DBHDS

Virginia Department of Behavioral Health and Developmental Services

Evaluation of Virginia Problem Gambling

Date July 14, 2025

A Life of Possibilities for All Virginians

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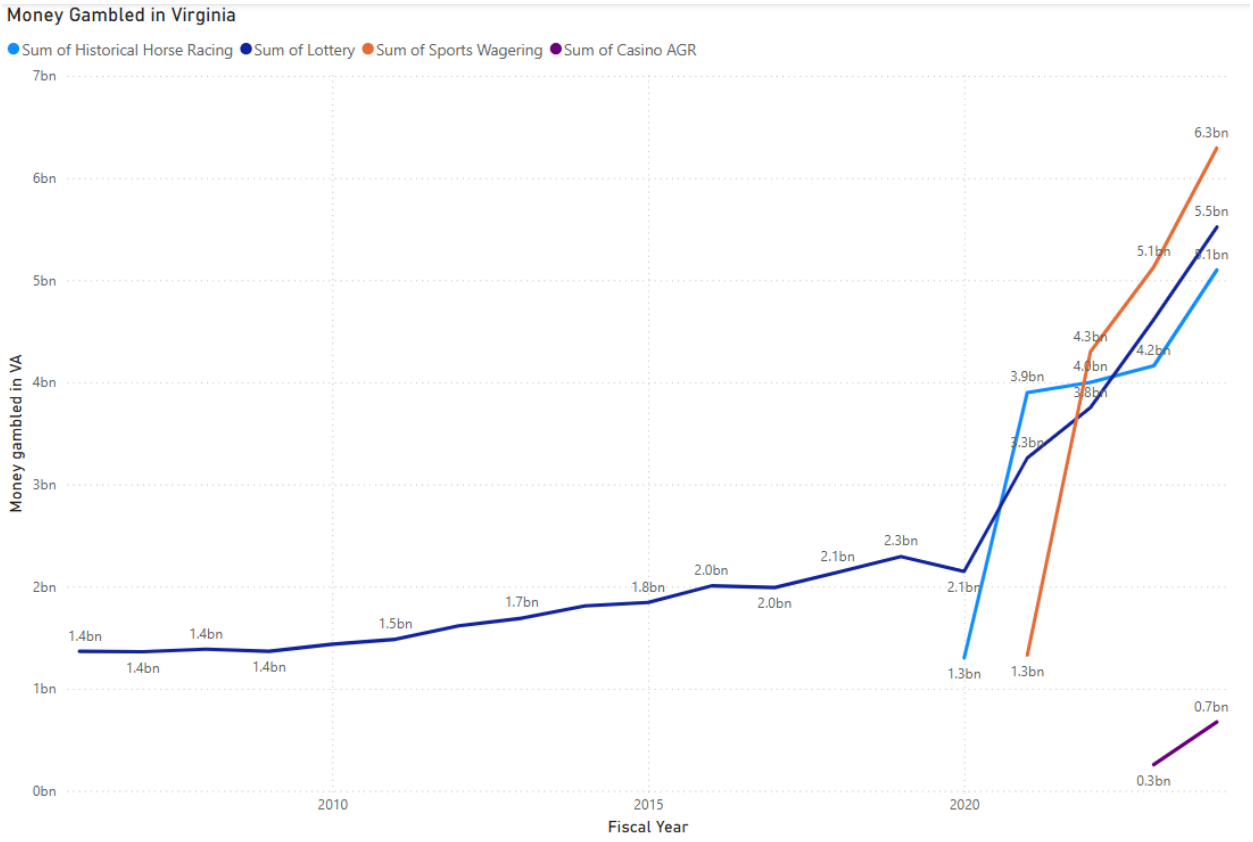
Independent evaluation conducted by the Office of Data Analytics and Visualization, Department of Behavioral Health and Developmental Services. 2025

Executive Summary

Efforts to combat problem gambling began in 2020 with the creation of the Problem Gambling Treatment and Support Fund (PGTSF) with the goal of implementing an array of activities including to design and carry out problem gambling prevention, treatment and recovery programs and offer counseling and other support services for compulsive and problem gamblers. Since FY23 the PGTSF has received, on average, approximately $4.8 million in revenue every year and was appropriated $2.6 million in FY 2025 to spend.

Money gambled in Virginia has expanded to over $12.5 billion each year.

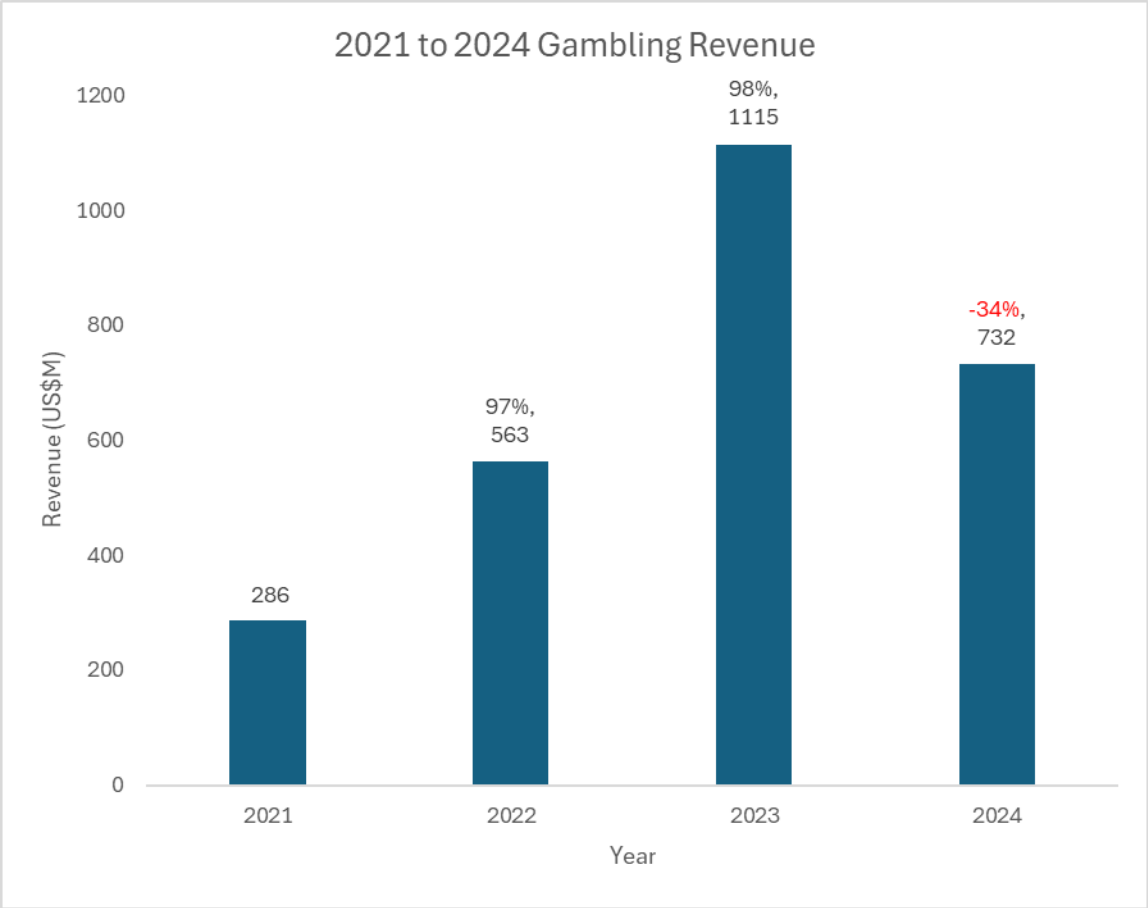


Sports wagering in Virginia was legalized and officially began in 2021. Wagering, including lottery, charitable gaming, and horse race wagering, has tripled since 2018 and is expected to grow in the future.

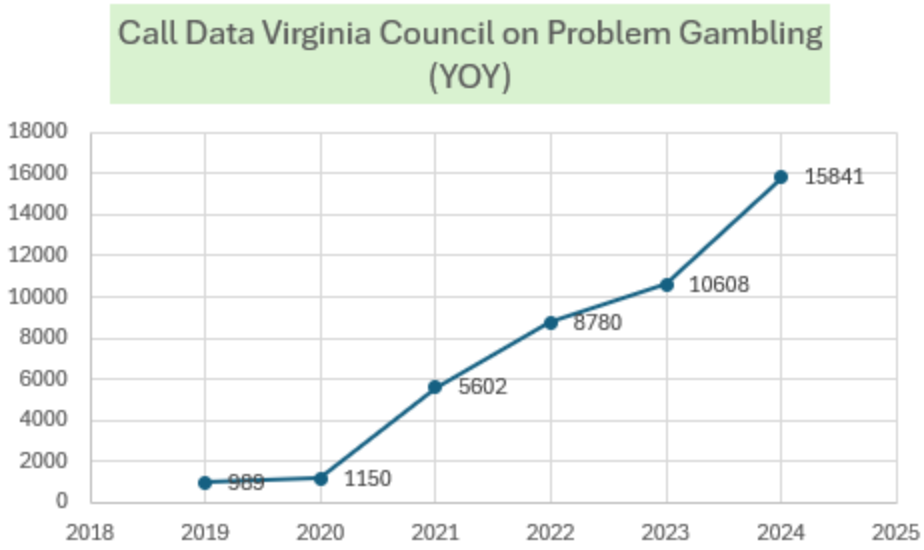
Studies indicate that there was a total of 15,841 calls made to the Helpline in 2024, and 1,002 total intakes. This is an 11% increase in intakes from 2023.

VIRGINIA: COMMERCIAL CASINO GAMING REVENUE (US$M)

In 2024, total statewide commercial casino gaming revenue reached $732.2 million.



Total revenue from casino gaming offered at Virginia's expanding land-based casino market reached $732.2 million in 2024, compared with a total of just $82.0 million in 2022. Revenue from electronic gaming devices at the three properties totaled $410.8 million, while table games revenue was $144.1 million. Sports betting revenue at Virginia's lone land-based sportsbook at Rivers Casino Portsmouth amounted to $6.6 million. Overall sports betting revenue in Virginia was $560.2 million in 2023, up 16.4 percent from the prior year.



The VA Problem Gambling Helpline saw a 49% increase in all calls (an 11% increase in intake calls) from 2023 to 2024.

Some recommendations for DBHDS and other organizations that utilize the PGTS Fund are to accommodate future trends in problem gambling, mandate a screening for problem gambling, and hire more peers.

This report also summarizes key findings on disparities in problem gambling services across Virginia, including the concentration of casinos in racially and economically marginalized communities, service usage gaps, and rates of insurance coverage. Key recommendations will be discussed further and include expanding culturally responsive services, improving data tracking, and partnering with community-based organizations to close service usage gaps for minoritized communities.

A focus group was conducted among members of the Problem Gambling Treatment and Support Advisory Committee, key stakeholders, recovery support and peers to discuss activities using the Virginia Problem Gambling Treatment and Support Funding in its mission to address and reduce the negative effects of problem gambling. Focus groups asked about: services undertaken using the fund to enable collaboration among prevention; recovery and treatment providers and operators of legal gaming in the Commonwealth on efforts to reduce the negative effects of problem gambling; effectiveness of the Problem Gambling Treatment and Support Advisory Committee enablement of coordination and collaboration of efforts to reduce negative effects of problem gambling; activities and services provided by PGTS-funded entities; and whether they have the capacity to accommodate more Virginians seeking help.

The participants shared that a variety of initiatives funded by the Virginia Problem Gambling Treatment and Support Fund have built awareness, trained peers, and engaged communities. Digital outreach (vcpg.net, social media), annual conferences, billboards, and targeted presentations have expanded education on problem gambling.

The Advisory Committee created under Senate Bill 836 shows promise but focus group participants shared it faces challenges: meeting agendas favor reporting, legislative members occasionally miss meetings, and recovery voices remain underrepresented.

Key recommendations include broadening and stabilizing committee membership (especially adding legislators and recovery peers), continuing to share materials ahead of meetings to drive collaboration, and improving communication around committee activities.

Current services operate efficiently—no staff turnover and 24-hour response—yet future capacity may falter without more on-the-ground outreach, flexible funding reserves, mandated screening protocols, and additional peer specialists (currently one per health region).

Chapter 1. Introduction

Objective

Since 2019, there has been an expansion in gambling opportunities nationwide, with over 30 states currently offering some form of legal gambling, gaming, or sports betting. Alongside this expansion is a rise in problem gambling behaviors, and a call for increased focus on gambling and gaming within the prevention community. In 2021, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) received funding from fees and taxes collected from gambling operators to support prevention efforts targeted at problem gambling and gaming. DBHDS, in partnership with the OMNI Institute, leveraged these funds to support Community Services Boards (CSBs) across the Commonwealth in conducting needs assessment efforts that would allow for a greater understanding of community behaviors, knowledge, attitudes, and environments related to gaming and gambling using two primary methods – a qualitative assessment of community readiness and an environmental scan. OMNI Institute is a non-profit social science consultancy that provides integrated research, evaluation, and capacity building services to foster understanding, guide collaboration, and inform actions that accelerates change toward a more equitable society. The objective is to work with the Problem Gambling Prevention Coordinator and the Problem Gambling Treatment and Support Advisory Committee to develop a comprehensive evaluation plan to address the negative impacts of problem gambling, gather data to understand the reach and impact of activities currently being implemented across Virginia, and assess needs, gaps, and areas for improvement in future delivery of problem gambling services.

Purpose and Scope

The purpose of this evaluation is to examine the following research questions: (1) What activities and services have been undertaken using the Virginia Problem Gambling Treatment and Support Funding in its mission to address and reduce the negative effects of problem gambling? (2) How effective has the Problem Gambling Treatment and Support Advisory Committee been in enabling coordination and collaboration of efforts to reduce negative effects of problem gambling? (3) What recommendations might the Committee consider to continue or improve upon its current efforts? and (4) Do current activities and services provided by PGTS-funded entities, have the capacity to accommodate more Virginians seeking help?

Brief History of Gambling in Virginia

Virginia has three entities charged with regulating various forms of legal Gambling.

Charitable gaming is legalized in Virginia in 1973, allowing local governments to regulate nonprofit organizations conducting certain forms of gambling for fundraising purposes. The Office of Charitable and Regulatory Programs (OCRP) promotes the integrity of charitable gaming activities in the Commonwealth.

In 1987 The Virginia Lottery is created and charged with the licensing and regulatory oversight of all casino operations. Prior to operating a casino or working with or in a casino, companies and individuals meeting certain definitions must be issued one of the following licenses: facility operator license, supplier permit or a service permit.

The Virginia Racing Commission was formed to promote, sustain, grow, and control a native horse racing industry with pari-mutuel wagering by prescribing regulations and conditions that command and promote excellence and complete honesty and integrity in racing and wagering in 1989.

Exhibit 1.1 below shows a timeline of gambling related activity since 1973.

Year	Event
1973	Charitable Gaming legalized in Virginia.
1987	The Virginia Lottery created.
1988	First lottery ticket sold 9/20/1988. For ages 18 and older. Unclaimed lottery prizes go to Literary Fund.
1989	Wagered horse racing legalized.
1996	Charitable gaming oversight switched from local to State
1999	State budget amendment directs lottery proceeds from General Fund specifically to K-12 public schools.
2000	Virginians vote to establish the Lottery Proceeds Fund; now a permanent part of VA Constitution.
2018	Pre 2018 – tickets purchased from licensed retailers (some products available via subscription on Lottery website). July 2018, mobile app launched allowing players to purchase tickets when tethered to Lottery retailer via Bluetooth connection
2019	May, Mobile Play e-games were added to the app, including paying by bank, cash, debit card, paypal. Play had to occur within Bluetooth range of licensed retailer. Rosie's historical horseracing gambling opened.
2021	January, first licensed sportsbook operators begin accepting wagers. Licensed operators added during 2021. Wagers on professional and non-VA college sports permitted. June, All Skill machines not in licensed casinos removed. Fall 2021 Judge put a stay on order allowing skill machines to turn back on Voters in Norfolk, Danville, Portsmouth and Bristol pass referenda to bring casinos to those localities.
2022	July, Hard Rock opens its temporary casino operation in Bristol, becoming Virginia's first temporary casino facility.

2023	January, Rivers Casino located in the Hampton Roads city of Portsmouth, Virginia, opens in full capacity as Virginia's first permanent full-service casino. May, Danville Casino opens as the temporary version of Caesars Virginia.
2024	November, Hard Rock Hotel & Casino opens in full in Bristol.
2025 - 2026	The temporary site for HeadWaters Resort & Casino is expected to open in Norfolk, Virginia in late 2025. The temporary site for Live! Casino & Hotel Virginia is expected to open in Petersburg, Virginia in 2026.

Expanded Gambling: Sports Betting

Sports betting was legalized in April 2020, with the first wagers being accepted in January 2021. Online sports betting launched in January 2021. This launch allowed people in Virginia to place sports bets online from any location within the State.

Exhibit 1.3 shows the partnerships between the mobile retail sportsbook and the casino with which it is affiliated.

