



COMMONWEALTH of VIRGINIA

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November 30, 2022

To: Governor Glenn A. Youngkin
The Honorable Janet D. Howell, Chair, Senate Finance & Appropriations Committee
The Honorable Barry D. Knight, Chair, House Appropriations Committee

Fr: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services (DBHDS)

Item 311.JJ. of the 2022 Appropriations Act, Chapter 2, directs the Department of Behavioral Health and Development Services to report on the most effective strategies in serving individuals with gambling addiction. The language states:

JJ.1. The Department of Behavioral Health and Developmental Services shall establish a workgroup of relevant stakeholders to examine the Problem Gambling Treatment and Support Fund to determine the most effective strategies in serving individuals with gambling addiction. Specifically, the workgroup shall: (i) examine best practices and programs in other states; and (ii) determine whether the fund should support services at the Community Services Board level or statewide programs. The department shall report the findings and recommendations of the workgroup to the Governor and the Chairs of House Appropriations and Senate Finance and Appropriations Committees by November 15, 2022.

2. The Department of Behavioral Health and Developmental Services shall report annually, by September 1 of each year, on the revenue collections, expenditures and allocations of the Problem Gambling Treatment and Support Fund for the prior fiscal year to the Department of Planning and Budget and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

In accordance with this item, please find the enclosed report for Item 311 JJ. Staff are available should you wish to discuss this report.

CC: The Honorable John Littel, Secretary of Health and Human Resources
Susan Massart, House Appropriations Committee Staff
Mike Tweedy, Senate Finance & Appropriations Committee Staff



Virginia Department of
Behavioral Health &
Developmental Services

**Report of the Problem Gambling
Treatment and Support (PGTS)
Workgroup Report, 2022
Appropriations Act
Item 311.JJ**

November 30, 2022

DBHDS Vision: A Life of Possibilities for All Virginians

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Preface

This report is submitted in accordance with Item 311.JJ. of the 2022 Appropriations Act, Chapter 2. The language states:

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Background

The General Assembly created the Problem Gambling Treatment and Support Fund in response to a recommendation from the “Gaming in Virginia” report published by the Joint Legislative Audit and Review Committee (JLARC) in 2019 and the passage of the 2020 regulation allowing sports betting and casinos.

Moneys in the fund are to be used solely for the purposes of:

1. Providing counseling and other support services for compulsive and problem gamblers,
2. Developing and implementing compulsive and problem gambling treatment and prevention programs, and
3. Providing grants to support organizations that provide assistance to compulsive and problem gamblers

Per the 2022 Appropriation Act, the Work Group on the Problem Gambling Treatment and Support Fund met three times over the summer of 2022 to study the use of the fund and examine best practices for administration of the fund.

FY 2021-2022 System Initiatives

To meet the intent of the original legislation that created the Problem Gambling Treatment and Support Fund, the Department of Behavioral Health and Developmental Services (DBHDS) and its partners have implemented various programs. Please see Appendix D for a detailed timeline of funding for these initiatives.

Providing counseling and other support services

Workforce

- In May 2021 the DBHDS Office of Behavioral Health Wellness (OBHW) hired a Coordinator to research, develop, facilitate, and implement a Problem Gambling Prevention program for the Commonwealth of Virginia. Aside from researching problem gambling prevention, this position also researched treatment and recovery programs in other states. This research provided information to the DBHDS Problem Gambling Leadership team and its partners that they used in their planning for Virginia’s Problem Gambling system to include an analysis of the current system, evaluation of staffing needs, and budgeting for services.
- The DBHDS Office of Recovery Services (ORS) hired a Lead Coordinator for Problem Gambling Recovery Services in February 2022. This position’s responsibilities include evaluating the training needs of the Commonwealth of Virginia’s peer workforce for problem gambling, creating and implementing evidenced based problem gambling trainings for the peer workforce, networking with and offering problem gambling training to state and private agencies that employ the peer workforce, managing grants of organizations that provide assistance to problem gamblers, consulting with other states that have a peer workforce that provide recovery services for problem gambling to ensure evidenced based training and information on problem gambling is current, and maintaining personal awareness and training on evidenced-based recovery services for problem gambling.

- ORS determined that a problem gambling workbook for the peer workforce would be beneficial in providing recovery services to the problem gambler. ORS researched and evaluated several problem gambling workbooks for use with the peer workforce. It was discovered the number of problem gambling workbooks were sparse and they were all identified as clinical in nature and not recovery-oriented. Therefore, ORS developed a problem gambling workbook (based on evidence-based practices) that is focused on recovery to be utilized by the peer workforce when providing recovery services. This unique workbook was presented to approximately 90 peer specialists who provided feedback regarding its strengths and weakness that resulted in adjustments being made. Presently, the ORS is in the process of implementing the Problem Gambling Recovery Workbook for peers.

Website Resources

- ORS evaluated the need to add a webpage on recovery services and problem gambling for ORS' webpage and determined that such a webpage was needed. As a result, an initial webpage on problem gambling has been added. This page includes a short video on problem gambling, definition of gambling, definition of problem gambling, signs, and symptoms of problem gambling, and where to get help. The ORS recognizes the need for a more robust webpage and is in the early development of such a page.
- Publicly accessible information on problem gambling prevention has also been added to the OBHW page. Information on events and best practices for problem gambling prevention are also shared through a prevention web-portal that OBHW uses to facilitate communication with the community services boards (CSBs).

Education and Awareness

- ORS Staff were provided education on problem gambling by the Problem Gambling Recovery Coordinator in to develop an awareness of the complexities and nuances that a problem gambler has and the unique strategies necessary for the peer workforce to develop when providing recovery services to the problem gambler.
- ORS has identified and networked with state and private agencies that employ peer recovery specialists and has begun to provide education on problem gambling recovery services to the agencies' peer workforce.
- In an effort to begin to build awareness, understanding, and capacity in the prevention workforce, as well as those working in treatment and recovery, OBHW hosted three webinars in FY 2021 that were open to the CSBs and the public and so far in FY 2022, OBHW hosted a webinar on the 'Law Changes in Gaming and Gambling in Virginia; (presenters included Va. Lottery, Va. Department of Agriculture and Consumer Services, and Va. State Police).
- OBHW provided funding to all CSBs to participate in external training opportunities to learn about gambling and gaming and building capacity to address problem gambling through best practices. This allowed CSBs to join either the National Council on Problem Gambling which offers many free webinars to members and discounts to the national conference or join the Va. Council on Problem Gambling to connect with experts in the field.
- OBHW provided educational presentations per request to DBHDS Developmental Services division and to various CSB stakeholder groups on problem gambling.

- As part of an office wide effort to onboard new staff in the CSBs, each program created brief onboarding videos describing the work and objectives of that program. The video created for problem gambling prevention includes definitions and the legislation around gambling and gaming. The video is available here <https://youtu.be/sbQrO-bycyk>. These videos are also available on the prevention portal.
- OBHW created infographics on problem gambling and distributed them to CSBs for their use to educate stakeholders on problem gambling prevention. See appendix E.
- Research was also conducted in 2020 and 2021 in preparation for the development of a problem gambling treatment and recover system. This report is included in appendix F.

