Memorandum

To: Office of Problem Gambling Services, Department of Public Health
From: Division on Addiction, Cambridge Health Alliance, a Harvard Medical School teaching hospital
Date: June 28, 2019
RE: Assessing Advantages and Disadvantages of Connecting Addiction-related Helplines

Purpose: Our FY19 scope of services required the Division on Addiction (Division) to commence a helpline analysis with the aim of supporting of the Commonwealth of Massachusetts's Strategic Plan's Screening and Referral strategy, *Evaluate and explore potential enhancements to the current statewide gambling helpline*. The Strategic Plan indicates that three activities compose Phase I of this strategy: (1) Explore potential advantages, disadvantages, and mechanisms for connecting the statewide gambling Helpline to the Massachusetts Substance Abuse Helpline [sic]; (2) Since waiting time can increase attrition, explore the benefits, potential harms, and possibilities of connecting treatment providers directly with the gambling Helpline or with Helpline data, so that treatment providers can actively reach out to those in need (Linnet & Pederson, 2014); and (3) Explore mechanisms for increasing the number of languages in which the gambling Helpline can be operated. As requested, the Division's current efforts concern the Phase I activity, "*Explore potential advantages, disadvantages, and mechanisms for connecting the statewide gambling Helpline to the Massachusetts Substance Abuse Helpline [sic]*."

Deliverables: Assess available helpline literature to determine if it supports the superiority of one helpline model over another; Engage in a state by state review to establish whether proof of concept for combined services is available; Analyze caller surveys to determine overlap of substance use and gambling-related issues among callers, as well as call volume and timing; Complete a comparative evaluation of helpline characteristics and activities for the current helpline services.

Recommendations: Based on our review and evaluation, we provide 7 recommendations:

(1) Maintain separate helplines, at least temporarily, and revisit the possibility of combining helplines in the future, including the completion of helpline caller surveys with respect to this issue.
(2) Require helplines maintain minimum standards certification by 3rd party such as Contact USA.
(3) Develop a cooperative training agenda to advance helplines' capabilities for addressing mental health, gambling, and substance use problems, as needed.
(4) Create a shared resource database that informs referrals for both helplines.
(5) Require helplines to develop and implement plans for addressing mental health, gambling, and substance use problems, as needed.
(6) Engage with a business consultant to better understand and align helpline costs that currently appear to be disproportionate to services.
(7) Commence an initiative to explore the development and implementation of innovative bridges between the gambling and substance use helplines.

Assessing Advantages and Disadvantages of Connecting Addiction-related Helplines

Prepared for the Office of Problem Gambling Services,
Massachusetts Department of Public Health

by the Division on Addiction

June 28, 2019

Assessing Advantages and Disadvantages of Connecting Addiction-related Helplines

The Commonwealth of Massachusetts Department of Public Health (DPH) currently supports services for dedicated gambling and substance use helplines, among other public health initiatives. Since 1987, the Massachusetts Council on Compulsive Gambling (MCCG) has managed 1-800-426-1234, the gambling helpline. Since 1997, Health Resources in Actions (HRiA) has managed 1-800-327-5050, the substance use helpline. Following gambling expansion in the Commonwealth, and the creation of the Office of Problem Gambling Services, it is imperative to review these available services and determine whether any revisions might benefit the public's health.

The scientific literature and the Addiction Syndrome model of addiction (Shaffer et al., 2004; Shaffer, LaPlante, & Nelson, 2012) suggest that different expressions of addiction share risk factors and consequences, and often co-occur. This implies that segregated treatment practices might be inefficient. Nonetheless, as the Addiction Syndrome model suggests, different expressions of addiction also yield unique consequences. Therefore, maintaining dedicated services might be beneficial. It follows that although consolidation of addiction-related helplines is in line with some aspects of such contemporary perspectives of addiction, the unique experiences and consequences of these conditions also suggest that retaining a segregated structure might hold some benefits. Consequently, an evidence-based exploration of the pros and cons of helpline consolidation is warranted.

To provide guidance for the future of addiction-related helpline support in the Commonwealth, this report includes the following sections: (1) a helpline scientific literature review; (2) a state-by-state survey of US helplines; (3) an examination of caller characteristics for MA-based substance use and gambling helplines; and (4) a comparative analysis of the MA-based substance use and gambling helpline service characteristics. The first three components shed light upon the pros and cons of combining helplines versus maintaining separate helplines, and the fourth component informs our understanding of the helpline providers' readiness to support any suggested changes.

1. Helpline Literature Review

We conducted a literature review to identify research concerning helplines that address multiple health issues, with particular interest in identifying helpline models that handle both substance use and gambling-related problems. We did this to understand whether there is available evidence related to the efficacy of combined or segregated helpline services.

As shown in Figure 1, we searched the online PubMed and PsycINFO databases for peer-reviewed literature using the following Boolean search phrases: 1) (gambling AND substance use) AND (helpline OR hotline OR telephone); and 2) (gambling OR substance use) AND (helpline OR hotline OR telephone). We used a best match algorithm for the PubMed search, and did not set any date restrictions. The first search phrase returned 23 articles from PsycINFO and 24 articles from PubMed. The second phrase returned 948 articles from PsycINFO and 805 articles from PubMed. In total, our database search returned 1,800 articles published through April 2019. After removing duplicates and non-journal articles, 1,277 unique articles remained in our sample.

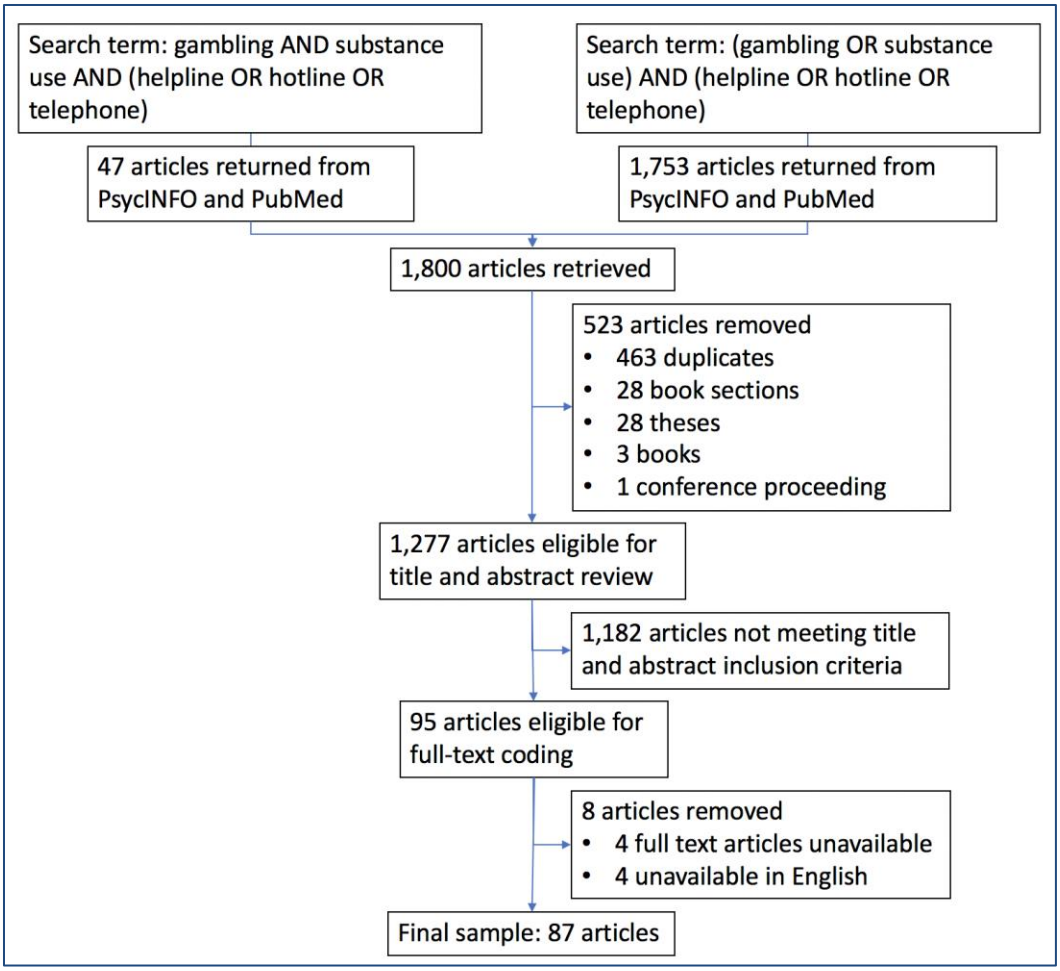

Figure 1. Helpline Literature Review CONSORT Diagram

We then conducted a title and abstract review using the following inclusion criteria: 1) the study must relate to helplines or hotlines, 2) the study must be relevant to gambling, substance use, or addiction, and 3) the study must be an empirical journal article. Three coders first established reliability by coding the same sample of 10 studies, achieving 100% agreement. The coders then divided the remaining studies and coded their titles and abstracts using the inclusion criteria. This process yielded a sample of 95 articles meeting title and abstract inclusion criteria.

We were able to retrieve 91 of these 95 articles for full-text evaluation. For these, we completed full-text coding according to the following research questions:

1) *Helpline Type*: Is the study about a gambling helpline, a substance use (other than smoking) helpline, both, smoking, or other?
2) *Article Focus*: Does the study do anything to look at helpline outcomes or best practices, or is it simply descriptive (e.g., what are the characteristics of people who call helplines)?
3) *Helpline Combination*: Does the study address combined substance use and gambling-related helplines?
4) *Helpline Comparison*: Does the study compare helplines addressing multiple health issues to helplines specializing in a single health problem?

During this process, we discovered that four articles were not available in English. We excluded these articles from further consideration, leaving us with a review sample of 87 articles. The results of this full-text coding are presented in Table 1. Following this, we provide a narrative description of pertinent studies by research question.

Table 1: Characteristics of Full-Text Articles

Full-Text Coding Factor	Number of Studies
Helpline Type [a]	
Gambling-specific	39
Substance use-specific (not smoking)	13
Smoking-specific	26
Other	11
Article Focus	
Outcomes	29
Best Practices	2
Descriptives	38
Other	18
Helpline Combination	
Yes	0
No	87
Helpline Comparison	
Yes	0
No	87

[a] *One article systematically reviewed gambling only, substance use only, and smoking only helplines but did not compare them. This study was coded into all three categories, yielding 89 total entries in this section, instead of 87.*

Helpline Combination and Helpline Comparison

We did not find any literature specifically addressing combined substance use and gambling-related helplines, or any studies that compared helplines addressing multiple health issues to helplines specializing in a single health problem. The absence of such literature precludes confidently forming literature-based recommendations related to combining or maintaining separate addiction-related helplines. Nonetheless, we examined the other coded literature to determine whether it might provide some guidance. In the sections that follow, we briefly describe the (1) best practices research literature and (2) outcomes research literature, as well as a secondary exploratory literature search we conducted on crisis hotlines.

Best Practices Research

We identified two studies that related to helpline best practices. Both of the studies focusing on best practices investigated a pre-recorded smoking cessation support line. The first study offered guidance regarding the best types of pre-recorded messages to implement (Shapiro, Ossip-Klein, Gerrity, & Stiggins, 1985), whereas the second article addressed the most cost-effective ways to promote such a support line (Ossip-Klein, Shapiro, & Stiggins, 1984). These studies do not offer guidance related to combining or maintaining separate addiction-related helplines.

Outcomes Research

The twenty-nine studies that examined outcomes addressed helplines that offer telephone-based therapeutic interventions and helplines that offer information and treatment referral only (see Appendix A for a table of these studies). Among these twenty-nine studies, eight evaluated gambling-related helplines, six evaluated substance use-related helplines, thirteen evaluated smoking-related helplines, and two were classified as "other." One of the studies classified as "other" evaluated the impact of a homework helpline on student substance use outcomes (Amuedo-Dorantes, Mach, & Clapp, 2004). The second study that we classified as "other" reviewed studies evaluating gambling-, alcohol-, and smoking-specific helplines (Danielsson, Eriksson, & Allebeck, 2014).

Overall, the studies suggested mixed evidence for the impact of addiction-related helplines on clinically relevant outcomes. One systematic review (Gates, 2015) identified preliminary support for the effectiveness of helplines for reducing general illicit drug use and alcohol related harms. However, a systematic review of addiction-related self-help-based helplines found that the available evidence only supported the efficacy of smoking cessation helplines, but not other types of addiction-related helplines (Danielsson et al., 2014). One study in our sample reported that among substance use treatment seekers, those who utilized substance use helplines utilized outpatient treatment services less (Mosavel, 2004). Helplines providing therapeutic interventions based on motivational interviewing and cognitive behavioral therapy were found to be effective in two studies (Gates, Norberg, Copeland, & Digiusto, 2012; Heinemans, Toftgard, Damstrom-Thakker, & Galanti, 2014).

Our sample included primarily outcome studies addressing gambling- or smoking-specific helplines.

Gambling Helpline Studies

Four studies of gambling helplines observed high caller satisfaction, reduced gambling behavior, and a high level of post-call treatment seeking among helpline callers (Abbott et al., 2018; Ferland et al., 2013; Rodda, Hing, & Lubman, 2014; Shandley & Moore, 2008). Bischof and colleagues (2014) reported that self-help, addiction counseling, and general practitioner counseling were the most common types of help seeking among a gambling hotline sample. Among gambling helpline callers receiving treatment referral, Weinstock and colleagues (2011) observed that being offered a first appointment within 72 hours positively predicted subsequent treatment attendance. Another study found that callers' reasons for contacting a gambling helpline predicted later treatment attendance (Valdivia-Salas, Blanchard, Lombas, & Wulfert, 2014). One study indicated that among a variety of problem gambling services assessed, awareness of the availability of the service was highest for gambling helpline services (Gainsbury, Hing, & Suhonen, 2014).

Tobacco Helpline Studies

Three studies supported the effectiveness of offering tobacco quitlines in a variety of contexts and languages (Cummins et al., 2015; Shiffman, 1982; Wong et al., 2011). One study provided mixed support for a tobacco quitline in comparison to an intensive outpatient counseling intervention for reducing tobacco use behaviors (Ni, Wang, Link, & Sherman, Online First). Another study suggested that smokers assigned to use a tobacco quitline were less likely to use nicotine

replacement therapy compared to those assigned to receive other self-help materials (Buller et al., 2014). Some research also indicates that uptake of a tobacco quitline compared to other interventions is poor (Glasgow, Hollis, McRae, Lando, & LaChance, 1991).

Other Helpline Studies

Many of the remaining outcome-related studies in our sample related only tangentially to the use of quitlines. For example, there were other tobacco helpline studies that included these services in conjunction with medication interventions (Biazzo et al., 2010; Bush et al., 2008; Docherty, Lewis, McEwen, Bauld, & Coleman, 2014; Tworek, Haskins, & Woods, 2009). Other studies also were less relevant to understanding the general efficacy of helplines. For example, one study focused upon barriers for helpline support of concerned others of smokers (Brockman, Patten, & Lukowski, 2018) and another on the use of technology to facilitate quitline referral acceptance (Brown et al., 2017). Other weakly related studies examined helplines in terms of how they might be used for other purposes. For instance, one study assessed quitline caller status with respect to completion of a financial counseling research study (Courtney et al., 2017) and another used helpline data as a social indicator to estimate numbers of people who might attend face-to-face treatment (Clemens & Ritter, 2008). Another study observed that substance use helpline responders in four states were not trained to respond to questions about marijuana use (Carlini & Garrett, 2018).

Crisis Hotline Extension

Acknowledging that crisis hotlines, more generally, offer services addressing a variety of mental health issues in addition to suicidality and other psychosocial concerns, we conducted a second more limited literature search using the Boolean search phrase “crisis AND telephone AND hotline.” We identified three publications discussing multi-issue helpline models. Rosenbaum and Calhoun (1977) note that telephone hotlines were created in response to the observation that 78% of calls to suicide prevention centers were for non-suicidal crises. This indicated the heterogeneity of needs among those seeking assistance from telephone-based crisis services. Corroborating these findings, two more recent publications evaluating a national crisis and referral hotline identified the most common reasons for calls to the hotline (Ingram et al., 2008; Teare, Garrett, Coughlin, & Daly, 1995). Teare and colleagues (1995) found that of calls made by adolescents to the Boys Town National Hotline, a crisis counseling hotline for adolescents and parents, the most common reasons for calling included relationship issues, sexuality, addiction, and abuse or violence. Over a decade later, Ingram and colleagues (2008) found that among all callers to the Boys Town National Hotline, the most common topics included parenting, youth concerns, and mental health, including addiction. Thus, addiction-related problems are a prominent concern for people who call crisis hotlines, yet assessments actually evaluating best practices for implementing addiction-specific helpline services appear lacking.

