



Arizona Department of Gaming  
Division of Problem Gambling

# Problem Gambling Services Evaluation

FINAL EVALUATION REPORT

OCTOBER 2023

Sponsored by

**ADG** | Arizona Department of Gaming  
**Problem Gambling**



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## Project Background

### **This project resulted from language in the 2021 Amended Tribal-State Gaming Compacts**

“To ensure that self-exclusion and problem gambling programs are applied effectively within the State of Arizona, the Division of Problem Gambling shall have completed a problem gambling/self-exclusion program evaluation with the assistance of an independent third party. The purpose of the evaluation will be to gain feedback on how the program is administered and how it can be improved. The results of the evaluation shall be shared with the Tribe and used to develop and further best practices.”

*(Appendix M of the 2021 Amended Tribal-State Gaming Compact)*

### **Independent Third-Party Evaluator**

In January of 2023, the Arizona Department of Gaming, Division of Problem Gambling entered into a contract with Problem Gambling Solutions, Inc. to evaluate the Division’s problem gambling services and offer recommendations on improvement efforts.

Problem Gambling Solutions, Inc., is a company founded in 2007 that has specialized in large-system problem gambling service development, evaluation, and planning.

*(More information on Problem Gambling Solutions, Inc. can be found on [www.problemgamblingsolutions.com](http://www.problemgamblingsolutions.com))*

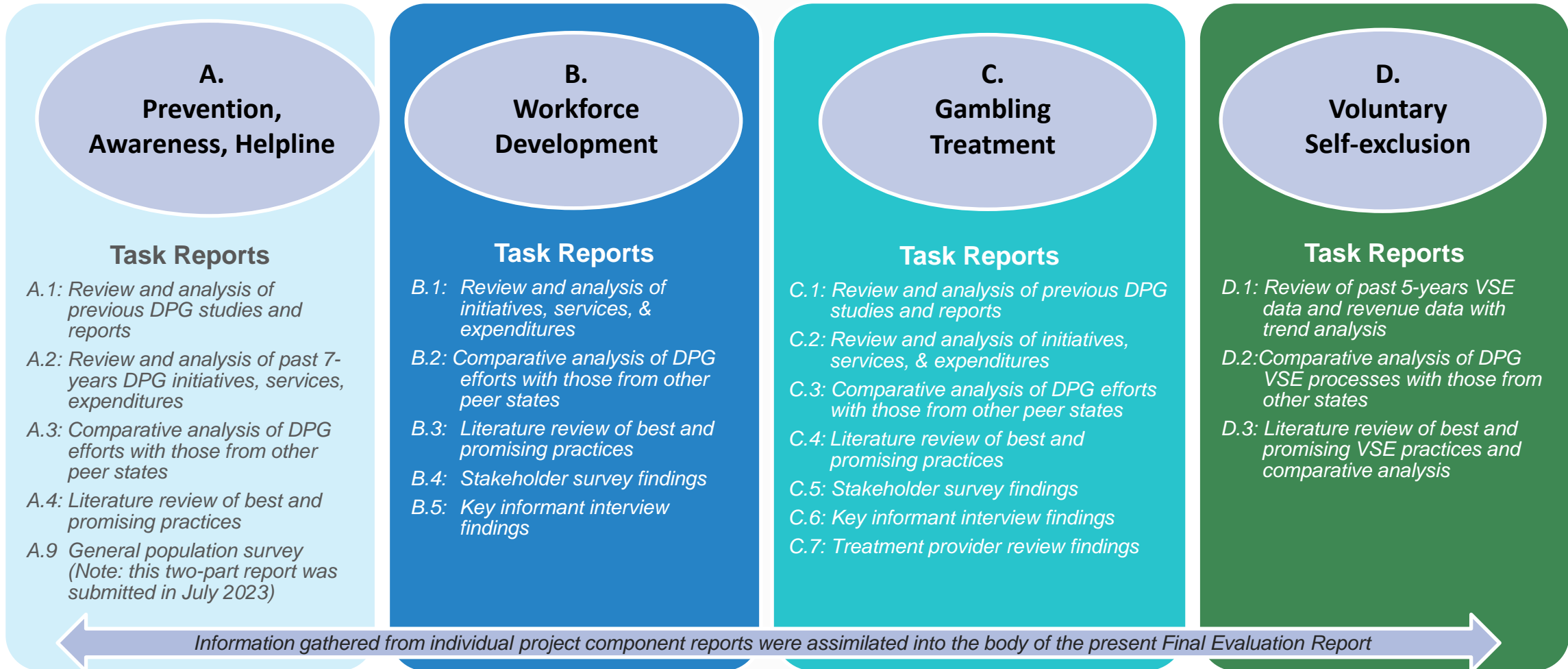
## Services evaluation report: Key questions

This report is organized using the below problem gambling service component headings, with section tabs color coded to those referenced in the below table. Each service component evaluation section addressed the following key questions:

Prevention, Awareness, Helpline	Workforce Development	Treatment	Self-Exclusion
How are problem gambling prevention, awareness, and helpline services administered?	How are problem gambling workforce development services administered?	How are problem gambling treatment services administered?	How are voluntary self-exclusion services administered?
What are the prevention, awareness, and helpline services' strengths, weaknesses, opportunities, and challenges?	What are the workforce development services' strengths, weaknesses, opportunities, and challenges?	What are the gambling treatment services' strengths, weaknesses, opportunities, and challenges?	What are the voluntary self exclusion services' strengths, weaknesses, opportunities, and challenges?
How can problem gambling prevention, awareness, and helpline services be improved?	How can problem gambling workforce development services be improved?	How can problem gambling treatment services be improved?	How can voluntary self-exclusion services be improved?

# Evaluation products

The project was partitioned into five components. These parts were: A. *Problem Gambling Public Awareness Evaluation (inclusive of prevention and helpline services)*; B. *Workforce Development Evaluation*; C. *Gambling Treatment Services*; D. *Self-Exclusion Services*; and E. *Final Evaluation Report*. Accompanying this document are a series of reports that correspond to the project tasks within each project component entitled: “Arizona Department of Gaming, Division of Problem Gambling, Problem Gambling Services Evaluation Supplemental Report”. The reader is referred to this document for a more in-depth discussion of each of evaluation component that is provided in the body of the present *Final Evaluation Report*.



# Evaluation approach

The Division of Problem Gambling (DPG) supported a comprehensive and thorough evaluation of their services using a third-party evaluation team. The evaluation team was provided access to DPG materials and program data through the full cooperation and support of DPG staff. The evaluation approach consisted of the following elements:

- **Data Collection**

- The evaluation utilized a multi-method approach to gather information about Division of Problem Gambling (DPG) services.
  - Review of program reports and data
  - Interview key-informants
  - Stakeholder survey
  - Survey of Arizona adult residents
- To compare DPG services with those from other state problem gambling service systems, data was collected from agencies outside of Arizona.
  - The National Association of Administrators for Disordered Gambling Services (NAADGS) data set from the 2021 Survey of Publicly Funded Problem Gambling Services in the United States was used to develop problem gambling services variable comparisons.
  - Key-informant interviews were conducted with administrators of self-exclusion programs
- Literature searches and reviews
  - The body of recent empirical literature on best and promising problem gambling services, by service area, was searched using Google Scholar and a university library system. Reviews were summarized and comparisons were made between practices documented in the empirical literature and those implemented through DPG programs and services.

- **Data Analysis**

- Quantitative data was analyzed utilizing Python software. A variety of statistical tests were employed. See the Task Reports for detailed description of data analysis methods for each evaluation component.
- Thematic analysis was used for analyzing qualitative data from surveys and interviews. This process involves reading through a set of data and looking for patterns in the meaning of the data to find themes.

# Evaluation approach by program component

Method	Description of Evaluation Approach	Prevention, Awareness, Helpline	Workforce Development	Gambling Treatment	Self-Exclusion
Literature Review of Best & Promising Practices	Utilized Google Scholar and a university library system to conduct a literature review of best and promising practices within each problem gambling services area and compared those to DPG supported efforts within that service area.	✓	✓	✓	✓
Review of Program Reports & Data	For each program component, DPG provided the evaluation team with program reports and relevant data spanning the past 5 to 7 years from the date of the review. Evaluators reviewed the materials and provided analysis.	✓	✓	✓	✓
Peer-State Comparison	The evaluators utilized data from the 2021 Survey of Publicly Funded Problem Gambling Services in the United States <sup>1</sup> to first identify “peer states” defined as those with several similarities to Arizona such as problem gambling service budget, size the gaming industry, etc. DPG services were compared with those of their peers.	✓	✓	✓	✓
Stakeholder Survey	A survey was developed to ask DPG stakeholders (including providers, gaming operators, staff of the ADG, Behavioral Health Services administrators) questions about DPG services. The survey was fielded between March 6 - 17, 2023, using an online survey platform. A total of 66 stakeholders completed the survey. Python software was used for all analyses.	✓	✓	✓	✓
Key-Informant Interviews	To gain knowledge and insight into DPG services, the evaluators conducted semi-structured key-informant interviews with every member of the DGP staff, the ADG Executive Director, and seven gambling treatment providers.	✓	✓	✓	✓
On-site Program Reviews	The evaluation team conducted on-site reviews with 31% of the entire pool of DPG-funded treatment providers to evaluate gambling treatment services; including appropriateness of the setting, quality of clinical documentation, quality of services provided, and scope of services.			✓	
Probability Based Panel Survey of Arizona Adults	A probability-based panel survey of “Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents” was fielded in March 2023 and completed by 1,269 individuals. Information collected included the public’s awareness, attributes, and perceptions of DPG services. For a full description of the survey methods, readers are referred to the technical report. <sup>2</sup>	✓		✓	✓

1. Marotta, J. & Yamagata, G. (2022). 2021 Survey of Publicly Funded Problem Gambling Services in the United States. Wheatland CA: National Association of Administrators for Disordered Gambling Services.

2. Marotta, J., Yamagata, G., & Reohr, P. (2023). Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents. Probability Based Panel Survey Technical Report. Phoenix, AZ: Arizona Department of Gaming

# About the Division of Problem Gambling

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## BACKGROUND

General Election 2002's Ballot Proposition 202 (the "Indian Gaming Preservation and Self-Reliance Act") stated: "Two percent [of the tribal contributions made to the Arizona Benefits Fund], shall be used by the Department of Gaming to fund state and local programs for the prevention and treatment of, and education concerning, problem gambling." The Division of Problem Gambling has been established by the Department of Gaming to fulfill this responsibility. Another Arizona state agency, the Arizona Lottery, has had a Please Play Responsibly Program since 1998 and a Problem Gambling Program since 2000. Following Proposition 202's directives, the Lottery transferred their Problem Gambling initiatives, through an inter-agency agreement, to consolidate management of all state problem gambling programs with the goal of ensuring a continuity of services.

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## MISSION

Provide and support effective problem gambling prevention, treatment, and education programs throughout Arizona

## VISION

A sustainable continuum of services that reduces to a minimum level the impact of problem gambling in Arizona

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## STAFFING (AS OF 10/31/23)

Elise Mikkelsen, Director

Jay Herycyk, Treatment Administrator

Kristin Campbell, Prevention & Outreach Administrator

Jacqueline Odena, DPG Programs Coordinator

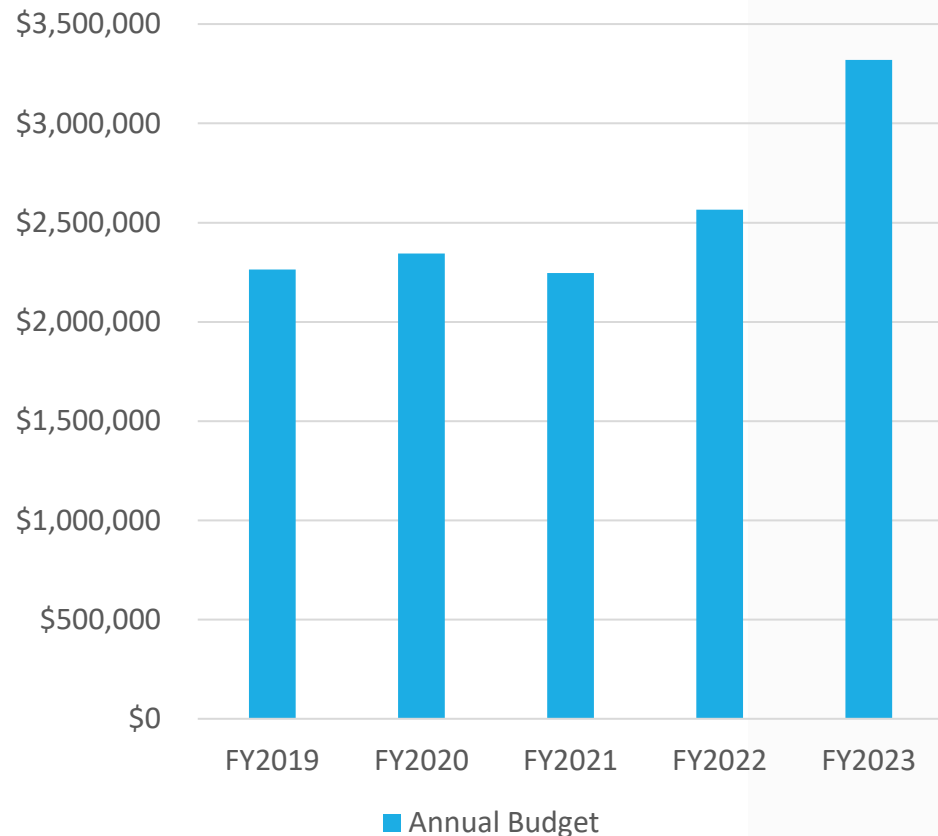
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## SERVICES

The Division of Problem Gambling supports an array of problem gambling services, including counselor training, helpline, treatment, prevention, and public awareness programs.



## Division of Problem Gambling annual budget history



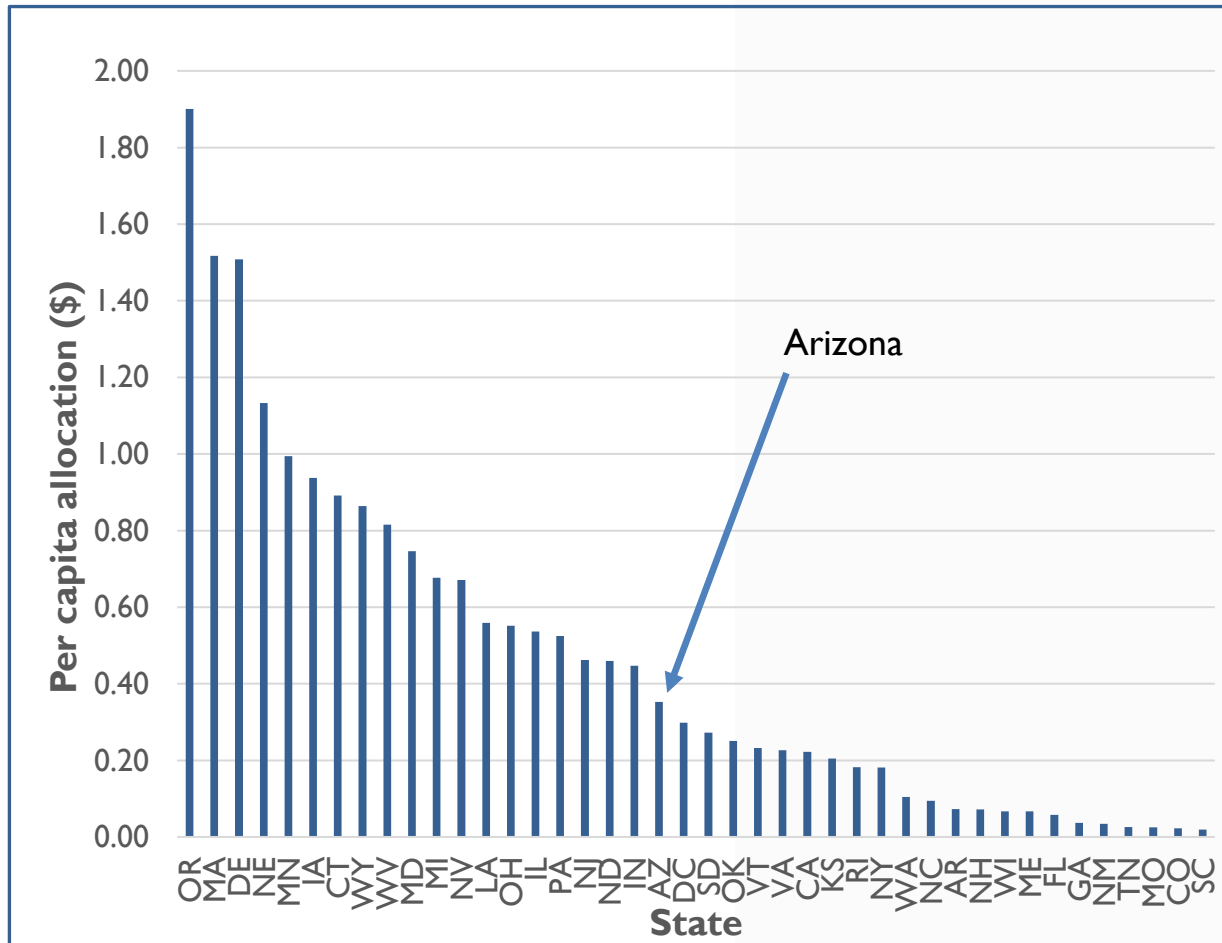
The Arizona Department of Gaming (ADG) has been provided authority and funding mechanisms to support problem gambling services. The ADG dedicated problem gambling services funding makes up its Division of Problem Gambling (DPG) budget. The DPG annual budget for problem gambling services has been based on the Arizona Lottery transferring \$300,000 annually to the ADG and revenues from Tribal gaming contributed the rest. The Tribal contribution was established in 2002 per General Election Ballot Proposition 200 (Indian Gaming Preservation and Self-Reliance Act), which included a provision where the ADG receives 2 percent of the Tribal contributions made to the Arizona Benefits Fund to fund state and local programs for problem gambling prevention, treatment, and education services.

Until Fiscal Year 2023, annual funding provided to the Arizona Department of Gaming (ADG) for problem gambling services was relatively stable (ranging from \$1.9M to \$2.5M for the past 15 years). In 2021, the Tribal-State Compact was revised to expand Casino Gaming options across Arizona, resulting in a 32% increase in contributions to the ADG problem gambling services budget between FY2021 and FY2023.

Although DPG funding has recently increased, there has not been a one-to-one corresponding increase in spending due to challenges relating to the COVID-19 pandemic. The pandemic created workforce shortages and without a fully staffed workforce, the DPG was unable to expend its full annual budget. As pandemic-related economic and workforce pressures ease, the DPG is in the position to be able to develop and implement new programs and better meet future needs.

# Budget comparison with other U.S. states

## Per-capita Investment in Problem Gambling Services for State Fiscal Year 2022 by state<sup>1,2</sup>



When evaluating a state’s problem gambling services, it is important to place those services in context. Two important contextual variables are the population of a state and a state’s dedicated level of funding for problem gambling services. The chart to the left depicts the per-capita investment in problem gambling for every U.S. state that funds problem gambling services. A per-capita funding comparison takes both the state’s population and their problem gambling services budget into account. The data provided is from fiscal year 2022, the most recent year this national data has been collected.<sup>1</sup>

The fiscal year 2022 average per-capita investment for those 43 states funding problem gambling services was \$0.46. In Arizona, the FY2022 per-capita problem gambling services investment was \$0.38. That figure increased to \$0.45 in fiscal year 2023, an improvement, yet still below the national average for those states with dedicated problem gambling services funding.<sup>2</sup>

Another contextual variable that is important to consider is the size of a state’s legalized gaming industry. This variable is important, as theoretically, the greater the amount of money spent on gambling within a state, the greater that state’s risk of public harm resulting from problem gambling. Arizona ranked 19<sup>th</sup> among all U.S. states in total legalized gaming revenue while ranking 20<sup>th</sup> in per-capita investment in problem gambling services.<sup>3</sup>

1. Data from the National Association of Administrators for Gambling Disordered Services 2022 Budget Update: Publicly Funded Problem Gambling Services in the United States.  
 2. District of Columbia is included. When possible, funds carried over from the previous year were excluded. States with no publicly funded problem gambling services are not included. 2020 Census Population Estimates were used for 2022 values.  
 3. Marotta, J. & Yamagata, G. (2022). 2021 Survey of Publicly Funded Problem Gambling Services in the United States. Wheatland CA: National Association of Administrators for Disordered Gambling Services.

