NOTICE OF MEETING and AGENDA

October 4, 2017

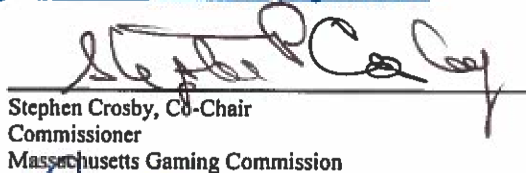
Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the **Public Health Trust Fund Executive Committee.** The meeting will take place:

Wednesday, October 4, 2017
1:00 p.m.
Massachusetts Gaming Commission
101 Federal Street, 12th Floor
Public Meeting Room A & B
Boston, MA 02110

1) Call to Order
2) Approval of Minutes-**VOTE**
3) MGC Research Quarterly Update
4) SEIGMA In-Depth Analysis of Predictor Report and Discussion
5) DPH Program Quarterly Update
6) Voluntary Self Exclusion Overview and Discussion
7) Public Comment
8) Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting

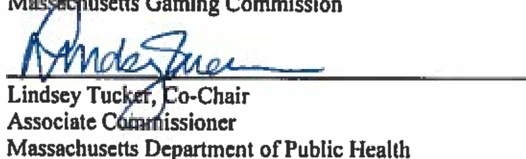
I certify that on this date, this Notice was posted as "The Public Health Trust Fund Executive Committee Meeting" at www.massgaming.com and emailed to: regs@sec.state.ma.us, melissa.andrade@state.ma.us.

9/18/17
(date)



Stephen Crosby, Co-Chair
Commissioner
Massachusetts Gaming Commission

9/11/17
(date)



Lindsey Tucker, Co-Chair
Associate Commissioner
Massachusetts Department of Public Health

Original Date Posted to Website:

Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

DRAFT

Date/Time: July 11, 2017- 1:00 p.m.

Place: Massachusetts Gaming Commission
101 Federal Street, 12th Floor
Boston, MA

Present: **Executive Committee**
Co-Chair Stephen P. Crosby, Chairman, Massachusetts Gaming Commission
Co-Chair Lindsey Tucker, Associate Commissioner, Massachusetts Department of Public Health
Rebekah Gewirtz, Executive Director, National Association of Social Workers MA Chapter
Jennifer Queally, Undersecretary for Law Enforcement, Executive Office of Public Safety and Security
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission

Attendees
Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission
Teresa Fiore, Program Manager, Research and Responsible Gaming, Massachusetts Gaming Commission
Enrique Zuniga, Commissioner, Massachusetts Gaming Commission
Rachel Volberg, Principal Investigator, SEIGMA, UMass School of Public Health and Health Sciences
Danielle Venne, SEIGMA, UMass School of Public Health and Health Sciences
Jackie Dias, Massachusetts Council on Compulsive Gambling
Brianna Tolson, Massachusetts Council on Compulsive Gambling
Victor Ortiz, Director of Problem Gambling, Massachusetts Department of Public Health
Lauren Gilman, Project Director, MassTAPP
Jack Vondras, Senior Advisor, MassTAPP
Ola Szezerepa, MassTAPP
Bruce Cohen, Chair, Research Analysis and Design Subcommittee
Alissa Mazar, Program Manager, SEIGMA, UMass School of Public Health and Health Sciences

Call to Order

1:00 p.m. Co-Chair Stephen Crosby called the meeting to order.

Approval of Minutes

Michael Sweeney moved to approve the PHTFEC minutes dated May 19, 2017. Motion seconded by Rebekah Gewirtz. Motion passed unanimously.

Co-Chair Lindsey Tucker stated that at the last meeting they spoke about process improvements and the promise of getting materials out in advance of the meetings. She stated that she anticipates will get better. She also noted that they have added public comments to the agenda. She stated that they will also make the meetings 3 hours as opposed to 2 hours. She also stated that they did not switch the day for this meeting but they will do so for future meetings.

Co-Chair Crosby noted for the record Rebekah's new title and employment – Executive Director of the National Association of Social Workers MA Chapter.

Co-Chair Tucker stated that she and Chairman Crosby wants the group to consider moving the meetings to every other month as opposed to the current quarterly meeting schedule. She stated that this is in anticipation of the opening of two new casinos.

Age and Gender Analysis from SEIGMA Baseline General Population Survey

Danielle Venne provided an overview of the SEIGMA Gambling Behavior and Problem Gambling by Age and Gender report. She stated that the study was on gambling participation and problem gambling for males and females in certain age groups. She reported that a literature review was conducted and an analysis was conducted with the baseline general population survey which had a sample size of about 10,000. She provided a summary of the gambling demographic chart and noted the participation rates in the following areas: online, casino, and racing gambling.

Ms. Venne reported on the lottery participation rates in traditional games, instant games, and daily games; and participation rates in sports, private betting, raffle, and bingo. Michael Sweeney stated that he thought the instant games data would have been higher. Ms. Venne also reported on the past year participation significant differences between gender and age. Dr. Rachel Volberg noted that they did not differentiate between slots and table games in the baseline survey but in a follow-up study in 2020, they will differentiate between the types of play.

Jennifer Queally inquired about the sample pool. Dr. Volberg stated that the pool consisted of random addresses of Massachusetts residents and samples were taken from specific regions. She stated that the participants, over age 18, had a choice to respond online or through the mail. If there was no response to the survey, a phone follow-up survey was conducted.

Ms. Venne reported on the significant gender differences by age, significant age differences by gender, and significant differences in frequency of gambling. She also reported on problem gambler status for recreational gambling, at-risk gambling, problem gambling and significant differences in problem gambler status.

Ms. Venne provided highlights of the past year participation and weekly, monthly and yearly frequency rates. She noted that future direction includes problem gambling

prevention services directed toward those aged 35-64 and further analysis of gender and age differences to develop prevention recommendations. Dr. Volberg noted that the focus of prevention services is to target those who are at-risk for problem gambling and treatment services will focus on those with problem gambling. Rebekah Gewirtz stated that she has concerns that slots were not separated in the analysis. Dr. Volberg stated that they do intend to obtain this data when they do the next survey. Dr. Volberg also noted that adults age 65 and older do not appear to be a group that is particularly at high risk for problem gambling. She stated that seniors like the casinos for social and cognitive stimulation. Michael Sweeney stated that he would be interested in getting information on the effect on elders with "free outings" offered by the casinos. Rebekah Gewirtz stated that she feels that older adults are vulnerable in these settings. Michael Sweeney inquired about languages and the survey. Dr. Volberg stated that about 8 percent completed the surveys in Spanish.

Co- Chair Tucker thanked Ms. Venne for her report. She stated that, based on this conversation, that the PHTFEC has an interest in getting further information in this area over time, particularly a better understanding of table games and slot machines.

SEIGMA (Social and Economic Impacts of Gambling in Massachusetts) / MAGIC (Massachusetts Gambling Impact Cohort) Annual Meeting Report

Dr. Rachel Volberg provided a summary of the presentations that were given at the 2017 SEIGMA/MAGIC annual meeting. Mark Vander Linden noted that the reports are not finalized and that they will come back to the committee and provide a deeper review.

Dr. Volberg reported on the pathological gamblers diagnosis, the amounts that insurance companies were charging, and out of pocket expenses incurred by patients with this diagnosis. She stated that this study revealed that individuals in Massachusetts that receive this diagnosis have complicated health histories.

Dr. Volberg reported on the patron and license plate survey. She stated that this study is a way to obtain information from patrons and it is the only way to see if gamblers are coming from out of state.

Dr. Volberg did not provide a summary on the Plainridge Park Casino operations report. She provided a summary of the MAGIC study. She stated that a lot of lessons were learned on how do cohort studies. She stated that the focus of MAGIC is to look at the rate of new cases of problem gambling in Massachusetts and to inform prevention, intervention, treatment, and recovery services. She noted that questionnaires were completed by 3,139 respondents with a response rate of 65%. She stated that they are in the process of revising the report with feedback they received and they hope to have it ready soon.

Co-Chair Tucker requested that the PHTFEC members can sens any questions about the annual meeting reports to Mark Vander Linden. Co-Chair Crosby stated that we should pick a date as soon as possible for the next annual meeting to allow for many members to attend.

FY17 Department of Public Health ("DPH") Programmatic Update

Victor Ortiz provided an update on problem gambling activities at DPH during the last year. He thanked their partners, the PHTFEC, and the Gaming Commission for their

support. He stated that FY17 was a great year of accomplishments. He stated that the PHTF Strategic Plan is a blueprint that informs their work. He stated that they identified four priority areas which included: prevention for youth, high-risk populations, community level interventions, and coordination of problem gambling services. He stated that the activities will be implemented in two phases – infrastructure development and implementation of services. He stated that the FY17 problem gambling initiatives include: prevention for youth, parents and at-risk populations; workforce development for community health workers; and workforce development for treatment providers.

Co-Chair Tucker reported that the MassTAPP report is still being reviewed by DPH and when it is final, they will send it out to the PHTFEC members.

Lauren Gilman, Project Director for MassTAPP, provided an overview of the MassTAPP report on prevention of problem gambling in Region C. She stated that MassTAPP is a substance abuse prevention project of Education Development Center (EDC). She stated that they focused on two populations – youth and parents, and men of color who have a history of substance abuse. She provided an overview of the planning process stages which included focus groups and interventions. She stated that they also focused on message development for these populations utilizing an online community toolkit. She noted that focus groups were conducted and they learned a lot about the students' knowledge, attitudes and beliefs about gambling. They also developed a messaging strategy for youth and parents. She stated that they want to raise awareness about the risks of gambling, self-regulation, and self-control. She also reported that they conducted a Photo Voice project to obtain a perception of what gambling looks like to youth through images they see in their daily life. She stated that the project was piloted at two sites. She noted that the results revealed that youth gained a broader understanding of the types of gambling and the parents gained a greater understanding of the importance of preventing gambling behaviors.

Jack Vondras, Senior Advisor for MassTAPP, provided an overview of their strategies for men of color with a substance abuse history. He stated that 19 men in recovery participated in 2 focus groups and 5 recovery providers participated in key informant interviews. He reported that men in recovery are aware of connections between gambling, other addictions, and mental health disorders. He also reported that recovery providers are aware of the financial impacts on their clients. He stated that they developed messaging and intervention strategies that included peer-to-peer coaching strategies. He also provided a summary of lessons learned and recommendations.

Victor Ortiz provided an overview of their workforce development initiative for community health workers. He provided a summary of the role of community health workers and their background. He stated that they bring cultural, socio-economic, and racial diversity to public health and healthcare organizations as part of who they are and what they are trained to do. He stated that they developed three needs assessment goals which included: developing a training curriculum, community level interventions, and training for screening and referrals. He provided a summary of their findings and lessons learned. Michael Sweeney stated that he is supportive of the community health workers and he is glad that they highlighted the area on illegal gambling. Commissioner Enrique Zuniga inquired about the methodology that was used. It was reported that Dr. Terry Mason used focus groups and key informant interviews. Rebekah Gewirtz stated that the role of community health workers could be expanded to the macro level such as

community policy and actions. There was a discussion about including the role of community health workers on macro level issues in the future.

