

FY 17
DPH Problem Gambling Services
July 11th, 2017

Victor Ortiz
Director of Problem Gambling Services

Our Goal

- The FY 17 DPH Problem Gambling Initiatives year in review
- Discuss what have we learned and next steps

PHTF Strategic Plan

April, 2016

Purpose:

Articulate strategies and activities that will effectively utilize funds allocated for problem gambling services

Framework:

SAMHSA's Strategic Prevention Framework



PHTF Strategic Plan

Priorities Areas

- **Prevention for Youth**
- **Prevention for High-Risk Populations**
- **Focus on Community-Level Interventions**
- **Coordination of Problem Gambling Services**
- Integration of Addiction Services, Mental Health Services, and Primary Care
- Decrease in Stigma and Unsupportive Social Norms
- Increase in Availability of Support Services
- Increase in Availability of Culturally Appropriate Services
- Contribution to the Evidence Base for Problem Gambling Services
- Establishment of an Evaluation Infrastructure
- Expansion of Institutional Capacity to Address Problem Gambling and Related Issues

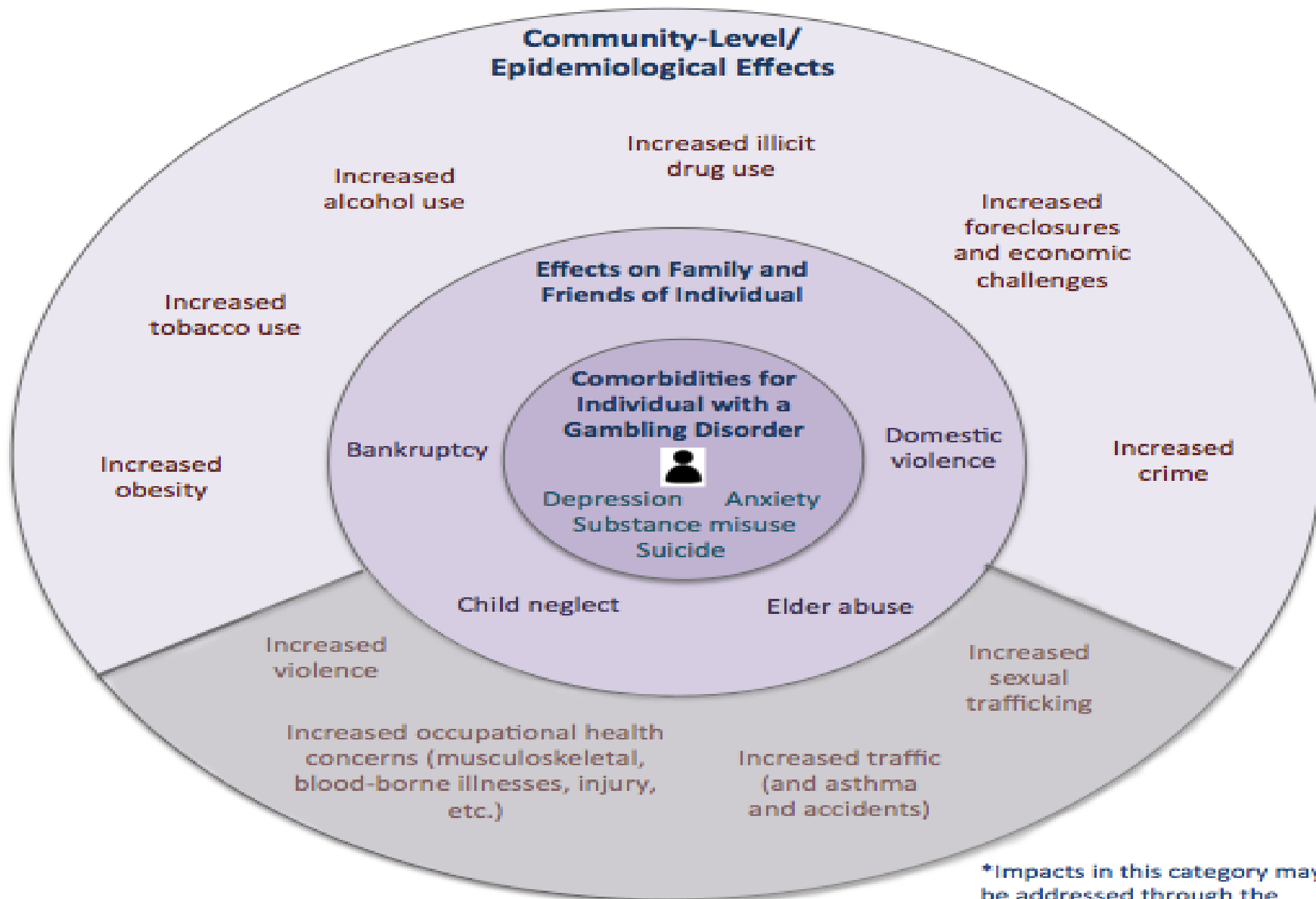
Phases of Activities

The plan's activities are divided into two phases:

Phase 1- Infrastructure development

Phase 2- Implementation of services

Community-Level/ Epidemiological Effects



FY 17
DPH Problem Gambling Initiatives

Problem Gambling Initiatives

FY 17

- **Prevention- Youth, Parents, and At-Risk Populations**
 - Regional Planning process in the Plainville/Region C
- **Workforce development- Community Health Workers**
 - CHW and Gambling Needs Assessment Plainville/Region C
 - Training of CHW in the Plainville/Region C
- **Workforce development- BSAS providers**
 - Revision of the DPH Practice Guidelines on the Treatment of Gambling Related Problems
 - Revision to self-assessment tool; Your First to Change

Prevention of Problem Gambling: Regional Planning Process for Region C

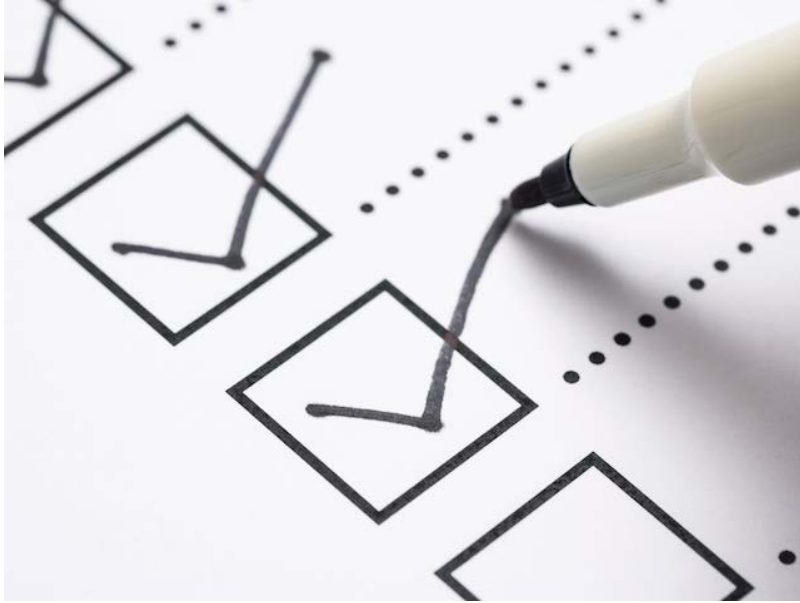
Massachusetts Technical Assistance
Partnership for Prevention (MassTAPP)

Funded by the Massachusetts Department of Public Health

Lauren Gilman, Project Director
Jack Vondras, Senior Advisor

July 11, 2017

MassTAPP's Role



**Operationalize
two of the
Strategic Plan's key
recommendations**

Priority Populations

MassTAPP developed and piloted 2 strategies for the prevention of problem gambling in Region C (Plainville/Southeastern MA):

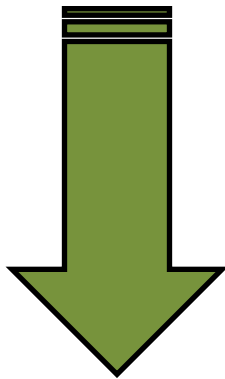
Strategy 1: Reach youth and parents with appropriate prevention messaging

Strategy 2: Develop and distribute culturally appropriate campaigns and services for high-risk populations



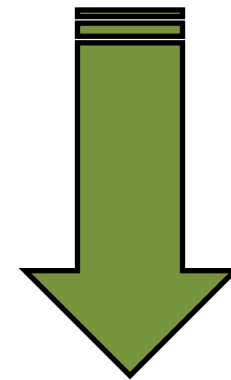
Priority Populations: Strategy 1

Youth who begin gambling early are more likely to experience problem gambling later in life²



