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Appendix A

Current & Proposed Budget Models – WA State Problem Gambling Program

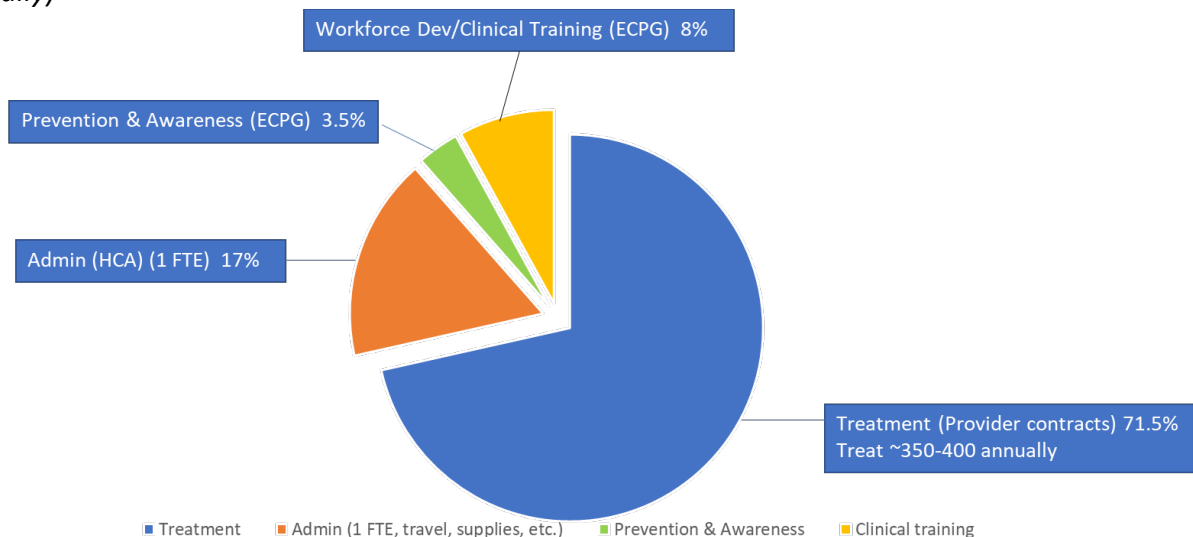
APPENDIX A: CURRENT & PROPOSED BUDGET MODELS – WA STATE PROBLEM GAMBLING PROGRAM

CURRENT MODEL

Currently, the WA State Problem Gambling Program’s funding comes from an appropriation of \$1.461 million (2021-2023 biennium). A one-time additional appropriation of \$150,000 was added to close the anticipated gap between funding available and treatment services needed.¹

Under the Current budget model, the State Program spends about 72% for treatment services, with the remaining 28% split between Clinical training/Prevention and administration of the program.²

Figure 1: Current Budget Model – State Problem Gambling Program funding (\$730,500 annually)



The current model doesn’t include these elements found in robust programs:³

- Year-round Prevention and Outreach activities (for both Youth and Adults)
- On-going Workforce Development to meet expanded need for treatment services
- Program monitoring and evaluation based on quality-of-life measures for assessing progress and outcomes for clients and program effectiveness or for research

¹ This does not include \$500,000 that was appropriated from the state problem gambling account for the 2021 WA State Adult Problem Gambling Prevalence Study.

² This includes \$26,000 for Problem Gambling Awareness Month in March each year that is contracted with the Evergreen Council on Problem Gambling—the only on-going prevention activity sponsored by the State Problem Gambling Program.

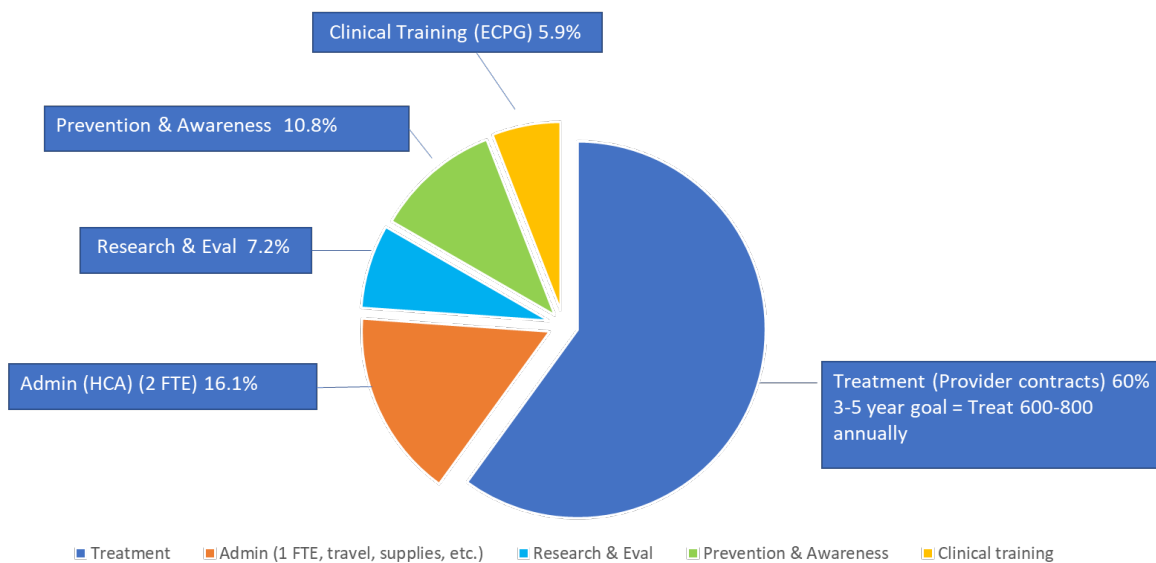
³ Current FTE in State Program = 1.0 FTE. As the State Program activities grow, an additional 1.0 FTE is needed.

PROPOSED MODEL

When considering if and how the State Problem Gambling Program budget could be expanded, the Program Manager researched how other state programs are serving clients. In addition, the National Association for Administrators of Disordered Gambling Services (NAADGS) published the updated State of the States report that lists activities and funding across the country.⁴

Based on this report and additional research, the Program Manager proposed the new funding model for the expansion of services. To fund this level of enhanced services would require doubling the current funding (from \$1.461 million to \$2.8 million in future biennia).⁵⁶

Figure 2: Proposed Budget Model – State Problem Gambling Program



If funded, the Proposed Model will increase funding for existing and new services:

- Assessment & Treatment -- goal to serve double the number of clients within 3-5 years
- Prevention – In-house HCA/DBHR year-round messaging and activities
- Clinical training/workforce development – to serve more clients, more Certified Gambling Counselors are needed, and in areas and at-risk populations currently unserved or underserved
- Allow program to add an additional 1.0 FTE (for a new total of 2 FTE) to do community outreach and coordinate enhanced services
- Program monitoring and evaluation based on quality-of-life measures
- Funding for research, including future prevalence studies and/or other related topics

⁴ [2021 Survey of Publicly Funded Problem Gambling Services in the United States](https://naadgs.org/wp-content/uploads/2022/06/NAADGS_2021_Survey_of_Publicly_Funded_Problem_Gambling_Services_in_the_United_States_v2.pdf): https://naadgs.org/wp-content/uploads/2022/06/NAADGS_2021_Survey_of_Publicly_Funded_Problem_Gambling_Services_in_the_United_States_v2.pdf

⁵ Annually the increase would be from \$730,500 to \$1.4 million

⁶ Note: HCA's DBHR Director Keri Waterland has indicated her support for the proposed model; review within HCA is continuing and no major concerns have been put forth as of this writing.

Appendix B

Availability of Gambling & Problem Gambling Treatment in WA State – GIS Maps

APPENDIX B: AVAILABILITY OF GAMBLING AND PROBLEM GAMBLING TREATMENT IN WA STATE

Project: Determining need and locations for additional Certified Gambling Counselors – by Region

To assess the availability of problem gambling treatment services in Washington State, staff from both the WA State Health Care Authority and Uncommon Solutions, Inc. (USI) worked together to define the scope for the following visual representations (maps).¹ Using ArcGIS², USI staff then merged existing data about the locations of various gambling activities and problem gambling services to create these maps, below.

These maps allowed staff to easily identify the areas with population centers that currently do not have a Certified Gambling Counselor within a 1-hour drive time. The State Program, Evergreen Council on Problem Gambling, and the Washington State Gambling Counselor Certification Committee, are now in discussion about how to best recruit and train existing behavioral health clinicians (including substance use disorder professionals) for unserved areas.³ In addition to the proposed seven areas on these maps, additional regions that have only one Certified Gambling Counselor will also be considered for recruitment.⁴

For ease of use, both the 2021 Washington State Adult Problem Gambling Prevalence Study and this project used a map of the Ten Regional Service Areas (as defined by the Health Care Authority for Apple Health).⁵

Maps A through F, when viewed in order, explain the process of identifying where legal gambling activity is happening in the state, where problem gambling treatment options are currently available (including Tribal Behavioral Health agencies and Certified Gambling Counselors), and the regions that need additional Certified Gambling Counselors. Recruiting and training clinicians to become certified is a multi-year process, so to significantly increase the workforce by 25% or more is estimated to take between 3-5 years.⁶

¹ Project staff: Ethan Meade (USI) and Roxane Waldron (HCA/DBHR); guidance and support by Felix Rodriguez (HCA). This document prepared by Roxane Waldron, State Problem Gambling Program Manager (HCA/DBHR)

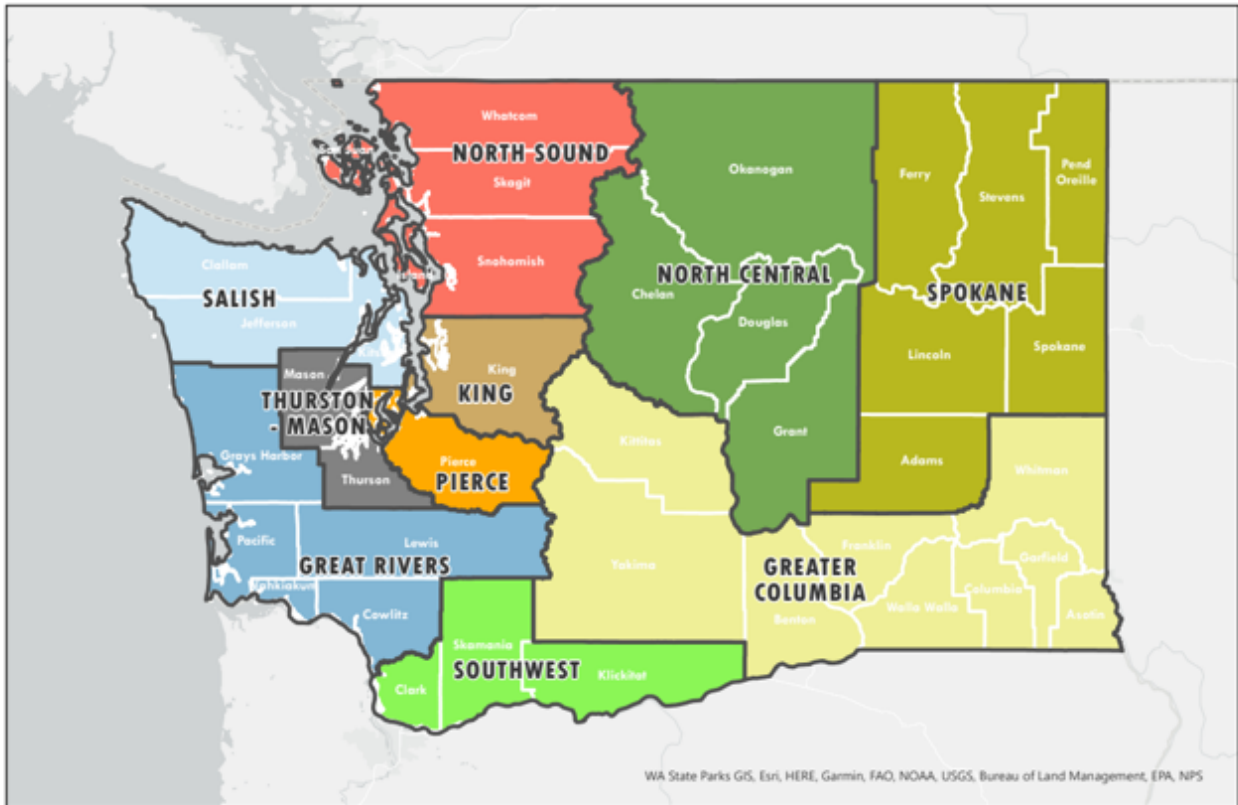
² GIS is the acronym for 'geographic information system' (info: <https://www.esri.com/en-us/what-is-gis/overview>)

³ WSGCCC has a stated goal to increase the current Cert. Gambling Counselor workforce by 25% as soon as possible.

⁴ This analysis uses the '1-hour drive time' as a standard measurement for access to gambling & treatment

⁵ [HCA's version of this map](#) was re-created to match the GIS-generated versions for this analysis (no change to regions)

⁶ [WA State Certified Gambling Counselor information \(ECPG\)](#)



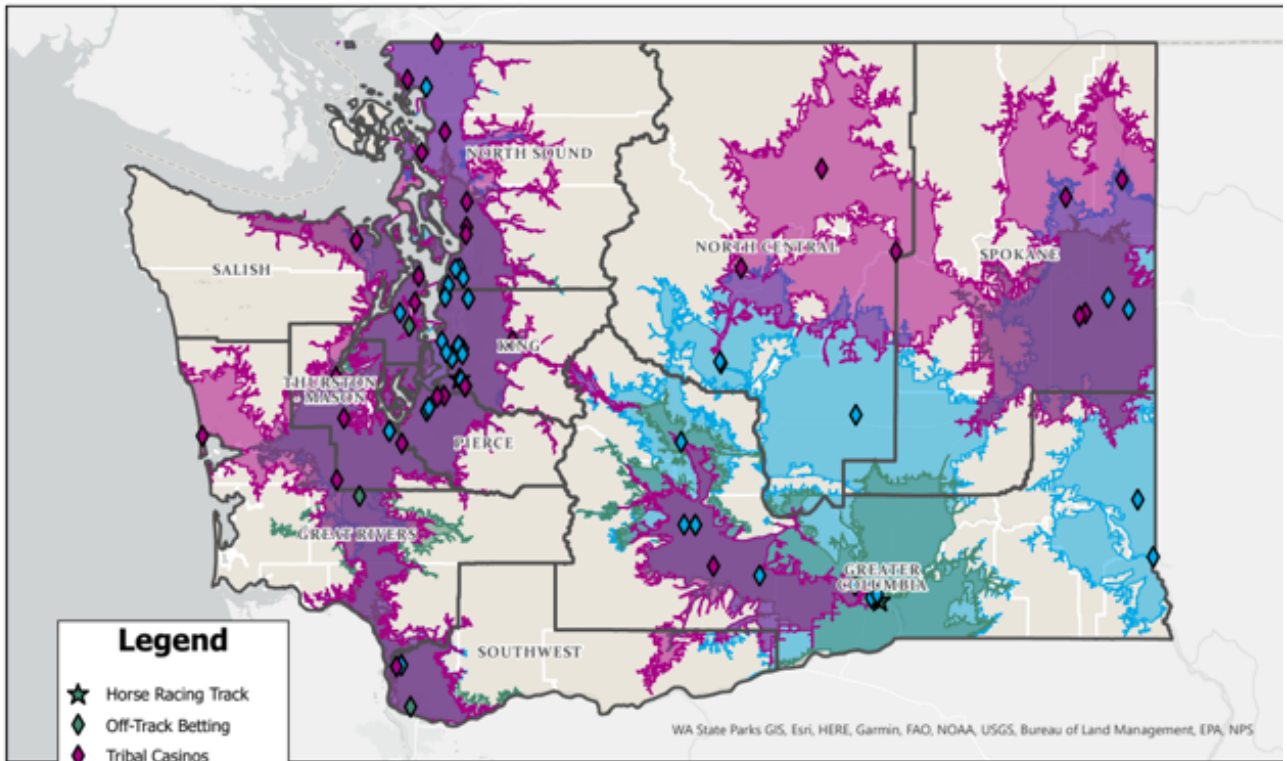
The Ten Regional Service Areas of Washington State

Map A: Gambling locations within WA State ⁷

This map shows the locations of land-based (brick and mortar) legal gambling in Washington State (not including Lottery point-of-sale locations), as well as 1-hour drive times to the location from surrounding areas.

- Dark pink diamond indicates a Tribal Casino
- Blue diamond indicates a commercial house-banked card room
- Star indicates horseracing 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 1-hour drive time, with overlapping 1-hour drive time indicated by the overlay of combined colors (example: purple is the overlap of Tribal Casinos and commercial house-banked card rooms).
- Areas without color (grey) fall outside of the 1-hour drive time limit.

