The Current State of Gambling Services in Massachusetts

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

by the Division on Addiction

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Table of Contents

Table of Contents ____ ***2***

Table of Figures ____ ***3***

Table of Tables ____ ***3***

The Current State of Gambling Treatment Services in Massachusetts ____ ***4***

Current State of Gambling Treatment Services in Massachusetts: Goals ____ **5**

(1) Identify the gambling treatment services currently available in Massachusetts and their relationships to each other. ____ 5

(2) Identify the client entry points for gambling treatment services. ____ 5

(3) Assess the current state of data collection and sharing systems, referral processes, and inter-agency communications as they relate to gambling treatment services. ____ 6

Current State of Gambling Treatment Services in Massachusetts: Data Sources ____ **7**

Publicly Available Data ____ 7

OPGS and MCCG e-Surveys and Interviews ____ 7

MCCG Helpline Data ____ 7

BSAS & MCCG Program Lists ____ 8

Program Director Survey ____ 8

Current State of Gambling Treatment Services in Massachusetts: Observations ____ **9**

Identifying Gambling Treatment Services Currently Available in Massachusetts ____ 9

Identifying the Current Client Entry Points into Gambling Treatment Services in Massachusetts ____ 26

Assessing the Current Data Systems and Inter-Agency Communications for Gambling Treatment Services in Massachusetts ____ 31

Foreshadowing Future Capacity for Gambling Treatment Services in Massachusetts: Information from the Program Director Survey ____ 32

State of Services Analysis Recommendations ____ **35**

Identifying Gambling Treatment Services Currently Available ____ 35

Client Entry Points to Gambling Treatment Services ____ 36

Data Systems and Interagency Communication ____ 37

References ____ ***39***

Appendices ____ ***40***

Appendix A: OPGS e-Survey and Survey Responses ____ **40**

Appendix B: MCCG e-Survey and Survey Responses ____ **45**

Appendix C: Organizations Providing Gambling Services in Massachusetts ____ **48**

Appendix D: Program Director Survey ____ **50**

Appendix E: Program Director Survey Data Cleaning ____ **58**

Appendix F: Program Director Survey Samples and Subsamples ____ **60**

Appendix G: Program Director Survey Responses About Resources BSAS Could Provide ____ **61**

Table of Figures

Figure 1: Visual Summary of Gap Analysis 4
Figure 2: Goals and Data Sources 6
Figure 3: Scope of Current Assessment of Gambling Treatment Services in MA. (White outlines demarcate targets of the current analysis.) 10
Figure 4: BSAS-affiliated Substance Use Programs and Gambling Treatment Programs in MA 14
Figure 5: Gambling Treatment Services in MA by Type of Service 15
Figure 6: Gambling Treatment Services in MA and 2017 Lottery Spending (Total Dollars) 16
Figure 7: Gambling Treatment Services in MA and VSEP Enrollments (2015-2017 enrollments) 17
Figure 8: Potential Gaps in Gambling Treatment Services in MA 18
Figure 9: CONSORT Diagram of Organizations, Gambling Services, and Survey Respondents 48

Table of Tables

Table 1. Potential Regional Gaps in Gambling Treatment Services 13
Table 2. Gambling Assessment Instruments Used by BSAS-Affiliated Programs 20
Table 3. Number of Clients Receiving Gambling Treatment Services 21
Table 4. Length of Gambling Treatment 22
Table 5. Gambling Treatment Completion 22
Table 6. Gambling Treatment Capacity 22
Table 7. Gambling Treatment Services 23
Table 8. Sources for Gambling Treatment Referrals 25
Table 9. How Programs Determine Which Clients to Screen for Gambling Problems 27
Table 10. Number of Gambling Screens Conducted Per Month by Number of Positive Screens 28
Table 11. Process for Handling Clients with Gambling Problems among Programs That Do Not Report Providing Gambling Treatment Services 29
Table 12. Resources Needed to Begin Treating Clients w/ Gambling-Related Problems 32
Table A1. OPGS e-Survey – December, 2017 43
Table B1. MCCG e-Survey – February, 2018 47
Table C1. Organizations Providing Gambling Treatment Services 49
Table G1. Responses to Question: “Please list any specific resources BSAS could provide that would help you provide services to clients with gambling-related problems.” 61

The Current State of Gambling Treatment Services in Massachusetts

The state of services assessment is one component of a comprehensive gap analysis that examines problem gambling treatment services across Massachusetts. Figure 1 illustrates the three components of this comprehensive gap analysis. The purpose of the needs fulfillment gap component is to position Massachusetts to identify the extent of gambling treatment needs and the extent to which the treatment system is satisfying those needs. The purpose of the capability gap component is to determine how well positioned the Massachusetts treatment system is to satisfy gambling treatment needs. The purpose of the state of services component is to provide comprehensive documentation of the Massachusetts gambling treatment system infrastructure to identify potential areas for new development, support, and/or growth.

Figure 1: Visual Summary of Gap Analysis

In this document, we first describe three primary goals that compose our state of service assessment. Then, we describe the data sources that inform our goals. Following this, we describe data informed observations by goal. We conclude this document by providing some overarching suggestions and recommendations.

Current State of Gambling Treatment Services in Massachusetts: Goals

As just mentioned, observations related to three primary goals compose this component of the gap analysis: first, *identify the gambling treatment services currently available in Massachusetts and their relationships to each other*; second, *identify the client entry points to gambling treatment services*; and third, *assess current state of data systems & interagency communication*. The sections immediately following provide additional detail for each of these goals.

(1) Identify the gambling treatment services currently available in Massachusetts and their relationships to each other.

Gambling treatment services in Massachusetts occur in a variety of settings. According to the *Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts* (Massachusetts Technical Assistance Partnership for Prevention [MassTAPP], 2016), the majority of treatment occurs "within independent practices or outpatient services." In addition, that plan indicates that at the time of the report, in April 2016, Massachusetts had certified 140 service providers as Massachusetts Problem Gambling Specialists (MA-PGS) to provide gambling treatment services. Related information available from the Strategic Plan, through the Massachusetts Council on Compulsive Gambling (MCCG), and via the Bureau of Substance Abuse Services (BSAS) varies somewhat in its terminology and the content provided. Therefore, an initial goal of this Current State of Services portion of the Gap Analysis was to *identify the gambling treatment services currently available in Massachusetts and their relationships to each other*.

To achieve this goal, we integrated data available from BSAS, the Office of Problem Gambling Services (OPGS), and MCCG, as well as responses to e-surveys with OPGS and MCCG to generate a comprehensive list of (a) BSAS-contracted gambling treatment providers in the state, (b) BSAS-contracted treatment providers that also are used as referrals for MCCG, (c) any other gambling treatment providers listed as resources by MCCG, and (d) all MA-PGS trained providers in the state. In this document, we describe the relationships between these groups, as well as the geographic distribution of these services, and the training requirements for organizations and providers wishing to provide gambling treatment services. In addition, as part of the survey of program directors, which we describe later, we included questions for gambling program treatment directors about the gambling treatment services their programs provide and the number of clients who engage in treatment. This document, therefore, also provides a description of the types of services provided within gambling treatment programs in Massachusetts.

(2) Identify the client entry points for gambling treatment services.

Given that gambling treatment services represent a small proportion of services licensed by BSAS, a key element to understanding the current state of gambling treatment services is understanding how these gambling treatment services are nested within the larger BSAS system. Therefore, the second key goal of this analysis was to identify the client entry points for gambling treatment services.

To achieve this goal, we integrated the list of gambling treatment services, described above, with a database of all BSAS-licensed service programs and the services those programs provide. This integration allowed for an examination of the geographic availability of gambling treatment services throughout the state compared to other BSAS services, as well as gambling opportunities. In addition, as we describe later, we surveyed all BSAS-affiliated program directors about screening and referral practices for gambling disorder at their organizations. Finally, through a structured e-interview, follow-up conversations, and Helpline data from MCCG, we documented current MCCG practices for referring clients with gambling problems to services.

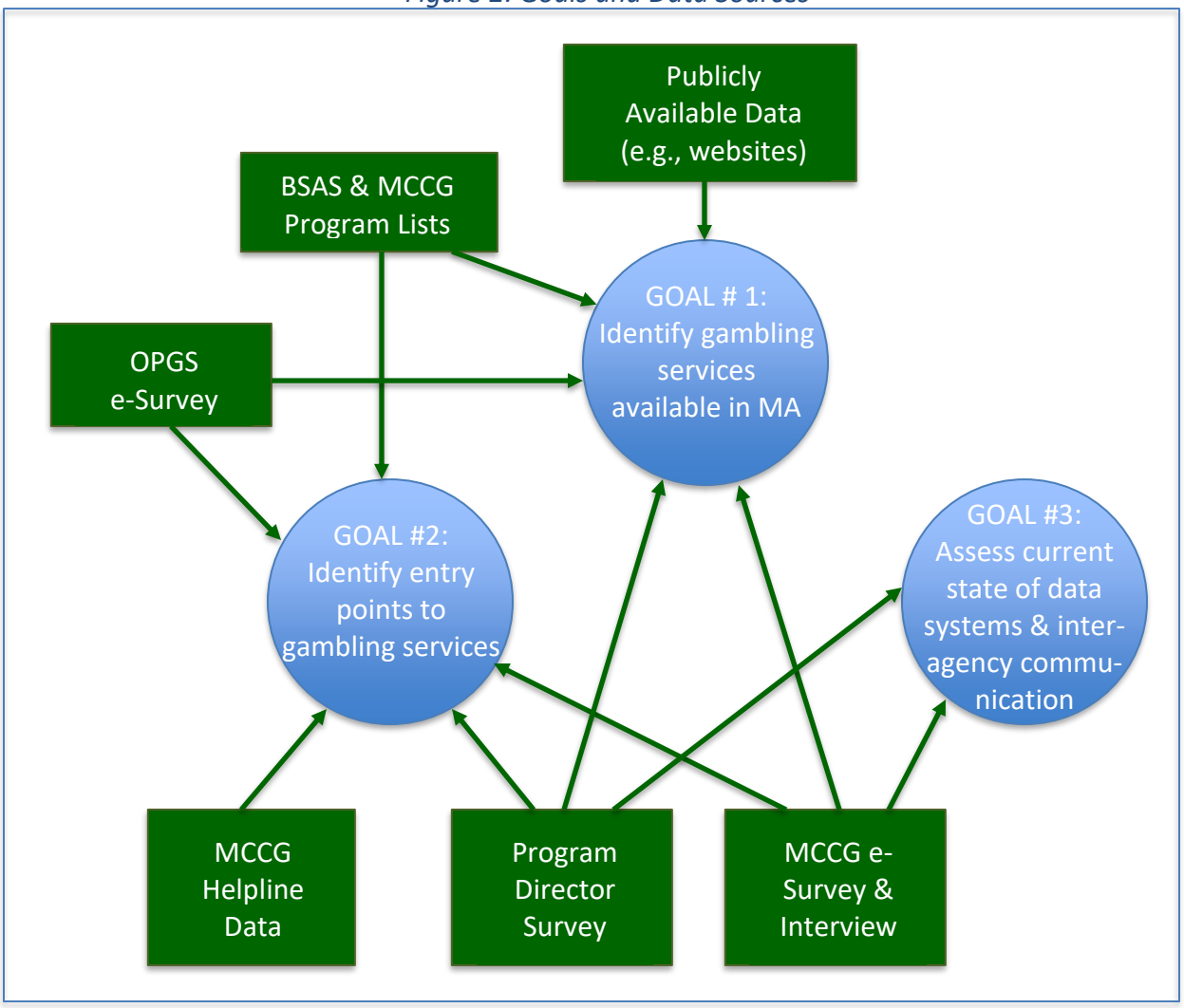
(3) Assess the current state of data collection and sharing systems, referral processes, and inter-agency communications as they relate to gambling treatment services.

One important tool for improving the availability and visibility of gambling treatment services is the set of data systems and processes connecting those services to each other and to other agencies and systems that might offer service entry points. Therefore, the third goal of this analysis was to document the current state of data collection and sharing systems, referral processes, and interagency communications as they relate to gambling treatment services.

To achieve this goal, we included questions within our survey of program directors inquiring about referral practices, data sharing, and existing databases. We also interviewed MCCG staff about the current referral and data collection systems in place for the Gambling Helpline.

Figure 2 depicts which data sources we used to inform each of the three goals of this report.

Figure 2: Goals and Data Sources



Current State of Gambling Treatment Services in Massachusetts: Data Sources

Publicly Available Data

Publicly available data helped to inform our understanding, description, and further inquiry about the state of gambling treatment services in Massachusetts. Specifically, we accessed resources available from the OPGS website (https://www.mass.gov/orgs/office-of-problem-gambling-services), as well as resources available from the MCCG website (https://masscompulsivegambling.org/). Available on the OPGS website, the *Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts* (Massachusetts Technical Assistance Partnership for Prevention [MassTAPP], 2016) provides general information about the state of gambling treatment services as of April 2016, including BSAS-contracted services and MA-PGS certified service providers. Likewise, the MCCG website includes a link to "Outpatient Treatment Centers;" this list identifies 16 BSAS-contracted treatment centers that provide services to people with gambling problems, and three "other" treatment centers. This list can be accessed at two different locations on the website: one at https://masscompulsivegambling.org/get-help/outpatient-treatment-centers/ and one at https://masscompulsivegambling.org/resources/outpatient-treatment-centers/. These lists are identical, and each also links to a PDF version of the list that differs slightly from the list provided on the website. The PDF version is dated 12/7/16 and includes 17 organizations instead of 16. The website also includes a list of 16 private practice clinicians who have received their MA-PGS certificate to provide gambling treatment. This webpage has two links to PDFs listing private practice clinicians. The link at the top of the page provides the 2016 list of 14 private practice clinicians, and the link at the bottom provides the 2016-2017 list of 15 private practice clinicians. We combined the information on the lists available from the MCCG website to create a list of 17 BSAS-contracted outpatient treatment centers, 3 "other" treatment centers, and 17 private practice clinicians referenced by the MCCG website. Later, we incorporated an updated, not publicly available, 2018 private practice list shared with us via e-mail to this list, which increased the number of private practice clinicians from 17 to 21.

OPGS and MCCG e-Surveys and Interviews

To provide a review of the current state of gambling treatment services in Massachusetts, we first had to define the scope of that review and define the universe of service providers who will be the target of this MA gambling treatment services gap analysis. In addition, information available through the OPGS and MCCG websites varies somewhat in its terminology and the content provided. Therefore, we conducted a structured e-survey with OPGS to clarify the gambling treatment services to be reviewed as part of this analysis and their relationships to each other. OPGS completed the e-survey on December 26th, 2017. In addition, a meeting with BSAS on December 21st, prior to OPGS completing the survey, provided additional responses to some of these questions. The e-survey and the OPGS responses are attached as Appendix A.

Responses OPGS provided to the survey suggested that some questions were better answered by MCCG. Therefore, we created a similar e-survey for MCCG to complete. That survey and MCCG's responses are attached as Appendix B. MCCG responded to the survey on February 15th, 2018 and followed up with telephone conversations on July 10th and August 9th to clarify their responses.

MCCG Helpline Data

To inform our investigation of entry points to MA gambling treatment services, we worked with MCCG to obtain information about the Gambling Helpline, particularly procedures for making referrals and information about how many referrals the Helpline makes, and to where. We conducted a telephone interview with MCCG to capture information about the Helpline generally, and more specifically about the referral procedures. We also requested and received MCCG's most recent report to OPGS about the Gambling

Helpline, *Massachusetts Council on Compulsive Gambling FY'18 Annual Helpline Report* (Massachusetts Council on Compulsive Gambling, 2018). This report included information about number of Helpline calls, geographic location of those calls, and number of referrals made by the Helpline.

BSAS & MCCG Program Lists

In addition to the lists of outpatient treatment centers and private practice clinicians available from the MCCG website, we requested and obtained information about agencies providing BSAS-licensed substance use services, including address, type of service, and whether that service was BSAS-contracted. BSAS also provided us with its list of agencies contracted with BSAS to provide outpatient gambling treatment services. The lists provided were current as of December 1st, 2017. MCCG supplemented these lists by providing us with a database of providers who have received their MA-PGS certification, including date of certification and affiliated agency. We used these lists to create a master database of programs organized both at the level of the organization and individual site, and sortable by service type provided. We identified 137 organizations and 395 service sites. Twenty-nine of those organizations and 45 of those sites were listed by either BSAS or MCCG as providing gambling treatment services.[1] An additional organization was listed by MCCG as providing gambling treatment services at one location but this site was not affiliated with BSAS. Appendix C provides a consort diagram of organizations and sites and a list of organizations providing gambling treatment services at one or more sites.