# Problem gambling compared to substance abuse: Scope of problem and mitigation investment

One component of the current evaluation was to conduct a probability-based panel survey of *Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents*.<sup>2</sup> Findings from this survey suggest 3.8% to 4.0% of Arizona adults have or had a gambling disorder in the past 12 months. This rate is just under four times less than Arizonians estimated to have or had a substance use disorder in the past 12 months.

Although the prevalence of substance use disorders in Arizona is about 4X greater than the prevalence of gambling disorders, funding to address substance use disorders is over 22X greater, just accounting for federal funds provided to Arizona to address substance use disorders. Further, Arizona is supposed to get more than a half-billion dollars in Opioid settlement money over the next several years to help communities combat the ongoing opioid epidemic. Even with the additional Opioid settlement money, funding to address substance use disorder is considered insufficient to address community needs.<sup>3</sup> If funding to address substance use disorder is unmatched with need, this suggests that investments to reduce gambling-related harms in Arizona are in critical need of attention.

Gambling harm is a serious public health issue affecting the health, financial security, and social well-being of thousands of Arizonans with gambling problems and their close relations. Despite health implications, gambling harm has not historically been treated like harm from other addictions in terms of state budget investment, breadth of services, and access to specialized treatment.

Arizona Figures	Substance Use Disorders	Gambling Disorders
Past-Year Disorder Prevalence (estimate)	16.76% <sup>1</sup>	3.8% to 4.0% <sup>2</sup>
FY2023 Investment to Address Problem	\$75,776,047 <small>(Federal SAMSHA Grant to Arizona to address substance abuse) <a href="https://www.samhsa.gov/grants-awards-by-state/AZ/2023">https://www.samhsa.gov/grants-awards-by-state/AZ/2023</a></small>	\$3,320,000 <small>(\$3,020,000 from the AZ Benefits Fund, \$300,000 from the AZ Lottery, \$0 from federal funds)</small>

1. 2021 National Survey on Drug Use and Health (NSDUH)

2. Marotta, J., Yamagata, G., & Reohr, P. (2023). *Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents*. Phoenix, AZ: Arizona Department of Gaming

3. Andrews, C. M., Hinds, O. M., Lozano-Rojas, F., Besmann, W. L., Abraham, A. J., Grogan, C. M., & Silverman, A. F. (2023). State Funding For Substance Use Disorder Treatment Declined In The Wake Of Medicaid Expansion: Study examines state funding for substance use disorder treatment after Medicaid expansion. *Health Affairs*, 42(7), 981-990.

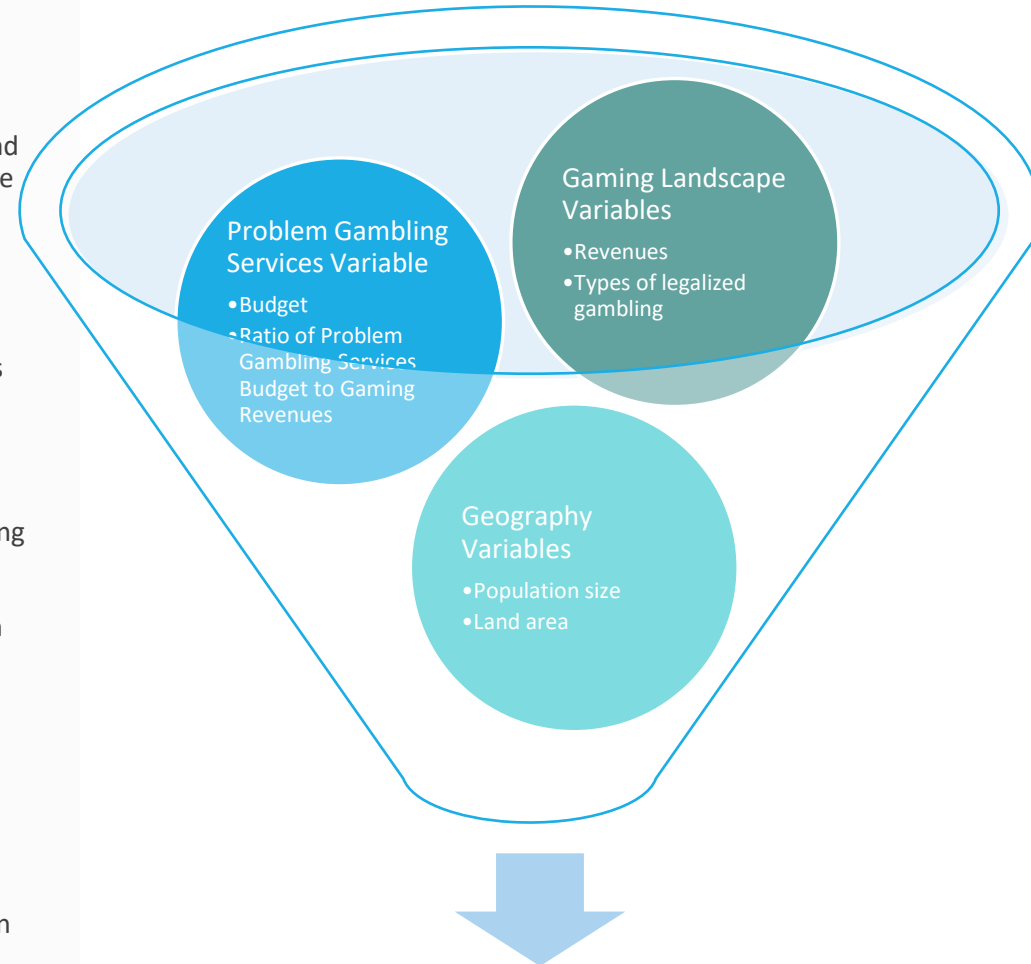
# Problem gambling services system comparisons with peer states

As previously described, several U.S. states have invested in setting aside dedicated funding for problem gambling services. Apart from limited efforts by the U.S. Department of Veterans Affairs and the U.S. Substance Abuse and Mental Health Services Administration, there has been a lack of federal spending and involvement in problem gambling services. In the absence of a federal agency designated to fund and guide programs and policies addressing problem gambling, individual state efforts have emerged that are often very divergent from one another in terms of funding levels, types of services, and administrative structure. To help state governments facilitate an informed and unified voice for the development of publicly funded problem gambling services, the National Association of Administrators for Disordered Gambling Services (NAADGS), was formed in 2000. Central to the NAADGS mission “to support the development of services that will reduce the impact of problem gambling,” the NAADGS has sponsored studies designed to survey state agencies from all U.S. states and the District of Columbia. These surveys provide a national picture of state-funded efforts to address problem gambling and document state-by-state programs and key resources.

By utilizing data from the most recent NAADGS survey of problem gambling services across the U.S., comparisons can be made between state problem gambling service systems. While it would be interesting to compare Arizona’s problem gambling service systems with those across the country with the highest gambling treatment numbers or other metrics of success, because state-by-state problem gambling service budgets and other factors differ so greatly, those types of comparisons would be less useful than making comparisons based on a select number of “peer states”.

For this evaluation effort, the evaluation team developed and implemented an approach to selecting Arizona problem gambling services “peer states”. While all states are unique in their problem gambling circumstances, peer groups can nonetheless serve as gross benchmarks against which to evaluate performance and identify potential areas of strengths and weaknesses.

There are many different approaches to identifying peer groups. For this study, we defined a set of variables that measure the degree to which states are similar to Arizona. These variables are identified in the graphic to the right. After the variables were identified and defined, they were then weighted and summed into a single number called the dissimilarity score. The smaller the number, the more similar states are to Arizona. A more detailed explanation of the construction of the dissimilarity scores is given in the Appendix under Task A.3. The results of the statistics revealed six state problem gambling service systems we termed “peer states” to Arizona’s problem gambling service system. These “peer states” were Connecticut, Iowa, Indiana, Louisiana, Minnesota, and Nevada.



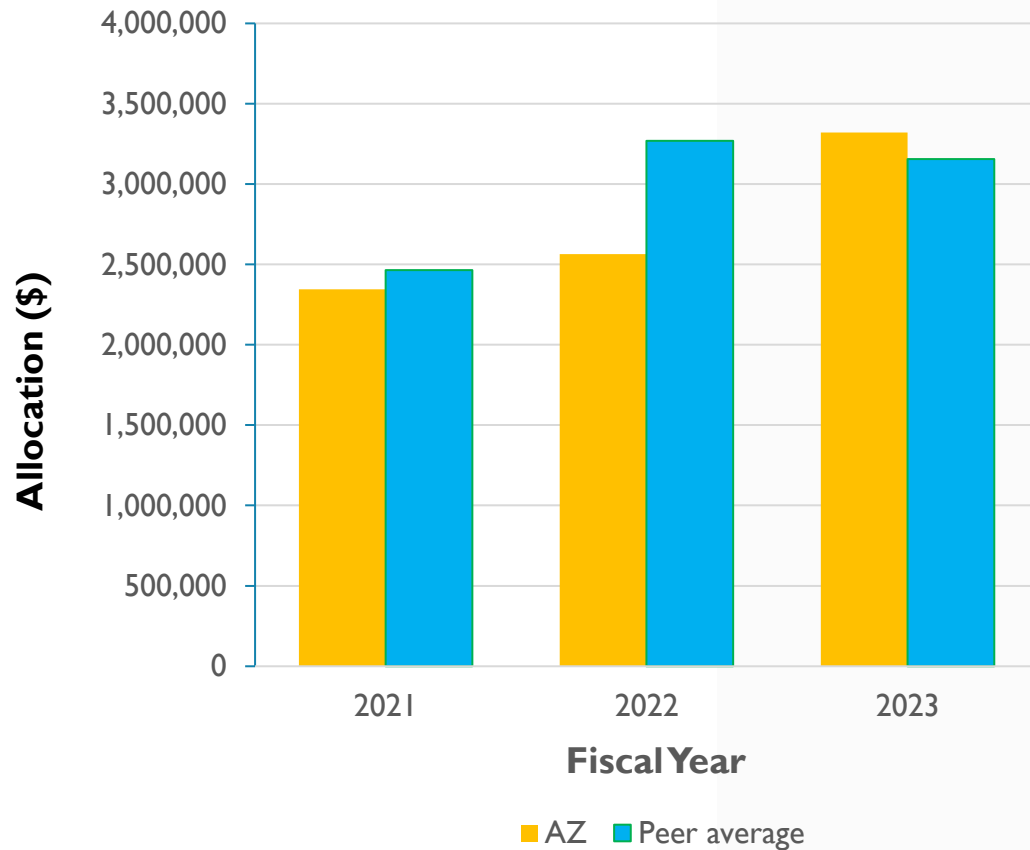
Problem Gambling Service System “Peer States”:  
*Connecticut, Iowa, Indiana, Louisiana, Minnesota, and Nevada*

# Problem gambling services system comparisons with peer states:

## Administrative structure

State	Problem Gambling Services Administrative Structure			
	Department / Division / Bureau	Function of organization	Number of FTE's	Comment
Arizona	Arizona Department of Gaming, Division of Problem Gambling	Gaming Services, Regulatory Agency	4.0	The DPG is the only problem gambling program housed within a gaming regulatory agency among peer states. Additionally, staff are utilized more for direct services than the peer states.
<b>Peer States</b>				
Connecticut	Dept. of Mental Health & Addiction Services, Problem Gambling Services	Human Services, under combined Mental Health & Addiction Services	3.5	Four staff consists of: Program Manager, Clinical Services Coordinator, Prevention Services Coordinator, and Office Manager. All services are contracted out.
Iowa	Dept. of Public Health / Division of Behavioral Health / Bureau of Substance Abuse	Public Health, under Addiction Services (Bureau of Substance Abuse)	2.5	Two core staff, an Executive Officer and a Health Facility Surveyor. A small portion of the IT staff is tasked to problem gambling along as the use of a contracted program consultant (740 hours per year)
Indiana	Family Social Services Admin. / Division of Mental Health & Addiction	Human Services, under combined Mental Health & Addiction Services	2	A single Program Director is assigned to problem gambling services. There is also one full time contracted program consultant. All services are contracted out.
Louisiana	Louisiana Dept. of Health – Office of Behavioral Health	Human Services, under combined Mental Health & Addiction Services	2	Two core program staff are the Program Manager and a recently hired prevention and outreach coordinator. All services are contracted out.
Minnesota	MN Dept. of Human Services, Behavioral Health Division	Human Services, under combined Mental Health & Addiction Services	2	The two staff assigned to problem gambling services are both titled, “Problem Gambling Program Consultants”. They share responsibility for monitoring contracts. All services are contracted out.
Nevada	Dept. of Public & Behavioral Health / Bureau of Behavioral Health Wellness & Prevention	Human Services, under combined Mental Health & Addiction Services	1.25	The program is administered by a Program Coordinator, aided by a contracted program consultant (325 hours per year). An Advisory Committee on Problem Gambling provides recommendations.

# Problem gambling services system comparisons with peer states: Allocations



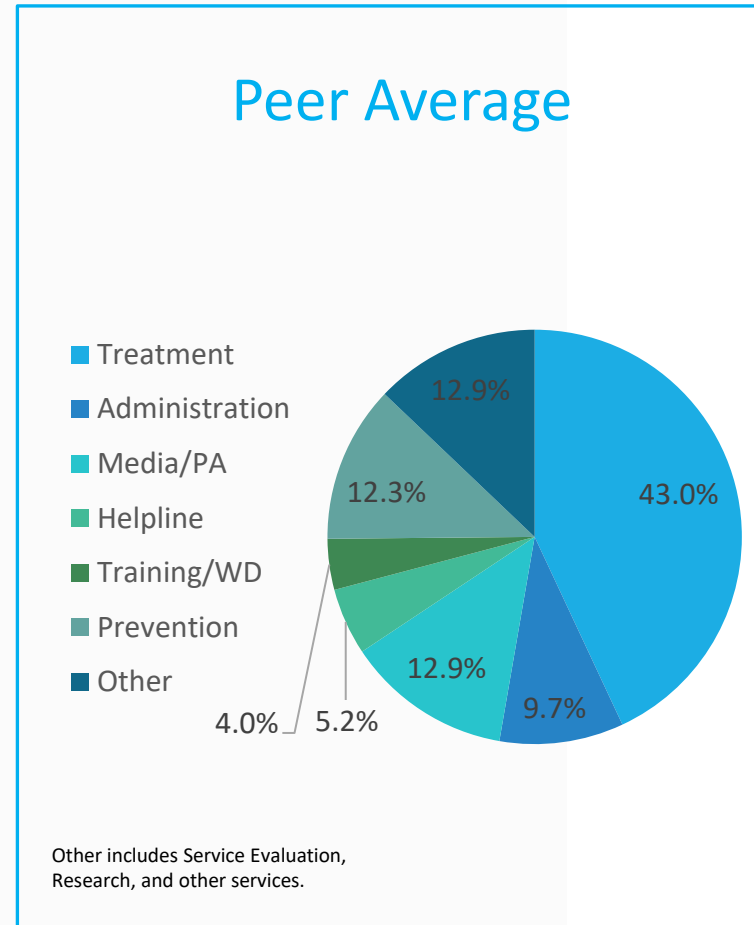
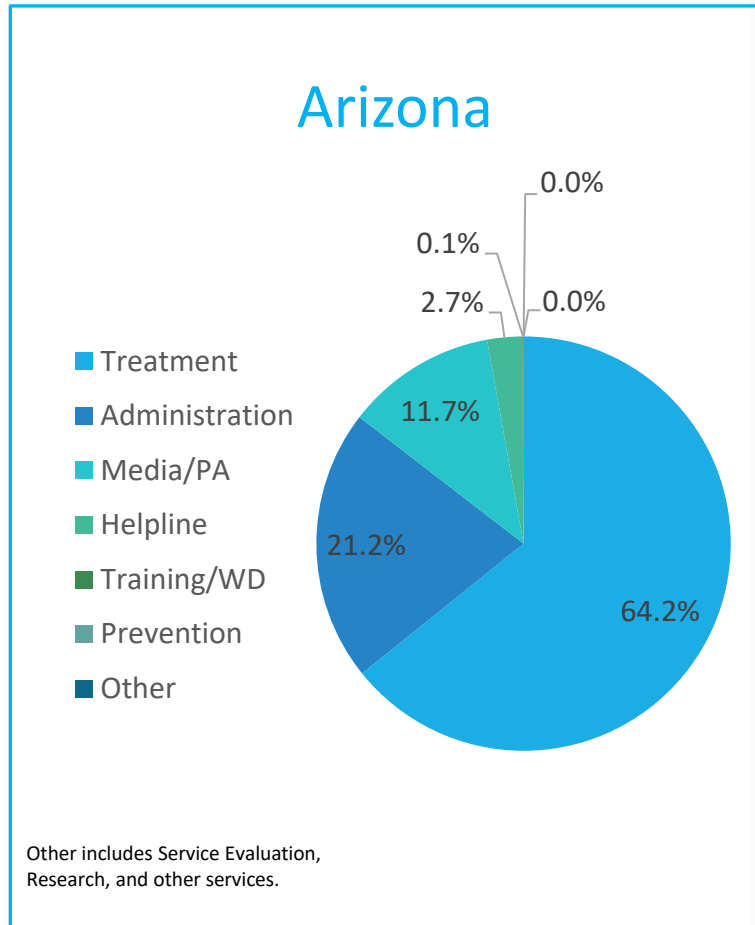
When comparing state-to-state problem gambling service systems, the program budget is viewed as the single most critical element and within the methods to establish the DPG peers, the budget was the highest weighted variable.

As depicted in the figure to the left, the peer state’s averaged problem gambling systems had budgets approximating DPGs. The ADG-DPG allocation grew 9% in FY22 and 29% in FY23. The FY23 growth rate reflects a significant increase in contributions that are mostly the result of revised Tribal-State Gaming Compacts. The average allocation for Arizona peer states increased by 33% in FY22 but *decreased* by 3% in FY22.<sup>1</sup> Only two peer states, (Connecticut and Louisiana) had material increases in FY23 allocations (Nevada had an increase of 0.9%). Iowa and Indiana had no changes and Minnesota had a 35% reduction in allocation.

The increases in problem gambling service budgets across the peer states are related to a wave of sports wagering legislation in several states that opened new gaming markets. Like DPG, half of the peer states reported challenges in spending down new funds due to the lingering impact of the pandemic on the workforce combined with relatively slow government decisions and procurement processes required for new services.

1. For FY23, Minnesota had a budget of \$7,181,285; however, \$3,492,513 has been carried over from unspent FY22 funds. That amount has been removed in the FY23 allocations. The 33% increase in the FY22 average peer allocation was largely due to a more than doubling of Minnesota allocation

# Problem gambling services system comparisons with peer states: 2021 allocations by program area



When comparing the DPG to the other problem gambling service programs within their peer group, a few notable differences can be observed.

- The DPG allocates a larger proportion of its budget to treatment (64%) than any of its peers. However, it also serves the greatest number of clients.<sup>1</sup>
- Another comparatively high spending category is administration. The primary explanation for this is that DPG categorizes all personal costs to administration even though some of those costs are for direct services rather than contract administration. Relatedly, DPG is the only program among its peers that operates a self-exclusion program, which is operated by DPG employees, and as such the DPG categorized its expenses under administration.<sup>2</sup>
- It is noteworthy that in FY21, DPG has not allocated any budget to problem gambling prevention services. The other peer states had relatively small prevention service allocations.

1. Within the NAADGS Survey, Indiana reported serving more clients than DPG, however, a portion of those served in Indiana were from brief intervention programs within its corrections system which is a lower level of care.  
 2. Indiana also utilizes some of its problem gambling services funding for self exclusion, which they categorized under "other", although the program is not administered by problem gambling services staff.



# DPG Service Component Evaluation

The following sections provide details for each problem gambling service component that has been provided by the Division of Problem Gambling:

Prevention, Public Awareness, Helplines, Workforce Development, Treatment, and Self-Exclusion





# Problem Gambling Prevention

# Introduction to problem gambling prevention

Arizona problem gambling prevalence rates appear to be on the rise among adults<sup>1</sup> and findings from the Arizona Youth Survey State Report (2022) found a significant increase in gambling participation among youth.<sup>2</sup> These findings suggest there is a growing need to engage in problem gambling prevention efforts.