⁷ Does not include the approximately 3600 Lottery point-of-sale locations throughout WA State at grocery stores, mini-marts, and other venues. 'Where to Play' search: <https://walottery.com/WhereToPlay/>



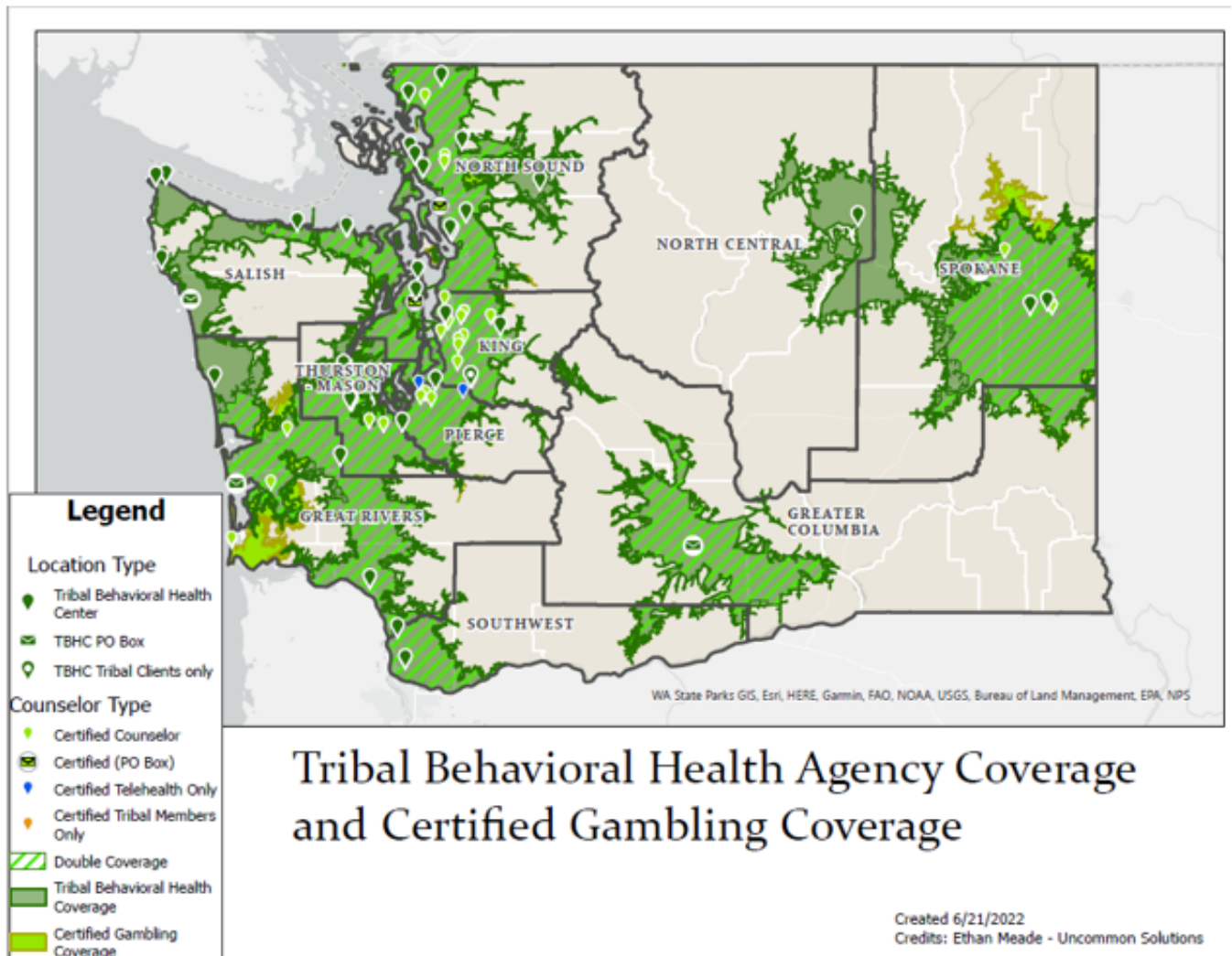
Horse Racing, House Banked Card Room, and Tribal Casino Drive Times

Created 6/21/2022
Credits: Ethan Meade - Uncommon Solutions

Map B: Tribal Behavioral Health Agencies & Certified Gambling Counselors

This map shows the locations and overlapping 1-hour drive time coverage of the Tribal Behavioral Health (Tribal BH) agencies and the Certified Gambling Counselors.

- Light green ‘pips’ indicate the Certified Gambling Counselors and 1-hour drive time (edged in yellow) – this includes Cert. Gambling Counselors who work at Tribal BH agencies.
- Dark green ‘pips’ are the Tribal BH agencies & the dark green coverage is 1-hour drive time.
- ‘Cross hatching’ is where the 1-hour drive times coverage areas overlap for Tribal BH and Certified Gambling Counselors.
- The areas with no color (grey) have NO problem gambling treatment coverage at all (neither a Tribal BH agency nor a Certified Gambling Counselor) within 1-hour drive time



Map C: Gambling availability by Type compared to Certified Gambling Counselors⁸

This map **combines the gambling locations and 1-hour drive times with the locations of Certified Gambling Counselors** (Map A with selected data from Map B).⁹

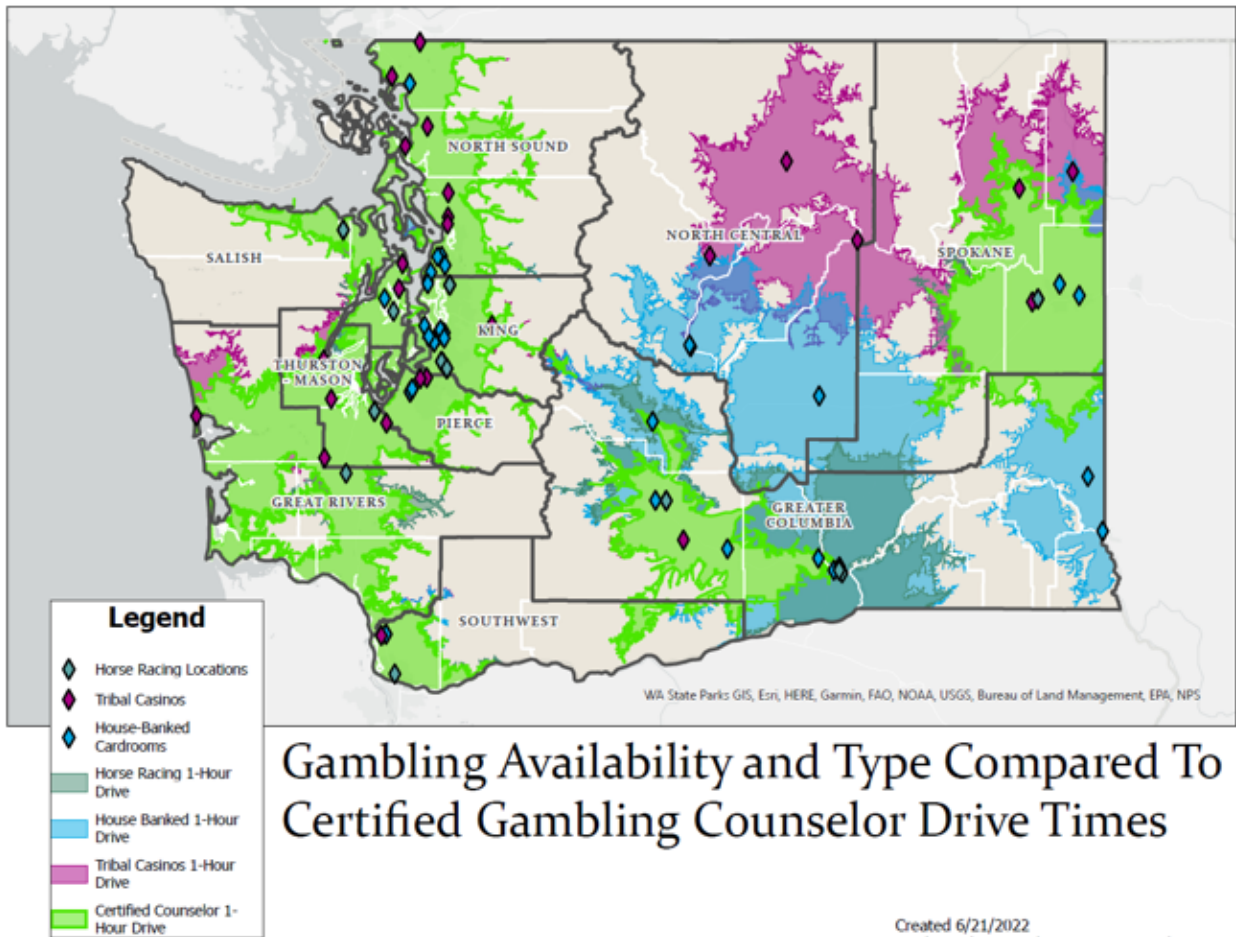
- Light green areas indicate 1-hour drive time to Certified Gambling Counselor(s). A number of these Certified Gambling Counselors are employed by Tribal Behavioral Health agencies^{10 11}
- Areas in pink, blue, or aqua (including those that overlap) but are not covered by light green are within 1 hour drive time of gambling activity and do not have a Certified Gambling Counselor within 1 hour drive time.
- Areas with no color (grey) have no gambling activities nor a Certified Gambling Counselor.

⁸ Does not include Lottery point-of-sales locations (approximately 3600 across the state)

⁹ Tribal Behavioral Health Agencies that employ one or more Certified Gambling Counselors are included

¹⁰ Note: Areas not included in the light green coverage areas may have a Tribal BH clinic that does not employ a Certified Gambling Counselor but does offer problem gambling treatment. – Tribes can offer many offer problem gambling treatment services, per their websites). Most Tribal BH agencies accept both Tribal and non-Tribal clients. For more info, visit [WA Tribes Care - Washington Indian Gaming Association](#)

¹¹ This mapping project is focused on the services for which the State Problem Gambling Program provides treatment reimbursement. The State Program only contracts with Certified Gambling Counselors (sole providers) and DOH-certified problem gambling treatment agencies that meet requirements as described in [WAC 246-341-0754](#). Because of this, this map doesn't include Tribal BH programs that don't currently employ a Certified Gambling Counselor, even if they may offer problem gambling treatment.

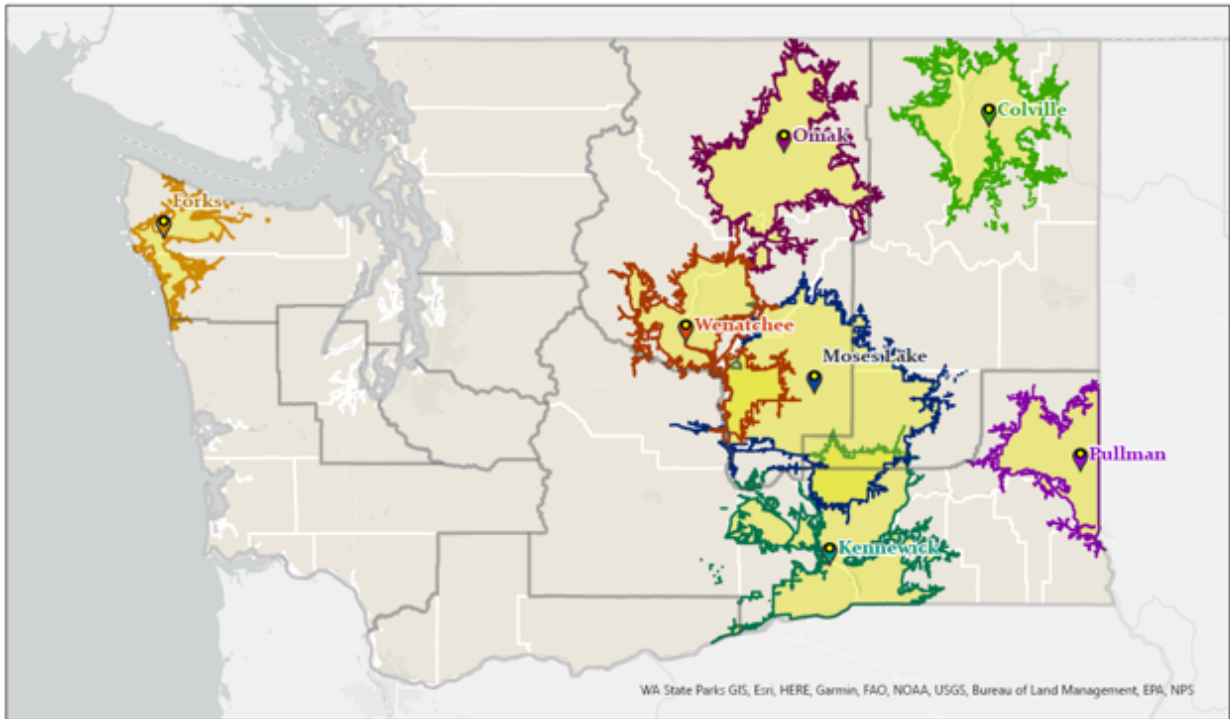


Map D: Proposed recruitment areas for Certified Gambling Counselors



Based on the gaps identified in Map C, staff has been able to identify the population areas below (in yellow) that currently have no Certified Gambling Counselor—each one has its own color outline.

- Forks (tan outline)
- Omak/Okanogan (maroon outline)
- Wenatchee (red outline)
- Moses Lake/Ephrata (dark blue outline)
- Colville (light green outline)
- Pullman (purple outline)
- Tri-Cities/Kennewick (dark green outline)

Other areas under consideration and not shown on this map are Clarkston-Lewiston as well as regions or population centers that only have one Certified Gambling Counselor agency.



Legend

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

Proposed Certified Gambling Counselors

Created 6/21/2022
Credits: Ethan Meade - Uncommon Solutions

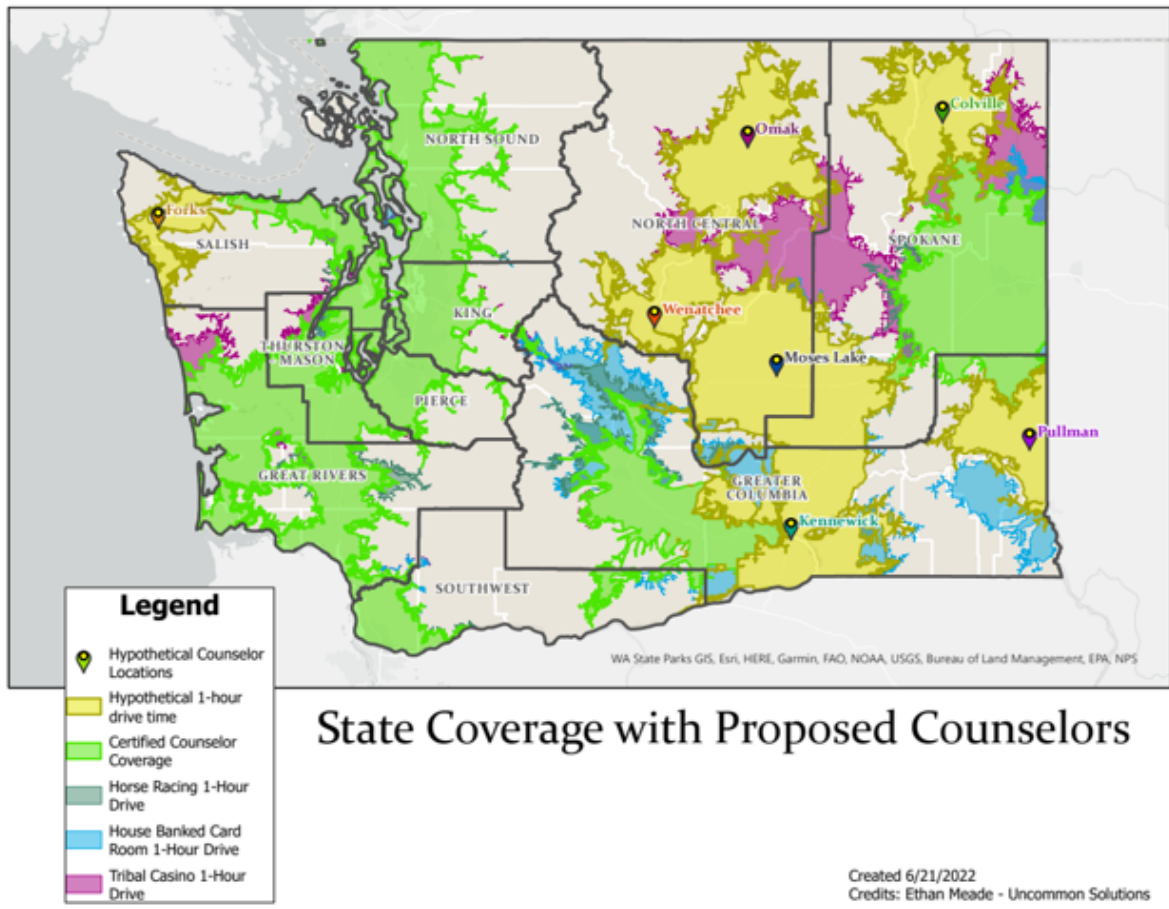
Map E: Significantly increased coverage with Proposed Certified Gambling Counselors

Map E shows both current Certified Gambling Counselors (light green areas) with the addition of the proposed new Certified Gambling Counselors (yellow areas), overlaid upon the availability of gambling by type. Pink, light blue, and teal areas are gambling activity that is outside the 1-hour drive time to a Certified Gambling Counselor. Areas with no color (grey) have no gambling activity nor Certified Gambling Counselor within 1 hour drive time.

