

Gambling Addiction Program Strategic Plan

DQ # 201900027o

J. Michael Faragher, Psy.D, MAC, CACIII, ICPGCII/BACC

Graduate Assistant research support was provided by:

Elliot Greive, M.A.

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- Mary McMahon
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Supporting Source Documents – Available on Google Drive

- NGAGE report
- APGSA report
- CGA report
- AGA report
- Casino Gaming Revenue Report
- Lottery Revenue Report
- Amendment 50
- Helpline Data Report
- Complete IGCCB certification requirements package
- Procedure for ICCB approved coursework curriculum
- Workforce shortage reports

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Gambling revenue reports
CO Audit Gambling Addiction Program

STATEMENT OF WORK

Final Report. The Contractor shall draft and deliver to OBH a Final Report to include, at a minimum, the following:

- I. An overview of the gambling addiction problem in Colorado.
- II. A documented analysis of Colorado's existing financial resources and infrastructure, to include any gaps, and to help address gambling addictions in the State.
- III. An outline of best practices from other states for successful gambling addiction programs.
- IV. A review of the need for increased addiction counselors in Colorado.
- V. Descriptive analysis of measures data including, but not limited to, the following:
 - A. Aggregate summaries.
 - B. Comparison of national and statewide gambling addiction problems.
- VI. Recommendations for improvements to the program to include, but not limited to, the following:
 - A. Measures.
 - B. Program Analysis.
 - C. Data collection processes.

Strategic Plan

- I. The Contractor shall draft and deliver to OBH a copy of the Strategic Plan.
- II. The Contractor shall ensure that the plan includes all the following:
 - A. A plan for a successful gambling addiction program in Colorado.
 - B. Make recommendations for strategies to respond to changes in the gambling addiction program in Colorado.
 - C. Identify opportunities to improve the gambling addiction program in Colorado.

Terminology

This contract requires the “study of the magnitude of the gambling addiction problem in Colorado.” While the term “addiction” does give us a general idea of what to look for in this study, due to its pejorative implications it is no longer a term technically used in the profession. Over time, various qualifiers of severity have been agreed upon only to be replaced later by more favorable descriptors.

Examples of severity in the past include:

- At Risk Gambling
- Problem Gambling
- Pathological Gambling

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition is currently the publication used in the mental/behavioral health field to diagnose mental disorders. The DSM-5 describes levels of severity of “gambling addiction” as follows:

Disordered Gambling - 312.31. 9 possible criteria.

- Mild – 4-5 criteria met
- Moderate – 6-7 criteria met
- Severe – 8-9 criteria met

While some might consider severe to equate to “addiction” individuals experiencing problems with their gambling at any of the less elevated levels also benefit from therapeutic interventions and, in many cases, these interventions interrupt the slide from mild and moderate to a more severe level. For purposes of this report, we consider that gambling disorders vary in severity and addicted, pathological, and severe are all considered to represent the most elevated levels of gambling disorder but not the only levels of severity amenable to counseling interventions. For the most part, the term “gambling addiction” has been replaced by “problem gambling.”

Introduction

Current Colorado Legislation

Readers of this report should be aware that there are currently two distinct legislatively directed actions that intersect with problem gambling in Colorado. Neither piece of legislation directly funds treatment or workforce development efforts, but both have the potential to impact the problem gambling landscape in Colorado in the coming year.

1. **Senate Bill 18-191 which, as shown below, funds and authorizes this current study.**

This report addresses the questions and concerns of Part B of Colorado Senate Bill 18-191 as underlined and presented below:

SENATE BILL 18-191

BY SENATOR(S) Gardner, Kerr, Martinez Humenik, Neville T., Tate, Grantham; also REPRESENTATIVE(S) Carver and Hooton, Kennedy, Melton, Rosenthal.

CONCERNING THE LOCAL GOVERNMENT LIMITED GAMING IMPACT FUND, AND, IN CONNECTION THEREWITH MAKING AN APPROPRIATION.

(II) FOR THE 2018-19 AND 2019-20 STATE FISCAL YEARS, ONE HUNDRED THOUSAND DOLLARS OF THE MONEY ALLOCATED TO THE GAMBLING ADDICTION ACCOUNT SHALL BE APPROPRIATED IN EACH FISCAL YEAR AS FOLLOWS:

(A) FIFTY THOUSAND DOLLARS TO THE DEPARTMENT OF LOCAL AFFAIRS TO STUDY AND ESTABLISH IN POLICIES AND PROCEDURES WHAT CONSTITUTES THE "DOCUMENTED EXPENSES, COSTS, AND OTHER IMPACTS INCURRED DIRECTLY AS A RESULT OF LIMITED GAMING" DESCRIBED IN SUBSECTION (1)(a)(I) OF THIS SECTION; AND

(B) FIFTY THOUSAND DOLLARS TO THE DEPARTMENT OF HUMAN SERVICES TO DEVELOP A PLAN, BY NO LATER THAN MARCH 1, 2020, FOR A SUCCESSFUL GAMBLING ADDICTION PROGRAM IN COLORADO. THE DEVELOPMENT OF THIS PROGRAM MUST INVOLVE THE STUDY OF THE MAGNITUDE OF THE GAMBLING ADDICTION PROBLEM IN COLORADO, THE DOCUMENTATION OF THE EXISTING FINANCIAL RESOURCES AND INFRASTRUCTURE TO HELP ADDRESS GAMBLING ADDICTION IN THE STATE, THE STUDY OF BEST PRACTICES IN OTHER STATES FOR SUCCESSFUL GAMBLING ADDICTION PROGRAMS, AND THE DOCUMENTATION OF ANY GAPS IN EXISTING FINANCIAL RESOURCES AND INFRASTRUCTURE IN COLORADO, INCLUDING THE REVIEW OF THE NEED FOR INCREASED ADDICTION COUNSELORS.

Colorado Senate Bill 18-191 Part B

This report addresses the Section B legislation stated above mandating that \$50,000 be devoted to researching following:

1. The study of the magnitude of the gambling addiction problem in Colorado.
2. Documentation of existing financial resources and infrastructure to help address gambling addiction in Colorado.
3. The study of best practices in other states for successful gambling addiction programs.
4. Documentation of any gaps in existing financial resources and infrastructure in Colorado
5. Review of the need for increased addiction counselors.

In their request for a proposal, the Department of Human Services Office of Behavioral combined item 2 and item 4 to cover all discussion of financial issues. In their request for a proposal, the Office of Behavioral Health also expanded the task requirements of Bill 18-191 to include the following sixth area of investigation:

6. Recommendations for improvements to the program.

This report concludes with a section presenting an overview of a statewide model to address problem gambling in Colorado. The section on workforce development provides additional detail as having a well-trained counselor population is the most critical component of the statewide plan. This model assumes very limited funding in the coming year based on current funding projections but presents options should adequate funding be appropriated.

2. House Bill 19-1327, shown below, will allow Colorado to offer sports betting in the state.

This second legislative initiative is anticipated to significantly impact the gambling environment in Colorado. House Bill 19-1327 sets aside \$130,000 in funds from sports betting to address problem gambling in the state. A final step is required prior to offering sports betting. A question on the November ballot will ask voters whether to allow betting on amateur and professional sports. If approved at the state and local level, betting on sports would be legal in gaming towns of Black Hawk, Central City and Cripple Creek, as well as online, starting in 2020. The funding for problem gambling would be made available from tax revenue generated through sports betting. This bill reads as follows:

HOUSE BILL 19-1327

Rep. Alec Garnett, Rep. Patrick Neville, Sen. Kerry Donovan, and Sen. John Cooke

(d) FOURTH, TRANSFER ONE HUNDRED THIRTY THOUSAND DOLLARS ANNUALLY TO THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES, TO BE USED AS FOLLOWS:

(I) THIRTY THOUSAND DOLLARS FOR THE OPERATION OF A CRISIS HOTLINE FOR GAMBLERS BY ROCKY MOUNTAIN CRISIS PARTNERS OR ITS SUCCESSOR ORGANIZATION; AND

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(II) ONE HUNDRED THOUSAND DOLLARS FOR PREVENTION, EDUCATION, TREATMENT, AND WORKFORCE DEVELOPMENT BY, AND INCLUDING THE PAYMENT OF SALARIES OF, COUNSELORS CERTIFIED IN THE TREATMENT OF GAMBLING DISORDERS.

EXECUTIVE SUMMARY

1. The magnitude of the gambling addiction problem in Colorado appears to approximate the national average with some states exhibiting slightly more challenges and some slightly fewer.

2. Documentation of existing financial resources and infrastructure addressing gambling addiction in Colorado suggests that Colorado is significantly underfunded as compared to the national average as well as compared to funding for problem gambling among almost all other states. The infrastructure upon which to build a comprehensive and collaborative approach to problem gambling is loosely connected with no agreed upon state wide plan to guide intervention efforts. There are no full-time positions funded to oversee and support a comprehensive infrastructure.

3. Best practices in other states for successful gambling addiction programs demonstrate extreme variability ranging from no programming in some states for problem gambling to states with a comprehensive infrastructure able to provide services along the entire continuum of problem gambling interventions including prevention, workforce development, treatment, and research and evaluation.

4. Documentation of any gaps in existing financial resources or infrastructure in Colorado suggests that Colorado is mainly characterized by gaps in financial resources and that it lacks a comprehensive infrastructure. There are currently no state funds allocated to provide any problem gambling treatment or workforce development services. Private contributions to the Problem Gambling Coalition of Colorado (PGCC) allow this state affiliate of the National Council on Problem Gambling (NCPG) to advocate for the needs associated with problem gambling in the state although this meager level of funding does not allow for comprehensive services beyond advocacy.

There exists in Colorado a substantial number of stakeholders that care passionately about problem gambling solutions but there are little to no public funds to organize and support these individuals. Heroic efforts on the part of these individuals have managed to hold a committed base of volunteers focused on problem gambling solutions loosely connected but this is probably not sustainable without a comprehensive state wide support plan.

5. Review of the need for increased addiction counselors clearly illustrated a great need for additional addiction counselors and, in particular as regards this report, counselors with specialized training in problem gambling.

In their request for a proposal, the Department of Human Services, Office of Behavioral Health expanded the task requirements of Bill 18-191 to include the following sixth area of investigation:

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6. Recommendations for improvements to the program. The statewide program developed following this report must include a mechanism to monitor and evaluate the program's successful implementation as well as the ability to evolve as changes in the gambling landscape change, i.e. sports betting, internet gaming, etc.

I. The Study of the Magnitude of the Gambling Addiction Problem In Colorado

Any plan to address problem gambling in Colorado must be built on a solid foundation of evidence-based information. A primary consideration in this regard is an accurate estimate of the incidence and prevalence of gambling as well as the magnitude of the gambling problem in Colorado.

In the area of problem gambling, the magnitude of the problem is a multifaceted concept with a broad constellation of possible measures. For instance, one could assess the negative impact on the family or employer, the extent of financial ruin of the problem gambler, the emotional damage visited upon the deeply-in-debt gambler, extent of criminal activity, suicide rates, and so on. Divergent sources of evidence in this report will focus on a variety of measures of incidence and prevalence as well as the magnitude of harm associated with problem gambling.

Previous efforts to assess problem gambling in Colorado, most notably a state wide survey, date back to 1997. This survey, conducted by Rachel Volberg of Gemini Research, will be briefly reviewed in this report as the established starting point for estimating gambling incidence and prevalence as well as problems associated with gambling in Colorado. Along with an overview of Volberg's findings, this section will provide a more current estimate of the magnitude of problem gambling in Colorado based on the reviews of several new data points some of which are emerging even as this report is being prepared. Specifically, data from the following sources allows for informed estimates of gambling behavior in Colorado:

- Gemini Research - Volberg
- NGAGE Report - National Survey on Gambling Attitudes and Gambling Experience
- APGSA Report - Association of Problem Gambling Service Administrators
- CGA Report - Colorado Gaming Association
- AGA Report – American Gaming Association
- Casino Gaming Revenue Report – Colorado Limited Gaming Tax Report; Colorado Department of Revenue
- Amendment 50 - Amendment to Colorado State Constitution
- Lottery Revenue Report - Colorado Department of Revenue
- Helpline Data Report – Gambling Addiction Helpline

A. Gemini Research - Volberg

While Volberg's report offers a good starting point, it must be noted that the landscape of gambling in Colorado has changed significantly in the past two decades since publication of

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those survey results. Previous estimates were not able to anticipate the ever changing landscape of legalized gambling in Colorado that is described below.

In 1997, the Colorado Department of Revenue commissioned the Volberg prevalence study to determine the level of gambling and problem gambling among the Colorado population. This study remains the only comprehensive state wide attempt to assess problem gambling. A large sample of Colorado residents aged 18 and over (N=1,810) were interviewed in April, 1997 regarding the following areas:

- types of gambling they have tried
- the amounts of money they spend on gambling
- about gambling-related difficulties

Volberg's incidence/prevalence results can be summarized as follows:

- 91% of the respondents engaged in one or more of 13 gambling activities. This lifetime participation rate is comparable to lifetime participation rates in many other states
- 81% acknowledge participating in one or more gambling activities in the past year.
- 20% of the respondents acknowledge gambling one or more times in the week prior to the survey.
- Lifetime gambling participation is highest for the lottery followed by non-Colorado casinos, Colorado casinos and sports pools. Past-year gambling participation is highest for the lottery, Colorado casinos and sports pools.
- Respondents spent an average of \$37 in the past month on gambling activities.
- The majority of respondents report spending small to moderate amounts on gambling in the past month.

Volberg's problem and pathological gamblers are identified as follows:

Lifetime problem gamblers were defined as those who score 3 or 4 on the lifetime items on the South Oaks Gambling Screen; lifetime probable pathological gamblers were those who score 5 or more. Current problem gamblers were those who score 3 or 4 on the current items on the South Oaks Gambling Screen; current probable pathological gamblers were those who score 5 or more.

- In Colorado, 4.4% of the respondents scored as lifetime problem gamblers (those ever having a gambling problem but not necessarily a current one) and an additional 1.8% of the respondents scored as lifetime probable pathological gamblers.
- In Colorado, 1.8% of the respondents scored as current problem gamblers and an additional 0.7% of the respondents scored as current probable pathological gamblers.
- Problem gamblers in Colorado were significantly more likely than non-problem gamblers to be male and under the age of 30. However, it is important to remember that problem gamblers in Colorado were most likely to be White men between the ages of 30 and 54.

