



# Increasing Treatment Demand: How to Get Clients to Make the First Call –

Timothy Fong MD

UCLA Gambling Studies Program

Focus on The Future Conference

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# Goals and Objectives

- Review best practices for treatment engagement for clients with gambling disorder
- Discuss innovative practices that will enhance treatment navigation and increase treatment demand

# California Gambling Education and Treatment Services

CALGETS

# Treatment Components

- Problem Gambling Telephone Intervention (Telus)
  - “Call To Change”
- Outpatient Providers (>150)
- Intensive Outpatient Programs
  - UPAC
  - Beit T’Shuvah (Right Action Program)
- Enhanced Outpatient Program
  - Westside Gambling Treatment
- Residential Treatment Programs
  - Beit T’Shuvah (Right Action Program)

# UGSP Collaborators

- Office of Problem Gambling
- California Council on Problem Gambling
- Telus
- Beit T'Shuvah
- CalGETS Authorized Providers
- Union on Pan Asian Communities (UPAC)
- EPIC
- Friday Night Live (Betting on Our Future)
- Westside Gambling Treatment
- National Council on Problem Gambling
- Kindbridge
- Gambler's Anonymous
- OPG Advisory Board
- BDS Consulting
- Vision Y Compromiso

# Current Treatment Demand and Treatment Experience

# What works in other areas of behavioral health?

- Current Mental Health Crisis
  - CANNOT MEET DEMAND 10x!
  - Think all college campuses
- Knowing what treatment can actually do for you
- Looking for therapist to get something done for you that will make life easier
- Profound emotional pain, restriction / limitations in functioning

# Google “Gambling Addiction”

- CALGETS
- UCLA Gambling Studies Program
- California Council on Problem Gambling
- Private, for-profit SUD programs
- Various other access points

# Current Treatment System

- Time from first phone call to first appointment (telehealth or in person)
  - 3-7 business days
- Average severity of client entering CALGETS
  - SEVERE
  - Many harmful consequences, already
- Most common route of entry is still gambling helpline

# What We've Learned about Treatment Demand since 2009

- Calls for appointment go up during March and drop November / December
- Most “in-demand” providers have easy access, strong reputations, connections to Gambler’s Anonymous and high quality clinical skills
- Affected individuals call more but less likely to make appointment for themselves

# Other Fast Facts about Treatment Seeking Clients

# DID YOU KNOW .....?

## People who experience harm or problems from gambling may have a mental health condition?

For most people, gambling is fun and engaging, but approximately 1 percent of adults in the US have a severe gambling problem.<sup>1</sup>

- Gambling disorder has been recognized by the American Psychiatric Association since 1980<sup>2</sup>
- 3 to 4% of American adults may have gambling disorder<sup>1</sup>
- Problem gambling can have profound effects on the gambler, and also on the gambler's family

### Could you have gambling disorder?

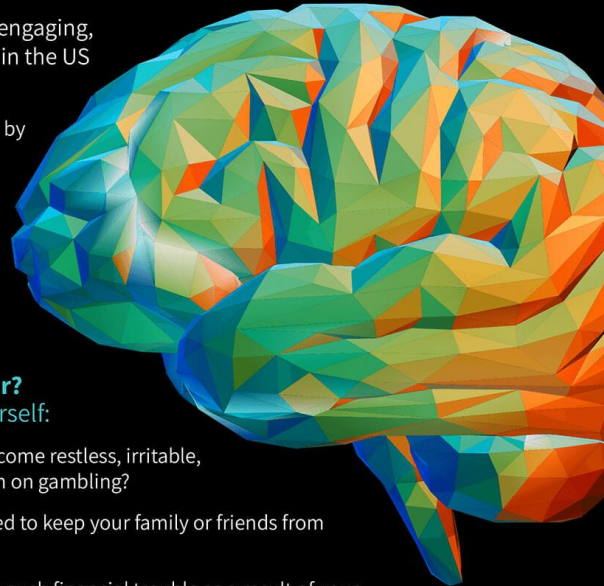
Here are three questions to ask yourself:

- During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?
- During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?
- During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?

