California Department of Public Health
Office of Problem Gambling
Transition Legislative Report
2017

Acknowledgement

This report will be posted on the CDPH website and can be found at www.cdph.ca.gov under the publications and forms tab, OPG Transition Legislative Report 2017.

Copies of the report, or inquiries about the report should be directed to:
Terri Sue Canale-Dalman
Chief, Office of Problem Gambling
terri.canale@cdph.ca.gov
916-324-3020

Executive Summary

Effective with the passage of the 2013-2014 Budget Act and associated legislation, the Department of Alcohol and Drug Programs (DADP) was eliminated July 1, 2013, and the Office of Problem Gambling (OPG) transitioned to the California Department of Public Health (CDPH) Center for Chronic Disease Prevention and Health Promotion. CDPH executed the successful transition of OPG from DADP.

OPG continues to fulfill its mission under CDPH, administering prevention and treatment programs for gamblers and their families suffering negative consequences due to gambling addiction. In an effort to evaluate impacts of the transition from DADP to CDPH, including how and why services provided and overseen by OPG were improved, or otherwise changed as a result of this transition, OPG disseminates this annual report. The OPG Transition Legislative Report 2017 is the fourth report since the transition and takes into account all information and data for the 2015-16 fiscal year.

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Background

In 2003, the Office of Problem and Pathological Gambling (OPG) was established under Section 4369 of the Welfare and Institutions Code, in the Department of Alcohol and Drug Programs (DADP). OPG's mandate is to develop and provide quality statewide prevention and treatment programs for Californians suffering from 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, 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 just over one million individuals today). An additional 6-7% (2.2 to 2.7 million individuals) were estimated, in the report, to be classified as lifetime at-risk gamblers - those who scored low on the problem gambling screen, but may transition to problem or pathological gamblers at some point in their lives. Gambling problems exist on a continuum and vary in severity and duration. Pathological gambling lies at the most severe end of the continuum of gambling problems.

Effective with the passage of the 2013-2014 Budget Act and associated legislation, DADP was eliminated as of July 1, 2013. The Governor's Budget approved the transfer of OPG to the California Department of Public Health (CDPH). OPG is currently operating within CDPH's Center for Chronic Disease Prevention and Health Promotion. In order to execute this transfer, the California Health and Human Services Agency developed and implemented a transition plan, approved by the Legislature.

OPG is required to prepare five annual legislative reports through June 2018 to ensure that the impacts of the transition are identified and evaluated both initially and over time. OPG determined that the previously established OPG Advisory Group's quarterly meetings would serve as the ongoing venue for stakeholders to provide input into public policy issues related to gambling disorder. The Advisory Group is comprised of representatives from the Legislature, state gambling regulatory agencies, other state departments, the California Lottery, educators, non-profit organizations, the recovery community and the gambling industry. A listing of current members can be found on the OPG website and meetings are open to the public.

Prevention Program

The OPG's Prevention Program contains the following mandated elements: toll-free helpline, training and education, outreach and public awareness campaign and empirically-driven research.

- Toll-free helplines: While 1-800-GAMBLER intake calls related to problem gambling continued to decrease, by 372 calls from the previous year, the number of text intakes increased by 33 over the previous year. This trend indicates that text-messaging services are crucial to providing services using various technologies. Overall FY 2015-16 helpline calls were 29,548, with 3,483 being

problem gambling related calls; there were an additional 130 text intakes and 620 subscriptions to receive motivational text messages.
The Asian language helpline continued to see a drop in calls, showing another decrease of 13 percent from the previous year. While other states are also reporting declines in helpline calls, OPG continues to evaluate the reason for the decrease.

- Training and Education: There were no significant changes to training and education. OPG and its contractors continue to meet the mandate to provide training and education to non-profit organizations, health care professionals, educators, gambling industry employees and law enforcement agencies.

- OPG's Annual Training Summit in FY 2015-16 offered treatment providers training and continuing education units towards their annual authorization requirements. This training took the form of breakout sessions and keynote addresses on gambling disorder treatment-related issues. 173 participants attended the Summit in March 2016.

- Outreach and public awareness: OPG's multi-media outreach and public awareness campaign was allocated the same funding as the previous year. OPG continued to utilize the *Don't Ignore the Signs* media campaign created the previous year, depicting the signs of problem gambling behavior.

- Research: OPG, in collaboration with the UCLA Gambling Studies Program, completed a study to increase understanding and knowledge of gambling disorder among healthcare paraprofessionals. Goals of the study were to provide screening tools for gambling disorder and increase referrals to CalGETS. In summary, visibility of CalGETS was raised among sober companions and suicide helpline providers.

Treatment Program

OPG and the UCLA Gambling Studies Program engaged a third-party, Evalcorp, to conduct an evaluation of CalGETS. The evaluation showed that the design and implementation of CalGETS successfully achieved its goals, efficiently delivered funding allocation methodology and appropriate review, oversight, and monitoring to capture outcomes, establish treatment services and report on effectiveness of services. CalGETS effectively established and provided treatment services to improve the outcomes for individuals with gambling disorders and for affected individuals across California. A copy of the evaluation report and executive summary can be found on the OPG website: http://problemgambling.ca.gov/ccpgwebsite/research.aspx.

2015-16 marks the 8th year of CalGETS implementation. By June 2016, CalGETS had served just over 9,800 clients, with 219 outpatient providers, two agencies providing telephone interventions, two intensive outpatient facilities and two residential treatment facilities.

Provider Training:
The CalGETS Training program involves Phase I, Phase II, and clinical guidance consultation.

- OPG hosted a single Phase I training event for 41 health providers in FY 2015-16. This training, which is required to obtain authorization as a CalGETS provider, was comprised of a 7.5-hour online component and 3 days of in-person training delivered by leaders in the gambling treatment field.

- OPG provided three Phase II advanced training events in FY 2015-16. Open to all authorized providers, the Phase II trainings delivered advanced, leading edge information on the treatment of gambling problems in a format that consisted of 6.25 hours on a single day. 61 providers participated in Phase II training.

- OPG certified clinical guidance professionals with extensive experience in the diagnosis and management of gambling problems offered telephone-based group consultations. A total of 69 hours of clinical guidance and support were conducted in FY 2015-16.

Compliance Monitoring:
OPG and UGSP staff conducted in-person reviews of treatment provider documentation to ensure compliance with CalGETS policies and procedures. UGSP conducted 10 compliance reviews and OPG conducted five, for a total of 15 in FY 2015-16. Since inception of the CalGETS program, all providers have had a compliance review within two-years of invoicing for services.

Access to Services/Provider Demographics:
With the exception of FY 2013-14, the number of CalGETS providers has remained stable at around 220 providers. The number of new CalGETS providers authorized after completing Phase I Training tends to be about the same number of CalGETS providers leaving the program each year. Ethnic/racial composition of the workforce has also been stable. Services are available in 23 languages/dialects allowing access for many non-English speaking, eligible California residents. With regards to licensure, there was a notable increase in the number of individuals with a Marriage and Family Therapist (MFT) license relative to previous years. The average clients seen per month stayed stable from FY 2014-15 to FY 2015-16 and years of experience treating gamblers increased by one. The numbers, diversity, and standards regarding qualifications of providers have been maintained during OPG's transition to CDPH.

