



NOTICE OF MEETING and AGENDA

May 19, 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:

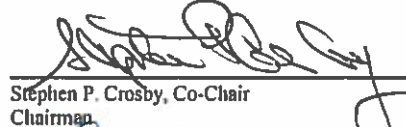
Friday, May 19, 2017
1:00 p.m.

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) FY18 Budget-VOTE
- 4) Special Population Research Awards-VOTE
- 5) Process Follow-Up Items
- 6) Public Health Trust Fund Update
- 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: rcgs@sec.state.ma.us, melissa.andrade@state.ma.us

5/15/17
(date)


Stephen P. Crosby, Co-Chair
Chairman
Massachusetts Gaming Commission

5/11/17
(date)


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

Original Date Posted to Website:

Monday May 15, 2017 at 3:00 PM



Massachusetts Gaming Commission



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: April 11, 2017 – 2:30 p.m.

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

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, Massachusetts Public Health Association
Jennifer Queally, Undersecretary for Law Enforcement, Executive Office of Public Safety and Security
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission

Attendees

Edward Bedrosian, Jr., Executive Director, Massachusetts Gaming Commission
Bruce Cohen, Consultant, Massachusetts Gaming Commission
Jackie Dias, Director of Program and Services, Massachusetts Council on Compulsive Gambling
Teresa Fiore, Program Manager, Massachusetts Gaming Commission
Debi LaPlante, Director of Research and Academic Affairs at the Division on Addiction, Cambridge Health Alliance
Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission
Jeff Marotta, Consultant, Massachusetts Gaming Commission
Victor Ortiz, Director of Problem Gambling Services, Massachusetts Department of Public Health
Cecelia Porché, Paralegal, Massachusetts Gaming Commission
Jodi Silverman, Board of Director, Massachusetts Public Health Association
Marlene Warner, Executive Director, Massachusetts Council on Compulsive Gambling
Enrique Zuniga, Commissioner, Massachusetts Gaming Commission

Call to Order

2:33 p.m. Co-Chair Stephen Crosby called the Public Health Trust Fund Executive Committee (“PHTFEC”) meeting to order.

Approval of Minutes

Co-Chair Crosby noted that the minutes indicate that Dr. Rachel Volberg is going to address the PHTFEC on older adults and problem gambling. Director Mark Vander Linden stated that in the alternative he worked with Bruce Cohen to send out more information because the agenda is too tight. Co-Chair Lindsey Tucker stated that Rebecca Gewirtz is interested in this item and additional analysis is coming in July.

Michael Sweeney moved to approve the PHTFEC minutes of January 10, 2017. Motion seconded by Co-Chair Tucker. Motion passed unanimously.

Update on FY 17 MA Department of Public Health Problem (DPH) Gambling Initiatives

Victor Ortiz provided a budget brief update which included an overview of the following: (1) strategies and activities that are underway for Youth, Parents, and At-Risk Populations; (2) training pilot for and role of Community Health Workers; and (3) workforce development for BSAS (Bureau of Substance Abuse Services) providers – status of revisions for Practice Guidelines, stakeholder review process, and a plan to move Guidelines to an electronic format.

Update on FY17 MA Gaming Commission Research and Responsible Gaming Initiatives

Teresa Fiore provided an update on the following key responsible gaming initiatives: **Voluntary Self-Exclusion** is a responsible gaming initiative that is required by statute and it is presently under formal evaluation by the Cambridge Health Alliance. There are 178 individuals enrolled in the program, 12 individuals have removed themselves from the program, most enrollees select a five year exclusion term, and 40% of the enrollees are female. A shorter exclusion term is required before an individual can select lifetime exclusion. Any money played by a self-excluded individual goes into the Gaming Revenue Fund; it does not go to the casino. **GameSense** is a responsible gaming initiative that was adopted from British Columbia and the only GameSense center in the United States is at Plainridge Park Casino. The GameSense center is currently under evaluation by the Cambridge Health Alliance. GameSense recently launched a media campaign to increase brand awareness using videos, the web, and social media to promote responsible gaming messages. Ms. Fiore provided an overview of the media metrics which showed increases in traffic on the GameSense website. Ms. Fiore also reported on GameSense initiatives for Plainridge Park Casino employees, which included raffles and games. She noted that there was high employee participation in the initiatives. **PlayMyWay** is a budget-setting tool that informs player choice. There are currently 9,590 participants enrolled in the program and 11,133 have enrolled overall. She also noted that approximately 7% of the Marquee Reward card holders are enrolled in PlayMyWay.

Mark Vander Linden reported that there have been three respondents to the special population study for five specific groups (African American/Black, Veterans, Immigrants, Asians and Hispanics). He stated that we will review the proposals that total \$105,000. He noted that we have a budget for \$100,000.

Co-Chair Crosby stated that as the budget increases committee members will need to be more involved with staff briefings and meeting times will increase. He stated

that these are things to think about after we get the survey data. Co-Chair Tucker suggested increasing the meeting to three hours as we currently struggle to get through the agenda. Commissioner Zuniga suggested that study summaries presented at the Commission meetings could be tagged and video sent to PHTFEC members to view in advance of meetings. Rebekah Gewirtz noted challenges for members who are not full time staff and the need for executive summaries of reports. Victor Ortiz noted ways to streamline information which could include a summary matrix. Michael Sweeney stated that another element is the timing of receipt of materials. He stated that getting documents immediately prior to a meeting doesn't allow for a deep dive of the information. He suggested putting links of key information within a report. Jennifer Queally reminded members to be mindful of the Open Meeting Law. Ms. Queally also stated that she appreciates having Commission staff come to her office so she can engage with more questions.

Public Health Trust Fund: Setting the FY18 priorities and budget

Victor Ortiz provided an overview of the proposed draft budget. He stated that the initial prevention services budget was \$450,000 and the new budget is \$350,000, with a focus on youth. Jennifer Queally stated that she is an advocate for youth but questioned how much access youth have to casinos. Co-Chair Crosby stated that there is a lot of security at the casinos and it is difficult for youth to enter. Co-Chair Tucker stated that the focus isn't preventing youth from getting onto the casino floor, the focus is a prevention strategy to start the conversation while they are young. Bruce Cohen stated that youth are online gaming and little information is available. He stated that we need to be strategic on how we can collect data on patterns of youth online gambling. Ms. Queally stated that with limited funds maybe we should limit the youth spending and use it for the other groups currently at-risk. Rebekah Gewirtz stated that this money is about prevention and maybe we should focus on both groups. Co-Chair Crosby noted that our baseline data is on adults.

