



**NEW WAYS
TO HELP
PROBLEM GAMBLERS
FISCAL YEAR 2024
ANNUAL REPORT**



With funding through the Compulsive Gaming Prevention Fund, the Michigan Department of Health and Human Services provides gambling disorder services including a toll-free text/chat and telephone helpline, treatment services outreach, prevention, research and education.

Contents

FY24 Executive Summary.....	1
FY24 Program Expenditures	1
Gambling Disorder Treatment Referrals	2
Gambling Disorder Helpline Calls.....	3
Service Referrals.....	4
Gambling Preferences.....	4
Demographics – Treatment Population Demographics by Race, Ethnicity, and Age.....	5
The Annual Gambling Disorder Symposium	6
Gambling Disorder Prevention and Outreach	6
Gambling Disorder Training.....	8
Gambling Disorder Resources	8
Advertising	8
Media Campaign Performance	9
Conclusion	10

Executive Summary

In Fiscal Year (FY) 2024, the Gambling Disorder Treatment and Prevention Program (GDTPP) continued to advance its mission of preventing and treating gambling disorder (GD) through a comprehensive approach that integrates clinical services, outreach and education. The GDTPP works to secure service accessibility, enhance provider training, and increase public awareness of gambling-related harm.

Key achievements in FY24 include:

- **Service Delivery:** Through the GD helpline the GDTPP assisted 4,543 Michigan residents seeking support for gambling related concerns. Of those individuals, 468 were referred to treatment services, including 39 participants of the Gambling Diversion program and over 10 veterans. Specialized treatment was offered through a statewide network of trained providers, ensuring accessibility to geographically equitable and culturally responsive care.
- **Prevention and Outreach:** GD prevention coordinators (GDPC) continued efforts to target high-risk populations throughout the state and within tribal communities. These targeted efforts led to the completion of over 6,352 GD treatment assessments and 1,244 GD prevention trainings delivered to both youth and parents. Multi-regional prevention campaigns further amplified gambling prevention messaging through commercials and public service announcements (PSA), which aired approximately 1.8 million times; resulting in 6.3 million impressions and 9,425 digital engagements.
- **Collaboration and Policy:** FY24 saw strengthened partnerships and collaborative efforts between the Michigan Department of Health and Human Services (MDHHS), Michigan Gaming Control Board (MGCB), and Michigan State Lottery (MSL) through collaborative messaging, meetings, and conference participation.

Program efforts continue to address the challenges and growing impact of online gambling and sports betting by ensuring equitable access to helpline and treatment referral services in rural and underserved areas. To increase workforce capacity for helpline staff and panel clinicians, MDHHS prioritized mobile outreach strategies and digital treatment platforms.

Looking ahead to FY25, the program will focus on expanding its digital service offerings, strengthening research initiatives, and refining its strategic plan to meet the evolving landscape of gambling behavior and its associated risks.

FY24 Program Expenditures

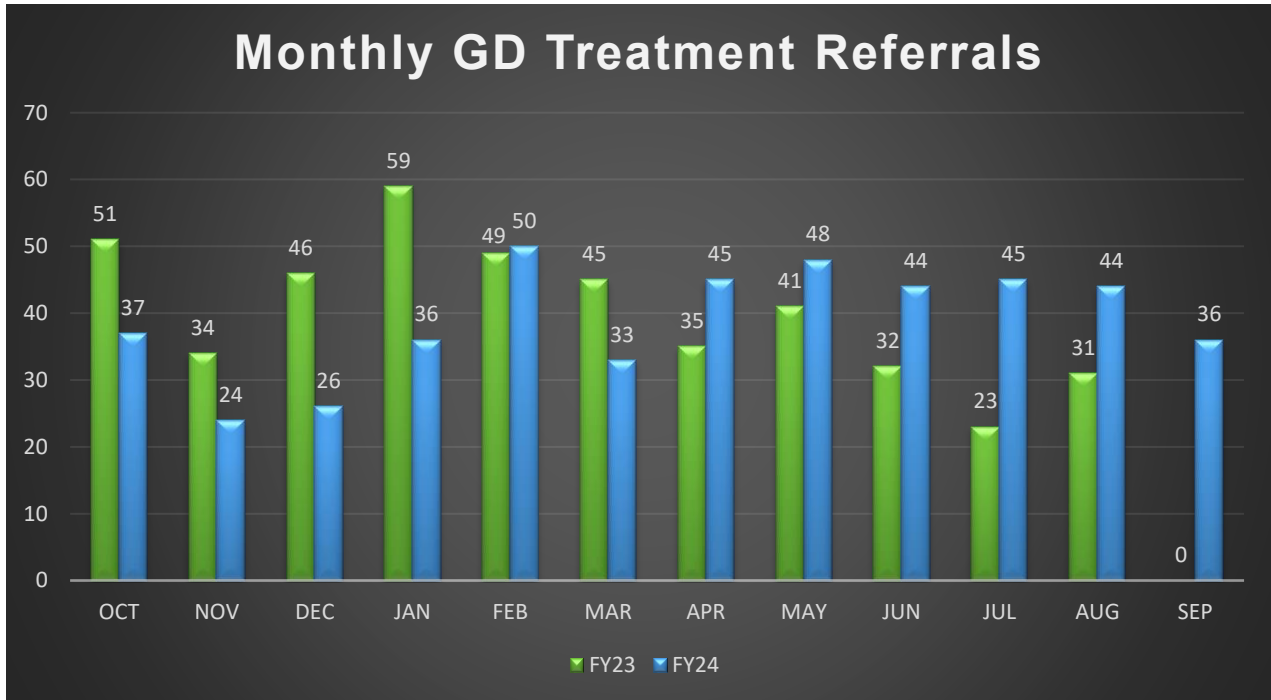
Below is the FY24 funding utilization for GD prevention and treatment services as reported by each Grantee via the FY24 Financial Status Obligation Report submission. Final Financial Status Reports are submitted November 30, 2024.

