

AMENDED IN SENATE JULY 3, 2007

AMENDED IN ASSEMBLY APRIL 18, 2007

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

ASSEMBLY BILL

No. 1339

Introduced by Assembly Member Torrico
(Coauthors: Senators Alquist, Cedillo, and Kuehl)

February 23, 2007

An act to amend Sections 4369.1, 4369.2, and 4369.3 of, to add Section 4369.5 to, and to repeal Section 4369.4 of, the Welfare and Institutions Code, relating to problem and pathological gambling.

LEGISLATIVE COUNSEL'S DIGEST

AB 1339, as amended, Torrico. Problem and pathological gambling.

Existing law establishes the Office of Problem and Pathological Gambling within the State Department of Alcohol and Drugs Programs for the purpose of developing a problem gambling prevention program, including, but not limited to, a public awareness campaign, and requires the office to develop a statewide plan to address problem and pathological gambling.

This bill would specify the programs to be included in the plan, would require the plan to serve as the state's strategic plan for the prevention, intervention, and treatment of problem and pathological gambling behaviors, and would require that the plan be updated periodically, at the discretion of the office.

This bill would establish the Problem *and Pathological* Gambling Advisory Board and would set forth its advisory duties. The bill would require the office to ~~develop its first~~ *revise its* strategic plan, as

necessary, and to deliver it to the Governor and the Legislature by January 1, 2009.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 4369.1 of the Welfare and Institutions
2 Code is amended to read:

3 4369.1. As used in this chapter, the following definitions shall
4 apply:

5 (a) "Department" means the State Department of Alcohol and
6 Drug Programs.

7 (b) "Director" means the director of the department.

8 (c) "Office" means the Office of Problem and Pathological
9 Gambling.

10 (d) "Pathological gambling disorder" means a progressive
11 mental disorder meeting the diagnostic criteria set forth by the
12 American Psychiatric Association's Diagnostic and Statistical
13 Manual, Fourth Edition.

14 (e) "Problem gambling" means participation in any form of
15 gambling to the extent that it creates a negative consequence to
16 the gambler, the gambler's family, place of employment, or
17 community. This includes patterns of gambling and subsequent
18 related behaviors that compromise, disrupt, or damage personal,
19 family, educational, financial, or vocational interests. The problem
20 gambler does not meet the diagnostic criteria for pathological
21 gambling disorder.

22 (f) "Problem gambling prevention programs" means programs
23 designed to reduce the prevalence of problem and pathological
24 gambling among California residents. These programs shall
25 include, but are not limited to, public education and awareness,
26 outreach to high-risk populations, early identification, responsible
27 gambling, problem gambling treatment, and problem gambling
28 consumer protection programs.

29 (g) "Problem gambling consumer protection programs" means
30 protections, including, but not limited to, self-exclusion programs
31 for patrons, programs recommending socially responsible manners
32 of advertising, policies for locating responsible gambling
33 information and material in conspicuous locations, and policies

1 regarding the location of automated teller machines (ATM) in
2 casinos.

3 (h) “Advisory board” means the Problem and Pathological
4 Gambling Advisory Board established pursuant to Section 4369.5.

5 (i) “Problem gambling treatment services” means programs that
6 provide direct treatment services to the problem and pathological
7 gambler and directly involve family members to reduce or
8 eliminate addictive problem *and pathological* gambling behavior.

9 (j) “Strategic plan” means a comprehensive strategy for the
10 research of, and the prevention, detection, intervention, treatment,
11 and elimination of, pathological and problem gambling.

12 (k) “Early intervention” means a limited-term strategy offered
13 with the aim of assisting an individual to prevent, reduce, or end
14 problem *and pathological* gambling behavior. Early intervention
15 services may be provided in person, by telephone, online, by
16 printed materials, or by a combination of these activities designed
17 for the “at-risk” gambler and are the least restrictive form of
18 services.

19 SEC. 2. Section 4369.2 of the Welfare and Institutions Code
20 is amended to read:

21 4369.2. (a) The office, in consultation with the advisory board,
22 shall develop a problem *and pathological* gambling prevention
23 program, which shall be the first priority for funding appropriated
24 to this office. The prevention program shall be based upon the
25 allocation priorities established by the department pursuant to the
26 strategic plan and subject to funding being appropriated for the
27 purpose of this subdivision, and shall consist of all of the following:

28 (1) A multilingual toll-free telephone service for immediate
29 crisis management and containment with subsequent referral of
30 problem and pathological gamblers to health providers who can
31 provide treatment for gambling related problems and to self-help
32 groups.

