

# Kansas

Department for Aging  
and Disability Services

---

Joint Committee on Legislative Budget  
October 9, 2012

Problem Gambling and Addiction Fund Review

Presented by:

Gary Haulmark, Commissioner

Kansas Department for Aging and Disability Services

For additional information, contact:  
Angela de Rocha, Director of Communications  
New England Building, 2<sup>nd</sup> Floor  
(785) 250-8113

Joint Legislative Budget Committee  
October 9 and 10, 2012  
Attachment: 2

# Legislative Budget Committee

October 9, 2012

## Problem Gambling and Addiction Fund Review

Madame Chair and members of the Committee thank you for the opportunity to appear before you today to discuss the Problem Gambling and Addiction Fund Review.

I am Gary Haulmark, Commissioner of Community Services and Programs for the Kansas Department for Aging and Disability Services (KDADS). I am here today to provide an overview of the Problem Gambling and Addictions Grant Fund (PGAF), which is administered by KDADS.

In April 2012, KDADS began a Strategic Planning process for the Problem Gambling and Addictions Grant Fund. This process included gathering stakeholder input by administering a Stakeholder Survey for improving services funded by the PGAF and facilitating three PGAF Strategic Planning Think Tank meetings across Kansas. Both the survey and the Think Tanks included input from over 200 stakeholders including gambling and addiction treatment and prevention professionals, regional administrators, legislators, and service consumers.

The Strategic Plan for Fiscal years 2014 through 2017 is now finalized and provides a high-level framework to guide the use of the fund within the broader KDADS addiction and prevention service system. The Plan was guided by the vision to:

- (a) Provide problem gambling services to more people in need;
- (b) Identify gaps in addiction services and explore means to leverage PGAF to meet current and emerging service demands;
- (c) Improve the effectiveness and efficiency of addiction services;
- (d) Support and acknowledge KDADS behavioral health service providers as partners in reducing harm caused by problem gambling and other addictions

The stakeholder information gathered resulted in the development of four central improvement domains:

- Fund Allocation for Program Areas
- Problem Gambling Services
- Substance Use Disorder Treatment
- Addiction and Prevention Service System Supports

The details presented under each improvement domain were derived from specific needs, objectives, and recommendations that were identified and commonly endorsed by stakeholders. There is a brief explanation of each domain below. The resulting Plan outlines an expanded and improved addiction service system that will save costs related to untreated addiction disorders and in the process strengthen communities, save lives, and preserve families:

Fund Allocation for Program Areas: Stakeholders expressed concern that the PGAF had been historically allocated in a manner that was inconsistent with legislative intent. A relatively small portion of these funds have been invested in developing a problem gambling service infrastructure. Rather large portions of the PGAF were used to substitute for Kansas General Fund allocations without creating a net increase in addiction services funding.

Problem Gambling Services: The problem gambling service system in Kansas has historically been poorly funded and is therefore an under-developed system. In 2010 for example, Kansas had invested just \$0.05 per-capita (\$131,624) in problem gambling services. Efforts to address problem gambling take on greater importance within the current context of expanding gambling opportunities. Based on stakeholder input during the strategic planning process for FY14, KDADS is recommending a budget with significant increases. We want to build a problem gambling infrastructure that is responsible and judicious.

Attached you will find an accounting of FY10 through FY12 Actuals for Problem Gambling, along with the budget for FY13 and FY14. In addition you will find an accounting of numbers served, grants issued, and conditions/directions included in the grants. KDADS has recently been implementing a reporting process required from grantees which will include numbers served.

Substance Use Disorder Treatment: In many regions of Kansas it is difficult to access services at the appropriate level of care. Challenges exist in particular for adolescent treatment, medication-assisted treatment, and priority populations such as parenting women and criminal justice populations. The goal expressed in the Plan for substance use disorder treatment is to ensure the availability of timely access to an array of addiction treatment services at an appropriate level of care in all regions of Kansas.

Addiction and Prevention Service System Supports: The goal of the Plan is to develop an integrated service delivery system for problem gambling, substance use disorder treatment and

prevention, and mental health services with resources driven by data and measured through outcomes to ensure effective services are being provided. This goal would be accomplished by utilizing revenues from the PGAF which will more effectively equip the addiction and prevention system to meet service demands and the infrastructure to integrate problem gambling services into other mental health and addiction services. The revenues from PGAF would support:

- a. Programs and initiatives that crosscut through all addiction services
- b. Initiatives to expand problem gambling services into existing mental health services, alcohol and drug treatment, and prevention services
- c. Projects to meet current and emerging infrastructure needs
- d. Research to assess community health and program effectiveness

PGAF Actuals and Budget by Fiscal Year						
		FY2010 Actual	FY2011 Actual	FY2012 Actual	FY2013 Budget	FY2014 Budget
<b>Revenues:</b>	PGAF 2% Fund	407,638	806,747	3,927,834	7,952,000	8,610,000
	Lottery & Bingo	100,000	100,000	100,000	100,000	100,000
	<b>Total PGAF</b>	<b>507,638</b>	<b>906,747</b>	<b>4,027,834</b>	<b>8,052,000</b>	<b>8,710,000</b>
<b>Distribution:</b>						
	Problem Gambling Services*	131,624	367,450	714,672	740,000	TBD
	Tfr to PHIP Medicaid	336,631	423,386	1,450,000	6,450,000	TBD
	Tfr State General Fund	0	0	900,000	0	TBD
	Tfr to Governor's Office**	0	0	0	450,000	TBD
	Tfr to Comm Corrections***	0	0	0	500,000	TBD
	KDOA AAPS Grants****	0	0	0	1,000,000	TBD
	<b>2% FUND TOTAL</b>	<b>468,255</b>	<b>790,836</b>	<b>3,064,672</b>	<b>9,140,000</b>	<b>TBD</b>

\*See Problem Gambling budget below.

\*\*For expenditures related to domestic violence programs & children's advocacy centers.

\*\*\*For expenditures related to Community Corrections drug treatment program to increase to the FY 2011 level of \$2.0 million.

\*\*\*\*Replace SGF moneys (from Alcohol & Drug Abuse Services Account).