GD Funding Category / Project	FY 2024 Expenditures
GD Helpline / Referral Treatment Referral	
Health Management Systems of America	\$948,604
GD Media Campaign	
Brogan & Partners	\$410,767
GD Prevention Coordinators	
CMH Partnership of Southeast Michigan	\$230,000
Detroit-Wayne Integrated Health Network	\$221,306
Lakeshore Regional Entity	\$200,000
Mid-State Health Network	\$200,000
NorthCare Network	\$110,000
Northern Michigan Regional Entity	\$103,016
Southwest Michigan Behavioral Health	\$65,000
Inter-Tribal Council of Michigan	\$14,811
GD Symposium	
CMH Association of Michigan	\$31,367
TOTAL	\$2,534,871

Gambling Disorder Treatment Referrals

During FY24, a statewide panel of 27 licensed GD-trained clinicians, provided counseling services to 468 individuals, including 39 Gambling Diversion clients and 13 veterans. Of the 127 individuals who successfully completed treatment during FY24, 63% have either substantially decreased their gambling or have remained abstinent.

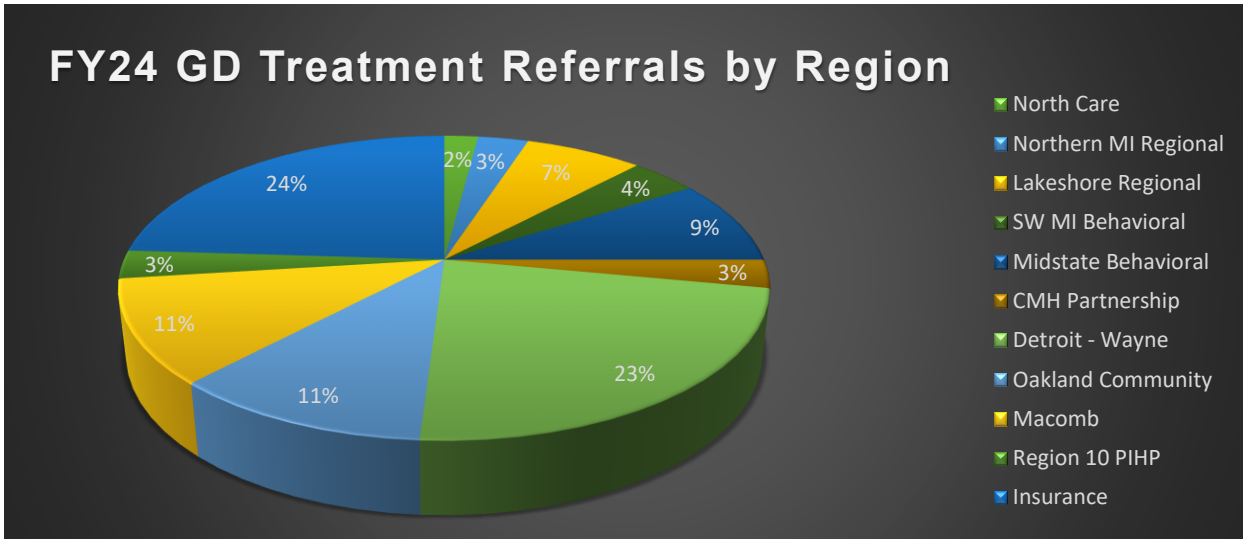
Table 1: Number of monthly GD Treatment Referrals.



Referrals from FY23 to FY24 fluctuated by month, but in total there was a three percent variation between the years.