Provider Demographic Information

	2012-13	2013-14	2014-15	2015-16
Total CalGETS Providers	229	195	221	219
Age (Mean)	55	57	56	57
Gender				
Male	57	47	52	57
Female	172	148	152	155
Race				
Caucasian	146	139	144	146
African American	10	12	11	13
Hispanic	14	11	13	16
Asian	23	23	26	27
Native Hawaiian	1	1	1	1
Multicultural	8	4	6	5

Provider Licensure Information

	2012-13	2013-14	2014-15	2015-16
Number of Years Licensed (Mean)	12	13	12.5	13.6
Type of License				
PsyD	10	9	10	13
PhD	15	17	15	17
MFT	135	139	135	151
MSW	4	2	4	0
LCSW	28	27	28	29

Provider Language Information

	2012-13	2013-14	2014-15	2015-16
Providing Treatment in a Language Other than English?				
No	163	153	162	168
Yes	40	42	41	44
Spanish	18	20	21	20
Asian Languages	13	18	18	18
Other	6	8	5	6

Client Load and Years Treating Gamblers

	2012-13	2013-14	2014-15	2015-16
Number of CalGETS clients seen per month (average)	4	4	2.9	2.5
Number of years providing treatment to gamblers	3.6	4	4.3	5.4

Client Level Data

CalGETS treatment services are offered in four modalities for gamblers and two modalities for affected individuals (those negatively impacted by another's gambling problem). These are described below.[i]

- Problem Gambling Telephone Interventions (PGTI) – Gamblers and affected individuals can receive up to three treatment blocks of eight sessions per block with a licensed clinician via telephone. PGTI services are offered in English, Spanish and various Asian languages. Telephone interventions allow access to services for clients who may be disabled, lack transportation, or live in rural areas of the state where outpatient services are not available.

- Outpatient – Gamblers and affected individuals may receive up to three treatment blocks of eight face-to-face sessions per block in English or one of the other 23 languages in which services may be offered. Treatment is based on the providers' own clinical experience and treatment philosophies in combination with the knowledge gained from CalGETS training. In FY 2015-16 group treatment sessions were added as an option for outpatient providers. Outpatient providers may now offer group treatment to aide in the client's recovery.

- Intensive Outpatient (IOP) – Gamblers may receive up to three, 30-day treatment blocks in IOP care. The two IOP treatment centers provide programming three hours per day, three times per week and include individual, group and family counseling.

- Residential Treatment Program (RTP) – Gamblers with the most severe and complicated gambling problems are eligible for RTP services. Gamblers may receive up to three, 30-day treatment blocks. The two, 24-hour residential facilities address the many co-occurring issues that individuals with gambling disorder experience in the course of the disease.

<u>Enrollment in Services:</u>
In calculating the enrollment numbers, only first admissions were considered. The total number of clients served in CalGETS in FY 2015-16 was 1,641. Gamblers made up approximately 73% of those served, with the remaining 27% being affected individuals. Fully 75% of gamblers were served in outpatient treatment and 94% of AIs were served in outpatient treatment.

Total Gamblers Served

	2012-13	2013-14	2014-15	2015-16
PGTI (English/Spanish)	176	154	130	167
PGTI (Asian Languages)	16	25	10	17
Outpatient	1072	995	966	907
IOP	30	8	59	47
RTP	44	42	74	67
Group Treatment	-	-	-	13
Total Cases	1338	1224	1239	1218

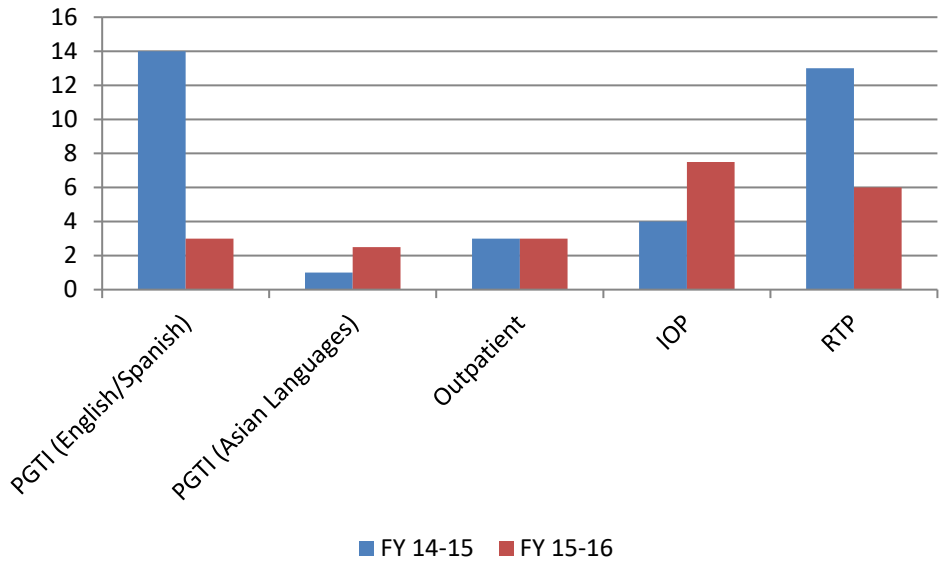
Total Affected Individuals Served

	2012-13	2013-14	2014-15	2015-16
PGTI (English/Spanish)	18	19	3	14
PGTI (Asian Languages)	0	11	8	11
Outpatient Treatment Network	412	424	415	411
Group Treatment	-	-	-	7
Total Affected Individual Cases	430	454	426	443

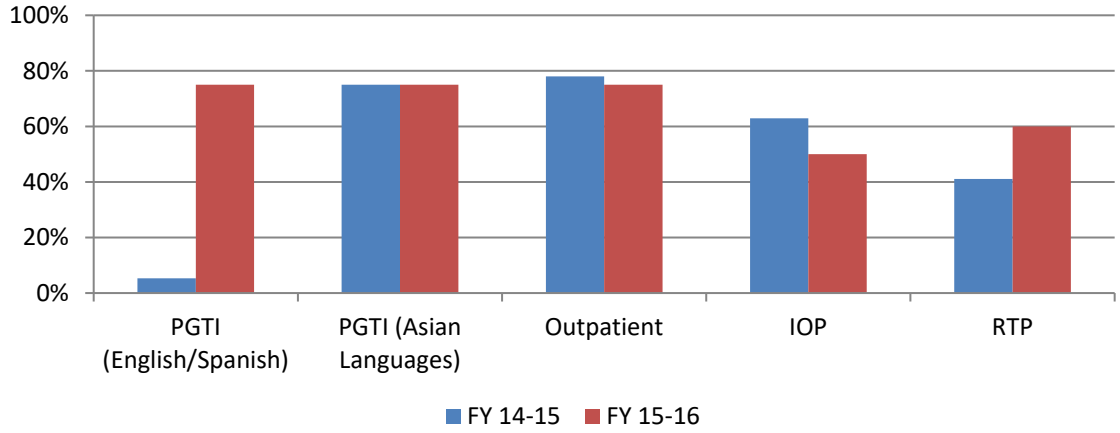
Access to Treatment Services:

In order to ensure access into treatment in a timely fashion, authorized providers track the time between first contact and intake into treatment. The data presented below is based on all clients in a given modality, regardless of gambler or AI status; however, IOP and RTP services are provided only to gamblers. In FY 2015-16, the median time from first contact to treatment intake for all modalities was below seven days. For PGTI (English/Spanish) and RTP, there were notable decreases in the median time from first contact to treatment intake from FY 2014-15 to FY 2015-16. IOP, however, showed an increase from FY 2014-15 to FY 2015-16 in time to intake after first contact.