Developing and implementing compulsive / problem gambling treatment and prevention programs

- In order to take a data driven approach to developing a problem gambling prevention system, OBHW, with agreement from the Problem Gambling Internal Leadership Team, decided to implement an evidence-based model to develop the system. This model, the strategic prevention framework (SPF), has been implemented and nationally evaluated in all 50 states to build substance misuse prevention, mental health promotion, and/or problem gambling prevention.
- In 2021, OBHW entered into an agreement with the Virginia Department of Health to add two questions on gambling to 2022 Behavioral Risk Factor Surveillance Survey (BRFSS). This will help provide statewide adult baseline data that can be re-implemented every 2 to 3 years to track changes in behaviors. OBHW was also able to add one question to the high school Virginia Youth Survey (VYS). VYS data is expected in September 2022, while BRFSS data is expected early fall 2023. Data from both will be used to help identify additional needs and develop plans for funding prevention programs along with other data collected by the CSBs described below.
- Following a suggestion from the 2019 JLARC report which stated “Virginia could initially focus on prevention and increasing awareness of the risk of problem gambling and training providers. Resources could shift over time to treatment if the number of individuals seeking help for gambling disorder increases”; Virginia decided to start with prevention to try to mitigate potential problems that may occur due to the expansion of gambling opportunities (similar to the strategy of states such as Iowa, Oregon, and Massachusetts). This serves as a two-fold approach, which not only increases awareness about and potential impacts of problem gambling but can also be a driver to move those with problems to seek treatment and recovery.
- In addition, actions by ORS included:
 - Created and implemented problem gambling training power points for peer recovery specialists. The topics of these slides include Problem Gambling “The Hidden Addiction,” The False Beliefs of Problem Gamblers, Peer Support of Problem Gamblers, Peer Support of Families of Problem Gamblers, and Peer Support of Problem Gambling and Veterans.
 - Partnered with Life Works LLC and provided six CE hours for peer recovery specialists.

- Collaborated with Virginia Veteran & Family Support Program, Virginia Department of Veterans Services and Virginia Department of Corrections regarding information and training on problem gambling for their peer workforce.
- Developed pamphlets on Peer Recovery Services for the Problem Gambler and for the Family of the Problem Gambler.
- Developing an informational series to send out weekly on Problem Gambling Recovery to the peer workforce.

Providing grants to support organizations that provide assistance to compulsive and problem gamblers

ORS in collaboration with the Problem Gambling Internal Leadership Team entered into a Memorandum of Agreement (MOA) with VCU Department of Rehabilitation Counseling/College of Health Professions stating that they shall partner to support accessible and inclusive evidence-based patient-centered care for Virginians for the treatment of those experiencing problem gaming and gambling. The Scope of Work for this agreement will include:

- Treatment provider network within local communities.
- Peer recovery network focused on gaming and gambling.
- Continuing education and training on evidence-based practices for providers.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to the Virginia - Helpline staff.
- Continuum of treatment services.
- Quarterly reports

In addition, OBHW entered into contracts with all 40 CSBs in August 2021 to begin the work of assessing gambling, gaming, and problem gambling and to begin to build capacity on addressing problem gambling in each of the CSB catchment areas and across the state. See appendix C for the report. The assessment work of the CSBs included conducting:

- Environmental scans of brick-and-mortar businesses that sell lottery products, the historical horse racing sites, and charitable gaming sites – looking at marketing, safeguards, and support service products. 767 scans were conducted.
- Community walk scans in towns, near schools, roadways, etc. to assess advertisement. 140 scans were conducted.
- Passive media scans – youth and adults track advertisements and other messages promoting gambling on multiple digital media. 301 scans were conducted.
- Community Readiness Assessments of each CSB service areas on problem gambling through interviews and focus groups. Aggregated report will be available in fall 2022.
- Collect surveys from Virginian’s 18 to 25-year-olds that ask about knowledge, attitudes, and behaviors on alcohol, drugs, tobacco, mental health, and gambling. Data from this will be available in the Fall of 2022. Over 5,100 surveys were collected.

As mentioned previously, OBHW included funding to all 40 CSB’s to receive training and education to build support, knowledge and capacity to address problem gambling and to try to mitigate problems from developing. In addition, each CSB used methods most appropriate for their organization to accomplish the objectives in the grants. Some sub-contracted with local

partners and businesses, others provided stipends and incentives, while some utilized internal staff to help meet the objectives of the grant. While most CSBs were able to meet the requirements successfully, there were a few that had significant difficulty meeting all the objectives either due to a lack of internal capacity or administrative process obstacles.

PGTS Fund Workgroup Activities

Examination of Practices in Other States

To make recommendations regarding the best infrastructure for delivery of services in problem gambling prevention, treatment, and recovery services, workgroup members participated in three meetings and conducted research between meetings to gather information. A summary of other state problem gambling systems is included below:

Connecticut

Connecticut (CT) Problem Gambling Prevention, Treatment and Recovery services system is led by the CT Department of Mental Health and Addiction Services. The CT behavioral health system is made up of 5 regions. They issue a Request for Proposal (RFP) for prevention services in one RFP and issue a separate RFP for treatment and recovery services, awarding one contract for each RFP in each region. Contracts are three to five years in length. The prevention contract funding is merged with other prevention services funding (such as the SA and MH block grants) into one contract to stretch the gambling funding which is much smaller in comparison to the block grant. This is a newer method of funding for the state, so they are not able to determine if problem gambling prevention is getting the attention needed at this time. They develop media campaigns at the state level and share materials out with grantees. They also have a requirement in the regional contracts that each region form gambling awareness teams made up of prevention, treatment, and recovery to assist in planning and implementation.

Iowa

Iowa (IO) Problem Gambling Prevention, Treatment and Recovery services system is led by the IO Health and Human Services Department. They fund prevention, treatment and recovery services through an RFP, competitive bid process. Grants go to the Integrated Provider Network (IPN) which is a statewide community-based, resiliency and recovery-oriented system of care for substance use, and problem gambling (prevention, early intervention, treatment, and recovery services). The IPN covers 19 service areas across the state and funding went to 19 non-profit organizations. The grants are for five years. All providers must use the SAMHSA Strategic Prevention Framework for their programming to ensure a data-driven planning process. Iowa has a strong prevention system with all grantees conducting assessments, building capacity, and creating strategic plans with objectives and measures in all 99 counties in the state. Using these plans, they are identifying evidence based and data driven strategies for implementation to meet the needs of their communities. Media campaigns are developed at the state level with materials for distribution that are tailored to meet local needs. IO state gambling taxes are used as the payor of last resort for treatment services, whereby other insurance should be billed first. A new initiative they implemented is funding through the IPN grants to hire one FTE or two .5 FTE Problem Gambling Champion who will provide clinical care and do outreach to raise awareness. A need they identified is to require that each organization hire at least part of an FTE to do PG prevention and to measure over time if the rates of persons receiving treatment increases with the

PG Champions coming on board. Information on IPN can be found at <https://idph.iowa.gov/substance-abuse/Integrated-Provider-Network>.

Maryland

Maryland Problem Gambling Prevention, Treatment and Recovery services system is led and implemented by the Maryland Center of Excellence on Problem Gambling (the Center) (a program of the University of Maryland School of Medicine, Dept. of Psychiatry) through a contract with the State Department of Health's Behavioral Health Administration. The Center has a total of 14 staff which includes five regional certified peer recovery specialists. Maryland has a strong provider education component delivered at the state-level for those providing prevention, treatment, and recovery services. The peer recovery specialists provide outreach in all five regions of the state, connecting with behavioral health providers and recovery groups as a means for connecting individuals with gambling problems to the help and treatment they need. The MD Helpline also maintains an up-to-date list of all providers (organizations and private practitioners) who have agreed to participate in Maryland's no-cost treatment reimbursement program funded by the state. The Helpline will also warm transfer individuals and/or family members who call to the appropriate resources. Using all the above approaches has increased access for individuals to problem gambling treatment services. Maryland also has a strong educational component on problem gambling for clinicians across the state, whether in an organizational setting or in private practice. Public awareness strategies are also crucial to the success of connecting individuals and/or their families to the help they need. To increase its efforts in public awareness, the Center partners with several statewide and regional partners (NAMI MD, NCADD MD, MAPPA, etc.). Although Maryland has been successful in their public awareness efforts when funding allows, increased funding for efforts surrounding public awareness is an ongoing need. Maryland does not currently implement the following types of CSAPs evidence-based strategies: environmental, community-based processes, alternative strategies, problem identification and referral prevention strategies.

North Carolina

North Carolina Problem Gambling Program (NCPGP) provides Prevention, Treatment and Recovery services at no cost to all North Carolinians. The system is overseen by the Department of Health and Human Services (DHHS) and is entirely funded by a legislative mandate from the NC Educational Lottery. Treatment, recovery, and education efforts are managed at the state level, and prevention is done through mini-grants to smaller community-based organizations. Education is provided at no cost and hosted through the University of NC, Chapel Hill, School of Social Work's Behavioral Health Springboard (BHS). BHS facilitates training and hosts a learning management system for providers, prevention specialists and individuals interested in learning more about problem gambling. The treatment program which consists of a helpline, no cost treatment and referrals to providers and peers, and is managed day to day, including the provider registry, by LifeWorks. Lifeworks also provides a prevention specialist who is embedded at the department. The prevention specialist oversees the administration of mini grants for Stacked Deck, research, and for colleges and universities. Stacked Deck is an evidence-based program for middle and high school students, which focuses on problem gambling. Colleges and universities receive funds to facilitate outreach and conduct research. NC has a strong education program system for treatment and recovery counselors, as well as teachers and prevention specialists. NCPGP also offers Gamfin, an online moderated community for clinicians,

prevention specialists and those interested in problem gambling. Gamfin provides them with the ability to connect with financial counseling as well as tools to grow professionally. An area of need NC has is more funding to strengthen their work on community-based processes, training on Stacked Deck for educators, provide screening in non-traditional places, and implementation of environmental change strategies.

Oklahoma

Oklahoma (OK) Department of Mental Health and Substance Abuse Services oversees problem gambling services. They are responsible for tracking treatment counselors and agencies to ensure compliance. Treatment programs must be state certified and apply to the state to become a treatment provider. The OK Association on Problem Gambling (OAPG) trains counselors on a 30-hour Basic Training program which mirrors IGCCB counselor training program. OAPG provides CEU hours counselors need to maintain their certification.

OAPG also provides awareness, prevention, and education efforts for the state. They also provide oversight for the Problem Gambling Helpline and train the call center specialists, however they sub-contract for the answering service.

Oregon

Oregon (OR) Health Authority (OHA) uses a public health approach, utilizing the Strategic Prevention Framework to plan and deliver problem gambling prevention, harm reduction, treatment, and recovery. They provide free prevention and treatment services across the state. Problem gambling prevention and outreach efforts are both stand alone and embedded within other prevention programs to increase awareness. The state also offers residential gambling disorder treatment services and recovery peer mentoring programs, as well as problem gambling education and treatment for incarcerated persons. The OHA uses the Strategic Prevention Framework to guide their work. Their prevention funding structure is similar to that of Virginia CSBs. OHA provides funding to the County Mental Health Programs (CMHP), to plan and implement prevention strategies and measure impacts.

Pennsylvania

Pennsylvania's (PA) Problem Gambling Prevention, Treatment and Recovery services system is led out of the Department of Drug and Alcohol Programs. They use a combined state and regional approach to providing treatment and recovery services through a contract with the PA Council on Problem Gambling (PCPG). PCPG provides trainings to providers and works with the state to reimburse providers for treatment and recovery. For prevention, they have a system similar to Virginia's CSB system called Single County Authorities (SCA). There are 47 SCAs, with the majority receiving funding to implement problem gambling prevention initiatives. This is not done through an RFP process, but rather for those SCAs with interest and the capacity to do the work, they submit a plan for approval to the State that includes objectives, measures, and budget information. Media campaigns are developed on the state level and materials are distributed to SCAs for tailoring to meet local needs.

National Association of Administrators of Disordered Gambling Services (NAADGS)

In 2021, NAADGS conducted a survey of states to gauge problem gambling services provided in each state throughout the U.S. Of 42 states in 2021 with dedicated PG services funding, the average per capita allocation was .40 cents (Marotta, 2022 Report), Virginia's current FY 2022

allocation per capita is .23 cents. (This calculation of .23 cents is from the FY 2022 allocation divided by the 2020 US Census). To reach the .40 cents average per capita, Virginia would need a problem gambling services allocation of \$3,478,918 (versus the current FY 2023 amount of \$2,000,378).

Where Public Funding for Problem Gambling Services Goes:

The percentage of states that said public funds for problem gambling awareness services pass through the state are:

- Contracted out: 46 percent
- Performed by government employees and contractors: 44 percent
- Not available: 2 percent
- Performed by government employees: 7 percent

States answering “which public awareness efforts do you view as most impactful? Is your view data supported?” noted the following as methods that appeared to increase awareness of problem gambling (many of these seem to be around awareness of the helpline); promoting PGAM and the lottery holiday campaign, posting the helpline information at Casinos and on the back of lottery tickets. Utilization of social media, internet, and billboards were also noted as effective mediums for raising awareness.

Prevention Services

There were 42 states that answered the following as to whether their state has problem gambling prevention (PGP) services:

- 36 percent (15) said prevention services were not available (27 states reported having PGP)
- 33 percent contracted out prevention services
- 29 percent PGP services are performed by government employees and contractors
- 2 percent PGP services are performed only by government employees

Use of SAMHSA’s Strategic Prevention Framework to plan, implement, and evaluate PGP (n=33):

- 42 percent do use SPF for PGP work
- 58 percent do not use SPF for PGP work

Few states integrate the topic of Gambling into rules or policies that govern statewide behavioral health prevention (n=33). 30 percent do and 70 percent don’t have it in rules/policies.

Prevention Activities/Strategies States Use:

- Community Readiness Assessment – 14 out of 26 (54 percent) states said this was conducted. 53 percent did them locally, 53 percent did them regionally, and 38 percent did them statewide. It was most common for them to be conducted at the sub-state level.
- Middle School Programs that were gambling specific occurred in only 11 out of 26 (42 percent) states. 54 percent of these were conducted at least locally, 36 percent regionally, and 27 percent statewide.

