

Division of Behavioral Health – Department of Health and Human Services

State Committee on Problem Gambling

April 20, 2012 - 9:00 a.m. – 1:30 p.m.

Country Inn & Suites – Lincoln Room

5353 North 27th Street, Lincoln, NE 68521

Meeting Minutes

I. Call to Order, Attendance and Roll Call

Dennis McNeilly

Committee Members Attending: John Bekins, Janelle Holt, Lois Jurgensen, Jeff McKeown, Dennis McNeilly, Otto Schultz, Steve Sloup, Kenneth Timmerman.

Committee Members Absent: Dennis Buckley, Ed Hoffman (the other two seats are currently vacant)

DHHS-Division of Behavioral Health & Legal Staff Attending: Maya Chilese, Lori Dawes, Sheri Dawson, Karen Harker, Susan Knabe, Iliana Martin, Ruth See, Heather Wood, Scot Adams

Dennis McNeilly, Committee Chair, called the meeting to order at 9:02 a.m. Roll call was conducted and a general consent quorum was present; two-thirds majority quorum was determined when Otto Schultz arrived at 9:50 a.m.

II. Review and Approval of Today's Meeting Agenda

Dennis McNeilly

The Agenda for April 20, 2012, was approved by general consent.

III. Review and Approval of Previous Meeting Minutes

Dennis McNeilly

The Committee's Meeting Minutes of February 3, 2012 (Attachment A) were not able to be approved by the Committee as the process of review initiated by the Division to ensure compliance with Open Meetings Act had not yet been resolved to allow for the Committee to review its meeting minutes prior to their being posted to a public Division website. The Chair cited an omission in the Meeting Minutes draft and explained how it would be addressed during the portion of the meeting where it applied to a meeting agenda topic.

IV. Review of By-Laws

Dennis McNeilly

The Chair reminded the Committee of how a Committee subcommittee had generously reviewed the Committee's bylaws and presented some suggested edits and revisions. That subcommittee had been headed by Ed Hoffman, who was unable to attend today's Committee meeting. The Chair suggested how the Committee had briefly reviewed the suggested edits (Attachment B) during its last meeting, with the intention of voting on those revisions at today's meeting. However with Ed's absence, the Chair suggested the committee might consider another postponement until the next meeting (when Ed would be present) or consider a formal review and vote during today's meeting. A discussion of the suggested edits (Attachment B), and the language content regarding quorum and voting was undertaken. The Committee's discussion led to a consensus of opinion to postpone consideration of this agenda item until the Committee's next meeting. The Committee further recommended that the suggested bylaws edits be returned to return the By-Laws subcommittee for further clarification regarding the importance of a quorum, and when it would be established during a meeting.

V. Public Comment #1

Gina Fricke and Wanda Swanson passed when asked to offer public comment at this time. Deb Hammond asked how many Committee member seats are currently vacant (two) and how many members would be necessary at today's meeting in order for a quorum to be established. Deb further suggested that the Committee clarify the number of members it would take for quorum (two-thirds being an arbitrary number) in their By-Laws.

VI. NET Documentary

Ron Kallhoff

NET Television Marketing Representative Ron Kallhoff, presented a proposal for a potential NET documentary project - *Growing up Gambling* (Attach C). The documentary would be similar to previously produced NET documentaries, i.e.: *Your Kids are Drinking* and *The Binge*. The focus of the proposed documentary would be on families' better understanding of youth problem gambling signs and symptoms versus other public health issues. Mr. Kallhoff explained he was appearing before the Committee today to ask the GAP and DHHS to be

to underwrite the estimated \$100,000 plus production costs of the documentary. He further explained he was requesting the GAP to provide one third of the production costs, of approximately \$35,000. If GAP and DHHS were to subsidize the documentary, the NET could provide DHHS some DVDs for distribution in community education and outreach. NET anticipates the documentary would be completed for broadcast in late May of 2013. Mr. Kallhoff further explained how NET will also seek additional resources (i.e.: problem gambling providers and others knowledgeable of problem gambling in Nebraska) to contribute information on the project. He suggested he might attend the Midwest Conference on Problem Gambling and Substance Abuse in June.

Committee members and state problem gambling providers in attendance at the meeting indicated how they had previously contributed to a previous NET problem gambling documentary of approximately fifteen years ago. Deb Hammond, Jerry Bauerkemper and the Chair all indicated their previous contribution and involvement with Joe Turco, the NET Executive Producer of *Can't Stop Gambling*, and their willingness to also contribute to the anticipated documentary project. Mr. Kallhoff suggested that Mr. Turco will again be the executive producer of the new documentary and would welcome input and or questions via phone or e-mail.

The Committee further discussed and recommended that a detailed education and prevention plan be identified for how best to use, distribute and incorporate a new NET problem gambling documentary into existing GAP education, treatment and prevention programs. The Committee discussed an investment of \$35,000 toward the production of a new NET documentary and reached consensus that further Committee discussion was necessary on how best to insure the potential use of a \$35,000 investment of GAP funds. Initially suggestions included advertisements on NET TV, radio and internet that might promote the problem gambling Helpline and program DVDs. Mr. Kallhoff suggested that as with other NET documentaries, there was potential for the proposed documentary to also be shown in other states, where it might also gain national attention.

VII. Marketing Campaign Workgroup Update

Maya Chilese

Three vendors submitted proposals for a Marketing Campaign scheduled to begin in late summer to early fall 2012. Snitily Carr, a Lincoln based company, was the winning bidder for the contract. It was suggested that the new vendor would be invited to attend the Committee's August meeting.

The Committee reminded the DHHS officials that the DHHS had not brought the final selection process to the committee prior to awarding of a GAP contract. DHHS reported that all DAS procedures had been followed as per state law. However, the Committee continued to express its concern that this latest contracting process had not allowed the Committee to review the bids prior to the award of a contract. Dr Scot Adams, DHHS Director asked to address the Committee and stated he was proud of the Division for moving ahead in spite of the ongoing lawsuit against DHHS, and reminded the Committee that they had participated in the process by recommending the purchase of these services. Beyond that, the Division has followed State procurement and laws.

VIII. Strategic Plan Updates

Maya Chilese & Karen Harker

Maya Chilese discussed the Strategic Plan Timeline (Attach D) into FY13, which chronicles the continued work by the Education, Evaluation and Treatment Workgroups and their respective goals. The Division will continue to strive to follow through on the work of the Strategic Plan. Maya also provided a brief overview of three new treatment services likely to begin in FY13.

Karen Harker addressed the process that the Rates Workgroup had gone through to determine the rates for the new services, as the service definition group has developed the services utilization guidelines. The Rates Workgroup meeting minutes were also distributed with the three new services analysis and the rates development process was explained as per the mathematical formula used. However, more research needs to be done, including consideration of the Medicaid model and practices in other states. The Chair recommended that the Division review and consider the Medicaid/Medicare model in order to be in line with existing procedural codes, rather than establish a system that does not easily align itself to the majority of medical and mental health care. The Chair suggested this was particularly important for problem gambling, should Nebraska decide to move to state licensure of problem gambling counselors. A summary of FY12, expectations for FY13 and any adjustments to the Strategic Plan work will be presented at the August meeting.

