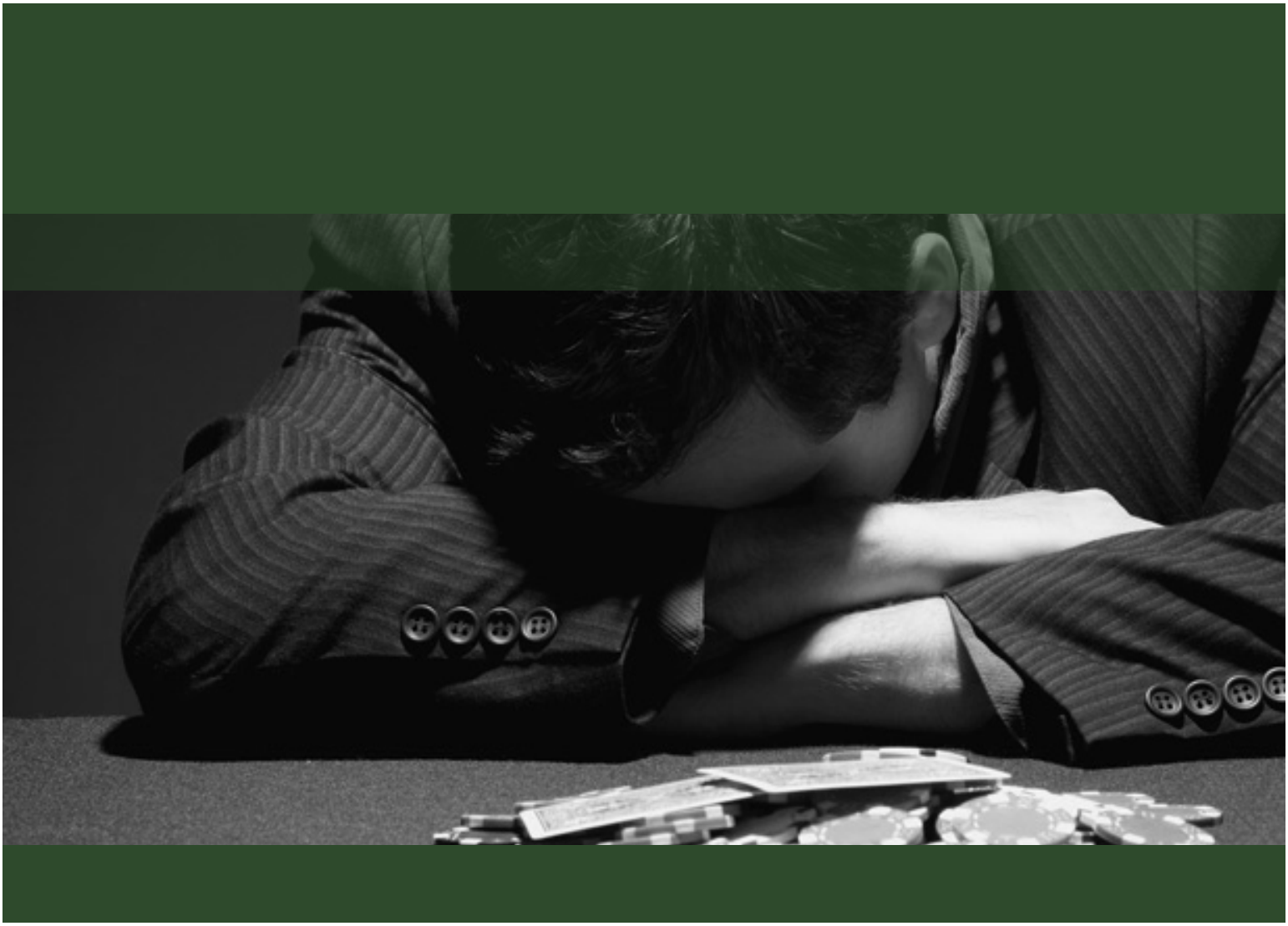


PROBLEM GAMBLING

February 19, 2018

Work Session
House Commerce and Gaming Committee

Washington State
GAMBLING
COMMISSION

PROBLEM GAMBLING WORK SESSION PANELISTS

Panel One

Leonard Forsman
Suquamish Tribe, Chair
Washington Indian Gaming Association, Vice Chair
Leonard Forsman is Chairman of the Suquamish Tribe, a position he has held since 2005. Previously, he was a research archaeologist for Larson Anthropological/Archaeological Services in Seattle, Washington from 1992 to 2003. From 1984 to 1990, he was Director of the Suquamish Museum in Suquamish, WA, and has served on the Museum Board of Directors since 2010. His experience and expertise earned him a federal appointment to the Advisory Council on Historic Preservation, of which he is now vice-chair, where he assists in promoting the preservation, enhancement and productive use of the nation's historic resources. In addition, Forsman has held the position of Vice President at the Washington Indian Gaming Association since 2005. He has also been a member of the Washington State Historical Society Board since 2007, the Suquamish Tribal Cultural Cooperative Committee since 2006, and the Tribal Leaders Congress on Education since 2005. In 2017, Forsman was elected president of the Affiliated Tribes of Northwest Indians. Forsman received a B.A. from the University of Washington and an M.A. from Goucher College.

Ty W. Lostutter, Ph.D.
University of Washington Psychology Internship Program, Assistant Director
Evergreen Council on Problem Gambling, Board President

Ty W. Lostutter, Ph.D. received his doctorate in Clinical Psychology from the University of Washington (UW) and is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at UW. He is a licensed Psychologist in Washington State. Dr. Lostutter has broad research and clinical interests focus on etiology, prevention and treatment of addictive behaviors and mental health, specifically on issues of gambling prevention and treatment. He has published 20 peer reviewed publications, 10 of which are specifically on the issue of problem gambling. He has served on the Board of the Evergreen Council on Problem Gambling (ECPG) since 2007 and currently serves as President of ECPG. He recently completed a three-year term on the Board of Directors of the National Council on Problem Gambling.

Jennifer LaPointe
Puyallup Tribal Health Authority, Operations Director

Jennifer LaPointe is the Operations Director at the Puyallup Tribal Health Authority (PTHA). Prior to her current position, she worked as a Health Planner and Project Director with the PTHA. LaPointe received her Master of Public Administration from Evergreen State University and her B.A. in Psychology from Western Washington University.

Maureen Greeley
Evergreen Council on Problem Gambling, Executive Director

Maureen Greeley has worked with, and for, the Evergreen Council on Problem Gambling since 1998, becoming Executive Director in November 2006. Her commitment to expanding treatment services and awareness of Problem Gambling is demonstrated not just at ECPG, but in her service at state and national levels. At the national level, she holds an Affiliate seat on the Board for the National Council on Problem Gambling and is the Board's Immediate Past President. In 2013, Maureen received the NCPG Award for Advocacy — recognizing dedication to improving the lives of problem gamblers and their families through advocacy, training, and the promotion of public awareness. She has presented on Problem Gambling, Process Addictions, Responsible Gaming, Gambling Counselor Certification, Social and Internet Gaming Standards and more across the United States. In Washington State, she serves on the Problem Gambling Advisory Council for the Washington State Department of Social and Health Services' Behavioral Health Administration. Maureen is a volunteer in the No One Dies Alone (NODA) program at Providence St. Peter Hospital, where she serves as a compassionate companion to dying patients on their end-of-life journey.

Panel Two

Ann Gray

Department of Social and Health Services, Problem Gambling Program Manager

Ann Gray is currently the Problem Gambling Program Manager for Washington State Department of Social and Health Services. Ann received a Bachelor's of Science in Education from the University of Texas and a Masters in Counseling and School Administration from North Texas State University. Following 30 years as a public school teacher, counselor, and administrator, Ann is passionate about improving, and growing services supporting problem gamblers and their families in Washington State. Ann previously served on the board of The Evergreen Council on Problem Gambling and has presented on problem gambling and recovery issues throughout the state.

Charles Maurer, Ph.D.

Evergreen Council on Problem Gambling, Board Member Emeritus

Charles D. Maurer, Ph.D. was board certified in Clinical Psychology by the American Board of Professional Psychology before retiring in 2015. He received his undergraduate degree from Kenyon College (1968) and his master and doctoral degrees from Kent State University (1970, 1972). Dr. Maurer has recently retired from his practice of Clinical Psychology with subspecialties that focused on impulse control (alcoholism and pathological gambling); psychophysiological disorders, pain, stress related health concerns; and relationship issues. He provided individual and marital psychotherapy for adults. Dr. Maurer was on the Clinical Faculty of the Department of Psychiatry and Behavioral Sciences at the School of Medicine, University of Washington. He was Founding President of the Evergreen Council on Problem Gambling and was on the Board and twice President of the National Council on Problem Gambling; he was a certified gambling counselor.

Donna Whitmire

Problem Gambling Clinician

Donna Whitmire attended the University of Hawaii in the Master of Social Work program and received her Master's in Counseling Psychology from City University Seattle. She has been a counselor and case manager for inpatient and outpatient treatment settings for 28 years. Whitmire is a licensed mental health counselor, chemical dependency professional and international/national and state certified gambling counselor. She developed and facilitated the first hospital-based outpatient gambling treatment program in Washington State, is a part time instructor for gambling counselor certification at Bellevue College and has presented on problem gambling at state and national conferences. Whitmire is the owner/administrator of A Renewal Center, a Washington State Certified Behavioral Health Agency for Problem and Pathological Gambling Services.

Susan Harris

Free by the Sea Residential Treatment Center, Assistant Administrator / Clinician

Susan Harris has worked in the counseling field for over 20 years. She has been a clinical director and a branch manager of agencies prior to coming to Free by the Sea, where she is a clinical administrator, mental health counselor and Program Director for the gambling program. She has also developed co-occurring programs and gambling programs in her other facilities. She is a licensed mental health counselor, a chemical dependency professional and an internationally certified gambling counselor and board approved clinical consultant. She received her B.A. in Psychology from Walla Walla college, her Master's Degree in Addiction Counselling from Capella University and is currently working on her doctorate in Psychology. at California, Southern. Currently in recovery herself, Susan has devoted her time to those still suffering and became aware early in her career that the co-occurring approach to treatment has proven to be most effective.

