

Building The California Problem Gambling Treatment Services Program (CPGTSP)

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Overview

- Gambling in California
- Background to CPGTSP
- CPGTSP
 - Philosophy
 - Program Components
 - “Construction” Update

Gambling in California



Gambling in California

- Total Revenue
 - \$3 billion (1997)
 - \$11 billion (2008)
 - Horse race wagering : \$ 37 million
 - Card rooms \$ 889 million
 - Lottery: \$ 3 billion
 - Tribal casinos \$ 7 billion
- 60% Californians gambled last year

Types of Gambling In California (2010)

State lottery (1985)
 Card rooms (91)
 ~1,500 tables total
 Tribal casinos (58)
 Total number of slot machines = > 20,000
 Horseracing: 6 operating tracks
 Total number of lottery vendors = > 20,000
 Close proximity to Nevada
 No Internet gambling

California Prevalence Study (2005)

n=7,121 respondents, 18 years and older
 Problem gambling 2.2%
 Pathological gambling 1.5%
 ~1,000,000 problem/pathological cases

*Highest Risk: African-Americans,
 Disabled, Unemployed



Impact of Pathological Gambling

- \$ 1 Billion cost to California, annually
 - Lost productivity
 - Crime
 - Bankruptcies
 - Emotional and Physical Suffering
 - Substance Use Disorders
- (CRB 2006)

Pre-CPGTSP

- Prior to 2003, no single state agency or program addressed PG
- No federal, state, county or local funds allocated
- No unifying theme among industry
- Privately offered treatment, only
 - Inconsistent insurance coverage
- Few, trained clinicians available

Pre-CPGTSP: 2003-2009

- Office of Problem Gambling (2003)
- Situational Needs Report (2005)
- Statewide Prevalence Survey (2006)
- Statewide Plan (2006)
- Brief Intervention Projects
 - Self-Help Workbook (2007)
 - Telephone Helpline Intervention (2007)

CPGTSP Planning Timeline

- Funded as a pilot program, from SDF
 - \$5 million per year for three years
 - July 1, 2009 – June 30, 2012
- Formal CPGTSP planning begins in Winter 2009
- “California Problem Gambling Treatment Services Program”

CPGTSP Goals

- Develop and deliver a variety of effective treatment options for California residents
- Increase treatment capacity through workforce development
- Provide real-time clinical data for oversight and monitoring
- Implement program changes quickly

CPGTSP Core Principles

- Individualized Treatment
- Accessibility
- Continuum of Care
- Integrative
- Accountability
- Effective, evidenced-based

Components of Care

- Component 1 : Training
- Component 2 : Brief Interventions
- Component 3 : Outpatient Care
- Component 4: Intensive Outpatient Program
- Component 5: Residential Treatment
- Component 6: Clinical Innovations

Progress 2009-2010

Component 1: Trainings

- Phase 1 Trainings
 - 30 hours of live training
 - No cost, free CEUs
 - Licensed therapists
 - First step toward authorization
 - Goal to increase treatment skills

2009 – 2010 Trainings

- Completed Phase 1 Trainings
 - Los Angeles – October 2009 (7)
 - San Francisco – November 2009 (41)
 - Sacramento – December 2009 (21)
 - San Diego – January 2010 (60)
- Scheduled Phase 1 Trainings
 - Long Beach – April 2010 (50 + WL)
 - Riverside – May 2010 (50 + WL)
 - San Francisco – June 2010 (50 +WL)

Provider Licenses

PhD	9
PsyD	11
MFT	78
LCSW	16
MFT	7
TOTAL	121

Languages Spoken by Providers

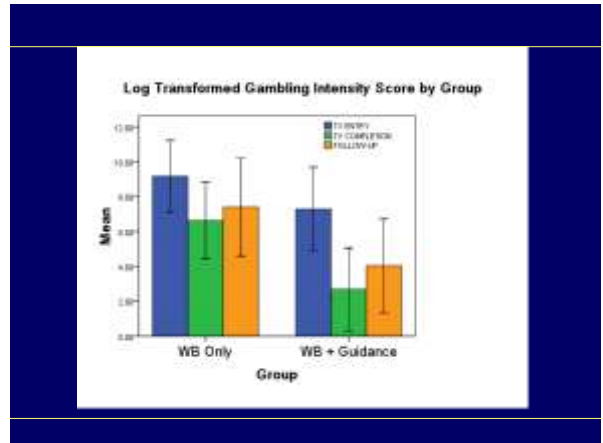
Cantonese	Japanese	Serbian
Croatian	Kiswahili	Spanish
Farsi	Korean	Tagalog
German	Mandarin	Taiwanese
Hindi	Punjabi	Toishanese
Italian	Russian	Vietnamese

