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**New York State Office of the State Comptroller**  
Thomas P. DiNapoli

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Division of State Government Accountability

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# **Problem Gambling Treatment Program**

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## **Office of Alcoholism and Substance Abuse Services**

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Report 2018-S-39

February 2019

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# Executive Summary

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## Purpose

To determine whether the Office of Alcoholism and Substance Abuse Services (OASAS) has sufficient treatment programs for problem gamblers. Our audit covered the period January 1, 2017 through September 12, 2018.

## Background

OASAS oversees one of the nation's largest addiction services systems, with approximately 1,600 prevention, treatment, and recovery programs, including, as of 2005, problem gambling treatment. OASAS offers services through 20 problem gambling-only outpatient programs, six inpatient Addiction Treatment Centers, and the Queens Center for Excellence, which provides education, awareness, and treatment services at 13 private providers throughout Queens County. OASAS also has a toll-free HOPEline, which provides callers with information and referrals. As of September 2018, individuals who call the HOPEline for problem gambling treatment are referred to the nearest OASAS outpatient program and to Gamblers Anonymous.

## Key Findings

- OASAS has not conducted a comprehensive needs assessment or social impact study to identify the number or location of individuals in need of problem gambling treatment services since 2006, even though four commercial casinos opened in New York State in 2013. Therefore, we could not determine whether OASAS has sufficient treatment programs available for those in need.
- Of the State's 62 counties, 40 do not have an OASAS problem gambling treatment program; for some areas, the nearest OASAS treatment program is more than one county away – and the distance may prohibit access to treatment. Although problem gambling treatment services may be available outside the OASAS system, OASAS does not have an accounting of these providers – or their location – and whether they accept clients regardless of their ability to pay.
- OASAS is taking various steps to identify and address the need for problem gambling treatment programs statewide. Given the enormous cost gambling addiction exacts on individuals and families, it is important that OASAS continue these efforts.

## Key Recommendations

- Conduct a comprehensive needs assessment and social impact study for problem gambling.
- Continue efforts to ensure problem gambling treatment programs (OASAS and approved providers) are reasonably accessible to all State residents regardless of their ability to pay.

## Other Related Audits/Reports of Interest

[Office of Alcoholism and Substance Abuse Services: Contracted Programs With Puerto Rican Organization to Motivate, Enlighten and Serve Addicts, Inc. \(2015-S-24\)](#)

[Office of Alcoholism and Substance Abuse Services: Drug and Alcohol Treatment Program: Provider Claiming of Depreciation Expenses \(2015-S-84\)](#)

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**State of New York**  
**Office of the State Comptroller**

**Division of State Government Accountability**

February 5, 2019

Ms. Arlene González-Sánchez  
Commissioner  
Office of Alcoholism and Substance Abuse Services  
1450 Western Avenue  
Albany, NY 12203

Dear Commissioner González-Sánchez:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage government resources efficiently and effectively and, by so doing, providing accountability for tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

Following is a report of our audit entitled *Problem Gambling Treatment Program*. The audit was performed according to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

*Office of the State Comptroller*  
*Division of State Government Accountability*

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This report is also available on our website at: [www.osc.state.ny.us](http://www.osc.state.ny.us)

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## Background

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The Office of Alcoholism and Substance Abuse Services (OASAS) oversees one of the nation's largest addiction services systems, with approximately 1,600 prevention, treatment, and recovery programs, including, as of 2005, problem gambling treatment.

As stipulated in the Mental Hygiene Law and the New York Codes, Rules and Regulations (14 NYCRR 857.1), OASAS' responsibility for administering the State's problem gambling treatment program includes: defining problem gambling services; developing and ensuring access to prevention, treatment, and recovery services; developing minimum standards for treatment; establishing core competencies for treatment professionals and service providers; and educating providers of other addictive disorder treatment and mental health services about problem gambling treatment services.

According to OASAS, problem gambling is known as the "hidden addiction" because there are no visible signs, but the effects are apparent: Gambling addiction can tear apart families, deteriorate relationships, and end careers. Problem gambling includes, but is not limited to, the condition known as "pathological" or "compulsive" gambling: a progressive addiction characterized by increasing preoccupation with gambling; a need to bet more money more frequently; restlessness or irritability when attempting to stop; "chasing" losses; and loss of control manifested by continuation of the gambling behavior in spite of mounting, serious, negative consequences. Additional personal and social consequences affecting those seeking treatment include work absenteeism, lost productivity on the job, family estrangement, and criminal activities to support the addiction.