Median Days from First Contact to Intake into Treatment



Percentage of Clients Treatment Intake within Seven Days of First Contact



<u>CalGETS Client Demographics (Gamblers):</u>

Age

- There were minor fluctuations from year to year for PGTI (English/Spanish) over the course of FY 2012-13 to FY 2015-16.
- For PGTI (Asian Languages), mean age peaked in FY 2013-15 at about 51 years, but was within a two-year range for the other years.
- Outpatient age has been relatively constant.
- IOP age has increased by about a decade since FY 2012-13.
- RTP ages have declined by about 6 years since FY 2012-13.

Gender

- There are some notable trends for gender. The percentage of males in PGTI (English/Spanish) has steadily increased.
- For PGTI (Asian Languages) the percentage of males had been decreasing from FY 2012-13 to FY 2014-15; however, it increased notably in FY 2015-16.
- The percentage of males in outpatient treatment has been increasing slowly.
- In IOP treatment, the percentage of males was highest in FY 2012-13, but has decreased since then.
- In the RTP, the percentage of males has increased notably since FY 2012-13.

Ethnicity

- The CalGETS gambler population is becoming more diverse, with more non-Caucasians coming into treatment.
- One client was missing ethnicity data; however, all other individuals receiving treatment in the PGTI (Asian Languages) reported Asian ethnicity.
- The "Other" category is inclusive of clients who self-identified as American Indian, Alaskan Native and smaller populations not otherwise graphed.

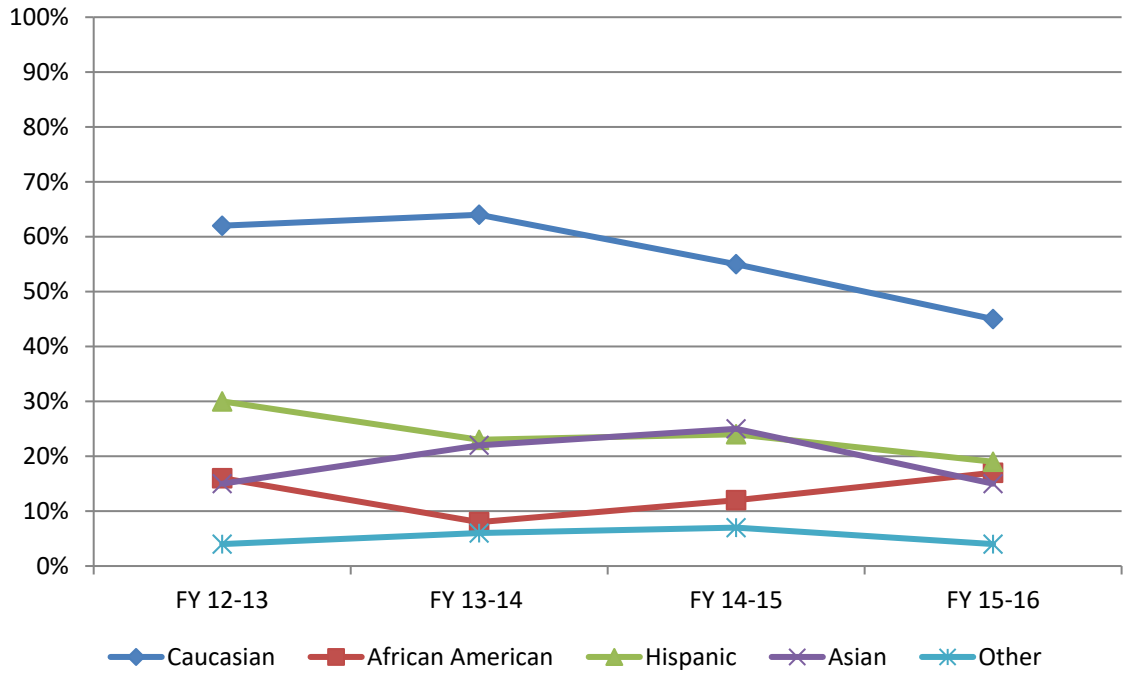
Age (Mean)

	2012-13	2013-14	2014-15	2015-16
PGTI (English /Spanish)	48.9	45.9	47.2	45.7
PGTI (Asian Languages)	47.0	51.5	45.8	46.4
Outpatient	47.0	46.6	47.0	47.0
IOP	40.0	50.8	49.7	50.6
RTP	48.0	41.6	45.0	42.3
Group Treatment	-	-	-	52.8

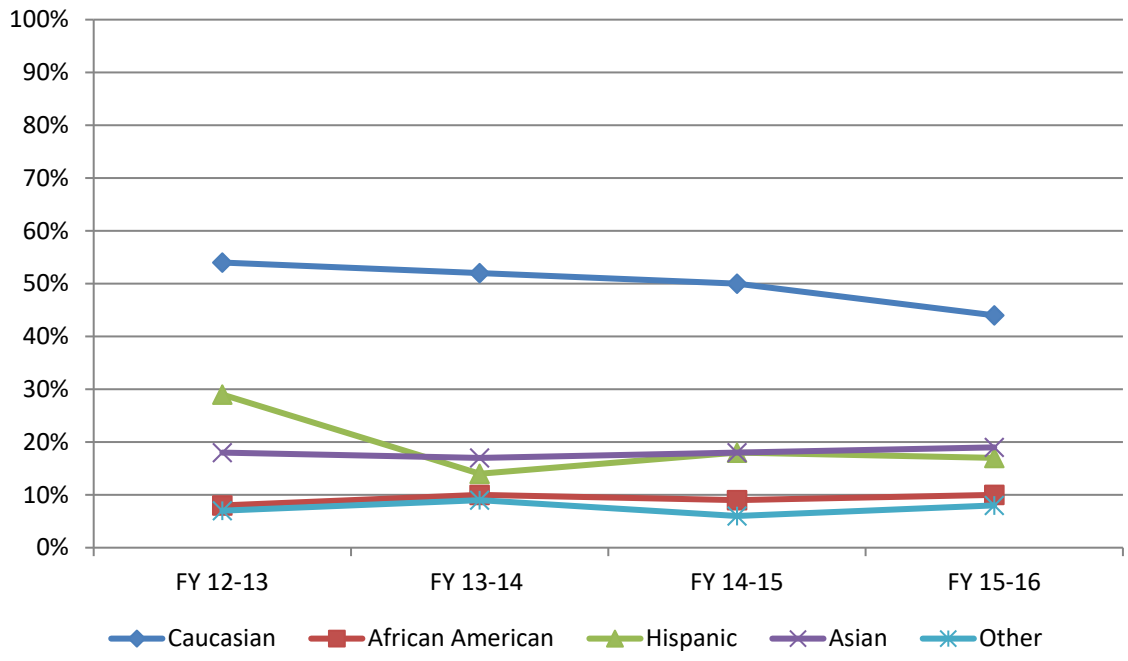
Gender

	2012-13		2013-14		2014-15		2015-16	
	M	F	M	F	M	F	M	F
PGTI (English /Spanish)	49%	51%	57%	44%	66%	34%	59%	41%
PGTI (Asian Languages)	63%	37%	60%	40%	50%	50%	71%	29%
Outpatient	59%	41%	61%	39%	62%	38%	66%	34%
IOP	70%	30%	63%	38%	67%	33%	64%	36%
RTP	66%	34%	81%	19%	85%	15%	88%	12%
Group Treatment	-	-	-	-	-	-	46%	54%

