California Department of Public Health
Office of Problem Gambling
Transition Legislative Report
2018

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 2018.

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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-related problems. 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 2018 is the fifth, and final, report since the transition and takes into account all information and data for fiscal year 2016-17.

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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 gambling at some point in their lives. Gambling problems exist on a continuum and vary in severity and duration. Gambling disorder 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 helpline: OPG merged two helplines into the 1-800-GAMBLER helpline offering services in English, Spanish, Cantonese, and Mandarin, which also utilizes AT&T Translation Services for 200+ additional languages. Merging the two helplines expanded services and cut down on the administrative costs required to operate two helplines. In FY 2016-17, the helpline received 24,262 calls; of those 3,149 requested services for gambling disorder. In addition, 153 individuals contacted the helpline via text for information. On July 1, 2017, chat services were added as another option for contacting the helpline.

- Training and Education: There were no significant changes to training and education. Training regarding the signs and symptoms of gambling disorder was provided to more than 300,000 individuals in California, including non-profits, health professionals, educators, law enforcement and gambling industry personnel. In FY 2016-17, 268 youth from 29 different sites throughout California participated in the youth prevention program *Betting On Our Future*.

- OPG's Annual Training Summit in FY 2016-17 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. A total of 137 participants attended the Summit in March 2017.

- Outreach and public awareness: OPG's multi-media outreach and public awareness campaign was allocated the same funding as the previous year. This campaign targets problem gamblers by age, ethnicity and geography (proximity to a gambling enterprise). Radio, cable television, digital-mobile, social and display banners, billboards and newspaper are all media used in the campaign. The campaign produced 249,226,323 impressions and yielded 102,871 clicks to the OPG website in FY 2016-17.

- Research: OPG, in collaboration with the UCLA Gambling Studies Program (UGSP), began a study of self-exclusion. Self-exclusion is a program individuals can use to bar themselves from a casino. The study will follow individuals who enroll in self-exclusion to see if the program is helpful in their efforts to minimize the negative impact gambling has on their lives.

Treatment Program

FY 2016-17 marks the 9th year of CalGETS implementation. By June 2017, CalGETS had served more than 12,500 clients, with 239 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 two Phase I training events for 64 health providers in FY 2016-17. This training, which is required to obtain authorization as a CalGETS provider, was comprised of a 7.5-hour online component and three days of in-person training delivered by leaders in the gambling treatment field.

- OPG provided three Phase II advanced training events in FY 2016-17. 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 five hours on a single day. A total of 48 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 63 hours of clinical guidance and support were conducted in FY 2016-17.

Compliance Monitoring

OPG and UGSP staff conducted in-person reviews of treatment provider documentation to ensure compliance with CalGETS policies and procedures. UGSP conducted 11 compliance reviews and OPG conducted nine, for a total of 20 in FY 2016-17. 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 when there was a decrease in providers because training was not offered for new providers, the number of CalGETS providers has remained stable at around 220 providers, but FY 2016-17 saw a jump in the number of providers to 238. This year, the number of new CalGETS providers authorized after completing Phase I Training was larger than the number of CalGETS providers leaving the program. The ethnic/racial composition of the workforce has been stable. Services are available in 30 languages/dialects allowing access for many non-English speaking, eligible California residents, and the number of providers who provide treatment in a

language other than English increased during FY 2016-17. In regard 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 number of clients seen per month was relatively similar in FY 2014-15, FY 2015-16, and FY 2016-17. The providers' average years of experience treating gamblers increased to about five and a half years in FY 2015-16 and remained at that level in FY 2016-17. 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	2016-17
Total CalGETS Providers	229	195	221	219	239
Age (Mean)	55	57	56	57	58
Gender					
Male	57	47	52	57	61
Female	172	148	152	155	178
Race/Ethnicity					
Caucasian	146	139	144	146	158
African American	10	12	11	13	16
Hispanic/Latino	14	11	13	16	21
Asian	23	23	26	27	31
Native Hawaiian	1	1	1	1	1
American Indian or Alaskan Native	-	-	-	-	1
Other	-	-	-	-	4
Multiracial	8	4	6	5	5
Choose not to designate	-	-	-	-	2

Provider Licensure Information

	2012-13	2013-14	2014-15	2015-16	2016-17
Number of Years Licensed (Mean)	12	13	12.5	13.6	13.6
Type of License					
PsyD	10	9	10	13	9
PhD	15	17	15	17	18
MFT	135	139	135	151	171
MSW	4	2	4	0	2
LPPC	-	-	-	-	1
LCSW	28	27	28	29	33
Other	-	-	-	-	5

Provider Language Information

	2012-13	2013-14	2014-15	2015-16	2016-17
Providing treatment in a language other than English					
No	163	153	162	168	186
Yes	40	42	41	44	51
Spanish	18	20	21	20	25
Asian Languages	13	18	18	18	27
Other	6	8	5	6	3

Client Load and Years Treating Gamblers

	2012-13	2013-14	2014-15	2015-16	2016-17
Number of CalGETS clients seen per month (average)	4	4	2.9	2.5	2.7
Number of years providing treatment to gamblers	3.6	4	4.3	5.4	5.5

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.

- 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 30 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 aid 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 residential facilities provide 15 hours per week of gambling-specific treatment in addition to other services that address gambling problems and the many co-occurring issues that individuals with gambling disorder experience in the course of the disease.

Enrollment in Services

In calculating the enrollment numbers, only first admissions during the fiscal year were considered. The total number of clients served in CalGETS in FY 2016-17 was 1,615. Gamblers made up approximately 75% of those served, with the remaining 25% being affected individuals. Fully 73% of gamblers were served in outpatient treatment and 93% of Affected Individuals were served in outpatient treatment.

