



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:

Monday, June 1, 2020 at 2:30PM
Dial In: +16467415293 Meeting ID: 1110643957#

1. Call to order
2. Approval of Minutes- January 2020- VOTE
3. FY21 MGC and DPH Budget Discussion
4. Public Comment
5. FY21 PHTF Budget - VOTE

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: regs@sec.state.ma.us, melissa.andrade@state.ma.us.

May 28, 2020

(date)

Enrique Zuniga

Enrique Zuniga, Co-Chair
Commissioner
Massachusetts Gaming Commission

May 28, 2020

(date)

Lindsey Tucker

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

Original Date Posted to Website:

May 28, 2020



Massachusetts Gaming Commission

101 Federal Street, 12th Floor, Boston, Massachusetts 02110 | TEL 617.979.8400 | FAX 617.725.0258 | www.massgaming.com



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes



Date/Time: November 18, 2019 2:15 pm

Place: Massachusetts Gaming Commission
101 Federal St
Boston, MA 02108

Executive Committee Members Present:

Lindsey Tucker, Co-Chair, Associate Commissioner, Massachusetts Department of Public Health
Enrique Zuniga, Co-Chair, Commissioner, Massachusetts Gaming Commission
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission
Carlene Pavlos, Executive Director, Massachusetts Public Health Association

Executive Committee Members Not Present:

Angela Davis, Assistant Undersecretary of Law Enforcement and Criminal Justice, EOPPS

Call to Order

2:16 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee.

Approval of Minutes

All present voted in favor of the approval of the July minutes.

Presentations

2:18 pm Giles Li on behalf of the Community Voice of Chinatown, and Carolyn Wong on behalf of UMass Boston presented *Talking About Casino Gambling: Community Voices from Boston Chinatown*.

Mr. Li gave an overview of Boston Chinatown Neighborhood Center, a community based organization, and the wide range of support services they offer; including problem gambling support for the Asian community in Boston.

Co-chair Zuniga asked for possible recommendations for reducing barriers preventing problem gamblers from accessing state funded support services more often; Mr. Li suggested getting relevant stakeholders together to assist with solutions.

Ms. Wong strongly recommended that the MGC address casino advertising so that it is not targeting specific populations. Co-chair Zuniga affirmed the importance of responsible casino **advertising and** that the MGC would like to hear feedback on how advertising could be improved.

Ms. Wong raised the concern of many people of the Boston Chinatown population visiting out-of-state casinos, such as Mohegan Sun and Foxwoods, by bus. Mr. Li noted that services such as the free shuttle from Chinatown are perpetuate the issue and further gambling.

Ms. Pavlos asked for clarification on whether or not Encore was included in this data collection; Ms. Wong confirmed that it was not, as the research took place before Encore was open.

Ms. Pavlos noted the importance of community engagement in understanding the impact of public and regulatory policies; Mr. Li agreed that individuals in the Asian communities that are being targeted to go to casinos should be reached out to.

Ms. Wong stated that there have been community based meetings held for people with problem gambling issues, and suggested that for example, people from agencies that are responsible for providing support services could go into the community to speak and give support, as she doesn't feel that the community will come to anyone that is providing the resources.

Michael Sweeney stated that it is unfortunate that a state like Massachusetts doesn't have free busses or passes to places such as museums, and that specific populations are always targeted for places like casinos; with no alternatives. He suggested more caution in advertising and awareness of impact as well as finding ways to ensure that the population can properly absorb given funding and is provided preventative services.

Teresa Fiore asked whether any lottery products were brought up in the interviews conducted; Mr. Sweeney asked if sports betting and fantasy sports were brought up. Ms. Wong replied no to both, as the interviews were focused on casino activity.

Ms. Pavlos asked about the next steps around community engagement.

Ms. Wong replied that the next steps include sharing the information at a community gathering in Chinatown.

For the next presentation, Victor Ortiz introduced the Treatment Gap Analysis work and introduced presenters by Debi LaPlante and Sarah Nelson.

3:00pm Mr. Sweeney left the meeting

3:10pm

Dr. LaPlante provided an overview of the capability gap analysis.

Co-Chair Zuniga noted that in addition to BSAS, there are other gambling service providers in MA; he asked what is known about other agencies and their work. He also asked how many people answered the survey questions and how many questions were included in the survey. Dr. LaPlante provided the committee with the methodology and analysis background of the needs assessment. She stated that she is not aware of all other agencies efforts, considering that this current work is focused on DPH/ BSAS.

Mr. Ortiz confirmed that BSAS is only one of the many payers of the services provided for gambling and addiction issues; the system has both public and private payers and inconsistencies in coverage and reimbursement.

Ms. Pavlos stated that it has been noted many times that there are facts that we don't know and suggests that there be more structure around the efforts of what is trying to be achieved.

Co-Chair Zuniga commented on the volume of recommendations and asked if five had to be chosen, what would they choose? Dr. Nelson responded that this would be the conclusion of the presentation.

Ms. Pavlos suggested that as the recommendations are being heard the language change from "vulnerable" to "targeted" populations. From a clinical standpoint, not everyone is vulnerable, and these are also populations that are historically marginalized and oppressed.

Mark Vander Linden asked about reimbursement for gambling disorder treatment. Mr. Ortiz responded that in his experience, private insurance companies will reimburse for a primary diagnoses of gambling disorder, but in many instances the clinical cases are driven by anxiety or depression that likely is related to and/or causing the gambling issues.

Ms. Pavlos asked whether there is a reimbursement differential for gambling treatment vs. other mental health disorders. Mr. Ortiz responded that he will follow up to find that out.

Drs. LaPlante and Nelson concluded the presentation with a review of the recommendations from all three phases of the TGA and the common areas and focus of the recommendations. In all, they provided 21 recommendations for DPH'S OPGS to consider and carry out in future work.

Routine Updates

4:18 p.m.

Co-Chair Tucker stated that at this time, there is nothing to present on the youth communications campaign; DPH is finalizing next steps.

Co-Chair Zuniga reviewed the budget projections: the initial projections are coming in slightly lower for FY20: revising it to \$14.8 M from \$15.1M.

Co-Chair Tucker reviewed the budget process for FY21: first draft should be reviewed in January and voted on in March.

Procurement Update: GameSense has a successful bidder (Mass Council on Compulsive Gambling) for a 3 year period, which will be presented at the MGC meeting on November 21. Once confirmed, the memo will be forwarded in a packet to PHTFEC; process was supported by 4 outside review members.

The Research procurement had one application (SEIGMA); negotiations underway. Mark Vander Linden confirmed that the current contract will end of December 31st. Contract should be completed within the next few weeks; expecting best and final offer on Wednesday, November 20th.

Public Comment

Tom Land commented that it is important to focus on services for the general population and then narrowed to serve particular populations.

Tom Land stated he would like to see logic models for DPH programs, to align the strategic goals for the trust fund money. He raised the risk of doing too many things poorly. He mentioned concern about DPH and MGC crossing purposes.

Ms. Pavlos responded that the DPH updates demonstrate that work is happening and in a way that is upstream – less clinical focus and more policy focus to drive change in the social determinants of health. Additionally, she mentioned that although logic models are helpful, not attending to subpopulations may continue to promote racial and health inequities.

Co- Chair Tucker commented that DPH and MGC should never cross purposes.

Victor Ortiz asked Mr. Land to specify the logic models that he would like to see.

Marlene Warner commented that notifications of updates and when the meetings are going to be taking place is not always clear. Ms. Fiore suggested creating a distribution list that will include all who attend the meetings. Co-Chair Tucker stated that this had previously been discussed and should be re-addressed to ensure distribution of materials. Co-Chair Zuniga agreed that on this as a next step, to confirm the process for the distribution list and materials. . Co-Chair Zuniga also mentioned that he would like to see how the PHTFEC could solicit public comments during presentations; noting that it could create difficulties to manage but he finds their input resourceful.