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- Problem gamblers in Colorado were significantly more likely than non-problem gamblers to have gambled in the past week on bingo or pull tabs, Colorado casino games and lottery games.
- The greatest differences between non-problem and problem gamblers in Colorado in average past month expenditures were for Colorado casinos, bingo or pull tabs, lottery products and non-Colorado casinos. The average total expenditures on gambling in the past month were twice as high for problem gamblers as for non-problem gamblers in Colorado.
- Four of every ten individuals who have ever experienced gambling problems in Colorado were experiencing those difficulties now. One important difference between lifetime and current problem gamblers in Colorado is that current problem and probable pathological gamblers were nearly as likely to be female as male.

While Volberg's data presented an accurate estimate of gambling behavior in Colorado in 1997, significant changes in the laws regulating gambling in Colorado have likely made her estimates less accurate today.

The following section will summarize current sources of information from which the incidence, prevalence, and magnitude of gambling problems in Colorado may be estimated.

B. NGAGE - National Survey on Gambling Attitudes and Gambling Experience

At this time, the most comprehensive and timely estimate of gambling behavior at both the state and national levels is contained in the 2019 *National Survey on Gambling Attitudes and Gambling Experience* report released by the National Council on Problem Gambling and GVC Holdings. The survey examined both national and statewide statistics involving gambling behaviors, along with examining trends in sports betting.

The survey goes far beyond incidence and prevalence and provides a rich source of information regarding the attitudes and values of those engaged in gambling behaviors.

The following tables illustrate the comparison between national and Colorado gambling behaviors along multiple domains.

<i>Comparing National Gambling Statistics vs. Gambling Statistics in Colorado</i>	<i>National</i>	<i>CO</i>
<i>Number of respondents disclosing they have engaged in any gambling activity in the last year.</i>	73%	77%
<i>Number of respondents that played in the lottery in the last year.</i>	66%	68%
<i>Number of respondents that played bingo at a bingo event or a bingo hall in the last year.</i>	20%	19%
<i>Number of respondents that bought a raffle ticket of some kind in the last year.</i>	41%	41%
<i>Number of respondents that wagered money on horse and/or dog</i>	14%	11%

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<i>racings in the last year.</i>		
<i>Number of respondents that engaged in traditional sports betting in the last year.</i>	20%	22%
<i>Number of respondents that played fantasy sports in the last year.</i>	17%	18%
<i>Number of respondents that wagered money on card games in the last year.</i>	23%	25%
<i>Number of respondents that wagered money on craps or some sort of dice game in the last year.</i>	13%	13%
<i>Number of respondents that wagered money on roulette in the last year.</i>	13%	11%
<i>Number of respondents that wagered money on Pull-tabs or “breakopen” tickets in the last year.</i>	21%	19%
<i>Number of respondents that wagered money on “big wheel” type of games such as “Wheel of Fortune” in the last year.</i>	14%	13%
<i>Number of respondents that played slots, VGTs (video gaming technology) or some sort of gaming machine in the last year.</i>	32%	28%
<i>Number of respondents that spent money on any sort of activity within a casino in the last year.</i>	37%	37%
<i>Number of respondents that wagered money on a gambling app or some type of online gambling game.</i>	15%	16%

Comparing National Spending at Casinos Statistics vs. Spending at Casinos Statistics in Colorado	National	CO
<i>Amount of people that have never spent money at a casino.</i>	33%	27%
<i>Amount of people that have spent money at a casino once a year.</i>	30%	36%
<i>Amount of people that have spent money at a casino one to two times a year.</i>	14%	18%
<i>Amount of people that have spent money at a casino several times in a year but not monthly.</i>	13%	13%
<i>Amount of people that have spent money at a casino one to two times per month but not weekly.</i>	7%	4%
<i>Amount of people that have spent money at a casino on a weekly basis or more.</i>	3%	2%

Comparing National Attitudes Towards Problem Gambling vs. Attitudes Towards Problem Gambling in Colorado	National	CO
<i>Amount of people that agreed that gambling addiction is like an addiction to drugs and/or alcohol.</i>	75%	77%
<i>Amount of people that disagreed when asked if gambling is considered “immoral.”</i>	57%	63%
<i>Amount of people that agreed that problem gambling services are in their area.</i>	38%	36%
<i>Amount of people that agreed that the gambling industry should do more to help those with a gambling addiction.</i>	63%	63%
<i>Amount of people that agreed that the government should do more to help with gambling addiction.</i>	43%	41%

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<i>Amount of people that agreed that if someone close to them were to have a gambling problem they would know where to go for help.</i>	38%	37%
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*National Council on Problem Gambling. (2019) National Survey on Gambling Attitudes and Gambling Experience. *National Council on Problem Gambling and GVC Holdings*. Copyright 2019 National Council on Problem Gambling. Retrieved from: <https://www.ncpgsurvey.org>*

As can be seen in the above chart, fully 77% of those surveyed in Colorado report they have engaged in some form of gambling during the past year. This number is somewhat higher than the national average of 73%. Regarding gambling choices, a significantly higher percentage of Coloradan's spent money at a casino (36%) than the national average (30%). As well, a significantly lower number of Coloradan's report never having spent money at a casino (27% vs. 33%).

C. APGSA - Survey of Problem Gambling Services in the United States

On a biannual basis, one of the most sought after resources regarding the national and state status of gambling is the *Survey of Problem Gambling Services in the United States*. The most recent issue is The 2016 Survey of Problem Gambling Services in the United States and is a joint project of the Association of Problem Gambling Service Administrators, Inc. (APGSA) in collaboration with the National Council on Problem Gambling, Inc. (NCPG). A wealth of information regarding gambling issues is provided by the state agency administrators and NCPG affiliate directors and staff who complete a survey or help in the gathering of survey information. According to the report, "it represents the most comprehensive collection on information on problem gambling services in the United States."

Essentially what they report is that many states have two main sources of operational support. The first source provides resources, including funding, that are mandated through state legislation. This public resource is generally administered by state departments of health or human services. The second source of support found in many states represents non-government groups, often volunteers, that are state affiliates of the National Council on Problem Gambling.

As stated in their introduction to the 2016 edition, "*This report presents the only national compilation of comprehensive information gathered about problem gambling services in the United States.*" (Marotta, 2016)

They explain, "*The 2016 Survey of Problem Gambling Services in the United States included two surveys: one designed to collect information on publicly funded problem gambling services from the 50 states and the District of Columbia and, the other to capture information on problem gambling services delivered by NCPG Affiliates.*"

As further explained in the report:

"This is the second comprehensive report to be co-sponsored by the National Council on Problem Gambling (NCPG). NCPG spearheads efforts to address problem gambling at the national level, while state level efforts are primarily delegated to NCPG state-based affiliate chapters (referred to in this report as "Affiliates")."

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Regarding prevalence rates at both the national level and Colorado, the APGSA reports the following (Marotta, 2017).

- 2.4% of all adults in Colorado are problem gamblers
- This translates to 102,389 adults in 2016
- \$1.4 billion was spent in Colorado on gambling in 2016
 - Colorado collected \$239 million from this expenditure

D. American Gaming Association

Reports from the gambling industry at the national level also provide an informative picture of the gambling landscape in Colorado. The American Gaming Association (AGA) represents the interests of the casino industry at the national level and also provides statewide usage statistics from throughout the country. According to the 2018 annual report from the American Gaming Association, the following describes recent gambling activity in Colorado (AGA Annual Report, 2018):

- 2017 was a record-breaking year for some Colorado casinos
- There are 33 land-based casinos in Colorado
 - Second most land-based casinos in the country
- From 2016-2017, there was a 2.13% increase in commercial casino consumer spending amounts
 - \$8.1 million to \$8.28 million
- Colorado also experienced a 3.02% increase in commercial casino direct gaming tax revenue
 - \$1.17 million to \$1.21 million
- Gaming machine revenue in CO went up 1.8% in 2017
 - \$722.5 million
- Table game revenue was up 4.7%
 - \$105.6 million
- Gaming revenue was up in all cities
 - Black Hawk revenue was \$621.4 million
 - 1.9% increase
 - Cripple Creek was \$134.7 million
 - Up 2.5%
 - Central City was \$71.9 million
 - Up 3.2%
 - These all increased even with two casino closures in Blackhawk in 2017

As illustrated above, by every measure taxable revenue generated through casino gambling in Colorado increased according to the most recent report released by the Colorado Gaming Association. This provides strong evidence that gambling remains a frequently engaged in behavior in Colorado casinos.

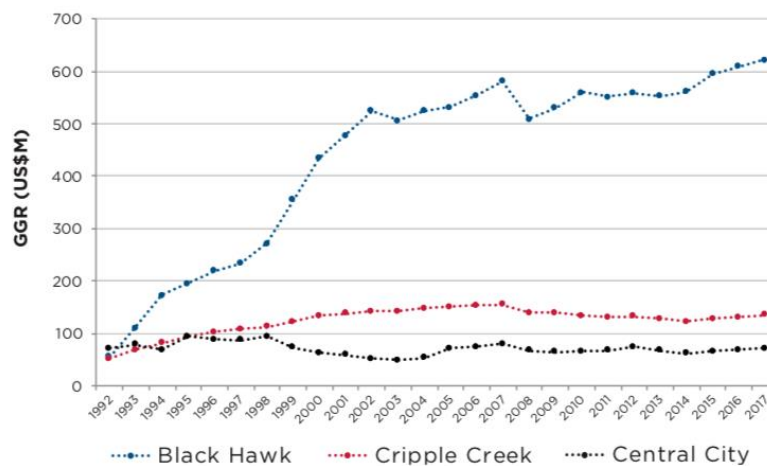
E. Casino Gambling Revenue

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As illustrated in the charts below from the American Gaming Association, the increased revenue generated through casino gambling from 1992 through 2017 and again from 2013 through 2017 suggests that gambling incidence and prevalence continues to grow in a steady fashion in Colorado. While many explanations for this increase may be offered, it is clear evidence that the total amount of gambling in Colorado is on the increase. In general, research suggests that as gambling increases, all other things being equal, so often do the problems associated with gambling and the consequent requirements for intervention services.

1992 to 2017

In 2017, commercial casinos in the Black Hawk market continued to generate the lion's share of Colorado's gaming business, bringing in more than three-quarters of the state's commercial casino gaming revenue.

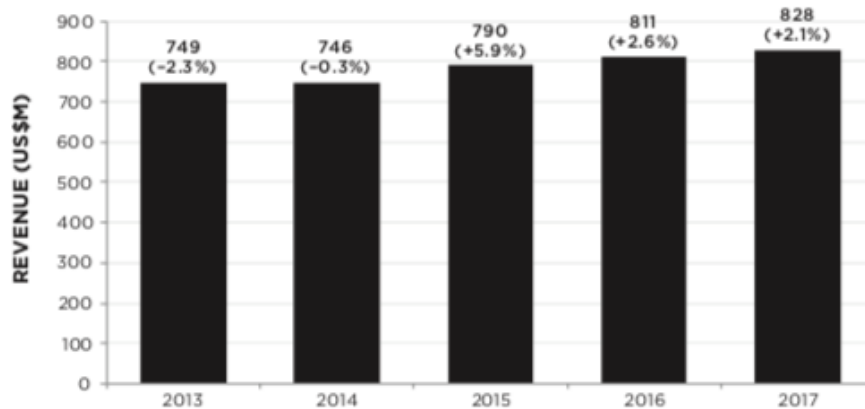


SOURCE: Colorado Division of Gaming

American Gaming Association. (2019) Sports Betting Consumer Study. *American Gaming Association*. Copyright 2019 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/sports-betting-consumer-study>

Colorado: Annual Commercial Casino Gaming Revenue (US\$M)

2013 to 2017



SOURCE: Colorado Department of Revenue

*American Gaming Association. (2019) Sports Betting Consumer Study. *American Gaming Association*. Copyright 2019 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/sports-betting-consumer-study>*

Amendment 50 2009

Regarding gambling revenue, an example of the changes in the gambling landscape since publication of the Volberg report is the passage of Amendment 50 to the Colorado constitution. On July 2, 2009, Colorado casinos began to allow \$100 maximum bets, offer the games of craps and roulette, and remain open 24 hours a day as the result of Amendment 50, approved by Colorado voters on Nov. 4, 2008. Prior legislation had limited gambling bets to \$5 and casinos were required to close for the day at 2:00am like other establishments devoted to adult entertainment.

Initial expectations were that the higher table limits and expanded hours would generate an additional \$7 million to \$10 million in tax revenue that was largely earmarked for community colleges in Colorado. Specifically, additional revenue was distributed as follows:

- 78% to the state's public community colleges, junior colleges, and local district colleges to supplement existing state funding
- 12% to Gilpin and Teller counties in proportion to gaming tax revenues generated in each county
- 10% to the cities of Black Hawk, Central and Cripple Creek in proportion to gaming tax revenues generated in each city

The observed increased revenue following implementation of Amendment 50 over the past five years would suggest a significant increase in gambling wagers as well as hours spent gambling. As presented by the Colorado Department of Revenue in their 2018 report, actual tax revenue generated from passage of Amendment 50 was as follows:

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- 2014 – \$8,379,002
- 2015 – \$9,875,492
- 2016 – \$12, 557.487
- 2017 – \$13,419,866
- 2018 – \$16,738,280

We should consider that this is revenue that was not generated prior to Amendment 50 and reflects elevated levels of gambling either in extended play, increased number of players, or size of wager.

If we can assume that a least a portion of this additional revenue was the result of gamblers placing higher bets or playing longer into the morning hours it is possible that an increase in those experiencing problems with gambling paralleled this increase especially when one considers who might be gambling between 2am and daybreak. One could also speculate that those gambling larger amounts well past 2:00am might represent a group of gamblers that experienced the most difficulty with their gambling behavior in terms of setting betting limits.

F. Colorado Lottery Revenue

The Lottery is the second form of legislatively approved gambling in Colorado. As was evident with casino gambling, records demonstrate that revenue generated by the lottery show a steady increase over the past several years. This illustrates that this form of gambling remains a frequently engaged in activity. It is noteworthy that Scratch tickets generate a disproportionately large share of the revenue associated with lottery revenue.

