

Wood County's Strategic Plan

Community Awareness and the Prevention and Treatment of Disordered Gambling

2019 – 2022

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Table of Contents

Acknowledgements	2
Introduction	5
Rationale and Purpose	6
Scope of the Problem	7
Gambling in Ohio and Wood County.....	7
Youth gambling in Wood County	8
College Aged Young Adults in Wood County.....	9
Adult gambling in Wood County	10
Comorbidity	11
Strategic Plan for Wood County.....	12
Vision, Mission, Guiding Principles, and Goals.....	12
The Continuum of Care	13
A Framework for Action	16
Layout of the Strategic Plan for Wood County.....	18
Implementation	19
Implementation Activities for Wood County	21
Promotion and Community Readiness.....	21
Prevention and Intervention	24
Treatment	27
Assessment and Evaluation.....	29
Conclusion	31
Appendix: Activities by Date	32
Promotion and Community Readiness.....	32
Prevention and Intervention	33
Treatment	34
Assessment and Evaluation.....	35
References	36

Wood County's Strategic Plan for Disordered Gambling Prevention, Intervention, and Treatment

Introduction

Ohio law requires the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to promote, assist in the development of, and coordinate or conduct programs for gambling addiction. The constitutional amendment that brought casinos to Ohio also includes OhioMHAS as the authority expected to address problem and pathological gambling. This amendment includes a requirement that two percent of the tax on the casinos' gross revenue go to the State Problem Casino Gambling and Addictions Fund to support efforts to alleviate problem gambling and substance abuse and related research in Ohio

For many Wood County residents, gambling is a recreational leisure activity. Most enjoy the excitement of playing the lottery or scratch-offs, playing poker with friends or visiting the Hollywood Casino. But for some, gambling can become addictive and cause problems. Two vulnerable populations have been well documented: youth and senior citizens. Stinchfield, R. (2011) notes the issues of youth gambling. Other researchers have noted the problems associated with disordered gambling among those 65 years of age and older.

To date, OhioMHAS collaborates the Wood County Alcohol and Drug Addiction Services Board (ADAMHS) and with the Ohio Lottery Commission, local communities, alcohol and other drug treatment providers, faith-based entities, and others to reduce problem gambling and to establish and improve gambling treatment and prevention services for Ohioans.

In order to minimize the incidence and prevalence of disordered gambling (DG), the Wood County ADAMHS Board has developed this strategic plan for DG prevention, intervention, and treatment. The plan is multidimensional, focusing on creating awareness of responsible gambling, preventing problems before they arise, and on developing intervention, treatment, and support when indicated.

Rationale and Purpose

Why should Wood County have its own plan for disordered gambling? For many Wood County residents, there does not seem to be an issue with gambling as a disorder or social problem. And disordered gambling appears minor when compared to other substance abuse and mental health issues, such as opiate abuse, marijuana legislation, school violence and more. On the other hand, the emerging commercialization of gambling opportunities, the vulnerability of subpopulations in Wood County, coupled with our responsibilities to the constitutional amendment, all give credence to the need for a plan.

1. The potential for harm

Easy access to gambling opportunities increases the likelihood that one could become disordered in their approach to gambling. In the past 5 years, the availability of gambling opportunities in Wood County has grown considerably. For example, the Ohio **lottery** offers a plethora of gaming opportunities, including instant games, lottery drawings, EZPlay games, Keno, and raffles. Over 115 licensed lottery retailers in Wood County sold over \$27 million in products in 2016. Additionally, the Hollywood **Casino** which opened in 2012, provides easy access to casino gambling; their profits exceeded \$188 million in 2016. Finally, the emerging world of **on-line**, and **mobile device** gambling is growing exponentially. Over 2,000 on-line gambling sites are easily accessible, including popular sites such as PokerStars, Facebook's Texas Holdem, PKR sports betting, Draft Kings, Fan Duel and more. Most of these on-line sites currently operate illegally and exist without consumer protections or regulations. Wood County's licensed agents sold \$28,948,789 in Ohio Lottery instant and online products in 2017, an increase of 18% over 2014. With sales nearly \$29 million in 2017, approximately every adult in Wood County spent \$239 in state lottery tickets and scratch offs

2. The constitutional requirement

Ohio law requires the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to promote, assist in the development of, and coordinate or conduct programs for gambling addiction. The constitutional amendment that brought casinos to Ohio also includes OhioMHAS as the authority expected to address problem and disordered gambling. This amendment includes a requirement that two percent of the tax on the casinos' gross revenue go to the State Problem Casino Gambling and Addictions Fund to support efforts to alleviate problem gambling and substance abuse and related research in Ohio. OhioMHAS collaborates with the Wood County ADAMHS Board to develop prevention and treatment services for the citizens of Wood County.

As responsible stewards of taxpayer money, it is incumbent upon the ADAMHS Board to have a plan for the distribution of these resources.

3. The protection of our youth, young adults, and senior citizens.

Our findings on disordered gambling in Wood County show that between 4 and 6 percent of young people (ages 13 through 24) indicate they are at-risk for disordered gambling. However, among adults in Wood County, only 1 percent indicate they are at risk. Given these facts, one could argue that we do nothing about disordered gambling, since it appears most young people “grow out of it.”

The problem with this complacency argument is that while some youth may in fact “grow out of it,” some youth do not; and even among those who do grow out of it, their gambling experiences may change their life’s trajectory because of negative gambling related consequences. Negative consequences of temporary disordered gambling, such as dropping out of school or college, poor grades, facing legal issues, alienating friends and family, all can have lasting consequences and send a life’s trajectory in the wrong direction. Additionally, the adverse effect on the friends and family members of the disordered gambler are similar to how alcoholics adversely affect friends and family.

Given these issues, a comprehensive plan is needed to act as a guide or roadmap upon which we can distribute prevention and treatment allocations, establish gambling prevention and treatment processes that operate within existing structures, and measure the effectiveness of the new processes.