33 (2) Public awareness campaigns that focus on prevention and
34 education among vulnerable populations and the general public
35 including, for example, dissemination of ~~youth-oriented~~
36 *youth-oriented* preventive literature, educational experiences,
37 outreach programs, and public service announcements in the media.
38 Outreach programs may include, but are not limited to, telephone
39 sessions preparing the client or the family members for treatment,
40 face-to-face sessions educating family members on their role in

1 recovery, psychosocial support for family members, and
2 psychoeducational sessions for the client and family.

3 (3) Empirically driven research programs focusing on
4 epidemiology/prevalence, etiology/causation, and best practices
5 in prevention and treatment. Research programs shall be designed
6 to continually identify the most effective methods of preventing
7 and treating gambling addiction and programs that monitor the
8 impact of gambling activities and the effectiveness of the
9 prevention and treatment programs. These programs shall include
10 quality research projects that provide recommendations to
11 incorporate the results of research into the strategic plan in a timely
12 and effective manner. Pertinent studies shall seek to include short-
13 and long-term studies and longitudinal studies for a smaller
14 percentage of the client population to measure the impact and
15 efficacy of treatment services over an extended period of time.

16 (4) Training of health care professionals and educators, and
17 training for law enforcement agencies and nonprofit organizations
18 in the identification of problem *and pathological* gambling
19 behavior and knowledge of referral services and treatment
20 programs.

21 (5) Training of gambling industry personnel in identifying
22 customers at risk for problem and pathological gambling and
23 knowledge of referral and treatment services.

24 (b) (1) The office shall develop a program to support treatment
25 services for California residents with problem and pathological
26 gambling issues. The program shall be based upon the allocation
27 priorities established by the department pursuant to the strategic
28 plan and subject to funding being appropriated for the purposes
29 of this subdivision. These priorities shall also be based on the best
30 available existing state programs as well as on continuing research
31 into best practices and on the needs of California. The treatment
32 program shall consist of all of the following components:

33 (A) Treatment services for problem and pathological gamblers
34 and directly involved family members. These treatment services
35 shall be created through partnerships with established health
36 facilities that demonstrate the ability and capacity to provide
37 evidence-based and culturally competent treatment for gambling
38 related problems, substance abuse facilities, and providers. State
39 funded treatment may include, but is not limited to, the following:
40 self-administered, home-based educational programs; outpatient

1 treatment; residential treatment; and inpatient treatment when
2 medically necessary.

3 (B) A funding allocation methodology that ensures treatment
4 services are delivered efficiently and effectively to areas of the
5 state most in need.

6 (C) Appropriate review and monitoring of treatment programs
7 by the director of the office, *in consultation with* the advisory
8 board, ~~or a designated institution~~ *or an institution designated by*
9 *the director* that shall have demonstrated the ability to evaluate
10 treatment programs. The evaluation shall include grant oversight
11 and monitoring, standards for treatment, and outcome monitoring.

12 (D) Treatment efforts shall provide services that are relevant to
13 the needs of a diverse multicultural population with attention to
14 groups with unique needs, including female gamblers, underserved
15 ethnic groups, the elderly, youth, young adults, and the physically
16 challenged.

17 (2) (A) Problem gambling treatment programs shall utilize
18 existing gambling treatment service providers as well as expanding
19 the role of some of the existing substance-abuse treatment agencies
20 and other qualified disciplines, community-based organizations,
21 and other entities, who demonstrate the ability and capacity to
22 provide evidence-based and culturally competent treatment
23 services.

24 (B) These programs may include treatment services to problem
25 *and pathological* gamblers, their spouses and family, programs
26 for special populations such as women, seniors, youth, young
27 adults, and underserved ethnic groups, and programs for treating
28 multiple addictions.

29 (C) Outpatient treatment approaches may include
30 cognitive-behavioral therapy, motivational interviewing, relapse
31 prevention, psychodynamic therapy, and supportive psychotherapy.

32 (D) Case management functions may include maintaining a
33 centralized, systematic screening, assessment, coordination, and
34 tracking of services and outcomes.

35 (E) The programs may also include inpatient treatment and
36 rehabilitation services for residents in a temporary or permanent
37 residential setting for chemical dependency, mental health, or
38 domestic violence who demonstrate the ability and capacity to
39 provide evidence-based and culturally competent services for
40 clients with cooccurring disorders.

1 (c) The office shall make information available as requested by
2 the Governor and the Legislature with respect to the comprehensive
3 program.

4 (d) The office shall ~~develop its first strategic plan~~ *revise its*
5 *strategic plan as necessary and as directed by this chapter* and
6 deliver the plan to the Governor and *to the relevant fiscal and*
7 *policy committees of the Legislature*, by January 1, 2009.

