

1 THE COMMONWEALTH OF MASSACHUSETTS
2 MASSACHUSETTS GAMING COMMISSION
3 PUBLIC MEETING #185
4

5 CHAIRMAN

6 Stephen P. Crosby
7

8 COMMISSIONERS

9 Gayle Cameron

10 Lloyd Macdonald

11 Bruce W. Stebbins

12 Enrique Zuniga
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20 March 29, 2016 3:00 p.m.- 4:00 p.m.

21 BOSTON CONVENTION AND EXHIBITION CENTER

22 415 Summer Street, Room 104A/B

23 Boston, Massachusetts
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P R O C E E D I N G S :

CHAIRMAN CROSBY: We are calling to order 185th meeting of the Massachusetts Gaming Commission back today at the Boston Convention and Exhibition Center at 3:00 on March 29. Commissioner Macdonald will be here shortly. So, we will put off accepting the minutes and go straight to the first item on the agenda, which is research and responsible gaming, Director Vander Linden.

MR. VANDER LINDEN: Good afternoon, Commissioners. March, as you know is National Problem Gambling Awareness month. It seems fitting as we wind down this month to bring this specific agenda item to you.

It seems fitting to bring this specific agenda item to you as we discuss our strategic plan for services to mitigate the harms associated with gambling in Massachusetts. The Expanded Gaming Act provides numerous provisions that emphasize protections to communities and mitigation of social impacts. And it's these provisions that

1 lay the groundwork or the foundation for our
2 path forward.

3 It's specifically within the
4 Expanded Gaming Act there's the Public Health
5 Trust Fund. And I'm just going to read the
6 exact language of the Public Health Trust Fund
7 because I think it's a very important context
8 as we talk about what is our authority and what
9 is our direction to lay out a strategic plan.

10 So, the Secretary of Health and
11 Human Services shall be the trustee of the fund
12 and may only expend monies in the fund without
13 further appropriations to assist social
14 services and public health programs dedicated
15 to addressing problems associated with
16 compulsive gambling, including but not limited
17 to gambling prevention and addiction services,
18 substance abuse services, educational campaigns
19 to mitigate the potential addictive nature of
20 gambling, and any studies and evaluations
21 necessary, including the annual research agenda
22 under § 71 to ensure the proper and most
23 effective strategies.

24 This is a pretty broad direction for

1 us to lay out a public health approach to
2 mitigating problem gambling.

3 CHAIRMAN CROSBY: Mark, just to
4 clarify, you might want to mention the MOU that
5 the Secretary -- are you getting to that?

6 MR. VANDER LINDEN: I am, exactly.
7 This is a big task. And fortunately also
8 within the statute -- I will just move on.

9 CHAIRMAN CROSBY: Who is responsible
10 for this, for the clicker?

11 MR. VANDER LINDEN: I have the
12 clicker. Oops, there it is. There is ample
13 funding to fulfill this. So, for the Public
14 Health Trust Fund, there are two sources of
15 funding for it. The first is an annual
16 assessment to our gaming licensees. You will
17 see that that is annual fees of not less than
18 \$5 million proportional shares to each of the
19 gaming licensees.

20 The second is five percent of the
21 gross gaming revenue received by MGC from
22 Category 1 licensees. Obviously, we don't have
23 Category 1 licensees operating right now. So,
24 the five percent will be delayed for some

1 period which I think is an important point.

2 And I think it is something that is addressed
3 within the strategic plan that when we get to
4 it we will talk about that.

5 So, an interesting piece of this is
6 that as you can see from the Public Health
7 Trust Fund language it's the Secretary of
8 Health and Human Services that's the trustee of
9 the Public Health Trust Fund. However, if you
10 dive into § 71, which is the research agenda,
11 it assigns the authority to the Gaming
12 Commission.

13 You really want to have your
14 research inform your programs and services.
15 So, I think in light of that Chairman Crosby,
16 you and the Secretary of Health and Human
17 Services at the time created an MOU that
18 aligned the efforts, and basically granted
19 equal authority to the MGC and EOHHS to set the
20 overall budget and protocol for expenditures
21 from the Public Health Trust Fund that would
22 provide programs and services to treat and
23 prevent problem gambling and assure that the
24 research is used to investigate the impacts.

1 So, one needs to inform the other.
2 If we were functioning separately, we would
3 lose some of the efficiencies we would have if
4 we were working more closely together. And
5 that's the essence of the MOU between the
6 Massachusetts Gaming Commission and the
7 Executive Office of Health and Human Services.

8 So, from a public health
9 perspective, we have a directive to address
10 problem gambling from a public health
11 perspective. It's laid out clearly within the
12 Public Health Trust Fund language.

13 Quite honestly, I've been working in
14 this field for 10 years. I think a public
15 health approach is the right direction forward.
16 There is so much to be learned in this field.
17 There's very little evidence that we could draw
18 upon. But what we know is that this specific
19 issue is best addressed from a public health
20 perspective. With that, you'll get the most
21 powerful impacts and the most effective method.

22 We also want to recognize that from
23 a public health perspective we need to create a
24 safety net. Individuals that we can't reach

1 through prevention services, we need to make
2 sure that there are treatment services that are
3 available out there for them. And again, I
4 think that that public health perspective in
5 the strategic plan that you have before you
6 today does a good job of trying to marry those
7 two and understand it on a continuum.

8 So, now pivoting over to the
9 strategic plan itself. We are in an ISA with
10 Department of Public Health. Within that ISA,
11 there was funding specifically for a strategic
12 plan to be developed. That is done by Emily
13 Bhargava who I will introduce here in just a
14 moment. And it is led by Victor Ortiz who I'll
15 also just introduce here in just a second.

