

4/28/26 Virginia Problem Gambling Treatment Services Advisory Committee (PGTSAC) Meeting

DATE/TIME: Tuesday, April 28, 2026 10:00 AM – 12:00 PM ET
 LOCATION: 6641 West Broad St., Richmond, Va or via Public Link
<https://shorturl.at/cRINC>

Members	Present
Department of Behavioral Health and Developmental Services - Anne Rogers, Chairperson – Problem Gambling Prevention Coordinator	Yes
Virginia Council on Problem Gambling - Carolyn Hawley PhD, Vice-Chair – VCPG President	Yes
Virginia Lottery - Khalid R. Jones – Executive Director – Designee attended	Yes
Virginia Department of Agriculture and Consumer Services - Michael Menefee – Program Manager of Charitable and Regulatory Programs	Yes
Virginia Racing Commission - Waqas Ahmed – Executive Secretary	Yes
Virginia Community Service Board-Jim Bebeau – Executive Director of Danville Pittsylvania CSB	No
Casino Representative-Julie Rutter – Director of Security, Hard Rock Casino Bristol	Yes
Historical Horse Racing Representative - Rodney Miles – Director of Compliance, Colonial Downs	Yes
Sports Betting Representative - Dean Hestermann – VP, Issues Management & Strategic Communications, Caesars Danville	No
Charitable Gaming Representative-Vacant	N/A

Others Present		
Annie Eng (VACBP)	Jennifer Mullen (Lottery)	Ray Dunkle (Lottery)
Bianca González De La Rosa (Omni)	Jill Vaughan (JLB Coms)	Shon Reed (Omni)
Brian Wolford (VRC)	Lisa Cochran (VPGH)	Thomas Dozier (VPGH)
Bryana Clark (DBHDS)	Matt Britt (VPGH)	Willard Robertson (VCPG)
Elizabeth Childress (VPGH)	Nora Gentry (VPGH)	
Jennifer Davis (VPGH)	Prin Cowan (Lottery)	

Item-Lead	Notes
I. Welcome/Introductions- All	Everyone provided introductions
II. Minutes of Last Meeting for Approval-Anne Rogers	N/A- No Quorum met
III. Legislative Updates: 2027 Law passage impacts-All	<ol style="list-style-type: none"> 1) Legislative Updates <ol style="list-style-type: none"> a) HB32- Passed and added two new members to the workgroup <ol style="list-style-type: none"> i) One DBHDS Treatment Specialist and another in the VA state police b) Skill bill was vetoed by the governor c) Lottery- all winners can claim winnings anonymously beginning July 1 d) I gaming did not pass e) Fantasy sports will transition from charitable to lottery in the next three years f) Removing credit cards in sports book operators <ol style="list-style-type: none"> i) A lot of them have begun transitioning away from it, but will be completely removed starting July 1 g) Bill failed to allow VA to bet on VA sports h) Texas hold'em poker tournaments will be revised July 1 2) PGTSAC Funding <ol style="list-style-type: none"> a) They have gotten more money than the appropriation b) It will be another million dollars in FY 27 c) The amount of money is going to increase as well into the account d) DBHDS is going to change the language on the account to see if it can be adjusted outside of appropriation, similar to a self-sufficient fund <ol style="list-style-type: none"> i) It would still be guided by appropriation, it would be something similar to administrative costs e) This would allow money to be taken out from the savings account to be used
IV. Lottery VEP (Voluntary Exclusion Program) data-Prin Cowan	<ol style="list-style-type: none"> 1) Program Growth <ol style="list-style-type: none"> a) There has been a 29.7% growth in the program since last year b) Overall, there has been increases since the start of the program in 2021 2) Gender breakdown <ol style="list-style-type: none"> a) Two year 2:1 ratio (men to women) b) Five year 3:1 ratio (men to women) c) Lifetime is more balanced 3) Enrollments <ol style="list-style-type: none"> a) 2134 active, 438 inactive, and 88 people have reapplied <ol style="list-style-type: none"> i) VEPs decide to reapply in about 62 days

	<ul style="list-style-type: none"> (1) This is expected to grow (2) They are re-enrolling at a quicker rate (3) Unsure what the prior enrollment was before re-applying 4) VEP Form Registration <ul style="list-style-type: none"> a) Online has been consistent b) Walk-ins are all casino related and in Q1 there was a significant jump 5) Heat Map <ul style="list-style-type: none"> a) Shows how many participants in VA and across the nation <ul style="list-style-type: none"> i) VA has the most VEPs compared to others in the US b) There is more active participation in the program in Norfolk, Portsmouth, Petersburg, Bristol, and Danville c) There are also many in North Carolina across the state line 6) Denied VEPs <ul style="list-style-type: none"> a) 2 to 10 folks have been identified before they get into the door and escorted out the property b) 1 to 5 players have gone in and were stopped when they try to access additional services in casino <ul style="list-style-type: none"> i) Once they are in the facility, they would be trespassing ii) A letter is drafted to remind them they are not permitted to come back until the specified date c) Higher volume properties have more, but otherwise it is consistent across the state d) If a VEP comes in they will confirm identity and license plates e) Sports betting is more difficult, but information is still collected <ul style="list-style-type: none"> i) It relies more on self-reporting ii) If they do find the match with another account or open up a false account, then they restrict access f) The permit holder would be responsible for identifying a VEP <ul style="list-style-type: none"> i) Depending on SSN collection and a full number have helped identify VEPs g) This information is all gathered by Casinos, the VEP admin doesn't gather the information directly
<p>V. VCPG Helpline data & DBHDS contract (media plans, etc.)-Willard Robertson</p>	<ul style="list-style-type: none"> 1) VCPG <ul style="list-style-type: none"> a) Affiliate of NCPG since 2017 b) VAs number is 888-532-3500 c) There is a MOU so that 800 GAMBLER goes to the VA number d) New national number is 800 MY RESET that also routes to VA 2) Helpline

	<ul style="list-style-type: none"> a) Nearly 22,000 calls made in 2025 with a 39% increase in the past year b) 1508 intakes that have been a 50% increase since last year c) From 2019-2025 <ul style="list-style-type: none"> i) 989 to 21,983 calls ii) In 2025, most calls from young adults 18-35 iii) In 2019, gender breakdown was almost even iv) In 2025, quite a few more men have called v) People identifying if they have a problem is occurring sooner now as compared to 2019 d) Region Call volume <ul style="list-style-type: none"> i) 30% come from northern VA e) Callers seek help <ul style="list-style-type: none"> i) 76% through internet, 8% through casino, 4% through a friend, 2% through lottery ii) 82% call for themselves
<p>VI. VPGH-partnership treatment and recovery services-Carolyn Hawley</p>	<ul style="list-style-type: none"> 1) 2025 Impact <ul style="list-style-type: none"> a) 1267 Virginians served b) 693 new referrals (17% increase) c) 93% connected within one week d) 95-97% reduced or stopped gambling 2) Who seeks help <ul style="list-style-type: none"> a) 55% male/45% female b) Ages 25-44 and 55-64 most represented c) Working adults, families, retirees d) There is equitable service delivery, with care everywhere in the state 3) Workforce <ul style="list-style-type: none"> a) 132 trained clinicians b) 25 peer recovery specialists c) They serve as an internship site 4) Outreach <ul style="list-style-type: none"> a) 200+ outreach activities b) 4000+ individuals reached 5) Research <ul style="list-style-type: none"> a) Conducted with partners 6) There is rapid access to recovery support
<p>VII. DBHDS – RFP’s and All Payer Claims Dashboard-Anne Rogers, Omni Institute</p>	<ul style="list-style-type: none"> 1) There are two RFPs out <ul style="list-style-type: none"> a) To purchase a license for an app for treatment, recovery, prevention similar to Evive <ul style="list-style-type: none"> i) There are several companies that have submitted They should know in about 4-6 weeks who will be awarded the contract and share materials b) Prevalence study

