

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 themselves, 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. We 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**

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- 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.





State Committee on Problem Gambling  
*Country Inn & Suites – Lincoln Room*  
5353 North 27<sup>th</sup> Street, Lincoln, NE 68521  
February 3, 2012 - 9:00 a.m. – 2:00 p.m.  
Meeting Minutes



A

**Purpose & Duration:**

This is the quarterly meeting of the State Committee on Problem Gambling. The Executive Committee meeting takes place one hour before the regular meeting starts.

**Committee Members Attending:** John Bekins, Ed Hoffman, Janelle Holt, Jeff McKeown, Dennis McNeilly, Otto Schultz, Kenneth Timmerman

**Committee Members Absent:** Dennis Buckley, Lois Jurgensen, Steve Sloup (Carmen Engelhardt and John Hill tendered their resignations)

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

**Agenda Items:**

I. **Meeting Called to Order – Dennis McNeilly**

Dennis McNeilly, Chair, welcomed everyone and called the meeting to order at **9:07** am. Carmen Engelhardt and John Hill, whose terms expire in July 2012, tendered their resignations early. July 1, 2012, four member seats will be open for appointment. It was requested that information be sent to current members from the By Laws containing the statutory sections detailing what membership is desired and the applications' web address.

II. **Approval of Agenda – Dennis McNeilly**

The Agenda for February 3, 2012, was approved by general consent.

III. **Approval of Minutes – Dennis McNeilly**

The Meeting Minutes for November 18, 2011 (Attachment A) were discussed after a copy of an e-mail dated December 1, 2011 was distributed (to be labeled Attachment J). The content of the e-mail from DHHS, was seen as problematic to some Committee members. The e-mail indicated the Divisions intent to ensure compliance with the Open Meeting Act. As per the Open Meeting Act, meeting minutes are required to be posted to the public within ten business days. Few Committee members desired ability to review prior to posting, rather than after. Any revisions could be considered at the next scheduled meeting. This would maintain consistency for all Division committees and comply with the law. Other possible options will be explored and brought to the Committee.

IV. **Officer Election – Dennis McNeilly #3**

Due to the resignation of the current Secretary, a new officer needs to be elected. Although Lois Jurgensen could not be at the meeting, she was nominated (with her approval via e-mail) by the Chair and seconded by John Bekins.

**Action:** The Committee voted and approved to elect Lois Jurgensen as new Secretary: Bekins - Yes, Hoffman - Yes, Holt - Yes, McKeown - Yes, McNeilly - Yes, Schultz - Yes, Timmerman - Yes

V. **Review of By-Laws – Ed Hoffman #4**

The vote to approve revised By-Laws was postponed to the next meeting as the two-thirds majority required was not present. All agreed to postpone.

VI. **Confirm Future Meeting Dates – Dennis McNeilly #12**

Next meeting date of April 20 was confirmed. May 3, 2012 is the date for the next Joint Meeting of all three State Committees - SA/MH/PG. Suggested meeting dates of August 3, Nov 16, February 8 and April 19 were reviewed and approved.

VII. **New Provider Application - Maya Chilese #10**

Application for Network Provider (Attachment H) - Prairie Psychological Services, Twila Preston, Director. Clinician Terry Chase, has many years national gambling certification, worked in Iowa, and has now moved to Nebraska in Region 4, several blocks from Iowa casinos. A motion was made and seconded for funding for Prairie Psychological Services for up to \$10,000 in treatment services and an additional \$1,000 in educational/outreach funds.

**Action:** The Committee voted to recommend funding Prairie Psychological Services for up to \$10,000 in treatment services and an additional \$1,000 in educational/outreach funds: Bekins - Yes, Hoffman - Yes, Holt - Yes, McKeown - Yes, McNeilly - Yes, Schultz - Yes, Timmerman - Yes

#### VIII. **Funding Recommendations - Maya Chilese #11**

As per Attachment I, total unallocated funds are \$80,661. Funding Requests have been submitted from Michael Sullivan Counseling for \$15,000 and Crossroads for \$12,600. A late request arrived from Hampton Behavioral Health for an additional \$15,000 due to an increase in clients in the last few weeks, could not be prepared for Committee review on such short notice. There are unallocated funds as well as unutilized funds (see Attachment G as per Karen Harker - Lutheran, Reflections and Lancaster County have not billed - those unused funds could be available). Separate motions were made for voting on the Funding Requests separately, including Hampton's late request. The Committee By-Laws require two-thirds majority for recommendations of funding. Although this was not present, the Committee chose to still review and provide recommendations to the Division, recognizing technical inability to establish full majority in compliance with their By-Laws.