Mr. Ortiz continued with his presentation. He proposed developing a training webinar for the Practice Guidelines. He stated we need an independent review and baseline of our treatment system. We need to determine if there is a need. He also noted the adjustment of the budget for the Community Health Workers and the continuation of two deliverables for FY18. Mr. Ortiz stated that the new initiatives for FY18 include integrating gambling and suicide prevention. He stated that men are more likely to not talk about suicide and Bruce Cohen noted that pathological gambling is higher among men.

Mr. Ortiz noted the co-morbidity of problem gambling and violence in the home. He stated that this budget item has been reduced from \$25,000 to \$15,000. He also stated that the communications campaign has been reduced. Chairman Crosby suggested connecting with our Communication Director regarding strategies. Michael Sweeney requested an opportunity for the Committee to review any messaging that is created. Mr. Ortiz also noted the need for a project coordinator. He stated that the total proposed budget is \$1,140,197.00

Co-chair Crosby stated that we cannot vote on the budget because a vote was not included on the agenda. Co-Chair Tucker stated that we can put this budget on the agenda for approval at the next meeting. She suggested a special meeting for a

vote. Marlene Warner inquired about opening up the budget process for public comments to get treatment providers involved. There were concerns raised about the public commenting on the budget process, particularly due to the full agendas of the PHTFEC meetings. Michael Sweeney stated that our meetings are transparent and the public can offer comments.

Mr. Vander Linden provided an overview of the FY18 budget – which is \$3,680,229. He stated that there were uniform cuts in every category. He stated that the GameSense program runs 16 hours a day, 7 days a week, and includes a modest media campaign. He stated that the goal is to keep GameSense operating at Plainridge Park Casino and maintain a modest media campaign. He stated that they anticipate maintaining, developing and improving the PlayMyWay program. He stated that we also need to wrap up the Responsible Gaming Framework as it informs gaming regulation and sets expectations for our licensees. He stated that they are trying to control the costs in the SEIGMA (Social and Economic Impacts of Gambling in Massachusetts) study. They will continue to dive into existing data and follow up on reports. He noted that the annual research agenda is required by statute. He reported that they are looking at public safety impacts and there is a need to launch a baseline study in Springfield and surrounding communities. He stated that they added a modest increase of \$5,000 to this budget item. He noted a significant increase to the MAGIC (Massachusetts Gambling Impact Cohort) study and stated that cohort engagement is essential to keeping the study alive. Mr. Vander Linden also provided an overview of the responsible gaming evaluation initiatives. He also noted that \$100,000 set aside this year for the special population research will carry to next fiscal year. He proposed that we add \$25,000 next fiscal year. He stated that the data transfer, storage and access project was a struggle to get off the ground and he recommended we take \$50,000 from FY17 and roll it into FY18. He stated that this will further delay the start of the project until mid-FY2018. Michael Sweeney stated that he is concerned about the money budgeted for public safety and wondered if the level of funding would be able to meet the demands of a larger geographic area. Mr. Vander Linden stated that he spoke to the crime analyst and he felt that this was enough to move into the Springfield area, and he also noted that we won't go into Everett until FY19.

Members discussed their thoughts on the proposed budget of \$4.82 million with a contingency of \$100,000. Jennifer Queally wondered whether we should focus on juveniles rather than the current identified at-risk groups. Rebekah Gewirtz suggested adding \$80,000 to the DPH suicide prevention line item and make it a square \$5 million budget. There was a discussion about the assessment on licensees. Executive Director Edward Bedrosian, Jr. stated that it has been a challenging year for our licensees as the category 1 facilities are not yet open. Ms. Gewirtz stated that the licensees need to invest now. Ms. Queally stated that more dollars will be available down the road and it may be wise to come in under the cap and not use the \$80,000. Ms. Gewirtz expressed that slot machines are a public health danger for at-risk individuals and we should do a little bit more up front to prevent someone from losing their kids' college tuition in one slot machine. She stated it's about prevention. Mr. Bedrosian clarified the Commission budget process for the members. Co-Chair Crosby, Mr. Sweeney, and Ms. Queally all stated that they are inclined to put the \$80,000 in.

Co-Chair Crosby stated that there is a lot of money for problem gambling that flows from different sources: casinos, the lottery and racing. He proposed taking the dedicated money from these funding streams and direct them into the Public Health Trust Fund and also codify the governing structure of the executive committee. Ms. Gewirtz stated that it seems to make sense but she would like to hear from DPH. Ms. Queally stated that she would like to hear if there are any qualms. Co-Chair Tucker stated that she recently learned about this and they need to work this through internally with the Secretary.

Responsible Gaming Framework Discussion

Mark Vander Linden stated that due to the time he is not able to discuss the Responsible Gaming Framework at this meeting. He proposed to meet with members individually.

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

5:01 p.m. *Having no further business, a motion to adjourn was made by Michael Sweeney. Motion seconded by Rebekah Gewirtz. Motion passed unanimously.*

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated April 11, 2017
2. Public Health Trust Fund Executive Committee, Meeting Minutes dated January 10, 2017
3. Department of Public Health, Office of Problem Gambling Services, Budget Brief – Updates, April 11, 2017
4. FY18 Problem Gambling Services Initiatives, Draft Budget
5. Massachusetts Gaming Commission, Memorandum dated April 11, 2017, regarding MGC Research and Responsible Gaming Update
6. Massachusetts Gaming Commission, Memorandum dated April 11, 2017, regarding Proposed FY2018 Budget
7. Massachusetts Gaming Commission, Memorandum dated April 11, 2017, regarding Responsible Gaming Framework Update, with attachment

/s/ Cecelia Porché
Cecelia Porché, Legal Division



TO: Members of the Public Health Trust Fund Executive Committee

FROM: Mark Vander Linden, Director of Research and Responsible Gaming

CC: Enrique Zuniga, MGC Commissioner, Teresa Fiore, MGC Program Manager, Victor Ortiz, DPH Director of Problem Gambling Services

