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# EVALUATION OF THE CENTER OF EXCELLENCE ON PROBLEM GAMBLING

JULY 2023

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OFFICE OF PROGRAM EVALUATION AND GOVERNMENT ACCOUNTABILITY  
DEPARTMENT OF LEGISLATIVE SERVICES  
MARYLAND GENERAL ASSEMBLY

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# **Evaluation of the Center of Excellence on Problem Gambling**

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**Department of Legislative Services  
Office of Program Evaluation and Government Accountability  
Annapolis, Maryland**

**July 2023**

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DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF PROGRAM EVALUATION AND  
GOVERNMENT ACCOUNTABILITY  
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber  
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July 7, 2023

Senator Clarence K. Lam, M.D., Senate Chair, Joint Audit and Evaluation Committee  
Delegate Jared Solomon, House Chair, Joint Audit and Evaluation Committee  
Members of the Joint Audit and Evaluation Committee

Dear Senator Lam, Delegate Solomon, and Members:

At the request of the Joint Audit and Evaluation Committee, the Office of Program Evaluation and Government Accountability has conducted a performance evaluation of the Center of Excellence on Problem Gambling (the Center), overseen by the Behavioral Health Administration (BHA). This evaluation was performed consistent with § 2-1234 of the State Government Article.

The report includes six recommendations for improving the efficiency and effectiveness of the Center, which are summarized in Chapter 5. The Center's response is included as Appendix A.

We wish to express our appreciation for the cooperation and assistance provided by the Center and BHA.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "M. Powell".

Michael Powell  
Director

MP/mpd



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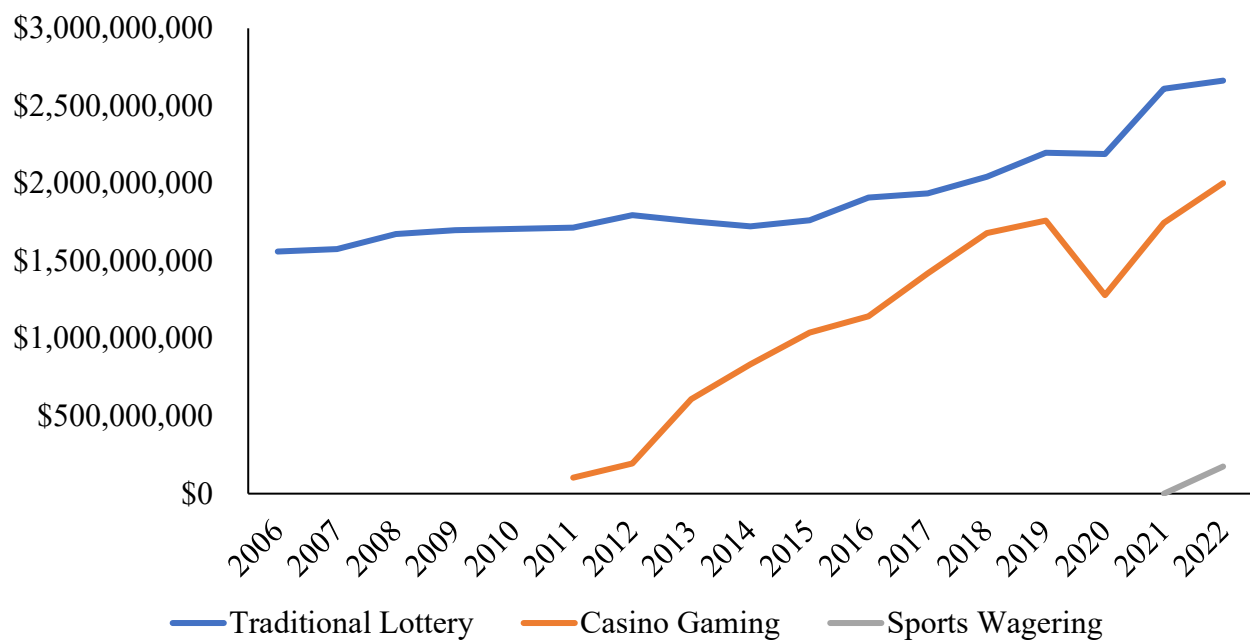
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## Evaluation of the Center of Excellence on Problem Gambling Executive Summary

The Center of Excellence on Problem Gambling (the Center) was established in 2012. It uses the Problem Gambling Fund (PGF) to address problem gambling by managing a network of treatment services, maintaining a 24-hour hotline, and conducting prevalence studies. The Center's budget averages around \$4.7 million per year. The Center is overseen by the Behavioral Health Administration, part of the Maryland Department of Health.

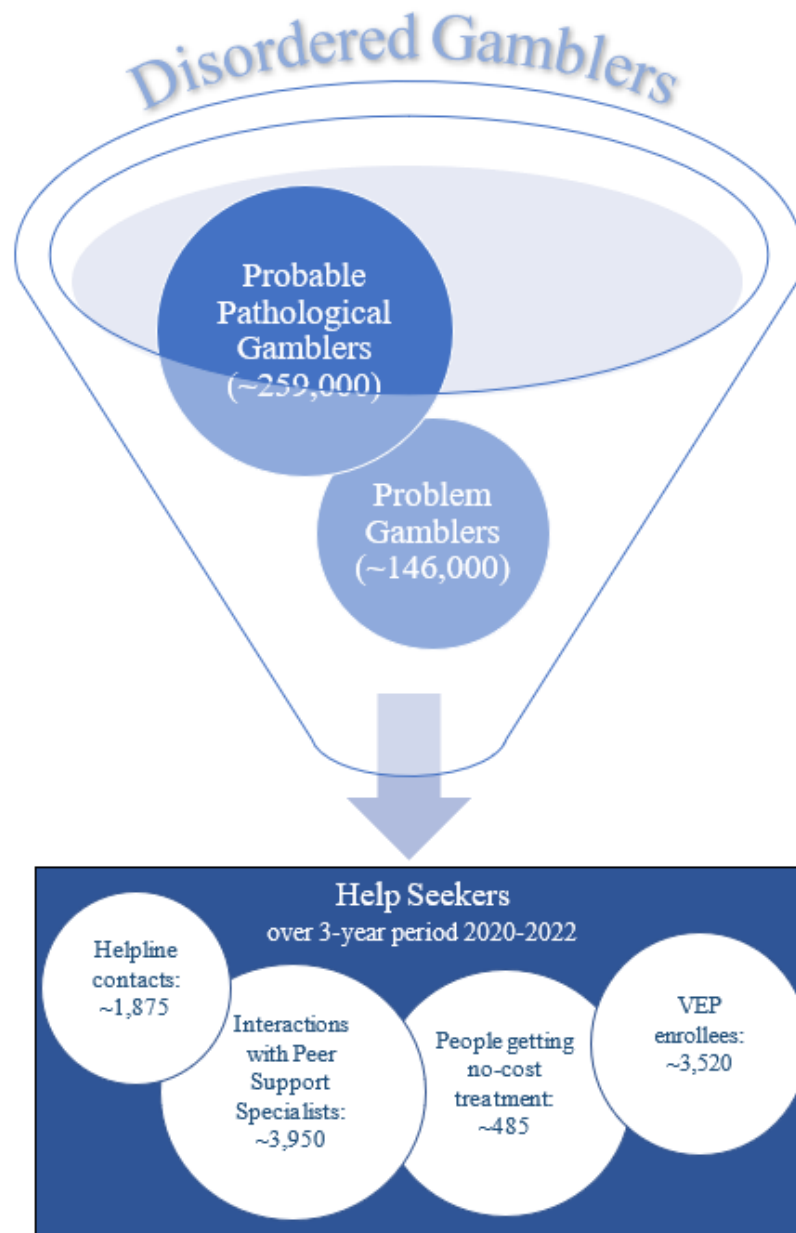
Money gambled in Maryland has grown to over \$4.5 billion per year.



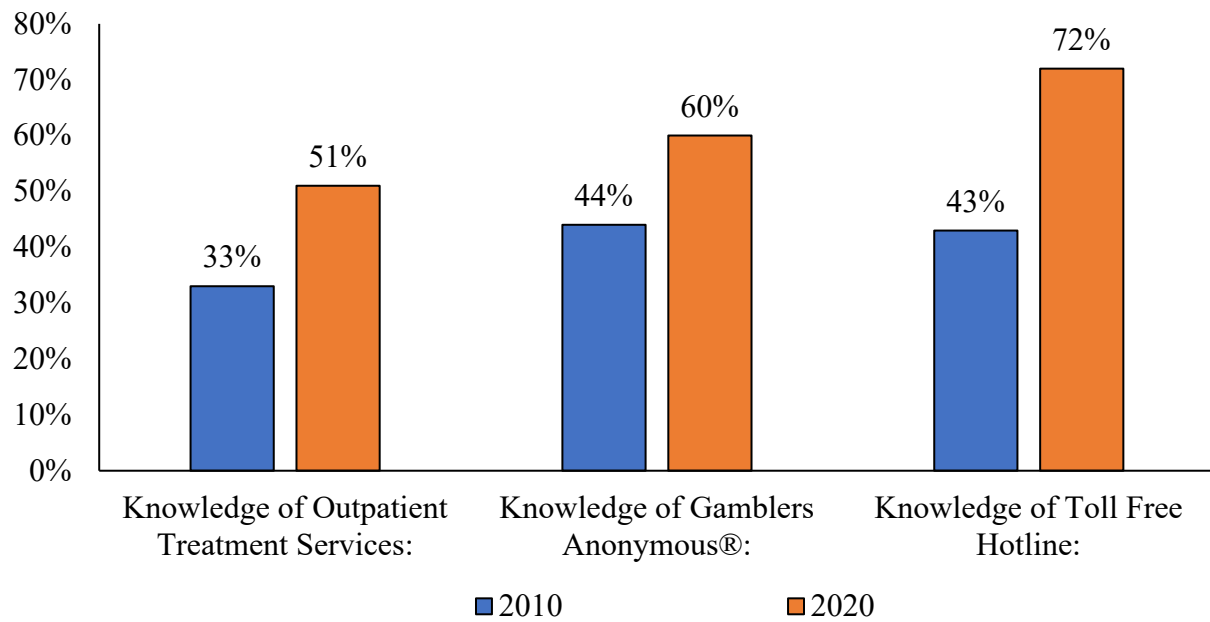
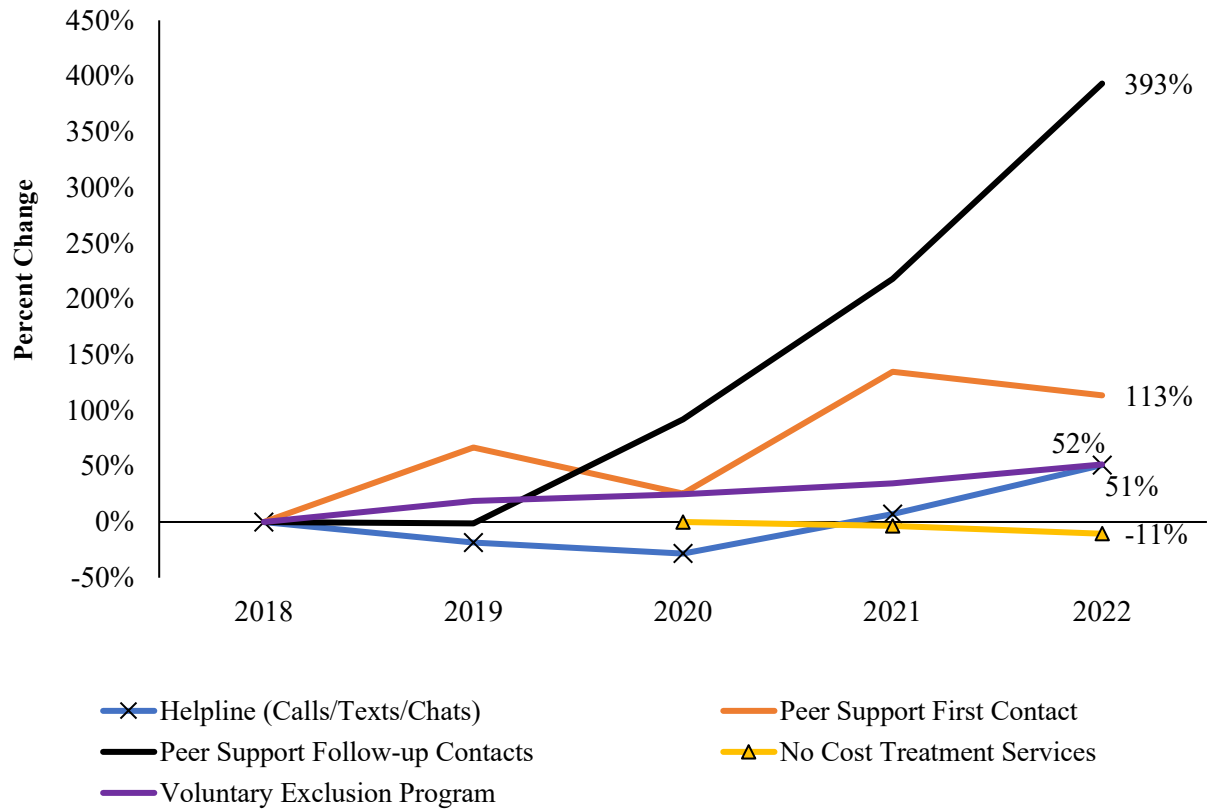
Sports wagering in Maryland began in 2021, and in late 2022 was expanded to allow mobile sports betting. Experts expect sports wagering to grow in the future.

Prevalence studies suggest that Marylanders who have ever had a gambling disorder may be in the hundreds of thousands, while the number of help-seekers assisted by the Center number in the low thousands.





The number of people seeking help has increased over time, as has awareness of opportunities to get help. Records suggest about 160 people per year receive no-cost treatment paid for by the PGF. Maryland spends more on problem gambling than most states and has not come close to expending the PGF's budget for no-cost treatment.





# Chapter 1. Introduction

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## Objective

Pursuant to State Government Article § 2-1234, this report responds to the Joint Audit and Evaluation Committee request that the Office of Program Evaluation and Government Accountability evaluate State-funded prevention and services for problem gambling and, specifically, the Maryland Center of Excellence on Problem Gambling (the Center).<sup>1</sup>

At the time of this report, the Center's functions are run by the University of Maryland, Baltimore School of Medicine (UMSOM) under agreements with the Behavioral Health Administration (BHA) within the Maryland Department of Health (MDH).

The Center is funded solely from Maryland's special, nonlapsing Problem Gambling Fund (PGF). BHA manages the PGF, which it uses to pay for Center operations as well as for other problem gambling-related activities in the State.

## Purpose and Scope

The purpose of this evaluation was to examine the following research questions: (1) What activities and services have been undertaken by the Center in its mission to promote healthy and informed choices about gambling and problem gambling throughout Maryland? (2) How has the Center coordinated its activities and services with the other PGF-funded entities under BHA direction that also promote this mission? (3) Do current activities and services provided by PGF-funded entities, including the Center, have capacity to accommodate more Marylanders seeking help? and (4) How do the activities and services provided by the Center, in coordination with BHA's other PGF-funded entities, compare to that in other states?

The scope of this evaluation was limited to activities and services publicly funded by BHA from the State's PGF, with a focus on the Center. This evaluation did not address efforts undertaken by the Maryland Lottery and Gambling Control Agency (MLGCA) to promote responsible gambling.

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<sup>1</sup> The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) uses the term "gambling disorder" to combine the categories of "problem gambler" and "probable pathological gambler," with "probable pathological" representing the more severe form of the behavior as measured by screening instruments. This report uses the term "problem gambling" more generally (such as to correspond with titles like the "Problem Gambling Fund" and the "Center of Excellence on Problem Gambling") where appropriate in context.

## Brief History of Gambling in Maryland

MLGCA was established in 1972 to regulate the various types of legalized gambling in the State. The Center defines gambling as any activity that involves risking something of value, including but not limited to money or property, on an event whose outcome is uncertain. **Exhibit 1.1** below shows a timeline of gambling related activity since 1972.

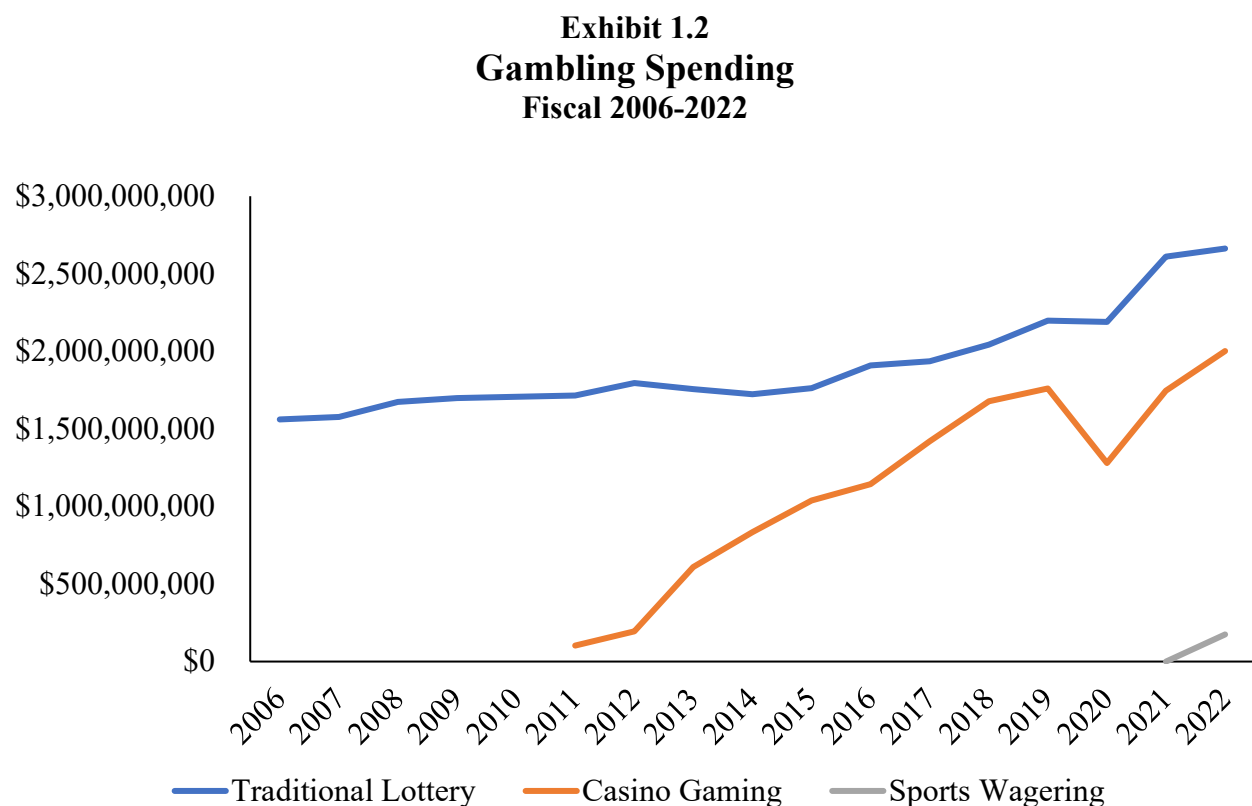
**Exhibit 1.1**  
**Timeline of Lottery and Gambling in Maryland**

Year	Event(s)
1973	Maryland Lottery and Gaming Control Agency began operations.
	Traditional lottery sales commenced.
1976	Scratch-offs, also known as instant tickets, were introduced.
	The Maryland Lottery introduced PICK 3, its first draw game.
1993	KENO is introduced.
1996	The Maryland Lottery began selling Mega Millions tickets.
2007	Maryland amends its Constitution to provide that the General Assembly can only authorize additional forms or expansion of commercial gaming if approved through a referendum by a majority of the voters in a general election.
2008	Voters approved the installation of up to 15,000 VLTs (slot machines) at casinos in the State.
2010	The Maryland Lottery began selling Powerball® tickets.
	Maryland's first casino opened.
2012	Legislation passed allowing for a sixth casino, an increase to the number of slot machines in the State to 16,500, establishment of table games, and 24/7 casino operations. An annual fee of \$425 per VLT and up to \$500 for each table game was authorized to be paid by each licensee and distributed to the Problem Gambling Fund.
	"Fantasy Competition" is exempted from prohibitions against betting, wagering, and gambling in State law.
	The Maryland Center of Excellence on Problem Gambling began operations.
2013	Maryland casinos begin to offer table games.
2018	In May 2018, the U.S. Supreme Court struck down a 1992 federal law that had effectively banned commercial sports betting in most states, opening the door to states legalizing wagers on professional and amateur sports.
2020	Maryland voters approved the establishment of sports betting in Maryland.
2021	Retail sports betting launched at five casinos in Maryland.
2022	Online sports wagering launched in Maryland.

VLT: video lottery terminal

**Observation: Spending on Maryland lottery games and Maryland casino gaming each exceeded \$2 billion in fiscal 2022.**

**Exhibit 1.2** below shows the change in dollars spent on traditional lottery, casino gaming, and sports wagering in Maryland since 2006. As additional lottery games, casinos, and sports wagering opportunities have become available, the amount spent has increased. As of fiscal 2022, spending on traditional lottery gambling had grown to over \$2.5 billion and spending on casino gaming had grown to just over \$2 billion. Individuals directly involved with problem gambling services in Maryland have projected that sports wagering will continue to increase over time.



Source: Maryland Lottery and Gaming Control Agency

The dip in casino gaming spending from \$1.76 billion to \$1.28 billion between fiscal 2019 and 2020 was likely due to the COVID-19 pandemic. All six casinos temporarily closed, then operated with a State-mandated 50% capacity limit from June 2020 until March 2021. Local jurisdictions limited the three largest casinos to 25% capacity for part of fiscal 2021.

## Expanded Gambling: Sports Betting

Sports betting was legalized in 2021, and retail sports books began operations in November 2021. Online sports betting launched on November 23, 2022. This launch allowed people in Maryland to place sports bets online from any location within the State.