Exhibit 1.3

Virginia Based Retail Sportsbooks

Casino	Retail Sportsbook	Location	Retail Launch Date
Hard Rock Casino Bristol	Hard Rock Bet Virginia	Bristol	July 8, 2022
Rivers Casino	BetRivers	Portsmouth	January 23, 2023
Caesars Virginia	Caesars Sportsbook Virginia	Danville	December 17, 2024

Other online sportsbooks associated with Virginia brick and mortar establishments are listed in Appendix D.

Virginia Funds Problem Gambling Services through the Problem Gambling Treatment and Support Fund (PGTSF)

In 2020, the Virginia Legislature and Governor passed a law allowing the legalization of Casinos and Sports Betting in the Commonwealth. With the passage of this law, they also created the Problem Gambling Treatment and Support Fund (PGTSF) managed by DBHDS. A portion of tax revenues would be deposited into the PGTSF to mitigate problem gambling due to this expansion of legalized gambling beginning in 2021.

Tax revenue streams that contribute the PGTSF include:

- **Sports Betting Taxes:** Starting January 2021, the fund receives 2.5% of taxes paid by sports betting operators. In FY25 (July 2024–June 2025), the fund collected $2.584,864 which is six times more than FY22 due to a full year of funding, more operators, and a tax law change disallowing deductions for promotions and bonuses.
- **Casino Taxes:** Revenue from casinos began in FY23 with the first casino opening in July 2022 (Bristol), the second in January 2023 (Portsmouth), and the third in May 2023 (Danville). The fund receives 0.8% of casino taxes, amounting to $1,256,369 in FY25.
- **Horse Racing Licensee Retainment:** Starting August 2023, the fund receives 001% of horse racing licensee retainment under § 59.1-392. Historical Horse Racing Electronic Games contributed $477,829 in FY25.
- **Casino Fines and Unclaimed Prizes:** These contributed $909,569 to the fund in FY25.

Brief History of the Problem Gambling Treatment and Support Fund (PGTSF)

The Problem Gambling Treatment and Support Fund (PGTSF) was created in 2020 to help mitigate any potential problems that may occur as a result of expanding gambling in Virginia. Collection of revenues into the fund began in January 2021. Initially, there were two sources of revenue for the PGTS Fund: sports betting and a temporary fee on illegal skill games, also known as "gray machines." The first problem gambling position at DBHDS was filled at the end of May 2021, so distribution of funds to begin building problem gambling services in Virginia did not begin until FY 2022. Since electronic gambling machines ceased to be regulated as of July 2021, no revenues from this source were collected after August 2022. Table 1 provides a comparison of Problem Gambling Treatment & Support fund budget versus expenditures for FY 2025. Table 2 describes revenues collected for the fund during FY 2025.

Table 1. PGTSF Budget Allocation and Expenditures

Item	Budget	Expenditure	Explanation
Administrative	$210,747	$211,848	Salary and benefits for 2 FTEs, supplies, printing, technology, and operations
Workforce Development	$13,888	$10,887	Training for staff, providers, and community organizations on problem gambling. Organizational memberships, conference fees.
CSB Grants	$921,500	$921,500	Grants to 39 CSBs to build capacity, workforce development, implementation on problem gambling prevention services and promotion of problem gambling services. Including participation in evaluation, curriculum and media development.
VCU MOA	$1,207,496	$1,194,897	Dollar amount reflects remaining amount for 12 months of a 15-month contract. MOA with VCU to expand a network of treatment and recovery providers and

			provide training on PG services and reimburse for services. And $20,000 contract with Evive to pilot the app.
VDH MOA	$12,000		Add 2 questions to the VDH adult behavioral health survey.
OMNI contract	$140,000	$140,000	Contract to coordinate development of Problem Gambling Prevention curriculum for public schools, media campaign, dashboard, CSB training, and strategic plan.
DBHDS Research and Eval Contract	$100,000	$37,622	Contract for professional evaluation of PG services
Travel	$5,000	$3,492	Travel for conference, meetings, site visits
Education and Promotion	$12,000	$11,611	Promotion and educational materials
Total	**$2,622,631**	**$2,531,857**	**Budget Allocation - Expenditure**

Table 2: PGTS Fund Revenues

The following table shows the details of revenues occurring in FY2025.

Code	Description	Amount
1135	Hx Horse Betting	$477,829
1208	Sports Betting Tax	$2,584,864
1209	Casino Gaming Tax	$1,256,369
7108	Interest	$266,462
8120	Game Ref – Casino Fines	$0
9035	Gaming Prize – Unclaimed Casino Prizes	$909,569
Total		**$5,495,094**

In FY 2023, $2 million was allocated to the PGTSF. The PGTSF received $2.6 million in revenue for FY 2023. These revenues came from various sources, including sports betting, casinos, historical horse racing, gaming, and interest. As the demand for problem gambling prevention, treatment and recovery services continues to grow across the Commonwealth, expenditures are on the rise. In FY 2023, $1.2 million was spent on these services. DBHDS projects the needed allocation for FY 2026 to exceed $4.2 million, reflecting the nearly complete development of problem gambling services.

The National Council on Problem Gambling recommends prevalence studies as a best practice for state problem gambling committees due to the fact that they can advise policymakers about various relevant factors, such as the rate of disordered gambling within a population, the extent of gambling-related harm, the factors associated with problem gambling, and how effective the initiatives undertaken to reduce gambling-related harm have been. Conducting prevalence studies periodically enable changes in problem gambling trends to be tracked over time.

Virginia has not conducted a prevalence study on all Virginians on problem gambling and does not have a law requiring the conduction of periodic prevalence studies. There are no plans to conduct future statewide prevalence studies to identify trends in gambling behaviors, aside from the DBHDS bi-annual survey of young adults in Virginia where prevalence is tracked in this population.

The National Council on Problem Gambling published results of a national survey on problem gambling trends and insights called the National Survey of Gambling Attitudes and Gambling Experiences 2.0 (NGAGE 2.0) in April 2021, when sports betting was legal in 21 states. A prevalence rate was not calculated for disordered gambling.

The national survey findings included the following:

- The number of people displaying risky gambling behavior increased from 2018 to 2021.
- The greatest predictors of risk identified in this study include participation in many different gambling activities, agreeing that gambling is a good way to make money, participation in fantasy sports or traditional sports betting, frequently trading investments, and being under the age of 45.
- Young adults continue to be at a high risk of gambling problems.
- Gambling remains a popular American pastime.
- Nationally, the status of sports betting legalization in a state appears to have made little difference on sports gambling participation in that state.
- Online wagering grew at a rapid rate.
- Some forms of gambling showed significant growth.
- The COVID-19 pandemic had a major effect on gambling behavior.
- People who traded investments frequently, also gambled frequently with high levels of problematic play.
- A large share of the population continues to misunderstand or stigmatize problem gambling.

Furthermore, A 2024 report from the Virginia Council on Problem Gambling (VCPG), while not a prevalence study, produced many findings on helpline trends in problem gambling in Virginia. Calls to the Virginia Problem Gambling Helpline increased by 43% from 2023, reflecting the growing need for accessible support. VCPG expanded its digital presence and community engagement efforts and reached Virginians through its website, social media platforms, webinars, and monthly newsletter. They also strengthened partnerships with partner organizations, peer workers, and dedicated members.

69% of callers to the Helpline were male, while 31% were female. 0.3% were aged 18 or under, 13% were 18-24, 28% were 25-34, 21% were 35-44, 14% were 45-54, and 14% were 55-64. 82% of callers were calling for themselves, while 18% were calling for others.

There was a total of 15,841 calls made to the Helpline in 2024, and 1,002 total intakes. Prominent financial ramifications of callers included that they spent all extra money, were late on bills, had spent savings, had borrowed from friends/family, and had credit card debt. Internet non-sports gambling comprised 25% of forms of gambling, slots at the casino more than 20%, sports more than 20%, Casino Other 20%, Lottery more than 5%, Skill Games 5%, Table Games more than 1%, Other more than 1%, and the Stock Market 1%.

In 2024, VCPG also started collaborating with the Virginia Partnership for Gaming and Health (VPGH) at Virginia Commonwealth University, which is the treatment and recovery services contract with DBHDS.

Recommendation 1: It is recommended that Virginia conduct a prevalence study on problem gambling in order to assess the prevalence of disordered gambling among Virginians. This study would need to be funded.

While Virginia also does not mandate screenings for problem gambling, other states such as Maryland use the National Opinion Research Center (NORC) Diagnostic Screen for Gambling Disorder (NODS) tool to conduct screenings for problem gambling. Researchers ask survey respondents about various questions about their gambling disorder and how gambling has impacted their life, such as the following:

- Have you ever lied to family members, friends, or others about how much you gamble or how much money you lost on gambling?
- Have you ever tried but not succeeded in stopping, cutting down, or controlling your gambling?
- Have you ever written a bad check or taken money that didn't belong to you from family members or anyone else in order to pay for your gambling?
- Has your gambling ever caused serious or repeated problems in your relationships with any of your family or friends?
- Has your gambling ever caused you to lose a job, have trouble with your job, or miss out on an important job or career opportunity?

The screening yields a total score between 0 and 10, and participant responses are scored against criteria for problem gambling. A total score of 1 or 2 is marked "at risk," 3 or 4 indicates a "problem gambler" and 5 to 10 is "pathological gambler."

Recommendation 2: It is recommended that DBHDS mandate a screening for problem gambling for any organization that is licensed by DBHDS that asks questions about SUD and Mental Health Challenges. This effort would need to be resourced for DBHDS licensing to be able to conduct the screening and monitor results for compliance. In addition, further exploration would be needed to ensure DBHDS can conduct this screening without additional General Assembly authorization.

Chapter 2: How is Virginia Addressing Problem Gambling at Present?

What activities and services have been undertaken using the Virginia Problem Gambling Treatment and Support Funding in its mission to address and reduce the negative effects of problem gambling?

A number of activities and services have been undertaken using the Virginia Problem Gambling Treatment and Support Fund to address and reduce the negative effects of problem gambling. DBHDS contracts with VCU to provide 1. training and consultation to providers on treating gambling disorders; 2. training and certification of Peer Recovery Specialists (PRS) for Problem Gambling services; 3. hiring five (5) PRS staff to provide recovery services and triage of helpline callers; 4. and to provide reimbursement of treatment and recovery services provided by providers within the network to clients who do not have insurance or are unable to pay. This contract is called the Virginia Partnership for Gaming and Health (VPGH).

The VPGH has developed and updated a website at https://vpgh.vcu.edu/ that provides information about the Virginia Partnership for Gaming and Health as well as an overview of problem gambling and additional resources. They also conducted social media outreach and created and attended public events. The VPGH and DBHDS has hosted numerous webinars, trainings, and summits to improve awareness and knowledge of problem gambling.

The VPGH has also publicized problem gambling on billboards along Interstate 81. They began training the peer workforce in 2022 on Peer problem gambling services, prior to this no training was available for this. This was done by setting up a regular training schedule and lunch and learns. They collaborated with VCU and lifeworks, made presentations, and conducted trainings for the Certified Peer Recovery Specialist (CPRS).

DBHDS and VPGH have also conducted presentations for Community Services Boards (CSBs), made television appearances, has worked with VCU and the international problem gambling organization, and has certified some of the peers internationally. The team continues to work with CSBs, create awareness for problem gambling through the primary physician group, create partnerships with universities, and create internships with students. They have attended tabling events and have addressed specific communities through presentations such as older adults attending college or student athletes.

VCPG and VCU have also collaborated with the Appalachian Substance Abuse Coalition and has created a workgroup to examine the comorbidity between Substance Use Disorder (SUD) and problem gambling. They have found that comorbidity levels are extremely high. Gambling problems are often highly comorbid with other substance use disorders. According to a study published in the National Library of Medicine, lifetime substance use disorders in people with problem gambling may be as high as 28%–50% (Welte et al., 2001; Lesieur et al., 1986). In addition, the National Opinion Research Center, the National Comorbidity Survey Replication (NCS-R) study, and the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) have all reported rates of alcohol and other drug problems of approximately 4–7 times higher among problem gamblers.

Virginia has several established publicly and privately funded organizations to help alleviate the risks of problem gambling such as the Problem Gambling Treatment and Support Advisory committee, the Virginia Council on Problem Gambling (VCPG), and The Department of Behavioral Health and Developmental Services (DBHDS), the Community Services Boards (CSBs) in Virginia as well as the VA Partnership for Gaming and Health overseen by VCU.

The Department of Behavioral Health and Developmental Services manages the use of the Problem Gambling Treatment and Support Fund (PGTSF). DBHDS contracts with 39 of the 40 Community Services Boards to provide Problem Gambling Prevention and Promotion strategies across the State. These strategies include, information disseminations, education, capacity building, assessment, policy and environmental activities. A few CSBs also developed websites specific to problem gambling, for example https://svpgc.org/ and https://www.preventproblemgambling.org/.

The "Beyond the Bet" campaign was created in 2025 by DBHDS, the Omni Institute, and CSB representatives. The campaign targets the general public, with a particular focus on young adults, and is designed to raise awareness of the risks and realities of sports betting. Its messaging emphasizes protective factors, informed decision-making, and responsible gambling, and intentionally avoids fear-based or stigmatizing approaches.

To support implementation, DBHDS developed a communications toolkit for CSBs to disseminate within their communities. The toolkit is publicly available on the DBHDS website at dbhds.virginia.gov/problem-gambling-support/#toolkit-materials. Importantly, CSBs that receive problem gambling funds are required to disseminate these materials as part of their local prevention efforts. Examples of toolkit materials are found below:

The Beyond the Bet toolkit provides a cost-effective mechanism to ensure consistent, evidence-informed messaging across the Commonwealth. However, the current approach is limited in scope and reach. Dissemination requirements focus primarily on distribution of materials rather than on best practices for promotion, audience targeting, message frequency, or integration into broader media strategies. In addition, there is no structured mechanism for tracking exposure, measuring reach, or evaluating changes in awareness, attitudes, or help-seeking behavior attributable to the campaign.

As a result, statewide media and social media efforts to prevent and reduce problem gambling rely heavily on passive distribution of materials and localized capacity, rather than on a coordinated public health communications strategy. This limits the ability to reach populations at

higher risk for gambling-related harm, including young adults, individuals exposed to intensive sports betting advertising, and communities with limited awareness of available prevention and treatment resources.

A comprehensive statewide media or informational campaign would allow Virginia to move beyond toolkit dissemination toward a more intentional, measurable, and equitable prevention approach. Such a campaign could include paid and earned media, digital and social media placement, partnerships with higher education institutions and employers, and targeted outreach in settings where gambling exposure is high. Importantly, it would also create opportunities to establish benchmarks, track performance metrics, and assess impact over time. If a statewide prevalence study is conducted, its findings should directly inform campaign design, including audience segmentation, message framing, geographic targeting, and resource allocation. Aligning campaign content with prevalence data would ensure that prevention efforts respond to documented patterns of gambling behavior and harm, rather than relying solely on general awareness messaging.

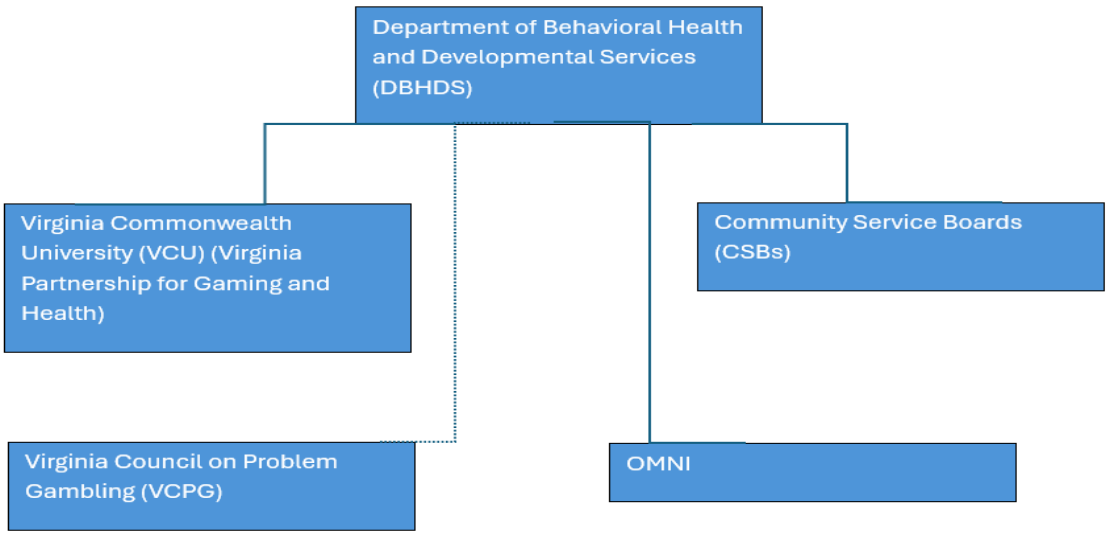
Recommendation 3: It is recommended that Virginia develop and fund a statewide media or informational campaign on problem gambling to reduce disordered gambling among Virginians. The campaign incorporate findings from a statewide prevalence study if conducted, include clear expectations for promotion strategies, audience reach, and evaluation, and may build on the Beyond the Bet campaign. Dedicated funding is necessary to ensure sufficient scale, sustainability, and the ability to measure outcomes.