To better capture all treatment efforts, the Michigan Department of Health and Human Services (MDHHS) revised its monthly GD data report to include treatment referrals to insurance providers offering GD treatment benefits. During FY24, 45 percent of GD treatment referrals originated from Wayne, Oakland, and Macomb counties. It was found that 24 percent of treatment referrals were directed to insurance providers covering GD treatment services. Due to income eligibility under state poverty guidelines, some individuals with existing insurance coverage also qualified for state-funded GD treatment services program. In those instances, treatment services were provided by panel clinicians. To increase accessibility and reduce financial barriers, panel clinicians were encouraged to work with a variety of insurance providers, ensuring GD-focused, comprehensive service accessibility for all residents needing treatment.

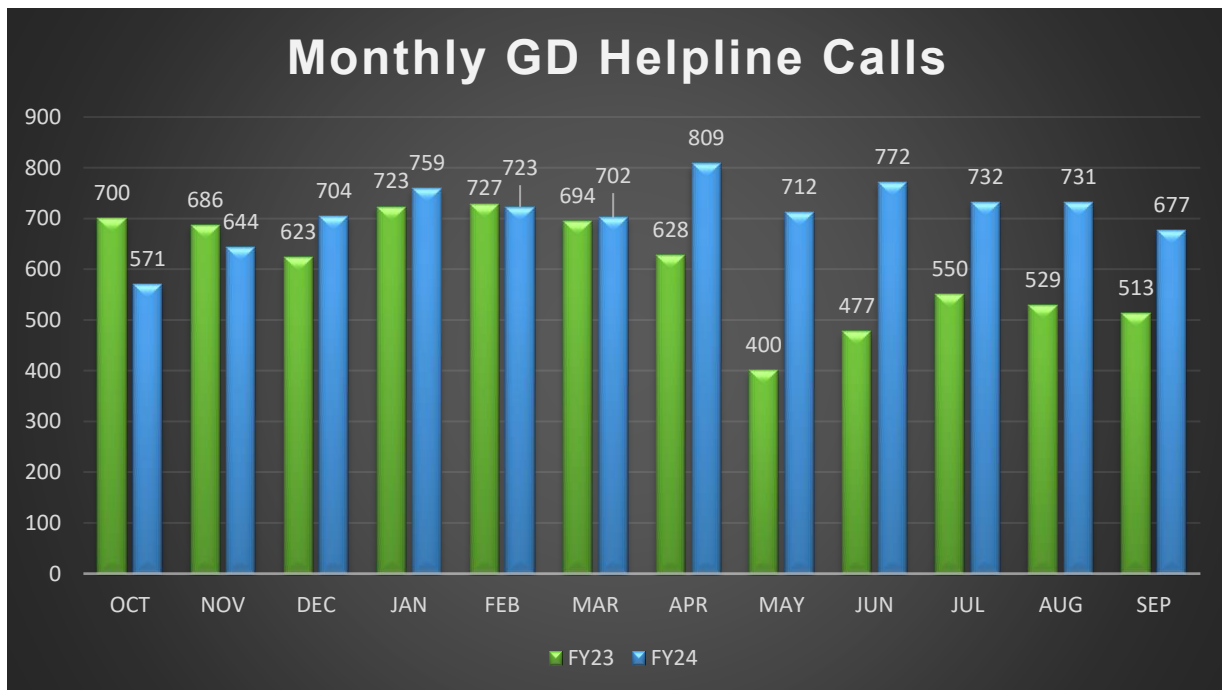
Table 2: State-wide GD treatment referrals delineated by Prepaid Inpatient Health Plan (PIHP) region.



Gambling Disorder Helpline Calls

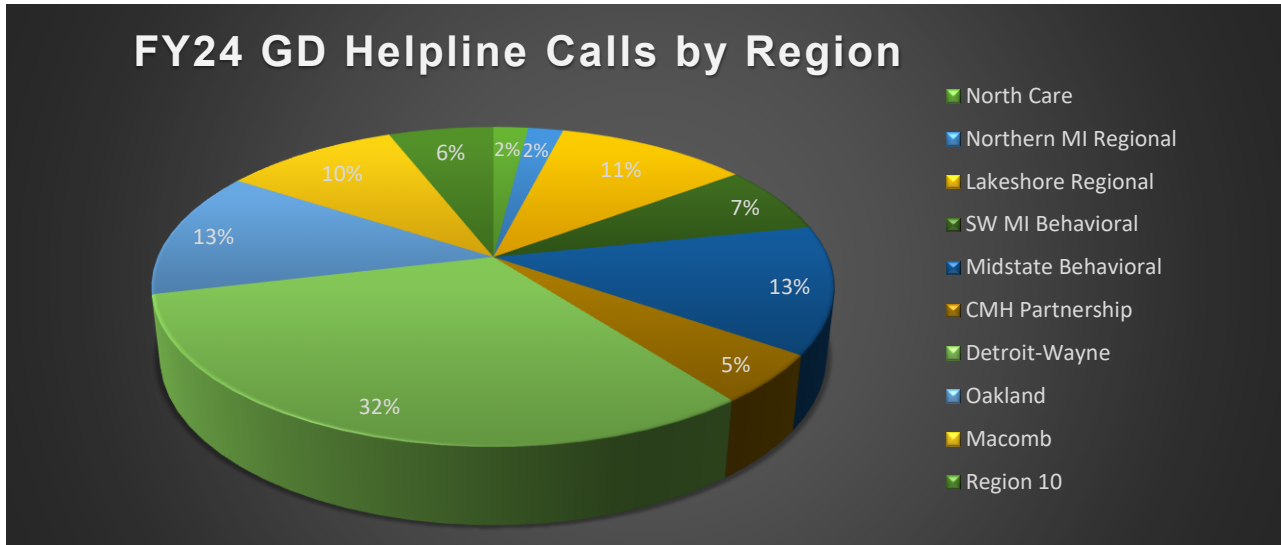
In FY24, The toll-free GD helpline provided 24/7 access to crisis intervention, assessment, and treatment referrals, handling a total of 4,543 gambling-related calls. Helpline call volumes increased by 16 percent compared to FY23. These calls included 468 treatment referrals, 191 Gambler’s Anonymous (GA) and Gam-Anon referrals, and 598 callers with co-occurring conditions. 2,559 of helpline calls involved inquiries about online gaming platforms. Although these calls did not directly result in assessments or treatment referrals, they underscore the high level of engagement Michigan residents have with online gaming activities. Additional calls included requests for health insurance-covered treatment referrals, inquiries about lottery, casino, and sports betting, as well as various behavioral health requests and misdials.

