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Recommendations for Improving Problem Gambling Prevention, Treatment & Recovery in WA State

Submitted to:
Washington State Legislature

Submitted on behalf of the Problem Gambling Task Force by:
Washington State Gambling Commission

Acknowledgements

The Problem Gambling Task Force's leadership team recognizes that Task Force members spent many hours serving on the Task Force and its six committees over the past three years (January 2020 to November 2022).

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Despite impacts from the COVID-19 pandemic, including moving to online meetings and the need to extend the work by an additional year, PGTF members and staff consultants met these challenges with grace and patience. Members have come together to create and finalize this list of recommendations now being shared with the Legislature and people of Washington State.

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Message from the PGTF Chair & Vice-Chair

In 2019, the Washington State Legislature created the Joint Legislative Problem Gambling Task Force. It was created to address growing concerns about the impact of problem gambling on the residents of Washington State. Task Force membership includes legislators, state agencies, Tribal representatives, and stakeholders from clinical, gambling industry, recovery, community, and other sectors. While the emergence of the worldwide pandemic delayed our work by a full year, we are pleased to provide this comprehensive Final Report.

With an increasing number of ways to gamble, the work of this Task Force is extremely timely. The Task Force's work includes assessing the need for problem gambling-related services, whether the State is meeting those needs, identifying existing gaps, and, finally, making recommendations to the state legislature for improvements.

The entire Task Force has been meeting quarterly since January 2020. Topical workgroups were established to delve deeper and develop recommendations and strategies. In addition, the Washington State Health Care Authority was appropriated \$500,000 from the state problem gambling account for completion of an Adult Problem Gambling Prevalence Study. The findings of this study, along with multiple other data inputs, have enabled the Task Force to take an evidence-based approach to our work.

While our society increasingly understands the importance of providing services to address substance use disorder and mental health issues, the lack of federal funding for problem gambling services (including prevention, treatment, and recovery) is often left out of the equation. We hope this Final Report is a step toward positioning problem gambling as an issue that demands attention, deliberation, and resources.

Chair Julia Patterson



Vice-Chair Brad Galvin



Acronyms

CAWI	Computer-Assisted Web Interviewing
CMS	Center for Medicare and Medicaid Services
DOH	Department of Health – Washington State
DSM-5	Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition
ECPG	Evergreen Council on Problem Gambling
HCA	Health Care Authority – Washington State
DBHR	Division of Behavioral Health and Recovery – WA State Health Care Authority
DSHS	Department of Health and Human Services – Washington State
GF-S	State General Funds
GIS	Geographic Information System
HYS	Healthy Youth Survey – Washington State
ICGC	International Gambling Counselor Certification
ICRG	International Center for Responsible Gaming
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
NAADGS	National Association of Administrators for Disordered Gambling Services
NCPG	National Council on Problem Gambling

Acronyms

NWITC	Northwest Indian Treatment Center
OSPI	Office of Superintendent of Public Instruction – Washington State
PGAM	Problem Gambling Awareness Month
PGTF	Problem Gambling Task Force
RCW	Revised Code of Washington
SAMHSA	Substance Abuse and Mental Health Services Administration
SAQ	Self-Administered Questionnaire – Paper-and-Pencil
SESRC	Social & Economic Sciences Research Center – Washington State University
SFY	State Fiscal Year
UW	University of Washington
WAC	Washington Administrative Code
WHO	World Health Organization
WIGA	Washington Indian Gaming Association
WRA	WA Recovery Alliance
WSGC	Washington State Gambling Commission
WSGCC	Washington State Gambling Counselor Certification Committee

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1 | Overview and Highlights

Three-Year Collaboration Illuminates Recommendations

This report represents the successful three-year collaboration among Problem Gambling Task Force (PGTF) members and subject matter experts. The recommendations and strategies reflect their deep expertise and perspective and offer a road map for improved problem gambling awareness, prevention, treatment, and recovery services in Washington State.

After gathering a broad-based and motivated group of stakeholders, the PGTF got right to work through a comprehensive review of current problem gambling services to surface gaps and develop recommendations. Our work was also informed by multiple sources of data and information, including the recently released 2021 Washington State Adult Problem Gambling Prevalence Study.

Our gap analysis and review of other state problem gambling programs reveals that our current state program lacks the requisite resources to provide comprehensive problem gambling services statewide. Despite that the federal government funds mental health and substance use disorder services, the fact remains that the federal government provides no funding support for problem gambling services.

Advancing work in each of the recommended areas is critical to meet the dynamic challenges brought forward by the increased availability of gambling across our state.

Problem gambling is a behavioral health issue that currently stands outside mainstream behavioral health services and funding. It is past time to remedy that situation and offer Washington State residents a complete suite of problem gambling services, especially now—when access to and availability of gambling is rapidly expanding nationally and worldwide, with increasing pressure on legislators to legalize sports wagering and online gambling.

Problem Gambling Services – Key Gaps in WA State

Prevention	<ul style="list-style-type: none"> * Multiple efforts in play across public, private, and Tribal nations * Not integrated with other prevention efforts (State)
Residential & Non-Residential Treatment	<ul style="list-style-type: none"> * State program clearly underfunded * Problem gambling treatment coverage spotty across the state * Residential treatment unavailable through the state program * Nearest residential treatment program for gambling is in Salem, Oregon
After-Care Recovery Support	<ul style="list-style-type: none"> * Very little available that directly addresses problem gambling * Few problem gambling-trained peer and recovery support specialists
Program Monitoring & Evaluation	<ul style="list-style-type: none"> * Prevalence studies should be done periodically, especially in an era where the availability of gambling is increasing

Problem Gambling Task Force Recommendations

<p>I. Comprehensive Problem Gambling Services</p>	<ul style="list-style-type: none"> * Improve availability and access to all levels of treatment and recovery support services for problem gambling * Integrate problem gambling awareness, prevention, education, outreach, treatment, and recovery support services into behavioral health and substance use disorder programs * Integrate problem gambling information into clinical behavioral health curriculum, training, and counseling programs * Enhance consumer protections and responsible gaming for vendors, operators, and the public, including youth * Recognize impacts of internet use and gaming disorders on youth and adults * Assess the potential of including a gambling treatment diversion program within existing Washington State courts
<p>II. Funding & Infrastructure</p>	<ul style="list-style-type: none"> * Increase state funding for the State Problem Gambling Program to meet current and future needs * Implement a new data system for the State Problem Gambling Program
<p>III. Collaboration & Partnerships</p>	<ul style="list-style-type: none"> * The Governor, Washington State Gambling Commission, and Washington State Health Care Authority should work collaboratively with the state legislature, Tribal governments, relevant state agencies, and key stakeholders to determine funding and service strategies to best meet the needs of WA State residents

2 | Gap Analysis: Problem Gambling Services

Laying the Groundwork for the Recommendations

This section lays the groundwork for the recommendations and strategies found in the next section. See below for a thorough examination of current services and identified gaps. After much analysis and deliberation within the Task Force, members determined that there is a clear need to increase the accessibility and availability of problem gambling services. State agencies that have gambling, behavioral health, and related topics within their scope of responsibility need to work together to create a stronger infrastructure to serve people impacted by problem gambling. Collaboration by all sectors that touch upon problem gambling, along with more resources, are needed to bridge these identified gaps, with intentional focus to those populations and groups at higher risk for problem gambling.

To proactively respond to the gaps identified in the State Problem Gambling Program (State Program), the Washington State Health Care Authority Division of Behavioral Health and Recovery (HCA/DBHR) has put forth a Proposed Budget model that will significantly expand the services that the program now provides, both in numbers served and the breadth of the impact statewide.

This model will change the State Program from one that has, since it began in 2005, been focused on treatment reimbursement into a modern comprehensive program like those offered in states with robust problem gambling programs.¹ (Appendix A: Current & Proposed Budget Models – WA State Problem Gambling Program)

If funding for the State Program is doubled, based on the Proposed Model, these are the 3-5 year goals for the Program:

- **Prevention:** Initiate a year-round State Program
- **Treatment:** Increase treatment services to serve up to 700 clients annually²
- **Workforce Development:** Increase current number of Certified Gambling Counselors by a minimum of 25 percent³
- **Outreach, Awareness, and Education:** Increase outreach to community organizations and populations at higher risk for problem gambling
- **Program Monitoring and Evaluation:** Contract services with the University of Washington (UW) or other entity for continuous quality improvement as well as tracking and assessing outcomes based on quality of life for clients
- **Research:** Conduct a replication Prevalence Study and/or other research to assess the changing landscape of gambling to address access to care issues and health disparities.⁴

Existing Problem Gambling Services in Washington State

Problem Gambling Prevention, Outreach, Awareness & Education Services

Several entities within Washington State are known to conduct or have conducted problem gambling prevention activities:

- Evergreen Council on Problem Gambling (ECPG)
- Individual behavioral health agencies
- Recovery Cafe Network
- State Problem Gambling Program
- Tribal behavioral health agencies

Annually in March, during Problem Gambling Awareness Month (PGAM), the State Program coordinates and funds several specific PGAM-related activities with ECPG. Beyond the \$26,000 annually that is contracted with ECPG, HCA does not receive state or federal funding to initiate and sustain a robust, year-round problem gambling prevention program. Due to this lack of funding, problem gambling prevention is not integrated with all the other behavioral health topics, despite the high rate of co-occurring disorders that are correlated with problem gambling.

Many Tribes provide a significant amount of prevention and awareness-related activities. With funds set aside for problem gambling, Tribes may also choose to support prevention and other problem gambling services by contributing to non-profits and/or the state problem gambling account.

ECPG and the Recovery Cafe Network are two organizations that have received funding from Tribes, some of which has been used to support prevention, awareness, education, outreach, and other problem gambling services.

In addition to PGAM programming, ECPG hosts two conferences each year (Focus on the Future and Four Directions) that include concurrent sessions on a variety of topics related to problem gambling, including prevention and education, awareness, and outreach across the lifespan. ECPG also conducts on-going trainings on prevention topics focused on youth, young adults, older adults, Latino/Hispanic, Tribal, LGBTQIA, military/veterans, recovery community, and other populations at increased risks for problem gambling.⁵

Treatment Services

To understand the extent of assessment and treatment services,⁶ the PGTF collected information on the following resources:

- Certified Gambling Counselor (CGC) workforce⁷
- DOH-certified problem gambling treatment agencies⁸
- Tribal behavioral health agencies with problem gambling programs⁹

Using information on the locations of treatment services and data of land-based (brick and mortar) gambling locations, PGTF staff created a series of maps in ArcGIS.¹⁰ Using this method allowed staff to create maps that show the gambling venues, problem gambling treatment service coverage, and the overlapping one-hour drive times.¹¹

The following maps, when viewed in order, illustrate the method used by the PGTF to determine in which geographic areas of the state are currently unserved by a Certified Gambling Counselor. Based on this analysis, this report recommends increased workforce development to expand availability to the areas listed later in this section. (Appendix B: Availability of Gambling & Problem Gambling Treatment in WA State – GIS Maps)

FIGURE A^{12, 13, 14, 15} (see all maps at the end of this chapter) shows the locations and one-hour drive time area coverage of all Certified Gambling Counselors and all Tribal behavioral health agencies.¹² Some Tribal behavioral health agencies employ Certified Gambling Counselors.¹³ Among those Tribal agencies that do, several are Department of Health (DOH)-certified problem gambling behavioral health agencies.¹⁴

Treatment Availability Findings

- Existing treatment services are widely available on the western side of the Cascades and along the I-5 interstate freeway corridor.
- The Spokane and Greater Columbia regions have partial coverage for problem gambling treatment within a one-hour drive.
- Large geographic areas of the state have no problem gambling treatment within a one-hour drive time. This includes both population centers and rural counties.

The next step in determining where additional treatment services are needed is to see the scope and availability of land-based gambling.

FIGURE B¹⁶ shows the locations and one-hour drive time overlaps of traditional brick-and-mortar gambling by activity type, including

house-banked commercial card rooms, Tribal casinos, and horse racing (both track and off-track/pari-mutuel).¹⁶

As seen in Figure A, land-based gambling within one-hour drive time can be accessed in large areas of the state, with multiple types of gambling in some areas.

Once the availability of land-based gambling and problem gambling treatment was understood, staff created **FIGURE C**.^{17, 18} The map shows the overlay of land-based gambling with Certified Gambling Counselors.

At this point in the analysis, it's important to highlight that the Program contracts only with DOH-certified problem gambling agencies as well as licensed mental health providers and/or substance use disorder professionals who are Certified Gambling Counselor sole providers (defined in the Behavioral Health WAC 246-341-0754). In the proviso that created the PGTF, one of the required tasks is to make recommendations to the Legislature regarding whether this state should expand state funding for prevention, treatment, and recovery services to address the need for these programs.¹⁹

Tribal Behavioral Health Agencies Providing Problem Gambling Treatment Services

Tribal behavioral health agencies that do not currently employ a Certified Gambling Counselor but may offer problem gambling treatment, as indicated on their website, are not included in this portion of the analysis. It is worth noting that most Tribal clinics accept both Tribal and non-Tribal clients.^{20, 21, 22}

Identified Gaps in Locations of Certified Gambling Counselors

Having completed the mapping project, PGTF staff were able to determine which regions or population centers are currently unserved or under-served for problem gambling treatment services (i.e., do not have any DOH-certified problem gambling agencies or Certified Gambling Counselors within one-hour drive time). Based on this information as well as population density within areas, PGTF staff created a new map that shows where the greatest need is for problem gambling treatment services. State-certified problem gambling services include 1) Certified Gambling Counselors, and 2) DOH-certified problem gambling agencies. To expand state-certified problem gambling treatment services to these areas will require increasing the number of Certified Gambling Counselors by a minimum of 25 percent (ten additional clinicians). And to meet future anticipated needs, ongoing recruitment of Certified Gambling Counselors is crucial.

FIGURE D illustrates the boundaries of the proposed areas for Certified Gambling Counselors. There are additional areas that are currently under-served that are not on this map but are on the list for additional recruitment (Thurston and Pierce Counties, for example).

FIGURE E is the final map and dramatically illustrates the impact of expanding the Certified Gambling Counselor workforce. Based on this analysis, the PGTF is recommending that the Certified Gambling Counselor workforce be increased, focusing on the need to increase access to state-certified problem gambling treatment for unserved and under-served areas and population centers. This includes the need for more state funding to increase workforce development efforts, for example, more clinical trainings online, scholarships for candidates in

under-served areas, and other actions to reduce barriers and increase successful recruitment for new Certified Gambling Counselors.²³

The goal of this expansion is to ensure that population centers have access to Certified Gambling Counselors. This plan will increase overall coverage of the population by over an additional 600,000 people, primarily focused in eastern and rural parts of the state that don't currently have access to treatment with a Certified Gambling Counselor.²⁴

Regionally, when fully implemented, this plan to increase the Certified Gambling Counselor workforce will expand access to state-certified problem gambling treatment (light green areas) to include the yellow coverage areas (**Figure E**). The most dramatic increases in coverage will be on the eastern side of the Cascades (reported here as the percentage of the population in the region that will be within one-hour drive time, not physical geographic coverage).