DATE: May 19, 2017

RE: Proposed FY2018 Budget

During the Public Health Trust Fund Executive Committee meeting on April 11th, I presented a proposed FY2018 budget for gaming research and responsible gaming activities led by the MGC. The budget has remained unchanged though narrative has been updated for the special population research project (I.) and data transfer, storage and access project (J.)

| A. GameSense Program | | | |
|--|--|-----------|--------------------|
| <p>In its effort to promote responsible gaming practices, the Commission launched the responsible gaming brand GameSense. This program is comprised of outreach methods which provide judgment-free gambling education to help patrons make informed decisions about how games work, how to set a time budget, and how much to spend. The only GameSense Info Center currently in place within the United States is located inside of the Plainridge Park Casino. Each casino in Massachusetts will have a GameSense Info Center which will serve as an in-person touchpoint to gather information on responsible gambling. Additional detail about the project is attached. (Acts of 2011, Chapter 194, Section 9, Chapter 23K, Section 21)</p> | | | |
| <p>Key FY18 Activities: Maintain current operations of the GameSense Information Center at Plainridge Park Casino. This includes providing GameSense staff 16 hours per day 7 days per week and limited community outreach. Near the end of the year efforts will focus on launching GameSense at MGM Springfield. The marketing campaign will continue utilize targeted website and social media placement. No new creative is planned but may need to license pre-roll from British Columbia Lottery Corporation.</p> | | | |
| Program/Project | Vendor | FY2018 | Change from FY2017 |
| GameSense Information Center | Massachusetts Council on Compulsive Gambling | \$650,000 | (\$37,000) |
| GameSense marketing and media | MORE Advertising | \$150,000 | (\$50,000) |

| B. PlayMyWay | | | |
|---|--|--|--|
| <p>PlayMyWay is intended to help players make decisions about their gambling and monitor and understand their play behavior in real time. A first-of-its-kind initiative in the United States, this pilot program is part of a comprehensive approach to responsible gaming strategies implemented by the Massachusetts Gaming Commission with a particular focus on problem gambling prevention and customer protection practices. (Chapter 23k, Section 29)</p> | | | |



Massachusetts Gaming Commission

Key FY18 Activities: Maintain the program at Plainridge Park Casino. As with any software program, PMW requires maintenance and version upgrades. Funding also allows for development based on evaluation recommendations. Continue the incentive program (\$5 first time enrollment). This amount has been decreased based on utilization and anticipated leveling off of enrollment.

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|---|------------------------|----------|--------------------|
| PlayMyWay enrollment incentive | Plainridge Park Casino | \$12,000 | (\$13,000) |
| PlayMyWay revision, development and maintenance | Scientific Games | \$65,000 | (\$28,000) |

C. Voluntary Self-Exclusion

The Voluntary Self-Exclusion [VSE] program is available to assist individuals who recognize that they have experienced a loss of control over their casino gambling and wish to invoke external controls. The program utilizes an engaged approach that honors the individual’s decision to enroll in the program and offers to connect them with additional self-help and treatment resources within the region. At the end of the exclusion period and before being removed from the VSE list, the individual must participate in an educational session with the MA Council on Compulsive Gambling to review risks and responsibilities of gambling. (Chapter 23k, Section 45)

Key FY18 Activities: Switching from a secure Access Database to iTrak will allow easier integration of VSE list data into PPC’s current iTrak program. iTrak will eliminate the “middle man” of Access Database secure fillable forms as data can be input directly into the program. The switch likely furthers the MGC effort to establish a regional approach to VSE and prepares for expansion to MGM Springfield and Wynn Boston Harbor.

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|-------------------|---------------|----------|--------------------|
| iTrak integration | iView Systems | \$10,000 | \$10,000 |

D. Responsible Gaming Framework

The Responsible Gaming Framework (RGF) informs gaming regulation in Massachusetts and provides an overall orientation to responsible gaming practice and policy adopted by the MGC and gaming licensees. Several important regulations, policies and innovative programs have been launched based on the strategies as outlined in the RGF including GameSense and the engaged approach to voluntary self-exclusion.

Key FY18 Activities: The RGF was designed to retain the flexibility to respond to emerging evidence, evolving technology, and shifting sociocultural factors. A process to revise the RGF began in FY17. Activities in FY18 will focus on finalizing the RGF in time for MGM to draft their Responsible Gaming plan.

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|-----------------|----------------------------|----------|--------------------|
| RGF Revision | Problem Gambling Solutions | \$10,000 | (\$5,000) |

E. Social and Economic Impacts of Gaming in Massachusetts (SEIGMA)

The SEIGMA study has established baselines for virtually all social and economic variables that may be affected by expanded gaming. Moving forward, data will be collected, analyzed and reported each year to identify the true



Massachusetts Gaming Commission

social and economic impacts. This will provide key information to maximize the benefits and mitigate the negative impacts of expanded gaming in the Commonwealth.. (Chapter 23k, Section 71)

Key FY18 Activities:

Overall

- Prepare and publish report on social & economic impacts of gambling in MA, 2018
- Engage in strategic planning process & publish FY2019-FY2028 Strategic Plan
- Update approach to sharing findings with public & stakeholders
- Deliver BGPS, BOPS, patron survey datasets and codebooks to MGC
- Plan and host annual meeting

Social & Health Impacts

- Conduct further analyses of BGPS (either multivariate analyses of gender & age OR in-depth analysis of specific forms of gambling)
- Prepare and submit 2 manuscripts on CHIA data to peer reviewed journals
- Design and publish social & health factsheets using reweighted BGPS data & BOPS

Economic & Fiscal Impacts

- Prepare and publish lottery revenue report including 2nd year of PPC operation
- Prepare and publish real estate report including 2nd year of PPC operation
- Prepare and publish operations report including 2nd year of PPC spending & employment
- Prepare and publish new employee survey report (cumulative 3 years)
- Develop econometric model using PPC 2016 patron data
- Design and publish economic & fiscal factsheets
- Carry out 2nd PPC Patron Survey (1st Wave)

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|-----------------|--|-------------|--------------------|
| SEIGMA | UMASS Amherst, School of Public Health and Health Sciences | \$1,151,713 | (\$239,948) |

