



NOTICE OF MEETING and AGENDA

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:

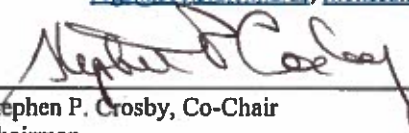
**Wednesday, April 4, 2018
1:00 p.m.**

**Massachusetts Gaming Commission
101 Federal Street, 12th Floor
Public Meeting Room A & B
Boston, MA 02110**

- 1) Call to Order
- 2) Approval of Minutes-VOTE
- 3) FY19 Budget
- 4) Research Roles and Responsibilities
- 5) Definitions of Gambling Disorder
- 6) Responsible Gaming Framework, Version 2
- 7) Strategic Planning Research Update
- 8) Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting
- 9) Public Comment

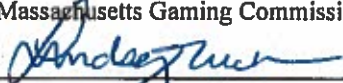
I certify that on this date, this Notice was posted as "The Public Health Trust Fund Executive Committee Meeting" at www.massgaming.com and emailed to: reps@sec.state.ma.us, melissa.andrade@state.ma.us.

3/26/18
(date)



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

3/23/18
(date)



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

Original Date Posted to Website:

March 29, 2018



Massachusetts Gaming Commission



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: March 7, 2018 – 2:00 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

Edward Bedrosian, Executive Director, Massachusetts Gaming Commission

Giles Li, Executive Director, Boston Chinatown Neighborhood Center

Call to Order

2:08 p.m. Co-Chair Crosby called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting.

Approval of Minutes

Co-Chair Crosby explained that as outlined in the previous meeting minutes, Teresa Fiore will send out a schedule for the next six meetings, and that Mark Vander Linden will email research reports to members of the PHTFEC as they are made public. When available, an executive summary will also be shared along with each report.

Mark Vander Linden added that the Roles and Responsibilities Memo is complete and that it will be reviewed during the next meeting.

Co-Chair Crosby stated that the definition of problem gambling is an important discussion point which should take place during the next meeting.

Michael Sweeney moved for the approval of the PHTFEC minutes for January 10, 2018. Motion seconded by Jennifer Queally. Motion passed 4-0 as Rebekah Gewirtz was not yet present.

FY19 budget proposal and discussion

Co-Chair Crosby introduced the FY19 budget proposal and discussion by stating that the intent is not to approve or deny the proposed budgets. Rather, it is meant to provide an overview of the budgets put forth by the Massachusetts Gaming Commission (MGC) Department of Research and Responsible Gambling as well as the Department of Public Health (DPH) Office of Problem Gambling Services.

Enrique Zuniga described the funding mechanisms for the PHTFEC. He stated that the available dollars will include a percentage of Category 1 revenue in addition to an assessment made to MGM Springfield which is set to open in September of 2018. Essentially, Administration and Finance estimates that the first quarter of usable revenue by the PHTFEC from the operation of MGM Springfield is projected to be \$60 million. This means that the 5% of this figure which is usable by the PHTFEC, as defined by statute, is estimated at around \$3 million. This figure combined with the \$5 million assessment of new licensees will bring the overall FY19 budget up to \$8 million. He continued that while it is acceptable to approve a budget prior to the start of a fiscal year, Commonwealth Finance Law states that expenditures and contracts as funded by the Public Health Trust Fund Executive Committee may only be made when there is money in the Trust Fund.

Co-Chair Crosby reiterated that there is a high degree of probability of \$8 million to spend. The two budgets proposed by the MGC and DPH, total \$8.8 million, which means that cuts will need to be made.

Mark Vander Linden highlighted the changes between Fiscal Years 18 and 19. He justified an increase in the GameSense budget by stating that the program is growing and needs to launch services in Western Massachusetts prior to the September 2018 opening of MGM Springfield. The proposed increase reflects preparation for the opening of Wynn Boston Harbor in early summer 2019. In comparison to the GameSense program currently operating at Plainridge Park Casino, GameSense at MGM Springfield and Wynn Boston Harbor will need to be much larger and more complex. The budget for GameSense Communication also increased slightly in anticipation of Category 1 casino openings. Proposed budget increases also included \$55,000 to be put towards a part-time research consultant. This individual will be instrumental in organizing the Data, Storage and Access program, coordinating the Gaming Research Review Committee and taking a closer look at strategic planning for the research agenda. Overall total increases represent a \$1.8 million dollar from last year's budget.

Mark Vander Linden referenced his full budget narrative to provide additional detail on changes to the GameSense program. A large portion of the additional funds will go towards hiring more staff, known as GameSense Advisors.

Referencing cost efficiency, Co-Chair Crosby questioned whether there would be a way to work with DPH in identifying and working with high-risk populations.

Mark Vander Linden reviewed the various studies scheduled to take place during the fiscal year. He recommended that and \$50,000 be added to the special population research so that additional questions which come out of the preliminary study could be addressed.

Michael Sweeney suggested a partnership with EOPSS for the Data, Transfer, Access and Storage Project as a means of cost efficiency. Co-Chair Tucker suggested working with DPH as they already store lots of data and would complement the systems which they already have in place.

Michael Sweeney expressed concern over the budget for special project research as he believed that more dollars should be allotted for special populations, particularly within host communities. Co-Chair Tucker shared Michael Sweeney's concern. He further added that he would like to see a plan put in place that is going to make concrete efforts within host communities.

Mark Vander Linden explained that the \$100,000 which was used for Special Population Studies during FY18 was seed money to be built on in future years. He stated that there is potential to move dollars from SEIGMA over to this item, however, to date, the MGC has been unable to receive an itemized budget from the University of Massachusetts Amherst.

Michael Sweeney shared his discomfort for the proposed GameSense budget, which compromised approximately 40% of the entire FY19 budget. He questioned whether the proposed staffing level and hours have been evaluated for effectiveness and whether on-site programs such as PlayMyWay are able to take the place of in-person staffing hours.

Jennifer Queally questioned the SEIGMA budget and said that she would more comfortable when voting on the budget if an itemized budget was shared.

Rebekah Gewirtz added that GameSense seems more like a clinical initiative as proposed to a public health initiative. While GameSense represents an important component, she believes that the goal of the public health trust fund should be to put more work into prevention and that more resources should be directed upstream.

Mark Vander Linden replied that individuals who visit the casinos are themselves at an increased risk of developing a gambling problem. The purpose of GameSense as an on-site program is to provide people with information and resources so that they don't continue down a continuum towards problem gambling behavior.

Michael Sweeney stated that he is unsure whether GameSense is the most effective means of prevention if it comes with a \$2 million dollar price tag. He further questioned whether the functionality of GameSense could also be accomplished through tighter partnerships with community health centers, where people are manifesting a variety of concerns with medical professionals.

Co-Chair Tucker suggested that moving forward the MGC and DPH present a single budget.

Victor Ortiz introduced the OPGS budget and explained that it was organized into strategic initiative, priority area, service area, description and proposed budget. He stated that some uncertainty exists within the budget due to the ongoing status of various projects. The purpose is to build a public health response to the various initiatives.

The regional planning process began in FY 17 in Plainville/Region C and in FY 18 has evolved into Region A and B. The goal is to inform prevention initiatives for both youth and at-risk populations as outlined in the PHTF Strategic Plan. Results from the Regional Planning Process in Region A and B will also inform communication campaigns targeting other at-risk groups. In FY 19 in pursuit of the PHTF Strategic Plan, an evaluation of the Statewide Gambling and Substance Abuse Helplines to explore potential advantages, disadvantages, and mechanisms for connecting both helplines will be conducted.

FY 19, Pilot Community Health Worker and Problem Gambling Project in both Plainville/Region C and Region B for screening, referrals, and resources.

Victor Ortiz also stated that a program coordinator would begin work on Monday March 12th, and that their primary responsibility would be to support programmatic oversight.

Co-Chair Tucker highlighted the new initiatives as proposed by the OPGS, bringing the total proposed budget to \$3.6 million dollars.

Jennifer Queally stated that problem gamblers may also struggle with alcohol misuse in addition to the referenced tobacco abuse. She questioned why tobacco was prioritized and alcohol was not, as alcohol is a mind-altering substance which is proven to result in decreased inhibition.

Victor Ortiz replied that the initiative is to explore all associations; however he would gather additional details.

Marlene Warner clarified that the referenced treatment centers are not independent problem gambling agencies; rather, clinicians typically deal with gambling as secondary or tertiary issue.

Michael Sweeney stated that he would like to review the communication campaign prior to casting a vote. He added that he would like to know the vehicles in which GameSense is using to market their brand.

Co-Chair Tucker stated that she would bring communication proposals to the next meeting.

Co-Chair Crosby expressed concern that the treatment gap analysis was not yet complete and that much of the OPGS budget seems to be based on educated guesses about where FY18 work is going to go. PhotoVoice Initiative 1 was based largely on Region Planning Process in Plainville/Region C June report, and it looked as if the data from those two efforts showed to be inconclusive or ineffective.

Victor Ortiz stated that program is evidence-based model within substance abuse field.