Table 3: Monthly Helpline Call Volume.



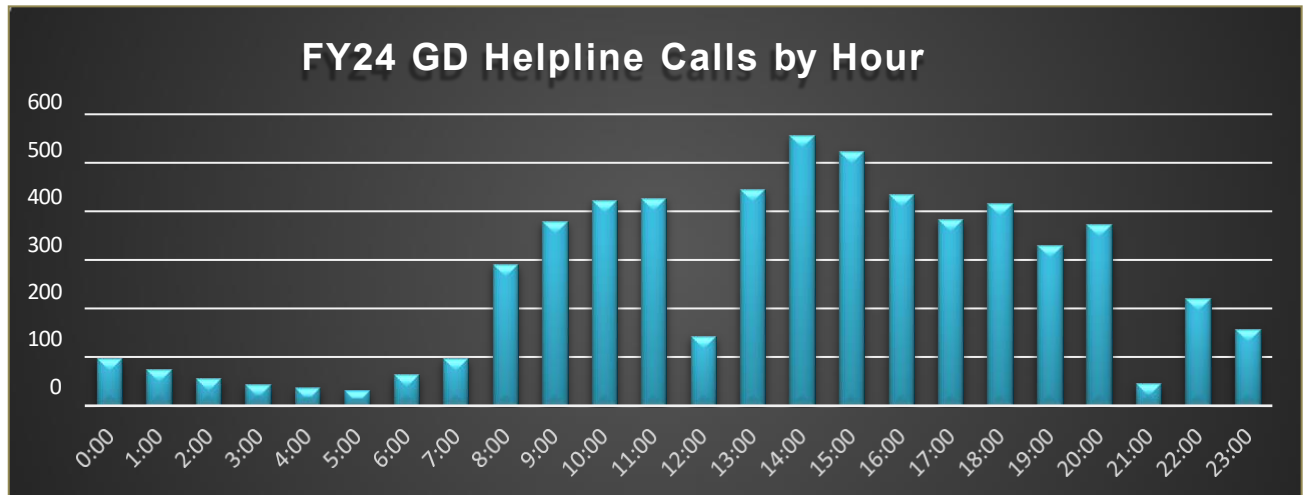
Annual data reporting for FY24 shows that 8,536 calls were made to the GD helpline. The chart below details the remaining call distribution by PIHP region. As with treatment referrals, a significant percentage of calls originated from Detroit-Wayne Integrated Health Network (DWIHN), accounting for 32 percent of total calls. This is followed by Mid-State Health Network and Oakland Community Health Network, each contributing 13 percent and Lakeshore Regional Entity at 11 percent.

Table 4: Helpline calls by PIHP region.



Analyzing hourly GD call data provided valuable insight into demand patterns, enabling MDHHS and its partners to appropriately forecast and allocate resources. With third-party support, the helpline was prepared to handle peak demand periods and deliver timely support when it was most needed. During FY24, call patterns peaked between 1 and 4 p.m. However, further analysis is required to determine whether periods of lean call volumes reflect demand, staffing levels, or cost considerations. The ability to maintain 24/7 accessibility without a third-party vendor is contingent on this analysis and other key metrics, such as average speed of answer, average talk time and average wait time, along with equipped and available staff. Helpline capacity adjustments are being developed for the upcoming fiscal year, involving more helpline staff and decreased reliance on third-party support.

