Oregon's Publicly Funded Gambling Treatment Services Evaluation Report: Fiscal Year 2022-23

OREGON HEALTH AUTHORITY

PROBLEM GAMBLING SERVICES

Acknowledgments

Special thanks go to the staff at Oregon Health Authority, Problem Gambling Services (PGS), particularly Greta Coe and Brandie Lyday, for the time they spent meeting with the evaluators and compiling program materials for the evaluation team's review.

This evaluation would not be possible without the PGS contracted gambling treatment providers, who diligently input client data. Together our efforts create a more informed and evidence driven system of care.

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Introduction

Oregon has a long history of addressing the risks associated with gambling through research, prevention, education, responsible gambling guidelines, treatment, strong partnerships, and collaborations. These services are supported by legislation requiring no less than one percent of Oregon Lottery revenues to fund problem gambling services. The Oregon Health Authority (OHA) administers the funds that provide approximately $7.5 million annually for problem gambling prevention, treatment, and related services throughout the state.

The present report will focus only on publicly funded services provided for the treatment and recovery component of the OHA problem gambling services system. This component accounts for a large percentage of the entire program budget when including the scope of treatment, recovery, and related evaluation services.

These funds enable OHA funded gambling treatment and recovery services to be made available to any Oregon resident who has problems related to gambling, either as an individual, or a concerned other (people whose lives have been affected by someone else's gambling, such as family, friends, significant others, and colleagues).

Information and help is made available to the public

Oregon Problem Gambling Resources: www.opgr.org | Problem Gambling Helpline: My Limit (1-877-695-4648)

Description of Services & Providers

Problem gambling occurs on a spectrum, which individuals can move back and forth along throughout their lifetime and recovery journey. Depending on the severity of the problem and the needs of an individual, there are a number of options for engaging in help-seeking and treatment services.

Non-gambling	Gambling without problems	Mild gambling problems	Moderate gambling problems	Severe gambling problems

← *Spectrum of problem gambling severity* →

OHA supports efforts to identify individuals experiencing harmful gambling and to help them engage in positive change. Awareness campaigns and helpline resources encourage those who are passively looking for help to move into active help-seeking. Individuals and agencies contracted by OHA to provide problem gambling treatment offer an array of treatment services and support for recovery, which are covered in this section.

Not seeking help	Passively or actively looking for help	Diverse treatment services	Recovery support

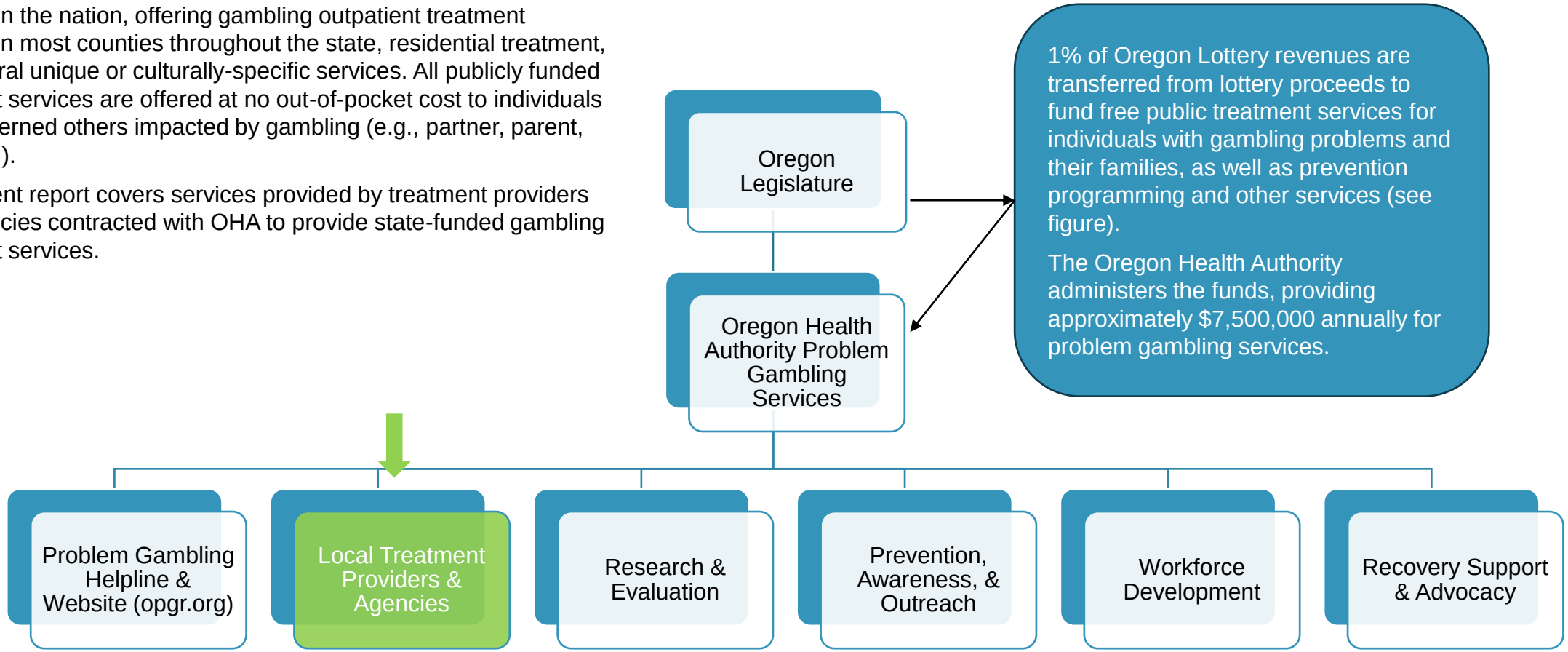
← *Spectrum of engagement in problem gambling services* →

Publicly Funded Treatment Services

Gambling treatment services in Oregon

Oregon has one of the largest publicly funded gambling treatment systems in the nation, offering gambling outpatient treatment services in most counties throughout the state, residential treatment, and several unique or culturally-specific services. All publicly funded treatment services are offered at no out-of-pocket cost to individuals and concerned others impacted by gambling (e.g., partner, parent, child, etc.).

The current report covers services provided by treatment providers and agencies contracted with OHA to provide state-funded gambling treatment services.



Types of treatment services

Funded by Oregon Health Authority, Problem Gambling Services (PGS), treatment services range to fit a level of care approach. In this model, individuals are offered the most effective and least restrictive treatment approach before being "stepped up" to a higher level of care if needed, and "stepped down" to a lower level of care when appropriate. GEAR, a minimal intervention program is the lowest level of care, followed by outpatient treatment (which includes culturally-specific programs), residential treatment, and respite - the highest levels of care offered in Oregon. Peer support can be an additional source of support for individuals during their recovery process, at any level of care.

Home-Based Minimal Intervention (GEAR)

A treatment option often utilized by individuals who travel frequently, require anonymity, or are looking for self-help support is a state-wide home-based minimal intervention program, GEAR.

This program consists of a self-help workbook that is designed to be completed at home with telephone or video-conferencing support from a professional counselor.

Outpatient Gambling Treatment

In FY2022-23, there were 95 certified problem gambling service providers from 47 different locations contracted with PGS to provide problem gambling services.

Outpatient treatment may include individual gambling and family therapy, group therapies, and peer support, and community recovery group participation is encouraged (e.g., Gambler's Anonymous).

Culturally-Specific Service Programs

Oregon's gambling treatment system works diligently to ensure that culturally relevant and linguistically appropriate treatment services for Hispanic or Latino, Black or African-American, Native American, and Asian-American individuals and families are available.

Residential Gambling Treatment

There is one residential treatment facility located in Marion County, designed exclusively for problem gambling treatment.

The co-ed treatment facility provides peer support, counseling, and nutritious meals. The location is in an unlocked home-like environment with support for visitations.

On average, clients stay for about 5 weeks.

Respite

Respite services are delivered to individuals who have special needs related to their treatment, such as high suicide risk or co-occurring psychiatric conditions. Services are provided at a secure residential treatment facility to provide stabilization before a referral to problem gambling residential or outpatient services.

Peer Support

Eight programs provided peer support services in FY2022-23.[1]

Peer mentors (or *peer support specialists*) utilize their lived experience with problem gambling to support others in recovery.

1. Voices of Problem Gambling Recovery, Inc. (VPGR) HOPE program is one of the eight programs. Their data is included in this report although it is not entered into the PG Net data management system.

Peer support services

Peer services is an additional layer of support delivered across treatment types and delivered by peer mentors (or peer support specialists) who utilize their lived experience with problem gambling to support others in recovery. In FY2022-23, these services were delivered by 8 facilities.

A total of 147 clients received peer services support.

Of the 147 clients that received peer services support, 126 clients were outsourced to the HOPE Peer Mentor Program.

The HOPE Program is not housed in a treatment facility, rather it is program within Voices of Problem Gambling Recovery, a grassroots community non-profit composed almost exclusively of persons with problem gambling lived experience.

A variety of service delivery modalities were used, including in-person, group, phone, text, and video conferencing. For HOPE clients, phone was the most popular modality, utilized by 83% of clients.

Evaluation Overview

The OHA problem gambling treatment system includes a robust evaluation program. Historically, this treatment evaluation system included two primary components: (1) A data management system that collected intake, discharge, and encounter data inputted directly from gambling treatment providers, and (2) a follow-up treatment evaluation that collected longer-term client outcome data collected by an independent researcher. These data management and evaluation services were provided by a single contractor who retired at the end of FY2020-21. At the beginning of FY2021-22, OHA brought data management in-house by creating the Problem Gambling Network (PG Net) Data Collection System. PG Net was created as a web-based system where contracted gambling treatment providers log in and enter intake, discharge, and encounter data. Beginning in FY2023-24, gambling treatment follow-up evaluation resumed under a new contract with a third-party evaluator.

The current report reflects only data captured within the PG Net system for clients who were seen by OHA contracted gambling treatment providers during the FY2022-23 (July 1, 2022, through June 30, 2023) period. Future OHA PGS evaluation reports will include data from multiple sources (e.g., PG Net, SHS, BRFSS, and Medicaid) and will not be limited to treatment services.

Problem Gambling Network (PG Net) Data Collection System

OHA gambling treatment providers are required to enter intake, discharge, and encounter data into PG Net for all gambling treatment enrolled clients. The data system allows OHA to evaluate all programs consistently, resulting in the ability to utilize treatment data to inform policy, practice, and continual improvement efforts. Most data fields within PG Net are required, however, several are optional and sometimes left incomplete. *With partially empty data fields, analyses are limited. For example, missing data on gender identity can result in an underestimate of clients who identify outside of the male/female binary. In the end, underrepresented groups are left unrepresented. To address this, OHA PGS has initiated a program to improve data quality and data collection methods moving forward, which will be reflected in future reports.*

Detailed information about PG Net, including a PG Net Users Guide with all the data fields, can be found on the OHA Problem Gambling Services website:

https://www.oregon.gov/PGNet

The system provides insights into the following areas:

- Demographics of clients utilizing services throughout the state.
- Effectiveness of the services provided.
- How treatments offered by client demographics relate to treatment success.
- How treatment cost and utilization factors apply to treatment success.
- Local programs' compliance to contractually required performance standards and metrics.

Method

The scope of the analyses covers all clients who had an encounter during the FY2022-23 period[1] and whose activities were reported in the PG Net data management system.[2] This includes clients who were admitted to the program in a previous fiscal year and had at least one encounter in FY2022-23, as well as clients who were either admitted or discharged in FY2022-23.

The analyses are primarily descriptive, providing (1) an in-depth profile of clients in the PGS treatment population, (2) an account of encounter activities by treatment providers, and (3) an examination of program performance based on client discharge data.

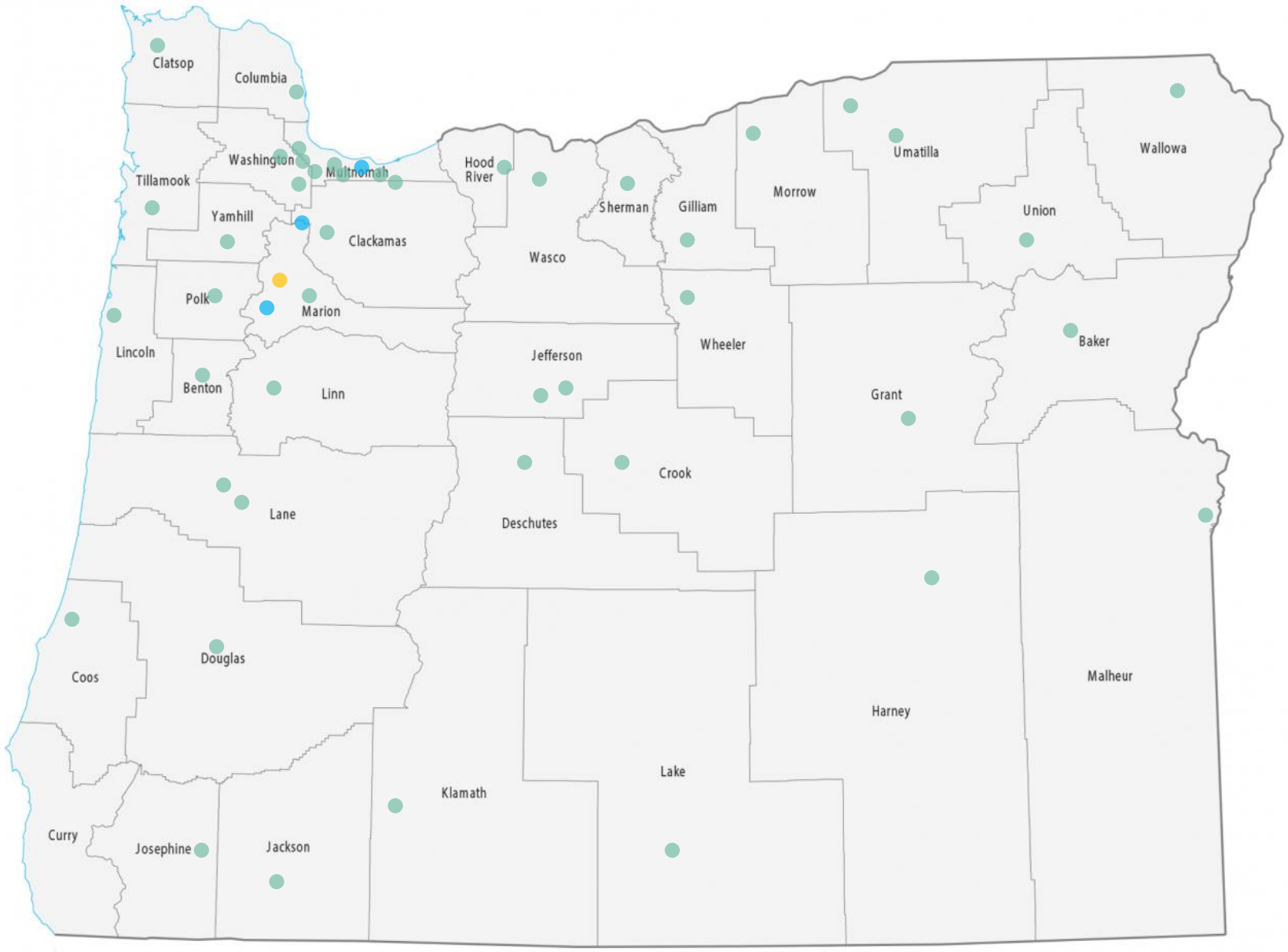
Charts are used extensively to make complex data more accessible and understandable. Tables are also used when a more detailed, precise data representation is required.

