

# Oregon Problem Gambling Services System Report

FY 2020-23

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# Overview

Oregon Health Authority's (OHA) Problem Gambling Services (PGS) ensures that Oregonians have an array of support for awareness, prevention, treatment, and recovery of problem gambling and Gambling Disorder, as well as for the professionals providing these services. These efforts are reflected in this three-year report for fiscal years 2020-2023 (July 1, 2020 - June 30, 2023). This report is the first for OHA PGS, intending to discuss programs and projects implemented by the state entity, holding itself accountable to the system's providers, policymakers, funders, and strategic planning goals. In the future, this type of report will be published annually, following the closing of each fiscal year. This report will accompany or refer to other reports and tools that further highlight the OHA PGS system.

Oregon's leadership in problem gambling services embodies the collaboration and spirit that places the individual first while developing a service structure to meet individuals', families', and communities' needs as they arise. Furthermore, it ensures that professionals providing these services are trained and supported through policies, programming, and resources.





### **Who are we?**


At the time of this report's writing, Problem Gambling Services (PGS) is a comprehensive service system led by a team of three staff members and one adjunct team member, who reside within the Oregon Health Authority, Health Systems Division. The team consists of a Problem Gambling Services Manager, a Problem Gambling Prevention Specialist, and a Problem Gambling Treatment Specialist. In 2022, a new position was created for OHA's Integrated Co-Occurring Disorders (ICD) program, and an agreement was made for this position to be an adjunct team member with the problem gambling team.

### **What do we do?**

OHA PGS is guided by a public health paradigm and approach that takes biological, behavioral, economic, cultural, and policy determinants influencing gambling and health into consideration. It incorporates prevention, harm reduction, and multiple levels of treatment and recovery by emphasizing quality-of-life issues for those directly impacted by gambling harms, their families, and communities. By appreciating the multiple dimensions of gambling, OHA PGS incorporates strategies to minimize the negative impacts of gambling while recognizing the reality of gambling availability, culture of social acceptance, and economic impacts.

### **Authority/Statue/Treatment Fund**

In 1992, the Oregon State Lottery was legislatively authorized to offer video lottery games. By law, a portion of those proceeds were designated to fund problem gambling services. After a period of program instability, the State of Oregon enacted SB118 in 1999, which designated one percent of Lottery revenues to be allocated to a Problem Gambling Treatment Fund to address gambling harms (ORS 409.435). All funds in the Problem Gambling Treatment Fund are continuously appropriated to the Oregon Health Authority to be utilized for programs for the prevention and treatment of Gambling Disorder and other emotional and behavioral problems related to gambling, and for the administration of the program. In 2001, the first year SB118 was implemented, the annual problem gambling program budget was approximately \$2.5 million. That amount has increased to approximately \$8 million annually (+/- \$0.5 million) since the introduction of lottery video line games in fiscal year 2005 and sports betting in 2019.



# Oregon's Problem Gambling Services System

Oregon is nationally recognized as a leader in the field of problem gambling services, providing prevention, outreach, treatment and recovery services. Oregon Health Authority, in collaboration with its partners, administers a problem gambling treatment and prevention system that covers a continuum of care and includes:



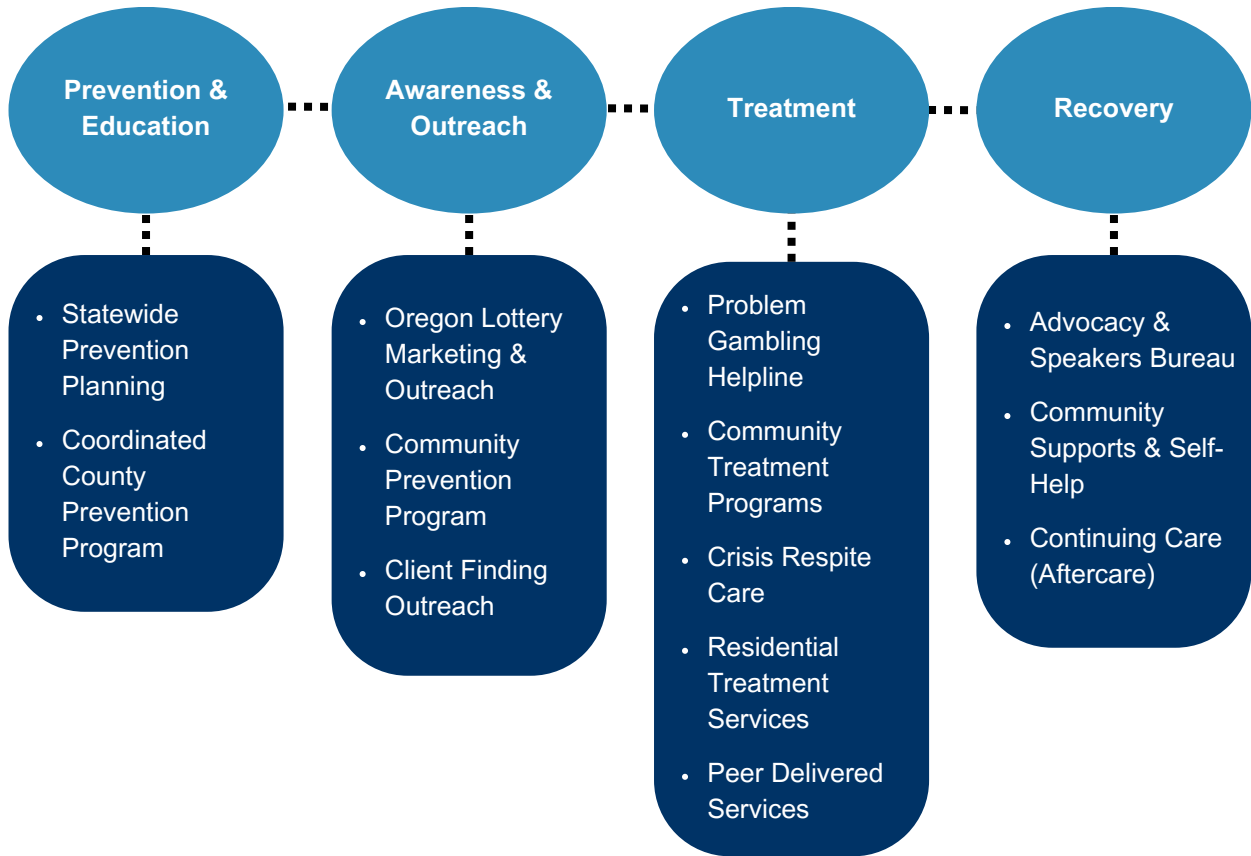
- Prevention and outreach efforts, stand alone and embedded in alcohol, tobacco and other drug prevention systems, to increase awareness that problem gambling is a serious public health concern
- 24/7 helpline, calls answered by gambling informed specialists
- GEAR, a minimal intervention program involving phone counseling with a workbook