Total Gamblers Served

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	176	154	130	167	192
PGTI (Asian Languages)	16	25	10	17	19
Outpatient	1072	995	966	907	879
Group	-	-	-	*13*	*38*
IOP	30	8	59	47	54
RTP	44	42	74	67	66
Total Cases[1]	1338	1224	1239	1218	1210

Total Affected Individuals Served

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	18	19	3	14	11
PGTI (Asian Languages)	0	11	8	11	13
Outpatient	412	424	415	411	381
Group	-	-	-	*7*	*6*
Total Cases[2]	430	454	426	443	405

Access to Treatment Services

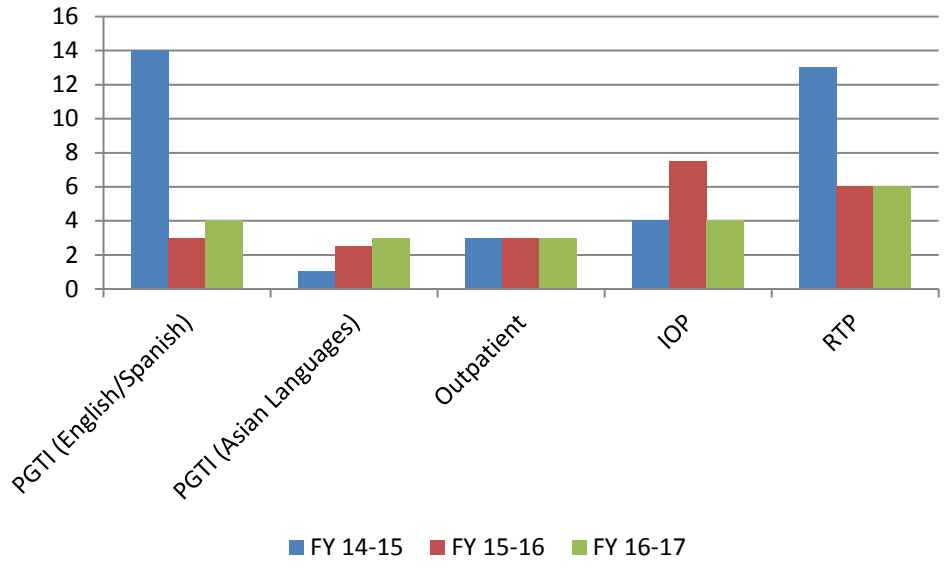
In order to ensure access into treatment in a timely fashion, authorized providers track the time between first contact and intake into treatment. The data charts presented below

[1] The total for gamblers does not include clients in Group treatment because they are also enrolled in Outpatient and are counted there.

[2] The total for affected individuals does not include clients in Group treatment because they are also enrolled in Outpatient and are counted there.

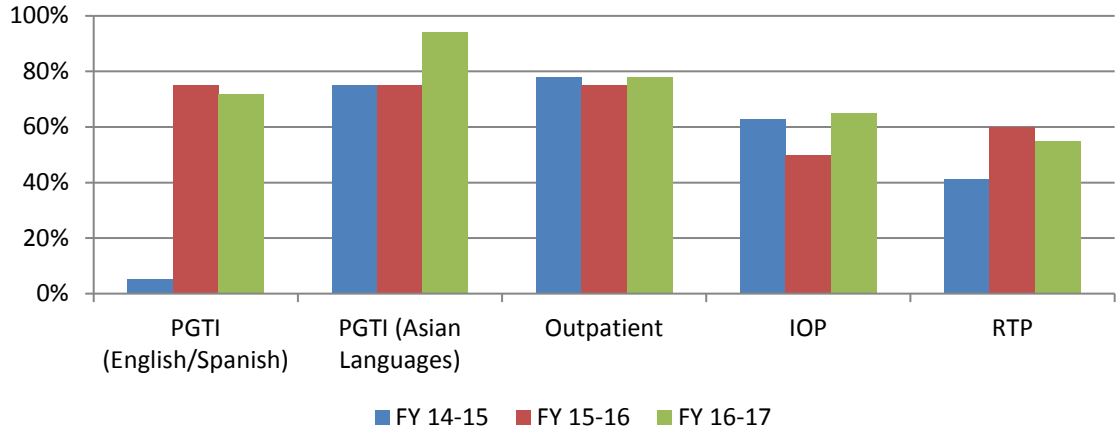
are based on all clients in a given modality, regardless of gambler or AFFECTED INDIVIDUALstatus; however, IOP and RTP services are provided only to gamblers. In FY 2016-17, the median time from first contact to treatment entry for all modalities was less than seven days. For IOP there was a decrease from FY 2015-16 to FY 2016-17 in time to admission after first contact. For PGTI (Asian Languages), time to admission has been increasing slightly from FY 2014-15 to FY 2016-17. For PGTI (English/Spanish) and RTP, there were notable decreases in the median time from first contact to treatment entry from FY 2014-15 to FY 2015-16, and both remained below seven days in FY 2016-17.

Median Days from First Contact to Admission to Treatment



During FY 2016-17, a majority of clients entered treatment within seven days. Notably, the percentage of clients entering treatment within this timeframe increased to 94% for PGTI (Asian Languages). The percentages that met the seven-day window were relatively steady for Outpatient, IOP and RTP over the three fiscal years. The percentage for PGTI (English/Spanish) was 72% in FY 2016-17, similar to the previous year.

Percentage of Clients Entering Treatment within Seven Days of First Contact



CalGETS Client Demographics (Gamblers)

Age

- There were minor fluctuations from year to year for PGTI (English/Spanish) over the course of FY 2012-13 to FY 2016-17.
- For PGTI (Asian Languages) clients, mean age is quite variable due to the small number of clients served. Mean age was about 51 years in FY 2013-14 and 50 years in FY 2016-17, but was somewhat lower for the other years.
- Outpatient clients' mean age has been relatively constant at about 47 years.
- Group treatment clients' mean age is around 50 years in FY 2016-17.
- Beginning with FY 2013-14, the mean age of IOP clients has been hovering around 50 years. This is an increase of about a decade since FY 2012-13.
- During the past two fiscal years, the mean age of RTP clients is around 42 years.

Age (Mean)

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English /Spanish)	48.9	45.9	47.2	45.7	45.8
PGTI (Asian Languages)	47.0	51.5	45.8	46.4	50.0
Outpatient	47.0	46.6	47.0	47.0	47.0
Group	-	-	-	*52.8*	*49.2*
IOP	40.0	50.8	49.7	50.6	47.7
RTP	48.0	41.6	45.0	42.3	41.9

Gender

- The most notable trend for gender is that the percentage of males fluctuates year to year in each program type.
- The percentage of males in PGTI (English/Spanish) is 65% in FY 2016-17.
- For PGTI (Asian Languages) the percentage of males had been decreasing from FY 2012-13 to FY 2014-15 to 50%; however, it increased notably in FY 2015-16 to 71%, and again in 2016-17 to 74%.
- The percentage of males in Outpatient treatment had been increasing slowly, but appears to have leveled off at around 65% in FY 2016-17.
- In Group treatment, 60% of clients were male in FY 2016-17.
- In IOP treatment, the percentage of males was highest in FY 2012-13, but has been decreasing and stands at 61% in FY 2016-17.
- In RTP, between FY 2012-13 and FY 2015-16 the percentage of males increased notably to 88%. In FY 2016-17, the percentage of males decreased to 77%.
- It should be noted that for the male trends listed above, the female trends were opposite.

