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Testimony on Problem Gambling Initiatives

Senate Committee on
Community, Economic and Recreational Development

Harrisburg, Pennsylvania

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Good morning. Thank you for including us in the discussion today and for your interest in problem gambling in Pennsylvania.

My name is Michele Denk and I am the Executive Director of the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA). We are an affiliate of the County Commissioners Association of Pennsylvania (CCAP), representing the Single County Authorities of the commonwealth. Pennsylvania's 49 Single County Authorities (SCAs) are responsible for planning, implementing and managing drug and alcohol prevention, intervention and treatment services at the local level.

We are involved and concerned about problem gambling because we believe that people with substance abuse and behavioral health problems are at higher risk for problem gambling. PACDAA also believes that the Single County Authorities are uniquely positioned to impact behavior at the local level. We have demonstrated experience in community based prevention and intervention initiatives. Lessons learned from the substance abuse field can be translated into successful programs for problem gambling.

Mary Carr is the director of Drug and Alcohol Services for Northampton County and her office is located minutes away from the Sands Casino in Bethlehem. In a few minutes, Mary will share some of the local experience of her community and program. First, I would like to provide an update of our statewide activities since the passage of Act 1 of 2010.

Act 1 of 2010 provided an annual allocation of \$3 million to the SCAs for clinical assessments of problem gambling and inpatient treatment for substance abuse problems. This was to be an annual allocation and the total is to be spent by the close of the fiscal year. Each SCA received an allocation of funds from the Department of Health in April of 2010; however, the actual funding did not arrive until August. We were able to find providers who could wait extended periods of time to be paid for treatment services or borrow funding from counties until the gaming funds arrived. This year, SCAs received allocation letters in February and are currently waiting for the funding to arrive.

Act 1 also provided for funding to the SCAs from the Compulsive Problem Gambling Program, managed by the Department of Health, Bureau of Drug and Alcohol Programs. These funds are used statewide to fund a network of treatment providers, train and certify counselors, operate a hotline and provide prevention services. The department allocated funds to the SCAs to conduct a community needs assessment of problem gambling, which was due to BDAP last month. SCAs followed a prescriptive model for surveying community informants and were to assess the level of problem gambling within each county. We are currently responding to a funding announcement and will be submitting proposals for additional funds to provide prevention, education and intervention services.

Next year at this time, we will have a much better picture of the scope of the problem in the communities and effective strategies to address various target populations. We also hope to expand the availability of outpatient treatment services throughout the state. While the department has made progress identifying treatment services, there are vast areas where there is no access. The SCAs could expand the services through our existing network of providers without compromising the integrity of either funding stream.

Substance abuse treatment providers could expand the scope of services they offer and comply with certification and program standards already established, but the funding could come through the SCAs, reducing some duplication in contracting, monitoring and billing. We are very concerned that the increased community prevention and educational activities will generate demand for treatment services that exceed the current capacity, and look forward to working with the appropriate stakeholders to expand the scope of services offered through the SCA system.

This is learning process for the SCAs. We will continue to advocate being part of the discussions of problem gambling at the statewide level. Our members are uniquely qualified to participate in the process at the local level, as you will hear from Mary Carr.

Good morning, my name is Mary Carr. I am the Administrator of the Drug & Alcohol Division for Northampton County. I would like to share some of the findings of our community needs assessment. The research and report were funded by the Department of Human Services, Drug and Alcohol Division. It was prepared by the Lehigh Valley Research Consortium and authored by Dr. Michele Moser Deegan.

A portion of the research focused on key respondents in the community in the human service fields, treatment and prevention providers, members of the education community and the community at large, including religious leaders. As researched statistics support, most key representatives agreed that people with substance abuse or mental health issues are at higher risk for problem gambling. Likewise, problem gambling is considered a public health concern as important as substance abuse or mental health issues.

Ten key representatives in the human service and law enforcement fields were interviewed to further understand the readiness of the county to handle problem gambling. All felt that an accurate assessment of preparedness was very difficult because there is no central tracking or reporting mechanism to assist in determining the scope of the problem. Community barriers to successful treatment of problem gambling were identified. They include funding, politics, reluctance to share information and the identification of appropriate resources.