Youth ages 12-18

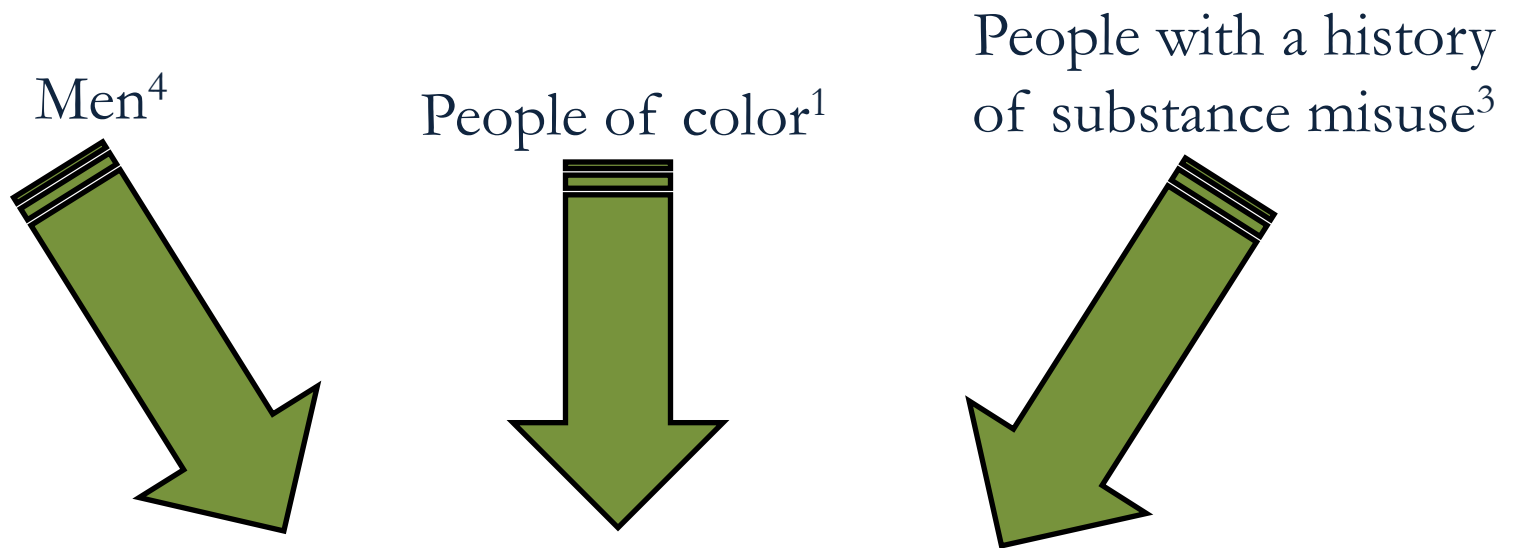
Protective factors (e.g., strong family support, realistic boundaries/expectations) can protect youth from experiencing problem gambling³



Parents

Priority Population: Strategy 2

Who is at risk for experiencing problem gambling?