The FY11-12 Expenditures and Revenues as of March were reviewed by Lori Dawes (Attach E1). The report detailed fund and allocations break downs per category. With three quarters of 2012 passed, 83% of the total funds have been spent. The Health Care Cash Fund will continue to draw down and completely used by the end of the year. The Lottery and Education funds currently stand about 51%. However, this is anticipated to resolve as prevention and outreach programs increase. Further as the Revenue Report suggests, even if all funds for 2012 were to be expended, a total of \$1,457,620 would remain in reserve that could be banked for another year. Ms. Dawes also reported that the State's next year's budget is set with no foreseeable cuts for the Problem Gambling Program.

Karen Harker discussed the FY12 GAP Quarterly Report (Attach E2), which shows a usage of 75% for 2012. Several providers have already expended 100% of their budgeted funds and three providers have recently submitted requests for additional funds. It was further noted that many prevention and outreach initiatives occur in the spring of the year, particularly in conjunction with March Problem Gambling Awareness Campaigns. As a result, those funds will likely see more drawdowns in the next quarter.

The Committee Chair asked for clarification in regard to a payment annotated on the document entitled: "E2 FY12 GAP Quarterly Report as of 03/29/2012 (Attachment E2)". The Chair noted that under the listing of "other contracts" in the document (Attachment E2), an entry indicated a total of \$13,000 had been paid during the 3rd quarter (Jan-Mar) to the Behavioral Risk Factor Surveillance System (BRFSS), and that payment was 100% of that contract. The Committee Chair asked if the contract with BRFSS and payment of \$13,000 was the same BRFSS (Behavioral Risk Factor Surveillance System) contract proposal brought by DHHS to the Committee during its February 3, 2012 meeting.

The Chair further noted that during that meeting (and as described in the Committee's minutes as currently posted to the DHHS GAP website). The Committee Chair reminded the Committee that following that February vote (4-3 against the proposal) he had specifically asked for the Committee's February 3rd Minutes to reflect a description of the Committee's intention to re-visit this proposal in a year's time. The Chair reminded the Committee that the request to include an explanation of the Committee's vote in its Committee Minutes was made in order to provide time for specific questions about the methods employed to gather the data for the gambling module might be better answered, and the Committee's intention was to revisit this proposal in a year's time. The DHHS generated draft of the Committee's February 3rd meeting minutes does not include that explanation. Committee members further discussed their previous meeting discussion of the BRFSS proposal and how that proposal, brought forward by the GAP and DHHS officials was to fund the BRFSS gambling module portion for \$13,000 the first year with a commitment to also fund the project for the second year for an additional \$13,000.

Committee members asked why DHHS had moved forward with the BRFSS without the Committee's approval, when the Committee's voted, as recorded in the previous meeting minutes was 4-3 against the proposal. The GAP Manager noted that the Committee did not have a two-thirds majority quorum during its previous meeting and that DHHS felt it was imperative to move forward on the time-sensitive project in support of the GAP Strategic Plan. The Chair reminded the GAP and DHHS officials that even if the Committee's 4-3 against the proposal did not include a quorum, the next step would have been for the GAP and DHHS to bring the proposal for funding of a new contract back to the Committee during its next meeting when a quorum was present. In response to the Committee's questions and concerns, the GAP and DHHS officials explained that waiting a year to contract with the BRFSS would have meant missing out on the project altogether. GAP and DHHS officials further explained it was important to be included in the BRFSS in order to compare Nebraska to the field and to get CDC national data contribution on problem gambling.

Dr. Scot Adams again asked to be recognized to speak before the Committee and acknowledged the tension going on between DHHS and the Committee and expressed his hope that greater cooperation might be possible. In regard to the DHHS expenditure for the BRFSS contract, he further stated he felt it was in the Divisions interest to receive the information that BRFSS had to offer. He then made the offer for the Division to find other funding to cover the \$13,000 project costs, if the Committee recommended. The Committee

discussed the DHHS offer to find other funding to pay for the \$13,000 expenditure already undertaken for the BRFS. Questions were raised about the implied commitment of an additional funding of \$13,000 for the second year of the contract and if the DHHS would provide funding to cover those costs, given the fact the initial contract has already been signed. Dr Scot Adams suggested that other DHHS funds would cover the BRFS costs for the first year and that the Committee might reconsider the second year BRFS funding in a year's time. A motion was made to vote on reconsidering BRFS in one year and to get more information. They also voted on Scot Adams' offer for the Division to use other funding for BRFS.

ACTION ITEMS	VOTING OUTCOMES
A motion was made and seconded that the Committee reconsider BRFS in one year's time and get more information.	Bekins-Yes, Holt-Yes, Jurgensen-Yes, McKeown-Yes, McNeilly-Yes, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried unanimously.
A motion was made and seconded that the Committee accept Dr. Scot Adams' offer to replace the \$13,000 for BRFS from GAP funds with funds from another Division source.	Bekins-No, Holt-Yes, Jurgensen-Abstain, McKeown-Yes, McNeilly-No, Schultz- Abstain, Sloup-Yes, Timmerman-Yes. The proposal passed - Motion carried: 4-Yes, 2-No, 2-Abstain

X. FY 12 Funding Recommendations

Maya Chilese

Funding recommendations are based on utilization trends from the current year. As described in Attachment, Maya Chilese explained that only \$8,661 is left unallocated of the original \$1,457,670 budget of FY12. At present, there may be up to \$200,000 that won't be utilized and could be used for other initiatives including the three providers seeking additional funds: Wanda Swanson-Changes – request for \$14,500; Gina Fricke-Peace & Power – request for \$9,000; and Betty Hampton of Hampton Behavioral Health – request for \$5000 (though that proposal was not processed in time to be available for today's Committee packets). In addition, there is a recommendation for \$35,000 for NET's problem gambling documentary.

The Committee next discussed what deliverables the GAP would receive from the NET project that could be used to utilized and promoted. Mr. Kallhoff responded that NET intends to provide up to 50 DVD's but would be willing to discuss providing 150 to 300 DVD's of the documentary to the GAP, and would be willing to work with DHHS to make further determination. GAP and DHHS officials suggested that how the NET documentary project would be used and implemented within GAP programs would be charged to the Education Workgroup, who should be asked to develop and make recommendations on promotion and utilization. The GAP Manager further noted that current funding is available in the GAP budget for this project, and that funds and/or the opportunity to underwrite such a project may not be available next year.

The Committee voted on each Funding Recommendation item separately.