- Middle School Programs where it is integrated into ATOD/health curriculum was much less likely to have occurred – with only five of 26 (19 percent) doing this. All were at the local or regional level.
- High School Programs that were gambling specific occurred in – 12 out of 26 (46 percent) states. 61 percent of these were conducted at least locally, 38 percent regionally, and 23 percent statewide.
- High School Programs where it's integrated into ATOD/health curriculum was much less likely to have occurred – with only six of 26 (23 percent) saying this was done. All were at the local or regional level.
- College Student Interventions were much less likely to have occurred – with only ten of 26 (38 percent) saying this was done. 80 percent of these were conducted at least locally, 40 percent regionally, and 20 percent statewide.
- Coalition Building / Community Based Processes were commonly conducted – 17 out of 26 (65 percent) states said this was conducted. 53 percent did them locally, 47 percent did them regionally, and 48 percent did them statewide.
- Parent Education activities were commonly conducted – 16 out of 26 (62 percent) states did this. 63 percent did them locally, 56 percent did them regionally, and 19 percent did them statewide.
- Policy change activities were conducted – 12 out of 26 (46 percent) states did this. 42 percent did them locally, 33 percent did them regionally, and 66 percent did them statewide.
- Other activities states reported include educating or training on PGP to the following groups: clinical specialists, policy makers, recovery center staff, high school, and college staff/administration. Targeted media campaigns to increase awareness of PG.

State Agency with Funding Authorization for PG Services

- 49 percent manage multiple contracts for service provision and does not use state employees for provision of services,
- 34 percent manage multiple contracts for service provision and uses state employees for provision of services,
- 17 percent outsource the administration of services, and
- 0 percent of states directly provide most services with state employees.

Responsible Agency

- 73 percent of states have PG services authorized through Human Services Departments where mental health and other addiction services are located.
- The remaining 27 percent are located either within public health, gaming agency, or another agency.

Gaming Operators

40 percent (16 out of 40 states) of gaming operators that either voluntarily or by compact set aside funds to address PG that do not pass through a state agency.

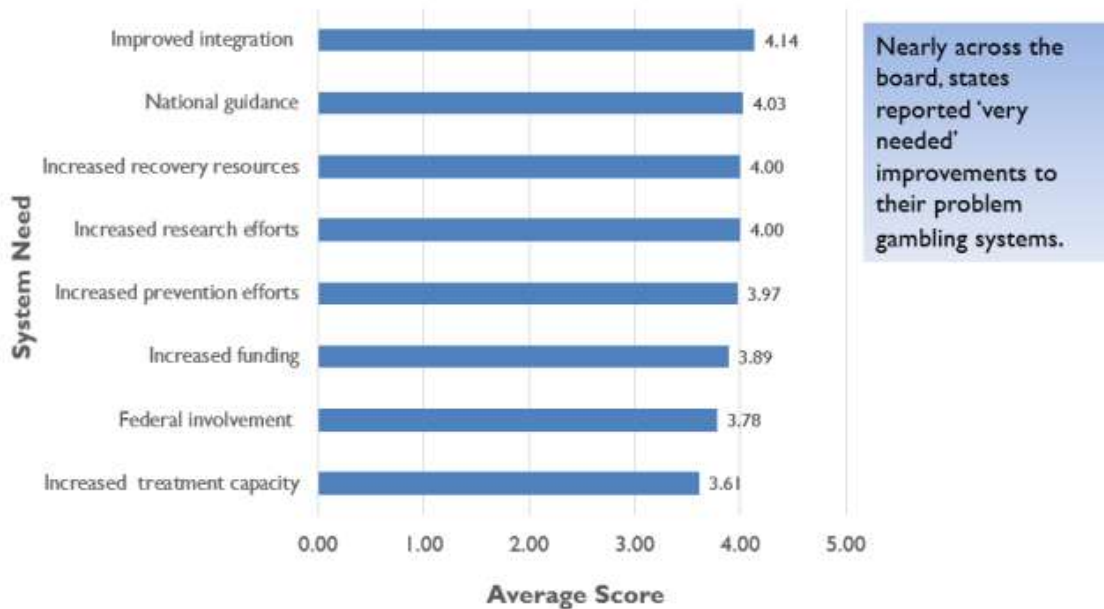
- Of the 16, 67 percent were Lottery operators,
- 54 percent were tribal casino operators,

- 29 percent were commercial casino operators, and
- 17 percent were pari-mutuel operators.

[\(Marotta 2022 Datafile\)](#)

Needs and Weaknesses

From the NAADGS Survey of States report the three areas noted as being the weakest part of their problem gambling system nationally is a lack of attention to problem gambling, lack of problem gambling prevention offered and lack of adequate funding. Across the nation, states identified several areas of high need to improve their PG systems, with improved integration as the highest area of need, as shown below:



▶ 0 = no need, 3 = somewhat needed, 5 = critically needed; N=37

Marotta, J. & Yamagata, G. (2022) Report Pg 56-57 (figure 34).

JLARC 2019 Study Communication Notes

In 2019, the Virginia General Assembly directed JLARC to conduct a study of gaming and gambling laws in other states and evaluated Virginia’s current structure, potential revenues, and potential impacts of expanded gambling and gaming on then current legal gaming opportunities. During their research they reached out to and interviewed several lead national researchers and state administrators of problem gambling services in the field. Below are several points of interest mentioned by these leaders during the JLARC interviews.

- Needs to be a sufficient dedication of funding to support a multi-faceted public health approach to addressing mitigation of harms
- Require gambling/gaming operators be actively involved in the solution to prevent problems
- Aside from a strong need for prevention, treatment and recovery services, some funding should be dedicated toward research and evaluation

- Education is needed, but strategies to address policies such as limiting advertising, requiring a percentage of advertising be on the helpline or how to gamble more safely or not allowing free alcohol or ATMs on the casino floor are important to include
- Many cite the need for a large portion of their budget to go toward prevention, research, and public awareness; with adjustments being made as increased awareness may result in increased demand for treatment and recovery services
- States studied dedicated a half to two-thirds of their budget to prevention
- Exclusion programs and peer recovery or gamblers anonymous are also effective in helping those with problems

Findings

A common area of need identified by several states is a lack of staffing. Some states noted when they contracted out services locally or regionally that the level of work accomplished varied by provider, which they felt was often due to those organizations who have some level of FTE dedicated to problem gambling services tending to out-perform those who absorb the additional work with-in the current staffing. These states recommended requiring some level of FTE be dedicated to completing the work identified in the contract.

To ensure the workgroups and the report reviewers understanding of what is meant when using the terms for problem gambling prevention, treatment, and recovery, DBHDS is providing the following nationally accepted definitions:

- **Prevention** – Specific to primary prevention is the application of interventions to prevent disease or injury by reducing exposure to or altering the environment and behaviors that can lead to a negative impact. This fits with the Institute of Medicine, Continuum of Care Model identifying the use of universal and selective prevention strategies to target entire or subsets of populations.
- **Treatment/Counseling** – Is the use of skills, usually behavioral or cognitive, used to address unhealthy behaviors by teaching new skills, reducing the urge or compulsion to exhibit specific behaviors or identify and replace unhealthy, irrational, and negative behaviors or beliefs with healthy positive behaviors and beliefs. This includes skills to screen, provide brief interventions, and refer to further treatment.
- **Recovery** – SAMHSA defines recovery as the process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Utilizing peer support is a best practice for moving people through the recovery process to a meaningful life.

Through an extensive review of problem gambling literature, consultations with other states, and requests for information, the Virginia Council on Problem Gambling (VCPG) presented findings to the Problem Gambling Coordination committee consisting of members from DBHDS, Virginia Lottery, and VCPG. This report (see appendix F) in concert with JLARC 2019 Gaming and Gambling report noted Virginia lacked a strong network of problem gambling treatment and recovery providers. As a result of this research, the Virginia Partnership for Gaming and Health (VPGH) was proposed in the Spring of 2021 and initiated in March of 2022. The first aim of

VPGH is to build a network of treatment and peer recovery providers across the state, to ultimately increase access opportunities in communities for those needing support.