The Center for Substance Abuse and Prevention (CSAP) distinguishes six primary strategies for prevention, including information dissemination, education programming, providing alternative activities, problem identification and referral, community-based processes, and making changes within a given environment. Within a larger statewide problem gambling services system, public awareness efforts (e.g., information dissemination) are typically broken out programmatically with distinct budgets and contractors. Therefore, public awareness received its own section within the present report even though public awareness efforts conceptually fit under the larger CSAP prevention model and overlap with many of the other strategies.

Interventions for gambling harm prevention tend to focus on strategies in the primary, secondary, and tertiary prevention categories:

1. Primary prevention efforts for problem gambling target individuals who currently do not gamble or who gamble but do not exhibit problem gambling behaviors. An example is integrating the topic of gambling into middle school health promotion curriculums.
2. Secondary prevention efforts of problem gambling target individuals who currently participate in gambling activities to screen for early signs of problematic behaviors. An example is the DPG website's "Take the Self-Assessment Quiz".
3. Tertiary prevention efforts for problem gambling include harm-reduction models and treatment interventions to eliminate problematic behaviors. An example is the DPG self-exclusion program and treatment services aimed at reducing further gambling-related harms.

## Primary prevention

- Preventing gambling behaviors
- Example: Student education

## Secondary prevention

- Early detection of problem gambling
- Example: Screening, time-out tools

## Tertiary prevention

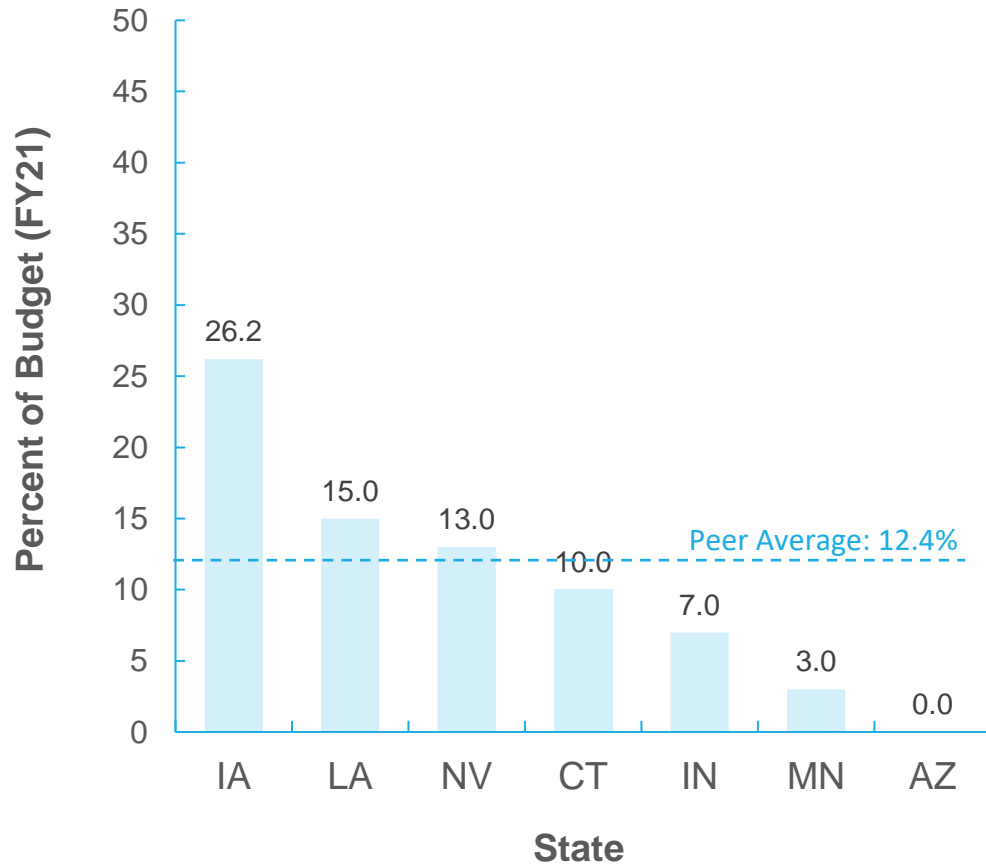
- Management and minimization of harm
- Example: Counseling, financial barriers

***For the present evaluation and report, "problem gambling prevention" has been limited to primary prevention as secondary and tertiary prevention efforts fall under different DPG program components.***

1. Volberg (2003) reported past-year problem gambling prevalence, based on the SOGS-R, was 2.3% compared to 3.9% -4.0% in 2013 as found in the current project's general population survey.

2. Refer to Task A.1. report: Review of Arizona-based Prevention and Public Awareness studies

# What percent of budget does DPG allocate to prevention services?



In contrast to peer states, Arizona did not allocate a budget specifically for prevention services in 2021, in part due to COVID-19-related impediments as well as not having their Prevention & Outreach Administrator position filled at the time.

Importantly, this does not mean Arizona did not provide any preventative efforts to address problem gambling state-wide. As previously discussed, prevention covers a wide range of services falling under primary, secondary, and tertiary prevention. The DPG implemented several public awareness programs (covered in the next section) as well as other programs that fall under secondary and tertiary prevention. The graph to the left refers to primary prevention efforts.

Iowa allocated the largest amount to prevention spend (26.2%). Iowa funded “Improving Tomorrow: Prevention Focused Mentoring” and 19 prevention agencies that implemented various services including community readiness assessments, high school and college gambling health education, parent education, coalition building, and policy change initiatives. Iowa’s problem gambling services are housed in the Department of Public Health, placing them in a favorable position to leverage their existing statewide prevention infrastructure to add problem gambling prevention programming.

# How are DPG prevention services administered?

In more recent years, there has not been a budget specifically set aside for primary prevention strategies. However, other program areas that are funded, such as public awareness, helpline, workforce, and treatment contribute to reducing gambling-related harm. More recently, a Prevention and Outreach Administrator was hired to help revive DPG prevention programs.

In the past, DPG disseminated educational materials to schools (e.g., CD-ROMS, PowerPoint presentations, workbooks), free materials that can be ordered through the department, and online access to educational materials on topics such as problem gambling warning signs, online gambling, youth gambling, and casino nights. Additionally discussed in workforce development efforts by the DPG, stakeholders, allied professionals, and members of the public are all invited to attend an annual symposium, which creates the potential to not only reach the public but inform other relevant professionals about services available.

Over the last several years, the DGP has relied on 3 initiatives to deliver problem gambling prevention services:

- **Problem Gambling Prevention Community Grants (launched in 2020 and discontinued in 2021).** DPG worked with ACGC (Arizona Criminal Justice Commission) to offer grants to entities interested in integrating problem gambling materials/information into existing efforts. Had 4 applicants resulting in 2 awards. One declined the award and one accepted (Onward Hope). Onward Hope utilized the grant to add the topic of gambling and problem gambling to their curriculum to help young people successfully transition out of foster care. Due to the low response rate of community grant applications, the problem gambling community grant program was discontinued after one year.
- **Contracted with Consultant Group to Advise on the Development of Prevention Services (FY2013).** Contracted with Partners in Brainstorms to conduct a study to inform the development of problem gambling prevention services, along with other problem gambling services. The report provided several recommendations. Due to staff turnover and budget constraints, most recommendations were not enacted.
- **Problem Gambling Awareness and Prevention Presentations available by request (ongoing service 7+ years).** Division staff directly provide or make accommodations for problem gambling-related presentations at the request of community organizations. Over 30 such presentations were provided over the past 7 years.

These initiatives have, for the most part, not been sustained over the years; however, presentations by request continue to be available.

# How do DPG prevention services compare to peer states?

In peer states, problem gambling service administrators tend to capitalize on existing infrastructures. For some, that is utilizing their state affiliate to the National Council on Problem Gambling (NCPG) when that organization is well developed and resourced with problem gambling prevention expertise (e.g., NV, MN). Arizona’s state affiliate to the NCPG is not well-resourced nor developed to carry out primary prevention projects. More commonly the infrastructures that problem gambling service administrators use are connected to substance use primary prevention systems. The federal government, through SAMHSA, provides Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) to every U.S. state. SAMHSA requires that grantees spend no less than 20% of their SUBG allotment on substance use primary prevention strategies. These federal funds have been used over the years to develop substance use prevention systems. As gambling disorder is classified as an addiction disorder by the American Psychiatric Association, at the state level some problem gambling service administrators successfully argued for and funded, the integration of problem gambling prevention in other statewide addiction prevention programs. See the below table for those peer states that have integrated problem gambling prevention into elements of their substance use prevention system or behavioral health promotion system.

State	FY2021 Prevention Services Provisioning	Integration of SAMHSA’s Strategic Prevention Framework	PG Administrative Rules Integrated into Behavioral Health Prevention
AZ	Government employees and contractors (historical)		
CT	Government employees and contractors	X	X
IA	Contracted out	X	X
IN	Government employees and contractors	X	
LA	Government employees and contractors		X
MN	Contracted out		
NV	Contracted out		

# SWOT analysis of prevention services

## S

### Strengths

- The ADG leadership and Division staff have a strong motivation to build problem gambling prevention services and appear committed to that effort. The DPG recently hired a Prevention & Outreach Administrator enabling increased staff time to be devoted toward developing problem gambling prevention services.
- Additionally, DPG has commissioned studies and consultation services that provided valuable insights into community needs and promising prevention services.
- The DPG recently hired a Prevention & Outreach Administrator, which allows for focused efforts on program improvements.

## W

### Weaknesses

- ADG problem gambling services funding levels have not been sufficient to develop a robust problem gambling prevention service system. Without a strategic plan for problem gambling prevention, it is difficult to plan for funding needs.
- The DPG is not well-connected with state's broader prevention services network administered by the Regional Behavioral Health Authority. While, systemically, problem gambling prevention efforts are housed separately from broader prevention efforts in the state, collaboration with the larger behavioral health authority may increase prevention and public awareness reach.
- The state's prevention workforce has historically not attended problem gambling service trainings in large numbers and may currently not possess the needed knowledge nor motivation to weave the topic of problem gambling into their current prevention and community health promotion activities.

## O

### Opportunities

- More recent internal and external environmental changes suggest there will be greater support for problem gambling prevention services. These include a well-qualified ADG Prevention & Outreach Administrator, a new ADG Executive Director, and a supportive Governor's Office.
- Additionally, increased problem gambling services funding open new opportunities to increase investments in problem gambling prevention campaigns.

## T

### Threats

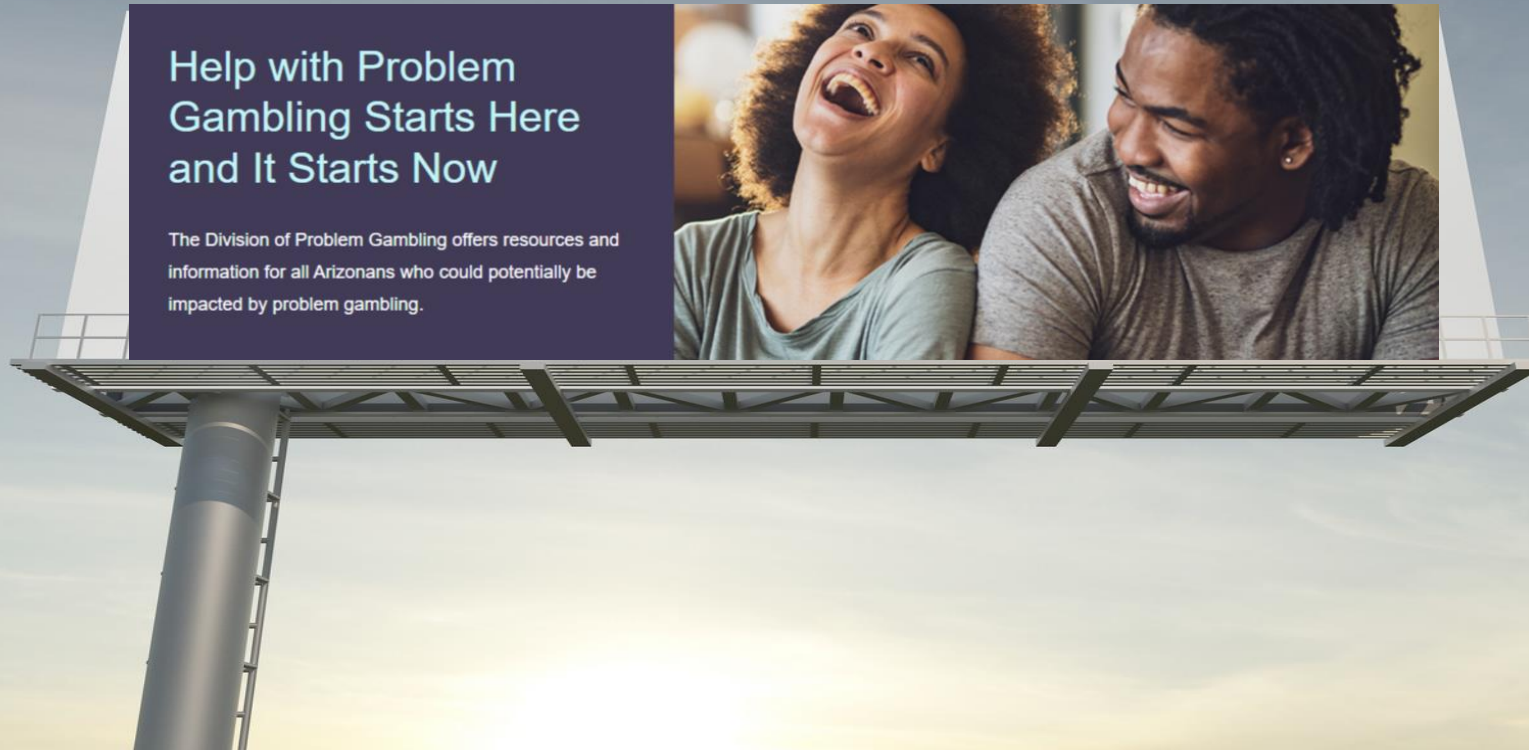
- Successful community-wide prevention programs tend to be very resource intensive, take years of implementation to effect lasting change, and are among the most difficult and costly programs to evaluate. These challenges create significant barriers to implementing and sustaining prevention programs that produce community-wide impacts.
- The K-12 educational system is under-resourced, under-staffed, and faced with meeting core education standards that leave little room for adding new curriculum content. While most experts agree a key to successfully preventing gambling-related harm rests in the education of youth, little opportunity exists to add gambling-related content to educational curriculums.

# What are areas in which DPG can make program improvements?

There are several areas in which DPG can make problem gambling primary prevention program improvements:

- **Increase investments of resources and funding for problem gambling primary prevention**
  - A review of the ADG Division of Problem Gambling budgets over the past 6 years reveals insufficient funding to support needed levels of problem gambling prevention and public awareness efforts to address growing concerns over gambling-related impacts on the public's health.
  - If increased program funding is realized, shift the prevention effort focus to more upstream harm prevention.
- **Develop collaborations and cross-sectoral partnerships**
  - Effective problem gambling prevention efforts will require strong partnerships with community leaders and trusted organizations. Partners can provide valuable perspectives on strategy, needs, and delivering culturally responsive public health campaigns. Work with educators to learn about unique needs for youth gambling prevention.
  - Develop initiatives to bring problem gambling into existing primary prevention efforts. Educate prevention workers on the impacts of problem gambling on the public health issue they are tasked to address (e.g., suicide reduction, Opioid epidemic) to bring various community organizations together to collectively focus their expertise and resources on health promotion.
  - Utilize culturally- and community-specific partnerships to target vulnerable communities (e.g., youth, older adults, college students, BIPOC, houseless, military and veterans, mental health history, those involved in the criminal justice system, etc.).
- **Utilize evidence and develop a plan to meet prevention needs in the state**
  - A public health approach to reducing gambling harms should include primary prevention efforts and evidence is the foundation of the public health approach. The present evaluation provides several data points and information to inform future problem gambling prevention efforts.
  - Developing a statewide problem gambling prevention system requires careful planning. Continue to assess prevention needs in Arizona (e.g., problem gambling disparities, and vulnerable groups) and develop a plan to address them. It takes time to see results from a successful prevention system; ongoing funding, resources, and dedicated staff will need to be in place for several years.
  - Prioritize developing a diverse team of prevention leaders to effectively reach vulnerable communities. Highlight lived experiences, work with family systems and communities to discuss the effects of gambling, expand culturally specific efforts, and provide prevention campaigns in several languages. Gambling looks different across cultural groups and has varying levels of problematic impact; effective prevention efforts will need to be proactive and inclusive.
  - Look to other states that have well-developed problem gambling prevention services to help guide system development and funding needs.





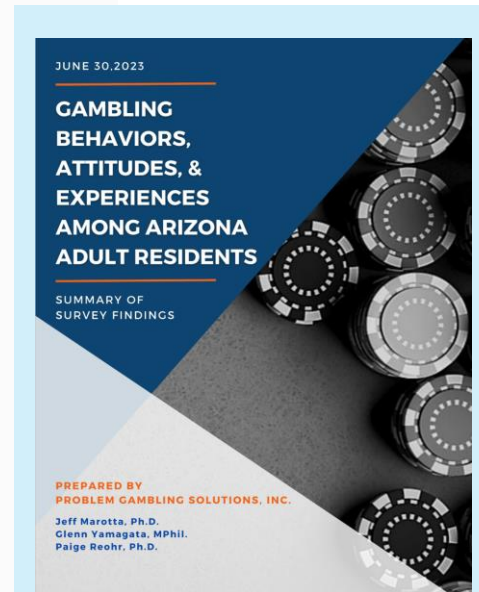
# Public Awareness

# What are problem gambling Public Awareness services?

When most people think of problem gambling prevention, they think of information campaigns targeted specifically at gambling. These are often categorized as information/awareness campaigns or responsible gambling campaigns. These initiatives can use various media, including social media, websites, print, radio, and television to disseminate information. The efforts are commonly directed at the general public; however, they could be designed for groups identified as having higher problem gambling risk, such as youth or the elderly, or at gatekeeper groups such as parents or medical professionals, or in the case of responsible gambling campaigns they may target persons who gamble by virtue of placement on gambling products and within casinos, sports books, betting websites, or other gambling venues. Common information/awareness marketing and advertising efforts consist of one or more of the following elements:

- Encouragement to ‘know your limits’ or ‘gamble responsibly’.
- Warnings about the potential addictive nature of gambling.
- Identification of the signs/symptoms of problem gambling.
- Information about where people can go for help or more information on problem gambling.
- Efforts to dispel common gambling fallacies and erroneous beliefs.
- Provision of guidelines and suggestions for problem-free gambling.

