



GAMBLING DISORDER PREVENTION PROJECT

FISCAL YEARS 18/19 & 19/20

LAKESHORE REGIONAL ENTITY

Abstract

Summary of Activities within the Lakeshore Regional Entity region during FY 19 and FY20 with support provided by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care, Compulsive Gaming Prevention Fund.

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EXECUTIVE SUMMARY

The Michigan Gambling Disorder Prevention Project (MGDPP) grant from the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC) began in FY 19. The purpose of this funding is to increase Gambling Disorder (GD) awareness, promote treatment and reduce gambling disorders.

The LRE was awarded this funding beginning in FY19 and commissioned KWB Strategies to coordinate the project. This report provides an overview of LRE efforts and achievements during FY19 and FY20 for this project.

HIGHLIGHTS:

During the past two years, the LRE has utilized the Strategic Prevention Framework to organize the work of this project, including:

- Compiled and published a comprehensive needs assessment for gambling and gambling disorders.
- Engaged stakeholders to develop a strategic plan to guide efforts in the coming years. The strategic plan includes strategies to address each of the following priorities:
 - Improve treatment availability for individuals with a gambling disorder.
 - Promote advocacy for gambling related issues.
 - Improve identification and referral to treatment for gambling disorders.
 - Prevent problem gambling among adults, youth, and older adults.
 - Support locally developed planning to identify culturally appropriate solutions.
- Supported 5 local projects to address prevention and treatment for gambling disorders in the LRE region; allocations totaled \$85,710 in FY20.
- Developed a youth gambling curriculum. Since implemented by providers throughout the region; provided to 200+ youth with positive evaluation results.
- Provided scholarships to support SUD clinician training related to gambling disorders; resulted in 3 clinicians becoming qualified to serve on the Michigan provider panel for publicly funded gambling disorder treatment and 8 scholarships for the annual MI Gambling Symposium.
- Presented at the 2020 Michigan Gambling Symposium and the 2020 Substance Use Disorder and Co-Occurring Disorder Conference, based on the success of the project.
- Providers reached over 700 community members with informational materials.

NEXT STEPS:

- Continue to allocate funds to support local projects.
- Develop a marketing campaign to enhance local efforts.
- Monitor gambling related issues in the region.
- Continue to engage stakeholders in planning and implementation.

I. BACKGROUND AND INTRODUCTION

A. Michigan Gambling Disorder Prevention Project (MGDPP)

The Michigan Gambling Disorder Prevention Project (MGDPP) of the Lakeshore Regional Entity is a grant funded by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC). Funds that support this project are provided exclusively from the Compulsive Gaming Prevention Fund.

Funds of up to \$200,000 are available to PIHPs per fiscal year. It is anticipated that this grant will continue to be available in subsequent years. The state intended purpose of MGDPPs is to increase Gambling Disorder (GD) awareness, promote treatment and reduce GD among youth, young adult, and adult populations.

With these funds, the LRE must implement the strategic prevention framework (SPF) to enhance capacity throughout the region to address problem gambling. The state is partnering with PIHPs because Individuals experiencing Gambling Disorder (GD) have been found to also present with a broad range of co-occurring behavioral health disorders.

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), of individuals presenting with gambling disorders, 73.2% had an alcohol use disorder, 38.1% had a drug use disorder, 49.6% had a mood disorder, 60.8% percent had a personality disorder, and perhaps most alarming, 15-20% of those with co-occurring disorders that included a gambling disorder had attempted suicide. Due to growing scientific literature which revealed common elements with substance use disorders, the DSM-V moved the diagnosis to a new classification, titled “Addiction and Related Disorders”.

B. Legal Gambling in Michigan:

Michigan offers a variety of legal gambling such as casino games, lottery, racetracks, charity events, and online gambling. The legal age of gambling in Michigan varies from 18-21, depending on whether the establishment sells alcohol.

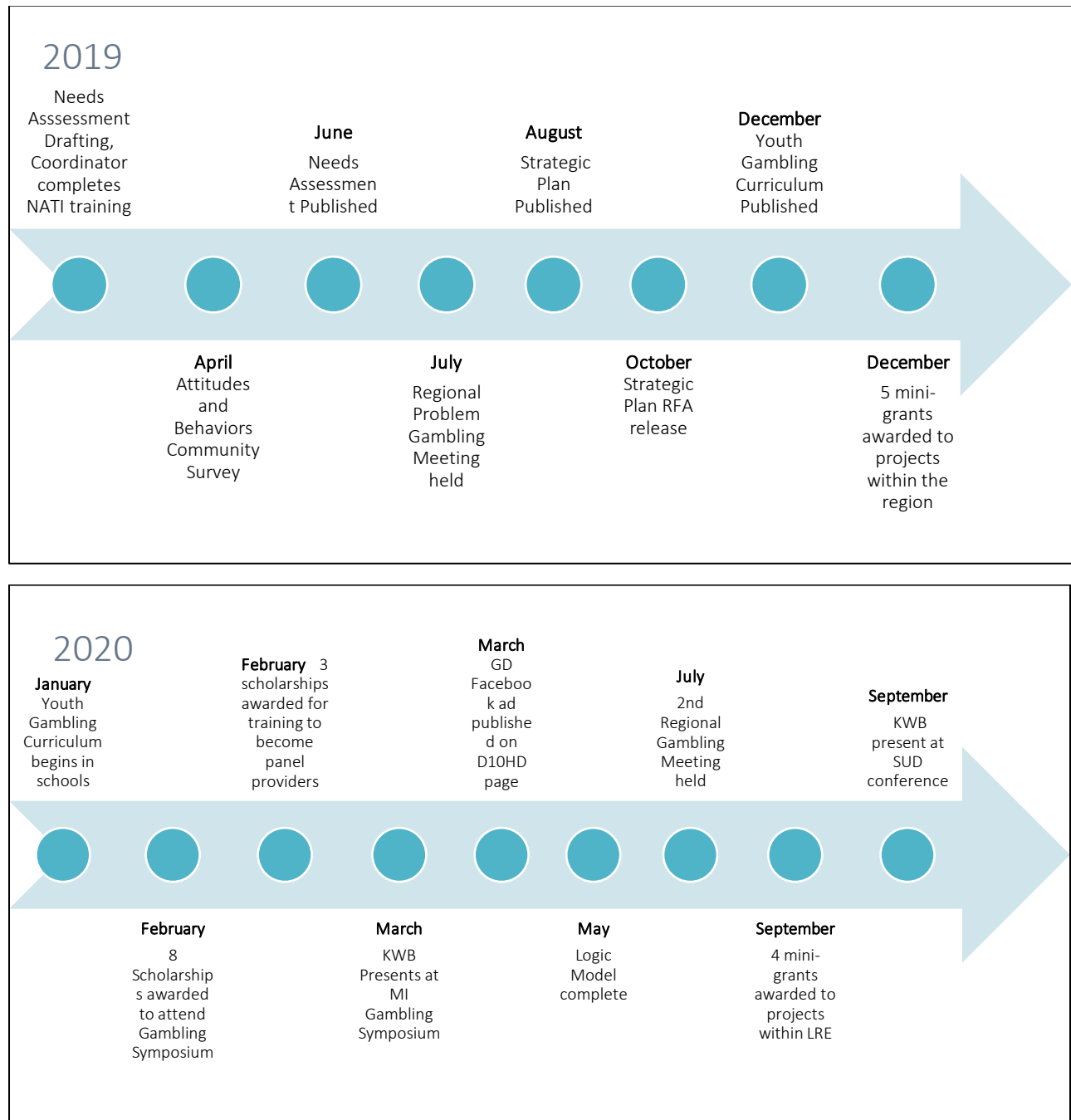
In December of 2019, online gambling was legalized in Michigan including internet gaming through existing Michigan casinos for players age 21 or older.