The goal with 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 600,000 people, focused in**

Eastern and rural parts of the state that don't currently have access to treatment with a Certified Gambling Counselor.¹²

For individuals in areas that don't have problem gambling treatment within an hour, or when individuals can't easily access face-to-face treatment (due to immobility, lack of transportation, and/or distance), most Certified Gambling Counselors and DOH problem gambling-certified treatment agencies are continuing to offer telehealth/telemedicine options. Tribal Behavioral Health agencies are another important resource for problem gambling treatment, and most serve both Tribal and non-Tribal clients in the community.¹³



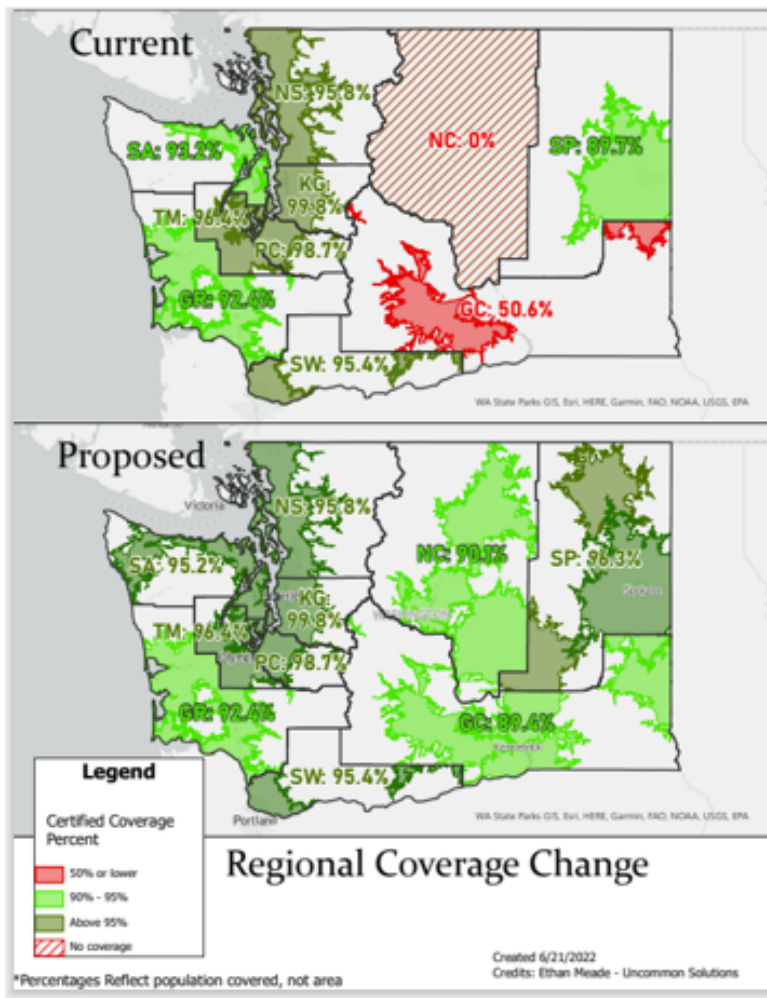
¹² Based on analysis of publicly-accessible population data from the American Community Survey (GIS)

¹³ [WA Tribes Care - Washington Indian Gaming Association](#)

Map F: Current vs. Proposed Certified Gambling Counselor Locations – Impact

This map has two versions:

- Current** -- Percentages of the population covered in each region (as of March 2022)
- Proposed** -- Impact of adding Certified Gambling Counselors in the proposed areas (3-5 years)



The top map (**Current**) shows the percentage of the population (not geographic area) in each region that currently have access to a Certified Gambling Counselor within a 1-hour drive time.

This ranges from 0% in North Central (NC), to 99.8% in King County (KC).

The lower map (**Proposed**) shows the percentage of the population within a 1-hour drive time in each region AFTER adding Certified Gambling Counselors as proposed in Map E. The regions below will have increased access to one or more Certified Gambling Counselor(s) with North Central (NC) and Greater Columbia (GC) showing the largest percentage increases:¹⁴

- Greater Columbia (GC) = 50% → 90%
- North Central (NC) = 0% → 90%
- Salish (SA) = 93.2% → 95.2%
- Spokane (SP) = 89.7% → 96.3%

Conclusion: These findings support the Problem Gambling Task Force’s recommendation to **increase the number of Certified Gambling Counselors**. Due to the time required by candidates to complete the training and supervised hours and the final exam (approximately two years), if initiated in early 2023, the implementation phase of this plan is estimated to take between in 3-5 years (to be completed by 2026-2028).

¹⁴ Over 90% of Certified Gambling Counselors currently active are on the Western side of the Cascades. Increasing the number of available Certified Gambling Counselors on the Eastern side of the state has long been an area of concern.

Appendix C

Recovery Support Services in WA State

Appendix C: Recovery Support Services in Washington State (partial list)

This list includes a variety of Recovery Support services available within WA State. Many behavioral health agencies offer recovery support groups or other recovery services that may not be listed here

Peer recovery support organizations

- Consumer Voices Are Born (Vancouver)
- Clubhouse model (Bellevue, Everett, Seattle, Spokane)
- Peer WA model (Kent, Olympia, Seattle, Spokane)
- Recovery Café model (Aberdeen, Everett, Longview, Orting, Pt. Townsend, Seattle/South Seattle*, Spokane, Tacoma, Vancouver)

Tribal behavioral health recovery support

- Northwest Indian Treatment Center (Squaxin Island Tribe – facility in Elma)
- Many Tribal behavioral health agencies (focused on whole-person holistic care)*

Related recovery services

- Kittitas County Recovery (Ellensburg)
- Trilogy Recovery Community (Walla Walla)
- Washington Recovery Alliance (advocacy, legislation, training & education. Coalitions: Benton-Franklin, Central WA, King County, North Sound, Pierce County, Salish, SWWA, Thurston-Mason)

State recovery support resources (Health Care Authority)¹

- Washington state Recovery Help Line (1-866-789-1511)
- Recovery Housing
 - Washington Alliance for Quality for Recovery Residences (45 residences)
 - Oxford Houses (347 residences)
 - WA Foundational Community Supports (jobs/housing/living independently)
 - Family and Adult Coordinated Entry Sites for people experiencing homelessness

() indicates locations known to include problem gambling as a specific recovery services topic*

¹ Services and more info can be found on [HCA's Recovery Support website: https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/what-recovery-support](https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/what-recovery-support)

Appendix D

**PGTF Proviso –
HB 1109 Section 729 (2019)**

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1109

66th Legislature
2019 Regular Session

Passed by the House April 28, 2019
Yeas 57 Nays 41

Speaker of the House of Representatives

Passed by the Senate April 28, 2019
Yeas 27 Nays 21

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1109** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

1 General Fund—State Appropriation (FY 2021) \$15,309,000
2 TOTAL APPROPRIATION. \$16,540,000

3 The appropriations in this section are subject to the following
4 conditions and limitations: The appropriations are provided solely
5 for expenditure into the long-term services and supports account
6 pursuant to Second Substitute House Bill No. 1087 (long-term services
7 and supports). This constitutes a loan from the general fund and must
8 be repaid, with interest, to the general fund by June 30, 2022. If
9 Second Substitute House Bill No. 1087 (long-term services and
10 supports) is not enacted by June 30, 2019, the amounts appropriated
11 in this section shall lapse.

12 NEW SECTION. **Sec. 727. FOR THE HEALTH CARE AUTHORITY—INDIAN**
13 **HEALTH IMPROVEMENT REINVESTMENT ACCOUNT**

14 General Fund—State Appropriation (FY 2021) \$708,000
15 TOTAL APPROPRIATION. \$708,000

16 The appropriation in this section is subject to the following
17 conditions and limitations: The appropriation is provided solely for
18 expenditure into the Indian health improvement reinvestment account
19 created in Senate Bill No. 5415 (Indian health improvement). If the
20 bill is not enacted by June 30, 2019, the amount provided in this
21 section shall lapse.

22 NEW SECTION. **Sec. 728. FOR THE OFFICE OF FINANCIAL MANAGEMENT—**
23 **FOUNDATIONAL PUBLIC HEALTH SERVICES**

24 General Fund—State Appropriation (FY 2020) \$5,000,000
25 General Fund—State Appropriation (FY 2021) \$5,000,000
26 Foundational Public Health Services Account—State
27 Appropriation. \$12,000,000
28 TOTAL APPROPRIATION. \$22,000,000

29 The appropriations in this section are subject to the following
30 conditions and limitations: The appropriations are provided solely
31 for distribution as provided in section 2, chapter 14, Laws of 2019
32 (foundational public health services).

33 NEW SECTION. **Sec. 729. FOR THE GAMBLING COMMISSION—PROBLEM**
34 **GAMBLING TASK FORCE**

35 General Fund—State Appropriation (FY 2020) \$100,000

1 TOTAL APPROPRIATION. \$100,000

2 The appropriation in this section is subject to the following
3 conditions and limitations:

4 (1) The appropriation in this section is provided solely for
5 expenditure into the gambling revolving account for the gambling
6 commission to contract for a facilitator to staff and assist with a
7 joint legislative task force on problem gambling as provided in
8 subsection (2) of this section. At a minimum, the contract must
9 provide for the facilitation of meetings, to moderate the discussion,
10 provide objective facilitation and negotiation between work group
11 members, ensure participants receive information and guidance to
12 assist in their preparation and timely response for meetings, and to
13 synthesize agreements and recommendations ensuring the task force
14 meets its reporting requirements.

15 (2) A joint legislative task force on problem gambling is
16 created. The task force membership is composed of:

17 (a) One member from each of the two largest caucuses of the
18 senate, appointed by the president of the senate;

19 (b) One member from each of the two largest caucuses in the house
20 of representatives, appointed by the speaker of the house of
21 representatives;

22 (c) A representative from the health care authority;

23 (d) A representative from the department of health;

24 (e) A representative from the gambling commission;

25 (f) A representative from the state lottery;

26 (g) A representative from the horse racing commission;

27 (h) A representative from a nonprofit organization with
28 experience in problem gambling treatment and recovery services;

29 (i) Two representatives with experience in problem gambling
30 treatment and recovery services, at least one of whom must be from a
31 federally recognized Indian tribe;

32 (j) A member of the public who is impacted by a gambling problem
33 or gambling disorder;

34 (k) A representative from a problem gambling recovery group or
35 organization;

36 (l) A representative from a mental health provider group or
37 organization;

38 (m) A representative from a licensed gambling business or
39 organization;

1 (n) A representative from a federally recognized tribal gaming
2 operation, group, or organization; and

3 (o) Other representatives from federally recognized Indian
4 tribes, state agency representatives, or stakeholder group
5 representatives, at the discretion of the task force, for the purpose
6 of participating in specific topic discussions or subcommittees.

7 (3) The task force shall engage in the following activities:

8 (a) Review findings of the gambling commission's problem gambling
9 study and report completed in 2018-2019;

10 (b) Review existing prevention, treatment, and recovery services
11 to address problem gambling and gambling disorders in this state by
12 public, private, and nonprofit entities;

13 (c) Review existing programs, services, and treatment to address
14 problem gambling and gambling disorders in other states and the
15 federal government;

16 (d) Make recommendations to the legislature regarding:

17 (i) How to proceed forward with a state prevalence study
18 measuring the adult participation in gambling and adult problem
19 gambling in this state;

20 (ii) Whether this state should expand state funding for
21 prevention, treatment, and recovery services to address the need for
22 these programs; and

23 (iii) What steps the state should take to improve the current
24 licensing and certification of problem gambling providers to meet the
25 current and projected future demand for services; and

26 (e) Identify additional problem gambling areas for consideration
27 and any actions needed to ensure the state and/or regulatory agencies
28 are effectively addressing problem gambling in an attempt to reduce
29 the number of persons impacted by this disorder.

30 (5) Staff support for the task force must be provided by the
31 agencies, departments, and commissions identified in subsection
32 (2)(c) through (g) of this section. The state agencies, departments,
33 and commissions identified in subsection (2)(c) through (g) of this
34 section may enter into an interagency agreement related to the
35 provision of staff support for the task force. Unless it is expressly
36 provided for in the agreement between the agencies, departments, and
37 commissions, nothing in this subsection requires staff of each of the
38 agencies, departments, and commissions identified in subsection
39 (1)(c) through (g) of this section to provide staff support to the
40 task force.

1 (6) Legislative members of the task force are reimbursed for
2 travel expenses in accordance with RCW 44.04.120. Nonlegislative
3 members are not entitled to be reimbursed for travel expenses if they
4 are elected officials or are participating on behalf of an employer,
5 governmental entity, or other organization. Any reimbursement for
6 other nonlegislative members is subject to chapter 43.03 RCW.

7 (7) The task force shall submit a preliminary report of
8 recommendations to the appropriate committees of the legislature by
9 November 1, 2020, and a final report by November 30, 2021.

10 NEW SECTION. **Sec. 730. FOR THE OFFICE OF FINANCIAL MANAGEMENT—**
11 **OUTDOOR EDUCATION AND RECREATION ACCOUNT**

12	General Fund—State Appropriation (FY 2020)	. . . . .	\$750,000
13	General Fund—State Appropriation (FY 2021)	. . . . .	\$750,000
14	TOTAL APPROPRIATION.	. . . . .	\$1,500,000

15 The appropriations in this section are subject to the following
16 conditions and limitations: The appropriations are provided solely
17 for expenditure into the outdoor education and recreation account for
18 the state parks and recreation commission's outdoor education and
19 recreation program purposes identified in RCW 79A.05.351.

20 NEW SECTION. **Sec. 731. FOR THE OFFICE OF FINANCIAL MANAGEMENT—**
21 **COMMUNICATION SERVICES REFORM**

22	General Fund—State Appropriation (FY 2020)	. . . . .	\$2,000,000
23	General Fund—State Appropriation (FY 2021)	. . . . .	\$2,000,000
24	TOTAL APPROPRIATION.	. . . . .	\$4,000,000

25 The appropriations in this section are subject to the following
26 conditions and limitations: The appropriations in this section are
27 provided solely for expenditure into the universal communications
28 services fund to fund the temporary universal communications services
29 program pursuant to Second Substitute Senate Bill No. 5511 (broadband
30 service). If the bill is not enacted by June 30, 2019, the amounts
31 appropriated in this section shall lapse.

(End of part)

Appendix E

PGTF Roster

Problem Gambling Task Force Member Roster | 2022

* Indicates a voting member (there are 21 voting members)

First Name	Last Name	Title/Role
Amanda *	Benton	Deputy Sec., Horse Racing Commission
Dallas *	Burnett	Director, Squaxin Island Tribal Regulatory Authority
Hilarie *	Cash	Clinical Director, ReSTART Life
Vicki *	Christophersen	Maverick Gaming
Victor	Colman	Uncommon Solutions, Facilitator
Sen. Steve *	Conway	Senator, State Senate
Brandi *	Crowe	Exec. Director, Puyallup Tribal Gaming Agency
Rosina	DePoe	Deputy, WIGA
Alexandria *	Desautel	Exec. Director, Lake Roosevelt Community Health Center / Colville Tribes
Tony	Edwards-Lenton	Prevention Systems Manager & Youth Spec. HCA/DBHR
Brad *	Galvin	PGTF Vice-Chair / Clinician, Brief Therapy Works
Rebecca *	George	Exec. Director, WIGA
Maureen *	Greeley	Executive Director, ECPG
Tina *	Griffin	Interim Director, WSGC
Harumi *	Hashimoto	Interim Assoc. Clinical Dir, Recovery Services, ACRS
Melissa	Hurt-Moran	CD Clinical Manager, Kalispel Tribe of Indians
Ryan *	Keith	HCA / DBHR, Program Manager – abstained from final vote
Rep. Shelley *	Kloba	Representative, State House
Amber *	Lewis	Lewis Consulting, (for Chair Forsman & the Suquamish Tribe)
Ty	Lostutter	Clinical Psychologist, UW & ECPG Board Member
Meg	O'Leary	Uncommon Solutions, Facilitator
Julia *	Patterson	PGTF Chair / Commissioner, WSGC
Ricki *	Peone	Health & Human Services Director, Spokane Tribe of Indians
Cosette	Rae	CEO, ReSTART Life
Tana	Russell	Assistant Director, ECPG
Ruby *	Takushi	Director of Programs, Recovery Café Network
Roxane	Waldron	HCA / DBHR—State Program Gambling Pgm Manager
Nanci *	Watson	Community Member
Keri	Waterland	Director, DBHR within HCA
Kristi *	Weeks	Director of Legal Services, Lottery
Kevin *	Zenishek	Exec. Dir. Casino Operations, Northern Quest Resort & Casino (Kalispel Tribe)

Appendix F

PGTF Charter

Problem Gambling Task Force (PGTF) Charter

FINAL | adopted at July 28, 2020 PGTF Meeting

Purpose

In 2019, the Washington State Legislature awarded proviso funding to the Washington State Gambling Commission (WSGC) to facilitate a joint legislative task force to review existing outreach, prevention and treatment resources for problem gambling and disordered gambling in order to determine if these services need to be increased in order to reduce the number of people impacted. The Health Care Authority (HCA) State Problem Gambling Program holds the lead agency role for the PGTF, and coordinates with the WSGC to meet the goals of the proviso.

