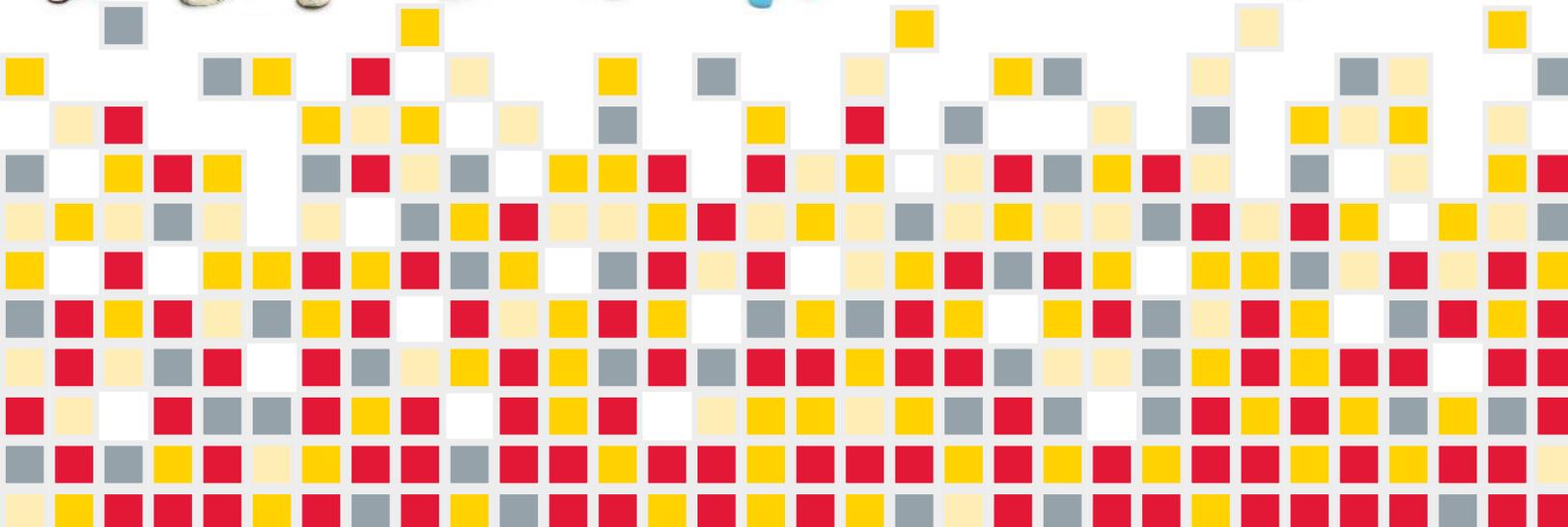


The Maryland Center of Excellence on **PROBLEM GAMBLING**

Fiscal Year **2017** Annual Report

BUILDING OPPORTUNITIES *for* TREATMENT *and* RECOVERY



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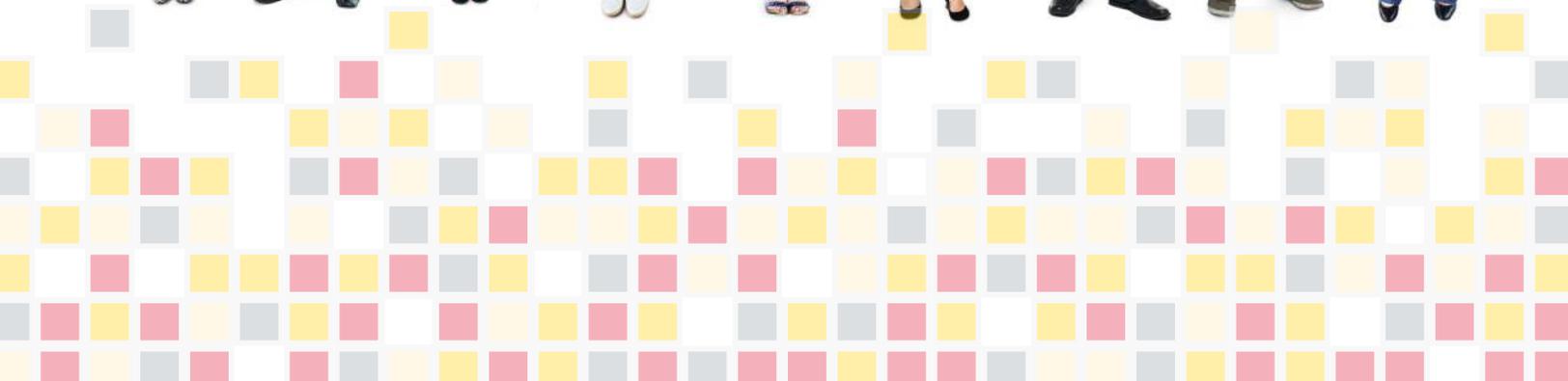
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Funded by: Maryland Department of Health's
Behavioral Health Administration

BUILDING OPPORTUNITIES *for* TREATMENT *and* RECOVERY



EXECUTIVE SUMMARY

During FY2017, the Maryland Center of Excellence on Problem Gambling (The Center), funded by the Maryland Department of Health's Behavioral Health Administration (BHA), continued its mission to promote healthy and informed choices regarding gambling and problem gambling and expand the capacity of Maryland's behavioral and public health systems to address problem gambling.

Public Awareness

Over 80,000 awareness materials developed by The Center were distributed. The Center's websites drew over 180,000 visits from those seeking help and information on problem gambling. The Center, in partnership with key stakeholders and community advocates, participated in 33 community events, and over 2,899 radio spots and television Public Service Announcements (PSAs) aired across the state. The Center, in collaboration with BHA County Health Departments and community representatives, worked with MedSchool Maryland Productions (MMP) to develop problem gambling specific public awareness campaigns to address Maryland's diverse communities and expanding casino presence. Specific campaigns implemented in July, 2016, included one focused on Prince George's County in advance of the opening of the MGM National Harbor Casino. In the fourth quarter of FY2017, a comprehensive plan for a year-long, statewide multi-media problem gambling campaign in FY2018 was developed by The Center in collaboration with BHA and MMP. Additional public awareness activities included having booths and tables at major community outreach events such as B'More Healthy and Money Power Day.

Treatment and Intervention Services

A primary focus for The Center in FY2017, in collaboration with BHA, was not only to continue to integrate problem gambling awareness and services within existing behavioral health programs, but to identify and remove barriers to care for individuals experiencing gambling problems. In FY2017, 1,673 clients were treated in publicly-funded behavioral health programs with either a primary or co-occurring diagnosis of gambling disorder. This is an increase of over 400 clients and reflects the combined efforts of The Center and BHA to integrate problem gambling into the existing behavioral health system. In order to further strengthen efforts to engage help-seekers with community treatment and recovery resources, a proposal to expand problem gambling recovery support services was approved and the process of hiring six additional recovery support specialists was implemented.

Training and Education

In FY2017, over 1,700 participants from every jurisdiction in Maryland attended one or more of the 51 clinical training and education programs conducted by The Center regionally and statewide. The 5th Annual Maryland Conference on Problem Gambling, held on June 16, 2017, was attended by 356 health care professionals representing 16 Maryland jurisdictions. In collaboration with BHA, the first 30-hour training on problem gambling designed specifically for peer recovery specialists was conducted and attended by 22 peers. Public awareness and training for faith-based communities was also initiated in FY2017 by The Center, in collaboration with the Maryland Council on Problem Gambling (MCPG) and BHA, for faith-based leaders to provide problem gambling awareness within their communities.

Prevention

The Center's prevention efforts in FY17 emphasized engaging communities and county health departments in open dialogue about their needs and perspectives regarding problem gambling prevention. The Center's prevention manager worked with prevention coordinators in Allegany, Anne Arundel, Cecil, Dorchester, and Prince George's counties to integrate gambling prevention awareness within each county's strategic prevention framework; this involved addressing prevention across a wide range of at risk and vulnerable groups across the age spectrum. The theme of "Have the Conversation" with a specialized tool kit focusing on having the conversation in families between spouses, parents and grandparents and children, was hand delivered to over 100 community partners and prevention specialists and posted online. The school-based *Maryland Smart Choices* program was utilized as the foundation for youth prevention to 177 middle school students in Baltimore City and Prince George's County.

Public Policy

The Center, in concert with the Legal Resource Center for Public Health Policy and the Public Health Law Clinic at the University of Maryland Francis King Carey School of Law (Law School), actively scanned public policy issues arising in Maryland around responsible and problem gambling. The Legal Resource Center participated in regularly scheduled meetings with behavioral health organizations to stay abreast of current issues and distributed The Center's annual Report to legislators to ensure problem gambling remained in relevant conversations with key stakeholders. The Center also engaged with stakeholders including the MLGCA, BHA, Problem Solving Courts and Casino representatives to discuss best and therapeutic practices for gambling in Maryland.

Research

The Research Program on Gambling (RPG) has advanced several ambitious research projects and collaborations in FY17. The research agenda focuses on: prevention of gambling problems; identification and surveillance of gambling problems; evaluation of public policy; ongoing assessment of the impact of legalized gambling; identification of vulnerable populations; and promotion of scientific research. This bold agenda will contribute to our understanding of disordered gambling and inform prevention and treatment efforts throughout Maryland.



HISTORY AND CONTEXT

Fiscal year 2017 was the fifth year of operation of the Maryland Center of Excellence on Problem Gambling (The Center). The Center is housed in the University of Maryland School of Medicine, with its research division within the Department of Epidemiology and Public Health and its clinical/prevention division within the Department of Psychiatry.

The evolving goal of The Center is to provide evidence based information to policy makers, communities and individuals to promote healthy and informed choices regarding gambling and problem gambling in the state of Maryland.

Our Mission: The Maryland Center of Excellence on Problem Gambling promotes healthy and informed choices regarding gambling and problem gambling through public awareness, training and education, prevention, technical assistance to the behavioral health care system, peer recovery support, research and public policy. It does so by working closely with appropriate state stakeholders and bringing together experts from a variety of disciplines including psychiatry, medicine, epidemiology, social work, law and others.

The Center began operation on July 1, 2012 to help address the expansion of legal gambling availability within Maryland. Legislation authorizing this expansion also provided for a problem gambling fund to be established and administered by the Maryland Department of Health and Mental Hygiene (DHMH), Behavioral Health Administration (BHA; formerly Alcohol and Drug Abuse Administration). The fund was designated to provide support for problem gambling research, public awareness, training, helpline services and prevention.

The Center has worked closely with BHA to develop evidenced based policies and practices to create a public awareness, prevention and treatment infrastructure within the state of Maryland. The Center has actively sought out collaborations with stakeholders in health departments, schools, treatment programs, criminal justice and the faith based community to address the issue of problem gambling within their jurisdictions and programs.

Research highlights The Center's mission to best frame the public health discussion regarding the impact of gambling in Maryland and how best to address problem and disordered gambling. The Center continues to expand its research program focusing on the neurobiology and etiology of gambling disorder, community impact of gambling and vulnerable populations.

Additionally, The Center continues to increase the community capacity to address problem gambling by sponsoring training for a broad range of behavioral health, prevention and social service professionals and maintaining a referral network of qualified problem gambling counselors.

At the end of FY17, in collaboration with BHA, The Center initiated efforts to develop a more problem gambling informed and capable recovery oriented system of care within Maryland. This involved conducting the first 30 hour problem gambling training specifically developed for peer recovery specialists and recruiting for six certified Peer Recovery Support Specialists to work with The Center. These six peers when trained in Problem Gambling will help individuals connect with problem gambling recovery resources within Maryland, remove barriers to recovery, and provide assistance in navigating recovery treatment services.

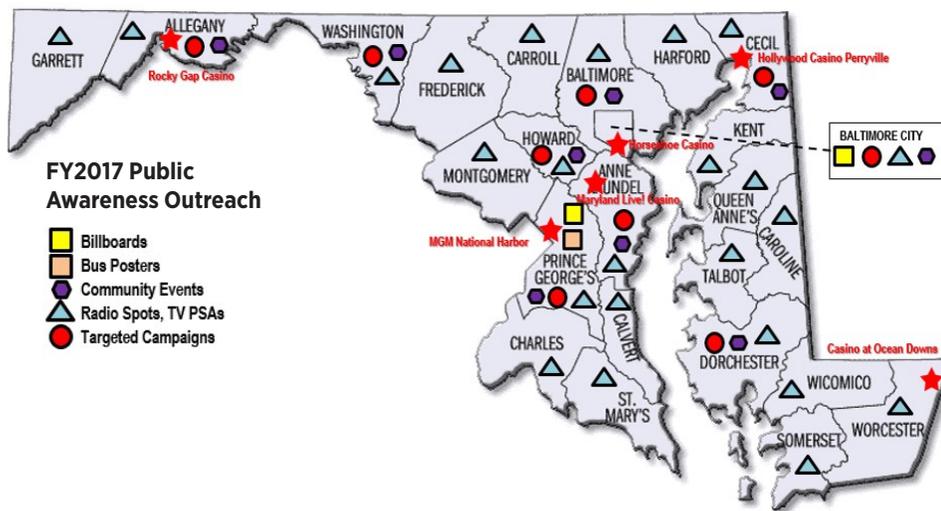
KEY CENTER ACCOMPLISHMENTS FY2017

- Completed gambling impact survey in Prince George's County.
- Center implemented study on development of a problem gambling SBIRT.
- Provided problem gambling training to more than 1,700 unique individuals.
- Provided 30 hours of training specifically designed to meet the unique role of peer recovery specialists.
- Implemented training focus on the faith-based community, clergy and lay ministers.
- Initiated project to hire problem gambling peer recovery specialists to be statewide resource.
- Designed and developed plan for year-long, statewide problem gambling awareness campaign
- In collaboration with BHA, worked towards removing barriers to care for those with gambling disorder.