**Action:** The Committee voted to recommend funding to Michael Sullivan Counseling for \$15,000 as requested: Bekins - Yes, Hoffman - Yes, Holt - Yes, McKeown - Yes, McNeilly - Yes, Schultz - Yes, Timmerman - Yes

**Action:** The Committee voted to recommend funding to Crossroads for \$13,000, a bit more than was requested: Bekins - Yes, Hoffman - Yes, Holt - Yes, McKeown - Yes, McNeilly - Yes, Schultz - Yes, Timmerman - Yes

**Action:** The Committee voted to recommend funding to Hampton Behavioral Health for \$15,000, as per projected need: Bekins - Yes, Hoffman - Yes, Holt - Yes, McKeown - Yes, McNeilly - Yes, Schultz - Yes, Timmerman - Yes.

Also part of the Funding Recommendations is the Nebraska Behavioral Risk Factor Surveillance System (BRFSS), as part of the Strategic Planning's Evaluation Team's goal (Attachment F). BRFSS is a cross-sectional telephone survey conducted by state health departments as regulated by the Centers for Disease Control (CDC), using a standardized questionnaire to determine the distribution of risk behaviors and health practices nationally. In Nebraska, DHHS contracts with UNMC to facilitate this. The Division has wanted to add a set of problem gambling question, and the opportunity to do so was available. This opportunity would require \$26,000 over two years (\$13,000 each fiscal year). The data collected would sample Nebraska's general health and better identify problem gambling prevalence and aid in the consideration of quality initiatives and health coordination. After some discussion ranging from views of both pros and concerns, a motion was made and seconded to recommend funding in the amount requested for two years for BRFSS totaling \$26,000.

**Action:** The Committee voted 4 to 3 as follows: Bekins - No, Hoffman - Yes, Holt - No, McKeown - No, McNeilly - No, Schultz - Yes, Timmerman - Yes

#### **Morning Break – 10:45 to 11:00**

#### IX. **FY12-2<sup>st</sup> Quarter Review – Juan Paulo Ramirez and Maya Chilese #7**

Dr. Juan Paulo Ramirez reviewed Attachment E, Second Quarter Helpline and Treatment Data Review, July – December 2011 and comparisons of FY11 vs. FY12. Noteworthy were:

- a. Helpline data shows calls more concentrated in the eastern metropolitan areas suggesting a correlation between caller and casino location
- b. A quarter of callers are African American; this is a significant increase but only within 2<sup>nd</sup> Quarter.
- c. Overall higher prevalence of single male callers
- d. Two thirds of problem gamblers have a history of other addiction problems and 50% report a family history of gambling
- e. The majority of helpline calls were referrals from the Iowa helpline
- f. Treatment data shows "self" and "family" as top two referral sources

The Treatment Voucher Program has begun and is being offered to all helpline callers. The voucher is for up to six free counseling sessions and is designed to be an incentive to motivate individuals to seek help. All but one GAP Provider are participating. Data from voucher utilization will be tracked.

As per Committee request, attempts will be made to search out neighboring state's reports and make appropriate comparisons of helpline data.

#### **Public Comment:**

Harlan Vogel-Heartland Family Services, stated they've yet to receive individuals reporting as referred

from the new Helpline. Heartland received one, but before they were receiving 2-3 per month. Heartland is also doing outreach. Harlan noted the lack of problem gambling awareness.

Wanda Swanson-Changes, informed the Committee that she will be applying for additional funding before the end of the fiscal year. She also has not received any helpline referrals since July 1, 2011. When asked, she said that she used to receive 1-2 every few months. She is also working on outreach in various Nebraska cities on Proclamations.

Deb Hammond-Choices, was glad to see the funding of a new Provider and that they are in a good location. She received one referral from the helpline, and has changed all outreach materials to reflect the new helpline number. She stated having mixed feelings about research; it would be interesting to have additional information. Also, now that internet gambling is legal, additional problems may arise. There's a possible gambling explosion - youth as well as elderly may be at additional risk for problems.

