



NOTICE OF MEETING AND AGENDA

Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, and Section 20 of Chapter 20 of the Acts of 2021, notice is hereby given of a meeting of the **Massachusetts Gaming Commission**. The meeting will take place:

Thursday | November 4, 2021 | 10:00 a.m.
VIA CONFERENCE CALL NUMBER: 1-646-741-5292
MEETING ID/ PARTICIPANT CODE: 112 958 2767

Please note that the Commission will conduct this public meeting remotely utilizing collaboration technology. Use of this technology is intended to ensure an adequate, alternative means of public access to the Commission's deliberations for any interested member of the public. If there is any technical problem with the Commission's remote connection, an alternative conference line will be noticed immediately on www.massgaming.com.

All documents and presentations related to this agenda will be available for your review on the morning of the meeting date by visiting our website and clicking on the News header, under the Meeting Archives drop-down.

PUBLIC MEETING - #359

1. Call to Order
2. Administrative Update - Karen Wells, Executive Director
 - a. On-site Casino Updates – Loretta Lillios, Director of Investigations and Enforcement Bureau; Bruce Band, Assistant Director, Gaming Agents Division Chief
 - b. Internal Re-Opening Plan Update – Karen Wells, Executive Director
3. Racing Division – Dr. Alexandra Lightbown, Director of Racing and Chief Veterinarian
 - a. Plainridge Park Casino Rescheduled Racing Dates **VOTE**
4. Community Affairs – Joe Delaney, Chief of Community Affairs
 - a. Encore Boston Harbor Quarterly Report - Jacqui Krum, Senior Vice President and General Counsel at Encore Boston Harbor; Juliana Catanzariti, Executive Director- Legal at Encore Boston Harbor
 - b. Community Mitigation Fund Reserve Applications - Joe Delaney, Chief of Community Affairs
 - i. Agawam **VOTE**
 - ii. Foxboro **VOTE**



Massachusetts Gaming Commission

5. Research and Responsible Gaming - Mark Vander Linden, Director; Marie-Claire Flores-Pajot, Research Manager
 - a. Gambling Harms and the Prevention Paradox in MA Report – Presented by Dr. Rachel Volberg, SEIGMA Principal Investigator and Professor at UMass Amherst
6. Finance Division – Derek Lennon, Chief Financial and Accounting Officer
 - a. MGC First Quarter Budget – Derek Lennon, Chief Financial and Accounting Officer; Agnes Beaulieu, Finance and Budget Office Manager; Doug O’Donnell, Revenue Manager **VOTE**
7. Recognition of Former Commissioner Enrique Zuniga – Cathy Judd-Stein, Chair; Karen Wells, Executive Director
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 “Massachusetts Gaming Commission Meeting” at www.massgaming.com and emailed to regs@sec.state.ma.us.

November 1, 2021

Cathy Judd-Stein
Chair

Posted to Website: November 2, 2021 at 10:00 a.m.



Massachusetts Gaming Commission



PLAINRIDGE PARK
CASINO

October 29, 2021

Alexandra Lightbown
Director of Racing
Massachusetts Gaming Commission
101 Federal St.
Boston, MA 02110

Dear Director Lightbown,

Plainridge Park Casino respectfully requests approval to schedule Sundays, November 7 & 14 as make up days for the previously cancelled scheduled race days as a result of a severe heat wave on Thursday, August 12 and Friday, August 13.

Sincerely,

Steve O'Toole
Director of Racing
Plainridge Park Casino
Plainville Gaming and Redevelopment, LLC



Division of Racing

TO: Cathy Judd-Stein, Chair
Gayle Cameron, Commissioner
Bradford Hill, Commissioner
Eileen O'Brien, Commissioner

FROM: Alexandra Lightbown, Director of Racing

CC: Karen Wells, Executive Director
Todd Grossman, General Counsel

DATE: November 4, 2021

RE: Plainridge Park Casino Request to Reschedule
Cancelled Days

Dear Commissioners:

Steve O'Toole, Director of Racing, Plainridge Park Casino, in consultation with the Harness Horseman's Association of New England, is requesting approval to replace the cancelled race days of August 12 and August 13 by adding November 7 and 12, with a post time of 1 pm. The August days were cancelled due to an extreme heat wave.

Recommendation: That the Commission approve the request of Plainridge Park Casino to replace the two cancelled August days with live racing on November 7 and 14, with a post time of 1 pm.



Massachusetts Gaming Commission

Encore Boston Harbor



**Quarterly Report as of September 30, 2021
Massachusetts Gaming Commission**

Presented November 4, 2021

Quarterly Report as of September 30, 2021

I. Operations at a Glance

A. *The Resort*

Encore Boston Harbor is an approximately \$2.6 billion luxury resort located in Everett, Massachusetts. The resort, which opened for business on June 23, 2019, is comprised of a luxury hotel with 671 guest rooms, a gaming area, retail space, food and beverage outlets, event and meeting space, a spa and gym, a parking garage, and other complimentary amenities. Additionally, Encore Boston Harbor includes extensive landscape and open-space amenities including a public gathering area with an outdoor park-like open space, a pavilion, waterfront features, a public harborwalk and water transportation docking facilities.

B. *Continuing Operational Impacts of COVID-19*

Given that (i) effective May 29, 2021, the Commonwealth of Massachusetts lifted all sector-specific reopening requirements, permitted all industries to open to 100% capacity, rescinded its order requiring the wearing of face coverings in certain spaces and issued a new face covering advisory mandating face coverings on public and private transportation systems and in healthcare settings, and advising unvaccinated residents to continue to wear face coverings when social distancing is not possible, and (ii) on May 26, 2021, subject to four ongoing conditions, the MGC voted to rescind its COVID-19-related orders effective May 29, 2021, Encore Boston Harbor operated during the entire third quarter of 2021 ("Q3") free of nearly all COVID-19 related restrictions for the first time since the first quarter of 2020. Despite operating free of COVID-19 related restrictions during Q3, Encore Boston Harbor continues to assess the lingering and ongoing impacts of the COVID-19 pandemic to its business and evaluate evolving business demands and will continue to adjust operations accordingly.

II. Revenue

A. *Quarterly Operating Results*

Table 1 below details the gross gaming revenue ("GGR") for table games, the GGR for slot machines, the total GGR for table games and slot machines combined, and the taxes collected by the Commonwealth of Massachusetts for each month during Q3. Comparative figures for the same quarter of 2020 are also provided. Q3 results are highlighted in yellow.

Table 1: Quarterly Revenue

Year	Month	Table Games GGR	Slots GGR	Total GGR	State Taxes Collected
2020	July	\$10,711,337.99	\$16,266,468.65	\$26,977,806.64	\$6,744,451.66
	August	\$19,065,644.40	\$23,324,704.23	\$42,390,348.83	\$10,597,587.21
	September	\$19,533,077.38	\$23,441,726.51	\$42,974,803.89	\$10,743,700.97
	Total	\$49,310,059.77	\$63,032,899.39	\$112,342,959.36	\$28,085,739.84
2021	July	\$25,113,862.30	\$33,956,447.17	\$59,070,309.47	\$14,767,577.37
	August	\$25,426,249.03	\$32,429,166.81	\$57,855,415.84	\$14,463,853.96
	September	\$25,940,143.44	\$31,518,184.75	\$57,458,328.19	\$14,364,582.05
	Total	\$76,480,254.77	\$97,903,798.73	\$174,384,053.50	\$43,596,013.38

Table 2 below details the GGR for table games, the GGR for slot machines, the total GGR for table games and slot machines combined, and taxes collected by the Commonwealth of Massachusetts for each quarter during 2020 and 2021 (to date). Note that Encore Boston Harbor was closed for business for the entirety of the second quarter of 2020 due to the COVID-19 pandemic. Q3 results are highlighted in yellow.

Table 2: Annual Revenue

Year	Quarter	Table Games GGR	Slots GGR	Total GGR	State Taxes Collected
2020	Q1 (through March 15)	\$63,346,567.80	\$58,267,912.37	\$121,614,480.17	\$30,403,620.05
	Q2	\$0.00	\$0.00	\$0.00	\$0.00
	Q3 (from July 10)	\$49,310,059.97	\$63,032,899.39	\$112,342,959.36	\$28,085,739.84
	Q4	\$42,507,448.88	\$55,251,981.49	\$97,759,430.37	\$24,439,857.59
	Total	\$155,164,076.65	\$176,552,793.25	\$331,716,869.90	\$82,929,217.48
2021	Q1	\$51,147,252.30	\$72,828,463.99	\$123,975,716.29	\$30,993,929.07
	Q2	\$66,827,652.69	\$88,842,261.01	\$155,669,913.70	\$38,917,478.42
	Q3	\$76,480,254.77	\$97,903,798.73	\$174,384,053.50	\$43,596,013.38
	Q4	-	-	-	-
	Total (to date)	\$194,455,159.76	\$259,574,523.73	\$454,029,683.49	\$113,507,420.87

B. Lottery

Table 3 below details lottery sales at Encore Boston Harbor for each month during Q3. Comparative figures for the same quarter of 2020 are also provided. Q3 results are highlighted in yellow.

Table 3: Quarterly Lottery Sales

Year	Month	Lottery Sales	% Change from Previous Year
2020	July	\$63,634.00	-36.7%
	August	\$197,363.00	-13.7%
	September	\$160,807.00	-5.4%
	Total	\$421,804.00	-15.5%
2021	July	\$308,573.00	384.9%
	August	\$235,368.00	19.3%
	September	\$233,784.00	45.4%
	Total	\$777,725.00	84.4%

Table 4 below details lottery sales at Encore Boston Harbor for each quarter during 2020 and 2021 (to date). Note that Encore Boston Harbor was closed for business for the entirety of the second quarter of 2020 due to the COVID-19 pandemic. Q3 results are highlighted in yellow.

Table 4: Annual Lottery Sales

Year	Quarter	Lottery Sales	% Change from Previous Year
2020	Q1	\$707,443.25	-
	Q2	\$6,349.45	-
	Q3	\$421,804.00	-
	Q4	\$632,811.50	-
	Total	\$1,135,596.70	-
2021	Q1	\$613,578.00	-13.3%
	Q2	\$727,269.25	11354.1%
	Q3	\$777,725.00	84.4%
	Q4	-	-
	Total (to date)	\$2,118,572.25	86.6%

III. Workforce

Table 5 below details Encore Boston Harbor's workforce composition as of the dates indicated by the footnotes following Table 5. Please note that the COVID-19 pandemic and COVID-19 regulations imposed by the MGC and the Commonwealth of Massachusetts have impacted and continue to impact workforce levels and recruiting efforts. Encore Boston Harbor continues to assess its workforce and make adjustments to accommodate shifting demands.

Table 5: Workforce Composition by Minority Group and Locality

Sector	Goal	Q1 % ¹	Q1 Total # of Employees	Q2 %	Q2 Total # of Employees	Q3 %	Q3 Total # of Employees	Q4 %	Q4 Total # of Employees
Minority	40%	55%	1,816	55%	1,802	56%	1,902	-	-
Veteran	3%	3%	93	3%	89	2%	83	-	-
Women	50%	42%	1,402	43%	1,399	44%	1,496	-	-
Local/Host/Surrounding Community Resident ²	75%	86%	2,848	86%	2,802	86%	2,924	-	-
MA Residents	-	89%	2,949	89%	2,901	89%	3,030	-	-
Total Number of Employees³									
			3,311		3,256		3,396		-
Full-time			2,500		2,421		2,394		-
Part-time			811		835		1,002		-
On-call			0		0		0		-

- 1 All Q1 figures are as of March 23, 2021.
- 2 All Q2 figures are as of July 1, 2021.
- 3 All Q3 figures are as of September 22, 2021.
- 4 “Local/Host/Surrounding Community Residents” include residents from communities within thirty (30) miles of Encore Boston Harbor.
- 5 Please note that an employee may fall into more than one sector (e.g.: minority and local) and, as such, totals may not be reflective of the sum of previous columns.

Table 6 below details Encore Boston Harbor’s supervisory workforce composition as of September 22, 2021. Please note that the information reported under the “All Employees” heading in Table 6 is provided for ease of comparison, and is the same information provided in the last column of Table 5 above. Please also note that an employee may fall into more than one sector (e.g., minority and local) and, as such, totals may not be reflective of the sum of previous columns.

Table 6: Workforce Composition by Minority Group for Supervisory Roles

	Minority	Women	Veteran	Total Head Count (including non-minority employees)
ALL EMPLOYEES				
Number of Employees	1,902	1,496	83	3,396
% Actual	56%	44%	2%	-
MANAGER AND ABOVE				
Number of Employees	91	83	11	209
% Actual	44%	40%	5%	-
SUPERVISORS AND ABOVE				
Number of Employees	296	212	23	518
% Actual	57%	41%	4%	-

IV. Goods and Services

Encore Boston Harbor had a total discretionary spend amount of \$17,184,786.99 during Q3. The Q3 discretionary spend figure includes discretionary purchases made between July 1, 2021 and September 30, 2021. [Table 7](#) below details the amount of such discretionary spend allocated toward Minority Business Enterprises (“MBE”), Veteran’s Business Enterprises (“VBE”) and Women’s Business Enterprises (“WBE”). Q3 figures are highlighted in yellow.

Table 7: Discretionary Operating Spend by Diversity Category

Diversity Category	Annual Goal	Q1 %	Q1 Spend	Q2 %	Q2 Spend	Q3 %	Q3 Spend	Q4 %	Q4 Spend
MBE Vendor Spend	8%	15%	\$2,109,054.19	12%	\$1,750,392.96	10%	\$1,699,614.31	-	-
VBE Vendor Spend	3%	2%	\$272,319.72	2%	\$352,760.92	3%	\$459,520.49	-	-
WBE Vendor Spend	14%	8%	\$1,201,961.11	14%	\$2,043,969.48	13%	\$2,235,706.38	-	-
Total Diverse Spend	25%	25%	\$3,583,335.02	28%	\$4,147,123.36	26%	\$4,394,841.18	-	-

[Table 8](#) below details the amount of the Q3 discretionary spend allocated towards vendors located in Boston, Chelsea, Everett, Malden, Medford, Somerville, and the Commonwealth of Massachusetts as a whole. Q3 figures are highlighted in yellow.

Table 8: Discretionary Operating Spend by Locality

Locality	Annual Goal	Q1 %	Q1 Spend	Q2 %	Q2 Spend	Q3 %	Q3 Spend	Q4 %	Q4 Spend
Boston	\$20,000,000.00	12%	\$2,433,740.76	12%	\$1,793,079.83	11%	\$1,927,080.36	-	-
Chelsea	\$2,500,000.00	9%	\$220,832.63	2%	\$349,211.93	2%	\$424,524.62	-	-
Everett	\$10,000,000.00	23%	\$2,266,137.65	14%	\$2,074,075.48	10%	\$1,711,617.60	-	-
Malden	\$10,000,000.00	1%	\$121,902.65	1%	\$121,721.52	1%	\$109,228.43	-	-
Medford	\$10,000,000.00	1%	\$102,746.28	2%	\$245,587.87	0%	\$46,584.73	-	-
Somerville	\$10,000,000.00	2%	\$189,574.04	4%	\$567,173.99	4%	\$689,945.47	-	-
MA (Statewide)	-	50%	\$7,166,273.50	56%	\$8,341,455.43	50%	\$8,542,151.40	-	-
Additional Spend Commitments	Gift vouchers/certificates ¹	-	-	-	-	-	-	-	-
TOTAL SPEND	N/A		\$14,237,699.11		\$14,944,689.24		\$17,184,786.99	-	

- 1 Pursuant to its Surrounding Community Agreements with the Cities of Malden, Medford and Somerville, Encore Boston Harbor is required to purchase and issue \$25,000 per year in gift vouchers and/or certificates from local businesses in each City to use in its employee and customer loyalty programs. Additionally, pursuant to its Host Community Agreement with the City of Everett, Encore Boston Harbor is required to purchase and issue \$50,000 per year in gift vouchers and/or certificates from local businesses in Everett to use in its customer loyalty programs. To date, Encore Boston Harbor has met or exceeded its gift voucher/certificate purchase requirements in Malden and Medford. Encore Boston Harbor continues to work to fulfill its requirements to the Cities of Somerville and Everett and all such requirements shall be met by year end.

V. Gaming Floor Compliance

Table 9 below provides details on minors intercepted gaming or consuming alcohol. For purposes of this Quarterly Report, a “minor” is defined as a person under 21 years of age, provided however, that the last column of Table 9 specifically refers to persons under 18 years of age. The average length of time spent by a minor on the casino floor was 48 minutes. The longest length of time spent by a minor on the casino floor was 3 hours, 41 minutes. The shortest length of time spent by a minor on the casino floor was 1 minute, 37 seconds.

Please note that the minors under the age of 18 on the gaming floor in September were approximately 6 years of age and accompanied by parents who erroneously departed Red 8

through the casino floor. In this instance, the minor children were on the gaming floor for less than 2 minutes.

Table 9: Minor Gaming Report

Month	Minors Intercepted on Gaming Floor and Prevented from Gaming	Minors Intercepted Gaming	Minors Intercepted at Slot Machines	Minors Intercepted at Table Games	Minors Intercepted Consuming Alcohol	Number of IDs NOT Checked that Resulted in Minor on Gaming Floor	Number of Fake IDs Provided by Minors that Resulted in Minor on Gaming Floor	Numbers of Minors on Gaming Floor Under 18 Years of Age
July	6	3	2	1	1	3	3	1
August	3	2	2	0	2	1	2	0
September	2	0	0	0	0	2	0	2
Total	11	5	4	1	3	6	5	3

VI. Promotions and Marketing

A. Red 8 BONS Best of Northshore

Encore Boston Harbor's Cantonese/Chinese dining outlet, Red 8, was named the BONS Best of Northshore Editor's Choice pick for Chinese dining. Red 8 offers a diverse menu of Cantonese classics, as well as flavors of Shanghai and Sichuan.

VII. Special Events and Volunteerism

A. Reopening of Hotel on 7-Day Schedule

To kick off the summer season, on September 1, 2021, for the first time since March 2020, the hotel at Encore Boston Harbor resumed 7-night per week operations.

B. Opening of WynnBET Sports Bar

On September 8, 2021, Encore Boston Harbor's WynnBET Sports Bar opened to the public. The WynnBET Sports Bar features more than 70 televisions, including a 10-foot high and 123-foot long video wall, a full-service bar, and cuisine from our partners at Frank & Nick's and Shake Shack.

C. *Heart of House Campaign: "It's Not a Minor Thing"*

During Q3, Encore Boston Harbor launched a "Heart of House" campaign reminding employees of their shared responsibility to check guest's identification to ensure that guests on the gaming floor are least 21 years of age. The campaign consisted of BOH messaging and activities in heavily trafficked areas, property-wide pre-shift reminders and further details made readily accessible on Encore Boston Harbor's employee self-service system.

D. *Wynn Employee Foundation Scholarship*

In August 2021, the Wynn Employee Foundation was pleased to announce the award of 15 scholarships to employees of Wynn Las Vegas and Encore Boston Harbor or their dependents. Of the 15 recipients, 3 were employees of Encore Boston Harbor, and 2 were dependents of employees of Encore Boston Harbor. Each year, the Wynn Employee Foundation Scholarship is awarded to a number of recipients who are granted up to \$7,500 per academic year for a maximum of four years. The applications are initially vetted by an Employee Advisory Council comprised of 18 employees across stateside properties, various departments, and position types with representation from non-supervisors to executives. The top 30 applications are then provided to an independent selection committee comprised of representatives from various industries, nonprofits and diverse communities.

E. *Cleanup of Camp Harbor View*

Encore Boston Harbor was excited to be able to reintroduce in-person volunteer events with the Camp Harbor View year-end cleanup. Camp Harbor View works with more than 1,000 young Bostonians and their families each year to offer a one-of-a-kind summer camp for students in grades 6-8, year-round leadership development for students in grades 9-12, and comprehensive family services, including college and career planning, scholarships, clinical support, and food access — all at no cost to families. Encore Boston Harbor's team of more than 20 employees took a boat to Camp Harbor View for the afternoon to help them clean up and close the camp after a successful summer. In total, Encore Boston Harbor's employees volunteered 95 hours of our time in just one day.

VIII. Certifications

A. *Attestation of President and Chief Financial Officer*

Pursuant to 205 CMR 139.06(1), please see the attestation by Encore Boston Harbor's President, Jenny Holaday and Chief Financial Officer, Allison Rankin, attached hereto as [Appendix 1](#).

B. *CFO's Attestation*

Pursuant to 205 CMR 139.06(2), please see the certification by Encore Boston Harbor's Chief Financial Officer, Allison Rankin, attached hereto as [Appendix 2](#).

Appendix 1

Attestation of President and Chief Financial Officer

Please see attached.

Appendix 2

Certification of Chief Financial Officer

Please see attached.



Quarterly Report Q3 2021

November 4, 2021

Massachusetts Gaming Commission

Encore[®]
BOSTON HARBOR
A WYNN RESORT

Introducing: Jenny Holaday, President



Gaming Revenue, Taxes & Lottery Sales

Encore[®]
BOSTON HARBOR
A WYNN RESORT

Gaming Revenue & Taxes: Q3 2021

Year	Month	Table Games GGR	Slots GGR	Total GGR	State Taxes Collected
2021	July	\$25,113,862.30	\$33,956,447.17	\$59,070,309.47	\$14,767,577.37
	August	\$25,426,249.03	\$32,429,166.81	\$57,855,415.84	\$14,463,853.96
	September	\$25,940,143.44	\$31,518,184.75	\$57,458,328.19	\$14,364,582.05
	Total	\$76,480,254.77	\$97,903,798.73	\$174,384,053.50	\$43,596,013.38

Gaming Revenue & Taxes: Year-Over-Year

Year	Quarter	Table Games GGR	Slots GGR	Total GGR	State Taxes Collected
2020	Q1 (through March 15)	\$63,346,567.80	\$58,267,912.37	\$121,614,480.17	\$30,403,620.05
	Q2	\$0.00	\$0.00	\$0.00	\$0.00
	Q3 (from July 10)	\$49,310,059.97	\$63,032,899.39	\$112,342,959.36	\$28,085,739.84
	Q4	\$42,507,448.88	\$55,251,981.49	\$97,759,430.37	\$24,439,857.59
	Total	\$155,164,076.65	\$176,552,793.25	\$331,716,869.90	\$82,929,217.48
2021	Q1	\$51,147,252.30	\$72,828,463.99	\$123,975,716.29	\$30,993,929.07
	Q2	\$66,827,652.69	\$88,842,261.01	\$155,669,913.70	\$38,917,478.42
	Q3	\$76,480,254.77	\$97,903,798.73	\$174,384,053.50	\$43,596,013.38
	Q4	-	-	-	-
	Total (to date)	\$194,455,159.76	\$259,574,523.73	\$454,029,683.49	\$113,507,420.87

Lottery Sales: Q3 2021*

Year	Month	Lottery Sales	% Change 2020
2021	July	\$308,573.00	384.9%
	August	\$235,368.00	19.3%
	September	\$233,784.00	45.4%
	Total	\$777,725.00	84.4%

*The periods for which relevant sales are reported are based upon week-end totals, and may not correspond precisely to calendar month periods.

Lottery Sales: Year-Over-Year

Year	Quarter	Lottery Sales	% Change from Previous Year
2020	Q1	\$707,443.25	-
	Q2	\$6,349.45	-
	Q3	\$421,804.00	-
	Q4	\$632,811.50	-
	Total	\$1,135,596.70	-
2021	Q1	\$613,578.00	-13.3%
	Q2	\$727,269.25	11354.1%
	Q3	\$777,725.00	84.4%
	Q4	-	-
	Total (to date)	\$2,118,572.25	86.6%

Workforce

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BOSTON HARBOR
A WYNN RESORT

Employment: All Employees

Sector	Goal	Q1 % ¹	Q1 Total # of Employees	Q2 % ²	Q2 Total # of Employees	Q3 % ³	Q3 Total # of Employees	Q4 %	Q4 Total # of Employees
Minority	40%	55%	1,816	55%	1,802	56%	1,902	-	-
Veteran	3%	3%	93	3%	89	2%	83	-	-
Women	50%	42%	1,402	43%	1,399	44%	1,496	-	-
Local/Host/Surrounding Community Resident ⁴	75%	86%	2,848	86%	2,802	86%	2,924	-	-
MA Residents	-	89%	2,949	89%	2,901	89%	3,030	-	-
Total Number of Employees ⁵			3,311		3,256		3,396		-
Full-time			2,500		2,421		2,394		-
Part-time			811		835		1,002		-
On-call			0		0		0		-

1 All Q1 figures are as of March 23, 2021.

2 All Q2 figures are as of July 1, 2021.

3 All Q3 figures are as of September 22, 2021.

4 “Local/Host/Surrounding Community Residents” include residents from communities within thirty (30) miles of Encore Boston Harbor.