24

Problem Gambling Actuals and Budget by Fiscal Year					
PG Service Component	Service	FY2010 Actual	FY2011 Actual	FY2012 Actual#	FY2013 Budget
Awareness	Campaign	26,800	25,000	119,400	119,400
	Clearinghouse	0	4,950	854	7,000
	Mini-Grants	0	106,400	45,200	35,000
	Printing	4,820	14,665	9,938	4,950
Prevention	PG Specialists	0	35,450	179,450	224,152
	Readiness in Gaming Zones	16,500	0	0	0
Helpline	Helpline	31,955	24,173	27,930	28,000
Research	Research	9,500	0	0	0
Consultant	Consultant	4,545	50,000	53,712	29,100
Treatment	Admin	0	60,000	38,796	48,000
	PG Treatment	0	29,794	88,110	152,000
WF Dev.	Workforce Dev.	8,800	17,018	11,500	16,983
	Coordinator	28,704	0	67,900	75,415
	Remaining	0	0	69,094	0
	Misc	0	0	2,788	0
	<b>PG TOTAL</b>	<b>131,624</b>	<b>367,450</b>	<b>714,672</b>	<b>740,000</b>

#Actuals as of 10/4/2012 per SMART General Ledger

25

Individuals Served with the PG Funding				
PG Service Component	Area	FY2010 Actual	FY2011 Actual	FY2012 Actual
Awareness	Campaign	*	*	*
	Clearinghouse	0	59,731	29,231
	Mini-Grants	0	**	**
	Printing	70,000	125,095	74,000
Prevention	PG Specialists	0	128	5,958
	Readiness in Gaming Zones	107	0	0
Helpline	Helpline	317	254	313
Research	BRFSS Research	6,858	0	0
Consultant	Consultant	0	193	310
Treatment	Admin	0	0	0
	PG Treatment	0	41	140
WF Dev.	Workforce Dev.	113	164	125
	Coordinator	0	0	0
	<b>Total Individuals</b>	<b>77,395</b>	<b>185,606</b>	<b>110,077</b>

\*Number of individuals served is difficult to measure with radio, television, newspaper and billboards.

\*\*Data on number of individuals served by community mini grants is unavailable.

26

## Problem Gambling Grants FY11 through FY13

FY	Vendors	Deliverables for the Grants	Amount of the Grants	Total
FY13	Catholic Social Services, fiscal agent for SW KS PG Task Force	<ul style="list-style-type: none"> <li>•Reach a minimum of 200 individuals to provide education and awareness about PG</li> <li>•Educate a minimum of 5 community groups about services that are available to assist Pgers and concerned others</li> <li>•Collaborate with a total of 3 community groups from the following area: churches, the military, schools, colleges, casinos, lottery retail outlets and other agencies to coordinate PG prevention efforts</li> </ul>	\$10,000	
FY13	Miracles Inc., fiscal agent for SC KS PG Task Force	Same as above	10,000	
FY13	Mirror, Inc., fiscal agent for NE KS PG Task Force	Same as above	10,000	
FY13	Prevention and Recovery Services, fiscal agent for KS Coalition on PG	<ul style="list-style-type: none"> <li>•Reach a minimum of 100 individuals to provide education and awareness about PG</li> <li>•Educate a minimum of 3 community groups about services that are available to assist Pgers and concerned others</li> <li>•Collaborate with a total of 2 community groups from the following area: churches, the military, schools, colleges, casinos, lottery retail outlets and other agencies to coordinate PG prevention efforts</li> </ul>	5,000	
<b>TOTAL FY13 PG GRANTS</b>				<b>\$35,000</b>
FY12	Catholic Social Services, fiscal agent for SW KS PG Task Force	<ul style="list-style-type: none"> <li>•Increase awareness of PG treatment through a minimum of 5 outreach presentations, 5 specialized trainings explaining indicators of persons with gambling problems and distribution of other educational materials.</li> <li>•Increase awareness of PG issues and treatment opportunities in the local community by implementing an awareness campaign utilizing a mixture of advertising mediums and media outlets.</li> <li>•Produce and disseminate PG informational material in languages other than English to reach populations in your community for which English is a second language.</li> </ul>	21,100	
FY12	Miracles Inc., fiscal agent for SC KS PG Task Force	Same as above	21,100	
FY12	Mirror, Inc., fiscal agent for NE KS PG Task Force	<ul style="list-style-type: none"> <li>•Help increase membership and participation in the NE KS PG Taskforce.</li> <li>•Increase awareness of PG issues and treatment opportunities in the Kansas City metropolitan area by implementing an awareness campaign utilizing a mixture of advertising mediums and media outlets.</li> <li>•Provide logistic support for NE KS PG Taskforce member meetings and stakeholder meetings.</li> <li>•Provide support for the production of bylaws for the Northeast Kansas Problem Gambling Taskforce.</li> </ul>	3,000	

		<b>TOTAL FY12 PG GRANTS</b>		<b>45,200</b>
FY11	Catholic Social Services, fiscal agent for SW KS PG Task Force	<ul style="list-style-type: none"> <li>●Increase awareness of PG treatment through 10 outreach presentations, 5 specialized trainings explaining indicators of persons with gambling problems and distribution of other educational materials.</li> <li>●Provide 3 PG one day trainings to area Gatekeepers to increase awareness and collaboration that will lead to identification of PG and access to services.</li> <li>●Increase awareness of PG issues and treatment opportunities in the Dodge City area by implementing an awareness campaign to inform the community of services and support and develop a brochure for SW KS showing local resources.</li> <li>●Provide PG informational material, brochures and posters to help local Spanish speaking populations access treatment.</li> </ul>	10,000	
FY11	Miracles Inc., fiscal agent for SC KS PG Task Force	<ul style="list-style-type: none"> <li>●Publish 8 advertisements in the Wichita Eagle, educating the community about the PG helpline.</li> <li>●Implement a protocol for collaborating with the local mayors and other civic leaders, resulting in the mailing of 24 packets, followed by calls from task force volunteers.</li> <li>●Secure a billboard in Wichita to advertise the PG helpline.</li> <li>●Create a Facebook page to educate about PG and available resources.</li> <li>●Promote PG services through 3 exhibitor booths, staffed by task force volunteers at Cinco de Mayo, Mulvane City-wide Garage Sale and the Wichita River Festival.</li> <li>●Implement a protocol for collaborating with the Pay Day Loan Association to provide PG education.</li> <li>●Submit an article on PG in 3 local newspapers.</li> </ul>	\$10,000	
		<b>TOTAL FY11 PG TASK FORCE GRANTS</b>		<b>20,000</b>
FY11	Garden City Community College, Regional Prevention Center	Community outreach activities that utilize one or more of the following strategies: Information dissemination regarding problem gambling; Outreach targeted education to gatekeepers (community referral sources) by providing education and materials about PG; Community-based outreach involving members of a targeted group, providing information about risk behaviors and strategies to reduce the risks; Collaborative relationships and strategic partnerships involving outreach services to a particular high-risk population.	3,987	
FY11	The Mirror, Inc., Regional Prevention Center	Same as above	4,950	
FY11	Prevention and Recovery Services, Regional Prevention Center	Same as above	4,950	
FY11	Central Kansas Foundation for Alc and Chem Dep, Regional Prevention Center	Same as above	4,950	