Statistical tests are used when it is important to establish that an insight is likely not a fluke of the data, but a reliable characteristic of the FY2022-23 PGS treatment population. A 0.05 level of significance is used throughout the report. An asterisk (*) is used to denote statistical significance.

The Python and R programming languages are used to perform the analyses.

1. July 1, 2022, through June 30, 2023. 2. Individuals who were not clients of an OHA PGS-contracted treatment service provider would not be included. Also, PG Net does not include encounter data for clients covered by Medicaid.

Geographic Location of Problem Gambling Treatment Services in Oregon



Key

- Outpatient treatment locations
- Residential treatment locations
- Correctional locations

Telehealth services expand access to treatment

Oregonians across the state have the opportunity to enroll in gambling treatment services virtually, expanding access to individuals without a nearby program.

Treatment Service Analyses

OHA PGS funded treatment services are analyzed and presented in this report in five categories:

Overall Treatment Services

(a) Service delivery, (b) Clients and encounters, (c) Treatment programs, (d) County of residence, (e) Referral source, (f) Wait time, (g) Encounter location, and (h) Telehealth use

Client Demographics

(a) Gender, (b), Primary ethnicity, (c) Age, (d) Marital status, (e) Age of dependents, (f) Annual income, (g) Military status, and (h) Educational attainment

Gambling Behavior

(a) Primary gambling activities and (b) Primary gambling venues

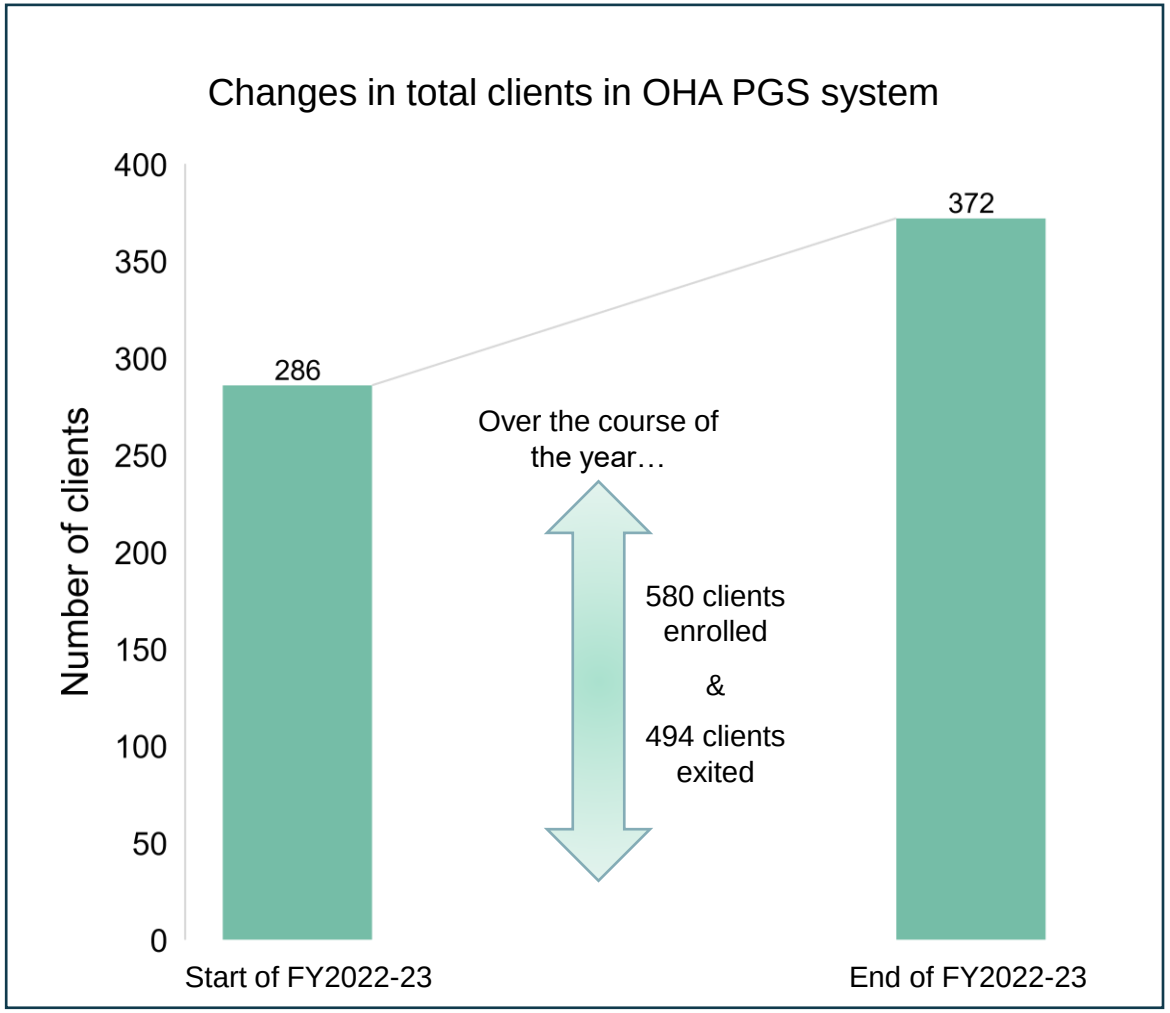
Treatment & Problem Characteristics

(a) Prior treatment episodes, (b) Client-reported problem behaviors related to gambling, (c) Counselor diagnostic impressions, and (d) Gambling disorder severity

Treatment Discharge Details

(a) Reasons for discharge, (b) Factors associated with successful program completion, (c) Cost and encounter characteristics associated with successful program completion, and (d) Referrals following program discharge

Overall Treatment Services



1. FY2022-23 began on July 1, 2022 and ended on June 30, 2023. 2. 70 clients were admitted but have no reported encounters. 3. As noted previously, encounters by clients covered under Medicaid are excluded.

Client Services Delivery

PGS started FY2022-23 with 286 clients.[1] During the year, 580 clients were admitted and 494 were discharged, for a net gain of 86 clients.[2] A total of 796 clients were treated in FY2022-23.

A total of 10,710 encounters were delivered by a network of 47 problem gambling treatment programs.[3]

Definition

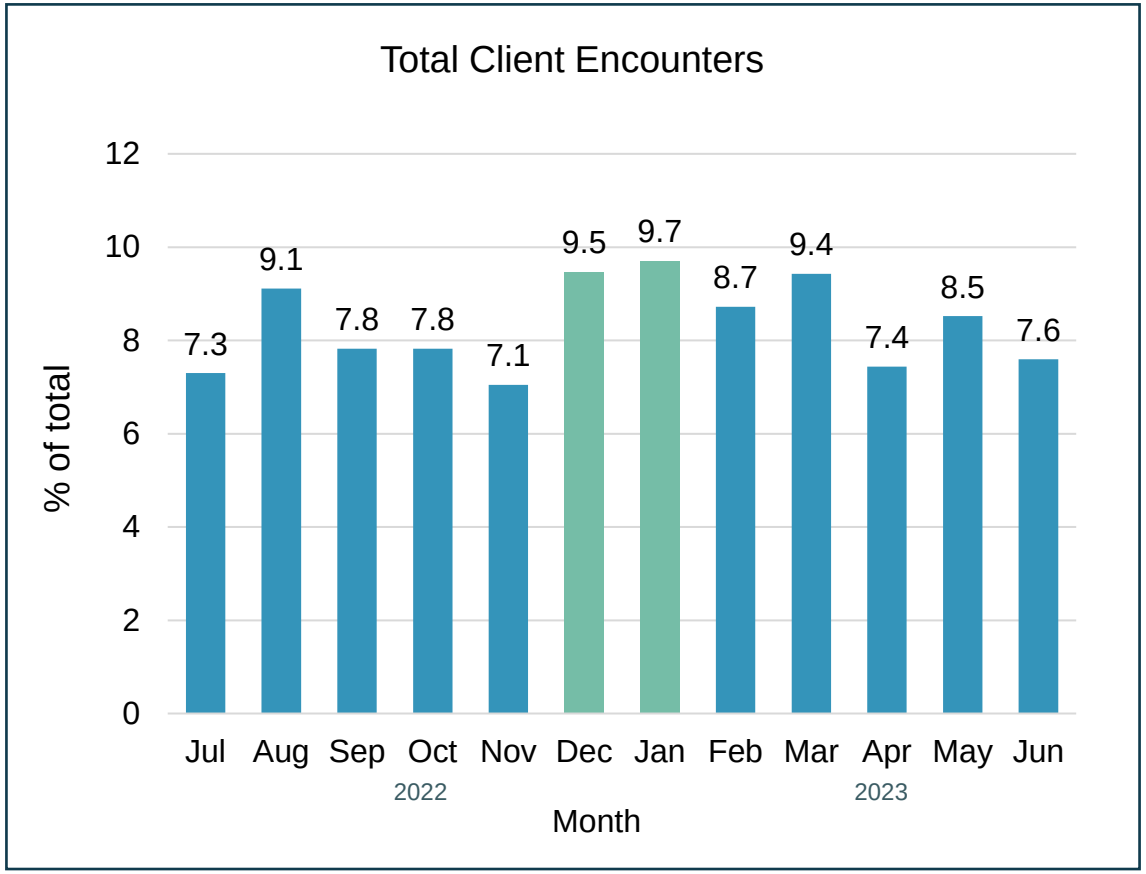
- **Encounter:** An encounter is a unit of direct client contact (e.g., a session between a client and a provider). The length of an encounter varies by treatment service type. For example, an encounter in traditional outpatient counseling is often 53-60 minutes long, whereas an encounter in residential treatment may last a full day.

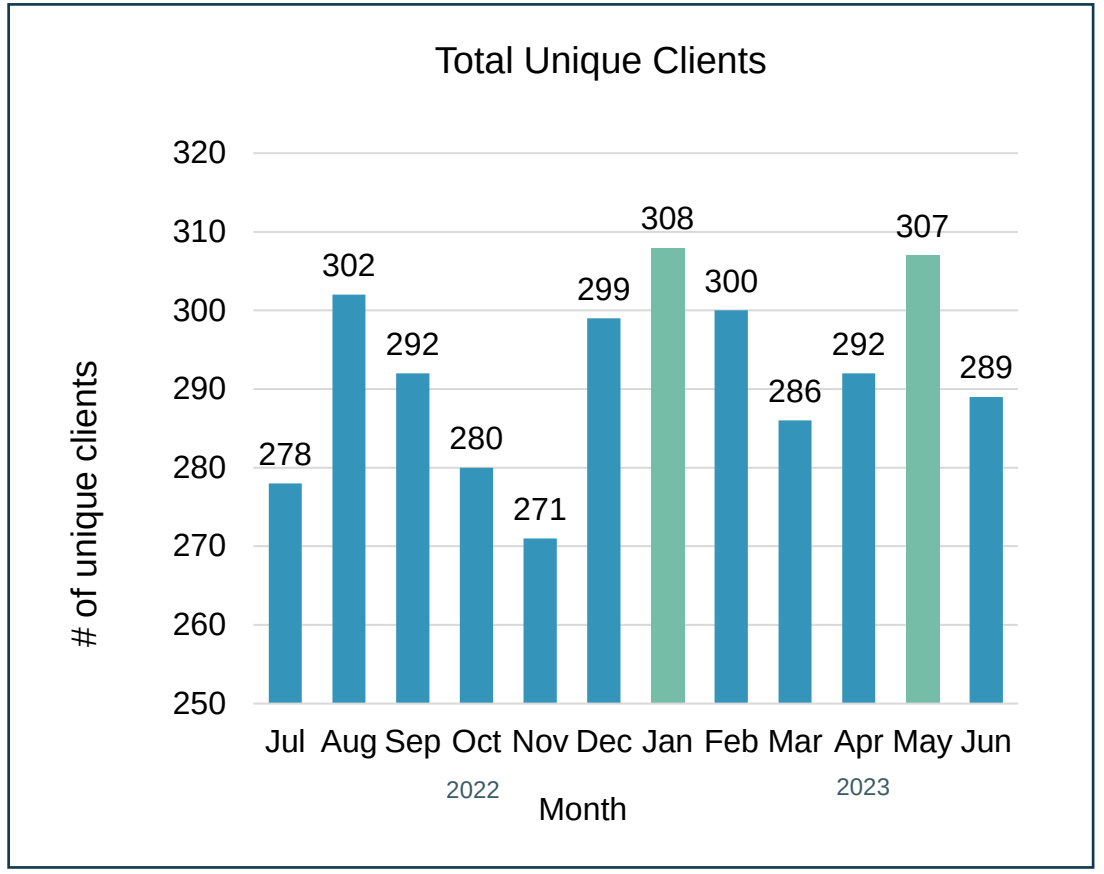
796 clients were provided gambling treatment services in FY2022-23

Clients and encounters

January and December accounted for the highest average percentage of encounters (about 10% per month), while November and July accounted for the lowest percentage (about 7% per month).

The number of unique clients receiving treatment per month followed a similar but not identical pattern. January and May recorded the most unique clients served (308 and 307, respectively) while November and July had the fewest unique clients (271 and 278, respectively).