5 Please note that an employee may fall into more than one sector (e.g.: minority and local) and, as such, totals may not be reflective of the sum of previous columns.

Employment: Supervisory and Above

	Minority	Women	Veteran	Total Head Count (including non-minority employees)
ALL EMPLOYEES				
Number of Employees	1,902	1,496	83	3,396
% Actual	56%	44%	2%	-
MANAGER AND ABOVE				
Number of Employees	91	83	11	209
% Actual	44%	40%	5%	-
SUPERVISORS AND ABOVE				
Number of Employees	296	212	23	518
% Actual	57%	41%	4%	-

Operating Spend

Encore[®]
BOSTON HARBOR
A WYNN RESORT

Operating Spend¹: Diversity

Diversity Category	Annual Goal	Q3 %	Q3 Spend
MBE Vendor Spend	8%	10%	\$1,699,614.31
VBE Vendor Spend	3%	3%	\$459,520.49
WBE Vendor Spend	14%	13%	\$2,235,706.38
Total Diverse Spend	25%	26%	\$4,394,841.18

¹ All spend figures referenced herein are based upon Encore Boston Harbor's Q3 discretionary spend amount of **\$17,184,786.99**.

Operating Spend: Local

Locality	Annual Goal	Q3 %	Q3 Spend
Boston	\$20,000,000.00	11%	\$1,927,080.36
Chelsea	\$2,500,000.00	2%	\$424,524.62
Everett	\$10,000,000.00	10%	\$1,711,617.60
Malden	\$10,000,000.00	1%	\$109,228.43
Medford	\$10,000,000.00	0%	\$46,584.73
Somerville	\$10,000,000.00	4%	\$689,945.47
MA (Statewide)	-	50%	\$8,542,151.40

Compliance

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BOSTON HARBOR
A WYNN RESORT

Compliance: Minors¹ Prevented from Gaming

Month	Minors Intercepted on Gaming Floor and Prevented from Gaming	Minors Intercepted Gaming	Minors Intercepted at Slot Machines	Minors Intercepted at Table Games	Minors Intercepted Consuming Alcohol	Number of IDs NOT Checked that Resulted in Minor on Gaming Floor	Number of Fake IDs Provided by Minors that Resulted in Minor on Gaming Floor	Numbers of Minors on Gaming Floor Under 18 Years of Age
July	6	3	2	1	1	3	3	1
August	3	2	2	0	2	1	2	0
September	2	0	0	0	0	2	0	2
Total	11	5	4	1	3	6	5	3

¹ A “minor” is defined as a person under 21 years of age, provided however, that the last column of the above specifically refers to persons under 18 years of age.

- The average length of time spent by a minor on the casino floor was 48 minutes.
- The longest length of time spent by a minor on the casino floor was 3 hours, 41 minutes.
- The shortest length of time spent by a minor on the casino floor was 1 minute, 37 seconds.

Promotions and Marketing Update

Encore[®]
BOSTON HARBOR
A WYNN RESORT

Red 8 Named BONS Best of Northshore Editor's Choice for Chinese Dining



Special Events and Volunteerism

Encore[®]
BOSTON HARBOR
A WYNN RESORT

Reopening of Hotel 7-Days and Opening of WynnBET Sports Bar

September 1, 2021



September 8, 2021



Heart of House Campaign: "It's Not a Minor Thing"



**IT'S NOT A
MINOR
THING.**

WE ARE **ALL** RESPONSIBLE FOR CHECKING IDENTIFICATION TO ENSURE GUESTS ON THE GAMING FLOOR ARE AT LEAST **21 YEARS OLD**. IF YOU SEE SOMEONE WHO APPEARS TO BE UNDER 30 YEARS OF AGE, POLITELY ASK TO SEE THEIR PHOTO ID.

If an ID appears questionable, contact Security to validate.

Log onto **The Wire** to learn more.



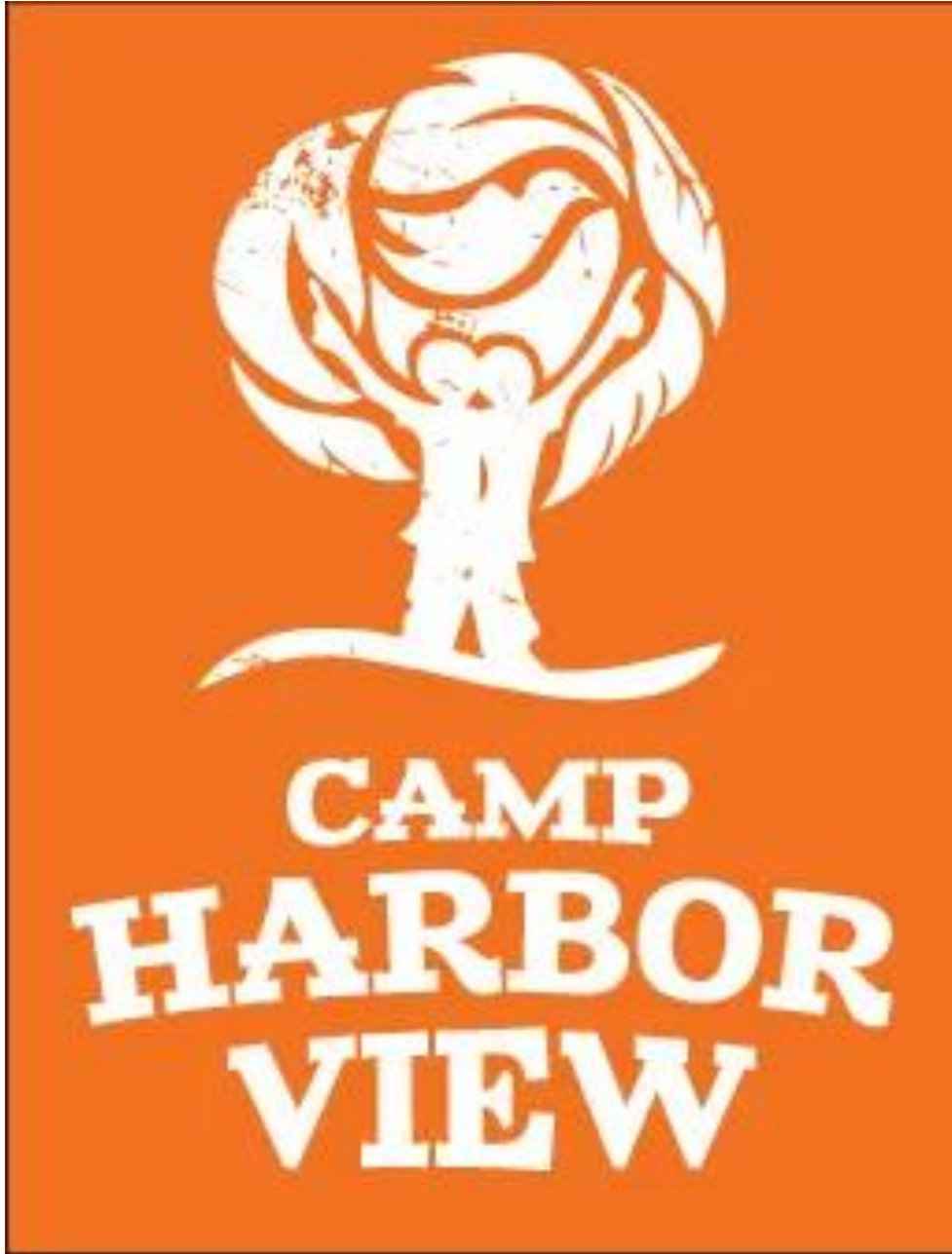
Wynn Employee Foundation Scholarships

Fast Facts:

- **15 recipients organization-wide**
- **3 employees of Encore Boston Harbor**
- **2 dependents of employees of Encore Boston Harbor**
- **Up to \$7,500 per academic year for a maximum of 4 years**



Cleanup of Camp Harbor View



Questions?

Encore[®]
BOSTON HARBOR
A WYNN RESORT



Encore[®]
BOSTON HARBOR
A WYNN RESORT



TO: Chair Cathy Judd-Stein and Commissioners Eileen O'Brien, Gayle Cameron and Bradford Hill

FROM: Joseph Delaney and Mary Thurlow

CC: Karen Wells, Executive Director

DATE: October 28, 2021

RE: Agawam Reserve Application Request

The Town of Agawam submitted an application to use \$100,000 in Community Mitigation Fund Reserves to re-design the intersection of Suffield Street (Route 75), Cooper Street and Rowley Street.

Background

The Town of Agawam is a Surrounding Community to the MGM Springfield casino and was awarded a \$100,000 One-time Community Mitigation Reserve Grant (Reserve) in 2015. As a requirement of Reserve Grants, the recipient must receive approval of the Commission of the uses of such funding once the uses are determined by the community.

Purposes Identified in the Grant Request

Suffield Street is a major north/south corridor through Agawam connecting Route 147 in the north (Memorial Avenue) to Route 57 and then to the Connecticut to the south. The Environmental Impact Report for MGM Springfield estimated that 3% of the casino related traffic would use Route 147 to and 6% of the traffic would use Route 57. While the traffic study did not include the Suffield/Cooper/Rowley Street intersection, it is reasonable to assume that this intersection has also seen an increase in casino related traffic traveling between Route 147 and Route 57.

The proposed redesign of the Suffield/Cooper/Rowley Street intersection involves a study of the alternatives for the intersection and design of improvements that may include: the realignment of the roads; upgrading signals; bicyclist accommodations; and new sidewalks and curb cuts in accordance with the American with Disability Act and the Town's Complete Street Policy. The goal of the project is to reduce traffic congestion, provide better emergency response times, and address bicyclist and pedestrian safety. The Town of Agawam has committed to contributing an additional \$25,000 in funding.



Massachusetts Gaming Commission

Staff Recommendation

Based on the above, MGC Staff recommends that the Commission approve Agawam's request to use \$100,000 of its Reserve for the purposes outlined in its application. Following the Commission's approval, Commission staff will execute a grant agreement with the Town of Agawam.



Massachusetts Gaming Commission



21

COMMUNITY
MITIGATION
FUND

APPENDIX G – RESERVE PLANNING/TRIBAL GAMING TECHNICAL ASSISTANCE PROGRAM APPLICATION

BD-21-1068-1068C-1068L-56499

Please complete entire Application

1. PROJECT INFORMATION

a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT

Town of Agawam

b) PROJECT NAME (LIMIT 10 WORDS)

Suffield Street (Route 75), Cooper Street, Rowley Street Intersection Redesign

c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)

Redesign of the intersection at Suffield Street, Cooper Street and Rowley Street. The project includes study of alternatives analysis including the feasibility of a roundabout. Once a concept design is selected, the selected Engineering Consultant will create construction ready plans. Improvements may include but not be limited to: the realignment of the roads at the intersection, upgraded signals including emergency pre-emption, bicyclist accommodations, and new sidewalks and curb cuts in accordance with the American With Disabilities Act and the Town's Complete Street Policy. See Attachment "A" for approximate limits of project and location in relation to MGM Casino.

d) CONTACT PERSON(S)/TITLE (Persons with responsibility for this grant)

Mario Mazza, DPW Superintendent
Michelle Chase, Town Engineer
William Sapelli, Mayor

e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)

Mario Mazza - 413-821-0600, mmazza@agawam.ma.us
Michelle Chase - 413-821-0600, mchase@agawam.ma.us
William Sapelli - 413-786-0400, wsapelli@agawam.ma.us

f) MAILING ADDRESS OF CONTACT PERSON(S)

1000 Suffield Street
Agawam, MA 01001

2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY

a) Please describe in detail the impact that is attributed to the operation of a gaming facility.

Once Covid-19 (and variants) subsides and the Route 147 Bridge Over the Westfield River is complete, Casino operations and events are expected to result in an increase in traffic through the route 75 corridor which includes this intersection. Residents in Agawam, Southwick, and Connecticut or visitors flying in from Bradley Airport who wish to avoid delays often experienced on Route 91 will likely travel through this intersection. During late afternoon commutes, vehicular traffic can back up on the South End Bridge and Route 57 heading east. With improvements recently made at the Route 147 Bridge and neighboring intersections and future improvements planned along Memorial Ave, this intersection will become a congestion point in the near future. With the anticipated increase in congestion, the need to provide a more efficient and complete streets friendly design at this intersection will become an even higher priority than it is today.

b) Please provide documentation, specificity or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e. surveys, data, reports).

Due to Covid-19 and construction of the Route 147 Bridge over the Westfield River, traffic numbers through this intersection have been reduced compared to previous levels. Construction on the Route 147 Bridge has recently been completed. This intersection has recently seen a minor increase in traffic since last year, but is expected to see an even more significant increase as it is within a corridor that residents of Agawam, Suffield, CT, and neighboring communities will use to get to and from the Casino. Also, motorists who choose to avoid Route 91 traveling from Bradley Airport, may choose to pass through this intersection as Route 75 and 147 provide a direct non-highway route to downtown Springfield.

c) How do you anticipate your proposed remedy will address the identified impact.

The goal of the project is to reduce traffic congestion for all approaches, improve emergency response times by incorporating an emergency pre-emption system, and addressing bicyclist and pedestrian safety issues by constructing a complete streets friendly design. The current intersection is undersized for the amount of traffic that travels through it on a daily basis. This is a 5-way intersection with each approach only having one lane. Motorists are unable to pass vehicles that are waiting to make a left turn resulting in back-ups. The proposal will address this issue by either adding left turn lanes or by replacing the intersection with a roundabout. Improved signal timing, camera detection, emergency pre-emption and ADA/complete streets accommodations will improve the level of service, safety, and reduce congestion/delays for all users.

3. PROPOSED MITIGATION (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested

We are requesting \$100,000 to assist in funding the design of this project.

b) Please identify below the manner in which the funds are proposed to be used. Please provide a detailed scope, budget and timetable for the use of funds.

The funds will be used to pay an engineering consulting firm to work with the Town of Agawam on creating construction ready plans for the intersection. While the final scope is not currently available, it is anticipated that the project will start with a planning/engineering study that will first assess the intersection for deficiencies in accommodations for vehicular traffic, pedestrian, bicyclists, and ADA compliance. A Road Safety Audit will likely be performed to allow for input from Police, Fire, DPW, Schools, Public, MassDOT, PVI, etc. An Alternatives Analysis Report will be created which will propose several different concept plans including a possible roundabout design. The alternative that provides the most fiscally reasonable plan while addressing congestion mitigation and safety improvements for all users of all abilities to the best extent practicable will be chosen. The Town will then work with the engineering consultant to create construction ready plans for implementation. The overall budget for this work will be determined once a consultant is brought on board for the project. Any additional funds needed above and beyond the \$100,000 mitigation funding will be provided by the Town (local/chapter 90 funds.). The anticipated timetable is to perform the planning/design work in the fall/winter of 2021-2022. ROW takings (if necessary), and pulling the bid out for Construction in Spring/Summer 2022, with construction starting in late 2022/early 2023. The town is planning to perform the advertisement of this project. The project will be designed to meet ADA, MassDOT, Town of Agawam, and other applicable standards.

c) Please provide documentation (e.g. - invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds will be used for the cost of mitigating the impact from the operation of a proposed gaming establishment.

Documentation unavailable at this time. An On-call Engineering Firm Selection process is currently underway. Once a consultant is selected, the proposal, estimate, invoices, etc. for the project can be made available if necessary. All funds from this grant will be exclusively used on the contract between the Town and the selected consultant/engineering firm. The funds will be retained in a grant account, pursuant to G.L. c.44, section 53A, and could only be expended for the purposes stated herein and in the grant.

d) Please describe how the mitigation request will address the impact indicated.

If approved, this mitigation request will help fund this project design so that construction can begin as soon as possible. Improvements to the intersection will help mitigate the anticipated increase in traffic due to the casino.

4. INTERNAL CONTROLS/ADMINISTRATION OF IMPACT FUNDS

a) Please provide detail regarding the internal controls that will be used to ensure that funds will only be used in planning to address the impact.

All funds received from this grant will be used exclusively on the contract between the Town and the selected consulting engineering firm. When awarded the grant, a copy of the final executed contract between the Town and the firm can be provided to the Gaming Commission as well as a copy of the purchase order documenting the use of the grant and Town funds used on the project. The funds will be retained in a grant account, pursuant to G.L. c.44, section 53A, and could only be expended for the purposes stated herein and in the grant.

b) If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

No non-governmental entities will directly receive funding. 100% of funds will go toward the development of construction ready plans for an intersection improvement project. The project will not be used to benefit any private property. All improvements will be within the municipally owned right of way or easements. A contract with the selected engineering consultant will be executed between the town and the Engineering firm. Payments of invoices will be reviewed by multiple municipal departments and can be made available if needed.

5. CONSULTATION WITH REGIONAL PLANNING AGENCY (RPA) / NEARBY COMMUNITIES

Please provide details about the Applicant's consultation with the Regional Planning Agency serving the community and nearby communities to determine the potential for cooperative regional efforts regarding planning activities.

While there has not yet been any consultation with the Pioneer Valley Planning Commission for this specific project, it is anticipated that they will be called upon for input on the project once an Engineering firm is brought in to assist in the development of the plans. The Town of Agawam has been working with the PVPC on many projects over the years. They have assisted in intersection safety studies for the Feeding Hills Intersection and the Pine and Barry Street intersection. They also worked with the Town on our Walnut Street Extension Improvement study. In addition, PVPC has worked with Agawam on many projects involving: stormwater/MS4 NPDES compliance, subdivision regulation revisions, and neighborhood studies. PVPC also worked directly with the Town and MassDOT to push for safety and Complete Streets Improvements on the Route 147 Over the Westfield River project. Agawam regularly attends Pioneer Valley Joint Transportation Committee meetings which are hosted/managed by the PVPC. We anticipate the PVPC playing an active role in the development of this project.

6. MATCHING FUNDS FROM GOVERNMENTAL OR OTHER ENTITY

a) Please demonstrate that the governmental or other entity will provide significant funding to match or partially match the assistance required from the Community Mitigation Fund.

The Town of Agawam is committed to contributing at least up to an additional \$25,000.00 in funding to cover the total cost of the design. This translates to up to a 25% matching contribution to the \$100,000 request. The Town currently has these funds available and will reserve them for this project.

b) Please provide detail on what your community will contribute to the planning projects such as in-kind services or planning funds.

In addition to the funding mentioned in 6a, the Town of Agawam will contribute engineering in-kind services as it related to the design development of the intersection. This may include but not be limited to: plan research, traffic data collection, survey data collection, meetings with the selected consultant, public outreach, right of way (ROW) impact research, ROW takings, funding for independent appraisals/review appraisals, legal services, and funding for any land takings/easement takings.

7. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS AND MASSACHUSETTS ENVIRONMENTAL POLICY ACT (MEPA) DECISION

a) Please describe and include excerpts regarding the transportation impact and potential mitigation from any relevant sections of any Host or Surrounding Community Agreement.

In Agawam's Surrounding Community Agreement - Exhibit "A", Section A. Study Scope, Part 1. Potential Areas of Adverse Impact, Item b. it states that: "Traffic Improvement Needs Directly Related to Travel to and from the Project Site based upon traffic analysis conducted by, or at the direction of, the Pioneer Valley Planning Commission (PVPC), similar in scope and process as that being conducted by PVPC as of the date of this agreement."

b) Where applicable, please also briefly summarize and/or provide page references to the most relevant language included in the most relevant MEPA certificate(s) or comment(s) submitted by the community to MEPA.

The MEPA Certificate for the casino did not include the area within the anticipated limits of this intersection improvement project. It did include Memorial Avenue in West Springfield (page 9 of the December 21, 2014 FEIR). With improvements recently completed at the Route 147 Bridge between Agawam and West Springfield and proposed improvements starting next year on Memorial Ave to the bridge into Springfield, this intersection is the next in line along this corridor between Connecticut and the Casino (along routes 75 and 147). No MEPA certificates or comments have been made regarding this specific project yet as the design process has not yet begun.

c) Please explain how this impact was either anticipated or not anticipated in that Agreement or such MEPA decision.

The MEPA Certificate for the casino did not include the area within the anticipated limits of this intersection improvement project. Any additional information related to this specific project can be provided once a consultant is selected and the project design begins.

d) If transportation planning funds are sought for mitigation not required under MEPA, please provide justification why funding should be utilized to plan for such mitigation. For example, a community could provide information on the significance of potential impacts if trip generation totals exceed projected estimates.

The original traffic study for the casino primarily focused on passenger vehicle volumes through the study area but didn't focus in detail on unanticipated impacts to other modes of travel such as walking, bicycling, and transit. We believe that an increase in vehicular volumes due to casino traffic will have an impact on the level of service for not only motorists but also pedestrian, bicyclists and transit in this area. This intersection is also within the student walking areas for two schools (Agawam High School and Middle School). More detailed information regarding anticipated impacts and how we plan to mitigate them can be provided once a consultant is selected and the project design begins.

8. CERTIFICATION BY MUNICIPALITY/GOVERNMENTAL ENTITY

On behalf of the aforementioned municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.

William P. Sapelli

Date:

9/24/21

Signature of Responsible Municipal
Official/Governmental Entity

William P. Sapelli

(print name)

Mayor

Title:



MGM SPRINGFIELD
ONE MGM WAY
SPRINGFIELD, MA 01103

413.273.5000
MGMSPRINGFIELD.COM

September 30, 2021

BY EMAIL ONLY (joseph.delaney@massgaming.gov)

Joseph E. Delaney
Chief of Community Affairs
Massachusetts Gaming Commission
101 Federal Street, 12th Floor
Boston, Massachusetts 02119

Re: Agawam Community Mitigation Fund Application

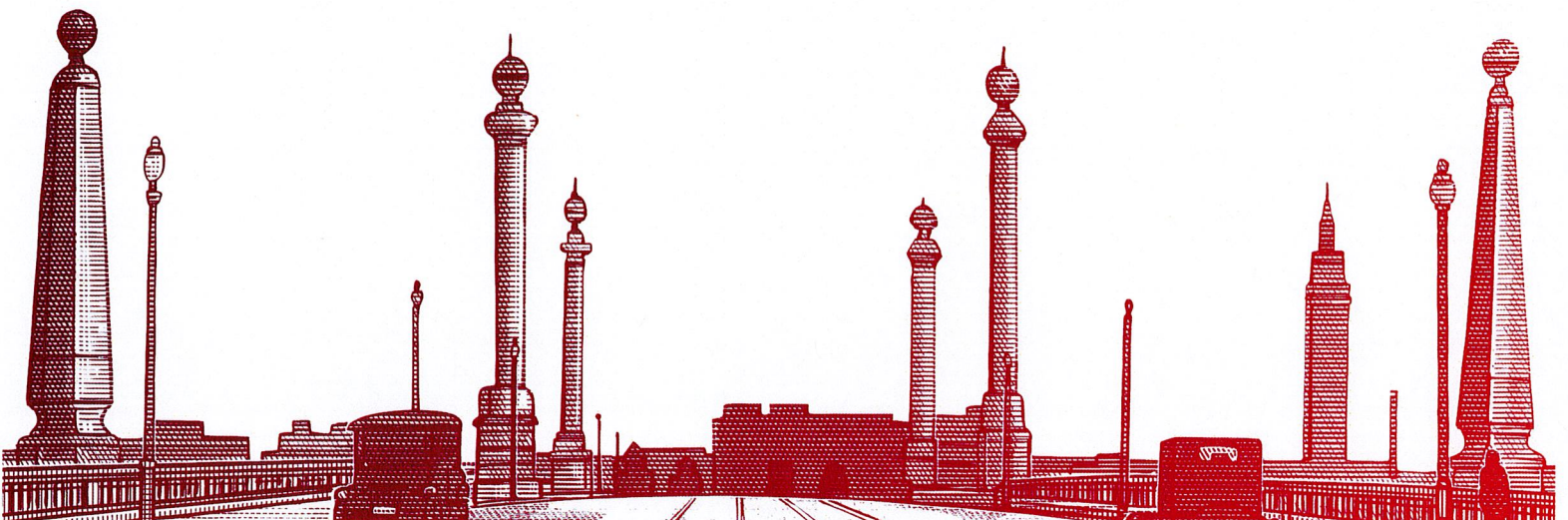
Dear Mr. Delaney:

The Town of Agawam has applied for \$100,000 in mitigation funds to conduct a project to redesign the intersection at Suffield Street, Cooper Street, and Rowley Street. The project will include a study of alternatives analysis, including the feasibility of a roundabout. Although the application alleges that traffic congestion is due, at least in part, to visitors to MGM Springfield, the application does not include any specific information or data to support this allegation.

Notwithstanding the lack of information or data, updating the infrastructure and improving traffic congestion is an important and worthy objective. MGM Springfield supports the Town of Agawam's application to create a better travel experience for motorists traveling through the intersection referenced above.

Sincerely,

Augustine Kim
Vice President and Legal Counsel





TO: Chair Cathy Judd-Stein and Commissioners Eileen O'Brien, Gayle Cameron and Bradford Hill

FROM: Joseph Delaney and Mary Thurlow

CC: Karen Wells, Executive Director

DATE: October 28, 2021

RE: Foxborough/Wrentham Reserve Application Request

The Towns of Foxborough and Wrentham seek authorization to combine their Reserve balances (Wrentham: \$10,000 and Foxborough \$23,820) to hire a marketing consultant to complete Phase 3 of the Regional Destination Marketing Initiative begun in 2019.

Background

The Towns of Foxborough and Wrentham are designated Surrounding Communities to the Plainridge Park Casino. Each was awarded a \$100,000 One-time Community Mitigation Reserve Grant (Reserve). Wrentham has expended \$90,000 of its Reserve on two previous projects and has \$10,000 remaining.

Foxborough spent \$75,000 of its Reserve on a Joint 2019 Grant with Plainville and Wrentham to hire a marketing consultant to prepare a strategic marketing plan for the region highlighting the connection of the casino with the towns of Foxborough, Plainville and Wrentham. Foxborough had earlier spent \$1,180 on an update to its police database leaving a remaining balance of \$23,820.

Purposes Identified in the Grant Request

The proposed project will be Phase 3 of the Regional Destination Marketing Initiative begun in 2019. The Towns propose to hire a consultant to perform strategic planning, content management/communications, development of revenue generating ideas and incorporation of measurement tools into the process. The Towns are currently completing Phase 2 of the project which involves website design, development and deployment.

Under the earlier Grant application, staff determined that the proposed project had a sufficient nexus to the casino by trying to both leverage the presence of the casino as well as bring new visitors to the region. This nexus carries forward into this application.



Massachusetts Gaming Commission

Staff Recommendation

As this project is a continuation of the work started under the 2019 Grant, MGC Staff recommends that the Commission approve Foxborough and Wrentham's request to use \$23,820 of Foxborough's remaining Reserves and \$10,000 of Wrentham's remaining Reserves for the purposes outlined in its application. Following the Commission's approval, Commission staff will execute the necessary grant agreements with Foxborough and Wrentham.



**APPENDIX G – RESERVE PLANNING/TRIBAL GAMING TECHNICAL
ASSISTANCE PROGRAM APPLICATION**

BD-21-1068-1068C-1068L-56499

Please complete entire Application

1. PROJECT INFORMATION

a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT

Town of Foxborough (on behalf of Foxborough and Wrentham)

b) PROJECT NAME (LIMIT 10 WORDS)

Phase 3 of Regional Destination Marketing Initiative

c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)

Retain marketing consultant to update website, implement a comprehensive social media program, develop outreach and connections, and look for future revenue generation and funding opportunities.

d) CONTACT PERSON(S)/TITLE (Persons with responsibility for this grant)

Paige Duncan, Planning Director

e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)

pduncan@foxboroughma.gov / 508-543-1250

f) MAILING ADDRESS OF CONTACT PERSON(S)

40 South Street
Foxborough, MA 02035

2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY

a) Please describe in detail the impact that is attributed to the operation of a gaming facility.

The Towns of Foxborough, Plainville and Wrentham are directly affected by the Plainridge Park Casino due to its location in Plainville, and its close proximity to the boundaries of Wrentham and Foxborough.

The three towns are unique in that each has a major regional destination located within its borders. Plainville has Plainridge Park Casino, Wrentham has the Wrentham Village Premium Outlet Mall and Foxborough has Patriot Place/Gillette Stadium, all located within seven miles of each other. These three major destinations collectively bring in an estimated twenty million plus visitors per year to the region (pre-Covid).

Fortunately, negative impacts from the Casino have been negligible to date. In fact, the Towns of Foxborough, Plainville and Wrentham see an opportunity to enhance visitation to the area, particularly to the Casino, by developing a strategy to establish our region as a tourist/visitor destination.

b) Please provide documentation, specificity or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact (i.e. surveys, data, reports).

Minimal negative impacts (from a planning perspective).

Seeking to create positive impacts for Casino and surrounding towns/area. See study: <https://tinyurl.com/FPW-Destination>

c) How do you anticipate your proposed remedy will address the identified impact.

The goal is to convert the one-day travelers to our region (visiting one of our major destinations) into multi-day travelers who stay in our region and further contribute to the local economy. Conceivably, these visitors would patronize our major destinations as well as our downtowns, restaurants and other retail establishments. Establishing an advocate for group trip planners will ensure that visitors are fully aware of all our region has to offer.

Phase 3 of this project would be the first step in establishing a future dedicated sales/public relations and marketing staff that would be responsible for proactively marketing our region to attract conferences, group tours (local and from outside the region), senior citizen and other bus tours. For this phase, in order to kick off the effort, we propose hiring a marketing consultant to work closely with the Greater Boston Convention & Visitors Bureau and the Metro-West Visitors Bureau to ensure maximum coverage for attracting future visitors. The Greater Boston Convention & Visitors Bureau endorsed our initiative when first proposed, and has indicated a willingness to work with us. In the future, if successful, consideration could then be given to forming a new Visitors Bureau specifically serving this region (or joining an existing one).

3. PROPOSED MITIGATION (Please attach additional sheets/supplemental materials if necessary.)

a) Please identify the amount of funding requested

Wrentham	\$10,000
Foxborough	\$23,820
Total	\$33,820

b) Please identify below the manner in which the funds are proposed to be used. Please provide a detailed scope, budget and timetable for the use of funds.

Phase 3 will include the following Scope, which will begin in January 2022 and run approximately 12 months:

1. Strategic Planning & Account Management Services. The consultant will:
 - a. Be tasked with implementing portions of the Regional Strategic Plan for Visitor Marketing, driving visits to the region with the ability manage, track and report all aspects of these activities.
 - b. Provide an experienced point of contact to serve as the primary contact to facilitate this project.
 - c. Maintain regular status reports and meetings with Towns of Foxborough, Plainville and Wrentham.
 - d. Manage and track project budgets, timelines and reports.
 - e. Attend all meetings and collaborative discussions, as required.
2. Content Management/Communications. The consultant will:
 - a. Ensure messaging and materials provide clear, coordinated effort to attract targeted audiences.
 - i. Maintain, update and expand content on website
 - ii. Develop and implement a Social Media strategy
 - b. Manage communication by:
 - i. Developing bi-monthly newsletters to promote the region to visitors (eventually these newsletters would be monthly and a quarterly meeting planner newsletter would be added to distribution).
 - ii. Maintaining regular communication to inform key stakeholders of activities and encourage collaboration among businesses.

- iii. Ensuring all activities in the region are being shared with destination marketing organizations, including the Regional Tourist Councils within which Foxborough, Plainfield and Wrentham sit, the Massachusetts Office of Travel & Tourism, and Discover New England, among others. Collaborate with these organizations to generate exposure for the region.
 - c. Develop and produce promotional collateral as needed for sales distribution
 - d. Respond to and facilitate media requests (eventually become more proactive soliciting media coverage for Foxborough, Plainville and Wrentham as a visitor destination).
3. The consultant shall explore and develop revenue generating ideas:
- a. Develop and implement revenue generating ideas to help fund these marketing efforts for the region and be able to expand upon them.
4. The consultant shall incorporate measurement tools into the process:
- a. Develop and implement measurement tools in order to track results and measure success of marketing programs. These figures will not only be used to track success and modify programs to make them more efficient and effective, but will also be used to apply for grants and additional funding.

c) Please provide documentation (e.g. - invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds will be used for the cost of mitigating the impact from the operation of a proposed gaming establishment.

See attached scope from Open the Door consultants (marketing consultant involved in Phases 1 and 2).

d) Please describe how the mitigation request will address the impact indicated.

Bringing on a marketing consultant to update and keep the regional website active, and to assist in promotion and awareness of our region as a destination will support Plainridge Park Casino by bringing more visitors to the region. Additionally, we aim to work with the Greater Boston Convention & Visitors Bureau and the Metro-West Visitors Bureau to ensure we have a "seat at the table" for conference and other planning in hopes of attracting conferences and other organized activities to be centered in our region.

During this time, the three towns will be working with the major destinations to figure out if there is an ability to continue the active marketing of the region through internal staffing or other. It is important that the website be continuously updated and improved, and this is not something any of the three towns could accommodate with existing staffing at this time. The marketing consultant can/may assist with this effort through the suggestion/creation of revenue generating strategies.

4. INTERNAL CONTROLS/ADMINISTRATION OF IMPACT FUNDS

a) Please provide detail regarding the internal controls that will be used to ensure that funds will only be used in planning to address the impact.

The Town of Foxborough will manage the contracting of this effort. Through our procurement and finance offices, contracts will be developed and paid, consistent with this proposal. Foxborough will comply with MGL Chapter 30B.

b) If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

N/A

5. CONSULTATION WITH REGIONAL PLANNING AGENCY (RPA) / NEARBY COMMUNITIES

Please provide details about the Applicant's consultation with the Regional Planning Agency serving the community and nearby communities to determine the potential for cooperative regional efforts regarding planning activities.

This is Phase 3 of a project that has been underway since 2019. In January 2019, both SRPEDD and MAPC indicated support for this multi-phase initiative.

6. MATCHING FUNDS FROM GOVERNMENTAL OR OTHER ENTITY

a) Please demonstrate that the governmental or other entity will provide significant funding to match or partially match the assistance required from the Community Mitigation Fund.

No cash match is being offered by the three communities or major destinations at this time.

b) Please provide detail on what your community will contribute to the planning projects such as in-kind services or planning funds.

All three towns and major destinations offer in-kind services of time/expertise.

7. RELEVANT EXCERPTS FROM HOST OR SURROUNDING COMMUNITY AGREEMENTS AND MASSACHUSETTS ENVIRONMENTAL POLICY ACT (MEPA") DECISION

a) Please describe and include excerpts regarding the transportation impact and potential mitigation from any relevant sections of any Host or Surrounding Community Agreement.

N/A

b) Where applicable, please also briefly summarize and/or provide page references to the most relevant language included in the most relevant MEPA certificate(s) or comment(s) submitted by the community to MEPA.

N/A

c) Please explain how this impact was either anticipated or not anticipated in that Agreement or such MEPA decision.

N/A

d) If transportation planning funds are sought for mitigation not required under MEPA, please provide justification why funding should be utilized to plan for such mitigation. For example, a community could provide information on the significance of potential impacts if trip generation totals exceed projected estimates.

N/A

8. CERTIFICATION BY MUNICIPALITY/GOVERNMENTAL ENTITY

On behalf of the aforementioned municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.



Date: 10/21/2021

**Signature of Responsible Municipal
Official/Governmental Entity**

William G Keegan, Jr., ICMA-CM

(print name)

Town Manager

Title:



TOWN OF WRENTHAM
OFFICE OF THE TOWN ADMINISTRATOR
MUNICIPAL BUILDING
79 South Street
Wrentham, MA 02093
Tel: 508-384-5400 Fax: 508-384-5403
www.wrentham.ma.us

Kevin A. Sweet
Town Administrator

October 27, 2021

Via email to mary.thurlow@massgaming.gov

Mary S. Thurlow
Senior Program Manager
Massachusetts Gaming Commission
101 Federal Street
Boston, MA 02110

Dear Ms. Thurlow,

On behalf of the Town of Wrentham, please accept this letter as my support to expend the remaining \$10,000 of Mass Gaming Commission grant money towards the Regional Tourism website we are creating collaboratively with the Towns of Foxboro and Plainville. The application for this project was recently submitted by Foxboro Town Planner Paige Duncan.

I am confident that this regional website will benefit residents, businesses and visitors to our unique region and look forward to its completion.

Please feel free to contact me should you have any questions or concerns related to conveying the balance of our grant funds towards this project.

Kevin A. Sweet, Town Administrator
79 South Street
Wrentham, MA 02093
508-384-5400
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Sincerely,

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022021

MGC Research Snapshot

Gambling Harms and the Prevention Paradox in Massachusetts November 2021

What you need to know

In Massachusetts approximately 70% of all gambling harms occur in the low-risk adult general population, due to the high number of people in these groups, even though people in the high-risk population suffer the greatest amount of harm per individual.

Findings support the notion that more resources should go toward primary prevention to deter gambling harms.

What is this research about?

In the past decade, a different approach to the impacts of gambling has emerged. The focus has shifted from ‘problem gambling’ to ‘gambling-related harms.’ This approach recognizes that there are many more people harmed by gambling than reflected in the rates of individuals who have experienced gambling problems.

The Prevention Paradox is a lens with which to explore the distribution of the impacts of gambling in the population, and the degree to which various forms of harm are concentrated in high-risk groups. The implication is that if the total number of harms is higher among individuals with less severe problems, then primary prevention efforts aimed at altering unhealthy or unsafe behaviors across the entire population should be emphasized. This is as opposed to secondary prevention efforts, where the aim is on slowing the progress of the disorder among individuals at risk, or tertiary prevention efforts aimed at helping or treating those already experiencing gambling problems.

In relation to gambling, the Prevention Paradox focuses on the recognition that a far greater number of individuals experiencing gambling-related harm are low-risk gamblers because there are far more low-risk gamblers than high-risk gamblers in the population. The ‘paradox’ is that more

harm, in the aggregate, is suffered by the low-risk gambling population even though, individually, people in the high-risk population suffer the greatest amount of harm per individual.

The goal of this study is to assess whether the Prevention Paradox, in relation to gambling harms, holds up in the Massachusetts context. This report examines the distribution of different gambling harms in the population and assesses the extent to which different types of harm are concentrated in higher risk groups.

What did the researchers do?

This report analyzes the data from two population surveys that were carried out in Massachusetts in 2013 and 2014, prior to the opening of any casinos in the Commonwealth.

Authors analyzed the relative prevalence of gambling harms among groups with different levels of gambling severity. For this, 20 different gambling harms were grouped into six categories:

- Financial
- Health
- Emotional/Psychological



- Family/Relationships
- Work/School
- Illegal Acts.

Within each area of gambling harm, there are multiple harms that a person may experience. For example, within family/relationships, harms may include divorce, neglect of children, domestic violence, or other harms because of gambling.

Gambling Severity was categorized into four groups based on the number of items endorsed related to impaired control (4 items) and behavioral dependence (3 items):



The analysis is based on 5,852 individuals who gambled at least once a month on one or more types of gambling. Descriptive analyses were conducted to summarize the prevalence of harms reported by different severity groups.

What did the researchers find?

The study found an inverse relationship between gambling severity and gambling harms. Because of the larger size of the three lower severity groups, even the smaller average number of harms endorsed by members of these groups accounted for nearly three-quarters of the total number of harms across all the groups (Figure 1).

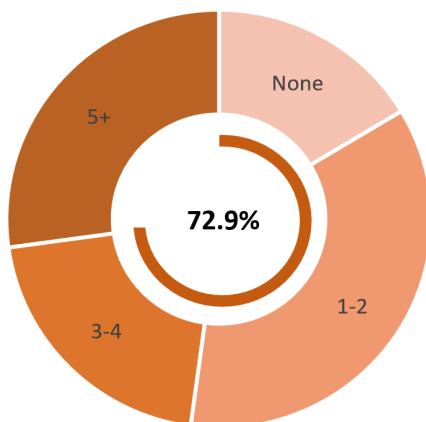


Figure 1. Proportion of Harms Among Regular Gamblers by Gambling Severity Group

While almost all the individuals in the highest severity group reported one or more harms, any particular individual reporting one or more harms was far more likely to be in a lower severity group.

High rates of financial harms and health harms were found among regular gamblers in Massachusetts, highlighting the importance of raising awareness about gambling-related harm and educating the community about the extent of gambling harm among regular gamblers.

About the researchers

Rachel A. Volberg is the Principal Investigator and Martha Zorn, and Valerie Evans are members of the SEIGMA team at the School of Public Health and Health Sciences University of Massachusetts Amherst. Robert J. Williams is the Co-Principal Investigator on the SEIGMA project and is with the Faculty of Health Sciences at the University of Lethbridge in Alberta, Canada. For more information about this study, please contact Rachel Volberg at rvolberg@schoolph.umass.edu.

While the Massachusetts Gambling Impact Cohort (MAGIC) study suggested that the focus of prevention and treatment efforts should be on individuals currently experiencing gambling problems, the Prevention Paradox results indicate that such efforts must be counterbalanced by ongoing prevention efforts aimed at individuals not yet experiencing problems. This is due to the fact that while individual harms may be less severe, the majority of the total sum of those individual harms is still found in the general population.

In conclusion, the Prevention Paradox was supported in Massachusetts with approximately 70% of all harms arising from the lower severity groups. These findings support the notion that more resources should go toward primary prevention to forestall the development of gambling harms.

Citation

Volberg, R.A., Zorn, M., Williams, R.J., Evans, V. (2021). Gambling Harms and the Prevention Paradox in Massachusetts. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

Key Words

Gambling; Prevention Paradox; Social Research

Acknowledgements

Gambling in Massachusetts (SEIGMA) study comes from the Massachusetts Gaming Commission through the Public Health Trust Fund. This multi-year project was competitively bid and awarded to the University of Massachusetts Amherst in January 2020.



Gambling Harms and the Prevention Paradox in Massachusetts



September 7, 2021

SEIGMA  SOCIAL AND ECONOMIC IMPACTS
OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Table of Contents

List of Tables	ii
List of Figures.....	ii
Authorship and Acknowledgements	iii
Executive Summary	iv
Introduction.....	1
Overview of Methods	5
Results	12
Discussion	16
References	20
Appendix A: BGPS/BOPS Questionnaire Sections	22
Appendix B: Endorsement of Harms by BGPS and BOPS Regular Gamblers.....	27

List of Tables

Table 1: Select Demographics of the BGPS and BOPS Samples (unweighted).....6
Table 2: Select Demographics of the BGPS and BOPS Samples among Regular Gamblers (unweighted)8
Table 3: Impaired Control and Behavioral Dependence Items from the PPGM9
Table 4: Distribution of Gambling Severity Scores 10
Table 5: Gambling Harms in the Past 12 Months..... 10
Table 6: Proportion of Harms by Gambling Severity Group..... 12

List of Figures

Figure 1: Prevalence of Gambling Severity and Gambling Harms 12
Figure 2: Proportion of Severity Groups Reporting One or More Harms..... 13
Figure 3: Gambling Severity Groups and the Number of Harms..... 14
Figure 4: Proportion of Harms as a Function of Harm Domains and Gambling Severity Group 15

Authorship and Acknowledgements

Authorship

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Robert J. Williams, Professor in the Faculty of Health Sciences at the University of Lethbridge in Alberta, Canada, and Co-Principal Investigator on the SEIGMA project. Dr. Williams contributed to all sections of the report.

Valerie Evans, SEIGMA Project Manager and Biostatistician. Ms. Evans reviewed the draft report and provided analytic and other support.

Acknowledgements

Financial support for the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study comes from the Massachusetts Gaming Commission. This multi-year project was competitively bid and awarded to the University of Massachusetts Amherst in April 2013. In June 2019, the Massachusetts Gaming Commission issued a subsequent Request for Response (BD-19-1068-1700-1-40973) for Research Services and the University of Massachusetts Amherst was awarded the contract effective January 2020.

The population surveys on which the analyses in this report rest could not have been completed without the cooperation and good will of the thousands of Massachusetts residents who agreed to participate. We are grateful to the many individuals at NORC at the University of Chicago who helped in collecting the data for the Baseline General Population Survey (BGPS) and to staff at Ipsos Public Affairs who helped in collecting the data for the Baseline Online Panel Survey (BOPS).

We would like to thank the members of the Massachusetts Gaming Commission's Research Review Committee (RRC). Members of this committee represent a range of perspectives and their careful review of draft versions of this report contributed to its clarity as well as utility to multiple audiences.

As always, we thank the Massachusetts Gaming Commission for their continued vision and guidance over the course of the SEIGMA project. The Commission's broad vision for the expansion of gambling in Massachusetts and commitment to the research needed to maximize the benefits and minimize the harms related to gambling in the Commonwealth made this project possible.

SUGGESTED CITATION:

Volberg, R.A., Zorn, M., Williams, R.J., Evans, V. (2021). *Gambling Harms and the Prevention Paradox in Massachusetts*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

A PDF OF THIS REPORT CAN BE DOWNLOADED AT: www.umass.edu/seigma

Executive Summary

Until quite recently, gambling harms have largely been identified with the clinical entity of problem gambling. In the past decade, however, a broader view of the impacts of gambling has emerged with a shift in focus from problem gambling to ‘gambling-related harm.’ This approach recognizes that there are many more people harmed by gambling than reflected in the rates of problem gambling alone. Similar to public health and health promotion approaches to alcohol consumption, this perspective on gambling consumption recognizes that gambling has some positive impacts on society, including generation of revenues to governments, industry employment, and new leisure options for communities, and that the majority of people gamble without experiencing any evident harm.

Use of the term ‘Prevention Paradox’ in relation to gambling focuses on the recognition that a far greater number of individuals experiencing gambling-related harm are low-risk gamblers because there are far more low-risk gamblers than high-risk gamblers in the population. The ‘paradox’ is that more aggregate harm is suffered by the low-risk gambling population even though, individually, people in the high-risk population (e.g., heavy gamblers and those experiencing gambling problems) suffer the greatest amount of harm per individual.

A public health approach to understanding and minimizing gambling harm requires: (a) a clear and consistent definition of the concept, (b) identification of the potential types of harm, and (c) the use of assessment instruments that adequately measure and capture this harm. While gambling harm can be challenging to define and measure, significant research has been done to classify the impacts associated with regular or heavy gambling involvement and to develop measures for use in population surveys.

The purpose of the present report is to examine whether the ‘Prevention Paradox’ in relation to gambling harm holds up in the Massachusetts context. In addition to extending our understanding of gambling harm in different cultural and regulatory contexts, this analysis builds on prior work by using Massachusetts population survey data and by employing an instrument that comprehensively and unambiguously assesses harm to self and others. The goal is to examine the distribution of different gambling harms in the Massachusetts context and to assess the extent to which different types of harm are concentrated in higher risk groups.