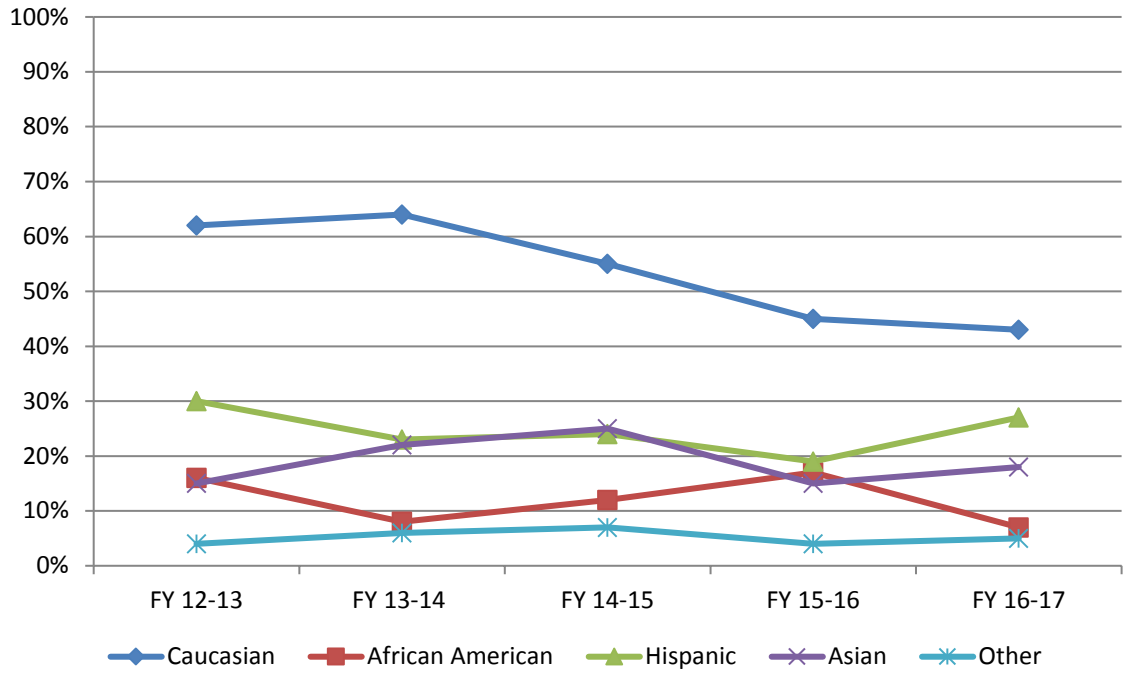
Gender

	2012-13		2013-14		2014-15		2015-16		2016-17	
	M	F	M	F	M	F	M	F	M	F
PGTI (English /Spanish)	49%	51%	57%	44%	66%	34%	59%	41%	65%	35%
PGTI (Asian Languages)	63%	37%	60%	40%	50%	50%	71%	29%	74%	26%
Outpatient	59%	41%	61%	39%	62%	38%	66%	34%	65%	35%
Group	-	-	-	-	-	-	*46%*	*54%*	*60%*	*40%*
IOP	70%	30%	63%	38%	67%	33%	64%	36%	61%	39%
RTP	66%	34%	81%	19%	85%	15%	88%	12%	77%	23%

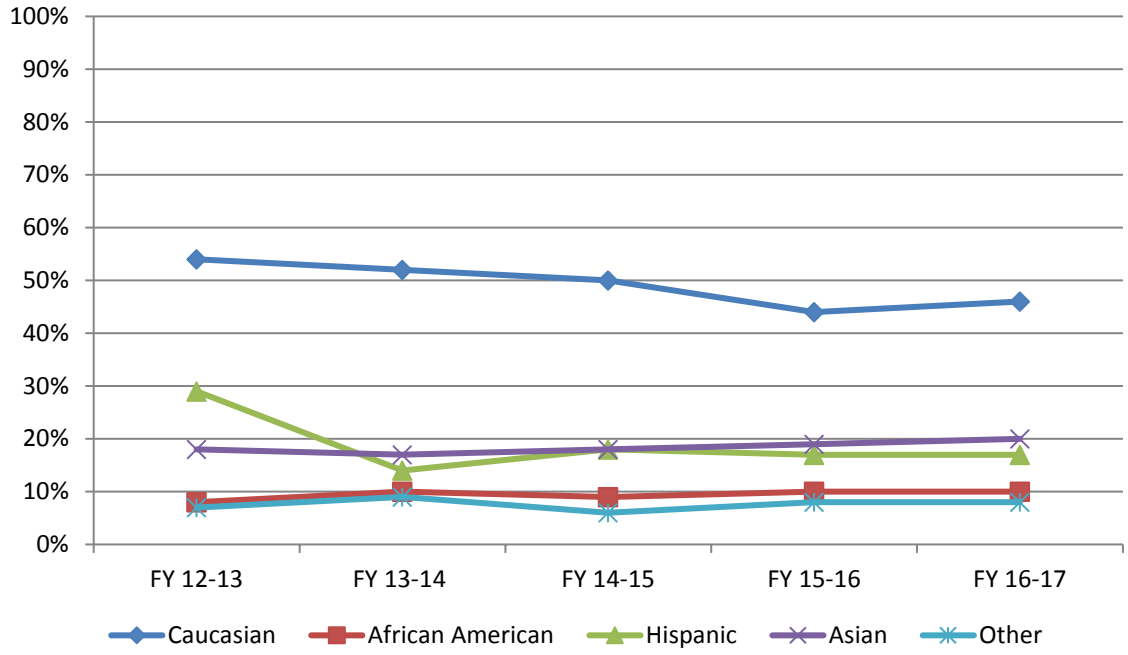
Ethnicity

- The CalGETS gambler population is diverse and made up of clients with various racial and ethnic backgrounds.
- In Outpatient, the percentages of clients in each of the racial/ethnic categories has been stable over the past two fiscal years. The percentages have been more variable in the other treatment program types, likely due to the low numbers served in these modalities that makes them more sensitive to random variation. In particular, the percentages of African American clients in IOP and RTP have declined over the past two fiscal years.
- All individuals receiving treatment in the PGTI (Asian Languages) reported Asian ethnicity except one client who was missing ethnicity data.
- The "Other" category is inclusive of clients who self-identified as American Indian, Alaskan Native and smaller populations not otherwise graphed.