16 This was an intensive effort over
17 the course of about 18 months. The information
18 that they gathered leading to it came from many
19 different perspectives. They did a review of
20 articles related to best practices. They did
21 more than 200 stakeholder interviews including
22 people working in the prevention of problem
23 gambling field, clinicians who treat problem
24 gambling, clinicians who work in other

1 addiction fields. It included members of
2 communities of host and surrounding
3 communities. It included researchers from
4 different institutions. It included
5 representatives from our gaming licensees. It
6 even included Legislature.

7 It also takes into consideration,
8 which I think is very important and
9 instrumental, it takes into consideration our
10 research, the SEIGMA research. You'll see that
11 the SEIGMA baseline data is woven throughout
12 this.

13 As you know that's baseline data.
14 It becomes more powerful over time. And that
15 data will become more powerful and informative
16 for this strategic plan and future iterations.

17 So, I'm going to now turn it over.
18 I feel bad. I wanted to introduce my guests
19 here. I meant to do that from the onset. I am
20 very pleased to announce that DPH has a new
21 Director of Problem Gambling Services. And
22 that is Victor Ortiz.

23 I've worked with Victor for a number
24 of years now. I would say it's safe to say.

1 Victor has worked in the field of problem
2 gambling for a long time. He's a social
3 worker. He brings an amazing amount of
4 passion, commitment and energy to the field,
5 and I think is an ideal person to work and
6 spearhead this from DPH and work in close
7 collaboration with us at the Commission.

8 To his right is Emily Bhargava who
9 is working with EDC. She was the pin behind
10 this strategic plan. There were others, but
11 Emily did a phenomenal job, I think, of pulling
12 together the data, taking a model that has been
13 used in public health and translating that for
14 problem gambling -- this problem gambling
15 services plan.

16 So with that, I want to turn it over
17 to Mr. Victor Ortiz.

18 MR. ORTIZ: Thank you, Mark. Good
19 afternoon Commissioners. It's a pleasure to be
20 here today.

21 The Public Health Trust Fund
22 strategic plan presents a great opportunity in
23 the development of a comprehensive plan for the
24 services to mitigate the harms associated with

1 gambling.

2 The task of developing a strategic
3 plan as Mark talked about was not a simple
4 task. Our field of problem gambling is a young
5 field. From its early beginning in 1972 when
6 Dr. Custer first carrying the term compulsive
7 gambling to the first appearance of the term
8 pathological gambling in the APA DSM3 in 1980,
9 we've had many, many questions in developing
10 answers.

11 Gambling studies have predominantly
12 focused on the individualized characteristics
13 of problem gamblers. Then in 2002, the Annual
14 Review of Public Health published Gambling and
15 Related Mental Health Disorders, a Public
16 Health Analysis by Dr. David Corn and Dr.
17 Howard Shaffer.

18 This landmark study was the first of
19 its kind to analyze gambling from the public
20 health perspective. According to research, one
21 benefit of this view that it promotes
22 consideration of health-related phenomenon at a
23 macro level that might not be available using
24 more individual oriented research approaches.

1 The complexity of problem gambling
2 creates the opportunity to examine this issue
3 from multiple lenses in order to promote the
4 highest level of help. According to research,
5 a public health approach to gambling encourages
6 examination of the social risk and protective
7 factors that encourages or discourages the
8 transition from recreational to problem related
9 gambling. The identification of vulnerable
10 demographic groups or ethnic differences and
11 the acceptance of gambling.

12 The Department of Public Health is
13 committed to the optimal health and well-being
14 of all people in Massachusetts. Essential to
15 our work is working in partnerships and
16 collaboration. And at this time, I just want
17 to say thank you to the Mass. Gaming
18 Commission, in particular Chairman Crosby and
19 Commissioner Zuniga for your work in our
20 partnership in this effort to get to this stage
21 in the strategic plan. Thank you to EDC.

22 Our collective efforts I have no
23 doubt will develop the services to mitigate the
24 harms associated with gambling. And the

1 strategic plan will inform my annual work plan
2 as Director of Problem Gambling Services for
3 the Department Public Health.

4 I look forward and I'm excited about
5 the challenges and the opportunities ahead.
6 Thank you.

7 CHAIRMAN CROSBY: Victor, why don't
8 you just mention the other members of Public
9 Health Trust Fund executive committee. Are you
10 going to do that too?

11 MR. VANDER LINDEN: I would be glad
12 to do that.

13 CHAIRMAN CROSBY: Sorry.

14 MR. VANDER LINDEN: So, the Public
15 Health Trust Fund executive committee is
16 chaired by the Chairman of the Gaming
17 Commission. It's also co-chaired by the
18 Secretary of Health and Human Services or that
19 person's designee. And that designee is
20 Associate Commissioner of the Department of
21 Public Health Lindsay Tucker who is relatively
22 new but has brought an amazing energy to the
23 group.

24 We also have three additional

1 members that were appointed by the two chairs.
2 Those include the Executive Director of the
3 Massachusetts Lottery, Michael Sweeney. It
4 includes the Executive Director of the Mass.
5 Public Health Association, Rebekah Gewirtz, and
6 Undersecretary of Public Safety Jennifer
7 Queally.

8 MR. ORTIZ: At this time, I'm just
9 going to turn it over to Emily who is going to
10 provide the slides here.

11 MS. BHARGAVA: Good afternoon.
12 Thank you for this opportunity. And I'd like
13 to introduce Jack Vondras who just joined me
14 also from EDC.

15 So, my role today is really just to
16 provide a short overview of the contents of the
17 plan. It is an 86-page document. So, we will
18 not go into excruciating detail. But I will
19 start by saying that the purpose of the plan is
20 to articulate strategies and activities that
21 will best utilize the funds that will be made
22 available through the Public Health Trust Fund
23 specifically for services.

24 And the framework that we used in

1 developing the strategic plan was actually
2 SAMHSA, the Substance Abuse and Mental Health
3 Administration's strategic prevention
4 framework. So, that the framework is not
5 specific to prevention but it does have a focus
6 there.