For individuals in areas outside of the one-hour drive time access to state-certified problem gambling treatment, options may be available:

- **Telehealth:** The availability of clinical treatment via telehealth has greatly expanded in the past three years. Many of the state-certified problem gambling treatment providers now offer telehealth as an option. Services can be accessed (including telehealth) through the Problem Gambling Helpline (1-800-547-6133).²⁵
- **Tribal behavioral health agencies:** As noted earlier, some Tribal behavioral health agencies have problem gambling programs. Individuals are encouraged to reach out to their local Tribal behavioral health agency for more information, as mental health and substance use disorder treatment is often available for both Tribal and non-Tribal community members.²⁶

Figure A: Tribal Behavioral Health Agency Coverage & Certified Gambling Counselor Coverage (based on ten regional service areas)

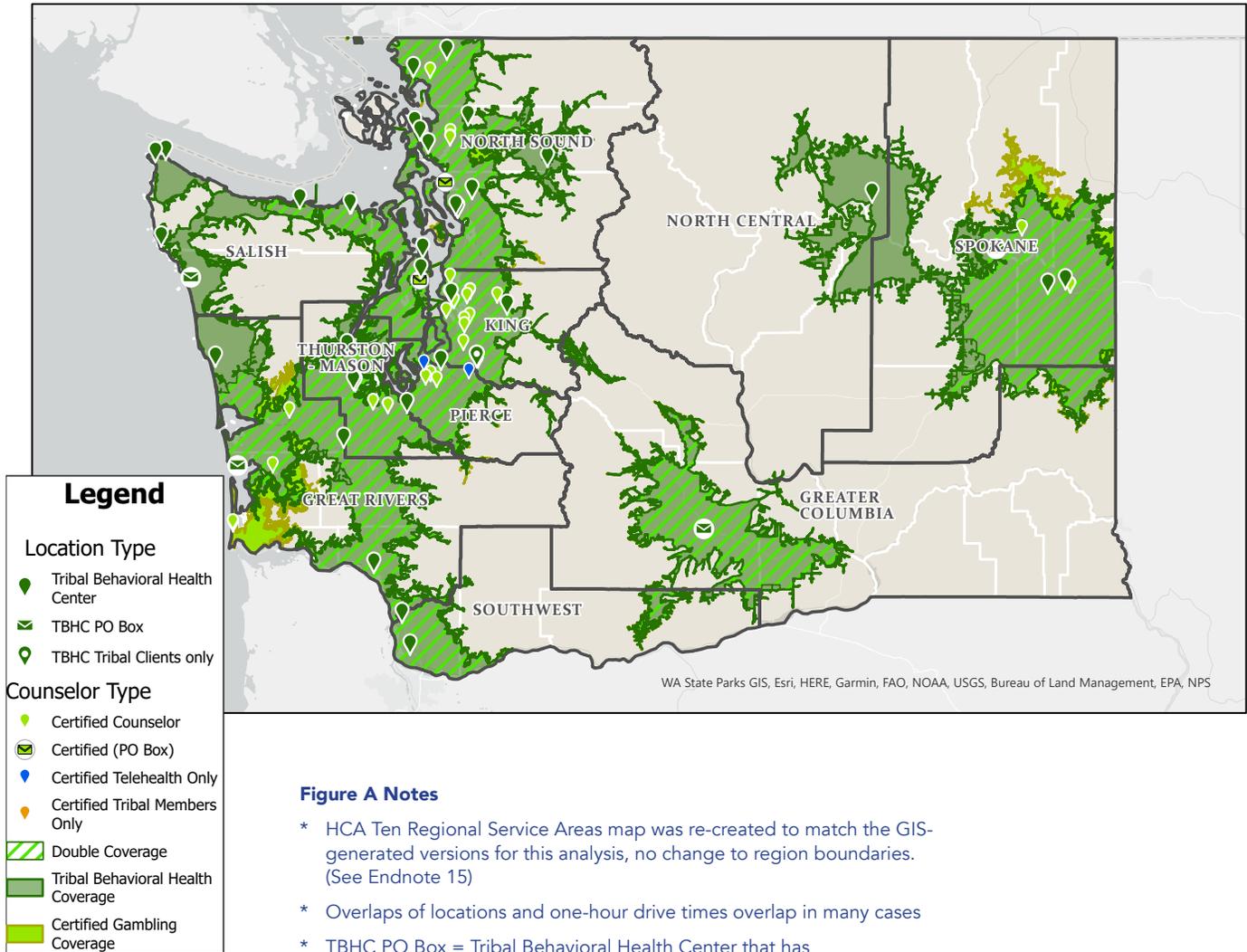


Figure A Notes

- * HCA Ten Regional Service Areas map was re-created to match the GIS-generated versions for this analysis, no change to region boundaries. (See Endnote 15)
- * Overlaps of locations and one-hour drive times overlap in many cases
- * TBHC PO Box = Tribal Behavioral Health Center that has a PO Box as location
- * TBHC Tribal Clients only = Tribal Behavioral Health agency that accept only Tribal members
- * Certified Counselor = location of Certified Gambling Counselors
- * Certified Telehealth only = Certified Gambling Counselors providing telehealth only
- * Certified Tribal members only = Tribal BH agency with Certified Gambling Counselor and only accepts Tribal members
- * Double Coverage = Overlapping one-hour drive times (e.g., Certified Gambling Counselor and Tribal BH agency)
- * Certified Gambling Coverage = Location and one-hour drive times for only Certified Gambling Counselor

Figure B: Horse Racing, House-Banked Card Rooms & Tribal Casino Drive Times

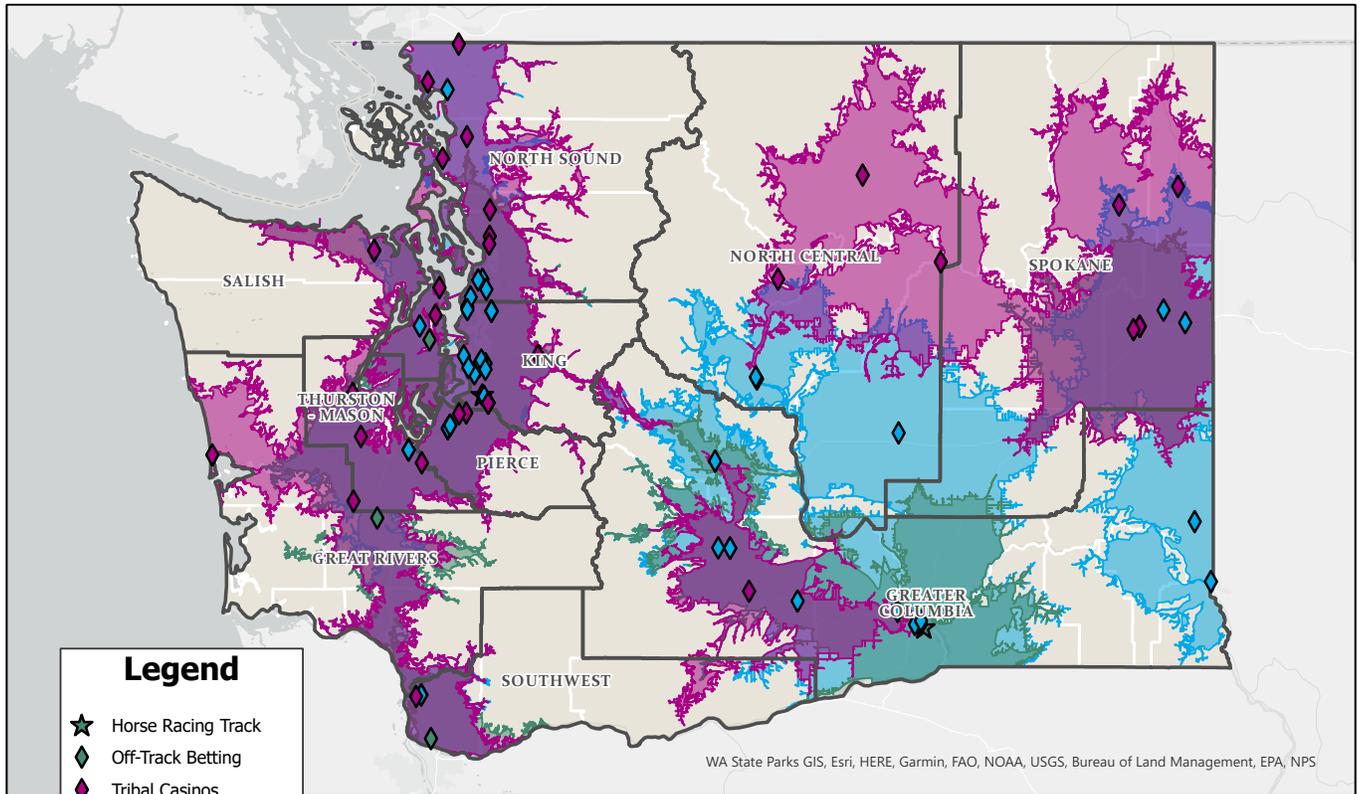


Figure B Notes

- * Overlaps of locations and one-hour drive times overlap in many cases
- * Dark pink diamond = Tribal Casino
- * Blue diamond = commercial house-banked card room
- * Blue Star = horse racing track and dark green diamond indicates off-track betting location
- * Areas covered by pink (Tribal Casinos), light blue (commercial house-banked card rooms), and teal (horse racetracks/off-site betting) are within one-hour drive time, with overlapping one-hour drive time indicated by the overlay of combined colors.
- * Areas without color (grey) fall outside of the one-hour drive time limit.

Figure C: Gambling Type Overlapping with Certified Gambling Counselor One-Hour Drive Times

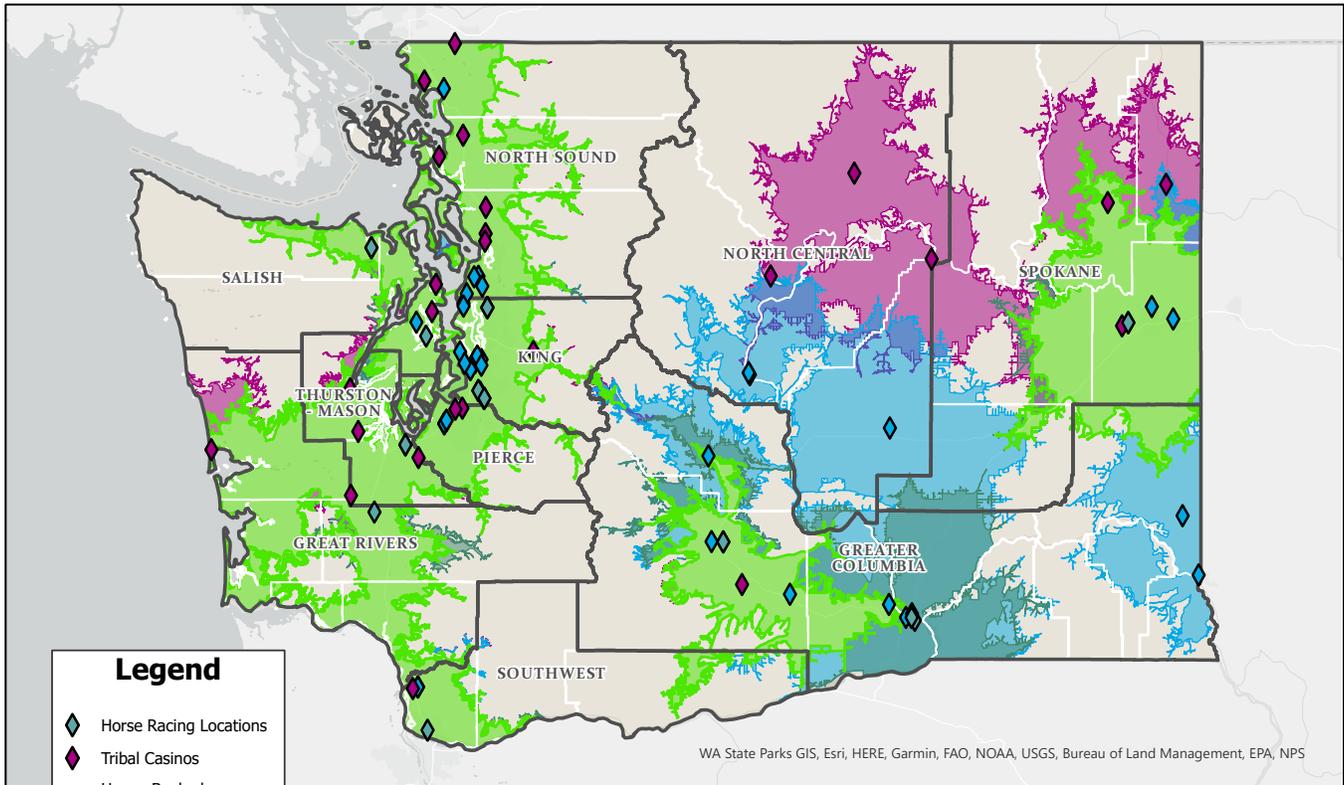
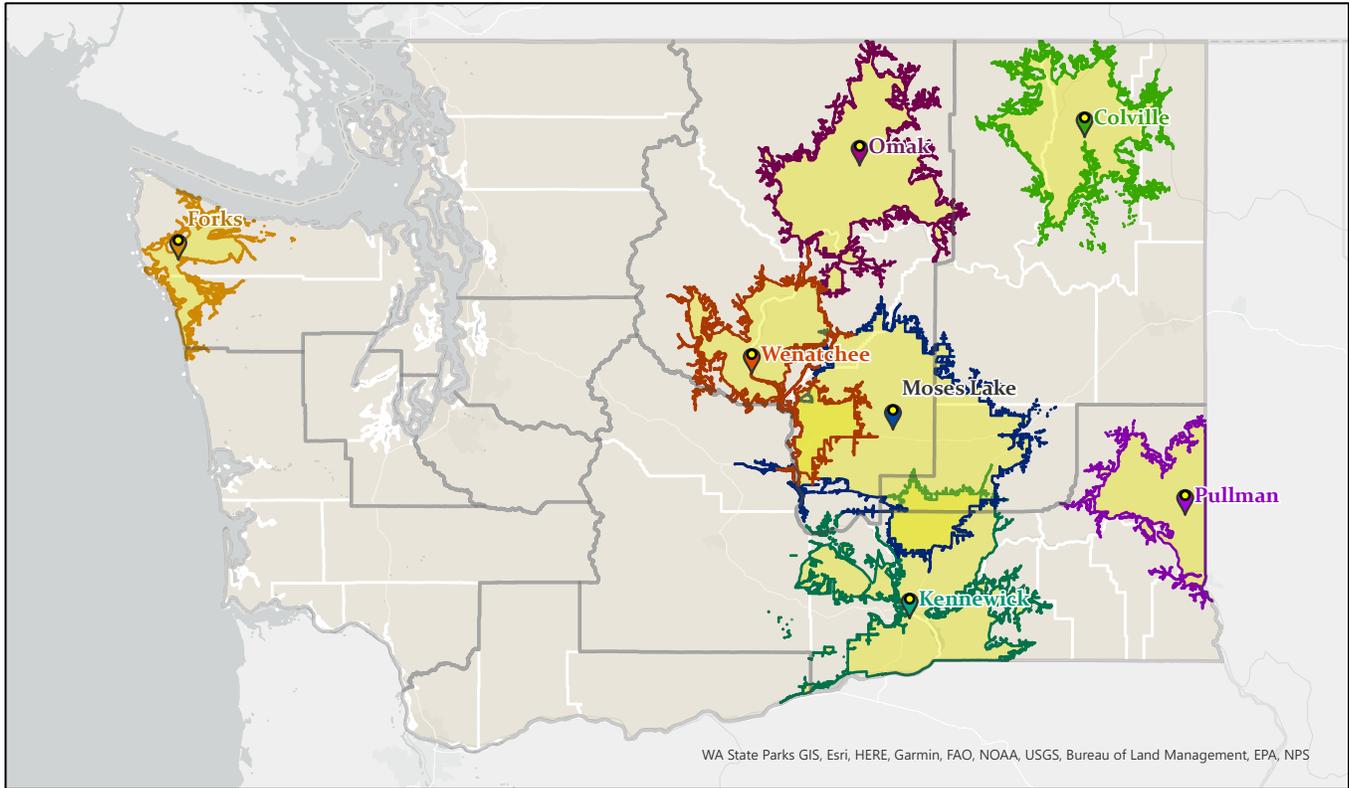


Figure C Notes

- * DOH-licensed problem gambling agencies are required to employ a Certified Gambling Counselor; therefore, those agencies are in the same place on this map as the corresponding gambling counselor.
- * This includes both Tribal and non-Tribal DOH-certified problem gambling agencies.
- * Areas not included in the light green coverage areas may have a Tribal behavioral health clinic that does not employ a Certified Gambling Counselor but does offer problem gambling treatment as indicated on their website.