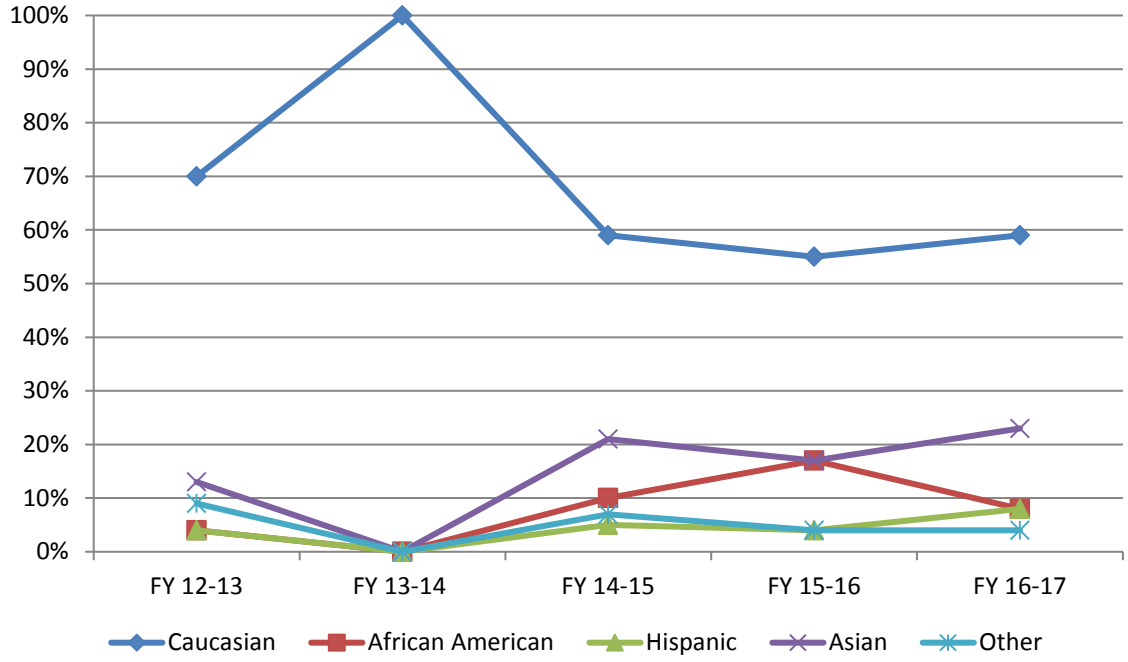
PGTI (English/Spanish) Ethnicity by Fiscal Year



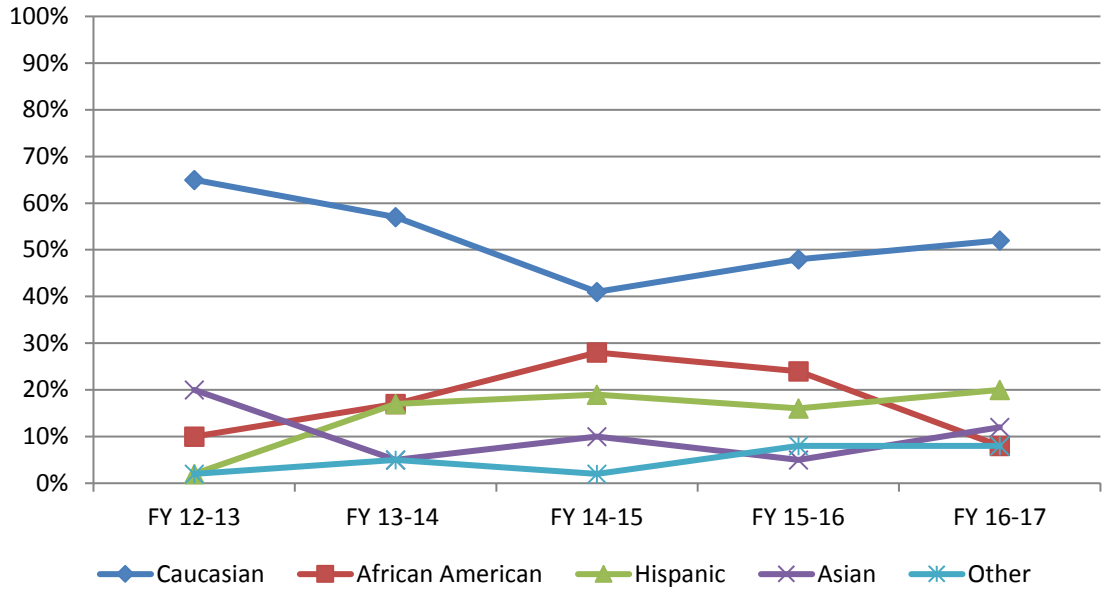
Outpatient Ethnicity by Fiscal Year



IOP Ethnicity by Fiscal Year



RTP Ethnicity by Fiscal Year



CalGETS Client Demographics (Affected Individuals)

Age

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

Gender

- The majority of Affected Individuals 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 Affected Individual clients served in the PGTI (Asian Languages) were Asian.