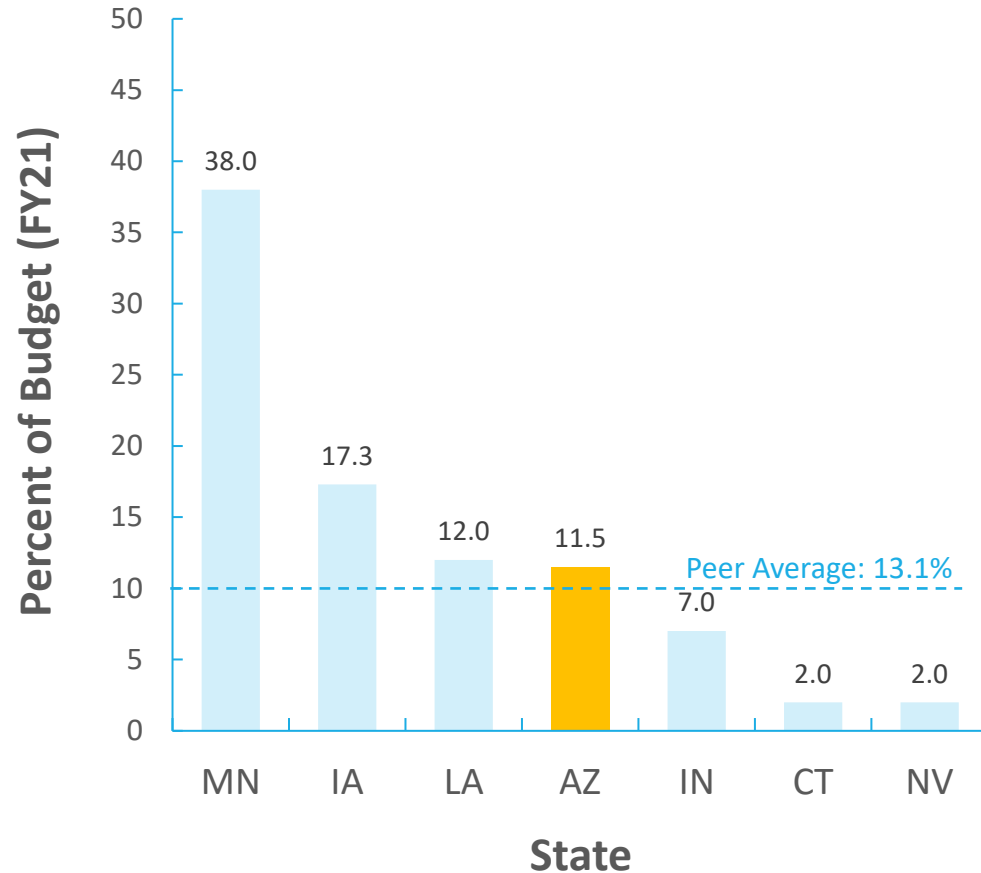
Problem gambling awareness campaigns are relatively common across many jurisdictions, and existing evidence suggests that improvements in knowledge and awareness are reliably produced in people who attend to these messages but have limited impact if people are not explicitly asked to attend to the information or have no intrinsic interest in it. There is a considerable amount of literature on the utility of public education and awareness campaigns for other health behaviors that contain lessons for the problem gambling field. In general, research has found that sustained information/awareness initiatives have significant potential to improve people’s knowledge and/or change their attitudes at a community-wide level. Arizona’s efforts to raise awareness of its problem gambling helpline have data supporting the finding that sustained messaging changes community-wide knowledge. In the 2023 general population study conducted as part of the present evaluation,<sup>1</sup> 35% of respondents were aware of Arizona’s helpline (1-800-NEXT-STEP). That is a 9-fold increase from 2010 when only 4% of Arizonians reported they were aware of the helpline (based on a problem gambling awareness survey conducted by Behavior Research Center). Other findings from the 2023 general population survey justify continued public awareness efforts including only half of Arizonians responded that “if someone close to me had a gambling problem, I would know how to get help for them.”



*The above report provides insights in the effectiveness of Arizona’s problem gambling public awareness efforts along with information about higher risk groups that could benefit from more focused problem gambling awareness efforts.*

1. Refer to the project report entitled: “Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents” for further information.

# What percent of budget does DPG allocate to Public Awareness serves?



Arizona allocated 11.5% of its budget to public awareness in FY21, which it used to fund media buys, marketing services, website operations, outreach operations, and other public awareness functions. In FY16 (the most recent year of comparable data), AZ allocated 27% of its budget to public awareness services. The difference is likely due to changes in priorities, as well as the impact of the COVID-19 pandemic, which severely curtailed services, such as outreach operations.

The average public awareness budget allocation among its peers was 13.1%, about 14% higher than Arizona's allocation. Minnesota allocated the largest percentage (38%), which is more than 3 times larger than Arizona's spend. Minnesota's Department of Human Services funds a statewide public awareness initiative, which includes two websites – one that targets the general population and one that targets young adults. Arizona's DPG also manages its own website that is mainly designed for the general community but also contains information and resources for professionals either interested in or currently contracting with the DPG for treatment services.

In FY21, Connecticut and Nevada allocated 2% of their budgets to public awareness, about 83% less than Arizona. However, increased FY22 and FY23 budgets for Nevada and Connecticut have led to a narrowing of that gap.

# How are DPG Public Awareness Services Administered?

The DPG uses in-house staffing and external contractors to provision its problem gambling public awareness services. In terms of in-house staffing, it relies on 1 FTE that oversees both its outreach (public awareness) activities, as well as its prevention efforts. This person, the Prevention and Outreach Administrator, reports to the Director, the Division of Problem Gambling, who works with staff on developing program initiatives and direction. The DPG also relies on professional services for some of its public awareness services. For example, in FY23 it had a \$350,000 contract with an advertising and marketing company to provide large-scale marketing campaigns.

One-third of Arizona's peers (Indiana and Louisiana) also relied on both in-house staffing as well as external contractors to provision its public awareness services. The remaining peers (Connecticut, Iowa, Indiana, and Nevada) relied solely on external contractors to deliver their public awareness services.

Over the last 5 years, the DGP has relied on 4 initiatives to deliver problem gambling public awareness services:

- **Mass media campaigns:** DPG has initiated problem gambling public awareness campaigns designed to meet broad audiences through mass media (television, radio, and print). Over the last 2 years, it has focused on sporting events, following the passage of legalized sports wagering in September 2021. As one example, it ran ads earlier this year during the Super Bowl that was hosted in Arizona.
- **Online platform (website):** The DPG has a dedicated problem gambling website (<https://problemgambling.az.gov/>) that serves as a problem gambling informational and resource platform. The website is user-friendly and also enables a live chat service.
- **Community education programs:** The DPG offers free, informational presentations to schools, parent organizations, behavioral and/or mental health agencies, and others. Presentations are educational and interactive; they can be tailored to the needs and demographics of targeted audiences.
- **Trainings and distribution of materials:** Through its workforce development services, the DPG provides trainings that raise public awareness of problem gambling and provides problem gambling materials to community events and schools, as their request. One notable example is DPG's Annual Problem Gambling Symposium, which is targeted towards clinical training designed for clinicians.

These initiatives are designed to reach different audiences in order to ensure broad-based messaging. However, the DGP has also narrowcasted its messages to several targeted audiences, including youth, college students, older adults, military and veterans, and those with mental health histories. Many of its peers narrowcast to the same audiences but also have different audiences, such as incarcerated individuals (83% of peers) and athletes (50% of peers).

The DGP also collaborates with the Arizona Lottery Commission on public awareness campaigns (such as promoting the helpline number (1-800-NEXTSTEP). In addition, the Arizona Department of Gaming works with the tribal casinos on public awareness campaigns, such as self-exclusion signage at casinos and with their event wagering licensees.

# SWOT analysis of public awareness program

## S

### Strengths

- The DPG problem gambling public awareness efforts have generated significant awareness of Arizona’s helpline (1-800-NEXTSTEP). In 2010, only 4% of Arizonians reported they were aware of the helpline.<sup>1</sup> In 2023, that percentage increased 9-fold to 36%.<sup>2</sup> This is an indication of the effectiveness of the program.
- The DPG has developed multiple channels to increase the public’s awareness of problem gambling assistance and available resources that be can expanded and built upon: 1) online channel through its dedicated website (with chat functionality), 2) mass media broadcast messaging, and 3) community-based educational programs.
- The DPG recently hired a Prevention & Outreach Administrator, which allows for focused efforts on program improvements.
- The DPG has a dedicated problem gambling website that is current, well-structured, employs therapeutic elements, and serves as a strong conduit and hub for various programs and services provided by the DGP and other organizations.

## W

### Weaknesses

- The DPG funding levels are not conducive to supporting comprehensive and extensive problem gambling public awareness campaigns. Some states, such as Oregon and Ohio, spend more on problem gambling awareness than the entirety of the ADG problem gambling services budget.
- Some print materials designed to increase problem gambling public awareness are dated and would benefit from updating.
- The absence of a current problem gambling public awareness strategic plan hampers the ability to strategically invest in public awareness initiatives.
- Problem gambling and responsible gambling public awareness partnerships and collaborations with Arizona tribes and gaming operators appear limited, which inhibits the creation of a more powerful and unified messaging strategy.

1. Problem Gambling Awareness Survey – Arizona (June 2010), Behavior Research Center.

2. Refer to: Marotta, J., Yamagata, G., & Reohr, P. (2023). Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents. Phoenix, AZ: Arizona Department of Gaming

## O

### Opportunities

- Increased problem gambling services funding opens new opportunities to increase investments in problem gambling public awareness efforts.
- Concerns regarding problem gambling have increased with the legalization of sports wagering; this could increase the readiness of allied providers to learn more about problem gambling and its impact on the populations they serve.
- There appears to be an increased level of cooperation and readiness to partner with tribal gaming operators in working together on advancing responsible gambling and problem gambling education.
- The DPG recently commissioned a Panel Survey of Gambling Behaviors and Attitudes among Arizona adults that can be used to both inform future problem gambling public awareness efforts and to increase public awareness via press releases.

## T

### Threats

- Expansion of sports betting (mobile and land-based) increases the risks of public harm resulting from gambling and the need for increased levels of problem gambling public awareness.
- The normalization of gambling, particularly among the youth, has increased in recent years, leading experts in the field to predict a rise in problem gambling unless strong countermeasures are taken to increase the public's awareness of the risks associated with gambling and to promote safer gambling practices.
- The upcoming elections will create challenges for utilizing mass media to promote problem gambling public awareness due to the increased noise within advertising markets during election campaigns.

# What are areas in which DPG can make program improvements?

There are several areas in which DPG can make problem gambling public awareness program improvements:

- **Increase investments in public awareness:**
  - A review of the ADG Division of Problem Gambling budgets over the past 6 years reveals insufficient funding to support needed levels of problem gambling public awareness efforts to address growing concerns over gambling-related impacts on the public's health.
  - The DGP's current practice of prioritizing public awareness investments over prevention program investments should be continued if problem gambling service funding remains below \$5 million annually due to challenges in mounting prevention programs, that are both effective and have a wide impact, with limited funds.
- **Increase intentionality and efficiency:**
  - While the DGP's community education program has the potential to develop new partners and collaborators, many of the activities appear to have limited reach, to have not resulted in enduring collaborations, and are time-consuming from a staff resources perspective. Limited staff time may be better utilized in developing and managing contracted services that are strategic and intentional.
  - Consider developing contracts for services utilizing persons with problem gambling lived experience to serve as educators, advocates, and ambassadors of problem gambling awareness and problem gambling recovery. Persons with lived experience are often more effective messengers than program staff without lived experience.
- **Seek partnerships:**
  - It will take a broad and coordinated effort to most effectively increase problem gambling awareness.
  - Tribal gaming operators have the potential to be strong partners in developing the capacity to address problem gambling among casino patrons. Additionally, collaborations with tribal health services could be useful in developing culturally specific services to reach tribal members in need of assistance.
  - Explore opportunities to partner with other state agencies and providers of prevention services to integrate the topic of problem gambling into health promotion efforts where there is a good fit.
- **Develop a plan to meet Arizona's public awareness needs:**
  - Developing a statewide problem gambling public awareness system is a challenging task made more difficult with limited funding. Consider investing in the development of a problem gambling services strategy plan that details how, when, and where public awareness services will be developed and supported.
  - Consider prioritizing the expansion of social media efforts to improve reach to younger populations and include messaging that dispels attitudes that many have regarding problem gambling.
  - Continue prioritizing problem gambling messages towards sports wagering. The 2023 Arizona survey also revealed that the rate of Arizonians using Internet-based platforms to wager on sporting events increased two-fold (from 10% to 21%) following the legalization of sports wagering in Arizona (September 2021).
  - Look to other states that have well-developed problem gambling services to help guide decisions on future investments. Utilize lessons learned, experience of others, and available data to drive program planning and decisions.



# Helpline Services



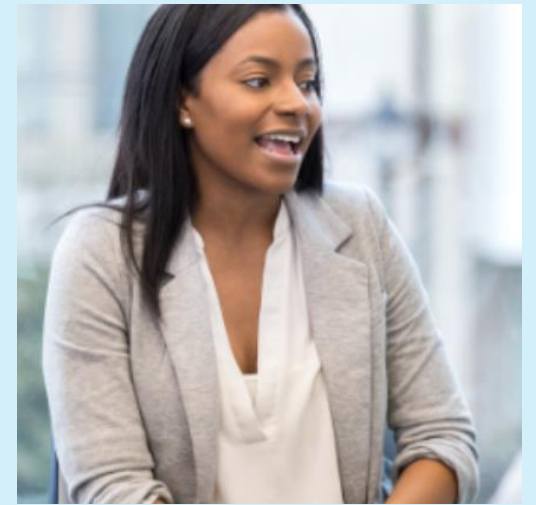
# What are problem gambling helpline services?

Gambling helplines have become an important component in the treatment system for disordered gambling, and act as an essential first point of contact for gamblers. In addition to receiving problem gambling resource information, individuals contacting helplines might also receive crisis intervention services. Helpline workers are trained to handle crisis calls, be active listeners, and use non-judgmental and compassionate support.

Helpline services have several defining characteristics, namely 1) contact modality (phone, text, and chat), 2) availability (usually 24/7), 3) degree of confidentiality, 4) type of multi-lingual support, 5) type of staff training, 6) availability of direct referrals, and 7) extent of information provided (e.g., general material and self-help guides).

In Arizona, the DGP offers helpline services by phone (1-800-NEXT-STEP), text (NEXTSTEP to 53342), and chat (through DGP's dedicated problem gambling website - <https://problemgambling.az.gov/>). All of Arizona's peers also offer these three helpline channels; however, they are not always funded using state funds.<sup>1</sup>

Based on a review of the academic literature,<sup>2</sup> helplines seem to be an effective way to provide brief interventions for problem gambling and connect individuals or families with help. Sometimes, the very act of reaching out is a form of therapeutic experience in its own right; the initial contact can be a form of significant relief, assurance to the caller that s/he is not alone.



Arizona Department of Gaming,  
Division of Problem Gambling,  
HELPLINE

## Assistance & Resources for Gambling Problems

Speak confidentially with a Master's  
Level clinician through Arizona's 24/7  
helpline:

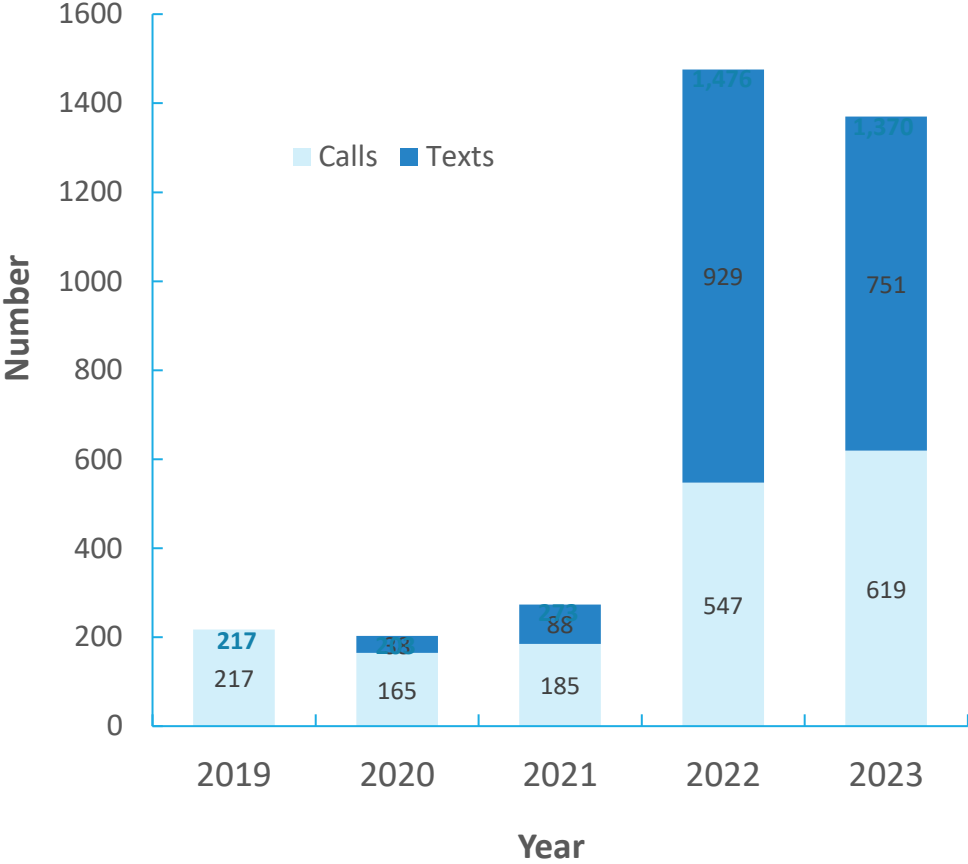
 **1-800-NEXT-STEP**

or text:

 **NEXTSTEP to 53342**

1. Nevada, for example, funds its helpline operations using non-state monies 2. Refer to Supplemental Report Task A.2. - Review of Public Awareness Efforts

# What has been the trend in Arizona helpline service activities over the past 5 years?



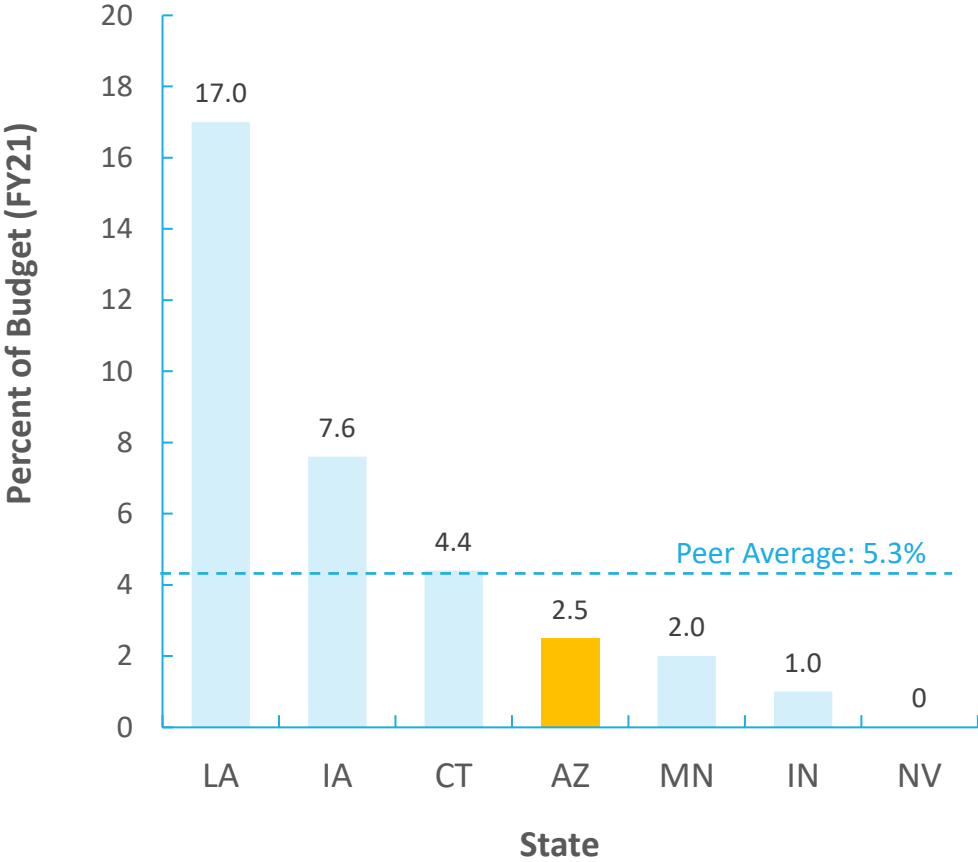
Total helpline activity remained relatively steady between 2019 and 2021. However, in 2022 helpline activity volume surged by about 450%, with both channels experiencing explosive growth: call volume increased by 200% and text volume by 950%.<sup>1</sup> In the following year, total activity remained elevated, albeit 7% lower than in 2022. Over the past 2 years, text activity has accounted for a majority of helpline service activity.

Such explosive growth rates rarely occur in isolation; they are typically driven by significant environmental factors. Two such factors are plausible. First, following the tail end of the COVID-19 pandemic, commercial casino revenues dramatically rebounded by 450% between 2020 Q1 and 2021 Q1,<sup>2,3</sup> indicating a corresponding increase in gambling activity. Second, and perhaps more importantly, Arizona legalized sports wagering in September of 2021. That initially led to \$4.5 billion of gross wagering receipts in FY22, followed by a 38% increase to \$6.1 billion in FY23. Those are substantial figures, given that receipts from sports wager was \$0 in FY21.

Further evidence that links the arrival of Arizona sports wagering and increased helpline activity is the 600% increase in individuals calling the helpline due to problems with sports wagering in 2022 and a further 5% increase in the following year.

1. Text services was initiated in 2020. The reported numbers include motivational text messaging services offered by Lifeworks.  
 2. Revenues increased from about \$2 billion to \$11 billion. See [www.americangaming.org](http://www.americangaming.org). 3. Note, problem gambling symptoms often occur with a lag to increases in gambling activity levels.  
 3. <https://gaming.az.gov/resources/reports>.