OASAS currently offers 20 problem gambling-only outpatient programs. Additionally, beginning in 2017, six of OASAS' Addiction Treatment Centers (ATCs) began providing inpatient services, including individual and group therapy as well as problem gambling education. In addition, in 2015, OASAS contracted with the New York Council on Problem Gambling (NYCPG) to launch the Queens Center for Excellence (QCFE) pilot program, which provides education, awareness, and treatment services at 13 private providers throughout Queens County. OASAS also maintains a statewide, toll-free telephone hotline (HOPEline) to provide State residents with information and referrals for substance abuse and problem gambling. As of September 2018, individuals who call the HOPEline seeking treatment for problem gambling are referred to the nearest OASAS problem gambling program and to Gamblers Anonymous. All OASAS-funded programs are required to provide treatment regardless of an individual's ability to pay.

Many problem gambling treatment options exist outside the OASAS system, for instance through licensed private practitioners. County-funded mental health programs also offer problem gambling treatment to clients with a co-occurring diagnosis, such as depression or substance or alcohol abuse.

In 2013, with the advent of four commercial casinos in Sullivan, Seneca, Schenectady, and Tioga counties, the Legislature recognized the need to promote increased awareness of and access to

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problem gambling services. As part of the casino development legislation, the State's Racing, Pari-Mutuel Wagering and Breeding Law §1348 was added in 2014 to require that new casinos deposit a \$500 annual license fee for every slot machine or table approved by the New York State Gaming Commission (Gaming) into the Commercial Gaming Revenue Fund. Those fees are transferred from the Commercial Gaming Revenue Fund into the Problem Gambling Services Account and are required to be used exclusively for problem gambling education and treatment purposes. NYCPG was awarded a three-year \$9.6 million contract to open seven regional Resource Centers, starting in August 2018.

For 2018, OASAS' problem gambling services budget was \$5.9 million, including \$2.6 million budgeted for treatment services and to fund OASAS' contract with the NYCPG, as well as \$3.1 million budgeted for the launch of the seven new Resource Centers discussed above and related services. According to the 2016 Survey of Problem Gambling Services in the United States, New York spends \$0.16 per capita on problem gambling services, ranking 27th among the 45 states that have publicly funded gambling services (including those with National Council on Problem Gambling affiliate funding only).

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## Audit Findings and Recommendations

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As administrator of the State's problem gambling treatment programs, OASAS is responsible for developing a sufficient system of problem gambling treatment programs that are accessible to all New Yorkers in need. Ensuring that treatment is available and that treatment providers have problem gambling-specific training to competently care for problem gamblers and their families is critical to achieving sustained recovery.

Since being charged with its oversight in 2005, OASAS has taken steps to develop the infrastructure for the State's problem gambling treatment program, as outlined in its Regulations. We found that OASAS has defined problem gambling treatment, developed minimum standards for treatment, and established core competencies for treatment professionals and service providers. However, since 2006, OASAS has not conducted a comprehensive needs assessment or social impact study to identify the number or location of individuals in need of such services. As such, we were unable to determine whether OASAS has a sufficient number of treatment programs available for problem gamblers, or if OASAS' limited resources were applied where they were needed most.

In a March 2018 Request for Proposal, OASAS acknowledged the limited access to care for problem gambling throughout the State. For example, as of September 12, 2018, 40 of the State's 62 counties do not have an OASAS problem gambling treatment program; for some areas, the nearest OASAS treatment program is more than one county away – and the distance may prohibit access to treatment.

Going forward, however, OASAS is taking various actions to identify and address the need for problem gambling treatment programs statewide. Given the enormous cost that gambling addiction exacts on individuals and families, it is important that OASAS continue with these efforts.

### Current Treatment Availability

OASAS currently offers a total of 39 problem gambling treatment programs throughout the State: 20 outpatient programs, 6 inpatient ATC programs, and 13 programs in the QCPE pilot. Furthermore, according to OASAS officials, they expect the remaining six ATCs to begin providing problem gambling-only treatment by April 2019.

As mentioned, many problem gambling treatment services are available outside the OASAS treatment system – that is, through private practitioners and county-funded programs. Private practitioners can bill insurance, and according to OASAS officials, some bill based on a sliding fee scale (i.e., fees adjusted based on an individual's ability to pay). However, OASAS does not know the location or number of these private practitioners, including those who bill on a sliding fee scale. Further, OASAS does not have oversight of private practitioners and currently does not make referrals to them through its HOPEline. Nor does OASAS make referrals to county-funded programs because, without a co-occurring diagnosis, individuals with problem gambling cannot be treated at these facilities. As such, OASAS lacks assurance that problem gambling treatment programs are reasonably accessible to all State residents regardless of their ability to pay.

