Nebraska DHHS-Division of Behavioral Health

State Committee on Problem Gambling

February 8, 2013 / 9:00 AM – 1:30 PM

Country Inn & Suites – Lighthouse Room, Lincoln, NE 68521

Meeting Minutes

I. Call to Order and Roll Call *Ed Hoffman*

Chairperson, Ed Hoffman, called the meeting of the State Committee on Problem Gambling to order at 9:06 AM, on Friday, February 8, 2013. Roll call was conducted and a quorum was determined.
Committee Members Attending: Wayne Anderson, John Bekins, Dennis Buckley, Melinda Crippen, Ed Hoffman, Lois Jurgensen, Jeffrey McKeown, Steve Sloup, and Kenneth Timmerman.
Committee Members Absent: Janelle Holt, Arthur Ivy, Otto Schultz.
DHHS Staff Attending: Maya Chilese, Sheri Dawson, Scot Adams, Susan Knabe, Lori Dawes, Sue Adams, Heather Wood, Justin Lind, and Kathy Wilson.

II. Approval of Minutes *Ed Hoffman*

(Agenda Item #1, Attachments A and B)
Mr. Hoffman pointed out that the Committee was not able to approve the August 24, 2012 minutes in the November 2, 2012 meeting because there was not a quorum. Therefore, those minutes were presented at this meeting. He encouraged members to review the minutes in advance of the meeting, to be prepared for voting on approval in the future. He also pointed out that because there was not a quorum, the November minutes should be recognized as notes instead of formal minutes.

Action: A motion to approve the August 24, 2012 minutes was made by John Bekins and seconded by Wayne Anderson. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Hoffman-Yea, Jurgensen-Yea, KcKeown-Yea, Sloup-Yea, Timmerman-Yea. *(Crippen was not present for this vote.)*

Action: A motion to approve the November 2, 2012 minutes was made by John Bekins and seconded by Jeff McKeown. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea. *(Crippen was not present for this vote.)*

III. Approval of Agenda *Ed Hoffman*

(Agenda Item #2)
Mr. Hoffman reviewed the agenda. He indicated that some members needed to leave early, so encouraged judicious discussion. **Action:** A motion to approve the agenda was made by Ken Timmerman and seconded by Steve Sloup. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea. *(Crippen was not present for this vote.)*

IV. Committee Update – LB6 *Ed Hoffman*

(Agenda Item #3, Attachment C1)
Mr. Hoffman introduced the agenda item and requested Maya Chilese, DHHS-Gambling Assistance Program Manager, to comment towards current legislation to the Committee. Ms. Chilese pointed out that there are several bills before the Unicameral that involved gambling, and the most relevant to this program, LB6, would eliminate the current Gambling Assistance Program and this State Committee on Problem Gambling within DHHS and replace it with a new commission administratively

housed under the Department of Revenue. The commission and program would be self-sustaining, drawing funds from the current source under the sole oversight of the new commission.

Asked to comment, Dr. Scot Adams, DHHS Director of Behavioral Health, noted that he did not provide testimony at the hearing, but that a letter was sent to the Legislative General Affairs Committee. One fundamental point expressed was that as problem gambling is a public health and behavioral health issue, it makes more sense to have a program within a health agency. In addition, with LB6, problem gambling would no longer be considered a behavioral health issue as per the proposed amended definition. GAP has direct costs such as staffing, but there also are resources such as quality improvement practices, data analysis and data management, assistance of financial staff, access to SAMHSA and other connections which provide support, some of which is gratis by DHHS so the potential cost to the program is hard to determine. Dr. Adams has not received a reply to his letter nor been contacted by any of the senators involved at the date of this meeting. Ultimately, if the bill is not dealt with in this session, it could be carried over into the next.

Upon question regarding the development of fiscal notes, Lori Dawes, Budget Analyst in DHHS-Operations, outlined that a fiscal note was prepared by DHHS for submission to the budget office at the Department of Administrative Services (AS). The Department of Revenue also supplied their own fiscal note saying that they would need $17,000 the first year and an annual $8,000 afterwards, for office space, furniture, supplies and so forth. (Currently, the GAP budget is not directly charged for these items.) AS then produces their own fiscal note which is attached to the bill as public record on their website. *(Discussion was taken up again after Agenda Item #8)*

V. Committee Update – By-Laws & voting *Ed Hoffman*

(Agenda Item #3, Attachment C2)
Mr. Hoffman referred to By-Laws Page 2, Article 5, Section 1 on Quorum, which states "A simple majority of the active, appointed Committee members shall constitute a quorum". In this case, a quorum would be 7. The next line of the By-Laws states "All votes to amend the By-Laws shall require no less than a two-thirds majority of active, appointed Committee members vote in approval of the proposed action." which would be 8.

Three Committee members current appointment terms are expiring and have indicated no intention of seeking reappointment. Mr. Hoffman encouraged people to recruit others in consideration of appointment. A willingness to attend the meetings and contribute is important. Those wishing to join the Committee can apply on the Governor's website. Applications are reviewed and appointments are made by the Governor and Dr. Adams in spring.

VI. Cash Balance *Ed Hoffman*

(Agenda Item #4)
Mr. Hoffman referenced the previously discussed cash balance. This comes about by any not utilized revenue going into a cash fund reserve. The questions are: 1) For what services could the funds best be utilized, if they were to become available? 2) How could the funds be accessed? and 3) Would there be some issue or problem in accessing the fund? Mr. Hoffman noted conversations with Dr. Adams on this subject. John Bekins provided some context about the tobacco settlement of the Health Care Cash Fund (HCCF) as heard at a recent hearing. Most programs that receive HCCF put it into their general fund and it is immediately used. Nebraska still has money available but the Legislature is concerned that the tobacco settlement draw-down on the principle and interest is going too quickly. The Compulsive Gambling Fund is among the lower one-third of the state's HCCF recipients, so not necessarily considered a "threat" to the fund. General consensus is a 5% across-the-board cut and followed by an examination of each entity's use of the fund. Gambling takes about

$250,000 ($225,000 in services, $25,000 in administration). LB4, if passed, could cause a $3million cut and could supersede the budget approved in the fall.

Dr. Adams provided some context about how the Legislature reaches decisions on appropriations and spending. Unspent funds typically go into holding for two years, after which they may be re-appropriated by the Legislature. Occasionally, when funds are tight, they may be re-appropriated. Therefore, it may best serve the Committee to consider their cash balance. The statues clearly define how lottery funds are appropriated to the Compulsive Gamblers' Assistance Fund, and so it would need to be considered how Legislature would otherwise access.

It was suggested that the Committee utilize the current strategic plan work groups, to provide recommendations towards use of the funds. All variables (such as sustainability) need to be considered when moving forward. If proposals could be collected by summer, an ad hoc meeting could be called in June or July for discussion and decision. At some time then consider presenting it to the Governor and to the Appropriations Committee.

--BREAK--

VII. Public Comment

a) Deb Hammond feels that GAP could survive the changes of LB6. She suggested other non-charitable gaming funds available from keno and horseracing should be pursued. She suggests that proposed bills related to gambling should be automatically contributing revenue to the fund. Funds need to be spent on increasing awareness: if a consumer doesn't know that services are available, they cannot find them. Services need to be expanded in Region 3.

VIII. Committee Survey *Heather Wood*

(Agenda Item #5, Attachment D)
Heather Wood, DHHS-Quality Improvement and Data Performance Administrator, developed and sent out a survey to all three Committee members about one year ago to assess original interest and function of each Committee. Of the 12 on SCPG, 7 members responded to the anonymous survey, or approximately 60%. All respondents indicated that they had been asked to join the Committee. Most respondents agreed that they valued participation on the Committee and other findings were discussed. It was mentioned that orientation for new members is valuable. Conducting the survey annually or biannually may be good quality improvement feedback for members and Committee as a whole.

IX. Cost Comparison PG-SA *Sue AdaMs.*

(Agenda #6, Attachment E)
Sue Adams, DHHS-Network Services Administrator, noted that the GAP is one part of the Network Services Unit within the Behavioral Health Division, another being the Regional Behavioral Health Authority. Integration between the two is enhanced by larger system coordination for the best interest of all concerned. For example, substance abuse providers throughout the Region Networks are required to do a problem gambling screen. The GAP data reflects the outpatient treatment continuum of care, covering a broad number of people, whereas the Substance Abuse continuum of care is one level. The average cost per GAP case is $1, 896.99, while per SA case is $526.54. However, the length of stay or treatment between the two varies.

X. FY13 Fiscal Updates *Lori Dawes & Maya Chilese*

(Agenda Item #7, Attachment F1)

Ms. Dawes reviewed GAP FY13 expenditures and revenue, up to December 2012. Approximately 43% of the Administration budget has been expended and 45% of the Lottery budget. The Prevention budget appears to be under spent at 27.29%, but this is because of the timing of the public awareness campaign activities via Snitily Carr contract. Finally, expenditure of the Health Care Cash Fund is low at 36.89%. The administrators will strategize ways to spend that down faster. Overall expenditure stands at 41.33%. Ms. Dawes notes that historically, lottery revenue has averaged $1-$1.2million annually. The program operates under approved spending authority regardless of revenue.

(Agenda Item #7, Attachment F2)
Ms. Chilese reviewed Attachment F2 quarterly spending and explained that she not only looks for a consistency in utilization expenditures but also tries to forecast future utilization and ultimately who may need more funds. As a follow-up from last meeting, Ms. Chilese pointed out two new strategic plan projects resulting in new contracts. One is for UNL Public Policy Center to look into requirements for clinical supervision process, and the awarding of scholarships. The other is a contract with UNL-BOSR for a gambling/problem gambling prevalent study of behavior and attitudes. Nebraska has not has a study of this kind and is looking forward to this data.

XI. Funding Recommendations *Maya Chilese*

(Agenda Item #8, Attachment G)
To date, there is $94,309 in funds unallocated. Before going into the four funding requests in the packet, Ms. Chilese pointed out that Michael Sullivan Counseling had submitted a $13,500 Request for Funds, albeit after the deadline requirement thus not in today's Committee meeting packet. The first request in the packet is from Hampton Behavioral Health for $40,000 of Treatment funding, which Ms. Chilese recommends be approved. Also recommended by Ms. Chilese for approval is the Changes Request for Funds for $35,000 of Treatment funding. The third and fourth requests are both from Choices Treatment Center Inc.: one for Treatment and Outreach ($30,000 and $9,000 respectively), and the other for Treatment and Outreach in a new service area ($12,000 and $18,000 respectively). In regards to the former, Ms. Chilese projects around $10,000 towards treatment, based on current utilization trends which could increase. Outreach/Education funds are 100% appropriated, so she can not recommend funding the request, as priority is on treatment. As to the latter request, there currently is not a process or model to develop a new area and a formal model for capacity development should be considered as well as variables such as sustainability and verification of need. It was suggested that Choices Treatment Center Inc. be given part of the requested funds for service area exploration and, in April, reassess.
Action: In regards to Hampton Behavioral Health, a motion to approve $40,000 in additional Treatment funds was made by Lois Jurgensen and seconded by Ken Timmerman. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea.
Action: In regards to Changes, a motion to approve $35,000 in additional Treatment funds was made by Ken Timmerman and seconded by John Bekins. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea.
Action: In regards to Michael Sullivan Counseling, a motion to approve $13,500 in additional Treatment funds was made by John Bekins and seconded by Melinda Crippen. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea.
Action: In regards to Choices Treatment Center Inc., a motion to approve $20,000 in additional Treatment funds for current area was made by John Bekins and seconded by Ken Timmerman. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea.

Action: In regards to Choices Treatment Center Inc., a motion to approve $5,000 in new area Treatment funds and $5,000 in new area Education funds was made by John Bekins and seconded by Ken Timmerman. The motion carried unanimously: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Jurgensen-Yea, McKeown-Yea, Sloup-Yea, Timmerman-Yea.

XII. Further discussion on LB6

Several Committee members continued dialogue about LB6, most noting concerns and some opposition. Conversation included but were not limited to concerns about how this new Commission would function and how it'd impact the program's daily operations; what unforeseen costs would result and potentially negatively impact the program and consumers; would this impact access to care and would treatment services be affected; if there are benefits, would they outweigh the costs of not being associated with the rest of the healthcare system; Does the Department of Revenue even want the program and would it be a conflict of interest; and other commentary.

A member recommended that the Committee take a stance on the bill. However, being very complex, some felt it too difficult to craft a specific letter at this moment but felt that more time was needed to carefully study the bill and its impact. Action on the bill was tabled while the Executive Committee discusses the need for a special meeting. Members were reminded that they could take individual action as Committee members to the Legislature as so desired.

--WORKING LUNCH--

XIII. Plan/Program Updates *Maya Chilese*

(Agenda Item #9, Attachment H)
Ms. Chilese gave an update on the Strategic Plan. As to the Education goal, the public awareness campaign has been successful to date. There were over 2,000 hits on the website in the first month. The length of time the viewer stayed on was a good indication of interest. The utilization of web material, such as banners and popups, generated additional attention and tremendous video "stay". Return on the expenditure is very positive. The NET documentary has connected with some key people in the field and is anticipated to wrap up by summer and launch in fall when college students are back in school. As to the Evaluation goal, the data team has provided insight and exploration of models for quality improvement processes. The partnership with the Association of Problem Gambling State Administrators (APGSA) and the National Council on Problem Gambling (NCPG) on a project is underway. A much richer pool of data will become available through the BRFSS project and the prevalence study. A timeline for the contingency plan project has been established and progressing although a delay in contracting with a vendor this FY due to funding. The Treatment Goal has a few workgroups, one further defining the levels of care and service definitions, and another underway related to workforce development. Meetings with the Helpline have identified four opportunities for engagement and partnership strategies: 1) email to providers about when a referral is given to a caller; 2) callers not interested in warm transfer will be offered a call-back by a local counselor- If accepted, the helpline emails the provider who then calls back to the helpline for the client information and calls back to the client; 3) follow-up call from helpline to caller, if agreed upon, to determine if the initial referral sources were utilized and encourage follow-through; 4) utilize a peer support service, especially as an interim support to connect and support individuals to seek treatment. The first three steps will be initiated as soon as standardized development is finalized, but due to a lack of developed peer support workforce, #4 will take some time.

XIV. LMEP – TAP Presentation *Kelly Madcharo & Nancy Folkert, TAP LMEP*

(Agenda Item #11, Attachment J)

Nancy Folkert, Program Coordinator, Lincoln Medical Education Partnership (LMEP); and Kelly Madcharo, Director of Adolescent & Family Health, Lincoln Medical Education Partnership (LMEP), gave a presentation on Training for Addiction Professionals (TAP). LMEP has contracts with DBH, DHHS, NE Department of Corrections and the ATTC, all related to addictions workforce. The goal of the problem gambling training contract is to provide core training for individuals seeking to become a Certified Compulsive Gambling Counselor (CCGC), provide continued training for the CCGC and to build problem gambling competency in other health professionals. LMEP provides 165 hours of general core education every 6 months, 90 hours of problem gambling specific core education every 6 months and 18 hours of basic education once a year. In addition, 42 hours of continuing education over a 2-year period is required.