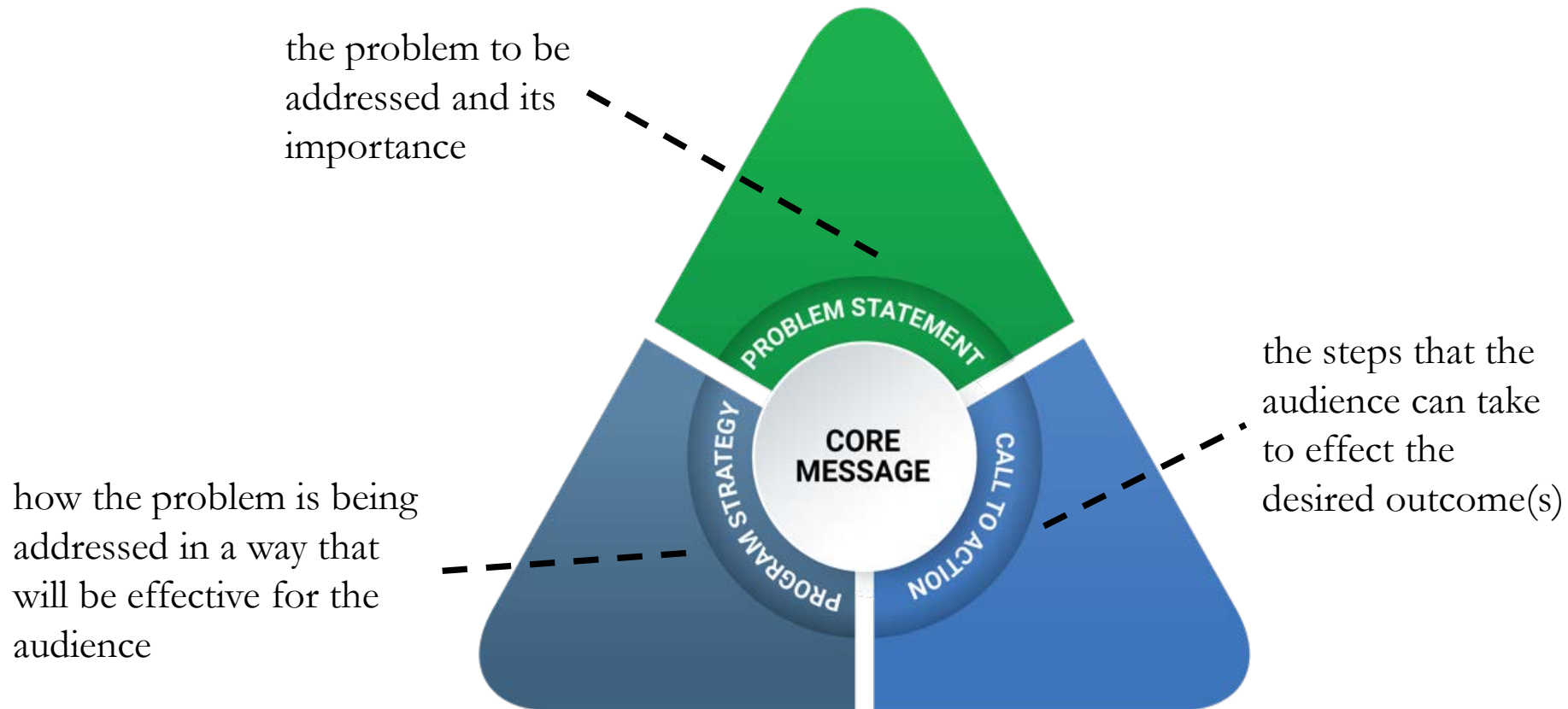


Men of color who have a history of substance misuse

Planning Process Stages

- Review local demographics
- Reach out to the community and identify key stakeholders
- Convene and facilitate a regional stakeholder meeting
- Identify community assets and local resources
- Hold focus groups with priority populations
- Hold key informant interviews with individuals who understand and/or may influence the behavior of these populations
- Develop messages and interventions
- Pilot and evaluate interventions

Message and Intervention Development



Strategy 1: Participants

- 26 youth participated in 3 focus groups
 - Old Colony YMCA in Brockton
 - Hockomock Area YMCA in Foxborough
 - Boys & Girls Club of Taunton
- 15 parent and youth provider key informants participated in interviews and/or focus groups

Strategy 1: Knowledge, Attitudes, Beliefs

Youth:

- identified many types of gambling
- had a broad understanding of what it means to gamble
- made connections to the concepts of *chance*, *waste*, and *addiction*
- (multiple) believed that there are different levels of gambling and that some types are not harmful
- (multiple) did not consider the types of gambling they participate in to be “bad” gambling

Parents and youth service providers:

- (some) had very negative opinions about gambling
- (some) were more ambivalent about the negative consequences or did not see gambling as an issue that is prevalent in the lives of youth.

Strategy 1: Youth

Gambling early increases the risk of problem gambling later; many of your friends are unaware that some of their activities are actually gambling

PROBLEM STATEMENT

CORE MESSAGE

Gambling can be risky and can bring about negative consequences

PROGRAM STRATEGY

MassTAPP is educating youth like you to recognize gambling in all its forms

CALL TO ACTION

Know what gambling is, and help your friends recognize what it is

Strategy 1: Parents

Children are beginning to gamble too early, which increases the risk of problem gambling later

PROBLEM STATEMENT

CORE MESSAGE

The adolescent brain is developing quickly, and lessons learned now can pay off later in life

PROGRAM STRATEGY

MassTAPP is raising awareness among parents about the risks of gambling early in life, and how developing levels of self-regulation may impact risk-taking behaviors

CALL TO ACTION

Adolescence is a wonderful time for learning, so give children opportunities to practice self-regulation and avoid actions that indicate approval of gambling