ACTION ITEMS	VOTING OUTCOMES
A motion was made and seconded to fund Wanda Swanson-Changes at \$14,000.	Bekins-Yes, Holt-Yes, Jurgensen-Yes, McKeown-Yes, McNeilly-Yes, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried unanimously.
A motion was made and seconded to fund Gina Fricke-Peace & Power at \$9,000.	Bekins-Yes, Holt-Yes, Jurgensen-Yes, McKeown-Yes, McNeilly-Yes, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried unanimously.
A motion was made and seconded to fund Betty Hampton-Hampton Behavioral Health's third request for funds based on her possible projections for \$5,000.	Bekins-Yes, Holt-Yes, Jurgensen-Yes, McKeown-Yes, McNeilly-Yes, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried unanimously.
A motion was made and seconded to fund NET for the "Growing Up Gambling" documentary for \$35,000 and to charge the Education Workgroup to work develop recommendations for the Committee how best to use the product.	Bekins-Yes, Holt-Yes, Jurgensen-Yes, McKeown-Yes, McNeilly-Yes, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried unanimously.

XI. FY13 Funding Recommendation

Maya Chilese

Maya Chilese presented projections for FY13 (Attach G) that are based upon utilization trends for FY12. Some small changes were made to spread Health Care Cash more in order to utilize that funding more quickly. Recommendations were offered for Workforce Development stipends for CEU’s for Providers up to \$3,000 total as well as a Strategic Plan action item, Contingency Plan, whereby proposals for an outside consultant could be secured and brought to the Committee for review.

Committee members asked about the GAP Public Awareness Campaign and if it would include billboards, radio and other marketing. GAP officials explained that the newly contracted marketing entity will be responsible for implementing media types within their contract, and would likely be invited to the Committee’s August meeting.

Committee members again considered questions and concerns brought forth a previous Committee meetings in regard to how well the current Helpline vendor was meeting its contract agreements, particularly given the few client referrals to state problem gambling providers. Committee members concern stems from recurrent reports from Nebraska’s state problem gambling providers they have not received referrals from the new Helpline vendor, now ten months into the contract with the new vendor. Committee members further discussed ongoing concerns and issues with the Helpline and Training vendors that remain unresolved. GAP and DHHS officials did not respond to Committee member’s concerns, as a lawsuit brought against the DHHS and GAP is still pending.

The Committee voted on FY13 Funding Recommendations now.

ACTION ITEMS	VOTING OUTCOMES
A motion was made and seconded to accept all of the FY13 Funding Recommendations as they appear in Attachment G.	Bekins-Yes, Holt-No, Jurgensen-Yes, McKeown-Abstain, McNeilly- Abstain, Schultz-Yes, Sloup-Yes, Timmerman-Yes. Motion carried by the majority: 5-Yes, 1-No, 2-Abstain

XII. Public Opinion – Working Lunch

Dennis McNeilly

Gina Fricke: Thanked the Committee for approving her additional funding request. She expressed her concern in regard to the disagreement between the DHHS and Committee as to how the Committee’s Minutes were approved before being posted to the public in a timely manner. She suggested hiring an individual to take Committee Minutes so they might be turned around in two business days and then sent for posting.

Gina also expressed her concern and questioned the provider reimbursement rate schedule, and suggested that the Committee consider an \$86 provider reimbursement for Aftercare, and \$86 provider reimbursement for Grief Counseling and a \$120 provider reimbursement for an Addendum, which is similar to payments for Mental Health individual care. She also suggested that rates for the initial and all other appointments have the same fee; the patient amount shouldn’t decrease as the patient gets better.

Gina expressed her continued frustration with the TAP Training Program that requires four working days for a class, which makes it difficult for a part time provider to participate in the training. She further noted her frustration that this doesn’t include the cost of time off – which could pay time at training and training or schedule Thursdays and Fridays (as used to be done), or all day on Fridays only. She also suggested that the TAP Program offer trainings applicable to the state providers who actually need the hours in order to obtain their recertification.

Gina again reminded the Committee that she has not received any referrals from the new Helpline vendor within the last month, and she has received only three for the entire year. She further noted that prior to the current Helpline vendor; she customarily received two to four referrals a month. She also noted how one of her clients had reported to her that he/she had heard about the helpline, but did not know which telephone number to call.

Wanda Swanson: Thanked the Committee for their recommendation of her additional funding request. She reported that she agreed with Gina’s concern about a lower reimbursement rate for the same time spent with

a client who is getting better. Wanda stated there is a need to come up with reasonable fees, and that consideration should also be given to the amount of time it takes to update the provider's database.

Deb Hammond: Made clarifications on the provider rate schedule process. She explained that there are three new service definitions that are to be added to those that already exist. Deb stated that she has been on the Rates Workgroup and believes that group will ultimately reach consensus on reasonable considerations. She felt that the issue is not taking into consideration pay time and length; the three new levels mean more paperwork and three more items to enter into the database, which entails more administrative costs. She stated that Karen Harker continues to research the rates and presumed there would likely be another Rates Workgroup meeting before any rate schedule is finalized.

In regard to the current Helpline vendor, Deb expressed her concern as she reported that she received one warm line transfer from a local woman and another individual who called the Chicago based Helpline and was referred to a GA meeting and not a provider in Nebraska.

Deb stated that the state providers may need to request more outreach dollars in order to continue to do outreach themselves, and noted that third and fourth quarter spending for outreach will probably be higher.

Deb also expressed her love for the NET documentary project, however she raised the issue of the need to address adolescent treatment on state GAP contracts, so as to allow providers to counsel adolescents. Currently state providers are not allowed to treat anyone under the age of 19. Deb explained how there are eleven-year-olds who are booking bets and can't get treatment. She stated how this problem needs to be addressed. She stated that yes, family members would need to sit in with a minor receiving treatment, but the counseling session would still not be the same as what an adult would receive. Deb suggested that the state's providers need to talk about youth treatment and market outreach and education programs, and that the TAP could potentially provide that training. Finally, she noted that a master's level therapist should be required to do that training.

The Committee requested that an update and progress on treating adolescents be added to next meeting's agenda.

The Chair provided comments regarding the current Provider Manual, also comparing to a previous version, expressing some concern about revisions and updates. John Bekins asked if this is a function that the Committee is supposed to undertake.

Sheri Dawson stated she was interested in working with the Committee to put a process in place for the Committee's review of its Committee's Meeting minutes that would be amenable for all three State Committees.

XIII. Items Considered for Next Agenda

Committee Members

- Consideration about adolescent treatment

XIV. Adjournment and Next Meeting

All

- Motion to adjourn made, seconded and approved at 1:07 p.m.
- Next Meeting is scheduled for August 3, 2012

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 appointed Committee members present at any called meeting shall constitute a quorum. **Once established, a quorum shall be deemed to continue throughout the meeting.** All votes to award funds from the Compulsive Gamblers Assistance Fund and amend the Bylaws shall require a vote of approval by two-thirds majority of appointed Committee members. All other Committee business shall be conducted by a simple majority vote of those members present.