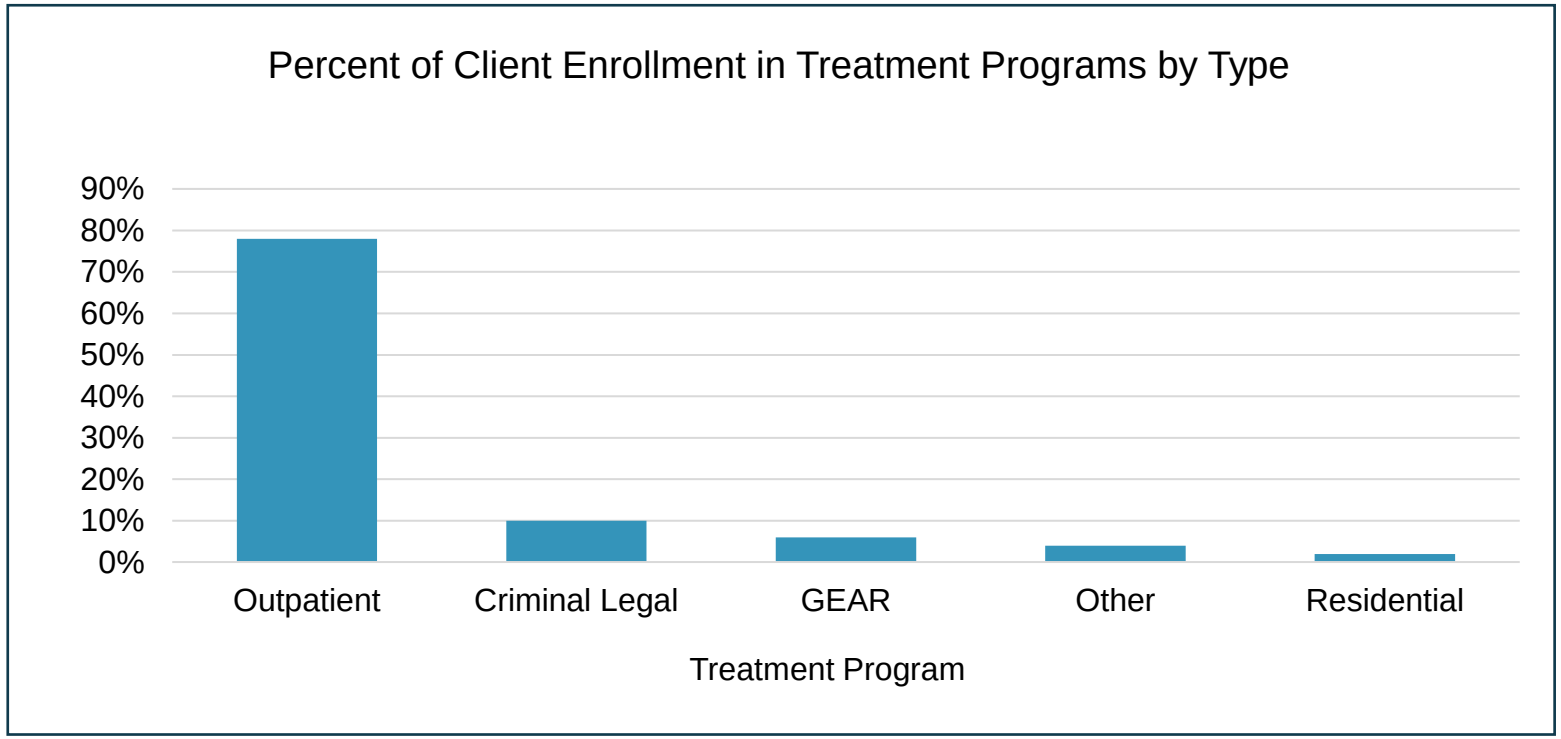




Client and treatment programs

About 80 clients treated (10%) were concerned others and the remaining 90% were individuals addressing their gambling behavior. Concerned others accounted for 9.5% of all encounters. By gender composition, most concerned others were female (76.5%).

The network of problem gambling services providers offers a wide range of treatment options that is best suited for an individual.[1] 78% of clients were enrolled in outpatient treatment (accounting for 83% of all encounters). About 10% of clients were in the criminal legal system, 6% were in the GEAR program, and 2% in residential treatment. The remaining 4% of clients were in much smaller programs, such as Relapse Prevention, Respite, or Brief Therapy.



Treatment programs

- **Outpatient Treatment:** Outpatient treatment may include individual and family counseling, group therapies, peer support, and encouragement for clients to participate in community recovery groups (such as Gambler's Anonymous).
- **Criminal Legal:** Embedded within the Oregon Department of Corrections, some correctional facilities offer gambling treatment services.
- **GEAR:** A self-help program that offers minimal intervention. The program consists of a self-help workbook that is designed to be completed at home with remote support from a professional counselor.
- **Residential:** Treatment that involves individuals staying at a treatment facility that provides an immersive and comprehensive problem gambling treatment program.

1. Refer to Treatment Services section for a more comprehensive description of treatment services offered by OHA PGS.
* Difference is statistically significant at .05 level.

County	% of clients in PGS treatment population	% of Oregon population[1]	% over- or under-represented[2]
MULTNOMAH	21.6	18.8	15
LANE	15.1	9.0	67
WASHINGTON	14.7	14.2	4
CLACKAMAS	9.7	10.0	-3
MARION	8.3	8.2	1
LINN	4.0	3.1	31
JACKSON	3.4	5.2	-35
YAMHILL	2.6	2.6	3
JOSEPHINE	2.3	2.1	9
DESCHUTES	2.1	4.9	-56
BENTON	1.8	2.3	-24
UMATILLA	1.6	1.9	-14
LINCOLN	1.5	1.2	26
DOUGLAS	1.5	2.6	-43
TILLAMOOK	1.4	0.7	112
KLAMATH	1.1	1.7	-34
OTHER	7.3	11.7	-38

Client county of residence

The clients were concentrated in a few counties, reflecting Oregon's population densities. The top 5 counties accounted for 69% of clients.

According to the 2021 US census, these top 5 counties accounted for 63% of the population.[1] Thus, problem gambling services were delivered at a 10% higher rate than would be expected from the number of Oregonians in these counties. In particular, Lane County accounted for 15% of clients but only 9% of the population. In contrast, Deschutes County represented 2% of clients but 5% of the population, thus accounting for 56% fewer clients relative to its population size.

Over- & Under-Representation

It is useful to compare the percentage of clients in a geographical area (such as a county) and compare it to the percentage of the population that the county represents. Such an analysis allows us to gauge whether there are more or less clients relative to the population size. In some cases, the analysis might reveal that some areas might be underserved or that there are geographical clusters of individuals with gambling problems.

1. https://www.oregon-demographics.com/counties_by_population. 2. % overserved and underserved are computed by (% of clients in county / % of Oregon population) – 1, and then multiplied by 100 to convert to a percentage. Positive values mean that the county has a greater share of clients relative to its population size. Negative values have the opposite interpretation.

Referral Source	%
Self	52.9
Other	17.1
Behavioral Provider	8.6
Helpline	7.4
Outpatient	3.6
Criminal Legal System	2.6
Referral	2.2
Private Practitioner	1.4
Mentor	1.0
Other Agency	0.7
Physical Provider	0.7
Inpatient	0.5
Attorney	0.5
Intervention	0.3
Employment Assistance Program	0.2
School	0.2

Client referral source

53% of the clients who were admitted in FY2022-23 reported being self-referred into the treatment program. Females were more likely than males to self-refer (58% versus 48%*).

The helpline accounted for 7% of referrals and males were more likely to report using the helpline compared to females (9% versus 5%*). There were 518 admissions during FY2022-23, so 7% of helpline referrals translates into 41 clients. The OHA helpline reported referring 442 callers to treatment.[1] Thus, only about 9% of those callers 1) followed the advice, 2) was admitted to an OHA PGS problem gambling program, and 3) reported the helpline as the referral source.

1. https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Data.aspx.
* Difference is statistically significant at the .05 level.

Client wait time

It is important for client wait time (the number of workdays between a client making contact with a treatment provider and the first offered appointment) to be as short as possible. The window of opportunity for a person to feel motivated for gambling treatment can be narrow and short wait times allow individuals to receive timely intervention that can reduce the escalation of gambling-related problems.

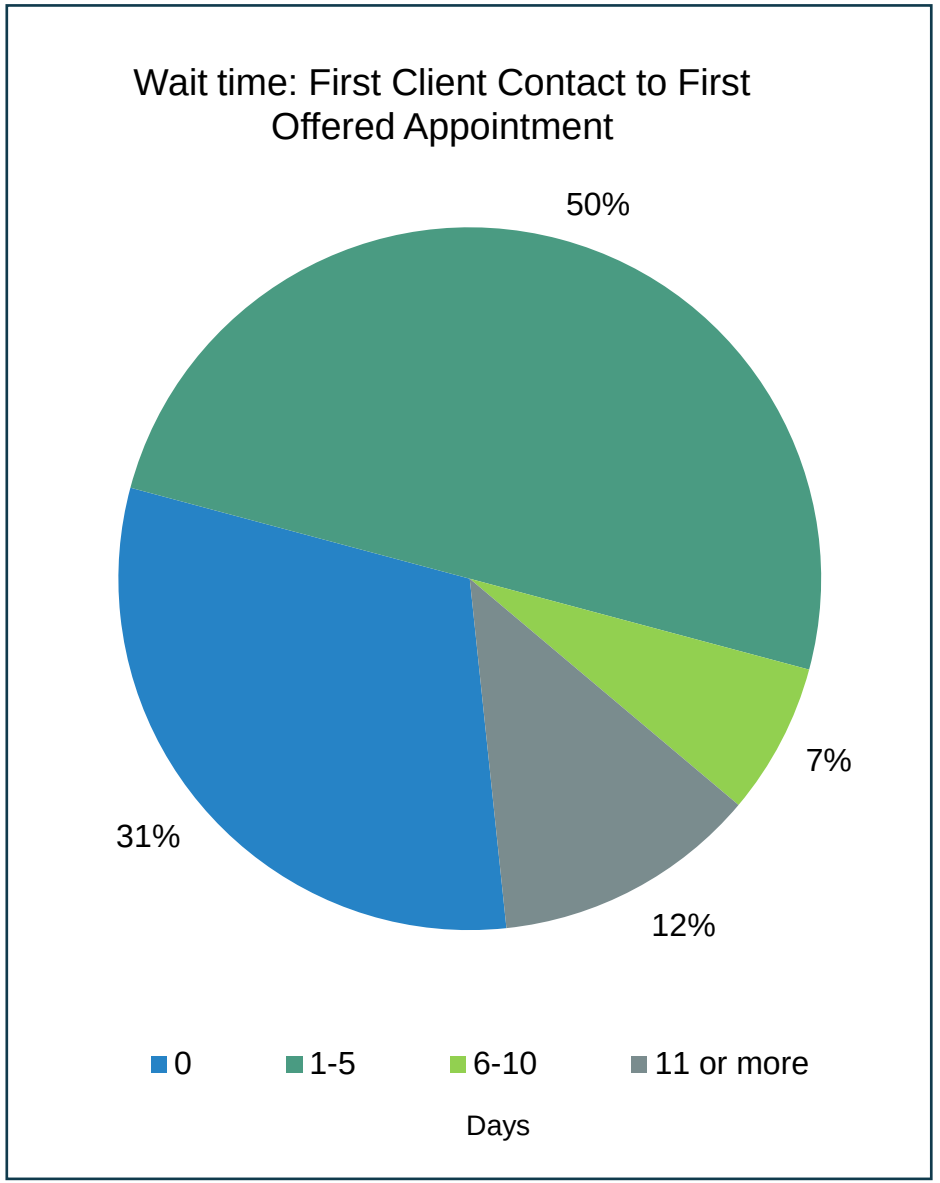
For admissions that took place during FY2022-23, OHA PGS system had an average wait time of 4.2 workdays and about a third of individuals seeking treatment were able to see a treatment provider without delay (same-day appointment).[1]

The longest average wait time was for residential treatment (7.4 workdays) followed by outpatient treatment (4.9 workdays). Clients in the criminal legal system had the shortest wait time of 0.8 workdays. There were differences in wait times across the provider network, suggesting varying levels of efficiency and/or capacity between agencies.

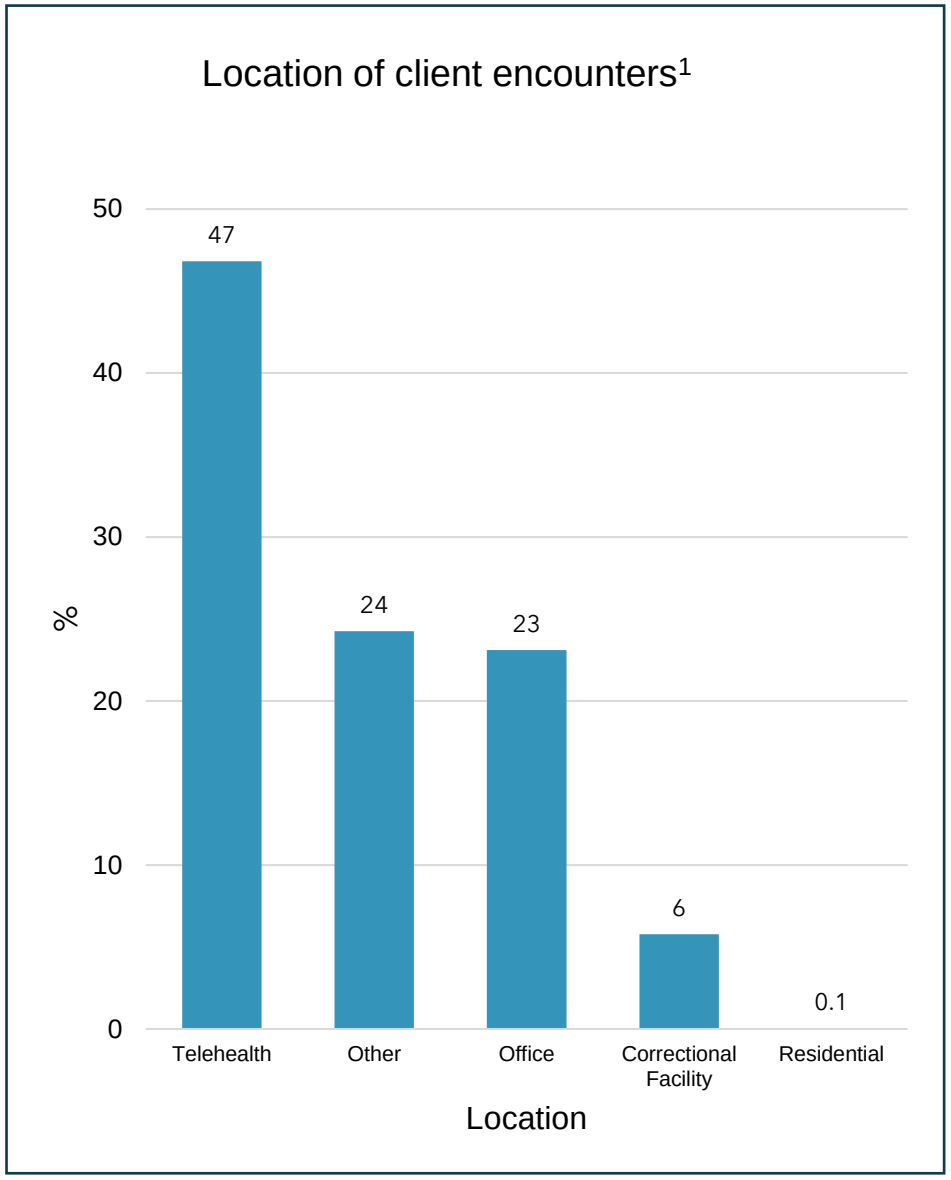
Not all clients were available for the first offered appointment date; the average time between the first offered time and client admission was 4 workdays.[2]

Short wait times get individuals into treatment quickly.