28



TOTAL FY11 REGIONAL PREVENTION CENTER GRANTS			23,745
FY11	Patricia Fields, KCGC	Community outreach activities that utilize one or more of the following strategies: Information dissemination regarding problem gambling; Outreach targeted education to gatekeepers (community referral sources) by providing education and materials about PG; Community-based outreach involving members of a targeted group, providing information about risk behaviors and strategies to reduce the risks; Collaborative relationships and strategic partnerships involving outreach services to a particular high-risk population.	4,920
FY11	Kansas State University	Same as above	\$4,949
FY11	Labette Center for MHS	Same as above	4,950
FY11	Professional Treatment Services, LLC	Same as above	4,938
FY11	Juanita Sanchez, KCGC	Same as above	4,838
FY11	New Dawn Wellness & Recovery Center	Same as above	4,950
FY11	Four County MHC, Inc.	Same as above	4,941
FY11	JoAnn Briles-Klein, KCGC	Same as above	4,120
FY11	Change Your Life Ent., Inc.	Same as above	4,558
FY11	United Methodist Youthville, Inc.	Same as above	4,950
FY11	DCCCA, Inc.	Same as above	4,941
<b>TOTAL FY11 AGENCY AND KCGC GRANTS</b>			<b>\$53,055</b>

2-9

# Kansas Problem Gambling

## Treatment Enrollments FY12

---

2-10

### Introduction

The State of Kansas is home to over 1,700 lottery retail outlets, three lottery-owned casinos and five tribal casinos (four Class III and one Class II). While gambling brings hundreds of millions of dollars in revenue to the state, it is a statistical certainty that a percentage of the population will develop gambling problems. To help address these problems, two percent of the revenue from the three lottery-owned casinos is designated for the Problem Gambling and Addictions Grant Fund, a portion of which is used to treat problem gamblers and concerned others. The Kansas Department for Aging and Disability Services (KDADS) is the agency responsible for the administration of these services.

Studies of other states have shown that it could take as long as five years after the introduction of casinos for the full extent of problem gambling to become evident. As such, it is vitally important that the state take a comprehensive look at problem gambling in order to make informed decisions about prevention and treatment efforts. KDADS, in partnership with Greenbush, presents this report with the goal of providing detailed data about problem gambling treatment enrollments, to drive effective decision-making.

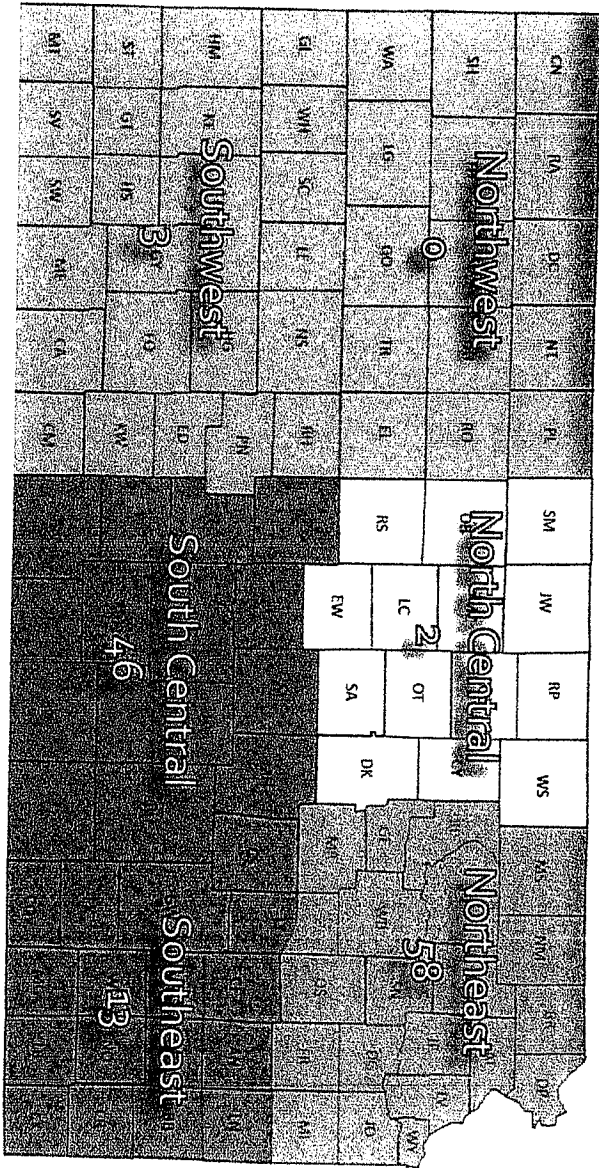
2/2

The State of Kansas has funded problem gambling treatment through a network of providers including 44 Kansas Certified Gambling Counselors since February 2011. Since that time, 158 individuals have enrolled in treatment. Thirty-six people enrolled between February 1 and June 30, 2011. This report will examine the 122 individuals who enrolled in Fiscal Year 2012, which spans from July 1, 2011, to June 30, 2012. The report presents Kansas problem gambling treatment statistics as novel data to be used primarily as a baseline for comparison in future years. These data were culled from treatment intake and assessment forms.

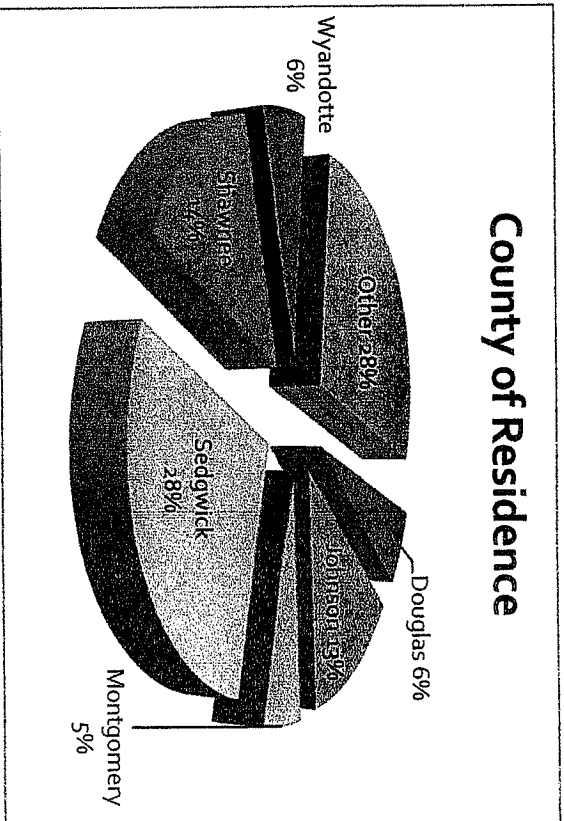
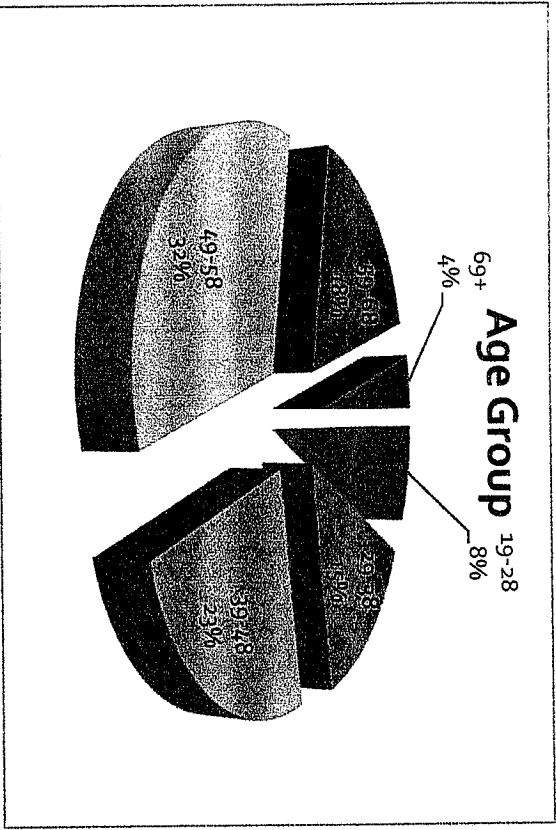
Demographics:

<u>Index</u>	<u>Page</u>
County of Residence.....	3-4
Age.....	4
Employment Status.....	5
Education Level.....	6
Marital Status.....	6
Referral Source.....	7
Treatment Enrollment Comparison - FY11 to FY12.....	7
Gambling Activity:	
Primary Gambling Activity.....	8
Primary Gambling Activity by Gender.....	8
Primary Gambling Activity by Age Group.....	9
Frequency of Primary Gambling Activity.....	10
Secondary Gambling Activity.....	10
Family History.....	11
Co-occurring Disorders.....	11-12
Other Negative Consequences.....	12-13
Discharge Data.....	13
Concerned Others.....	14-15
Conclusion.....	15-16

### FY12 Problem Gambling Treatment Enrollments by Kansas Lottery Regions



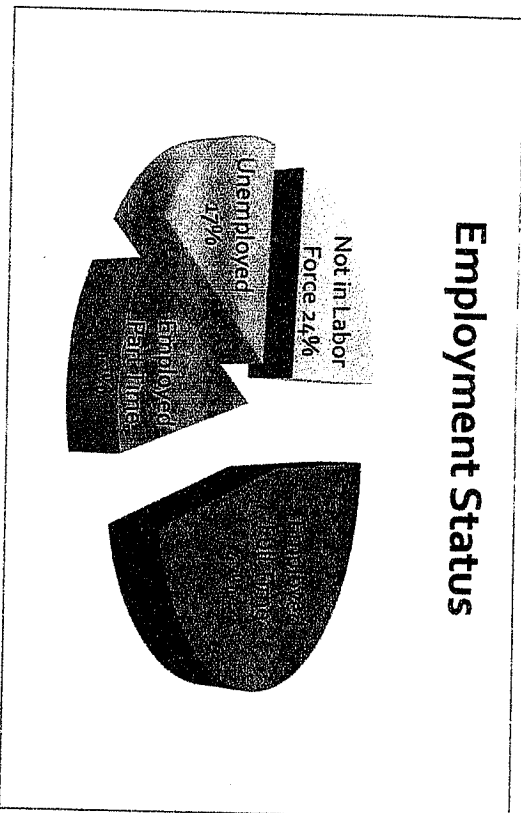
As shown by the pie chart on the right, Sedgwick, Shawnee and Johnson counties were the individual counties home to the largest portion of those in problem gambling treatment, accounting for 55% of the total number. Douglas, Wyandotte and Montgomery counties also showed relatively high numbers. While Douglas and Wyandotte are in close proximity to casinos in the Kansas City area, it seems likely that the Montgomery and Labette numbers were high due to the counties' close proximity to casinos across the Oklahoma border.



The data shows 59% of those seeking treatment in Kansas were female and 41% were male. However, this figure should not be taken to mean that more females than males have gambling problems in Kansas, as it is possible that females are more likely to seek treatment than males. The mean age was 49, and the median age was 51. For comparison purposes, those in treatment were assigned to 10-year age categories. Individuals in treatment

were most likely to be in the age range of 49 to 58. Breaking down the age categories by gender, younger people in treatment (those between 19 and 38 years old) were more likely to be male. The 39 to 48 age range was almost evenly split between males and females. Those in treatment between the ages of 49 and 68 were more likely to be female. The majority of those in treatment (83%) were white, followed by African-Americans at 8%. Seven percent said they were of Hispanic or Latino origin.

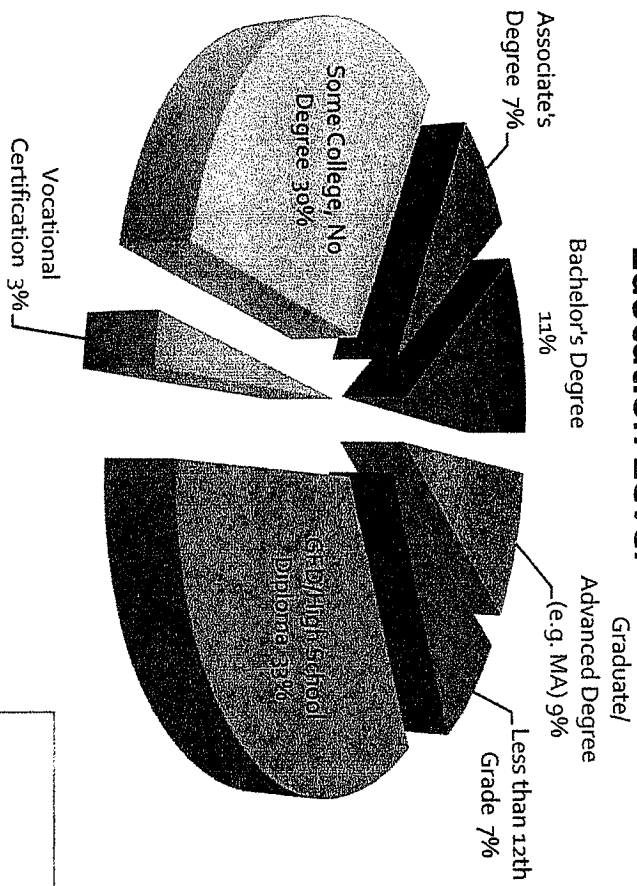
## Employment Status



The largest portion of those in treatment (47%) were employed full-time, followed by those not in the labor force (i.e. disabled, retired, etc.) at 24%. A full breakdown is shown in the pie chart at left. Income level data was not collected. The highest education level attained varied widely among those in treatment, with the largest portion (33%) being high school graduates. Nearly as many (30%) had some college credits but no degree. Twenty percent (20%) had a bachelor's degree or higher. Of those in treatment, the largest group (42%) were married at the time of admission, while the second largest group (27%) was divorced. (See charts on next page.) Twenty-three percent (23%) of those in treatment said they had been previously treated for problem gambling. A similar amount (20%) said they had been treated for substance abuse problems previously. More than half (52%) said they had been treated for mental health issues in the past. Twenty percent (20%) had enrolled in the voluntary self-exclusion program prior to admission into treatment.