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 written 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 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 18th Day of November 2011

Chairperson's Signature

Round 1	Round 2	NCAA Sweet Sixteen	Elite Eight	Final Four	Elite Eight	NCAA Second Round	Round 2	Round 1
1. Louisville 16. Duke	4. Louisville 9. Siena	1. Louisville 16. Duke						
2. Ohio St. 9. Siena	5. Ohio St. 10. Arizona	2. Ohio St. 10. Arizona						
3. Utah 12. Arizona								
4. Villanova 13. Cleveland St.								
5. West Virginia 11. Dayton	6. West Virginia 11. Dayton							
6. Kansas 14. North Dakota	7. Kansas 14. North Dakota							
7. Boston College 10. USC	8. Boston College 10. USC							
8. Michigan State 15. Xavier	9. Michigan State 15. Xavier							
9. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's	10. Gonzaga 17. Saint Mary's
10. Creighton 18. Chattanooga	11. Creighton 18. Chattanooga							
11. BYU 8. Texas A&M	12. BYU 8. Texas A&M							
12. Purdue 19. Iowa	13. Purdue 19. Iowa							
13. Iowa State 20. New Mexico	14. Iowa State 20. New Mexico							



Growing Up Gambling

College gambling is not just harmless fun. Technology now allows college students, who otherwise couldn't set foot on a casino floor, to bet as much as their credit cards will allow, which often adds up to thousands of dollars. It's possible to gamble 24/7 on your iPhone or iPad, without leaving your apartment or dorm room.



Today's college students grow up in a community of Xbox360 and Xbox LIVE. The nirvana a kid feels when reaching the next level of "Twisted Metal" or "Call of Duty" can replicate the thrill of winning a bet. As a young adult, the game of chance can take the form of interactive Texas Hold'em on PartyPoker.com, lottery scratch cards, Keno, and NCAA, NFL, NBA sports betting. Gaming can turn a child's game into a serious fixation that can take a disturbing turn as a young adult.

Nearly all colleges have policies on student alcohol use and the prevention of "binge drinking." But efforts to address on and off campus gambling and recovery from addiction is limited. In a recent national survey, nearly half of the college students said they gambled—wagering on the lottery, casino games, cards, and sports. Another study found that the number of American high school and college students playing poker for money had doubled in the last year. Today more young people gamble once a week, than smoke, drink, or take drugs combined. There are free practice games online that any 10-year-old can play.

Early exposure to gambling with play or real money can help to trigger the next generation of young gamblers. The NET documentary, "Growing up Gambling" will offer a wake-up call to families across Nebraska. The program will raise important questions and provide practical information on what you can do, if you suspect a gambling problem. The 30-minute documentary will feature recent reports and personal stories of young Nebraskans caught in the grip of out-of-control gambling. The style of the story-telling will be up close and personal, with first-hand testimony from the people touched by addiction. We will talk with leading experts in the research and treatment of gambling addiction. Viewers will also discover the latest science-based addiction research and look inside the "reward center" of the brain.

The more you know about the causes and effects of compulsive gambling, the better choices you can make.



NET Executive Producer: Joe Turco 402-740-6337 jturco@netNebraska.org
NET Marketing: Ron Kallhoff 402-472-9333 ext. 410 rkalloff@netNebraska.org

GAP 2011-2015 Strategic Plan - Draft Implementation Timeline

Education Goal: Educate Nebraskans about problem gambling				
Strategy/Objectives	FY12	FY13	FY14	FY15
<i>Strategy 1: Implement Awareness Plan</i>				
Objective 1.1: identify target audience(s)	██████████			
Objective 1.2: flexible, focused message		██████████		
Objective 1.3: measurable strategy		██████████	→	→

Evaluation Goal: Ensure quality and effective problem gambling services				
Strategy/Objectives	FY12	FY13	FY14	FY15
<i>Strategy 1: Data comm. to stakeholders</i>				
Objective 1.1: identify stakeholder groups/data	██████████			
Objective 1.2: process to use & comm data		██████████	→	
<i>Strategy 2: Outcome measures for QI</i>				
Objective 2.1: identify outcomes for all services		██████████		
Objective 2.2: quality improvement process		██████████	██████████	██████████
<i>Strategy 3: Flexible process to adapt to environ.</i>				
Objective: 3.1: process of periodic env. review		██████████	██████████	██████████
Objective: 3.2: create contingency plan(s)		→	██████████	→

GAP Service:	Problem Gambling Workforce Development Services
Contractor:	Lincoln Medical Education Partnership - Training for Addiction Professionals (TAP)
Contract No:	Contract #48484-04 (resulting from RFP 55074-03)
Contract Amt:	\$210,262.30 total for FY12-FY13

A. DELIVERABLES

1. Will develop, operate and implement Problem Gambling Workforce Development Services
2. Will manage fiscal operations, compliance and quality assurance for all operations, Scope of Work requirements and approved subcontractors
3. Will collect, monitor and submit required data elements and manage reporting systems
4. Will provide quarterly reports (at no additional cost to the State) to the Department including:
 - a. Reporting of participant satisfaction of Problem Gambling Workforce Development Services as evidenced by survey mechanism results
 - b. Reporting of the Problem Gambling Workforce Development Services as indicated in this RFP and as required by the Division

Deliverable	Due Date	Contract Requirements	Date Completed
Project Management Plan	Contract Start Date + 10 business days	Within two weeks after Contract Start Date, the Contractor will submit a Project Management Plan that includes the Contractor's plans for managing all operations of the contract including system development, management objectives and responsibilities, fiscal operations, quality assurance, timely service delivery, execution of project, implementation of processes, etc. Proposed Plan will be reviewed by DHHS before acceptance of final Plan.	July 13, 2011
Project Products	Contract Start Date + 10 business days	Bidder is expected to submit products required in this RFP within timeline indicated, Contract Start Date: Training Regimen and Manual, Policies and Procedures Manual, Organizational Structure Chart. Proposed Products will be reviewed by DHHS before acceptance of final Products.	July 13, 2011
Project Quality Assurance Plan	Contract Start Date + 10 business days	Within two weeks after Contract Start Date, the Contractor will submit a Project Quality Assurance (QA) Plan that includes a description of approach for assuring the quality of work and deliverables completed during the contract term. At a minimum, this deliverable section will address the quality assurance and control activities; process and procedures for conducting quality assurance activities including those required and detailed in the RFP. Proposed Plan will be reviewed by DHHS before acceptance of final Plan.	July 13, 2011
Project Status Updates	Monthly to begin after Contract Start Date for first 3 months (July-September 2011)	Upon contract award, Contractor and DHHS Project Manager will establish protocol for required status updates via telephone conference or face to face meetings. Contractor Project Management Team, DHHS-DBH Project Manager and other key staff will attend such meetings to the extent that it will not jeopardize project progress. Meetings will follow a standard pre-set agenda jointly prepared by the Contractor and DHHS-DBH Project Manager but will remain flexible to allow discussion of additional issues or concerns. The Contractor is required to create written meeting records, in an agreed format, and submit to DHHS-DBH Project Manager within four (4) business days of meeting. All meeting records and related documents will be stored in electronic format and will be accessible to DHHS upon request at any time.	July 18, 2011 Aug 9, 2011 Sept 6, 2011 Oct 28, 2011 Dec 29, 2011



