



*Bureau of Drug and Alcohol Programs*  
**Problem Gambling Manual**

July 1, 2010

# **PROBLEM GAMBLING MANUAL**

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## **PART I. Purpose and Use of the Problem Gambling Manual**

BDAP has developed this manual to provide SCA personnel with information to assist in implementing the required procedures for the provision of problem gambling services. Because problem gambling prevention is a new endeavor for the SCAs under Act 1 of 2010, this manual is not intended at this point to be all inclusive.

The requirements, policies, procedures, and instructions in this manual are taken from enacted legislation and are to be adhered to by the SCAs. **Any requirements that are passed down to a subcontracted provider must be adhered to as prescribed in this Manual.** Questions from SCAs regarding applicability of specific parts of this Manual may be directed to the Division of Treatment.

Any additions or updates to the Problem Gambling Manual will be sent to the SCA Administrator. The date of any new issuance will appear at the bottom of each page. Upon receipt of these pages, the SCA is required to substitute the new pages in place of the existing pages.

## PART II. Utilization of Funds

**Any employee of the SCA or any subcontracted provider staff who are involved in problem gambling prevention, education, or outreach efforts; or in the development of the Problem Gambling Needs Assessment MUST be paid by utilizing funds from the Compulsive and Problem Gambling Treatment Fund. (This is to include clerical support services.)**

The Department of Health (Department), Bureau of Drug and Alcohol Programs (BDAP) has worked to develop and implement a comprehensive, coordinated, and effective compulsive and problem gambling program for the Commonwealth since the passage of Act 71 in 2004 and amended by Act 2010-01. Act 2010-01 was enacted on January 7, 2010 to amend Act 2004-71, “The Pennsylvania Race Horse Development and Gaming Act.” As stated in Act 2010-01, each year, the sum of \$2,000,000 or an amount equal to .002 multiplied by the total gross terminal revenue of all active and operating licensed gaming entities, whichever is greater, shall be transferred into the Compulsive and Problem Gambling Treatment Fund for the compulsive and problem gambling program.

From these funds, the Department shall annually distribute 50 percent of the monies to the Single County Authorities (SCA) to be expended *solely for problem gambling*:

- Needs assessment
- Prevention services
- Outreach services
- Education services
- Other BDAP approved services

Additionally, Act 2010-01 created a new requirement (Policy Bulletin 2-10, issued on May 3, 2010) to transfer dollars in the amount of \$3,000,000 annually from the State Gaming Fund to the Department of Health. The full amount of these funds are allocated to the Single County Authorities (SCAs) *solely for* financing drug and alcohol addiction assessments, including drug and alcohol addiction assessments associated or related to compulsive and problem gambling, and for the related addiction treatment in non-hospital residential detoxification facilities, non-hospital residential rehabilitation facilities, and halfway houses licensed by the Department of Health to provide addiction treatment.

Under Act 2010-01, BDAP is required to report to the Governor and members of the General Assembly on data and progress of activities associated with these funds. In order to address this mandate, BDAP is implementing specific reporting requirements to identify number of clients served, units of service delivered, actual services provided, identification of providers delivering the services, and amount of expenditure incurred by each provider. Differentiation between

service delivery to adolescent and adult clients is included in the report information. This report shall be submitted per the BDAP Report Schedule.

When considering for priorities of fund utilization, funds available under Act 2010-01 are to be used prior to Substance Abuse Prevention and Treatment Block Grant (SAPTBG) dollars secured through the SCA Grant Agreement with the Department of Health. Any questions pertaining to the use or reporting of these funds may be directed to the Treatment Division or the Fiscal Section at 717-783-8200.

### **Part III. Problem Gambling Needs Assessment - Background**

The Problem Gambling Needs Assessment is designed to profile population needs, resources and readiness to address needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. The SCA shall use problem gambling funding to complete this needs assessment. **No SAPTBG or state drug and alcohol funds shall be used to complete this process.** Effective problem gambling prevention programs and strategies are essential to successfully reduce risk and enhance protective factors in specific targeted populations and geographic areas. The Problem Gambling Needs Assessment must be the process utilized to identify risk and protective factors.