PUBLIC AWARENESS

FY2017 Multi-Media Campaigns

In FY2017, The Center, in partnership with BHA, MMP and MLGCA, built on past campaigns as well as created a new county campaign, utilizing existing media PSA's and recorded messages, as well as developing new and targeted materials.



Prince George's County Campaign

In advance of the MGM Casino and Resort opening in National Harbor, a multi-media, bi-lingual (English and Spanish) campaign was launched on July 1, 2016, targeting all zip codes within Prince George's County. For the month of July, the help seeker calls into the Maryland Helpline (1-800-GAMBLER) increased by 28% over the previous month, with callers in Prince George's County representing 24% of the overall calls. This July campaign (running through July 31, 2017) was developed and implemented in collaboration with Radio One (an urban African American media company) and the Prince George's County Health Department.

The focused themes included Definition of Problem Gambling; Signs and Symptoms; Getting Help; and Safety Tips. Campaign components during July included:

- Dedicated campaign website *princegeorgesgambling.org* featuring four (4) 30-second one-minute videos. Over 1,300 views in the first month of launch (this website remains an active URL).
- Over 300 Radio One spots and sponsorships (Praise 104.1, Magic 102.3).
- Ten (10) Billboards.
- Bus Shelter Posters located in 20 transit shelter locations.
- Over 3,200 posters and cards in English and Spanish were printed and distributed. Key distribution points included Maryland Department of Health agencies and organizations located in Prince George's County.
- Over 100,000 Radio One Geofencing Ad Impressions in English and Spanish targeted resident cell phones in zip codes in close proximity to the MGM Resort location.



princegeorgesgambling.org



Billboard - English and Spanish

Bus Poster - English and Spanish



National Problem Gambling Awareness Month

Each March, The Center actively promotes Problem Gambling Awareness Month (PGAM) within Maryland, a grassroots public awareness and outreach campaign created and sponsored by the National Council on Problem Gambling, to educate the general public and healthcare professionals about the warning signs of problem gambling and to raise awareness about the help and resources available within the state. This initiative received support from the governor’s office as well as the legislature, with proclamations being received in 2017 from the Senate and the House, as well as Governor Larry Hogan.

In March 2017, The Center, in collaboration with Health Department Agencies and other state organizations, staffed and/or sponsored outreach activities reaching more than 37,000 residents and health care professionals throughout the state. Community members were engaged in discussions with a focus on *“Have The Conversation...about the risks of gambling and gambling addiction in your family.”* Outreach components included distribution of over 11,000 printed materials; online communications; social media tools; 12 training programs and presentations; and participation at 16 community events in nine (9) jurisdictions.

Additionally, in collaboration with MLGCA, a statewide media campaign was conducted throughout March. Three (3) strategically placed digital billboards in Baltimore City rotated messaging. A total of 2,599 radio spots and TV PSAs were broadcast to cover every jurisdiction in Maryland. This statewide March outreach increased total help seeking volume (calls, text, chats) by 67% from February 2017.

Additional Annual National Campaigns

Each September, The Center, in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) and BHA acknowledges and celebrates **National Recovery Month**, bringing specific awareness to problem gambling and gambling recovery. In September, 2016, The Center promoted recovery to over 400 residents and health care professionals in six (6) jurisdictions (Anne Arundel, Baltimore, Baltimore City, Howard, Prince George’s and Washington) through in-person clinical trainings and participation in community events. The Center also developed a new awareness piece – the Recovery Card – and distributed over 1,000 cards.

Each holiday season, The Center joins the national campaign to bring awareness that **lottery tickets are NOT suitable as gifts for children under age 18**. A campaign banner was posted on *mdproblemgambling.com* and *helpmygamblingproblem.org* websites. In addition, campaign fliers for use as outreach within agencies and organizations were distributed to over 2,000 clinicians across the state.



FY2017-FY18 Statewide Multi-Media Campaign

Planning began and funding was dedicated in the 4th quarter for a comprehensive year long, statewide multi-media problem gambling campaign to launch 1st Quarter FY18 (August/ September, 2017). The campaign focus is to direct help seekers to the Maryland Helpline (1-800-GAMBLER) by phone, chat or text for problem gambling help and treatment. The campaign components will saturate all 24 jurisdictions, and will include billboards; posters; on-screen ads in movie theaters; radio spots; television PSAs; and social media outreach (Facebook, YouTube and Google text and banner advertisements).

Listed below was the initial plan for media distribution.

VENDOR	MEDIA	AREA / COUNTIES
Lamar Advertising	Billboards	Allegany, Garrett
Clear Channel Outdoor	Billboards, Posters	Anne Arundel, Baltimore, Baltimore City, Carroll, Calvert, Caroline, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, Worcester
SVM	Movie theater video ads	Anne Arundel, Baltimore City, Calvert, Dorchester, Harford, Kent, Montgomery, Prince George's
NCM	Movie theater video ads	Baltimore, Carroll, Howard
WYPR	Radio Spot	Baltimore, Anne Arundel, Southern Maryland**
WAMU	Radio Spot	Anne Arundel, Howard, Prince George's**
WKYS	Radio Spot	Prince George's **
WERQ	Radio Spot	Baltimore City**
WCBC	Radio Spot	Western Maryland **
WBOC	Radio Spot & TV PSA	Eastern Shore**
WJZ-FM	Radio Spot	Baltimore, Anne Arundel, Prince George's**
WAYZ	Radio Spot	Central Maryland**
WFRB	Radio Spot	Western Maryland **
WTOP	Radio Spot	Anne Arundel, Baltimore City, Prince George's**
WBAL	Radio Spot	Anne Arundel, Baltimore City, Howard**
WBFF/WNUV	TV PSA	Anne Arundel, Baltimore City**
WUSA	TV PSA	Southern/Central Maryland**
WBAL-TV	TV PSA	Central Maryland **

** The area/county noted in the graph above is the headquarter location. Broadcast signals reach multiple jurisdictions; therefore the geographic outreach is far greater than the noted jurisdiction.



Community Events

The Center, along with trained Maryland problem gambling preventionists and counselors (The Center's *Community Advocates*), participated in and/or sponsored 33 community events with over 39,000 in attendance around the state throughout FY2017. This included two (2) larger awareness events in Baltimore City: B'More Health Expo and Baltimore CASH Campaign's Money Power Day, where staff and community advocates engaged with over 600 individuals.

In addition to these large events, The Center worked collaboratively with community advocates, particularly local Health departments, in casino jurisdictions (Anne Arundel, Baltimore City, Prince George's), to target key populations and events for participation. At these events, Center staff and their partners were able to individually interact with over 1,000 Maryland residents. This allowed for one-to-one conversations about guidelines for low-risk, responsible gambling and for increased awareness of resources for help for anyone having gambling problems. The Center's efforts aim to reduce the stigma of problem gambling and inform Marylanders of help and treatment that is available to decrease any harm that gambling may be creating in their lives.



Informal community surveys were also distributed (over 300) in Anne Arundel, Dorchester, Prince George’s and Washington counties at local community events as a way of initiating conversations about community members attitudes toward and perceptions of problem gambling. Community advocates found such surveys a useful tool to structure such conversations and provide brief education around risk factors and resources for help.

Faith-Based Awareness

As faith-based communities are a main source of information and public health awareness, in FY2017, The Center, in collaboration with MCPG and BHA, initiated a program to enlist the faith-based community to provide problem gambling awareness, education and prevention. This innovative pilot program provided intensive training to faith-based leaders representing five (5) jurisdictions (Anne Arundel, Baltimore, Baltimore City, Charles and Prince George’s) who then completed a variety of awareness projects within their communities. Two (2) multi-day programs were launched, one in March and one in June, with a total of 18 clergy and lay ministers attending the training from a diverse group of faith backgrounds including African-Methodist, Episcopal, United Methodist, Non-denominational, Buddhist, Roman Catholic, and Baptist.

As a part of the clergy certification process, several participants committed to completing public awareness projects that, in addition to informing their congregations about the issue of problem gambling, involved visiting local small businesses and organizations to distribute problem gambling educational materials and engage community members in conversation.

Internet-Online

Help-seeking callers into the Maryland Helpline (1-800-GAMBLER) continue to report internet resources as one of the main sources of information about problem gambling and a resource for getting help and finding treatment.

The majority of website traffic is directed to two (2) Center websites: *helpmygamblingproblem.org*, launched in June, 2015, and is designed to specifically to meet the needs of help seekers; and *mdproblemgambling.org*, the main repository for The Center’s resources.



helpmyproblemgambling.org



mdproblemgambling.com

The Center also supports an additional seven (7) websites, developed with targeted messaging around specific public awareness campaigns to special populations.



princegeorgesgambling.org



Baltimorepromgambling.org



aboveallodds.org



asiangamblingsos.org



Baltimoregambler.org



gamblesafewomen.org



Baltimoredicezombies.org

Since the inception of The Center (July, 2012), internet-online activity continues to increase due to targeted public awareness outreach. In FY2017, overall website traffic increased 48% over the previous year (*Figure 1*).

Marketing efforts that focused on directing help seekers to *helpmygamblingproblem.org* continued in FY2017 as evidenced by the growth in this site (*Figure 2*).

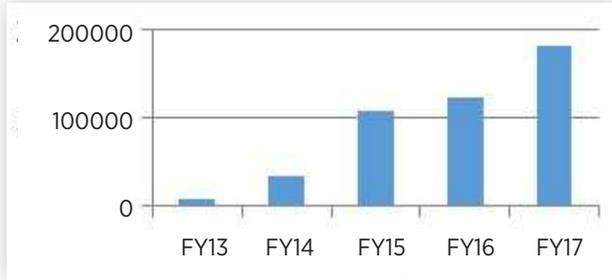


Figure 1: Total Website Visits FY2013 - FY2017

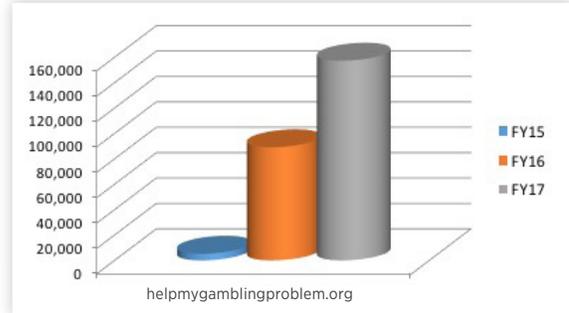


Figure 2: Total Help Seeker visits to dedicated website *helpmygamblingproblem.org*

Documentary

The Center premiered a new short documentary at the 5th Annual Maryland Conference on Problem Gambling (June 16, 2017): *“The Gambling Connection to Opiate Use: PERSONAL EXPERIENCES.”* This documentary, produced by MMP, explores the growing underlying problem of gambling addiction among individuals with an opioid use disorder. Filmed at a methadone clinic in Baltimore, it explores both the struggles and challenges, as well as the recoveries and hopes of three men.

The Center has distributed over 150 copies of this DVD free of charge to agencies and organizations across the state. Further distribution outreach will be engaged in FY2018.



“The Gambling Connection to Opiate Use: PERSONAL EXPERIENCES”



TREATMENT AND INTERVENTION SERVICES

Improving the Provision of No-Cost Treatment for Gambling Problems

Data from Medicaid providers indicates that problem gambling is being addressed within existing behavioral health programs. In FY2017, 1,623 clients in treatment for a substance use disorder had gambling problems identified and addressed as a co-occurring issue. That was an increase of nearly 400 from FY2016. Among mental health providers, 35 clients were treated for co-occurring gambling disorder and 15 for a primary diagnosis of gambling disorder. While these numbers indicate that gambling is being recognized and identified among clients receiving publicly funded behavioral health services, they also suggest room to increase capacity and capability. This is true not only in Maryland, but in results from a recent national survey of publicly-funded problem gambling services.