Figure D: Proposed Certified Gambling Counselors
(locations for focused recruitment)



Legend

-  Labeled Hypothetical Counselor Locations
-  Hypothetical 1-hour drive time

Figure D Notes

- * Areas included on this map that need recruitment for Certified Gambling Counselors: Omak/Okanogan, Wenatchee, Moses Lake/Ephrata, Colville, Pullman, Tri-Cities (Kennewick, Pasco, Richland), Forks.
- * Other areas under consideration not shown on this map are Clarkston-Lewiston, as well as regions or population centers that only have one Certified Gambling Counselor agency.
- * Most of the identified areas are on the eastern side of the Cascades.
- * North Central region has no Certified Gambling Counselors or DOH-certified problem gambling agencies.

Figure E: State Coverage with Proposed New Certified Gambling Counselors

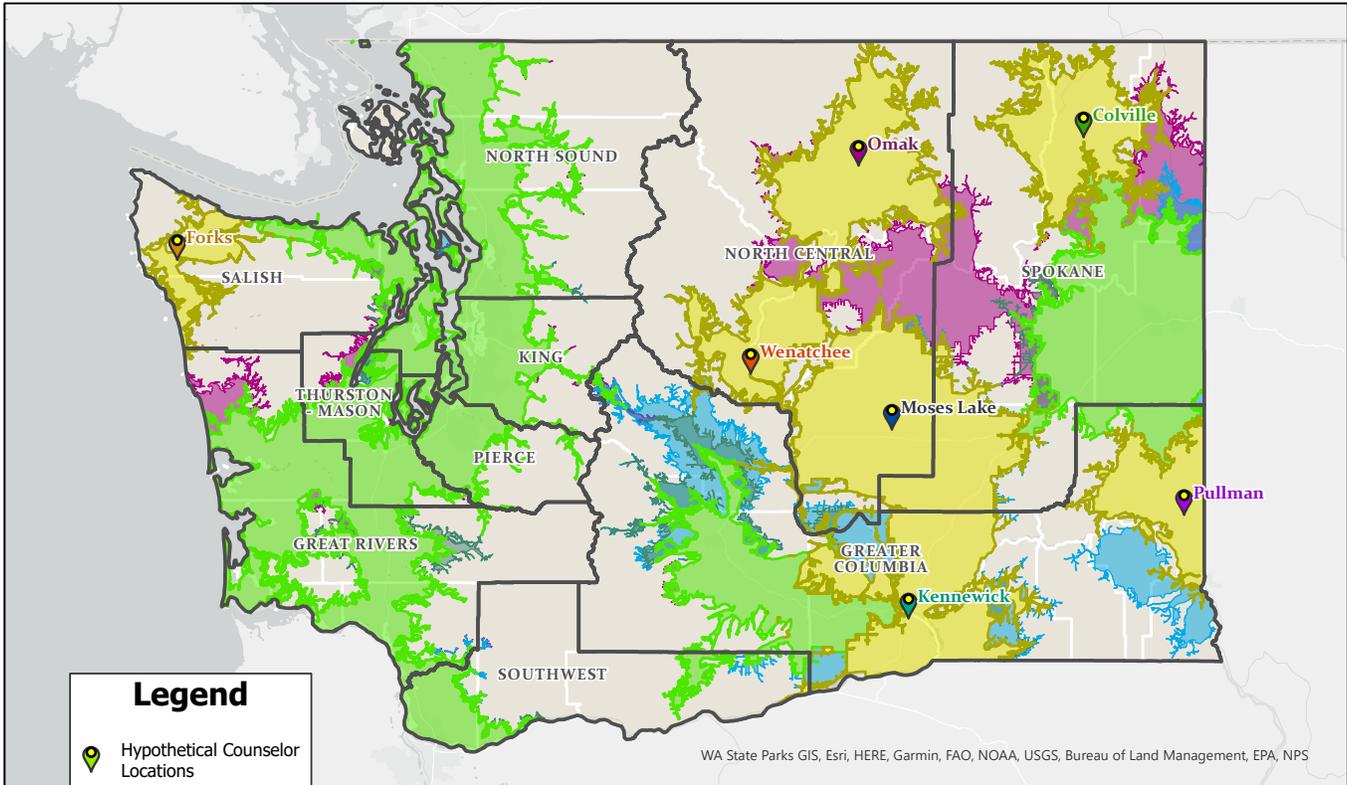


Figure E Notes

- * Pink, light blue, and teal areas have gambling activity that is outside the one-hour drive time to a Certified Gambling Counselor.
- * Areas with no color (grey) have no gambling activity nor Certified Gambling Counselor within one hour.
- * North Central region coverage will increase from 0 percent to over 90 percent.
- * Greater Columbia region coverage will increase from 50 percent to 90 percent.
- * Spokane region coverage will increase from 90 percent to over 96 percent.

Need for Increased Funding to Expand Treatment Service

- **Existing gap in funding for treatment:** Since 2019, the State Program treatment budget has been experiencing an ongoing treatment budget gap of \$100,000 to \$150,000 in each of the last two biennial program budgets (2019-2021 and 2021-2023). The gap is created by the pressure of increased community demand for treatment services on HCA-contracted problem gambling treatment providers, which translates into these contracted providers requesting more funding from the State Program to meet this increased demand for services. The State Program Manager has been able to gather funding to close the treatment gap each budget period, but this is not a long-term, sustainable solution.²⁷
- **Expanding access to state-funded problem gambling treatment:** The State Program is, unfortunately, not contracted with all state-certified problem gambling treatment providers. The lack of funding for treatment is the largest barrier to offering new contracts.²⁸ A long-term goal of the State Program Manager is to contract with more of the state-certified problem gambling treatment provider agencies and sole providers. And as the Certified Gambling Counselor workforce grows over the next 3 to 5 years, the State Program will be eager to contract with these new providers and agencies, especially in unserved and underserved areas of the state. The State Program needs more funding for treatment to be able to expand access to state-funded problem gambling treatment.^{29, 30}

Legislature's Role in Funding for State Problem Gambling Program

Since 2005 when the State Program began, ongoing funding for the program has come from a small percentage of both a business and occupations tax on commercial gambling including horse racing and other games of chance, and a percentage of sales from the Lottery. Because the funding is statutory in nature, to make any changes the Legislature would need to address the amount of funding directed to the state problem gambling account (which, through appropriation, funds the State Problem Gambling Program).

The PGTF has identified several options that legislators might wish to consider: 1) increasing the existing contribution rate for one or more types of commercial gambling activities; 2) designating general state funds; 3) another mechanism yet to be determined; and 4) adopting a multi-pronged approach in which funding would be tied to both the amount of commercial and non-profit gambling (as it is now) and a specific set amount from general state funds. The advantage of the multi-pronged approach for funding tied to the amount would continue to reflect funding for services based on the amount of commercial gambling, while also protecting the State Program budget from the ups and downs of the gambling environment (such as when all land-based gambling except for the Lottery ceased for several months during the pandemic).³¹

Recovery Support Services

As defined by the federal government:

“(Recovery is) a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”³²

On the whole, most recovery services focus on individuals successfully transitioning from treatment back into everyday life and may include some combination of peer support groups along with supportive housing and supportive employment. In most cases, due to the overlap with other behavioral health disorders, individuals in recovery from problem gambling can access services based on a co-occurring disorder(s).

Despite the broad range of recovery support programs and services available across the state, very few specifically offer support to individuals recovering from gambling disorders. A very few recovery support organizations have sought to create an inclusive recovery environment that specifically includes individuals in recovery from problem gambling. The Recovery Cafe Network has incorporated this approach. (Appendix C: Recovery Support Services in WA State)

Geographic Distribution

As with Certified Gambling Counselors, most peer recovery support service organizations are located west of the Cascades, with those on the eastern side mostly located in Spokane. The following categories of Recovery Support highlight the different types of services that people in recovery may be able to access, depending on geographic location and eligibility (when applicable). Only a handful of recovery support services identify a specific focus on gambling or problem gambling.

- **Peer recovery support organizations** are designed and delivered by people in recovery. Examples include Recovery Cafés, Peer WA locations, and individual organizations like Consumer Voices Are Born. Local chapters of national organizations such as Gamblers Anonymous and Gam-Anon (for loved ones) can be found both in some areas and as online support groups.
- **Tribal recovery support** is provided by most Tribal behavioral health agencies and frequently take a holistic, wrap-around approach that focuses on the whole person rather than on the presenting problem. In addition, the Northwest Indian Treatment Center (NWITC) has a recovery support team that provides aftercare planning.³³
- **Related recovery support** includes those individual behavioral health agencies that have programs and/or staff that specifically focus on recovery after treatment. Also included is the WA Recovery Alliance (WRA), which has nine local recovery coalitions across the state led by individuals in recovery, families impacted by behavioral health conditions, and community organizations. WRA works to advance recovery by changing public understanding and shaping pro-recovery public policy.³⁴
- **State recovery support resources** include the Washington State Recovery Help Line (1-866-789-1511), Certified Peer Counselors and Recovery Coaches, Recovery Housing (including 45 Oxford Houses and 347 Recovery Residences), Foundational Community Supports (jobs/housing/living) and Coordinated Entry Sites for families and adults experiencing homelessness.^{35, 36}

Identified Gaps in Recovery Support Services

- Lack of geographic availability in areas other than along the I-5 corridor.
- Lack of focus on problem gambling specifically. Few of the resources above focus on problem gambling as an area of service or peer support. Outreach to the other organizations listed (as well as additional recovery services not included here) is needed to gain clarity about whether their scope of work includes an awareness of problem gambling and the challenges to recovery.
- Lack of services for family and others impacted by loved one who gambles
- Lack of services that are culturally diverse, specific/relevant, and offered in languages other than English.

Existing Problem Gambling Services in Federal Government and Other States

Problem Gambling Services and the Federal Government

The Federal government does not provide any funding for problem gambling services. There is no federal funding (including Medicaid and Medicare) for problem gambling treatment, prevention, clinical training, awareness, outreach, education, or research. In addition, states cannot access any funding for problem gambling from the mental health block grant, substance use block grant, federal block grant, or emergency block grants (to mitigate impacts of COVID-19, for example). There have been Congressional attempts (and a current effort) to include problem gambling under the umbrella of behavioral health on the federal level, but to date, this has been unsuccessful.

Problem Gambling Services in Other U.S. States – Funding Mechanisms

Because there is no federal funding or programs for problem gambling, each state must decide if it wants to invest in problem gambling services at all. About 42 states provide problem gambling services at some level, but each state's program is unique to its gambling and funding environment.³⁷ These are the most typical funding mechanisms:³⁸

- Provide a portion of either gross or net gambling revenue (may be on specific gambling activities, such as Lottery, commercial gambling, or a subset or combination)
- Set a specific contribution amount from Lottery (such as 2 percent of gross receipts)
- Include a general state funds line-item for problem gambling
- Designate a portion of Tribal revenue from gambling revenue to be deposited directly into state fund designated for problem gambling (negotiated by compact)

Problem Gambling Services in Other U.S. States – Services Provided

Along with the great variety of funding mechanisms used by U.S. States, state problem gambling programs also have a wide range of services that they offer. In Washington State, 70 percent of the State Program budget is allocated for treatment services; by contrast, in 2021, Pennsylvania spent 63 percent of its problem gambling budget on prevention and awareness projects and services, with only 9 percent spent on treatment.³⁹

2 | Gap Analysis: Problem Gambling Services

The following table shows the main categories of services with the number of state programs that offer that service.^{40, 41}

Problem Gambling Services Provided in other U.S. States		
Service Provided	Number of States	Percent (of 42 states with state PG programs)
Problem Gambling Helpline Number	36	86*
Public Awareness	36	86**
Treatment	34	81**
Counselor Training	31	74**
Prevention	27	64**
Counselor Certification	12	29*
Program Evaluation	18	43
Research	17	41

(*) available in Washington State but not funded by State Program
 (**) at least partially funded in Washington State as a regular budget line item through State Program (see End Note #41)

Extent of Need in Washington State

The 2021 Prevalence Study estimates that between 66,000 and 108,000 adults in Washington State are at moderate-to-severe risk for problem gambling, with an average of 90,000 individuals. Based on existing research, approximately 1 in 10 may seek services, for a total of 9,000 individuals.^{42, 43}

- Currently, the State Program at HCA/DBHR provides treatment reimbursement for 300-400 clients annually through contracts with DOH-certified problem gambling agencies and sole providers, at an average cost of \$1,472 in fiscal year 2021.

- As discussed above, additional Certified Gambling Counselors are needed across the state in regionally identified areas.
- The State Program has experienced treatment funding gaps of approximately \$150,000 in the 2019-2021 and 2021-2023 budget periods.
- Collectively, Tribes contribute a minimum of \$3-4 million towards problem gambling services (based on amounts reported by Tribes to the Gambling Commission). Some Tribes are known to spend more than the minimum reported.⁴⁴
- Behavioral health agencies that provide problem gambling services but are not contracted with the State Program are not required to report any information about the number and type of problem gambling services provided (number of clients served, overall spending on treatment, outcomes, or average per client costs).

The gap analysis clearly demonstrates the myriad needs in the problem gambling space. The recommendations, strategies, and considerations that follow are crafted to address these needs. Problem gambling is a behavioral health issue that stands outside mainstream behavioral health services. It is past time to remedy that situation and offer Washington State residents a complete suite of problem gambling services, especially in a time where the access and availability of gambling is so prominent and poised to increase even further.

Key Data Sources

Gap Analysis

To complete the gap analysis, these data sources were referenced:

- 2021 Washington State Adult Problem Gambling Prevalence Study (HCA)⁴⁵
- 2021 Washington State Healthy Youth Survey (DOH/OSPI/HCA)⁴⁶
- Roster of Certified Gambling Counselors (WSCGC-I/II, ICGC-I/II) and locations in Washington State (ECPG)⁴⁷
- Land-based gambling locations (excluding Lottery point-of-sale)⁴⁸
- 2021 State of the States Report (NAADGS)⁴⁹
- American Community Survey data (based on 2020 Census)⁵⁰
- Washington state agencies (websites, including online data sources, materials, and staff)⁵¹
- ECPG website and materials⁵²
- WIGA Responsible Gaming website
- Other jurisdictions' Problem Gambling Program websites, materials, and staff interviews
- Related research studies, reports, fact sheets

Limitations

The lack of publicly accessible anonymized datasets that include all problem gambling services provided by all entities within the geographic boundaries of Washington State (including Tribal lands) hindered the Task Force from conducting a comprehensive gap analysis for the entire state. Only HCA-contracted problem gambling treatment agencies and sole providers are required to submit data in TARGET2000, the current Invoicing and Clinical Treatment Tracking Database. There is no requirement in Washington State that non-contracted problem gambling entities, including public agencies, sole providers, Tribal behavioral health agencies, and private agencies must submit data on their problem gambling services into one database. Medicaid doesn't currently cover problem gambling treatment (so this data isn't collected in Provider One). Therefore, this gap analysis has focused mostly on the services provided by the State Program, with additional information added about services provided by other entities whenever possible and readily available.

