# CalGETS ANNUAL TREATMENT SERVICES REPORT

# FISCAL YEAR 2023-24

*Prepared for the*
*California Department of Public Health,*
*Office of Problem Gambling*

*by the University of California, Los Angeles*
*Gambling Studies Program*

**UCLA**
**GAMBLING STUDIES PROGRAM**

# CalGETS Annual Treatment Services Report

Fiscal Year 2023-24

## Contents

# EXECUTIVE SUMMARY

## Overview

California Gambling Education and Treatment Services (CalGETS) is a highly successful statewide program for clients with problem gambling and affected individuals (AIs) (family members and friends affected by someone with problem gambling). Over 1,000 individuals received treatment through CalGETS in fiscal year (FY) 2023-24. Services are accessible to all California residents, aged 18 and older, at no cost to the client. Oversight of CalGETS is conducted by the California Department of Public Health (CDPH) Office of Problem Gambling (OPG) and the University of California, Los Angeles (UCLA) Gambling Studies Program (UGSP). Since the beginning of CalGETS in 2009, over 20,500 individuals have received treatment through the program to address the harmful impacts of problem gambling. CalGETS provides treatment to a broad spectrum of gamblers and AIs. Treatment is provided via a range of treatment modalities in the Treatment Services Network and is available in a variety of languages. At follow-up, CalGETS clients report satisfaction with the treatment services.

## Provider Treatment Services Network

Licensed providers and agencies offer treatment services in various formats to address the diverse needs of individuals with a gambling disorder and/or AIs, including:

- **Outpatient** treatment is offered by a network of OPG-authorized, licensed mental health providers. Gamblers and AIs participate in individual and group treatment that is based on 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 gamblers 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 gamblers who require a 24-hour residential treatment setting.
- **Problem Gambling Telephone Interventions (PGTI)** are provided to gamblers and AIs in English, Spanish, and various Asian languages.

## CalGETS Providers: A Diverse and Skilled Workforce

CalGETS trains, authorizes, provides clinical guidance, and oversees 141 licensed mental health providers, as well as oversees six treatment programs, all engaged in delivering evidence-based treatment to gamblers and AIs. Treatment services are available in 30 languages/dialects.

## CalGETS Treatment Outcomes (FY 2023-24)
### *Gamblers:*

- A total of 878 gamblers received treatment across the treatment network. Nearly two-thirds (66%) received outpatient services, 23% were served in PGTI, 8% were served in IOP, and 3% were served in RTP. Of gamblers enrolled in outpatient services, 76 were served in group treatment.
- By the end of CalGETS treatment, client levels of depression, on average, improved to mild or subclinical levels (depending on level of treatment service).
- Anxiety also improved to subclinical levels by the end of treatment.
- During treatment, the degree to which clients perceived that gambling interfered with their normal activities decreased from Intake to Last Treatment Contact except in Residential where gamblers perceived an increase.
- The intensity of gambling urges reported by CalGETS clients from Intake to Last Treatment Contact decreased.
- Life satisfaction increased from Intake to Last Treatment Contact.

### CalGETS GAMBLER CHARACTERISTICS AT INTAKE: HEALTH AND WELLNESS

| | |
|---|---|
| **Smoking** | Among CalGETS outpatient clients, 18% currently smoke. This percentage is more than three times the state average of 5.1% (California Health Interview Survey). In IOP, the prevalence rate of smoking is 11%, among PGTI clients 20%, and among RTP clients 23%. |
| **Alcohol Use** | 54% of CalGETS outpatient clients reported at Intake that they drank alcoholic beverages. 23% reported at least one binge drinking episode (for men, more than five drinks, and for women, more than four drinks in a single occasion) in the past month, compared to 23% of adult Californians reporting binge drinking in the past month (National Survey on Drug Use and Health [NSDUH]). |
| **Cannabis** | According to the NSDUH, 17% of the adult population of California reported using cannabis within the past month. Among CalGETS outpatient clients, 17% 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, 40% of outpatient gamblers reported their health as "fair or poor." |
| **Health Insurance** | About 89% of CalGETS outpatient clients reported having health insurance, but less is known about their costs to maintain insurance, including premiums and deductibles. |
| **Access to Health Care** | Approximately 79% of CalGETS outpatient clients reported they currently have a physician they can access for primary care needs. |
| **Obesity** | 31% of CalGETS outpatient clients meet Body Mass Index obesity criteria. |

| | |
|---|---|
| **Depression** | 41% of CalGETS outpatient clients scored in the moderate to severe depression range as measured by the Patient Health Questionnaire (PHQ-9) compared to 7% of adult Californians reporting a major depressive episode in the past year (NSDUH). |
| **Anxiety** | 42% of outpatient clients appear to have Generalized Anxiety Disorder based on their scores on the GAD-2 anxiety screening instrument. |
| **ADHD** | Based on the ASRS screening instrument for attention-deficit hyperactivity disorders (ADHD), it appears that 13% of outpatient clients may have ADHD. |

*Affected Individuals:*

- A total of 211 AIs received treatment across the treatment network. Nearly all were served as Outpatients, while less than 11 clients received treatment from PGTI.
- AIs are spouses/significant others (43%), parents (15%), children (27%), siblings (7%), or other relation (8%) of gamblers; 72% of AIs are female.
- 30% of AI clients reported moderate to severe depression at Intake.
- During treatment, the degree to which AIs report that the problem gambler's behaviors interfered with normal activities, the degree to which they felt responsible for the gambler's treatment and recovery, and the amount of time they spent dealing with the consequences of problem gambling improved (decreased). Depression and anxiety also decreased and life satisfaction increased.

Co-occurring health diagnoses reported by AIs differed from gamblers; a smaller percentage (18%) of AIs reported that their health was fair or poor. Twenty-six percent of Outpatient AIs had a body mass index indicating obesity. The percentage of Outpatient AIs reporting smoking was 6% in FY 2023-24, slightly greater than the percentage of smokers among Californians (5.1%). Also, 70% reported that they had health insurance.

## Client Follow-up

Treatment follow-up interviews take place at 30 days, 90 days, and one year after treatment entry and are designed for program evaluation and to assess the impact of treatment. Beginning in July 2023, UGSP introduced email surveys and transitioned the follow-up process from the DMS to the Qualtrics on-line survey platform. As a result, UGSP completed 240 treatment follow-up surveys, over 100 more than in FY 2022-23.

## Cultural and Linguistic Clinical Integrations

UGSP oversees clinical integration projects that create and test new resources and clinical tools to identify best practices for the treatment of gambling disorders. During FY 2023-24, UGSP and OPG worked with two community agencies, Visión y Compromiso and Riverside San Bernardino Indian Health Centers to address disparities among those reached for CalGETS education and treatment.

UGSP partnered with *Visión y Compromiso* (VyC) to provide an extensive gambling-specific training to *promotoras* (lay health workers) to increase CalGETS utilization among Hispanic communities in Los Angeles, San Diego, Kern, and Tulare counties. Additionally, UGSP provided project development, training, project monitoring, and evaluation services.

UGSP partnered with the Riverside San Bernardino Indian Health Centers (RSBIHC) to conduct a pilot project to provide education, screening, and treatment referrals for those with gambling problems in the tribal community. This project is being implemented by RSBIHC with support from UGSP and OPG. UGSP provided training sessions to RSBIHC peer specialists, physicians and therapists on techniques to implement screening for problem gambling and on CalGETS intake.

# 1. CalGETS PROGRAM STRUCTURE

## Introduction

In 2003, the Office of Problem Gambling (OPG) was established under Section 4369 of the California Welfare and Institutions Code. OPG's mandate is to develop and provide quality statewide prevention and treatment programs for Californians with gambling disorder and for family members experiencing a negative impact to their lives due to problem gambling behavior. In 2006, OPG conducted a gambling prevalence study in California with 7,121 respondents[12]. At the time, it was the largest gambling prevalence study in the United States. The State was at the higher end of the range of prevalence rates identified in the United States; overall lifetime prevalence for problem and pathological gambling combined was 3.7% (estimated at over one million individuals today). An additional 6-7% (2.3 to 2.7million individuals today) were estimated to be classified as lifetime at-risk gamblers – those who scored low on the problem gambling screen, but who may transition to problem gambling or gambling disorder at some point in their lives. Gambling problems exist on a continuum and vary in severity and duration. Gambling disorder (formerly known as pathological gambling) lies at the most severe end of the continuum of gambling problems.

The California Gambling Education and Treatment Services (CalGETS) program is a highly successful statewide program for clients with problem gambling and affected individuals (AIs) (family members and friends affected by someone with problem gambling). It is the result of a collaboration between the California Department of Public Health's Office of Problem Gambling (OPG) and the University of California, Los Angeles (UCLA) Gambling Studies Program (UGSP). This collaboration, which has been ongoing since 2009, has the following goals:

- Establish and maintain a statewide treatment program that will reduce the harmful impact of problem gambling in California.
- Establish a broad spectrum of treatment services using a stepped-care approach to address diverse multi-cultural treatment needs for those with problem gambling or affected individuals (AIs).
- Establish training events that will enhance the knowledge and therapeutic skills of licensed health providers.
- Disseminate screening tools and information about the availability of treatment services.
- Ensure that all eligible clients have access to treatment providers capable of addressing unique individual needs and preferences.

[1] Volberg, R. A., McNamara, L. M., & Carris, K. L. (2018). Risk factors for problem gambling in California: Demographics, comorbidities and gambling participation. *Journal of Gambling Studies*, *34*(2), 361-377.

[2] Williams, R. J., Volberg, R. A., & Stevens, R. M. G. (2012). The population prevalence of problem gambling: Methodological influences, standardized rates, jurisdictional differences, and worldwide trends. Guelph: Ontario Problem Gambling Research Centre.

- Empower clients to be involved in the recovery process by being informed about and participating in all treatment decisions made about the services they receive.
- Enhance effective delivery of services by monitoring client outcomes and evaluating information and data collected from providers and clients.

Since the beginning of CalGETS in 2009, over 20,500 individuals have received treatment through the program to address the harmful impacts of problem gambling.

CalGETS consists of three main components: treatment provider training, a treatment services network, and a cultural and linguistic clinical integrations program. The treatment services network consists of the following: Problem Gambling Telephone Intervention (PGTI) for gamblers and AIs, Outpatient (Individual and Group) treatment for gamblers and AIs, Intensive/Enhanced Outpatient (IOP) treatment for gamblers only, and Residential Treatment Program (RTP) for gamblers only. Participant follow-up interviews are conducted by UGSP for the treatment services network. The CalGETS collaborative model is outlined in **Figure 1**. Descriptions of the components are provided below.