Duration

The PGTF convened in January 2020 and will complete their work by November 2021.

Scope and Activities

To further explore and address challenges and opportunities related to problem gambling and gaming in Washington state, the PGTF will engage in reviewing:

- Findings of the WA State Gambling Commission 2019 Problem Gambling Study submitted to the Legislature in Spring 2019
- Existing prevention, treatment and recovery services offered by Washington state public, private and non-profit entities
- Existing programs, services and treatment offered in other states and by the Federal government

PGTF members are tasked with making recommendations to the Washington State Legislature. These recommendations will provide the foundation for the interim and final reports due to the legislature in November 1, 2020 and November 30, 2021 respectively. Recommendations will include:

- How to proceed with a state prevalence study measuring adult and youth participation in gambling and adult and youth problem gambling and gaming
- Whether Washington state should expand state funding for prevention, treatment and recovery services
- What steps the state should take to improve current licensing and certification of problem gambling health care providers
- Identify additional problem gambling areas for consideration and associated actions needed

Roles and Responsibilities

PGTF Chair and Vice Chair

- The Chair, Commissioner Julia Patterson, shall preside at all PGTF meetings.
- The Vice Chair, Brad Galvin, will assume duties of the Chair in her absence.
- The Chair and Vice Chair shall have general supervision and direction of Task Force business, including review of the required legislative reports.

PGTF Members

- Participate in quarterly PGTF meetings (missing no more than one meeting unless sending a delegate or due to excused absences as agreed-upon with the chairperson).
- Participate in one workgroup that meets monthly via remote access.
- Review technical documents and provide guidance.
- Provide input to issues, strategy and direction.
- When necessary, engage outside resources and expertise to help fill knowledge gaps.
- Make recommendations to the Washington State Legislature. These recommendations will provide the foundation for the interim and final reports due to the legislature in November 1, 2020 and November 30, 2021 respectively.
- Receive no compensation or reimbursement from HCA or WSGC for expenses related to their services.

Workgroup Members

- Participate in monthly 90-minute Zoom calls.
- Actively participate in necessary information gathering and sharing.
- Develop priorities related to their workgroup focus areas.
- Present recommendations to full PGTF for further consideration and refinement.

Health Care Authority (HCA) + Washington State Gambling Commission (WSGC)

- Provide the necessary background material and resources.
- Provide timely information to the PGTF in accessible formats.
- Listen to the PGTF and facilitate discussion about how their comments are considered.
- Listen to and consider public comment.
- Develop and submit the interim and final reports due to the legislature.
- WSGC and HCA are coordinating state legislative proviso funding to contract with facilitators (Uncommon Solutions) with HCA as the contract manager.

Task Force Representatives from Tribal Nations

- PGTF members acknowledge and recognize PGTF Tribal representatives are attending on behalf of Federally Recognized Indian Tribes in Washington State, which are sovereign nations, each in government-to-government relationship with Washington State.
- Each Tribe has been invited by the State of Washington to designate one or more representatives to participate on the PGTF in order to provide guidance, perspective, insight and recommendations.

- **Centennial Accord:** <https://goia.wa.gov/rerelations/centennial-accord>
- **Millennium Agreement:** <https://goia.wa.gov/rerelations/millennium-agreement/agreement>

Uncommon Solutions Consultant Facilitators

- Collaborate closely with HCA, develop PGTF meeting agendas, facilitate, and assist with summarizing meeting highlights.
- Coordinate and summarize workgroup key themes, recommendations and action items.
- Track ongoing list of issues, inquiries and emerging themes and use this as a tool to inform the project team and plan for future PGTF discussions.
- Assist HCA in developing the interim and final reports due to the legislature.

Decision Making

- The PGTF will make every effort to seek consensus on all decisions. However, in the event that total consensus cannot be achieved, the Chair, Vice Chair and facilitators will lead the Task Force through a modified consensus process, that would require a 2/3 majority rule. Minority opinions will be welcomed and presented to the Task Force for discussion and consideration.
- In the case of a vote, only PGTF members on behalf of their organization may participate, at one vote per organization (or if representing self, one vote per role).

Time Commitment

Members are asked to commit to meeting once per quarter from January 2020 through November 2021. Each 2-3 hour meeting will be held on a weekday morning or afternoon and will be scheduled in Olympia, the Seattle I-5 corridor, and in Central/Eastern Washington. All Meetings will have remote participation option and call-in capability. If the meeting occurs over the lunch hour, food will be provided. Members are also strongly requested to participate in one workgroup that will meet monthly via Zoom.

Ground Rules

- Listen to the other person without interrupting.
- Welcome diverse opinions as an opportunity to learn and ask questions to understand the other person's perspective.
- Respect confidentiality of fellow PGTF members and ask permission to share any statement another PGTF member makes in settings outside the Task Force.

Appendix G

Certified Gambling Counselors in WA State



Certified Gambling Counselors in Washington State

(Names in [Blue](#) are Nationally Certified Gambling Counselors)

Anacortes (Skagit County)

Ginger Johnson, SUDP, WSCGC-I

(360) 588-2800

didg^wálič Wellness Center

8212 S March Point Road

Anacortes, WA 98221

Arlington (Snohomish County)

Ronald Bruesch, SUDP, NCAC-I, WSCGC-I

(425) 308-2638 or (360) 572-3526

Stillaguamish BHP

5700 172nd Street NE Suite B

Arlington, WA 98223

Auburn (King/Pierce County)

Julia Joyce, MAEd., MS, SUDP, LMHCA, WSCGC-I

(253) 804-8752

Muckleshoot Behavioral Health

17813 SE 392nd

Auburn, WA 98002

(Tribal members and their households only)

Cynthia Tumelson, SUDP, WSCGC-II

(206) 302-2300

Sound

4238 Auburn Way N

Auburn, WA 98002

Bellevue (King County)

William Castillo, Jr., LMHC, SUDP, WSCGC-II, ICGC-I

(425) 646-4406

Coastal Treatment Services
12835 Bel-Red Road Suite 145
Bellevue, WA 98005
Other languages spoken: Spanish

Wanessa Moldestad, ICGC-I

(425) 646-4406

Coastal Treatment Services
12835 Bel-Red Road Suite 145
Bellevue, WA 98005

Cosette Rae, MSW, LICSW, ACSW, EMBA, WSCGC-II

(800) 682-6934

reSTART Life, PLLC
2002 156th Ave NE Suite 100
Bellevue, WA 98007

Margaret Schiltz-Ferris, SUDP, WSCGC-II, ICGC-II

(425) 646-4406

Coastal Treatment Services
12835 Bel-Red Road Suite 145
Bellevue, WA 98005

Donna Whitmire, MA, SUDP, LMHC, WSCGC-II, ICGC-II, BACC

(425) 227-0447 or (206) 779-5805

1621 114th Avenue SE Suite 224
Bellevue, WA 98004

Bonney Lake (Pierce County)

Julia Joyce, SUDP, LMHCA, WSCGC-I

(253) 906-9964 (Telehealth only)

Bonney Lake, WA 98391

Burlington (Skagit County)

James Follman, M.Ed, LMHC, SUDP, WSCGC-II

(360) 755-1125

Follman Agency
910 Anacortes Street
Burlington, WA 98233

Elma (Mason County)

Troy Green, SUDP, WSCGC-I

(360) 358-2779

Freedom Counseling Associates

215 N 3rd Street

Elma, WA 98541

Ford (Stevens County)

Ricki Peone, MSW, ICGC-II, BACC

(509) 481-5687

Spokane Tribe of Indians Health and Human Services

4924 Reservation Road

Ford, WA 99013

La Conner (Skagit County)

Antonio Sosa, SUDP, WSCGC-I

(360) 466-1024

Swinomish Wellness Program

17337 Reservation Road

La Conner, WA 98257

Other languages spoken: Spanish

Lacey (Thurston County)

Virginia Harris, SUDP, WSCGC-I

(360) 493-5133

Providence St. Peter Chemical Dependency Center

4800 College Street SE

Lacey, WA 98503

Geri Loyal, SUDP, WSCGC-I

(360) 493-5049

Providence St Peter Chemical Dependency Center

4800 College Street SE

Lacey, WA 98503

Lakewood (Pierce County)

Tae Son Lee, MBA, SUDP, WSCGC-II

(253) 302-3826

Asian Counseling & Treatment Services

9100 Bridgeport Way SW

Lakewood, WA 98499

Other languages spoken: Korean

www.actsseattle.com

Diane Shepard, MA, LMHC, SUDP, WSCGC-II

(253) 984-9342

Shepard & Associates

3819 100th St SW Suite 8C

Lakewood, WA 98499

Long Beach (Pacific County)

Susan Harris, MS, WSCGC-II, ICGC-II, BACC

(360) 840-5918

Butterfly Wings

317 10th Street

Long Beach, WA 98631

Ocean Park (Pacific County)

Jan Kaschmitter, MS, LMHC, ACS, CAMS-II, WSCGC-I

(360) 665-4494

Free by the Sea

25517 Park Avenue

Ocean Park, WA 98640

Olympia (Thurston County)

Devonna Rowlette, SUDP, CADC-II, CGAC-I, WSCGC-II

(360) 413-2727 ext 2306

Nisqually Behavioral Health

4840 Journey St SE

Olympia, WA 98513

Renton (King County)

Janai Felizardo, M.Ed, LMHC, SUDP, WSCGC-II

(206) 478-8356

4509 Talbot Road S

Renton, WA 98055

**Donna Whitmire, MA, SUDP, LMHC, WSCGC-II,
ICGC-II, BACC**

(425) 227-0447 or (206) 779-5805

A Renewal Center LLC

401 Olympia Avenue NE Suite 318

Renton, WA 98056

Seattle (King County)

William Castillo, Jr., LMHC, SUDP, WSCGC-II, ICGC-I

(206) 932-6638

Westwood Counseling Services
1725 Roxbury Avenue SW Suite 5
Seattle, WA 98106
Other languages spoken: Spanish

Brad Galvin, MS, SUDP, LMHC, LPC, ICGC-II

(206) 339-4546

Brief Therapy Works
600 Stewart Street Suite 400
Seattle, WA 98101
www.brieftherapyworks.com

Harumi Hashimoto, MAC, SUDP, LMHC, ICGC-II, BACC

(206) 695-5968

Asian Counseling & Referral Service
3639 Martin Luther King Jr Way S
Seattle, WA 98144
Other languages spoken: Japanese

Phong Ly, ICGC-I

(206) 774-2443

Asian Counseling & Referral Service
3639 Martin Luther King Jr Way S
Seattle, WA 98144

Sequim (Clallam County)

Dalis La Grotta, MA, LMHC, WSCGC-I, ICGC-II, BACC

(360) 797-1429

435 W Bell Street Suite D
Sequim, WA 98382
Other languages spoken: Spanish

Cathlene Ramsdell, LMFT, ICGC-I

(360) 808-9620

435 West Bell Street Suite D
Sequim, WA 98382

Spokane (Spokane County)

Craig McElroy, SUDP, WSCGC-II, CAAR

(509) 838-6092 ext 306

New Horizon Care Centers

701 E 3rd Avenue

Spokane, WA 99202

Chante Ramirez, SUDP, WSCGC-II

(509) 838-6092 ext 225

New Horizon Care Centers

701 E 3rd Avenue

Spokane, WA 99202

Stanwood (Snohomish County)

Darleen Kildow, LMHC, NCC, CMHS, ICGC-I

(360) 424-4447

Sound Solutions Counseling

PO Box 1531

Stanwood, WA 98292

Toppenish (Yakima County)

Gary Cooper, BS, SUDP, WSCGC-I

(509) 865-5121 ext 4461

Yakama Nation Problem Gambling Program

PO Box 367

Toppenish, WA 98948

Tulalip (Snohomish County)

Robin Johnson, SUDP, WSCGC-I

(360) 716-4302

Tulalip Family Services

2821 Mission Hill Road

Tulalip, WA 98271

Sarah Sense-Wilson, MA, LMHC, SUDP, WSCGC-II

(360) 716-4304

Tulalip Family Services

2821 Mission Hill Road

Tulalip, WA 98271

University Place (Pierce County)

Kimberly Singh, MA, LMHC, WSGCG-I

(253) 691-3945

Calming Evolutions

7406 27th St W Suite 1

University Place, WA 98466

(Telehealth only)

Provisional Providers

A provisional provider is a treatment provider who does not yet qualify for certification, but has completed the training required for certification and is under the supervision of a Gambling Counselor Clinical Supervisor.

Updated 11/17/22

Appendix H

Impact of COVID-19 on Prevalence Study

Appendix H – Impact of COVID-19 Pandemic on 2021 Washington State Adult Problem Gambling Prevalence Study¹

In Spring 2020, the Legislature approved funding for the new Adult Problem Gambling Prevalence study, with the bill language stating that the study was to be completed and the final report delivered by June 30, 2021. However, due to the COVID-19 pandemic, the 2021 Legislature approved a request from the Health Care Authority (HCA) to move the due date and funding authorization forward by one year, to June 30, 2022, with the expectation that the pandemic would abate before the survey was launched. Responsibility for managing all aspects of the project was assigned to the State Problem Gambling Program within the Division of Behavioral Health and Recovery at the Health Care Authority. Although the pandemic had not yet abated and recognizing the likely impacts of conducting the study during the pandemic, HCA/DBHR decided that, rather than lose the appropriated funding (and the opportunity to conduct the survey), the prevalence study data collection should proceed in Summer 2021. The updated prevalence rates of gambling and problem gambling were of paramount importance for the work that the Problem Gambling Task Force (PGTF) would require to complete its legislative mandate.

The size of the effect of the pandemic on the 2021 Washington State Adult Problem Gambling Prevalence Survey findings is unknown at this time, although consideration of impacts identified in other jurisdictions may be helpful. In 2021, Oregon conducted a COVID-impact study on gambling, alcohol use, and other behaviors. In that study, the researchers found that 33% of individuals who gambled changed their gambling frequency (the proportion that decreased their gambling was 1.6 times greater than the proportion that increased their gambling) (Marotta, Yamagata, Irrgang, & Reohr, 2021). In a 2020 study conducted in Australia, gambling participation dropped significantly from April 2019 (pre-pandemic) to May 2020 (during the first three months of the pandemic) (Biddle, 2020). In the 2003 Washington State Household Needs Survey (in which gambling was included), 54% of adult household residents gambled, while 46% did not (Mancuso et al., 2005). In the 2021 Washington State survey, only 43.5% respondents reported gambling, while 56.5% did not.

Listed below are known or suspected impacts of the COVID-19 pandemic that may have affected the survey data:

- All brick-and-mortar facilities² including commercial card rooms, Tribal casinos, and horseracing, were closed for several months during the “past 12 months” period asked about in the survey;
- Rates of self-reported online gambling may have increased during the lockdown period for COVID-19, due to the closing of workplaces and more time spent at home and online; and
- Commercial and Tribal brick-and-mortar facilities did not all re-open at the same time. This may have affected the percentage of brick-and-mortar gambling overall, as well as the percentage of adults who gambled in Washington State during the “past 12 months” period (roughly Summer 2020-Summer 2021, depending on when the survey was completed between July and September 2021); and
- Other impacts that may become clearer in the future. Until more COVID-19 gambling impact reports are conducted, the extent of the impact remains an open question.

¹ Excerpted from the [2021 Washington State Adult Problem Gambling Prevalence Study](#)

² Not including locations where lottery tickets can be purchased, such as grocery stores, mini-marts, gas stations, etc. Lottery tickets can be purchased at over 3,600 locations in Washington State but there are no online sales of lottery tickets.

Appendix I

Problem Gambling Severity Index

APPENDIX I: CALIBRATING THE PROBLEM GAMBLING SEVERITY INDEX (PGSI)¹

In 1997, several Canadian government agencies with responsibility for addressing problem gambling commissioned a major study to clarify the concept of problem gambling and design a new instrument to measure problem gambling in non-clinical settings. Development of the instrument, called the Canadian Problem Gambling Index (CPGI), involved conducting a large population survey, then re-testing sub-samples of respondents and completing a small number of clinical validation interviews. Many potential items were assembled from various sources and the nine items that were most effective in differentiating non-gamblers, non-problematic regular gamblers and problem gamblers were retained. These nine items constitute the Problem Gambling Severity Index (PGSI), a subset of the larger CPGI. Each of the nine PGSI items, framed in the past 12 months, is scored on a four-point scale (never = 1, sometimes = 2, most of the time = 3, almost always = 4). Conventionally, people scoring 8 or more are classified as problem gamblers. Scores of 3 to 7 indicate 'moderate risk' and scores of 1 or 2 'low risk.' 'Non-problem gamblers' score zero as do non-gamblers who are not administered any of the PGSI questions.