Additional limitations included the small number of staff available to do significant, in-depth research in time to meet the deadlines for the 2021 Prevalence Study final report and then final PGTF recommendations report to the Legislature.

3 | Problem Gambling Task Force Recommendations

The Problem Gambling Task Force recommendations are placed in three topical categories: (I) Comprehensive Problem Gambling Services, (II) Necessary Infrastructure, and (III) Collaboration and Partnerships.

I. COMPREHENSIVE PROBLEM GAMBLING SERVICES

Improve availability and access to all levels of treatment and recovery support services for problem gambling.

Problem gambling treatment and recovery support services are a vital element of the state’s behavioral health services but are underfunded and need to be expanded.

State-funded problem gambling services are not easily accessible across all regions, including in some areas where consumers are near one or more gambling opportunities (e.g., commercial card rooms, Tribal casinos, and other gambling).

A study conducted in 2016 and administered to U.S. adults showed that proximity and access to gambling appears to be correlated to problem gambling, depending upon specific factors that include distance to and type of gambling activity. Some areas of WA State offer gambling within a one-hour drive, but do not have a

Certified Gambling Counselor within a one-hour drive. Expanding the availability of state-funded problem gambling treatment along with access to both residential and outpatient treatment is a major priority of the PGTF.⁵³

The Washington State Gambling Counselor Certification Committee (WSGCCC) continues to work to reduce unnecessary barriers while maintaining high standards to expand the Certified Gambling Counselor workforce.

Proposed Strategies

- Convene a stakeholder workgroup to determine if private insurers are, in fact, covering problem gambling treatment. This would likely be initiated by the Washington State Legislature.
- Expand use of resources beyond clinical counseling, for example, Certified Recovery Coaches, Certified Peer Coaches, and Peer Support Specialists. This would likely be initiated by HCA/DBHR and ECPG.
- Allow and provide funding for residential problem gambling treatment in state and out-of-state.⁵⁴ This would likely be initiated by the Washington State Legislature, HCA/DBHR, and other state agencies as needed.
- Increase number of Certified Gambling Counselors in parts of the state that don’t have problem gambling treatment services available within one hour drive time. This would likely be initiated by HCA/DBHR and ECPG. (Appendix B: Availability of Gambling & Problem Gambling Treatment in WA State – GIS Maps)

Integrate problem gambling awareness, prevention, education, outreach, treatment, and recovery support services into behavioral health and substance use disorder programs.

Despite being housed within the Washington State Health Care Authority Division of Behavioral Health and Recovery (HCA/DBHR), problem gambling services are not integrated with other mental health and substance use disorder services. Since the initiation of the State Program in 2005, the lack of any federal funding for problem gambling services has led to the State Program services not being included in the ongoing integration of behavioral health services. Administratively, this has also siloed the State Program from all other behavioral health prevention, treatment services, recovery services, and clinical training.⁵⁵

Funding for the State Program is at about the same level in 2022 as it was in 2005, despite the rapidly changing gambling landscape over the past decade.⁵⁶

Washington State has seen significant growth in population which translates to more people gambling. Analysis based on the 2021 Washington State Adult Problem Gambling Prevalence Study demonstrates that the need exists to significantly increase treatment services. Better integration within the behavioral health systems would help meet the clear needs in problem gambling services.

Currently in Washington State, very few behavioral health agencies screen clients for problem gambling despite that numerous research studies have shown that there is significant overlap between problem gambling and co-occurring disorders (mental health-related and/or substance use disorder). These are missed opportunities for clients to receive integrated treatment for both problem gambling and one or more co-occurring disorders.⁵⁷

In addition, studies have shown that youth and young adults have a higher risk for problem gambling than adults (6.3 percent versus 3.5 percent in Washington State). However, prevention activities focused on problem gambling are not integrated with other state-level prevention activities. This is another missed opportunity to coordinate prevention initiatives on problem gambling with other topics, like alcohol and substance use, smoking, and other risky behaviors.

Proposed Strategies

- Significantly increase state funding for problem gambling prevention activities. This would likely be initiated by the Washington State Legislature.
- Initiate grant-based funding project for behavioral health agencies to voluntarily integrate a short evidenced-based/validated problem gambling screening tool with mental health and substance use disorder assessment processes. This would likely be initiated by HCA/DBHR.⁵⁸
- Surface and share the experience and success of our state and Tribal partners in this arena.
- Enable HCA/DBHR to integrate problem gambling with other behavioral health care services. This would likely be initiated by the Washington State Legislature and implemented by HCA/DBHR.

Integrate problem gambling information into clinical behavioral health curriculum, training, and counseling programs.

Information about problem gambling screening, assessment, referral, and treatment is not currently included or required for mental health and substance use disorder training programs in Washington State, including undergraduate and graduate level clinical degree programs. Washington State behavioral health clinicians should be aware of the impacts of problem gambling, how individuals and those around them are impacted, and how to access problem gambling treatment and recovery services.

Proposed Strategies

- Require existing and future clinical training programs for substance use disorder and behavioral health professionals to include problem gambling as a required topic for example, the new University of Washington (UW) Behavioral Health Teaching Facility under development. This would likely be initiated by the Washington State Legislature, HCA/DBHR, and UW.
- Include information within all behavioral health clinical training programs and behavioral health-related higher education degree programs about how treatment and recovery are approached and how to become a Certified Gambling Counselor. This would likely be initiated by the Washington State Legislature, HCA/DBHR, and ECPG.
- Create opportunities to share the experience and success of our state and Tribal partners, likely be initiated by HCA/DBHR.

Enhance consumer protections and responsible gaming for vendors, operators, and the public, including youth.

Despite the known impacts from problem gambling and gambling disorder, the protections for consumers from the mechanisms of addiction need to be strengthened and expanded in Washington State. Prevention and consumer protections are especially important to have in place for people under 18.⁵⁹

A related topic of concern is the need to improve responsible gaming messaging focused on adult consumers. As an example, in Washington State, clear messaging is required on every pack of cigarettes (warning label); every ad for alcoholic beverages (responsible drinking/legal age/don't drink & drive messages); and every cannabis distributor billboard has a disclaimer that products are for ages 21 and over. State law requires that land-based gambling establishments post signage about responsible gaming, the Problem Gambling Helpline, and other resources.⁶⁰

Despite these state requirements for land-based gambling, the PGTF has determined that Washington State should take a more active approach on behalf of consumers to raise the bar on expectations for responsible gaming.

Proposed Strategies

- Determine and decide which state agency will take the lead role in advancing consumer protections for existing and newly legalized gambling activities in the future. The approach would likely involve WSGC, HCA/DBHR, the WA State Attorney General's Office, and other partners.

- Incorporate responsible gambling education for players in brick-and-mortar vendors and operators, including odds/stats, common distortions, and problem gambling resources. Examples of common thought distortions are thinking ‘this machine is hot and will pay out’, ‘this machine just paid out so I won’t win again today,’ general superstitions about luck, lucky charms, rabbits feet, and ‘I should play these lucky numbers because X-Y-Z happened today.’ This would likely be initiated by ECPG, WSGC, and HCA/DBHR.
- Develop and distribute a mobile app that can be used by consumers to locate problem gambling services, including prevention, treatment, and recovery referrals and other resources. This would likely be initiated by ECPG and HCA/DBHR.
- Support enhanced problem gambling prevention services for youth (under age 18) that are integrated into existing HCA prevention efforts. This would likely be initiated by HCA/DBHR.
- Washington State Gambling Commission will identify a staff position within the agency to be a resource person for staff and Commissioners on responsible gambling. This would likely be initiated by WSGC.
- When legislators or state executive branch agencies consider expansion of gambling and/or any change to gambling law or statute, a policy analysis should be completed by legislative or agency staff that assesses the impact of the expansion or change on the need for expanding state-funded problem gambling services.⁶¹

Recognize impacts of internet use and gaming disorders on youth and adults.

Washington State government doesn’t currently fund specialized clinical treatment services for individuals negatively impacted by online video gaming and/or internet disorders. The World Health Organization (WHO) recognizes gaming disorder; however, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) does not currently recognize it. The DSM-5 does propose internet gaming disorder for future inclusion. This leaves an unmet need for treatment for online gaming/internet disorders that the State Program could meet if its scope of responsibility were to be expanded. See Chapter 6: Looking Ahead: Areas of Interest and Concern for more.

Proposed Strategies

- Legislature to convene and engage a statewide stakeholder group to consider these initial issues:
 - » Study internet gaming, video gaming with gambling elements, and casino-style mobile gaming.
 - » Consider enacting consumer protections requiring that third-party vendors provide the ability to track time and money (if applicable) played, block oneself from play for a period of time, not receive promotional emails or texts, and not market to children. Remain open to other protections that may be required as the technology develops and as problems reveal themselves.
 - » Clarify definition of “thing of value” in gambling statutes beyond a monetary/tangible good to include time, energy or similar investment. Clarify that real

money spent to gain digital money or goods used for in-game gambling and online video gaming is gambling.

- » Assess if the state should make further investment into outreach towards parents, educators, and community members who interact with children and young adults, as well as the video game and entertainment industry in Washington State.
- » Amend RCW 41.05.750, which governs the State Program, to expand its scope to fund reimbursement services for individuals with diagnosed gaming disorder (as the state currently does with problem gambling).
- Legislature to change scope of responsibility in WAC/RCW(s) to allow the State Program (HCA/DBHR) to fund reimbursement services for individuals with diagnosed online gaming/internet disorder (as it currently does with problem gambling).

Assess the potential of including a gambling treatment diversion program within existing Washington State courts.

Therapeutic Justice Courts, diversionary courts, and specialty courts are part of a concept developed over the last 30 years. This concept has changed the focus of the criminal justice system. Instead of the practice of cycling individuals in and out of the system, gambling treatment diversion gives them an opportunity for productive growth.

Gambling treatment diversion works on the same premise as the long-standing drug and family courts, relying on a system of sanctions and rewards to keep participants on track. In the standard practice of traditional courts, when participants fail to comply with program regulations, the judge usually imposes sanctions ranging from frequent court appearances to jail time. In contrast, with gambling treatment diversion, progress is rewarded by recognition from the bench during court visits, reduced supervision, and less frequent court appearances.

Benefits of Therapeutic Justice Programs for those Impacted by Gambling Disorder⁶²

- Participants in treatment can maintain employment, which increases likelihood of making financial restitution.
- Treatment recognizes restitution and financial accountability as essential goals of treatment.
- Treatment addresses family needs along with the participant.
- Participants can use supportive resources that would not be available in jail, such as Gamblers Anonymous and family support.
- Participants are often highly motivated to engage in and complete treatment to avoid negative consequences
- Positive consequence of having criminal record sealed provides additional motivation to succeed.
- Successful outcomes reduce social costs to the community and relieve future burden on courts.

The PGTF understands the importance of adding a gambling treatment diversion program within existing diversion courts. During 2012 to 2017, ECPG worked in partnership with the Pierce County Superior Court Drug Court and Family Court Programs and Pierce County Alliance to offer a Problem Gambling Track as part of the Therapeutic Justice programs. This program was supported by the Department of Justice, Lakewood City Police, and the Puyallup Tribe of Indians. The greatest challenge to its long-term continuation proved to be the reason for the program's demise – the inability to keep Certified Gambling Counselors on the staff at Pierce County Alliance, the sole treatment provider agency contracted with Pierce County Superior Court Drug and Family Courts.

When this innovative program launched in Washington State in 2012, there was only one other similar program in the country. Today there are approximately 3,700 Drug Courts across the United States, but only one Gambling Treatment Diversion Court program, located in Nevada. As of this writing, Ohio and New Jersey are exploring adding gambling treatment diversion courts.^{63, 64}

Proposed Strategy

Legislature to convene a work group made up of representatives from nonprofit problem gambling organizations, treatment providers and agencies, state agencies, the Office of the Administrator for the Courts, Superior Court judges and attorneys in Drug and Family Courts, law enforcement, Tribes, and the recovery community to consider the effectiveness and provide guidance on the implementation of a gambling treatment diversion program in Washington State.

II. NECESSARY INFRASTRUCTURE

Increase state funding for the State Problem Gambling Program to meet current and future needs.

As presented in Chapter 2: Problem Gambling Services Gap Analysis, the PGTF identified a need to increase access to problem gambling prevention, treatment, recovery support, and other services offered by the State Program. Expanding access to services will require additional state funding for the State Program. The number of Certified Gambling Counselor must also be expanded by a minimum of 25 percent, and possibly more, to meet current and future anticipated need.⁶⁵

Current State Problem Gambling Program Funding

The State Program's clinical treatment reimbursement program was launched in 2005, with funding from Tribes and the state as a low-barrier program to bridge the gap for individuals not insured, or under-insured, for problem gambling/gambling disorder treatment. The State Program is funded by appropriation from the state problem gambling account.⁶⁶ Funds flowing into the state problem gambling account come from a business and occupation tax (0.13 percent) on net revenues above \$50,000 annually from commercial, charity, and non-profit gambling.⁶⁷ The Lottery also contributes at the same rate (0.13 percent) based on net sales receipts.⁶⁸

The 2021-2023 State Program appropriation is \$1.463 million, with an additional \$150,000 appropriated in the 2022 Supplemental Operating Budget to close the gap for treatment funding in the current State Program budget.⁶⁹

Additional funds have come from Tribes, and non-profit organizations have donated to the State Program over the years. As of May 2022, at least 70 percent of forfeited funds from commercial house-banked card rooms collected due to the Statewide Voluntary Self-Exclusion Program (VEP) are also being deposited into the problem gambling account.⁷⁰ In the first six months since the VEP opened, forfeited funds have averaged around \$1,000 per month.

Currently, there is either no funding or inadequate funding for critical components of a comprehensive state-funded problem gambling program across the range of services, including prevention, treatment, recovery support, clinical training, outreach/ education/ awareness, program monitoring and evaluation, and research.⁷¹

Proposed Strategies

- Legislature to increase funding for the state problem gambling account from \$1.463 million in the 2021-2023 biennium to \$2.8 million in the 2023-2025 biennium.⁷² (Appendix A: Current & Proposed Budget Models – WA State Problem Gambling Program) This will require that the Legislature do the following:
 - » Determine mechanism(s) and enact increase of funds deposited into the state problem gambling account created by RCW 41.05.751; and
 - » Increase the spending authority (appropriation) to the State Program by the same amount.

- Legislature to consider diverse funding sources for the State Program when determining the mechanisms and sources used to increase funding (e.g., state problem gambling account and general fund state).

Implement a new data system for the State Problem Gambling Program.

Since 2005, the State Program has been using the TARGET2000 data system. Contracted problem gambling agencies and sole providers are required to enter client, assessment, and encounter data for all treatment services provided. At Department of Health and Human Services (DSHS), when TARGET2000 was rolled out over two decades ago, many of the behavioral health services utilized TARGET2000.

Over the years and continuing with the move of DBHR to HCA in July 2018, all other remaining behavioral health services were migrated into other data systems. Except for a few Tribal behavioral health agencies that have historically used TARGET2000 to track their own clients and encounters, the State Program is the only state program that still uses TARGET2000. TARGET2000 is no longer supported by the vendor, and only minimally supported on a case-by-case basis by HCA's IT unit.

In the 20 plus years since TARGET2000 was implemented, program evaluation and monitoring has moved away from proxy measures of success to actual quality of life measures of success, data fields not obtainable with TARGET2000. Many other state and national problem gambling programs have already transitioned to new data systems over the past 5-10 years that, by design, have both flexibility and a focus on real measurable outcomes, not simply proxy measures.⁷³

Proposed Strategies

- HCA to procure a new data system that offers:
 - » Flexibility to adapt to changing needs (e.g. ability to track telehealth during pandemic);
 - » Easy and accessible reporting on progress and outcome measures, such as quality-of-life for program evaluation and monitoring; and
 - » Migration of data from existing TARGET2000 to new system.
- HCA to seek input from staff, clinicians, and other end-users when exploring options for a new data system, and will include the State Program in the specification, design, and implementation processes.