The analyses presented here draw from two population surveys that were carried out in Massachusetts in 2013 and 2014, prior to the opening of any casinos in the Commonwealth. These surveys were the Baseline General Population Survey (BGPS) and the Baseline Online Panel Survey (BOPS). While recognizing that the BOPS respondents were much more likely to engage in heavy gambling and to experience gambling problems compared with the BGPS respondents, the decision to combine the samples was a practical one taken to create a sample sufficient to analyze the **relative** prevalence of gambling harms among groups with different levels of gambling severity. We further chose to focus on regular gamblers because only these individuals were routed through the section of the survey questionnaire that assessed gambling harms. For the present analysis, endorsements of gambling harms based on responses to these survey questions were collapsed into six categories: financial, health, emotional/psychological, family/relationships, work/school, and illegal acts. The analysis is based on 5,852 individuals who gambled at least once a month on one or more of nine types of gambling.

In addition to differences in gambling participation and problem gambling rates, BOPS regular gamblers were significantly more likely than BGPS regular gamblers to be male and under the age of 65, and to have annual household incomes between \$50,000 and \$100,000. BOPS regular gamblers were significantly less likely than BGPS regular gamblers to be aged 65 and older, to have attended college or graduate school or attained a graduate degree, and to have annual household incomes over \$150,000.

The approach to assessing gambling severity was modeled on a recent study in Finland that utilized the same measure to assess problem gambling as was used in Massachusetts. For the present report, only items measuring impaired control and behavioral dependence were used to define the gambling severity groups in order to avoid overlap with the outcome of harmful impacts. Scores on items for impaired control and behavioral dependence were added and categorized into four Gambling Severity groups: None, 1-2, 3-4, and 5 or more. There was a strong relationship between scores on the subset of impaired control and behavioral dependence and scores on the full measure.

Descriptive analyses were conducted to summarize the prevalence of harms reported by different severity groups. Results clearly demonstrated the inverse relationship between gambling severity and gambling harms and how these combine to contribute to the aggregate impact of each group. Due to the much larger size of the three lower severity groups, even the much smaller average number of harms endorsed by members of these groups account for nearly three-quarters (72.9%) of the aggregate number of harms across all of the groups. The analysis also illustrated that while almost all of the individuals in the highest severity group reported one or more harms, any particular individual reporting one or more harms was far more likely to be in a lower severity group. An important limitation of this result is that it ignores differing degrees of harm.

A more nuanced view of the distribution of gambling harm across severity groups examined the prevalence of regular gamblers reporting different numbers of harms, separated by gambling severity. This analysis demonstrated that the most severe group makes up less than a third of gamblers reporting one, two or three harms but more than 70% of those reporting six or seven harms and 90% or more of those reporting nine or more harms. Since a limitation of examining the aggregate count of harms is that it ignores differences in type and severity of harms, the final analysis examined the relative proportion of harms reported, separated by both harm domain and severity group. This analysis showed that financial, health, and emotional/psychological harms were the most common types of harm and the most broadly distributed across the gambling severity groups. However, even in the case of less common harms such as work/school, relationship, and illegal harms, the harms were broadly distributed across the different severity groups. Our conclusion is that the Prevention Paradox was supported across all of the harm domains in Massachusetts—a finding that contrasts with the Finnish study which found that the highest gambling severity group accounted for over 50% of the harms in the less common domains.

The classic formulation of the Prevention Paradox suggests that, if the aggregate number of harms is higher among individuals with less severe problems, then **primary** prevention efforts aimed at altering unhealthy or unsafe behaviors across the entire population should be emphasized, rather than or in addition to **secondary** prevention efforts aimed at halting or slowing the progress of the disorder among individuals at risk and **tertiary** prevention efforts aimed at helping those already experiencing gambling problems. The evidence suggests that the Prevention Paradox is indeed occurring in relation to gambling in Massachusetts and supports the notion that more resources should go toward primary prevention (including universal, selective, and indicated strategies) to forestall the development of gambling harms and somewhat fewer resources should go to the provision of formal treatment and recovery maintenance services.

This is counter to results from the Massachusetts Gambling Impact Cohort study, where we found that the majority of problem gamblers in Massachusetts were relapsed, rather than first-time, problem gamblers. It is possible that gambling harms among individuals with more severe problems have intensified since the casinos in Massachusetts opened. We plan to analyze data from two follow-up surveys (general population and online panel) that will be fielded in September 2021 to determine whether the paradox effect has changed since the opening of the casinos. It is also worth noting that our analysis of gambling harms is based on cross-sectional data and does not take into account the recurring nature of harms among those experiencing gambling problems. Massachusetts may be a jurisdiction where successful treatment of existing problem gamblers is just as important as prevention of problem gambling onset.

High rates of financial harms and health harms among regular gamblers in Massachusetts suggest the importance of raising awareness about gambling-related harm and educating community-based organizations about the extent of gambling harm among regular gamblers. Beyond community organizations, health professionals, financial counselors and even financial institutions such as banks and credit unions would benefit from a better understanding of the scope of gambling harm among their clientele as well as some knowledge of how to sensitively ask their clients about their gambling and the gambling of their family members and friends.

Both the BGPS and the BOPS have some limitations that must be acknowledged. With regard to the BGPS, one potential limitation is the 36.6% response rate attained in the survey. Another limitation of the BGPS is that the survey was restricted to adults living in households and did not include adults living in group quarters, incarcerated individuals, or homeless individuals. A third limitation is that the questionnaire was translated into Spanish but not into other languages. Like other prevalence surveys, the BGPS is a cross-sectional 'snapshot' of gambling and problem gambling at a single point in time which limits our ability to draw any causal conclusions from reported associations in the data. With regard to the BOPS, the main limitation is the non-representative nature of online panels and the fact that a non-random minority of people do not use the Internet, and thus are not eligible to be part of an online panel. A limitation of the decision to combine the samples for the present analysis is that the results cannot confidently be generalized to Massachusetts as a whole. A final limitation relates to the nature of self-report in surveys more generally which raises the possibility that respondents in the BGPS and BOPS under-reported their gambling behavior and harms due to social stigma.

Introduction

Gambling and problem gambling exist on a continuum that stretches from non-gambling, at one end, to problem gambling, at the other end. In Massachusetts, 2% of adults aged 18 and over meet criteria for problem gambling and another 8% are classified as at-risk for problem gambling (Volberg et al., 2017). Problem gambling is associated with a range of physical and emotional health issues, including depression, anxiety, suicidal ideation, substance use and addiction (Hodgins & el-Guebaly, 2009; Petry, 2005). While most of these consequences are associated with problem gambling, there is research showing that heavy gambling is also associated with harm in individuals who would not meet criteria for the clinical entity (e.g., Afifi, Cox, Martens, Sareen, & Enns, 2010; Browne et al., 2017).

Until quite recently, gambling harms have largely been identified solely with the clinical entity of problem gambling. The assumption underlying this approach is that gambling harm can be minimized by treating individuals with this condition or by preventing people from progressing to this state. In the past decade, however, a broader view of the impacts of gambling has emerged internationally with a shift in focus from problem gambling to 'gambling-related harm' (Abbott et al., 2018; Browne et al., 2017; Langham et al., 2016; Shannon, Anjoul, & Blaszczynski, 2017). This approach recognizes that there are many more people harmed by gambling than reflected in the rates of problem gambling alone.

Similar to public health and health promotion approaches to alcohol consumption, adoption of this approach to gambling consumption recognizes that gambling is regulated by governments which directly benefit from the revenues generated. This approach also recognizes that gambling has some positive impacts on society, including generation of revenues to governments, industry employment, and new leisure options for communities (Williams, Rehm, & Stevens, 2011). Finally, as with alcohol consumption, the large majority of people gamble without experiencing any evident harm (Currie et al., 2017; Williams, Volberg, & Stevens, 2012).

The Prevention Paradox and Gambling Harm

The term 'Prevention Paradox' was coined by the British epidemiologist Geoffrey Rose (1992). In this classic text, Rose called for a shift from public health prevention strategies focused primarily on individuals to strategies focused on populations. Prevention strategies focused on individuals seek to identify high-risk, susceptible individuals and offer them some individual protection. In contrast, prevention strategies focused on populations seek to modify or mitigate the determinants of disease in the population as a whole. A focus on populations led Rose to argue that, since the large number of individuals with less exposure to a risk factor generally will lead to a greater number of cases than the small number of individuals with higher levels of exposure, the emphasis in prevention should be on shifting the distribution curve in a favorable direction to reduce risks for the population as a whole. The paradox of such an approach, however, is that preventative measures that bring large benefits to the community may offer little to each participating individual. This is because there is no direct, causal link between one person changing their behavior and another person's experiences.

Use of the term 'Prevention Paradox' in relation to gambling focuses on one aspect of the original concept, namely the situation in which a far greater number of individuals experiencing gambling-related harm are low-risk gamblers because there are far more low-risk gamblers than high-risk gamblers in the population (Browne & Rockloff, 2018). The 'paradox' is that more aggregate harm is suffered by the low-risk gambling population even though, individually, people in the high-risk population (e.g., heavy gamblers and problem gamblers) suffer the

greatest amount of harm per individual. While the 'Prevention Paradox' in relation to gambling does not fully reflect the original concept, it can be a useful lens with which to explore the distribution of the impacts of gambling in the population and the degree to which various forms of harm are concentrated in high-risk groups.

Alcohol use arguably provides the closest analogue to gambling, since it is a legal behavior with high population prevalence in most jurisdictions that is also associated with addiction and harm. Kreitman (1986) first reported evidence that the prevention paradox applies to alcohol, with most individuals reporting harm related to intoxication not meeting thresholds for hazardous drinking. Subsequent literature largely supported this initial finding so, for example, alcohol-related injuries are more commonly associated with those who are not alcohol-dependent (Spurling & Vinson, 2005). In a representative population study, O'Dwyer et al. (2019) considered a variety of forms of alcohol-related harm: finances, health, work or study, friendships or social life, home life or marriage, been in a physical fight, been in an accident, and stopped by the police. They found that high-risk drinkers (7% of the population) accounted for about one-quarter (27%) of harms experienced by survey respondents. The relative proportions attributable to each risk category were roughly equivalent for the various forms of harm, although work/study harms and harms to friendships/social life were slightly more concentrated among more severe risk categories. Thus, in the case of alcohol, low-risk categories do not equate to no-risk, and do in fact contribute the larger proportion of harm at the population level.

Operationalizing Gambling Harm

A public health approach to understanding and minimizing gambling harm requires: (a) a clear and consistent definition of the concept, (b) identification of the potential types of harm, and (c) the use of assessment instruments that adequately measure and capture this harm.

In a previous report on gambling harms in Massachusetts (Volberg, Evans, Zorn, & Williams, 2020), we noted that harmful gambling can be challenging to define and that there is, as yet, no broad consensus on the best way of measuring it. The typical approach has been to identify harms experienced by people with subclinical levels of problem gambling symptomatology (e.g., Canale, Vieno, & Griffiths, 2016; Currie, Miller, Hodgins, & Wang, 2009; Raisamo, Mäkelä, Salonen, & Lintonen, 2015). However, this approach does not adequately assess harm caused to other people since questions in assessment instruments usually refer only to harms experienced and reported by individuals. Additionally, as Delfabbro and King (2017) point out, endorsement of some questions in these problem gambling assessment instruments may portend future harm but do not represent unambiguous current harm in and of themselves (e.g., feeling guilty about gambling; gambling with larger amounts of money to get the same feeling of excitement, etc.).

Two comprehensive definitions of gambling harm have been proposed in recent years (Abbott et al., 2018; Langham et al., 2016). Both represent an important evolution in the conceptualization of gambling harm consistent with population health frameworks. Both definitions distinguish between gambling behavior and gambling-related harm, thereby separating harmful gambling from problem gambling status. Both definitions also expand the focus beyond harms experienced by the individual gambler to include harms experienced by family members and communities. In contrast to the international definition (Abbott et al., 2018), the Australian definition (Langham et al., 2016) explicitly includes harms that occur over time, reflecting an important expansion in addressing gambling harm from a public health perspective.

The Australian research team developed a taxonomy of gambling harm based on data obtained from focus groups, interviews and posts to problem gambling support forums as well as an online panel survey. This taxonomy distinguished gambling harms at three levels, including the person who gambles, affected others, and the broader community (Browne et al., 2017; Langham et al., 2016). The dimensions of harm identified in this taxonomy include:

- Financial harm
- Relationship disruption, conflict or breakdown
- Emotional or psychological distress
- Decrements to health
- Reduced performance at work or study
- Criminal activity
- Cultural harm

Measuring Gambling Harm

Following development of a taxonomy of gambling-related harms, the Australian research team created a 72-item instrument for use in population surveys (Browne, Bellringer, et al., 2018; Browne et al., 2017).¹ In addition to studies in Australia and New Zealand, this instrument was recently included in a survey in Finland, carried out as part of a national effort to evaluate reform of the Finnish gambling market (Browne, Volberg, Rockloff, & Salonen, 2020). Recognizing the challenge of adding a 72-item checklist to population surveys, the Australian researchers subsequently developed a 10-item brief harms scale (Browne, Goodwin, & Rockloff, 2018).

Significant criticism has been aimed at the 72-item Gambling Harms Checklist as well as the 10-item Short Gambling Harm Screen since their development. One key concern is that both instruments only assess harm to the individual and not harm to others. Another concern is that the instrument includes several items that do not represent significant or unambiguous harm ('reduction of available spending money'; 'reduction of your savings', 'regrets that made you feel sorry about your gambling') and other items contain inappropriate value judgements about the recreational value of gambling ('less spending on recreational expenses such as eating out, going to the movies...', 'less time attending social events', 'reduced my contribution to community obligations') (Delfabbro & King, 2017, 2019; Shannon et al., 2017).

An alternative approach to assessing gambling-related harm—adopted in this report—is to use the items that make up the 'Problems' section of the 14-item Problem and Pathological Gambling Measure (PPGM) (Williams & Volberg, 2010, 2014). These items comprehensively assess the range of unambiguous harms associated with excessive gambling (i.e., financial, relationship, psychological, physical health, work/school, illegal activity) and only ask about clear and 'significant' harm in each of these categories. Further, the PPGM asks about problems/harms caused to the person or someone close to them (see Appendix A2 for the specific wording of these questions). (Note: While the PPGM items specifically seek information about harms caused to people apart from the survey respondent, it is important to acknowledge that all of the questions rely on self-report and may not accurately reflect the breadth or depth of harms experienced by others).

Purpose of Report

In an earlier report on gambling harms in Massachusetts (Volberg et al., 2020), we focused on identifying gambling harms reported by key demographic groups in the population and without regard to the prevalence of problem gambling within these groups. The purpose of the current report is to examine whether the 'Prevention Paradox' in relation to gambling harms holds up in the Massachusetts context. In addition to extending our understanding of gambling harms in different cultural and regulatory contexts, this analysis builds on prior work by using Massachusetts survey data and by employing an instrument that comprehensively and unambiguously assesses harm to self and others. The aim is to determine whether the Prevention Paradox applies to

¹ This effort to evaluate the total impact of gambling harms on quality of life used an established World Health Organization 'health state valuation methodology' (also known as the Burden of Disease approach).

Massachusetts, to examine the distribution of different harms in the population, and to assess the extent to which different types of harm are concentrated in higher risk groups.

The present analysis relies on survey data collected in 2013 and 2014, prior to the opening of any casinos in Massachusetts and it is possible that the distribution of gambling harms has changed since the casinos opened. To address this concern, we plan to analyze data from two follow-up surveys (general population and online panel) that will be fielded in September 2021 to determine whether the paradox effect in Massachusetts has changed since the opening of the casinos.

Overview of Methods

The analysis presented below draws from two population surveys that were carried out in Massachusetts in 2013 and 2014, prior to the opening of any casinos in the Commonwealth. These surveys were the Baseline General Population Survey (BGPS) and the Baseline Online Panel Survey (BOPS). In this section, we provide a brief overview of the methods employed in these surveys.

While there are some differences in the gambling behavior of the BGPS and BOPS respondents, the decision to combine the samples was practical and undertaken to create a sample sufficient to analyze the **relative prevalence of gambling harms among different groups**. While differences in samples and survey methods can limit the conclusions drawn, combining data from different sources can yield important policy-relevant findings (Elliott, Raghunathan, & Schenker, 2018).

Combining the BGPS and BOPS samples comes with advantages and disadvantages. The clearest advantage is the large increase in the sample size available for analysis which is accompanied by narrower confidence intervals around the findings. The main disadvantage is that we are not able to clearly define the larger population that the sample represents. We have therefore not weighted the combined sample to the Massachusetts adult population. However, it is important to acknowledge this feature of the study as a limitation and to be cautious about generalizing the results to Massachusetts as a whole.

BGPS Recruitment and Sample

In carrying out the BGPS, an Address-Based Sampling (ABS) approach was employed whereby a random sample of Massachusetts addresses was initially chosen, with over-selection of Western Massachusetts addresses to ensure acceptable precision in establishing problem gambling prevalence in this part of the state. All selected addresses were mailed a letter and subsequent postcards inviting the adult (18+) household member with the most recent birthday to complete an online (WEB) survey. Households where no response was received after four weeks were mailed paper versions of the questionnaire and invited to alternatively complete the survey via this modality and return it by mail (SAQ). Households where no response was received after another four weeks were called on their landline (this number was available in 78% of cases) and invited to answer the questions over the telephone (CATI). The BGPS survey was launched on September 11, 2013 and data collection ended on May 31, 2014. A complete description of the methodology utilized for this survey can be found in the BGPS report (Volberg et al., 2017). A final sample of 9,578 respondents was obtained with a 36.6% AAPOR RR3 response rate (American Association for Public Opinion Research, 2016).² Forty percent of the questionnaires were self-administered online, 52% were completed using the self-administered paper-and-pencil format, and 7% were completed by telephone interview. A total of 152 self-administered questionnaires and/or telephone interviews (1.6%) were completed in Spanish.

BOPS Recruitment and Sample

Ipsos Public Affairs (Ipsos) conducted the SEIGMA Baseline Online Panel Survey (BOPS). Ipsos maintains an online panel of individuals across the country who have agreed to participate in research studies. The Massachusetts panel contains approximately 17,000 individuals. When respondents joined the Ipsos panel, they

² The response rate calculations recommended by the American Association for Public Opinion Research (AAPOR) are commonly used in academic research. A Response Rate 3 (RR3) is equivalent to the Council of American Survey Research Organizations (CASRO) rate, which is the number of completed interviews divided by the estimated number of eligible respondents.

provided demographic information about themselves and their household (e.g., age, gender, state of residence, county of residence). Ipsos used this information to email a stratified sample of respondents by age, gender and region (Western versus Eastern Massachusetts) that was proportional to the number of people in these groups as reported by the U.S. Census. Over the time period in which the survey was in the field, Ipsos drew additional replicate samples and monitored completion rates until at least 5,000 complete surveys were obtained. To obtain a final sample of 5,000, Ipsos supplemented their own online panel sample with Massachusetts online panel members from seven partner vendors. BOPS was launched in late October 2013, and data collection ended in late March 2014 to run coincident with data collection in the BGPS. A complete description of the methodology utilized for this survey and a comparison of the BGPS and BOPS survey methodologies can be found in the BOPS report (Williams et al., 2017). Of the 26,913 people who began the BOPS, 18,580 were deemed to be not eligible (primarily out-of-state panelists), 2,946 quit before finishing, 293 were excluded because of a full age x gender quota, and 48 were removed because of data quality issues. In the end, a total of 5,046 completed surveys were obtained.

Demographics of the BGPS and BOPS Samples

The BGPS survey resulted in a total of 9,578 respondents and the BOPS survey resulted in a total of 5,046 respondents. Table 1 provides details of select demographic characteristics of the BGPS and BOPS samples.

Table 1: Select Demographics of the BGPS and BOPS Samples (unweighted)

		Baseline General Population Survey (BGPS) (N = 9,578)		Baseline Online Panel Survey (BOPS) (N = 5,046)	
		%	95% CI	%	95% CI
Gender	Male	39.7	(38.8, 40.7)	47.1	(45.7, 48.5)
	Female	59.1	(58.1, 60.1)	52.9	(51.5, 54.3)
	Missing	1.1	(0.9, 1.4)	0.0	NA
Age	18 - 34	14.1	(13.4, 14.8)	28.2	(27.0, 29.5)
	35 - 64	51.0	(50.0, 52.0)	53.1	(51.7, 54.4)
	65+	30.0	(29.1, 30.9)	18.7	(17.6, 19.8)
	Missing	4.9	(4.5, 5.4)	0.0	NA
Ethnicity	Hispanic	5.0	(4.6, 5.5)	5.2	(4.6, 5.9)
	Black	3.8	(3.5, 4.2)	4.1	(3.6, 4.7)
	White	83.0	(82.3, 83.8)	85.2	(84.2, 86.1)
	Asian	3.8	(3.4, 4.2)	3.9	(3.4, 4.5)
	Other or missing	4.3	(3.9, 4.7)	1.6	(1.3, 2.0)
Education	High School or less	18.0	(17.2, 18.7)	22.6	(21.5, 23.8)
	Some college or BA	52.2	(51.2, 53.2)	61.6	(60.3, 62.9)
	Graduate degree	27.9	(27.0, 28.8)	15.2	(14.3, 16.3)
	Missing	1.9	(1.7, 2.2)	0.5	(0.4, 0.8)
Annual Household Income	Less than \$15,000	8.8	(8.3, 9.4)	9.0	(8.3, 9.9)
	\$15,000 - <\$30,000	10.8	(10.2, 11.4)	13.7	(12.8, 14.7)
	\$30,000 - <\$50,000	13.9	(13.2, 14.6)	17.6	(16.5, 18.6)
	\$50,000 - <\$100,000	25.9	(25.0, 26.8)	30.7	(29.4, 32.0)
	\$100,000 - <\$150,000	14.3	(13.6, 15.0)	12.6	(11.7, 13.5)
	\$150,000 or more	11.8	(11.2, 12.5)	5.4	(4.8, 6.0)
	Missing	14.5	(13.8, 15.2)	11.1	(10.2, 12.0)

Table 1 shows that BOPS respondents were significantly more likely than BGPS respondents to be male, under the age of 35, and White. BOPS respondents were significantly less likely than BGPS respondents to have attended college and to have annual household incomes over \$100,000.

Analytic Approach

An important methodological issue raised in relation to our original BOPS report (Williams et al., 2017) concerned whether people experiencing gambling problems identified in the BOPS were systematically different from people experiencing gambling problems identified in the BGPS. If there were systematic differences, it would be unwise to combine the people experiencing gambling problems from the two samples for analytic purposes. A multivariate analysis found that there were significant differences between people experiencing gambling problems in the BGPS versus the BOPS, although the magnitude of the differences was fairly small. The group differences were attributable to five variables: immigrant status, age, region of Massachusetts, participation in extreme sports, and current tobacco use. We concluded that while the BOPS problem gamblers were quite similar to the BGPS problem gamblers, enough differences existed such that the prudent thing would be not to combine the samples, especially when one of the goals of this study was to have a sense of overall population prevalence. We therefore reported results separately for the two samples (Williams et al., 2017).

We have taken a different approach in the present report. While recognizing that there are substantially higher rates of heavy gambling and problem gambling among the BOPS respondents compared with the BGPS respondents, we believe that combining the samples in the present instance is justified since we are not attempting to produce accurate prevalence rates of gambling-related harms in the Massachusetts population. Instead, our focus is on the **relative prevalence of gambling-related harms among different gambling severity groups**.

Selecting Regular Gamblers

Since the same questionnaire was used for both the BGPS and BOPS, identical questions about gambling participation were utilized to define 'regular gamblers.' We chose to focus on regular gamblers because only these individuals were routed through the PPGM section of the questionnaire and these are the individuals most likely to experience any gambling-related harm.

From the total of 9,578 BGPS and 5,046 BOPS respondents, individuals were considered to be regular gamblers if they gambled at least once a month or more in the past 12 months on one or more of the following activities (see Appendix A1 for the specific wording of these questions):

- Traditional lottery
- Instant games
- Raffle tickets
- Daily lottery games
- Sports betting
- Bingo
- Casino
- Horse racing
- Private betting

High-risk stocks and online gambling were not included in the definition of regular gambling. This is because high-risk stock purchases are not universally viewed as a form of gambling and frequency of participation in online gambling was not collected in either the BGPS or the BOPS due to the low base rate of this activity. It should be noted that this definition of 'regular gambling' differs slightly from the definition used in our earlier report on gambling harms in Massachusetts (Volberg et al., 2020) but was adopted to align more closely with

the way that regular gamblers were defined in the Finnish Gambling Harms study (Browne et al., 2020). This selection process resulted in a dataset of 5,852 respondents with 57.3% from the BGPS and 42.7% from the BOPS. Table 2 provides details of select demographic characteristics of regular gamblers in the BGPS and BOPS samples.

Table 2: Select Demographics of the BGPS and BOPS Samples among Regular Gamblers (unweighted)

		Baseline General Population Survey (BGPS) (N = 3,355)		Baseline Online Panel Survey (BOPS) (N = 2,497)	
		%	95% CI	%	95% CI
Gender	Male	50.5	(48.8, 52.2)	56.4	(54.5, 58.4)
	Female	48.5	(46.8, 50.2)	43.6	(41.6, 45.5)
	Missing	1.0	(0.7, 1.4)	0.0	NA
Age	18 - 34	10.4	(9.4, 11.5)	26.2	(24.5, 28.0)
	35 - 64	53.1	(51.5, 54.8)	57.1	(55.2, 59.1)
	65+	32.6	(31.1, 34.2)	16.6	(15.2, 18.1)
	Missing	3.8	(3.2, 4.6)	0.0	NA
Ethnicity	Hispanic	4.9	(4.3, 5.7)	6.4	(5.5, 7.4)
	Black	4.3	(3.7, 5.1)	4.4	(3.7, 5.3)
	White	84.4	(83.1, 85.5)	85.3	(83.9, 86.6)
	Asian	2.3	(1.9, 2.9)	2.6	(2.0, 3.3)
	Other or missing	4.1	(3.4, 4.8)	1.3	(0.9, 1.8)
Education	High School or less	24.9	(23.5, 26.4)	26.0	(24.3, 27.8)
	Some college or BA	54.8	(53.1, 56.5)	61.2	(59.2, 63.0)
	Graduate degree	18.5	(17.2, 19.8)	12.3	(11.0, 13.6)
	Missing	1.8	(1.4, 2.3)	0.6	(0.3, 0.9)
Annual Household Income	Less than \$15,000	9.8	(8.9, 10.9)	8.2	(7.2, 9.4)
	\$15,000 - <\$30,000	11.9	(10.8, 13.0)	13.9	(12.6, 15.4)
	\$30,000 - <\$50,000	15.6	(14.4, 16.9)	18.4	(16.9, 20.0)
	\$50,000 - <\$100,000	27.2	(25.8, 28.8)	32.8	(31.0, 34.7)
	\$100,000 - <\$150,000	13.9	(12.8, 15.2)	13.3	(12.1, 14.7)
	\$150,000 or more	9.4	(8.5, 10.5)	4.8	(4.1, 5.8)
	Missing	12.0	(11.0, 13.2)	8.4	(7.4, 9.6)

Table 2 shows that BOPS regular gamblers were significantly more likely than BGPS regular gamblers to be male and under the age of 65, and to have annual household incomes between \$50,000 and \$100,000. BOPS regular gamblers were significantly less likely than BGPS regular gamblers to be aged 65 and older, to have attended college or graduate school or attained a graduate degree, and to have annual household incomes over \$150,000.

Assessing Gambling Severity

The approach to assessing gambling severity in this report is modeled on that taken in the Finnish Gambling Harms Survey which utilized the PPGM to assess problem gambling (Browne et al., 2020). The Finnish study tested whether the prevention paradox applied to gambling in Finland among regular gamblers and built on previous work by restricting the measure of risk to PPGM items that captured only impaired control and behavioral dependence and not harms more generally.

Past-year gambling severity was assessed in the BGPS and the BOPS using the 14-item PPGM. The PPGM includes items that measure three constructs: problems/harms (7 items), impaired control (4 items) and ‘other

issues’ suggestive of behavioral dependence (i.e., preoccupation, craving, tolerance) (3 items). In the full instrument, gambling severity is classified on a continuum from recreational gambling through at-risk gambling to problem/pathological gambling. The PPGM has good internal consistency (Cronbach’s alpha = 0.76-0.81) and one-month test-retest reliability ($r = 0.78$) (Williams & Volberg, 2010, 2014). It also has superior construct validity (Christensen, Williams, & Ofori-Dei, 2019) as well as better sensitivity, positive predictive power, diagnostic efficiency, and overall classification accuracy in the population assessment of problem gambling compared to other instruments (Williams & Volberg, 2010, 2014).

For the present report, only items measuring impaired control and behavioral dependence were used to define the at-risk groups. This was done to ensure as much comparability as possible with the Finnish study.

Table 3: Impaired Control and Behavioral Dependence Items from the PPGM

Category	Question #	Description of question
Impaired Control	GP4	Went back to win money lost in past year
	GP15	Gambled more frequently or with more money in past year
	GP16	Successful in attempt to control gambling
	GP17	Anyone else who would say you have difficulty controlling gambling
Behavioral Dependence	GP18	Preoccupied with gambling
	GP19	Restless or irritable when tried to cut down
	GP20	Needed to gamble with more money for same excitement

Examination of endorsement patterns for these items showed that 455 individuals were missing responses to one or more of these items. Rather than code these responses as “No” (as was done in the Finnish study), we chose to exclude some of these respondents from the analysis. Missing responses were set to zero for those respondents whose PPGM total score was zero; respondents with missing responses whose PPGM total score was more than zero were excluded because of uncertainty about why they chose not to answer specific questions. This resulted in the exclusion of 148 respondents from the analysis. Scores for the impaired control and behavioral dependence items were added together and categorized into four Gambling Severity groups: None, 1-2, 3-4, and 5 or more. In the present study the 5+ threshold defines the high-risk group for the purposes of evaluating the prevention paradox among the Massachusetts survey respondents. This threshold was primarily adopted to replicate the Finnish analysis as closely as possible.

An important assumption underlying our analysis is that the gambling severity scores derived from a subset of the PPGM questions are a suitable proxy for the full instrument. Although the two measures are clearly not independent, we examined the strength of the relationship between the impaired control and behavioral items and the full PPGM in two ways. First, the Pearson correlation coefficient of the subset of PPGM items with the full PPGM total score was 0.82 ($p < .001$), illustrating a strong relationship between scores on the subset of impaired control and behavioral items and scores on the full PPGM. Second, we confirmed that 95.3% of individuals scoring 5+ on the gambling severity measure were classified as Problem or Pathological Gamblers using the full PPGM. These results confirm the substantial overlap between the severity index used here and the full PPGM classification.

Table 4: Distribution of Gambling Severity Scores

Number of impaired control/other items (set to missing, if missing individual control item)	Frequency	Percent	Recorded Gambling Severity Groups
.	148	.	
0	4660	81.70	4660 (81.70%) None
1	688	12.06	860 (15.08%) 1-2
2	172	3.02	
3	86	1.51	120 (2.11%) 3-4
4	34	0.60	
5	31	0.54	64 (1.12%) 5+
6	29	0.51	
7	4	0.07	

Harms Associated with Gambling

Table 5 presents the PPGM main and branching questions that were used to assess gambling harms in the BGPS and the BOPS. For the present analysis, endorsements of gambling harms based on responses to these questions were collapsed into six categories: financial, health, emotional/psychological, family/relationships, work/school, and illegal acts. Three branching questions used to assess gambling harms were excluded from the analysis; these questions inquired about average number of days of work or school missed due to gambling (GP13b), average amount of money received from public assistance/welfare due to gambling (GP13e), and average number of days incarcerated due to gambling (GP14h). These questions were excluded because anyone who answered them would already have endorsed a prior item within that set (i.e., work or school problems, committing illegal acts).

Table 5: Gambling Harms in the Past 12 Months

Category	Question #	Description of question
Financial	GP6a	Financial problems because of gambling
	GP6b	Filed for bankruptcy because of gambling
Health	GP7a	Health or stress problems because of gambling
	GP7b	Gambling-related health problems resulted in seeking medical or psychological help
Emotional/psychological	GP10a	Significant guilt, anxiety or depression because of gambling
	GP10b	Suicidal thoughts because of gambling
	GP10c	Attempted suicide because of gambling

Category	Question #	Description of question
Family/relationships	GP11a	Relationship problems because of gambling
	GP11b	Domestic violence because of gambling
	GP11c	Separation or divorce because of gambling
	GP12a	Neglect of children or family because of gambling
	GP12b	Child welfare services involved because of gambling
Work/school	GP13a	Work or school problems because of gambling
	GP13c	Lost job or quit school due to gambling
	GP13d	Received public assistance or welfare payments because of gambling
Illegal	GP14a	Commission of illegal acts because of gambling
	GP14b	Average amount of money illegally obtained to gamble
	GP14c	Arrested because of gambling
	GP14d	Convicted of offense because of gambling
	GP14g	Incarcerated because of gambling

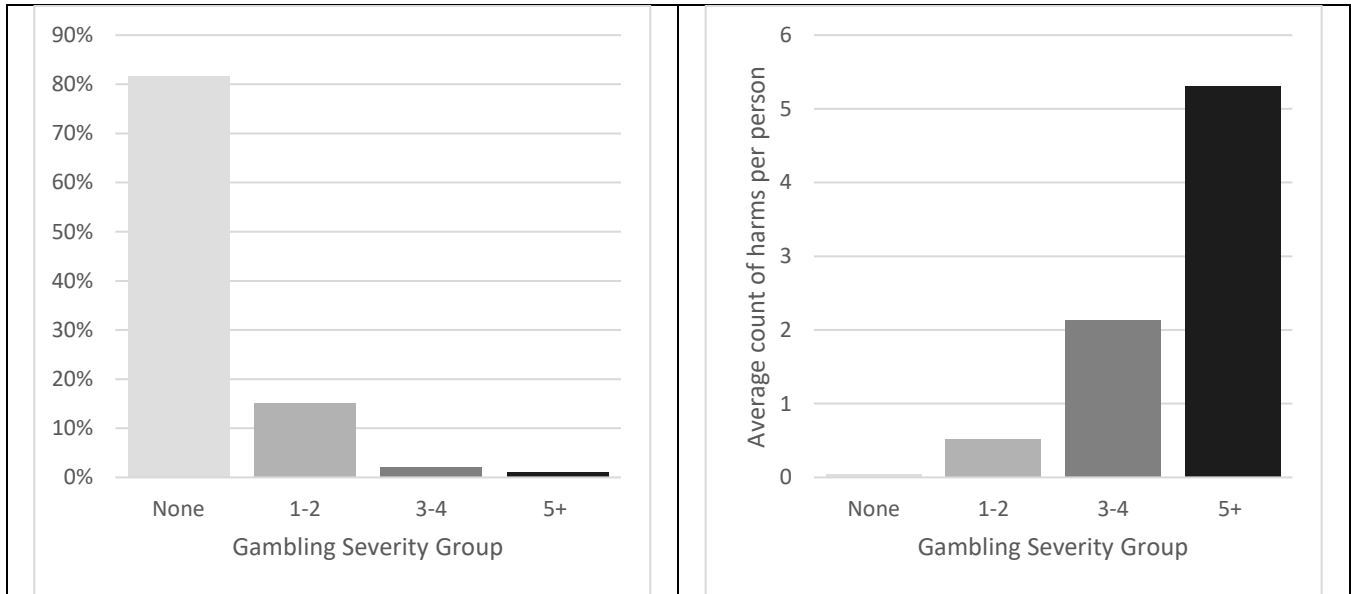
Descriptive analyses were conducted to summarize the prevalence of harms reported by different severity groups, as captured by the relevant subscales of the PPGM. Summaries were calculated for each specific item of harm although not all of these are reported due to small cell sizes.³ As in other reports, we have chosen to present many of our results in graphic form. In this report, we have relied primarily on mosaic plots which provide a way to visualize relative frequencies conditional on two factors/variables in which the area of each rectangle is proportional to the probability that it will be observed. Mosaic plots are similar to stacked bar charts but with the width of each bar determined by the relative size of the group. ([Mosaic Plot | Introduction to Statistics | JMP](#)).

³ Following SEIGMA data reporting conventions, any cells that contain less than five respondents are suppressed in both the body of the report and the appendices.

Results

Figure 1 illustrates the inverse relationship between gambling severity and gambling harms and how these combine to contribute to the aggregate impact of each group. The first panel presents the proportion of individuals in each of the PPGM severity categories among regular gamblers in the combined BGPS-BOPS sample. This panel demonstrates that prevalence decreases markedly in relation to increasing severity. The second panel shows the average count of harms (across all domains) conditional on membership in each severity group and demonstrates that the number of harms increases markedly in relation to increasing severity. Across all individuals, the Pearson correlation coefficient between PPGM severity score and the count of harms was 0.51 which is quite similar to the same correlation in the Finnish study (0.49).

Figure 1: Prevalence of Gambling Severity and Gambling Harms



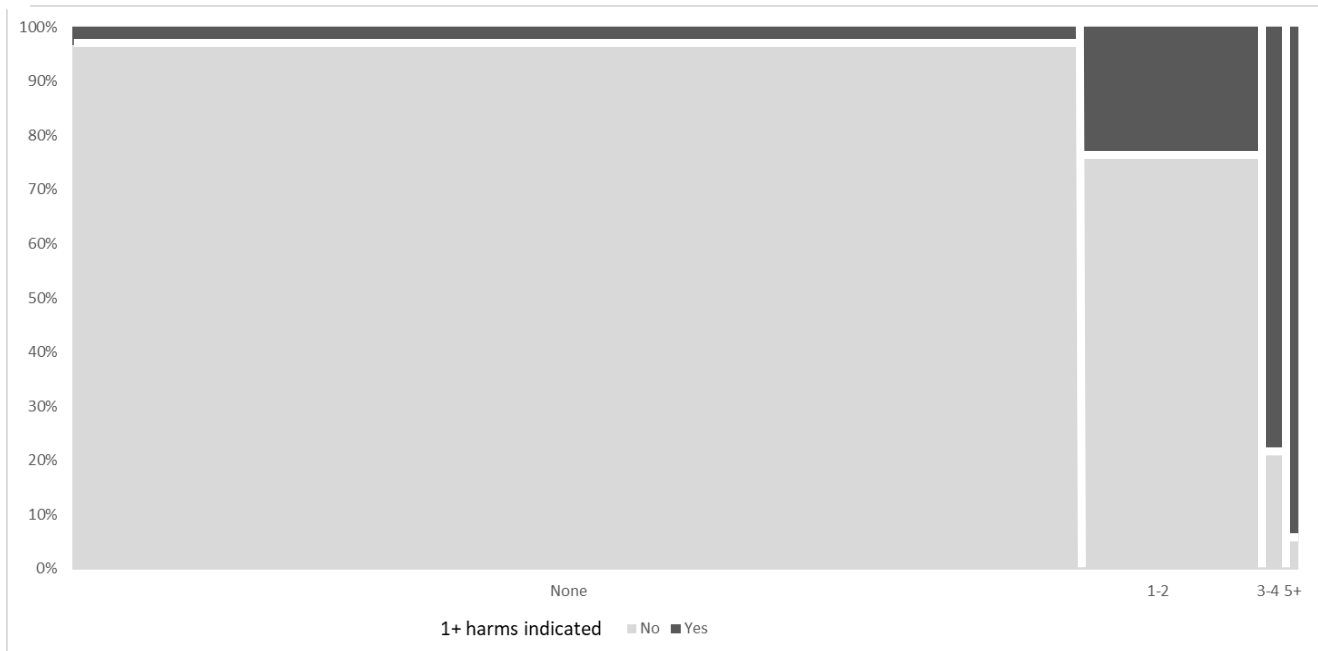
Taken together, Figure 1 and Table 6 illustrate that because of the larger size of the three lower severity groups, even the much smaller average number of harms endorsed by members of these groups accounts for nearly three-quarters (72.9%) of the aggregate number of harms across all of the groups.

Table 6: Proportion of Harms by Gambling Severity Group

Gambling Severity Group	Group Size	Average # Harms	Total Harms by Group	Proportion of Harms by Group
None	4,476	0.0436	195	16.4%
1-2	829	0.5138	426	35.8%
3-4	115	2.1391	246	20.7%
5+	61	5.3114	324	27.2%
	5,481	0.2172	1,191	100.0%

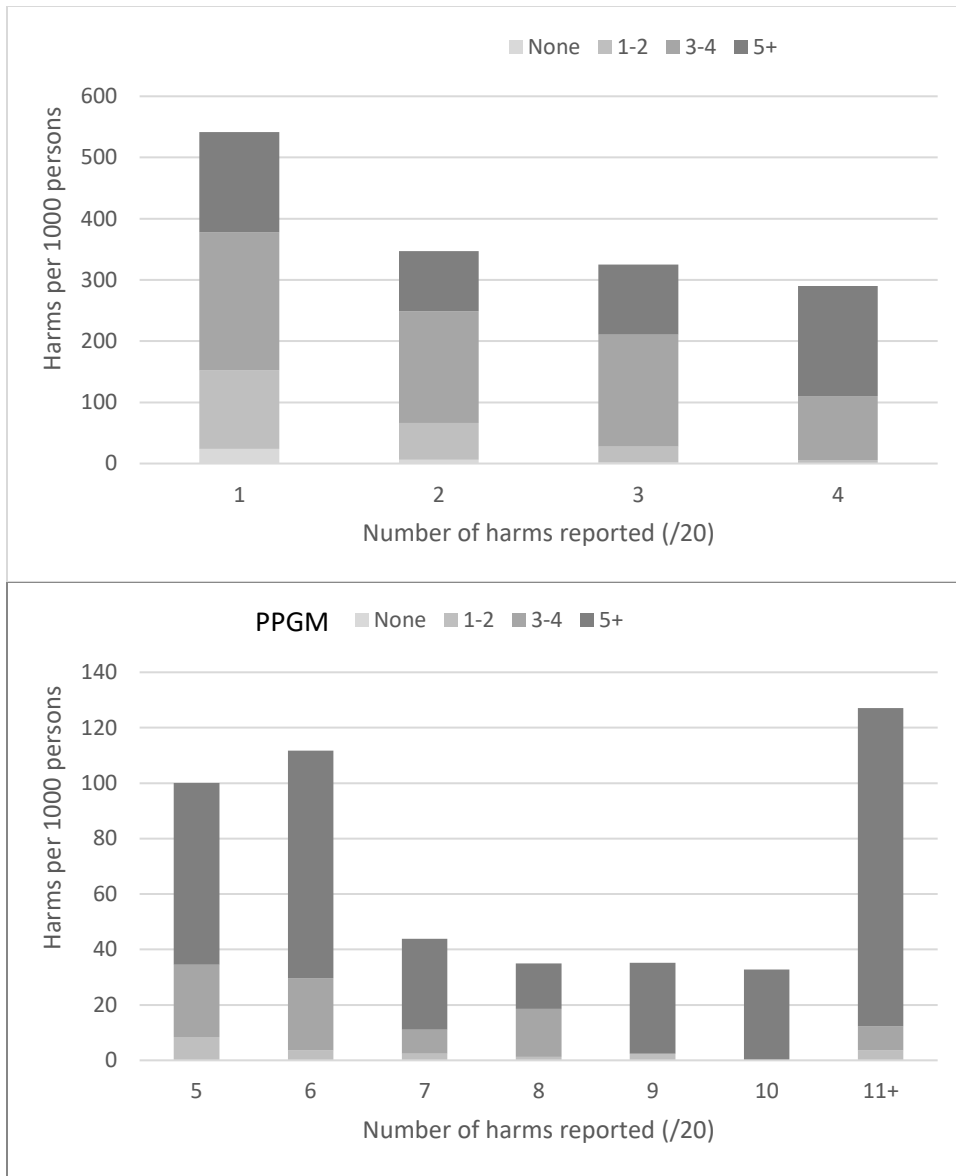
Figure 2 presents a mosaic plot of the number of individuals experiencing at least one harm across the gambling severity categories. The relative area of each dark shaded rectangle describes the probability that a member of the sample will report one or more harms **and** be a member of a given severity group. This figure illustrates that while almost all of the individuals in the highest severity group report one or more harms, any particular individual reporting one or more harms is far more likely to be in a lower severity group. An important limitation of this figure is that it ignores differing degrees of harm. It should not be assumed that an individual reporting just one harm is necessarily experiencing a meaningfully large **degree** of harm.

Figure 2: Proportion of Severity Groups Reporting One or More Harms



A more nuanced view of the distribution of gambling harms across severity groups is provided in Figure 3. This figure shows the proportional distribution of severity by number of harms. The shading of each bar illustrates the proportion of regular gamblers in each gambling severity group reporting an increasing number of harms which range from 1 to 11+ harms (out of a total of 20 harms measured). Keeping in mind the differing scales on the y-axis for the two panels, the figure demonstrates that the most severe group (5+) makes up less than a third of gamblers reporting one, two or three harms but more than 70% of gamblers reporting six or seven harms and 90% or more of gamblers reporting nine or more harms.

Figure 3: Gambling Severity Groups and the Number of Harms

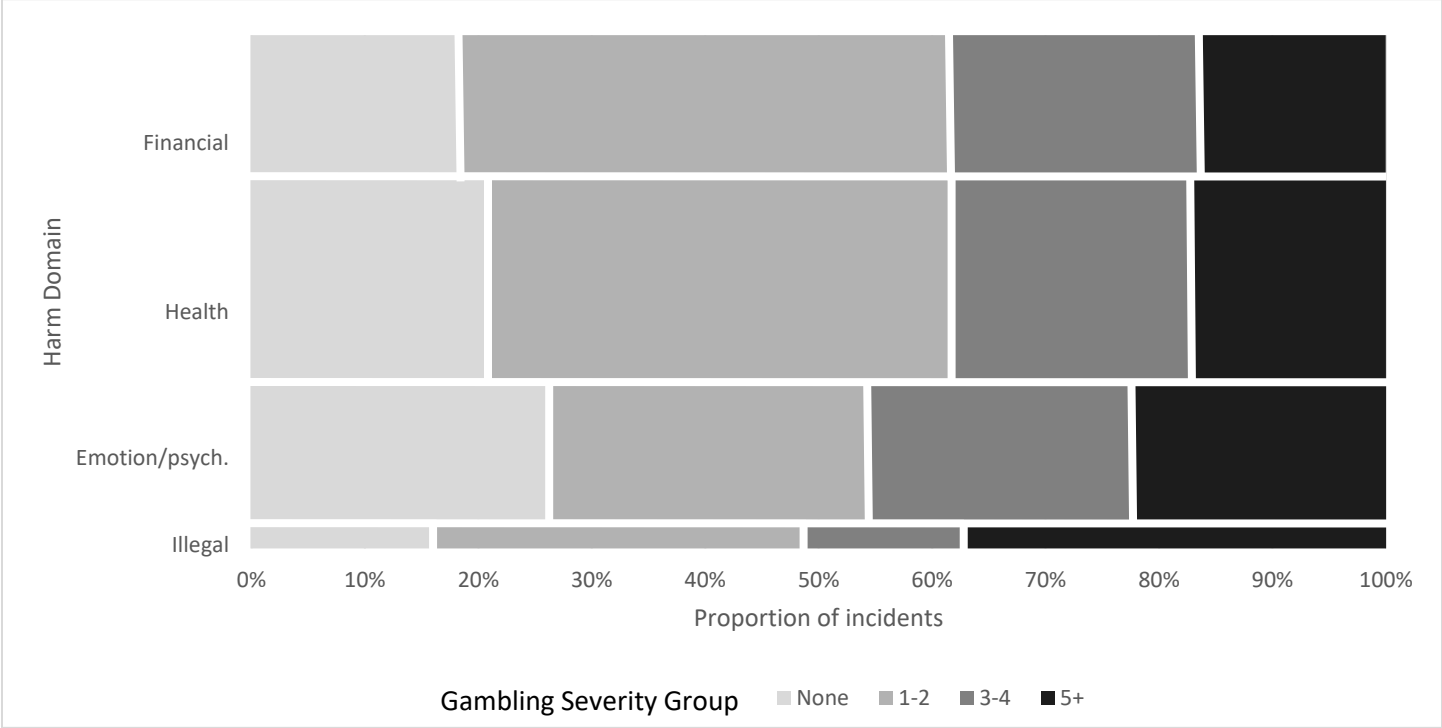


A limitation of examining the aggregate count of harms is that this approach ignores differences in type and severity of harms. Figure 4 illustrates the relative proportion of harms reported, separated by harm domain and severity group. This figure shows that financial, health, and emotional/psychological harms are more common and more broadly distributed across the gambling severity groups. The Prevention Paradox is supported for these harm domains. In contrast, illegal harms are not commonly reported and are much more likely to be reported by the highest risk severity group. However, even in the case of these less common harms, the harms are broadly distributed across the different severity groups with the 5+ gambling severity group accounting for 37.2% of illegal harms.⁴ This finding contrasts with the Finnish study (Browne et al., 2020) which found that the

⁴ Work/school and relationship harms cannot be displayed because the cell size for the lowest PPGM severity group is less than five. However, the PPGM 5+ severity group accounts for 36.6% of work/school harms, and 32.0% of relationship harms.

most severe group accounted for over 50% of the harms in the health, relationships, and illegal harms domains. This led the researchers to conclude that the Prevention Paradox was not supported for these domains in Finland.