	<ul style="list-style-type: none"> i) It was recommended last year after evaluation ii) There was a lot of interest in the bid call iii) If anyone in the room wants to recommend any work for the study, let Anne know to request it as part of the process <p>2) Dashboard</p> <ul style="list-style-type: none"> a) Omni is working on a dashboard on the treatment data <ul style="list-style-type: none"> i) In the coming month, all payer claims data will be included on the vasis site ii) Includes individuals diagnosed with PG disorders and co-occurring disorders iii) Allows to look at demographic and geographic distribution iv) Working with VHI to identify unique individuals v) The final dashboard will see three-year increments and how they change over time vi) There are some low numbers, so they will be aggregated by CSB and region level to prevent identifying individuals vii) It is planned to be live by the end of May 2026 viii) Current dashboard: https://www.vasis.org/pgts
<p>VIII. DBHDS – Creating an “endorsement” PG Treatment DBHDS Tx- Bryana Clark</p>	<ul style="list-style-type: none"> 1) Pilot Initiative <ul style="list-style-type: none"> a) Currently have 5 CSBs as part of the pilot for screening <ul style="list-style-type: none"> i) Every region is covered ii) Client goes into the CSBs and gets screened for PG (PGSI or SOGS-RA, and a pre-screening on how people are gambling) <ul style="list-style-type: none"> (1) Over 1000 screenings in the first month (2) 3% of adults screened were at the higher end for risk (3) 3% were at mild or moderate risk (4) Dice was one of the top ways people are gambling b) VA will establish a statewide infrastructure for all problem gambling prevention, treatment, recovery, and support through credential endorsement (LPC, LCSW, etc.) c) There is an initial planning phase for provider endorsement as well 2) Capacity <ul style="list-style-type: none"> a) Designed to leverage existing licensing structures b) Mirror PA’s model that is a 30-hour credentialing program c) Improve quality and capacity 3) System impact <ul style="list-style-type: none"> a) Develop competencies within current scope

	<ul style="list-style-type: none"> b) No need for additional license <ul style="list-style-type: none"> i) This prevents additional costs and additional times c) Increase workforce without increasing administrative burdens <ul style="list-style-type: none"> i) This would be a free training ii) If they want to join the network, they can take the 30-hour training and get credits 4) Partnerships <ul style="list-style-type: none"> a) VCU, pilot sites, lived experience 5) Impact and next steps <ul style="list-style-type: none"> a) Have multiple perspectives in approach b) In pilots, will continue to increase awareness and treatment across the commonwealth
<p>IX. Other updates from PGTSAC members of work occurring across VA- All</p>	<ul style="list-style-type: none"> 1) From Hard-Rock - Influx of patrons that try to go into casinos for tax forms <ul style="list-style-type: none"> a) Include in the VEP paperwork to not go in the property during tax season
<p>Future Meetings:</p> <p>https://dbhds.virginia.gov/pgts-committee/</p> <ul style="list-style-type: none"> • July 28, 2026 – in-person • October 27, 2026 – in-person • January 27, 2027 – All Virtual 	<ul style="list-style-type: none"> • New changes may allow 50% of meetings to be online, but not two meetings in a row • Potential for the July meeting to be virtual



VIRGINIA LOTTERY

Responsible Gaming Update

PROBLEM GAMBLING TREATMENT & SUPPORT ADVISORY COMMITTEE (PGTSAC)