III. COLLABORATION AND PARTNERSHIPS

The Governor, the Washington State Gambling Commission, and the Washington State Health Care Authority should work collaboratively with the state legislature, Tribal governments, relevant state agencies, and key stakeholders to determine funding and service strategies to best meet the needs of Washington State residents.

The 2021 statewide prevalence study on problem gambling, commissioned by the Washington State Health Care Authority, has shed empirical light on the overall need for Washington State residents to have access to comprehensive problem gambling services. Chapter 2: Problem Gambling Services: Gap Analysis delves into this issue in greater detail.

Proposed Strategy

With the sunset of this legislative task force there will no longer be an organized space for conversations in the problem gambling space. This recommendation calls on the key parts of state and Tribal governments to continue dialogue and proposing recommendations to support comprehensive problem gambling services for all our residents. This would likely be initiated by the WSGC and HCA/DBHR, in collaboration with ECPG, Tribal governments, state legislature, and state agency partners.

4 | Early Success: Problem Gambling Initiatives Completed or In Progress

INITIATIVES COMPLETED

In the two years since the Problem Gambling Task Force launched, various agencies, Tribes, and other organizations within Washington State have made important strides toward improving awareness and access to problem gambling prevention, treatment, and recovery services. The following initiatives compliment many of the Task Force recommendations and underscore the breadth of unmet need in Washington State.

Completed: Require Responsible Gaming training for all commercial venue staff.

Most people can enjoy gambling for recreation and entertainment. For some, however, gambling can become a problem. With more and more individuals enjoying gambling as entertainment in casinos and other gaming venues, it's crucial that commercial gambling operators be required to provide information and education about gambling addiction, prevention, and treatment services. This need highlights the importance of robust responsible gaming programs and policies.^{74,75}

A Responsible Gaming program that includes annual employee Responsible Gaming training is good customer service. The intent of an employee Responsible Gaming training program is to provide staff with a higher level of understanding and flexibility to assess if a customer is struggling to gamble responsibly and determine a course of action.

Based on evaluation of existing responsible gaming programs, these programs have been shown to be beneficial, but success rests on operators continuing to provide on-going education and refresher trainings.

Along with gambling venue customers, people who work at gambling venues (employees) are an important and under-researched group. According to the International Center for Responsible Gaming, many states and casino operators in the U.S. require gaming employees to go through training on the specifics of disordered gambling and responsible gaming.⁷⁶

Research also supports the reasons to require Responsible Gaming training for gambling venue employees.⁷⁷ Employees are slightly more vulnerable to gambling disorders than the general public. Gambling industry employees can experience personal health risks, due to working in venues where gambling is part of their daily job. They also have direct contact with customers who might engage in multiple risky activities (e.g., drinking, smoking, and gambling) and might need assistance to facilitate help-seeking by patrons or co-workers who experience problems. Knowing the signs of problem gambling and where to turn for help for themselves, as well as others, is a crucial part of Responsible Gaming training.

Actions Taken

In 2022, the Washington State Gambling Commission approved new rules related to the initiation and operation of the Statewide Self-Exclusion Program.

Under the new rule, all operators of commercial card rooms must provide annual Responsible Gaming training for staff. This requirement is now in force.

In 2021, Washington's Lottery received verification as a responsible gambling organization at the Implementation Level from the North American Association of State and Provincial Lotteries and National Council on Problem Gambling.⁷⁸ The evaluation standards for this verification process require a robust employee and retailer education program, which has been implemented.

Completed: PGTF to gain clarity and learn from the treatment and recovery support services offered by Tribal behavioral health agencies in Washington State.

Tribes in Washington State Support Responsible Gambling

Tribes in Washington are working on multiple fronts to proactively address problem gambling. Tribes contribute more than \$3 million annually to support responsible gambling education, problem gambling prevention and treatment, and wellness. Addressing addiction is an evolving effort, and Tribes are committed to continual learning and refining their efforts to prevent and treat problem gambling. The work of the Tribes includes:

- Designing and implementing treatment programs for tribal and non-tribal members, including inpatient, intensive outpatient, outpatient, aftercare, group, and family care and intervention support.
- Funding problem gambling programs, including a significant portion of ECPG's budget.

- Supporting prevention and education through youth and elder programs, community talking circles, helpline signage, websites, posters, billboards, videos, advertising, financial education classes, community events, and partnerships.
- Training staff to build their capacity to recognize and address problem gambling.
- Designing culturally appropriate and community-based approaches to treatment.
- Providing counseling to address related topics such as money management, emotion regulation, cross addiction, and the impact of gambling on relationships.
- Forming the Intertribal Providers Coalition, where tribal problem gambling counselors meet monthly.
- Offering self-exclusion programs so guests with problem gambling behaviors can exclude themselves from a tribal gambling property.

Actions Taken

WIGA Awareness-Building Campaign

The Washington Indian Gaming Association (WIGA) recently launched a paid media campaign to raise awareness and help those struggling with problem gambling. WIGA's annual paid digital and print media campaign is in its second year. Using audience and behavioral targeting, the campaign targets those who may have a gambling problem and those seeking help. Visually compelling ads and online resources at WATribesCare.org let people know that they are not alone, and help is available. The campaign directs people to treatment, support and recovery resources offered locally and statewide. The 2022 campaign ran from March through April and garnered more than 3.7 million digital impressions and reached 600,000 via print.

Completed: Establish statewide voluntary self-exclusion programs for commercial venues and lottery.

Voluntary self-exclusion allows individuals to ban themselves from specific gambling activities and is a powerful evidence-based responsible gambling strategy. Individuals who enroll in voluntary self-exclusion are generally prohibited from collecting any winnings or promotional prizes, recovering any losses, or accepting complimentary gifts, services, or other things of value from a licensee or operator.

In Washington State, there several options for self-exclusion from gambling. Many Tribes offer voluntary self-exclusion at their casinos. In addition, there two state-sponsored voluntary self-exclusion programs available, one through Washington’s Lottery (Lottery) and the other through the Washington State Gambling Commission (WSGC).

Actions Taken

Since May 1, 2022, the new Statewide Voluntary Self-Exclusion Program established by the WSGC is in effect at all licensed house-banked card rooms. Tribal casinos are invited to join but are not subject to all the requirements that commercial card rooms must comply with.

As of this report, over 200 individuals have enrolled. Individuals can enroll via mail (with notary confirmation of identity), at the WSGC Lacey office, or at several house-banked card rooms located around the state. Individuals may ban themselves for a period of one, three, five, or ten years, at the end of which WSGC will contact the individual to let them know that the period is ending and that if they would like to be removed from the self-exclusion list, they must complete a form to be removed (opt-out).

If individuals who have signed up on the statewide Voluntary Self-Exclusion Program later attempt to collect winnings at a commercial house-banked card rooms, these funds will be forfeited, and a check for a minimum of 70 percent of the amount of the winnings is sent to the state problem gambling account, with any remaining funds distributed to a charitable or nonprofit organization that provides problem gambling services or increases awareness about problem gambling.⁷⁹

The Lottery offers a voluntary self-exclusion program for people who play lottery games. WSGC offers a voluntary self-exclusion program for people who play in commercial house-banked card rooms. Tribal casinos may elect to be included by the WSGC program or may offer their own program (and many do).

The Lottery began offering a voluntary self-exclusion program on June 14, 2021. The program was announced broadly through the Lottery’s website, as well as social and traditional media. This program allows players to request to be excluded from lottery activities within the state of Washington for a predetermined length of time, and to be prohibited from collecting winnings over \$600 or any second chance drawing prize. Each person who enrolls in the program acknowledges that it is their responsibility to refrain from engaging in lottery play and other activities offered by Washington’s Lottery.

Completed: Ensure that the Healthy Youth Survey permanently includes a two-part question about gambling and problem gambling.

The Healthy Youth Survey (HYS) is conducted every other year by DOH, in collaboration with HCA.⁸⁰ Eighth, tenth, and twelfth graders are surveyed about many aspects of behavior, including substance use, mental health issues, and other related topics. Since 2006, the survey included one question about either gambling or problem gambling, except for 2018 (no question was included in that year's survey).

Actions Taken

The 2021 HYS included a two-part question at the request of HCA, for both gambling and problem gambling. As with adults, both prevalence rates are important to understand the full picture of the percentage of youth who gamble and the percentage that have self-identified with having issues with friends, family, or school, especially given that gambling is illegal for anyone under 18, except as defined under RCW.⁸¹

The data analysis of the 2021 HYS supports the importance of problem gambling prevention activities focused on youth, as well as parents, teachers, and other responsible adults. HCA determined that this two-part question is now categorized as a required question in all future surveys, with the next being in 2023.

INITIATIVES IN PROGRESS

In Progress: Increase number of Certified Gambling Counselors in unserved and under-served regions.

Prior to the convening of the PGTF in January 2020, the State Program and the WA State Gambling Counselor Certification Committee (WSGCCC) were already aware of several issues affecting the availability of Certified Gambling Counselors:⁸²

- The likelihood that more Certified Gambling Counselors were needed, and mainly in the eastern and rural areas of the state (over 90 percent were along the I-5 corridor).
- The barriers to becoming a Certified Gambling Counselor needed to be reduced to encourage more licensed mental health providers and substance use disorder professionals to become certified.
- A problem gambling prevalence study had not been completed since 1998, so the estimate of the number of individuals at moderate-to-high risk for problem gambling was measured last in a different gambling environment over two decades before.

As of October 2022, DOH's clinician database indicates over 31,000 active behavioral health licenses (credentials).^{83, 84} Despite the large number of behavioral health clinicians and substance use disorder professionals practicing within the state, there are only about 40 that are active Certified Gambling Counselors, with several more in training/provisional status.

Despite the increase in telehealth clinical appointments due to the pandemic, greater access to in-person treatment is still needed. Most Certified Gambling Counselors and

DOH-certified problem gambling agencies are located along the I-5 corridor, leaving large areas of the state without access to in-person state-certified problem gambling treatment in the area. The PGTF identified eleven geographic areas of the state that have no active Certified Gambling Counselors or DOH-certified problem gambling agencies within a one-hour drive time.

Barriers Surfaced

- Lack of employer support for individual counselors to take time away from work to complete the required certification training.
- Staffing shortages that prevent the ability to provide caseload and group coverage for staff to take time away from work to complete the required training and supervision. Although an issue for all provider agencies, smaller agencies are particularly impacted by staffing shortages.
- Financial barriers such as application fee, exam fee, training expense which may require travel, hotel, meals, etc., clinical supervision, and a bi-annual renewal fee.
- Lack of diversity among the Certified Gambling Counselor workforce; only a handful are bilingual or multilingual and/or who provide culturally specific treatment services.
- Lack of Medicaid coverage for problem gambling treatment.

After extensive review of the data and consultation with the Washington State Gambling Counselor Certification Committee, the State Program, and ECPG, the PGTF recognized the need to increase both the number and the regional availability of Certified Gambling Counselors across our state.

Initial Work to Date

- **Over the past several years, the WSGCCC has been focused on reducing barriers to certification**, with the overarching goal to lower barriers while keeping high standards.⁸⁵ This work is on-going, but here are a few examples of changes made already to the requirements for certification:
 - » Requirement that the candidate have at least three in-person sessions with a gambling counselor supervisor has been changed to allow for clinical supervision in person, by phone, or by HIPPA-compliant video/audio communications.⁸⁶ This also eliminates the need to travel across the state or to another state to receive in-person supervision.
 - » Simplification and clarification of licensures and educational combinations that can apply for provisional or final certification.
 - » Creation of a written case conceptualization exam as an alternative option that is more culturally relevant and Washington State-focused, as requested by some candidates.⁸⁷
- **Through their contract, ECPG and the State Program have increased the daily lodging scholarship** amount and the overall number of scholarships, including awarding scholarships for online trainings that include a fee.
- **When the pandemic started, ECPG moved all trainings online**, including the Problem Gambling Core Training (30 hours) that is a requirement for certification. This has allowed many clinicians to attend who would otherwise not be able to due to a lack of travel funding and pandemic restrictions.

The 30-hour course is offered at least twice per year and is a hybrid of 10 hours of self-directed online learning and 20 hours of live learning. Since January 2021 and for the foreseeable future, in winter the 20-hour live-learning portion is offered virtually and in summer the 20-hour live-learning portion is offered in-person. ECPG continues to also offer many online trainings, including training the treatment of Gaming Disorder.

- **The State Program and ECPG are continuing to support and expand opportunities for online training** for clinicians, prevention specialists, peer counselors, behavioral health agency staff and leadership, and others with an interest in problem gambling services.
- **The State Program, ECPG, and WSGCCC are addressing unserved/under-served regions** in Washington State by identifying where Certified Gambling Counselors and DOH-certified problem gambling agencies need to be recruited.
- **The State Program, ECPG, and WSGCCC are focusing on expanding problem gambling treatment services to higher risk populations**, including populations with primary language other than English.
- **The State Program is pursuing approval for coverage of problem gambling/gambling disorder treatment under Medicaid.** CMS will determine HCA's role in this effort.⁸⁸

Activities contingent on additional funding for the State Program

- Offer 100 percent scholarships to provider agencies and clinicians in unserved/under-served regions and/or populations.
- Offer a maximum per diem funding option for agencies that are unable to cover daily cost of having clinician unavailable during training and related activities.
- Provide on-site mini-trainings at provider agencies to encourage participation in certification process (e.g., Community Based Health Clinics and Federally Qualified Health Centers).
- Offer problem gambling readiness grants that include certification of one or more employed clinicians with additional technical assistance to prepare the agency.

In Progress: Increase reimbursement rates for state-contracted certified problem gambling agencies.

The State Program's rates for treatment, case management, and clinical supervision have been the same since before 2011. When treatment reimbursement rates fail to rise at the same pace as increases in market rates, behavioral health agencies and sole providers' interest in providing problem gambling treatment services declines. To keep problem gambling treatment as a viable option that agencies and individual providers will be able to continue to provide in our state, the State Program's problem gambling treatment reimbursement rates need to be increased.

Funding for the State Program is based on the appropriation from the dedicated state problem gambling account (RCW 41.05.751). Raising the appropriation from the state problem gambling account for problem gambling treatment is not a long-term solution.

From State Fiscal Year (SFY) 2020 to now, legislators have appropriated an additional \$650,000 for specific uses.⁸⁹ The appropriation amount has remained steady (within several thousands of dollars) over the past decade. Without an increase in funding coming into the state problem gambling account, the amount of unappropriated funds (rainy day funds) that remains after these large amounts were withdrawn is not adequate to sustain an increase in reimbursement rates into the future. Without additional funding for the State Program, the only option to meet the need for increased treatment reimbursement rates is to reduce the overall number of clients served.

As of this writing, HCA/DBHR is determining recommendations for increasing rates for other behavioral health providers. However, because there is no federal funding for problem gambling, additional treatment funding would need to come from the state, either as an increase in the percentage of business and occupation tax collected on gambling revenue, general state funds (GF-S), and/or another source. Until funding is increased to the state problem gambling account, HCA is unlikely to raise reimbursement rates because doing so will decrease the overall amount of treatment that can be provided.⁹⁰

In Progress: Cover problem gambling treatment under Medicaid for individuals enrolled in Apple Health.

Unlike other behavioral health and substance use disorders, the federal government does not provide funding for problem gambling treatment, despite that a high percentage of individuals struggling with a gambling addiction also have one or more co-occurring disorders (mental health/substance use).⁹¹

Additionally, for every individual struggling with a gambling addiction, it is estimated 10 to 12 people around them are also burdened (family, friends, work, school, etc.) due to the individual's gambling addiction. Untreated gambling addiction can lead not only to work, school, and family disruptions but also, in some cases, law enforcement intervention and incarceration, suicide attempt, and hospitalization.