Gina Fricke-Peace and Power Counseling, also stated that she will be asking for additional funds in April as she began working with five new problem gambling clients last month. She's only received two referrals from the helpline since July, when prior to that she was receiving 2-4 a month. She expressed concern about the lack of CEUs through TAP, and that the basics workshops are being offered far away and require four days of training.

In response to Gina's training question, the Committee would like to place the Counselor Training on the next SCPG meeting agenda. Discussion on continued concerns from providers on lack of new referrals from the new helpline, advertising and/or promotion/awareness of services, etc. continued.

#### **Break for Lunch – 12:45 to 1:30**

##### **X. Division Updates – Sheri Dawson #5**

Sheri Dawson, Division of Behavioral Health, Administrator for the Community-Based Services, addressed the Committee on Division updates, structure, role, goals per Strategic Planning delivery of services and funding appropriations (Attachment E). Sheri also informed the Committee about Medicaid moving to at risk management and upcoming public forums and RFP which seek feedback from all groups.

##### **XI. Continuous Quality Improvement – Heather Woods #6**

Heather Wood, Division of Behavioral Health, Quality Improvement and Data Performance Administrator, as time was short, offered support to the program and encouraged a quality environment. She probed questions as how to gain more participation and evaluate the system and how to move towards a system of care to get consumers what they need. Mental Health and Substance Abuse do consumer surveys which allow them to make decisions with the data in what is a data-driven system. Heather asked everyone to take a look at the Continuous Quality Improvement (CQI) PowerPoint slides (attachment D) and to contact her with any questions or suggestions. She encouraged activities to identify the strengths and the holes in the system and then see how we are doing as a system for consumers.

##### **XII. Strategic Plan Updates – Maya Chilese #8**

Maya Chilese Updated the Committee on the Service Definition Goals (Attachment F).

- a. Education: NET has shown interest in producing a problem gambling video – a contribution from the Division could be \$5,000 to \$10,000 if we determined a partnership is valuable
- b. Evaluation: QI Process development, and reviewing evaluation processes, developing contingency plans. Looking at DOJ impact on system and gaming, etc.
- c. Treatment: Most strategic planning activities are scheduled for next years with much need for coordination with other behavioral health partners. The Co-Occurring Report and Roadmap initiative will be important for problem gambling as part of mental health and substance abuse fields, and earlier Division trauma initiatives should also be considered.

Rate analysis and service definitions continue to support a recovery oriented system of care.

##### **XIII. Next Committee Meeting: April 20, 2012**

##### **XIV. Meeting Adjourned: At 1:57 p.m.**



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 27<sup>th</sup> 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



Date: May 30, 2012

To: State Advisory Committee on Mental Health Services  
State Advisory Committee on Substance Abuse Services  
State Committee on Problem Gambling

From: Sheri Dawson, Administrator  
Community Based Section, Division of Behavioral Health  
Department of Health and Human Services

RE: Public Meeting Minutes Process

As the Department of Health and Human Services (DHHS) seeks to ensure compliance with the Open Meetings Act for the many groups across all its Divisions, the Division of Behavioral Health (DBH)-Community Based Section is making revisions to our meeting minutes' process. This process will ensure consistent meeting minute practices across the State Committee on Problem Gambling, State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services.

The Open Meetings Act requires that meeting minutes (for relevant public bodies as defined in the Act) are posted and available for public review within ten (10) business days of the meeting. The full public body (committee) approval is not required by law, before minutes are published in accordance with the Act. The approval process is a part of Robert's Rules of Order which is identified in each of the committees' bylaws, and has occurred historically in each respective committee. Committees may still enact an approval process as such; however the DBH Community Based Section intends to have the minutes available for public inspection in a timely manner in compliance with the Open Meetings Act.

