

Governor's Behavioral Health Services Planning Council
Problem Gambling Sub-Committee
SFY2021

Problem gambling is a preventable and treatable public health issue.
Kansas casinos are state-owned and operated, consequently Kansas has an increased
duty of care to address and prevent gambling-related harms.

Kansas has experienced a renaissance in legalized gambling beginning in 1987 with the launch of the Kansas Lottery, the opening of four tribal casinos in the late 1990s, and the 2007 Kansas Expanded Lottery Act which authorized the Lottery to own and operate gaming in four destination casinos. Boot Hill Casino and Resort was the first casino to open in December 2009, Kansas Star Casino opened in 2011, Hollywood Casino opened in 2012 and Kansas Crossing opened in 2017.

Based on national prevalence rates of problem and pathological gambling, there are an estimated 60,000 problem gamblers (2.8% of the adult population) and 24,400 pathological gamblers (1.14% of the adult population) in Kansas. The 2.8% of the problem gamblers have mild or moderate gambling problems; that is, they do not meet the full diagnostic criteria for gambling addiction but meet one or more of the criteria and are experiencing problems due to their gambling behavior.

Problem gambling is not well understood by the general public, including members of helping professions, parents, gaming industry line employees, and others. Experts in the problem gambling field note significant barriers to successfully implementing programs to mitigate gambling related harm. These include stigma that problem gambling is less harmful than substance abuse and other problem behaviors; perception that children do not gamble, beliefs that problem gambling is a moral weakness rather than a valid psychiatric condition, etc. Therefore, efforts to address problem gambling take on greater importance within the current context of expanding gambling opportunities combined with poor societal awareness of problem gambling and an under-developed system to reduce gambling related harm.

It is difficult to talk about the problem gambling program in Kansas in its current context without providing some history. This is a relatively new program for Kansas Department for Aging and Disability Services (KDADS). From a technical standpoint, the field of problem and pathological gambling (or as now referenced – disordered gambling) is relatively young. Much of the knowledge that does exist about the efforts to address problem gambling is largely outside of the mainstream literature. The United States is predominantly dependent on government reports, personal communications with administrators of other problem gambling programs and services, and particularly dependent on research from the experiences of Canada, Australia, New Zealand, Hong Kong, Germany, the United Kingdom, and others.

So why must we look outside of the U.S to find the bulk of the research? Problem gambling services in the United States are not federally funded, they are publicly funded programs with very limited budgets, and often those limited moneys cannot afford to invest in the cost of research. Those moneys are spent primarily on crisis interventions, treatment, and some public awareness campaigns.

The task of establishing a statewide problem gambling program or service system is challenging at best. The field is young therefore the body of knowledge is limited. But Kansas had the advantage to learn from the successes and missteps of other states. Kansas was positioned to break new ground in the U.S. as the only state to own casinos and it possessed the greatest opportunity to develop the model system to minimize harm caused by gambling.

The Historical Perspective:

The Kansas Legislature passed the Kansas Expanded Lottery Act (KELA) in 2007. This act allows for the state of Kansas to own and operate one destination casino resort (Lottery gaming facility) in each of the four designated gaming zones within the state of Kansas – northeast, southeast, south central and southwest. During the development of KELA, concerns were raised about the negative impact expanded gambling may have on the incidence of problem gambling and other addictive disorders in Kansas and due to these concerns, a provision was included in the act that created the Problem Gambling and Other Addictions Fund (PGOAF). This provision for 2% of lottery gaming facility net revenues is to be paid to the problem gambling and other addictions grant fund established by K.S.A. 79-4805.

K.S.A. 79-4805. Problem gambling and addictions grant fund. (a) There is hereby established in the state treasury the problem gambling and addictions grant fund. All moneys credited to such fund shall be used for the awarding of grants under this section. The state grant program will provide assistance for the direct treatment of persons diagnosed as suffering from pathological gambling and provide funding for research regarding the impact of gambling on residents of Kansas. Research grants awarded under this section may include, but need not be limited to, grants for determining the effectiveness of education and prevention efforts on the prevalence of pathological gambling in Kansas. Moneys in the problem gambling and addictions grant fund may be used to treat alcoholism, drug abuse and other addictive behaviors.