- Outpatient—individual, group and family therapy, including tele-counseling and culturally specific programs
- Crisis respite care
- Residential treatment services
- Problem gambling recovery peer mentor programs
- Gambling education and treatment for incarcerated adults



## Oregon Problem Gambling Services System



## Problem Gambling Prevention System



Problem gambling prevention and educational programs aim to prevent or reduce the emotional, physical, social, legal, and financial consequences of gambling for not just individuals who are gambling, but also their family members and the community at large. OHA PGS leads efforts to prevent gambling-related harms, promote informed and balanced attitudes, and protect historically underserved groups. These goals are accomplished by promoting healthy public policy, developing collaborative relationships between various partner groups, and providing local governments with funds to develop a public health model, employing strategies similar to those used in evidence-based alcohol, tobacco, drug, and other prevention efforts. Oregon’s problem gambling prevention efforts are guided by the Behavioral Health Continuum of Care Model, Center for Substance Abuse Prevention's (CSAP) six core prevention strategies, and the Strategic Prevention Framework. These efforts utilize community-based strategies intended to provide activities and messaging across the Social Ecological Model.



## Client Finding Outreach & Referral Pathways



There are a number of barriers preventing individuals with gambling problems from walking into counseling centers looking for help, such as shame and stigma or lack of awareness. Often, by the time someone does seek help, they have reached a breaking point, sometimes even considering suicide. Additionally, despite the impact that gambling has on the legal system, treatment is not often mandated as part of sentencing for crimes related to gambling. As a result, program outreach is needed to help individuals connect with treatment. Client finding outreach entails connecting with other health and behavioral health professionals to assist in identifying individuals with gambling problems, ultimately creating a referral pathway to a gambling treatment provider.

## Treatment Services



Publicly funded treatment and counseling services are available at no cost to any Oregon resident experiencing gambling-related problems; this includes individuals experiencing problem gambling themselves and concerned others (e.g., people whose lives have been affected by someone else's gambling problem, such as family, friends, significant others, and colleagues).

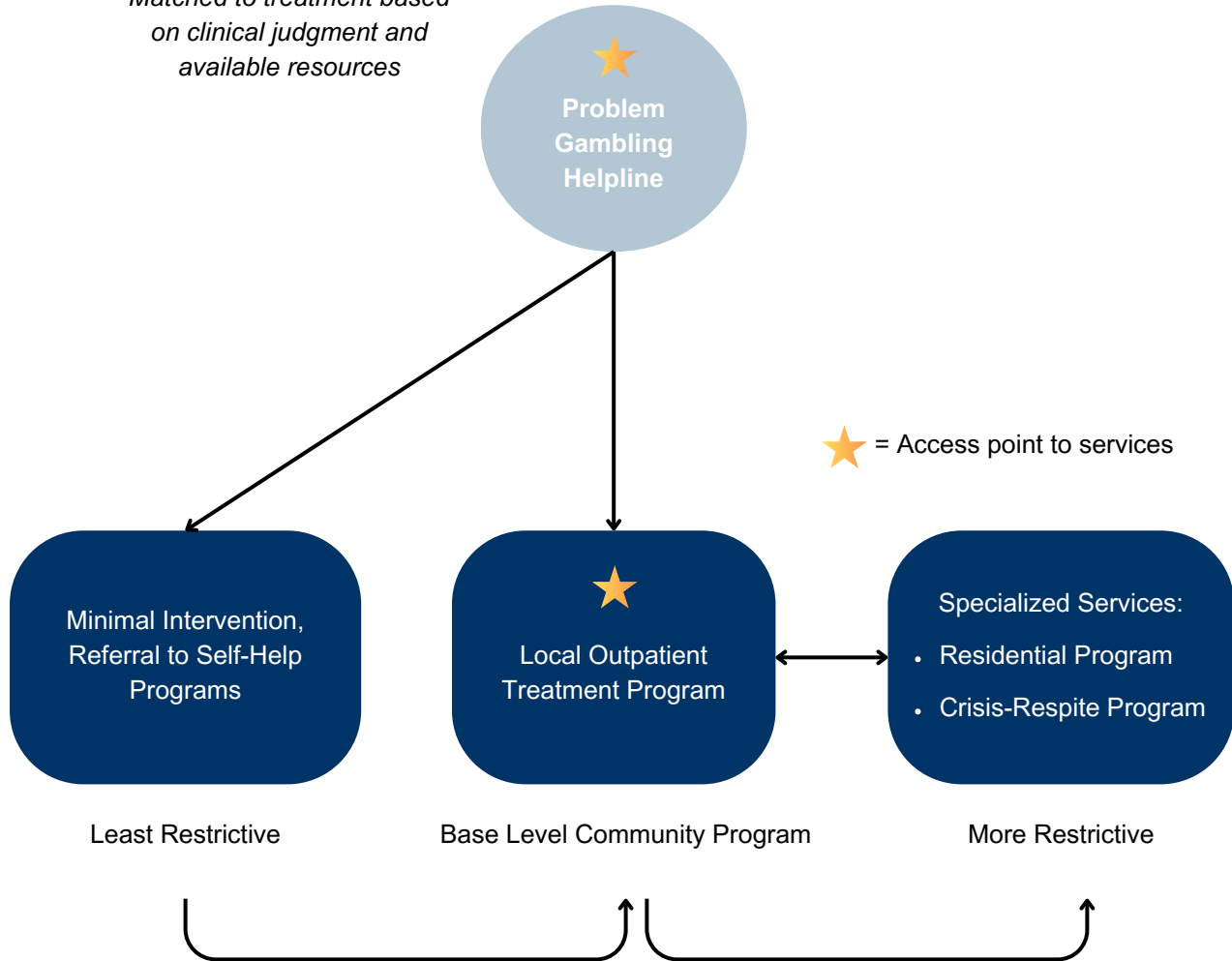
Oregon's treatment system design follows a "level of care" approach so that the most effective and least restrictive treatment is provided to clients first, only "stepping up" to intensive/specialist services as clinically necessary.

The use of peer mentors within gambling treatment programs is still in its infancy, compared to other behavioral health programs, however, PGS continues to explore the implementation of this service statewide. Additional discussion on this topic can be found within this report.



## Access to Gambling Treatment

*Matched to treatment based on clinical judgment and available resources*



## Program Development and Implementation



The remainder of this report will cover areas of development and implementation for the past 3 years (FY20-23). Efforts reported are divided into four focus areas/initiatives: 1) Workforce Development, 2) Data and Research, 3) Tools and Resources, and 4) System Change/Expansion.



# 1. Workforce Development Initiatives

Unlike other behavioral health programs, there is not a national organization charged with funding, oversight, or advocacy for problem gambling services. As a result, there are very few training opportunities within the problem gambling or broader behavioral health fields to support workforce development related to problem gambling treatment and prevention. OHA PGS takes the responsibility to facilitate and be a resource to support the system. A plethora of trainings are offered by OHA PGS each year.