	2014	2015	2016	2017	2018
Cash 5	\$19.20	\$19.30	\$19.00	\$17.60	\$17.70
Cash 5 EZ	N/A	N/A	N/A	\$1.10	\$3.90
Lotto	\$33.80	\$29.80	\$27.40	\$30.60	\$28.50
Powerball	\$84.50	\$72.00	\$115.10	\$73.00	\$88.10
Scratch	\$362.00	\$377.20	\$395.20	\$380.20	\$407.50
MegaMillions	\$36.80	\$31.00	\$28.80	\$25.80	\$38.40
Pick 3	\$8.70	\$8.70	\$8.90	\$11.00	\$12.20
Lucky for Life	N/A	N/A	N/A	\$16.00	\$15.70
Total	\$545.00	\$538.00	\$594.40	\$555.30	\$612.00

Lottery revenue in millions of dollars
Fiscal Years 2014 to 2018

G. Helpline Activity

1. Lottery Supported Helpline

While tallying the numbers of calls to a problem gambling helpline is not itself a direct measure of the prevalence of gambling addiction, these numbers can be compared against themselves over time to identify an increase or decrease in frequency of calls. All other things being equal, a decrease in calls for help might suggest there are fewer experiencing problems with their gambling and vice versa.

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Colorado has not seen a decrease in the number of calls but has rather remained steady over time. There are approximately 100 calls per month with about 12 or 13% representing inquiries for help with gambling problems either for oneself or a significant other.

The helpline data reported below covers the period from September 2018 through February of 2019 and it was prepared by the Rocky Mountain Crisis Partners (2019). The report illustrates the clinical challenges that callers report during the call.

Gamblers Anonymous also provides hotline services and their contact information is presented below. Numbers of contacts to their hotline are not available, however, their website has averaged over 500 visits a month over the past two and one half years. A good number of these contacts most likely are from those experiencing problems with gambling that are looking for help.

Helpline Calls

- **9/1/2018 - 10/1/2018**
 - Identified issues
 - 10% reported a major life stressor, 30% reported an anxiety concern, 30% reported a mood concern, and 30% reported a family concern.
 - Gaming Type
 - 20% identified they played the lottery (Powerball), 20% identified they played the lottery (scratch-off), 20% they played an unknown game within the casino, and 40% did not identify.
 - Call Volume
 - 96 calls total
 - Received 17 calls on a Sunday between 8AM-8PM
 - Followed by 15 on Saturday between 8AM-8PM and 13 calls on Monday at the same time.
 - 4% were between 12AM-8AM, 6% were between 8PM-12AM, 90% were between 8AM-8PM
 - Gender of clients
 - 13 males, 14 females, 40 did not specify
 - Ages of clients
 - 1 person aged 25-39, 3 people aged 40-64, 63 did not identify
- **10/1/2018 - 11/1/2018**
 - Identified Issues
 - 4% reported a family issue, and 4% reported a cognitive issue, 13% reported a mood concern, 38% reported a major life stressor, and 41% reported an anxiety concern.
 - Gaming type
 - 3% played a dice game at a casino, 6% played non-casino bingo, 6% played an unidentified game in the casino, 7% played casino bingo, 9% played the lottery (Powerball), 9% played an unknown game outside of a casino, 13% played the lottery (scratch-off), 14% played some unknown game at a casino, 16% played the slots in the casino, and 17% played cards in the casino.
 - Call Volume
 - 171 total calls
 - Received 37 calls on Wednesday between 8AM-8PM

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- Followed by 28 calls on Tuesday between 8AM-8PM and 25 calls on Monday at the same time.
 - 5% between 12AM-8AM, 6% between 8PM-12AM, 89% between 8AM-8PM
 - Client gender
 - 28 males and 17 females and 59 did not specify
 - Client ages
 - One person aged 18-24, 4 people aged 25-39, 3 people aged 40-64, 9 people aged 65+, 87 did not identify
- **11/1/18 - 12/1/2018**
 - Identified Issues
 - 4% reported a safety concern, 4% reported a family issue, 16% reported a mood concern, 28% reported a major life stressor, and 48% reported an anxiety concern.
 - Gaming type
 - 2% gambled with some unknown game, 5% played the lottery (scratch off) and 5% participated in internet gaming 10% played cards at a casino, 10% participated in sports betting, 10% participated in the lottery (Powerball), 15% played slots at the casino, and 21% played an unknown game at a casino.
 - Call Volume
 - 103 calls total
 - Received 18 calls on Thursday between 8AM-8PM
 - Followed by 16 calls on Tuesday and 14 calls on Saturday at the same time.
 - 4% 12AM-8AM, 9% from 8PM-12AM, 87% were between 8AM-8PM
 - Client Genders
 - 21 males, 21 females, and 42 did not specify.
 - Client Ages
 - One person aged 18-24, 4 people aged 25-39, 8 people aged 40-64, 2 people aged 65+, and 69 did not identify
- **12/1/18-1/1/19**
 - Identified issues
 - 4% reported a mood concern, 8% reported a major life stressor, 13% reported a substance abuse issue, 34% reported a family issue, and 39% reported an anxiety concern.
 - Gaming Type
 - 6% played internet gaming, 6% played the lottery (scratch-off), 13% played video poker within a casino, 13% played slots within a casino, 13% played cards within a casino, 20% played an unknown game within a casino 26% gambled with some unknown game outside a casino,
 - Call Volume
 - 109 total calls
 - Received 19 calls on Wednesday between 8AM-8PM.
 - Followed by 18 calls on Monday and 17 calls on Thursday at the same time.
 - 7% between 12AM-8AM, 8% between 8PM-12AM, and 84% between 8AM-8PM.

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- Gender of clients
 - 25 males and 10 females, 57 did not specify
- Ages of clients
 - 6 people aged 25-39 years, 4 people aged 40-64 years, 1 person aged 65+, and 81 did not identify.
- **1/1/18-2/1/19**
 - Identified issues
 - 10% reported a safety concern, 14% reported family issues, 24% reported a major life stressor, 52% reported an anxiety concern.
 - Gaming Type
 - 6% played non-casino cards, 6% played the lottery (instant or scratch-offs,) 6% played video poker within a casino, 6% played slots within a casino, 6% played some other game in the casino, 6% played casino cards, 13% played internet games, 13% played the lottery (Powerball,) and 33% played an unknown game outside of a casino.
 - Call Volume
 - Total of 113 calls
 - Received 21 calls on Tuesday between 8AM-8PM.
 - Followed by 20 calls on Wednesday and 15 calls on Friday at the same time.
 - 6% between 8PM-12AM, 8% 12AM-8AM, and 86% between 8AM-8PM
 - Gender of clients
 - 15 males and 20 females, 46 did not specify
 - Ages of clients
 - 1 between 18-24 years old, 2 people aged 25-39 years, 4 people aged 40-64 years, 4 person aged 65+, and 70 did not identify.
- **2/1/18-3/1/19**
 - Identified issues
 - 7% reported family issues, 7% reported a mood concern, 13% reported a major safety concern, 27% reported a major life stressor, and 47% reported anxiety concerns.
 - Gaming Type
 - 11% played the lottery (Powerball,) 11% played slots within a casino, 22% played some other game within a casino, and 56% played an unknown game.
 - Call Volume
 - 98 calls total
 - Received 18 calls on Monday between 8AM-8PM.
 - Followed by 16 calls on Tuesday and Friday at the same time.
 - 6% 12AM-8AM, 11% 8PM-12AM, and 83% between 8AM-8PM
 - Gender of clients
 - 20 males and 14 females, 44 did not specify
 - Ages of clients
 - 1 person aged 18-24 years, 2 people aged 25-39 years, 6 people aged 40-64 years, 2 person aged 65+, and 67 did not identify.

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2. Gamblers Anonymous Supported Helpline

Hotline 1-855-2-CALLGA 1-855-222-5542

Website: <http://www.coloradoga.org/>

Colorado Intergroup of Gamblers Anonymous

PO Box 6875

Denver, CO 80206

While absolute numbers of help calls are not available for GA, their records report approximately 500 visits to their webpage each month. It is likely many of these visits are to inquire about help for the visitor or their significant others.

Summary

It is apparent from the above independent data sources that gambling is an activity engaged in by a large number of Coloradan's. The percentage of those in the state who gamble does not appear to be declining and revenue generated for the state through gambling appears to gradually increase from year to year. The most current national survey indicated that those in Colorado gamble slightly more frequently than the national average. The number of people calling a helpline for assistance with gambling problems has remained stable over time.

These areas considered, it appears the magnitude of the gambling problem in Colorado approximates the national average and is closely aligned with the numbers of those with gambling problems in most other states. However, our next section will illustrate that despite the fact that Colorado's gambling problems approximate the national average, the available funding and resources to address gambling problems are significantly less than what is available in almost all other states.

II. Colorado's Existing Financial Resources and Infrastructure Relating to Gambling and Addictions

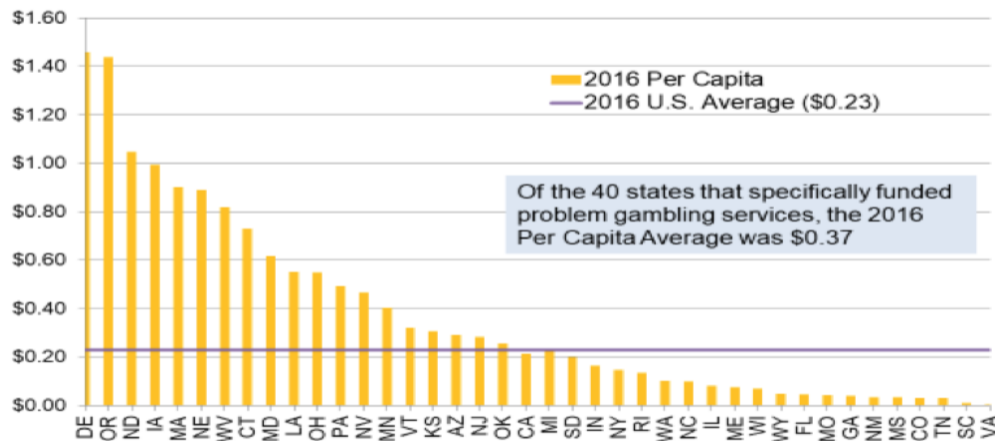
A. Financial Resources

A Brief History

As compared to national averages, funding for problem gambling in Colorado has been meager and inconsistent over the past 10 years. In a recent report, Colorado contributed an average \$.03 per person for problem gambling services vs \$.37 for the national average. As can be seen in the chart below, only three states provide less funding per capita for problem gambling than does Colorado.

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2016 Per Capita Allocation Problem Gambling Services Allocation by U.S. State Agencies



Note: Includes only funds line itemed for problem gambling services and passing through a state agency. Missing states (AK, AL, AR, HI, ID, KY, MT, NH, TX, UT) do not fund problem gambling services through legislative actions or utilize state agency budgets line itemed for problem gambling services.

*Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Sheldrup, J., & Dukart, J. (2017). *2016 Survey of Problem Gambling Services in the United States*. Boston MA: Association of Problem Gambling Service Administrators.*

2009 – 2013 - A Comprehensive Plan to Provide Problem Gambling Services in Colorado

The first significant problem gambling funding efforts by the Colorado legislature were initiated in 2008 through House Bill 1314, a measure that required that 2 percent of the funds in the Local Government Limited Gaming Impact Fund be dedicated to funding for gambling addiction counseling. That money came from state tax dollars generated by casinos and was administered by Colorado’s Gambling Addiction Account.

The funding made available through House Bill 1314 was administered by the Office of Behavioral Health (OBH) at the Department of Health. The first grant to provide problem gambling services was awarded to the Problem Gambling Treatment and Research Center (PGTRC) at the University of Denver in 2009 in the amount of \$99,000. Following an exhaustive review of the current resources and needs to address problem gambling in Colorado, the OBH determined that the overriding need in building a state wide problem gambling program was workforce development. At this time there were fewer than a handful of addiction counselors qualified to work with problem gamblers and the research was clear that working with gambling problems required an additional layer of training and experience that went beyond what is the standard with substance use counseling.

Over the four years in which the PGTRC received funding from OBH, the funding to the PGTRC was systematically reduced to the final year funding of \$57,000 in 2013. It is unclear why this decrease in funding occurred, but an audit was conducted to explore this situation and several hypotheses have been offered.

In 2013 an independent evaluation by a problem gambling services expert, Dr. Jeffrey Marotta, provided the following evaluation of the services that were provided by the PGTRC. Dr. Marotta finalized a comprehensive survey of every state’s problem gambling services under a joint

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contract from the Association of Problem Gambling Service Administrators (APGSA) and the National Council on Problem Gambling (NCPG) . Dr. Marotta summarized the services provided by the PGTRC at the University of Denver as follows (Marotta, 2013):

“Considering the level of funding relative to other states, it is impressive how much is being done in Colorado to address problem gambling. The state certainly appears to be getting good bang for the buck in supporting the Center of Excellence's comprehensive problem gambling workforce development program and associated efforts to provide low cost problem gambling counseling. Considering what you are able to offer for \$57,000, I can only image what would be possible with funding on par with the national average.”

Funding 2009 – 2013 - Problem Gambling Treatment and Research Center

2009-10 - \$99,033
2010-11 \$71,130
2011-12: \$68,416
2012-13: \$57,000

Funding 2014 – 2016 - Center for Governmental Training

In 2014 funding for problem gambling was redirected to funding counselor applications for training opportunities and reimbursement for gambling counseling services through the Center for Governmental Training.

Throughout the 2014 – 2016 time span funding for gambling problems was contracted to the Center for Governmental Training to support counselor applications for training opportunities offered outside Colorado as well as reimbursement for gambling counseling services.

A state audit of the program found that during this time period only five counselors received national accreditation and that 83% of the funds allocated to the program in 2015 were spent on administration and marketing. Following the audit, the state terminated the contract with the Center for Governmental Training.

Funding - Center for Governmental Training

2014 – \$55,420
2015 – \$66,500

Funding 2018 – 2020

At the present time, both substance use and gambling addiction programs are managed by the Colorado Department of Human Services, Office of Behavioral Health. Funding for both of these areas is separate and restricted to the area for which funding was legislated.

As directed by Senate Bill 18-191, for the 2018-19 and 2019-20 state fiscal years the State of Colorado has allocated \$100,000 annually to gambling addiction.

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However, none of these funds are earmarked for prevention, workforce development, or treatment. This annual allocation of \$100,000 identified in Senate Bill 18-191 is assigned to two state agencies with the following responsibilities:

1. The Department of Local Affairs was allocated \$50,000 each year to investigate and establish policies related to “documented expenses, costs, and other impacts incurred directly as a result of limited gaming.”
2. The Department of Human Services was allocated \$50,000 each year to develop a plan for a successful gambling addiction program in Colorado.

Additional Sources of Funding

In addition to the funding through the Department of Human Services, Office of Behavioral Health, financial contributions to address problem gambling are received on an almost annual basis from the sources listed below. These funds are generally channeled through contributions to the Problem Gambling Coalition of Colorado, the state affiliate of the National Council on Problem Gambling.

