



**Office of Problem Gambling Treatment and Prevention
Report to the Government Oversight Committee
February 8, 2011**

Gambling Venues in Iowa

During the past twenty years, Iowa has seen a dramatic increase in gaming opportunities. As of 2011, Iowans can choose from 20 casinos, 2,600 lottery outlets, over 3,000 social and charitable gaming licenses, and countless internet and other illegal gaming opportunities. This has created easy access to gambling in every county of the state.

Problem Gambling Defined

For most people, gambling is recreational. However, for some people, gambling leads to serious problems. Problem gambling means participation in any form of gambling activity that creates a negative consequence to the gambler or to the gambler's family, employer, or community.

The adjacent table identifies the signs and symptoms of problem gambling.

Problem Gambling Signs and Symptoms
1. Preoccupation with gambling
2. Need to gamble with increasing amounts of money in order to achieve the desired excitement
3. Repeated unsuccessful efforts to control, cut back or stop gambling
4. Restlessness/irritability when attempting to cut down/stop gambling
5. Gambling as a way to escape
6. After losing money gambling, returning another day to "get even"
7. Lying to conceal the extent of gambling
8. Committing illegal acts to finance gambling
9. Jeopardizing/losing significant relationships because of gambling
10. Relying on others to provide money to relieve financial problems caused by gambling

Overview of Services

Services funded through IDPH's Office of Problem Gambling Treatment and Prevention are guided by a public health approach that considers biological, behavioral, economic and cultural determinants that influence gambling and health. This approach incorporates education, outreach, prevention, and treatment efforts that minimize problem gambling's negative impacts on individuals, families and communities, while recognizing gambling's availability, cultural acceptance and economic appeal.

IDPH contracts with nine agencies to provide problem gambling services in eleven service area regions that encompass all 99 Iowa counties. Treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

Funded problem gambling services include:

- prevention to decrease the number of problem gamblers
- information and referral through the 1-800-BETS OFF helpline
- counseling for persons affected by problem gambling
- transitional housing for persons receiving problem gambling treatment who have no other safe housing option
- training for counselors providing treatment for problem gambling and common co-occurring disorders, like substance abuse and mental health issues.

Treatment, Prevention and Helpline Services Provided

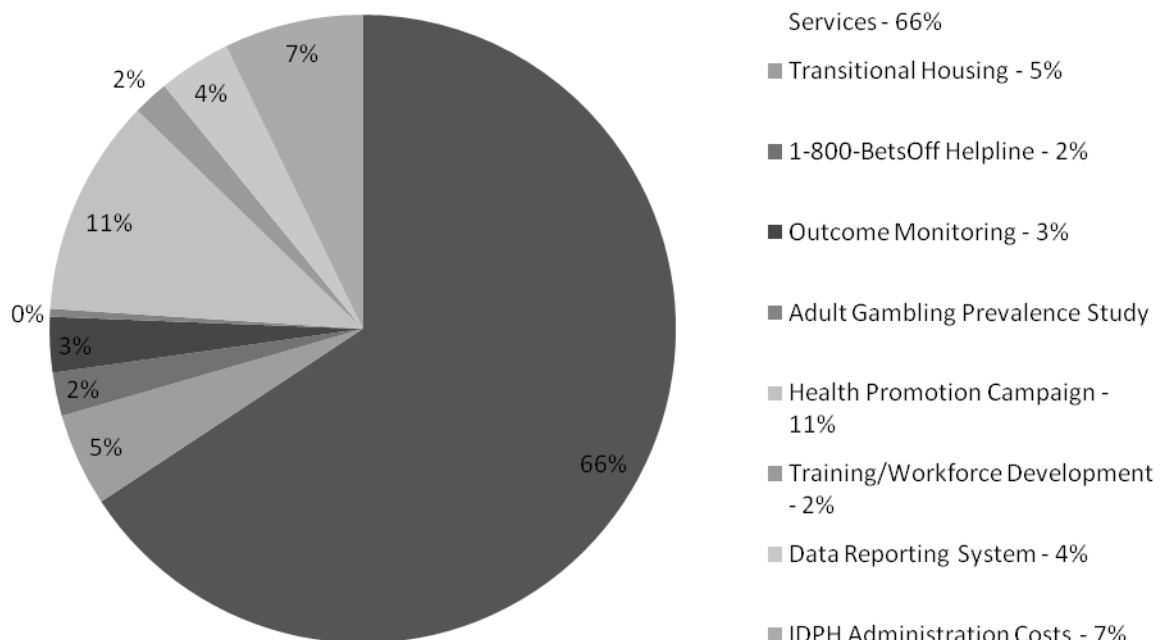
Fiscal Year	# of Prevention Hours	# of Clients Treated	# of Gambling Calls to 1-800-BETS OFF Helpline
2005	3447	1009	2756
2006	3500	1205	3297
2007	5963	1146	3613
2008	4814	940	3820
2009	5816	905	3435
2010	9077	948	3942