Program Director Survey

To learn more about the gambling treatment services provided by gambling treatment agencies, as well as the procedures in place at BSAS-licensed substance use service agencies for identifying and referring individuals with gambling problems to appropriate services, we developed a survey to be sent to BSAS-licensed program directors throughout the state. The survey, included as Appendix D, had subsections for all BSAS-licensed programs, for programs that also provide gambling treatment services, and for programs that do not provide gambling treatment services. All program directors answered questions about the populations their programs serve, the number of providers at their program, data-sharing practices, and what BSAS could do to help them be better prepared to help individuals with gambling problems. Program directors at programs that do not provide direct gambling treatment services answered questions about their screening and referral practices for clients with gambling problems. Program directors at agencies that provide gambling treatment services answered questions about how their programs screen and assess for gambling disorder, how many clients their programs see, services their programs provide, and how their programs receive referrals.

To distribute the survey, we sent OPGS a copy of the master database of programs (n=396) we created, organized by site. We requested email contact information for the program directors at each site. OPGS provided us with contact information for program directors at 292 sites, 33 of which were listed by either OPGS or MCCG as providing gambling treatment services. We sent an email inviting these 292 directors to complete the survey by clicking on a link. Eighteen of the email addresses provided came back as undeliverable, yielding a final pool of 274 program directors who were invited to complete the survey. OPGS sent a reminder email in the middle of June. We also called all program directors at programs that provided gambling treatment services to encourage them to complete the survey. After cleaning the data and removing duplicate and blank surveys, our final sample for the program director survey included 180 program directors (66% of the 274). Twenty-five of these 180 respondents were program directors at

[1] As indicated in our list of recommendations, we encourage the OPGS proactively maintain this integrated master database for gambling services in Massachusetts, and the MCCG use this database as its primary source for referrals moving forward.

programs listed by BSAS or MCCG as providing gambling treatment services (76% of the 33 for which OPGS provided contact information). An additional 19 reported that their programs were licensed by BSAS to provide gambling treatment services even though they did not appear on the original gambling service list provided by BSAS. Appendix C provides a consort diagram of these programs.

We matched the survey responses to the programs in our database to combine information obtained from the survey with information we already had about the program. There were some ambiguities in this matching process because program directors did not always identify their programs using the same program names we had in the database and the survey was otherwise anonymous. Appendix E includes a document detailing the procedures we used to match the data. Appendix F includes information about the distribution of responses to the survey and the subsamples we used for analysis.

Current State of Gambling Treatment Services in Massachusetts: Observations

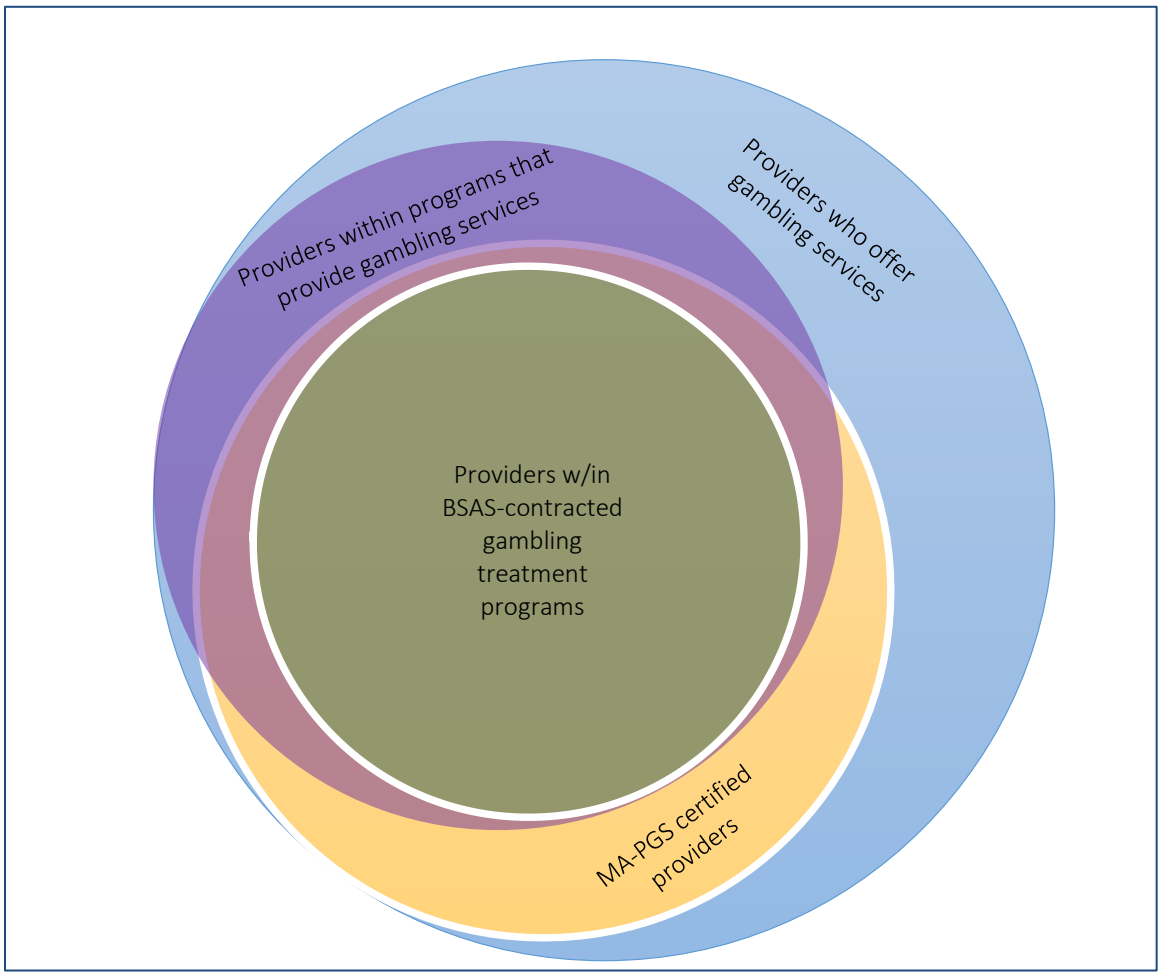
Identifying Gambling Treatment Services Currently Available in Massachusetts

According to the *Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts* (Massachusetts Technical Assistance Partnership for Prevention [MassTAPP], 2016), the majority of gambling treatment within Massachusetts occurs "within independent practices or outpatient services." The current report addresses both groups, relying on information from OPGS and MCCG to identify agencies that provide outpatient gambling treatment services, and information from MCCG about private practice clinicians who have been certified via the MA-PGS to provide gambling treatment services. Missing from this analysis are private practice clinicians who do not have MA-PGS certification but nonetheless provide gambling treatment services. Also missing are substance use and mental health programs, clinicians, and counselors who do not provide dedicated gambling treatment services but address gambling problems as part of the counseling and therapy they provide. To illustrate what the current analysis does and does not cover, Figure 3 provides a theoretical diagram of dedicated gambling treatment services in Massachusetts, with white borders outlining the scope of the current assessment.

The exact number and composition of BSAS-contracted gambling treatment programs is unclear. The director of the OPGS reported in the e-survey that, as of December 2017, there were 39 BSAS-licensed outpatient centers that had been awarded contracts to provide gambling treatment services. However, the list of BSAS-contracted gambling treatment services provided to the Division as of December 2017 indicated that only 27 organizations provided BSAS-contracted gambling treatment services at a total of 43 sites. (As the Figure and Table in Appendix C show, the overlap between organizations and sites might account for the differences in counts.)

For BSAS-contracted centers, a funding source known as the "gambling blanket" allows the Massachusetts Department of Public Health (DPH) to serve the payer of last resort for gambling treatment services. To provide gambling treatment services within these organizations or in private practice, providers receive a Massachusetts Problem Gambling Specialist certificate once they have attended a training program provided by MCCG. To keep their certification active, they must complete training every two years.

Figure 3: Scope of Current Assessment of Gambling Treatment Services in MA. (White outlines demarcate targets of the current analysis.)



Note. Not pictured: providers and organizations who address gambling problems as part of more general substance use or mental health counseling or therapy.

Provider Certification: Massachusetts Problem Gambling Specialist (MA-PGS) Training

To receive a BSAS contract to provide gambling treatment services, treatment programs must have at least one provider who has received MA-PGS certification.[2] However, this certification is not required to

[2] MCCG-provided training to receive a MA-PGS certification occurs each year during MCCG's Training Institute, a four-week program that meets twice a week for 4 hours each session. According to the MCCG, the 32-hour course includes training in: introduction to problem gambling; working with special populations; gambling disorder assessment and diagnosis; co-occurring disorders; evidence-based treatments for gambling disorder; recovery supports; and problem gambling prevention. At the completion of the 32-hour course, individuals meet the requirements for a MA-PGS certificate and can be listed in the MCCG referral database. Alternatively, providers can submit proof of 30 CEU hours of gambling-specific training outside of MCCG's training program to qualify for a MA-PGS certificate. To maintain their MA-PGS certificate, providers must complete 15 hours of training once every 2 years. This can be completed by attending trainings at MCCG's annual conference, any of MCCG's 1-day regional trainings that occur throughout the year, or 15 hours of any other gambling-specific CEUs. In addition, for both initial certification and renewal, providers must provide documentation of clinical supervision specific to gambling or addiction.

offer gambling treatment in private practice or at organizations not contracted by BSAS to provide gambling treatment services. The exact number of MA-PGS certified practitioners is unclear and appears to be changing. As of 2016, according to the *Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts* (MassTAPP, 2016), there were 140 service providers in Massachusetts who had been MA-PGS certified. As of spring of 2018, MCCG databases indicated that there were 166 service providers who had received an MA-PGS. As of June 2018, MCCG recognizes 134 providers in Massachusetts with a current MA-PGS certificate (personal communication, Yvonne Andrews, July 2018). According to the MCCG, much of this change is likely related to clinicians who have moved away from the New England region (personal communication, Yvonne Andrews, July 2018).

The majority of providers with a MA-PGS certificate are affiliated with outpatient treatment centers (n=114, 85%); only 20 (15%) are in private practice. At the time of this report, the MCCG website does not yet include this updated list of 20 private practice providers.

Geographic Distribution of Gambling Treatment Services

Plotting the distribution of gambling treatment services can help identify regional gaps in services. In the section that follows, we refer to Figures 4-8, which plot these services with respect to BSAS-affiliated substance use programs, gambling venues, lottery sales, and enrollments in the MA Voluntary Self Exclusion Program. Because of the size of these figures, we have grouped them together at the end of this section. Table C1, in Appendix C, also provides a list of organizations providing the gambling treatment services, including (1) organizations that have contracts with BSAS to provide gambling treatment services, and (2) organizations that do not have BSAS contracts, but are listed by MCCG as providing gambling treatment services. In addition to the organizations listed in Appendix C, Figures 4-8 also include private practice providers who have MA-PGS certification.[3]

Geographic Dispersion of Gambling Treatment Sites and Gambling Venues

As can be seen by the purple markers in Figure 4, these gambling treatment services are distributed throughout the state. This Figure also includes all BSAS-affiliated substance use programs, represented by yellow markers. There are obviously more substance use programs than gambling treatment programs, but, in general, the distribution of gambling treatment services across the state is similar to the distribution of BSAS-affiliated substance use services. However, there are several clear exceptions to this pattern, particularly in the distribution of services on the Cape and in southeastern Massachusetts, northeastern Massachusetts, north and South of the Massachusetts Turnpike near Interstate 495, and along the Massachusetts Turnpike corridor between Worcester and Springfield. In these areas, gambling treatment services appear scarcer than substance use services.

As Figure 4 also shows, there are 18 gambling venues in Massachusetts and neighboring states. In Massachusetts there are two horse tracks with off-track betting and one proposed horse track in North Lancaster, one category 2 slots-parlor with a racetrack in Plainville, and two resort casinos, MGM Springfield, which just opened on August 24th, 2018, and Encore Boston Harbor scheduled to open during the summer of 2019. In surrounding states there is one casino in Rhode Island, two casinos in Connecticut, six poker room casinos and three poker rooms in New Hampshire. The distribution of gambling treatment sites (i.e., purple markers) in relation to these gambling venues suggests that there are multiple gambling treatment programs available near the sites of the two resort casinos that will open in Springfield and Everett. There

[3] Figures 4-8 include 101 sites and private practice offices that provide gambling treatment services, whereas the table in Appendix C includes 57 organizations, some of which oversee multiple gambling treatment service sites. The numbers are different because a single organization can oversee multiple sites and because the table does not include private practice offices.

are fewer gambling treatment programs available in southeastern Massachusetts and northeastern Massachusetts near out-of-state gambling venues and Plainridge Park casino in Plainville, representing a potential treatment gap with respect to gambling venue availability.

Geographic Dispersion of Outpatient Programs and Private Practice

Figure 5 shows the breakdown of private practice gambling treatment services and outpatient gambling treatment service sites in Massachusetts. There is not much variability in the distribution of these two types of gambling treatment in the eastern half of Massachusetts. The distributions vary somewhat elsewhere. Specifically, there are no outpatient treatment programs within Cape Cod, and no private practice providers in north central and western Massachusetts. This represents a second potential treatment gap with respect to private practice providers, which are the primary referrals made by the Gambling Helpline.

Geographic Dispersion by Lottery Sales

MCCG's FY'18 Helpline Report (Massachusetts Council on Compulsive Gambling, 2018) indicates that among first-time callers, gambling on the lottery is a significant problem. Figure 6 displays total spending on the Massachusetts lottery in 2017 by individual cities and towns mapped alongside available gambling treatment services. As this map shows, total lottery sales are highest (indicated by purple and red on the map) mostly in large urban centers where there is significant coverage by treatment providers. The one exception is Worcester, where there are only two gambling treatment providers, but very high lottery sales. There are smaller clusters of moderately high spending (indicated by orange on the map) in smaller urban areas in Fall River, and New Bedford, Brockton, Haverhill and Lawrence, and Revere. Here potential treatment gaps exist in northern Massachusetts, Worcester, and southeastern Massachusetts with respect to lottery sales activity. Previous research by LaBrie and colleagues has shown that rates of voluntary self-exclusion are a good indicator of the prevalence of gambling problems in a region (LaBrie et al., 2007).

Geographic Dispersion by Voluntary Self Exclusion

In Figure 7, we present the distribution of Massachusetts Voluntary Self Exclusion Program enrollments in Massachusetts between the summer of 2015 and fall of 2017 mapped alongside available gambling treatment services. Cities and towns with no sign-ups are not colored. The range of sign-ups by town of residence ranged from 1 to 11. The map shows most Voluntary Self Exclusion enrollees residing in two areas: major urban centers, and in the region surrounding Plainridge Park Casino. A treatment gap with respect to enrollment location appears to exist along southeastern Massachusetts in Norfolk, Bristol, and Plymouth counties, as well as south of Worcester.

Geographic Dispersion Summary

A full analysis of geographic dispersion is beyond the scope of this document. An extended analysis might include other factors, such as population, income levels, crime, and other risk factors for addiction-related problems. Analyses that take such factors into consideration, or others, might identify different regions. In this preliminary examination, we identified risk areas by examining the availability of gambling treatment services in relation to (1) the distribution of BSAS-affiliated substance use treatment programs,[4] (2) the availability of gambling venues, (3) lottery sales, and (4) Voluntary Self Exclusion enrollment rates to identify areas that might benefit from increased training and services related to gambling. The blue circles in Figure 8 highlight regions of the state, in a 50-mile radius, where BSAS might consider increasing the availability of gambling treatment services (e.g., through targeted recruitment of existing BSAS-affiliated

[4] We consider the availability of substance use programs in a region as a proxy for addiction-related problems in that region. This assumption presumes that BSAS-affiliated substance services represent an established infrastructure that reflects treatment need in an area.

substance use treatment sites). Table 1 presents our assessment of the characteristics of each circled region.