XV. Data Reporting *Dr. Juan Paulo Ramirez*

(Agenda Item #10, Attachment I)

Dr. Juan Paulo Ramirez, Evaluator, presented his work on some GAP data. Dr. Ramirez indicated finding some discrepancies in the treatment data set, such as 320 double entries, or records where the discharge date was entered as before the client's admission date. Treatment providers are responsible for the accuracy of the data they report for all client served. The problem gambling treatment readmission rate was found as significantly higher between 2008 and 2012 (31%) than it was between 2002 and 2007 (20%). Data reliability is critical in deciphering and utilizing. Looking at average client length of stay, Dr. Ramirez discovered that this was affected by the type of session. In general it was found that consumers utilizing only individual counseling sessions stayed in treatment the fewest days, while the consumers utilizing all three treatment modalities (individual, family and group sessions) stayed the longest. Geomapping still reflects that the highest numbers of helpline calls are from metropolitan areas. Dr. Ramirez discussed briefly other data for the program, indicating several areas of interest to further explore.

XVI. FY14 Calendar *Ed Hoffman*

(Agenda Item #12, Attachment K)

Mr. Hoffman introduced the draft FY14 calendar prepared by Ms. Chilese and began a discussion. September 19, 2013 will be a joint committee meeting of the State Advisory Committee on Mental Health Services, the State Advisory Committee on Substance Abuse Services, the State Committee on Problem Gambling and the Office of Consumer Affairs People's Council. It will be an opportunity to exchange information and consider system-wide planning for the behavioral health systems. The format being considered is to meet together in the morning and break into the separate committees in the afternoon. It would be important that as many as possible attend the joint meeting. The one matter to otherwise consider is the Annual Report to Governor and Legislature due on Sept 1 and usually reviewed in August. It was decided to attend the Joint meeting and consider alternatives for finalizing the Annual Report at a later time.

XVII. Considered Agenda Items for Next Meeting *Ed Hoffman*

(Agenda Item #13)

a) Mr. Hoffman asked if DHHS Legal Counsel could provide some information about the potential reallocation of Compulsive Gambling Fund monies by Legislature (re the cash balance)
b) Discussion on options for the cash balance
c) Invite a Regional Behavioral Health Authority Administrator to inform about the behavioral health system, network management, capacity development, etc.

XVIII. Public Comment

a) Gina Fricke recommended that the third quarter FY14 meeting be moved off Valentine's Day. Ms. Fricke also recommended that some of the $1.4million cash balance be used for helpline marketing, perhaps on billboards along the Interstate; and to market about the helpline and the availability of affordable treatment. Furthermore, funds could be spent to send providers to the Midwest Conference on Problem Gambling and Substance Abuse or other conferences, or to bring in trainers. She wished to thank the Committee for the funding. She has had a large increase in clients and may need to request even more funds.
b) Deb Hammond expressed her appreciation for the funding. Ms. Hammond believes that a holistic approach reduces recidivism. The Committee should consider further marketing specifically for the Helpline. Ms. Hammond feels that the Committee is important and its work is worthwhile.
c) Harlan Vogel feels that there is a different type of comparison between substance abuse and problem gambling that make cost comparison difficult. He expressed opinion that the motivation to seek care may differ between those impacted by substance abuse versus problem gambling. He also suggested that mental health data need to be involved in cost comparison. SCPG support is vital. Mr. Vogel thanked the Committee for their time and effort, making it possible to treat clients who have limited funds.
d) Wanda Swanson wished to thank the Committee for the extra funds to be able to continue to see clients.

XIX. <u>Adjournment and Next Meeting</u>

- Mr. Hoffman adjourned the meeting without motions at 1:58 PM.
- The next meeting of the State Committee on Problem Gambling is scheduled for Friday, May 3, 2013 at 9:00 AM at Country Inn & Suites in Lincoln, NE.

A

Nebraska DHHS-Division of Behavioral Health

State Committee on Problem Gambling

August 24, 2012 / 9:00 AM – 1:30 PM

Country Inn & Suites, Lincoln, NE 68521

Meeting Minutes

I. Call to Order and Roll Call *Ed Hoffman*

Vice Chairperson, Ed Hoffman, called the meeting of the State Committee on Problem Gambling to order at 9:04 AM, on Friday, August 24, 2012. Roll call was conducted and a quorum was determined.
Committee Members Attending: Wayne Anderson, John Bekins, Dennis Buckley, Melinda Crippen, Ed Hoffman, Janelle Holt, Arthur Ivy, Lois Jurgensen, Jeffrey McKeown, Otto Schultz, Steve Sloup, and Kenneth Timmerman.
Committee Members Absent: None
DHHS Staff Attending: Maya Chilese, Sheri Dawson, Scot Adams, Wes Nespor, Susan Knabe, Lori Dawes, Sue Adams, Heather Wood, Cody Meyer, Iliana Martin, Justin Lind, and Nancy Heller.

II. Approval of Minutes *Ed Hoffman*

(Attachment A)
Action: A motion to amend the February 3, 2012 minutes was made by Lois Jurgensen and seconded by Jeff McKeown. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Abstained, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Absent, Timmerman-Yea.
Action: A motion to approve the amended February 3, 2012 minutes was made by Lois Jurgensen and seconded by Jeffrey McKeown. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Abstained, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Absent, Timmerman-Yea.
Action: A motion to approve the April 20, 2012 minutes was made by John Bekins and seconded by Kenneth Timmerman. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Abstained, Hoffman-Yea, Holt-Yea, Ivy-Abstained, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Yea, Timmerman-Yea.

III. Approval of Agenda *Ed Hoffman*

Vice Chairperson, Ed Hoffman, welcomed everyone to the meeting. Ed asked Committee members, as well as the public in attendance, to introduce them self.
Action: A motion to approve the agenda was made by Kenneth Timmerman and seconded by John Bekins. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Abstained, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Yea, Timmerman-Yea.

IV. Review of By-Laws *Ed Hoffman*

(Attachment B)
Vice Chairperson, Ed Hoffman, reviewed the Draft By-Laws document and specifically noted Article IV – Membership, Section 1: Appointments and Article V – Voting, Section 1: Quorum.
Wes Nespor, DHHS-Legal Counsel, explained when a public body meets a quorum must be present to conduct the meeting. Common law considers a quorum to be one more than half of the Committee membership, which constitutes a simple majority. Simple motions require a vote by a majority of the members present at a given meeting. Two-thirds of active members constitutes a super majority. Active Committee membership includes all filled positions on the Committee roster. For the purposes of the State Committee on Problem Gambling, full membership is twelve members, a quorum is seven members, and a two-thirds majority is 8 members. To conduct general business, a simple majority of

members present is required. To conduct major business, such as By-Law changes and funding recommendations, a two-thirds majority is required.
Action: A motion was made by Otto Schultz and seconded by John Bekins to accept the proposed State Committee on Problem Gambling Draft By-Laws with the following revision in Article V, Section 1: "*A simple majority of the active appointed Committee members shall constitute a quorum. All votes to amend the By-Laws shall require no less than a two-thirds majority of active, appointed Committee members vote in approval of the proposed action. All other Committee business shall be conducted by a simple majority vote of active, appointed Committee members then present. The required quorum shall be recognized as present prior to each vote to perform business and ensure a valid action.*" The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Abstained, Hoffman-Yea, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Yea, Schultz-yea, Sloup-Yea, Timmerman-Yea.

V. Executive Committee Appointments *Ed Hoffman*

Vice Chairperson, Ed Hoffman, explained the Chairperson vacancy on the Executive Committee is due to the former Chairperson not being re-appointed by the Governor to the Committee. Current Executive Committee appointments are Ed Hoffman, Vice Chairperson and Lois Jurgensen, Secretary. Ed opened nominations for Chairperson.
Action: A motion to nominate Ed Hoffman for Chairperson was made by John Bekins and seconded by Kenneth Timmerman. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Yea, Crippen-Yea, Hoffman-Abstained, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Yea, Timmerman-Yea.
Action: A motion to nominate John Bekins for Vice Chairperson was made by Ed Hoffman and seconded by Kenneth Timmerman. The motion carried: Anderson-Yea, Bekins-Abstained, Buckley-Yea, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Yea, Schultz-Yea, Sloup-Yea, Timmerman-Yea.
Lois Jurgensen will remain as Secretary.

VI. Lawsuit Update *Scot Adams/Susan Knabe*

Scot Adams, Director of the DHHS-Division of Behavioral Health, provided some background on the lawsuit brought against the State of Nebraska by a tax payer in regards to problem gambling helpline and workforce development services.
Susan Knabe, DHHS-Legal Counsel, provided a summary of the lawsuit brought to the District Court of Lancaster County related to Helpline and Workforce Development contractual services. The primary question addressed by the court was "Do statutes require the recommendation of the State Committee on Problem Gambling before awarding a contract?" The court looked at legislative history and the intent of legislative action in determining the Committee's role and function within the larger context of the publicly funded behavioral health system. A determination was made that the Committee operates in an advisory role to the DHHS-Division of Behavioral Health, and the lawsuit was dismissed.

VII. Public Comment

a) Wanda Swanson, problem gambling provider in Southeast Nebraska, welcomed new Committee members and thanked the Committee for their support of the providers. She commented on the effects of the lawsuit on providers, and on courses offered by the new workforce development contractor.

VIII. Open Meetings Act Training *Wes Nespor*

Wes Nespor, DHHS Legal Counsel, stated public meetings are limited by law in how they are to be conducted. The Open Meetings Act provides the parameters for conducting public meetings, and Wes provided a summary of key points. A copy of the Open Meetings Act is required to be posted at every meeting. A complete set of all meeting materials are required to be available for public review. A

quorum (one member more than half of the active Committee membership) is required to be present to conduct a meeting. A public meeting is to ensure the public has an opportunity to attend, to witness the Committee business, and provide comment, if desired. A meeting cannot be conducted by telephone because this does not allow for public attendance. A meeting must be conducted in a location that is open to the public. The date, time, and location of the meeting must be announced in a manner in which the public has access to the information. An agenda is required for each meeting, and cannot be altered less than 24 hours before the meeting is scheduled to start.

At the beginning of a meeting, the agenda is reviewed and approved by the Committee. It is allowable to move topic items around on the agenda to different time slots, but time slots posted as Public Comment should be respected. It is allowable to add true emergency topic items, but general topic items cannot be added less than 24 hours before the meeting or during the meeting. A matter cannot be acted on by the Committee if the matter is not on the meeting agenda. Decisions made by a Committee are required to be made in open session by an open vote. A secret ballot is allowable, but the results of the vote by member name must be published. Sub-committees are allowable to do specific tasks, but have no authority to act on behalf of the full Committee. A Committee cannot delegate authority to a sub-committee, including the Executive Committee. Minutes are required for every meeting.

The Open Meetings Act requires documentation of who attended a meeting, the motions on decisions made, including the name of the member who made the motion and who seconded it, and the vote of each member. Within ten working days or before the next scheduled meeting—whichever is first—the minutes are required to be available to the public. Minutes are not required to be approved by the full Committee before being published for public review. It is not recommended for minutes to reflect more substance than a summary of actions. Additional information is permissible, but all details discussed during a meeting are not required to be publicly recorded.

Members of the public have the right to attend meetings, and have the right to attend without identifying themself, unless s/he desires to make public comment. When members of the public address the Committee, all Committee members present, as well as the public, must be able to hear the comment. Public comment may be a means for recognition of possible future agenda items, but cannot be added to the present agenda. Wes cautioned Committee members that information exchanged between members via email between meetings is also subject to public record. It is acceptable to exchange information between meetings, but to avoid disclosing confidential information. The Open Meetings Act is accessible on the website of the Nebraska Attorney General. This is a summary only of some points and Committee members are encouraged to review the Open Meetings Act in full.

IX. FY12-13 Fiscal Updates *Lori Dawes*

(Attachments C1 and C2)

Lori Dawes, Budget Analyst in DHHS-Operations, reviewed the Fiscal Year 2011-2012 Gambler's Assistance Program (GAP) Expenditures and Revenues Report as of June 30, 2012, and the Fiscal Year 2012-2013 GAP Expenditures and Revenues Report as of July 31, 2012. 77% of the Fiscal Year 2012 GAP total budget was expended, with $324,235 unexpended. Of the $2,550,518 in revenue available for Fiscal Year 2012, $1,133,385 was expended, leaving an ending balance of $1,417,133 accumulated funds.

Maya Chilese reviewed the FY12 GAP Quarterly Report as of 08/13/2012, demonstrating final utilization of all FY12 contracts. The State Committee on Problem Gambling meeting in the Spring of each year is generally when the proposed GAP budget for providers and other contracts for the upcoming Fiscal Year beginning July 1 of each year is reviewed. The contract amounts may be amended throughout the year as actual utilization determines and request for funds are approved. Treatment Provider contracts are usually allocated based on the amount utilized when the previous contract ended, and then is adjusted up or down to begin the next fiscal year.

The FY13 Contract Sheet was also reviewed, showing the start of all allocated contracts for FY13 to date.

X. Marketing Campaign Update *Snitily Carr Representatives*

(Attachment D)
Melissa Otero and Kelly Anderson of Snitily Carr reviewed their PowerPoint presentation and described the work they have accomplished to date to develop the new marketing strategy for the Gambler's Assistance Program (GAP) Public Awareness Campaign. The campaign theme is "Play It Safe", which will be used on all marketing and advertising information. The theme is friendly, doesn't demonize gambling or the gambler, and is 'messageable'. The campaign media is expected to "go live" in mid-Autumn, 2012. DHHS will notify the Committee prior to launching the new campaign to give members an opportunity to preview the information before the general public.

XI. FY12 Annual Report *Dr. Juan Paulo Ramirez*

(Attachment E)
Dr. Ramirez, a Consultant contracted with the GAP to provider program evaluation, reviewed the GAP 2011-2012 helpline, referral, and treatment data.
Maya Chilese, DHHS-GAP Manager, provided reference to the Annual Report which was disseminated to all Committee members by email a week prior to the meeting for review. She also explained that the Annual Report is required by Statute to be delivered to the Legislature in collaboration by GAP and the Committee.
Action: A motion to approve the GAP 2011-2012 Annual Report was made by John Bekins and seconded by Janelle Holt. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Absent, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Absent, Schultz-Yea, Sloup-Yea, Timmerman-Absent.

XII. Treatment Provider Application *Maya Chilese*

(Attachment F)
Maya Chilese, DHHS-GAP Manager, presented the Treatment Provider Application from Catholic Charities in Omaha, NE. She explained that Catholic Charities meets the initial requirements to become a GAP network provider. Their projected funding for FY13 is $20,000.
Action: A motion to approve Catholic Charities of Omaha, NE into the Gambler's Assistance Program Network for a contracted amount of $20, 000 for FY13 was made by Lois Jurgensen and seconded by Steve Sloup. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Absent, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Absent, Schultz-Yea, Sloup-Yea, Timmerman-Absent.