Public Meeting (Committees) Minutes Process:

1. An assigned DBH Community Based Section staff member will take summary record of the public meeting (committee) activities per each agenda item. A tape recorder may be utilized solely for the DBH staff member's benefit in recording the minutes accurately. This recording shall be disposed of after meeting minutes are publicly posted or per State Retention Policies.
2. Public body meeting minutes will contain the following content at minimum:
  - a. Date, time and place of the meeting
  - b. Members present and absent, and the determination of quorum

- c. DHHS staff present
  - d. A summary of the substance of matters discussed per each agenda item
  - e. A record of motions made and the outcome of such motions, in compliance with the Open Meetings Act to record the roll call vote of each member indicating absent or voting and each member's vote
  - f. Any recommendations to the DBH Community Based Section
3. The assigned DBH Community Based Section staff will create a draft of the meeting minutes within three (3) business days after the original meeting date, using a common template developed by DBH Community Based Section.
    - a. The DBH Committee Facilitator/Contact will review the draft provided by DBH staff and make edits within two (2) business days; and shall return the document to DBH staff for final revision.
    - b. The DBH staff will make revisions to the draft meeting minutes within one (1) business day and return them to the DBH Committee Facilitator/Contact for their final review which must occur within one (1) business day. After such time, the respective committee minutes are considered final.
  4. DBH Committee Facilitator/Contact will send draft minutes via electronic email to respective Committee Chair no later than twelve o'clock noon on the 8<sup>th</sup> business day after the meeting, prior to public posting to allow opportunity for review.
    - a. A response of agreement/no comment or with suggested revisions must be returned to the DBH Facilitator/Contact within 24 (twenty-four) hours from time of electronic mail delivery (no later than twelve o'clock noon on the 9<sup>th</sup> business day after the meeting).
    - b. In order to facilitate timely final document preparation, the Committee Chair shall utilize 'track changes' as to indicate area of comment and/or recommended revision. Suggested revisions are only to reflect points of clarification or significant contextual lapses or errors and are not intended to be lengthy edits.
    - c. The DBH Facilitator/Contact shall perform immediate review of submitted comments/suggested revisions and prepare final document for public posting.
    - d. If the DBH Facilitator/Contact does not receive a response from the Committee Chair within the 24 (twenty-four) hour time period, the distributed draft minutes will be considered final and submitted for posting.
  5. DBH staff will send final committee minutes to the DHHS webmaster for posting request no later than the close of business on the 9<sup>th</sup> business day - one (1) day prior to the 10<sup>th</sup> business day to ensure posting to the public in a timely fashion in compliance with Open Meetings Act.
    - a. At this time, the DBH Committee Facilitator/Contact will also send the respective meeting minutes as a courtesy to the committee chair. Any

other considerations towards points of clarification as perceived by the chair may be recommended by the chair at the next committee meeting.

6. Committee meeting minutes will be posted to the DHHS website no later than the 10<sup>th</sup> business day following the respective committee meeting.
7. Committee meeting minutes will be included in the respective meeting materials distributed in advance of the next scheduled meeting for review; and a motion for addendum or approval may occur at the committee meeting. Added points of clarification that may be identified in the course of the committee review and approval will be noted at the bottom of the minutes in a section labeled as “addendum to the minutes.” The DBH staff person will draft the addendum to the minutes and read the addendum back to the committee prior to the committee approval of the minutes.
8. Following the committee meeting, if there were no addendums, the respective committee minutes posted on the DHHS website shall remain. If there was a recommendation for an addendum, DBH staff will revise the current posted meeting minutes to include the approved addendum content within two (2) business days of the committee meeting; and the DBH Committee Facilitator/Contact will review final minutes within two (2) business days. The meeting minutes version that includes the approved addendum shall replace the previously posted minutes, and be posted to the DHHS website within ten (10) business days.



# 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.

§ 71-816(3)

§ 71-816(4)

§ 71-816(6)

## 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.

§ 71-816(1)

§ 71-817

§ 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).

§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 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 By-Laws shall require no less than a two-thirds majority of active, appointed Committee members vote in approval of the proposed action, 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 active, appointed Committee members. 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).

§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. §71-816(5)

## 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. §71-816(6)

### 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***

\_\_\_\_\_  
***Chairperson's Signature***



**71-816. Legislative findings; State Committee on Problem Gambling; created; members; duties; division; duties; joint report.**

(1) The Legislature finds that the main sources of funding for the Compulsive Gamblers Assistance Fund 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 and Article III, section 24, of the Constitution of Nebraska. It is the intent 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.

(2) The State Committee on Problem Gambling is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to problem gambling in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of problem gambling services. The committee shall appoint one of its members as chairperson of the committee and other officers as it deems appropriate. The committee shall conduct regular meetings and shall meet upon the call of the chairperson or a majority of its members to conduct its official business.

(3) The committee shall develop and recommend to the division guidelines and standards for the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund. Such guidelines and standards shall be based on nationally recognized standards for problem gamblers assistance programs.