Chairman Crosby cited the MGC's use of a precautionary approach as justification for programs which have not yet been evaluated. In this instance, it seems as though data does exist but that it suggests that the program is ineffective.

Victor Ortiz responded that many public health approaches are done with a low number of participants and that evaluating this approach over a long time with an expanded cohort will offer a better measure of effectiveness.

Co-Chair Crosby questioned how the technical assistance of prevention services compared to what the Massachusetts Council on Compulsive Gambling is already doing. Education Development Center provides technical assistance for prevention, which represents a whole different level of skill set for technical assistance than what MCCG provides.

Jennifer Queally requested that the future MGC and DPH budget proposals are combined into a single document as different formatting makes it challenging to compare the two.

Co-Chair Tucker stated that the next meeting is scheduled for April 4th and that materials would be shared in advance.

Public Comment

Marlene Warner thanked the PHTFEC for the progress which they have made and agreed that a combined budget would make sense for ease of understanding. As a member of the public, her primary questions relate to research headlines. As an example, when she receives questions about African American males in Massachusetts, she would like to be able to easily reference current studies, community program and mental health services which are offered specifically for this group. She is concerned and believes that the public may also be concerned that the various agendas remain in a preparatory stage while the opening of two massive casinos is very close. She further added that the work of GameSense Advisors are not limited to the casino floor, rather they work in the community as well.

Giles Li added that particularly when reviewing the special population studies, it still feels as if there are silos. He believes that special populations should be incorporated throughout all line items.

Michael Sweeney stated that it is time for the group to begin taking risks and to try things which are tangible in making community impacts. He added that increasing research dollars without sending some money to address the people who are negatively affected by expanded gambling is problematic. Marlene Warner added that the mental health infrastructure needs to be reviewed as a whole and that gambling should be incorporated into it.

Mark Vander Linden stated that he will post upcoming meetings in the MGC comments section. Co-Chair Crosby requested comment from our whole list of contacts.

Having no further business, Co-Chair Crosby ended the meeting. Michael Sweeney made the motion to adjourn, seconded by Jennifer Queally. Motion passed 4-0 as Rebekah Gewirtz departed before the conclusion of the meeting.

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated March 7, 2018
2. Public Health Trust Fund Executive Committee, Meeting Minutes dated January 10, 2018
3. FY19 OPGS Budget-FINAL
4. FY19 MGC Budget_Final dated February 28, 2018
5. MGC Funded Research Projects_2018

TO: Members of the Public Health Trust Fund Executive Committee

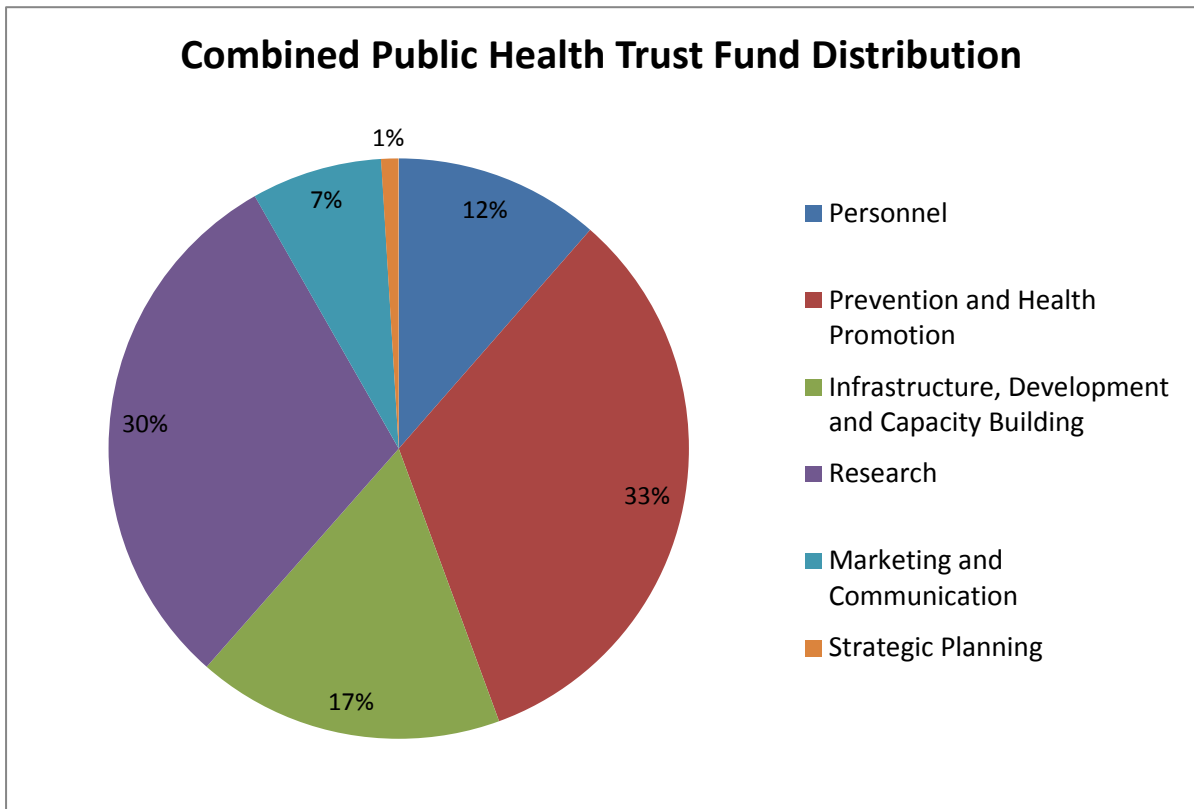
FROM: Mark Vander Linden, Director of Research and Responsible Gaming,
Victor Ortiz, DPH Director of Problem Gambling Services

CC: Enrique Zuniga, MGC Commissioner,
Teresa Fiore, MGC Program Manager

DATE: April 4, 2018

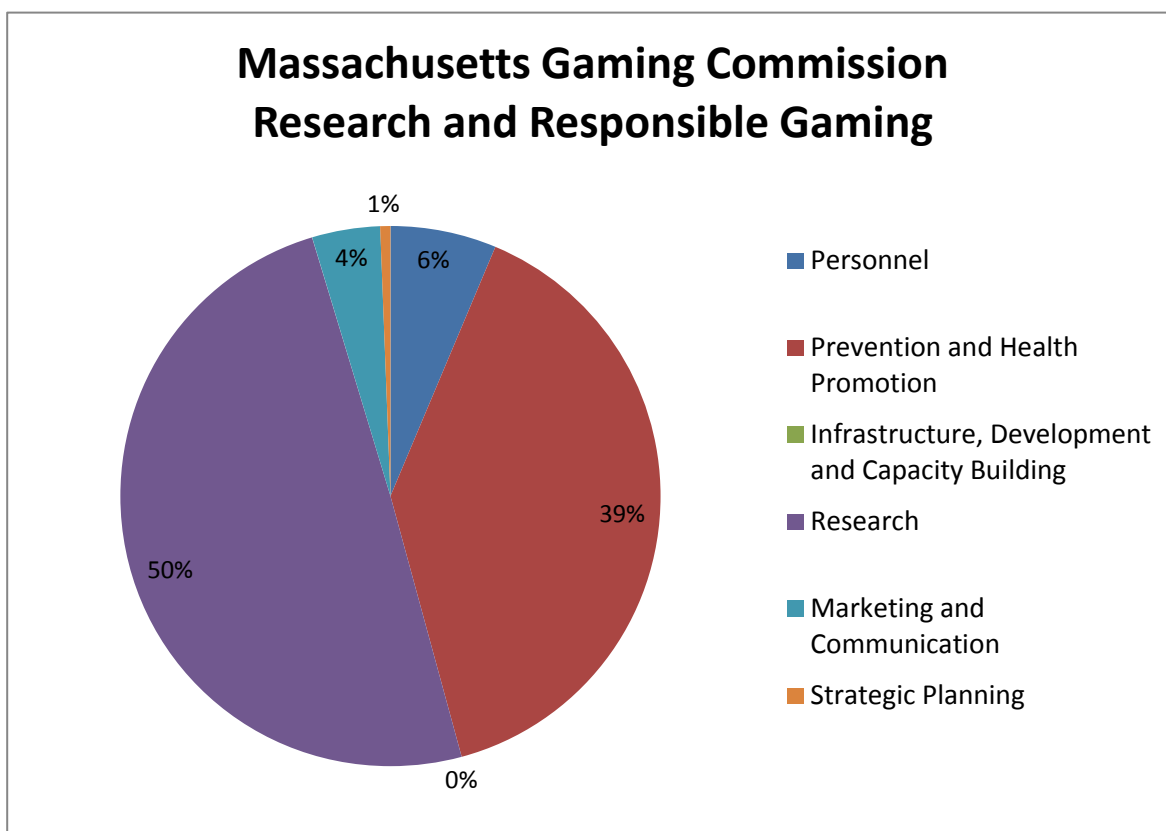
RE: Proposed FY2019 Budget

The initial FY19 budget was presented to the Public Health Trust Fund Executive Committee during a special meeting on March 4th. Based on feedback from the Committee during that meeting, we are presenting a revised budget. MGC and MDPH have settled on a standard format to present the budget and narrative and the budget overview merges proposed initiatives by MGC and MDPH. The revised overall proposed budget is \$8,239,678. This is a reduction of \$541,000 from the proposal made last month.