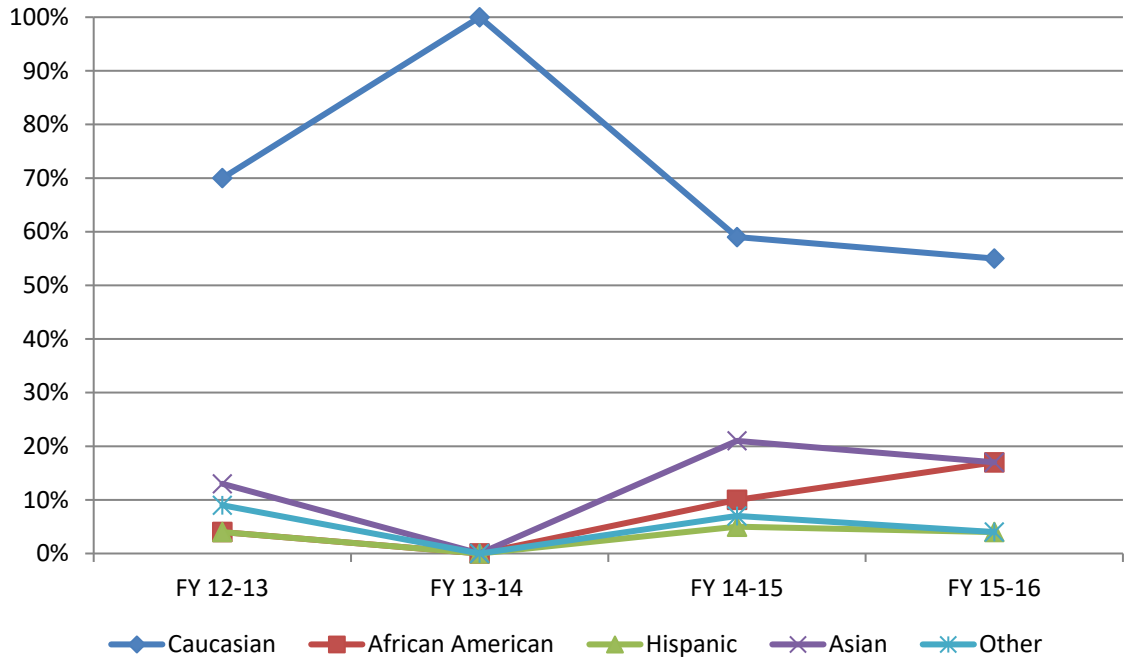
PGTI (English/Spanish) Ethnicity by Fiscal Year



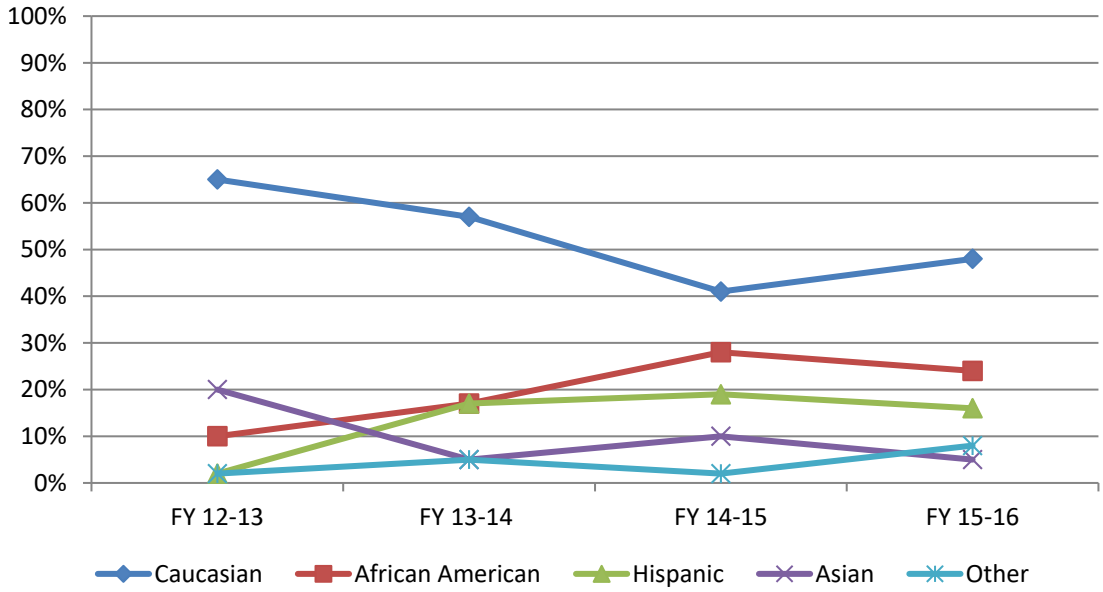
Outpatient Ethnicity by Fiscal Year



IOP Ethnicity by Fiscal Year



RTP Ethnicity by Fiscal Year



CalGETS Client Demographics (Affected Individuals)

Age

- The mean age for outpatient AIs has remained relatively constant since FY 2012-13.
- Fluctuations in age were seen for the two PGTI modalities; however, the low numbers of AIs served in these modalities makes them more sensitive to random variation among clients served.

Gender

- The majority of AIs served across all years have been female.

Ethnicity

- The pattern is one of increased diversity among clients served in PGTI (English/Spanish) and outpatient treatment.
- All AI clients served in the PGTI (Asian Languages) were Asian.