Mr. Ortiz also provided an overview of their workforce development initiative for providers. He stated that they will revise the DPH problem gambling practice guidelines and self-assessment tools. He stated that this will ensure that the providers have access to evidence based treatment. He also noted that they will provide trainings and a web-based platform. Commissioner Zuniga noted that he did not see any mention of the VSE (Voluntary Self Exclusion) program in the tools section and he stated that it can be an effective tool. Co-Chair Crosby stated that at a minimum, the VSE program should be included, and maybe even PlayMyWay. He also expressed concerns about data and Co-Chair Tucker stated that she will look at it and follow up. Mr. Ortiz provided a summary of lessons learned regarding the revisions.

Mr. Ortiz provided a summary of the stakeholder listening sessions. He stated that the purpose is not to just develop products but to engage the community and obtain feedback. He stated that the first listening session was conducted in Boston and they will conduct one in the fall in Springfield. He stated that they hope to expand this work in the future.

Ombudsman John Ziemba provided a summary of his role at the Gaming Commission. He stated that he administers the Community Mitigation Fund but the Commissioners make the determination about the funding. He stated that the fund is meant to help communities offset costs from the construction of the casinos and the impacts to the host and surrounding communities. He provided an overview of the Fund which included the following: applications are due by February 1st, there is a comprehensive review process, the review team makes recommendations to the Commission, and decisions are made in public. He reported that funding decisions have recently been made and they are in the process of drafting contracts. He also provided an overview on the different types of applications such as transportation planning grants, workforce development pilot projects, tribal technical assistance grants, and reserve grants. He stated that they fund a lot of transportation grants. He also stated that they are having conversations with the Massachusetts Historical Society to discuss preservation of historical buildings in these communities. Co-Chair Crosby provided examples of applications that were funded (valet parking for a community health care facility) and applications that were not funded (dredging a canal for a commuter boat). Co-Chair Tucker noted that the funding of a bike path to mitigate traffic also has unintended consequences of health benefits by getting people moving more. Rebekah Gewirtz inquired about the areas of public safety and domestic violence. Ombudsman Ziemba stated that they are focusing now on construction impacts and will look at these areas during the casino's operational phase. Ombudsman Ziemba also provided an overview of the Community Mitigation advisory committees and noted that there are multiple layers of review.

Public Comment

Co-Chair Tucker reported that there were no public comments.

Other Business – reserved for matters the Chairs did not reasonably anticipate at the time of posting

Having no further business, a motion to adjourn was made by Rebekah Gewirtz. Motion seconded by Michael Sweeney. Motion passed unanimously.

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated July 11, 2017
2. Public Health Trust Fund Executive Committee, Draft Meeting Minutes dated May 19, 2017
3. Massachusetts Department of Public Health, Office of Problem Gambling Services, Budget Brief, Updates dated July 11, 2017
4. Your First Step to Change: Gambling (2nd Edition)
5. Memorandum from Dr. Rachel Volberg (SEIGMA) to the PHTFEC, dated July 11, 2017 regarding Gambling Behavior and Problem Gambling by Age and Gender, with PowerPoint slides
6. Memorandum from Dr. Rachel Volberg (SEIGMA) to the PHTFEC, dated July 11, 2017 regarding Summaries of the 2017 Annual Meeting Presentations, with attachments
7. Massachusetts Gaming Commission, Community Mitigation Fund documents
8. FY17 DPH Problem Gambling Services, PowerPoint slides dated July 11, 2017

Cecelia M. Porché
Paralegal/Legal Division

DRAFT

TO: Members of the Public Health Trust Fund Executive Committee

FROM: Mark Vander Linden, Director of Research and Responsible Gaming, MGC
Teresa Fiore, Program Manager, MGC

CC: Enrique Zuniga, Commissioner, MGC
Victor Ortiz, Director of Problem Gambling Services, Department of Public Health

DATE: October 4, 2017

RE: MGC Gaming Research Update

Recently Released Reports

New Employee Survey at Plainridge Park Casino: Analysis of First Two Years of Data Collection
(Released May 10, 2017)

Based on 1,056 respondents, this report presents findings on the first two years of data collection (March 2015-March 2017) on newly licensed employees at Plainridge Park Casino (PPC). This report identifies several important characteristics of new hires at PPC and the emergent casino workforce in Massachusetts. Most new hires did not transfer from other Penn National Gaming (i.e., PPC's operator) locations. Major reasons for seeking employment at PPC included career advancement and improved pay. Finally, nearly three-quarters of respondents did not receive pre-employment training to raise their skills.

Creating employment opportunities for unemployed or underemployed Baystaters is a priority of the Expanded Gaming Act. According to this report, hiring at PPC is meeting this objective. Slightly over one-half of the respondents (n=525) reported that they were either unemployed or were employed part-time prior to taking their positions at PPC. The remaining respondents (n=522) were previously employed full-time. Lastly, less than 6% of previously unemployed respondents moved in order to take their positions at PPC (n=9). When considered together, the average applicant who was previously unemployed did not have experience working at a gaming establishment, did not receive training prior to their hiring, and did not move to take their position at PPC.

The full report can be viewed here:
http://www.umass.edu/seigma/sites/default/files/PPC%20Employee%20Survey%20Report%202017-05-9_For%20Releasev2.pdf

CHIA Manuscript: Rodriguez-Monguio, R., Errea, M., and Volberg, R.A. 2017. "Comorbid pathological gambling, mental health, and substance use disorders: Health-care services provision by clinician specialty." Journal of Behavioral Addictions: 1-10.
(Published online August 31, 2017)

With a sample of 869 patients, this study assessed co-occurring behavioral addictions and mental health disorders in treatment-seeking patients and estimated the likelihood of receiving care for these disorders by clinician specialty. The data were derived from the Massachusetts All-Payer Claims Database, representing detailed medical and pharmaceutical claims data for the period 2009-2013. The sample included all commercially insured adult residents of Massachusetts. Univariate and multivariate analyses were used to estimate the likelihood of provision of care by clinician specialty, adjusting for patient's demographic characteristics and level of care.

Treatment-seeking patients who had a diagnosis of PG were mostly males (71%), aged 45-54 years (27%), and enrolled in a health maintenance organization (47%). The most prevalent co-occurring disorders among patients with PG as principal diagnosis were anxiety disorders (28%), mood disorders (26%), and substance use disorders (18%). PG was associated with a more than twofold likelihood of receiving care from social workers and psychologists ($p < .05$). Depressive disorders were associated with a three times greater likelihood of receiving care from primary care physicians (PCPs) ($p < .05$). Having three and four or more diagnoses was associated with a greater likelihood of receiving care from PCPs. In conclusion, psychiatric and substance use disorders are prevalent among treatment-seeking pathological gamblers. The likelihood of receiving care from specialty clinicians varies significantly by clinical diagnosis and patient clinical complexity.

The full article can be found here: https://www.ncbi.nlm.nih.gov/pubmed/28856904

Plainridge Park Casino First Year of Operation: Economic Impacts Report
(To be released October 12, 2017)

This report summarizes Plainridge Park Casino's (PPC) first twelve months of operation (July 2015 to June 2016) in an effort to understand how spending at PPC has affected the Massachusetts economy. In total, patrons spent (i.e., PPC revenues) approximately $172.5 million on gambling and non-gambling activities at PPC. To understand how spending at PPC impacts the Massachusetts economy, it is important to understand how these patrons would have otherwise spent their money if PPC had not opened.

Based on SEIGMA's Patron and License Plate Survey Report, the PPC Operations Report estimates that Massachusetts residents who would have spent their money gambling in out-of-state casinos in the absence of PPC represented the majority of spending at PPC (i.e., $100 million). This constituted 58.0% of spending at PPC. These "recaptured" patrons represent "new" money to the Commonwealth.

Massachusetts residents who otherwise would have spent their money elsewhere in Massachusetts represented $36.6 million in spending at PPC. This constituted 21.2% of spending at PPC. Compared to "recaptured" patrons, the economic impact of these patrons is more complex. The spending of these patrons has been reallocated from other Massachusetts businesses to PPC. Therefore, any positive

economic impact which comes from an increase in revenue at PPC is accompanied by a negative impact elsewhere in the Commonwealth.

Out-of-state residents represent the remaining $36.0 million dollars of spending at PPC, or 20.8% of overall revenues reported by PPC. The extent to which this spending is "new" to Massachusetts depends on whether these patrons would have visited Massachusetts in the absence of PPC. Finally, in the course of visiting PPC, patrons also spent an estimated $3.2 million in the Plainville area. This is money which would have been spent elsewhere if PPC had not opened.

Regarding broader economic activity, over fiscal year 2016, PPC employed an average of 556 employees and paid $17.8 million in wages. During the same period, PPC also supported $19.1 million in spending on vendors, membership organizations, and charitable causes. In its first year of operation, on net, PPC created or supported 2,417 jobs in the Commonwealth, 1,633 of which were in the private sector. The remainder were government positions supported by the revenue generated by PPC. PPC also supported $505.5 million in new output within the Massachusetts economy, $362.4 million of which was value added ("new" economic activity or gross state product), and $143.7 million in new personal income within the Commonwealth.

As part of Massachusetts' Expanded Gaming Act, in addition to normal federal, state, and local taxes, PPC paid 49% of its gross gaming revenue to the state in the form of taxes and assessments. It has also entered into various agreements with the host community of Plainville and the surrounding communities of Attleboro, North Attleborough, Foxborough, Mansfield, and Wrentham. Some of these agreements include payments to the communities. Taken together, in fiscal year 2016, PPC spent $77.6 million in payments to various Massachusetts government entities.

The full report will be available for viewing on the SEIGMA website on October 12:
http://www.umass.edu/seigma/reports

Gambling and Problem Gambling in Massachusetts: Results of a Baseline General Population Survey
(To be released October 12, 2017)

This report summarizes findings from a large baseline general population survey of Massachusetts to assess gambling behavior and problem gambling behavior before any of the state's new casinos became operational. This is an updated version of the original report, published in May 2015, to reflect changes to the data weighting procedure.

The Baseline General Population Survey took place between September 11, 2013 and May 31, 2014, had a response rate of 36.6%, and achieved a final sample size of 9,578 respondents. The report presents a comprehensive compilation of descriptive statistical results from the baseline survey, in the areas of gambling attitudes, gambling behavior, gambling problems, prevention awareness, and service utilization. Below we highlight findings addressing problem gambling prevalence, prevention awareness, and service utilization in Massachusetts.

Problem gamblers are individuals who experience significant impaired control over their gambling and negative consequences as a result of their impaired control.