XIII. Strategic Plan Updates / DBH Committee Survey *Maya Chilese / Cody Meyer*

Action: A motion to move the agenda topics, Strategic Plan Updates and DBH Committee Survey, to the next meeting on November 2, 2012 was made by Otto Schultz and seconded by Janelle Holt. The motion carried: Anderson-Yea, Bekins-Yea, Buckley-Absent, Crippen-Yea, Hoffman-Yea, Holt-Yea, Ivy-Yea, Jurgensen-Yea, McKeown-Absent, Schultz-Yea, Sloup-Absent, Timmerman-Yea.

XIV. Items for Consideration for Next Agenda *Committee Members*

a) Discussion on the $1.4 million funds in reserve
b) Snitily Carr present new campaign advertising
c) Possible provider presentation
d) Cost comparison on Problem Gambling and Substance Abuse Treatment
e) Strategic Plan Updates
f) DBH Committee Survey

XV. Public Comment

a) Rhonda Spence, Office Manager for Spence Counseling Center in Omaha, NE, expressed concern that the contract for Spence Counseling has been reduced.
b) Deb Hammond, Choices Treatment Center in Lincoln, NE, commented on the new public awareness campaign, on the data presented in the Annual Report, on Catholic Charities as a new provider, on the new helpline provider, and on the opportunity for providers to have input.

XVI. Adjournment and Next Meeting

- Motion to adjourn made, seconded and approved at 2:17 PM.
- Next Meeting is scheduled for Friday, November 2, 2012 at 9:00 AM at Country Inn & Suites in Lincoln, NE.

B

Nebraska DHHS-Division of Behavioral Health

State Committee on Problem Gambling

November 2, 2012 / 9:00 AM – 1:30 PM

Country Inn & Suites – Lighthouse Room, Lincoln, NE 68521

Meeting Minutes

Call to Order and Roll Call *Ed Hoffman*

Chairperson, Ed Hoffman, called the meeting of the State Committee on Problem Gambling to order at 9:07 AM, on Friday, November 2, 2012. Roll call was conducted and a quorum was determined not to be present.

Committee Members Attending: Wayne Anderson, John Bekins, Dennis Buckley, Ed Hoffman, Lois Jurgensen, and Otto Schultz.

Committee Members Absent: Melinda Crippen, Janelle Holt, Arthur Ivy, Jeffrey McKeown, Steve Sloup, and Ken Timmerman.

DHHS Staff Attending: Maya Chilese, Scot Adams, Sheri Dawson, Heather Wood, Carol Coussons de Reyes, Lori Dawes, Marla Augustine, Justin Lind, and Nancy Heller.

I. Approval of Minutes *Ed Hoffman*

(Attachment A)

Action: The August 24, 2012 minutes were reviewed by the Committee members present. No approval action was taken due to not having a quorum present.

II. Approval of Agenda *Ed Hoffman*

Chairperson, Ed Hoffman, welcomed everyone to the meeting. Ed asked Committee members, as well as the public in attendance, to introduce them self.

Action: Chairperson, Ed Hoffman, reviewed the Agenda for today's meeting. There was recognition of lack of quorum to facilitate the meeting and complete action items, and the agenda was not able to be formally approved by vote of quorum. There was no objection from the Committee members present to moving forward with today's meeting according to the planned Agenda.

III. Moving Forward *Ed Hoffman*

Chairperson, Ed Hoffman, reported that the Executive Committee discussed a proposal to amend the State Committee on Problem Gambling By-Laws from the requirement of a Super Majority to a Majority for the ability to vote on the recommendations regarding funding.

Discussion included the following: the rationale for this change is the frequency of Committee meetings could create a hardship in the ability to recommend funding changes in a timely manner, and it creates accountability for members to attend meetings; Committee members must be present at meetings to vote on agenda items and are not allowed to vote by written proxy, by phone, e-mail/text message, or any other form of communication; the Committee is mindful of its responsibility to individuals who need gambling treatment services; options for scheduling additional meetings may be available, but takes time and incurs added costs for Committee member travel, lodging, and expenses; the absence of recommendations for funding could hinder DHHS' responsibility to manage the program – and the absence of a Super Majority or even simple Majority quorum hinder the Committee's timely response. Some Committee members suggested a desire to change the thought process of the past from micro-managing to macro-managing decisions; the Executive Committee could discuss the issue in the interim of the next full Committee meeting and DHHS could prepare examples to guide their conversation; could create a survey for providers to give input to the full Committee; the Executive Committee will meet to determine a process for amending the By-Laws.

DRAFT

IV. Strategic Plan Updates *Maya Chilese*

(Attachment B)

Maya Chilese encouraged the Committee members to review the GAP Strategic Plan and draft Implementation Timeline again. Maya reviewed Attachment B, an update on progress to date on the Strategic Plan initiatives. Some of the discussion included: the Education Goal focuses mainly on the awareness plan; Play It Safe, implemented under contract with Snitily Carr, will launch in mid-November. The Evaluation Goal includes Strategy #1 which states, Implement a process of data communication to stakeholders. This includes looking at what data GAP is already collecting, what additional information the program wants to collect and how to best communicate and share this data with stakeholders. Strategy #2 of the Evaluation Goal (use data to improve services) began with the clean-up of data records in order to identify baselines and begin to establish outcome reporting processes. Maya is a member of the Association of Problem Gambling Service Administrators (APGSA), and GAP is leading a study to conduct national comparisons of state data reporting elements and work towards standards for recommendation. Strategy #3 of the Evaluation Goal involves the development of a contingency plan to respond to the variety of changes that may occur within our current environment. The Treatment Goal includes four strategies. Strategy #1 is to develop Standards of Care. The problem gambling field nationally has not developed standards of care as other behavioral health professions. Much research has begun, and the goal is to develop a draft by the end of FY13 and receive stakeholder input before finalizing. Strategy #2 is to improve processes to engage and retain clients in treatment services. Some progress towards this strategy includes the addition of Brief Counseling service and the Motivational Interviewing utilized in Helpline calls. Strategy #3 involves integrated care to ensure other health care providers have the capacity to address problem gambling. Strategy #4 is related to workforce development, where several activities have also occurred. Clinical supervision is a critical step as we consider scholarships for incoming clinicians and as we desire to increase the number of clinicians interested in becoming a CCGC.

V. Helpline Presentation *Bensinger, DuPont & Associates*

(Attachment C)

Marie Apke is the Chief Operating Officer and Matt McCreary is the Executive Director of the Problem Gambling Services Division with Bensinger, DuPont & Associates (BDA). BDA provides Helpline services for eleven (11) states including Nebraska. BDA reports approximately 13,000 people, gamblers and concerned others, from the eleven States called the Helpline last year. Master's Degree level counselors answer the phones and are specially trained in this work, using Motivational Interviewing with individuals in an attempt to engage callers instead of only handing off a referral. The counselors determine the Stage of Change a caller is in to help motivate them to take next steps and then determine the most appropriate referral. When an individual from Nebraska calls the Helpline, the counselors utilize decision-tree options to ensure individualized but consistent quality care. Counselors are able to utilize screens of information specific to Nebraska resources, as well as Google maps to assist individuals in locating unfamiliar locations. All of these techniques minimize barriers to treatment. BDA played for the Committee brief recordings of a Helpline call, as well as an interview with a counselor discussing her experience as a Helpline counselor. All references to specific caller information were removed to protect the confidentiality of the individuals. BDA explained their Call to Change program which utilizes the evidence-based Freedom from Problem Gambling workbook developed by the University of California-Los Angeles (UCLA). The philosophy behind this program is that an individual is more apt to enter treatment if they experience success with the Call to Change program. It was noted that the Play It Safe awareness campaign may increase the number of calls to the Helpline. BDA reviewed some call statistics reporting that in Nebraska the majority of calls are from males, while in other states there is a balance of males and females. BDA practices Quality Improvement techniques by reviewing recordings of calls (recorded with caller consent) and reviewing

DRAFT

the call with the counselors. They also conduct follow-up phone calls to survey the quality of the individual's experience with the Helpline.
Discussion included the following: BDA does not share Nebraska data with other states, and vice versa unless specifically requested and approved by respective states; BDA requests permission from callers to call them back for follow-up Quality Assurance; (Of those surveyed) BDA reports 64% of callers report not gambling 30 days after a Helpline call, while 42% report attending appointment with provider referral—they attribute this difference to the fact that many individuals improve temporarily after a brief intervention; the expectation is that all callers receive a referral, but there are different types of referrals, such as a 'warm' referral is a direct connection to a counselor, while a 'cold' referral is providing information and resources – all callers determine their own next steps; some Nebraska providers report the number of referrals they are receiving from Helpline calls is reduced; BDA reports their desire and goal is to connect all callers in need to treatment, and that every counselor makes every effort to provide the caller with something to take away from their call; one GAP Strategic Plan goal is to increase engagement, and one goal of a Helpline is to function as a method of motivational interaction to assist people in making next steps to care and not only to give referrals; BDA will work with GAP and a provider workgroup to further discuss referral processes; a suggestion was made that BDA ask callers to call back if they have problems accessing the given referral source.

Public Comment

Deb Hammond, problem gambling provider with Choices Treatment Center in Lincoln, commented that Nebraska problem gambling providers are unhappy with the number of referrals they are receiving from the new Helpline vendor.

VI. DBH Committee Survey *Heather Wood*

(Attachment D)
Heather Wood is the Quality Improvement & Data Performance Administrator with DHHS-Division of Behavioral Health. Heather reports four (4) State Committee on Problem Gambling members completed the DBH Committee Survey initiated at the Joint Committee meeting in May. She reports the purpose of the survey is to receive feedback from committee members about their experience and the operational well-being of their respective committees, to determine what technical assistance DBH may provide. Heather asked the Committee members if they would prefer to wait until next year to administer another survey, or if they would like her to contact the Committee members who have not completed a survey this year to receive additional feedback for the Committee to review. Members asked Heather to send the survey to the Committee again so the responses can be discussed at the next meeting in February.

VII. Cost Comparison PG-SA *Maya Chilese for Sue Adams*

(Attachment E)
This Agenda item was deferred due to time restrictions at today's meeting and shall be added to the next meeting's agenda.

VIII. FY13 Fiscal Updates *Lori Dawes*

(Attachment F1 and Attachment F2)
Lori Dawes, Budget Analyst in DHHS-Operations, reviewed the Fiscal Year 2012-2013 Gambler's Assistance Program (GAP) Expenditures and Revenues Report as of September 30, 2012. She reminded Committee members to review the report keeping in mind that the report reflects 25% of the year already passed, therefore expenditures should also be around 25% to be on track for the remainder of the year. Lori explained the Prevention/Education category shows only 8% expended, which is due to not having received the invoice for the awareness campaign which won't launch until later this month. Lori reminded the Committee that the Lottery funds are not received until October 1st, therefore they

are not yet reflected on this report. Discussion was held on the nearly $1.5 million cash balance. In addition, some reserve is necessary to pay the bills during the first quarter until the Lottery funding is received. Lori also reviewed the FY13 GAP Quarterly Report as of 10/17/2012, which reports expenditures by individual contracts for Treatment, Prevention/Education, and Other Contracts. Discussion included the following: Maya Chilese reported Rebecca Green requested additional funding to continue to provide services for her current clients. She stated Becky's FY13 contract is less than FY12 due to reduced utilization in services, but now clients have returned and utilization has increased. Due to not having a quorum today, the Committee is unable to vote on a recommendation for a funding increase, although this request was previously discussed by GAP and the Executive Committee prior to today's meeting. The Committee discussed if it could establish a 'discretionary fund' of specific funding reserved for treatment via current contracted providers so GAP could make these kinds of adjustments as it determines to be in the best interest of the program and the people it serves. This is the kind of situation discussed earlier in this meeting regarding macro guideline setting. It was also suggested the topic of the cash balance funds be included on the Agenda for the next Committee meeting.

IX. Funding Recommendations *Maya Chilese*

(Attachment G)
Maya Chilese reviewed Attachment G. In addition to the additional funding request for Rebecca Green, Maya reported the other proposals are to address the GAP Strategic Plan Goals. GAP desires to contract with Dr. Kate Speck to develop clinical supervision standards to benefit workforce development goals of the Strategic Plan. GAP desires to contract with the University of Nebraska to conduct a Prevalence Study as many states have, but we don't have our own numbers to demonstrate local need. GAP also desires to contract for the development of a Contingency Plan and intends to move forward with a workgroup to determine best steps for this Strategic Plan goal. All of these projects are designed to meet specific Strategic Plan goals.
Discussion included the following: The Committee members discussed the implementation of the Strategic Plan action items as favorable. The Committee recognized that GAP needs to move forward with these projects via the purpose and intention of the Strategic Plan.

X. Special Projects *Ed Hoffman*

Chairperson, Ed Hoffman, led discussion regarding the cash balance reserve. He reminded Committee members of the conversation at the August meeting with Division Director Scot Adams and the pros and cons of requesting access for that funding. Ed desired to continue that conversation and explore possible utilization, to better understand ramifications and how to proceed if the Committee opted to do so. Maya suggested that could also be a question for the contingency plan to capture options if the funds were considered for utilization (i.e. the 'special projects'). It was decided that the Executive Committee could further discuss this Agenda item prior to the next Committee meeting, which would likely include meeting with Director Adams. Maya will provide assistance to coordinate this activity.

XI. New Provider Introduction *Catholic Charities*

Sherry Scott, Director of Outpatient Behavioral Health at Catholic Charities (CC), introduced herself and her agency's program to the Committee members. She reports CC conducts approximately ten (10) chemical dependency assessments per week which include problem gambling. They are excited to offer problem gambling services to those identified as in need. CC currently employs one Certified Compulsive Gambling Counselor as well as many other licensed behavioral health clinicians.

XII. Marketing Campaign Update *Snitily Carr*

Melissa Otero and Alexis Abel (Snitily Carr) presented the problem gambling public awareness campaign, Play It Safe. Melissa manages the day-to-day operations of the campaign, and Alexis is the

Public Relations Manager for the campaign. The campaign (including a 30-second television commercial) is scheduled to launch in mid-November. The purpose of this campaign is to promote healthy awareness of low-risk gambling, to educate the average individual (aged 25-55) who may choose to gamble for entertainment, and to prevent him/her from experiencing problems related to gambling. The secondary audience is friends and family of individuals who gamble and may be suspected of experiencing problem gambling. Eventually, a radio spot and web banners, as well as other media and public awareness activities, will be launched. Data will be tracked and evaluated to determine the campaign effectiveness.

Discussion included the following: Maya suggested the campaign is well done and meets the purpose of reaching people early before problems develop, or alerting people to the possibility of risky behaviors, or to inform those who think someone they know might have a problem. Maya stated the campaign is not intended to address the pathological gambler. Focus groups of the key target audience were utilized in the development of the campaign to ensure messaging is understood and to utilize their unbiased perspective about a health promotion purposed message. The website at playitsafe.ne.gov includes self-assessment tools for gamblers and family/friends, myths and facts of gambling, tips for safe gambling, where to go for help, including Helpline information and treatment providers names and contact information. Some Committee members expressed concern with the approach of the campaign suggesting the ad may be perceived as promoting gambling. Some Committee members expressed concern about a beverage in the ad.