Table 1. Potential Regional Gaps in Gambling Treatment Services

Region Circled in Figure 8	Availability of Gambling Services in Relation to Substance Use Services	Proximity to Gambling Venues	Lottery Sales	Voluntary Self Exclusion Enrol-lees
Cape Cod	Very low	Moderate	Moderate	Low
Southeastern MA	Somewhat low	High	Somewhat high	Moderate
Region surrounding Plainridge Park Casino	Somewhat low	Very high	Moderate	High
Worcester & southern suburbs	Low	Moderate	High	High
Northeast MA	Low	Moderate	Somewhat high	Low
North Central MA	Low	Moderate	Somewhat high	Low

Figure 4: BSAS-affiliated Substance Use Programs and Gambling Treatment Programs in MA

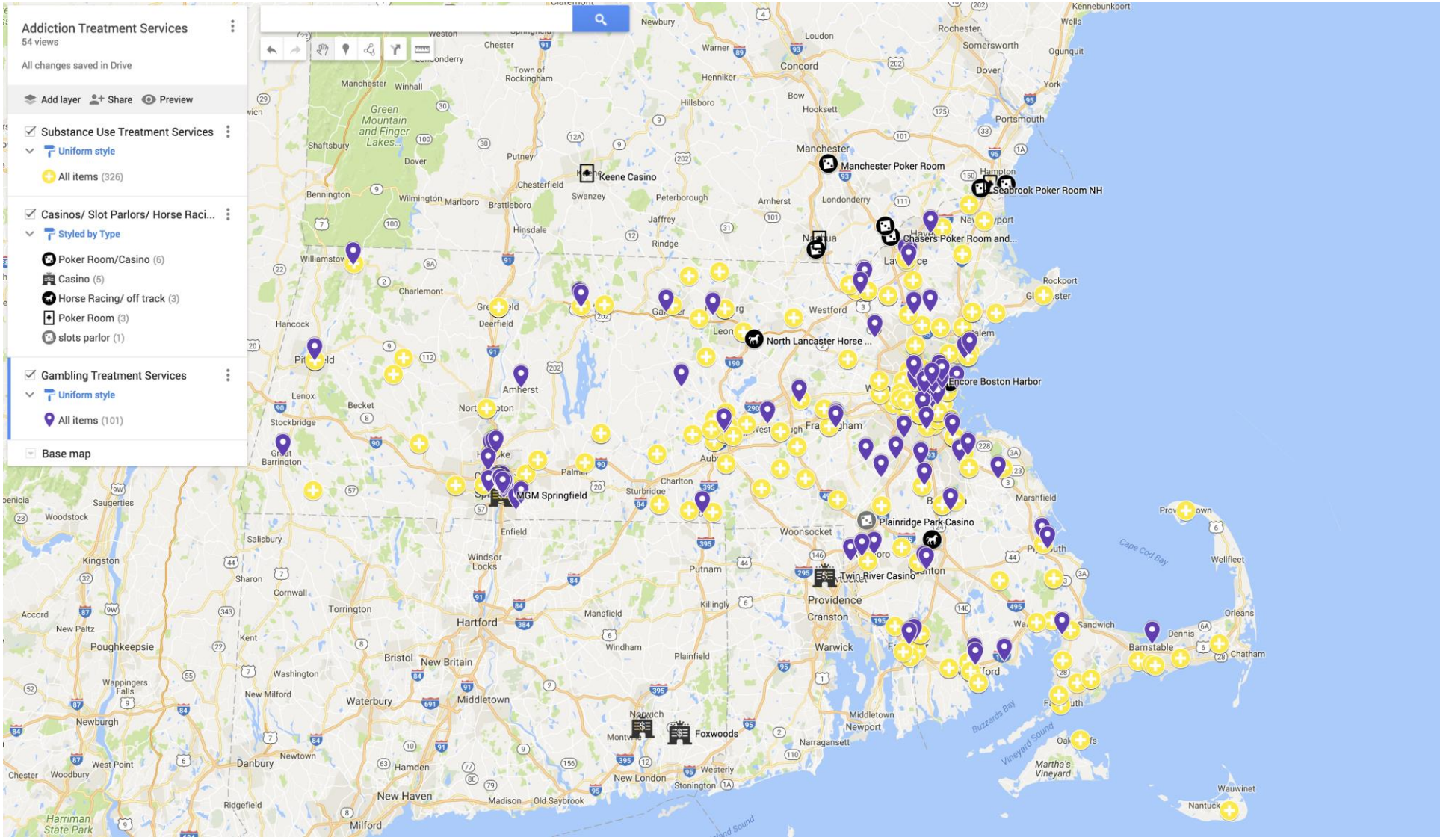


Figure 5: Gambling Treatment Services in MA by Type of Service

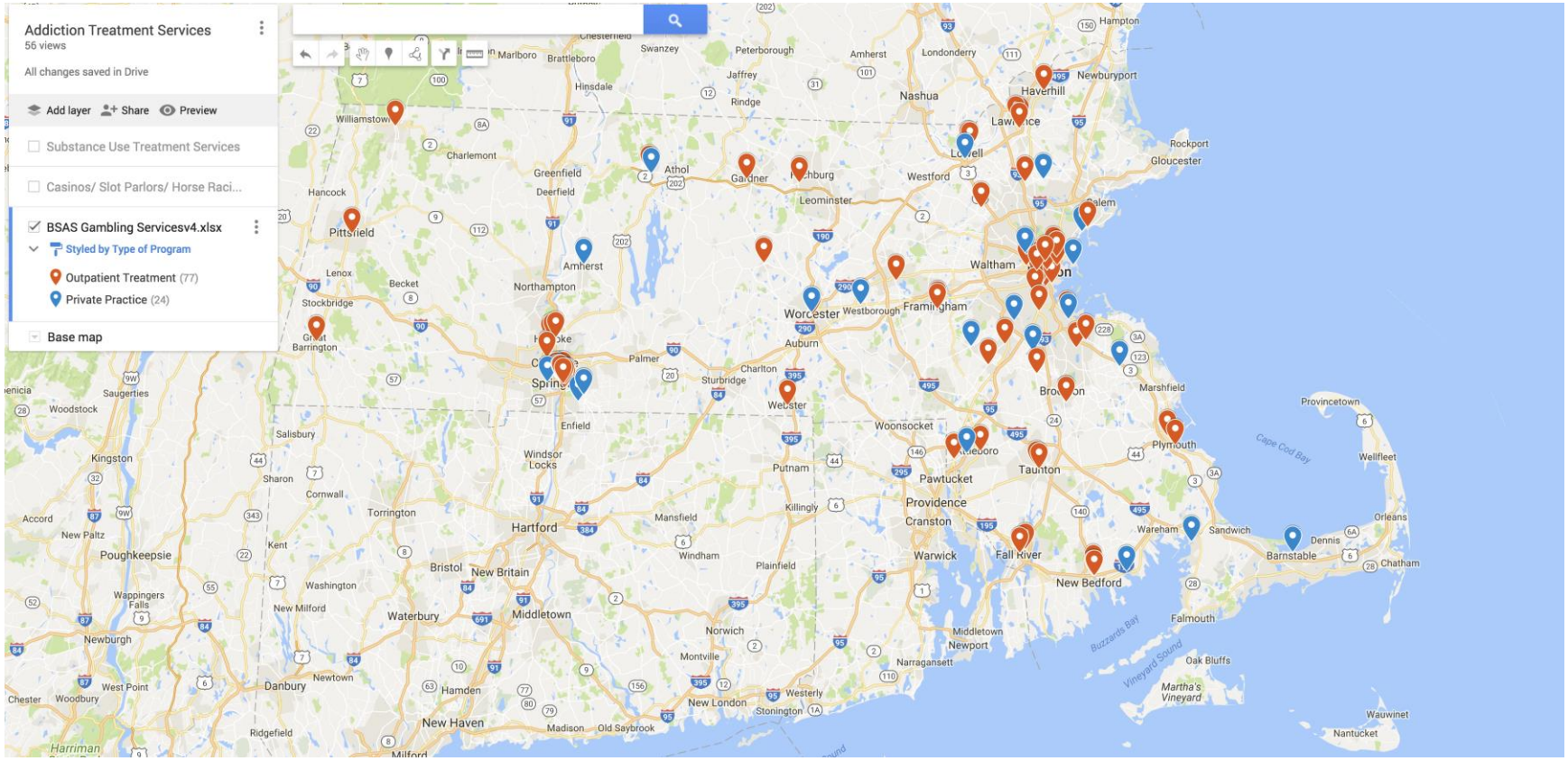
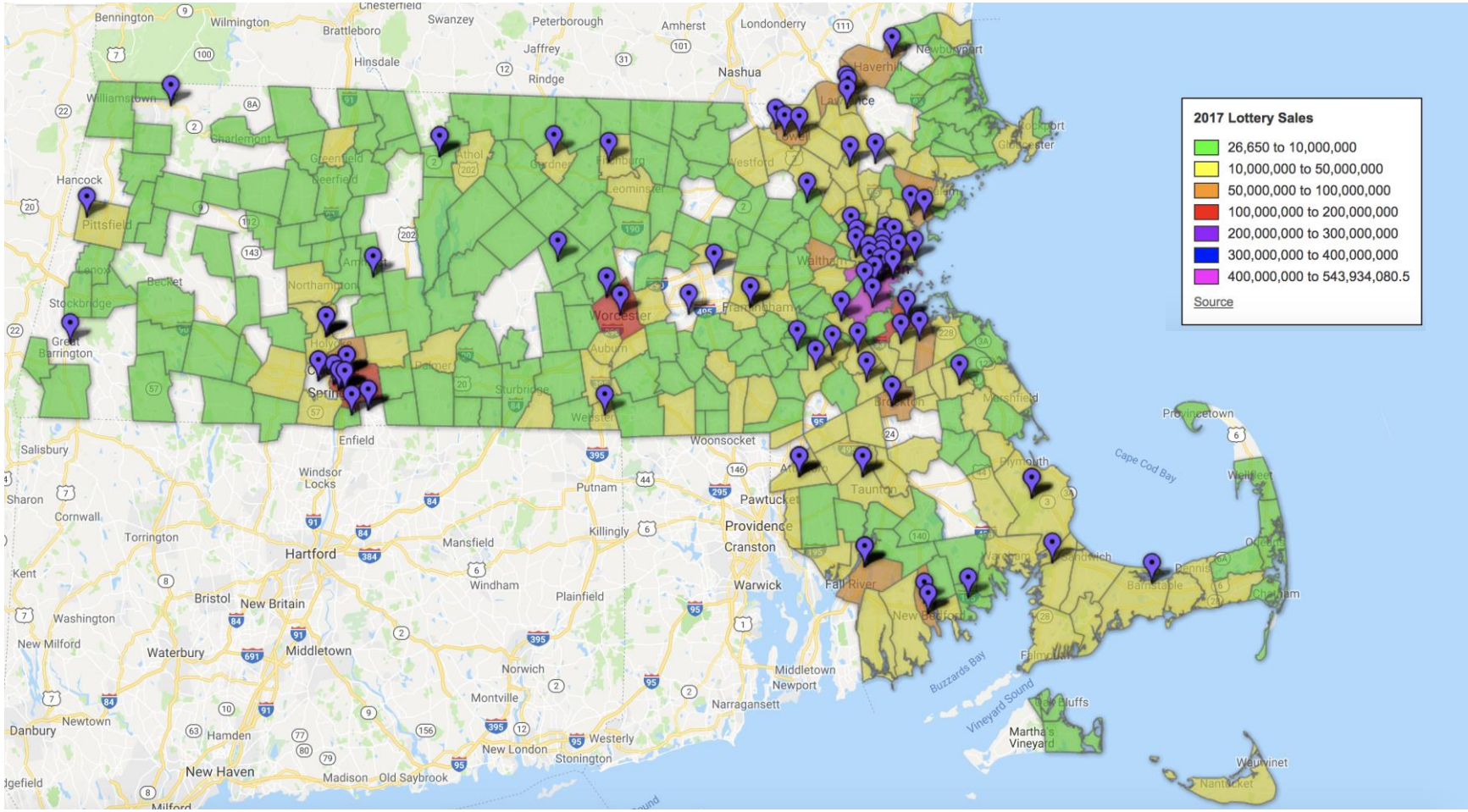
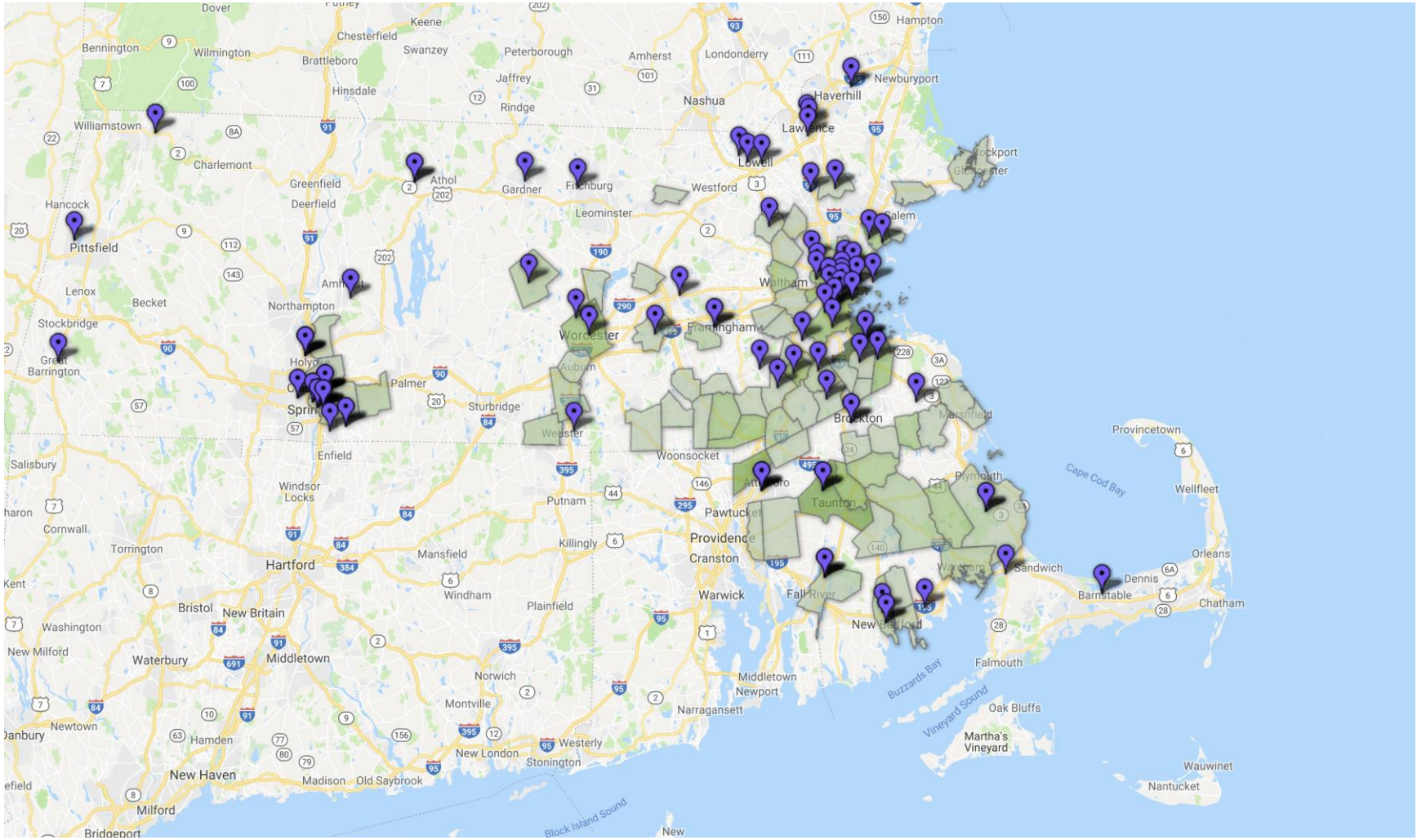


Figure 6: Gambling Treatment Services in MA and 2017 Lottery Spending (Total Dollars)



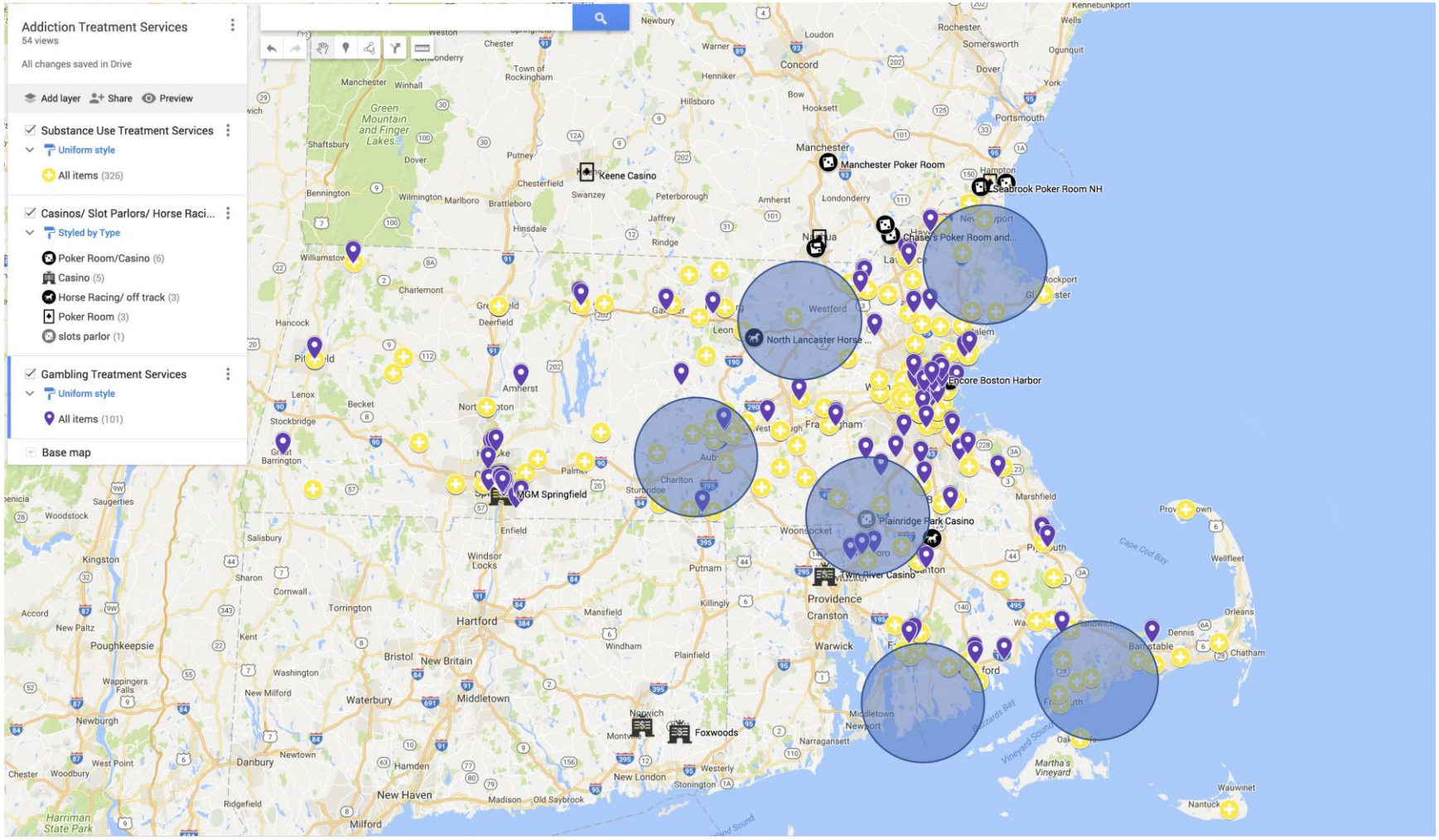
Note. In this map, pins are mapped to the center of the zip codes where they are located, so appear in slightly different locations than in Figures 4, 5, and 8.