Marlene Warner continued that she would like to explore how to encourage creativity in the work happening in Massachusetts (public and private entities); she feels that MGC/DPH is doing the community a disservice by not talking about the lottery and that many points need to be made in terms of better advertising; and lastly, she appreciates

the TGA reports but does not feel that they have any new information. She is concerned people are not receiving good services from DPH and they cannot reach the helpline operated by her organization and wants to establish a plan on how her organization can be of more assistance.

Motion to End the Meeting

5:00 pm Meeting Adjourned

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated November 18, 2019
2. Public Health Trust Fund Executive Committee Meeting Minutes dates July 24, 2019
1. Talking about Casino Gambling presentation- Community Voices from Boston Chinatown
2. Treatment Services Gap Analysis- Gambling Treatment Capability Gaps; Cambridge Health Alliance
3. Think Argus- MADPH Problem Gambling Performance Snapshot
4. FY2019 budget report & overview
5. Building capacity for Knowledge Translation & Exchange; November 2019
6. Assessing Advantages & disadvantages of connecting addiction-related helplines; June 2019
7. Office of Problem Gambling Services program updates; November 2019
8. Research Update; November 2019



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes



Date/Time: January 29, 2020, 2:00-5:00 pm

Place: Massachusetts Department of Public Health
250 Washington St, Boston, MA 02108
Public Health Council Room

Executive Committee Members Present:

Lindsey Tucker, Co-Chair, Associate Commissioner, Massachusetts Department of Public Health
Enrique Zuniga, Co-Chair, Commissioner, Massachusetts Gaming Commission
Carlene Pavlos, Executive Director, Massachusetts Public Health Association
Angela Davis, Assistant Undersecretary of Law Enforcement and Criminal Justice, EOPPS (by phone)
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission (by phone)

Call to Order

Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee. It was confirmed that Angela Davis and Michael Sweeney would be joining by phone.

Approval of Minutes

Angela Davis stated that in page 2, paragraph 2 of the November minutes there was an extra letter after the word "advertising". Carlene Pavlos pointed out that on page 4 she did not mean to say that the logic models are not helpful, but instead she meant that not attending to subpopulations may continue to promote inequity. The minutes were approved; all in favor.

Routine Updates

Co-Chair Zuniga reviewed the budget projections and expenditures. The budget projections are lower than expected, but remain steady. As additional numbers come in, the variability in the projections continues to lessen and normalize.

Co-Chair Tucker asked whether the FY21 projections remained the same and Co-Chair Zuniga responded in the affirmative.

Ms. Pavlos asked if the revenue will continue to perform as expected. Co-Chair Zuniga confirmed that revenue is in line with expectations and that the revenue is real.

Michael Sweeney asked about what happens to the unexpended funds at the end of the fiscal year and whether the Trust Fund will do any fiscal audits of vendors.

Co-Chair Zuniga stated that as it is a trust fund account, any unexpended money rolls over. Mr. Sweeney asked to confirm that the money will not be withdrawn from the PHTF for other uses; Co-Chair Tucker confirmed that it should not. Co-Chair Zuniga clarified that the money would not be swept, and emphasized the importance of not under or over-spending.

Mr. Sweeney asked whether the Executive Committee is under obligation to audit, whether vendors are audited, and whether the Committee could see prior audits.

Co-Chair Zuniga replied that the MGC was audited in FY15/FY16 and that it could happen again. Co-Chair Tucker replied that DPH attends to this through regular contract management.

Mr. Sweeney asked about the PHTF being more proactive about addressing new areas such as online/mobile gambling, as well as sports betting. Co-Chair Tucker suggested putting the topic on an upcoming agenda. Ms. Pavlos agreed to postpone the conversation and added that it may be a good idea to have a list of questions ready in order to focus the conversation.

Victor Ortiz provided an update on the upcoming Stakeholder Listening Sessions (SLS) scheduled for Everett and Springfield. He highlighted the goals of the SLS and its central purpose to the PHTF Strategic Plan.

Mark Vander Linden provided an update on the Research Data and Storage project. He highlighted the extensive research data that the MGC has available. The project involves an ISA with DPH, where the data will be stored. The stored data will be open and made available to other researchers upon request to the MGC. There is no other database out there with as much gambling data and this is a unique opportunity.

FY21 Budget

Co-Chair Tucker introduced the FY21 budget presentations. Victor Ortiz and Mark Vander Linden walked through their respective organizational budgets. The vote will happen at the March meeting in order to allow for feedback, discussion and public comment. She commented that this fiscal year DPH will be funded at a higher level than the MGC, in closer alignment to the fiscal arrangement outlined in the PHTF MOU (75% DPH and 25% MGC).

Mr. Ortiz presented the proposed FY21 budget for DPH, totaling \$8.7M. He explained the breakdown of funding for different programming. He reflected on the journey of the Office of Problem Gambling Services, started in 2016. The Office of Problem

Gambling Services has engaged over 1,000 community stakeholders and over 40 community partners that have informed 23 initiatives. The work of the Office is driven by its core values – community engagement and the promotion of racial equity.

Additionally, Mr. Ortiz highlighted social conditions in Springfield, MA - including the fact that in Springfield 70% of the population are people of color. The city has consistently ranked as the unhealthiest county in Massachusetts. Additionally, two out of top five poorest zip codes in Massachusetts are in Springfield. Those facts, along with the community voice, require our attention to mitigate harms associated with gambling and casinos. The FY21 \$8.7M proposed budget is aligned to the challenges and needs to mitigate harms associated with gambling and casinos.

Co-Chair Zuniga pointed out a typo in the subtotals; the numbers are correct but the subtotals layout is inconsistent. He also asked to include more detail on the FTE count.

Angela Davis stated that she was impressed with the depth and direction of the work.

Mr. Sweeney suggested that a document be created detailing how the increase in funds ties back to Mr. Ortiz's narrative regarding the circumstance and environment in Springfield and how the expansion addresses these issues. Ms. Pavlos requested that the document also address how the budget furthers the PHTF Strategic Plan. She also expressed curiosity about Project Build Up and its expansion.

Co-Chair Tucker suggested adding a programmatic overview to the next agenda, as well as an update on the \$700k. Mr. Sweeney requested a list of organizations that DPH and MGC are partnering with at the community level.

Mark Vander Linden presented the MGC budget and noted that it is decreasing by about \$400,000 due to a research project ending. He also discussed funding for projects in FY21. This includes a Play My Way enrollment incentive, a statewide conference on positive play, as well as a slight increase in dollars for community-driven research through SEIGMA. Mr. Vander Linden also highlighted two new projects – Knowledge Translator & Exchange and a program evaluation of GameSense.

Ms. Pavlos asked if there was an overlap in the work being done by DPH and MGC with the Department of Veterans Services and whether it has been coordinated. Mark Vander Linden responded that there is a place for both efforts.

Ms. Davis asked whether MGC would continue to work with Christopher Bruce on Public Safety research and Mark Vander Linden responded in the affirmative.

Presentation: Gender and Gambling Behaviors

Dr. Alyssa Mazar of the SEIGMA group presented *Gender and Gambling Behaviors; a Comprehensive Analysis of (Dis)Similarities*.

Dr. Alyssa Mazar presented on gambling as a gendered activity. Women make up at least one third of problem gamblers, but are a neglected group in gambling research

and health research in general. Prior research noted gender differences in problem gamblers.

Angela Davis stated that she appreciated the presentation. Michael Sweeney asked whether the funding for the research came from the PHTFEC, and if daily lottery purchases, instant purchases in the last 12 months, were incorporated into the 32 independent variables from the data set. He stated that many of the problem gambling issues cannot be solved just by casino-based intervention, as both individual gamblers and their communities have been impacted. Resources should go to groups that can help individuals being negatively impacted by these behaviors (such as family, friends, workplace, & community). The PHTFEC should be aware of how gaming is affecting populations and that preventative work should be completed. He urged the EC to be proactive, not reactive to the social and cultural norms around gaming.