Assessing resources includes identifying service gaps, assessing cultural competence, and identifying the existing problem gambling prevention infrastructure in the county and/or community. It also involves assessing readiness and leadership to implement policies, programs and practices.

The SCA shall submit, in accordance with the BDAP reporting schedule, their Problem Gambling Needs Assessment to:

Pennsylvania Department of Health  
Bureau of Drug and Alcohol Programs  
Division of Treatment  
2 Kline Plaza  
Harrisburg, PA 17104  
(717) 783-8200

The Problem Gambling Needs Assessment process, form, and instructions can be found in **Attachment 1.**

# **Attachment 1**

## **Problem Gambling Needs Assessment Process, Form, and Instructions**

**(Insert County Logo if available)**

**County Name County**

## **Problem Gambling Profile**

**Date Submitted**

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### **PART ONE: COUNTY PROBLEM GAMBLING OVERVIEW**

Describe the types and locations of gambling that occur within your county. Types of gambling could include, but are not limited to: slot machines and table games, punchboards, video poker, dice games, sports betting, lottery tickets, 50/50 drawings, raffles, bingo, etc. Locations could include, but are not limited to: casinos, racinos, off track betting, restaurants/bars, grocery/convenience stores, fire halls, churches, schools, workplaces, personal residences, etc.

### **PART TWO: PROBLEM GAMBLING NEEDS ASSESSMENT**

The Problem Gambling Needs Assessment is designed to profile population needs, resources and readiness to address service needs and gaps. The process involves the collection and analysis of data to define problems within a geographic area. The SCA shall use problem gambling funding to complete this needs assessment. No SAPTBG or state drug and alcohol funds shall be used to complete this process.

The SCA shall submit their Problem Gambling Needs Assessment to BDAP in accordance with the BDAP reporting schedule.

The SCA shall complete the following:

### **I. Problem Gambling Needs Assessment Process**

- A. Identify the members of the Assessment Team (*See Appendix 1*). Complete Appendix 2 to include name, job title/occupation, agency/organization and role/responsibility.  
**Your team must include representation from each category listed in Appendix 1.**
- B. Identify/describe data sources that were included in assessing need
  - *Some examples could include: Surveys – PA BRFSS, YRBS, PA Youth Survey, Crime, and non-traditional data sets*
- C. Explain how the *BDAP Convenience Survey on Problem Gambling* (Appendix 5) was administered and discuss to whom it was administered
- D. Explain how the *BDAP Key Representative Survey on Problem Gambling* (Appendix 7) was administered and provide justification regarding the number administered
- E. Describe the method(s) used to gather additional information (*e.g. public forums, listening sessions, focus groups, interviews, survey, observations, etc*)
- F. Identify data gaps
- G. State the findings identified through an analysis of the data by completing Appendix 3

### **II. Magnitude and Changeability of the Problem Gambling Findings**

*(This section is completed within Appendix 3)*

Describe the magnitude and changeability of the findings listed at the countywide level and if available, at the community-level.

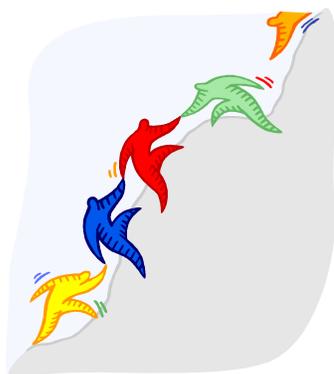
- A. What is the approximate number of people affected by problem gambling? What percentage is the actual problem gambler versus family members?
- B. How feasible it is to address the problem gambling issue?
- C. Possible impact and/or consequences of addressing the problem gambling issue?
- D. How important the issues to be addressed are to the community?
- E. Barriers or resistance to solving the problem or achieving the goal (*e.g. denial or discounting of the problem*) and how they can be minimized?