- 1/3 of Oregonians seeking gambling treatment were able to see a provider the same day.



1. Several outliers were omitted due to suspect data. 2. Several outliers were dropped due to suspect data.



Encounter location

Telehealth was the most popular mode of service delivery, representing 47% of the client encounters. The “Other” category captured the second most common locations and included venues such as community centers and outdoor locations. For example, some counselors offered equine therapy, where the service locations were ranches. “Office” was the third largest category, which included traditional counseling offices and some residential facilities, where the office and treatment residence coincide.[2]

By its nature, all GEAR treatments were held via telehealth. About half of outpatient treatments were delivered through telehealth, with the remaining encounters in office (23%) and other place of service (24%).

About 43% of clients didn’t use telehealth services at all, while 11% used it for less than half of encounters, and 46% used it for half or more of their encounters. Females were more likely to use telehealth than males (63% versus 50%*).[3]

Telehealth services were positively correlated with age, with 51% of clients 49 years and younger using it versus a usage rate of 63% for clients 50 and older.*

Telehealth accounted for 47% of client encounters.

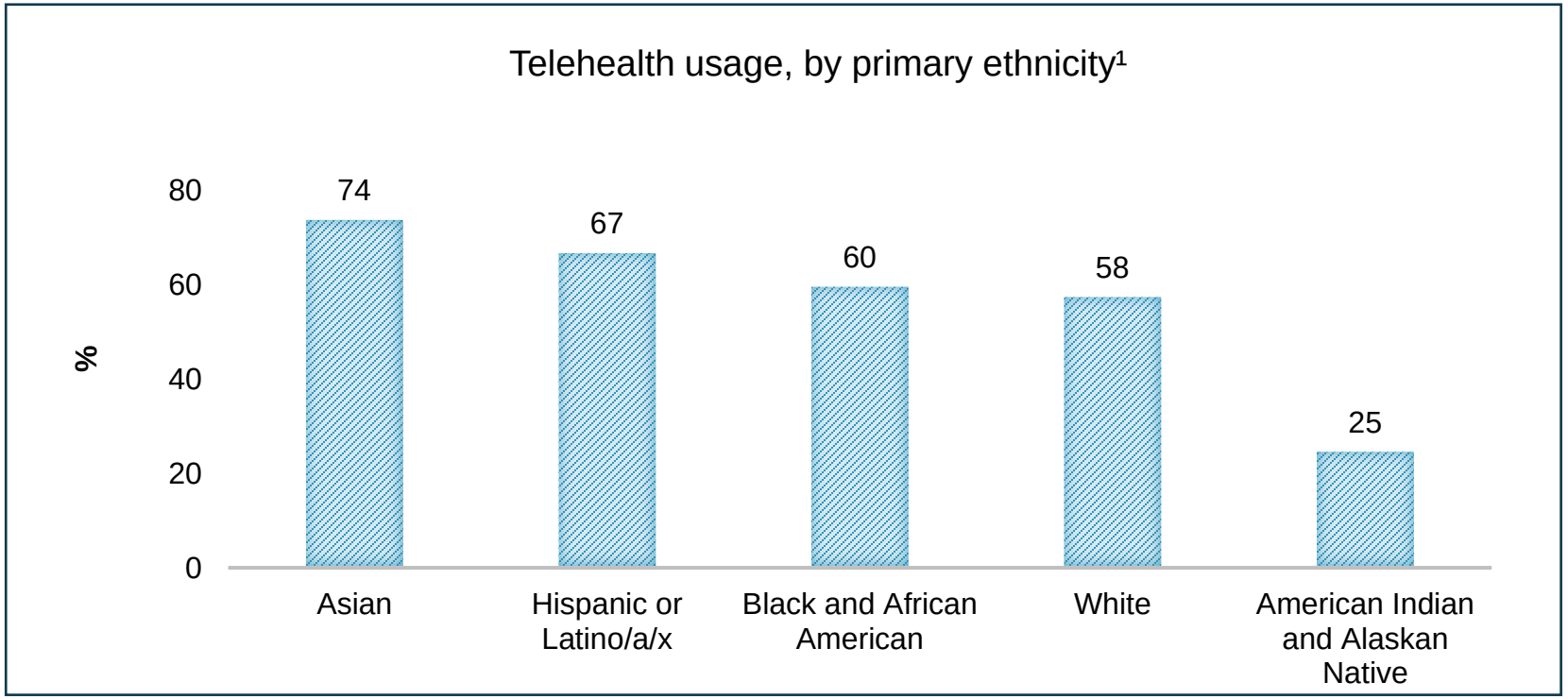
- Telehealth was utilized more frequently among older (50 years and older) clients.
- Females were more likely to use telehealth than males.

1. Home location has been dropped. 2. Bridgeway Recover Services – Santiam House is one example. 3. Note, in the chart, the data is based on percent of encounters. The data in this paragraph refers to percent of clients.

* Difference is statistically significant at the .05 level.

Telehealth use

In terms of client primary ethnicities, Asians were the most likely to use telehealth services (74%), followed by Hispanic or Latino/a/x (67%), and Black and African American (60%). These differences were statistically significant overall. The relatively high rates of telehealth usage by these clients might reflect their preferences for culturally-specific service programs that are not locally available.



REALD: Race, Ethnicity, Language and Disability[2]

"REALD was passed into Oregon law and is a new type of demographic information that is collected by health care providers. Collecting this information helps to identify health inequities for populations within Oregon. Having this data allows the Oregon Health Authority (OHA) to better understand the different populations we work with and serve and will help us move toward the goal of ending health inequities by 2030".

Primary ethnicity categories included seven options provided by REALD: American Indian and Alaska Native, Asian, Black and African American, Hispanic and Latino/a/x, Middle Eastern/North African, White, or Native Hawaiian and Pacific Islander, all of which have more specific cultural identity options (e.g., Asian Indian, Chinese, etc.). Additionally, there is an "Other" category.

1. Refer to https://www.oregon.gov/oha/HSD/Problem-Gambling/Documents/Real-D_PaperForm.pdf for ethnicity classifications. Other has been removed due to small sample size. 2. https://www.oregon.gov/oha/ph/birthdeathcertificates/registervitalrecords/pages/reald.aspx

* Difference is statistically significant at the .05 level.

The use of telehealth has declined over time, as its popularity may have decreased following the peak of the COVID-19 pandemic.

There was a 35% decline from the start and end of FY2022-23 (55% versus 36%,* respectively).

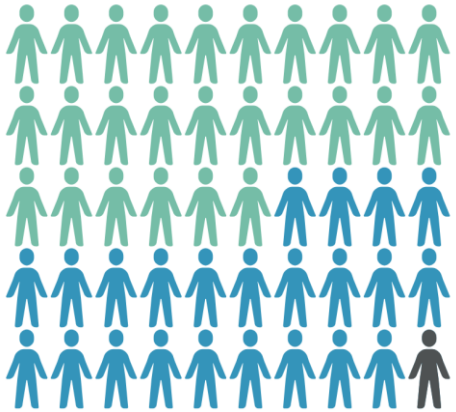
1. Chart includes a (least squares) trend line.

* Difference is statistically significant at the .05 level.

Client Demographics

Gender identity[1]

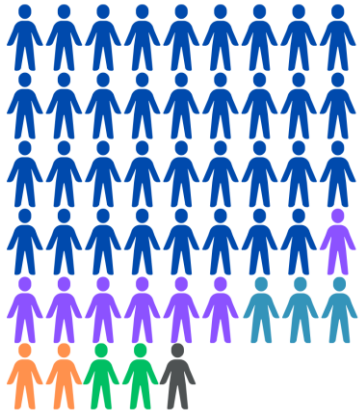
53% of the clients in PG Net were male, compared to 47% females.* Based on a recent 2021 survey of adult Oregonians,[3] 48% identified as male and having gambling harm behaviors; hence, males utilized problem gambling services at about a 10% higher rate than females. However, the same survey estimated that males represented 54% of adult Oregonians that gamble, so males were seeking treatment at about the same rate as they were engaging in gambling activities.



- Approximately half (52.6%) of clients identify as **male**.
- Just fewer than half (46.4%) of clients identify as **female**.
- Nearly one percent (0.6%*) of clients identify as **genderqueer, gender nonconforming, transgender, or another unspecified gender.**

**This is likely an underrepresentation, due to missing data fields.*

- Approximately two-thirds (68.4%) of clients identify as **White**.
- One quarter (15%) of clients identify as **Hispanic or Latino/a/x**.
- Fewer than 10% identify as **Asian** (6.6%), **American Indian and Alaska Native** (4.3%), **Black and African-American** (3.2%), or **Other** ethnicity (2.6%).



Primary ethnic identity[2]

White was the largest primary ethnicity, reflecting the Oregon population. About 7% identified as having multiple ethnicities.

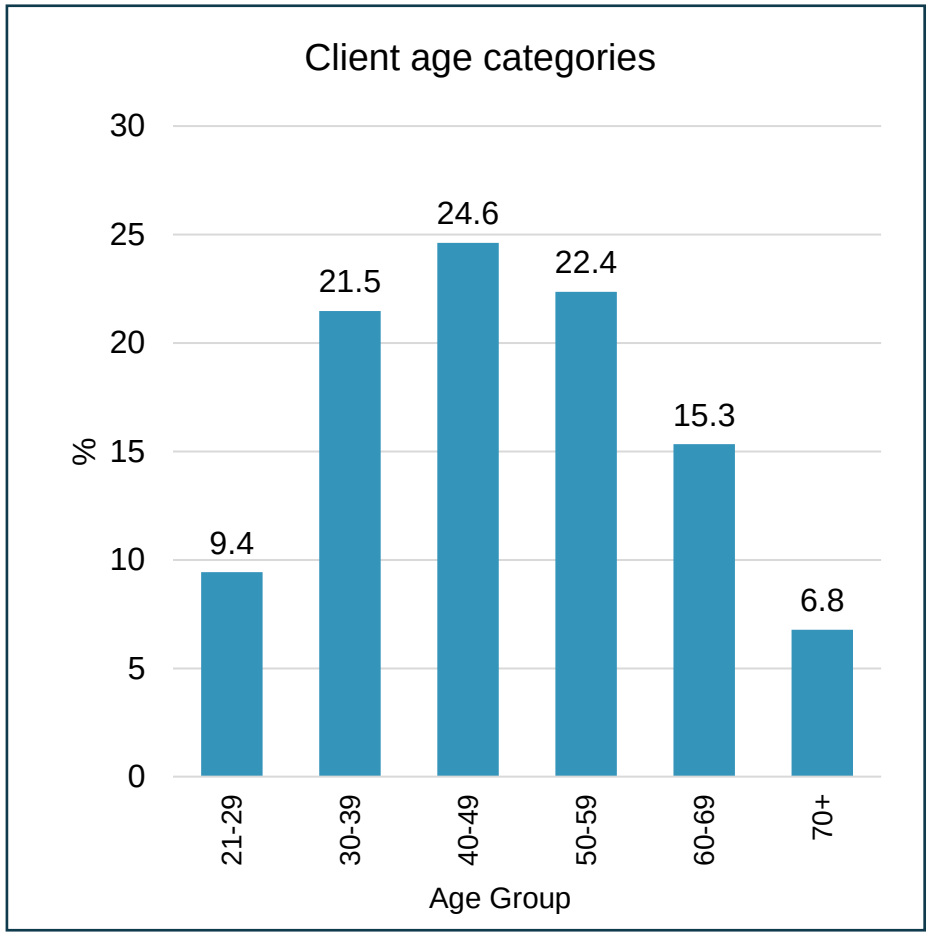
According to the US Census Bureau,[4] about 86% of Oregonians were defined as "White Alone" in July 2022. Accounting for multiple ethnicities, 73% of the clients were White Alone, meaning 27% were non-White Alone clients compared to 14% in the Oregon population. As research shows several ethnic minority groups have higher rates of gambling problems than majority culture members, it is not surprising ethnic and racial minorities are over-represented in the gambling treatment population.

1. Other includes Genderqueer / Gender nonconforming, Transgender Woman, and other genders not otherwise defined. 2. Refer to https://www.oregon.gov/oha/HSD/Problem-Gambling/Documents/Real-D_PaperForm.pdf . 3. Marotta, J., Yamagata, G., Irrgang, M., & Reohr, P. (2021). COVID-19 Impact Survey of Adult Oregonians Gambling, Gaming, Alcohol, and Cannabis Use. Salem, OR: Oregon Health Authority.4. https://www.census.gov/quickfacts/fact/table/OR/PST045222.

* Difference is statistically significant at the .05 level.

Client age

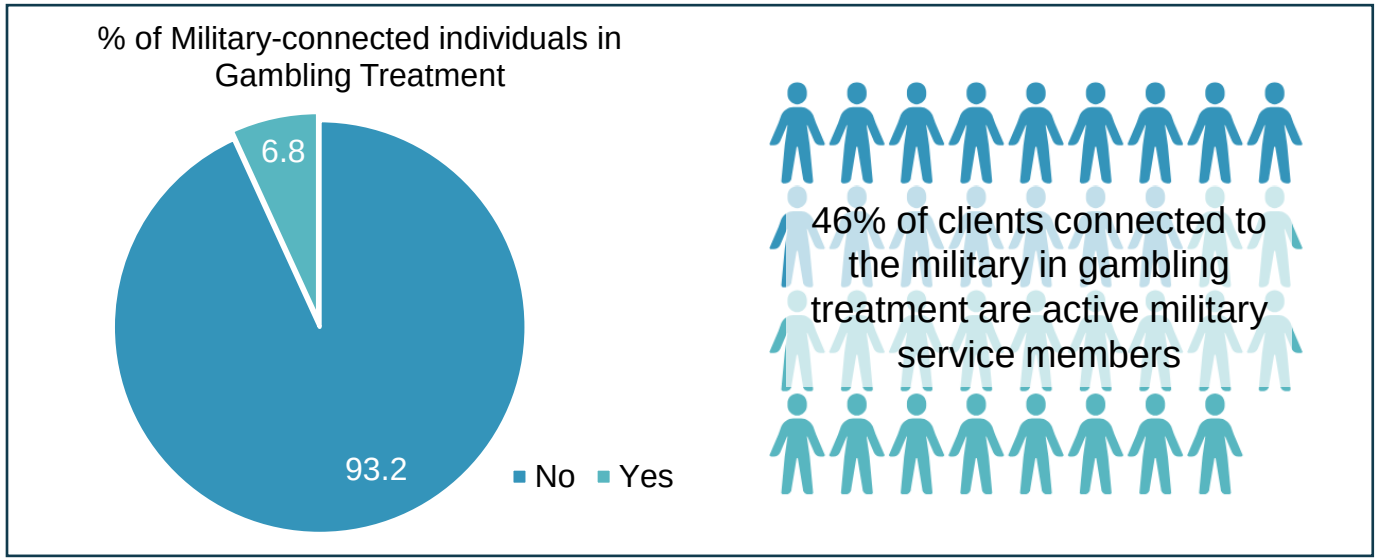
Overall, the average age of clients (at the time of admission) was 48, with females being older than males (51 vs 45*). 68% of clients reported being between 30 to 59 years old. Based on a recent 2021 survey of adult Oregonians,[1] only 51% of the populous were in this age range; hence, Oregonians in this middle age group utilized the services at a 33% higher rate compared to their size in the population.



The GEAR program attracted older clients relative to other treatment methods (average age of 56 versus 47 for all others). Outpatient had an average age of 48, which was 14% lower* than for GEAR patients.

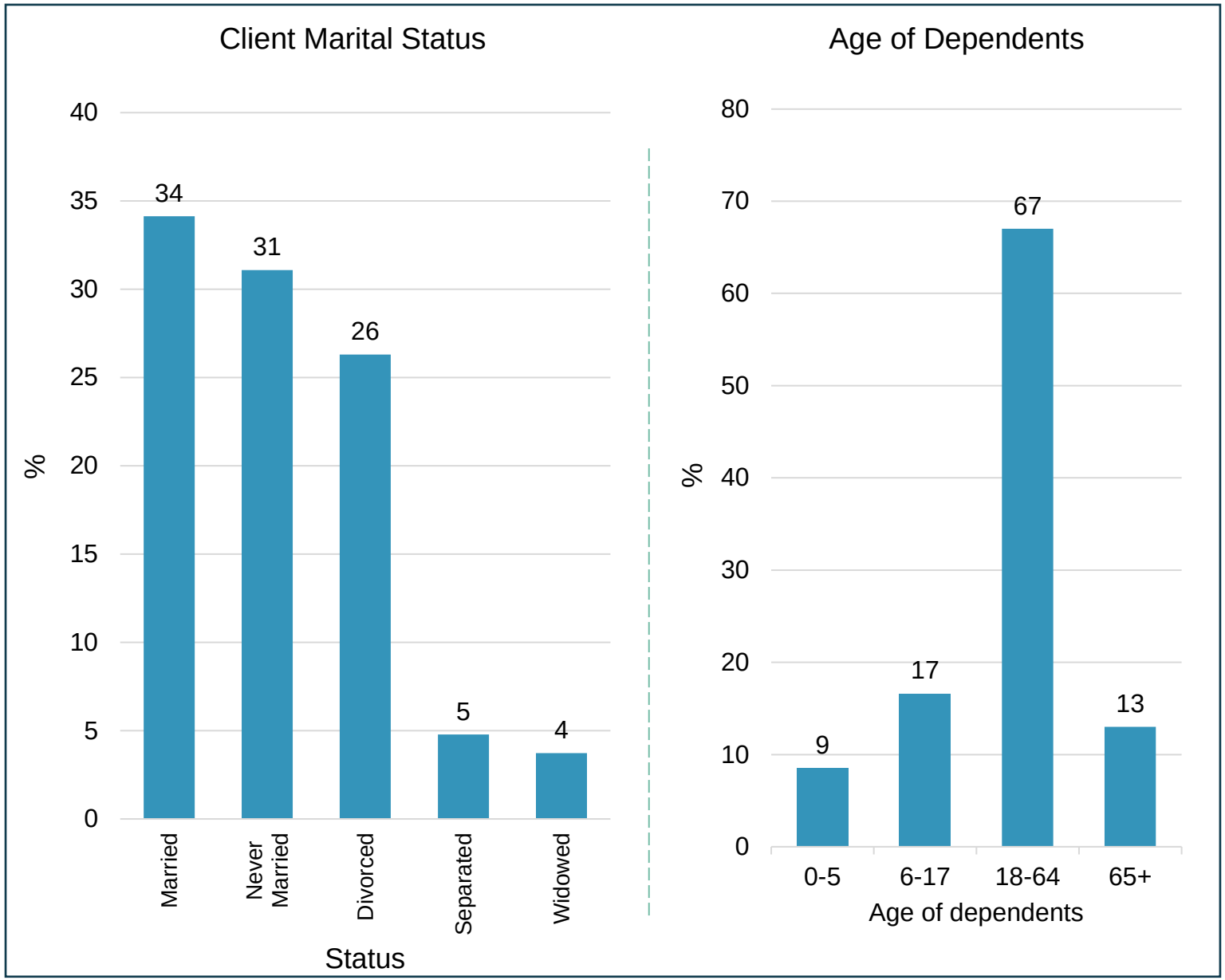
Clients connected to the military and military service status

7% of clients were connected to the military. As a reference point, 8% of Oregonians are estimated to be veterans,[2] roughly 0.06% in total being active duty.[3]



1. Marotta, J., Yamagata, G., Irrgang, M., & Reohr, P. (2021). COVID-19 Impact Survey of Adult Oregonians Gambling, Gaming, Alcohol, and Cannabis Use. Salem, OR: Oregon Health Authority. 2. https://usafacts.org/topics/veterans/state/Oregon. 3. Total number from https://statepolicy.militaryonesource.mil/state/OR and percentage calculated using population estimate.

* Difference is statistically significant at the .05 level.



* Difference is statistically significant at the .05 level.

Marital status

At the time of admission, 34% of clients were married and 31% never married, with the remaining clients being divorced, separated or widowed.

Males were 76% more likely to have never married compared to females.*

Age of dependents

80% of clients reported having dependents. About 2/3rd of those dependents were between the ages of 18 to 64.

Most gambling treatment clients have one or more dependents relying on them financially.

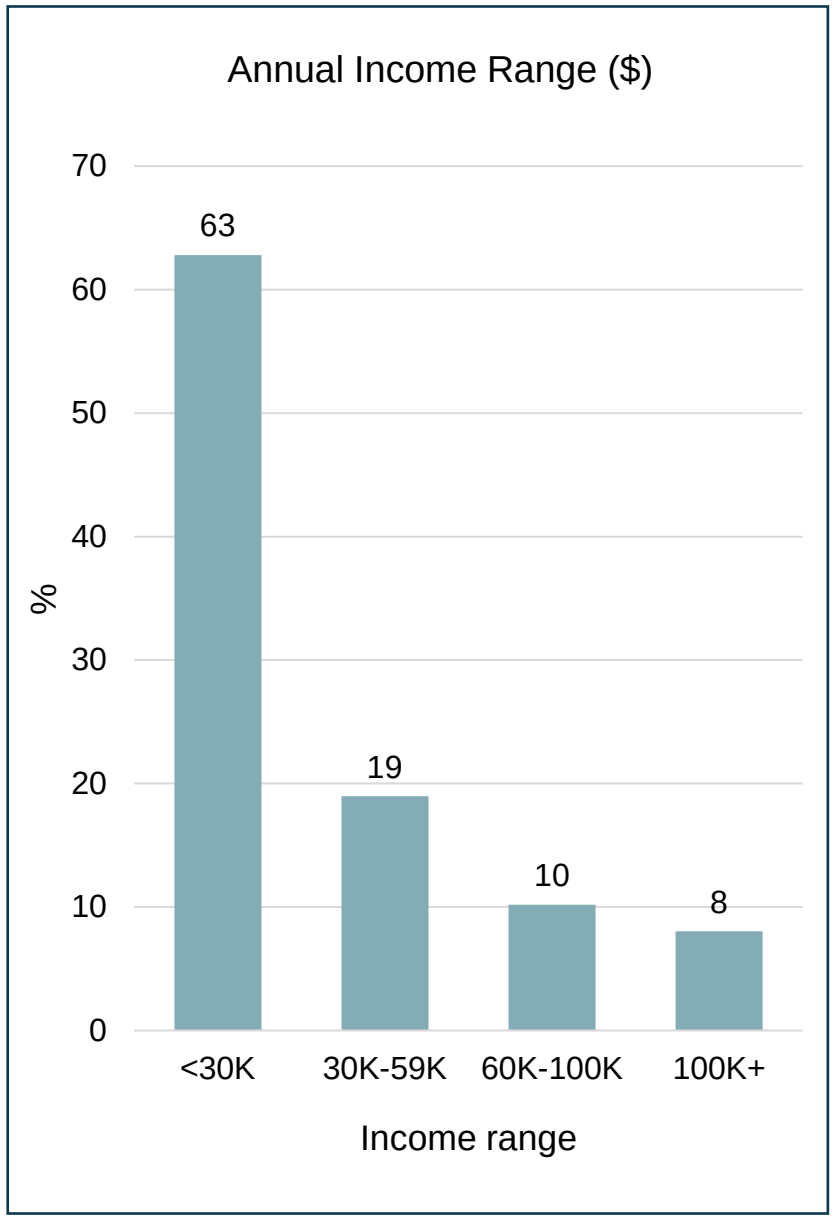
- 26% have one or more infant or children dependents
- 67% have one or more adult dependents
- 13% have one or more older adult dependents

Client annual income

About one-half of clients reported being employed full-time or part-time. 11% of clients were retired and 11% unemployed (but seeking employment). The remaining clients were unemployed (but no longer seeking employment) or disabled.

The average annual client income was $35,481 ($14,400 median income).[1] Slightly less than 2/3rd of clients earned less than $30,000 per year, including 40% of clients who earned no income.

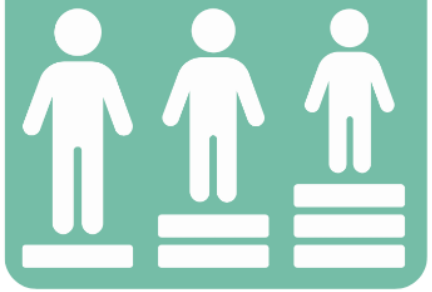
22% of clients were on Medicaid and 10% of clients reported having no health insurance.



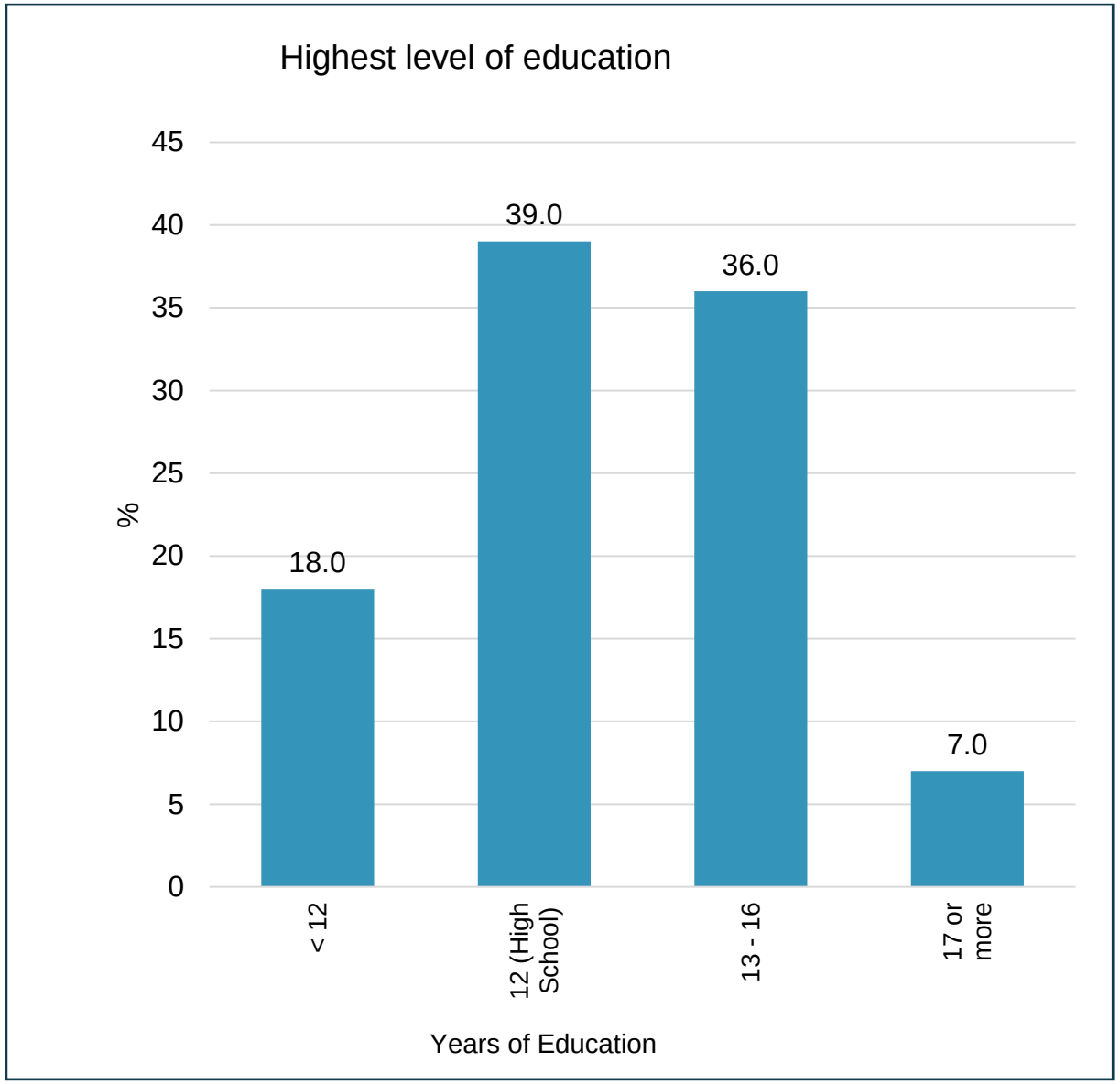
Publicly funded problem gambling services

These financial statistics highlight the critical role that OHA PGS plays in supporting individuals struggling with gambling issues. Many of these individuals lack the financial means to receive treatment in the absence of publicly funded programs.

By making problem gambling services available at no cost, OHA PGS ensures that support is available regardless of financial circumstances.



1. This compares to an average income of $64,018 (excluding self-employed and most agricultural workers) in 2021, based on figures from the Oregon Secretary of State (https://sos.oregon.gov/blue-book/Pages/facts/economy-wages.aspx).



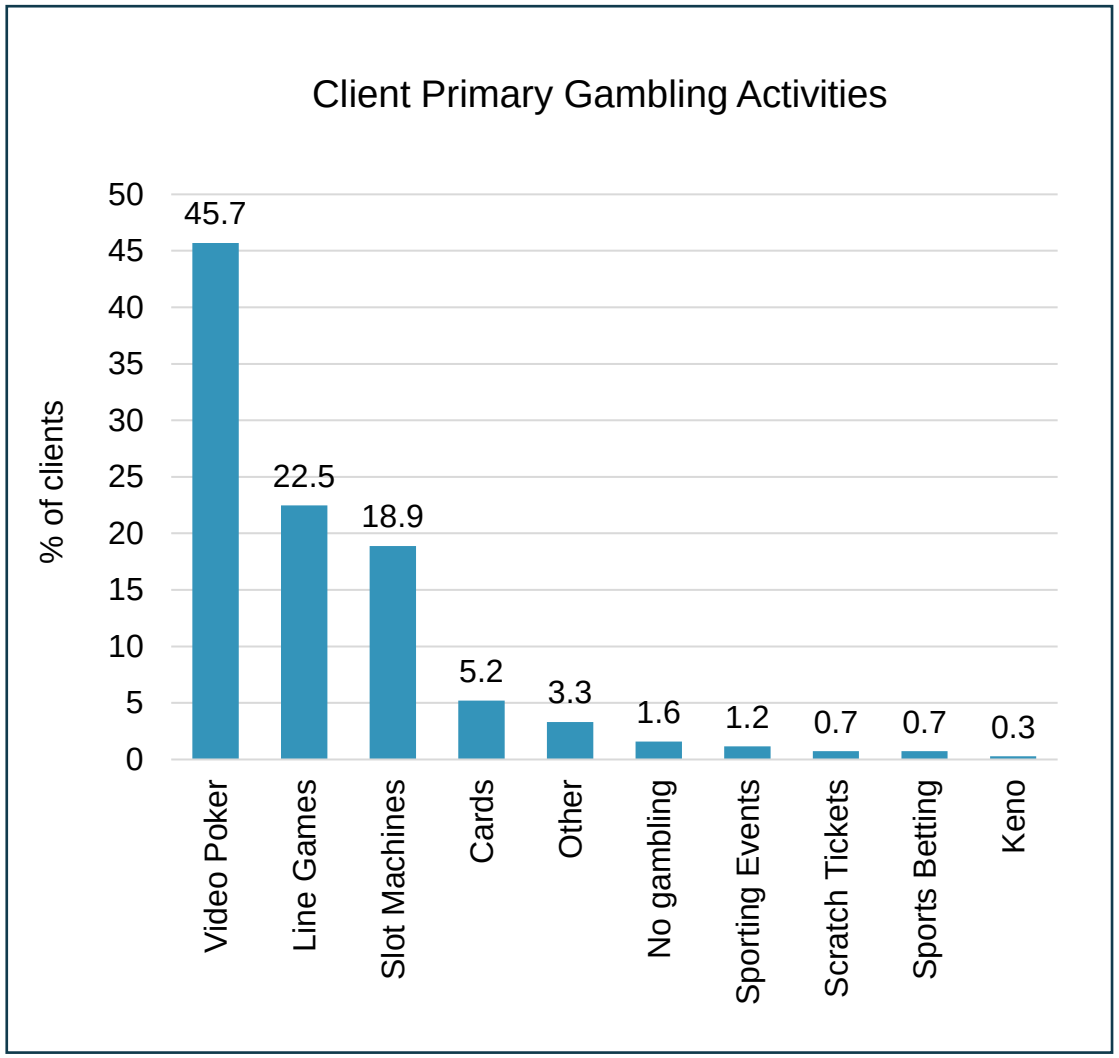
Educational attainment

Less than half (43%) of clients had any postsecondary education (i.e., years beyond high school). Females had a higher postsecondary education level compared to males (46% versus 40%), but the difference was not statistically significant. Among treatment types, outpatient treatment clients had the highest postsecondary education rate (47%) while clients in the criminal legal system had the lowest (14%).*

Clients who had 17 years or more of educational attainment (i.e., post-graduate education), had the lowest levels of Moderate to Severe Gambling Disorder, as measured by the DSM-5 Gambling Disorder Criteria (71% versus 81% for all others); however, the difference was not statistically significant. These same group of clients with observed higher education attainment were more likely to successfully complete their treatment programs compared to the other groups (68% versus 44%*).

* Difference is statistically significant at the .05 level.

Gambling Behavior

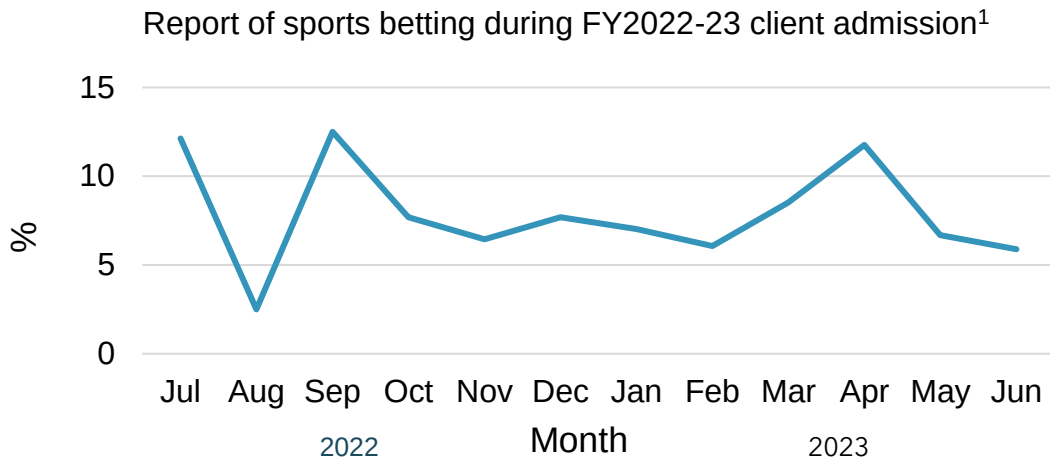


Primary gambling activities

Video Poker was the most common primary gambling activity (46%), among both males and females. Line games (23%) and slot machines (19%) were the second and third most popular gambling activities. 2% of clients reported not gambling. 4% of male clients reported either sporting events or sports betting as their primary activity; no females reported either of these primary activities. During FY2022-23, there was no strong trend in clients reporting gambling on sporting events.

On average, clients reported 1.5 gambling types. Males had a slightly higher average of 1.6 versus 1.4 for females.*

Reported sports betting



1. During client admissions, individuals are asked to report their gambling activities.

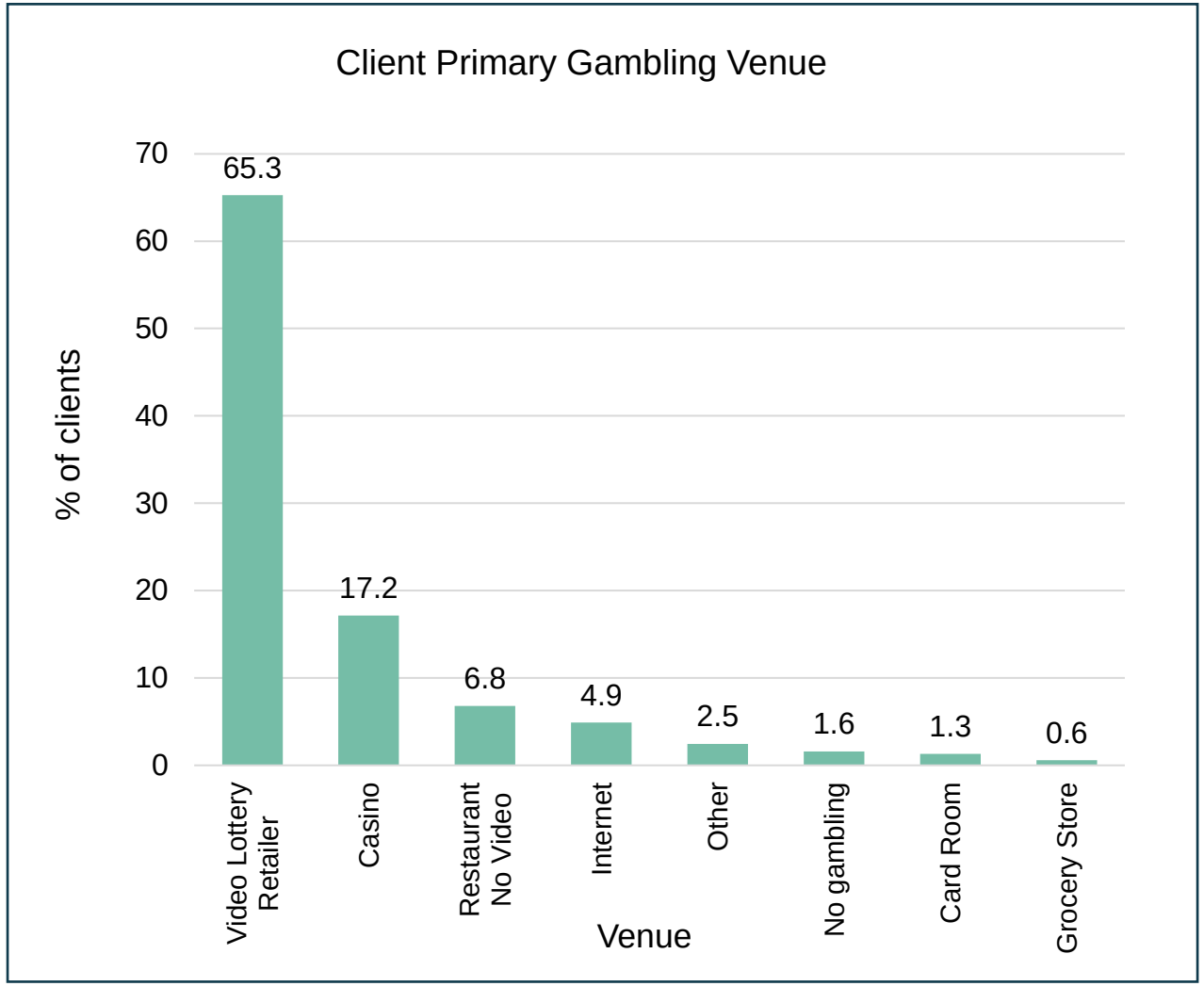
* Difference is statistically significant at the .05 level.

Primary gambling venues

Video lottery retailers were by far the most popular gambling venue, aligning with video poker being the most popular gambling activity. Casinos were the second most popular venue.

Clients reported an average of 1.4 different types of gambling venues. Males had a higher rate of 1.5 versus 1.4 for females; however, the difference was not statistically significant.

The finding that video lottery retailers represented the most common primary gambling venue among persons seeking treatment for problem gambling is not surprising. Research suggests the electronic gaming machines (EGMs) (e.g., video lottery terminals) represent a form of gambling activity with heightened 'addictive-potential' and increased availability of EGMs has been linked to the severity of gambling problems. [1,2,3,4] The Oregon Lottery licenses more than 11,500 video lottery terminals in nearly 4,000 locations throughout the state.



1. Dowling N, Smith D, Thomas T . Electronic gaming machines: are they the 'crack cocaine' of gambling? Addiction 2005; 100: 33–45. 2. Lund I . Gambling behaviour and the prevalence of gambling problems in adult EGM gamblers when EGMs are banned. A natural experiment. J Gambl Stud 2009; 25: 215–225. 3. Australia PC. Gambling Inquiry. 2009 Available athttp://www.pc.gov.au/projects/inquiry/gambling-2009. 4.Livingstone C, Adams PJ . Harm promotion: observations on the symbiosis between government and private industries in Australasia for the development of highly accessible gambling markets. Addiction 2011; 106: 3–8.

Treatment Characteristics

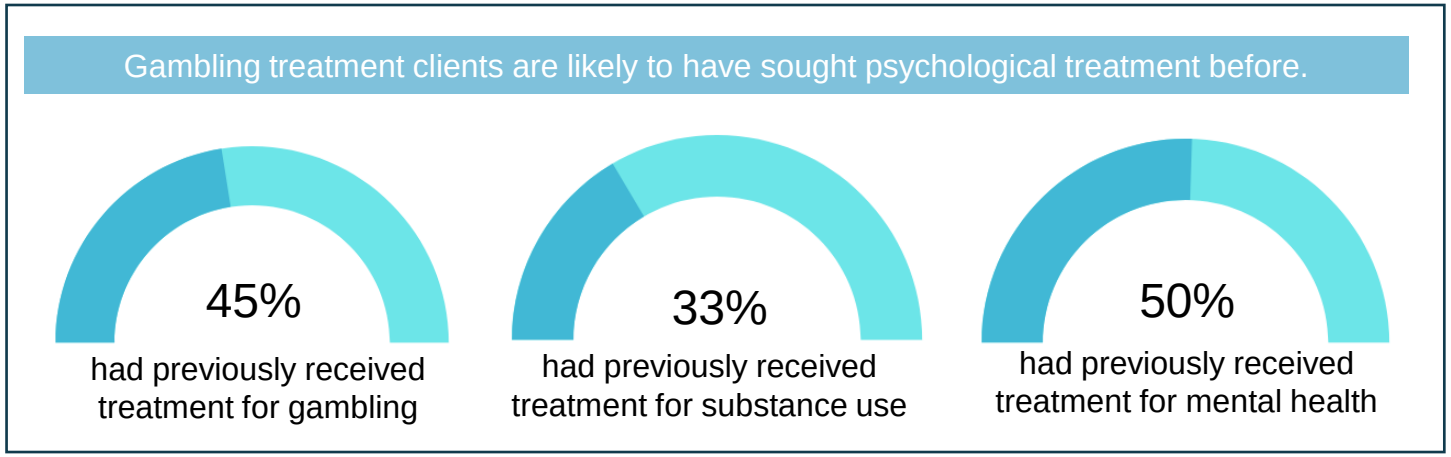
Prior treatment episodes

76% of clients had at least one gambling, substance use disorder, or mental health treatment episode previous to the most recent admission. In other words, these clients had previously been treated by a professional counselor for at least one of those aforementioned areas.

Mental health episodes were the most common (50%), followed by gambling (45%), and substance use (33%).

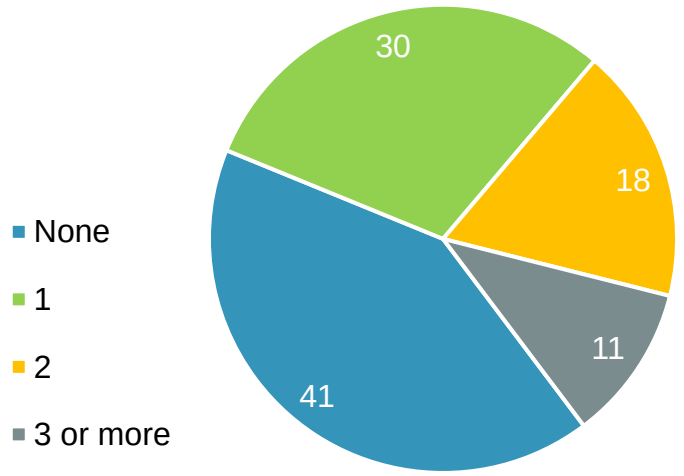
The average number of previous treatment episodes was 1.2. Over a third of the clients had 2 or more types of treatment episodes. The combination of previous gambling and mental health treatments was the most common pair of treatments (24%).

Males and females had about the same average number of episodes. Those in the criminal legal system had the highest number (2.4) and GEAR the lowest number (1).



Reported problem	% of clients reporting
Relationship	63
Job or school	22
Suicide[1]	21
Legal	11
Bankruptcy	9

Of five gambling-related problem areas collected, the proportion of client reporting a problem



Client-reported problems related to their gambling

PG Net collected information about five problem areas related to gambling behaviors. Additionally, DSM-5 Gambling Disorder symptomology was collected (discussed later in this report). Of the five problem areas of inquiry, 59% of clients identified at least one problem related to gambling. Males had a higher rate compared to females (62% versus 55%*). 67% of outpatient clients had at least one problem (and 32% had 2 or more problems). 20% of GEAR clients reported at least one gambling-related problem.* In terms of primary ethnicity, Asians had an average of 1.5 problems, compared to about an average of 1.1 for everyone else.[2]

Issues with relationships had the highest prevalence rate (63%), followed by problems with job or school (22%). About 21% of clients had suicidal thoughts, threats, actions, and or plans.

Males had significantly higher gambling-related legal problems (14% versus 7%*), job and / or school problems (26% versus 18%*), and relationship problems (67% versus 58%*) compared to females.

Male gambling treatment clients report more gambling-related problems than females.

Relationship problems are the most reported problem among clients.

63% report relationship problems

Suicidality affects 21% of gambling treatment clients.

1. Suicide threat was positive if client reported suicidal thoughts, threats, actions, or plans. 2. The difference was not statistically significant at the .05 level (p-value = .13)

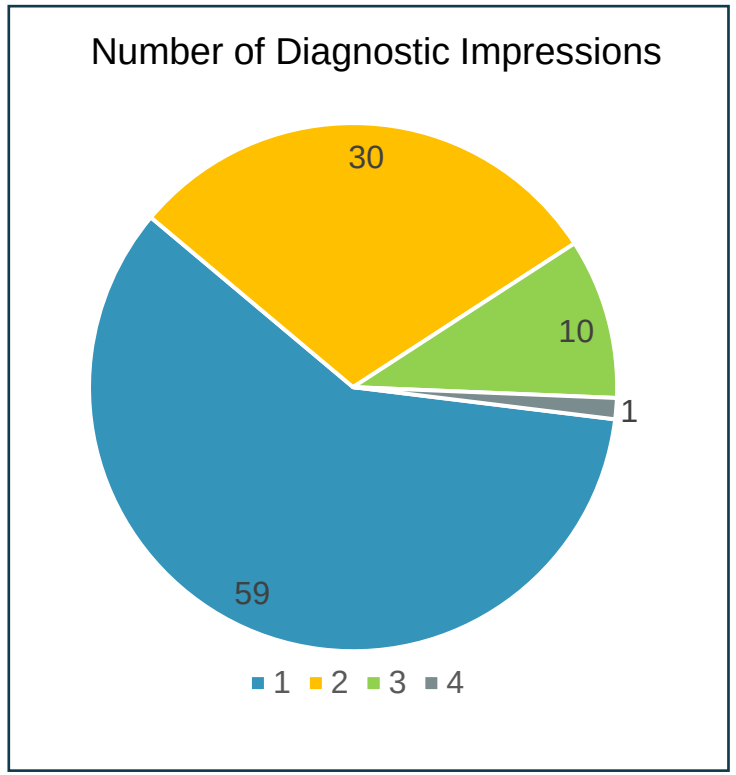
* Difference is statistically significant at the .05 level.

Counselor diagnostic impressions

On average, a client received 1.5 diagnostic impressions. The most common diagnostic impression was Gambling Disorder, with about 90% of clients receiving such a diagnosis. The second most common diagnosis was Mood Disorder (17%), followed by Substance Related (15%).

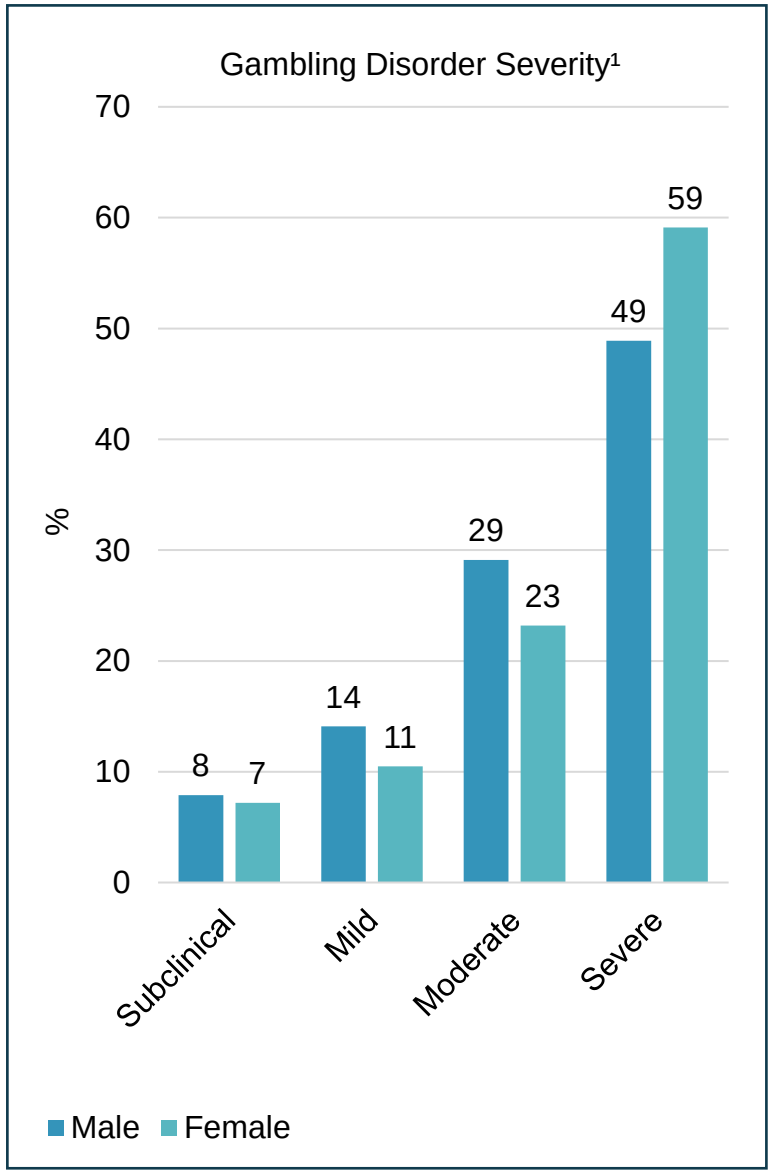
41% of clients had 2 or more diagnostic impressions. Females had a higher percentage of 2 or more impressions compared to males (43% versus 39%), but the difference was not statistically significant. Clients who were White had the highest percent of 2 or more diagnostic impressions (45%*), followed by Hispanic or Latino/a/x (34%), Asian (32%), American Indian and Alaskan Native (30%), and Black and African American (29%).

Definition
• **Diagnostic impression:** A provisional diagnosis used when there is enough information to make a working diagnosis, but the clinician wishes to indicate a significant degree of diagnostic uncertainty.



Diagnostic Impression	%
Gambling Disorder	88.9
Mood Disorders	16.8
Substance Related	15.4
Relational Problem	12.0
Anxiety Disorders	7.8
Other	3.1
Schizophrenia	2.2
Not Mentally Ill	1.8
Gaming Social	1.3
Impulse Disorders	1.3
Adjustment Disorders	0.8
Personality Disorders	0.8
Childhood Disorders	0.6
Gender Identity Disorders	0.3
Medical Condition	0.3

* Difference is statistically significant at the .05 level.



Gambling disorder severity[1]

At the time of admission, clients undergo a comprehensive psychosocial assessment, which typically includes an assessment of Gambling Disorder, currently based on the DSM-5 Diagnostic Criteria. Overall, 27% of clients were diagnosed with Moderate severity and 53% with Severe severity. (Looking only at clients admitted during FY2022,[2] the severity rates for Moderate and Severe severities were nearly the same.)

Females had a higher combined Moderate and Severe severity score compared to males (82% versus 78%), largely because they had a much higher prevalence of Severe severity (59% versus 49%*).

DSM-5-TR Diagnostic Criteria: Gambling Disorder

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress as indicated by the individual exhibiting four or more of the following in a 12 month period:
   a) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
   b) Is restless or irritable when attempting to cut down or stop gambling.
   c) Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
   d) Is often preoccupied with gambling.
   e) Often gambles when feeling distressed.
   f) After losing money gambling, often returns another day to get even.
   g) Lies to conceal the extent of involvement with gambling.
   h) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
   i) Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

Specify if: **Episodic** or **Persistent**; *Specify if:* **In early remission**

Mild: 4-5 criteria met; **Moderate:** 6-7 criteria met; **Severe:** 8-9 criteria met

1. Based on Gambling Disorder DSM5 Diagnostic Criteria. 2. 28% had Moderate severity and 49% had Severe severity.
* Difference is statistically significant at the .05 level

For those served within the OHA gambling treatment system, Asians were diagnosed with significantly higher rates of Severe Gambling Disorder[1] severity compared to all other groups (81% versus an average of 51% for everyone else*). Black and African American ethnic group had the lowest combined levels of Moderate and Severe Gambling Disorder severity (50%).

Aside from residential clients, GEAR treatment program participants had the highest rate of Severe Gambling Disorder severity clients (75%), as well as the highest rate of combined Moderate and Severe clients (97%). Both of these comparisons were statistically significant.

Ethnicity	Severity (%)			
	Subclinical	Mild	Moderate	Severe
American Indian and Alaskan Native	25	6	44	25
Asian	0	14	5	81
Black and African American	33	17	8	42
Hispanic or Latino/a/x	9	9	31	51
Other	0	27	9	64
White	7	12	29	52

Gambling Treatment Type	Severity (%)			
	Subclinical	Mild	Moderate	Severe
Criminal Legal System	24	16	32	28
GEAR	0	3	22	75
Other[2]	17	22	28	33
Outpatient	6	13	27	55
Residential	0	0	0	100

1. Based on Gambling Disorder DSM5 Diagnostic Criteria. 2. Other clients refer to smaller programs such as Relapse Prevention, Respite, Brief Therapy and treatment programs that were not otherwise defined.

* Difference is statistically significant at the .05 level

Discharge Details

Reasons for discharge

Overall, 36% of clients successfully completed their problem gambling treatment programs. For comparison, this was the same rate of successful completion for FY2018-19, the most recent previous OHA PGS annual report. Outpatient treatment (the largest PGS program by client numbers) had a completion rate of 31%, up from 28% in FY2018-19.

Females had a slightly higher completion rate of 38% compared to males (35%); however, the difference was not statistically significant. Asians had the lowest success rate of 29%.

Clients in the criminal legal system had the highest successful completion rate of 71%, followed by GEAR (60%), Outpatient (31%), and Other (27%).

In terms of client type, concerned others had a 60% successful completion rate compared to clients who were being treated for their gambling activities (60% versus 34%*).

Definition
Successful completion: Defined as individuals who have: (a) achieved at least 75% of their short-term treatment goals; (b) completed a continued wellness plan (i.e., relapse prevention plan); and (c) a lack of engagement in problem gambling behaviors for at least 30 consecutive days before completing services.

Adjusted successful completion rate
When factoring out reasons for discharge that are not treatment process related (client moved, became ill, where seen only for an evaluation, etc.) the successful completion rate increases from 36%, as categorized in PG Net, to 41.1%.

Discharge reason	%
Stopped coming (against counselor's advice)	42
Successful completion	36
Refused further treatment	6
Moved	5
Closed	4
Evaluation	2
Program cuts	2
Not appropriate	1
Illness	1
Conflict	0.4
Incarcerated	0.2
Noncompliance	0.2

Gambling Treatment Type	% Successful Completion
Criminal Justice	71
GEAR	60
Outpatient	31
Other	27

* Difference is statistically significant at the .05 level

Factors associated with successful program completion

Successful problem gambling treatment is a complicated issue involving many different factors and is highly specific to each individual. However, it is possible to draw several general observations from the discharge data and other information collected about the client.

Gambling Disorder severity

- Clients meeting criteria for severe Gambling Disorder are less likely to successfully complete treatment, compared to moderate, mild, or subclinical ratings.
- The success rate for clients with severe Gambling Disorder was 44% lower when compared with clients who were either subclinical or evaluated as having mild Gambling Disorder.[1]

Treatment encounters

- Clients who completed 20+ treatment encounters are 4X more likely to successfully complete treatment, compared to those who completed 9 or fewer (65% versus 15%*).
- About 40% of clients stopped attending before completing the treatment program. Maintaining client treatment program participation is a challenge; about 25% of clients stopped treatment after only 1 encounter.[2]

Co-occurring disorders

- The coexistence of other psychiatric disorders introduce additional layers of complexity. Each condition can exacerbate the others, creating a complicated clinical picture.
- Clients who had been previously treated for Substance Use Disorder were 49% less likely to successfully complete.[3]
- If a client reported a previous mental health treatment episode, then the successful completion rate was reduced by 32%.[4]

1. 29% versus 51%*. 2. Discharges unrelated to a client's willingness to complete treatment, such as illness, incarceration, moving out of the service area, etc. have been removed. 3. 22% versus 41%*. 4. 27% versus 40%*.