7 It allowed us to begin with an
8 assessment, to build on that assessment, to
9 think about implementation, capacity building
10 and do some really solid planning that included
11 planning for evaluation, sustainability and
12 cultural competence. So, you will see all of
13 those pieces reflected in the contents of the
14 draft plan.

15 Mark alluded to this a few minutes
16 ago as did Victor, but the plan is structured
17 in such a way that it includes content both
18 current services and recommendations for future
19 services spanning the full continuum of care.
20 And what we mean by that is reflected in the
21 graphic that you can see on the slide.

22 It means that we include prevention
23 and health promotion for people who are
24 currently healthy and for populations that are

1 currently healthy through screening and
2 referral, treatment services and recovery
3 support for those who need it. You can see at
4 the base of this graphic there is
5 infrastructure and capacity building and also
6 data collection. Those are the two piece that
7 will be necessary to provide the other
8 services, necessary to make the other pieces
9 happen.

10 The plan itself has a number of
11 sections or the document has a number of
12 sections. First, we provide legislative
13 context and other background that you'll need
14 to understand what's being recommended. We've
15 included a description of our methodology and
16 the processes to develop the strategic plan.

17 We provide an overview of current
18 services. We found this extremely important to
19 look carefully at what exists now and to be
20 able to identify those elements of current
21 services that can be expended on, can be
22 enhanced and can be maintained.

23 We provide a list of priority areas
24 that I'll show you in a moment that were

1 identified through the assessment process. The
2 strategic plan itself is strategies and
3 activities across the continuum of services, as
4 I mentioned, moving from prevention all the way
5 through recovery and support. The document
6 also includes process evaluation and outcome
7 evaluation plans.

8 So, the priority area that emerged
9 from the assessment process are listed here.
10 And they are in order of the prevention
11 continuum right now. So, they are not in order
12 of priority they are in order beginning with
13 prevention moving through recovery and support
14 and infrastructure development.

15 So, we have prevention for youth,
16 prevention for other high-risk populations, a
17 focus on community level interventions that
18 refers to the public health approach that
19 Victor and Mark both mentioned. Coordination
20 of problem gambling services, coordination
21 between problem gambling services, integration
22 of addiction services, mental-health services
23 and primary care. Decrease in the stigma and
24 unsupportive social norms regarding gambling,

1 increase in availability of support services,
2 and increase in availability of culturally
3 appropriate services. Contribution to the
4 evidence-based for problem gambling services
5 and that is a reference to the fact that this
6 is an emerging field and there is more to be
7 learned.

8 Establishment of an evaluation
9 infrastructure to monitor and evaluate the
10 impacts of the work as it moves forward. And
11 expansion of institutional capacity to address
12 problem gambling and related issues.

13 So, last finally I will share with
14 you the fact that in the strategic plan within
15 the strategic plan document you will notice
16 that there are two phases of activities that
17 are included. Phase 1 activities are those
18 that could be carried out realistically in the
19 coming years. So, over the next year or two
20 before there are dollars available in the
21 Public Health Trust Fund for services.

22 The phase 1 activities focus
23 primarily on infrastructure and capacity
24 building to set the stage for the addition of

1 dollars but also for the potential for
2 increased need for services that will come with
3 the opening of casinos.

4 So, phase 2 activities are included
5 because they reflect potential expansion of the
6 strategies that could be done when dollars
7 become available. They give a sense of the
8 path forward on a number of the strategies.

9 That is all I have to say right now
10 but we are happy to take questions about the
11 current draft of the plan.

12 CHAIRMAN CROSBY: Anybody?

13 MR. VANDER LINDEN: If I may, I was
14 going to ask Victor to kind of go through the
15 timeline of events moving forward.

16 CHAIRMAN CROSBY: Before you do that
17 I just want to mention one thing about the
18 phase 1. You said phase 1 is designed for the
19 period prior to there being monies in the
20 Public Health Trust Fund. That is accurate but
21 not causal.

22 Phase 1 is previous to there being
23 the launch of the casinos which happens to be
24 the same time the money will start to come into

1 the Public Health Trust Fund. Until 2018, we
2 aren't going to have any appreciable increase
3 in gaming other than the modest, very modest
4 impact of Plainville.

5 So, it's not like we're holding back
6 services because we don't have the money.
7 We're holding back services because we don't
8 have the problem yet. So, we have got to get
9 ready.

10 Just to be clear and I think I've
11 said this before for you guys, if there is a
12 need to spend money then we'll figure out a way
13 to deal with that. So, the issue is to get
14 ready for what might happen when these things
15 launch at whatever the appropriate cost is.

16 MS. BHARGAVA: Thank you for the
17 clarification. That's right.

18 MR. ORTIZ: So, I'm going to review
19 the timeline very quickly. So, currently right
20 now at this stage, we drew up a timeline in
21 regards to getting this document approved. So,
22 currently right now the plan is sitting at the
23 Executive Office of Health and Human Services,
24 at the Secretary's office for review of their

1 office. We will conduct that review up to
2 April 6.

3 On April 6, we will then
4 redistribute the plan with any adjustments or
5 whatever the case might be to the executive
6 committee of the Public Health Trust Fund in
7 line for April 11, which then will be the day
8 for the vote by the executive committee for the
9 Public Health Trust Fund to approve the
10 document.

11 COMMISSIONER CAMERON: A question,
12 I'm looking at the continuum of services. I
13 know this is the plan moving forward. Where
14 would you say the most need exists or what
15 we're not able to do presently from looking at
16 these four categories or infrastructure or data
17 collection? What is an area in which this plan
18 will really have the most effect because you're
19 just not able to do it now?