XIII. Agenda Items for Next Meeting (February 8, 2013) *Ed Hoffman*

-By-Laws and Committee process in funding
-Follow up on Strategic Plan initiatives
-Follow up on Helpline referral process workgroup
-Cash Balance Funds
-Cost Comparison problem gambling vs. substance abuse services

Public Comment

-Deb Hammond, problem gambling provider with Choices Treatment Center in Lincoln, complimented Snitily Carr on their campaign and appreciated the promotion of the Helpline in their materials. She commented she continues to have concerns about decreased referrals and would like Snitily Carr to include information on local providers. She suggested the next campaign produced should be targeted for 10 – 25 year olds. Deb also indicated a desire to increase stipend availability for the training/supervision of new gambling counselors, and for funding to attend national conferences for continuing education for Nebraska providers.

-Gina Fricke, problem gambling provider with Peace & Power Counseling in Omaha, asked the Committee to consider funding for provider training for continuing education as well as the core courses for individuals interested in becoming CCGC's. Gina expressed concern that the Play It Safe campaign should not be used in schools with youth. She stated she does not view this campaign as an outreach message for anyone under the age of 25 years old. She suggested changing the 1-800-GAMBLER tag line to be more noticeable.

Adjournment and Next Meeting

The meeting was adjourned at 2:03 PM by Chairperson, Ed Hoffman.
-Next meeting is scheduled for February 8, 2013 from 9:00 AM – 2:00 PM
-Joint Committee Meeting: Mental Health & Substance Abuse Committees—November 8, 2012

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide only a general summary of the proceedings.

DRAFT

LEGISLATURE OF NEBRASKA

ONE HUNDRED THIRD LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 6

Introduced by Krist, 10.

Read first time January 10, 2013

Committee:

A BILL

FOR AN ACT relating to gambling; to amend sections 9-1,101, 9-831, 71-804, and 71-817, Reissue Revised Statutes of Nebraska; to create a commission and a program; to change provisions relating to a fund; to provide powers and duties as prescribed; to harmonize provisions; to eliminate a committee; to repeal the original sections; and to outright repeal section 71-816, Revised Statutes Cumulative Supplement, 2012.

Be it enacted by the people of the State of Nebraska,

Section 1. The Legislature finds that the main sources of funding for assistance to problem gamblers are the Charitable Gaming Operations Fund as provided in section 9-1,101 and the State Lottery Operation Trust Fund as provided in section 9-812. It is the intent of the Legislature that such funding be used primarily for counseling and treatment services for problem gamblers and their families who are residents of Nebraska.

Sec. 2. For purposes of sections 1 to 7 of this act:

(1) Commission means the Nebraska Commission on Problem Gambling;

(2) Division means the Charitable Gaming Division of the Department of Revenue;

(3) Problem gambling means maladaptive gambling behavior that disrupts personal, family, or vocational pursuits; and

(4) Program means the Gamblers Assistance Program.

Sec. 3. (1) The Nebraska Commission on Problem Gambling is created. For administrative purposes only, the commission shall be within the division. The commission shall have nine members appointed by the Governor as provided in this section, subject to confirmation by a majority of the members of the Legislature. The members of the commission shall have no pecuniary interest, either directly or indirectly, in a contract with the program providing services to problem gamblers and shall not be employed by the commission or the Department of Revenue.

(2) The Governor shall appoint members of the commission

as follows:

(a) One member from a list of at least three persons with medical care or mental health expertise submitted by the General Affairs Committee of the Legislature;

(b) One member from a list of at least three persons with expertise in banking and finance submitted by the General Affairs Committee of the Legislature;

(c) One member from a list of at least three persons with legal expertise submitted by the General Affairs Committee of the Legislature;

(d) One member from a list of at least three persons with expertise in the field of education submitted by the General Affairs Committee of the Legislature;

(e) Two members from a list of three consumers of problem gambling services submitted by the General Affairs Committee of the Legislature;

(f) One member from a list of at least three persons with data analysis expertise submitted by the General Affairs Committee of the Legislature;

(g) Two members from a list of at least six persons who are residents of the state and are representative of the public at large submitted by the General Affairs Committee of the Legislature.

(3) The initial members and members appointed while the Legislature is not in session shall serve until the next session of the Legislature, at which time a majority of the members of the

Legislature shall approve or disapprove of the appointments.

(4) Terms of the members shall be for three years. The Governor shall make the initial appointments within thirty days after the effective date of this act. The Governor shall appoint members to fill vacancies in the same manner as the original appointments, and such appointees shall serve for the remainder of the unexpired term.

(5) The commission shall adopt bylaws governing its operation. The commission shall meet at least four times each calendar year and may meet more often on the call of the chairperson. Each member shall attend at least two meetings each calendar year and shall be subject to removal for failure to attend at least two meetings unless excused by a majority of the members of the commission. Meetings of the commission are subject to the Open Meetings Act.

Sec. 4. (1) The commission shall appoint one of its members as chairperson and such other officers as it deems appropriate. Members shall be reimbursed for their actual and necessary expenses in carrying out their duties as members of the commission as provided in sections 81-1174 to 81-1177.

(2) The commission shall develop guidelines and standards for the operation of the Gamblers Assistance Program and shall direct the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund.

(3) The commission shall appoint a director of the Gamblers Assistance Program, provide for office space and equipment,

and support and facilitate the work of the program. The director may hire, terminate, and supervise commission and program staff, shall be responsible for the duties of the office and the administration of the program, and shall provide an annual report to the General Affairs Committee of the Legislature which includes issues and policy concerns that relate to problem gambling in Nebraska. All documents, files, and records belonging to the State Committee on Problem Gambling on the effective date of this act shall become the property of the commission on such date.

(4) The commission shall by rule and regulation (a) provide for a process for the evaluation and approval of provider applications and contracts for treatment and other services funded from the Compulsive Gamblers Assistance Fund and (b) develop standards and guidelines for training and certification of problem gambling counselors.

(5) The commission shall provide for (a) the review and use of evaluation data, (b) the use and expenditure of funds for education regarding problem gambling and prevention of problem gambling, and (c) the creation and implementation of outreach and educational programs regarding problem gambling for Nebraska residents.

(6) The commission may engage in other activities it finds necessary to carry out its duties under sections 1 to 7 of this act.

(7) The commission shall submit a report within sixty

days after the end of each fiscal year to the Governor and the Clerk of the Legislature that provides details of the administration of the Gamblers Assistance Program and distribution of funds from the Compulsive Gamblers Assistance Fund. The report submitted to the Legislature shall be submitted electronically.

Sec. 5. The Gamblers Assistance Program is created. The program shall:

(1) Contract with providers of treatment services to Nebraska consumers;

(2) Promote public awareness of the existence of problem gambling and the availability of treatment services;

(3) Evaluate the existence and scope of problem gambling in Nebraska and its consequences through means and methods determined by the commission; and

(4) Perform such other duties and provide such other services as the commission determines.

Sec. 6. Section 71-817, Reissue Revised Statutes of Nebraska, is amended to read:

~~71-817~~ The Compulsive Gamblers Assistance Fund is created. The fund shall include revenue transferred from the State Lottery Operation Trust Fund under section 9-812 and the Charitable Gaming Operations Fund under section 9-1,101 and any other revenue received by the division for credit to the fund from any other public or private source, including, but not limited to, appropriations, grants, donations, gifts, devises, bequests, fees, or reimbursements.

The ~~division~~ commission shall administer the fund for the ~~treatment of problem gamblers as recommended by the State Committee on Problem Gambling established under section 71-816 and shall spend no more than ten percent of the money appropriated to the fund for administrative costs.~~ operation of the Gamblers Assistance Program. The Director of Administrative Services shall draw warrants upon the Compulsive Gamblers Assistance Fund upon the presentation of proper vouchers by the ~~division.~~ commission. Money from the Compulsive Gamblers Assistance Fund shall be used exclusively for the purpose of providing assistance to agencies, groups, organizations, and individuals that provide education, assistance, and counseling to individuals and families experiencing difficulty as a result of problem gambling, to promote the awareness of problem gamblers assistance programs, and to pay the costs and expenses of the commission. ~~division and the committee with regard to problem gambling. The division shall not provide any direct services to problem gamblers or their families. Funds appropriated from the Compulsive Gamblers Assistance Fund shall not be granted or loaned to or administered by any regional behavioral health authority unless the authority is a direct provider of a problem gamblers assistance program.~~ Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 7. (1) Except as otherwise provided in subsection (2) of this section, no person acting on behalf of the Division of

Behavioral Health or the Department of Health and Human Services shall make expenditures not required by contract obligations entered into before the effective date of this act until the Gamblers Assistance Program created in section 5 of this act commences its duties.

(2) Any contract between the State of Nebraska and a provider of problem gambling services in existence on the effective date of this act shall remain in full force and effect and is binding and effective upon the parties to the contract until the contract is terminated upon thirty days' notice or renegotiated by the commission.

(3) The Compulsive Gamblers Assistance Fund shall not be subject to any nonstatutory expenditure limitation from any source and shall be available for expenditure as provided in sections 1 to 6 of this act.

Sec. 8. Section 9-1,101, Reissue Revised Statutes of Nebraska, is amended to read:

9-1,101 (1) The Nebraska Bingo Act, the Nebraska County and City Lottery Act, the Nebraska Lottery and Raffle Act, the Nebraska Pickle Card Lottery Act, the Nebraska Small Lottery and Raffle Act, and section 9-701 shall be administered and enforced by the Charitable Gaming Division of the Department of Revenue, which division is hereby created. The Department of Revenue shall make annual reports to the Governor, Legislature, Auditor of Public Accounts, and Attorney General on all tax revenue received, expenses

incurred, and other activities relating to the administration and enforcement of such acts. The report submitted to the Legislature shall be submitted electronically.

(2) The Charitable Gaming Operations Fund is hereby created. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

(3)(a) Forty percent of the taxes collected pursuant to sections 9-239, 9-344, 9-429, and 9-648 shall be available to the Charitable Gaming Division for administering and enforcing the acts listed in subsection (1) of this section. The remaining sixty percent shall be transferred to the General Fund. Any portion of the forty percent not used by the division in the administration and enforcement of such acts and section shall be distributed as provided in this subsection.

(b) On or before November 1 each year, the State Treasurer shall transfer fifty thousand dollars from the Charitable Gaming Operations Fund to the Compulsive Gamblers Assistance Fund, except that no transfer shall occur if the Charitable Gaming Operations Fund contains less than fifty thousand dollars.

(c) Any money remaining in the Charitable Gaming Operations Fund after the transfer pursuant to subdivision (b) of this subsection not used by the Charitable Gaming Division in its administration and enforcement duties pursuant to this section may be transferred to the General Fund at the direction of the Legislature.

(4) The Tax Commissioner shall employ investigators who shall be vested with the authority and power of a law enforcement officer to carry out the laws of this state administered by the Tax Commissioner or the Department of Revenue and to enforce sections 28-1101 to 28-1117 relating to possession of a gambling device. For purposes of enforcing sections 28-1101 to 28-1117, the authority of the investigators shall be limited to investigating possession of a gambling device, notifying local law enforcement authorities, and reporting suspected violations to the county attorney for prosecution.

(5) The Charitable Gaming Division may charge a fee for publications and listings it produces. The fee shall not exceed the cost of publication and distribution of such items. The division may also charge a fee for making a copy of any record in its possession equal to the actual cost per page. The division shall remit the fees to the State Treasurer for credit to the Charitable Gaming Operations Fund.

<u>(6) For administrative purposes only, the Nebraska Commission on Problem Gambling shall be located within the division. The division shall provide office space, furniture, equipment, and stationery and other necessary supplies for the commission. Commission staff shall be appointed, supervised, and terminated by the director of the Gamblers Assistance Program pursuant to section 4 of this act.</u>

Sec. 9. Section 9-831, Reissue Revised Statutes of

Nebraska, is amended to read:

9-831 The division shall spend not less than five percent of the advertising budget for the state lottery on problem gambling prevention, education, and awareness messages. The division shall coordinate messages developed under this section with the prevention, education, and awareness messages in use on July 14, 2006, by or developed in conjunction with the ~~Compulsive~~ Gamblers Assistance Program established pursuant to section ~~71-817.~~ 5 of this act. For purposes of this section, the advertising budget for the state lottery includes amounts budgeted and spent for advertising, promotions, incentives, public relations, marketing, or contracts for the purchase or lease of goods or services that include advertising, promotions, incentives, public relations, or marketing, but does not include in-kind contributions by media outlets.

Sec. 10. Section 71-804, Reissue Revised Statutes of Nebraska, is amended to read:

71-804 For purposes of the Nebraska Behavioral Health Services Act:

(1) Behavioral health disorder means mental illness or alcoholism, drug abuse, ~~problem gambling,~~ or other addictive disorder;

(2) Behavioral health region means a behavioral health region established in section 71-807;

(3) Behavioral health services means services, including, but not limited to, consumer-provided services, support services,

inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with such disorders;

(4) Community-based behavioral health services or community-based services means behavioral health services that are not provided at a regional center;

(5) Department means the Department of Health and Human Services;

(6) Director means the Director of Behavioral Health;

(7) Division means the Division of Behavioral Health of the department;

(8) Medical assistance program means the program established pursuant to the Medical Assistance Act;

(9) Public behavioral health system means the statewide array of behavioral health services for children and adults provided by the public sector or private sector and supported in whole or in part with funding received and administered by the department, including behavioral health services provided under the medical assistance program;

(10) Regional center means one of the state hospitals for the mentally ill designated in section 83-305; and

(11) Regional center behavioral health services or regional center services means behavioral health services provided at a regional center.

Sec. 11. Original sections 9-1,101, 9-831, 71-804, and 71-817, Reissue Revised Statutes of Nebraska, are repealed.

Sec. 12. The following section is outright repealed: Section 71-816, Revised Statutes Cumulative Supplement, 2012.

C2

BY-LAWS

ARTICLE I – NAME OF ORGANIZATION

The name of the organization shall be the State Committee on Problem Gambling.

ARTICLE II - PURPOSE

Section 1:

As found in Neb.Rev.Stat.§71-816, the purpose of the State Committee on Problem Gambling (Committee) is to: (1) develop and recommend to the Division of Behavioral Health (Division) guidelines and standards for the distribution and disbursement of money in the Compulsive Gambler Assistance Fund (based upon nationally recognized standards for compulsive gamblers assistance programs); (2) develop recommendations regarding (a) the evaluation and approval process for provider applications and contracts for treatment funding from the Compulsive Gamblers Assistance Fund, (b) the review and use of evaluation data, (c) the use and expenditure of funds for education regarding problem gambling and prevention of problem gambling, and (d) the creation and implementation of outreach and educational programs regarding problem gambling for Nebraska residents; (3) engage in other activities it finds necessary to carry out its duties; and (4) the Division and the Committee shall jointly submit a report within sixty days after the end of each fiscal year to the Legislature and Governor that provides details of the administration of services and distribution of funds.