Funding

IDPH receives an appropriation from the State General Fund for problem gambling services. The original appropriation for FY11 was \$3,674,866. In January 2011, funding was reduced to 3,320,429.

Problem Gambling Prevention/Treatment State Fiscal Year Budget			
ACTIVITY	2011	2010	2009
Prevention/Treatment Services	\$2,415,141	\$2,397,367	\$2,641,040
Transitional Housing	\$176,263	\$263,050	\$382,322
1-800-BETS OFF Helpline	\$82,300	\$82,300	\$82,300
Outcome Monitoring	\$105,200	\$105,500	\$106,000
Adult Gambling Prevalence Study	\$15,000	-	-
Health Promotion Campaign	\$412,000	\$680,000	\$920,000
Training/Workforce Development	\$68,440	\$79,000	\$142,520
Data Reporting System	\$137,000	\$206,000	-
IDPH Administration Costs	\$263,522	\$263,918	\$281,145
TOTAL	\$3,674,866	\$4,077,135	4,555,327

Office of Problem Gambling Treatment and Prevention FY2011 Budget



Gambling Prevalence Rates

Gambling Rates: A 1995 study found that 88% of the adult general population in Iowa have ever gambled compared to 80% nationally¹.

Pathological and Problem Gambling Rates: Research has estimated that approximately one half of 1% (0.42 to 0.6%) of the U.S. population have experienced pathological gambling in their lifetime, and 0.9 to 2.3% have experienced problem gambling in their lifetimes².

IDPH is working with the University of Northern Iowa Center for Social and Behavioral Research (UNI-CSBR) to conduct a study of gambling and disordered gambling prevalence in Iowa. The last statewide study of problem and pathological gambling prevalence was conducted in 1995. The study will survey an estimated 2,000 adult Iowans over the next few months. A final report will be available in June 2011.

IDPH Efforts to Increase Service Accessibility and Efficiency

In FY2010 state-funded problem gambling services were provided to approximately 2.7%³ of Iowans with a pathological gambling disorder. This is significantly greater than the average of other states with publicly funded problem gambling treatment (0.42%)⁴ but illustrates a significant gap between those who need services and the number served. In efforts to narrow the gap, IDPH has worked closely with the helpline and treatment and prevention contractors to create a more efficient network of care options that reach more Iowans in need of treatment. One example is the development of standardized statewide distance treatment options. While not feasible to offer treatment in every community in Iowa, phone and web-based options provide Iowans with distance or other barriers to face-to-face treatment additional ways to get help.

Treatment Effectiveness

Problem gambling treatment outcomes are monitored and analyzed by UNI-CSBR. The 2010 study found significant improvements in social functioning and a decrease in gambling engagement after treatment.