OASAS officials pointed to plans to open seven regional Resource Centers – two centers every three months between November 1, 2018 and August 1, 2019 beginning with the Finger Lakes and Northeast regions – under a three-year, \$9.6 million contract with NYCPG. The first year of the contract provides \$3.3 million for the seven regional Resource Centers, of which \$400,000 has been budgeted for clinical problem gambling treatment in 2019, pending availability of funding.

## Treatment Gaps

Of the 62 counties in the State, 40 do not have an OASAS problem gambling treatment program, as shown in the following table and illustrated in Exhibit A.

<b>Counties Without an OASAS Problem Gambling Treatment Program</b>			
Allegany	Cortland	Madison	Steuben
Bronx	Delaware	Montgomery	Suffolk
Broome	Dutchess	Niagara	Tioga
Cattaraugus	Fulton	Oneida	Tompkins
Cayuga	Greene	Ontario	Ulster
Chautauqua	Hamilton	Oswego	Warren
Chemung	Herkimer	Otsego	Washington
Chenango	Jefferson	Putnam	Wayne
Clinton	Lewis	Saratoga	Wyoming
Columbia	Livingston	Schuyler	Yates

OASAS officials acknowledged that, in some cases, the nearest OASAS outpatient program is one or several counties away. For example, a Binghamton resident would have to travel to Syracuse for the nearest program. (See Exhibit B, which depicts statewide availability by driving distance.<sup>1</sup>)

According to OASAS officials, plans for the seven regional Resource Centers will expand access to client-centered care throughout the State. Each Resource Center will be responsible for facilitating problem gambling awareness, community education, prevention, treatment, and recovery support through referrals to the most appropriate level of service based on needs and cultural relevance. Each Resource Center will also collaborate with the local gambling facilities in its geographic region.

To further increase access to care, OASAS is expanding its current treatment options to include a private practitioner referral service via OASAS' HOPEline and the Resource Centers. OASAS is in the process of creating a centralized database (Problem Gambling Treatment Referral List) of

<sup>1</sup> We used Geographic Information System (GIS) tools to conduct an analysis to determine the approximate distance a person could travel from each facility via car in the given amount of time following the designated speed limit. This analysis used the New York State Streets data made available by the New York State Geographic Program Office (the Streets data used for this analysis is from 2015). This analysis does not take into account traffic conditions or other variables such as time of day, construction, or special restrictions.

private practitioners who will accept referrals. Each Resource Center will develop and implement a fee schedule for the participating private practitioners to ensure that those who seek help receive it regardless of their ability to pay. To participate, private practitioners must meet specific eligibility requirements, including:

- Being a licensed professional in good standing;
- Completing all required training;
- Maintaining an account with NYCPG, including up-to-date client records and practice and billing information; and
- Being on at least one insurance panel and/or accepting a sliding scale fee for service.

OASAS officials state that the Resource Centers will make private practitioners accessible in every county. OASAS plans to have all HOPEline calls transferred to the caller's nearest Resource Center. The Resource Center will directly engage and screen callers to determine the appropriate referral within their community based on their needs (e.g., to an OASAS inpatient or outpatient treatment program or to a participating private practitioner from the Problem Gambling Treatment Referral List).

The Resource Centers will also work with local gambling facilities to address problem gambling within the facility and coordinate referrals for those in need of treatment. Treatment services will be available through OASAS outpatient and inpatient programs and through participating private practitioners.

As part of the three-year, \$9.6 million contract, Resource Centers have been allocated funds (e.g., \$400,000 for calendar year 2019) to cover the treatment costs for individuals who are unable to pay and have been referred to private practitioners. If one region runs out of money, funds can be transferred from another. However, should the \$3.3 million allocation for the operation of the seven Resource Centers be exhausted, additional funding for the participating private practitioners would likely be unavailable.

## Determining Need

In 2013, Gaming, OASAS, and NYCPG formed the Responsible Play Partnership (RPP) to help address the issue of problem gambling in New York State. Among other goals, the RPP sought to:

- Consider the best ways to advance New York's long-term commitment to prevent and treat compulsive gambling;
- Provide real-world tools and resources needed to adequately address the issue; and
- Promote problem gambling prevention and ensure treatment services are available for those New Yorkers who struggle with compulsive gambling.