Problem Gambling Work Session

February 19, 2018
House Commerce and Gaming Committee

It's Time to Take a Fresh Look at Problem Gambling

- 2005: Legislature acted to address problem gambling finding that the State had "responsibility to continue to provide resources for the support of services for problem and pathological gamblers."
  - Problem gambling account created under DSHS
  - Fund more robust programming and services
  - B&O tax added to fund problem gambling
- 2005 gambling gross revenues = $1.4 billion; now over $3 billion

2017 Gambling Gross Revenue

- Lottery = $675 million
- Horse Racing = $79 million
- All other gambling activities = $3-$3.5 billion
  - 21 tribes operate 28 casinos = $2.8 billion
  - 50+ house-banked and poker card rooms = $263.4 million
  - 1,700+ pull-tab and non-profit licensees = $76.3 million

2016 Market Study

- Unlike other states, gambling activities not centralized in 1-2 areas, but offered across the state
- 90% of Washingtonians live w/in 1-hour drive of a casino
  - 99% live w/in 2 hour drive
- U.S. avg gambling participation rate = 32.5 % of adults
  - Spend approximately $950 per year at casinos
  - Washington's rate (40%) is significantly higher than national avg

Problem Gambling in WA

86,000-119,000

Washingtonians have a

gambling problem

or are a

pathological gambler

Ann Gray:

A Personal Story

Compact Language on Problem Gambling

In 2007, the tribes and the state negotiated that 0.13% of Class III net receipts be paid to government or non-profit/charitable organizations in WA for education, awareness, and treatment.

Payments

- In 2014 (most current reporting period) tribes contributed $2.852 million to problem gambling.
- In 2014 approximately 77% went to Tribal programs and 23% to non-profit or state programs. A little over ½ of the non-profit/state amount goes to the Evergreen Council on Problem Gambling.
- In 2017 tribes donated $571,000 to the Evergreen Council on Problem Gambling, a statewide non-profit providing services, and programs for problem gamblers.

Tribal Programs

- Tribal programs are in various stages of development, some tribes have fully developed programs, some are just starting, and others don't have programs (if no program, then contributes to local and state non-profits).
- Depending on resources, most serve entire community, not just tribal members.

Tribal Programs

- Tribal programs include:
  - Treatment – inpatient, intensive outpatient, outpatient, aftercare, group and family care; intervention support also offered
  - Prevention and Education – Youth and elder programs, community talking circles, helpline signage, posters, pamphlets, billboards, video, advertising, self-barring programs, financial education classes, community events and partnerships.

Intertribal Providers Coalition

A majority of tribal problem gambling counselors meet monthly to discuss successes and challenges related to running tribal responsible gambling programs including treatment, prevention, marketing, conference preparation, community outreach, connecting with casino partners, etc. Invites staff from state program and local and state nonprofits to participate.

Suquamish Highlights

- Has a certified Problem Gambling Counselor on staff who is integrated into the wellness program.
- Works closely with Clearwater Casino to provide handouts, brochures, and program information at Casino through players club, gift shop and TGA for when a patron self-bans.
- Works closely with local Gambler Anonymous groups – GA groups help spread Suquamish program information throughout Kitsap County.
- Serves an average of 20 patients a year, NONE of which are tribal members.

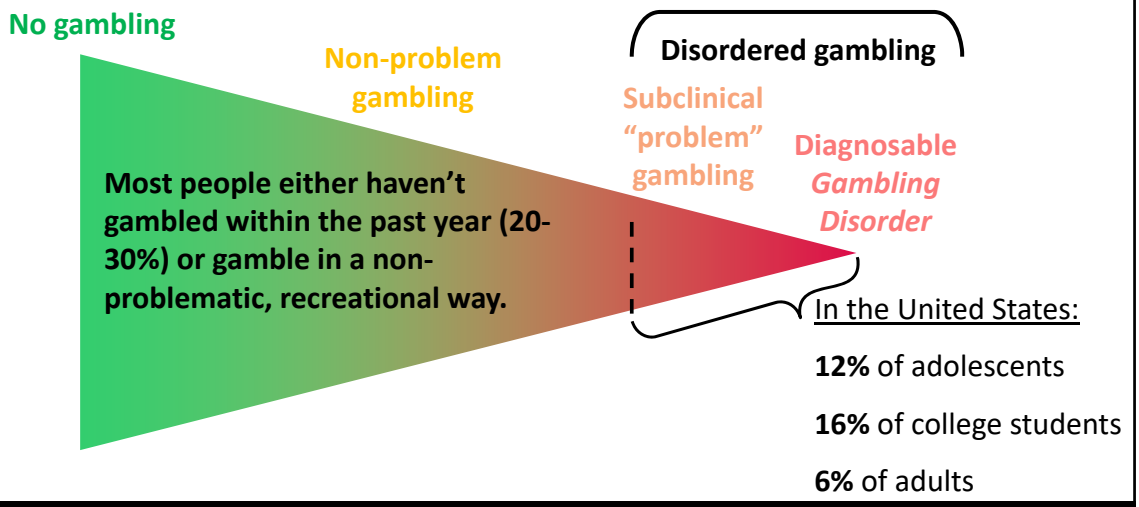
Suquamish Highlights

- Current caseload is nine clients with 9 months to 2 ½ years sober from gambling, of which 50% are non-white including Hispanic, Pilipino, and one Alaskan native.
- Treatment – includes one on one counseling, inpatient, intensive outpatient, and family support. Also includes group therapy focusing on psycho-education, group process and relapse prevention and group topics include teaching and discussion on many problem-gambling related topics, such as: money management, emotion regulation, cross addiction, and the impact of gambling on a relationship.

Suquamish Highlights

- Prevention and Education – participate in tribal community events (powwows, canoe journey, health fares, etc.), and offers drop-in appointments for anyone needing immediate care. Partners with North Kitsap Substance Abuse Prevention Coalition, meeting monthly with providers throughout the Kitsap Peninsula. Contracts with Kitsap Recovery Center to provide financial education classes, being presented to Suquamish outpatient participants and is open to the community. In previous years contracted with Rodger Fernandes, a healing storyteller.

Continuum of Gambling Behavior



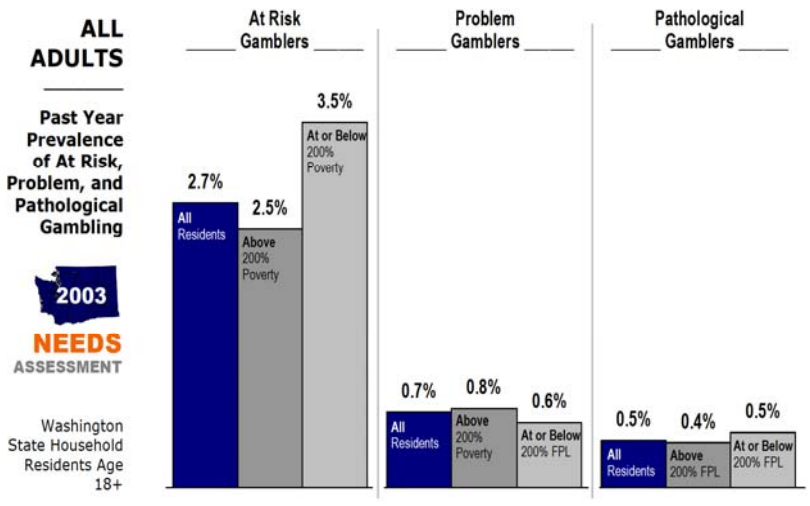
Gambling Disorder Studies in WA

- Gambling and Problem Gambling Among Adolescents in WA State: A Replication Study, 1993 to 1999
- Gambling and Problem Gambling in WA State: A Replication Study, 1992 to 1998
- The 2003 Washington State Needs Assessment Household Survey
- Evaluation Plan for Problem Gambling Treatment in WA State (June 2009)
- 2016 National Survey of Problem Gambling Services
- WA State Problem and Pathological Gambling Treatment Program: Levels of Care, Service Gaps and Recommendations (July 2013)

Rate of Problem Gambling: 1990s

- In WA State, approximately 1% of the total sample of adolescent respondents were classified as problem gamblers. Another 8% of the total sample of adolescent respondents were classified as gamblers at risk for developing gambling problems.
- WA State residents aged 18 and over, it was estimated that 5-6% classified as lifetime problem gamblers. An additional 1-2% classified as lifetime probable pathological gamblers. The study when on to state that between 1-3% were classified as current problem gamblers. And additional 1% could be classified as current probable pathological gamblers.

Prevalence of Problem Gambling: 2003



We could fill the Seahawks' stadium to capacity FOUR TIMES to fit all the problem gamblers in our state

Personal Costs of Gambling

- Financial hardships
- Work/academic problems
- Relationship problems
- Legal involvement
- Substance abuse
- Depression, anxiety, and suicidal ideation/completion

Suicidality Among Disordered Gamblers

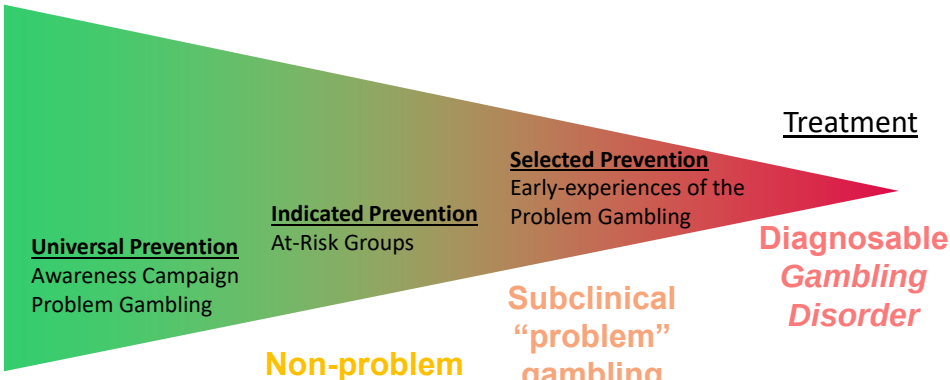
- Rates of suicidal ideation range from 12-92%
- Rates of suicide attempts range from 4-40%
- "Gambling-related" attempts range from 7-26%
- Among completed suicides, rates of "gambling-related" suicides range from 6% to 17% of total
  - Pathological gambling often not assessed as a contributing factor to death by suicide

Social Costs in WA State: 2009 Data

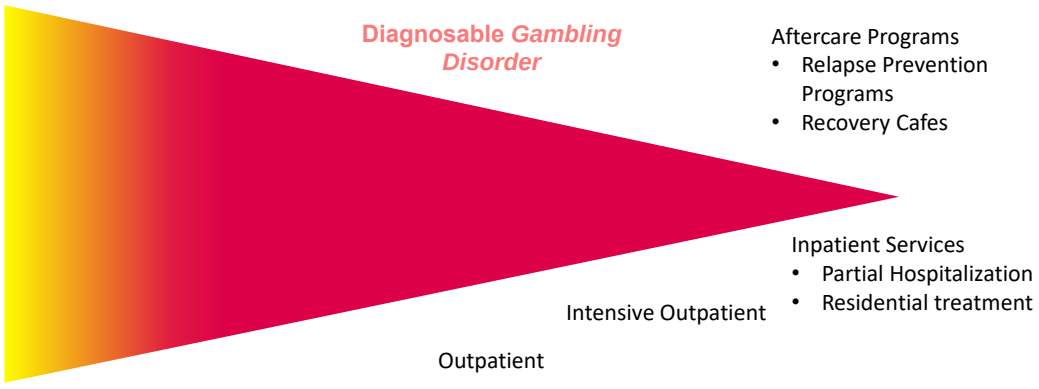
- Social Costs – Calculated based on National Gambling Impact Study Commission estimates that each problem gambler costs society a total $1,915.
- Washington is 26th out of 40 states that provide public funding for problem gambling services. The average per capita in funding is approximately $0.37 and WA is at about $0.10.
- Additional research shows $1 spent in problem gambling services saves $2 in social costs.