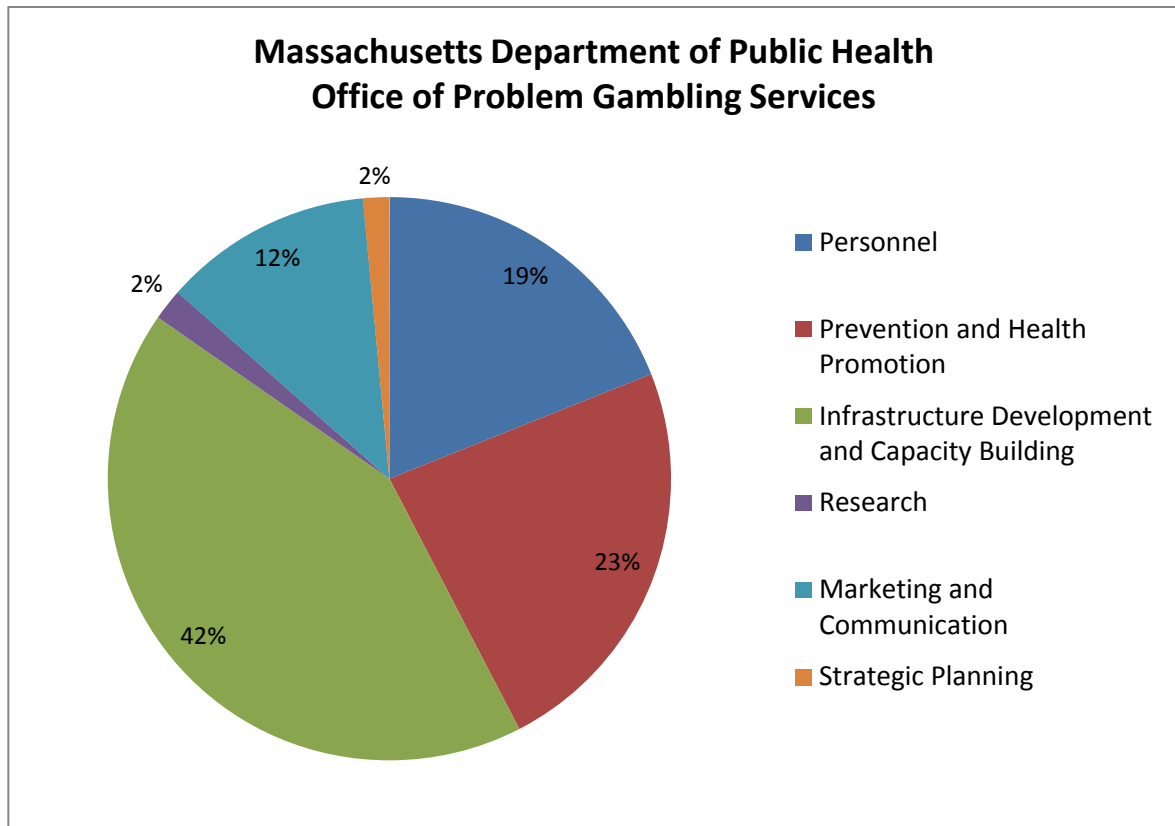
Update on MGC Initiatives

- On March 27th I brought the proposed gaming research agenda and gaming research budget to the Gaming Policy Advisory Committee (GPAC) for advice and approval. The GPAC voted to approve the proposed agenda as presented. Chapter 23k, Section 71 requires that the GPAC provide advice to the MGC on the gaming research agenda.
- Following a review of the proposed budget for the GameSense Program with MA Council on Compulsive Gambling staff, we agreed that we could reduce the proposal by \$173,000 and successfully launch and operate at the three planned casinos.
- Based on feedback during the PHTF EC meeting I increased the FY19 budget for special population research from \$50,000 to \$85,000.
- The MGC negotiating to enter into a contract with UMass Medical Center to secure Dr. Tom Land as a Research Consultant for 12 to 15 hours per week. With additional information about the cost of this, I increased this line item from \$55,000 to \$79,000.
- Overall the proposed FY19 budget for MGC initiatives has decreased by \$141,000 to \$4,910,981.



Update on MDPH Initiatives

- Following the PHTFEC review of the FY 19 DPH Budget, DPH reduced the budget for the communications campaign work by \$500,000. This would maintain the funding for the implementation of the initial campaign targeting men of color as well as the development of two new campaigns, targeting Youth/Parents and an additional risk groups (ex. Elders or Asian-Americans); the reduction eliminates the implementation of those two additional campaigns.
- Based on feedback from the PHTFEC regarding a greater focus on local initiatives within the host communities, DPH increased the FY19 budget for the Community Level Health Project from \$100,000 to \$200,000.
- Overall the proposed FY19 budget for DPH initiatives has decreased by \$400,000 to \$3,328,697.



**Massachusetts Department of Public Health
Massachusetts Gaming Commission
Public Health Trust Fund**

FY19 Proposed

A. Personnel

MGC (inclusive of all expenses except indirect)	311,981
MDPH (inclusive of all costs, including indirect)	630,697
SUB-TOTAL	942,678

B. Prevention and Health Promotion

MGC Initiatives

GameSense Program at MGM and Region B	916,000
GameSense Program at Wynn and Region A	327,000
GameSense Program at Plainridge Park Casino and Region C	684,000
PlayMyWay enrollment incentive	8,000

MDPH Initiatives

Photovoice Project Region C	60,000
Ambassador Project Region C	100,000
Pilot (4) Prevention Initiatives (TBD) targeting Youth and Parents in Region A/B	120,000
Pilot (2) Prevention Initiatives (TBD) targeting At-Risk Populations in Region A/B	100,000
Tobacco and Gambling Programmatic Assessment	50,000
Technical Assistance (TA) of Prevention Services	350,000
SUB-TOTAL	2,715,000

C. Infrastructure, Development and Capacity Building

MDPH Initiatives

Suicide and Gambling Community-based activities	58,000
Suicide and Problem Gambling training for Suicide Prevention workforce	25,000
MassMen and Gambling Project	50,000
CHW and Gambling Needs Assessment: Region A	25,000
CHW and Gambling Training: Plainville/Region C	75,000
CHW and Gambling Training: Region B	75,000
Pilot of CHW and Problem Gambling Project	450,000
Pilot IPAEP and Gambling Programmatic Services	150,000
Helpline Evaluation/TGA Phase II/Trainings	90,000
Distribution of Your First Step to Change	10,000
Gambling Treatment Enhancements and Initiatives	200,000
Community Level Health Project	200,000
SUB-TOTAL	1,408,000

D. Research	
MGC Initiatives	
Social and Economic Impacts of Gambling in Massachusetts	1,180,000
PlayMyWay program evaluation	150,000
Massachusetts Gaming Impact Cohort	815,000
Public Safety and Crime	30,000
Special Population Research	85,000
Research Peer Review	45,000
Research Consultant	79,000
Data, Transfer, Storage and Access Project	50,000
MDPH Initiatives	
Evaluation of all Prevention Pilots	60,000
SUB-TOTAL	2,494,000
E. Marketing and Communication	
MGC Initiatives	
GameSense Communications/ KHJ	200,000
DPH Initiatives	
Men of Color with History of Substance Misuse	200,000
Communication Campaign: Research, planning, and development: Youth and Parents	100,000
Communication Campaign Research, planning, and development of additional target audience (TBD)	100,000
SUB-TOTAL	600,000
F. Strategic Planning	
MGC Gaming Research Strategic Planning	30,000
MDPH Revision of PHTF Strategic Plan	50,000
SUB-TOTAL	80,000
Total	8,239,678

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

MGC Initiatives	Budget	
	FY18	FY19
A. Personnel		
Director and Program Manager (2.0fte), salary, fringe, travel, memberships/registration, supplies (Excluding indirect)	293,506	311,981
B. Prevention and Health Promotion		
GameSense Program	650,000	1,927,000
PlayMyWay	77,000	8,000
C. Research		
Social and Economic Impacts of Gaming in MA	1,151,713	1,180,000
MA Gaming Impact Cohort	848,010	815,000
Responsible Gaming Evaluation	400,000	150,000
Public Safety and Crime Study	25,000	30,000
Data Transfer, Storage and Access	-	50,000
Special Population Studies	100,000	85,000
Research Peer Review	40,000	45,000
Research Consultant	-	79,000
D. Marketing and Communications		
GameSense Marketing and Communication	150,000	200,000
E. Strategic planning		
Responsible Gaming Framework Revision	15,000	-
Research Strategic Planning	-	30,000
Total	3,750,229	4,910,981