- The current prevalence of problem gambling in Massachusetts is 2.0% of the adult population
- An additional 8.4% of the population are at-risk gamblers
- Based on the percentages above, we estimate that between 83,152 and 135,122 adult Massachusetts residents are problem gamblers and between 389,776 and 488,519 adult residents are at-risk gamblers
- Additionally, nearly 2 in 10 Massachusetts adults (18.5%) reported knowing someone who they considered gambled too much

There were significant differences in problem gambling prevalence associated with gender, race/ethnicity, and education. For instance:

- Men are 3 times more likely to have a gambling problem than women
- Blacks are 4 times more likely to have a gambling problem than Whites
- Individuals with only a high school diploma are 3 times more likely to have a gambling problem than individuals with a college degree

Awareness of existing problem gambling prevention initiatives in Massachusetts is quite variable. About 4 in 10 Massachusetts residents are aware of media campaigns to prevent problem gambling. However, just over 1 in 10 of adults is aware of non-media prevention programs in schools and communities around the state. Of these, only a very small number had participated in such programs.

Among problem gamblers in the survey, only a very small number indicated that they would like help for a gambling problem or had sought help for such a problem. This contrasts with the estimate that between 83,152 and 135,122 Massachusetts adults currently have a gambling problem. The gap between this estimate and the small number of individuals who reported desiring or seeking treatment highlights a potentially underserved population that may be in need of treatment.

The full report will be available for viewing on the SEIGMA website on October 12: http://www.umass.edu/seigma/reports

Summary Analysis of the Plainridge Park Casino GameSense Program Activities & Visitor Survey: August 8, 2016 – February 7, 2017 *(final June 30, 2017. Full report anticipate release January 2018)*

The primary goal of Wave 2 is to extend the evaluation of the program's effectiveness by studying visitor's knowledge of responsible gambling concepts, use of responsible gaming strategies and awareness of problem gambling resources while continuing an evaluation of the program's safety and reach. A few key findings:

- Exchange visitors typically avoid gambling myths that can be associated with gambling-related problems and use at least one strategy to keep gambling within personally affordable limits.
- Both First-Time (87.7%) and Repeat Visitor (93%) Survey respondents reported that they would feel comfortable seeking help from a GameSense Advisor for an emerging gambling problem.

- 94.3% of respondents agreed or strongly agreed with the statement, "The GameSense Advisor I most recently spoke with gave me a new way to think about gambling."
- First time visitor survey respondents correctly answered an average of 5.57 of 7 true/false questions designed to test their understanding of important gambling concepts such as the independence of slot machine play.
    - When presented with the question, "*On any given slot machine play, which outcome is most likely?*"40.4% of First-Time Visitor Survey respondents and 33.3% of Repeat Visitor Survey respondents correctly answered "a loss."
    - Nearly all respondents (96.3%) recognized that excessive gambling can affect finances. Smaller majorities recogniezed the potential consequences of excessive gambling on personal relationships (61.7%) and mental health (53.2%). Less than half of respondents recognized that excessive gambling can affect physical health (44.7%).
- Across all interaction types, most interactions involved 1 or 2 visitors. Most Instructive (92.1%) and Exchange (62.0%) interactions began as Simple interactions.
- Overall, the total number of GSA interactions increased from 5,659 interactions during Wave 1 to 7,878 during Wave 2. This represents a 39.2% increase. Higher staffing levels, PlayMyWay launch, and GSAs' increased efficiency might explain these changes.

Upcoming Reports

Massachusetts Gambling Impact Cohort (MAGIC)

- To date, three waves of data have been collected from a cohort of 3,100 adult Massachusetts residents. The study includes an over-sample of at-risk and problem gamblers drawn from the SEIGMA baseline population survey.
- **STATUS:** A final report of wave 2 is expected to be released in December 2017.
    - Wave 3 MAGIC report is expected in June 2018
    - Wave 4 data collection will be completed by June 2018

Social and Economic Impacts of Gambling in Massachusetts (SEIGMA)

- **CHIA Manuscript: *Rodriguez-Monguio, R., Brand, E., and Volberg, R.A. 2017. "The economic burden of pathological gambling and co-occurring mental health and substance use disorders."***
    - Analysis of healthcare services utilization & cost in MA associated with pathological gambling.
    - **STATUS:** Article in press at the *Journal of Addiction Medicine*.

- **CHIA Manuscript: Longitudinal cohort**
    - Analysis of individuals in the CHIA dataset who received a diagnosis of pathological gambling each year between 2009 and 2013.
    - **STATUS:** A publishable manuscript will be submitted by April 2018.

- **CHIA Manuscript: Gender differences in healthcare utilization and costs**
  - Analysis of males and females in the CHIA dataset who received a diagnosis of pathological gambling any year between 2009 and 2013.
  - **STATUS:** A publishable manuscript will be submitted by April 2018.

- **Patron Survey and License Plate Survey Report: Plainridge Park Casino 2016**
  - An essential component of the economic analysis that will clarify patron origin and expenditure.
  - Includes questions about GameSense that inform the GameSense evaluation conducted by DOA.
  - **STATUS:** A final report is expected at the end of October 2017.

- **Further Analyses of BGPS Data**
  - Further analyses of BGPS data include preparation and submission of publishable manuscripts based on (1) deeper analyses of the BGPS, (2) analysis of differences in predictors of problem gambling by gender, and (3) analysis of associations between problem gambling and specific forms of gambling.
  - **STATUS:** A publishable manuscript based on the deeper analyses will be submitted in October 2017. Publishable manuscripts based on the other two analyses will be submitted by June 2018.

- **Alternative Weighting Technical Memo**
  - Exploring alternative weighting techniques—model-based estimates of gambling.
  - This approach, if successful, may translate to different populations, and avoid having to develop weights for each survey component of the SEIGMA and MAGIC projects.
  - Memo describing proposed approach submitted to MGC in June 2017.
  - **STATUS:** A final report is expected in July 2018.

- **The Social and Economic Impacts of Gambling in MA, 2018**
  - Report summarizing the social and economic impacts to date of introducing casinos into MA.
  - This first report will primarily focus on the impacts associated with Plainridge Park Casino.
  - Awaiting agreement with RDASC on weighting procedures for Baseline and Follow-up Plainville Targeted Surveys.
  - **STATUS:** Report expected by the end of March 2018.

- **2nd Real Estate Report**
  - Report on the impact of casinos on real estate conditions in MA.
  - Provides a comparison to the 1st Real Estate Report which established a baseline prior to the opening of Plainridge Park Casino.
  - **STATUS:** Expected by the end of December 2017.

- **Lottery Revenue Report**
    - To understand the impact of casino gambling on lottery sales over time and geographically.
    - **STATUS:** Expected end of March 2018.

- **2nd Patron Survey Data Collection (Plainridge Park Casino)**
    - An essential component of the economic analysis that will clarify patron origin and expenditure.
    - Includes revised questions about GameSense that inform the GameSense evaluation conducted by DOA.
    - **STATUS:** Data collection will be completed by end of Summer 2018.

- **Social Impact and Economic Impact Factsheets**
    - Summaries of social and economic impact information aimed at general audiences.
    - **STATUS:** Expected June 2018.

Public Safety Research

- **Assessing the Impact of Gambling on Public Safety in Massachusetts Cities and Towns**
    - A report of crime and calls for service in Plainville and surrounding communities. The intention is to demonstrate, comprehensively, what changes in crime, disorder, and other public safety harms can be attributed directly or indirectly to the introduction of a casino and what strategies local communities need to implement to mitigate the harm. Allows police agencies the ability to respond if issues arise.
    - To date two reports have been released – a 6-month report in April, 2016 and one-year in December, 2016.
    - **STATUS:** The 18-month raw data for Plainville and surrounding communities is under review by respective police departments. The two-year research trend report is expected in January 2018. The baseline report for Springfield and surrounding communities is expected in June 2018.

Data Storage and Sharing

- **Exportable BGPS dataset and codebook**
    - Awaiting specification from RDASC on variables to upcode.
    - **STATUS:** Dataset delivery is expected in December 2017.

- **Exportable BOPS dataset and codebook**
    - Awaiting MGC/DPH agreement on data storage and dissemination practices.
    - **STATUS:** Dataset delivery is expected by June 2018.

- **Exportable Patron Survey dataset and codebook**
    - Awaiting MGC/DPH agreement on data storage and dissemination practices.
    - **STATUS:** Dataset delivery is expected by June 2018.

- **Shiny interactive web applications**
    - Interactive web apps for relevant social, health, and economic measures.

- Stakeholders will be able to look at data trends within their own communities and the state.
- Currently in discussions with MGC regarding best approaches to disseminating data.
- **STATUS:** 5 new interactive web applications by June 2018.

Evaluation of Key Responsible Gaming Initiatives

- **Voluntary Self-Exclusion**
  - A longitudinal study of VSE Enrollees
  - Provides information to improve the program and identify predictors of entry to the program that inform early intervention and prevention strategies.
  - **STATUS:** Continue participant recruitment through November 18, 2017. Interim report is complete and will be discussed during the Public Health Trust Fund meeting on October 4, 2017.

- **GameSense Program**
  - Report on PPC employee knowledge, use (personal and patron referral), and opinions about the GameSense program.
  - Report on GameSense questions asked during SEIGMA patron intercept study.
  - **STATUS:** Final Report summarizing all GameSense evaluation efforts is expected January 2018

- **Play My Way**
  - The initial study will examine player card data to report basic epidemiological information of player use. Focus on the following topics:
    - Cash Activity – to explain how individuals in the sample and in general and PlayMyWay enrollees in particular interacted with the available machines (i.e. financial transactions including bill insertions, funds withdrawals and ticket redemptions
    - Gambling activity – to describe gambling activity of the study sample in general and PlayMyWay enrollees in particular (i.e. PPC visitation and wagering behavior)
    - Budget and notification activity – to provide information related to PlayMyWay enrollment trends and budget activity including numbers of notifications received, change occurrences and compliance with self-selected budgets
  - **STATUS:** Initial report is expected in October. A report of linked player data with PlayMyWay activity and patron survey of perception and utility of PlayMyWay is expected in June 2018.