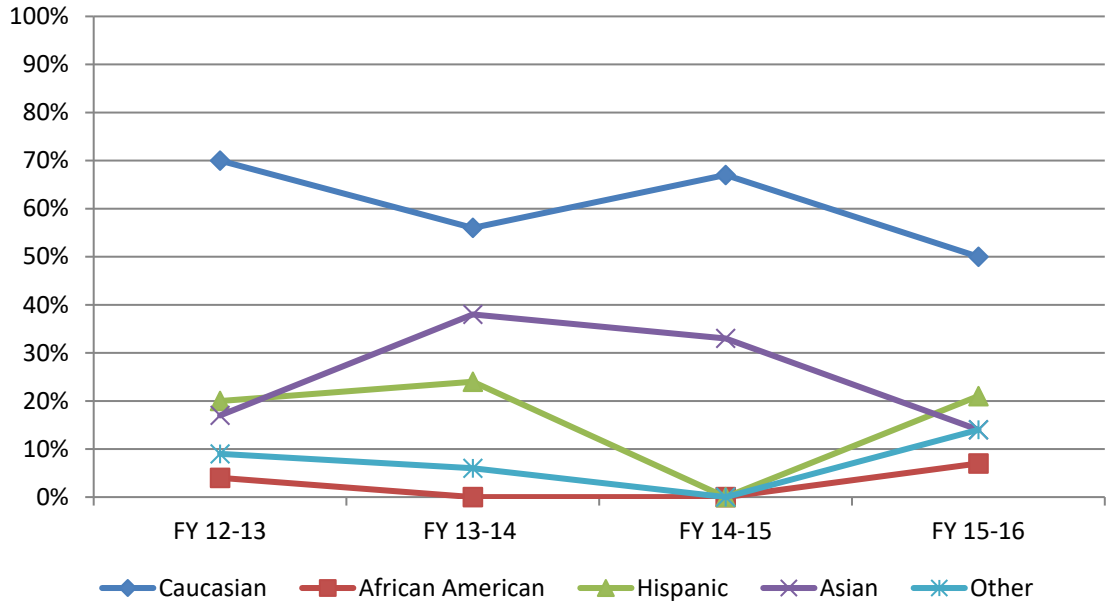
Age (Mean): AI

	2012-13	2013-14	2014-15	2015-16
PGTI (English/Spanish)	51.0	44.8	37.4	50.1
PGTI (Asian Languages)	53.0	54.1	45.8	45.8
Outpatient	45.0	46.5	47.0	46.5
Group Treatment	-	-	-	38.8

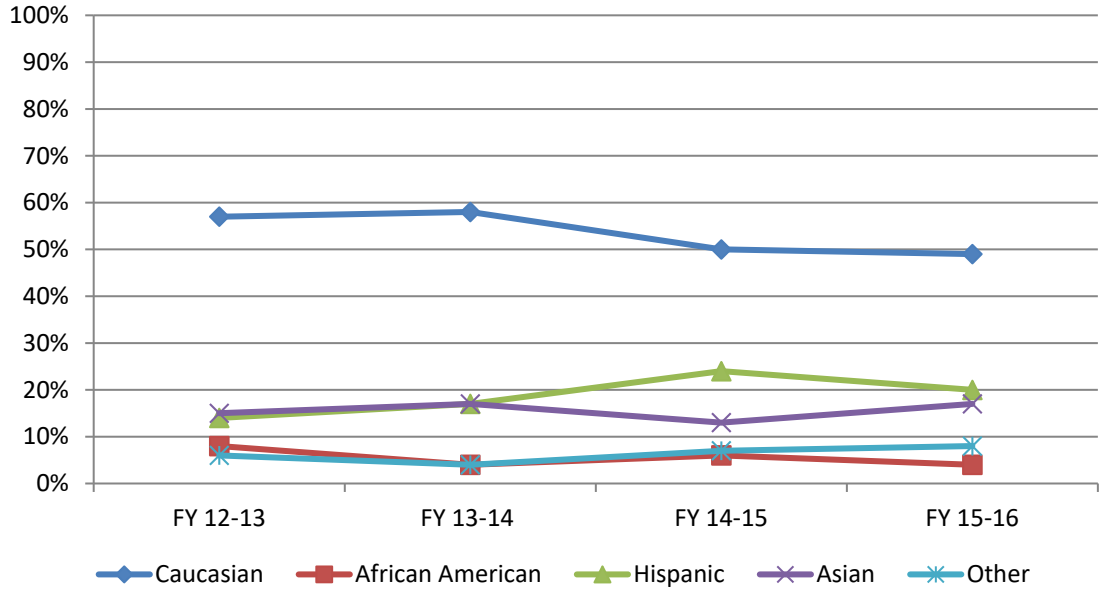
Gender: AI

	2012-13		2013-14		2014-15		2015-16	
	M	F	M	F	M	F	M	F
PGTI (English/Spanish)	28%	72%	11%	90%	33%	67%	14%	86%
PGTI (Asian Languages)	12%	88%	11%	89%	13%	88%	9%	91%
Outpatient	26%	74%	28%	72%	23%	77%	26%	74%
Group Treatment	-	-	-	-	-	-	0%	100%

PGTI (English/Spanish) AI Ethnicity by Fiscal Year



Outpatient AI Ethnicity by Fiscal Year



Regional Data

The regional data tables below are based on zip code information reported by clients at intake. Individuals missing these data were excluded from the tables, but the rate of missing data for these tables was under five percent for all modalities except AIs in PGTI (English/Spanish). This modality was missing two cases and due to the low N, the percentage missing was above five percent. Highlights from the regional data are presented below.

- For the most part, the regional distribution for all clients served in CalGETS remained stable since FY 2012-13.
- The bulk of CalGETS clients were from the Southern California region.
- The two regions with the lowest percentage of clients were the North/Mountain and Central/Southern Farm.
- The PGTI (English/Spanish) program serves a higher percentage of gamblers from the Central/Southern Farm and North/Mountain regions than other modalities, which supports the idea that telephone-based services may help those in rural underserved regions.
- The PGTI (Asian Languages) program for gamblers draws primarily from the Bay Area and Southern California regions.

Regional - All Clients in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 1,660	N = 1,651	N = 1,638	N = 1,617
North/Mountain	4%	3%	2%	3%
Bay Area	13%	15%	18%	16%
Central Valley	14%	13%	10%	11%
Southern California minus Los Angeles	41%	43%	43%	42%
Los Angeles	21%	21%	22%	23%
Central/Southern Farm	8%	6%	5%	5%

Regional - PGTI (English/Spanish) Gamblers in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 169	N = 153	N = 124	N = 159
North/Mountain	11%	10%	5%	7%
Bay Area	12%	17%	19%	16%
Central Valley	11%	16%	9%	11%
Southern California minus Los Angeles	29%	25%	28%	32%
Los Angeles	17%	18%	24%	17%
Central/Southern Farm	20%	17%	15%	18%

Regional – PGTI (English/Spanish) Affected Individuals in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 17	N = 18	N = 3	N = 12
North/Mountain	18%	6%	33%	0%
Bay Area	18%	17%	0%	17%
Central Valley	12%	6%	0%	25%
Southern California minus Los Angeles	24%	56%	33%	25%
Los Angeles	0%	6%	0%	17%
Central/Southern Farm	29%	11%	33%	17%

Regional – PGTI (Asian Languages) Gamblers in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 13	N = 24	N = 10	N = 16
North/Mountain	0%	0%	0%	0%
Bay Area	39%	33%	60%	44%
Central Valley	8%	4%	0%	6%
Southern California minus Los Angeles	8%	21%	0%	19%
Los Angeles	39%	42%	40%	31%
Central/Southern Farm	8%	0%	0%	0%

