



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

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



## Expanding the **Vision**

FY TWENTY

# 16

ANNUAL  
REPORT



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# Expanding the **Vision**



### FUNDED BY:

Maryland Department of Health and Mental Hygiene  
/ Behavioral Health Administration

# EXECUTIVE SUMMARY

**The Maryland Center of Excellence on Problem Gambling (The Center) entered its fourth year of operation, focused on expanding the capacity of Maryland's behavioral and public health systems to address problem gambling. Efforts targeted ongoing development of collaborations with local Health Departments, community based treatment and prevention providers and other stakeholders to increase knowledge, awareness and services. As The Center strengthened its research-based knowledge of problem gambling risk factors and public health impact in Maryland, it has offered concrete programs to translate this knowledge into practice for treatment, prevention and public policy.**

**TREATMENT AND INTERVENTION SERVICES** During FY16, The Center has emphasized increasing the capacity of community providers and programs to address the issue of problem gambling within their existing services and programs and to continue to develop a full continuum of care for individuals at risk for and experiencing gambling problems. The number of callers to The Center's problem gambling helpline increased again this year as did the number of clients connecting with community treatment providers. Collaboration with community stakeholders was also a hallmark of The Center's efforts to enhance treatment and intervention services. The Center provided intensive technical assistance to community agencies and local Health Departments in six jurisdictions to develop problem gambling integrated behavioral health programs through the Maryland Disordered Gambling Integration Project (DiGIN). Additionally, The Center, in collaboration with the Behavioral Health Administration (BHA) of the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Lottery and Gaming Control Agency (MLGCA), developed and implemented a therapeutically based and evidence-informed process to support the MLGCA's Voluntary Exclusion Program Removal process.

**TRAINING AND EDUCATION** Training and educational events conducted by The Center continued to draw large participation across behavioral health and mental health professionals in the state. In four years of operation (FY13, FY14, FY15, FY16), over 11,000 attendees and more than 2,000 unique individuals have attended an education event conducted by The Center. The Center provided a total of eight intensive problem gambling training sessions throughout the state on both basic and advanced problem gambling counseling topics in FY16. In addition, 12 training programs were also conducted at the request of behavioral health agencies and organizations. Online problem gambling training options expanded to include six webinars and two on-demand training programs that drew over 400 participants total. At the end of FY16, a total of 205 clinicians completed 30 hours or more of clinical training expanding the core competence of problem gambling counseling within Maryland. In early FY16, The Center co-hosted the National Conference on Problem Gambling in Baltimore City and held its annual statewide conference in May 2016. Both conferences exceeded expectations for attendance. The National Conference achieved record attendance of over 600 participants. The statewide conference focused on the theme, "Working Together for Problem Gambling Awareness," and brought together 349 key stakeholders representing 21 Maryland jurisdictions, as well as local and national experts.

**PUBLIC AWARENESS** The Center's public awareness efforts once again increased the number of individuals accessing The Center's Problem Gambling Helpline, websites and social media. In FY16, overall website traffic grew 15% from the previous year, and traffic to the dedicated help seeker website, [helpmygamblingproblem.org](http://helpmygamblingproblem.org), grew 53%. The Center, in collaboration with MedSchool Maryland Productions, expanded partnerships with communities and county health departments to develop multimedia public awareness campaigns. One such campaign addressed the needs of Asian Americans and included materials in both English and Mandarin. A second campaign focused on Prince George's County where the newest Maryland Casino is due to open in FY17. In addition, The Center collaborated with county health departments to participate in community outreach events and with the MLGCA who donated increased media time for responsible gambling messaging.

**PREVENTION** The Center's prevention efforts in FY16 emphasized engaging communities and local Health Departments in open dialogue about their needs and perspectives regarding problem gambling prevention. The Center's prevention manager worked with prevention coordinators in Prince George's, Anne Arundel, Dorchester and Allegany counties to integrate gambling prevention awareness within each county's strategic prevention framework. The Center continued development and expanded implementation of The Maryland Smart Choices (Smart Choices) youth problem gambling prevention program developed in collaboration with the Center of School Mental Health (CSMH) at the University of Maryland School of Medicine. In FY16, the Smart Choices users manual and "train the trainer" format were enhanced and piloted in training programs with youth clubhouse staff.

**PUBLIC POLICY** The Center, in concert with 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. In response to the issue of Daily Fantasy Sports regulation, The Center and the Law School drafted and submitted Guidelines for Responsible Daily Fantasy Sports Regulations to the Maryland legislature. The Center also engaged with stakeholders including the MLGCA, BHA, Problem Solving Courts and Casino representatives to discuss best and therapeutic practices in the implementation of the Voluntary Exclusion Program. Additionally, The Center actively engaged with the Maryland Behavioral Health Advisory Council and their Planning and Prevention subcommittees to advise on policy regarding problem gambling integration.

**RESEARCH** The Research Program on Gambling has advanced several ambitious research projects and collaborations in FY16. These efforts serve as the foundation for a bold research agenda that will contribute to our understanding of gambling disorder and inform prevention and treatment efforts throughout Maryland. Achievements from the past year include the initiation of our flagship research endeavor, the PEGASUS Study. The PEGASUS Study is a prospective cohort study designed to identify risk and protective factors related to problem gambling. To date, more than 700 adult participants have been recruited from across Central Maryland. The Research Program also conducted a one-year follow up to its baseline assessment of the communities surrounding the Horseshoe Baltimore Casino and began preparations for a similar assessment of Prince George's County in advance of the opening of the MGM Casino at National



Harbor, the final casino scheduled to open in the state. The studies funded under the Seed Grant Program, one examining gambling behavior in military veterans and the other looking at sex differences in gambling behavior, completed data collection in FY16 and began disseminating results. Preliminary results from both studies were presented at national conferences in FY16. In preparation for the statewide prevalence study to be conducted in FY17, the Research Program has developed a partnership with the Schaefer Center for Public Policy at the University of Baltimore for study implementation. Other activities include evaluation of the clinical program's Disordered Gambling Integration program, the continuation and expansion of the Research Affiliate Program, and continued surveillance of the public health impact of gambling through analysis of data available through the Free State data warehouse, gambling among college students and young adults, and gambling problems in individuals with substance use disorders.

**FUTURE DIRECTIONS** Fiscal year 2016 saw The Center, with the support of DHMH/BHA, strengthen and expand its community partnerships with particular focus on local Health Departments, Recovery Support Services, community service providers, the Maryland Lottery and Gaming Control Agency, gaming industry and a broad range of stakeholders. Plans for the next fiscal year include building on these partnerships to improve systems for aggregating public health data on the scope of and risk factors for gambling problems in Maryland as well as the effectiveness of public awareness, prevention and treatment services. In addition, The Center's goal is to create, in collaboration with our partners, effective public health policies to address problem gambling within Maryland and to strengthen responsible gambling practices. The Center will also work to increase the capacity of the behavioral health system to integrate problem gambling into existing prevention and intervention services, and define and remove barriers to gambling disorder treatment. The Center will continue to maintain a robust research agenda emphasizing the development and collection of data to inform public health policy around the issue of problem gambling.



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 research, training and education, prevention, public awareness, clinical interventions 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.

# HISTORY and CONTEXT

**Fiscal year 2016 was the fourth 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 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 conduct research to inform public health and policy initiatives and to build community capacity to best integrate problem gambling awareness, training and services within the existing structure for substance use disorder and mental health services in Maryland.

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.

In this past year, The Center has focused on strengthening community and stakeholder partnerships. The Center has pursued engagement with local Health Departments to develop collaborative strategies to best integrate the topic of the impact of gambling and problem gambling into existing clinical, prevention and public awareness initiatives.



**KEY CENTER ACCOMPLISHMENTS  
FY 16**

- COMPLETED FOLLOW-UP GAMBLING IMPACT SURVEY OF HORSESHOE CASINO CATCHMENT AREA
- CENTER RECEIVED GRANT FROM NATIONAL CENTER ON RESPONSIBLE GAMING FOR DEVELOPMENT OF PROBLEM GAMBLING SBIRT
- PROVIDED PROBLEM GAMBLING TRAINING TO MORE THAN 2,000 UNIQUE INDIVIDUALS.
- COLLABORATIONS WITH LOCAL HEALTH DEPARTMENTS TO INTEGRATE PROBLEM GAMBLING INTO TREATMENT AND PREVENTION PROGRAMS
- IN COLLABORATION WITH MARYLAND LOTTERY AND GAMING CONTROL AGENCY, IMPLEMENTED RESPONSIBLE GAMBLING EDUCATION PROGRAM FOR VOLUNTARY EXCLUSION PROGRAM
- IN COLLABORATION WITH COMMUNITY EXPERTS AND STAKEHOLDERS DEVELOPED ASIAN AMERICAN PUBLIC AWARENESS CAMPAIGN

# TREATMENT and INTERVENTION SERVICES

A primary objective for The Center's treatment and intervention efforts in FY16 was to connect helpseekers to community resources and to build the capacity of the behavioral health system by integrating gambling relevant services into existing practices and programs. The Center also focused on strengthening community and stakeholder partnerships with county health departments and with the Maryland Lottery and Gaming Commission Agency's responsible gambling program. Additionally, The Center supported enhancement of a full continuum of care services for gambling disorder from early identification and brief interventions to residential levels of care.

## Integrated Intervention Approaches for Communities

A primary goal of the Center was to engage with County Health Departments and other publicly funded agencies to increase the capacity of behavioral health agencies to address the impact of gambling and problem gambling. The Center offered a menu of technical assistance options to these agencies that included a combination of treatment, prevention, education and public awareness strategies focused on integrating the topic of problem gambling into existing behavioral health services and programs. Technical assistance was provided to agencies and health departments to enhance problem gambling treatment in all six casino jurisdictions (Allegany, Anne Arundel, Baltimore City, Cecil, Prince George's and Worcester) as well as four other counties (Garrett, Baltimore County, Dorchester and Washington).