Scope of the Problem

The initial research on gambling activities and disordered gambling in the State of Ohio (OhioMHAS, 2012) and in Wood County (Ivoska, 2015, 2018), reveal that youth, young adults, and senior citizens are the most likely groups to engage in gambling activity. The following paragraphs describe the quantitative and qualitative data gathered in Wood County in the spring and fall 2018 from the three target groups: high school youth, young adults in college, and senior citizens. The quantitative data was described in greater detail in two reports to the ADAMHS board (Ivoska, 2015, 2018). The qualitative data was obtained during the fall 2018 and is included in this report. Focus groups were held for each of the target groups where quantitative data showed a propensity towards gambling: high school, college, and senior citizens. All data was gathered in Wood County, Ohio. The qualitative focus groups were conducted with the purpose of confirming that the quantitative data was valid. Some of the noteworthy findings from these reports are presented as follows:

Gambling in Ohio and Wood County

OhioMHAS (2017) reported that 25.1 percent of Ohioans do not gamble and that 64.6 percent gamble, but report having no problems with gambling. Among those defined as ‘at-

risk' were 6.4 percent reporting low risk, 3.0 percent reporting moderate risk, and .9 percent reporting problem, or disordered gambling.

In Wood County, state results found that 7.3 percent of adults (indicating some risk of disordered gambling (5.0% low risk – 5,057 citizens; and 1.9% moderate risk – 1,950 citizens; and, .4% reporting problem gambling – 377 citizens).

Youth gambling in Wood County

Quantitative

According to the Wood County ADAMHS Board study (Ivoska,2018), 3.1 percent of 14-19 year olds in Wood County reported disordered gambling tendencies on the NODS-Clip gambling scale. These results are similar to other research based studies designed to assess the level of disordered gambling among adolescents. Disordered gambling varied by age and gender, with males more likely to report disordered gambling characteristics. Among Wood County males 14-16 years of age, 4.1 percent reported disordered gambling characteristics, compared to 2.3 percent among 14-16-year-old females. Among 17-19-year-old Wood County males, 4.2 percent reported disordered gambling characteristics, compared to 1.7 percent among similarly aged females. These 2018 rates represent a decline in problem gambling since 2016.

Qualitative

Three groups of high school students participated in focus groups (n=45) with an equal number of males and females, representing grades 7 through 12. Most of these students were from the Rossford and Perrysburg areas.

Most students reported that they did not gamble. Those who did gamble said it was infrequently, such as a few times per year. The occasion to gamble occurred where gambling was socially expected – such as for the outcome of a major sporting event. Junior males were the most likely group to report gambling activities, but gambling was not a normative activity by the majority of teens.

Males were much more likely than females to talk about personal experiences with betting. Those males who did gamble reported that they usually bet on sports: either the outcome of individual games, such as the outcome of a high school football game or a college or pro game. A few males reported they participated in fantasy leagues with groups of friends. Two male students reported participating in on-line gambling sites or in daily fantasy sports sites.

Among those who gambled, the second most frequently reported activity was to bet against each other. Games of personal skill, where one teen is challenged by another, was the most frequently stated competition. These activities could include almost any type of activity from running, to skateboarding, to shooting hoops, to betting who could predict the outcome of an event.

When asked about playing poker or purchasing scratch off tickets, two groups of males reported that they have participated in poker games, for money, at friends' houses. However, they stated that they don't play poker regularly because of homework, school activities and parental supervision 'gets in the way.' Many students have purchased scratch offs when they get gas at convenient stores, stating that being under age doesn't seem to be a problem.

None of the 45 students believed that he or she had a problem with gambling. Some students stated they 'know kids' who are hooked on gaming on their computers, but they did not believe that they were betting money. The most commonly reoccurring gambling activity was among males who talked frequently about sports and about betting on sports related activities.

College Aged Young Adults in Wood County

Quantitative

According to the Wood County ADAMHS Board study (Ivoska,2018), 5.8 percent of undergraduate students at BGSU reported disordered gambling tendencies. This represents an increase since 2016. These results are similar to those found by Winters, Bengston, Dorr and Stinchfield (1998). By age and by gender, disordered gambling varies among students at BGSU. These results are presented below.

Rates of disordered gambling among BGSU students by age and by gender (2018).

<u>Age</u>	<u>Rate</u>
18-24	5.8%

<u>Gender</u>	<u>Rate</u>
Males	12.9%
Females	2.3%

Qualitative

Three classrooms focus groups were conducted on campus at BGSU (n=63) with slightly more females than males, and more underclassmen than upperclassmen participating. Two groups of athletes were interviewed at Owens Community College (n=24, all males).

Among the BGSU students interviewed, 6 reported that they gambled regularly (5 males and one female) with the remaining students reported little gambling participation. Most students reported little or no gambling. They all said that they did not have the resources to gamble (time and money, nor ease of transportation to get to the Hollywood casino). Time and money were the most frequently stated deterrents to gambling as students often said they simply did not have the money to gamble, and that classwork and other extracurricular activity took up all of their time.

Among the 5 BGSU males who reported gambling, 4 were actively involved in either intercollegiate or intramural athletics. All 24 students at Owens Community College were

student athletes, and 10 of the 24 were from Wood County. The student athletes (both at BG and Owens) stated that gambling was common in their groups for two reasons. First, they had ample ‘time to kill’ when taking buses or vans to other colleges to play. Most student athletes took audio or electronic devices such as ipads, ipods, x-box, and other devices. Coaches approved of these devices as it kept the student athletes distracted and ‘out of trouble.’ Athletes reported that some of them engaged in sports betting on-line during down periods (non-competing or non-practice periods) when on the road. The second reason athletes reported gambling activity is that they followed players and teams, and that gambling on the outcomes of players or teams was the norm. Both the coaches and players stated that they knew of student athletes who got into the habit of sports betting too much and found their preoccupation with sports betting dysfunctional.

Adult gambling in Wood County

Quantitative

According to the State of Ohio’s study of gambling activities and of the prevalence of disordered gambling in Ohio in 2017, the following results were reported for Wood County:

	Gamble – no problems	Low Risk	Moderate Risk	Problem Gambling
Wood County	71,560	5,057	1,950	377
	64.6%	5.0%	1.9%	.4%

Wood County seniors, aged 65 and older, reported the highest daily and weekly rates for purchasing lottery tickets and scratch offs among all age groups surveyed. Daily participation in lottery tickets and scratch offs was 2 percent and 3 percent respectively, while weekly participation in the same activity was 6.8 percent and 4.2 percent respectively.

As the fastest growing population segment in Wood County, seniors remain a vulnerable population for gambling addiction. Seniors differ from youth in that seniors are more likely to face the loss of loved ones, loss of career, and isolation. Seniors are more likely to suffer cognitive impairments, less likely to understand or admit to addiction, and have less time and resources to recover from gambling losses.