In April 2014, a public forum was hosted by Gaming to gain further understanding of problem gambling as the State explored expanding its gaming options. The participants at the forum included RPP representatives from OASAS and NYCPG, problem gambling experts, practitioners, academics, and facility operators. Among other issues, the forum highlighted the lack of knowledge

about the societal impacts of problem gambling in New York. According to NYCPG’s testimony, the State needs to conduct a problem gambling social impact study to measure the effect of gambling on communities and all of New York State. An impact study would measure the prevalence of problem gambling, as well as the consequences and costs, and would inform the development of policy and allocation of resources. NYCPG’s testimony also indicated that the State needs a comprehensive statewide plan to address problem gambling. The comprehensive plan should address problem gambling policy, research, education, prevention, treatment, and recovery.

As discussed, OASAS has working plans in place to identify and address the need for problem gambling treatment programs statewide. However, according to OASAS officials, OASAS has not been able to conduct a comprehensive needs assessment or a social impact study since 2006. Without a more current needs assessment or social impact study, OASAS may not have an accurate understanding of where services are most needed and may incorrectly allocate its services. OASAS officials attribute the lack of more recent studies to inadequate funding. For comparison purposes, they noted the availability of federal and State (i.e., Department of Health and Governor’s Task Force) funding for need/prevalence studies for programs such as opioid addiction – funds that are not similarly available for problem gambling.

Despite the lack of funding, OASAS has made attempts to gain insight into problem gambling treatment need. For instance, OASAS’ 2014-15 statewide Youth Development Survey of over 91,000 grade 7-12 students in 272 public and private schools (in 33 of 62 counties) measured the prevalence of substance use and gambling. The survey also measured 11 risk and 9 protective factors that predict levels of youth substance use and other problem behaviors such as school dropout, delinquency, violence, and teen pregnancy. Additionally, OASAS worked with the State Education Department to include, for the first time, problem gambling on the 2017 Youth Risk Behavior Survey used to identify health and safety concerns among students.

Each year, every county and the five boroughs of New York City are required to conduct a broad-based planning process to identify the mental hygiene service needs in the community and develop a local services plan to address them. OASAS uses these plans to inform its statewide comprehensive planning processes. OASAS officials stated that, historically, problem gambling has not been included in county planning as it has not been viewed as a separate and distinct issue, and instead has been fiscally woven into OASAS’ addiction treatment programs. While gambling is still not included in local service plans as a unique issue, beginning in 2017, OASAS developed a list of needs frequently mentioned in previous years’ plans. This list includes an “other” option that counties can use to introduce any issue they feel is pertinent. For 2018, six counties (Albany, Cattaraugus, Orleans, Seneca, Sullivan, and Tioga) used this option to specifically discuss problem gambling, although none cited an actual increase in demand for problem gambling treatment services or a need for additional services at the time. Only two counties (Albany and Tioga) raised the possibility of an increased need at some point in the future. Further, OASAS officials note that funding was returned by a problem gambling treatment provider in Tioga County due to lack of demand.

OASAS receives monthly reports from the HOPEline about the calls received, including details about the callers, such as age, county, primary issues, how they heard about the HOPEline, and

the type of referral provided (if applicable). According to OASAS officials, they use the information from these reports to expand services as needed. For example, officials stated that, based on the number of calls received from Monroe County, they identified this area to be in need of more services. OASAS officials contacted an existing OASAS provider of other addiction treatment services in the area, who then completed the process to also become an OASAS problem gambling services provider.

OASAS officials state that, once the Resource Centers open, the information collected during screening and engagement sessions will be compiled and analyzed by both the Resource Centers and OASAS to identify areas in need of problem gambling treatment services. Resource Centers will be required to establish collaborative work groups and meet with other parties in their region to obtain information and further identify need.

We recognize OASAS' efforts to address gaps in problem gambling treatment services. By creating the capability to collect statewide data about the prevalence of problem gambling and social impacts, OASAS will be better able to identify individuals and communities at high risk and target gambling treatment resources accordingly.

## Recommendations

1. Conduct a comprehensive needs assessment and social impact study for problem gambling.
2. Continue efforts to ensure problem gambling treatment programs (OASAS and approved providers) are reasonably accessible to all State residents regardless of their ability to pay.

## Audit Scope, Objective, and Methodology

We audited certain aspects of OASAS' problem gambling treatment program for the period January 1, 2017 through September 12, 2018. The objective of our audit was to determine whether OASAS has sufficient treatment programs for problem gamblers.

To accomplish our objective and assess internal controls related to our objective, we interviewed OASAS officials and reviewed relevant laws, regulations, policies, and procedures. We also became familiar with and assessed OASAS' internal controls as they relate to the fulfillment of its responsibilities for problem gambling. We identified actions taken by OASAS to determine need, the current availability of problem gambling treatment, and the process to obtain treatment. In addition, we reviewed the request for proposal documentation issued for the newly awarded Resource Centers to determine the changes to be made once implemented. Finally, we identified the amounts expended by OASAS on the problem gambling treatment program.

As part of its audit procedures, the audit team used Geographic Information Systems (GIS) software for geographic analysis. As part of the geographic analysis, we developed visualizations (see Exhibits A and B) to improve understanding of our report. To improve ease of use, some minor locational changes were made in these visualizations. The changes do not materially affect

the accuracy or interpretation of the underlying data or visualization.

We conducted our performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions, and public authorities, some of whom have minority voting rights. These duties may be considered management functions for the purposes of evaluating organizational independence under generally accepted government auditing standards. In our opinion, these functions do not affect our ability to conduct independent audits of program performance.

## Authority

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The audit was performed according to the State Comptroller's authority under Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law.

## Reporting Requirements

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We provided a draft copy of this report to OASAS officials for their review and formal written comment. Their comments were considered in preparing this final report and are attached at the end in their entirety. The officials agree with our recommendations and are taking steps to implement them.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Office of Alcoholism and Substance Abuse Services shall report to the Governor, the State Comptroller, and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and if the recommendations were not implemented, the reasons why.

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## Contributors to This Report

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### Vision

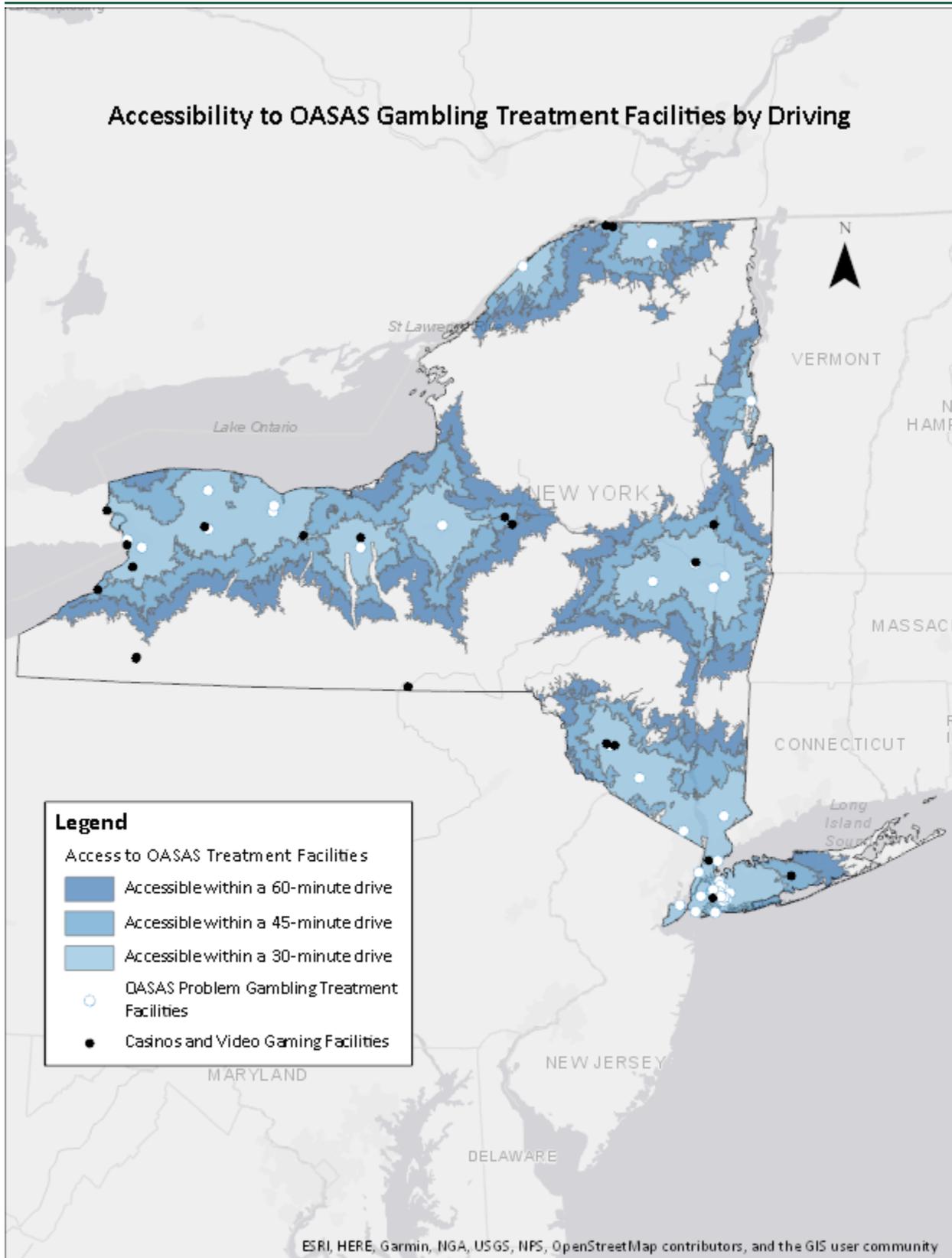
A team of accountability experts respected for providing information that decision makers value.