ARTICLE III - DIRECTIVES

Section 1:

It is the intention of the Legislature that the Compulsive Gamblers Assistance Fund be used primarily for counseling and treatment services for problem gamblers and their families who are residents of Nebraska as provided by Neb.Rev.Stat.§71-816 (1). Money from the Compulsive Gamblers Assistance Fund shall be used exclusively for the purpose of (1) providing assistance to agencies, groups, organizations, and individuals that provide education, assistance, and counseling to individuals and families experiencing difficulty as a result of problem gambling; (2) to promote the awareness of gamblers assistance programs; and (3) to pay the costs and expenses of the Division and the Committee with regard to problem gambling. Funds appropriated from the Compulsive Gamblers Assistance Fund shall not be granted or loaned to or administered by any regional behavioral health authority unless the authority is a direct provider of a problem gamblers assistance program as provided by Neb.Rev.Stat.§71-817.

ARTICLE IV - MEMBERSHIP

Section 1:

Appointments: The committee shall consist of twelve members appointed by the Governor. At least three of the twelve members of the committee shall be consumers of problem gambling and/or addiction services. Members of the Committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of problem gambling and addiction services in the State of Nebraska as provided by Neb.Rev.Stat.§71-816 (2).

Section 2:

Length of Term: Committee members shall be appointed by the Governor for terms of three years. Committee appointments that become vacant may be reappointed by the Governor for the remaining duration of the original member's appointment, which is purposed to complete the original term.

ARTICLE V - VOTING

Section 1:

Quorum: A simple majority of the active, appointed Committee members shall constitute a quorum. All votes to amend the By-Laws shall require no less than a two-thirds majority of active, appointed Committee members vote in approval of the proposed action. All other Committee business shall be conducted by a simple majority vote of active, appointed Committee members present. The required quorum shall be recognized as present prior to each vote to perform business and ensure a valid action.

Section 2:

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or a business in which the member owns a substantial interest. A member shall disclose the conflict to the Committee and abstain from voting on issues on which there is a direct conflict. Meeting minutes shall record the name of a member(s), who abstains from voting.

ARTICLE VI - OFFICERS

Section 1:

Selection: The Committee shall appoint one of its members as chairperson of the Committee and other officers as it deems appropriate as provided by Neb.Rev.Stat.§71-816 (2). Officers of the Committee shall be a chairperson, vice-chairperson and

secretary. Officers shall be elected biennially. In the event of a vacancy, the Committee shall elect a member to serve the unexpired term of office.

Section 2:

Duties: The duties of the officers shall be:

Chairperson – Preside at all Committee and executive meetings, and perform any other duties designated by the Committee. The committee shall meet upon the call of the chairperson or a majority of its members to conduct its official business as provided by Neb. Rev. Stat.§71-816 (2).

Vice-Chairperson - Shall act for the chairperson in his/her absence.

Secretary – Shall act for the chairperson and vice-chairperson in their absence. Shall perform other duties as designated by the chairpersons or Committee.

Section 3:

Term: No officer, in any given role(s), shall serve more than three consecutive, two-year terms.

ARTICLE VII – EXECUTIVE COMMITTEE

Section 1:

Defined: The Executive Committee shall consist of the chairperson, vice-chairperson and secretary. A chairperson may call the Executive Committee together at his/her discretion.

Section 2:

Duties: The chairperson may call the Executive Committee together at his/her discretion. A staff representative(s) from the Gamblers Assistance Program may attend Executive Committee meetings. All members of the State Committee on Problem Gambling shall be notified when meetings of the Executive Committee have been called and told the nature of the matter(s) to be considered.

Actions taken by the Executive Committee shall be included on the agenda for the next regular Committee meeting to be affirmed by an appropriate majority of the entire Committee.

ARTICLES VIII - MEETINGS

Section 1:

Frequency: The Committee shall hold regular meetings and shall meet upon the call of the chairperson or a majority of its members to conduct its official business.

Section 2:

Conduct: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb.Rev.Stat.§84-1408 through 84-1414. Business should be conducted according to *Roberts Rules of Order*.

Section 3:

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting. Notification of the time, date and location of the next meeting shall be sent within two weeks to all members absent from the preceding meeting. Within thirty calendar days, but not less than seven calendar days prior to the next meeting, the division shall provide a reminder and meeting agenda to each Committee member at his/her last known official address.

Section 4:

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties, as budget allows, as provided in Neb.Rev.Stat.§81-1174 through 81-1176.

ARTICLE IX– THE DIVISION

Duties: The Division of Behavioral Health shall: (1) based on the recommendations of the Committee, adopt guidelines and standards for the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund and for the administration of problem gambling services in Nebraska, (2) provide an orientation to each new Committee member, (3) produce meeting minutes, (4) maintain records of the Committee and (5) provide secretarial support to the Committee.

ARTICLE X - COMMITTEES

The chairperson may appoint or otherwise establish ad-hoc task forces comprised of Committee and non-Committee members to accomplish a specific task which is relevant to the purpose of the Committee.

ARTICLE XI - REPORT

The Division and the Committee shall jointly submit a report within sixty days after the end of each fiscal year to the Legislature and the governor that provides details of the administration of services and distribution of funds as provided by Neb.Rev.Stat.§71-816.

ARTICLE XII - AMENDMENTS

There shall be a review of the Bylaws a minimum of every three years. A vote of approval by two-thirds majority of all active, appointed Committee members shall be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been mailed to members within thirty calendar days, but not less than seven calendar days, prior to the meeting at which the vote will take place.

Adopted this 24th Day of August 2012

Edward F. Hoffman

Chairperson's Signature

State Advisory Committee on Problem Gambling
2012 Survey Results

Heather Wood – Division of Behavioral Health
February 8, 2013

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

Advisory Committee Survey

2

About the Survey…

- The Advisory Committee survey was developed to assess the current attitudes and opinions of committee members regarding their experiences in participating on their respective committee.
- The survey is anonymous and serves as a baseline to compare results against future surveys.
- Total of 7 surveys completed by SCPG members.

3

Interest in SCPG Appointment

4

Q1. What was the original reason(s) you sought appointment to this advisory committee? (Indicate all that apply)

Problem Gambling Advisory Committee

Reason	No	Yes	Missing / Not Marked
I was specifically asked to consider becoming a committee member	0 (0%)	7 (100%)	0
To provide assistance and recommendations to the Division of Behavioral Health	0 (0%)	6 (100%)	1
To improve the quality of life for consumers	0 (0%)	6 (100%)	1
It supports my personal interests	1 (17%)	5 (83%)	1
To be a voice for consumers and promote their interests	1 (17%)	5 (83%)	1
To improve consumer access to services	2 (33%)	4 (67%)	1

Note: %'s reflect only valid cases (i.e. "Missing / Not Marked" responses are not calculated in the %'s)

5

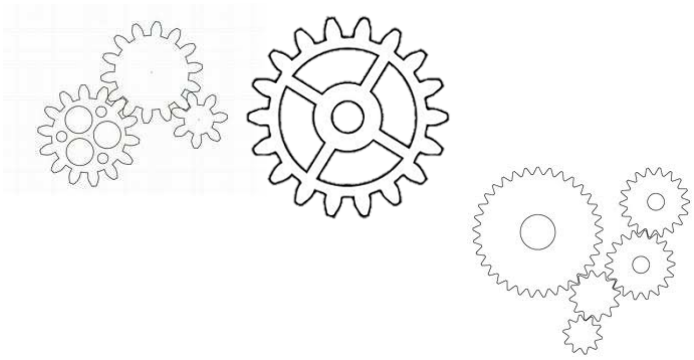
Q1. What was the original reason(s) you sought appointment to this advisory committee? (Indicate all that apply) (cont'd)

Problem Gambling Advisory Committee

Reason	No	Yes	Missing / Not Marked
To improve behavioral health services	3 (43%)	4 (57%)	0
It supports my professional development	4 (67%)	2 (33%)	1
I have expertise regarding behavioral health services	5 (71%)	2 (29%)	0
To promote peer support services	5 (83%)	1 (17%)	1
To evaluate organized peer support services	5 (83%)	1 (17%)	1
It gives me a feeling of accomplishment	6 (86%)	1(14%)	0

6

SCPG Committee Work



7

Levels of Agreement

- 25 items. Respondents were asked to indicate their agreement / disagreement to several statements
- Responses options: Likert scale (1-6). Responses were coded so that higher values indicate greater agreement

Completely Disagree = 1
Mostly Disagree = 2
Slightly Disagree = 3

Slightly Agree = 4
Mostly Agree = 5
Completely Agree = 6

8

Top Five Levels of Agreement

	N	Min.	Max.	Mean
I value being able to serve on this committee	7	5	6	5.85
I attend the committee meetings regularly	7	5	6	5.71
I understand the purpose of this committee	7	5	6	5.71
I feel free to voice my opinion even if I may be the minority vote	7	5	6	5.57
The public comment periods provide valuable information	7	4	6	5.43

*Note: Highest average level of agreement (on 6-point scale).

9

Levels of Agreement Cont.

	N	Min.	Max.	Mean
Meeting agendas are clear	7	4	6	5.29
I understand my responsibilities as a member of this committee	7	5	6	5.29
Materials are distributed sufficiently in advance of the committee meetings	7	4	6	5.29
The meetings allow ample time for discussion	7	3	6	5.29
I would be willing to do more for my committee if asked	7	4	6	5.29
The meetings are conducted according to the agenda	7	4	6	5.29
I prepare for committee meetings in advance	7	4	6	5.29

10

Levels of Agreement Cont.

	N	Min.	Max.	Mean
There is sufficient diversity amongst the members in terms of voices being represented	7	5	6	5.14
Meetings start and end on time	7	4	6	5.14
Recommendations are made respectfully	7	4	6	5.00
The committee uses data to inform any recommendations provided	7	3	6	5.00

11

Levels of Agreement Cont.

	N	Min.	Max.	Mean
Recommendations are made with equal input from committee members	7	4	6	4.86
I understand the statutes and bylaws governing this committee	7	2	6	4.86
The minutes reflect a summary of attendance, matters discussed, voting outcomes, and recommendations	7	2	6	4.85
Recommendations are made with mutual understanding	6	4	5	4.83

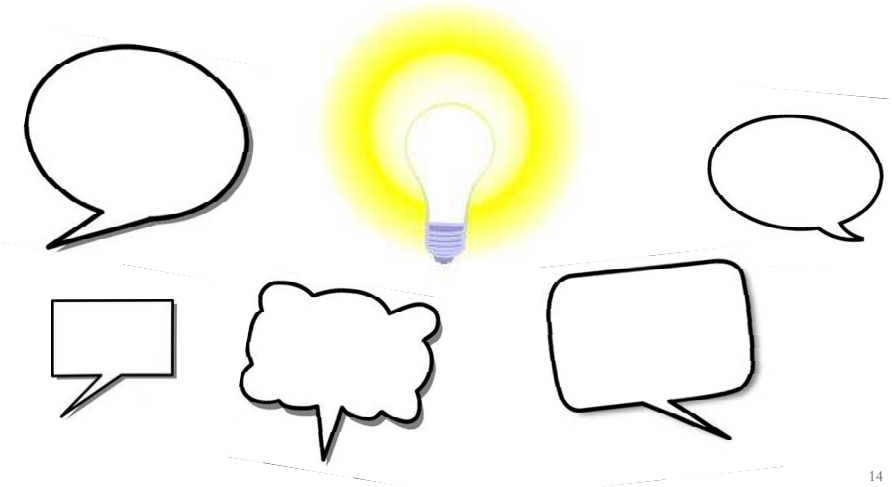
12

Bottom Five Levels of Agreement

	N	Min.	Max.	Mean
Roles of each committee member are clearly defined	7	4	5	4.71
I follow trends and important developments related to my committee	7	4	6	4.71
I am knowledgeable about behavioral health service programs	7	2	6	4.43
The committee accomplishes its intended purpose	7	3	6	4.43
The committee has a process for handling any urgent matters between meetings	7	2	6	3.57

13

General Suggestions



14

Suggestions from SCPG Members for Improvement

- Committee members expressed interest in continued "cross-education" among all 3 Advisory Committees.
- Clearly defining the roles of each committee member.
- Aligning timing of meetings to meet funding recommendation needs.

15

Questions to Consider

16

DBH Questions for Discussion

- Does the information presented here generate additional questions? Items that should be addressed.
- Suggestions for frequency of survey administration…(annually? every 2 years?)
- Questions about the survey design or data analysis.

17

Thank you!

Questions?
Comments?
Feedback?

Contact:
Heather Wood
Heather.Wood@nebraska.gov
402-471-1423

Cody Meyer
Cody.r.meyer@nebraska.gov
402-471-7766

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

18

E

SCPG Meeting - November 2, 2012

Question: How does the cost of care compare for Gambling Services vs. Outpatient Substance Abuse?

Sample for Discussion Only

Table 1: Cost Comparison FY2012

Service	# of cases	# of units	Avg # of units used per case	Unit Price**	Total $	Average $ per case
GAP OP	**324**	**7008.25**	**21.63**		**$614,624.50**	**$1,896.99**
Individual		5805.75	17.92	$86.00	$499,294.50	$1,541.03
Family		710.5	2.19	$100.00	$71,050.00	$219.29
Group		492	1.52	$90.00	$44,280.00	$136.67
O/P-SA*	**5281**	**16534**	**3.13**		**$2,780,654.41**	**$526.54**
Individual				$86.41		
Family				$89.57		
Group ($/person) ($/group)				$26.49 / $105.84		

*** O/P SA is only one level of care, higher and lower levels of care that vary in cost are not included here.**
**** O/P SA Unit Prices based on Regions 3 through 6.**

F1

Fiscal Year 2012-2013
GAP Expenditures and Revenues
As of December 31, 2012

Percent of Time Elapsed	**50.41%**
Percent Elapsed- Bi-weekly Admin	**50.00%**

Expenditures

	Administration	% Expend	Lottery	% Expend	Prevention Education Awareness	% Expend	Health Care Cash	% Expend	Grand Total	% Expend
FY13 GAP Budget	$75,000		$957,620		$200,000		$225,000		$1,457,620	
Expenditures YTD	**$32,557**	43.41%	**$432,276**	45.14%	**$54,587**	27.29%	**$83,010**	36.89%	$602,430	41.33%
Unexpended	$42,443		$525,344		$145,413		$141,990		$855,190	

Revenues

	Administration Fund 21750 and Fund 22640	Lottery Revenue (Fund 21750)	Prevention Education Awareness (Fund 21750)	Health Care Cash (Fund 22640)	Grand Total
Beginning Balance	0	945,789	471,344	0	$1,417,133
Receipts YTD	**76,045**	**585,485**	**0**	**225,000**	$886,530
Interest	445	13,358	4,112	0	**$17,915**
Total Available	76,490	1,544,632	475,456	225,000	$2,321,578
Expenditures	$32,557	$432,276	$54,587	$83,010	$602,430
Ending Balance	$43,933	$1,112,356	$420,868	$141,990	$1,719,148