# What percent of budget did DPG allocate to helpline services in FY21?



Arizona allocated 2.5% of its budget to helpline services in FY21, less than one-half of its peer average of 5.3%. It, like all of its peers, outsourced the provision of helpline services. Louisiana allocated the largest amount to helpline services (17%). This is partly due to 1993 legislation (Act 200) that requires LA to provide a 24-hour, toll-free telephone service, operated by persons who can assist individuals suffering from problem gambling behavior.

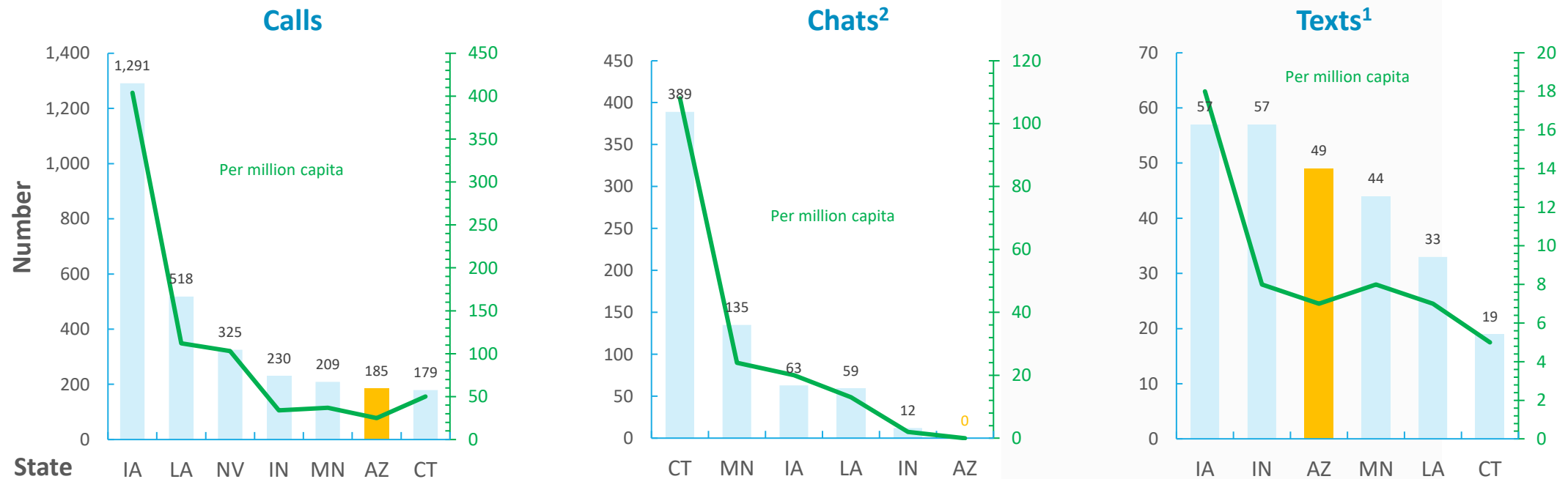
In Nevada, problem gambling helpline services are provided by the NCPG and funded through private monies. Hence, helpline services are not attributed to state funding.

# How does Arizona helpline service activities compare to its peers, in FY21?

In FY21, Arizona logged 185 calls, which ranked it 6<sup>th</sup> compared to its peers, slightly exceeding Connecticut with 179 calls.<sup>1</sup> In per million capita terms, Arizona had 25, which was the smallest number among its peers. Iowa had the largest number of calls with 1,291 and also the largest per million capita calls (404). Notably, Minnesota, which allocated about 7 times more of its budget to helpline services, compared to Arizona, had only modestly higher activity levels. The overall peer average number of calls was 459, and the average per million capita was 109.

In terms of chats, Arizona reported no chat contacts, while Connecticut had the largest number (389). The peer average number of chats was 110, and the average per million capita was 28.

In terms of texts, Arizona logged 49 texts, which ranked it 3<sup>rd</sup> among its peers. Iowa and Indiana both had the largest number of texts with 57, and Connecticut had the lowest (19). The peer average was 43, and the average per million capita was 9.



1. Nevada has been excluded from the charts since no helpline activity data was available.  
 2. Refer to Marotta, J. & Yamagata, G. (2022). 2021 Survey of Publicly Funded Problem Gambling Services in the United States. Wheatland CA: National Association of Administrators for Disordered Gambling Services, for further details.

# How are DPG Helpline Services Administered in FY21?

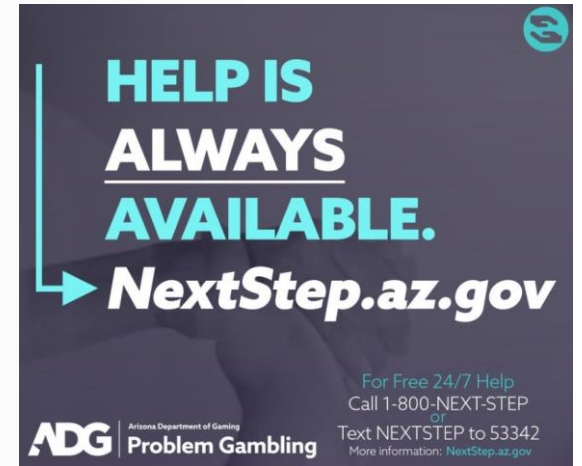
The DPG contracts out its helpline services to Telus Health, formerly Lifeworks, one of the most popular problem gambling helpline providers, based out of Chicago. The helpline responders are professional counselors who are not necessarily certified in problem gambling. All of Arizona's peers also contract out helpline services to organizations specializing in helpline services. Staff requirements for these companies vary between professional counselors with no problem gambling certification, certified problem gambling counselors, and Master's level counselors with at least 5 years of experience in problem gambling, addiction, substance abuse, and mental health counseling.

The DPG offers helpline services via voice, text, and chat, as do all of its peers. Through these channels, the DPG delivers the following types of helpline services: 1) Information, crisis intervention, and referral, 2) Warm transfer services, 3) Public awareness (which is partly executed through its dedicated problem gambling website), and 4) Motivational texting. These service offerings are similar to what is offered by its peers with two exceptions. First, only one of its peers (Iowa) offers motivational texting. Second, most of its peers offer follow-up services or routine call-backs to check on referral statuses.

Educating the public about DPG's helpline services is also part of program administration (so it overlaps with its public awareness efforts). The DPG relies on 5 channels to promote its helpline services; they include television, billboards, digital, radio, and print/signage. The DPG is not alone in promoting the gambling helpline; the Arizona lottery prints the helpline number on all scratch-in tickets, displays it on their website, and includes the number on their responsible gambling materials. Tribal casinos and all ADG-licensed gaming operators post gambling helpline information in casinos, on sales outlets, and websites.

Based on 2023 helpline reporting data, casino signage was the most common source of recognition for its 1-800-NEXT-STEP helpline. This result is similar to what was found in a recent Arizona-based survey conducted for this evaluation.<sup>1</sup> In that survey, 38% of respondents reported seeing or hearing about the helpline number from casinos, second only to television, which had a 39% recognition rate.

The four media channels used by Arizona are very similar to those used by its peers, except that 4 out of 6 peers also promote their helpline services in newspapers.



1. For details refer to: Marotta, J., Yamagata, G., & Reohr, P. (2023). Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents. Phoenix, AZ: Arizona Department of Gaming

# SWOT analysis of helpline services program

## S

### Strengths

- The ADG Division of Problem Gambling contracts with a nationally known problem gambling helpline provider (Telus Health, formerly Lifeworks) that has a reputation for offering quality services.
- The problem gambling helpline services are relatively expansive, including providing information, crisis intervention, and referrals via phone, text, and chat. Additionally, the services include the option for persons calling the helpline to subscribe to an automated text messaging service that provides motivational messaging for positive change.
- The helpline number utilizes a non-stigmatizing and supportive mnemonic (1-800-NEXT-STEP).
- The helpline services are widely publicized including among Arizona gambling establishments and operators.
- The helpline services have Spanish language capability, increasing reach to those non-English speakers from Spanish language origins.

## W

### Weaknesses

- Until recently, the Arizona problem gambling helpline has been underutilized when comparing helpline calls across other states that use public funds to support problem gambling services.
- Chat services appear to be under-utilized compared to peer states. The reporting of zero chats may be an indication of a data management system error or the chat function is not working.

## O

### Opportunities

- Calls to the national problem gambling helpline number, widely advertised on nationally televised sporting events beginning in 2022, are automatically connected to the Arizona problem gambling helpline when the caller's prefix is one connected to Arizona. This creates synergy with other efforts to promote the use of help-seeking for gambling problems.
- It is unclear how many persons referred by the helpline to Division-funded gambling treatment actually received treatment. There may be opportunities to gather data on conversion rates and implement efforts to improve upon it.
- Increased investment in social media and digital marketing of the helpline may increase helpline utilization as supported by recent surges of persons referred to the helpline through internet searches.
- The number of persons calling the helpline reporting issues related to sports betting has surged, suggesting there may be opportunities to expand helpline use through focused outreach and helpline marketing efforts on sports betting sites and sporting events.

## T

### Threats

- As more persons turn to the internet for information and as artificial intelligence may soon be able to drive online support services, traditional helpline services may become less relevant (except for individuals who strongly support human interaction).
- The development of a new national helpline number (1-800-GAMBLER) that is increasingly being advertised on national outlets may provide some confusion among the Arizona public who will be exposed to two different problem gambling helpline numbers. However, since the national problem gambling helpline number is linked to the Arizona problem gambling helpline service, the threat is minimized from an operations perspective.

# What are areas in which DPG can make program improvements to helpline services?

There are several areas in which DPG can consider when planning for helpline service improvements:

- **Develop a strategic plan for the evolution of helpline services:**
  - Strategic plans serve as blueprints for program efficiency and effectiveness and ensure that the program adapts to the expanding problem gambling landscape and changing client needs.
  - Iowa, which by far had the highest volume of helpline services activities in FY2021, relies on its strategic marketing plans to optimize marketing spend and maximize exposure. It attributed a 37% increase (from FY2017 to FY2021) in gambling-related online traffic to changes made to its website.
  - Consider the Massachusetts model of an integrated mental health, substance use, and problem gambling helpline and website. Such integration loses service specificity but has some advantages. For example, the integrated website led to about 17,500 substance using individuals being screened for problem gambling. Alternatively, work with other Arizona helplines, such as 988, to add problem gambling screening questions and/or have their call staff trained on problem gambling awareness, including problem gambling resource availability.
- **Adapt to changes in technology:**
  - Based on a 2021 problem gambling services survey,<sup>1</sup> the average number of calls to helplines decreased by 23% in FY2021, compared to FY2016, and the number of states offering web-based chat technologies and texting services increased by 25% and 17%, respectively. It is important that the DGP monitor changes in client communications behavior and plan for program modifications accordingly. Although it is not likely that all individuals who connect with helpline services would desire video conferencing (on account of the loss of anonymity), some callers (especially younger callers) may welcome this communication channel.
  - The incredible advancements in artificial intelligence, which do not appear to be slowing down, may also present opportunities for AI-based texting and chat helpline services.
- **Improve data-based decision making:**
  - Data management is becoming an increasingly important component of program management. Consider working with your helpline provider and other professional services to derive key performance indicators, such as conversion rates of individuals entering counseling after being referred to it, customer satisfaction rates through exit interviews, and similar measures that gauge program performance and indicate areas of improvement.

1. Marotta, J. & Yamagata, G. (2022). 2021 Survey of Publicly Funded Problem Gambling Services in the United States. Wheatland CA: National Association of Administrators for Disordered Gambling Services.





# Workforce Development

# Introduction to workforce development

Broadly, workforce development refers to educational and recruitment efforts to meet the needs of the target industry or organization. Efforts traditionally include bringing new professionals into the field, providing ongoing training and education to keep the workforce up-to-date on new information and technologies, and investing in workforce retention.

Within the field of problem gambling, the workforce could be considered a sub-set of professionals working within the broader addictions and mental health system. This broader workforce has been supported by federal efforts, largely through the Substance Abuse and Mental Health Service Administration (SAMHSA), influencing state and higher education efforts. However, problem gambling has not been a focal area of SAMSHA and most of the behavioral health workforce has not had any formal training in treating or intervening with gambling-related problems. The development of a problem gambling workforce has largely been left to individual states.

A state's involvement in developing a problem gambling workforce has been linked to state legislation that sets aside funds for programs to treat or more widely address problem gambling. Arizona is one of 42 states with dedicated problem gambling services funding. Once a state agency is assigned responsibility for developing problem gambling services, a primary task is developing a workforce to implement the legislatively mandated services. Most commonly, those services include establishing a problem gambling treatment system, therefore, workforce development efforts begin by focusing on training addictions and/or mental health professionals on gambling treatment. Some states develop problem gambling certification programs offered by a third-party certification board, some states develop special problem gambling licenses through a state licensing board, and others, such as in the case of the DPG, create a set of criteria to "approve" a clinician or agency to be contracted to provide gambling treatment services.

As a state's problem gambling service program matures in its evolution and funding level, workforce development efforts may extend beyond training a group of problem gambling specialty providers to training the broader addictions and mental health workforce to become more capable of identifying and addressing gambling-related issues as part of a broader behavioral health intervention. This may include focused efforts for differing professions including prevention specialists, peer support specialists, or healthcare "behaviorists" (mental health professionals working in a healthcare setting).

## Who is Our Workforce?

Within the broader addictions and mental health system, the federal government, through SAMHSA, considers the behavioral health workforce as those in a wide range of prevention, health care, and social service settings. These settings include prevention programs, community-based programs, inpatient treatment programs, primary care health delivery systems, emergency rooms, criminal justice systems, schools, and higher education institutions. This workforce includes, but is not limited to:

- Addiction counselors
- Mental health/professional counselors
- Paraprofessionals (e.g., case managers, outreach specialists, or parent aides)
- Peer support specialists
- Recovery coaches
- Psychiatrists
- Psychologists
- Social workers
- Marriage and family therapists
- Certified prevention specialists

A historical lack of prioritization in behavioral health and the impact of the pandemic have created serious workforce shortages for behavioral health professionals and paraprofessionals across the United States.

# What are the DPG workforce development services and how are they administered?

The DPG workforce development activities have primarily focused on offering addiction and mental health providers the needed education to become a DPG-approved gambling treatment provider (60 hours of problem gambling-specific training) and to offer continuing education, support, and networking opportunities for their treatment provider workforce. The annual Problem Gambling Summit is the main workforce development activity that is used to reach a broader workforce. Roughly 600 invitations are sent out for this event to allied behavioral health providers and the event is marketed on Everbright, resulting in about 100 attendees each year.

Aside from contracting with trainers for specific events and with a vendor that arranges for meeting space and food, the DPG staff directly provides all the other workforce development services. This includes developing training schedules, maintaining the online training platform, selecting and contracting trainers, registering participants, and providing on-request trainings to community agencies.

## DPG Workforce Development Services

### Online Training Platform

- Problem Gambling Core Training (Two 30-hour courses)
- Pdgtraining.az.gov

### Advanced Trainings

- Two per year
- One day workshops
- Different locations in state

### Problem Gambling Symposium

- One per year
- Full day event

### Monthly Consultation Calls

- Group consults with national treatment expert
- Free to providers
- Voluntary

### On-request trainings to allied professionals

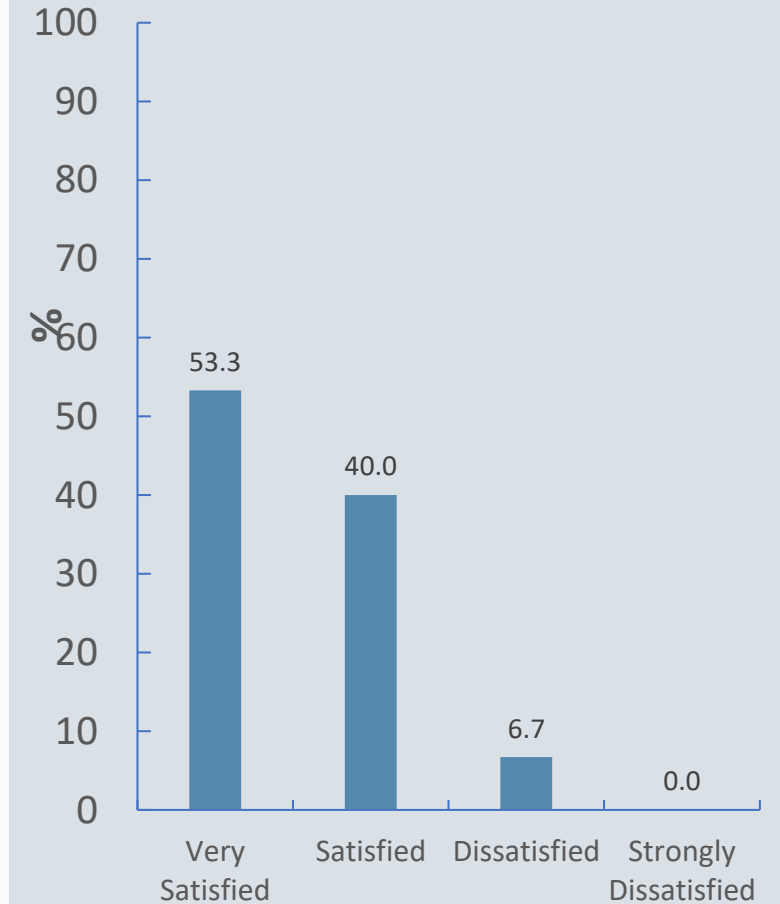
- Provided by DPG staff

### DPG Staff Training

- Staff development budget
- Attend regional & national conferences

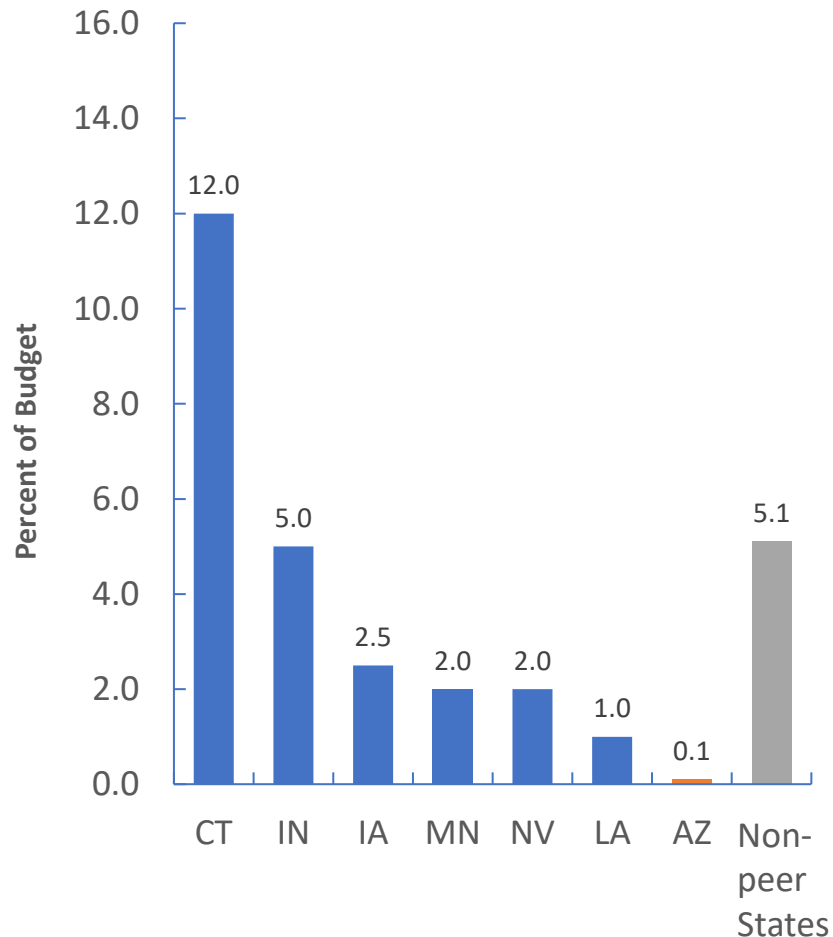
## Stakeholder Survey Findings

*How satisfied are you with the training offered by the ADG Division of Problem Gambling?*



# How does DPG workforce development efforts compare to other states?

Fiscal Year 2021  
Workforce Development  
Percent of Problem Gambling Services Budget  
Across States



Arizona is one of 31 states that has an agency with a budget for problem gambling training and workforce development. The average proportion of state problem gambling services budgets for training and workforce development was 5% in 2021. The DPG does not track their workforce development budget the same as other states resulting in the chart on the left under-representing DPG workforce development expenses. Most states (80%) contracted out the provision of problem gambling training services, unlike the DPG, which does not have a centralized workforce development contractor and rather uses its staff to support most workforce development activities. For this reason, workforce development expenses are low for DPG compared to other states; the DPG did not factor in costs related to DPG staff time in their reporting of workforce development activities.

