

# **Planning and Managing Multi-State Problem Gambling Data Meeting Report**

*Developed for the*

**Center for Substance Abuse Treatment**

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U.S. Department of Health and Human Services  
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Center for Substance Abuse Treatment  
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## I. INTRODUCTION

In June 2007, the Center for Substance Abuse Treatment (CSAT) Division of State and Community Assistance (DSCA) directed the State Systems Technical Assistance Project (SSTAP) to plan a 1.5-day meeting to discuss potential data sets for problem gambling services. DSCA also enlisted the collaboration of the Association of Problem Gambling Service Administrators (APGSA) and the National Council on Problem Gambling (NCPG). The meeting was held in Seattle, Washington on January 16-17, 2008. In addition to the DSCA Director, the APGSA President, and the NCPG Executive Director, the meeting included 23 individuals representing State substance abuse agencies and/or State affiliates of APGSA from 14 States.

CSAT is one of three centers of the Substance Abuse and Mental Health Services Administration (SAMHSA). JBS International, Inc. (JBS) is the SSTAP contractor. JBS is a health and housing consulting firm based in Silver Spring, Maryland.

## II. MEETING SUMMARY

### A. Purpose of the Meeting

The Center for Substance Abuse Treatment (CSAT) Division of State and Community Assistance (DSCA) planned and convened a meeting to develop a consensus on recommendations and guidance (i.e., a voluntary approach) for collecting and using problem gambling services data. To develop an informed consensus, CSAT collaborated with the Association of Problem Gambling Service Administrators (APGSA) and the National Council on Problem Gambling (NCPG). Anne M. Herron, the CSAT DSCA Director, facilitated the meeting in collaboration with Tim Christensen, President of APGSA, and Keith Whyte, Executive Director of NCPG. Meeting participants included 23 individuals representing State substance abuse agencies and/or APGSA State chapters from the following 14 States: Arizona, California, Delaware, Iowa, Louisiana, Maryland, Michigan, Minnesota, Missouri, Nebraska, North Carolina, New York, Oklahoma, and Washington.

### B. Welcome

Tim Christensen, President of the APGSA and treatment administrator for the Arizona Department of Gaming, Office of Problem Gambling, welcomed participants. Formed in October 2000, APGSA addresses facilitation of information dissemination and creates a strong, unified voice to support development of state-of-the-art publicly funded problem gambling services. With the increase of legalized gambling opportunities worldwide, the need for social services to address problem gambling issues has intensified. Responding to this need, numerous States have developed programs to address and meet the demand for problem gambling services. However, States are making the same starts over and over. APGSA seeks to bring States together to collaborate and exchange lessons learned; guide development of this field; and develop common-sense collaboration regarding problem gambling initiatives.

The States do not have the critical mass of independent data to be able to formulate performance and outcome measures to report back to legislators. Gathering these data is a daunting task because respondents provide information strictly on a voluntary basis. The States need a set of consistent data measures to have a bigger pool of information on which to draw. The result of these efforts will be to achieve improved outcomes for consumers and clients.

Keith Whyte, Executive Director of NCPG, said that the meeting—with State, Federal, and nonprofit agencies participating—was the first of its kind in 35 years. He acknowledged that having CSAT as a partner is just the first of a number of steps in developing a framework around problem gambling issues.

Anne M. Herron, Director of the Division of State and Community Assistance (DSCA) for CSAT explained that CSAT brings leadership to the issue of problem gambling by supporting State efforts to improve services for people with co-occurring disorders. CSAT develops guidance for States and lessons learned, develops counselor training and recognizes the importance of family treatment, and establishes consistency across all States. Currently, no State

uses the Substance Abuse Prevention and Treatment Block Grant funding for gambling services. However, block grants could be used for co-occurring disorders if there is evidence of substance abuse.

States face a number of challenges:

- Screening is progressing faster than treatment capacity.
- Clinicians need specialized financial management information and quality supervision.
- There is a need for culturally competent services.
- There is a need for advocacy groups to present the need for services to legislators.

Ms. Herron invited the States to describe their current efforts in addressing problem and pathological gambling issues.