Figure 7: Gambling Treatment Services in MA and VSEP Enrollments (2015-2017 enrollments)



Note. Green shapes indicate zip codes where voluntary self-exclusion enrollees reside. Darker green indicates more enrollees. In this map, pins are mapped to the center of the zip codes where they are located, so appear in slightly different locations than in Figures 4, 5, and 8.

Figure 8: Potential Gaps in Gambling Treatment Services in MA



Services Provided by MA Gambling Treatment Centers: Information from the Program Director Survey

Of the 180 respondents to the Program Director Survey, 25 represent programs listed by BSAS or MCCG as gambling programs, but 66 self-reported that their programs provided some form of gambling treatment services (19 of the 25 listed by BSAS or MCCG, plus an additional 47). To describe gambling treatment services provided in MA by BSAS-affiliated programs, we examine data for these 66; however, we include footnotes where results differed for the subset of organizations listed by BSAS or MCCG. The tables in this section also provide information for both the full set and subset of organizations. The number of respondents varies somewhat from question to question because not all program directors answered all questions.

Staff Providing Gambling Treatment Services

The survey asked program directors to indicate how many providers at their program were MA-PGS certified and how many staff provided gambling treatment services. Twenty-three (34.8%) of the 66 programs that reported providing gambling treatment services indicated that one or more of their providers were MA-PGS certified.[5] Among these 66 programs, 37.8% indicated that two or more of their providers provide gambling treatment services, 12.1% indicated that one provider provided gambling treatment services, and 31.8% indicated that none of their providers provided gambling treatment services; 18.3% did not answer the question.[6] These numbers did not overlap perfectly with MA-PGS certification numbers, meaning that some programs had providers who were not MA-PGS certified but still provided gambling treatment, and others had MA-PGS certified providers who were not providing gambling treatment services. These responses also indicate that some of the programs that indicated they provide gambling treatment services on the survey do not actually provide these services; some might have thought of screening as equivalent to providing services.

Screening and Assessment for Gambling Problems

Almost all (i.e., 92.4%) of the 66 programs that indicated that they provided gambling services or had a contract to do so, not surprisingly, screened their client populations for gambling problems. Among those programs that screened, almost all programs (i.e., 59 of 61; 96.7%) screened all of their clients. Only 9 of the 61 programs indicated that in an average month none of the clients they screened received a positive screen for gambling problems. As described in more detail in a later section, these programs that provided gambling treatment services were more likely to have clients screen positive for gambling problems in a given month than other types of programs that screened their clients (86.4% compared to 65.2%), $\chi^2(4, N=128) = 9.62$, $p < .05$. (It is important to note that all of the programs that provide gambling treatment services also provide substance use services, so the client populations they screen are not confined to people with gambling problems.)

Despite high rates of screening for gambling problems among programs that provided gambling treatment services, gambling assessment was more limited. Among the 66 programs that indicated that they provided gambling treatment services or were contracted to do so, only 23 (34.8%) reported that they conducted full assessments for gambling problems. Though this was a higher rate than that reported by programs that did not provide gambling treatment services (i.e., 16.2%; $\chi^2[1, N=165] = 7.66$, $p < .01$), it still

[5] Among programs listed by BSAS or MCCG as providing gambling services (n=25), 60.0% reported that at least one of their providers were MA-PGS certified.

[6] Among programs listed by BSAS or MCCG as providing gambling services (n=25), 40.0% indicated that two or more of their providers provide gambling treatment services, 24.0% indicated that one provider provided gambling treatment services, and 20.0% indicated that none of their providers provided gambling treatment services; 16.0% did not answer the question.

indicates that substantially fewer than half of these programs conduct comprehensive gambling assessments.[7]

The survey asked program directors who indicated their programs used gambling assessment instruments to describe what type of gambling assessment their programs used. Notably, as Table 2 shows, among programs that reported conducting full assessments of clients presenting with gambling problems, many of the listed assessments were screening instruments, not assessments. Other assessments that program directors listed appeared to ask about gambling behavior, not gambling problems or symptoms of gambling disorder. Program directors who listed actual instruments mentioned the Massachusetts Gambling Screen (MAGS) and the South Oaks Gambling Screen (SOGS).

Table 2. Gambling Assessment Instruments Used by BSAS-Affiliated Programs

Program Directors' Description of Gambling Assessments Used in Their Programs	Listed by BSAS or MCCG as providing gambling services	Indicated on survey that program provides or is licensed to provide gambling services
2-page questionnaire relating to types of gambling, age first started gambling, family members history of gambling		✓
All residents entering the program are given the Brief Biosocial Gambling Assessment. If they admit or score as having a gambling problem their counselor will then use the South Oaks Gambling Screen for further assessment.		
An assessment is done at the intake process		✓
Assessment tool, MSDP		
Behaviors related to gambling disorder are added to individualized treatment plans.		✓
Brief assessment tool that is included in the EMR	✓	✓
Brief Biosocial Gambling Screen	✓	✓
BSAS Enrollment Assessment; Gambling Enrollment Assessment; assess gambling history during substance use/addiction assessment	✓	✓
Clients are assigned to the gambling specialist on the team.	✓	✓
Clinical interview; DSM-5 criteria		✓
Comprehensive assessment		
DSM criteria	✓	✓
ESM asks this question and if the client says yes then we use the MAGS screening form.		
Intake screening form	✓	✓
MAGS	✓	✓
MAGS		✓
MAGS		✓
MSDP Adult Comprehensive Assessment	✓	✓
Part of our assessment to ask about gambling and other addictive behaviors		
Provide resources for gambling hotline		
Questions are asked on the intake and enrollment form on what types of gambling someone may do and are asked again in the Psych-Social History Assessment.		✓
Questions in the biopsychosocial assessment; MAGS		✓
South Oaks Gambling Screen; referred to Gamblers Anonymous		✓
South Oaks Gambling Screen; MAGS; Pathways Assessment; IGS	✓	✓

[7] Among programs listed by BSAS or MCCG as providing gambling services (n=25), 47.8% reported that they conducted full assessments for gambling problems among those who screened positive. This is higher than the rate among the larger sample those who reported providing gambling services, but still fewer than half of programs.

Table 2. (cont.)

Program Directors' Description of Gambling Assessments Used in Their Programs	Listed by BSAS or MCCG as providing gambling services	Indicated on survey that program provides or is licensed to provide gambling services
The MAGS		✓
The questions that we ask are integrated directly into our assessment process but then if further assessment is necessary, we use the NORC-SA self-administered screen for gambling problems.		✓
Upon Intake, gambling issues are discussed. If the client self-reports or has documented Gambling addiction, the client's primary counselor formulates a treatment plan with resident on addressing said addiction.		✓
We ask them if they have or ever had a problem with gambling.		
We do the standard BPS which has questions re gambling, and have 2 certified Providers.		✓
We use a gambling Assessment Screen.		
We use an assessment tool in the interview process.		
We use the MSDP Comprehensive Assessment.	✓	
We use Virtual Gateway for all intake assessments. If "Yes" is selected for a history of gambling, the system will then ask a series of questions regarding methods and frequency of gambling.		
We utilize our Comp assessment and document their gambling usage/how often/what type		
Within the biopsychosocial	✓	✓

Gambling Treatment Services

The programs that reported providing gambling treatment services indicated how many clients they treat for gambling problems in a given month. Table 3 displays those results. Most programs reported providing gambling treatment services to one to two clients in a given month.

Table 3. Number of Clients Receiving Gambling Treatment Services

	Listed by BSAS or MCCG as providing gambling services (n=17)	Indicated on survey that program provides or is licensed to provide gambling services (n=54)
# of clients treated for gambling problems in a given month	**# (%) of programs**	
0	3 (17.6%)	11 (20.4%)
1-10	13 (76.5%)	38 (70.4%)
11-20	0 (0.0%)	2 (3.7%)
20+	1 (5.9%)	3 (5.5%)

Note. The groups in the two columns are not independent. The N for each group varies slightly from table to table due to missing data.

These programs also indicated how long the clients they treated generally stayed in gambling treatment. Table 4 displays those results. Most programs indicated clients received treatment for 6 months or less. For the programs that indicated "other" as their response, most indicated that treatment time varied by individual client.

Table 4. Length of Gambling Treatment

	Listed by BSAS or MCCG as providing gambling services (n=17)	Indicated on survey that program provides or is licensed to provide gambling services (n=54)
Average length of time a client spends in gambling treatment	**# (%) of programs**	
1 or 2 sessions	2 (11.8%)	9 (16.7%)
1-3 months	6 (35.3%)	14 (25.9%)
4-6 months	5 (29.4%)	12 (22.2%)
7-12 months	1 (5.9%)	4 (7.4%)
1+ year	2 (11.8%)	2 (3.7%)
Other	1 (5.9%)	13 (24.1%)

Note. The groups in the two columns are not independent. The N for each group varies slightly from table to table due to missing data.

Table 5 indicates the percentage of clients who completed gambling treatment according to survey respondents. Most programs indicated that fewer than half of clients completed gambling treatment.

Table 5. Gambling Treatment Completion

	Listed by BSAS or MCCG as providing gambling services (n=17)	Indicated on survey that program provides or is licensed to provide gambling services (n=53)
% of clients completing gambling treatment	**# (%) of programs**	
0%	1 (5.9%)	3 (5.7%)
1-25%	6 (35.3%)	18 (34.0%)
26-50%	3 (17.6%)	7 (13.2%)
51-75%	4 (23.5%)	5 (9.4%)
76-100%	1 (5.9%)	7 (13.2%)
Unknown	2 (11.8%)	13 (24.5%)

Note. The groups in the two columns are not independent. The N for each group varies slightly from table to table due to missing data.

The programs that reported providing gambling treatment services also indicated the number of gambling treatment clients their program could serve at any given time. Table 6 displays those results.

Table 6. Gambling Treatment Capacity

	Listed by BSAS or MCCG as providing gambling services (n=17)	Indicated on survey that program provides or is licensed to provide gambling services (n=54)
# of clients w/ gambling problems program can serve at any given time	**# (%) of programs**	
0	2 (11.8%)	2 (3.7%)
1-10	5 (25.4%)	16 (29.6%)
11-20	5 (25.4%)	14 (25.9%)
20+	2 (11.8%)	14 (25.9%)
Other	3 (17.6%)	8 (14.8%)

Note. The groups in the two columns are not independent. The N for each group varies slightly from table to table due to missing data.

For the programs that indicated "other", half indicated that their programs have the capacity to serve as many as needed. The others indicated N/A or did not respond. Only four (7.5%) of the programs that reported providing gambling treatment services indicated that their programs had a waitlist for those services. Only one of these programs was listed by BSAS or MCCG as providing gambling treatment services. Three of the four programs indicated that an average stay on their waitlist was 1-3 weeks; the fourth, which also was the program listed by BSAS or MCCG as providing gambling treatment services, indicated that their waitlist stay was 1-3 months.

The survey asked program directors who reported providing gambling treatment services to describe the type of services their programs provide. Table 7 displays their responses. Most programs reported individual counseling, and many indicated that their programs integrated gambling treatment with other addiction treatment services.

Table 7. Gambling Treatment Services

Program Directors' Description of Gambling Services Offered in Their Programs	Listed by BSAS or MCCG as providing gambling services	Indicated on survey that program provides or is licensed to provide gambling services
1:1 counseling, treatment planning, information on community-based Gambling addiction fellowships and support groups		✓
Addressed as part of "Addiction" services		✓
Addressed in individual counseling sessions		✓
As a part of our outpatient services, gambling addiction is woven throughout our OP services, MH and SUD.		✓
Brief interventions with referrals to self-help (Gamblers Anonymous)		✓
CBT, DBT		✓
CBT, Motivational Interviewing, addressing underlying PTSD if applicable with EMDR/Cognitive Restructuring/Exposure	✓	✓
Clients who come in seeking treatment for their problem gambling would receive individual outpatient therapy with a clinician trained in addiction treatment, preferably one of our two clinicians who are Certified Problem Gambling Specialists.	✓	✓
Counseling		✓
Counseling services and psychoeducational groups, incorporated into treatment plans		✓
Currently, the numbers of screens that are positive are very low so the treatment is individual with our gambling specialist.	✓	✓
For gambling problems, residents are provided in-house psycho-education and skill-building groups to identify the triggers associated with compulsive gambling, develop coping skills mechanisms to deal with urges to gamble, and education around the neurochemistry/psychological factors that may influence the development of problematic gambling.		✓
GA and Individual Counseling		✓
GA, individual counseling		✓
Gambling & Compulsive Behaviors Group Weekly		✓
Gambling treatment protocols are incorporated into individual therapy when needed. ADAP program includes gambling in group on addiction education.	✓	✓
Group and individual therapy	✓	✓
Group work		✓
Groups, 1 on 1 counseling, outside therapy		✓
Groups, individual therapy	✓	✓
Incorporated in individual counseling sessions		✓

Table 7. (cont.)

Program Directors' Description of Gambling Services Offered in Their Programs	Listed by BSAS or MCCG as providing gambling services	Indicated on survey that program provides or is licensed to provide gambling services
Individual	✓	✓
Individual and group treatment; acupuncture clinic	✓	✓
Individual case management		✓
Individual counseling	✓	✓
Individual Counseling and referrals	✓	✓
Individual counseling services, skills building, DBT, Family Therapy, psycho-education		✓
Individual counseling services; educational groups		✓
Individual counseling to address gambling addiction, as part of dual diagnosis treatment- must have underlying substance abuse/ addiction issues		✓
Individual Counseling, Group Counseling, Case Management, and Referrals		✓
Individual therapy	✓	✓
Individual therapy		✓
Individual therapy		✓
Individual therapy with a gambling specialist	✓	✓
Individual therapy	✓	✓
Individual/family therapy	✓	✓
Individualized counseling; referral to outpatient counseling and support groups		✓
Individualized assignments		✓
Individual outpatient	✓	✓
Individual counseling, couples counseling, telephone counseling and support, referral to self-help groups, referral to financial planning and credit repair services	✓	✓
Integrated treatment of gambling use disorder with other addictive and mental health disorders		✓
Location of GA and educational groups		✓
Outpatient counseling and psychoeducation		✓
Outpatient individual counseling and relapse prevention groups (RPG not specific to gambling)	✓	✓
Outpatient therapy in conjunction with mental health and/or substance use disorders		✓
Psychotherapy		✓
Referral		✓
Screening		✓
Treated as an addiction; education, relapse prevention, triggers, GA		✓
We get them to GA as well a therapist who specializes in treating the gambling disorder.		✓
We have a group ready to run.		✓
We offer individual therapy including cognitive behavioral therapy and metacognitive therapy for people with problem gambling. We currently have two full-time staff that are Massachusetts problem gambling specialists.		✓
We provide the psychiatric component of the addiction treatment.		✓

Note. We have edited responses for typos and grammar – unedited responses are available upon request.

Referral for Gambling Treatment Services

Ten of the 54 programs (18.5%) that reported providing gambling treatment services and answered questions about referrals indicated that their programs received referrals from MCCG.[8] Among programs listed on MCCG's website as providing gambling treatment services, 5 of 11 (45.5%) that answered this question reported receiving referrals from MCCG.