## Advanced Career Onsite Resource Network (ACORN) Training Web Site



In June 2021, OHA PGS launched the Advanced Career Onsite Resource Network (ACORN), a training and professional development web page for problem gambling providers. The site allows OHA PGS to house online trainings and announcements in one location while providing a user-friendly registration process and the ability to track the utilization of offerings and demographics of registrants. Within the ACORN site, OHA PGS promotes online training and continuing education (CE/CEU) courses for Oregon's gambling certification requirements and provider contractual requirements. Additionally, topical monthly webinars and numerous bundles of training courses for problem gambling system providers, behavioral health providers, public health professionals, supervisors, family service providers, and program professionals are offered. Trainings are available as live, asynchronous, and self-paced courses.

Since the launch of this training site in June 2021, a total of 1,172 participants have attended or taken a course with a total of 3045 courses completed. Of those who participated in ACORN trainings, about one-fifth (20%) worked in OHA problem gambling treatment programs. Additionally, 60% were Oregon providers, 33% were from across the US, and 7% were from other countries.

Considering that participants can, and often do, enroll in multiple courses, it is important to note that the number of course enrollments by far exceeded the number of unique participants. Namely, there were 4,128 course enrollments in the period between June 2021 and July 2023.

## Monthly Webinars



During the COVID pandemic, the way trainings were offered needed to change from mostly in-person to virtual live webinars or self-paced on-demand e-learning courses. As the pandemic ended, this new standard has held. Since December 2022, OHA PGS initiated the offering of a monthly webinar on an emerging topic related to problem gambling to the PG provider system. Recorded webinars are 90 minutes and available on the ACORN webpage with CEUs available. Trainings included:

- The Connection between Gambling and Day Trading (25 in person attendees and 25 completed online)
- The Neuroscience of Risky Behavior: Youth Gambling Prevention (28 in person attendees and 27 completed online)

- Interrupting Stigma Associated with Gambling and Substance Use Disorders (35 in person attendees and 36 completed online)
- Technology and the Brain (24 in person attendees and 22 completed online)
- Problem Gambling and Older Adults with Dr. Jon Grant (at the 2nd Annual Older Adult and PG Summit; 86 in person attendees and 6 completed online)

## Problem Gambling Counselor Precertification



This synchronous (live) online training provides the 30 educational hours required to become a Certified Gambling Addiction Counselor (CGAC) in Oregon. Course content is informed by the Problem Gambling Treatment Provider Core Competencies. The course entails virtual meetings with instructors and self-paced lessons between the meetings. This course had been offered once a year and in the spring of 2023 began to be offered twice per year.

Since July 2021, 34 individuals have completed this training.

## Advanced Problem Gambling Counselor Training



Offered in a hybrid format, this course bundle includes both real-time, online education and self-paced, on-demand courses. Together, these education components yield 30 hours of training needed to become a Certified Gambling Addictions Counselor II (CGAC II). This course is offered annually. Since July 2021, we have had 24 participants attend and complete this training.

## Suicide Prevention: Responding with Care



OHA PGS developed this course in partnership with the OHA Youth Suicide Prevention program to provide training on assessing and responding to suicide risk. This 3-hour on-demand course builds knowledge and skills that traditional health workers need to screen for suicide risk, refer to services, and follow up with clients. The training targets a broad audience of Traditional Health Workers (THW) in Oregon. The course also broadens awareness of problem gambling, including the heightened risk of suicide among those experiencing gambling problems. The course includes case studies, skill demonstrations, presentations, and readings. This course was launched in July 2023. The outcomes of the training will be presented in the FY23-24 report.



## Ethics Training Series



In collaboration with the PGS Multicultural Advisory Committee (MAC), OHA PGS launched an ethics training webinar series in FY2022-23, offering ethics continuing education units to system providers. The series of eight webinars discusses ethics from a multicultural lens. 110 participants attended at least one webinar within this series. The trainings include:

- **Diversity Concepts:** Definitions, Historical Perspective, Current Impacts, Best Practices
- **Cultural Equity for Peer Professionals:** Definitions & Concepts of Cultural Awareness, Tolerance, Competency, Humility & Responsiveness, The Peer Role, Self-Awareness
- **Trauma & Addiction:** Definitions, Origins, Mechanics, Responses & Tx that work
- **Cross-cultural Communications Skills:** Cultural Axiology, Assumptions & Errors, Micro-aggressions, Cultural Humility as a Skill
- **Culturally Specific Gambling Considerations:** This would be a panel of PGS Multicultural Advisory Committee (MAC) members sharing their knowledge and interacting with participants in real-time.
- **Professional Ethics 1.0:** Overview, Historical Origins, Current Applications, Common Errors
- **Professional Ethics 2.0:** Review of MHACBO Behavioral Code of Conduct, The formal complaint process, liabilities, MHACBO Ethics Committee process, case evaluations & and outcomes.

## Working with Families in Problem Gambling Treatment



In 2018, OHA PGS partnered with Marriage and Family Therapy professionals to support problem gambling treatment providers working with families and concerned others with loved ones experiencing gambling problems. This is an important part of the larger system served, though it may not be an area providers have specific training in. There was hope to increase billing rates for providers with certain levels of licensure or training. To support this concept, a manual was designed to outline how to work with families in problem gambling treatment without the expectation that everyone who studies this manual will become a family therapist. The manual was completed in 2019. Increasing billing rates depending on licensure and training level is currently in the information gathering and planning phase.

To further assist providers' ability to serve family members and concerned others, a 30-hour online, self-paced training was developed, providing training on counseling families struggling with problem gambling. The course includes videos of experienced mental health clinicians and actors portraying clients based on scripts from real sessions, immersive case studies, presentations, and readings. The modules were launched in 2020. To date (FY2020-2023) 76 providers participated in this course, with one-third (33%) from Oregon and two-thirds (67%) outside of Oregon. Participants gave this course high marks, with an average rating of 4.72 on a scale from 1 (lowest mark) to 5 (highest mark).

## Certification

In Oregon, problem gambling treatment providers are required to meet the requirements of the Oregon Administrative Rule (OAR) 309-019-0125: Specific Staff Qualification and Competencies. OARs ensure regulatory and administrative results to Oregon Revised Statutes, laying out requirements that may include policies, processes, and trainings. Those providing gambling treatment services must within two years of starting to provide these services get certified as a gambling addiction counselor by a division-recognized credentialing body, which in Oregon is the Mental Health and Addiction Certification Board of Oregon (MHACBO) or the International Gambling Counselor Certification Board (IGCCB).

In Oregon, there is no OAR or required certification for problem gambling prevention service providers. However, there are requirements set forth through contractual language, which are touched on later in this report.