A. Personnel	
Director and Program Manager (2.0fte), salary, fringe, travel, memberships/registration, supplies (Excluding indirect)	\$311,981

B. Prevention and Health Promotion	
GameSense Program	
<p>In its effort to promote responsible gaming practices, the Commission launched a responsible gaming program branded as <i>GameSense</i>. 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.</p>	

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

Task	Output/deliverable	Practical Significance
Plainridge Park Casino	<ul style="list-style-type: none"> • Staff the center(s) 16 hours/day 7/days per week • 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 • Display information and educate visitors on resources and programs to assist with gambling problems • Utilize the space to conduct enrollment into and removal from the VSE program 	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	\$1,927,000
PlayMyWay Program		
<p>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.</p> <p>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.</p>		
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	\$8,000

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

C. Research		
Social and Economic Impacts of Gaming in Massachusetts		
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	<ul style="list-style-type: none"> • 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	Can update Shiny apps and trend lines Provision of updated research projects
Shiny interactive web application creation using secondary data	Interactive web apps for relevant social, health, and economic measures Deliverable —5 additional interactive web apps posted to website	Stakeholders will be able to look at data trends within their own communities & the state

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

MGM Patron and License Plate Surveys		
Relates to: Section 71: (2)(iv) and (3)(ii)		
Task	Output/deliverable	Practical Significance
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
Lottery Impacts from PPC and MGM Operations		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
Task	Output/deliverable	Practical Significance
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"> Key data set for analysis of casino impacts on lottery spending Will allow analysis of impacts of PPC, Year 3 and MGM, first 4 months of impacts
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
Operator Construction Spending (MGM; Wynn)		
Relates to Section 71: (2)(iv)(v)(vi)(vii)		
Task	Output/deliverable	Practical Significance
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"> Impact of gambling on the state (construction spending impacts on employment and business spending) Impact of gambling on businesses (business spending) Impact of gambling on communities (economic impact on Springfield and surrounding region) Economic impacts on depressed economic areas
Operator employment, payroll and vendor spending		
Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
Task	Output/deliverable	Practical Significance
Analyze PPC operating impacts and write summary technical report	Data files containing operator employment and payroll data and vendor spending data	Critical inputs for reporting and discussing direct economic impacts of operating phase.

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

	Deliverable—Summary report analyzing operating impacts of PPC in year three of operations	
Real Estate and Development: Update of Springfield Baseline Analysis Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
Task	Output/deliverable	Practical Significance
Database development and updates	Deliverable—Technical memo identifying real estate and development updates for Springfield	<ul style="list-style-type: none"> Update to baseline analysis of real estate conditions and trends before the opening of MGM. Impact of gambling on businesses (downtown real estate), and communities (Springfield) Economic impacts on depressed economic areas in Springfield
New Employee Survey Data Relates to: Section 71: (2)(iv)(v)(vi)(vii)		
Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> Monitor and plan surveys that must still be initiated as well as those that are in the field Analysis of survey data Ensure effective launch for surveys at MGM Springfield and at Wynn Boston Harbor 	Deliverable—Technical memo summarizing survey results and findings about new employees at PPC	<ul style="list-style-type: none"> Data will describe casino employees at PPC Economic impact on individuals (new employees) Impact of the development and operation of the gaming establishment on small businesses in the host communities and surrounding communities
Program/Project	Vendor	FY19 Budget
Social and Economic Impacts of Gaming In Massachusetts	Univ. of MA School of Public Health and Health Sciences	\$1,180,000
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"> Complete Wave 4 and deliver data to MAGIC team Prepare and conduct Wave 5 data collection 	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"> New wave of data from cohort to be prepared for analysis Final wave of data from cohort before opening of MA casinos will be collected

**Massachusetts Gaming Commission
Research and Responsible Gaming
FY19 DRAFT Budget**

Deeper Analyses and Reporting		
Relates to: Section 71: (3)(iii)		
Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> Conduct deeper analyses of MAGIC Wave 2 data on incidence, transitions, changes in attitudes & gambling behavior, pre-casino Conduct deeper analyses of Wave 2 and Wave 3 data to understand predictors of transitions, pre-casino 	Deliverable – Report on Results	<ul style="list-style-type: none"> Contribute to understanding predictors of PG incidence and transitions in MA Increase efficacy of targeted prevention and treatment efforts
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"> Increase understanding of importance of engaging in low-risk gambling behavior prior to opening of MA casinos Increase efficacy of targeted prevention efforts
Program/Project	Vendor	FY19 Budget
Massachusetts Gaming Impact Cohort Study	Univ. of MA School of Public Health and Health Sciences	\$815,000
Study of Public Safety		
Relates to: Section 71: (2)(ii)		
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.		
Analysis of changes in police data at Plainridge Park Casino		
Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> Collect and analyze police and traffic data for Plainville and five surrounding communities Conduct a survey of law enforcement personnel regarding impacts of casino in Plainville 	Deliverable: 30 month raw data monitoring report Deliverable: 3 year public safety report	<ul style="list-style-type: none"> Provides ongoing monitoring system of crime, calls for service and traffic. Allows for early detection and response to casino problems which may arise.
Establishing a baseline and initial reporting of police and public safety data in Springfield and surround communities		
Task	Output/deliverable	Practical Significance
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	Allows for early detection and response to casino problems which may arise.

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	Springfield and surrounding communities	
Establishing a baseline of police and public safety data in Everett and surround communities		
Task	Output/deliverable	Practical Significance
<ul style="list-style-type: none"> Establish data connection Collect and analyze police and traffic data for Everett and surrounding communities 	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
Special Population Research		
<p>The objective of this research is to advance the knowledge regarding the introduction of casinos on population subgroups not reached by the initial general population baseline survey. 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.</p>		
Program/Project	Vendor	FY19 Budget
Special Population Research	TBD	\$85,000
PlayMyWay Program Evaluation		
PlayMyWay at Plainridge Park Casino		
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.
Play Management development at MGM and Wynn		
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 Evaluation	TBD	\$150,000

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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
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 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	\$79,000

D. Marketing and Communication		
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

E. Strategic Planning		
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	\$30,000

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MDPH Initiatives	Budget	
	FY18	FY19
A. Personnel		
DPH Personnel: Director, Contract Managers, Support Staff, Fringe (33.5%), Supplies and Indirect Costs	\$254,197	\$630,697
B. Prevention and Health Promotion		
Priority Population: Youth, Parent and At-risk Populations	\$430,000	\$780,000
C. Infrastructure Development and Capacity Building		
<i>Prevention:</i> Suicide Prevention Integration	\$130,000	\$133,000
<i>Intervention:</i> Workforce Development: Community Health Workers	\$100,000	\$625,000
<i>Intervention:</i> Intimate Partner Abuse Education Program	\$15,000	\$150,000
<i>Treatment:</i> Workforce Development: Treatment Providers	\$200,000	\$300,000
<i>Community:</i> Community Level Health Project		\$200,000
Subtotal	\$445,000	\$1,408,000
D. Research		
Evaluation of Prevention pilots	-	60,000
E. Marketing and Communications		
Communication Campaigns	\$100,000	\$400,000
F. Strategic Planning		
Two-Year revision of the Public Health Trust Fund Strategic Plan		\$50,000
Total	\$1,229,197	\$3,328,697

A. Personnel	
DPH Personnel: Director, Contract Managers, Support Staff, Fringe (33.5%), Supplies and Indirect Costs	\$630,697

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B. Prevention and Health Promotion

In the effort to deliver comprehensive, community-centered, and culturally responsive prevention services aimed at youth, parents, and at-risk populations, and based on the recommendations of the Regional Planning Process (Plainville/Region C), DPH launched two pilot prevention strategies in FY18: PhotoVoice (for youth and parents) and the Ambassador Project (for men of color with history of substance misuse) in Plainville/Region C.

In FY 19, informed by the recommendations of the current Regional Planning Process, there will be two new additional pilot prevention strategies which will be initiated in Regions A and B, targeting youth and at-risk populations. Technical Assistance (TA) will be provided to ensure effectiveness and the utilization of best-practices in prevention, and to provide support, guidance, and expertise in the delivery of services. An evaluation will be conducted to inform next steps for all prevention pilots.

DPH recommends an additional initiative: research indicates that recreational gamblers are more likely to use tobacco, consume alcohol, and experience mental health distress. As a first step, DPH recommends a tobacco and gambling programmatic assessment to explore prevention and health promotion opportunities.