While DBHDS has not directly contracted with VCPG, it has paid to have materials printed for them and for translation of materials for them.

DBHDS contracts with OMNI for statewide PG strategic planning, dashboard creation, data analysis, curriculum development, and media campaign development. Examples of the dashboards and other reports developed by OMNI and DBHDS are available here https://www.vasis.org/pgts and https://dbhds.virginia.gov/behavioral-health/behavioral-health-wellness/

Exhibit 2.1 displays the relationship between organizations using the PGTSF as well as the flow of PGTSF dollars from DBHDS out to specific users of the fund.

Exhibit 2.1



Organizations outside the Department of Behavioral Health and Developmental Services

There are some organizations which help individuals recovering from problem gambling and/or promote responsible gambling that do not use PGTS funds.

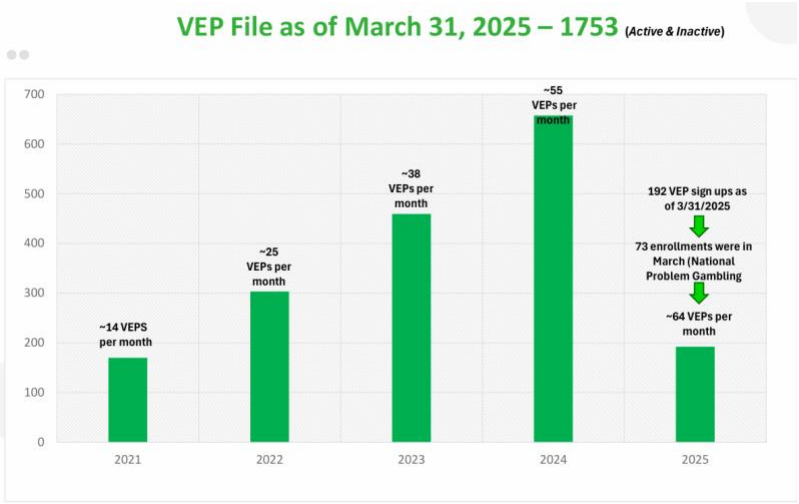
All three of the following agencies provide some form of responsible gaming services. The Virginia Lottery oversees gaming activities at Virginia casinos and sports betting, covering slot machines as well as table games, while the Virginia Department of Agriculture and Consumer Services oversees charitable gaming and the Virginia Racing Commission oversees horse racing. Casino gambling is regulated by the Virginia Lottery, which also manages responsible gambling initiatives.

The VA Lottery assures that approved responsible gambling plans are established by casinos and sportsbook licensees. They also supervise responsible gaming training efforts regarding responsible gambling. The VA Lottery conducts the licensing for casinos and checks to ensure they are adhering to the responsible gambling program. They also conduct checks of the casinos to ensure that they are following the regulations the Lottery has set for them. This role also manages the Voluntary Exclusion Program.

The Voluntary Exclusion Program (VEP) allows an individual to voluntarily exclude themselves from Virginia casino gaming establishments, sports betting, account-based lottery, and gaming activities administered by the Office of Charitable and Regulatory Programs and the Virginia Racing Commission. A person can opt to be on the list for two years, five years, or a lifetime. The Lottery automatically removes individuals from the self-exclusion list after the end of their exclusion period. Those individuals who wish to extend their self-exclusion for another two or five years are advised to contact the Lottery prior to the end of their exclusion period. If an individual is caught gambling during their exclusion period any winnings are subject to forfeiture and are donated to the Commonwealth's Problem Gambling Treatment and Support Fund. They may also be subject to trespassing charges if they are caught on the gaming floor of a casino.

Exhibit 2.2 below breaks down the average number of <u>new</u> enrollees in the Virginia VEP program per month.)

Exhibit 2.2



Under current VSE guidelines, enrollees cannot choose to allow a peer recovery specialist to contact them. Instead, the person signing up for the VSE has to contact the Problem Gambling Helpline separately in order to be connected with a peer. It is recommended to revise the application to automatically allow peer recovery specialists to contact enrollees unless the enrollee opts out. At present, if an enrollee in the VSE program violates self-exclusion, criminal charges may be filed against them from the casino, but a specialist cannot contact them to offer support.

It is recommended that DBHDS work with the Virginia Lottery to consider modifying the VSE program application form to allow a peer recovery specialist to contact the VEP enrollee automatically, unless the enrollee chooses against it by selecting “No Contact” on the application.

The Virginia Lottery analyzes Voluntary Self-Exclusion (VSE) data to find insights and trends in the impact gambling expansion is having on the State. There were ~14 new sign-ups to the VSE program per month in 2021, ~25 new per month in 2022, ~38 new per month in 2023, ~55 new per month in 2024, and ~64 new per month in 2025. The average age of those signing up for the Voluntary Exclusion Program was 40, and there were 1646 active in the program as of June 23, 2025. The region of Norfolk had the highest number of enrollees at 44.

The Department of Behavioral Health and Developmental Services

The Department of Behavioral Health and Developmental Services was formed in 1942. One of the purposes of the organization as it pertains to problem gambling is to be a statewide resource that organizes and optimizes resources to tackle problem gambling in Virginia.

Recovery Programs

External to DBHDS, recovery programs support individuals suffering from disordered gambling outside of state-funded resources. One program includes the Williamsville wellness program, which has in-patient problem gambling treatment services and doesn't get reimbursed through the PGTS fund. It is unknown how many individuals utilize these programs as attendance data is not public. There are only six locations offering Gamblers Anonymous in Virginia.

Casinos and Racinos

Ten casinos and racinos operate in the state of Virginia, as shown in **Exhibit 2.3**. Per Lottery regulations, every casino must create and carry out a responsible gaming strategy. Per State regulation, the Virginia Racing Commission which oversees the racinos, must carry out a responsible gaming plan.

Exhibit 2.3

Casino/Racino Name	Operation Status	City/County	CSB Service Area
Hard Rock Casino Bristol	Active	Bristol	Bristol Area
Caesars Virginia	Active	Danville	Danville Pittsylvania
Norfolk Casino	Broke ground October 30, 2024. A transitional casino will open in Oct. 2025, and the permanent casino will open in Sep. 2027	Norfolk	Norfolk
Live! Casino and Hotel Virginia	Construction has not started. This $1.4 billion casino and hotel will be built in phases with the first-phase casino opening in 2026. Voters in Petersburg approved a ballot measure on Nov. 4, 2024. The location is 25 miles south of Richmond	Petersburg	Greater Reach Area
Rivers Casino Portsmouth	Active	Portsmouth	Portsmouth
Rosie's Gaming Emporium	Active	New Kent/New Kent County	Henrico Area
Rosie's Gaming Emporium	Active	Vinton/Roanoke County	Blue Ridge Behavioral Health
Rosie's Gaming Emporium	Active	Richmond	Richmond
Rosie's Gaming Emporium	Active	Dumfries/Prince William County	Prince William County Area

Rosie's Gaming Emporium	Active	Collinsville/Henry County	Piedmont Area
Rose Gaming Resort	Active	Dumfries/Prince William County	Prince William County Area
Rosie's Gaming Emporium	Active	Emporia	Greater Reach Area
Roseshire Gaming Parlor	Website says: "Coming Soon" no confirmed opening date yet	Henrico County	Henrico Area

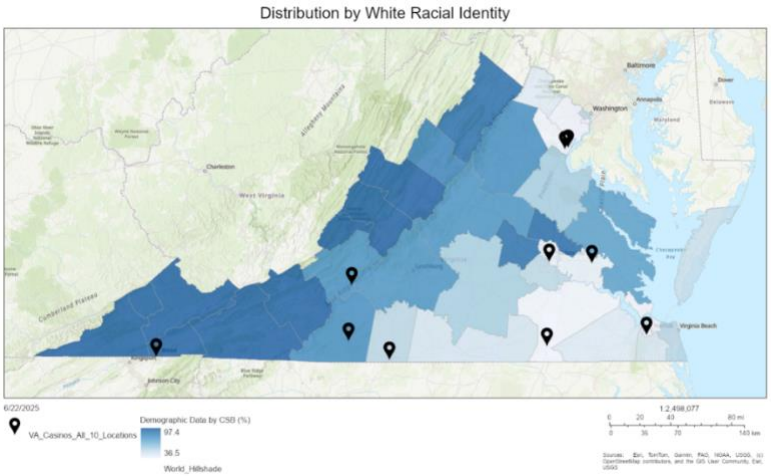
Addressing Demographic Disparities in Gambling Service Utilization: Casino Geography and Demographics

As gambling expands across Virginia, it is critical to address emerging public health risks and service inequities. Though a consistent link between casino expansion and increased problem gambling rates has not yet been established, recent research suggests that proximity to casinos may increase problem gambling risk and adversely impact social determinants of health. In the Northeast, proximity to casinos has been shown to worsen poverty levels over time.[1] Furthermore, in California, easy access to casinos has been shown to increase problem gambling risk in college students.[2] As of June 2025 in Virginia, there are currently ten active casinos and racinos (including Rosie's) in Virginia, with two additional casinos pending construction. The expanded rollout of casinos in Bristol, Danville, and Portsmouth have paralleled increases in helpline volume, treatment demand, and risk exposure.[3] These patterns suggest that casino placement may play a structural role in exacerbating problem gambling-related health outcomes.

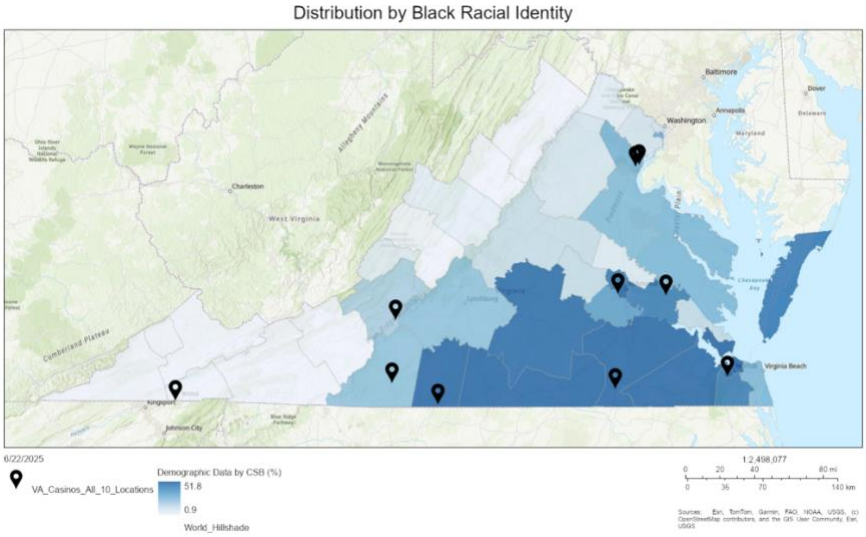
To assess the role of casino/racino placement in shaping problem gambling disparities, DBHDS analyzed service usage data from the 2017-2023 Virginia Health Information, All Payor Claims Database, demographic data from the 2017-2021 Virginia Well-Being Dashboard Index, and current casino location and operational status information. Demographic (i.e., race, ethnicity, limited English households) and social determinants of health (e.g., insurance coverage, median household income, well-being indices) for all 40 state CSBs, this is shown alongside casino placement in Appendices H and J. Detailed demographic and social determinants of health data for CSBs containing casinos (active and pending) is shown in Appendix K. After examining overall demographic trends by CSB and casino location, DBHDS observed the following statistically significant differences:

[1] O'Gilvie, P. J. (2023). The effects of casino proximity and time on poverty levels in New York City. *Humanities and Social Sciences Communications*, *10*(1), 1-9.
[2] Fong, T. W., Campos, M. D., Rosen, A., & Rosenthal, R. J. (2011). Does easy access to casinos influence addictive gambling behavior by college students? The potential role of tribal gaming in America. *Journal of Gambling Studies*, *27*(3), 503–510
[3] Joint Legislative Audit and Review Commission. (2019). *Gaming in the Commonwealth* (Report No. 527). Commonwealth of Virginia.

- CSBs with a casino/racino have a significantly lower average percentage of white residents (58%) compared to CSBs without a casino/racino (71%). This indicates that casinos are generally not located in predominantly white areas, as shown below[4]:

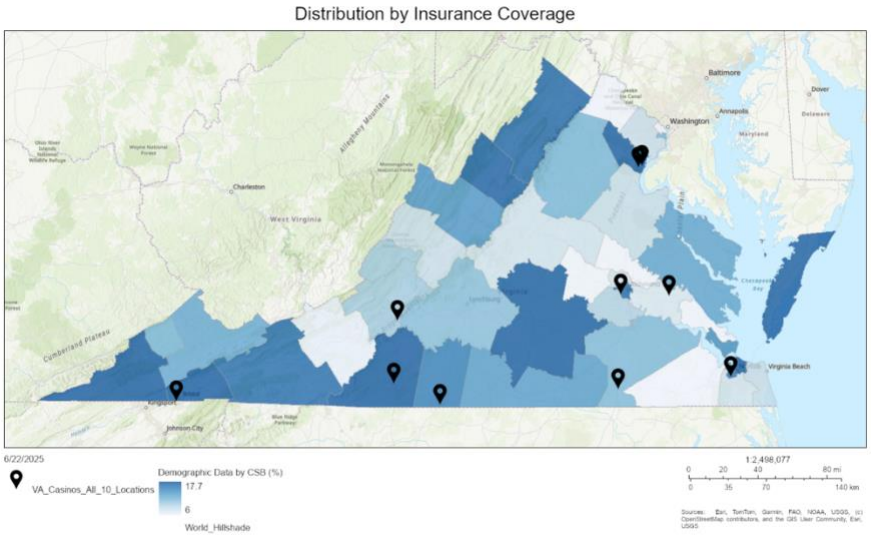


- CSBs with a casino/racino have a significantly higher average percentage of Black residents (28%) compared to those without a casino/racino (16%). This suggests that casinos tend to be located in areas with a higher proportion of Black residents, as shown below[5]:



- The average percentage of uninsured adults is significantly higher in CSBs with a casino/racino (13%) than in those without one (11%). This indicates that casinos/racino are more often located in areas with higher rates of uninsured adults, as shown below[6]:

[4] Distribution by white racial identity, measured by percentage. Darker regions indicate higher percentage of white individuals, whereas lighter regions indicate lower percentage of white individuals.
[5] Distribution by Black racial identity, measured by percentage. Darker regions indicate higher percentage of Black individuals, whereas lighter regions indicate lower percentage of Black individuals.
[6] Distribution by insurance coverage, measured by percentage of uninsured adults. Darker regions indicate higher percentage of uninsured adults, whereas lighter regions indicate lower percentage of uninsured adults.



Empirical evidence shows demographic disparities aligning with casino/racino location. To address these disparities, the following can be considered:

- **Recommendation 4:** Virginia Lottery Board (or other agency with casino regulatory authorization) incorporates a Health Equity Impact Assessment into all new casino sites and licensing processes. This assessment should evaluate potential health risks for economically and racially minoritized communities and include structured community input and engagement. This mirrors the model used in western Massachusetts, where a dedicated Health Impact Assessment on public health effects was conducted during the Springfield/Palmer casino decision process, resulting in targeted recommendations grounded in local data and community voice.[7]

- **Recommendation 5:** Leverage Virginia's existing No Wrong Door infrastructure, in collaboration with Virginia Department for Aging and Rehabilitative Services (DARS), to integrate problem gambling support into the system. This would allow individuals to access problem gambling services through the statewide helpline, community providers, and peer networks without formal diagnosis or insurance, thereby expanding access.

Problem Gambling Fund: Revenues

The Virginia Legislature created the special, non-lapsing PGTS Fund through legislation implemented in CY 2021. The Department of Behavioral Health and Developmental Services collects revenues for the PGTS Fund from the following nine sources:

[7] Public Health Institute of Western Massachusetts. (2013). *Western Massachusetts Casino Health Impact Assessment*.

- **Unclaimed Winnings from Casinos:** A winning jackpot that is unclaimed by the winner within 180 days becomes State property and is distributed to the PGTS.
- **Sports betting:** The PGTS fund receives 2.5% of Sports Betting taxes paid to the State.
- **Casinos:** The PGTS fund receives 0.8% of Casino taxes paid to the state. This includes slot machines, table games, and all gaming machines within the casinos.
- **Casino Fines:** A revenue source to the fund comes from Casino Fines and unclaimed prizes, under code 11VAC5-90-20.**Violations of the VEP:** When gamblers enroll themselves in Virginia's VSE, they agree on their application that if they violate the self-exclusion and gamble while on the voluntary exclusion list, any winnings will be withheld. Such winnings are deposited to the PGTSF.
- **Historical horse racing:** Under code § 59.1-392, the State receives 0.01% of historical horse racing taxes.
- **Casino Unclaimed Prizes:** A revenue source to the fund comes from Casino unclaimed prizes, under code 11VAC5-90-20.
- **Skill Games: Temporarily in FY 2021,** 2% of the revenue from gambling machines goes to the PGTSF.
- **Interest:** The final revenue source is from interest accrued on the PGTSF account.