Special Population Research

- The University of Massachusetts, Boston Institute for Asian American Studies ("UMASS Boston") will conduct a pilot study to develop and test methods for recruiting, screening and conducting diagnostic interviews among Chinese immigrants living and working in the Boston Chinatown Community.
  - **STATUS:** Final Report is expected June 2018

- JSI Research and Training Institute, Inc. will conduct a study of recreational and problem gambling among Black residents of Boston. The study is intended to build on the foundation of a knowledge started by the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study.
    - **STATUS:** Final Report is expected June 2018
- Bedford VA Research Corporation Inc. (BRCI) will evaluate the reliability and validity of the BBGS gambling screen to detect problem gambling among VA patients in Primary Care Behavior Health (PCBH) clinics. The study further aims to evaluate the prevalence of problem gambling among veterans and its co-occurrence with other medical and mental health problems.
    - **STATUS:** Final Report is expected June 2018

SEIGMA SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Predictors of Gambling & Problem Gambling in Massachusetts

Rachel Volberg

Alissa Mazar

October 4, 2017

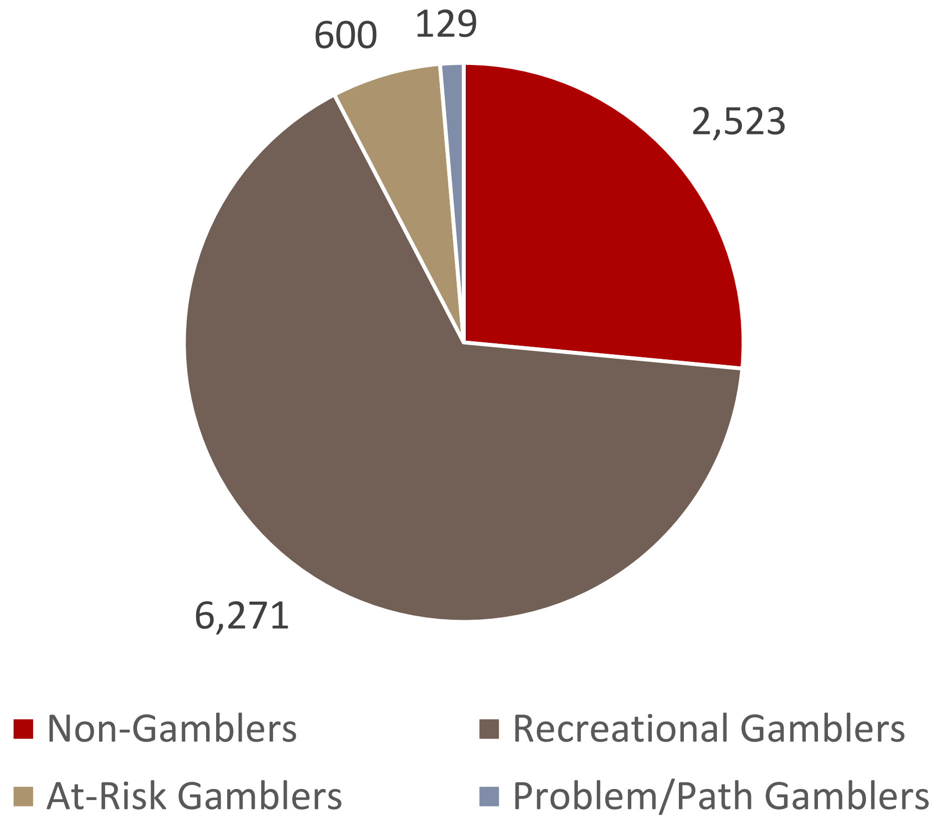
Overview

- Baseline General Population Survey (BGPS) completed in 2013/2014
  - Descriptive report published in 2015, updated 2017
- Team completed 4 deeper analyses of BGPS data
- Purpose is to identify predictors of gambling & problem gambling in MA
- Utility
  - Inform development of PG prevention, intervention, treatment initiatives
  - Inform cohort (MAGIC) study

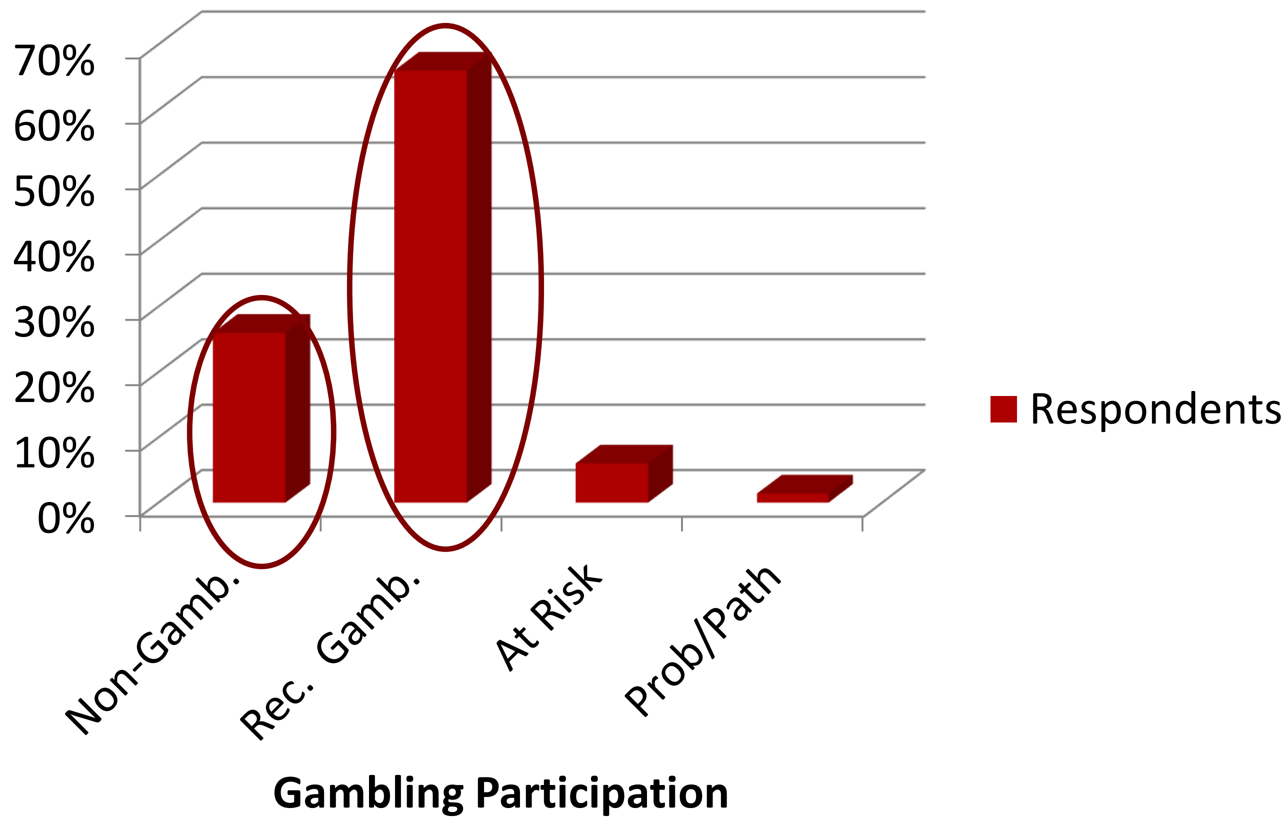
Baseline General Population Survey

- Sample drawn from a list of addresses
- Respondents could complete online, on paper, or by telephone
- Data collected from Sept. 2013 – May 2014
- N=9,578 respondents
  - –Respondents classified by Gambling Participation and PPGM