(4) In addition, the committee shall 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. The committee may engage in other activities it finds necessary to carry out its duties under this section.

(5) Based on the recommendations of the committee, the division shall adopt guidelines and standards for the distribution and disbursement of money in the fund and for administration of problem gambling services in Nebraska.

(6) 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.

**Source:** Laws 2004, LB 1083, § 16; Laws 2005, LB 551, § 6; Laws 2006, LB 994, § 95; Laws 2008, LB1058, § 1; Laws 2009, LB189, § 1.

**Effective Date: August 30, 2009**

**71-817. Compulsive Gamblers Assistance Fund; created; use; investment.**

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 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. The Director of Administrative Services shall draw warrants upon the Compulsive Gamblers Assistance Fund upon the presentation of proper vouchers by the division. 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 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.

**Source:** Laws 1993, LB 138, § 33; R.S.Supp.,1994, § 9-804.05; Laws 1995, LB 275, § 17; Laws 2000, LB 659, § 3; Laws 2001, LB 541, § 5; R.S.Supp.,2002, § 83-162.04; Laws 2004, LB 1083, § 17; Laws 2005, LB 551, § 7; Laws 2008, LB1058, § 2; Laws 2009, LB189, § 2.

**Effective Date: August 30, 2009**

**Cross References**

**Nebraska Capital Expansion Act,** see section 72-1269.  
**Nebraska State Funds Investment Act,** see section 72-1260.

## **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 recommend the awarding of funds from the Compulsive Gamblers Assistance Fund and 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. 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***

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***Chairperson's Signature***



**Fiscal Year 2011-2012  
GAP Expenditures and Revenues  
As of June 30, 2012**

Percent of Time Elapsed **100.00%**  
Percent Elapsed- Bi-weekly Admin **100.00%**

**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	<b>\$71,892</b>	95.86%	<b>\$647,906</b>	67.66%	<b>\$188,587</b>	94.29%	<b>\$225,000</b>	100.00%	<b>\$1,133,385</b>	77.76%
Unexpended	<b>\$3,108</b>		<b>\$309,714</b>		<b>\$11,413</b>		<b>\$0</b>		<b>\$324,235</b>	

**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	<b>75,000</b>	<b>805,750</b>	<b>316,390</b>	<b>225,000</b>	\$1,422,140
Interest	844	26,379	10,950	0	<b>\$38,173</b>
Total Available	<b>75,844</b>	<b>1,589,743</b>	<b>659,931</b>	<b>225,000</b>	<b>\$2,550,518</b>
Expenditures	\$71,892	\$647,906	\$188,587	\$225,000	\$1,133,385
Ending Balance	<b>\$3,952</b>	<b>\$941,837</b>	<b>\$471,344</b>	<b>\$0</b>	<b>\$1,417,133</b>

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

Percent of Time Elapsed **8.49%**  
Percent Elapsed- Bi-weekly Admin **7.69%**

**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>
FY13 GAP Budget	\$75,000		\$957,620		\$200,000		\$225,000		\$1,457,620	
Expenditures YTD	\$3,332	4.44%	\$130,238	13.60%	\$8,580	4.29%		0.00%	\$142,150	9.75%
Unexpended	\$71,668		\$827,382		\$191,420		\$225,000		\$1,315,470	

**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	945,789	471,344	0	\$1,417,133
Receipts YTD	75,000	0	0	225,000	\$300,000
Interest	104	1,970	982	0	\$3,056
Total Available	75,104	947,759	472,326	225,000	\$1,720,189
Expenditures	\$3,332	\$130,238	\$8,580	\$0	\$142,150
Ending Balance	\$71,772	\$817,521	\$463,746	\$225,000	\$1,578,039

