



CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

Fiscal Year 2024-25 Treatment Report Fact Sheet

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OVERVIEW

California Gambling Education and Treatment Services (CalGETS) is a 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, 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 **21,500** 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 serve the diverse needs of problem gamblers and affected individuals, including:

- **Problem Gambling Telephone Interventions** are provided in English, Spanish, and in other Asian threshold languages in California. Telephone intervention allows access to treatment services for clients who may be disabled or lack internet access.
- **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** treatment 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** is available for clients needing a 24-hour residential treatment setting.

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 2024-25, UGSP and OPG worked with community agencies, *Visión y Compromiso* (VyC), Riverside San Bernardino Indian Health Centers (RSBIHC), and Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) to address disparities among those reached for CalGETS education and treatment.

UGSP partnered with 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. UGSP partnered with RSBIHC to conduct a pilot project to provide education, screening, and treatment referrals for those with gambling problems in the tribal community. UGSP initiated a pilot project with SAPC to provide gambling screening and treatment for patients in substance use disorder treatment programs. This involves training providers, screening clients, and monitoring outcomes.

UCLA
GAMBLING STUDIES PROGRAM

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CalGETS PROVIDERS: A DIVERSE AND SKILLED WORKFORCE

- CalGETS trains, authorizes, and provides clinical guidance to **143 licensed mental health providers** and six 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 (2024-25)

Gamblers:

- **A total of 799 gamblers** received treatment across the CalGETS treatment network. More than three quarters (78%) received outpatient services, 10% were served in PGTI, 10% were served in IOP, and 2% were served in RTP. Of gamblers enrolled in outpatient services, 96 were served in group treatment.
- The intensity of gambling urges reported by clients decreased from Intake to Last Treatment Contact.
- During treatment, the degree to which clients perceived that gambling interfered with their normal activities decreased from Intake to Last Treatment Contact.
- Life satisfaction increased by the end of 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.

Affected Individuals:

- **A total of 176 affected individuals** received CalGETS outpatient or telephone treatment.
- Affected individuals are spouses/significant others (36%), parents/step-parents (23%), adult children (26%), or a close relative or another relation to a gambler (15%); 73% are female.
- By the end of treatment, affected individuals reported improvements in life satisfaction, decreased depression, decreased negative impact of someone else’s gambling, decreased sense of responsibility for the gambler’s recovery, and decreased time spent on the consequences of problem gambling.

SIGNIFICANT PROGRAM ACCOMPLISHMENTS

- **Client Follow-up Contact Calls** – 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 **305** treatment follow-up surveys, over 60 more than in FY 2023-24.



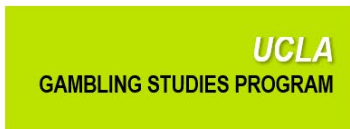
CalGETS CLIENT CHARACTERISTICS AT INTAKE: FOCUS ON HEALTH AND WELLNESS

- 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
General Health	According to the California Health Interview Survey (CHIS), 17% of adults in California reported their health as “fair or poor” in 2024. In comparison, 36% of outpatient gamblers reported “fair or poor” health.
Medical Problems	The most common co-occurring health conditions of CalGETS clients are hypertension, obesity, and diabetes.
Smoking	Among CalGETS outpatient clients, 14% currently smoke. This percentage is nearly three times the state average of 5.4% (CHIS).
Alcohol Use	At Intake, 47% of CalGETS outpatient clients reported they drank alcoholic beverages. 20% 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 16% of adult Californians reporting binge drinking in the past month (CHIS).
Cannabis	According to CHIS, 15% of the adult population of California reported using cannabis within the past month. Among CalGETS outpatient clients, 16% used cannabis.
Obesity	27% of CalGETS outpatient clients meet Body Mass Index obesity criteria.
Health Insurance	About 87% of CalGETS outpatient clients reported having health insurance. CalGETS provides no-cost gambling treatment, but does not provide insurance assistance.
Access to Healthcare	Approximately 80% of CalGETS outpatient clients reported they currently have a physician they can access for primary care needs.
Depression	39% 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 (National Survey on Drug Use and Health) and 14% reporting serious psychological distress in the past year (CHIS).
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 9% of outpatient clients may have ADHD.

Wellness Items	Affected Individuals: Characteristics at CalGETS Intake
Health	45% of affected individuals reported that their health was fair or poor, and 24% had a body mass index indicating obesity. The percentage of affected individuals reporting smoking was 4% in FY 2024-25. Also, 79% reported that they had health insurance.

- The full CalGETS Annual Treatment Services Report (2024-25) and additional research and treatment reports are available at: <https://uclagamblingprogram.org/reports/>
- More information on CalGETS is available at: <https://www.cdph.ca.gov/Programs/OPG/>



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