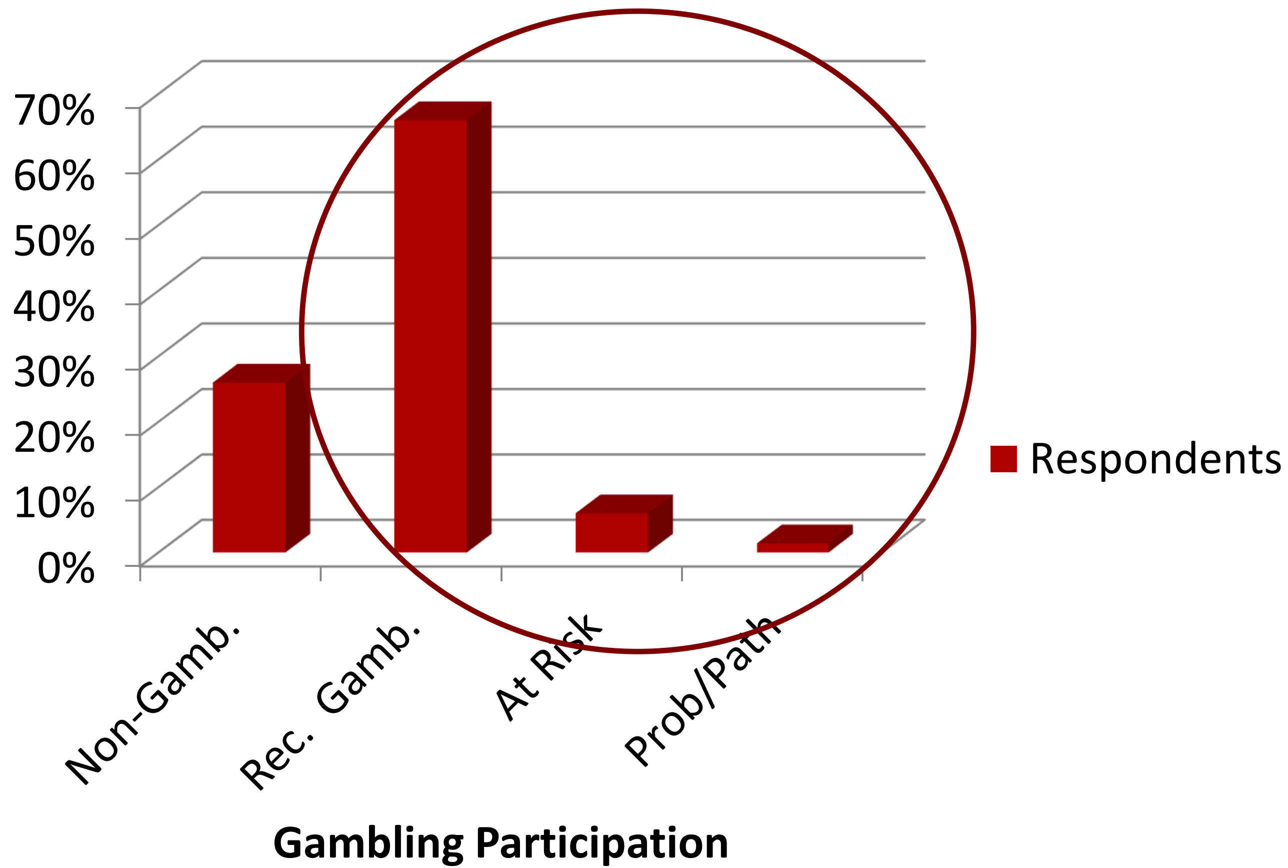
Gambling Groups in MA



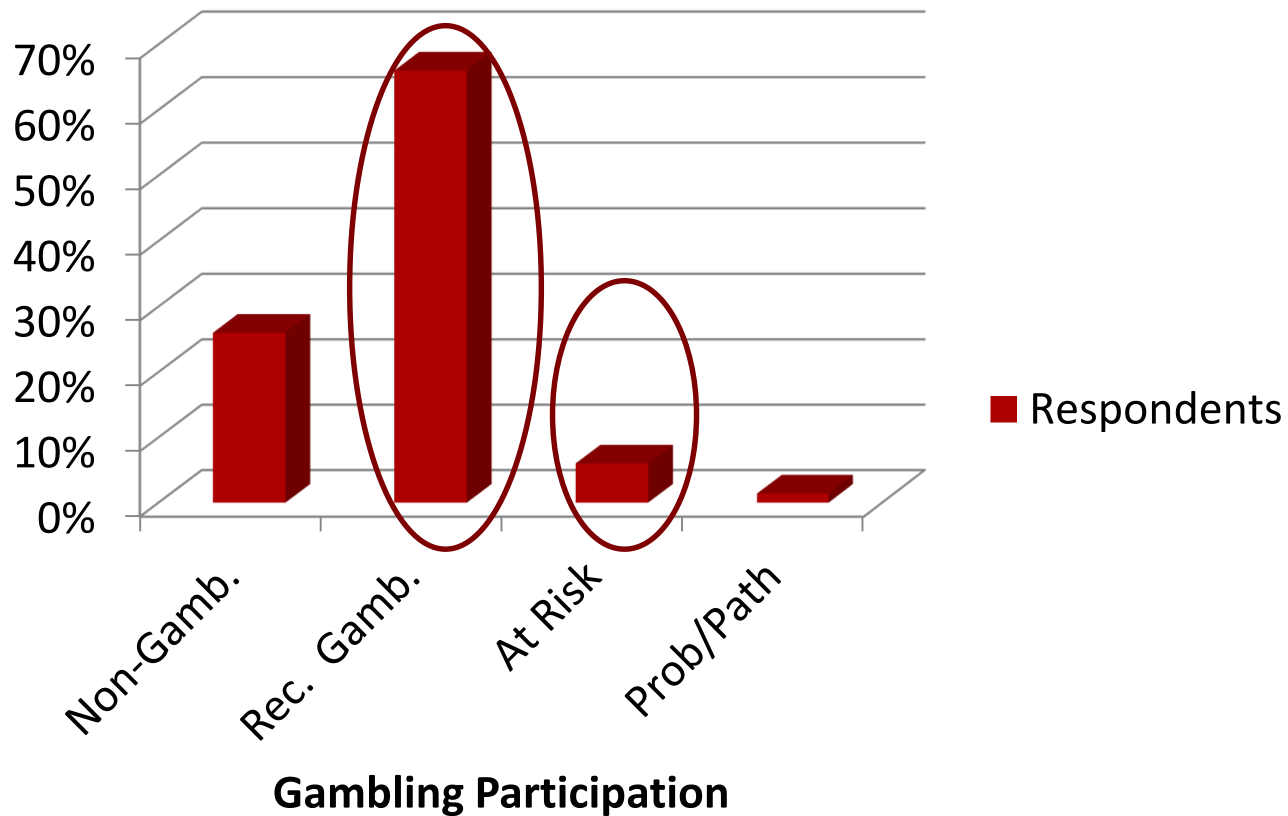
1st Analysis



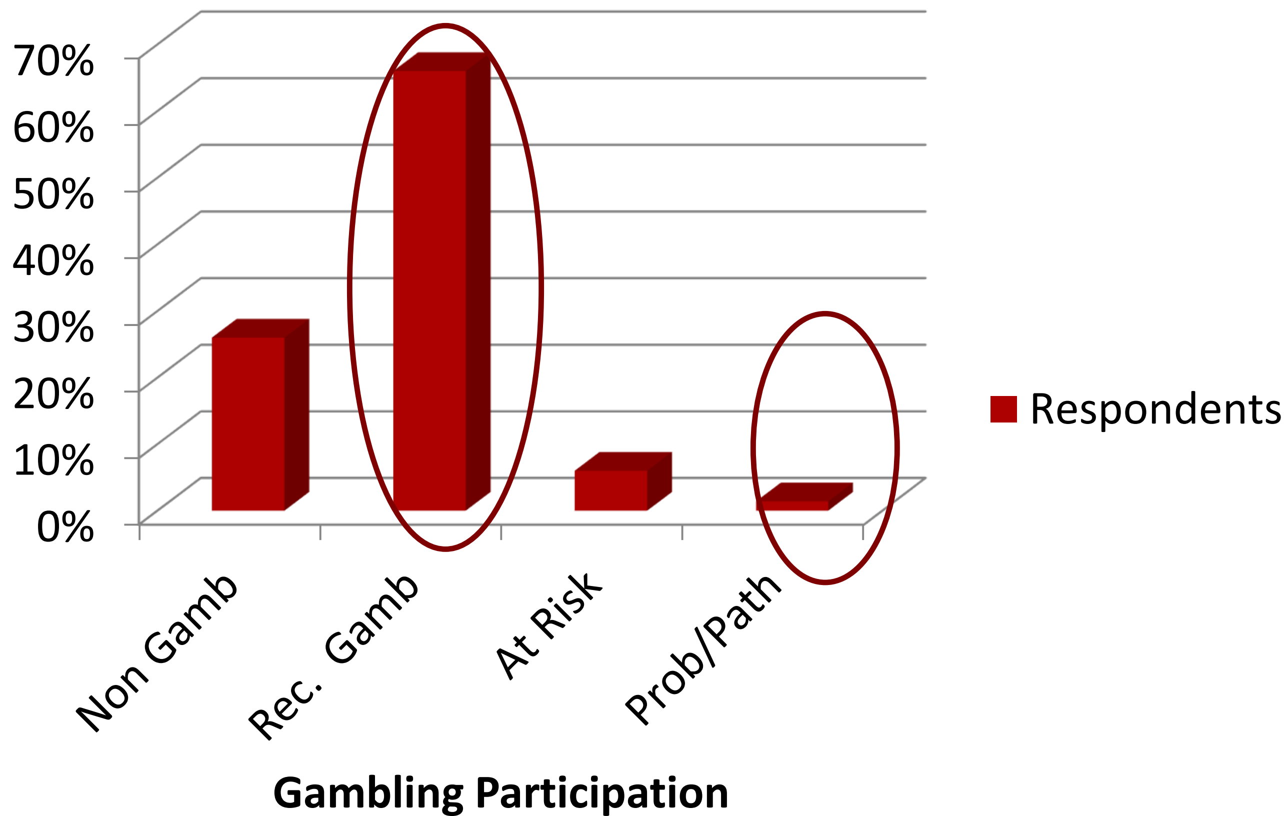
2nd Analysis



3rd Analysis



4th Analysis

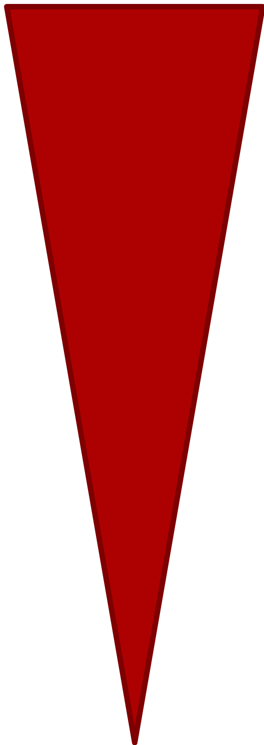


Characteristics Included in Multivariate Models

- Demographic Factors
  - Gender, Age , Race/ethnicity, Country of birth, Marital status, Education, Employment, HH income, Military service, MA region of residence
- Health-related Factors
  - General health, Stress, Mental health, Tobacco, Alcohol, Binge Drinking, Illicit drug use, Problems with drugs/alcohol, Behavioral addictions, Childhood happiness, Extreme sports
- Gambling-related Factors
  - Involvement of friends/family in gambling
  - Past-year participation in 10 gambling formats

Characteristics Distinguishing Non-Gamblers from Recreational Gamblers

Largest Difference

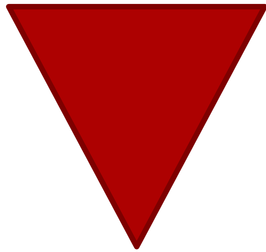


Smallest Difference

Characteristic
Have a lower portion of friends and family that are regular gamblers
Not use alcohol
Higher educational attainment
Be a student, homemaker, disabled, or retired
Be either 18-34 or 65+
Be born outside the United States
Not binge drink
Have lower household income
Not use tobacco
Have less happy childhood
Not have served in the military
Be non-White
Not have problems with drugs or alcohol

Characteristics Contributing to Higher Gambling Involvement

Largest Difference

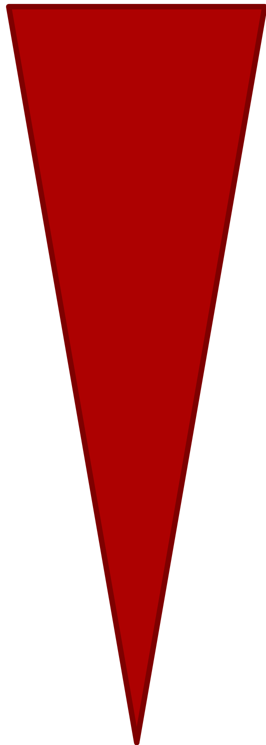


Smallest Difference

Characteristic
Have a greater portion of friends and family that are regular gamblers
Have lower educational attainment
Be male
Binge drink
Have poorer health status
Use tobacco

Characteristics Distinguishing At-Risk Gamblers from Recreational Gamblers

Largest Difference

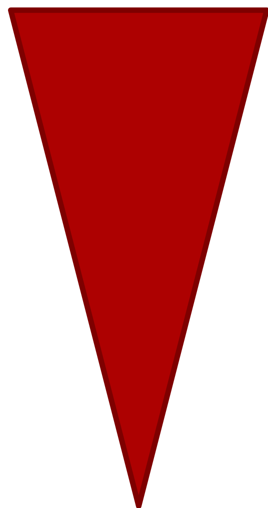


Smallest Difference

Characteristic
Be a casino gambler
Have a greater portion of friends and family that are regular gamblers
Play instant lottery games
Play daily lottery games
Be male
Be an online gambler
Be born outside the United States
Participate in private betting
Have lower educational attainment
Play bingo
Not purchase raffle tickets
Have lower HH income
Have mental health problems
Have no alcohol use in past 30 days

Distinguishing At-Risk from Recreational Gamblers Controlled for Number of Gambling Formats

Largest Difference

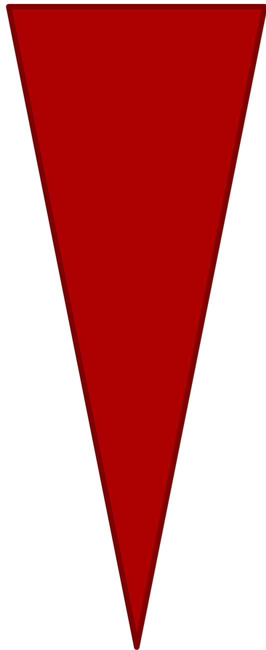


Smallest Difference

Characteristic
Number of gambling formats engaged in
Have a greater portion of friends and family that are regular gamblers
Not purchase raffle tickets
Be born outside the United States
Be a casino gambler
Have lower educational attainment
Be male
Have lower HH income
Have mental health problems
Have no alcohol use in past 30 days

Characteristics Distinguishing Problem/Pathological Gamblers from Recreational Gamblers