20 MR. ORTIZ: I would say,
21 Commissioner Cameron, that I think that one of
22 the priority areas right now is really two
23 fronts. I think that one is prevention is key.
24 The way prevention works, the way it's

1 structured, we have to get to the ground right
2 now with the planning and development of
3 prevention.

4 We already have -- A slots parlor is
5 already open in Southeast Mass. We have some
6 data obviously from the SEIGMA data that we
7 already have. So, I think developing
8 prevention strategies is really key for the
9 planning and development of that it.

10 I also would say that for us as
11 well, it's important on the treatment side to
12 begin to analyze our current treatment
13 structure in Massachusetts, where the gaps are,
14 where do we need to sort of fill in those gaps
15 and also the data collection portion is really
16 important as well.

17 So, I think those two fronts are
18 really two critical fronts for us sort of
19 moving forward right now.

20 CHAIRMAN CROSBY: My two cents worth
21 on that, I would have said those two things
22 too, Commissioner. But there's also another
23 massive issue, which is not unique to us but
24 which is one we're going to have to deal with

1 which is the incredible disconnect between the
2 prevalence of problem gambling and the request
3 or access to treatment.

4 It's true with most addictions but
5 in gambling it really just drops off like a
6 cliff. It's very, very hard to identify. And
7 then it's very, very hard to figure out how you
8 move people from having self-identified into
9 help.

10 So, whether we can add appreciably
11 to that or not, I don't know. But it's
12 certainly something I feel strongly is a
13 priority and we want to try to really work on.
14 We are thinking about it.

15 We're talking about our GameSense
16 advisors, can they play some kind of gateway
17 role? Is there people on the helpline that
18 come into the Mass. Council? Can we upgrade
19 that to be a little bit more of a gateway to
20 treatment? We're already starting to think
21 about it, but it's a really important and
22 interesting challenge.

23 COMMISSIONER CAMERON: Follow-up
24 question, what I don't see here is the analysis

1 which is critical -- And maybe it's built into
2 all of these pieces -- to know what's working,
3 what's not where are the gaps. To know that
4 analysis I think is critical to making sure
5 you're successful with these efforts. Is that
6 built-in everywhere?

7 MS. BHARGAVA: As far as the
8 structure of the document, there's a section --
9 There are three portions of the plan that move
10 through the continuum of services. First is
11 current services. And then the next is --
12 Maybe I'm mixing this up.

13 Let me back up and say there's a
14 section of the plan that describes in detail
15 each of the priority areas that I listed. And
16 for each one does that analysis and talks about
17 what is currently in place, what's missing, and
18 what we heard during the assessment in terms of
19 what the needs are.

20 So, the suggested activities and
21 strategies are designed to directly respond to
22 those analysis.

23 MR. VANDER LINDEN: I think that
24 that's one of the strengths of the model that

1 was chosen, using this SAMHSA model that it
2 includes an evaluation and a cycle back to
3 evaluate what is being done to see where you
4 need to adjust services or resources.

5 COMMISSIONER CAMERON: I think
6 that's a piece that is missing in so many
7 programs. What's working, what's not, how do
8 you tweak it as you go along.

9 MS. BHARGAVA: In response to that
10 piece, I mentioned there is the process
11 evaluation plan included as well an impact
12 evaluation plan, an outcome evaluation. So,
13 that is intended to provide indicators for
14 monitoring the activities and looking at
15 whether the impacts are actually being
16 achieved. So, that should provide a feedback
17 loop to see what needs to be changed over time.

18 MR. VANDER LINDEN: And our entire
19 research agenda quite honestly is a method of
20 getting additional information to provide a
21 loop for evaluation of how to adjust our
22 services and where we need to go.

23 CHAIRMAN CROSBY: I think
24 Commissioner Cameron's question is so

1 important. And there is a very powerful answer
2 because the evaluation loop is deeply
3 integrated into all of our work.

4 But it's important enough -- You
5 didn't mention it, so Commissioner Cameron
6 didn't know for sure if it was there. And even
7 at a very high level presentation like you just
8 now made that loop should be in there, because
9 it's absolutely core and critical.

10 COMMISSIONER ZUNIGA: I was just
11 going to mention something that is relevant
12 now. I think the team was perhaps a little
13 modest in the interest of time. But this
14 process started in October of last year and
15 went through a number of iterations.

16 I was just rereading this recently
17 for this meeting, but I've read the versions
18 that came about. I don't know how many
19 versions, but there were many since October as
20 they evolved. I attended those meetings.
21 Although I am not a member of the Public Health
22 Trust Fund executive committee, I attend them
23 in interest.

24 And the evolution since October in

1 all those meetings, in the versions
2 incorporating EDC and DPH and Mark and
3 everybody being very flexible to incorporate
4 new data that happened along the way. The
5 baseline study came about with that timeframe.
6 And there was a lot of input from that effort
7 that informed a lot of what transpires here.

8 The team really took -- went to
9 great efforts to understand all of the
10 activities that are taking place here in
11 parallel and are converging as all of this is
12 coming to fruition. And I think that the
13 document really captures all of that really
14 well.

15 Your presentation has to be brief by
16 necessity, but just to offer a slightly
17 different perspective to the prior two
18 comments, there's been a lot of thought and a
19 lot of really good deliberation that has
20 occurred in this effort. I think it's a great
21 testament and it's all in here. It's just easy
22 to miss in a very small brief presentation.

23 MR. VANDER LINDEN: Thank you. The
24 SEIGMA team, Rachel Volberg, Amanda Houpt were

1 also very, very important in this process. And
2 I think met with Emily and her team numerous
3 times. They wrote a white paper that
4 specifically provided recommendations based on
5 the SEIGMA data moving forward. And I think
6 those are all -- It's important relationships
7 that came to the document that you have.