Colorado Lottery

- The Colorado Lottery contributes \$10,000 annually to the Problem Gambling Coalition of Colorado – Approximately \$9,000 of that goes to funding the problem gambling helpline
- The Colorado Lottery also contributes approximately \$15,000 every March for digital prevention ads. (“bet for dreams, not diapers”) ads on Facebook, etc. Ads include PGCC and the Lottery logos as well as hotline number.
- The Lottery regularly provides monthly meeting space for the Problem Gambling Coalition of Colorado.

Casinos

- Lady Luck/Isle - \$10,000 to PGCC
- Ameristar - \$2,500 to PGCC

Gaming Industry

- Colorado Gaming Association - \$30,000 to PGCC

Colorado Association of Addiction Professionals

- \$1,000 to PGCC

Problem Gambling Coalition of Colorado

- PGCC sponsors a fund-raising golf tournament in which a small amount of revenue is generated to advance advocacy and awareness efforts in the state.

\$68,500 - Total Voluntary Contributions to the Problem Gambling Coalition of Colorado.

B. Infrastructure

On the national level, the infrastructure, or basic underlying connected framework of systems and services devoted to addressing problem gambling, is characterized by extreme diversity from state to state.

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The existing infrastructure related to problem gambling in Colorado is characterized by a loosely connected network of passionate stakeholders ranging from state government employees to members of self-help groups. It is essential that these entities be brought together in an organized, collaborative way to impact the problems associated with gambling in Colorado.

The following stakeholders currently play various roles in the problem gambling landscape in Colorado.

1. State Legislature

A number of state legislators are currently involved in passing legislation impacting problem gambling in Colorado. The Colorado State Legislature has recently passed:

SENATE BILL 18-191.

Senators Gardner, Kerr, Martinez, Humenik, Neville, Tate, Grantham
Representatives Carver, Hooton, Kennedy, Melton, Rosenthal.

HOUSE BILL 19-1327

Senators Donovan, Cooke
Representatives Garnett, Neville

2. Problem Gambling Coalition of Colorado (PGCC)

The PGCC is the state affiliate of the National Council on Problem Gambling. PGCC meets regularly and its mission is to increase awareness, advocate treatment and promote research and education on problem gambling. One of its strengths is the diverse membership drawn from the Colorado Lottery, Colorado casinos, the treatment community, and members of the recovering community. PGCC plays an important role in fundraising activities, as well as raising awareness levels throughout the state.

3. Colorado Department of Human Services, Office of Behavioral Health

(OBH) - OBH serves several important functions in providing services in Colorado. Foremost, OBH has historically reviewed and ranked proposals, contracts and grant applications when funds were available to address problem gambling in the state. Currently, OBH is serving that function with this particular report. On the clinical level, OBH has ensured that problem gambling related content is current and available in the coursework they review, require, and monitor as they regulate the addiction coursework sequence for addiction certification and licensure.

4. Gamblers Anonymous (GA)

GA has been a mainstay in addressing gambling problems in Colorado for decades. From its hotlines, conferences, recovery meetings and membership involvement in countless community activities, GA contributes across the spectrum. Their involvement ranges from active membership in volunteer organizations, fundraisers, community presentations all the way to representation on government panels in Colorado.

5. Problem Gambling Treatment and Research Center (PGTRC)

Housed in the Counseling Psychology Department in the Morgridge College of Education at the University of Denver, the PGTRC has provided the full range of services over the past decade contingent on annual funding levels. From 2008 to 2013 the PGTRC received between \$99,000 and \$57,000 annually to provide problem gambling services. During its peak funding years, the PGTRC provided 30 hours of no cost internet based problem gambling training and education, no cost call-in supervision provided by a Board Approved Clinical Consultant credentialed by the International Problem Gambling Certification Board, free and low cost counseling to problem gamblers and their family members by highly trained MA and Ph.D. level graduate students, and an annual no-cost all-day conference with free lunch and parking to ensure gambling counselors could complete required CEUs to maintain their credentials. When funding was redirected from the PGTRC to the Center for Governmental Training in 2013, these free services to counselors and clients in Colorado were no longer provided nor was no cost coursework and supervision provided to counselors.

In summary, the organizations described above represent the most visible efforts to impact problem gambling in Colorado. They are staffed with highly motivated and dedicated individuals who uniformly work for very low pay or, in many cases, volunteer their time.

These are some of the programs and resources that have been active in Colorado to combat problem gambling. While there have been sporadic developments in what the state offers as far as treatment, education and prevention, additional resources are sorely needed. With the upcoming likelihood of legalization of sports gambling and the technological avenues of accessibility increasing substantially, much more needs to be done. The following section will address what other states have done to fund their problem gambling programs.

III. Best Practices in Other States for Successful Gambling Addiction Programs

Extreme variability characterizes problem gambling services in states throughout the country. For example, the most current national survey by the Association of Problem Gambling Services Administrators (APGSA) reported in 2016 that dedicated funding for problem gambling ranged from \$0 in several states to \$8.47 million in California.

According to the APGSA (Marotta, 2016) national report, 40 states provide public funding for gambling problems and:

....” for those 40 states that invest in problem gambling services, per capita allocations for problem gambling services ranged from \$0.01 in South Carolina to \$1.46 in Delaware. The average per capita allocation for problem gambling services in the 40 states with publicly funded services was 37 cents. When the 10 states without dedicated funding are included, the national Average drops to 23 cents per capita.”

It should be noted that Colorado sits near the bottom with a \$0.03 per capita allocation for problem gambling services.

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According to Marotta, the total investment of all of the states combined in 2016 was \$73 million (Marotta, 2017.) While funding has more than doubled during the last two decades, it remains dismally low in most states considering the costs associated with disordered gambling. However, in the late 90s, fewer than half of the states chose to allocate any funds to combat problem gambling. The following survey information was reported by Volberg. (Volberg, 1997).

- 21 states chose to allocate funds to address problem gambling.
- Total funding by states was approximately \$13 million.
- Funding was devoted mainly to prevention, education, and research.

More recently, under contract with the National Council on Problem Gambling, Marotta elaborated on this topic (Marotta, 2017) as follows:

- Those states that provided funds for problem gambling legislated a total of \$73 million in 2016. Those funds were allocated in the following manner:
 - 37% for treatment
 - 15% for media and/or awareness projects
 - 14% for helpline services
 - 13% on prevention programs
 - 8% on training new problem gambling counselors
 - 6% on research
 - 5% on other administrative costs.

Prevention Services Within Different States.

- Pennsylvania dedicates 82% of their funding for prevention services.
- NCPG Affiliate in California spent 50% of their funding for prevention services
- Altogether, the states that used funds for prevention spent a total of \$17.4 million
- Many focused on high risk populations
 - College students, military, and those in the criminal justice system

Within the domain of prevention, public awareness services are a common expenditure for many states. These services are aimed at not only explaining the issue of problem gambling, but to also offer options for services and support for those that find themselves suffering from their gambling behavior. The platforms to deliver prevention services varies from state to state and is often dependent on the available resources in each state (Marotta, 2017).

Statewide Variability in Generating Funding

The following demonstrates the extreme variability in methods of generating funds to address problem gambling from state to state.

- **Kansas**
 - In 2008, Kansas began to dedicate 2% of their gambling revenue to a Problem Gambling and Addiction Grant.
 - Raised \$4 million in one year from this grant.
- **Missouri**
 - Began the Missouri Department of Mental Health Compulsive Gambler's Fund
 - A one cent tax taken from every casino admission.
 - Allowed for gambling services to be free in the state of Missouri.

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- **Arizona** (Marotta, 2017).
 - In 2002 Arizona passed a proposition that required 2% of the revenue from various casinos to be dedicated to funding prevention, education, and treatment for problem gambling.
 - In 2016 this raised \$1,719,000 to be used for various services
- **Connecticut**
 - Began the Chronic Gamblers Treatment Fund
 - Raised \$2.3 million from lottery revenues, \$200,000 from charitable gaming, and received \$112,000 from the Department of Mental Health and Addiction Services
 - Used for helplines, research, counselor certification, treatment, and prevention.
- **Delaware**
 - Began program that requires either 1% of lottery earnings or a sum of \$1,000,000 to be dedicated to treat problem gambling.
 - These funds were increased after racino events were up 3% in 2017.
 - Now requires a total of \$13.25 million in annual fees per year with how much it has grown.
 - Also has highest per capita rate donated to problem gambling
 - \$1.46 and the average is \$0.37.
 - These funds led to an increase in treatment programs by 53% between 2013 and 2016.
- **Massachusetts**
 - In 2011 the Expanded Gaming Act went into effect.
 - This limited the amount of gaming facilities to be allowed in the state, and each existing facility was then taxed.
 - Established a Public Health Trust Fund to support treatment.
 - This fund received \$5 million from casinos each year and this was raised to \$15 million after an expansion of the act permitted more casinos to be built.
 - Allowed for a total of \$6.1 million to be invested into problem gambling treatment.
 - Also allowed the Massachusetts Council on Compulsive Gambling to operate on a budget of \$2.1 million in 2016.
- **Nevada**
 - The Senate implemented Bill 35.
 - Developed the Revolving Account for the Prevention and Treatment for Problem Gambling
 - Allowed each slot machine in the state to be taxed.
 - Collected \$1.3 million to be used for treatment.
- **New Jersey**
 - In 1983, began one of the first programs incorporating gambling revenue with beginning Proposition A2578.
 - Collected earnings from casinos, racetracks, and forfeited casino winnings.
 - Transferred to the Department of Human Services and Division of Mental Health and Addiction.

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- These funds allowed for the Council on Compulsive Gambling in New Jersey to be one of the largest NCPG Affiliates.
 - Had a budget of \$2.6 million in 2016.
- **New Mexico**
 - Implemented the Gaming and Liquor Control Act
 - Required the owners of racetracks and gaming operators to spend no less than one quarter of one percent on net win revenues on problem gambling treatment.
 - Once these operators determine how much is to be allocated, it has to be approved by the Gaming Liquor and Control Act.
- **Florida**
 - Requires a maximum of 2,000 gaming machines per piece of property and each property is taxed.
 - Each property required to pay licensing fee of \$2 million along with a \$250,000 regulating fee.
 - All funds dedicated to the Florida Compulsive Gambling Program.
- **New York**
 - In 2013, the state gave casinos the option of being private.
 - This required a \$500 tax per table and per slot machine in these casinos.
 - These funds, including forfeited winnings, is given to the Problem Gambling Treatment and Education fund.
 - Almost all of it was used for treatment, workforce training, and public awareness.
 - By 2016, there were 16 specialized problem gambling clinics.
 - Includes the Queens Center for Excellence.
 - Mainly based through a helpline.
 - Refers those who call in to treatment centers throughout the state based on preferred language, availability, and other needs.
 - Helped 350 people in 2016.
 - In 2016, residents of New York spent a total of \$12.6 billion on gambling.
 - \$3.2 billion was collected in taxes and fees.

Statewide Variability in Funding Treatment

A number of states have adopted the practice of reimbursing clients seeking treatment for problem gambling. Indiana, Iowa, Nebraska, New Jersey, Oregon, and Washington reimbursed each intervention event on an hourly basis contingent on the resources available the type of treatment used. Intake/assessment sessions ranged from \$174/hr in New Jersey to \$315/hr in Nevada. Other states have also begun using methods of reimbursement while placing a cap on reimbursable assessment hours. For instance, California, Nevada, Minnesota, Missouri, and North Carolina have an average hourly reimbursable rate of \$100.85 for the initial intake assessment. The lowest rate was in Missouri at \$66.36 (Marotta, 2017).

Awareness of problem gambling support services is growing as is the amount of revenue dedicated to problem gambling. However, there remains a dire need for more mental/behavioral health and addiction specialists that are also trained in how to identify and treat problem gambling. Historically, it was assumed that any counselor that had specialized in addictions could offer adequate services based on their training in mostly substance use addictions. We

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have learned in recent years that this is not always true. Working with disordered gambling requires specialized education and training.

IV. The Need for Increased Problem Gambling Counselors

When it comes to counseling individuals for problem gambling, it is generally accepted that a licensed addictions counselor will be able to appropriately treat one who is suffering from problem gambling. Many state agencies that do not have access to licensed gambling counselors often utilize substance abuse counselors to treat those with problem gambling. This is proving to become more vital than ever before due to the increased prevalence of problem gambling throughout the country. (Marotta, 2017). For instance:

- Ohio has built four new casinos and racetracks within five years.
 - Caused a record number of over 1,000 people to enroll in treatment.
 - 1300% increase in the span of three years.
- Rhode Island has seen an increase in those enrolling in treatment.
 - 264% increase in four years.

Indeed, as presented in TIP 42 from SAMHSA in their 2013 publication, Substance Abuse Treatment for Persons with Co-Occurring Disorders:

It is important to recognize that even though PG often is viewed as an addictive disorder, clinicians cannot assume that their knowledge or experience in substance abuse treatment qualifies them to treat persons with a PG problem. Training and supervision should be obtained to work with pathological gamblers, or referral should be made to specific gambling treatment programs.

As suggested by SAMHSA above, research shows that the decision to have substance abuse counselors counsel those with a gambling addiction is often inappropriate if the counselor has not had advanced training in working with problem gambling. According to Ciarocchi, problem gambling is 80% similar to substance abuse when it comes to the development and treatment of the problem. While they may be very similar, the 20% difference when it comes to the treatment of problem gambling (Ciarocchi, 2002) can be a critical issue.

- What is included in this 20% difference?
 - Egotistic views and feelings of grandiosity
 - Very common for those that have a gambling problem.
 - Keeps them going back to their habit on a consistent basis.
 - Substance abuse therapists are typically trained to deal with feelings of low self-esteem.
 - External differences between gambling addiction and substance abuse addiction.
 - When one is addicted to substances, they are internalizing an external, tangible substance into their body.
 - This is what causes the effects, and ultimately, the addiction.
 - Problem gambling relies on pure psychological compulsion.
 - Gambling counselors need to be trained in how to identify triggers that are affiliated with these compulsions.

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- Once they are identified, then how to regulate them.
- How one becomes and maintains being a problem gambler.
 - Problem gambling counselors need to be aware of how problem gamblers attained the large amounts of money they spend.
 - From friends or family, businesses, loans etc.
 - Need to be trained in how to handle stress with paying off debts the clients may owe.
 - Need to be trained in figuring out how the problem gambler managed to cover up their habit for as long as they did.
 - Once these factors are identified, then the counselor needs to be trained in how to motivate the client to no longer continue these habits.
- The stigma behind problem gambling and women (Dittick-Nathan, 2006).
 - Nearly every study on problem gambling shows that women are often underserved with problem gambling.
 - And are 10 times less likely to enter treatment.
 - Women gamblers ages 40-60 outnumber men.
 - Due to the fact that many women use gambling as an escape when they encounter major life changes.
 - Divorce, death of a loved one, etc.