Largest Difference

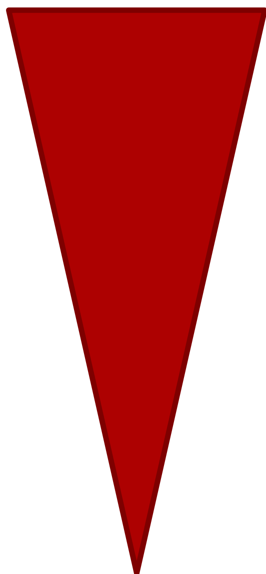


Smallest Difference

Characteristic
Play daily lottery games
Have a greater portion of friends and family that are regular gamblers
Be Black
Be a casino gambler
Be male
Be an online gambler
Play instant lottery games
Have behavioral addictions (overeating, sex, pornography, shopping, exercise)
Have lower educational attainment
Be born outside the United States
Have less happy childhood

Distinguishing Problem/Path from Recreational Gamblers Controlled for Number of Gambling Formats

Largest Difference



Smallest Difference

Characteristic
Number of gambling formats engaged in
Be Black
Have a greater portion of friends and family that are regular gamblers
Not purchase raffle tickets
Be born outside the United States
Have lower educational attainment
Have behavioral addictions (overeating, sex, pornography, shopping, exercise)
Have less happy childhood
Have poorer health status
Participate in private betting

Summary of Multivariate Predictors

	Non-Gambler	Higher Gambling Involvement	At-Risk Gambler	Problem and Pathological Gambler
Gender		Male	Male	Male
Age	18-34 or 65+			
Race/Ethnicity	Non-White			Black
Born in United States	No		No	No
Marital Status				
Educational Attainment	Higher	Lower	Lower	Lower
Employment	Student, Homemaker, Disabled, or Retired			
Household Income	Lower		Lower	
Military Service	No			
Region of Massachusetts				

Summary of Multivariate Predictors

	Non-Gambler	Higher Gambling Involvement	At-Risk Gambler	Problem and Pathological Gambler
Health Status		Poorer		
Extreme Sports				
Stress Level				
Tobacco Use	No	Yes		
Alcohol Use	No		No	
Binge Drinking	No	Yes		
Illicit Drug Use				
Drug or Alcohol Problems	No			
Behavioral Addictions				Yes
Mental Health Problems			Yes	
Childhood Unhappiness	Higher			Higher

Summary of Multivariate Predictors

	Non-Gambler	Higher Gambling Involvement	At-Risk Gambler	Problem and Pathological Gambler
Friend & Family Gambling	**Fewer**	More	More	More
Traditional Lottery	--	--		
Daily Lottery Games	--	--	Yes	Yes
Instant Lottery Games	--	--	Yes	Yes
Raffles	--	--	No	
Casino Gambling	--	--	Yes	Yes
Bingo	--	--	Yes	
Horse Racing	--	--		
Sports Betting	--	--		
Private Gambling	--	--	Yes	
Online Gambling	--	--	Yes	Yes

Shaded cells indicate the strongest individual predictor in each analysis.

Implications for Prevention

- Importance of targeting excessive gambling levels rather than gambling in general
- The social network of gamblers is a particularly important target for prevention
- Certain demographic groups merit special attention
- Certain forms of gambling also merit attention as they pose an elevated risk to MA residents

For more information

Williams, RJ, Zorn, M, Volberg, RA, Stanek, EJ, Freeman, J, Maziya, N, Naveed, M, Zhang, Y, & Pekow, PS. (2017). *Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors*. Amherst, MA: School of Public Health & Health Sciences, University of Massachusetts Amherst

A PDF of this report can be downloaded at **www.umass.edu/seigma**

Recreational Gambling in Massachusetts

Rachel Volberg

October 4, 2017

Analyses of BRFSS data

- *An evaluation of substance abuse, mental health disorders, and gambling correlations: An opportunity for early public health interventions*
    - Okunna, NC, Rodriguez-Monguio, R, Smelson, DA, Volberg, RA
    - International Journal of Mental Health & Addiction, 2016
- *Gambling involvement indicative of underlying behavioral and mental health disorders*
    - Okunna, NC, Rodriguez-Monguio, R, Smelson, DA, Poudel, KC, Volberg, RA
    - American Journal on Addictions, 2016

Methodology

- 2008 BRFSS
  - Single gambling question
    - In the last 12 months, have you gambled or played games of chance for money?
  - Administered to 6,107 randomly selected MA adults
  - Only administered to households with landlines
  - Due to missing data, 4,709 respondents included in analysis

Methodology

- 2013 BRFSS
  - Three gambling items
    - How often … purchased lottery tickets (53.3%)
    - How often … bet money at a casino (14.1%)
    - How often … bet money in any other way (10.4%)
  - Administered to 3,988 MA adults
    - 3,312 included in analytical sample
  - Administered to adults with landlines or cell phones

Comparing Gambling Rates Using Single and Multiple Questions

Year	Publication	# of Questions	Jurisdiction	Past Year Gambling
1975	Kallick, Suits, Dielman, & Hybels, 1976	Multiple Questions	National	61%
1985	Culleton, 1985	Single Question	Ohio	24%
1985	Sommers, 1988	Single Question	Delaware Valley	31%
1998	Gerstein, Volberg, Harwood, & Christiansen, 1999	Multiple Questions	National	63%
1999	Gallup Organization, 1999	Multiple Questions	National	66%
2001	Petry, Stinson, & Grant, 2005	Single Question	National	26%
1995	Volberg, 1995	Multiple Questions	Iowa	72%
1997	Iowa Department of Public Health, 2009	Single Question	Iowa	39%
2004	Chhabra, Lutz, & Gonnerman, 2005	Single Question (casino)	Iowa	38%
2004	Iowa Department of Public Health, 2009	Single Question (BRFSS)	Iowa	27%

2008 BRFSS

- Assessed associations between gambling and co-occurring disorders
  - Prevalence of recreational gambling in MA in 2008 = 40.2%
- Gamblers more likely to be obese, smoke heavily, use alcohol and prescription drugs
- Conclusion: Early public health interventions are needed before gambling expansion occurs

2013 BRFSS

- First study to assess behavioral risk factors associated with frequency of recreational gambling
  - Prevalence of recreational gambling in MA in 2013 = 57.4%
- Sociodemographic profile of the most frequent gamblers is significantly different from the profile of less frequent gamblers
- Findings suggestive of health benefits of some but not frequent recreational gambling

2013 BRFSS

- The most frequent recreational gamblers share similarities with problem gamblers
- Highest gambling frequency associated with increased odds of alcohol consumption, binge drinking, tobacco use, poor mental health
- Gambling frequency may be a better proxy than gambling participation for assessing risk of problem gambling
  - Reduced stigma when screening in clinical settings
  - Low-risk gambling guidelines hold promise

Department of Public Health
Office of Problem Gambling Services
Program Updates – October 5th, 2017

	STRATEGIC INITIATIVE	PRIORITY AREA	SERVICE	DESCRIPTION	Budget	Vendor	UPDATE
1.	Prevention and Health Promotion	Youth, Parents, and At-Risk Populations	Prevention	**Regional Planning Process-Region A/B and Technical Assistance (TA) in Region C**- Focus groups, key informant interviews, and data analysis will inform prevention strategies targeting youth, parents, and at-risk populations in Region A/B. Provide technical assistance to community-based organizations for the implementation of prevention strategies Plainville/Region C.	$250,000	EDC	**Completed:** Regional Planning Process-A/B- initial planning stage **Next Steps:** Community engagement and key informant interviews; October
				Prevention Services in Plainville/Region C- Implement prevention services for youth, parents and at-risk populations in Plainville/Region C with prevention messages and interventions at the community level.	$180,000	TBD	**Complete:** RFR for prevention for youth has been written **Next Steps:** Posting for youth RFR; October, 2017. Planning for the prevention of at-risk population; (*decision point)*
2.	Infrastructure and Capacity Building	Workforce development: Treatment providers	Treatment	**Treatment Gap Analysis-** Conduct needs assessment and gap analysis of BSAS treatment system and make recommendations for next steps to inform the integration of problem gambling in substance abuse services.	$195,000	DOA	**Complete:** Phase 1; Identify programs licensed by DPH to deliver gambling treatment services **Next Steps:** Phase 2; Planning for Capability Gap and Phase 3; Planning for Needs Fulfillment Gap
				DPH Practice Guidelines Webinar- Plan, develop, and facilitate webinar for the Practice Guidelines for Treatment providers. This will support capacity building efforts for an estimated 1,300 providers and 350 BSAS programs.	$5,000	DOA	**Complete:** Outline and development for training webinar **Next Steps:** Webinar scheduled for March, 2018
3.	Infrastructure and Capacity Building	Community Health Workers	Intervention	**CHW and Gambling Training**- Adapt and facilitate training curriculum and capacity-building activities for community health workers (CHW) aimed at conducting community level interventions and disseminating problem gambling information. The initiative would focus on training existing community health workers to screen and refer people who may have a gambling disorder.	$75,000	CHEC-Lowell	**Complete:** Training schedule for Fall and Spring. **Next Steps**: CHW and Gambling training in Plainville/Region C scheduled for December 12, 2017. Evaluation of trainings
				CHW and Gambling Needs Assessment in Region B- Focus groups, key informant interviews, and data analysis will inform CHW trainings in Region B for the implementation of community level intervention.	$25,000	Dr. Terry Mason	**Complete:** CHW and Gambling Need Assessment- Region B- initial planning stage **Next Steps:** Community engagement: key informant interviews; October

Department of Public Health
Office of Problem Gambling Services
Program Updates – October 5th, 2017

	STRATEGIC INITIATIVE	PRIORITY AREA	SERVICE	DESCRIPTION	Budget	Vendor	UPDATE
4.	Infrastructure and Capacity Building	Youth, Parents, and At-Risk Populations	Prevention	**Suicide and Gambling Need Assessment**- Focus groups of 10 suicide prevention coalitions will inform curriculum development, planning, and integration of suicide and gambling trainings, activities and community efforts.	$50,000	Mass Coalition on Suicide Prevention	**Complete:** Initial coordination for the planning/needs assessment **Next Steps:** Focus groups targeting suicide coalitions and stakeholders to inform the development of the training curriculum and community activities; October
				Problem Gambling and Suicide curriculum and trainings for suicide coalitions- Develop a Problem Gambling and Suicide curriculum and training. Conduct statewide training targeting suicide prevention workforce.	$50,000	Adcare Educational Institute	**Complete:** Initial planning and timeline for curriculum development and training **Next Steps:** Target date for training April, 2018
				Gambling and Suicide Screening- Develop gambling screening questions, promotion messaging, and resources to be included in the MassMen.org initiative; a comprehensive resource for men and their loved ones, offering state-wide mental health resources, information, and on-line self-assessments.	$30,000	Screening for Mental Health	**Complete:** Identification of gambling screen; Brief Biosocial Gambling Screen **Next Steps:** Web design, development of screening algorithms
5.	Infrastructure and Capacity Building	Youth, Parents, and At-Risk Populations	Intervention	**Programmatic assessment to integrate gambling and Intimate Partner Abuse Education Programs**- Review and recommend gambling-related screening and assessment tools. Assess program implementation of services.	$15,000	DOA	**Complete:** Initial planning and timeline **Next Steps:** Review and recommend gambling-related screening and assessment tools
6.	Prevention and Health Promotion	Communication Campaign	Prevention	**Research, planning, and creation of a state-wide health promotion campaign (At-Risk Populations)**- Facilitate informative research to conduct environment scans and key informant interviews in order to most effectively reach target audience. Develop concepts and conduct messaging testing with at-risk populations. Develop media campaign and evaluation strategies. Utilize the Regional Planning Process Reports targeting at-risk populations to inform statewide communication campaign.	$100,000	TBD	**Complete:** RFR has been written; **Next Steps:** RFR posting; October, 2017
7.	New Personnel			**Project Coordinator**	**$100,000**		**Complete:** Job posting **Next Steps:** Interviews candidates

Treatment and Services Gap Analysis

Public Health Trust Fund
Executive Committee Meeting
October 5th, 2017

Victor Ortiz
Director of Problem Gambling Services

Common Thoughts: Gambling Treatment

Two Common Thoughts

- Gambling treatment should be exclusive from behavioral health.
- Increase in gambling opportunities will increase the need for gambling treatment.