Priority Population: Youth and Parents and At-risk Populations

Task	Output/Deliverable	Practical Significance
<ul style="list-style-type: none"> PhotoVoice Project in Plainville/Region C 	<ul style="list-style-type: none"> Implement two educational cycles of the PhotoVoice targeting youth and parent in Plainville/Region C. Implement community demonstration of PhotoVoice after completion of the project to stakeholders and community partners to help bring awareness and increase community-level capacity to affect change on the issue of problem gambling. 	<ul style="list-style-type: none"> Increase awareness of gambling exposure in the everyday lives of youth. Reinforce the perceived harm of youth gambling increase awareness of what gambling is and where it is present in youth's everyday lives. Strengthen understanding of the changes occurring in the brain during adolescence and why gambling may be risky for youth. Develop concrete ideas of ways to build youth resilience.
<ul style="list-style-type: none"> Ambassador Project in Plainville/Region C with evaluation 	<ul style="list-style-type: none"> Conduct Ambassador Project targeting men of color with history of substance misuse youth in Plainville/Region C. 	<ul style="list-style-type: none"> Incorporate discussions about problem gambling into treatment and recovery. Increase self-efficacy and peer-to-peer advocacy. Increase understanding of the connections between gambling

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		and other addictions among people who speak with ambassadors.
<ul style="list-style-type: none"> Initiate two new additional prevention strategies for youth, parents and at-risk population in Region A and B Conduct. 	<ul style="list-style-type: none"> Pilot prevention initiatives in Regions A and B based on the recommendation of the Regional Planning Process. <p style="text-align: center;"><i>Note: Prevention initiatives will be determine based on the results of the Regional Planning Process in Region A and B.</i></p>	<ul style="list-style-type: none"> Increase protective factors and reduce risk factors among youth and at-risk populations in Region A and B.
<ul style="list-style-type: none"> Programmatic assessment of tobacco prevention services to explore integration of gambling prevention. 	<ul style="list-style-type: none"> Conduct a programmatic assessment of tobacco prevention services to explore integration of gambling prevention that will enhance overall health promotion and initiatives targeting gambling and tobacco risk factors. Provide a programmatic assessment report with the following: results, recommendation for integration, and next steps. 	<ul style="list-style-type: none"> Results of the programmatic assessment will inform integration of gambling and tobacco prevention that will enhance overall health promotion and initiatives targeting both gambling and tobacco risk factors.
Program/Project	Vendor	FY19 Budget
PhotoVoice Project	Highpoint Treatment Center (30k) Old Colony YMCA (30K)	\$60,000
Ambassador Project	Gandara Center	\$100,000
Pilot Prevention Initiative (TBD) targeting Youth and Parents in Region A/B	TBD	\$120,000
Pilot Prevention Initiative (TBD) targeting At-Risk Populations in Region A/B	TBD	\$100,000
Tobacco and Gambling Programmatic Assessment	TBD	\$50,000

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Technical Assistance/Evaluation		
Task	Output/Deliverable	Practical Significance
<ul style="list-style-type: none"> Provide Technical Assistance (TA) for all prevention vendors. 	<ul style="list-style-type: none"> Provide support, guidance, expertise in the delivery of prevention services, and the utilization of prevention best-practices. 	<ul style="list-style-type: none"> Technical Assistance (TA) will help ensure the effectiveness of prevention services.
Program/Project	Vendor	FY19 Budget
Technical Assistance (TA) of Prevention Services	EDC-MassTapp	\$350,000

C. Infrastructure Development and Capacity Building

The PHTF Strategic Plan identifies phase 1 activities as infrastructure and capacity building to support the continuum of care: prevention, intervention, treatment, and recovery supports. This is essential for the foundational development of services to be community centered and culturally responsive.

Prevention: Suicide Prevention Integration

Task	Output/Deliverable	Practical Significance
<ul style="list-style-type: none"> Integrate gambling prevention within suicide coalitions. 	<ul style="list-style-type: none"> Conduct community-based activities via 11 suicide prevention coalitions. Facilitate technical assistance to provide support, guidance, and expertise to 11 suicide prevention coalitions. 	<ul style="list-style-type: none"> Community led activities via suicide coalition will raise awareness, distribute resources, and build community resilience. Technical assistance will support, provide guidance, and expertise in the integration of gambling and suicide community activities.
<ul style="list-style-type: none"> Suicide and problem gambling trainings. 	<ul style="list-style-type: none"> Conduct two suicide and problem gambling trainings for suicide coalitions workforce and mental health providers. 	<ul style="list-style-type: none"> Build capacity of suicide prevention workforce and mental health professional relating to suicide and problem gambling.
<ul style="list-style-type: none"> Expand the Integration suicide and problem gambling screening as part of the MassMen.org initiative. 	<ul style="list-style-type: none"> Expand of the promotion, development of messaging, and resources in the MassMen.org initiative, a comprehensive resource for 	<ul style="list-style-type: none"> Establish web-based access to screening and referrals for those seeking help and information relating to gambling.

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	<p>men and their loved ones, offering state-wide mental health resources, information, and on-line self-assessments.</p> <ul style="list-style-type: none"> • Provide maintenance and coordinate gambling screening questions and resources. • Provide quarterly data reports and analysis of assessment outcomes. 	
Program/Project	Vendor	FY19 Budget
Suicide and Gambling community-based activities	Mass Coalition for Suicide Prevention	\$58,000
Suicide and Problem Gambling training for Suicide Prevention Workforce	AdCare Educational Institute	\$25,000
MassMen and Gambling Project	Screening for Mental Health	\$50,000
Intervention: Workforce Development: Community Health Worker		
Task	Output/Deliverable	Practical Significance
Needs assessment of CHW and Gambling in Region A.	<ul style="list-style-type: none"> • 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. • Provide a needs assessment report with findings, community assets, and recommendations. 	<ul style="list-style-type: none"> • The assessment will inform the implementation of CHW training and comprehensive services for screening and referrals at the community-level.
Continue funding of CHW and Gambling training program in Plainville/Region C; evaluate.	<ul style="list-style-type: none"> • Conduct 2 training series targeting 50 CHWs and provide stipends. • Evaluate training and provide a training report. 	<ul style="list-style-type: none"> • Build the capacity of CHW to educate, screen, and refer individuals at the community level that is culturally responsive.
Initiate CHW and Gambling training program in Region B (based on	<ul style="list-style-type: none"> • Conduct 2 training series targeting 50 CHWs and provide 	<ul style="list-style-type: none"> • Build the capacity of CHW to educate, screen, and refer

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training curriculum developed in Plainville/Region C); evaluate.	<ul style="list-style-type: none"> • stipends. • Evaluate training and provide a training report. 	individuals at the community level that is culturally responsive.
Pilot the integration of gambling in CHW in community and/or mental health center services in both Plainville/Region C and Region B.	<ul style="list-style-type: none"> • Develop a plan for the integration of Problem Gambling into CHW work within community and/or mental health center services. The plan must include the following: integration strategies with goals and objectives, target groups and communities, service outline, and data collection. • Pilot services / Plainville/Region C and Region B. • Evaluation of the project. 	<ul style="list-style-type: none"> • Integration of CHW in community health and/or mental health centers to improve health access, services and outcomes.
Program/Project	Vendor	FY19 Budget
CHW and Gambling Needs Assessment: Region A	Dr. Terry Mason	\$25,000
CHW and Gambling Training: Plainville/Region C	CHEC-Lowell	\$75,000
CHW and Gambling Training: Region B	TBD	\$75,000
CHW and Problem Gambling in community health centers Project	TBD	\$450,000
Intervention: Intimate Partner Abuse Education Program		
Task	Output/Deliverable	Practical Significance
Pilot gambling screening, education, and intervention within the Intimate Partner Abuse Education Program (IPAEP) in each of the host communities of Region A/B.	<ul style="list-style-type: none"> • Develop and implement a plan for the integration of gambling screening, education, and intervention within IPAEP services. • Conduct evaluation to determine next steps. 	<ul style="list-style-type: none"> • Enhance Intimate Partner Abuse Education Program ability to screen, provide intervention, and distribute information and services.
Program/Project	Vendor	FY19 Budget

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Pilot IPAEP and Gambling Programmatic Services	TBD	\$150,000
Treatment: Workforce Development and Capacity Building: Treatment Providers		
Task	Output/Deliverable	Practical Significance
Substance Addiction and Gambling Helplines Evaluation	<ul style="list-style-type: none"> Evaluation of the Statewide Gambling and Substance Abuse Helplines to explore potential advantages, disadvantages, and mechanisms for connecting both helplines. Provide a report with outcomes and recommendations. 	<ul style="list-style-type: none"> Determine next steps for helpline services to meet the need of substance addiction and gambling resources and referral to individuals seeking help.
Develop treatment service plan based on the recommendations from the TGA.	<ul style="list-style-type: none"> Implement action steps of gambling treatment informed by the recommendations of the Treatment Gap Analysis (TGA). <p><i>Note: scope and budget is estimated and will be detailed upon the completion of the Treatment and Service Gap Analysis.</i></p>	<ul style="list-style-type: none"> Target goal is a comprehensive treatment approach for those seeking help for substance and gambling addiction.
BSAS Treatment and Services Gap Analysis Report: Phase II	<ul style="list-style-type: none"> Provide additional assistance and guidance as needed based on the results of the Treatment Gap Analysis and recommendations for next steps. <p><i>Note: scope and budget is estimated and will be detailed upon the completion of the Treatment and Service Gap Analysis.</i></p>	<ul style="list-style-type: none"> Provide additional support for enhancing gambling treatment services within behavioral health.
Statewide Training of Treatment Providers	<ul style="list-style-type: none"> Facilitate two state-wide trainings to the treatment workforce within all levels of care on the Practice Guidelines for Treating Gambling-Related 	<ul style="list-style-type: none"> Improve clinical skills in the treatment of disordered gambling for treatment providers.

