



CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

Fiscal Year 2022-23 Treatment Report Fact Sheet

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OVERVIEW

California Gambling Education and Treatment Services (CalGETS) is a highly successful statewide program providing treatment for adults with gambling disorder (also known as gambling addiction) and for affected individuals (family members and friends affected by someone with problem gambling). Treatment services are available to any California resident over age 18, regardless of immigration status, 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). Since 2009, over **19,500** individuals have received treatment through the program to address the harmful impacts of problem gambling.

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)** is available for clients needing 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 2022-23, UGSP and OPG worked with two community agencies, *Visión y Compromiso* (VyC) and the Riverside San Bernardino Indian Health Centers (RSBIHC), to address disparities among those reached for CalGETS education and treatment.

We are conducting a project with VyC in Los Angeles and San Diego Counties to provide culturally relevant enhancements to CalGETS' outreach, education, screening, and referral system. This enhancement involves the use of *promotoras* (lay health workers) to increase CalGETS utilization in the Latino community, particularly in underserved areas. To date, outcomes include a total of 28 trained *promotoras* in Los Angeles (17 trained) and San Diego (11 trained) counties. *Promotora* outcomes consist of: conducting outreach events, distributing CalGETS materials, and referring individuals to CalGETS helplines. Another outcome is a report on focus groups conducted with the *promotoras*. The focus group aims were to improve existing CalGETS Spanish-language outreach materials, identify new materials needed, and gather information on gambling and



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gambling problems in the Latinx community. Also during FY 2022-23, preparations were made to add *promotora* training and outreach to the central valley and to document *promotora* treatment referrals in the CalGETS data management system in FY 2023-24. Success will be measured by increased CalGETS referral utilization, the number of training events, and the number of outreach locations in the Latino community.

We are conducting a pilot project with RSBIHC to provide education, screening, and treatment referrals for those with gambling problems in the tribal community. This collaboration is designed to provide the following outcomes: improved knowledge of problem gambling treatment for providers, outreach to elders, and training for coordinators in the health centers. The project was successful in providing culturally relevant treatment to two individuals. Dr. John Iyott will continue to provide CalGETS services.

CalGETS PROVIDERS: A DIVERSE AND SKILLED WORKFORCE

- CalGETS trains, authorizes, and provides clinical guidance to **149 licensed mental health providers** (average of 9 years of gambling treatment experience) and 5 treatment programs.
- Treatment services are available in English, Spanish, Mandarin, Cantonese, Vietnamese and 25 other languages/dialects.
- In addition to their professional training, treatment providers employ CalGETS workbooks and materials during treatment sessions.

CalGETS TREATMENT OUTCOMES (2022-23)

Gamblers:

- **889 gamblers** received treatment across the CalGETS treatment network. Nearly two-thirds (65%) received outpatient services, 26% were served in PGTI, 7% were served in IOP, and 2% were served in RTP. Of gamblers enrolled in outpatient services, 3% were served in group treatment.
- Gambling urges decreased by **16 to 28 points** (on a 100-point scale).
- The degree to which clients perceived that gambling interfered with normal activities decreased by an average of 5 to 28 points (on a 100-point scale, depending on type of treatment) between intake and last treatment contact.
- Life satisfaction increased by **8 to 13 points**. Clients' depression measured by the Patient Health Questionnaire (PHQ-9) improved by the end of CalGETS treatment to the mild or subclinical levels (depending on type of treatment).
- Anxiety also improved to subclinical levels by the end of treatment.

Affected Individuals:

- **234 affected individuals** received CalGETS outpatient or PGTI treatment.
- Affected individuals are: spouses/significant others (44%), parents (20%), children (12%), siblings (11%), or other relation (13%) of gamblers; 79% 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.



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SIGNIFICANT PROGRAM ACCOMPLISHMENTS

- **Client Follow-up Contact Calls** – 137 program evaluation telephone interviews were completed (60 at 30 days, 63 at 90 days, and 14 at 365 days post intake). Results show that clients' improved quality of life was sustained over time and participants are generally satisfied with treatment providers.

CalGETS CLIENT CHARACTERISTICS AT INTAKE: FOCUS ON HEALTH AND WELLNESS

- At intake, clients come to treatment with a variety of co-occurring health conditions that are addressed by CalGETS treatment professionals during the treatment process or through referrals.

Wellness Components	Gamblers: Characteristics at CalGETS Intake
Medical Problems	The most common co-occurring health conditions of CalGETS clients are hypertension, obesity, and diabetes.
Smoking	Among CalGETS outpatient clients, 20% currently smoke. This percentage is nearly twice the state average of 11%.
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, 22% of adult Californians reported binge drinking in the past month (National Survey on Drug Use and Health, NSDUH).
Cannabis	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.
State of Health	According to the Centers for Disease Control (CDC), 16% of adults in California reported their health as "fair or poor" in 2021. In comparison, about 35% of gamblers across the treatment network reported their health as "fair or poor."
Health Insurance	About 89% of all CalGETS clients reported having health insurance. CalGETS provides no-cost gambling treatment, but does not provide insurance assistance.
Access to Healthcare	At least 77% of CalGETS clients reported they currently have a physician they can access for primary care needs.
Depression	Of CalGETS outpatient clients, 41% scored in the moderate to severe depression range measured by the PHQ-9 compared to 8% of adult Californians reporting (NSDUH) a past year major depressive episode.
Anxiety	Based on their scores on the GAD-2 anxiety screening instrument, 47% of outpatient clients appear to have Generalized Anxiety Disorder.
ADHD	Based on the ASRS screening instrument for attention-deficit hyperactivity disorders (ADHD), it appears that 4% of outpatient clients may have ADHD.

Wellness Items	Affected Individuals (AIs): Characteristics at CalGETS Intake
Health	Affected individuals were similar to gamblers in terms of medical problems, but were slightly less likely to be insured. However, AIs reported better health and drank alcohol less frequently than gamblers. Among Outpatient AIs, 4% currently smoke – a lower percentage than among adult Californians (11%).

- Research and treatment reports are available at: <https://www.cdph.ca.gov/Programs/OPG/Pages/reports.aspx>



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