A "yes" response to any single item indicates potential gambling-related problems and the need for additional evaluation.<sup>3</sup>

### Treatment is available for you and your family

In California, over 17,000 people have received no-cost treatment through CalGETS. If you or someone you know has a gambling problem, **call 1-800-GAMBLER.**



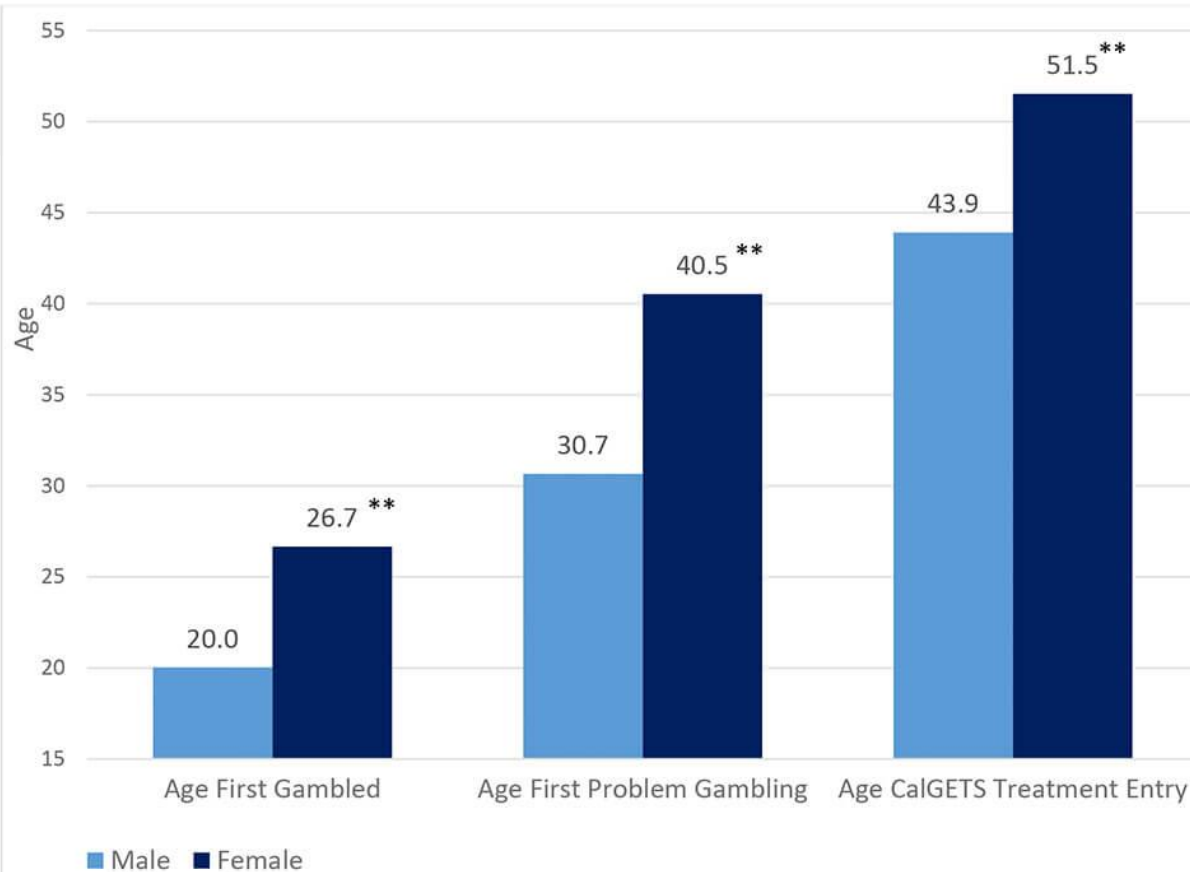
<sup>1</sup> National Center for Responsible Gaming (NCRG) Gambling Disorders Fact sheet  
[https://www.icrg.org/sites/default/files/oec/pdfs/ncrg\\_fact\\_sheet\\_gambling\\_disorders.pdf](https://www.icrg.org/sites/default/files/oec/pdfs/ncrg_fact_sheet_gambling_disorders.pdf)

<sup>2</sup> Includes compulsive gambling, pathological gambling, gambling addiction, and gambling disorder.

