



## CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

Fiscal Year 2017-18 Treatment Report Fact Sheet

### OVERVIEW

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

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

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

**Clinical Innovations:** Housed within UGSP, these projects create and test new resources and clinical tools to identify best practices for the treatment of gambling disorders.

Since the beginning of CalGETS in 2009, over **13,900** individuals have received no-cost treatment to address the harmful impact of problem gambling.

### CalGETS PROVIDERS: A DIVERSE AND SKILLED WORKFORCE

- CalGETS trains, authorizes, provides clinical guidance, and oversees **260** licensed mental health providers (who have an average of 6.8 years of experience treating gambling), as well as 6 treatment programs, all engaged in delivering evidenced-based treatment to problem gamblers and affected individuals.
- Treatment services are available in 30 languages/dialects.

### CALGETS TREATMENT OUTCOMES (FY 2017-2018)

#### Gamblers:

- **1,181 gamblers** received treatment across the treatment network. Three quarters (72%) received outpatient services, 16% were served in PGTI (15% in English/Spanish and 1% in Asian languages), 4% were served in IOP, and 5% were served in RTP. Of gamblers enrolled in outpatient services, 3% were served in group treatment.
- The intensity of gambling urges reported by CalGETS clients from intake to last treatment contact decreased by an average of 15 to 27 points (depending on type of treatment) on a self-reported 100-point scale.
- Life satisfaction as measured by a self-reported 100-point scale increased from intake to last treatment contact by an average of 12 to 27 points (depending on type of treatment).
- The degree to which clients perceived that gambling interfered with normal activities decreased by an average of 16 to 44 points (on a 100-point scale, depending on type of treatment) between intake and last treatment contact.
- Clients' depression substantially improved by the end of CalGETS treatment.

#### Affected Individuals:

- **364 affected individuals** received treatment across the treatment network.
- Affected individuals are: spouses/significant others (51%), children (20%), or parents (10%) of gamblers; 79% of these affected individuals are female.
- By the end of treatment, affected individuals reported improvements in life satisfaction, decreased depression, decreased negative impact of someone else's gambling, and decreased sense of responsibility for someone else's recovery.



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

#### GAMBLERS

<b>Medical problems</b>	The most common co-occurring health conditions of CalGETS clients are hypertension, diabetes, and obesity.
<b>Smoking</b>	Among CalGETS outpatient clients, 24% currently smoke. This percentage is down from last year, but is more than twice the state average. In the residential treatment setting, the prevalence rate of smoking is 42%.
<b>Alcohol Use</b>	30% of CalGETS clients report a binge drinking episode (more than five drinks in a single occasion) in the past year, similar to 31% of adult Californians reporting the same (CDC).
<b>Marijuana</b>	According to the National Survey on Drug Use and Health (NSDUH), 15% of California adults reported marijuana use within the last 12 months. Across the treatment network, 13-48% of CalGETS clients report past-year marijuana use.
<b>State of Health</b>	According to the Centers for Disease Control (CDC), 18% of adults in California reported their health as “fair or poor” in 2017. In comparison, about 34% of gamblers across the treatment network reported their health as “fair or poor.”
<b>Health Insurance</b>	About 80% of all CalGETS clients reported having health insurance, but less is known about their costs to maintain insurance, including premiums and deductibles.
<b>Access to Healthcare</b>	At least 70% of CalGETS clients reported they currently have a primary care physician (except Residential Treatment clients at 63%).
<b>Depression</b>	26% of CalGETS clients scored in the moderately severe to severe depression range as measured by the Patient Health Questionnaire (PHQ-9), compared to 17% of adult Californians reporting any depression diagnosis (CDC).

#### AFFECTED INDIVIDUALS

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

#### SIGNIFICANT PROGRAM ACCOMPLISHMENTS

- **Client Follow-up Contact Calls** – 512 telephone interviews were successfully completed for program assessment and evaluation. Results show that gamblers’ and affected individuals’ improved quality of life was sustained over time and participants are generally satisfied with treatment providers.
- **Self-exclusion for Problem Gamblers** – UGSP initiated a pilot study of the effectiveness of self-exclusion for problem gamblers. Self-exclusion is a voluntary program that bans the gambler from gambling establishments, allowing people who have developed a gambling problem to create external controls to help them be more responsible in their gambling practices.

Research and treatment reports are available at: [www.problemgambling.ca.gov](http://www.problemgambling.ca.gov)



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

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