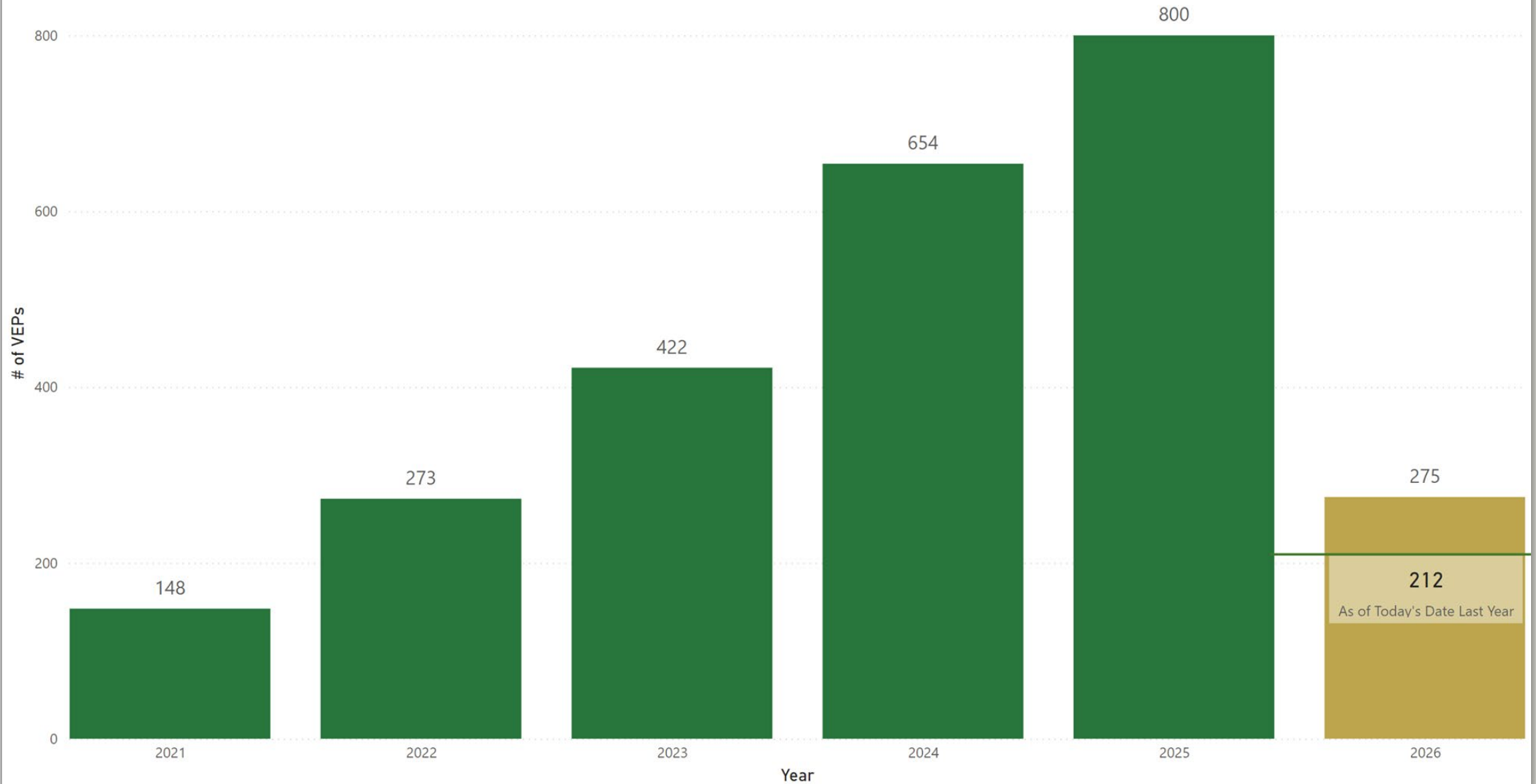
April 28, 2026



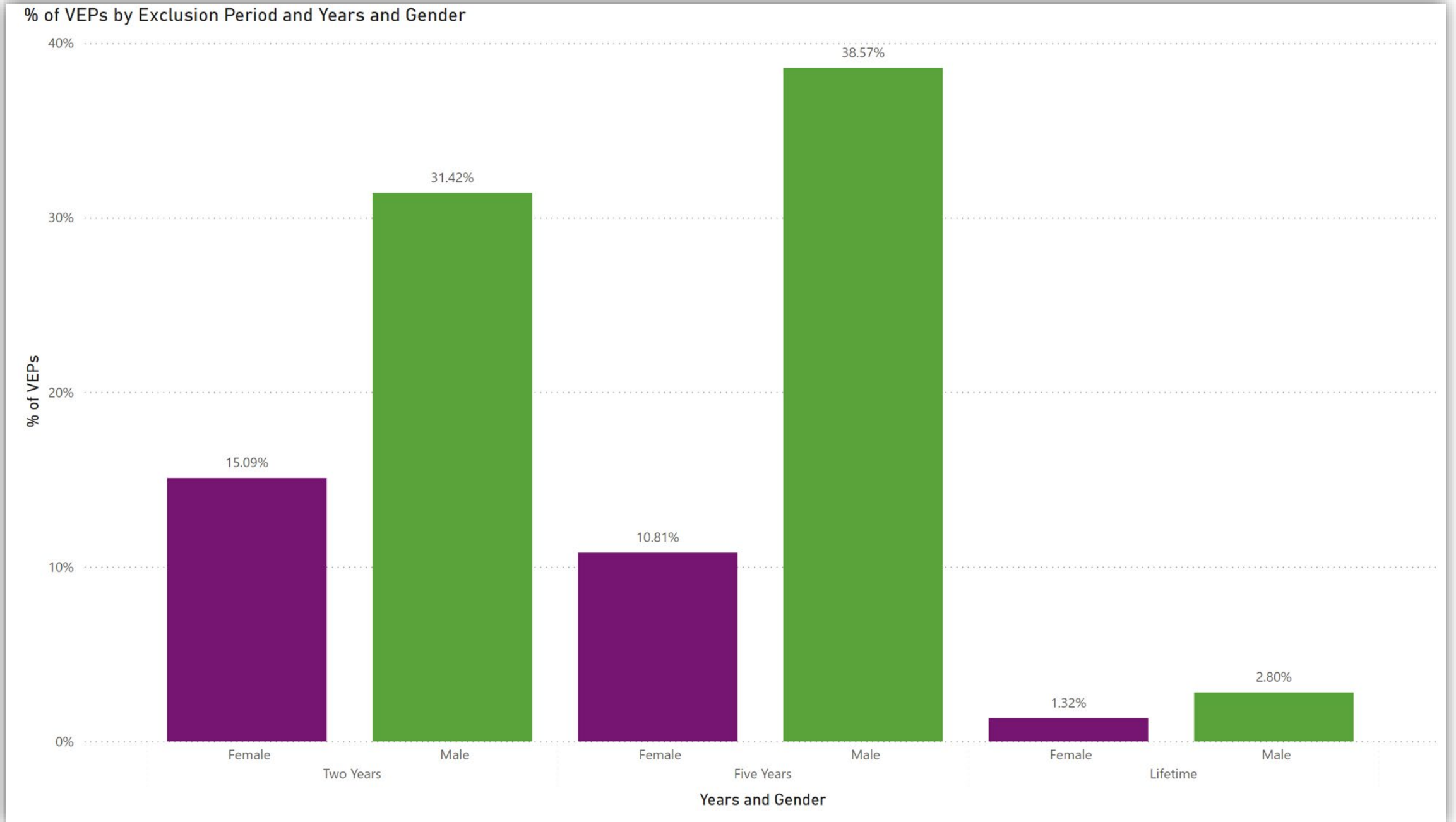
VEP Program Timeline

Total Number of VEPs 2572

We are 29.7% higher than last year.

