

Department of Legislative Services
Maryland General Assembly
2006 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 150

(Senator Klausmeier, *et al.*)

Judicial Proceedings

Judiciary

Task Force to Study Gambling Treatment Programs in Circuit Courts and the
District Court

This bill creates a Task Force to Study Gambling in Circuit Courts and the District Court, staffed by the Administrative Office of the Courts (AOC), to study how a system of gambling treatment programs may be established in circuit courts and the District Court, including the costs, eligibility criteria, and guidelines associated with such a system. The task force must report its findings to the Governor and the General Assembly by December 1, 2007.

The bill takes effect October 1, 2006 and terminates December 31, 2007.

Fiscal Summary

State Effect: Any expense reimbursements for task force members and staffing costs for AOC are assumed to be minimal and absorbable within existing budgeted resources. Significant increase in State expenditures for the Judiciary to establish programs in accordance with the legislative intent language of this bill. The extent of these expenditures will not be known until the gambling treatment programs study is complete.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The bill states that it is the intent of the General Assembly that the Chief Judge of the Court of Appeals use judiciary resources to establish a system of gambling treatment programs in the District Court and the circuit courts so that offenders charged with crimes relating to chronic and compulsive gambling be dealt with in an effective and efficient manner in the judicial system. The bill also states that the General Assembly intends for the treatment programs to use specialized dockets to divert nonviolent members of this population who use crime to support their habit into an integrated system that emphasizes treatment, supervision, and accountability.

Current Law: The Health-General Article defines a “compulsive gambler” as an individual who is preoccupied chronically and progressively with gambling and the urge to gamble and who’s gambling behavior compromises, disrupts, or damages the individual’s personal, family, or vocational pursuits.

Background: The National Council on Problem Gambling reports that an estimated 2 million adults in the United States meet the criteria for pathological gambling in any given year.

History of State-funded Gambling Treatment

Chapter 928 of 1978 required the Secretary of Health and Mental Hygiene to establish, as a pilot project, a center for compulsive gamblers at a location accessible to a major population center of the State. Enactment of this legislation made Maryland the first state to recognize and address compulsive gambling. Governor Lee included \$100,000 in the fiscal 1980 budget for this program.

The State awarded the Johns Hopkins University School of Hygiene and Public Health a \$98,000 contract for the pilot project. The Hopkins’ proposal stressed group therapy and an integrated approach to gambling treatment. The Johns Hopkins Center for Pathological Gambling in Pikesville opened on October 24, 1979 as the first pathological gambling treatment center in the United States. The center began to accept clients in November 1979 and reached its outpatient capacity by January 1980. In its first year, the center served 191 clients and garnered national media attention. In its second year, the center added therapy programs for incarcerated pathological gamblers.

In fall 1982, the Drug Abuse Administration (DAA) of the Department of Health and Mental Hygiene (DHMH) sought competitive bids for the continuation of the program. The National Foundation for Study & Treatment of Pathological Gambling, Inc., a nonprofit health care corporation, was awarded a \$60,000 grant from DAA to set up a compulsive gambling treatment program. The program started on September 1, 1983 on

the grounds of Taylor Manor Hospital in Ellicott City. Because Taylor Manor was a for-profit hospital, the foundation and Taylor Manor reached an agreement whereby staff would be on Taylor Manor's payroll, the program would use Taylor Manor facilities and supplies, and patients' fees would be collected by Taylor Manor. The average length of stay in the program was between 21 and 28 days. The State terminated the grant after one year. Taylor Manor terminated its contractual relationship with the foundation but renewed contractual agreements with clinical staff. Based on this arrangement, Taylor Manor operated an inpatient gambling treatment program.

In October 1984, the Alcohol and Drug Abuse Administration (ADAA) of DHMH provided \$12,000 for a residential treatment program in downtown Baltimore. The program closed in February 1986.

In 1985, DHMH made a \$40,000 grant to Changing Point, a private treatment program for alcoholics associated with Taylor Manor Hospital. The grant money was to serve as funding for training programs related to gambling treatment. ADAA terminated the grant after 16 months due to the growing cocaine addiction problem in the State. The State referred indigent State residents to Epoch House Drug Counseling Center in Catonsville with the belief that a large portion of the compulsive gambling population also suffered from drug addiction. The State also mandated a gambling training module for certain addiction counselors. This program ended in 1988.

ADAA advises that a compulsive gamblers hotline was funded many years ago in the amount of \$200,000, but was later terminated. ADAA advises that it has not funded such a project for a number of years.

Drug Court

The Judiciary assists in the operation of a statewide system of drug treatment courts. In June 2005, the program had approximately 1,500 participants. The Judiciary does not pay for an offender's treatment, testing, or supervision costs; those expenses are paid by local jurisdictions and State funding to local jurisdictions earmarked for criminal justice programs.

Louisiana Model

In 2004, the Louisiana Attorney General initiated The Gambling Treatment Referral Program Pilot Project. This project was a pretrial diversion program designed to help first-time offenders suffering from gambling addiction. The program is similar to Maryland's Drug Court, and emphasizes treatment rather than incarceration. The program experienced a statewide expansion to all district attorneys in Louisiana in 2005.

It is funded through the Louisiana Department of Health and Hospitals' Office for Addictive Disorders, Compulsive and Problem Gambling Fund.

State Expenditures: The Judiciary advises that it will need a contractual researcher/coordinator to assist with the gambling treatment program study. DLS disagrees with this assessment and believes the responsibilities associated with the study can be handled with existing resources and staff.

Though this bill requires the study of the implementation of a judicial gambling treatment program, the legislative intent language refers to the actual creation and operation of a gambling treatment program in the courts. The Judiciary would experience significant costs if the legislative intent language is followed. However, the extent of this expenditure increase will not be known until the study is complete.

Additional Information

Prior Introductions: None.

Cross File: HB 302 (Delegate Cardin, *et al.*) – Judiciary.

Information Source(s): Judiciary (Administrative Office of the Courts); Department of Health and Mental Hygiene; National Council on Problem Gamblers; *Final Report of Task Force on Gambling Addiction in Maryland (1990)*; “Program Emphasizes Treatment, Not Incarceration, for Louisiana’s Problem Gamblers,” January 7, 2005, Louisiana Department of Health and Hospitals; “Gov. Blanco Declares March 6-12 National Problem Gambling Awareness Week,” March 4, 2005, Louisiana Department of Health and Hospitals; Department of Legislative Services

Fiscal Note History: First Reader - February 6, 2006
nas/jr Revised - Senate Third Reader - March 21, 2006

Analysis by: Amy A. Devadas

Direct Inquiries to:
(410) 946-5510
(301) 970-5510