The most common types of training offered by state problem gambling service programs were continuing education services (25 states), gambling-specific certification courses (16 states), and college courses specific to gambling (4 states). Some states with problem gambling services budgets larger than Arizona's expand their efforts beyond training problem gambling counselors to supporting problem gambling workforce development for groups such as prevention specialists, peer support specialists, addiction treatment providers, and within the criminal justice system.

Between 2021-2023, DPG had contracted 14 approved problem gambling counselors. This is about 37% fewer than other states but at present the DPG-funded gambling treatment provider reports sufficient capacity to meet current demand. While some states require a formal certification or licensure process for providers who would like to become contracted counselors, Arizona offers a straightforward approval process with two prerequisites (mental health licensure and 30 hours of approved problem gambling education, available by DPG).

Like half of its peer states, problem gambling peer support is not a covered service in Arizona. In states that do offer contracted peer support services, formal certification or a mix of certification and endorsement is required. For the most part, these states rely on non-governmental organizations to provide the problem gambling peer support specialist certification. The DPG has expressed interest in developing peer support services, along with developing responsible gambling training programs for employees of gaming operators.

# SWOT analysis of workforce development efforts

S

## Strengths

- The ADG Division of Problem Gambling supports the continued education of their contracted problem gambling treatment provider workforce by offering high-quality in-person trainings and optional case consultation. These services include:
  - Annual problem gambling summit
  - Two annual advanced trainings
  - Monthly consultation/supervision calls with a highly experienced gambling treatment supervisor
- The staff of the ADG Division of Problem Gambling are engaged in their professional development and supported in attending national problem gambling conferences.
- An online training site has been developed to reduce barriers for addiction and mental health professionals to obtain the educational hours needed to become an ADG-contracted gambling treatment provider.

W

## Weaknesses

- ADG problem gambling services funding levels are not conducive to supporting a comprehensive problem gambling workforce development program.
- Training opportunities have largely been marketed to and attended by contracted providers, thereby limiting reach to broader public health and behavioral care workforce.
- The absence of a workforce development plan hampers the ability to strategically invest in workforce development initiatives.
- The ADG Division of Problem Gambling lacks strategic partners for advancing the readiness of the larger addiction, mental health, and public health workforce to address issues related to problem gambling.

## O

### Opportunities

- Increased problem gambling services funding open new opportunities to invest in workforce development.
- Concerns regarding problem gambling have increased with legalization of sports wagering; this could increase the readiness of allied providers to learn more about problem gambling and its impacts on populations they serve.
- There appears to be an increased level of cooperation and readiness to partner with tribal governments and tribal gaming operators in working together to advance responsible gambling and problem gambling education.
- With the large number of AZ universities and other AZ entities invested in training and public health, there are several potential partners to help advance the broader workforce's problem gambling capabilities.

## T

### Threats

- Expansion of sports betting (mobile and on property) increases the risks of public harms resulting from gambling and the need for problem gambling-capable workforces.
- The current problem gambling treatment workforce is not growing at the rate of anticipated need.
- The broader mental health and addiction workforce has greater demands than capacity, limiting the potential motivation to engage in trainings that are not required or compensated.
- The increased stress and demands of the pandemic may carry forward for years, requiring greater efforts to keep the workforce engaged, connected, and retained.

# Potential workforce development improvements

## Prioritize workforce development efforts to meet current and future treatment system

- With few problem gambling treatment specialists in the pipeline to replace an aging gambling treatment workforce, there is an urgent need to develop programs to increase the number of contracted gambling treatment providers and/or the number of interns in the field with an interest in gambling treatment.

## Increase investment in workforce development

- A review of the ADG Division of Problem Gambling budgets over the past 6-years reveal insufficient funding to support a comprehensive problem gambling workforce development program.
- With increased funding, it will be important to expand the workforce development efforts to include developing the knowledge and skills of the public health workforce (e.g., prevention providers) and broader addictions and mental health workforce.

## Seek partnerships

- It will take a broad and coordinated effort to increase the capacity of various workforces to address problem gambling.
- Tribal gaming operators have the potential to be strong partners in developing the capacity to address problem gambling among casino patrons.
- Explore opportunities to partner with other state agencies and institutes of higher education to leverage problem gambling workforce development investments.

## Develop a plan to meet Arizona's workforce needs to reduce gambling related harms

- Developing a problem gambling capable workforce to meet Arizona's needs is a challenging and complex task. Consider investing in the development of a plan to map workforce development efforts over the next five to ten years.
- Explore outsourcing problem gambling workforce development efforts or developing a new DPG staff position to manage a growing workforce development effort.



# Problem Gambling Treatment Services



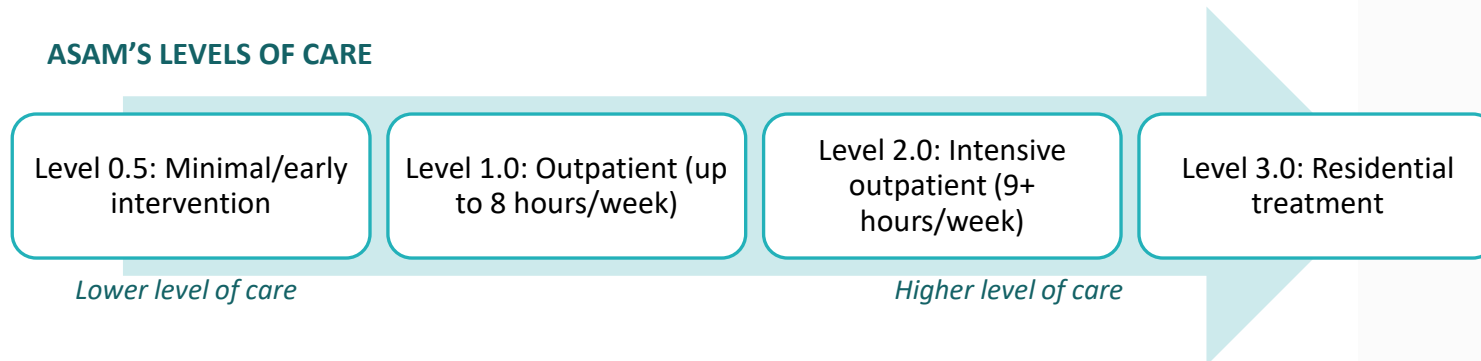
# Introduction to a state-wide problem gambling treatment and recovery system

Within a comprehensive continuum of problem gambling treatment, there are several points of service access to meet a spectrum of needs. Some systems utilize a stepped-care approach, in which an individual entering the system is initially referred to the lowest level of care that meets their needs and is “stepped up” to higher care when indicated. Similarly, when an individual’s needs are met and treatment goals achieved, they may be “stepped down” to a lower level of care that is more appropriate to current needs while preserving system resources.

The American Society of Addiction Medicine (ASAM) has developed criteria to distinguish levels of care and guidelines for moving an individual through the system. The lowest level of care is early intervention and prevention services, followed by outpatient, intensive outpatient, and residential treatment; intensive outpatient services differ from outpatient by providing clinical services for nine or more hours per week, whereas outpatient provides eight or fewer.

Recovery support services, including peers with lived experience, can play an important role at each point of care. At the beginning of engagement with the treatment system, peer support specialists can play a role in treatment motivation. Later on, peer support may keep clients engaged in treatment and prevent early treatment dropout. After treatment has been completed, peer support specialists can contribute to relapse prevention efforts.

## ASAM’S LEVELS OF CARE



## Comprehensive System of Care for Problem Gambling Treatment:

### *Examples from Other Systems*

In some states, such as in Oregon, access typically begins with a call to the problem gambling helpline. From there, depending on assessed need, a caller may be referred to a minimal intervention, such as:

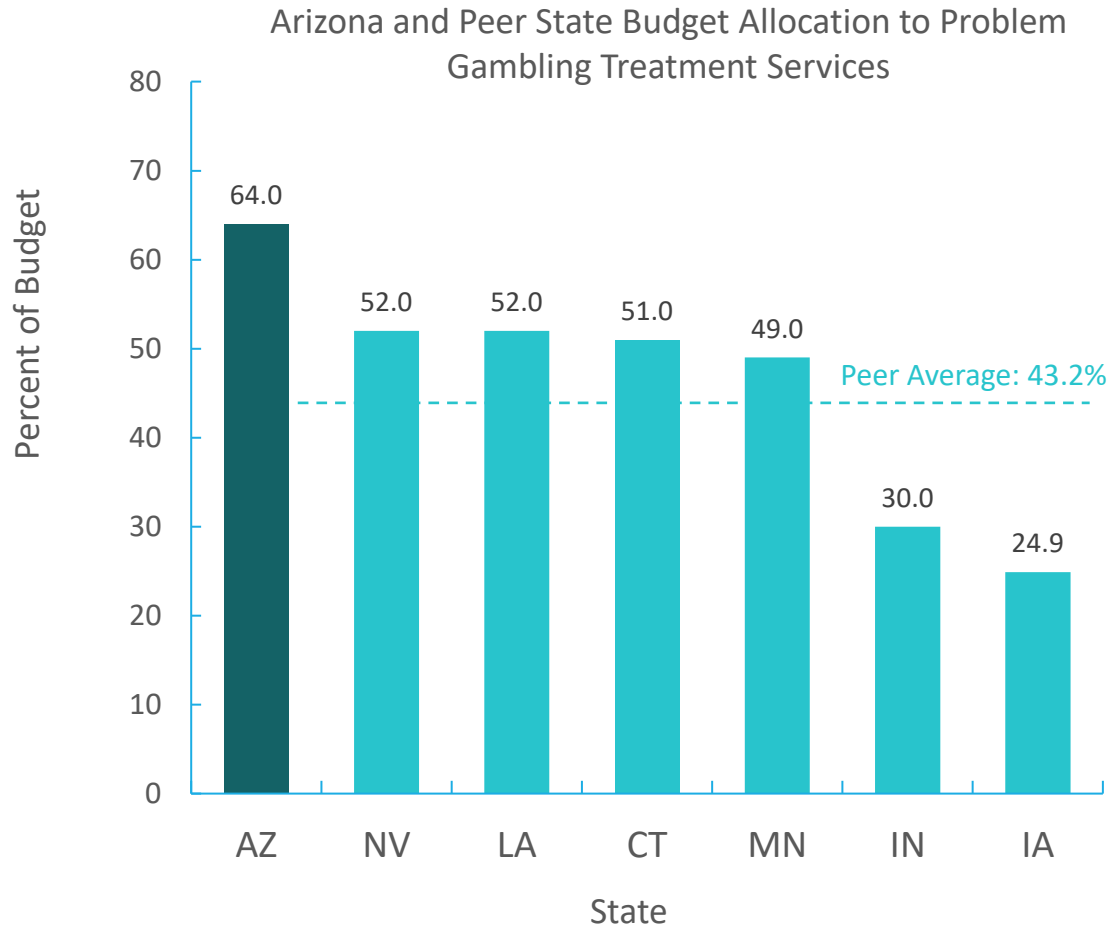
- Mailed a self-administered change guide (CA, MA, OR) to initiate change behaviors without additional services from the system
- Referred to a peer support specialist or community support group

Or, if at assessment it is determined a higher level of care is warranted than minimal intervention, a caller may be directly referred to a local outpatient treatment program.

Once established with the referred service, needs are periodically reassessed and a client may be stepped up or down according to needs.

Some systems have after-care services in place, as well, to provide relapse-prevention services once direct clinical services have ended.

# What percent of the budget does DPG allocate to treatment services?



Arizona expended 54% of its total FY2023 expenditures on treatment services and in FY2021, the year we have state-by-state comparison data, 64% of its budget was used to directly fund gambling treatment (e.g., assessment, individual therapy, group therapy, couple therapy, counseling support for concerned others affected by gambling). Like its peer states and nearly half of non-peer states, Arizona experienced decreases in the number of clients treated in 2021, which translated to decreased treatment spending. Some states attributed the decline in services to COVID-19 pandemic treatment workforce departures, including a wave of retirements, resulting in facility closures. However, since then, the workforce crisis has lessened and client treatment numbers have not only rebounded, but in many cases, they exceeded pre-pandemic rates.

The average treatment services budget allocation among its peers was 43.2%, about 21% less than Arizona's allocation, which had the highest percentage allocated of these peer states.

The majority of peer states allocated about half their budget (49-52%) to treatment services. Indiana allocated 30% and Iowa allocated almost 25% of its budget to treatment services, respectively 34% and 39% less than Arizona.

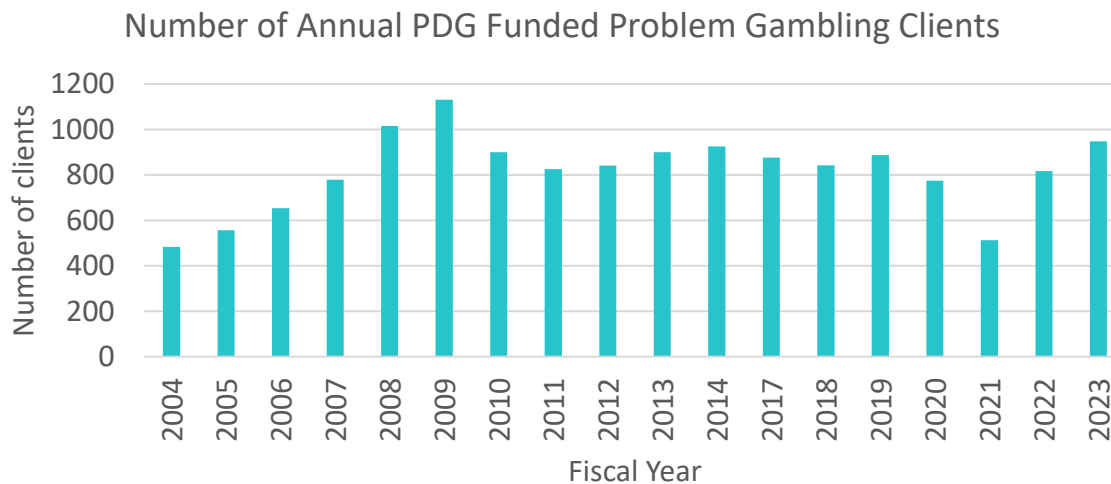
# How are DPG treatment services administered?

Arizona Department of Gaming’s Division of Problem Gambling subsidizes treatment for individuals with gambling problems or anyone affected by a problem gambler (e.g., family, friends, co-workers, employers, etc.) through their Treatment Assistance Program (TAP).

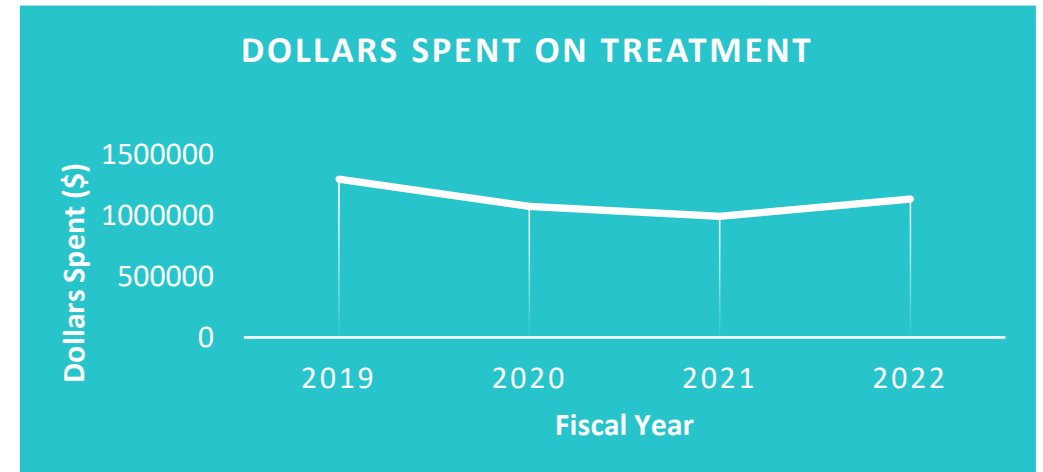
The DPG contracts agencies and individuals to provide problem gambling treatment services across Arizona. Providers meeting minimum requirements (e.g., 30 hours of problem gambling counseling education that is available by the DPG and adequate mental health licensure) are eligible for approval by the department to contract and bill for problem gambling treatment service provision. Like five of the six peer states, the DPG compensates their gambling treatment providers on a fee-for-service system where providers submit encounter claims at contracted rates.

Categorized by ASAM criteria, direct service provision under DPG includes:

- **Level I:** DPG has 17 approved counselors listed on their website who provide outpatient treatment services for problem gambling. Since 2021, the number of clients served has been increasing. In FY2023, 948 clients were enrolled in problem gambling treatment. These numbers are inclusive of individuals enrolled in outpatient individual therapy, group therapy, family therapy, telephone-based therapy, and gambling-related crisis interventions.
- **Level II:** Intensive outpatient services (9+ hours of clinical services per week) for problem gambling had been offered by providers; however, during the pandemic, these services were paused due to the inability to gather for group counseling and have yet to resume.

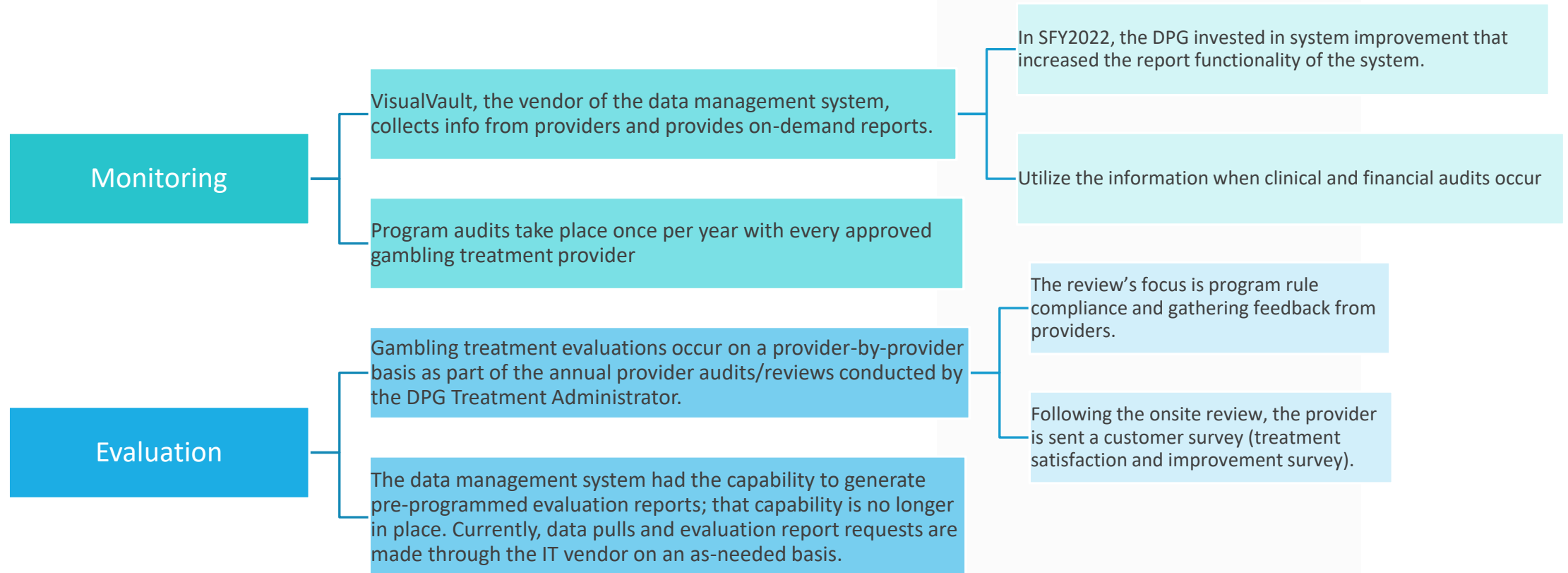


*\*2015-2016 treatment rates not reported*



# How is gambling treatment monitored and evaluated?

The DPG utilizes an online gambling treatment information management system, VisualVault, where providers input client enrollment information, encounter data, and discharge data. This system is used to produce monthly reports of utilization and claims. Some information, such as number of persons enrolled and types and quantity of service, is easily accessed by DPG staff and tracked regularly. More complicated reporting of the full complement of data entered does not occur regularly. Every year programs receive an in-person audit and review by the DPG Treatment Administrator. This level of oversight and program monitoring is not a common practice among state problem gambling treatment systems even though regular program reviews are considered a best practice.