### The Center offers a technical assistance "menu" of options including:

- Specialized Training and Community Education Programs
- Case Consultation
- Disordered Gambling Integration Project
- Agency Site Visits
- Provision of Resource Materials — Brochures, Posters, Public Service Announcements, etc.
- Participation in Community Outreach
- Agency and Community Needs Assessment

The Center works with local agencies and health departments to adapt these strategies to best meet their needs and create a synergy of efforts across the awareness, prevention, intervention continuum.



*Washington County Health Department quilt gift for their department promotion "Have The Conversation-about gambling addiction"*



### Disordered Gambling Integration Project (DiGIn)

DiGIn is an innovative, evidence-informed program that is an example of a synergistic approach. During FY16, seven agencies (covering four casino and two non-casino jurisdictions) participated in this program.

This program was initially designed to address the fact that clinical practice and research have not adequately addressed barriers to effective screening, assessment and intervention for gambling problems among individuals seeking treatment for substance use and mental health problems. The DiGIn program addresses this need through the integration of enhanced problem gambling services into existing behavioral health systems.

Initially designed for treatment programs, the DiGIn program has since expanded to include prevention programs. The Center provides technical assistance to integrate the topic of problem gambling into their prevention substance use and mental health prevention activities.

The DiGIn program offers small grants to SUD and Mental Health treatment and prevention agencies to integrate problem gambling awareness, prevention, screening, and treatment in all levels of their programming and operation, from agency policies to procedures and practices. The grant funding is designed to offset costs for staff time required for training and attending project meetings, survey completion, and other project requirements. The goal of this project is to address the impact of gambling and problem gambling on recovery, health and well-being throughout behavioral health prevention and treatment systems.

The Center provided ongoing technical support to agencies throughout the year to increase their capacity to address the impact of gambling on clients' recovery and to treat gambling disorder. Center staff conducted initial day long site visits to assess each agency's baseline problem gambling capability.

#### The Problem Gambling Capability Scale was used to rate programs along the following dimensions:

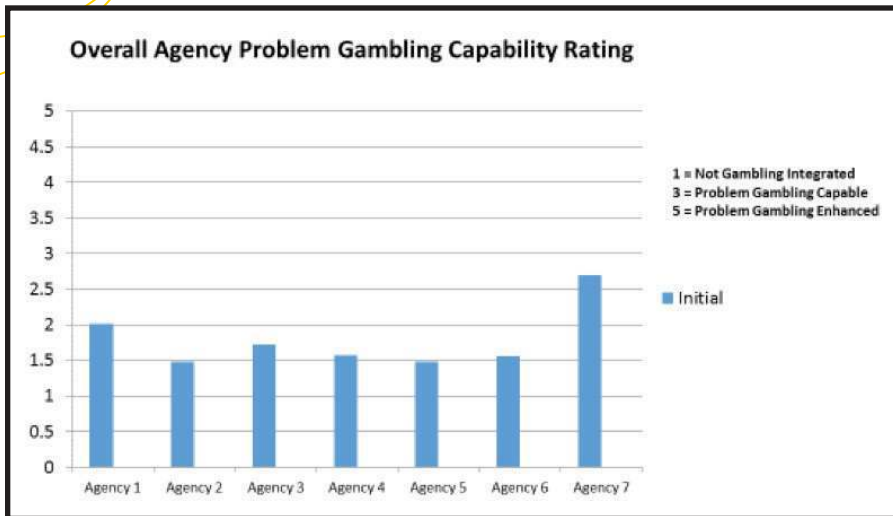
- Program Structure
- Program Milieu
- Assessment
- Staffing
- Treatment
- Continuity of Care
- Training

These initial ratings are shared with each agency along with site visit feedback to begin collaboratively planning their goals to increase their problem gambling capability over the course of the year. As can be seen from Figure 1 on the following page, at baseline, all agencies fell below the minimum score of 3 on the scale. During the year, the project focused on providing problem gambling training for agency staff, providing problem gambling materials to enhance the milieu, improving problem gambling screening and assessment strategies, and developing relevant intervention strategies to address gambling behavior with clients in recovery. A follow-up assessment and site visits will be conducted at the beginning of the next fiscal year.



*Prince George's County Health Department problem gambling awareness bulletin board*

**Figure 1: Average Initial PGCAP Ratings for DiGIn Agencies**



### Prince George's County: An Example of a Community Integrated Approach

During FY16, in anticipation of the sixth casino, MGM, to be opened at National Harbor, The Center worked collaboratively with the Prince George's County Health Department and BHA to develop an integrated approach to address the county's need for public awareness, prevention, and treatment strategies as well as ongoing needs assessment. Planning meetings began in September 2015 in order to identify community needs, priorities and resources. The continuation of communication and meetings throughout 2015-2016 resulted in a robust integration of problem gambling treatment, prevention and public awareness programming supported by The Center and its resources. Key members of the Prince George's County Health Department involved in this process included the Deputy Health Officer, the Associate Director of Behavior Health, the Prevention Manager, the Prevention Coordinator, the Division Manager of Core Service Agencies, the Outreach and Training Coordinator for Core Service Agencies, the Public Relations and Information Manager, and the Community Developer.

#### The priority areas of need that were identified by county stakeholders included:

- The need to provide problem gambling training to mental health providers.
- The need for prevention outreach to older adult communities.
- The need to integrate problem gambling information into existing prevention strategies.
- The need to increase capacity of existing county health department addictions programs to address problem gambling.
- The need to increase community public awareness in advance of the casino opening.
- The need to conduct a baseline community surveillance survey prior to the casino opening.

**The following activities resulted from this collaboration and demonstrate the comprehensive scope of this integrated approach:**

- The Center conducted a 30-hour problem gambling training which was completed by 29 mental health providers in Prince George's County.
- Two clinical programs within the Prince George's County Health Department participated in DiGIn with the aim of improving their capacity to screen, assess and treat clients with gambling disorder and address the impact of gambling on recovery among their existing clients.
- The Prince George's County Health Department Prevention program participated in DiGIn.
- Participation and information distribution at the 202 Coalition which is supported by Senator Joanna C. Benson.
- Completion of over 185 community surveys assessing the understanding of gambling and its impact on the Prince George's community, especially its senior population.
- Trainings at local senior housing facilities on safe gambling guidelines and risk for problem gambling.
- A multimedia public awareness campaign was developed with the Prince George's County Health Department public relations office, The Center and MedSchool Maryland Productions (see section on Public Awareness).
- Development of a collaboration between the Center's Research division and the Health Department for implementation of a community surveillance survey in early FY17.

### **Responsible Gambling Collaboration: Voluntary Exclusion Program (VEP) Removal**

During FY16, the Center and BHA have actively collaborated with the Maryland Lottery & Gaming Control Agency (MLGCA) to enhance and develop its Voluntary Exclusion Program (VEP).

The MLGCA, as part of its responsible gambling program, has created the Voluntary Exclusion Program that allows individuals to self-exclude from casinos or lottery outlets for 2 years or for lifetime. The Center, BHA and the MLGCA have been engaged in continuing discussions focused on making this process effective and therapeutic.

One focus of this collaborative effort was to enhance the process for an individual requesting removal from the VEP list. Individuals requesting removal from the list are required by MLGCA to complete a workbook and meet with a counselor to review the workbook. The Center and MLGCA revised the workbook to incorporate evidence-based motivational strategies along with problem gambling self-assessment tools. The Center piloted the revised workbook with VEP removal clients and then worked with the MLGCA to develop a webinar to train counselors (who already met criteria for problem gambling counseling competence) in the specific VEP removal protocol. The goals of the workbook review session are to: help individuals requesting removal to accurately assess personal or situational risk factors for problem gambling; to consider their personal pros and cons of being removed from the VEP list; to develop an individualized responsible gambling plan; and to increase their motivation to seek help if needed in the future. Counselors may make recommendations for additional intervention prior to or in lieu of

being removed from the VEP list. The MLGCA maintains final legal decision making authority over each removal from the Voluntary Exclusion list.

The MLGCA refers individuals requesting removal to The Center which then facilitates contact with VEP-trained counselors in the community. In FY16, 13 counselors (representing five of the six casino jurisdictions and four additional counties) expressed interest in participating in this program and were trained in the VEP removal protocol. The Center received 33 requests for removal and 30 of those individuals have completed the process.

With the numbers enrolled in the VEP program growing and an additional Casino opening in the next fiscal year, The Center will be focusing on expanding the number of counselors with expertise in the VEP removal protocol.

### **Maryland Problem Gambling Counselor Referral List and Peer Recovery Support Services**

The Center continued to support referral of helpseekers to community treatment resources through the efforts of our peer support specialist whose primary role is to act as a system navigator to help connect individuals to treatment and recovery resources.

- The Center's peer support specialist had contacts with 210 clients either via telephone or in person.
- 143 unique clients were admitted to treatment by providers on The Center's referral list. This represents a 500% increase in the number of clients admitted to treatment in FY15, per community provider reports.

During FY16, The Center continued to ensure that counselors appearing on our referral list maintained problem gambling counseling skills through training, continuing education, supervision and reporting requirements. While the overall number of counselors on the referral list was reduced from FY15, counselor compliance with reporting of basic data such as number of clients admitted and currently in treatment continued to improve.

- 53 counselors met problem gambling counseling standards. These standards are consistent with nationally established best practices. Counselors on the referral list are located in 12 jurisdictions, provide coverage for all four state regions and represent 47 organizations.
- 68% of the Counselors (n=36) are located in casino jurisdictions: Allegany, Anne Arundel, Baltimore City, Cecil, Prince George's and Worcester.
- To provide improved information for consumers, the published referral list was enhanced to include additional provider information such as types of payment provider accepts (i.e. private insurance, Medicaid, Medicare, sliding scale), hours of operation and services offered (i.e., group counseling, marital counseling, etc.).