Summary

Helpline efficacy outcome studies, in general, are limited and slightly more prevalent for gambling helplines than substance use helplines. These outcomes studies report somewhat favorable results; however, the results are more mixed for substance use helplines than for gambling helplines. For instance, some efficacy outcomes studies for substance use indicated limited impact on substance use disorder symptoms. This might suggest favoring the maintenance of separate helplines; however, it might also simply reflect the small number of studies in this area. Unfortunately, the complete absence of literature related to combined outcomes or comparing single issue versus multi-issue outcomes prevents us from generating definitive literature-based recommendations related to combining services in Massachusetts.

2. State-by-State Survey of US Helplines

To understand gambling and substance use helpline services available in the US, we conducted limited internet searches to identify (1) local state public health agencies and/or (2) National Council on Problem Gambling (NCPG) affiliate websites in each state. We considered websites to be local state agencies if they were hosted on a ".gov" web address and self-identified as the state of interest (e.g., Washington State). We categorized websites as NCPG affiliates if they self-identified as such. All identified websites are available for review in Appendix B.[1] The primary purpose of this activity was simply to determine if there was "proof of concept" for offering combined helpline services in the US. We did not intend to provide a comprehensive listing of all such helpline services.

For each identified website, we collected information about gambling and/or substance use helpline services. We only collected information about helplines that a local state agency or NCPG affiliate specifically featured on its website.[2] Using information from the website, or from listed contacts we called or emailed directly when a website did not have the available information, we recorded the following:

- existence of gambling, substance use, or combined gambling and substance use helpline;
- contact information;
- operating organization;
- hours of operation;
- additional modes of contact (e.g., text, live chat);
- affiliated organizations and links to their websites; and
- qualitative notes about each service.

Observations

Figure 2 illustrates the number of states featuring specific substance use and/or gambling helpline services. We identified 46 states featuring gambling helpline services; however, 10 of these states direct callers experiencing gambling-related problems to call the National Council on Problem Gambling (NCPG) national helpline. We identified 37 states featuring substance use helpline services; however, 4 of these states direct callers experiencing substance use problems to call the national Substance Abuse and Mental Health Services Administration (SAMHSA) substance use helpline. All other states that offer helpline services appear to direct callers to independent helplines. Combined gambling and substance use helplines were available in five states: Alabama[3], Maine, New York, Oklahoma, and Tennessee. We review the services provided by these states in the following sections. The full details of identified helpline services available in all 50 states are available in Appendix B.

[1] A more advanced review with different or more comprehensive search terms might yield a different set of websites. When possible, we cross-referenced our findings with the *2016 Survey of Problem Gambling Services in the United States* (Marotta et al., 2017).

[2] We did not include a review of so-called helplines for addiction treatment intake centers. This approach is consistent with the NCPG's review of gambling services in the U.S. (Marotta et al., 2017). See report here: https://bit.ly/2v14HPU.

[3] Alabama, Maine, and Oklahoma utilize 211 numbers for their combined gambling and substance use helpline services; 211 numbers are available in all states and provide a variety of services, though service offerings vary by state.

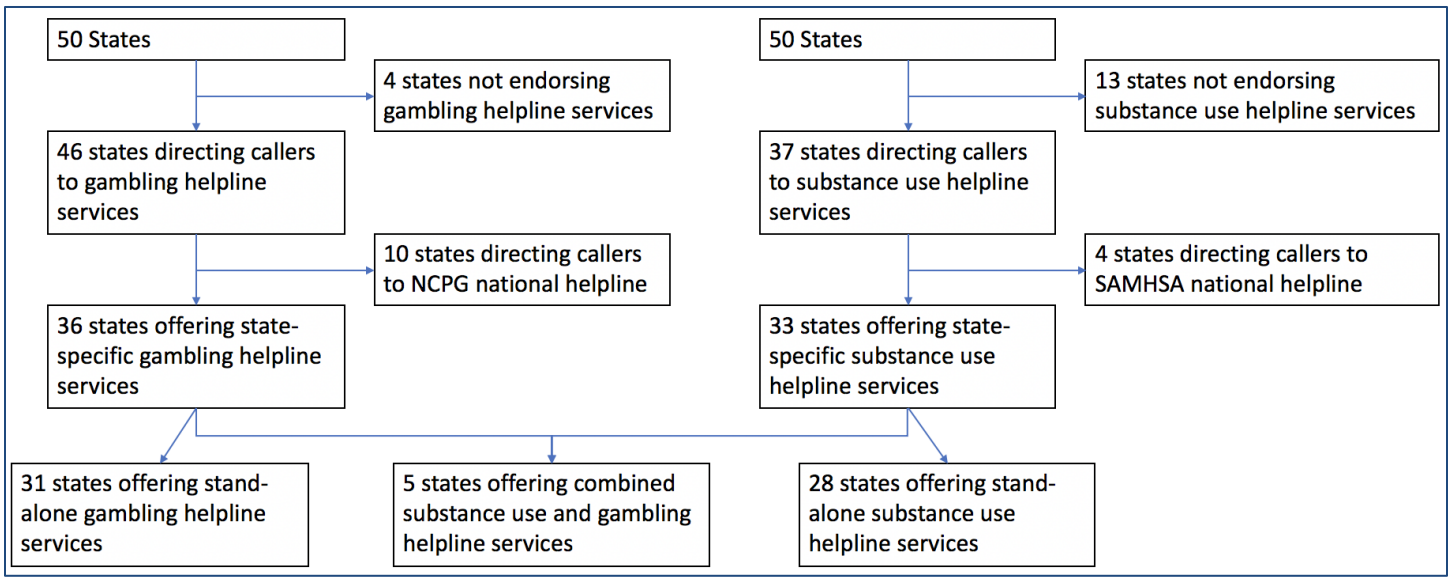

Figure 2. State Helpline CONSORT Diagram

For the 4 states that did not feature information on any specific gambling helpline services and the 13 states that did not feature information for any specific substance use helpline services, national helplines (i.e., the NCPG national hotline and the SAMHSA national hotline) and 211 hotlines are still available to residents. Though all 50 states provide 211 service in some form, we did not systematically assess whether each state's 211 services aided with gambling disorder (GD) and substance use disorder (SUD) issues. We only gathered information on 211 services in instances when the local state website or local NCPG affiliate proactively featured a 211 number as a gambling or substance use helpline. As noted earlier, below we provide information about the 5 states that offer combined substance use and gambling helpline services.

New York[4]

New York state hosts the HOPEline, a 24/7, toll-free, confidential hotline providing referrals to gambling and substance use services. The HOPEline is advertised on the New York State Office of Alcoholism and Substance Abuse Services (OASAS) website and is operated by Vibrant Emotional Health, formerly known as the Mental Health Association of New York City. Individuals seeking help may contact the HOPEline via call, text message, or live chat. The HOPEline is staffed by master's level clinicians trained in motivational interviewing (Miller & Rollnick, 1991) and can provide crisis intervention. HOPEline staff have access to a referral database of over 1,500 prevention services and treatment providers. Upon request, staff will provide callers with additional informational materials and follow-up with a return call within 48 hours of initial contact. HOPEline services are available in many languages, and informational flyers can be downloaded in English, Russian, Spanish, Italian, Haitian-Creole, Korean, and Traditional Chinese.

Tennessee

Tennessee hosts the Tennessee REDLINE, a 24/7 hotline providing referrals to gambling and substance use services. The Tennessee REDLINE is operated by the Tennessee Association of Alcohol, Drug, and other Addiction Services (TAADAS) and is supported by grant funding from the State of Tennessee Department of Mental Health and Substance Abuse

[4] The following information is derived from the websites of the New York State Office of Alcoholism and Substance Abuse Services and Vibrant Emotional Health. We were unable to get in touch with either of these organizations for follow-up information after sending multiple emails to both organizations and making several phone contact attempts with subsequent voicemails to the supervisor at the HOPEline. We did not make informational calls to the HOPEline service itself to reduce the burden on the crisis service.

Services. REDLINE staff are not trained to perform crisis intervention, counselling, or therapy services, but can provide psychoeducation related to addiction and referrals to care services in line with the caller's stated needs, as well as utilize warm handoff (i.e., directly connecting callers to the referred agency while remaining on the line) procedures for most referrals. The service is available in any language, and several staff are multilingual. For all languages not spoken by staff, the Tennessee REDLINE contracts an external, real time, over-the-phone translation service. The Tennessee REDLINE helpline staff comprise a mix of paid staff and volunteers who have at minimum a high school diploma or GED. Prior call center experience and qualification as a Certified Peer Recovery Specialist is preferred, but not necessary, for initial employment. In addition to gambling and substance use services, the REDLINE provides information and referral services regarding other concerns, such as HIV/AIDS, housing insecurity, obtaining federal health insurance, domestic violence, and other mental health issues. Free informational materials are available in hard copy format delivered by mail from the Tennessee REDLINE. These informational materials are available in multiple non-English languages, including Spanish and French. The TAADAS website also hosts a free video lending library for resources related to addiction and a bookstore with recovery-related items for purchase.

Alabama[5]

Alabama utilizes 211, a 24/7, toll-free hotline that provides referrals to gambling and substance use services. The 211 phone service is listed on the Alabama Council on Compulsive Gambling website and is operated by United Ways of Alabama. The 211 service can refer callers to gambling and substance use services, in addition to services for employment, housing, family support, and other concerns. The service is available in over 150 languages through an externally contracted translation service, and many of the 211 staff are bilingual. Additionally, the state of Alabama hosts a separate 24/7 substance use services hotline. This service is run by the Alabama Department of Mental Health and Recovery Organization of Support Specialists (ROSS).

Maine

Maine utilizes 211, a 24/7 hotline that provides gambling and substance use helpline services. 211 is listed on the State of Maine Department of Health and Human Services website and is operated by the United Ways of Maine. Services are also available by text or email. Callers can receive information and referrals to prevention, treatment, support, and continuing care. Specialists are available for those who call with concerns relating to opioid use disorders. The helpline also offers follow-up call services within 72 hours of first contact to ask if individuals received the services they were referred to, such as suboxone treatment or housing for people experiencing homelessness. The program is funded mostly by United Way.[6] Some funding comes from the Department of Social and Health Services, the Office of Substance Abuse and Mental Health Services (SAMHS), and other organizations. 211 Maine also is the main contact for the state regarding substance use services. Program staff can receive training and certification as "Certified Administration Specialists" with the appropriate experience and education. Specialists are not certified in crisis intervention, though some crisis intervention skills are touched upon during staff training. 211 staff are trained to de-escalate callers in order to direct them towards the services they need. Staff are not trained in any brief screening or brief interventions. 211 staff are provided with a hard script for most phone calls, but they are allowed to alter and use a loose script for callers seeking assistance with opioid use. Some 211 staff are bilingual in Arabic and Spanish; 211 contracts with "Optimal" for translation services in other languages. Most referrals by 211 are conducted as "cold handoffs," though staff do provide follow-up calls and warm transfers to connect

[5] The following information is derived from the websites of the Alabama Council on Compulsive Gambling and the United Ways of Alabama. We were unable to contact the operators responsible for the Alabama 211 service by phone or email despite repeated attempts.

[6] Most 211 services across the United States are funded this way.

people experiencing homelessness to organizations providing shelter, or for anyone else who needs immediate resources. 211 staff do not ask callers about gambling or substance use unprompted; they only address the issues that the callers themselves mention.

Oklahoma

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and the Oklahoma Association on Problem and Compulsive Gambling (OAPCG) websites both direct visitors to the NCPG helpline. Calls to the NCPG helpline originating from anywhere in Oklahoma are automatically redirected to Heartline, the 211 operator for Western Oklahoma. The regular 211 service for Eastern Oklahoma is operated by Tulsa 211, but Tulsa 211 does not provide services for gambling-related issues; therefore, all calls to NCPG from throughout the state are redirected to Heartline. Heartline is contracted and funded by the OAPCG and is operated out of Oklahoma City. The ODMHSAS website primarily advertises the Heartline and Tulsa 211 for substance use helpline services, but also advertises a separate "Reachout Hotline" for mental health and substance addiction services. This "Reachout Hotline" is also answered by Heartline. All Heartline-operated services offer 24-hour mental health and substance addiction services. The Heartline is operated by both paid and volunteer workers. Heartline staff offer both cold and warm hand-offs. Services are provided by English-Spanish bilingual staff. Translation for other languages is available through a contracted external interpreter service. Heartline staff conduct screening assessments for substance use disorders and gambling disorder, and evaluate other related circumstances that callers might be experiencing, including psychiatric comorbidity, suicidality, insurance coverage, healthcare access, and psychosocial factors. Heartline mails information packets containing mental health resources to callers by request.

Summary

Although states are more likely to have standalone gambling helplines than combined helplines, the existence of combined helplines in 5 states indicates that such services are a viable solution. Beyond proof of concept, however, it is also important to establish that combining services will not result in service avoidance (i.e., a tendency to avoid using a specific service due to characteristics of that service). Therefore, future work that involves surveys or interviews with helpline callers regarding their helpline experiences and preferences is important.

3. Caller Characteristics for MA-based Substance Use and Gambling Helplines

To determine overlap of substance use and gambling-related issues among callers to Commonwealth gambling and substance use helplines, as well as assess the demographic overlap of callers to these helplines, we completed (1) a helpline records-review and (2) a caller survey. To accomplish this, we coordinated[7] with the MCCG and HRiA to access their helpline data records and engage in four months of supplemental data collection. For our records review, both helplines made available information available such as call date, first time caller status, caller location, age, gender, referral source, and treatments experienced. Uniquely, HRiA provided information related to primary and secondary drugs of use and MCCG provide details related to gambling game engagement. For the supplemental data collection, we requested that both helplines integrate a set of supplemental data items into their standard helpline data protocols from January 1, 2019 through April 30, 2019, asking these questions of all callers during that time period.

[7] Coordination with these organizations included several rounds of protocol and item development activities and a two-week pilot data collection period during December 2019.

Gambling Helpline Supplemental Data Items

1) Have you (Has your loved one) ever had a substance use problem?
    a. (If yes) Have you (Has your loved one) ever called the substance use helpline?
    b. (If yes) Have you (Has your loved one) ever received treatment for a substance use problem?
2) Have you (Has your loved one) ever had a mental health problem other than substance use or gambling problems[8], such as depression or anxiety?
    a. (If yes) Have you (Has your loved one) ever sought help for a mental health problem other than substance use or gambling problems, such as depression or anxiety?[9]
3) Have you (Has your loved one) ever received treatment for a gambling problem?

Substance Use Helpline Supplemental Data Items

1) Have you (Has your loved one) ever had a gambling problem?
    a. (If yes) Have you (Has your loved one) ever called the gambling helpline?
    b. (If yes) Have you (Has your loved one) ever received treatment for a gambling problem?
2) Have you (Has your loved one) ever had a mental health problem, such as depression or anxiety?
    a. (If yes) Have you (Has your loved one) ever sought help for a mental health problem such as depression or anxiety?
3) Have you (Has your loved one) ever received treatment for a substance use problem?[10]

Analytic Plan

We provide basic descriptive statistics for the aforementioned Supplemental Data Items and three caller characteristic variables from the helpline data records: gender, age, and DPH region of residence. To inform the DPH decision about whether to combine the helplines, we also report key comparisons with general population estimates and between helplines, as described in the following sections. We completed our analyses for the full sample, as well as separately for first time callers and repeat callers.