### **III. Countywide and Community Level Problem Gambling Findings, Key Issues & Capacity**

- A. Briefly summarize all preliminary data Findings.
- B. Identify the data Findings which you will address. These become your Key Issues. Document the specific communities whose data establishes that a need exists and indicate the need. Describe the process used to identify the local needs for each community. If the data indicates a countywide issue, address it as such. Include what type of change is necessary to impact the problem gambling issues identified through analysis of the data.
- C. Describe how both countywide, and if available, community-level capacity was assessed to include:
  - Identify resources (human and financial) needed to address identified problem gambling needs/issues
  - Identify the existing problem gambling prevention infrastructure in the county and each targeted community
  - Describe the strengths and weaknesses in the community(ies) that may affect problem gambling prevention service
  - Identify problem gambling service gaps
  - Assess cultural competence
  - Assess readiness and leadership to implement problem gambling policies, programs and practices

**PROBLEM GAMBLING NEEDS ASSESSMENT APPENDICES**

## Building the Problem Gambling Needs Assessment Team



### Who should be involved?

- ✓ Youth
- ✓ Parents
- ✓ School staff
- ✓ Service provider staff (prevention, treatment, social services...)
- ✓ Law enforcement/Court/Judicial staff (police, sheriff, correction staff, attorney, judge)
- ✓ Civic volunteers
- ✓ Elected officials
- ✓ Business owners
- ✓ Clergy

### Benefits to collaboration with your community...

- **Provides a vehicle for mutual aid and empowerment**
  - The problem gambling needs assessment team needs the community's trust and support to gain access to informal power structures, resources and communication channels for information dissemination.
- **Increases the likelihood that the problem gambling needs assessment team will identify work that has already been done by the community and incorporate it into the prevention strategy**
  - This recognition of pre-existing efforts further strengthens the assessment and avoids trying to reinvent the wheel.
- **Provides a feedback loop to share findings and fosters accountability to the community**
  - When community members have been involved in assessment and planning it is easier to share findings because community members have a sense of ownership in the program.
  - Community members recognize that the findings and the programming decisions which stem from the findings will benefit them.
- **Increases cultural sensitivity**
  - A problem gambling needs assessment which involves community members allows planners to understand the culture of the community.
- **Requires a lot of effort**
  - We are not suggesting that a collaborative effort comes easy. Involving your target audience can be a real challenge.
  - However, the literature clearly shows that programs which are built upon a foundation of collaboration are more successful than those that are developed without a collaborative effort

Adapted from: Erica Schmitz, NECAPT & Maine's Environmental Substance Abuse Prevention Center, (August 2007). NY: *Weaving Environmental Strategies into Prevention Planning Training*. Richard Shattuck, Shattuck & Associates, Inc (April 2004). DC: *Practical Evaluation of HIV Prevention Programs training*.



## Documenting Preliminary Findings and Data Sources

*(Please provide the following information for each of your preliminary findings)*

### SCA

#### Finding:

#### Data Source(s):

#### Level of Impact:

Countywide issue

Community-level issue

**If community-level, please indicate community(ies) impacted:**

### Magnitude & Changeability

**How many people are affected by problem gambling and the severity of its effects?**

*(Include information on the amount, age, gender and race of those affected, if known.)*

**How feasible is it to address the problem gambling issue?**

**How important is the problem gambling issue to the community?**

**What are the possible impacts and/or consequences of addressing the problem gambling problem?**

**What barriers / resistance might there be to solving the problem gambling issue & how might they be minimized?**

**Bureau of Drug and Alcohol Programs**  
**Problem Gambling Convenience Survey Instructions**

While we stress the importance of the correct use of the BDAP Problem Gambling Key Representative Survey, we understand that you may want to survey the general population as well. There is a separate, but similar, Convenience Survey you may use for the general population. It is considered a Convenience Survey because you are targeting people who are attending certain events or meetings and who are willing to take the survey as opposed to targeting people based on their public service in a specific municipality. This survey can be given to participants in existing groups, health fairs, various meetings, school events, etc.