F2

FY13 GAP Quarterly Report as of 1/31/13

	Total Contract	1st Qtr July - Sept	2nd Qtr Oct - Dec	3rd Qtr Jan - Mar	4th Qtr Apr-June	Total Paid Out	Total % Used	Comments
Treatment								
CrossRoads	$ 25,100.00	$ 6,022.00	$ 4,457.00	$ -	$ -	**10,479.00**	41.7%	
Lutheran Family Services	$ 2,200.00	$ 430.00	$ 817.00	$ -	$ -	**1,247.00**	56.7%	
Rebecca Green	$ 10,100.00	$ 1,828.00	$ 2,078.00	$ -	$ -	**3,906.00**	38.7%	
Hampton Behav & Fam Services	$ 43,100.00	$ 18,773.00	$ 22,199.00	$ -	$ -	**40,972.00**	95.1%	
Michael Sullivan Counseling	$ 60,100.00	$ 17,370.00	$ 18,505.00	$ -	$ -	**35,875.00**	59.7%	
Choices	$ 200,500.00	$ 55,716.00	$ 46,686.00	$ -	$ -	**102,402.00**	51.1%	
First Step	$ 100,300.00	$ 5,977.00	$ 5,031.00	$ -	$ -	**11,008.00**	11.0%	
Catholic Charities	$ 20,000.00	$ -	$ 72.00	$ -	$ -	**72.00**	0.4%	
Wanda Swanson/Changes	$ 44,100.00	$ 18,442.00	$ 17,470.00	$ -	$ -	**35,912.00**	81.4%	
Heartland Family Services	$ 100,400.00	$ 23,796.00	$ 21,947.50	$ -	$ -	**45,743.50**	45.6%	
Peace & Power Counseling	$ 74,100.00	$ 18,196.00	$ 14,289.00	$ -	$ -	**32,485.00**	43.8%	
Spence Counseling	$ 100,400.00	$ 22,053.00	$ 13,127.00	$ -	$ -	**35,180.00**	35.0%	
Prairie Psychological Services	$ 15,100.00	$ -	$ -	$ -	$ -	**0.00**	0.0%	
Total Providers	**$ 795,500.00**	**$ 188,603.00**	**$ 166,678.50**	**$ -**	**$ -**	**355,281.50**	**44.7%**	
Prevention/ Education Contracts								
Snitily Carr	$ 180,000.00	$ 4,000.00	$ 59,198.89	$ -	$ -	**63,198.89**	35.1%	
Crossroads	$ 2,250.00	$ 220.00	$ -	$ -	$ -	**220.00**	9.8%	
Choices	$ 5,000.00	$ 1,837.50	$ 1,457.50	$ -	$ -	**3,295.00**	65.9%	
First Step	$ 2,000.00	$ -	$ -	$ -	$ -	**0.00**	0.0%	
Hampton Behav & Fam Service	$ 2,000.00	$ -	$ 190.00	$ -	$ -	**190.00**	9.5%	
Heartland Family Services	$ 1,500.00	$ 660.00	$ 477.50	$ -	$ -	**1,137.50**	75.8%	
Peace and Power Counseling	$ 4,000.00	$ 617.50	$ 810.00	$ -	$ -	**1,427.50**	35.7%	
Wanda Swanson/Changes	$ 1,250.00	$ -	$ -	$ -	$ -	**0.00**	0.0%	
Prairie Psychological Services	$ 2,000.00	$ 260.00	$ -	$ -	$ -	**260.00**	13.0%	
Total Prevention	**$ 200,000.00**	**$ 7,595.00**	**$ 62,133.89**	**$ -**	**$ -**	**69,728.89**	**34.9%**	
Other Contracts			**Magellan usually draws its funds in Feb or March					
UNL Public Policy Center	$ 7,000.00	$ -	$ -	$ -	$ -	**0.00**	0.0%	
Bensinger, DuPont & Assoc.	$ 59,796.00	$ 14,949.00	$ 14,949.00	$ -	$ -	**29,898.00**	50.0%	
LMEP-TAP	$ 105,132.00	$ 16,578.05	$ 24,977.33	$ -	$ -	**41,555.38**	39.5%	
Ramirez - Evaluation	$ 37,583.00	$ 6,834.00	$ 10,251.00	$ -	$ -	**17,085.00**	45.5%	
BRFSS	$ 13,000.00	$ -	$ 13,000.00	$ -	$ -	**13,000.00**	100.0%	
Magellan	$ 10,300.00	$ -	$ -	$ -	$ -	**0.00**	0.0%	
Total Other	**$ 232,811.00**	**$ 38,361.05**	**$63,177.33**	**$0.00**	**$0.00**	**$101,538.38**	**43.6%**	
Total Contracts	**$ 1,228,311.00**	**$ 234,559.05**	**$291,990**	**$0**	**$0**	**$526,548.77**	**42.9%**	

DHHS Division of Behavioral Health
FY13 Budget Authority & Contracted Funds
For Problem Gambling Services

	Health Care Cash	Lottery Aid	Lottery Prev
Total Budget Authority	$225,000	$957,620	$200,000
Amount Approved to Date	$225,000	$863,311	$200,000
Amount Available for Future Use	**$0**	**$94,309**	**$0**
FY12 Contracts:			
CrossRoads	$10,000	$15,100	$2,250
Lutheran Family Services	$0	$2,200	$0
Rebecca Green	$0	$10,100	$0
Hampton Behavioral & Fam Services	$10,000	$33,100	$2,000
Michael Sullivan Counseling	$20,000	$40,100	$0
Choices Treatment Ctr	$75,000	$125,500	$5,000
First Step Recovery Ctr	$30,000	$70,300	$2,000
Wanda Swanson/Changes	$0	$44,100	$1,250
Heartland Family Services	$20,000	$80,400	$1,500
Peace & Power Counseling	$30,000	$44,100	$4,000
Spence Counseling	$30,000	$70,400	$0
Prairie Psychological Services	$0	$15,100	$2,000
Catholic Charitiies	$0	$20,000	$0
Bensinger, Dupont & Associates	$0	$59,796	$0
LMEP - TAP	$0	$105,132	$0
Magellan	$0	$10,300	$0
J. P. Ramirez, Evaluation	$0	$37,583	$0
Snitily Carr	$0	$0	$180,000
BRFSS	$0	$13,000	$0
UNL Public Policy Center	$0	$7,000	$0
UNL BOSR	*$0*	*$60,000*	*$0*
Total Funds Contracted:	**$225,000**	**$863,311**	**$200,000**

Prepared by: Karen Harker, Division of Behavioral Health

Updated: 1/22/13

G

Department of Health & Human Services
DHHS
NEBRASKA

Division of Behavioral Health

State of Nebraska
Dave Heineman, Governor

GAP Funding Recommendations FY13: Total Budget: $1,457,620

	Administration	Lottery Aid	Education/Prevention	Health Care Cash
Budget	$75,000	$957,620	$200,000	$225,000
Appropriation:	75,000	$788,311	$200,000	225,000
Unallocated:	0	*$94,309*	*0*	0

Total Unallocated: $94,309

Lottery Aid - Unallocated: $94,309 : Education/Prevention - Unallocated: $0

Service Type	Provider	$ Recommended	FY13 Funding Source	
Treatment	Hampton Behavioral Health *Request $40,000*	No more than $40,000	$40,000	-
Treatment	Wanda Swanson *Request $35,000*	No more than $35,000	$35,000	-
Treatment & Outreach	Choices Treatment Center *Request $30,000 Tx* *Request $9,000 Ed*	No more than $10,000 Tx $ 0 Ed	$10,000	-
NEW Service Area: Treatment & Outreach	Choices Treatment Center *Request $12,000 Tx* *Request $18,000 Ed*	No more than $5,000 Tx No more than $5,000 Ed	$10,000	-
	TOTAL:	***No more than $95,000***	Lottery Aid $-691	Education/Prev

Department of Health and Human Services

Department of Health & Human Services
DHHS
NEBRASKA

Gamblers Assistance Program
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

Division of Behavioral Health

G

Request for Funds Form

Purpose:

This Request for Funds form is designed to allow problem gambling treatment providers currently under contract with the DHHS Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP), the opportunity to demonstrate increased utilization that would likely demand additional funding to ensure the availability of and access to problem gambling treatment services. If at any time during the contracted fiscal year, a GAP contracted problem gambling treatment provider believes their current funding appropriation may be too limited to reimburse for increasing utilization of allowable treatment services, the Contractor may submit a **Request for Funds** form to the GAP.

Instructions:

This form MUST be received by DBH GAP no less than fourteen (14) business days prior to the next State Committee on Problem Gambling (SCPG) meeting. Requests for Funds forms received after this deadline may not be eligible for funding consideration at that time. (Committee meeting dates can be found on the Nebraska Public Meeting Calendar and also on the DHHS website at: http://www.dhhs.ne.gov/beh/gam/saccgam.htm)

Process for Request for Funds review and appropriation:

1. *Contractor prepares typed, accurate and complete Request for Funds form.*
2. *Contractor submits Request for Funds form to GAP in timely fashion.*
3. *GAP dates receipt of Contractor submitted Request for Funds form.*
4. *GAP reviews document for accuracy, compares previous, current and projected utilization trends, and makes determination of validity and eligibility.*
5. *GAP presents Contractor's Request for Funds form to the State Committee on Problem Gambling for review. GAP provides statement of review for SCPG consideration.*
6. *SCPG reviews requests and current available funding within program budget; and votes on recommendations to DBH GAP regarding appropriation. Funding amount may be allocated based upon three factors:*
    a. *Contractor's previous fiscal year expenditures, utilization, productivity, outcomes and contract compliance*
    b. *Availability of funds*
    c. *DBH GAP 2011-2015 Strategic Plan priorities*
7. *DBH GAP reviews the SCPG recommendation, makes determination and communicates a notification of denial or of award to Contractor within 10-14 business days following the SCPG meeting. DBH GAP will proceed with facilitating the contract amendment as appropriate.*
    a. *(There may be a delay in processing invoices during the contract amendment development period.)*
8. *The Contractor understands that funding is not guaranteed and even if approved, is not available until the contract is finalized. The Contractor also understands that contract compliance is still required.*

Department of Health & Human Services
DHHS
NEBRASKA

Gamblers Assistance Program
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

Request for Funds Form

Please read instructions on the previous page before completing and submitting this form.
Double-click within text boxes if one click does not activate the box fill-in feature.

GAP Contracted Problem Gambling Treatment Provider Information:

Date:	December 30, 2012
Contracted Entity:	Changes
Name of Contact Person:	Wanda Swanson
Address:	4535 Valley Rd
City, Zip:	Lincoln, NE 68510
Phone:	(402) 432-6207
Email:	wandaswanson@ymail.com
Current FY Contract $:	$45,350.00

Contractor Program Narrative:

Describe service to be expanded:	☒Problem Gambling Treatment ☐ Education/Outreach
Amount of funding requested:	$ 35,000.00
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc…)	I am currently serving 6 individuals. Two of these individuals will be coming off my case load in the next 3-4 months, but I see my numbers increase in the next 6 months of the FY13 contract period. I have decreased my time working in Lincoln and am dedicating more time to work in the rural area. I will be increasing my outreach in the next month and I feel that this will increase the awareness and let more people know that there is help in the rural area and they would not have to travel to Omaha or Lincoln for treatment.
Clarify supporting evidence of capacity expansion needed in region:	I will not have enough funds from my original contract to finish out the FY13 fiscal year. There are casinos over the Nebraska/Kansas, Nebraska/Iowa borders as well as Keno, Nebraska Lottery and other gambling venues in the rural area and I feel that when the 1-800- Gambler number is advertised more, as well as the Play it Safe information, there will be more demand for help in that area.

Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Advantage of expanding services in the southeast area of Nebraska is to offer gambling treatment, support and education to the rural area and the individuals would not have to travel to Omaha and Lincoln for services.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	I do not believe that staffing would have to be increased, because I am currently working on a fulltime basis in the area and no problems have arose.
Please provide any additional relevant information:	With the caseload I currently have, I do not have enough funds to complete the FY13 fiscal year. I am anxious to expand in the southeast area of Nebraska because I believe there is a need in that area to offer help for individuals with gambling problems as well as family/concerned others.
***By signing this Request for Funds form*: *The Contractor acknowledges that submission of this Request for Funds does not guarantee approval; that if approved, the additional funding is not available for reimbursement until contract is finalized, and that contract compliance is required at all times.*	
Submitted by:	Wanda Swanson, CCGC, Changes
Submission date:	12/30/12

For Office Use Only:

Date GAP Received Form:	
SCPG Review Date:	
SCPG Recommendation:	
Approval/$:	
Denial/Reason:	
Gap/Division Signature:	

03/01/2012

Department of Health and Human Services

Nebraska Department of Health and Human Services

Division of Behavioral Health

G

Gamblers Assistance Program

301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

RECEIVED DEC 12 2012

Contractor Request for Funds Form

Instructions:

If at any time during the contracted fiscal year, a GAP Contractor believes the funding appropriation may be too limited to reimburse for increasing utilization of treatment services, the Contractor may submit a **Request for Funds** form to the GAP. **This form MUST be received in the Division no less than fourteen (14) calendar days/ten (10) business days prior to the next State Committee on Problem Gambling meeting. Requests for Funds forms received after this deadline may not be eligible for funding consideration.** (Committee meeting dates can be found on the Nebraska Public Meeting Calendar and also on the DHHS website at: http://www.dhhs.ne.gov/beh/gam/saccgam.htm)

Process for Request for Funds review and appropriation:

1. *Contractor prepares typed, accurate and complete Request for Funds form.*
2. *Contractor submits Request for Funds form to GAP in timely fashion.*
3. *GAP dates receipt of Contractor submitted Request for Funds form.*
4. *GAP reviews document for accuracy, compares previous and projected utilization, makes determination of validity and eligibility.*
5. *GAP submits Request for Funds form to the next State Committee on Problem Gambling for review. GAP provides statement of review and recommendation.*
6. *State Committee on Problem Gambling reviews all requests and current budget; makes determination of eligibility and votes on appropriation. Funding amount may be allocated based upon three factors:*
   a. *Contractor's previous fiscal year expenditures, utilization, productivity, outcomes and compliance*
   b. *Availability of funds*
   c. *State Committee on Problem Gambling identified priorities*
7. *GAP responds to the Committee action by preparing a letter of denial OR letter of award and contract amendment. GAP will communicate Committee decision to Contractor within 10-14 business days following the Committee meeting.*

Contractor Information:

Contracted Entity:	Choices Treatment Center, Inc.
Name of Contact Person:	Deb Hammond CCGC Director
Address:	127 South 37th. St. Suite B
City, Zip:	Lincoln, Nebraska 68510
Phone:	402 476 2300
Email:	Choices934@windstream.net
Current FY Contract $:	$205,500.00

Contractor Program Narrative:

Describe service to be expanded:	__X____Problem Gambling Treatment ___X___Education/Outreach
Amount of funding requested: $39,000.00	$ 9,000.00 Education/Outreach $30,000.00 Problem Gambling Treatment Total $39,000.00 **Region 5**
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	In the first half of FY 13 Choices has averaged $18,458.30 in region 5. I'm projecting this number to continue to increase with an increase in outreach and the new public awareness message making our current budget of $205,500.00 short. Currently 32 individuals served July 1 2012 - November 30, 2012. (this does not include urgent and brief sessions) Current case loads are requiring more IOP sessions along with the possibility of 3 or more new clients in December and historically, our case loads increase once March Gambling Awareness messages are publicized. I'm projecting serving an additional 25 individuals not to mention increasing our outreach presentations.
Clarify supporting evidence of capacity increase needed in region:	Access to care remains a problem for citizens in Nebraska, therefore a need to provide a consistent outreach and education message is required. (per GAP's Strategic Plan)
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Choices has a history with GAP on problem gambling awareness preparations including but not limited to proclamations, presentations, and now with the Play it Safe campaign. Choices can incorporate Play it Safe in their outreach efforts, therefore requiring an increase in funding.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	Choices currently employs five full time CCGC's, one part time CCGC and three of the fulltime CCGC's are dually credentialed. Currently there is enough certified staff to handle the projected increase in service and outreach.
Please provide any additional relevant information:	Choices has a history of providing a holistic approach to treatment. In my opinion, this type of treatment is more cost effective in the long term. Unfortunately, no hard data has been collected in our State to back up that opinion.
Submitted by:	Choices Inc. Director Deb Hammond CCGC Deb Hammond CCGC
Submission date:	December 12, 2012

For Office Use Only:

Date GAP Received Request For Funds Form:	12/12/12
Committee Review Date:	
Committee Vote:	
Approval/$:	
Denial/Reason:	

GAP Response To Contractor Date:	
Gap/Division Signature:	

Department of Health and Human Services

Department of Health & Human Services
DHHS
NEBRASKA

Division of Behavioral Health

G

Gamblers Assistance Program

301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

RECEIVED DEC 12 2012

Request for Funds Form

Purpose:

This Request for Funds form is designed to allow problem gambling treatment providers currently under contract with the DHHS Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP), the opportunity to demonstrate increased utilization that would likely demand additional funding to ensure the availability of and access to problem gambling treatment services. If at any time during the contracted fiscal year, a GAP contracted problem gambling treatment provider believes their current funding appropriation may be too limited to reimburse for increasing utilization of allowable treatment services, the Contractor may submit a **Request for Funds** form to the GAP.