Kansas was proactive in 2007 with KELA, to address through legislation the potential harms resulting from expanded gaming (gambling) by creating the Problem Gambling and Other Addictions Fund. (SRS) KDADS serves as the administrator of this fund. Keep in mind, to date the federal government does not fund problem gambling services of any kind nationwide, so states are entirely dependent upon funding from state sources.

The vision for the Kansas problem gambling program started around the time of KELA. It was a shared vision of the Kansas Coalition on Problem Gambling and other addiction and prevention stakeholders to ensure that anyone impacted by problem gambling was protected by a safety net of services. Starting in 2008, a dedicated position was created at SRS (KDADS) to coordinate problem gambling services which included the helpline, treatment, and targeted workforce development which would primarily build a process for and certification of gambling counselors.

The staff person hired for this position took the vision and began developing a program that would include the following service components building a unique but comprehensive infrastructure for problem gambling services in Kansas:

1. Prevention – a (FTE) gambling specialist would be hired, and a community task force of volunteers would be developed to work in each gaming zone as the casino prepared to open. Both would partner with the casino and the Kansas Coalition on Problem Gambling to provide outreach to the casino market region, raise awareness and provide education about problem and responsible gambling, and the resources available across the state.

These entities would utilize SAMHSA's (*Substance Abuse and Mental Health Services Administration*) Strategic Prevention Framework (*assessment, capacity building, planning, implementation, and evaluation guided by cultural competence and sustainability*) and the CSAPs (*Center for Substance Abuse Prevention*) Strategies (*information dissemination, education, alternatives, environmental, community-based processes, problem identification and referral*) as they conduct their community and statewide work.

2. Public Awareness – there was a coordinated effort to develop a gambling-specific website, Public Service Announcements, population-specific print materials, billboards, and statewide branding that increased awareness about the Helpline and the availability of treatment for problem gamblers and affected others. Trainings were conducted state-wide, regionally and nationally that addressed problem gambling including specific populations (initially the general public, older adults and youth). A statewide alliance of multi-agency leaders was put in place with the mission of collaborating to maximize resources and enact policy, practice and regulations that would address problem gambling in Kansas. (*Stakeholders included Kansas SRS, Kansas Racing and Gaming Commission, Kansas State Gaming Agency, Kansas Lottery, Kansas Coalition on Problem Gambling, Kansas Department of Corrections, Casino Managers, community members, Kansas Certified Gambling Counselors, and Kansas helpline representatives. Community task force members joined as task forces were formed*).
3. Workforce Development – a gambling-specific training and the process for gambling counselor certification was developed and operational by 2007-2008. By early 2013 there were 47 alcohol and drug counselors and/or mental health clinicians who became Kansas Certified Gambling Counselors (KCGC) following 60 hours of gambling specific education. (*Today, we have 30 network counselors - 2 in provisional status, 2 with International Gaming Disorder Certification status and 4 pending IGDC status. We have 14 non-network status counselors*).
4. Treatment – meetings were held with Substance Use Disorder and Mental Health providers and agencies. They were provided education on gambling addiction and they were encouraged to allow staff to become certified as gambling counselors to increase the reach of gambling services. An agreement was initiated with an experienced (out of state) gambling treatment facility to provide the residential treatment component. Out-patient services were provided in Kansas by the KCGCs.
5. Crisis Intervention and Helpline Services – a partnership was developed with the Kansas Health Solutions crisis line to ensure a dedicated helpline service for problem gambling was available 24/7/365. Gambling-specific training and data tracking was provided to helpline staff to ensure caller needs were met. That service is now administered by Beacon Health Options.
6. Research and Evaluation - three gambling questions were added to the adult BRFSS (*Behavioral Risk Factor Surveillance System*). Eleven questions were added to the annual Kansas Communities That Care Youth Survey administered to 6th, 8th, 10th and 12th grade. The first Kansas adult gambling attitudes and behaviors survey was conducted in 2012. A second survey was conducted in 2017 after the opening of the fourth state-owned casino.