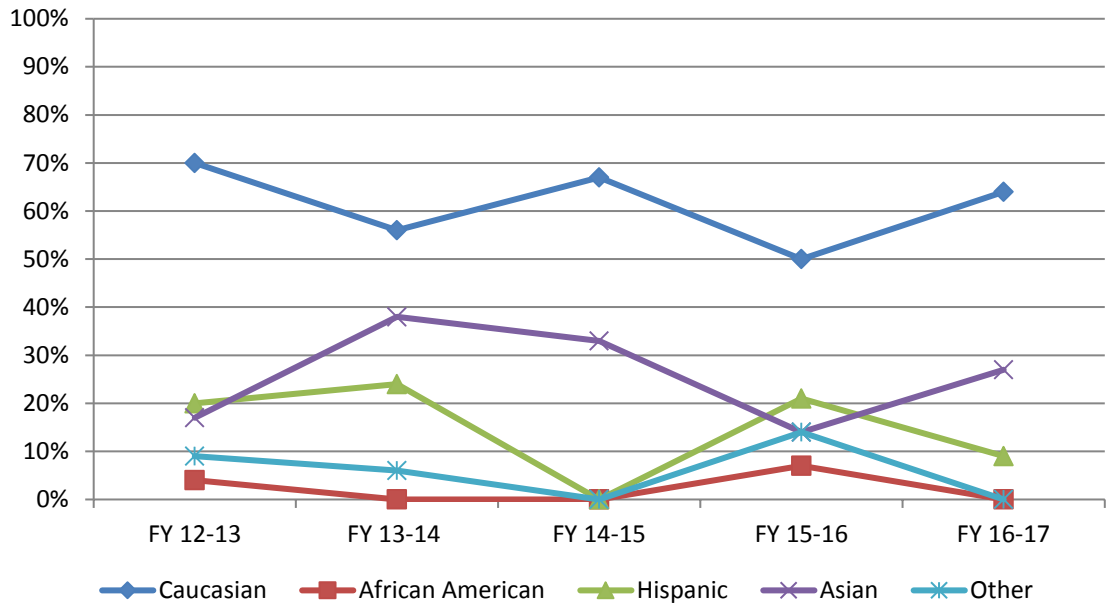
Age (Mean): Affected Individual

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English /Spanish)	51.0	44.8	37.4	50.1	43.0
PGTI (Asian Languages)	53.0	54.1	45.8	45.8	48.0
Outpatient	45.0	46.5	47.0	46.5	45.0
Group	-	-	-	*38.8*	*48.7*

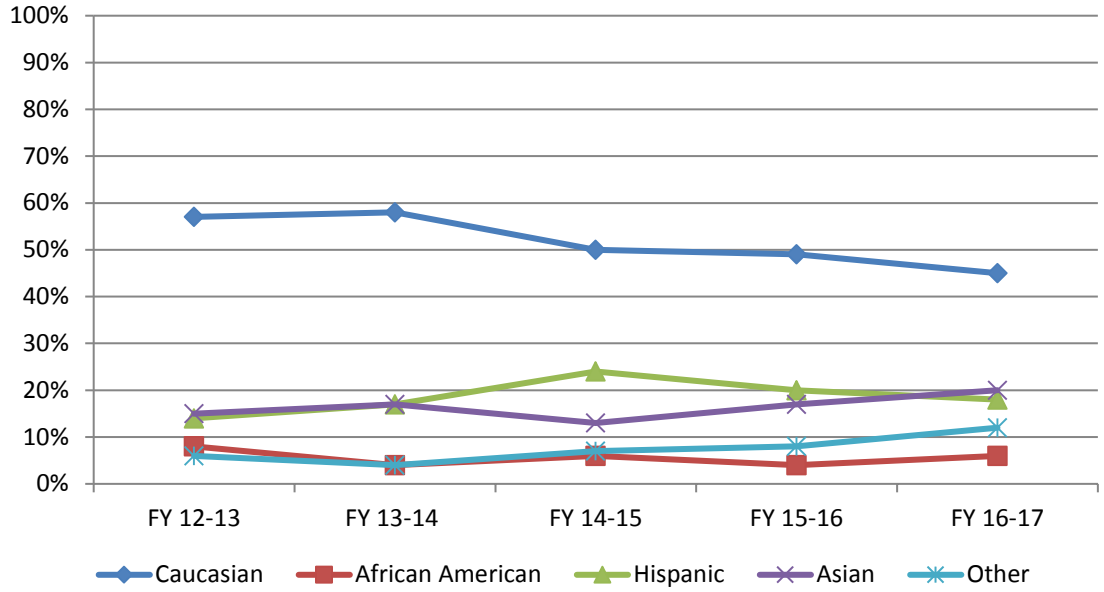
Gender: Affected Individual

	2012-13		2013-14		2014-15		2015-16		2016-17	
	M	F	M	F	M	F	M	F	M	F
PGTI (English /Spanish)	28%	72%	11%	90%	33%	67%	14%	86%	18%	82%
PGTI (Asian Languages)	12%	88%	11%	89%	13%	88%	9%	91%	15%	85%
Outpatient	26%	74%	28%	72%	23%	77%	26%	74%	25%	75%
Group	-	-	-	-	-	-	*0%*	*100%*	*17%*	*83%*

PGTI (English/Spanish) Affected Individual Ethnicity by Fiscal Year



Outpatient Affected Individual 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 Affected Individuals 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, but there appears to be a trend toward a slight decrease percentage of clients served in the rural regions of the state.
- 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. It should be noted that funding limitations allow OPG to outreach in four of the six regions and the two noted are the two OPG does not provide outreach and training.
- 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

Region	2012-13 N = 1,660	2013-14 N = 1,651	2014-15 N = 1,638	2015-16 N = 1,617	2016-17 N = 1,592[3]
North/Mountain	4%	3%	2%	3%	2%
Bay Area	13%	15%	18%	16%	15%
Central Valley	14%	13%	10%	11%	12%
Southern California minus Los Angeles	41%	43%	43%	42%	42%
Los Angeles	21%	21%	22%	23%	25%
Central/Southern Farm	8%	6%	5%	5%	4%

[3] 23 participants had missing zip code data and were excluded from the analyses.