The Association of Problem Gambling Service Administrators reported that in 2016 only 14,375 individuals or about one quarter of one percent of people who needed gambling treatment, actually received publicly-funded care from a gambling treatment specialist. Based on prevalence data from the last statewide survey of problem gambling, about 1% of individuals in Maryland needing treatment for a gambling disorder received services in FY17. As a comparison the nationwide percent of individuals needing treatment for a substance use disorder who receive services is 10.8%. While Maryland is above the national average for percent of people receiving problem gambling services, we still have work to do to assure better access and engagement in problem gambling services.

As the Behavioral Health System in Maryland has significantly evolved over the last three years, the need to also adapt the process and procedure for funding problem gambling treatment was recognized. In FY2017, in order to remove discrepancies between mental health and substance use providers, expand the scope of qualified providers and to clarify and simplify the process for both providers and help seekers, BHA with technical assistance from The Center, implemented an interim process to provide no-cost treatment to any individual seeking help for a gambling disorder.

This interim process, administered through Behavioral Health Systems of Baltimore (BHSB), is a critical step in developing a long-term, sustainable structure that will allow for effective removal of financial barriers to treatment services, engage a broader range of qualified clinicians in providing problem gambling counseling services and allow for the capture of accurate data on those seeking help for gambling. While implementing the interim process, BHA, with The Center's technical assistance, began the development of a structure for problem gambling treatment funding that will clarify the provision of no-cost treatment services (both outpatient and residential) to any individual and/or their family members who want help with gambling problems. This new, consolidated structure will be consistent with procedures providers are already familiar with for billing for other behavioral health disorders and will include the gathering of essential data on client needs and demographics, service utilization, and best practices in the field.

Integrated Intervention Approaches for Communities

During FY2017, The Center continued to focus on engaging with health departments and other publicly-funded agencies to increase capacity to provide treatment services for gambling disorder and address the impact of gambling on those already receiving behavioral health services. The Center actively reached out to health departments and agencies as well as responded to specific requests from community programs. A technical assistance menu of options was offered

to jurisdictions and agencies to address public awareness, prevention, capacity building and treatment strategies. Toolkits were developed that included informational brochures, posters and videos, public service announcements, problem gambling integrated screening tools, treatment manuals, community survey templates and “Have the Conversation” tools.

Technical assistance was continued in all six casino jurisdictions. Additionally, in collaboration with BHA, The Center participated in preliminary discussions of how stakeholders including casino staff, health departments, treatment providers and The Center could collaborate to address common concerns about minimizing potential harms of gambling and engage those experiencing problems with appropriate community resources. An initial discussion was held in Worcester County between representatives of BHA, The Center, the county health department and Ocean Downs Casino. This meeting reflected discussions that were also held with the Maryland Alliance on Responsible Gambling (MARG) group representing stakeholders from the Maryland Lottery and Gaming Control Agency, all casino venues, BHA, and The Center regarding how gambling venues and treatment providers could better collaborate to engage consumers experiencing distress from gambling engage with community resources for help. This conversation included discussion of how peer recovery specialists might be used to help with this process.

Disordered Gambling Integration (DiGIn) Project

Research has well established that individuals in treatment for substance use and mental health disorders have significantly higher rates of problem gambling than the general population and that problematic gambling involvement decreases treatment effectiveness and may increase treatment costs. The DiGIn program is an evidence-informed program that utilizes aspects of well-established co-occurring disorders practices. The goal of this program is to address the impact of gambling on recovery, health and well-being throughout the behavioral health treatment and prevention systems. As such, it combines prevention and treatment paradigms to address the issue of problem gambling in the high risk groups participating in substance use and treatment programs. Interventions focus not only on identifying individuals who may have gambling disorders, but also seeks to inform at risk groups of the potential for developing gambling problems, the potential for gambling to be a relapse risk factor and/or to exacerbate mental health symptoms, and to provide early intervention for those beginning to experience initial signs of gambling problems.

FY2017 was the second year of this program that included seven agencies for a second year of program development and one new agency (covering five casino jurisdictions and two non-casino jurisdictions). Through this program, The Center provided small grants and enhanced technical assistance to agencies and health departments to develop problem gambling capable and enhanced behavioral health treatment as well as prevention programs.

For treatment programs, the focus of this initiative is to assure that key aspects of treatment services from program milieu, screening and assessment, treatment interventions, staffing and training, and administrative policies are relevant for and inclusive of a gambling disorder. The Center staff conducted day-long site visits of all participating programs and one-year follow-up visits. Site visits included ratings by agency staff as well as Center staff on the Problem Gambling Capability Scale that evaluated programs along the following dimensions:

- Program Structure
- Program Milieu
- Assessment
- Treatment
- Continuity of Care
- Staffing
- Training



Figure 1 shows comparison of initial and follow up overall ratings which combine ratings in the above areas. This graph shows that all agencies made progress toward achieving problem gambling capability. Most progress was made across agencies in the areas of program structure, program milieu, assessment and training. These follow-up findings reflect areas targeted by agencies for improvement during the year.

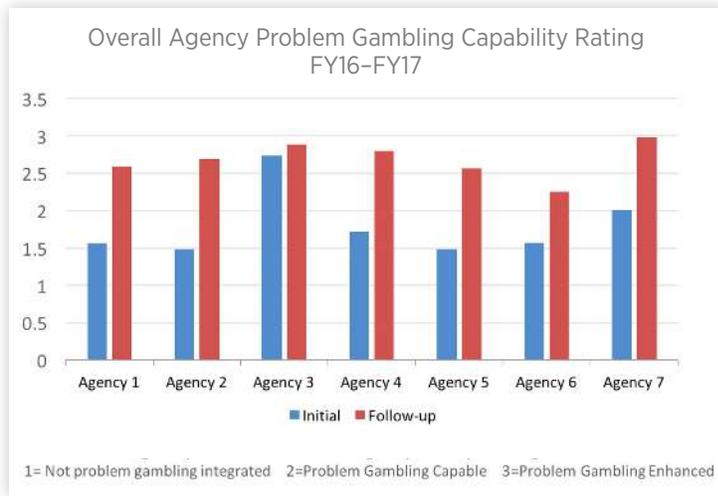


Figure 1: Overall Agency Problem Gambling Capability Rating – FY2016 to FY2017

Responsible Gambling Collaboration: Voluntary Exclusion Program (VEP)

During FY2017, The Center, BHA and the Maryland Lottery and Gaming Control Agency (MLGCA) continued their collaboration around MLGCA's VEP program to promote this option as an early intervention for those experiencing gambling problems. This program allows individuals to voluntarily apply to have themselves banned from casinos for either two years or lifetime. In FY2017, lottery and larger bingo halls were also included in this program. The Center and MLGCA have worked collaboratively in several ways regarding this program. The Center includes the VEP program among information and referral options offered through its problem gambling helpline and the MLGCA includes information regarding treatment resources when individuals enroll in the VEP and encourages individuals to seek counseling to support their decision to change their gambling behaviors.

Those individuals who seek to be removed from the VEP process after their initial two years is completed are required by MLGCA to complete a workbook and meet with a counselor to review the workbook. The Center and MLGCA worked collaboratively on the development of this workbook and on training counselors to conduct the workbook review. The goal of the workbook review session is to assure that individuals seeking removal from the VEP list are aware of their personal risk factors for any future gambling problems and to develop an individualized responsible gambling plan, and to enhance individuals' willingness to seek help in the future if gambling problems arise. As part of this process, counselors may make recommendations for any additional assessment, counseling or self-help participation before the MLGCA removes an individual from the VEP list. Such recommendations have been rare, and the MLGCA has been steadfast in supporting any recommendations and requiring verification that they have been followed before removing someone from the VEP list.

In FY2017, 22 counselors in 10 jurisdictions (five of the six Casino jurisdictions, and five additional jurisdictions) were trained and are enrolled by The Center as providers for VEP removal counseling. This is a 70% increase of counselor enrollment over FY2016 (an increase of nine counselors). In FY2017, The Center received 88 requests for removal and 62 completed the process. Anecdotally, this process seems to be an effective early intervention to assist individuals who feel at risk for developing gambling problems to stop or decrease their gambling behaviors. It would be helpful to study the characteristics and needs of these individuals more systematically as well as to evaluate program effectiveness more empirically.

The MLGCA, The Center and BHA, through the MARG group and other activities, have collaborated in addressing those who violate their VEP commitment to not enter gambling venues and engage in gambling activities by developing therapeutic options and not just punitive consequences. The MLGCA, The Center and BHA staff have engaged in problem solving discussions that included casino representatives to develop therapeutic options for those who violate self-exclusion to supplement ongoing activities that have sought to educate the judicial system about the appropriate option of referral for problem gambling assessment and counseling. These groups will continue to work collaboratively towards making the VEP process as helpful and therapeutic to enrollees as possible.

Maryland Problem Gambling Counselor Referral List and Peer Recovery Support Services

A main priority for The Center in FY2017 was to connect help seekers with resources for treatment and recovery within their communities. The Center’s Peer Support Specialist was available during standard working hours (Monday–Friday, 9AM–5PM) to act as a system navigator for helpline callers who provided phone numbers to be called by a person in recovery. During FY2017, The Center also implemented “warm” helpline transfers to the Peer Specialist during the work hours indicated which connected help seekers real time to a Peer. In FY2017, 180 clients were contacted by The Center’s Peer Support Specialist. Follow-up was made with counselors to whom clients were referred to obtain outcome information. Of those 180 clients, 79 (44%) accepted referral to a counselor. Of those 79 clients who accepted a referral, 57 (72%) contacted the counselor and of those 57, 22 (38%) were seen by the counselor (see Figure 2).

In order to better understand barriers to treatment information was obtained on reasons clients did not engage in treatment following referral on those who contacted counselors but did not follow through on scheduling appointments. Results are presented in Figure 3 showing the main reason stated was due to insurance not being accepted by a provider and/or client’s inability to self-pay for treatment services (59%).

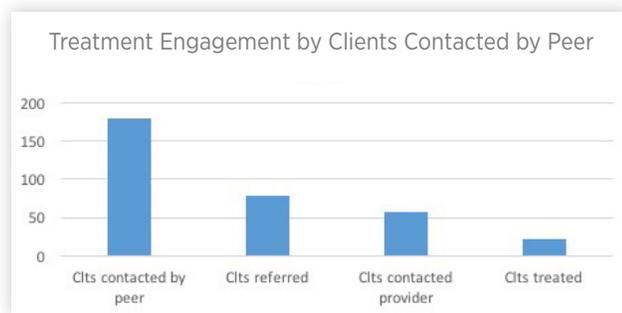


Figure 2: Treatment Engagement by Clients Contacted by Peer

It should be recognized that the data reported was not obtained in a formal evaluation process, but was obtained through voluntary reporting of providers with follow up calls being made by The Center’s peer support specialist. However, the data strongly suggested the need to intensify efforts to engage help seekers with treatment resources and to remove any perceived barriers to care, and clarify and consolidate no cost treatment options to remove financial barriers to care.

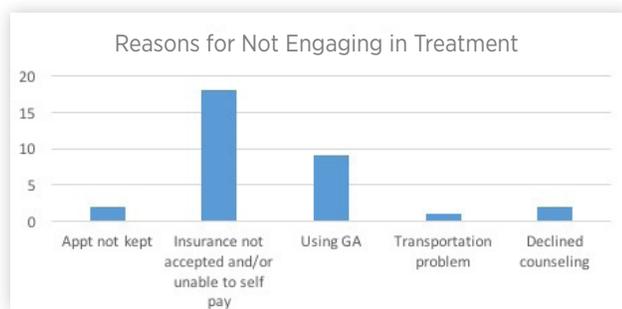


Figure 3: Reasons for Not Engaging in Treatment

As a result of this information, BHA in collaboration with The Center instituted initiatives to expand peer recovery support services and to clarify and centralize process for providing for no cost treatment for gambling disorder.

Funding was allocated in the 4th quarter of FY2017 for The Center to hire six additional peer recovery specialists. This will allow for extended hours of coverage of warm transfers from the helpline with the goal of coverage being seven days per week during peak hours for helpline calls.



Helpline 1.800.GAMBLER

While the Helpline remained active in FY2017, there was a clear trend to increased help seeker interaction through online resources in FY2017. Helpline calls decreased from FY2016 by 120 callers (21% decrease). However, visits to our website specifically dedicated to those seeking help for gambling problems (www.helpmygambling.com) increased by 76% (68,177 visits). This is consistent with a national trend in decreased problem gambling helpline calls as reported by the Association of Problem Gambling Services Administrators (APGSA) based on FY2016 national data. This national report presents the same data trend as seen in Maryland, with increased traffic to online resources and decreased helpline calls.