Decision Points

Prior to analyzing the data, we considered how we might use the above information to inform DPH's decision-making related to its helpline services. We considered two primary decision points to inform our approach. First, we considered information that would support transitioning to a combined helpline. Specifically, we suggested that (1) high levels of mental health comorbidity on both helplines, and (2) high levels of co-occurring gambling and substance use problems on both helplines both are suggestive of the need for a combined service. Second, we considered information that would support maintaining separate helpline services. Specifically, we suggested that (1) high repeat caller rates might indicate service preferences and therapeutic alliance, and (2) distinct demographic patterns between helplines both might indicate

[8] Originally, this question was drafted as written here. However, as can be seen in the substance use helpline supplemental data items, the substance use helpline simplified the question to not include "other than substance use or gambling problems".
[9] Though this was the drafted question, upon implementation, the gambling helpline instead asked "Have you (Has your loved one) ever called a mental health helpline?"
[10] The substance use helpline informed us they already collected this information, so did not ask this question separately, instead relying on information obtained from a separate question about number of treatment attempts their callers had made.

independent caller populations that require specialized helpline services. In addition to these variables, we also report upon key treatment seeking patterns for gambling, substance use, and mental health by describing proportions of caller groups that have engaged in such activities.

Analyzing Evidence for Combined Helplines

To identify "high" levels of psychiatric comorbidity among gambling helpline callers and among substance use helpline callers, we identified rates of mood disorder and anxiety disorder comorbidity among people with gambling disorder and substance use disorders in the general population. We operationalized "high" as a rate that exceeds the lower range of the confidence interval for the highest psychiatric comorbidity estimate. According to the National Epidemiological Survey on Alcohol & Related Conditions (NESARC), among those with gambling disorder, 49.62% (95% CI = 40.49%, 58.75%) had a lifetime mood disorder and 41.30% (95% CI 32.38%, 50.22%) had a lifetime anxiety disorder (Petry, Stinson, & Grant, 2005). With respect to those with substance use disorder, NESARC indicated that 19.67% (95% CI = 18.14%, 21.99%) had a past 12-month[11] mood disorder and 17.71% (95% CI = 16.12%, 19.30%) had a past 12-month anxiety disorder (Grant et al., 2004). Therefore, we considered mental health disorder rates to be high if they were 40.5% or more among gambling helpline callers. Likewise, we considered mental health disorder rates to be high if they were 18.1% or more among substance use helpline callers.

To identify "high" levels of substance use disorder comorbidity among groups of helpline callers we identified rates of substance use disorder, alcohol use disorder, and gambling disorder comorbidity among people with gambling disorders and substance use disorders in the general population. We operationalized "high" as a rate that exceeds the lower range of the confidence interval for the highest comorbidity estimate. With respect to gambling, according to the NESARC, among people with gambling disorder, 38.10% (95% CI = 28.87%, 47.33%) had a drug use disorder and 73.22% (95% CI = 71.00%, 75.24%) had an alcohol use disorder (Petry et al., 2005). Therefore, we considered substance use disorder rates to be high if they were 71.0% or more among gambling helpline callers. With respect to substance use disorders, according to the NESARC, among people with substance use disorder, 1.56% (95% CI = 1.11%, 2.01%) had a gambling disorder and among people with alcohol use disorder, 1.03% (95% CI = 0.81%, 1.25%) had a gambling disorder (Petry et al., 2005). Therefore, we considered gambling disorder rates to be high if they were 1.1% or more among substance use helpline callers.

Analyzing Evidence for Separated Helplines

There is no reliable published information in the peer reviewed literature related to typical repeat caller rates to gambling helplines or substance use helplines. Therefore, in the absence of guiding information prior to analyzing the data we selected an arbitrary benchmark of 20%. Therefore, for both helplines we considered repeat caller rates to be high if they exceeded 20% of all callers.

Finally, we used the helpline caller records to examine the demographic characteristics of callers to each helpline. Recall that we specifically were interested in understanding the degree of demographic similarity for these helplines. Similarity would indicate evidence that supports combining services. To assess this, we completed chi square comparisons and t-tests, as necessary. Comparisons included age, gender, and DPH region of residence. As noted above, we did this for the full sample, and separately for first-time callers and repeat callers.

[11] Whereas existing publications that use the NESARC data reported lifetime rates for gambling disorder comorbidity with other disorders, they reported past 12-month rates for substance use disorder comorbidity with mood and anxiety disorders.

Observations

During the supplemental data collection period (i.e., January 2019 through April 2019), in all there were 3,276 callers to the substance use helpline and 130 callers to the gambling helpline.

Evidence for Combined Helplines

As Table 2 shows, we observed that the overall rate of substance use problems among gambling helpline callers did not exceed our threshold to be considered "high" (39.8% actual versus 71.0% cut-point). This was the case for first-time callers and repeat callers, as well. The rate for repeat callers was just under our predetermined threshold. However, the overall rate of mental health problems did exceed our threshold (44.7% actual versus 40.5% cut-point). Although this was the case for repeat callers, first-time callers did not exceed our predetermined threshold. Therefore, the evidence from the gambling helpline in support of combining the helplines was mixed but leaned somewhat against combination.

Table 2: Evidence for Combined Helplines: Characteristics of Gambling Helpline Callers (N=130 calls)

	Overall %	% of first-time callers	% of repeat callers
Ever experienced a substance use problem [a]	39.8%	28.8%	69.0%
Ever had a mental health problem other than substance use or gambling problems, such as depression or anxiety [b]	44.7%	37.7%	66.7%

[a] This question was not asked of 20 of the callers; a value of "unknown" was entered for 2 callers; 5 callers refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (103 total; 73 first-time callers; 29 repeat callers; 1 caller whose repeat status was unknown).

[b] This question was not asked of 26 of the callers; a value of "unknown" was entered for 2 callers; 8 callers refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (94 total; 69 first-time callers; 24 repeat callers; 1 caller whose repeat status was unknown).

As Table 3 shows, our examination of substance use helpline caller rates of gambling-related problems suggested that the overall prevalence was higher than our predetermined threshold (2.3% actual versus 1.0% cut-point), and likewise, overall rates of mental health problems also exceeded our threshold to be considered "high" (50.7% actual versus 18.1% cut-point). Although this pattern held for first-time callers, it only held partially for repeat callers. More specifically, the rate of gambling-related problems among repeat substance use helpline callers did not exceed our threshold; however, the rate of mental health problems among repeat callers did do so. Largely, these findings support the notion of working toward the development of a combined helpline.

Table 3: Evidence for Combined Helplines - Characteristics of Substance Use Helpline Callers (N=3,276 calls)

	Overall %	% of first-time callers	% of repeat callers
Ever experienced a gambling problem	2.3% (w/ additional 6.5% indicating "not sure")	2.4% (w/ additional 6.4% indicating "not sure")	0.0% (w/ additional 8.8% indicating "not sure")
Ever had a mental health problem, such as depression or anxiety	50.7% (w/ additional 7.1% indicating "not sure")	50.4% (w/ additional 7.0% indicating "not sure")	58.9% (w/ additional 10.5% indicating "not sure")

[a] *This question was not asked of 67 of the callers. The percentages provided are out of the respondents who answered the question either "yes", "no" or "not sure" (3209 total; 3084 first-time callers; 125 repeat callers).*

[b] *This question was not asked of 64 of the callers. The percentages provided are out of the respondents who answered the question either "yes" or "no" or "not sure" (3212 total; 3088 first-time callers; 124 repeat callers). The phrasing of the question differed slightly from that asked of Gambling Helpline callers.*

Evidence for Separated Helplines

We identified 129 (3.9%) substance use helpline callers as repeat callers and 42 (32.6%)[12] gambling helpline callers as repeat callers. Recall that we suggested that we would consider a repeat caller rate greater than 20% to indicate support for maintaining separate helplines. Whereas the substance use helpline repeat caller rate does not meet this threshold, the gambling helpline repeat caller rate indicates that its caller population has a meaningful number of repeat callers and exceeds this threshold. It is possible that these callers have built a rapport with the gambling helpline staff. In such a case, it might be beneficial to maintain gambling helpline access as usual.[13]

We also examined the helplines in terms of three demographic characteristics (i.e., Age, Gender, and DPH Region). We suggested that evidence of extensive demographic differences between the two helplines indicates different caller populations that might be better served by separate helplines. Our observations related to demographic characteristics, presented in Table 4, were mixed. Whereas Age, Gender, and DPH Region evidenced significant differences overall, these differences appear to be driven by the characteristics of repeat callers and with the exception of age, were not reflected among first-time callers. Therefore, the evidence in support of separating the helplines was mixed, but leaned somewhat against combination.

Generally speaking, callers to the gambling helpline are older and less likely to be female. They also appeared to have a distinct DPH Region profile: notably, for the gambling helpline, rates in the Central region appeared elevated and rates in the Metro West and Boston regions appeared depressed. These patterns of findings held for repeat callers, but among first-time callers, we only observed a significant difference for age: first-time gambling helpline callers were older than first-time substance use disorders callers. Again, these observations provide mixed support for the maintenance of separate helplines.

[12] This excludes one individual who had missing data for whether they were a repeat caller or not.

[13] Though we could not make any definitive determinations from the data, demographic information suggests that 19-31 of the 42 repeat callers might actually be the same person. (In 19 cases, city, age, disability status, gender, and marital status all matched; in an additional 12 cases, city, disability status, gender, and marital status all matched the previous cases, but age was not provided.) If 45-74% of repeat callers are actually one individual, this might lead to a different recommendation.

Table 4: Evidence for Separated Helplines: Demographics of Helpline Callers

	Gambling Helpline Callers			Substance Use Helpline Callers		
	Overall	**First-time callers**	**Repeat callers**	**Overall**	**First-time callers**	**Repeat callers**
Age [a]						
Mean	52.5***	44.3**	63.8***	38.8***	38.8**	39.4***
Standard deviation	*17.5*	*17.0*	*4.3*	*13.3*	*13.2*	*13.7*
Range	*18-99*	*18-99*	*45-65*	*11-82*	*11-82*	*15-78*
Gender [b]						
% Female	15.7%***	23.7%	2.4%***	35.7%***	35.9%	30.2%***
DPH Region [c]						
% Western	15.0%***	20.0%	7.5%***	11.5%***	11.6%	9.3%***
% Central	40.0%***	15.0%	77.5%***	13.2%***	13.4%	7.8%***
% Northeast	19.0%***	25.0%	10.0%***	20.5%***	20.4%	22.5%***
% Metro West	6.0%***	10.0%	0.0%***	17.8%***	17.7%	20.9%***
% Southeast	12.0%***	18.3%	2.5%***	21.6%***	21.6%	20.2%***
% Boston	8.0%***	11.7%	2.5%***	15.4%***	15.3%	19.4%***

[a] Recoded one gambling helpline case in which age was "0" to missing. Information about age missing for 66 gambling helpline callers (48 first-time callers; 18 repeat callers).

[b] Information about gender missing for 28 gambling helpline callers (28 first-time callers; 0 repeat callers). 3 substance use helpline callers were transgender.

[c] Information about region missing for 30 gambling helpline callers (27 first-time callers; 2 repeat callers; 1 caller whose repeat status was unknown) and 12 substance use helpline callers (12 first-time callers; 0 repeat callers). Regions were defined using the Massachusetts Executive Office of Health & Human Services region map (https://matracking.ehs.state.ma.us/eohhs_regions/eohhs_regions.html)

**Significant difference between gambling and substance use Helpline callers, p < .05; results for region are from 2x6 chi square.*

***Significant difference between gambling and substance use Helpline callers, p < .01; results for region are from 2x6 chi square.*

****Significant difference between gambling and substance use Helpline callers, p < .001; results for region are from 2x6 chi square.*

Other Related Evidence

We did not have specific decision thresholds related to secondary helpline use or treatment experiences. As Table 5 shows, we observed that modest to meaningful numbers of gambling helpline callers who reported having experienced substance use problems interacted with substance use helplines and indicated that they had received treatment for a substance use problem. Similarly, a modest number of gambling helpline callers who reported having experienced mental health problems also reported that they had called a mental health helpline for such problems. These occurrences lend support

to the idea that combined helplines might better address the complex matrix of issues that callers to gambling helplines report. Gambling helpline callers were moderately likely to report that they have participated in treatment for a gambling-related problem, but repeat callers were very much likely to report such experience.

Table 5: Other Related Evidence: Characteristics of Gambling Helpline Callers

	Overall %	% of first-time callers	% of repeat callers
Among Gambling Helpline Callers Who Reported Having Experienced Substance Use Problems (N = 41)			
Ever called the substance use helpline [a]	19.4%	15.0%	25.0%
Ever received treatment for a substance use problem [b]	70.6%	57.9%	86.7%
Among Gambling Helpline Callers Who Reported Having Experienced Mental Health Problems (N = 42)			
Ever called a mental health helpline for a mental health problem other than substance use or gambling problems, such as depression or anxiety [c]	16.1%	15.0%	18.2%
Among All Gambling Helpline Callers (N = 130)			
Ever received treatment for a gambling problem [d]	34.0%	20.5%	73.1%

[a] This question was not asked of 2 of the 41 callers who indicated they had a substance use problem; an additional 3 refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (36 total; 20 first-time callers; 16 repeat callers).
[b] This question was not asked of 3 of the 41 callers who indicated they had a substance use problem; an additional 4 refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (34 total; 19 first-time callers; 15 repeat callers).
[c] This question was not asked of 8 of the 42 callers who indicated they had a mental health problem; an additional 3 refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (31 total; 20 first-time callers; 11 repeat callers). This question was supposed to be about treatment for mental health; however, the question was instead asked about calling a mental health helpline.
[d] This question was not asked of 19 of the callers; a value of "unknown" was entered for 2 callers; 9 callers refused the question. The percentages provided are out of the respondents who answered the question either "yes" or "no" (100 total; 73 first-time callers; 26 repeat callers; 1 caller whose repeat status was unknown).

As Table 6 shows, we observed that modest numbers of first-time substance use helpline callers who reported having experienced gambling problems interacted with gambling helplines and indicated that they had received treatment for a gambling-related problem. No repeat callers indicated that they had a gambling-related problem. However, a meaningful number of substance use helpline callers who reported having experienced mental health problems also reported that had received treatment for such problems. These occurrences lend support to the idea that combined helplines might better address the complex matrix of issues that callers to substance use helplines report. Substance use helpline callers were highly likely to report that they have been in treatment for substance-related problems.

Table 6: Other Related Evidence - Characteristics of Substance Use Helpline Callers

	Overall %	% of first-time callers	% of repeat callers
Among Substance Use Helpline Callers Who Reported Having Experienced Gambling Problems (N = 74)			
Ever called the gambling helpline [a]	9.7% (w/ additional 2.8% indicating "not sure")	9.7% (w/ additional 2.8% indicating "not sure")	N/A (no repeat callers w/ gambling problem)
Ever received treatment for a gambling problem [a]	11.1% (w/ additional 2.8% indicating "not sure")	11.1% (w/ additional 2.8% indicating "not sure")	N/A (no repeat callers w/ gambling problem)
Among Substance Use Helpline Callers Who Reported Having Experienced Mental Health Problems (N = 1,630)			
Ever sought help for a mental health problem, such as depression or anxiety [b]	79.7% (w/ additional 3.4% indicating "not sure")	79.6% (w/ additional 3.4% indicating "not sure")	81.7% (w/ additional 4.2% indicating "not sure")
Among All Substance Use Helpline Callers (N = 3,276)			
Ever received treatment for a substance use problem	69.5%	70.1%	53.5%

[a] This question was not asked of 2 of the 74 callers who indicated they had a gambling problem. The percentages provided are out of the respondents who answered the question either "yes", "no" or "not sure" (72 total; 72 first-time callers; 0 repeat callers).

[b] This question was not asked of 20 of the 1630 callers who indicated they had a mental health problem. The percentages provided are out of the respondents who answered the question either "yes", "no" or "not sure" (1610 total; 1539 first-time callers; 71 repeat callers).

[c] The percentage provided is out of the respondents who answered a question about # of SU treatment attempts (3276 total; 3147 first-time callers; 129 repeat callers). Answers of 1 or more were coded as having received SU treatment.

Summary

Our analyses of the caller characteristics for MA-based substance use and gambling helplines provided an inconsistent picture. To start, the primary evidence in support of a combined helpline is stronger among SUD callers than among gambling callers, though some evidence for combining is obvious for both call populations. Secondary evidence suggests the reverse, as few substance use helpline callers who have a gambling problem called gambling helplines or received gambling treatment, but many gambling helpline callers who have a substance use problem called substance use helplines and received substance use treatment. Adding to this complicated picture, we observed that repeat calling evidence to maintain separation is stronger among gambling helpline callers than among substance use helpline callers. Finally, demographic evidence was not consistent for different types of callers. Evidence to maintain separation is stronger among

repeat callers than first time callers. Repeat callers had uniformly distinct demographics, but first-time callers were demographically similar on gender and DPH region, but not age.