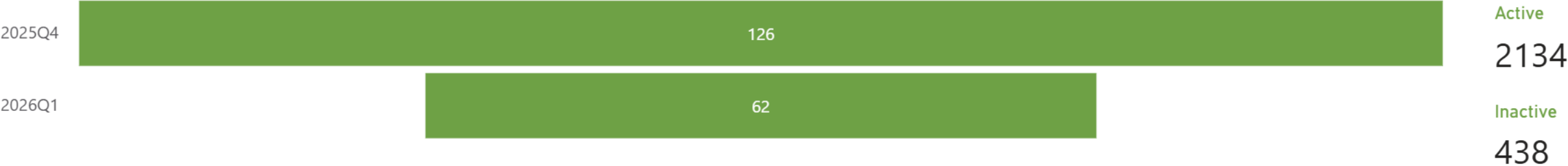


VEPs by Gender



Median Number of Days

of Median Days it takes a VEP to decide to reapply



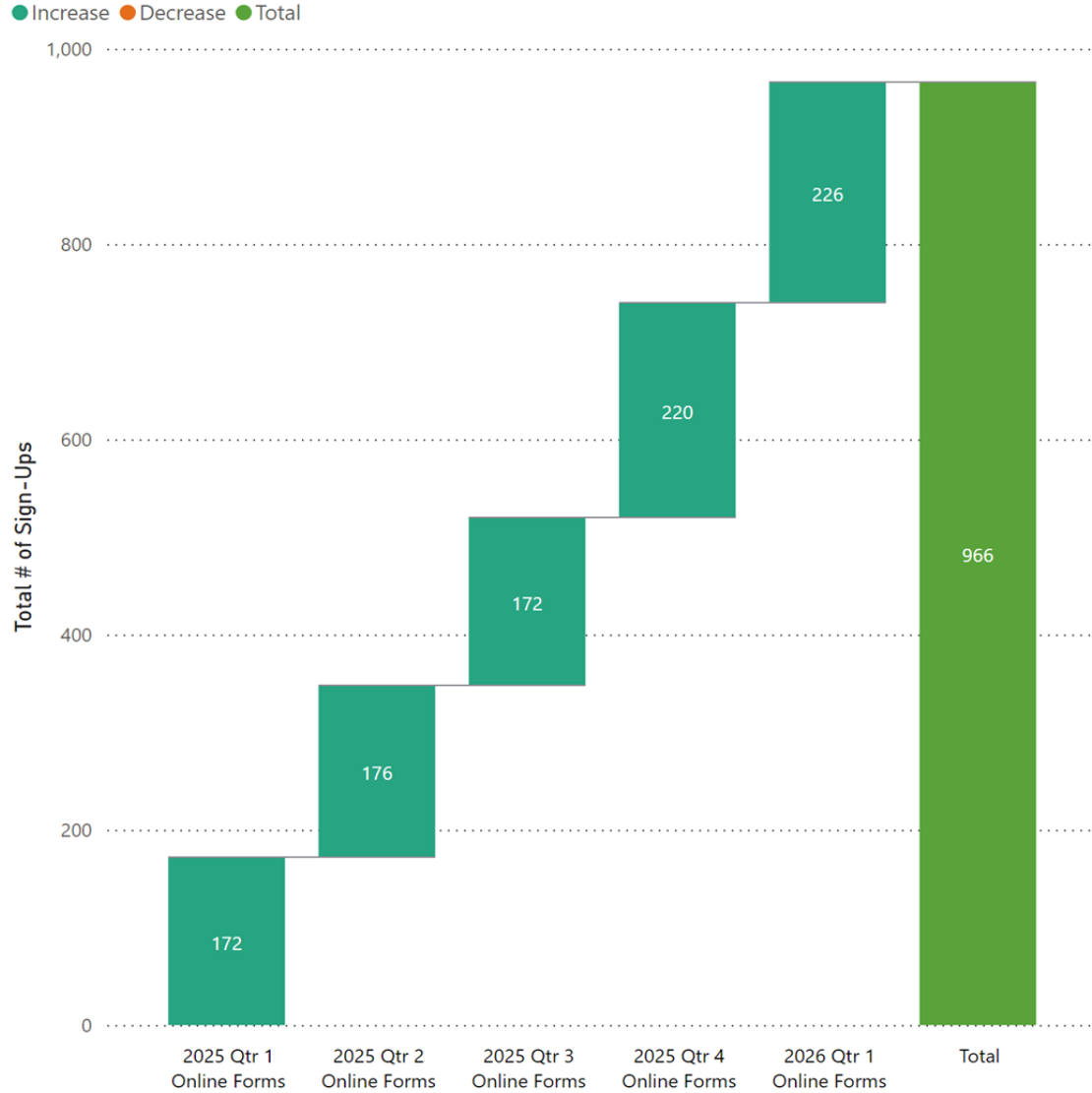
88

Total Number of Reapplied

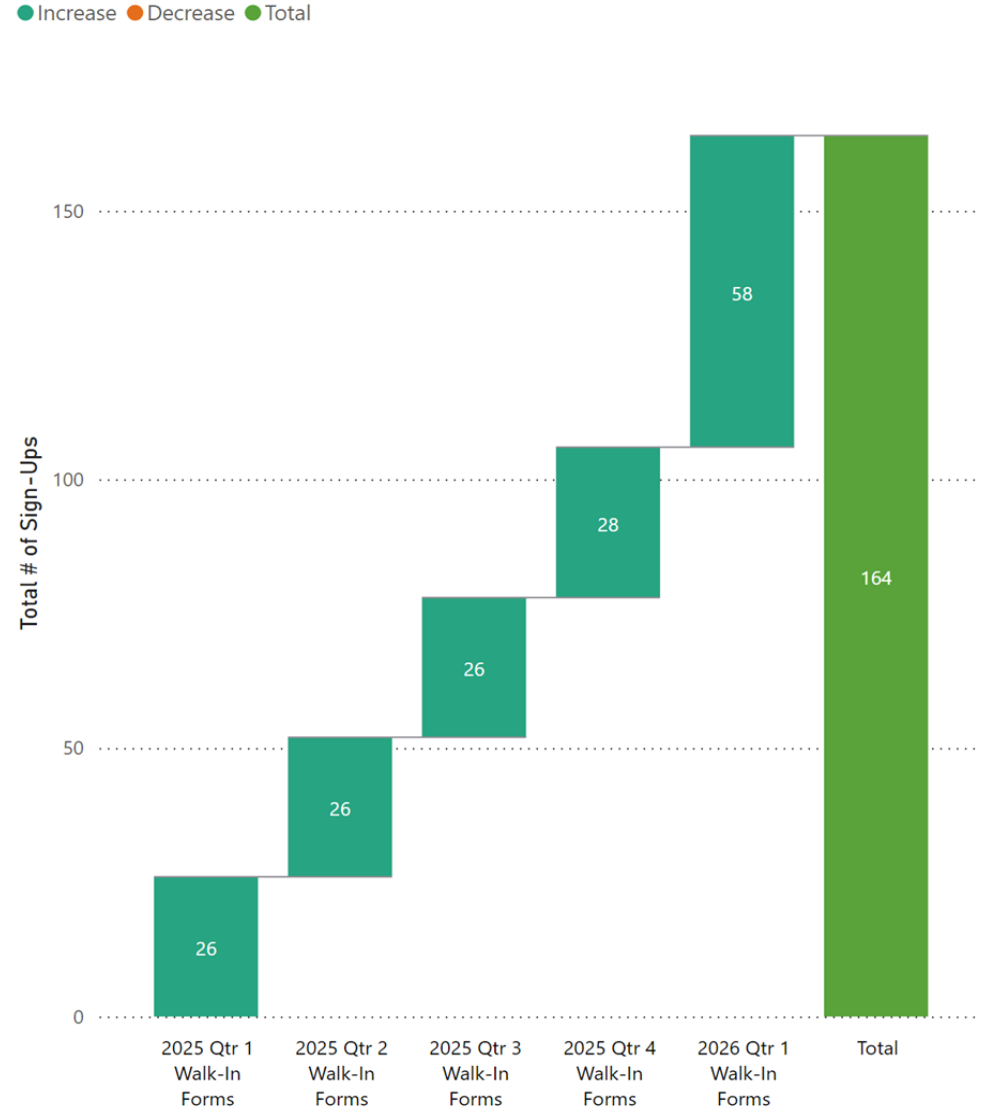
28 Reapplied Two Years change to Five Years
9 Reapplied Five Years change to Lifetime