8 COMMISSIONER ZUNIGA: Let me mention
9 one more thing. There were enough versions in
10 this that I remember a couple of conclusions to
11 many of these conversations which was the
12 natural conclusion. This is a living and
13 breathing document. This is a process that
14 only begins. And it felt at times like it was
15 already living and breathing as we were --

16 CHAIRMAN CROSBY: It was breathing
17 heavily.

18 COMMISSIONER ZUNIGA: -- breathing
19 heavily, yes, as we were in yet the next
20 iteration. But I think that's a testament to
21 how important it is to think of the natural
22 evolution that these effort takes place.

23 And that strategic planning is more
24 of a cultural -- ingrained in everything we do

1 including the evaluation process that we have
2 and the research that's going to inform
3 programs and so on. There is that loop that we
4 really doing everything we want to do that has
5 been very much a part of this already.

6 COMMISSIONER STEBBINS: I would just
7 like to add -- First of all, congratulations to
8 the team and the work you put into this. It's
9 a very thorough document.

10 I had two points, and I shared them
11 a little bit earlier today with Mark. One is
12 in your target area prevention of high risk
13 populations. And even though you list several
14 of those, the one that stood out for me that I
15 thought might be missing and I think it's
16 backed up somewhat by Dr. Volberg's research
17 was veteran population. Maybe not huge in
18 terms of numbers, but for that segment maybe a
19 higher prevalence of potential problem gambling
20 being at risk.

21 Now you may find veterans kind of
22 locked into your other categories. I hope you
23 all kind of cull through that information as
24 the plan gets implemented. But I just draw

1 your attention to maybe refocus or relook at
2 that group.

3 The other question I had was right
4 before we opened Plainville, we did kind of a
5 problem gambling strategy approach to minimize
6 the impact of the opening of Plainridge Park.
7 As I think back to it, maybe that plan was at
8 the 30,000 foot. The strategic plan is really
9 trying to put some more meat onto what
10 resources are needed.

11 I hope if time allows there's the
12 ability to kind of come back and align the
13 strategic plan with that kind of regional local
14 plan because I expect we'll be laying out a
15 local plan for the area around MGM when it
16 opens and also with Everett when it opens and
17 potentially down in Region C as well.

18 So, good work. It's just nice to
19 kind of see it tie back into some of the local
20 strategies that all of you worked so hard on
21 prior to the opening of Plainridge.

22 MR. ORTIZ: Commissioner Stebbins, I
23 just want to thank you first for mentioning the
24 point on veterans. It is a priority for us.

1 Definitely there is enough evidence there to
2 tell us quite a bit in regards to veterans in
3 regards to suicidal issues, to issues around
4 depression, around anxiety and other issues
5 that are very well documented in research.

6 Just yesterday I just had a meeting
7 with the coordinator of veterans services at
8 the Bureau of Substance Abuse Services to talk
9 about these issues and those concerns. And
10 it's definitely a priority for us and this plan
11 as well to focus on veterans.

12 MS. BHARGAVA: Just as far as the
13 plan document itself and its reference to
14 veterans, if you look there are a number of
15 priority populations listed that are bulleted.
16 And a few paragraphs later there are a few
17 other populations mentioned that various
18 stakeholders didn't feel there was sufficient
19 academic research evidence to support including
20 as priority populations but that have been
21 pointed to either by the research or by other
22 concerned parties. So, it is listed there with
23 good reason. We will be looking at that.

24 And the other way to think about

1 reaching that population through the strategies
2 that are laid out is through looking at common
3 comorbidities. So, we know that there has been
4 research to indicate that rates are higher of
5 depression, anxiety, sometimes substance abuse
6 in veteran populations. And there will
7 absolutely be efforts to coordinate screening
8 and referrals for those groups.

9 COMMISSIONER STEBBINS: And as we've
10 talked about in this body's work is that the
11 infrastructure support of veterans via VSOs at
12 the local level. We had a letter from a VSO
13 coming in because they thought a veteran in
14 their community was taking his check and going
15 to Plainridge and cashing it, which we quickly
16 debunked that myth for them.

17 But again there's that
18 infrastructure that's there that is in constant
19 contact with veterans. And it is certainly a
20 great resource in terms of being able to direct
21 people to the appropriate resources.

22 MR. VANDER LINDEN: Commissioner
23 Stebbins you also mentioned the interim plan
24 that was specific to the Plainville area. That

1 plan was really more of a mapping and
2 organizing of existing services recognizing
3 that there wasn't any new services that would
4 be there at that point in time. So, the
5 intention of that was to just really kind of
6 get a lay of the land. This is really intended
7 to provide us with the direction forward.

8 COMMISSIONER STEBBINS: That's
9 great. I appreciate the work.

10 COMMISSIONER CAMERON: Great work.
11 This looks terrific.

12 MR. VANDER LINDEN: Thank you.

13 MR. BEDROSIAN: I see the Chairman
14 has stepped out. I think you have a forum and
15 you could go onto either approval of the
16 minutes or the approval of racing officials.

17 COMMISSIONER MACDONALD: The Chair
18 asked me to be deputized for purposes of the
19 minutes. And in that capacity I would move,
20 unless there is discussion with regard to the
21 minutes of the meetings of March 15 and March
22 17. As to the minutes of the March 15, 2016
23 public meeting of the Commission, I would move
24 for its approval subject to any corrections,

1 typographical errors or other nonmaterial
2 matters.

3 COMMISSIONER CAMERON: Second.

4 COMMISSIONER MACDONALD: All in
5 favor, aye?

6 COMMISSIONER CAMERON: Aye.

7 COMMISSIONER ZUNIGA: Aye.

8 COMMISSIONER STEBBINS: Aye.

9 COMMISSIONER MACDONALD: Any

10 opposed? The minutes of the March 15th meeting
11 are approved. Similarly, with regard to the
12 minutes of the March 17, 2016 open meeting of
13 the Commission, I would move for their approval
14 again subject to corrections, typographical
15 errors or other nonmaterial matters.