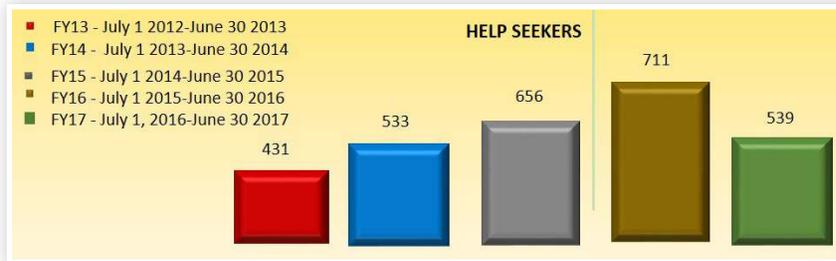


Figure 4: Comparison of Total Help Seeking Volume (calls, texts, chats) from FY13-FY17



Figure 5: FY17 Help Seeking Contact

Helpline Caller Characteristics and Demographics

Callers from casino counties represented almost half (46%) of total FY17 callers (n=210). This is consistent with reports that callers obtained helpline information from information posted or received at casinos. This highlights the need to enhance problem and responsible gambling information available to consumers at points of service including other gambling venues such as lottery outlets and bingo halls.

Caller Age

As shown in Figure 6, the relative percentage of callers across age groups has remained consistent across all years of helpline operation with the majority of callers in FY2017 (69.4%) between 35 and 64 years old.

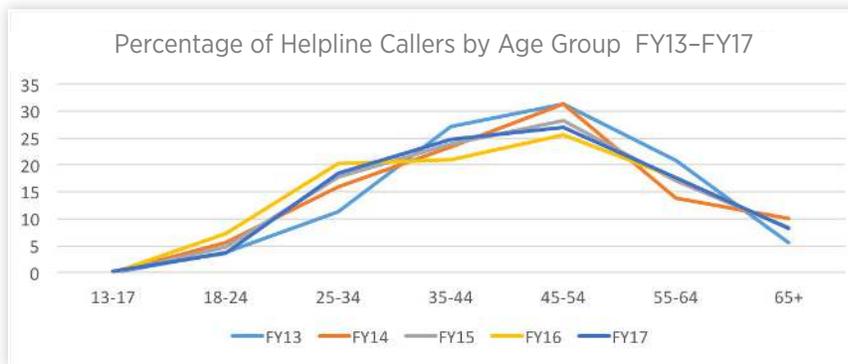
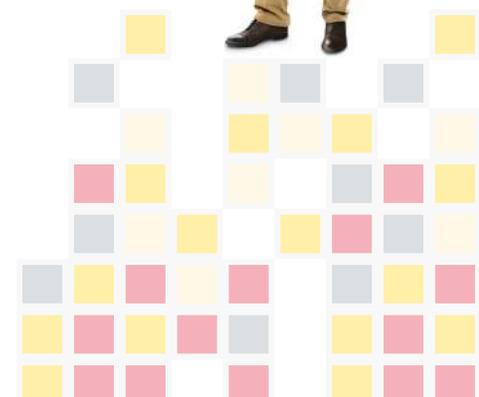


Figure 6: Percent of Helpline Callers by Age Group FY13-FY17



Caller Gender

As shown in Figure 7, the relative percentage of male and female helpline callers has remained relatively consistent over the past five years, with most years (other than FY14) showing very close percentages of men and women calling the helpline.

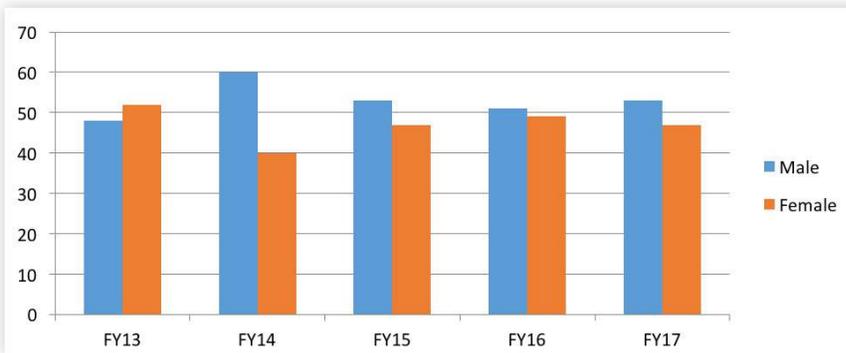


Figure 7: Percent of Male and Female Helpline Callers

Primary Gambling Problem

Data from the past five years consistently shows casino gambling as the primary gambling problem reported by helpline callers with 84% of callers in FY2017 reporting some type of casino gambling as their primary problem. The other clear trend is for a gradual increase in the percentage of callers to report table games and other casino games as their primary problem; increasing from 23.1% in FY2013 to 48.7% in FY2017. This coincides with the increase in number of casinos in Maryland and the increase casino space allocated to table games and therefore the greater available of this type of gambling in Maryland.

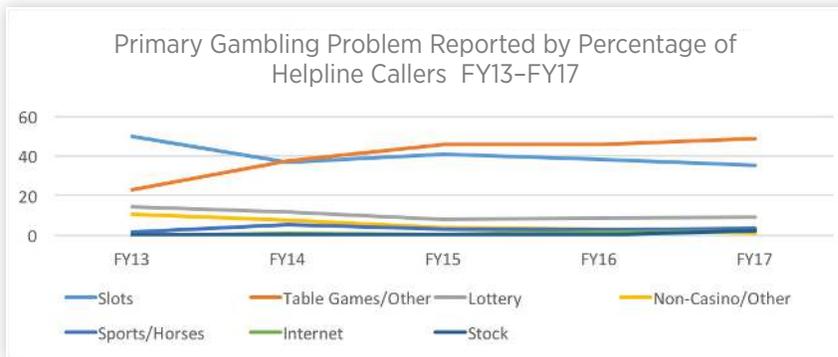


Figure 8: Primary Gambling Problem Reported by Helpline Callers FY13-FY17

Caller Ethnicity

In FY2017, European and African Americans continue to make up the clear majority of helpline callers (89.6%) with nearly equal percentages for each group. While the percentage of callers of from other ethnic groups remains low, there was a slight increase in the percentage of Asian American callers in FY2017 from 2.2% (12 callers) in FY2016 to 4.5% (20 callers) in 2017.

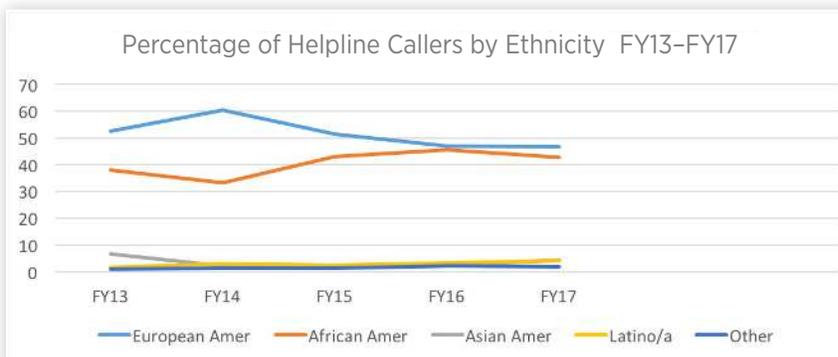


Figure 9: Number of Helpline Callers by Race/Ethnicity FY13-FY17



Where Callers Learned of Helpline

In FY2017 electronic media as the source of information regarding the helpline was the most reported source for the second time in the past 5 years, once again surpassing casinos as the source of information. The FY2017 difference was 11.5% compared to 1.4% in FY2014. This increase in electronic media being the most reported source of helpline information is consistent with public awareness data indicating substantial numbers of individuals utilizing online and social media for information on problem gambling. It will be important to track this information in greater detail in the future to help determine the most effective use of public awareness resources. Additionally, casinos continue to be an important source of helpline information as reported by help seekers. A key strategy for public awareness is to continue to improve ways to disseminate problem and responsible gambling information at gambling venues.

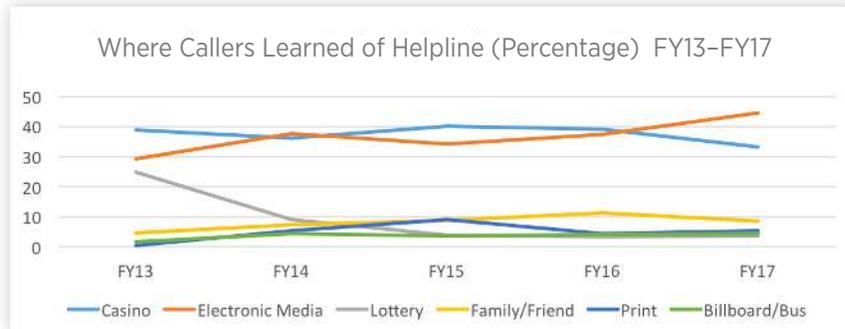


Figure 10: Where Callers Learned of Helpline

Who is Calling

Consistent with 2.5 year data analysis (January, 2015–June, 2017) from The Center’s research division, data over the past two fiscal years shows that just over 75% of callers are individuals calling about their own gambling problem. As public awareness messaging has largely targeted individuals experiencing gambling problems these results would be expected. It may be important in the coming fiscal year to include messaging that targets family members and concerned others more explicitly.

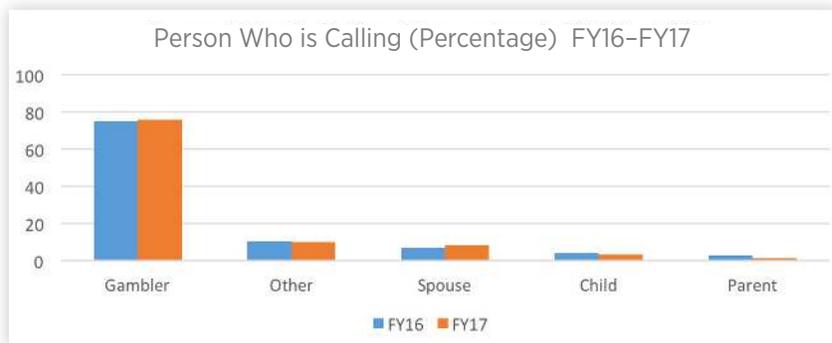


Figure 11: Person Who is Calling

Residential Treatment Services

In FY2017 as in FY2016, there was a low level of utilization of residential level of care. Only two individuals were admitted to residential level of care in the two programs with whom The Center had reimbursement agreements for a total of 26 days of care.

TRAINING AND EDUCATION

In its fifth year, outreach through clinical training and education programs to build the capacity to address and treat problem gambling among mental health, substance use, other health care, social services and prevention providers across the state continues to be a key initiative for The Center. In FY2017, over 1,700 participates from every jurisdiction in Maryland attended one or more of the 51 clinical training and education programs conducted by The Center regionally and statewide. The 5th Annual Maryland Conference on Problem Gambling, held on June 16, 2017, was attended by health care professionals across the state.

At the conclusion of the fifth year of The Center's operation, 205 behavioral health clinicians across Maryland have completed 30 hours or more of problem gambling counseling training offered by The Center.

Annual Maryland Conference on Problem Gambling

The 5th Annual Maryland Conference on Problem Gambling, sponsored by BHA, was held on June 16, 2017 at the BWI Airport Marriott. This statewide learning forum brought together 356 attendees representing 16 Maryland jurisdictions, national experts, and the latest information, research and resources to better understand and address the impact of gambling and problem gambling for individuals, families and communities.

The theme of the one-day conference, *"Expanding Our Vision,"* was reflected in opening remarks by Dr. Barbara Bazron, Deputy Secretary for Behavioral Health, Maryland Department of Health. Three keynote presentations and one panel highlighted collaborative approaches to research, treatment, prevention and recovery. In addition, 12 organizations covering 10 jurisdictions (Allegany, Anne Arundel, Baltimore, Baltimore City, Cecil, Dorchester, Howard, Montgomery, Prince George's, and Washington) shared their community resources during conference breaks.

Agency, Regional and Statewide Clinical Training

The Center offered a total 46 continuing education clinical training programs with 809 unique individuals attending. Of these individuals, 53% attended problem gambling training for the first time. These programs included 31 in person, instructor-led one-day sessions featuring both basic and advanced counseling curriculum held in 10 jurisdictions (Allegany, Anne Arundel, Baltimore, Baltimore City, Cecil, Montgomery, Prince George's, Talbot, Washington, Wicomico).

These clinical programs included requested trainings in Anne Arundel, Cecil and Prince George's Counties for a 30-hour, four-day intensive basic program drawing a total unique attendance of 88 clinicians within those counties.

Peer Recovery Support 30-Hour Training

In collaboration with BHA, The Center provided an intensive 30-hour, four-day instructor led Problem Gambling training (May 26-27, June 26-27) for Peer Recovery Specialists. This training, in support of The Center's new Problem Gambling Peer Support Specialist initiative, was the initial stage to develop a network within Maryland of Peer Recovery Specialists to provide support to people struggling with gambling disorder. A total of 22 peers from 10 jurisdictions attended this four-day program, with 15 achieving the full 30-hours of training.