Figure 4: Proportion of Harms as a Function of Harm Domains and Gambling Severity Group



Discussion

The original Prevention Paradox focused attention on the importance of populations, as opposed to individuals, when developing prevention strategies intended to modify or mitigate determinants of disease. In cases where a large proportion of the population with limited risk actually represents the greater burden of disease, the focus should be on shifting the distribution curve lower to reduce the risk for the entire population. This notion is variously referred to as the ‘total consumption model’ or the ‘single distribution theory’ and has been used internationally to justify measures to restrict alcohol consumption in order to reduce total consumption and thereby reduce the proportion of heavy drinkers in the population. The paradox in the original Prevention Paradox is that measures to restrict alcohol consumption, for example, may bring large benefits to the community but can be onerous for individual consumers.

In the gambling studies field, more attention has been garnered by the broader, population-focused approach to understanding the impacts of gambling. From this perspective, the Prevention Paradox refers to the notion that more aggregate harm is suffered by gamblers who do not meet the diagnostic criteria for problem or disordered gambling because there are so many more of these gamblers compared with heavy gamblers who suffer much greater individual harm.

This report has examined the prevalence of gambling-related harms among regular gamblers in Massachusetts and specifically the number of harms attributable to different levels of gambling severity as assessed by the PPGM. Using the lens of the Prevention Paradox, we investigated whether the majority of harms arose from the highest severity category: those displaying control issues and behavioral dependence at the highest 5+ level. Overall, we found that the Prevention Paradox was supported in Massachusetts with approximately 70% of all harms arising from the lower severity groups. The large majority of respondents reporting gambling harms reported less than 0.17 harms and these individuals were unlikely to be in the highest risk group. Nevertheless, the respondents reporting the most harms (10 or more out of 20) were very likely to be in the highest risk group. The proportion of aggregate harms represented by the 5+ severity group is 23 times higher than the size of the group in relation to the whole; the proportion represented by the 3-4 severity group is 9 times higher than the size of the group in relation to the whole; and the proportion represented by the 1-2 severity group is 2 times higher.

Our analysis shows that, among regular gamblers in Massachusetts, while almost all of the individuals in the 5+ severity group report one or more harms, any particular individual reporting one or more harms is far more likely to be in a lower severity group. We also found that the 5+ severity group is more likely than lower severity groups to report experiencing multiple harms and makes up 90% or more of the regular gamblers reporting 10 or more harms. Finally, we found that some harms are more common and more broadly distributed across the gambling severity groups while other harms are less common. However, in contrast to the Finnish study, which utilized a more contentious measure of harm, the 5+ group in Massachusetts does not account for over 50% of harms **in any domain**. Our conclusion is that the Prevention Paradox is supported across **all harm domains in Massachusetts**.

Implications for Problem Gambling Prevention and Treatment

The question posed by the present analysis is whether the aggregate number of gambling-related harms is higher among individuals with less severe problems compared to those clearly experiencing problems and, if so,

whether there are distinct public health, prevention, and treatment implications of such a finding. The classic formulation of the Prevention Paradox would suggest that, if the aggregate number of harms is higher among individuals with less severe problems, then **primary** prevention efforts aimed at altering unhealthy or unsafe behaviors across the entire population should be emphasized, rather than or in addition to **secondary** prevention efforts aimed at halting or slowing the progress of the disorder among individuals at risk for gambling problems and **tertiary** prevention efforts aimed at helping people manage long-term or chronic issues among those already experiencing gambling problems.

The challenge is not to eliminate these latter programs in favor of primary programs but, rather, to balance the proportion of effort going to each type of prevention. The evidence suggests that the Prevention Paradox is indeed occurring in relation to gambling in Massachusetts which supports the notion that more resources should go toward primary prevention (including universal, selective, and indicated strategies) to forestall the development of gambling harms and somewhat less resources should go to the provision of formal treatment and recovery maintenance services.

The results of the present analysis dovetail with our findings from the Massachusetts Gambling Impact Cohort (MAGIC) study (MAGIC Research Team, 2021). In that study, we identified a fairly large number of variables (n=17) that predicted concurrent or future problem gambling. These included gambling-related predictors as well as non-gambling predictors. There was also an important group of variables that predicted problem gambling remission. Based on the cohort study findings, we made several recommendations regarding the minimization and mitigation of problem gambling in Massachusetts. Most significantly, we argued that there is no ‘silver bullet’ to prevent problem gambling but rather **a wide array of educational and policy initiatives is needed to address the multi-faceted biopsychosocial etiology** of the disorder.

One facet of problem gambling that is addressed in MAGIC but cannot be examined in the current context is the temporal dimension of the development of gambling problems and the experience of gambling harms. In our final report on MAGIC, we noted that since the majority of problem gamblers in the later waves of the study were relapsed rather than first-time problem gamblers, Massachusetts may be a jurisdiction where successful treatment of existing problem gamblers is equally as important as prevention of problem gambling onset.

In considering the implications of our analysis of the Prevention Paradox in relation to gambling in Massachusetts, it is probably too simplistic to look at a single time period in considering the distribution of gambling harms in the population. Such an approach does not take into account the recurring nature of harms among individuals experiencing gambling problems although there have been calls for explicit attention to be paid to the temporal and ‘legacy’ harms of gambling problems as these manifest generationally in families (Langham et al., 2016). It is quite possible that the majority of respondents in Massachusetts who experienced harms only experienced one or two harms or only experienced them briefly and, having “burnt their fingers,” then modified their gambling behavior. Once an individual develops a gambling problem, the harms tend to recur such that the total number of harms experienced by individuals with problems may in fact outweigh the total number of harms experienced by individuals with less severe experiences.

Nevertheless, the findings in this report replicate findings from our analysis of the negative impacts of gambling among people experiencing gambling problems in Massachusetts as well as our analysis of the negative impacts of gambling among regular gamblers in different demographic groups (gender, age, race/ethnicity, number of children in the household) (Volberg et al., 2020; Williams et al., 2017). Financial problems and health problems were the most common negative impacts reported by people experiencing gambling problems in Massachusetts; these are also the types of harm most commonly reported by regular gamblers in Massachusetts. Similarly, work/school problems and illegal acts were the least common negative impacts

reported by people experiencing gambling problems and these are also the types of harm least likely to be reported by regular gamblers. Information on endorsement rates of specific gambling harms among BGPS and BOPS regular gamblers is presented in Appendix B.

Higher rates of financial and health harms among regular gamblers in Massachusetts suggest the importance of raising awareness about gambling-related harm and educating community-based organizations about the extent of gambling harms among regular gamblers. Beyond community organizations, health professionals, financial counselors and even financial institutions such as banks and credit unions would benefit from a better understanding of the scope of gambling harm among their clientele as well as some knowledge of how to sensitively ask their clients about their gambling and where to direct them for help if they express concerns.

While the MAGIC results suggest that the focus of prevention and treatment efforts in Massachusetts should be on individuals currently experiencing gambling problems, the Prevention Paradox results indicate that such efforts must be counterbalanced by ongoing prevention efforts aimed at individuals not yet experiencing problems. This is due to the fact that while individual harms may be less severe, the majority of the total sum of harms is still found in the general population. In our view, this means that all of the general prevention strategies that were outlined in the final MAGIC report are still needed. In particular, it will be important to:

- Develop and field a wide array of educational and policy initiatives to address the multi-faceted biopsychosocial etiology of gambling problems;
- Ensure screening for problem gambling in substance abuse and mental health clinical settings;
- Limit the placement of gambling opportunities and marketing in lower socioeconomic neighborhoods;
- Develop and field educational efforts to promote knowledge, motivations, and attitudes conducive to responsible gambling with particular focus on males and individuals with lower household income, via a wide array of means of communication, and with content focused on countering gambling fallacies and the adoption of lower-risk gambling guidelines;
- Restrict advertising which is a known cause of relapse and counteracts educational messages;
- Increase the availability of self-help materials;
- Continue to encourage treatment seeking; and
- Implement policies that have been shown in other research to be effective in curtailing risky gambling practices.

In addition to these efforts, it might be wise to target heavy gamblers since reducing their gambling involvement is likely to lead to the greatest gains in gambling harm reduction.

Looking Ahead

With the upcoming likely legalization of sports betting and online gambling in Massachusetts, the foregoing recommendations are even more important. In addressing gambling harms related specifically to sports betting and online gambling in Massachusetts, it will be critical to (a) tie prevention messages to the provision of sports betting through regulatory action (e.g., requiring sports betting operators to include responsible gambling messages in all of their advertising); (b) develop educational materials related to sports betting with a particular focus on gambling fallacies; (c) develop self-help materials aimed at college and university students and provide these materials along with training in prevention and where to refer to healthcare providers at colleges and universities; and (d) train healthcare professionals at colleges and universities to screen for involvement in sports betting with a specific focus on young males.

Limitations

Both the BGPS and the BOPS have some limitations. With regard to the BGPS, one potential limitation is the 36.6% response rate attained in the survey. While we attempted to minimize systematic bias by introducing the

study as a survey of ‘health and recreation,’ the response rate for the BGPS was lower than desirable. Another limitation of the BGPS is that the survey was restricted to adults living in households and did not include adults living in group quarters, incarcerated individuals, or homeless individuals. A third limitation is that the questionnaire was translated into Spanish but not into other languages. By not providing for surveys in additional languages, we were unable to include such individuals in our sample. Finally, it is important to emphasize that, like other prevalence surveys, the BGPS is a cross-sectional ‘snapshot’ of gambling and problem gambling at a single point in time. This limits our ability to draw any causal conclusions from reported associations in the data.

With regard to the BOPS, the main limitation is the non-representative nature of online panels. This is due to the fact that most online panelists have not been randomly selected, but instead, have initiated membership themselves. Although online panels are usually stratified to be demographically representative of the population, behavioral differences typically exist. One obvious difference is that a non-random minority of people do not use the Internet, and thus are not eligible to be part of an online panel.

A limitation of both the BGPS and the BOPS is that these data were collected in 2013 and 2014, prior to the opening of any casinos in Massachusetts. It is possible that the distribution of gambling harms in Massachusetts has changed since the casinos opened and we plan to analyze data from two follow-up surveys (general population and online panel) that will be fielded in September 2021 to determine whether in fact this has happened.

As we have noted previously, while combining the BGPS and BOPS samples provides a larger sample for analysis, this approach rests on the assumption that the respondents in the combined sample are a simple random sample. Appendix B presents information about endorsement rates of gambling harms among regular gamblers in the BGPS and BOPS. While endorsement rates of specific harms are three to four times lower among regular gamblers in the BGPS compared to the BOPS, the rank order of endorsements is similar, with financial problems and health problems ranking first or second and relationship problems, work/school problems and illegal acts ranking third, fourth and fifth. Depression/suicide is the only area of harm where the rank order differs across the two samples with the overall endorsement rate closer to health problems in the BGPS and intermediate between health problems and relationship problems in the BOPS. We believe the similar patterns of endorsement of harms in the two samples supports our decision but recognize this feature of the study as a limitation and urge caution in generalizing the results to Massachusetts as a whole. It should be noted that no other studies of gambling harm have used a combined sample. While this is likely because few jurisdictions have conducted multiple surveys of gambling behavior in a single window of time using identical questionnaires, this approach is a potential limitation.

Another limitation relates to the nature of self-report in surveys more generally. We have done our best to mitigate self-report bias, both by using the PPGM which, unlike other instruments, identifies problem gamblers in denial and by primarily utilizing a self-administered questionnaire, which further maximizes valid self-report. Nevertheless, it is possible that respondents in the BGPS and BOPS under-reported their gambling behavior and harms due to social stigma.

One final limitation relates to the restriction of our analysis to those respondents who gambled as least once a month or more often. Any harms experienced by affected or concerned others as well as those who gambled only occasionally—including those attempting to practice abstinence with infrequent relapses—were excluded from the analysis.

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Appendix A: BGPS/BOPS Questionnaire

Sections

Appendix A1: Regular Gambler Criteria

Gambling Behavior

GY1a. In the past 12 months, how often have you purchased lottery tickets such as Megabucks, Powerball, Lucky for Life, or Mass Cash? (Please select one response)

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY2a. In the past 12 months, how often have you purchased instant tickets or pull tabs? Would you say about... (Please select one response)

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY2c. In the past 12 months, how often have you purchased raffle tickets? Would you say about... (Please select one response)

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY3a. In the past 12 months, how often have you purchased keno or daily race game tickets? Would you say about... (Please select one response)

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY4a. In the past 12 months, how often have you bet money on sporting events (this includes sports pools)? Would you say about... Please select one response

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY5a. In the past 12 months, how often have you gone to a bingo hall to gamble? Would you say about... Please select one response

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY8a. In the past 12 months, how many times have you gambled at a casino, racino, or slots parlor outside of Massachusetts? Would you say about... Please select one response

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY9a. In the past 12 months, how often have you bet on a horse race at either a horse race track or an off-track site? Would you say about... Please select one response

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

GY10a. In the past 12 months, how often have you gambled or bet money against other people on things such as card games; golf, pool, darts, bowling; video games; board games, or poker outside of a casino? Would you say about... Please select one response

- 4 or more times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month, or
- Not at all

Appendix A2: Gambling Harm Items

Gambling Problems

GP6a. In the past 12 months, has your gambling caused any financial problems for you or your household? Please select one response

- Never
- Sometimes
- Most of the time, or
- Almost always
- Prefer not to answer

GP6b. In the past 12 months, have you filed for bankruptcy because of gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP7a. In the past 12 months, has your gambling caused you any health problems, including stress or anxiety? Please select one response

- Never
- Sometimes
- Most of the time, or
- Almost always
- Prefer not to answer

GP7b. In the past 12 months, have these health problems caused you to seek medical or psychological help?

Please select one response

- No
- Yes
- Prefer not to answer

GP10a. Has your involvement in gambling caused significant mental stress in the form of guilt, anxiety, or depression for you or someone close to you in the past 12 months? Please select one response

- No
- Yes
- Prefer not to answer

GP10b. In the past 12 months, have you thought of committing suicide because of gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP10c. In the past 12 months, have you attempted suicide because of gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP11a. Has your involvement in gambling caused significant problems in your relationship with your spouse/partner or important friends or family in the past 12 months? Please select one response

- No
- Yes
- Prefer not to answer

GP11b. In the past 12 months, has your involvement in gambling caused an instance of domestic violence in your household? Please select one response

- No
- Yes
- Prefer not to answer

GP11c. In the past 12 months, has your involvement in gambling resulted in separation or divorce? Please select one response

- No
- Yes
- Prefer not to answer

GP12a. In the past 12 months, has your involvement in gambling caused you to repeatedly neglect your children or family? Please select one response

- No
- Yes
- Prefer not to answer

GP12b. In the past 12 months, has child welfare services become involved because of your gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP13a. Has your involvement in gambling caused significant work or school problems for you or someone close to you in the past 12 months or caused you to miss a significant amount of time off work or school? Please select one response

- No
- Yes
- Prefer not to answer

GP13c. In the past 12 months, have you lost your job or had to quit school due to gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP13d. In the past 12 months, did anyone in this household receive any public assistance (food stamps, Temporary Assistance for Needy Families (TANF)) or any other welfare payments from the state or local welfare office as a result of losing your job because of gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP14a. In the past 12 months, has your involvement in gambling caused you or someone close to you to write bad checks, take money that didn't belong to you or commit other illegal acts to support your gambling? Please select one response

- No
- Yes
- Prefer not to answer

GP14b. In the past 12 months, about how much money have you illegally obtained in order to gamble? Please enter the amount in the box below

\$ _____

- Prefer not to answer

GP14c. In the past 12 months, has your gambling been a factor in your committing a crime for which you have been arrested? Please select one response

- No
- Yes
- Prefer not to answer

GP14d. Were you convicted for this crime? Please select one response

- No
- Yes
- Prefer not to answer

GP14g. Were you incarcerated for this crime? Please select one response

- No
- Yes
- Prefer not to answer

Appendix B: Endorsement of Harms by BGPS and BOPS Regular Gamblers

		BGPS			BOPS			p-value ¹	
		Unweighted	%	95% CI	Unweighted	%	95% CI		
	Weighted N	3,355	57.3	(56.2, 58.5)	2,497	42.7	(41.5, 43.8)		
Financial	Financial problems	93	2.8	(2.3, 3.4)	273	10.9	(9.8, 12.2)	<0.0001	
	Filed for bankruptcy	9	0.3	(0.1, 0.5)	27	1.1	(0.8, 1.6)	0.0013	
Health	Health problems	96	2.9	(2.3, 3.5)	261	10.5	(9.3, 11.7)	<0.0001	
	Health problems result in seeking medical or psychological help	19	0.6	(0.4, 0.9)	58	2.3	(1.8, 3.0)	<0.0001	
Depression /suicide	Mental stress (guilt, anxiety, depression)	94	2.8	(2.3, 3.4)	127	5.1	(4.3, 6.0)	<0.0001	
	Suicidal thoughts	10	0.3	(0.2, 0.6)	16	0.6	(0.4, 1.0)	<0.0001	
	Attempted suicide	---			11	0.5	(0.3, 0.8)	0.0721	
Relationship	Relationship problems	29	0.9	(0.6, 1.2)	71	2.8	(2.3, 3.6)	<0.0001	
	Domestic violence	6	0.2	(0.1, 0.4)	37	1.5	(1.1, 2.0)	<0.0001	
	Separation or divorce	---			23	0.9	(0.6, 1.4)	<0.0001	
	Neglect of children or family	8	0.2	(0.1, 0.5)	46	1.8	(1.4, 2.5)	<0.0001	
	Child welfare services involved	0	0.0		20	0.8	(0.5, 1.2)	<0.0001	
Work/school	Work or school problems	13	0.4	(0.2, 0.7)	40	1.6	(1.2, 2.2)	<0.0001	
	Lost job or quit school due	---			19	0.8	(0.5, 1.2)	<0.0001	
	Received public assistance/welfare payments	---			15	0.6	(0.4, 1.0)	<0.0001	
Illegal acts	Commission of illegal acts	15	0.4	(0.3, 0.7)	42	1.7	(1.2, 2.3)	<0.0001	
	Amount of money illegally obtained	Mean (95% CI)	3,282	8.3	(-6.6, 23.3)	2,441	1360.0	(-1289.3, 4009.3)	<0.0001
	Amount of money illegally obtained	Median (95% CI)	3,282	0.0	(0.0, 0.0)	2,441	0.0	(-0.0, 0.0)	<0.0001
	Arrested	---			18	0.7	(0.5, 1.1)	<0.0001	
	Convicted of offense	---			11	0.4	(0.2, 0.8)	<0.0001	
	Incarcerated	---			9	0.4	(0.2, 0.7)	<0.0001	
	Endorsed one of more harm	2=yes	204	6.4	(5.6, 7.3)	341	14.5	(13.1, 15.9)	<0.0001

Gambling Harms and the Prevention Paradox in Massachusetts

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Department of Biostatistics & Epidemiology

November 4, 2021

Background

- Recent shift in focus from ‘problem gambling’ to ‘gambling harms’
- Recognizes that harms are not limited to clinical entity of problem gambling
 - Many more people harmed by gambling than reflected in rates of PG
- Similar to public health approaches to alcohol consumption

Background

- ‘Prevention Paradox’ (Rose, 1992) called for shift from public health prevention strategies focused on individuals to strategies focused on populations
 - Reducing risks for populations means that measures bringing large benefits to the community may offer little to each participating individual
- In gambling, the ‘paradox’ is that there are far more low-risk gamblers than high-risk gamblers in the population
 - Hence, more harm in the aggregate is experienced by the low-risk gambling population even though high-risk gamblers suffer greater amounts of harm individually

Types of Gambling Harm

- Harmful gambling can be challenging to define and measure
- Emerging international consensus
 - Gambling behavior is distinct from gambling harms
 - Individual gamblers, their families, and their communities experience harms
 - Harm domains:
 - Financial
 - Relationship
 - Emotional/ psychological
 - Health
 - Work/school
 - Illegal activities

Measuring Gambling Harms

- Gambling Harms Checklist (72 items)
 - Used in surveys in Australia, New Zealand, Finland
 - Critique of Gambling Harms Checklist
 - Only assesses harm to individual
 - Some items do not represent unambiguous harm
 - Some items contain inappropriate value judgements
- Problem & Pathological Gambling Measure (PPGM) (14 items)
 - Used in numerous jurisdictions inc. MA
 - Asks about ‘significant’ harm in each domain
 - Asks about harms caused to individual or someone close to them

Methods

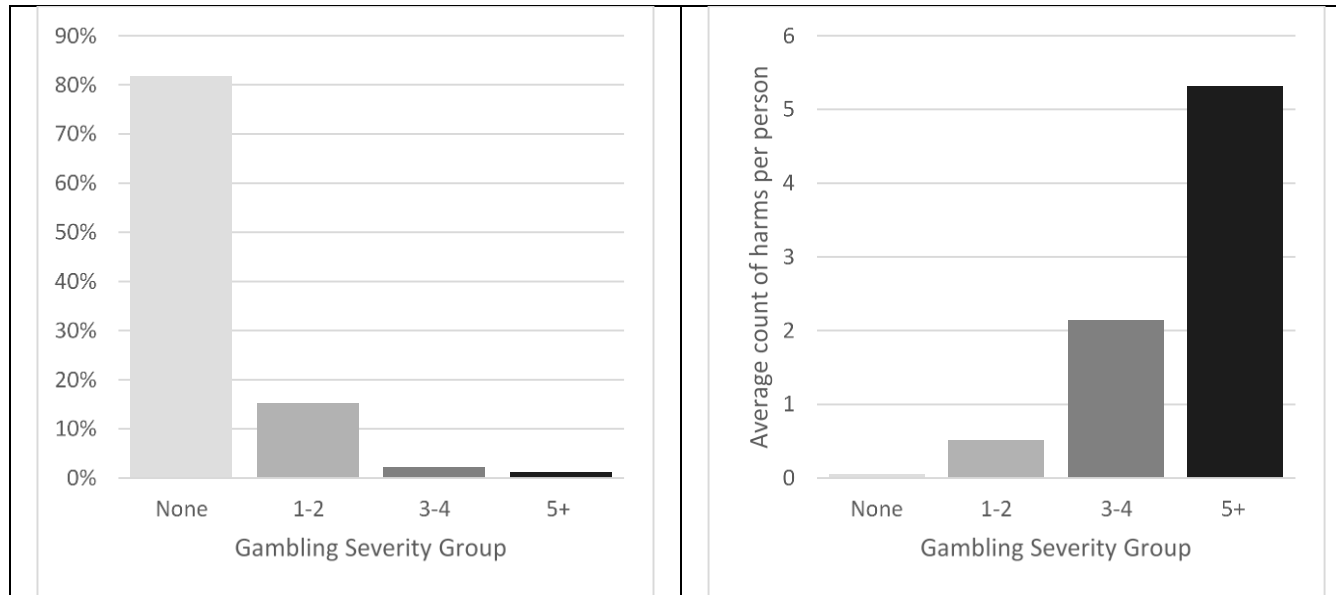
- Used data from BGPS and BOPS
 - BOPS respondents were more likely than BGPS respondents to be male, under 35, White
 - Less likely to have attended college, have annual HH incomes over \$100,000
- Analytic approach
 - Selected regular gamblers (sample = 5,704)
 - Created gambling severity score using PPGM ‘impaired control’ & ‘behavioral dependence’ items
 - PPGM ‘harm’ items excluded from severity measure, used to create 6 harm domains