4. Service Characteristics for MA-Based Substance Use and Gambling Helplines

Current service characteristics might provide insight into whether either the gambling helpline or the substance use helpline might be suited to manage a helpline that addresses both issues. To better understand the service characteristics of the two helplines, we looked at two sources of data: (1) helpline records and (2) a helpline director survey. More specifically, with respect to helpline records, we reviewed helpline activity characteristics including call volume, typical days of the week and times of day for calls, and call outsourcing. Prior to examining the data, we considered how these activities might inform readiness to assume a combined helpline. We suggested that greater readiness to assume a combined helpline might be reflected by (1) routinely handling large call volumes, (2) having more extensive hours of operation, and (3) infrequent outsourcing of calls.

With respect to helpline service standards, we accessed helpline service certification standards from multiple helpline accreditation sources, including Alliance for Information and Referral Systems, Contact USA, and Helplines Partnership. A comprehensive compilation of service standards from these sources included 109 total standards of varying complexity, some of which were similar in nature and overlapping. We narrowed the standards down to those representing five domains: (1) Operations, (2) Access, Resources, & Referrals, (3) Data & Evaluation, (4) Hiring, Training, & Supervision, and (5) Organization Characteristics. Within those domains, we further narrowed the items that compose each domain by combining and/or removing similar and overlapping standards from the various accreditation sources. This yielded a list of 24 standards, which we converted into questions. We requested that MCCG and HRiA complete these questions for their respective helplines via a Qualtrics survey. Upon receiving responses from MCCG and HRiA, we noted any unclear responses and requested clarification of some answers from each organization.

Observations

From the Helpline Records

Figure 3 provides an overview of calls per week by helpline. During the study period, the substance use helpline fielded an average of 183.5 more calls per week than the gambling helpline.

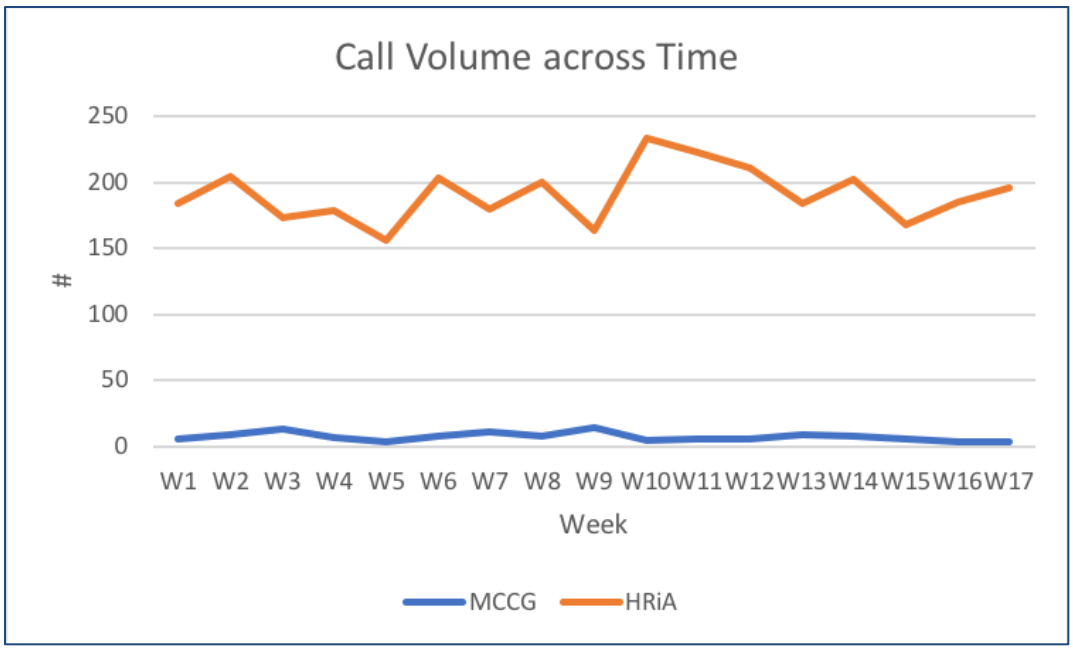

Figure 3: Call Volume by Time. *(This Figure does not include 30 calls that occurred on 4/30/19 because week 17 ended on 4/29/19.)*

As Table 7 shows, there were no extreme daily pattern differences between helplines. Among first time callers, gambling helpline call rates appeared slightly elevated for Thursdays and Fridays and lowered for Tuesdays and Wednesdays relative to the substance use helpline.

Table 7: Calls by Day of Week

	Gambling Helpline Callers (%)			Substance Use Helpline Callers (%)		
	Overall*	**First-time Callers***	**Repeat Callers**	**Overall***	**First-time Callers***	**Repeat Callers**
Monday	15.4%	17.2%	11.9%	18.3%	18.3%	17.8%
Tuesday	10.0%	11.5%	7.1%	17.4%	17.5%	16.3%
Wednesday	13.1%	12.6%	11.9%	17.6%	17.6%	17.8%
Thursday	23.8%	27.6%	16.7%	16.8%	16.7%	18.6%
Friday	23.1%	23.0%	23.8%	16.5%	16.5%	17.8%
Saturday	8.5%	3.4%	19.0%	7.0%	7.1%	4.7%
Sunday	6.2%	4.6%	9.5%	6.4%	6.4%	7.0%

Note. Percentages refer to the percent of calls occurring on each day. Each column totals 100%.

**Significant difference between gambling and substance use Helpline callers, $p < .05$; results are from 2x7 chi square.*

As Table 8 shows, hourly pattern differences between helplines were more obvious. Notably, more than 20% of gambling helpline calls occur between the hours of 11pm and 5am. In contrast, calls to the substance use helpline were relatively high during the morning hours.

Table 8: Calls by Time of Day

	Gambling Helpline Callers (%)			Substance Use Helpline Callers (%)		
	Overall* **	**First-time Callers*** **	**Repeat Callers*** **	**Overall*** **	**First-time Callers***	**Repeat Callers*** **
8:01am-11:00am	3.8%	1.1%	9.5%	23.9%	23.9%	24.0%
11:01am-2:00pm	14.6%	8.0%	28.6%	33.1%	33.0%	33.3%
2:01pm-5:00pm	16.9%	16.1%	16.7%	27.3%	27.0%	33.3%
5:01pm-8:00pm	18.5%	24.1%	7.1%	11.8%	12.0%	7.0%
8:01pm-11:00pm	23.8%	32.2%	7.1%	3.9%	4.0%	2.3%
11:01pm-2:00am	11.5%	8.0%	19.0%	0.0%	0.0%	0.0%
2:01am-5:00am	10.0%	9.2%	11.9%	0.0%	0.0%	0.0%
5:01am-8:00am	0.8%	1.1%	0.0%	0.0%	0.0%	0.0%

Note. Percentages refer to the percent of calls occurring on each day. Each column totals 100%.

****Significant difference between gambling and substance use Helpline callers, p < .001; results are from 2x7 chi square.*

During the study period, a third party handled the majority of calls to the gambling helpline. This situation is atypical for the history of the gambling helpline. Most often, MCCG handles calls Monday-Friday during the hours 8:30am to 5:00pm and the contracted third party handles calls during the remaining hours. MCCG handled 12 of 130 gambling helpline calls (one of which was a repeat caller) and the remainder were handled by the third party during the study period. HRiA did not outsource any calls.

From the Directors' Survey

Recall that the director's survey included inquiries related to helpline standards from the following five domains: (1) Operations, (2) Access, Resources, & Referrals, (3) Data & Evaluation, (4) Hiring, Training, & Supervision, and (5) Organization Characteristics. In Appendix C, we display tables of the standards that compose each domain and directors' responses to how their organization does or does not meet those standards. Each table is coded to indicate how well the organization meets the standard using the following descriptors: ES = exceeds expectations for standard; MS = meeting expectations for standard; or, DNMS= does not meet standard. To rate organizations, two researchers coded the responses independently. These researchers' codes indicated that they agreed for about 76% of ratings. The researchers met to resolve discrepancies and obtained 100% agreement. Table 9 provides a summary of counts for the standards ratings by organization and domain. In the sections that follow, we provide a description of how each organization met each standard.

Table 9: Counts of Standards Ratings by Organization and Domain

Organization	Exceeds Standards	Meets Standards	Does Not Meet Standards
Massachusetts Council on Compulsive Gambling – Gambling Helpline			
Operations	**0**	**8**	**1**
Access, Resources, & Referrals	**0**	**3**	**3**
Data & Evaluation	**2**	**2**	**1**
Hiring, Training, & Supervision	**0**	**3**	**3**
Organization	**0**	**0**	**3**
Health Resources in Action – Substance Use Helpline			
Operations	**5**	**1**	**3**
Access, Resources, & Referrals	**4**	**1**	**1**
Data & Evaluation	**2**	**3**	**0**
Hiring, Training, & Supervision	**6**	**0**	**0**
Organization	**1**	**1**	**1**

Operations

As Table C1 indicates, with respect to operations, HRiA and MCCG had one common standard for which they both had satisfactory practices or protocols: *access to a second phone line for emergencies*. Uniquely, MCCG had 7 standards for which they met expectations. These were (1) *availability of helpline specialists*, (2) *call-forwarding policies*, (3) *call-forwarding MoU with written protocol for handling contacts*, (4) *written confidentiality / anonymity policies*, (5) *written call management policies and procedures*, (6) *written emergency handling procedures*, and (7) *written policies for intervention for suicidal clients*. Likewise, HRiA had 5 standards for which it exceeded expectations: (1) *written confidentiality / anonymity policies*, (2) *written call management policies and procedures*, (3) *written emergency handling procedures*, (4) *written policies for intervention for suicidal clients*, and (5) *suicidality risk assessment used as part of standard procedure if suicide ideation is detected*. MCCG had a single standard for which they did not meet standards (i.e., *suicidality risk assessment used as part of standard procedure if suicide ideation is detected*). HRiA did not meet standards for three standards: (1) *availability of helpline specialists*, (2) *call-forwarding policies*, and *(3) call-forwarding MoU with written protocol for handling contacts*. However, HRiA does not offer or contract with a third party to offer 24/7 helpline services, so two of those three standards were not relevant to their situation. (To maintain 24/7 access, the MCCG contracts with a 3rd party and has an appropriate MoU for these services.[14])

[14] The 3rd party currently is handling all of the gambling helpline calls due to a directive from the OPGS at DPH. This report does not specifically evaluate the 3rd party helpline services against these standards, but does consider their programs and policies when described within the MCCG director's survey responses.

Access, Resources, & Referrals

As Table C2 indicates, with respect to access, resources, and referrals, HRiA and MCCG had two standards for which they both had satisfactory practices or protocols. These included (1) *documented exclusion/inclusion criteria for entries in the referral database* and (2) *documented procedures for identifying new resources for referral database*. HRiA had four additional standards for which they exceeded standards: (1) *barrier-free access to helpline*, (2) *referral database easily accessible*, (3) *policies or procedures for how referrals are provided to callers*, and (4) *documented process for verifying and updating information in referral database on a regular basis*. In contrast, MCCG had two additional standards for which it had satisfactory protocols: (1) *barrier-free access to helpline* and (2) *referral database easily accessible*. MCCG also had two for which for which it did not meet standards: (1) *policies or procedures for how referrals are provided to callers* and (2) *documented process for verifying and updating information in referral database on a regular basis*.

Data & Evaluation

As Table C3 indicates, MCCG and HRiA had two standards in common for which they had satisfactory programs or protocols and two standards in common for which they exceeded standards. Those with satisfactory standards included (1) *performance indicators collected by helpline* and (2) *customer satisfaction surveys collected.* Those standards that the organizations exceeded included (1) *all interactions documented by helpline specialist* and (2) *helpline performance according to most recent consumer satisfaction survey*. For the standard *helpline performance according to most recent collected performance indicators*, MCCG did not meet this standard, but HRiA had satisfactory reported performance.

Hiring, Training, & Supervision

As Table C4 indicates, HRiA had 6 standards for which they uniquely exceeded standards: (1) *measurable objectives in training curriculum that must be demonstrated as part of training*, (2) *basic training about suicide awareness and intervention*, (3) *continuing education related to helpline services*, (4) *structured program of supervision*, (5) *system of support available for helping specialists*, and (6) *annual system of evaluation for helpline specialists*. MCCG had three standards for which it uniquely had satisfactory practices. These included (1) *basic training about suicide awareness and intervention*, (2) *continuing education related to helpline services*, and (3) *annual system of evaluation for helpline specialists*. However, MCCG also had three standards for which it uniquely did not meet standards. These included (1) *measurable objectives in training curriculum that must be demonstrated as part of training*, (2) *structured program of supervision*, and (3) *system of support available for helpline specialists*.

Organization Characteristics

As Table C5 indicates, with respect to organization characteristics, both MCCG and HRiA do not meet standards for having a *written sustainability plan* for the helpline. MCCG further does not meet standards for: (1) having *facilities dedicated to helpline operations* and (2) *broad-based funding*. HRiA had a satisfactory response to the standard for *broad-based funding* and exceeded the standard for *facilities dedicated to helpline operations.*

Other Related Evidence

As Table 10 shows, the top three referral sources for the gambling helpline were GA/Recovery Support Programs, the Lottery website, and the MCCG website. For the substance use helpline, the top three referral sources were Internet/social media, family/fried, and GA/Recovery Support Programs.

Table 10: Calls by Referral Source (First-Time Callers Only)

	Gambling Helpline Callers (n=88 first-time callers)		Substance Use Helpline Callers (n=3147 first-time callers)	
Referral Sources	**#**	**%**	**#**	**%**
211	0	0.0%	5	0.2%
311 (Boston)	0	0.0%	3	0.1%
411	0	0.0%	12	0.4%
Billboard	0	0.0%	4	0.1%
Bus/Subway Ad	0	0.0%	3	0.1%
Card/Flyer/Brochure	0	0.0%	75	2.4%
CSS	0	0.0%	7	0.2%
Detox	0	0.0%	137	4.4%
DPH/BSAS	0	0.0%	23	0.7%
Emergency Room	0	0.0%	56	1.8%
Employer	0	0.0%	19	0.6%
Family/Friend	2	2.3%	476	15.1%
GA/Recovery Support Program	8	9.1%	372	11.8%
Gambling Industry	2	2.3%	0	0.0%
GameSense Advisor	3	3.4%	0	0.0%
Healthcare Provider	0	0.0%	134	4.3%
Human/Social Service Agency	0	0.0%	332	10.5%
Insurance	0	0.0%	33	1.0%
Internet / Social Media	1	1.1%	945	30.0%
Judicial /Legal System	1	1.1%	59	1.9%
Lottery Website	5	5.7%	0	0.0%
MCCG Website	7	8.0%	0	0.0%
National Hotline	2	2.3%	0	0.0%
Newspaper/Print Media	1	1.1%	4	0.1%

Table 10 (cont.)

	Gambling Helpline Callers (n=88 first-time callers)		Substance Use Helpline Callers (n=3147 first-time callers)	
Referral Sources	**#**	**%**	**#**	**%**
Parent	0	0.0%	7	0.2%
Place of Worship	0	0.0%	2	0.1%
Police/Fire	0	0.0%	7	0.2%
Radio / TV	0	0.0%	13	0.4%
RMV	0	0.0%	6	0.2%
Residential Treatment Program	0	0.0%	93	3.0%
SAMHSA	0	0.0%	26	0.8%
Sober Home	0	0.0%	4	0.1%
State Agency (other than DPH)	0	0.0%	234	7.4%
Stigma Campaign	0	0.0%	1	0.0%
Suicide / Crisis Line	0	0.0%	2	0.1%
Outpatient Counselor	0	0.0%	32	1.0%
TSS	0	0.0%	2	0.1%
Other	7	8.0%	30	1.0%
Unknown	49	5.6%	30	1.0%

Summary

HRiA routinely handles a much larger volume of helpline calls than MCCG, suggesting greater readiness to absorb additional calls were the helplines to be combined. The HRiA program and protocols are advanced in several ways. The substance use helpline exceeded standards for about 64% of all assessed standards and met or exceeded standards for about 89% of all standards. One primary area in need of attention is the availability of the service. Whereas the gambling helpline is available 24/7 and receives more than 20% of its calls during off-hours (e.g., 11pm-8am), the substance use helpline is not available overnight, accepting no calls between 10pm and 5am. MCCG gambling helpline program and protocols require additional attention to meet standards of several domains. It exceeded standards for about 7% of all assessed standards and met or exceeded standards for about 64% of all standards. Domains in need of the most attention include features of the organization, hiring, training, and supervision, and access, resources, and referrals. At this time, should the OPGS decide to combine helplines, HRiA appears to be better prepared to manage an expanded service with the caveat that it would need to address its current lack of availability during overnight hours.