### **C. Descriptions of Current State Efforts**

Each State shared information about what is working and what is needed to address the issue of problem gambling. It became apparent from the discussion that many States were dealing with the same issues.

#### **Data Critical to Support the Case for Funding and Programs**

Many States do not have adequate data to draw conclusions. However, New York has a solid year of problem gambling data that it can use to begin analyzing information in the State. The States that have been collecting data need help in analyzing the data to make the data useful for reporting back to helpline and grant programs. The States also need guidance on how to use the data to inform legislators and to support the need for additional funding and laws. Several States indicated that they segregated gambling data from the general tracking systems with demographic data, and that it would be useful to have an integrated system with additional gambling-related questions. One State suggested developing interagency agreements to match up external databases for long-term reports and analysis. There was consensus that, to have the greatest impact, data collection needs to be consistent across States.

#### **Data Integrity**

Most States agreed that it isn't enough to collect the data: there needs to be data integrity. They raised two specific issues:

- Is everyone reporting the same thing in the same way?
- Are fields defined consistently across providers?

#### **Confidentiality Issues with Problem Gambling**

Several States raised the confidentiality issue as both an ethical problem and a data collection problem. One State referred to 42 CFR [Code of Federal Regulations] as an obstacle to gaining access to information. Also mentioned as a confidentiality problem was clients' sharing the same waiting room. There are fewer HIPAA [Health Insurance Portability and Accountability Act]

restrictions for problem gamblers, which is a key reason that one State set up two systems to keep separate records. Because of confidentiality issues, many gamblers pay out of pocket so as not to leave a paper trail; this makes data collection difficult. People calling into helplines refuse to give information, which impacts data collection. States promote helplines as being anonymous, so it is a problem when agencies then try to collect data. States need to address the ethical dilemma of maintaining anonymity versus the need for collecting data.

### **Public Awareness Needed on a Statewide Level**

Several States said the general public needs to be made more aware of the need for problem gambling treatment programs. They mentioned two obstacles to achieving this: the public appears to have a greater tolerance for gambling than for substance abuse, and gambling is an invisible disease. The only people talking about gambling problems are those who are directly involved in problem gambling. The States discussed specific marketing issues, including the need for different marketing to populations in urban versus rural areas, use of billboards statewide that include helpline numbers, and media outreach that includes an education component. Public awareness is needed to overcome resistance in two areas. One involves the philosophical question—how does gambling fit with substance abuse? The other area is fear—that States will shift substance abuse funds to gambling treatment programs, thereby reducing the money available for substance abuse prevention and treatment.

### **Referral Programs**

Some States agreed that the criminal justice referral program needs to be improved. One State said that referred clients seem to get lost in the shuffle. Several States wanted providers to receive training so that they can effectively recognize problem gambling to make better referrals.

### **Conflict between Lotto/Lottery and Problem Gambling**

There was much discussion about how to achieve a balance between providing treatment for problem gamblers and deriving revenue for the State from gambling. Gambling brings revenue to treatment programs in some States. One State was fully funded with a baseline of funding from the lottery. Several States, especially Washington, have a huge amount of tribal gambling money funding programs.

Legislation in several States requires that a portion of gambling money be used exclusively for problem gambling treatment. One State requires Indian gaming to give money to the department for training. Unclaimed winnings are legislated to fund treatment programs. In Maryland, Senate Bill 3 called for a hotline and problem gambling fund and mandated that the Secretary set up treatment plans. There is legislation in another State that requires that the helpline number be included on lottery tickets. In addition to legislative funding requirements, some Indian tribes voluntarily donate money to problem gambling.

## **Need for Qualified Counselors**

A number of States said they need counselors who are certified as gambling counselors. A broad range of qualifications exists among the States. Some States need to develop minimal requirements for counselors; other States already require that gambling treatment professionals have a master's degree and 60 hours of specialized training. One State said that, first, we need buy-in from counselors that, in fact, the topic of problem gambling matters.

## **Relationship to NOMs**

There was general discussion about the relationship between the National Outcome Measures (NOMs) and the data collected for problem gambling. One State said that it uses NOMs but has a problem in that gambling is invisible. In some States, providers forget that they are responsible for gambling data. In many States, the demographic information collected is the same data collected for NOMs. One State mentioned that the utilization process is a good baseline but does not match up with NOMs.