FY12 GAP Quarterly Report as of 08/13/2012

	Total Contract	1st Qtr July - Sept	2nd Qtr Oct - Dec	3rd Qtr Jan - Mar	4th Qtr Apr-June	Total Paid Out	Total % Used	Fund Sources
<b>Treatment</b>								
CrossRoads	\$25,000	6,382.00	5,618.00	6,613.00	6,387.00	25,000.00	100.00%	Lottery, Healthcare
Lutheran Family Services	\$5,000	0.00	0.00	430.00	1,118.00	1,548.00	30.96%	Lottery
Rebecca Green	\$15,000	2,344.00	2,101.50	3,010.00	0.00	7,455.50	49.70%	Lottery
Hampton Behav & Fam Services	\$48,000	6,457.00	7,804.00	15,966.00	17,773.00	48,000.00	100.00%	Lottery, Healthcare
Michael Sullivan Counseling	\$60,000	16,725.00	15,590.00	17,699.00	9,986.00	60,000.00	100.00%	Lottery, Healthcare
Choices	\$220,000	30,579.00	49,051.00	50,841.00	55,720.00	186,191.00	84.63%	Lottery, Healthcare
First Step	\$120,000	13,261.00	13,547.00	7,448.00	6,118.00	40,374.00	33.65%	Lottery, Healthcare
Lisa Johnson/Reflections	\$6,000	0.00	0.00	0.00	0.00	0.00	0.00%	
Wanda Swanson/Changes	\$44,000	9,868.00	11,034.00	12,966.00	10,132.00	44,000.00	100.00%	Lottery
Heartland Family Services	\$125,000	21,601.00	16,683.00	18,155.00	24,686.00	81,125.00	64.90%	Lottery, Healthcare
Peace & Power Counseling	\$74,000	15,552.00	19,099.00	19,404.00	17,343.00	71,398.00	96.48%	Lottery, Healthcare
Spence Counseling	\$150,000	17,544.00	16,395.00	22,674.00	25,696.00	82,309.00	54.87%	Lottery, Healthcare
Prairie Psychological Services	\$5,000	0.00	0.00	0.00	0.00	0.00	0.00%	
<b>Total Providers</b>	<b>897,000.00</b>	<b>140,313.00</b>	<b>156,922.50</b>	<b>175,206.00</b>	<b>174,959.00</b>	<b>647,400.50</b>	<b>72.17%</b>	
<b>Prevention/ Education Contracts</b>								
Bensinger, DuPont & Assoc.	\$15,000	14,949.00	0.00	0.00	0.00	14,949.00	99.66%	Education
LMEP-TAP	\$5,132	0.00	4,222.47	0.00	909.53	5,132.00	100.00%	Education
Brokaw Marketing (Billboards)	\$34,538	5,915.09	8,205.55	20,416.42	0.00	34,537.06	100.00%	Education
Learfield (Radio)	\$40,000	12,500.00	7,500.00	2,500.00	17,500.00	40,000.00	100.00%	Education
NE Advertising Service	\$29,514	3,580.00	5,370.00	12,386.80	8,176.72	29,513.52	100.00%	Education
Awareness Campaign	\$49,816	0.00	0.00	0.00	49,816.00	49,816.00	100.00%	Education
NET Television	\$35,000	0.00	0.00	0.00	35,000.00	35,000.00	100.00%	Education
Crossroads	\$2,250	0.00	0.00	0.00	1,000.00	1,000.00	44.44%	Education
Choices	\$12,000	110.00	1,687.50	4,437.50	3,425.00	9,660.00	80.50%	Education
First Step	\$1,500	0.00	0.00	385.00	55.00	440.00	29.33%	Education
Hampton Behav & Fam Service	\$2,000	0.00	220.00	55.00	165.00	440.00	22.00%	Education
Heartland Family Services	\$1,500	0.00	40.00	422.50	307.50	770.00	51.33%	Education
Peace and Power Counseling	\$4,500	546.25	860.00	883.75	907.50	3,197.50	71.06%	Education
Wanda Swanson/Changes	\$1,250	0.00	0.00	680.00	380.00	1,060.00	84.80%	Education
Prairie Psychological Services	\$1,000	0.00	0.00	0.00	218.00	218.00	21.80%	Education
<b>Total Prevention</b>	<b>235,000.00</b>	<b>37,600.34</b>	<b>28,105.52</b>	<b>42,166.97</b>	<b>117,860.25</b>	<b>225,733.08</b>	<b>96.06%</b>	
<b>Other Contracts</b>			**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%	Lottery
Michael Sullivan Licensing	\$5,000	0.00	0.00	495.00	0.00	495.00	9.90%	Lottery
Bensinger, DuPont & Assoc.	\$44,796	0.00	14,949.00	14,949.00	14,949.00	44,847.00	100.11%	Lottery
LMEP-TAP	\$100,000	0.00	32,922.69	23,983.62	28,541.46	85,447.77	85.45%	Lottery
Ramirez - Evaluation	\$35,679	6,488.00	9,732.00	9,732.00	9,727.00	35,679.00	100.00%	Lottery
Awareness Campaign	\$80,184	0.00	0.00	0.00	80,184.00	80,184.00	100.00%	Lottery
Magellan	\$15,300	0.00	0.00	15,300.00	0.00	15,300.00	100.00%	Lottery
<b>Total Other</b>	<b>\$291,959</b>	<b>\$17,488.00</b>	<b>\$57,603.69</b>	<b>\$64,459.62</b>	<b>\$133,401.46</b>	<b>\$272,952.77</b>	<b>93.49%</b>	
<b>Total Contracts</b>	<b>\$1,423,959</b>	<b>\$195,401.34</b>	<b>\$242,632</b>	<b>\$281,833</b>	<b>\$426,221</b>	<b>\$1,146,086.35</b>	<b>80.49%</b>	