F. Study of Public Safety Impacts

The MGC is examining changes in crime, calls for service and collisions following the opening of casinos in MA. 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. The MGC has selected Christopher Bruce, an experienced and nationally recognized crime analyst. (Chapter 23k, Section 71)

Key FY18 Activities:

- Continue collecting data and reporting on changes in Plainville and the surrounding area, to include a two-year report (published in the fall of 2017) and a 2.5 year report for the local-area police chiefs, offered in the spring of 2018.
- Establish connections to the records management systems of the participating agencies in the Springfield area and evaluate data completeness and quality.
- Work with Springfield-area agencies to create common data definitions for crime and call-for-service data.
- Create a report establishing baseline levels of crime and calls for police service in the Springfield area from 2013–2017.
- Facilitate an initial meeting with Everett-area agencies in anticipation of the 2019 opening of Wynn Boston Harbor.



Massachusetts Gaming Commission

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|--|---------------|----------|--------------------|
| Study of Public Safety (crime) Impacts | Crime Analyst | \$25,000 | \$5,000 |

G. Massachusetts Gaming Impact Cohort (MAGIC)

Massachusetts Gaming Impact Cohort is a longitudinal cohort study. This multi-year project promises to be a landmark study providing new and much needed information about problem gambling incidence rates and the course of problem gambling in Massachusetts. MAGIC will yield important and unique information leading to treatment and prevention initiatives that are tailored to the needs of the people of the Commonwealth.

- Establish the raw number of new problem gamblers each year (necessary for resource allocation);
- Identify the variables of greatest etiological importance in the development of and remission from problem gambling; and
- Determine whether proportionally more resources should be put into prevention or treatment

(Chapter 23k, Section 71)

Key FY18 Activities:

- Prepare and publish Wave 3 report
- Conduct cohort maintenance activities
- Complete Wave 4 data collection using expanded questionnaire
- Engage in strategic planning process & publish FY2019-FY2028 Strategic Plan
- Plan and host annual meeting

| Program/Project | Vendor | FY2018 | Change from FY2017 |
|-----------------|--|-----------|--------------------|
| MAGIC | UMASS Amherst, School of Public Health and Health Sciences | \$848,010 | \$239,576 |

H. Responsible Gaming Evaluation Initiatives

The Cambridge Health Alliance, Division on Addiction (DOA) is evaluating three key responsible gaming initiatives: GameSense Information Center, PlayMyWay and the Voluntary Self-Exclusion program. Rigorous evaluation is essential to measure effectiveness and refine and improve practice and policy. (Acts of 2011 Chapter 194, Section 97, Chapter 23k, Section 71)

Key FY18 Activities:

GameSense Evaluation

- Prepare cumulative report (Wave 1, Wave 2, Patron Intercept, and Employee Survey)
- Prepare for comparative study, which will launch after MGM opens
- Prepare for SEIGMA patron intercepts

Voluntary Self-Exclusion Evaluation

- Evidence-based revision of baseline survey to reduce total items
- Integrate full revised survey into VSE enrollment system as non-optional component
- Ongoing study enrollment, retention efforts, & 6 month follow up through 11/1/2017
- Linked player records and survey data analysis and report
- Prepare final report



Massachusetts Gaming Commission

| <u>Play My Way Evaluation</u> | | | |
|--|--|-----------|--------------------|
| <ul style="list-style-type: none"> • Ongoing player record analyses to assess gambling and PMW use <ul style="list-style-type: none"> ○ Follow up report • Attempt to coordinate with PPC/SciGames on linked player record survey with player card members | | | |
| Program/Project | Vendor | FY2018 | Change from FY2017 |
| RG Evaluation | Harvard Medical School, Cambridge Health Alliance, Division on Addiction | \$400,000 | (\$110,000) |

| I. Special Population Research | | | |
|--|--------|----------|--------------------|
| <p>The objective of this research is to advance the knowledge regarding the introduction of casinos on population subgroups not reached by the initial general population baseline survey. The five identified subgroups that require further examination to assess potential risks for experiencing gambling problems in Massachusetts include the following: African American/Black, veterans, immigrants, Asians and Hispanics. (Chapter 23k, Section 71)</p> | | | |
| <p>Key FY18 Activities: Three applicants responded to the request for proposal. If the PHTF Executive Committee approves all three during the meeting on May 19th, the total budget for the research will be \$104,880. Unused FY17 funds for this project will be carried forward to FY18 plus an additional obligation of \$4,880. The balance would remain as a contingency.</p> | | | |
| Program/Project | Vendor | FY2018 | Change from FY2017 |
| TBD | TBD | \$25,000 | (\$75,000) |

| J. Data Transfer, Storage and Access Project (DTAP) | | | |
|---|--------|--------|---------------------------|
| <p>The purpose of the Data Transfer, Storage and Access Project is to provide access to data generated by research projects funded and overseen by the MGC. Datasets from existing and on-going research projects will become publicly available with certain parameters. Initially the projects include data from: <u>Social and Economic Impacts of Gaming in MA</u> (SEIGMA) but will grow to include datasets from other research efforts and data generated from player cards. (Acts of 2011 Chapter 194, Section 97, Chapter 23k, Section 71)</p> | | | |
| <p>Key FY18 Activities: Review options for a release of limited SEIGMA datasets. Continue planning with the help of Research and Design Analysis Subcommittee (RDASC) and DPH to add customized datasets and additional research projects. FY17 funding will carry forward to FY18.</p> | | | |
| Program/Project | Vendor | FY2018 | Change from FY2017 budget |
| DTAP | TBD | - | (\$50,000) |