As noted in the body of this report, there has been criticism of the conceptual underpinnings and validity of the SOGS, PGSI, and the DSM-IV, the three most commonly used instruments for assessing problem gambling. Most importantly, there is only fair to weak correspondence between problem gamblers identified in population surveys and the subsequent classification of these same individuals in clinical interviews.²

In a large study of 7,272 gamblers (including 977 clinically assessed problem gamblers carried out to re-evaluate the classification accuracy of the SOGS, the PGSI and the NODS, a DSM-IV-based measure, Williams and Volberg (2010, 2014) found that all of the instruments performed well at correctly classifying most non-problem gamblers (i.e., specificity and negative predictive power). The main weakness of the PGSI was that roughly half of the people labeled as problem gamblers by this instrument (using a 3+ criterion) were not classified as problem gamblers by the clinical raters (i.e., low positive predictive power). Many researchers have adopted a cutoff of 3 or more on the PGSI in preference to the cutoff of 8 or more recommended by the instrument's developers because the higher cutoff yielded too few problem gamblers for analysis.

In addition to assessing the classification accuracy of the different problem gambling instruments, different cut-off criteria for problem gambling were evaluated to determine whether improved classification accuracy could be obtained. Table B-1 shows that the PGSI/clinician prevalence ratio is closest to 1 using a 5+ cut-off. The 5+ cut-off also has significantly higher ($p < .05$) specificity, positive predictive power, and diagnostic efficiency (although lower sensitivity) compared to 3+.

¹ Excerpted from the [2021 Washington State Adult Problem Gambling Prevalence Study \(Appendix B\)](#)

² (Abbott, 2001; Abbott & Volberg, 1992; Ferris & Wynne, 2001; Ladouceur et al., 2000; Ladouceur, Jacques, Chevalier, Sévigny, & Hamel, 2005; Murray, Ladouceur, & Jacques, 2005)

Table B-1: Classification Accuracy of the PGSI Using Different Scoring Thresholds

	CPGI 3+	CPGI 4+	CPGI 5+	CPGI 6+	CPGI 7+	CPGI 8+
Sensitivity	91.2%	83.1%	74.2%	64.6%	54.3%	44.4%
Specificity	85.5%	92.5%	95.6%	97.6%	98.7%	99.2%
Positive Predictive Power	49.4%	63.1%	72.5%	80.5%	86.6%	89.9%
Negative Predictive Power	98.4%	97.2%	96.0%	94.7%	93.3%	92.0%
Diagnostic Efficiency	86.5%	91.2%	92.7%	93.1%	92.7%	91.9%
Kappa	0.56	0.67	0.69	0.68	0.63	0.55
Instrument Prev/Clinician Prev Ratio	1.85	1.32	1.02	0.80	0.63	0.49

A separate investigation of the PGSI independently found that the performance of the instrument was improved using a cutoff of 5+ (Currie et al., 2013). These investigators noted that the original development of the instrument only tested the problem gambler category for validity with the cutoffs for the remaining categories (non-problem, low-risk, moderate-risk) established without any validity testing. Like Williams and Volberg (2014), Currie and colleagues noted that researchers often use a 3+ cutoff for the CPGI because of the small number of individuals who score 8 or more on the screen, even in very large survey samples.

These researchers conducted a comprehensive assessment of the validity of the PGSI gambler types using data from the CPGI Integrated Dataset (which includes data from prevalence surveys conducted in Alberta, British Columbia, Ontario, Manitoba, Newfoundland, and the national CPGI validation study) (n=14,833 past-year gamblers) and from the Canadian Community Health Survey (CCHS 1.2) (n=18,913 past-year gamblers) (total n=33,746 past-year gamblers). The primary aims of their study were to assess the discriminant validity of the CPGI severity classifications and cutoff scores and to determine the impact of re-calibrating the CPGI scoring rules on the reliability and external validity of these categories.

The researchers examined gambling intensity, game preference, and gambling expenditures to assess the validity of the CPGI severity classifications. Their analysis showed that there were very few statistically significant differences across these dimensions between the low-risk (PGSI=1-2) and moderate-risk (PGSI=3-7) groups. In contrast, the differences between moderate-risk and problem gamblers (PGSI=8+) were very large on nearly all of the dimensions assessed, particularly in gambling expenditures and preferences for EGMs or casino games.

The authors noted that while a major revision of the PGSI may eventually be necessary, a relatively simple way to improve the instrument would be to revise the scoring to increase the distinctiveness of the groups. Although the possibility of merging the categories of low-risk and moderate-risk gambler types was considered, the researchers concluded that a more defensible option was to re-calibrate the categories. Their proposal was to re-score the CPGI to distinguish non-problem gamblers (CPGI=0), low-risk gamblers (CPGI=1-4), moderate-risk gamblers (CPGI=5-7), and problem gamblers (CPGI=8-27) in order to improve the distinctiveness of the groups in relation to gambling intensity and game preference as well as median income spent on gambling. Although the terminology recommended by Currie et al. (2013) is different than the terminology adopted by Williams and Volberg (2014), the preferential cutoff for the CPGI to distinguish problematic gamblers from at-risk gamblers is the same.

Appendix J

Data Sources & Works Cited

APPENDIX J: DATA SOURCES & WORKS CITED

Key Data Sources

- 2021 Survey of Publicly Funded Problem Gambling Services in the United States (2022, known in previous years as the State of the States Report, National Association of Administrators for Disordered Gambling Services)¹
- 2021 Washington State Adult Problem Gambling Prevalence Study. Volberg, R., 2022, for the WA State Health Care Authority/DBHR, State Problem Gambling Program)²
- 2021 Washington State Healthy Youth Survey (2022, WA State agencies: Department of Health, Office of Superintendent of Public Instruction, Health Care Authority/DBHR, Liquor and Cannabis Board)³
- American Community Survey data (based on 2020 Census)⁴
- Evergreen Council on Problem Gambling (website and materials)⁵
- Land-based gambling locations (excluding Lottery point-of-sale) (WA State Gambling Commission—Organizational Licensees)⁶
- Other jurisdictions' Problem Gambling Program websites, materials, and staff⁷
- Roster of Certified Gambling Counselors and Locations in WA State (as of Dec 2022--Evergreen Council on Problem Gambling)⁸
- Supporting Responsible Gaming website (WA Indian Gaming Association)⁹
- Washington state agencies (websites, including online data sources, staff, and other materials)¹⁰

Additional References (by topic)

Certified Gambling Counselor Certification

Certified Gambling Counselor Manual (May 2022): <https://www.evergreencpg.org/wp-content/uploads/2022/05/Certification-Manual-2022-Fillable-Final.pdf>

¹ https://naadgs.org/wp-content/uploads/2022/06/NAADGS_2021_Survey_of_Publicly_Funded_Problem_Gambling_Services_in_the_United_States_v2.pdf

² <https://www.hca.wa.gov/assets/program/wa-state-adult-problem-gambling-prevalence-study-final-2021.pdf>

³ <https://www.askhys.net/>

⁴ <https://www.census.gov/programs-surveys/acs>

⁵ <https://www.evergreencpg.org/>

⁶ <https://www.wsgc.wa.gov/licensing/search-license/licensees>

⁷ Consult the website for the National Assoc. of Administrators for Disordered Gambling Services for specific State program contacts: <https://naadgs.org/state-services/>

⁸ https://www.evergreencpg.org/help-and-hope/treatment_services/counselor-directory/

⁹ WIGA w/ links to Tribal webpages and services offered: <https://www.washingtonindiangaming.org/issues/supporting-responsible-gaming/>

¹⁰ See website for each individual agency. For a list of agency websites: <https://wa.gov/agency>

WA State Gambling Counselor Certification Committee (WSGCCC) webpage:
<https://www.evergreencpg.org/training/counselor-certification/washington-state-gambling-counselor-certification-committee/>

Washington State Department of Health – Health Care Provider Credential Database (accessed 10/20/2022: data.wa.gov).

Clinical and access to treatment in WA State

Kelly TM, Daley DC. Integrated treatment of substance use and psychiatric disorders. *Soc Work Public Health*. 2013;28(3-4):388-406. doi: 10.1080/19371918.2013.774673. PMID: 23731427; PMCID: PMC3753025.

Northwest Indian Treatment Center (Squaxin Tribe): NWITC – Squaxin Island Tribe¹¹

Soberay A, Faragher JM, Barbash M, Brookover A, Grimsley P. Pathological gambling, co-occurring disorders, clinical presentation, and treatment outcomes at a university-based counseling clinic. *J Gambl Stud*. 2014 Mar;30(1):61-9. doi: 10.1007/s10899-012-9357-2. PMID: 23297170.

SAMHSA’s Working Definition of Recovery: Substance Abuse and Mental Health Services Administration (SAMHSA) Brochure (PEP12-RECDEF) (accessed 12/15/22)

Problem gambling treatment agencies in Washington with state contracts (October 2022):
<https://www.hca.wa.gov/assets/program/problem-gambling-treatment-agencies.pdf>

State Problem Gambling Program—Division of Behavioral Health and Recovery/Health Care Authority¹²

WA Tribes Care - Washington Indian Gaming Association: webpage with links to Tribal webpages and services offered <https://www.washingtonindiangaming.org/issues/supporting-responsible-gaming/>

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.. *J Gambl Stud*. 2016 Dec;32(4):1055-1063. doi: 10.1007/s10899-015-9583-5. PMID: 26615561.

Gambling Diversion Court

New Jersey Considers Specialized Court for Gambling Addicts. *The Crime Report*—online article published 10/10/22. <https://thecrimereport.org/2022/10/10/new-jersey-considers-specialized-court-for-gambling-addicts/>

Seeley, M. Ohio Explores Diversion Court for Problem Gamblers Who Commit Crimes. *Ohbets.com*—online article published 3/2/22. *Ohbets.com*. <https://www.ohbets.com/ohio-explores-diversion-court-problem-gamblers/>

¹¹ <https://squaxinisland.org/northwest-indian-treatment-center/>

¹² <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/problem-gambling#:~:text=For%20the%20Washington%20State%20Problem,%2D800%2D547%2D6133.>

Joint Legislative Problem Gambling Task Force (active 2020-2022)

Problem Gambling Task Force (PGTF) | staffed by the Washington State Health Care Authority:
<https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/problem-gambling-task-force-pgtf>

Medicaid: WA State –Kaiser Family Foundation (Oct 2022) <https://files.kff.org/attachment/fact-sheet-medicare-state-WA>

Problem Gambling Helpline: 1-800-547-6133 chat/text/call. Evergreen Council on Problem Gambling <https://www.evergreencpg.org/help-and-hope/programs-and-services/helpline-info/>

Recovery support

WA State Health Care Authority -- Recovery Support website¹³:

About Us – Washington Recovery Alliance¹⁴

Responsible Gaming

American Gaming Association -- Responsible-Gambling-Regulations-WEB.pdf
(americangaming.org)

International Center for Responsible Gaming

NASPL-NCPG Responsible Gambling Verification program for lottery organizations:
<https://www.ncpgambling.org/programs-resources/responsible-gambling/naspl-rgv/>

LaPlante DA, Gray HM, LaBrie RA, Kleschinsky JH, Shaffer HJ. Gaming industry employees' responses to responsible gambling training: a public health imperative. *J Gambl Stud.* 2012 Jun;28(2):171-91. doi: 10.1007/s10899-011-9255-z. PMID: 21656199.

Supporting Responsible Gaming – WA Indian Gaming Association¹⁵

WALottery – Responsible Play website 'Keep It Fun' : [Washington's Lottery \(walottery.com\)](http://www.walottery.com)

Statewide Self-Exclusion Programs in WA State (State agency-run)

Statewide Voluntary Self-Exclusion Program (House-banked card rooms) | Washington State Gambling Commission: <https://www.wsgc.wa.gov/self-exclusion>

WA Lottery Voluntary Self-Exclusion Program:

<https://www.walottery.com/responsibility/SelfExclusion.aspx#:~:text=You%20can%20enroll%20in%20the,your%20driver%27s%20license%20or%20passport.>

¹³ <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/what-recovery-support>

¹⁴ washingtonrecoveryalliance.org/about-us/#:~:text=The%20WRA%20is%20a%20community,health%20conditions%2C%20and%20community%20organizations.

¹⁵ WIGA webpage with links to Tribal webpages and services offered:
<https://www.washingtonindiangaming.org/issues/supporting-responsible-gaming/>

WA State laws and statutes

RCW 41.05.750 – Problem and pathological gambling treatment program¹⁶

RCW 41.05.751 – Problem gambling account¹⁷

RCW 67.70.340(3) (a)(b) – Transfer of shared game lottery proceeds (Lottery)¹⁸

RCW 9.46.228 – Gambling Activities under 18¹⁹

WAC 182-100-0100 – Problem gambling and gambling disorder treatment (State PG Pgm)²⁰

WAC 246-341-0754 – Outpatient services – Problem gambling and gambling disorder services²¹

WAC 230-23-030 – Licensee responsibilities²²

ESHB 1031 (Chapter 369, Laws of 2005)-- Special Notice (Washington state Dept. of Revenue)²³

¹⁶ <https://app.leg.wa.gov/rcw/default.aspx?cite=41.05.750>

¹⁷ <https://app.leg.wa.gov/rcw/default.aspx?cite=41.05.751>

¹⁸ <https://apps.leg.wa.gov/rcw/default.aspx?cite=67.70.340>

¹⁹ <https://app.leg.wa.gov/RCW/default.aspx?cite=9.46.228>

²⁰ <https://app.leg.wa.gov/wac/default.aspx?cite=182-100-0100>

²¹ <https://app.leg.wa.gov/wac/default.aspx?cite=246-341>

²² <https://app.leg.wa.gov/WAC/default.aspx?cite=230-23-030>

²³ https://dor.wa.gov/sites/default/files/2022-02/sn_05_gambling.pdf

Appendix K

ECPG Glossary

Glossary of common Gambling and Gaming Terminology

NOTE: The following is not intended to be an exhaustive listing of gambling and gaming terminology. The glossary does not include definitions of specific casino or online games such as Blackjack, Roulette, Poker, League of Legends, DOTA 2, etc.). The terms here do relate to gambling and gaming as well as behaviors and treatment terminology for gambling disorder.

Action: To have, or be in, **action** means you have a monetary interest in the outcome of an event.

Action game: A game genre emphasizing physical challenges, hand–eye coordination and reflexes. It includes fighting games, [shooters](#), and [platformers](#).

Avatar: The player's representation in the game world.

Balance: Aspects of a multi-player game that keep it fair for all players. The issue of 'balanced' [gameplay](#) is a heavily-debated matter among most games' player communities.

Badge: Also, **achievement**. An indicator of accomplishment or skill, showing that the player has performed some particular action within the game.

Battle pass: A type of in-game monetization that provides additional content for a game through a tiered system, rewarding the player with in-game items by playing the game and completing specific challenges.

Bailout: Money given to a gambler that allows him/her to pay debts without suffering adverse consequences.

Button mashing: The pressing of different button combinations in rapid succession to perform or attempt to perform special moves. This technique is most often encountered in [fighting games](#).

Chasing: The attempt by a gambler to make up previous losses through additional gambling, a common symptom of a pathological gambler. Chasing often involves making larger bets and/or taking greater risks. Appears as the 6th [diagnostic criteria of Gambling Disorders](#) in the DSM-5, “After losing money gambling, often returns another day to get even (‘chasing’ one’s losses).”

Cognitive behavioral therapy: An approach to treatment that extends behavioral therapy to the modification of cognitive processes such as self-image and fantasy.

Cognitive distortions: Faulty thinking, as when gamblers "know" their luck is about to change.

Cognitive therapy: A treatment method focusing on changing an individual's inaccurate beliefs. Cognitive therapy for a gambler might involve challenging the patient's perceived odds of winning or ability to control the outcome.

Comorbidity: The presence of multiple disorders in one individual. Pathological gambling has high rates of comorbidity with disorders such as alcoholism and depression.

Compulsive gambling: A term used commonly to describe compulsive gambling behavior or addiction but is not a diagnosis. Used by [Gamblers Anonymous](#) and some non-profits.

Compulsion loop: A cycle of [gameplay](#) elements designed to keep the player invested in the game, typically through a feedback system involving in-game rewards that open up more gameplay opportunities.

Continue: A common term in video games for the option to continue the game after all of the player's [lives](#) have been lost, rather than ending the game and restarting from the very beginning. There may or may not be a penalty for doing this, such as losing a certain number of points or being unable to access bonus stages. In more modern times, continues have also been used in a number of [free-to-play](#) games, especially [mobile games](#), where the player is offered a chance to pay a certain amount of premium currency to continue after failing or losing. An example of this would be [Temple Run 2](#), where the price of a continue doubles after each failure, with an on-the-fly [in-app purchase](#) of the game's premium currency if required.

DeTur (Desensitization of Triggers and Urge Reprocessing): Created by A. J. Popky, it is an EMDR-related technique that uses bilateral stimulation – side to side movements – to reduce an individual's level of urge (LOU) to engage in an addictive behavior. It has been used in the treatment of gambling disordered individuals.

Digital Gaming: Playing a game on a digital device, including PC's, consoles, mobile phones, etc.

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, written by the American Psychiatric Association. The fifth edition was published in May 2013. A notable change from DSM-IV to DSM-5 is that Pathological Gambling was changed to Gambling Disorder and moved to the Substance Use and Addictive Disorders section.