<sup>3</sup> Brief Biosocial Gambling Screen; Gebauer, L., LaBrie, R., & Shaffer, H. J. (2010). Optimizing DSM-IV-TR classification accuracy: A brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. *Canadian Journal of Psychiatry*, 55, 82-90.

# CalGETS Fast Facts

## CalGETS: Age of Gamblers' Life Events by Gender



Sources – *Outpatient Problem Gambler Dataset*: CalGETS dataset prepared for the California Department of Public Health, Office of Problem Gambling by the University of California Los Angeles Gambling Studies Program. Dataset includes data from July 1, 2015 through June 30, 2020. Problem Gamblers Total N=3,855; \*\* $p < 0.01$ , Independent samples  $t$ -tests, equal variances not assumed.

November - December 2022

From July 2015 through June 2020, nearly 4,000 problem gamblers entered CalGETS outpatient treatment. They reported their gender, the age that they first gambled and first experienced problem gambling.

Those describing themselves as male reported a younger average age of first gambling compared to those who described themselves as female. In addition, those describing themselves as male reported a younger average age of first experiencing gambling problems and entered treatment at a younger age.

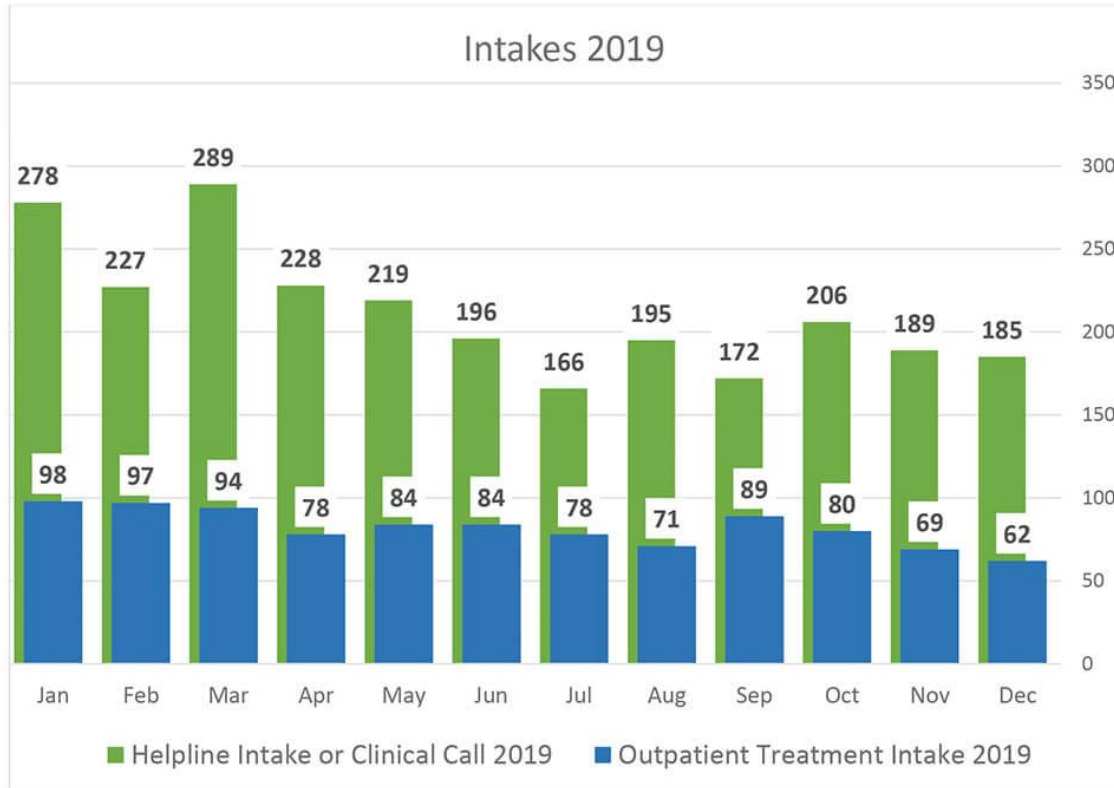
For both groups, the age at which they entered treatment was more than 10 years after the age they experienced their first problem gambling.

