



**NOTICE OF MEETING and AGENDA**

March 7, 2018

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

Wednesday, March 7, 2018  
2:00 p.m.

Massachusetts Gaming Commission  
101 Federal Street, 12<sup>th</sup> Floor  
Public Meeting Room A & B  
Boston, MA 02110

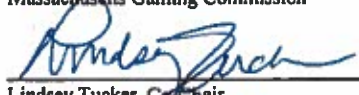
- 1) Call to Order
- 2) Approval of Minutes-VOTE
- 3) FY19 budget proposal and discussion
- 4) Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting
- 5) Public Comment

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

2/26/18  
(date)

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

2/23/18  
(date)

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

**Original Date Posted to Website:**



Massachusetts Gaming Commission



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## Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

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**Date/Time:** January 10, 2017 – 1:00 p.m.

**Place:** Mass Gaming Commission  
101 Federal Street, Boston, MA 02110

**Present:** **Executive Committee**

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

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

Jennifer Queally, Undersecretary of Law Enforcement

Rebekah Gewirtz, Executive Director of the National Association of Social Workers, MA Chapter and Representative of the Massachusetts Public Health Association

Michael Sweeney, Executive Director, Massachusetts State Lottery Commission

**Attendees**

Marlene Warner, Executive Director, Massachusetts Council on Compulsive Gambling

Victor Ortiz, Director of the Office of Problem Gambling, Massachusetts Department of Public Health

Teresa Fiore, Manager of Research and Responsible Gaming, Massachusetts Gaming Commission

Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission

Enrique Zuniga, Commissioner, Massachusetts Gaming Commission

Rachel Volberg, Principal Investigator, SEIGMA, UMass School of Public Health and Health Sciences

Edward Bedrosian, Executive Director, Massachusetts Gaming Commission

Thomas Land, Director of Special Analytical Projects, Department of Public Health

Benjamin Wood, Director of Community Health Planning and Engagement, Department of Public Health

Giles Li, Executive Director, Boston Chinatown Neighborhood Center

**Call to Order**

1:05 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting.

## Approval of Minutes

1:09 p.m. *Michael Sweeney moved for the approval of the PHTFEC minutes for October 4, 2017. Motion seconded by Stephen Crosby. Motion passed unanimously.*

## Massachusetts Gaming Impact Cohort-Wave II report

1:10 p.m. Dr. Rachel Volberg provided an introduction to the Massachusetts Gaming Impact Cohort (MAGIC) Wave II study and explained that since cohort studies follow the same people over time, researchers are able to predict what will happen to them. As it relates to problem gambling, cohort studies are able to measure an individual's change within the gambling spectrum.

To establish the cohort, the Baseline General Population Survey (BGPS) sample was broken into problem gamblers, at-risk gamblers, gamblers who gamble at least \$1,200 annually, gamblers who gamble weekly, persons who served in the military after September 2001 and all other BGPS participants. Wave II findings show that gambling participation increased slightly for casino gambling and horse racing. Dr. Volberg stated that this contradicts what has been seen in other jurisdictions, but at present the researchers are unsure why this is occurring.

Co-Chair Tucker asked about the definition of problem gambling as it is not the DSM definition. Dr. Volberg responded that the definition used in MAGIC and other studies conducted by her researchers are applied to those individuals who cite a loss of control over their gambling and any subsequent harm which may result. She further explained that her team does not use the DSM definition because it was never validated on a general population sample, however she pointed out that the definition which her team uses is concordant with a clinical diagnosis.

Jennifer Queally stated that most people who experience a win do not believe that they are suffering harm. She questioned whether this characteristic combined with the self-reporting nature of the surveys could skew the data as "harm" may not always be endorsed. Dr. Volberg responded that even if a person has a gambling problem, they may not acknowledge it because they are not experiencing it. She acknowledged the validity of this concern but explained that this method is internationally agreed upon by researchers.

Rebekah Gewirtz added that individuals who are addicted to slots are addicted to the experience more so than the win, and explained that endorsement of criteria is not dependable.

Dr. Volberg moved on to present a transition table which compares individuals' gambling statuses between Wave I and Wave II. She stated that her team was surprised to measure an approximate 15% increase and decrease in gambling

severity as they had anticipated approximately 5%. She further explained that statistical testing confirmed the accuracy of this finding.

Co-Chair Tucker was surprised by the volatility and asked whether the transitions were comparable to other types of addictions, such as alcoholism. Dr. Volberg countered that if these percentages remain static over time than there is clear need for prevention work. In order to try to find a cause, her team will review attendance from help seeking resources (such as gamblers anonymous attendance).

Co-Chair Crosby cited the full Wave II MAGIC report which suggested that individuals with alcohol, behavior and mental health problems also be screened for gambling problems. He proposed that this data could be used the Department of Public Health.

Michael Sweeney wondered whether the connection between mental health and problem gambling was stronger than previously understood, as volatility can often be caused by mania/depression and/or medication regimens. He stated that Massachusetts chronically underperforms in addressing mental health and that the high incidence of mental health-related hospitalization in the Springfield area should be considered.

In response to increased participation in racing, Michael Sweeney questioned whether participation dollars matched up with MAGIC reported data. Thomas Land responded that Wave II data was collected during the Triple Crown which would have had an impact on reported horse racing participation. Rebekah Gewirtz supported Michael Sweeney's statement about social determinants and mental health issues.

Co-Chair Crosby underscored the importance of getting all other social service agencies involved to provide prevention and treatment of problem gambling.

Michael Sweeney referenced page 6 of the full report which overviewed past public health initiatives which had seemed like good ideas but lacked scientific efficiency. He believes that in order for these types of programs to be successful, a definition of problem gambling is used in clinical, research and public settings.

Dr. Volberg considered all feedback, and stated that the Wave III questionnaire was expanded to address all known disorders associated with problem and pathological gambling. The survey was further expanded to include questions around treatment awareness and access.


## **Community Engagement Strategies and Principles**

Victor Ortiz introduced Community Engagement Strategies and Principles by stating that it provided a micro level focus on Hamden County and that findings are meant to inform initiatives around the work of preventionists and community health workers. Victor Ortiz introduced Benjamin Wood who began the presentation by

stating that Hamden County consistently falls at the bottom of state County health rankings in both outcomes and factors. 70% of what makes people healthy are social and economic factors and health behaviors. Certain populations that are at higher risk of being exposed to environmental burdens include low income, racial ethnic minority, foreign-born, and limited English proficiency. As it relates to gambling, MGM will be placed in an especially concentrated area of poor social determinants of health.