EGM: Electronic Gambling Machines

Electronic sports (esports): Also, **competitive gaming**, **cybersports** and **professional gaming**. Organized competitions around competitive video games, typically using games from the [first-person shooter](#) and [multiplayer online battle arena](#) genres, and often played for prize money and recognition.

Eye Movement Desensitization and Reprocessing (EMDR): A form of psychotherapy created by Francine Shapiro in the 1980s that uses eye movements or other forms of bilateral stimulation to help the processing of addictive urges and traumatic memories. EMDR makes urges/memories less triggering/bothersome (“desensitizes” them), then restructures the neural networks associated with the urges and traumatic memories so that they are linked with positive associations, such as a satisfying life of recovery or a new, healthy insight about a traumatic experience (“reprocesses” them). Once an addictive urge or traumatic memory has been processed using EMDR, it typically no longer negatively impacts a person’s life.

Farming: Repeating a battle, quest, or other part of a game in order to receive more or duplicates of specific reward items that can be gained through that battle or quest, such as [experience points](#), game money, or specific reward items. [Gold farming](#) is a type of farming done for in game currency. See [grinding](#).

Freemium Gaming: “freemium” is used to describe games that are free to play but require money to unlock certain features. These features can include anything from customization options to large amounts of in-game currency. In recent years, video games that use the freemium model have become increasingly popular, especially on the mobile platform.

Free-to-play (F2P or FtP): Games that do not require purchase from a retailer, either physical or digital, to play. Wildly prevalent amongst smartphone apps, free-to-play games may also provide additional gameplay-enhancing purchases via an [in-app purchase](#). (Compare 'freemium', a free-to-play game that follows such a model.)

Gam-Anon: A fellowship for the families of disordered gamblers (problem and pathological gamblers) with chapters throughout North America.

GA (Gamblers Anonymous): An international network of groups for people attempting to recover from disordered gambling (problem and pathological gambling). Gamblers Anonymous is a 12-step program modeled after Alcoholics Anonymous. Local chapters provide fellowship in which people share their experiences, support, and hopes of recovery.

GA-20 (The Gamblers Anonymous 20 Questions): The ‘GA-20’ is a list of 20 questions devised by Gamblers Anonymous to help an Individual decide if they have a gambling problem. According to GA, most people with gambling problems will answer “yes” to at least seven of the 20 questions.

Gambling – RCW definition: “Gambling,” as used in this chapter, means staking or risking something of value upon the outcome of a contest of chance or a future contingent event not under the person's control or influence, upon an agreement or understanding that the person or someone else will receive something of value in the event of a certain outcome. Gambling does not include fishing derbies as defined by this chapter, pari-mutuel betting and handicapping contests as authorized by chapter [67.16](#) RCW, bona fide business transactions valid under the law of contracts, including, but not limited to, contracts for the purchase or sale

at a future date of securities or commodities, and agreements to compensate for loss caused by the happening of chance, including, but not limited to, contracts of indemnity or guarantee and life, health, or accident insurance. In addition, a contest of chance which is specifically excluded from the definition of lottery under this chapter shall not constitute gambling. (RCW 9.46.0237)

Gambling Disorder/Disordered Gambling: The term used in the [DSM-5](#) to describe and diagnose an addiction to gambling. There is a total of 9 diagnostic criteria and a diagnosis is categorized as mild by meeting 4 or 5 criteria, moderate by meeting 6 or 7 criteria, or severe by meeting 8 or 9 criteria. An individual who meets 1 to 3 criteria may be said to have “problem gambling” but does not receive any diagnosis. “Problem gambling” is NOT a diagnosis.

Gaming: Can either mean 1. Gambling. 2. The playing of games developed to teach something or to help solve a problem, as in a military or business situation. 3. The playing of computer or video games.

Gaming – Within the meaning of [IGRA](#):

1. **Class I Gaming:** means social games solely for prizes of minimal value or traditional forms of Indian gaming engaged in by individuals as a part of, or in connection with, tribal ceremonies or celebrations.
2. **Class II gaming:** (i) the game of chance commonly known as bingo (whether or not electronic, computer, or other technologic aids are used in connection therewith)—
 - (ii) card games that—
 - (I) are explicitly authorized by the laws of the State, or
 - (II) are not explicitly prohibited by the laws of the State and are played at any location in the State, but only if such card games are played in conformity with those laws and regulations (if any) of the State regarding hours or periods of operation of such card games or limitations on wagers or pot sizes in such card games.
3. **Class III gaming:** means all forms of gaming that are not class I gaming or class II gaming.

Harm Reduction: The application of methods designed to reduce the harm (and risk of harm) associated with ongoing addictive behaviors.

In-app purchase (IAP): A [microtransaction](#) in a [mobile game](#) (or regular [app](#)), usually for [virtual goods](#) in free or cheap games.

Internet Gambling/Gaming: Gambling or gaming on a game hosted on an internet platform. (for more on video game terms, visit Wikipedia’s [Glossary of video game terms](#).)

Internet vs. Intranet vs. Extranet: An intranet is a private network, operated by a large company or other organization, which uses internet technologies, but is insulated from the global internet. An extranet is an intranet that is accessible to some people from outside the company, or possibly shared by more than one organization.

Loot box: Loot boxes (and other name variants such as booster packs for online collectible card games) are awarded to players for completing a match, gaining an experience level, or other in-game achievement. The box contains random items, typically cosmetic-only but may include gameplay-impacting items, often awarded based on a rarity system. In many cases, additional loot boxes can be obtained through [microtransactions](#).

Loot system: Methods used in multiplayer games to distribute treasure among cooperating players for finishing a quest. While early MMOs distributed loot on a 'first come, first served' basis, it was quickly discovered that such a system was easily abused, and later games instead used a 'need-or-greed' system, in which the participating players roll virtual dice and the loot is distributed according to the results.

MMOG: Massively Multiplayer Online Game

Neurotransmitter: A chemical substance that naturally occurs in the brain and is responsible for communication among nerve cells.

Online game: A game where part of the [game engine](#) is on a server and requires an Internet connection. Many [multiplayer](#) games support online play.

On-premise mobile device gambling/Gaming: on-premise gambling is online gambling restricted to the confines of a specific geographic area. In the case of the casino industry it is the restriction of gambling game content within the confines of the casino(premises). The primary delivery vehicle for on-premise gambling is a mobile device such as a phone or tablet either owned by the player or provided by the casino for use within casino premises

Pari-Mutuel Wagering (also known as 'off-track betting'): A betting system in which all bets of a particular type are placed together in a pool; taxes and the 'house take' are removed, and payoff odds are calculated by sharing the pool among all winning bets (used in gambling on horse racing, greyhound racing, jai alai, and all sporting events of relatively short duration in which participants finish in a ranked order. A modified pari-mutuel system is also used in some lottery games).

Pathological gambling: The [American Psychological Association's](#) clinical diagnostic term for Gambling Disorder prior to the publication of DSM-5 in May 2013. This term is usually limited to cases where the gambling causes serious damage to a person's social, vocational, or financial life; often referred to as compulsive gambling and disordered gambling.

Perks: Special bonuses that video game players can add to their characters to give special abilities. Similar to [power ups](#), but permanent rather than temporary.

Platform: The specific combination of electronic components or [computer hardware](#) which, in conjunction with [software](#), allows a video game to operate.

Prevalence: The proportion of a population having a condition at a given point in time or over a fixed period of time.

Proc: "Proc" and "proccing" is used to describe the activation or occurrence of a random gaming event. Particularly common for [massively multiplayer online games](#), procs are random events where special armor or weapons provide the user with temporary extra powers, or when the opposing enemy suddenly becomes more powerful in some way.

Professional gambling: One who gambles as a way to make part or all of his/her living. Is often sponsored and generally does not exhibit life problems as a result of their gambling. Professional gamblers can, however, lose control and exhibit chasing behavior, at which time they may begin exhibiting signs of gambling disorder.

Problem Gambling: An urge to gamble continuously despite harmful negative consequences or a desire to stop. Problem gambling is often defined by whether harm is experienced by the gambler or others, rather than by the gambler's behavior.

Rage game: A video game which is designed to be extremely difficult and frustrating, with elements that intentionally try to 'cheat' in some way or form, with the intent of causing a player to become extremely angry and rage quit.

Rage quit: Rage quitting is the act of quitting a game mid-progress instead of waiting for the game to end. Typically, this is associated with leaving in frustration, such as unpleasant communication with other players, being annoyed, or losing the game. However, the reasons can vary beyond frustration, such as being unable to play due to the way the game has progressed, bad sportsmanship, manipulating game statistics, or having network connection problems. There are also social implications of rage quitting, such as making other players rage quit. Rage quitting is considered improper and rude but can also be considered amusing by others when they are not negatively impacted by it themselves. Contrast with [drop-in, drop-out](#).

Responsible Gaming/Gambling: the set of [social responsibility](#) initiatives by the [gambling](#) industry—including governments and [gaming control boards](#), operators (such as [casinos](#)), and vendors—to ensure the integrity and fairness of their operations and to promote awareness of harms associated with gambling, such as [gambling addiction](#). The terms “responsible gambling” and “responsible gaming” are generally used interchangeably.

Season pass: A purchase made in addition to the cost of the base game that generally enables the purchaser access to all [downloadable content](#) that is planned for that title without further cost.

Self-exclusion Programs: Programs that provide a way for people to voluntarily ban themselves from a casino or other gambling establishments in order to deal with gambling problems. The

programs may be mandated by the government or voluntarily established by casinos and other gaming operators. The gaming operator agrees to remove the self-excluded person from its direct mail lists and to revoke privileges for gaming services such as player club/card privileges and on-site check-cashing. [Self-exclusion](#) programs are available in the US, the UK, Canada, Australia, South Africa, and other countries.

Social gambling: Gamblers who exhibit few or none of the difficulties associated with problem or pathological gambling. Social gamblers will gamble for entertainment, typically will not risk more than they can afford, often gamble with friends, gamble for limited periods of time, and are not preoccupied with gambling. Often used interchangeably with the term “recreational gambling”.

Social Gaming: Generally refers to tabletop or video games that allow or require [social interaction](#) between players as opposed to games played in solitude.

[South Oaks Gambling Screen \(SOGS\):](#) A series of questions used to determine the presence of a gambling problem. Developed by Henry Lesieur and Sheila Blume of the South Oaks Psychiatric Hospital, the instrument consists of 20 items, with a score of five or higher considered evidence of pathological gambling. The South Oaks Gambling Screen has been the most widely used instrument in assessing the prevalence of pathological gambling among the general public, though it has not been specifically validated for that use.

[SOGS-RA \(South Oaks Gambling Screen – Revised for Adolescents\):](#) A modified version of the South Oaks Gambling Screen used in assessing adolescents.

Steam: a video game [digital distribution](#) service by [Valve](#). It was launched as a standalone software client in September 2003 as a way for Valve to provide automatic updates for their games, and expanded to include games from third-party publishers. Steam has also expanded into an online web-based and mobile digital storefront. Steam offers [digital rights management](#) (DRM), server hosting, [video streaming](#), and [social networking services](#). It also provides the user with installation and automatic updating of games, and community features such as friends lists and groups, [cloud storage](#), and in-game voice and chat functionality. The Steam platform is the largest digital distribution platform for [PC](#) gaming, holding around 75% of the market space in 2013.^[4] By 2017, users purchasing games through Steam totaled roughly US\$4.3 billion, representing at least 18% of global PC game sales.^[5] By 2019, the service had over 34,000 games with over 95 million monthly active users. The success of Steam has led to the development of a line of [Steam Machine microconsoles](#), which include the [SteamOS operating system](#) and [Steam Controllers](#).

Tilt: A term used by gamblers/gamers to refer to the process of losing control over gambling/gaming. **Tilt** originated as a poker **term** for a state of mental or emotional confusion or frustration in which a player adopts a less than optimal strategy, usually resulting in the

player becoming over-aggressive. ... **Tilting** in esports causes players to "lose control due to anger".

Twelve-step program: A program for treating an addiction, based on the 12 steps first espoused by Alcoholics Anonymous.

Twitch: A video [live streaming](#) service operated by Twitch Interactive, a subsidiary of [Amazon](#).^[2] Introduced in June 2011 as a spin-off of the general-interest streaming platform, [Justin.tv](#), the site primarily focuses on [video game live streaming](#), including broadcasts of [esports](#) competitions, in addition to music broadcasts, creative content, and more recently, "[in real life](#)" streams. Content on the site can be viewed either live or via [video on demand](#). By 2015, Twitch had more than 1.5 million broadcasters and 100 million viewers per month.^[6] As of 2017, Twitch remained the leading live streaming video service for video games in the US, and had an advantage over [YouTube Gaming](#). As of May 2018, it had 2.2 million broadcasters monthly and 15 million daily active users, with around a million average [concurrent users](#). As of May 2018, Twitch had over 27,000 partner channels.

Video Gaming: An [electronic game](#) that involves interaction with a [user interface](#) to generate visual feedback on a two- or three-dimensional [video display device](#) such as a [touchscreen](#), [virtual reality headset](#) or [monitor/TV set](#). Since the 1980s, video games have become an increasingly important part of the [entertainment industry](#), and whether [they are also a form of art](#) is a matter of dispute.

Video poker: A [casino game](#) based on [five-card draw poker](#). It is played on a computerized console similar in size to a [slot machine](#).

Whale: In [free-to-play](#) games, a user that spends a considerable amount of real-world money for in-game items, rather than acquiring said items through grinding or playing the game normally. These players are typically seen as the largest segment for revenue production for free-to-play titles. "White whales" may also be used to describe exceptionally high spenders. Borrowed from gambling jargon; a 'whale', in that context, is a person who makes extravagant wagers or places reckless bets.

YouTube bait: Games that are made for an audience; games created with [YouTubers](#) or [Twitch streamers](#) in mind.

For more on video game terms, visit: Wikipedia's [Glossary of video game terms](#).

For more on gambling terms visit: gambling.net's [Gambling Glossary: A Guide to Gambling Terms](#), or the OnlineGambling.ca's [Gambling Terminology – Terms Relating to Gambling](#).

For more on problem gambling terms visit: North American Association of State and Provincial Lotteries' [Terms Related to Problem Gambling](#).

Appendix L

ECPG Additional Resources

Problem Gambling Helplines

*Increasing Number of Certified
Gambling Counselors*

*International, National & State-Level
Gambling Counselor Certification &
Training Programs*

Establishing On-Site Kiosks

*Responsible Gaming Training for
All Commercial Venues*

Youth Prevention Needs

A comparison of the Problem Gambling Helpline with other helplines, service considerations, and enhancement plans

Written by Evergreen Council on Problem Gambling per HCA's request for recommendations from subject matter experts.

Even with the high prevalence for common mental health conditions and their relationship to Gambling Disorder; and with the increasing awareness of the need to promote and offer strong mental health services, both awareness of and access to public health services in these areas remains challenging.

Phone helplines continue to be among the most accessible ways for people to connect with a counselor and get the assistance they need. In Washington State, callers may access problem gambling services and referrals through several helpline options:

- The Evergreen Council on Problem Gambling's Washington State Helpline: 1-800-547-6133
- The Washington Recovery Help Line: 1-866-789-1511
- The National Problem Gambling Helpline: 1-800-GAMBLER and 1-800-522-4700

The Evergreen Council on Problem Gambling's Washington State Helpline has been running for more than 25 years and, for more than a decade, received state funding support.

The Division of Behavioral Health and Recovery (DBHR), in 2011, consolidated its helpline services contracts for mental health, alcohol and drug, and problem gambling into one integrated helpline service for behavioral health through the Washington Recovery Help Line. The Health Care Authority Problem Gambling services lists the following resources for people seeking helpline services:

- **For a life-threatening emergency:** Call 911.
- **For suicide prevention:** Contact the [National Suicide Prevention Lifeline](#) at 1-800-273-8255 (TRS: 1-800-799-4889).
- **For 24-hour emotional support and referrals:** Contact the [Washington Recovery Help Line](#) or the [mental health crisis line](#) in your area.
- **For the Washington State Problem Gambling Helpline:** 1-800-547-6133.

Having multiple helpline services can help meet the needs of more people throughout Washington. Regardless of the Helpline Service, it is crucial that we consistently strive to offer best practices and equitable services to meet the needs of every resident in Washington State. So, we asked the question: How can we enable problem gambling helplines to support more people and be more effective? And we recognize that we must be realistic about our limitations.

Location, Location, Location

Because of 911 services throughout the country, many people believe that all Helplines can identify a caller's location immediately. This is simply not the case. There are limitations based on whether the call is coming from a landline or a wireless device. And there are additional limitations based on whether the called is answered via standard 911 or Enhanced 911 capabilities.

For Helpline Calls to a Call Center for purposes other than 911 calls, there are even more limitations, because the FCC certification for specialized call service location enhancements applies currently only to 911 emergency calls.

Currently, landline calls may use a Geographic Information System (GIS) to help pinpoint locations. Wireless calls require that the Helpline coordinate with phone carriers to determine more accurate location of the caller through a "ping" triangulation telephone switch system.

Even Enhanced 911, which uses a national database, has limitations because the database isn't always accurate, and it only works with landlines.