## Alignment of Education Hours for Certification



From provider feedback, OHA PGS determined that the 60 educational hours required for the Certified Gambling Addiction Counselor (CGAC-I) in Oregon was creating accessibility barriers for behavioral health workers who wanted to provide gambling treatment. These barriers would be maintained as OHA PGS moved gambling treatment services under Medicaid-covered services and Coordinated Care Organization (CCO) contracts. Additionally, the requirements for CGAC I were not aligned with the national/international standards through the International Gambling Counselor Certification Board (IGCCB). To resolve these challenges, in June 2022, OHA PGS requested to the Mental Health and Addictions Certification Board of Oregon (MHACBO) to reduce the CGAC I educational hours from 60 to 30 hours to align with national/international standards of IGCCB. This was approved in August 2022, going into effect that Fall with an update to the OAR.

In FY2022-23, there were 88 registrants of the CGAC (CGAC-R), individuals working towards the requirements of a CGAC I or II, and there were 6 new individuals who became certified, along with 43 who renewed their CGAC I or II certification that year.



## Certification Scholarships



To expand and retain the workforce, OHA PGS began offering scholarships and reimbursing new certification applications and renewal fees in July 2022. Since then, several individuals have been awarded these scholarships: 88 had their registration funded, 17 were funded to become a CGRM, and 80 certification renewal fees were covered.

## Certification Consultant Program



In early 2022, OHA PGS launched a Certification Consultant Program to assist those seeking certification in obtaining consultation hours. With this new program, OHA PGS recruited qualified professionals to provide consultation to certification-seeking candidates. This program, and its companion [program guide](#), have been modified from the initial launch, specifically around the requirements and attendance of group sessions. OHA PGS continues to obtain feedback and modify as needed.

Between early 2022 and the end of June 2023, 27 certificate-seeking candidates utilized the program, with two completing their required consultation hours. With problem gambling treatment being a part of the Integrated Co-Occurring Program and a Medicaid-eligible service in January 2023, utilization of this program will likely increase in the coming years.

## Externship Program



In the spring of 2023, OHA PGS received feedback from providers in rural/frontier areas that there were barriers to obtaining sufficient clinical experience hours for certification due to the low census of problem gambling clients in their respective agencies. To address this, OHA PGS collaborated with a contracted provider entity, which is connected to an educational institution that trains graduate students to provide problem gambling treatment services. Given its metropolitan location and extensive service hours, this entity has plenty of clients. The agency worked collaboratively with OHA PGS to design and develop an Externship Program, through which individuals working toward their certification can accessibly see clients and provide services both in person or by telehealth. A [program guide](#) related to this program has been developed and recruitment for this program will be implemented in the summer of 2023.



## Problem Gambling Peer Recovery Efforts



In July 2016, to expand peer support services and continually improve problem gambling treatment services in Oregon, OHA PGS implemented a policy allowing peer-delivered services for gambling treatment clients from Peer Specialists, Peer Mentors, and Recovery Mentors. This policy reduced barriers in the PGS system and assisted agencies in the implementation, expansion, and integration of peer-delivered services to support a problem gambling recovery-oriented system of care. Since enrollment numbers for gambling disorder treatment are fewer than other behavioral health programs, there are fewer problem gambling peers to fill these roles within the system and less funding to support positions in treatment agencies. The policy was a temporary solution until the problem gambling peer-delivered service system became more robust.

In 2019, it became clear that many peers without lived experience of problem gambling themselves needed additional problem gambling support training. In early 2020, the guidelines or policy related to peers was updated to include a minimum of completing a seven-hour Problem Gambling Peer training course. This course was collaboratively designed by OHA PGS and Voices of Problem Gambling Recovery, a problem gambling peer-run organization. This course is offered twice a year.

Since its initiation, the training has had 68 participants with “very good” evaluations and requests for advanced training opportunities. Due to this training, additional individuals with lived gambling disorder experience have been identified and 58 individuals have become Certified Gambling Recovery Mentors through MHACBO.



## Problem Gambling Prevention Training Series



As previously mentioned, the problem gambling prevention system does not have an Oregon Administrative Rule (OAR); however, there are requirements outlined within contractual requirements. OHA PGS developed a list of essential training for prevention professionals to complete as well as self-paced, online access to the required trainings through [ACORN](#).

The required trainings, and the number of participants who completed the course since its launch in July 2022, include:

[Problem Gambling Prevention 101 - Module 1](#)  
(49 attendees)

[Problem Gambling Prevention 101 - Module 2](#)  
(44 attendees)

[Problem Gambling Prevention Foundation](#)  
(44 attendees)

[Problem Gambling Prevention Planning Framework and Reporting](#)  
(34 attendees)

[Introduction to Prevention Ethics](#)  
(41 attendees)

## Problem Gambling Prevention for Supervisors



Problem gambling prevention coordinators working at the community level can often feel isolated and unsupported, with supervisors pulled in many directions. Additionally, many prevention supervisors have had minimal exposure to problem gambling. To address this, OHA PGS created an online training specifically for supervisors and added this training as a requirement within their contract. The online training outlines OHA Problem Gambling Prevention Services responsibilities and requirements for supervisors, an overview of Problem Gambling Prevention Service reporting, and expectations for onboarding new Problem Gambling Prevention Coordinators.

This training is available on [ACORN](#). Since its launch, 27 supervisors have completed the training.

## Training Scholarships



For many years, OHA PGS has offered training scholarships to providers. Funds are set aside to support providers who would like to attend critical training outside of what OHA PGS offers that they or their agency may not be able to financially support. Scholarships are offered through a simple process in which an applicant verifies payment and attendance and is reimbursed for the cost. Providers have also used this opportunity to request funds for certification testing fees, precertification training course fees, and other at-cost training, such as the Grief Recovery Model training.



## Core Competencies and Guides



Over the last 5 years, OHA PGS has collaborated with researchers for the creation of Core Competencies for problem gambling prevention, treatment, and recovery professionals. Each profession's guide was created by Delphi method surveys of international, national, and local experts. Each guide helps drive workforce development efforts and OHA PGS encourages providers to use the guides to direct their own professional development.

On the treatment side, OHA PGS created an evaluation tool based on the treatment core competencies. A requirement was written into contract language for providers, supervisors, and clinicians, to utilize the tool every two years. The data is sent back to the state in a non-identifiable method for the state to determine how workforce efforts should be directed.

By the time this report was published, one provider had utilized the evaluation tool. This was largely due to the timing of the launch of this program during the COVID-19 pandemic and the aftermath on the behavioral health workforce. During the next fiscal year, there will be more focus on this tool and its required utilization so that outcomes can inform treatment system workforce opportunities.

The prevention and treatment core competencies have been shared and presented at the 2020 National Conference on Problem Gambling, in 2022 to the National Association for Administrators of Disordered Gambling Services (NAADGS), and in 2023 at the International Conference on Gambling and Risk-Taking. The Peer Core Competencies were completed in June of 2023 at the time of this report's publication, promotion of these competencies had not occurred.





# 2. Data & Research Initiatives

Compared to other states, Oregon is privileged to have an adequate funding level for problem gambling services to set up a continuum of care system, which includes a robust data, research and evaluation system. Oregon collects data on the clients seen through its publicly funded treatment system, youth and adult data from the general population and through various small research projects on special populations.