Public Comment

Marlene Warner, Executive Director of the Mass Council on Compulsive Gambling, commented that she is looking forward to the coordination and efforts being put forth in DPH's budget, like efforts with Community Health Workers and Project Build Up. She stated that she is still concerned about the quality of service being provided through the helpline, as well as the treatment system. She would like to see more dollars put towards these initiatives. She stated that she does advocacy and worries that this group is taking on an advocacy role regarding fantasy sports that is not for the group to take on. She also stated that the lottery should be part of the focus of the work.

Jessica Collins, Co-Director of the Public Health Institute of Western MA, asked for more information on GameSense and what they are learning through their interactions with casino-goers. She questioned who is in the casino- is it Springfield residents? She discussed that the Community Level Health Project, funded by DPH, has reached over 100 people and that they have chosen to focus on youths and behavioral health. She and her organization are concerned with the "open air market" activity in the area around the MGM casino, which includes prostitution and drug dealing. The Springfield City Council has heard increased calls regarding safety. She is concerned Springfield has been ignored by the state as a place of investment. There is deep, intense poverty, as well as violence. She called for collective thinking around what is happening and for action to address the issues faced by the 40,000 people living in poverty in Springfield.

Chien-Chi Huang, Executive Director of Asian Women for Health, stated that she is happy to see research and community engagement, though she "is not currently seeing services with a family approach to intervention." She believes that Project Build Up is promising but that she is concerned that the way in which DPH is building capacity might leave Asians underrepresented. She asked questions about current data measuring this population as well as the desired outcome of the media campaign aimed at Asians. She suggested focus groups and cultural sensitivity surrounding this and GameSense. She would also like for it to be made clear where the Trust Fund

money is going on a regular basis and specifically how to sign up for the research updates from GameSense mentioned by Mark Vander Linden.

Motion to End the Meeting

4:23 pm Meeting Adjourned

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated January 29, 2019
2. Public Health Trust Fund Executive Committee Meeting Minutes dated November 18, 2019
3. DPH and MGC FY20 Budget projection report & overview
4. Public Health Trust Fund 2019 expenditure report
5. 2019 Stakeholder Listening Session overview
6. DPH & MGC FY20/FY21 Proposed Budget report
7. MGC research and responsible gaming FY21 proposed budget report
8. GameSense Performance Report dated July-December 2019
9. GameSense logic Model dated July 2019
10. SEIGMA presents: Gender & Gambling Behaviors; a comprehensive analysis of (dis) similarities;
11. Mass Gaming Commission research update; dated January 2020
12. Office of Problem Gambling Services Updates; dated January 2020

Massachusetts Department of Public Health
Massachusetts Gaming Commission
Public Health Trust Fund
May 27, 2020

	FY20 Original Projection	FY20 Updated Projection	FY21 Projection
Revenues	15,118,830	12,899,679	6,156,250
PHTF - Category 1 Region B	3,344,508	2,613,978	2,406,250
PHTF - Category 1 Region A	6,774,322	5,285,701	(inc in above)
FY20 MGC Assessment	5,000,000	5,000,000	3,750,000

Expenditures/Commitments	FY20	Projected End of FY20	FY21 Proposed
A. Personnel	1,531,713	1,121,337	1,449,671
MGC (inclusive of all expenses except indirect)	399,000	290,000	310,000
MDPH (inclusive of all costs, including indirect)	1,132,713	831,337	1,139,671
B. Prevention and Health Promotion	4,097,000	3,787,000	3,651,750
MGC Initiatives	2,907,000	2,797,000	2,386,750
MDPH Initiatives	1,190,000	990,000	1,265,000
C. Infrastructure, Development and Capacity Building	1,731,000	569,699	1,523,000
MGC Initiatives	103,000	0	35,000
MDPH Initiatives	1,628,000	569,699	1,488,000
D. Research	2,610,000	2,775,500	1,695,000
MGC Initiatives	2,505,000	2,670,500	1,460,000
MDPH Initiatives	105,000	105,000	235,000
E. Marketing and Communication	820,000	438,761	600,000
MGC Initiatives	220,000	84,606	100,000
MDPH Initiatives	600,000	354,155	500,000
F. Indirect Costs & Other	489,106	383,000	335,000
MGC Indirect Costs (10% of allowable costs)	410,100	383,000	335,000
DPH Indirect Costs	79,006	0	0
MGC Initiatives	6,544,100	6,225,106	4,626,750
DPH Initiatives	4,734,719	2,850,191	4,627,671
Total	11,278,819	9,075,297	9,254,421

Balance Beginning FY20	2,096,857
Projected Revenues End of FY20 (June 30, 2020)	12,899,679 *
Projected Expenditures end of FY20	(9,075,297) **
Projected Balance End of FY20	5,921,239
Projected Revenues FY21	6,156,250
Projected Expenses FY21	(9,254,421)
Projected Balance End of FY21	2,823,068

* Projection includes both Category 1 (MGM & Encore) plus MGC assessment.

** Expenditures projected. Agencies still need to modify some existing encumbrances

Massachusetts Department of Public Health		
Massachusetts Gaming Commission		
Public Health Trust Fund		
Proposed Budget for FY21 (July 1, 2020 - June 30, 2021)	FY20 Approved	FY21 Proposed
A. Personnel		
MGC (inclusive of all expenses except indirect)	399,000	310,000
MDPH (inclusive of all costs, including indirect)	1,211,719	939,671
MDPH Consultants		200,000
SUB-TOTAL	1,610,719	1,449,671
B. Prevention and Health Promotion		
MGC Initiatives		
GameSense Program at MGM and Region B	601,000	553,500
GameSense Program at Wynn and Region A	1,200,000	966,000
GameSense Program at Plainridge Park Casino and Region C	515,000	377,250
GameSense Support and Indirect	568,000	425,000
VSE Resource Liason	15,000	55,000
PlayMyWay enrollment incentive	8,000	10,000
MDPH Initiatives		
Photovoice Project Region C	100,000	150,000
Ambassador Project Region C	130,000	0
Photovoice Region A/B	150,000	225,000
Ambassador Project Region A/B	260,000	130,000
Ambassador Project (2 Additional Sites)		130,000
Technical Assistance (TA) of Prevention Services	500,000	630,000
MGC SUB-TOTAL	2,907,000	2,386,750
DPH SUB-TOTAL	1,140,000	1,265,000
PREVENTION AND HEALTH PROMOTION SUB-TOTAL	4,047,000	3,651,750
C. Infrastructure, Development and Capacity Building		
MGC Initiatives		
Regional RG Conference	65,000	0
Regional Voluntary Self Exclusion Software	3,000	0
Veterans Services Technical Assistance	35,000	35,000
MDPH Initiatives		
Suicide and Gambling Community-based activities	58,000	58,000
Suicide and Problem Gambling training for Suicide Prevention workforce	60,000	60,000
MassMen and Gambling Project	50,000	-
CHW and Gambling Training- Plainville Region C	75,000	-
CHW and Gambling Training: Region B	75,000	-
CHW and Gambling Community Project: An Evaluation of the Pilot	150,000	160,000
Programmatic Assessment for IPAEP, Domestic Violence, Sexual Assault and	50,000	150,000
Gambling Treatment Enhancements and Initiatives	200,000	100,000
Massachusetts Health Promotion Clearinghouse	10,000	10,000
Community Level Health Project	200,000	250,000
Community-based initiatives	700,000	400,000
Project Build Up (PBU)		300,000