Strategy 1: Interventions

Model: PhotoVoice research methodology

- **Youth** took photographs of gambling and gambling imagery around them **AND** participated in a facilitated discussion using the images to explore the forms that gambling takes and the ways that young people are exposed to it
- **Parents** participated in a follow-up session to view a display of youth's photographs and explanations **AND** participated in a discussion about youth exposure to gambling **AND** discussed how parents can support youth's development of executive functioning and self-regulation skills

Strategy 1: Results

- Evaluated by pre- and post-intervention surveys and comments from facilitators
- Youth gained a broader understanding of the types of gambling in their everyday lives
- Parents gained a greater understanding of the importance of preventing gambling behaviors among youth

Strategy 2: Participants

- 19 men in recovery or seeking recovery participated in 2 focus groups
- 5 recovery support provider key informants participated in interviews

Strategy 2: Knowledge, Attitudes, Beliefs

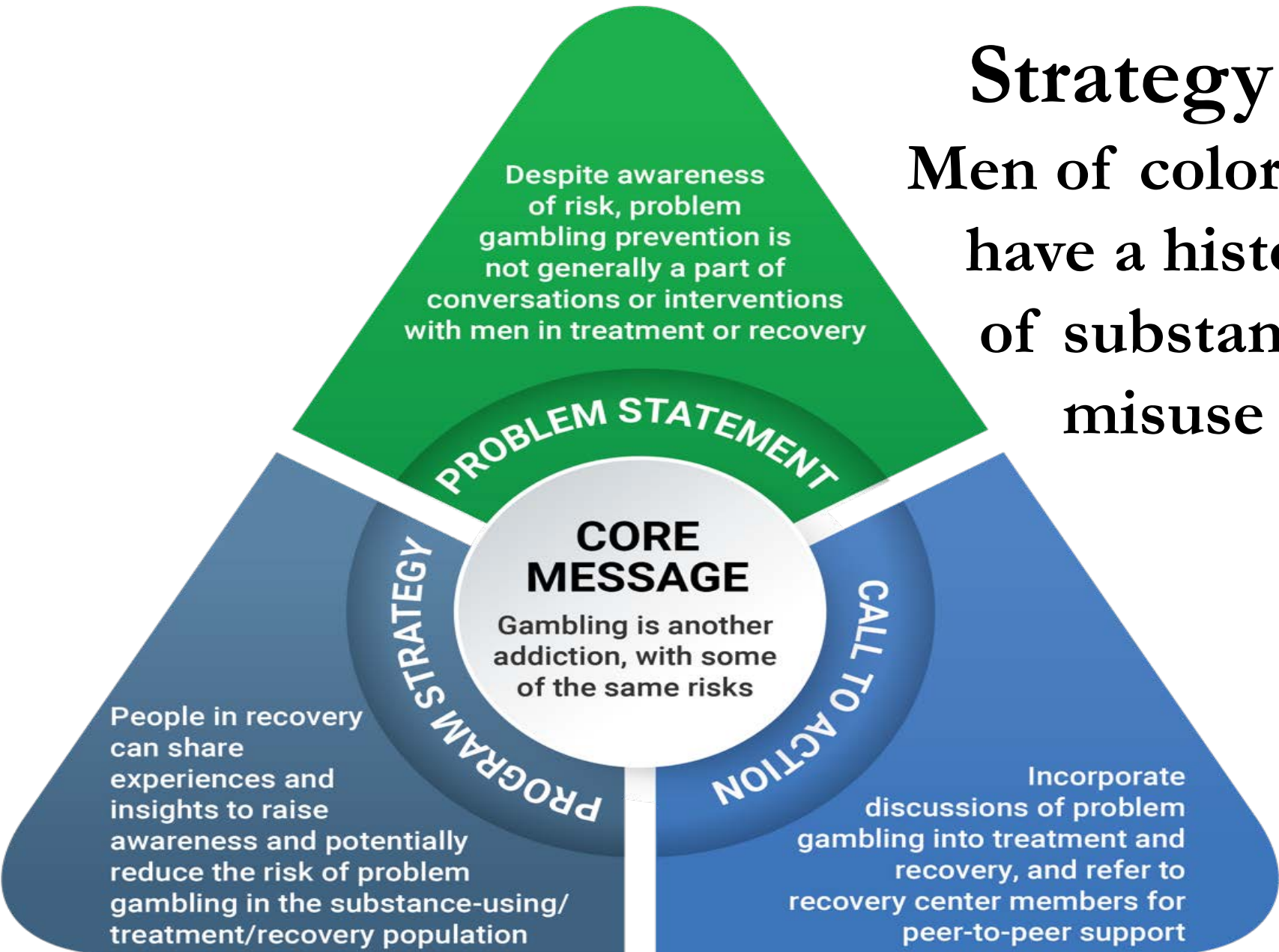
Men in recovery/seeking recovery:

- identified many types of gambling (e.g., scratch tickets, casinos, sports betting, “gambling with your life”)
- described the impact of gambling on friends/family
- are aware of connection between gambling and other addictions, specifically substance use and mental health disorders
- have a desire to help others understand this connection

Recovery support providers:

- are aware of the financial impact of gambling among the population they work with
- claim that *prevention* is not usually addressed in context of treatment/recovery centers

Strategy 2: Men of color who have a history of substance misuse



Strategy 2: Intervention

Model: Peer-to-peer coaching (“ambassadors”)

- **Men in recovery** initiate conversations about problem gambling and their experience with substance misuse **AND** serve as ambassadors for prevention
 - This impacts 2 populations: the ambassadors who give back to their communities by sharing their knowledge, and the individuals they speak with
- **Recovery support providers** selected men in recovery or seeking recovery to participate **AND** facilitated a discussion about how men can discuss problem gambling with others **AND** facilitated a follow-up debrief session
 - Also received a handout with information about problem gambling and its connection to substance use disorders

Strategy 2: Results

- Evaluated by follow-up discussions with ambassadors, facilitated by recovery support providers
- Ambassadors felt good about being in the ambassador role and received positive feedback from their peers
- Ambassadors gave multiple suggestions for how to increase awareness about and opportunities to discuss problem gambling
- Change in knowledge or behavior of individuals ambassadors spoke with cannot be readily measured

What have we learned?

- Youth come into contact with or participate in gambling more than their parents think they do, and this disconnect needs to be addressed.
- Men with a history of substance misuse have a clear understanding of the connection between problem gambling and other types of addiction.
- Individuals think different types of gambling have different levels of risk. There is an awareness of the added risks associated with illegal gambling.

Recommendations

1. Consider health equity when selecting priority populations for interventions.
2. Ensure cultural appropriateness of messaging, channels, materials, and interventions.
3. Consult and collaborate with local community members in the planning and implementation process.
4. Collaborate with other DPH-funded efforts.
5. Work together with local prevention coalitions.
6. Evaluate all efforts.

Recommendations (cont.)

7. Critically assess the relevance of Region C interventions for other parts of the state.
8. Disseminate materials to other afterschool programs and recovery centers throughout the region (beyond those involved in pilot).
9. If possible, collaborate with DPH-funded statewide communications campaign.
10. Integrate messages into existing programs and support local partnerships in order to ensure sustainability.

References

1. Massachusetts Technical Assistance Partnership for Prevention. (2016). *Strategic plan: Services to mitigate the harms associated with gambling in Massachusetts*. Waltham, MA: EDC. Retrieved from <http://www.mass.gov/eohhs/docs/dph/com-health/problem-gambling-strategic-plan.pdf>
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3. Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64–105.
4. Petry, N. M., Stinson, F. S., & Grant, B. F. (2005). Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry*, 66, 564–574.

Photos

Slide 3: 1. Massachusetts Technical Assistance Partnership for Prevention. (2016). *Strategic plan: Services to mitigate the harms associated with gambling in Massachusetts*. Waltham, MA: EDC. Retrieved from <http://www.mass.gov/eohhs/docs/dph/com-health/problem-gambling-strategic-plan.pdf>

Slide 4: <http://www.adweek.com/wp-content/uploads/sites/2/2016/04/twitter-list.jpg>

Slide 5: <https://unsplash.com/search/photos/down-syndrome?photo=FHiJWoBodr>

Slide 23: <http://strangenotions.com/wp-content/uploads/Answers.jpg>

Workforce Development Community Health Workers

CHW and Gambling Needs Assessment Plainville/Region C
&
Training of CHWs in the Plainville/Region C

Background: Community Health Workers

- The community health worker (CHW) workforce brings cultural, socio-economic class and racial diversity to public health and healthcare organizations as part of who they are and what they are trained to do.
- As a result of their work, inequities in health and in access to prevention and care can be directly addressed through the building of bridges among disenfranchised and marginalized communities and systems of care.
- There is a growing evidence base for the impact of CHW intervention models in helping to identify and engage people in care and assuring their access to needed resources as part of improving their healthcare and their health.