2-14

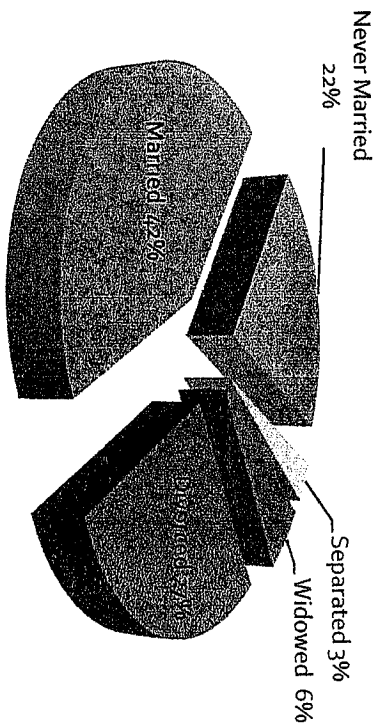
## Education Level



## Other Demographic Information:

- 59% in treatment were female, 41% male
- 7.4% of those in treatment were veterans
- 95.1% lived at a private residence
- 40 was the median age at which their problems with gambling began

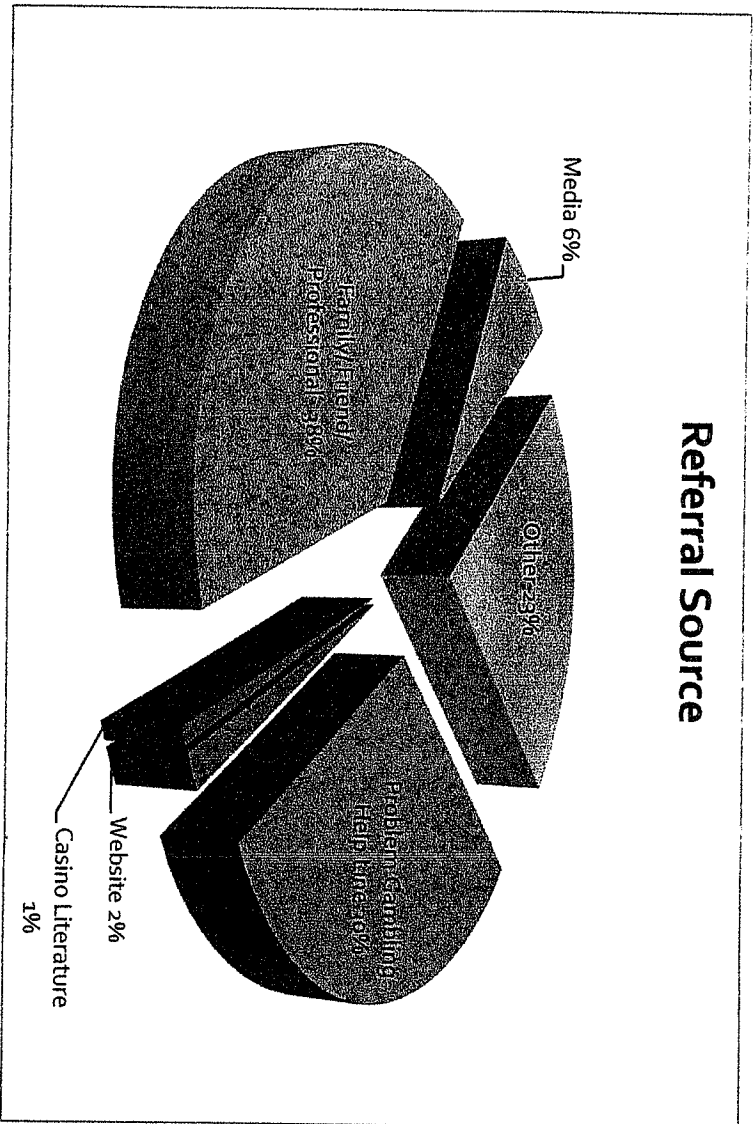
## Marital Status



## Admissions and Referrals

Those admitted for problem gambling treatment were referred for treatment by a variety of sources, with the largest category being "Family Member, Friend or Professional" at 38%. The second-largest source of referrals for problem gambling treatment was the Kansas Problem Gambling Help Line, which was cited as the source of referral for 30% of those in treatment. Casino literature and the problem gambling website were cited as the referral source for a small portion of those in treatment, but it is possible that these

### Referral Source

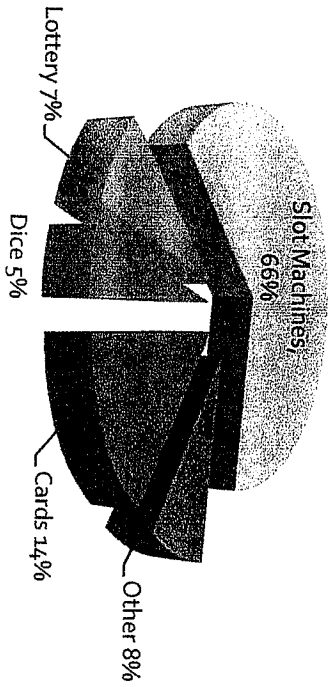


sources led them to call the Help Line.

As mentioned previously, 122 individuals seeking treatment were admitted in FY 2012, compared to 36 in February-June 2011. The average number of new individuals seen each month was 7.2 in FY 2011 vs. 10.2 in FY 2012. This figure should continue to increase as more Kansans become aware that no out-of-pocket cost treatment is available.



## Primary Gambling Activity



7%; and dice games at 5%. When examining by gender, 81% of women listed slot machines as their primary gambling activity, followed by lottery or scratch-off tickets at 6%. Men showed a wider range of primary gambling activities, but slot machines were still

the number one activity at 44%. Men were much more likely than women to list card games as their primary gambling activity. Slot machines were the most popular choice across all age groups

except 29-38. Those in younger age groups (19-28 and 29-38)

also showed much interest in blackjack and other card games.

Note that while the lottery was the third-highest among those

in treatment for problem gambling, it was the most prevalent

type of gambling for youth 18 and under according to 2012

Kansas Communities That Care school survey data.