Clients may initially pursue mental health treatment, and during their course of treatment their gambling problem may become evident. Many clients use gambling as a way to escape or cope with their mental/behavioral health issues, and the presence of co-morbidity common with gambling and mental health concerns is a pertinent factor needing to be addressed in treatment.

For example, the following chart illustrates the comorbidity of problem gambling with several common behavioral health problems.

Preexisting habit/mental health condition	Percentage of those with this condition/habit that are also problem gamblers.
Anxiety Disorder	35%
Personality Disorder	43%
Nicotine Dependence	44%
Alcohol Use Disorder	54%
Mood Disorder	40%

(Dittick-Nathan, 2006)

While there is emerging research on the consequences involving problem gambling in both physical and mental health, there is also new research on how problem gambling affects specific populations, such as those in the military and youth (Dittick-Nathan, 2006).

Problem Gambling Among Youth and College Students

- Youth:
 - Between 60-80% of high schoolers have gambled for money within the last year.
 - Out of all of these youth, 4-5% meet the criteria for a gambling problem.
 - At-risk youth have a 2-3 times larger chance of becoming problem gamblers.
- College Students (Fiellin, 2002):

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- Research shows that 75% of college students engaged in legal or illegal gambling with friends or family in the last year.
 - Especially pertinent due to drugs and alcohol use while in college.
 - Gambling is 10 times more frequent if one is using drugs/alcohol.
- College is also a common place for those of higher socioeconomic status.
 - Those of higher socioeconomic status with an alcohol problem are 66 times more likely to develop a gambling problem.

While the growing incidence of problem gambling among youth and young adults is a concern, the issue of problem gambling is also becoming increasingly evident within the United States military (Dittick-Nathan, 2006).

Problem Gambling in the United States Military

- 98% of American military bases have opportunities to gamble legally.
 - 3,000 slot machines in bases overseas
 - Slot machines in military bases are not legal on American soil.
- 85% of American soldiers engage in gambling
 - Generates over \$130 million each year
- Why?
 - Soldiers may use it as an “escape” from their work.
 - Many soldiers have a Type “A” personality
 - Overconfidence, leads the soldier back into gambling.
 - Many soldiers continue to gamble after a mission to prolong their adrenaline rush they receive from said mission.
 - Veterans use gambling as an escape from potential stressors they developed during their military career.
 - Escape from PTSD
 - 17% of veterans are affected by problem gambling.
 - Of this 17%, 29% develop a gambling addiction that lasts for the rest of their lives.
- Many soldiers disclose their problem gambling issue with their therapist, and the therapist is often not trained in the proper treatment techniques, nor do they know where to refer.

Impact on Family

Another area that gambling counselors need to be competent in is offering support and treatment to the family members involved with the problem gambler. Frequently the problem gambler spends extreme amounts of money with a direct impact on the entire family (Dittick-Nathan, 2006).

- Has potential to drain the family’s savings, leading to ongoing family conflict, including domestic violence.
 - As many as 50% of spouses of problem gamblers have been subjected to domestic violence.
 - In the state of Mississippi, domestic violence rates increased by 300% when they opened their first casinos.
 - Another study at an emergency room showed that violence among partners increased 10 times when one of the partners showed symptoms of problem gambling.

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- A medical school in Nebraska showed that problem gambling leads to as much domestic violence as alcohol abuse.
- Can also lead to suicidal ideation within a family member (Fiellin, 2002).
 - As many as 24% of problem gamblers attempt suicide at some point in their lives.

Resources Allocated to Problem Gambling vs. Substance Abuse (Marotta, 2017.)

- No federal entity that provides funding for problem gambling.
- 57% of the states that have problem gambling programs report needing funding for their agencies
- In 2016, 8% of the individuals with a substance abuse problem received treatment.
 - Equating to 2.3 million people
- Only one quarter of one percent of those with problem gambling received treatment
 - 14,000 people
- One in 12 people with a substance abuse problem received treatment
 - One in 400 people with a problem gambling disorder received treatment
- The substance abuse population is 3.8 times larger than the problem gambling population
 - The funding for substance abuse treatment is 334 times the size of the funding for problem gambling
 - Only 17 states fund one or more full-time employee(s).
 - 10 state agencies rely solely on volunteers to run their programs.
 - 13 state agencies rely on part-time positions.

Decrease in Prevention Efforts

Due to the increasing numbers of treatment enrollments along with a lack of adequate state and federal funding, agencies in many states have had to make changes to accommodate the growing numbers of those that have enrolled in treatment programs (Marotta, 2017).

- In 2013, nearly every state agency had to either completely drop or significantly cut back funding for prevention services.
 - More were enrolling in treatment services however no additional funding.
 - In 2013, there were 26 state agencies and 18 NCPG Affiliates that funded prevention programs.
 - By 2016, these numbers dropped to 23 and 16 programs respectively.
 - As of now, only 34% of state agencies have the funding for prevention services.
 - Treatment numbers have increased, but the funding has not increased, so adjustments had to be made.

Projected Addiction Counselor Shortages

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.

In 2016, the HRSA conducted multiple studies to estimate the number of mental health professionals entering the behavioral health field in the coming five year period. The intent of

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this study was to identify any potential shortages in mental health professionals by estimating the number of professionals that will be entering the field between 2016 through 2021. These estimates were supplied based on trends in recent years along with information about how many mental health professionals were currently in the field during the year 2016. They also studied information pertaining to new hire data, number of hours worked by various employees, and potential burnout rates.

Additionally, the HRSA conducted a second study specifically focused on numbers of addictions counselors and any potential shortages in the number of addictions counselors in coming years.

According to both studies, there is a significant shortage of mental health professionals and an even larger shortage of specialized addictions counselors (United States Department of Health and Human Services, 2016). Projecting into the future, there is substantial evidence that there will be a significant shortage in addictions counselors in the coming years.

- In 2016, there was a total of 1,480 addictions counselors in Colorado
 - 1,910 were needed in 2016
- By 2030, Colorado is expected to have 1,910 addictions counselors
 - Colorado will need 2,580
- Nationally, the US will have 92,910 by 2030
 - We will need 127,850

Summary

Evidence is clear that there is a critical shortage of addiction counselors and, in particular, addiction counselors with training in problem gambling. It is also evident that specialized training in gambling related issues is often of critical importance in providing effective treatment to the problem gambling population.

V. The Comparison of National vs. Statewide Gambling Addiction Problems

The challenge of problem gambling is evident within Colorado as well as throughout the country. We have witnessed steady amounts of growth in revenue and numbers of individuals who engage in legal gambling on a state-by-state basis. This could largely be due to positive economic trends and sustained job growth or other economic factors. This could also be the result of changing access methods in gambling making it more accessible to many individuals, which will be addressed in the following section.

Growth in gambling numbers on a state-by-state and national basis (Marotta, 2017):

- Lottery ticket sales increased largely due to increasing numbers of convenience stores that supply tickets.
 - Wyoming had a 90% increase in lottery ticket sales in 2016.

State	Lottery Ticket Sales in 2016
New York	\$9.7 billion
California	\$6.3 billion
Florida	\$6.1 billion

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Massachusetts	\$5.2 billion
Texas	\$5.1 billion
Georgia	\$4.6 billion
Pennsylvania	\$4.1 billion

Sample of revenue generated through lottery ticket sales in the year 2016

- 17 out of the 24 states that offer commercial gaming reported an increase in revenue.
 - Including an 18% increase in Maryland and a 12% increase in Ohio in a 3-year period (Marotta, 2017).
- From a national standpoint, consumer spending in casinos increased by over 3% from 2016 to 2017.
 - Creating revenue of over \$40 billion (Kilsby, 2018).
 - Americans lost \$50 billion in spending on legal gambling, this was in 1998.
 - These numbers in spending increase every year over the last two decades, often times in the double digits (Ciarocchi, 2002).
- New casinos opened in Ohio, Louisiana, Maryland, and Massachusetts.
 - In 2011 Massachusetts implemented a new extension of a gaming law that resulted in four new casinos opening.
 - This added over \$88 million to the national revenue.
- Consumers spent over \$38.5 billion in 2015, which was a 2% increase from the previous year.
- Indian Gaming has also grown in 24 of the 28 states where it is legal.
 - Has increased more than casino or lottery earnings
 - Made \$30.5 billion in 2015
 - This has grown by 5% (Marotta, 2017).
 - According to the National Indian Gaming Commission, this grew even more in 2017.
 - 3.9% increase in revenue
 - \$32 billion
- Commercial Gaming Industry also saw an increase in 2017.
 - 3% increase
 - \$40.2 billion in revenue
 - 20 Commercial Casinos reported increase in revenue in 2017.
 - From macroeconomic trends and sustained job growth (Kilsby, 2018).
- According to the National Gambling Impact Study Commission, 86% of the American population gambles within their lifetime and this includes 68% in any given year (Ciarocchi, 2002).
- Casino and Indian Gaming growth can be attributed to lower gas prices, more options for gambling facilities, and increased user confidence spearheaded by marketing that takes place both in and outside of casinos.

The National Council on Problem Gambling recently conducted a survey (NGAGE) on a state-by-state basis along with the national statistics to identify gambling attitudes and levels of participation. Below are a sample of the survey questions, along with the National statistics compared to the statistics from Arizona, California, Iowa, Massachusetts, Maryland, Ohio, and Colorado for the last year. (National Council on Problem Gambling, 2018).

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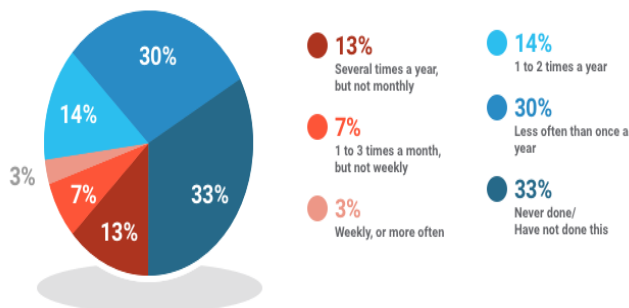
How many gambled in the last year?				73% Nationally		
82% in AZ	80% in CA	80% in IA	84% in MA	78% in MD	82% in OH	77% in CO
How many played the lottery?				66% Nationally		
76% in AZ	72% in CA	70% in IA	75% in MA	70% in MD	74% in OH	68% in CO
How many played bingo at a bingo hall?				20% Nationally		
25% in AZ	22% in CA	18% in IA	17% in MA	21% in MD	23% in OH	19% in CO
How many bought a raffle ticket?				41% Nationally		
47% in AZ	48% in CA	45% in IA	57% in MA	49% in MD	52% in OH	41% in CO
How many wagered money on horse/dog races?				14% Nationally		
17% in AZ	20% in CA	10% in IA	13% in MA	17% in MD	17% in OH	11% in CO
How many participated in sports betting?				20% Nationally		
24% in AZ	27% in CA	14% in IA	22% in MA	22% in MD	24% in OH	22% in CO
How many played fantasy sports?				17% Nationally		
18% in AZ	20% in CA	11% in IA	17% in MA	21% in MD	22% in OH	18% in CO
How many wagered money on card games?				23% Nationally		
29% in AZ	28% in CA	20% in IA	26% in MA	26% in MD	29% in OH	25% in CO
How many wagered money on craps or some dice game?				13% Nationally		
18% in AZ	20% in CA	9% in IA	13% in MA	14% in MD	14% in OH	13% in CO
How many wagered money on roulette?				13% Nationally		
18% in AZ	19% in CA	10% in IA	14% in MA	16% in MD	16% in OH	11% in CO
How many wagered money on Pull-tabs or "breakopen" tickets?				21% Nationally		
19% in AZ	22% in CA	29% in IA	16% in MA	22% in MD	28% in OH	19% in CO
How many wagered money on "big wheel" games such as Wheel of Fortune?				14% Nationally		
19% in AZ	19% in CA	11% in IA	11% in MA	18% in MD	17% in OH	13% in CO
How many played VGTs or some sort of electronic gaming machine?				32% Nationally		
47% in AZ	40% in CA	36% in IA	30% in MA	34% in MD	35% in OH	28% in CO
How many spent any of money in a casino?				37% Nationally		
53% in AZ	48% in CA	41% in IA	37% in MA	41% in MD	42% in OH	37% in CO

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How many wagered money in a gambling app or some online gambling game?					15% Nationally		
17% in AZ	20% in CA	10% in IA	17% in MA	19% in MD	19% in OH	16% in CO	

The National Survey on Gambling Attitudes and Gambling Experience also included assessing how many times an individual goes to a casino within a given year. Here are the results they calculated. Also included are the results from Arizona, California, Iowa, Massachusetts, Maryland, Ohio, and Colorado.

Spending at a casino (for any reason, gambling or otherwise)



*National Council on Problem Gambling. (2019) National Survey on Gambling Attitudes and Gambling Experience. *National Council on Problem Gambling and GVC Holdings*. Copyright 2019 National Council on Problem Gambling. Retrieved from: <https://www.ncpgsurvey.org>*

How many people have never spent money at a casino?					33% Nationally		
18% in AZ	23% in CA	23% in IA	26% in MA	28% in MD	30% in OH	27% in CO	

How many go to the casino once a year?					30% Nationally		
29% in AZ	30% in CA	36% in IA	36% in MA	31% in MD	29% in OH	36% in CO	

How many go to the casino one to two times per year?					14% Nationally		
19% in AZ	18% in CA	18% in IA	17% in MA	17% in MD	15% in OH	18% in CO	

How many go several times in a year but not monthly?					13% Nationally		
20% in AZ	16% in CA	14% in IA	14% in MA	15% in MD	17% in OH	13% in CO	

How many go one to two times a month but not weekly?					7% Nationally		
10% in AZ	9% in CA	6% in IA	6% in MA	7% in MD	6% in OH	4% in CO	

How many go weekly or more?					3% Nationally		
4% in AZ	4% in CA	3% in IA	1% in MA	2% in MD	3% in OH	2% in CO	

Virtually all laws and regulations associated with gambling originate at the state or local level. Many states are legislating new policies particularly around the practice of legalized sports gambling. For example, through Amendment 50 Colorado has already implemented new laws to allow for higher wagers and longer hours of operation for all casinos within Colorado.