**Exhibit 1.3** shows the partnerships between the mobile retail sportsbook and the casino with which it is affiliated.

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### Exhibit 1.3 Maryland Based Retail Sportsbooks

<u>Casino</u>	<u>Retail Sportsbook</u>	<u>Location</u>	<u>Retail Launch Date</u>
MGM National Harbor	BetMGM Sportsbook & Lounge	Oxon Hill (Prince George's County)	Dec. 9, 2021
Live! Casino & Hotel	FanDuel Sportsbook	Arundel Mills (Anne Arundel County)	Dec. 10, 2021
Horseshoe Casino	Caesars Sportsbook	Baltimore (Baltimore City)	Dec. 10, 2021
Ocean Downs Casino	TwinSpires Sportsbook	Berlin (Worcester County)	Dec. 19, 2021
Hollywood Casino Perryville	Barstool Sportsbook	Perryville (Cecil County)	Dec. 23, 2021
Riverboat on the Potomac	PointsBet Sportsbook	Colonial Beach, VA, sail MD waterways	Sep. 12, 2022
Bingo World	BetRivers Sportsbook	Baltimore (Baltimore City)	Aug. 2, 2022

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Other retail sportsbooks associated with Maryland brick and mortar establishments are listed in **Appendix E**.

## Maryland Funds Problem Gambling Services through the Problem Gambling Fund

The Center is currently run by UMSOM. UMSOM was selected under a competitive bid process by BHA within MDH. BHA funds the Center solely from the special, nonlapsing PGF.

BHA also uses the PGF for other problem gambling-related activities in the State: treatment services; public service announcements; and support for families of problem gamblers. Over fiscal 2018 to 2022, the PGF budget averaged \$4.7 million.

BHA has responsibility for (1) deciding how to use the PGF; (2) selecting and monitoring the entity which operates the Center; and (3) selecting and monitoring all additional contracts and agreements paid for from the PGF.

## **Brief History of the Problem Gambling Fund and the Center**

The Maryland General Assembly (MGA) has authorized MDH to use the PGF to pay for the Center and for other activities related to problem gambling. During its 2007 special session, MGA adopted Senate Bill 3, Maryland Education Trust Fund - Video Lottery Terminals (Chapter 4 of 2007), approved by public referendum in November 2008. Among other provisions, the law created the special, nonlapsing PGF from gambling fees on table games and video lottery terminals. The law also authorized MDH<sup>2</sup> to use the PGF to address problem gambling. It directed MDH to conduct initial and replicative studies of the prevalence of problem and pathological gambling, establish a 24-hour hotline, and set up a network of services for problem gamblers in Maryland.

MDH has used most of the PGF to run the Center's functions, described below; MDH has also used the PGF to fund additional problem gambling-related activities.

The clinical and prevention functions of the Center include promotion of healthy and informed choices regarding gambling and problem gambling through public awareness, clinical problem gambling consultation, training and education, technical assistance to the behavioral health care system, peer recovery support, prevention, and public policy. The Center's clinical/prevention functions began operations on July 1, 2012, under an agreement between the MDH BHA and the UMSOM Department of Psychiatry.

Research functions of the Center include repeated statewide studies of the prevalence of disordered gambling, as well as additional research projects requested by BHA. In general, prevalence studies estimate the proportion of a population who have a specific characteristic in a given time period; Maryland's prevalence studies on disordered gambling have assessed the proportion of Maryland adults displaying a range of gambling behaviors, including problem gambling.

A baseline study of the prevalence of disordered gambling in Maryland was conducted by researchers at the Maryland Institute for Policy Analysis and Research of the University of Maryland, Baltimore County (UMBC). UMBC conducted the baseline prevalence survey in 2010 and published the final report in May 2011.

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<sup>2</sup> MDH was formerly the Department of Health and Mental Hygiene (DHMH). The Alcohol and Drug Abuse Administration within DHMH first held these responsibilities, later moved to BHA within MDH.



The Center's research function began at UMSOM on January 1, 2014, under an Interagency Agreement between MDH and the UMSOM Department of Epidemiology and Public Health. The agreement was extended by a later memorandum of understanding.

Outcomes from the Center's Research Program on Gambling are described in **Appendix F**.

## **Maryland Law Requires Disordered Gambling Prevalence Studies at Least Every Five Years**

Maryland statute requires MDH<sup>3</sup> to assess the statewide prevalence of problem gambling at regular intervals. The State's most recent prevalence study, 2020, found that about 8.6% of adults in Maryland had experienced disordered gambling in their lifetime. This section discusses the disordered gambling prevalence studies completed by MDH to date, and how these studies compare with other states.

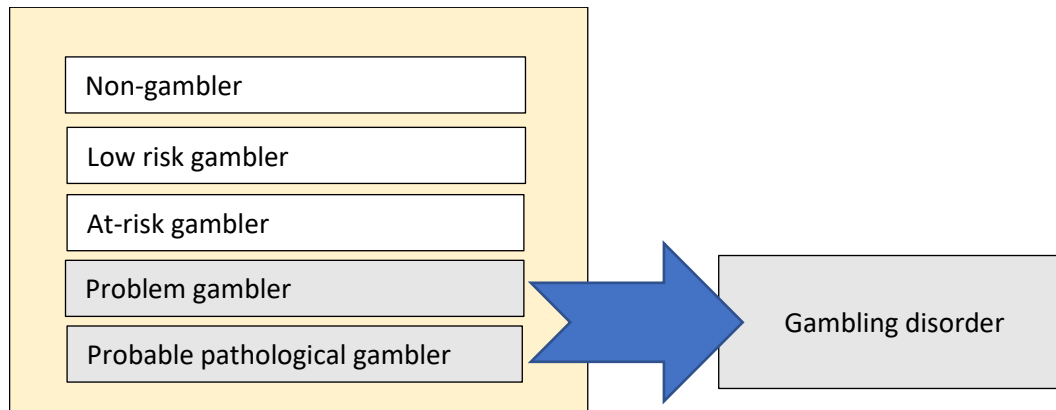
Under State law, the Secretary of Health must measure the rate of problem and pathological gambling by contracting with an independent researcher to (1) conduct an initial prevalence study and (2) conduct replication prevalence studies no less than every five years that allow comparisons between the studies.

The term "disordered gambling" encompasses both problem and pathological gambling. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and Maryland's prevalence studies use the term "gambling disorder" to combine the categories of "problem gambler" and "probable pathological gambler," as illustrated in **Exhibit 1.4**. According to the Center's researchers, the terms problem and pathological gambling are still sometimes used, with "probable pathological" representing the more severe form of the behavior.

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<sup>3</sup> MDH was previously DHMH.

**Exhibit 1. 4**  
**The Term “Gambling Disorder” Combines the Riskiest Gambling Categories**  
**in the NODS and SOGS Screening Instruments**



NODS: National Opinion Research Center (NORC) Diagnostic Screen for Gambling Disorders  
SOGS: South Oaks Gambling Screen

Researchers use screening tools to categorize gambling behaviors. Using the National Opinion Research Center (NORC) Diagnostic Screen for Gambling Disorders (NODS) tool, for example, researchers ask survey respondents questions about their gambling behavior and how gambling has affected their lives, such as the following:

- Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?
- Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?
- Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else in order to pay for your gambling?
- Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends?
- Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?

Participant answers are scored against criteria for pathological gambling, yielding a total score between 0 and 10. A total score of 1 or 2 is labeled “at risk”, 3 or 4 indicate a “problem gambler” and 5 to 10 is “pathological gambler.”

Researchers in Maryland have conducted four statewide surveys on the prevalence of gambling and disordered gambling among adult residents. In 2011, UMBC researchers produced the initial (“baseline”) prevalence study, based on a survey in 2010. Subsequently, UMSOM researchers conducted three more surveys, in 2017, 2020, and 2022. Results from UMSOM’s 2022 survey are due to BHA by June 30, 2023 and were unavailable at the time of this report.

The prevalence studies in 2010 and 2017 used stratified random sampling (SRS) to attain their sample. The 2020 study used a combination of SRS and consumer lists obtained from commercial entities. All three studies used NODS as their primary assessment instrument. All three surveys used the questionnaire adopted for the 2010 Maryland baseline survey. BHA plans to conduct future statewide prevalence studies every two years to identify trends in gambling behaviors.

The National Council on Problem Gambling considers prevalence studies a best practice because they can inform policymakers about the number of people in a population with disordered gambling, the nature and extent of gambling-related harm, the factors associated with problem gambling, and the effectiveness of initiatives meant to reduce gambling-related harm. Repeated prevalence studies allows changes to be observed over time, particularly as the types of legal betting expand.

## **Trends in the Prevalence of Lifetime Disordered Gambling in Maryland**

**Exhibit 1.5** compares the overall estimated prevalence of disordered gambling from Maryland’s 2010, 2017, and 2020 studies. The 2020 prevalence study estimated that about 8.6% of adult Maryland residents (or roughly 400,000 people) had experienced disordered gambling in their lifetime.

**Exhibit 1.5**  
**Comparison of Gambling Prevalence Studies in Maryland**  
**(Residents Age 18+)**

Survey Year		2010		2017		2020	
Sample Size (Adults)		5,975		3,761		6,000	
% Ever Gambled		90.0%		87.0%		92.3%	
NODS Classifications:		Estimated Prevalence	Range 95% CI	Estimated Prevalence	Range 95% CI	Estimated Prevalence	Range 95% CI
+	Problem Gambling (Lifetime)	1.9%	1.4% to 2.4%	0.7%	0.4% to 23.9%	3.1%	2.7% to 3.6%
+	Probable Pathological Gambling (Lifetime)	1.5%	1.0-1.9%	1.2%	0.1-17.5%	5.5%	4.9-6.2%
=	Disordered Gambling (Lifetime)	3.4%		1.9%		8.6%	
MD Population Age 18+*		4,334,978		4,668,763		4,713,393	
Applying Survey Prevalence Estimate to Adult Population							
+	Problem Gamblers (Lifetime)	84,000	61,900 to 106,000	32,681	18,675 to 1,115,834	146,115*	127,262 to 169,682*
+	Probable Pathological Gamblers (Lifetime)	66,000	44,200 to 84,000	46,688	4,669 to 817,034	259,237*	230,956 to 292,230*
=	Disordered Gamblers (lifetime)	150,000		79,369		405,352*	

CI: confidence interval

NODS: National Opinion Research Center Diagnostic Screen for Gambling Problems

\* The 2020 report did not estimate number of adults; the Office of Program Evaluation and Government Accountability calculated the numbers for this exhibit based on the 2020 survey's estimated prevalence and the American Community Survey 1-yr 2019 population age 18+.

While all three Maryland prevalence studies have a 95% confidence level, the 95% confidence interval was substantially bigger for the 2017 study, and the sample size was smaller in the 2017 survey, making the 2017 estimate more uncertain.

### Prevalence Studies Reveal More than Overall Prevalence

Researchers for Maryland's initial baseline prevalence study emphasized that there is much more to be learned by looking beyond the overall prevalence rate, such as factors associated with problem gambling. Maryland's prevalence studies also report survey results by demographic and behavioral subcategories, including the following:

- by age;
- by gender;
- by race;
- by income;
- by education level;
- by employment status;
- by region of the State;
- by cigarette use;
- by alcohol consumption, binge frequency, and number of drinks;
- by drug use;
- by health status;
- by distance traveled to gamble;
- by time spent gambling; and
- by knowledge of the toll-free hotline, Gamblers Anonymous, and outpatient treatment services.

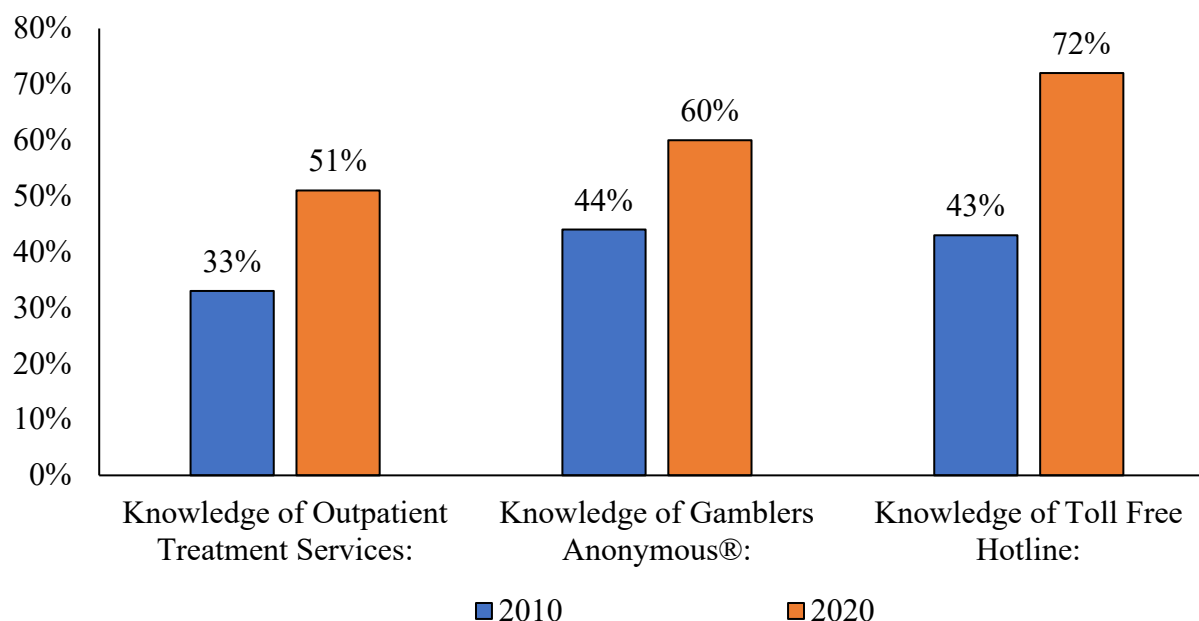
These detailed breakdowns can assist in developing prevention, intervention, and treatment strategies. For example, based on results from the 2020 prevalence study, the Center's researchers recommended integrating education programs aimed at substance abuse with those aimed at disordered gambling.

## **Prevalence Studies Show Growing Awareness in Maryland About Help for Problem Gambling**

Each Maryland prevalence survey has asked respondents about their knowledge of sources of help for problem gambling. As shown in **Exhibit 1.6** awareness grew in Maryland from 2010 to 2020 about sources of help for problem gambling.

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**Exhibit 1.6**  
**Awareness of Problem Gambling Help among Disordered Gamblers**



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**Comparing the Prevalence of Disordered Gambling in Maryland to Other States and the United States**

Maryland is one of the few states regularly studying gambling disorder prevalence among its residents. Among states with such studies, results are often not directly comparable because of differences in study design and technique. The federal government does not study gambling or disordered gambling prevalence.

The Center has found the prevalence of gambling disorder in Maryland to be relatively high among states, although few states monitor prevalence. In February 2023, the Center's research division (the Research Program on Gambling) provided BHA with a literature review of state prevalence studies to put Maryland's survey results into context. For the period of 1987 through 2022, the Center identified 54 gambling disorder prevalence surveys in 26 states that met criteria for comparability. Of these, 6 were conducted in the 2010s, and only 2 were conducted in the 2020s.

One key difference when comparing prevalence rates is whether prevalence is reported as "lifetime" prevalence or the average "past year" prevalence. Lifetime prevalence rates typically exceed past year prevalence rates. The Center's review of state studies across the United States

found that the mean lifetime prevalence of gambling disorder was 4% to 5%, and the mean past year prevalence of gambling disorder was 2% to 3%. Maryland's measured lifetime gambling disorder prevalence of 8.6% in 2020 was at the high end of the expected range for lifetime prevalence. The researchers identified two other statewide studies with a lifetime prevalence of over 8% – one in Connecticut and one in Louisiana.

The Center's researchers noted that expanding gambling options and the COVID-19 pandemic may affect survey outcomes, but that too few studies have been published across the United States in recent years to assess these effects across states.

### **A 2019 Survey of Gambling Disorder in the United States Did Not Estimate a Prevalence Rate**

In 2019, the National Council on Problem Gambling published results of a national online survey commissioned from the National Survey of Gambling Attitudes and Gambling Experiences 1.0, but that survey did not calculate a prevalence rate for disordered gambling. The survey was taken in November 2018, when sports betting was legal only in Nevada and New Jersey.

The national survey findings included the following:

- the lottery was the most popular form of gambling. At the time of the survey, lottery tickets were sold in 44 states and the District of Columbia, and the lottery was the most popular form of gambling in all of those jurisdictions;
- 16% of gamblers believed gambling is a good way to make money. The survey found that misconceptions about how gambling works were more common among those playing games with a skill component (*e.g.*, sports betting or cards); and
- online gamblers were on average the youngest, with a median age of 34.

**Recommendation: MDH should share prevalence studies and related research briefs and reports with MGA more timely.**

Although the independent researchers completed the 2020 prevalence study and provided it to MDH in 2021, as of February 2023, MDH had not sent official copies to MGA. Per Md. Education Code Ann. § 23-303, State agencies must submit to the State's depository libraries copies of documents produced at the total or partial expense of any State agency.

To ensure more timely reporting of future prevalence studies, MGA could consider:

- directing MDH to send MGA official copies of all prevalence studies, and related interim briefs and reports, within 30 days of when the independent researcher transmits them to MDH; and
- specifying that MDH use the report distribution process in State Government Article, §-2-1257.

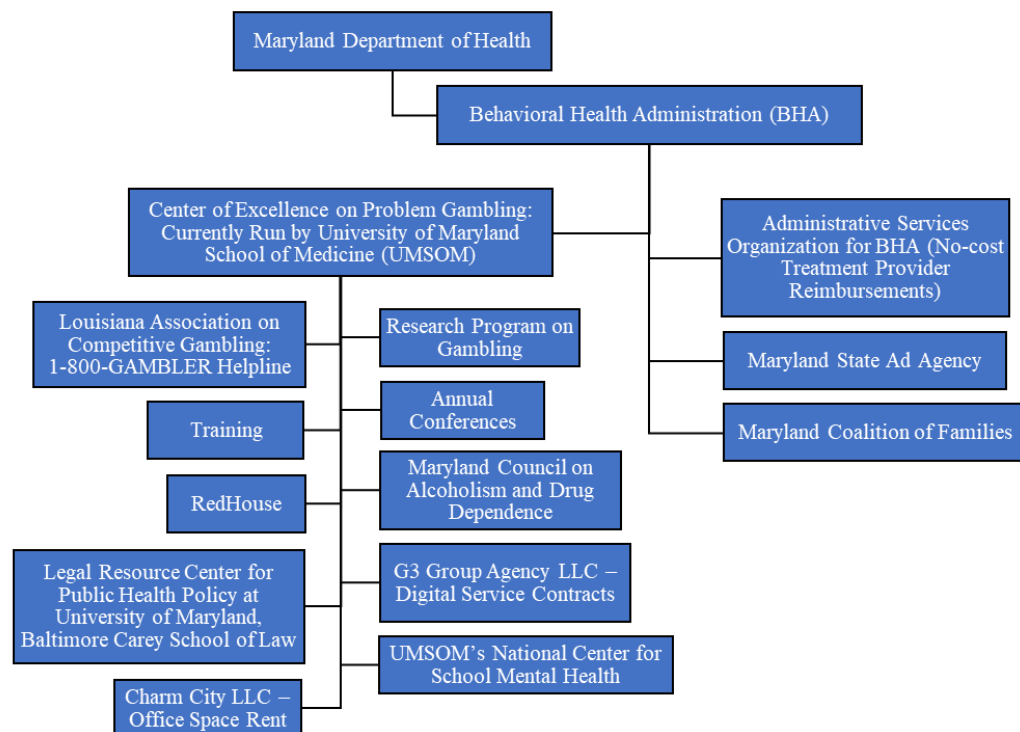
## Chapter 2. What is Maryland Currently Doing About Problem Gambling?

Maryland prevents and mitigates the risks of problem gambling with publicly and privately funded organizations.

### The Maryland Department of Health, the Behavioral Health Administration, and the Maryland Center of Excellence on Problem Gambling

Expenditures from the Problem Gambling Fund (PGF) are controlled within the Maryland Department of Health (MDH) by the Behavioral Health Administration (BHA). **Exhibit 2.1** shows the relationship between entities using the PGF; it illustrates the flow of PGF dollars from BHA to its direct contracts, which includes the Maryland Center of Excellence on Problem Gambling (the Center), and from the Center to its subcontractors.

**Exhibit 2.1**  
**Entities Using the Problem Gambling Fund**





## Organizations Outside the Maryland Department of Health

The following entities play a role in promoting responsible gambling or assisting individuals who deal with problem gambling, but they do not use PGF funds.

### Maryland Lottery and Gaming Control Agency

The Maryland Lottery and Gaming Control Agency (MLGCA) regulates gaming operations at Maryland casinos, including the Maryland Video Lottery Program (slots gambling), and table games. The Gaming and Regulatory Oversight Division regulates casino gambling. The division also administers responsible gambling programs.

MLGCA's responsible gambling program director is responsible for ensuring that casinos and sportsbook licensees have approved responsible gambling plans in place and also oversees responsible gambling training efforts regarding responsible gambling. This position also administers the Voluntary Exclusion Program and serves as MLGCA's primary liaison to the Center.

The Voluntary Exclusion Program (VEP) allows an individual to voluntarily exclude themselves from casinos, lottery games, instant bingo halls, daily fantasy sports, and sports wagering. A person can elect to be on the list for their lifetime or have the option for at least a two-year ban. After two years, they may request removal from the list from the Gaming Commission in accordance with COMAR 36.01.03.05. If they meet the removal requirements, they will be considered for removal from the list. MLGCA makes the final decision as to whether or not they are removed from the voluntary exclusion program. **Exhibit 2.2** below breaks down participants in the VEP.

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### Exhibit 2.2 Cumulative Enrollment in the Voluntary Exclusion Program By Type of Gambling 2018-2022

	<u>Casino</u>	<u>Lottery</u>	<u>Instant Bingo Hall*</u>	<u>Daily Fantasy (Opened October 2022)</u>	<u>Sports Wagering (Opened October 2022)</u>	<u>Total</u>
2018	1,975	332	14			2,321
2019	2,342	396	23			2,761
2020	2,438	420	39			2,897
2021	2,524	474	127			3,125
2022	2,704	548	250	8	9	3,519

\* General application added bingo as a separate option in 2020.