Project Status Reports	Project Status Reports due bi-annually to begin after Contract Start Date (eight quarters total in contract service period):	This section of the deliverable presents the protocol for submittal of Status Reports, including the format and media for submittal and the procedure for submittal. Key information for the quarterly and annual reports includes but is not limited to: summary of recent accomplishments/ events; identification of and resolution plans/documentation for critical issues and risks; activities planned for the next reporting period; summary of project's progress according to Work Plan schedule; reporting of required data elements, outcomes and consumer satisfaction. Division will stipulate weekly progress status reports in case of slippage or non-compliance of RFP requirements. Final reporting will include key information including but not limited to a formal summary of service provision, data elements, project outcomes, etc.	
Due Date		Deliverables	Date Completed
January 15, 2012		First Bi-Annual Report - to cover the second quarter period after the Contract Start date	January 9, 2012
July 25, 2012		First Annual Report - to cover the summary of the entire first fiscal year 2011-2012 period.	
January 15, 2013		Second Bi-Annual Report: (second half of the second fiscal year)	
July 25, 2013		Second Annual Report - to cover the summary of the entire second fiscal year 2012-2013 period.	

Core Problem Gambling Education Modules	Total Hrs Required	Dates Projected/Completed
Problem Gambling Assessment, Case Management and Treatment Planning	Thirty (30) Proposed: 120	30 - Oct 24-27, 2011: Norfolk 30 - Feb27-March1, 2012: Lincoln
Problem Gambling Clinical Aspects	Thirty (30) Proposed: 120	30 - Nov 28-Dec 1, 2011: North Platte 30 - March 26-29, 2012: Lincoln
Problem Gambling Medical/Psychosocial Aspects	Thirty (30) Proposed: 120	30 - Dec 12-15, 2011: Lincoln 30 - April 23-26, 2012: Norfolk
Problem Gambling Continuing Education	Types & Dates Projected/Completed	
Forty-two (42) CEUs total: Problem Gambling specific <ul style="list-style-type: none"> • Thirty (30) prior to August 30, 2012 • Twelve (12) after September 1, 2012 • Shall include Ethics and Cultural Competency 	30	6 - May 4, 2012: Omaha 6 - June 22, 2012: Lincoln 6 - July 13, 2012: Lincoln 17 - June 6-8, 2012: Midwest Conference on PG & SA 6 - July 13, 2012: Lincoln 6 - July 27, 2012: Lincoln
	12	

GAP 2011-2015 Strategic Plan Initiative

Recovery Oriented Systems of Care - Problem Gambling Treatment Services FY13

Project Summary: Efforts to further develop a recovery oriented system of care for problem gambling consumers and their families has included a review of our service system and service rates. During FY11, the Service Definition, Utilization Guidelines and rates for our key cornerstone services (Assessment, Urgent Response, Intensive Outpatient and Outpatient Treatment via Individual/Group/Family sessions) were finalized with implementation in FY12. During FY12, three additional services (see below) were reviewed by workgroups comprised of problem gambling treatment providers and the GAP Manager. A separate Rates Workgroup (the same from previous efforts) then met to provide information relevant to the services respective to these three new services. Like last year, these rates are intended to be implemented within the next fiscal year contracts thus may need to invite the State Committee on Problem Gambling Executive Committee to a conference call to review final work product prior to fiscal year start. It is anticipated that after final DHHS DBH Director approval, these three services will be added to the service array in FY13.

Service	Brief Description
Evaluation Addendum	Provision of a professionally directed assessment process resulting in an addendum to a recent evaluation of a person experiencing a wide range of problems related to gambling behavior that cause moderate, chronic and/or acute disruptions in the individual's life. The evaluation addendum service is provided via consumer interview process over one or several sessions utilizing approved screening instruments and methodologies.
Brief Counseling	Provision of professionally directed solution focused brief counseling services for adult persons experiencing a wide range of problems related to gambling behavior that may cause moderate, chronic and/or acute disruptions in the individual's life. This service is applicable to an individual who has experienced life disruption directly due to problem gambling, the Gambler or the Concerned Other. (This service is not a substitution for mental health or substance abuse treatment services.) Such services are provided in regularly scheduled sessions of eight (8) or fewer contact hours. Services are therapeutic solution focused interactions with the individual.
Aftercare	Provision of professionally directed recovery oriented aftercare services for persons who've completed problem gambling treatment after having experienced a wide range of problems related to gambling behavior that cause moderate, chronic and/or acute disruptions in the individual's life. This service is applicable to an individual diagnosed with problem/pathological gambling disorder (the Gambler), or to a 'Concerned Other' who has experienced significant life disruption directly due to problem gambling and has completed problem gambling outpatient treatment. (This service is not a substitution for mental health or substance abuse treatment services.) Such services are provided in regularly scheduled sessions occurring no less than twice per month but no more than eight (8) encounters per month. Services are therapeutic goal oriented interactions with the individual, the family, or in group settings.



**GAP Strategic Plan
Rates Workgroup
2-7-2012**



Purpose & Duration

This is a conference call meeting of the GAP Strategic Plan Rates Workgroup.

Committee Representative Attending: John Bekins

Providers Attending: Gina Fricke, Diane McNeese

Members Absent from Call: Wanda Swanson, Deb Hammond

DHHS-Division of Behavioral Attending: Karen Harker, Maya Chilese, and Ruth See

Agenda Items:

- I. Karen Harker opened the meeting with a Thank you on the group identifying key activities for services.
- II. Maya Chilese provided a brief overview of the 3 key services that were to be discussed.
 - A. Addendum
 - B. Outpatient Brief
 - C. AfterCare

Addendum: When someone enters for care for the first time they have an assessment. If they reenter care later they don't need a full assessment because the previous still exists. If something in life has changed, or an updated evaluation is needed.

Diane clarified that this would be if they already had treatment. This would be the addendum to an assessment and the client would not get another evaluation, unless a long enough period of time had lapsed since the original. To change addendum should just be simple updating or recent changes.

There too seems to be differences in brief counseling and aftercare. It was added that there never has been a service definition for aftercare, either. Brief counseling and, although it's been provided, aftercare may be every other week for 1 hour or more and may vary per person. Not much collateral contact or case management service needed. A service definition is in works. An after care group maybe 1½ to 3 hours of time, or in a group, but generally a less intensive service than treatment.

Brief counseling would be up to 6 to 8 sessions total with a counselor. Typically very little collateral contacts or really any case management, less individual, but still direct time in services. Solution focused treatment service with little indirect time.

It was asked if maybe starting on addendum; we should have sent out workgroup notes from a previous meeting so that these were made available to everyone. We can send previous notes to re-acclimate to process.

At the last process we did discuss intake paperwork, preparing file, and entry screening, etc. An addendum would be 1.5 to 2 hours. Original assessment may take up to 5 1/2 hours (including 2 hours for paper work.) But it was asked what a client would need at this time, maybe 1 – 2 1/2 hours.

(There will be notes sent out identifying key activities and time frames for the next meeting.)

The next meeting will be on the February 22nd, 2012 from 9-10:00 a.m.