**FIGURE 1. CalGETS COLLABORATIVE MODEL**
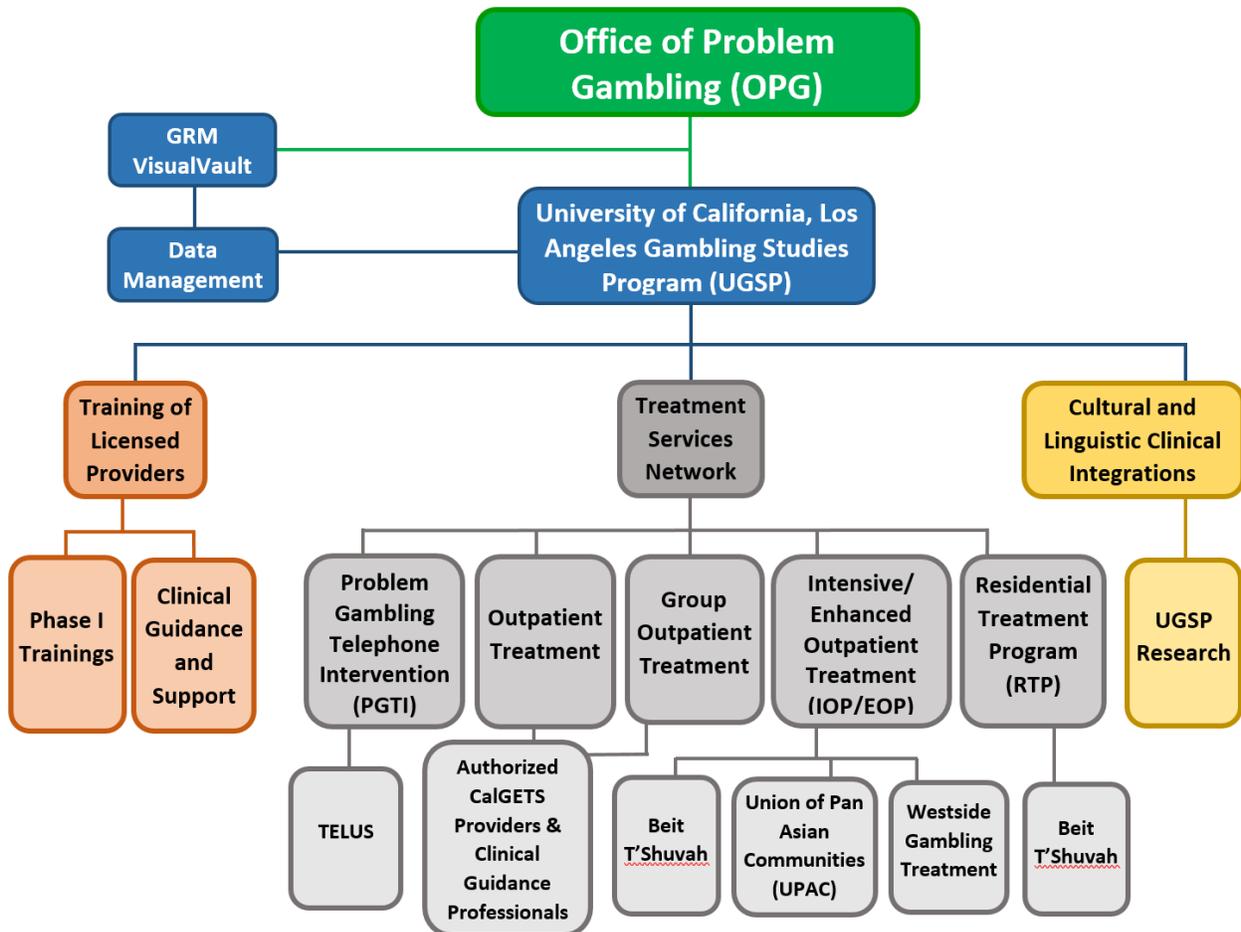
## Training of Licensed Providers

To become an authorized CalGETS provider, licensed mental health providers attend training comprised of an 18-hour online course and three additional virtual live 4-hour training days (12 hours). Upon completing the required 30 hours of Phase I training, those who meet criteria to become an authorized provider in CalGETS are eligible to receive fee-for-service reimbursement from the State of California. Within two years of completing CalGETS provider authorization, providers are required to participate in 10 hours of CalGETS Clinical Guidance and Support, with 5 hours required in the first year. Clinical guidance is offered via conference calls and led by a CalGETS Clinical Guidance Professional with extensive experience in the diagnosis and management of gambling-related problems.

As part of CalGETS compliance, authorized providers must complete 5 hours of gambling-specific Continuing Education Units each calendar year, beginning after their first year of authorization. Additionally, UGSP staff members conduct in-person and virtual compliance monitoring reviews of active providers to ensure compliance with CalGETS policies and procedures.

## Treatment Services Network

The Treatment Services Network offers a continuum of evidence-based services to individuals with gambling disorders and to those affected by someone with gambling disorder. These services are offered at no cost to California residents. Treatment is available in 30 languages/dialects. As a result of the COVID pandemic, CalGETS/OPG provided telehealth treatment starting December 2020. The most recent version of the CalGETS Policies and Procedures Manual now includes telehealth options for IOP and Outpatient services, making the addition of telehealth a permanent change in the CalGETS program. Telehealth treatment allows access to treatment services for clients who may be disabled, lack transportation, live in rural areas that are far from providers, or have responsibilities that prevent them from accessing in-person treatment.

Within the Treatment Services Network, the following treatment services are offered:

**Outpatient (Individual and Group):** Gamblers and AIs may receive three treatment blocks of eight face-to-face sessions from the authorized CalGETS provider network. Licensed providers use their own clinical experience and treatment philosophies, along with CalGETS training to provide evidence-based services. During FY 2023-24, there were 141 active, authorized CalGETS providers. Gamblers and AIs may also receive 24 in-treatment group sessions. This does not include the mandatory individual screening prior to attending group in-treatment sessions or the individual end-of-group session. Group treatment sessions may be comprised of a mixture of gamblers and AIs and must include 3-10 participants.

**Intensive Outpatient (IOP) (also known as Enhanced Outpatient):** Gamblers requiring more intensive services may receive up to two 30-day treatment blocks (up to 60 days) of IOP care. Union of Pan Asian Communities (UPAC) in San Diego and Beit T'Shuvah Right Action Gambling Program in Los Angeles offer IOP care for problem gamblers. Both programs provide services that include individual, group, and family counseling. Westside Gambling Treatment in Los

Angeles provides IOP care which specializes in services for problem gamblers with crypto/trading, sports betting, or gaming addiction. This program was added during FY 2022-23. All IOP providers deliver services three times per week, three hours each day.

**Residential Treatment Programs (RTP):** Individuals with gambling disorder, including those with significant comorbidity, may receive up to two 30-day treatment blocks (up to 60 days) of residential care. RTP services are offered through Beit T'Shuvah Right Action Gambling Program, a residential facility in Los Angeles. Individuals in RTP receive a minimum of 15 hours of gambling-specific treatment per week. Participants attend groups on a daily basis, receive individual therapy once per week, and are encouraged to attend Gamblers Anonymous and other self-help groups. Treatment addressing comorbid conditions such as mood disorders and substance abuse is provided as needed.

**Problem Gambling Telephone Intervention (PGTI):** Gamblers and AIs may receive up to three treatment blocks of eight sessions in the PGTI program. Telephone intervention allows access to treatment services for clients who may be disabled or lack internet services. PGTI services are provided in English, Spanish, and Asian languages. Intake is provided by TELUS (formerly named LifeWorks and Morneau Shepell), the toll-free helpline administrator, that then coordinates referrals to PGTI providers. Services are delivered by licensed, trained mental health providers with the intention of immediate service delivery and the goal of transferring clients to outpatient services if needed.

## Treatment Participant Follow-up

UGSP collects follow-up information via telephone interviews and on-line surveys from CalGETS clients to determine whether they have benefitted from the services they received. CalGETS clients who consent to follow-up are contacted at 30, 90, and 365 days after entering treatment. Participants are queried on satisfaction with treatment, current gambling behaviors, depression, and quality of life. Referrals to additional treatment are provided when requested. For Fiscal Year 2023-24, on-line survey capability was added via the Qualtrics survey platform and follow-up results include results from both telephone interviews and on-line surveys.

## Cultural and Linguistic Clinical Integrations

This component of CalGETS consists of ongoing and innovative research designed to advance the field, improve access by underserved populations, and establish best practices and evidence-based treatments for gamblers and AIs throughout California. UGSP partnered with *Visión y Compromiso* (VyC) to provide an extensive gambling-specific training to *promotoras* (lay health workers) to increase CalGETS utilization among Hispanic communities in Los Angeles, San Diego, Kern, and Tulare counties. Additionally, UGSP provided project development, training, project monitoring, and evaluation services.

UGSP and the Riverside San Bernardino Indian Health Centers (RSBIHC) conducted a pilot project to provide education, screening, and treatment referrals for those with gambling problems in the tribal community. This clinical integration project involves providing education, screening, and treatment referrals for those with gambling problems in the tribal community. This project is being implemented by RSBIHC with support from UGSP and OPG. UGSP provided

training sessions to RSBIHC peer specialists on techniques to implement screening for problem gambling and on CalGETS intake. They also provided trainings to RSBIHC physicians and therapists on how to identify problem gambling and assist patients to obtain CalGETS treatment services.

# 2. FY 2023-24 TREATMENT REPORT DATA SOURCES AND METHODS

## Data Sources

Data were obtained from the CalGETS client forms completed during Fiscal Year 2023-24. Data are entered by CalGETS providers into the CalGETS Data Management System (DMS), an online, real-time data entry, storage, and reporting system. These data are confidential and stored on encrypted GRM Information Management Services/VisualVault servers and are available to designated analysts at GRM/VisualVault, OPG, and UGSP to run reporting functions on the data in the system. Due to technical issues, GRM/VisualVault provided additional data cuts for gambling venue. UGSP pulled Outpatient Group data separately.

## Instruments
### Gamblers

**Patient Health Questionnaire-9 (PHQ-9)** (Kroenke & Spitzer, 2002): The PHQ-9 consists of nine items assessing both severity of depressive symptoms and the presence of a provisional depressive disorder diagnosis. Each of the nine items is scored on a scale ranging from 0 (not at all) to 3 (nearly every day) with total scores ranging from 0 to 27. If five or more of the depressive symptoms are endorsed as "more than half the days" and at least one of those symptoms includes depressed mood or anhedonia (loss of the ability to feel pleasure), a provisional diagnosis of major depression is given. The ninth item asks about thoughts of self-harm or suicide and, if it is endorsed at all, counts towards the total for a depressive disorder diagnosis.[3] As a measure of severity, there are four threshold cutoff points for mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20 or more). Data supports both the diagnostic and severity functions for PHQ-9 scores (Kroenke & Spitzer, 2002). There are also data that suggest that the PHQ-9 is sensitive to changes in depression over time in treatment (Löwe, Kroenke, Herzog, & Gräfe, 2004).

**National Opinion Research Center's DSM-IV Screen for Gambling Problems (NODS):** A modified version of the NODS (Gerstein et al., 1999) is used to assess clients' past year gambling problems. This has been revised to reflect DSM-5 gambling disorder criteria. The Modified NODS combines questions to produce the nine items needed to calculate a DSM-5 NODS score. It uses a true/false format and results in scores ranging from 0 to 9 with each of the items endorsed as "true" counting towards the total score. A score of 0 indicates a low-risk gambler, 1 to 3 indicates problem gambling behavior that does not meet full criteria for gambling disorder, 4 to 5 indicates a mild gambling disorder, 6 to 7 indicates a moderate gambling disorder, and 8 to 9 indicates a severe gambling disorder.

**Generalized Anxiety Disorder (GAD) 2:** The GAD-2 is a two-item anxiety screening scale. Treatment participants are asked to rate how much they have been bothered over the past two weeks by feeling nervous, anxious, or on edge, and by not being able to stop or control

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[3] Clients who endorse thoughts of self-harm or suicide are immediately assisted by providers, or, if they endorse these thoughts during follow-up calls, are immediately put in touch with UGSP clinicians.

worrying. They select from a four-point Likert scale (not at all = 0, several days = 1, more than half the days = 2, nearly every day = 3). A cutoff score of 3 on the GAD-2 has a sensitivity of 86% and specificity of 83% for a diagnosis of generalized anxiety disorder (Kroenke, Spitzer, Williams, Monahan, & Löwe, 2007).

**Adult Attention Deficit Hyperactivity Disorder (ADHD) Self-Report Scale (ASRS-v.1.1):** The ASRS screener consists of the six items based on DSM criteria which are most predictive of ADHD symptoms (Adler et al., 2006). Treatment participants rate the items based on how they have felt and conducted themselves over the past six months using a five-point Likert scale (never to very often). The instrument has been shown to have adequate sensitivity (68.7%), excellent specificity (99.5%), excellent total classification accuracy (97.9%) and good test-retest reliability (interclass correlation of 0.86) (Adler et al., 2006; Kessler, et al., 2005; Kessler, et al., 2007; Matza, Van Brunt, Cates, & Murray, 2011). The instrument has a scoring algorithm – four or more ratings of "sometimes," "often," or "very often" (depending on the item) indicate that the treatment participant has symptoms highly consistent with ADHD in adults and further investigation is warranted.

**Life Satisfaction:** A single question is used to assess life satisfaction: "How would you rate your overall life satisfaction?" This item is rated on a scale from 0 (least satisfied) to 100 (most satisfied); higher scores indicate greater life satisfaction.

**Urges to Gamble**: A single question is used to assess the strength of urges to gamble: "How strong are your urges to gamble?" It is rated on a scale from 0 (no urges) to 100 (strongest urges). Higher scores indicate stronger urges to gamble.

**Interference with Normal Activities**: The question, "How much has gambling interfered with your normal activities?" assesses gambling-related interference in daily life. Respondents rate life interference on a scale ranging from 0 (no interference) to 100 (extreme interference). Higher scores indicate greater life interference due to gambling.