5. Recommendations & Considerations

Researchers and treatment providers around the world are recognizing the commonalities that many different expressions of addiction share and considering what they mean for services provided. Such recognition has led to changes in diagnostic systems and awareness that similar treatment models might be useful across distinct expressions of addition. Relatedly, the OPGS at DPH has considered the possibility of optimizing its gambling helpline system by transitioning to a multi-purpose helpline. As part of helping OPGS explore this idea, our work used a variety of empirical methods to weigh the evidence in support of and against a multi-purpose helpline. Had our empirical assessment of these considerations yielded a clearer pattern of findings, definitive recommendations would have been possible. However, our assessments of the literature, services in other states, and the state's helpline caller characteristics indicated a complicated and mixed picture. Ultimately, this decision might not be entirely evidence based; rather, DPH might weigh the mixed evidence here with its own administrative, contractual, and strategic preferences for combined or segregated gambling and substance use helpline services. The proof of concept for mixed purpose helplines in other states assists DPH with a preference for either proposition.

The service characteristics we observed for each helpline presented a more straightforward picture. Although not entirely uniform, the HRiA model has several advantages over the MCCG model. The HriA substance use helpline has more comprehensive written policies, procedures, and manuals that govern helpline specialists' actions, the referrals provided, and the organization's management of the helpline than the MCCG gambling helpline, and these written documents meet or exceed standards. The substance use helpline also has more clear and detailed training procedures for its employees. We took this as evidence that HRiA would be better prepared to assume a combined helpline, generally, and more quickly than MCCG. However, the HRiA model might be improved by adopting some MCCG practices including 24/7 access and, if necessary to provide such access, in partnership with a subcontractor. Notably, the MCCG helpline is very low volume, even after four years of gambling expansion and additional helpline promotional activity by high profile sources, GameSense and the Massachusetts Gaming Commission. The HRiA helpline is relatively high volume but rolling in an additional 30-40 gambling-related calls per month should not strain its resources inordinately.

According to recent budgets provided by the OPGS, the MCCG gambling helpline costs roughly $400 per interaction and the substance use helpline costs roughly $107 per interaction.[15] A purely financial decision-point related to combining helplines is unwarranted, however, should DPH maintain separate helplines, it might want to examine ways to align costs per interaction and/or determine why interaction costs are different for these helplines.

Currently, we recommend maintaining the gambling helpline, at least temporarily, given its distinct population of callers, especially repeat callers, high repeat caller rate, and the absence of definitive comorbidity support for combining helplines. In addition, it is clear that even if the helplines remain separate, the substance use helpline needs to be required to address mental health *and* gambling, and there is proof of concept supporting such practices. Hence, there exists a cooperative training opportunity for MCCG/HRiA that would lay the foundation for a future change. In addition, creating a combined resource database that includes substance use and gambling service providers would benefit both helplines. Eventually, as gambling becomes routinized within the HRiA services, DPH might want to revisit the idea of combining helplines to

[15] These numbers are only rough estimates of cost per interaction and are not definitive cost-benefit analyses. We estimated annual calls and performed a crude analysis to give the OPGS a rough sense of cost per interaction. A formal cost-benefit analysis with an evaluator experienced in this area will provide the DPH with more definitive observations. Nonetheless, at the most basic level, there appear to be large cost differences associated with the helplines that should be explored.

optimize resources and services. This might involve the services of one or both organizations. Nonetheless, it would be immediately useful to identify ways to build innovative bridges between these helplines, for referrals, for info sharing, for training, for resource materials, and for more. Operating fully independently as if the other helpline does not exist risks failing to capitalize on each program's strengths and attending to the complicated health background of helpline callers. Formalizing new and inventive avenues of contact, connection, and awareness activities between the substance use and gambling helplines is highly recommended.

Recommendations

(1) Maintain separate helplines, at least temporarily, and revisit the possibility of combining helplines in the future, including the completion of helpline caller surveys with respect to this issue.
(2) Require helplines maintain minimum standards certification by 3rd party such as Contact USA.
(3) Develop a cooperative training agenda to advance helplines' capabilities for addressing mental health, gambling, and substance use problems, as needed.
(4) Create a shared resource database that informs referrals for both helplines.
(5) Require helplines to develop and implement plans for addressing mental health, gambling, and substance use problems, as needed.
(6) Engage with a business consultant to better understand and align helpline costs that currently appear to be disproportionate to services.
(7) Commence an initiative to explore the development and implementation of innovative bridges between the gambling and substance use helplines.

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7. Appendices

Appendix A: Table of Helpline Outcome Studies by Type of Helpline

Citation	Type of Helpline	Summary
(Abbott et al., 2018)	Gambling	First time callers to the New Zealand National Gambling Helpline receiving treatment as usual (i.e., regular helpline support) experienced significant reductions between baseline and 12-month follow-up in days gambled per month and dollars lost per gambling day. Treatment as usual was equally as effective as intensive treatment services, including motivational interviewing, mailed workbooks, and/or follow-up booster calls.
(Amuedo-Dorantes, Mach, & Clapp, 2004)	Other: Homework Helpline	Adolescents aged 12-16 years utilizing a homework hotline, compared to others, do not experience significant effects on past-30-day cigarette, alcohol, or marijuana use.
(Biazzo et al., 2010)	Smoking	Compared to those choosing nicotine replacement therapy, callers to a tobacco quitline choosing varenicline experienced 1.66 greater odds of abstinence at 6-months post-program intake.
(Bischof et al., 2014)	Gambling	This study utilized a random digit dialing procedure and a stratified and clustered telephone design to collect a sample of gamblers, but does not report on outcomes related to usage of a specific hotline
(Brockman, Patten, & Lukowski, 2018)	Smoking	Barriers to effective quitline support for concerned family members and friends of smokers learning how to provide positive support for quitting include (1) smoker is pre-contemplative/contemplative, (2) concerned other is uncertain about how to address smoking or quitting, (3) the smoker is defensive and refuses to talk, (4) the smoker is contemplative but refuses to set a quit date, and (5) the smoker is uninterested in helpline support.
(Brown et al., 2017)	Smoking	This study demonstrates the feasibility of implementing a tablet-based brief intervention to encourage acceptance of tobacco quitline referral among those in SUD treatment.
(Buller et al., 2014)	Smoking	Smokers randomized to a website or self-help booklet were significantly more likely to report use of nicotine replacement therapy.
(Bush et al., 2008)	Smoking	Incorporating two-weeks of free nicotine patches for insured callers into a tobacco quitline boosted calls (7,775 callers compared to 775 callers prior to program implementation), increased engagement with counseling and nicotine replacement therapy (with significant increases in use of patch [86.2% compared to 41.8% prior to program implementation] and decrease in use of buproprion [14.8% compared to 22.0% prior to program implementation]), and led to greater past-seven-day abstinence at six-months (33.6% compared to 18.0%).
(Carlini & Garrett, 2018)	Substance Use	State-funded or endorsed helplines in Washington, Colorado, Alaska, and Oregon do not have adequate information to support reductions in marijuana use and are upfront about lack of knowledge, though it should be noted that only eleven calls were placed and the were conducted by two researchers.
(Clemens & Ritter, 2008)	Substance Use	An alcohol and other drug use helpline was used to estimate the number of people likely to attend face-to-face treatment for publicly funded alcohol treatment.
(Courtney et al., 2017)	Smoking	Participants recruited from a smoking Quitline were more likely to complete a financial counseling for smoking cessation RCT compared to those recruited from other sources
(Cummins et al., 2015)	Smoking	A dissemination and implementation trial showed that an evidence-based Asian-language tobacco quitline has high effectiveness regarding quit outcomes
(Danielsson, Eriksson, & Allebeck, 2014)	Gambling-specific, Substance use-specific, and Smoking-specific helplines	A systematic review of 74 studies on telephone and online smoking, gambling, and alcohol intervention services found evidence that helplines can reduce smoking, but not alcohol use or gambling problems

Citation	Type of Helpline	Summary
(Docherty, Lewis, McEwen, Bauld, & Coleman, 2014)	Smoking	A previous study on a tobacco quitline concluded that offering free NRT vouchers to callers did not increase cessation rates; the present study concluded that this non-significant increase in cessation was not due to callers seeking cessation outside of the trial
(Ferland et al., 2013)	Gambling	An evaluation of the quality of a Quebec gambling helpline found 87% of calls were judged as an overall positive experience, though quality was higher for referral requests than for informational requests
(Gainsbury, Hing, & Suhonen, 2014)	Gambling	In a sample of Australian gamblers, 39% of participants were aware of gambling helpline services, the highest proportion of any problem gambling service assessed
(Gates, 2015)	Substance Use	A systematic review of 36 articles on drug and alcohol helplines concluded that most evidence shows IDA helplines are effective, despite lack of consistency in measures between studies
(Gates, Norberg, Copeland, & Digiusto, 2012)	Substance Use	A combined MI+CBT phone counseling intervention delivered to people calling a cannabis helpline is efficacious for reducing cannabis use
(Glasgow, Hollis, McRae, Lando, & LaChance, 1991)	Smoking	Of a suite of low-intensity tobacco cessation programs/materials offered to community members, tobacco advice line less likely to be used than self-help materials, use of tobacco substitutes, etc.
(Heinemans, Toftgård, Damström-Thakker, & Galanti, 2013)	Substance Use	64% of callers to the Swedish National Alcohol Helpline screened positive for alcohol dependence on the AUDIT at baseline assessment, but only 19% screened positive at twelve-month follow-up, with greatest reductions seen among those having higher scores at baseline.
(Mosavel, 2004)	Substance Use	Among individuals seeking substance abuse treatment, those utilizing substance use helpline services spent significantly less time using outpatient treatment services than others.
(Ni, Wang, Link, & Sherman, 2018)	Smoking	Regardless of smoker type (i.e., light-intermittent, light-daily, and heavy), smokers calling a smoking quitline did not significantly differ from those utilzing intensive counseling interventions on past-30-day abstinence at six-months post randomization.
(Rodda, Hing, & Lubman, 2014)	Gambling	Most callers to an Australian Gambling helpline ended up attending further treatment. There were no difference in outcome by gender
(Shandley & Moore, 2008)	Gambling	Callers to a gambling helpline in Victoria Australia were satisfied with its service; most accepted treatment referral and all those who accessed treatment after helpline referral improved over time on overall life functioning
(Shiffman, 1982)	Smoking	Ex-smokers found a helpline providing counseling in the moment for instances of smoking relapse and near-relapse to be helpful. Many continued to maintain abstinence after having accessed this helpline
(Tworek, Haskins, & Woods, 2009)	Smoking	Free NRT offered as part of Maine Tobacco HelpLine is a draw for a large portion of callers, and has been accessible and helpful to those who've used it
(Valdivia-Salas, Blanchard, Lombas, & Wulfert, 2014)	Gambling	Gambling helpline callers who call because of gambling-related family of financial reasons (compared to calling because of a current crisis) are more likely to attend counselling after getting a referral from the helpline
(Weinstock et al., 2011)	Gambling	Among callers to a West Virginia Gambling helpline, demographic and clinical factors were associated with likelihood of attending first treatment appointment after the call. Callers also more likely to attend tx if first appointment made was offered within 72 hours of helpline call, and if call was precipitated by spouse/family or legal problems
(Wong et al., 2011)	Smoking	Six-month follow-up of Hong Kong youth who called a smoking quitline shows three trajectories of smoking: 56% maintained a slight reduction in smoking, 29% maintained a large reduction in their smoking, and 15% managed to quit smoking altogether

Appendix B: Endorsed Helpline Services Available in 50 States

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
AL	Gambling Disorder (GD)	211	United Way	24/7	-	United Way; Alabama Council on Compulsive Gambling; National Council on Problem Gambling	http://www.211connectsalabama.org/about-us/ https://www.alccg.org/maintenance https://www.ncpgambling.org/state/alabama/
	Substance Use Disorder (SUD)	1-844-307-1760 (dedicated SUD); 211; 888-421-1266 (redirects to 211)	1-844-307-1760: Alabama Department of Mental Health and Recovery Organization of Support Specialists; 211: United Way	All 24/7	text	United Way; Alabama Department of Mental Health: Division of Mental Health & Substance Abuse Services	http://www.211connectsalabama.org/about-us/ http://www.mh.alabama.gov/MHSA/?sm=c
AK	GD	(none)	-	-	-	-	-
	SUD	1-800-478-2221; 211	United Way	8:30 AM-5:00 PM M-F	-	United Way	http://www.alaska211.org/
AZ	GD	1-800-NEXT-STEP; 1-800-777-7207	1-800-NEXT-STEP: Morneau Shepell; 1-800-777-7207: Arizona Council on Compulsive Gambling	All 24/7	-	Arizona Department of Gaming, Division of Problem Gambling; Arizona Council on Compulsive Gambling	https://problemgambling.az.gov/ http://www.azccg.org/
	SUD	(none)	-	-	-	-	-
AR	GD	1-800-522-4700 (NCPG)	Louisiana Problem Gamblers Helpline	24/7	text; live chat	National Council on Compulsive Gambling; Arkansas Lottery	https://www.ncpgambling.org/state/arkansas/ https://www.myarkansaslottery.com/about/play-responsibly
	SUD	(none)	-	-	-	-	-
CA	GD	1-800-GAMBLER	Morneau Shepell	24/7	text ("support") to 53342; live chat	California Council on Problem Gambling; California Department of Public Health Office of Problem Gambling	https://calpg.org/ https://www.cdph.ca.gov/Programs/OPG/Pages/opg-landing.aspx
	SUD	(none)	-	-	-	-	-

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
CO	GD	1-800-522-4700 (NCPG)	Rocky Mountain Crisis Partners	24/7	text; live chat	Problem Gambling Coalition of Colorado;	http://www.problemgamblingcolorado.org/content/help-resources-1
	SUD	1-844-493-8255	Colorado Crisis Services	24/7	text ("TALK" to 38255); live chat; walk-in centers	Colorado Crisis Services; Colorado Department of Human Services	https://coloradocrisisservices.org/
CT	GD	1-888-789-7777	Connecticut Council on Problem Gambling	24/7	text ("CTGAMB" to 533420); live chat	Connecticut Council on Problem Gambling; Connecticut Department of Mental Health and Addiction Services	http://www.ccpg.org/ https://www.ct.gov/dmhas/cwp/view.asp?a=2902&Q=335212&dmhasNav=|
	SUD	1-800-563-4086	DMHAS	24/7	-	Department of Mental Health and Addiction Services	https://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=530890
DE	GD	1-888-850-8888	Delaware Council on Gambling Problems	24/7	text (302-438-8888, 9:00 AM-5:00 PM M-F); live chat	DHHS Division of Substance Abuse and Mental Health; Delaware Council on Gambling Problems	http://www.deproblemgambling.org/
	SUD	800-652-2929 (New Castle County); 800-345-6785 (Kent and Sussex Counties)	Mobile Crisis Intervention Services	All 24/7	-	DHHS Division of Public Health	http://www.helpisherede.com/treatment
FL	GD	1-888-ADMIT-IT	Florida Council on Compulsive Gambling	24/7	-	Florida Council on Compulsive Gambling	http://www.gamblinghelp.org/
	SUD	1-800-622-HELP (SAMHSA)	Substance Abuse and Mental Health Services Administration	24/7	-	SAMHSA	http://www.floridahealth.gov/programs-and-services/prevention/substance-abuse/index.html