**Helpline 1.800.GAMBLER**

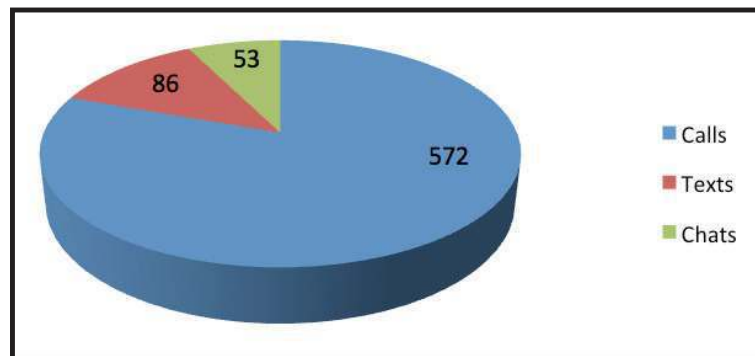
FY16 marks the first full year of the Maryland Problem Gambling Helpline offering its expanded option of text and chat as well as phone call capacity. These functions (as well as standard telephone access) are offered 24 hours a day, seven days a week and are staffed by certified problem gambling helpline counselors.

The number of helpline contacts (calls, chats and texts) increased by 8% in FY16 over FY15 and by 65% since FY13 (Figure 2). The text and chat contacts have increased and comprise nearly 20% of all helpline contacts (Figure 3).



**Figure 2:** Comparison of Total Help Seeking Volume (calls, texts, chats) from FY13-FY16

FY16 marked the first full year of chat and text capability for the helpline. Figure 3 shows the distribution of calls, texts and chats received by the helpline.



**Figure 3:** FY16 Help Seeking Contact



### Helpline Caller Characteristics and Demographics

The following data is based solely on helpline callers and doesn't include chat and text contacts as collection of detailed information through those formats is not currently feasible.

As indicated below, the modal helpline caller is middle-aged (45-54), equally likely to be a male or female of either European or African American ancestry, living in a jurisdiction in which a casino is located, who primarily gambles at a casino and obtained information about the helpline at that casino location or via electronic media.

#### CALLER LOCATION

Of the total help seeking calls (572), 50% (n=284) were located in casino jurisdictions.

- Allegany (6)
- Anne Arundel (51)
- Baltimore City (147)
- Cecil (6)
- Prince George's (69)
- Worcester (5)

#### CALLER AGE

Although there has been a relative decline in the number of callers in the 45-54 age group from FY15, this group remains the largest among all callers (Figure 4). The 18-24 age group has shown the largest increase over the past year (44%) as well as the largest increase (nearly doubling) since FY13. The 25-34 age group also shows an almost twofold increase since FY13. The Center has focused on problem gambling awareness among young adults over the past two years through a targeted website and YouTube channel. This is an age group that is increasingly the target of casino and gambling marketing as well.

Callers in the 65+ age range have also increased 1.5 times over the past four years.

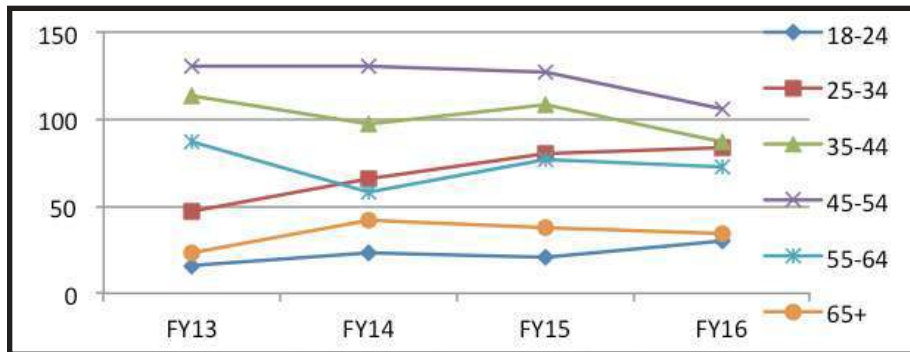
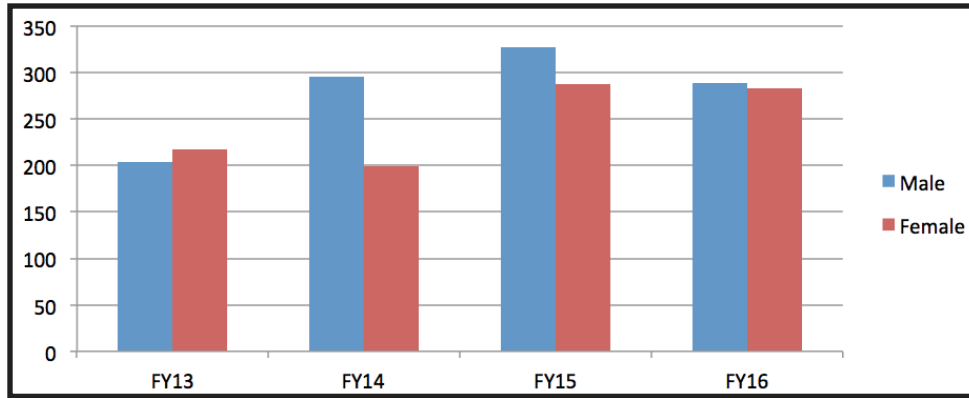


Figure 4: Number of Helpline Callers by Age Group FY13-FY16

**CALLER GENDER**

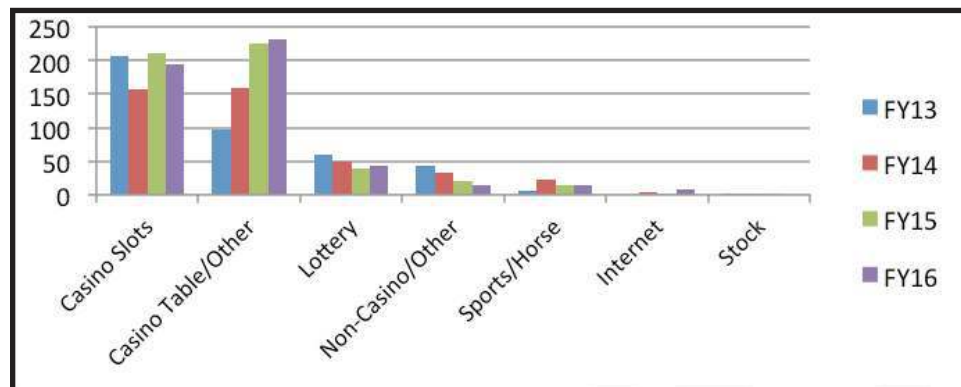
There was minimal difference in the number of male and female callers this past fiscal year.



**Figure 5: Gender of Helpline Callers**

**PRIMARY GAMBLING PROBLEM**

As in prior years, casino games are the primary gambling problem reported by helpline callers, with table games slightly exceeding slots for the past two years (Figure 6). The number of callers reporting the lottery as their primary gambling problem remains relatively low. A significant percentage of callers report obtaining the helpline number at a casino (see Figure 7), suggesting a correlation between locations where the helpline number is displayed more noticeably and the type of gambling seen as the primary problem. The Maryland Lottery and Gaming Commission has reported working with retailers to display helpline and responsible gambling materials more prominently.



**Figure 6: Primary Gambling Problem Reported by Helpline Callers FY13-FY16**

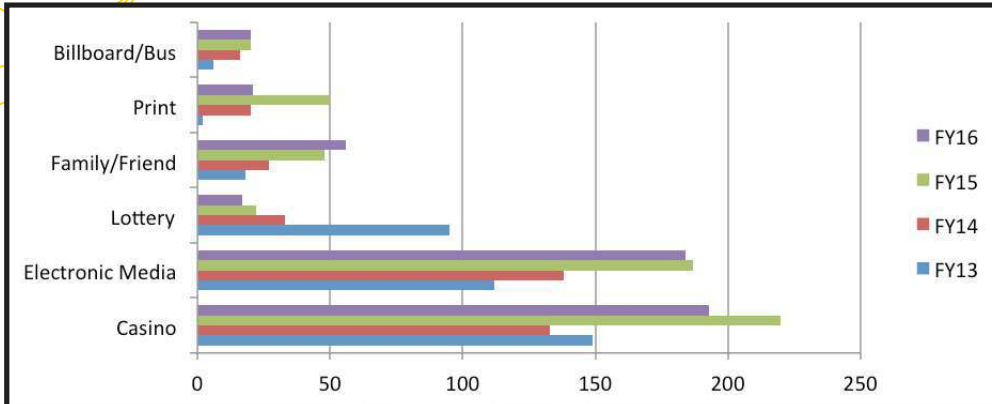
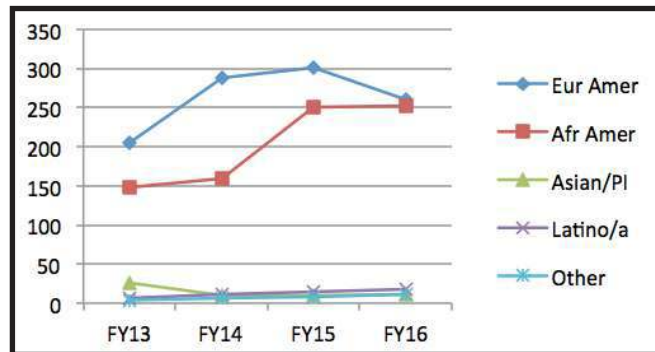


Figure 7: Where Callers Learned of Helpline

**CALLER ETHNICITY**

The number of African American and European American callers were nearly equal in FY16, with the number of African American callers remaining constant from the previous year (Figure 7). The numbers of Asian American and Latino/a callers remains relatively low with only slight increases (20% and 29% respectively) from the previous years. Increased and ongoing outreach efforts to these communities is clearly warranted.