As referenced earlier, Virginia decided to first start with building problem gambling prevention infrastructure. In discussion with NAADGS on the development of Virginia's problem gambling system it was said, "... there needs to be an emphasis somewhere on the importance of prevention, and prevention done well, as is outlined through the SPF implementation. In most states, and historically in my own thinking, the funding goes to treatment because it is the immediate need. But if we can step back and look at the benefit of prevention, the need for treatment can be reduced." This message further supports Virginia's approach to building a prevention-oriented system.

Recommendations

In considering best practices information from Connecticut, Iowa, Maryland, North Carolina, Oklahoma, Oregon, and Pennsylvania and conducting research on models of service delivery DBHDS recommends the following:

1. Prevention is best handled using a combined state and regional approach to reach all Virginians using multiple evidence informed primary prevention strategies. Working with sub-state providers that have the knowledge, capacity, and interest in preventing problem gambling from occurring.
 - a. Regional - This includes community service boards, private providers, and other community-based organizations.
 - b. State - working with state-wide providers and groups to implement evidence informed strategies
2. Treatment and recovery services are best handled by the state by developing collaborations with the local entities and state-wide organizations that have a shared commitment to be involved with problem gambling services (including coordination with managed care companies).
3. Prevention, treatment, and recovery services should be part of a comprehensive plan that includes geographic access and accountability.

Appendices

Appendix A: Overview of Regulations and Appropriations Act

Appropriation Act

The Department of Behavioral Health and Developmental Services shall establish a workgroup of relevant stakeholders to examine the Problem Gambling Treatment and Support Fund to determine the most effective strategies in serving individuals with gambling addiction.

Specifically, the workgroup shall: (i) examine best practices and programs in other states; and (ii) determine whether the fund should support services at the Community Services Board level or statewide programs. The department shall report the findings and recommendations of the workgroup to the Governor and the Chairs of House Appropriations and Senate Finance and Appropriations Committees by November 15, 2022.

Regulation: § 37.2-314.2. Problem Gambling Treatment and Support Fund

A. As used in this section:

"Compulsive gambling" means persistent and recurrent problem gambling behavior leading to clinically significant impairment or distress, as indicated by an individual exhibiting four or more of the criteria as defined by the Diagnostic Statistical Manual of Mental Disorders in a 12-month period and where the behavior is not better explained by a manic episode.

"Problem gambling" means a gambling behavior that causes disruptions in any major area of life, including the psychological, social, or vocational areas of life, but does not fulfill the criteria for diagnosis as a gambling disorder.

B. There is hereby created in the state treasury a special non-reverting fund to be known as the Problem Gambling Treatment and Support Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All revenue accruing to the Fund pursuant to subsection A of § 58.1-4038 and moneys required to be deposited into the Fund pursuant to Chapter 41 (§ 58.1-4100 et seq.) of Title 58.1 shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. Moneys in the Fund shall be used solely for the purposes of (i) providing counseling and other support services for compulsive and problem gamblers, (ii) developing and implementing compulsive and problem gambling treatment and prevention programs, and (iii) providing grants to support organizations that provide assistance to compulsive and problem gamblers. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Commissioner.
2020, c. 1197, 1218, 1248, 1256, § 37.2-314.1.

Appendix B: Teams

DBHDS Problem Gambling Internal Leadership Team

Position/Office	Name	Period of Service
Director, Office Behavioral Health Wellness	Gail Taylor	November 2020-June 2022
Director, Office Behavioral Health Wellness	Nicole Gore	June 2022-Pres.
Director, Office of Recovery Services	Mark Blackwell	November 2020-Pres.
Director, Office of Adult Community Behavioral Health	Margaret Steele	November 2020-Pres.
Problem Gambling Prevention Coordinator, Behavioral Health Wellness	Anne Rogers	May 2021-Pres.
Substance Use Disorder Quality Manager, Adult Community Behavioral Health	Julie Truitt	June 2021-Pres.
Problem Gambling Recovery Coordinator, Recovery Services	Donald McCourtney	February 2022-Pres.
Assistant Commissioner, Community Behavioral Health	Lisa Jobe-Shields	November 2020-Pres.

Problem Gambling Partnership (for DBHDS/VCU MOA)

Service	Name	Organization/Department
Helpline, Treatment	Carolyn Hawley	Va. Council on Problem Gambling & VCU
Treatment	Amira Turner	VCU
Rehab Counseling	Amy Armstrong	VCU
VCU Budget & Planning		VCU
Helpline, Treatment	Jennifer Davis-Walton	Va. Council on Problem Gambling & VCU
Prevention, Treatment, Recovery	Lisa Jobe-Shields	DBHDS
Prevention	Nicole Gore	DBHDS
Prevention	Anne Rogers	DBHDS
Recovery	Mark Blackwell	DBHDS
Recovery	Donald McCourtney	DBHDS
Treatment	Margaret Steele	DBHDS
Treatment & Recovery Quality	Julie Truitt	DBHDS
Responsible Gambling	Jennifer Mullen	Va. Lottery
Responsible Gambling	John Hagerty	Va. Lottery

Appendix C: Environmental Scan Report Cover Page

https://dbhds.virginia.gov/wp-content/uploads/2022/08/Environmental-Scan-Report_FINAL.pdf



Gaming and Gambling Environmental Scan Report

Since 2019, there has been an expansion in gambling opportunities nationwide, with over 30 states currently offering some form of legal gambling, gaming, or sports betting. Alongside this expansion is a rise in problem gambling behaviors, and a call for increased focus on gambling and gaming within the prevention community. In 2021, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) received funding from fees and taxes collected from gambling operators to support prevention efforts targeted at problem gambling and gaming. DBHDS, in partnership with the OMNI Institute, leveraged these funds to support Community Service Boards (CSBs) across the Commonwealth in conducting needs assessment efforts that would allow for a greater understanding of community behaviors, knowledge, attitudes, and environments related to gaming and gambling using two primary methods – a qualitative assessment of community readiness and an environmental scan. This report summarizes findings from the environmental scans conducted by CSBs between October 2021 and May 2022 to understand the physical gaming and gambling landscape in Virginia.

OMNI Institute is a non-profit social science consultancy that provides integrated research, evaluation, and capacity building services to foster understanding, guide collaboration, and inform actions that accelerates change toward a more equitable society.

Gambling vs. Gaming



Gambling is making or placing a bet or wager where outcomes are dependent upon chance.



Gaming outcomes are achieved mostly by skill vs chance.

Over the years the differences between gambling and gaming have become more blurred, due in part to a rise of gaming/gambling opportunities which combine skill and chance, one example being online games that allow users to take a chance on winning prizes via "loot boxes."¹ While the environmental scan process focused largely on gambling-related issues, certain gaming-related findings came through as a result of this blurring.

Environmental Scan Process Overview

Over the years, the environmental scan process has been adapted by public health from the business sector to identify opportunities to develop and/or improve interventions, guide research priorities and inform policy.²

In Virginia, this process is being used as an opportunity to understand the current gaming/gambling landscape and note where CSBs and DBHDS may want to focus prevention efforts.