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**Recommendation: Consider revising the VEP application process to better facilitate contact between the Center and VEP enrollees.**

In the current VEP application, enrollees may opt to allow a peer support specialist from the Center to contact them. Revising the default on the application to automatically allow the Center to reach out to enrollees – unless the enrollee opts out – would facilitate the Center offering direct support to enrollees. At present, if a VEP enrollee violates their own self-exclusion but had not opted to allow the Center to contact them on their initial application (which they may have completed years earlier), then at the point of violation, a casino will contact law enforcement to file criminal charges, but the Center cannot contact the violator to offer support.

BHA, the Center, and MLGCA should consider modifying the VEP application form to default to allow a peer recovery support specialist from the Center to reach out to the VEP enrollee – unless the VEP enrollee opts out by actively selecting the “NO CONTACT” box on the VEP application form. If current statute and regulations are interpreted as prohibiting this change, BHA, the Center, and MLGCA should consider identifying the barrier and offer options to the Maryland General Assembly (MGA) to remove it.

**Observation: The Center’s research function could not assess VEP data for fiscal 2021 or 2022 because MLGCA provided no VEP data to the Center for those years.**

Under BHA’s agreement with the Center, the Center’s Research Program on Gambling is tasked with analyzing and joining VEP data with other data collected on Maryland citizens to enhance the understanding of the impact gambling expansion is having on the State. The Center’s researchers were unable to do such analysis for fiscal 2021 or 2022 because no VEP data was provided to the Center’s researchers for fiscal 2021 or 2022.

**Maryland Alliance for Responsible Gambling Members**

The Maryland Alliance for Responsible Gambling was established in 2010 and meets twice a year. Its objective is to be a statewide partnership focused on coordinating and maximizing resources to address problem gambling in Maryland. The roster of governing members include:

- MDH;
- MLGCA;
- the Maryland Department of Public Safety and Correctional Services;
- the Maryland State Senate;
- the Maryland Council on Problem Gambling;

- the Center; and
- Maryland casinos (Hollywood Casino Perryville, the Casino at Ocean Downs, Maryland Live! Casino, MGM National Harbor, Rocky Gap Casino Resort, and Horseshoe Casino Baltimore).

## Recovery Programs

Recovery programs offer support to people suffering from disordered gambling outside of state-funded resources. Because attendance data is not public, it is unknown how many people use these programs.

## Casinos

Six casinos are operating in Maryland, as shown in **Exhibit 2.3**. Each casino is required to develop and implement a responsible gaming plan.

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### Exhibit 2.3 Casinos Operating in Maryland as of May 2023, by Date of Opening

<u>Casino Name</u>	<u>Jurisdiction</u>	<u>Date of Opening</u>
Hollywood Casino Perryville	Perryville (Cecil County)	September 17, 2010
Ocean Downs	Berlin (Worcester County)	January 4, 2011
Live! Casino and Hotel	Hanover (Anne Arundel County)	June 6, 2012
Rocky Gap Casino Resort	Flintstone (Allegany County)	May 22, 2013
Horseshoe Casino	Baltimore (Baltimore City)	August 26, 2014
MGM National Harbor	Oxon Hill (Prince George's County)	December 8, 2016

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## Problem Gambling Fund: Revenues

MGA created the special, nonlapsing PGF through legislation enacted in 2007. Under current State law, MLGCA collects revenues for the PGF from the following four sources.

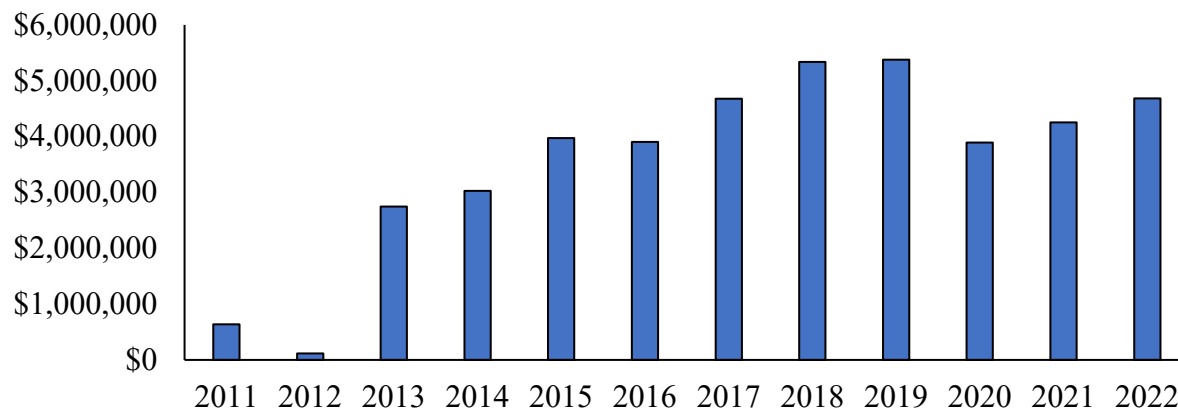
- ***Annual Fees on Video Lottery Terminals (VLT) (Also Called Slot Machines):*** State Government Article § 9-1A-33(a) established a \$425 annual fee for each VLT. MLGCA collects the fee for each VLT operated by a licensee during the year based on the maximum number of terminal positions in use during the year. Over the period of 2011 to 2022, this was by far the largest source of revenue into the PGF.

- **Annual Fees on Table Games:** MLGCA has established a \$500 annual fee for each table game, as authorized by State Government Article § 9-1A-33(a). Table games operate within casinos.
- **Unclaimed Winnings from Sports Wagers:** Per State Government Article § 9-1E-12, a winning wager on a sporting event that is unclaimed by the winner within 182 days becomes State property and is distributed to the PGF.
- **Violations of the VEP:** When gamblers enroll themselves in Maryland's VEP, they agree on their application that if they violate the self-exclusion and gamble while on the voluntary exclusion list, any winnings will be withheld. Such winnings are deposited to the PGF, and MLGCA transfers the PGF deposits to MDH, which has sole authority to expend the PGF.

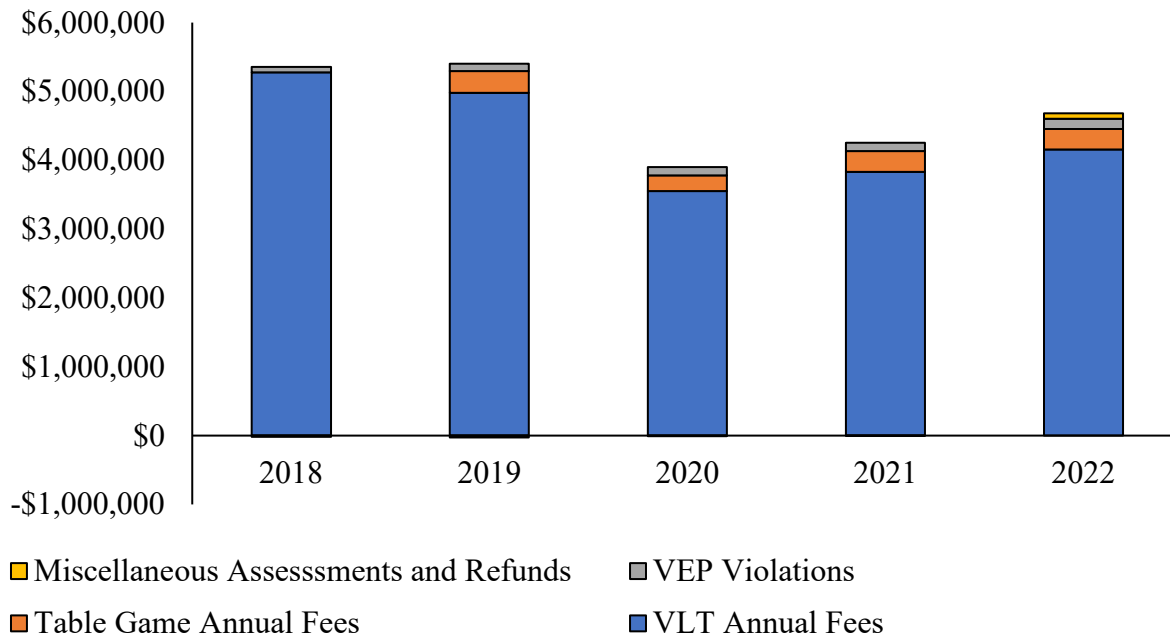
Exhibit 2.4 below shows the PGF amounts transferred to MDH by year, and Exhibit 2.5 shows the source of those funds in select years.

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**Exhibit 2.4**  
**Net Revenues to the Special, Nonlapsing Problem Gambling Fund**  
**Fiscal 2011-2022 Actuals**



**Exhibit 2.5**  
**Revenues into Problem Gambling Fund, by Source**  
**Fiscal 2018-2022 Actuals**



VEP: voluntary exclusion program

VLT: video lottery terminals (slot machines)

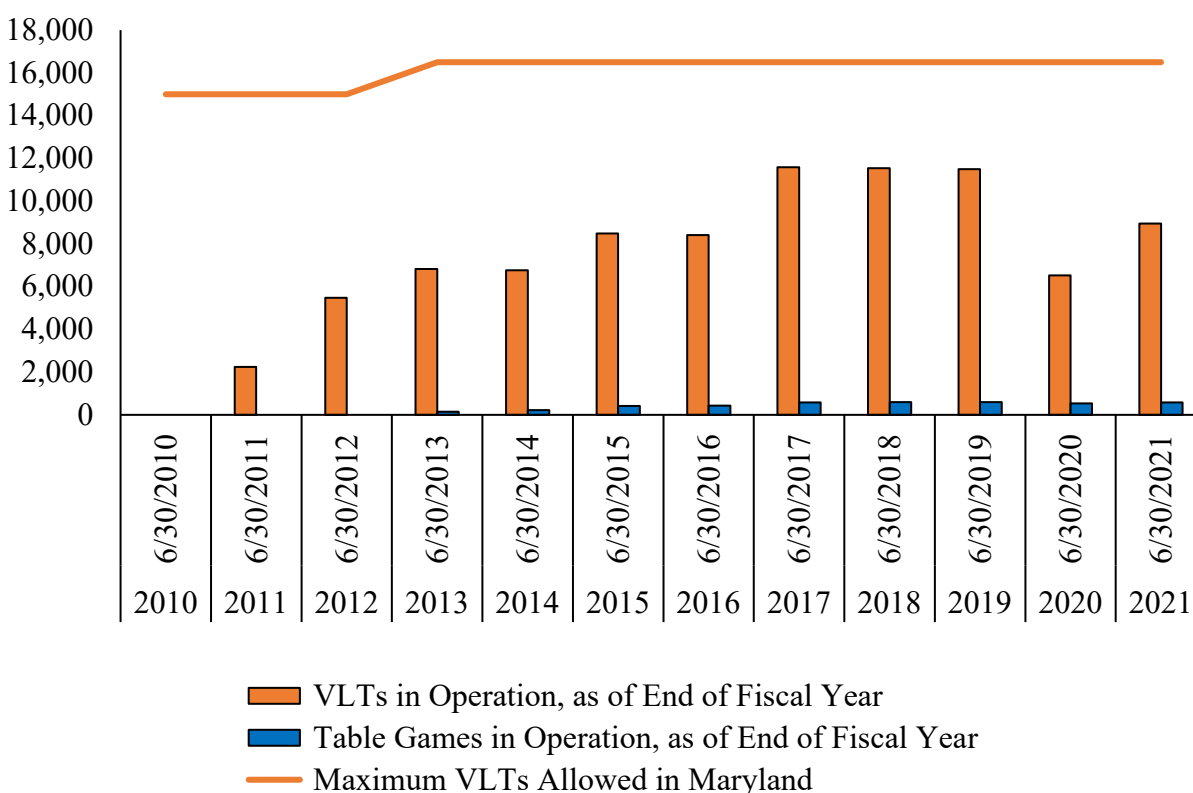
**Appendix B** provides more detail on the sources of revenue into the PGF from fiscal 2011 to 2022.

Under State law, a winning wager on a sporting event (whether in person or online) that is unclaimed by the winner within 182 days becomes State property and MLGCA distributes it to the PGF. Although this law applies to all sports wagers, in practice, online sports wagers will likely have few unclaimed winnings because winnings are automatically credited to the bettor's online account.

In-person sports wagers began in Maryland in November 2021, so the first unclaimed winnings became State property starting six months later and are not part of fiscal 2022 deposits to the PGF. MLGCA expects that unclaimed sports bet winnings (also called 'expired tickets') that are eligible for deposit into the PGF will exceed \$1.6 million for the first year, but the timing, amount, and sustainability of such deposits are still preliminary.

Over 2011 to 2022, most PGF revenues derived from the \$425 per VLT annual fee. At their peak, VLT annual fee revenues reached about \$5 million. Revenues from the \$500 per table game annual fees have generated less than \$320,000 per year to the PGF. **Exhibit 2.6** below compares the number of VLTs and the number of table games operating in Maryland through fiscal 2021.

**Exhibit 2.6**  
**VLTs and Table Games in Maryland**  
**Fiscal 2010-2021**



VLT: video lottery terminal

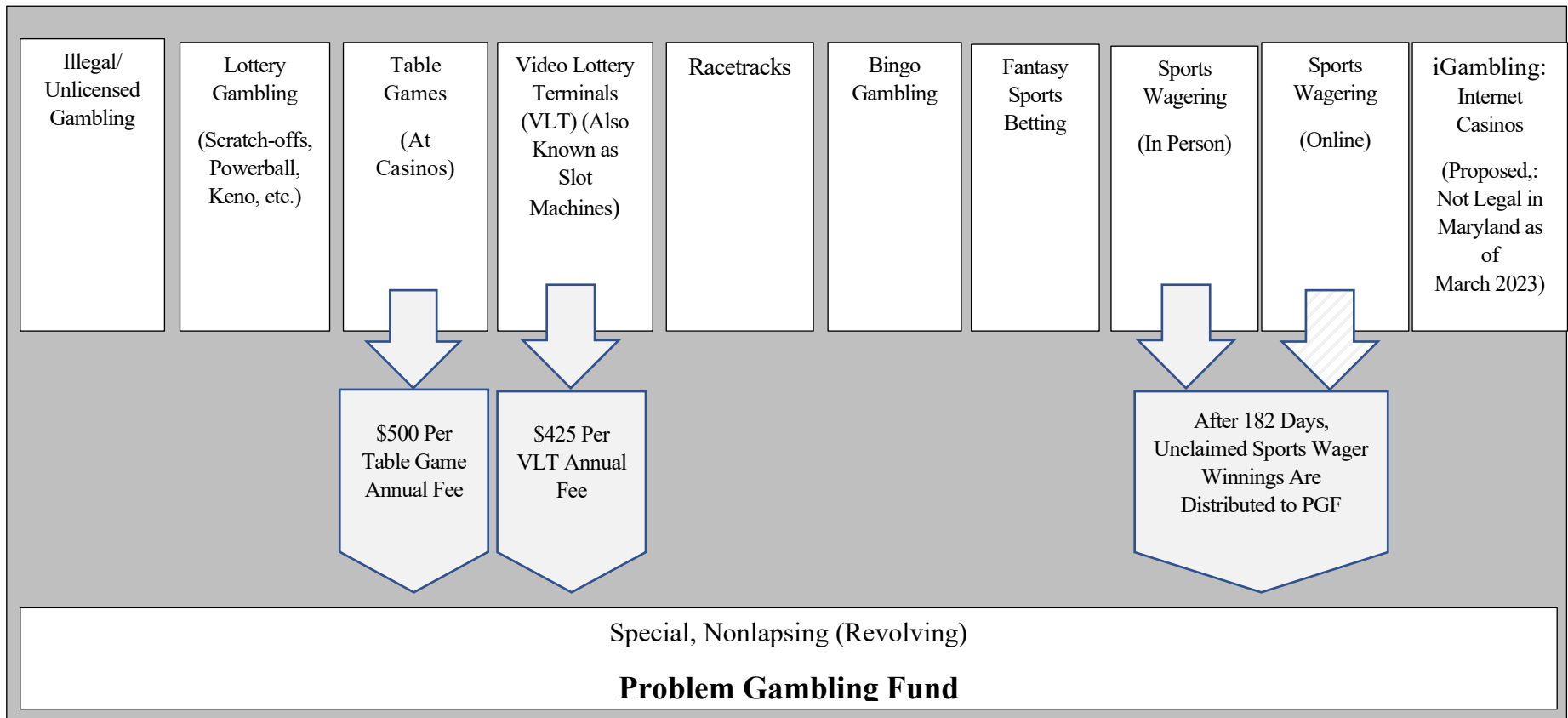
**Observation: The types of gambling contributing to the PGF have not changed with the addition of types of legalized gambling (with the exception of unclaimed winnings from sports wagers).**

The National Council on Problem Gambling recommends as a best practice that as a state legalizes a type of gambling, a portion of revenues from that type of gambling (“vertical”) be dedicated to problem gambling prevention and services. Diversifying the sources of revenues for problem gambling can offer the following benefits:

- expanding the legal types of gambling increases access to gambling, which can increase how many people seek help for problem gambling. If each type of gambling does not contribute revenues toward problem gambling services, then revenues may not keep pace with need;
- expanding the legal types of gambling can change who gambles, necessitating new prevention and outreach strategies. For example, the national 2019 NGAGE survey found sports betting is by far more appealing to young adults, and sports bettors showed higher levels of problematic play than non-sports gamblers. Adding more targeted campaigns may require more funds;
- trends in gambling can change over time. As tastes change, there can be a substitution effect whereby people who previously played table games or VLTs may move to new lottery games or online sports betting. If each type of gambling does not contribute into a PGF, then revenues available for services may drop even as overall gambling behavior and wagers stays constant or increases; and
- asking some types of gambling (such as table games in casinos) to contribute to problem gambling services but not others (such as lottery gambling, bingo gambling, or sports betting) could imply that they do not contribute to problem gambling.

**Exhibit 2.7** shows the sources of PGF revenue.

**Exhibit 2.7**  
**Contributions to Problem Gambling Fund, by Types of Gambling (“Verticals”)**  
**As of March 2023**





**Recommendation: Consider diversifying the revenue sources into PGF.**

MGA could consider diversifying the types of gambling types (“verticals”) that contribute to PGF. Diversifying the revenue sources could help ensure that the PGF is stable and can keep pace with problem gambling behavior if that grows among Maryland residents over time. MGA could dedicate a portion of revenues from each legal type of gambling, including lottery gambling, bingo gambling, sports wagering, and any other type of gambling that may be legalized in Maryland in the future.

**Problem Gambling Fund: Expenditures**

MGA created the special, nonlapsing PGF in 2007. State law provides that expenditures from the PGF can be made only by the MDH for the following purposes:

- **Helpline:** establish a 24-hour hotline for compulsive and problem gamblers and to provide counseling and other support services for compulsive and problem gamblers;
- **Outreach:** establish an outreach program for compulsive and problem gamblers, including individuals who requested placement on the voluntary exclusion list.
- **Prevention and Treatment Programs:** develop and implement free or reduced cost problem gambling treatment and prevention programs.
- **Treatment Services at No or Low Cost:** develop and implement free or reduced cost problem gambling treatment and prevention programs targeted at individuals with problem gambling issues related to sports wagering, participation in fantasy competitions, and other forms of wagering, whether legal or illegal, conducted in the State or through online means.

A separate provision of State law clarifies that research and training designed to improve or extend these services are proper items of expense.

After satisfying the above requirements, State law allows MDH to use any unspent funds in the PGF for drug and other addiction treatment services, but per MDH, all PGF funds over the 2011 to 2022 period have been used for problem gambling-related activities and services.

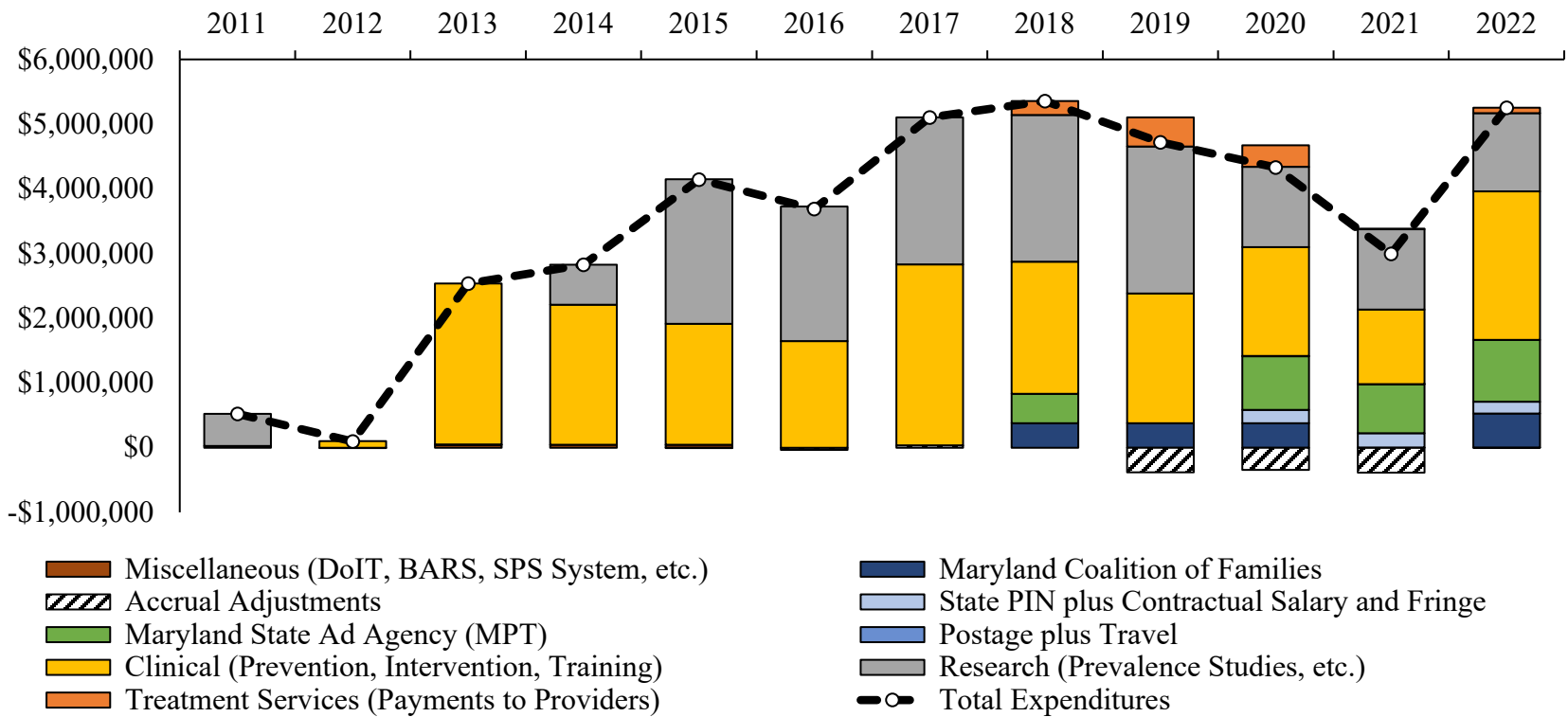
To implement the purposes of the PGF, MDH has expended the PGF mainly through contracts and agreements with the following entities:

- the University of Maryland School of Medicine to run the research and clinical functions of the Center;

- the Administrative Services Organization for BHA to reimburse treatment providers serving problem gambling help seekers;
- the Maryland State Ad Agency (a division of Maryland Public Television) for public service announcements in a variety of media; and
- the Maryland Coalition of Families for support for family members of problem gamblers.