Exhibit 2.4 below shows the PGTSF amounts transferred to DBHDS by calendar year

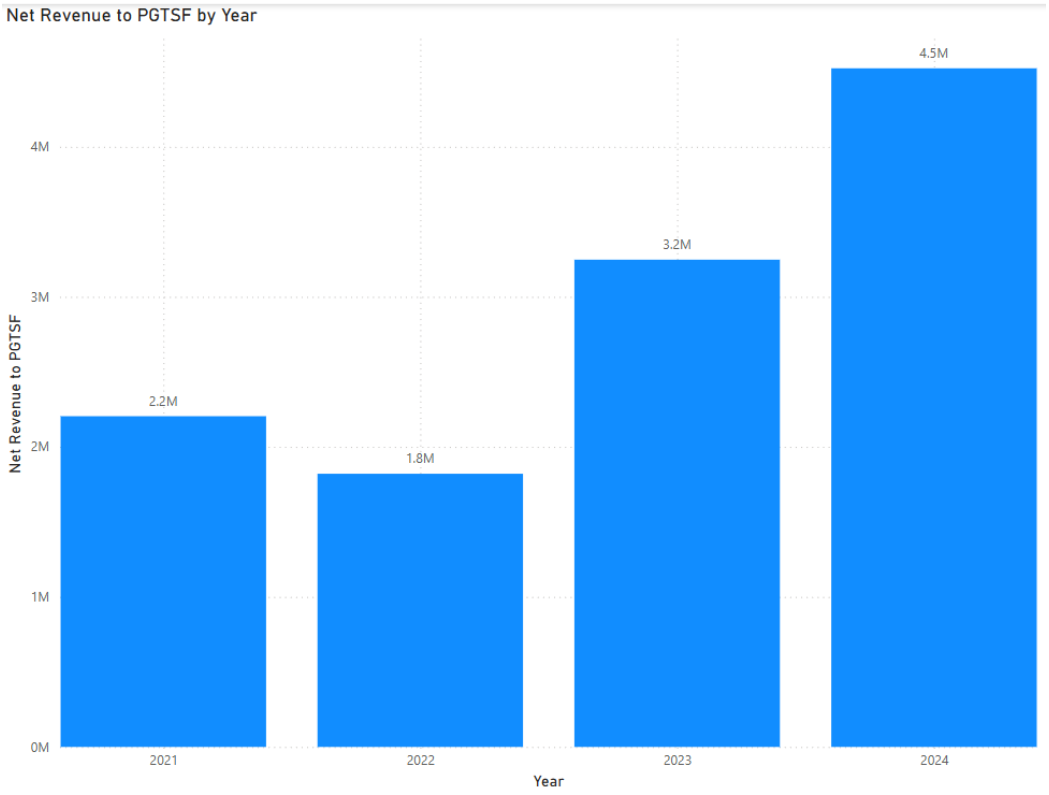
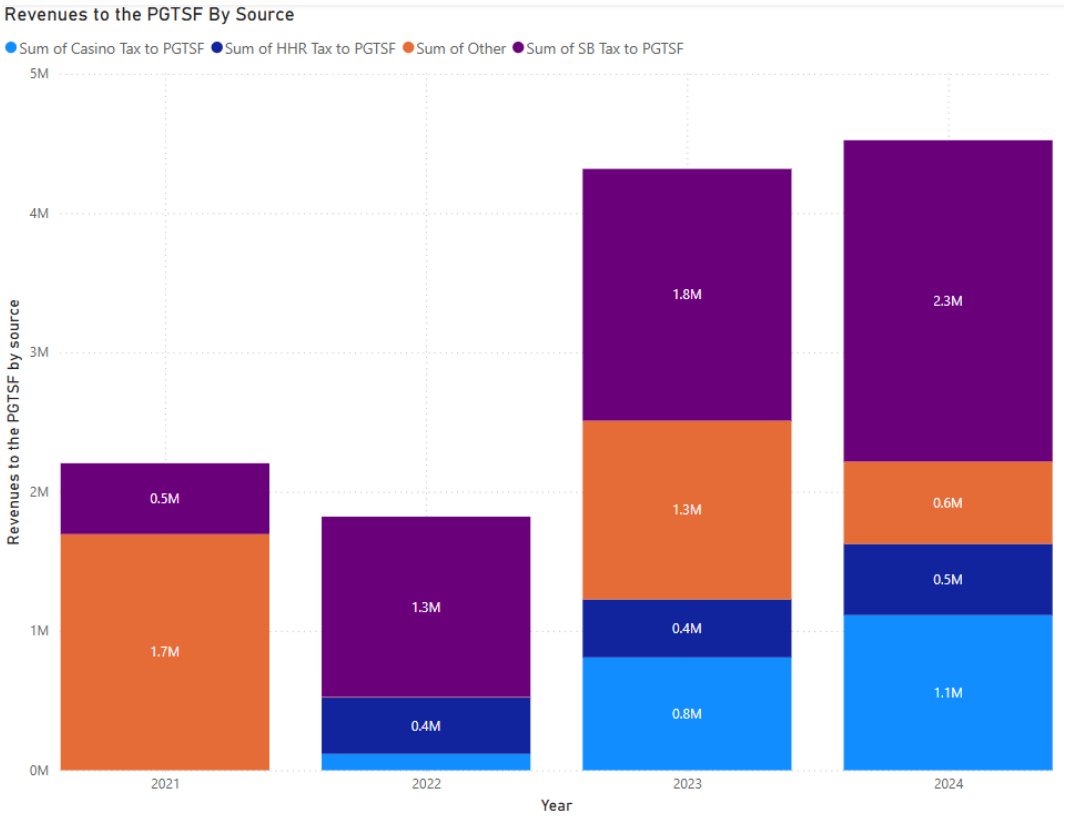


Exhibit 2.5 shows the source of those funds in select calendar years.



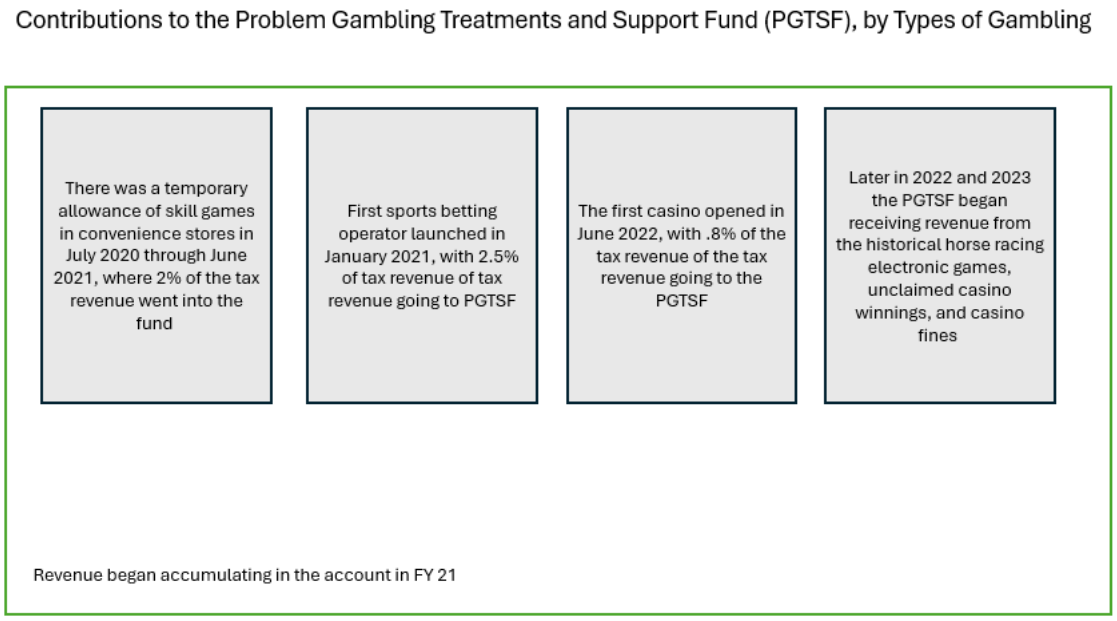
From 2022 to 2024, revenues to the PGTS fund through casinos totaled $2,042,866. From 2021 to 2024, revenue to the PGTS fund from sports betting totaled $4,217,476. From 2022 to 2024, revenue to the PGTS fund from historical horse racing totaled $1,331,456. (**Exhibit 2.6** displays data from 2021 to 2023 on gambling revenues in Virginia).

Exhibit 2.6

	2021	2022	2023	2024
Casino Revenues (AGR)		$81,975,593	$550,487,731	$732,175,658
Casino Taxes		$14,755,607	$101,325,381	$139,277,295
Casino Tax to PGTSF		$118,045	$810,603	$1,114,218
Sports Bet Total Rev	$3,221,790,714	$4,914,954,449	$5,590,022,862	$6,925,832,328
Sports Bet Taxes	$1,729,130	$51,765,685	$72,296,702	$92,256,611
SB Tax to PGTSF	$508,501	$1,294,142	$1,807,418	$2,306,415
Horse Racing Handle				$21,846,951
HR Taxes				$515,088

Historical HR Handle	$4,044,324,533	$4,159,568,944	$5,110,669,923
HHR Taxes	$46,105,299	$47,419,085	$59,580,677
HHR Tax to PGTSF	$404,432	$415,957	$511,067

Exhibit 2.7 shows the sources of PGTSF revenue.



Recommendation 6: It is advised that fund allocations be more flexible and that there be considered some system of reserve.

The Virginia General Assembly (VGA) could consider diversifying the types of gambling types ("verticals") that contribute to PGTSF. Diversifying the revenue sources could help ensure that the PGTSF is stable and can keep pace with problem gambling behavior if that grows among Virginia residents over time. VGA could dedicate a portion of revenues from each legal type of gambling, including lottery gambling, bingo gambling, sports wagering, and any other type of gambling that may be legalized in Virginia in the future.

Problem Gambling Fund: Expenditures

Expenditures and PGTS Activities

· Treatment and Recover Services for Problem Gambling – Through a contractual partnership with Virginia Commonwealth University and the Department in FY 2023, $214,258 was spent to begin building problem gambling treatment and recovery services and five peers plus one recovery organization have been certified to provide peer recovery services for gambling disorder. Treatment and recovery services provisions began in FY 2023. Screenings and treatment referrals began in the latter part of the year, with 527 people screened in FY 2023. Of

those screened, 332 were referred to treatment. In FY 2024 $921,027 was budgeted and $732,531 was spent in the VCU contract. Then in FY 2025 $1.3 million was budgeted of which $1.2 million was spent through this partnership to continue to build and provide reimbursement for treatment and recovery services.

· Prevention Services for Problem Gambling – In FY 2023 $793,790, FY2024 $1,331,146, and in FY 2025 $921,500 was allocated for contractual agreements with 39 community services boards (CSB) to support problem gambling prevention services. These services encompassed a comprehensive needs assessment to identify areas of concern, including behaviors, knowledge, awareness, and beliefs related to gambling and problem gambling. It also included building capacity internally, in communities, and across Virginia to build knowledge and skills to mitigate problem gambling. This initiative also involved strategic planning to determine suitable programs for problem gambling mitigation. Some CSBs successfully executed awareness campaigns, promoting the problem gambling helpline, offering educational resources, providing school policy guidance to limit youth access to gambling, and disseminating information on responsible gambling practices. These efforts also extended to emphasizing the importance of preventing minors' access to gambling and outreach to merchants selling Lottery products and/or offering skill games to provide merchant education on safer practices.

· Problem Gambling Treatment and Support Advisory Committee (PGTSAC) – The Problem Gambling Treatment and Support Advisory Committee (PGTSAC) per § 37.2-304 was formed and the first meeting took place in July 2023. Code language requires the DBHDS Problem Gambling Prevention Coordinator to chair the PGTSAC. No funds were expended in the development of the PGTSAC, per Anne Rogers, Chairperson of PGTSAC.

Evive: The Problem Gambling App

Evive is a mobile app that partners with state and federal agencies to support individuals with problem gambling disorder. Evive offers evidence-based support and to bridge the gap in care to reach individuals who experience gambling harm who never access traditional state funded support services. Virginia began pilot testing the app in February 2025. They are promoting it as a complementary method to support recovery efforts.

There has been a cumulative total of 49 sign-ups to the apps since launch in Virginia, with a 94% onboarding completion rate. There have been 635 total app opens. The lesson completion rate is 80%, and the majority of users are between 55 and 60 years of age with users between 30 and 35 years of age following closely behind.

June 2023 saw the greatest number of monthly sign-ups since February 2025. The majority of those who signed-up for the app were male, with the exception of the 55 to 60 age group, for whom the majority were female. The majority of those who signed-up for the app had the goal of quitting problem gambling. June 2025 saw the greatest number of active users. **Exhibits 2.8-2.15 display various data on the app's usage in Virginia.**