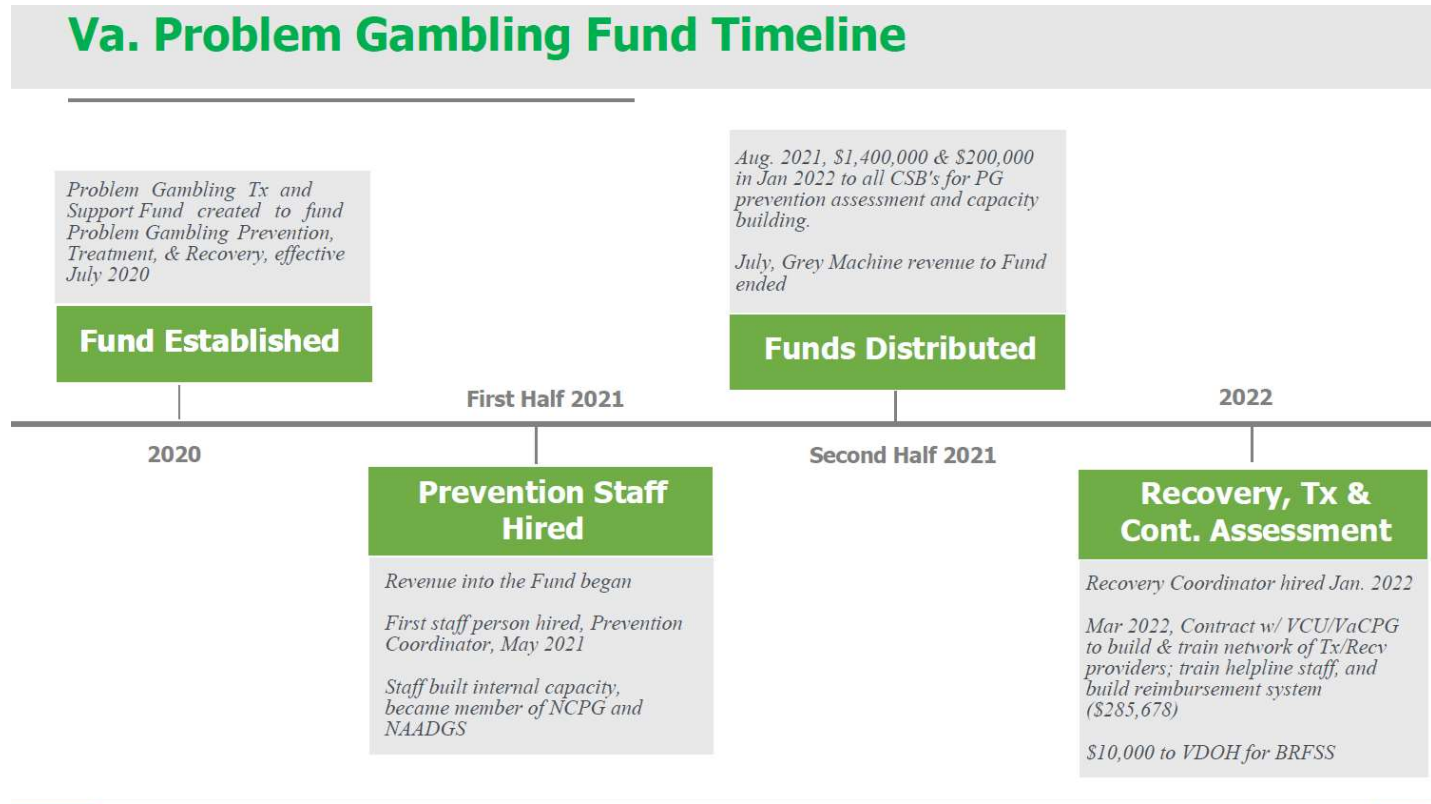
What we wanted to learn from this process:

- 1 Where do Virginians encounter opportunities to engage in gambling?
- 2 How is gambling being advertised in Virginia and how does it relate to at-risk groups?
- 3 How accessible is information about problem gambling prevention and support?

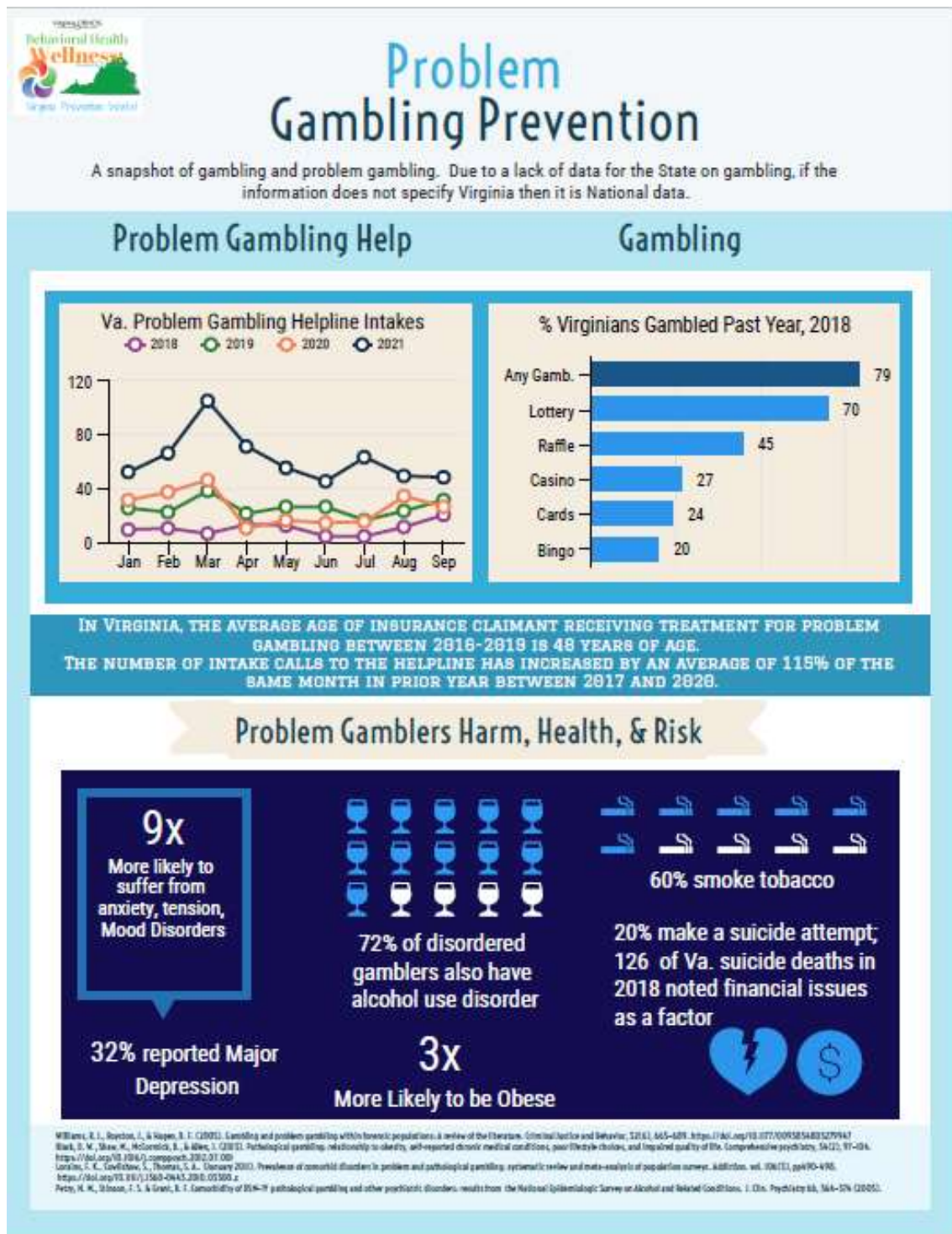
¹Gaming Law Review. Convergence Between Gambling and Gaming: Does the Gambling and Gaming Industry Have a Responsibility in Protecting the Consumer. (2019)

²Crumpton, M.A., (2015). *Strategic Human Resource Planning for Academic Libraries*. Elsevier.