Massachusetts Gaming Commission
Gaming Research Agenda and Responsible Gaming Initiatives

| | FY18 Proposed | FY17 projected at completion | Difference |
|---|------------------|---------------------------------|------------------|
| MGC Expense | | | |
| Regular Employees | 200,613 | 211,238 | |
| Fringe | 69,974 | 73,680 | |
| Taxes | 1,419 | 3,063 | |
| Conference, membership and registration fees | 16,500 | 17,000 | |
| In state/out of state travel | 4,500 | 4,500 | |
| Supplies | 500 | 500 | |
| SUB-TOTAL | 293,506 | 309,981 | (16,475) |
| Research Agenda | | | |
| Data Transfer, Storage and Access Project | - | 50,000 ¹ | |
| UMASS MAGIC Cohort Study | 848,010 | 608,434 | |
| UMASS SEIGMA | 1,151,713 | 1,391,661 | |
| Responsible Gaming Evaluation Projects | 400,000 | 510,000 | |
| Special Population Study | 25,000 | 100,000 ² | |
| Public Safety and Crime Study | 25,000 | 20,000 | |
| SUB-TOTAL | 2,449,723 | 2,680,095 | (80,372) |
| GameSense | | | |
| GameSense operations | 650,000 | 687,000 | |
| GameSense marketing, media | 150,000 | 200,000 | |
| SUB-TOTAL | 800,000 | 887,000 | (87,000) |
| Voluntary Self-Exclusion | | | |
| iTrak programming | 10,000 | | 10,000 |
| Play My Way | | | |
| PMW incentives | 12,000 | 25,000 | |
| Development, Revision, Maintenance of PlayMyWay | 65,000 | 93,000 | |
| SUB-TOTAL | 77,000 | 118,000 | (41,000) |
| Consultants | | | |
| GRAC/RDASC/Research consultants | 40,000 | 31,495 | 8,505 |
| Responsible Gaming Framework | | | |
| Problem Gambling Solutions | 10,000 | 15,000 | (5,000) |
| TOTAL | 3,680,229 | 4,041,571 | (361,342) |

¹ FY17 balance will be carried to FY18.

² FY17 balance will be carried to FY18.



**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

To: Public Health Trust Fund Executive Committee
From: Victor Ortiz, Director of Problem Gambling Services
Date: May 11th, 2017
Re: Revision to the FY 18 DPH Budget

The revised FY 18 DPH budget reflects recommendations made on April 11th, 2017 by the PHTF EC. The revisions are the following:

- Page 3 - \$100,000 for prevention services adjusted to target at-risk populations; \$80,000 added for prevention services prioritizing youth
- Page 8 - Communication campaign will target at-risk populations (not youth)
- Page 9 - Public Health Trust Fund Executive Committee adjusted total request -\$1,220,197

DRAFT

**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

| STRATEGIC INITIATIVE | PRIORITY AREA | SERVICE | DESCRIPTION | Budget |
|--|--|--------------|--|-------------------------------|
| 1. Prevention and Health Promotion | Youth, Parents, and At-Risk Populations | Prevention | <i>FY17 – Develop prevention plan in Region C targeting youth and at-risk populations (communities of color)</i> FY18 – Develop prevention plan in Region A/B; implement prevention plan in Region C/Plainville | \$100,000 \$430,000 |
| 2. Infrastructure and Capacity Building | Workforce development: BSAS providers | Treatment | <i>FY17 – Revision of Practice Guidelines and self-assessment tool (First Step to Change); facilitate in-person training</i> FY18 – Develop training webinar; conduct needs assessment/gap analysis of the Massachusetts gambling treatment system with system recommendations | \$150,000 \$200,000 |
| 3. Infrastructure and Capacity Building | Community Health Workers | Intervention | <i>FY17 – Needs Assessment of Region C/Plainville; training guidelines; curriculum development for CHWs</i> FY18 – Needs Assessment of Region B; pilot training curriculum for CHWs in Region C/Plainville | \$75,000 \$100,000 |
| 4. Infrastructure and Capacity Building | Youth, Parents, and At-Risk Populations | Prevention | FY18 – Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services | \$130,000 |
| 5. Infrastructure and Capacity Building | Youth, Parents, and At-Risk Populations | Intervention | FY18 – Programmatic assessment to integrate gambling and Intimate Partner Abuse Education Programs | \$15,000 |
| 6. Prevention and Health Promotion | Communication Campaign | Prevention | FY18 – Research, planning, and creation of a state-wide health promotion campaign | \$100,000 |
| 7. New Personnel | | | Project Coordinator | \$100,000 |
| FY 18 SUB-TOTAL >>> | | | | \$1,075,000 |
| Current Personnel | FY18 – DPH ISA Salary; Conference, membership and registration fees; In state/out of state travel; Fringe rate of 33.5%; Supplies; ISA Indirect Charges | | | \$145,197 |
| PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE TOTAL FUNDING REQUEST >>> | | | | \$1,220,197 |

**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

| | | | |
|--------------------------|--|------------------|---|
| Agency/Bureau: | Department of Public Health – Bureau of Substance Abuse Services | | |
| Initiative Title: | Prevention and Health Promotion | Priority: | Youth, Parents, and At-Risk Populations |

| STRATEGY | PHASE 1 ACTIVITY |
|---|--|
| Reach youth and parents with appropriate prevention messaging, and enhance environmental strategies to increase protective factors and decrease risk factors. | Provide parent education about problem gambling and about how to reduce risk factors and increase protective factors for problem gambling and some of its common comorbidities. |
| Develop and distribute culturally appropriate campaigns and services for high-risk populations. | Provide technical assistance and education about problem gambling and related issues to community based organizations that serve high - risk populations so that they may pass the information to their clients and congregants in a linguistically and culturally appropriate manner. |

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| Service: Prevention FY 17 Product and Deliverables: Develop prevention plan in Region C/Plainville targeting youth and at-risk populations (communities of color) | Budget |
| Regional Planning Process- Plan, develop, and facilitate a regional planning process in the Region C/Plainville. <i>Examples may include development of community engagement strategies, focus groups, and stakeholder interviews.</i> | \$100,000 |