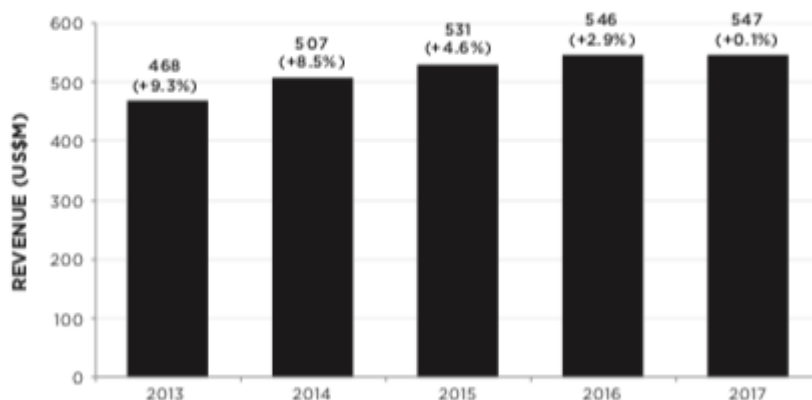
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Regulations and legislative mandates vary widely from state to state.. (Kilsby, 2018). Several examples of the wide variability in legislation and regulation across the country can be seen as follows:

- **California:**
 - Amended their constitution in 2000 with the passing of Proposition 5
 - Allowed the creation of Nevada-style casinos throughout California's border on tribal land.
 - Created over \$8 billion in revenue in 2016.
 - Contributed to the statistic that 80% of Californians engaged in some kind of gambling activity in the last year.
- **Florida**
 - In 2004 the state of Florida amended their constitution to allow gaming machines in eligible facilities in both Broward and Miami-Dade counties.
 - After this expansion, Broward county approved the building of casinos in 2005.
 - Miami-Dade followed suit not long after 2008.
 - Since these expansions, Florida has seen its 8th consecutive year of growth.
 - Up to \$546 million in 2017 (Kilsby, 2018).

Florida: Annual Commercial Casino Gaming Revenue (US\$M)

2013 to 2017



SOURCE: Florida Division of Pari-Mutuel Wagering

*American Gaming Association. (2019) Sports Betting Consumer Study. *American Gaming Association*. Copyright 2019 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/sports-betting-consumer-study>*

- **Illinois**
 - Recently passed a gambling expansion in 2017 that adopted new policies for Video Gaming Technology.
 - Increased maximum bet from \$2-\$4.
 - Allowed maximum payout to be \$500-\$1100

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Despite the substantial amount of increased revenue on both statewide and national levels, the funding to combat and treat problem gambling is limited and riddled with inconsistencies throughout the country (Marotta, 2017).

- Total national funding increased by 20% in 2016.
 - This does not account for how much gambling has expanded in the United States.
- In the United States, 40 of the states have publicly funded services.
 - Each state dedicates a specific, annual amount for these services.
 - Average per capita dedicated by each state is \$0.37
 - Average state gambling revenue for someone over the age of 18 was \$113 per person.
- According to Winslow, “A lack of state funding for problem gambling services not only leaves behind the financial and social concerns of the problem gambler’s family, but also denies problem gamblers treatment and potential problem gamblers prevention programs and problem gambling education.” (Winslow, 2008.)

While the funding for problem gambling at both that national and statewide levels are predominantly low, this has not prevented an increase in the number of those seeking treatment.

- From a national standpoint, treatment enrollments in 2013 increased by 29% by the year 2016.
- Ohio reported 80 problem gamblers in 2013, and this number increased to 1048 in 2016.
- Indiana reported 475 in 2013 and this increased to 1,136 in 2016.

Helpline Services

One of the most prevalent services provided by the majority of state agencies is the access to helpline services. The use of these helplines has grown tremendously throughout the years. Much of this increase can be attributed to the fact that accessibility through phone calls has increased due to the pervasiveness of cellular phones. They are also frequently used due to the anonymity factor that many problem gamblers prefer (Marotta, 2017).

Helpline Information:

- In the United States, 39 states offer helpline services
 - Of these states 34 use public funds that are designated for problem gambling services.
- In 2010, the average amount per state that was used for helplines was 7%
 - Increased to 12% in 2013.
 - Increased to 14% in 2016.
- From the years 2010 to 2016 the percentage of helpline calls increased from 31% to 47%.
 - Web-based helplines increased from 18% to 50%.
 - Texting services increased from 10% to 53%.
 - In Maryland specifically, the number of calls from 2013 to 2016 increased by 270%.
- Because of the increased level of usage, Affiliates from the NCPG created the National Problem Gambling Helpline Network (NPGHN)

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- Allows 28 different state agencies to link all of their calls onto one national helpline.
 - Funded by both private and public funding.
 - Had twice as many people use this line rather than enrolling in treatment programs.
- Not all states saw a higher increase in helplines when compared to treatment enrollment (National Council on Problem Gambling, 2018).
 - Oregon, New Mexico, Connecticut, Nebraska, and Indiana all saw an increase in treatment enrollment numbers.
 - Could be stemming from the fact that the number of transfers provided from helplines to treatment providers increased from 2013 to 2016 by 31% to 47% respectively.

We have seen significant growth in the integration of advanced technology into treating and advocating for problem gamblers. With the growing numbers of users of helplines throughout the states, the utilization of web-based technologies have been growing as well (Marotta, 2017).

- In 2010, less than 10% of helplines used web-based technologies.
 - By 2013, this grew to 13%
 - By 2016, this grew to over 50%.

Due to the level of success that was generated by these advances in technology, the foundation was set for the NCPG and other agencies to offer support to those without a progressive system of helplines. For instance, the NCPG offers funds to the Louisiana Association on Compulsive Gambling (LACG) to manage calls from states that have no funding for helpline services devoted to problem gambling. Of all of the helplines throughout the country, 76% are in centers specifically focused on problem gambling. The remainder of the helplines were established in broader helplines centers that supported those with other addictions, such as substance use (Marotta, 2017).

VI. Recommendations for Improvements to the Program

The comprehensive Strategic Plan to Address Problem Gambling in Colorado will focus its efforts on four main program initiatives; 1) Prevention, 2) Treatment, 3) Workforce Development, and 4) Research/Evaluation

Continually monitoring the performance of the plan will be one of the tasks of the research/evaluation component of the plan. Goals and outcome measures associated with prevention, workforce development, and treatment will be articulated and monitored on an ongoing basis and adjustments to the plan will be made accordingly.

In addition to monitoring success in achieving projected goals, attention will be paid to the changing landscape of gambling within Colorado itself. For example, following the November 2019 election, it is possible that sports gambling will be legal and available in Colorado by 2020. Any state wide plan must be prepared to make modifications and adjustments based on these inevitable changes in the state. Sports betting at the state level and internet gaming will probably be two of the biggest challenges facing the treatment community in

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the near future. Both of these forms of gambling allow the users to integrate newer forms of technology to augment accessibility along with the option of playing with friends.

Sports Betting

Sports betting has been an integral part of the fabric of American life for decades. With introduction of legal sports betting at the state level, we will see these numbers of individuals engaged in sports betting continue to grow (American Gaming Association, 2018).

Prior to last year, Nevada was the only state to legally allow gambling on sports. Since the Supreme Court no longer prevented sports betting as of May of 2018, seven states have passed legislation that now makes gambling available and five more states and the District of Columbia have passed enabling legislation although sports betting in those states is not yet available. The Colorado legislature has passed enabling legislation and the issue of sports betting will be put before the voters in November, 2019.

As in other areas related to gambling, there is much variability in how policies and regulations evolve. Eighteen state legislatures have rejected legalization of sports betting and those that have allowed it are implementing the new legislation in very different ways. Colorado intends to manage the operations through existing casino networks while in Oregon sports betting will fall under the jurisdiction of the state lottery. As is evident, any state wide plan must be prepared to meet significant challenges in the ever changing gambling landscape.

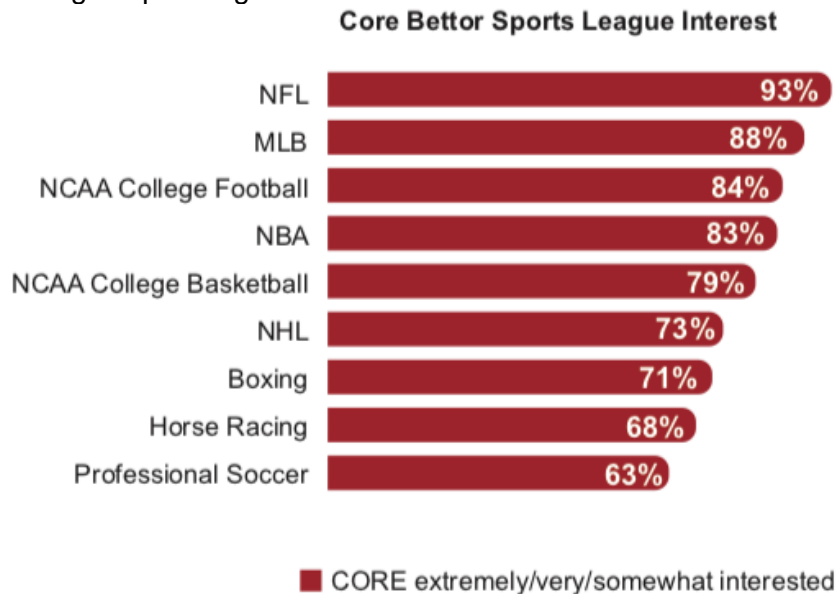
- **Sports Betting**

- More than 50% of American workers placed bets during March Madness.
- Over \$2.5 billion was made on a national level from March Madness.
- Nevada facilitated \$2.88 billion (Burkhart, 2014).
 - Equated to less than 1% of all the money invested in sports gambling in that year.
- The total amount of money invested in sports gambling is over \$150 billion.
 - Involves 39% of the population.
 - 100 million people (Roper, 2018).
- Recent survey showed that 63% of the participants reported that they would get a new credit or debit card if their current card did not allow sports betting.
- In Spring of 2018, the United States Supreme Court removed restrictions of sports betting at the state level.
- According to the American Gaming Association, support for legalized sports betting has grown by 25% since 2017.
- According to the NCPG, over 63% of the population reported that the idea of regulating sports gambling is important to them.
- It is now up to individual states whether or not to legalize sports betting.
 - Seven states have now legalized it.
 - When this occurred, the amount of sports betting wagers increased by 46%.
 - According to the AGA, 69% of participants who are currently living in states where sports gambling is not legalized indicated they would begin to participate if it is made legal.

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- 46% of those living in states where it was legalized report increases in sports bettors (American Gaming Association, 2018).

As the following chart indicates those who have self-identified as “Sports Bettors” have preferences relating to specific games.



*American Gaming Association. (2019) Sports Betting Consumer Study. *American Gaming Association*. Copyright 2019 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/sports-betting-consumer-study>*

Internet Gaming

The World Health Organization has recently included Gaming Disorder in the latest edition of the International Classification of Diseases. According to the WHO, gaming disorder is a ‘pattern of persistent or recurrent gaming behavior,’ in which people lose control of their gaming behavior, give priority to gaming over other interests and activities, and continue gaming despite negative consequences, such as impairments in their family relationships, social lives, work duties or other areas.” (Rettner, 2019.)

Gaming Disorder is another novel way the world of gambling is changing through introducing advancements in technology. In between the use of social media, internet gaming, video game technology, and satellite casinos, the possibilities involved with using technology in the world of video gaming are seemingly endless. The main goal of integrating advancements in technology into the world of gaming is the expansion of accessibility for users. This is done by creating new methods of gaming through the utilization of smart phones, creating new kinds of games, and combining concepts of gambling into the world of video games (Kilsby, 2018).

The newest trend in the world of video games involves players spending real money to purchase new items or new features within video games. This has changed in the two decades when originally one would have to use time and skill within the game in order to obtain new items, levels, and features.

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Recently, newer video games have introduced the concept of “loot boxes” as a bonus feature within games. These “loot boxes” allow players to purchase items in the games that give them advantages over other players. In some games, these loot boxes can be attained for free by putting both time and effort into the game and earning the loot boxes. However, receiving these rewards in competitive games is more difficult due to other players purchasing loot boxes, giving them an advantage (Zendle, 2018).

Overall, the availability of internet gambling and sports betting in a younger population could be creating a generation of individuals that are desensitized to problem gambling behavior. Additional research and preventative measures need to be taken in order to teach parents and children about the dynamics of sports betting and video game gambling. As discussed in previous sections, different states throughout the country have taken approaches to ensure that prevention and education programs are offered within their jurisdictions. These programs should be introduced in all areas that are affected by problem gambling to ensure that these new trends, like sports gambling and video game gambling, and their detrimental effects are mitigated.

A STRATEGIC PLAN TO ADDRESS PROBLEM GAMBLING IN COLORADO

The purpose of this purchase order is to contract with Colorado Seminary dba University of Denver (the Contractor) to conduct a study on the magnitude of the gambling addiction problems in Colorado. *The Contractor shall develop a strategic plan for a successful gambling addiction program in Colorado.*

The following provides an overview, as well as some targeted details regarding workforce development, of actions necessary to create a statewide comprehensive problem gambling plan in Colorado. This overview will provide a bird's eye view of the more detailed plan that is to be completed in year two following the directives of Senate Bill 18-191 which requires the state wide plan to be prepared by March 20 2020.

A best practices plan must include efforts directed toward four main areas that include 1) prevention, 2) workforce development, 3) treatment and 4) research and evaluation.

It is recommended that Colorado, either through OBH or a subcontractor, develop a training program that prepares counselor trainees in Colorado to test for and apply for national endorsement as certified gambling counselors. This entity would also oversee the prevention, treatment, and research/evaluation components of the state wide plan.

Colorado substance abuse counselors currently follow this model in their professional preparation. Training that is developed and provided within Colorado meets requirements necessary for national testing and endorsement. The following section provides information on how this model could be adopted in the area of problem gambling counseling. Further, it is recommended that the required educational coursework and supervision be provided to eligible trainees at no cost to them. Finally, should funding allow, successful trainees should also be reimbursed for testing and application fees.

Essentially, requirements for national certification would require the educational providers to make required learning opportunities with required course content available as well as opportunities for supervision from a Board Approved Clinical Consultant approved by the International Problem Gambling Certification Board.

Courses – the development of narrated PowerPoint coursework will be a major effort in the development of this training opportunity. This coursework will be available 24/7 through internet access.

Supervision – reimburse the BACC for supervision hours or have salaried person be a member of the contract team and provide supervision as part of position requirement. Access to supervision will be toll free for counselor trainees throughout Colorado.