Planning: Native Americans Health Project		-
MGC SUB-TOTAL	103,000	35,000
DPH SUB-TOTAL	1,628,000	1,488,000
INFRASTRUCTURE, DEVELOPMENT AND CAPACITY BUILDING SUB-TOTAL	1,731,000	1,523,000
D. Research		
MGC Initiatives		
Social and Economic Impacts of Gambling in Massachusetts	1,125,000	784,000
Massachusetts Gaming Impact Cohort	915,000	161,000
Public Safety and Crime	60,000	40,000
Knowledge, Translation and Exchange	0	0
Community Driven Research	200,000	150,000
RG Program Evaluation	0	110,000
Research Review Consultants	50,000	60,000
Research Consultant	105,000	80,000
Data, Transfer, Storage and Access Project	50,000	75,000
MDPH Initiatives		
Evaluation of all Prevention Pilots	105,000	200,000
Community Based Evaluation, Engagement & Support	50,000	35,000
MGC SUB-TOTAL	2,505,000	1,460,000
DPH SUB-TOTAL	155,000	235,000
SUB-TOTAL	2,660,000	1,695,000
E. Marketing and Communication		
MGC Initiatives		
Play-My-Way / GameSense Communications	220,000	100,000
DPH Initiatives		
Communication Campaign: Research, planning, and development: Youth and Parents and at-risk Populations	300,000	500,000
Communication Campaign Implementation: At-risk population (TBD, Elders, Asian Americans)	300,000	0
Communication Campaign Implementation: Men of Color		0
MGC SUB-TOTAL	220,000	100,000
DPH SUB-TOTAL	600,000	500,000
MARKETING AND COMMUNICATIONS SUB-TOTAL	820,000	600,000
F. Indirect & Other		
MGC Indirect (10% of allowable costs)	410,100	335,000
PHTF: Strategic Planning		0
Subtotals		
MGC Initiatives	6,544,100	4,626,750
DPH Initiatives	4,734,719	4,627,671
Total	11,278,819	9,254,421

**Massachusetts Department of Public Health
Office of Problem Gambling Services
FY21 Budget**

MDPH Initiatives	Budget			
	FY19	FY20	FY21 Proposed	FY21 Adjusted Proposed
A. Personnel				
DPH Personnel: Director, Contract Managers, Support Staff, Consultants, Fringe (33.5%), Supplies and Indirect Costs	\$567,651	\$1,211,719	\$1,961,872	\$1,139,671
B. Prevention and Health Promotion				
Priority Population: Youth, Parents, and At-risk Populations	\$730,000	\$1,190,000	\$2,440,000	\$1,265,000
C. Infrastructure Development and Capacity Building				
Prevention: Suicide Prevention Integration	\$133,000	\$168,000	\$168,000	\$118,000
Prevention: Community Health Workers	\$625,000	\$300,000	\$310,000	\$160,000
Intervention: Intimate Partner Abuse Education Program	\$150,000	\$50,000	\$150,000	\$150,000
Treatment: Workforce Development- Treatment Providers	\$300,000	\$210,000	\$760,000	\$410,000
Community: Community Level Health Project	\$200,000	\$200,000	\$500,000	\$250,000
Community: Veterans, Minority Groups, and Public Safety Populations		\$700,000	\$700,000	\$400,000
Planning: Native Americans Health Project			\$50,000	\$ 0
Subtotal	\$1,408,000	\$4,029,719	\$2,638,872	\$ 1,488,000
D. Research				
Evaluation: Prevention Programs	\$60,000	\$105,000	\$200,000	\$200,000
Evaluation: Community Based Evaluation, Engagement, and Support			\$150,000	\$35,000
Subtotal			\$350,000	\$235,000
E. Marketing and Communications				
Communication Campaigns: Youth, Parents, and At-risk Populations	\$400,000	\$600,000	\$1,300,000	\$500,000
F. Other				
PHTF: Strategic Planning			\$100,000	\$0
Total	\$3,165,651	\$4,734,719	\$8,789,872	\$ 4,627,671

**Massachusetts Department of Public Health
Office of Problem Gambling Services
FY21 Budget**

Summary

Below is the narrative for the Office of Problem Gambling Services (OPGS) FY21 adjusted proposed budget. Please note that there has been a **significant reduction from the originally proposed budget (approximately \$8.7 million) to the adjusted proposed budget (approximately \$4.6 million)**. The adjusted proposed budget reflects the revised estimated projections for the PHTF in FY21.

A. Personnel	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
DPH Personnel, Consultants, Support Staff, Fringe (33.5%), Supplies and Indirect Costs (33.5%) Please note: Adjustments made to the FY21 proposed budget include: <ul style="list-style-type: none"> • Delaying the hire of 2 Regional Coordinators until the last quarter of FY21 • Delaying the hire of 5 other positions until FY22 	\$1,211,719	\$1,961,872	\$1,139,671
B. Prevention and Health Promotion			
<p>In the continued efforts 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, DPH implemented nine prevention programs in FY20: Photovoice (5 for youth and parents) and Ambassador Projects (4 for men of color with history of substance misuse). In addition, an engagement for the development of Gambling Prevention Technical Assistance Center (Center) which will provide resources and hands-on strategies to support communities and organizations seeking to launch or enhance existing gambling prevention services. The overall goal of the Center is to provide capacity building, program development strategies, and other resources to guide local and statewide prevention systems and services (violence, suicide, domestic violence and other related issues).</p> <p>In FY21, DPH will implement and enhance existing Photovoice (5) Projects for youth and parents and implement existing Ambassador (4) Projects for men of color with a history of substance misuse.</p> <p>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 implementation of the programs. TA provider will expand development of the Center, including a website and materials. The evaluation efforts will continue with evaluation activities for all prevention programs.</p> <p>All programs will be required to consider COVID-19 in FY21 planning and implementation.</p> <p>Please note: Adjustments made to FY21 proposed budget include:</p> <ul style="list-style-type: none"> • Delaying an RFR to expand the Ambassador Project to 8 sites until FY22 • Delaying TA support expansion until FY22 <p>With the adjustment, DPH aimed to maintain current levels of programming.</p>			

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Priority Population: Youth and Parents and At-risk Populations				
Task	Output/Deliverable	Practical Significance		
<ul style="list-style-type: none"> Photovoice: Continue the implementation of five projects statewide, adapted as needed for COVID-19 	<ul style="list-style-type: none"> Each project will implement two educational cycles of Photovoice prioritizing youth and parent. Enhance each project to carry out “call to action”. Facilitate a virtual or in-person 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 and increase awareness of what gambling is and where it is present in youth’s everyday lives. Develop concrete ideas of ways to build youth resilience. Increase community and caregiver support and engagement. 		
<ul style="list-style-type: none"> Ambassador Project: Continue the implementation of four projects statewide, adapted as needed for COVID-19 <p>Please note: Adjustments made to FY21 proposed budget include delaying an RFR to expand the Ambassador Project to 8 sites until FY22.</p>	<ul style="list-style-type: none"> Implement 4 Ambassador Projects prioritizing men of color with history of substance misuse statewide. Engage community members on the risks associated with gambling and distribute educational resources. 	<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 and other addictions among people who speak with Ambassadors. 		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Photovoice Project (5)	Multiple vendors	\$250,000	\$375,000	\$375,000
Ambassador Project (4)	Multiple vendors	\$390,000	\$1,200,000	\$260,000
Technical Assistance				
Task	Output/Deliverable	Practical Significance		
<ul style="list-style-type: none"> Provide Technical Assistance (TA) for all prevention vendors <p>Please note: FY21 proposed budget include maintaining staffing cost, programmatic support, and</p>	<ul style="list-style-type: none"> Provide support, guidance, expertise in the delivery of prevention services, and the utilization of prevention best- practices. Develop the Gambling Prevention Technical Assistance Center (Center) 	<ul style="list-style-type: none"> Technical Assistance (TA) will help ensure the effectiveness of prevention services. Ensure the utilization of prevention best practice. 		

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development of TA center website. Further expansion will be delayed until FY22.	website and materials. • Conduct 2 Gambling Prevention trainings			
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Technical Assistance (TA) of Prevention Services	EDC	\$500,000	\$865,000	\$630,000

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.

All programs will be required to consider COVID-19 in FY21 planning and implementation.