DPH History: Gambling Treatment

- Since 1987, DPH has contracted gambling outpatient treatment services for individuals seeking counseling for problem gambling and treatment capacity building services that include problem gambling trainings, helpline services and referrals, health promotions, and capacity building services of health and humans service organization.

- As of 2013 there were 13 outpatient gambling treatment sites, with an estimated average of 100 helpline calls per month for referrals and services.

- In 2014, outpatient gambling treatment sites increased to 41 sites, with additional billable support services: case management, recovery coaching, psycho-educational groups.

DPH Admissions: Gambling Treatment

- 2000-2002

  The total number of admissions: 788

  An average of 262 admissions per year

  Number of sites = 8-13

- 2010-2012

  The total number of admissions: 152

  An average of 50 admissions per year

  Number of sites = 8-13

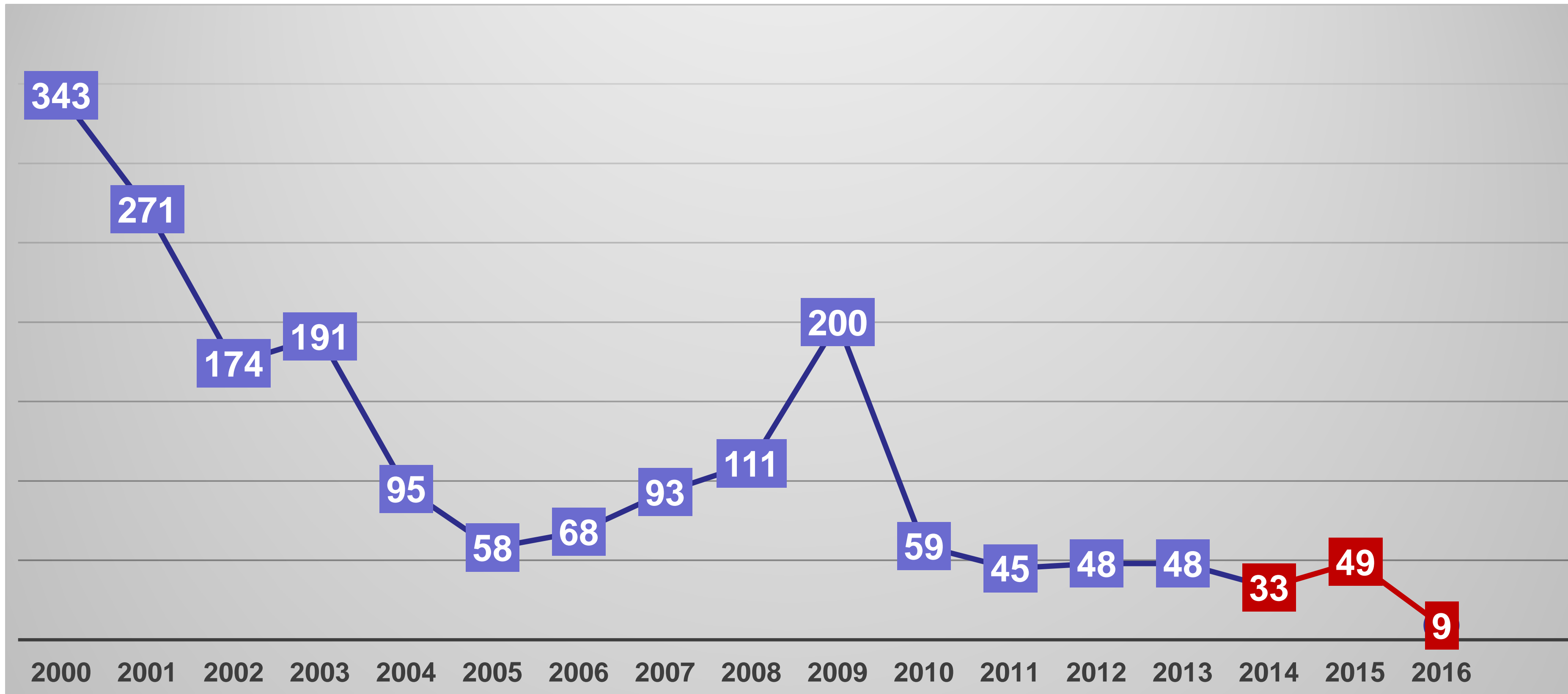
- 2014-2016

  The total number of admissions: 90

  An average of 30 admissions per year

  Number of sites = 41

DPH Admissions: Gambling Treatment



From 2000-2013, there were 8-13 sites

From 2014-Current, there are now 41 sites

Strategic Approach: Gap Analysis

- The gap between current clinical services and the array of services that the treatment system is capable of delivering
- This ***capabilities*** approach reflects the perspective that services should have some ideal capabilities (i.e., services / activities) for fulfilling treatment needs, but in practice programs might be limited by resources, experience, desire, and/or training and fall short of those ideals

Strategic Approach: Gap Analysis

- A different type of gap; that is, the gap between individual needs and the met need or ***fulfillment*** of those needs
- This is a traditional gap analysis perspective that assumes there is some proportion of individuals who "need" treatment, and therefore, based upon treatment engagement, as well as helpline contacts, treatment inquiries and referrals, and treatment waitlists, it is possible to determine the segment of people who are in need of services but who are underserved or unable to engage with treatment

What We Hope To Learn

The gap analysis of gambling treatment will yield actionable information and will serve as a baseline to inform the development and enhancement of gambling treatment services.

VOLUNTARY SELF EXCLUSION

FALL 2017 UPDATE

DEVELOPED FOR THE PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE

VOLUNTARY SELF EXCLUSION CONCEPT AND ORIGINS

MASSACHUSETTS GAMING COMMISSION » ABOUT »

Voluntary Self-Exclusion

What you need to know:

- The Voluntary Self-Exclusion Program (VSE) allows participants to voluntarily exclude themselves from the gaming floor of all Massachusetts gaming venues for a pre-determined length of time
- Participants must enroll in person at the GameSense Info Center at Plainridge Park Casino, the Massachusetts Council on Compulsive Gambling, or the Massachusetts Gaming Commission

Voluntary Self Exclusion (VSE) programs are available in states with legalized gambling to assist patrons who recognize that they have experienced a loss of control over their gambling and wish to invoke external controls.

Contractual terms vary across properties and jurisdictions, however the aforementioned program foundation remains the same.

"Those involved in the gaming industry speculate that [voluntary self exclusion programs began] sometime in the 1950s. The predecessors to formal self-exclusion programs were informally created by the gaming industry as a way of managing problem customers...due to their informal nature , early exclusion programs created by the industry were eventually superseded by government self-exclusion programs. The first such programs were created in the Canadian provinces between 1989 and 2000."

INCREASING THE ODDS VOL. 5, Evaluation Self Exclusion as an Intervention for Disordered Gambling, National Center for Responsible Gaming (2010)

MA-VSE EMPHASIZES THE INDIVIDUAL

Voluntary Self Exclusion is unique in Massachusetts in that it utilizes an **engaged approach**, which ensures that individuals who enroll (known as "VSEs") receive all **assistance and answers to all questions**, are responded to in a **respectful**, **timely** and **discreet** manner, and feel **supported**.

> According to a recent interim report released as part of the MA VSE program evaluation, *88% of MA-VSEP study participants reported a better experience with MA- VSE than other VSE programs. (n=25)*
>
> *Massachusetts Voluntary Self Exclusion Study, CHA (2017)*

By regulation, a licensee who identifies an excluded person breaking their agreement will eject the individual from the facility.

- In Massachusetts, operators have more reason to identify and remove individuals from the facility as they do not benefit from allowing them to remain on the floor. All money wagered or attempted to be converted into a wagering instrument/won/lost by an excluded person during their breach is transferred to the MGC Gaming Revenue Fund within 45 days.

EXIT SESSION

In Massachusetts, upon the completion of their exclusion term, individuals must participate in an exit session in order to be removed from the VSE list as their enrollment does not automatically expire.

Topics covered include:

- Risks and responsibilities of gambling
- Customized responsible gaming tips and resources
    - GameSense
    - PlayMyWay
    - Credit exclusion
    - Promotional exclusion
    - ATM exclusion (coming soon!!)
- Help in identifying when gambling is no longer fun and resources available

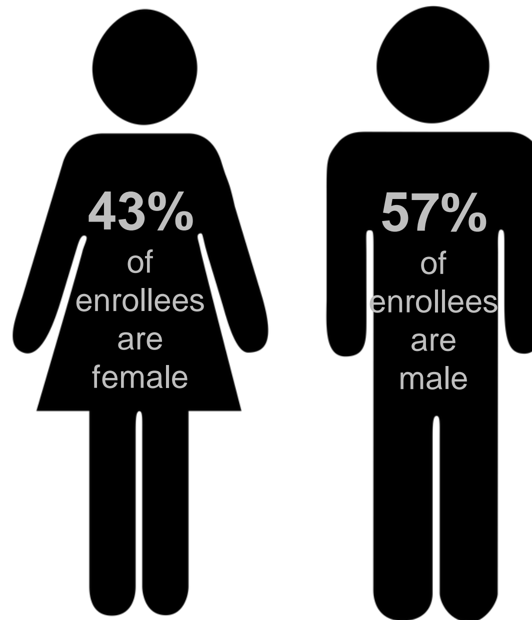
MA VSE OVERALL ACTIVITY

The Voluntary Self Exclusion program has been functional since June 2015. This figures reflect data from program start through August 2017.