Instructions:

This form MUST be received by DBH GAP no less than fourteen (14) business days prior to the next State Committee on Problem Gambling (SCPG) meeting. Requests for Funds forms received after this deadline may not be eligible for funding consideration at that time. (Committee meeting dates can be found on the Nebraska Public Meeting Calendar and also on the DHHS website at: http://www.dhhs.ne.gov/beh/gam/saccgam.htm)

Process for Request for Funds review and appropriation:

1. *Contractor prepares typed, accurate and complete Request for Funds form.*
2. *Contractor submits Request for Funds form to GAP in timely fashion.*
3. *GAP dates receipt of Contractor submitted Request for Funds form.*
4. *GAP reviews document for accuracy, compares previous, current and projected utilization trends, and makes determination of validity and eligibility.*
5. *GAP presents Contractor's Request for Funds form to the State Committee on Problem Gambling for review. GAP provides statement of review for SCPG consideration.*
6. *SCPG reviews requests and current available funding within program budget; and votes on recommendations to DBH GAP regarding appropriation. Funding amount may be allocated based upon three factors:*
   a. *Contractor's previous fiscal year expenditures, utilization, productivity, outcomes and contract compliance*
   b. *Availability of funds*
   c. *DBH GAP 2011-2015 Strategic Plan priorities*
7. *DBH GAP reviews the SCPG recommendation, makes determination and communicates a notification of denial or of award to Contractor within 10-14 business days following the SCPG meeting. DBH GAP will proceed with facilitating the contract amendment as appropriate.*
   a. *(There may be a delay in processing invoices during the contract amendment development period.)*
8. *The Contractor understands that funding is not guaranteed and even if approved, is not available until the contract is finalized. The Contractor also understands that contract compliance is still required.*

Department of Health & Human Services
DHHS
NEBRASKA

Gamblers Assistance Program

301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

Request for Funds Form

Please read instructions on the previous page before completing and submitting this form.
Double-click within text boxes if one click does not activate the box fill-in feature.

GAP Contracted Problem Gambling Treatment Provider Information:

Date:	12/12/12
Contracted Entity:	Choices treatment program
Name of Contact Person:	Debra Hammond,Director
Address:	127 S 37th Street
City, Zip:	Lincoln NE 68510
Phone:	402-476-2300
Email:	Choices934@windstream.net
Current FY Contract $:	$205,500.00

Contractor Program Narrative:

Describe service to be expanded:	X☐Problem Gambling Treatment X☐ Education/Outreach
Amount of funding requested:	$ 32,000 total ($18,000 outreach/prevention $12,000 treatment Region 3)
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Current utilization in Region 3 area is limited, as the current provider has only limited access to the very eastern part of the region. In the past, minimal outreach efforts have not been effective, thus the current provider's practice is limited to less than ¼ time in outreach and treatment. The current provider sees clients in Grand Island, but that city accounts for only about 25% of the population, leaving over 170,000 citizens with limited access to care.
Clarify supporting evidence of capacity expansion needed in region:	Currently, there is only one provider in a 22 county area. 229,188 people have limited access to counseling in their area. Gambling is prevalent with lottery, horses, and illegal sports and gaming machines. Past providers have seen clients, but there have been no providers in many of these counties for three years.

Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Level 1 prevention efforts statewide that include advertising as well as lottery advertising. The helpline could result in calls with no services available and no one to help with either prevention or intervention means the "Play It Safe" ad 800 number will be wasted efforts in state funds. Expanding services means 24/7/access to services for gambling families as Choices has staff on call 24/7
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	Additional funds for outreach and additional availability for counseling would need to be budgeted. It is anticipated we would need to hire a 50% FTE counselor to complete this contract expansion.
Please provide any additional relevant information:	Because this area has had little or no availability to treatment over the last 3 years, foundational Level 1 prevention and intervention efforts must be used to grow and develop a client base. This means Level 1 information dissemination will be needed in all 22 counties. Mileage and time on the road will need to be considered in funding this action. It is anticipated that in six months, between 2-5 clients will need treatment as the result of outreach efforts.
***By signing this Request for Funds form: The Contractor acknowledges that submission of this Request for Funds does not guarantee approval; that if approved, the additional funding is not available for reimbursement until contract is finalized, and that contract compliance is required at all times.*	
Submitted by:	Debra Hammond CCSC [illegible] CCSC
Submission date:	12/12/12

For Office Use Only:

Date GAP Received Form:	12/12/12
SCPG Review Date:	
SCPG Recommendation:	
Approval/$:	
Denial/Reason:	
Gap/Division Signature:	

03/01/2012

Department of Health & Human Services
DHHS
NEBRASKA

Gamblers Assistance Program

301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

Gamblers Assistance Program

G

Request for Funds Form

Please read instructions on the previous page before completing and submitting this form.
Double-click within text boxes if one click does not activate the box fill-in feature.

GAP Contracted Problem Gambling Treatment Provider Information:

Date:	01/04/2013
Contracted Entity:	Hampton Behavioral Health and Family Services, Inc.
Name of Contact Person:	Betty Hampton
Address:	116 West Douglas Street Suite B
City, Zip:	O'Neill, Nebraska 68763
Phone:	402-336-3200
Email:	Hampton_king@yahoo.com
Current FY Contract $:	Total of $45,100 for fiscal year July 1, 2012 through June 30, 2013. $43,000 for for Problem Gambling Treatment Services and $3,000 for Education/Outreach Services along with $100 for Continuing Education.

Contractor Program Narrative:

Describe service to be expanded:	X☐Problem Gambling Treatment ☐ Education/Outreach
Amount of funding requested:	$ 40,000
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Six individuals were served in December of 2012. It is expected that five to six problem gamblers and their family members will be seved January through July 2013. In order to serve continued clients and provide services to additional clients, increased funding is needed. Valley Hope has referred five clients to this date. These are short term clients referred on to other providers once they complete residential treatment at Valley Hope. These clients are from various areas of the State of Nebraska. Five outpatient clients are currently served are from the local area and are considered to be in long term outpatient treatment. $1,968 out of $43,000 is currently available to treat current clients.
Clarify supporting evidence of capacity expansion needed in region:	Current request for increased funds is to serve current clients and clients referred from Valley Hope's short term alcohol and drug treatment facility in O'Neill, Nebraska.

	Billing for the current year has been as follows: July $7,431 August $6,114 September $5,228 October $6,277 November $7,876 December $8,106 Total $41,032 $1,968 is left to continue at the current level through June 30, 2012. Monthly average billing for this fiscal year is $6,839
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	The advantage is to serve current clients in local area as well as clients seen at Valley Hope from other areas of the State of Nebraska.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	No expansion of staff is seen as necessary. Services are available to clients immideately or within a twenty four hour period of time. There are appointment times available for current and new clients.
Please provide any additional relevant information:	Services in this area have greatly expanded.
***By signing this Request for Funds form: The Contractor acknowledges that submission of this Request for Funds does not guarantee approval; that if approved, the additional funding is not available for reimbursement until contract is finalized, and that contract compliance is required at all times.*	
Submitted by:	Betty Hampton
Submission date:	01/04/2013

For Office Use Only:

Date GAP Received Form:	
SCPG Review Date:	
SCPG Recommendation:	
Approval/$:	
Denial/Reason:	
Gap/Division Signature:	

03/01/2012

Gamblers Assistance Program

301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
Fax: 402-471-7859

Request for Funds Form

Please read instructions on the previous page before completing and submitting this form.
Double-click within text boxes if one click does not activate the box fill-in feature.

GAP Contracted Problem Gambling Treatment Provider Information:

Date:	01/04/2013
Contracted Entity:	Hampton Behavioral Health and Family Services, Inc.
Name of Contact Person:	Betty Hampton
Address:	116 West Douglas Street Suite B
City, Zip:	O'Neill, Nebraska 68763
Phone:	402-336-3200
Email:	Hampton_king@yahoo.com
Current FY Contract $:	Total of $45,100 for fiscal year July 1, 2012 through June 30, 2013. $43,000 for for Problem Gambling Treatment Services and $3,000 for Education/Outreach Services along with $100 for Continuing Education.

Contractor Program Narrative:

Describe service to be expanded:	X☐Problem Gambling Treatment ☐ Education/Outreach
Amount of funding requested:	$ 40,000
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Six individuals were served in December of 2012. It is expected that five to six problem gamblers and their family members will be seved January through July 2013 from the local area along with future referrals of clients from Valley Hope. In order to serve continued clients and provide services to additional clients, increased funding is needed. Valley Hope has referred five clients to this date. These are short term clients referred on to other providers once they complete residential treatment at Valley Hope. These clients are from various areas of the State of Nebraska. Five outpatient clients are currently served are from the local area and are considered to be in long term outpatient treatment. $1,968 out of $43,000 is currently available to treat current clients.

Fax to 8314, DHHS.BehavioralHealthDivision, From 4023363219 Page 3 of 5 received on 1/22/2013 1:08:08 PM [Central Standard Time] on Server STNEFAX01

Clarify supporting evidence of capacity expansion needed in region:	Current request for increased funds is to serve current clients and clients referred from Valley Hope's short term alcohol and drug treatment facility in O'Neill, Nebraska. Billing for the current year has been as follows: July $7,431 August $6,114 September $5,228 October $6,277 November $7,876 December $8,106 Total $41,032 $1,968 is left to continue at the current level through June 30, 2012. Monthly average billing for this fiscal year is $6,839
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	The advantage is to serve current clients in local area as well as clients seen at Valley Hope from other areas of the State of Nebraska.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	No expansion of staff is seen as necessary. Services are available to clients immideately or within a twenty four hour period of time. There are appointment times available for current and new clients.
Please provide any additional relevant information:	The number of clients served has expanded in this area.
***By signing this Request for Funds form: The Contractor acknowledges that submission of this Request for Funds does not guarantee approval; that if approved, the additional funding is not available for reimbursement until contract is finalized, and that contract compliance is required at all times.*	
Submitted by:	Betty Hampton
Submission date:	01/04/2013

For Office Use Only:

Date GAP Received Form:	1/22
SCPG Review Date:	
SCPG Recommendation:	
Approval/$:	

H

Department of Health & Human Services
DHHS
NEBRASKA

Division of Behavioral Health

State of Nebraska
Dave Heineman, Governor

Gamblers Assistance Program (GAP) 2011-2015 Strategic Plan

Implementation Update - August 2012

Goal: Education	FY13 Updates
Strategy: Implement an awareness plan utilizing a single, focused message about problem gambling	-Campaign launch successful, with lots of positive feedback. Over 2,000 hits to website within first month. Began evaluative process. Considerations for creative marketing in FY14. New Fact Sheet, ongoing Blog, Speakers Bureau. -Helpline will drive callers to website, tx provider info page. -Continue to fund education/outreach via treatment providers and perform evaluation of survey data, compare with BRFSS data, utilize geomapping to better inform of state trends. -NET documentary release expected in fall 2013 to greet sports season as focus on college gambling includes sports gambling and higher viewer traffic. Will coordinate with interested providers and Play It Safe campaign for related outreach activities. -Pending: workgroup to process considerations for adolescent services in a treatment setting.

Goal: Evaluation	FY13 Updates
Strategy #1: Implement a process of data communication to stakeholders.	-Stakeholder survey process in design stage. Goal to develop standard reporting processes and materials, sample draft and finalize by end of fiscal year. -Continue monthly Treatment Provider calls, data reporting to SCPG and Annual Report.
Strategy #2: Utilize clear outcome measures to improve service delivery	-Progress on national project towards uniform outcome measures; working internally towards quality improvement initiative and reporting processes for all GAP funded services. Goal to develop this process and timeline for QI strategies by end of fiscal year. -Established new process for annual consumer survey to be implemented in 2013. -Delayed: Identify treatment data elements for FY14 inclusion pending circumstance with the Division's data system development. -BRFSS data pending. Finalizing prevalence study requirements with UNL; anticipated completion

	date by late summer. -Data review and clean-up process -Continue leading data elements initiative for APGSA, exploring other partnerships for project including communication with SAMHSA.
Strategy #3: Utilize flexible and responsive processes to adapt service delivery in an evolving healthcare environment.	-Utilize BRFSS, prevalence study data as well as other data to better identify and compare problem gambling prevalence and inform considerations for planning. -Workgroup determined considerations for contingency plan contractor and draft timeline for project. Project work continues but contract with vendor postponed. -Continued coordination with APGSA initiative to identify partnership opportunities with other national behavioral health partnerships such as NCRG, NASADAD. -Continued awareness of health care reform initiatives, growth strategies and partnership opportunities.

Goal: Treatment	FY13 Updates
Strategy #1: Develop standards of care that support a recovery oriented service array.	-Service Definitions workgroup completed draft service definition for Continuing Care and working on draft for a new service, Financial Case Management. Rates workgroup must complete before implementation in FY14. -Draft standards of care outline and project time completed; present to Treatment Workgroup (and CCGC Board as applicable) by end of FY13. -Encouraged GAP providers to connect with Regions to begin to explore potential use of tele-health systems already established. Will continue to explore modalities and opportunities. -Research continues on utilization of electronic modalities for recovery supports.
Strategy #2: Improve processes to increase early treatment engagement.	-Utilized workgroup to identify potential strategies for helpline and treatment engagement. Considering three strategies to begin implementing as soon as possible, coordinating with BDA to determine potential timeline and cost. (1. Email notification to providers about referrals given; 2. Utilize a 'case management' process to include sending email notification to providers when a caller requests a counselor call back; 3. Implement an automatic follow up call to all callers within a designated time frame regardless of original call outcome, presuming caller consent, to encourage follow thru for care.) -Exploration of research on treatment engagement best practices and other recovery oriented care strategies for consideration with Treatment Workgroup in FY14. -Initiated discussion with RBHAs (Regions) about coordinated care and potential SBIRT processes, survey and future requirements in development.