This infrastructure for a state problem gambling services program was unheard of across the nation. It was a coveted design and discussed frequently at the national level. Three elements within the design made it a unique structure:

- First, the development of a responsible gambling alliance that would pool resources and expertise to address problem gambling through policy, practice and regulation.
- Second, the development of the all-volunteer community task forces that worked in tandem with the local casino on responsible gambling efforts, raising awareness about problem gambling through education and other prevention efforts, and promoting the Helpline number and the availability of treatment.
- Third, the placement of a full-time gambling specialist in each gaming zone. This position would serve in the market region as a representative of SRS (KDADS), to mobilize the community around problem gambling concerns, to partner with the casino, to provide outreach and referral to treatment and services of care, to raise public awareness, to educate stakeholders and businesses in the communities, to help bring stakeholders to the task force table, and to provide technical assistance and grant oversight for the task force. This position would serve as a subject matter expert on state, regional and national problem gambling prevention efforts.

The infrastructure was in place. Each component was being developed simultaneously. During the development of a new program, it requires focused attention on all service components to become a viable and sustainable program. Program funding started at \$100,000 in FY2009-10. As the program grew and casino revenue generated additional dollars in the PGOAF, funding began to increase slightly in FY2011-12.

At the time, the three active gaming zones had assigned specialists providing technical assistance and working on special projects based on the needs of their casino market region. An example of this is the relationship that was built with one of the meat packing plants in SW Kansas. Many attempts from the Specialist to “get a foot in the door” led to numerous conversations about responsible and problem gambling.

The plant leadership eventually disclosed concerns that employees were spending their paychecks on gambling at the “new” casino (not able to pay their rent, domestic issues, health issues, work performance issues, etc.). Based on those concerns, the Specialist provided some education on problem gambling to the management team. They continued their discussions over time and eventually welcomed the idea of having the helpline number and print materials available to employees should they need them. More discussions took place which resulted in the plant placing the helpline number and tagline on their digital information boards in the break rooms, in both English and Spanish. Treatment posters were available on their information bulletin boards. Help became more accessible to the employees and a firm relationship was established with the management team. It helped that the Specialist is also Spanish-speaking.

In 2014, events occurred which changed the program. The problem gambling manager resigned. The program was restructured and placed under the prevention manager. The Specialist’s tasks were rewritten placing the problem gambling prevention component under the SUD youth prevention umbrella and the problem gambling treatment component under adult substance

abuse treatment services. With this design change, the Problem Gambling Specialists also assumed SUD youth prevention, mental health promotion and suicide awareness duties in their market region and statewide. Their role as a gambling specialist became less of a priority and their ability to provide technical assistance to the problem gambling task forces and outreach to the casino market regions was diminished significantly. Unfortunately, the special projects were set aside when the additional prevention duties were assigned.

During this same time, the Kansas Responsible Gambling Alliance was dissolved as it was determined no longer beneficial to the new structure. The work with other state agencies around policy, practice and regulation vanished.

Two of the three specialists resigned to take other job offers outside of KDADS. Two SUD prevention staff and the one remaining Problem Gambling Specialist were re-assigned to oversee the four gaming zone task forces and the statewide coalition, along with their duties of SUD youth prevention, mental health promotion and suicide prevention. Understanding the federal funding source for the SUD, MH and suicide prevention grants, and the federal requirements tied to those grants, the problem gambling prevention momentum waned, and the work being done by the task forces with the help of the Specialists was minimized.