Online Training

In FY2017, The Center expanded its online, one-hour Webinar Series to monthly programs for a total of 12 webinars attended by over 616 clinicians. Topics included prevention, recovery and treatment.

The Center's two (2) on-demand training programs (launched in FY2016), *Integrating Problem Gambling into Substance Abuse Disorder and Mental Health Treatment, Part One and Two*, hosted on *mdproblemgambling.com* are designed for staff at any level within state health departments/organizations. These programs further expand the commitment to integrate gambling counseling within existing behavioral health programs. At the conclusion of FY2017, 218 unique individuals completed the on-demand training.

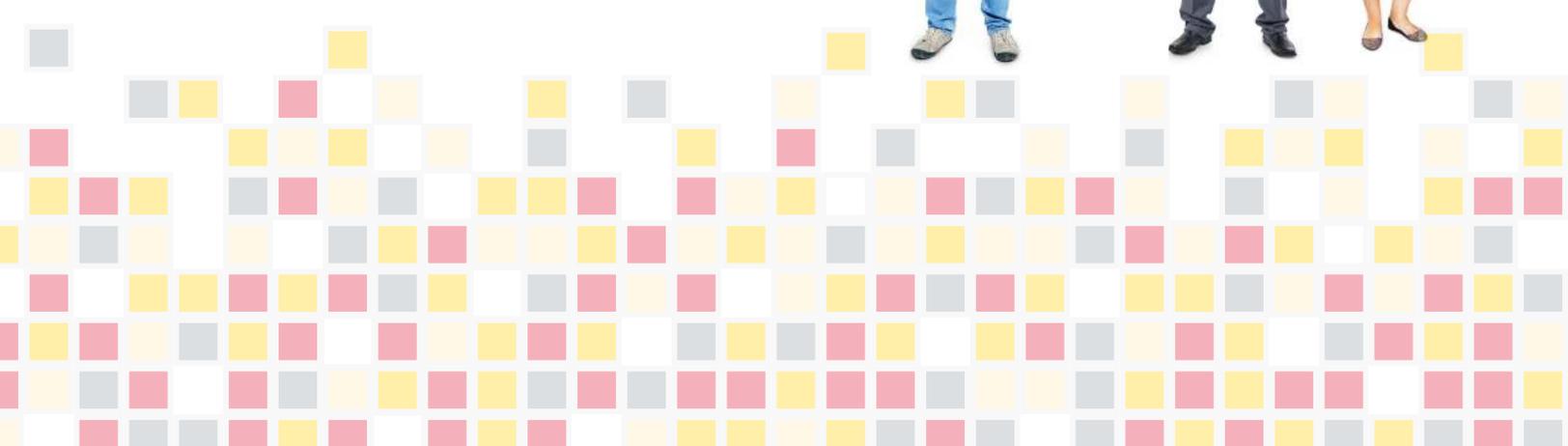


Case Consultation Calls

The Center continues to provide case consultation calls four times a month to enhance the skills and competence of treatment providers to address the needs of clients with gambling problems and provide additional supervision support for national gambling counseling accreditation requirements. A total of 39 unique individual counselors from 11 jurisdictions participated in the calls in FY2017.

National Training

In recognition of their expertise in the field of problem gambling, The Center staff were invited to present at 15 national conferences and symposiums across the United States.



PREVENTION

The prevention efforts of The Center in FY17 focused on building and expanding past year successes. The **Smart Choices: Youth Problem Gambling Prevention Program** expanded its school offerings into Prince George's county middle schools. The highlight of the student participation in the program is the development of a yearly calendar of their art work depicting their comprehension of how gambling can impact adolescents in Maryland. The calendar has become a popular gambling resource that is distributed across the State through local community and health department outreach efforts.

Presentations to the statewide BHA prevention coordinators and MAPA (Maryland Association of Prevention Professionals and Advocates) emphasized an integration strategy focused on including gambling into both SUD and MH prevention activities. The Center's Prevention Manager has actively participated in the BHA Prevention Subcommittee in the promotion of gambling prevention as an integral part of alcohol, tobacco, other drugs and gambling (ATODG) prevention.

The Center's prevention manager worked with prevention coordinators in Allegany, Anne Arundel, Cecil, Dorchester, Prince George's and Washington counties to integrate gambling prevention awareness within each county's strategic prevention framework. The utilization of a community survey, especially during March Awareness Month, provided opportunities to engage community residents to *Have the Conversation* around the topic of gambling in their communities and families.

The engaging of communities and county health departments in open dialogue about needs and perspectives regarding problem gambling prevention for all populations in FY17 was highlighted by a series of trainings to senior center facilitates in Prince George's county prior to the opening of MGM casino in National Harbor.

Community Prevention Partnerships

The Center provided gambling prevention resources including fact sheets, helpline awareness handouts, crossword puzzles and the Smart Choices youth calendar to enhance community awareness activities that expanded existing health department prevention community outreach, education and training strategies. Examples of successful integration activities included:

- Distribution and collection of over 350 community problem gambling engagement surveys. These community surveys were intended to provide insight into Maryland residents understanding and perceptions of gambling in their communities.
- Problem gambling information available at health fairs, drug take back events and SADD (Students Against Destructive Decisions) annual conference.
- Problem gambling information distributed at local library and youth clubhouses.
- Problem gambling awareness resources at ATOD community coalition meetings.
- Promotion of youth gambling prevention risks and protective factors with the BHA Prevention Subcommittee.
- Problem gambling information made available at neighborhood watch meetings and law enforcement associations.
- Faith-based outreach activities and trainings.
- Presentations at senior centers, senior housing complexes and senior meals drop-in locations.

Youth Problem Gambling Prevention

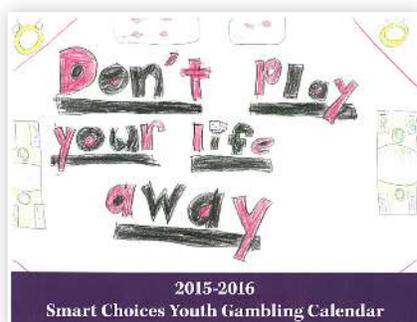
The Center continued development and expanded implementation of the *MD-Smart Choices: Youth Problem Gambling Prevention Program* (Smart Choices) developed in collaboration with The Center of School Mental Health (CSMH) at the University of Maryland School of Medicine. The curriculum aims to educate students about gambling awareness and promotes positive decision making surrounding their **Smart Choices** when faced with potential addictive substances (ATOD+G). During the 2016-2017 school year, middle school youth from Baltimore City and Prince George's County participated in the prevention school-based evidence-informed program. The curriculum is primarily intended for urban youth but has been successfully utilized in various youth settings including youth club houses, after school programs and at-risk settings. This past year, 177 students fully completed all three classroom presentations and 125 completed both a pre- and post-intervention assessment of their knowledge of gambling, attitudes towards gambling and involvement in gambling activities.



Comparison of pre- and post-tests of student knowledge about gambling showed that after the intervention students had increased awareness of potential consequences of gambling. Students also showed increased understanding of the role of chance (referred to as “luck”) in gambling activities. Of students that endorsed involvement with gambling, the large majority reported home as the primary venue for these activities. In addition, most students reported regular exposure to gambling behaviors through adult involvement with fantasy leagues, lottery tickets, and/or casinos. The results of the assessment also indicated that student participants thought youth problem gambling was important to talk about, that the *MD-Smart Choices* program was fun and engaging, and that associated rules/expectations were easy to follow.

When interviewed about *MD-The Smart Choices* program, counselors rated the program as easy to implement and reported that students were engaged with the material. They reported that using a specific reward system to manage student behavior was helpful. It appears that the co-facilitation model, the standard structure of the manual, is best to support ease of program implementation, utilization of the behavior chart, and management of program manipulatives. This is the third full year of the *MD-Smart Choices* program and the annual analysis of the program continues to highlight its effectiveness.

Students once again created posters to describe what they learned during their three sessions. Thirteen of their posters were selected for inclusion in the *Smart Choices Calendar 2017-2018*. This year's calendar messages reflected the student's ability to apply what they have learned in the classroom to *their community experiences*. Smart Choices calendars are used to increase problem gambling awareness and are distributed at community outreach activities throughout Maryland.



Expanding the availability of the *MD-Smart Choices* program to both school-based and youth community-based organizations will provide an integral resource for those committed to providing protective factors to the many risk factors that adolescents are exposed to everyday.

PUBLIC POLICY

During FY17, The Center, in collaboration with the Legal Resource Center for Public Health Policy at the University of Maryland Francis King Carey School of Law, continued to conduct outreach and awareness regarding a variety of gambling policy initiatives inside and outside of the state of Maryland. The Center, collaboratively with the School of Law, tracked and monitored legislative and policy activities within Maryland throughout the year.

Gambling Initiatives

Several legislative initiatives passed in the Maryland General Assembly including legislation prohibiting the online sale of lottery tickets, expanding the purpose of the Problem Gambling Fund and requiring the Maryland Department of Health to develop and implement free or reduced cost problem gambling treatment and prevention programs. Several pieces of legislation addressing local gaming specifications were also passed.

All gambling legislation was tracked throughout the legislative session to monitor for changes and developments. As bills moved through the legislative process The Center communicated with legislative officials to offer their expertise on bill language and any questions that developed throughout the legislative process. The Center also connected legislators with other experts in the field. The Center continues to track and monitor all potential gambling legislation in order to ensure that responsible gambling practices are adhered to and that potential harms of gambling addiction are minimized and addressed.

Participation in Policy Forums

The Center, in collaboration with the Maryland Department of Health's Behavioral Health Administration, also participated in a committee briefing where information was provided on the Problem Gambling Fund and how problem gambling can be, and is, currently being addressed in the state of Maryland. Following this presentation, The Center distributed copies of the annual report to each legislator serving on committees addressing gaming initiatives.



RESEARCH PROGRAM ON GAMBLING

In FY17, the Research Program on Gambling affiliated with the Maryland Center of Excellence on Problem Gambling advanced its research agenda with a continued focus on the identification and prevention of problem gambling behavior and attendant consequences for public health. The following report details the program's progress and achievements over the past year, including:

Prevention

Prevention and Etiology of Gambling Addiction in the US (PEGASUS): The PEGASUS study, the RPG's flagship research endeavor, is a prospective cohort study designed to identify risk and protective factors related to problem gambling. Study enrollment began in September 2015. To date, we have recruited more than 1,235 adult participants from across Central Maryland. January of 2017 began collection of year two follow-up of the cohort.

Impact

Prince George's County Gambling Behavior Assessment: The RPG completed baseline investigation for an assessment of community attitudes and behaviors prior to the opening of the MGM Casino in National Harbor. Baseline data were collected from 724 respondents from the Prince George's County Fair and casino catchment area. Preliminary results indicate the primary concern towards the casino is increased traffic problems.

Monitoring and Evaluation

Disordered Gambling Integration Project (DiGIn) Impact Evaluation: The RPG has been tasked with the formal evaluation of the DiGIn Project, an initiative of the clinical program of the Maryland Center of Excellence on Problem Gambling. In FY17, the RPG completed baseline data collection for 93 providers and more than 700 clients across seven behavioral health organizations.

Evaluation of Maryland Helpline Data: The RPG has been monitoring helpline data to establish the average number of calls per month. During FY17, it was decided to expand helpline research into evaluating best practices and policies to allocate services to Maryland. RPG plans to finalize survey content and a data collection strategy in FY18.

Surveillance

Free State Data Warehouse: The program continues to grow its data warehouse and collaborative partnership with CODES to support assessment of the public health impact of gambling in Maryland. Warehouse data have been used in several projects including an analysis of accidents involving pedestrians around the Horseshoe Baltimore Casino before and after its opening.

Prevalence Study: The statewide follow-up prevalence study took place in 2017 after all approved casinos have opened in order to fully assess impact of expanded casino gambling on problem gambling prevalence in Maryland. In preparation, the program has developed a partnership with the Schaefer Center for Public Policy at the University of Baltimore for study implementation. Data collection for the prevalence study began in summer 2017. Analysis and a final report are to be completed in FY18.

Capacity Building and Outreach

Research Affiliate Program: The Research Program on Gambling continues its Research Affiliate Program, a networking and outreach program designed to foster research collaborations among faculty, staff and students interested in gambling issues. Affiliates meet quarterly and have initiated studies examining the etiology of gambling addiction, assessing the social impact of gambling on individuals and communities, among others. To date, more than 60 faculty, staff and students have applied for affiliate status.

Visiting Scholars: The RPG accepted applicants for visiting scholars to build expertise in gambling research.

School-Based Health Survey: The RPG has begun preparations to assess the gambling behaviors of youth in the state of Maryland. RPG leadership is in collaboration with local school districts to conceptualize a plan and develop survey instruments.

Strategic Collaborations

A productive research partnership has been developed with the NICHD Analytical and Biophotonics Lab to assess brain activity during a simulated gambling task as part of the PEGASUS cohort study, building on a successful pilot study establishing the feasibility of fNIRS technology for this purpose.