Category	Question #	Description of question
Financial	GP6a	Financial problems because of gambling
	GP6b	Filed for bankruptcy because of gambling
Health	GP7a	Health or stress problems because of gambling
	GP7b	Gambling-related health problems resulted in seeking medical or psychological help
Emotion/ psychological	GP10a	Significant guilt, anxiety or depression because of gambling
	GP10b	Suicidal thoughts because of gambling
	GP10c	Attempted suicide because of gambling
Family/relationships	GP11a	Relationship problems because of gambling
	GP11b	Domestic violence because of gambling
	GP11c	Separation or divorce because of gambling
	GP12a	Neglect of children or family because of gambling
	GP12b	Child welfare services involved because of gambling
Work/school	GP13a	Work or school problems because of gambling
	GP13c	Lost job or quit school due to gambling
	GP13d	Received public assistance or welfare payments because of gambling
Illegal	GP14a	Commission of illegal acts because of gambling
	GP14b	Average amount of money illegally obtained to gamble
	GP14c	Arrested because of gambling
	GP14d	Convicted of offense because of gambling
	GP14g	Incarcerated because of gambling

Results

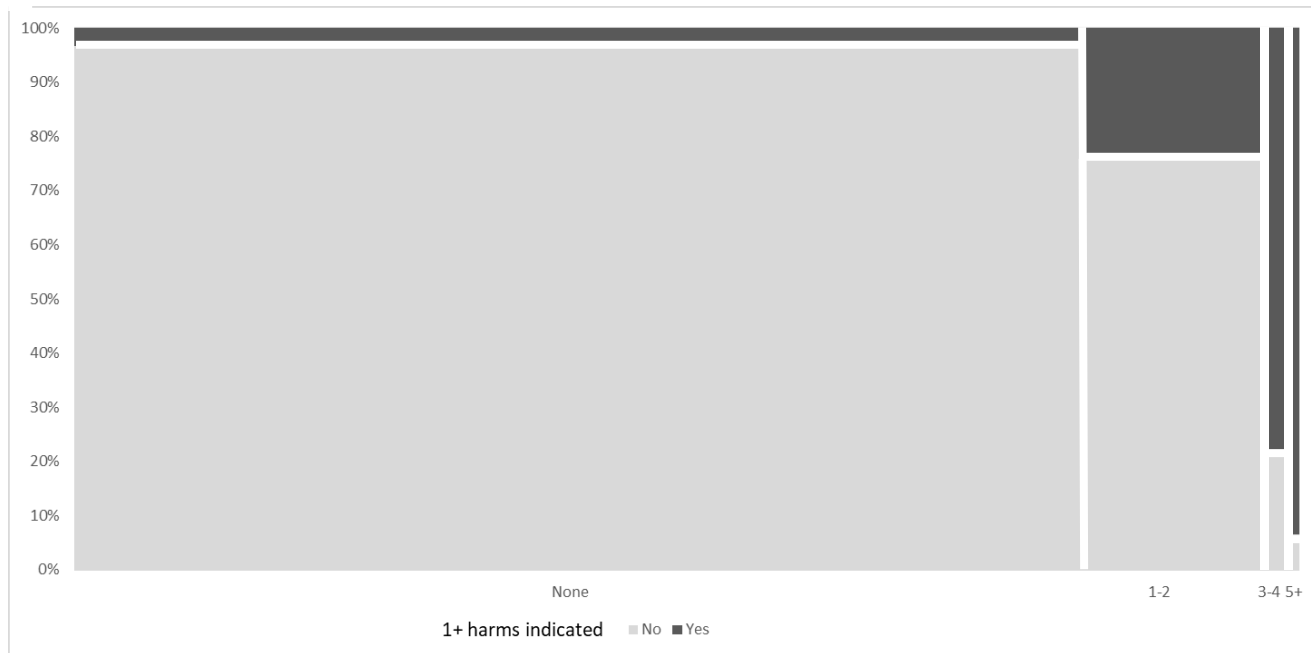
- Looked first at relationship between gambling severity and gambling harms
- Then examined number of individuals in each severity group experiencing 1+ harms
- Next looked at proportional distribution of severity by number of harms
- Last examined proportional distribution of harms by domain

Gambling Severity & Gambling Harms

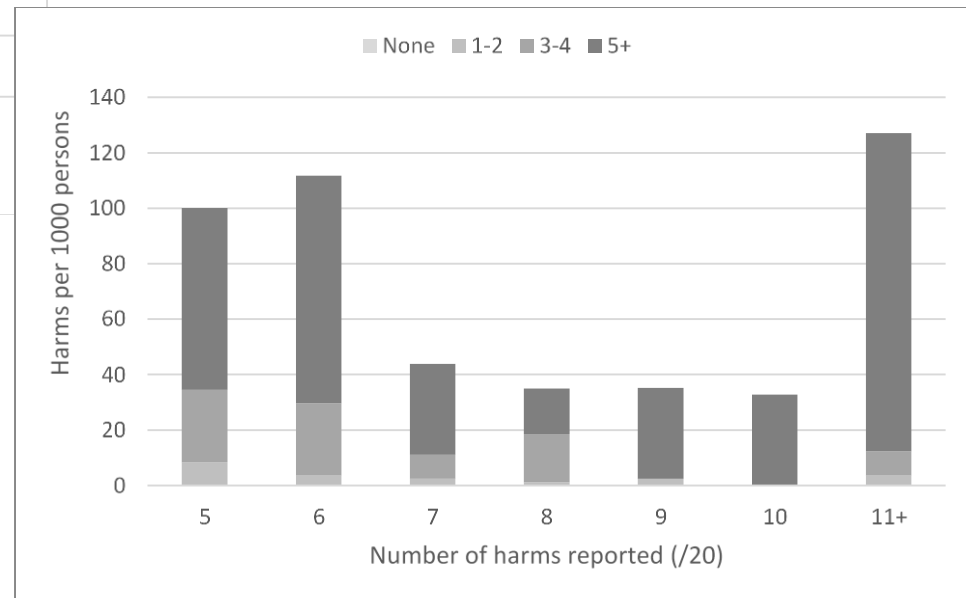
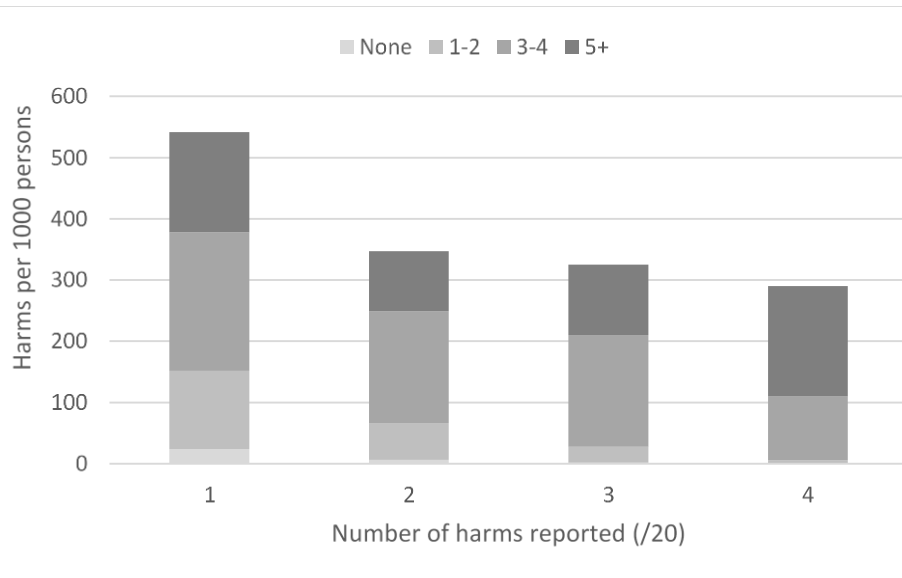


Gambling Severity Group	Group Size	Average # Harms	Total Harms by Group	Proportion of Harms by Group
None	4,476	0.0436	195	16.4%
1-2	829	0.5138	426	35.8%
3-4	115	2.1391	246	20.7%
5+	61	5.3114	324	27.2%
	5,481	0.2172	1,191	100.0%

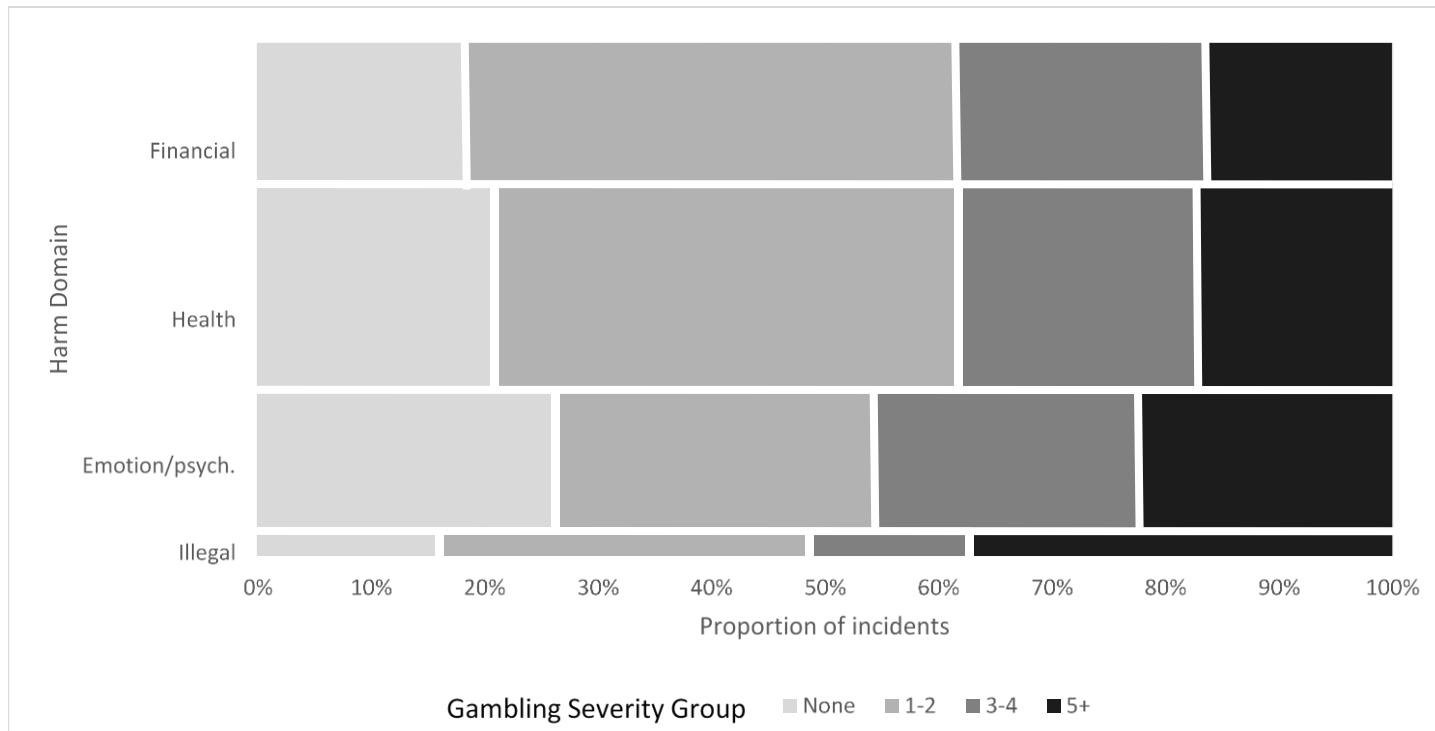
Gambling Severity & 1+ Harms



Gambling Severity & # of Harms



Gambling Severity & Harm Domains



Conclusions

- ‘Prevention Paradox’ is supported in MA with just over 70% of all harms arising from lower severity groups
- Among regular gamblers in MA, any particular individual reporting 1+ harms is most likely to be in a lower severity group
- Majority of highest severity group report experiencing multiple harms
- Some harms are more common and more broadly distributed across severity groups
- ‘Prevention Paradox’ in MA is supported across all harm domains

Implications for Prevention & Treatment

- Existence of ‘Prevention Paradox’ supports directing more resources toward primary prevention
- High rates of financial & health harms
 - Raise awareness about gambling harms among community organizations, health professionals, financial counselors, financial institutions
- Wide array of initiatives needed to minimize & mitigate gambling harms in MA

Limitations

- Limitations of the surveys
- Data collected in 2013 & 2014
- Cannot generalize to the adult population of MA
- Potential of bias due to self-report
- Does not include harms experienced by affected or concerned others or those who gamble only occasionally

To read more:

Volberg, R.A., Zorn, M., Williams, R.J., Evans, V. (2021). *Gambling Harms and the Prevention Paradox in Massachusetts*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

Available at: www.umass.edu/seigma/reports



MASSACHUSETTS GAMING COMMISSION

MEMORANDUM

To: Chair Judd-Stein and Commissioners Cameron, Hill, and O'Brien

From: Karen Wells, Executive Director and Derek Lennon, CFAO

Date: 11/4/2021

Re: Fiscal Year 2022 (FY22) First Budget Update

Summary:

The Massachusetts Gaming Commission approved a FY22 budget for the Gaming Control Fund of \$33.02M, composed of \$27.12M in regulatory costs and \$5.9M in statutorily required costs. The entire Research and Responsible Gaming budget is funded from the Public Health Trust Fund (PHTF), at an additional \$6.49M. The Commission approved an initial budget of \$274K for the Community Mitigation Fund. The Gaming Control Fund required an initial assessment of \$29.3M on licensees. After balancing forward \$2.05M from FY21, the assessment is reduced to \$27.26M. The Commission also approved an additional \$5M assessment required by law for the PHTF.

This quarterly update, staff is recommending increasing the Gaming Control Fund by a total of \$403K. \$330K is for public safety related expenses and \$73K for the July invoice for the independent monitor, which was paid in September. The independent monitor expense is revenue neutral.

Gaming Control Fund

Spending Update:

When the Commission approved the initial FY22 budget, it was with the knowledge that only the bare minimum required for the MGC's insurance policy was funded in the litigation budget. In addition, the FY22 funding included a flat spending projection for MSP OT. We will continue to monitor both items. The costs of the independent monitor were not included in the FY22 budget as that item is revenue neutral, (each dollar of expense is offset by a corresponding dollar of revenue). We are increasing the spending projection by \$73K for the July billing which is the only independent monitor bill paid between 7/1/2021 and 9/30/2021. We are increasing the revenue projection by that same amount. Staff is recommending an increase to the local Gaming Enforcement Unit (GEU) items for both Plainville and the City of Springfield. The City of Springfield was late submitting its invoice of \$271,539.12 for the last quarter of FY21 (4/1/20-6/30/20). That expense was paid in FY22. In addition, there was transition at the Plainville Police Department and the contract that was executed did not account for \$58,528.46 of costs the department will incur as its obligation to the GEU. These combined public safety increases equal \$330K.

The finance office entered an incidental contract for services to cover our communications office. We were hopeful to have a communications director filled, however, the Commission is currently backfilling many vacancies. The total spending against the incidental contract is currently approaching the incidental threshold of \$10K. As a result, the finance office is recommending changing this engagement



Massachusetts Gaming Commission

to a best value/uniquely qualified procurement. The firm we are using has an employee that served as communications director, in a contract employee capacity, for a year. This firm is a great value to us because it has cost us less than the turnover savings we have realized since the departure of our communications director, as well as there is no start-up cost for learning our organization.

Revenue Update:

The FY22 Budget for the Gaming Control Fund relies on fees from licensing and slot machines, and an assessment to maintain regulatory oversight of the gaming operations. The Commonwealth operates on a modified cash basis of accounting. Therefore, the reimbursements for \$97.9K of independent monitoring expenses that were paid in FY21 were credited to FY22 revenue because they were not received until after July 1, 2021. The \$97.9K in independent monitoring fee revenue, combined with the excess revenue of \$1.958M from FY21 is credited back to the assessment on licensees. The amount credited back to each licensee was discussed in the FY21 closeout report on 9/24/2021. The FY22 assessment was built on projected gaming positions from the licensees. We have since received actual gaming position counts. The tables below detail the effects of both the revised gaming position counts as well as the FY21 balance forward for each licensee's assessment.

FY22 Initial Projections for Gaming Control Fund and Public Health Trust Fund Assessments							
Licensee	Slots	Table Games	Table Gaming Positions*	Total Gaming Positions*	% of Gaming Positions	Annual Gaming Control Fund Assessment	Annual PHTF Assessment
MGM	1,701	52	338	2,039	30.07%	8,818,058.34	1,503,687.32
Encore	2,575	180	1,158	3,733	55.06%	16,144,096.02	2,752,949.85
Penn	939	-	-	1,008	14.87%	4,359,295.15	743,362.83
TOTAL	5,215	232	1,496	6,780	100.00%	29,321,449.50	5,000,000.00

FY22 Revised for Actual Gaming Position Counts a/o 7/1/21 for Gaming Control Fund and Public Health Trust Fund Assessments									
Licensee	Slots	Table Games	Table Gaming Positions	Total Gaming Positions	% of Gaming Positions	Annual Gaming Control Fund Assessment	Credit to FY22 Assessment	Revised Gaming Control Fund Assessment	Revised PHTF Assessment
MGM	1,698	52	338	2,036	30.42%	8,919,538.50	527,819.78	8,391,718.72	1,520,992
Encore	2,628	180	1,158	3,786	56.57%	16,586,135.93	1,171,520.00	15,414,615.93	2,828,328
PPC	830			871	13.01%	3,815,775.07	357,477.94	3,458,297.13	650,680
TOTAL	5,156	232	1,496	6,693	100.00%	29,321,449.50	2,056,817.72	27,264,631.78	5,000,000

For the first time in any fiscal year since we began tracking revenue in the Gaming Control Fund, licensing fees in FY21 did not exceed projections. In FY22, we will keep a close watch on the employee licensing fees. The COVID-19 restrictions in place during FY21 resulted in a lower turnover and hiring rate at the casinos. We are hopeful that the employee licensing fees will return to pre-pandemic levels in FY22.

Due to the numerous potential areas of exposure, we are tracking right now, the large surplus that was carried forward from the prior fiscal year, as well as this report only covering the first three (3) months of the fiscal year we are not recommending any increase to current assessment to offset the proposed budgetary increases.

Community Mitigation Fund:

In FY21 the Commission promulgated regulations that allowed for the usage of up to 10% of the Community Mitigation Fund (CMF) for administrative purposes. The Commission approved an FY21



Massachusetts Gaming Commission

budget of \$337K to administer the CMF. \$100K of that budget was for the development of a database to track the grants administered by the MGC. The database did not get under development until FY22. Staff is recommending increasing the FY22 approved budget of \$274.5K by the unspent \$100K to allow for completion of the database. This increase is revenue neutral as the funds were unspent in FY21 and the CMF is a continuing trust fund.

Attachment A to this document shows the initial budgets, actual spending, and revenue for the first quarter of FY22 as well as the recommended adjustments contained in this memorandum.

Conclusion:

At this time, we recommend increasing the Gaming Control Fund spending projections by \$403K increasing revenue projections by \$73K and not increasing the assessment for the Gaming Control Fund. We will continue to monitor all spending and revenue activity with attention to litigation costs, GEU overtime costs, payroll turnover savings, and employee licensing fees for future updates. We also recommend increasing the FY22 Community Mitigation Fund budget by \$100K to allow for completion of the database. The \$100K is revenue neutral as it is unspent money that was allocated to the development of the database in FY21 but did not start until FY22.

Attachment A: FY22 Actuals Spending and Revenue as of 10/1/2021



Massachusetts Gaming Commission

2022		Budget Projections					Actuals To Date		
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Total	%Spent	% BFY Passed	
10500001--Gaming Control Fund									
MGC Regulatory Cost									
AA REGULAR EMPLOYEE COMPENSATION	\$ 7,391,959.00		\$ -	\$ -	\$ 7,391,959.00	\$ 1,644,213.93	22%	25%	
BB REGULAR EMPLOYEE RELATED EXPEN	\$ 43,700.00		\$ -	\$ -	\$ 43,700.00	\$ 939.69	2%	25%	
CC SPECIAL EMPLOYEES	\$ 205,000.00		\$ -	\$ -	\$ 205,000.00	\$ 33,134.01	16%	25%	
DD PENSION & INSURANCE RELATED EX	\$ 2,744,582.97		\$ -	\$ -	\$ 2,744,582.97	\$ 593,996.69	22%	25%	
EE ADMINISTRATIVE EXPENSES	\$ 523,003.92		\$ -	\$ -	\$ 523,003.92	\$ 71,246.37	14%	25%	
FF PROGRAM, FACILITY, OPERATIONAL SUPPLIES	\$ 20,000.00		\$ -	\$ -	\$ 20,000.00	\$ 98.98	0%	25%	
GG ENERGY COSTS AND SPACE RENTAL	\$ 1,333,102.02		\$ -	\$ -	\$ 1,333,102.02	\$ 328,397.37	25%	25%	
HH CONSULTANT SVCS (TO DEPTS)	\$ 816,629.00		\$ -	\$ 73,024.40	\$ 816,629.00	\$ 94,001.03	12%	25%	
JJ OPERATIONAL SERVICES	\$ 9,717,737.15		\$ -	\$ 330,067.58	\$ 9,717,737.15	\$ 778,608.03	8%	25%	
KK Equipment Purchase	\$ 59,500.00		\$ -	\$ -	\$ 59,500.00	\$ 198.63	0%	25%	
LL EQUIPMENT LEASE-MAINTAIN/REPAR	\$ 40,494.25		\$ -	\$ -	\$ 40,494.25	\$ 6,667.91	16%	25%	
NN NON-MAJOR FACILITY MAINTENANCE REPAIR	\$ 25,000.00		\$ -	\$ -	\$ 25,000.00	\$ 280.00	1%	25%	
PP STATE AID/POL SUB/OSD	\$ 175,000.00		\$ -	\$ -	\$ 175,000.00	\$ 25,000.00	14%	25%	
TT PAYMENTS & REFUNDS	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
UU IT Non-Payroll Expenses	\$ 4,025,680.24		\$ -	\$ -	\$ 4,025,680.24	\$ 493,913.52	12%	25%	
MGC Regulatory Cost Subtotal:	\$ 27,121,388.55		\$ -	\$ 403,091.98	\$ 27,121,388.55	\$ 4,070,696.16	15%	25%	
EE--Indirect Costs	\$ 2,261,055.34	\$ -	\$ -	\$ -	\$ 2,261,055.34	\$ 292,299.22	13%	25%	
Office of Attorney General									
ISA to AGO	\$ 2,630,034.15		\$ -	\$ -	\$ 2,630,034.15	\$ 438,122.06	17%	25%	
TT Reimbursement for AGO 0810-1024	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
AGO State Police	\$ 937,971.46		\$ -	\$ -	\$ 937,971.46	\$ 56,992.40	6%	25%	
Office of Attorney General Subtotal:	\$ 3,568,005.61	\$ -	\$ -	\$ -	\$ 3,568,005.61	\$ 495,114.46	14%	25%	
ISA to ABCC	\$ 75,000.00	\$ -	\$ -	\$ -	\$ 75,000.00	\$ -	0%	25%	
Gaming Control Fund Total Costs	\$ 33,025,449.50	\$ -	\$ -	\$ 403,091.98	\$ 33,025,449.50	\$ 4,858,109.84	15%	25%	
Revenue Projections									
Revenues	Initial Projection		Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total			
Gaming Control Fund Beginning Balance 0500	\$ -		\$ 1,958,874.32	\$ -	\$ 1,958,874.32	\$ 1,947,298.69			
EBH Security Fees 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
IEB Background/Investigative Collections 3000	\$ 150,000.00		\$ -	\$ -	\$ 150,000.00	\$ -			
Category/Region Collection Fees 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Current Year Independent Monitor Fees	\$ -		\$ -	\$ 73,024.40	\$ -	\$ -			
Prior Year Independent Monitor Fees	\$ -		\$ 97,943.40	\$ -	\$ 97,943.40	\$ 97,943.40			
Phase 1 Refunds 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Phase 2 Category 1 Collections (restricted) 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Region C Phase 1 Investigation Collections 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Region C Phase 2 Category 1 Collections 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Grant Collections (restricted) 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Region A slot Machine Fee 0500	\$ 1,545,000.00		\$ -	\$ -	\$ 1,545,000.00	\$ 1,545,000.00			
Region B Slot Machine Fee 0500	\$ 1,020,600.00		\$ -	\$ -	\$ 1,020,600.00	\$ 1,020,600.00			
Slots Parlor Slot Machine Fee 0500	\$ 563,400.00		\$ -	\$ -	\$ 563,400.00	\$ 563,400.00			
Gaming Employee License Fees (GEL) 3000	\$ 75,000.00		\$ -	\$ -	\$ 75,000.00	\$ 4,500.00			
Key Gaming Executive (GKE) 3000	\$ 10,000.00		\$ -	\$ -	\$ 10,000.00	\$ -			
Key Gaming Employee (GKS) 3000	\$ 15,000.00		\$ -	\$ -	\$ 15,000.00	\$ 1,000.00			
Non-Gaming Vendor (NGV) 3000	\$ 10,000.00		\$ -	\$ -	\$ 10,000.00	\$ 20,600.00			
Vendor Gaming Primary (VGP) 3000	\$ 225,000.00		\$ -	\$ -	\$ 225,000.00	\$ 15,000.00			
Vendor Gaming Secondary (VGS) 3000	\$ 15,000.00		\$ -	\$ -	\$ 15,000.00	\$ -			
Gaming School License (GSB)	\$ 15,000.00		\$ -	\$ -	\$ 15,000.00	\$ -			
Gaming Service Employee License (SER) 3000	\$ 25,000.00		\$ -	\$ -	\$ 25,000.00	\$ 4,125.00			
Subcontractor ID Initial License (SUB) 3000	\$ -		\$ -	\$ -	\$ -	\$ -			
Temporary License Initial License (TEM) 3000	\$ 10,000.00		\$ -	\$ -	\$ 10,000.00	\$ -			
Assessment for PHTF	\$ 5,000,000.00		\$ -	\$ -	\$ 5,000,000.00	\$ -			
Transfer PHTF Assessment to PHTF	\$ (5,000,000.00)		\$ -	\$ -	\$ (5,000,000.00)	\$ -			
Veterans Initial License (VET) 3000	\$ -		\$ -	\$ -	\$ -	\$ -			
Transfer of Licensing Fees to CMF 0500	\$ -		\$ -	\$ -	\$ -	\$ -			
Assessment 0500	\$ 29,321,449.50		\$ (2,056,817.72)	\$ -	\$ 27,264,631.78	\$ 7,330,362.38			
Misc/MCC Grant	\$ 25,000.00		\$ -	\$ -	\$ 25,000.00	\$ 25,000.00			
Miscellaneous 0500	\$ -		\$ -	\$ -	\$ -	\$ 5,474.48			
Bank Interest 2700	\$ -		\$ -	\$ -	\$ -	\$ 300.88			
Grand Total	\$ 33,025,449.50	\$ -	\$ -	\$ 73,024.40	\$ 33,025,449.50	\$ 12,580,604.83			