Regional – PGTI (Asian Languages) Affected Individuals in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 14	N = 10	N = 7	N = 11
North/Mountain	0%	0%	0%	0%
Bay Area	43%	70%	43%	73%
Central Valley	0%	10%	0%	0%
Southern California minus Los Angeles	14%	20%	43%	9%
Los Angeles	43%	0%	14%	18%
Central/Southern Farm	0%	0%	0%	0%

Regional - Outpatient Gamblers in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 993	N = 978	N = 955	N = 897
North/Mountain	3%	3%	2%	3%
Bay Area	12%	15%	19%	15%
Central Valley	15%	13%	11%	14%
Southern California minus Los Angeles	44%	43%	42%	42%
Los Angeles	19%	21%	20%	14%
Central/Southern Farm	7%	6%	5%	4%

Regional - Outpatient Affected Individuals in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 394	N = 420	N= 412	N = 404
North/Mountain	2%	1%	1%	1%
Bay Area	10%	8%	8%	13%
Central Valley	14%	14%	10%	8%
Southern California minus Los Angeles	43%	52%	53%	50%
Los Angeles	26%	22%	26%	26%
Central/Southern Farm	4%	3%	2%	3%

Regional - IOP Gamblers in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 30	N = 8	N = 55	N = 48
North/Mountain	0%	0%	0%	0%
Bay Area	10%	0%	0%	2%
Central Valley	0%	0%	0%	0%
Southern California minus Los Angeles	33%	13%	86%	63%
Los Angeles	53%	75%	15%	35%
Central/Southern Farm	3%	13%	0%	0%

Regional – RTP Gamblers in First Block of Treatment

	2012-13	2013-14	2014-15	2015-16
Region	N = 30	N = 40	N = 72	N = 72
North/Mountain	7%	0%	0%	3%
Bay Area	50%	53%	57%	56%
Central Valley	3%	3%	4%	0%
Southern California minus Los Angeles	27%	20%	8%	11%
Los Angeles	13%	20%	29%	31%
Central/Southern Farm	0%	5%	1%	0%

California Regions

- North/Mountain: Alpine Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne
- Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma
- Central Valley: Colusa, El Dorado, Placer, Sacramento, Sutter Yolo, Yuba
- Southern California minus Los Angeles: Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura
- Los Angeles: Los Angeles
- Central/Southern Farm: Fresno, Imperial, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, San Lois Obispo, Stanislaus, Tulare

<u>Current Health Diagnosis/Co-occurring Problems (Gamblers):</u>

A notable percentage of gamblers reported comorbid health problems and problematic health behaviors.

- The most commonly reported co-occurring health related conditions were hypertension, diabetes, and obesity.
- Smoking percentages were high across all modalities, with a notable elevation in RTP where over 60% of clients reported smoking in each year.
- Drinking percentages were relatively stable among those treated in outpatient treatment, but other modalities were less stable likely due to the smaller numbers in these modalities.

- Marijuana was the most frequently reported substance used in the past year across all years; however, a notable minority of clients used cocaine and narcotics/opiates.
- Substance use rates were highest in the most intensive form of services provided: RTP.
- Anxiety and mood disorders were the most commonly reported comorbid mental health conditions reported across all years.
- About 30% of gamblers across all years and modalities reported their health as fair or poor.

The comorbidity 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. Both RTPs are operated by agencies with experience treating substance addiction and the co-location of substance abuse services in the RTP settings is vital to meeting the needs of CalGETS clients in residential treatment. The high incidence of mental health need, in addition to the gambling-related problems experienced by CalGETS clients, validates the use of licensed mental health professionals as the primary source of our workforce. At least 78% of all clients reported having health insurance, therefore they may be covered for co-occurring conditions like those identified above.

Co-Occurring Health Diagnoses 2015-16

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	1%	6%	0%	0%	8%
PGTI (Asian Languages)	0%	0%	0%	0%	12%
Outpatient	1%	7%	1%	1%	15%
IOP	9%	13%	2%	0%	19%
RTP	0%	6%	2%	0%	6%
	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	2%	0%	16%	3%	2%
PGTI (Asian Languages)	0%	6%	0%	0%	0%
Outpatient	2%	4%	11%	2%	1%
IOP	2%	4%	11%	2%	0%
RTP	0%	0%	6%	0%	2%

Current Smoker 2015-16

	Yes	Total N	Mean Cigarettes per Day	Mean Number of minutes waited after waking before smoking
PGTI (English/Spanish)	23%	165	13	39
PGTI (Asian Languages)	18%	16	5	123
Outpatient	31%	888	13	94
IOP	36%	47	12	31
RTP	67%	67	13	42

Current Drinker 2015-16

	Yes	Total N	Mean Drinks per Week	Mean Number of Times 5 or More Drinks in one day in the past 12 Months
PGTI (English/Spanish)	44%	167	3.6	1.6
PGTI (Asian Languages)	18%	16	1	1
Outpatient	52%	898	6	12
IOP	26%	47	7	30
RTP	30%	67	11	13

Past Year Substance Use 2015-16

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	16%	2%	0%	1%	3%
PGTI (Asian Languages)	0%	0%	6%	0%	0%
Outpatient	20%	5%	0%	0%	2%
IOP	19%	4%	0%	0%	6%
RTP	45%	27%	2%	0%	13%

	PCP	Methamphetamine	Stimulants	Tranquilizers
PGTI (English/Spanish)	1%	1%	1%	1%
PGTI (Asian Languages)	0%	0%	0%	0%
Outpatient	0%	4%	1%	2%
IOP	0%	13%	0%	4%
RTP	2%	34%	8%	5%

Co-Occurring Psychiatric Disorders Treated for in the Past Year 2015-16

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorder	ADD/ ADHD
PGTI (English/Spanish)	29%	4%	17%	2%	0%	1%
PGTI (Asian Languages)	6%	0%	0%	0%	0%	0%
Outpatient	24%	2%	14%	3%	1%	3%
IOP	40%	17%	15%	9%	0%	0%
RTP	42%	9%	25%	43%	6%	9%

Intake Current Health Ratings 2015-16

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	8%	26%	35%	22%	7%
PGTI (Asian Languages)	6%	6%	59%	24%	0%
Outpatient	7%	18%	39%	26%	9%
IOP	6%	23%	34%	28%	9%
RTP	3%	15%	51%	24%	8%

Currently Has Health Insurance

	2012-13	2013-14	2014-15	2015-16
PGTI (English/Spanish)	67%	67%	73%	78%
PGTI (Asian Languages)	73%	58%	70%	82%
Outpatient	76%	72%	81%	81%
IOP	48%	75%	75%	81%
RTP	72%	76%	32%	87%

Currently Has a Physician

	2012-13	2013-14	2014-15	2015-16
PGTI (English/Spanish)	69%	71%	67%	74%
PGTI (Asian Languages)	80%	62%	67%	71%
Outpatient	72%	66%	75%	72%
IOP	44%	88%	77%	77%
RTP	71%	67%	30%	73%

Family Members with Substance Abuse Problems 2015-16

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	59%	3%	1%	22%	8%	4%	13%
PGTI (Asian Languages)	88%	0%	0%	6%	0%	0%	0%
Outpatient	47%	6%	6%	26%	16%	11%	22%
IOP	51%	11%	6%	34%	13%	15%	28%
RTP	43%	2%	3%	34%	24%	10%	25%