*Affected Individuals (AIs)*

**PHQ-9**: See Above.

**GAD-2**: See Above.

**ASRS-v.1.1:** See Above.

**Life Satisfaction**: See Above.

**Responsibility for Gambler's Recovery**: AIs' feelings of responsibility for the gambler's recovery are assessed by asking, "How much responsibility do you have for the problem gambler's treatment and recovery?" Respondents answer using a 100-point scale ranging from 0 (No Responsibility) to 100 (Complete Responsibility); higher scores indicate a greater sense of responsibility.

**Time Dealing with Consequences**: Respondents are asked, "What percentage of time do you spend dealing with the consequences of problem gambling?" Responses are rated on a scale ranging from 0 to 100; with higher scores indicating more time dealing with consequences.

**Gambler's Interference with Normal Activities**: A single item, "How much has the problem gambler's behaviors interfered with your normal activities?" is used to assess the gambler's interference with the respondent's normal activities. A scale ranging from 0 (No Interference) to 100 (Extreme Interference) is used to rate this item. Higher scores indicate more interference.

## Analyses

In the current report, unduplicated new admissions are reported (i.e., using only first admission for individuals with multiple admissions in the FY). As a result, the number of treatment episodes, including the levels of outcomes achieved, may actually be higher than reflected in this report. Frequency and percentage information is reported and does not necessarily represent significant differences between groups or across administration periods. It should be noted that, as is typical of psychological treatment, client attrition occurs over time resulting in diminishing sample sizes after treatment entry. The analyses for gambling venue and for IOP and residential data were delayed due to technical issues. The datasets used for those analyses are separate from the datasets used for the rest of the report.

Outpatient treatment is offered in blocks of eight sessions, and IOP and RTP are offered in 30-day treatment blocks. Clients may discontinue treatment at any time, not just at the end of a scheduled treatment block. This means that the "dose" of treatment a client receives may vary not only by the type of treatment they participate in, but also in how long they chose to participate. To ensure we capture data about clients as they leave treatment (Last Treatment Contact), we utilize data from the End of Treatment (EOT) form, or, from the client's last In-Treatment form when an EOT form is not available. Data analysis involved determining simple means, medians, and percentages and was performed using SPSS Versions 30. Data distributions were examined and, if necessary, extreme outliers were trimmed to reduce the effect of possibly spurious values. To protect participants' privacy, percentage reporting in demographic categories in which there are 10 or fewer individuals is represented by a less-than sign (<) or if all cells are 10 or less, that row or column is not included or combined with another category. The Appendix provides the numeric breakout of race/ethnicity, gender, and sexual orientation variables. In accordance with Assembly Bill 1726, data on specific Asian and Pacific Islander groups was collected; however, aggregate data categories are presented in instances that could permit identification of individuals. Numbers for those reporting in a category in which there are 10 or less individuals are indicated by <11.

# 3. GAMBLER TREATMENT SERVICE OUTCOMES

The sections below summarize demographics and outcomes for gamblers receiving treatment from the CalGETS treatment services network. Results are grouped according to treatment services offered during FY 2023-24.

## Treatment Service Provision

In FY 2023-24, a total of 878 gamblers entered treatment across the treatment services network (**Table 1**). Most clients (66%) enrolled in Outpatient, followed by PGTI (23%), IOP (8%), and RTP (3%). In addition, 76 Outpatient clients received group treatment. During FY 2022-23, a total of 889 gamblers entered treatment across the treatment services network. Most clients (65%) enrolled in Outpatient, followed by PGTI (26%), IOP (7%), and RTP (2%). Of these clients, 52 also participated in Outpatient Group services.

**TABLE 1. TREATMENT SERVICES: NUMBER OF NEW CLIENT INTAKES FOR GAMBLERS**

| Service Level | FY 2022-23 N | Percent | FY 2023-24 N | Percent |
|---|---|---|---|---|
| Outpatient | 580 | 65% | 582 | 66% |
| *Outpatient Group* | *(52)* | - | *(76)* | - |
| Intensive Outpatient Program (IOP) | 59 | 7% | 72 | 8% |
| Residential Treatment Programs (RTP) | 16 | 2% | 22 | 3% |
| Problem Gambling Telephone Intervention (PGTI) | 234 | 26% | 202 | 23% |
| Total[4] | 889 | 100% | 878 | 100% |

The provider network generally offers rapid entry into treatment from the time of first contact with a provider (**Figure 2**). The majority of clients in Outpatient and PGTI entered treatment within one week. In IOP, 27% entered treatment within a week. Entry into RTP was delayed, but 35% entered within one month.

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[4] Throughout this report, percentages may add up to greater than 100% due to rounding. The total does not include clients in Outpatient Group treatment because they are also enrolled in Outpatient and are counted there.

## FIGURE 2. TREATMENT SERVICES: PERCENTAGE OF CLIENTS ENTERING TREATMENT WITHIN 7 DAYS OF FIRST CONTACT FY 2023-24
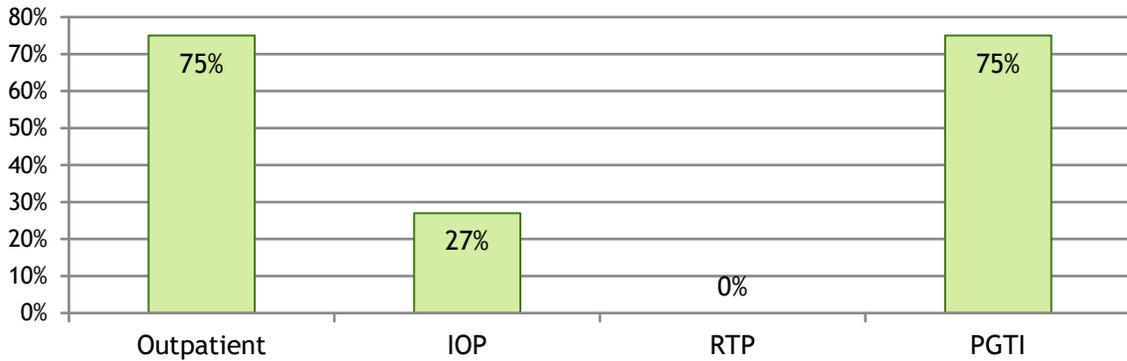


As shown in **Table 2**, race/ethnicity varies by level of service. Compared to the California population, Hispanic/Latinos are under-represented in the treatment population and most other race/ethnicity categories are over-represented. (More detailed analyses of race/ethnicity, gender, and sexual orientation, are available in the appendix.)

## TABLE 2. TREATMENT SERVICES: RACE/ETHNICITY OF GAMBLERS BY LEVEL OF TREATMENT SERVICE AND COMPARED TO THE CALIFORNIA POPULATION

| Race/Ethnicity (for those reporting a single category only) | Outpatient N = 566 | IOP N = 71 | RTP N = 21 | PGTI N = 199 | Total N = 857 | CA Population[5] N = 38,965,193 |
|---|---|---|---|---|---|---|
| White, non-Hispanic only[6] | 39% | 68% | 81% | 46% | 44% | 34% |
| Asian/Pacific Islander only | 20% | < | < | 21% | 19% | 17% |
| Hispanic or Latino only | 20% | < | 0% | 16% | 17% | 40% |
| Black or African American only | 7% | < | < | 7% | 7% | 7% |
| Other race/ethnicity only | 5% | < | 0% | 4% | 5% | 2% |
| Multiracial or Multi-ethnic[7] | 9% | < | < | 6% | 8% | 4% |

**Note:** Outpatient had 16 cases with missing data. IOP had 1 case with missing data. RTP had 1 case with missing data. PGTI had 3 cases with missing data. Percentages for those reporting in a category in which there are 10 or less individuals are indicated by <.

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[5] Quick Facts: California, US Census Bureau, July 1, 2023 population estimate accessed 04/13/2025, at https://www.census.gov/quickfacts/fact/table/CA#. For Census percentages, "Hispanics may be of any race, so also are included in applicable race categories," as a result, the column total adds up to more than 100%.

[6] "Only" categories specify the percentage of respondents who identify with each ethnic or racial designation, alone and not in combination with any other ethnic or racial designation.

[7] "Multiracial or Multi-ethnic" category specifies the percentage of respondents who identify with multiple ethnic or racial designations.

**Table 3** illustrates the high number of problem gamblers entering treatment with a co-occurring behavioral health condition. Depression was most prevalent among gamblers, with 574 reporting symptoms of depression, followed by generalized anxiety (more than 278), binge drinking (more than 179), smoking (more than 145), cannabis use (more than 129), and ADHD (more than 90).

**TABLE 3. TREATMENT SERVICES: NUMBER OF PROBLEM GAMBLERS SERVED WITH PRIORITIZED CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS**

| Behavioral Health Condition | Outpatient | IOP | Residential | PGTI |
|---|---|---|---|---|
| Depression | 446 | 33 | 15 | 80 |
| Anxiety | 243 | <11 | <11 | 35 |
| ADHD | 76 | <11 | <11 | 14 |
| Smoking | 105 | <11 | <11 | 40 |
| Cannabis Use | 99 | 0 | 0 | 30 |
| Binge Drinking | 134 | 17 | <11 | 28 |

**Note:** Numbers for Outpatient and other service levels add up to more than the number of clients for that service level because each client may have more than one co-occurring behavioral health condition.

**FIGURE 3. OUTPATIENT SNAPSHOT**

| Outpatient Gamblers | Treatment Duration | Treatment Outcomes |
|---|---|---|
| Average age at Intake: 44<br>69% are male | Average number of sessions: 8 | Strength of urge to gamble decreased by 20 points |
| 12% are unemployed | Highest number of sessions: 22 | Depression and life satisfaction improved |
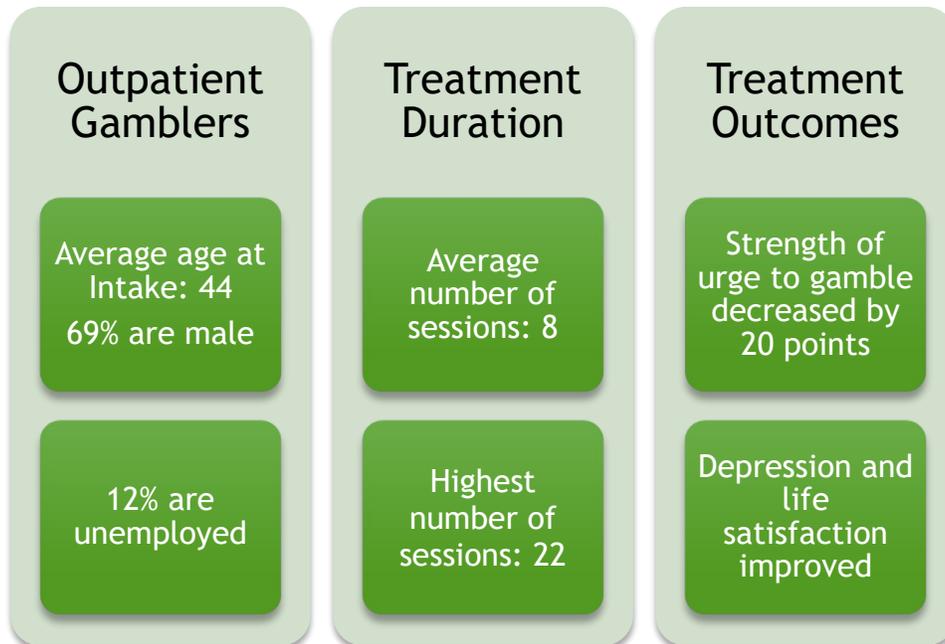
As shown earlier in Table 1,[8] the largest number of CalGETS clients, by far, participate in outpatient treatment. Intake data are available from 582 problem gambler clients who enrolled in outpatient services. The information summarized below reflects client demographics, gambling behaviors, and treatment outcomes for the gamblers served. During FY 2023-24, clients were most frequently referred via the problem gambling helpline (1-800-GAMBLER) (37%), family/friends (13%), former clients (10%), treatment providers' websites (10%), health care professionals (7%), Gamblers Anonymous/Gam-Anon (7%), another CalGETS provider (6%), and the California Council on Problem Gambling (3%). In addition, 8% cited other sources including the OPG website, media (television, radio, newspaper, and billboard), UCLA Gambling Studies Program, casino signage, community presentations, Internet searches, the justice system, or the Psychology Today referral website. The number of sessions completed by outpatient gambler clients (n=582) varied:

- 13% of clients had only an Intake session
- 47% received 2-8 treatment sessions
- 34% received 9-16 treatment sessions
- 6% received 17-22 treatment sessions

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[8] Unduplicated admissions are reported here (i.e., only the first admission is used for individuals with multiple admissions in the FY).