Qualitative

Three focus groups of senior citizens were held at the community senior centers in Perrysburg, Rossford, and Bowling Green (n=100, slightly more females than males). Most of the seniors believed that gambling for seniors primarily is a form of entertainment and companionship. They frequently purchase lottery tickets or scratch off cards, played poker, texas hold ‘em, and bingo. However, the majority of seniors viewed these activities as an essential part of their senior life style as these activities provided companionship and/or entertainment. They stated that seniors gamble because they have the time, because they

have the money and because they are lonely. In the group setting, most stated that few saw or knew of fellow seniors who had problems with these activities

On the other hand, after the focus group activity and at each location, I had individual seniors tell me about how they or their senior friends had problems with gambling. A few seniors stated that they purchased scratch off tickets and lottery tickets on a weekly and daily rate. Some got into the habit of going to the Hollywood casino several times per week. At each location, I had one or more senior talk about how they lost control of their gambling for a period of time, early in their retirement years. For example, one 75 year old female from Bowling Green stated that she and her husband never gambled while they were working, but once retired, and bored, they found the Hollywood casino to be a welcoming place for entertainment. She described how she let her slot machine gambling get out of control and that she truly felt addicted to the process. "It had nothing to do with the money," she repeated. Another 77 year old male stated he purchases scratch off tickets every day, about \$10 worth, but that this was not a problem for him.

Comorbidity

The Ohio Substance Abuse Monitoring Network (OSAM) estimates that 25 percent of clients with substance use disorders will have comorbid gambling disorders. DeCastella (2011) found that those receiving mental health services were more than four times more likely to have a gambling disorder when compared to the general population. In Wood County, the Zepf Center surveyed 44 clients between November, 2014 and May 2015. Among the clients surveyed, 15 percent reported a gambling disorder. The Zepf Center results are consistent with other research studies on gambling prevalence among those clients receiving clinical services.

Strategic Plan for Wood County

We have a statement of rationale and purpose for a comprehensive strategic plan for the prevention and treatment of disordered gambling in Wood County. We have identified three groups who are actively engaged in gambling activities and who have tendencies towards disordered gambling. Our three groups are high school aged youth, college aged young adults, and senior citizens. And, following the World Health Organization's strategy for action and the Wood County ADAMHS Board mission statement, we have established 5 goals that ensure a balanced approach to prevention and treatment of disordered gambling in Wood County.

This plan is consistent with the vision and mission of the Wood County ADAMHS Board. The plan recommends a set of Guiding Principles intended to enhance the collaborative nature of the plan. The plan is guided by the continuum of care recommended by the Institute of Medicine (IOM): promotion and awareness, prevention and intervention, and, treatment. The IOM continuum has been adopted and modified by the Substance Abuse and Mental Health Services Administration (SAMHSA) also recommends the IOM continuum, with modifications, in the care and treatment of substance abuse and mental health disorders. And more recently, the IOM continuum has been adapted for disordered gambling prevention and treatment.

The author of this plan also recommends that a plan vision, mission, and guiding principles be prepared. This is because the plan for disordered gambling prevention, intervention, and treatment is a collaborative plan, involving all stakeholders in the prevention, treatment, and gaming industries in Wood County, Ohio.

Vision, Mission, Guiding Principles, and Goals

Vision: To improve the health and well-being of the residents of Wood through ADAMHS Board services that will reduce the harm to individuals, families, and communities caused by disordered gambling

Mission: To provide prevention, intervention, treatment, and research on disordered gambling in Wood County.

Guiding Principles:

- That we remain **non-judgmental**, advocating neither for nor against the gaming industry.
- That we support the **vision and missions** of the Disordered Gambling Prevention task force and of the Wood County ADAMHS Board
- That we support and are **consistent with OhioMHAS's** messaging on gambling.
- That our recommendations are **multidimensional**, recommending programming along the continuum of care (prevention, intervention, and treatment), and along broad frameworks (skill building through policy development).

- That our strategies are designed to be effective in Wood County by **collaborating** with local coalitions, schools, agencies, and relevant stakeholders.
- That we **work within the existing social structures** and service providers, rather than create a separate organizational service provider.
- That we use research based, **best practice initiatives**, either from the newly emerging field of disordered gambling prevention, or from proven alcohol and other drug prevention programming.

Goals: The goals of this strategic plan reflect the mission and vision of the Wood County ADAMHS Board: their mission: *to oversee community-based mental health and addiction prevention, treatment, and recovery services to improve the quality of life for the citizens of Wood County*; and, their vision: *to expand quality, mental health and addiction services for Wood County consumers during a time of health care transitions.*

For gambling prevention, intervention, treatment, and research, we have stated 4 overarching goals:

1. To Increase knowledge and awareness of risk and protective factors in adolescents, young adults and senior citizens.
2. To increase the early identification, assessment, intervention and referral of disordered gambling. To increase coping and personal skill.
3. To increase ease of access to services. To minimize harm to individuals and others. To increase coping and personal skill.
4. To gather quantitative and qualitative data that will accurately identify target groups for gambling prevention, intervention, and treatment.

The Continuum of Care

There are several ways to classify prevention and intervention activities. The most common and useful way, from a public health perspective, is to adapt the Commission on Chronic Illness' (1957) disease prevention classification scheme in a way that identifies activities according to when they occur. The Commission identified prevention in three stages:

Primary Prevention: Activities that reduce the incidence (new cases) of a disorder, or primary prevention

Secondary Prevention: Activities that reduce prevalence (new and old cases), or secondary prevention or intervention

Tertiary Prevention: Activities that reduce the complications arising from the disorder once it is manifest.

This model assumes that we can identify the sources of the disorder, similar to how a virus can be identified and isolated, and that the early symptoms of the disease are preventable. These assumptions do not transfer easily into behavioral research, particularly in gambling behaviors where the actual intervening variables are still being investigated.