Figure 8: Number of Helpline Callers by Race/Ethnicity FY13-FY16

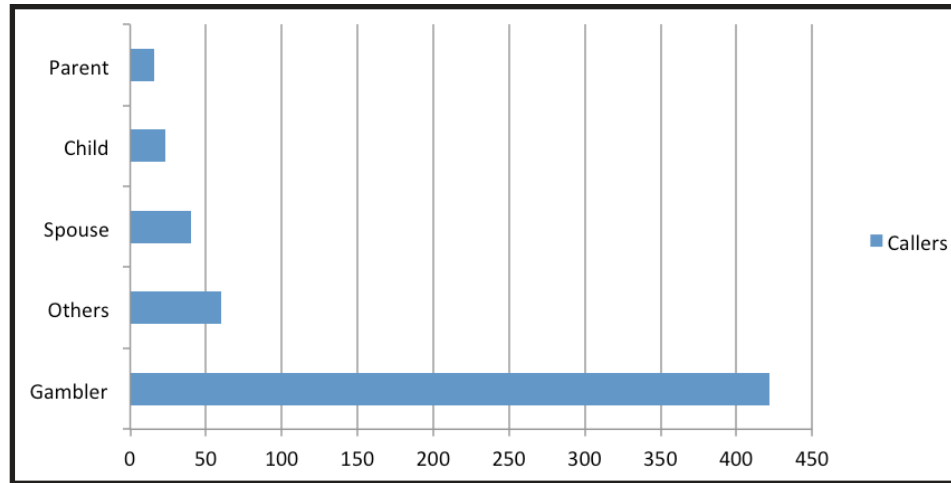


**WHERE CALLERS LEARNED OF HELPLINE**

Casino venues remain the most commonly reported source of helpline information among callers (Figure 8). However, electronic media as a source of information is a very close second. The lottery as a source of information has significantly and consistently declined from FY13-FY16. In addition, there has been a continual increase in interpersonal contacts (i.e., family, friends, etc.) as a source of helpline information. This increase (particularly noticeable since FY15) coincides with The Center’s theme of “Have the Conversation” for Problem Gambling Awareness Month and throughout the year. This theme included specific information on how friends, family members, clergy, counselors etc. could initiate a conversation around problem gambling.

**WHO IS CALLING**

Prior data analysis (January 2014-March 2015) by The Center’s research division reported that 80% of calls during that period were initiated by individuals seeking help for their own gambling problem. Data for FY16 (July 2015-June 2016) continues to show that the majority of callers (Figure 9) are concerned about their own gambling (74%).



**Figure 9: Who is Calling**

### Residential Treatment Services

In FY16, in order to ensure availability of residential level of care for individuals experiencing severe gambling disorder, The Center entered into agreements with two residential service providers in casino jurisdictions: Hope House with locations in Anne Arundel and Prince George’s Counties, and the Massie Unit in Allegany County. These residential levels of care are designed to clinically stabilize individuals with 24 hour professionally directed evaluation, observation and medical monitoring. A client’s length of stay is based on individualized assessment of client needs. In FY16, there were only three admissions for a total of 25 days of care.

It should be noted that The Center did not actively advertise the availability of this level of care for gambling disordered individuals in FY16. It is our goal to make that information more available in FY17.

## TRAINING and EDUCATION

**Building the capacity to address problem gambling among mental health, substance use, other health care, social services and prevention providers continues to be a key commitment for The Center. Education and training programs are focused on this objective. During FY16, training opportunities were expanded to include additional webinars, online courses as well as in-person trainings. More than 2,000 participants throughout Maryland attended Center educational presentations in FY16 (including professional trainings, community presentations, inservices, etc.).**

The Center offered 20 continuing education clinical training programs throughout Maryland in FY16 with 785 unique individuals attending. This is double the number of attendees from the previous year. Of these individuals, 84% attended problem gambling training for the first time, a 22% increase in new participation compared to FY15. Participant evaluations of training reflect a very high level of satisfaction with an average rating of 4.7 on a scale of 1-5 (consistent with FY15 ratings). At the conclusion of the fourth year of the Center's operation, 205 behavioral health clinicians across Maryland have completed 30 hours or more of problem gambling counseling training.

### Annual Maryland Conference on Problem Gambling

The Center held its one-day Annual Maryland Conference on Problem Gambling, sponsored by DHMH/BHA, on May 27, 2016 at the BWI Airport Marriott. The theme of the conference, "Working Together for Problem Gambling Awareness," was reflected in presentations that highlighted collaborative approaches to research, treatment and recovery. Dr. Barbara J. Bazron, Executive Director of BHA, presented opening remarks focused on the important collaboration between DHMH/BHA and The Center to address problem gambling in Maryland. Plenary topics included: research on the technology of electronic gambling machines and their addictive potential; a panel discussion including gaming industry leaders; problem gambling advocates and experts on responsible gaming practices; treatment challenges and opportunities from a public health perspective; and recovery advocacy. A special humanitarian award for problem gambling awareness sponsored by the Maryland Council on Problem Gambling (MCPG) was presented to Senator Katherine Klausmeier.

The 349 attendees, representing 21 Maryland jurisdictions, contributed to this statewide learning forum that brought together 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.

In addition, the conference encouraged exchange and interaction among participants during breaks and provided community resources and a bookstore within an exhibit setting to offer additional materials and resources. Participant satisfaction for the conference ranked an average 4.74 on a scale of 1 to 5.



**Barbara J. Bazron, PhD**  
Executive Director, BHA





*4th Annual Maryland Conference on Program Gambling, May 27, 2016*



*Annual Conference MCPG Humanitarian Award. Left to right: Carmela Fisher, Tineka Rice, Senator Katherine Klausmeier, Deborah G. Haskins, Tamala Law.*

## Maryland Regional and Statewide Training

In order to ensure access to both basic and advanced problem gambling training throughout Maryland, a series of four two-day instructor-led intensive problem gambling clinical training programs were conducted in each region of the state, which included one day of introductory problem gambling counseling topics and one day covering advanced topics.

## Requested Trainings and Additional Presentations

Twelve additional training programs were conducted at the request of behavioral health agencies and organizations within Maryland. These “as requested” trainings were tailored to meet agency/organization specific needs and further demonstrates The Center’s commitment to integrate problem gambling within the existing behavioral health system.

### These programs included, among others:

- A four-session series on problem gambling screening, assessment and treatment for the Baltimore Veterans Administration Medical Center
- A collaborative four-day, 30 hour clinical training for mental health clinicians in Prince George’s County
- A four-day, 30 hour clinical training in collaboration with BHA and Epoch Counseling Center to support development of a problem gambling internet-based intervention program.

In addition, 22 educational presentations were conducted on the risks of gambling and gambling disorder to over 800 attendees throughout Maryland at conferences, educational symposiums, universities and agency/organization staff meetings.

## Online Training

The Center expanded its problem gambling training in FY16 by presenting six webinars, scheduled once a month from January through June. These webinars, attended by over 300 clinicians, offered a variety of topics to further enhance the capability of licensed health care professionals to treat gambling disorder.

**The six webinars:**

1. Problem Gambling Assessment
2. How to Engage Clients with Gambling Disorder in Treatment
3. Treatment Planning with Gambling Disordered Clients
4. Couples and Families Counseling for Gambling Disorder
5. Cognitive Behavioral Strategies to Address Irrational Thinking in Clients with Gambling Disorder
6. Gambling Problems Among Individuals with Serious Mental Illness

In addition, The Center launched two on-demand training programs, Integrating Problem Gambling into Substance Abuse Disorder and Mental Health Treatment, Part One and Two. Available through The Center's website, [mdproblemgambling.com](http://mdproblemgambling.com), these on-demand training programs are designed for any staff level and further expands the commitment to integrate gambling counseling within existing BHA programs. Over 132 unique individuals completed the on-demand training in FY16.

**Case Consultation Calls**

The Center conducted case consultations four times a month in FY16. The case calls are designed to enhance the skills and competence of treatment providers to address the needs of clients with gambling problems and provide additional supervisory support for national gambling counseling accreditation requirements. A total of 47 unique individual counselors participated in the calls in FY16 with a per call attendance average of seven attendees per call. In addition to scheduled case consultation calls, The Center staff continued to provide individual consultation by request as well as onsite agency consultation.

**29th National Conference on Problem Gambling**

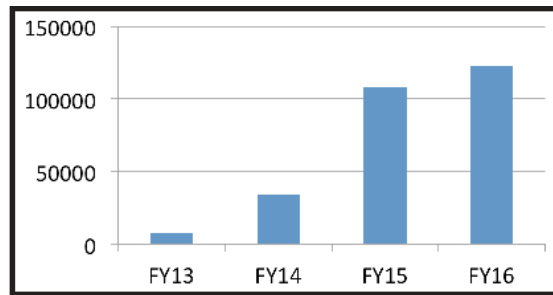
The Center and the Maryland Council on Problem Gambling (MCPG) were selected as co-hosts for the 29th National Conference on Problem Gambling held July 8-11, 2015 at the Hilton Inner Harbor Hotel in Baltimore. The conference attracted a record-breaking attendance of over 600 participants. The Center, along with various schools of the University of Maryland campuses, as well as professionals from private and non-profit Maryland based organizations, contributed 18 presenters. Through the support of BHA and the University of Maryland School of Medicine, The Center awarded over 80 scholarships for conference attendance to Maryland mental health and substance use disorder professionals. These professionals represented over 13 different health jurisdictions in Maryland.