## Demographics

Outpatient clients had an average age of 44 years and ranged in age from 18 to 85 years. More than two-thirds (69%) were male. Clients identified their race as White, Non-Hispanic (39%), followed by 20% reporting Asian/Pacific Islander, 20% Hispanic/Latino, 7% African American, 5% another race/ethnicity, and 9% multiracial/multi-ethnic. (Fewer than 11 clients reported American Indian/Alaska Native race/ethnicity. More detailed analyses of race/ethnicity, gender, and sexual orientation, are available in the appendix.) Clients are, for the most part, well educated; nearly 80% reported completing some college or above. At Intake, 74% of clients were employed full- or part-time and 12% described themselves as unemployed. The reported household income varied widely from less than $15,000 per year to over $200,000, but 21% reported incomes of less than $35,000 (**Table 4**).

**TABLE 4. OUTPATIENT GAMBLER: DEMOGRAPHICS**

| Age | N=582 |
|---|---|
| Mean Age | 44 years old |
| **Gender** | **N=582** |
| Male | 69% |
| Female | 31% |
| Transgender | 0% |
| **Race/Ethnicity (for those reporting a single category only)** | **N=566** |
| White, non-Hispanic | 39% |
| Asian/Pacific Islander | 20% |
| Hispanic or Latino | 20% |
| Black or African American | 7% |
| Other race/ethnicity | 5% |
| Multiracial or Multi-ethnic | 9% |
| **Education** | **N=582** |
| Less than High School | 4% |
| High School | 19% |
| Some College | 33% |
| Bachelor's Degree | 33% |
| Graduate/Professional Degree | 12% |
| **Household Income** | **N=582** |
| Less than $15,000 | 9% |
| $15,000-$24,999 | 5% |
| $25,000-$34,999 | 7% |
| $35,000-$49,999 | 8% |
| $50,000-$74,999 | 16% |
| $75,000-$99,999 | 12% |
| $100,000-$149,999 | 16% |
| $150,000-$199,999 | 9% |
| $200,000 or more | 11% |
| Decline to state | 7% |

Note: Outpatient race/ethnicity had 16 cases with missing data. Percentages for those reporting in a category in which there are 10 or less individuals have been combined with other categories. Additional details on race/ethnicity, gender, and sexual orientation can be found in the Appendix.

## Gambling Severity

An overwhelming proportion of gamblers (98%) who sought outpatient treatment through CalGETS could be classified as having mild to severe gambling disorder (**Table 5**), including 94% with moderate to severe gambling disorder, while 2% reported one to three problem gambling behaviors.

**TABLE 5. OUTPATIENT GAMBLER: GAMBLING DISORDER (NODS DSM-5) CLASSIFICATION**

| Severity | NODS Score | N | % |
|---|---|---|---|
| Problem gambling behavior | 1 to 3 | 13 | 2% |
| Mild gambling disorder | 4 to 5 | 25 | 4% |
| Moderate gambling disorder | 6 to 7 | 127 | 22% |
| Severe gambling disorder | 8 to 9 | 419 | 72% |

**Note:** N=582

## Gambling Behaviors

At Intake, outpatient clients (n=563, 19 missing data) were asked to indicate both their typical gambling locations and the types of gambling activities that they have engaged at those locations over the last 12 months.

Clients were able to select multiple activities at each of the major gambling venues.

- At **tribal casinos,** clients most frequently stated that they played slot machines (37%), blackjack (20%), poker (11%), roulette (9%), and video poker (5%).[9]
- At **other casinos,** clients most frequently reported playing slot machines (19%), blackjack (14%), poker (8%), and roulette (6%).
- On the **Internet**, clients most often indicated sports betting (22%), playing slots (10%), blackjack (9%), poker (5%), roulette (5%), and other internet gambling (8%, crypto trading and day trading were mentioned most often).
- In the **community**, 19% of clients reported gambling on lottery tickets and 16% on scratchers.
- At **cardrooms,** clients most often reported playing poker (10%), and blackjack (6%).

## Intake to Last Treatment Contact (LTC) Outcomes

In order to measure the impact of treatment, we analyzed depression, anxiety, perceived interference of gambling with normal activities, the urge to gamble, and life satisfaction at Intake and LTC (**Table 6**).

Treatment participants' levels of depression were measured using the PHQ-9 both at Intake and at their Last Treatment Contact (LTC). Outpatient clients showed, on average, mild depression at Intake and improved mild depression at their last treatment session in both FY 2022-23 and 2023-24. The GAD-2 is a two-item anxiety screening scale. A cutoff score of 3 is used for a

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[9] Gambling activities reported by 5% or more of clients are listed here.

diagnosis of generalized anxiety disorder. At Intake during both years, on average, gamblers were positive for generalized anxiety but were below the cutoff at Last Treatment Contact.

**TABLE 6. OUTPATIENT GAMBLER: TREATMENT OUTCOMES FOR FY 2022-23 AND 2023-24**

| Outcome Indicator | 2022-23 Intake Mean | 2022-23 LTC Mean | 2023-24 Intake Mean | 2023-24 LTC Mean |
|---|---|---|---|---|
| Depression (PHQ-9) score | 9 | 6 | 9 | 6 |
| Anxiety (GAD-2) score | 3 | 2 | 3 | 2 |
| Gambling interference with normal activities | 52 | 30 | 52 | 30 |
| Urge to gamble | 54 | 38 | 54 | 34 |
| Life satisfaction | 54 | 62 | 53 | 64 |

**Note:** FY 2022-23 Intake N=545, Last Treatment Contact (LTC) N=529, FY 2023-24 Intake N=582, LTC N=522.

The question, "How much has gambling interfered with your normal activities?" assesses gambling-related interference in daily life. Respondents rate life interference on a scale ranging from 0 (no interference) to 100 (extreme interference). Higher scores indicate greater life interference due to gambling. Outpatient clients reported less interference of gambling with their normal activities at the Last Treatment Contact compared to Intake. Average scores decreased 22 points in FY 2022-23 and also by 22 points from Intake to Last Treatment Contact in FY 2023-24.

Urge to gamble is assessed with the question, "How strong are your urges to gamble?" It is rated on a scale from 0 (no urges) to 100 (strongest urges). Higher scores indicate stronger urges to gamble. The average intensity of the urge to gamble from Intake to Last Treatment Contact decreased by 16 points in FY 2022-23 and by 20 points on the 100-point scale in FY 2023-24. Lower scores at Last Treatment Contact indicated a less intense urge to gamble after receiving outpatient services.

A single question is used to assess life satisfaction: "How would you rate your overall life satisfaction?" This item is rated on a scale from 0 (least satisfied) to 100 (most satisfied); higher scores indicate greater life satisfaction. Over the course of treatment, outpatient clients reported an improvement of 8 points on average in overall life satisfaction in FY 2022-23 and 9 points in FY 2023-24.

## Group Outpatient

A total of 76 clients participated in group treatment in FY 2023-24. Of these participants, 70 were gamblers and 6 were AIs. The average age of gambler clients was 51 years old and 69% were male.

## Intensive Outpatient (IOP)

Data was available from 72 clients enrolled at Intake in IOP during FY 2023-24 (**Figure 4**). Clients received treatment from Union of Pan Asian Communities (UPAC; N=29), Beit T'Shuvah (N=20), or Westside Gambling Treatment (N=23). The following section summarizes frequency tables which include information on demographics, gambling behaviors, and treatment outcomes for IOP gamblers served.

### FIGURE 4. IOP SNAPSHOT

| IOP Gambler Clients | Treatment Duration | Treatment Outcomes |
|---|---|---|
| Average age at Intake: 42 — 76% are male | Average length of treatment: 69 days | Strength of urge to gamble decreased by 17 points |
| 27% are unemployed — 4% are retired | Highest number of days in treatment: 164 | Depression and life satisfaction improved |
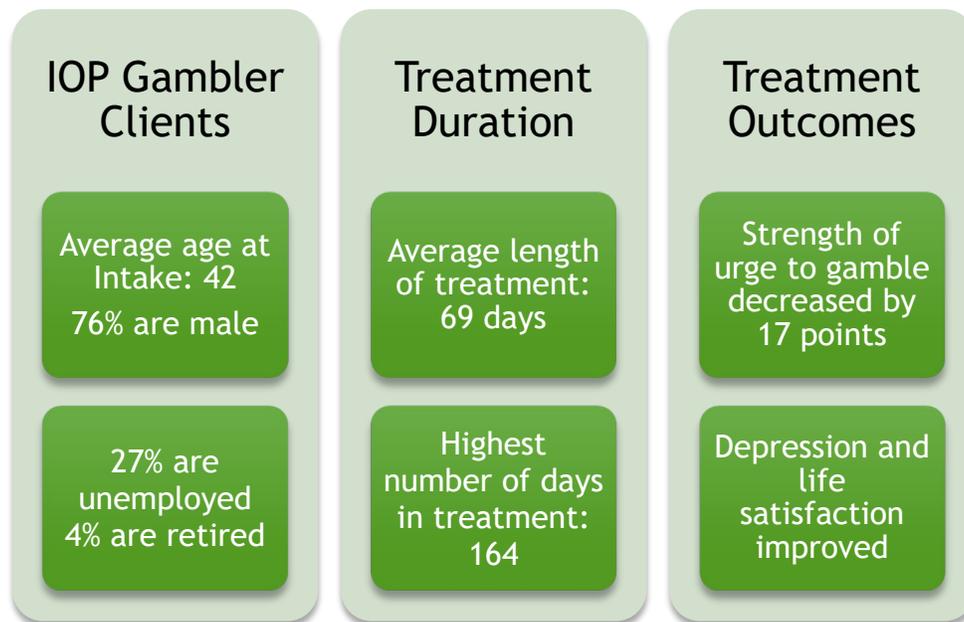
### *Demographics*

A total of 72 clients entered IOP during FY 2023-24. IOP clients' average age was 42. Over two-thirds (68%) identified as White, Non-Hispanic only, followed by Asian/Pacific Islander, African American, Multiracial or Multiethnic, Hispanic/Latino, and another race/ethnicity. (More detailed analyses of race/ethnicity, gender, and sexual orientation, are available in the appendix.) Like Outpatient clients, IOP clients have fairly high levels of education with 75% reporting some college education or higher. Although clients' household income varied from less than $9,999 per year to $200,000 or higher, 11% of IOP clients reported an income of less than $35,000, and 58% of IOP clients reported an income greater than $100,000.

### *Gambling Severity*

All IOP clients met criteria established in the DSM-5 for gambling disorder (100%). Specifically, 1% were classified with mild gambling disorder (endorsing 4-5 criteria), 14% with moderate gambling disorder (endorsing 6-7 criteria), and 85% with severe gambling disorder (endorsing 8-9 criteria).

### *Gambling Behaviors*

IOP clients were asked at Intake to indicate both their typical gambling locations and the types of gambling activities that they engaged in over the last 12 months. Of the specific gambling

locations (i.e., bingo halls, casinos, Internet, lottery stores, and other gambling locations), the internet was the most frequently selected gambling venue from the options provided (62%), followed by casinos (57%), food/convenience stores (8%), and other venues (8%).

Across all venues the most commonly selected gambling activities were sports betting (35%), poker (33%), slot machines (32%), blackjack (24%), and lottery/scratchers (11%).[10]

- At **tribal casinos,** clients most frequently stated that they played slot machines (22%), blackjack (19%), and poker (18%).
- At **other casinos,** clients most frequently reported playing poker (17%), blackjack (15%), and slot machines (11%).
- On the **Internet**, clients indicated sports betting (32%), blackjack (19%), and poker (18%) were their most frequent gambling activities.