Please note: Adjustments made to FY21 proposed budget include:

- Delaying the following until FY22:
 - Communication strategies to support the Gambling Screening as part of the MassMen.org initiative
 - Procuring the CHW and Gambling training program statewide
 - Additional community-based initiatives related to minority groups
 - Planning the Native American Health Project
- Decreasing an estimated number of grants (15 grants at \$10,000 per grant) available through Project Build Up
- A reduction of more than 50% in the Community Level Health Project planned activities in Region B

Prevention: Suicide Prevention Integration

Task	Output/Deliverable	Practical Significance
<ul style="list-style-type: none"> Suicide Coalitions: Continue/maintain funding for the implementation of the integration of gambling prevention, adapted as needed for COVID-19. 	<ul style="list-style-type: none"> Conduct community-based activities via 11 suicide prevention coalitions statewide. 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 of the connection of suicide and gambling, distribute educational 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: Continue/maintain funding for the 	<ul style="list-style-type: none"> Conduct three suicide and problem gambling trainings for suicide coalition workforce, volunteers, and 	<ul style="list-style-type: none"> Build capacity of suicide prevention workforce, volunteers, and mental health professional relating to

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implementation of Suicide and Problem Gambling trainings, adapted as needed for COVID-19.	<ul style="list-style-type: none"> mental health providers. Implement TOT (Train the Trainers) trainings for coalition members to carry out training at local communities. 	suicide and problem gambling.		
<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Gambling Screening: Continue/maintain funding and implementation of suicide and problem gambling screening as part of the MassMen.org initiative. 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Continue the promotion of messages 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 of gambling screening and resources. 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Screening individuals for common mental health disorders such as problem gambling gives individuals the opportunity to self-identify signs and symptoms, educate themselves on mental health topics, and connect them with local resources in order to seek treatment. 		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Suicide and Gambling community-based activities	Mass Coalition for Suicide Prevention	\$58,000	\$58,000	\$58,000
Suicide and Problem Gambling training for Suicide Prevention Workforce	AdCare Educational Institute	\$60,000	\$60,000	\$60,000
MassMen and Gambling Project	TBD	\$50,000	\$50,000	\$ 0
Intervention: Workforce Development: Community Health Worker				
Task	Output/Deliverable	Practical Significance		
<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> CHW and Gambling Training: Implement CHW and Gambling training program statewide 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Conduct 2 training series for a total of six trainings targeting 50 CHWs per region. 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Build the capacity of CHWs to educate, screen, and refer individuals at the community level that is culturally responsive. 		
<ul style="list-style-type: none"> CHW and Gambling Community Pilot: continue/maintain funding of the CHW Pilot in Region B, adapted as needed for COVID- 	<ul style="list-style-type: none"> Conduct engagement strategies of local neighborhoods in order to provide education and resources, gather and share local neighborhood's concerns to inform 	<ul style="list-style-type: none"> Conducting community-level engagement and strategies that provides prevention of gambling and associated harms will minimize harm and provide neighborhoods 		

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19.	local health policy, systems, and environmental change. • Evaluation of the project	with resources.		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
CHW and Gambling Training	TBD	\$150,000	\$150,000	\$0
CHW and Gambling Community Pilot	City of Springfield	\$150,000	\$160,000	\$160,000

Intervention: Intimate Partner Abuse Education Program

Task	Output/Deliverable	Practical Significance		
<ul style="list-style-type: none"> Program Implementation: for IPAEP, Domestic Violence, Sexual Assault, and Gambling Services: Implement pilot <p>Please note: The program will be based on the results of the programmatic assessment conducted in FY20 and will consider needs related to COVID-19.</p>	<ul style="list-style-type: none"> Build capacity of the IPAEP, Domestic Violence, and Sexual Assault programs to integrate problem gambling. 	<ul style="list-style-type: none"> Enhancement of IPAEP, Domestic Violence, Sexual Assault programs in the integration of problem gambling will align shared risk factors and improve identification, services and referrals of the priority population that are served. 		

Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
<ul style="list-style-type: none"> Program Implementation: for IPAEP, Domestic Violence, Sexual Assault, and Gambling Services 	TBD	\$50,000	\$150,000	\$150,000

Treatment: Workforce Development and Capacity Building: Treatment Providers

Task	Output/Deliverable	Practical Significance		
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<ul style="list-style-type: none">Continue the development of treatment service plan based on the recommendations from the Treatment Gap Analysis (TGA). <p>Please note: Adjustments made to FY21 proposed budget include decreasing an estimated number of grants (15 grants at \$10,000 per grant) available through Project Build Up.</p>	<ul style="list-style-type: none">Implement action steps of gambling treatment informed by the recommendations of the Treatment Gap Analysis (TGA).	<ul style="list-style-type: none">Targeted goals for a comprehensive treatment approach for those seeking help for substance and gambling addiction.		
<ul style="list-style-type: none">Dissemination of health promotion materials statewide to providers and communities.	<ul style="list-style-type: none">Distribute and maintain request for health promotion materials to providers and community members.	<ul style="list-style-type: none">Dissemination of health promotion aids in raising awareness of the risks associated with problem gambling.		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Gambling Treatment Enhancements and Initiatives	TBD	\$200,000	\$300,000	\$100,000
Massachusetts Health Promotion Clearinghouse	Health Resources in Action, Inc.	\$10,000	\$10,000	\$10,000
Project Build Up	Health Resources in Action, Inc.		\$450,000	\$300,000
Community: Community Level Health Project				
Task	Output/Deliverable	Practical Significance		
<ul style="list-style-type: none">Community Level Health Project: Continue to fund community level capacity building to address gambling-related health issues and health improvement initiatives within Regions A/B host communities, adapted as needed for COVID-19. <p>Please note: A reduction of more than 50% in the Community Level Health Project planned activities in</p>	<ul style="list-style-type: none">Develop a plan for community-level capacity building on health-related issues within the host communities of Region A/B.Provide relevant programmatic recovery support related to COVID-19.Develop evaluation plan.Submit reports on progress and outcomes.	<ul style="list-style-type: none">The engagement of community stakeholders to develop a plan and implement health-related initiatives within the host communities will enhance community wellness and mitigate harms.		

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Region B.				
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Community Level Health Project: Region B Please note: The next phase of the project will be based on the recommendation of the planning process that was contracted and led by the Public Health Inst. of Western Mass.	TBD	\$100,000	\$400,000	\$150,000
Community Level Health Project: Region A Please Note: The first phase of planning is still in process and will continue into FY21.	Boston Chinatown Neighborhood Center (BCNC)	\$100,000	\$100,000	\$100,000
Community: Veterans, Minority Groups, and Public Safety Populations				
Task	Output/Deliverable	Practical Significance		
<ul style="list-style-type: none"> Continue the implementation of a series of priority population initiatives aimed at veterans, ethnic/minority groups, and public safety populations to address gambling-related health issues and health improvement, adapted as needed for COVID-19. Please note: Delayed additional community-based initiatives related to ethnic/minority groups until FY22.	<ul style="list-style-type: none"> Integrate a series of community-based initiatives aimed at veterans, ethnic/minority, and public safety population to address risk associated with gambling and health disparities. Conduct trainings and capacity building aimed at Massachusetts - Veteran Serving Organizations (VSOs) and Statewide Advocacy for Veterans' Empowerment (SAVE) teams in collaboration with the Department of Veteran Services (DVS). Develop evaluation plan (logic models and evaluation frameworks) to determine programmatic enhancements. 	<ul style="list-style-type: none"> The implementation of opportunities for community-based organizations to lead and support the development of initiatives will minimize harms associated with gambling for those who experience the greatest disparities in health: veterans, ethnic and public safety populations. 		

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Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Collaborative Project: Veterans, ethnic/minority groups, and public safety populations	Multiple	\$700,000	\$700,000	\$400,000

Community: Native Americans Health Project

Task	Output/Deliverable	Practical Significance		
<div>DELAYED UNTIL FY22</div> <ul style="list-style-type: none">Conduct a planning process prioritizing Native Americans to explore the risk and protective factors with problem gambling.	<div>DELAYED UNTIL FY22</div> <ul style="list-style-type: none">Develop planning process framework in collaboration with Native Americans health partners.Conduct planning process to inform strengths and opportunities for FY21 programming.	<div>DELAYED UNTIL FY22</div> <ul style="list-style-type: none">The development of public health programs prioritizing Native Americans will support positive health outcomes and minimize risk associated with gambling		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Native Americans Health Project	TBD		\$50,000	\$0

D. Research

Research activities will support ongoing quality improvement efforts, identification of best practices, outcome tracking, and community engagement work.