Taking Minutes: Ruth J. See

Supervising: Karen Harker



**GAP Strategic Plan
Rates Workgroup
2-22-2012**



Purpose & Duration

This is a conference call meeting of the GAP Strategic Plan Rates Workgroup.

Committee Representative Attending: John Bekins

Providers Attending: Gina Fricke, Wanda Swanson

Members Absent from Call: Diane McNeese, Deb Hammond

DHHS-Division of Behavioral Attending: Karen Harker, Maya Chilese, and Ruth See

Agenda Items:

- I. Karen Harker opened the meeting with an overview of what was discussed last meeting
- II. Maya Chilese provided a copy of the Draft Evaluation Addendum Service Definition for all.
 - A. GAP Draft Brief Counseling Service Definition was provided.
 - B. The Minutes to the last meeting were available.
 - C. After Care Service discussion.

The Brief Counseling Service time frames were discussed first for indirect care. It was discussed what was done in the past for similar situations. It was discussed what the differences between Outpatient and Brief Counseling were.

Maya suggested that Brief Counseling is similar to the EAP setting. The target client is either someone who only needs this level of brief service or who refuses longer term more intensive care. Getting the client info, why they are here, and where they are at this time, is what was needed and then spend indirect time on a brief synopsis of what gathered in that summary.

This service would mean working on maybe 2 goals, and indirect time to complete documentation. The client would not be registered in Magellan at this time. We would probably have the provider submit alternate data for the test period. This would be a service of up to 8 hours of direct contact.

Would not have continued updated treatment plan. Processing, no case management contacts, little interact with family, or other indirect tasks would be minimal. This would be likely in 1 hour increments. Agency intake is still required. Service likely allowed up to 2 times a year for Brief counseling sessions. Any more than that would likely need Outpatient treatments.

AfterCare: It was discussed that the draft service definition of After Care is not ready yet. This service would likely not include other collateral (or it is minimal) and indirect would also be minimal.

There would be anywhere from 1-1 ½ plus 10-15 minutes indirect in rates. In AfterCare, a plan, minutes indirect and direct, and little or no collateral contact.

Once in AfterCare, a client could reenter outpatient therapy if needed.

AfterCare is an appropriate service when someone is graduating from treatment, but needing AfterCare support.

It would be very rare for a client not going back to the same provider used for Outpatient. Provider would have to transfer client data if they went to a different agency.

There would be some indirect time for AfterCare progress notes. Individual planning would be similar to treatment but less intense or frequent. Still needs to set goals.

We would have a draft service definition ready in about 2 weeks, would have to discuss, but likely still bill as group or individual at separate rate.

We will not have all pieces until services group works through this.

Service Definition Team meeting March 12th should result in enough of a draft Service Definition for AfterCare for this group to consider.

The next meeting will be March 23rd Friday at 10:00 a.m.

Any questions? None answered.

Taking Minutes: Ruth J. See

Supervising: Karen Harker



GAP Strategic Plan Rates Workgroup 3-23-2012



Purpose & Duration

This is a conference call meeting of the GAP Strategic Plan Rates Workgroup.

Providers Attending: Gina Fricke, Wanda Swanson

Members Absent from Call: Diane McNeese, Deb Hammond, John Bekins

DHHS-Division of Behavioral Attending: Karen Harker, Maya Chilese, and Ruth See

Agenda Items:

Review draft 'Math' rates document

The Call to order and roll call

Karen Harker

Karen Harker opened the meeting to questions on the rates sheet and definitions that were emailed to members two days before.

Wanda requested clarity on the addendum. Karen explained the type of appointment and explained that rate compensates for direct and indirect time of initial appt. Addendum is different than assessment.

Follow up action in items from last meeting:

Karen Harker

Purpose of the call is to review the math for the respective services and follow up if needed to further clarify specific duties for the services in question..

It was commented that the Service Definition Group continued work on the definition of Aftercare. Aftercare may include individual sessions and group sessions. However, a Group rate could be an initial challenge to determine. We could look at a group rate later, if necessary; but in most instances the Aftercare clients join group with current treatment clients. Maybe providers with limited clientele should be paid by time by person regardless of group mix.

If a provider ran a separate Aftercare group maybe it would be different from a treatment group. It may have different parameters than a treatment group. What would that impact the rate? Would that be a regular group rate?

A future consideration may be paying for a mixed addictions recovery group. We could pay by the person for GAP consumers. There's a lot to think through on this for another day.

The draft Service Definitions and draft mathematical rates were sent out: \$42.91 was set for the Aftercare hour and ½ hour follow up work. Addendum work with a one hour session with one hour

follow up work would be in the \$57.21 range using the same method. And Brief Counseling then was set at \$42.91 with one hour counseling and ½ hour follow up work.

Karen asked if we missed when talking through the services, and times, etc. A provider questioned if the Aftercare rate was too low, in comparison to other 1 hour services. It was noted that this was not a crisis session, nor a treatment session all having their own rate calculation based upon that specific service.

This would not count with the regular session of \$86.00 an hour. The individual Outpatient counseling is also different than crisis counseling.

The Addendum is less intensive than a full assessment. This is based on a one hour regular session with a one hour follow up. As with the assessment, the intent is to purchase the final report product.

We will submit the information for Scot's consideration. And we will discuss if we will need another call, and will determine if further follow up is needed.

Adjournment and next meeting

To be determined.

Minutes prepared by: [Name] Ruth J. See

[Date] 03/27/2012

Minutes approved by: [Name]

[Date]

**Fiscal Year 2011-2012
GAP Expenditures and Revenues
As of March 31, 2011**

Percent of Time Elapsed **75.07%**
Percent Elapsed- Bi-weekly Admin **73.08%**

Expenditures

	<u>Administration</u>	<u>% Expend</u>	<u>Lottery</u>	<u>% Expend</u>	<u>Prevention Education Awareness</u>	<u>% Expend</u>	<u>Health Care Cash</u>	<u>% Expend</u>	<u>Grand Total</u>	<u>% Expend</u>
FY12 GAP Budget	\$75,000		\$957,620		\$200,000		\$225,000		\$1,457,620	
Expenditures YTD	\$62,908	83.88%	\$391,375	40.87%	\$115,343	57.67%	\$169,491	75.33%	\$739,117	50.71%
Unexpended	\$12,092		\$566,245		\$84,657		\$55,509		\$718,503	

Revenues

	<u>Administration Fund 21750 and Fund 22640</u>	<u>Lottery Revenue (Fund 21750)</u>	<u>Prevention Education Awareness (Fund 21750)</u>	<u>Health Care Cash (Fund 22640)</u>	<u>Grand Total</u>
Beginning Balance	0	757,614	332,591	0	\$1,090,205
Receipts YTD	75,000	604,748	168,387	225,000	\$1,073,135
Interest	741	20,202	7,429	0	\$28,372
Total Available	75,741	1,382,564	508,407	225,000	\$2,191,712
Expenditures	\$62,908	\$391,375	\$115,343	\$169,491	\$739,117
Ending Balance	\$12,833	\$991,188	\$393,064	\$55,509	\$1,452,594