## *Intake to Last Treatment Contact Outcomes*

Treatment outcomes are measured by examining depression, anxiety, gambling interference with normal activities, intensity of gambling urge, and life satisfaction (**Table 7**). At Intake and at Last Treatment Contact, none of the 72 IOP clients had missing data. IOP participants' levels of depression were measured using the PHQ-9 both at Intake and at their Last Treatment Contact. During both years, they showed, on average, mild to moderate depression at Intake and mild depression at their Last Treatment Contact. At Intake during both years, on average, gamblers were positive for generalized anxiety (GAD-2), but were below the cutoff at Last Treatment Contact.

**TABLE 7. IOP GAMBLER: TREATMENT OUTCOMES FOR FY 2022-23 AND 2023-24**

| Outcome Indicator | 2022-23 Intake Mean | 2022-23 LTC Mean | 2023-24 Intake Mean | 2023-24 LTC Mean |
|---|---|---|---|---|
| Depression (PHQ-9) score | 11 | 6 | 9 | 6 |
| Anxiety (GAD-2) score | 3 | 2 | 3 | 2 |
| Gambling interference with normal activities | 48 | 28 | 45 | 29 |
| Urge to gamble | 52 | 30 | 52 | 35 |
| Life satisfaction | 49 | 62 | 44 | 56 |

**Note:** FY 2022-23 Intake N=59, Last Treatment Contact (LTC) N=57, FY 2023-24 Intake N=72, LTC N=72.

Clients' reports of interference by gambling with their normal activities showed an average decrease of 20 points in FY 2022-23 and 16 points from Intake to Last Treatment Contact in FY 2023-24. Client reports are made on a scale from 0-100, where higher scores indicate a greater impact of gambling on normal activities. The intensity of the urge to gamble also decreased from Intake to Last Treatment Contact during both years. In FY 2022-23 it decreased by an

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[10] This is the first year that the internet has surpassed casinos as a gambling venue and that sports betting has surpassed slots or poker. This change may be due to general changes in gambling behaviors as well as the number of gamblers attending the specialized treatment offered by Westside Gambling Treatment for problem gamblers with crypto/trading, sports betting, or gaming addiction.

average of 22 points and in FY 2023-24 by an average of 17 points on the 100-point scale. Lower scores at LTC indicated a less intense urge to gamble. IOP clients entered treatment reporting lower life satisfaction scores compared to Outpatient clients. Over the course of treatment, IOP clients reported an improvement of 12 to 13 points on average in overall life satisfaction during both years. As above, life satisfaction was measured on a 100-point scale.

## Residential Treatment Programs (RTP)

Data was available from 22 clients enrolled at Intake in RTP during FY 2023-24 (**Figure 5**). The following section summarizes information on demographics, gambling behaviors, and treatment outcomes for gamblers participating in RTP.

**FIGURE 5. RESIDENTIAL TREATMENT PROGRAM SNAPSHOT**

| Residential Gambler Clients | Treatment Duration | Treatment Outcomes |
|---|---|---|
| Average age at Intake: 42 91% are male | 64 days of treatment on average | Strength of urge to gamble decreased during treatment |
| 64% are unemployed | Highest number of days in treatment: 135 | Anxiety improved during treatment |
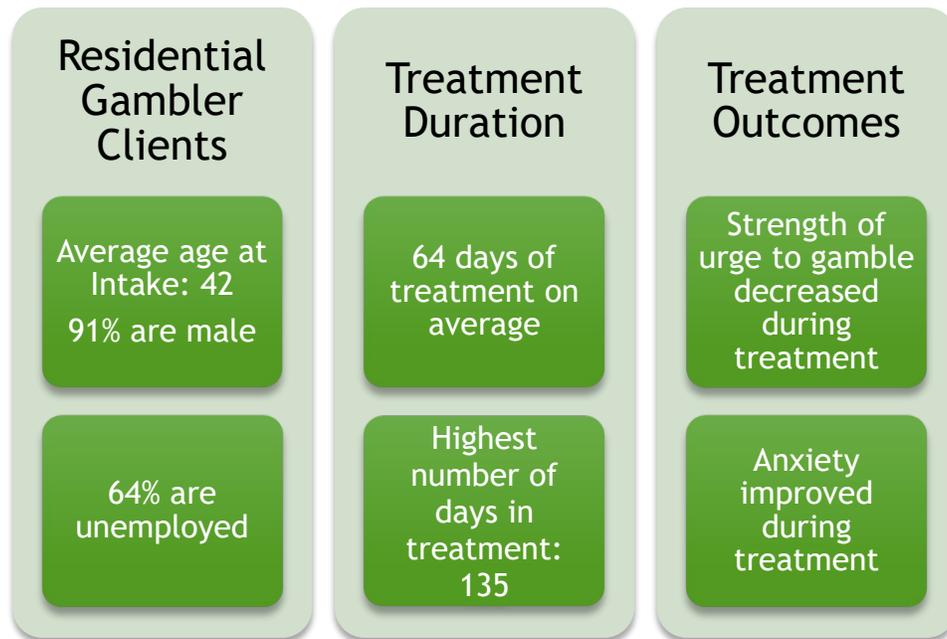
### *Demographics*

More than three-quarters (81%) of RTP clients identified as White, Non-Hispanic only, and the other 19% were other races/ethnicities or multiracial. (More detailed analyses of race/ethnicity are available in the appendix.) Fifty-nine percent of RTP clients report some college education or higher. Although clients' household income varied from less than $9,999 per year to $200,000 or higher, 14% of RTP clients reported an income of less than $35,000, and 32% of RTP clients reported an income greater than $100,000.

### *Gambling Severity*

All clients enrolled in RTP treatment met DSM-5 criteria for gambling disorder. Specifically, 100% were classified with severe gambling disorder.

## Gambling Behaviors

RTP clients (n=22) were asked at Intake to indicate both their typical gambling locations and the types of gambling activities that they engaged in over the last 12 months. Of the specific gambling locations (i.e., bingo halls, casinos, Internet, lottery stores, and other gambling locations), the Internet (71%) and casinos (64%) were the most frequently selected gambling venues from the options provided.

Clients were queried about the type of gambling they took part in at each of the major gambling venues. Across all venues, sports betting (55%), blackjack (41%), poker (41%), slot machines (23%) and lottery/scratchers (5%), were the most commonly selected gambling activities. Below are the gambling locations and activities reported by two or more of the 22 RTP clients.

- At **tribal casinos,** clients most frequently stated that they played poker (18%) and blackjack (14%).
- At **other casinos,** clients most frequently reported playing blackjack (41%), poker (36%), and slots (14%).
- On the **Internet**, clients indicated blackjack (89%), sports betting (50%), and poker (18%) were their most frequent gambling activities.

## Intake to Last Treatment Contact Outcomes

Intake to Last Treatment Contact data is available on the 16 clients who entered residential treatment in FY 2022-23 and on the 22 clients who entered residential treatment in FY 2023-24 (**Table 8**). During both years, RTP participants' levels of depression were measured using the PHQ-9 both at Intake and LTC. During FY 2022-23, at both Intake and LTC, participants showed mild depression. During FY 2023-24 they showed, on average, an improvement in depression from mild depression at Intake to below the threshold for depression at Last Treatment Contact. In both FY 2022-23 and FY 2023-24, gamblers came into residential treatment with GAD-2 scores indicating generalized anxiety at a diagnosable level and at Last Treatment Contact GAD-2 scores were below the cut off.

**TABLE 8. RTP GAMBLER: TREATMENT OUTCOMES FOR FY 2022-23 AND 2023-24**

| Outcome Indicator | 2022-23 Intake Mean | 2022-23 LTC Mean | 2023-24 Intake Mean | 203-24 LTC Mean |
|---|---|---|---|---|
| Depression (PHQ-9) score | 7 | 6 | 7 | 3 |
| Anxiety (GAD-2) score | 3 | 1 | 3 | 2 |
| Gambling interference with normal activities | 50 | 45 | 55 | 63 |
| Urge to gamble | 40 | 41 | 48 | 33 |
| Life satisfaction | 48 | 33 | 49 | 56 |

**Note:** FY 2022-23 Intake N=16, Last Treatment Contact (LTC) N=15, FY 2023-24 Intake N=22, LTC N=22.

By the end of treatment, the average rating of interference by gambling with normal activities decreased among RTP clients by 5 points in FY 2022-23, but increased 8 points in FY 2023-24. Client reports are made on a scale from 0-100, where higher scores indicate a greater impact of

gambling on normal activities. The intensity of the urge to gamble, on average, did not decrease during FY 2022-23. During FY 2023-24 the urge to gamble decreased from Intake to Last Treatment Contact by 15 points on the 100-point scale. Lower scores at LTC indicated a less intense urge to gamble. In both years, RTP clients entered treatment with lower ratings of life satisfaction compared to Outpatient clients. While RTP clients reported a *lower level* in overall life satisfaction over the course of treatment in FY 2022-23, they reported higher levels of life satisfaction over the course of treatment in FY 2023-24 (increase of 7 points). As above, life satisfaction was measured on a 100-point scale.

## Problem Gambling Telephone Intervention (PGTI)

As described above, PGTI services are provided over the telephone to gamblers and AIs throughout California. Services are provided in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean, Tagalog, Hindi, and additional languages. The PGTI program has two goals – to provide immediate service delivery and to transfer clients to outpatient services if needed. As a result, treatment duration is shorter and treated clients have lower levels of gambling disorder severity. The following section summarizes information on demographics, gambling behaviors, and treatment outcomes for PGTI gamblers served.

**FIGURE 6. PGTI PROGRAM SNAPSHOT**

| PGTI Gambler Clients | Treatment Duration | Treatment Outcomes |
|---|---|---|
| Average age at Intake: 46 66% are male | Average number of sessions: 2 | Strength of urge to gamble decreased by 25 points |
| 12% are unemployed | Highest number of sessions: 22 | Depression and life satisfaction improved |
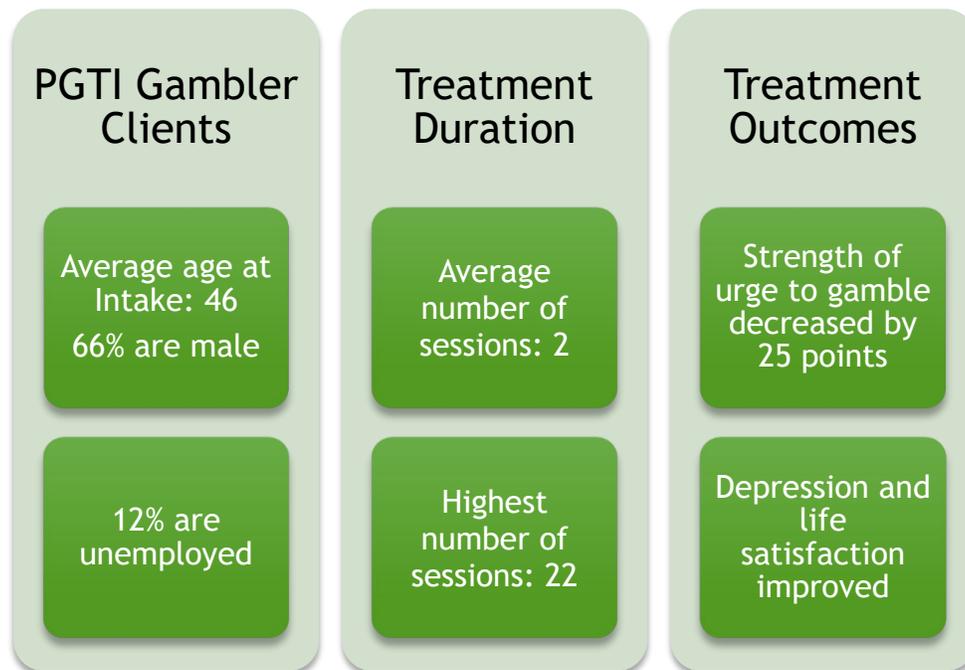
Within PGTI, data were available for 202 gambler clients enrolled at Intake during FY 2023-24. Of the 202 total clients assessed at Intake, 114 received further treatment services. Clients participating in PGTI (n=202) most often reported being referred by the Helpline (1-800-GAMBLER) (95%) and 5% came from other referral sources. PGTI clients (n=202) participated in two treatment sessions on average, with a maximum of 22 sessions in total.

## *Demographics*

Gamblers in PGTI treatment were, on average, 46 years old and predominately male. Household income varied widely, but 18% had yearly household incomes of less than $35,000. Among PGTI clients, 46% were White, Non-Hispanic only, followed by 21% Asian/Pacific Islander only, 16% Hispanic/Latino only, 7% African American only, and 10% another race/ethnicity or Multiracial/Multi-ethnic. (See the appendix for more detailed gender, sexual orientation, and race/ethnicity information.) In addition, 70% had completed some college or more (**Table 9**).

**TABLE 9. PGTI GAMBLER: DEMOGRAPHICS**

| Age | (N=202) |
|---|---|
| Mean Age | 46 years old |
| Gender | (N=202) |
| Male | 66% |
| Female | 34% |
| Transgender | 0% |
| Race/Ethnicity (for those reporting a single category only) | (N=199) |
| White, non-Hispanic only | 46% |
| Asian/Pacific Islander only | 21% |
| Hispanic or Latino only | 16% |
| Black or African American only | 7% |
| Other Race/Ethnicity, Multiracial or Multi-ethnic | 10% |
| Education | (N=202) |
| High School or Less than High School | 30% |
| Some College | 32% |
| Bachelor's Degree | 30% |
| Graduate/Professional Degree | 8% |
| Household Income | (N=202) |
| Less than $15,000 | 6% |
| $15,000-$24,999 | 6% |
| $25,000-$34,999 | 6% |
| $35,000-$49,999 | 8% |
| $50,000-$74,999 | 16% |
| $75,000-$99,999 | 16% |
| $100,000-$149,999 | 11% |
| $150,000-$200,000 or more | 12% |
| Decline to state | 17% |

**Note:** Three clients were missing race/ethnicity data. Percentages for those reporting in a category in which there are 10 or less individuals have been combined with other categories. Additional details on race/ethnicity, gender, and sexual orientation can be found in the Appendix.

## Gambling Severity

Of those enrolled in PGTI services, 97% could be classified as having mild to severe gambling disorder (**Table 10**).

**TABLE 10. PGTI GAMBLER: GAMBLING DISORDER (NODS DSM-5) CLASSIFICATION**

| Severity | NODS Score | % |
|---|---|---|
| Problem gambling behavior | 1 to 3 | <5% |
| Mild gambling disorder | 4 to 5 | 12% |
| Moderate gambling disorder | 6 to 7 | 42% |
| Severe gambling disorder | 8 to 9 | 43% |

**Note:** N=201 (Missing=1)

## Gambling Behaviors

PGTI clients were asked at Intake to describe their gambling behaviors and the types of gambling activities they had engaged in over the last 12 months. Typical gambling locations included tribal or Las Vegas-style casinos, mentioned by 66% of clients, Internet (27%), and food/convenience stores for Lottery tickets (9%). Across all venues, the most common gambling activities were slot machines (51%), blackjack (20%), poker (15%), and sports betting (10%).

Clients were able to select multiple activities at each of the major gambling venues. PGTI clients reported gambling activities at tribal casinos most often (53%) and the most frequent activities at tribal casinos were slot machines (39%), blackjack (15%), and poker (11%).

## Intake to Last Treatment Contact Outcomes

PGTI participants' levels of depression were measured using the PHQ-9 both at Intake and at the Last Treatment Contact during both years summarized in **Table 11**. Clients showed, on average, mild depression at Intake and subclinical levels of depression at the Last Treatment Contact. Anxiety, as measured by the GAD-2, was below the cut off on average in both years at Intake and Last Treatment Contact.

PGTI clients' reports of interference by gambling with their normal activities showed an average decrease of 22 points in FY 2022-23 and 24 points from Intake to Last Treatment Contact in FY 2023-24. Client reports are made on a scale from 0-100, where higher scores indicate a greater impact of gambling on normal activities. The intensity of the urge to gamble also decreased from Intake to Last Treatment Contact during both years. In FY 2022-23 it decreased by an average of 28 points and in FY 2023-24 by an average of 25 points on the 100-point scale. Lower scores at LTC indicated a less intense urge to gamble. Over the course of treatment, PGTI clients reported an improvement of 11 to 12 points on average in overall life satisfaction during both years. As above, life satisfaction was measured on a 100-point scale.

**TABLE 11. PGTI GAMBLER: TREATMENT OUTCOMES FOR FY 2022-23 AND 2023-24**

| Outcome Indicator | 2022-23 Intake Mean | 2022-23 LTC Mean | 2023-24 Intake Mean | 2023-24 LTC Mean |
|---|---|---|---|---|
| Depression (PHQ-9) score | 6 | 4 | 5 | 3 |
| Anxiety (GAD-2) score | 2 | 1 | 1 | 1 |
| Gambling interference with normal activities | 62 | 34 | 65 | 41 |
| Urge to gamble | 73 | 45 | 72 | 47 |
| Life satisfaction | 54 | 65 | 51 | 63 |

**Note:** FY 2022-23 Intake N=234, Last Treatment Contact (LTC) N=135; FY 2023-24 Intake N=202, LTC N=114.

Confidential - Low

# Health Information on Gamblers
## Co-Occurring Health Conditions

A notable percentage of gamblers reported co-occurring health conditions and problematic health behaviors at Intake. Below are health conditions reported by 5% or more of respondents **(Table 12).**

**TABLE 12. GAMBLERS: CO-OCCURRING HEALTH RELATED CONDITIONS**

| Service Level | Self-Reported Hypertension | Self-Reported Diabetes | Self-Reported Obesity | Obesity Calculated from BMI |
|---|---|---|---|---|
| Outpatient (N = 582) | 13% | 11% | 7% | 31% |
| IOP (N = 72) | 10% | 3% | 7% | 28% |
| RTP (N = 22) | 5% | 0% | 9% | 23% |
| PGTI (N = 202) | 14% | 12% | 7% | 30% |

- While 7% of CalGETS Outpatient clients reported obesity, using body mass index (BMI) standards, approximately 31% of them meet BMI obesity criteria, slightly higher than the percentage for California adults (28%).[11]
- 13% of CalGETS Outpatient clients reported hypertension and 11% reported diabetes.
- Compared to California adults, smoking percentages were high across the treatment services network – 18% of Outpatient clients reported smoking more than three times the state average of 5.1% for current smoking.[12] Among RTP clients, 23% reported smoking in FY 2023-24. Of IOP clients, 11% reported smoking. Among PGTI clients, 20% reported smoking.
- About 35% of gamblers across the treatment services network reported their health as fair or poor (40% in Outpatient, 42% in IOP, 14% in RTP, and 30% in PGTI). This compares to 16% of adults in California reporting their health as "fair or poor" in 2021, according to the CDC.[13]
- High percentages of clients in all treatment modalities reported having health insurance (Outpatient 87%, IOP 93%, RTP 100%, and PGTI 90%). A somewhat smaller

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[11] SAMHSA, Center for Behavioral Health Statistics and Quality, *2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)* (Table 20) [accessed April 15, 2025]. URL https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

[12] California Health Interview Survey, 2023. [accessed October 14, 2025]. URL: https://askchisdev.healthpolicy.center..

[13] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online], 2021. [accessed Feb 8, 2023]. URL: https://www.cdc.gov/brfss/brfssprevalence/. (More recent data unavailable.)

percentage report that they currently have a physician that they can access for primary care needs (Outpatient 79%, IOP 89%, RTP 96%, and PGTI 78%).

## Co-Occurring Psychiatric Disorders

CalGETS clients reported that the co-occurring mental health conditions they were treated for most often were mood disorders and anxiety. Below are psychiatric disorders that 5% or more of respondents reported they were treated for in the past year (**Table 13**).

**TABLE 13. GAMBLERS: CO-OCCURRING PSYCHIATRIC DISORDERS TREATED FOR IN THE PAST YEAR**

| Service Level | Mood Disorders | Psychotic Disorders | Anxiety Disorders | Substance Use Disorders | Personality Disorder | ADD/ ADHD |
|---|---|---|---|---|---|---|
| Outpatient (N = 582) | 23% | <5% | 16% | <5% | <5% | 6% |
| IOP (N = 72) | 46% | <5% | 14% | <5% | 0% | 13% |
| RTP (N = 22) | 68% | 9% | 0% | 0% | 0% | 5% |
| PGTI (N = 202) | 21% | 6% | 15% | <5% | <5% | <5% |

### *Anxiety, Depression, and ADHD Symptom Screening*

In addition to self-report of treatment for co-occurring mental health conditions, CalGETS also screened for anxiety, depression, and ADHD.

- At treatment entry, 42% of CalGETS Outpatient clients were above the cutoff on the GAD-2 anxiety screener, indicating that they have a possible diagnosis of Generalized Anxiety Disorder. Additionally, 42% of IOP, 36% of RTP, and 17% of PGTI clients scored above the cutoff on the GAD-2 anxiety screener.
- 41% of CalGETS Outpatient clients, 24% of IOP, 25% of RTP, and 14% of PGTI clients scored in the moderate to severe depression range at Intake as measured by the PHQ-9. This is compared to 7% of adult Californians reporting a major depressive episode in the past year.[14]
- 13% of CalGETS Outpatient clients scored above the cutoff for adult attention-deficit hyperactivity disorders (ADHD) on the ASRS screening instrument, indicating that they have a possible diagnosis of ADHD. Additionally, 6% of IOP, 0% of RTP, and 7% of PGTI clients scored above the cutoff.

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[14] SAMHSA, Center for Behavioral Health Statistics and Quality, *2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)* (Table 38) [accessed April 15, 2025]. URL https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

## Substance Use Behaviors

- Among Outpatient clients, 54% reported at Intake that they drank alcoholic beverages. In other treatment modalities, a smaller percentage of clients reported current drinking: 53% among IOP clients and 44% among PGTI clients.[15]
- Of Outpatient clients, 23% reported at least one binge drinking episode (more than five drinks in a single occasion for men, more than four drinks in a single occasion for women) in the month before treatment entry. Among IOP clients, 17% reported binge drinking in the past month and 14% of PGTI clients reported binge drinking in the past month.[16] This is compared to 23% of California adults reporting any binge drinking in the past month.[17]

After alcohol, cannabis was the most frequently reported substance used in the past month across the treatment services network, with 17% of CalGETS clients in Outpatient reporting use of cannabis. This is the same percentage (17%) reported by NSDUH for past month use in California in 2022-23.[18] Approximately 15% of PGTI clients reported cannabis use in the past month. However, clients also reported use of other substances (**Table 14**).

### TABLE 14. GAMBLERS: SUBSTANCE USE IN THE PAST 30 DAYS

| Service Level | Cocaine | Cannabis | Methamphetamine | Opiates |
|---|---|---|---|---|
| Outpatient (N = 582) | 3% | 17% | 2% | < |
| IOP (N = 72) | < | < | < | 0% |
| RTP (N = 22) | < | < | 0% | 0% |
| PGTI (N = 202) | 0% | 15% | 0% | 0% |

**Note:** Percentages for those reporting in a category in which there are 10 or less individuals are indicated by a less-than sign (<).

The co-occurrence of various medical problems and risk factors emphasizes the need for CalGETS providers to refer to medical professionals in order to address health-related issues. Because the RTP program has experience providing substance use disorder treatment, it is better able to meet the complex needs of the CalGETS clients in residential treatment who have co-occurring substance use issues. The high incidence of mental health issues among CalGETS clients, in addition to their gambling-related problems, validates the use of licensed mental health professionals as the primary source of the CalGETS workforce.

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[15] RTP not included here because of small number.

[16] RTP not included here because of small number.