C. Gambling Disorder Treatment in Michigan:

Services available for problem gambling in Michigan are coordinated by the Michigan Department of Health and Human Services and include promotion of the Michigan Gambling Helpline. This helpline serves as the point of access for publicly funded gambling disorder treatment. Callers are asked confidential screening questions and those determined to need treatment (that do not have private insurance which covers gambling disorder treatment), are referred to the nearest provider under contract with MDHHS.

II. TIMELINE

This report spans activities that took place from January, 2019 through September, 2020. During that time, the following activities were completed. An in-depth description of each activity is provided later in this document. Note: in 2018, the LRE submitted the proposal for the Gambling Disorder Prevention Project and a project coordinator was hired in October of that year. Efforts to gather data and interview stakeholders began in the 1st quarter of fiscal year 18/19.



III. Needs Assessment

The LRE region began this project by commissioning a needs assessment to better understand attitudes and behaviors related to gambling and to examine the treatment system for gambling disorders.

A. Methodology: Community surveys were collected, and stakeholder interviews and archival data were compiled and reviewed to inform the findings in this report. Surveys included an on-line survey of adult residents of the LRE region and a survey of individuals receiving substance use disorder treatment services. Archival data was reviewed to examine the availability and spending for various types of gambling and publicly funded GD treatment admissions. Stakeholder interviews were conducted with law enforcement, faith-based leaders, and substance use disorder professionals.

B. Findings Highlights:

Publicly Funded Treatment: Treatment for gambling disorders was found to be lacking in the LRE region with only one provider located in southern Ottawa County. In FY18, 27 residents of the LRE region were admitted to publicly funded gambling disorder treatment, specifically residents of Kent (13), Ottawa (7) and Allegan (4).

Gambling Behavior: Among adult respondents participating in the on-line community survey, 49% reported placing bets or gambling in the past year with 4.6% reporting frequent gambling (weekly or more). Of the respondents who gambled in the past year, 2.4% scored as 'likely having a gambling disorder' and 7.7% scored as 'at risk of developing a gambling disorder' based on the Canadian Problem Gambling Index¹. Respondents who report frequent gambling were more likely to score as at-risk (13.3%) or as having a gambling disorder (20.0%).

Clients receiving substance use disorder (SUD) treatment in the LRE region were less likely than the general community respondents to report placing bets or gambling in the past 12 months (37.5% vs. 49%) and 5.5% reported frequent gambling. Of clients that report gambling in the past year, 18.6% scored as at-risk for developing a gambling disorder and 12.9% scored as likely having a gambling disorder.

Although SUD clients were less likely to gamble, those who had gambled in the past year were significantly more likely to have experienced more risk factors than community members. Among those who gambled in the past year, clients in SUD treatment were also significantly more likely to report using alcohol or drugs while gambling than community respondents.

¹ v Canadian Problem Gambling Index, Final Report February 19, 2001, Canadian Consortium for Gambling Research, retrieved from: <http://www.ccgr.ca/en/projects/resources/CPGI-Final-Report-English.pdf>

Attitudes and Awareness of Resources: Among residents of the LRE Region participating in the on-line survey, a majority (85.5%) report they would recognize warning signs if someone they cared about was developing a gambling problem. Almost half (47.8%) report they would know where to find help for a gambling problem, compared to 68% statewide. When asked where they would seek help, respondents were most likely to seek help from the Michigan Gambling Helpline (48.9%), followed by contacting a mental health provider (13.3%). Among individuals receiving substance use disorder treatment, 21.6% report they would not know where to go for help.

Most respondents believe that people can become addicted to gambling (98.3%) and that treatment can be effective (88.6%). Two-thirds (68.7%) report that they have seen advertisements about problem gambling in the past 4 months.

Risk Reduction Strategies: Certain tactics can decrease the likelihood of developing a gambling problem. Among respondents to the LRE on-line community survey who gambled in the past year, the most reported risk reduction strategies included avoiding gambling when depressed or upset (96.9%) and avoiding gambling by themselves (91.4%). Strategies used less commonly include setting time-limits (51.5%) and taking regular breaks (60.5%). Frequent gamblers were less likely to use these strategies than less frequent gamblers.

Gambling Availability and Spending: Among survey respondents who gambled in the past year, the most frequently reported location of gambling was convenience or grocery stores (62.1%), casinos (59.2%), followed by bars or restaurants (18.3%).

Lottery: A total of 1,147 lottery retailers were licensed in the LRE region in 2019. Kent County had the greatest number of retailers, but the least per capita. Lake County had the least retailers but the highest per capita.

In FY17, total lottery spending in the region was \$293.5 million. Muskegon County had the highest per capita rate of spending with an average of \$395/year per person. Counties with the highest poverty rates had the highest per capita spending.

Casino: There is one casino in the region in Allegan County and another located 11 miles from the region's border in Manistee County. There are plans to build a casino in Muskegon county. Based on revenue-sharing payments, it is estimated that the Gun Lake Tribe casino's net win (amount wagered minus amount paid out) in 2018 was approximately \$218M and approximately \$16.6M was distributed for revenue-sharing payments.

C. DATA UPDATES

The LRE continues to monitor available data related to the issues of problem gambling.

Youth Gambling Behavior: Relatively little is known about gambling behaviors among youth. The Michigan Profile for Healthy Youth reports the rate of students who report having placed bets or gambled in the past month. In 2020, Ottawa and Lake counties used alternative survey tools and each gathered this information to support GD planning.

As shown in figure 1, *Figure 1*

13% of HS students in the LRE region reported they had placed bets or gambled in the past 30 days, decreasing steadily since 2014.

As shown in figure 2, rates of recent gambling among HS students ranged from a low of 11% in Ottawa County to a high of 18% in

Mason and Lake counties. Rates have consistently declined since 2016 for Allegan, Kent, and Muskegon counties.