**National Training**

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

# PUBLIC AWARENESS

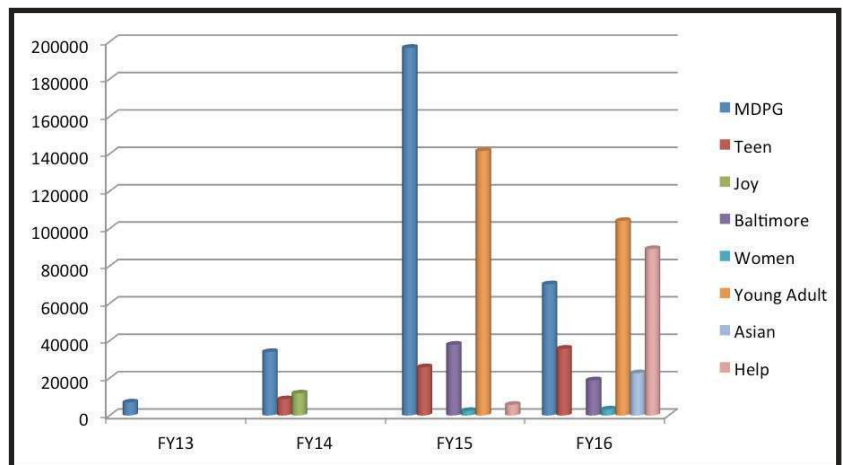
During FY16, the Center, in collaboration with BHA, local Health Departments and community representatives, worked with MedSchool Maryland Productions (MMP) to develop problem gambling specific campaigns to address the diverse communities within Maryland. The Center continued to utilize multi-media strategies to best reach targeted audiences. Overall website traffic increased 15% from FY15 (Figure 10).



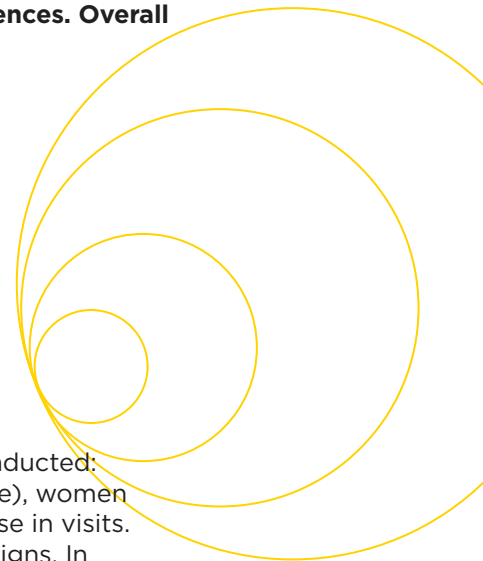
**Figure 10:** Total Website Visits FY13 - FY16

In FY15, three targeted public awareness campaigns were conducted: Baltimore Gambler (African American community in Baltimore), women and young adults, which likely contributed to the large increase in visits. In FY16, The Center ran more limited public awareness campaigns. In addition to Problem Gambling Awareness Month activities, one targeted campaign, focused on the Asian American community, was implemented (described below).

Figure 11 shows the distribution of website traffic among the specific websites and YouTube channels that were developed for The Center’s public awareness campaigns. Several of the campaigns continued to show significant traffic (e.g. Young Adult) even after campaigns were concluded. Additionally, in late FY15, The Center developed a new website, helpmygamblingproblem.org, to specifically address the needs of those seeking help for a gambling problem. Marketing efforts to direct helpseekers to this site rather than the more broadly focused Center website (mdproblemgambling.com) were implemented in FY16 as evidenced by a more than fifteen fold increase in visits to this site.



**Figure 11:** Combined Total Website and YouTube Visits FY13 - FY16 for Specific Public Awareness Campaigns



### Asian American Community Campaign

"It's Your Lucky Day, Keep It That Way" is a gambling awareness campaign targeted specifically to the Asian Community within the state of Maryland. The Maryland Asian Community Campaign, developed by MMP, in collaboration with The Center and Asian American community organizations, was a multi-dimensional public awareness campaign that included a dedicated website ([asiangamblingsos.org](http://asiangamblingsos.org)), printed materials, videos, social media tools (Facebook and Twitter), newspaper advertisements and one-on-one outreach.



Research shows that Asian Americans are more likely to have gambling problems than the general American population. Cultural factors supporting the belief in luck, fate or fortune encourage gambling, as does targeted marketing by local Maryland casinos. A strong sense of family privacy discourages seeking help when gambling becomes a problem. While gambling is socially acceptable, losing control and having a problem may result in cultural shame, embarrassment and loss of respect in the community.

Launched in February 2016 and running through March in conjunction with March National Problem Gambling Awareness Month (NPGAM), the campaign infused a strong culturally-driven aspect to the look and feel of each component. The website is written in both English and Mandarin. Fifteen YouTube videos hosted on the website were produced by MMP featuring Kung Fu and games such as Mahjong "starring" Asian Americans. The top four videos have received over 21,000 combined views.

Print materials included posters, cards and brochures, all featuring English text with Chinese subtext. Awareness materials were distributed to 41 local businesses in Rockville and Gaithersburg, as well as 10 local Asian/Asian American organizations and five local Chinese schools. Newspaper advertising was featured in newspapers popular at many local Asian and Asian American businesses.

The Center and MMP collaborated with two Asian Americans, a licensed counselor specializing in Asian and Asian American clients and a young professional familiar with the target populations. Outreach efforts included distributing materials in person to popular Asian restaurants and community centers and speaking one-on-one with local businesses.

### Prince George's County Campaign

In May 2016, planning began on a new multi-media public awareness campaign targeting residents of Prince George's County in advance of the December 2016 opening of the MGM Casino and Resort in National Harbor. The campaign is a collaboration between The Center, MMP, Radio One (an urban African American media company), and the Prince George's County Health Department. The campaign components included: a dedicated website ([princegeorgesgambling.org](http://princegeorgesgambling.org)); social media outreach; videos; radio and TV advertisements; billboards; bus shelter posters; and printed materials distributed throughout the county. The campaign officially launched in FY17 (July 2016).





### **National Problem Gambling Awareness Month**

Each March, The Center actively promotes National Problem Gambling Awareness Month (NPGAM), 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 that is available both locally and nationally. In March 2016, The Center conducted outreach activities with more than 6,000 residents and health care professionals across the state of Maryland, in collaboration with the Maryland Lottery/Responsible Gambling and local Health Departments, encouraging people to *“Have The Conversation...about the risks of gambling and gambling addiction.”* Outreach components included: distribution of over 5,000 printed materials; online communications; social media tools; Public Service Announcements (PSAs); billboards; 11 training programs and presentations; and participation at community events. This statewide outreach increased total help seeking volume in March (calls, text, chats) by 76% from February 2016 and increased overall web traffic by 27%.

### **Community Events**

The Center, along with trained Maryland problem gambling counselors (our Community Advocates), participated in six major community events around the state throughout FY16. These included Baltimore City’s B’More Healthy Expo and Cash Campaign’s Money Power Day. At these events, Center staff had the conversation about the risks of gambling with over 900 Maryland residents.



# PREVENTION

The Center's prevention efforts in FY16 focused on engaging communities regarding the integration of problem gambling into their behavioral health activities. Additionally, open discussions with local health departments regarding their needs and perspectives regarding problem gambling prevention were held.

## Community Prevention Partnerships

The Center prevention manager worked with prevention coordinators in Prince George's, Anne Arundel, Dorchester and Allegany counties to integrate gambling prevention awareness within each county's strategic prevention framework. The Center provided gambling prevention resources including fact sheets, handouts and community awareness activities that complemented existing community behavioral health outreach, education and training strategies.

### Examples of successful integration activities included:

- Problem gambling information distributed at local library and police stations
- Problem gambling information available at health fairs
- Problem gambling awareness discussion at community coalition meetings
- Community action trainings
- Problem gambling advocacy and awareness at community recovery "walks"
- Problem gambling information made available at neighborhood watch meetings
- Faith-based outreach activities
- Presentations at senior centers
- Distribution and collection of 292 community problem gambling awareness surveys. These community surveys, while not conducted as an empirical study, were intended to provide insight into resident understanding and perceptions of gambling in their communities and also served as a way of engaging in a community conversation regarding attitudes toward gambling and problem gambling.

### Some highlights from The Center's community surveys include:

**Q1** in your opinion, which forms of gambling activities are of greatest concern for individuals in your community?

**Over 50% of the respondents identified Lottery and Instant Tickets as very problematic.**

**Q2** centered on people knowing about problem gambling and where to get help.

**Over 79% of the respondents indicated that they would know who to talk to about a family member's gambling problem.**

**Q3** focused on the impact of problem gambling in their communities and their own families.

**Over 69% of the respondents strongly agreed that it is important to provide help for people and families who are experiencing gambling problems.**

### Youth Problem Gambling Prevention

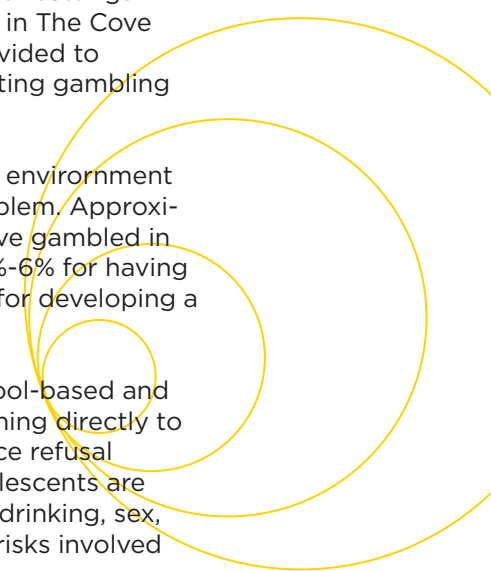
The Center continued development and expanded implementation of the Maryland Smart Choices (Smart Choices) youth problem gambling prevention program developed in collaboration with The Center of School Mental Health (CSMH) at the University of Maryland School of Medicine. One hallmark of this year's Smart Choices efforts was an enhancement of the Smart Choices users manual. Also, a "train the trainer" format was developed so that the program can be implemented in a wide range of youth settings. A modified program was provided to adolescents participating in The Cove clubhouse in St. Mary's County. Additional trainings were provided to clubhouse staffs in various counties in anticipation of integrating gambling programming into their curriculum and topic offerings.