A community survey was completed by 505 randomly selected residents of the Lehigh Valley. About two thirds of the residents of Northampton county agreed that problem gambling treatment programs are a good investment; 66% say that problem gambling is a serious health concern and 75% of residents agree that it is important to prevent all types of youth gambling.

The conclusions and recommendations of the survey will be utilized in developing local plans to address problem gambling. The recommendations include increasing the available information about problem gambling and developing a management strategy to handle problem gambling. The second recommendation is the creation of a central repository of information related to problem gambling. Third, in order to allow for better identification and assessment, it is recommended that more individuals in key positions within the county and community receive training and education in issues involving problem gamblers.

These are statistics that I share with you, and there are lots more available in the report. But, today I would also like to share with you a phone call that I received last Thursday as I was preparing for this very testimony. I am in recovery for over 23 years and continue to stay involved in my recovering community, as well as working in the drug and alcohol field. A friend called and asked if I was available to talk to her as soon as possible. I recognized that frantic and anxious tone in her voice that I know only too well, and agreed to meet with her that evening.

Dee is a clean and sober woman, and her partner of three years, Steve, is a clean and sober man for eight years. Steve, who is and was gainfully employed as a mail carrier, came into recovery living under a bridge in a tent, estranged from many family and friends, and many thousands of dollars in debt. With the support of treatment and an active 12 step program, Steve was able to get sober, move into an apartment, become a reliable employee, become debt free and repair all of his relationships with family, and assist his daughter in her college admission process. His daughter is a dean's list sophomore at West Chester University, and he has been coaching his 13 year old daughter's softball team. This is a beautiful story, and the best part is that it is true, and as a friend, I have been able to see this man's life turn around.

The last year, however, Steve has been distant and not quite himself. With two teenage daughters, life can get stressful, so I thought perhaps this was the cause. Dee shared with me that Steve has regressed to that depressed person that she had only heard about before. He has maxed out all of his credit cards, borrowed money from her, his two sisters, his brother and friends. When she called him during the day last Tuesday, she found that he called in sick. No, Steve isn't drinking or using, YET. He is gambling, gambling uncontrollably and it is at our local casino. He is embarrassed, ashamed and feeling helpless.

An addiction is an addiction, but this is also an addiction of opportunity. For many people in substance abuse recovery, the "harmless entertainment" that some people can enjoy is an obsessive pull into a dangerous cycle. Calling an 800 number that you see on a billboard and speaking to a stranger in a call center who can direct you is helpful for some people. However, in many cases for people who are in the depths of this addiction, a more immediate and concrete solution and resource are critical. I believe that it is imperative that problem gambling services are integrated into the substance abuse service delivery system, just as we have incorporated HIV and Hepatitis C into our holistic treatment approach. At present, there are a total of three Gamblers Anonymous meetings in Northampton County, and only one Drug & Alcohol treatment provider who is also credentialed to provide gambling counseling.

Addiction is a progressive disease. Recovery is also a progressive process. I believe that the funding for all of the gambling services are best planned and delivered on a local level, and the Single County Authorities have the knowledge, experience and established service delivery systems to meet these needs.

Michele Denk

Executive Director, PACDAA

Overall staff responsibility for activities of the PACDAA including planning and coordination of membership meetings; representation in meetings with representatives of state government and other statewide groups interested in drug and alcohol issues; dissemination of information to the Association; identification, review, and analysis of information and legislation relevant to the activities of the Association; and the identification of resource materials and specialists to address critical issues affecting the Association.

Background: Michele was a Project Manager for the Institute for Healthy Communities, an affiliate of the Health Alliance of Pennsylvania before joining the CCAP staff in January 2002. She has extensive experience in the administration of county human services, and has served as a human services planner and drug & alcohol program specialist. Michele holds a B.A. in Communications from Shippensburg University.

Mary E. Carr

Drug and Alcohol Program Administrator

County of Northampton Department of Human Services

As the Single County Authority, Mary's responsibility is to develop, implement and administer a plan for the provision of substance abuse education, prevention, intervention and treatment services for Northampton County. This process entails extensive local collaboration in order to develop services that meet local needs while complying with federal, state and county regulations and mandates. She has extensive experience providing direct services in the community, helping citizens navigate the social welfare system, and advocating for the most vulnerable populations. Mary holds a B. A. in Psychology from Kutztown State University.