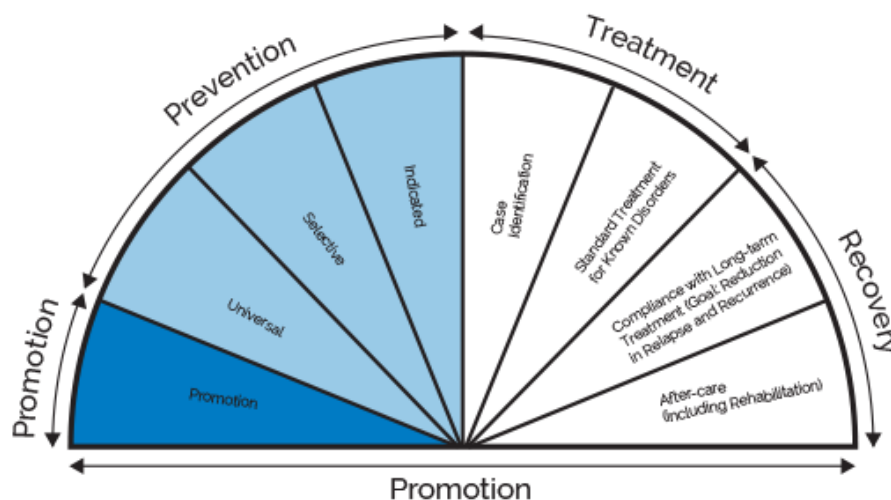
The application of the IOM framework for a continuum of care to the field of behavioral health “is not straightforward” (Mrazek & Haggerty, 1994) as it is for public health. For example, behavioral health would include an appreciation of health promotion and wellness, the difference between prevention and treatment, and the identification of interventions specific to targeted populations. Nonetheless, the IOM categories have been used to classify target populations, intervention strategies, and specific interventions in behavioral health care. For the field of substance abuse and mental health prevention, Robinson et. al. (2004) modified the IOM framework and defined these categories (Kennedy, 1999).

Universal preventive interventions: Addresses general public or a segment of the entire population with average probability of developing a disorder, risk, or condition. Prevention is aimed at preventing the incidence of the behavior.

Selective preventive interventions: Serves specific sub-populations whose risk of a disorder is significantly higher than average by virtue of the membership in a particular sub-population. Prevention will target the entire segment regardless of the degree of risk for any individuals in the segment.

Indicated preventive interventions: Addresses identified individuals who have minimal but detectable signs or symptoms suggesting a disorder. Prevention will target the individual who is exhibiting signs or symptoms.

In 2003, the Center for Substance Abuse and Prevention (CSAP) mandated that the states use the language of the IOM with their own modifications



Finally, in their Framework for Action, Messerlian, Derevensky, and Gupta (2005) adapt the public health goals towards gambling prevention by focusing on denormalization as an integral part of the promotion process. In denormalization, especially when applied to youth gambling, attention is focused on the strategies used by the gaming industry to market to youth. Similar to anti-tobacco ads, the denormalization process promotes a realistic and accurate profile of youth gambling by dispelling myths, challenging misconceptions and influencing social norms.

A Framework for Action

SAMHSA's Center for Substance Abuse Prevention (CSAP) describes six strategies that have been shown to be effective in the well-researched area of substance abuse prevention, and are generally used in the absence of evidence-based programs or practices specific to problem gambling prevention. Research shows that prevention programs must include strategies in each of the 6 areas (below) if they are going to be effective. The strategies below have been modified slightly from CSAP's original model to apply to problem gambling prevention. More information on the 6 CSAP strategies is available at: <https://store.samhsa.gov/system/files/sma10-4120.pdf>

Information Dissemination: one-way communication, from the source to the audience, providing accurate information about the nature and extent of problem gambling for individuals, families, and communities. Examples: brochures, posters, presentations.

Prevention Education: two-way communication and activities that help an individual develop interpersonal skills, clear and purposeful goals and values, self-control and the ability to build and maintain healthy relationships and make healthy choices. Example: school-based multi-series health curricula.

Alternatives: identify and make available alternatives to gambling that can meet the personal needs of the targeted audience in productive, health-promoting ways. Example: gambling-free social events.

Community-Based Processes: enhances the ability of a community to more effectively mobilize prevention, early intervention and treatment services. Includes assessment of community services and resources, risk/protective factor assessment, community action planning and team building.

Environmental Approaches: establishes or changes written or unwritten community laws, standards, policies, and/or norms, thereby reducing the incidence and prevalence of gambling problems. Example: social gaming ordinances.

Problem Identification and Referral: early identification of the gambling problem and referral for assessment and treatment if indicated. Example: problem gambling helpline services.

The Wood County problem gambling prevention plan includes objectives for goals built upon all six of CSAP's prevention strategies.

The approaches discussed as most advantageous for Wood County were information dissemination and prevention education with a focus on school aged youth, young adults and senior citizens.

Wood County's Problem Gambling Prevention Plan
Goals, Objectives, & Activities
2019 - 2022

Layout of the Strategic Plan for Wood County

In order to minimize the incidence and prevalence of disordered gambling (DG), the Wood County ADAMHS Board has developed this strategic plan for DG prevention. The plan is multidimensional, focusing on preventing problems before they arise, and on developing intervention, treatment, and support when indicated.

The pages that follow represent the goals and strategies that were discussed during the strategic planning sessions conducted in Bowling Green in 2015 and 2019. The activities for the prevention of disordered gambling in Wood County will follow the same framework described by the Center for Substance Abuse and Prevention (CSAP). As described earlier in this report, the framework recommends a balanced approach that follows the continuum of care. The framework includes the stages of promotion and community readiness, prevention and intervention, and treatment. Following SAMHSA's strategic planning processes, the Wood County plan will also include strategies for assessment and evaluation.

The strategies reflect activities designed to affect change for the three targeted groups (youth, young adults, and senior citizens), at each phase of the continuum of care, from prevention through treatment.

The activities are listed in priority order. The activities developed are the result of collaborative strategic planning processes involving local, state, national, and international representatives. Research based best practices were included, but only when it was agreed upon by the task force members that the practices were appropriate for Wood County.

The following strategies were created for Wood County at the two strategic planning events held in Wood County in November 2015 and revisited in 2019. The strategic plan is divided into the three IOM categories, adapted for gambling: promotion/community readiness, prevention and intervention, and treatment. The strategic plan is directed at the three target groups that were identified as likely candidates for disordered gambling in our quantitative and qualitative research: school aged youth, college aged young adults, and senior citizens. Finally, the strategic plan meets one or more of SAMHSA's strategies for prevention: Information Dissemination, Positive Alternatives, Environmental Strategies, Community Processes, and Problem Identification and Referral.

Implementation

The Wood County ADAMHS Board, through its administrators and the Task Force on Disordered Gambling, will guide the implementation of the strategies presented earlier. Beginning in the Summer 2019, it will become the responsibility of the Wood County Educational Service Center and its Gambling Task force members to meet and determine which of the strategies presented should be done first, who will do the work, and how much resources will be devoted to the strategy. Several considerations immediately come into focus.