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
GA	GD	888-236-4848	Florida Council on Compulsive Gambling	24/7	-	Florida Council on Compulsive Gambling; Georgia Council on Problem Gambling; Georgia Department of Behavioral Health and Developmental Disabilities	http://www.gamblinghelp.org/get_help/helpline https://www.georgiagamblinghelp.org/
	SUD	1-800-715-4225	Behavioral Health Link Crisis Call Center	24/7	-	Georgia Department of Behavioral Health and Developmental Disabilities; The Georgia Collaborative ASO	https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg
HI	GD	(none)	-	-	-	-	-
	SUD	(none)	-	-	-	-	-
ID	GD	(none)	-	-	-	-	-
	SUD	211; 1-800-926-2588 (redirects to 211); 1-800-922-3406 or 1-855-202-0973 (find treatment lines)	Idaho Department of Health and Welfare	CareLine: 8:00 AM-6:00 PM M-F; Treatment lines: unclear	CareLine: text (zip code to 898211); email	Idaho 211 (CareLine) Idaho Department of Health and Welfare	https://211.idaho.gov/ https://healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/FindTreatment/tabid/382/Default.aspx
IL	GD	1-800-GAMBLER	Morneau Shepell	24/7	text ("ILGAMB" to 53342); live chat	Division of Alcoholism and Substance Abuse; Illinois Department of Human Services; Illinois Council on Problem Gambling; Illinois Alliance on Problem Gambling; Morneau Shepell	http://www.dhs.state.il.us/page.aspx?item=32300 https://www.dhs.state.il.us/page.aspx? http://www.icpg.info/ http://illinoisalliance.org/ https://www.morneaushepell.com/
	SUD	833-2FINDHELP	Health Resources in Action	24/7	-	Illinois Helpline for Opioids and Other Substances; Health Resources in Action; Division of Alcoholism and Substance Abuse; Illinois Department of Human Services	https://helplineil.org/ https://hria.org/ http://www.dhs.state.il.us/page.aspx?item=32300

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
IN	GD	1-800-994-8448	Morneau Shepell	24/7	live chat	Division of Mental Health and Addiction; Indiana Problem Gambling Awareness Program; Indiana Council on Problem Gambling; Morneau Shepell	https://www.in.gov/fssa/dmha/2582.htm https://ipgap.indiana.edu/ https://indianaproblemgambling.org/
	SUD	1-800-622-HELP (SAMHSA)	Substance Abuse and Mental Health Services Administration	24/7	live chat	Division of Mental Health and Addiction	https://www.in.gov/fssa/dmha/2933.htm
IA	GD	1-800-BETSOFF	Iowa State University	24/7	text (855-895-8398); live chat	Iowa Department of Mental Health; Iowa State University	https://yourlifeiowa.org/gambling
	SUD	855-581-8111	Your Life Iowa	24/7	text (855-895-8398); live chat	Iowa Department of Mental Health	https://yourlifeiowa.org/drugs https://yourlifeiowa.org/alcohol
KS	GD	1-800-522-4700 (NCPG)	Kentucky Department of Aging and Disability Services	24/7	text; live chat	Kansas Department of Aging and Disability Services; Kansas Coalition on Problem Gambling	http://www.ksgamblinghelp.com/ https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/problem-gambling-services
	SUD	(none)	-	-	-	-	-
KY	GD	1-800-GAMBLER	River Valley Behavioral Health	24/7	text; live chat	Kentucky Council on Problem Gambling	https://www.kycpg.org/ http://www.rvbh.com/
	SUD	1-833-8KY-HELP	KY HELP Statewide Call Center	8:30 AM-5:30 PM M-F	text ("HOPE" to 96714)	Kentucky Justice and Public Safety Cabinet; Operation UNITE; Kentucky Department for Public Health	https://operationunite.org/treatment/kyhelp-call-center/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
LA	GD	1-877-770-STOP	Louisiana Association on Compulsive Gambling	24/7	text ("nobet" to 66746); live chat; email	Louisiana Department of Health; Louisiana Casino Association; Community Foundation of Northwest Louisiana; United Way of Northwest Louisiana	http://ldh.la.gov/index.cfm/page/1545 www.helpforgambling.org
	SUD	1-877-664-2248	North Louisiana Community Foundation; United Way of Northwest Louisiana	24/7	-	Louisiana does not host their own website specifically substance use services, although there are websites for individual district authorities, which are responsible for providing substance use services for their respective districts.	
ME	GD	211	Maine Department of Health and Human Services; United Way; Opportunity Alliance	24/7	text (zip code to 898-211); email	State of Maine Department of Health and Human Services; United Way; Opportunity Alliance	https://www.maine.gov/dhhs/mecdc/population-health/prevention/gambling/
	SUD	211	Maine Department of Health and Human Services; United Way; Opportunity Alliance	24/7	text (zip code to 898-211); email	State of Maine Department of Health and Human Services; United Way; Opportunity Alliance	https://211maine.org/ https://www.maine.gov/dhhs/hotlines.htm
MD	GD	1-800-GAMBLER	Maryland Center of Excellence on Problem Gambling at the University of Maryland School of Medicine	24/7	-	Maryland Center of Excellence on Problem Gambling; University of Maryland School of Medicine	http://www.mdproblemgambling.com/
	SUD	211	Maryland 211	24/7	-	Maryland 211; State of Maryland	https://211md.org/ https://beforeitstoolate.maryland.gov/what-is-before-its-too-late/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
MA	GD	1-800-426-1234	Massachusetts Council on Compulsive Gambling	24/7	live chat	Massachusetts Office of Problem Gambling Services; Massachusetts Council on Compulsive Gambling	https://masscompulsivegambling.org/get-help/
	SUD	1-800-327-5050	Bureau of Substance Addiction Services	8:00 AM-10:00 PM M-F; 8:00 AM-6:00 PM Weekends	-	The Massachusetts Bureau of Substance Addiction Services; The Massachusetts Substance Use Helpline	https://helplinema.org/
MI	GD	1-800-270-7117	Michigan Department of Health and Human Services	24/7	-	Michigan Department of Health and Human Services	https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_43661_64090-295819--,00.html
	SUD	There are 83 counties in Michigan. Each county has its own treatment services hotline. Most, if not all, are 24/7.			-	Michigan Department of Health and Human Services	https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877--,0.html
MN	GD	1-800-333-HOPE	Minnesota Department of Human Services	All 24/7	text ("HOPE" to 61222); live chat	Department of Human Services	https://getgamblinghelp.com/
	SUD	(none)	-	-	-	-	-
MS	GD	1-888-777-9696	Morneau Shepell	24/7	text ("msgambler" to 53342); live chat	Mississippi Council on Problem and Compulsive Gambling	http://www.msgambler.org/
	SUD	1-877-210-8513	Mississippi Department of Mental Health	24/7	-	Mississippi Department of Mental Health	http://www.dmh.ms.gov/alcohol-and-drug-services/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
MO	GD	1-800-BETSOFF	Missouri Lottery Commission	24/7	-	Missouri Department of Mental Health	https://dmh.mo.gov/ada/progs/gambling.html
	SUD	1-800-273-TALK (suicide hotline)	Missouri Department of Mental Health	24/7	-	Missouri Department of Mental Health	https://dmh.mo.gov/ada/help.html
MT	GD	1-888-900-9979	(unclear)	24/7	-	Montana Council on Problem Gambling	http://www.mtproblemgambling.org/
	SUD	(none)	-	-	-	-	-
NE	GD	1-800-522-4700 (NCPG)	Nebraska Council on Problem Gambling	24/7	text; live chat	Nebraska Council on Problem Gambling; Nebraska Commission on Problem Gambling	http://www.neproblemgambling.com/ https://problemgambling.nebraska.gov/bet-careful
	SUD	1-800-648-4444	Nebraska Department of Health and Human Services	8:00 AM-5:00 PM M-F	-	Nebraska Department of Health and Human Services	http://dhhs.ne.gov/behavioral_health/Pages/beh_treatment.aspx#Alcohol%20%26%20Substance%20Abuse
NV	GD	1-800-522-4700 (NCPG)	Louisiana Problem Gamblers Helpline	24/7	text; live chat	Department of Health and Human Services	http://dhhs.nv.gov/Programs/Grants/Programs/Problem_Gambling/Problem_Gambling_Services_(PGS)/
	SUD	1-866-535-5654; 211	Money Management International	All 24/7	text (zip code to 898211); live chat	Money Management International; Nevada Department of Health and Human Services	https://www.nevada211.org/addiction-services/
NH	GD	1-603-724-1605	New Hampshire Council on Problem Gambling	8:00 AM-11:00 PM	-	New Hampshire National Council on Problem Gambling	http://nhproblemgambling.org/Home.aspx
	SUD	1-844-711-HELP	Department of Health and human Services Bureau of Drug and Alcohol Services; The New Hampshire Charitable Foundation	24/7	-	Department of Health and Human Services	https://www.dhhs.nh.gov/dcbcs/bdas/crisis-line.htm http://www.drugfreenh.org/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
NJ	GD	1-800-GAMBLER	Council on Compulsive Gambling of New Jersey	24/7	text	Council on Compulsive Gambling of New Jersey; New Jersey Lottery	https://www.state.nj.us/lottery/about/gambling-resources.htm https://800gambler.org/
	SUD	1-844-276-2777 (addiction); 1-800-NJ-STOPS (smoking); 1-844-ReachNJ (referral services); 211	Rutgers University Behavioral Health Care	All 24/7	-	Department of Health Division of Mental Health and Addiction Services; Rutgers University	https://www.nj.gov/nj/community/counseling
NM	GD	1-800-522-4700 (NCPG)	New Mexico Council on Problem Gambling	24/7	text; live chat	National Council on Problem Gambling	https://www.ncpgambling.org/state/new-mexico/
	SUD	1-800-622-HELP (SAMHSA)	Substance Abuse and Mental Health Services Administration	24/7	-	SAMHSA	https://www.usa.gov/mental-health-substance-abuse
NY	GD	1-877-8HOPENY	New York State Office of Alcoholism and Substance Abuse Services	24/7	text ("HOPENY" to 467369); live chat	New York State Office of Alcoholism and Substance Abuse Services	https://www.oasas.ny.gov/gambling/helpline.cfm
	SUD	1-877-8HOPENY	New York State Office of Alcoholism and Substance Abuse Services	24/7	text ("HOPENY" to 467369); live chat	New York State Office of Alcoholism and Substance Abuse Services	https://www.oasas.ny.gov/accesshelp/index.cfm

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
NC	GD	1-877-718-5543	Morneau Shepell	24/7	text; live chat	North Carolina Department of Health and Human Services; North Carolina Council on Problem Gambling; More Than a Game NC	https://www.ncdhhs.gov/ https://www.ncdhhs.gov/providers/provider-info/mental-health/problem-gambling https://www.ncdhhs.gov/assistance/mental-health-substance-abuse/gambling http://www.nccouncilpg.org/ http://morethanagamenc.com/
	SUD	1-800-688-4232	Substance Abuse and Mental Health Services Administration	24/7	-	Alcohol/Drug Council of North Carolina	https://www.alcoholdrughelp.org/
ND	GD	1-877-702-7848; 211	211: Firstlink; 1-877-702-7848: Gamblers Choice (a part of Lutheran Social Services of North Dakota)	1-877-702-7848: 9:00 AM-5:00 PM M-F; 211: 24/7	text; live chat	Lutheran Social Services of North Dakota; Gamblers Choice; Firstlink	http://www.gamblernd.com/ https://www.lss-nd.org/ https://myfirstlink.org/services/2-1-1-helpline/
	SUD	1-800-622-HELP (SAMHSA)	Substance Abuse and Mental Health Services Administration	24/7	-	SAMHSA	https://www.usa.gov/mental-health-substance-abuse
OH	GD	1-800-589-9966	United Way 211 Cleveland	24/7	live chat	Ohio for Responsible Gambling; Ohio Department of Mental Health and Addiction Services; Ohio Casino Control Commission; Ohio Lottery Commission; Ohio State Racing Commission	http://org.ohio.gov/ https://mha.ohio.gov/ https://www.casinocontrol.ohio.gov/ https://www.ohiolottery.com/ http://www.racingohio.net/
	SUD	1-877-275-6364	Ohio Department of Mental Health and Addiction Services	8:00 AM-5:00 PM M-F	-	Ohio Department of Mental Health and Addiction Services; Take Charge Ohio	https://mha.ohio.gov/ http://takechargeohio.ohio.gov/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
OK	GD	1-800-522-4700 (NCPG)	Heartline	24/7	text; live chat	Oklahoma Department of Health and Substance Abuse Services; Oklahoma Association on Problem and Compulsive Gambling; Heartline; National Council on Problem Gambling	https://www.ok.gov/odmhsas/ http://www.oapcg.org/ http://heartlineoklahoma.org/ https://www.ncpgambling.org/
	SUD	1-800-522-9054; 211	1-800-522-9054: Oklahoma Department of Mental Health and Substance Abuse Services; 211: Heartline/Tulsa 211	All 24/7	-	Oklahoma Department of Mental Health and Substance Abuse Services; Heartline; Tulsa 211	https://www.ok.gov/odmhsas/ http://heartlineoklahoma.org/ https://csctulsa.org/2-1-1-helpline-resources-archives/
OR	GD	1-877-695-4648	Emergence	24/7	text (503-713-6000); live chat (NCPG)	Oregon Problem Gambling Resource; Oregon Health Authority; Emergence	http://www.opgr.org/ https://www.oregon.gov/oha/HSD/AMH/Pages/Gambling.aspx http://www.4emergence.com/
	SUD	1-800-923-4357	Lines for Life	24/7	text ("Recovery Now" to 839863, 8:00 AM-11 PM)	Oregon Health Authority Addictions and Mental Health Services; Lines for Life	https://www.oregon.gov/oha/hsd/amh/pages/index.aspx https://www.linesforlife.org/
PA	GD	1-800-GAMBLER; 1-800-848-1880; 1-877-565-2112	Louisiana Problem Gamblers Helpline	All 24/7	-	Pennsylvania Department of Drug and Alcohol Programs; Pennsylvania Gaming Control Board; Council on Compulsive Gambling in Pennsylvania	https://www.ddap.pa.gov/pages/default.aspx https://gamingcontrolboard.pa.gov/ https://www.pacouncil.com/
	SUD	1-800-662-HELP (SAMHSA)	Substance Abuse and Mental Health Services Administration	24/7	-	Pennsylvania Department of Drug and Alcohol Programs; Substance Abuse and Mental Health Services Administration	https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx https://www.samhsa.gov/

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
RI	GD	1-877-9GAMBLE	United Way of Rhode Island	24/7	-	Rhode Island Council on Problem Gambling; Rhode Island Lottery; United Way of Rhode Island	https://www.ricpg.com/ http://www.rilot.com/ https://uwri.org/
	SUD	401-942-STOP	Prevent Overdose RI	24/7	-	RI Department of Health; Overdose Prevention and Intervention Task Force; Prevent Overdose RI; RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals; Brown University School of Public Health	http://www.health.ri.gov/addiction/ http://www.governor.ri.gov/initiatives/odtaskforce/ http://preventoverdoseri.org/get-help/ http://www.bhddh.ri.gov/substance_use/index.php https://www.brown.edu/academics/public-health/
SC	GD	1-877-452-5155	South Carolina Department of Alcohol and Other Drug Abuse Services	24/7	-	South Carolina Department of Alcohol and Other Drug Abuse Services	http://www.daodas.sc.gov/treatment/gambling-addiction-services/
	SUD	(none)	-	-	-	-	-
SD	GD	1-888-781-HELP	Helpline Center (South Dakota 211)	24/7	-	Department of Social Services Addiction Treatment Services; Helpline Center	http://dss.sd.gov/behavioralhealth/community/treatmentservices.aspx http://www.helplinecenter.org/211-community-resources/
	SUD	(none)	-	-	-	-	-
TN	GD	1-800-889-9789	Tennessee REDLINE	24/7	-	Tennessee Association of Alcohol, Drug, and Other Addiction Services; Department of Mental Health & Substance Abuse Services	https://taadas.org/ https://www.tn.gov/behavioral-health/substance-abuse-services/prevention.html
	SUD				-	-	-