To further emphasize the influence which social and structural determinants have on health outcomes, Benjamin Wood compared the 1/3 of south Springfield residents who are obese to the 1/4 of adult residents in the neighboring town of Longmeadow who are obese. When visually representing these populations on a map, race is the top differentiator between these two groups; however, it is the broader context of the communities' history, economic, legal and political structures which lead to these outcomes. To conclude his presentation, Benjamin Wood led an interactive session and recorded the PHTFEC's perceptions and understanding of important factors which may contribute to problem gambling.

Victor Ortiz described the Springfield stakeholder listening session, held to gather information to inform DPH initiatives related to gambling and the introduction of the casino. One quote from the listening session was that "police action has local public health ramifications". Jennifer Queally and Michael Sweeney expressed confusion around this statement. Victor Ortiz explained that a theme from the listening session was a concern about additional police presence in Springfield and clarified that there is anxiety around increased police presence due to historical experiences and current events relating to police violence.



Michael Sweeney stated that he does not endorse the idea that increased public safety presence leads to negative ramifications. Rather, the larger question should be based on factual information such as economic and health statuses to try and predict what impacts the casino will have on the existing environment. Further, these types of findings should inform what the casino can do to have a tangible positive impact. He stated that he believes that it was the exact opposite as public safety is a benefactor towards good public health and not a negative.

Co-Chair Crosby explained that despite what the reality may actually be, there are people who are concerned about increased police presence.

Jenifer Queally added that the public safety committee is also doing a study on safety impacts and will cross-reference the findings to see if this statement holds out to be true.

Benjamin Wood discussed the "CHIP" program which was created to address the social determinants of health inequities in Hamden County. Dr. Volberg followed by saying that she would reach out to key stakeholders at Partner's Healthcare and

to see if there was a way to overlay CHIP data with the health impact assessment of the Western MA.

Rebekah Gewirtz stated that she believed that there could be significant additional harm from the casino and asked what could be done sooner rather than later to prevent additional harms. She further questioned what casino can be doing to address these social determinants?


Jennifer Queally responded by saying that communities with different socioeconomic statuses were able to make decisions about whether or not the casinos were welcome in their community. Rebekah Gewirtz responded by saying that she believes that casinos cannibalize jobs which may be the opposite the reasons why some Springfield residents were amenable to the opening of MGM.

### **MGM Springfield readiness targets**

Co-Chair Tucker asked the attendees what they think the focus of the PHTFEC should be surrounding the MGM casino launch. She invited any additional questions which members feel are not being addressed from the gaming or public health side to be emailed to her.

Mark Vander Linden stated that the MGM readiness memo was meant to highlight responsible gaming and research initiatives and that he would like to offer VSE in Western MA by late spring/early summer. Victor Ortiz outlined some of the programmatic updates which could be included as part of the update.

### **FY19 Budget Plan and Timeline**



Victor Ortiz introduced a new plan created in conjunction with Mark Vander Linden for developing the FY19 agenda. As part of this, an additional meeting was proposed to discuss the first phase of the DPH and MGC budget with moderate adjustments based on contracts. The goal is to discuss and make adjustments early, so that a budget can be proposed before it requires a vote.

Co-Chair Crosby reminded the group they had previously discussed and endorsed holding six meetings a year as opposed to four. The next meeting was scheduled at the MGC for February 28<sup>th</sup> from 1-3. (Note: Due to a scheduling conflict, this meeting was subsequently rescheduled for March 7, 2-4pm.)

It was further determined that moving forward, only agendas and PowerPoint presentation will be printed as opposed to complete reports.

### **3:35 Roles and Responsibilities of the PHTFEC**

Rebekah Gewirtz reflected on the previous presentation of SEIGMA data and stated that she had incorrectly believed that their role as a committee was to approve research reports.

Co-Chair Crosby clarified that the purpose of the PHTFEC is to approve the entire research budget and plan upon agreement of all parties, including those topics which do not directly pertain to public health. As the individual research studies and reports are subject to a rigorous peer review process, the role of the PHTFEC should be to take data and merge it into program development to anticipate, mitigate and deal with the issues of problem gambling.

Jennifer Queally requested that the members of the PHTFEC be notified via email of the release of a new report. Co-Chair Tucker requested a calendar of projects so that members can anticipate where to spend time and what to prepare for.

Michael Sweeney questioned why this item as presented was included in the agenda and disagreed with the memo which was circulated. Reading of the authorization for this trust fund, MOU and Chapter 23K are much more expansive and detailed. He added that there may be environmental parameters making the PHTFEC meetings combative but believed that questioning should be viewed as professional disagreements which contribute to the exemplary and insightful work which has been presented to the commission to date.

Rebekah Gewirtz added that she was not comfortable serving in a ‘rubber stamp’ agency. She added that she had explicitly said that the headline that came out of the previous SEIGMA presentation was what she had feared. She added that she believed that the statute gave the PHTFEC more authority.

Co-Chair Crosby agreed with the concerns, and the group decided the memo would be updated.

## **Public Comment**

3:56 p.m. Thomas Land, who is part of the review committee, asked the PHTFEC whether it would it help to have a summary attached to the presentation itself and to include a page which outlines the basic concerns.

Jennifer Queally agreed that some more context would be good.

Thomas Land added that the definition of problem gambling is based on a narrow set of criteria.

Enrique Zuniga asked Dr. Volberg for a definition of the various screens. Academic papers which outline the validity of the PPGM as an instrument as well as the CPGI. Co-Chair Crosby suggested that an upcoming agenda item should be a discussion of the PPGM and the definition of “problem gambling,” as a lot of people don’t agree with the definition.

Marlene Warner invited all PHTFEC members to serve on a panel at the MCCG conference in March 20<sup>th</sup> and 21<sup>st</sup> in Norwood.

Giles Li asked about the PHTFECs guidelines and how the committee is able to engage low income communities as mentioned in the strategic plan. He expressed that he is personally concerned with Asian populations, particularly those living and/or working in Chinatown. Jennifer Queally asked whether or not Giles Li felt that he had had enough time to speak. Giles Li responded that he would have preferred more time and that he will follow-up with Committee members.

### **Other Business**

3:58 p.m. With no further questions from the Public, Co-Chair Tucker requested that any agenda items for the next meeting be sent to her in advance so that it can be added to the agenda.