[17] SAMHSA, Center for Behavioral Health Statistics and Quality, *2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)* (Table 16) [accessed April 15, 2025]. URL https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

[18] SAMHSA, Center for Behavioral Health Statistics and Quality, *2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)* (Table 3) [accessed April 15, 2025]. URL https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

# 4. AFFECTED INDIVIDUALS DEMOGRAPHICS AND TREATMENT SERVICE OUTCOMES

**FIGURE 7. AI PROGRAM SNAPSHOT**

| AI Clients | Treatment Duration | Treatment Outcomes |
|---|---|---|
| Average age at Intake: 42 72% are female | Average number of sessions: 10 | Time spent dealing with problem gambling decreased by 18 points |
| 43% are the significant other/spouse of the gambler | Highest number of sessions: 23 | Depression and life satisfaction improved |
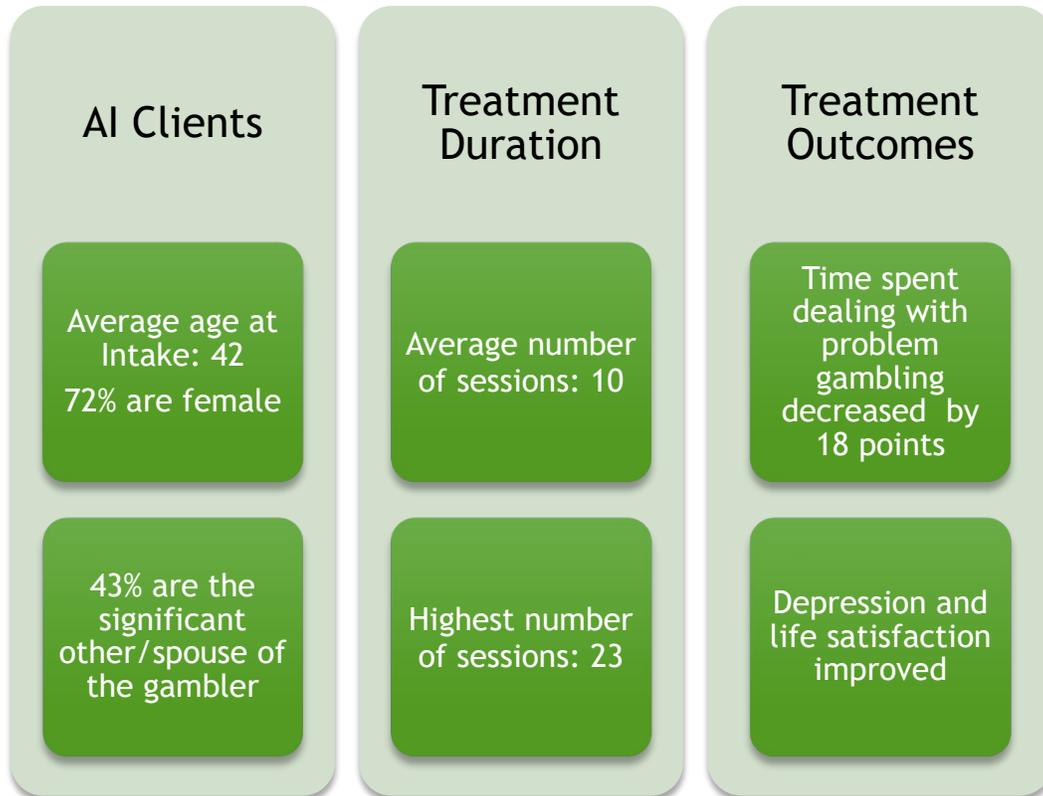
This section summarizes key findings from FY 2023-24 data that were available from the DMS on AIs' demographics and treatment service outcomes. The data were collected on forms completed by clients at Intake, during treatment, and at the Last Treatment Contact or from the End of Treatment form.

## Treatment Service Provision

In FY 2023-24, a total of 211 AIs entered treatment across the treatment services network (**Table 15**). Nearly all were served as Outpatients, while less than 11 clients received treatment from PGTI.

**TABLE 15. TREATMENT SERVICES: NUMBER OF NEW CLIENT INTAKES FOR GAMBLERS**

| Service Level | FY 2022-23 N | FY 2023-24 N |
|---|---|---|
| Outpatient/Problem Gambling Telephone Intervention (PGTI) | 234 | 211 |

The number of Outpatient/PGTI treatment sessions AIs attended, including the Intake session, ranged from 1 to 23, with an average of 10 sessions. AI treatment attendance was greater than 70% during the primary treatment sessions (sessions 1-5) (**Figure 8**).

**FIGURE 8. OUTPATIENT/PGTI AFFECTED INDIVIDUALS: PERCENT ATTENDING EACH TREATMENT SESSION**
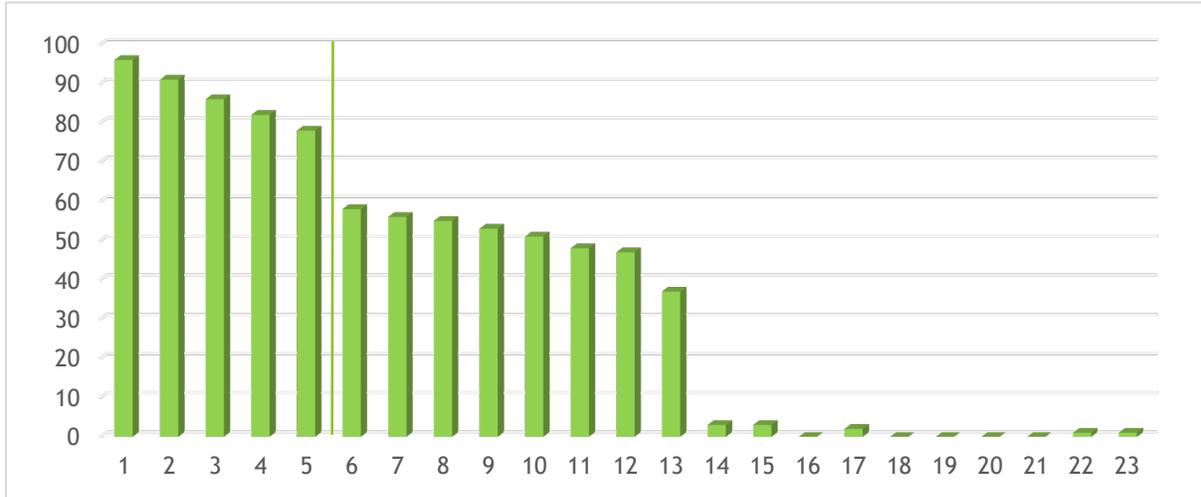


**Note:** N=211

Of the 211 AI clients, 43% identified as a spouse or significant other of a gambler, 15% as a parent of a gambler, 27% as an adult child of a gambler, 7% as a sibling of a gambler, and 8% were another relation to a gambler (**Figure 9**).

**FIGURE 9. OUTPATIENT/PGTI AFFECTED INDIVIDUALS: RELATIONSHIP TO GAMBLER**
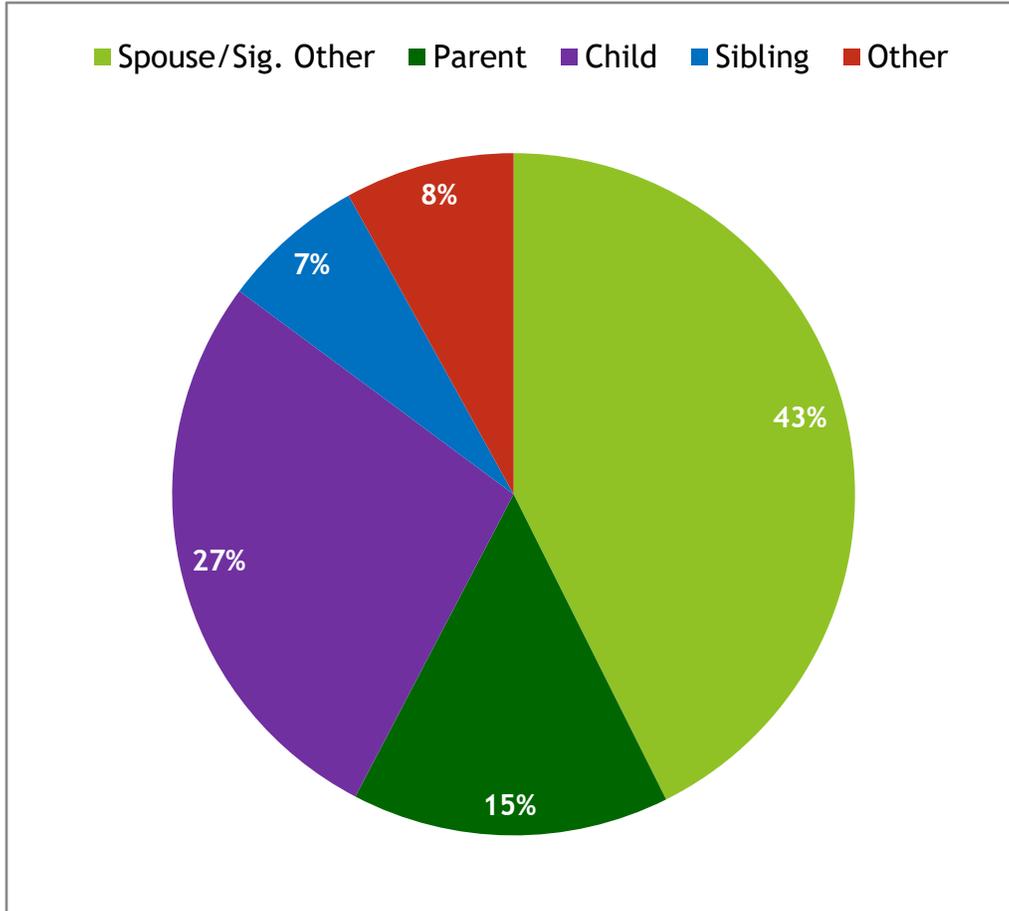
## Demographics

At Intake, AIs were 42 years old, on average, and predominately female (72%), whereas about two-thirds of gambler clients are male. About 37% were White, Non-Hispanic, followed by 31% Hispanic/Latino, 16% Asian/Pacific Islander, 5% African American, 0% American Indian/Alaska Native, 2% another race/ethnicity, and 7% Multiracial/Multi-ethnic. (See the appendix for more detailed gender, sexual orientation, and race/ethnicity information.) Similar to gamblers, AIs have widely varying household incomes and high education levels, but 35% report a household income of less than $35,000 per year. A high percentage (82%) report having some college education or higher (**Table 16**).

### TABLE 16. AI: DEMOGRAPHICS

| Age | N=204 |
| --- | --- |
| Mean Age | 42 years old |
| **Gender** | **N=204** |
| Male | 28% |
| Female | 72% |
| Transgender | 0% |
| Choose not to disclose | 0% |
| **Race/Ethnicity (for those reporting a single category only)** | **N=204** |
| White, Non-Hispanic only | 37% |
| Asian/Pacific Islander only | 16% |
| Hispanic or Latino only | 31% |
| Black or African American only | 5% |
| American Indian/Alaska Native only | 0% |
| Other Race/Ethnicity, Multiracial or Multi-ethnic | 9% |
| **Education** | **N=204** |
| High School or Less than High School | 18% |
| Some College | 33% |
| Bachelor's Degree | 32% |
| Graduate/Professional Degree | 17% |
| **Household Income** | **N=204** |
| Less than $15,000 | 19% |
| $15,000-$24,999 | 7% |
| $25,000-$34,999 | 9% |
| $35,000-$49,999 | 21% |
| $50,000-$74,999 | 15% |
| $75,000-$99,999 | 9% |
| $100,000-$149,999 | 9% |
| $150,000-$199,999 | 5% |
| $200,000 or more | 5% |
| Decline to State | 0% |

**Note:** 7 cases had missing demographic data. Percentages for those reporting in a category in which there are 10 or less individuals have been combined with other categories. Additional details on race/ethnicity, gender, and sexual orientation can be found in the Appendix.

## Treatment Service Findings
### *Intake to Last Treatment Contact Outcomes*

As seen in **Table 17**, AIs had moderate depression scores at Intake and at their Last Treatment Contact scores were at the subclinical level, on average in FY 2023-24. For FY 2022-23, AIs entered treatment with mild depression on average and at LTC were at the subclinical level depression score (PHQ-9 range is 0 – 27). For generalized anxiety, AIs entered treatment with scores above the threshold for generalized anxiety and were below the threshold at LTC during both years. In FY 2023-24, average life satisfaction scores (measured on a scale from 0 to 100) are moderate at Intake and were 13 points higher at LTC. In addition, the degree to which AIs feel that the problem gambler's behaviors have interfered with normal activities and the degree to which they feel responsible for the gambler's treatment and recovery improved (decreased), on average, from treatment Intake to the Last Treatment Contact (both measured on a scale from 0 to 100). In addition, AIs reported a decrease in the amount of time they spent dealing with the consequences of problem gambling (measured on a scale from 0 to 100).