Exhibit 2.8

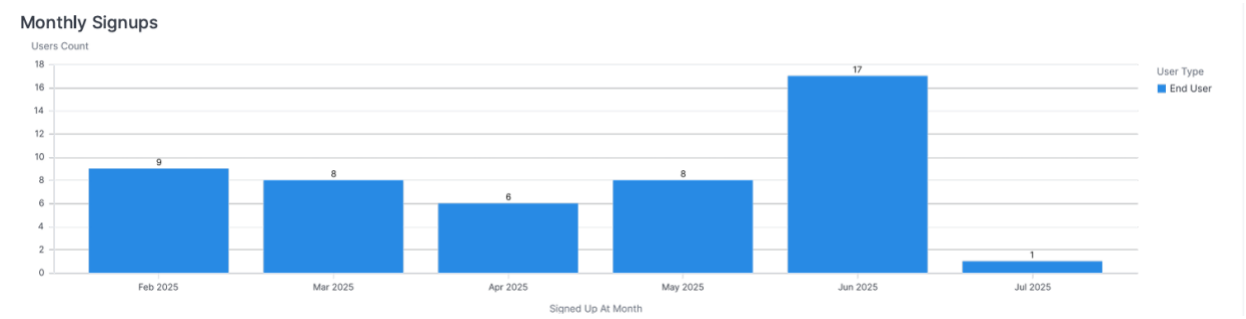


Exhibit 2.9

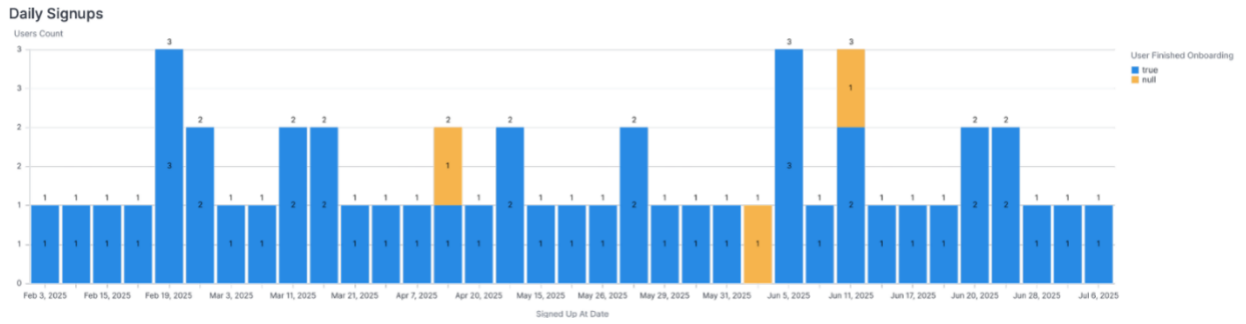


Exhibit 2.10

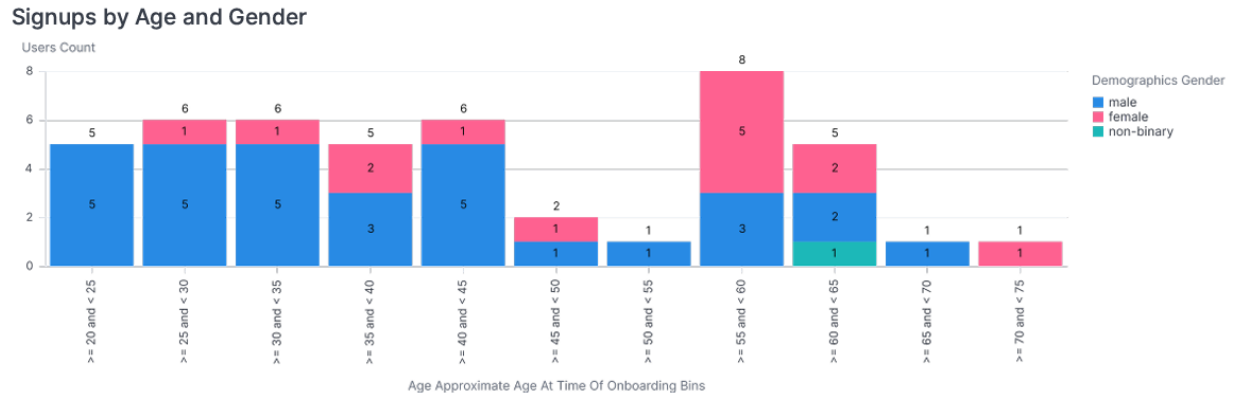


Exhibit 2.11

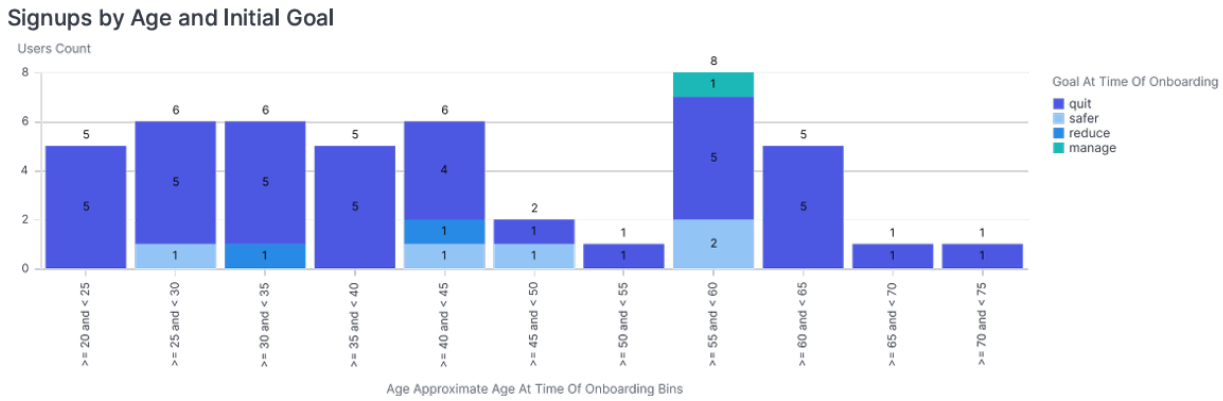


Exhibit 2.12

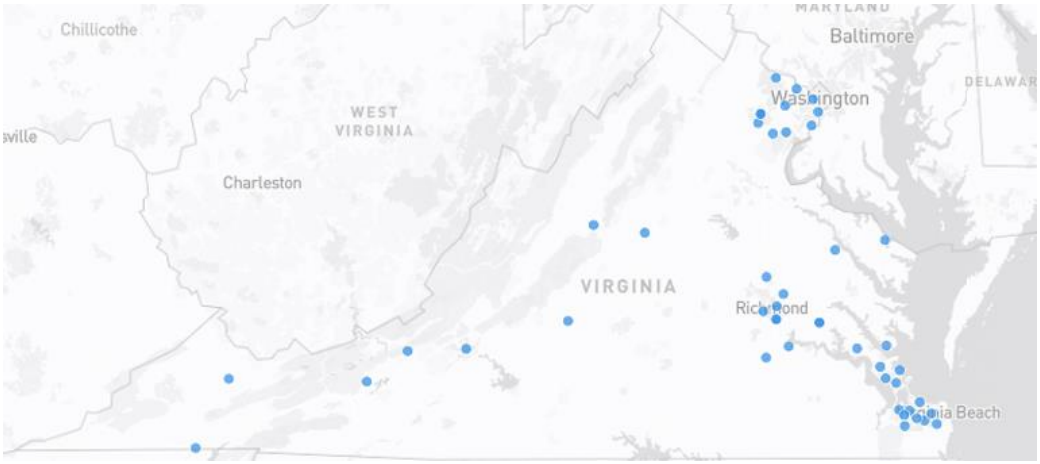


Exhibit 2.13

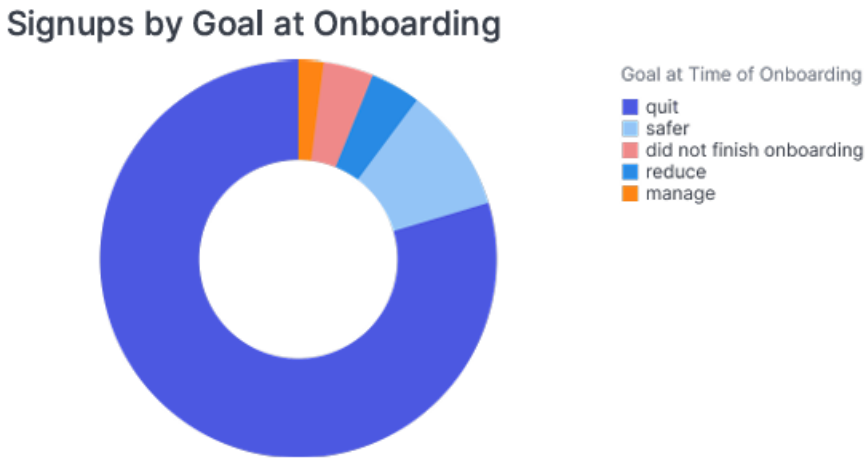


Exhibit 2.14

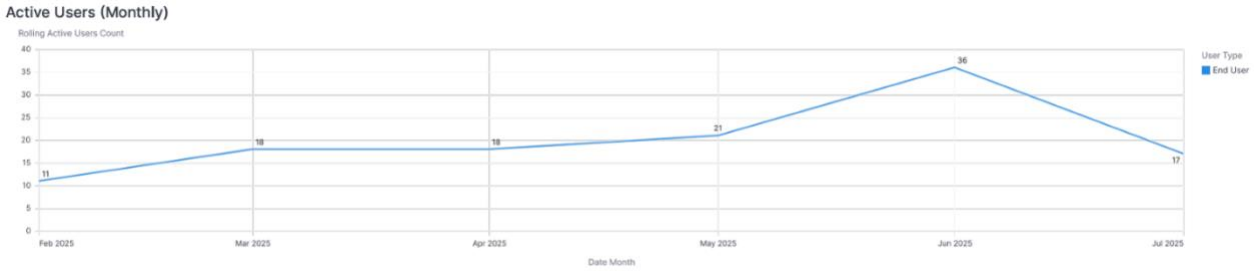


Exhibit 2.15

Signups by Age

	Age Approximate Age At Time Of Onboarding Bins ↑	Users Count
1	>= 20 and < 25	5
2	>= 25 and < 30	6
3	>= 30 and < 35	7
4	>= 35 and < 40	5
5	>= 40 and < 45	6
6	>= 45 and < 50	3
7	>= 50 and < 55	1
8	>= 55 and < 60	8
9	>= 60 and < 65	5
10	>= 65 and < 70	1
11	>= 70 and < 75	1
12	ø	1

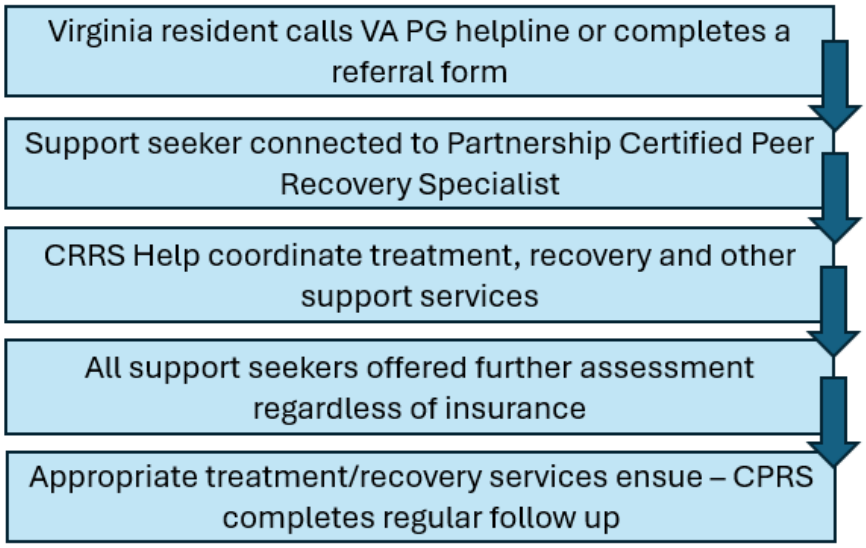
Chapter 3. How Many Virginians Seek Help for Problem Gambling?

Virginians seek help for problem gambling in a variety of ways, including one or more of the following:

• In-State Resources:
• Connect with a Peer Support Specialist by Call, text, or chat on the Virginia Problem Gambling Helpline (888 532-3500) or 1-800-GAMBLER, a free, national Helpline;
• Get free treatment and recovery services, which can be paid from the PGTS fund via the Virginia Partnership for Gaming and Health (VPGH) or Medicaid; and/or
• Enroll in Virginia's Voluntary Exclusion Program (VEP), administered by Virginia State Lottery.

The Commonwealth of Virginia has contracted with a national helpline to provide free, 24 hour/7 days a week services. This 1-800-GAMBLER helpline provides the Behavioral Health Administration (BHA) with information on how many people call, text, and chat using their services. In-State Resources provide support with a Certified Peer Recovery Support Partner. Exhibit 3.1 shows the Treatment and Recovery Model when a VA resident calls into Helpline. Exhibit 3.2 shows the Program Overview.

Exhibit 3.1 Treatment and Recovery Model

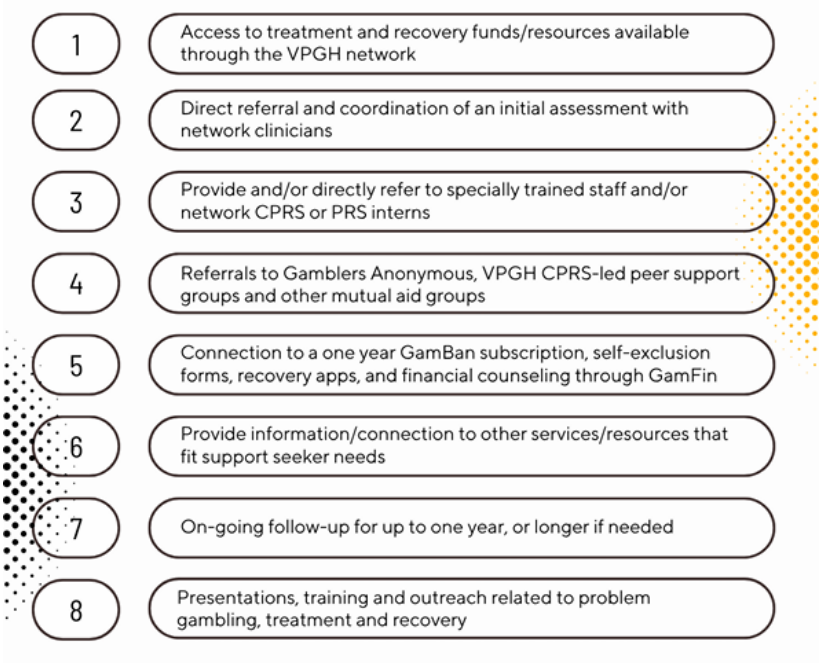


Virginia Partnership for Gaming Health

Exhibit 3.2 Program Overview

The Virginia Partnership for Gaming and Health (VPGH) at Virginia Commonwealth University, is a comprehensive solution for all Virginians who need support for problem gambling.

VPGH Mission is to inspire hope, build support, and foster solutions to empower every Virginian seeking to transform their lives from problem gambling. They are dedicated to promoting wellness and cultivating strong communities where individuals can thrive. Connecting with the VPGH means connecting you with a plethora of resources, including, but not limited to:



Virginia Partnership for Gaming Health

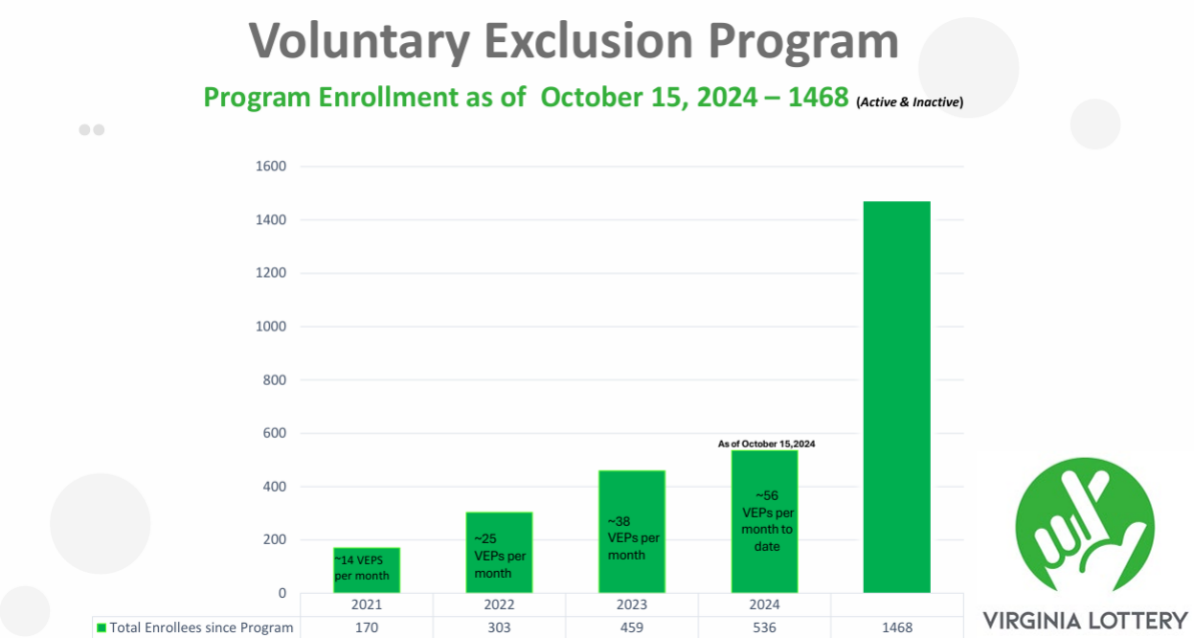
Exhibit 3.3

VCPG Helpline Monthly Intake Breakdown (2024)

Month	Phone Calls	Text/Chat	Total Intake
Jan	70	15	85
Feb	81	17	98
Mar	73	20	93
Apr	81	16	97
May	80	12	92
June	51	10	61
July	52	22	74
Aug	54	22	76
Sep	71	19	90
Oct	77	21	98
Nov	47	14	61
Dec	54	23	77

Exhibit 3.4

VEP: Voluntary Exclusion Program administered by the Virginia Lottery



Addressing Demographic Disparities in Gambling Service Utilization: Service Usage

Nationwide demographic disparities in such problem gambling risk exposure and outcomes urge further consideration of how casino placement might impact state-level demographic disparities. For instance, compared to white populations, racial and ethnic minoritized populations have higher rates of problem gambling and consequently, worse health outcomes related to problem gambling. In fact, studies indicate problem gambling affects approximately 3.6 % of Black individuals, 3.3 % of Hispanic individuals, but only 2.9 % of white individuals, with some Southeast Asian refugee communities reporting rates up to 59%.[8] It is also widely recognized that gambling risk is elevated in populations facing increased socioeconomic disadvantage. Research consistently highlights that higher problem gambling rates among minoritized groups stem from social and spatial inequities like targeted marketing, cultural factors, and limited access to prevention that exacerbate socioeconomic challenges.[9]

To assess the role of casino placement in shaping broader service usage disparities, DBHDS analyzed service usage data from the 2017-2023 Virginia Health Information, All Payor Claims Database, demographic data from the 2017-2021 Virginia Well-Being Dashboard Index, and current casino location and operational status information. DBHDS observed the following statistically significant differences: Service Usage by Racial Identity[10]

[8] Raylu, N., & Oei, T. P. S. (2004). Gambling disorder in minority ethnic groups. *Journal of Gambling Studies*, *20*(2), 187–206.
[9] Culture.org. (2023, September 25). *Problem gambling among POC: How legalized gaming affects minority populations*.
[10] Note: The rate of problem gambling service utilization was disaggregated by race (white, Black, Asian), as 1) data on American Indian and Alaska Native and Native Hawaiian and Pacific Islander populations was not included due to minimal sample size (n=0, n=1; respectively), and 2) service usage data did not include Hispanic ethnicity. It is important to note that sample size limitations might reflect disparities in service access experienced by these communities, consistent with prior research. Service usage data was recorded from 2017-2023, while Virginia Well-Being Index Data was recorded from 2017-2021. Total population measures were drawn from the 2017-2021 data and were used to calculate service usage ratios, given constant demographic trends.