Currently, HCA provides limited treatment services for problem gambling through the State Program, but these services fall outside of the Washington Apple Health (Medicaid) program. Funding for the State Program comes solely from the state problem gambling account,⁹² and it is insufficient to meet the anticipated need for the current and future biennia. Allowing Medicaid-enrolled individuals to access care through Apple Health will enable the State Program to focus funding on treatment for non-Medicaid enrolled individuals.

In Washington State, approximately two million people are enrolled in Apple Health (Medicaid).⁹³ Adding problem gambling treatment as a covered service would expand this evidence-based treatment to all eligible adult clients.

- In Spring 2021, the Washington State Legislature approved a state match for covering problem gambling treatment under Medicaid (estimated at 31 percent state funds and 69 percent federal funds), to begin in SFY2023, contingent upon an approved addition to the State Medicaid Plan.
- The State Plan Amendment will likely be submitted to CMS in the later part of 2022 or early 2023. If inclusion of problem gambling treatment is approved by CMS, the earliest estimated start date would be in calendar year 2024.

In Progress: Evaluate problem gambling helpline practices and recommend improvements.

Currently in Washington State, ECPG has hosted and maintained the Problem Gambling Helpline (1-800-547-6133) for over 25 years.^{94,95}

Phone helplines continue to be among the most accessible ways for people to connect with a counselor and get the assistance they need. Many states have their own helplines. The National Council on Problem Gambling (NCPG) offers a national helpline number. NCPG is in the process of determining and implementing improvements that further the ‘no wrong door’ national strategy for those seeking help for problem gambling.

Ongoing Efforts

Nationally – NCPG and State Affiliates

NCPG’s Helpline modernization project goals include:

- Improving access to high-quality services for individuals and their families
- Ensuring that the national Helpline network provides an excellent standard of care

Statewide – ECPG

As part of ECPG’s Problem Gambling Helpline Enhancement Plan for 2022-2024, the Council is conducting the following work:

- Developing a feasibility study to implement a warm transfer process for calls to the Washington Problem Gambling Helpline (1-800-547-6133).

- Designing a new interactive directory that will allow website visitors to find certified gambling counselors and agencies more easily, including info on screening and referral locations, telehealth, languages spoken, insurance accepted, and other info. ECPG anticipates the new directory will be online by mid-2023.
- Coordinating with NCPG and monitoring changes and enhancements that may benefit or otherwise impact Helpline Services in Washington State, as part of NCPG’s National Problem Gambling Helpline Modernization Project (2022-2024)

State Program

The Washington State Recovery Helpline (1-866-789-1511) is funded by HCA and includes problem gambling as a topic about which individuals can seek resources through the Helpline. As part of future work, the State Program plans to engage more actively with the Recovery Helpline staff, to ensure that information that is being relayed to callers is accurate and up to date.

5 | Key Insights: 2021 Washington State Adult Problem Gambling Prevalence Study

Prevalence Study Reveals Insights and Informs Report

Project Background

In 2019, WSGC commissioned a report about gaps and possible needs in problem gambling services. A key finding of the report was that the lack of recent prevalence data for Washington State prevented the researchers from accurately predicting how many adults might need problem gambling treatment services. In response to this concern, the 2020 Legislature passed a budget proviso to appropriate additional funding from the state problem gambling account to conduct a new prevalence study. In response to the impact of the COVID-19 pandemic on human subject research, the 2021 Legislature approved a request from HCA to move the due date and funding authorization forward by one year to June 2022. In June 2022, the report deadline date was formally extended to October 2022, due to the complexity of verifying earlier data analysis. The final report was delivered to the Legislature and the PGTF on October 7, 2022.⁹⁶

Methods

The 2021 Washington State Adult Problem Gambling Prevalence Study was completed in several stages. In the first stage, an ad hoc Consultation Group was formed to design and finalize the questionnaire.⁹⁷ In the second stage of the project, Washington State University's

Social and Economic Sciences Research Center (SESRC) programmed the questionnaire for computer-assisted web interviewing (CAWI) and a self-administered paper-and-pencil questionnaire (SAQ) was created.

All materials were translated into Spanish by the Academy of Languages Institute. In the third stage of the project, the surveys were administered to approximately 49,000 households and completed by 9,413 respondents between July 2021 and early September 2021, resulting in a 19 percent response rate.⁹⁸

Key Findings

The legislative proviso initiating the 2021 Prevalence Study required HCA to determine the rates of gambling and problem gambling in Washington State, in addition to other topic areas. The survey data was collected from July-September 2021, and respondents were asked to consider the previous 12 months when responding (i.e., during the COVID-19 pandemic). The survey revealed lower-than-expected rates of gambling overall, compared to a non-pandemic year, possibly due to a combination of the closure of land-based gambling and concerns over contracting the virus in public locations. However, the prevalence rate (3.5 percent) of moderate-to-severe problem gambling among adults who gamble was on the higher end of the 'normal' expected range (2-4 percent of all adults who gamble, based on many studies).⁹⁹

Prevalence rates are reported in this order:

1. Gambling—Prevalence among All Adults

- » Percent of entire population that gambled as compared to All Adults

2. Problem Gambling—Prevalence of Problem Gambling

- » Among All Adults (percent of entire population at risk)
- » Among Adults who gamble only (percent of those at risk for problem gambling)

- Past-year gambling participation rates differed significantly by gender, age, ethnicity, marital status, education, employment, and military service.¹⁰²

More or most likely to have gambled in the past year:

- » Men were significantly more likely than women
- » Ages 35 to 64
- » Employed (compared to both retired and unemployed/other)
- » Education: Individuals with ‘some college’ (as compared to ‘no college’ or holding a ‘bachelor’s’ or ‘advanced degree’)

2021 Prevalence Study Results

1. Gambling—Prevalence among All Adults¹⁰⁰

Figure F on the following page shows the breakout of the number of adults who gambled (light green and purple slices) and adults who didn’t gamble (dark blue).

- 43.5 percent of adults acknowledged participating in one or more gambling activities in the past year. 56.5 percent of adults did not report gambling.
- Within the 43.5 percent who gambled, the light green represents those at no or low risk for problem gambling. The purple slice represents those at moderate-to-severe risk for problem gambling.
- Past-year gambling participation was highest for lottery games, Tribal casinos, pull-tabs, bingo, and raffles. Participation in all other types of gambling was 5 percent or less.¹⁰¹

Less or least likely to have gambled in the past year:

- » Education: Individuals with advanced degrees
- » Never-married people
- » Non-Hispanic
- » No military service

Figure F: All Adults, Gambling & Problem Gambling

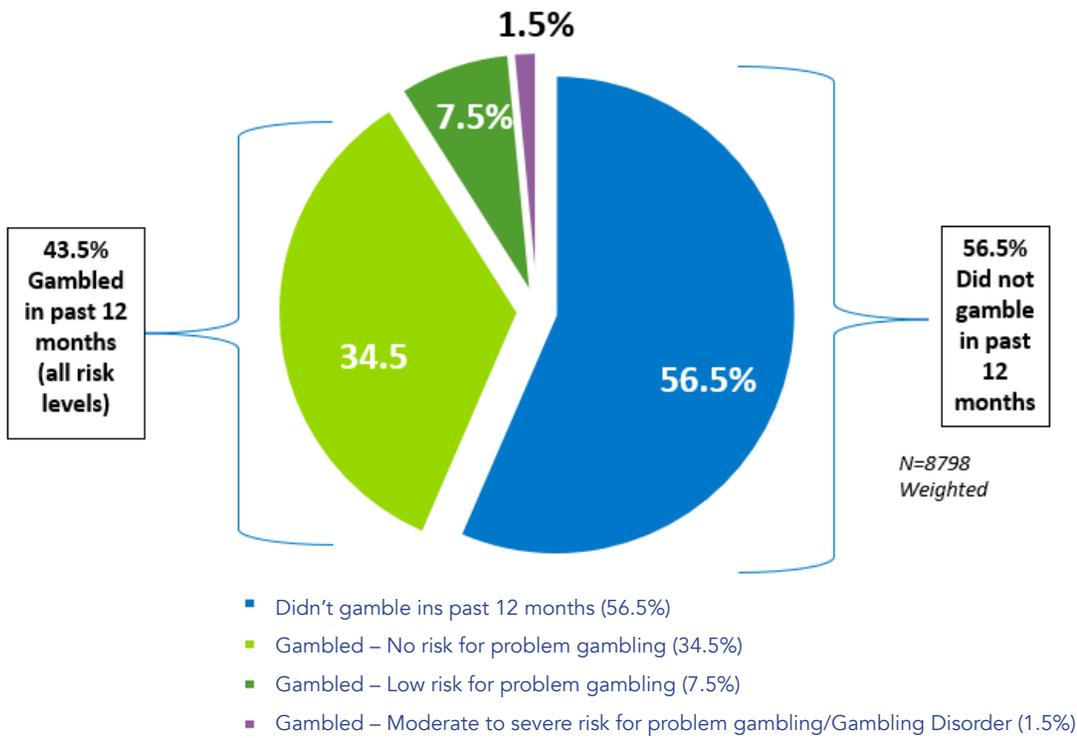
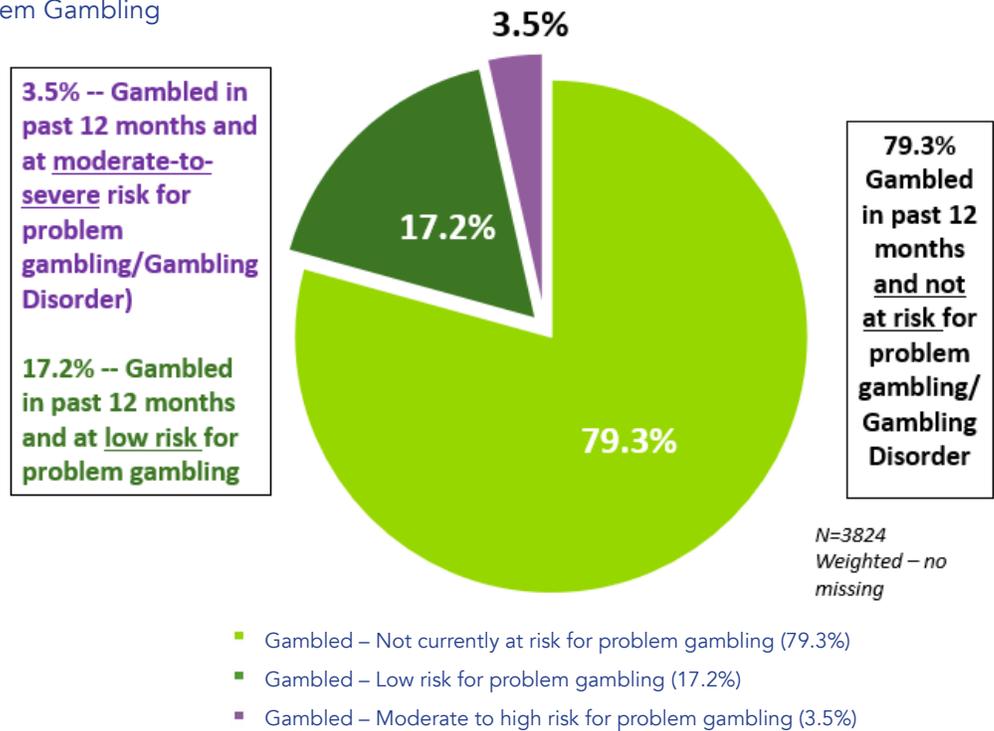


Figure G: Gambling & Problem Gambling



2021 Prevalence Study Results

2. Problem Gambling—Prevalence of Problem Gambling

Figure G includes only Adults who gambled (43.5 percent of all adults in previous chart).

- Light green represents the almost 80 percent who are not at risk for problem gambling.
- Dark green represents the 17.2 percent who are at low risk for problem gambling.
- Purple represents the 3.5 percent who are moderate-to-high risk for problem gambling. This is on the higher end of the range that is normally cited (2-4 percent) for adults who gamble.
- People who gambled online (illegal in Washington State) had an overall risk of almost three times (3x) the risk for problem gambling as compared to the group of individuals who gambled overall (10.3 percent versus 3.5 percent).¹⁰³

Estimating the Need for Problem Gambling Services Based on the Prevalence Study

The 2021 Prevalence study found that 1.5 percent of all Washington State adult residents are at a moderate-to-severe risk for problem gambling, which represents an estimated 90,000 individuals (within the range of 66,000 to 108,000 adults).¹⁰⁴

Based on research on help-seeking behavior, we estimate that approximately 9,000 Washington State adults experiencing moderate-to-severe gambling problems might seek help, if they knew services were available, affordable, and knew how to locate the services.

Unlike the data above about who is more or less likely to gamble, in the 2021 Prevalence Study demographics were not correlated or not strongly correlated with problem gambling. This should not be interpreted to mean that there are no demographic differences among those at risk for moderate-to-severe problem gambling. Some demographic subgroups for problem gambling were too small to be able to accurately determine statistical significance.

Other Findings

Attitudes about gambling availability and benefits vs. harms

- Nearly one-third of Washington State adults (31 percent) reported that gambling was too widely available while only a small percentage (4.6 percent) reported that gambling was not available enough.
- Most Washington State residents (68 percent) stated that the harms of gambling outweighed the benefits, while 25 percent believed that the benefits and harms of gambling were about equal, and 7.5 percent believed that the benefits of gambling outweighed the harms.
- People who gambled were more likely than those who did not gamble to believe that the benefits of gambling outweigh the harms, while people experiencing gambling problems were more likely to believe the harms of gambling outweigh the benefits.

Awareness of problem gambling services

- Awareness of problem gambling was highest from television and radio sources while awareness from other sources was much lower.

- Awareness of services for those experiencing gambling problems was highest for Gamblers Anonymous and the Washington State’s Problem Gambling Helpline (hosted by ECPG).
- Awareness level was low for of clinical services and treatment provided by community behavioral health, Tribal behavioral health, and/or funded by the State Program.

Intersection of gambling and problem gambling with mental health or substance use

Problem gambling has been shown in many studies and research to be associated with other mental health issues including mood disorders and substance use disorders. The 2021 Prevalence Study found the following correlations (based on past 12 months before the survey):¹⁰⁵

- Individuals who reported gambling and tobacco use were more like to be at a moderate-to-severe risk for problem gambling than those who reported gambling but had not used tobacco
- Individuals who reported gambling and cannabis use were more likely to be at a low risk (compared to no risk) for problem gambling than those who reported gambling but had not used cannabis.
- Individuals who reported gambling and hallucinogen use were more likely to be at a moderate-to-severe risk for problem gambling than those who reported gambling but had not used hallucinogens.
- Individuals who reported gambling and reported difficulties with depression, anxiety, or other mental or behavioral health issues were more likely to be at a moderate-to-severe risk for problem gambling than those who gambled but did not report any of these issues.

Future Directions

There is the potential for deeper analysis of the 2021 Prevalence Study data, additional research activities to supplement these findings, and subsequent iterations of this survey. Areas of future research include deeper analysis of the data to understand the correlations between types of online activities and problem gambling, coding, and evaluating write-in responses, and assessing if there’s a correlation between types of gambling activities and risk levels for problem gambling. Additionally, partners may also submit additional data analysis that they would like to have completed. The ability to do more analysis on this dataset will be determined by possible future funding and interest levels.