Appendix D: Funding Distribution Timeline



Appendix E: Infographics



Problem Gambling Prevention

Strategically planning to address problem gambling and gaming through utilizing an evidence based framework. This will be implemented using the SAMHSA Strategic Prevention Framework Model.

Funding From Gambling Revenues

- 2% of tax on skill games for one year
- 2.5% of tax on sports bets
- .08% of tax on casino bets

REACH ALL 95 COUNTIES & 38 CITIES VIA 40 CSB's /BHA



Funds were delivered to all 40 CSB/BHA's to conduct needs assessments and build capacity on problem gambling prevention August-October 2021. Data collected by the communities and state will be used to determine needs around problem gambling prevention, treatment and recovery resources and services.

STRATEGIC PREVENTION FRAMEWORK

- 1 (FY 22) **Assessment:** complete community needs assessment (Environmental Scan of Gambling Opportunities, Community Readiness, Young Adult Survey), data profiles.
- 2 (FY 22-26) **Building Capacity:** build knowledge, skills, and relationships with key stakeholders
- 3 (FY 23) **Planning:** analyze data and resources determine priorities and create plans
- 4 (FY 23-26) **Implementation:** put plans into action using evidence based practices
- 5 (FY 24-26) **Evaluation:** assess / monitor processes, test effectiveness of plan, make changes as needed, and measure outcomes

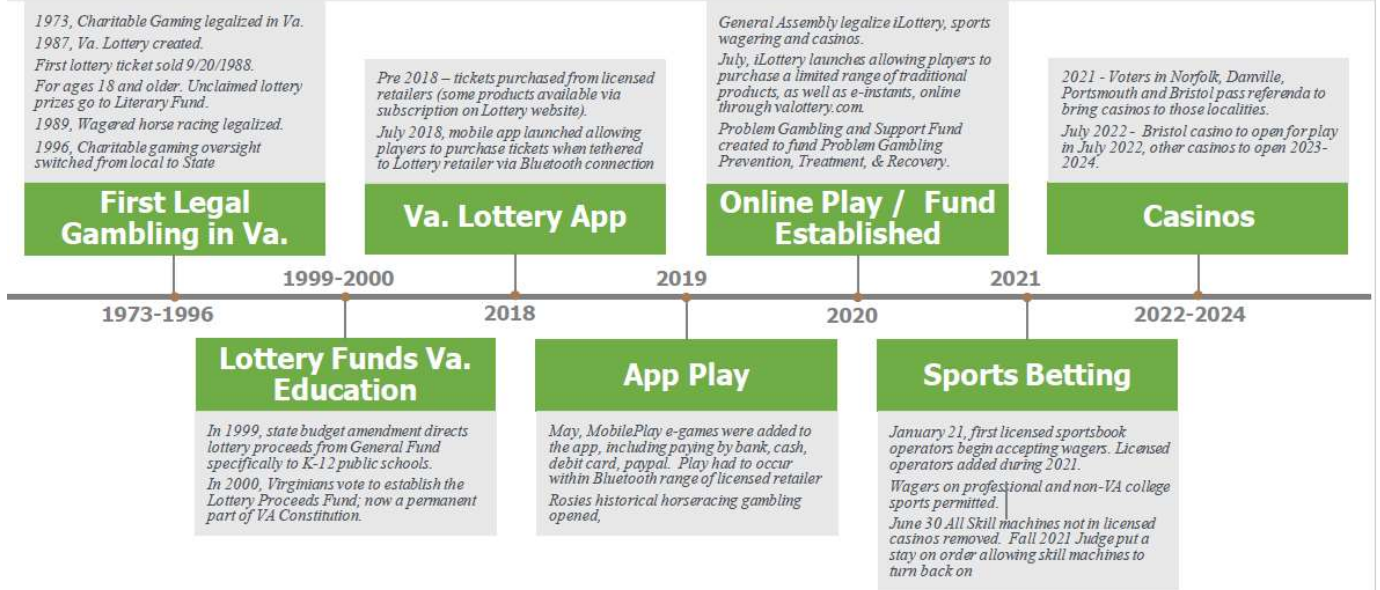


Integrate Sustainability and Cultural Competence throughout



Va. Gambling Timeline

History of Gambling Becoming Legal in Virginia



Appendix F: Treatment Report

In June of 2020 a group of stakeholders from DBHDS, the Virginia Lottery, and the Virginia Council on Problem Gambling (VCPG) met to address problem gambling in the state and the newly instated Problem Gambling Treatment & Support Fund. Subsequently, a problem gambling steering committee was developed to meet monthly. In the winter of 2020, members of VCPG were tasked with researching existing state treatment networks to help guide a model for treatment and recovery services. These efforts included:

1. Consultation with key state programs on current treatment delivery systems (i.e., West Virginia, Oregon, Delaware, Massachusetts, and Maryland).
2. Requests for information on state treatment delivery systems through the National Council on Problem Gambling (NCPG) affiliate list-serv (34 state affiliates).
3. Review of the National study; and a
4. Systematic literature on treatment best practices for gambling disorder.

As a result of this research the Virginia Partnership for Gaming & Health (VPGH) was proposed in the Spring of 2021 and initiated in March of 2022. VPGH is a consortium of stakeholders designed to address the lack of treatment infrastructure for those experiencing problem gambling. The foundational principle of the model is to provide accessible and inclusive evidence-based patient-centered care for Virginians. The partnership consists of the Department of Behavioral Health and Developmental Services (DBHDS), Virginia Council on Problem Gambling (VACPG), the VA Lottery, and the VCU Department of Rehabilitation Counseling/College of Health Professions. VPGH is housed within VCU.

The overall aims of VPGH, are to:

- Develop and sustain a treatment provider & peer recovery network within local communities
- Provide timely reimbursement for a continuum of care
- Increase access and utilization of treatment supports
- Provide gambling continuing education and training on evidence-based practices.

Current Helpline Operation and Transfer to Treatment

The VA Problem Gambling Helpline (VA PG Helpline) (888 532-3500) is funded by the Virginia Lottery and operated by the VCPG. The helpline is available to all VA residents, free of charge, 24/7 via phone, text, or chat. When a caller contacts the helpline their service needs are evaluated through an initial intake. In the current system, the helpline operator completes the screening, assesses severity and if eligible, refers the caller to a network treatment provider. Callers are provided the option for follow-up services whereupon they are contacted via phone or email and reassessed at 72 hours, 1-week, 1-month, 3-month, and 6-month intervals to determine gambling status and current service and support needs.

iCarol, a HIPAA secure cloud-based system, is used as the caller database. The system can provide accurate information on individual calls, as well as detailed data reports. iCarol collects customized fields that can track services provided, caller demographics and any other variables needed.