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	Problems.	
Dissemination of Self-Assessment Tool	<ul style="list-style-type: none"> Distribute self-assessment tool/Your First to Change to 1,300 providers and 350 BSAS sites. 	<ul style="list-style-type: none"> Treatment providers will gain access and familiarization with self-assessment tool: Your First to Change.
Program/Project	Vendor	FY19 Budget
Helpline Evaluation/TGA Phase II/Trainings	Division on Addiction at Cambridge Health Alliance (DOA)	\$90,000
Distribution of Your First Step to Change	Health Resources in Action, Inc.	\$10,000
Gambling Treatment Enhancements and Initiatives	TBD	\$200,000
Community: Community Level Health Project		
Task	Output/Deliverable	Practical Significance
Fund community level capacity building to address gambling-related health issues and health improvement initiatives within Regions A/B host communities.	<ul style="list-style-type: none"> Develop a plan for community-level capacity building on health related issue within the host communities of Region A and B. Develop evaluation plan. Submit reports on progress and outcomes. 	<ul style="list-style-type: none"> Project will engage community stakeholders to develop a plan and implement health-related initiatives within the host communities. Goal to address and enhance community wellness and mitigate harms.
Program/Project	Vendor	FY19 Budget
Community Level Health Project	TBD	\$200,000

D. Research		
Evaluation of prevention pilots.	<ul style="list-style-type: none"> Develop evaluation plan. Conduct evaluation of prevention services. Provide monthly report. 	<ul style="list-style-type: none"> The evaluation of the pilots of prevention services will determine effectiveness and inform next steps.
Program/Project	Vendor	FY19 Budget
Evaluation of all Prevention Pilots	Social Science Research and Evaluation, Inc.	\$60,000

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E. Marketing and Communication		
Task	Output/Deliverable	Practical Significance
Conduct a state-wide health promotion campaign targeting Men of Color with History of Substance Misuse.	<ul style="list-style-type: none"> Develop and coordinate media buy plan. Facilitate media buys. Provide summary reports. 	<ul style="list-style-type: none"> Aimed at raising awareness of the risk associated with gambling among Men of Color with a History of Substance Misuse.
Research, planning, and creation of a state-wide health promotion campaign targeting youth and parents and an additional target audiences (ex. Elders and Asian-Americans).	<ul style="list-style-type: none"> Facilitate informative research to conduct environment scans and key informant interviews to most effectively reach a target audience. Develop concepts and conduct messaging testing with youth and parents and at-risk populations. Develop media campaign and evaluation strategies. Utilize the Regional Planning Process Reports targeting youth and parents and at-risk populations. 	<ul style="list-style-type: none"> The planning for a state-wide health promotion campaign targeting youth and parents and at-risk populations is aimed at raising awareness of the risk associated with gambling.
Program/Project	Vendor	FY19 Budget
Communication Campaign Implementation: Men of Color with History of Substance Misuse	Think Argus	\$200,000
Communication Campaign Research, Planning, and Development: Youth and Parents	TBD	\$100,000 <i>Note: This has been reduced by \$200k. With additional funding we will implement campaign, including media buys.</i>
Communication Campaign Research, Planning, and Development: additional target audience (TBD; e.g. Elders, Asian Americans)	TBD	\$100,000 <i>Note: This has been reduced by \$200k. With additional funding we will implement campaign, including</i>

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		<i>media buys.</i>
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F. Strategic Planning

Pursuant to the PHTF Strategic Plan, plan, facilitate, and write the two-year update that will inform programs and initiatives.

Task	Output/Deliverable	Practical Significance
<ul style="list-style-type: none"> Conduct two-year revision of the PHTF Strategic Plan 	<ul style="list-style-type: none"> Plan, facilitate and write the two-year update that will inform programs and initiatives. 	<ul style="list-style-type: none"> The PHTF Strategic plan will be updated with the latest research, updated responsible gaming framework, and lesson learned from community engagement reports.
Program/Project	Vendor	FY19 Budget
Revision of PHTF Strategic Plan	TBD	\$50,000



TO: Public Health Trust Fund Executive Committee

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

CC: Bruce Cohen, MGC Gaming Research Consultant

DATE: April 4, 2018

RE: Gaming Research Agenda Roles and Responsibilities

The purpose of this memo is to outline the statutory mandate to carry out an annual Gaming Research Agenda as well as roles and responsibilities of various groups to advise and direct this work. This memo is not intended to address the authority of the Public Health Trust Fund Executive Committee to direct programs and services administered from the fund.

Massachusetts General Laws Chapter 23K, Section 71.

Chapter 23K, Section 71 establishes an annual research agenda which includes three essential elements:

- 1) Understand the social and economic impacts of expanded gambling
- 2) Baseline study of problem gambling and existing prevention and treatment programs
- 3) Independent studies to obtain scientific information relevant to enhancing responsible gambling and minimizing harmful effects.

The full narrative of Section 71 is included at the end of this memo.

Oversight, Policy, Budget and Advisory groups of the Gaming Research Agenda

Public Health Trust Fund Executive Committee

Authority: Memorandum of Understanding/ Budget and policy setting

Role of the PHTF Committee (as it relates to gaming research):

- Discuss and establish research priorities.
- Approve the budget for expenditures from the Public Health Trust Fund in order to conduct necessary research studies and evaluation, including those identified in the annual research agenda as defined by Section 71.
- Direct use of findings in all strategies and programs related to enhancing responsible gambling and mitigating problem gambling.

Frequency of meetings: Quarterly plus occasional special meetings



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Massachusetts Gaming Commission (MGC)

Authority: Statutory/ Oversight and policy making

Role of the MGC:

- Provide day-to-day oversight of the Gaming Research Agenda, including:
 - Manage the research procurement, selection and contracting process
 - Provide oversight of research and evaluation contracts including budget, performance standards and deliverables
 - Organize and convene review and advisory committees. Utilize the advice from committees to identify research priorities, provide feedback to research teams
- Consider research findings in decisions related to enhancing responsible gambling and mitigating problem gambling.
- Collect revenues and assessments for deposit to the Public Health Trust Fund.
- Report to various bodies including; Gaming Policy Advisory Committee, house and senate committees on ways and means, the joint committee on economic development and emerging technologies and committee on mental health and substance abuse.

Frequency of meetings: Daily oversight and bi-weekly meetings of the MGC.

Gaming Research Advisory Committee

Authority: Voluntary/Advisory

Role of the GRAC:

- Translate research findings to support evidence-informed decision making in the policy development and responsible gaming and problem gambling prevention and intervention strategies.
- Provide advice and recommendations to the Public Health Trust Fund Executive Committee, Gaming Policy Advisory Committee and the MGC on gaming research priorities.
- Provide a forum for input for the community of stakeholders including gaming licensees, advocacy groups and researchers.

Frequency of meetings: Quarterly

Gaming Policy Advisory Committee

Authority: Statutory/ Advisory and policy making

Role of the GPAC:

- Advise the MGC on the annual research agenda.
- Provide policy recommendations to legislature



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Frequency of meetings: This committee aims to meet quarterly. However, they have only met annually the past few years.

Gaming Research Peer Review Committee

Authority: Voluntary/ Advisory

Role the RRC:

- Serve as the primary peer review committee, providing the MGC and research teams with advice and feedback on gaming research design, methods and analysis.
 - Review data collection methods and work with current data collectors to maximize representativeness. This includes but is not limited to modes of data collection, survey design, weighting and statistical evaluation
 - Review, develop, and evaluate analytic plans
- Assist in the development of data dissemination planning and implementation
- Serve as the initial review committee for requests to access health survey data collected by UMass for SEIGMA and MAGIC under contract to MGC
- Review request for proposals (RFPs) and similar procurement documents.