*Having no further business, Co-Chair Crosby ended the meeting. Co-Chair Tucker made the motion to adjourn, seconded by Michael Sweeney. Motion passed unanimously.*

### **List of Documents and Other Items Used**

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated January 10, 2018
2. Public Health Trust Fund Executive Committee, Meeting Minutes dated October 4, 2017
3. Massachusetts Gaming Impact Cohort Study Wave II, Presentation dated January 4, 2018
4. Massachusetts Gaming Impact Cohort Study Wave II, Executive Summary dated December 22, 2017
5. Gaming Research Agenda Roles and Responsibilities dated January 10, 2018
6. Community Engagement Strategies and Principles: Hampden County dated January 10, 2018
7. Springfield Health Equity, Report dated October 2014
8. Hampden County Health Improvement, Plan dated March 2017
9. MGM Springfield Readiness Related Work, Memorandum dated January 10, 2017
10. Public Health Trust Fund: FY19, Draft Budget Plan and Timeline
11. MGC Gaming Research Update, Memorandum dated January 10, 2017
12. Department of Public Health Office of Problem Gambling Services, Program Updates dated December 21, 2017



**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

STRATEGIC INITIATIVE	PRIORITY AREA	SERVICE	DESCRIPTION	Budget
1. Prevention and Health Promotion	Youth, Parents, and At-Risk Populations	Prevention	<p><i>FY17 – Develop prevention plan in Region C targeting youth and at-risk populations (communities of color)</i></p> <p><i>FY18 – Develop prevention plan in Region A/B; implement prevention plan in Region C/Plainville</i></p> <p><b>FY19 – Implement prevention plan at the community level in all three regions</b></p>	<p>\$100,000</p> <p>\$430,000</p> <p><b>\$790,000</b></p>
2. Infrastructure and Capacity Building	Workforce development: BSAS providers	Treatment	<p><i>FY17 – Revision of Practice Guidelines and self-assessment tool (First Step to Change); facilitate in-person training</i></p> <p><i>FY18 – Develop training webinar; conduct needs assessment/gap analysis of the Massachusetts gambling treatment system with system recommendations</i></p> <p><b>FY19 – Offer two training webinars; evaluation of statewide gambling and substance abuse helpline</b></p>	<p>\$150,000</p> <p>\$200,000</p> <p><b>\$100,000</b></p>
3. Infrastructure and Capacity Building	Community Health Workers	Intervention	<p><i>FY17 – Needs Assessment of Region C/Plainville; training guidelines; curriculum development for CHWs</i></p> <p><i>FY18 – Needs Assessment of Region B; pilot training curriculum for CHWs in Region C/Plainville</i></p> <p><b>FY19 – Needs Assessment of Region A; conduct training curriculum for CHWs in Region C/Plainville and Region B</b></p>	<p>\$75,000</p> <p>\$100,000</p> <p><b>\$175,000</b></p>
4. Infrastructure and Capacity Building	Youth, Parents, and At-Risk Populations	Prevention	<p><i>FY18 – Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services</i></p> <p><b>FY19 – Initiate statewide community level activities; conduct trainings; conduct screening and referrals services</b></p>	<p>\$130,000</p> <p><b>\$133,000</b></p>
5. Infrastructure and Capacity Building	Youth, Parents, and At-Risk Populations	Intervention	<p><i>FY18 – Programmatic assessment to integrate gambling and Intimate Partner Abuse Education Programs</i></p> <p><b>FY19 – Pilot programmatic services at two Intimate Partner Abuse Education Programs; evaluation</b></p>	<p>\$15,000</p> <p><b>\$150,000</b></p>
6. Prevention and Health Promotion	Communication Campaign	Prevention	<p><i>FY18 – Research, planning, and creation of a state-wide health promotion campaign</i></p> <p><b>FY19 – Conduct a state-wide health promotion campaign targeting at-risk population</b></p>	<p>\$100,000</p> <p><b>\$600,000</b></p>
<b>FY 19 SUB-TOTAL &gt;&gt;&gt;</b>				<b>\$1,948,000</b>
7. Personnel			<p><i>FY18 – DPH ISA Salary; Conference, membership and registration fees; In state/out of state travel; Fringe rate of 33.5%; Supplies; ISA Indirect Charges</i></p> <p><b>FY19 – DPH Personnel: Director, Contract Managers, support staff, fringe rate of 33.5%, supplies, and indirect charges</b></p>	<p>\$245,197</p> <p><b>\$630,697</b></p>
<b>PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE BASE FUNDING REQUEST &gt;&gt;&gt;</b>				<b>\$2,578,697</b>

**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

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

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

<b>Vendor:</b>	Multiple	<b>FY18</b>	\$430,000
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

<b>Service: Prevention</b>		<b>Budget</b>
<b>1. FY 19 Proposed Products and Deliverables: Implement prevention plan for service, technical assistance, and evaluation targeting youth, parents, and at-risk populations</b>		
<p><b>Prevention Services-</b> Fund community-based prevention services (PhotoVoice) in Region C/Plainville and initiate prevention services for youth in Region A and B. Procurement of services in Region A and B will be based on the results of the Regional Planning Process Reports.</p> <p><i>Services may include: afterschool activities, peer social groups, and youth activity programs.</i></p> <p><b>Vendor:</b> Contract with community-based organization/coalition(s) TBD</p>		<b>\$180,000</b>
<p><b>Prevention Services-</b> Fund community-based prevention services for at-risk populations (Ambassador Project) in Region C/Plainville and initiate prevention services in Region A and B. Procurement of services will be based on the results of the Regional Planning Process Reports.</p> <p><i>Services may include: Community activities, faith-based initiatives, and parent educational programs</i></p> <p><b>Vendor:</b> Gandara Center, TBD</p>		<b>\$200,000</b>
<p><b>Technical Assistance (TA) of Prevention Services-</b> Integrate substance addiction services technical assistance with gambling prevention to provide support, guidance, and expertise in the delivery of prevention services. Provide technical assistance in the utilization of prevention best- practices in support of the contracted prevention organizations/coalition(s).</p> <p><b>Vendor:</b> EDC-MassTapp</p>		<b>\$350,000</b>
<p><b>Prevention Evaluation Services-</b> Conduct evaluation of prevention services targeting youth, parents, and at-risk populations. Provide report on findings and recommendations.</p> <p><b>Vendor:</b> Social Science Research and Evaluation, Inc.</p>		<b>\$60,000</b>
<b>Vendor:</b>	Multiple	<b>FY18 \$790,000</b>

**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

STRATEGY	PHASE 1 ACTIVITY
Increase the number of providers who are eligible to bill the state for treatment, and work with insurers to make reimbursement for problem gambling more feasible.	Assess the current BSAS system for treatment and treatment reimbursement to identify gaps.