## Primary Gambling Activity

Slot machines were listed as the primary gambling

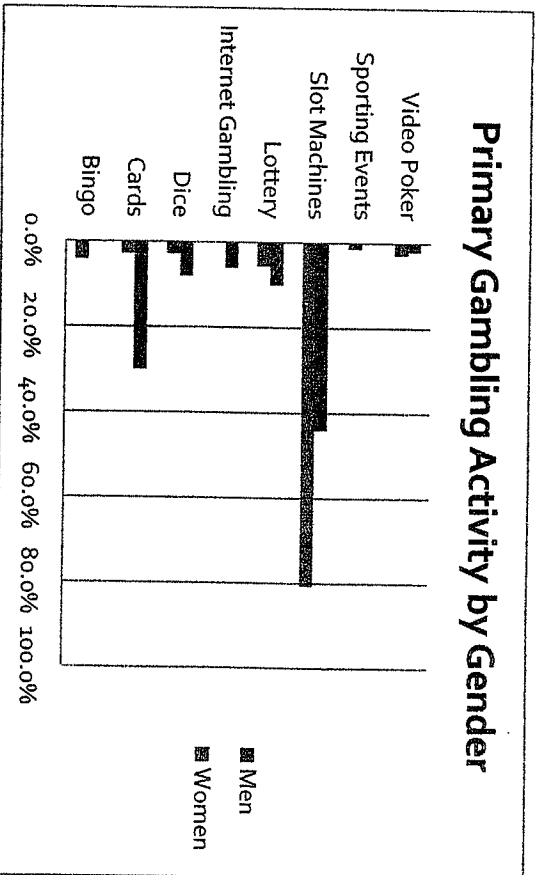
activity by a wide margin. Eighty of the 122 people in

treatment (66%) said slot machines were their main form of

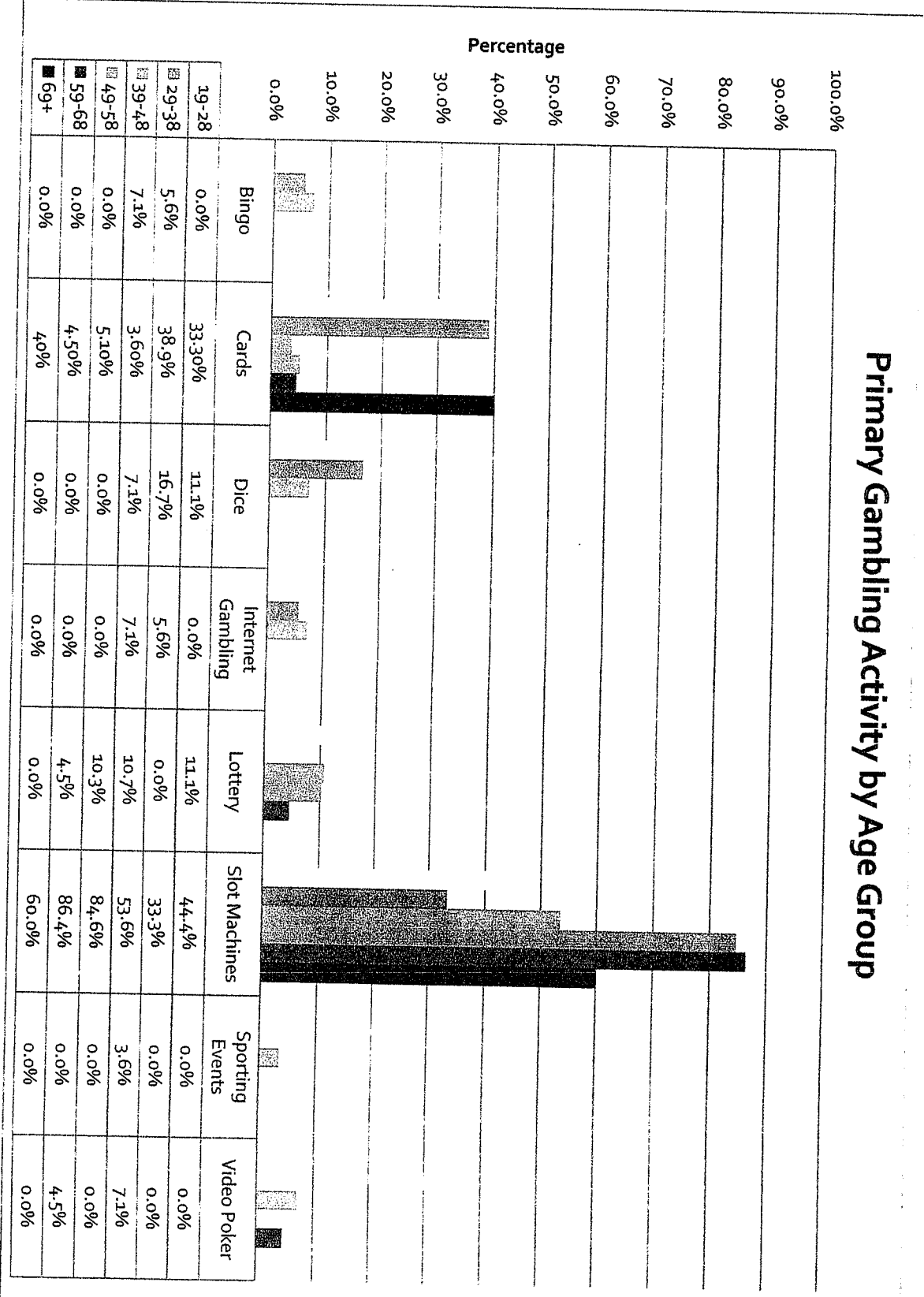
gambling, followed by card games (including poker,