Findings demonstrate that structural determinants (i.e., casino location) may drive observed disparities in problem gambling risk and outcomes for racially minoritized communities. After examining demographic trends in service usage by CSB, DBHDS observed the following statistically significant differences:

> Across all CSBs, white individuals accounted for the highest rates of problem gambling service usage (34%), followed by Black individuals (14%), Asian individuals (4%), and American Indian and Alaska Native individuals (<1%). However, this pattern stands in contrast to extensive evidence indicating that racial and ethnic minoritized communities experience higher rates of problem gambling. This discrepancy suggests that these communities may face barriers to accessing services, leading to underrepresentation in treatment despite higher levels of need.
>
> Compared to white and Asian individuals, Black individuals used problem gambling services at a higher rate than white and Asian individuals - but only in CSBs where a casino was present. This suggests that increased service use among Black individuals may be driven by greater exposure to nearby gambling opportunities, rather than higher overall rates of service use across contexts.

Empirical evidence from Virginia CSBs shows 1) higher prevalence of uninsured adults in areas with casinos, 2) higher problem gambling risk for racially minoritized communities in areas with casinos, and 3) gaps in service usage for minoritized communities despite such high risk. To address these disparities, the following can be considered:

Recommendation 7: Expand culturally tailored outreach and services to underserved racial and ethnic groups. Consider funding community-based organizations to deliver culturally and linguistically tailored problem gambling outreach, particularly in CSBs with casinos or predominantly racial and ethnic minoritized communities. This includes supporting in-language helplines, culturally matched peer recovery services, and targeted prevention campaigns. Massachusetts offers a strong model, with dedicated funding for multilingual outreach and racial/ethnic community partnerships embedded into its statewide problem gambling strategy.[11]

Recommendation 8: Support cultural responsivity training for all peer specialists and clinicians involved in problem gambling services. States like Massachusetts have embedded cultural humility and implicit bias training into their problem gambling workforce standards to ensure care is responsive to the diverse lived experiences of impacted communities[12]. Requiring such training in Virginia would help improve engagement and ensure more equitable outcomes across racial and ethnic groups.

A focus on service access and adaptation is essential to ensure communities most affected by casino development receive culturally and linguistically appropriate supports. This includes directing funding to casino-impacted CSBs and involving community members directly through participatory planning models.

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[11] Public Health Institute of Western Massachusetts. (2023). *Multicultural Outreach and Engagement Programs.*
[12] Massachusetts Department of Public Health. (n.d.). *About the Office of Problem Gambling Services.*

Improving provider training is another priority. Publicly funded providers should receive ongoing training in cultural responsivity to better understand and meet the needs of diverse populations who may be at higher risk for gambling-related harm.

A strong outreach strategy is also needed. Partnering on a State-wide media campaign with trusted local organizations can help create community-led prevention and awareness campaigns that resonate with residents and reduce stigma around seeking help.

Finally, promoting geographic equity should be embedded into casino planning processes. Conducting health equity assessments during site evaluation and approval can help identify potential disparities early and ensure that mitigation strategies are built into development decisions.

Chapter 4: What is Virginia's Capacity to Handle Growth in Problem Gambling?

Treatment Services Capacity

Do current activities and services provided by PGF-funded entities, have the capacity to accommodate more Virginians seeking help?

There is unanimous agreement amongst the focus groups that the program has been "knocking it out of the park" regarding current capability to treat Virginians seeking help. There is no turnover in staff, and everyone who calls in for help gets served within 24 hours.

However, there are areas for improvement. More boots on the ground activity to build awareness for the program would be a welcome change to the program. Moreover, accommodating future problem gambling trends instead of just current ones would also help the program. Focus groups also indicate that the program does not have, for the most part, the capacity to accommodate more Virginians seeking help in the future. We suggest that fund allocations be more flexible and that there be considered some system of reserve. We also suggest that DBHDS mandate a screening for problem gambling.

Finally, we recommend hiring more peers, as the program currently has one peer recovery specialist per health region in Virginia. Per VPGH Director peers worked 57.3 hours per week per data from VCU, with a total of 3288.3 hours from April through June 2025 and 40.1 hours per week between January and March 2025. In a focus group with VPGH staff and stakeholders, participants stated that Peers have some of the highest and best outcomes for a highly stigmatized issue like problem gambling, and Virginia has one of the best rates of connecting callers to the helpline to peers, with 93% of people connected to peers in a week. The peers currently employed in this capacity often find themselves overworking to meet the needs of the helpline. This level of consistent overwork is unsustainable and places significant strain on the peers, negatively impacting their well-being, job satisfaction, and long-term retention.

More critically, the current workload limits the overall impact of the program. Peers are left with reduced capacity to participate in outreach, prevention, and system-level engagement activities, components that are essential for expanding access, reducing stigma, and building awareness around gambling-related harms. As the program continues to grow, both in terms of service demand and geographic reach, the current staffing model does not adequately support the expanded scope.

Without appropriate investment in staffing and workload management, we risk undermining the very outcomes the program was designed to achieve, including quality service delivery, community engagement, and sustainable growth. Addressing this issue is critical to preserving the integrity of peer-delivered services and maximizing the reach and effectiveness of our public health efforts.

In order for this system to be sustainable, and successful, additional support is needed.

The Problem Gambling Treatment Services Network (No Cost)

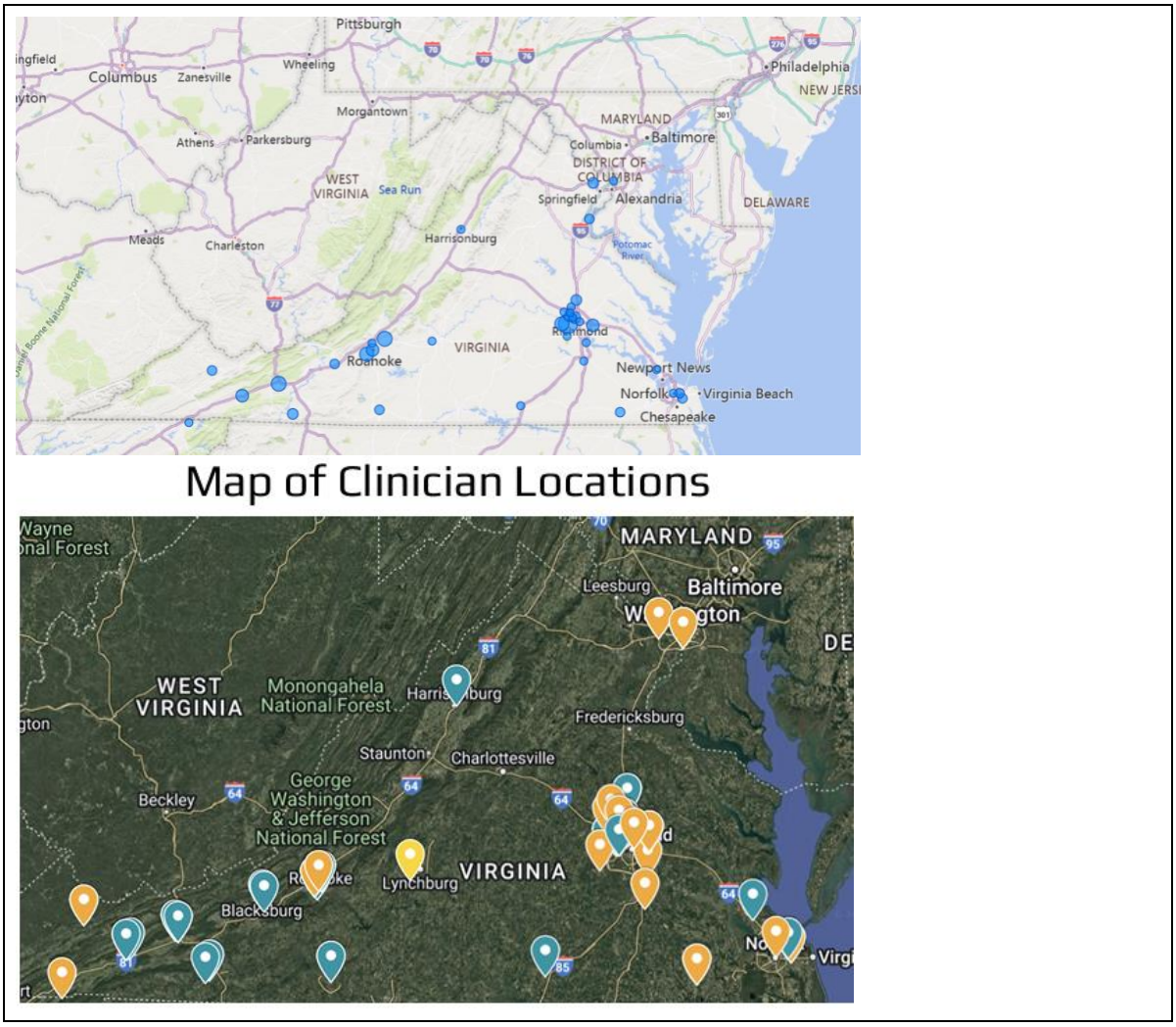
Many organizations are involved in implementing the Problem Gambling Treatment Services Network, created in 2024. Treatment providers require specific training on problem gambling to participate in the network. Virginia Commonwealth University (VCU), through the Virginia Partnership for gambling and health, recruits providers to participate in the Network and processes the reimbursement claims from providers.

Treatment providers participating in Virginia's Treatment Network must agree to:

1. Accept the State's reimbursement rate for treatment services, set slightly higher than the Medicaid reimbursement rates; and
2. Use VCU to process treatment reimbursement claims.

One hundred and seven licensed treatment providers were enrolled in the No Cost Network as of June 2024, as shown in a map of Virginia in **Exhibit 4.1**.

Exhibit 4.1



The county with the most service providers is Henrico County with 15 service providers.

The PGTSF does not seem to have enough funds to accommodate the cost of treatment services at the current level of demand and requires slightly more funds ($5 million) than what it is operating with ($4.2 million). According to a source from DBHDS, this estimation is based on the increase in the number of calls to the Problem Gambling Helpline and from what VPGH has said the Peer Recovery Specialists have high caseloads and are working more than 40 hours a week.

Observation: Lack of knowledge base on problem gambling and overflowing capacity hinder efforts to recruit additional treatment providers for the No Cost Network.

The Virginia Partnership for Gambling and Health (VPGH), managed by DBHDS, expects to slightly increase the number of providers participating in the No Cost Network each year.

VPGH staff said the main impediment to expanding the treatment network by adding more providers is mainly limited funding, which causes them to limit level of care. It also limits their ability to expand their offerings to provide valuable services such as intensive family retreats. More manpower is also desired. Otherwise, VPGH reports that their reimbursement rates are competitive.

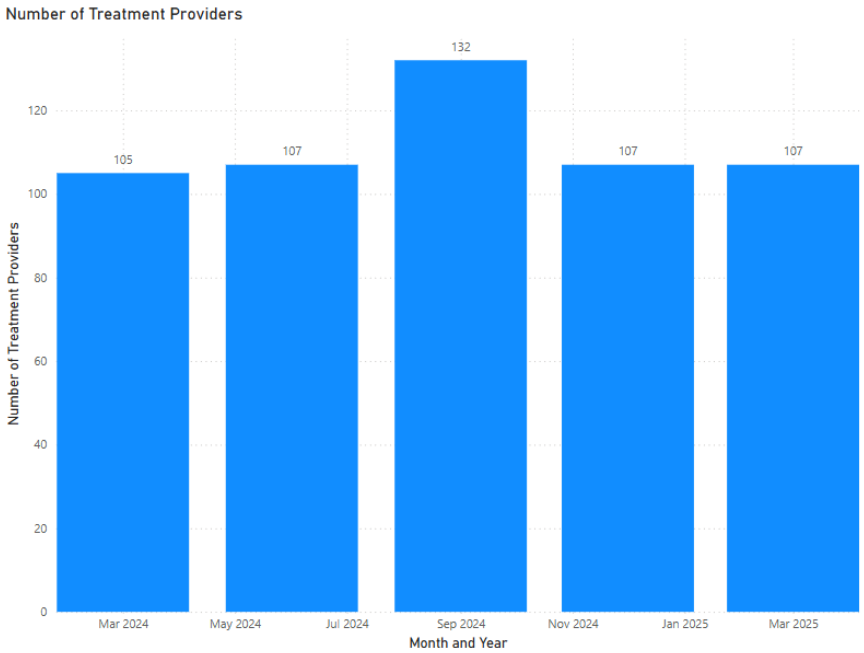
Recommendation 9: It is recommended that VPGH recruit Community Services Boards in the Treatment Network, as CSBs conduct treatment and recovery services for other addictions and mental health issues and individuals with Problem Gambling Disorder often have comorbidity. And begin to refer clients for services to CSB's.

In 2025, 92 unique individuals were served in Virginia through the Problem Gambling Treatment Network. Total reimbursements from the PGTS fund for individual problem gambling treatment sessions totaled $110,138 and the average per client reimbursement was $2271. Virginia clients participated in five PGTS Fund supported individual treatment sessions each, on average.

We recommend that VCU provide DBHDS with data on client follow-through in the Treatment Network, including how many clients attend three or more sessions and move to recovery services.

VCU keeps a database of No Cost Treatment Providers that is updated when providers join or leave the network. The number of available providers has remained around 107 for the last year but has grown by 1.9% since March 2024. **Exhibit 4.2** shows the number of providers at four-month intervals between March 2024 and March 2025.)

Exhibit 4.2



Telehealth has turned into a viable option for individuals to receive treatment within the comfort of their own homes. Telehealth has expanded provider availability.

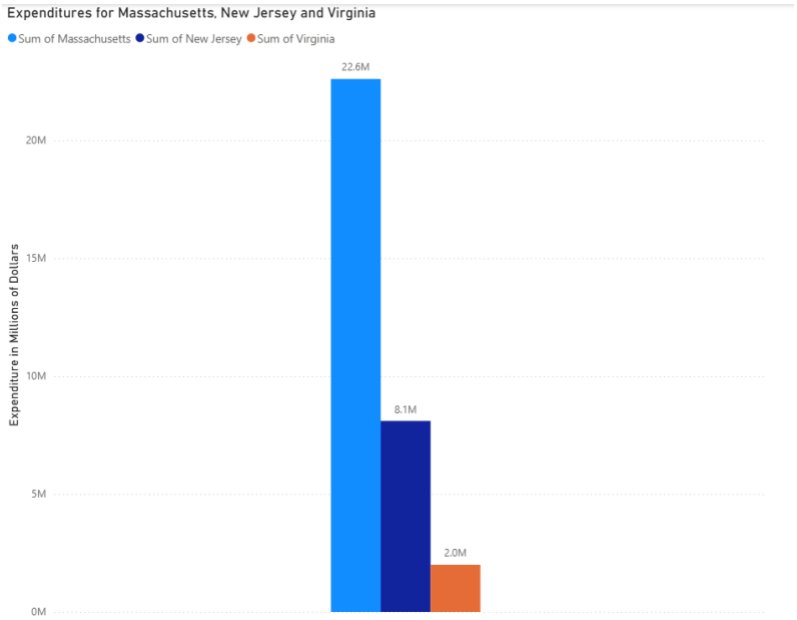
Overall Spending on Services

Observation: Virginia dedicates more resources to problem gambling services than most other states.

Federal funding doesn't exist for problem gambling. Instead, states offering problem gambling services have to build and fund programs. According to the NCPG, 21 states funded one or more full-time state employee positions devoted to running problem gambling programs. Experts in the field agree that Massachusetts is the standard for publicly funded problem gambling programs, allowing for comparison with Virginia.

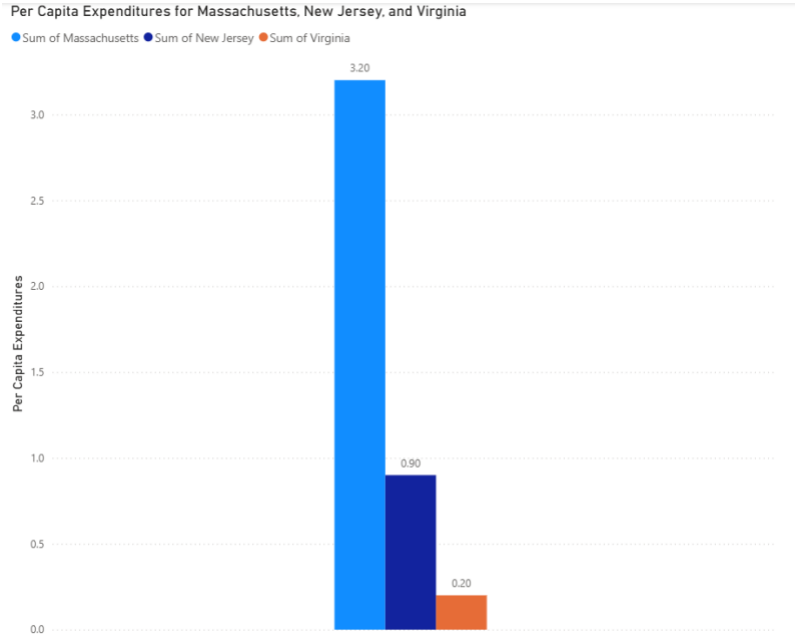
According to the NCPG, the amount of money spent on gambling in Virginia (approximately 12 billion in FY 2024) is greater than the amounts spent in Massachusetts (approximately $7 billion) and New Jersey (approximately $8 billion).
The public funding in 2023 for problem gambling prevention, treatment, recovery and research services in Massachusetts was $22.6 million, about 11.3 times Virginia's expenditure of approximately $2.0 million, as shown in **Exhibit 4.3.**

Exhibit 4.3



The per capita spending on services was $0.20 per resident in Virginia, $3.20 in Massachusetts, and $0.90 per resident in New Jersey in 2023, as shown in **Exhibit 4.4.** Data from the National Association of Administrators of Disordered Gambling Services (NAADGS), annual State of the States report.