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

<b>Vendor:</b>	Division on Addiction at Cambridge Health Alliance (DOA)	<b>FY18</b>	\$200,000
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STRATEGY	PHASE 1 ACTIVITY
Increase the capacity of current substance abuse treatment providers and institutions to incorporate problem gambling into their work.	Educate all BSAS-funded program staff about the basics of problem gambling, comorbidities with substance misuse, best practices in problem gambling treatment, and standardized screening and documentation tools to use in community settings, during clinical intakes, and over the course of the treatment.
Provide tools that include self-screening to help gamblers understand their own play patterns.	Disseminate online self-help materials, such as “Your First Step to Change,” a self-assessment tool.
Evaluate and explore potential enhancements to the current statewide gambling helpline.	Explore potential advantages, disadvantages, and mechanisms for connecting the statewide gambling helpline to the Massachusetts Substance Abuse helpline.

Service: Treatment	Budget
<b>2. FY 19 Product and Deliverables: Evaluation of the statewide gambling and substance abuse helpline; facilitate training webinar</b>	
<b>Helpline Evaluation-</b> Pursuant to the Strategic Plan, conduct evaluation of the Statewide Gambling and Substance Abuse Helpline to explore potential advantages, disadvantages, and mechanisms for connecting both helplines. Provide report with outcomes and recommendations. <b>Vendor:</b> Division on Addiction at Cambridge Health Alliance (DOA)	<b>\$50,000</b>
<b>BSAS Treatment and Services Gap Analysis Report: Phase II-</b> Based on the results of the Treatment Gap Analysis, implement recommendations of next steps to inform the integration of problem gambling in substance addiction services. <i>Note: scope and budget is projected and will be outlined upon the completion of the Treatment and Service Gap Analysis</i> <b>Vendor:</b> Division on Addiction at Cambridge Health Alliance (DOA)	<b>\$35,000</b>
<b>Self-Assessment Tool-</b> Distribute self-assessment tool: Your First to Change to 1,300 providers and 350 BSAS. <b>Vendor:</b> Health Resource in Action, Inc	<b>\$10,000</b>
<b>Statewide Training-</b> Facilitate two state-wide trainings to the BSAS workforces within all levels of care on the Practice Guidelines for Treating Gambling Related Problems to enhance clinical skills in the treatment of disordered gambling. <b>Vendor:</b> Division on Addiction at Cambridge Health Alliance (DOA)	<b>\$5,000</b>

<b>Vendor:</b>	Multiple	<b>FY19</b>	\$100,000
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

<b>Agency/Bureau:</b>	Department of Public Health – Bureau of Community Health and Prevention		
<b>Initiative Title:</b>	Infrastructure and Capacity Building	<b>Priority:</b>	Community Health Workers

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

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

<b>Vendor:</b>	Multiple	<b>FY18</b>	\$100,000
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Service: Intervention 3. FY 19 Proposed Products and Deliverables: Needs Assessment of Region A; conduct training curriculum for CHWs in Region C/Plainville and Region B	Budget
<b>Needs Assessment Report-</b> Plan and facilitate a Region A needs assessment to determine service delivery needs, systemic barriers, and available resources. Review and utilize SEIGMA research reports, DPH surveillance data, and CHW data to inform needs assessment. The assessment will inform the implementation of CHW trainings to ensure greater outcomes for screening and referral. Provide a needs assessment report with findings, community assets, and recommendations. <b>Vendor:</b> Dr. Terry Mason	<b>\$25,000</b>
<b>CHW Training-</b> Fund a training program in Region C/Plainville and initiate training program in Region B, based on needs assessment reports; curriculum adjustments; 2 CHW training series; evaluation; stipends for 100 CHWs. <b>Vendor:</b> CHEC-Lowell; TBD	<b>\$150,000</b>

<b>Vendor:</b>	Multiple	<b>FY18</b>	\$175,000
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

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

Service: Prevention FY 18 Proposed Products and Deliverables: Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services	Budget
<b>Planning/Needs Assessment-</b> Conduct state-wide planning/needs assessment of suicide coalitions for the integration of suicide and gambling trainings, activities and community efforts. Provide a planning/needs assessment report with findings, recommendations, and resources for the training of suicide prevention workforce and strategies for the implementation of activities by suicide community coalitions. The Planning/needs assessment report will inform the development of the Problem Gambling and Suicide curriculum and suicide coalition activities. <b>Vendor:</b> Mass Coalition on Suicide Prevention	<b>\$50,000</b>
<b>Suicide and Problem Gambling Training-</b> Develop a Problem Gambling and Suicide curriculum and conduct trainings for suicide coalitions. Provide technical assistance to suicide coalitions for integrating problem gambling. <i>Work will include: curriculum development, training of the suicide prevention workforce, and technical assistance to ensure support, guidance, and expertise in the integration of gambling and suicide.</i> <b>Vendor:</b> Adcare Educational Inst.	<b>\$50,000</b>
<b>Suicide and Problem Gambling Screening-</b> Develop gambling screening questions, promotion messaging, and resources to be included in the MassMen.org initiative; a comprehensive resource for men and their loved ones, offering state-wide mental health resources, information, and on-line self-assessments. Provide quarterly data reports and analysis of assessment outcomes. <b>Vendor:</b> Screening for Mental Health	<b>\$30,000</b>

<b>Vendor:</b>	Multiple	<b>FY18</b>	<b>\$135,000</b>
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Service: Prevention 4. FY 19 Proposed Products and Deliverables: Develop plan to integrate gambling and suicide prevention pilot initiatives; initiate services	Budget
<b>Suicide and Gambling Community Based Activities-</b> Fund community-based activities led by 11 suicide prevention coalitions aimed to raise awareness, distribute resources, and build community resilience. Facilitate technical assistance to provide support, guidance, and expertise to 11 suicide prevention coalitions. <b>Vendor:</b> Mass Coalition on Suicide Prevention	<b>\$58,000</b>
<b>Suicide and Problem Gambling Training-</b> Develop a Problem Gambling and Suicide curriculum and conduct trainings for suicide coalitions and other health providers. Provide technical assistance to suicide coalitions for integrating problem gambling. <i>Work will include: curriculum adjustments, training of the suicide prevention and healthcare workforce, and technical assistance to ensure support, guidance, and expertise in the integration of gambling and suicide.</i> <b>Vendor:</b> Adcare Educational Inst.	<b>\$25,000</b>
<b>Suicide and Problem Gambling Screening-</b> Develop and promote messaging and resources in the MassMen.org initiative, a comprehensive resource for men and their loved ones, offering state-wide mental health resources, information, and on-line self-assessments. Provide maintenance and coordinate gambling screening questions and resources. Provide quarterly data reports and analysis of assessment outcomes. <b>Vendor:</b> Screening for Mental Health	<b>\$50,000</b>