http://www.ncpgambling.org/files/Help%20By%20State%20Fact%20Sheets/Washington%20Fact%20Sheet.pdf

Prevention Continuum Needed for Gambling Disorder



Treatment Continuum Needed for Gambling Disorder



Identified Gaps in Knowledge

- No current or ongoing surveillance of the issues of gambling disorder or problem gambling in WA State
  - Prevalence rates (Last conducted mid-1990s)
  - No studies of effectiveness of current efforts (prevention, treatment, recovery)
- Minimal resources to provide effective out-reach to those effected by gambling disorder
- Need for step-care treatment and evaluation of existing programs
- Need to develop culturally appropriate and multiple language materials for prevention and treatment for all citizens of WA State

Gambling in Washington

Stats

- About 75%-86% of adults in the U.S. gamble at one time or another. (94% in WA)
- 71% of Washington residents have gambled in some form during the past year.
- Legal gaming in the U.S. is a more than $100 billion industry. [Nearly $3 billion in WA]

Preferred Games

- Lottery
- Tribal Casinos
- Raffles
- Pull Tabs
- Card Games
- Sports Betting

Disordered Gambling Prevalence

Washington
Past Year: 2.3%
Lifetime: 5.0%

Oregon
Past Year: 2.7%
Lifetime: 4.3%

Arizona
Past Year: 2.3%
Lifetime: 5.5%

Nevada
Past Year: 6.4%
Lifetime: ?

Michigan
Past Year: 2.0%
Lifetime: 4.1%

Youth are at Greater Risk

- Individuals who start gambling by age 12 are 4 times more likely to develop a gambling problem.
- More than 2,000 Washington State High School Seniors acknowledged in the Washington State Healthy Youth Survey, that they were already having problems because of their gambling.

Barriers to Seeking Treatment

DESPITE NEGATIVE CONSEQUENCES, FEW PROBLEM GAMBLERS SEEK PROFESSIONAL HELP – ONLY 1 IN 10 SEEK TREATMENT.

- Low awareness of professional help services
- Denial of problem severity
- Cultural barriers and lack of multicultural, low-cost services
- Shame, Stigma, Reduced Self-Esteem

Ongoing education and promotion of help services required to increase awareness.

Awareness, Prevention & Education

- Outdoor campaigns
- Casino and Card Room print materials
- Public Service Announcements for radio and television
- Health Fairs and Employee Assistance Programs
- Social Media Campaigns

Training & Certification

- Washington State Problem Gambling Counselor Certification for treatment providers.
- Workshops/Conferences across the State provide quality training and Continuing Education/Clock Hours.
- Support for Clinical consultation and Supervision.
- Responsible Gaming Training for Casino and Card Room Employees

Getting Help in Washington

Problem Gambling Helpline (call or text): 800.547.6133

- Provides information and referral to treatment for people with gambling problems and their families
- Confidential, professional services
- 24 hours a day, 7 days a week
- Free of charge

Treatment Services in Washington

Outpatient Services

- 35 State and Nationally Certified Gambling counselors
- Individual
- Group
- Family

Residential Services

- None in Washington State
- ECPG offers funding support for residential services out of state:
  - Oregon
  - Minnesota
  - TBD – Post Site Visit/Audit

Funding & Gaps in Services

- Currently no residential services in Washington for problem gambling treatment.
- GA and Gam-Anon meetings are available predominantly in large metro areas and often not in smaller communities.
- Many treatment agencies do not yet offer services for problem gambling treatment.
- Access to Recovery Oriented Systems of Care are limited.
- There are not enough trained counselors and Clinical Supervisors for problem gambling treatment in Washington.

What is Problem Gambling?

- Problem gambling is a pattern of gambling behavior that compromises, disrupts, or damages family, personal, or vocational pursuits.
- A problem gambler is anyone whose gambling is causing psychological, financial, emotional, marital, legal, or other difficulties for themselves or the people around them.

What is Problem Gambling?

- Gambling disorder is similar to substance related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment.
- For most people, gambling is recreation.
- For 2% to 5% of the gambling population, it becomes a problem that affects the individual, their families, employers, and communities.

Current Areas of Need

- Outreach/Prevention/Public Awareness.
- In-patient and Intensive Outpatient Treatment in Washington State.
- Treatment Services/Statewide gap.
- Funding Support

Outreach, Prevention & Awareness

- Limited funding in state program budget.
- Great Need exists for information and services to reach the public.
- The public needs education regarding problem gambling.
- State Services provided by Problem Gambling Program Manager through Awareness and informational presentations across the state.
- Availability of services is a major problem.
- Absolute need for large scale public awareness campaign.

Treatment Facilities

Inpatient & Intensive Outpatient Treatment in Washington

- Licensed residential facilities exist in the state with appropriate problem gambling licensure and certification.
- Funding for this treatment is not available through current state allocation.
- Two known facilities are prepared to move forward with problem gambling residential treatment plans/ policies/ and procedures.

Treatment Facilities

Outpatient Treatment in Washington

- Limited available data on treatment services-DBHR contracted agencies and providers.
- Large gap in location of treatment providers.
- 21 of 24 contracted state agencies are on the west side of state.
- Significant outreach efforts are needed to recruit treatment providers.
- Consideration and review of current credentialing and training requirements is necessary.

State Funding Support

- 84% of current state funding is dedicated to outpatient treatment for free of charge services to problem gamblers and their family members.
- Additional funding is needed to support in-patient and IOP.
- Large scale prevention and outreach initiatives/campaigns would require additional funding as well.
- Currently public health prevention efforts are implemented by the Problem Gambling Program Manager.

Legislative Requests

- Self-Exclusion Bill (HB 2332)
- Problem Gambling Study
- Problem Gambling Task Force


WASHINGTON STATE GAMBLING COMMISSION
1973
Questions?
Problem Gambling Work Session
House Commerce and Gaming Committee

Fact Sheet: Problem Gambling Treatment

Updated: October , 2017

Overview	The Division of Behavioral Health and Recovery (DBHR) certifies agencies to provide treatment for problem and pathological gambling. DBHR also contracts with 24 problem gambling treatment providers statewide. DBHR also contracts for problem and pathological gambling prevention efforts. Activities include elder awareness, literature distribution, and problem gambling prevention activities targeting young adults. To help assure high-quality services, DBHR partially funds problem gambling treatment training for substance use disorder professionals, licensed mental health counselors, psychologists, and agency affiliated counselors. Training is specific to problem and pathological gambling. DBHR provides a 24-hour helpline for problem and pathological gambling. The helpline assists people with referrals to treatment providers and crisis stabilization.
Eligibility Requirements	Adults who are in crisis and need treatment for themselves, or due to a family member with a gambling problem. Services are provided to those who are assessed as needing them, and who can't afford it. Clients do not need to be Medicaid-eligible.
Authority	Revised Code of Washington 43.20A.890, and Washington Administrative Codes 388-877 and 388-877C.
Budget	Per RCW 67.70.340, DBHR receives .013% of a Business and Occupations (B&O) tax on the net receipts from card rooms, pull tabs, and other games of chance, lottery, and horseracing commission. Per RCW 43.20A.890, "the department may solicit and accept for use any gift of money or property made by will or otherwise, and any grant of money, services, or property from the federal government, any tribal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies or any tribal government in making an application for any grant."
Rates	Provider contracts have a fee-for-service rate of $160 per assessment, $80 per hour per individual treatment, $35 per session for group treatment, and $20 per 15 minutes for case management. Clinical supervision is reimbursed at $75 per hour, per counselor.

Summary of Gambling Disorder Issues

Physiological Costs:

- Medically, gambling disordered people can develop stress related conditions such as hypertension, sleep deprivation, heart problems and peptic ulcers (Fong, 2005).
- Gamblers experience sleep deprivation, staying at the casino as much as 36 hours without eating or sleeping. When they do eat, it is usually fast food or junk food and not a balanced diet.
- Gamblers have reported that they would wet their pants rather than leave their lucky slot machine that was going to pay off at any moment.
- Stress and anxiety about finances – inability to pay bills, lying to family about spending, and/or use of mortgage money; and anxiety of "chasing the win" ,

Psychological Costs:

- 35% of gamblers are diagnosed as unipolar and 30% are diagnosed as bipolar.
- Feelings of hopelessness, guilt, shame and desperation when gambler is losing – will lead to depression and anxiety.
- Substance abuse is common in gamblers – usually alcohol
- Impaired decision making, deception, and impulsivity are a result of gambler's substance use and gambling activity.
- Increased neurochemical components impacting dopamine that controls the brain's reward and pleasure centers.
- Gamblers treated for depression with antidepressants see reduction in gambling problems.
- Childhood trauma including physical, emotional, and sexual abuse are common in gamblers.
- 17-24% of pathological gamblers will attempt suicide during their lives, especially after a loss.
- As much as 80% of gamblers that use the gambling helpline will report being suicidal at the time of the call (Fong, 2005)

Societal Costs:

- Approximately $5 billion per year and an additional $40 billion in lifetime costs are lost due to pathological gambling in terms of money, legal expenses, and lost productivity – The National Gambling Impact Study Commission 1999 report.
- Financial and personal costs include: bankruptcy, consumer debt, NSF checks, divorce, and absenteeism.
- Criminal activities include: Loan-sharking, embezzlement, theft, identity theft, insurance fraud, drugs, and prostitution
- The average debt of a gambler is about $40,000.
- 57% Gamblers Anonymous members report that they have stolen to finance their gambling.
- 5.5% of the homeless population are pathological gamblers.
- Childhood trauma increases risk for pathological gambling: child abuse causes 131% increased risk; child neglect causes 453% increased risk.
- Problem gamblers are 629% more likely to develop PTSD
- In terms of domestic violence, pathological gamblers' families have been shown to have higher rates of spousal and child abuse

Fong, T. (2005 Mar). The biophychosocial consequences of pathological gambling. Psychiatry (Edgmont) 2(3) p. 22-30.