Frequency of meetings: Bi-weekly plus occasional special meetings



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Massachusetts General Laws Chapter 23K, The Massachusetts Gaming Commission

Section Relative to the Annual Research Agenda

Chapter 23K, Section 71. The commission, with the advice of the gaming policy advisory committee, shall develop an annual research agenda in order to understand the social and economic effects of expanding gaming in the commonwealth and to obtain scientific information relative to the neuroscience, psychology, sociology, epidemiology and etiology of gambling. The secretary of health and human services, with the advice and consent of the commission, may expend funds from the Public Health Trust Fund established in section 58 to implement the objectives of the research agenda which shall include, but not be limited to:

(1) a baseline study of the existing occurrence of problem gambling in the commonwealth; provided, however, that the study shall examine and describe the existing levels of problem gambling and the existing programs available that prevent and address the harmful consequences of problem gambling; provided further, that the commission shall contract with scientists and physicians to examine the current research as to the causes for problem gambling and the health effects of problem gambling and the treatment methods currently available in the commonwealth; provided further, that the commission shall report on the findings of the baseline study and provide recommendations to the house and senate committees on ways and means, the joint committee on economic development and emerging technologies, the joint committee on mental health and substance abuse and the joint committee on public health relative to methods to supplement or improve problem gambling prevention and treatment services;

(2) comprehensive legal and factual studies of the social and economic impacts of gambling in the commonwealth on: (a) state, local and Indian tribal governments; and (b) communities and social institutions generally, including individuals, families and businesses within such communities and institutions; provided, however, that the matters to be examined in such studies shall include, but not be limited to:

(i) a review of existing federal, state, local and Indian tribal government policies and practices with respect to the legalization or prohibition of gambling, including a review of the costs of such policies and practices;

(ii) an assessment of the relationship between gambling and levels of crime and of existing enforcement and regulatory practices intended to address any such relationship;

(iii) an assessment of pathological or problem gambling, including its impact on individuals, families, businesses, social institutions and the economy;



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- (iv) an assessment of the impact of gambling on individuals, families, businesses, social institutions and the economy generally, including the role of advertising in promoting gambling and the impact of gambling on depressed economic areas;
- (v) an assessment of the extent to which gaming has provided revenues to other state, local and Indian tribal governments;
- (vi) an assessment of the costs of added infrastructure, police force, increased unemployment, increased health care and dependency on public assistance;
- (vii) an assessment of the impact of the development and operation of the gaming establishment on small businesses in host communities and surrounding communities, including a review of any economic harm experienced and potential solutions to mitigate associated economic harm; and
- (viii) the costs of implementing this chapter.

(3) individual studies conducted by academic institutions and individual researchers in the commonwealth to study topics which shall include, but not be limited to:

- (i) reward and aversion, neuroimaging and neuroscience in humans, addiction phenotype genotype research, gambling-based experimental psychology and mathematical modeling of reward-based decision making;
- (ii) the sociology and psychology of gambling behavior, gambling technology and marketing; and
- (iii) the epidemiology and etiology of gambling and problem gambling in the general population; provided, however, that when contracting with researchers to study such issues, the commission shall encourage the collaboration among researchers in the commonwealth and other states and jurisdictions.

The commission and the committee shall annually make scientifically-based recommendations which reflect the results of this research to the house and senate committees on ways and means, the joint committee on economic development and emerging technologies, the joint committee on mental health and substance abuse and the joint committee on public health. The commission shall consider any such recommendations, research and findings in all decisions related to enhancing responsible gambling and mitigating problem gambling.



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TO: Public Health Trust Fund Executive Committee

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

DATE: April 4, 2018

RE: Defining and measuring problem gambling in Massachusetts

During the Public Health Trust Fund meeting in January 2018, we discussed the definition of problem gambling. More specifically, there was concern that the SEIGMA study utilizes a definition of problem gambling that would not capture persons who meet the diagnostic criteria of gambling disorder as defined in the DSM-5. Concern has also been expressed about the validity of the Problem and Pathological Gambling Measure (PPGM) in that it may not accurately capture gambling disorder as defined in the DSM-5. Below, I provide information to address these concerns.

Defining Problem Gambling

Problem Gambling typically refers to individuals who experience impaired control over their gambling behavior and negative consequences arising from this impaired control. The SEIGMA study uses the following definition of problem gambling: “difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.” As is the case with other addictive disorders, this definition incorporates both the notion of an underlying condition as well as its consequences (Neal, Delfabbro, & O’Neil, 2005: 125).

Severe problem gambling sits at the most harmful end of the continuum of problematic gambling involvement. Similar to problem gambling, it is characterized by impaired control over gambling and significant negative consequences deriving from this impaired control. However, in contrast to problem gambling, both the loss of control and the negative consequences are more extensive and severe. This, in turn, creates a more chronic and debilitating condition for the person experiencing it.

In epidemiological research, individuals are generally categorized as at-risk, problem, or severe problem gamblers on the basis of their endorsement of items included in one of the many instruments developed to identify individuals with gambling-related difficulties (Abbott & Volberg, 2006; Stinchfield, Govoni, & Frisch, 2007; Williams & Volberg, 2014). Because these instruments were developed at different points in time and used different clinically diagnostic criteria, each one uses different terms to classify gamblers, including problem gamblers, pathological gamblers, and disordered gamblers. **The SEIGMA study uses “problem gambling” as an umbrella term that includes problem and pathological gambling and encompasses the full range of loss of control as well as gambling harms and consequences that an individual may experience.** Based on this definition, problem gambling would include all persons meeting the DSM-5 criteria for disordered gambling. Within the SEIGMA reports, the separate categories of



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problem gambler and pathological gambler have been collapsed due to the small number of observations in each category.

Problem gambling has become the preferred term amongst researchers and most clinicians because it has fewer etiological connotations and because it is inclusive of less severe forms of the disorder. In fact, the latest Google Scholar search using these terms supports this approach: problem gambling (546,000); pathological gambling (70,000); compulsive gambling (50,000); gambling addict (27,000); disordered gambling (21,000). However, given the evolution of the disorder, pathological gambling is still sometimes used to refer to the most severe and chronic forms of problem/disordered gambling. It is also worth noting that all of the above terms continue to be used as formal diagnostic categories in the assessment instruments most commonly used to classify individuals with a gambling problem. For example, “gambling disorder” is used in the DSM-5; “severe problem gambling” is used in the Canadian Problem Gambling Index (CPGI) (Ferris & Wynne, 2001); “problem gambling” and “pathological gambling” are used in the Problem and Pathological Gambling Measure (PPGM) (Williams & Volberg, 2010, 2014); and “probable pathological gambling” is used in the South Oaks Gambling Screen (SOGS) (Lesieur & Blume, 1987).

Measuring Problem and Pathological Gambling in Massachusetts

The Problem and Pathological Gambling Measure (PPGM) is a 14-item assessment instrument with questions organized into three sections: Problems (7 questions), Impaired Control (4 questions), and Other Issues (3 questions). The instrument employs a 12-month timeframe and recognizes a continuum of gambling across four categories (Recreational, At-Risk, Problem, and Pathological). The PPGM includes items that assess all of the DSM-IV and DSM-5 criteria but is not limited to the DSM criteria.

The PPGM is different from other problem gambling instruments in several important respects. First, the PPGM comprehensively assesses *all* of the potential harms of problem gambling (i.e., financial, mental health, health, relationship, work/school, legal), whereas only a subset of potential problems are assessed with the other instruments. For example, physical and mental health problems are not assessed in the DSM or SOGS, illegal activity is not assessed in the DSM or CPGI, and school and/or work problems are not assessed in the CPGI.

Second, the PPGM was developed and empirically tested over many years before the final version was published. It has been field tested and refined with both clinical and general population samples. Additional research has demonstrated that the PPGM produces consistent results across different jurisdictions and over periods of time with the same people (Back, Williams, & Lee, 2015; Williams et al., 2015). In a comparative study of the performance of the three most frequently used problem gambling instruments (SOGS, CPGI, and NODS¹) and the PPGM, the PPGM demonstrated a high degree of overlap (i.e., concurrent validity) with the three other instruments as well as good association with gambling frequency and gambling expenditure (Williams & Volberg, 2014). In contrast, the DSM criteria are based on treatment-seeking individuals and do not perform well in population research. This is because

¹ The SOGS is based on the DSM-III criteria while the NODS is based on the DSM-IV criteria for pathological gambling. The CPGI includes several items based on the DSM but does not assess all of the criteria.



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treatment-seeking problem gamblers differ substantially from the larger population of problem gamblers (very few of whom actually seek treatment).

Third, unlike previous measures, the PPGM minimizes false positives and false negatives. To minimize false positives, a person has to report gambling at least once a month in the past year to be classified as either a problem or pathological gambler. None of the older problem gambling instruments requires corroborating gambling behavior. To minimize false negatives and better identify problem gamblers who have not acknowledged they have a problem, a person can be classified as a problem gambler despite reporting sub-threshold levels of symptomatology if their gambling expenditure and frequency are equal to those of unambiguously identified problem gamblers. While it is well recognized in the addiction field that a significant portion of people with addictions are in denial (Howard et al., 2002; Rinn, Desai, Rosenblatt, & Gastfriend, 2002; Shaffer & Simoneau, 2001), the PPGM is the only gambling instrument designed to identify these individuals.

Internationally, there is widespread agreement that for someone to be classified as a problem gambler there needs to be evidence of both (a) significant negative consequences and (b) impaired control (Neal et al., 2005). This is made explicit in the PPGM. Endorsement of several items in the Problems section and in the Impaired Control section is required to classify a person as a Pathological Gambler. Endorsement of one or more items from the Problems section and one or more items from the Impaired Control section is required to classify an individual as a Problem Gambler. Endorsement of Problem or Impaired Control item(s), but not both, typically leads to classification as an At-Risk Gambler. This reflects the growing recognition that individuals who become problem gamblers can take a number of different pathways into the disorder (Blaszczynski & Nower, 2002; el-Guebaly et al., 2015b; Williams et al., 2015).