# How do DPG treatment services compare to peer states?

Notably, of all its peer states, Arizona is the only entity using a gaming regulation agency to administer problem gambling treatment services. The advantage of this approach is the funds may be considered better protected from being poached by other department program areas. Another advantage is enhanced opportunities to focus more attention on responsible gambling programs, including developing initiatives and policies with gaming operators to provide robust safer gambling programs. Most commonly, when problem gambling treatment and prevention services are funded, that enabling legislation designates the department overseeing mental health and addiction services as the administrator of problem gambling service funds. There are some potential advantages of housing problem gambling services within a department of health service, one is the facilitation of integrating problem gambling services into other addiction service programs. The difference in the type of agency overseeing problem gambling services is considered one of the major contributors as to why Arizona has fewer checked boxes in the table below compared to some of their peer states where problem gambling services are housed alongside other mental health and addiction service areas.

State	Integrated Services (PG/SUD/BH)	Gambling Disorder Covered under Medicaid	Required Gambling Disorder Screening	Peer Support Services Funded	Telehealth Services Funded	Reimbursement Rate for Individual Counseling (per hour)	Contracted Entities	Minimum Problem Gambling Therapist Eligibility <sup>1</sup>
AZ					X	\$100	Agencies + individuals	Licensed mental health professional + 30 hr. PG specific education
CT	X	X	X (BH agencies participating in integration programs)	X	X	\$170	Agencies only	A&D Certification or MH licensed + Certification as Gambling Counselor
IA	X	X	X (SUD programs)	X	X	\$150	Agencies only	24 semester hours of college credit in substance abuse or related field plus 150 hours of relevant PG education
IN			X (SUD and mental health treatment programs)	X	X	\$50	Agencies only	Bachelor's degree, Alcohol & Drug Abuse Certification + 30 hrs. PG education
LA			X (SUD and mental health treatment programs)		X	Does not use fee-for-service	Agencies only	Alcohol & Drug Abuse Certification OR licensed mental health professional
MN					X	\$72.11	Agencies + individuals	B.A., Alcohol & Drug Abuse Certification OR licensed mental health professional
NV	X	X	X (BH agencies participating in integration programs)	X	X	\$88	Agencies + individuals	Problem Gambling Counselor Certification, requiring B.A.

PG = Problem Gambling; BH = Behavioral Health; SUD = Substance Use Disorder

1. Problem Gambling Therapist Eligibility reflects current requirements. If requirements changed, some providers who may not have met the new requirement were provided "grandfather" exceptions allowing them to continue as a contracted provider.

# SWOT analysis of problem gambling treatment services

Feedback was provided by treatment providers and DPG stakeholders. The SWOT analysis below combined responses from all participants.

## S

### Strengths

- Gambling treatment providers funded by the ADG were viewed as providing high-quality services.
- Contracted gambling treatment providers were generally satisfied with the ADG administration of the gambling treatment contracts
  - The support and responsiveness of the Division's Treatment Administrator was often referred to and highly regarded by provider participants.
- Clinical training opportunities are viewed positively, including symposiums and online seminars. In particular, the affordability of access to high-quality training is a strength.
- The ability for treatment providers to provide an array of clinical services with flexible treatment duration and the ability to utilize telehealth services were all described as strengths within the system.
- The gambling helpline number is well advertised and the DPG website is informative and easy to navigate.

## W

### Weaknesses

- Treatment providers reported that service reimbursement rates were below market and in need of attention. Additionally, the time between submitting payment claims and receiving payments was reported as inconsistent.
- The current system lacks higher levels of care. Developing intensive outpatient and residential services would expand the continuum of care to reach those with higher levels of need. The current system also does not fund peer support specialists. Peer support services can be implemented to increase engagement in treatment services and contribute to recovery even after treatment has ended. Additionally, there is a lack of access to psychiatrists and mental health professionals that problem gambling treatment providers can refer clients to or coordinate care with.
- There is a lack of trust in the system by Native Americans in Arizona, and as a result low use of services. There is a need for better outreach to Native American communities in the state. Further, there is a broad need for more culturally-specific treatment services.
- There is a general lack of awareness among the broader mental health community about problem gambling. Few referrals come from behavioral health providers. Additionally, the criminal justice system is not involved in gambling treatment; few referrals come from courts.
- A need for additional support services (e.g., financial support, employment services) was identified.

# O

## Opportunities

- With increased revenues, DPG will have additional funds to develop programs to address increased community needs
- Now that DPG has a prevention coordinator, more time can be invested into increasing public awareness of gambling treatment. This includes better advertisement of services available for affected others and commercials aimed at prevention and informing the population about services.
- Opportunities to expand collaborations and partnerships were mentioned by key informants, such as partnering with local university counseling programs to address gambling addiction and the need for qualified gambling treatment providers.
- Key informants discussed opportunities for investment in technological tools, such as a website with educational material, development of an application to help people, and making improvements to VisualVault (time outs and count-down clock are not visible).

# T

## Threats

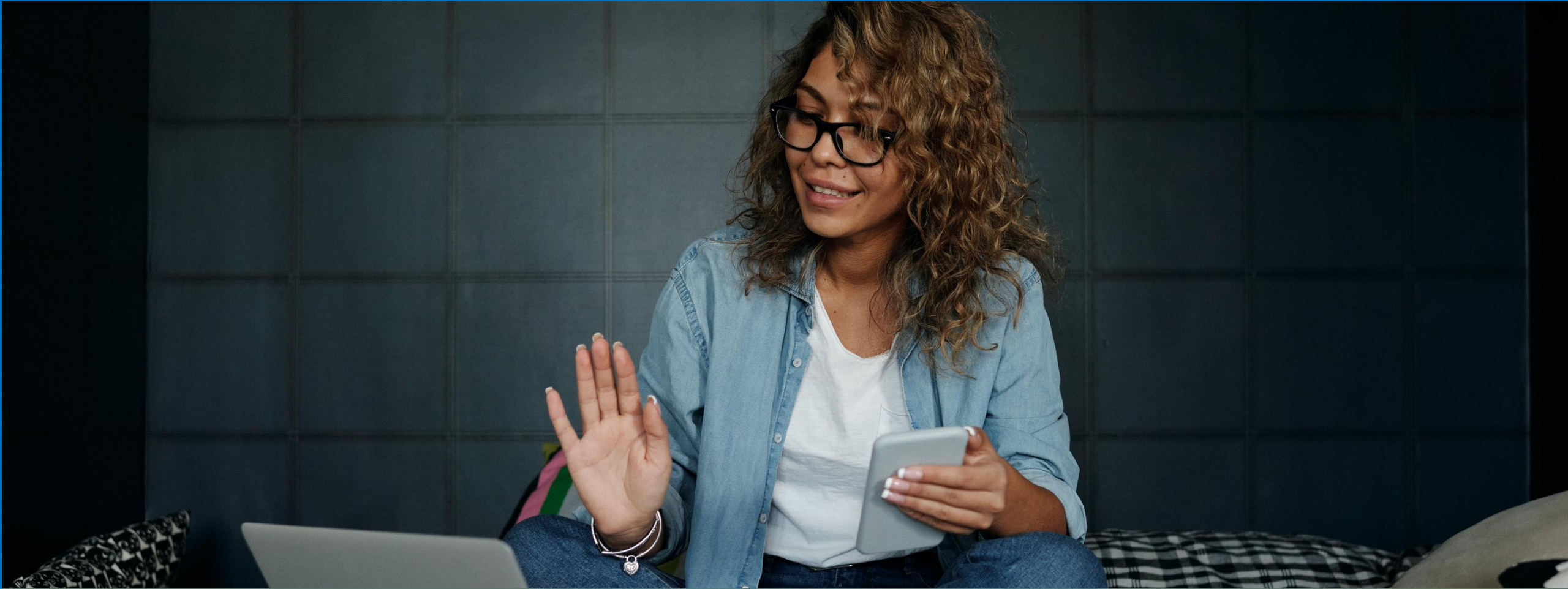
- There are too few treatment providers to meet the current and growing need for problem gambling treatment in the state. Problem gambling is not generally a standard component in counseling program academic curriculum and there is not a pipeline of new counselors to replace those retiring.
- Legalizing sports betting and mobile betting have increased access to gambling and further normalizes gambling behaviors. There is a need for more staff who can focus on prevention and be in the community to let people know about the services offered.
- With the legalization of cannabis, key informants are anticipating an increase in problem gambling. There is a correlation between gambling problems and cannabis use. This development can increase the need to invest more in addressing gambling problems and community education.

# What are the areas of potential gambling treatment system improvements?

Participants of the DPG Stakeholder Survey, Key-Informant Interviews, and Gambling Treatment Reviews, were asked to provide suggested areas for gambling treatment system improvements. Below is a consolidated list of gambling treatment system areas where improvement efforts were identified as needing attention:

- **Develop a more comprehensive gambling treatment system including different levels of care and supports**
  - Develop services utilizing certified recovery support specialists with lived experience in gambling recovery
    - Integration of support from peers with lived experience with problem gambling is an asset in many other state problem gambling treatment systems.
  - Support after-care to develop a recovery system that supports persons in recovery for two to three years
  - Develop programs for individuals with complicated and severe gambling problems such as intensive outpatient services and residential treatment services
  - In addition to direct clinical services, addressing other determinants of health and aspects of life will ultimately support client recovery. These services include financial support and education, temporary housing, and support with finding opportunities for work
- **Re-evaluate current gambling treatment reimbursement rates and procedure code billing options**
  - Service reimbursement rates were described by some gambling treatment providers as below market and in need of attention
    - Increasing rates will help recruit new providers to the field and retain existing providers.
  - Some providers suggested expanded procedure codes should be made available, such as reinstating a billing code for outreach, consultation with mental health professionals and psychiatric prescribers, ongoing recovery groups, etc.
    - Consider consulting with other state problem gambling services administrators, such as those from Iowa, Nevada, and Connecticut, to better understand what types of activities their providers can receive reimbursement for, how often various billing codes are used, and their utility or need.
- **Increase culturally responsive care by creating culturally specific services**
  - Native American and Hispanic/Latino communities in Arizona were identified by informants as minoritized groups that the treatment services are not effectively reaching. Outreach efforts, culturally specific care, and linguistically appropriate care (e.g., linguistically diverse treatment providers, easily available interpretation services, treatment materials, and advertisements in various languages) can all further these efforts.





# Self-exclusion

# Introduction to self-exclusion

To provide an option for those who are concerned about their gambling behaviors or have gambling problems, self-exclusion programs are required to be provided by gambling operators in many jurisdictions. Research suggests that self-exclusion programs are under-utilized and are not completely effective in preventing individuals from gambling in venues from which they have been excluded or on other forms. Nonetheless, self-excluders generally experience benefits from programs, including decreased gambling and increased psychological well-being and overall functioning.<sup>1</sup>

Research suggests users of online self-exclusion programs are generally younger than persons who are excluded from casinos or other land-based properties. The main motivators for persons who self-exclude are financial problems, followed by feelings of losing control and problems with significant others. Interestingly, studies have found that users of self-exclusion programs often had negative attitudes toward the need for professional gambling treatment.<sup>2</sup>

Some of the self-exclusion best practices identified in the research are:

- Efforts need to be made for the acceptance and utilization of self-exclusion programs
- Administrative processes need to be simplified
- Allow for on-site enrollment directly at gambling venues, as well as remote enrollment off-site.
- Offer self-determined exclusion durations
- Promote additional assistance including gambling treatment, community support groups, and other change resources
- There should be a reinstatement process before previously self-excluded individuals are allowed to re-enter gambling venues
- There should be an informative and effective training program for staff in gambling venues, particularly for those who are enforcing self-exclusion

## What is Self-exclusion?

Gambling self-exclusion is a voluntary program offered by gambling operators, casinos, or regulatory authorities that allows individuals to restrict or ban themselves from participating in gambling activities for a specific period of time, often with the goal of addressing or managing gambling addiction or problematic gambling behavior.

1. Gainsbury, S. M. (2014). Review of self-exclusion from gambling venues as an intervention for problem gambling. *Journal of Gambling Studies*, 30, 229-251.

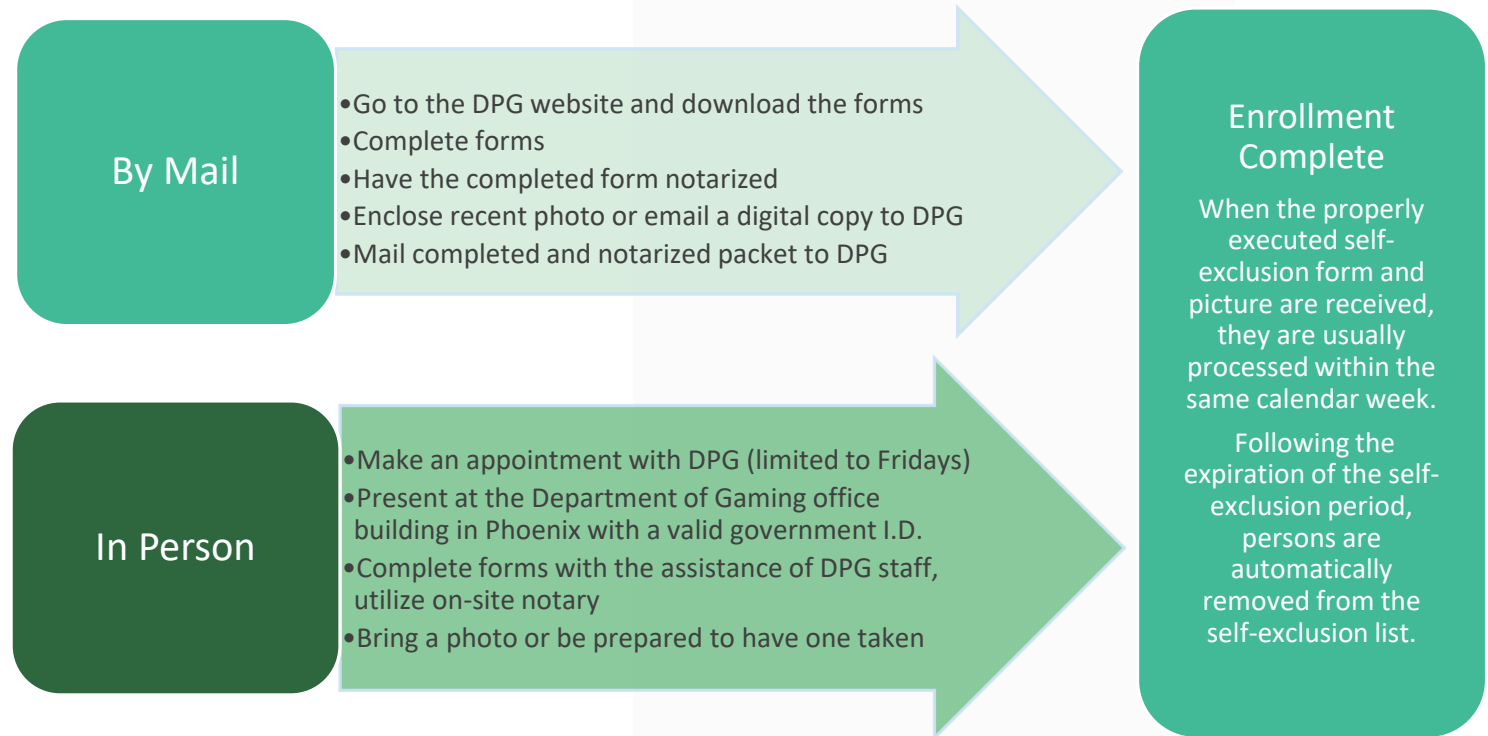
2. Motka, F., Gruene, B., Slecicka, P., Braun, B., Örnberg, J. C., & Kraus, L. (2018). Who uses self-exclusion to regulate problem gambling? A systematic literature review. *Journal of behavioral addictions*, 7(4), 903-916.

# The Division of Problem Gambling's self-exclusion program

The Division of Problem Gambling offers two types of self-exclusions: (1) Casino self-exclusion, where an individual can exclude themselves from gambling at all Arizona casinos, and (2) Event Wagering & Fantasy Sports (EWFS) self-exclusion, where a person voluntarily exclude themselves from placing wagers or purchasing fantasy sports contest entries at any ADG licensed facility or internet/mobile platform. These exclusions are separate from each other; meaning if a person excludes themselves from the casinos, they are not automatically excluded from EWFS and vice versa.

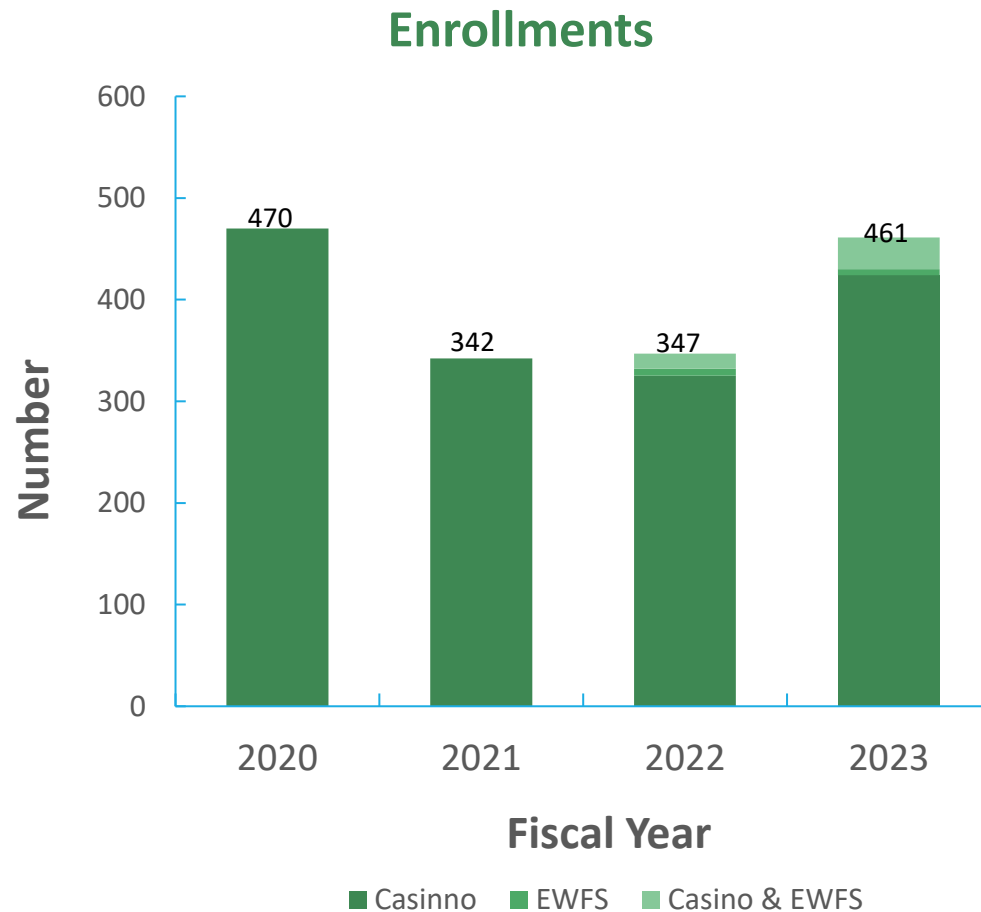
Both exclusions provide that a person on the self-exclusion list will be prohibited from collecting any winnings or recovering any losses. The ban includes the use of any of the services or privileges of the facility such as restaurants, concerts, conventions, and hotels. The self-exclusion duration options are either a one-year, five-year, or ten-year exclusion. This exclusion is irrevocable and cannot be altered or rescinded for any reason during the time period selected on the form.<sup>1</sup>

## DPG Self Exclusion Enrollment Process



1. <https://problemgambling.az.gov/self-exclusion>.

# Following the COVID-19 pandemic, Arizona's self-exclusion enrollment numbers have been steadily increasing



Casino self-exclusions are the most dominant type since sports betting was only recently legalized about 2 years ago. In FY22, there were 22 EWFS self-exclusion enrollments, and 37 in FY23.