## Community Readiness Assessment



From 2018-2020, OHA PGS-contracted prevention providers conducted community readiness assessments in every county in Oregon. The Community Readiness Assessment was used as OHA PGS’s prevention system long-term outcome measurement tool. Community Readiness Assessments measure the community’s “readiness” level to address problem gambling. Findings from these assessments allow for outcome-driven planning, matching the appropriate interventions to the community’s level of readiness to address problem gambling.

Community readiness includes five dimensions:

1. **Community Knowledge of Efforts:** How much does the community know about the current programs and activities?
2. **Leadership:** What is leadership’s attitude toward addressing the issue?
3. **Community Climate:** What is the community’s attitude toward addressing the issue?
4. **Community Knowledge of the Issue:** How much does the community know about the issue?
5. **Resources:** What are the resources that are being used or could be used to address the issue?

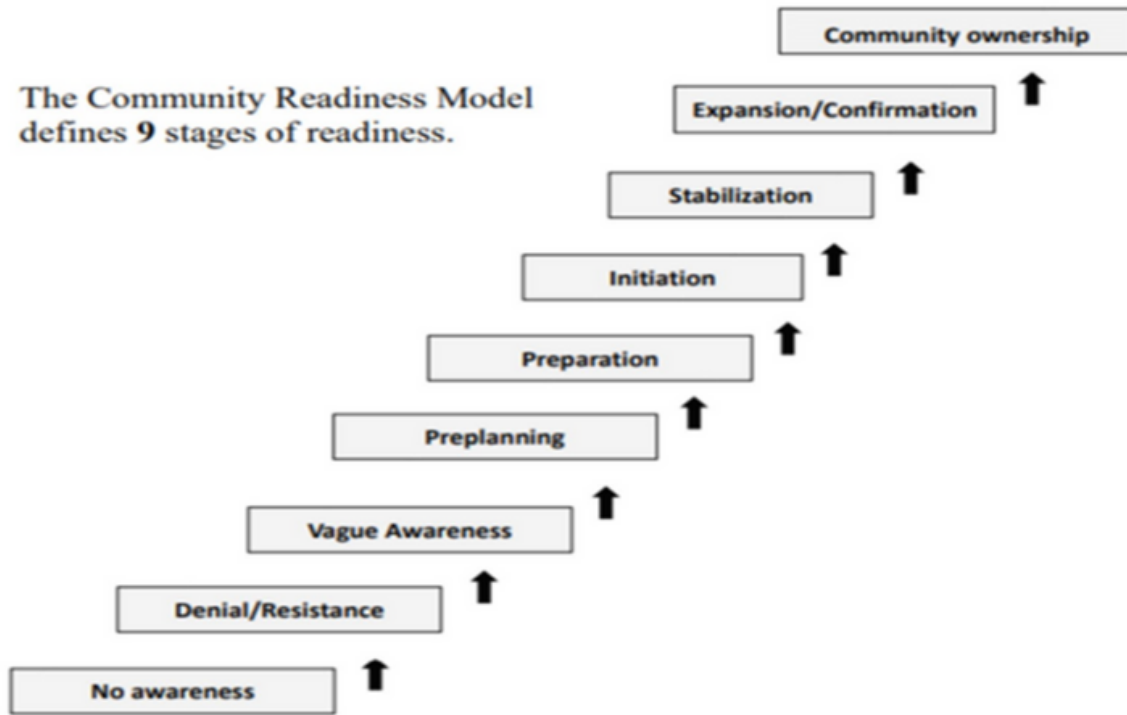


Credited to the National Center for Community and Organizational Readiness

Each dimension receives a community readiness score based on 9 stages of community readiness. Oregon’s combined results for the five dimensions were between levels 1-3 from “no awareness” to “denial/resistance” to “vague awareness”. The results of this initial assessment demonstrated a lack of awareness that problem gambling is an issue in our communities and pointed out a need for prevention and educational efforts. To track change, the assessments will be replicated every five years in all Oregon counties.



The Community Readiness Model defines 9 stages of readiness.



## Student/Youth Surveys



### Student Health Surveys

OHA PGS has ensured that gambling-related questions are included in the student health surveys conducted throughout the state via school districts. The Student Health Survey is a comprehensive, school-based, anonymous, and voluntary health survey of 6th, 8th, and 11th graders conducted in even-numbered years. Beginning in 2024, this survey will be conducted annually.

To view questions asked in the surveys and results from the most recent survey visit: <https://www.oregon.gov/oha/ph/birthdeathcertificates/surveys/pages/student-health-survey.aspx>

### Oregon Youth Authority

Youths involved in the criminal justice system are vulnerable to problem gambling, and as gambling becomes more accessible to children and adolescents, youth gambling is a public health concern. Despite this, problem gambling, gambling-related incarcerations, and gambling-related incidents among youth housed in secure facilities for criminal behavior are under-studied.

Youths living in correctional facilities within Oregon were invited to participate in a study that explored gambling behaviors within this population. The study found that problem gambling rates of participants were 111-times higher than the general youth population in Oregon. The complete study report will be available in the Spring of 2024.

## Adult Surveys/Data



### **PG Net**

PG Net is Oregon's data collection tool for demographic data of individuals receiving publicly funded problem gambling treatment. In July 2021 the PG Net system was launched, after transitioning from the previous system, Gambling Process Monitoring System (GPMS). The information collected in PG Net allows OHA PGS to understand who the clients served are, the types and frequency of services being provided, the cost of services, and more. Data collected is analyzed every fiscal year and published at the end of the calendar year. Treatment evaluation reports can be found at: <https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Data.aspx>.

### **Follow-Up Survey Project**

Evaluation is a critical component of a gambling treatment system. Ongoing evaluation ensures accountability and assesses the outputs and outcomes of a program to provide information for future decision-making. Often absent from treatment program evaluation are efforts to collect data during a client's active treatment and following a client's discharge from treatment. Follow-up evaluation is perhaps the most valuable component of a treatment evaluation program. To assess gambling treatment processes and longer-term outcomes, OHA PGS launched a new project in the Spring of 2023 that will evaluate Oregon's problem gambling treatment services. Clients participating in services are assessed at 30-day, 90-day, 6-month, and 1-year time points from their treatment start date. Following treatment discharge, which may occur at any point, participants will be assessed 6 months and 1 year later. Assessment at each time point includes a combination of modified screening instruments and both close-ended and open-ended questions. Collected data includes problem gambling symptoms, co-occurring psychopathology, social determinants of health, general wellness, and satisfaction with treatment services.

The Follow-Up Survey Project was developed in the Spring of 2023 and implemented on July 1, 2023. A summary of results will be included in the FY2023-24 System Report.

### **Behavioral Risk Factor Surveillance System**

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. In 2022, OHA PGS submitted questions related to gambling to be added to the 2023 survey. This was the first time in over 15 years that gambling questions were included, and the system looks forward to seeing the result in 2024.