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

Region	2012-13 N = 169	2013-14 N = 153	2014-15 N = 124	2015-16 N = 159	2016-17 N = 190
North/Mountain	11%	10%	5%	7%	8%
Bay Area	12%	17%	19%	16%	12%
Central Valley	11%	16%	9%	11%	9%
Southern California minus Los Angeles	29%	25%	28%	32%	33%
Los Angeles	17%	18%	24%	17%	24%
Central/Southern Farm	20%	17%	15%	18%	14%

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

Region	2012-13 N = 17	2013-14 N = 18	2014-15 N = 3	2015-16 N = 12	2016-17 N = 11
North/Mountain	18%	6%	33%	0%	0%
Bay Area	18%	17%	0%	17%	9%
Central Valley	12%	6%	0%	25%	9%
Southern California minus Los Angeles	24%	56%	33%	25%	55%
Los Angeles	0%	6%	0%	17%	18%
Central/Southern Farm	29%	11%	33%	17%	9%

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

Region	2012-13 N = 13	2013-14 N = 24	2014-15 N = 10	2015-16 N = 16	2016-17 N = 19
North/Mountain	0%	0%	0%	0%	5%
Bay Area	39%	33%	60%	44%	58%
Central Valley	8%	4%	0%	6%	0%
Southern California minus Los Angeles	8%	21%	0%	19%	11%
Los Angeles	39%	42%	40%	31%	21%
Central/Southern Farm	8%	0%	0%	0%	5%

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

Region	2012-13 N = 14	2013-14 N = 10	2014-15 N = 7	2015-16 N = 11	2016-17 N = 13
North/Mountain	0%	0%	0%	0%	0%
Bay Area	43%	70%	43%	73%	62%
Central Valley	0%	10%	0%	0%	8%
Southern California minus Los Angeles	14%	20%	43%	9%	0%
Los Angeles	43%	0%	14%	18%	31%
Central/Southern Farm	0%	0%	0%	0%	0%

Regional - Outpatient Gamblers in First Block of Treatment

Region	2012-13 N = 993	2013-14 N = 978	2014-15 N = 955	2015-16 N = 897	2016-17 N = 866
North/Mountain	3%	3%	2%	3%	2%
Bay Area	12%	15%	19%	15%	14%
Central Valley	15%	13%	11%	14%	14%
Southern California minus Los Angeles	44%	43%	42%	42%	42%
Los Angeles	19%	21%	20%	14%	25%
Central/Southern Farm	7%	6%	5%	4%	3%

Regional - Outpatient Affected Individuals in First Block of Treatment

Region	2012-13 N = 394	2013-14 N = 420	2014-15 N= 412	2015-16 N = 404	2016-17 N = 378
North/Mountain	2%	1%	1%	1%	1%
Bay Area	10%	8%	8%	13%	10%
Central Valley	14%	14%	10%	8%	12%
Southern California minus Los Angeles	43%	52%	53%	50%	49%
Los Angeles	26%	22%	26%	26%	27%
Central/Southern Farm	4%	3%	2%	3%	2%

Regional - IOP Gamblers in First Block of Treatment

Region	2012-13 N = 30	2013-14 N = 8	2014-15 N = 55	2015-16 N = 48	2016-17 N = 51
North/Mountain	0%	0%	0%	0%	2%
Bay Area	10%	0%	0%	2%	0%
Central Valley	0%	0%	0%	0%	2%
Southern California minus Los Angeles	33%	13%	86%	63%	82%
Los Angeles	53%	75%	15%	35%	14%
Central/Southern Farm	3%	13%	0%	0%	0%

Regional - RTP Gamblers in First Block of Treatment

Region	2012-13 N = 30	2013-14 N = 40	2014-15 N = 72	2015-16 N = 72	2016-17 N = 66
North/Mountain	7%	0%	0%	3%	0%
Bay Area	50%	53%	57%	56%	52%
Central Valley	3%	3%	4%	0%	5%
Southern California minus Los Angeles	27%	20%	8%	11%	16%
Los Angeles	13%	20%	29%	31%	22%
Central/Southern Farm	0%	5%	1%	0%	5%

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

Current Health Diagnosis/Co-occurring Problems (Gamblers)

A notable percentage of gamblers reported co-occurring health problems and other problematic health behaviors.

- The most commonly reported co-occurring health related conditions were hypertension, diabetes, and obesity.
- Smoking percentages were high across all modalities compared to other Californians[i], but declined for clients in Outpatient and RTP compared to FY 2015-16.

- Drinking percentages were similar to the previous year among those in Outpatient treatment (54% in FY 2016-17 and 52% in FY 2015-16), and other modalities showed slightly more variability likely due to their smaller numbers.
- Marijuana was the most frequently reported substance used in the past year across all years (21% in Outpatient in FY 2016-17); however, a notable minority of clients used cocaine, narcotics/opiates and methamphetamine.
- Substance use rates were highest in RTP, the most intensive form of services. Among this group, opioid use has doubled from FY 2015-16, while marijuana use declined by 10%.
- Anxiety and mood disorders were the most commonly reported comorbid mental health conditions reported across all years. Across all categories, IOP and RTP clients report higher percentages of comorbid mental health conditions.
- About 30 to 35% of gamblers across all years and modalities reported their health as fair or poor.

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. 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 needs, 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 80% of all clients reported having health insurance; therefore, they may be covered for co-occurring conditions like those identified above.

Co-Occurring Health Diagnoses 2016-17

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	1%	8%	0%	1%	7%
PGTI (Asian Languages)	0%	0%	0%	0%	26%
Outpatient	1%	6%	1%	1%	13%
IOP	2%	7%	0%	0%	15%
RTP	2%	3%	0%	2%	5%
	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	4%	4%	6%	1%	1%
PGTI (Asian Languages)	0%	0%	11%	0%	0%
Outpatient	2%	4%	11%	2%	1%
IOP	4%	4%	13%	6%	0%
RTP	0%	0%	8%	2%	0%

Current Smoker 2016-17

	Yes	Total N	Mean Cigarettes per Day	Mean number of minutes waited after waking before smoking
PGTI (English/Spanish)	29%	55	13	21
PGTI (Asian Languages)	32%	6	12	32
Outpatient	28%	239	13	107
IOP	43%	23	12	115
RTP	55%	36	10	28

Current Drinker 2016-17

	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)	46%	88	5	3
PGTI (Asian Languages)	21%	4	2	0
Outpatient	54%	467	6	10
IOP	26%	14	5	9
RTP[a]	29%	19	6	4

[a] Two RTP clients reported nearly daily drinking with frequent binging and were excluded as outliers.