Gambling-related problems

- The presence of gambling-related problems further complicates the treatment process and creates bidirectional influences – e.g., Gambling Disorder influencing relationship problems, and vice versa.
- Clients who report relationship problems are 29% less likely to successfully complete treatment[1] and 32% less likely to succeed in the presence of job or school problems.[2]

Demographic characteristics

- High educational attainment has the strongest impact on treatment success; clients with post-graduate education are 52% more likely to successfully complete treatment compared to clients with lower educational attainment.[3]
- Female gender, full-time employment, married, and greater than $30,000 annual income are additional predictors of successful treatment completion.[4]

Gambling Treatment System Implications

1. 29% versus 41%*. 2. 25% versus 37%*. 3. 67% versus an average of 44% for all others*. 4. Individually, none of these factors increased successful completion rates more than 6%. * Difference is statistically significant at the .05 level

Cost and encounter characteristics associated with successful program completion

Overall, clients with successful treatment completion averaged 29 encounters between the time of admission and last service (encounter) date. Outpatient treatment had the largest number of average encounters (39) followed by residential (35), and clients housed in the criminal legal system (11).[2]

Outpatient clients categorized as “successful completion” logged the longest average length of service (number of days between admission and last encounter) of 342 days. Residential treatment clients had the lowest rate of 35 days.

The overall average cost of service for those who successfully completed (based on encounter data reported by providers) was $2,550. Clients who successfully completed residential had the highest cost of nearly $11,000. Those who successfully completed outpatient (the largest program in terms of client admissions) had an average treatment cost of $3,180 – about 2% lower than the cost reported in FY2018-19 ($3,239).

Keeping in mind that encounters can have different definitions by treatment types, the overall average cost per encounter was $88. Residential treatment had the highest per encounter cost of $313 and the criminal legal system the lowest at $48 (most of treatment in the criminal justice system occurs as group counseling, a service with a lower per encounter cost).

Metric	Successful Client Treatment Type			
	All	Outpatient	Criminal Legal System	Residential
Average number of encounters	29	39	11	35
Average length of service (days between admissions and departure)	236	342	76	35
Average cost per client treatment episode	$2,550	$3,180	$533	$10,956
Average cost per encounter[1]	$88	$82	$48	$313

1. The average cost per client encounter was computed by dividing the average cost per client episode by the average number of encounters. There are other ways of computing the average, e.g., dividing the total cost by the total number of encounters. 2. Data for GEAR clients has been removed due to inadequate data.

Referred to organization	% of clients with successful treatment discharge
Gamblers Anonymous	39.2
Problem Gambling Outpatient	24.8
None	23.2
Other Community Recovery Group	13.6
Other	26.4
Peer Run Organization	4.8
MH Outpatient	8.8
SUD Outpatient	2.4
GEAR- Minimal Home-Based Intervention	1.6
Other Community Recovery Services	1.6
Private Practitioner	0.8

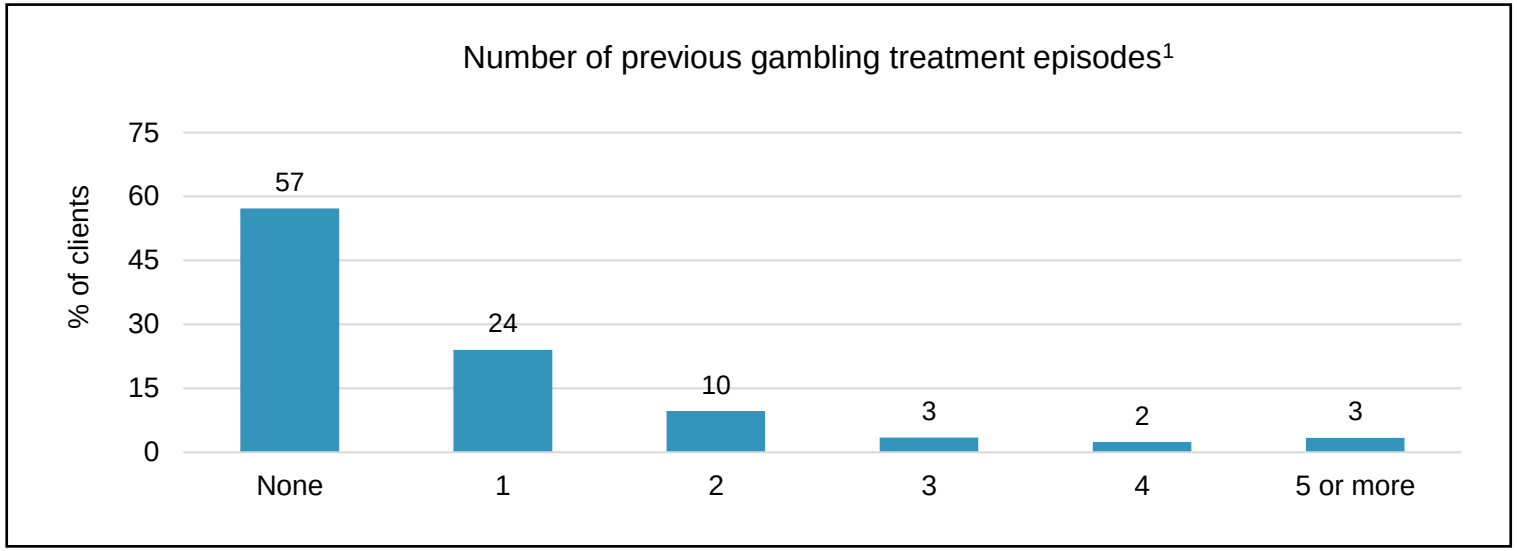
Client referral following program successful treatment discharge[2]

Gamblers Anonymous had the highest referral rate (39%), followed by Outpatient treatment (25%). About 1 out of every 4 clients were discharged without referral.

43% of FY2022-23 clients had at least one previous gambling treatment episode and 18% had 2 or more. These numbers suggest that it is not uncommon for clients to reenroll into gambling treatment programs, providing evidence in favor of referring clients to at least one gambling-support program (rather than none).

It is best practice to provide a referral for additional supportive services following the completion of addiction treatment. For successfully completed treatment clients, best practice may be a referral to peer or community group support.

PG Net does not offer guidelines for clinicians to enter referral information, and it is possible that some clinicians input “none” when clients decline a referral, while others mark “none” only when they do not recommend a referral for continued care.



1. Analysis of FY2022-23 clients receiving treatment. 2. Some clients may have received multiple referral types.

Summary

Finding Success in Oregon Gambling Treatment Services

Program Evaluation Key Findings

- A total of 10,710 encounters were delivered by a network of 47 problem gambling treatment programs, treating 796 individuals. Most clients were treated in outpatient programs. 10% received treatment from the criminal legal system, 6% from GEAR, 2% in residential, and 4% made up a variety of other, smaller programs.
- Over half of clients referred themselves to treatment, which is particularly true for female clients. Males, on the other hand, were more likely to be referred by the helpline, which accounted for over 7% of referrals regardless of gender.
- Treatment is available quickly, with almost one-third of clients enrolling the same day they made contact with a program. On average, there was a 4.2 workday lag between contact and first appointment, which represents both program and caller availability.
- Although telehealth use decreased over the FY (from 55% in July 2022 to 36% in June 2023), 47% of all encounters were delivered virtually. Of those utilizing telehealth, clients are more likely to be older, female, and Asian. Hispanic/Latino/a/x and Black/African-American clients were also both more likely to use telehealth than White peers. Outside of telehealth, 23% of encounters were delivered in an outpatient office, and 24% were delivered in another, community- or outdoor-based location.
- 36% successfully completed their treatment program, most common in criminal legal and GEAR clients. Overall, 42% of clients stopped attending their treatment program without consulting their counselor. Severe gambling disorder, previous treatment episodes, and more gambling-related problems were associated with less of a likelihood to successfully complete treatment. On the other hand, staying engaged in treatment for 20 or more encounters (compared to nine or fewer), higher educational attainment, full-time employment, female identity, earning over $30,000 annually, and being married were all associated with greater likelihood of successful treatment completion.

Population Served

- Overall, clients were more likely to identify as male, White, with an average age of 48. Females seeking treatment tended to be older than males, and GEAR tended to attract older clients. Fewer than half of clients had completed more than a high-school degree.
- Fewer than 7% of clients were connected to the military, just under half of whom were active-duty military. About one-third of clients were married, one-third never married, and one-third previously married but currently not (e.g., separated, divorced, widowed).
- 80% of clients reported one or more dependents relying on them financially. About half of clients were employed at least part-time, and nearly two-thirds of clients earned less than $30,000 annually, including 40% of clients who reported no earned income.
- 80 clients (10% of the OHA PGS treatment population) were loved ones of a person with a gambling disorder seeking concerned others supportive counseling, with the remaining 90% being individuals addressing their own gambling concerns.
- Of clients who sought treatment for gambling, video poker was the most frequently reported gambling activity, regardless of gender. Line games was the second most common and slots machines third. Despite increasing concern for sports betting and problem gambling risk, particularly among young males, only 4% of males reported sport-related gambling as a primary gambling activity. For the most part, over two-thirds of clients reported gambling primarily at video lottery retailers. Casinos were the primary location for 17% of clients.
- A large proportion of people entering gambling treatment had a complicated clinical profile: 41% of clients had 2 or more co-occurring conditions, 53% presented with a very high level of problem gambling severity, 21% presented at high suicidal risk.

OHA PGS Problem Gambling Treatment System

Strengths

- Cost-free treatment programs that are widely available with short wait times (in most cases).
- Wide range of treatment programs that align with clients' diverse therapeutic needs.
- Culturally-specific and linguistically appropriate services for multiple ethnicities.[1]
- Treatment programs delivered by certified problem gambling treatment counselors.

Areas to Improve Upon

- Retention. A large proportion of clients leave treatment early.
- Problem severity. Rarely are clients entering treatment early in their addiction. Those entering tend to be dealing with serious gambling related consequences and multiple symptoms.
- Data collection compliance rates of treatment providers need improvement.
- Decrease wait time for residential clients (from 7.4 days to the overall average of 4.2 workdays).

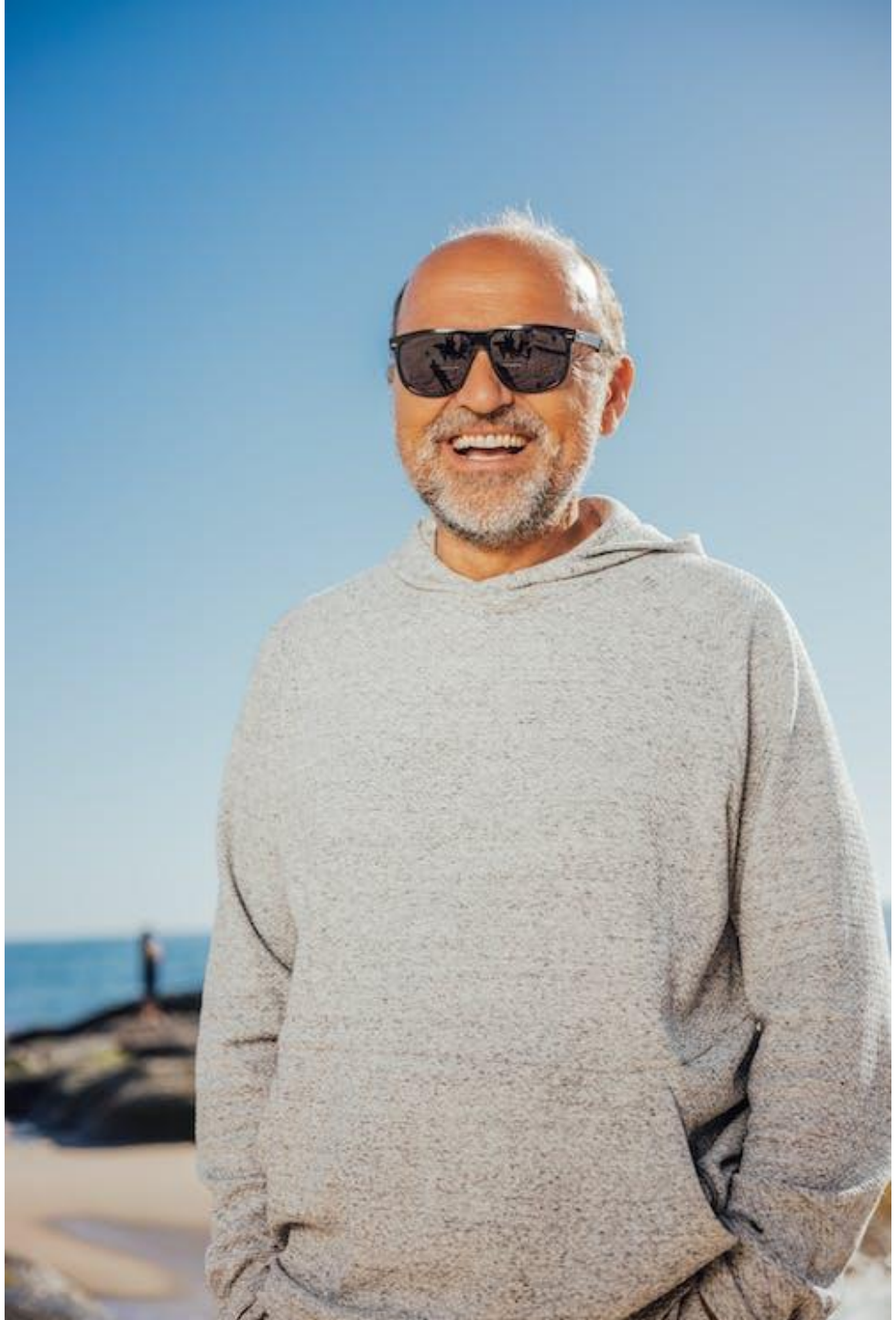
Opportunities

- Expansion of problem gambling treatment services in the criminal legal system, following success of current programs.
- Program improvement through the use of data management (collection, storage, and analyses) to inform program improvements.
- Utilization of gambling treatment data to identify providers in need of additional technical assistance and continuation of provider reports and data discussions that were initiated in the first half of FY2022-23.

Threats

- Increase in problem gambling due to the rapid growth of sports betting (and gambling activities in general).
- Increase in problem gambling on account of technological advances in video lottery terminals.
- Increase of co-occurring behavioral health problems secondary to Oregon's standing as one of the worst states for addressing mental health and one of the states with the highest rate of substance use disorders.

1. Refer to description of OHA PGS treatment program services.



Contacts and Resources

Oregon Health Authority, Problem Gambling Services

www.oregon.gov/PGS

Greta Coe, Problem Gambling Services Manager

Greta.L.Coe@oha.oregon.gov / (503) 602-4444

Oregon Problem Gambling Helpline *(24/7 toll free)*

1-877-MY-LIMIT / Es: 1-844-888-2537

Oregon Problem Gambling Resources

www.opgr.org/

Change starts here. Help is free and confidential.