1. Determine priorities.

The plan balances action items across the continuum of care and through a comprehensive community approach, from awareness through treatment. Our goals are established and both short term and long term strategies identified. But not everything can be accomplished at once. Available resources, including budget and staffing must be considered.

2. Staffing.

Some strategies can be implemented by the Wood County ESC and/or ADAMHS Board staff, while other strategies, those recommended for the clinical providers for example, may need to have funds allocated to others such as members of the State Bureau of Problem Gambling.

3. Budgeting.

The constitutional amendment allocates 2 percent of casino revenue for services related to the prevention and treatment of disordered gambling. However, the 2 percent varies by year, thus not ensuring a constant amount of local funding. Additional funding can be found at OhioMHAS as are many community awareness tools, such as posters, brochures, and fliers.

4. Assessment and Evaluation

- a. Summative and formative evaluations of plan progress will be needed. The ADAMHS board and the ESC, as good stewards of taxpayer dollars, must be provided with the evaluation of strategies. Additionally, OhioMHAS will require counts of those disordered gamblers assessed, identified, and treated.
- b. Research on the prevalence of gambling activities, and of disordered gambling, especially among our target populations, should be an ongoing activity. Following trends, and gathering risk and protective factors for disordered gambling will help focus future strategies.

5. Strategic Prevention Framework (SPF) process

SAMHSA recommends a five-step process to guide communities in the selection, implementation, and evaluation of effective, appropriate and sustainable activities. The five stages of assessment, capacity, planning, implementation, and evaluation are recommended. As we accomplish and evaluate our progress, we must review the plan and make adjustments to priorities as needed.

Five steps of the strategic prevention (SPF) framework



Implementation Activities for Wood County

The activities for the prevention of disordered gambling in Wood County will follow the same framework described by the Center for Substance Abuse and Prevention (CSAP). As described earlier in this report, the framework recommends a balanced approach that follows the continuum of care. The framework includes the stages of promotion and community readiness, prevention and intervention, and treatment. Following SAMHSA’s strategic planning processes, the Wood County plan will also include strategies for assessment and evaluation.

All activities will be implemented in Wood County.

Financial Management: As fiscal agent, the Wood County Educational Service Center (WCESC) will deduct about 3.5 percent of the allocation for fiscal management. Additionally, a percentage of WCESC staff time will be devoted to gambling as described in the strategies below. In those additional cases, a percentage of the allocation will be deducted by the WCESC for staff salaries to compensate for the time spent on gambling related activities. These deducted funds by the WCESC do not increase the salaries of WCESC staff, but instead repays the WCESC for the percentage of staff time. Outside contractors will be paid directly by the WCESC from the pool of funds available for gambling awareness, prevention, research and treatment strategies.

Promotion and Community Readiness

Goal: To Increase knowledge and awareness of risk and protective factors in adolescents, young adults and senior citizens.

Objective: Implement the OhioMHAS social marketing public awareness campaign about responsible and disordered gambling.

Strategies:

Who	What	When	Cost
Falcon Sports Properties David Anderson, General Manager	Social media, banners, & electronic messaging at the Stroh Center and Slater Arena.	Fall 2019 & Spring 2020	\$18,000
Lamar Advertising Tony Mack, Sr. Acct. Rep.	Provide informational billboards at strategic locations in and around Wood County.	Summer 2020 or Summer 2021	\$12,000
Greg Van Voris, Wood County ESC.	Submit press releases to local media on gambling. Utilize the resources in the Get Set Before You Bet community toolkit provided by OhioMHAS.	Ongoing	\$300

Megan Cunningham, Zepf Center; Felicia Otte, WCESC	Prepare a PowerPoint presentation and supporting literature to market for public speaking engagements at schools, faith-based groups, speakers bureau, Community of Care Coalition, etc. Prepare contents for Gambling Prevention/intervention brochure customized for Wood County residents.	Fall, 2019	\$1000
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Notes
Evaluation activities for the Social Media campaign and for billboards will include the number of 'likes,' 'shares,' and 'comments' as well as 'clicks' on the postings, and the number of engaged users. Billboard and posters use the number of impressions (viewers).

Objective: Educate and engage the administrators, faculty, and staff of the 9 Wood County school districts.

Strategies:

Who	What	When	Cost
Kyle Clark and Bill Ivoska	Meet with each school Superintendent, Principal and school leaders and provide ATOD and gambling information through powerpoint presentation and report sharing. Offer faculty in-service program on addictive behaviors.	Summer and Fall, 2020, Spring, 2021	\$1,000

Notes
The number and frequency of meetings with school officials will be recorded. A percentage of WCESC staff time will be devoted to gambling. In those cases, a percentage of the allocation will be deducted by the WCESC for staff salaries to compensate for the time spent on gambling related activities. These deducted funds by the WCESC do not increase the salaries of WCESC staff, but instead repays the WCESC for the percentage of staff time. The \$1,000.00 noted above is an estimated example.

Objective: Provide grassroots community education on gambling and other addictive behaviors.

Strategies:

Who	What	When	Cost
Kyle Clark Wood County ESC staff.	Provide information at the Wood County fair, at community fairs (Pemberville, Lucky, etc.), at town hall meetings, and to community interest groups, faith-based groups, etc.	Summer and Fall, 2020, Spring, 2021	\$1,000
WCESC staff; OhioMHAS staff; ADAMHS board staff;	Prepare a schedule of public speaking opportunities throughout Wood County and provide speaker. Utilize literature and presentations created for problem gambling education.	Spring 2020 and ongoing thereafter	TBD depending upon facility rentals
Stacey Frohnapfel and the State Bureau of Problem Gambling (at OhioMHAS); staff at the Wood County ESC; Chris Streidl, ADAMHS Board; Faith Dinardo, BGSU Wellness Center; Zepf Center staff	Host community conversations about SB 111 and the House Bill 194 to allow various types of legalized gambling in Ohio. HB 194 recommends Ohio Lottery Commission control while SB 111 recommends Casino Control Commission control of Ohio gambling activities.	Spring and/or Fall, 2020 when the bills come up for vote.	TBD depending upon facility rentals. Estimate \$2,000
Faith Dinardo and staff at BGSU Wellness Connection	Utilize the informational/educational resources prepared by the WCESC to use with the Peer Education Program at BGSU. Customize the literature for college students. Link collegegambling.org to the BGSU cares website.		\$2,000 for literature customization and printing.