VEP Form Registration

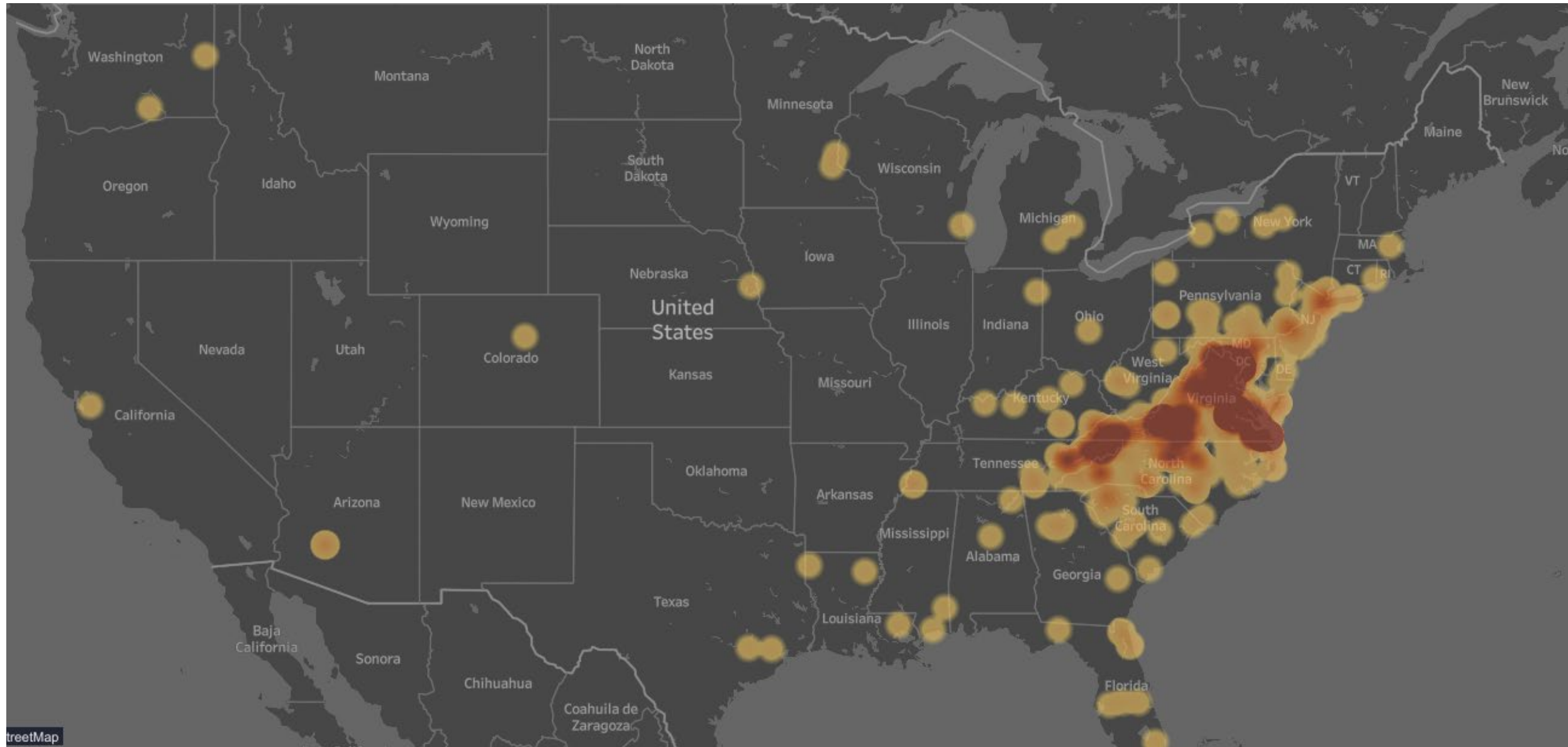


ONLINE FORMS

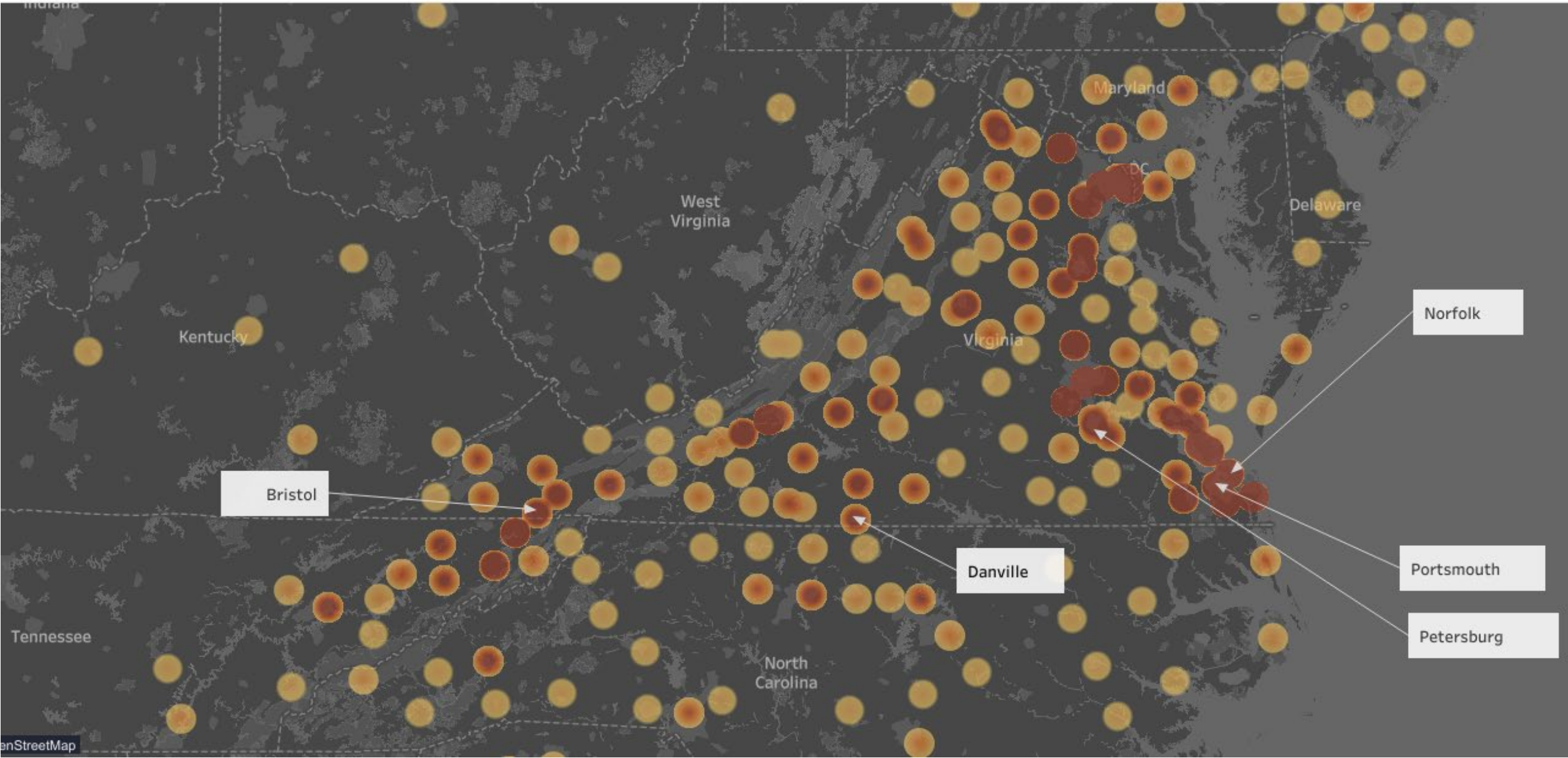


WALK-IN FORMS

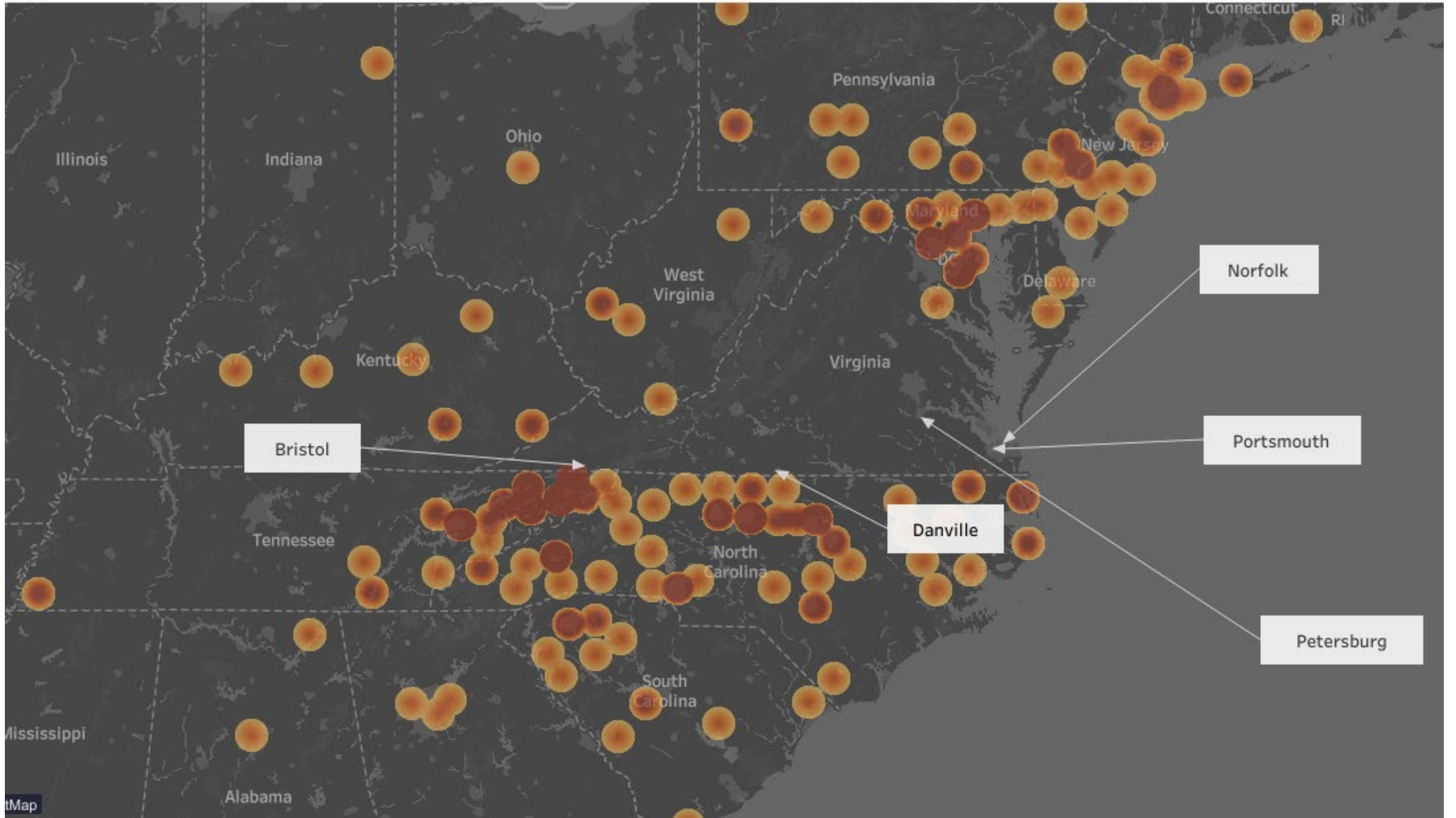
Are there other Hot Zones across the Nation for VA VEPs?



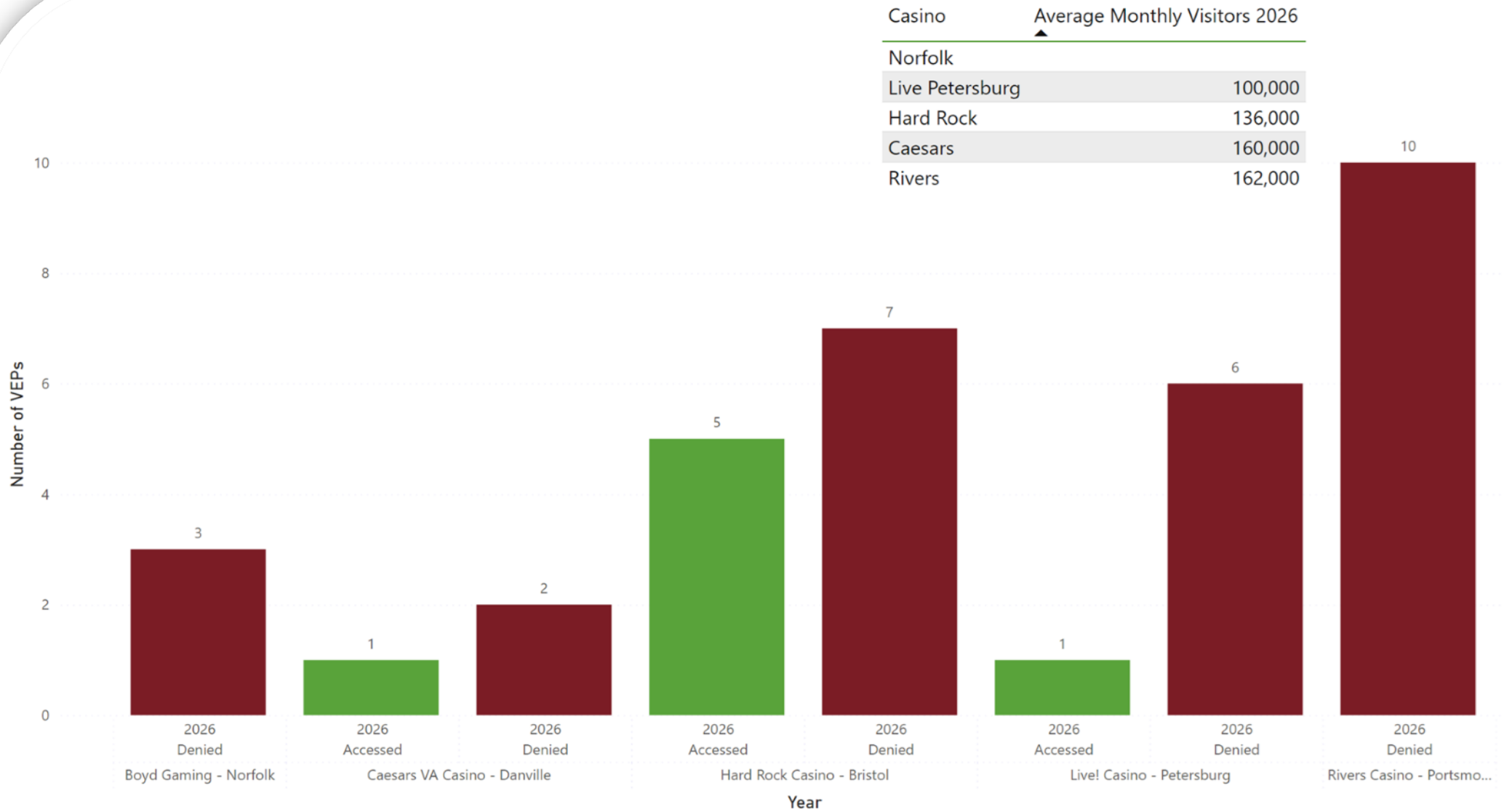
Are Virginia Casino Cities Hot Zones for VEPs?