I. Prevention

Prevention efforts are critical in any comprehensive statewide plan. The cost effectiveness inherent in preventing the occurrence or exacerbation of the human suffering, financial devastation, family disruption, employment problems from problem gambling is immeasurable.

There currently exists within Colorado a strategic plan to coordinate primary prevention efforts as they relate to substance use disorders. This plan involves hundreds of programs and has several sources of funding among the largest including the Colorado Department of Human Services, Office of Behavioral Health (OBH). Their prevention efforts are supported, in large part, by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). These prevention efforts have developed strong collaborative relationships with key players throughout the state. The intent of the Problem Gambling Strategic Plan is to also collaborate with this existing network through communication with the Colorado OBH to explore how the prevention of problem gambling might benefit from their existing operations and infrastructure.

As reported in the NGAGE survey described earlier, of all possible forms of gambling available, the greatest involvement was in the state lottery. At the national level, it was determined that fully 66% of adults were involved in any lottery game. In Colorado the percentage was slightly higher with 68% engaged in playing the lottery.

With the elevated level of usage and visibility of the lottery, the recently released NGAGE study suggests that an effective platform to inform the public about treatment and helpline opportunities, as well as healthy and problem gambling signs, is through the Colorado Lottery. As a vehicle for the delivery of reliable prevention messages, no other resource matches the visibility of the lottery.

Historically, early efforts at problem gambling prevention were mostly aimed at education and providing information about gambling, most often in school settings. A current and more expansive approach includes a broader public health policy approach in which those in the problem gambling field offer comprehensive strategies by using the public health policy approach and model. These public health models manipulate the landscape of gambling rather than just framing prevention of problem gambling as limited to awareness and education efforts. Several examples provided by Williams (2012) include:

Policy Decisions

- Restricting the Number of Gambling Venues
- Restricting More Harmful Types of Gambling
- Restricting the Number of Gambling Formats
- Restricting Gambling to Dedicated Gambling Venues
- Restricting the Location of Gambling Venues
- Limiting Gambling Venue Hours of Operation

Restrictions on Who Can Gamble

- Prohibition of Youth Gambling
- Increasing the Legal Age for Gambling

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- Casino Self-Exclusion

At the more community-based level, gambling prevention efforts often implement the prevention planning process developed by SAMHSA. Their Strategic Prevention Framework (SPF) is a prevention planning process that promotes data-driven decision making that focuses on population-level, rather than individual-level change.

The SPF model is a particularly good fit for coalitions and community based collaborative efforts and it takes advantage of knowledge gained about other health focused prevention efforts.

The SPF process consists of five steps.

- Assess prevention needs based on current local data
- Build prevention capacity
- Develop a strategic plan
- Implement evidence-based community prevention programs, policies and practices
- Evaluate efforts for outcomes

Cultural competence and sustainability are incorporated throughout each step of the SPF.

II. Workforce development

Workforce development is an essential component of any comprehensive statewide approach to problem gambling. Working effectively with problem gamblers requires specialized knowledge and skills that even credentialed substance abuse counselors may lack. Absent these skills, a gambling client may be placed at greater risk than the risk of not even seeing a counselor. As shown below and stated earlier in this report, TIP 42 offers cautions about the ability of addiction counselors to provide quality problem gambling interventions without specialized training:

“It is important to recognize that even though pathological gambling often is viewed as an addictive disorder, clinicians cannot assume that their knowledge or experience in substance abuse treatment qualifies them automatically to treat people with a pathological gambling problem.” (TIP 42, 2013)

It is estimated that in Colorado, as well as most other states, the number of counselors that have completed specialized training in problem gambling counseling is very small. The Problem Gambling Coalition of Colorado, the state affiliate of the National Council on Problem Gambling, lists only eight counselors that take referrals for problem gambling. An additional fifteen counselors completed gambler counselor training offered through the Problem Gambling Treatment and Research Center at the University of Denver approximately ten years ago. Five counselors completed specialized training sponsored by the Center for Governmental Training. It is not known how many of these counselors continue to live in Colorado.

A. Gambling Counselor Education and Training

Gambling counselor education and training can be broken down into three specific domains, 1) knowledge acquisition, 2) supervised skill development, and 3) continuing education.

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Knowledge Acquisition

Following years of discussions among major stakeholders throughout the United States and other countries around the world, a consensual agreement has emerged that has identified knowledge areas and supervision standards critical to effective problem gambling counseling. This gold standard is currently overseen by the International Gambling Counselor Certification Board (IGCCB). The IGCCB is currently under contract from the International Council on Problem Gambling (ICPG) to oversee education, training, and testing standards for the various levels of problem gambling counselor training and credentialing.

In 1984 the International Certified Gambling Counselor (ICGC) program was developed to promote a competency-based certification program for professionals treating problem and pathological gamblers and their families. The IGCCB oversees the credential. IGCCB contracts with the National Council on Problem Gambling to administer this program.

LEVELS OF CERTIFICATION

There are two basic levels of gambling counselor certification, ICGC-I and ICGC-II as well as a third credential for those having knowledge and skills acquired by counselors that have or currently are working in substance use settings (ICOGS).

Counselors must demonstrate a specific number of hours in gambling-specific training, clinical experience treating gamblers, and successful completion of the Certification Examination for Gambling Counselors.

An advanced designation, Board Approved Clinical Consultant (BACC), denotes ICGC-II counselors who have acquired sufficient training, clinical experience, and supervision skills and are approved to provide supervision to ICGC applicants. Detailed explanations of these endorsements is as follows:

Certification Standards for Gambling Disorder Professionals

In 1984 the International Gambling Counselor Certification Board (IGCCB) was established to offer voluntary International/International certifications that assure a body of qualified and competent professionals working in the field of clinical treatment of disordered, problem and at-risk gamblers and their families/concerned others. Certification standards established by the IGCCB represent the current best practices in the field of disordered gambling treatment.

The following three levels of endorsement will be supported by the Colorado Strategic Plan through no cost provision of online training, supervision, and testing, Requirements are as presented on the IGCCB homepage.

The following is partial outline of the requirements for certification as an International Certified Gambling Counselor-I (ICGC-I).

1. ICGC-I

International Certified Gambling Counselor-I Certification overview.

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- Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work).
- 30 hours (ICGC-I) of gambling specific training and education.
- 100* hours (ICGC-I) clinical experience treating gamblers and/or family members in an approved setting with a minimum number of 8 hours of sessions with a International Gambling Counselor Board Approved Clinical Consultant (BACC).
- Various signed statements.
- Passing score on Certification Examination for Gambling Counselors.
- Non-refundable payment of \$200 with check or money order by mail; or with credit card by calling the NCPG office at 202-547-9204.

Detailed Description

Education & Training: A minimum of 30 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. A Bachelor's degree or equivalent (as assessed by the IGCCB) in a behavioral health field (e.g., license or certificate in psychology, chemical dependency, counseling, social work, peer counseling, etc.) to meet the behavioral education requirement for certification.

Direct Contact Hours: Minimum of 100 hours as a gambling counselor delivering direct treatment to problem/disordered gamblers and significant others, in a Board approved setting with an IGCCB Board Approved Clinical Consultant (BACC). This can be fulfilled by 50%- or 125-hours volunteer work experience, the balance being paid experience.

Case Consultation Criteria: Minimum guidelines for approved supervision/consultation should include at least 8 one-hour sessions. IGCCB clinical consultation may be done in person, by phone, by email, or as arranged between consultant and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board Approved Clinical Consultant) and the IGCCB, these hours may be credited toward the 250 experiential hours required for ICGC-I. These should include a minimum caseload as agreed to with the BACC. Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.

2. ICGC-II

International Certified Gambling Counselor-II Certification overview.

- Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work).
- 60 hours (ICGC-II) of gambling specific training and education.
- 2,000* hours (ICGC-II) clinical experience treating gamblers and/or family members in an approved setting with a minimum number of 24 hours of sessions with a International Gambling Counselor Board Approved Clinical Consultant.
- Various signed statements.
- Passing score on Certification Examination for Gambling Counselors.

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- Payment of \$200 with check or money order by mail; or with credit card by calling the NCPG office at 202-547-9204.

Detailed Description

Education & Training: A minimum of 60 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. The International Gambling Counselor Certification Board requires a bachelor's degree or equivalent (as assessed by the IGCCB) in behavioral health field (e.g., license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) to meet the behavioral education requirement for certification.

Direct Contact Hours: Minimum of 2,000 hours (or one-year full time equivalent) as a gambling counselor delivering direct treatment to problem/disordered gamblers and significant others, in a Board approved setting with an IGCCB Approved Clinical Consultant. This can be fulfilled by 50%- or 1,000-hours volunteer work experience, the balance being paid experience.

Case Consultation Criteria: Minimum guidelines for approved consultation should include at least 24 hours of clinical consultation. IGCCB clinical consultation maybe done in person, by phone, by email, or as arranged between supervisor and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board approved clinical consultant) and the IGCCB, these hours may be credited toward the 2,000 experiential hours required for ICGC-II. These should include a minimum caseload as agreed to with the BACC. Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.

A new level of endorsement recognizes the knowledge and skills acquired by counselors that have or currently are working in substance use settings.

3. **ICOGS** - International Co-Occurring Gambling Specialist Certificate (ICOGS)

- 30 hours of training on Gambling Disorder, Gambling as a Co-Occurring Disorder and the impact of gambling on substance use and mental health.
- 100 direct contact hours addressing the issue of problem gambling/impact of gambling with clients in primary treatment for Mental Health and/or Substance Use Disorders with a minimum number of consultations with a Board Approved Clinical Consultant (BACC).

Additional requirements beyond specific training supervision for each level of endorsement as well as applications for certification can be located at the International Gambling Counselor Certification Board website: <https://www.igccb.org/> These additional requirements generally address academic degrees, agency supervision and supporting documentation.

Ideally the Colorado Strategic Plan will create and make available to trainees the complete required curriculum of problem gambling counselor coursework as required by the International Gambling Counselor Certification Board. These courses should be free of charge, available

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24/7, and hosted on an internet based platform. The state strategic plan envisions the creation of these courses as a part of the state plan. This coursework will be approved by IGCCB and allow the trainee to meet coursework requirements for national testing.

Coursework will fall into the four following weighted areas as required by the IGCCB

Counselor Course Content Required by IGCCB

I. Basic Knowledge of Problem and Pathological Gambling.....	20%
II. Gambling Counseling Practice	40%
III. Special Issues in Gambling Treatment.....	30%
IV. Professional Issues.....	10%

CONTENT OF TRAINING PROGRAM

Specifically, in the development of the training program, the content of each general area should cover the following topics.

REQUIRED CONTENT OUTLINE

I. BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING

- A. Scope of Legalized Gambling
 - 1. Prevalence of Gambling Problems
 - a. Among Adults
 - b. Among Youth
 - c. Among Treatment Populations
 - 2. Definition of Pathological Gambling
 - 3. Operationalized Definition of Problem Gambling
 - 4. The Pathological Gambling Disorder
 - a. Terminology
 - b. Progression of the Disorder
 - c. Withdrawal Symptoms from Gambling
- B. Client Evaluations
 - 1. Screening
 - 2. Intake
 - 3. Assessment
 - 4. Diagnostic Criteria

II. GAMBLING COUNSELING PRACTICE

- A. Examination of Attitudes/Feelings
 - 1. Real Meaning of Money
 - 2. Deception and Self-Deception
 - 3. Fantasy and Dissociation
 - 4. Spirituality
 - 5. Transference and Countertransference
 - 6. Irrational Thinking
 - 7. Cultural Beliefs and Attitudes
- B. Considerations of Alternative Solutions
 - 1. Harm Reduction
 - 2. Natural Recovery

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3. Recovery Oriented Systems of Care
- C. Skills
 1. Individual Counseling
 2. Group Counseling
 3. Family/Significant Others
 4. Interventions
 5. Treatment Planning
 6. Financial Management Issues
 - a. Restitution
 - b. Budget Preparation
 - c. Pressure Relief Group
 7. Legal Issues
 8. Multi-cultural Counseling
- D. Relationship to Substance Abuse and Mental Health
 1. Integration of problem gambling into substance use disorder and mental health treatment
 2. Impact of gambling on recovery from substance use and mental health disorders
 3. Impact of substance use and mental health disorders on problem gambling treatment and recovery
- E. Client Care
 1. Case Management
 2. Crisis Management
 - a. Identification
 - b. Resolution
 3. Referral Resources
 4. Reports and Record Keeping
 5. Consultation
 6. Levels of Care
 7. Peer Counseling and Recovery Support Systems
- F. Education
 1. Orientation to treatment and recovery
 2. Gambling Information
 3. Co-Occurring Disorders
 - a. Mental
 - b. Emotional
 - c. Psychological
 - d. Recreation/Leisure
 4. Self-Help Programs
 - a. Gamblers Anonymous
 - b. Gam-Anon
 - c. Other 12-Step Resources for Gambling Clients
 5. Research
 - a. Neurobiology, medication and psychopharmacology
 - b. Treatment
- G. Continuing Care

III. SPECIAL ISSUES IN GAMBLING TREATMENT

- A. Adolescence
- B. Older Adults
- C. Female Gamblers
- D. Cultural Minorities

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- E. Relapse and Relapse Prevention
- F. Suicide
- G. Dual/Multiple Diagnosis
- H. Trauma and Survivors Issues
- I. Chronic Illness
- J. Criminal Justice
- K. Military

IV. PROFESSIONAL ISSUES

- A. Law and Regulation
 - 1. Client Rights
 - a. Confidentiality
 - b. Informed Consent
 - c. Reporting
 - 1) Child/Other Abuse
 - 2) Duty to Warn
 - 2. Discrimination
 - 3. Continuous Quality Improvement
 - 4. Managed Care
 - a. Utilization Review
 - b. Outcome Studies
- B. Ethics
 - 1. Non -Discrimination
 - 2. Counselor Responsibility
 - 3. Competence
 - 4. Legal Standards
 - 5. Media Statements
 - 6. Publication Credit
 - 7. Client Welfare
 - 8. Confidentiality
 - 9. Client Responsibility
 - 10. Interprofessional Relationships
 - 11. Remuneration
 - 12. Societal Advocacy
- C. Supervision
 - 1. Administrative
 - 2. Clinical
 - 3. Gambling Specific Consultation

Gambling Counselor Supervision

Gambling counselor supervision must be provided by an International Council on Problem Gambling Board Approved Clinical Consultant (BACC). The Colorado Strategic Plan envisions retaining a BACC to provide regularly scheduled supervision sessions that can be attended either on site or through telecommunication. These supervision sessions will be available toll free and at no charge and will meet the requirements that allow the trainee to meet supervision requirements for national endorsement.