## Oregon Department of Corrections (ODOC) Study

Problematic gambling behavior has not been systematically screened for within the Oregon Department of Corrections (ODOC). To better understand the need for formalized Gambling Disorder assessment and intervention programs, the prevalence of Gambling Disorder within adults in custody needed to be assessed. In partnership with ODOC, OHA PGS conducted a study to answer these questions and inform programming.

The study examined the prevalence of problem gambling among incarcerated adults. Over 11 weeks, DOC adults undergoing an intake were asked to anonymously complete an 18-item questionnaire that included the Problem Gambling Severity Index (PGSI). 37% of incarcerated adults entering ODOC were determined to be at a moderate to high risk for problematic gambling. With this estimate, approximately 1 in 3 adults entering ODOC are likely to experience problematic gambling. The risk of having a gambling problem is 14 times higher among those entering the ODOC compared to adults in the Oregon public. The official report of the study, [Problem Gambling Among Incarcerated Adults Entering Oregon Prisons](#), highlights the process of the study, results, and recommendations.

## Gambling Among Oregon's Opioid Treatment Program (OTP) Patient Study

National studies have found high rates of problem gambling among the opioid treatment populations and poorer treatment outcomes among patients with a gambling disorder. There is a need for OHA PGS to develop collaborative relationships with OTPs and ensure problem gambling is addressed. The purpose of the Gambling Among Oregon's Opioid Treatment Program research study is to examine the prevalence of problem gambling among this population, explore the extent gambling is addressed within Oregon OTPs, and provide a basis of knowledge for public policymakers and community leaders to inform decisions.

The first program to collaborate with OHA PGS on this was Douglas County's Adapt Opioid Treatment program. A 27-item survey, based on the Problem Gambling Severity Index (PGSI), was administered to patients. Results showed that 34% of participants "greatly attributed" their opioid use to their gambling, and 38% were observed to be at a high risk for gambling severity. 28% of participants were concerned that gambling was a threat to their recovery, yet only 7% reported that gambling was addressed in their treatment or relapse prevention plan.

We hope to garner more participation from other OTPs and expand on this study's findings. The results of this study have not been published at this time.

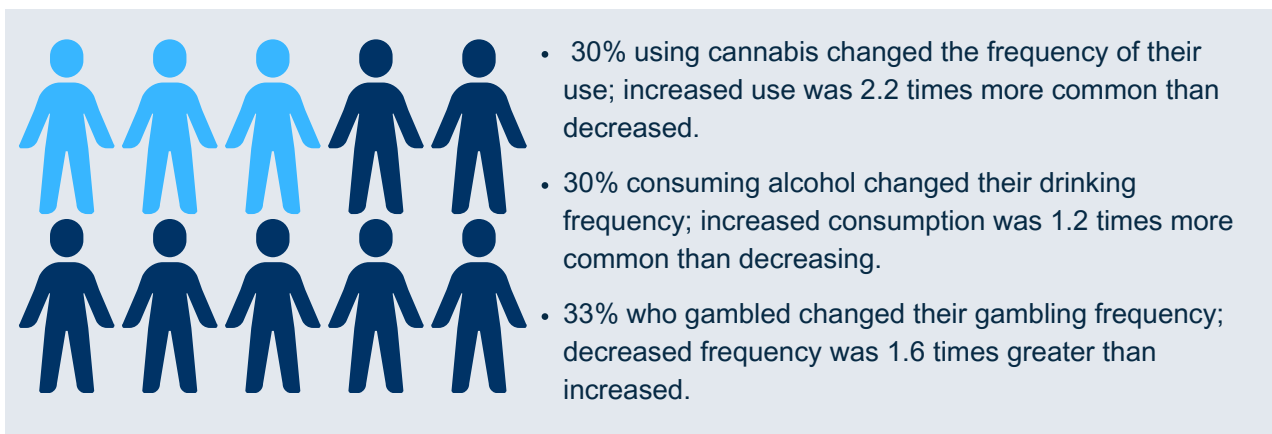


## COVID-19 Impact Survey of Adult Oregonians Gambling, Gaming, Alcohol Use, and Cannabis Use

In 2021, OHA PGS had the opportunity to receive additional funds from the Marijuana Tax account for the integration of substance use disorder and problem gambling efforts. A portion of these funds were allocated to research the impacts of the COVID-19 pandemic on risk-taking behaviors.

The research utilized a survey to retrospectively compare gambling, gaming, alcohol, and cannabis (collectively referred to as GGAC) behaviors during the pre-COVID-19 and COVID-19 periods among Oregon residents. The primary aim of this study was to investigate the change in addictive behaviors after the onset of the pandemic. The study had three objectives:

1. Provide a narration on how COVID-19 altered GGAC behaviors.
2. Explore the relationship between COVID-19 and problematic GGAC behaviors.
3. Provide a basis of knowledge on which public policymakers and other partners can inform their decisions on related matters.



The study also found that many individuals who increased their gambling reported increased online gambling. This finding is of concern due to higher rates of disordered gambling among individuals who gamble on the internet.

Among individuals who played electronic video games during the COVID-19 pandemic, majority played at least one game with gambling themes or elements, such as exchanging real money for in-game currency or loot boxes. Many international studies have shown a link between online gaming and gambling, which raises concern. Video games with elements of gambling are very common, and studies show that around 40 percent of young people play video games that have gambling components.

A complete report of the [COVID-19 Impact Survey of Adult Oregonians Gambling, Gaming, Alcohol Use, and Cannabis Use](#) can be found online.



# 3. Tools & Resource Initiatives

## Multicultural Advisory Committee



In 2007, OHA PGS launched a Multicultural Advisory Committee (MAC). The committee started as a Latino Advisory Committee, which assisted with the expansion of Spanish-speaking behavioral health providers with problem gambling certification. Since then, the committee has morphed into a multicultural committee mainly tasked with advising OHA PGS and expanding multicultural services within the PGS system.

Each year, the committee has a strategic planning session to determine the needs of the system and projects the committee can prioritize. In the 2021-23 biennium, the committee hosted multicultural presentations, an Ethics training series, and a new Multicultural and Marginalized Population Empowerment Consultant program.

## Multicultural and Marginalized Population Empowerment Consultant Program (MMPECP)



OHA PGS is dedicated to ensuring equitable access to high-quality care for all Oregonians, fostering diverse and inclusive workplaces for providers, and cultivating relationships with community partners to broaden the reach; this all depends on our understanding the communities we serve. The MAC, in collaboration with OHA PGS, created the Multicultural and Marginalized Population Empowerment Consultant Program (MMPECP). The program brings together knowledge from lived experience and experience of our own provider network and others as consultants, utilizing the assets of our own system to address health disparities among the most vulnerable populations through unique community programming and outreach.

The program launched in February 2023 and there are currently 11 consultants.