Are Virginia Casino Cities Hot Zones for VEPs in Surrounding States?



Denied VEPs 2026



** The graph is a representation of Year to Date

Thank you





VCU

College of Health
Professions

Rehabilitation Counseling

Strengthening Virginia's Response as Gambling Expands

Carolyn E. Hawley, PhD
Professor, Executive Director
cehawley@vcu.edu



Virginia Partnership
for GAMING & HEALTH
Hope | Support | Solutions

2025 Impact at a Glance

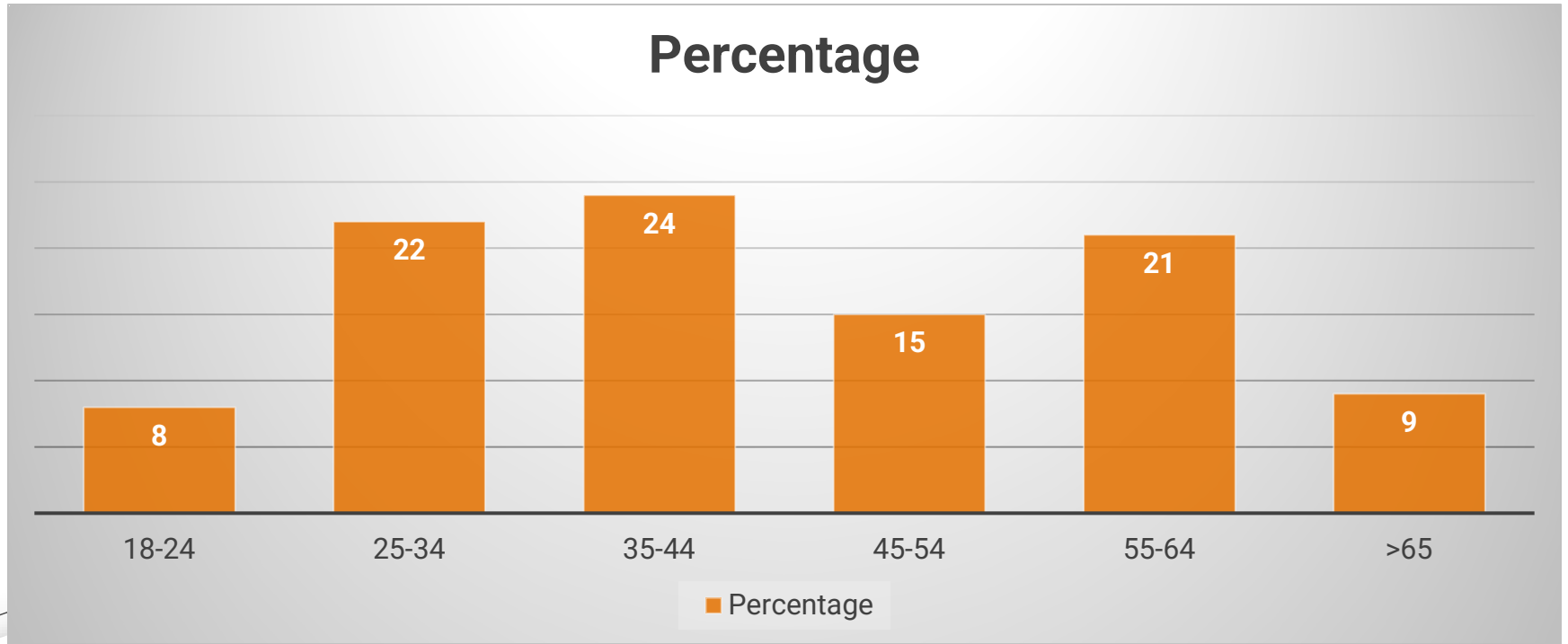
- 1,267 Virginians served
- 693 new referrals (17% increase)
- 93% connected within one week
- 95–97% reduced or stopped gambling

Who Seeks Help

- 55% male / 45% female
- Ages 25–44 and 55–64 most represented
- Working adults, families, retirees

Ages

Percentage



Workforce and Mental Health Impact

- 73% employed
- 49% mental health concerns
- 30% substance use disorder
- 13% veterans/military

Statewide Reach

- Serving all 5 Virginia regions
- Urban and rural access
- Equitable service delivery

Building Workforce Capacity

- 132 trained clinicians
- 25 peer recovery specialists
- Free statewide training

Outreach Across Virginia

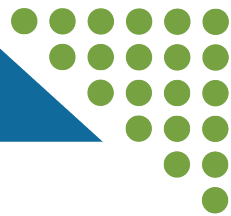
- 200+ outreach activities
- 4,000+ individuals reached
- Partnerships: CCAP, VCU, UVA, JMU, VAIS

Research and Innovation

- Epidemiology and treatment outcomes
- Co-occurring conditions
- Opportunities for collaboration and grants


Hope. Support. Solutions.

- Statewide coordinated response
- Rapid access and recovery support
- Building Virginia's future system

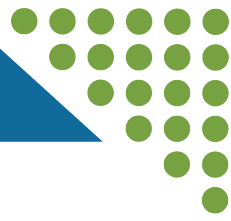


Problem Gambling Services Infrastructure & Endorsement Implementation

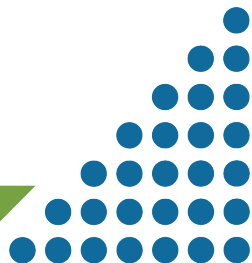


- 5 CSBs + 1 additional program
 - PG screenings
 - SUD Integration
 - Expansion
 - More Programs
 - Data Collection
 - Community Needs
- 

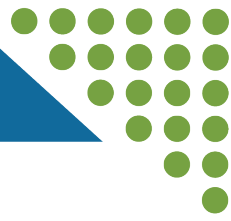
- Statewide PG Infrastructure
- Prevention - Identification – Treatment – Recovery
- Credential Endorsement
- Attached to Existing Licenses
- Planning Phase
- Endorsement Process
- Provider-Focused



- Leverages Existing Licenses
- Reduces Barriers
- Minimizes Cost
- Expands Workforce
- PA Model (30-hr)
- Workforce Growth
- Increased Capacity
- Improved Quality
- Service Consistency



- Build Competencies
- Within Scope
- No New License
- Increased Proficiency
- Workforce Growth
- More Trained Providers
- Reduce Burden



- VCU
- Virginia Problem Gambling Helpline
- Department of Health Professions Licensing
- Payer Representatives (Medicaid and Private)
- Current and future Pilot sites
- PRSS with lived experience



- Multi-Perspective Collaboration
- Informs Endorsement Process
- Pilot + Endorsement Model
- Increase PG Awareness
- Prevention & Treatment Focus
- Statewide Impact



VIRGINIA COUNCIL on PROBLEM GAMBLING

knowledge | strength | support

Willard Robertson, Executive Director

vcpg.net



VIRGINIA COUNCIL on PROBLEM GAMBLING

Mission:

The Virginia Council on Problem Gambling aims to increase **public awareness** of problem gambling, ensure the widespread availability of **treatment** for problem gamblers and their families, and to encourage **research** and programs for **prevention** and **education**.

VCPG maintains a neutral stance on gambling.