At each of the three life events, the age differences were statistically significant.

# CalGETS Fast Facts

## CalGETS Helpline and Outpatient Treatment Intakes Vary by Month

March 2021



During 2019, 2,550 people called the CalGETS Helpline and received intake or clinical services from on-call clinicians. Assistance is provided to those with problem gambling and to affected individuals (AI). AIs are those, such as the close family members of gamblers, who are impacted by problem gambling behavior. Calls to the helpline are greatest during January and March.

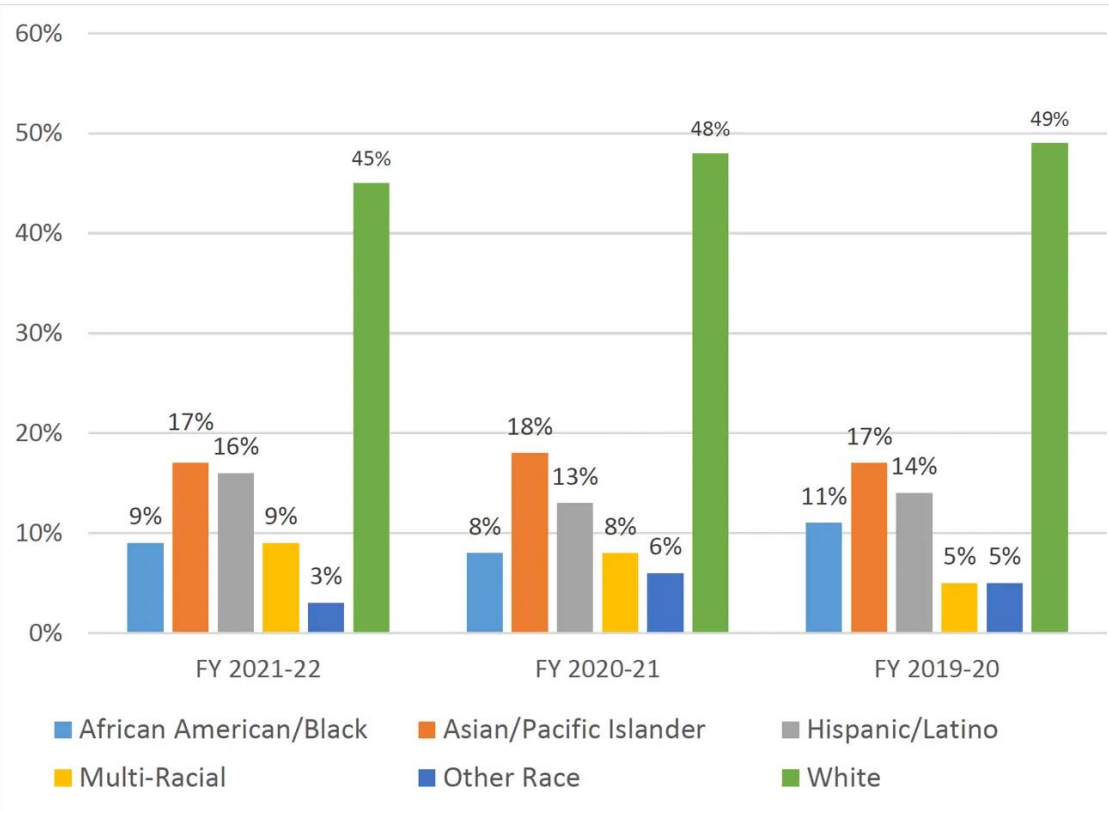
During 2019, 984 problem gamblers and affected individuals entered CalGETS outpatient treatment. The months with the greatest number of intakes are January through March, while the months with the fewest intakes are November and December.