Task	Output/Deliverable	Practical Significance
Evaluation: Continue the evaluation of the Prevention Programs (Ambassador and Photovoice). Begin evaluation of CHW and Gambling Community Pilot and Prevention TA Center.	<ul style="list-style-type: none"> Conduct evaluation of prevention programs (Ambassador and Photovoice). Plan and conduct evaluations of CHW and Gambling Community Pilot and Prevention TA Center. Provide monthly report on progress of programs as informed by the 	<ul style="list-style-type: none"> The evaluation of the prevention programs will inform programmatic effectiveness, impact, and establish best practice in gambling prevention.

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	evaluation framework.			
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Evaluation: Prevention Programs	TBD	\$105,000	\$200,000	\$200,000
Task	Output/Deliverable	Practical Significance		
Evaluation: Continue the evaluation of the Coordinated Stakeholder Listening Session and Coordinate Special Projects. Please note: Adjustments made to FY21 proposed budget include delaying the Community Based Evaluation, Engagement, and Support RFQ until FY22.	<ul style="list-style-type: none"> Coordinate 2021 Stakeholder Listening sessions in the Everett and Springfield. Provide report as a result of the 2021 Stakeholder Listening Sessions. 	<ul style="list-style-type: none"> The engagement of community members and the development of community informed programs are central to the development of healthy and equitable communities. 		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Evaluation: Community Based Evaluation, Engagement, and Support	TBD	\$50,000	\$150,000	\$35,000
E. Marketing and Communication				
Marketing and communication activities raise awareness of problem gambling and related issues across several priority populations. Please note: Adjustments made to FY21 proposed budget include: <ul style="list-style-type: none"> Delaying the relaunch of the Men of Color communications campaign in order to align with the delayed FY22 Ambassador RFR Delaying the development of a communications campaign for Asian Americans until FY22 				
Task	Output/Deliverable	Practical Significance		
DELAYED UNTIL FY22 <ul style="list-style-type: none"> Men of Color: Relaunch state-wide health promotion campaign prioritizing Men of 	DELAYED UNTIL FY22 <ul style="list-style-type: none"> Develop and coordinate media buy plan. Facilitate media buys. 	DELAYED UNTIL FY22 <ul style="list-style-type: none"> Aimed at raising awareness of the risk associated with gambling among Men of Color with a History 		

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Color with History of Substance Misuse.	<ul style="list-style-type: none"> Provide summary reports. 	of Substance Misuse.		
<ul style="list-style-type: none"> Youth, Parents, At-Risk Populations: continue the creation of a state-wide health promotion campaign prioritizing youth and parents. 	<ul style="list-style-type: none"> Continue the development of concepts and conduct messaging testing with youth and parents and at-risk populations. Develop media campaign and evaluation strategies. 	<ul style="list-style-type: none"> The implementation of a state-wide health promotion campaign targeting youth and parents is aimed at raising awareness of underage gambling and associated risks. 		
<ul style="list-style-type: none"> Elders: continue funding for the creation of a state-wide health promotion campaign prioritizing elders population. 	<ul style="list-style-type: none"> Develop and coordinate media buy plan. Facilitate media buys. Provide summary reports 	<ul style="list-style-type: none"> The implementation of a state-wide health promotion campaign targeting at-risk populations is aimed at raising awareness of the risk associated with gambling 		
<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Asian Americans: create a state-wide health promotion campaign prioritizing Asian Americans 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> Begin the development of concepts and conduct messaging testing with youth and parents and at-risk populations. Develop media campaign and evaluation strategies. 	<p>DELAYED UNTIL FY22</p> <ul style="list-style-type: none"> The implementation of a state-wide health promotion campaign targeting at-risk populations is aimed at raising awareness of the risk associated with gambling 		
Program/Project	Vendor	FY 20 Budget	FY 21 Budget Proposed	FY 21 Adjusted Proposed Budget
Communication Campaign Implementation: Men of Color with History of Substance Misuse.	Think Argus		\$300,000	\$0
Communication Campaign Implementation: Youth and Parents.	Think Argus	\$300,000	\$300,000	\$250,000
Communication Campaign Implementation: Elders	Think Argus	\$300,000	\$500,000	\$250,000
Communication Campaign Planning: Asian-Americans	Think Argus		\$200,000	\$0

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A. Personnel	Approved FY20	Proposed FY21 (1/18)	Proposed Change (+/-)	Revised FY21 (5/27)
Personnel (3.0 fte), salary, fringe, travel, memberships/registrations, supplies	399,000	410,000	(100,000)	310,000
B. Prevention and Health Promotion				
GameSense Program at Encore and Region A	1,200,000	1,288,000	(322,000)	966,000
GameSense Program at MGM and Region B	601,000	738,000	(184,500)	553,500
GameSense Program at PPC and Region C	515,000	503,000	(125,750)	377,250
GameSense support and indirect	568,000	575,000	(150,000)	425,000
VSE Resource Liaison	15,000	55,000	40,000	55,000
PlayMyWay enrollment incentive	8,000	25,000	(15,000)	10,000
Sub-total	2,907,000	3,144,000	(757,250)	2,386,750
C. Infrastructure, Development and Capacity Building				
RG Conference/training series	65,000	35,000	(35,000)	--
Veterans Services Technical Assistance	35,000	60,000	(25,000)	35,000
Regional Voluntary Self-Exclusion software	3,000	-		-
Sub-total	103,000	95,000	(60,000)	35,000
D. Research				
UMASS Social and Economic Impacts of Gambling in Massachusetts	1,125,000	990,000	(206,000)	784,000
Massachusetts Gaming Impact Cohort	915,000	170,000	(9,000)	161,000
Public Safety and Crime	60,000	50,000	(10,000)	40,000
Community Driven Research	200,000	225,000	(75,000)	150,000
Research Peer Review	50,000	50,000	10,000	60,000
Research Consultant	105,000	90,000	(10,000)	80,000
Knowledge Translation and Exchange	-	75,000	(75,000)	-
Program Evaluation	-	180,000	(70,000)	110,000
Data, Transfer, Storage and Access Project	50,000	90,000	(15,000)	75,000
Sub-total	2,505,000	1,920,000	(460,000)	1,460,000
E. Marketing and Communication				
PlayMyWay/GameSense Communications	220,000	170,000	(70,000)	100,000
Indirect@10% of allowable expense	410,100	410,000	(75,000)	335,000
Total	6,544,100	6,149,000	(1,522,350)	4,626,750

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A. Personnel	
Director, RG Program Manager (2.0 fte) oversee the annual research agenda and responsible gaming initiatives.	\$310,000
Covid related adjustments and impact: Reduction of \$120,000 resulting in an offer to hire an individual to fill the research manager position being rescinded in March. Plan to fill this position is on hold. Key elements of the research strategic plan, including better coordination between projects and knowledge translation will be put on hold	

B. Prevention and Health Promotion		
GameSense Program		
GameSense supports the implementation of the expanded gaming law (Chapter 194 of the Acts of 2011, M.G.L.). The legislation included several key mandates designed to mitigate the social impacts of expanded gaming including the requirement that casinos provide an on-site space for what has become known as GameSense Information Centers to provide for a RG-enabled casino workforce, promote positive play for anyone that chooses to gamble, and reduce gambling-related harm.		
Task	Outcomes/Outputs/Deliverables	Practical Significance
GameSense Operations at Encore Boston Harbor and region. (8 FTE, promotional materials, printed materials, program supplies training materials)	Staff work in the center 16 hours/day/7/days per week and provide limited but targeted community outreach to achieve the following outcomes. Promote Positive Play: <ul style="list-style-type: none"> • Increase patron engagement with GSAs • Maintain or increase knowledge of and attitudes toward Game Sense among patrons • Increase enrollment into play management and other tools at PPC • Improved patron literacy, personal responsibility, control and pre-commitment • Improved patron attitudes, beliefs and behaviors reflective of positive play Community Engagement <ul style="list-style-type: none"> • Increase awareness of GameSense and services to address responsible and 	<ul style="list-style-type: none"> • Healthier, more equitable communities, in which individuals who chose to gamble practice healthy behaviors related to gambling • Advance an effective, sustainable, measurable, socially responsible, and accountable approach to gambling
GameSense Operations at Plainridge Park Casino and region (3FTE, promotional materials, printed materials, program supplies, training materials)		
GameSense Operations at MGM Springfield and region (5.0 FTE, promotional materials, printed materials,		