FY12 GAP Quarterly Report as of 04/16/2012

	Total Contract	1st Qtr July - Sept	2nd Qtr Oct - Dec	3rd Qtr Jan - Mar	4th Qtr Apr-June	Total Paid Out	Total % Used
Treatment							
CrossRoads	\$25,000	6,382.00	5,618.00	6,613.00	0.00	18,613.00	74.45%
Lutheran Family Services	\$5,000	0.00	0.00	0.00	0.00	0.00	0.00%
Rebecca Green	\$15,000	2,344.00	2,101.50	3,010.00	0.00	7,455.50	49.70%
Hampton Behav & Fam Services	\$43,000	6,457.00	7,804.00	15,966.00	0.00	30,227.00	70.30%
Michael Sullivan Counseling	\$60,000	16,725.00	15,590.00	17,699.00	0.00	50,014.00	83.36%
Choices	\$224,000	30,579.00	49,051.00	50,841.00	0.00	130,471.00	58.25%
First Step	\$120,000	13,261.00	13,547.00	7,448.00	0.00	34,256.00	28.55%
Lisa Johnson/Reflections	\$6,000	0.00	0.00	0.00	0.00	0.00	0.00%
Wanda Swanson/Changes	\$30,000	9,868.00	11,034.00	9,098.00	0.00	30,000.00	100.00%
Heartland Family Services	\$125,000	21,601.00	16,683.00	18,155.00	0.00	56,439.00	45.15%
Peace & Power Counseling	\$65,000	15,552.00	19,099.00	19,404.00	0.00	54,055.00	83.16%
Spence Counseling	\$150,000	17,544.00	16,395.00	22,674.00	0.00	56,613.00	37.74%
Prairie Psychological Services	\$5,000	0.00	0.00	0.00	0.00	0.00	0.00%
Total Providers	873,000.00	140,313.00	156,922.50	170,908.00	0.00	468,143.50	53.62%
Prevention/ Education Contracts							
Bensinger, DuPont & Assoc.	\$15,000	14,949.00	0.00	0.00	0.00	14,949.00	99.66%
LMEP-TAP	\$5,132	0.00	4,222.47	0.00	0.00	4,222.47	82.28%
Brokaw Marketing (Billboards)	\$34,538	5,915.09	8,205.55	20,416.42	0.00	34,537.06	100.00%
Learfield (Radio)	\$40,000	12,500.00	7,500.00	12,500.00	0.00	32,500.00	81.25%
NE Advertising Service	\$29,514	3,580.00	5,370.00	11,370.08	0.00	20,320.08	68.85%
Awareness Campaign	\$53,816	0.00	0.00	0.00	0.00	0.00	0.00%
Lancaster County	\$0	0.00	0.00	0.00	0.00	0.00	0.00%
Crossroads	\$2,250	0.00	0.00	0.00	0.00	0.00	0.00%
Choices	\$8,000	110.00	1,687.50	4,437.50	0.00	6,235.00	77.94%
First Step	\$1,500	0.00	0.00	385.00	0.00	385.00	25.67%
Hampton Behav & Fam Service	\$2,000	0.00	220.00	55.00	0.00	275.00	13.75%
Heartland Family Services	\$1,500	0.00	40.00	422.50	0.00	462.50	30.83%
Peace and Power Counseling	\$4,500	546.25	860.00	883.75	0.00	2,290.00	50.89%
Wanda Swanson/Changes	\$1,250	0.00	0.00	680.00	0.00	680.00	54.40%
Prairie Psychological Services	\$1,000	0.00	0.00	0.00	0.00	0.00	0.00%
Total Prevention	200,000.00	37,600.34	28,105.52	51,150.25	0.00	116,856.11	58.43%
Other Contracts			**Magellan usually draws its funds in Feb or March				
NCCG	\$11,000	11,000.00	0.00	0.00	0.00	11,000.00	100.00%
Michael Sullivan Licensing	\$5,000	0.00	0.00	495.00	0.00	495.00	9.90%
Bensinger, DuPont & Assoc.	\$44,796	0.00	14,949.00	14,949.00	0.00	29,898.00	66.74%
LMEP-TAP	\$100,000	0.00	32,922.69	23,983.62	0.00	56,906.31	56.91%
Ramirez - Evaluation	\$35,679	6,488.00	9,732.00	6,488.00	0.00	22,708.00	63.65%
BRFSS	\$13,000	0.00	0.00	13,000.00	0.00	13,000.00	100.00%
Awareness Campaign	\$76,184	0.00	0.00	0.00	0.00	0.00	0.00%
Magellan	\$15,300	0.00	0.00	15,300.00	0.00	15,300.00	100.00%
Total Other	\$300,959	\$17,488.00	\$57,603.69	\$74,215.62	\$0.00	\$149,307.31	49.61%
Total Contracts	\$1,373,959	\$195,401.34	\$242,632	\$296,274	\$0	\$734,306.92	53.44%

**DHHS Division of Behavioral Health
FY12 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	\$948,959	\$200,000
Amount Available for Future Use	\$0	\$8,661	\$0

FY12 Contracts:

CrossRoads	\$5,000	\$20,000	\$2,250
Lutheran Family Services	\$0	\$5,000	\$0
Rebecca Green	\$0	\$15,000	\$0
Hampton Behavioral & Fam Services	\$5,000	\$38,000	\$2,000
Michael Sullivan/Sullivan Counseling	\$15,000	\$45,000	\$0
Choices Treatment Ctr	\$75,000	\$149,000	\$8,000
First Step Recovery Ctr	\$40,000	\$80,000	\$1,500
Lisa Johnson/Reflections	\$0	\$6,000	\$0
Wanda Swanson/Changes	\$0	\$30,000	\$1,250
Heartland Family Services	\$15,000	\$110,000	\$1,500
Peace & Power	\$10,000	\$55,000	\$4,500
Spence Counseling	\$60,000	\$90,000	\$0
Prairie Psychological Services	\$0	\$5,000	\$1,000
Bensinger, Dupont & Associates	\$0	\$44,796	\$15,000
LMEP - TAP	\$0	\$100,000	\$5,132
NCCG	\$0	\$11,000	\$0
Michael Sullivan (Licensure)	\$0	\$5,000	\$0
Magellan	\$0	\$15,300	\$0
J. P. Ramirez, Evaluation	\$0	\$35,679	\$0
NE Press Advertising Service	\$0	\$0	\$29,514
NE Radio/Learfield	\$0	\$0	\$40,000
Brokaw Marketing	\$0	\$0	\$34,538
Awareness Campaign	\$0	\$76,184	\$53,816
BRFSS	\$0	\$13,000	\$0
Lancaster County	\$0	\$0	\$0
Total Funds Contracted:	\$225,000	\$948,959	\$200,000

GAP Funding Recommendations FY12: 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	\$952,959	\$200,000	225,000
Unallocated:	0	\$8,661	0	0