Family Members with Gambling Problems 2015-16

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English Spanish)	58%	1%	1%	22%	7%	4%	14%
PGTI (Asian Languages)	71%	0%	6%	12%	0%	0%	6%
Outpatient	54%	2%	3%	22%	12%	7%	15%
IOP	57%	2%	2%	28%	9%	4%	15%
RTP	55%	0%	0%	22%	19%	8%	15%

Current Health Diagnosis/Co-occurring Problems (Affected Individuals):

- Co-occurring health diagnoses were less common among affected individuals than gamblers; however, in the outpatient program, some affected individuals reported health-related issues.
- Health problems reported by five percent or more of outpatient affected individuals included: obesity, hypertension, and diabetes.
- The percentage of outpatient affected individuals reporting smoking continued a steady decline in the current fiscal year: from 16.5% in FY 2012-13, 13% in FY 2013-14, 11.3% in FY 2014-15, to 9.0% in FY 2015-16.
- Drinking also appeared to be declining among outpatient affected individuals, but in FY 2015-16 it stands at 43.1%, the same percentage as FY 2014-15.
- Of note was the low percentage of affected individual in the PGTI programs who reported smoking or drinking relative to outpatient affected individuals. These PGTI rates were lower than those seen in FY 2013-14, correspondingly the total number of affected individuals in treatment was also lower.
- With these small samples, the change in rate may not be reflective of a major difference.
- Similar to past years, in FY 2015-16 nearly 75% of outpatient affected individuals rated their health as good to excellent at intake.

- In regard to co-occurring psychiatric disorders, there has been an increase in both mood and anxiety disorders among affected individuals who received treatment in the outpatient program from FY 2013-14 to FY 2014-15, and again from FY 2014-15 to FY 2015-16.

Co-Occurring Health Diagnoses 2015-16

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	0%	0%	0%	0%	0%
PGTI (Asian Languages)	0%	0%	0%	0%	27%
Outpatient	1%	5%	1%	1%	12%
	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	7%	0%	0%	0%	0%
PGTI (Asian Languages)	9%	0%	18%	0%	0%
Outpatient	2%	3%	6%	2%	1%

Current Smoker 2015-16

	Yes	Total N	Mean Cigarettes per Day	Mean Number of minutes waited after waking before smoking
PGTI (English/Spanish)	0%	14	0	N/A
PGTI (Asian Languages)	9%	11	10	30
Outpatient	9%	406	10	60

Current Drinker 2015-16

	Yes	Total N	Mean Drinks per Week	Mean Number of times 5 or more drinks in one day in the past 12 Months
PGTI (English/Spanish)	29%	13	9	1
PGTI (Asian Languages)	9%	11	3	0
Outpatient	43%	406	4	2

Current Health Ratings 2015-16

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	7%	43%	29%	21%	0%
PGTI (Asian Languages)	0%	9%	73%	9%	9%
Outpatient	10%	26%	38%	18%	7%

Currently has Health Insurance

	2012-13	2013-14	2014-15	2015-16
	Yes	Yes	Yes	Yes
PGTI (English/Spanish)	71%	79%	67%	79%
PGTI (Asian Languages)	88%	64%	100%	100%
Outpatient	78%	75%	81%	83%

Currently has a Physician

	2012-13	2013-14	2014-15	2015-16
	Yes	Yes	Yes	Yes
PGTI (English/Spanish)	78%	82%	67%	79%
PGTI (Asian Languages)	88%	64%	100%	100%
Outpatient	75%	72%	75%	78%

Family Members with Substance Abuse Problems 2015-16

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	57%	7%	7%	21%	14%	14%	0%
PGTI (Asian Languages)	64%	9%	18%	0%	0%	0%	9%
Outpatient	40%	8%	16%	32%	15%	9%	24%

Family Members with Gambling Problems 2015-16

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	36%	29%	21%	21%	0%	7%	21%
PGTI (Asian Languages)	18%	18%	36%	27%	0%	0%	0%
Outpatient	18%	11%	37%	26%	11%	7%	15%

Past Year Substance Use 2015-16

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	0%	0%	0%	0%	0%
PGTI (Asian Languages)	0%	0%	0%	0%	0%
Outpatient	14%	2%	0%	1%	1%

	PCP	Methamphetamine	Stimulants	Tranquilizers
PGTI (English/Spanish)	0%	0%	7%	0%
PGTI (Asian Languages)	0%	0%	0%	0%
Outpatient	0%	1%	1%	0%

Co-Occurring Psychiatric Disorders Treated for in the Past Year 2015-16

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorder	ADD/ ADHD
PGTI (English/Spanish)	14%	0%	7%	0%	0%	0%
PGTI (Asian Languages)	27%	0%	18%	0%	0%	0%
Outpatient	20%	1%	14%	1%	0%	1%

Treatment Outcomes - Gamblers

Life satisfaction has increased from intake to end of treatment across all modalities except for those treated in group therapy during each of the fiscal years covered in this report. Increases have ranged from 9 to 20 points across modalities and years.

Modified NODS (problem gambling diagnostic screen developed by the National Organization for Research of the University of Chicago) –score changes have shown relatively little change from intake to end-of-treatment; however, the nature of this measure may make it less sensitive to change than some of the other outcomes. It was determined in FY 2015-16 to delete the modified NODS from the end-of-treatment form and concentrate on more discriminating life satisfaction scales.

Intensity of the client's urge to gamble has shown decreases across all modalities except for those treated in group therapy in all years covered in this study.

Overall Life Satisfaction (Scale: 0 Worst – 100 Best)

	2012-13		2013-14		2014-15		2015-16	
	Intake	End of Treatment	Intake	End of Treatment	Intake	End of Treatment*	Intake	End of Treatment
PGTI (English/Spanish)	51	59	46	68	46	69	55	74
PGTI (Asian Languages)	49	68	35	56	45	46	46	66
Outpatient	50	59	50	61	48	61	50	62
IOP	35	80	**33	**48	40	48	39	60
RTP	37	49	45	53	42	57	42	60

** PGTI (English/Spanish) end of treatment numbers are collected at the last treatment session, not a separate discharge session.*

*** These numbers are based on 8 cases; 3 cases were missing end of treatment life satisfaction scores.*

Gambling Urge Intensity (scale: 0 No Urges – 100 Most Intense)

	2012-13		2013-14		2014-15		2015-16	
	Intake	End of Treatment	Intake	End of Treatment	Intake	End of Treatment*	Intake	End of Treatment
PGTI (English/Spanish)	42	27	48	24	51	13	43	19
PGTI (Asian Languages)	49	38	66	42	56	34	52	21
Outpatient	56	44	55	34	56	33	60	38
IOP	76	50	65	30	45	51	63	40
RTP	60	59	54	39	56	48	51	28

** PGTI (English/Spanish) end of treatment numbers are collected at the last treatment session, not a separate discharge session.*

Two new Quality of Life measures were added in FY 2015-16 to capture changes in life satisfaction throughout treatment: a scale measuring the percentage of time gambling urges are experienced, and a scale measuring how much gambling has interfered with normal activities. Both the percentage of time respondents experienced gambling urges and that gambling interfered with normal activities showed marked decreases between intake and end of treatment for all treatment modalities.