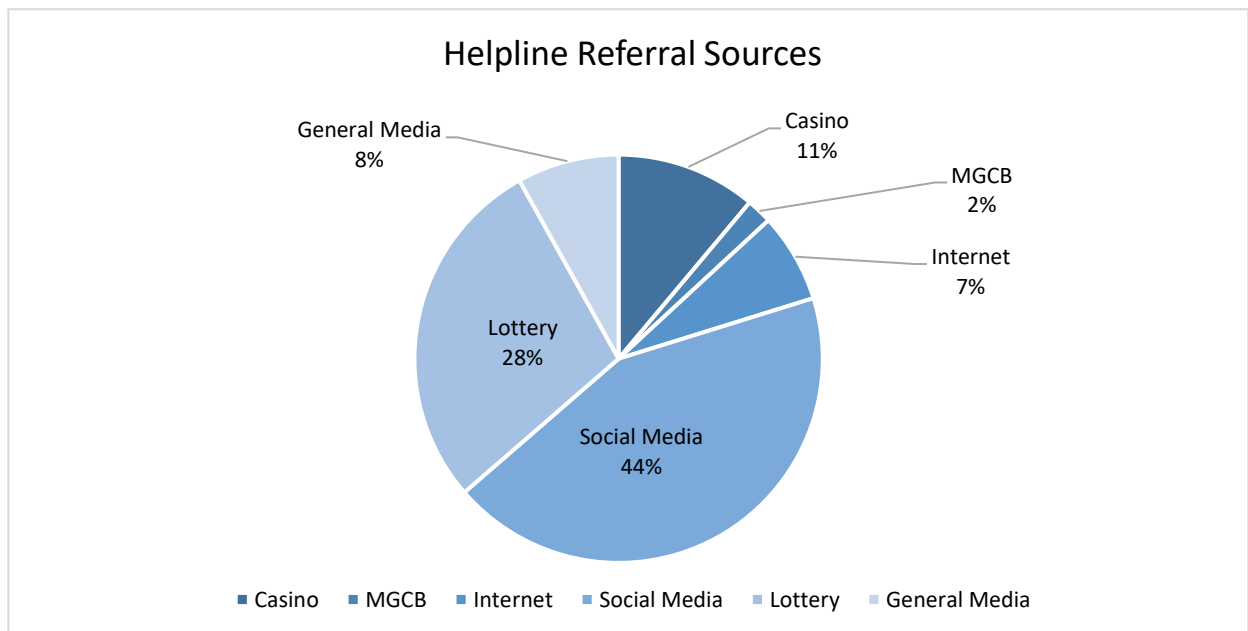
Table 5: Helpline calls by hour placed.



Service Referrals

Analyzing helpline referral sources highlighted the way people discover and engage our GD services. Over the past year, social media has emerged as the leading referral source, accounting for 43% of all helpline referrals. This is indicative of the reach and influence of these platforms in raising awareness and driving engagement. Referrals from the lottery sector constitute 28% of total helpline referrals. The internet follows at seven percent, demonstrating that online channels play a significant role in connecting people with necessary services. Additionally, 11% of helpline referrals stem from casino environments, eight percent from general media outlets, and two percent from the MGCB. This breakdown underscores the importance of a multichannel outreach strategy, allowing services to reach diverse audiences, and provide support where it is most needed.

Table 6: Service awareness.



Gambling Preferences

Understanding the gambling preferences of individuals referred to treatment provided important context for tailoring support and intervention strategies. Among those referred, 237 individuals indicated a preference for online gambling, identifying the significant role of digital platforms in gambling behavior. Slot machines were preferred by 92 individuals, while 46 individuals preferred traditional casinos, and 33 others favored specific casino games. Additionally, 25 individuals identified the lottery as their preferred gambling activity, and the remaining 35 indicated a mix of assorted gambling activities. The insight into gambling preference helped us better understand the diverse needs of those seeking help and inform our approach to providing targeted support through an enhanced media approach to gambling prevention, and the expansion of online treatment accessibility.

Table 7: Preferred mode of gambling from service recipients.