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| Vendor: | Education Development Corporation – MassTAPP | FY17 | \$100,000 |
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| Service: Prevention 1. FY 18 Proposed Products and Deliverables: Develop prevention plan in Region A/B; implement prevention plan in Region C/Plainville | Budget |
| Regional Planning Process Report- Conduct regional planning process in Regions A/ B that will inform prevention programs targeting youth and at-risk populations. Review and utilize DPH surveillance data, Youth Health Survey, Youth Risk Behavioral Survey, and MGC Special Population research to inform prevention of youth and at-risk populations. Provide a prevention report with findings, community assets, and recommendations of prevention strategies. The prevention report will direct prevention efforts at the community level and inform the state-wide communication campaign in FY 19. <i>Planning process report will include: development of community engagement strategies, focus groups, stakeholder interviews. Identification of community assets, review of research and community/regional data, and prevention messages and strategic recommendations.</i> | \$200,000 |
| Vendor: EDC-MassTapp | |
| Prevention Services- Fund and initiate community-based prevention services for youth in Region C/Plainville. Facilitate the Strategic Prevention Framework at the community level. Procurement of services will be based on the results of the Region C/Plainville planning report. <i>Services may include: afterschool activities, peer social groups, and youth activity programs.</i> | \$80,000 |
| Vendor: Contract with community-based organization/coalition(s) TBD | |
| Prevention Services- Fund and initiate community-based prevention services for at-risk populations in Region C/Plainville. Facilitate the Strategic Prevention Framework at the community level. Procurement of services will be based on the results of the Region C/Plainville planning report. <i>Services may include: Community activities, faith-based initiatives, and parent educational programs</i> | \$100,000 |
| Vendor: Contract with community-based organization/coalition(s) TBD | |
| Technical Assistance (TA) of Prevention Services- Integrate substance abuse services technical assistance with gambling prevention to provide support, guidance, and expertise in the delivery, evaluation of prevention services. Provide technical assistance in the utilization of the Strategic Prevention Framework in support of the contracted prevention organizations/coalition(s). | \$50,000 |
| Vendor: EDC-MassTapp | |

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| Vendor: | Multiple | FY18 | \$430,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

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|--------------------------|--|------------------|---------------------------------------|
| Agency/Bureau: | Department of Public Health – Bureau of Substance Abuse Services | | |
| Initiative Title: | Infrastructure and Capacity Building | Priority: | Workforce development: BSAS providers |

| STRATEGY | PHASE 1 ACTIVITY |
|--|---|
| Increase the capacity of current substance abuse treatment providers and institutions to incorporate problem gambling into their work. | Educate all BSAS-funded program staff about the basics of problem gambling, co-morbidities with substance misuse, best practices in problem gambling treatment, and standardized screening and documentation tools to use in community settings, during clinical intakes, and over the course of the treatment. |
| Provide tools that include self-screening to help gamblers understand their own play patterns. | Disseminate online self-help materials, such as “Your First Step to Change,” a self-assessment tool. |

| Service: Treatment FY 17 Product and Deliverables: Revision of Practice Guidelines and self-assessment tool (First Step to Change); facilitate in-person training | Budget |
|---|-----------------|
| DPH Problem Gambling Practice Guidelines- Revise Practice Guidelines for Treating Gambling Related Problems in order for providers to have access to an evidence-based framework and reference in the treatment of disordered gambling. | \$75,000 |
| Statewide Training- Plan, develop, and facilitate one state-wide training to the BSAS workforces within all levels of care on the Practice Guidelines for Treating Gambling Related Problems to enhance clinical skills in the treatment of disordered gambling. | \$5,000 |
| Self-Assessment Tool- Revise “Your First Step to Change” in order for individuals to utilize self-assessment resource to improve their personal awareness of their gambling behavior. | \$70,000 |

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| Vendor: | Division on Addiction at Cambridge Health Alliance (DOA) | FY17 | \$150,000 |
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| STRATEGY | PHASE 1 ACTIVITY |
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| Increase the number of providers who are eligible to bill the state for treatment, and work with insurers to make reimbursement for problem gambling more feasible. | Assess the current BSAS system for treatment and treatment reimbursement to identify gaps. |

| Service: Treatment 2. FY 18 Proposed Products and Deliverables: Develop training webinar; conduct needs assessment/gap analysis of the Massachusetts gambling treatment system with system recommendations | Budget |
|--|------------------|
| Practice Guidelines Training- Plan, develop, and facilitate webinar for the Practice Guidelines for BSAS providers. This will support capacity building efforts for an estimated 1,300 providers and 350 BSAS programs. | \$5,000 |
| BSAS Treatment and Services Gap Analysis Report- 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. Provide a final report with findings, recommendations for next steps and evaluation strategies; report will inform the problem gambling state-wide capacity building contract and services as well as additional DPH treatment system decisions. | \$195,000 |

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| Vendor: | Division on Addiction at Cambridge Health Alliance (DOA) | FY18 | \$200,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

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|--------------------------|---|------------------|--------------------------|
| Agency/Bureau: | Department of Public Health – Bureau of Community Health and Prevention | | |
| Initiative Title: | Infrastructure and Capacity Building | Priority: | Community Health Workers |

| STRATEGY | PHASE 1 ACTIVITY |
|---|--|
| Track the linguistic and cultural capacity of the problem gambling workforce, and train diverse professionals as problem gambling treatment providers to fill the gaps. | Train existing community health workers to screen and refer people who may have a gambling disorder. |

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| Service: Intervention FY 17 Product and Deliverables: Needs Assessment of Region C/Plainville. | Budget |
| Needs Assessment Report- Conduct a need assessment of Region C/Plainville to determine service delivery, systemic barriers, and resources needed in order to implement the training/initiative. <i>Examples may include focus groups, and stakeholder interviews.</i> | \$25,000 |

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| Vendor: | Consultant- Terry Mason | FY17 | \$25,000 |
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| Service: Intervention 17 Product and Deliverables: Training guidelines; curriculum development for CHWs | Budget |
| Training Pilot- Leverage the contract a CHW training program to develop curriculum, facilitate training, stipends for CHW participants, and evaluation. | \$50,000 |

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| Vendor: | CHEC- Lowell | FY17 | \$50,000 |
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| Service: Intervention 3. FY 18 Proposed Products and Deliverables: Needs Assessment of Region B; pilot training curriculum for CHWs in Region C/Plainville | Budget |
| Needs Assessment Report- Plan and facilitate a Region B (Region A scheduled for FY 19) needs assessment to determine service delivery needs, systemic barriers, and available resources. Review and utilize SEIGMA Deeper Analysis Report, DPH surveillance data, and CHW data to inform needs assessment. The assessment will inform the implementation of CHW trainings to ensure greater outcomes for screening and referral. Provide a needs assessment report with findings, community assets, and recommendations. Vendor: Terry Mason | \$25,000 |
| CHW Training- Implement a training program, based on FY17 Region C/Plainville assessment: curriculum adjustments, 2 CHW training series, evaluation, stipends for 50 CHWs, with priority of Region C/Plainville. Vendor: CHEC-Lowell | \$75,000 |

