



## CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

### Fiscal Year 2020-21 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 UCLA Gambling Studies Program (UGSP).

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

- **Problem Gambling Telephone Interventions (PGTI)** are provided in English, Spanish, and in other Asian threshold languages in California.
- **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 is available in-person and via telehealth and 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)** is available in-person and via telehealth and 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 2020-21, UGSP and OPG worked with two community agencies, Visión y Compromiso and the Riverside San Bernardino Indian Health Centers to develop pilot projects to address disparities among those reached for CalGETS education and treatment.

Since the beginning of CalGETS in 2009, over **17,000** individuals in California have received confidential and no-cost treatment to address the harmful impact of problem gambling (regardless of immigration status).

#### CalGETS PROVIDERS: A DIVERSE AND SKILLED WORKFORCE

- CalGETS trains, authorizes, provides clinical guidance, and oversees **190** licensed mental health providers (who have an average of 7.4 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 English, Spanish, Mandarin simplified, Vietnamese and 27 other languages/dialects.

#### COVID-19 IMPACT ON CalGETS SERVICE DELIVERY

- COVID-19 shelter-in-place and similar directives resulted in a reduction in intakes during FY 2020-21. 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. In December 2020 secure web-cam telehealth services were approved for providers of all treatment types.

#### CalGETS TREATMENT OUTCOMES (2020-21)

##### Gamblers:

- **728** gamblers received treatment across the CalGETS treatment network. Nearly two-thirds (61%) received outpatient services, 28% were served in PGTI, 8% were served in IOP, and 3% were served in RTP. Of gamblers enrolled in outpatient services, 10% were served in group treatment.
- The degree to which clients perceived that gambling interfered with normal activities decreased by an average of 10 to 21 points (on a 100-point scale, depending on type of treatment) between intake and last treatment contact.
- The intensity of gambling urges reported by CalGETS clients from intake to last treatment contact decreased by an average of 7 to 16 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 7 to 8 points (depending on type of treatment), except RTP.
- Clients' depression measured by the Patient Health Questionnaire (PHQ-9) improved by the end of CalGETS treatment.



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### Affected Individuals:

- **251 affected individuals** received treatment across the CalGETS treatment network.
- Affected individuals are: spouses/significant others (53%), children (18%), parents (11%), siblings (7%), or other relation (11%) of gamblers; 78% of AIs 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 the gambler’s treatment and recovery.

### CalGETS CLIENT CHARACTERISTICS AT INTAKE: FOCUS ON HEALTH AND WELLNESS

#### GAMBLERS

<b>Medical problems</b>	The most common co-occurring health conditions of CalGETS clients are hypertension, diabetes, and obesity.
<b>Smoking</b>	Among CalGETS outpatient clients, 25% currently smoke. This percentage is more than twice the state average.
<b>Alcohol Use</b>	Binge drinking in the past month was reported by 25% 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, 24% of adult Californians reported binge drinking in the past month (National Survey on Drug Use and Health [NSDUH]).
<b>Cannabis</b>	According to the National Survey on Drug Use and Health (NSDUH), 15% of the adult population of California reported using cannabis within the past month. Among CalGETS outpatient clients, 21% used cannabis.
<b>State of Health</b>	According to the Centers for Disease Control (CDC), 15% of adults in California reported their health as “fair or poor” in 2020. In comparison, about 31% of gamblers across the treatment network reported their health as “fair or poor.”
<b>Health</b>	About 81% of all CalGETS clients reported having health insurance, but less is known about their costs to maintain insurance, including premiums and deductibles.
<b>Access to Healthcare</b>	At least 73% of CalGETS clients reported they currently have a physician they can access for primary care needs.
<b>Depression</b>	Of CalGETS outpatient clients, 22% scored in the moderately severe to severe depression range measured by the PHQ-9 compared to 7% of adult Californians reporting (NSDUH) a past year major depressive episode.
<b>Anxiety</b>	Based on their scores on the GAD-2 anxiety screening instrument, 46% of outpatient clients appear to have Generalized Anxiety Disorder.
<b>ADHD</b>	Based on the ASRS screening instrument for attention-deficit hyperactivity disorders (ADHD), it appears that 33% of outpatient clients may have ADHD.

#### AFFECTED INDIVIDUALS

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

#### SIGNIFICANT PROGRAM ACCOMPLISHMENTS

- **Client Follow-up Contact Calls**—408 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](http://www.problemgambling.ca.gov)



**1.800.GAMBLER**  
**1.800.426.2537**  
**TEXT “SUPPORT” TO 53342**

**OFFICE OF PROBLEM GAMBLING (OPG)**  
 Office: (916) 327-8611  
 Email: [OPG@cdph.ca.gov](mailto:OPG@cdph.ca.gov)