**Exhibit 2.8** illustrates the actual expenditures from the PGF for fiscal 2011 to 2022. **Exhibit 2.9** illustrates the carryover amounts, revenues, and expenditures for fiscal 2022, the most recent year with actuals at the time of this report. **Appendix D** provides tables with the detailed carryover amounts, revenues, and expenditures for fiscal 2011 to 2022.

**Exhibit 2.8**  
**Expenditures from Problem Gambling Fund**  
**Fiscal 2011-2022 Actuals**



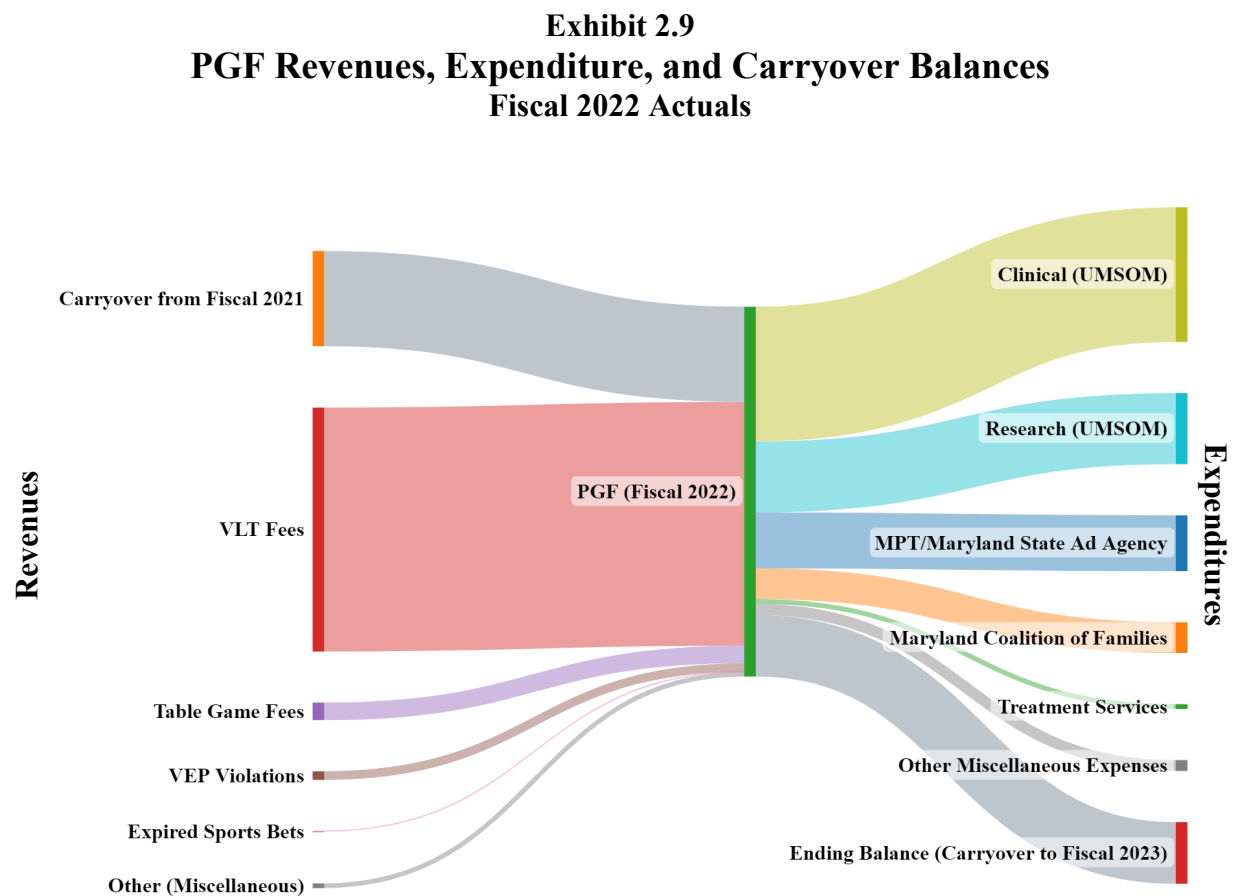
BARS: Budget Analysis and Reporting System  
DoIT: Department of Information Technology

MPT: Maryland Public Television  
SPS: Statewide Personnel System

## Problem Gambling Fund Is Nonlapsing

The PGF is a special, nonlapsing fund (also called a revolving fund). Any unspent amounts at the end of a fiscal year are available for expenditure the next fiscal year. Appendix D details PGF revenues, expenditures, and carryover balances for fiscal 2011 to 2022.

Exhibit 2.9 illustrates PGF revenues, expenditures, and carryover amounts for fiscal 2022.



MPT: Maryland Public Television  
 PGF: Problem Gambling Fund  
 UMSOM: University of Maryland School of Medicine  
 VEP: Voluntary Exclusion Program  
 VLT: video lottery terminal



## Chapter 3. How Many Marylanders Seek Help for Problem Gambling?

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Marylanders seek help for problem gambling in a variety of ways, including one or more of the following:

- call, text, or chat 1-800-GAMBLER, a free, national Helpline;
- connect with a Peer Support Specialist at The Maryland Center of Excellence on Problem Gambling (Center);
- get free treatment services, which can be paid for via the Problem Gambling Fund (PGF) or Medicaid; and/or
- enroll in Maryland’s Voluntary Exclusion Program (VEP), administered by Maryland State Lottery and Gaming Control Agency.

**Observation: The number of Marylanders seeking help for problem gambling is small compared to the estimated number of problem gamblers identified in prevalence studies.**

The Center has contracted with a national helpline to provide free, 24 hour/7 days a week services. This 1-800-GAMBLER helpline provides the Behavioral Health Administration (BHA) with information on how many people call, text, and chat using their services. **Exhibit 3.1** shows a communication between an anonymous user and 1-800-GAMBLER using the web-based chat function. All three methods of communication (call, text, and chat) have increased between calendar 2018 and 2022. **Exhibit 3.2** shows how they have changed over time.

**Exhibit 3.1**  
**Sample Chat Using 1-800-GAMBLER Chat Function**

ing new messages? [Click here to correct.](#)

you.

n : Are you looking to get help for Gambling?

ymous : I'm not sure, I am really just seeing what types of help are available

ymous : I was confused as to how this differs from calling or texting

n : What we do is give resources for Gambling Counselors, support groups and possible self exclusion

n : There is no Difference. You get the same information

n : They have both because some people are not able to call OR possibly nervous about calling.



ymous : I see, and if I needed help, you could connect me through this chat function with resources in my home state of Maryland?

n : Yes, I can give you the information for your city/county

n : Is that what you are looking to do?

ymous : not at the moment. But I do appreciate the information, thank you

)

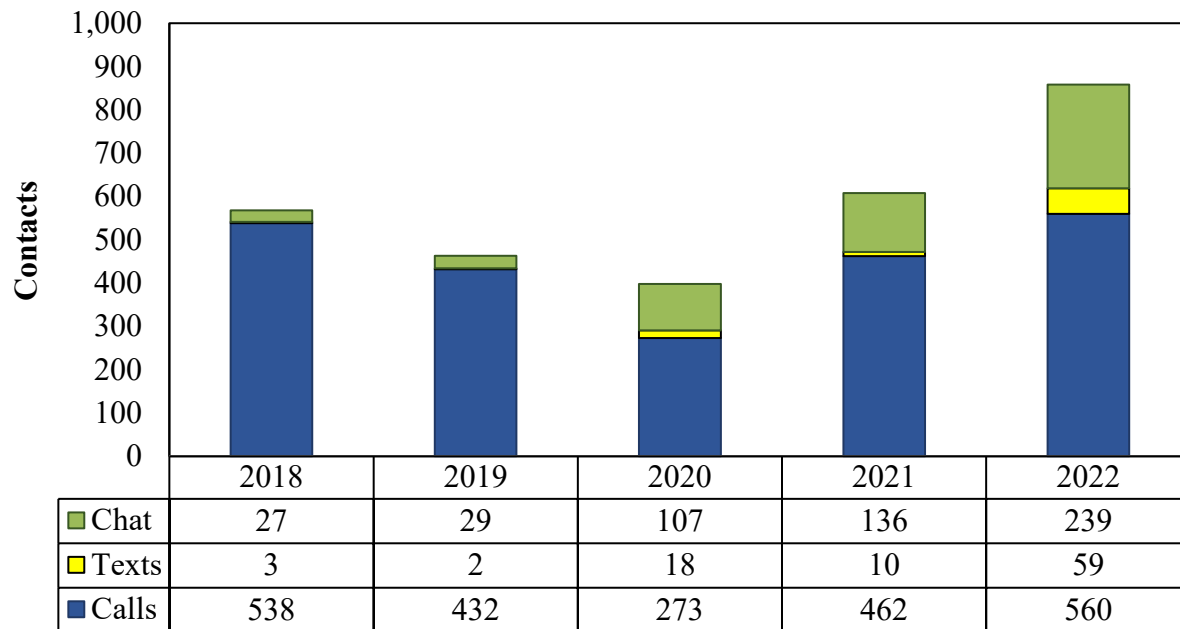
Send Message

Send

Diagnostics

End Chat

**Exhibit 3.2**  
**1-800-GAMBLER Helpline Maryland Report Data**  
**Calendar 2018-2022**



**Exhibit 3.3** summarizes how often methods of help for problem gambling have been used during calendar 2018 to 2022.



**Exhibit 3.3**  
**Summary of Maryland Residents Seeking Help for Gambling Problems**

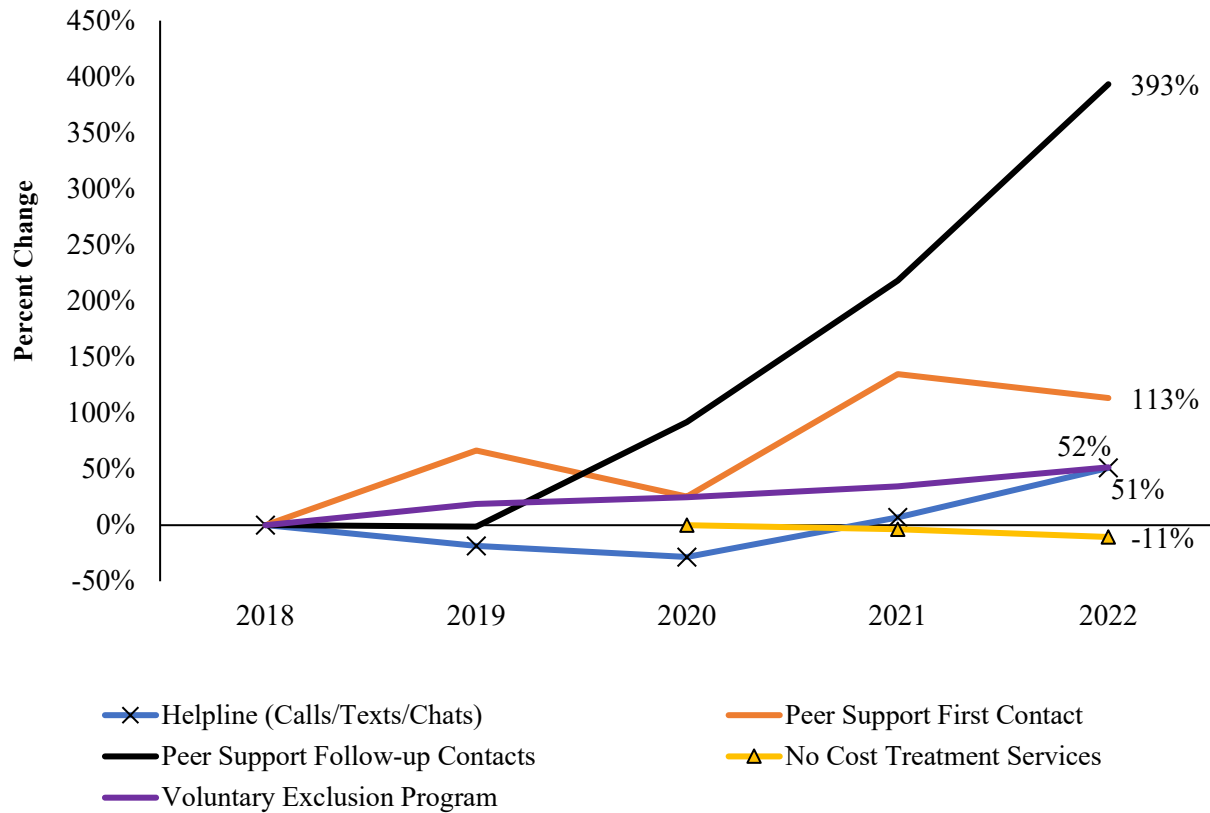
<b><u>Type of Help Seeking</u></b>	<b><u>2018</u></b>	<b><u>2019</u></b>	<b><u>2020</u></b>	<b><u>2021</u></b>	<b><u>2022</u></b>
Contacts (call/text/chat) to the 1-800-GAMBLER helpline ( <i>not</i> unique individuals)	568	463	398	608	858
Interactions with Peer Support Specialists: first contacts (unique individuals)	141	235	177	331	301
Follow-up contacts ( <i>not</i> unique individuals)	313	309	601	996	1,544
People getting treatment paid for by the Problem Gambling Fund or Medicaid (unique individuals)*	Estimated Average of 150/Year		Estimated Average of 165/Year*		
Enrollment in the Voluntary Exclusion Program (cumulative enrollees over time)	2,321	2,761	2,897	3,125	3,519

\* The administrative services organization (ASO) managing reimbursements switched over this period. Treatment data for calendar 2020 to 2022 is estimated based on preliminary data from the current ASO.

Marylanders also use other methods to seek help for gambling problems that do not provide accessible data. These methods can include paying for treatment services out-of-pocket or with private insurance, participating in an anonymous recovery support group, or seeking help from friends and family.

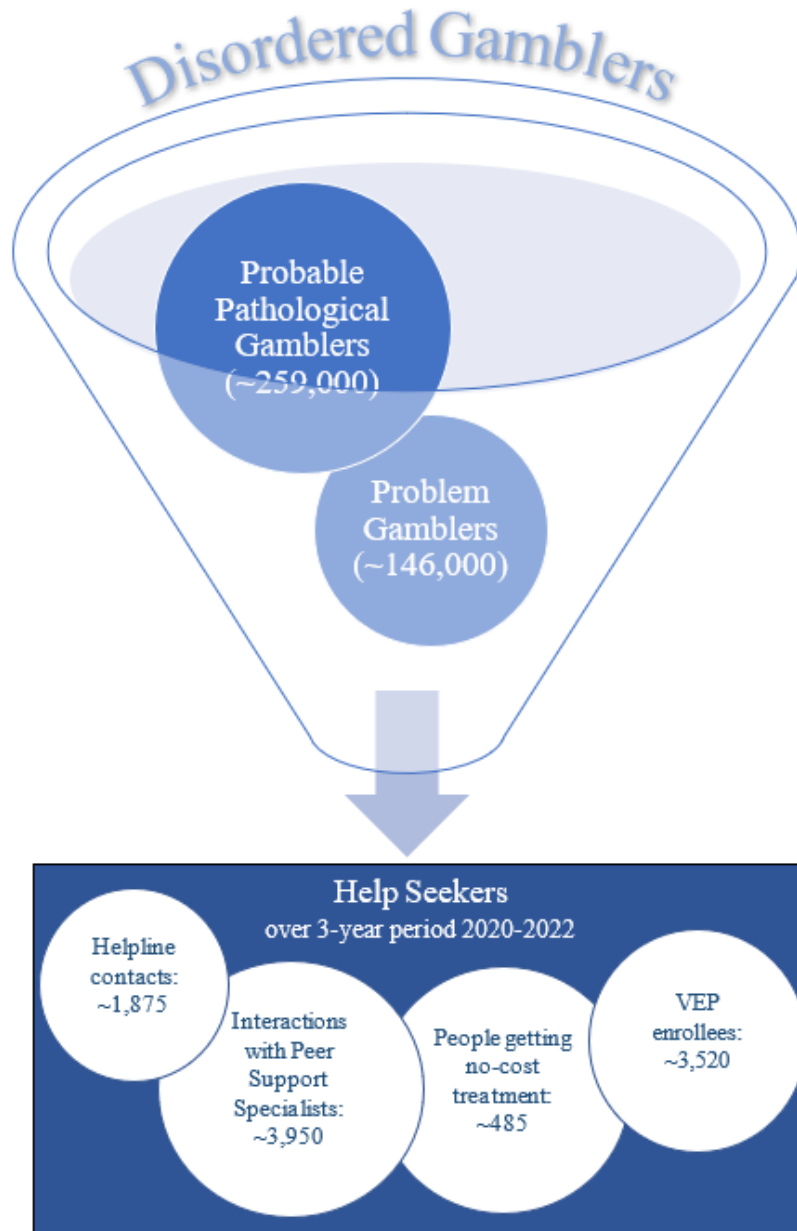
**Exhibit 3.4** shows the percentage change since 2018 in use of help-seeking methods for which data was available. The number at the end of each line represents the overall percentage change at the end of 2022 from a starting point of 2018.

**Exhibit 3.4**  
**Percent Change in Usage of Help-seeking Methods**  
**Calendar 2018-2022**



Research by the Center has found that, among people experiencing disordered gambling who were not receiving treatment, feeling ashamed of the problem was the most frequently cited reason. In interviews with Center staff, staff members stated that stigma is a common barrier to people seeking help. **Exhibit 3.5** compares the number of Marylanders identified as disordered gamblers by the prevalence studies with the number of Marylanders accessing some types of help.

**Exhibit 3.5**  
**Disordered Gamblers Seeking Help Over the 2020-2022 Period**



VEP: Voluntary Exclusion Program administered by the Maryland Lottery and Gambling Control Agency

Note: Estimated lifetime prevalence among adult (age 18+) residents of Maryland, based on the *Statewide Gambling Prevalence in Maryland: 2020* (University of Maryland School of Medicine), a study prepared for the Behavioral Health Administration. That study noted that disordered gamblers may seek help in additional ways, including privately funded treatment, a private support group such as Gamblers Anonymous, and/or seeking help from family and friends. For a longer discussion (see *Statewide Gambling Prevalence in Maryland: 2020*, Chapter 9: Seeking Help for Gambling Problems).

## Interactions with Peer Recovery Support Specialists

In fiscal 2017, the Center’s clinical division began recruiting and training Peer Recovery Support Specialists (Peer Specialists). Peer Specialists help people seeking to limit, control, or stop their gambling, as well as people concerned about a family member or friend’s gambling. Peer Specialists are familiar with what it means to be an addict and offer help from the perspective of lived experience. For fiscal 2023, the Center has employed five full-time Peer Specialists.

Peer Specialists offer support and encourage help-seekers to connect with all available resources. They may refer people to the State’s no-cost treatment program, to self-help groups, to gambling self-exclusion measures (such as VEP or self-limiting tools on gambling websites), to legal or financial counseling, or to the Maryland Coalition of Families (MCF) for family support. Referrals can also be bidirectional and collaborative; for example, mental health providers may encourage clients in treatment to gain added support from Peer Specialists. One individual help-seeker may get multiple types of support simultaneously or at different times.

Help-seekers typically reach Peer Specialists in one of the following ways:

- **Helpline:** After calling the 1-800-GAMBLER helpline, the helpline counselor may offer the caller a “warm” transfer to a Peer Specialist at the Center, suggest that the caller leave a voicemail message for a Peer Specialist, or give the caller the number to reach a Peer Specialist later, as the caller prefers.
- **Direct Call to the Center:** Help-seekers may get the number to the Center from many sources such as after first visiting the Center’s website or on the recommendation of a friend or family member. Members of self-help groups often recommend the Peer Specialists to other members.
- **Treatment Provider:** Many providers encourage their clients to augment their treatment by connecting with a Peer Specialist.

Peer Specialists will help any Marylander who contacts them, but, when possible, focus on help-seekers from their assigned State region. The regional assignments are designed to enable Peer Specialists to become more familiar with all the gambling venues, treatment providers, self-help groups, and other community entities in that region.