This approach is in contrast to other problem gambling instruments (SOGS, CPGI, DSM²), in which any pattern of item endorsement that results in a score above a certain threshold is sufficient to be designated as a problem gambler. One result of this additive approach is that all of these problem gambling instruments give each symptom equal weight despite the fact that some items are more serious and/or diagnostically important than others (McCready & Adlaf, 2006; Toce-Gerstein et al., 2003).

The PPGM is a relatively new screening instrument, especially when compared to the most commonly used instruments (SOGS, CPGI, NODS). However, it's gaining popularity and has been used in the most recent studies in Sweden, Finland, South Korea and Canada (Alberta, Ontario). The CPGI remains the most commonly used instrument for measurement of problem gambling. As an added measure, the SEIGMA study also used the CPGI as a secondary measure to allow comparison to the many jurisdictions that use this survey.

The table on the following page presents the PPGM typology and the criteria required for classification across these groups.

² In addition to the NODS, there are two other problem gambling assessment instruments based on the DSM-IV criteria for pathological gambling. One of these was developed for use in the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) and other for the National Comorbidity Survey Replication (NCS-R).



Problem and Pathological Gambling Measure (PPGM)

PROBLEM GAMBLING SECTION /7

- 1a. Has your involvement in gambling caused you either to borrow a significant amount of money or sell some of your possessions in the past 12 months?
- 1b. Has your involvement in gambling caused significant **financial concerns** for you or someone close to you in the past 12 months?
2. 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?
- 3a. Has your involvement in gambling caused serious problems in your **relationship with your spouse/partner, or important friends or family** in the past 12 months?
- 3b. Has your involvement in gambling caused you to repeatedly neglect your children or family in the past 12 months?
4. Has your involvement in gambling resulted in significant **health problems** or injury for you or someone close to you in the past 12 months?
- 5a. Has your involvement in gambling caused significant **work or school problems** for you or someone close to you in the past 12 months?
- 5b. Has your involvement in gambling caused you to miss a significant amount of time off work or school in the past 12 months?
6. Has your involvement in gambling caused you or someone close to you to write bad cheques, take money that didn't belong to you or commit other **illegal acts** to support your gambling in the past 12 months?
7. Is there anyone else who would say that your involvement in gambling in the past 12 months has caused any significant problems regardless of whether you agree with them or not?

PROBLEM GAMBLING SECTION /7

8. In the past 12 months, have you often gambled longer, with more money or more frequently than you intended to?
9. In the past 12 months, have you often gone back to try and win back the money you lost?
- 10a. In the past 12 months, have you made any attempts to either cut down, control or stop your gambling?
- 10b. Were you successful in these attempts?
11. In the past 12 months, is there anyone else who would say that you have had difficulty controlling your gambling, regardless of whether you agreed with them or not?



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OTHER ISSUES /3

12. In the past 12 months, would you say you have been preoccupied with gambling?
13. In the past 12 months, when you were not gambling did you often experience irritability, restlessness or strong cravings for it?
14. In the past 12 months, did you find you needed to gamble with larger and larger amounts of money to achieve the same level of excitement?

PROBLEMS SCORE+IMPAIRED CONTROL+OTHER ISSUES=TOTAL SCORE /14

Category	Classification criteria
Non-Gambler	Has not gambled in the past 12 months
Recreational Gambler	Has gambled in past 12 months Total score 0
At-Risk Gambler	Total score 1+ Does not meet criteria for more severe categories OR Gambling frequency and expenditure \geq PG median
Problem Gambler	Has gambled at least once a month in past 12 months Impaired Control score 1+ Problems score 1+ Total score of 2-4 OR Total score 3+ Gambling frequency and expenditure \geq PG median
Pathological Gambler (equivalent to severe problem gambler)	Has gambled at least once a month in past 12 months Impaired Control score 1+ Problems score 1+ AND Total score of 5+



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TO: Public Health Trust Fund Executive Committee

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

CC: Teresa Fiore, Program Manager

DATE: April 4, 2018

RE: Draft Massachusetts Responsible Gaming Framework, Version 2

Background

In 2013 the Massachusetts Gaming Commission (MGC) began a process to build a responsible gaming program that would meet, and even exceed, the stringent mandate set forth by the Expanded Gaming Act. The founding goals of the program aimed to mitigate the negative and unintended consequences of introducing casino gambling to the state. This process incorporated the advice and consultation of numerous industry experts, a review of international jurisdictional policy, and consideration of the body of relevant research. The summation of this work was drafted into the [Massachusetts Responsible Gaming Framework](#) (RGF) which the MGC formally adopted in 2014. The RGF is intended to inform gaming regulation in Massachusetts and provide an overall orientation to responsible gaming practice and policy adopted by the MGC and gaming licensees. Several important policies and innovative programs have been launched based on the strategies as outlined in the RGF:

- GameSense, the first on-site, responsible gaming program in the United States.
- Play My Way, a pioneering play management tool that allows patrons to set a daily, weekly, and/or monthly budget and receive real-time notifications as they approach it.
- The Voluntary Self Exclusion program, which allows individuals struggling with their gambling to exclude themselves from the gaming floor and remove themselves from gaming communication and promotional incentives. Program design is based on a uniquely patron-centered model intended to connect people with additional treatment and support resources.

The RGF strategies and tactics are intended to retain flexibility to respond to emerging evidence, evolving technology, and shifting sociocultural factors. In December 2016 the MGC agreed that it was time to review of the framework to identify gaps, expand the scope and consider the role it plays with other key partners.



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Process Used to Develop Version 2 of the Responsible Gaming Framework

The MGC engaged Dr. Jeff Marotta of Problem Gambling Solutions, to help draft version 2 of the RGF. Once the MGC gave approval to review and update the RGF, the following process was used: (1) Form Work Group; (2) Develop project plan; (3) Conduct semi-structured interviews with key stakeholders including members of the Public Health Trust Fund Executive Committee, hold focus groups with consumers and GameSense staff, and solicit public comment on how to evolve and update the current RGF; (4) Review updates within the responsible gaming literature and review other jurisdiction's responsible gaming approaches; (5) Review all suggested stakeholder and contractor revisions with Work Group and develop draft Version 2.

Overview of Revisions

I. Updated Key Principles and Concepts

- Introduced the concept of Positive Play and integrated concept throughout framework.
- Introduced the concept of a Stepped Care Approach as a guiding principle.
- Set expectation for Licensees to go beyond MGC responsible gaming required practices and to take a role to “innovate”.

II. Expanded Number of Responsible Gaming Strategies

- Added seventh strategy: “Commit to continuous improvement and reporting” to increase accountability.
 - Licensees are required to develop a Responsible Gaming Plan, create a Responsible Gaming Committee, and report findings to the MGC.

III. Updated Content within Strategies

- Updated terminology throughout document to reflect current nomenclature.
- Made numerous house-keeping revisions including corrections to spelling and grammar; updates to reflect changes in the MGC regulations and codes (“should” became “must” when referring to codified practices).
- Revised key terms to be consistent with those used in other MGC sponsored materials.
- Updated descriptions of tactics to describe current practices and how those practice may evolve with newly emerging evidence.
- Added language to address marketing casino through non-age restricted social gambling sites.
- Incorporated responsible gaming into digital gaming applications.
- Increased focus on promoting public health and safety by renaming strategy 3 from “Provide Protections with the Physical Environment” to “Promote Public Health and Safety within the Physical Environment” and expanded list of protections.
- Revised Strategy 4 to ensure responsible marketing better aligns with the new AGA codes while expanding upon AGA marketing guidelines.



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- Revised Strategy 5 extensively by reorganizing tasks to fit MGC rules and expanding on debit card transaction protections.
- Expanded Strategy 6 “Engage the Community” by differentiating between internal and external communities, and increased descriptive language as to important groups to collaborate with.

IV. Provided New Look and Feel to Document to Create Broader Appeal

- Updated format of the document to provide more contemporary look
- Expanded introduction to better position document as an information resource for various MGC stakeholders; designed primarily but not exclusively for Licensees.
- Streamlined document by removing appendixes and integrating information from appendixes into the body of the document.

V. Increased User Friendliness

- Restructured strategy descriptions to increase readability by adding introduction to each strategy and more logically presented strategy components.
- Provided hyperlinks to referenced documents.
- Added source endnotes to key terms and concepts.
- Added new section to provide background information taken from MGC sponsored research.
- Weaved relationship between RG practices and MGC research agenda throughout document, including a new section on Evaluating Responsible Gaming Initiatives.

Next Steps

The goal is to complete the review and revision of the draft by May 1, 2018. However, there are several steps in order to accomplish this, including;

- Vet draft of RGF v.2 with MGC Commissioners and the Public Health Trust Fund Executive Committee;
- Vet draft with other stakeholders through the MA Partnership on Responsible Gaming and MA Council on Compulsive Gambling annual Conference March 20th;
- Revise based on comments.



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