Members & Supporters

VDBHDS and the 39 Community Service Boards & Behavioral Health Authority

Platinum Hard Rock Hotel & Casino Bristol FanDuel Group Caesars Entertainment
DraftKings Rivers Casino Portsmouth

Gold Barstool Sports/Penn National Gaming, Inc. Virginia Lottery

Silver Bet MGM

Bronze Colonial Downs

Coalitions Appalachian Substance Abuse Coalition
Washington County Prevention Coalition
Southern Virginia Problem Gambling Collaborative

Individuals



VIRGINIA COUNCIL ON PROBLEM GAMBLING



VIRGINIA LOTTERY

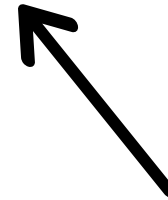
The Virginia Helpline

888-532-3500

call, text, or chat 24/7 - toll-free & confidential



1-800-MY-RESET
NATIONAL PROBLEM GAMBLING HELPLINE™



THE COUNCIL ON COMPULSIVE GAMBLING OF NJ
800-GAMBLER®



VIRGINIA COUNCIL on PROBLEM GAMBLING



Virginia Partnership
for GAMING & HEALTH

Helpline: Full Range of Services

Telephone Crisis Counseling

Online Text/Chat

Informational mailing

Support Group Referrals

Initial Diagnostic Consult

Referral to Individual Counseling

Weekly Wellness Support Meetings

Follow-up Calls

Virginia's Helpline Demand Is Surging



calls made to the VCPG helpline

21,983

**39% increase over 2024*

2025

total intakes

1,508

**50% increase from 2024*



VIRGINIA COUNCIL on PROBLEM GAMBLING

Intakes are counted once the caller asks for help with problem gambling.

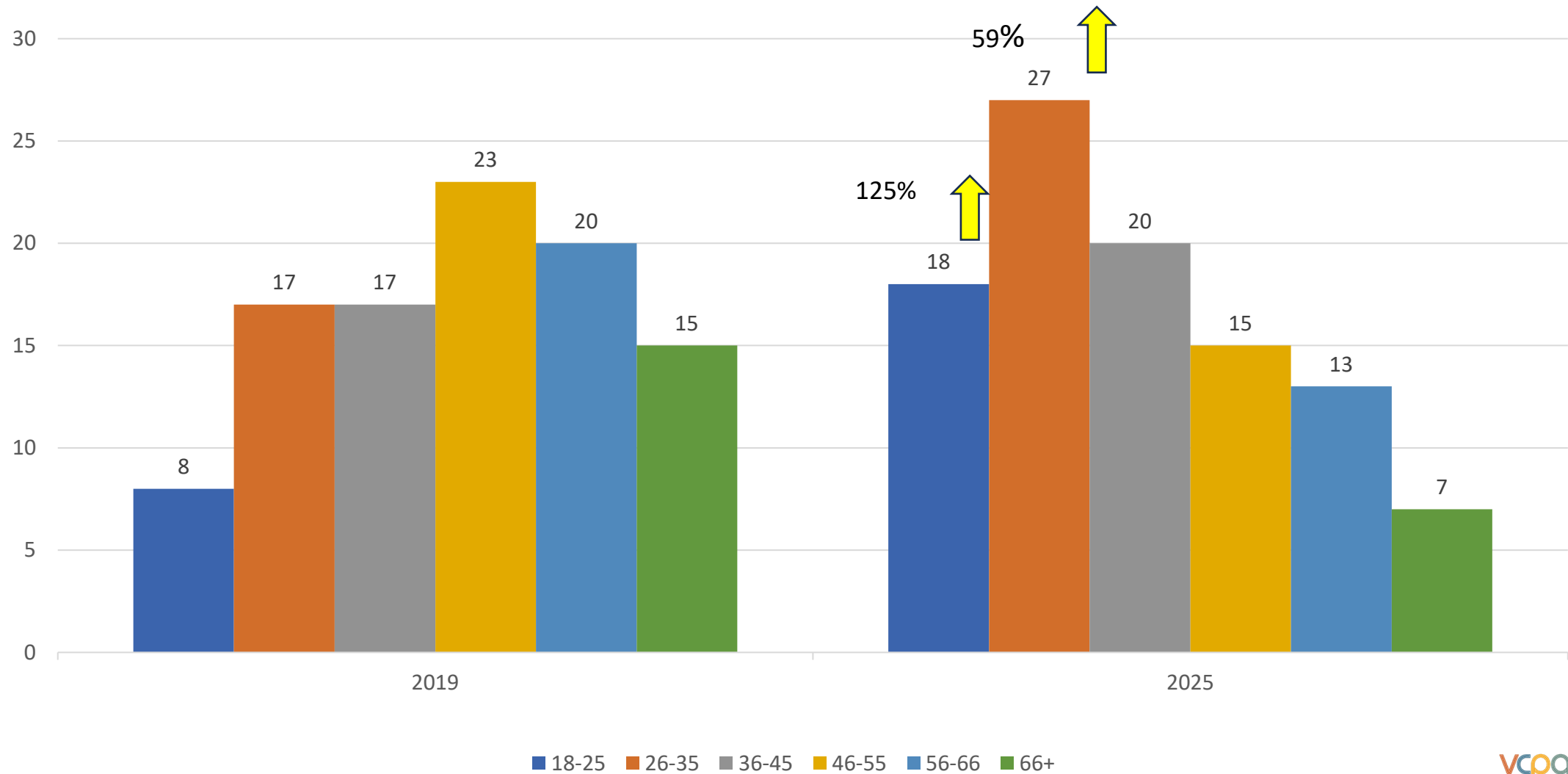
Helpline Utilization Has Grown Sharply Over Time

2019 - 2025

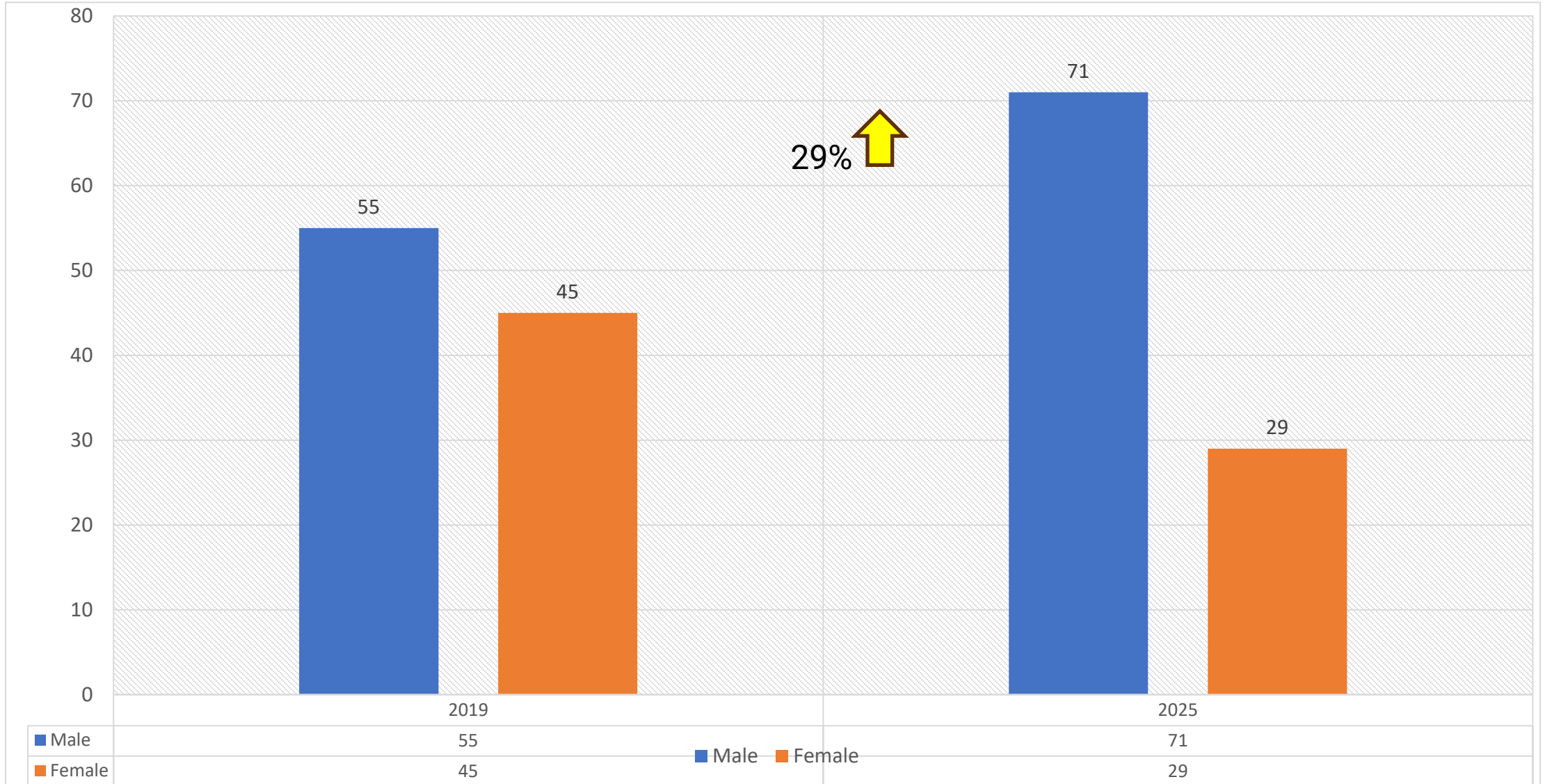
Total calls
increased 2,123%
(989 to 21,983)