Although it had a slow start, this program will be a focal point in the upcoming fiscal years. The [MMPECP guide](#) explains the program in greater detail, how to utilize the services, and provides a summary of the consultants.



## Impacts Of Problem Gambling On Public Health



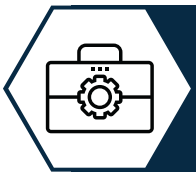
In 2021, with the help of a consultant, OHA PGS developed a public health booklet, aiming to provide user-friendly information for public and professional communities interested in learning about the relationship between problem gambling and other public health concerns. For ease of use, the booklet is organized to provide an overview of how and why problem gambling is

considered a serious public health issue followed by stand-alone one- to two-page informational sheets on problem gambling and selected public health concerns. Each informational sheet summarizes the scientific literature on the topic, calling out important points, providing calls for action, and linking users to relevant resources.

The topics commonly associated with problem gambling are emphasized in this informational booklet, including problem gambling and mental health, substance use, criminality, physical health, the economy, relationships, and other identified population groups. Each of these areas has electronically accessible links to research briefs providing additional information.

This booklet is expanded almost every year to include new topics. In 2022, a research brief on the military population was added. The [Impacts of Problem Gambling on Public Health](#) booklet can be found on the OHA PGS webpage.

## Toolkits



Over the 2020-23 fiscal year, OHA PGS staff developed numerous toolkits to assist system providers in their work. The purpose of these toolkits is to inform providers of important areas or issues within the problem gambling system and provide consistency in the processes of addressing them. Toolkits can be found on the treatment or prevention tabs of the [OHA PGS web page](#):

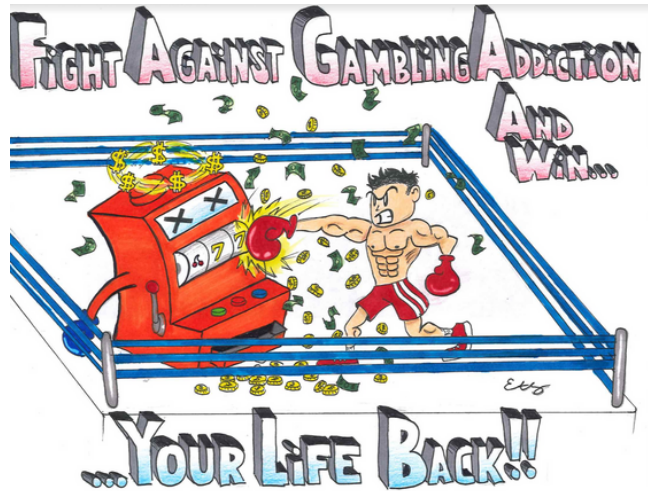
- Integrated Assessment Tools for Problem Gambling Clinical Assessment
- GBIRT and Referral Pathways Toolkit
- Integrations and Diversification Toolkit
- PG Wellness Oriented Care Toolkit
- Collaborative Intensive Outpatient Program Toolkit
- Residential Treatment Transitions Toolkit
- Developing Prevention Partnerships Activity Toolkit
- Prevention Education Resources and Screening Tools Activity Toolkit
- [Responsible Gaming Approach with Oregon Lottery Retailers](#) (on-demand e-learning course)

## Middle School Artwork and Yearly Awareness Calendar



Since approximately 2003, OHA PGS has hosted an annual, statewide contest for community problem gambling prevention coordinators to collect middle school student art depicting drawings and messages related to gambling. One or more winning pieces are selected and developed into posters to spread awareness in the community. Over the years, the number of submissions grew

and in 2007 OHA PGS began creating a calendar, distributing between 1,500 and 10,000 annually across the state. This continued from 2007-2020. In 2021, due to the COVID-19 pandemic, it was difficult for the prevention coordinators to reach youth, resulting in an insufficient amount of statewide submissions to create a calendar. That year's winning artwork was turned into digital media to be used by providers. The effects of COVID-19, engagement with school-age youth, and a change of culture regarding how people use or do not use physical calendars led to less representation of youth artwork and submissions in the following years; 2022 was the last year of the contest. Some communities carry on the tradition, still, and develop a calendar from the artwork of their community's youth.



## Positive Culture Framework Project



From 2017-2019, OHA PGS partnered with the Center for Health and Safety Culture at Montana State University to reduce problem gambling across the State of Oregon. Specifically, this project sought to utilize the 7 Communication Steps of the Positive Culture Framework to lay the foundation for which a communications campaign can be developed to increase awareness and reduce problem gambling among Oregon youth and adults.

The campaign embraced a positive, hope-based framework designed to draw youth, adults, and key partners into engagement with this issue. Messages were designed to increase both concern about problem gambling as well as a strong sense of hope that Oregonians can make a difference.

The campaign, known as the Reflect, Resource, Renew (R3), resulted in numerous messages and materials being designed and published for distribution. The campaign gained some traction in local communities, but unfortunately, the launch occurred in January 2020, shortly before the COVID-19 pandemic shutdown, at which time prevention coordinators stepped into more urgent roles for public health messaging around COVID-19. Printed materials are still available to order through [OHA publications](#), and updates are made to the [Prevention Professional Toolkit](#) when appropriate.

# 4. System Change/Expansion Initiatives

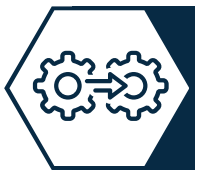
Each year, there are many small changes that OHA PGS makes to the system. Occasionally, through detailed planning, there are larger system-wide changes made, which are discussed below.

## Tier Funding Prevention Initiative and Increase Funding Opportunity



In July 2020, OHA PGS launched a new funding concept, the Problem Gambling Prevention Tiered Funding Outcome Performance Standards. The standards align with Service Element 80 (Problem Gambling Prevention Services) and incorporate accountability measures. Each funding tier includes guidelines to be included within the prevention implementation plan, while still honoring flexibility at the community level. If additional funds become available during a biennium, contracted prevention programs have the opportunity to apply for additional funding based on demonstrated ability to meet requirements. Thus far, OHA PGS has opened the grant opportunity to prevention programs twice, awarding funds to 14 programs.

## Alcohol, Tobacco, and Other Drugs (ATOD) PG Prevention Integration Project



In 2021, extra monies from the Marijuana Tax Fund were allocated to the ATOD PG Prevention Integration Project, allowing problem gambling prevention contracted providers to apply for additional funding to support their problem gambling prevention efforts. The purpose of the integration project was to develop sustainable resources and partnerships that integrate the commonalities of risk factors for problem gambling and substances like alcohol, marijuana, opioids, and other drugs. The project ran from 2021 to 2022 and 14 programs were funded for a total of \$312,000.