Studies consistently find that adolescents who grow up in an environment of gambling have a higher risk of developing a gambling problem. Approximately 80% of adolescents between the ages of 12 and 17 have gambled in the past year. Adolescent prevalence rates range between 4%-6% for having a serious gambling problem and another 10%-15% are at risk for developing a gambling problem.

By making the Smart Choices program available to both school-based and community-based resources, The Center intends to offer training directly to schools and communities to build resiliency skills and reinforce refusal skills in adolescent responsible decision-making. Today's adolescents are reasonably well-informed about health risks involving drugs, drinking, sex, and smoking but few have any information about the health risks involved in gambling.

The current version of the Smart Choices program has been developed based on the evaluations and feedback from participating students, teachers, school counselors and administrators from both the Phase 1 (2013-2014) and Phase 2 (2014-2015) development of this program.

In FY16, six Baltimore City schools participated in the program this fiscal year including four Middle Schools and two High Schools. The students were primarily racial and ethnic minorities and of low socioeconomic status. One hundred and six students completed pre- and post-intervention assessments of their knowledge of gambling, attitudes towards gambling and addiction, 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 Smart Choices program was fun and engaging, and that associated rules/expectations were easy to follow.



## Expanding the Vision

When interviewed about 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.

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 2016-2017. This year's calendar messages reflected a grasp of the risk and protective factors associated with youth gambling. Calendars are used to increase problem gambling awareness and are disseminated at community outreach activities throughout Maryland.



## PUBLIC POLICY

**During FY16, The Center in collaboration with the Public Health Law Clinic 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.**

### Fantasy Sports

Following the rapid evolution of daily fantasy sports and a surge of daily fantasy sports legislation across the country, the Maryland Legislature heard two separate bills regarding this new form of gambling. Both bills would have added new definitions and regulations to the Code of Maryland.

The Center and the Network for Public Health Law at the University of Maryland collaborated in their outreach efforts to educate legislators about daily fantasy sports and the potential impact on the residents of Maryland. Outreach focused on educating legislators about daily fantasy sports and how this new gaming industry developed over time. The Center conducted extensive research into daily fantasy sports and policies regulating fantasy sports worldwide in order to develop formal guidelines and recommendations. These guidelines and recommendations described the similarities between daily fantasy sports and other industries regulated as gambling. Additionally, the guidelines offered recommendations for policies that protect daily fantasy sports consumers and those under the age of 21 through advertising limitations, transparency requirements, and financial protections.

The Center's guidelines and recommendations were distributed throughout the General Assembly prior to bill hearings and were reiterated again during oral testimony on both bills. Both daily fantasy sports bills failed in 2016 but outreach efforts continue as similar legislation is expected in 2017.

### Other Gambling Initiatives

Other legislative initiatives included: legislation that addressed home gaming; the addition of slot machines at the Baltimore/Washington International Thurgood Marshall Airport; unclaimed winnings; and off-track betting at the Maryland State Fairgrounds, among others.

All gambling legislation was tracked throughout the legislative session to monitor changes and movement. As bills moved through the legislative process, The Center communicated with legislative officials to offer their expertise on any questions that developed. 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 ALSO ATTENDED THE BEHAVIORAL HEALTH ADVISORY COUNCIL AND PARTICIPATED IN SEVERAL KEY SUBCOMMITTEES OF THE COUNCIL INCLUDING THE PLANNING AND PREVENTION COMMITTEES.
- THE CENTER WAS ABLE TO BRING AWARENESS OF PROBLEM GAMBLING TO THIS IMPORTANT STRATEGIC PLANNING AND POLICY GROUP WITH THE GOAL OF ENSURING THE INTEGRATION OF PROBLEM GAMBLING INTO MARYLAND'S BEHAVIORAL HEALTH NETWORK.

# RESEARCH PROGRAM on GAMBLING

During FY16, The Center in collaboration with the Public Health Law Clinic at the University of Maryland Francis King Carey School of Law continued to conduct outreach and awareness regarding a variety of gambling policy initiatives in-state as well as outside of Maryland. The Center, collaboratively with the School of Law, tracked and monitored legislative and policy activities within Maryland throughout the year.

## Prevention

### Prevention and Etiology of Gambling Addiction in the US (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.

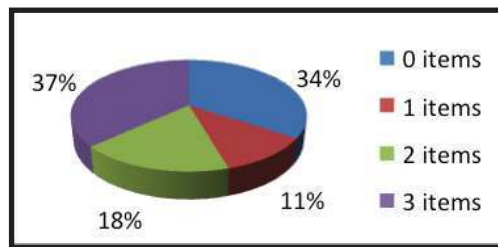
The working hypothesis is that numerous biopsychosocial factors distinguish problem gamblers from individuals who gamble but do not develop pathological gambling behaviors. Identification of correlates (risk and protective) will form the scientific basis for developing evidence-based approaches to mitigating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

The recruitment goal for the study is 1000-1500 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).

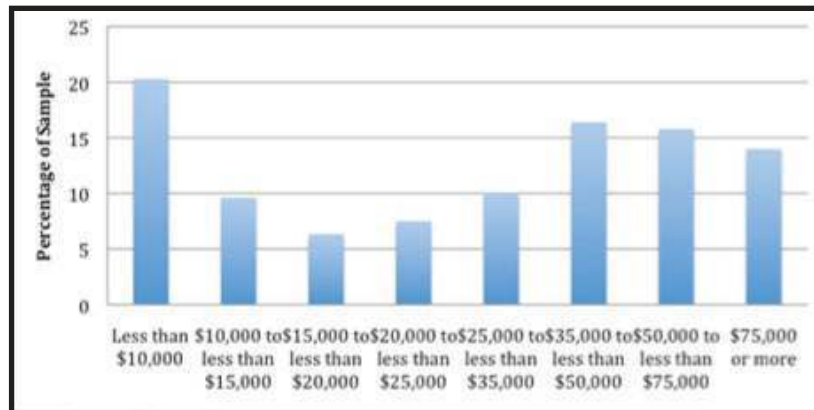
The PEGASUS study received institutional review board (IRB) approval from the University of Maryland Baltimore in April 2015. In an effort to optimally recruit a diverse participant group representing the full range of gambling behaviors, partnership with TrialSpark has been developed, which offers customized, 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 the study team efficiently and effectively identify individuals with a variety of gambling behaviors.

Recruitment for the PEGASUS study began in September 2015. To date, more than 2,160 individuals have been screened for the study and more than 700 participants have been enrolled. Participants range in age from 18-73 years old (mean age = 44.2, SD= 13.9). Approximately 53% of participants are female, and the majority are African American (52%).

Review of preliminary data from the project indicate successful recruitment of individuals who represent the full spectrum of gambling behavior and from a broad range of economic backgrounds (see Figures 12 and 13). It is anticipated that full recruitment of the cohort will be completed in FY 2017. Year 2 follow-up visits for individuals enrolled in FY 2016 will begin in October 2016.



**Figure 12:** *NODS-CLIP Items*



**Figure 13:** *Income at Baseline*

## Impact

### Horseshoe Casino Catchment Area Community Assessment

In order to assess the impact of expanded casino gambling in Baltimore City, the Research Program on Gambling initiated the Horseshoe Casino Catchment Area Community Assessment, a community-based survey implemented in the neighborhoods surrounding the Horseshoe Baltimore Casino prior to its opening in August 2014. The survey instrument was designed to assess the prevalence of gambling behavior in the communities around the Horseshoe Baltimore Casino and to evaluate attitudes of community residents about the casino.

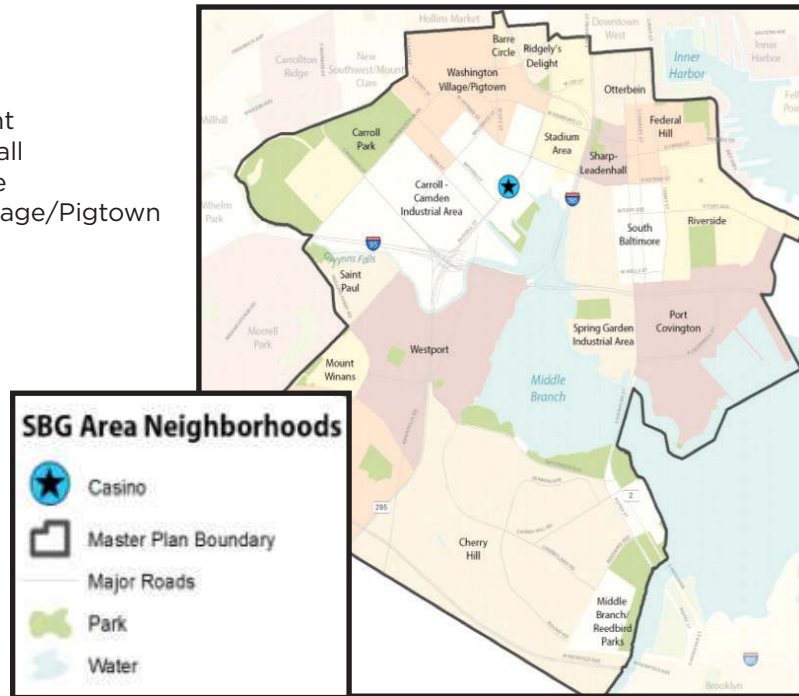




The catchment area for this study included the following neighborhoods located within 1 mile of the Horseshoe Baltimore Casino that were also north of I-95:

- Barre Circle
- Federal Hill
- Otterbein
- Ridgely's Delight
- Sharp-Leadenhall
- South Baltimore
- Washington Village/Pigtown

**Figure 14:** Selected residential neighborhoods for The Horseshoe Casino Catchment Area Community Assessment, Baltimore City, Maryland.



