



23

COMMUNITY MITIGATION FUND

2023 Gambling Harm Reduction Planning Grant Application Bid No. BD-23-1068-1068C-1068L-81256

All completed applications must be sent by January 31st to be considered for funding for the 2023 Grant Round. Please submit this completed form as well as any relevant attachments to MGCCMF@Massgaming.gov.

For more detailed instructions as well as the 2023 Application Guidelines please visit <https://massgaming.com/about/community-mitigation-fund/>

I. Project Summary
Legal Name of Applicant: SAFE Coalition, Inc.
Project Name (Please limit to 5 words): Peer Gambling Support Program
Amount Requested: 20,000
Brief Project Description (approx. 50 words): The Peer Gambling Support Program is a program which provides in-person, virtual, and recorded peer education support to those with a desire to decrease or stop any undesirable actions related to gambling. This program will also include education related to gambling wellness for youth and young adults through a prints and social media campaign.

II. Applicant Contact Information
Please provide below the manager for this grant and any other individuals you would like to be copied on all correspondence.
Grant Manager: Jennifer Levine, CEO
Email Address: jknight-levine@safecoalitionma.org
Telephone Number: 858-952-8120
Address: 31 Hayward ST unit 2-c Franklin MA 02038
Contact II: Carrie Asprinio
Role: COO
Email Address: casprinio@safecoalitionma.org
Telephone Number: 508-488-8105
Address: 31 Hayward St unit 2-c Franklin MA 02038
Contact III:
Role:
Email Address:
Telephone Number:
Address:

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[The following text is extremely faint and illegible due to low contrast and scan quality. It appears to be the main body of the grant application, likely containing a description of the project, its goals, and the applicant's qualifications. The text is too light to transcribe accurately.]

III. Detailed Project Description & Mitigation
<p>1) Please describe in as much detail as you can the potential impact that may be attributed to the operation of a gaming facility that you would like to study. Is there any preliminary evidence that this issue exists. Explain the importance of the topic or question that the proposed project addresses. State concisely the aims of the proposed study.</p>
<p>One of the three physical casinos allowing in-person betting is located within one of the communities we provide direct services to. Over the last 6 years in working with community members who are impacted by addictive behaviors such as gambling and substance use and with the incredible interest in sporting events, we believe that in-person and application-based sports betting will further behaviors related to addiction. This impact would be financial misunderstanding and mismanagement, increase in impulse and risky decision making, increase in substance use, increase in police and fire needs related to crime and overdose, and increase in mental health symptoms such as suicide. Currently, there are no resources in this area for gambling support for the individuals struggling or their family members.</p> <p>Additionally, in working with teens, it is common for teens and young adults to participate in app-based gambling. It will be crucial for teens and young adults to understand their financial wellness, how gambling can impact their overall health, and develop a baseline for health and unhealthy gambling habits. Again, there are currently NO supports for teens or young adults, or their family in our community related to sport betting.</p>
<p>2) <i>(If applicable)</i> Please explain how this impact was not anticipated in the Applicant's Host or Surrounding Community Agreement. The Host Community Agreement created between the Town of Plainville and Ourway Realty LLC dba Plainridge Racecourse does not address any community concerns related to addiction and only highlights what the casino itself will do. They list three ways in which they can promote safe betting habits however this is strictly related to betting with machines as it was created in 2013 before the new sports betting law was created.</p>
<p>3) What methodology do you believe would be effective at answering the question or measuring the topic proposed? For example, Literature Review, Key Informant Interviews, Focus Groups, Primary Data Collection, Secondary Public Data Collection etc.</p>
<p>We would be providing a weekly in-person gambling support group which will also be hybrid. We will utilize, The structure of the Public Health Impacts of Gambling (PHIGam) model which has been developed out of BMC Health in Finland. This model will allow us to create an understanding of how sports gambling is impacting our community, interpersonal, and personal experiences to better enhance our understanding of gambling work. The group will be co-facilitated by a license independent clinical social worker (LICSW) and a peer in recovery from gambling addiction. Each attendee will be encouraged to meet with the co-</p>

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facilitators on an individual bases monthly to develop their own Public Health Impacts of Gambling form and work through the WRAP for Addictions: Finding Freedom from Unwanted Behaviors workbook. We will connect data utilizing the BMC Health model which will provide a deeper understanding of the community needs moving forward and the WRAP plan will provide data related to individual needs, growth, and compulsive behavior patterns.

In relation to our social media work, we will track all our likes, follows, shares, and monitor through Meta where, when, and on what platform our campaign is having the most desired feedback.

4) What community partners do you plan to engage with and how do you plan to engage with them?

We already professionally partner with the police and fire departments, the district attorney's office, the school systems, sheriffs department, and civic and faith based communities. It will be crucial for SAFE to continue to share this supportive resource with each of these communities and in community spaces to enhance awareness for the program and increase education related to gambling wellness.

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IV. Scope, Budget, and Timeline	
Applicant: SAFE Coalition, Inc	Vendor Code:
Total Grant Amount Requested: 20,000	Estimated Total Project Cost: 20,000

Scope of Work
<p>Please include below a breakdown of the proposed work. The project scope should be sufficiently detailed to allow the review team to understand the steps required for project completion.</p> <p><i>a. Offer free, local, peer and clinically support individual and group program for sports betting</i></p> <p><i>b. Enhance education for family and friends who have been impacted by a loved ones sports betting</i></p> <p><i>c. Increase services, supports, and awareness for teens and young adults related to gambling wellness</i></p>

Proposed MGC Grant Budget			
<p>Please use the following table to outline the budget of your project. Include any requests for proposals, quotes, or estimates that would quantify the costs associated with the mitigation. In determining the funding request, please round up to the nearest hundred dollars.</p>			
Timeline	Description of Purchase/Work	QTY	Budget
Spring 2023	Hire LICSW, send to addition training	1	2,000.00
	Purchase all WRAP booklets and	50	750.00
	Develop sports betting campaign for community: printed materials	1	1000.00
	Develop sports betting campaign for social media: electronic		750.00
	Host 2 round table's (one for adults and one for youth) to education community leaders and stakeholders on gambling wellness	2	1500.00
Early Summer 2023	Begin group	Weekly for 52 weeks	13000.00
	Uber gift cards for attendees	50	1000.00

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	TOTAL:		20,000
Funding Source	Description of Purchase/Work	QTY	
In Kind Services			
Federal			
State			
Local Match			

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V. Waiver

If you are applying for a waiver, please submit the Waiver Form with your application. The form can be found at www.massgaming.com/about/community-mitigation-fund/forms/

Are you applying for a waiver?

Yes

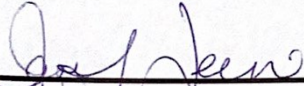
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VI. Please provide a brief description of each attachment.

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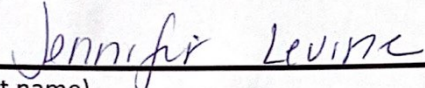
VII. Applicant Certificate

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

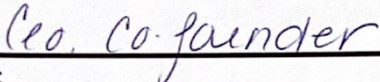


Date: 1/31/23

Signature of Applicant/Responsible Municipal
Official/Governmental Entity



(print name)



Title: