

Oregon Health Authority Health Systems Division

County/Program (Choose an item.) **Problem Gambling Prevention Report**
July 1, 2019 through June 30, 2020

*If you received problem gambling prevention funds during this time period, please report on them using this form. In addition to the information you enter into the Quarterly Problem Gambling Prevention Data Collection System, this attachment will provide information regarding your highlights achieved toward your goals, as well as successes and challenges you have had along the way. Your input will help us determine the impact of the programs and identify areas for improvement. **Annual report is due on August 15, 2020.***

Referring to your approved problem gambling prevention implementation plan:

1. Please provide a brief narrative describing any **highlights/successes** that were achieved toward the goals you selected in your Problem Gambling Prevention Plan.

2. What overall challenges/obstacles did you encounter?

3. Budget Summary
Personnel Cost (includes overhead etc.):
Program Cost (supplies, sub-contracted services, etc.):
Training Cost (registrations, travel, per diem etc.):
Total:

4. How can HSD provide you with improved support at the state level?