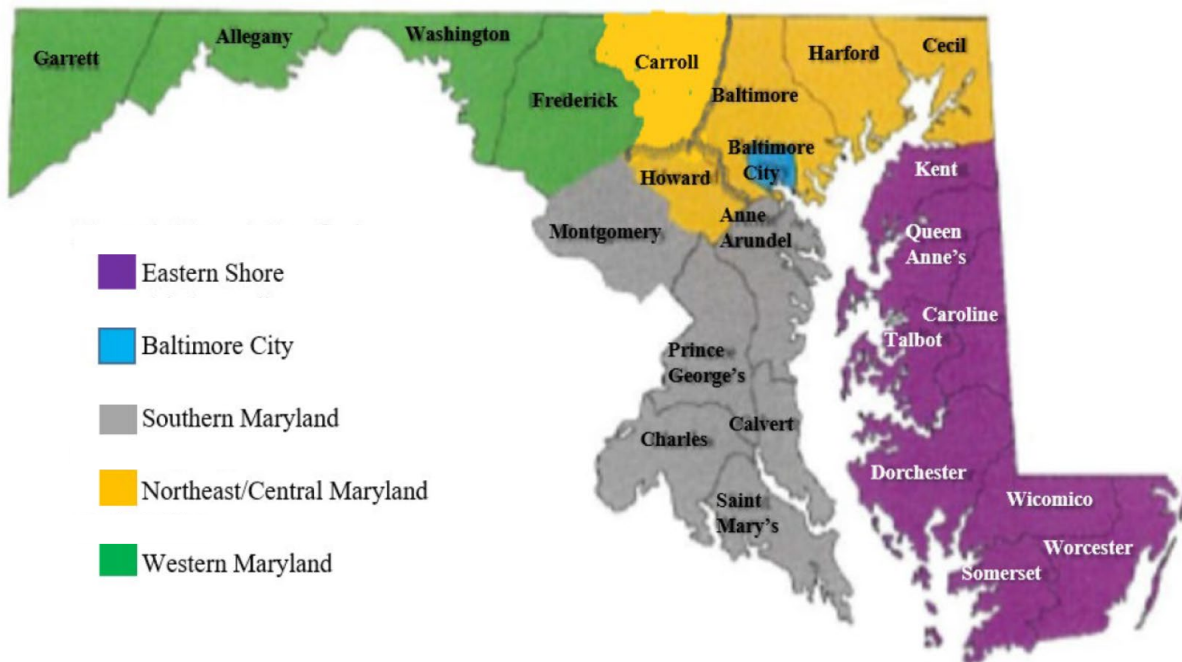
For fiscal 2023, the Center has assigned the five Peer Specialists to five State regions as follows:

- Baltimore City;
- Northeast/Central Region (Baltimore, Carroll, Cecil, Harford, and Howard counties);

- Eastern Shore Region (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties);
- Southern Region (Anne Arundel, Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties); and the
- Western Region (Allegany, Frederick, Garrett, and Washington counties).

These regions are depicted in **Exhibit 3.6**.

**Exhibit 3.6**  
**Peer Support Specialist Regions**



The Center summarizes all the activities of Peer Specialists in the quarterly and annual reports submitted by the Center to BHA. Activities and responsibilities of Peer Specialists include the following:

- attending specific peer-focused conferences, trainings, and meetings (virtual or in-person);
- attending additional trainings and presentations sponsored by the Center or other mental health, behavioral health, and/or addiction organizations (virtually or in-person);

- recruiting treatment providers to participate in the No Cost Problem Gambling Treatment Network;
- interacting with individual help-seekers (calls, texts, or emails); and
- advising on VEP removal requests.

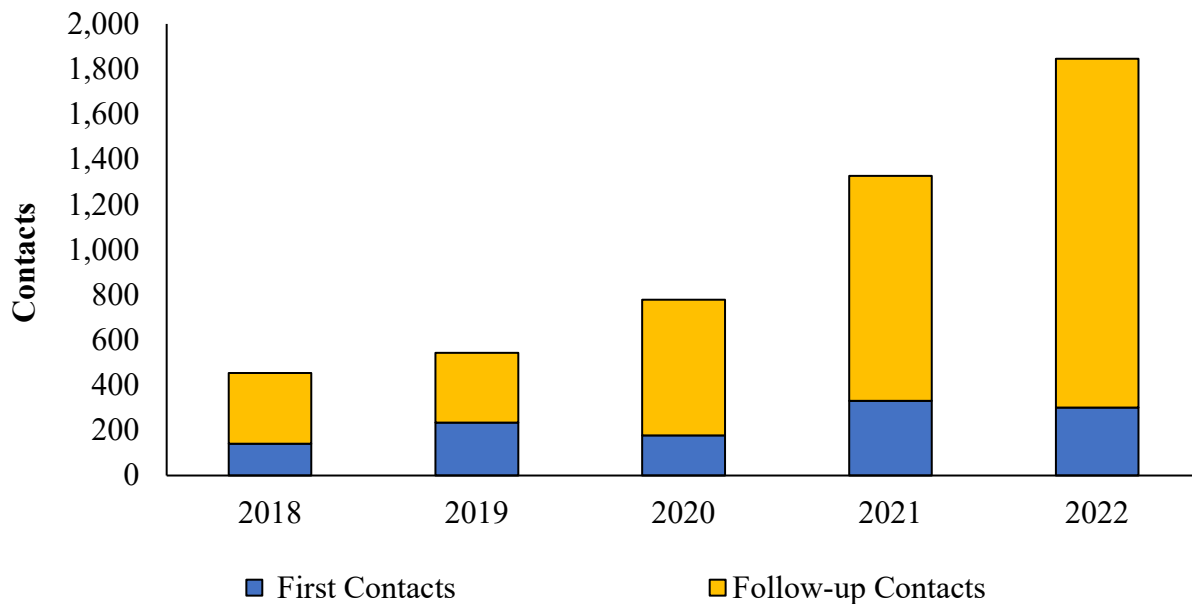
The number of interactions Peer Specialists have with individuals is one measure of how many Marylanders are seeking help for problem gambling. The Office of Program Evaluation and Government Accountability (OPEGA) reviewed anonymized records of help-seekers who contacted Peer Specialists between August 2017 and January 2023. As shown in **Exhibit 3.7** and **Exhibit 3.8**, since the Center initiated the peer support program, Peer Specialists have interacted with more than 1,200 unique help-seekers. Many individual help-seekers spoke with Peer Specialists repeatedly over this period. In total, Peer Specialists recorded more than 5,130 interactions over the period.

**Exhibit 3.7**  
**Interactions Between Help-seekers and**  
**Peer Recovery Support Specialists**  
**(August 2017 to January 2023)**

		<u>Calendar Year</u>							
								YTD January	
	<u>Sum in Dataset</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	
(August through December)									
First Contacts	1,218	18	141	235	177	331	301	14	(1 Undated)
Follow-up Contacts	3,918	20	313	309	601	996	1,544	134	(1 Undated)
Total	5,136	38	454	544	778	1,327	1,845	148	

YTD: year to date

**Exhibit 3.8**  
**Contacts Between Help-seekers and Peer Recovery Support Specialists**  
**Calendar 2018-2022**

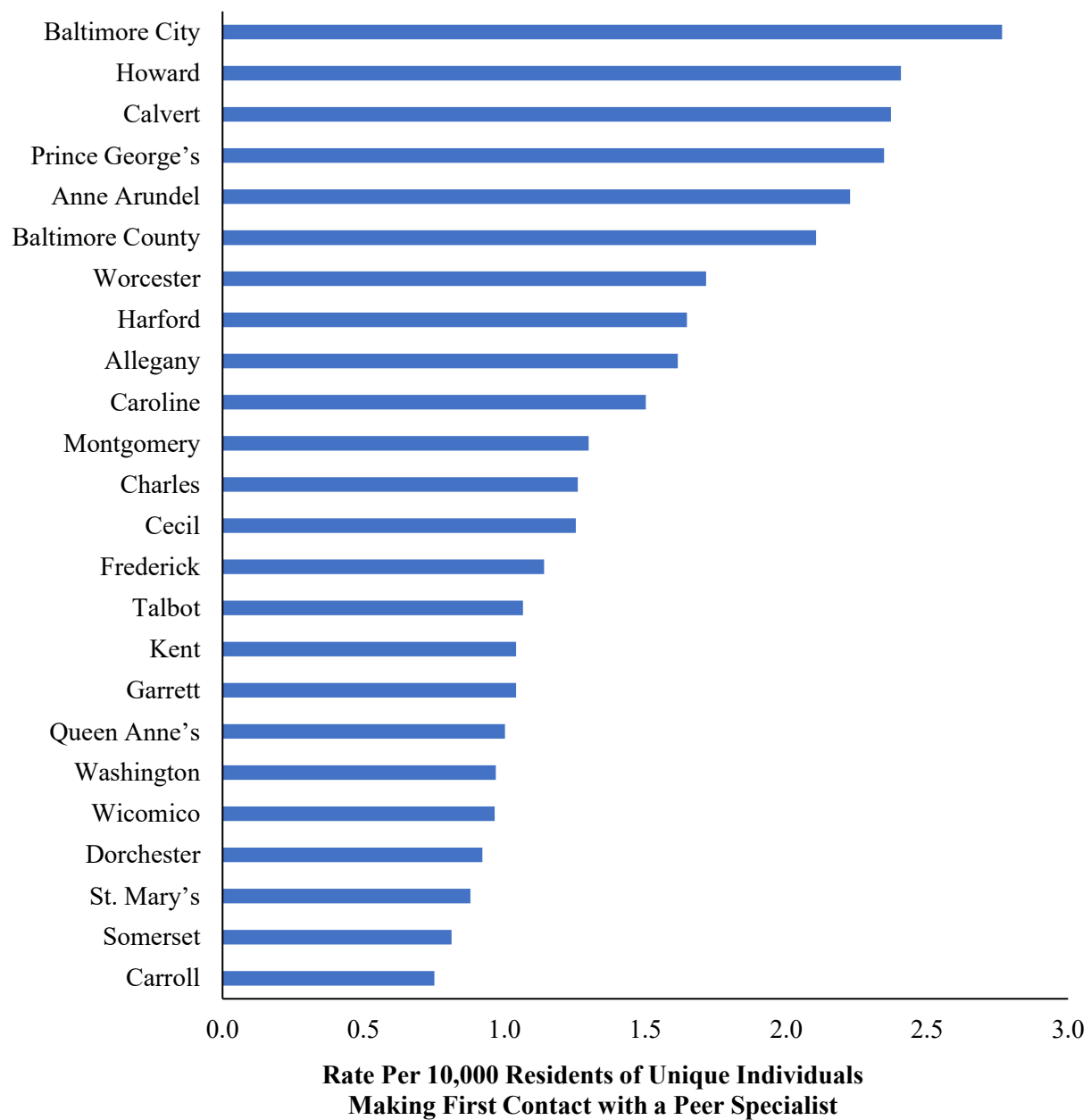


Most first-time contacts to Peer Specialists (about 88%) sought help for themselves. Another 12% of the first-time contacts were concerned about a friend or family member's gambling.

Help-seekers may initiate contact with a Peer Specialist in a variety of ways. Almost half of first-time contacts reached a Peer Specialist via the 1-800-GAMBLER helpline. (The helpline may offer a "warm" transfer to a Peer Specialist.) About one-quarter of first-time contacts reached out to the Center directly. The remainder reached Peer Specialists via "other" means, including referrals from treatment providers or self-help groups.

**Exhibit 3.9** lists the number of first contacts with Peer Specialists by the county of residence identified by the contact. It also shows the rate of first contacts per 10,000 residents in each jurisdiction. Because the number of first contacts is relatively small, even a small change in the number of contacts in a given county could result in a large change in the rate per 10,000 residents.

**Exhibit 3.9**  
**First Contacts with Peer Recovery Support Specialists by County**  
**Per 10,000 Residents**  
**August 2017 to January 2023**





## People Receiving No Cost Problem Gambling Treatment Services

Maryland offers disordered gambling behavioral treatment services at no cost. BHA contracts with an administrative services organization (ASO) to process reimbursement claims from the treatment providers who deliver the services.

No-cost treatment for problem gambling is funded in Maryland in one of two ways:

- **PGF:** Any Marylander may get treatment from a provider participating in the No Cost Network coordinated by the Center. Costs to reimburse participating providers are charged to the PGF; and
- **Medicaid:** Marylanders who qualify for Medicaid may also receive problem gambling treatment services. Reimbursements to providers treating these individuals are charged to Maryland Medicaid.

**Observation: Over the period calendar 2020 to 2022, around 160 people per year received no-cost treatment related to problem gambling.**

OPEGA analyzed preliminary data on reimbursement claims made to the ASO<sup>1</sup> from providers for problem gambling treatment delivered during calendar 2020 through 2022. This data was preliminary because, at the time of this report, the ASO and BHA had not yet calculated the reimbursement amounts to be charged to the PGF and Medicaid. Based on the preliminary data, OPEGA observed the following:

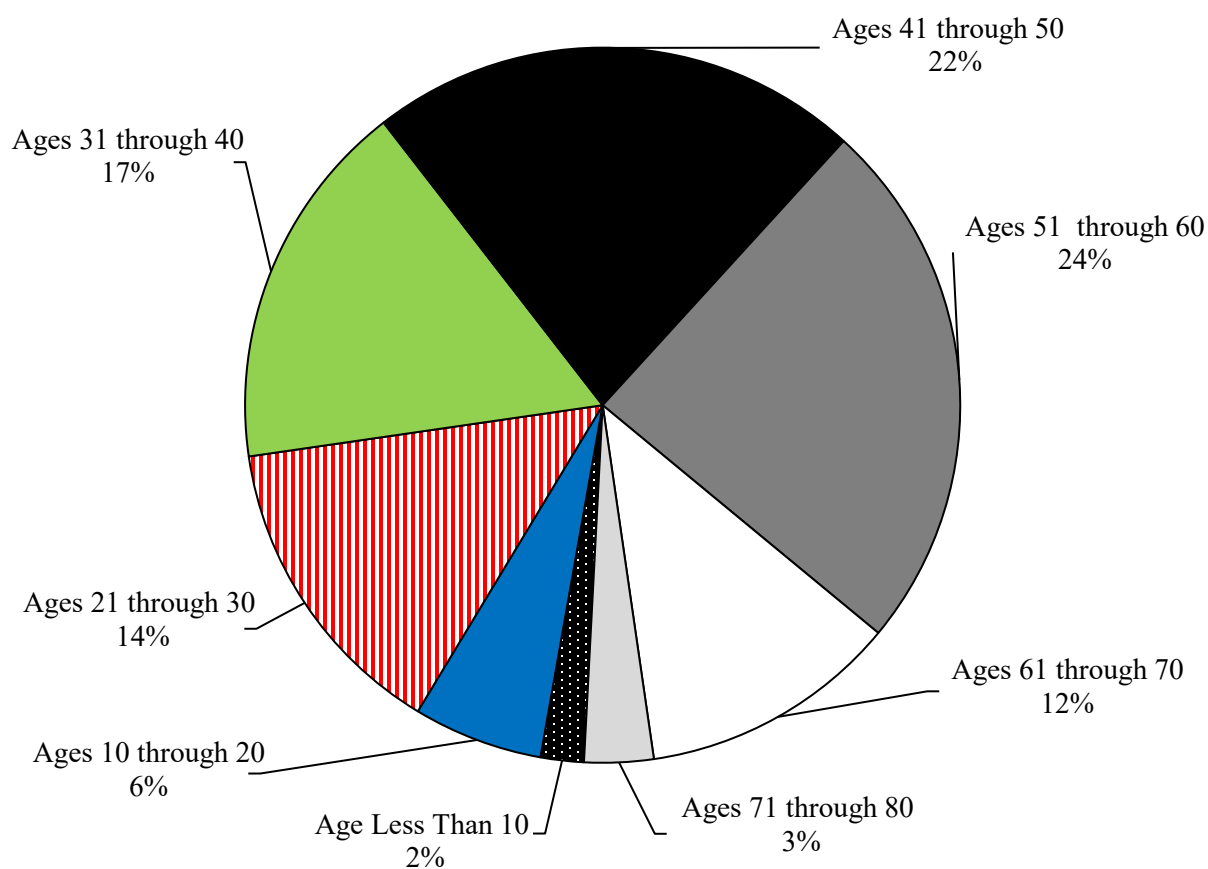
- Over the period calendar 2020 to 2022, a total of about 485 Marylanders (or an average of about 160 Marylanders per year) had at least one reimbursement claim for no-cost problem gambling treatment submitted by a provider. Some people were receiving treatment for their own gambling, and some received treatment related to problem gambling by a family member, but the preliminary data for this period does not distinguish between these. Some claims had been paid by the ASO and some denied. Of the paid claims, roughly half were covered by the PGF and the rest by Medicaid.
- The race and ethnicity of almost half (49%) of those receiving no-cost treatment was listed as “unknown” in the data set. Of those with a race or ethnicity listed, the categories were as follows: African American/Black (29%); Caucasian/White (18%); Asian (3%); and less than 3% for other racial/ethnic groups combined.

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<sup>1</sup> The Office of Legislative Audits, in a 2022 audit of the ASO for BHS, noted that the claims processing system was unable to evaluate whether services provided to patients were medically necessary, were improperly denied valid claims, and/or could not provide critical claim payment information to providers to perform reconciliations.

- About 45% of those receiving no-cost treatment for problem gambling were female and 55% were male.
- The age of those receiving treatment ranged from youth to octogenarians, with larger cohorts in the 41 to 60 age range, as shown in **Exhibit 3.10**.

**Exhibit 3.10**  
**Age Range of People Who Sought No Cost Treatment Services for Problem Gambling (Paid Claims Only)**  
**Calendar 2020-2022**



**Observation:** The Center's research function could not assess treatment services for fiscal 2021 or 2022 because the ASO did not provide data to the Center for those years.

Under BHA's agreement with the Center, the Center's Research Program on Gambling is tasked with assessing the ASO data to determine the use of No Cost Problem Gambling Treatment Services and report results and recommendations to BHA based on that assessment. The Center's researchers were unable to do this assessment for fiscal 2021 or 2022 because the ASO did not provide treatment services data to the Center's researchers for fiscal 2021 or 2022.

### **Telehealth for Problem Gambling Treatment**

During the COVID-19 pandemic, a growing number of mental and behavioral health treatment providers began offering clients telehealth appointments, including providers participating in the No Cost Network. In interviews with No Cost Network providers and Center staff, interviewees consistently agreed that telehealth makes problem gambling treatment services accessible for many help-seekers who could not otherwise travel to an appointment. Regarding the expansion in use of telehealth, one provider said, "My practice will never be the same."

As of February 2023, the No Cost Problem Gambling Treatment Provider Network on the Center website was not designed to be searchable using "telehealth" as a filter. As a result, help-seekers who need or prefer virtual appointments may not realize that many participating treatment providers with physical office locations around the State are also available to them. The Center website is also not designed to search the list for other criteria that could make treatment more accessible for certain clients, such as wheelchair accessibility or languages spoken.

**Recommendation: The Center should revise its website to allow help-seekers to search the No Cost Provider Network using additional filters or criteria.**

Criteria could include:

- telehealth as an option;
- wheelchair accessibility;
- language spoken;
- whether the no-cost provider can treat underage gamblers (adolescents, children); and
- outpatient vs. inpatient/residential.

### **Family Members of Problem Gamblers Can Get Support from the Maryland Coalition of Families**

MCF is a statewide nonprofit organization supporting families of children and adults with mental and behavioral health needs. MCF provides free support for families affected by behavioral

health disorders, including problem gambling. BHA funds this family peer support as a grant vended through Anne Arundel County, which manages the statewide grant.

As shown in **Exhibit 3.11**, in fiscal 2022, MCF served 25 families affected by problem gambling.

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**Exhibit 3.11**  
**Families Served by the Maryland Coalition of Families by**  
**Behavioral Health Disorder**  
**Fiscal 2022**

	<u><b>Number</b></u>	<u><b>% of Total</b></u>
Mental Health	348	50%
Substance Use	304	43%
<b>Problem Gambling</b>	<b>25</b>	<b>4%</b>
Co-occurring	23	3%
<b>Total</b>	<b>700</b>	

Source: Behavioral Health Administration

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MCF works with behavioral health providers, substance use treatment providers, school systems, local agencies, and nonprofits to connect families to services and supports. MCF helps families who:

- have a family member with an addiction to drugs, alcohol, or gambling;
- have a family member with a mental health issue such as bipolar disorder, major depression, anxiety, schizophrenia, or post-traumatic stress disorder;
- have a child from birth to age 5 with suspected developmental delays;
- have a school-age child with a behavioral health issue such as attention-deficit/hyperactivity disorder, autism, depression, or anxiety; and/or
- have a child involved with the Department of Juvenile Services.



## Chapter 4. What Is Maryland’s Capacity to Handle Growth in Problem Gambling?

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### Treatment Services Capacity

Multiple entities have a role in implementing the No Cost Problem Gambling Treatment Services Network, as shown in **Exhibit 4.1**. Treatment providers do not need any specific problem gambling training to participate in the No Cost Network. The Maryland Center of Excellence on Problem Gambling (the Center) recruits treatment providers to participate in the No Cost Network, but a separate administrative service organization (ASO) processes the reimbursement claims from providers.

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#### Exhibit 4.1 Steps to Run Maryland’s No Cost Problem Gambling Treatment Provider Network

<u>Activity</u>	<u>Responsibility</u>
1. Establish a source of funding to cover no-cost treatment services.	<ul style="list-style-type: none"><li>• The Maryland General Assembly has authorized use of PGF to pay for no-cost treatment services.</li><li>• MLGCA collects revenues for deposit into the PGF and transfers them to MDH.</li></ul>
2. Recruit treatment providers to participate in the No Cost Network and maintain the public list.	<ul style="list-style-type: none"><li>• The Center of Excellence on Problem Gambling, under contract with BHA/MDH, is responsible for recruiting providers and posting the searchable list.</li></ul>
3. Encourage Maryland help-seekers to use the No Cost Problem Gambling Treatment Services.	<ul style="list-style-type: none"><li>• Helpline staff, the Center staff, MDH staff, MLGCA staff, casino staff, primary care doctors, private self-help groups, and community-based organizations.</li></ul>
4. Treat the Maryland help-seeker.	<ul style="list-style-type: none"><li>• Treatment providers render services to help-seekers.</li></ul>
5. Reimburse providers for the cost of treatment services.	<ul style="list-style-type: none"><li>• Providers submit reimbursement claims to the ASO; the ASO is under a contract directly with BHA/MDH.</li><li>• The ASO reviews claims and sends reimbursements directly to providers.</li></ul>
6. Monitor the No Cost Network and track treatment service expenditures from the PGF.	<ul style="list-style-type: none"><li>• BHA/MDH.</li></ul>

ASO: administrative service organization  
BHA: Behavioral Health Administration  
MDH: Maryland Department of Health

MLGCA: Maryland Lottery and Gaming Control Agency  
PGF: Problem Gambling Fund

Treatment providers participating in Maryland's No Cost Network must agree to:

- (1) accept the State's reimbursement rate for treatment services, set equivalent to Medicaid reimbursement rates; and
- (2) use the Behavioral Health Administration/Maryland Department of Health's (BHA/MDH) ASO to process treatment reimbursement claims.