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
TX	GD	1-800-522-4700 (NCPG)	Louisiana Problem Gamblers Helpline	24/7	text; live chat	National Council on Problem Gambling; Texas Department of Health Services	https://www.ncpgambling.org/ https://www.dshs.texas.gov/sa/FindingServices/ProblemGambling.shtm
	SUD	211	Texas Department of Health and Human Services	24/7	-	Texas Department of Health and Human Services; Mental Health Texas	https://hhs.texas.gov/services/mental-health-substance-use/adult-substance-use https://www.211texas.org/about-211/
UT	GD	(none)	-	-	-	-	-
	SUD	211	211 Utah	24/7	text (zip code to 898-211)	Utah Department of Human Services, Substance Abuse and Mental Health; 211 Utah	https://dsamh.utah.gov/# http://211utah.org/
VT	GD	1-800-522-4700 (NCPG)	Center for Addiction Recognition Treatment Education & Recovery	24/7	text; live chat	Center for Addiction Recognition Treatment Education & Recovery (CARTER); National Council on Problem Gambling; Department of Health, Division of Alcohol and Drug Abuse Programs; Vermont Lottery	http://www.cartervermont.org/ https://www.ncpgambling.org/ http://www.healthvermont.gov/alcohol-drugs https://problemgambling.vermont.gov/
	SUD	211	211 Vermont	24/7	text (zip code to 898211)	United Way; Vermont 211; Vermont Department of Health	http://www.healthvermont.gov/alcohol-drugs http://www.vermont211.org/
VA	GD	1-888-532-3500	Morneau Shepell	24/7	-	Virginia Council on Problem Gambling; Virginia Lottery	http://www.vacpg.org/ https://www.valottery.com/play_responsibly.aspx
	SUD	(none)	-	-	-	-	-

State	Disorder	Helpline Number(s) Provided	Operator	Hours	Additional Modes of Contact Provided	Affiliated Organizations	Affiliated Website Links
WA	GD	1-800-547-6133 (gambling-specific); 1-866-789-1511 (general)	1-800-547-6133: Evergreen Council on Problem Gambling; 1-866-789-1511: Crisis Connections	All 24/7	text (1-800-547-6133); live chat (NCPG)	Evergreen Council on Problem Gambling; Washington State Department of Social and Health Services Division of Behavioral Health and Recovery; Crisis Connections	https://www.evergreencpg.org/ http://www.warecoveryhelpline.org/ https://www.dshs.wa.gov/bhsia/faq?field_bhsia_topics_value=Problem%20Gambling https://www.crisisconnections.org/
	SUD	1-866-789-1511	Crisis Connections	24/7	-	Washington State Department of Social and Health Services' Division of Behavioral Health and Recovery; Crisis Connections	https://www.dshs.wa.gov/mental-health-and-addiction-services http://www.warecoveryhelpline.org/
WV	GD	1-800-GAMBLER	First Choice Services	24/7	live chat	Problem Gamblers Help Network of West Virginia; First Choice Services; West Virginia Bureau for Behavioral Health & Health Facilities	https://www.1800gambler.net/ https://firstchoiceservices.org/ https://dhhr.wv.gov/bhhf/Pages/default.aspx
	SUD	1-844-HELP4WV		24/7	text (844-435-7498); live chat	Help 4 West Virginia; First Choice Services; West Virginia Bureau for Behavioral Health & Health Facilities	https://www.help4wv.com/ https://firstchoiceservices.org/ https://dhhr.wv.gov/bhhf/Pages/default.aspx
WI	GD	1-800-GAMBLE-5	Wisconsin Council on Problem Gambling	24/7	text (850-888-HOPE)	Wisconsin Council on Problem Gambling; Wisconsin Department of Health Services	http://wi-problemgamblers.org/ https://www.dhs.wisconsin.gov/aoda/gambling-awareness.htm
	SUD	211	Wisconsin 211	24/7	-	Wisconsin Department of Health Services; Wisconsin 211	https://www.dhs.wisconsin.gov/ https://211wisconsin.communityos.org/
WY	GD	1-800-522-4700 (NCPG)	Louisiana Problem Gamblers Helpline	24/7	text; live chat	National Council on Problem Gambling; Louisiana Association on Compulsive Gambling; Wyoming Department of Health	https://www.ncpgambling.org/ http://www.helpforgambling.org/ https://health.wyo.gov/behavioralhealth/mhsa/initiatives/problem-gambling/
	SUD	(none)	-	-	-	-	-

Appendix C: Helpline Director's Survey Tables

Table C1: Helpline Characteristics - Operations

Standard	Rule	Gambling Helpline	Substance Use Helpline
Availability of Helpline specialists **AIRS Standard 1:** Appropriate number of specialists are scheduled to meet the needs of callers (i.e., that the optimum number of staff are available at the times most inquiries occur). Information and referral through live answer is available to the community 24 hours per day, year round **Contact USA Section 601:** What is the availability of Helpline specialists?	*Does not meet standard (DN)* Less than 24/7 access *Meets standard (MS)* 24/7 access *Exceeds standard (ES)* 24/7 access & evidence that staffing is appropriate to demand	When a helpline caller dials the 800-426-1234 Helpline number during M-F 9am-5pm, he/she is routed to the primary helpline staffer assigned to the helpline during that scheduled time. If a caller looking for the Helpline directly calls our 617- administrative office number instead of our 800- number helpline, they are immediately told to press "0", which connects them to the Helpline. For the sake of efficiency, all calls requiring translation services will be routed directly to our Helpline subcontractor/vendor, as they are partnering with a translation company. *The Office of Problem Gambling Services at DPH instructed us NOT answer the phones beginning in October of 2018 and to have our overflow vendor provide 27/7 coverage. We have not been given permission from our funder to answer the calls since that time.	The Helpline is staffed based on recent historic call data and forecasted trends. We have approximately 10 FTE of Helpline SIS (Screening and Information Specialists) on staff. At one time, 3-5 SIS are available during weekdays and 1-2 during later evenings, weekends, and major holidays. We have more staff during the mid-morning and mid-afternoon on weekdays, as these are our busiest times.
Access to a second phone line for emergencies **AIRS Standard 3:** The service uses a variety of means to support its ability to connect with rescue services… At a minimum, there is a separate telephone or a separate external line that is available for initiating rescue procedures without interrupting the crisis call. **Contact USA Section 604:** Are there adequate lines to handle incoming contact volume, with one line available for emergencies?	*DN* No 2nd phone line available *MS* 2nd phone line available *ES* 2nd phone line available and specifically designated for emergency calls	Yes * A helpline specialist has a cell phone as well as an office landline phone in the office.	Yes, access to separate landline phone system as well as a mobile phone.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Call-forwarding policies **Contact USA Section 602:** Does the organization have clear call forwarding policies?	*DN* Calls are forwarded but no written call forwarding policy exists *MS* Written call forwarding policy exists *ES* Written call forwarding policy exists and includes comprehensive detail	If a Mass Council Helpline staff member is already on a Helpline calls and unable to answer the call, the subcontractor/vendor is the final backup option during Mass. Council office hours. All other times, the subcontractor/vendor receives the Helpline call immediately. The subcontractor / vendor continues to capture their Helpline caller information in the same way.	When the Helpline is closed, callers have the option of being transferred to their local ESP (mental health emergency services provider). Calls are not forwarded without caller opt-in.
Call-forwarding MoU with written protocol for handling contacts **Contact USA Section 603:** If the organization forwards to another helpline program, is there an MoU between programs that includes a written protocol for handling contacts? **Helplines Partnership Standard 1:** Identify and develop formal arrangements with partners or suppliers	*DN* Calls are forwarded but no MoU exists *MS* MoU exists *ES* MoU exists and is clear and detailed	Yes [MoU submitted – valid through June 2018, and then month to month afterward]	N/A

Standard	Rule	Gambling Helpline	Substance Use Helpline
Written confidentiality / anonymity policies **AIRS Standard 23:** Policies and procedures that protect privacy but allow specialists to provide for individual's safety **Contact USA Section 605:** Are there written policies regarding anonymity of clients? **Helplines Partnership Standard 2:** Operate and monitor a clear confidentiality policy in line with the helpline's requirements and relevant legislation	*DN* Written policy does not exist *MS* Written policy exists *Exceeds standard* Written policy exists and includes comprehensive detail	Individuals seeking help or information through the Massachusetts Council on Compulsive Gambling expect that their contact with us will remain confidential. All staff associated with the Massachusetts Council on Compulsive Gambling agree to comply with the obligation to ensure that the identities of individuals who call, come into the office, or have their information stored in our database, shall be kept completely confidential. Callers' personal details are not shared with third parties unless consent has been given, and only on a "need to know" basis. Helpline staff will ensure that any correspondence requested by the caller is sent in unmarked packaging and that confidentiality is protected with any return or follow up calls. *Clarified that the above is a written policy, revised March 2019 Exceptions to this are detailed below and are made only where there is a potential risk to the caller or others and/or where required by law. Confidentiality in Practice Caller information is recorded only for returning calls or sending out requested literature. This information is kept on a secure electronic database. Any handwritten or printed information is stored in locked drawers. Callers to the helpline are free to speak to staff anonymously or to use a pseudonym if they wish. We do not pass on caller details unless this has been agreed upon with the caller. Email correspondence is kept securely and electronically and will be forwarded only where necessary.	Yes [Policy submitted]

Standard	Rule	Gambling Helpline	Substance Use Helpline
		Statistical information relating to calls is collected for managerial and supervisory purposes and may be shared widely. However, this data is collated anonymously. Exceptions to Confidentiality When a caller is perceived as a serious and immediate risk to themselves by helpline staff. This may include being actively suicidal or self-harming. When a caller is perceived as presenting a serious and immediate risk to others. When a call seems to indicate abuse to children or vulnerable adults. When a call seems to indicate possible terrorist action. In many of the cases listed the most appropriate response would be to contact the emergency services. If contacting emergency services does not seem suitable, a decision to break confidentiality will be reconsidered. Wherever possible a caller will be informed of our consideration about passing details to third parties, we will always attempt to collect information openly and honestly. If the Council receives a court order to release confidential records, the request will be reviewed by and responded to by the Executive Director with legal consultation.	

Standard	Rule	Gambling Helpline	Substance Use Helpline
Written call management policies and procedures **Contact USA Section 804:** Does the organization have written call management policies? **Helplines Partnership Standard 3:** Provide clear policies and guidance to enable helpline workers to handle different types of service user across all channels	<u>*DN*</u> Written policies/procedures do not exist <u>*MS*</u> Written policies/procedures exist <u>*ES*</u> Written policies/procedures exist and include comprehensive detail	Call Protocol. When a helpline caller dials the 800-426-1234 Helpline number during M-F 9am-5pm, he/she is routed to the primary helpline staffer assigned to the helpline during that scheduled time. In the rare case that the designated Mass Council Helpline staff member is already on a Helpline calls and unable to answer the call, the subcontractor/vendor is the final backup option during Mass. Council office hours. All other times, the subcontractor/vendor receives the Helpline call immediately. The subcontractor/vendor continues to capture their Helpline caller information in the same way. Please note: If a caller looking for the Helpline directly calls our 617-administrative office number instead of our 800-number helpline, they are immediately told to press â€œ0â€, which connects them to the Helpline. For the sake of efficiency, all calls requiring translation services will be routed directly to our Helpline subcontractor/vendor, as they are partnering with a translation company. All calls are to be answered in a courteous and professional manner and should be recorded in the Helpline Database. *Confirmed this is written policy	Yes [Protocol submitted]

Standard	Rule	Gambling Helpline	Substance Use Helpline
Written emergency handling procedures **AIRS Standard 3:** Written crisis intervention policies and procedures exist that provide protocols for specific types of emergencies, including lethality assessment procedures, protective measures relating to inquiries from individuals in endangerment situations and protocols that address inquirers who wish to remain anonymous yet require direct intervention **Contact USA Section 803**: Does the program teach helpline workers emergency handling procedures at initial training and maintain written procedures? **Helplines Partnership Standard 2:** Operate and monitor a clear safeguarding policy and process and act on any immediate risks to the safety of the service user and others	*DN* Written procedures do not exist *MS* Written procedures exist *ES* Written procedures exist and include comprehensive detail	If a caller indicates suicidality that caller is immediately warm transferred to Samaritans Suicide Prevention hotline. * This is from the handbook for staffing the Helpline	Yes [Protocol submitted]
Written policies for intervention for suicidal clients **AIRS Standard 23:** Policies and procedures that protect privacy but allow specialists to provide for individual's safety **Contact USA Section 802:** Does the program have written policies for intervention for suicidal clients?	*DN* Written policies do not exist *MS* Written policies exist *ES* Written policies exist and include comprehensive detail	If a caller indicates suicidality that caller is immediately warm transferred to Samaritans Suicide Prevention hotline. * This is from the handbook for staffing the Helpline	Yes [Protocol submitted]

Standard	Rule	Gambling Helpline	Substance Use Helpline
Suicide lethality risk assessment used as part of standard procedure if suicide ideation is detected **AIRS Standard 3:** In situations involving suicide or homicide, the service understands the circumstances under which a lethality risk assessment is required and conducts an appropriate assessment when necessary **Contact USA Section 801:** Does the program have a suicide lethality risk assessment form and is it used regularly and reviewed regularly?	<u>DN</u> Suicide lethality risk assessment not used <u>MS</u> Suicide lethality risk assessment available <u>ES</u> Suicide lethality risk assessment available with clear instructions for when and how to use	No. If a caller indicates suicidality that caller is immediately warm transferred to Samaritans Suicide Prevention hotline.	Yes, protocol submitted

*Note. Green = Exceeds Standard (ES); Yellow=Meets Standard (MS); Red=Does not Meet Standard (DN); * = information obtained upon clarification.*