Past Year Substance Use 2016-17

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	15%	2%	1%	1%	3%
PGTI (Asian Languages)	0%	0%	0%	0%	0%
Outpatient	21%	5%	2%	1%	3%
IOP	20%	7%	0%	2%	6%
RTP	35%	25%	2%	2%	25%

	PCP	Methamphetamine	Stimulants	Tranquilizers
PGTI (English/Spanish)	0%	1%	0%	2%
PGTI (Asian Languages)	0%	0%	0%	0%
Outpatient	0%	3%	1%	1%
IOP	0%	11%	0%	4%
RTP	2%	35%	8%	6%

Co-Occurring Psychiatric Disorders Treated for in the Past Year 2016-17

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorder	ADD/ ADHD
PGTI (English/Spanish)	35%	4%	22%	4%	2%	5%
PGTI (Asian Languages)	16%	0%	5%	0%	0%	0%
Outpatient	25%	2%	11%	3%	0%	3%
IOP	46%	11%	20%	7%	2%	9%
RTP	34%	9%	26%	20%	2%	11%

Intake Current Health Ratings 2016-17

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	10%	20%	32%	31%	7%
PGTI (Asian Languages)	5%	11%	47%	37%	0%
Outpatient	7%	23%	40%	24%	6%
IOP	11%	17%	37%	26%	9%
RTP	5%	20%	42%	31%	3%

Currently Has Health Insurance

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	67%	67%	73%	78%	82%
PGTI (Asian Languages)	73%	58%	70%	82%	95%
Outpatient	76%	72%	81%	81%	84%
IOP	48%	75%	75%	81%	85%
RTP	72%	76%	32%	87%	82%

Currently Has a Physician

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	69%	71%	67%	74%	70%
PGTI (Asian Languages)	80%	62%	67%	71%	95%
Outpatient	72%	66%	75%	72%	75%
IOP	44%	88%	77%	77%	74%
RTP	71%	67%	30%	73%	59%

Family Members with Substance Abuse Problems 2016-17

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	51%	5%	1%	28%	14%	7%	15%
PGTI (Asian Languages)	90%	0%	0%	5%	0%	0%	5%
Outpatient	47%	7%	6%	25%	18%	9%	23%
IOP	48%	4%	6%	26%	9%	7%	22%
RTP	42%	5%	2%	28%	14%	8%	28%

Family Members with Gambling Problems 2016-17

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	56%	1%	2%	25%	9%	9%	11%
PGTI (Asian Languages)	68%	5%	5%	21%	0%	0%	5%
Outpatient	52%	2%	5%	25%	15%	8%	15%
IOP	65%	6%	4%	20.4	11%	7%	11%
RTP	71%	0%	2%	19%	11%	3%	9%

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

- Co-occurring health diagnoses were less common among affected individuals than gamblers; however, some affected individuals in the outpatient program reported health-related issues.
- Health problems reported by five percent or more of affected individuals in outpatient treatment included: obesity, hypertension, and diabetes.
- The percentage of affected individuals in the outpatient program who reported smoking showed an overall decline in the past fiscal years and appears to have stabilized: 17% in FY 2012-13, 13% in FY 2013-14, 11% in FY 2014-15, 9% in FY 2015-16, and 9% in FY 2016-17.
- Drinking showed a slight increase among affected individuals in outpatient treatment; in both FY 2014-15 and FY 2015-16 it stood at 43%, but in 2016-17 it was 45%.
- Of note was the low percentage of affected individuals in the PGTI programs who reported smoking or drinking relative to those in outpatient treatment. 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 from year to year may not be reflective of a major difference.

- In regard to co-occurring psychiatric disorders, there has been a decrease in both mood and anxiety disorders among those who received treatment in the outpatient program from FY 2015-16 to FY 2016-17.
- Similar to past years, in FY 2016-17 nearly 75% of affected individuals in outpatient treatment rated their health as good to excellent at intake.

Co-Occurring Health Diagnoses 2016-17

	Liver Disease	Obesity	HIV/AIDS	Ulcer Disease	Hypertension
PGTI (English/Spanish)	0%	0%	0%	0%	9%
PGTI (Asian Languages)	0%	0%	0%	0%	8%
Outpatient	1%	6%	0%	1%	9%
	Cancer	Heart Disease	Diabetes	Respiratory	Stroke
PGTI (English/Spanish)	0%	0%	0%	0%	0%
PGTI (Asian Languages)	0%	8%	0%	0%	0%
Outpatient	1%	1%	4%	2%	1%

Current Smoker 2016-17

	Yes	Total N	Mean Cigarettes per Day	Mean number of minutes waited after waking before smoking
PGTI (English/Spanish)	0%	0	-	-
PGTI (Asian Languages)	0%	0	-	-
Outpatient	9%	32	10	131

Current Drinker 2016-17

	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)	36%	4	2.62	-
PGTI (Asian Languages)	0%	0	-	-
Outpatient	45%	171	4	4

Past Year Substance Use 2016-17

	Marijuana	Cocaine	Hallucinogens	Inhalants	Narcotics/Opiates
PGTI (English/Spanish)	9%	0%	0%	0%	0%
PGTI (Asian Languages)	0%	0%	0%	0%	0%
Outpatient	13%	0%	1%	0%	1%

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

Co-Occurring Psychiatric Disorders Treated for in the Past Year 2016-17

	Mood Disorders	Psychotic Disorders	Anxiety Disorders	Substance Use Disorders	Personality Disorders	ADD/ ADHD
PGTI (English/Spanish)	0%	0%	0%	0%	0%	0%
PGTI (Asian Languages)	0%	0%	0%	0%	0%	0%
Outpatient	16%	1%	10%	1%	1%	1%

Current Health Ratings 2016-17

	Excellent	Very Good	Good	Fair	Poor
PGTI (English/Spanish)	0%	18%	64%	9%	9%
PGTI (Asian Languages)	0%	15%	39%	39%	8%
Outpatient	10%	25%	39%	20%	7%

Currently Has Health Insurance

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	71%	79%	67%	79%	82%
PGTI (Asian Languages)	88%	64%	100%	100%	69%
Outpatient	78%	75%	81%	83%	84%

Currently Has a Physician

	2012-13	2013-14	2014-15	2015-16	2016-17
PGTI (English/Spanish)	78%	82%	67%	79%	91%
PGTI (Asian Languages)	88%	64%	100%	100%	62%
Outpatient	75%	72%	75%	78%	76%

Family Members with Substance Abuse Problems 2016-17

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	82%	0%	0%	0%	0%	0%	18%
PGTI (Asian Languages)	100%	0%	0%	0%	0%	0%	0%
Outpatient	40%	6%	16%	29%	22%	9%	22%

Family Members with Gambling Problems 2016-17

	None	Children	Spouse	Parents	Aunts/ Uncles	Grand-parent	Siblings
PGTI (English/Spanish)	64%	9%	18%	0%	0%	9%	9%
PGTI (Asian Languages)	39%	15%	31%	0%	0%	0%	15%
Outpatient	20%	10%	33%	28%	12%	8%	12%

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 nine to 20 points across modalities and years. We do not report the end of treatment data in cells marked with a dash because the number of clients with end of treatment data in these service categories was too low for a meaningful comparison.