16 COMMISSIONER CAMERON: Second.

17 COMMISSIONER MACDONALD: Any
18 discussion?

19 COMMISSIONER ZUNIGA: I'll just let
20 the record show that I'll be abstaining. I was
21 absent from that meeting, Commissioner.

22 COMMISSIONER MACDONALD: All in
23 favor, aye.

24 COMMISSIONER CAMERON: Aye.

1 COMMISSIONER STEBBINS: Aye.

2 COMMISSIONER MACDONALD: Any
3 opposed?

4 COMMISSIONER ZUNIGA: One
5 abstention.

6 COMMISSIONER MACDONALD: One
7 abstention.

8 MR. BEDROSIAN: Commissioners, I
9 would suggest that we move on to item 5,
10 approval of racing officials at this time.
11 Then I can give my administrative update when
12 Chairman Crosby returns.

13 DR. LIGHTBAUM: Good afternoon,
14 Commissioners. In front of you, you have a
15 request from Steve O'Toole the Director of
16 Racing for Plainridge Park Casino for approval
17 of the key operating officials and racing
18 officials.

19 These people have all been licensed
20 with us in the past. We are currently in the
21 licensing process and doing the background
22 checks on them and fingerprinting. So, my
23 recommendation is that the Commission approve
24 these people on this list with the condition

1 that there is a satisfactory completion of
2 their licensing and background checks by the
3 state police. If you have any questions?

4 COMMISSIONER STEBBINS: Doctor, any
5 new faces on this list?

6 DR. LIGHTBAUM: No new faces. Edwin
7 Harrop is being the track superintendent now
8 which is a step up for him.

9 COMMISSIONER ZUNIGA: Just also for
10 the record the first group of personnel are
11 Plainridge Park personnel, right, Steve
12 O'Toole, Mr. Calderon, Savastano, Chester
13 Piontkowski, and Christine Lynch?

14 DR. LIGHTBAUM: Those are the
15 operating officials, yes.

16 COMMISSIONER ZUNIGA: And then the
17 rest of them are racing officials.

18 DR. LIGHTBAUM: Racing officials,
19 yes.

20 COMMISSIONER ZUNIGA: Gaming
21 Commission employees.

22 DR. LIGHTBAUM: They are all
23 employees of Plainridge Park Casino. Some of
24 them are in the administrative area. And

1 others are in the racing area.

2 COMMISSIONER ZUNIGA: Okay.

3 COMMISSIONER CAMERON: So, I move
4 that we accept the recommendation and approve
5 these racing officials for Plainridge Park.

6 COMMISSIONER ZUNIGA: I second that.

7 COMMISSIONER STEBBINS: Pending
8 completion --

9 COMMISSIONER ZUNIGA: -- pending
10 completion of their background check.

11 COMMISSIONER CAMERON: Pending
12 completion, just as outlined.

13 COMMISSIONER STEBBINS: Second.

14 COMMISSIONER ZUNIGA: I did second
15 that and I'll ask for all of those in favor,
16 aye.

17 COMMISSIONER MACDONALD: Aye.

18 COMMISSIONER CAMERON: Aye.

19 COMMISSIONER STEBBINS: Aye.

20 COMMISSIONER ZUNIGA: The ayes have
21 it unanimously.

22 COMMISSIONER CAMERON: Thank you,
23 Director.

24 MR. BEDROSIAN: Chairman Crosby, I

1 believe the last matter is administrative
2 update by me. So, if you're ready I will
3 proceed.

4 CHAIRMAN CROSBY: I am, we are.

5 MR. BEDROSIAN: Good afternoon,
6 Chairman Crosby and members of the Commission.
7 I am here today to give you one update and
8 raise one new topic.

9 You will see under administration
10 item 4(a) there is an item called LMS update.
11 For those who do not know what LMS is, it is an
12 acronym for licensing management system. The
13 licensing management system will be our
14 software program that we anticipate will help
15 us accept, process and approve online the bulk
16 of our upcoming applicants or employees working
17 at casinos.

18 I'm going to give you a brief update
19 today, because we are in the midst of contract
20 negotiations on this. And hopefully, we can
21 give you a more substantive update soon
22 thereafter.

23 We put our needs out to bid and
24 believe we have a successful bidder. We are

1 currently, as I said, in the negotiation
2 process and hope to have a signed contract by
3 the end of the week. We are encouraged by this
4 process that this will be a successful project
5 because we engaged what is called a proof of
6 concept before with the bidder, which we had
7 some back and forth on what our actual needs
8 are. And we are confident that this bidder
9 understands what our needs are and we
10 understand what their capabilities are.

11 Very importantly, we believe this
12 phase of the project will be within our current
13 budget proposal. Once our contract is signed,
14 I would like to come back to you with a few of
15 the directors who are more intimately involved
16 and we give you a more substantive update both
17 on the process and the timing of the LMGS
18 project, if that's acceptable to you.

19 CHAIRMAN CROSBY: One way or the
20 other the functionality of it which is the real
21 issue. I don't know whether we can demonstrate
22 it here. I think other people might be
23 interested in it too. Or whether we have to do
24 it at the office on two bys or whatever. But I

1 think all of us would be interested in seeing
2 the functionality.

3 MR. BEDROSIAN: We will. I think
4 what would first benefit you is just a
5 description. There's no functionality yet.
6 But a description of the functionality and as
7 it develops, we can keep each individual
8 Commissioner updated.

9 CHAIRMAN CROSBY: Okay. Anybody
10 else?

11 COMMISSIONER CAMERON: Thank you.

12 COMMISSIONER ZUNIGA: That's a great
13 update. I actually benefited from being part
14 of the group that did -- that was involved in
15 this proof of concept. I was just curious to
16 the functionality. I became what's called a
17 bit of what's called a dummy user, I suppose.