8 SEC. 3. Section 4369.3 of the Welfare and Institutions Code
9 is amended to read:

10 4369.3. (a) In designing and developing the overall program,
11 the office, in consultation with the advisory board, shall do all of
12 the following:

13 (1) Develop a statewide plan to address problem and
14 pathological gambling. The statewide plan shall serve as the state's
15 strategic plan for the prevention, intervention, treatment, and
16 research of problem and pathological gambling behaviors. The
17 statewide plan shall be updated periodically, at the discretion of
18 the office, as goals are accomplished or modified, or as additional
19 funding or information becomes available.

20 (2) Adopt any regulations necessary to administer the program.

21 (3) Develop priorities for funding services and criteria for
22 distributing program funds.

23 (4) Monitor the expenditures of state funds by agencies and
24 organizations receiving program funding.

25 (5) Evaluate the effectiveness of services provided through the
26 program.

27 (6) Pursue policy changes and funding requests to achieve the
28 goals and objectives of the strategic plan.

29 (7) Evaluate annual program funding needs consistent with the
30 strategic plan, and develop an equitable funding request from all
31 gaming interests throughout California.

32 (8) Coordinate and work with any other agency that regulates
33 casino gambling or cardrooms within the state or other entities
34 involved in gambling and the treatment of problem and
35 pathological gamblers.

36 (b) Notwithstanding any other provision of law, any contracts
37 required to meet the requirements of this chapter are exempt from
38 the requirements contained in the Public Contract Code and the
39 State Administrative Manual, and are exempt from the approval
40 of the Department of General Services.

1 (c) The first and highest priority of the office with respect to
2 the use of any funds appropriated for the purposes of this chapter
3 shall be to carry out paragraph (1) of subdivision (a).

4 (d) Administrative costs for the program may not exceed 10
5 percent of the total funding budgeted for the program.

6 SEC. 4. Section 4369.4 of the Welfare and Institutions Code
7 is repealed.

8 SEC. 5. Section 4369.5 is added to the Welfare and Institutions
9 Code, to read:

10 4369.5. (a) The Problem and Pathological Gambling Advisory
11 Board is hereby established, consisting of 29 members as follows:

12 (1) Director of the department, or his or her designee, who shall
13 serve as the chair.

14 (2) Director of the Division of Addiction and Recovery Services
15 within the Department of Corrections and Rehabilitation, or his
16 or her designee.

17 (3) Director of the California Youth Authority, or his or her
18 designee.

19 (4) Director of Mental Health, or his or her designee.

20 (5) Director of Health Care Services, or his or her designee.

21 (6) Director of Finance, or his or her designee.

22 (7) Executive Director of the California Horse Racing Board,
23 or his or her designee.

24 (8) Executive Director of the California Gambling Control
25 Commission, or his or her designee.

26 (9) Director of the Division of Gambling Control within the
27 Department of Justice, or his or her designee.

28 (10) Director of the California State Lottery Commission, or
29 his or her designee.

30 (11) ~~Six~~ *A total of six* representatives from gambling related,
31 mental health, and substance abuse treatment service providers
32 appointed by the director. ~~No more than two of the representatives~~
33 ~~may be director, with two representatives each from gambling~~
34 ~~related, mental—health health-related, or substance—abuse~~
35 ~~health-related~~ *treatment providers.*

36 (12) Five representatives from the gambling industry, *one*
37 *appointed by the Senate Committee on Rules, one appointed by*
38 *the Speaker of the Assembly, and three* appointed by the director.

- 1 (13) Two representatives from local government ~~appointed by~~
2 ~~the director~~, *one appointed by the Senate Committee on Rules and*
3 *one appointed by the Speaker of the Assembly.*
- 4 (14) Two representatives of academia that have a specialty in
5 addiction research, *one appointed by the Speaker of the Assembly*
6 *and one appointed by the director.*
- 7 (15) Two consumers of problem gambling treatment services,
8 *one appointed by the Senate Committee on Rules and one appointed*
9 *by the director.*
- 10 (16) Two representatives of the Legislature, one appointed by
11 the President pro Tempore of the Senate and one appointed by the
12 Speaker of the Assembly.
- 13 (b) The director shall make appointments to the advisory board
14 by June 30, 2008.
- 15 (c) The director shall convene the advisory board at least once
16 every 3 months, or more frequently as needed.
- 17 (d) Membership of the advisory board shall not exceed a
18 representation of more than 25 percent from the gambling industry.
- 19 (e) The advisory board may establish subcommittees to examine
20 in more detail issues related to problem and pathological gambling.