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| Vendor: | Multiple | FY18 | \$100,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

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|--------------------------|---|------------------|---|
| Agency/Bureau: | Department of Public Health – Bureau of Community Health and Prevention | | |
| Initiative Title: | Infrastructure and Capacity Building | Priority: | Youth, Parents, and At-Risk Populations |

Service: Prevention
FY18 Additional Initiatives: Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services

| STRATEGY | PHASE 1 ACTIVITY |
|--|---|
| Increase the readiness and capacity of prevention professionals in related fields (substance abuse, violence, suicide, etc) to address problem gambling. | Provide technical assistance and written guides to support the incorporation of problem gambling content into coalitions' work. |

| INITIATIVE BACKGROUND AND DESCRIPTION |
|---|
| <input type="checkbox"/> Pilot prevention strategies in the southeast region that targets youth, parents, and at-risk groups. <input type="checkbox"/> The integration of suicide prevention with gambling allows for a more comprehensive prevention approach that could be cost-effective in raising awareness and mitigating the harms of gambling. <input type="checkbox"/> Leverage current BCHAP suicide prevention contracts for the planning development for the integration of prevention of problem gambling in conjunction with suicide prevention strategies. |

| EXPECTED IMPACT ON STRATEGIC GOAL(S) |
|--|
| <input type="checkbox"/> Increase the awareness and understanding of problem gambling among prevention professionals. <input type="checkbox"/> Increase the number of prevention activities in the host and surrounding communities. <input type="checkbox"/> By targeting parents, youth, and at-risk populations decreases the prevalence and incidence of problem gambling. |

| Service: Prevention | Budget |
|---|-----------------|
| 4. FY 18 Proposed Products and Deliverables: Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services | |
| Planning/Needs Assessment- Conduct state-wide planning/needs assessment of suicide coalitions for the integration of suicide and gambling trainings, activities and community efforts. Provide a planning/needs assessment report with findings, recommendations, and resources for the training of suicide prevention workforce and strategies for the implementation of activities by suicide community coalitions. The Planning/needs assessment report will inform the development of the Problem Gambling and Suicide curriculum and suicide coalition activities. Vendor: Mass Coalition on Suicide Prevention | \$50,000 |
| Suicide and Problem Gambling Training- Develop a Problem Gambling and Suicide curriculum and conduct trainings for suicide coalitions. Provide technical assistance to suicide coalitions for integrating problem gambling. <i>Work will include: curriculum development, training of the suicide prevention workforce, and technical assistance to ensure support, guidance, and expertise in the integration of gambling and suicide.</i> Vendor: Mass Coalition on Suicide Prevention | \$50,000 |
| Suicide and Problem Gambling 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. Provide quarterly data reports and analysis of assessment outcomes. Vendor: Screening for Mental Health | \$30,000 |

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| Vendor: | Multiple | FY18 | \$130,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

| | | | |
|--------------------------|---|------------------|---|
| Agency/Bureau: | Department of Public Health – Bureau of Community Health and Prevention | | |
| Initiative Title: | Infrastructure and Capacity Building | Priority: | Youth, Parents, and At-Risk Populations |

Service: Intervention
FY18 Additional Initiatives: Programmatic assessment to integrate gambling and Intimate Partner Abuse Education Programs

| STRATEGY | PHASE 1 ACTIVITY |
|---|---|
| Provide professionals who interact with high-risk groups with the tools and resources needed to offer consistent problem gambling screening and referral. | Develop recommendations and agreements that include screening as part of standard intake and/or later in the treatment process at as many settings as possible. |

| INITIATIVE BACKGROUND AND DESCRIPTION |
|---|
| <input type="checkbox"/> Develop a contract with an evaluator to conduct an assessment to determine service delivery, systemic barriers, and resources needed in order to implement the initiative. <input type="checkbox"/> Identify capacity building strategies targeting intimate partner abuse education program (IPAEP) workforce. <input type="checkbox"/> Leverage current BCHAP intimate partner abuse education program (IPAEP) contracts for the planning development for the integration of screening questions within IPAEP intake. <input type="checkbox"/> Conduct evaluation of the initiative to determine effectiveness. |

| EXPECTED IMPACT ON STRATEGIC GOAL(S) |
|--|
| <input type="checkbox"/> Increase the awareness and understanding of problem gambling among intimate partner abuse education program (IPAEP) workforce. <input type="checkbox"/> Increase the identification of problem gambling among IPAEP clients and provide appropriate resources and referrals. |

| Service: Intervention | Budget |
|--|-----------------|
| 5. FY 18 Proposed Products and Deliverables: Programmatic assessment to integrate gambling and Intimate Partner Abuse Education Programs | |
| Programmatic Assessment- Develop gambling screening questions to integrate into Intimate Partner Abuse Education Program (IPAEP). Assess program for implementation of services. <i>This will include evaluation of current questions and possible inclusion of gambling questions to improve assessment of clients for services.</i> | \$15,000 |

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| Vendor: | To be determined | FY18 | \$15,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

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|--------------------------|---------------------------------|------------------|---|
| Agency/Bureau: | Department of Public Health | | |
| Initiative Title: | Prevention and Health Promotion | Priority: | Youth, Parents, and At-Risk Populations |

Service: Prevention
FY18 Additional Initiatives: Research, planning, and creation of a state-wide health promotion campaign

| STRATEGY | PHASE 1 ACTIVITY |
|--|--|
| Reach youth and parents with appropriate prevention messaging, and enhance environmental strategies to increase protective factors and decrease risk factors | Develop and disseminate messaging that can be shared through social media. |

INITIATIVE BACKGROUND AND DESCRIPTION

- Conduct research of messaging for the creation of a statewide health promotion targeting youth and at-risk populations.
- Promote health messages statewide in order to build community awareness.