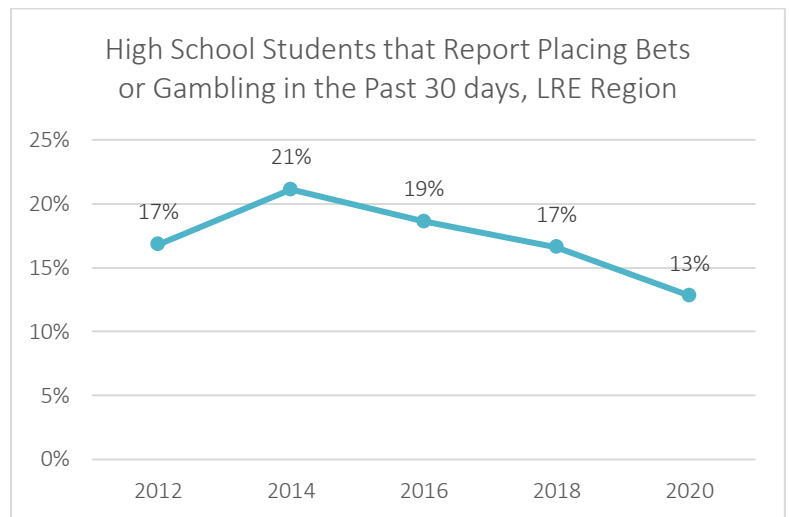
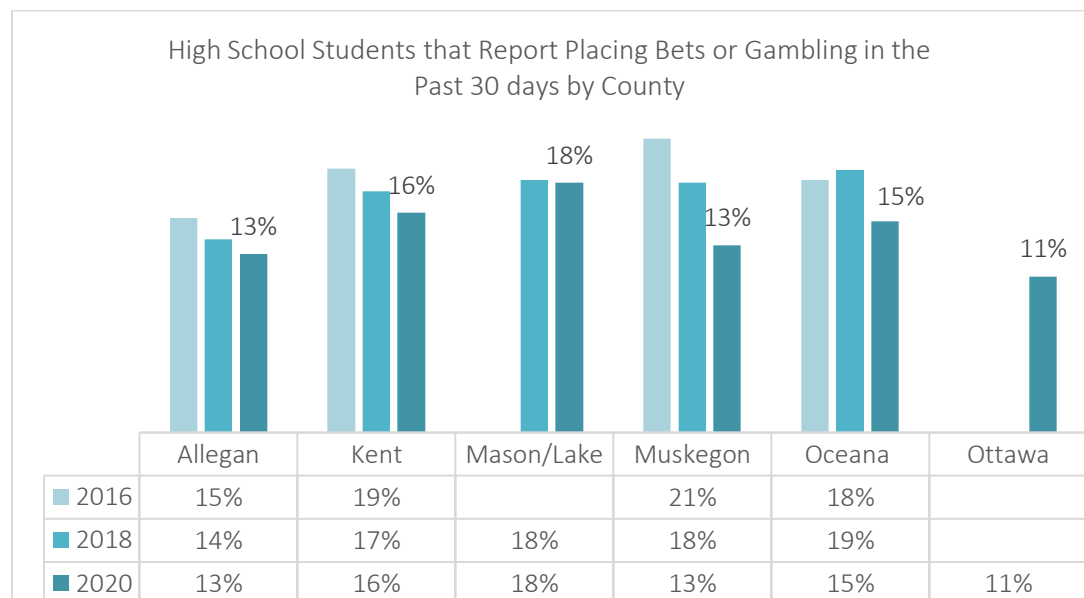
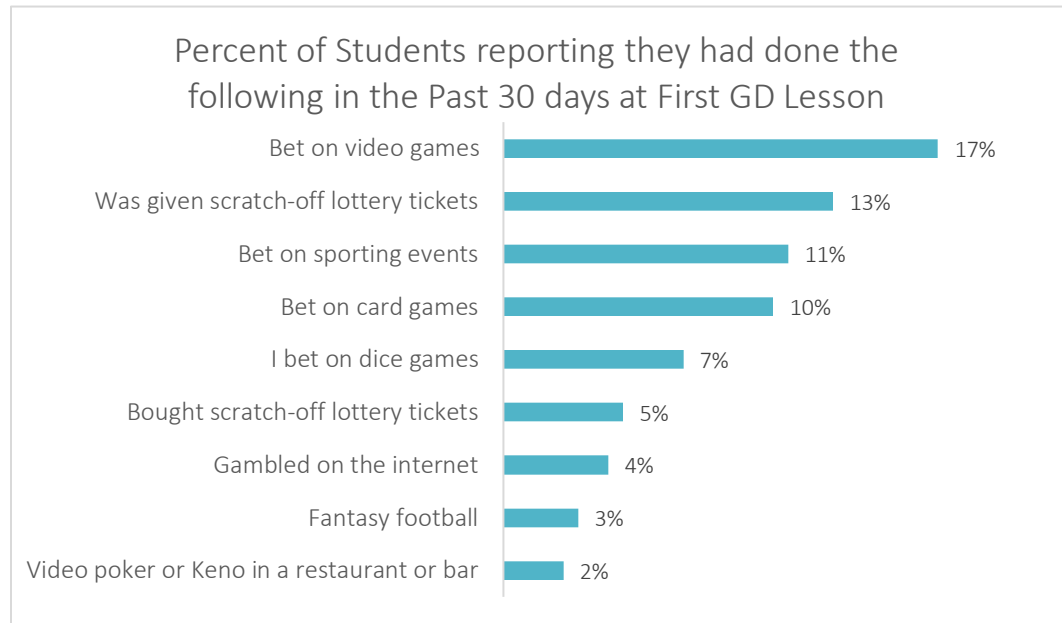


Figure 2



Among the 200 students who participated in a prevention program using the youth gambling curriculum, it was found that 64% reported that they had not placed bets or gambled in the past 30 days prior to programming. As shown in figure 3, the most frequently reported type of gambling was betting on video games (17%), followed by being given scratch off lottery tickets (13%), and betting on sporting events (11%), and card games (10%).

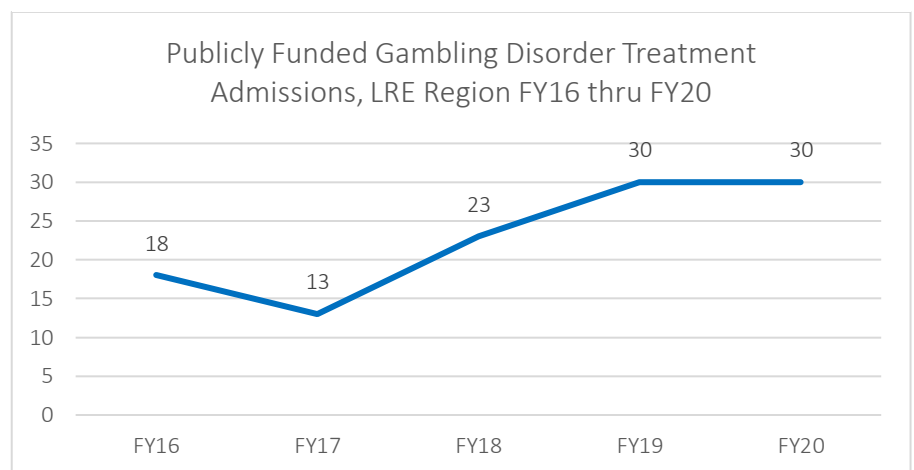
Figure 3



Publicly Funded GD Treatment Admissions: GD treatment admissions in the LRE Region remain low with a total of 30 persons admitted to publicly funded GD treatment in FY20. However, the LRE is the fourth highest admissions for a PIHP region with only

Detroit
Wayne (92),
Macomb
(60), and
Oakland (48)
having more.

