The CALGETS Story:
The Impact of 5 Years of State-Funded Treatment

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Goals and Objectives

• Review CalGETS history and current treatment components
• Understand treatment outcomes of CalGETS clients
• Know demographic trends of CalGETS clients who engage and quit
California Gambling Education and Treatment Services (CalGETS)
problemgambling.ca.gov
Pre-Office of Problem Gambling

- 1958: Gambler’s Anonymous founded in Los Angeles
- 1980s: Private residential programs
- 1986: CCPG Founded
- 1990-: Certified gambling providers
- 2003: Office of Problem Gambling established (ADP)
California Prevalence Study (2005)

- n = 7,121; 18 years and older
- Problem gambling: 2.2%
- Pathological gambling: 1.5%

~ ~ 1,000,000 cases
~ ~ 9,000 – 14,000 would seek treatment

- Highest Risk:
  - African-Americans
  - Disabled
  - Unemployed
CalGETS TREATMENT COMPONENTS
Problem Gambling Telephone Interventions (PGTI)

- 1-800-GAMBLER (English, Spanish, AT&T Translation 200+ Languages)
- 1-888-968-7888 (Asian Languages)
  - Weekly sessions over the phone
  - Staffed by licensed therapists
  - Goal is to engage and transition to outpatient treatment

- Gamblers and Affected Individuals
  - Motivational Text Messaging
Outpatient Provider Network

• > 200 authorized providers
  – MFT, LCSW, PhD, PsyD

• Private offices, clinics
  – Ongoing monitoring/support
  – Therapeutic freedom
  – Can run groups

• Access by: helplines or online directory

• Gamblers and Affected Individuals
  ~1500 clients treated annually
Intensive Outpatient

UPAC (San Diego)

Beit T’Shuvah (LA)
Residential
Residential

San Francisco

Los Angeles
Intensive Outpatient Program

• 3 days/week for 4 weeks (12 days)
• Comprehensive, integrated treatment
• Separate gambling-specific treatment
• Utilizes evidenced-based care
  – Beit T’Shuvah Right Action Program (LA)
  – UPAC (San Diego)
• Gamblers Only
Residential Treatment

• Provide highest level of care for most severely ill
• 30 days of treatment, >15 hrs./week
• Integrated treatment with SUD
• Los Angeles and San Francisco
  – Beit T’Shuvah:  310-204-5200
  – Health Right 360:  415-762-3705
• Gamblers Only
Clinical Innovations (UGSP)

- Self-Help Workbook
- Client and Therapist Manual
- Drug and Alcohol Counselor
- Partners Manual
- Mindfulness Based Intervention
- Culture and Gambling Projects
- Paraprofessional trainings
- And more . . . .
Profile of CalGETS Clients and Treatment Outcomes
CalGETS Client Profile

• Average age: ~48.0
• 60% Males
• ~50% Caucasian, 17% Asian
• 30% smokers
• 31% “fair to poor “ health
• 25% treated for depression
## Change in NODS Scores for Outpatients

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Paired t Test Value</th>
<th>Pr &gt;</th>
<th>t</th>
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<tbody>
<tr>
<td>At Intake</td>
<td>1293</td>
<td>8.16</td>
<td>1.85</td>
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<tr>
<td>At End of Treatment</td>
<td>1293</td>
<td>6.66</td>
<td>3.1</td>
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<td>Difference</td>
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<td>1.5</td>
<td>3</td>
<td>18.02</td>
<td>&lt;.000</td>
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</table>
Trends in CalGETS

• These trends are consistent throughout all of the treatment components and have been consistent since the opening of CalGETS in 2009.
CalGETS: Severity

• By the time clients enter treatment, the severity of the gambling addiction is extremely high.

• Average severity based on modified NODS score is 8.2 out of a possible 10. (1 = least severe, 10 = most severe).
Severity by Modality

Average Modified NODS Score for Gamblers

- BDA: 7.8
- NICOS: 7.4
- OP: 8.2
- IOP: 9.8
- RTP: 8.9
Trends in CalGETS: Total Served

- Since CalGETS began operations in 2009, over 5,300 gamblers have completed an intake session.

- In FY 14-15, a total of 1,224 gamblers completed an intake
## Clients Served by Modality

<table>
<thead>
<tr>
<th></th>
<th>Gamblers</th>
<th>Affected Individuals</th>
<th>Totals by Modality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BDA</strong></td>
<td>154</td>
<td>19</td>
<td>173</td>
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<tr>
<td><strong>NICOS</strong></td>
<td>25</td>
<td>11</td>
<td>36</td>
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<tr>
<td><strong>OP</strong></td>
<td>995</td>
<td>424</td>
<td>1419</td>
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<tr>
<td><strong>IOP</strong></td>
<td>8</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td><strong>RTP</strong></td>
<td>42</td>
<td>-</td>
<td>42</td>
</tr>
<tr>
<td><strong>Total for FY 14-15</strong></td>
<td>1224</td>
<td>454</td>
<td>1678</td>
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</table>
## FY 14-15 Utilization vs. FY 13-14 Utilization

<table>
<thead>
<tr>
<th></th>
<th>FY 14-15</th>
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<th>FY 13-14</th>
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<tbody>
<tr>
<td></td>
<td>Gamblers</td>
<td>Affected Individuals</td>
<td>Gamblers</td>
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<tr>
<td>PGTI</td>
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<tr>
<td>OP</td>
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<tr>
<td>RTP</td>
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<tr>
<td>Totals</td>
<td>1214</td>
<td>426</td>
<td>1224</td>
</tr>
</tbody>
</table>
Trends in CalGETS: Venue and Games

• Approximately 60% of CalGETS clients report that tribal gaming is their preferred venue.

• The most popular gaming activity is slot machines (70%) followed by blackjack and poker.
Predictors to Complete Five or More Sessions

Odds Ratio:

• 56 years or older: 1.79
• Graduate / Professional Degree 2.97
• Any GA Attendance 1.84
Trends in CalGETS: Client Satisfaction

- 85% of CalGETS clients report high satisfaction with the services they received.
  - Across ALL treatment components
Successes and Surprises
CalGETS Achievements (Successes)

• In the 5 years since inception we have:
  – Created multidisciplinary network of over 200 licensed therapists
  – Created two residential treatment programs and one intensive outpatient program
  – Served over 5,000 clients; both gamblers and affected individuals
  – Created treatment resources that are used nationally and internationally
  – Shown high satisfaction with treatment among those receiving services
Data Strengths

- Very large sample
- Capturing information at point of entry
- Tracking in-treatment information
- Overlapping data points across forms
- Universal forms allow some comparisons across treatment modality
- Broadness of data collection can generate questions for in-depth study
Surprises

1. Invest in quality assurance practices
2. Empower workforce to take ownership
3. Providing ongoing supervision is critical
4. Clients using Internet for main source of information
5. Continually involve stakeholders
Surprises

6. Add 30% time to administrative changes / policies
7. Evaluate outreach techniques
8. Treatment supply and demand fluctuates rapidly
9. Prepare for unexpected events in advance by having flexibility in administration and operations
10. Reduce healthcare bureaucracy
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