18 MR. BEDROSIAN: We call them geek.

19 COMMISSIONER ZUNIGA: I was very
20 encouraged by the approach, this agile
21 methodology of developing and testing and
22 getting something in return. It's really a
23 project management tool, but that's clearly
24 appropriate for this kind of effort. And I'm

1 really encouraged by that method.

2 What I observed from that process,
3 there's a lot of great challenges and
4 everything, but a lot of upside to that method.

5 MR. BEDROSIAN: I would follow up on
6 that comment and say that this will be a very
7 important project for us and will require staff
8 attention and staff dedication to work in
9 partnership hopefully with the successful
10 bidder to get this done on time.

11 And I believe we have staff buy-in
12 and staff is totally on board with this.
13 Great. Thank you.

14 So, I'm going to lead to item 4(b)
15 which is social gaming: background public
16 education. Again, Mr. Chairman, members of the
17 Commission, this item was put on our agenda
18 really as a result of the confluence of a
19 couple of events that happened recently.

20 First, the parent company of one of
21 our licensees Penn National contacted and
22 visited us about their potential use of social
23 gaming. And at the same time, local press
24 raised the issue about propriety of social

1 gaming as it relates to one of our current
2 active licensees. Based on these two events,
3 it seems appropriate for the Commission to be
4 more educated about social gaming as it
5 intercepts with land-based gaming.

6 And there are, I'm just thinking out
7 loud, a couple of issues that arise. The first
8 is what if any jurisdiction does a gaming
9 regulator have over social gaming as it relates
10 to a brick-and-mortar licensee?

11 And secondly, what if any are the
12 implications for social gaming as it may relate
13 to problem gaming. And we actually asked
14 Director Vander Linden to start to look into
15 that issue.

16 I could suggest a number of options
17 going forward. And I know the Commission
18 before my time had some experience on educating
19 themselves on this new technology. One of the
20 options would be to invite our licensees to
21 come and present on what if any views they have
22 on this.

23 And second obviously would be --
24 These are not exclusive. They could be

1 altogether. -- to identify industry experts and
2 ask them also to come in and present to the
3 Commission. We would think about whether again
4 there are any consumer protection issues. And
5 ask Director Vander Linden to see if there are
6 any solid research and data on the implications
7 of social gaming on problem gaming.

8 So, I raise that issue. I would say
9 this. In terms of timing, if the Commission
10 wants to pursue this, I would suggest we have a
11 very robust April. This might be something
12 appropriate for May, but I just want to raise
13 that issue for your concern.

14 COMMISSIONER CAMERON: I think both
15 of those suggestions would be appropriate to
16 not only hear from licensees but also from
17 industry experts. I think information -- We
18 always make better decisions when we have
19 timely, accurate information. So, I think both
20 of those would be appropriate.

21 COMMISSIONER STEBBINS: I would
22 agree with that. We obviously have a growing
23 industry cluster of kind of skill-based but
24 free-game makers in Massachusetts. There's

1 also the Game Show Network is located one block
2 away from our office. In my visits with them
3 in the past, they've been more than willing to
4 offer up their time to come over and talk about
5 social gaming with us.

6 COMMISSIONER ZUNIGA: Yes, I agree
7 as well. I wonder though if given the
8 timeframe, which is important, you are right
9 that we have a very busy April in front of us,
10 it's also just easier to start with our
11 licensees however early because they may have
12 -- It may be very efficient to just come before
13 us.

14 And either shortly after or after
15 having had initial discussions, we could think
16 about something that would take us longer to
17 put together anyway if we are talking about an
18 educational forum like we've done in the past
19 with people from outside or whatever that may
20 be.

21 I would ask that we consider talking
22 to our licensees first and then follow up
23 accordingly.

24 MR. BEDROSIAN: I would defer to

1 your experience on it, whether an incremental
2 approach would be preferable to sort of try to
3 put it all in one presentation.

4 COMMISSIONER CAMERON: Were we
5 talking about a forum? I thought we were
6 talking about possibly having them here at a
7 public meeting to give us -- present
8 information.

9 MR. BEDROSIAN: Again, it could be.
10 I defer. We could certainly do it in a public
11 meeting setting. I know, as I said, you've had
12 experience in other settings also.

13 COMMISSIONER ZUNIGA: I guess that's
14 what I assumed when you mentioned experience
15 before.

16 COMMISSIONER CAMERON: And I assumed
17 they would come in. It wouldn't be as --

18 COMMISSIONER ZUNIGA: Like any other
19 meeting?

20 COMMISSIONER CAMERON: Correct, and
21 just present the information which probably
22 wouldn't be timely -- rather it wouldn't take a
23 lot of time to put something together.

24 COMMISSIONER ZUNIGA: In that case,

1 I think both could be very well put together at
2 the same time. I imagined an all-day
3 educational type forum which takes us longer to
4 put together that's all. But if that's not
5 what we're talking about --

6 CHAIRMAN CROSBY: There are hybrids
7 too. I think this is a little bit of a tricky
8 issue because we are using the term social
9 gaming. First of all, hardly anybody knows
10 exactly what it is. And its relevance to us,
11 if there is any at all is only that which is
12 done with casino games, facsimile games done on
13 a social gaming economic model.

14 And I don't know that we have any
15 authority even over that but you could consider
16 that. But even not our licensees, but other
17 subsidiaries of our licensees have a full range
18 of social gaming not just casino related. And
19 it's the rest of social gaming, even though we
20 did discuss this as everybody knows in our DFS
21 report. This was one of the things that we
22 recommended that the Legislature take into
23 their consideration if they think about an
24 overall omnibus approach to online gaming.

1 At the moment, the rest of social
2 gaming, which is the vast majority of social
3 gaming is outside our ambit as was DFS but we
4 were sort of asked to take some looks at it.
5 So, I'm mixed on this.