Total Unallocated: \$8,661

Lottery Aid - Unallocated: \$8,661
Education/Prevention - Unallocated: \$0

Service Type	Provider	\$ Recommended	FY12 Funding Source	
Treatment	Wanda Swanson <i>Request \$14,500</i>	No less than \$5,500; No more than \$14,000	\$14k - As available	-
Treatment	Peace & Power Counseling <i>Request \$9,000</i>	No less than \$3,000; No more than \$9,000	\$9k - As available	-
Education	NET	\$35,000	\$35k - As available	-
	TOTAL:	<i>No less than \$8,500; No more than \$58,000</i>	Lottery Aid \$58,000	Education/Prev

Department of Health and Human Services



Gamblers Assistance Program

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



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:	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 \$:	\$31,250.00 (\$30,000 treatment/ \$1,250 outreach and education)

Contractor Program Narrative:

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$ 14,500.00
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Currently serve 6 consumers in southeast Nebraska. I project expanding to 1 or 2 new consumers before July 1, 2012 after outreach and education during March and April, 2012.
Clarify supporting evidence of capacity increase needed in region:	There are several casinos along the Nebraska/Kansas border as well as Keno and Lottery in numerous towns in the southeast area. After speaking to several attorneys and Keno establishments, it is apparent there is an interest and justification for gambling treatment, education and awareness.
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	One of the main benefits I see with expanding services in the southeast Nebraska area is to allow individuals the access to treatment without having to travel to Omaha or Lincoln area.
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 see any problem with being able to handle expansion at this time. I have dedicated 3 days a week to travel to the southeast area and have had no problems to date of being able to meet my clients needs.
Please provide any additional relevant information:	
Submitted by:	Wanda Swanson <i>Wanda Swanson, CCBC</i>
Submission date:	2/12/12

For Office Use Only:

Date GAP Received Request For Funds Form:	
Committee Review Date:	
Committee Vote:	
Approval/\$:	
Denial/Reason:	
GAP Response To Contractor Date:	
Gap/Division Signature:	

07/01/2010



Gamblers Assistance Program

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



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:	Peace and Power Counseling LLC
Name of Contact Person:	Gina Fricke
Address:	6901 Dodge St. Suite 101
City, Zip:	Omaha, NE 68132
Phone:	402-515-7412
Email:	ginafricke@peaceandpowercounseling.com
Current FY Contract \$:	\$65,000 outpatient treatment \$4,500 outreach/educational services Total: \$69,500

Contractor Program Narrative:

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$9000.00
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Currently I am serving about 30 people each month for outpatient gambling treatment services. I have considered the amount of funding I have used each month this fiscal year so far and how much time is left in the fiscal year and see that I will need an additional \$9000.00 in order to continue at the rate of services I am currently providing though the end of this fiscal year.
Clarify supporting evidence of capacity increase needed in region:	I am expecting that the capacity of the gambling treatment program here at Peace and Power Counseling will maintain at about the same rate.
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Providing this additional funding will ensure continuity of services provided to those in most need who are suffering with the crisis of their gambling problems. This funding will also help those who need treatment to shift from the devastation that gambling has caused into a treatment that can offer hope.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	No adjustment is necessary, however, I have time available in my schedule to accommodate new clients as they come into our program.
Please provide any additional relevant information:	None at this time.
Submitted by:	Gina Fricke, LCSW, CCGC, NCGC II
Submission date:	3-14-12

For Office Use Only:

Date GAP Received Request For Funds Form:	
Committee Review Date:	
Committee Vote:	
Approval/\$:	
Denial/Reason:	
GAP Response To Contractor Date:	
Gap/Division Signature:	

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

	Lottery Aid	Health Care Cash	Education/Prevention
Budget	\$957,620	\$225,000	\$200,000
Appropriation:	(\$757,288 proposed)	(\$225,000 proposed)	(\$200,000 proposed)
Unallocated:	\$200,392	0	0

Strategic Plan Initiatives						
Strat Plan Goal	Service Type	Provider	\$ Recommended	Fund: Aid \$957,620	Fund: HCC \$225,000	Fund: Educ \$200,000
Education	Public Awareness Campaign	RFP Winning Vendor	(per contract) \$180,000	-	-	\$180,000
Evaluation	State&Fed Health Data	BRFSS	(per contract) \$13,000	\$13,000	-	-
Evaluation	Data Analysis	Dr. Ramirez	No more than \$35,000	\$35,000	-	-
Evaluation	ASO	Magellan	(per contract) \$15,300	\$15,300	-	-
Treatment/Education	PG Helpline	BDA	(per contract) \$59,796	\$59,796	-	-
Treatment/Education	Workforce Development	LMEP - TAP	(per contract) \$105,132	\$105,132	-	-
Treatment	Workforce - Licensure	M. Sullivan	\$2,500	\$2,500	-	-
Treatment/Education	PG Treatment & Ed	CrossRoads	Treatment \$25,000 Education \$2,250	\$15,000	\$10,000	\$2,250
Treatment	PG Treatment	Lutheran Family Serv.	Treatment \$2,000	\$2,000	-	-



Division of Behavioral Health

Treatment	PG Treatment	Rebecca Green	Treatment \$2,000	\$2,000	-	-
Treatment/Education	PG Treatment & Ed	Hampton Behavioral Health & Family Serv.	Treatment \$43,000 Education \$2,000	\$33,000	\$10,000	\$2,000
Treatment	PG Treatment	M.Sullivan Counseling	Treatment \$60,000	\$40,000	\$20,000	-
Treatment/Education	PG Treatment & Ed	Prairie Psychological	Treatment \$15,000 Education \$2,000	\$15,000	-	\$2,000
Treatment/Education	PG Treatment & Ed	Choices Treatment Center	Treatment \$200,000 Education \$5,000	\$125,000	\$75,000	\$5,000
Treatment/Education	PG Treatment & Ed	First Step Recovery	Treatment \$100,000 Education \$2,000	\$70,000	\$30,000	\$2,000
Treatment/Education	PG Treatment & Ed	Wanda Swanson	Treatment \$44,000 Education \$1,250	\$44,000	-	\$1,250
Treatment/Education	PG Treatment & Ed	Heartland Family Services	Treatment \$100,000 Education \$1,500	\$80,000	\$20,000	\$1,500
Treatment/Education	PG Treatment & Ed	Peace & Power Counseling	Treatment \$74,000 Education \$4,000	\$44,000	\$30,000	\$4,000
Treatment	PG Treatment	Spence Counseling	Treatment \$100,000	\$70,000	\$30,000	-
Total Appropriated:				\$757,288	\$225,000	\$200,000
Total Unallocated:				\$200,392	0	0
Treatment	Workforce Development	Treatment Providers	CEU stipends@ \$100 No more than \$3,000	\$3,000	-	-
Evaluation	Contingency Plan	<i>(unknown Consultant)</i>	Up to \$20,000	\$20,000	-	-
Treatment	PG Treatment	<i>(potential reserve)</i>	Could be up to \$100k	\$100,000	-	-