Among the ten programs that received referrals from MCCG, 40.0% received fewer than one referral per month, 50.0% received 1-2 referrals a month, and 10.0% received 3-5 referrals a month. Most of these 10 programs (60%) indicated that 1-25% of these referrals eventually received treatment at their program. Twenty percent of these programs indicated that none of the referrals end up receiving treatment with them, and 20% indicated that more than 25% end up receiving treatment with them. Only two of these programs indicated that their programs share any information back with MCCG about these referrals.

Thirteen of the 54 programs (24.1%) that reported providing gambling treatment services and answered questions about referrals indicated that their programs received referrals from other sources. Table 8 lists the sources of these referrals reported by the surveyed programs.

Among the thirteen programs that received referrals from other sources, 8.3% received fewer than one referral month, 50.0% received 1-2 referrals a month, 25.0% received 3-5 referrals a month, and 16.7% received 6-10 referrals a month. Slightly more than 40% of these programs (41.7%) indicated that 1-25% of these referrals end up receiving treatment at their program. The remaining 58.3% indicated that more than 25% of these referrals received treatment. Only two of these programs indicated that they share any information back with their referral sources about these referrals.

Table 8. Sources for Gambling Treatment Referrals

Court system, jail, self-referral, probation/parole, referrals from health care providers, hospitals
CSS and TSS
CSS, TSS, DOC
DCF/Probation/Hospitals
Detox, Inpatient, Outpatient, etc.
Internal, external
Just the clients who come into treatment
McLean Hospital, self-referral
Multiple agencies or private practice providers
Other SUD programs
Probation, DCF, residential services
Residential Recovery Homes, Homeless Shelters, EAP programs, colleges and universities

Note. We have edited responses for typos and grammar – unedited responses are available upon request.

[8] Among programs listed by BSAS or MCCG as providing gambling services, 7 of 17 (41.2%) reported receiving referrals from MCCG.

Identifying the Current Client Entry Points into Gambling Treatment Services in Massachusetts

To document how referrals for gambling treatment typically occur within Massachusetts, we analyzed information from the MCCG about the Helpline and their referral process, as well as information from the Program Director Survey about how BSAS-affiliated programs that do not provide gambling treatment services screen and refer their clients.

MCCG Helpline Referrals

The MCCG receives funding from the Massachusetts Department of Public Health to manage a 24-hour, 7 day a week problem gambling helpline (Helpline). The Helpline, started in 1987, is funded each year in the State budget through a portion of the State's unclaimed lottery winnings. The objective of the Helpline is to provide callers with emotional support, information such as self-help and linkages to community resources, and referrals for treatment. Callers are most often problem gamblers, but about 25% are concerned family members and 5% are treatment providers (Massachusetts Council on Compulsive Gambling, 2018). In addition to calls for help, since FY'14 the MCCG also has provided similar help through an online chat available at their website; however almost all of the contacts to the Helpline (i.e., 99%) are by telephone.

To support this work, MCCG maintains a referral list of providers who treat gambling disorder in Massachusetts. MCCG includes on its list outpatient treatment facilities and private practices with at least one provider who has completed their MA-PGS training in the past two years.

According to MCCG, after identifying what support they can provide those requesting help, Helpline staff ask them a few questions to get a better understanding of the population that is seeking help. For those that seek help through online chat, they answer these same questions during chat registration before they speak with Helpline staff. Those seeking help answer questions about their, age, gender, marital status, why they are contacting the Helpline, race/ethnicity, how they learned about the Helpline, primary and secondary types of gambling, disability status, current living situation, ever or current homelessness, and Veteran status. This information allows Helpline staff to provide more personalized help. Finally, callers provide their city and zip code so that Helpline staff can share with them a list of treatment providers in their area. According to MCCG, unless otherwise requested, Helpline staff provide callers with the contact information for local treatment providers in private practices and generally only provide outpatient treatment center contact info upon request (personal communication, MCCG, July 2018). MCCG staff noted that, anecdotally, those who request outpatient sites often will call back and ask about referrals to private practice because wait times are too long (personal communication, MCCG, July 2018).

The Helpline provides callers with a list of treatment providers to contact. It does not help callers call through the list of private practice providers or set up appointments for callers. In addition, there is no system in place for providers to follow-up with MCCG about Helpline referrals, primarily because of concerns around protecting health information and avoiding the potential for HIPAA violations (personal communication, MCCG, July 2018). Therefore, there is no data to report on how many Helpline callers call providers, schedule appointments, or follow through to treatment. However, MCCG Helpline outreach coordinators do complete follow-up calls to check in with previous callers about their needs for materials and resources.

According to MCCG's Helpline report (Massachusetts Council on Compulsive Gambling, 2018), in FY'18 there were 5 people who reached out by online chat and a total of 778 Helpline calls of which 260 were first time callers. Among first time callers, the counties with the highest number of first time Helpline calls were Essex (20%), Worcester (17%), Middlesex (16%), Norfolk (14%), and Suffolk (12%) counties. In the

previous section on MA-PGS trained clinicians, we identified sections of Essex, Worcester, Middlesex, and Norfolk counties as areas where the number of treatment providers for gambling treatment services appeared proportionately low. This Helpline call data supports our recommendation that these areas require additional attention and support to expand their capacity for gambling treatment services.

Client Entry Points to Gambling Treatment Services: Information from the Program Director Survey

Earlier in the report, we presented information about screening and assessment among the programs that provide gambling treatment services to their clients. In this section, we discuss screening and assessment, as well as referral practices, among those programs *that do not provide gambling treatment services*. This analysis allowed us to better understand how prepared other BSAS-affiliated programs are to begin to identify and refer clients who present with gambling problems. Of the 180 respondents to the Program Director Survey, 114 indicated that their programs did not provide any gambling treatment services.[9] Among those 114, 38 directed outpatient programs and 76 directed other types of programs (i.e., residential, detox, CSS, TSS). We examine screening, assessment, and referral practices for the entire sample of 114, but also for the outpatient programs separately, because these programs are the most likely source for referrals to gambling treatment services.[10].

Screening and Assessment for Gambling Problems

Three quarters (i.e., 75.4%) of the programs that do not provide gambling treatment services reported screening their clients for gambling problems. Though this is fewer than the 92.4% of programs that provide gambling treatment services, $\chi^2(1, N=180) = 8.06$, $p < .01$, it still represents a decided majority of the programs that completed the survey.

Outpatient programs and other programs were equally likely to screen their clients for gambling problems, $\chi^2(1, N\text{-}114) = 0.94$, p = ns; however, among programs that screened, outpatient programs were less likely than other programs to screen all of their clients (82.8% compared to 96.4%), $\chi^2(1, N=84) = 4.60$, $p < .05$.

Among programs that indicated screening their clients for gambling problems, but do not screen all of their clients, respondents provided the following information about how their programs determine whom to screen, presented in Table 9.

Table 9. How Programs Determine Which Clients to Screen for Gambling Problems

The question is on our intake form, but not all of our providers specifically address it.
The completion of a comprehensive assessment
If they present with an addiction issue
If they are in a substance use disorder program and not just behavioral health
If a client reports substance use, then a substance use risk assessment is administered. Embedded into this risk assessment are questions asking about gambling addiction.
Clients who are court ordered or have a substance use diagnosis
Client report

Note. We have edited responses for typos and grammar – unedited responses are available upon request.

[9] As noted earlier, a larger number (i.e., 155) are not listed by either BSAS or MCCG as providing gambling services. However, in this section we focus on the 114 who specifically indicated that they did not provide gambling services.

[10] In inpatient or crisis stabilization settings, though a client might present with a gambling problem, other services often take priority, such as medication assisted treatment.

Program directors also indicated how many clients their programs screen for gambling problems and how many screen positive. These numbers were indicated as ranges (e.g., 1-10). We took the average of each range and divided the number of positive screens by the number of clients screened for each program. We also created tables showing the actual ranges for clients screened and clients screening positive.

Among the programs that do not provide gambling treatment services but screen their clients for gambling problems (n=69[11]), 34.8% indicated that none of the clients they screened received positive screens for gambling problems, 14.5% indicated that 10% or fewer screened positive, 34.8% indicated that 11-75% screened positive, and 15.9% indicated that more than 75% screened positive. Table 10 includes the ranges endorsed for number of clients screened and number of clients receiving positive screens for these 69 programs.

Table 10. Number of Gambling Screens Conducted Per Month by Number of Positive Screens

	# receiving positive screens in a month						
# screened in a month	**0**	**1-10**	**11-20**	**21-50**	**51-80**	**81+**	**Unknown**
0							
1-10	14	11	0	0	0	0	0
11-20	5	12	0	0	0	0	1
21-50	2	11	0	0	0	0	0
51-80	0	3	1	0	0	0	0
81+	1	5	1	0	0	1	0
Unknown	0	1	0	0	0	0	0

Among these programs, outpatient programs were more likely to have clients screen positive for gambling problems in a given month than other types of programs that screened their clients (86.4% compared to 55.3%), $\chi^2(4, N=69) = 10.24$, $p < .05$.

Sixteen (14.0%) of the 114 programs that do not provide gambling treatment services indicated that their programs conducted full assessments for gambling problems for clients who screened positive.[12] Outpatient and other types of programs were equally likely to conduct gambling assessments.

Referrals to Gambling Treatment Services

Of the 93 programs that did not report providing gambling treatment services and answered the question, 62 (66.7%) indicated that their programs refer clients who present with gambling problems to other programs. This rate did not differ by whether a program was an outpatient program or not. Twenty-six percent of these indicated they refer to GA, 13% indicated they refer to MCCG or a state or national website or helpline, and 48% indicated they referred to other outpatient programs.

Among the programs that referred clients with gambling problems to other services, 42.6% reported referring fewer than one client a month, 44.3% reported referring 1-2 clients a month, and 6.5% reported referring 3-10. The remaining programs were unsure. These rates did not differ by whether a program was an outpatient program or not.

[11] 86 program that do not provide gambling services reported screening their clients for gambling problems; however, only 69 provided information about how many clients they screen and how many screen positive.

[12] 15 respondents from these programs did not answer this question, so the 16 programs represent 14.0% of the 114 programs that don't provide gambling services, but 16.2% of the 99 that answered the question.

About a third (36.1%) of the programs that reported referring clients with gambling problems to other programs indicated that their programs had a way to know whether the clients they referred received services. Most of these programs indicated this was accomplished through a release of information and follow-up.

Process for Handling Clients with Gambling Problems in Programs That Do Not Provide Gambling Treatment Services

Eighty-four of the programs that did not report providing gambling treatment answered a question about how the program deals with clients who present with gambling problems. Table 11 presents the program directors' answers and also indicates whether the response came from an outpatient program. These programs' responses were quite varied, but most indicated that their programs would address the gambling problem as part of the client's treatment plan, integrated with the other addiction services the client received. Some programs reported that they had never had a client with gambling problems and a few noted that their client population *didn't* experience gambling problems. Many programs indicated that their programs refer these clients elsewhere.

Table 11. Process for Handling Clients with Gambling Problems among Programs That Do Not Report Providing Gambling Treatment Services

Program Directors' Description of How Their Programs Handle Clients with Gambling Problems	Outpatient Program
Address it in the course of other addiction treatment services, i.e., IOP.	✓
Address it in an Individual service plan, and refer to outside treatment/12 step.	
Ask do they see themselves as having a problem in this area; most of the time they all say no.	✓
Ask them to contact BSAS for further assistance. We provide the contact number.	✓
Assess and provide resources.	
Assign to clinician with addiction specialty. Use motivational interviewing, etc.	✓
At this time, we do not offer any services for clients who present with gambling problems.	
Brief BioSocial Gambling Screen and if needed, the South Oaks Gambling Screen with inclusion of GA, AA, twelve step work, addressing financial ramifications, family consequences, as well as legal issues.	
Call SAMHSA's national help line.	
Can address on their treatment plan and recovery counseling.	
Counseling groups as well as referral.	
Create a treatment plan.	
Develop an IAP goal that would target the gambling issue.	
Discuss and process in individual therapy with the goal of increasing their readiness for changing this behavior.	
Discuss Gamblers Anonymous and how to use the program for any addiction.	
Discuss if gambling is part of mania in bipolar disorder.	✓
Discuss in terms of co-occurring disorder and the need to treat both.	
Discuss it in counseling; treatment plan for it, provide resources for clients to access.	
Embrace the 12 step recovery process.	
Give educational materials and helpline information.	
Give information on help that is available, follow up on Individualized Treatment Plans.	
Has never happened.	
Has never happened.	
Have our Clinical Supervisor refer them to the appropriate services.	
Have them participate in the program focusing on recognizing triggers and preventing relapse. Refer to more specific program at discharge if indicated.	
Include in treatment plan.	✓
Incorporate gambling into their other addiction treatments.	
Incorporate into treatment as comorbid condition.	✓
Incorporate it into other addiction services.	

Table 11. (cont.)

Program Directors' Description of How Their Programs Handle Clients with Gambling Problems	Outpatient Program
Incorporate treatment into their substance abuse treatment. Also, what was previously mentioned.	✓
Individual counseling with LCSW and referral.	
Individual therapy.	✓
It is incorporated into their Individual Service Plan.	
It would be in conjunction with substance abuse, as that is what we do. We refer.	
Monitor problem area through discussion in counseling.	
N/A	
None at this time.	
Not a specific intervention.	✓
Nothing at this level of care and length of stay.	
Offer a HLOC. Make additions to the TP or develop a TIP.	
Our I/P has a Gambler's Anonymous Commitment Meeting 1-2 times / weekly. Our IOP focuses on SUD, but incorporates gambling addiction in the program. We do not offer individual counseling.	✓
Place referral.	
Provide referrals.	
Refer.	
Refer.	✓
Refer for gambling services.	
Refer for treatment.	
Refer out.	✓
Refer out.	
Refer out to resources.	
Refer them for additional support.	✓
Refer them out.	
Refer them to counseling or GA.	✓
Refer them to Crossroads.	
Refer them to Stepping Stone.	
Refer them to the Steppingstone Outpatient Clinic.	
Refer to GA.	
Refer to GA.	✓
Refer to GA as well as psych tx.	
Refer to Gamblers Anonymous.	
Refer to self-help, utilize curriculums if clients are interested in addressing.	✓
Refer to the gambling treatment experts.	
Refer to therapist.	
Refer to therapy.	
Referral.	
Referrals and coordination of care.	✓
Screen, refer to needed services, include gambling treatment into service plan.	
Suggest they seek other treatment.	
The women that we serve do not present with gambling problems; they are primarily opiate addicts.	
Therapy, CBT, DBT.	
This hasn't happened most likely because we only treat adolescents.	✓
This is not a primary diagnosis; we provide referral.	✓
Transportation to GA Meetings, referral to specialist.	
Treat the behavior as part of the client's presenting issues, both in individual counseling and group (when appropriate).	✓
Treatment planning, counseling, case management.	✓
Utilize 12-step programming and abstinence.	
We do MAGS screening, they attend Gambling Addiction group and if there are strong indicators for needing more we would refer them for gambling addiction counseling.	

Table 11. (cont.)

Program Directors' Description of How Their Programs Handle Clients with Gambling Problems	Outpatient Program
We do not see gambling issues at this stage of treatment.	
We evaluate and treat minors and gambling problems are rare in our population.	✓
We rarely see this as a clinical need in patients that we interact with. In the event that we did, we would use evidence-based CBT and ACT interventions, or refer out when needed.	✓
We refer to MindCare Agency or other agencies that can help the patients.	
We refer them to GA.	
We would refer them out and address utilizing coping skills to effectively manage their spending habits and include it in their treatment plans.	
Work on it in counseling and Tx plans.	
Would seek services in the event a client was assessed with a gambling problem.	

Note. We have edited responses for typos and grammar – unedited responses are available upon request.

Assessing the Current Data Systems and Inter-Agency Communications for Gambling Treatment Services in Massachusetts

According to *Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts* (Massachusetts Technical Assistance Partnership for Prevention [MassTAPP], 2016), there is no streamlined and integrated screening, referral, and reimbursement process for problem gambling treatment services. Our investigation confirmed this statement.

Information and Access

At a basic level, examination of publicly available information about gambling treatment services indicates some level of inconsistency and, potentially, a lack of updated resources. For example, as noted in the Data Sources section of this report, the lists of outpatient gambling treatment centers and private providers available on the MCCG website vary from link to link. In addition, the MCCG's list of 16-17 outpatient centers that contract with BSAS does not include all of the programs with which BSAS contracts. The source of such discrepancies is undetermined. However, as noted in the previous section on Helpline referrals, MCCG referrals tend to be confined to their list of private practice MA-PGS trained clinicians because of concerns about potential waitlists at outpatient centers.

From the BSAS website, it is possible to access the website for the Massachusetts Substance Use Helpline and search for services. One of the options is to search for gambling treatment services. However, every possible search produces one of two outcomes: (1) no results; or (2) two programs that are plotted as being located in downtown Boston on the map: the MCCG (actually located in Norwood), and the Gavin Foundation Center for Recovery Services (actually located in south Boston). The search database does not include any of the other available gambling treatment services in the state.