Strategy #3: Implement processes to ensure the delivery of integrated care practices within the public behavioral health system.	-Utilize BRFSS and prevalence study data to better identify and compare problem gambling prevalence; will inform healthcare outreach and training strategies. Began dialogue regarding a contractor to perform healthcare training towards this strategy goal. -Began dialogue with Regions and developing survey for Region network providers regarding opportunities for service coordination and provider education; requirements for PG screening to Region networks. -Dialogue with Department of Insurance about healthcare reform initiatives, attention to shifts in DSM classification and potential implication for field including other funding sources. -Utilize geomapping to create state map identifying elements of interest or concern, considerations for planning.
Strategy #4: Utilize creative strategies for workforce development.	-Continue to entice recruitment of credentialed behavioral professionals to build workforce of dually credentialed clinicians. Attended NCA conference. Provided training to healthcare doc interns. -Continued to provide leadership in Midwest Conference planning. -Established contract with UNL-Public Policy Center to develop clinical supervision standards and recommendations for a scholarship process. Goal to utilize scholarships to boost workforce. -Utilize Treatment workgroup and CCGC Board to identify and implement strategies for workforce support including scholarship opportunities. -Delayed: Pursuit of Licensure initiative delayed due to recent bill proposed.

GAP Jan.2002 – Dec. 2012
- Statistical Report -

Juan Paulo Ramírez, Ph.D.
GAP Program Evaluator

8 February 2013

1

Outline

- Treatment Data (Magellan database)
  - Data cleaning: unduplicated cases
  - # of active clients
  - Readmission Rates
  - Length of Stay
  - Urgent Response
- Helpline Outcomes
- Other Updates

2

Treatment Data

3

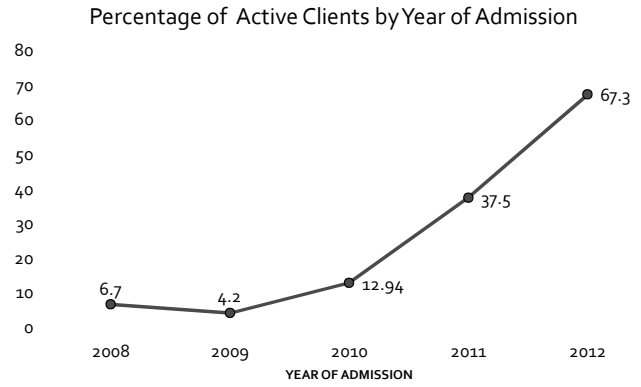
Overall Treatment Data

- GAP dates: Jan. 2002 – Dec. 2012
- Total # of records: 3,610
- Cleaning data based on SSN
- After identifying the # of duplicated cases : 3,290
  - 320 records were duplicated (8.8%) and were not included in further analysis

4

GAP Active Clients

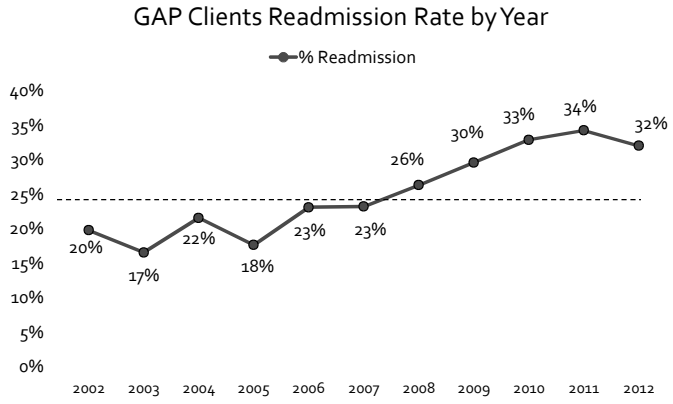
- Percentage of "active clients" are those who have not been discharged since year of admission divided by total number of clients who entered treatment in a particular year. Total number of clients by year of admission have been adjusted by eliminating duplicated cases and by those who have been considered outliers in terms of LOS.



5

GAP Readmission Rate

- Total clients: 3,290
- # of clients readmitted: 793
- Readmission rate (2002-2012): 24.1%



6

GAP Readmission Rate

- The readmission rate between 2008 and 2012 was significantly higher than between 2002-2007 (31% vs. 20%, respectively)
- Readmission rate is independent of gender

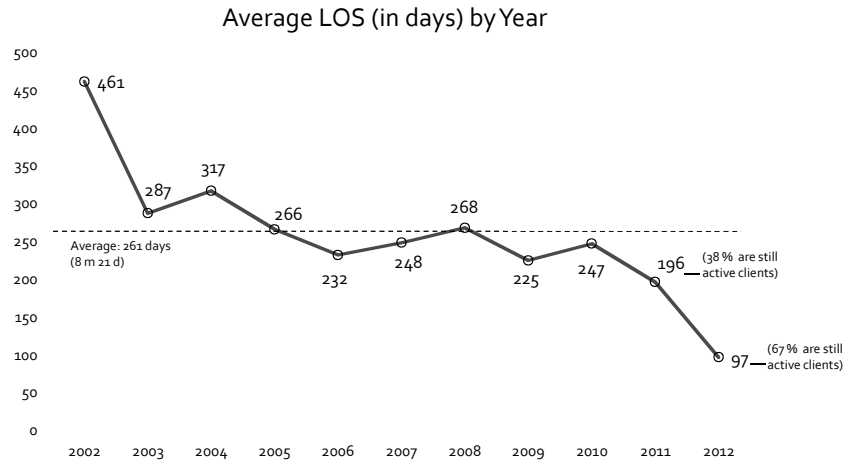
7

Length of Stay (LOS)

- Used standard scores (Z-score) for the identification of outliers
- It only considered clients who have a discharge date
- According to the Z-score, those LOS over 3 Years, 7 Months, 12 Days (1,317 days) were considered outliers
  - Total # of outliers: 61
  - Average LOS (all clients including outliers): 9 Months, 23 Days (293 days)
  - Average LOS (w/o outliers): 8 Months, 21 Days (261 days)
    - Difference: ~ 1 month

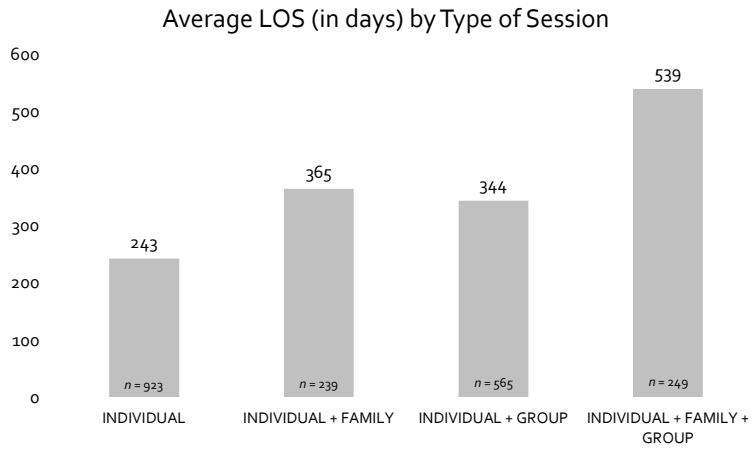
8

Length of Stay (LOS)



9

Length of Stay (LOS)



10

Length of Stay (LOS)

- What is the LOS effect by adding family and group sessions?
  - Both family and group sessions increased LOS by 122 and 101 days, respectively, in comparison to individual sessions (these differences were statistically significant). A combination of family and group sessions increased LOS by 296 days in comparison to individual sessions (the difference was statistically significant).
- Are there any differences in gender?
  - There are no differences. Female and male clients spend the same amount of time in treatment (8 Months, 24 Days and 8 Months, 19 Days, respectively)

11

Urgent Response FY2013 (1st & 2nd Q)

Total # of Units (Hours)	# of Persons Served	Average Unit (Hours) Per Person	# of Persons entered Treatment	% of Persons entered Treatment
110.5	56	1.9	26	46.4%

Gender		Consumer Type	
Male	52.7%	Gambler	82.1%
Female	47.3%	Concerned Other	17.9%

12

Helpline

13

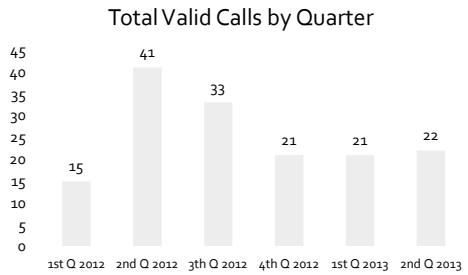
Helpline Trends: FY10-FY11-FY12-FY13 (1ST & 2ND Q)

FY	Call Volume
FY10	162
FY11	116
FY12	110
FY13 (1ST & 2nd Q)	43

14

Helpline (FY2012 – FY2013 1st & 2nd Q)

- Total Valid Calls: 153

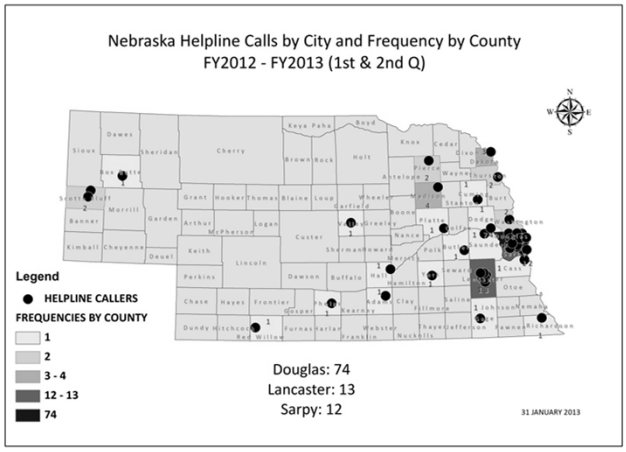


- Total calls referred to counselors: 84 (54.9%)
- Some requested GA information only: 25 (16.3%)
- Others indicated no desired assistance: 33 (21.5%)

15

Helpline Geomapping

✓27 cities
✓Omaha: 47.6%
✓Lincoln: 8.8%



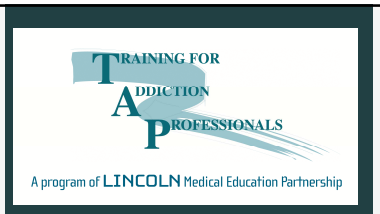
16

Other Updates

- Play It Safe campaign updates
- Press release for Super Bowl, picked up by several radio/tv/news/AP
- March awareness month planning
- Speakers Bureau finalized
- Active 'blog' posting weekly, driving SEO traffic
- Snapshot of web activity Nov-Dec:
  - Over 2,000 hits to website in first month with over 1min stay
  - 1,499,411 internet banner 'impressions'
  - 376,671 internet video 'impressions' leading to 4,998 clicks to site for follow thru

Any Questions?

Thank you!



TAP

Training for Addiction Professionals

Director of Adolescent & Family Health
Kelly Madcharo, J.D.

TAP Program Coordinator
Nancy Folkert, M.Ed.

TAP Program Assistant Coordinator
Michaela Baker, B.A.

Contracts

- 1997-Current: State of Nebraska, Heath and Human Services, Division of Behavioral Health – LADC
- 2011-Current: State of Nebraska, Health and Human Services, Division of Behavioral Health Gamblers Assistance Program – CCGC
- Independent Contracts
  - State of Nebraska, Department of Corrections
  - ATTC – Addiction Technology Transfer Center

Goals of the GAP Contract

- Develop new Certified Compulsive Gambling Counselors (CCGC)
- Provide continuing education to current CCGC's
- Build competency in other health professionals in addressing problem gambling

Problem Gambling Education

- 165 hour of **general core education** every 6 months
- 90 hours of **problem gambling specific core education** every 6 months
  - PG Assessment, Case Management & Treatment Planning
  - PG Clinical Aspects
  - PG Medical/Psychosocial Aspects
- 18 hours of **basic education** once per year
  - Gambling Addiction Basics

PG Continuing Education

- 42 hours of **continuing education** over 2 years
  - 30 hours by August 31, 2012
  - 12 hours after September 1, 2012
- CCGC & LADC approved continuing education
  - 2011-2012
    - SA & PG Similarities & Differences (6 hours)
  - 2012-2013
    - Ethics (6 hours)
    - Harm Reduction (3 hours)
    - Recovery-Oriented Systems of Care (6 hours)

Average Attendance

2011 - 2012

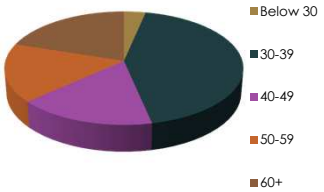
- **Core** education – **2** participants/class
- **Continuing** Education – **7** participants/class

2012 – 2013

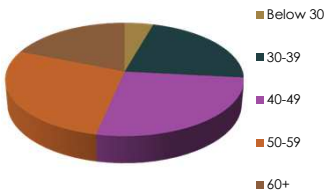
- **Core** education – **2.7** participants/class
- **Continuing** Education – **21** participants/class

Demographics

2011 – 2012
Gender:
8 Male – 22 Female



2012 – 2013
Gender:
25 Male – 63 Female



Conferences

- Midwest Consortium on Problem Gambling and Substance Abuse
- Nebraska Counseling Association – "Thinking Outside of the Box"
- Nebraska Behavioral Health Conference – "Success, Hopes and Dreams"

Other Outreach Activities

- Lincoln Family Medicine Program – Noon Conference for the Residency program.
- Visited mental health agencies in:
  - North Platte
  - Scottsbluff
  - Kearney
  - Grand Island
- Promoted gambling classes in Substance Abuse classes
- LMEP/TAP Website
- List Serve
- NAADAC

K

DHHS-GAP and State Committee on Problem Gambling—DRAFT Calendar of Events FY14

(January 2013)

First Quarter—July-Sept	Second Quarter—Oct-Dec	Third Quarter—Jan-March	Fourth Quarter—April-June

State Committee on Problem Gambling

September 19th, 2013—Joint	November 22nd, 2013	February 14th, 2014	May 16th, 2014
Annual Report review Review FY13– Fiscal Year End Strategic Plan progress review	Funding Request review 1st Q updates Provider presentation	Funding Request review 2nd Q updates Problem Gambling Month Strategic Plan progress review	FY15 Fiscal & Strategic Plan Activity recommendations 3rd Q updates

DHHS Gamblers Assistance Program

Ensure FY14 contracts finalized Review year end FY13 data Application for CCGC due Annual Report prep & submit Midwest/ National Conferences Strategic Plan progress	Certification Advisory Board 1st Q data review Plan for Site visits/Audits Strategic Plan progress	Perform Site Visits/Audits Applications for CCGC due FY15 planning 2nd Q review Problem Gambling Month Potential FY14 Amendments Legislative session Strategic Plan progress	Wrap up Site Visits/Audits FY15 Contracts FY15 planning Certification Advisory Board 3rd Q review Strategic Plan progress