## **D. Commonalities**

Following discussion among the States, Ms. Herron recommended that the participants develop a "National Picture" to consolidate common elements that the States could use to create consistency in developing approaches to pathological gambling treatment programs.

Topics for consideration in building a National Picture include the following:

- Create a two-page National Picture of outcomes.
- Share data elements that are collected.
- Start to identify a typical gambling client.
- Build partnerships to eliminate working in isolation and to raise awareness of pathological problem gambling.
- Identify questions specifically asked about gambling.
- Provide clarity to providers using a common platform.
- Identify how questions are being asked and the specific questions for gambling.
- Standardize systems and grow toward best practices.
- Standardize contract language.
- Develop a process to flesh out a National Picture down the road.
- Focus on outcomes in a consistent way across the country.
- Develop consistency in data collection across States so that 5 years hence there won't be 50 questions being asked in 50 different ways.

## **E. Recommended Core Data Set**

Much of the second day of the meeting focused on identifying specific data elements that could be used for a core data set. Some of the data that the group recommended is similar to data elements already found in the NOMs, while other elements are items that are specific to problem gambling services and clients.

## NOMs Data Elements That Can Be Used As Is

The following are examples of NOMs data categories that can be used for problem gambling services *without* any modifications:

- Employment
- Housing
- Retention
- Social Supports
- Perception of Care
- Use of Evidence-based Practices
- Family Relationships and Problems

## NOMs Data Elements That Can Be Modified

The group offered the following as examples of NOMs categories and specific questions that can be used with some modifications:

- **Abstinence**—To gauge abstinence from gambling, the group recommended questions such as the following:
  - How many days in the past 30 days did you gamble? (The NOMs substance use disorder frequency distribution should be used.)
  - What are your three most favorite types of gambling?
  - In what locations do you gamble?
  - What was your age of initiation of gambling? (Optional)
  - At what age did you start gambling on a regular basis? (Optional)
  - At what age did gambling first become a problem? (Optional)
- **Crime and Criminal Justice**—To determine the extent of change in criminal activity, the group recommended questions such as the following:
  - What is your criminal justice status?
  - What is the number of arrests you have had in the past 30 days?
  - What is the number of arrests you have had in the past 6 months?
  - What is the number of days of illegal activities (embezzlement, forgery, identification theft, passing bad checks, fraud, etc.) in the past 30 days?

## **Gambling-Specific Data Elements That Are Not Related to NOMs**

In addition to the NOMs-related questions, the group also offered a list of other gambling-specific areas that some of the participating States have found to be useful data to collect. The following are examples of these gambling-specific data elements:

- History of seeking help for gambling problems, including help from Gamblers Anonymous, Gam-Anon, or other problem gambling programs and/or financial and/or credit counseling services.
- Co-occurring data, including information related to suicide and physical harm to others.
- Financial status, including annual income and transition of credit scores (delinquent payments, portion of debt repaid, total credit card debt, foreclosures, amount of debt resulting from gambling, etc.).
- Intent to change as an outcome measure at admission (limited to clients who remain in program until discharge).
- Referral source information, including how clients found out about the services.

## **F. Action Steps**

More uniform data sets will facilitate a consistent conversation regarding services for clients with pathological gambling issues. To bring about this consistency, the following were identified as the action steps that need to occur:

- Keith Whyte will take the lead on developing a National Picture.
- Tim Christensen will take the lead on developing gambling-specific NOMs data.

The group recommended that the National Picture and NOMs mockups be completed within 3 months following the meeting and be unveiled at the 22nd National Conference on Problem Gambling in Long Beach, California, June 26–28, 2008.

## **G. Future Discussion Topics**

The group identified the following as possible discussion items for future meetings:

- Adding questions to the household survey to generate prevalence data and more visibility of problem gambling.
- Determining who would care about the National Picture.

- Identifying what States can tell their policy makers about gambling and casinos.
- Highlighting the societal costs of problem gambling.