Figure 4



IV. Strategic Plan and Logic Model

The needs assessment was used to inform the development of a regional strategic plan to prevent and reduce problem gambling in the LRE region. On July 8, 2019, the LRE convened stakeholders throughout the region to garner input into the development of this plan.

During this meeting, the attendees received an overview presentation by Lori Mello, HMSA, MI Gambling Treatment Program. This overview included information on gambling disorders, including identification and available. Attendees then reviewed the findings from the region's needs assessment to better understand issues related to problem gambling in the LRE region.

Attendees were then broken into small groups to discuss the data findings and identify potential strategies for inclusion in the regional strategic plan. These strategies were compiled following the meeting and stakeholder input was collected via an on-line survey to prioritize and rank strategies for inclusion in the plan. The goals and strategies included in this report include those that received support from stakeholders participating in the on-line survey.

The strategic plan includes strategies designed to affect the following objectives:

- Improve treatment availability for individuals with a gambling disorder.
- Promote advocacy for gambling related issues.
- Improve identification and referral to treatment for gambling disorders.
- Prevent problem gambling among adults.
- Prevent problem gambling among youth.
- Prevent problem gambling among the senior population.
- Support locally developed planning to identify culturally appropriate solutions.

For more information about the strategies included in the strategic plan, please refer to Attachment A.

A corresponding logic model was developed which provides a framework to document the project's theory of change. This logic model shows how the efforts of the LRE and partner agency will work to impact the objectives of the strategic plan and provides a structure to guide evaluation of the strategic plan. The logic model is provided as Attachment B.

V. Implementation

The following provides an overview of efforts undertaken at the regional and local level to address problem gambling in the region.

A. Scholarships

The LRE provided scholarships for clinicians within the SUD treatment system to participate in training opportunities related to gambling disorders. This effort works to address the LRE priority to increase the availability of GD clinicians on the state managed provider panel for publicly funded treatment within the region.

Scholarships were provided to attend the state's annual Gambling Symposium and for clinicians to complete the 30-hour NATI training which was a requirement for inclusion on the state's provider panel for GD treatment.

NATI Scholarship: This training, developed by the North American Training Institute, is an online gambling training course called, Counseling the Disordered Gambler. Michigan had identified this training as a requirement for all clinicians seeking to provide publicly funded gambling disorder treatment in the state of Michigan.

The scholarship provided financial support to complete the 30-Hour, web-based Training by reimbursing the agency for required staff time at a rate of \$80/hour totaling \$2,400 per clinician.

Clinicians were required to complete the training by September 1, 2020 to receive the scholarship with the intent of applying to join the state provider panel upon completion.

Four scholarships were awarded.

Gambling Symposium Scholarship: Clinicians interested in becoming qualified as a GD Clinician on the state's provider panel were eligible to apply for a scholarship to attend the Gambling Disorder Symposium on March 5, 2020 in Novi, MI. This symposium provides access to professional problem gambling training, treatment and prevention resources and personal recovery stories. Continuing education credits are provided.

The scholarship provided \$420 per attendee to cover the cost of registration, mileage, dinner and hotel stay. Eight scholarships were awarded.

B. Provider Allocations for Local Initiatives

A request for applications was released in October of 2019 and included the newly published Strategic Plan as a framework for interested projects. Projects were required to address objectives and strategies found in the strategic plan.

Eligible providers included LRE SUD Prevention Providers, CMHSPs, and SUD Treatment and Recovery providers. To be eligible, the projects must implement strategies identified within the LRE Problem Gambling Strategic Plan at the local level.

Of the seven applications submitted, five approved with allocations totaling \$85,710. A summary of projects and their achievements is provided below.

| Provider Allocation | Project | Achievements |
|--|---|---|
| Pine Rest Allegan, Kent, and Ottawa \$7,828 | GD Training and Assessment: Basic Gambling Disorder training for clinicians within system, create assessment structure and address in treatment plans | <ul style="list-style-type: none">Added screening tool to intake assessment for their Recovery Management program. |
| Allegan Community Mental Health Services \$9,639 | Treatment Clinicians Trained: Train access staff in GD identification and have 2 clinicians become MI paneled providers. | <ul style="list-style-type: none">2 clinicians trained who now qualify to provide gambling disorder treatment on the state provider panel. |
| Arbor Circle Muskegon and Ottawa \$20,000 | Gambling Prevention Services: Integrate GD into all existing prevention programming for youth and parenting programs, attend MI gambling symposium | <ul style="list-style-type: none">Implementation of youth and parent gambling curriculum incorporated into 4 current prevention programs |
| District 10 Health Department Lake, Mason, Oceana \$23,000 | GD Prevention thru Education and Awareness: Community presentations and info dissemination, youth programming | <ul style="list-style-type: none">Delivered youth gambling curriculum to 112 youth24,000+ reached w/Facebook adMaterials developed and dissemination to 350+ community members |
| Family Outreach Center Muskegon, Kent \$25,243 | Beating the odds: Work with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, weave gambling disorder curriculum into existing prevention programming | <ul style="list-style-type: none">1 clinician trained to provide gambling disorder treatmentCreated a gambling addiction resource manual for cliniciansDelivered youth gambling curriculum to 31 youthMaterial dissemination to 350+ community members |

C. Youth Prevention Curriculum

To support the region's providers in offering programming to youth, a two-lesson GD prevention curriculum was developed for use with middle and high school students and has been approved for use by the MDHHS. The curriculum covers the basics of gambling as well as what is currently legal in Michigan. An overview of gambling is included as well as information about how to get help for gambling disorders. Parent letters are included in the curriculum that cover gambling as well as gaming issues. As part of the curriculum, students complete a pre and post-test questionnaire to measure whether they were successful in gaining knowledge about gambling and improved attitudes about gambling.