Table C2: Helpline Characteristics – Access, Resources, and Referrals

Standard	Rule	Gambling Helpline	Substance Use Helpline
Barrier-free access to Helpline **AIRS Standard 1:** Barrier-free access (e.g., access via applicable technology and/or communication methods for people with hearing or speech impairments; language access for inquirers who speak languages other than English) **AIRS Standard 23:** Ensures individuals with disabilities have access to services comparable to those without disabilities	<u>DN</u> No special communication methods available for those with hearing or speech impairments or who speak languages other than English <u>MS</u> Special communication methods available for some groups who might otherwise experience barriers <u>ES</u> Special communication methods available to increase access for those with disabilities or impairments and those with language barriers	For language translation we transfer caller to our subcontractor. *Promoting the Helpline with priority populations	Yes. Phone and website available in English and Spanish, with additional phone interpretation available in over 240 languages * In addition to the language services listed, the Helpline has a toll-free number to reduce barriers to accessing it. We also keep our initial phone messaging as brief as possible to get individuals connected with a Specialist as soon as possible. The messaging includes that our services are confidential. We operate live online chat services for individuals who may not be able or willing to call the Helpline phone number. The online chat services also work on mobile phones. The entire Helpline website was built to be mobile responsive, since we know many individuals, particularly people with low-income, access the internet via mobile devices. We also offer follow-up calls (with consent) to support consumers in accessing services after their initial call to the Helpline. The Helpline staff uses stigma-reducing language and motivational interviewing techniques to build rapport with callers and support them in accessing services.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Referral database easily accessible **AIRS Standard 5:** Expanded access options for the public by making all or a portion of its resource database available on the Internet at no cost. Publicly accessible resource database includes following design elements: … The ability to filter by geographic location/area served…	*DN* Referral database is not available to the public *MS* Referral database is available to the public *ES* Referral database is available to the public and includes user interface features to allow easy access and filtering by geographic region	The resource Database where the calls are recorded is not available to the public, but all resources are available on our website, with contact information and locations.	Yes. At HelplineMA.org. Visitors can answer a few questions to be directed to services (https://mahelplineonline.custhelp.com/app/account/opa_interview) or search for specific services in their area (https://mahelplineonline.custhelp.com/app/account/opa_result)
Policies or procedures for how referrals are provided to callers **AIRS Standard 1:** Provide at least 3 referrals to give inquirer a choice and protect service from being perceived as making a recommendation	*DN* No written policies/procedures for how referrals are provided to caller *MS* Written policies/procedures for how referrals are provided to caller *ES* Written policies/procedures for how referrals are provided to caller and those policies include instruction to provide at least 3 referrals to caller	Referrals are generally given based on need and geographic location but currently there is no policy that requires a certain amount. We offer referrals in as many categories as the caller is willing to accept (clinical, self help, educational materials).	Yes. SIS are trained to assess consumers' needs and offer services based on that. In terms of the specific programs that offer the services, we provide them to the caller based on eligibility, insurance/payment, geography, and any special considerations (veterans, dual diagnosis, language, etc). We do not make recommendations and are unbiased in referral provision. We aim to provide to a minimum of 3 referrals to each caller.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Documented exclusion/inclusion criteria for entries in the referral database **AIRS Standard 7:** Service has document that describes inclusion/exclusion criteria for the contents of the resource database	*DN* No documented exclusion/inclusion criteria for entries in the referral database *MS* Documented exclusion/inclusion criteria for entries in the referral database *ES* Documented exclusion/inclusion criteria for entries in the referral database with clear justification of each criterion	Clinicians and programs that we refer to must demonstrate a comprehensive knowledge of gambling disorder.	We are currently overhauling our inclusion/exclusion criteria and I do not have a current approved version to share. Essentially, all referral programs must be state licensed or approved. All treatment providers must be state licensed. Other services must be approved by the state, such as Alcoholics Anonymous or Mass211. The Helpline includes these services and the state approves them based on relevance of the service, accessibility, and approach. Approach is what we are working to flesh out some more, and is getting at things such as for-profit/non-profit, mission, conflicts, affiliations, etc. Due to the current attention on opioids, there have been a number of entities appearing that do not operate in the best interest of the consumer. Vetting and excluding these organizations while providing comprehensive referrals to SUD-related referrals is important to the Helpline. * Overhaul planned for July 2019
Documented procedures for identifying new resources for referral database **AIRS Standard 10:** Documented procedures in place for identifying new resources, including standardized survey for new organizations to be included in the resource database	*DN* No documented procedures for identifying new resources for referral database *MS* Documented procedures for identifying new resources for referral database *ES* Documented procedures for identifying new resources for referral database w/ clear guidelines for frequency	As soon as clinicians and programs are added to our database they are verified to have comprehensive knowledge of gambling disorder. For example: When a clinician receives a MA Problem Gambling Specialist certificate, we add them to our database, and if there is a new GA group we add them to our database. *Not publicly documented	This is part of above policy which is in a draft currently. Helpline staff are constantly on the lookout for new services. We also annually review the system by service type to address gaps and any other issues.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Documented process for verifying and updating information in referral database on a regular basis **AIRS Standard 11:** Documented process for verifying information in the database annually or throughout the year that involves multiple attempts to achieve a 100% verification rate within a 12-month cycle. There is a mechanism for evaluating success of verification. Information that cannot be verified is considered for removal	*DN* No documented process for verifying and updating information in referral database *MS* Documented process for verifying and updating information in referral database *ES* Documented process for verifying and updating information in referral database that is followed on at least an annual basis	The Helpline Coordinator is responsible for finding, updating and posting all resources used on the Helpline. It is updated weekly. Q16: Weekly. *Not publicly documented	Yes. We receive referral updates from multiple sources (primarily directly from BSAS licensing ongoing with quarterly full refreshes, and from providers through the Helpline Provider Portal). All resources are reviewed annually at minimum if not updated in another way. Frequent referrals are updated regularly enough that they are always on a more frequent review (quarterly at minimum). Information is vetted by the Helpline team, generally with BSAS verification (for treatment services).

*Note. Green = Exceeds Standard (ES); Yellow=Meets Standard (MS); Red=Does not Meet Standard (DN); * = information obtained upon clarification.*

Table C3: Helpline Characteristics – Data and Evaluation

Standard	Rule	Gambling Helpline	Substance Use Helpline
All interactions documented by Helpline specialists **AIRS Standard 1:** Staff are trained and monitored to: …Accurately record what occurred during the inquiry **AIRS Standard 6:** The service maintains documentation on all inquiries and has a defined set of inquirer data elements that are used for reporting purposes and recognizes that inquirers have the right to withhold information.	*DN* Not all interactions are documented *MS* All interactions are documented *ES* All interactions are documented in real time, as they occur	Notes are taken and entered into the notes section of the database. Caller demographic and gambling related data is also collected. There is no audio recording of calls that are received.	Yes, during the conversation they enter information into our secure data system. Depending on the call, more or less specific information may be gathered. For example, we document calls that come from outside of Massachusetts and from what state they originated, but do not collect demographic information. On typical Helpline calls for MA residents seeking SUD help, we capture more robust information. Much of this is captured in the reports I shared.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Performance Indicators collected by Helpline **AIRS Standard 27:** Process for tracking key performance indicators such as: Call volume, Abandoned calls, Average abandonment rate, Occupancy rates (target between 65% and 80%), Average speed of answer (target <90seconds), Service level (80% of calls within 90 seconds), Average call handling time, Average talk time, Incoming call patterns **Contact USA Section 612:** Does the helpline have a clear method of measuring outcomes, which it reports to stakeholders and uses to improve the program? **Helplines Partnership Standard 1:** Have clear success criteria, that are regularly reviewed and which demonstrate the impact of the service **Helplines Partnership Standard 8:** Performance standards for the helpline service are set and regularly reviewed, and reliable measures are used for quality assurance	*DN* Helpline does not collect a clear set of performance indicators *MS* Helpline collects a clear set of performance indicators *ES* Helpline collects a clear set of performance indicators and uses them to improve the program	Answering times; Times of transactions; Abandoned calls; Unanswered calls; Complaints and commendations; Incoming call patterns	Call volume; Answering times; Times of transactions; Abandoned calls; Unanswered calls; Complaints and commendations; Incoming call patterns

Standard	Rule	Gambling Helpline	Substance Use Helpline
Helpline performance according to most recent collected performance indicators **AIRS Standard 27:** Average abandonment rate, Occupancy rates (target between 65% and 80%), Average speed of answer (target <90seconds), Service level (80% of calls within 90 seconds), Average call handling time, Average talk time Contact USA Section 612: Does the helpline have a clear method of measuring outcomes, which it reports to stakeholders and uses to improve the program? **Helplines Partnership Standard 1:** Have clear success criteria, that are regularly reviewed and which demonstrate the impact of the service **Helplines Partnership Standard 8:** Performance standards for the helpline service are set and regularly reviewed, and reliable measures are used for quality assurance	*DN* Performance falls short on the majority of indicators *MS* Mixed performance on set of indicators *ES* Performance meets or exceeds the majority of indicators	See Report	See Report

Standard	Rule	Gambling Helpline	Substance Use Helpline
Consumer satisfaction surveys conducted **AIRS Standard 27:** Consumer satisfaction / quality assurance surveys with a specified percentage of inquirers	<u>*DN*</u> Helpline does not conduct consumer satisfaction surveys <u>*MS*</u> Helpline conducts consumer satisfaction surveys <u>*ES*</u> Helpline conducts consumer satisfaction surveys with a specified percentage of callers on at least an annual basis	See Report	See Report; All callers have the option to leave feedback after the SIS interaction is over. * Caller and chat feedback are collected via an "opt-out" method. At the end of each client interaction (either call or chat), they are connected to a feedback survey. The Specialists alert the consumer of this during the interaction as well. Additional information is gathered from individuals who opt-in to follow-up services, but it is related to their access to services as opposed to satisfaction with the Helpline.
Helpline performance according to most recent consumer satisfaction survey **AIRS Standard 27:** Consumer satisfaction / quality assurance surveys with a specified percentage of inquirers	<u>*DN*</u> Consumers express dissatisfaction on a majority of measures <u>*MS*</u> Consumers express mixed satisfaction on measures <u>*ES*</u> Consumers express satisfaction on a majority of measures	[Attached CSS Report]	*In the quarterly report I submitted via email, there is information on feedback outcomes. "Of the 3,284 completed calls this quarter, 740 callers (23%) provided feedback on their experience with the Helpline." The quarter was January through March 2019. Additional details from the report are included in row below

*Note. Green = Exceeds Standard (ES); Yellow=Meets Standard (MS); Red=Does not Meet Standard (DN); * = information obtained upon clarification.*

Table C4: Helpline Characteristics – Hiring, Training, & Supervision

Standard	Rule	Gambling Helpline	Substance Use Helpline
Measurable objectives in training curriculum that must be demonstrated as part of training **AIRS Standard 25:** Training for staff based on predetermined training goals and objectives defining behavioral outcomes for each training module **Contact USA Section 503:** Are there measurable objectives in the training curriculum that trainees can demonstrate as part of their training? **Helplines Partnership Standard 11:** Helpline workers can demonstrate appropriate skills and knowledge before taking contacts from service users without close supervision	*DN* Training curriculum does not include measurable objectives *MS* Training curriculum includes measurable objectives *ES* Training curriculum includes measurable objectives and clear guidelines for how to determine whether those objectives are demonstrated during training	All staff answering the Helpline will be trained in the following areas: crisis management, Motivational Interviewing techniques, Suicide Prevention, engagement techniques, data collection, referral process, and resources. All staff who successfully complete the initial trainings will be required to attend an annual refresher training. Initial training will consist of the following: Orientation to the shared drive where up-to-date resources are found Review of materials that are offered to callers and are included in packets Orientation on using the Helpline database Shadowing experienced Helpline staff for a minimum of 8 calls with debriefing after each call Taking a minimum of 8 calls with the assistance of an experienced Helpline staff with debriefing after each call Taking a minimum of 8 calls with the assistance of an experienced Helpline staff with debriefing after each call	Trainees must demonstrate competency in understanding of SUD, SUD treatment, Helpline systems, and information & referral. This is accomplished through quizzes, role play, and shadowing using our QA call-monitoring form.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Basic training about suicide awareness and intervention **Contact USA Section 504:** Is there basic training about suicide awareness and intervention?	*DN* Helpline specialist training does not include training about suicide awareness and intervention *MS* Helpline specialist training includes training about suicide awareness and intervention *ES* Helpline specialist training includes comprehensive training about suicide awareness and intervention	Yes. Samaritans present to staff once a year.	Yes, AIRS training, orientation to processes, and Samaritans conducts trainings for our team periodically as well.
Continuing education related to Helpline services **AIRS Standard 25:** Professional development program for employees **Contact USA Section 507:** Does the organization offer continuing education? **Contact USA Section 508:** Does the organization require staff to attend continuing education activities?	*DN* Helpline does not offer continuing education *MS* Helpline offers continuing education *ES* Helpline requires staff to complete continuing education activities	A training by the Helpline Coordinator is held for staff at least once a year. * Historically, MCCG staff who answer helpline calls are also trainers in problem gambling issues and have ongoing staff development opportunities in regard to this and other roles within the agency.	Yes, we offer in-service training (monthly on average) for our Helpline team. We also share external training opportunities with the team. Participation in professional development is required by HRiA and for our staff to maintain their required AIRS I&R Specialist/Community Resource Specialist certifications. Certain,specific continuing ed. trainings are required (recent examples: refresher trainings on motivational interviewing and serving priority populations)

Standard	Rule	Gambling Helpline	Substance Use Helpline
Structured program of supervision **AIRS Standard 24:** Ongoing supervision and evaluation of employees by managers -- written supervision plan **Contact USA Section 701:** Does the Helpline have a structured program of supervision with at least one staff person whose responsibility is the supervision of helpline specialists? **Helplines Partnership Standard 12:** Provide regular and structured supervision for all helpline workers	*DN* Helpline does not have a structured program of supervision *MS* Helpline has a structured program of supervision *ES* Helpline has a structured program of supervision with at least one staff person whose responsibility is the supervision of helpline specialists	The Director Programs and Services, in conjunction with the Helpline Coordinator schedules staff for coverage, updates resources, sends out requested packets and organizes Helpline related trainings for staff.	We have a structured program of supervision. Masters level Clinicians supervise the SIS. Each Clinician is assigned 3-5 SIS to supervise and they also act as shift supervisor while working. One on one supervision occurs bi-weekly.The Helpline Director oversees the team.

Standard	Rule	Gambling Helpline	Substance Use Helpline
System of support available for Helpline specialists **AIRS Standard 3:** Protocol in place for debriefing specialists, as needed, following a crisis call **Contact USA Section 706:** Does the helpline have a system of support available for helpline workers? **Helplines Partnership Standard 9:** Implement measures to support the physical and mental health and safety of helpline workers **Helplines Partnership Standard 12:** Ensure that helpline workers have opportunities for timely support after difficult contacts	*DN* No system of support available for Helpline specialists *MS* System of support available for Helpline specialists *ES* System of support available for Helpline specialists, including protocols in place to provide timely support and debriefing after difficult contacts	[Not addressed.] * As an agency, we are committed to an environment that supports self- care for all of our staff. This includes excellent benefits and time off, access to insurance that covers behavioral healthcare	Having Clinicians supervise the SIS was purposeful. They are able to provide clinical expertise for calls, and also to support the SIS in this hard work. We try to foster a supportive environment and the entire team really does support each other. We also have a wellness room on-site where staff can take time as needed to support their wellness (this could include meditation, a nap, quiet reflection, prayer, yoga, or most any other activity that supports wellness). Please see the section in the protocol on compassion fatigue.

Standard	Rule	Gambling Helpline	Substance Use Helpline
Annual system of evaluation for Helpline specialists **Contact USA Section 211:** Does the organization have annual personnel evaluations? **Contact USA Section 702:** Does the helpline program have an annual system of evaluation of each specialist's work performance and skills? **Helplines Partnership Standard 9:** The organisation has defined acceptable performance levels for staff / volunteer attendance and retention **Helplines Partnership Standard 12:** Regularly assess how helpline workers handle contacts against clear criteria and provide constructive feedback	<u>*DN*</u> Helpline does not have annual personnel evaluations <u>*MS*</u> Helpline has system for annual personnel evaluations <u>*ES*</u> Helpline has system for annual personnel evaluations with clearly defined acceptable performance levels and constructive feedback	There is no full time Helpline Specialist. All employees received quarterly and annual review for their work. * Customer Satisfaction Surveys are conducted via phone to helpline callers who agree to a call back. These evaluations are submitted annually to DPH	Yes, we review all staff annually, in December with 6 month check-ins. New staff also have 6 month evaluations. We use a system called ReviewSnap and are largely focused on the employee execution of their job duties. We also have a draft call monitoring quality assurance form that is currently being tested that I can share.

*Note. Green = Exceeds Standard (ES); Yellow=Meets Standard (MS); Red=Does not Meet Standard (DN); * = information obtained upon clarification.*

Table C5: Helpline Characteristics – Organization Characteristics

Standard	Rule	Gambling Helpline	Substance Use Helpline
Facilities dedicated to Helpline operations **AIRS Standard 22:** Sufficient facilities for staff to perform their duties **Contact USA Section 301:** Are the facilities adequate for the needs of the program?	*DN* The organization does not have facilities dedicated to Helpline operations *MS* The organization has facilities dedicated to Helpline operations *ES* The organization has facilities dedicated to Helpline operations with space and technology that facilitate the ability of Helpline specialists to perform their duties	No	Yes, to maintain confidentiality we have an enclosed call center with SIS work stations in it. We have worked to make this a productive and comfortable environment for the SIS (we have a white noise system and fabric-covered workstation walls to help with sound, for example). Follow-up calls are also completed within the call center to maintain confidentiality. We currently have seating for 8 SIS at a time within the call center, though we have not needed to seat 8 staff a time.
Broad-based funding **Contact USA Section 201:** Does organization have broad-based funding adequate for current needs?	*DN* The organization does not have broad-based funding adequate for current needs *MS* The organization has broad-based funding adequate for current needs *ES* The organization has broad-based funding adequate for current and future needs	The Helpline is currently funded by the Mass. Department of Public Health, Office of Problem Gambling Services	The MA Helpline is funded through the Department of Public Health, Bureau of Substance Addiction Services. While the MA Helpline is funded through a single source, HRiA also has contracts to operate Helplines for other states, enabling us to have more security and sustainability for our team and to share some Helpline expenses across states that historically had to be supported through the MA Helpline alone (ex: AIRS membership, phone service, scheduling software, professional development).

Standard	Rule	Gambling Helpline	Substance Use Helpline
Written sustainability plan **Helplines Partnership Standard 1:** Have a realistic plan for the financial sustainability of the helpline	*DN* The organization does not have a written sustainability plan *MS* The organization has a written sustainability plan *ES* The organization has a written and comprehensive sustainability plan	Not at this time.	N/A

*Note. Green = Exceeds Standard (ES); Yellow=Meets Standard (MS); Red=Does not Meet Standard (DN); * = information obtained upon clarification.*