blackjack, and others) at 14%; lottery or scratch-off tickets at

## Primary Gambling Activity by Gender

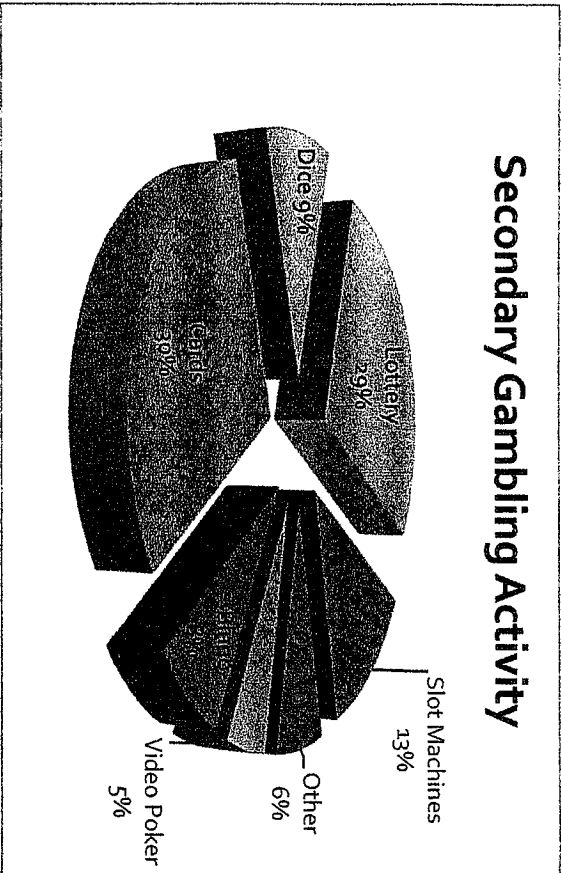
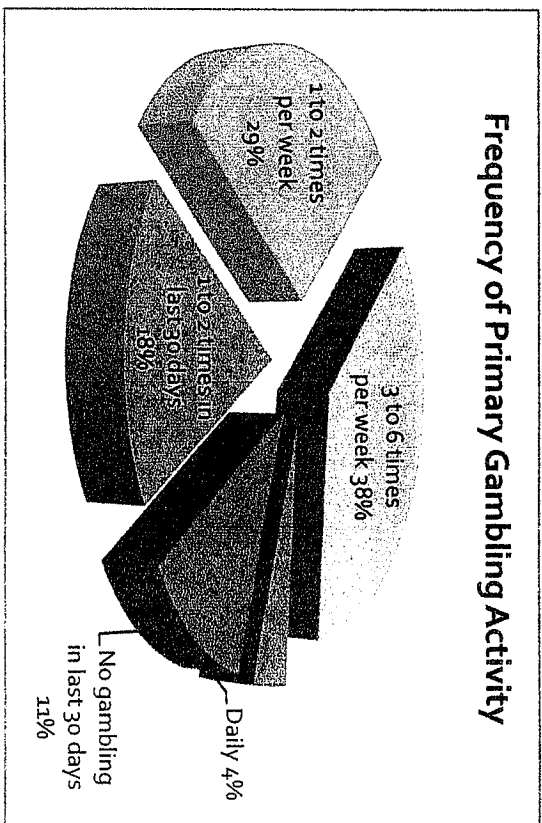


## Primary Gambling Activity by Age Group



2-18

For the primary gambling activity reported, the largest portion (38%) said they gambled three to six times per week. The second-largest portion (29%) said they gambled one to two times per week.



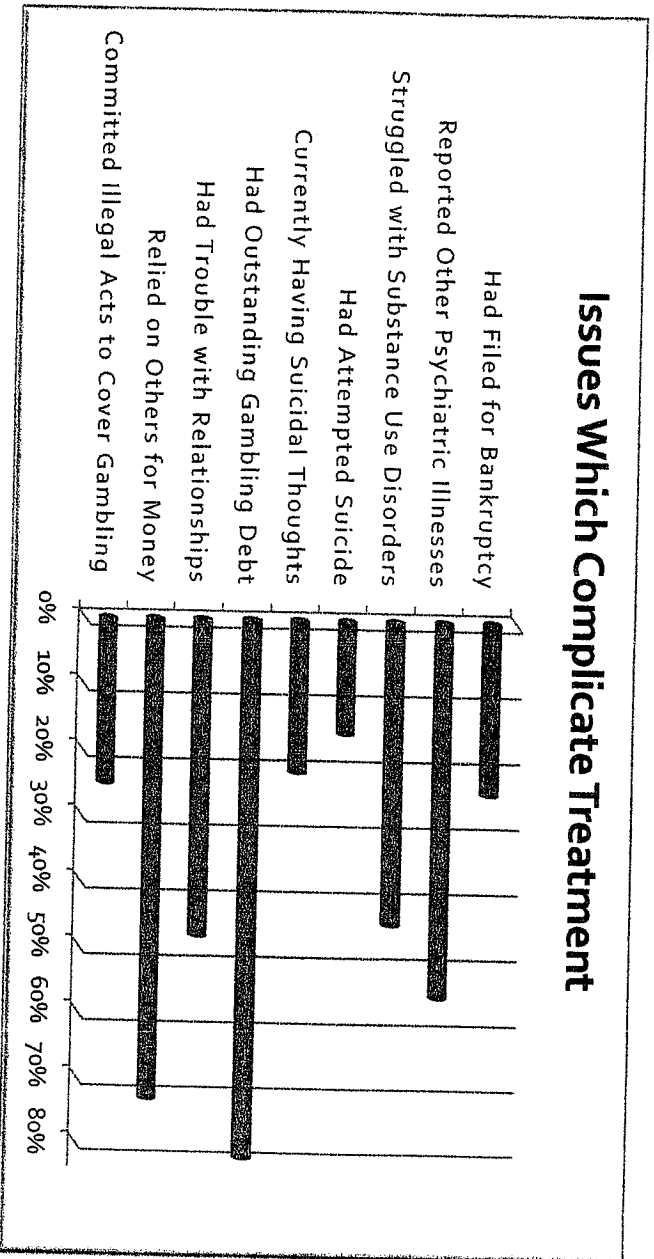
### Secondary Gambling Activity

Forty-four of the 122 people entering treatment in FY 2012 (36%) said they did not have a favored secondary gambling activity. Of those who did, the largest portion (30%) said they played card games (including poker, blackjack and others), followed by the lottery at 29%, and then slot machines at 13% (provided they were in the minority that did not list slot machines as their main form of gambling).

## Family History and Co-occurring Disorders

A history of problem gambling within the family is often reported by those entering treatment. Seventy-six (62%) of those entering treatment said their family had a history of gambling problems. Meanwhile, 65 (53%) said their family had a history of other behavioral addictions.

Nearly half (46%) said they also struggled with substance abuse issues. Of those who said they had substance abuse issues, 68% cited alcohol as their primary substance, while smaller percentages cited other drugs such as cocaine, marijuana or methamphetamine.



2-20

Seventy (57%) of those seen for treatment said they also suffered from other psychiatric issues. Of these, 37% reported depression and 21% said they suffered from bipolar disorder. Nearly one-fourth (23%) of all people seen for problem gambling treatment said they were currently suicidal or had thoughts about harming themselves. Most said these thoughts had not progressed into action, but 8% had made plans to hurt themselves and 17% had taken harmful action. Thirteen people (11%) said they had perpetrated violence against another person in the last year. Eight of the 13 said this violence was directed at their spouse or partner.

### Other Negative Consequences

The KCCGCs asked those entering treatment to answer a number of questions related to behaviors often exhibited by people suffering from disordered gambling. In order to finance their gambling, 25% of those in treatment said they had committed illegal acts such as forgery, fraud, theft, or embezzlement in the past year. The majority (73%) said they relied on others to provide money to relieve a desperate financial situation caused by gambling in the past year. Nearly half (48%) said they were "always" or "nearly always" experiencing trouble (relationship, financial, legal, job-related, medical, or emotional) because of their gambling habits.