Map of Providers in California



Component 2: Brief Interventions

- Self-Help Workbook
 - “Freedom From Problem Gambling”
 - Developed by UCLA
 - Multiple languages available (10)
 - Clinical trial demonstrated safety and efficacy
 - Adopted by other states
 - Available NOW



Component 2: Brief Interventions

- Telephone Helpline Intervention
 - English
 - Spanish
 - Asian Languages
 - 6 telephone sessions, with therapist
- Benefits include immediate service
- Goal to transition to live treatment
- Available Spring 2010

Component 3: Outpatient Care

- Statewide network of authorized, licensed healthcare providers
- 30 hours training ;10 hours of supervision
- Offerings from variety of disciplines, philosophies and treatment settings
- CPGTSP Franchising
- Real-time monitoring, support, accountability
- AVAILABLE: MID 2010

Component 3: Outpatient Care

- Development of Treatment Forms
- Establishing Policies and Procedures
- Procurement of online database monitoring system
- Create supervisor network
- Integrate therapist feedback

Component 4: Intensive Outpatient

- Higher level of care
 - 9 hours per week x 4 wks
 - Evening hours
 - Individual therapy, gambling recovery group, activity group
- Available Mid 2010

Component 4: Intensive Outpatient

- IOP Placement and Referral Process
- IOP Curriculum Under Development
 - Gambling Recovery Activities
- IOP Staff development
- IOP Policies and Procedures

Component 5: Residential Treatment

- Highest Level of Care
 - Develop within licensed RTC with experience in PG treatment
 - Separate gambling treatment track
 - Minimum of 30 days of treatment
 - (3 hours per day)
 - 5 – 7 treatment slots available at one time
- AVAILABLE: Mid 2010

Component 5: Residential Treatment

- RTC Placement and Referral Process
- RTC Curriculum Under Development
 - Gambling Recovery Activities
- RTC Staff development
- RTC Policies and Procedures
- Feedback groups conducted to guide development

Component 6: Clinical Innovations Program

- Establish 'best practices' in the treatment of gambling problems
- Translate research findings into treatment resources
- Test and refine promising treatments

Component 6: Clinical Innovations Program

- In progress:
 - Evaluating effectiveness of manualized treatment for PG
 - 6 session, manualized treatment
 - Created from different treatment elements
 - Who responds best? Why?



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CPGTSP Program Advances

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Training

- Develop online training curriculum
- Provide advanced trainings
- Refine California-specific information
- Involve add'l gambling-related perspectives
 - Gambling Industry
 - Legal
 - Economic

Brief Interventions

- Distribute Self-Help Workbooks
 - Primary Care Providers
 - Legal System
 - Financial Institutions
 - Online / Fillable Version
 - Inside Gambling Venues

Brief Interventions

- Telephone Intervention
 - Expand into additional languages
 - Expand into tele-treatments
 - Determine optimal cost-effectiveness
 - Consider Internet Interventions

Outpatient Provider Network

- Real-time, provider directory
 - Provider / clinic reviews
- Expanded resources for providers
- Telephone Aftercare Program
- Provide more evidenced-based tools
- Increase outreach efforts (social network)
- Increase number of disciplines trained (physicians, nurses, PAs)

Intensive Outpatient Programs

- Expand to services areas with high demands or treatment needs
- Refine time and amount of treatment for maximal treatment impact
- Blend in with Wellness Model of recovery
- Incorporate more mental health treatment systems

Residential Treatment

- Increase number of treatment slots to meet treatment demand
- Gender and cultural-specific RTCs
- RTC within incarcerated populations
- Increase involvement from private sectors

Clinical Innovation Projects:

- Planned Project # 1
- “Counselor Efficacy in Treatment of Pathological Gamblers”
- Train certified AOD counselors in PG treatment
- Examine effectiveness, retention therapeutic alliance and client receptiveness

Clinical Innovation Projects:

- Planned Project #2
- “Treatment of Affected Individuals of Pathological Gambling”
- Develop 6-session treatment manual to reduce stress, enabling and increase coping skills and promote recovery
- Very understudied area

CPGTSP Evaluation

- Standardized reporting forms
- Electronic Database System
 - Examine all aspects of treatment performance
 - Provide real-time feedback to providers
- Site Audits to ensure program fidelity
- CPGTSP Program Evaluation through third-party evaluation

CPGTSP Needs

- Secured funding
- Increased Visibility
- Ongoing feedback and quality improvement
- More stakeholder involvement
- Documentation of CPGTSP impact
 - Provider and patient stories
 - Reduction of harm caused by PG



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