## Tribal Prevention PG Alcohol, Tobacco, and Other Drugs (ATOD) Integration Project



One regret of the 2021-22 ATOD PG Prevention Integration Project, was the inability to allow for tribal prevention programs to apply, due to the short turnaround time not accommodating the official process of offering funds to the nine Oregon-recognized tribes. OHA PGS requested additional Marijuana Tax funds dollars the next biennium (2023) to offer grants to tribes for a tribal

prevention problem gambling ATOD Integration project. \$500,000 in Marijuana Tax Funds dollars was provided, and OHA PGS matched an additional \$300,000. Eight of the nine tribes were equally funded, as well as the Native American Rehabilitation Association of the Northwest (NARA-NW). Projects are being implemented during 2023-24.

## Criminal Justice Consultant and Partnership with Oregon Department of Corrections (ODOC)



For many years, there were limited gambling-only treatment services integrated into the Oregon Department of Corrections substance use disorder (SUD) program, which treats adults in custody presenting with co-occurring SUD and gambling disorder (GD) diagnoses. With this model, an individual could only get GD services if they had an SUD diagnosis. These services were provided by a contracted provider outside of the ODOC system. In late 2020, OHA PGS and ODOC came up with the idea of having a contractor who could directly collaborate with the ODOC behavioral health services. In 2021, OHA PGS launched the new consultant role, by funding a part-time contractor with expertise in problem gambling treatment and a background of working with individuals in custody. The program had a slow start, primarily due to COVID-19 restrictions that did not allow outside professionals to come into ODOC and restricted groups among adults in custody. In 2022, restrictions were lifted, and the consultant develops and offers programming for those screening positive for gambling disorder, is working on getting regular screening as part of the intake process and is creating presentations to provide to those who are about to be released.

Since starting, problem gambling presentations have been provided to approximately 300 individuals in custody, aiming to increase problem gambling awareness within this historically underserved community. Additionally, problem gambling continuing education has been provided to 31 ODOC counselors, including behavioral health and intake counselors to increase awareness among ODOC counseling staff.

## Outpatient Gambling Disorder Treatment Becomes Medicaid Eligible



On January 1, 2023, outpatient disordered gambling services became a Medicaid-eligible service. This change allows for OHA PGS contracted providers to serve Medicaid-eligible clients with the use of a Medicaid match. The cost-saving will allow services to be expanded to non-Medicaid problem gambling services. The addition of Gambling Disorder as a Medicaid-covered diagnosis in Oregon also allows for the expansion of treatment of Gambling Disorders into more treatment settings. This expansion allows for treatment to be provided by organizations that are not contracted as OHA PGS providers. The result is greater access to treatment for Gambling Disorder.

Much of 2022 was spent ensuring the Medicaid and CCO system was set up for the expanded problem gambling treatment services. Outpatient Gambling Disorder treatment services were written into CCO contracts and procedures, the State Medicaid Plan was updated, and reimbursement rates were entered into Oregon's Medicaid Management Information System (MMIS). Implementation of the new services was slow over the first half of 2023, with providers needing to set up contracts with their CCOs, and at the time of this report, data was not yet available for review and evaluation.

## Problem Gambling as Part of Integrated Co-Occurring Disorder (ICD) Program



In 2022, OHA HSD launched the Integrated Co-Occurring Disorder (ICD) Medicaid program as part of a legislative mandate and with the hope of providing better care. OHA PGS ensured that problem gambling treatment was included in ICD services, as Gambling Disorder is often neglected from co-occurring disorders programming. With gambling disorder being a part of the new initiative, Problem Gambling (PG) Specialists were positioned within ICD programs. PG Specialists are required to obtain 15 hours of specific education and are gambling-informed, without needing to be certified as a gambling addiction counselor. PG Specialists treat individuals with a Gambling Disorder that is less severe than another co-occurring behavioral health diagnosis.

Within the first six months of its launch (January-June 2023), there were 53 registered ICD programs, with approximately 85 designated PG Specialists and recovery mentors.

## Outreach and Referral Pathways Grants



As previously mentioned, individuals struggling with problem gambling often do not seek treatment until they have reached a critical breaking point; when they do enter treatment, it is generally voluntary, rather than mandated. As a result, treatment programs need to reach out to individuals who may need help. Outreach has been an optional activity for contracted treatment providers to

participate in and reimburse for using the funds allocated to them. However, many behavioral health agencies are not familiar with outreach activities or have support in place to allow adequate time for staff to engage in outreach and referral efforts. These challenges frequently resulted in fragmented efforts completed by gambling clinicians in their spare time.

In the summer of 2022, OHA PGS began to implement a new process with the initiation of Service Element 84- Client Finding Outreach and Referral Pathways grant opportunities. Instead of asking contracted treatment providers to engage in activities with existing allocated funds, additional funds were earmarked for contracted providers to apply for planful, determined efforts. This application was open for prevention and treatment programs and required submitting a detailed plan for activities for each quarter, with activities building on each other over each quarter, and reporting on quarterly. Seven programs applied and were funded, with implementation efforts beginning in January 2023.





## Inclusion of Gaming Disorder Services



Over the last decade or so, internet gaming disorder began to become a more prominent topic of discussion across the country, particularly in the problem gambling field due to overlap in presentation, interactive features, and elements of skill and chance. In 2015, OHA PGS requested leadership approval for PG providers to include Gaming Disorder services under the scope of funded services. At that time, leadership wanted more data to determine the need. Problem gambling clinicians were only able to treat Gaming Disorder when the client had a co-occurring Gambling Disorder as the primary diagnosis. However, prevention services began to integrate problematic gaming information and education into their work with problem gambling, as they had done with tobacco, suicide, alcohol, and other drugs for years.

In 2021, leadership and legal review of the Oregon Revised Statute (ORS 409.435) decided to allow a standalone Gaming Disorder client to be treated using the problem gambling funds. Now, providing treatment for Gaming Disorder is an option for both prevention and treatment providers, and has been left to the discretion of the contracted program. Although OHA PGS does include Gaming Disorder as part of our system, problem gambling remains the priority and there are not plans to change the name or brand of services to officially include gaming.



# Looking Forward

Oregon’s gambling landscape has and will continue to change over the years. Nationally, there has been a surge of interest in fantasy sports and legalized sports gambling, as well as a growth of online gambling. It is unclear what impact the evolving gambling industry will have on Oregon, especially among Oregon’s youth and young adults, and how systems will need to evolve to best serve their communities.

In early 2022, OHA PGS began to gather feedback for a 5-year strategic plan. Central to creating the plan was gathering input from providers and other collaborating partners. This was completed by collecting and reviewing provider/partner feedback via surveys, key informant interviews, client feedback surveys, conducting strategic planning work sessions, and public comment opportunities. From the data, a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was developed, which led to opportunities and initiatives within the drafted plan. The plan has six focus areas with objectives under each area.



The 5-year strategic plan will be published in January 2024. In the next five years (2024-2029) OHA PGS and the system will focus efforts on the implementation of the strategic plan and through activities designated with the operation plans that will accompany the strategic plan.

We look forward to sharing the outcomes and successes of the fiscal year 2023-24 with our leadership, providers, and partners through the ongoing annual OHA PGS System Report.