Prevention and Intervention

Goal: To increase the early identification, assessment, intervention and referral of disordered gambling. To increase coping and personal skill.

Objective: To keep the rate of disordered gambling among adolescents and young adults at 3% or less.

Strategies:

Who	What	When	Cost
Wood County ESC On-Site Prevention Specialists	Add a gambling education chapter into the existing Life Skills curriculum being taught in the Wood County schools and at the Juvenile Detention Center. Present that chapter to at least 10 classrooms per academic year.	Fall 2019 & Spring 2020	\$500
Wood County ESC On-Site Prevention Specialists	Provide training on the “Stacked Deck” prevention program.	Spring 2021	\$2,500
Faith Dinardo and Wellness Education staff at BGSU	Develop and distribute an educational piece on Addiction and Mental Health for inclusion in the training manual for college RA’s, athletic coaches, academic advisors, and other student support staff.	Spring, 2021	\$1,000
Kyle Clark and Bill Ivoska	Provide ‘talking point’ on problem gambling to school superintendents, principals, counselors and other school personnel	Ongoing	
Kyle Clark	Given the relationship between bullying victimization, poor mental health and problem gambling among adolescents in Wood County ¹ , continue to implement bullying prevention programming in the schools.	Fall 2020	\$1,000
ESC On-site Prevention Specialists and Faith Dinardo and Wellness Education staff at BGSU	Start a campaign to sign a “Responsible Gambling Pledge” among adolescents and students at BGSU. Implement at the Late-Night event on August 24, 2019 at BGSU.	August 2019	
Milan Karna, ESC	Meet with the AOD task force at BGSU and discuss gambling awareness and prevention among student population. Investigate ways to create problem gambling awareness among the student population.	Spring 2021	
BGSU Care Coalition, Faith Dinardo and Garrett Gilmer, co-chairs	Introduce gambling prevention and gambling awareness to the BGSU Care Coalition and seek their guidance on additional strategies for gambling prevention at BGSU. ²	Spring 2020	

Notes

¹Richard, J., Ivoska, W., and Derevensky, J. (2019). The mediating effect of mental health symptoms in the relationship between bullying victimization and engagement in addictive behaviors. Paper presented at the 17th International Conference on Gambling and Risk Taking, Las Vegas, Nevada. May, 2019.

²The BGSU Care Coalition meets 3x per semester and is comprised of faculty, staff, students and community members (from ADAMHS, NAMI, Wood County Crisis Line, Hospital, etc.) to discuss issues related to student AOD use, sexual violence, mental health, transitional issues, social justice issues, and more.

Objective: Encourage local business and industry to add Disordered Gambling information into their EAP programs.

Strategies:

Who	What	When	Cost
National Center for Responsible Gambling; Felicia Otte, WCESC; Zepf Center staff	Provide information to Wood County business, industry, and health care agencies so that they can provide information and counseling to help employees deal with gambling related issues at home and at work.	Fall, 2021	\$1000

Notes

Objective: Empower older adults to make positive, healthy choices as they relate to addictive behaviors, especially with prescription and over-the counter medications and gambling activities.

Strategies:

Who	What	When	Cost
Denise Niece, Wood County Committee on Aging; Dr. Nancy Orel, Optimal Aging Institute; BGSU GA's; Melissa Burek, Asst. Dean of Health and Human Services at BGSU	Create and implement a new program on "Dealing with Change/Transitions." These seminars will bring together BGSU Freshmen and Wood County Senior Citizens to explore and discuss their many commonalities. For example, both deal the changes in living arrangements (reduced space/relocation), employment & identity, loneliness & social isolation, separation from family, substance use & addiction, political activism, loss of friends, financial strain, and more. Offer this new program at various Wood County locations.	Fall, 2021 & Spring, 2022	\$1500
Denise Niece, Wood County Committee on Aging; Dr. Nancy Orel, Optimal Aging Institute; BGSU GA's; Melissa Burek, Asst. Dean of Health and Human Services at BGSU	Implement a new program on "Resiliency in the Face of Loss." Senior citizen addictions are often triggered by losses in employment, identity, partners, friends, physical and mental health, sleep deprivation, transportation and others. Offer this new program to senior citizens at assisted living residential facilities, in libraries, in faith-based organizations, and at senior centers. Offer sessions on 1. Understanding the changes associated with aging, 2. Aging sensitivity, 3. Valuing cultural and generational diversity, 4. Medication and older adults, and 5. Substance abuse, addiction, and gambling, and 6. Enhancing quality of life.	Fall 2020 & Spring 2021	\$1,500

Notes

Our initial proposal was to introduce the Wellness Initiative for Senior Education (WISE) program into Wood County. However, several factors led to the conclusion that the WISE program was less compatible for Wood County.

Objective: Identify licensed Ohio Lottery Agencies that enable illegal gambling activities.

Strategies:

Who	What	When	Cost
Wood County Sheriff; School aged students from Teen Institute; Jeanine Lindquest from the ESC	Implement a compliance check program of Licensed Ohio Lottery Agencies in Wood County. Verify the occurrence of underage selling and/or redeeming both Ohio Lottery tickets and/or scratch-off tickets.	Fall 2020 & Spring 2021	\$2000

Notes

The WCESC will work closely with OhioMHAS and their coordination with the Ohio Lottery Commission.

Objective: Identify and refer indicated persons/families struggling with problem gambling

Strategies:

Who	What	When	Cost
Zepf Center staff and Stacey Frohnapfel and the State Bureau of Problem Gambling (at OhioMHAS); Paul Dobson	Offer staff training on the identification and referral of problem gamblers to staff at Wood County Jobs and Family Services, the Wood County Child Support Enforcement, and the Wood County Court System	Fall 2021	\$1000

Notes

Treatment

Goal: To increase ease of access to services in order to minimize harm to individuals and others so that they may develop appropriate coping and personal skill.

Objective: Ensure an adequate supply of trained therapists among Wood County mental health provider agencies, at BGSU, at Owens, at the ESC, and among school counselors. Remain current on the research and strategies related to problem gambling in Ohio.

Strategies:

Who	What	When	Cost
Stacey Frohnafel and the State Bureau of Problem Gambling (at OhioMHAS); staff at the Wood County ESC	Provide state training on disordered gambling prevention and treatment for all Wood County therapists. Market training (calendar and contact listings) at BGSU, at Owens, among ADAMHS provider agencies, and among school counselors.	Fall 2020	\$500
Provider agency representatives, and others involved in this plan.	Send 6 Wood County representatives to the State Gambling Conference.	March, Annually	\$3,000

Notes

Objective: Provide treatment for school aged youth indicated with problem gambling.