<b>Vendor:</b>	Multiple	<b>FY18</b>	<b>\$133,000</b>
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

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

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

<b>Vendor:</b>	Division on Addiction at Cambridge Health Alliance (DOA)	<b>FY18</b>	\$15,000
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Service: Intervention	Budget
<b>5. FY 18 Proposed Products and Deliverables:</b> Pilot programmatic services at two Intimate Partner Abuse Education Programs with evaluation	
<b>Pilot Programmatic Services-</b> Plan, develop, and implement the integration of gambling screening, education, and intervention with two Intimate Partner Abuse Education Programs. Evaluate pilot. <b>Vendor:</b> TBD	<b>\$150,000</b>

<b>Vendor:</b>	TBD	<b>FY18</b>	\$150,000
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

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

<b>Service: Prevention</b> <b>FY 18 Proposed Products and Deliverables: Research, planning, and creation of a state-wide health promotion campaign</b>	<b>Budget</b>
<b>Communication campaign targeting at-risk populations-</b> Facilitate informative research to conduct environment scans and key informant interviews in order to most effectively reach target audience. Develop concepts and conduct messaging testing with at-risk populations. Develop media campaign and evaluation strategies. Utilize the Regional Planning Process Reports targeting at-risk populations to inform statewide communication campaigns. <b>Vendor:</b> Think Argus	<b>\$100,000</b>

<b>Vendor:</b> Think Argus	<b>FY18</b>	\$100,000
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<b>Service: Prevention</b> <b>6. FY 18 Proposed Products and Deliverables: Conduct a state-wide health promotion campaign targeting at-risk population</b>	<b>Budget</b>
<b>Communication campaign targeting at-risk populations-</b> Implement statewide communication campaign targeting at-risk populations; includes media buys. <b>Vendor:</b> Think Argus, TBD	<b>\$600,000</b>

<b>Vendor:</b> Think Argus, TBD	<b>FY18</b>	\$600,000
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**FY19 Problem Gambling Services Initiatives  
DRAFT Budget**

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

<b>Staff</b>	DPH Personnel	<b>FY18</b>	<b>\$245,197</b>
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<b>7. FY 19 Personnel</b>	<b>Budget</b>
<b>FY19 – DPH Personnel: Director, Contract Managers, support staff, fringe rate of 33.5%, supplies, and indirect charges</b>	<b>\$630,697</b>

<b>Staff</b>	DPH Personnel	<b>FY19</b>	<b>\$630,697</b>
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<b>PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE BASIC FUNDING REQUEST &gt;&gt;&gt;</b>			<b>\$2,578,697</b>
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**FY 19 New Proposed Initiatives**

<b>STRATEGIC INITIATIVE</b>	<b>PRIORITY AREA</b>	<b>SERVICE</b>	<b>DESCRIPTION</b>	<b>Budget</b>
1. Prevention and Health Promotion	Youth and At-Risk Populations	Prevention	<b>FY 19- Tobacco and Gambling Needs Assessment.</b>	<b>\$50,000</b>
2. Infrastructure and Capacity Building	Workforce development: BSAS providers	Treatment	<b>FY19 – Gambling Treatment Initiatives informed by the recommendations of the Treatment Gap Analysis.</b>	<b>\$200,000</b>
3. Infrastructure and Capacity Building	Community Health Workers	Intervention	<b>FY19 – CHW and Problem Gambling Services Pilot/ Plainville/Region C and Region B; Evaluation of project.</b>	<b>\$450,000</b>
4. Prevention and Health Promotion	Communication Campaign	Prevention	<b>FY19 – Conduct a state-wide health promotion campaign targeting Youth and Parents.</b>	<b>\$300,000</b>
5. Infrastructure and Capacity Building	Community Level Interventions	Prevention	<b>FY19 – Community level capacity building to inform and address gambling related issues and health improvement initiatives within host communities of casinos.</b>	<b>\$100,000</b>
6. Strategic Planning	Planning		<b>FY19 – Pursuant to the PHTF Strategic Plan, plan, facilitate, and write the two-year update that will inform programs and initiatives.</b>	<b>\$50,000</b>

<b>PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE ADDITIONAL FUNDING REQUEST &gt;&gt;&gt;</b>				<b>\$1,150,000</b>
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<b>PUBLIC HEALTH TRUST FUND EXECUTIVE COMMITTEE TOTAL FUNDING REQUEST &gt;&gt;&gt;</b>				<b>\$3,728,697</b>
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TO: Members of the Public Health Trust Fund Executive Committee

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

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

DATE: February 28, 2018

RE: Proposed FY2019 Budget

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I am pleased to present our proposed FY2019 budget for the Massachusetts Gaming Commission responsible gaming programs and gaming research agenda. Included in this memo is a budget overview followed by a general description of each project, specific deliverables and key FY2019 activities.

FY2019 brings significant challenges and opportunities as MGM Springfield prepares to open this August and Wynn Boston Harbor the following June. Responsible gaming initiatives will need to grow in capacity in response to this significant increase. The economic measures team, plans to maintain focus on operation impacts at Plainridge Park Casino. At the same time, they will be very busy in Springfield and Everett as they gather data and report on construction impacts before ultimately transitioning to overall operational impacts. The social measures team is planning a series of activities with existing baseline and follow-up data to provide a deeper understanding of gaming related harm amongst different populations valuable for treatment and prevention services planning. The MAGIC team proposes to complete wave 4 and initiate wave 5 of the cohort study, in addition to conducting a deeper analysis of waves 2 and 3. In addition to the aforementioned projects, there are numerous other related activities as well as proposed public safety and special population research and evaluations.

Please feel free to contact me if you have questions prior to the meeting. I look forward to discussing this important work with you.