One hundred and twenty-eight licensed treatment providers were participating in the No Cost Network as of January 31, 2023, as shown by jurisdiction in **Exhibit 4.2**.

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**Exhibit 4.2**  
**Treatment Providers Participating in the No Cost Network as of**  
**January 31, 2023, by Jurisdiction**

<b><u>By Jurisdiction,</u></b> <b><u>As of January 31, 2023</u></b>	<b><u>Count of No Cost</u></b> <b><u>Network Providers</u></b>
Allegany	3
Anne Arundel	8
Baltimore	23
Baltimore City	29
Calvert	4
Caroline	0
Carroll	3
Cecil	2
Charles	5
Dorchester	1
Frederick	5
Garrett	1
Harford	3
Howard	4
Kent	0
Montgomery	4
Prince George's	18
Queen Anne's	0
Somerset	0
St. Mary's	3
Talbot	2
Washington	2
Wicomico	5
Worcester	3
<b>Total</b>	<b>128</b>

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Providers are concentrated in the most populated regions. The Eastern Shore is the largest geographic region but has the lowest regional population and the fewest providers. Four counties in the Eastern Shore region have no providers as shown in **Exhibit 4.3**: Caroline; Kent; Queen Anne's; and Somerset.

**Exhibit 4.3**  
**Providers on the Center's Treatment Provider List by Region**

<b><u>The Center's Regions</u></b>	<b><u>Population of Region</u></b>	<b><u>Current Clients</u></b>	<b><u>Providers Currently on the Center Provider List</u></b>	<b><u>Population to Providers Ratio</u></b>
Western Maryland	523,334	103	11	47,576
Northeast/ Central Maryland	1,724,392	210	37	46,605
Southern Maryland	2,990,700	321	41	72,944
Baltimore City	585,708	44	28	20,918
Eastern Shore	353,090	65	10	35,309
Total	6,177,224	743	127	48,640

For purposes of rough estimate only, this shows the total claims paid by the current administrative service organization as of March 2023\* categorized by the fund group used to pay the claim.\*\*

<b><u>Calendar Year in Which Service Was Provided</u></b>	<b><u>Problem Gambling Fund</u></b>	<b><u>Medicaid</u></b>	<b><u>State**</u></b>	<b><u>Uninsured**</u></b>	<b><u>(blank)**</u></b>	<b><u>Total</u></b>
2020	\$101,751	\$43,553	\$9,337	\$798	\$1,924	\$157,363
2021	158,932	160,691	25,091	573		345,287
2022	213,245	70,998	4,681	28,935		317,859

Center: Maryland Center of Excellence on Problem Gambling

\* Providers may file claims for reimbursement up to one year after the date of service; therefore, the year of payment to the provider may differ from the year in which service was provided. These years are for approximation only and represent the date the service was provided.

\*\* According to the Behavioral Health Administration, all paid claims should be either from the Problem Gambling Fund or Medicaid; therefore, claims appearing in other three categories must be assigned to one of the first two categories before they are finalized.

Based on preliminary claims data from the current ASO from 2020 through 2022, less than \$300,000 a year has been expended for treatment services that will ultimately be charged to the Problem Gambling Fund (PGF). Because the billing was not final, these costs were not charged



against the PGF before the close of the fiscal years; once the ASO and BHA finalize the billing, adjustments will appear in future fiscal year expenditures from the PGF. Generally speaking, however, the PGF appears to have sufficient funds to accommodate the cost of treatment services at the current level of demand.

**Observation: Reimbursement rates and processes are barriers to recruiting more treatment providers to participate in the No Cost Network.**

Under the current agreement between BHA and the Center as of May 2023, BHA expects the Center to increase the number of providers participating in the No Cost Network each year.

Center staff said the main hurdle to adding more providers is that many say they (1) do not want to accept Maryland Medicaid reimbursement rates for treatment services and/or (2) do not want to go through the State's ASO to process treatment reimbursement claims. According to some providers, the ASO rejects a high number of claims, which requires providers or their staff to spend additional unreimbursable hours resubmitting claims to the ASO.

Center staff reported that because of this common response from providers, the Center's No Cost Network coordinator advises the Center's Peer Specialists to focus their provider recruitment efforts on providers already serving Maryland Medicaid patients. These providers already accept the Medicaid reimbursement rates and already use the ASO to file reimbursement claims.

Center staff also reported that it would be helpful when recruiting new providers to be given a list by BHA-MDH of the existing behavioral health providers who accept Maryland Medicaid.

**Recommendation: BHA-MDH should consider providing the Center with a regularly updated list of the behavioral health providers who accept Medicaid.**

**Recommendation: The ASO should regularly update BHA on treatment service claims for problem gambling to facilitate BHA oversight of capacity and spending for treatment services.**

The Office of Program Evaluation and Government Accountability (OPEGA) requested information from BHA on the amounts charged to the PGF for No Cost Problem Gambling Treatment Services over the period 2018 to 2022. BHA-MDH said that the ASO has not yet calculated these treatment service totals for fiscal 2021 and 2022.

As a result of this lack of data from the ASO, the BHA managers of the PGF could not say how much was spent on no-cost treatment, how many treatment service hours were provided, or describe the demographic profile of the help-seekers who received treatment. Such information would help BHA managers of the PGF to assess the extent to which outreach efforts and strategies promoting no-cost treatment to problem gamblers are effective. Because the information was not available from the ASO, it was not available to the BHA managers of the PGF.

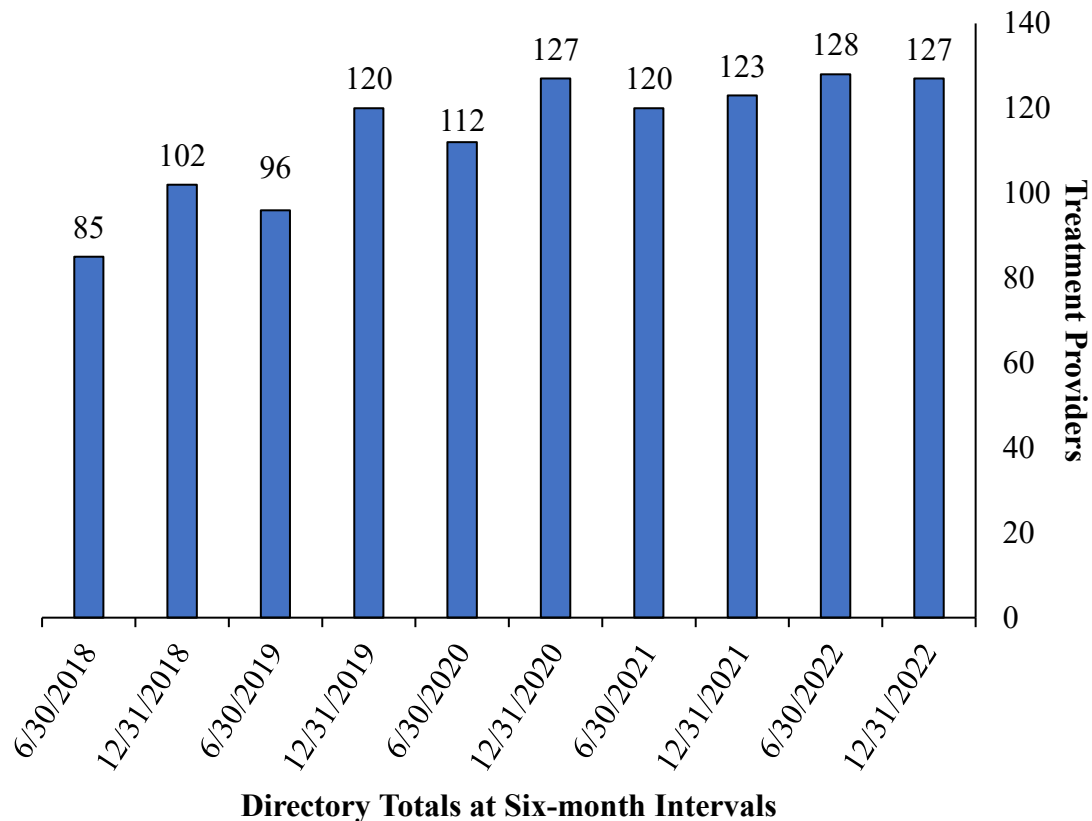
To facilitate BHA oversight of capacity and spending for no-cost treatment services, the ASO should make every effort to provide BHA with at least quarterly updates on treatment service claims for problem gambling, including:

- the number of unique clients;
- the number of treatment hours provided;
- the cost of treatment services provided; and
- demographic information about the help-seekers getting treatment.

**Observation: The number of No Cost Treatment Providers grew by almost half between June 2018 and December 2022.**

The Center maintains a searchable database of No Cost Treatment Providers that they update monthly. The number of available providers has remained between 120 and 127 for the last two years but has increased by 49% since June 2018. **Exhibit 4.4** shows the number of providers at six-month intervals between June 2018 and December 2022.

**Exhibit 4.4**  
**Maryland Disordered Gambling Treatment Provider Referral Network**  
**Directory**  
**June 2018 to December 2022**



In addition to in-person treatment, telehealth has become a viable option for people to receive treatment in their own homes. Interviews conducted with Peer Support Specialists from the Center revealed that telehealth has expanded provider availability. OPEGA called providers on the no-cost list maintained by the Center to determine accuracy of individual entries and the overall reliability of the list. Virtually all the providers we spoke with confirmed their availability to treat those with problem gambling disorder through the no-cost program in-person and via telehealth.

### Overall Spending on Services

**Observation:** Maryland dedicates more resources to problem gambling services than most other states but is still below the National Council on Problem Gambling (NCPG) recommended level of funding.

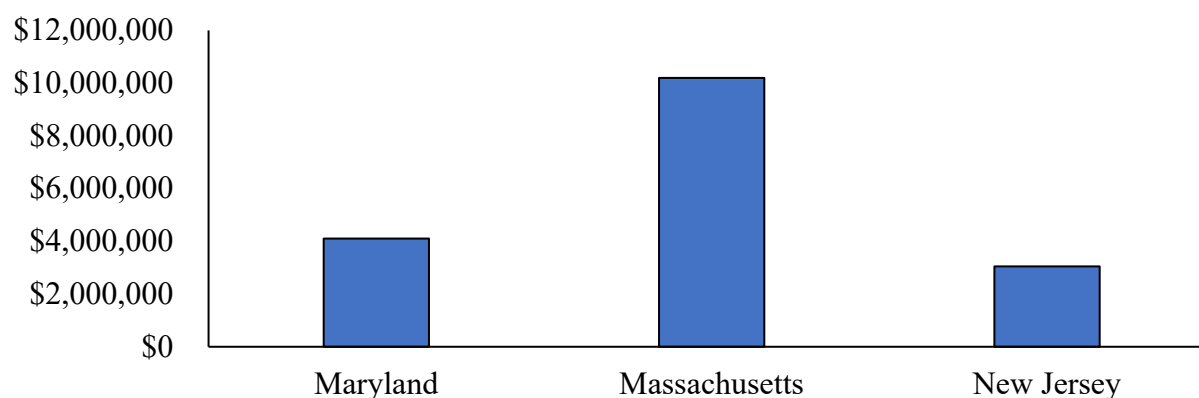
There is no federal funding for problem gambling. Each state can choose to fund and administer problem gambling programs, resulting in highly variable programs from state to state. According to NCPG, only 21 states funded one or more full-time state employee positions dedicated to administering problem gambling programs. Massachusetts has been held up by experts in the field as the standard for publicly funded problem gambling services, and New Jersey represents the longest running sports betting and online casino gaming operations outside of Nevada, providing opportunity for comparison to Maryland.

According to NCPG, the amount of money spent on gambling in Maryland (approximately \$6 billion) is similar to the amounts spent in Massachusetts (approximately \$7 billion) and New Jersey (approximately \$8 billion).

The dedicated public funding for problem gambling services in Massachusetts was \$10.2 million, about 2.5 times Maryland's expenditure of \$4.1 million, as shown in **Exhibit 4.5**.

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**Exhibit 4.5**  
**Comparison of State Expenditures on Problem Gambling Research,**  
**Prevention, Treatment, and Other Related Services**  
**Fiscal 2021**

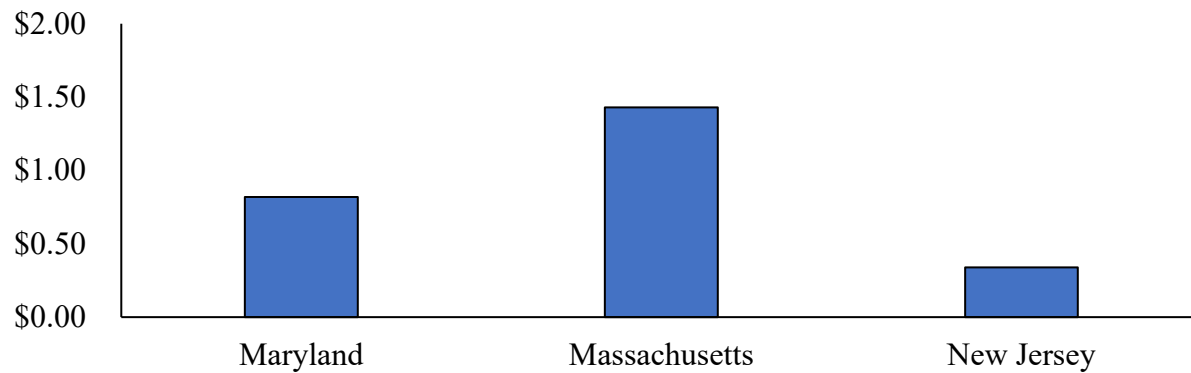


Source: National Council on Problem Gambling

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The per capita spending on services was \$0.82 per resident in Maryland, \$1.43 in Massachusetts, and \$0.34 per resident in New Jersey, as shown in **Exhibit 4.6**.

**Exhibit 4.6**  
**Comparison of Per Capita State Expenditures on Problem Gambling**  
**Research, Prevention, Treatment, and Other Related Services**  
**Fiscal 2021**



Source: National Council on Problem Gambling

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NCPG has calculated that Maryland ranks ninth in total expenditure and eighth on per capita spending.

## Chapter 5. Summary of Recommendations

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**Recommendation #1:** The Maryland Department of Health should share prevalence studies, and related research briefs and reports, with the Maryland General Assembly more timely. (pg. 12)

**Recommendation #2:** Consider revising the Voluntary Exclusion Program (VEP) application process to better facilitate contact between the Maryland Center of Excellence on Problem Gambling (the Center) and VEP enrollees. (pg. 15)

**Recommendation #3:** Consider diversifying the revenue sources into the Problem Gambling Fund (PGF). (pg. 22)

**Recommendation #4:** The Center should revise its website to allow help-seekers to search the No Cost Provider Network using additional filters or criteria. (pg. 40)

**Recommendation #5:** The Behavioral Health Administration (BHA) – Maryland Department of Health should consider providing the Center with a regularly updated list of the behavioral health providers who accept Medicaid. (pg. 46)

**Recommendation #6:** The administrative services organization should regularly update BHA on treatment service claims for problem gambling to facilitate BHA oversight of capacity and spending for treatment services. (pg. 46)



## **Appendix A. Agency Responses**

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Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

June 30, 2023

Mr. Michael Powell, Director  
Office of Program Evaluation and Government Accountability (OPEGA)  
Department of Legislative Services  
90 State Circle  
Annapolis, Maryland 21401

Dear Mr. Powell,

The Maryland Department of Health (the Department) has reviewed the Draft Final Report on the evaluation of the Center of Excellence on Problem Gambling and appreciates the opportunity to provide responses to the recommendations. The Department agrees with all the recommendations listed in the report and commits to any action necessary to facilitate results.

The following are the Department's responses to your recommendations.

**Recommendation #1: The Maryland Department of Health should share prevalence studies, and related research briefs and reports, with the Maryland General Assembly more timely.**

**Response:** The Department agrees with the request in the recommendation. Health General §19–804<sup>1</sup> requires prevalence studies shall be conducted no less than every five years. The Department submitted the 2017 Prevalence Report as required on August 7th, 2018. The Maryland Department of Health (The Department) will forward to the MGA official copies of the 2020 interim Prevalence Report, as well as the pending 2022 Report no later than August of 2023.

**Recommendation #2: Consider revising the Voluntary Exclusion Program (VEP) application process to better facilitate contact between the Maryland Center of Excellence on Problem Gambling (the Center) and VEP enrollees.**

**Response:** The Department agrees with the recommendation. The Department will assist as necessary to modify the application to allow contact with VEP enrollees. The Department is also interested in receipt of de-identified data on VEP participants to allow the Center to analyze and

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<sup>1</sup> [§HG 19-804](#)

join VEP data with other data collected on Maryland citizens as that data informs understanding of the impact gambling expansion is having on the State.

**Recommendation #3: Consider diversifying the revenue sources into the Problem Gambling Fund (PGF).**

**Response:** The Department agrees with the recommendation. The Department is committed to examining how to ensure the fund is stable, and funding levels keep pace with potential growth in problem gambling behavior among Maryland residents. This includes all sources of gambling, and any other type of gambling that may be legalized in Maryland in the future.

**Recommendation #4: The Center should revise its website to allow help-seekers to search the No Cost Provider Network using additional filters or criteria.**

**Response:** The Department agrees with the recommendation. We anticipate that the website will be updated by August 31, 2023.

**Recommendation #5: The Behavioral Health Administration (BHA) – Maryland Department of Health should consider providing the Center with a regularly updated list of the behavioral health providers who accept Medicaid.**

**Response:** The Department agrees with the recommendation. BHA will provide the Center with a list on a monthly basis.

**Recommendation #6: The administrative services organization should regularly update BHA on treatment service claims for problem gambling to facilitate BHA oversight of capacity and spending for treatment services.**

**Response:** The Department agrees with the recommendation.

Thank you for the opportunity to provide responses to the recommendations.

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is positioned above the typed name of the signatory.

Laura Herrera Scott, MD, MPH  
Secretary  
Maryland Department of Health

cc: Marshall Henson  
Kathleen Rebbert-Franklin  
Erin McMullen

June 29, 2023

Michael Powell

Director, Office of Program Evaluation and Government Accountability

Department of Legislative Services

Lowe House Office Building

6 Bladen Street, Room 218

Annapolis, MD 21401

Dear Mr. Powell,

The Center of Excellence on Problem Gambling (CEPG) has reviewed the report titled "Evaluation of the Center of Excellence on Problem Gambling", authored by the Office of Program Evaluation and Government Accountability (OPEGA) of the Department of Legislative Services (DLS) dated June 2023. CEPG would like to thank you for the observations and recommendations that were made as the result of this evaluation. We appreciate the feedback as well as the time OPEGA committed to conduct the evaluation of CEPG and provide a detailed and constructive report focused on the activities and the impact of the Center. CEPG finds the report very helpful. It addresses many issues that we have discussed with you and your staff. Please find attached the CEPG's responses to the observations and recommendations included in the Report. If you have any questions regarding this response, please contact me.

Sincerely,



Robert White, MA, LCPC

Director, Center of Excellence on Problem Gambling

University of Maryland School of Medicine, Department of Psychiatry

**Recommendation #1:** The Maryland Department of Health should share prevalence studies, and related research briefs and reports, with the Maryland General Assembly more timely. (pg. 12)

Since this recommendation is for the Maryland Department of Health, the Center has no comment except to add that the Prevalence studies are very helpful to the Maryland Center of Excellence on Problem Gambling in the development and direction of services to be provided to Maryland residents. The data obtained in these studies allows the Center to focus its services.

**Recommendation #2:** Consider revising the Voluntary Exclusion Program (VEP) application process to better facilitate contact between the Maryland Center of Excellence on Problem Gambling (the Center) and VEP enrollees. (pg. 15):

The Center continues to work collaboratively with the Maryland Lottery and Gaming Control Agency (MLGCA) to better facilitate help for individuals currently struggling with gambling problems who choose to partake in the State's Voluntary Exclusion Program (VEP). Recently a change has been made to the VEP application which provides an option for those signing up for the Program to choose to be contacted by the Center's Certified Peer Recovery Specialists for support on their journey to recovery. The individual can opt to provide contact information for help or choose not to be contacted. The VEP is just one tool for starting the recovery process. The Maryland Center of Excellence on Problem Gambling (the Center) agrees that connecting with those who sign up for this Program is an effective tool for reaching many struggling with gambling problems early on in their recovery process. We continue to collaborate with the MLGCA on ways to enhance the VEP process whereby more individuals can be supported by the Center's services.

**Recommendation #3:** Consider diversifying the revenue sources into the Problem Gambling Fund (PGF). (pg. 22):

As noted in the Report by the Office of Program Evaluation and Government Accountability the Center receives funds that are derived from the State's Problem Gambling Fund. That funding source, since its beginning, comes only from the taxes on table games and video lottery terminals in the six brick and mortar casinos located in Maryland. Since the inception of casinos in Maryland, other modes of legalized gambling have come to the State. Yet, no additional percentage of revenue from these other legalized gambling venues have been directed to the Problem Gambling Fund; i.e. sports betting (both in brick and mortar venues and online and mobile). The Center has suggested that a percentage of sports wagering be directed to the fund. In addition, as the State considers the future potential for iGaming and iLottery in the State, a percentage of that revenue needs also to be directed to the Problem Gambling Fund. The State needs to consider this vast expansion of gambling heightens the risk for Maryland residents to develop a gambling problem and at the very least puts them at risk for developing a gambling problem/gambling disorder. Diversifying the revenue sources will help ensure that the PGF is stable and can keep pace with problem gambling behavior if that grows among Maryland residents over time. One solution would be to simply have 1% of all gambling revenue to the state be directed to the Problem Gambling Fund. This would provide diversification of funding from all gambling activities and establish a strong foundation for the Problem Gambling Fund in the future.