6 I kind of think everybody including
7 me but even us would be well served by starting
8 out with a little bit of a broader education on
9 what is social gaming so we really know for
10 sure what we are talking about and what the
11 range of stuff is out there.

12 I don't mean a full-blown day-long
13 forum, but you can have a person or two
14 whatever come in and talk to us at a public
15 meeting about sort of the phenomenon of social
16 gaming, what it means, what are its economic
17 models, what are its long-term strategies.

18 Then as a subset of that have our
19 licensees talk about their forays into social
20 gaming, particularly their forays into social
21 gaming which have a casino-like manifestation
22 and see where we go from there.

23 I sort have a hybrid. I'd say let's
24 make it a regular meeting so it's not a huge --

1 Let's start out with an overview of social
2 gaming for a broad informational. We're not
3 suggesting to anybody that broad social gaming
4 is our job. It isn't. But just so we and the
5 public, begin to learn what this is and then
6 focus in probably at that same meeting but
7 maybe the next meeting on where our licensees
8 are on this. Does that makes sense?

9 COMMISSIONER STEBBINS: I like that
10 approach.

11 COMMISSIONER ZUNIGA: It sounds
12 good.

13 MR. BEDROSIAN: I think with that
14 direction, I could have staff work trying to
15 put together what that presentation or
16 presentations would look like. I can come back
17 to you Mr. Chairman and we can talk about
18 scheduling.

19 CHAIRMAN CROSBY: Okay, and the
20 agenda too, we've got to think about that
21 agenda. I think everybody would want to look
22 at that.

23 COMMISSIONER MACDONALD: I am
24 certainly in favor of the informational

1 sessions that are described.

2 Whether or not it falls directly
3 within our jurisdiction, there is at least one
4 aspect of social gaming that potentially falls
5 if not within our "jurisdiction" within our
6 area of concern. And that is its overlay with
7 problem gambling issues.

8 At the meeting with the Penn
9 National people that I attended, the strongest
10 objection which they took to the article that
11 appeared I think that very day in the Boston
12 Globe was the very strong suggestion that the
13 social gaming games were set up in a way to
14 lure people into active gaming, and deceptively
15 was the suggestion of the article because the
16 winning percentages of the games that Penn was
17 proposing to implement were actually greater
18 than the actual games, the slot machines and
19 other things that are employed at the casino.

20 The suggestion being that people get
21 excited about how much they're going to be
22 winning when they're playing the social games.
23 There's no actual win there, but it primes them
24 for wanting to get out and make money by going

1 to the casino. And then find themselves
2 playing games with machines that in fact did
3 not operate the way that the social games do.

4 Penn, and this is very, very
5 important, the Penn people categorically
6 contradicted that point that had been made in
7 the article and said that their games are
8 identical -- that the games align perfectly
9 with the machines that are in place in the
10 casino.

11 CHAIRMAN CROSBY: What's the
12 relevance of that to the discussion about how
13 we're going to handle this going forward? Are
14 you just saying that --

15 COMMISSIONER MACDONALD: I said
16 number one, I am in favor of our learning more
17 about it. I was addressing in those comments
18 the question of whether this is really outside
19 of our jurisdiction.

20 I think that it actually is -- If we
21 were to find that people were being lured into
22 the casinos in part by being misled as to what
23 their real chances of winning are, I think
24 that's something which ought to be of a concern

1 to us if for no other reason than it's tying
2 into the problem gaming mandates that we have
3 under the statute.

4 CHAIRMAN CROSBY: Okay.

5 MR. BEDROSIAN: That is the end of
6 my administrative update, Mr. Chairman. And I
7 think we have done all of the other items.

8 CHAIRMAN CROSBY: Anything else?

9 COMMISSIONER CAMERON: Move to
10 adjourn.

11 CHAIRMAN CROSBY: All in favor, aye.

12 COMMISSIONER MACDONALD: Aye.

13 COMMISSIONER CAMERON: Aye.

14 COMMISSIONER ZUNIGA: Aye.

15 COMMISSIONER STEBBINS: Aye.

16 CHAIRMAN CROSBY: Opposed? The ayes
17 have it unanimously. It is now 4:00. We will
18 be back at 5:00.

19

20 (The meeting adjourned at 4:00 p.m.)

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23

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1 ATTACHMENTS:

- 2 1. Massachusetts Gaming Commission March
3 29, 2016 Notice of Meeting and Agenda
4 2. Massachusetts Gaming Commission March 15,
5 2016 Meeting Minutes
6 3. Massachusetts Gaming Commission March 17,
7 2016 Meeting Minutes
8 4. Massachusetts Problem Gambling Services
9 Strategic Plan Overview (MasSTAPP)
10 5. March 28, 2016 Massachusetts Gaming
11 Commission Memorandum Regarding Plainridge
12 Key Operating and Racing Officials

13
14
15 GUEST SPEAKERS:

16 Emily Bhargava, EDC
17 Victor Ortiz, Department of Public Health

18
19 MASSACHUSETTS GAMING COMMISSION STAFF:

20 Ed Bedrosian, Executive Director
21 Dr. Alex Lightbaum, Director of Racing
22 Mark Vander Linden, Director of Research and
23 Responsible Gaming
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C E R T I F I C A T E

I, Laurie J. Jordan, an Approved Court Reporter, do hereby certify that the foregoing is a true and accurate transcript from the record of the proceedings.

I, Laurie J. Jordan, further certify that the foregoing is in compliance with the Administrative Office of the Trial Court Directive on Transcript Format.

I, Laurie J. Jordan, further certify I neither am counsel for, related to, nor employed by any of the parties to the action in which this hearing was taken and further that I am not financially nor otherwise interested in the outcome of this action.

Proceedings recorded by Verbatim means, and transcript produced from computer.

WITNESS MY HAND this 31st day of March, 2016.



LAURIE J. JORDAN
Notary Public

My Commission expires:
May 11, 2018