### Mission

To improve government operations by conducting independent audits, reviews, and evaluations of New York State and New York City taxpayer-financed programs.



# Exhibit B



# Agency Comments



## Office of Alcoholism and Substance Abuse Services

ANDREW M. CUOMO  
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.  
Commissioner

December 20, 2018

Mr. Brian Reilly, Audit Director  
Office of the State Comptroller  
Division of State Government Accountability  
110 State Street – 11th Floor  
Albany, NY 12236-0001

Re: Draft Report of the Audit of Problem Gambling Treatment  
Program (2018-S-039)

Dear Mr. Reilly:

Thank you for the opportunity to respond to the draft audit report of the NYS Office of the State Comptroller's (OSC) audit conducted of the Problem Gambling Treatment. Below are comments and responses to the recommendations contained in your draft findings.

### **Background**

Under the section Background, in the last paragraph the amount budgeted for the launch of the seven new resource centers should be \$3.1 million, not \$3.3 million.

### **Audit Findings and Recommendations**

Initially, we appreciate that OSC has acknowledged that the NYS Office of Alcoholism and Substance Abuse Services (OASAS) has met the statutory and regulatory obligations with respect to oversight of problem gambling services; namely OSC found OASAS has adequately defined problem gambling treatment, developed minimum standards for treatment and established core competencies for treatment professionals and service providers. Further, OSC recognized the work that has been done by OASAS in expanding access to problem gambling treatment services for New Yorkers across the state. OSC's only criticism is its inability to assess whether OASAS has sufficient treatment capacity in its system and has used its limited resources to meet areas of most need due to the lack of a recent comprehensive needs assessment.

**Recommendation 1:** Conduct a comprehensive needs assessment and social impact study for problem gambling.

OASAS agrees with this recommendation and when funding is available we will seek to perform a study to determine the need for problem gambling services. In the interim, OASAS has initiated a project to add questions to existing reporting requirements in our county planning system to capture problem gambling needs reported by counties which will go live in March

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**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.  
Commissioner

2019 allowing OASAS to specifically report on problem gambling needs in 2020. Further, OASAS is in the process of procuring for a vendor to conduct a statewide Youth Development Survey of school age youth on the prevalence of their substance use and gambling activities. These survey results will help identify needs of youth statewide.

Recommendation 2: Continue efforts to ensure problem gambling treatment programs (OASAS and approved providers) are reasonably accessible to all State residents regardless of their ability to pay.

OASAS agrees with this recommendation and has already engaged efforts to expand access. OASAS has permitted certified outpatient programs to apply for “waivers” from regulatory restrictions allowing these programs to serve individuals with a problem gambling diagnosis, even if such individuals do not have a co-occurring substance use disorder (“gambling only patients”). Further, OASAS has substantially revised its regulations to allow any OASAS certified program to apply for a gambling designation which would allow such program to serve gambling only patients. OASAS expects to promulgate these regulations and related guidance documents in early 2019. In addition, through seven new Problem Gambling Resource Centers that will be fully operational by August 2019, a network of approved private practitioners will also be able to provide problem gambling treatment services. Finally, regulations require that all funded OASAS programs must treat individuals regardless of their ability to pay and OASAS will continue to monitor provider compliance with this requirement.

Once again, thank you for the opportunity to respond to the draft report and we look forward to receipt of the final document.

Very truly yours,

Trisha R. Schell-Guy  
Deputy Counsel

cc: Steven Shrager

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