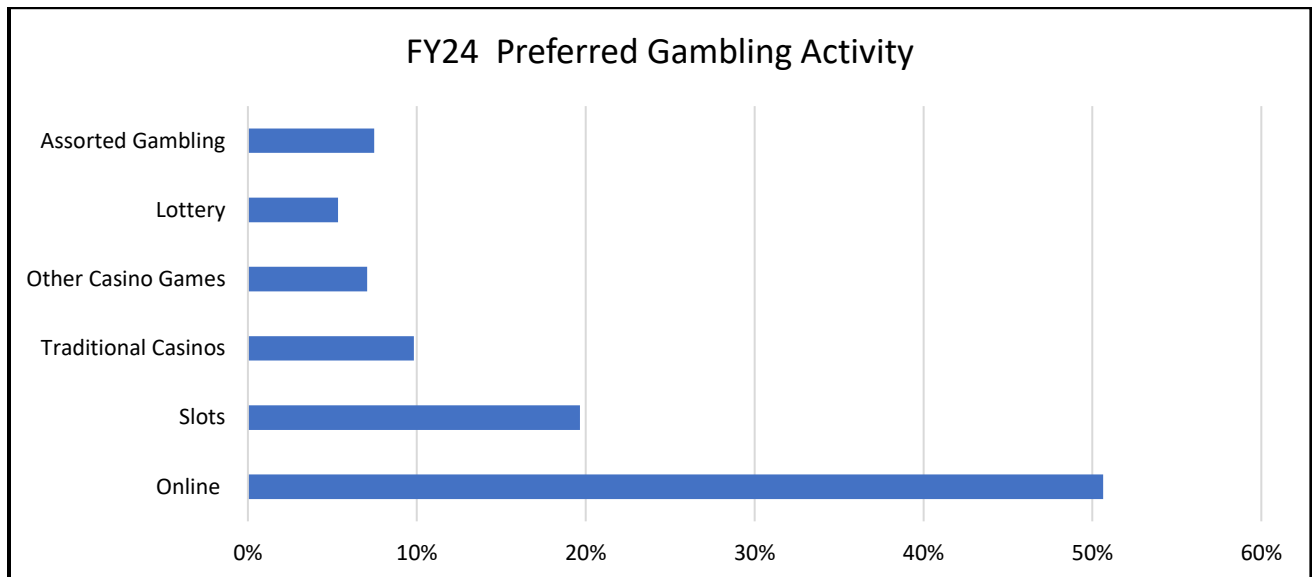


Table 8: Demographics – Treatment Population Demographics by Race/Ethnicity.

Race	% of Treatment Population
African American / Black	9%
Arabic / Arab American	3%
Asian	2%
Caucasian / White	25%
Hispanic / Latin-American	0%
Multiracial	0%
American Indian / Alaskan Native	0%
Native Hawaiian / Pacific Islander	0%
Other	1%
Unknown / Declined	59%

Youth and young adults between the ages of 13 and 20 account for one percent of all treatment referrals while 68 percent of treatment referrals were clients between the ages of 21 and 49.

Table 9: Demographics – Treatment Population by Age.

Age Range	% of Tx Population
13-20	1%
21-29	16%
30-39	31%
40-49	21%
50-59	16%
60-69	11%
70-79	3%
80-89	1%

The Annual Gambling Disorder Symposium

The Annual Gambling Disorder Symposium is a statewide forum that allows state agencies, behavioral health professionals, community members, and partners the opportunity to gather in a manner that leads to collaborative solutions. Hosted by the MDHHS and funded by contributions made to the Compulsive Gaming Prevention Fund by the MGCB and MSL, the symposium provides a platform for discussing statewide needs, agency roles, and coordinated efforts to strengthen prevention initiatives, support access to care, address GD treatment, and promote responsible gaming.

The symposium featured expert led panels and presentations that explored emerging trends, innovative practices and holistic approaches to supporting individuals impacted by GD. Training sessions focused on addressing the complexities and challenges of GD, including topics addressing gambling within the military community, college student gambling behaviors and risk factors, treatment recommendations for diversion courts, multiple pathways to recovery, and the impact of institutional bias on individuals affected by GD. Symposium presenters included industry professionals representing the Gambling Research and Policy Initiative for East Carolina University, Healthcare Law Programs at the University of Oklahoma College of Law; California Friday Night Live Partnership; and Kindbridge Research Institute. The FY24 Annual GD Symposium provided continuing education credits (CEUs) for training sessions approved by the Michigan Certification Board for Addiction Professionals.

MDHHS, MGCB and MSL worked collaboratively to present “Three State Agencies, One Shared Goal,” A panel discussion highlighting the distinct roles of each agency in promoting responsible gaming, advancing prevention initiatives, and broadening service accessibility. It explored strategies, emerging trends, and Michigan’s holistic approach to assisting individuals experiencing gambling related harms.

At the symposium’s conclusion, attendees completed a survey assessment of the event. Of the survey responses:

- 96 percent believed symposium objectives were met.
- 96 percent believed workshop content was relevant to learning needs.
- 93 percent believed teaching methods used were effective.

Gambling Disorder Prevention and Outreach

Program funding was used to support continued Gambling Disorder outreach and prevention throughout the state and tribal communities. The following summarizes the multi-regional efforts of the Gambling Disorder Prevention Coordinators within seven designated Prepaid Inpatient Health Plan (PIHP) regions.

NorthCare Network

Prepaid Inpatient Health Plan for the Upper Peninsula
Managing specialty mental health & substance abuse services & supports

NorthCare Network serves Michigan's Upper Peninsula. NorthCare continues to implement the Strategic Prevention Framework and partner with Upper Peninsula Coalition to educate parents on the associated risks of online gambling. FY24 efforts included a Request for Proposal (RFP) for a GD media campaign reaching all 15 counties.