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program supplies, training materials)	<p>problem gambling in Massachusetts,</p> <ul style="list-style-type: none"> • Increase capacity of GameSense to provide culturally appropriate services and create culturally specific policies and materials <p>RG Enabled Workforce:</p> <ul style="list-style-type: none"> • Increased RG knowledge among casino staff • Increased referrals to GSA by casino staff • Increased number of RG activities • Increased casino staff and GSA engagement <p>Reduce Gambling Related Harm:</p> <ul style="list-style-type: none"> • Increased referrals and readiness to engage community resources • Increased community awareness for high-risk groups • Increased use of Voluntary Self Exclusion • Reduced problem player losses • Reduce other social and economic harms known to be related to problem and disordered gambling 	
GameSense program admin and support	Provide administrative and executive support, data collection and reporting, facilities/occupancy, travel, depreciation, and indirect costs	
<p>Covid related adjustments and impact:</p> <p>Total reduction of \$782,250 resulting in a decrease of 4 fte staff, decreased interactions and VSEs, decreased community trainings, technical assistance, suspension of new population specific materials, decreased outreach and training to casino and lottery staff – resulting in decreased referrals.</p>		
Program/Project	Vendor	FY21 Budget
GameSense Info Centers at PPC, MGM, Encore	Massachusetts Council on Compulsive Gambling	\$2,321,750
<p>VSE Recovery Liaison</p> <p>An evaluation of the MA-VSE program found that over 90% of MA VSE enrollees meet criteria for past year gambling disorder. Though research on VSE is limited, Tremblay, Boutin & Ladouceur (2008) found improved outcomes for VSE enrollees that participated in follow up support. Therefore, during the past year limited resources have been directed toward engaging enrollees following enrollment in order to maximize the benefits to those that need resources outside the casino and encourage/assist people reticent to seek other help. During this time we saw a modest increase in the percentage of persons</p>		

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requesting additional information and support (from 20% to 25%). With additional funding for this effort, we believe we'll see additional engagement post VSE enrollment.

Task	Outcomes/Outputs/Deliverables	Practical Significance
<ul style="list-style-type: none"> • Offer those who agree to a VSE follow up call the chance to meet a peer in person with the goal of getting them connected to treatment. • Use a personal peer connection as a supportive way to warm transfer a person to a gambling disorder trained counselor and educate about self-help options. • Offer telephone recovery support to individuals interested in help during their VSE time period that are unwilling to go to treatment • Train VSE designated agents in each of the 6 NE states to best meet the need of people who need VSE Support for their gambling. 	<ul style="list-style-type: none"> • Increase engagement and participation in community supports following VSE enrollment. • Increase the number of designated agents to enroll persons into the VSE program • Improve VSE enrollee's literacy, personal responsibility, honesty, control and pre-commitment • Improve VSE enrollee's awareness, beliefs and behaviors related to gambling 	Improved health for persons experiencing gambling related harm.

Covid related adjustments and impact:

No impact expected.

Program/Project	Vendor	FY21 Budget
VSE Resource Liaison Project	Massachusetts Council on Compulsive Gambling	\$55,000

PlayMyWay Program

PlayMyWay is a play management program intended to help players make decisions about their gambling and monitor and understand the play behavior in real time. This program is part of a comprehensive approach to responsible gaming strategies implemented by the MGC with a particular focus on reducing gambling related harm and promoting positive play.

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In FY19 the cost of maintenance and upgrades shifted from MGC to Plainridge Park Casino. The launch of PlayMyWay at Region A and B casinos has been delayed due to Covid related cuts in resources. casinos.		
Task	Outcomes/Outputs/Deliverables	Practical Significance
Offer incentive to enroll in PlayMyWay	Increase the number of casino patrons that commit to a budget in advance of gambling.	Increased positive play and informed payer choice.
Covid-Related Adjustments: Reduction of \$15,000. Due to restriction on resources necessary to finish development and implement the program launch has been delayed to September 2021. Due to the delayed launch, additional incentive funding is not necessary.		
Program/Project	Vendor	FY21 Budget
PlayMyWay enrollment Incentive	Casino licensees and TBD	\$10,000

C. Infrastructure Development and Capacity Building		
Responsible Gaming/ Gambling Harms Training Series		
Task	Outcomes/Outputs/Deliverables	Practical Significance
Coordinate a training series on positive play, responsible gambling and gambling harms	<ul style="list-style-type: none"> Advance knowledge and spark collaboration with key stakeholders including direct practitioners, gaming industry, regulators. Promote GameSense as a vehicle to achieve responsible gaming goals. 	Advance a socially responsible approach to gambling that reduces gambling related harm and promotes positive play.
Covid related adjustments and impact: All conference funding will be eliminated. GameSense will offer online training and webinar series for key stakeholders.		
Program/Project	Vendor	FY21 Budget
RG Conference	Massachusetts Council on Compulsive Gambling	\$0
Veterans Services Technical Assistance (Pilot)		
Two studies funded by the MGC, Freeman, J., Volberg, R., & Zorn, M. (2019) and Kraus, S., Shirk, S., (2018) point to the harms of gambling experienced by U.S. military and veterans. The MGC plans to continue technical assistance and education aimed at reducing gambling related harm.		
Task	Outcomes/Outputs/Deliverables	Practical Significance
<ul style="list-style-type: none"> Trainings with the Statewide Advocacy for Veterans' Empowerment (SAVE) 	<ul style="list-style-type: none"> Increase the capacity of veterans' service providers to address responsible and problem gambling among United States 	Veterans and military personnel are at higher risk of developing a gambling problem.

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<p>program</p> <ul style="list-style-type: none"> • Develop a GameSense training module that can be scaled from 45 minutes to 120 minutes addressing organizations serving U.S. military veterans and families • Develop a GameSense training module addressing U.S. military veterans • Trainings with veterans' housing/homelessness centers • Provide information to at least 25 Massachusetts-based Veterans Service Organizations • Conduct regional trainings with Massachusetts-based Veterans Service Organizations 	<p>military veterans,</p> <ul style="list-style-type: none"> • Increase awareness among veterans of their greater risk of problem gambling, • Increase the rate of help line calls to the Massachusetts problem gambling help line among veterans. • The long-term goal of this project is to help reduce the rate of problem gambling among veterans, who are at greater risk of developing gambling problems. 	<p>Equipping them and those that serve them with information is important to decreasing gambling related harm.</p>
<p>Covid related adjustments and impact: Reduce by \$25,000. There will be limited outreach to Veterans-related agencies due to them being overwhelmed by the impact Covid has had their older veterans, and more of an outreach to community agencies that also serve veterans and active-duty military and national guard that will be suffering from the mental and emotional impacts of the pandemic.</p>		
Program/Project	Vendor	FY21 Budget
Veterans Services	Massachusetts Council on Compulsive Gambling	\$35,000

D. Research		
Social and Economic Impacts of Gaming in Massachusetts (SEIGMA)		
<p>The SEIGMA study has established baselines for a significant number of social and economic variables that may be affected by expanded gaming. Over the past few years, this has been valuable as the team begins to collect, analyze and report follow-up data to identify the true social and economic impacts of casinos in the Commonwealth.</p>		
Task	Deliverable	Practical Significance
MGM patron and license plate	Report on results of wave 1	An essential component of the