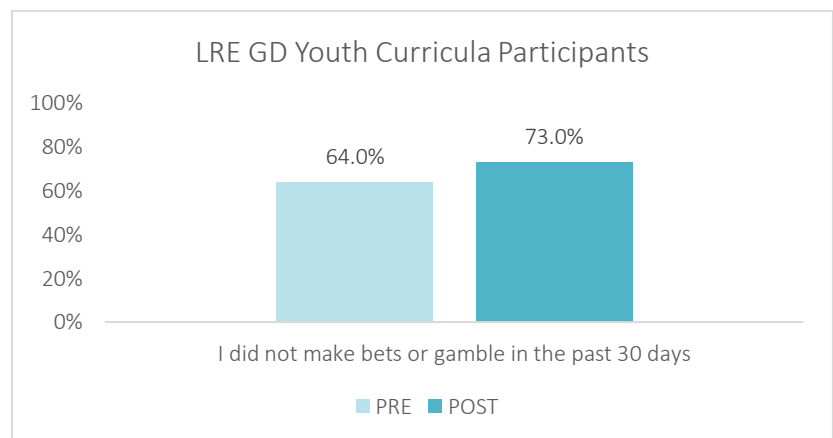
In December of 2019, a train-the-trainer event was held for those interested in implementing the curriculum with 15 people in attendance. The coordinator continues to provide support and assistance for providers using the curriculum. This curriculum is a fluid document that is updated yearly as laws change and in response to evaluation findings and provider feedback.

In response to the closing of all Michigan Public and Private Schools in March of 2020, many providers adjusted to a new format and presented the curriculum using a virtual platform. Additional curriculum for parents was created and a pre-recorded lesson made available online.

To monitor effectiveness of this curriculum the region has developed an on-line pre and post-test questionnaire to assess knowledge and attitudes that the curriculum seeks to impact. As of September 30, 2020, the region had collected 200 pre and 146 post tests. Detailed results are provided in Attachment C.

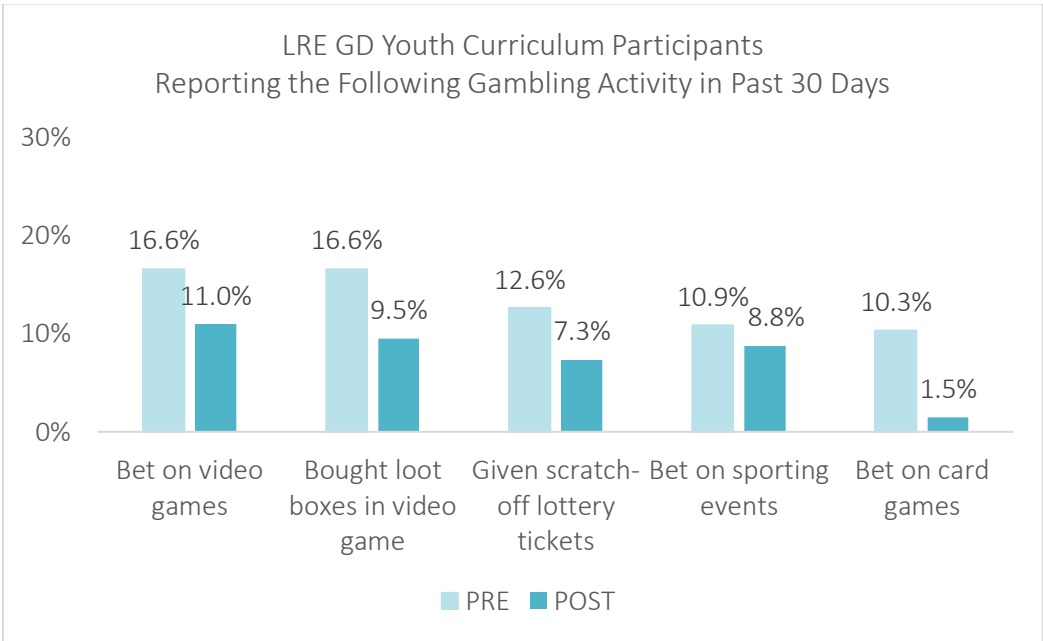
As shown in figure [Figure 5](#)

5, there was a 14% increase in those reporting they had not placed bets or gambled in the past 30 days among youth participants between pre and post test.



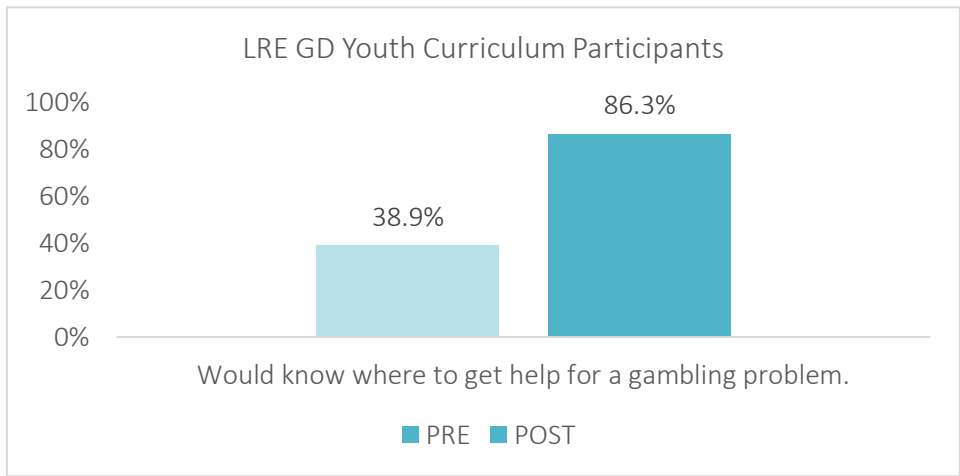
The rate of youth reporting the various types of gambling activities in the past 30 days also decreased between pre and post test as shown in figure 6.

Figure 6



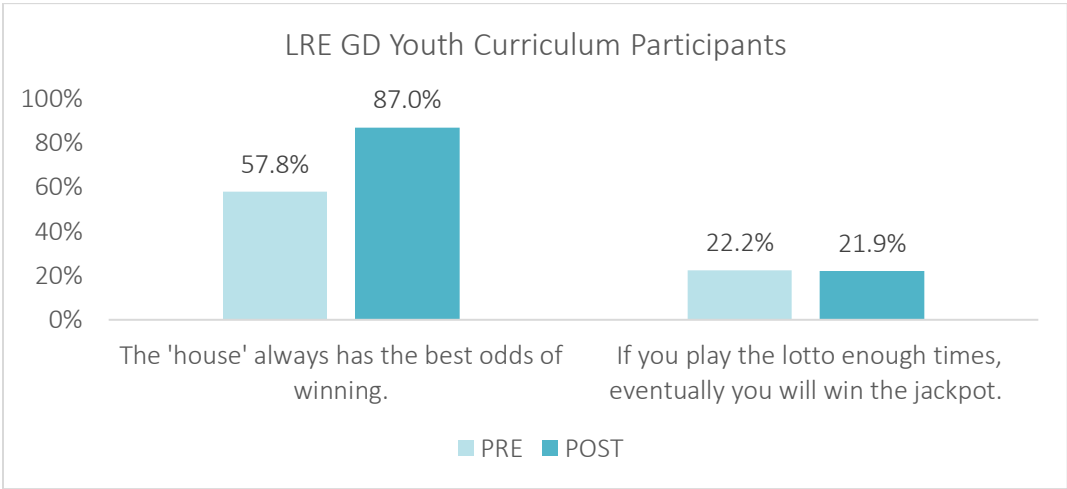
As shown in figure 7, there was a 122% increase in participants reporting they would know where to get help for a gambling problem.