Strategies:

Who	What	When	Cost
On-Site Prevention Specialists at the ESC	Use the Problem Identification and Referral program (PID) to make referrals into “Stacked Deck” gambling prevention program. Continue to provide training on “Stacked Deck’ program as needed. Utilize Zepf Center for referral if prevention education fails to elicit desired behavioral changes.	Fall 2020	\$1,000

Notes

Objective: Identify the extent of diagnosed disordered gambling in Wood County. Ensure uniform diagnosis and reporting of gambling disorders among Wood County clinical providers.

Strategies:

Who	What	When	Cost
Stacey Frohnafel and the State Bureau of Problem Gambling (at OhioMHAS); staff at the Wood County ESC	Pilot the GBIRT. Provide training for ADAMHS sponsored agencies to integrate a brief screen into intake assessment for those who present themselves for treatment. Incentivize providers to implement a brief screen.	Fall 2020	\$100
Chris Streidel and Staff at ADAMHS Board	Review status of agency funding for gambling treatment through proper diagnostic coding and reporting.	Fall 2020	

Notes
Zepf Center staff have consistently been represented at all gambling treatment training programs.

Objective: Ensure an adequate supply of trained paraprofessionals in Wood County.

Strategies:

Who	What	When	Cost
Angela Patchen and staff at the ESC; NAMI staff; Committee on Aging	Add problem gambling to the Youth Mental Health First Aid programs already operational in Wood County. Involve JFS and Child Support Enforcement, and Committee on Aging.	Fall 2020	\$1,000

Notes

Assessment and Evaluation

Goal: To gather quantitative and qualitative data that will accurately identify target groups for gambling prevention, intervention, and treatment.

Objective: To provide data which will direct programming for gambling prevention, intervention and treatment among target populations. Continue to reduce gambling activities among school aged youth, young adults and seniors to 3 percent or less per year.

Strategies:

Who	What	When	Cost
Bill Ivoska and Milan Karna	Conduct a focus group of high school junior and senior students to learn how youth engage in online, retail, and informal gambling activities	Spring 2021	\$1,000
Bill Ivoska	Develop survey and direct data collection process. Scan surveys and analyze data. Prepare written report. Use data gathered from biennial ADAMHS Youth Survey to ID high risk youth subpopulations and plan appropriate interventions.	Fall, 2019 & Spring 2020	\$1,000
Bill Ivoska	Continue to monitor incoming class at BGSU by collecting gambling activities and Brief Scale (NODS-Clip) data at Freshmen 'late night' event during first week of classes in August. Prepare quantitative trend report for ADAMHS Board	August, 2019	\$5000
Bill Ivoska	Create questions for the Wood County Health Departments Community Survey. Utilize data to create report on prevalence of gambling activities and disordered gambling among the adult population in Wood County. Note trends.	Spring, 2021	
Notes:			

Objective: To fulfill all state reporting requirements related to problem gambling in Wood County.

Strategies:

Who	What	When	Cost
Bill Ivoska with Scott Anderson	Complete all state reporting requirements as needed.	Ongoing	
Notes			

Objective: Provide guidance and counsel to prioritize and implement strategic activities.

Strategies:

Who	What	When	Cost
Bill Ivoska	Create and assemble a Gambling Task Force whose mission is to review strategies and priorities. Invited members include: Marilyn Rule, Retired, Zepf Counselor Kyle Clark, Director, ESC Steven Kapaela, Zepf Faith Dinardo, BGSU Garrett Gilmer, BGSU Denise Niese, Committee on Aging Nancy Orel, Optimal Aging Institute Aimee Coe, ADAMHS Board Jeffrey Goodman, VP, Hollywood Casino	Ongoing	

Notes

Conclusion

The issue of disordered gambling is new to Wood County. In fact, the issue of disordered gambling is new to the State, as all of Ohio's 11 casino and racinos opened between 2012 and 2014. And while the Ohio Lottery products have become normalized in Wood County over the past 2 decades, the opportunities for on-line or mobile device gambling, as illustrated by sports betting via Draft Kings or Fan Duel, emerged only within the past year or two.

While most Ohioans enjoy gambling activities as a recreational pastime, some may become overly preoccupied with gambling and the activities becomes a disruptive or harmful element in their lives. Some research has suggested that the incidence and prevalence of disordered gambling becomes evident approximately 5 years after gambling opportunities become accessible.

Ohio MHAS has taken the lead to provide funding for the prevention and treatment of disordered gambling, state wide research on incidence and prevalence, and tools for communities to use for gambling awareness and prevention. OhioMHAS suggests that each community develop its own plan for prevention and treatment of disordered gambling as state guidelines must be personalized to fit the differences between communities.

Wood County is unique as it enjoys a high level of collaborative activities between various community groups, coalitions, and agencies. The addition of mutually beneficial partnerships with the Ohio Lottery and the Hollywood Casino will be essential to the success of the Wood County plan.

Appendix: Activities by Date

The activities for the prevention of disordered gambling in Wood County will follow the same framework described by the Center for Substance Abuse and Prevention (CSAP). As described earlier in this report, the framework recommends a balanced approach that follows the continuum of care. The framework includes the stages of promotion and community readiness, prevention and intervention, and treatment. Following SAMHSA’s strategic planning processes, the Wood County plan will also include strategies for assessment and evaluation.

All activities will be implemented in Wood County.

Initial dates for each activity, categorized by continuum of care stages, are listed below. These dates are tentative. The Wood County Gambling Task Force will meet twice annually to establish priorities for strategy implementation. As such, the strategy dates listed below are, at this time, proposed and subject to change.