Outcome Indicator	Admission	Discharge	6-month post discharge follow-up	
			Completed treatment	Did not complete treatment
Given up on important activities to gamble	31%	6%	4%	14%
Difficulties with family/friends	55%	14%	16%	25%
Dissatisfied with life	69%	23%	27%	35%
Lack self confidence/felt bad about self	75%	25%	33%	45%
Gambling actives was much less now (from admission)	N/A	98%	98%	89%
Improved financial situation (from admission)	N/A	77%	74%	61%
Late paying bills in the past 30 days	51%	21%	19%	34%
Life is much better (from admission)	N/A	99%	98%	87%

¹ Volberg R. Gambling and Problem Gambling in Iowa, A Replication Survey, 1995.

² Kessler RC, Hwang I, LaBrie R, et al. DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine* 2008;38:1351-1360.

³ Based on an estimated past year pathological gambling prevalence rate of 1.1% (Shaffer et al., 1999) and the 2009 U.S. Census Bureau Population Estimates for Iowa.

⁴ 2010 National Survey of Publicly funded Problem Gambling Services, Association of Problem Gambling Service Administrators.

Service System Transition Plan

Over the next three years, IDPH envisions a transition to a *comprehensive and integrated recovery-oriented system of care for addictive disorders* built on coordination and collaboration across *problem gambling prevention and treatment, substance abuse prevention, and substance abuse treatment*. All transition efforts will be consistent with the 2008 legislative directives in SF 2425 and HF 811 and with state and national healthcare reform, as they evolve.

Benchmarks completed or underway:

Joint Program Licensure: IDPH implemented integrated licensure standards for problem gambling and substance abuse treatment programs effective July 1, 2010.

Practitioner Credentialing: Under the integrated licensure standards, clinical staff must be certified in problem gambling and/or substance abuse counseling and/or licensed in a counseling-related field within 24 months of employment. If certified in problem gambling only, 20 hours of substance abuse education are required prior to providing substance abuse services. If certified in substance abuse only, 20 hours of problem gambling education are required prior to providing problem gambling services. If licensed in a counseling-related field, 20 hours of problem gambling and/or substance abuse education are required prior to providing problem gambling and/or substance abuse services.

Data Reporting System: A gambling service data reporting system is being finalized that will use the I-SMART information management platform that substance abuse treatment uses. The system will be implemented on July 1, 2011.

Funding and Funding Methodology: On July 1, 2009, IDPH implemented specific reimbursement rates for problem gambling treatment. (Prior to that time, programs were reimbursed on a line item cost basis.) In December 2010, further analysis of problem gambling reimbursement led to closer alignment with substance abuse treatment rates. The revised rates will go into effect on July 1, 2011 with the contracts that result from the current Problem Gambling Treatment, Prevention and Recovery Support Services Request for Proposals (RFP).

Performance Measures: Effective July 1, 2011, performance measures for substance abuse treatment and problem gambling contractors will be uniform.

Request for Proposals and Service Procurement: The project periods for problem gambling and substance abuse prevention and treatment contracts have been aligned to end June 30, 2014. IDPH plans to release a single Request for Proposals to secure providers for regional integrated problem gambling and substance abuse prevention and treatment services, effective July 1, 2014.

Prevention Alignment: Effective July 1, 2010, problem gambling prevention began utilizing the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Prevention Strategies. This aligns with the substance abuse prevention framework and offers structure to the goals and activities of contractors providing problem gambling prevention services.

Client and Family Leadership: Substance abuse and problem gambling treatment and prevention services are moving toward a recovery-oriented system of care (ROSC) orientation. ROSC supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, friends and communities to take responsibility for their sustained health, wellness, and recovery from alcohol, drug and gambling problems. Substance abuse clients currently can access a broad range of recovery support services through SAMHSA-funded Access to Recovery (ATR) program. A similar range of support services will be available to problem gambling clients beginning July 1, 2011.

Workforce Development: In 2009, IDPH began coordinating previously separate problem gambling and substance abuse training and workforce development activities. An organizing focus around ROSC and the SAMHSA Six Prevention Strategies has allowed several coordinated trainings including the Statewide Prevention Conference, which for the first time included problem gambling, substance abuse and tobacco prevention, and the annual Governor's Conference on Substance Abuse and Problem Gambling.