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survey	(fielded 2/2019) and wave 2 (fielded 7/2019) (n~500).	economic analysis that will clarify patron origin and expenditure and inform the analysis of social impacts of the introduction of casino gambling in MA.
Task	Deliverable	Practical Significance
Springfield targeted survey	Report of findings.	The targeted survey is a follow up to the Springfield Baseline Targeted Survey done prior to the opening of MGM Springfield. The report generated from this work will provide information about changes in problem and at-risk gambling, attitudes about gambling, gambling behavior and other social indicators.
Task	Deliverable	Practical Significance
Springfield and Everett key informant interviews	Excerpts from interviews will be included in the Springfield targeted survey report and future summary impact reports.	Information gathered will compliment targeted survey findings and provide a clearer picture of Springfield and surrounding community impacts.
Task	Deliverable	Practical Significance
New employee survey	Analysis and report on employees that have completed the survey. Analysis and reporting expected in re-procurement. (COVID related adjustment – new employee report combined with operating reports)	Data will describe casino employees at MGM and Encore. The report, will describe economic impacts on individuals (new employees) and overall impact of the development and operation of the gaming establishment on small businesses in the host and surrounding communities.
Task	Deliverable	Practical Significance
Encore construction report	A technical report analyzing construction spending impacts is expected in re-procurement. (COVID related adjustment – this report will be delayed to August 2020)	Data generated is essential to understand 1) impact of gambling on the state (construction spending impacts on employment and business spending), 2) impact of gambling on businesses (business spending), impact of gambling on communities (economic impact on Everett and surrounding region) and 3) economic impacts on depressed

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		economic areas.
Task	Deliverable	Practical Significance
Data collection, analysis and reporting on operations at PPC, MGM and Encore	Brief technical reports for each site containing operator employment and payroll data and vendor spending. (COVID related adjustment – all three operator reports combined with new employee report. Deliverable delayed until March 2021)	Critical inputs for understanding direct economic impacts of operating phase.
Task	Deliverable	Practical Significance
Plan, data collection, analysis and reporting on topic TBD	Two ad hoc studies on topics defined by the MGC and advised by the GPAC and Public Health Trust Fund (COVID related adjustment – Now only one ad-hoc report planned with topic TBD)	The ad hoc report will allow the MGC to quickly respond to an important and emerging issue. This is especially important when introducing a new industry like casino gambling.
Covid related adjustments and impact: Reduction of \$206,000. In addition to the adjustments listed above, the social measures team will not replace the Project Manager position (vacated by Alissa Mazar), will cancel the Spring 2020 meeting, eliminate conference travel through October 2020, and defer community engagement travel and meetings until November 2020, defer the EBH patron survey until FY22. The economic measures team will reduce staff hours dedicated to planning, staffing and annual meeting and merge region specific lottery impact report into a statewide lottery impact report.		
Program/Project	Vendor	FY21 Budget
Social and Economic Impacts of Gaming in Massachusetts	UMASS, Amherst School of Public Health and Health Sciences	\$784,000
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. The contract with University of Massachusetts, Amherst expires on December 1, 2020 without option to renew. Therefore, the project will conclude following the delivery of the wave 5 report.		
Task	Deliverable	Practical Significance
Complete wave 5 data delivery, cleaning weighting and analysis. Deliver final datasets to MGC	<ul style="list-style-type: none"> Brief descriptive report on transitions in waves 1-4. Final report on waves 1-5 that includes a full etiological model of predictors of transitions to problem gambling and associated policy 	Contributes to understanding predictors of problem gambling incidence and transitions in MA. Increases efficacy of targeted prevention and treatment efforts.

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	implications.	
Covid related adjustments and impact: Reduce funding by \$9,000. Limited impact. Funding necessary for project to wrap up as scheduled on Nov. 30, 2020.		
Program/Project	Vendor	FY21 Budget
Massachusetts Gaming Impact Cohort	University of Massachusetts, Amherst School of Public Health and Health Sciences (in partnership with Univ. of Chicago NORC)	\$161,000
Public Safety Research		
The MGC is examining changes in crime, calls for service and collisions following the opening of casinos in MA. The intention is to demonstrate 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.		
Task	Deliverable	Practical Significance
Collect data and analyze changes in crime, calls for service and collisions data for Plainville and five surrounding communities. Provide crime analyst technical assistance as needed.	<ul style="list-style-type: none"> Year 5 Public Safety Impact Report: Plainville and Surrounding Communities 	<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 related problems which may arise. Provides an opportunity for greater collaboration with local police chiefs and crime analysts.
Task	Deliverable	
Collect and analyze police and traffic data for Springfield and eight surrounding communities. Provide crime analyst technical assistance as needed.	<ul style="list-style-type: none"> Year 2 Public Safety Impact Report: Springfield and Surrounding Communities 	
Task	Deliverable	
Collect and analyze crime, calls for service and collision data for Everett and seven surrounding communities for a baseline and follow up studies. Provide crime analyst technical assistance as needed.	Year 1 Public Safety report: Everett and Surrounding Communities	
Covid related adjustments and impact: The budget was reduced by \$10,000 but no impact is anticipated.		
Program/Project	Vendor	FY21 Budget
Public Safety Impacts	Christopher Bruce	\$40,000
Community Engaged Research		
The objective of community engaged research is to more deeply understand and address the impact of the introduction of casino gambling in Massachusetts's communities. The specific research topic or question is developed by the community through a community participatory process. Funding for this		

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type of research would build on similar projects funded in FY19 and 20.		
Covid related adjustments and impact: Reduce by \$75,000. It's anticipated that one fewer award will be granted.		
Program/Project	Vendor	FY21 Budget
Community Engaged Research	TBD	\$150,000
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 ongoing research projects and player card data will be publicly available with certain parameters.		
Covid related adjustments and impact: The budget was reduced by \$15,000 but no impact is anticipated.		
Program/Project	Vendor	FY21 Budget
Data, Transfer, Storage and Access Project	MDPH	\$75,000
Responsible Gaming Evaluation		
Evaluation is a critical component included in the 2019 Gaming Research Strategic Plan. In order to assure the GameSense and PlayMyWay programs meet their objectives, the MGC intends to hire a third party evaluator to assess reach and effectiveness of the program.		
Covid related adjustments and impact: Reduce by \$70,000. The reduction will delay the start of the evaluation in order for the cost to be spread across two fiscal years.		
Program/Project	Vendor	FY21 Budget
RG Evaluation	TBD	\$110,000
Knowledge, Translation and Exchange		
Knowledge, Translation and Exchange (KTE) is an important function identified in the 2019 Gaming Research Strategic Plan. The MGC intends to establish a process to ensure that research findings are made known to the right people and used to inform the relevant policies, programs and services. The MGC will explore options to accomplish this by using either an external vendor or internal staff.		
Covid related adjustments and impact: The budget for this project has been eliminated. With additional funding available, we plan to propose starting this in FY22.		
Program/Project	Vendor	FY21 Budget
KTE	TBD	\$0
Research Review		
In order to assure the highest quality research, the MGC has assembled a 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 advice from experts with specific subject matter expertise to review reports and advise on research matters.		
Covid related adjustments and impact: Funding increased by \$10,000. No impact recommended.		
Program/Project	Vendor	FY21 Budget
Research Review Committee	Various	\$60,000

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Research Consultant		
Through a contract with UMASS Medical Center, Dr. Tom Land provides advice on research matters. Additionally, Dr. Land leads and facilitates the RRC and Data Transfer, Storage and Access Project.		
Covid related adjustments and impact: Reduce by \$10,000. Decreased time will limit Dr. Land's involvement in data storage project and research review committee but in consultation with him, we agree that both areas will be covered.		
Program/Project	Vendor	FY21 Budget
Research Consultant	UMASS Medical Center	\$80,000
E. Marketing and Communication		
The multi-media marketing and communication campaign is intended to raise awareness of the GameSense and PlayMyWay Program. FY21 will focus on promoting the launch of PMW at MGM and EBH in September 2020.		
Covid related adjustments and impact: Reduce by \$70,000. The reduction will result in limiting the efforts to only search engine marketing (SEM) support and small runs of materials. Specific campaigns such as responsible gaming awareness week and problem gambling awareness month will be suspended.		
Program/Project	Vendor	FY21 Budget
State-wide GameSense and PlayMyWay marketing	KHJ	\$100,000