Promotion and Community Readiness

Strategy	2019-2020	2020-2021	2021-2022
Create and implement a problem gambling awareness program aimed at 20-40-year-old males who attend Wood County collegiate sporting events by implementing promotional messaging using social media, banner, and electronic messaging at the Stroh Center, Doyt Perry Stadium, and the Slater Family Ice Arena	✓		
Create and implement a problem gambling awareness program aimed at all Wood County residents by using the “Get Set Before You Bet” promotional campaign on Wood county Billboards.		✓	
Submit press releases to local media on gambling. Utilize the resources in the Get Set Before You Bet community toolkit provided by OhioMHAS.	✓	✓	✓
Prepare a PowerPoint presentation and supporting literature to market for public speaking engagements at schools, faith-based groups, speakers bureau, Community of Care Coalition, etc. Prepare contents for Gambling Prevention/intervention brochure customized for Wood County residents.	✓		
Meet with each school Superintendent, Principal and school leaders and provide ATOD and gambling information through PowerPoint presentation and report sharing. Offer faculty in-service program on addictive behaviors among Wood County youth.	✓	✓	✓
Start a campaign to sign a “Responsible Gambling Pledge” among adolescents and students at BGSU. Implement at the Late-Night event on August 24, 2019 at BGSU.	✓	✓	✓

Provide information at the Wood County fair, at community fairs (Pemberville, Lucky, etc.), at town hall meetings, and to community interest groups, faith-based groups, etc.	✓	✓	✓
Prepare a schedule of public speaking opportunities throughout Wood County and provide speaker. Utilize literature and presentations created for problem gambling education.		✓	✓
Host community conversations about SB 111 and the House Bill 194 to allow various types of legalized gambling in Ohio. HB 194 recommends Ohio Lottery Commission control while SB 111 recommends Casino Control Commission control of Ohio gambling activities.		✓	
Utilize the informational/educational resources prepared by the WCESC to use with the Peer Education Program at BGSU. Customize the literature for college students. Link collegegambling.org to the BGSU cares website.		✓	

Prevention and Intervention

Strategy	2019-2020	2020-2021	2021-2022
Add a gambling education chapter into the existing Life Skills curriculum being taught in the Wood County schools and at the Juvenile Detention Center. Present that chapter to at least 10 classrooms per academic year.	✓	✓	✓
Provide training on the “Stacked Deck” prevention program.	✓		
Develop and distribute an educational piece on Addiction and Mental Health for inclusion in the training manual for college RA’s, athletic coaches, academic advisors, and other student support staff.		✓	
Provide ‘talking point’ on problem gambling to school superintendents, principals, counselors and other school personnel	✓	✓	✓
Given the relationship between bullying victimization, poor mental health and problem gambling among adolescents in Wood County ¹ , continue to implement bullying prevention programming in the schools.		✓	✓
Start a campaign to sign a “Responsible Gambling Pledge” among adolescents and students at BGSU. Implement at the Late-Night event on August 24, 2019 at BGSU.	✓		
Meet with the AOD task force at BGSU and discuss gambling awareness and prevention among student population. Investigate ways to create problem gambling awareness among the student population.		✓	
Introduce gambling prevention and gambling awareness to the BGSU Care Coalition and seek their guidance on additional strategies for gambling prevention at BGSU. ²	✓		

Provide information to Wood County business, industry, and health care agencies so that they can provide information and counseling to help employees deal with gambling related issues at home and at work.		✓	
Create and implement a new program on “Dealing with Change/Transitions.” These seminars will bring together BGSU Freshmen and Wood County Senior Citizens to explore and discuss their many commonalities. For example, both deal the changes in living arrangements (reduced space/relocation), employment & identity, loneliness & social isolation, separation from family, substance use & addiction, political activism, loss of friends, financial strain, and more. Offer this new program at various Wood County locations.		✓	✓
Implement a new program on “Resiliency in the Face of Loss.” Senior citizen addictions are often triggered by losses in employment, identity, partners, friends, physical and mental health, sleep deprivation, transportation and others. Offer this new program to senior citizens at assisted living residential facilities, in libraries, in faith-based organizations, and at senior centers. Offer sessions on 1. Understanding the changes associated with aging, 2. Aging sensitivity, 3. Valuing cultural and generational diversity, 4. Medication and older adults, and 5. Substance abuse, addiction, and gambling, and 6. Enhancing quality of life.		✓	✓
Implement a compliance check program of Licensed Ohio Lottery Agencies in Wood County. Verify the occurrence of underage selling and/or redeeming both Ohio Lottery tickets and/or scratch-off tickets.	✓		
Offer staff training on the identification and referral of problem gamblers to staff at Wood County Jobs and Family Services, the Wood County Child Support Enforcement, and the Wood County Court System		✓	

Treatment

Strategy	2019-2020	2020-2021	2021-2022
Provide state training on disordered gambling prevention and treatment for all Wood County therapists. Market training (calendar and contact listings) at BGSU, at Owens, among ADAMHS provider agencies, and among school counselors.	✓		
Send 6 Wood County representatives to the State Gambling Conference.		✓	✓
Use the Problem Identification and Referral program (PID) to make referrals into “Stacked Deck” gambling prevention program. Continue to provide training on “Stacked Deck” program as needed. Utilize Zepf Center for referral if prevention education fails to elicit desired behavioral changes.		✓	✓
Pilot the GBIRT. Provide training for ADAMHS sponsored agencies to integrate a brief screen into intake assessment for those who present			✓

themselves for treatment. Incentivize providers to implement a brief screen.			
Review status of agency funding for gambling treatment through proper diagnostic coding and reporting.			✓
Add problem gambling to the Youth Mental Health First Aid programs already operational in Wood County. Involve JFS and Child Support Enforcement, and Committee on Aging.		✓	

Assessment and Evaluation

Strategy	2019-2020	2020-2021	2021-2022
Complete all state reporting requirements as needed.	✓	✓	✓
Conduct a focus group of high school junior and senior students to learn how youth engage in online, retail, and informal gambling activities		✓	
Develop survey and direct data collection process. Scan surveys and analyze data. Prepare written report. Use data gathered from biennial ADAMHS Youth Survey to ID high risk youth subpopulations and plan appropriate interventions.		✓	
Continue to monitor incoming class at BGSU by collecting gambling activities and Brief Scale (NODS-Clip) data at Freshmen 'late night' event during first week of classes in August. Prepare quantitative trend report for ADAMHS Board	✓		
Create questions for the Wood County Health Departments Community Survey. Utilize data to create report on prevalence of gambling activities and disordered gambling among the adult population in Wood County. Note trends.			✓
Create and assemble a Gambling Task Force whose mission is to review strategies and priorities. Invited members include: Marilyn Rule, Retired, Zepf Counselor Kyle Clark, Director, ESC Steven Kapaela, Zepf Faith Dinardo, BGSU Garrett Gilmer, BGSU Denise Niese, Committee on Aging Nancy Orel, Optimal Aging Institute Aimee Coe, ADAMHS Board Jeffrey Goodman, VP, Hollywood Casino	✓	✓	✓

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