In FY16, the RPG conducted a one-year follow-up study to assess the short-term impact of the casino. A team of approximately 20 community surveyors conducted data collection from June through August 2015. 893 adults participated in the Horseshoe Follow-up Study (Horseshoe II). The mean age of Horseshoe II respondents was 42.1 years (SD=15.7). Approximately 48 percent of respondents were women, and 55 percent were black, Asian, or Native American. As was the case with the baseline Horseshoe Community Survey, top community concerns centered on issues of public safety and property values. No significant differences in concerns were noted between the baseline and follow-up surveys.

Approximately 5.2 percent of Horseshoe II respondents scored in the range of probable pathological or problem gambling behavior. Interestingly, significantly more women (6.6%) than men (3.9%) scored in the probable pathological or problem gambling range. This likely reflects bias in the type of individuals that agreed to participate in the follow-up survey rather than a true increase in problem gambling behavior prevalence across the two time points, as women are much less likely than men to report problem gambling behavior in the general population.

### Prince George's County Gambling Behavior Assessment

The final Maryland casino is scheduled to open 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, the Research Program on Gambling began preparations for the Prince George’s County Gambling Behavior Assessment in FY 2016.

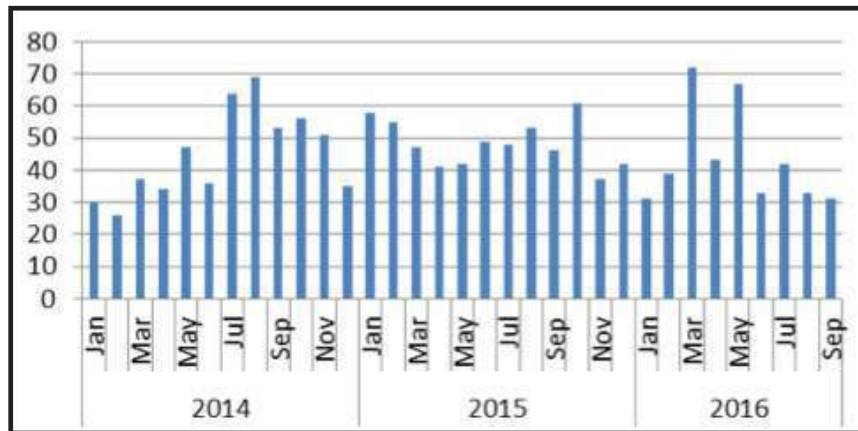
Research Program on Gambling faculty met with senior leadership from the Prince George’s County Health Department as well as representatives of the MGM Casino to discuss plans for the community-based survey designed to assess the prevalence of gambling behavior and to evaluate attitudes about the casino. Based on recommendations from the Prince George’s County Health Department, the RPG will recruit attendees at the Prince George’s County Fair in early September 2016 to assess countywide attitudes toward the new casino prior to its opening.

**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. Research Staff are working closely with The Center clinical 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 11 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 22% 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); 63% of calls are related to male gamblers while 37% of calls are related to female gamblers.



**Figure 15: Total Number of Helpline Callers by Month**

The ultimate measure of success for each call is to provide help to the gambler to improve 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 that 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.

**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 that can be used for follow-up. There is continued belief there is value in allowing callers to voluntarily waive anonymity in order to allow the Maryland Helpline to make follow-up contact if that 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 (DiGI) 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 FY 2016, the RPG completed baseline data collection for 86 providers across seven agencies. Surveys were also collected from 531 clients assessing awareness of problem gambling and experience with problem gambling being addressed in the treatment setting. Follow up data collection is planned for summer 2016. 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 (Figure 16).

The Data Warehouse continued to serve as a valuable resource for researchers with interest in gambling in FY 2016 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 that have previously banned casino gambling. 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.

SOURCE	DATASET
Maryland Lottery and Gaming Control Agency	Lottery revenue, Gaming revenue, Instant bingo halls
Maryland Office of the Comptroller	State budget
Maryland State	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/Tracks maps
Crash Outcomes Data Eval System (CODES)	MVA Licensing & Regulations Motorcycle Safety Training Driver Citations Police Crash Reports Ambulance and EMS Logs Emergency Department Data Hospital Records Statewide Trauma Registry Toxicology Autopsy Records Vital Statistics
Maryland Statewide Gambling Prevalence	Raw data from 2010 survey

**Figure 16:** *Free State Data Warehouse*

Data for this study included crash data for motor vehicle crashes that occurred for the period 18 months prior to the opening of Maryland Live! and for the 18th 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. During FY 2016, 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 17).



**Figure 17:** *Crash Circles Around the Casino*

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 18: Crash/Driver Specific Data

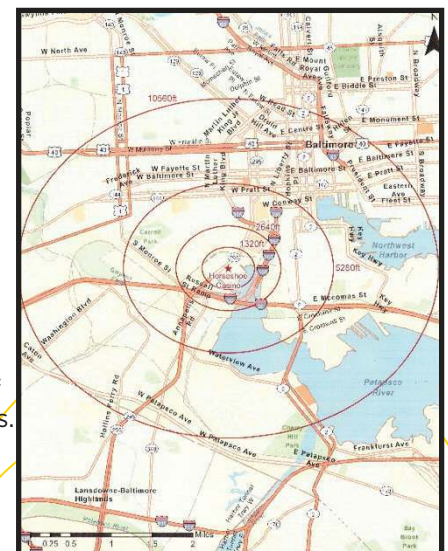
Crashes occurring within 1 mile of the casino increased by 34.2%, while crashes occurring within a 5 mile radius increased by 7%. For the area representing the 1-mile radius of the casino, weekend motor vehicle crashes increased by approximately 77%, crashes occurring between 9pm and 5am increased by 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 that 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 FY 2016, 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, suggesting that 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 the Horseshoe Casino and how crash activities relate to popular hours of operation at the casino. We will also be examining the medical impact of casinos on emergency medical services in the areas around casinos. It is anticipated that these analyses will be completed in FY 2017.

Figure 19: Baltimore Horseshoe Casino by Walking Distance





**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 that 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 data collection will commence in 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.

**Behavioral Risk Factor Surveillance System Survey**

The Research Program on Gambling pursued a partnership with DHMH's Prevention and Health Promotion Administration that would allow for questions related to gambling to be included in the annual population-based Behavioral Risk Factor Surveillance System (BRFSS) survey. This partnership will allow us to assess gambling behaviors more frequently and to examine gambling behaviors within the context of other health and risk behaviors in the state of Maryland population and nationally. The BRFSS program approved inclusion of a module of gambling questions in 2015; data collection for the 2015 BRFSS was completed and provision of data to the RPG is pending.

**Capacity Building and Outreach  
Seed Grant Program Progress**

The seed grant award program has two goals: 1) to generate preliminary data that will lead to a major grant application to federal or commercial agencies; and 2) promote scientific excellence in the domain of gaming research.

The 2014 seed grant was awarded to Yu-Ching Cheng, PhD and Lauren Levy, JD, MPH for their project titled, *"Gambling Behavior in Veterans: A Pilot Study."* The objective of the study was to screen veterans utilizing services through the VA Maryland Health Care System as well as veterans in the community. Data collection for the project was completed in March 2016 with a total of 150 veterans enrolled. Preliminary data analysis has been completed and manuscripts are being prepared for publication.



Ms. Levy presented preliminary results of the project via poster presentation entitled "Screening Veterans for Gambling Disorder: Instrument Comparisons and Clinical Implications" at the 2016 National Council on Problem Gambling Annual Conference.

The 2015 seed grant was awarded to Todd Gould, PhD and Istvan Merchen-thaler, MD, PhD, DSc for the project titled, "*Sex-dependent Modulation of Decision-making in Gambling Tasks.*" We know from basic human epidemiologic studies of gambling prevalence that problem and pathological gambling are more common among men than women. However, the biological mechanisms of these sex differences are not well understood. Studies of the biological origins of gambling behavior in general and sex differences in gambling behavior specifically have the potential to advance our understanding of gambling disorder and inform development and evaluation of pharmaceutical treatments for gambling addiction.

The purpose of this seed grant project is to characterize sex differences in risk-taking behavior with an animal model and to identify the role that sex hormones such as testosterone and estrogen play in risk-taking behavior.

Polymnia Georgiou, PhD, postdoctoral fellow in the Department of Psychiatry, presented results from the study at the 2015 National Council on Responsible Gaming meeting. She received the Outstanding Poster Award for her poster entitled "*Sex-dependent modulation of decision-making in the rat gambling task.*"

### **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 as well as all University System of Maryland campuses are 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 56 affiliates including faculty, staff and graduate students.

### **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 that brain functioning of problem gamblers is different from that of non-problem gamblers, particularly in the dorsolateral prefrontal cortex.

A research partnership has been established 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 last year 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. Pilot data have been collected and analyzed. Several manuscripts based on these data are currently in preparation.

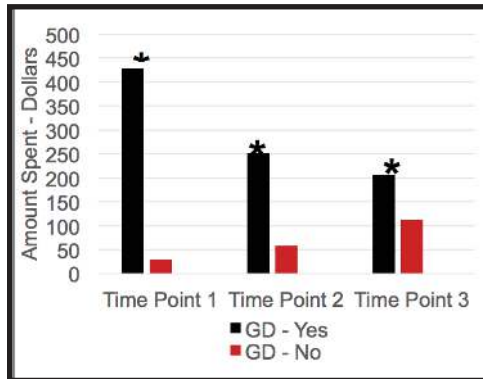
### **Impact of Gambling on Vulnerable Populations**

#### **Longitudinal Impact of a New Casino on Gambling Behavior Among Methadone Program Participants**

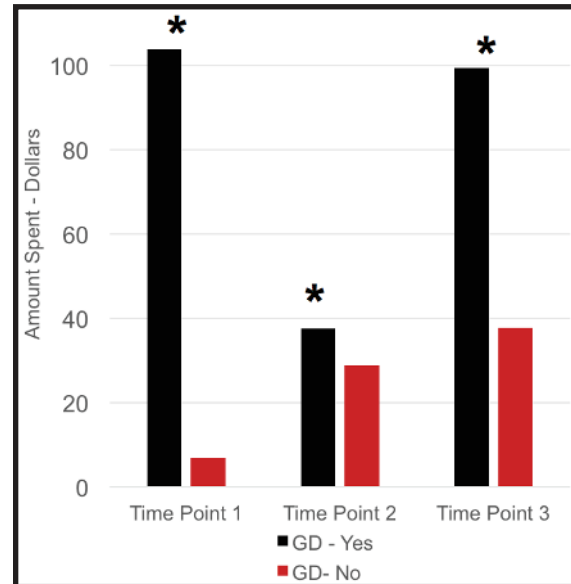
The prevalence of gambling disorder (GD) in the substance use treatment setting has been found to be higher than among the general population (Himmelhoch et al, 2015; Rennert et al., 2014; Ledgerwood & Downey, 2002). Additionally, studies have found that patients in substance use treatment with GD are more likely to be actively using drugs and have worse mental health symptoms (Petry, 2000). Given these findings the opening of a casino in close proximity to a methadone maintenance treatment (MMT) facility in Baltimore offered a unique opportunity to assess temporal changes in gambling behaviors and mental health among those with and without identified GD.