There are a few important steps you must follow:

- The survey **must be attached to a service (i.e., D/A prevention activity)** that will be entered into PBPS.
- The **service code used must count people**. *Note: Single Service code must count attendees. All participants in recurring services may be given the Convenience Survey.*
- Use the group name as the unique signifier for the batch of surveys.

**SCA Use Only**

Group Name:

Event Location:

Date:

**Bureau of Drug and Alcohol Programs  
 Pennsylvania Department of Health  
 Problem Gambling Convenience Survey**

Is problem gambling an issue in your community? You can help your community focus on the problem of greatest need by completing this questionnaire. Answer each question by checking the box that best matches your opinion or by filling in the blanks. Your participation is voluntary. You may skip any question you do not want to answer. Please **DO NOT** put your name on the questionnaire to ensure that your responses are confidential and anonymous.

What is your gender?  Male  Female

What is your age? \_\_\_\_\_

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

What is your race (select one that best describes you)?

- White  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  
 More Than One Race  American Indian or Alaska Native  
 Other

How long have you lived in your community?

Less than 2 years  2-5 years  Greater than 5 years

Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
Problem gambling education and treatment programs are a good investment for the community where I live.					

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
It is important to prevent all types of youth gambling.					
Problem gambling is an important public health concern.					
Families are strongly affected when a member of the family gambles too much.					
Gambling is a healthy form of recreation.					
If I had a gambling problem, I would know where to go or who to talk to for help.					
I am interested in learning more about problem gambling.					
Public health programs need to do more to address problem gambling.					
I could benefit from problem gambling services.					
Anyone can stop betting or gambling easily.					

Thank you very much for completing this survey.

## Key Representative Survey Instructions

### General

This key representative survey is part of the Bureau of Drug and Alcohol Programs (BDAP) Problem Gambling Needs Assessment process. The goal of this survey is to assess the level of knowledge and awareness of problem gambling issues from key representatives in a given municipality. For this survey, a key representative is a person who works with the public in a specific capacity and whose level of knowledge and awareness about problem gambling issues can have an impact on the members of the municipality he serves. Because sources of gambling data at any geographical level are scarce, BDAP has decided that these surveys will be used to assess the level of knowledge and awareness of key representatives. This information can then be used to assist Single County Authorities (SCAs) in planning appropriate programs based on the results.

### Methodology Overview

The state will be separated into mutually exclusive Casino or Single County Authority strata. The sampling frame for each Casino stratum will be made up of all municipalities that are within a 10 mile radius of the specified casino. The sampling frame for each SCA stratum will contain all municipalities in the boundaries of the SCA excluding those municipalities that are in a Casino stratum. Research has shown that location of a casino within 10 miles of an individual's home is associated with a 90% increase in the odds of a person being a problem or pathological gambler. Use of the Casino strata ensures that some municipalities that meet this criterion will be included in the sample.

### Selection of Municipalities

Because of the lack of gambling data available, the municipalities that will be surveyed will be chosen randomly through probability proportional to size sampling. This means that the more populous the municipality, the better chance it has of being selected into the sample. However, all municipalities still have a chance of being selected. ***BDAP will provide each SCA with a list of municipalities to survey***, possibly some from both types of strata. The SCA will have the same responsibilities listed below regardless if the municipalities they receive are from the Casino or SCA strata.