**Recommendation #4:** The Center should revise its website to allow help-seekers to search the No Cost Provider Network using additional filters or criteria. (pg. 40)

The Center is currently working with its website vendor to increase the filters for searching for no cost treatment by those who need help (the gambler and/or their family members). By adding these filters individuals will be able to more easily find the best option for meeting their needs. These filters include the recommendations found in this report: Search by the following: telehealth as an option; wheelchair accessibility; language spoken; whether the no-cost provider can treat underage gamblers (adolescents, children); and •outpatient vs. inpatient/residential services. We are working towards having these filters in place by the Fall of 2023.

**Recommendation #5:** The Behavioral Health Administration (BHA) – Maryland Department of Health should consider providing the Center with a regularly updated list of the behavioral health providers who accept Medicaid. (pg. 46)

The Center is working collaboratively with the Behavioral Health Administration and the ASO to share the most relevant information that will enhance a Maryland resident's ability to more easily access the services they need on their road to recovery from gambling problems. This shared regularly updated list of behavioral health providers who accept Medicaid can assist the work of the Center.

**Recommendation #6:** The administrative services organization should regularly update BHA on treatment service claims for problem gambling to facilitate BHA oversight of capacity and spending for treatment services. (pg. 46)

The Center agrees with this recommendation. In order to provide oversight of the treatment service claims and the volume of people using the services, it is necessary to have timely data on this issue. The Center would be able to use this data for evaluating the ongoing need for services and possible program development to meet the needs of problem gamblers.

## Appendix B. Problem Gambling Fund – Summary of Revenues Fiscal 2011-2022 Actuals

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
<b>Revenue Sources</b>												
VLT Fees <sup>1,2</sup>	\$639,271	\$1,069,554	\$2,964,174	\$3,035,800	\$3,967,980	\$3,844,625	\$4,649,746	\$5,274,604	\$4,979,725	\$3,553,993	\$3,831,375	\$4,156,075
Table Game Fees <sup>3</sup>									316,500	225,280	301,000	299,000
VEP Violations					17,074	75,641	37,603	79,444	108,086	123,142	123,875	146,523
Comptroller Assessment (Use State Funds)	-1,140	-1,989	-7,865	-6,326	-14,340	-15,567	-12,249	-19,421	-27,565	-7,389	-1,793	-2,363
Legislative Actions <sup>4</sup>		-950,000	-209,000									
UM Refund (Fiscal 2020)												82,242
<b>Total Revenue</b>	<b>\$638,131</b>	<b>\$117,565</b>	<b>\$2,747,309</b>	<b>\$3,029,474</b>	<b>\$3,970,714</b>	<b>\$3,904,699</b>	<b>\$4,675,101</b>	<b>\$5,334,627</b>	<b>\$5,376,746</b>	<b>\$3,895,025</b>	<b>\$4,254,458</b>	<b>\$4,681,478</b>

65

UM: University of Maryland

VEP: Voluntary Exclusion Program

VLT: video lottery terminal

<sup>1</sup> Prior to fiscal 2019, the allocation of revenue between VLTs and table games is not available; it is shown here as a combined amount. The Office of Program Evaluation and Government Accountability estimates that table game fees were always less than \$320,000 per year.

<sup>2</sup> State Government Article § 9-1A-33(a) established a \$425 annual fee for each VLT (also known as slot machines).

<sup>3</sup> The Maryland Lottery and Gaming Control Agency established a \$500 annual fee for each table game, as authorized by State Government Article § 9-1A-33(a).

<sup>4</sup> Legislative actions: fiscal 2013 – Chapter 1 of 2012 second special session; fiscal 2012 – Chapter 397 of 2011, Section 10.

Source: Behavioral Health Administration, Maryland Department of Health





## Appendix C. Problem Gambling Fund – Summary of Expenditures

### Fiscal 2011-2022 Actuals

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
<b>Invoiced Expenditures (Object 08)<sup>1</sup></b>												
Research	\$499,815			\$618,793	\$2,230,729	\$2,079,000	\$2,271,500	\$2,271,499	\$2,271,500	\$1,241,900	\$1,241,899	\$1,210,951
Clinical	24,180	100,000	2,487,684	2,164,977	1,870,530	1,646,180	2,796,180	2,039,365	2,008,924	1,682,229	1,153,155	2,296,078
Treatment Services								213,265	446,901	335,310	8,840	82,660
Maryland State Ad Agency (MPT)								457,200		829,400	758,700	952,200
Maryland Coalition of Families								375,000	375,000	375,000		524,430
Miscellaneous <sup>2</sup>			42,480	42,480	44,966						516	1,720
Accrual Adjustments <sup>3</sup>		5,070	6,369		3,000	36,309	36,278		383,505	343,730	387,564	
<b>Other Expenditures</b>												
State/Contractual Salary and Fringe										209,970	221,407	184,842
Postage and Travel										682	267	
<b>Total Expenditures</b>	<b>\$523,995</b>	<b>\$94,930</b>	<b>\$2,536,533</b>	<b>\$2,826,250</b>	<b>\$4,143,224</b>	<b>\$3,688,872</b>	<b>\$5,103,958</b>	<b>\$5,356,329</b>	<b>\$4,718,820</b>	<b>\$4,330,760</b>	<b>\$2,997,221</b>	<b>\$5,252,880</b>

MPT: Maryland Public Television

<sup>1</sup> In the State operating budget, expenditures for contractual and grant services are recorded as Object 08.

<sup>2</sup> Miscellaneous expenses are for the Department of Information Technology, the Budget Analysis and Reporting System, and the Statewide Personnel System.

<sup>3</sup> Per the Behavioral Health Administration, accrual adjustments for fiscal 2019 through 2021 relate to final adjustments for estimated accrued expenses for research and clinical functions.

Source: Behavioral Health Administration, Maryland Department of Health



## Appendix D. Detail of Problem Gambling Fund Revenues, Expenditures, and Carryover Balances

### Fiscal 2011-2022 Actuals

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
<b>Revenue</b>												
Maryland Lottery: VLT Fees <sup>1,2</sup>	\$639,271	\$1,069,554	\$2,964,174	\$3,035,800	\$3,967,980	\$3,844,625	\$4,649,746	\$5,274,604	\$4,979,725	\$3,553,993	\$3,831,375	\$4,156,075
Maryland Lottery: Table Game Fees <sup>3</sup>									316,500	225,280	301,000	299,000
VEP Violations					17,074	75,641	37,603	79,444	108,086	123,142	123,875	146,523
Comptroller Assessment (Use State Funds)	-1,140	-1,989	-7,865	-6,326	-14,340	-15,567	-12,249	-19,421	-27,565	-7,389	-1,793	-2,363
Legislative Actions <sup>4</sup>		-950,000	-209,000									
UM Refund (Fiscal 2020)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>82,242</u>
<b>Total Revenue</b>	<b>\$638,131</b>	<b>\$117,565</b>	<b>\$2,747,309</b>	<b>\$3,029,474</b>	<b>\$3,970,714</b>	<b>\$3,904,699</b>	<b>\$4,675,101</b>	<b>\$5,334,627</b>	<b>\$5,376,746</b>	<b>\$3,895,025</b>	<b>\$4,254,458</b>	<b>\$4,681,478</b>
<b>Invoiced Expenditures (Object 08)</b>												
UM Clinical			\$2,487,684	\$2,164,977	\$1,870,530	\$1,646,180	\$2,796,180	\$2,039,365	\$2,008,924	\$1,682,229	\$1,153,155	\$2,296,078
UM Research				618,793	2,230,729	2,079,000	2,271,500	2,271,499	2,271,500	1,241,900	1,241,899	1,210,951
Maryland Public Television (MSAA)								457,200		829,400	758,700	952,200
Maryland Coalition of Families								375,000	375,000	375,000		524,430
Fee-for-service								14,088	175,325	64,296	8,840	82,660
ASO Contract – Beacon								199,177	271,576	135,507		

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
ASO Contract – Optum										135,507		
UM Compulsive Gambling Study	\$499,815											
UM Problem Gambling Hotline	24,180	\$100,000										
Maryland Lottery Salary			42,480	42,480	44,966							
Software License												593
DoIT Shared Services											140	312
BARS System											376	481
SPS System												334
Accrual Adjustment (Negative Overaccrued)		-5,070	6,369		-3,000	-36,309	36,278		-383,505	-343,730	-387,564	
<b>Total Object 08</b>	<b>\$523,995</b>	<b>\$94,930</b>	<b>\$2,536,533</b>	<b>\$2,826,250</b>	<b>\$4,143,224</b>	<b>\$3,688,872</b>	<b>\$5,103,958</b>	<b>\$5,356,329</b>	<b>\$4,718,820</b>	<b>\$4,120,108</b>	<b>\$2,775,546</b>	<b>\$5,068,038</b>
<b>Other Expenditures</b>												
State PIN Salary and Fringe										\$154,484	\$158,972	\$161,327
Contractual Salary and Fringe										55,486	62,436	23,515
Postage										1		
Travel										681	267	
<b>Total Expenditures</b>	<b>\$523,995</b>	<b>\$94,930</b>	<b>\$2,536,533</b>	<b>\$2,826,250</b>	<b>\$4,143,224</b>	<b>\$3,688,872</b>	<b>\$5,103,958</b>	<b>\$5,356,329</b>	<b>\$4,718,820</b>	<b>\$4,330,760</b>	<b>\$2,997,221</b>	<b>\$5,252,880</b>

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
<b>Revenue Balance Summary:</b>												
Beginning Revenue Balance	\$0	\$114,136	\$136,771	\$347,547	\$550,771	\$378,261	\$594,088	\$165,231	\$143,529	\$801,456	\$365,721	\$1,622,958
Total Revenue	638,131	117,565	2,747,309	3,029,474	3,970,714	3,904,699	4,675,101	5,334,627	5,376,746	3,895,025	4,254,458	4,681,478
Total Expenditures	523,995	94,930	2,536,533	2,826,250	4,143,224	3,688,872	5,103,958	5,356,329	4,718,820	4,330,760	2,997,221	5,252,880
Ending Balance Revenue	114,136	136,771	347,547	550,771	378,261	594,088	165,231	143,529	801,456	365,721	1,622,958	1,051,555

ASO: Administrative Services Organization

BARS: Budget Analysis and Reporting System

DoIT: Department of Information Technology

MSAA: Maryland State Ad Agency

SPS: Statewide Personnel System

UM: University of Maryland

VEP: Voluntary Exclusion Program

VLT: video lottery terminal

<sup>1</sup> Prior to fiscal 2019, an allocation on Maryland Lottery revenue between VLT and table games is not available. Total Maryland Lottery revenue is reflected in the VLT line.

<sup>2</sup> State Government Article § 9-1A-33(a) established a \$425 annual fee for each VLT (also known as slot machines).

<sup>3</sup> The Maryland Lottery and Gaming Control Agency established a \$500 annual fee for each table game, as authorized by State Government Article § 9-1A-33(a).

<sup>4</sup> Legislative actions: fiscal 2013 – Chapter 1 of 2012 second special session; fiscal 2012 – Chapter 397 of 2011, Section 10.

Source: Behavioral Health Administration, Maryland Department of Health



## Appendix E. Maryland-based Online Sportsbooks

<b><u>Online Sportsbook</u></b>	<b><u>Location</u></b>	<b><u>Owner</u></b>	<b><u>Online Launch Date</u></b>
Barstool Sports	Hollywood Casino Perryville	Gaming and Leisure Properties (Penn National)	November 23, 2022
BetMGM	MGM National Harbor	MGM Resorts International	November 23, 2022
BetRivers	Bingo World	Bingo World Inc.	November 23, 2022
Caesars	Horseshow Casino	Caesars Entertainment	November 23, 2022
DraftKings	Maryland State Fairgrounds	Maryland State Fair and Agricultural Society, Inc.	November 23, 2022
FanDuel	Live! Casino and Hotel	The Cordish Companies	November 23, 2022
PointsBet	Riverboat on the Potomac	Delmock Entertainment	November 23, 2022
Betfred	Long Shot's	Family-owned	February 9, 2023
Bet Fanatics	TBD/Unknown	TBD/Unknown	TBD
BetPARX	Greenmount Station	Family-owned	TBD
SuperBook Sports	Camden Yards	Baltimore Orioles	TBD
TBD/Unknown	Ocean Downs Casino	Churchill Downs	TBD
TBD/Unknown	Pimlico Race Course	Stronach Group	TBD
TBD/Unknown	Laurel Park	Stronach Group	TBD
TBD/Unknown	Rosecroft Raceway	Stronach Group	TBD
TBD/Unknown	FedEx Field	Washington Commanders	TBD
TBD/Unknown	Fair Hill Races	State of Maryland	TBD
TBD/Unknown	The Jockey Bar and Grille	Family-owned	TBD
TBD/Unknown	Rod 'N Reel	Family-owned	TBD

TBD: to be determined





## Appendix F. Summary of Outcomes by the Maryland Center of Excellence on Problem Gambling Research Program on Gambling

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The Maryland Center of Excellence on Problem Gambling (Center) research component is formally called the Research Program on Gambling (RPG). To run RPG during fiscal 2017 to 2023, the Behavioral Health Administration (BHA) entered into an interagency agreement (IA) with the University of Maryland, Baltimore School of Medicine (UMSOM) Department of Epidemiology and Public Health. A new IA to run RPG will take effect starting in fiscal 2024 with the UMSOM Department of Psychiatry.

The IA Scope of Work for fiscal 2020 to 2023 defined RPG's research tasks to include the following:

**IA Task #4: Study Gambling Prevalence:** Conduct biannual Gambling Prevalence Studies to determine the overall prevalence of problem gambling at a population level in the State of Maryland, with due dates of June 30, 2021, and 2023. Per the IA, BHA approves the reports prior to distribution.

**Outcome:** Maryland's prevalence studies to date are discussed in more detail in Chapter 1 of this report. The prevalence study due June 30, 2023, is pending.

**IA Task #5: Conduct Four Additional Research Projects:** Identify, implement, and complete by June 30, 2023, no less than four research projects that will assist in the evaluation of Center programs and drive the direction for future prevention, intervention, and treatment planning.

**Outcome:** The four research projects are as follows:

- Research Project #1: Final Report: *Gambling Disorder and Co-Occurring Anxiety, Depression, Substance, or Alcohol Use Disorders in a Community-dwelling Adult Sample in Maryland, Data from the PEGASUS research study conducted by UMSOM*, by J. Kathleen Tracy, RPG (April 2021)
- Research Project #2: Final Report: *Gambling, Addiction, and Mental Health in Maryland during the COVID-19 Pandemic*, by J. Kathleen Tracy and Helen Powell (Jan. 2022).
- Research Project #3: *Literature review of the prevalence of gambling disorder across the United States in order to contextualize results from Maryland*, by J. Kathleen Tracy (Feb. 2023).
- Research Project #4: *Relationship between gambling disorder and physical health in Maryland* (March 2023).

**IA Task #7: PEGASUS Longitudinal Study:** Continue research and evaluation related to the longitudinal Prevention and Etiology of Gambling in the U.S. (PEGASUS) Cohort study on gambling behavior, with four *summary research briefs* due no later than June 30, 2020; 2021; 2022; and 2023.

**Outcome:**

- Summary Research Brief: *Gambling Disorder and Co-Occurring Anxiety, Depression, Substance, or Alcohol Use Disorders in a Community-dwelling Adult Sample in Maryland, Data from the PEGASUS research study conducted by UMSOM*, by J. Kathleen Tracy, RPG (June 25, 2020)
- Summary Research Brief: PEGASUS Brief: *Problem Gambling Magnitude among Selected Racial Backgrounds in Maryland: Asian vs. White Matched Analysis Using the South Oaks Gambling Screen*. Prepared by RPG (Aug. 2021).
- Summary Research Brief: *Updated Gambling COVID pre post brief: Gambling, Addiction, and Mental Health in Maryland during the COVID-19 Pandemic*, prepared by RPG, UMSOM (Feb. 2022).
- Summary Research Brief: *Interim update on a literature review of the prevalence of gambling disorder across the United States, in order to contextualize results from Maryland*, prepared by RPG USOM, by J. Kathleen Tracy
- Summary Research Brief: *Overview of Massachusetts vs. MGM implementations of GameSense, with a review of the literature since 2018* (March 2022).
- Summary Research Brief: *Relationship between gambling disorder and physical health in Maryland* (March 2023).

**IA Task #8: The PEGASUS Fantasy Sports Sub Study:** Continue to monitor changes in gambling behavior, with four reports due by July 31, 2020, 2021, 2022, and 2023.

**Outcome:**

- Sub Study #1: *Pattern of Fantasy Sports Participation and Its Association with Gambling Disorder and Other Comorbidities Among Community-dwelling Adults in Maryland: Data from the PEGASUS research study conducted by UMSOM*, [#M00B4400404; PI: J. Kathleen Tracy] (September 2020)
- Sub Study #2: *Annual Fantasy Sports Report, 2020 and 2021*, prepared by RPG (September 2021).
- Sub Study #3: *Fantasy sports gambling in Maryland, 2020-21*, prepared by RPG (July 2022).

- Sub Study #4: Pending (due June 30, 2023).

**IA Task #9:** *Expand the PEGASUS Fantasy Sports Sub Study:* Collect data to assess the impact of legalization of online sports betting, with a study brief due by December 1, 2021.

**Outcome:** *PEGASUS Brief: Online and offline sports gambling in Maryland prior to legalization*, prepared by RPG, the Center of Excellence on Problem Gambling, UMSOM (November. 2021)

**IA Task #14:** *Assess Administrative Services Organization (ASO) Data:* Determine the use of no-cost problem gambling treatment services, with results and recommendations for system improvement. To be included in the annual reports.

**Outcome:**

- **2020:** The RPG annual report for fiscal 2020 did not address ASO data.
- **2021 and 2022:** Per the RPG annual reports, RPG could not assess treatment services for fiscal 2021 or 2022 because the ASO provided no data to the Center for those years.
- **2023:** Pending (due June 30, 2023)

**IA Task #16:** *Voluntary Exclusion Program (VEP) Data:* Analyze and join with other data collected on Maryland citizens to enhance the understanding of the impact gambling expansion is having on the State. To be included in the annual reports.

**Outcome:**

- **2020:** The RPG annual report for fiscal 2020 did not address VEP data, however a VEP Brief Report was provided to BHA by RPG.
- **2021 and 2022:** Per the RPG annual reports, RPG could not assess VEP data for fiscal 2021 or 2022 because the Maryland Lottery and Gaming Control Agency provided no VEP data to the Center for those years.
- **2023:** Pending (due July 31, 2023).

BHA's IA to operate the Center starting fiscal 2024 includes the following research deliverables:<sup>1</sup>

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<sup>1</sup> *Exhibit A: Standard Grant Agreement (SGA), Request for Applications (RFA) (Competitive)*, Procurement ID Number – MDH/BHA RFA 23.0002, eMMA ID Number – BPM035235, Issue Date: January 13, 2023, Maryland Center of Excellence on Problem Gambling, pp.13–14.

- ***Prevalence Studies:*** Conduct a biannual Gambling Prevalence Study due June 30, 2025, and every two years thereafter.
- ***Prevalence Sub-studies:*** As part of the bi-annual prevalence study, provide the following sub-studies:
  - Analysis of the prevalence and associated correlates of *Fantasy Sports participation*, and the association between Fantasy Sports play and problem gambling behavior.
  - Analysis of the prevalence and associated correlates of *online betting* that will assess the ongoing impact of legalization of online betting.
  - Analysis of the prevalence and associated correlates of *sports betting* that will assess the ongoing impact of legalization of sports betting.
- ***Helpline Data:*** Provide monthly and quarterly raw and summary data reports of Maryland Problem Gambling Helpline services and report on trends or unusual findings. Assess quality and validity of Helpline data on an ongoing basis.
- ***ASO Systems and Workflows:*** Provide consultation and technical assistance related to the ASO systems (including new workflows or changes to existing workflows).
- ***Additional Analysis and Evaluation, to Be Determined in Collaboration with BHA:***
  - Analyze available databases, data sets, and reports to provide information and support relevant to problem gambling issues and topics. Examples may include Maryland-specific administrative data from ASO (claims, service utilization). Topics will be identified in collaboration with BHA.
  - Provide consultation and technical assistance to BHA including the evaluation of problem gambling-related evidence-based practices and other processes or outcome evaluations. Projects will be mutually agreed upon by BHA, and the Contractor and may include program benchmarks, evaluation of evidence-based literature or program database/dissemination, or other activities. Project work products will be determined based on the nature of the project and may include verbal reports, written reports, presentations, or another form of product with timelines to be mutually agreed upon. Maryland could consider complementing the statewide gambling prevalence studies with additional impact studies, especially those not relying on self-reporting by survey participants.

State law requires the Maryland Department of Health (MDH) to replicate Maryland's baseline gambling prevalence study at least once every five years.<sup>2</sup> Since 2017, BHA-MDH has undertaken prevalence studies every two years and plans to continue a biannual cadence. BHA and SEC could complement the prevalence studies with additional research on the impact of problem gambling on Marylanders. If the Problem Gambling Fund cannot cover added research, BHA could repeat the prevalence studies less often (*e.g.*, every three, four, or five years, instead of every two years) and use the savings to solicit further research that employ methodologies that do not rely on self-reporting by survey participants, as the prevalence studies do. For example:

- ***Financial Harms to Individuals:*** A large scale study of more than 100,000 randomly sampled customers of the United Kingdom's largest retail bank assessed the incidence of bank overdrafts, missed loan payments, or use of payday loans among individuals who had gambled.<sup>3</sup> The study found gambling behavior was highly skewed, with higher gambling associated with higher rates of unplanned bank overdrafts and missed credit card payments. Similar research on financial transactions in Maryland could assess impact in a different way than the prevalence studies. Results might show opportunities for Center collaboration on financial wellness programs for adult customers offered by many credit unions and banks.
- ***Suicidality:*** BHA could request research by the Center on suicides and attempted suicides in Maryland associated with disordered gambling. For example, a 2022 study from Italy assessed electronic health records and found a high risk of access to hospital emergency departments for suicide attempt in individuals diagnosed with gambling disorder. The study highlighted demographic and clinical factors to consider when evaluating suicide risk in this population.<sup>4</sup>

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<sup>2</sup> Md. Health-General Art. § 19-804(e).