Seth Himmelhoch, MD, examined gambling behavior in the context of a newly opening casino, comparing disordered gamblers to non-disordered

gamblers, in a population of individuals involved in methadone maintenance treatment. Disordered gamblers (N = 50) and non-disordered gamblers (N = 50) were surveyed before and after the opening regarding gambling behaviors, substance use, and psychological symptoms. No statistically significant changes in gambling behaviors were observed for disordered gamblers or non-disordered gamblers across time points; however, non-disordered gamblers demonstrated non-significant increases in horse and dog race betting, electronic games, and casino table games. As expected, disordered gamblers were found to spend significantly more money on electronic games and casino table games ( $p < 0.05$ ) and demonstrated higher rates of drug use and impulsivity than non-disordered gamblers. The introduction of a new casino did not appear to have a major impact on gambling behaviors of individuals attending methadone maintenance treatment, though the non-significant increases in gambling among non-disordered gamblers may indicate that this population is differentially impacted by the opening of a new casino. Future investigation into the long term effects of the casino on this population may be warranted.



**Figure 20:** Average Amount Spent on Electronic Gambling Machines at a Bar or Casino in the Past 30 Days



**Figure 21:** Average Amount Spent on Casino Table Games at a Bar or Casino in the Past 30 Days

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

The Center, in collaboration with Seth Himelhoch, MD, MPH, received 1 of 3 two-year grants awarded by the National Center on Responsible Gaming in the amount of \$150,000.00 for "Adaptation and Feasibility testing of a Gambling-Specific SBIRT Intervention in a Real World Clinical Setting."

*The aims of this study include:*

**AIM 1:** To develop a problem gambling specific Screening, Brief Intervention and Referral to Treatment (SBIRT) intervention targeting individuals attending general primary care clinics.

**AIM 2:** To evaluate the feasibility/acceptability of inserting problem gambling specific SBIRT into preexisting substance use SBIRT procedures currently being implemented in Federally Qualified Health Centers (FQHCs).

**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.

To date the following progress has been made on this project:

### **Intervention Modification for the Primary Care Setting**

The Disordered Gambling SBIRT intervention was modified and adapted from an intervention developed by Petry et al. An initial modification of the workbook and manual was completed by Drs. Welsh, Rugle and Himelhoch to tailor it to the needs of people who attend primary care clinics.

### **Qualitative Interviews with Patients and Providers**

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. A purposive sample of clinicians who work in the primary care treatment environment were also interviewed. 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.

Next steps for the project include:

### **Convening the Expert Panel**

An expert panel will be convened to systematically review the results of the qualitative interviews. The panel will provide recommendations for how to best proceed with the design and implementation of the feasibility trial. The research team will incorporate the recommendations and modifications from the expert panel.

The study is expected to be completed in FY17.

#### **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.

**Evaluation of Brief Screens for Gambling Disorder in the Substance Use Treatment Setting.** Himelhoch et al. *American Journal on Addiction* 24: 460-466, 2015.

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

**Twelve Month Prevalence of DSM-5 Gambling Disorder and Associated Gambling Behaviors among Those Attending Methadone Maintenance.** Himelhoch et al. *Journal of Gambling Studies* 32: 1-10, 2016.

**Impact of a Casino Opening on Gambling Behaviors of People Engaged in Methadone Maintenance.** Palmer-Bacon J, et al. *Journal of Gambling Studies* 2016 Jun 2. [Epub ahead of print]

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

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

**Gambling Behavior in Older Adults.** Bergés et al. Preparation

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

**Problem Gambling in Veterans: A Review.** Levy et al. Preparation

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

#### **CONFERENCE PRESENTATIONS**

**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.

**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.

**Welsh, C, Rugle, L, Miles-McLean, H. Problem Gambling in Patients Receiving Medication Assisted Therapy.** Presented at the National Conference on Problem Gambling, Baltimore, MD, July 2015.

**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.

**Miles-McLean, H, Rugle, L., Welsh, C, Himelhoch, S. Longitudinal Impact of a New Casino on Gambling Behavior.** Poster presented at the National Center for Responsible Gaming Annual Conference on Gambling and Addiction, Las Vegas, NV, September 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.

**Durand C, Miles-McLean H, Wall ME, Rugle L, Welsh C, Himelhoch S. Gambling Disorders are Associated with Increased Negative Health Behaviors Among Those in Methadone Maintenance Treatment.** Presented at the National Conference on Problem Gambling, Tarrytown, NY, July 2016.

**Wall M, Miles-McLean, Durqand MS, Rugle L, Welsh C, Himelhoch S. Longitudinal Impact of a New Casino on Gambling Behavior.** Presented at the National Conference on Problem Gambling, Tarrytown, NY, July 2016.

## FUTURE DIRECTIONS

The Center, in collaboration with the Behavioral Health Administration, will continue to evaluate and grow each of these key initiatives in all of the six domains of function. A major focus will be on further developing and expanding the integration of problem gambling services and awareness into existing behavioral health programs. Additionally, enhanced program evaluation strategies and protocols will be implemented in order to define best practices. Network functioning will be monitored specifically working toward identifying and removing barriers to care. Research findings will continue to be utilized to inform treatment, public awareness, prevention and public policy initiatives. The Center will work closely with community stakeholders in those counties with casinos to identify and respond to needs for treatment and prevention services and resources. Key goals in each domain are highlighted below.

# FY 2017

### TREATMENT AND INTERVENTION SERVICES

- Provide technical assistance to strengthen problem gambling capability of behavioral health treatment and recovery programs throughout Maryland.
- Develop a more cohesive problem gambling treatment network that includes incentives for data reporting to allow more accurate tracking and monitoring.
- Increase awareness of availability of residential level of care for disordered gambling.
- Collaborate with BHA to develop system for problem gambling clinical data reporting.

### PUBLIC AWARENESS

- Implement campaigns in collaboration with jurisdictions housing casinos to develop targeted messaging.
- Research and implement new options to increase online community outreach through websites and social media.
- Expand the capacity of trained problem gambling health care professionals around the state (our Community Advocates) to implement community public awareness initiatives in their respective jurisdictions.
- Develop additional collaborative public awareness efforts through the Maryland Alliance for Responsible Gambling (MARG).

**TRAINING AND EDUCATION**

- Develop additional online and webinar problem gambling training topics and options for the broadest range of behavioral health professionals.
- Increase the participation of problem gambling treatment providers on case consultation calls.
- Continue to offer tailored trainings in response to the requests of specific agencies and organizations.
- Expand and support community prevention partnerships with prevention coordinators and community providers.

**PREVENTION**

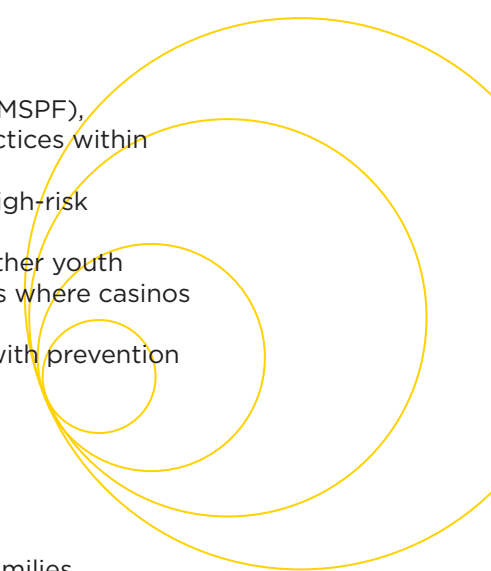
- Inline with the Maryland Strategic Prevention Framework (MSPF), integrate problem gambling prevention strategies and practices within existing community prevention initiatives.
- Develop outreach efforts with youth advocacy groups in high-risk communities.
- Offer the Smart Choices program to school districts and other youth programs in Prince George's County and other jurisdictions where casinos are located.
- Expand and support community prevention partnerships with prevention coordinators and community providers.

**PUBLIC POLICY**

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

**RESEARCH**

- Complete a statewide assessment of the prevalence of problem gambling in Maryland and measure changes over time.
- Continue surveillance activities monitoring the impact of gambling in Maryland, with particular focus on casino jurisdictions and vulnerable populations.
- Continue to study risk and protective factors for gambling disorder to best inform treatment and prevention practices.
- Cultivate strategic collaborations with key stakeholders to develop new and innovative lines of research inquiry.







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Expanding the **Vision**

## Acknowledgements

Maryland Department of Health and Mental Hygiene (DHMH)

Behavioral Health Administration (BHA)

Maryland Lottery and Gaming Control Agency (MLGCA)

Maryland Alliance for Responsible Gambling (MARG)

National Council on Problem Gambling





[HelpMyGamblingProblem.org](http://HelpMyGamblingProblem.org)



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**FUNDED BY:**

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