Prevention

Prevention and Etiology of Gambling Addiction in the U.S. (PEGASUS)

The PEGASUS Study is a prospective cohort study that broadly recruits participants reflecting the full range of gambling behaviors in the general population, including those who exhibit no problem gambling behaviors and those with varying severities of problem gambling behaviors.

The broad purpose of the PEGASUS Study is to identify factors associated with gambling behavior.

1. Identify risk factors for problem gambling.
2. Identify factors that protect against developing problem gambling behaviors.
3. Evaluate biological correlates of gambling behavior, including brain activation, cognitive correlates, and genetic correlates.

Our working hypothesis is that numerous biopsychosocial factors distinguish problem gamblers from individuals who gamble but do not develop pathological gambling behaviors. Identification of correlates (risk and protective) will form the scientific basis for developing evidence-based approaches to mitigating problem gambling behaviors.

The recruitment goal for the study is 1,000-1,500 adults who will be followed longitudinally. Domains that are being assessed include, among others: demographics and social history, medical history, neuropsychological assessment, psychological assessment, collection of a genetic sample, functional Near Infra-Red Spectroscopy (fNIRS).

The PEGASUS study received institutional review board (IRB) approval from the University of Maryland Baltimore in April 2015. In an effort to optimally recruit a diverse participant group representing the full range of gambling behaviors, we have partnered with TrialSpark, which offers customized, targeted advertising on social media to recruit geographically dispersed, hard to identify populations to participate in research projects. TrialSpark has developed a comprehensive, targeted recruitment strategy to help our study team efficiently and effectively identify individuals with a variety of gambling behaviors.

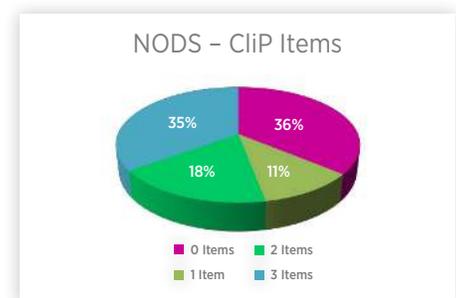


Figure 12



Figure 13



Recruitment for the PEGASUS study began in September 2015. To date, we have screened more than 3,430 individuals for the study and enrolled more than 1,235 participants. Participants range in age from 18-78 years old (mean age = 43.2, SD= 14.0). Approximately 52% of participants are female, and 48% are African American.

Review of preliminary data from the project indicate that we are successfully recruiting individuals who represent the full spectrum of gambling behavior. (see Figures 12 and 13 on page 25).

We anticipate that full recruitment of the cohort will be completed in FY 2018. Year-two follow-up visits for individuals enrolled in FY16 began in January 2017. Retention rate to date is 72%, with over 400 follow-up visits completed for year two.

Impact

Prince George’s County Gambling Behavior Assessment

The final Maryland casino opened on the site of National Harbor in Prince George’s County, Maryland in December 2016. The MGM National Harbor Casino is being launched as a “destination resort casino” that will include not only casino gambling but also luxury accommodations, fine dining restaurants, entertainment shows, retail vendors and a luxury spa to attract guests.

Adapting the model employed in the Horseshoe Casino Catchment Area Community Assessment completed in FY15 and FY16, the Research Program on Gambling began preparations for and administered the Prince George’s County Gambling Behavior Assessment in FY17. The community-based survey was designed to assess the prevalence of gambling behavior and to evaluate attitudes about the casino. Based on recommendations from the Prince George’s County Health Department, the RPG recruited attendees at the Prince George’s County Fair in early September 2016 to assess county-wide attitudes toward the new casino prior to its opening. Community members were also recruited from the Oxon Hill Public Library within the casino catchment area. A total of 724 surveys were collected, 83% of which were Prince George’s County residents and 17% resided within the catchment area (Oxon Hill and surrounding towns).

The mean age of respondents was 43.5 (SD= 14.7). Approximately 74% of respondents were women, and 91% were African American, Asian, Native American, or mixed. In comparison to the Horseshoe Community Survey (baseline and follow-up), top community concerns centered on issues of public safety, specifically relating to increased traffic. Prince George’s County residents were most significantly concerned with increased traffic problems.

Among respondents who participated in the Gambling Behavior Assessment, 2.37% scored in the range of probable pathological or pathological gambling behavior. When comparing Prince George’s residents and non-residents, interestingly, non-residents were more likely to score in the probable pathological or pathological gambler category than residents ($\chi^2=6.29, p=0.043$). Non-residents also reported that they have felt they would like to stop gambling or betting money but were unable to do so ($\chi^2=3.92, p=0.048$).

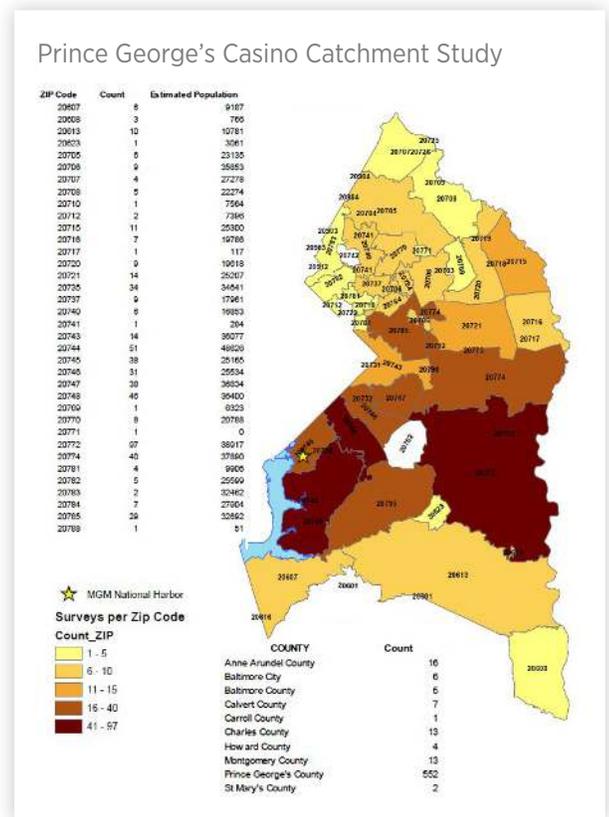


Figure 14

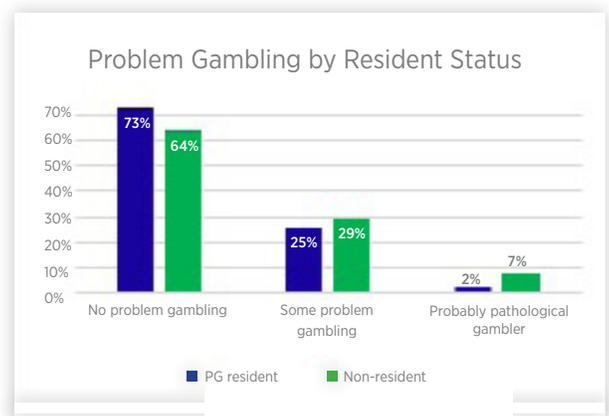


Figure 15

Monitoring and Evaluation

Analysis of Maryland Helpline Data

The Research Program on Gambling is providing technical, scientific, and analytic support for evaluation of Maryland Helpline data. We are working closely with The Center director and support personnel that operate the Helpline to improve data completeness and streamline data transfer for reporting and analytic purposes.

In general, the Maryland Helpline receives approximately 10 calls per week, and calls occur throughout the 24-hour day. There are notable increases in calls to the Maryland Helpline following local media campaigns. Most calls are initiated by individuals looking for information related to their own gambling behavior, but approximately 23% of calls are initiated on behalf of someone else. The majority of calls are placed by male callers (regardless of whether the call is requesting information for self or another); 53% of calls are related to male gamblers while 47% of calls are related to female gamblers.

The ultimate measure of success for each call is to provide help to the gambler toward improving the quality of his or her life, and by extension have a positive effect on the gambler's family, friends, and work place. To achieve this goal, intermediate objectives must be defined, tracked, and reassessed in order to determine whether contact with the Maryland Helpline has a positive, negative, or neutral effect on those who access it.

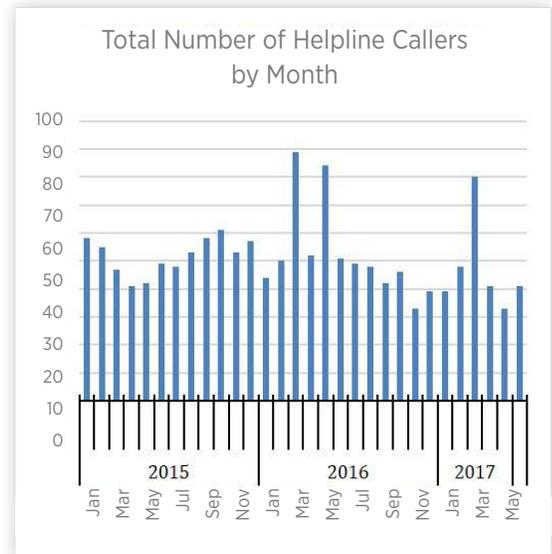


Figure 16

Based on data available to date, the Research Program on Gambling proposes potential intermediate endpoints that can be tracked to monitor effectiveness of the Maryland Helpline:

- Did the caller use information provided by the Maryland Helpline (e.g., contact made with services, called counselor, attended GA meeting?)
- Was the caller's stated reason for the call met?
- Was the caller satisfied with the information provided?

Several of the proposed intermediate endpoints would require callers to provide identifying information to be used for follow-up. We continue to believe there is value in allowing callers to **voluntarily** waive anonymity in order to allow the Maryland Helpline to make follow-up contact if it would be of value to the caller.

Disordered Gambling Integration Project Impact Evaluation

The Research Program on Gambling has primary responsibility for the evaluation of the Disordered Gambling Integration (DiGIn) Project, an initiative of the clinical program of the Maryland Center of Excellence on Problem Gambling. The objective of the program is to build capacity and competency of substance use disorder and mental health programs to treat problem gambling as a co-occurring disorder. In FY17, the RPG completed baseline data collection for 93 providers across seven agencies. Surveys were also collected from more than 700 clients assessing awareness of problem gambling and experience with problem gambling being addressed in the treatment setting. A final evaluation report assessing program impact will be issued upon completion of follow up data collection and analysis.

Surveillance

Free State Data Warehouse

The Free State Data Warehouse is a curated warehouse of data implemented to support assessment of the public health impact of gambling in the State of Maryland. The following data sources are currently available through the data warehouse:

SOURCE	DATASET
Maryland Lottery and Gaming Control Agency	Lottery revenue, Gaming revenue, Instant bingo halls
Maryland Office of the Comptroller	State budget
Maryland State Stat	Vehicular collisions, Population size
Beta Baltimore	Crime, Arrest, Crime camera locations
Baltimore Neighborhood Indicators Alliance	Vital signs, Community maps
Baltimore City Dept. of Finance	Simulated slot machines
Gambling Impact and Behavior Study	Adult survey, Youth survey, Community database
National Epidemiologic Survey on Alcohol and related Conditions	Wave 1 data, Wave 2 data
US Census	Block / Tracts maps
Crash Outcomes Data Evaluation System	MVA Licensing & Registration
(CODES)	Motorcycle Safety Training
Driver Citations	
Police Crash Reports	
Ambulance & EMS logs	
Emergency Department Data	
Hospital Records Statewide Trauma Registry	
Toxicology	
Autopsy Records Vital Statistics	
Motorcycle Safety Training	
Driver Citations	
Maryland Statewide Gambling Prevalence	Raw data from 2010 survey

The Data Warehouse continued to serve as a valuable resource for researchers with interest in gambling in FY17 as evidenced by those studies currently utilizing its datasets. Highlights from selected projects are provided below.

Increases in Motor Vehicle Crashes Following Maryland Live! Casino's Opening

Little is known regarding the public health impact of legalizing casino gambling. Increases in motor vehicle crashes are a common community concern when casinos are proposed for jurisdictions where casino gambling was previously banned. The objective of this project – that used Crash Outcomes Data Evaluation System (CODES) data from the Data Warehouse – was to evaluate traffic crashes before and after the opening of Maryland Live! Casino. The specific aims of the project were to determine whether the frequency of certain types of crashes increased; to determine driver characteristics related to any observed increase in crashes; and to determine if alcohol-related crashes have increased more than other types of crashes.

Data for this study included crash data for motor vehicle crashes that occurred for the 18-month period prior to the opening of Maryland Live! and for the 18-month period after the casino opened. Data were derived for all crashes that occurred within a 1-mile and a 5-mile radius of the casino. Using FY16, 2-mile radius data were also added. Data used for this study included reported crashes from the State Police crash database, geographic location of crash data from the State Highway Administration database, and driver data from the Maryland Motor Vehicle Administration Driver's License file.