For Problem Gambling Call Centers across the United States, these 911-style call services and enhanced capabilities are not yet available. Most are limited to identifying the caller by the area code. While this may be accurate for landline calls, it is problematic when mobile phone users may carry their cell phone number with them when they travel or move to another state. So Helpline Specialists may still have to ask for desired service/referral location and transfer a call at least once.

Awareness and Promotion of Helpline(s)

Even with the high prevalence for common mental health conditions and their relationship to Gambling Disorder; and with the increasing awareness of the need to promote and offer strong mental health services, both awareness of and access to public health services in these areas remains challenging.

Whenever the Evergreen Council on Problem Gambling and the Washington State Division of Behavioral Health and Recovery, Health Care Authority, State Problem Gambling Program and our partners are able to fund statewide awareness campaigns with the State Problem Gambling Number, the number of calls to the Helpline spike. We know that we need to use both traditional media and digital/social media outlets on a more consistent and continuing basis to keep awareness of the Helpline and the treatment and support services available in Washington front of mind. Current funding levels to support these awareness efforts do not meet the need for year-round awareness campaigns.

Current Service Considerations

Just as we are striving to improve Helpline services in Washington, the National Council on Problem Gambling (NCPG) is also currently working to improve its National Problem Gambling Helpline Network, of which ECPG's Washington State Problem Gambling Helpline is one of more than 25 members. NCPG is in the process of reviewing best practices for Helpline Services to determine/implement improvements (including staffing, training, protocols, data collection, response time, helpline staff training, and revised call center standards). The Evergreen Council

on Problem Gambling in Washington State will be a participant in this effort and will use this information to support best practices for the Washington State Problem Gambling Helpline.

Because ECPG's Helpline is staffed by the same Helpline Call Center as the NCPG Helpline, we benefit from this collaborative relationship. ECPG pays not only for the Helpline services and calls to the Washington State Helpline, but we also pay for any calls to the NCPG Helpline that come in from Washington State.

This is one area that both the National and State Helplines are working to address. Currently, as mentioned in the introduction to this report, all calls are identified using the caller's area code. In today's world, this is problematic, because mobile phone numbers follow a person when they move from state to state unless they choose to change them. This makes the use of the caller's area code antiquated and not always accurate for providing referral to services.

With this in mind, NCPG is researching the feasibility of pursuing an FCC certification as an emergency service for the National Helpline Number. This is the only way a Helpline can identify individual callers based on calling location rather than area code.

The results from this feasibility research will help inform any changes that might be made at the state level.

The Evergreen Council on Problem Gambling is one of several states and the National Council on Problem Gambling that contract with the Louisiana Association on Compulsive Gambling's Helpline Call Center for services. LACG was the first Problem Gambling Helpline in the United States with a national accreditation and was used as a pilot program to examine proper guidelines for future accreditations with other problem gambling helplines. LACG became a Suicide Prevention Lifeline Network provider in October 2018.

Services for which ECPG contracts to support the Washington State Problem Gambling Helpline include:

- 24/7 – 365 days a year Helpline services call center. No Helpline Specialist (HLS) ever answers at home or handles a crisis call alone. HLS team answers calls in less than a minute – striving for a 3-ring system, and all calls are answered with a live person.
- All HLS are expected to receive a minimum of 80% score on the CRISIS Helpline Specialist Certification and CALM (Counseling on Access to Lethal Means) certification. All HLS are experienced in the ASIST (Applied Suicide Intervention Skills Training) education. LACG conducts mandatory in-service trainings regularly in 60- to 90minute sessions. These include a wide variety of training topics, including Problem Gambling, Gambling Disorders, and Co-occurring Disorders; Domestic Violence training; Confidentiality/HIPAA Laws and Guidelines, etc.)
- LACG has licensed/certified Clinicians on-call 24/7/365 to assist HLS when fielding a crisis call of any kind.

ECPG's Washington State Problem Gambling Helpline, and the National Helpline, both offer text and chat services, which enable those who are gambling online or on their mobile phones to access help.

Washington State Problem Gambling Helpline Enhancement Plans - 2022-2024:

1. Add interactive directory map to include

- i. List of Certified Gambling Counselors/agencies and description of services provided, including insurances accepted, languages spoken, telehealth/in-person services, supported by State Problem Gambling Program funding;
- ii. Gaming treatment providers (International Gaming Disorder Certificate credential (IGDC));
- iii. Screening and Referral locations (facilities dedicated to providing free in-person, walk-in, gambling/gaming brief screening and referral resources.

Design collateral materials promoting the interactive directory map using digital (emails and website), social media, and direct mail.

2. Complete research to implement a warm transfer process for calls to the Washington State Problem Gambling Helpline (1-800-547-6133).

The process of assisting another person experiencing mental health symptoms is a profoundly *human* endeavor. When appropriate and needed, the Helpline Specialists will make a "warm transfer" to a Certified Gambling Counselor and/or Certified Peer Specialist/Recovery Coach on call in Washington State. This allows callers the opportunity to speak directly with a trained counselor or an individual in recovery with lived experience in understanding possible next steps to move forward with support. Clinicians will be able to make follow-up calls to track individuals who follow through with an appointment for services. In addition to continuing education required for their licensure and certification, these on-call specialists will be required to take ASIST (Applied Suicide Intervention Skills Training).

3. Work with NCPG and monitor changes and enhancements through NCPG's National Problem Gambling Helpline Modernization Project (2022-2024) that may benefit or otherwise impact Helpline Services in Washington State. Areas proposed to be addressed include:

- Improved Technology
- Quality Improvement through Call Center Support
- Reliable, Useful Data Collection (identify State and National Trends)
- Improved Utilization of Services

Increasing Number of Certified Gambling Counselors

Written by Evergreen Council on Problem Gambling per HCA's request for recommendations from subject matter experts.

There are approximately 4,250¹ active licensed Substance Use Disorder Professionals in the state of Washington according to the Washington State Department of Health. And there are thousands of licensed mental health providers (including LMHCs, MSWs, Psychologists, etc.). Despite this large number of clinical professionals in WA State, only 30-40 are Certified Gambling Counselors (CGCs). Based on WAC, CGCs are the only state-certified specialists who can treat individuals impacted by problem gambling/Gambling Disorder (DSM-5).² Based on the 2021 WA State Adult Problem Gambling Prevalence Study, 3.5% of those who gambled in the past year could be classified as being at a moderate-to-severe risk for problem gambling. In WA State, this represents an estimated 66,000 to 108,000 adults could be at moderate-to-severe risk for problem gambling, (for an average of 90,000), with 1 in 10 that may seek services. And an additional 397,000 to 505,000 WA State that could be considered as being at low risk for problem gambling (as compared to no risk).³³

Washington State recognizes two types of Gambling Counselor credentials: 1) the Washington State Gambling Counselor Certification (WSCGC I/II), established and maintained by the Washington State Gambling Counselor Certification Committee since 2006, and 2) the International Gambling Counselor Certification (ICGC I/II), established and maintained by the International Gambling Counselor Certification Board circa 1984.

The annual number of total Certified Gambling Counselors in WA state continues to hover between 30-40 licensed professionals with the addition of new counselors, and the reduction of counselors who retire, move, change fields, or otherwise no longer maintain their practice.

The Washington State Gambling Counselor Certification Committee has made it their 2021-2022 goal to increase the number of Certified Gambling Counselors in our state by 25%.

Barriers to recruiting new professionals in this field include the following:

¹ Total Active Behavioral Health Clinicians by Credential/License Type: (accessed via beta reporting tool on 10/20/22 at data.wa.gov).

² See [WAC 246-341-0754](https://wac.wa.gov/246-341-0754). Tribal Behavioral Health agencies may opt for Tribal Attestation instead: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/346114.pdf>

³³ [2021 WA State Adult Problem Gambling Prevalence Study \(pg. 26\)](#). Percentage at risk for moderate-to-severe problem gambling is 1.5% (confidence interval of 1.1%-1.8%) of WA adults (6,010,120, or 78% of 7,705,821, [WA State 2020 Census](#)).

- **LACK OF AWARENESS OF PROBLEM GAMBLING & OVERLAP WITH CO-OCCURRING DISORDERS.** The general lack of awareness among those who work in the behavioral health field, who otherwise might recognize the clear overlap between gambling and other legal but potentially addicting activities in Washington State (tobacco, alcohol, cannabis), contributes to a lack of awareness that there is a need for them to pursue training and credentialing to effectively treat gambling-related harms.
- **LACK OF RESPONSIBLE GAMING MESSAGING.** Every pack of cigarettes comes with a warning label, every commercial for alcoholic beverages ends with a responsible drinking/legal age/don't drink and drive message, every cannabis distributor billboard states their product is available only to those 21+, and other such responsible and prevention messaging. Yet, little gambling advertising includes a responsible gaming message, including sports betting advertisements often seen by children, highschoolers, college students, and adults. This sends a clear signal that it does not have equal risk, or that there is no reason to take caution or behave differently.
- **LACK OF SUPPORT FROM EMPLOYERS/AGENCIES.** Without the support and consent from employers, it can be difficult for individual counselors to take time away from work to complete the required certification training. Employers need motivation to encourage their staff's professional development in this area.
- **SHORT STAFFING AT AGENCIES.** Many MH/SUD facilities report that they would like to have one or more staff become Certified Gambling Counselors, however, their current staffing shortages prevent the ability to provide caseload and group coverage for staff to take time away from work to complete the required training and supervision.
- **FINANCIAL BARRIERS.** Professional counselors must pay an annual renewal fee for their current WA DOH license. The Gambling Counselor Certifications also require an application fee, exam fee, training expense which may require travel, hotel, meals, etc., clinical supervision, and a bi-annual renewal fee. This cost is offset somewhat by the scholarship funds from the Washington State Problem Gambling program. However, scholarship funds are limited, and professionals will still incur some expenses, which may include the inability to generate income from client sessions while taking time to complete training or supervision for the Gambling Counselor Certification.
- **LACK OF ADEQUATE FUNDING COVERAGE.** Clinical professionals and agencies cannot afford to invest in the Certification to start treating problem gambling/Gambling Disorder without the assurance that their investment of time and money will translate

into an increase in clinical sessions, reimbursable in parity to other similar clinical sessions, that will generate income to at least cover the cost of the services and credentialing maintenance. Many individuals seeking services for mental health and addiction issues are either covered under Medicaid/Medicare, or uninsured/underinsured. Without Medicaid/Medicare coverage of gambling treatment services, few professionals see Gambling Counselor Certification as a self-sustaining clinical service. As of this writing, the WA State Health Care Authority is currently seeking to include problem gambling treatment coverage under Medicaid, based on approval from the Centers for Medicare and Medicaid Services.'

- **LACK OF DIVERSITY AMONG CLINICIANS.** There are few Certified Gambling Counselors who are bilingual or can provide culturally specific treatment services. This may be because of a lack of clinical training in languages other than English, underrepresentation of racial/ethnic minorities in problem gambling research and in treatment populations, and/or inadequate promotion of prevention and recovery messaging in their communities. Support for underrepresented populations to pursue and complete education requirements in the behavioral/mental health fields is also needed. ECPG has recently launched a scholarship fund that seeks to address this issue.

ECPG, the State Program, the Problem Gambling Task Force, and other partners recognize the need for more Certified Gambling Counselors in our state and the importance of addressing the barriers here.

International and State-level Gambling Counselor Certification and Training Programs

State-level Programs

Below are links to state certification, certificate, specialty, or endorsement programs, and the hours of basic training required for *initial* certification (basic level) where available, additional requirements apply.

- **Alabama** Council on Compulsive Gambling (ACCG) - Certified Gambling Addiction Counselor (CGAC) <https://www.alccg.org/become-a-certified-counselor>
 - 30 hours of training
- **California** Council on Problem Gambling (CCPG) - California Certified Gambling Counselor (CCGC) <https://calpg.online/certified-gambling-certification/#:~:text=CCGC%2ostands%2ofor%2oCalifornia%2oCertified,requirements%2oprior%2oto%2oearning%2ocertification.>
 - 30 hours of training
- **Connecticut** Certification Board (CCB) - Specialty Certificate in Problem Gambling (SCPG) <https://www.ctcertboard.org/files/pdfs/SCPG%2oApplication.pdf>
 - 30 hours of training
- **Florida** Certification Board - Certified Gambling Addiction Counselor (CGAC) <https://flcertificationboard.org/certifications/certified-gambling-addiction-counselor/>
 - 85 hours of training
- **Illinois** Certification Board, Inc./Illinois Alcohol and Other Drug Abuse Professional Certification Association Inc. (IAODAPCA) - Credential for Problem Gambling (PCGC) http://www.iaodapca.org/?page_id=523
 - 30 hours of training
- **Kansas** Department for Aging and Disability Services (KDADS) - Kansas Certified Gambling Counselor (KCGC) <https://www.kdads.ks.gov/provider-home/providers/licensing-and-certification>
 - 60 hours of training
- **Louisiana**: Addictive Disorder Regulatory Authority (ADRA) - Certified Compulsive Gambling Counselor (CCGC) <https://la-adra.org/apply-renew/>
- **Massachusetts** Council on Compulsive Gambling (MCCG) - Massachusetts Gaming Health Specialist Certificate <https://macgh.org/trainings-events/certificate-program-gaminghealthspecialist/>
 - 30 hours gambling training + 15 hours gaming training

- **Mississippi** Council on Problem and Compulsive Gambling - Certified Compulsive Gambling Counselor (CCGC) <http://www.msgambler.org/certification-program/>
 - 30 hours of training
- **Nebraska** Commission on Problem Gambling - Certified Disordered Gambling Counselor (CDGC) <https://problemgambling.nebraska.gov/professional-resources>
 - 72 hours of training
- **Nevada** State Board of Examiners for Alcohol, Drug and Gambling Counselors - Certified Problem Gambling Counselor (CPGC) https://alcohol.nv.gov/Licensure/GC/General_Intormation/
 - 60 hours of training
- **New Mexico** Council on Problem Gambling (NMCPG) - Specialty Certification in Problem Gambling (SCPG) <https://www.nmcp.org/for-counselors-specialty-certification-in-problem-gambling.aspx>
 - 40 hours of training
- **New York** State Office of Addiction Services and Supports (OASAS) - Gambling Specialty Designation (GSD) <https://oasas.ny.gov/credentialing/gambling-specialty-designation-gsd>
 - 60 hours of training
- **Ohio** Chemical Dependency Professionals Board (OCDP) - Gambling Disorder Endorsement <https://ocdp.ohio.gov/Certification-and-Licensure/Endorsement-Requirements>
 - 30 hours of training
- **Oklahoma** Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma Association on Problem Gambling & Gaming (OAPGG) – Certified Problem Gambling Treatment Counselor <https://www.oapgg.org/for-counselors/certification/>
 - 30 hours of training
- **Oregon:** Mental Health and Addiction Certification Board of Oregon (MHACBO) - Certified Gambling Addiction Counselor (CGAC) <https://www.mhacbo.com/en/certifications/>. OHA Gambling Counselor Core Competencies
 - 60 hours of training
- **Pennsylvania** Certification Board - Certificate of Competency in Problem Gambling https://www.pacertboard.org/sites/default/files/applications/PCBGamblingApplication_o.pdf
 - 30 hours of training
- **Rhode Island:** Problem Gambling Services of Rhode Island (PGSRI) - Endorsement for treating people with gambling disorders <https://www.pgsri.org/blank-jpu8v>
- **Washington** State Gambling Counselor Certification (WSGCC) - Washington State Certified Gambling Counselor (WSCGC) <https://www.evergreencpg.org/training/counselor-certification-info/>
 - 30 hours of training



Trainer Certification (CGT)

IGCCB's list of Preferred Training Providers

[Connecticut Council on Problem Gambling](#)

[Council on Compulsive Gambling of Pennsylvania](#)

[Council on Compulsive Gambling of NJ](#)

[Evergreen Council on Problem Gambling \(Washington\)](#)

[Florida Council on Compulsive Gambling](#)

[Indiana Problem Gambling Awareness Program](#)

[LifeWorks](#)

[Nevada Council on Problem Gambling](#)

[Oklahoma Association on Problem Gambling and Gaming](#)

[Oregon Council on Problem Gambling](#)

[Problem Gambling Network of Ohio](#)

[The Evolution Group \(New Mexico\)](#)

[The Massachusetts Council on Gaming and Health](#)

[The Problem Gambling Help Network of WV](#)

[Wisconsin Council on Problem Gambling](#)



(This list is maintained by IGCCB and can be found online [here](#))



The International Gambling Counselor Certification is recognized in most states. Some states recognize it alone.

- **International Certification** – International Gambling Counselor Certification Board (IGCCB) – Internationally Certified Gambling Counselor (ICGC) <https://www.igccb.org/certifications/>
 - 30hrs of training required

States that do *not* have a state-level certification, certificate, specialty, or endorsement, and may recognize the IGCCB’s ICGC (above) are:

Alaska	Maine	South Dakota
Arizona	Maryland	Tennessee
Arkansas	Michigan	Texas
Colorado	Minnesota	Utah
Delaware	Missouri	Vermont
Georgia	Montana	Virginia
Hawaii	New Hampshire	West Virginia
Idaho	New Jersey	Wisconsin
Indiana	North Carolina	Wyoming
Iowa	North Dakota	
Kentucky	South Carolina	

Establishing On-Site Kiosks (e.g., GameSense)

Written by Evergreen Council on Problem Gambling per HCA's request for recommendations from subject matter experts.