Specific problems experienced by those entering treatment included the following:

- 78% had borrowed money from family/friends
- 72% had trouble paying household bills
- 63% of those in treatment had accumulated credit card debt
- 48% had written bad checks
- 45% had taken out payday loans
- 34% had defaulted on loans

- 60% had borrowed from other sources
  - 26% had filed for bankruptcy
- One hundred (82%) out of the 122 people who sought treatment for disordered gambling in FY 2012 said they had outstanding gambling debt. (This percentage is likely higher in reality because the 82% figure excludes those who were unsure of the amount of their gambling debt.) The mean amount of debt reported was \$87,209.95, while the median was \$15,000.00 and the mode was \$20,000.00. All 100 together carried a combined debt of \$8,720,995.

2-22

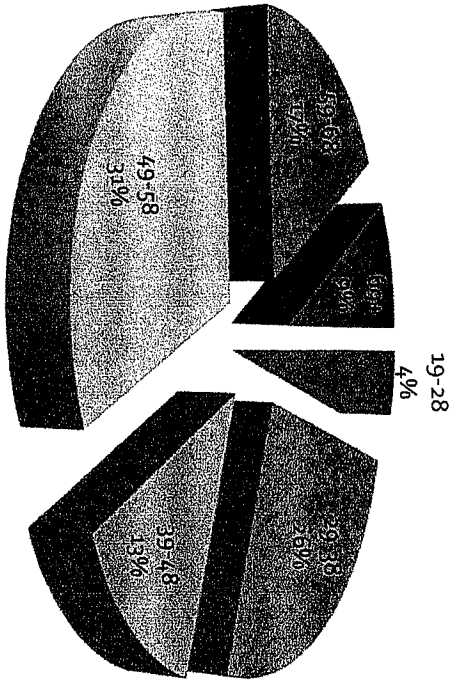
### **Discharge Data**

By the end of fiscal year 2012, 36 individuals had discharged from the program. Of these, 36% were discharged because they had completed the outpatient treatment services, while 28% left against clinical advice and 25% chose to decline additional treatment. The remaining 11% were seen for an initial assessment only. At discharge, 19% said they planned to participate in self-help programs such as Gamblers Anonymous or Alcoholics Anonymous. At the time of discharge, 21% said they had joined the voluntary self-exclusion program, while 79% had not.

### **Concerned Others**

In addition to treating people with gambling addiction, the state also offers no out-of-pocket cost treatment for those whose lives are affected by their loved ones' gambling problems. These individuals are termed "concerned others." Five concerned others enrolled in treatment in FY 2011, while 18 enrolled in FY 2012. The following statistics apply to all 23 from both years combined.

## Concerned Others by Age Group



treatment by a family member, friend or professional, while the remainder said they were referred by the Help Line.

Concerned others qualified for treatment if they answered "Yes" to at least six out of a series of 20 yes/no questions, known as the GamAnon Twenty Questions. However, the vast majority answered "Yes" to many more than six of these questions. Examples of such questions include, "Is the person in question often away from home for long, unexplained periods of time?" and "Have you noticed a personality change in the gambler as his or her gambling progresses?" The mean number of "Yes" answers was 16, while the median was 17 and the mode was 20. It could be argued that the mean was artificially low because one person answered "No" to every question. Each of the others responded "Yes" to at least 11 of the 20 questions.

Similar to those treated for gambling addiction, the largest portion of concerned others (31%) fell in the 49-58 age range. The second-largest group (26%) belonged to the 29-38 category. This is a change from those in treatment for problem gambling, as the second-largest category among that group was 39-48. More than half (57%) were female, and the majority (74%) were married at the time of intake. Nearly all of the concerned others (91%) said they were referred for

2-23

## Conclusion

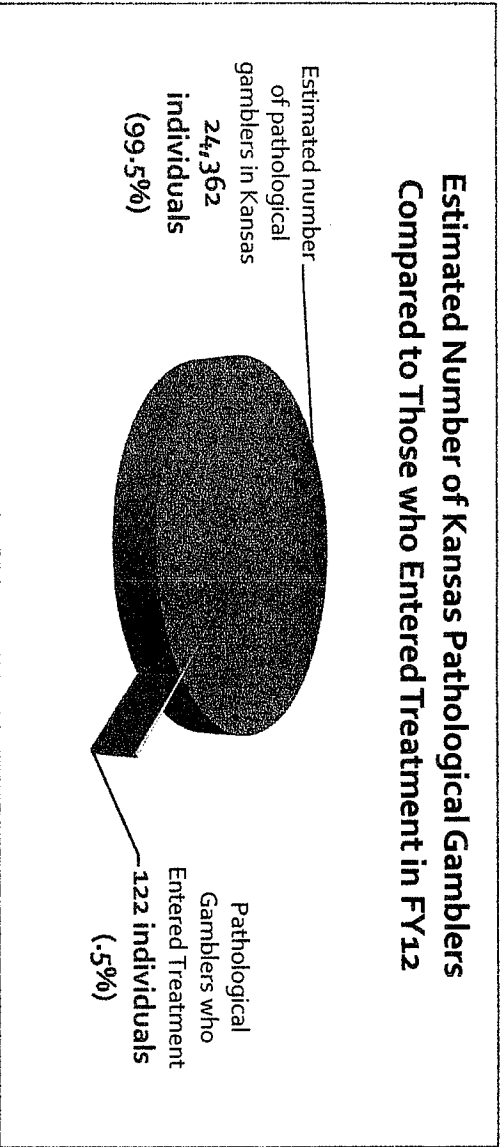
The data reported here provides a summary of those individuals who entered treatment for disordered gambling, as well as concerned others who entered treatment. It is critical to understand how the individuals were referred to treatment, their gambling patterns, as well as demographics such as gender, age, county of residence, employment status, education level and marital status. The co-occurring issues reported are also significant with 46% also struggling with substance use disorders and 57% suffering from other psychiatric issues. Another alarming note is the negative consequences the gamblers reported which are summarized in pages 11-13. These issues complicate treatment and certainly make recovery that much more challenging. This report will provide excellent baseline data for comparison in future years.

Data examined for this report reveal a great concern: statistics indicate that there are many more Kansans who struggle with disordered gambling but have not yet sought help. A 1997 meta-analysis conducted by the Harvard Medical School found that approximately 1.14% of adults in the general population will have suffered from a clinical-level gambling problem within the past year. There was no significant variation in this figure across different regions of the United States and Canada. The population of adults in Kansas, according to the 2010 United States Census, is 2,147,686, meaning an estimated 24,484 adults in Kansas are considered to be pathological gamblers. In fiscal year 2012, astonishingly, only 122 (.5%) of those in need sought help. Considering the negative consequences of untreated disordered gambling, it is imperative that Kansas increases outreach efforts through public

2-24



awareness. Likewise, it is vital to the wellbeing of current and future Kansans that the state continue to increase awareness of the availability of no out-of-pocket cost treatment.



2-25