To understand how gambling and problem gambling impacts specific populations in greater depth, possible research projects include:

- Conducting online ‘panel’ surveys using a low-cost, opt-in methodology that recruits individuals who are members of specific populations, with the goal of better understanding impacts, help-seeking behaviors, and barriers to accessing services:
 - » Individuals who gamble and are experiencing problems, Youth and Young Adults, Older Adults, individuals from potentially higher risk communities including racial, ethnic, and/or cultural groups, etc.
- Conducting an Impact Study of gambling and problem gambling that includes a cost-benefit analysis for Prevention and early intervention.
- Conducting a follow-up survey of the Washington State Adult Problem Gambling Survey in the next 3 to 5 years, using the same methodology (‘replication survey’). Measuring the same behaviors and using the same methods employed in the Washington State Adult Problem Gambling Survey at subsequent points in time will be useful in monitoring changes over time in gambling attitudes, awareness of problem gambling services, gambling participation, and problem gambling prevalence in the state.

Ultimately, for the State Program to conduct research projects in the future will depend on the funding available.

6 | Looking Ahead: Areas of Interest and Concern

The PGTF was also tasked by our state legislature to highlight impending issues. The following four topic areas have been highlighted by PGTF members for future consideration.

1. Impact of Online Gambling

This topic relates to projected future conditions. There are advocates interested in opening and legalizing more forms of gambling including internet/online in Washington State. Decisionmakers and stakeholders should anticipate this reality and be prepared to address the impacts associated with the likely increase in gambling availability.

Over 5 percent of Washington State's adult population engages in online gambling, despite that it is illegal, not regulated, enforced, taxed, and unlike legal gambling, has no consumer protections required by Washington State.

PGTF members expressed concerns regarding the impacts of online activities that can be addictive but were not included in the original scope of work in the proviso that established the Task Force. The Task Force requested that the Prevalence Study include questions about these online activities and determine the percentage of respondents that engage in these activities. To meet that request, HCA worked with the survey researchers and consultant group creating the survey to generate a series of questions to collect this data.

Consideration

Establish a work group to understand and make recommendations regarding mitigating the impacts from illegal online gambling to Washington State residents (especially youth), their loved ones, work and school, and the overall impact to society and costs to the state of this illegal activity.

Significant findings about the prevalence of illegal online gambling in Washington State

- Even though online gambling is illegal in WA State, 5.1 percent of all adults report having gambled online in the past 12 months of the survey period.
- Among adults who gambled, 11.3 percent reported gambling online.
- Adults who gambled online are at almost three times (3x) the risk for moderate-to-severe problem gambling as compared to all those who gambled using any method (10.3 percent vs. 3.5 percent).^{106, 107}

2. Address Impact of Problem Gambling on Youth

With sports betting now legal in more than 30 states, including online legal sports betting, the exposure and access to gambling has increased, for Youth as well as for Adults. The 2021 Healthy Youth Survey (HYS) found that 9.4% reported having gambled in the past year. Since no one under 18 is allowed to gamble at land-based gambling facilities,¹⁰⁸ it's highly likely that Youth are gambling online. Despite that online gambling in WA State is currently illegal, Youth can easily participate in online activities using their personal mobile devices, including mobile phones, tablets, and laptops. In addition to accessing online gambling sites, Youth often play games that have elements of gambling, of which they may not be aware. This can also lead to concerns about problem gambling. In the 2021 HYS, of Youth who said they'd gambled in the past 12 months, 6.3% reported that their gambling had negatively impacted one or more aspects of their life, including school, family, and relationships.

Research suggests that individuals who begin gambling by age 12 are at a considerably higher risk to develop a gambling disorder later. And the prevalence of problem gambling is higher among Youth and Young Adults than among Adults (6-8% of those who gamble, compared to 2-4% for adults). WA State policy makers and agency staff should prioritize Youth Prevention for problem gambling/Gambling Disorder:

“Youth problem gambling has become an emergent public health issue, and adolescents constitute a vulnerable age group for the development of gambling-related problems...The present study evaluated the efficacy of an integrative intervention to prevent youth problem gambling...The findings demonstrated that the intervention was effective

in improving correct knowledge about gambling, reducing misconceptions and attitudes, and decreasing the total hours spent gambling per week...(and) was also effective in reducing the number of at-risk/problem gamblers during the study period.’ (Calado, F. et.al., Journal of Gambling Studies, 2020).”

No federal funding is available for prevention and treatment of problem gambling, including for Youth Prevention. Legislators and health departments are starting to recognize the need for awareness and prevention programs that reach young people. For example, in Virginia, Delegate Sam Rasoul sponsored the first state law in the country requiring all public schools to teach students about the risks of gambling, which became law in April 2022.

“Rasoul’s law, which had nearly unanimous support in the legislature, requires the state Board of Education to develop and distribute to all school divisions educational materials on gambling as part of the existing curriculum on substance misuse. Gov. Glenn Youngkin signed the measure in April.” (Stateline Article, July 12, 2022, Marsha Mercer)

Consideration

Establish a work group on Youth Problem Gambling either formally through state law or informally consisting of subject matter experts, key partners from state agencies, non-profit problem gambling services organizations, Tribes, and others who work in problem gambling, youth prevention, and education. Consider enacting legislation to require that Youth Prevention for problem gambling be included in public schools along with existing curricula on tobacco use and substance abuse.

3. Consumer Protections

PGTF members felt it was important to work towards additional consumer protections and responsible gaming for any future expansion of gambling.

Considerations

- For online gambling developers and vendors: If online gambling is legalized, require that third-party vendors include strong consumer protections such as:
 - » the ability to track time and money played;
 - » blocking oneself from playing for a period;
 - » not receiving promotional emails or texts; and
 - » not marketing to youth under 18 years.
- Ensure that commercial online vendors contribute equitable, proportionate funding for problem gambling and consumer protections, to be designated to the state problem gambling account.

4. Sustaining Attention on Problem Gambling

Following the submission of this 2022 PGTF Final Report, there will be no formal venue for governmental, non-governmental and Tribal stakeholders to discuss critical and emergent issues, most notably to assess gaps and needs for achieving comprehensive treatment, prevention, awareness, and outreach services. An ongoing group is needed to meet the challenges in this dynamic issue area. Such a statewide committee could host a roundtable or conference periodically on critical problem gambling policy and program issues.

Consideration

Establish a new statewide committee on problem gambling either formally through state law or informally to tackle critical and emergent issues in the sphere of problem gambling.

7 | Problem Gambling Task Force Structure and Process

Task Force Offers Deep Experience and Perspective

In 2019, the Washington State Legislature awarded proviso funding of \$100,000 to WSGC to initiate and hire a facilitator for a joint legislative task force. The goal of the task force was to assess existing outreach, prevention, and treatment resources for problem gambling and gambling disorder to determine if these services are adequate to meet existing need or should be expanded to reduce the number of people impacted. Due to the behavioral health impacts of problem gambling and gambling disorder, WSGC, in agreement with HCA, determined that HCA/DBHR would be more appropriate as the lead agency role with the PGTF. Through an interagency agreement in Winter 2019, WSGC transferred funding to the State Program with HCA/DBHR, which then contracted with a facilitator, Uncommon Solutions, Inc. (Appendix D: PGTF Proviso – HB 1109 Section 729)

PGTF membership was based on the proviso requirements and included legislators, state agencies, non-profit organizations, Tribal representatives, community members, representatives from commercial and Tribal gaming, and clinical professionals. In partnership with the Gambling Commission, HCA/DBHR recruited members to fill the task force positions.¹⁰⁹

Per the proviso, the PGTF was responsible for reviewing:

- Findings of WSGC’s 2019 Problem Gambling Study and Report submitted to the Legislature in spring 2019.
- Existing prevention, treatment, and recovery services offered by Washington State public, private, and nonprofit entities.
- Existing programs, services, and treatment offered in other states and by the Federal government.

PGTF members were charged with making recommendations to the Washington State Legislature addressing:

- How to proceed with a study measuring adult participation in gambling and the prevalence of problem gambling and gambling disorder in Washington State.
- If Washington State should expand state funding for prevention, treatment, and recovery.
- What steps the state should take to improve current licensing and certification of problem gambling health care providers to meet the current and projected demand for services.
- Identifying additional problem gambling areas for consideration and associated actions needed.

The PGTF launched in January 2020 and completed their work in October 2022. Beginning in March 2020, with the onset of the COVID-19 pandemic, all meetings were held online. Members attended quarterly task force meetings from 2020 through October 2022. Topic-specific workgroups met monthly from 2020 through 2021 to surface and hone priorities related to problem gambling prevention, outreach, treatment, recovery, and research. With approval of task force members, staff convened a new Final Legislative Report Workgroup in 2022 to build on the priorities, help craft clear recommendations, and review report drafts. (Appendix E: PGTF Roster and Appendix F: PGTF Charter)

PGTF Roles

Chair and Vice Chair

WSGC Commissioner Julia Patterson, presided at all PGTF meetings. Vice Chair, Brad Galvin, assumed duties of the Chair in Julia's absence. They direct PGTF business, including agenda setting and review of the required legislative reports.

Tribal Nations

PGTF members acknowledged that PGTF Tribal representatives attended on behalf of Federally Recognized Indian Tribes in Washington State, which are sovereign nations, each in a government-to-government relationship with Washington State.

Core Group

The Core Group acted as the PGTF steering committee. The Core Group was responsible for setting the quarterly meeting agendas and guiding overall Task Force direction. The eight-member group consisted of PGTF Chair and WSGC Commissioner Julia Patterson,

Vice Chair Brad Galvin, Senator Steve Conway, State Representative Shelley Kloba, WSGC Executive Director Tina Griffin, Problem Gambling Program Manager Roxane Waldron, and Uncommon Solutions, Inc. facilitators Vic Colman and Meg O'Leary. The group continued to meet regularly through 2022.

Workgroups

Three workgroups convened in April 2020 to delve deeper into three key themes identified at the January 2020 PGTF launch:

- Access to Care, Treatment, and Recovery (CTR)
- Prevention and Outreach (PO)
- Research and Data (RD)

CTR, PO, and RD Workgroups

The CTR, PO, and RD workgroups met online monthly from April 2020 through October 2021. Each workgroup developed priorities related to their focus areas. In June 2020 and September 2020, the workgroups presented recommendations to the full PGTF for further consideration, refinement, and initial prioritization. The workgroup priorities developed in 2020 were included in the Interim PGTF Report and became the focus for the workgroup meetings in 2021. The CTR, PO, and RD workgroups reconvened in February 2021 to continue discussions and refine their priorities by exploring timelines and phasing, anticipated fiscal impacts, and preliminary Prevalence Study results. These priorities were the foundation from which the final legislative recommendations took shape.

AP Workgroup

In October 2020, a new Advocacy and Policy (AP) workgroup was convened to establish a liaison between the PGTF and partners who can help champion and amplify PGTF recommendations. They did not develop recommendations. The AP workgroup met as needed from 2020 through 2022 to support the PGTF and keep an eye on policy related opportunities to guide, leverage, and illuminate the PGTF's recommendations.

FLR Workgroup

In March 2022, a new Final Legislative Report (FLR) workgroup was launched to streamline the workgroup process, winnowing the multi-workgroup process down to a single workgroup focused on clarifying the recommendations for a final task force vote, and commenting on the draft report before submittal to the legislature in December 2022. The FLR workgroup was comprised of at least one member from each existing CTR, PO, and RD workgroup. In addition, select members of the CTR, PO, and RD workgroups agreed to be on-call Subject Matter Experts, helping draft and review sections of the report.

Workgroup Priority Setting

The PGTF developed a very specific approach for its CTR, PO, and RD workgroup processes from 2020 through 2021. Led by the two facilitators from Uncommon Solutions, Inc. and the HCA Problem Gambling Program Manager, the workgroups were charged with developing a full slate of actionable strategies. The actionable strategies developed by the three workgroups were the basis of the 2021 Interim Report to the Legislature and the foundation for the recommendations highlighted in this 2022 Final Report to the Legislature.

Final Vote and Unanimous Approval of Recommendations

Throughout the two-year PGTF process, the full task force was kept apprised of the timeline and milestones and were invited to review and comment on the priorities and recommendations surfaced by the workgroups. In 2022, working closely with project staff and the Core Group, FLR workgroup members help craft a list of proposed recommendations for final PGTF approval. PGTF voting members voted on the proposed recommendations at the final quarterly meeting on October 19, 2022. Voting members who were not present at the meeting were invited to vote via an online poll. The vote in favor of the PGTF recommendations reflected in this report was unanimous among the 17 voting members who voted. Three voting members did not vote, and HCA abstained from voting entirely because HCA managed the Problem Gambling Task Force contract.

END NOTES

- 1 Massachusetts, Oregon, Iowa, Ohio, Nevada, New York are among states with more comprehensive problem gambling programs.
- 2 Current funding allows an average of 350 clients to be treated each year (with an average of 1 assessment and 16-17 clinical treatment sessions).
- 3 WA State Certified Gambling Counselors are certified either by the WA State Gambling Counselor Certification Committee (WSGCCC) or by the International Gambling Counselor Certification Board and must meet requirements of WAC 246-341-0754.
- 4 From Dr. Rachel Volberg, Gemini Research: "It would be advisable to conduct a replication of the Washington State Adult Problem Gambling Survey in 3 to 5 years. Measuring the same behaviors and using the same methods employed in the Washington State Adult Problem Gambling Survey at subsequent points in time will be useful in monitoring changes over time in gambling attitudes, awareness of problem gambling services, gambling participation, and problem gambling prevalence in the state."
- 5 Other ECPG Prevention initiatives include offering evidenced-based curriculum training such as Stacked Deck facilitator-training and working with a Native American Advisory Committee to create a gambling/gaming prevention story and program for Native American youth. ECPG is also the largest provider in WA state for Responsible Gaming training for gaming operators.
- 6 There may be additional private problem gambling treatment that requires private insurance or self-pay (for those who can afford it). However, the PGTF focused on resources that have fewer barriers to accessing services.
- 7 [ECPG List of Certified Gambling Counselors](#). As of December 2022, there are 32 CGCs, serving in 39 locations; at least 3/4ths provide telehealth services. Nine CGC's are employed by Tribes. Services may be provided in English and additional languages.
- 8 [Dept of Health Facility Search Engine](#) (excluding those who are not actively certified and serving clients)
- 9 [Supporting Responsible Gaming](#) - Washington Indian Gaming Association
- 10 Not including the ~3600 Lottery point-of-sale locations, nor licensed pull-tabs, raffles, etc. operators.
- 11 One-hour drive time is a common unit of measurement for accessibility to treatment services and gambling venues
- 12 Certified Gambling Counselors may work at behavioral health agencies and/or be sole providers
- 13 Muckleshoot, Tulalip, Spokane, Stillaguamish, Suquamish, Swinomish, and Yakama Tribal behavioral health agencies employ one or more Certified Gambling Counselors (as of October 2022).

END NOTES

14 A licensed mental health and/or substance use disorder facility may be licensed as a certified-problem gambling agency if it meets requirements in WAC 246-341-0754.

15 The [HCA Ten Regional Service Areas](#) was re-created to match the GIS-generated versions for this analysis (no change to region boundaries).

16 For readability, this map does not include the ~3,600 locations [WA Lottery](#) points-of-sale locations or locations for other forms of licensed commercial gambling (pull-tabs, bingo, raffles). See also [Organizational Licensees Washington State Gambling Commission](#)

17 [WAC 246-341-0754](#) governs 'problem gambling agencies,' defines basic requirements for Certified Gambling Counselors, and defines the scope of the Washington State Gambling Counselor Certification Committee. Revised July 1, 2021.

18 To become a DOH-certified problem gambling behavioral health agency, an agency must be licensed by DOH as a mental health and/or substance use disorder facility and employ a Certified Gambling Counselor in good standing. If a DOH-licensed agency meets both those requirements, then that agency is eligible to apply to be a 'DOH-certified problem gambling agency.' This pertains to Tribal and non-Tribal behavioral health agencies.