Exhibit 4.4



Summary of Recommendations

Recommendation 1: It is recommended that Virginia conduct a prevalence study on problem gambling in order to assess the prevalence of disordered gambling among Virginians. This study would need to be funded.

Recommendation 2: It is recommended that DBHDS mandate a screening for problem gambling for any organization that is licensed by DBHDS that asks questions about SUD and Mental Health Challenges. This effort would need to be resourced for DBHDS licensing to be able to conduct the screening and monitor results for compliance. In addition, further exploration would be needed to ensure DBHDS can conduct this screening without additional General Assembly authorization.

Recommendation 3: It is recommended that Virginia develop and fund a statewide media or informational campaign on problem gambling to reduce disordered gambling among Virginians. The campaign incorporate findings from a statewide prevalence study if conducted, include clear expectations for promotion strategies, audience reach, and evaluation, and may build on the Beyond the Bet campaign. Dedicated funding is necessary to ensure sufficient scale, sustainability, and the ability to measure outcomes.

Recommendation 4: Virginia Lottery Board (or other agency with casino regulatory authorization) incorporates a Health Equity Impact Assessment into all new casino sites and licensing processes. This assessment should evaluate potential health risks for economically and racially minoritized communities and include structured community input and engagement. This mirrors the model used in western Massachusetts, where a dedicated Health Impact Assessment on public health effects was conducted during the Springfield/Palmer casino decision process, resulting in targeted recommendations grounded in local data and community voice.[13]

Recommendation 5: Leverage Virginia's existing No Wrong Door infrastructure, in collaboration with DARS, to integrate problem gambling support into the system. This would allow individuals to access problem gambling services through the statewide helpline, community providers, and peer networks without formal diagnosis or insurance, thereby expanding access.

Recommendation 6: It is advised that fund allocations be more flexible and that there be considered some system of reserve.

Recommendation 7: Expand culturally tailored outreach and services to underserved racial and ethnic groups. Consider funding community-based organizations to deliver culturally and linguistically tailored problem gambling outreach, particularly in CSBs with casinos or predominantly racial and ethnic minoritized communities. This includes supporting in-language helplines, culturally matched peer recovery services, and targeted prevention campaigns. Massachusetts offers a strong model, with dedicated funding for multilingual outreach and racial/ethnic community partnerships embedded into its statewide problem gambling strategy.[14]

Recommendation 8: Support cultural responsivity training for all peer specialists and clinicians involved in problem gambling services. States like Massachusetts have embedded cultural humility and implicit bias training into their problem gambling workforce standards to ensure care is responsive to the diverse lived experiences of impacted communities[15]. Requiring such training in Virginia would help improve engagement and ensure more equitable outcomes across racial and ethnic groups.

Recommendation 9: It is recommended that VPGH recruit Community Services Boards in the Treatment Network, as CSBs conduct treatment and recovery services for other addictions and mental health issues and individuals with Problem Gambling Disorder often have comorbidity. And begin to refer clients for services to CSB's.

Citations

1. O'Gilvie, P. J. (2023). The effects of casino proximity and time on poverty levels in New York City. *Humanities and Social Sciences Communications*, *10*(1), 1-9.
2. Fong, T. W., Campos, M. D., Rosen, A., & Rosenthal, R. J. (2011). Does easy access to casinos influence addictive gambling behavior by college students? The potential role of tribal gaming in America. *Journal of Gambling Studies*, *27*(3), 503–510
3. Joint Legislative Audit and Review Commission. (2019). *Gaming in the Commonwealth* (Report No. 527). Commonwealth of Virginia.
4. Distribution by white racial identity, measured by percentage. Darker regions indicate higher percentage of white individuals, whereas lighter regions indicate lower percentage of white individuals.
5. Distribution by Black racial identity, measured by percentage. Darker regions indicate higher percentage of Black individuals, whereas lighter regions indicate lower percentage of Black individuals.
6. Distribution by insurance coverage, measured by percentage of uninsured adults. Darker regions indicate higher percentage of uninsured adults, whereas lighter regions indicate lower percentage of uninsured adults.
7. Public Health Institute of Western Massachusetts. (2013). *Western Massachusetts Casino Health Impact Assessment*.
8. Raylu, N., & Oei, T. P. S. (2004). Gambling disorder in minority ethnic groups. *Journal of Gambling Studies*, *20*(2), 187–206.
9. Culture.org. (2023, September 25). *Problem gambling among POC: How legalized gaming affects minority populations*.
10. Public Health Institute of Western Massachusetts. (2023). *Multicultural Outreach and Engagement Programs.*
11. Massachusetts Department of Public Health. (n.d.). *About the Office of Problem Gambling Services.*
12. Note: The rate of problem gambling service utilization was disaggregated by race (white, Black, Asian), as 1) data on American Indian and Alaska Native and Native Hawaiian and Pacific Islander populations was not included due to minimal sample size (n=0, n=1; respectively), and 2) service usage data did not include Hispanic ethnicity. It is important to note that sample size limitations might reflect disparities in service access experienced by these communities, consistent with prior research. Service usage data was recorded from 2017-2023, while Virginia Well-Being Index Data was recorded from 2017-2021. Total population measures were drawn from the 2017-2021 data and were used to calculate service usage ratios, given constant demographic trends.

Appendix

Appendix A. Problem Gambling Fund- Summary of Revenues
Fiscal 2021-2024

	Calendar Year			
	2021	**2022**	**2023**	**2024**
Casino Tax to PGTSF		$118,045	$810,603	$1,114,218
SB Tax to PGTSF	$ 508,501	$ 1,294,142	$ 1,807,418	$ 2,306,415
HHR Tax to PGTSF		$ 404,432	$ 415,957	$ 511,067

Appendix B. Problem Gambling Fund- Summary of Expenditures

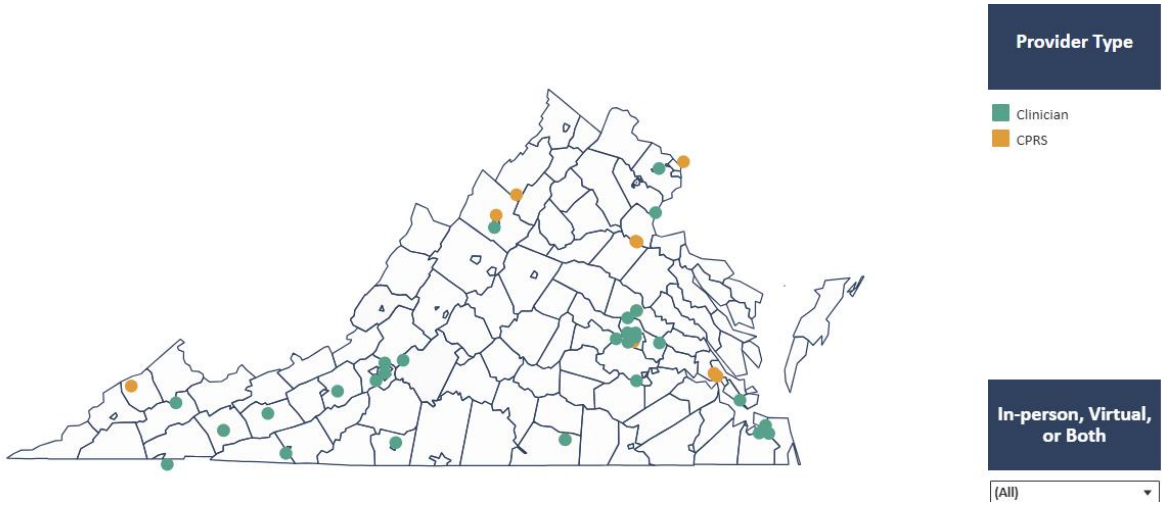
Year	**Item**	**Budget**	**Expenditure**
2022	Administrative	$197,350	$122,280
	Workforce Development	$28,343	$1,442
	Statewide Adult Assessment	$10,000	$10,000
	CSB Grants	$1,600,000	$1,600,000
	VCU MOA	$124,985	$71,420
	Travel		$331
	Total	$1,960,678	$1,805,474
2023	Administrative	$547,652	$188,422
	Workforce Development	$15,000	$8,177
	CSB Grants	$803,790	$793,790
	VCU MOA	$609,936	$214,258
	Travel	$24,000	$4,616
	Total	$2,000,378	$1,209,263
2024	Administrative	$213,503	$211,588
	Workforce Development	$10,380	$8,731
	CSB Grants	$1,331,146	$1,331,146
	VCU MOA	$917,725	$742,531
	Other Contracts	$29,000	$28,654
	Travel	$4,000	$3,458
	Problem Gambling Treatment Support Advisory Committee	$0	$1,923
	Total	$2,505,754	$2,328,030.36

Appendix C. Virginia-based Online Sportsbooks

Sportsbook	**In Person Location**	**Owner**	**Launch Date**

Fanatics Sportsbook Virginia	N/A	Colonial Downs	2023
FanDuel Sportsbook Virginia	N/A	Washington Commanders	2021
Bet365 Virginia	N/A	Washington Commanders	2023
DraftKings Sportsbook Virginia	N/A	Virginia Lottery	2021
BetMGM Virginia	N/A	Virginia Lottery	2021
Sporttrade Virginia	N/A	Virginia Lottery	2024
BetRivers Virginia	N/A	Rush Street Gaming	2021
ESPN BET Virginia	N/A	Penn Entertainment	2021(Barstool Sportsbook)
Bally Bet Virginia	N/A	Bally's Corporation	2021

Appendix D. Map of Physical Locations of Treatment Providers Participating in the No Cost Network



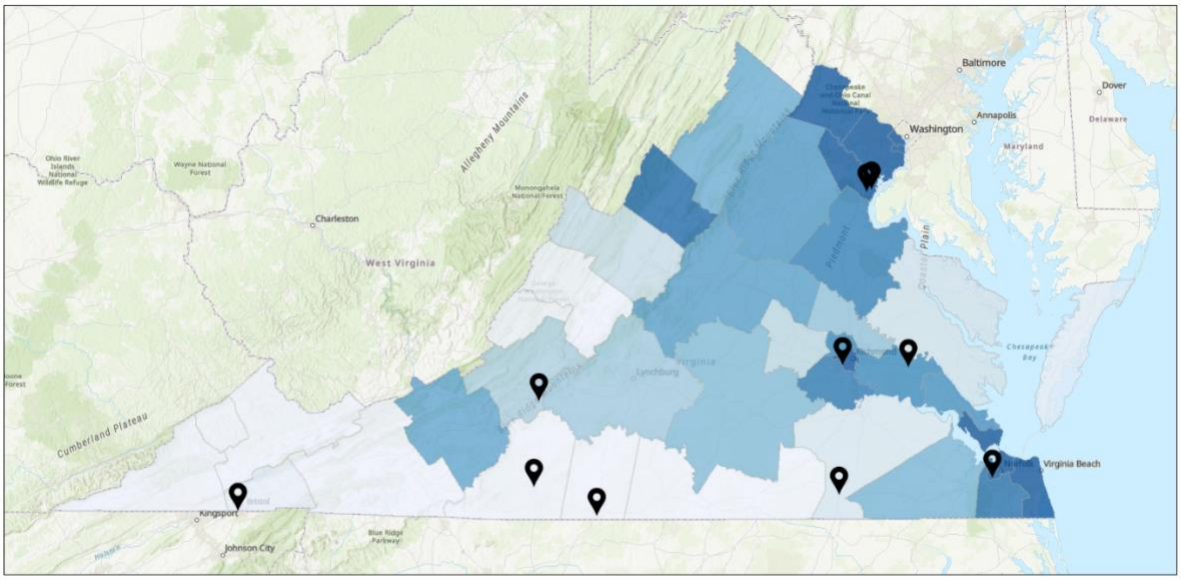
Appendix E: Distribution of Demographic Information by CSB and Casino Location

Note: Casino location indicated by black pinpoint (Ten casinos/racinos currently active total statewide). Key legends represent that minimum and maximum values for a given demographic index (e.g., percentile of median household income, percentage of individuals identifying as Asian, etc.). The following describes relevant demographic breakdowns for a given CSB:

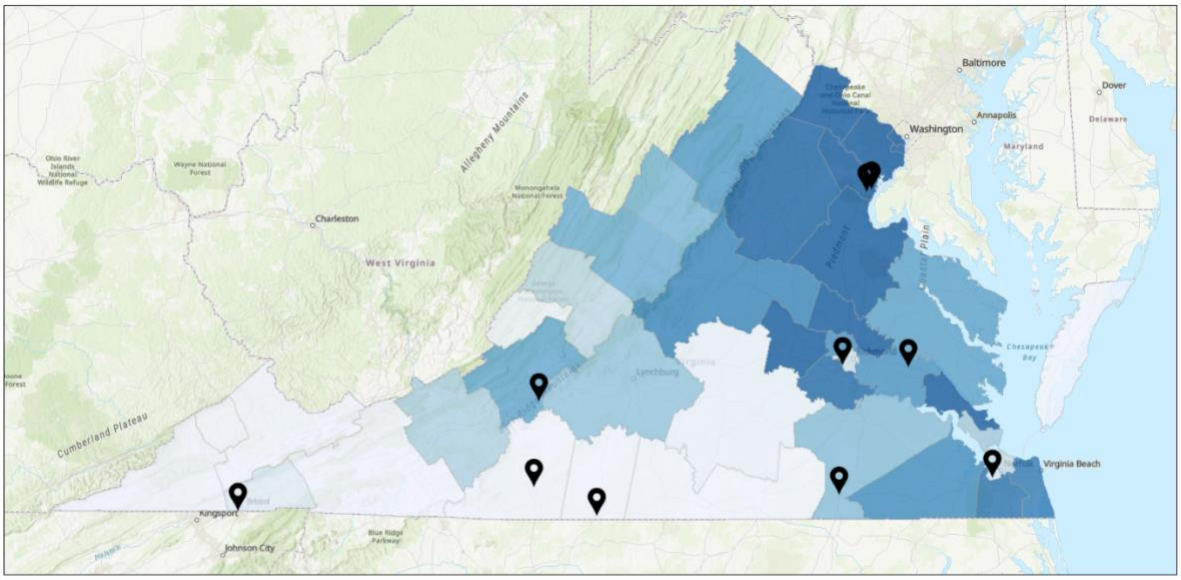
1. Distribution by well-being score, measured by percentile. Darker regions indicate higher percentile (improved) well-being scores, whereas lighter regions indicate lower percentile (lowered) well-being scores.
2. Distribution by median household income, measured by percentile. Darker regions indicate higher percentile (increased) median household income, whereas lighter regions indicate lower percentile (decreased) median household income.

3. Distribution by insurance coverage, measured by percentage of uninsured adults. Darker regions indicate higher percentage of uninsured adults, whereas lighter regions indicate lower percentage of uninsured adults.
4. Distribution by limited English households, measured by percentage. Limited English households refer to households where all members 14 years old and over have at least some difficulties with English. Darker regions indicate higher percentage of limited English households, whereas lighter regions indicate lower percentage of limited English households.
5. Distribution by white racial identity, measured by percentage. Darker regions indicate higher percentage of white individuals, whereas lighter regions indicate lower percentage of white individuals.
6. Distribution by Asian racial identity, measured by percentage. Darker regions indicate higher percentage of Asian individuals, whereas lighter regions indicate lower percentage of Asian individuals.
7. Distribution by Black racial identity, measured by percentage. Darker regions indicate higher percentage of Black individuals, whereas lighter regions indicate lower percentage of Black individuals.
8. Distribution by Hispanic ethnic identity, measured by percentage. Darker regions indicate higher percentage of Hispanic individuals, whereas lighter regions indicate lower percentage of Hispanic individuals.
9. Distribution by American Indian and Alaska Native racial identity, measured by percentage. Darker regions indicate higher percentage of American Indian and Alaska Native individuals, whereas lighter regions indicate lower percentage of American Indian and Alaska Native individuals.
10. Distribution by Native Hawaiian and Pacific Islander racial identity, measured by percentage. Darker regions indicate higher percentage of Native Hawaiian and Pacific Islander individuals, whereas lighter regions indicate lower percentage of Native Hawaiian and Pacific Islander individuals.