<b>Massachusetts Gaming Commission</b>	
<b>Gaming Research Agenda and Responsible Gaming Initiatives</b>	
	<b>FY19 Proposed</b>
<b>MGC Expense</b>	
Regular Employees	211,238
Fringe	73,680
Taxes	3,063
Conference, membership and registration fees	15,000
In state/out of state travel	8,000
Supplies	1,000
SUB-TOTAL	311,981
<b>A. GameSense Program</b>	
GameSense Info Center/ MA Council on Compulsive Gambling	2,100,000
GameSense Communications/ KHJ	200,000
SUB-TOTAL	2,300,000
<b>B. PlayMyWay Program</b>	
PlayMyWay enrollment incentive/ Plainridge Park Casino	10,000
PlayMyWay program evaluation/Cambridge Health Alliance	190,000
SUB-TOTAL	200,000
<b>C. Social and Economic Impacts of Gambling in Massachusetts</b>	
UMASS, School of Public Health and Health Sciences	1,180,000
<b>D. Massachusetts Gaming Impact Cohort</b>	
UMASS, School of Public Health and Health Sciences	815,000
<b>E. Study of Public Safety</b>	
Christopher Bruce	30,000
<b>F. Special Population Research</b>	
TBD	50,000
<b>G. Data, Transfer, Storage and Access Project</b>	
TBD	50,000
<b>H. Other Research Activities</b>	
Research Peer Review	45,000
Research Consultant	55,000
Research Strategic Planning	15,000
SUB-TOTAL	115,000
<b>Total</b>	<b>\$5,051,981</b>

## A. GameSense Program

Relates to: Acts of 2011, Chapter 194, Section 9, Chapter 23K, Section 21

In its effort to promote responsible gaming practices, the Commission launched a responsible gaming program branded as *GameSense*. This program is comprised of outreach methods which provide judgment-free gambling education to help patrons make informed decisions about how games work, how to set and stick to a time budget, and how to set and stick to a spend budget. Each casino in Massachusetts will have a GameSense Info Center which will serve as an in-person touchpoint to gather information on responsible gambling, problem gambling and enroll in the voluntary self-exclusion program.

### GameSense Info Center

Task	Output/deliverable	Practical Significance
Plainridge Park Casino	<ul style="list-style-type: none"> <li>Staff the center(s) 16 hours/day 7/days per week</li> <li>Maintain the Info Center as the point of information about programs to support positive play including: information about play management tools, educational tools, live demos, information on how games work</li> <li>Display information and educate visitors on resources and programs to assist with gambling problems</li> <li>Utilize the space to conduct enrollment into and removal from the VSE program</li> </ul>	Maintain current operations of the GameSense Information Center at Plainridge Park Casino.
MGM Springfield		This casino will open in August, 2018. MGC plans to offer the same services but because the casino is significantly larger additional staff will be required.
Wynn Boston Harbor		This casino will open in June, 2019. In order to assure staff are trained and prepare for the opening, planning and hiring will begin in April, 2019.
Program/Project	Vendor	FY19 Budget
GameSense Information Center at PPC, MGM and Wynn	Massachusetts Council on Compulsive Gambling	\$2,100,000

### GameSense Communication and Marketing Campaign

Launch the GameSense Brand and raise awareness at MGM and Western Massachusetts. Introduce the updated GameSense brand. Update the gamesensema.com website. Highlight other resources such as voluntary self-exclusion and PlayMyWay.

Program/Project	Vendor	FY19 Budget
State-wide GameSense marketing and media	KHJ	\$200,000

## B. PlayMyWay Program

Relates to: Chapter 23k, Section 29

PlayMyWay is a play management program intended to help players make decisions about their gambling and monitor and understand their play behavior in real time. This program is part of a comprehensive approach to responsible gaming strategies implemented by the Massachusetts Gaming Commission with a particular focus on problem gambling prevention and customer protection practices.

Beginning in FY19, the cost of maintenance and upgrade activities will shift from MGC to Plainridge Park Casino. The MGC has begun work with MGM and Wynn to offer the PlayMyWay budgeting tool at their properties within 12 months of their respective opening dates. Each licensee will assume the cost of development, upgrades and maintenance.

### PlayMyWay Enrollment incentive

MGC recommends that we continue to incentivize enrollment to continue interest and engagement with the program.

Program/Project	Vendor	FY2019
PlayMyWay enrollment incentive	Plainridge Park Casino	\$10,000

### Evaluation of Responsible Gambling Initiatives

Task	Output/deliverable	Practical Significance
Continue player record analysis to assess gambling and PMW in terms of safety, efficacy and impact.	Deliverable: linked player record report.	Rigorous evaluation is essential to measure effectiveness and refine and improve practice and policy. Findings will inform further refinement of the program at all casinos in MA.
Advise on the development of a PlayMyWay program at Wynn and MGM		Consistent data collection across all casino properties allows for comparison.
Program/Project	Vendor	FY19 Budget
PlayMyWay program evaluation	Cambridge Health Alliance, Division on Addiction	\$190,000

## C. Social and Economic Impacts of Gaming in Massachusetts

Relevant to: Chapter 23k, Section 71

The SEIGMA study has established baselines for virtually all social and economic variables that may be affected by expanded gaming. Moving forward, data will be collected, analyzed and reported each year to identify the true social and economic impacts. This will provide key information to maximize the benefits and mitigate the negative impacts of expanded gaming in the Commonwealth. Additional detail about the project is attached.

### Deeper Analysis and Reporting

Relates to: Section 71: (1) and (2)(iii)

Task	Output/deliverable	Practical Significance
Conduct deeper analyses of Plainville baseline and 1 year Follow-up Targeted Population Survey as well as two Springfield Baseline Targeted Population Surveys	Analyze changes in gambling attitudes, gambling participation, and problem gambling prevalence in host and surrounding communities between 2014 and 2016.	When compared with Baseline TPS in Plainville & Springfield and surrounding communities, illustrates impacts of PPC after one year of operation and changes in attitudes & behaviors prior to opening of MGM Springfield

### Data Sharing

Relates to: Section 71: (2)

Task	Output/deliverable	Practical Significance
Share Datasets from existing and ongoing SEIGMA projects	Exportable dataset	Other investigators will be able to access and use the data for their own analyses

### CHIA Data Analysis

Relates to: Section 71: (1) and (2)(iii)

Task	Output/deliverable	Practical Significance
Application for Medicaid 2013-2016	Content to inform PG services evaluation  Dataset for analysis in future years	Informs on profile of PGs seeking care in MA and co-occurring mental health and substance abuse disorders among those <u>without</u> commercial health insurance

### Secondary Data Collection and Analysis

Relates to: Section 71: (2)

Task	Output/deliverable	Practical Significance
Update secondary data	Assure most up-to-date datasets are in the DMC	Trend lines and Shiny apps can be updated Provision of up-to-date research projects
Shiny interactive web application creation using secondary data	Interactive web apps for relevant social, health, and economic measures <b>Deliverable</b> —5 additional interactive web apps posted to website	Stakeholders will be able to look at data trends within their own communities & the state