Treatment Eligibility

Any caller who meets at least one of the symptoms as outlined in the Diagnostic and Statistical Manual-V criteria for Gambling Disorder is considered eligible for a treatment consultation. These symptoms include tolerance, loss of control, withdrawal, escape, chasing losses, lying, jeopardizing relationships with family, or jeopardizing educational or career opportunities, preoccupation and receiving bailouts. Immediate family members of individuals with a Gambling Disorder will also be eligible for treatment. All callers are also offered a mailing that includes information on problem gambling and Self-Help resources.

Helpline Triage with VPGH

VPGH centralizes treatment services for individuals in need of therapeutic support. Individuals and/or family members begin with contacting the VA PG Helpline for Screening, Brief Intervention and Referral to Treatment (SBIRT) services. Based on the screening, individuals will be offered the opportunity to work with a peer recovery specialist (PRS) in their Virginia Health Region. If accepted, a warm hand off will be made between the hotline and the peer recovery specialist. In addition, if the person needs more intensive therapeutic services, they will be referred to one of the VPGH network treatment providers for assessment. Based on assessment results, the individual will be offered evidence-based treatment options with a network provider. Discharge planning will include follow-up support including continued peer recovery support and local GA meetings.

Treatment Providers

VPGH is developing a treatment network so that callers have the availability of a trained provider within at least one hour from their home. Treatment providers will be licensed mental health professionals, most of whom have master's degrees in the fields of Social Work, Counseling or Psychology. Providers will need to demonstrate experience providing diagnosis and treatment for callers with a wide range of clinical disorders including co-occurring disorders. VPGH will conduct reviews of the assessments and treatment notes to ensure that gambling addiction is the primary diagnosis being treated.

To ensure complete geographic coverage for the state and accommodate areas where helpline call volume is higher, we are recruiting and training treatment providers from both inside and outside the community behavioral health center settings. We are also utilizing treatment providers who are trained to provide distance counseling via the HIPAA compliant Adaptive Telehealth system to those VA residents who have limited transportation or other needs prohibiting them from seeing a treatment provider in person. These treatment providers will have received extensive training in distance counseling, including ethics, assessment, treatment, and confidentiality in this type of setting.

Recruitment efforts consist of networking with providers at professional conferences, advertising the need for providers on social media, using electronic mailing lists used by clinical professionals, and obtaining mailing/contact lists for licensed social workers, counselors, and psychologists.

Clinician Training

Developing a robust treatment referral network requires extensive training of providers throughout VA, particularly within our rural areas. Individuals who are interested in becoming part of the network go through an initial screening process that reviews professional credentials to deliver gambling disorder treatment and confirms whether the individual has:

1. certification from the International Gambling Counselor Certification Board (IGCCB) as a Nationally Certified Gambling Counselor; or,
1. participated in the Partnership's Gambling Disorder Treatment Training for Clinicians.

If they have not yet met the above criteria, the VPGH Gambling Disorder Treatment Training for Clinicians will be provided free of charge to incoming network providers. The training is unique to gambling disorder and covers topics such as assessment, treatment modalities, recovery, and support services.

Reimbursement

VPGH pays for treatment (initial consultation included), for eligible helpline referral callers who are Virginia residents. If a caller lives in another state, regardless of where the gambling takes place, these callers will be referred to the National Problem Gambling Helpline (1-800-522-4700) with instructions to call from their home area code as well as to any other local help number for their state. VA PG Helpline does not conduct follow up calls with out of state callers, unless deemed necessary, and only on a very limited basis.

Once a caller contacts the helpline, if they meet the criteria for initial consultation with one of our treatment providers, a warm transfer will be made to one of the Partnership's peers to answer questions, provide encouragement, and assist with identifying a treatment provider.

The assessing treatment provider completes the third step. Upon initial consultation, the treatment provider gathers pertinent psychosocial history including co-occurring disorders, then assesses the severity of the gambling problem; identifies obstacles to recovery; discusses supports in family and community; provides basic education on problem gambling; establishes benefits of continuing treatment; develops a treatment plan; makes referrals for treatment of any comorbid disorders or other concerns; and offers crisis intervention. The VPGH is a payer of last resort, therefore the treatment provider works with the individual to access their own insurance, if available, for further treatment needs.

After initial consultation, the treatment provider submits all assessment documentation. If treatment funding is needed, they also submit a request for treatment funding and treatment plan. Treatment reimbursement will rely on a clinically sound treatment plan using best practices of standard treatment intervention. Caller compliance with their treatment program/plan is also considered in determining ongoing treatment funding authorization. Examples include setting financial controls, involving family members, and keeping appointments. VPGH will also focus significant efforts on helping the loved ones, or significant others of problem gamblers as well. Having the support and understanding of family typically results in more successful recovery outcomes.

Rates

VPGH is a Payer of last resort. Clinical assessment and treatment provider rates will adhere to VA Medicaid established rates.

Assessment

VA PG Helpline, a member of the partnership, screens helpline callers for pre-existing and co-occurring mental health disorders, such as substance use, depression, and anxiety, during the helpline call. They also use the Applied Suicide Intervention Skills Training (ASIST) protocol to screen for and respond to suicidal ideation. This information is tracked on the caller database and will be forwarded to VPGH network PRS and then to the assessing treatment providers with whom the caller has accepted an appointment offer.

Treatment providers then conduct a comprehensive assessment during their initial face-to-face contact with the caller that includes a history of pre-existing and co-occurring mental health and substance use issues. In the assessment summary, the treatment provider then notes the dual diagnosis and makes evidenced-based treatment recommendations.

HIPAA Compliance

VPGH protocol is fully compliant with HIPAA regulations and other federal and state confidentiality laws and regulations. VPGH requires all employees to take annual training on HIPAA compliance. The database used for the PG helpline data is HIPAA secure. All data sharing with treatment providers is done via a HIPAA compliant platform such as JotForm. All records and files will be locked in a file cabinet within a locked office.

Evaluation Plan

VPGH will conduct an annual utilization review process to ensure that funds are spent appropriately and that treatment providers are using the most effective treatment methods. The review will result in an annual report provided to DBHDS. Findings of the review will be used to refine and increase the proficiency of protocols and processes of VPGH.

Appendix G: References

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Appendix H: Acknowledgements

The Department of Behavioral Health and Developmental Services would like to thank the members of the PGTS Fund Workgroup and those individuals, organizations and states that provided information to help form this report.

Members of the Problem Gambling Treatment and Support Fund Study Workgroup included:

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Virginia Council on Problem Gambling	Carolyn Hawley, <i>Executive Director</i>
Virginia Department of Agriculture and Consumer Services, Charitable Gaming	Mike Menefee, <i>Program Manager</i>
National Council on Problem Gambling	Keith Whyte, <i>Executive Director</i> (Back-up: Amanda Quintana, <i>Program Manager</i>)
National Association of Administrators of Disordered Gambling Services	Linda Graves, <i>Executive Director</i>
	Delegate Paul Krizek; Senator Tommy Norment

Contributors of information (non-workgroup member):

- Katrina Bee, Iowa department of Health and Human Services
- Mary Drexler, Maryland Center of Excellence on Problem Gambling
- Amanda Winters and Alison Drain, North Carolina Department of Health and Human Services
- Jeremy Wampler and Kelly Leppard, Connecticut Department of Mental Health and Addiction Services
- Wiley Harwell, Oklahoma Association on Problem Gambling and Gaming
- Roxann Jones, Oregon Health Authority
- Kelly Frizen, Pennsylvania Department of Drug and Alcohol Programs
- Virginia JLARC staff involved in the 2019 JLARC study on Gaming and Gambling