Figure 7



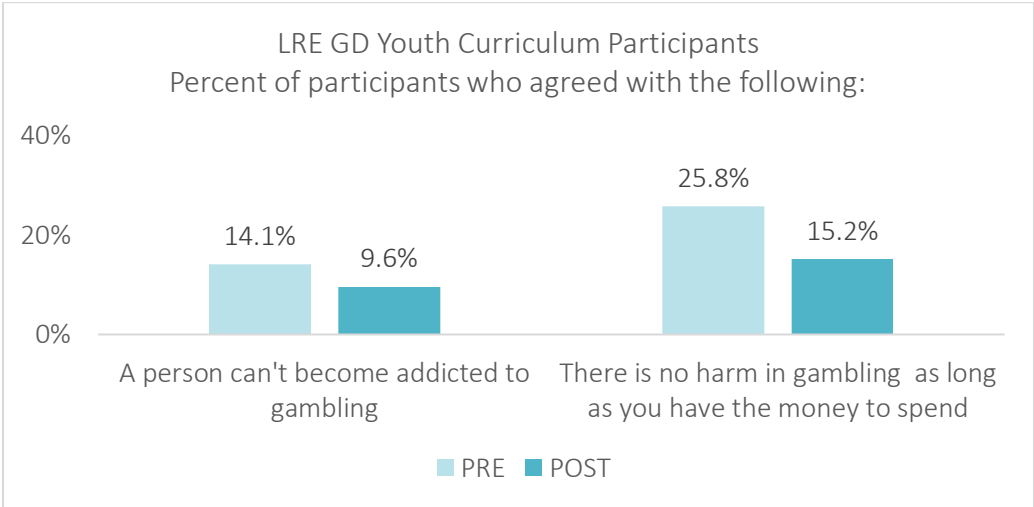
As shown in figure 8, there was a 50% improvement in youth reporting an understanding that the ‘house’ always has the best odds of winning. However, there was no improvement in youth reporting the inaccurate belief that if you play the lotto enough times you will eventually win the jackpot.

Figure 8



As shown in figure 9, there was a 32% improvement in participants reporting that a person cannot become addicted to gambling and a 41% improvement in reporting there is no harm in gambling as long as you have the money to spend between pre and post testing.

Figure 9



D. Presentations Regarding the Project:

In March 2020, KWB Strategies was selected to present a workshop at the annual Michigan Gambling Symposium to highlight the efforts of the LRE region. The workshop provided an overview of how the LRE region had applied the Strategic Planning Framework (SPF) model to gambling disorders. Following the presentation, OROSC requested that the presenters provide a workshop at an upcoming conference.

Evaluations of the presentation included the following feedback...

“Very well put together, and informative.”

“Presenters were extremely informed about the topic and provided answers to all questions posed.”

As requested, KWB Strategies presented a subsequent workshop at the 2020 Substance Use Disorder and Co-Occurring Disorder Virtual Conference. The presentation was well attended, with 92 participants. The session was titled, “Application of the Strategic Planning Framework to Address Community Problems: a Case Study on Problem Gambling in the LRE Region.”

Evaluations of the presentation included the following feedback...

“Best presentation I've seen yet”

“Great information ties to the strategic framework. This is an important project!!”

“This was a great learning experience.”

VI. NEXT STEPS

A. Provider Allocations FY21

A total of \$104,543 has been allocated to support local provider projects during FY21. Each of the four submitted proposals was approved, with three of these projects continuing from the prior year.

| Allocations | Project Name and Description |
|--|---|
| Arbor Circle Muskegon, Ottawa Counties \$20,000 | <u>Parent and Youth Education on Preventing Problem Gambling:</u> <ul style="list-style-type: none"> – Integrate gambling disorder prevention information into all existing substance abuse prevention programming for youth and parenting programs. Serve 55 parents and 300 youth. – Prevention staff attend MI gambling symposium & webinars. – Collect and analyze evaluation data quarterly on gambling prevention. |
| District 10 Health Department Lake, Mason, and Oceana Ccounties \$24,300 | <u>Gambling Prevention Through Education & Awareness:</u> <ul style="list-style-type: none"> – Community presentations and info dissemination to raise awareness. – Increase gambling disorder training and qualifications among clinicians – Educate parents of risks of online gambling/risky behavior – Integrate GD prevention info into existing substance abuse prevention programming with youth. – Media campaign (press release, social media ad, etc.) |
| Family Outreach Center Muskegon and Kent Ccounties \$25,243 | <u>Beating the Odds:</u> <ul style="list-style-type: none"> – Work with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, integrate gambling disorder prevention information into substance abuse prevention programming for youth and parents via Zoom. – Identify 20 locations/opportunities for community education events. – Provide Problem Gambling information/assessment packets to a minimum of 15 provider agencies. |
| Public Health Muskegon County Muskegon County \$35,000 | <u>Senior and Adult Problem Gambling Prevention:</u> <ul style="list-style-type: none"> – Raise Problem Gambling awareness in collaboration with SUD efforts among seniors. – Identify current messaging including gaps by conducting a community readiness and awareness survey. – Identify/develop educational materials on PG for retailers. – Create a marketing plan. – Implementation to begin 3rd quarter. |

B. Regional Meeting: A regional meeting will be held during the Summer of 2021 to discuss the project and gain input into regional initiatives, review progress on the strategic plan, provide a networking opportunity, and to release the FY22 Request for Applications.

C. Social Marketing Campaign: A regional marketing campaign to support regional strategies of the strategic plan will be developed in FY21 to enhance local efforts with targeted messaging. It is anticipated that campaign messaging will continue in through FY22.

The LRE had originally intended to initiate this campaign in FY20 but financial demands caused by the COVID-19 pandemic made it necessary for the state to reduce allocated funds for the project. As a result, the LRE budget for a marketing campaign was eliminated from the FY20 budget.

D. Emerging Issues: Continue to monitor gambling related issues in the region, including the legalization of online gambling through casinos, and development of a casino in Muskegon County.