19 [ESHB 1109 Section 729](#), item (ii) (approved in biennial state operating budget 2019-2021 (orig.))

20 In accordance with RCW 71.24.025(26)(c); Section 408(a) of the Indian Health Care Improvement Act, 25 U.S.C. § 1647a(a); and 42 C.F.R. § 431.110 (per Tribal Attestation form) and in concordance with the Government-to-Government relationship between Tribes and the State of Washington, a Tribe may elect to submit a Tribal Attestation for behavioral health services. The attestation confirms that a Tribe's behavioral health agency meets the state's minimum standards and for specific services, as identified by the Tribe on the form (including problem gambling treatment, if selected). Once in force, DOH issues the Tribe a behavioral health license, and include the Tribe on the current list of licensed behavioral health agencies. In these cases, DOH does not conduct regulation or enforcement activities. See <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//346114.pdf> (Tribal Attestation form/DOH

21 [WA Tribes Care](#) - Washington Indian Gaming Association

22 Additionally, having or not having a Certified Gambling Counselor on staff is not necessarily a quality indicator of problem gambling treatment services provided by Tribal behavioral health agencies.

23 Certified Gambling Counselor: A licensed mental health and/or substance use disorder professional who has been certified either by the WA State Gambling Counselor Certification Committee or by the International Gambling Counselor Certification Board to be a Certified Gambling Counselor. On-going CE hours are required to maintain this certification. (WAC 246-341-0754). DOH-certified problem gambling agency: An existing licensed mental health and/or substance use disorder agency that has fulfilled the requirements, applied, and been granted a problem gambling agency certification. Requirements include 1) employing a Certified Gambling Counselor, maintain a list of resources for referral, and maintain a written procedure for the response to medical and psychi-atric emergencies. (WAC 246-341-0754). State-certified problem gambling treatment: Problem gambling treatment services offered by a Certi-fied Gambling Counselor or DOH-certified problem gambling agency.

END NOTES

24 Based on analysis of publicly accessible population data from the American Community Survey (using ArcGIS).

25 For more on the helpline, see [ECPG](#).

26 As mentioned earlier, many Tribal behavioral health programs also offer problem gambling treatment and accept non-Tribal clients in the community.

27 In 2019-2021, the State Program received a one-time generous contribution of \$100,000 from the Recovery Cafe Network and Snoqualmie Tribe. In 2021-2023, HCA was granted an additional appropriation of \$150,000 from the state problem gambling account—if requesting increase appropriation continues in future budget cycles, the State Program Manager estimates that the ‘cushion’ in the state problem gambling account is likely to be depleted within one-to-two budget cycles. A longer-term solution is needed.

28 Another factor is that potential new agencies can be overwhelmed with the contract-ing process. The State Program coordinates with HCA’s Contracting Unit to streamline this process.

29 Per WAC, the State PG Program can only contract with providers meeting requirements in [WAC 182-100-0100](#) – State Problem Gambling Program.

30 As of this writing, the State Program has eleven (11) contracts in force (seven are DOH-certified problem and four are Certified Gambling Counselors who are sole providers).

31 This approach has been adopted by at least one other state program, and Nevada’s state program funding appears to be moving that direction (based on discussion with Nevada staff in Spring 2022).

32 Substance Abuse and Mental Health Services Administration (SAMHSA) Brochure (PEP12-RECDEF) NWITC – Squaxin Island Tribe

33 [NWITC-Squaxin Island Tribe](https://squaxinland.org/northwest-indian-treatment-center/): <https://squaxinland.org/northwest-indian-treatment-center/>

34 [Washington Recovery Alliance](https://washingtonrecoveryalliance.org/about-us/): <https://washingtonrecoveryalliance.org/about-us/>

35 [HCA Recovery Support](http://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/what-recovery-support): www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/what-recovery-support

36 (1) Evergreen Council on Problem Gambling recovery support resources include a Recovery Community Advisory Committee, podcast episodes, live-stream and on-demand free videos on YouTube, social media content and Twitter Chat Tuesdays during PGAM, awareness campaigns, promotion of healthy activity alternatives to gambling, and a host of training opportunities. Common recovery services topic areas and frequent requests include working with individuals in recovery from gambling, recovery resources, and family recovery needs. (2) Other recovery support resources include social media gambling recovery groups and chat forums, gambling recovery podcasts, self-help website and workbooks, and other gambling support groups not associated with GA/Gam-Anon. (3) ECPG hosts a Recovery Community Advisory Committee as well as podcasts, on-demand content on YouTube, and other recovery-related resources.

END NOTES

37 In Washington State in 2021, about 80 percent of gambling receipts came from Tribal Gaming. Tribes also provide funding both internally and externally for problem gambling treatment and other related problem gambling services. As the total amount spent by Tribes and the total number of clients served is not available, this section is focused on the State Program funding only, as this information is publicly available. Unfortunately, this does create a gap in knowledge that doesn't fully acknowledge the contributions that Tribes make towards problem gambling services, both in terms of treatment and other services provided and the total amounts donated.

38 [2021 Survey of Publicly Funded Problem Gambling Services in the United States](#) – National Association of Administrators for Disordered Gambling Services (NAADGS).

39 The overall amount of funding makes a big difference. Pennsylvania's 2021 problem gambling budget was \$6.37 million, compared to Washington State's 2021 budget of \$730,500. So, despite that the percentage spent by Pennsylvania on treatment was much lower, the overall amount of funding was more than Washington State spent on treatment during the same period (PA=\$573,300 vs. WA=\$511,350).

40 [2021 Survey of Publicly Funded Problem Gambling Services in the United States](#) – National Association of Administrators for Disordered Gambling Services (NAADGS).

41 Public awareness and prevention = \$26,000 annually (contracted with ECPG for Problem Gambling Awareness Month)

42 Problem Gambling Severity Index score = 5 or above

43 Based on the data, we know that not everyone who needs problem gambling support in Washington State is able to access care, treatment, and recovery services.

44 Tribes are generally known to provide holistic whole-person wraparound behavioral health services, so segregating out specific treatment services for problem gambling would make this process very complex and likely underrepresent the impact of Tribal behavioral health in mitigating problem gambling through their services. Many Tribal casinos have also undertaken Responsible Gaming training with their staff and provide materials with problem gambling resources on site. Tribes, as sovereign nations, are not required to report information about the number and type of problem gambling services provided (including number of clients served, overall spending on treatment, or percentage of spending on treatment versus other services).

45 The completed [2021 Prevalence Study](#) report provided data that inform the recommendations by the PGTF and planning for the State Problem Gambling Program. 2021 Washington State Adult Problem Gambling Prevalence Study Results (June 30, 2022). See Chapter 5 for details.

46 [2021 Healthy Youth Survey](#)

47 [ECPG List of Certified Gambling Counselors](#)

48 Lottery point-of-sale locations are not included in gambling locations analysis as there are ~3600 statewide.

END NOTES

- 49 National Association of Administrators for Disordered Gambling Services (formerly APGSA)
- 50 [American Community Survey \(ACS\)](#)
- 51 Washington State Agencies: HCA, DOH, WSGC, WHRC, WA Lottery, OFM, and others
- 52 [Evergreen Council on Problem Gambling](#)
- 53 Welte JW, Barnes GM, Tidwell MO, Hoffman JH, Wiczorek WF. The Relationship Between Distance from Gambling Venues and Gambling Participation and Problem Gambling Among U.S. Adults. *J Gambli Stud.* 2016 Dec;32(4):1055-1063. doi: 10.1007/s10899-015-9583-5. PMID: 26615561.
- 54 This may require a change in rules/WAC. Further study is needed to confirm.
- 55 Integrated treatment is the use of multiple treatments for two or more conditions, like pharmacotherapy and psychotherapy. Integrated treatment for co-occurring disorders has been shown to be more effective than treatment for individual disorders with separate treatment plans.
- 56 Problem gambling services include prevention, outreach, awareness, clinical training, education, workforce development, treatment, and recovery support services.
- 57 [2021 WA State Adult Problem Gambling Study report \(pg 34\)](#)
- 58 WAC 246-341-0610 Clinical – Assessment, filed 4/16/19, effective 5/17/19, prior to its revision on July 1, 2021, did require that all assessments include (2)(h) Problem and pathological gambling history. While this was removed in the July 2021 revision, it is not the same as what this report proposes, which is to include an evidenced-based and validated problem gambling screening tool, as opposed to a general and undefined analysis of gambling history.
- 59 2021 Healthy Youth Survey results (9.4 percent reported gambling in the past year, with 6.8 percent of those who gambled reporting negative impacts from their gambling). It is unlawful for any person under the age of eighteen to play in authorized gambling activities including, but not limited to, punchboards, pulltabs, or card games, or to participate in fundraising events. Persons under the age of eighteen may play bingo, raffles, and amusement game activities only as provided in commission rules. See RCW 9.46.228(1).
- 60 The Lottery is not required by law to take such measures but does so voluntarily in recognition of their unique role as a state agency and purveyor of a gambling product.
- 61 This strategy was proposed by PGTF Chair, Commissioner Julia Patterson, on November 30, 2022 and December 1, 2022 in WA State legislative committee work sessions.
- 62 [Problem Gambling Diversion Programs: A review of Implementations and Challenges](#), by Frank Song
- 63 [New Jersey Considers Specialized Court for Gambling Addicts](#) - The Crime Report
- 64 [Ohio Explores Diversion Court For Problem Gamblers Who Commit Crimes](#)

END NOTES

- 65 As noted earlier in the PG Services Gap Analysis, 11 areas within the state have already been identified as needing access to problem gambling treatment by Certified Gambling Counselors.
- 66 [RCW 41.05.750](#) and [RCW 41.05.751](#)
- 67 [ESHB 1031](#) (Chapter 369, Laws of 2005)
- 68 [RCW 67.70.340\(3\) \(a\)\(b\)](#)
- 69 Does not include \$500,000 appropriated for 2021 Washington State Adult Problem Gambling Prevalence Study.
- 70 [WAC 230-23-030](#)
- 71 It's important to note that since there is no federal funding for problem gambling services, the shortage in funding is felt across stakeholders providing problem gambling services. These services are not yet integrated into behavioral health services provided by public funding, and many of the programs and organizations represented on the Task Force are impacted.
- 72 Original 2021-2023 appropriation is \$1.463 million; \$150,000 was added by additional appropriation to close the treatment funding gap in this biennium. That \$150,000 is not included here.
- 73 A 'real life' outcome would be if the client's quality of life had improved as measured before, during, and after treatment, as compared to a proxy measure such as 'number of months client has been in treatment.' An example of a quality of life clinically administered instrument is the [OO-45.2 tool](#).
- 74 "Responsible Gaming programs operate in compliance and in parallel with state laws and regulations on responsible gaming, including the funding and provision of problem gambling services. In addition, many gaming businesses voluntarily implement programs with a range of responsible gaming measures that go beyond what is required by law or regulation." ([American Gaming Association](#))
- 75 [WAC 230-23-030](#) governs licensee responsibilities under the statewide self-exclusion programs
- 76 [International Center for Responsible Gaming](#)
- 77 Gaming Industry Employees' Responses to Responsible Gambling Training: A Public Health Imperative, June 2011 Journal of Gambling Studies 28(2):171-91 (D. Laplante, H. Gray, et.al.)
- 78 [NASPL-NCPG](#) - Responsible Gambling Verification program for lottery organizations
- 79 [WAC 230-23-030](#) governs licensee responsibilities under the statewide self-exclusion programs.
- 80 The HYS is normally conducted in even years, but due to COVID, the 2020 survey was delayed until 2021.
- 81 [RCW 9.46.228](#)

END NOTES

82 [WSGCCC](#)

83 Washington State Department of Health – Health Care Provider Credential Database (captured October 20, 2022: data.wa.gov)

84 Ibid. Of these, 13.7 percent (4,252) are licensed Substance Use Disorder Professionals (SUDP) or SUDPs-in-training.

85 The State Program and ECPG are both active, non-voting, members of the WSGCCC.

86 [Certified Gambling Counselor Manual](#) pg. 8

87 [Certified Gambling Counselor Manual](#) pg. 31

88 [Center for Medicare and Medicaid Services](#)

89 The State Fiscal Year (SFY) runs from July 1 to June 30.

90 In 2020, DBHR considered raising treatment reimbursement rates by 10 percent, but leadership decided against it because of the impact to availability and access to treatment services.

91 <https://pubmed.ncbi.nlm.nih.gov/23297170/>

92 [RCW 41-05-751](#)

93 [Medicaid in Washington](#)

94 Historically, the State Program funded, in part, the Problem Gambling Helpline. However, after implementation of the Washington Recovery Help Line, funding for the Problem Gambling Helpline was discontinued.

95 [ECPG Problem Gambling Helpline](#)

96 [2021 WA State Adult Problem Gambling Prevalence Study](#) report

97 Consultation group included staff from the HCA/DBHR, the Evergreen Council on Problem Gambling, the University of WA, the WA State University Social & Economic Sciences Research Center, and Dr. Rachel Volberg, Gemini Research.

98 19.2% response rate is within the 18-20% anticipated response rate for this multi-modal survey.

99 In problem gambling prevalence surveys, individuals are classified based on their responses to a valid and reliable problem gambling assessment instrument. The Problem Gambling Severity Index (PGSI) has been the dominant instrument used to assess problem gambling prevalence rates world-wide since 2005 and was selected for use in the 2021 Prevalence Study.

END NOTES

100 For the purposes of the 2021 Prevalence Study, a designation of 'having gambled' refers to participation in any form of gambling, not as a measure of frequency or intensity.

101 Individuals could select one or more gambling activities.

102 Only statistically significant findings are reported here. Based on comparisons of confidence intervals (chi-square methodology). Some subgroups were too small to determine if findings were significantly different within the demographic category.

103 Based on Question 21 only (2021 WA State Adult Problem Gambling Prevalence Study).

104 Using the point estimate of 1.5 percent, with a confidence interval of 1.1 percent to 1.8 percent.

105 This study is not constructed to determine causation, only correlation. Studies that seek causation are complex and generally conducted by highly resourced research institutes, universities, or organizations.

106 Based on response to Question 21 about participation in gambling online (cross-tabbed with 'all gamblers').

107 Additional data was collected to look at the prevalence among all respondents (both 'gamblers' and 'non gamblers') of gambling online, gaming online (only), and activities that are in the 'grey area' where online gambling and gaming overlap. This data has not yet been fully analyzed, but preliminary analysis indicates that many more respondents said they had participated in activities that are known to be online gambling than reported online gambling earlier in the survey. Although HCA does not currently have specific plans to analyze this data further, this section of the survey is an area ripe for further study and analysis.

108 The WA State Gambling Commission highly restricts gambling for people under 18.

109 In Fall 2019, the Health Care Authority's Office of Tribal Affairs sent Dear Tribal Leader (DTL) letters to all 29 federally recognized Tribes, inviting each Tribe to designate an individual to participate on the Tribe's behalf.

APPENDICES

- A Current & Proposed Budget Models –
WA State Problem Gambling Program
- B Availability of Gambling & Problem Gambling Treatment
in WA State – GIS Maps
- C Recovery Support Services in WA State
- D PGTF Proviso - HB 1109 Section 729 (2019)
- E PGTF Roster
- F PGTF Charter
- G WA State and National Certified Gambling Counselors Location
- H Impact of COVID-19 on Prevalence Study
- I Problem Gambling Severity Index
- J Data Sources and Works Cited
- K ECPG Glossary for PGTF
- L ECPG Additional Resources
- M Timeline of Gambling and Problem Gambling Services in WA State