Data Sharing and the Gambling Helpline

As noted in the previous section on Helpline referrals, the Gambling Helpline is not set up to collect data systematically about whether its referrals are fulfilled. It does follow up with callers, when possible, but does not have systems in place to communicate with providers about referrals or track information about which referrals lead to treatment. The MCCG notes that HIPAA concerns are the primary barrier to this type of data collection (personal communication, MCCG, July 2018).

Information Systems and Data Sharing: Information from the Program Director Survey

As reported in earlier sections, only two of the programs that reported providing gambling treatment services indicated that their programs ever share information back with the Gambling Helpline or other

referral sources about clients received through referrals. However, a third of programs that report referring clients with gambling problems to gambling service programs indicate that, through releases and follow-ups, their programs are able to determine whether the clients they refer receive services.

Most programs (i.e., 87.9% of those that answered the question) reported that they did share their data with BSAS, including client demographics and any other information requested by BSAS.

Foreshadowing Future Capacity for Gambling Treatment Services in Massachusetts: Information from the Program Director Survey

BSAS-affiliated programs that do not provide gambling treatment services answered a few questions about what their programs would need to begin providing such services.

Approximately half of the programs that do not provide gambling services and answered this last set of questions (i.e., 47.7% of 86) indicated that they have space available that could, in theory, be used to host Gamblers' Anonymous meetings.[13] More than 80% of the programs that do not provide gambling treatment services and answered this last set of questions (i.e., 82.4% of 85) indicated that their organization's strategic plan did not include any plan to incorporate gambling treatment services into their programming. Only 3.5% indicated that their strategic plan *did* incorporate the development of gambling treatment services; the remaining 14.1% described plans to incorporate gambling treatment services that were not specified in their strategic plans. A larger percent (42.4%) expressed interest in incorporating the resources needed to begin treating clients with gambling problems into their programs; an additional 31.8% were unsure.

The survey asked programs that do not currently provide gambling treatment services to describe what infrastructure changes or additions the program would need to begin treating clients for gambling-related problems. Table 12 displays program directors' responses. The vast majority of responses indicated that training for staff was the primary barrier to providing gambling treatment services. Program directors also noted the need for additional staff and space. Notably, more than half of these programs (i.e., 62.3%) indicated that their programs provide an annual CEU benefit to providers to support additional trainings.

Table 12. Resources Needed to Begin Treating Clients w/ Gambling-Related Problems

Program Directors' Description of What Their Programs Needs to Treat Clients w/ Gambling Problems	Outpatient Program
A counselor who specializes in Gambling Addiction.	
Add a group if we had a bigger population with a Gambling addiction.	
Add additional training.	
Additional group offerings. Adding 12 step meetings specific to the problem. Ensuring payment from payors for this issue. Adding staff education opportunities to ensure competency of staff providing service.	
Additional information of best practices for this area.	
Additional staff training and curriculum to utilize.	
Additional staffing would be necessary.	
Additional support/resources.	✓
Additional training.	
Appropriately trained staff.	
Certification of at least one counselor; holding groups specific to gambling issues.	
Clinicians would need a comprehensive referral list for outside services.	

[13] None of the percentages presented in this section differed by whether programs were outpatient or not.

Table 12. (cont.)

	Outpatient Program
Contact Lowell House, Inc.: 978 459 8656	
Curriculum resources.	✓
Don't know but likely we need another conference room.	
Educating staff and materials on Gambling treatment specifically.	
Education.	
Funding and staff.	
Hiring more clinician with certification in treating gambling addiction.	
Hiring specialists, developing groups, clinicians going through certification process.	
Identify additional space	✓
Include an assessment (other than the question that is on the BSAS client intake form).	
Increase in certified gambling specialists that are billable.	
Licensing.	
Money, staff, space.	
More certified gambling specialists.	
More material and staff knowledgeable with gambling addiction.	✓
More space, specific training.	
More staff trained in tx of gambling related problems; space.	✓
More training.	
More training.	
Need a curriculum to address gambling.	✓
None	
None	
None	
None	
None	✓
None	
None	
Not sure	
Nothing infrastructure.	
Obtain a better understanding of symptoms, and resources.	
Referral sources, educate staff to the importance.	
Space.	
Space and counselor training.	
Staff education to start.	✓
Staff training.	
Staff training and information on resources.	
Staff training on gambling addictions.	
Staff training, increased client demand for services (based on increased # of clients who identify with gambling-related problems).	✓
Staff who are proficient in treating gambling.	
Staff with specialized education.	
Staffing.	✓
Staffing/physical space.	
This isn't an issue for our population.	✓
This would be an outpatient program, so would not involve our program.	
Train clinicians in process addictions.	
Trained specialists.	

Table 12. (cont.)

	Outpatient Program
Training.	✓
Training and certification for the clinical staff.	
Training the staff about different approaches and modules to address the gambling problem and /or being able to recognize it.	
Training, referrals.	✓
Training. Additional staffing (potentially).	
Training and space.	
Unknown.	✓
Unknown.	✓
Unknown.	
Unsure.	✓
Unsure at this time, though we are focused primarily on growth around substance use and HIV services at this time. We would likely need additional training and additional staffing resources to support such an expansion.	✓
We are an educational program.	
We are fortunate to have a 12,000 sq.ft. facility. With some minor renovation and furnishing cost we could host a program for gamblers.	✓
We do MAT, so we do not provide comprehensive psychiatric or psychological care.	
We would have to create a whole new program.	✓
We would need funding and additional resources. None of our current staff are trained in addressing gambling related disorders so we would need either additional funding for staffing or education.	
We would need to have a certified gambling specialist over there.	✓
We would need to train and certify counselors.	✓

Note. We have edited responses for typos and grammar – unedited responses are available upon request.

Finally, these programs indicated the resources BSAS could provide that would be helpful to them in providing services to clients with gambling-related problems. These responses were similar to those provided in Table 12, so are not reproduced here, but are available in Appendix G. We encourage OPGS to examine the responses in Table 11 closely; there are several specific suggestions program directors made that could be useful (e.g., additional training and advocacy around reimbursement for gambling services; more flexibility around the MA-PGS certification process). Again, training was the most reported need by program directors who completed the survey. Some respondents also listed resources OPGS already provides, such as listings of evidence-based practices.

State of Services Analysis Recommendations

This report provides an overview of the current state of services in Massachusetts that can be used to assess how well-positioned the current system is to adapt to changes in gambling treatment need that might emerge as the Commonwealth expands gambling opportunities within the state. Based on this overview, we offer the following recommendations related to the three areas addressed in the report: (1) the current distribution and provision of services; (2) the current client entry points to services; and (3) the current status of data systems and interagency communication.

Identifying Gambling Treatment Services Currently Available

As noted in the body of the report, there are several areas of Massachusetts where the number of available gambling treatment service providers is lower than one might expect from the distribution of substance use treatment providers. In addition, some of these same areas are near gambling venues or exhibit particularly high lottery spending or voluntary self-exclusion rates.

Based on these examinations, we recommend that, as displayed in Figure 8, BSAS focus any gambling treatment service expansion efforts on the Cape, southeastern MA, and Worcester and its southern suburbs.

We identify these three areas in particular because they had disproportionately fewer gambling treatment services than substance use services. The Cape had the fewest gambling treatment service programs of any region, southeastern MA includes Plainridge Park Casino, and the area south of Worcester has few gambling treatment services despite encompassing the suburbs of a large city and having high lottery sales and enrollees in the MA Voluntary Self Exclusion program. Another area that might deserve further attention is northeastern MA, north of Boston. Northeastern MA has fewer gambling treatment services than expected based on the number of substance use treatment programs available and per the MCCG annual report (Massachusetts Council on Compulsive Gambling, 2018), includes more Helpline (not mapped) callers than other regions. Given the considerable infrastructure of substance use treatment programs throughout the state, we recommend that gambling treatment service expansion might occur most efficiently and be most accessible if organizations that manage current substance use programs are trained to provide these services. Organizations that provide other behavioral health services might also be well-poised to establish gambling treatment services, but additional research to determine their readiness is needed.

In addition to examining the distribution of gambling services, we also examined the current services being provided. The gambling assessments that programs use and the gambling treatment services they provide currently vary widely. In terms of assessment, many of the program directors, both those whose programs provide gambling treatment services and those whose programs do not, equated single items or brief screens with assessment instruments. Many programs relied on assessments that focused only on gambling behavior.

Therefore, we recommend that BSAS provide information and recommendations about validated gambling assessments to all BSAS-affiliated substance use programs. One means of doing this might be through expanding the Practice Guidelines for gambling treatment web resource to cover screens, assessment, and diagnostic instruments.

Also, though flexibility in the type of services programs provide is important, few programs that indicated that they provide gambling treatment services indicated specific curricula or evidence-based practices used to treat clients with gambling-related problems.

That fact, combined with programs' desire for additional training and curricula, leads us to recommend that BSAS continue to update and publicize its Practice Guidelines for gambling treatment and, where possible, disseminate resources related to the most promising approaches.

Client Entry Points to Gambling Treatment Services

There are two primary entry to points to gambling treatment services in MA other than self-referral: (1) referrals from the Gambling Helpline; and (2) screening within other substance use programs. Our review of both of these potential entry points leads to several recommendations.

The Gambling Helpline serves as an entry point for many clients to gambling treatment services. However, the Helpline does not appear to have a systematic protocol for which programs and providers are used as referrals.

Though we respect that MCCG has significant institutional knowledge about the best providers and programs, we recommend that the Helpline, when making referrals, make available information about the full range of gambling treatment services in a caller's area.

This would not preclude the Helpline from providing recommendations about programs or providers found to be particularly high quality. If the OPGS and the Helpline were to collect more data about referrals, as suggested in the next section, that data could then be used to prioritize the potential list of referrals in terms of speed and quality of service.

Though representatives from the Helpline follow up with callers, the Helpline does not regularly initiate contact with gambling treatment providers to whom they refer clients, instead providing the contact information for the referral directly to the client. Research and current collaborative care models suggest that warm handoffs (Agency for Healthcare Research and Quality, 2017) might be more effective at helping individuals engage with behavioral health care than more traditional referrals (Ober et al., 2018).

Therefore, we recommend that the Helpline adopt a warm handoff approach to referrals, communicating directly with the caller's potential treatment provider, as well as the caller, where possible.

Screening for gambling-related problems is fairly common within BSAS-affiliated substance use programs, with more than three quarters reporting some type of screening. This is encouraging and provides evidence that programs have the capacity to screen their clients. However, screening and assessment practices vary widely from program to program.

Consistent with OPGS Strategic Plan, to ensure that programs are using evidence-based screens, we recommend that BSAS support the use of a single validated screening instrument to screen all clients in substance use treatment programs for gambling-related problems.

Data Systems and Interagency Communication

Though MA appears to have the infrastructure in place for expanding gambling treatment services, including (a) a wide distribution of current services, and even wider distribution of organizations that are open to providing services, (b) training opportunities, and (c) current screening practices, there appears to a be a significant weakness related to data systems and communications. BSAS currently is the data clearinghouse for most programs that provide substance use treatment in the state, and as such, receives intake data from substance use treatment programs that provide gambling services, as well. It was beyond the scope of the current review to determine the quality and timeliness of that data. However, to gain a full understanding of gambling-specific treatment demand and capacity, it is particularly important that BSAS track information about clients presenting with gambling-related problems.

Therefore, we recommend that, if it is not doing so already, BSAS collect and compile for review the following information from the programs it licenses:

1. ***For all programs – in a given month or quarter***
    a. ***# of clients screened for gambling-related problems***
    b. ***# of clients who screened positive for gambling-related problems***
    c. ***# of clients referred to other programs for gambling treatment services and where they were referred***
2. ***For programs that provide gambling treatment services – in a given month or quarter***
    a. ***# of clients to whom they provided gambling treatment services***
    b. ***# of referrals received for gambling treatment services and how many of those referrals commenced treatment***
    c. ***# of clients discontinuing gambling treatment, identified as drop-out, transfer, or completion***

Our investigation of publicly available data, conversations with MCCG, and the program director survey revealed that there is very little planned communication and few data systems in place to support communication between organizations that serve individuals with gambling-related problems.

Though BSAS and MCCG work closely together, there is some evidence that the two agencies do not currently ensure that their resource lists and databases are consistent with each other and up-to-date. This is evidenced by the absence of information about gambling treatment services on the substance use helpline website, the discrepancies in the lists of service providers available on the MCCG website, and the lack of correspondence between the BSAS and MCCG lists of gambling treatment services. In addition, the agencies do not appear to have a clear system for identifying and sharing information about MA-PGS certified providers within organizations throughout the state. This is important if BSAS contracts for gambling treatment services require MA-PGS certification.

Therefore, we recommend that BSAS, through OPGS, develop and maintain an information exchange system and a database of organizations that provide gambling treatment services within MA, as well as the sites at which they do so and the MA-PGS certified providers who work at those organizations.

This database can in turn be used to populate both BSAS and MCCG lists of gambling treatment services as it is updated. If MCCG continues to maintain the list of MA-PGS certified treatment providers, integrating that list with the suggested database would be particularly important, including fields noting dates of MA-PGS certification, expiration, and renewal. Though these resources exist, to some extent, as standalone MS Excel files, it is important that they be integrated and kept up to date on an ongoing basis.

As noted earlier, the Gambling Helpline does not currently collect information about the referrals it makes (i.e., whether they result in scheduled appointments, successful treatment, etc.). The same can be said for most other programs that make referrals to gambling treatment services. This type of information is crucial to collect in order to determine the efficacy of the Helpline, potential gaps or deficits in treatment services, as well as actual demand for treatment. This type of information also would allow for better identification of barriers to treatment. The MCCG noted HIPAA concerns as one barrier to collecting data about the outcomes of Helpline referrals. However, there are integrated data systems in place in MA that address all HIPAA requirements and could serve as models for this type of system. Examples include the Prescription Monitoring System (https://www.mass.gov/prescription-monitoring-program-pmp) and the Springfield Coalition for Opioid Overdose Prevention (SCOOP) database (https://www.springfield-ma.gov/hhs/index.php?id=scoop-home).

Therefore, we recommend that OPGS implement a data system for the state Helpline(s) through which it collects information from treatment providers and programs about whether Helpline referrals are fulfilled, and how quickly the clients who are referred enter treatment.

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Appendices

Appendix A: OPGS e-Survey and Survey Responses

To conduct a comprehensive gap analysis, we need to first understand the scope of that analysis. Gambling treatment services in Massachusetts occur in a variety of settings.

According to the Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts (April 2016), the majority of treatment occurs "within independent practices or outpatient services." In addition, that plan indicates that at the time of the report, in April 2016, 140 service providers had been certified via the MAPGS to provide gambling services. Information available from the Strategic Plan, through the Massachusetts Council on Compulsive Gambling (MCCG), and via the Bureau of Substance Abuse Services varies somewhat in its terminology and the content provided. Therefore, we would like to clarify the gambling treatment services to be reviewed as part of this analysis and their relationships to each other.

1) These sources refer to BSAS-funded gambling treatment services, BSAS-licensed gambling treatment services, and BSAS-contracted gambling treatment services. Please clarify whether these terms can be used interchangeably, and if not, how they relate to each other.

2) The MCCG website provides a list of "outpatient treatment centers" for gambling. What determines whether an agency is listed within this list? Are all listed agencies BSAS- licensed/contracted/funded? Are all BSAS-licensed/contracted/funded agencies that provide gambling treatment services listed here?

3) The MCCG website also provides a list of "Other Treatment Services" listing an additional set of agencies. How do these relate to the listed "outpatient treatment centers"?

4) Is there a difference between "treatment centers", agencies that provide "gambling services", and "providers" who provide gambling services? What is that difference?

5) The MCCG website also provides a list of "trained clinicians" who have earned MAPGS certificates. This list varies from 14 to 16 providers depending on which link you click. How do these 14-16 relate to the 140 the Strategic Plan indicate have been certified, and why are the numbers different?

6) Can programs that are not BSAS-licensed and providers that do not have MAPGS certification provide gambling services in Massachusetts? What does that look like? Are there any regulations? How could these programs and providers be identified for purposes of the gap analysis?

7) How often do MAPGS certification trainings (and/or other trainings if there are other ways to be certified) occur? What is involved in becoming certified?

8) We are interested in identifying entry points to gambling treatment services within Massachusetts. An obvious (and manageable to evaluate) entry point is through substance use services. Does it make sense to you to investigate BSAS-licensed/contracted/funded substance use services as an entry point? Are there other entry points you would like to see investigated?

9) We have identified the following providers of gambling treatment services as potential targets for this gap analysis: (1) BSAS-licensed gambling treatment providers; (2) MAPGS-certified providers; (3) BSAS-licensed substance use treatment providers (as entry points to the system). Are there other providers who ought to be targets of this analysis? Is there a reason to include or not include the MAPGS-certified providers?