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 appropriate life satisfaction scales.

Intensity of the client's urge to gamble has shown decreases across all modalities in all years covered in this study.

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

	2012-13		2013-14		2014-15		2015-16		2016-17	
	Intake	EOT	Intake	EOT	Intake	EOT	Intake	EOT	Intake	EOT
PGTI (English /Spanish)	51	59	46	68	46	69	55	74	54	66
PGTI (Asian Languages)	49	68	35	56	45	46	46	66	57	--
Outpatient	50	59	50	61	48	61	50	62	48	64
IOP	35	80	**33	**48	40	48	39	60	37	58
RTP	37	49	45	53	42	57	42	60	48	62

** 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.*
EOT = End of Treatment

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

	2012-13		2013-14		2014-15		2015-16		2016-17	
	Intake	EOT	Intake	EOT	Intake	EOT	Intake	EOT	Intake	EOT
PGTI (English /Spanish)	42	27	48	24	51	13	43	19	57	37
PGTI (Asian Languages)	49	38	66	42	56	34	52	21	57	--
Outpatient	56	44	55	34	56	33	60	38	62	35
IOP	76	50	65	30	45	51	63	40	55	29
RTP	60	59	54	39	56	48	51	28	46	19

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

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		2016-17	
	Intake	EOT	Intake	EOT
PGTI (English/Spanish)	38%	11%	51	34
PGTI (Asian Languages)	52%	20%	51%	--
Outpatient	48%	30%	50%	29%
IOP	54%	38%	35%	22%
RTP	47%	27%	48%	17%

** 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		2016-17	
	Intake	EOT	Intake	EOT
PGTI (English/Spanish)	31	7	41	23
PGTI (Asian Languages)	65	36	90	--
Outpatient	57	31	58	30
IOP	73	47	68	22
RTP	68	34	49	8

** 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 2016-17 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 Affected Individual's normal activities decreased from intake to end of treatment. We do not report the end of treatment data in cells marked with a dash because the number of clients with end of treatment data in these service categories was too low for a meaningful comparison.

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

	2015-16		2016-17	
	Intake	EOT	Intake	EOT
PGTI (English/Spanish)	46	--	53	68
PGTI (Asian Languages)	44	55	54	--
Outpatient	56	61	54	65

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

	2015-16		2016-17	
	Intake	EOT	Intake	EOT
PGTI (English/Spanish)	47	--	47	46
PGTI (Asian Languages)	75	53	77	--
Outpatient	53	35	58	35

Clinical Innovations

The self-exclusion study for problem gamblers continued as the clinical innovations project during FY 2016-17. Self-exclusion allows people who have developed a gambling problem to create external controls to help them be more responsible in their gambling practices. Gamblers complete a self-exclusion request form to join this voluntary program, which bans the gambler from gambling establishments. There is a paucity of research examining the effectiveness of self-exclusion and UGSP is currently investigating specific aspects of these programs in California. These aspects include the process of enrollment, the appropriate lengths of exclusion time, the scope of self-exclusion (whether it applies

to one gambling facility or statewide), enforcement for violations, and how names are added or removed from a list. The study seeks to further understand the characteristics of gambling patrons who choose to self-exclude such as demographic variables, type of gambler, gambling behaviors, severity of gambling disorder, and consequences experienced due to problematic gambling. Research questions include:

- What motivates a gambler to self-exclude?
- How did the gambler hear about self-exclusion?
- How did the gambler experience the self-exclusion process?
- Was the gambler satisfied, embarrassed, was exclusion helpful?

Overall, the goal is to develop a more comprehensive understanding about whether self-exclusion is effective. By the end of FY 2016-17, the UCLA Institutional Review Board approved the study, site visits had taken place at gambling establishments, and the first participants enrolled. The study will continue into FY 2017-18.

Closing Summary

Since the transition to CDPH, OPG has continued to fulfill its mission to provide quality, research-driven leadership in the prevention and treatment of gambling disorder. Over the past five years, OPG has continued working with established partners, while successfully expanding partnerships with local health departments and CDPH programs, like the Tobacco Control Program. Enhancements have been made to the prevention program, adding additional helpline services such as text and chat. Over the transition period, OPG has been recognized for innovations within the California Health and Human Services Agency, as well as nationally by the Harvard Kennedy School.

OPG continues to leverage resources for its multi-media outreach and public awareness campaign targeting problem gamblers by age, ethnicity, and geography (proximity to a gambling enterprise). Media used in the campaign include: radio, cable television, billboards, newspaper, digital-mobile, display banners, and social media. The campaign produced 249,226,323 impressions and yielded 102,871 clicks to the OPG website in FY2016-17. Individuals from 117 countries have visited OPG's multi-cultural website.

The total number of clients served in CalGETS since its inception totals over 12,500 individuals and CalGETS is the largest state-funded gambling treatment network in the country. Currently, two agencies provide telephone-based brief interventions, 239 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. Substance-related comorbidity and psychiatric comorbidity often pair with gambling disorder. In particular, gamblers experience elevated levels of smoking (28% of Outpatients) compared to other Californians[ii].

OPG continues to use a data-driven approach to develop and fine-tune program components to address the needs of those with a gambling disorder and those negatively

affected by others with gambling problems. Based on years of collected data, OPG asserts that the implementation of CalGETS has succeeded in meeting the intended program goals and has improved lives by addressing the harms associated with gambling disorder.

APPENDIX: List of Acronyms

Acronym	Term/Organization
CalGETS	California Gambling Education and Treatment Services
CCLHO	California Conference of Local Health Officers
CDPH	California Department of Public Health
CTCP	California Tobacco Control Program
DADP	Department of Alcohol and Drug Programs
EOT	End of Treatment
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] California Department of Public Health (2016). *California Tobacco Facts and Figures 2016*. Sacramento, CA: California Tobacco Control Program, California Department of Public Health.

[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.