Georgia State University, Problem Gambling Research and Intervention Project, Trauma and Problem Gambling Fact Sheet, http://www2.gsu.edu/~psyjge/Fact/trauma_04_10.pdf

2016 Survey of Problem Gambling Services in the United States

Prepared by Problem Gambling Solutions, Inc. for

APGSA
Association of Problem Gambling Service Administrators

NCPG
National Council on Problem Gambling

The 2016 Survey of Problem Gambling Services in the United States is a joint project of the Association of Problem Gambling Service Administrators, Inc. (APGSA) in collaboration with the National Council on Problem Gambling, Inc. (NCPG). Funding has been provided, in part, through the generosity of the James K. Spriggs Foundation, a Fidelity Charity donor–advised fund.

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The views and conclusions expressed in this report are the authors and do not necessarily represent those of the APGSA or the NCPG.

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Survey Respondents:

We are grateful to all the state agency administrators and NCPG affiliate directors and staff who completed a survey or helped in the gathering of survey information.

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Principal Investigator

Julie Hynes, MA, CPS
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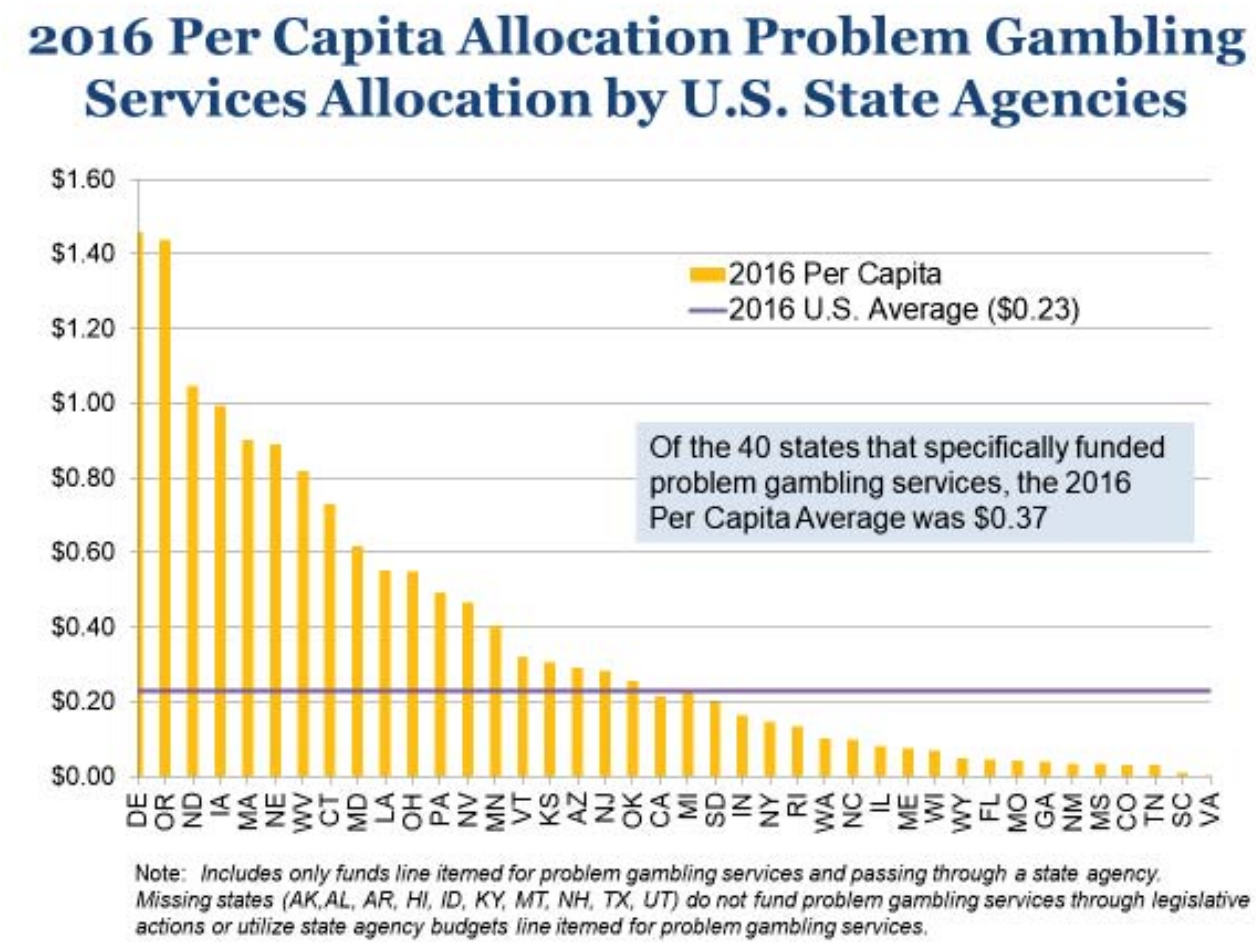
Janina Dukart
Research Assistant

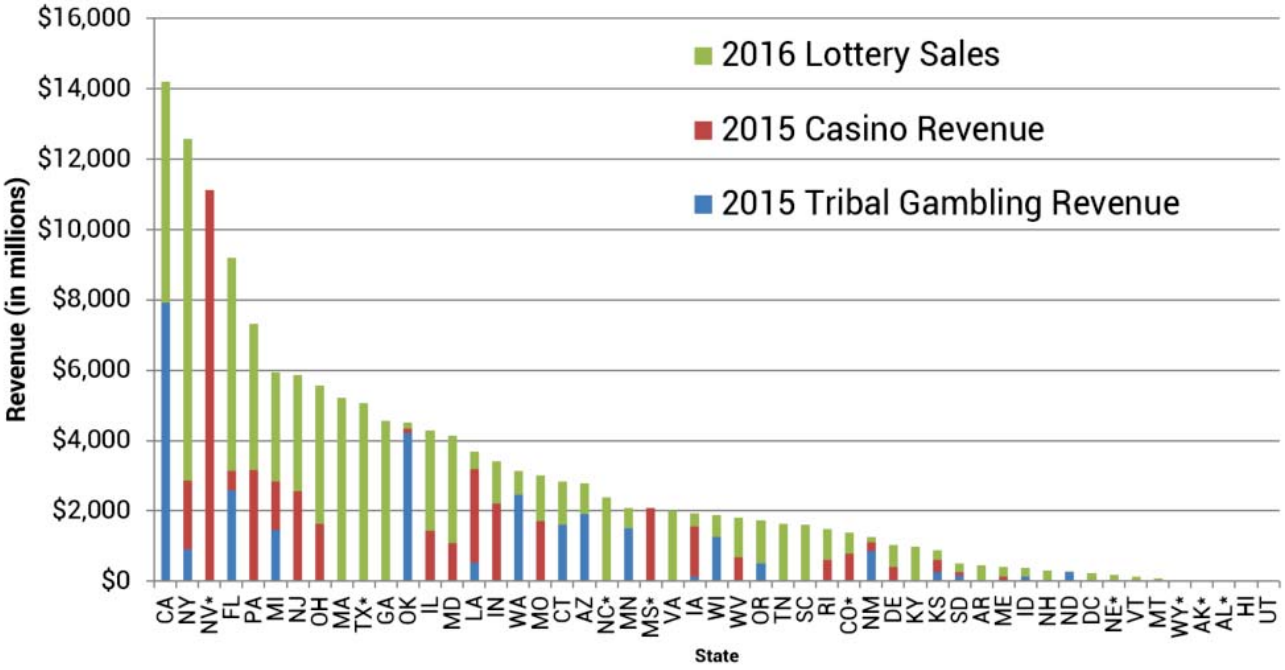
The average per capita funding level across all states with public funding increased between 2013 and 2016 from 32 cents to 37 cents. Since the 2013 survey, 25 states increased funding levels, seven had no change in funding, and nine reported cuts in their problem gambling service funding, including one state, Arkansas, that eliminated all funding.

At the time this survey was conducted, there were 33 states with active NCPG Affiliate Chapters. Other states had problem gambling councils without official NCPG affiliation and from this group two were included in the Affiliate survey (New Hampshire and Texas). NCPG Affiliate budgets were dramatically smaller than the state agency budgets in most states—including three states where Affiliates had less than $100 in revenue in state fiscal year 2016. The mean NCPG State Affiliate per capita budget was 13 cents and the median was three cents.



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

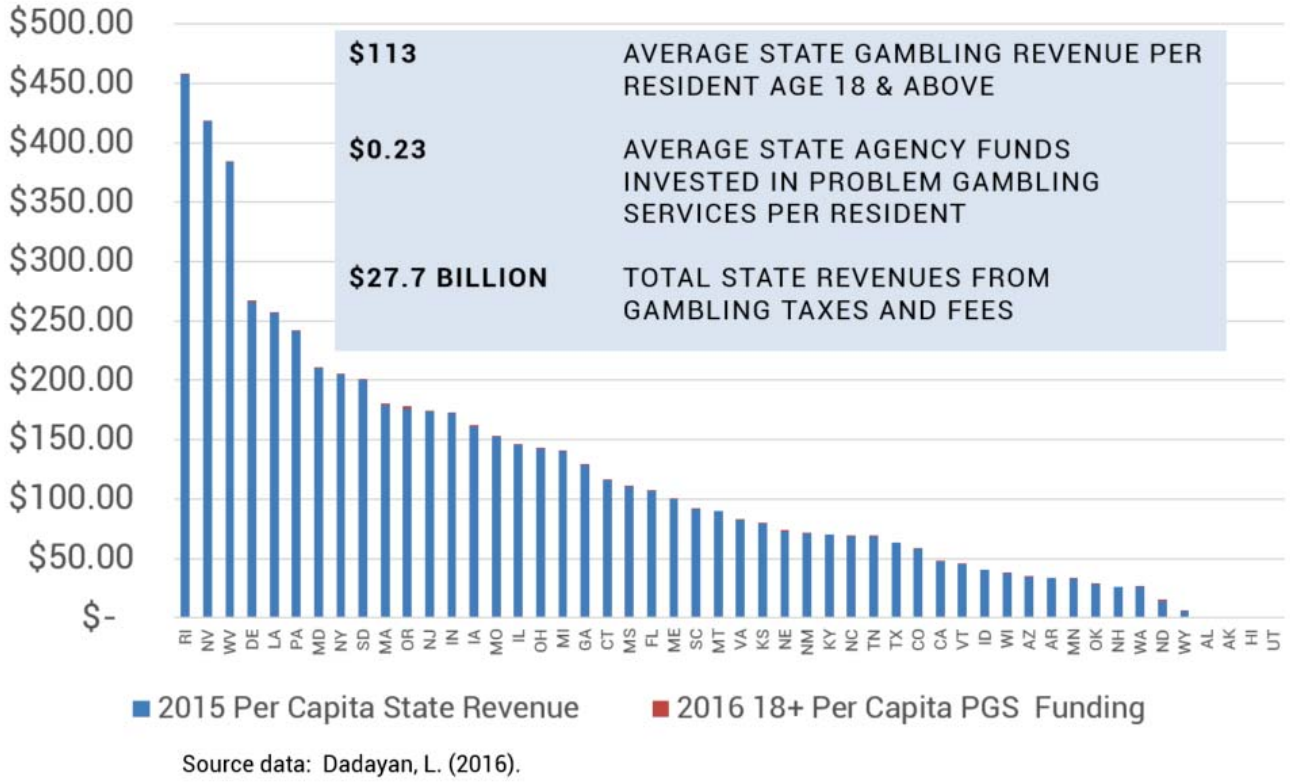
Figure 4. Consumer Spending by State: Lottery Sales, Casino Revenue, Tribal Gaming Revenue