Figure 16

Crash Specific Data	Within 1 Mile Radius (N = 773)			Within 5 Miles (N = 6,497)		
	Before	After	% Change	Before	After	% Change
Weekend - Fri Sat Sun	128	227	77.34%	1141	1344	17.79%
Single Vehicle (+)	103	127	23.30%	964	1023	6.12%
Impaired crash	24	38	58.33%	266	277	4.14%
9pm-5am	61	114	86.89%	624	662	6.09%

Driver Specific Data	Within 1 Mile Radius (N = 1,383)			Within 5 Miles (N = 11,746)		
	Before	After	% Change	Before	After	% Change
Male (+)	307	465	51.47%	3250	3533	8.71%
Age 21 - 49	387	521	34.63%	3535	3802	7.55%
Age 50+	103	153	48.54%	1225	1458	19.02%
Impaired alc&/or Dru	24	37	54.17%	267	275	3.00%
Alcohol Suspected	17	31	82.35%	217	222	2.30%
Drug Suspected	7	6	-14.29%	50	53	6.00%

Figure 17: Statewide Gambling Prevalence

Crashes occurring within 1-mile of the casino increased by 34.2%, while crashes occurring within a 5-mile radius increased by 7%. For the area representing the 1-mile radius of the casino, weekend motor vehicle crashes increased by approximately 77%, crashes occurring between 9pm and 5am increased by nearly 87%, and crashes in which one of the drivers involved was impaired at the time of the crash increased by approximately 58%, especially when drivers were impaired by alcohol. The greatest increases in motor vehicle crashes were among individuals who lived near the casino. Notably, the greatest percentage increase in motor vehicle crashes occurred among drivers from Virginia, a state that does not currently offer legalized gambling. No significant increases were noted within a 5-mile radius of the casino.

This study demonstrated the value of data linkage studies for evaluating the public health impact of casinos on the jurisdictions in which they are located. Increases in crashes within 1-mile of the casino are particularly concerning given that the frequency of motor vehicle crashes has been declining overall for the state of Maryland.

Over the course of FY17, the CODES team also obtained traffic volume data from the area around the Maryland Live! Casino. This allowed for evaluation of the possibility that increases in crashes reflected simple increases in traffic volume. Data indicate that traffic volume was relatively stable for the period under investigation, indicating increases in motor vehicle crashes within a 1-mile radius of the Maryland Live! Casino cannot be attributed to increases in traffic volume.

In the coming year, analyses will focus on the examination of pedestrian and other related crashes proximal to racetracks, the other five Maryland casinos, 13 regulated bingo halls, and how crash activities relate to popular hours of operation at these sites. We will also be examining the medical impact of casinos on emergency medical services in the areas around casinos. We anticipate that these analyses will be completed in FY 2018.

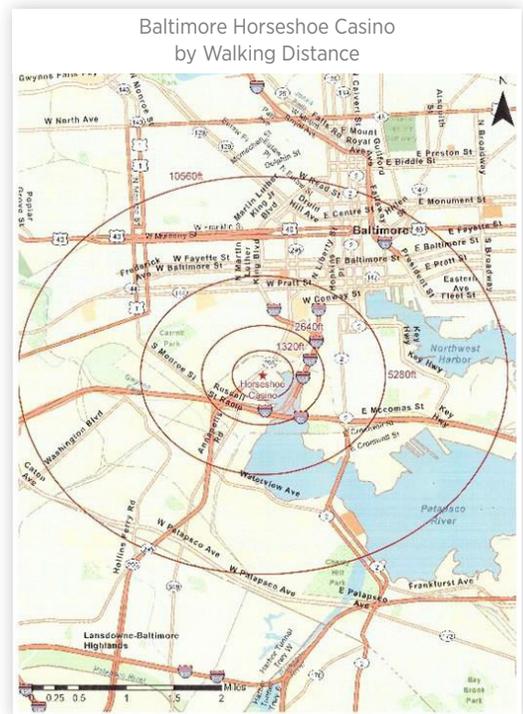


Figure 18



Statewide Gambling Prevalence

As part of the legislation legalizing slot machine gambling in the state, the General Assembly included a statutory provision requiring the Department of Health and Mental Hygiene (DHMH) to conduct an initial assessment of problem gambling prevalence on or before July 1, 2009 with follow-up prevalence studies to be completed no less than every five years. The initial report, *Gambling Prevalence in Maryland: A Baseline Analysis*, was submitted in June 2011. Responsibility for conduct of the statewide prevalence of gambling study now rests with the Research Program on Gambling.

The Baseline Study of Gambling in Maryland was conducted in September 2010; the second statewide prevalence study was scheduled to be conducted no later than 2015 to comply with our legislative requirement. Based on consultation with DHMH colleagues and researchers in the field, it has been recommended the statewide prevalence study of gambling in Maryland be postponed until June 2017 in order to assess gambling behavior after all approved casinos are in operation. A formal request was submitted by then Secretary Sharfstein to former Governor Martin O'Malley, Senate President Mike Miller, and Speaker of the House, Michael Busch. The request was approved and follow-up data collection began in June 2017.

In preparation for study implementation, the leadership of the RPG has worked with the Steering Committee of The Center of Excellence (including members of the Behavioral Health Administration) to finalize content for the follow-up prevalence survey. A major new area of content includes questions related to fantasy sports. In addition, the RPG has formed a partnership with the Schaefer Center for Public Policy at the University of Baltimore, which led data collection for the 2010 prevalence survey, to assist with the sampling and survey implementation. Analysis and a final report are to be completed in FY18.

Capacity Building and Outreach

Visiting Scholar Program

In order to build expertise in gambling research, the Research in Problem Gambling accepted applications for visiting scholars. Two scholars were asked to collaborate with the RPG. Surjeet Baidwan, PhD, accepted the appointment and began collaborating in June 2017. Dr. Baidwan is working closely with leaders of the RPG to draft manuscripts relating to occupational health concerns of casino workers and how the Iowa Gambling Task (IGT) identifies and distinguishes between gamblers and non-gamblers. Dr. Baidwan is also assisting to expand gambling research into other populations – specifically youth.

Research Affiliate Program

The Research Affiliate Program is a networking and outreach program within the Research Program on Gambling. It is comprised of faculty, staff, and other associated individuals who are interested in the scientific study of gambling and the impact of gambling on populations. The Research Program on Gambling is housed at the University Of Maryland School Of Medicine and the Research Affiliate Program extends the outreach of the Research Program and Center.

Faculty and staff from all schools of the University of Maryland, Baltimore. University System of Maryland campuses are also eligible to be affiliates of The Center. Other interested parties are invited to apply for affiliation.

Affiliates of the research program are working together with Research Program on Gambling faculty to extend the research agenda to the study of gambling addiction, as well as the larger individual, community, and social impacts of gambling. Examples of research being conducted by Research Program affiliates include:

- Etiology of gambling addiction
- Prevention of pathological and problem gambling
- Genetic architecture of behavioral addictions
- Neuroimaging correlates of gambling behavior
- Social impact assessments of gambling on individuals and communities
- Policy evaluation
- Data linkage studies of gambling-related traffic crashes
- Injury prevention

Status as a research affiliate confers access to a network in which junior and senior affiliated faculty members share, mentor, and collaborate on research studies of myriad aspects of gambling. Affiliates have access to the Research Program on Gambling's Free State Data Warehouse to perform secondary data analysis projects or to provide pilot data for grant applications. The Research Program on Gambling also maintains staff trained in the aspects unique to research in the area of behavioral addiction, including reluctance to participate, issues with self-report and heightened privacy concerns. The Research Program on Gambling currently has 36 faculty and 25 staff affiliates.

Strategic Collaborations

Partnership with NICHD Analytical and Functional Biophotonics

Functional near-infrared spectroscopy (fNIRS) is an imaging technology designed to be a less invasive, more cost-effective alternative to MRI for studying patterns of brain activation associated with various conditions and disorders. As it relates to the behavioral addiction of gambling, there is some scientific evidence to suggest brain functioning of problem gamblers is different from that of non-problem gamblers, particularly in the dorsolateral prefrontal cortex.

We have established a research partnership with the laboratory of Dr. Amir Gandjbakhche at the National Institute of Child Health and Human Development (NICHD). Dr. Gandjbakhche is an internationally recognized expert in fNIRS. In partnership with the Research Program on Gambling, Dr. Gandjbakhche would like to extend his fNIRS research to the study of problem gambling.

The Research Program on Gambling entered into a formal, scientific partnership with Dr. Gandjbakhche in 2015 to evaluate the reliability, validity and feasibility of using the fNIRS for the study of gambling behavior. Together, Drs. Tracy and Gandjbakhche have developed a formal research protocol for assessing individuals during performance of a gambling task, while simultaneously being measured via fNIRS.

The first 1,000 PEGASUS participants participated in fNIRS research and data collection. Data collection concerning fNIRS was completed in FY17. RPG is currently analyzing data for patterns of brain activation related to gambling behavior. Analysis and manuscripts are to be completed in FY18.

Impact of Gambling on Vulnerable Populations

Adaption and Feasibility Testing of a Gambling-Specific SBIRT Intervention in a Real World Clinical Setting

The Center, in collaboration with Seth Himelhoch, MD, MPH, continued work on a two-year grant awarded in FY2016 from the National Center on Responsible Gaming (\$150,000) for “*Adaption and Feasibility Testing of a Gambling Specific SBIRT Intervention in a Real World Clinical Setting.*”

This project has three aims. Over the last year, AIMS #1 and #2 have been completed; work on AIM #3 will be initiated in FY18.

- **Aim 1:** To develop a problem gambling-specific Screening, Brief Intervention and Referral to Treatment (SBIRT) intervention, targeting individuals attending general primary care clinics (Stage 1A).
- **Aim 2:** To evaluate the feasibility/acceptability of inserting problem gambling-specific SBIRT in to preexisting substance use SBIRT procedures being provided in Federally Qualified Health Centers (FQHCs). (Stage 1A)
- **Aim 3:** To conduct a randomized trial using the problem gambling SBIRT intervention to see if it is efficacious in helping patients reduce their problematic gambling behaviors. (Stage 1B)

Specific Aim 1: To adapt, modify and standardize the intervention from multiple viewpoints

Modify the Intervention

The Disordered Gambling SBIRT intervention was modified and adapted from a previously developed intervention developed by Petry, et al. There was an initial modification of the workbook and manual conducted by the Drs. Welsh, Rugle and Himelhoch. This step attempted to modify the materials in order to tailor it to the needs of people who attend primary care clinics who have problematic/at risk gambling behaviors.

Qualitative Interviews

The interview included patients who were previously identified as having problematic gambling, patients who were previously identified as having non-problematic gambling and patients who attend a University of Maryland outpatient clinic. All individuals reviewed and commented on the format of the materials and made recommendations regarding the content.

The study also interviewed a purposive sample of clinicians who work in the primary care treatment environment. These clinicians were queried regarding their view of the content found in the SBIRT materials and whether or not the content and structure of the intervention is informative, accessible and feasible to deliver.

Convened the Expert Panel

The panel was sent a copy of the results from the qualitative interviews. Based on feedback from the expert panel, a list of recommendations were made regarding how to best proceed with the design and implementation of the feasibility trial. The research team incorporated the recommendations and modifications. After appropriate revisions were made, the updated materials were sent back to the panel. A second panel meeting was set up to ensure all revisions were adequately addressed. Approval from the panel resulted in a final draft of the treatment intervention materials, which were used in Aim #2.

Aim 2: To evaluate the feasibility/acceptability of inserting problem gambling-specific SBIRT into preexisting substance use SBIRT procedures

Feasibility Study

Three clinicians were consented and provided SBIRT training. Fifteen clients were consented and interviewed. All 15 clients participated in a SBIRT session with their clinician. All clinicians and clients completed a debriefing session and provided feedback on their SBIRT experience. Thirteen post-interviews were completed approximately 30 days after the SBIRT sessions. Chart reviews were conducted approximately 90 days post SBIRT session on all clients to assess the percentage of patient encounters in which the clinicians documented screening and the provision of a brief intervention (when appropriate) or referral to treatment (when appropriate) for problematic gambling.

Convened the Expert Panel

The panel received results from the feasibility aim. Based on feedback from the expert panel, a list of recommendations were made regarding how to best proceed with the randomized trial. The team incorporated the recommendations and a final draft of the treatment intervention materials, which will be used in the randomized trial, has been completed.

Who's at Risk?

Low Risk
"I only buy tickets a few times a year when the jackpot is over \$500 million."

Medium Risk
"I go to the casino once a month. I can afford to spend \$100, sometimes a bit more. I look forward to casino night all month and get kind of mad when I miss it."

High Risk
"I buy lottery tickets every time I get gas or stop by the corner store. I spend at least \$50 a week on tickets. We have money problems and my wife gets upset about the number of tickets I buy, so I hide them from her."

