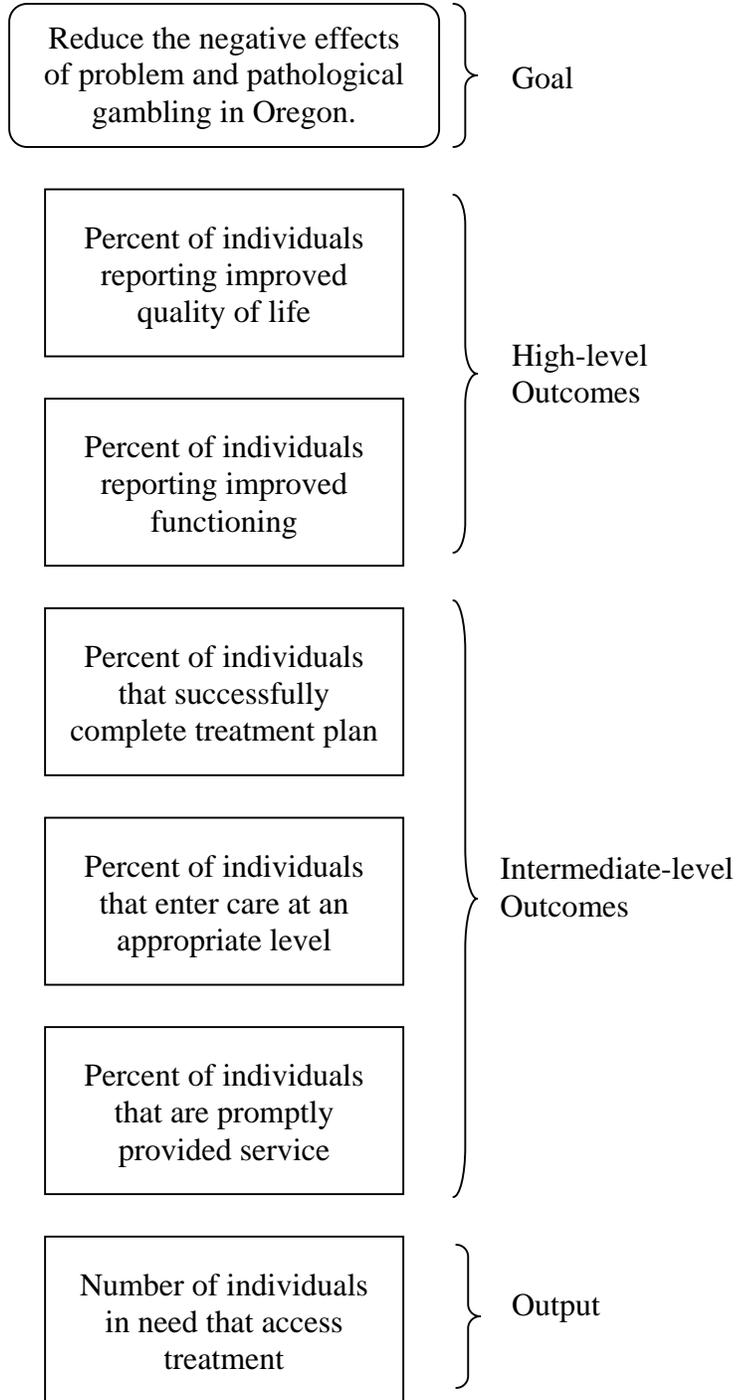


Proposed Logic Model – Gambling Services

July 29, 2002



Output					
Output	Description	Target	Importance	Numerator/Denominator	Data Source
Number of individuals in need that seek treatment	In 1997 (Volberg), 1998 (Carlson & Moore), and 2001 (Volberg; Moore) four prevalence studies were commissioned by the Oregon Gambling Addiction Treatment Foundation to estimate the prevalence of problem and pathological gambling among adolescents, adults, and older adults. The most recent estimate suggests there are over 57,000 adults in Oregon that were suffering from problem and pathological gambling during the past year not including an additional 8,000 over the age of 62 and possibly as many as 8,000 adolescent pathological gamblers.	In 1997 expected penetration was estimated at 5% (Volberg). In 2000 another study in Oregon confirmed that this penetration goal was appropriate (Moore, Jadlos, Carlson) except for adolescents. Utilizing this empirically based information, the state should be providing care to 2850 adult gamblers per year and up to 400 older adults. Because adolescents tend to group in clusters of high risk activities and are most likely seen and treated for other problems no estimations of the number of adolescents seeking specific stand alone gambling treatment were given (Carlson & Moore).	Problem and pathological gambling are destructive and if left untreated can lead to the disintegration of psychological, physical, and spiritual wellbeing as well as to the devastation of families and community.	Numerator: Number of individuals seeking treatment through the state-funded gambling helpline and at treatment programs. Denominator: Published prevalence estimates and expected penetration rates.	Existing databases for the state-wide Helpline and for the state-wide evaluation GPMS.
Intermediate-level Outcomes					
Outcomes	Description	Target	Importance	Numerator/Denominator	Data Source
Percent of individuals that are promptly provided service	Research suggests that the number of individuals that call in crisis and <i>do not</i> follow-up with a face-to-face visit at a treating agency are most likely those who experience long waiting periods to see a counselor.	The established target is that 90% of individuals calling treating agencies will be seen within 5 work days.	Individual motivation is critical to seeking treatment. In most situations, individuals are motivated by personal crisis and are most open to the treatment processes during such times of crisis. By providing timely services more individuals will have the opportunity to experience the positive effects of treatment without having the	Numerator: The number of clients that receive services within 5 business days of initial call to the treatment provider. Denominator: All individuals calling for assistance at the treating agencies with the desire to have face-to-face counseling contact.	Existing GPMS program evaluation dataset. Additional data reporting at the provider agency will be necessary to determine the number of individuals that call and then fail to show for their scheduled appointment.