Between FY22 and FY23, the growth rate in casino self-exclusion enrollments was 34%. During the same period, casino Gross Gaming Revenue (GGR) and total pari-mutuel betting (a measure of gambling activity) grew by 6%. Although not conclusive, the higher growth rate of self-exclusions compared to GGR is an indication that the self-exclusion program's growth is not fully accounted for by more gambling; therefore, it is likely being utilized by a larger proportion of those in need.

Between FY20 and FY23

- 48% of exclusion periods were for 1 year, 30% for 10 years, and 22% for 5 years.
- The highest levels of enrollment occurred during the month of March (10.4%), one month following the Super Bowls and the month of the NCAA basketball tournaments.
- 55% of enrollees were male, compared to 45% for females.
- 56% of the enrollees identified as Caucasian and 70% reported living in Maricopa County, both of which are consistent with Arizona demographics.

# Comparison of DPG self-exclusion program to other states

Feature	Arizona/DPG	Comparison to other states
<b>Exclusion period</b>	<ul style="list-style-type: none"> <li>1, 5, and 10 years.</li> </ul>	<ul style="list-style-type: none"> <li>These exclusion periods are common across states. Many states (such as Indiana) also allow for a lifetime exclusion period.</li> </ul>
<b>Exclusion activity</b>	<ul style="list-style-type: none"> <li>Tribal casinos and EWFS.</li> </ul>	<ul style="list-style-type: none"> <li>Arizona exclusion activities include all gaming activities licensed by the state. This is a common practice among Arizona's peer states.</li> </ul>
<b>Reinstatement</b>	<ul style="list-style-type: none"> <li>Process of reinstatement. Both automatic removal and reinstatement by request are common practices.</li> </ul>	<ul style="list-style-type: none"> <li>Automatic reinstatement is also a common practice; however, many states (such as Louisiana) require that the individual petition for removal from the program.</li> </ul>
<b>Irrevocability</b>	<ul style="list-style-type: none"> <li>The ability to remove oneself from self-exclusion prior to the expiration of the exclusion period.</li> </ul>	<ul style="list-style-type: none"> <li>Most states stipulate that individuals cannot revoke their self-exclusion declaration before the end of the exclusion period.</li> </ul>
<b>Enrollment process</b>	<ul style="list-style-type: none"> <li>Channels: Enrollment platform or location; examples include online, in-person, and mail.</li> </ul>	<ul style="list-style-type: none"> <li>Both online and in-person enrollment is possible for most states. For Arizona, the process cannot be fully completed online. An applicant can download an enrollment form but must mail in (or deliver in person) supporting documents, such as a photo and notarized application. Other states allow for the entire process to be completed online.</li> </ul>
	<ul style="list-style-type: none"> <li>Cross-registration: Ability to enroll in multiple exclusion activities in a single application or enrollment process.</li> </ul>	<ul style="list-style-type: none"> <li>Exclusion from multiple gambling activities is common across states. Arizona allows applicants to exclude from 1 or more activities. Many other states (such as Connecticut) require exclusion from all activities.</li> </ul>
	<ul style="list-style-type: none"> <li>ID verification: Method of identity verification; examples include driver's license, passport, and by notary.</li> </ul>	<ul style="list-style-type: none"> <li>Arizona requires a notary to complete enrollment, either online or in-person. Many states do not require a notary for enrollment and use ID verification services (e.g., Ohio uses Persona) for remote enrollment.</li> </ul>

1. While completing EWFS enrollment, an applicant can also select casino self-exclusion; however, the casino form does not have an option for EWFS exclusion.

# Model self-exclusion programs<sup>1</sup>

## Massachusetts

### Therapeutic program elements

- The MA Gaming Commission's (MGC) self-exclusion program integrates therapeutic elements into its processes to create a more supportive experience compared to other programs that can come across as legalistic and punitive.
- The MGC enrollment process is conducted by the MA Council on Gaming and Health using the GameSense program.<sup>2</sup> The GameSense advisors are available in person and online to discuss the VSE program, facilitate the enrollment process, and provide information on support services. In this way, the process feels less bureaucratic and more approachable.

### Self-exclusion application system

- The MGC self-exclusion system is based on an automated and integrated system that streamlines the process and reduces staffing requirements.
- It is estimated that each application requires an average of 2 minutes of staff time, freeing up staff resources considerably.

## Ohio

### Program branding and destigmatization

- The Ohio self-exclusion program, branded as Time Out Ohio, emphasizes an image of user-friendliness, destigmatization, and emphatic tone. The program has a dedicated website that has won awards.<sup>3</sup>
- Applicants enroll in the program through the Time Out Ohio website. The process includes an educational video, takes less than 10 minutes to complete, and does not require a notary.
- The program emphasizes media outreach and generates media collateral that is designed to convey consistent and persuasive messages across media channels.
- Future program improvements include online translation to assist non-English speakers, kiosks at all gaming properties, and targeted ads to high-risk patrons.

### Other

- All self-exclusion participants are offered a free subscription to Gamban, an app to block all gambling websites.<sup>4</sup>

## Pennsylvania

### Streamlined self-exclusion process

- The PA self-exclusion system is an online system (online portal) that streamlines the enrollment process, improves usability, and requires fewer staffing resources.
- ID verification takes place during enrollment through an outsourced service (Lexus Nexus) so a notary is not required and staff does not have to examine identification documents.
- The system administrator works under the mantra, "the more user-friendly the system and the simpler the process, the less staffing resources required." However, depending on the week between 2%-20% of applications are flagged by the system which requires staff time to be resolved.

### Therapeutic program elements

- The self-exclusion website offers an easy-to-use problem gambling screener that directs the user to problem gambling resources, including self-exclusion, when appropriate. By providing users more information about resources and options, some may elect tools other than self-exclusion to address their gambling behaviors or supplement self-exclusion with other resources and tools.

1. The evaluation team contacted several administrators of U.S. states' self-exclusion programs and asked them to identify states they felt could be considered having model programs. Massachusetts, Ohio, and Pennsylvania were frequently mentioned.

2. MGC contracts out the program enrollment process to MCGH. 3. [timeoutohio.com](http://timeoutohio.com). 4. The app is available to all Ohio residences, regardless of whether they are enrolled in Time Out Ohio.

# How were DPG Self-exclusion services administered in FY21?

The DPG has a dedicated staff member, known as a DPG Coordinator, who reports to the Director of the DPG, to manage the self-exclusion program. The Director will work with the Coordinator on program initiatives and direction. In situations where the caseload is high, there are two designated backups to provide assistance. This staffing configuration is similar to other states which typically have a position assigned to the self-exclusion program that reports to a senior manager.<sup>1</sup> Some states (such as Massachusetts) also contract out parts of self-exclusion services.

Handling calls, and otherwise performing customer relations services for applicants and current enrollees, are essential roles of the self-exclusion program. Arizona receives about 20 calls per month regarding the exclusion period options, revocation, covered gaming activities, and similar topics. Additionally, Arizona allows for in-person registration, by appointment, where staff is onsite to provide assistance.

Overseeing the self-exclusion list requires that additions, deletions, and corrections are made in a timely manner. Arizona typically updates the list, which is stored on its enterprise data management system (VisualVault), at the end of each week. Between FY20 – FY23, Arizona enrolled 1,620 individuals in the program.

The DGP website is also an essential part of the self-exclusion program, in terms of being the central point of access for individuals to begin the enrollment process. DGP's website has detailed information about the self-exclusion program and provides electronic links to enrollment forms.

Reporting and data analysis are also essential self-exclusion program administration tasks.

1. For example, Massachusetts, Ohio, and Pennsylvania have this type of staffing configuration.  
2. The state contracts enrollment services to the Massachusetts Counsel on Gaming and Health.

# SWOT analysis of self-exclusion program

## S

### Strengths

- The ADG self-exclusion program is operated under the Division of Problem Gambling (DPG). The DPG is primarily composed of staff with behavioral health and public health experience. Most self-exclusion programs administered by gaming regulators are not staffed by mental health professionals.
- The program has agreements (compacts) with tribal nations that enable self-exclusion to cover tribal casinos. Other states, such as Indiana, have self-exclusion programs that exclude tribal casinos.
- The program has strong support from non-participant program stakeholders (treatment providers, prevention providers, etc.).<sup>1</sup> 40% of respondents were Very Satisfied with DPG's self-exclusion processes, 47% Satisfied, and only 13% Dissatisfied. Among the noted strengths were 1) helpful staff, 2) effective forms, and 3) program efficiency.
- The program allows applicants to self-exclude from specific gambling activities. Many other states don't offer the option of activity selection which could be viewed by some individuals as a deterrent to participation.

## W

### Weaknesses

- Self-excluding from multiple forms of legalized gambling is complicated by applicants having to complete two separate forms and processes, one for casinos and one for EWFS.<sup>2</sup> Other states with self-exclusion programs covering casino gambling and sports wagering simplify the process by offering one application and a check box indicating if the self-exclusion request is for one or both forms of gambling (MA, OH, PA).
- Identification verification is completed by a notary, a requirement that makes the enrollment process less convenient and one that most states do not follow. Some states utilize an online enrollment process that includes identification verification through a third-party vendor.
- There is a time lag (up to 4 days) between application submission and completion (individual added onto the self-exclusion list accessible by casinos and EWFS platforms). Some states (such as MA) leverage integrated systems that upload the list upon application approval.
- Based on a 2023 Arizona-based survey conducted for this study<sup>1</sup>, only 20% of Arizonians are aware of the option to self-exclude from Casinos and 15% from EWFS. Thus, a large fraction of Arizonians are unaware of this potentially beneficial tool.

1. Based on a 2023 Arizona Problem Gambling, Prevention, Treatment, and Self-exclusion Stakeholder survey (N=66).

2. If using the EWFS enrollment form, there is an option to also self-exclude from casinos.



# O

## Opportunities

- A portion of funds from the increase in the DPG program budget can be used to address program weaknesses or otherwise fund program modifications: ID verification can be contracted to third-party vendors and enhances the IT infrastructure can decrease latency between enrollment form submission and completion.
- Streamlining the enrollment process by leveraging IT technology can reduce staffing resource requirements.
- Several states (MA, OH, and PA) mentioned previously have recently overhauled their self-exclusion programs to address similar challenges faced by the DGP. There is an opportunity to reach out to these states and leverage their experiences on program changes suitable to Arizona.
- New technologies and services are being developed that have the potential to strengthen the DPG self-exclusion program. For example, idPair is reportedly developing self-exclusion enrollment processes that could allow individuals to self-exclude across state jurisdictions. There are also new apps in development that offer persons wanting to change their gambling behavior with self-exclusion alternatives and supplemental support.

# T

## Threats

- The *national* landscape of gambling activity continues to grow, especially with regard to sports betting and iGaming. According to the American Gaming Association, U.S. 2023 year-over-year growth in sports betting GGR increased by 21.2% and iGaming increased by 23.4%. Similar trends are seen in Arizona. Between FY21 and FY23, casino GGR and para-mutuel handle grew 47%, for an average of 23.5% per year. In addition, between FY22 and FY23, total gross EW receipts and in-state Fantasy entry fees increased by 38%. These trends forebode increasing demand for problem gambling services, such as increasing self-exclusion enrollments that require significant staffing resources.
- Advances in gaming technology, including online immersive gaming environments (Metaverse), as well as other technology-based activities, such as cryptocurrencies, are a few examples of expanding gambling platforms that increase the breadth and allure of gambling products.

# DGP self-exclusion program improvement considerations

## Improved customer enrollment experience

- Create a simple and unified online enrollment process, for both casino and EWFS self-exclusion.
- Simplify enrollment by moving away from notary service requirements to other forms of identification verification services, such as Persona or Lexus Nexus.
- Create self-exclusion program informational videos to address common applicant questions and facilitate the enrollment process.

## Leverage labor-saving technology and services

- Consider IT enhancements to integrate system components, such as the enrollment application database with a self-exclusion list.
- Consider outsourcing parts of the enrollment process, such as utilizing GameSense-type advisors that Massachusetts relies on.<sup>1</sup>
- Consider emerging service offerings, such as idPair that would allow individuals to self-exclude across state jurisdictions. Thus, it might eventually be possible to outsource the entire enrollment process.

## Marketing and public awareness campaigns

- Increase marketing campaigns to improve self-exclusion program awareness. About 1 in 5 Arizonians are aware of the option to self-exclude from casinos and less than 1 in 6 are aware of EWFS self-exclusion.<sup>2</sup> About 48% of Arizonians search for information on problem gambling by using Google / Internet and 23% reach out to Arizona's problem gambling helpline (1-800-NEXT-STEP).<sup>2</sup> Thus, increasing the online presence of the self-exclusion program is supported by data (look to the "Time Out Ohio" campaign as a model). Additionally, when helpline agents provide resources to callers, ensure self-exclusion options are included.

## Therapeutic strategies

- Some states (such as MA) design their self-exclusion programs so that the applicants are interfacing with trained personnel during the enrollment process. This makes the process feel less bureaucratic and more supportive.
- Construct the self-exclusion process, including the forms, to enhance the therapeutic value of self-exclusion. For example, print problem gambling support services on forms and offer applicants the option to receive a follow-up call to discuss help resources.
- Consider requiring a reinstatement process, rather than enabling automatic removal from the self-exclusion program, that provides the individual with information on what to expect in the post-self-exclusion and whether reinstatement is the appropriate decision.

1. GameSense is a registered trademark of British Columbia Lottery Corporation, used under license by the Massachusetts Gaming Commission. Refer to [gamesensema.com](https://gamesensema.com) for a description of the MA program.

2. Refer to: Marotta, J., Yamagata, G., & Reohr, P. (2023). Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents. Phoenix, AZ: Arizona Department of Gaming



# Summary & Conclusion

# Project importance

At the time this report was written in 2023, the State of Arizona had a thriving legalized and regulated gambling industry with a state lottery, 24 Class III casinos operated by federally recognized Arizona Tribes, and sports betting opened for business just over two years earlier in September 2021. Today, 25 licensed sportsbooks operate in Arizona including Internet and app-based sportsbooks allowing for event wagering and fantasy sports betting. Arizona's legalized gambling industry is an important contributor to the state economy by creating thousands of jobs and millions of dollars transferred to tribal, state, and local governments for important public services.

Perhaps the most significant downside to Arizona's expansive legalized gambling environment is the impact of problem gambling on individuals, families, and communities. Efforts to reduce the negative societal impacts of gambling and problem gambling in Arizona are taking place, notably within the Arizona Department of Gaming (ADG). The ADG is the state agency charged with regulating tribal gaming, event wagering & fantasy sports contests, racing and pari-mutuel/simulcast wagering, and unarmed combat sports. ADG also provides and supports prevention, education, and treatment programs for people and families affected by problem gambling through its Division of Problem Gambling (DPG).

In 2023, the ADG, Division of Problem Gambling, commissioned the present study to evaluate the effectiveness of its problem gambling programs, including problem gambling public awareness and prevention, gambling treatment, and voluntary casino and event wagering self-exclusion services. The evaluation included:

- The present; *“Arizona Department of Gaming, Division of Problem Gambling, Problem Gambling Services Evaluation: Final Evaluation Report”*
- A general population survey report entitled; *“Gambling Behaviors, Attitudes, and Experiences among Arizona Adult Residents”* that has a companion *“Probability Based Panel Survey Technical Report”*
- Twenty component reports, found in a document entitled, *“Arizona Department of Gaming, Division of Problem Gambling, Program Evaluation: Supplemental Task Reports”*.

The ultimate objective of the project was system development by providing decision-makers, including ADG Division of Problem Gambling staff, with information to engage in meaningful program improvements. A well-functioning and effective system to reduce gambling-related harm is vital for the economic and public health of Arizona.

## Project Objectives

The evaluation project's direction was taken from language from Appendix M of the 2021 Amended Tribal-State Gaming Compact, which stated:

*“To ensure that self-exclusion and problem gambling programs are applied effectively within the State of Arizona, the Division of Problem Gambling shall have completed a problem gambling/self-exclusion program evaluation with the assistance of an independent third party. The purpose of the evaluation will be to gain feedback on how the program is administered and how it can be improved. The results of the evaluation shall be shared with the Tribe and used to develop and further best practices.”*

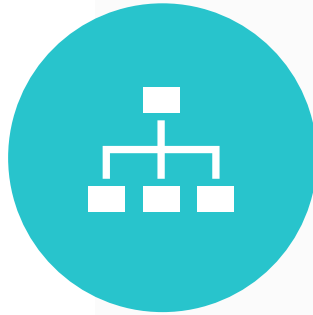
# Summary system observations



## NEED FOR DPG SERVICES

Evidence discovered through the evaluation process suggested the need for problem gambling service enhancements is critical.

- Calls for help to the problem gambling helpline surged nearly 300% in 2022 compared to the prior year and continued to increase in 2023.
- The survey of Arizona’s general population found almost 1 in 5 adults reported negative impacts related to their gambling behaviors over the past year and an estimated 3.8% to 4% of Arizona residents might be living with Gambling Disorder.



## DPG ADMINISTRATION

Overall, the DPG’s administration of problem gambling public awareness, helpline, treatment, and self-exclusion services are commendable.

- The evaluation revealed several program strengths that were accomplished through DPG administrative and staff efforts.
- DPG appears to be supported by current ADG leadership, the Governor, Tribal leaders, providers, and the public.



## GREATEST NEED

The greatest single change that has the potential to improve problem gambling services in Arizona is significantly increasing the DPG budget.

- Arizona’s per-capita investment in problem gambling services is below the national average for states with dedicated problem gambling services funding.
- Although the DPG budget has increased in recent years, the FY2023 would need to double for Arizona to be among the top 15% of states investing in problem gambling services.



## FUTURE EFFORTS

The current evaluation efforts could best be considered a vital launching point for a new round of efforts to reduce gambling-related harm in Arizona.

- The evaluation reveals several specific program enhancements that should be considered for the continued improvement of DPG services.
- The following section highlights actions that could be taken in the near and far term to improve services.

# Priority system enhancements

The reports that make up the components of the current DPG program evaluation contain over 100 potential initiatives that could be considered when engaging in program improvement efforts. Some of the suggested program enhancements would require considerable time and resources to be enacted. The below list of potential priority initiatives could take place within the next two years and be initiated with unencumbered FY2024 program funds:

- Utilize the information contained within the present evaluation to develop a strategic plan, with an accompanying work plan, to systematically engage in program improvements.
- System and program improvements require staff time. Increasing DPG staff time to invest in program enhancement can be accomplished through one or more of the following:
  - Hire additional DPG staff and/or program consultants. Consider the development of a new position whose focus is on furthering tribal relationships, programs, and services.
  - Free up staff administrative time by reducing the provision of direct services. For example, look for opportunities to discontinue or outsource select outreach activities and tasks related to training activities.
- Direct efforts to the self-exclusion program to improve efficiencies, therapeutic impact, and ease of consumer use.
  - Utilize the experience of other U.S. gaming regulators that have recently updated their self-exclusion services. Solutions to DPG self-exclusion program challenges have been implemented in other states and administrators of the aforementioned model self-exclusion programs are willing to share their knowledge.
- The DPG gambling treatment system is at high risk of being unable to meet future community needs and should be considered a priority area to address.
  - Implement initiatives to increase the gambling treatment workforce. For example, develop incentives for current DPG treatment providers to bring on interns.
  - Initiate the development of peer support services to supplement treatment services and provide additional system capacity for aiding problem gambling recovery.

# Keys for continued success

The primary objective of the DPG evaluation was “to develop and further best practices”. This objective corresponds to the DPG Mission and Vision to “provide and support effective problem gambling prevention, treatment, and education programs throughout Arizona” through “a sustainable continuum of services that reduces to a minimum level the impact of problem gambling in Arizona”.

This evaluation project, as documented within the project reports, provided several areas and tactics where program enhancements can be made to help the DPG remain true to its Mission and follow its Vision. However, identifying program areas for improvement and listing possible solutions is only the first part of an improvement process and perhaps the easiest phase of that process.

The challenge ahead is to successfully implement positive changes and engage in an ongoing process of successful continuous improvements. This can be achieved through attention to the elements depicted in the figure to the right. Each of these keys for successful continuous improvement requires and deserves time and consideration if the DPG is expected to successfully implement program enhancements as suggested within this project’s evaluation reports.



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# Acknowledgements



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