<b>MGM Patron and License Plate Surveys</b>		
Relates to: Section 71: (2)(iv) and (3)(ii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
Conduct first half of first patron and license plate surveys at MGM Springfield	Visits to venue to conduct patron and license plate surveys	An essential component of the economic analysis that will clarify patron origin and expenditure Inform the analysis of social impacts of the introduction of casino gambling in MA
<b>Lottery Impacts from PPC and MGM Operations</b>		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
Collect data from MA State Lottery	Dataset containing up-to-date lottery sales data and population data (for a per adult by city analysis)	<ul style="list-style-type: none"> <li>• Key data set for analysis of casino impacts on lottery spending</li> <li>• Will allow analysis of impacts of PPC, Year 3 and MGM, first 4 months of impacts</li> </ul>
Analysis of lottery data using several methods including: impacts by business, drive time and route, mileage, impacts by game, sales volume	Information about lottery spending patterns in Massachusetts three years after the opening of PPC and during the first four months after the opening of MGM.	Analysis of lottery sales and spending impacts
<b>Operator Construction Spending (MGM; Wynn)</b>		
Relates to Section 71: (2)(iv)(v)(vi)(vii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
Obtain available operator construction data from MGM Springfield and Wynn Boston Harbor	Technical report analyzing construction spending impacts of MGM Springfield	<ul style="list-style-type: none"> <li>• Impact of gambling on the state (construction spending impacts on employment and business spending)</li> <li>• Impact of gambling on businesses (business spending)</li> <li>• Impact of gambling on communities (economic impact on Springfield and surrounding region)</li> <li>• Economic impacts on depressed economic areas</li> </ul>
<b>Operator employment, payroll and vendor spending</b>		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
Analyze PPC operating impacts	Data files containing	Critical inputs for reporting and

and write summary technical report	operator employment and payroll data and vendor spending data Deliverable—Summary report analyzing operating impacts of PPC in year three of operations	discussing direct economic impacts of operating phase.
<b>Real Estate and Development: Update of Springfield Baseline Analysis</b>		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
Database development and updates	Deliverable—Technical memo identifying real estate and development updates for Springfield	<ul style="list-style-type: none"> <li>• Update to baseline analysis of real estate conditions and trends before the opening of MGM.</li> <li>• Impact of gambling on businesses (downtown real estate), and communities (Springfield)</li> <li>• Economic impacts on depressed economic areas in Springfield</li> </ul>
<b>New Employee Survey Data</b>		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
<b>Task</b>	<b>Output/deliverable</b>	<b>Practical Significance</b>
<ul style="list-style-type: none"> <li>• Monitor and plan surveys that must still be initiated as well as those that are in the field</li> <li>• Analysis of survey data</li> <li>• Ensure effective launch for surveys at MGM Springfield and at Wynn Boston Harbor</li> </ul>	Deliverable—Technical memo summarizing survey results and findings about new employees at PPC	<ul style="list-style-type: none"> <li>• Data will describe casino employees at PPC</li> <li>• Economic impact on individuals (new employees)</li> <li>• Impact of the development and operation of the gaming establishment on small businesses in the host communities and surrounding communities</li> </ul>
<b>Program/Project</b>	<b>Vendor</b>	<b>FY19 Budget</b>
Social and Economic Impacts of Gaming In Massachusetts	Univ. of MA School of Public Health and Health Sciences	\$1,180,000



## D. Massachusetts Gaming Impact Cohort (MAGIC)

Massachusetts Gaming Impact Cohort is a longitudinal cohort study that provides information about problem gambling incidence rates and the course of problem gambling in Massachusetts. MAGIC will yield information leading to treatment and prevention initiatives that are tailored to the needs of the people of the Commonwealth.

### Data Collection

Relates to: Section 71: (3)(iii)

Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> <li>Complete Wave 4 and deliver data to MAGIC team</li> <li>Prepare and conduct Wave 5 data collection</li> </ul>	Deliverable—completed Wave 4 dataset to be cleaned and prepared by MAGIC team Deliverable—updated materials for questionnaire and mailings to participants	<ul style="list-style-type: none"> <li>New wave of data from cohort to be prepared for analysis</li> <li>Final wave of data from cohort before opening of MA casinos will be collected</li> </ul>

### Deeper Analyses and Reporting

Relates to: Section 71: (3)(iii)

Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> <li>Conduct deeper analyses of MAGIC Wave 2 data on incidence, transitions, changes in attitudes &amp; gambling behavior, pre-casino</li> <li>Conduct deeper analyses of Wave 2 and Wave 3 data to understand predictors of transitions, pre-casino</li> </ul>	Deliverable – Report on Results	<ul style="list-style-type: none"> <li>Contribute to understanding predictors of PG incidence and transitions in MA</li> <li>Increase efficacy of targeted prevention and treatment efforts</li> </ul>
Conduct analyses of MAGIC Wave 2 and Wave 3 data to identify low-risk gambling guidelines specific to MA	Deliverable- Report of factsheet	<ul style="list-style-type: none"> <li>Increase understanding of importance of engaging in low-risk gambling behavior prior to opening of MA casinos</li> <li>Increase efficacy of targeted prevention efforts</li> </ul>
Program/Project	Vendor	FY19 Budget
Massachusetts Gaming Impact Cohort Study	Univ. of MA School of Public Health and Health Sciences	\$815,000

## E. Study of Public Safety

The MGC is examining changes in crime, calls for service and collisions following the opening of casinos in MA. The intention is to demonstrate, comprehensively, what changes in crime, disorder, and other public safety harms can be attributed directly or indirectly to the introduction of a casino and what strategies local communities need to implement to mitigate the harm.

Relevant to Section 71: (2)(ii)

Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> <li>Collect and analyze police and traffic data for Plainville and five surrounding communities</li> <li>Conduct a survey of law enforcement personnel regarding impacts of casino in Plainville</li> </ul>	Deliverable: 30 month raw data monitoring report Deliverable: 3 year public safety report	<ul style="list-style-type: none"> <li>Provides ongoing monitoring system of crime, calls for service and traffic.</li> <li>Allows for early detection and response to casino problems which may arise.</li> </ul>
Collect and analyze police and traffic data for Springfield and eight surrounding communities	Deliverable: 3 month initial scan/report for Springfield and surrounding communities Deliverable: 6 month report for Springfield and surrounding communities	Allows for early detection and response to casino problems which may arise.
<ul style="list-style-type: none"> <li>Establish data connection</li> <li>Collect and analyze police and traffic data for Everett and surrounding communities</li> </ul>	Deliverable: Baseline report of crime and calls for service for Everett and surrounding communities	Established a baseline of data to compare to data collection after the Wynn casino opens.
Program/Project	Vendor	FY19 Budget
Study of Public Safety	Christopher Bruce, Crime Analyst	\$30,000

## F. Special Population Research

The objective of this research is to advance the knowledge regarding the introduction of casinos on population subgroups not reached by the initial general population baseline survey. In FY2018 three projects were funded. The University of Massachusetts, Boston Institute is conducting a study of gambling behavior among Chinese immigrants living and working in the Boston's Chinatown; JSI Research and Training Institute, Inc. is conducting a study a study of recreational and problem gambling among Black residents of Boston; and Bedford VA Research Corporation Inc. is evaluating the reliability and validity of the BBGS gambling screen among VA patients in Primary Care Behavior Health clinics. The study aims to evaluate the prevalence of problem gambling among veterans and its co-occurrence with other medical and mental health problems.