10) Where can we obtain the most up-to-date and accurate lists of the three groups identified above? (BSAS-licensed gambling treatment providers, MAPGS-certified providers, BSAS- licensed substance use treatment providers)?

11) Are there any other gambling treatment service providers we need to consider?

Table A1. OPGS e-Survey – December, 2017

OPGS Questions & Answers
Q1) Information available from the Strategic Plan, through the Massachusetts Council on Compulsive Gambling (MCCG), and via the Bureau of Substance Abuse Services varies somewhat in its terminology and the content provided. These sources refer to BSAS-funded gambling treatment services, BSAS-licensed gambling treatment services, and BSAS-contracted gambling treatment services. Please clarify whether these terms can be used interchangeably, and if not, how they relate to each other.
A1) All three terms are used interchangeably in the gambling space, although they have distinct definitions within BSAS Currently, there are 39 licensed outpatient centers that have been awarded contracts to provide gambling services. The funding for such service is the gambling blanket. The gambling blanket is the payer of last resort for gambling treatment services.
Q2) The MCCG website provides a list of "outpatient treatment centers" for gambling. What determines whether an agency is listed within this list? Are all listed agencies BSAS-licensed/ contracted/funded? Are all BSAS-licensed/contracted/funded agencies that provide gambling treatment services listed here?
A2) Please speak with MCCG.
Q3) The MCCG website also provides a list of "Other Treatment Services" listing an additional set of agencies. How do these relate to the listed "outpatient treatment centers"?
A3) Please speak to MCCG.
Q4) Is there a difference between "treatment centers", agencies that provide "gambling services", and "providers" who provide gambling services? What is that difference?
A4) Treatment centers are organizations that have been awarded and licensed to provide gambling treatment. Providers are the workforce that has received training and their MAPGS to provide services. Not all providers work for the treatment centers.
Q5) The MCCG website also provides a list of "trained clinicians" who have earned MAPGS certificates. This list varies from 14 to 16 providers depending on which link you click. How do these 14-16 relate to the 140 the Strategic Plan indicate have been certified, and why are the numbers different?
A5) Please speak to MCCG.
Q6) Can programs that are not BSAS-licensed and providers that do not have MAPGS certification provide gambling services in Massachusetts? What does that look like? Are there any regulations? How could these programs and providers be identified for purposes of the gap analysis?
A6) Yes. Not sure what that looks like as there is a large universe of services for treatment.
Q7) How often do MAPGS certification trainings (and/or other trainings if there are other ways to be certified) occur? What is involved in becoming certified?
A7) Please speak to MCCG.
Q8) We are interested in identifying entry points to gambling treatment services within Massachusetts. An obvious (and manageable to evaluate) entry point is through substance use services. Does it make sense to you to investigate BSAS-licensed/contracted/funded substance use services as an entry point? Are there other entry points you would like to see investigated?
A8) The Gambling Helpline

Q9) We have identified the following providers of gambling treatment services as potential targets for this gap analysis: BSAS-licensed gambling treatment providers, MAPGS-certified providers, BSAS-licensed substance use treatment providers (as entry points to the system). Are there other providers who ought to be targets of this analysis? Is there a reason to include or not include the MAPGS-certified providers?

A9) I think that this is a good list to start.

Q10) Where can we obtain the most up-to-date and accurate lists of the three groups identified above? (BSAS-licensed gambling treatment providers, MAPGS-certified providers, BSAS-licensed substance use treatment providers)?

A10) The Mass Council

Q11) Are there any other gambling treatment service providers we need to consider?

A11) Not at this time

Appendix B: MCCG e-Survey and Survey Responses

The Division on Addiction has been tasked with conducting a gap analysis of the BSAS service system as it pertains to gambling treatment. To conduct a comprehensive gap analysis, we need to first understand the scope of that analysis. Gambling treatment services in Massachusetts occur in a variety of settings. According to the Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts (April 2016), the majority of treatment occurs "within independent practices or outpatient services." In addition, that plan indicates that at the time of the report, in April 2016, 140 service providers had been certified via the MAPGS to provide gambling services. Information available from the Strategic Plan, through the Massachusetts Council on Compulsive Gambling (MCCG), and via the Bureau of Substance Abuse Services varies somewhat in its terminology and the content provided. Therefore, we would like to clarify the gambling treatment services to be reviewed as part of this analysis and their relationships to each other. We initially conducted this survey with Victor Ortiz within the Office of Problem Gambling Services. For many of our questions, he identified MCCG as having the most current knowledge. We would appreciate it if you could provide information in response to the questions below.

1) The MCCG website provides a list of "outpatient treatment centers" for gambling. What determines whether an agency is listed within this list? Are all listed agencies BSAS- licensed/contracted/funded? Are all BSAS-licensed/contracted/funded agencies that provide gambling treatment services listed here?

2) The MCCG website also provides a list of "Other Treatment Services" listing an additional set of agencies. How do these relate to the listed "outpatient treatment centers"?

3) The MCCG website also provides a list of "trained clinicians" who have earned MAPGS certificates. This list varies from 14 to 16 providers depending on which link you click. How do these 14-16 relate to the 140 the Strategic Plan indicate have been certified, and why are the numbers different?

4) Can programs that are not BSAS-licensed and providers that do not have MAPGS certification provide gambling services in Massachusetts? What does that look like? Are there any regulations? How could these programs and providers be identified for purposes of the gap analysis?

5) How often do MAPGS certification trainings (and/or other trainings if there are other ways to be certified) occur? What is involved in becoming certified?

6) Where can we obtain the most up-to-date and accurate lists of BSAS-licensed gambling treatment providers and MAPGS-certified providers?

7) Are there any other gambling treatment service providers we need to consider?

Table B1. MCCG e-Survey – February, 2018

MCCG Questions & Answers
Q1) The MCCG website provides a list of outpatient treatment centers for gambling. What determines whether an agency is listed within this list? Are all listed agencies BSAS-licensed/contracted/funded? Are all BSAS-licensed/contracted/funded agencies that provide gambling treatment services listed here?
A1) The outpatient treatment centers are those who have a contract with BSAS to offer services to clients with a gambling disorder. At least one of the staff from each of these centers has been trained (in most cases by the MCCG) in Gambling disorder as well as hold an MA-PGS.
Q2) The MCCG website also provides a list of "Other Treatment Services" listing an additional set of agencies. How do these relate to the listed "outpatient treatment centers"?
A2) The other treatment centers are not contracted with DPH but have an MA-PGS staff person on site (i.e., Holyoke Medical Center, River Valley.).
Q3) The MCCG website also provides a list of "trained clinicians" who have earned MAPGS certificates. This list varies from 14 to 16 providers depending on which link you click. How do these 14-16 relate to the 140 the Strategic Plan indicates have been certified, and why are the numbers different?
A3) The 14 to 16 are solely independent private practice clinicians who have an MA-PGS. The web-site will be updated to remove one of the links.
Q4) Can programs that are not BSAS-licensed and providers that do not have MAPGS certification provide gambling services in Massachusetts? What does that look like? Are there any regulations? How could these programs and providers be identified for purposes of the gap analysis?
A4) We, as an organization, we do not refer providers who are not certified.
Q5) How often do MAPGS certification trainings (and/or other trainings if there are other ways to be certified) occur? What is involved in becoming certified?
A5) The renewals are every two years and need 15 gambling specific CEU's whether through the MCCG or through other means. We offer a full training institute every fall and spring for those who want to receive an MA-PGS certificate or opportunity to receive towards their current MA-PGS.
Q6) Where can we obtain the most up-to-date and accurate lists of the three groups identified above? (BSAS-licensed gambling treatment providers, MAPGS-certified providers, BSAS-licensed substance use treatment providers)?
A6) Our website has a list of outpatient treatment providers trained in problem gambling or that hold an MA-PGS.
Q7) Are there any other gambling treatment service providers we need to consider?
A7) Not that we can speak of at this time.

Appendix C: Organizations Providing Gambling Services in Massachusetts

Figure C1: CONSORT Diagram of Organizations, Gambling Services, and Survey Respondents

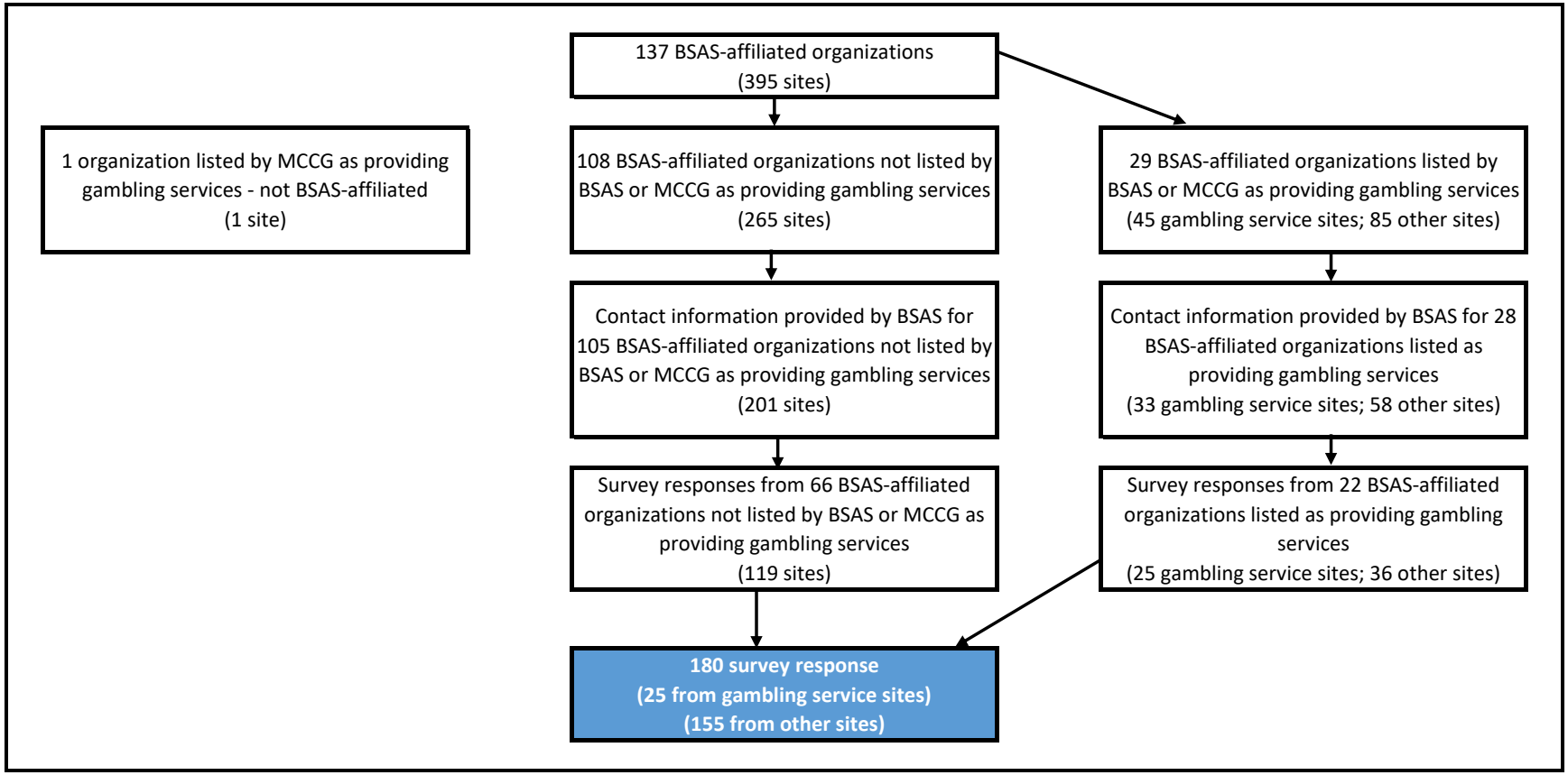

Table C1. Organizations Providing Gambling Treatment Services

Organization	Listed by BSAS as providing BSAS-licensed gambling services	Listed by MCCG as providing gambling	Indicated on survey that program is licensed by BSAS to provide gambling services	Indicated on survey that program provides gambling services
Boston ASAP, Inc.	yes	yes	yes	yes
Center for Human Development	yes	yes	yes	yes
Fenway Community Health Center	yes	yes	yes	yes
Gavin Foundation	yes	yes	yes	yes
High Point Treatment Center, Inc.	yes	yes	yes	yes
L.U.K. Crisis Center, Inc.	yes	yes	yes	yes
Mercy Hospital d/b/a Providence Hospital	yes	yes	yes	yes
Mount Auburn Hospital	yes	yes	yes	yes
North Suffolk Mental Health Association	yes	yes	yes	yes
South Middlesex Opportunity Council	yes	yes	yes	yes
Steppingstone, Inc.	yes	yes	yes	yes
Gandara Mental Health Center, Inc.	yes	yes	--	--
Lowell House, Inc.	yes	yes	--	--
NFI MA	yes	yes	--	--
Stanley Street Treatment and Resources	yes	yes	--	--
Bay State Community Services Inc	yes	no	yes	yes
Phoenix Houses of New England	yes	no	yes	yes
The Brien Center for MH And SA Services	yes	no	yes	yes
Massachusetts General Hospital Corporation	yes	no	yes	no
Bay Cove Human Services	yes	no	no	yes
Behavioral Health Network, Inc.	yes	no	no	yes
Boston Public Health Commission	yes	no	no	yes
Eliot Community Human Services, Inc.	yes	no	no	yes
Institute for Health And Recovery	yes	no	no	no
Casa Esperanza Inc.	yes	no	--	--
Dimock Community Services Corp,	yes	no	--	--
Luminosity Behavioral Health Services	yes	no	--	--
Justice Resource Institute, Inc.	no	yes	no	yes
Holyoke Medical Center, Inc.	no	yes	--	--
RiverValley Counseling	no	yes	--	--
Catholic Charitable Worcester	no	no	yes	yes
Community Health Care, Inc.	no	no	yes	yes
Crossroads Agency	no	no	yes	yes
Jeremiah's Inn, Inc.	no	no	yes	yes
Middlesex Human Service Agency	no	no	yes	yes
Pine Street Inn	no	no	yes	yes
Psychological Center, Inc., The	no	no	yes	yes
ServiceNet, Inc.	no	no	yes	yes
Spectrum Health Systems, Inc	no	no	yes	yes
Victory Programs, Inc	no	no	yes	yes
Volunteers of America of MA, Inc.	no	no	yes	yes
West Central Family and Counseling, Ltd.	no	no	yes	yes
Lahey Health Behavioral Services / NBHC	no	no	yes	no
Adcare Hospital	no	no	no	yes
Column Health, LLC	no	no	no	yes
Community Health Connections, Inc.	no	no	no	yes
Community Healthlink	no	no	no	yes
Counseling-Assessment Clinic of Worcester	no	no	no	yes
Gosnold, Inc.	no	no	no	yes
Harbor Health Services, Inc.	no	no	no	yes
Harrington Memorial Hospital	no	no	no	yes
HRI Clinics / Arbour Counseling Services	no	no	no	yes
Lowell Community Health Center	no	no	no	yes
Massachusetts Alliance of Portuguese Speakers	no	no	no	yes
McLean Hospital	no	no	no	yes
SBH Haverhill, LLC	no	no	no	yes
South Shore Halfway House	no	no	no	yes

Appendix D: Program Director Survey

MA Current State of Gambling Services – Survey for Program Directors

(1a) What is the name of your program?

(1b) What is your position at that program?

(1c) What client population(s) do you primarily serve (check all that apply)?

- ☐ Clients with problems with alcohol
- ☐ Clients with problems with opioids
- ☐ Clients with problems with other drugs
- ☐ Clients experiencing homelessness
- ☐ Other _____
- ☐ Clients with problems with gambling
- ☐ Clients with mental health problems
- ☐ Clients legally mandated to treatment
- ☐ Veterans

(2a) Does your program screen its clients for gambling problems?

☐ Yes ☐ No

[if yes, go to 2b; if no, go to 3a]

(2b) Does your program screen *all* of its clients for gambling problems?

☐ Yes ☐ No

[if yes, go to 2d; if no, go to 2c]

(2c) How does your program determine whom to screen?

(2d) About how many clients does your program screen for gambling problems in an average month?

☐ 0 ☐ 1-10 ☐ 11-20
☐ 21-30 ☐ 31-40 ☐ 41-50
☐ 51-60 ☐ 61-70 ☐ 71-80
☐ 81-90 ☐ 91-100
☐ 101+ (please specify)_____
☐ Other _____

(2e) In your estimation, about how many of the clients you screen for gambling problems in an average month receive a positive screen for gambling problems?

☐ 0 ☐ 1-10 ☐ 11-20
☐ 21-30 ☐ 31-40 ☐ 41-50
☐ 51-60 ☐ 61-70 ☐ 71-80
☐ 81-90 ☐ 91-100
☐ 101+ (please specify)_____
☐ Other _____

(3a) Does your program conduct a comprehensive assessment for gambling problems with clients who screen positive for gambling problems?