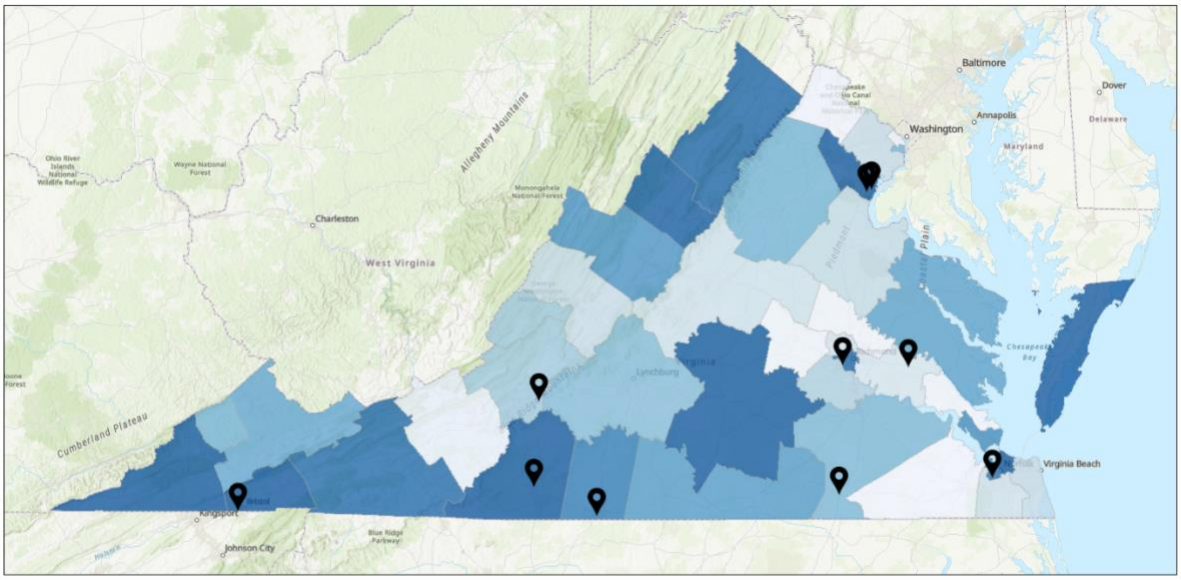
Distribution by Well-being Score



Distribution by Median Household Income



Distribution by Insurance Coverage



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

17.7

6

World_Hillshade

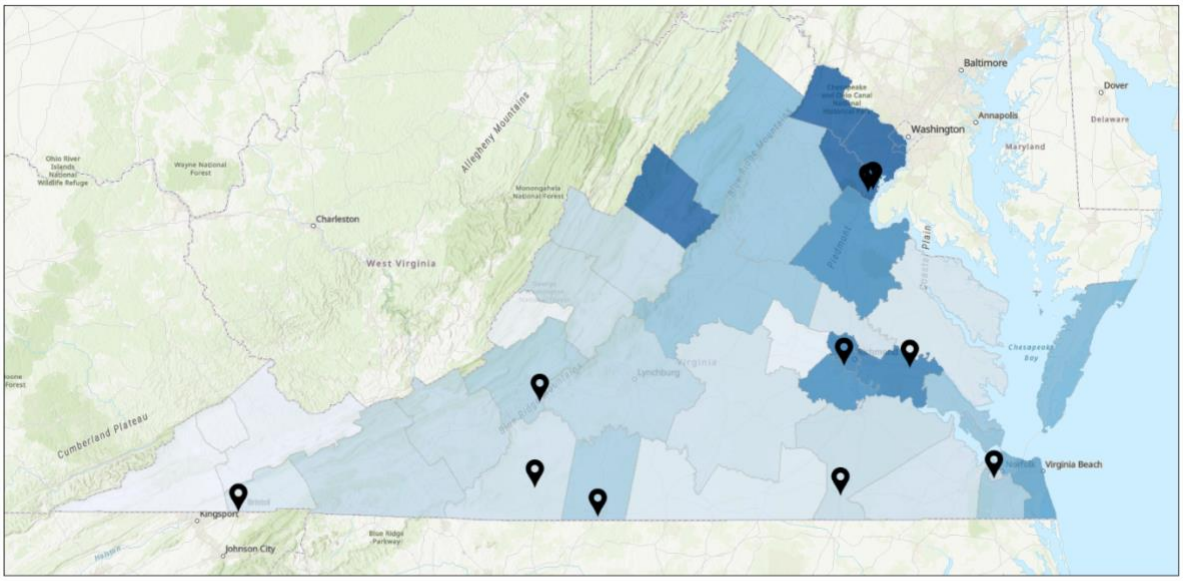
1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community, Esri, USGS

Distribution by Limited English Households



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

6.5

0

World_Hillshade

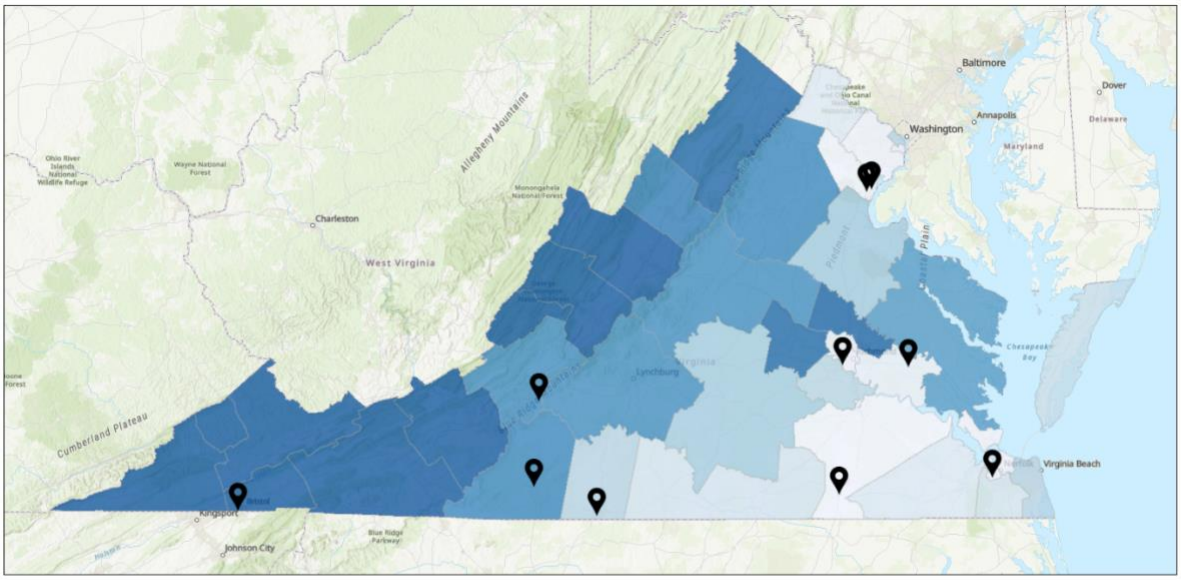
1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community, Esri, USGS

Distribution by White Racial Identity



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

97.4

36.5

World_Hillshade

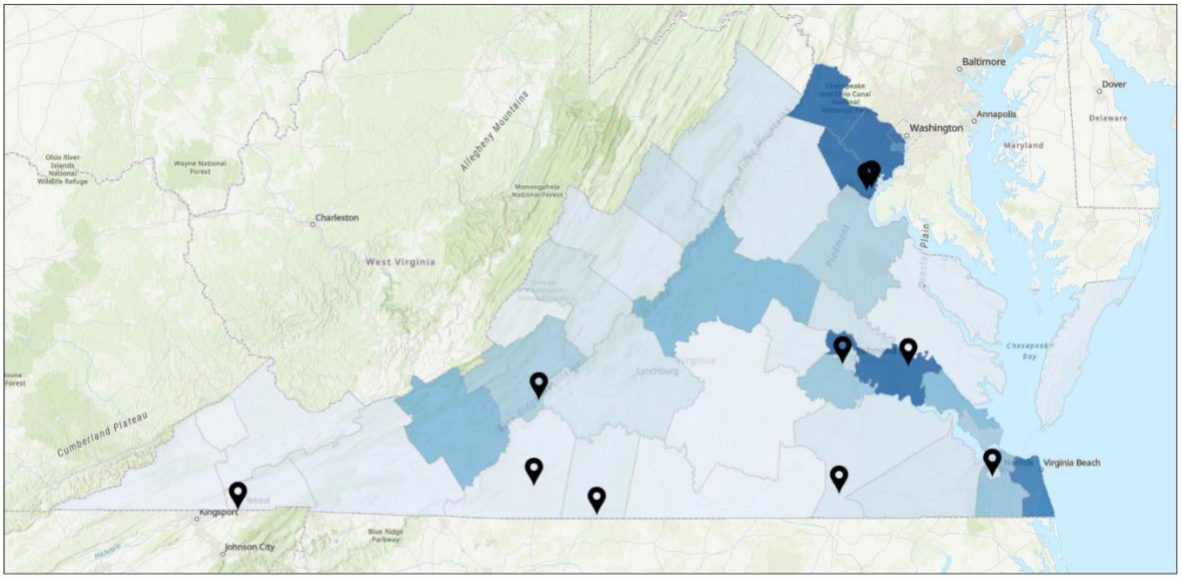
1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community, Esri, USGS

Distribution by Asian Racial Identity



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

19.9

0.1

World_Hillshade

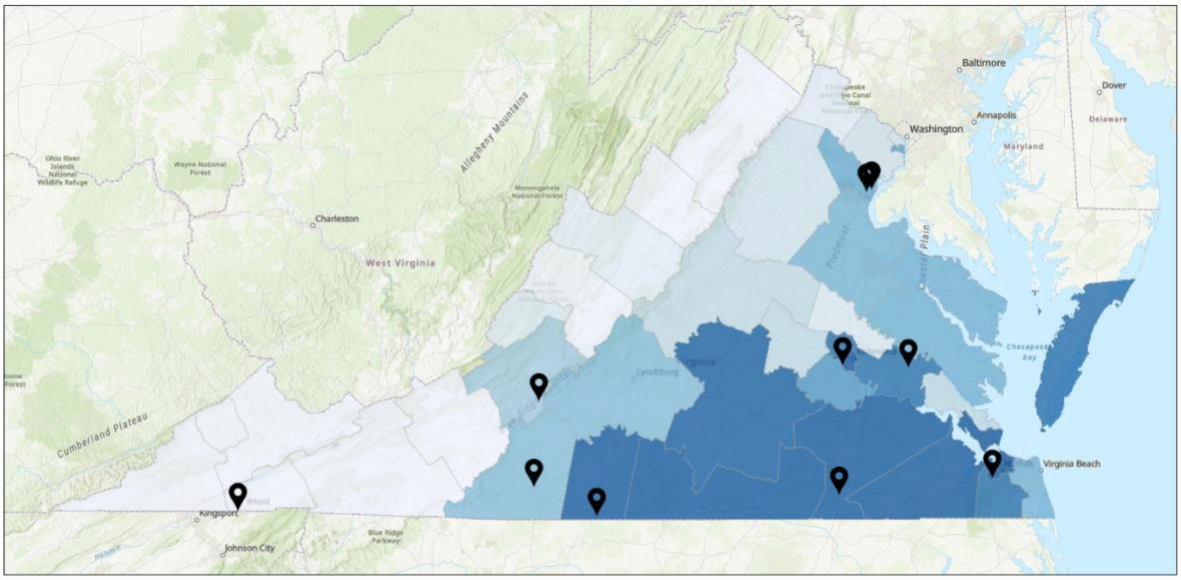
1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community, Esri, USGS

Distribution by Black Racial Identity



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

51.8

0.9

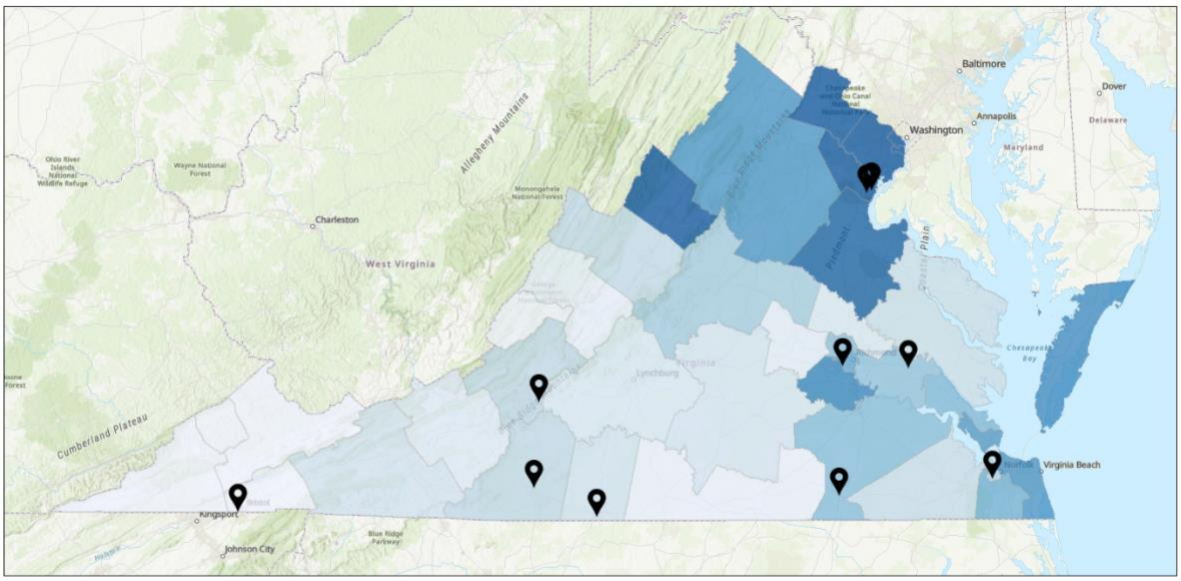
World Hillshade

1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Distribution by Hispanic Ethnic Identity



6/22/2025

VA_Casinos_All_10_Locations

Demographic Data by CSB (%)

26.1

0.9

World Hillshade

1:2,498,077

0 20 40 80 mi

0 35 70 140 km

Appendix H: Demographic Information by Casino Location and Operation Status

Casino Location and Social Determinants of Health Data

Location/CSB	Number of Casinos	Operation Status	Well-being score (%ile)	Median household income (%ile)	Uninsured adults (%age)	Limited English households (%age)
Bristol/Highlands Community Services	1	Active	25.0	27.5	14.8	0.4
Danville/Danville-Pittsylvania Community Services	1	Active	20.0	10.0	13.0	1.1
Emporia/District 19 Community Services Board	1	Active	30.0	47.5	11.2	0.8
Collinsville/ Piedmont Community Services	1	Active	22.5	20.0	14.3	0.6
Dumfries/Prince William County Community Services Board	2	Active	92.5	92.5	14.7	5.9
Richmond/ Richmond Behavioral Health Authority	1	Active	80.0	32.5	13.6	2.6
Vinton/Blue Ridge Behavioral Healthcare	1	Active	40.0	55.0	10.5	1.0
New Kent/ Goochland-Powhatan Community Services	1	Active	37.5	85.0	6.0	0.2
Portsmouth/ Portsmouth Department of Behavioral Healthcare Services	1	Active	77.5	30.0	13.3	0.8
Henrico County/Henrico Area Mental Health and Developmental Services*	1	Pending	65.0	62.5	9.4	2.7
Petersburg/ Southside Community Services Board	1	Pending	10.0	15.0	12.1	0.4
Norfolk/Norfolk Community Services Board	1	Pending	90.0	35.0	14.9	1.8

*Official location to be determined.

Casino Location and Demographic Data

Location/ CSB	Number of Casinos	Operation Status	White Racial Identity (%)	Black Racial Identity (%)	Hispanic Ethnic Identity (%)	Asian Racial Identity (%)	AIAN* Racial Identity (%)	NHPI* Racial Identity (%)
Bristol/ Highlands Community Services	1	Active	93.2	2.6	1.8	0.5	0.1	0.0
Danville/ Danville-Pittsylvania Community Services	1	Active	60.3	31.8	3.6	0.8	0.1	0.1
Emporia/ District 19 Community Services Board	1	Active	45.3	43.7	6.1	1.2	0.1	0.1
Collinsville/Piedmont Community Services	1	Active	76.3	16.6	4.4	0.6	0.1	0.0
Dumfries/ Prince William County Community Services Board	2	Active	40.4	19.5	26.1	9.1	0.2	0.1
Richmond/ Richmond Behavioral Health Authority	1	Active	41.4	45.0	7.3	2.1	0.2	0.0
Vinton/Blue Ridge Behavioral Healthcare	1	Active	75.4	14.1	4.4	2.8	0.1	0.1
New Kent/ Goochland-Powhatan Community Services	1	Active	81.8	11.8	2.7	0.9	0.1	0.0
Portsmouth/ Portsmouth	1	Active	36.5	51.8	4.8	1.5	0.3	0.0

Department of Behavioral Healthcare Services								
Henrico County/ Henrico Area Mental Health and Dev. Services*	1	Pending	52.9	28.6	5.8	8.6	0.3	0.0
Petersburg/Southside Community Services Board	1	Pending	56.1	38.6	2.4	0.4	0.2	0.0
Norfolk/ Norfolk Community Services Board	1	Pending	42.9	40.1	8.6	3.6	0.2	0.0

*Official location to be determined.