Sources – *Outpatient Gamblers and Affected Individuals*: CalGETS Fiscal Years 2015-20 dataset, prepared for the California Department of Public Health, Office of Problem Gambling by the University of California Los Angeles Gambling Studies Program. Dataset includes data from July 2015 through June 2020. *Helpline Intakes or Clinical Calls*: Morneau Shepell: California Problem Gambling Helpline Statistics Monthly Report, prepared for the California Department of Public Health, Office of Problem Gambling.

In California, problem gamblers can receive no-cost treatment through CalGETS. ☎ If you or someone you know has a gambling problem, call 1-800-GAMBLER.

# CalGETS Fast Facts

## CalGETS: Three-Year Race/Ethnicity Percentages of Gamblers in Treatment



Sources – CalGETS Annual Treatment Services Report Fiscal Years 2021-22, 2020-21, 2019-20, prepared for the California Department of Public Health, Office of Problem Gambling (OPG) by the University of California Los Angeles Gambling Studies Program (UGSP). Outpatient FY 2021-22 N=480, FY 2020-21 N=441, FY 2019-20 N=601.

## Fall 2023

At treatment entry, CalGETS participants are asked to describe their race and ethnicity. Percentages of race/ethnicity varied slightly over the three fiscal years from 2019 to 2022.

The percentage of gamblers in outpatient treatment who self-reported as African American/Black ranged from 8% to 11%. 17-18% of treatment participants self-reported as Asian/Pacific Islander.

13-16% of treatment participants self-reported as Hispanic/Latino. 45-49% self-reported as White. In addition, 5-9% self-reported as multi-racial, and 3-6% as another race.

Increasing Treatment Demand

# Who's NOT coming to treatment?

- Non-white, BIPOC
- Youth and older adults
- Women
- Non-English speakers
- Those without access to telehealth
- Non-psychologically-minded
- +

# How do you get more calls?

- Increased spending on advertising always nets more calls
- All these calls from sports betting ads nets more calls
- Constant media presence
- Social media campaigns (?)
- Embedding into every helpline in state
  - Suicide, smoking, vaping, DV

# Does Screening Help?

- Does screening immediately yield direct referrals to treatment?
  - Riverside San Bernardino Indian Health Clinic
    - ~2% of all PCP patients screen positive for BBGS
    - immediate psychoeducation and referral but actual appointments are few

Stigma and denial are powerful forces

# Making the First Appointment Super Easy

- When they call, motivation probably the highest
- Can they self-schedule?
- A short video to explain expectations of treatment
- Warm hand-offs – tricky
- Self-exclusion should be a time for scheduling

# VyC: Community Engagement Project

The image shows a screenshot of the website for the 21st Annual Vision and Commitment Conference. The website has a purple and red color scheme. At the top, there is a navigation menu with links for 'Who We Are', 'What We Do', 'Our Impact', 'Get Involved', 'Events', and 'Donate'. The main banner features the conference logo, the dates '5-7 de OCTUBRE del 2023' at the 'SHERATON GATEWAY LOS ANGELES', and a QR code. A central graphic of a heart with a hummingbird and the text 'El cambio soy yo' is prominent. Below the banner, there is a 'Welcome' section with three red buttons: 'Conference Website', 'EVENTS', and 'Employment'.