CHWs and Gambling

Needs Assessment Goals

- Develop a training curriculum and capacity-building activities for CHWs
- Focus on conducting community level interventions and disseminating problem gambling information
- Train existing community health workers to screen and refer people who may have a gambling disorder

CHWs and Gambling

Needs Assessment Questions

- What roles could CHWs effectively play in the prevention of, screening for and interventions to assist problem gamblers in the Plainville/Southeast region?
- What are the best ways to integrate such work by CHWs into both existing behavioral health (i.e. substance use and mental health) services and/or other interventions related to problem gambling in the region?
- What are appropriate curricula to prepare CHWs for these roles, what kind of training might be needed and who best to prepare and conduct the training?

CHW and Gambling Needs Assessment Findings

- Observations about Local Problem Gambling
- Perceptions of the Nature of Problem Gambling and the Challenges of Helping People
- Roles Community Health Workers Play, and in What Settings

Observations about Local Problem Gambling

- Provider respondents were aware of casinos, but additional common concern was low-income clients losing money for basic needs by playing scratch tickets (lottery).
- People increasingly exposed to and engaged in a variety of gaming types, including sports betting, online gambling, and social gambling in homes.
- Seniors highlighted for risk of gambling problems in casinos, due in part to marketing--incentives for visiting casinos which target seniors.

Perceptions of the Nature of Problem Gambling and the Challenges of Helping People

- The most significant difference between gambling and other addictions highlighted was the relative lack of awareness and understanding of problem gambling.
- Gambling is widely accepted behavior, is commonly legal and at the same time there is shame connected with having lost control over it.
- It is common for people to seek help for other conditions—mental health, addictions, with the role of gambling emerging only after more in-depth assessment.

What Roles Could Community Health Workers Play, and in What Settings?

- Identifying people who need help: one of the biggest challenges
- Providing peer support: engaging and retaining people in addiction services, including compulsive gambling
- Offering cultural mediation, bridging, and informal (as opposed to medical) interpretation between providers and communities served

Training of CHWs in the Plainville/Region C

- CHW and Gambling curriculum was developed and informed by the regional needs assessment
- 15 CHWs were trained and received stipends
- Evaluation was conducted

CHW: What have we learned?

CHW and Gambling Needs Assessment Plainville/Region C & Training of CHWs in the Plainville/Region C

- There is a significant interplay of gambling, substance abuse, mental health, crime, and poverty at the community level.
- Illegal gambling is very cultivated at the community level.
- There is a general awareness of gambling activities, but lack of awareness of problem gambling.
- Cultural and community norms relating to gambling is critical to inform training and services
- CHWs are a viable and important workforce with proven experience to navigate the complex dynamic of the interplay of gambling with other related issues.

Workforce Development BSAS Providers

Revision of the DPH Practice Guidelines for Treating
Gambling-Related Problems

&

Revision to self-assessment tool: First Step to Change

Revision of the DPH Problem Gambling Practice Guidelines

- Ensures that clinical providers have access to evidence based treatment information to inform their work.
- Two part review process prioritizing clinical providers.
- Evidence-Based Practice Guidelines Training with over 35 providers.
- Development of a web-based platform.

Revisions to Self-Assessment Tool

Your First Step to Change: Gambling (2nd Edition)

- An evidence-based self-assessment and brief intervention tool
- The most recent gambling-related literature and new understandings of gambling and Gambling Disorder that have emerged during the past 15 years informed the revision (e.g., DSM5)
- **Key revisions:** updating the workbook with psychometrically validated tools and including content that, over time, increasingly has been recognized as clinically important for gambling treatment and intervention (e.g., co-occurring conditions)
- 25,000 copies in print and will be made available to the GameSense Centers

What have we learned?

Revision of the DPH Problem Gambling Practice Guidelines & Revision to self-assessment tool

- Practice Guidelines must be user friendly and resourceful
- The engagement of clinical providers was informative and essential
- Particular attention must be given to the dynamic of theory versus practice

Stakeholder Listening Sessions

- First Listening Session in Boston with 12 stakeholders; **June, 2017**
 - Inclusion of faith-based organizations to support community efforts
 - Locate services in the community
 - Additional recovery supports services needed
 - Community and/or cultural partnerships in the development of materials

- Second Listening Session scheduled for the Fall in Springfield

Thank You