<sup>3</sup> *The association between gambling and financial, social and health outcomes in big financial data*, N. Muggleton, et al., *Nature Human Behaviour*, VOL 5, March 2021, 319–326; retrievable from <https://tinyurl.com/4ku7zmx9>.

<sup>4</sup> Pavarin, R.M., Fabbri, C., Fioritti, A. et al. *Gambling Disorder in an Italian Population: Risk of Suicide Attempts and Associated Demographic-Clinical Factors using Electronic Health Records*. *J Gambl Stud* 38, 1143-1156 (2022). <https://doi.org/10.1007/s10899-021-10088-1>

<b>The Center's Research Reports and Briefs Funded by BHA Using the Problem Gambling Fund</b>	
<b>Date</b>	<b>Title/Author</b>
May 2015	<b>Progress Report for “Pilot/Feasibility Study of Functional Near-Infra Red Spectroscopy (fNIRS) for the Study of Gambling”</b> <i>Prepared by RPG for The Center of Excellence on Problem Gambling.</i>
Dec. 2015	<b>Final Report: Pilot/Feasibility Study of Functional Near-Infra Red Spectroscopy (fNIRS) for the Study of Gambling</b> , <i>Prepared by RPG for The Center for Excellence on Problem Gambling</i>
2015	<b>News Brief: Community Perceptions about the Horseshoe Casino in Baltimore</b> , A research study conducted by UMSOM.
2017	<b>Statewide Gambling Prevalence in Maryland: 2017</b> , Kathleen Tracy et al., Maryland Center of Excellence on Problem Gambling, University of Maryland, Baltimore; prepared for MDH. Final report completed December 2018. Notes: Per Md. Health-General Art. § 19-804(b), and SB 3 and/or Chapter 4, 2007 Special Session. Retrieval from: <a href="https://dlslibrary.state.md.us/publications/Exec/MDH/HG19-804(b)_2017.pdf">https://dlslibrary.state.md.us/publications/Exec/MDH/HG19-804(b)_2017.pdf</a>
June 2018	<b>News Brief: Community Perceptions about the MGM National Harbor Casino in Prince George's County</b> , <i>A research study conducted by the University of Maryland School of Medicine.</i>
Aug. 2019	<b>Brief Project Report on Treatment Program Effectiveness for Peer Recovery Support Specialist Program</b> , <i>Presented to Behavioral Health Administration, Maryland State Department of Health, by J. Kathleen Tracy, PhD, Director, with Assistance from Zachary Dezman, MD, MS, MS, Deputy Director, RPG for The Center for Excellence on Problem Gambling, Dept. of Epidemiology and Public Health, University of Maryland, Baltimore.</i>
Nov. 2019	<b>Brief Project Report on Treatment Program Effectiveness for 1-800-Gambler Helpline Program</b> , <i>Presented to Behavioral Health Administration/Maryland State Department of Health, by J. Kathleen Tracy, Director, with Assistance from Zachary Dezman, Deputy Director, RPG for The Center for Excellence on Problem Gambling, Dept of Epidemiology and Public Health, University of Maryland, Baltimore.</i>
June 2020	<b>News Brief on Dual Diagnosis: Gambling Disorder and Co-Occurring Anxiety, Depression, Substance, or Alcohol Use Disorders in a Community-dwelling Adult Sample in Maryland</b> , <i>Data from the PEGASUS research study conducted by UMSOM, by J. Kathleen Tracy, RPG (June 25, 2020)</i>
June 2020	<b>A Summary of Voluntary Exclusion Programs (VEP) in the United States Including Maryland</b> , <i>Prepared by RPG for The Center for Excellence on Problem Gambling</i>
Sept. 2020	<b>Pattern of Fantasy Sports Participation and Its Association with Gambling Disorder and Other Comorbidities Among Community-dwelling Adults in Maryland: Data from the PEGASUS research study conducted by UMSOM</b> , <i>Presented to BHA by J. Kathleen Tracy, RPG [M00B4400404; PI: JK Tracy]</i>
May 2021	<b>Dual Diagnosis Brief (Final Report): Gambling Disorder and Co-Occurring Anxiety, Depression, Substance, or Alcohol Use Disorders in a Community-dwelling Adult Sample in Maryland</b> , <i>Data from the PEGASUS research study conducted by UMSOM, presented to BHA, Maryland State Department of Health, by J. Kathleen Tracy, PhD, Director, RPG for The Center for Excellence on Problem Gambling, Department of Epidemiology and Public Health, University of Maryland, Baltimore. (May 28, 2021)</i>
June 2021	<b>CEPG Statistics (2017 and 2020) on Gambling Behavior by County, Age, Race/Ethnicity, Gambling Type, Legal Trouble, Financial Status, etc.</b> <i>Prepared by RPG for The Center for Excellence on Problem Gambling.</i>
Aug. 2021	<b>PEGASUS Brief: Problem Gambling Magnitude among Selected Racial Backgrounds in Maryland: Asian vs. White Matched Analysis Using the South Oaks Gambling Screen (SOGS)</b> . <i>Prepared by RPG for Maryland Department of Health, Behavioral Health Administration [M00B7400096; PI: JK Tracy].</i>
Sept. 2021	<b>Annual Fantasy Sports Report, 2020 and 2021</b> , <i>Prepared by RPG, Maryland Center of Excellence on Problem Gambling, University of Maryland School of Medicine.</i>
Oct. 2021	<b>Pre-post brief: Gambling, Addiction, and Mental Health in Maryland during the COVID-19 Pandemic</b> , <i>Prepared by RPG, Maryland Center of Excellence on Problem Gambling, University of Maryland School of Medicine.</i>
Nov. 2021	<b>PEGASUS Brief: Online and offline sports gambling in Maryland prior to legalization</b> , <i>Prepared by</i>

	<i>RPG, Maryland Center of Excellence on Problem Gambling; University of Maryland School of Medicine</i>
2021	<b>Statewide Gambling Prevalence in Maryland: 2020</b> , Kathleen Tracy et al., Maryland Center of Excellence on Problem Gambling, University of Maryland, Baltimore; prepared for the Maryland Department of Health. Final report completed in 2021. Notes: Per Md. Health-General Art. § 19-804(b), and in accordance with SB 3 and Chapter 4, 2007 Special Session. Retrievable: <a href="https://dlslibrary.state.md.us/publications/Exec/MDH/HG19-804(b)_2020.pdf">https://dlslibrary.state.md.us/publications/Exec/MDH/HG19-804(b)_2020.pdf</a>
Jan. 2022	<b>Final Report: Gambling, Addiction, and Mental Health in Maryland during the COVID-19 Pandemic</b> <i>Presented to Behavioral Health Administration, Maryland State Department of Health by J. Kathleen Tracy and Helen Powell, RPG for The Center for Excellence on Problem Gambling Department of Epidemiology and Public Health, University of Maryland, Baltimore.</i>
Mar. 2022	<b>Overview of Massachusetts vs. MGM implementations of GameSense, with a review of the literature since 2018</b> , Report prepared in March 2022 by the Maryland Center of Excellence on Problem Gambling, at the University of Maryland School of Medicine. [note: done at request of a legislator]
Oct. 2022	<b>Proposal to examine the relationship between gambling disorder and physical health in the state of Maryland</b> , J Kathleen Tracy, PhD, Professor, Department of Epidemiology and Public Health; Director, RPG, Maryland Center of Excellence on Problem Gambling. Funding Source(s): Maryland Department of Health, Behavioral Health Administration [#M00B0600042; PI: JK Tracy].
Feb. 2023	<b>A literature review of the prevalence of gambling disorder across the United States in order to contextualize results from Maryland</b> , Feb. 2023. J Kathleen Tracy, PhD, Professor, Department of Epidemiology and Public Health; Director, RPG, Maryland Center of Excellence on Problem Gambling. Funding Source(s): MD Dept. of Health, Behavioral Health Administration [#M00B0600042; PI: JK Tracy].
Mar. 2023	<b>Examination of the relationship between gambling disorder and physical health in Maryland.</b>
2023	<b>Pending: Statewide Gambling Prevalence in Maryland: 2022. (Due by 6/30/2023)</b>



**Additional Manuscripts and Presentations by Researchers Affiliated with the Center's Research Program on Gambling (But Not Paid for by BHA or the Problem Gambling Fund)**

**2015\***

**For Amusement Only: The availability and distribution of simulated slot machines in Baltimore City.** McArdle et al. *Journal of Gambling Studies* 31: 69- 77, 2015.

Georgiou P, Gould TD, McCarthy MM, Merchenthaler IJ, Tracy, JK. **Sex-dependent modulation of decision-making in the rat gambling task.** Paper presented at the National Center for Responsible Gaming Annual Conference on Gambling and Addiction, Las Vegas, NV, September 2015.

Lane WG, Sacco P, Downton K, Ludeman E, Levy L, McArdle P, Tracy JK. **Systematic Review of Associations between Child Maltreatment and Problem Gambling.** Presented at the National Conference on Problem Gambling, Baltimore, MD, July 2015.

Tracy, JK, McArdle PF, Levy LF. **Community Attitudes toward an Urban Casino.** Oral presentation at the National Conference on Problem Gambling, Baltimore, MD, July 2015.

**2016\***

**Child Maltreatment and Problem Gambling: A Systematic Review.** Lane et al. *Child Abuse and Neglect* 58: 24-38, 2016.

Georgiou P, Zanos P, Bhat S. McCarthy MM, Merchenthaler IJ, Tracy, JK, Gould TD. **Sex-dependent modulation of decision- making in the rat gambling task: Involvement of brain dopaminergic and stress systems.** Presented at the National Center for Responsible Gaming Annual Conference on Gambling and Addiction, Las Vegas, NV, September 2016.

Levy LF, Schluterman NH, Cole J, Tracy JK. **Screening veterans for gambling disorder: instrument comparisons and clinical implications.** Presented at the National Conference on Problem Gambling, Tarrytown, NY, July 2016.

**2017**

Monaghan A, Scheele C, Seymour W, Nichols H, Levy L, Swanberg JE, Tracy JK. **Depression as a predictor of disordered gambling behavior.** Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Scheele C, Seymour W, Monaghan A, Nichols H, Levy L, Swanberg JE, Tracy JK. **Association between income and disordered gambling in adults.** Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Seymour W, Scheele C, Monaghan A, Nichols H, Levy L, Swanberg JE, Tracy JK. **Factors relating to disordered gambling behavior and employment status in the Baltimore, MD area.** Poster accepted to American Public Health Association, Atlanta GA, August 2017.

Seymour W, Scheele C, Levy L, Monaghan A, Swanberg JE, Tracy JK. **Association between employment and gambling disorder.** Presented at the National Conference on Problem Gambling, Portland, Oregon, July 2017.

Tracy, JK. **Prevention and Etiology of Gambling Addiction in the United States.** Oral presentation at the Maryland Conference on Problem Gambling, Baltimore, MD, June 2017.

Tracy, JK. **Screening for gambling disorder in real world settings.** Oral presentation at the National Conference on Responsible Gambling, Las Vegas, NV, October 2017

## 2018

**Gambling disorder in Veterans: A review of the literature and implications for future research.** Levy et al. *Journal of Gambling Studies*, 2018, <https://doi.org/10.1007/s10899-018-9749-z>

**Narrative Review of the Occupational Health Concerns of Casino Workers.** Clouser et al. *AIMS Public Health* 5 (4): 378-393, 2018.

Day, B., Rosenthal, G., Adetunji, F., Monaghan A., Scheele, C., Tracy, JK. **Evaluating racial differences between income and problem gambling behavior.** Presented at the Maryland Conference on Problem Gambling. Baltimore MD, June 2018.

Swasey, K., Rosenthal, G., Adetunji, F., Monaghan A., Scheele, C., Tracy, JK. **Differences in association of problem drinking and gambling disorder by sex.** Presented at the Maryland Conference on Problem Gambling. Baltimore MD, June 2018.

## 2019

Siamak Aram, Lauren Levy, Jigar B. Patel, Afrouz A. Anderson, Rachel Zaragoza, Hadis Dashtestani, Fatima A. Chowdhry, Amir Gandjbakhche, and J. Kathleen Tracy. (2019). **The Iowa Gambling Task: A Review of the Historical Evolution, Scientific Basis, and Use in Functional Neuroimaging.** Sage Open. 2019 July 2.

Swasey, K., Rosenthal, G., Adetunji, F., Scheele, C., Tracy, JK. **Sex differences in the association between problem drinking and gambling disorder.** Presented at the Maryland Conference on Problem Gambling, Baltimore MD, June 2019.

## 2020

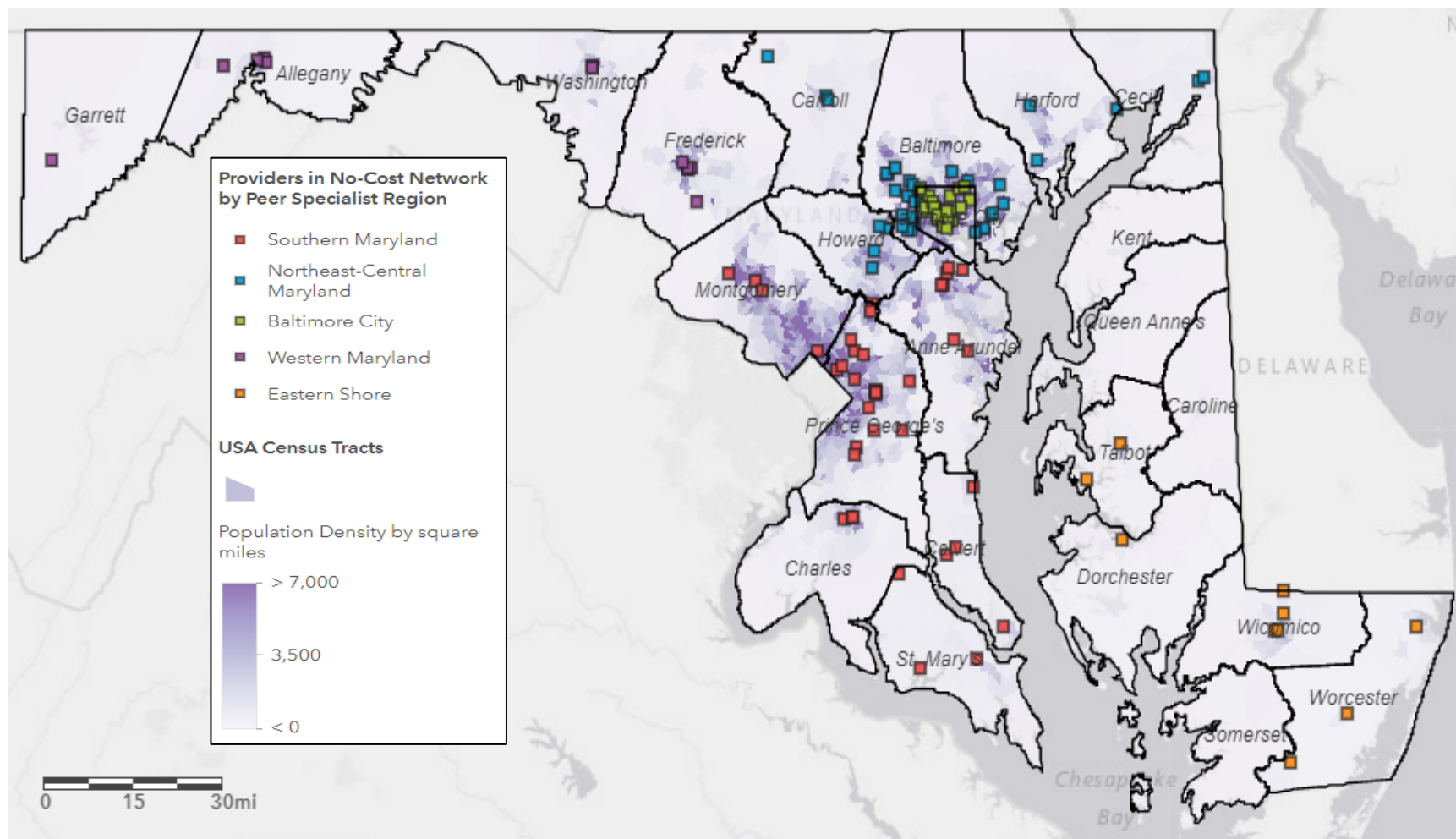
**Evaluating for Differences by Race/Ethnicity in the Association Between Income and Gambling Disorder.** Day et al. *Journal of Gambling Studies*. Published online 09 April 2020.

**The Impact of a New Casino on the Motor Vehicle Crash Patterns in a Suburban Maryland.** Kufera et al. *Accident Analysis and Prevention*–Vol 124, July 2020, 105554.

Source: RPG annual reports for fiscal 2017, 2018, 2019, 2020, 2021, and 2022



## Appendix G. Map of Physical Locations of Treatment Providers Participating in the No Cost Network As of December 31, 2022



*Physical Locations of No Cost Network Providers (as of 12/31/2022), by regional territory of Peer Support Specialists; note that many providers offer telehealth appointments, and at the time of this report some offered only telehealth.*



## Appendix H. Methodology and Data Sources

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This evaluation began in December 2022 and ended with a published report in July 2023.

For context, this report:

- Began within a month of online sports betting going live in Maryland in November 2022.
- Was conducted while the Behavioral Health Administration (BHA) was carrying out a competitive bid process for a new contract to start July 1, 2023, to operate the Maryland Center of Excellence on Problem Gambling (the Center).
- Began after the Center had conducted a disordered gambling prevalence survey in 2022 and was completed before the Center published its survey results due to BHA by June 30, 2023.

To respond to the research questions, this evaluation relied on a combination of qualitative and quantitative data collection and analysis.

- **Document Reviews:** OPEGA reviewed relevant Maryland state statutes and regulations; contracts and agreements between BHA, the Center, and other entities funded by the BHA-managed Problem Gambling Fund; final invoices submitted by the Center to BHA, and by the Center's sub vendors; annual reports by the Center; the statewide problem gambling prevalence studies; and the comprehensive annual financial reports published by Maryland Lottery and Gaming Control Agency (MLGCA).
- **Database Reviews:** The Office of Program Evaluation and Government Accountability (OPEGA) reviewed records from the following databases:
  - Billing records from Maryland's administrative services organization for MDH.
  - Anonymized records of calls from Maryland residents to the Helpline (1-800-GAMBLER).
  - Anonymized records in REDCap, the system used by the Center to track interactions between Peer Recovery Support Specialists and help-seekers.
  - Records of treatment providers participating in the State's No-Cost Treatment Services Network coordinated by the Center.
  - Records of treatment providers participating in the State's free training, consultation, and/or continuing education opportunities offered by the Center.
  - Data on enrollment in the Voluntary Exclusion Program managed by MLGCA.

- **Interviews:** The evaluation team conducted interviews with Center staff, BHA staff, treatment providers, and casino staff. The purpose of these conversations was to reveal issues related to problem gambling behavior in the context of a changing landscape in Maryland for access to legal gambling, the unique challenges posed by disordered gambling, the infrastructure of public and private services that address problem gambling, and how the multiple entities funded via the Problem Gambling Fund coordinate with each other. OPEGA also considered information about contrasting systems of state research and services on risky gambling behavior, as well as recommended best practices by states as defined by experts in the field of gambling addiction.

*OPEGA did not evaluate* the following efforts or data in Maryland related to problem gambling:

- The number of Maryland residents getting mental or behavioral health treatment services for disordered gambling when that treatment is paid for by private insurance or paid for out-of-pocket.
- The number of Maryland residents participating in private support groups.
- Self-limiting tools on the gambling websites licensed to operate in Maryland, the extent to which the MLGCA promotes, regulates, or enforces such tools, or how Maryland residents may be using such tools.

## **Appendix I. Evaluation Request Letter**

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DEPARTMENT OF LEGISLATIVE SERVICES  
OFFICE OF PROGRAM EVALUATION AND  
GOVERNMENT ACCOUNTABILITY  
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber  
Executive Director

Michael Powell  
Director

December 2, 2022

Mary Drexler, MSW  
Director  
The Maryland Center of Excellence on Problem Gambling  
250 West Pratt Street, Suite 1050  
Baltimore, Maryland 21201

Dear Director Drexler:

The Joint Audit and Evaluation Committee has requested that the Office of Program Evaluation and Government Accountability conduct an evaluation of the Maryland Center of Excellence on Problem Gambling.

The program evaluation process, authorized by Chapters 510 and 511, Laws of Maryland 2019, and codified in State Government Article, § 2-1234, directs this office to evaluate the efficiency, effectiveness, and economy of governmental activities or units.

I will reach out to your office to schedule an initial meeting. I expect this evaluation to be done expeditiously and with a minimum of interruption to your operations.

Sincerely,

Michael Powell  
Director  
Office of Program Evaluation and  
Government Accountability  
Department of Legislative Services

MCP

cc: Senate President William Ferguson  
House Speaker Adrienne A. Jones  
Senator Clarence K. Lam, Senate Chair of the Joint Audit and Evaluation Committee  
Delegate Mark S. Chang, House Chair of the Joint Audit and Evaluation Committee  
Victoria L. Gruber, Esq., Executive Director, Department of Legislative Services  
Sandra Brantley, Esq., Office of the Attorney General  
June Chung, Department of Legislative Services



THE MARYLAND GENERAL ASSEMBLY  
ANNAPOLIS, MARYLAND 21401-1991

JOINT AUDIT AND EVALUATION COMMITTEE

December 1, 2022

Mr. Michael Powell  
Director, Office of Program Evaluation and Government Accountability  
Department of Legislative Services  
90 State Circle  
Annapolis, Maryland 21401

Dear Mr. Powell:

Consistent with §2-1234 of the State Government Article, we are directing that the Office of Program Evaluation and Government Accountability conduct a performance evaluation of the Center for Excellence on Problem Gambling, a unit of the Maryland Department of Health.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Clarence K. Lam".

Senator Clarence K. Lam  
Senate Chair

A handwritten signature in black ink, appearing to read "Mark S. Chang".

Delegate Mark S. Chang  
House Chair

CKL:CLK/MP:JC/mta

cc: Joint Audit and Evaluation Committee, Members and Staff  
Ms. Victoria L. Gruber