In FY19, additional funding would allow further exploration of these groups or expand the project and examine other groups considered at-risk.

Program/Project	Vendor	FY19 Budget
Special Population Research	TBD	\$50,000

## G. Data Transfer, Storage and Access Project

The purpose of the Data Transfer, Storage and Access Project is to provide access to data generated by research projects funded and overseen by the MGC. Datasets from existing and on-going research projects will become publicly available with certain parameters.

Program/Project	Vendor	FY19 Budget
Data Transfer, Storage and Access	TBD	\$50,000

## H. Other Research Activities

### Research Peer Review

In order to assure only the highest quality research, the MGC has assembled an independent gaming research review committee. This committee is charged with providing the MGC and research teams with advice and feedback on gaming research design, methods and analysis. Where additional expertise is needed, the MGC seeks the advice of top academics and experts with specific subject matter expertise to review reports and advise on research matters.

Program/Project	Vendor	FY19 Budget
Peer review	Various (4-5 total)	\$45,000

### Research Strategic Planning

As casinos move into operational phase it's important to review the research agenda and assure the goals and objectives remain relevant. Engaging a strategic planning process will set short, medium and long range research plan, ensure the findings create the greatest benefit, and partnerships are maximized.

Program/Project	Vendor	FY19 Budget
Research strategic plan	TBD	\$15,000

### Research Consultant

A research consultant will coordinate the data transfer and access project, lead and facilitate the peer review process and advise the PHTF Executive Committee and MGC on research matters.

Program/Project	Vendor	FY19 Budget
Research consultant	TBD	\$55,000

Report Name	Report Due	Description
Assessing the Impact of Gambling on Public Safety in Massachusetts Cities and Towns: Analysis of changes in police data after two years of operation at Plainridge Park Casino	Mar-18	This study measures the crime and calls for service in Plainville and surrounding communities. The intention is to demonstrate, comprehensively, what changes in crime, disorder, and other public safety harms can be attributed directly or indirectly to the introduction of a casino and what strategies local communities need to implement to mitigate the harm. Allows police agencies the ability to respond if issues arise.
GameSense Program Evaluation Wave I and Wave II, Patron Intercept Report, Employee Survey Report	Apr-18	GameSense is a responsible gaming program found inside of Plainridge Park Casino which is meant to keep gambling safe and fun. Evaluations of the program focus on its safety, effectiveness and reach. This report will combine four different reports which evaluated GameSense by surveying different audiences (Casino Patrons, GameSense Visitors, PPC employees) and at different points in time.
Real Estate Report II	Apr-18	The 2 <sup>nd</sup> Real Estate Report provides a comparison to the 1 <sup>st</sup> Real Estate Report which established a baseline prior to the opening of Plainridge Park Casino. This report will measure real estate conditions since the opening of casinos in Massachusetts.
Social and Economic Impacts of Gambling 2018	May-18	This report will summarize the social and economic impacts to date of introducing casinos into MA. This first report will primarily focus on the impacts associated with Plainridge Park Casino.
Lottery Revenue Report II	Apr-18	The lottery revenue report is meant to understand the impact of casino gambling on lottery sales over time and geographically.

Report Name	Report Due	Description
CHIA Longitudinal Cohort	Apr-18	The CHIA Longitudinal cohort analyzes individuals in the CHIA dataset who received a diagnosis of pathological gambling each year between 2009 and 2013. This study is meant to build upon the data collected for the 2017 manuscript (see reference in recently released reports section) which assessed co-occurring behavioral addictions and mental health disorders amongst treatment-seeking patients.
CHIA Gender differences in healthcare utilization	Apr-18	Gender differences in healthcare utilization and costs of patients who received a diagnosis of pathological gambling any year between 2009 and 2013 will be the focus of this study.
MAGIC Wave III	Jun-18	To date, three waves of data have been collected from a cohort of 3,100 Massachusetts adults. The purpose of the study is to provide new information about problem gambling incidence rates and behavior which will be used to inform treatment and prevention services. The study includes an over-sample of at-risk and problem gamblers drawn from the SEIGMA baseline population survey.
Further Analyses of Baseline General Population Survey BGPS	Jun-18	Further analyses of BGPS data includes the preparation and submission of publishable manuscripts based on the (1) differences in predictors of problem gambling by gender, and the (2) associations between problem gambling and specific forms of gambling. The BGPS was administered to gather data on gambling and problem gambling behavior.
Massachusetts VSE Program Evaluatoin	Jun-18	This longitudinal study of VSE enrollees is meant to provide information to improve the program and inform early intervention and prevention strategies.

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PlayMyWay Evaluation	Jun-18	PlayMyWay is an electronic budgeting tool available to Marquee Reward Cardholders at Plainridge Park Casino. The initial study will examine player card data to report basic epidemiological information of player use. Topics include cash activity, gambling activity, budget and notification activity.
Special Population Research-Focus on Chinese Population	Jun-18	This pilot study is meant to develop and test methods for recruiting, screening and conducting diagnostic interviews among Chinese immigrants living and working in the Boston Chinatown Community.
Special Population Research-Focus on Black Population	Jun-18	This study focuses on recreational and problem gambling among Black residents of Boston. It is intended to build on the foundation of a knowledge started by the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study.
Special Population Research-Focus on Veteran Population	Jun-18	This study will evaluate the reliability and validity of the BBGS gambling screen to detect problem gambling among VA patients in Primary Care Behavior Health (PCBH) clinics. The study aims to evaluate the prevalence of problem gambling among veterans and its co-occurrence with other medical and mental health problems.
Public Safety baseline report for Springfield and surrounding communities	Jun-18	Report of baseline crime and call-for-service statistics for Springfield and surrounding communities. This report will be purely quantitative/descriptive, as it is meant for later comparison of changes.