State Revenue from Gambling Taxes and Fees

Dr. Lucy Dadayan authored a 2016 Blinken Report aimed at assessing the policy of generating state revenues through legalized gambling. This report shows that revenue from legally sanctioned gambling often plays an important role in states' budgets and that states are most likely to expand gambling when a weak economy depresses tax revenues or to pay for new spending programs. The report concludes that "gambling legalization and expansion leads to some revenue gains. However, such gains are short-lived and create longer-term fiscal challenges for the states as revenue growth slows or declines. In addition, gambling is associated with social and economic costs that often are hard to quantify and measure" (p.24).[4] In this report, Dr. Dadayan collected state by state data on revenues from gambling taxes and fees including a breakdown of the average state gambling revenue per resident age 18 and above (see Figure 5). This information is provided within the present report to offer readers the opportunity to compare a state's investment in problem gambling services against the amount of state revenue generated from state sanctioned gambling. Combining information from the 2016 Blinken Report with information gathered from this survey, it can be calculated that for every dollar in state revenues generated from legalized gambling, about one-quarter of one cent is dedicated to problem gambling services.

Figure 5. 2015 Per Capita State Revenue from Gaming Across 50 U.S. States



Source data: Dadayan, L. (2016).

The following section of this report provides a state by state breakdown of per-capita investment each state places into problem gambling services. These figures are presented in Figure 5; however, they are so small in proportion to the per-capita revenue that states generate from gambling taxes and fees that they are not perceptible on the above stacked bar graph. For a fuller discussion of state revenues from gambling, readers are referred to Dr. Dadayan's 2016 report entitled, *State Revenues from Gambling: Short-Term Relief, Long-Term Disappointment.*

Summary

For purposes of this analysis, the United States gaming industry included the following three segments: commercial casinos, tribal gaming, and state lotteries. Although there was considerable variation between states, tribes, and operators, overall the gaming industry's growth in 2016 exceeded the rate of inflation and established a new all-time high for consumer spending on gambling, at $154 billion. The primary reason for collecting information about state gambling environments in this national survey of problem gambling services was to use that data to explore relationships between a state's gambling environment, funding for problem gambling services, and utilization of problem gambling services. In the section of this report entitled "Statistical Explorations of Survey Data," the relationships between (a) consumer spending by state, (b) state gambling revenues, and (c) number of legalized forms of gambling, with problem gambling service performance indications are presented.

Funding for Problem Gambling Services

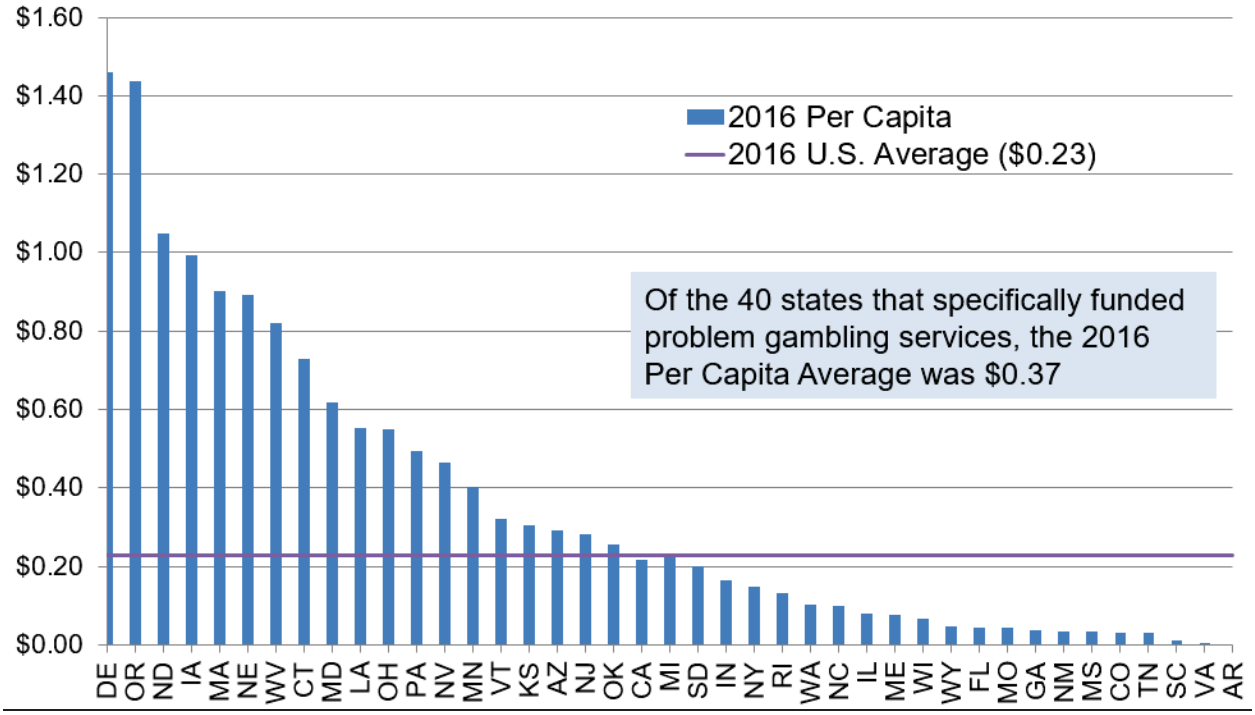
Public Funding

The APGSA Survey assessed all 50 U.S. states and the District of Columbia to determine which states and districts funded problem gambling services. The total number of states and districts that reported publicly funded problem gambling services in 2016 was 40, or 80% of U.S. states. In order to be counted as a state with publicly funded problem gambling services, 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 APGSA Surveys used the same inclusion criteria for designation as a state with publicly funded problem gambling services, the 2008 survey employed a less rigorous approach in identifying which states met this inclusion criteria, which is important to keep in mind when comparing public funding information between the four surveys. The 2006 APGSA Survey identified 35 states with publicly funded problem gambling services, the 2008 survey reported on 30 states, the 2010 and 2013 survey identified 37 and 38 states respectively, and the current survey found that 40 states invested in publicly funded problem gambling services in 2016.

State-specific funding for problem gambling services ranged from Washington, D.C. and the 10 states that did not provide any dedicated funding for problem gambling services to $8.47 million in California (see Table 1 for a State by State Funding on Problem Gambling Services). 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. For those states that invested in problem gambling services, per capita allocations for problem gambling services ranged from less than $0.01 in Virginia to $1.46 in Delaware. The average amount of per capita allocation for problem gambling

services in the 40 states with publicly funded services was 37 cents. When 2016 annual aggregate of U.S. state spending dedicated for problem gambling services was divided by the full U.S. population, the national average dropped to 23 cents per capita. California's per capita allocation (22 cents) was well below the 37-cent average among states with public funding for problem gambling services, despite its spending more money overall than any other state. In contrast, Delaware ranked 17th in overall funding level and first in per capita funding. See Figure 6 for a state-by-state comparison of per capita allocations for problem gambling services.

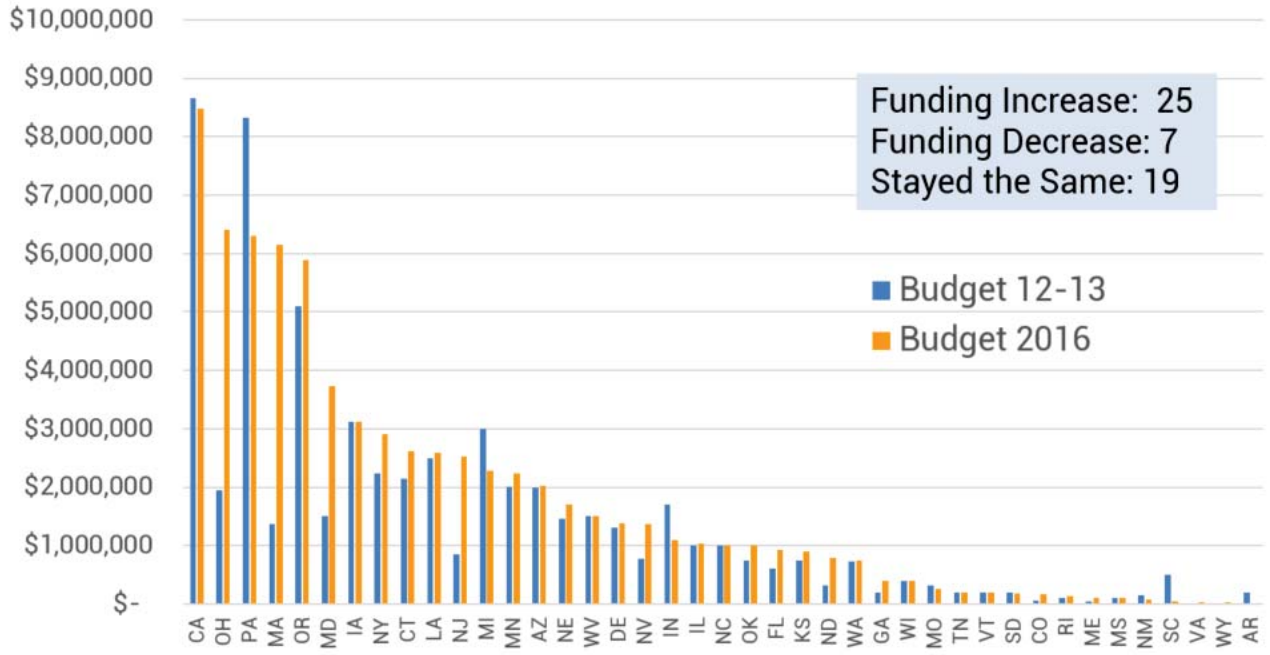
Figure 6. 2013 Per Capita Allocation for Problem Gambling Services by U.S. States



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services. U.S. average is based on national population divided by total state agency spending from budgets line itemed for problem gambling services.