Visión y Compromiso™  
Who We Are What We Do Our Impact Get Involved Events Donate

Visión y Compromiso™  
21ª CONFERENCIA ANUAL

5-7 de OCTUBRE del 2023  
SHERATON GATEWAY  
LOS ANGELES

¡INSCRÍBETE HOY!  
¡Únete a más de mil  
promotores y trabajadores  
comunitarios!

*El cambio  
soy yo*

vyconference.org

Welcome

Conference Website EVENTS Employment

# VyC

- Train Promotores about gambling disorder 101 with a culturally relevant focus
- Goal is to drive clients into treatment
- Focus on community events, trusted members of community, conversations driven at fairs, neighborhoods and daily interactions
- Tracking impact on helpline calls and referrals

# How do we get mild-moderate cases into treatment?

- Incentivize assessment completion
  - Pay for interview
- Mandate assessments for the most vulnerable populations
- Embed gambling education into healthcare, legal, financial, athletic setting
- Don't call it Gambling Treatment
  - NICOS Teahouse Experience

# Collaborations with Industry

- “Sweat Free Therapy” or “Risk-Free Appointment” promos
- Self-exclusion should be true gateway to treatment
- Customers with risky gambling patterns encouraged to meet with a professional before being allowed to continue (how?)
- Slow down the 1-800-GAMBLER number in ads.

# Other Ideas

- Former clients, peer recovery specialists are not utilized as often as can be
- If more companies had gambling policies like the professional sports organizations, violators would seek treatment
- Referrals from criminal justice systems haven't been robust through the years but always worth revisiting

What Strategies Have Worked  
For You?

What Strategies Have NOT  
Worked For You?

# Ideas Generation

# UCLA Gambling Studies Program (UGSP)

- UGSP examines the causes, course and impact of gambling disorder while developing evidence-based treatment strategies
- Funded by NIDA, Office of Problem Gambling, Annenberg Foundation
- Lab Space available for pre and post-docs

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Office of Problem Gambling

LifeWorks

Beit T'Shuvah

Health Right 360

UPAC

CalGETS Providers

CalGETS Supervisors

CCPG

NCPG

RSBIHC

Vision y Compromiso

Friday Night Live

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**THINK PROGRESS**

**The Hot New Form Of Fantasy Sports Is Probably Addictive, Potentially Illegal And Completely Unregulated**

Dr. Fong discusses the rise of paid fantasy sports  
Sacha Feinman and Josh Isreal Interview Dr. Timothy Fong for an article on fantasy sports betting for Think Progress

Contact Us  
Map and Directions  
Learn More

### Freedom from Problem Gambling

The UCLA Gambling Studies Program (UGSP) is a non-profit organization within the Department of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles. Our mission is to reduce the individual, familial, and societal harm caused by pathological gambling. Since 2005, we have been engaged in conducting research, providing cost-effective prevention and treatment services, and offering education and training opportunities to healthcare providers and the community at large.

Research	Treatment	Education
UGSP is committed to the advancement of research. We use a wide range of research methods to continually investigate the biological, psychological, and	UGSP has a number of outpatient treatment options available for problem gamblers and their families. Our team of experts understand and treat problematic	UGSP provides educational and training opportunities for mental health providers across Southern California. We also welcome local and international volunteers.

## Contact Information

**Timothy Fong MD**

UCLA Gambling  
Studies Program

310-488-3916

[tfong@mednet.ucla.edu](mailto:tfong@mednet.ucla.edu)

[twitter: @fongster98](https://twitter.com/fongster98)



**SEMEL**  
Institute  

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UCLA



## Contact Information

Timothy Fong MD

UCLA Gambling Studies Program

310-825-1479 (office)

[tfong@mednet.ucla.edu](mailto:tfong@mednet.ucla.edu)

[uclagamblingprogram.org](http://uclagamblingprogram.org)