EXPECTED IMPACT ON STRATEGIC GOAL(S)

Increase the awareness and understanding of problem gambling among youth and at-risk populations.

| Service: Prevention | Budget |
|--|------------------|
| 6. FY 18 Proposed Products and Deliverables: Research, planning, and creation of a state-wide health promotion campaign | |
| Communication campaign targeting 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 campaigns. | \$100,000 |

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| Vendor: | To be determined | FY18 | \$100,000 |
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**FY18 Problem Gambling Services Initiatives
DRAFT Budget**

| FY 17 Personnel | Budget |
|--|------------------|
| Director of Problem Gambling Services – DPH ISA Salary; Conference, membership and registration fees; In state/out of state travel; Fringe rate of 33.5%; Supplies; ISA Indirect Charges. | \$145,197 |

| 7. FY 18 Personnel: Project Coordinator | Budget |
|--|------------------|
| Director of Problem Gambling Services – DPH ISA Salary; Conference, membership and registration fees; In state/out of state travel; Fringe rate of 33.5%; Supplies; ISA Indirect Charges | \$145,197 |
| Project Coordinator – Duties will include project management, project development, vendor management, and other program-related duties assigned by the Director. <input type="checkbox"/> Coordinates program reports <input type="checkbox"/> Coordinates problem gambling services with other Bureaus <input type="checkbox"/> Responsible for managing vendor contracts, relationships, and program related tasks | \$100,000 |

| Staff | DPH Personnel | FY18 | \$245,197 |
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| PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE TOTAL FUNDING REQUEST >>> | | | \$1,220,197 |
|--|--|--|--------------------|

DRAFT



TO: Members of the Public Health Trust Fund Executive Committee

FROM: Mark Vander Linden, Director of Research and Responsible Gaming

CC: Research Design and Analysis Sub-Committee, Enrique Zuniga, MGC Commissioner, Teresa Fiore, MGC Program Manager, Victor Ortiz, DPH Director of Problem Gambling Services

DATE: May 19, 2017

RE: Awards for study of gambling behavior among special populations

In March, the MGC released a request for proposal (RFP) to study gambling behavior among select populations which may be at elevated risk of experiencing gambling related harm. The five identified subgroups; African American/Black, military veterans, immigrants, Asians and Hispanics. The goal of the proposed research is to advance the knowledge regarding the introduction of casinos on these subgroups with a key objective of examining and assessing potential risks for experiencing gambling problems.

A total of three proposals were submitted and were reviewed by the Research Design and Analysis Sub-committee (RDASC). The RDASC unanimously agreed that each proposal was promising and worthy of funding but had areas that needed to be clarified or strengthened. As a result, each applicant was asked several questions and/or to submit a revised research plan. With the clarification and revision submitted by the applicants, I'm recommending funding for all three applicants.

UMASS Boston, Institute for Asian American Studies

Population: Chinese immigrants

Research Aims: The proposed pilot study aims to develop and test methods for recruiting, screening and conducting diagnostic interviews among vulnerable and hard to reach segments of the Boston Chinatown Community. The study aims to reveal new insights about the nature of gambling behavior and problems among residents.

Research methodology: Targeted gamblers recruited from community sites (i.e. departure busses from Chinatown to CT casinos and the Boston Chinatown Neighborhood Center [BCNC]) will be invited to participate in a small group informational session on problem gambling. Following the session, they will be asked to complete a brief problem gambling screen (NODS-PERC) and invited to attend an individual qualitative interview.

Targeted spouses of frequent gamblers will be recruited from BCNC and a qualitative interview will focus on the effect of gambling problems on families.



Massachusetts Gaming Commission

Output: Inform processes of screening and diagnostic interviews of economically disadvantaged Chinese immigrants who are at risk for or trying to cope with gambling disorders. Data will shed light on types and frequency of gambling and indications of gambling disorders as described in their own cultural and linguistic terms – including family relationships and immigrant experiences. The proposed study lays the groundwork for 1) methodological tools and research partnerships needed to obtain more representative samples of the population so that risk for gambling problems can be systematically assessed, 2) the provision of evidence based knowledge for skills training and development of tools for prevention and treatment of gambling problems.

Principal investigator: Carolyn Wong, Ph.D.

Research partners: Boston Chinatown Neighborhood Center, Massachusetts Council on Compulsive Gambling

Budget: \$34,943

JSI Research and Training Institute, Inc.

Population: Black/African American

Research aims: This proposed study aims to collect the necessary information required to develop a qualitative knowledge base on problem gambling behavior among Blacks in Boston. Combined with the quantitative data collected by SEIGMA, this study allows for the identification of key intervention areas. Specific themes include perceptions about gambling, effects of problem gambling, motivations to gamble, help-seeking behavior pathways.

Research methodology: Researchers will work with Black community stakeholders to identify the best ways to recruit and conduct for 6-8 focus groups.

Output: The final report is meant to add a qualitative perspective to the existing body of knowledge which is largely quantitative and therefore may not fully reflect the reality of this population. The research team intends to write reports in a manner which will be useful for promoting responsible gambling, improving clinical tools and expanding social marketing toward this subgroup.

Principal investigator: Rodolfo R. Vega, Ph.D

Research partners: Massachusetts Council on Compulsive Gambling, Kermit Anthony Crawford, Ph.D, Dr. Dharma E. Cortes

Budget: \$36,007



Massachusetts Gaming Commission

Bedford VA Research Corp., Inc.

Population: Military veterans

Research aims: This proposed study aims to 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.

Research methodology: The study will modify the current Bedford VAMC PCBH clinical intake protocol by adding an additional brief screening section for problem gambling. After each clinical interview, all information collected will be entered into the veterans' medical records in the Computerized Patient Record System (CPRS).

Output: Findings will be used to develop and refine screening practices in the Bedford VA PCBH. Veterans who endorse gambling problems would be eligible to immediately receive gambling treatment at the Bedford VAMC PCBH or request a referral to the Bedford Behavioral Addictions Clinic. Findings will be disseminated to grow outreach efforts to engage more military veterans in treatment at VA hospitals in Massachusetts.

Principal investigator: Shane W. Kraus, Ph.D

Research partners: Mark Potenza, MD, PhD; Kendra Pugh, MA; Tu A. Ngo, Ph.D. MPH; Steven Shirk, PhD;

Budget: \$33,930



Massachusetts Gaming Commission