



CALIFORNIA GAMBLING EDUCATION AND TREATMENT SERVICES

Fiscal Year 2021-22 Treatment Report Fact Sheet

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Overview

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

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

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

Clinical Integrations. Housed within UGSP, these projects create and test new resources and clinical tools to identify best practices for the treatment of gambling disorders. During FY 2021-22, UGSP and OPG worked with two community agencies, *Visión y Compromiso* and the Riverside San Bernardino Indian Health Centers to address disparities among those reached for CalGETS education and treatment.

Since the beginning of CalGETS in 2009, nearly **18,000** individuals in California have received confidential and no-cost treatment to address the harmful impact of problem gambling (regardless of immigration status).

CalGETS Providers: A Diverse and Skilled Workforce

- CalGETS trains, authorizes, provides clinical guidance, and oversees **182** licensed mental health providers (who have an average of **8** years of experience treating gambling), as well as **5** treatment programs, all engaged in delivering evidence-based treatment to problem gamblers and affected individuals.



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- Treatment services are available in English, Spanish, Mandarin, Cantonese, Vietnamese and 26 other languages/dialects.

COVID-19 Impact on CalGETS Service Delivery

- COVID 19 directives prevented new clients from being admitted to RTP for part of FY 2021-22, and OPG approved additional blocks of treatment (with clinical justification) for those currently in treatment.
- To address COVID-related barriers to treatment, CalGETS/OPG approved secure web-cam telehealth services for providers of all treatment types. Access to in-person services has since been restored, but telehealth remains as an option.

CalGETS Treatment Outcomes (2021-22)

Gamblers:

- **795 gamblers** received treatment across the CalGETS treatment network. Nearly two-thirds (61%) received outpatient services, 29% were served in PGTI, 9% were served in IOP, and 2% were served in RTP. Of gamblers enrolled in outpatient services, 4% were served in group treatment.
- The degree to which clients perceived that gambling interfered with normal activities decreased by an average of 8 to 32 points (on a 100-point scale, depending on type of treatment) between intake and last treatment contact.
- The intensity of gambling urges reported by CalGETS clients from intake to last treatment contact decreased by an average of 9 to 25 points (depending on type of treatment) on a 100-point scale.
- Life satisfaction as measured by a self-reported 100-point scale increased from intake to last treatment contact by an average of 6 to 13 points (depending on type of treatment), except RTP.
- Clients' depression measured by the Patient Health Questionnaire (PHQ-9) improved by the end of CalGETS treatment to the mild or subclinical levels (depending on type of treatment).

Affected Individuals:

- **233 affected individuals** received treatment across the CalGETS treatment network.
- Affected individuals are: spouses/significant others (52%), children (14%), parents (14%), siblings (9%), or other relation (11%) of gamblers; 79% of AIs are female.
- By the end of treatment, affected individuals reported improvements in life satisfaction, decreased depression, decreased negative impact of someone else's gambling, and decreased sense of responsibility for the gambler's treatment and recovery.

Significant Program Accomplishments:

- **Client Follow-up Contact Calls** – 261 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.



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CalGETS Client Characteristics at Intake: Focus on Health and Wellness

Wellness Components	Gamblers: Characteristics at CalGETS Intake
Medical Problems	The most common co-occurring health conditions of CalGETS clients are hypertension, obesity, and diabetes.
Smoking	Among CalGETS outpatient clients, 20% currently smoke. This percentage is nearly twice the state average of 12%.
Alcohol Use	Binge drinking in the past month was reported by 25% of CalGETS clients. (Binge drinking is defined as greater than five drinks in a single occasion for men, and for women, greater than four drinks.) In comparison, 24% of adult Californians reporting binge drinking in the past month (National Survey on Drug Use and Health, NSDUH).
Cannabis	According to the National Survey on Drug Use and Health (NSDUH), 15% of the adult population of California reported using cannabis within the past month. Among CalGETS outpatient clients, 18% used cannabis.
State of Health	According to the Centers for Disease Control (CDC), 16% of adults in California reported their health as “fair or poor” in 2021. In comparison, about 31% of gamblers across the treatment network reported their health as “fair or poor.”
Health Insurance	About 87% of all CalGETS clients reported having health insurance, but less is known about their costs to maintain insurance, including premiums and deductibles.
Access to Healthcare	At least 79% of CalGETS clients reported they currently have a physician they can access for primary care needs.
Depression	Of CalGETS outpatient clients, 42% scored in the moderate to severe depression range measured by the PHQ-9 compared to 7% of adult Californians reporting (NSDUH) a past year major depressive episode.
Anxiety	Based on their scores on the GAD-2 anxiety screening instrument, 41% of outpatient clients appear to have Generalized Anxiety Disorder.
ADHD	Based on the ASRS screening instrument for attention-deficit hyperactivity disorders (ADHD), it appears that 3% of outpatient clients may have ADHD.

Wellness Items	Affected Individuals (AIs): Characteristics at CalGETS Intake
Health	Affected individuals were similar to gamblers in terms of medical problems, but were slightly less likely to be insured. However, AIs reported better health and drank alcohol less frequently than gamblers. Among Outpatient AIs, 4% currently smoke – a lower percentage than among adult Californians (12%).

- Research and treatment reports are available at: www.problemgambling.ca.gov

Support Contacts	OPG Contacts
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