Figure 7, below, provides a state-by-state comparison of per capita investment in problem gambling services in 2013 and 2016. The average per capita funding level across all states with public funding increased between 2013 and 2016 from 32 cents to 37 cents per capita. When state agency key informants were asked if their funding increased, decreased, or stayed about the same as the previous fiscal year, 25 reported funding increases, 7 reported decreased funding levels, and 19 reported their funding levels essentially stayed the same. Among the states that provided public funding in both 2013 and 2016, Ohio, Massachusetts, and New Jersey showed the greatest changes in per capita allocation for problem gambling services between the two survey periods, more than tripling investments over the course of the three-year period. The increased funding for these states were due to expanded gambling legislation that included provisions to fund problem gambling services.

Figure 7. Comparison between 2013 and 2016: Total State Allocation on Problem Gambling Services



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services.

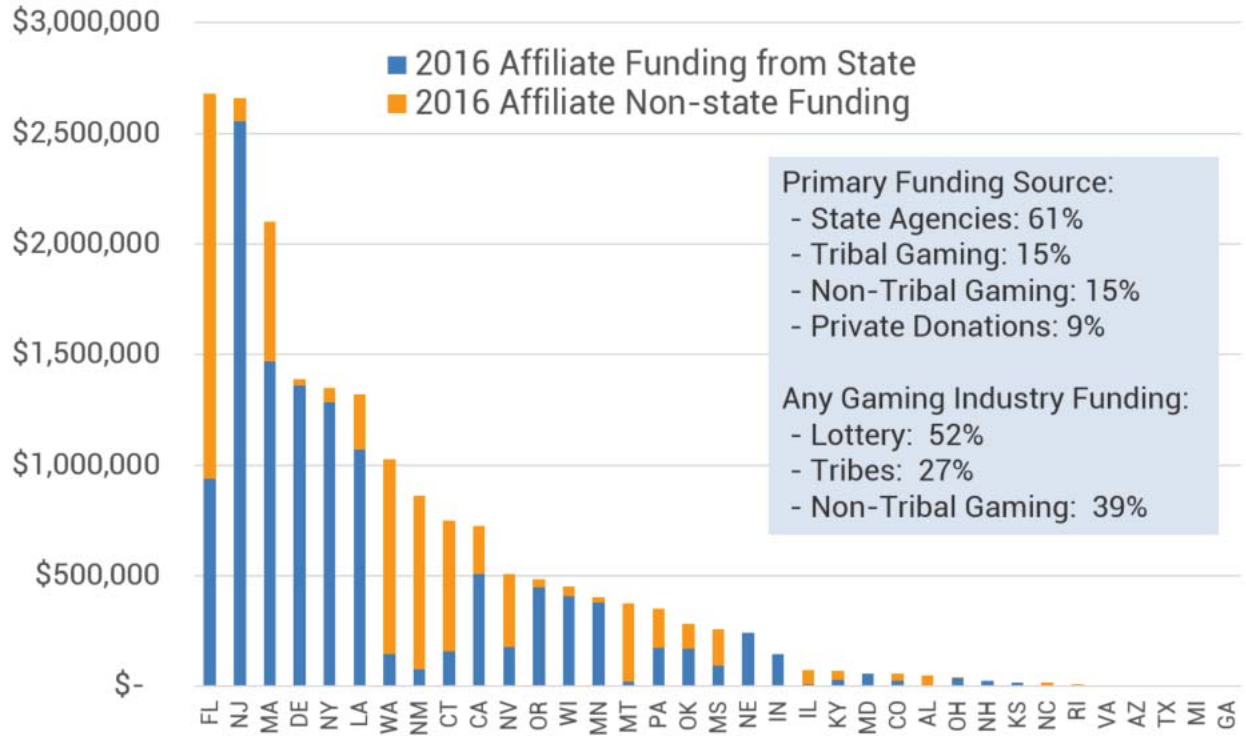
NCPG Affiliates

For the second time in the APGSA's survey series on state funded problem gambling services, data from state affiliates to the National Council on Problem Gambling (NCPG) were gathered. At the time this survey was conducted, there were 33 states with active NCPG Affiliate Chapters. Other states had problem gambling councils without official NCPG affiliation, and from this group two were included in the Affiliate survey (New Hampshire and Texas). As with public funding, a state-by-state analysis revealed wide variation between per capita allocation of public and private funds routed through NCPG Affiliates for problem gambling services. NCPG Affiliate budgets were dramatically smaller than the state agency budgets in each state—including three states where Affiliates had no revenue in state fiscal year 2016 (Texas, Michigan, and Georgia). The average per capita budget for NCPG Affiliates was 13 cents, compared to the 37-cent average among state agency budgets. However, the NCPG average is misleading in that Delaware skewed the average with a reported per capita Affiliate budget of $1.46, over three times as much as New Mexico, the state Affiliate with the second highest per capita funding level. The median NCPG State Affiliate per capita budget was a mere three cents, and without Delaware the average dropped to nine cents.

Key informants from NCPG Affiliates were asked about the sources of their funding. Sixty-one percent reported state agencies were their primary source of funding, followed by: tribal gaming (15%);

non-tribal gaming including commercial casinos, gaming manufacturers, and gaming industry associations (15%); and private donations (9%). When asked specifically about funding from state lotteries, 52% of the Affiliates reported some funding was obtained from their state lottery. See Figure 8 for a state-by-state comparison of investments among NCPG State Affiliates in 2016.

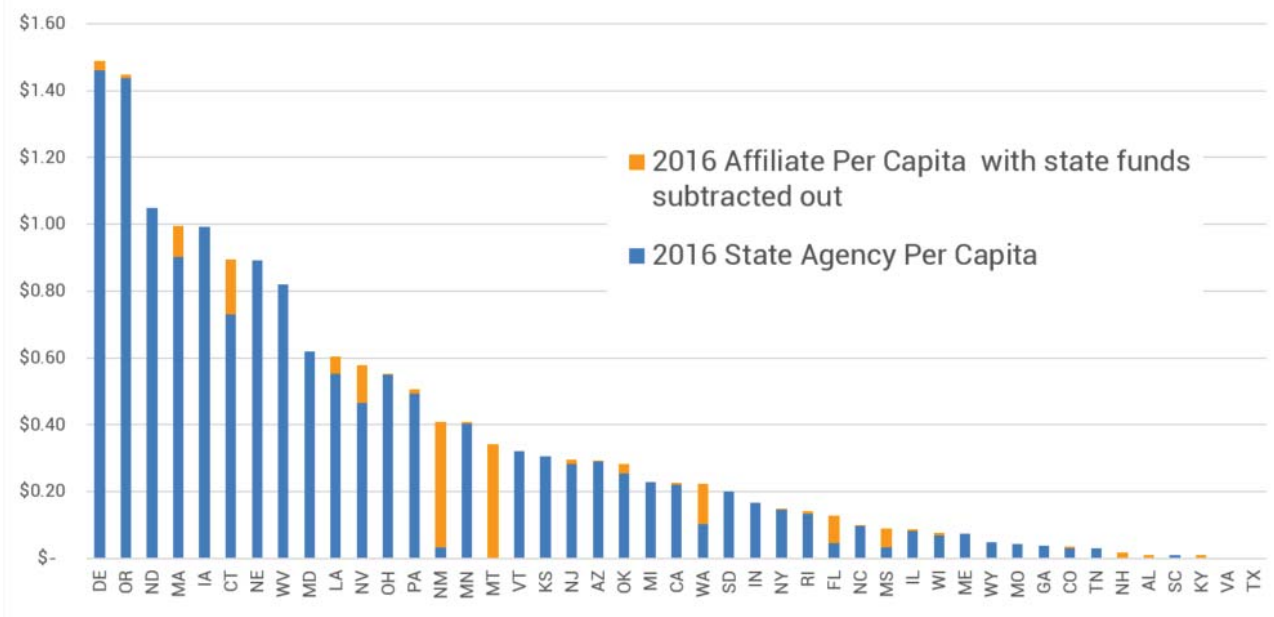
Figure 8. 2016 NCPG Affiliate Funding by State



Note: Eleven Affiliates operated with revenues of $50,000 or less (AL, OH, NH, KS, NC, RI, VA, AZ, TX, MI, GA).

Finally, combining the data from the APGSA and NCPG Surveys provided a more comprehensive picture of funding for problem gambling services across states. To avoid overlap and create a more accurate account, the combined analysis subtracted from state affiliate budgets all monies that came from state agencies so they were only counted once in the state agency budgets. A state-by-state comparison of these combined totals showed a range from practically zero in Virginia and Texas to $1.49 per capita in Delaware. The Survey data clearly indicated that, for most states, the clear majority of funds for problem gambling services moved through state agencies rather than NCPG Affiliates. See Figure 9 for a state-by-state comparison of combined public and private per capita budget allocations for problem gambling services.

Figure 9. Combined 2016 Per Capita Problem Gambling Services Allocation by U.S. States and NCPG State Affiliates



Note: NCPG Affiliate spending (in orange) represents all funds except those derived through contracts with state agencies.

While combining the data in this way created a more complete picture of state funding, it is important to note that there were other monies going toward problem gambling services that were left out of the current study. The APGSA and NCPG Surveys did not capture money for problem gambling services that did not route through either a state agency or an NCPG Affiliate. For example, they did not account for funding for services through private insurance, commercial gambling companies, or American Indian tribes. However, this approach captured the majority of funding that routed through state agencies, usually from gaming revenue, and through Affiliates, primarily through charitable donors from the broader gaming industry (e.g., Indian gaming, gaming device manufacturers).

To understand overall trends in spending on services across the United States, it was useful to compare annual aggregate budgets for problem gambling services. The data showed a clear upward investment trend from 2006 through 2016, with the rate of growth greatest between the span of the two most recent surveys (20% growth between 2013 and 2016). Total investment increased from $54 million in 2006 to $73 million in 2016, representing an average annual 7% increase over the 10 years this series of surveys have spanned. See Figure 10 for observed changes in the annual aggregate amount of state expenditures dedicated for problem gambling services in the United States.

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 to 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

Approximately 5.45 million problem gamblers age 18 or older are estimated to need gambling disorder treatment each year or about 1 in 45 people (2.2%).[16] Of this number, 13,190 individuals were treated in U.S. state-funded problem gambling treatment programs in state fiscal year 2016. These figures suggest that state-funded gambling disorder specialty treatment was provided to less than one quarter of one percent (0.25%) of those with a Gambling Disorder in 2016.

For comparison purposes, in 2015, an estimated 21.7 million people aged 12 or older needed substance use treatment (8.1 percent) (Center for Behavioral Health Statistics and Quality, 2016). The 2015 National Survey on Drug Use and Health found that 10.8 percent of people aged 12 or older (2.3 million people) who needed substance use treatment received treatment at a specialty facility in the past year. These statistics suggest that on an annual basis, about to 1 in 12 chemically dependent persons receive specialty treatment each year compared to 1 in 400 disordered gamblers who receive publicly funded treatment from a certified, licensed, or state agency approved gambling treatment provider.