Total intakes
increased 385%
(311 to 1508)

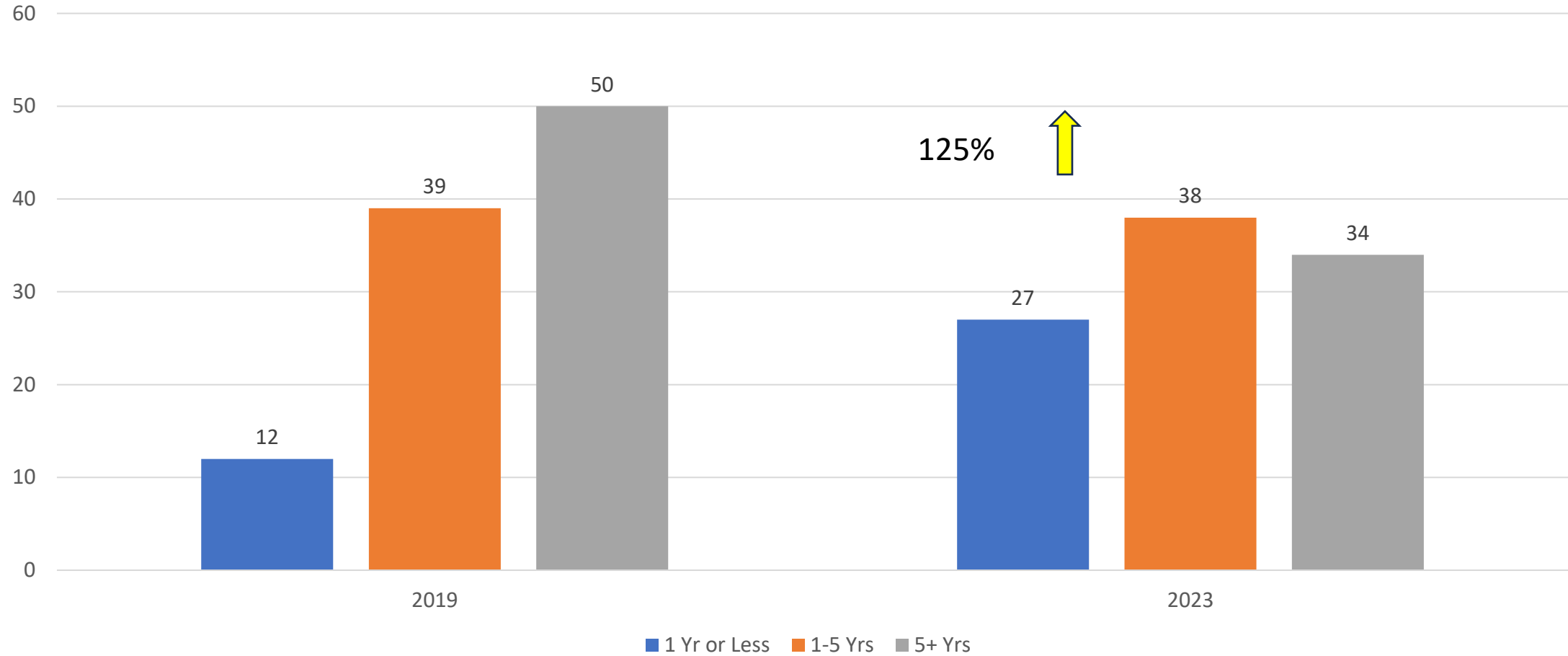
Caller Age Percentage



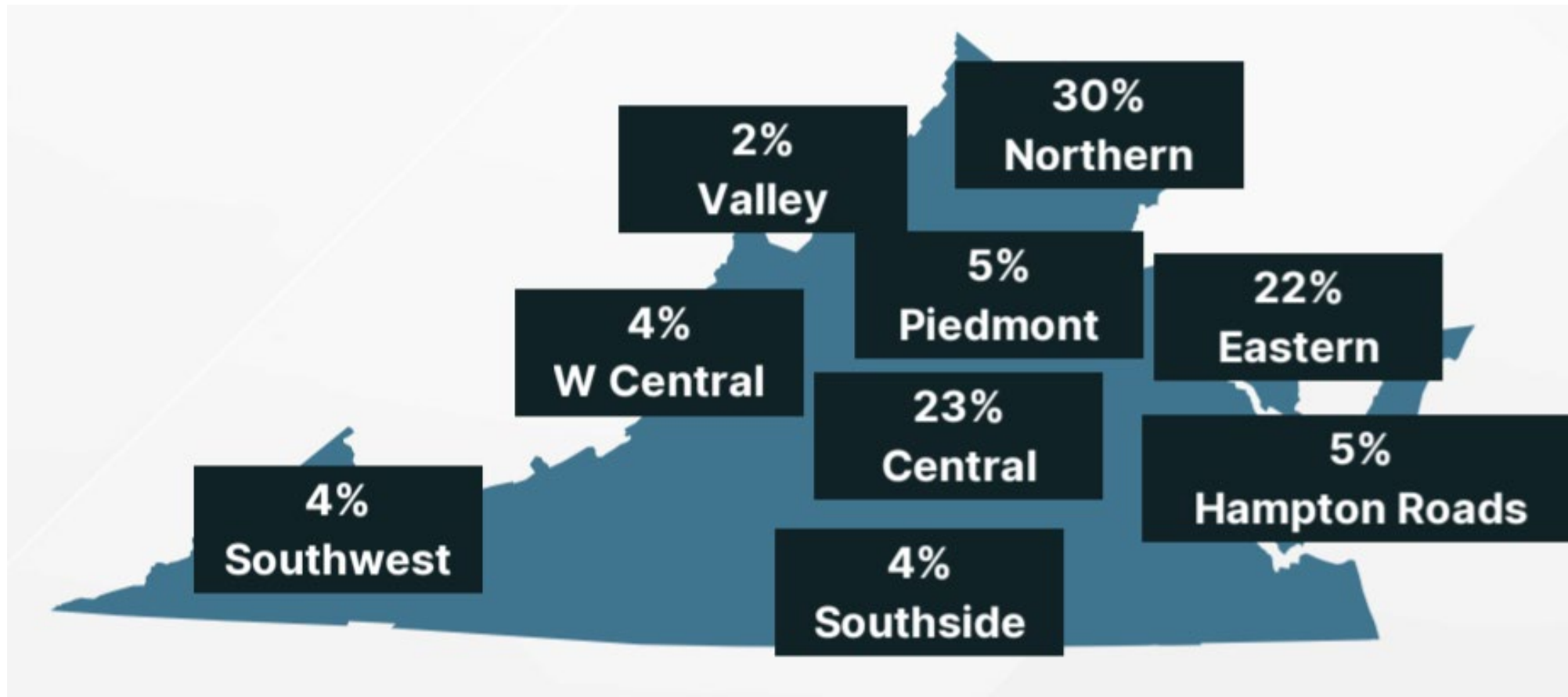
Gender



Length of Perceived Gambling Problem %



2025 Call Volume by Region



Top Ways Callers Seek Help

- 76% Internet
 - 8% Casino
 - 4% Friend
 - 2% Lottery
-
- 82% are calling for themselves
 - 18% remaining is typically a family member or friend

Key Takeaways

- Helpline use has grown dramatically.
- This growth reflects a long-term shift, not a temporary spike.
- The profile of callers has changed.
- Help-seeking is driven by high access gambling formats.
- People are reaching out sooner- but problems may be developing faster.
- Utilizing the internet to seek help has grown sharply.