Percentage of Time Experiencing Gambling Urges (scale: 0 No Time – 100 Always)

	2015-16	
	Intake	End of Treatment
PGTI (English/Spanish)	38%	11%
PGTI (Asian Languages)	52%	20%
Outpatient	48%	30%
IOP	54%	38%
RTP	47%	27%

** PGTI (English/Spanish) end of treatment numbers are collected at the last treatment session, not a separate discharge session.*

Gambling Interference with Normal Activities (scale: 0 No Interference – 100 Total Interference)

	2015-16	
	Intake	End of Treatment
PGTI (English/Spanish)	31%	7%
PGTI (Asian Languages)	65%	36%
Outpatient	57%	31%
IOP	73%	47%
RTP	68%	34%

** PGTI (English/Spanish) end of treatment numbers are collected at the last treatment session, not a separate discharge session.*

Treatment Outcomes – Affected Individuals

During FY 2015-16 affected individuals showed a modest improvement in overall life satisfaction from intake to end of treatment. The degree to which the problem gambler's behaviors interfered with the AI's normal activities decreased from intake to end of treatment. We do not report the end-of-treatment data on life satisfaction for AIs in PGTI

(English/Spanish) because the number of AIs with end-of-treatment data in this modality was too low for a meaningful comparison. (End of treatment cells marked with a dash indicates that no end-of-treatment data was obtained for that service category.)

Overall Life Satisfaction (Scale: 0 Worst – 100 Best)

	2015-16	
	Intake	End of Treatment
PGTI (English/Spanish)	46	--
PGTI (Asian Languages)	44	55
Outpatient	56	61
IOP	72	86

Problem Gambler's Behavior Interfered with Normal Activities (Scale: 0 No Interference – 100 Extreme Interference)

	2015-16	
	Intake	End of Treatment
PGTI (English/Spanish)	47	--
PGTI (Asian Languages)	75	53
Outpatient	53	35
Group Treatment	80	--

Clinical Innovations:

Engaging Healthcare Professionals in Screening and Referring Problem Gamblers

During FY 2015-16 the ongoing clinical innovations project involved work with paraprofessionals such as sober companions, suicide prevention specialists, and psychiatric technicians. The goals of this project were to: (a) raise awareness of the CalGETS program; (b) increase referrals to CalGETS; and, (c) develop ongoing professional relationships with healthcare paraprofessionals. After determining that psychiatric technicians were not appropriate to work with due to their limited scope of practice, work moved forward on collaborations with sober companions and suicide prevention specialists.

Three focus groups, each with about eight participants, were held with sober companions in FY 2015-16. These sober companions were recruited from Connections in Recovery. The focus groups were designed to gather information about sober companions' knowledge about problem gambling and awareness of treatment resources for problem gambling. After the focus groups, sober companions were provided with a one-hour overview of gambling disorders and CalGETS programming and were encouraged to attend the OPG's Problem Gambling Training Summit. Four key themes emerged from the focus groups: (a) gambling disorder is an addictive disorder and training among substance abuse programs is lacking; (b) there should be standardized training to increase understanding and working with behavioral addictions for sober companions; (c) there is a need for training in handling "real-world" situations (e.g., what if a gambler wants

to buy a lottery ticket, what if a gambler asks the sober companion to hold their paycheck, etc.); and, (d) none of the sober companions had experience working with gambling disorder.

With regards to training for suicide prevention paraprofessionals, it was determined that a one-hour training on gambling disorder was not feasible given the few calls these helplines got that were related to gambling; however, these programs were interested in providing links to their personnel to training videos on suicide and gambling problems. During FY 2015-16, work continued on a video for suicide prevention and gambling disorder for use by lay-persons, paraprofessionals (e.g., suicide helpline workers), and CalGETS providers.

The experience training and working with paraprofessional groups revealed that a priority should be the creation of online videos, tools, and short clips that can be used repeatedly, and without undue effort, for and by paraprofessionals. Because these groups lack the large infrastructure of a State regulatory agency, there is no effective "top-down" approach, and collaborating with individual agencies and companies is inefficient. Even with the natural link between gambling and suicide, collaborating with suicide prevention organizations proved challenging, in part due to time constraints, lack of resources, and their unfamiliarity with gambling disorders. This project highlighted the importance of using and creating videos and internet-based tools that can be easily adapted by organizations that will alleviate perceived barriers to time already allocated for training and services.

Closing Summary

Since the transition to CDPH, OPG has continued to fulfill its mission of serving Californians with gambling problems and those impacted by others with gambling problems. The total number of clients served in CalGETS since its inception now exceeds 8,800 individuals, and CalGETS is the largest state-funded gambling treatment network in the country. Currently, two agencies provide telephone-based brief interventions, 219 therapists provide outpatient treatment, two agencies provide IOP services, and two agencies provide RTP services.

As outlined in this report, gambling problems are complex and multifaceted. They often include substance-related comorbidity and psychiatric comorbidity. In particular, gamblers experience elevated levels of smoking (31% of outpatients) compared to other Californians[ii]. OPG continues to develop partnerships with other state agencies to better serve those who utilize CalGETS. For example, OPG is continuing to work with the California Tobacco Control Program to assist providers in disseminating information, such as the 1-800-NO-BUTTS California smokers' helpline and materials encouraging smoking cessation. Also, OPG is strengthening partnerships with mental health agencies and substance use disorder agencies. Furthermore, OPG will furnish information to providers related to Covered California and ask providers to encourage clients to obtain health insurance.

OPG continues to use a data-driven approach to develop and fine-tune program components so that they can better address the needs of those with gambling problems and those affected by others with gambling problems. Based on years of collected data, OPG asserts that the implementation of CalGETS has succeeded and has improved lives by addressing the harms associated with gambling disorder.

APPENDIX: List of Acronyms

Acronym	Term/Organization
CCLHO	California Conference of Local Health Officers
CDPH	California Department of Public Health
CalGETS	California Gambling Education and Treatment Services
CTCP	California Tobacco Control Program
DADP	Department of Alcohol and Drug Programs
GA	Gamblers Anonymous
LCSW	Licensed Clinical Social Worker
IOP	Intensive Outpatient Treatment
MFT	Marriage and Family Therapist
MSW	Master of Social Work
OPG	Office of Problem Gambling
PGTI	Problem Gambling Telephone Intervention
PhD	Doctorate Degree
PsyD	Doctorate Degree
RTP	Residential Treatment Program
UCLA	University of California, Los Angeles
UGSP	University of California, Los Angeles Gambling Studies Program

[i] Clinical Innovations has served some gamblers and AIs in prior fiscal years; however, in FY 2015-16 none were served.

[ii] Liu, L., Edland, S., Myers, M. G., Hofstetter, C. R., & Al-Delaimy, W. K. (2016). Smoking prevalence in urban and rural populations: findings from California between 2001 and 2012. *The American journal of drug and alcohol abuse*, *42*(2), 152-161.