☐ Yes ☐ No

[if yes, go to 3b; if no, go to 4a]

(3b) Please briefly describe the assessment process your program uses for clients with gambling problems, including any specific measures or tools your program uses.

(4a) Is your program contracted by BSAS to provide gambling treatment services?

☐ Yes ☐ No

(4b) Does your program provide any gambling treatment services for clients with gambling problems?

☐ Yes ☐ No

[if yes, go to 4c; if no, go to 7a]

(4c) Please briefly describe these services

(4d) About how many clients do you provide gambling treatment services for in an average month?

☐ 0	☐ 1-10	☐ 11-20
☐ 21-30	☐ 31-40	☐ 41-50
☐ 51-60	☐ 61-70	☐ 71-80
☐ 81-90	☐ 91-100	

☐ 101+ (please specify)_____

☐ Other _____

(4e) What is the average length of time a client will receive gambling treatment services in your program?

☐ 1 or 2 sessions
☐ 1-3 months
☐ 4-6 months
☐ 7-12 months
☐ 1+ years
☐ Other _____

(4f) What percentage of your clients who receive gambling treatment services complete their gambling treatment (as opposed to dropping out)?

☐ 0%
☐ 1-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
☐ Other _____

(4g) How many clients with gambling-related problems can your program provide gambling treatment services to at a given point in time?

☐ 0	☐ 1-10	☐ 11-20
☐ 21-30	☐ 31-40	☐ 41-50
☐ 51-60	☐ 61-70	☐ 71-80
☐ 81-90	☐ 91-100	

☐ 101+ (please specify)_____

☐ Other _____

(4h) Is there a waitlist for your gambling treatment services?

☐ Yes ☐ No

[if yes, go to 4i; if no, go to 5a]

(4i) What is the average time spent on the waitlist for your gambling treatment services?

☐ < a week
☐ 1-3 weeks
☐ 1-3 months
☐ 4-6 months
☐ 6+ months
☐ Other _____

(5a) Does your program receive referrals from the Massachusetts Council on Compulsive Gambling (MCCG) or from the MCCG Helpline for clients with gambling problems?

☐ Yes ☐ No

[if yes, go to 5b; if no, go to 6a]

(5b) How many clients with gambling problems do you receive referrals for from MCCG or the MCCG Helpline in an average month?

☐ 0 ☐ 1-2 ☐ 3-5
☐ 6-10 ☐ 11-20 ☐ 21-30
☐ 31+ (please specify)_____
☐ Other _____

(5c) What percentage of the referrals from MCCG or the MCCG Helpline actually end up receiving gambling treatment services from your program?

☐ 0%
☐ 1-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
☐ Other _____

(5d) Do you share any information about these referrals (e.g., whether they attended an appointment) back with the MCCG or MCCG Helpline?

☐ Yes ☐ No

(5e) (If yes) Please describe

(6a) Does your program receive referrals from other programs for clients with gambling problems?

☐ Yes ☐ No

[if yes, go to 6b; if no, go to 12a]

(6b) From what other programs do you receive referrals for clients with gambling problems?

(6c) How many clients with gambling problems do you receive referrals for from these other programs (other than MCCG or MCCG Helpline) in an average month?

☐ 0 ☐ 1-2 ☐ 3-5
☐ 6-10 ☐ 11-20 ☐ 21-30
☐ 31+ (please specify)_____
☐ Other _____

(6d) How many of the referrals from these other programs (other than MCCG or MCCG Helpline) actually end up receiving gambling treatment services from your program?

☐ 0%
☐ 1-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
☐ Other _____

(6e) Do you share any information about these referrals (e.g., whether they attended an appointment) back with the programs that referred them to you?

☐ Yes ☐ No

(6f) (If yes) Please describe

[Go to 12a]

(7a) Does your program refer clients who have gambling-related problems to other programs or services?

☐ Yes ☐ No

[if yes, go to 7b; if no, go to 8]

(7b) To what programs or services do you refer clients with gambling-related problems?

(7c) About how many clients with gambling problems do you refer to other programs or services in an average month?

☐ 0 ☐ 1-2 ☐ 3-5
☐ 6-10 ☐ 11-20 ☐ 21-30
☐ 31+ (please specify)_____
☐ Other _____

(7d) Do you have any way to know whether the clients you refer end up receiving the services you refer them to?

☐ Yes ☐ No

[if yes, go to 7e; if no, go to 8]

(7e) How?

(8) What do you do for clients who present with gambling problems?

(9) Does your program have space available that could, in theory, be used to host Gamblers Anonymous meetings?

☐ Yes ☐ No ☐ Other _____

(10) Does your program have a strategic plan that includes incorporating gambling services?

☐ Yes ☐ No ☐ Other _____

(11a) What infrastructure changes or additions would your program need to begin treating clients for gambling-related problems?

(11b) Does your program have an interest in incorporating the resources needed to begin treating clients for gambling-related problems?

☐ Yes ☐ No ☐ Other _____

(12a) How many providers work at your program?

☐ 0 ☐ 1-10 ☐ 11-20
☐ 21-30 ☐ 31-40 ☐ 41-50
☐ 51-60 ☐ 61-70 ☐ 71-80
☐ 81-90 ☐ 91-100
☐ 101+ (please specify) _____
☐ Other _____

(12b) How many of those providers are Massachusetts Problem Gambling Specialist (MA-PGS) certified [enter numeric value]?

(12c) How many of those providers provide gambling treatment services within your program [enter numeric value]?

(13) Does your program include an annual CEU benefit (e.g., a minimum number of paid hours that providers can use toward CE activities)?

☐ Yes ☐ No ☐ Other _____

(14) Does your program share data with BSAS or other programs within the state? Please describe.

(15) Please list any specific resources BSAS/DPH could provide that would help you provide services to clients with gambling-related problems.

Appendix E: Program Director Survey Data Cleaning

1) On July 9th, began with file of 216 respondents
   a. Removed 7 respondents with incomplete data and no record of organization or position
   b. Removed R_1GH5BoSdgBSkt6q – incomplete and a duplicate organization and position to R_2A0c6SHJ0k8urqw (AdCare VP)
   c. Two Channing House entries – kept the more recent entry because the location was closer to Channing House and the answers were more complete
   d. Two Crossroads Treatment Center entries; both same IP. Removed the incomplete one.
   e. Two Cushing House entries; both same IP. Kept the most recent entry because answers were more complete
   f. For the two DAE respondents, they were similar but not identifiable by location, so I assigned the first to MAPS Cambridge and the second to MAPS Somerville.
   g. Two responses for Experience Wellness Centers and three locations. One location matched. The other did not (lat/long was Portland, ME, so not helpful) – added it to Worcester location. All locations similar in scope of services.
   h. For respondent who entered Faith House/Beryl's House/Orchard Street, matched the answers to Faith House because already had responses for Beryl's
   i. Two Gavin Foundation CEO respondents. Deleted incomplete response.
   j. Two Gavin House responses. Deleted response that claimed they provided gambling services but then noted that they refer for gambling services, don't provide them. (Same respondent)
   k. Matched Gavin Quincy to Phoenix House Quincy because they recently took it over
   l. Two responses for Habit OPCO Fitchburg. Used a random number generator and deleted response R_27fyLsT4nBZb8Jx
   m. Two responses for Habit OPCO Boston. Deleted incomplete response
   n. Two responses for Habit OPCO Lowell. Deleted response with less information
   o. Two Health Care Resource Centers with same IP. Deleted less complete response
   p. Matched "Hello House & Shiloh House" to Hello House because response already in existence for Shiloh House.
   q. Two responses for Hurley House. Used a random number generator and deleted response R_WkDdzWme5zJSg4F
   r. Two responses for Interim House. Deleted incomplete one.
   s. Two responses for Jeremiah's Inn. Used a random number generator and deleted response R_1DT0I0mDu4UhSqY
   t. Changed Jerome Posey to High Point in Jamaica Plain (ATS/CSS)
   u. Two responses for LCHC. Used a random number generator and deleted response R_2uHXBqkS2SEsgTb
   v. Two responses for Link House. Deleted incomplete one.
   w. Two responses for McGee Unit. Deleted incomplete one.
   x. Two responses for McLean Naukaug. Deleted incomplete one
   y. Some confusion for New Bedford High Point. One respondent answered for "New Bedford High Point (Belleville location) and indicated that the site was contracted for gambling services, but did not provide gambling services, instead referring clients to 68 Front. Our database doesn't have a 68 Front. Therefore, I split the Belleville location into 195a and 195b and associated the

Belleville responses with 195a and the 68 Front responses (outpatient) w/ 195b

z. Two responses for North Cottage. Used a random number generator and deleted response R_rqZVmcODdFEGWjf
aa. Matched "Outpatient Substance Addiction Clinic" response to the Fitchburg site for "Structured Outpatient Addiction Program" because IP address was located in Fitchburg and there were no other obvious options.
bb. Two responses for Pegasus House. Used a random number generator and deleted response R_3P4vQiKC5o1OhTH
cc. By default, assigned responses labelled "Phoenix Family Treatment Program" to Phoenix House Dorchester. This makes sense because Phoenix House Dorchester is listed as a family program.
dd. Assigned response labelled "Rhodes to Recovery" to Rhode Street Program
ee. Two responses for Right Choice Health Group. Deleted incomplete one.
ff. Associated "Serenity at Summit New England" response with SBH Haverhill because the emails are "@summithelps"
gg. Associated "Shannon Gallagher" response with the Addiction Campuses of Massachusetts because that's the program she's listed as directing.
hh. Two responses for SMOC. Deleted incomplete one since they were from the same IP
ii. Couldn't match the three Spectrum Health Systems responses perfectly since there are so many possible locations. Ipaddress lookup suggested Boston, Brookline, Medford, but there are no Spectrum sites there. Responses were essentially interchangeable, so assigned them as follows:
    i. R_1Q4IJOhO6op1H3I (Brookline) to Waltham
    ii. R_33sxlmKS7yhj5Zq (Boston) to Weymouth
    iii. R_77mndE62PLRLLwJ (Medford) to Haverhill
jj. Have not precisely matched "Springfield" response. IP is from Rockville Maryland, suggesting a national company. Response is opioid specific. Matched it to only remaining Springfield opioid program – Providence.
kk. Two responses for SSTAR. Used a random number generator and deleted response R_sTNlefd3aAXsdod
ll. Assigned Steppingstone Fall River Womens Program response to Steppingstone Therapeutic Community 1 in Fall River
mm. Assigned Steppingstone Inc response to last remaining Steppingstone Fall River location with an associated email address– Steppingstone Halfway House
nn. Two responses for Sullivan House. Deleted incomplete one.
oo. Two responses for Taunton TSS. Used a random number generator and deleted response R_2anavliPpkDi02D
pp. Two responses for Counseling-Assessment Clinic of Worcester, LLC. Both incomplete. Used a random number generator and deleted response R_2us2VwfXfGmvotH
qq. Two responses for Transitions. Deleted incomplete one.
rr. Two responses for Lynn TSS. Deleted incomplete one.
ss. Two responses for Washburn House. Used a random number generator and deleted response R_xooWkGNF0kpBJ9n
tt. Two responses for WATC. Deleted incomplete one.
uu. Two responses for Mount Auburn. Used a random number generator and deleted R_1JWyDNJ4gmKYOoR

Appendix F: Program Director Survey Samples and Subsamples

- 180 responses
    - 72 are listed by BSAS or MCCG as providing gambling services ***or*** indicate that they provide gambling services in some way
        - 25 BSAS or MCCG-listed gambling programs
            - 6 of these either indicated on the survey that they do not provide gambling services or did not answer that question
        - 19 additional respondents indicate that they provide gambling services and are BSAS-licensed
        - 26 additional respondents note that they provide gambling services though they indicate they are not BSAS licensed
        - 2 additional respondents note that they are BSAS-contracted to provide gambling services, but don't
    - Of the remaining 108 responses:
        - 33 are outpatient programs (not including opioid programs)
        - 17 are opioid programs
        - 38 are residential programs, and
        - 20 are detox, crisis stabilization, or transitional support services.

- Analyzed data using multiple subsamples:
    - Full sample of 180
    - Gambling service subsamples
        - BSAS- and MCCG-listed gambling services (n=25)
        - Respondents indicating they provide gambling services or are licensed to do so (n=66: 19 of the BSAS- and MCCG-listed gambling services, plus 47 additional respondents)
    - Non-gambling service subsamples: All BSAS services
        - Programs not listed by BSAS or MCCG as providing gambling services (n=155)
        - Respondents indicating they do not provide gambling services and are not licensed to do so (n=114)
    - Non-gambling service subsamples: BSAS outpatient programs
        - Outpatient programs not listed by BSAS or MCCG as providing gambling services (n=52)
        - Respondents from outpatient programs indicating they do not provide gambling services and are not licensed to do so (n=38)

Appendix G: Program Director Survey Responses About Resources BSAS Could Provide

Table G1. Responses to Question: "Please list any specific resources BSAS could provide that would help you provide services to clients with gambling-related problems."

Program Directors' Responses About Resources BSAS Could Provide to Help Treat Clients w/ Gambling Problems
A basic curriculum.
A comprehensive assessment tool for those clients that qualify.
A list of gamblers anonymous meetings in Western Massachusetts any information regarding medication management for gamblers and any other referrals other than coming from the Massachusetts Council on Compulsive Gambling.
A more open less restrictive means of reimbursement for problem gambling treatment would be optimal for those clients who want treatment for their gambling but may already have another therapist for their mental health who is already billing insurance.
A training.
Accessible and consolidated training toward MAPGS at more convenient times.
Additional information required.
Additional training and resources.
Advertising campaign to raise public awareness reduce stigma and provide referral information to the public.
Any gambling resources and referral information would be great.
Any information and training would be helpful.
Assist with promoting that we offer this service.
BSAS training in problem gambling.
Comprehensive assessment to include during client intake.
Continuing Education about Gambling Addiction.
Curriculum.
Curriculum Amendment.
DPH BSAS Resources are not the issue for us. Lack of clients with an ICD Gambling diagnosis is our issue.
Easier certification process.
Education.
Financing.
Free training for staff. We already have a limited training budget which is exhausted by BSAS DPH mandated trainings. Training and info to program managers on BSAS requirements for gambling services.
Funding and training.
GA.
GA info and trainings.
GA lists.
Gambling certification and or education.
Gambling curriculum and training to teach Gambling Addiction groups.
Gambling Group Facilitators and Scheduling.
Gambling Specific Outpatient Services.
Gambling Training for clinicians.
Gambling training for residential programs associated with that site.
Gambling treatment training.
Group or individual curriculum.
Groups.
HELP LINE.
I think it would be more appropriate to address with Outpatient.
In service trainings for staff re treatment of gambling problems.
Increased funding for gambling related services and advocacy to MassHealth around reimbursable services. Increased public announcements and awareness around help being available.

Table G1. (cont.)

Program Directors' Responses About Resources BSAS Could Provide to Help Treat Clients w/ Gambling Problems
Info related to gambling treatment trainings in western MA.
Information on treatment availability and resources.
In-service trainings on the treatment of gambling disorders.
Literature.
Materials and education specific to gambling.
More awareness; educational tools to link the SUD with gambling related problems.
More gambling trainings.
More trainings.
More tx options.
N/A
N/A
No.
None.
None at this time.
Not applicable.
Not certain.
Not sure.
Not sure at this time.
Nothing at this time.
On Site training with Continuing Education Credits.
Opportunities for training for Clinical Directors and Case Manager.
Pamphlets and trainings.
Provide additional on-site training to programs.
Referral list.
Referrals.
Referrals as we only do OBOT.
Referrals RRS level of care.
Resources and or points of contact.
Screening tools and training on how to identify individuals with gambling disorder that are initially seeking tx for other reasons.
Specialist training.
Specific trainings related to treating gambling related problems.
Staff training and curriculum for groups on this topic.
Support groups and screening tools.
Text and treatment manuals as well as screening tools.
Training.
Training.
Training.
Training.
Training.
Training.
Training.
Training.
Training and certifications and quarterly meetings for Gambling problem providers.
Training and collateral material for clients.
Training and licensure.
Training and lists of certified providers.
Training for clinical staff.

Table G1. (cont.)

Program Directors' Responses About Resources BSAS Could Provide to Help Treat Clients w/ Gambling Problems
Training for providers.
Training on EBT gambling models.
Trainings.
Trainings.
Trainings.
Trainings; free material on best treatment practices.
Training.
Unable to assess at this time.
Uncertain.
Unknown.
Unsure.
Unsure at the moment.
Unsure at this time.
We are an inpatient program
We could use field workers like Recovery Coaches specifically for gambling problems like the Connecticut Bettor Choice program. Also PSA advertising directed to families of problem gamblers.
We currently use the clearinghouse information.
We have no current needs; we had GA come in and train the counselors.
Would require additional funding to take on this additional responsibility.

Note. We have edited responses for typos and grammar – unedited responses are available upon request.