2021		Budget Projections				Current Budget (Initial+Apvd Adjmts)	Actuals To Date		% BFY Passed
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Total		%Spent		
4000-1101 Research and Responsible Gaming/Public Health Trust Fund									
AA REGULAR EMPLOYEE COMPENSATION	\$ 300,984.03		\$ -	\$ -	\$ 300,984.03	\$ 53,315.86	18%	25%	
BB REGULAR EMPLOYEE RELATED EXPEN	\$ 5,000.00		\$ -	\$ -	\$ 5,000.00	\$ -	0%	25%	
CC SPECIAL EMPLOYEES	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
DD PENSION & INSURANCE RELATED EX	\$ 118,888.70		\$ -	\$ -	\$ 118,888.70	\$ 20,891.34	18%	25%	
EE ADMINISTRATIVE EXPENSES	\$ 352,500.00		\$ -	\$ -	\$ 352,500.00	\$ 10,010.87	3%	25%	
FF PROGRAMMATIC FACILITY OPERATONAL SUPPLIES	\$ 1,000.00		\$ -	\$ -	\$ 1,000.00	\$ -	0%	25%	
HH CONSULTANT SVCS (TO DEPTS)	\$ 3,090,000.00		\$ -	\$ -	\$ 3,090,000.00	\$ 4,400.00	0%	25%	
JJ OPERATIONAL SERVICES	\$ 10,000.00		\$ -	\$ -	\$ 10,000.00	\$ 505.80	5%	25%	
MM PURCHASED CLIENT/PROGRAM SVCS	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
PP STATE AID/POL SUB	\$ 2,613,000.00		\$ -	\$ -	\$ 2,613,000.00	\$ 205,265.59	8%	25%	
UU IT Non-Payroll Expenses	\$ 2,000.00		\$ -	\$ -	\$ 2,000.00	\$ 5,000.00	250%	25%	
ISA to DPH	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
Research and Responsible Gaming/Public Health Trust Fund Subtotal:	\$ 6,493,372.73	\$ -	\$ -	\$ -	\$ 6,493,372.73	\$ 299,389.46	5%	25%	
Revenue Projections									
Revenues	Initial Projection		Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total			
Public Health Trust Fund ISA	\$ 6,493,372.73		\$ -		\$ 6,493,372.73	\$ 6,493,372.73			
10500002									
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Bal Fwd+Apvd Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
TT LOANS AND SPECIAL PAYMENTS	\$ -		\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
Revenue Projections									
Revenues	Initial Projection		Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
Greyhound Balance Forward Simulcast 7200	\$ -		\$ -	\$ -	\$ -	\$ 575,323.71			
Plainridge Greyhound Import Simulcast 7200	\$ 18,000.00		\$ -	\$ -	\$ 18,000.00	\$ 6,577.64			
Raynham Greyhound Import Simulcast 7200	\$ 95,000.00		\$ -	\$ -	\$ 95,000.00	\$ 5,171.57			
Suffolk Greyhound Import Simulcast 7200	\$ -		\$ -	\$ -	\$ -	\$ 5,935.92			
TVG Greyhound Import Simulcast 7200	\$ -		\$ -	\$ -	\$ -	\$ 2,048.96			
TWS Greyhound Import Simulcast 7200	\$ -		\$ -	\$ -	\$ -	\$ 3,692.71			
Wonderland Greyhound Import Simulcast 7200	\$ 2,500.00		\$ -	\$ -	\$ 2,500.00	\$ 211.71			
	\$ 115,500.00	\$ -	\$ -	\$ -	\$ 115,500.00	\$ 598,962.22			

Budget Projections									
Row Labels	Initial Projection	FY21 Balance	Approved	Proposed	Current Budget	Actuals To Date	%Spent	% BFY	Passed
		Forward	Adjustments	Adjustments	(Initial+Bal Fwd+Apvd Adjmts)				
1050003									
AA REGULAR EMPLOYEE COMPENSATION	\$ 806,691.79	\$ -	\$ -	\$ -	\$ 806,691.79	\$ 189,248.19	23%	25%	
BB REGULAR EMPLOYEE RELATED EXPEN	\$ 1,750.00	\$ -	\$ -	\$ -	\$ 1,750.00	\$ 299.38	17%	25%	
CC SPECIAL EMPLOYEES	\$ 450,000.00	\$ -	\$ -	\$ -	\$ 450,000.00	\$ 133,525.87	30%	25%	
DD PENSION & INSURANCE RELATED EX	\$ 318,643.25	\$ -	\$ -	\$ -	\$ 318,643.25	\$ 68,272.89	21%	25%	
EE ADMINISTRATIVE EXPENSES	\$ 42,385.00	\$ -	\$ -	\$ -	\$ 42,385.00	\$ 2,040.58	5%	25%	
FF PROGRAMMATIC FACILITY OPERATONAL SUPPLIES	\$ 42,000.00	\$ -	\$ -	\$ -	\$ 42,000.00	\$ -	0%	25%	
HH CONSULTANT SVCS (TO DEPTS)	\$ 25,000.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ -	0%	25%	
JJ OPERATIONAL SERVICES	\$ 795,090.03	\$ -	\$ -	\$ -	\$ 795,090.03	\$ 98,883.43	12%	25%	
KK EQUIPMENT PURCHASES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,202.78	#DIV/0!	25%	
LL EQUIPMENT LEASE-MAINTAIN/REPAR	\$ 915.00	\$ -	\$ -	\$ -	\$ 915.00	\$ -	0%	25%	
MM PURCHASED CLIENT/PROGRAM SVCS	\$ 155,000.00	\$ -	\$ -	\$ -	\$ 155,000.00	\$ -	0%	25%	
NN INFRASTRUCTURE:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
TT LOANS AND SPECIAL PAYMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	25%	
UU IT Non-Payroll Expenses	\$ 15,000.00	\$ -	\$ -	\$ -	\$ 15,000.00	\$ 310.36	2%	25%	
EE --Indirect Costs	\$ 209,178.18	\$ -	\$ -	\$ -	\$ 209,178.18	\$ 41,879.85	20%	25%	
ISA to DPH	\$ 70,000.00	\$ -	\$ -	\$ -	\$ 70,000.00	\$ -	0%	25%	
Grand Total	\$ 2,931,653.25	\$ -	\$ -	\$ -	\$ 2,931,653.25	\$ 535,663.33	18%	25%	
Revenue Projections									
Revenues	Initial Projection	Approved	Proposed	Current Budget	Actuals To Date				
		Adjustments	Adjustments	(Initial+Apvd Adjmts)	Total				
Racing Oversight and Development Balance Forward 0131	\$ -	\$ -	\$ -	\$ -	\$ 791,108.31				
Plainridge Assessment 4800	\$ 48,131.00	\$ -	\$ -	\$ 48,131.00	\$ 32,510.00				
Plainridge Daily License Fee 3003	\$ 108,600.00	\$ -	\$ -	\$ 108,600.00	\$ 36,600.00				
Plainridge Occupational License 3003/3004	\$ 50,000.00	\$ -	\$ -	\$ 50,000.00	\$ 8,045.00				
Plainridge Racing Development Oversight Live 0131	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00	\$ 2,569.63				
Plainridge Racing Development Oversight Simulcast 0131	\$ 115,000.00	\$ -	\$ -	\$ 115,000.00	\$ 34,694.57				
Raynham Assessment 4800	\$ 47,639.00	\$ -	\$ -	\$ 47,639.00	\$ 6,861.00				
Raynham Daily License Fee 3003	\$ 87,000.00	\$ -	\$ -	\$ 87,000.00	\$ 7,500.00				
Raynham Racing Development Oversight Simulcast 0131	\$ 125,000.00	\$ -	\$ -	\$ 125,000.00	\$ 7,678.58				
Suffolk Assessment 4800	\$ 653,334.00	\$ -	\$ -	\$ 653,334.00	\$ 137,191.60				
Suffolk Commission Racing Development Oversight Simulcast 0131	\$ 75,000.00	\$ -	\$ -	\$ 75,000.00	\$ 27,770.80				
Suffolk Daily License Fee 3003	\$ 78,000.00	\$ -	\$ -	\$ 78,000.00	\$ 19,200.00				
Suffolk Occupational License 3003/3004	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00	\$ -				
Suffolk Racing Development Oversight Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -				
Suffolk TVG Commission Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -				
Suffolk TVG Commission Simulcast 0131	\$ 650,000.00	\$ -	\$ -	\$ 650,000.00	\$ 119,561.55				
Suffolk Twin Spires Commission Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -				
Suffolk Twin Spires Commission Simulcast 0131	\$ 220,000.00	\$ -	\$ -	\$ 220,000.00	\$ 54,441.38				
Suffolk Xpress Bet Commission Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -				
Suffolk Xpress Bet Commission Simulcast 0131	\$ 120,000.00	\$ -	\$ -	\$ 120,000.00	\$ 27,826.79				
Suffolk NYRA Bet Commission Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -				
Suffolk NYRA Bet Commission Simulcast 0131	\$ 130,000.00	\$ -	\$ -	\$ 130,000.00	\$ 25,923.24				
Transfer to General Fund 10500140 0000	\$ -	\$ -	\$ -	\$ -	\$ -				
Wonderland Assessment 4800	\$ 894.00	\$ -	\$ -	\$ 894.00	\$ 560.56				
Wonderland Daily License Fee 3003	\$ 60,000.00	\$ -	\$ -	\$ 60,000.00	\$ 12,000.00				
Wonderland Racing Development Oversight Simulcast 0131	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00	\$ 129.08				
Plainridge fine 2700	\$ 10,000.00	\$ -	\$ -	\$ 10,000.00	\$ 2,725.00				
Suffolk Fine 2700	\$ -	\$ -	\$ -	\$ -	\$ -				
Plainridge Unclaimed wagers 5009	\$ 200,000.00	\$ -	\$ -	\$ 200,000.00	\$ -				
Suffolk Unclaimed wagers 5009	\$ 300,000.00	\$ -	\$ -	\$ 300,000.00	\$ -				
Raynham Unclaimed wagers 5009	\$ 175,000.00	\$ -	\$ -	\$ 175,000.00	\$ -				
Wonderland Unclaimed wagers 5009	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00	\$ -				
Misc/Bank Interest 0131	\$ 500.00	\$ -	\$ -	\$ 500.00	\$ -				
Grand Total	\$3,289,098.00	\$0.00	\$0.00	\$0.00	\$3,289,098.00	\$1,354,897.09			

Budget Projections									
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Bal Fwd+Apvdt Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
10500004									
AA REGULAR EMPLOYEE COMPENSATION	\$ 156,872.17	\$ -	\$ -	\$ -	\$ 156,872.17	\$ 33,282.43	21%	25%	
BB REGULAR EMPLOYEE RELATED EXPEN	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	0%	25%	
DD PENSION & INSURANCE RELATED EX	\$ 61,964.51	\$ -	\$ -	\$ -	\$ 61,964.51	\$ 12,845.19	21%	25%	
EE ADMINISTRATIVE EXPENSES	\$ 20,687.22	\$ -	\$ -	\$ -	\$ 20,687.22	\$ 3,297.77	16%	25%	
GG ENERGY COSTS AND SPACE RENTAL	\$ 2,500.00	\$ -	\$ -	\$ -	\$ 2,500.00	\$ -	0%	25%	
PP STATE AID/GRANTS	\$ 10,000,000.00	\$ -	\$ -	\$ -	\$ 10,000,000.00	\$ 385,900.80	4%	25%	
UU IT Non-Payroll Expenses	\$ 30,000.00	\$ -	\$ -	\$ 100,000.00	\$ 30,000.00	\$ 87,880.35	293%	25%	
Grand Total	\$ 10,274,523.90	\$ -	\$ -	\$ -	\$ 10,274,523.90	\$ 523,206.54	5%	25%	

Revenue Projections									
Revenues	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvdt Adjmts)	Actuals To Date Total			
Balance forward prior year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 31,086,146.28			
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			

Budget Projections									
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Bal Fwd+Apvdt Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
10500005									
TT LOANS AND SPECIAL PAYMENTS (Race Horse Dev Fund)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,722,178.66	#DIV/0!	8%	

Revenue Projections									
Revenues	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvdt Adjmts)	Actuals To Date Total			
Balance forward prior year 3003					\$ -	\$ 20,263,970.03			
Race Horse Development Fund assessment 3003	\$ 20,000,000.00				\$ 20,000,000.00				
Grand Total	\$ 20,000,000.00	\$ -	\$ -	\$ -	\$ 20,000,000.00				

Budget Projections									
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Bal Fwd+Apvdt Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
Casino forfeited money MGC Trust MGL 267A S4	\$ -				\$ -		#DIV/0!	25%	
Grand Total	\$ -	\$ -	\$ -	\$ -	\$ -				

Budget Projections									
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Bal Fwd+Apvdt Adjmts)	Actuals To Date Total	%Spent	% BFY Passed	
10500012/ P promo									
TT LOANS AND SPECIAL PAYMENTS	\$ -	\$ -	\$ -	\$ -	\$ -		#DIV/0!	25%	

Revenue Projections									
Revenues	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Current Budget (Initial+Apvdt Adjmts)	Actuals To Date Total			
Plainridge Racecourse Promo Fund Beginning Balance 7205	\$ -		\$ -	\$ -	\$ -	\$ 205,169.08			
Plainridge Import Harness Horse Simulcast 0131	\$ 15,000.00		\$ -	\$ -	\$ 15,000.00	\$ 4,745.88			
Plainridge Racing Harness Horse Live 0131	\$ 3,000.00		\$ -	\$ -	\$ 3,000.00	\$ 4,256.51			
Raynham Import Plainridge Simulcast 0131	\$ 5,000.00		\$ -	\$ -	\$ 5,000.00	\$ 329.47			
Suffolk Import Plainridge Simulcast 0131	\$ 2,500.00		\$ -	\$ -	\$ 2,500.00	\$ 396.19			
TVG Live 0131	\$ -		\$ -	\$ -	\$ -	\$ -			
TVG Simulcast 0131	\$ 22,000.00		\$ -	\$ -	\$ 22,000.00	\$ 6,666.60			
Twin Spires Live 0131	\$ -		\$ -	\$ -	\$ -	\$ -			
Twin Spires Simulcast 0131	\$ 10,000.00		\$ -	\$ -	\$ 10,000.00	\$ 2,761.97			
Xpress Bets Live 0131	\$ -		\$ -	\$ -	\$ -	\$ -			
Xpress Bets Simulcast 0131	\$ 5,000.00		\$ -	\$ -	\$ 5,000.00	\$ 1,025.78			
NYRA Live 0131	\$ -		\$ -	\$ -	\$ -	\$ -			
NYRA Simulcast 0131	\$ 5,500.00		\$ -	\$ -	\$ 5,500.00	\$ 1,285.20			
Grand Total	\$ 68,000.00	\$ -	\$ -	\$ -	\$ 68,000.00	\$ 226,636.68			

		Budget Projections				Current Budget	Actuals To Date		% BFY	
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	(Initial+Bal Fwd+Apvd Adjmts)	Total	%Spent	Passed		
10500013/ P Cap										
TT LOANS AND SPECIAL PAYMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		#DIV/0!	25%	
		Revenue Projections								
Revenues	Initial Projection	Approved Adjustments		Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total				
Plainridge Capital Improvement Fund Beginning Balance 7205	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 651,122.24				
Plainridge Import Harness Horse Simulcast 0131	\$ 15,000.00	\$ -	\$ -	\$ -	\$ 15,000.00	\$ 9,929.01				
Plainridge Racing Harness Horse Live 0131	\$ 7,500.00	\$ -	\$ -	\$ -	\$ 7,500.00	\$ 7,588.44				
Raynham Import Plainridge Simulcast 0131	\$ 6,500.00	\$ -	\$ -	\$ -	\$ 6,500.00	\$ 715.16				
Suffolk Import Plainridge Simulcast 0131	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ 900.05				
TVG Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TVG Simulcast 0131	\$ 22,000.00	\$ -	\$ -	\$ -	\$ 22,000.00	\$ 16,002.02				
Twin Spires Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Twin Spires Simulcast 0131	\$ 20,000.00	\$ -	\$ -	\$ -	\$ 20,000.00	\$ 7,648.96				
Xpress Bets Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Xpress Bets Simulcast 0131	\$ 8,500.00	\$ -	\$ -	\$ -	\$ 8,500.00	\$ 2,963.33				
NYRA Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
NYRA Simulcast 0131	\$ 7,500.00	\$ -	\$ -	\$ -	\$ 7,500.00	\$ 3,496.05				
Grand Total	\$88,500.00	\$0.00	\$0.00	\$0.00	\$88,500.00	\$700,365.26				

		Budget Projections				Current Budget	Actuals To Date		% BFY	
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	(Initial+Bal Fwd+Apvd Adjmts)	Total	%Spent	Passed		
10500021/ S promo										
TT LOANS AND SPECIAL PAYMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		#DIV/0!	25%	
		Revenue Projections								
Revenues	Initial Projection	Approved Adjustments		Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total				
Suffolk Promotional Fund Beginning Balance 7205	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 475,697.66				
Plainridge Import Suffolk Simulcast 0131	\$ 25,000.00	\$ -	\$ -	\$ -	\$ 25,000.00	\$ 7,732.29				
Raynham Import Suffolk Simulcast 0131	\$ 22,000.00	\$ -	\$ -	\$ -	\$ 22,000.00	\$ 1,452.34				
Suffolk Import Running Horse Simulcast 0131	\$ 18,500.00	\$ -	\$ -	\$ -	\$ 18,500.00	\$ 8,206.47				
Suffolk Racing Running Horse Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TVG Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TVG Simulcast 0131	\$ 210,000.00	\$ -	\$ -	\$ -	\$ 210,000.00	\$ 35,832.06				
Twin Spires Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Twin Spires Simulcast 0131	\$ 80,000.00	\$ -	\$ -	\$ -	\$ 80,000.00	\$ 16,503.48				
Xpress Bets Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Xpress Bets Simulcast 0131	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 50,000.00	\$ -				
NYRA Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
NYRA Simulcast 0131	\$ 60,000.00	\$ -	\$ -	\$ -	\$ 60,000.00	\$ 8,155.90				
Grand Total	\$465,500.00	\$0.00	\$0.00	\$0.00	\$465,500.00	\$553,580.20				

		Budget Projections				Current Budget	Actuals To Date		% BFY	
Row Labels	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	(Initial+Bal Fwd+Apvd Adjmts)	Total	%Spent	Passed		
10500022/ S Cap										
TT LOANS AND SPECIAL PAYMENTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		#DIV/0!	25%	
		Revenue Projections								
Revenues	Initial Projection	Approved Adjustments		Proposed Adjustments	Current Budget (Initial+Apvd Adjmts)	Actuals To Date Total				
Suffolk Capital Improvement Fund Beginning Balance 7205	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,088,379.05				
Plainridge Import Suffolk Simulcast 0131	\$ 40,000.00	\$ -	\$ -	\$ -	\$ 40,000.00	\$ 29,465.56				
Raynham Import Suffolk Simulcast 0131	\$ 75,000.00	\$ -	\$ -	\$ -	\$ 75,000.00	\$ 5,416.00				
Suffolk Import Running Horse Simulcast 0131	\$ 42,000.00	\$ -	\$ -	\$ -	\$ 42,000.00	\$ 35,545.48				
Suffolk Racing Running Horse Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TVG Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TVG Simulcast 0131	\$ 525,000.00	\$ -	\$ -	\$ -	\$ 525,000.00	\$ 139,129.44				
Twin Spires Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Twin Spires Simulcast 0131	\$ 220,000.00	\$ -	\$ -	\$ -	\$ 220,000.00	\$ 68,873.38				
Xpress Bets Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
Xpress Bets Simulcast 0131	\$ 110,000.00	\$ -	\$ -	\$ -	\$ 110,000.00	\$ -				
NYRA Live 0131	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
NYRA Simulcast 0131	\$ 125,000.00	\$ -	\$ -	\$ -	\$ 125,000.00	\$ 31,704.62				
Grand Total	\$1,137,000.00	\$0.00	\$0.00	\$0.00	\$1,137,000.00	\$4,398,513.53				

Row Labels	Budget Projections					Current Budget (Initial+Bal Fwd+Apvd Adjmts)	Actuals To Date		% BFY Passed
	Initial Projection	FY21 Balance Forward	Approved Adjustments	Proposed Adjustments	Total		%Spent		
10500140									
TT LOANS AND SPECIAL PAYMENTS	\$ 721,350.00	\$ -	\$ -	\$ -	\$ -	\$ 721,350.00	\$ -	0%	25%