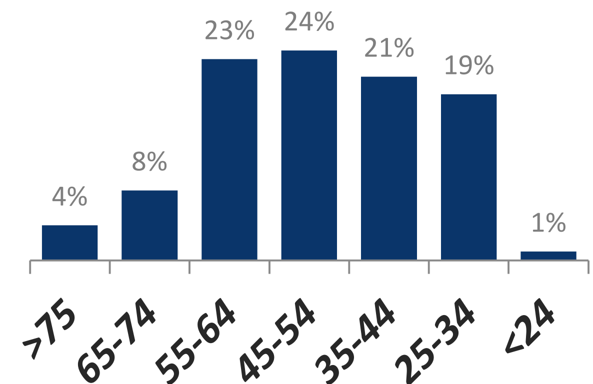
218 people are actively enrolled in the VSE program

19 people have completed an exit session

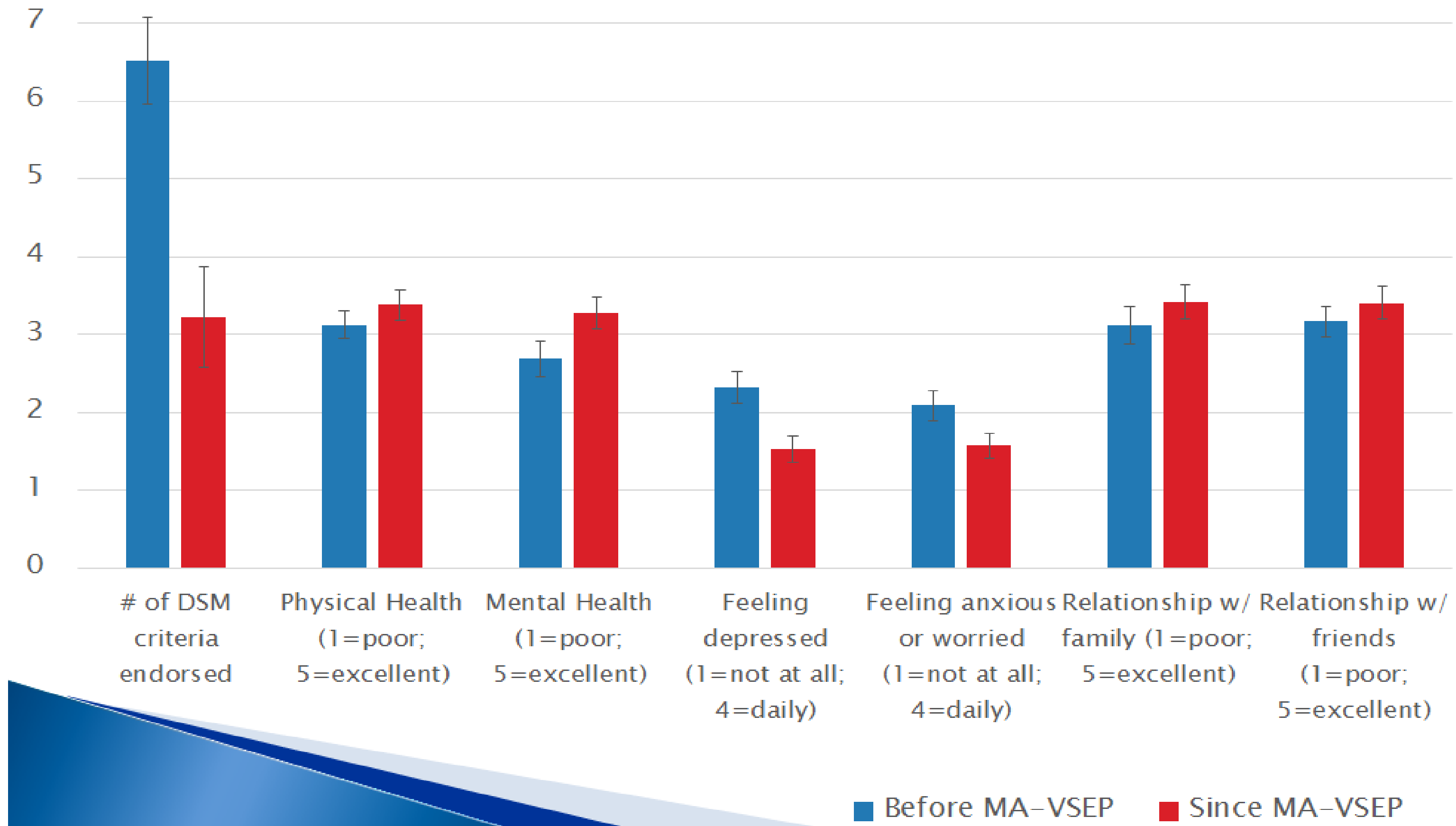
7 people have re-enrolled after completing a shorter term



Age (years)



MA VSEP EFFECTIVENESS



Although a preliminary finding, this data shows trends towards better health post VSE enrollment. (n=29-32)

MA VSEP EFFECTIVENESS (CONT'D)

Frequency of Gambling at a Casino / Slots Parlor (N=33)

Frequency (1 =never; 4=1/month; 8=daily)

5.5
5
4.5
4
3.5
3
2.5
2
1.5
1

Frequency of gambling at a slots parlor/casino in MA

Frequency of gambling at a slots parlor/casino in a neighboring state

Frequency of gambling at a slots parlor/casino in a non-neighboring state

Before MA-VSEP   Since MA-VSEP

Massachusetts Voluntary Self Exclusion Study, CHA (2017)

MA VSEP ENROLLEE DEMOGRAPHICS

	MA-VSEP enrollees not in study (N=133)	MA-VSEP enrollees in study (N=40)
Gender (% male)	60.9%	60.0%
Race/Ethnicity	83.5% White 7.5% Asian 6.8% Black 1.5% Hispanic	87.5% White 5.0% Asian 2.5% Black 2.5% Hispanic
Age (M[SD])	47.8 (13.8)	47.7 (14.3)

REGIONAL VOLUNTARY SELF EXCLUSION

REGIONAL VOLUNTARY SELF EXCLUSION

The push for a Regional Voluntary Self Exclusion program was born from **demand** and doing “what’s right” for persons with a gambling problem.

- Regulators are aware of individuals going on “casino tours” to exclude from individual properties.
- A finding by the Cambridge Health Alliance confirmed that more than two thirds of MA-VSE’s were currently **excluded from other casinos.** (n=32)

REGIONAL VSE STATUS

Jurisdictions/properties which have expressed interest in the Regional Voluntary Self Exclusion program include Maine, Rhode Island, New York (non tribal properties only) Mohegan Sun and Foxwoods.

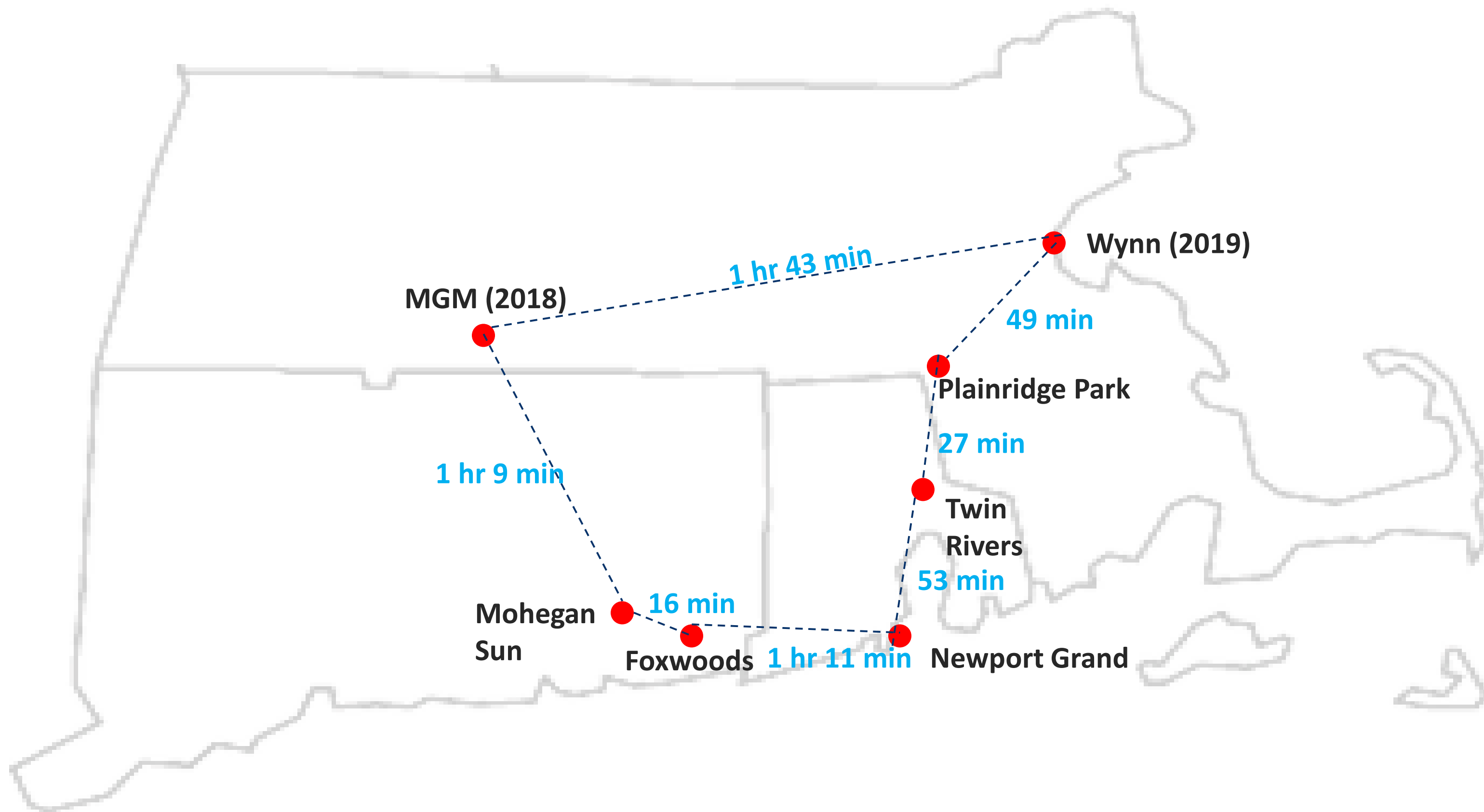
- Representatives from each jurisdiction have agreed on the majority of program terms and high level operations including revising the enrollment process, training, changing regulations and coordination of secure data transfer across states.
- Participants are now working with key decision makers and provide an affirmative answer of involvement by January 1, 2018.

WIN-WIN

Operator buy in is two-fold:

1. Streamlining the program makes it easier for operators to comply with regulations
2. A regional VSE program that puts the enrollees first better serves the individuals of the region during a crucial time in their life.

EXPANDING ENROLLMENT LOCATIONS



With an increasing number of facilities, the number of locations which can process VSE enrollments and removals should also increase.