**TABLE 17. AI: TREATMENT OUTCOMES FOR FY 2022-23 AND 2023-24**

| Outcome Indicator | FY 2022-23 Intake Mean | FY 2022-23 Last Treatment Contact Mean | FY 2023-24 Intake Mean | FY 2023-24 Last Treatment Contact Mean |
|---|---|---|---|---|
| Depression (PHQ-9) score | 8 | 4 | 10 | 4 |
| Anxiety (GAD-2) score | 3 | 1 | 3 | 2 |
| Life satisfaction | 61 | 66 | 54 | 67 |
| Degree to which problem gambler's behaviors have interfered with normal activities | 45 | 39 | 59 | 37 |
| Feel responsible for gambler's treatment and recovery | 39 | 33 | 52 | 30 |
| Percentage of time spent dealing with the consequences of problem gambling | 47 | 40 | 56 | 38 |

**Note:** FY 2022-23 Intake N=214, LTC N=175; FY 2023-24 Intake N=204, LTC N=196.

## Health Information on Affected Individuals

Co-occurring health diagnoses reported by AIs differed from gamblers; a smaller percentage (18%) of AIs reported that their health was fair or poor. Twenty-six percent of Outpatient AIs had a body mass index indicating obesity. The percentage of Outpatient AIs reporting smoking was 6% in FY 2023-24, lower than the percentage of smokers among Californians (10%).[19] Also, 70% reported that they had health insurance.

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[19] SAMHSA, Center for Behavioral Health Statistics and Quality, *2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)* (Table 20) [accessed April 15,

Also of note was the percentage of Outpatient AIs who reported current drinking (40%) relative to Outpatient gamblers (54%). Cannabis use in the past 30 days was reported by 12% of Outpatient AIs, while few reported opioid use or cocaine use, and 0% reported methamphetamine use in the past 30 days.

In regard to co-occurring psychiatric disorders reported at Intake, using the PHQ-9 criteria, 30% of AI clients reported moderate to severe depression, and 46% are above the threshold for generalized anxiety disorder.

2025]. URL https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf.

# 5. FOLLOW-UP OF TREATMENT PARTICIPANTS

UGSP staff members collect follow-up data from clients served within Outpatient, IOP, RTP, and PGTI modalities using Qualtrics. Follow-up surveys with treatment participants take place at 30 days, 90 days, and one year after treatment entry via telephone and email surveys. For those clients who agree to participate in follow-up interviews, client information is exported to Qualtrics on a biweekly basis and added to contact lists. Beginning in July of 2023, UGSP introduced email surveys and transitioned the follow-up process from the DMS to Qualtrics. For FY 2023-24, five attempts were made to reach each client by email. Five phone call attempts were made for those clients without an email address in their file.

During FY 2023-24, 1,089 clients completed the CalGETS intake form. Of these clients, 765 consented to participate in follow-up for an opt-in rate of 70%. Compared to the previous fiscal year (FY 2022-23), the number of completed surveys increased during FY 2023-24, primarily because of the transition to an email-based follow-up approach (**Table 18**).

### TABLE 18. COMPLETED SURVEYS BY FISCAL YEAR

| Outcome | FY 2022-23 | FY 2023-24 |
|---|---|---|
| Number of completed surveys | 137 | 240 |

**Table 19**, below, is a breakdown of all follow-up attempts and completed interviews for the gamblers and AIs who agreed to follow-up during FY 2023-24. UGSP made more than 3,000 attempts to reach clients for follow-up interviews; completing 240 interviews. It should be noted that cases are closed after 5 attempts at a particular follow-up point but attempts to reach an individual begin anew at the next time point.

### TABLE 19. FOLLOW-UP: ATTEMPTS, COMPLETED INTERVIEWS, AND CLOSED CASES

| Status | 30-day G | 30-day AI | 30-day Total | 90-day G | 90-day AI | 90-day Total | 1-Yr G | 1-Yr AI | 1-Yr Total | Total G | Total AI | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Attempts | 833 | 395 | 1228 | 551 | 218 | 769 | 655 | 610 | 1265 | 2039 | 1223 | 3262 |
| Completed | 64 | 18 | 82 | 64 | 13 | 77 | 74 | 7 | 81 | 202 | 38 | 240 |
| Closed | 112 | 20 | 132 | 88 | 21 | 109 | 69 | 17 | 86 | 269 | 58 | 327 |

**Note:** G = Gamblers, AI = Affected individuals

To further increase the number of participants reached during follow-up, UGSP and OPG plan to add phone text message survey links for implementation in FY 2024-25. The follow-up surveys were programmed into the Qualtrics survey platform to be sent by email and text message to

those opting in. Phone calls will continue as an additional means of reaching participants. Next year's report will include the results of these efforts.

# 6. CLINICAL INTEGRATIONS

UGSP oversees clinical integration projects that create and test new resources and clinical tools to identify best practices for the treatment of gambling disorders. During FY 2023-24, UGSP and OPG worked with two community agencies to address disparities in problem gambling education and treatment.

## Facilitating Latino/a Community Utilization of CalGETS Services *Visión y Compromiso*

This project, which operates in Los Angeles, San Diego, and Tulare Counties, is designed to increase CalGETS utilization among Latino communities. There are three elements to this project: training, community outreach, and evaluation. To inform the training, focus groups were conducted with *Visión y Compromiso* (VyC) *promotoras* (lay health workers) and jointly analyzed by UGSP and VyC. UGSP developed an extensive gambling-specific training informed by the focus group results and provided a focus group report to OPG. VyC delivered the training to *promotoras* in Los Angeles, San Diego, and Kern Counties. Tulare *promotoras* attended the Kern County Training. In FY 2023-24, VyC implemented the outreach protocol for the three target counties. UGSP is assessing the community outreach activities using qualitative and quantitative methods that include outcomes from three data sets: (1) a data set tracking *promotoras* activities in the two counties; (2) helpline call data from TELUS; and, (3) CalGETS utilization data from the Data Management System. UGSP provided an interim report to OPG on program activities conducted from the beginning of fiscal year 2023-24 to the midpoint of the fiscal year in February of 2025.

## Gambling Disorder Screening at the Riverside San Bernardino Indian Health Clinic
*A California Gambling Education and Treatment Services (CalGETS) Pilot Project*

This clinical integration project involves providing education, screening, and treatment referrals for those with gambling problems in the tribal community. This project is being implemented by Riverside San Bernardino Indian Health Clinics (RSBIHC) with support from UGSP and OPG. Training sessions were provided to RSBIHC peer specialists on techniques to implement screening for problem gambling and on CalGETS intake. Training was also provided trainings to RSBIHC physicians and therapists on how to identify problem gambling and assist patients to obtain CalGETS treatment services.

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# APPENDIX: DETAILED RACE/ETHNICITY AND GENDER CATEGORIES

**TABLE 20. GAMBLERS: NUMBER OF INDIVIDUALS REPORTING RACE/ETHNICITY BY LEVEL OF TREATMENT SERVICE**

| Race/Ethnicity (for those reporting a single category only) | Outpatient N = 566 | IOP N = 72 | RTP N = 22 | PGTI N = 202 |
|---|---|---|---|---|
| White, Non-Hispanic | 222 | 53 | 18 | 91 |
| Black or African American | 40 | <11 | <11 | 14 |
| Hispanic/Latino categories | | | | |
| Mexican, Mexican American, Chicano | 117 | <11 | 0 | 26 |
| Puerto Rican | <11 | 0 | 0 | 0 |
| Cuban | <11 | 0 | 0 | 0 |
| Other Hispanic | 31 | <11 | 0 | <11 |
| Asian/Pacific Islander categories | | | | |
| East Asian | 50 | <11 | 0 | 12 |
| South Asian | <11 | <11 | <11 | <11 |
| Southeast Asian | 51 | <11 | <11 | 25 |
| Pacific Islanders | <11 | 0 | 0 | <11 |
| American Indian/Alaska Native | <11 | 0 | 0 | <11 |
| Other race/ethnicity | 29 | <11 | 0 | <11 |
| Multiracial or Multi-ethnic[20] | 49 | <11 | <11 | 13 |

**Note:** In accordance with Assembly Bill 1726, data on specific Asian and Pacific Islander groups was collected; however, aggregate data categories are presented in instances that could permit identification of individuals. Race/ethnicity numbers for those reporting in a category in which there are 10 or less individuals are indicated by <11. Outpatient race/ethnicity had 16 cases with missing data.

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[20] "Multiracial or Multi-ethnic" category specifies the number of respondents who identify with multiple ethnic or racial designations.

**TABLE 21. GAMBLERS: GENDER DETAILS BY LEVEL OF TREATMENT SERVICE, ACTUAL NUMBERS**

| Gender – assigned at birth | Outpatient N = 582 | IOP/Residential N = 94 | PGTI N = 202 |
|---|---|---|---|
| Male | 404 | 75 | 134 |
| Female | 178 | 19 | 88 |
| Unknown | 0 | 0 | 0 |
| Gender – current self-described gender | Outpatient N = 582 | IOP/Residential N = 94 | PGTI N = 202 |
| Male | 401 | 75 | 131 |
| Female | 179 | 19 | 71 |
| Transgender woman | 0 | 0 | 0 |
| Transgender man | 0 | 0 | 0 |
| Other gender category | 0 | 0 | <11 |
| Choose not to disclose | <11 | 0 | 0 |

**TABLE 22. GAMBLERS: SEXUAL ORIENTATION DETAILS BY LEVEL OF TREATMENT SERVICE, ACTUAL NUMBERS**

| Sexual Orientation | Outpatient N = 582 | IOP/Residential N = 94 | PGTI N = 202 |
|---|---|---|---|
| Lesbian, gay, or homosexual | 34 | <11 | <11 |
| Straight or heterosexual | 531 | 88 | 194 |
| Bisexual | <11 | <11 | <11 |
| Don't know | <11 | 0 | <11 |
| Choose not to disclose | <11 | <11 | 0 |
| Something else | <11 | <11 | <11 |

Note: Gender and sexual orientation numbers for those reporting in a category in which there are 10 or less individuals are indicated by <11. IOP and RTP numbers are combined to prevent identification of individuals.

## TABLE 23. AI: NUMBER OF INDIVIDUALS REPORTING RACE/ETHNICITY BY LEVEL OF TREATMENT SERVICE

| Race/Ethnicity | Outpatient/PGTI N 211 |
|---|---|
| White, non-Hispanic | 93 |
| Black or African American | 14 |
| American Indian/Alaskan Native | <11 |
| Hispanic/Latino categories | |
|     Mexican, Mexican American, Chicano | 64 |
|     Puerto Rican | <11 |
|     Cuban | <11 |
|     Other Hispanic | <11 |
| Asian categories | |
|     East Asian | <11 |
|     South Asian | <11 |
|     Southeast Asian | <11 |
|     Pacific Islanders | 0 |
| Multiracial or Multi-ethnic[21] | <11 |
| Other race/ethnicity | <11 |

**Note:** In accordance with Assembly Bill 1726, data on specific Asian and Pacific Islander groups was collected; however, aggregate data categories are presented in instances that could permit identification of individuals. Race/ethnicity numbers for those reporting in a category in which there are 10 or less individuals are indicated by <11. Outpatient and PGTI numbers are combined for AIs to prevent identification of individuals.

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[21] "Multiracial or Multi-ethnic" category specifies the number of respondents who identify with multiple ethnic or racial designations.

## TABLE 24. AI: GENDER DETAILS BY LEVEL OF TREATMENT SERVICE

| Gender – assigned at birth | Outpatient/PGTI N = 211 |
|---|---|
| Male | 59 |
| Female | 152 |
| Unknown | 0 |
| **Gender – current self-described gender** | **Outpatient/PGTI N = 211** |
| Male | 56 |
| Female | 151 |
| Transgender woman | <11 |
| Transgender man | <11 |
| Choose not to disclose | <11 |

## TABLE 25. AI: SEXUAL ORIENTATION DETAILS BY LEVEL OF TREATMENT SERVICE

| Sexual Orientation | Outpatient/PGTI N = 211 |
|---|---|
| Lesbian, gay, or homosexual | 15 |
| Straight or heterosexual | 181 |
| Bisexual | <11 |
| Don't know | 0 |
| Choose not to disclose | <11 |
| Something else | <11 |

**Note:** Gender and sexual orientation numbers for those reporting in a category in which there are 10 or less individuals are indicated by <11. Outpatient and PGTI numbers are combined for AIs to prevent identification of individuals.

# LIST OF TABLES

## LIST OF FIGURES