Consider
your own gambling. Can you relate to any of these experiences in the past 12 months?

- I feel moody when I try to cut down or stop gambling.
- I tried to stop gambling and could not.
- I used gambling to escape bad feelings.
- I went back to gamble to win back money
- I lost the day before.
- I lost or risked losing a job, relationship or schooling option.
- I felt the need to spend more money than usual.
- I spent a lot of time thinking about gambling.
- I had money problems because of gambling.
- I needed others to give me money to help me pay my gambling debts.

Did you say "yes" to any of the above? You may be more at risk for a gambling problem than others.

DON'T Gamble WITH YOUR Health

Gambling problems may lead to emotional problems, such as anxiety or depression.

Did you know that adults with a gambling problem are 2-3 times more likely to develop a major depressive disorder?

Gambling problems may also worsen physical health problems, such as: high blood pressure, stomach problems, headaches, heart problems, sleep problems.

Don't gamble with your health and **MAKE A CHANGE** to your gambling habits **TODAY!**

What's Gambling?

When you bet or risk money or something of value, to win money or something of value. This can include, but is not limited to, sports games, lottery, slot machines, roulette, horse racing, keno, tickets and sweep bets.

Gambling can be fun...but for some, gambling can get out of control. Problem gambling can result in:

- Financial Problems
- Legal Problems
- Family Conflicts
- Stress
- Problems at Work
- Emotional Problems

Gambling AND YOUR Health

We Can Help

1-800-GAMBLER
24/7 Confidential Help Line
<http://GamblingProblem.org>

Are You Suffering from Problem Gambling?
1 800 GAMBLER



Next Steps

This study has received approval from the University of Maryland, Baltimore IRB to proceed with AIM #3. Approximately eight clinicians and 100 clients will be consented. Clients will complete a baseline interview. Those randomized to the SBIRT condition will complete a SBIRT session. Based on responses to the session, participants will be given a tailored intervention based on risk category: Low, Moderate or High. Those randomized to the control group will receive a gambling resource guide. Clients will complete a second interview approximately 30 days post the baseline interview. Clinicians and clients will complete a debriefing session and provide feedback on their SBIRT experience.

Manuscripts

For Amusement Only: The availability and distribution of simulated slot machines in Baltimore City. McArdle et al. *Journal of Gambling Studies* 31: 69- 77, 2015.

Child Maltreatment and Problem Gambling: A Systematic Review. Lane et al. *Child Abuse and Neglect* 58: 24-38, 2016.

The Iowa Gambling Task (IGT): A review of its scientific basis, historical evolution, and its use in functional neuroimaging. Aram et al. (under review). *Psychological Reports*.

Gambling disorder in Veterans: A review of the literature and implications for future research. Levy et al. (under review). *Journal of Gambling Studies*

Community-based Survey of Gambling Attitudes and Behaviors in an Urban Sample. Tracy et al. (under second review). *BioMed Central Public Health*.

Prevalence and Predictors of Problem Gambling among People Living with HIV, AIDS Care. (Submitted for Initial Review). Langan, K., Wall, M., Potts, W., Himelhoch, S.

Correlation between gambling behavior and brain activation. Aram et al. Preparation

Gambling Behavior in Older Adults. Bergé s et al. Preparation

Narrative review of the occupational health concerns of casino workers. Clouser et al. Preparation

Review of Medical Imaging and Gambling Behavior. Knight et al. Preparation

The Iowa Gambling Task (IGT) identifiers and distinguishers between gambling and non-gambling populations. Mittman et al. Preparation

Disordered gambling behavior in a racially diverse sample of veterans. Levy et al. Preparation

Neurologic Disorders and Gambling Behavior: A Review. Patel et al. Preparation

Influence of proximity to suburban casino on community attitudes. Scheele et al. Preparation

Effects of Casinos on Local Traffic Incidents. Smith et al. Preparation

Conference Presentations

Durand, C., Miles-McLean, H., Wall, M., Rugle, L., Welsh, C., Himelhoch, S. (2016, September). *Gambling Disorders are associated with increased negative health behaviors among those in methadone maintenance treatment*. Poster session presented at the National Center for Responsible Gaming Conference on Gambling and Addiction, Las Vegas, NV. (Presented by Cassandra Durand)

Georgiou P, Gould TD, McCarthy MM, Merchenthaler IJ, Tracy, JK. Sex-dependent modulation of decision- making in the rat gambling task. Paper presented at the National Center for Responsible Gaming Annual Conference on Gambling and Addiction, Las Vegas, NV, September 2015.

Lane WG, Sacco P, Downton K, Ludeman E, Levy L, McArdle P, Tracy JK. Systematic Review of Associations between Child Maltreatment and Problem Gambling. Presented at the National Conference on Problem Gambling, Baltimore, MD, July 2015.

Levy LF, Schluterman NH, Cole J, Tracy JK. Screening veterans for gambling disorder: instrument comparisons and clinical implications. Presented at the National Conference on Problem Gambling, Tarrytown, NY, July 2016.

Monaghan A, Scheele C, Seymour W, Nichols H, Levy L, Swanberg JE, Tracy JK. Depression as a predictor of disordered gambling behavior. Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Scheele C, Seymour W, Monaghan A, Nichols H, Levy L, Swanberg JE, Tracy JK. Association between income and disordered gambling in adults. Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Seymour W, Scheele C, Levy L, Monaghan A, Swanberg JE, Tracy JK. Association between employment and gambling disorder. Presented at the National Conference on Problem Gambling, Portland OR, July 2017.

Seymour W, Scheele C, Monaghan A, Nichols H, Levy L, Swanberg JE, Tracy JK. Factors relating to disordered gambling behavior and employment status in the Baltimore, MD area. Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Tracy, JK. Prevention and Etiology of Gambling Addiction in the United States. Oral presentation at the Maryland Conference on Problem Gambling, Baltimore, MD, June 2017.

Tracy, JK, McArdle PF, Levy LF. Community Attitudes toward an Urban Casino. Oral presentation at the National Conference on Problem Gambling, Baltimore, MD, July 2015.

Wall, M., Machover, H., Welsh, C., Rugle, L. (2017, July). *Perceptions of Problem Gambling Among Methadone Maintenance Treatment Clients and Counselors*. Poster session presented at the 31st National Conference on Problem Gambling: Listening, Learning, Leading, Portland, OR. (Presented by Megan Wall and Hana Machover)

Wall, M., Miles-McLean, H., Durand, C., Rugle, L., Welsh, C., Himelhoch, S. (2017, June). *Gambling Among those in Substance Use Treatment: Associations with Gender*. Poster session presented at the Maryland Conference on Problem Gambling, Baltimore, MD. (Presented by Rachel Arnold)

Wall, M., Miles-McLean, H., Durand, C., Rugle, L., Welsh, C., Himelhoch, S. (2016, September). *Gambling Among those in Substance Use Treatment: Associations with Gender*. Poster session presented at the National Center for Responsible Gaming Conference on Gambling and Addiction, Las Vegas, NV. (Presented by Megan Wall)

FUTURE DIRECTIONS

Public Awareness

- The year-long, statewide multi-media campaign outlined above will be implemented and expanded in FY2018.
- Additional PSA's will be created with the main focus on connecting help seekers to treatment resources.
- The Center's *helpmygamblingproblem.org* web site will be updated with more interactive content to facilitate awareness and assist with engaging individuals with resources for help within their communities.
- Working with community advocates and strategic partnerships, community outreach will also be expanded through targeted campaigns and community events.
- The Center in collaboration with MCPG will expand faith-based awareness efforts by continuing to train an ecumenical range of faith-based leaders and to directly reach out to congregations to provide information on responsible and problem gambling and resources for help within their communities.

Treatment and Intervention Services

- Continue collaboration with Behavioral Health Administration (BHA) to expand services to those individuals with gambling disorders and concerned others of gamblers residing in Maryland.
- Continue to develop and expand a cohesive gambling treatment network.
- Utilize the new Peer Recovery Specialist Initiative to increase referrals to treatment and recovery for those individuals with gambling disorders and concerned others of gamblers.
- Increase awareness of no-cost treatment for gamblers and concerned others allowing for increased referrals to treatment and recovery.
- Provide technical assistance to substance abuse and mental health providers about treatment reimbursement for problem gambling.

Training and Education

- Working with substance use and mental health organizations throughout the state, specific training programs will be developed and presented as needed to ensure the capability of providers to offer no-cost treatment counseling.
- Regional and statewide clinical training will continue to offer advanced programs as well as in service training as needed by health departments and organizations.
- The Annual Conference will continue to be developed as a premiere event on gambling prevention, treatment, research and recovery.
- Additional on-demand online training programs will be developed to cover basic training curriculum to reach a broader base of health care professionals in Maryland.

Prevention

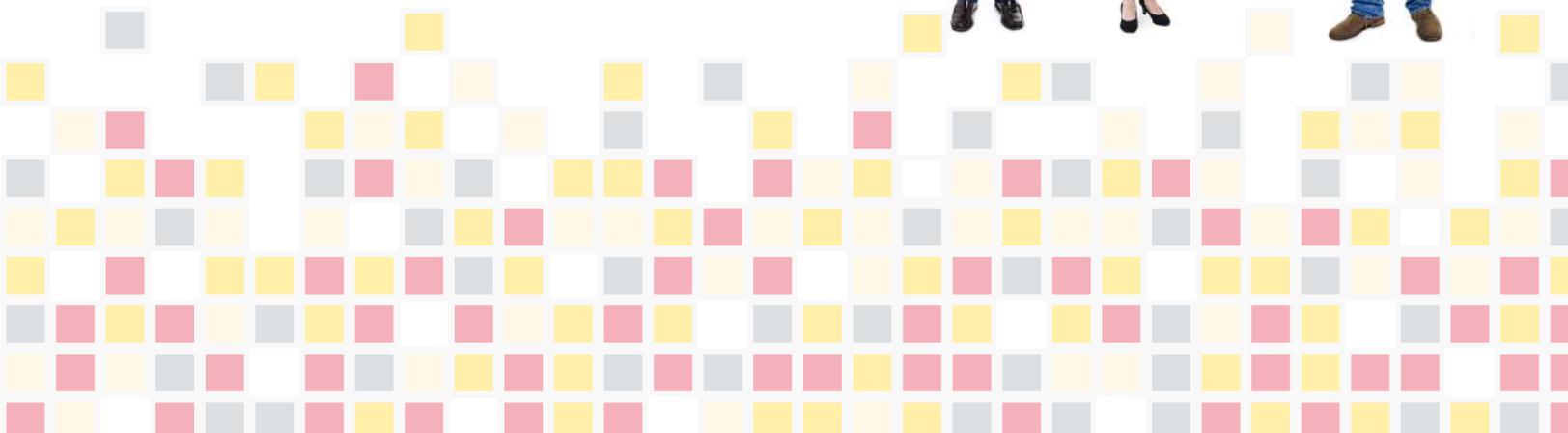
- Integrate problem gambling prevention strategies and practices within existing community prevention initiatives and in line with the Maryland Strategic Prevention Framework (MSPF). Special populations such as: seniors, veterans, and culturally-diverse communities need additional resources and awareness efforts.
- Develop outreach efforts with youth advocacy groups in high-risk communities.
- Offer the Smart Choices program to school districts and other youth programs in Cecil and one other county to be determined.
- Expand and support community prevention partnerships with prevention coordinators and community providers.

Public Policy

- Continue to track gambling-related legislation and policy.
- To advocate for removing disparities in problem gambling treatment funding.
- To evaluate and address barriers to care for individuals and families experiencing gambling problems.

Research

- Continue monitoring and identifying prevention strategies of disordered gambling.
- Evaluate statewide surveillance of gambling prevalence.
- Assess the impact of increased legalized gambling on Maryland residents.
- Coordinate with The Center in monitoring, evaluating and analyzing helpline data and Peer Support Program. Provide analytic support and evaluation of treatment and intervention services.
- Promote scientific research on gambling behavior through manuscripts and presentations.



HELP FOR **GAMBLING PROBLEMS**

FREE 24/7 HELPLINE

CALL 1-800-GAMBLER

helpmygamblingproblem.org

THE MARYLAND CENTER of
EXCELLENCE on PROBLEM GAMBLING



ACKNOWLEDGMENTS

- Maryland Department of Health (MDH)
- Behavioral Health Administration (BHA)
- Maryland Lottery and Gaming Control Agency (MLGCA)
- Maryland Alliance for Responsible Gambling (MARG)
- National Council on Problem Gambling (NCPG)



The Maryland Center of Excellence on **PROBLEM GAMBLING**

Waterloo Crossing
5900 Waterloo Road, Suite 200
Columbia, MD 21045-2630
667-214-2120

■ www.helpmygamblingproblem.org

■ www.mdproblemgambling.com

HELPLINE: 1-800-GAMBLER

Funded by: Maryland Department of Health's
Behavioral Health Administration