Resources, tools, and support for guests at commercial gambling venues, to assist them with making healthy, informed choices about their gambling, are beneficial. Some surveys indicate that players appreciate and seek out gaming venues with these services because they believe the property has their best interests in mind, making these programs a good choice for gaming industry members developing Corporate Social Responsibility Programs to support the communities where they do business. Casinos and other commercial gambling industry members who understand that healthy players who enjoy gambling for recreation and entertainment will return again and again, and that these long-term customers in turn make for a healthy business, might embrace programs such as the one mentioned here – The GameSense Model.

The GameSense Model

For more than a decade, Casinos in British Columbia, Canada, have offered staffed information kiosks and centers in all Provincial Gaming Venues through the British Columbia Lottery Corporation. Others adopting this model since then include MGM Resorts International casino properties, Massachusetts Gaming Commission/Massachusetts Council on Gaming and Health, the Connecticut Lottery, and Canadian provinces Alberta, Saskatchewan, and Manitoba.

Introduced by the British Columbia Lottery Corporation in 2009, GameSense has earned international recognition such as the World Lottery Association's Best Overall Responsible Gambling Program (2010), and the U.S. – based National Council on Problem Gambling's Social Responsibility Award (2015).

Many players may not have extensive knowledge about how certain casino games are played, the odds of winning and losing, what "house advantage" means, etc. Players seeking resources and referrals to support services may not know where to start. Having these services available at the gaming venue makes it easier to assist players in a timely manner when they first begin to seek support.

GameSense combines recommendations on responsible gaming with interactive tools and exhibits meant to engage patrons at casinos, so they have the knowledge they need to make informed decisions about their gambling. Education includes information on how games are played, risks associated with gambling, and tools to support safer gambling practices, such as setting time and budget limits. Support and referral services are available to assist players with problem gambling-related information and available resources, including where to find free or low-cost state-funded treatment and support services. Information is also available through various digital platforms including websites and associated social media channels.

GameSense Advisors

GameSense Advisors (GSAs) are trained to assist players with the property's Voluntary Self-Exclusion information and enrollment. GSAs work closely with gambling venue staff and provide training to help increase staff knowledge of responsible gaming policies and procedures. In Massachusetts, for example, GameSense Info Centers are located on-site at all Massachusetts casinos and operate for 16-hours a day/7 days a week. The Massachusetts Council on Gaming and Health recruits, hires, trains, and supervises GameSense Advisors in their state to provide prevention, information, education, support, and referral services regarding responsible gaming and gambling disorder to players and staff at casinos. All GSAs must be age 21 or older and pass a background check by the Massachusetts Gaming Commission.

From the GameSense Website:

"Some players have shared that, at first, they weren't sure about reaching out to a GameSense Advisor, but once they did, they were happy with the conversation and the support they received. Not only did they learn more about why finding balance with other activities is so important, but just having a friendly conversation with a real person made them feel more informed about their gambling decisions."

Responsible Gaming Training for All Commercial Venues

Written by Evergreen Council on Problem Gambling per HCA's request for recommendations from subject matter experts.

Responsible gaming programs are a critical part of everyday business practices in the U.S. gaming industry. The central goal of these programs is to ensure that patrons responsibly enjoy casino games as a form of entertainment.

American Gaming Association

Providing and promoting responsible gaming through a responsible gaming program that includes annual employee responsible gaming training is good customer services. The intent of an employee responsible gaming training program is... to provide employees with a higher level of understanding and flexibility to appropriately assess a situation, when arising, so that your employees have the ability to determine a course of action.

National Council on Problem Gambling

Most people can enjoy gambling for recreation and entertainment. For some, however, gambling can become a problem. With more and more visitors enjoying gambling as entertainment in casinos and other gaming venues, the need for responsible gaming programs and policies to provide information and education and support gambling addiction prevention and treatment services is crucial. Comprehensive Responsible Gaming Programs that address Training, Awareness and Education Materials, Policies and Procedures, Marketing and Advertising, Health and Safety issues for guests, employees, and communities are important. Training Casino Supervisors and Managers is the first step, followed by training for frontline employees.

Employee Training around responsible alcoholic beverage service has been a requirement for many years. The same should be true for commercial gaming venues to train employees on responsible gambling practices and policies.

A new Statewide Self-Exclusion Program established by the Washington State Gambling Commission is, since May 2022, in effect at all licensed house-banked cardrooms and participating tribal gambling facilities in the state of Washington.

As part of the **Licensee Responsibilities outlined in WAC 230-23-030**, each Licensee must:

(7) Train all new employees, within three days of hiring, and annually retrain all employees who directly interact with gaming patrons in gaming areas. The training must, at a minimum, consist of:

(a) Information concerning the nature of gambling disorders; and

(b) The procedures for requesting self-exclusion; and

(c) Assisting patrons in obtaining information about gambling problem and gambling disorder treatment programs.

This section must not be construed to impose a duty upon employees of the licensee to identify individuals with gambling problems or gambling disorders or impose a liability for failure to do so.

This training is important to address the Self-Exclusion Program for licensees but does not constitute a Comprehensive Responsible Gaming Employee Training, which would serve several purposes:

- Good Customer Service and Corporate Social Responsibility; includes training on established Corporate Responsible Gaming Policies and Procedures.
- Support Resources and Referral to Treatment and Support Services to include:
 - Voluntary Self-Exclusion (whether through the Statewide Self-Exclusion program or individual Tribal Casino Self-Exclusion programs)
 - Helpline and Referral to Treatment Services
- Underage Gambling Policies and Procedures
- Employee Gambling Policies and Support Services: Employee Assistance Programs (EAP), etc.

What limited evaluations of responsible gaming programs exist do show that the programs can be beneficial, but that continuing education and refresher training are needed to ensure success.

The people who work in casinos and other gaming venues are an important and under-researched group in the pathological gambling literature. Gaming employees constitute a unique group not only because they interact daily with customers in casinos, but because they are slightly more vulnerable to gambling disorders than the general population (Shaffer, Vander Bilt, & Hall, 1999). Because of these and other factors, most states and casino operators in the U.S. require gaming employees to go through training on the specifics of disordered gambling and responsible gaming.

International Center for Responsible Gaming; July 8, 2011

The following research also supports the reasons to require Responsible Gaming Training for Employees

From: Gaming Industry Employees' Responses to Responsible Gambling Training: A Public Health Imperative

June 2011 Journal of Gambling Studies 28(2):171-91

Gaming industry employees work in settings that create personal health risks. They also have direct contact with customers who might engage in multiple risky activities (e.g., drinking, smoking, and gambling) and might need to facilitate help-seeking by patrons or co-workers who experience problems. Consequently, the empirical examination of the processes and procedures designed to prepare employees for such complex situations is a public health imperative.

As legalized gambling continues to expand within the United States (U.S.) and across other parts of the world, employment in the gambling services industry is expected to grow at a faster rate than other occupations (e.g., Statistics Canada 1998; United States Department of Labor 2009).

Empirical evaluation of this growing labor force is important because of its size and because gaming employees have direct contact with patrons who engage in potentially risky activities (e.g., drinking beverage alcohol and gambling). Further, gaming employees might need to facilitate help-seeking by patrons who experience gambling related problems during their visit to a gambling venue or suffer from pre-existing gambling-related problems. (D. A. LaPlante (& H. M. Gray R. A. LaBrie H. J. Shaffer Harvard Medical School, Boston, MA, USA e-mail: debi_laplante@hms.harvard.edu J. H. Kleschinsky Boston University School of Public Health, Boston, MA, USA 123 J Gambl Stud (2012) 28:171–191 DOI 10.1007/s10899-011-9255-z3)

Additionally, gaming industry employees are at-risk for gambling related problems (Shaffer and Hall 2002; Shaffer et al. 1999b). Consequently, these patron/employee interactions have important public health implications.

Youth Prevention Needs

Youth problem gambling is an emergent public health issue.

“Although gambling is often conceptualized as an adult activity, research has consistently shown that problem gambling is an emergent public health issue among adolescents and emerging adults (Calado et al. 2017), and is part of a broader constellation of other risk behaviours (antisocial, risk-taking, delinquent behaviours) at this developmental stage – particularly for males.” (J Gambl Stud. 2020; 36(2): 573-395

With sports betting now legal in more than 30 states, including Washington, the exposure and access to gambling has increased. In addition, research suggests that individuals who experience gambling-related problems start gambling in adolescent years (Carbonneau et al. 2015). The percentage of high school students with a gambling problem is double that of adults. About 5% of all young people between 11 and 17 meet at least one of the criteria for a gambling problem.

Gambling is regulated by the states, and no federal agency has responsibility for prevention and treatment of problem gambling. Legislators and health departments are starting to recognize the need for awareness and prevention programs that reach young people. Virginia Delegate Sam Rasoul sponsored this year the first state law in the country requiring all public schools to teach students about the risks of gambling.

“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 7/12/2022 Marsha Mercer)

Research has emphasized that youth tend to respond well to programs that are interactive and engaging. (Oh et al. 2017).

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Appendix M

Timeline of Gambling & Problem Gambling Services in WA State

APPENDIX M: TIMELINE OF GAMBLING AND PROBLEM GAMBLING SERVICES IN WA STATE¹

Note: This timeline presents an overview and does not include all legislative, Tribal, or other activity related gambling and problem gambling in WA State. Any errors or omissions are the responsibility of the authors.

Commercial gambling/gaming

- 1933** Gambling allowed for pari-mutuel betting on horse racing.
- 1972** State Constitution amended to permit legalized lotteries if 60% majority approval on a proposed lottery. (Sec. 24, Amendment 56)
- 1973** Social gambling activities legislation passed (Chapter 9.46 RCW)
- 1982** State legislation passed to allow for a state lottery (Chapter 67.70 RCW)
- 1984** State lottery opens as 'Lotto'
- 1985 to 2008** Non-casino options became more available, including off-track betting on horse races, pull-tabs, punchboards, etc. Additional Lottery games added (e.g., scratch tickets, Mega Millions)
- 1998 to 2020** Recreational Gaming Association (RGA, an operator organization) and other industry stakeholders advocated over the years for specific changes in commercial gambling, including the expansion of operation hours, increased maximum number of players at gaming tables, increased maximum wagers, addition of mini baccarat, etc.². The RGA was voluntarily dissolved in 2020.
- 2009** Legislation enacted that made gambling by minors (under age 18) a civil infraction, empowered Gambling Commission agents to impose penalties (fines, community restitution) except in specific circumstances, and winnings would be forfeit. (Senate Bill 5040),
- 2011** Legislation enacted that mandated that all ATMs and point-of-sale machines on gambling operator/vendor premises must be disabled from accepting Electronic Benefit Transfer Cards (EBCs).
- 2012 to Now** Commercial gambling operators continue to seek expansion of gambling activities, including legal commercial sports wagering. As of this writing, both online gambling and commercial sports wagering are illegal in WA State.

¹ This summary has been adapted from the following source with additional updated material added:

Cronce, J. M., Lostutter, T. W. & Larimer, M. E. (July 31, 2013). *Washington State problem and pathological gambling treatment program: Levels of care, service gaps, and recommendations*. Report to the Evergreen Council on Problem Gambling and Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery. Adapted and compiled by Roxane Waldron, State Problem Gambling Program Manager (2022).

² RGA as an organization is not currently operating in WA State. Maverick Gaming and other commercial operators are active in advocating for commercial gambling.

Tribal Nations gambling/Class III Gaming

- 1976** First casino (on Puyallup Indian Tribe Reservation) opened
- 1978** Federal government closed casino on Puyallup reservation
- 1983** Tulalip, Puyallup and Muckleshoot Tribes began operation of bingo gaming
- 1988** U.S. Congress passes Indian Regulatory Gaming Act (IGRA)
- 1991 to 1998** Some of the 29 federally recognized Tribes opened casinos on Tribal land. Lawsuits arguing against the legitimacy of 'slot' and other electronic gambling machines forced some casinos to shut down while lawsuits were adjudicated.
- 1998** Agreement was reached between Tribal nations and the State of WA on Tribal Lottery System (TLS) machines (operating as an electronic version of the WA State lottery). By 2006, Tribes were reaching the maximum number of electronic gaming machines allowable under Appendix X of the original Tribal gaming compacts.
- 2007 to 2020** X2 Tribal gaming compacts began to include a provision that each Tribe would contribute 0.13% of net win from Class III gaming to organizations that help reduce the impact of problem gambling, with Tribes retaining control of how to allocate these funds.
- 2020** State legislature passed legislation that permits legal sports wagering at Tribal casinos (only on casino premises and geo-fenced). (House Bill 2638, March 2020)
- 2021 to Now** Many Tribes have renegotiated or in the process of renegotiating their Class III Gaming compacts with the State of WA to permit legal sports wagering at their casinos. As of this writing, several tribes have voluntarily increased funding for problem gambling from 0.13% to 0.2% of net win, and this negotiation process is on-going.³

Problem gambling-related (organizations, state program, & research)

- 1991** WA State Council on Problem Gambling (now the Evergreen Council on Problem Gambling, or ECPG) established in Olympia WA
- 1992** First comprehensive Adult Problem Gambling Prevalence Study completed (Volberg et.al). Funded by Washington State Lottery.
- 1993** First prevalence study focused on adolescents completed (Volberg et.al.). Funded by Washington State Lottery.
- 1998** Responsible Gaming Task force launched by ECPG to create new materials
- 1999** Replication studies for adults and adolescents (Volberg et.al.) Funded by Washington State Lottery.
- 2000** Awareness and training video released by ECPG Responsible Gaming Task Force to industry and State regulatory agencies; Deaconess Medical Center's Behavioral Health service in Spokane launched new problem gambling treatment program (partially funded by revenue from local gambling).

³ Tribes use these funds in several ways: 1) to support their own behavioral health agencies and social services to provide problem gambling services (frequently through prevention activities and/or part of a 'whole person' centered therapeutic environment); 2) to make substantial contributions to organizations that include problem gambling within their scope of work, such as the Evergreen Council on Problem Gambling, the Recovery Café Network, and the State Problem Gambling Program, or 3) a combination of these strategies.

- 2002 to 2004** WA DASA (Division of Alcohol & Substance Abuse/DSHS) partnered with ECPG as lead, and with support of Tribal Nations funding, in launching a new gambling treatment program and ‘proof of concept’ pilot that significantly exceeded both anticipated enrollment and program funding. Program included training for 25 providers for treatment service delivery.
- 2003 to 2005-** *WA State Needs Assessment Household Survey* included *Chapter 6: Prevalence of Gambling in WA State* (released in 2005 by DASA/DSHS)
- 2005** Legislation enacted that mandated allocation of funding generated from commercial and non-profit gambling venues (with annual net revenues greater than \$50,000) and the WA State Lottery. (ESHB 1031) to support a program for statewide education, treatment, and helpline for problem gambling. Clients meeting specific ‘low barrier’ eligibility requirements could receive covered (‘free to the client’) problem gambling treatment from contracted providers. Family members of loved ones affected by problem gambling also covered.
- 2005** State Problem Gambling Program established with state ‘seed’ funding and \$550,000 in contributions from Tribal governments.
- 2012 to 2015** Pierce County Superior Courts (Drug and Family Courts) --Problem Gambling Treatment Diversion pilot program conducted by ECPG with treatment provided by Pierce County Alliance.
- 2019** Washington State Gambling Commission released report: *2019 Problem Gambling Study*, which includes two high-level recommendations: 1) establishment of a statewide voluntary self-exclusion program, and 2) creation of a joint legislative Problem Gambling Task Force⁴
- 2019** State legislature passed two budget provisos: 1) to initiate an adult problem gambling prevalence study (including appropriation of \$500,000 from state problem gambling account), and 2) establish a joint legislative Problem Gambling Task Force (including appropriation of \$100,000 for task force facilitation).
- 2021** State Problem Gambling Program funded a ‘pilot’ case for residential problem gambling treatment (at Free by the Sea).
- 2020 to 2022** State Problem Program (DBHR/HCA) conducted 2021 WA State Adult Problem Gambling Prevalence Study. Funded by legislative appropriation from the state problem gambling account to State Problem Gambling Program, which also provided supplemental funding. Additional funding support also came from the Evergreen Council on Problem Gambling, Final report was submitted to Legislature in October 2020.
- 2020 to 2023** Joint legislative Problem Gambling Task Force met from Jan 2023-Nov 2023 as a full task force and i⁵n workgroups to 1) review existing problem gambling services with a focus on state-funded services, 2) ensure initiation of the prevalence study, 3) assess gaps, and 4) submit a final report to the Legislature with recommendations on closing gaps within the state-funded services and more broadly in WA State. The final report is due no later than Dec 31, 2022.

⁴ [2019 Problem Gambling Study. Washington State Gambling Commission](#) (by Lostutter, T and Philander, K).

⁵ First meeting held in January 2020; due to pandemic, the rest of meetings were held entirely online by Zoom.

PGTF

Problem Gambling Task Force