Gambling Disorder Prevention Project Prioritized Goal Areas

| GOAL: Prevention and Reduction of Gambling Disorders in the LRE region. | |
|--|--|
| OBJECTIVES | STRATEGIES: (*strategies will be a regional focus) |
| 1.1 Improve treatment availability for individuals with a gambling disorder. | <ul style="list-style-type: none"> • *Provide training (at no cost) to clinicians interested in becoming qualified to provide publicly funded gambling disorder treatment. • Increase gambling disorder training and qualifications among substance use disorder clinicians to address problem gambling. • *Advocate for integration of gambling disorder treatment with other behavioral health services to ensure coordination and integrated management of services. • Work to decrease stigma for problem gambling so individuals will seek help. • *Assess reimbursement levels for provision of publicly funded gambling disorder treatment, advocate for parity with other behavioral health services. • Partner with substance use disorder treatment providers to identify problem gambling among the clients served and address within treatment plan. • Increase availability of self-help groups/support groups for individuals that have gambling disorder and their families. Explore possibility of online groups. |
| 1.2 Promote advocacy for gambling related issues. | <ul style="list-style-type: none"> • Advocate for warnings to be required for gambling materials and on-line pop-ups (like the Surgeon General's Warning for tobacco.) • *Advocate for policies/legislation that would delay youth exposure and reduce access to gambling. |
| 1.3 Improve identification and referral to treatment for gambling disorders. | <ul style="list-style-type: none"> • Increase public knowledge of warning signs and how to identify when someone may be developing a gambling problem. • *Educate lending institutions in identifying spending patterns that may be due to problem gambling and providing resource info. • Develop and disseminate a self-assessment tool to identify risk level for problem gambling and provide resource info based on results. • Partner with medical professionals to identify problem gambling among their patients and refer to treatment. • *Provide tools, resources, and training to assist lottery retailers in identifying and providing resources to individuals demonstrating warning signs of problem gambling. |

| | |
|--|--|
| <p>1.4 Prevent problem gambling among adults.</p> | <ul style="list-style-type: none"> • *Educate the community on potential risks for gambling and early signs of risk for development of a gambling problem. Support bystanders in identifying and supporting others. • Partner with gambling venues to post warning signs on risks of gambling (e.g. lottery retailers and casinos). • *Raise community awareness of the risks of gambling, strategies to reduce risk, and actual likelihood of 'winning'. • Partner with Universities to provide info on gambling risks to young adult population. • Partner w/gambling venues (casinos and lottery retailers) to provide info to consumers on strategies to reduce risk and risk factors for gambling problem. • Encourage community standards that promote responsible gambling. |
| <p>1.5 Prevent problem gambling among youth.</p> | <ul style="list-style-type: none"> • *Educate parents about the risks of on on-line gambling, how to support their youth in avoiding risky behavior. • *Educate youth on gambling risks and to off-set 'magical thinking'; Incorporate into other programming and curriculum. • *Identify how age requirements for gambling are monitored and enforced; ensure compliance. • *Promote the reality of gambling to offset glamorization in advertising. |
| <p>1.6 Prevent problem gambling among the senior population.</p> | <ul style="list-style-type: none"> • Provide info to raise awareness among seniors of risk factors for developing a problem with gambling and strategies to reduce risk. • Promote availability of 'day-trips' for seniors for outings other than gambling. • Partner with Community Policing officers to incorporate gambling risks into fraud and identity theft prevention programming. |
| <p>1.7 Support locally developed planning to identify culturally appropriate solutions.</p> | <ul style="list-style-type: none"> • Empower local communities and/or groups to develop and implement solutions specific to their culture and community; identify local informal leaders to engage the community. • Conduct research to understand deeply embedded beliefs surrounding gambling among specific cultural groups to guide development of effective messaging and strategies. |

Attachment B: LRE Gambling Disorder Prevention Project Logic Model

| Needs Assessment | | | Strategies | Activities | Outcomes | | |
|---|---|--|--|---|--|--|---|
| Problem | Intervening Variables (But Why?) | Local Conditions (but why here?) | | | Short-Term | Intermediate | Long Term |
| Too many people develop gambling disorders- In the LRE region, 10.1% of respondents who gambled in the past year scored as at moderate risk or as having a gambling problem based on the Canadian Problem Gambling Index. (LRE GD Needs Assessment (NA) 2019) | People with a problem are not getting treatment: In FY18, 23 residents of the LRE region received publicly funded GD treatment. While the LRE holds 13.1% of the state's population, LRE admissions to GD treatment represent only 8.6% of state-wide admissions. (LRE GD NA 2019) | Treatment availability is limited w/ only 1 clinician identified on the state provider panel located in the Region (Jan 2019). Only half (47.8%) of respondents report they would know where to find help (LRE GDS 2019), compared to 68% statewide (NGAGE MI highlights, 2019) | Improve treatment availability within the LRE region | <ul style="list-style-type: none"> – Provide financial support for clinicians to complete required NATI training – Increase GD self-help groups/support groups – Assess GD reimbursement rates and advocate for parity if necessary | Increase clinicians on the state GD provider panel located within the LRE region | Increase number of persons publicly funded GD treatment services | Decrease persons scoring at moderate risk or as having a gambling problem |
| | | More than one-third (35.7%) of respondents report they would seek help from a resource than the gambling hotline (e.g. healthcare, support groups, etc.) (LRE GDS 2019) | Improve ID and referral to treatment through the hotline | <ul style="list-style-type: none"> – Develop and promote a self-assessment tool to id risk level & encourage seeking of treatment when indicated – Partner with medical professionals to ID & refer for GD | Increase individuals contacting the MI Gambling hotline from the LRE region | | |
| | | One-fifth (21.5%) of respondents report they have worried that someone close to them might have a gambling problem (LRE GDS 2019) | Support bystanders in recognizing and encouraging people to seek help | <ul style="list-style-type: none"> – Increase public knowledge of warning signs for problem gambling – Support bystanders in recognizing warning signs & encouraging loved ones to seek help – Partner w/ lottery retailers in identifying and providing resources to individuals demonstrating warning signs – Messaging to decrease stigma so more will seek help | | | |
| | SUD clients who reported gambling in past year were more likely to report 6 of 9 risk behaviors used to assess risk level (LRE GD NA 2019) | The SUD provider network does not have procedures or staff training in place to assess and respond to problem gambling among clients receiving SUD treatment. | Enhance capacity of SUD treatment programs to address problem gambling | <ul style="list-style-type: none"> – Support SUD providers to identify and address problem gambling within treatment plans – Advocate for SUD programs to expand services and become qualified to provide GD treatment | Increase SUD providers qualified to address GD w/in program. | | |