One highlight from FY2014-15 was an increase in funding that was dedicated to a problem gambling media campaign. This increased awareness about problem gambling, the helpline call numbers and treatment enrollment numbers increased. Once the campaign ended, those numbers began to decrease and level off. Out of sight, out of mind. Funding also decreased.

In the fall of 2017, another significant change occurred. The prevention manager resigned. The problem gambling certification and treatment coordinator was asked by leadership to manage all problem gambling services. This would include certification, treatment, the Problem Gambling Specialists (prevention), and the task forces. Most of the original design.

The program is still in the process of re-building but it has momentum. It is a staff of three. From FY2015 until currently, funding for the problem gambling program has been consistently less than 10% of the Problem Gambling and Other Addictions Fund and inconsistent with legislative intent. Funding has been insufficient to support the full range of services envisioned when planning began in 2007. The program service infrastructure lacks substantial development resulting in lower treatment seeking rates, fewer problem gambling prevention efforts, limited relevant research specific to gambling and Kansas, and insufficient awareness about problem gambling across communities and statewide. The program is now up against the legalization of sports betting and are already seeing the impact of gaming addiction in the treatment enrollments and calls to the helpline.

The invitation to become a part of the Governor's Behavioral Health Services Planning Council is timely. Knowing problem gambling is not well understood and considering the current context of expanded gambling opportunities in Kansas combined with an under-developed system to reduce gambling related harm, this is the time to invest in a comprehensive program to protect Kansans and reduce gambling related harms. This is understood by the Governor's Behavioral Health Services Planning Council and thus a subcommittee specific to problem gambling is now being formed.

The following outlines the purpose, guiding principles, mission, vision, values and membership the sub-committee will use to direct their work. It will be central to their purpose to monitor, review, and evaluate the allocation of funding and adequacy of services within Kansas.

The Purpose: Kansas state agencies, private entities, consumers, the statewide problem gambling coalition and problem gambling task forces will partner together to evaluate data and other research to guide policy directed towards reducing problem gambling/gaming and the impact on individual and community health.

The Guiding Principles:

The Vision: All Kansans will be free from the impact of problem gambling.

The Mission: The public health of Kansans will be supported through a comprehensive system of services to address problem gambling and the co-occurrence with other addictions.

The Values: (how)

- Adhere to the legislative intent of the Problem Gambling and other Addictions Fund to ensure problem gambling programs receive adequate allocations from the PGAOF to address prevention, treatment, research and evaluation.
- Create a system of care that is customer/community centered, outcome driven and comprised of a highly competent workforce focused on best practices.
- Develop and implement research-based prevention and treatment strategies that address problem gambling and the co-occurrence with other addictions.
- Reduce the impact of problem gambling by providing resources that uphold prevention, treatment and service efficacy.
- Infuse problem gambling language into all behavioral health programs and services

The Proposed Sub-Committee Membership and Structure:

The Problem Gambling Sub-Committee shall include representation from prevention, treatment and other behavioral health entities potentially impacted by or who may have a vested interest in the community impact of gambling/gaming. It may also include members of the gambling and/or gaming industry. It will consist of voting members and non-voting members but shall not include more than one voting member from a given group. Groups that may be considered for prevention, treatment, other behavioral health entities, and the gambling/gaming industry may include but are not limited to:

- Kansas Coalition on Problem Gambling
- Consumer of Problem Gambling or Gaming Services
- Beacon Health Options of Kansas
- Behavioral Health Association of Kansas
- Kansas Racing and Gaming Commission
- Kansas Certified Gambling Counselor(s)
- Kansas Citizens Committee on Alcoholism and Other Drug Abuse
- Kansas Association of Addiction Professionals
- Kansas Mental Health Association

- Kansas Peace Officers Association
- Kansas Prevention Collaborative – Suicide Prevention
- Kansas Housing and Credit Counseling
- Kansas Bankers Association

The sub-committee would be delighted to tell you it has accomplished this important work, however it will meet only for the second time September 27th.