



CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

Fiscal Year 2019-20 Treatment Report Fact Sheet

OVERVIEW

California Gambling Education and Treatment Services (CalGETS) is a statewide program providing treatment for clients with gambling disorder (also known as gambling addiction) and affected individuals. Treatment services are available to any California resident over age 18 at no cost to the client. Oversight of CalGETS is conducted by the California Office of Problem Gambling (OPG) and the UCLA Gambling Studies Program (UGSP).

Provider Treatment Services Network: Licensed providers and agencies offer treatment services in various formats to address the diverse needs of problem gamblers and affected individuals, including:

- **Problem Gambling Telephone Interventions (PGTI)** are provided in English, Spanish, and various Asian languages.
- **Outpatient** treatment is offered by a network of OPG-authorized, licensed providers. Gamblers and affected individuals participate in individual and group treatment grounded in the provider's treatment approach and philosophy. Treatment incorporates CalGETS training and clinical guidance, which gives providers access to leading-edge knowledge and developments in the field of gambling treatment.
- **Intensive Outpatient (IOP)** allows clients to participate in three hours of gambling-specific treatment per day, three times per week and receive individual, group, and family treatment.
- **Residential Treatment Programs (RTP)** address the treatment needs of clients who require a 24-hour residential treatment setting.

Clinical Integrations. Housed within UGSP, these projects create and test new resources and clinical tools to identify best practices for the treatment of gambling disorders. During FY 2019-20, UGSP and OPG worked with two community agencies to develop proposals to address disparities among those reached for CalGETS education and treatment.

Since the beginning of CalGETS in 2009, over **16,250** individuals have received no-cost treatment to address the harmful impact of problem gambling.

CalGETS PROVIDERS: A DIVERSE AND SKILLED WORKFORCE

- CalGETS trains, authorizes, provides clinical guidance, and oversees **211** licensed mental health providers (who have an average of 6.5 years of experience treating gambling), as well as **6** treatment programs, all engaged in delivering evidenced-based treatment to problem gamblers and affected individuals.
- Treatment services are available in 31 languages/dialects.

COVID-19 IMPACT ON CalGETS SERVICE DELIVERY

- COVID-19 shelter-in-place and similar directives resulted in a reduction in intakes during the last three months of FY 2019-20. CalGETS RTP programs temporarily halted new admissions to the programs, but continued to treat clients already receiving services.
- To address these issues, CalGETS/OPG approved telehealth services via telephone for all treatment types. CalGETS/OPG also approved requests (with clinical justification) for additional blocks of treatment.

CalGETS TREATMENT OUTCOMES (2019-20)

Gamblers:

- **874 gamblers** received treatment across the treatment network. Over two-thirds (69%) received outpatient services, 21% were served in PGTI, 6% were served in IOP, and 4% were served in RTP. Of gamblers enrolled in outpatient services, 13% were served in group treatment.
- The intensity of gambling urges reported by CalGETS clients from intake to last treatment contact decreased by an average of 18 to 31 points (depending on type of treatment) on a 100-point scale.
- Life satisfaction as measured by a self-reported 100-point scale increased from intake to last treatment contact by an average of 9 to 11 points (depending on type of treatment).
- The degree to which clients perceived that gambling interfered with normal activities decreased by an average of 8 to 34 points (on a 100-point scale, depending on type of treatment) between intake and last treatment contact.
- Clients' depression substantially improved by the end of CalGETS treatment.



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Affected Individuals:

- **248 affected individuals** received treatment across the treatment network.
- Affected individuals are: spouses/significant others (52%), children (17%), parents (12%), siblings (9%), or other relations (10%) of gamblers; 75% of these affected individuals are female.
- By the end of treatment, affected individuals reported improvements in life satisfaction, decreased depression, decreased negative impact of someone else’s gambling, and decreased sense of responsibility for someone else’s recovery.

CaGETS CLIENT CHARACTERISTICS AT INTAKE: FOCUS ON HEALTH AND WELLNESS

GAMBLERS

Medical problems	The most common co-occurring health conditions of CalGETS clients are hypertension, diabetes, and obesity.
Smoking	Among CalGETS outpatient clients, 24% currently smoke. This percentage is down from last year, but is more than twice the state average.
Alcohol Use	Binge drinking in the past month was reported by 24% of CalGETS clients. (Binge drinking is defined as greater than five drinks in a single occasion for men, and for women, greater than four drinks.) In comparison, 16% of adult Californians reported binge drinking according to the Centers for Disease Control and Prevention (CDC).
Cannabis	According to the National Survey on Drug Use and Health (NSDUH), 19% of California adults reported cannabis use within the past year. Among CalGETS outpatient clients, 21% used cannabis in the past year.
State of Health	According to the CDC, 18% of adults in California reported their health as “fair or poor” in 2018. In comparison, about 32% of gamblers across the treatment network reported their health as “fair or poor.”
Health Insurance	About 80% of all CalGETS clients reported having health insurance, but less is known about their costs to maintain insurance, including premiums and deductibles.
Access to Healthcare	At least 70% of CalGETS clients reported they currently have a physician they can access for primary care needs.
Depression	18% of CalGETS clients scored in the moderately severe to severe depression range as measured by the Patient Health Questionnaire (PHQ-9), compared to 17% of adult Californians reporting <i>any</i> depression diagnosis (CDC).

AFFECTED INDIVIDUALS

Affected individuals were similar to gamblers in terms of medical problems, state of health, insurance status, and access to healthcare. However, affected individuals smoked less and drank alcohol less frequently than gamblers, and at rates similar to the general population.

SIGNIFICANT PROGRAM ACCOMPLISHMENTS

- **Client Follow-up Contact Calls**—362 telephone interviews were successfully completed for program assessment and evaluation. Results show that gamblers’ and affected individuals’ improved quality of life was sustained over time and participants are generally satisfied with treatment providers.

Research and treatment reports are available at: www.problemgambling.ca.gov



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