Attachment B: LRE Gambling Disorder Prevention Project Logic Model

| Needs Assessment | | | Strategies | Activities | Outcomes | | |
|------------------|--|--|---|---|---|---|-----------|
| Problem | Intervening Variables (But Why?) | Local Conditions (but why here?) | | | Short-Term | Intermediate | Long Term |
| Continued ... | Among respondents who gambled in past year, too many report warning signs w/ 10.8% betting more than can afford to lose, 9.5% gone back another day to win back losses, and 20.4% have felt guilty about gambling (LRE GDS 2019) | Too many gamblers are not using risk reduction strategies. Frequent gamblers were least likely to use risk reduction strategies. Among all respondents who gambled in past year, only half (51.5%) report setting time-limits and two-fifths (39.5%) report not taking regular breaks (LRE GDS 2019) | Educate community on risks, warning signs & risk reduction strategies | <ul style="list-style-type: none"> – Partner with universities to provide info to young adult population. – Advocate for enhanced warnings on gambling materials & on-line pop-ups – Partner w/gambling venues to provide info to consumers on strategies that reduce risk – Partner w/Community Policing officers to include info in fraud & identity theft educational programming for older adults | Increase in gamblers reporting risk reduction strategies, inc. setting time-limits & regular breaks | ↓ adults reporting they bet more than can afford & having gone another day to win back their losses | Cont... |
| | Among seniors 66 or older 10.6% reported frequent gambling (weekly or more), and 7.3% scored as at moderate risk or a problem gambler (LRE GDS 2019) | Casinos market aggressively to older adults with 59% of senior gamblers (66+) reporting gambling at a casino (LRE GDS 2019). Bus trips provide 'outings' for residents of retirement homes and fill the casino floor during off-peak hours (LRE GDS 2019) | Promote alternative activities for older adults | <ul style="list-style-type: none"> – Promote availability of alternative 'day-trips' for seniors to reduce reliance on casino trips | Increase number of opportunities for non-casino daytrips | ↓ Seniors (66+) who report gambling at a casino in past year | |
| | Although gambling is not legal for minors, nearly 1 in 5 HS students reported placing bets or gambling behaviors in the past 30 days in the LRE Region (MIPHY 2018) | Youth are finding ways to gamble even though it is not legal Note: waiting for MIPHY details to better understand type of gambling done by minors | Ensure gambling is not accessible to youth | <ul style="list-style-type: none"> – Advocate for policies/legislation that delay youth exposure & reduce access – Identify how age requirements for gambling are monitored and enforced; ensure compliance | ↓ HS students who report age restricted gambling types | ↓ HS students who report having placed bets or gambled in the past 30 days | |
| | | Youth believe gambling is low risk with 15% reporting you cannot become addicted and 28% reporting there is no harm if a person has the money to spend. (LRE Pre Test Youth Education, FY20 N=165) | Raise youth awareness of the risks of gambling | <ul style="list-style-type: none"> – Educate parents about risks of on-line gambling, how to support youth in avoiding risky behavior – Incorporate info into SUD prevention programming for youth | ↑ youth reporting you can become addicted, and an accurate understanding of likelihood of winning | | |

Lakeshore Regional Entity
Youth Gambling Disorder Curriculum Pre and Post Test
Results Summary FY19/20

| Number of Responses | # |
|-----------------------------------|-----|
| Pre Test | 200 |
| Post Test - Received one lesson | 34 |
| Post Test - Received both lessons | 112 |

PARTICIPANT DEMOGRAPHICS

| Participant County of Residence | PRE | POST |
|----------------------------------|----------------|----------------|
| Allegan | 0.5% (1) | 0.7% (1) |
| Kent | 16.5% (32) | 21.4% (31) |
| Mason | 34.0% (66) | 29.0% (42) |
| Muskegon | 1.0% (2) | 1.4% (2) |
| Oceana | 45.4% (88) | 46.2% (67) |
| Ottawa | 0.0% (0) | 0.7% (1) |
| Participant Age | PRE | POST |
| 11 to 13 | 21.0% (41) | 16.0% (23) |
| 14 to 17 | 77.4% (151) | 82.6% (119) |
| 18 or older | 1.5% (3) | 1.4% (2) |
| Participant Sex | PRE | POST |
| Female | 44.9% (87) | 52.4% (76) |
| Male | 55.2% (107) | 47.6% (69) |
| Participant Race and Ethnicity | PRE | POST |
| White or Caucasian | 74.9% (137) | 66.9% (89) |
| Black or African American | 7.7% (14) | 10.5% (14) |
| Asian or Asian American | 1.1% (2) | 0.8% (1) |
| American Indian or Alaska Native | 2.7% (5) | 3.0% (4) |
| Multi-Racial | 13.7% (25) | 18.8% (25) |
| Hispanic or Latino | 16.5% (32) | 25.7% (37) |

Attachment C: GDPP Curriculum Evaluation Results

| During the past 30 days, did you do any of the following? (Select all) | PRE | POST | % Improvement |
|--|----------------|----------------|---------------|
| I bet on sporting events | 10.9% (19) | 8.8% (12) | 19.3% |
| I bet on card games | 10.3% (18) | 1.5% (2) | 85.8% |
| I gambled on the internet | 4.0% (7) | 4.4% (6) | ~ |
| I bet on video games | 16.6% (29) | 11.0% (15) | 33.9% |
| I bet on dice games | 6.9% (12) | 4.4% (6) | 36.2% |
| I played fantasy football | 2.9% (5) | 1.5% (2) | 49.0% |
| I bought scratch-off lottery tickets | 4.6% (8) | 2.2% (3) | 52.1% |
| I was given scratch-off lottery tickets | 12.6% (22) | 7.3% (10) | 41.9% |
| I bought loot boxes in a video game | 16.6% (29) | 9.5% (13) | 42.7% |
| I played video poker or Keno in a restaurant or bar | 2.3% (4) | 0.7% (1) | 68.1% |
| I did not make bets or gamble in the past 30 days | 64.0% (112) | 73.0% (100) | 14.0% |
| Which of the following activities could be considered 'gambling'? | PRE | POST | % Improvement |
| horse racing | 71.4% (142) | 95.9% (140) | 34.4% |
| games with dice | 76.4% (152) | 91.8% (134) | 20.2% |
| card games | 80.4% (160) | 92.5% (135) | 15.0% |
| 50/50 raffle to raise money | 43.2% (86) | 87.0% (127) | 101.3% |
| purchasing loot boxes while playing a video game | 40.2% (80) | 93.8% (137) | 133.4% |
| betting money on who will win a football game | 90.5% (180) | 98.0% (143) | 8.3% |
| bingo | 45.7% (91) | 89.7% (131) | 96.2% |
| slot machines | 92.0% (183) | 98.0% (143) | 6.5% |
| fantasy football | 49.8% (99) | 85.6% (125) | 72.1% |
| scratch off lottery tickets | 79.4% (158) | 95.9% (140) | 20.8% |

Attachment C: GDPP Curriculum Evaluation Results

| Students who report the following: | PRE | POST | % Improvement |
|---|----------------|-----------------|---------------|
| When gambling, the 'house' (e.g., a dealer at a casino) always has the best odds of winning. | 57.8% (115) | 87.0% (127) | 50.5% |
| If you play the lotto enough times, eventually you will win the jackpot. | 22.2% (44) | 21.9% (32) | ~ |
| Would know where to get help if I, or someone I knew, had a gambling problem. | 38.9% (77) | 86.3% (126) | 121.9% |
| Know at least one person who gambles too much. | 36.2% (72) | 34.9% (51) | -3.5% |
| Gambling doesn't just involve winning or losing money. People could gamble material things like jewelry or clothes or even doing someone else's chores. | 95.0% (189) | 100.0% (146) | 5.3% |
| Students report that they 'disagree' or 'strongly disagree' with the following statements: | PRE | POST | % Improvement |
| Gambling is a fun way to spend time with friends and family | 60.8% (121) | 69.2% (101) | 13.8% |
| A person can't become addicted to gambling | 85.9% (170) | 90.4% (132) | 5.3% |
| There is no harm in gambling as long as you have the money to spend | 74.2% (147) | 84.8% (123) | 14.3% |