			opportunity to think that since they survived the immediate crisis without services they will not re-experience trauma and future crisis.		
Percent of individuals that enter or receive care at an appropriate level.	Not all individuals requiring assistance for problem or pathological gambling are appropriate for outpatient care. Some may require more intense 24-hour stabilization for a short period of time, others may benefit from alternative treatment interventions not requiring attendance at formal sessions, and still others might find value in tailored interventions at existing outpatient clinics.	All clients will be provided an individualized treatment plan that can include locally tailored programming or access to other treatment resources in the state.	Appropriate level of care is critical to the effectiveness of treatment. Least restrictive treatment strategies when applied to individuals requiring more intense care can usually be expected not to be helpful in supporting the client's engagement in that treatment. Conversely, highly restrictive treatment may serve as the foundation of a negative treatment experience with poor treatment outcomes.	Numerator: Number of clients receiving care within their clinical needs. Denominator: Total number of clients receiving care.	Retrospective annual expert review of a sample of clinical records at each provider agency focusing on the appropriateness and documentation of the assessment and severity of the problems, the appropriateness of the treatment plan, and the appropriateness of referrals to allied agencies.
Percent of individuals that successfully complete their treatment plan.	Appropriate treatment planning and treatment delivery is essential in ensuring treatment efficacy. Matching treatment intervention and strategy to individual needs is of critical importance to ensure the client receives maximum value from the treatment provided. Nonetheless, clinical best practices have not yet been established for the treatment of problem and pathological gambling although there is a rapidly growing body of knowledge.	State-wide treatment completion rates will remain at or above those for other mental conditions including addictions. No individual treatment agency will fall below one standard deviation of the average rate of successful completions of all programs.	Successful program completion rates are the keystone for quality improvement. This single measure, when applied consistently, provides the baseline from which both treatment delivery as well as long-term treatment outcomes can be analyzed. The difference between what the clinician believes to be effective treatment as demonstrated by the treatment plan and the actual efficacy of that treatment is the relationship between successful program completion and long-term success.	Numerator: Number of clients deemed to have successfully completed their treatment plan. Denominator: Total number of clients that were discharged or terminated during the period. This rate may be adjusted with neutral discharge categories.	Existing GPMS dataset and program evaluation.

High-level Outcomes					
Output	Description	Target	Importance	Numerator/Denominator	Data Source
Percent of individuals reporting improved functioning.	<p>The primary measure for this domain is the elimination or reduction of gambling.</p> <p>Individuals diagnosed with pathological gambling normally also report a myriad of personal, relationship, legal, physical, and, employment problems. Additionally, most pathological gamblers also present for treatment with a variety of premorbid, comorbid, and cooccurring mental disorders.</p> <p>Although it is not the specific purpose of gambling treatment to “fix” all of the social and mental issues, it is expected that as the individual engages in the long-term recovery process these ancillary problems will improve.</p>	<p>A minimum of 50% of the clients will report either abstinence from gambling or a reduction in the problems caused by the gambling (harm reduction).</p> <p>Additionally, 50% of the individuals will report improvement in one or more other areas including relationships, legal, employment, or physical health.</p>	<p>This outcome is critical to determining the efficacy of the treatment efforts.</p> <p>Although it is not possible to estimate the savings in social costs from a general perspective, this measure can provide substantial insight and empirical proof as to program effectiveness.</p>	<p>Numerator: Number of clients reporting improvement in gambling and other indices during specific follow-up windows.</p> <p>Denominator: Total number of clients in the specific follow-up window.</p>	Existing GPMS dataset for follow-up consisting of a pre/post statistical comparison of self-reported responses to a standardized instrument.
Percent of individuals reporting improved quality of life.	<p>This goal, although considered as the highest level of outcome possible, is considered a “soft” measure and is based solely on the individual’s perception.</p>	<p>A minimum of 50% of the clients will report improved quality of life.</p>	<p>Quality of life satisfaction has been linked to higher levels of wellness including physical health and mental wellbeing.</p> <p>Although quality of life satisfaction is not necessarily directly associated as a goal of the treatment process, it is an expected outcome of the continuing recovery process that has its foundation in effective treatment.</p>	<p>Numerator: Number of clients reporting improvement in their quality of life and social relationships during specific follow-up windows.</p> <p>Denominator: Total number of clients in the specific follow-up window</p>	Existing GPMS dataset for follow-up consisting of a pre/post statistical comparison of self-reported responses to a standardized instrument.