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Upon completion of required coursework, supervision, and required clinical counseling hours, the trainee will be eligible to apply for a Certification Examination. The contact for arranging for this examination is as follows:

Testing and Application

Certification Examination

Professional Testing Corporation - <https://ptcny.com/pdf/IGCCB.pdf>

IGCCB EXAMINATION

PROFESSIONAL TESTING CORPORATION

1350 Broadway – Suite 800

New York, New York 10018

Application Fees

NCPG or NAADAC Member \$210.00

Non-NCPG or NAADAC Member..... \$310.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: PROFESSIONAL TESTING CORPORATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the Application.

Earning Continuing Education Units

To maintain certification, Certified Gambling Counselors must complete continuing education requirements every three years. The NCPG provides a mechanism for entities to develop and receive approval for these training opportunities. It is the intent of the Colorado Strategic Plan to offer an annual conference at no cost to allow gambling counselors to maintain certification currency at no cost to them.

Further information regarding the continuing education process is as follows:

<https://www.ncpgambling.org/training-certification/continuing-education/>

OFFERING CONTINUING EDUCATION AND CEUs

As stated on their homepage, the NCPG Education Committee reviews and approves applications for problem gambling-specific Continuing Education Units (CEU). The purpose of NCPG CEUs is to ensure that educational providers and trainees have confidence that an approved conference/training has:

1. Educational goals and objectives that demonstrate that the programs will increase specific or general problem gambling knowledge among program trainees and/or make relevant their area of expertise to the field of problem gambling.
2. Instructional design that promotes learning about problem gambling.
3. Evidence of successful completion and an evaluation form for each trainee.
4. Instructors whose credentials and qualifications demonstrate possession of expertise in problem gambling.

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Individuals who seek gambling-specific CEUs should contact the Board and/or Certifying body to ensure they accept NCPG CEUs.

For first-time applicants, the initial CEU Application is available [here](#).

<http://www.ncpgambling.org/wp-content/uploads/2018/09/CEU-Initial-Application-2018-A-FILLABLE.pdf>

For returning applicants, the renewal application is available [here](#).

<http://www.ncpgambling.org/wp-content/uploads/2018/09/CEU-Renewal-Application-2018-A-FILLABLE.pdf>

Contact Vicki Linton (vickil@ncpgambling.org) with any questions or comments.

III. Treatment

A critical component of any statewide plan is ensuring that a maximum number of affected individuals have access to and engage in treatment for the gambling disorder. Fundamental to this goal is the requirement that trained problem gambling counselors exist in sufficient numbers in appropriate locations to provide that treatment. The above section on workforce development addresses the guidelines for the state to follow in providing affordable, accessible training and supervision to ensure an adequate supply of skilled problem gambling counselors.

In the review of financial resources, it was apparent that funding in Colorado for the upcoming year and possibly longer will not allow for the development of a comprehensive statewide plan to adequately address all four components of a comprehensive state wide plan to address problem gambling.

While the ultimate goal is to have the affected population receive treatment, it is essential that treatment providers be competent to work with this population. Colorado is critically understaffed in this area. Much of the funding that will be available in the coming years will be needed to build a “workforce” capability complete with online training, testing, and supervision. As such, few funds will be available to specifically reimburse counselors and agencies for providing specific gambling counseling. Rather, treatment will be provided in established treatment centers following the current agency requirements for admission and services. It is the intent of the Workforce Development component of this statewide plan that a substantial number of agencies throughout the state will have counselors that are currently engaged in upgrading their problem gambling counselor training or have completed the training and have become nationally certified gambling counselors. Having the online training, state exam, and supervision provided at no charge to counselors should have a sizable impact on the number of counselors that elect to upgrade their problem gambling counselor skills and credentials.

Regarding payment for gambling counselor services, the current statewide plan as described here would consider treatment costs to be consistent with whatever billing practices the agency or individual provider was currently implementing while working with other disorders.

Should financial conditions change in Colorado and allow an increase in funding for the treatment of problem gambling in coming years, it is common among the states to incentivize treatment providers with supplemental funding to cover the costs of working with problem gambling issues.

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Below is a pay scale that approximates the reimbursement schedule found in many states. This specific scale was developed for the State of Nevada to cover reimbursement in 2016. It is possible the rates are slightly higher now as programming costs have risen during the past three years but this is a good approximation as to what is nationally acceptable.

Gambling Assessment/Evaluation - \$150
Gambling Treatment - Individual Counseling & Therapy - per 15 minutes - \$17 per 15 minutes
Gambling Treatment - Group Counseling & Therapy - per 15 minutes - \$15 per 15 minutes
Gambling Treatment - Intensive Outpatient Treatment - \$105 per day
Gambling Treatment - Partial Hospitalization - \$210 per day
Gambling Treatment - Residential Treatment - \$375 per day
Gambling Psychoeducation Group Services - \$10 per 15 minutes
Crisis Services, per 15 min - \$18 per 15 minutes
Clinical Supervision by a Board Approved Clinical Consultant (BACC) - \$18 per 15 minutes

Additional details and considerations regarding treatment and funding will be elaborated on in the year two report to be completed in March 2020. Following the November 2019 election information will be available relating to funding for services that is generated by legal sports betting in Colorado.

IV. Research and Evaluation

“Research and evaluation are widely considered integral components of a behavioral health service system. Systematically gathered and analyzed information can be crucial for justifying budget requests, guiding program spending, design, and implementation.” (APGSA, 2017)

Unfortunately, research in the area of problem gambling has taken a back seat to efforts directed toward prevention, workforce development, and treatment. According to the 2016 APGSA Survey, only 20% of state agencies funded any type of research or evaluation activities. State affiliates of the NCPG were even less involved with only 8% funding research and 10% funding evaluation.

States with publicly funded services allocated only 6% of their total budget to research and just 1% to program evaluation. Research in this instance was defined as:

- Prevalence studies
- Risk behavior surveys
- Gambling issues research

State affiliates of the NCPG reported allocating 3% of their funds for research and only 2% on program evaluation.

It is evident that research and evaluation do not currently play an important part in the development of most statewide systems developed to address problem gambling. The Colorado Plan will consider research and evaluation to be an important component of the statewide effort.

All three action components of the Colorado Plan will have research and evaluation guidelines embedded within the prescribed operational plan. Research and evaluation will be considered to be primarily “applied” and have as its primary focus improvement of the services being offered

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as opposed to “basic” research intended to generate general information in the hopes it will further the science and have applicability at some point in the future.

Data collection will include surveys of agencies providing problem gambling treatment as well as individuals that had received services at those agencies. In addition, those receiving workforce development services will provide feedback regarding these training and supervision activities.

For Example:

Prevention Research – What percentage of viewers saw the helpline number following a televised lottery advertisement? What percentage of those using the Colorado helpline called following their first introduction to the number?

Workforce Development Research – Rate the ease at which you could access the online training. What changes could improve the call-in supervision experience?

Treatment Research – Rate the ease at which you were able to initiate your first contact with the counselor. Rate how well you believed the counselor was able to understand the financial strain you were experiencing.

Summary

Status of Problem Gambling in Colorado

The magnitude of problem gambling in Colorado closely matches what is observed in most other states. It is a serious problem with significant negative personal and financial consequences. As the frequency and amount of gambling in the state increases through increased availability following legislative actions such as larger table limits and legal sports betting, the number of persons needing counseling interventions will likely increase.

Compared to other states, funding to address problem gambling in Colorado ranks among the very lowest. Of the forty states that provide public funding to address gambling problems, only three provide less than Colorado. Considering the tax revenue that is generated through legalized gambling in the state, it is highly recommended that substantially more public funds be made available to support a state wide plan to address problem gambling in Colorado.

Strategic State Wide Plan

Colorado needs to create and implement a state wide plan to address problem gambling. While there is a commendable number of concerned individuals willing to volunteer their time to address problem gambling, there is no cohesive and comprehensive infrastructure to inform and guide these efforts.

A state wide plan should be constructed incorporating the following four elements, 1) prevention, 2) workforce development, 3) treatment, and 4) research and evaluation. Regarding workforce development, very few counselors in Colorado have completed specialized training necessary to provide quality interventions for those experiencing problems with their gambling. A critical component of the state wide plan will be the provision of free or low cost education and supervision to counselors wishing to upgrade their skills in the area of problem gambling.

GAMBLING ADDICTIONS PROGRAMS FOR COLORADO

Resources and References

- American Gaming Association. (2019) Sports Betting Consumer Study. *American Gaming Association*. Copyright 2019 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/sports-betting-consumer-study>
- Burkhart N, & Welsh, D. (2014). The Legalization of Sports Gambling: An Irreparable Harm or the Beginning of Unprecedented Growth? *Sports Lawyers Journal*, 21, 145-341.
- Ciarrocchi, J. (2002) Counseling Problem Gamblers: A Self-Regulation Manual for individual and Family Therapy. Baltimore, Maryland. Elsevier.
- Dittick-Nathan, K., Verbeke, E., & Colorado. Exceptional Student Services Unit. (2006). *Evidence based practices in school mental health. Awareness of youth gambling* (Fast facts (Colorado. Exceptional Student Services Unit) ; 2006 July). Denver, Colo.: Colorado Department of Education, Exceptional Student Services Unit.
- Fiellin, David & Heninger, George & Mazure, Carolyn & Potenza, Marc & Rounsaville, Bruce. (2002) Gambling an Addictive Behavior with Health and Primary Care Implications. *J Gen Intern Med*. 17(9) 721-732
Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495100/>
- Griffiths, M. (2018, Dec. 4). Gambling: Loot boxes in Video Games Could Be Conditioning Children. *The Conversation*. Retrieved from: <http://theconversation.com/gambling-loot-boxes-in-video-games-could-be-conditioning-children-107667>
- Habgood, C. & Colorado Department of Human Services. (2010). House Bill 08-1314 Problem Gambling/Gambling Addiction Grant Report. Retrieved from: <http://www2.cde.state.co.us/artemis/huserials/hu1012internet/hu10122010internet.pdf>
- Haro, J., & Jacob, L., & Koyanagi A. (2017). The Association Between Problem Gambling and Psychotic Experiences: Findings from the Adult Psychiatric Morbidity Survey 2007. *Elsevier*. 201. p. 79-84
- Kilsby, J. (2018). State of the States 2018: The AGA Survey of the Commercial Casino Industry. *American Gaming Association*. Copyright 2018 American Gaming Association. Retrieved from: <https://www.americangaming.org/resources/state-of-the-states-2018-the-aga-survey-of-the-commercial-casino-industry/>
- Lanxon, N. (2019, Feb. 15). "How 'Loot Boxes' Unlock Video Game Gambling Worries." *The Washington Post*. Retrieved from: https://www.washingtonpost.com/business/how-loot-boxesunlock-video-game-gambling-worries/2019/02/15/dc91cf6e-3100-11e9-8781-763619f12cb4_story.html?noredirect=on&utm_term=.25bbe5a591af
- Markus, B. (2019). Will Sports Wagers Be A \$361M Cash Cow In Colorado? Gambling Rivals Don't Agree On It. *Colorado Public Radio*. Retrieved from: <https://www.cpr.org/news/story/colorado-s-gambling-rivals-don-t-agree-on-what-kind-of-cash-cow-sports-betting-will-be>

GAMBLING ADDICTIONS PROGRAMS FOR COLORADO

Marotta, J., Hynes, J., Rugle, L., Whyte, K., Scanlan, K., Sheldrup, J., & Dukart, J. (2017). *2016 Survey of Problem Gambling Services in the United States*. Boston MA: Association of Problem Gambling Service Administrators.

National Council on Problem Gambling. (2019) National Survey on Gambling Attitudes and Gambling Experience. *National Council on Problem Gambling and GVC Holdings*. Copyright 2019 National Council on Problem Gambling. Retrieved from: <https://www.ncpgsurvey.org>

Rettner, Rachael. (2019). Video Game Addiction Becomes Official Mental Health Disorder in Controversial Decision by WHO. *LiveScience*. Retrieved from: <https://www.livescience.com/65580-video-game-addiction-mental-health-disorder.html>

Roper, P. (2018, May 16). Will Colorado Voters Want Sports Betting? *TCA Regional News* Retrieved from <https://search-proquest-com.du.idm.oclc.org/docview/2039205018?accountid=14608>

Sheldon, D. (2015). Colorado Gambling Addiction Program Audit Shows Only One Gambler Helped in Past Two Years. *Casino.org*. Retrieved from <https://www.casino.org/news/colorado-gambling-addiction-program-audit-failure>

Simpson, K. (2016). State Places No Money on Table for Gambling Addicts. *The Denver Post*. Retrieved from: <https://www.denverpost.com/2007/05/13/state-places-no-money-on-table-for-gambling-addicts/>

Staver, A. (2018). Sports Betting In Colorado? 2 State Lawmakers Ready to Make Push. *The Aspen Times*. Retrieved from: <https://www.aspentimes.com/news/sports-betting-in-colorado-2-state-lawmakers-ready-to-make-push/>

Substance Abuse and Mental Health Services Administration. (2013). *Substance Abuse Treatment For Persons With Co-Occurring Disorders A Treatment Improvement Protocol. TIP 42*. (Publication ID: SMA13-3992). Retrieved from: <https://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>

Volberg, R., & Colorado. Division of Gaming. (1997). *Gambling and problem gambling in Colorado report to the Colorado Department of Revenue / Rachel A. Volberg*. Roaring Spring, PA: Gemini Research.

Vuong, A. (2009). Colorado's Big Bet. *The Denver Post*. Retrieved from: <https://www.denverpost.com/2009/07/01/colorados-big-bet/>

Williams, R.J., West, B.L., & Simpson, R.I. (2012). Prevention of Problem Gambling: A Comprehensive Review of the Evidence, and Identified Best Practices. *Report prepared for the Ontario Problem Gambling Research Centre and the Ontario Ministry of Health and Long Term Care*. Retrieved from: <https://opus.uleth.ca/bitstream/handle/10133/3121/2012-PREVENTION-OPGRC.pdf?sequence=3&isAllowed=y>

Winslow, K. (2008). A Problem For Gamblers. *The American Prospect*. Retrieved from: <https://prospect.org/article/problem-gamblers>

GAMBLING ADDICTIONS PROGRAMS FOR COLORADO

Wood, J. (2018). Rocky Mountain Sigh: Sports Betting Likely Not Coming Until 2020. *Legal Sports Report*. Retrieved from: <https://www.legalsportsreport.com/25353/colorado-sports-betting-ballot-2019/>