Numbers Treated

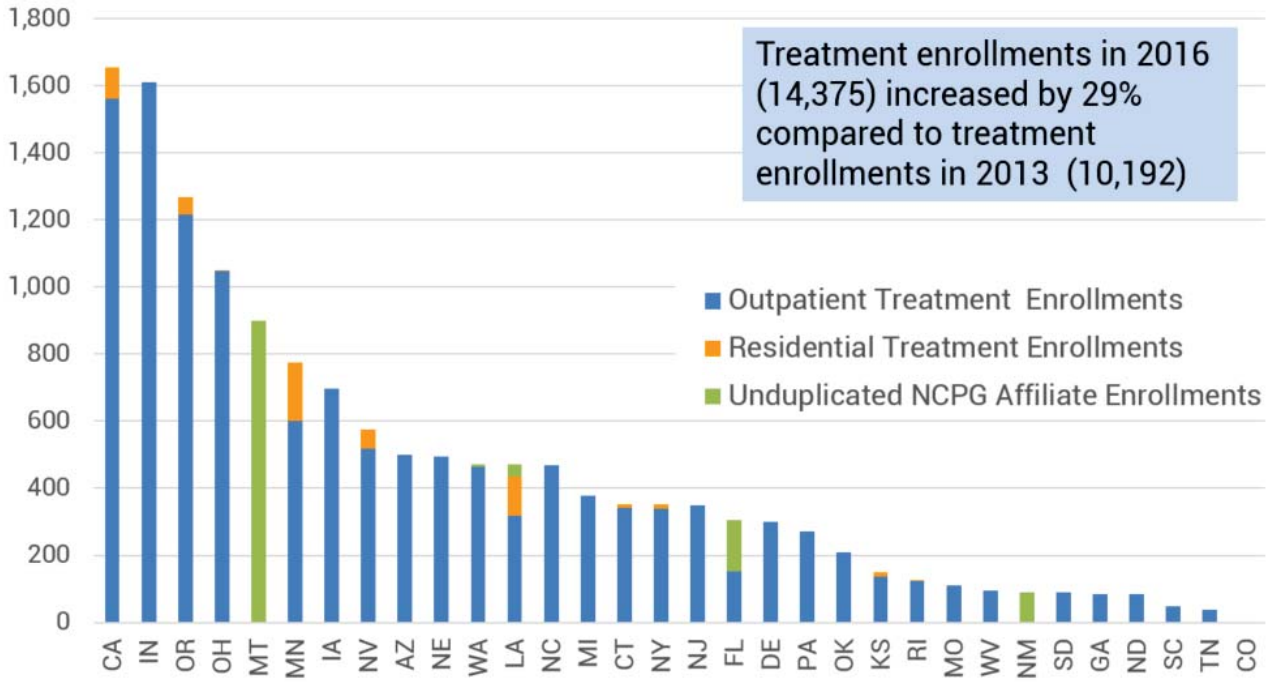
The total number of persons treated for problem gambling in 2016 was 14,375, including 13,190 from state-funded programs and another 1,185 unduplicated treatment consumers from NCPG Affiliates. The vast majority of the services were provided on an outpatient basis. In the 10 states that offered publicly funded outpatient and residential treatment services and provided information on both, an average of about 10% of the population seeking gambling treatment obtained a residential level of care. Figure 25 below provides a state-by-state breakdown of the number of consumers obtaining problem gambling treatment through NCPG Affiliates and state-funded programs.

The state agency and NCPG Affiliate surveys included questions regarding the number of affected others treated in an outpatient setting. Not all key informants were able to provide treatment numbers that broke-out consumer type; gambler or affected other. In the 18 states that reported both the person with a gambling disorder and affected other treatment enrollment numbers and where affected

[16] Based on an estimated past year pathological gambling prevalence rate of 2.2 % (Williams, Volberg & Stevens, 2012) and the 2016 U.S. adult (age 18+) population estimate of 262,070,808 (U.S. Census, 2016). For this report, people are defined as needing gambling treatment if they had an gambling disorder in the past year.

others were eligible for services without the person with a gambling disorder in treatment, in aggregate about 14% of the population obtaining publicly funded services were affected others. This figure is important when considering research that found involvement of an affected other in the person with a gambling disorder's treatment is associated with better outcome rates for the person with a gambling disorder when compared to outcomes without affected other / family involvement.[17]

Figure 25. Numbers Treated with Problem Gambling Funds, SFY 2016



Note: 34 states provided PG treatment through dedicated funding. MA & IL provide publicly funded gambling treatment, declined to report numbers.

Treatment enrollment changes between surveys were assessed using three different methods. The first method was simply looking at the aggregate of treatment numbers reported between the 2010, 2013, and 2016 surveys. The APGSA Surveys conducted prior to 2010 utilized less rigorous data collection methodology, therefore, treatment data from these earlier surveys were not included. As previously noted, NCPG Affiliate data was collected for the first time in 2013. This addition enabled gambling treatment data for Montana and New Mexico to be included and more completely captured gambling treatment enrollments for Florida, Oklahoma, and Washington, where the NCPG Affiliates provided treatment services that supplemented state-funded treatment. With the addition of counting NCPG Affiliates for the first time in 2013, the investigators anticipated that the total treatment numbers reported across states would be higher than in 2010; however, they were not (2010 enrollment = 10,930; 2013 enrollments = 10,192). For 2016, enrollments increased by 29% to 14,375. These observations suggest that from a national perspective gambling treatment enrollment is on the rise after

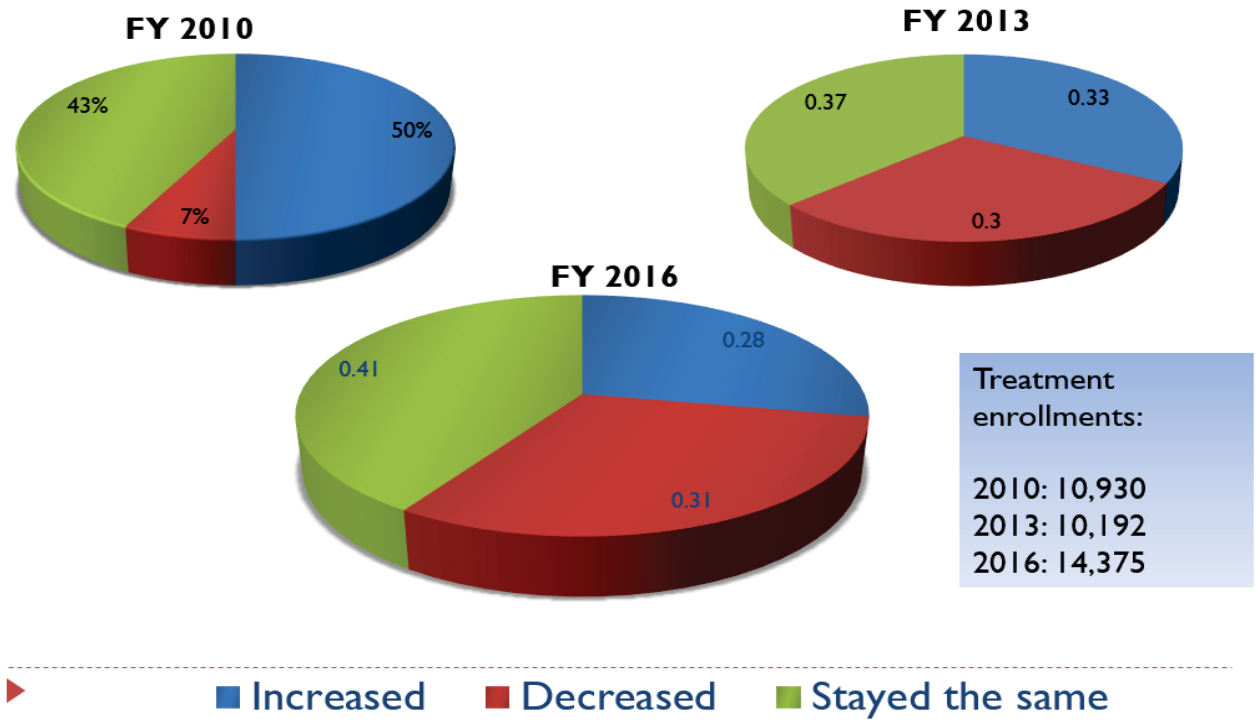
[17] Ingle PJ, Marotta J, McMillan G & Wisdom JP. (2008). Significant Others and Gambling Treatment Outcomes. *Journal of Gambling Studies*, 24, 381-392.

experiencing a slump that was likely related to the Great Recession (late 2000s) and the corresponding decrease in consumer spending on gambling.

Another method for observing changes in treatment enrollment is taking a state-by-state look at reported treatment enrollments between the 2013 and 2016 survey. Twenty-four state agencies reported gambling treatment enrollments in both 2013 and 2016. Ten of those states reported their treatment enrollments increased, while 14 reported decreased enrollments. The total number of additional persons served among the 10 states reporting an increase was 3,077 compared to 1,552 fewer persons in the 14 states reporting decreased treatment enrollment. The largest drivers of the increased enrollment total was Ohio and Indiana; Ohio went from serving 80 problem gamblers in 2013 to 1,048 in 2016, while Indiana reported 475 in 2013 and 1,136 in 2016.

As depicted in Figure 26, the final survey method for evaluating changes in enrollment is asking survey key informants, "Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment increased, decreased, stayed the same?" In 2010, half of respondents reported the treatment enrollments increased over the past year. In 2013, only a third of the states reported that the numbers treated increased, and in 2016 only 28% of key informants reported an increase.