### Selection of Key Representatives

***After an SCA receives a list of municipalities to survey, it will be responsible for compiling a comprehensive list of key representatives*** in the following municipality roles for each municipality selected:

- Law Enforcement
- Public School Teachers

- SCA-Contracted Treatment Provider Staff
- SCA-Contracted Prevention Provider Staff
- Mental Health Provider Staff
- Clergy/Faith-Based Organizations
- College/University Staff (if available/feasible)

The list will contain all possible key representatives in the above categories. The SCA will submit the list to BDAP, in a Microsoft Excel spreadsheet, ***30 calendar days after receiving the BDAP list of municipalities*** to survey with the following information about each key representative in a separate column:

- First Name
- Last Name
- Municipality the representative works in
- Representative’s role in the municipality (use the below “short” names in the Excel file)
  - Police
  - Teacher
  - Treatment
  - Prevention
  - MHealth
  - Clergy
  - College

It will be the responsibility of the SCA to obtain and keep record of each representative’s contact information (address, phone number, email, or other method of reaching the representative).

Once the lists have been submitted to BDAP, a predetermined number of representatives will be randomly selected for each municipality. BDAP will return the list of those selected within one week of receipt of the full list from the SCA.

### **Survey Administration**

The SCA will receive one survey for each participant selected. The following information will already be completed on the survey: name, role, municipality, and stratum. Each participant should be contacted first by telephone. This establishes a personal connection, and the survey can be briefly explained to the participant. This is an important step to take because when people receive a survey in the mail and are not alerted to its purpose, they are unlikely to complete it. During the phone conversation, inform the participant that their input is valued, and that they will be receiving the survey in the mail shortly.

Each participant should be sent a packet containing the following: the letter of intent, their personal survey instrument, and a self-addressed stamped envelope to return the survey. This will make the survey easier for the participant to complete and will help get a higher response rate. SCAs will allow 2 weeks from the mailing date for the participant to complete the survey and then place a follow-up phone call if the participant has not returned the survey. A follow-up

phone call to those that have not responded within the time frame may garner more responses. It is important to make every attempt to get each respondent to reply because each person offers unique information.

**Under no circumstances should the SCA make up any responses.** The SCA will then enter the survey responses into the Performance Based Prevention System under the Evaluation module.

### **Analysis**

BDAP will provide the results of the surveys back to the SCA within two weeks of receiving the completed surveys. *The SCA can then use the results to help determine what types of programming are most suitable for their areas.*

**Bureau of Drug and Alcohol Programs  
 Pennsylvania Department of Health  
 Problem Gambling Key Representative Survey**

Name: (BDAP will complete)  
 Role: (BDAP will complete)  
 Municipality: (BDAP will complete)  
 SCA or Casino Stratum: (BDAP will complete)

What is your gender?  Male  Female

What is your age? \_\_\_\_\_

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

What is your race (select one that best describes you)?

- White  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  
 More Than One Race  American Indian or Alaska Native  
 Other

How long have you been in your current capacity in the specified municipality?

- Less than 2 years  2-5 years  Greater than 5 years

Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
People who have substance abuse or mental health problems are at a higher risk for problem gambling.					
It is important to prevent all types of youth gambling.					
I consider youth gambling and adult problem gambling to be a public health concern that is as important as substance abuse and mental health concerns.					

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree
My organization as a whole views youth gambling and adult problem gambling awareness, prevention, and/or treatment as an important part of its mission.					
Schools that serve this municipality support positive messages about youth gambling.					
Community churches and faith-based organizations support positive messages about youth gambling and adult problem gambling.					
Law enforcement agencies support policies regarding youth gambling.					

Please answer the following questions either True or False

	True	False
I am aware of the Pennsylvania Department of Health's responsible gambling campaign.		
I am aware of programs in my community that specifically address problem gambling issues.		
I have received training, instruction, education, and/or educational materials specific to youth gambling or adult problem gambling issues.		
I am aware of the warning signs of problem gambling behaviors.		
After losing many rounds of a gambling game (slot machine, roulette wheel, etc.) in a row, a person is more likely to win on the next round.		
A person under the age of 18 may legally play bingo for money unaccompanied by an adult.		
A person under the age of 18 may legally sell raffle tickets for charitable purposes.		
I am interested in learning more about problem gambling.		

Thank you very much for completing this survey.