Northern Michigan Regional Entity (NMRE) serves the 21-county region of Northern Lower Michigan. NMRE issued a Request for Proposals for a media campaign to increase awareness of the harmful effects of gambling, increase awareness of responsible gambling and/or the availability of support resources. The FY24 media campaign, facilitated by Spectrum, reached rural areas of northern Michigan resulting in 5,084,731 impressions, 3,486 clicks, and 204,818 engagements.



Lakeshore Regional Entity (LRE) serves the seven-county region of Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa. Through collaborations with Seyferth and the National Council on Problem Gambling's "Gift Responsibly" Campaign, LRE launched an impactful media initiative. Throughout FY24, LRE secured a newspaper ad in Senior Perspective that reached 19,000 readers, and provided GD education to students grades 5-12, school staff, and parents. They engaged senior living centers and casino tour bus companies to expand awareness and developed GD focused advertisement, graphics, billboards, and social media posts. LRE also developed PSAs that were aired across most major streaming platforms during Problem Gambling Awareness month. LRE's media campaign and online efforts delivered 1.2 million impressions, reached 365 thousand people, and generated 5,939 clicks.



Southwest Michigan Behavioral Health (SWMBH) serves the eight-county region of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren. SWMBH increased GD screening at key treatment access points and implemented an evidence-based GD and sports betting awareness media campaign. SWMBH continued to assess for GD via NODS Loss of Control, Lying and Preoccupation screen (NODS-CLip) and NODS use by call center staff via their EMR system. SWMBH performed 6,162 NODS-CLip assessments and 190 full NODS assessments. Of all completed assessments, 16 percent resulted in moderate risk and GD helpline referral.



Mid-State Health Network (MSHN) serves 21 rural and urban counties in Michigan's lower peninsula and remains committed to raising GD awareness with a particular focus on high-risk communities. As part of its FY24 prevention efforts, MSHN partnered with McDonald Broadcasting to develop a regional media campaign aimed at addressing gambling behaviors among youth, the general public and older adults. The campaign included commercials broadcast across multiple streaming platforms, such as Roku, Apple TV, Amazon Prime, Samsung, and YouTube TV. These commercials were shown a total of 1,824,500 times, achieving an average completion rate of 97 percent.



Community Mental Health Partnership of Southeast Michigan (CMHPSM) serves the four-county region of Lenawee, Livingston, Monroe and Washtenaw. CMHPSM continues to successfully utilize GD assessment tools during client assessment and intake with an overall compliance rate of 98 percent. CMHPSM has worked with Access Center providers to increase the identification of at-risk clients and provided information on the GD helpline resulting in increased helpline and treatment referrals. CMHPSM has facilitated youth-focused Stacked Deck training to all GD prevention coordinators and created mini-grant opportunities for youth gambling prevention and outreach. A regional media campaign was developed targeting school age youth and parents to increase awareness regarding youth gambling and gaming loot boxes.



Detroit-Wayne Integrated Health Network (DWIHN) partnered with the Center for Youth and Families, Empowerment Zone Coalition, and Leaders Advancing and Helping Communities to implement prevention programming that increases GD awareness. Through these partnerships DWIHN facilitates GD prevention and outreach services by providing community-based efforts to 18,719 Wayne County residents; providing Stacked Deck training to prevention staff who reached 727 youth and 213 parents; the development of multi-media campaign efforts including radio PSAs, billboard, and social media platforms. Partnering prevention providers collectively created and distributed GD materials to promote GD programs and services.



The Inter-Tribal Council of Michigan (ITC) provides evidence based, culturally responsive services that are essential to addressing GD among American Indian/Alaskan Natives aged 12 and older. Services are available to enrolled members of the twelve federally recognized tribes in Michigan, members of other federally recognized tribes, and non-native family members and descendants living within the collective 51-county service area of the participating tribes. FY24 GD prevention efforts for the ITC included local tribes integrating GD prevention and outreach initiatives into their existing Tribal Action Plan (TAP). The ITC hosted NODS Assessment Trainings for Tribal clinicians and provided Michigan Certification Board for Addiction Professionals (MCBAP) approved CEUs upon completion of various GD trainings. Local tribal clinicians completed 60-minute ITC GD prevention, screening, and treatment initiatives, and participated in stress management webinars focused on GD and co-occurring addictions. The ITC has delivered multiple gambling education presentations, all aligned with Michigan's K-12 standards, reaching 291 students and 13 adults from various schools, parent committees and youth groups. ITC expanded its resource library with newly developed and existing materials to enhance its GD prevention services.

Gambling Disorder Training

Through a partnership with Health Management Systems of America (HMSA), MDHHS provided specialized training to 282 industry professionals. These trainings focused on a wide range of topics essential to the treatment of GD including the facilitation of NODS and NODS-CLip, the use of stress management in the treatment of GD, and the treatment of gambling and co-occurring process addictions. Additional trainings addressed themes such as deception and self-deception in the treatment of those with GD and their family, harm reduction strategies, and gender-specific approaches, including women's recovery, and the unique challenges faced by women experiencing GD. FY25 training provisions will include an updated introduction to GD training for all onboarding clinicians pursuing national and/or international GD treatment certification; as well as Intenta training for clinicians seeking to provide GD treatment services.