Figure 26. "Over the past year, has the number of consumers receiving outpatient publicly funded gambling treatment increased, decreased, stayed the same?"
Response Comparison between 2010 Survey, 2013 Survey, and 2016 Survey



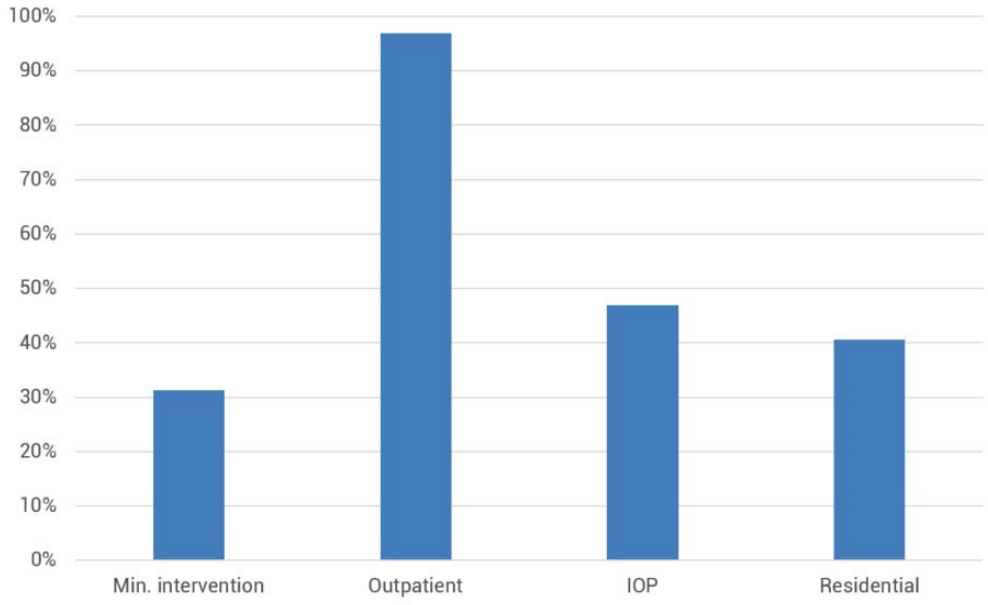
Levels of Care

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 fiscal year 2016. The five broad ASAM levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial 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 psycho-education and assessment 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 9 hours of counseling per week. Level II, intensive outpatient treatment (IOP), was defined as structured interventions involving at least 9 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 27 below depicts the percentage of states with publicly funded problem gambling treatment that offered each level of care. Of the 32 states that reported offering treatment, nearly all offered Level I outpatient services, while the other levels were offered much less frequently. The percentage of states offering Level 0.5, of "minimal intervention" decreased from 17 states in 2013 to 10 states in 2016, while the number of residential and intensive outpatient services remained relatively stable.

Figure 27. Levels of Care Offered



Note: Includes only those states offering publicly funded gambling treatment and reported on levels of care (N = 32)

Who Provides Treatment

States were asked if contracts for problem gambling treatment were awarded to state licensed or certified behavioral health agencies, to qualified individuals, or both. The majority of states (52%) contracted only with agencies. Reports indicated a shift away from contracting only with individual providers (17% of states in 2010, 6% in 2013, 3% in 2016) toward contracting with both agencies and individuals (30% of states in 2010, 39% in 2013, 43% in 2016). Survey respondents were also asked if their states required treatment providers to be Certified Problem Gambling Counselors (CPGC), and seventeen indicated that holding a CPGC was a requirement in their state (50% of those who provided information). 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 is to provide program administrators with data to help them make informed decisions. Information contained in the surveys can give administrators a sense for what other states are doing, data on national averages, and how they might go about designing and implementing problem gambling programs within their own 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.

As illustrated in Figure 28 below, reimbursement rates for outpatient treatment varied considerably across states and types of service. For assessments, six state agencies reimburse on a per event basis rather than an hourly basis (Indiana, Iowa, Nebraska, New Jersey, Oregon, Washington). The per event intake assessment rates for these five states average $174 with a low of $126.22 (New Jersey) to $315 (Nebraska). Sixteen other state agencies reimburse on an hourly rate with some placing maximum limits on the number of reimbursable assessment hours (California, Nevada, North Carolina). The average hourly reimbursement rate for an assessment was $100.85, with a low of $66.36 (Missouri) and a high of $200 (Minnesota). Some states, such as Minnesota, reimburse at different rates dependent on qualifications. The $200/hour assessment rate in Minnesota is only for doctoral level providers (Ph.D. & M.D.); all other qualified providers are reimbursed at $100 per hour. Other states that offer differential reimbursement based on education include South Carolina and West Virginia.

Reimbursement for individual counseling ranged from $19.40 an hour to $100 an hour, with an average of $78.12 per hour; and group counseling was reimbursed at rates between $13.12 and $40 per client per hour (see Figure 28). States whose reimbursement rates for group counseling is not depicted in Figure 28 either did not provide reimbursement rate information or reimbursed by event rather than by hour (Iowa and South Carolina).

State by State Spending on Problem Gambling Services (Fiscal Year 2016)

	State Agency	NCPG Affiliate	Total Unduplicated
Alabama	$0	$50,000	$50,000
Alaska	$0	$0	$0
Arizona	$2,019,000	$3,200	$2,022,200
Arkansas	$0	$0	$0
California	$8,472,540	$725,000	$8,690,040
Colorado	$171,037	$55,000	$201,837
Connecticut	$2,612,000	$750,000	$3,204,500
Delaware	$1,389,842	$1,389,842	$1,389,842
District of Columbia	$0	$0	$0
Florida	$930,000	$2,680,000	$2,680,000
Georgia	$400,000	$0	$400,000
Hawaii	$0	$0	$0
Idaho	$0	$0	$0
Illinois	$1,039,500	$72,000	$1,101,420
Indiana	$1,100,000	$145,000	$1,100,000
Iowa	$3,111,614	$0	$3,111,614
Kansas	$889,198	$16,000	$889,198
Kentucky	$0	$69,650	$69,650
Louisiana	$2,583,873	$1,320,000	$2,834,673
Maine	$100,000	$0	$100,000
Maryland	$3,725,180	$58,440	$3,725,180
Massachusetts	$6,152,969	$2,100,000	$6,782,969
Michigan	$2,279,184	$0	$2,279,184
Minnesota	$2,228,772	$401,000	$2,252,832
Mississippi	$100,000	$259,732	$266,228
Missouri	$258,960	$0	$258,960

Montana	$0	$375,000	$375,000
Nebraska	$1,700,000	$240,000	$1,700,000
Nevada	$1,370,128	$508,489	$1,700,646
New Hampshire	$0	$25,000	$25,000
New Jersey	$2,530,000	$2,660,000	$2,636,400
New Mexico	$69,999	$859,431	$859,431
New York	$2,900,000	$1,350,000	$2,967,500
North Carolina	$1,000,000	$15,600	$1,015,600
North Dakota	$794,500	$0	$794,500
Ohio	$6,400,000	$40,000	$6,402,000
Oklahoma	$1,000,000	$283,000	$1,113,200
Oregon	$5,883,050	$484,750	$5,921,830
Pennsylvania	$6,300,000	$350,000	$6,475,000
Rhode Island	$141,345	$7,000	$148,345
South Carolina	$50,000	$0	$50,000
South Dakota	$174,194	$0	$174,194
Tennessee	$200,000	$0	$200,000
Texas	$0	$40	$40
Utah	$0	$0	$0
Vermont	$200,000	$0	$200,000
Virginia	$30,750	$5,000	$30,750
Washington	$749,500	$1,026,088	$1,631,936
West Virginia	$1,500,000	$0	$1,500,000
Wisconsin	$396,000	$450,000	$450,000
Wyoming	$27,902	$0	$27,902

WASHINGTON

Problem Gambling Services

In 2005, ESHB 1031 was passed, setting aside funds from the lottery, horse racing commission, and privately-owned card rooms for the prevention and treatment of problem gambling. In FY 2016, these funds totaled $724,500, with an additional $25,000 added though tribal contributions. The Washington State Department of Social and Health Services' Division of Behavioral Health and Recovery (DBHR) has administrative responsibility over these funds and programmed them toward problem gambling public awareness, counselor training, treatment, and prevention.

In addition to efforts by DBHR, the Evergreen Council on Problem Gambling (ECPG), a non-profit organization, also provides problem gambling services in the state and serves as the state affiliate to the National Council on Problem Gambling. In 2016, the ECPG operated on a budget of $1,026,088, where 72% of the revenues were provided by donations and grants from tribal governments and/or tribal casinos. This operating budget supported an array of problem gambling services, including a helpline, research, public awareness programs, counselor and industry training, residential treatment, recovery supports, prevention activities, counselor certification, counselor and industry training, and advocacy. The ECPG is one of the largest state affiliates to the NCPG in terms of budget, number of staff, and scope of services provided. The ECPG has received national awards and other forms of recognition for their innovative programs, quality trainings, and advocacy work.

Washington has two helplines for problem gamblers. One is a problem gambling- specific helpline funded by the Evergreen Council on Problem Gambling, and the other is the Washington Recovery Help Line, which is DBHR's new consolidated help line for substance abuse, problem gambling and mental health. The problem gambling-specific helpline, the one most widely advertised for problem gambling help, received 553 calls for help. Help seekers have access to both outpatient and residential gambling treatment. In FY2016, DBHR funded a system of outpatient gambling treatment programs that served 455 problem gamblers and 8 significant others, while the ECPG supported residential gambling treatment for 9 individuals. Overall, the numbers of persons who received state supported treatment for problem gambling decreased 12% from 2012.

In 2016, Washington ranked 26th out of the 50 U.S. states 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 40 states with publicly funded services was 37 cents; Washington's per capita public investment was 10 cents.

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

State Affiliate:
Evergreen Council on Problem Gambling
www.evergreencpg.org

Problem Gambling Prevalence

An estimated 2.1% of Washington adults (118,612) are believed to manifest a gambling problem in Washington.[1]

Gambling Revenues

In 2016, approximately $3.1 billion were spent on legalized gambling in Washington. [2]

The state collected $142.7 million in taxes and fees from major types of gambling in 2015.[3]

1 Based on a 2016 U.S. Census Bureau estimate of 5,648,200 persons age 18+ and the average standardized past year problem gambling rate reported for Washington by Williams, Volberg, & Stevens (2012).
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. Dadayan, L. (2016). State Revenues from Gambling. Rockefeller Institute's Blinken Report.

Costs and Numbers Served	In SFY2016, 463 distinct adult clients received treatment services for problem gambling at an average cost of $1,072 per client (includes treatment and assessment services received). Additionally, 2,166 distinct clients received an assessment for problem gambling (but no treatment services) at an average cost of $163 per client.
Partners	The following partnerships are key to program success: • Washington State Gambling Commission Participation with PGAC • Washington's Lottery Tax Revenue support • Recreational Gaming Association Tax Revenue support Participation with PGAC • Evergreen Council on Problem Gambling Support with Counselor certification Prevention and outreach opportunities Training supports Conference planning and participation Participation with PGAC • National Council on Problem Gambling National Council affiliation and membership • Association of Problem Gambling Service Administrators State membership and affiliation.
Oversight	Quality oversight includes: • Monthly paper monitoring for utilization and fiscal reports. • Clinical consultant services for those counselors who are not yet certified as problem gambling counselors. • Agency certification. • Annual site visits until the agency is certified; then every three years. • Contract monitoring site visits each biennium.
For more information	Ann Gray, grayas@dshs.wa.gov, 360-725-3713 Website: http://www.dshs.wa.gov/bha