Gambling Disorder Resources

GD materials are distributed by the MDHHS Promotion Clearinghouse and are available on the GD website. Topics include: If You or Someone You Know has a Gambling Problem, Senior Gambling, Sports Gambling, and Youth Gambling. They are available in Spanish and Arabic. New materials addressing gaming, youth gambling and veteran gambling are being created for FY25.

Advertising

In collaboration with Brogan & Partners, MDHHS launched Michigan’s annual GD media campaign. The primary focus of the FY24 media campaign was to educate the public on the risks of gambling, promote the GD helpline and increase awareness among high-risk populations including youth, young adults, gamers, parents, and veterans. The secondary goal was to encourage health care professionals supporting individuals affected by GD and/or SUD to attend the annual GD symposium and direct Michigan residents to the GD website for additional resources. MDHHS media efforts provided opportunities to address GD on various media various media outlets including WLUC TV6 in Upper Michigan, WILX News in Lansing, Bally Sports Television, Wood AM Radio in Grand Rapids, Light Up the D! in Detroit, WRSR Radio in Flint, and The Bridge Michigan Magazine. In FY24, the MDHHS GD website had 30,515 views from 25,501 people, meaning some visited more than once. In total there were 83,964 active engagements on the site. The table below details media campaign costs by category and value.

Table 10: Media Campaign Budget Overview.

MEDIA	COST	ADDED VALUE	TOTAL VALUE	IMPRESSIONS
MAB TV	\$21,912.00			
Radio	\$158,661.00	\$37,928.00	\$196,589.00	21,259,400
YouTube	\$9,875.00		\$9,875.00	701,529
Twitch	\$30,000.00	\$491.00	\$30,491.00	609,833
Bally Sports	\$80,000.00	\$27,943.00	\$107,943.00	2,413,858
Mobile	\$40,000.00	\$3,454.00	\$43,454.00	6,521,789
Paid Search	\$12,500.00		\$12,500.00	15,714
Social	\$26,330.00		\$26,330.17	5,771,351
Agency Fee	\$31,448.40		\$31,488.40	
Total	\$410,766.60	\$69,816.00	\$480,582.57	37,293,474

Media Campaign Performance

Below are individual performance summaries for each media tool used during the FY24 campaign.



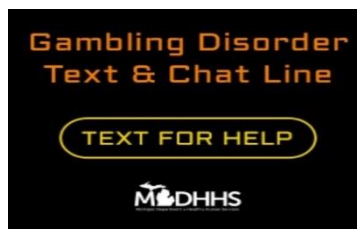
YOUTUBE-15 second video delivered 672,090 video completions at a 92.86 video completion rate (VCR).



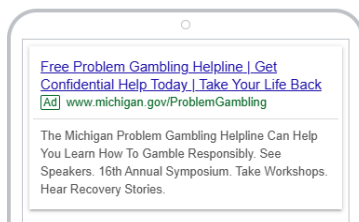
TWITCH- 609,833 impressions, 487 clicks, 0.08 percent click through rate (CTR). Video at a 90.37 percent video completion.



CTV- This portion delivered 770,150 impressions, and 745,960 video completions, resulting in a 96.86% VCR. Red Wings, Pistons, and Tigers streaming promotions delivered 1,643,708 impressions.



Mobile Display - 5,667,582 impressions, 15,747 clicks with a 0.28 percent CTR exceeding industry benchmark of 0.25 percent. Mobile video delivered 854,207 impressions, 585 clicks and 689,664 completed video views; with an 80.74 percent VCR, exceeding industry benchmark of 65 percent - 75 percent.



Search - This delivered 15,714 impressions, and 2,814 clicks with a 17.9 percent CTR exceeding industry benchmark of 3.27 percent (Law & Government) and 3.82 percent (Health).



Social - This delivered 5,771,351 impressions. Facebook posts generated 4,417,990 impression, 7,536 clicks, and 102,090 video reviews. Reddit generated 1,353,361 impressions, 1,823 clicks, and 55,330 video reviews.

Conclusion

MDHHS, alongside its industry and community partners, has worked hard to address GD across Michigan. With increased call volumes, consistent treatment referrals, and a successful media campaign, the innovative and effective approaches used have resulted in impactful prevention and treatment support outcomes statewide. Looking ahead to FY25, MDHHS plans to expand its workforce, strengthen services for younger and veteran populations affected by GD, provide Michigan focused GD research, and provide specialized training in gambling and gaming related treatment. MDHHS remains focused on serving the Michigan public with a vision for healthier communities.

MDHHS does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics and pregnancy.