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

	<b>Health Care</b>		
	<b>Cash</b>	<b>Lottery Aid</b>	<b>Lottery Prev</b>
Total Budget Authority	\$225,000	\$957,620	\$200,000
Amount Approved to Date	\$225,000	\$768,311	\$200,000
<b>Amount Available for Future Use</b>	<b>\$0</b>	<b>\$189,309</b>	<b>\$0</b>

**FY12 Contracts:**

CrossRoads	\$10,000	\$15,100	\$2,250
Lutheran Family Services	\$0	\$2,200	\$0
Rebecca Green	\$0	\$2,100	\$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
Bensinger, Dupont & Associates	\$0	\$59,796	\$0
LMEP - TAP	\$0	\$105,132	\$0
Michael Sullivan (Licensure)	\$0	\$0	\$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

<b>Total Funds Contracted:</b>	<b>\$225,000</b>	<b>\$768,311</b>	<b>\$200,000</b>
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# Marketing Communications Plan

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# Marketing Objective

- Increase Nebraska residents' awareness of low-risk gambling strategies, as well as risky gambling behaviors, and available help resources by developing a simple and memorable brand that can be used and promoted by the state's various programs.

SnitilyCarr

## Marketing Goals

- Develop a single brand for the Gamblers Assistance Program (GAP) campaign for use by GAP and partners.
- Develop messaging and materials to help understanding of the signs of problem gambling.
- Develop a variety of easy-to-use outreach marketing resources that can be easily shared.
- Implement public relations and social media initiatives to reach a wide variety of audiences.
- Ensure paid advertising reaches intended audiences.

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## Target Audiences

- Primary:
  - Nebraska gamblers aged 25-55
  - Gamblers' friends and families
- Secondary:
  - Partner agencies
  - Journalists
  - Health providers and counselors
  - Financial and legal professionals
  - Spiritual leaders
  - Policy makers

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# Marketing Communications Strategies and Tactics

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## Marketing Strategies

- Create and consistently use a single brand name that conveys a simple message.

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## Marketing Strategies

- Implement the GAP brand campaign and messaging using a variety of tactics to reach a statewide audience:
  - Comprehensive website
  - Toll-free number (1-800-GAMBLER)
  - Printed collateral
  - Public relations
  - Social media
  - Advertising

SnitilyCarr

## Marketing Strategies

- Identify public relations opportunities to create awareness about problem gambling and the resources available:
  - Talking points
  - Media relations
  - Speaking opportunities
  - Partnerships
  - NET documentary

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## Marketing Strategies

- Create social media presence and conversation to encourage family members, friends, and problem gamblers to seek information and treatment:
  - Blog
  - Facebook
  - Online forum
  - YouTube

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## Marketing Strategies

- Paid Advertising:
  - Nebraska Broadcasters Association (NBA)
    - Television
    - Radio
  - Online
    - Behavioral targeting
  - Print
    - Weekly newspapers

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## Key Messaging Recommendations

- Gambling, when played safely, can be a fun and entertaining activity for adults to enjoy. However, as with many things, it's important to set limits. By following safe gaming guidelines-such as never betting more than you can afford, understanding that everyone loses over time, and not chasing your losses-individuals can maintain control.
- Gambling can also be addictive. The Gamblers Assistance Program was established to help problem gamblers and their loved ones get the help they need.
  - Free and confidential support is available to all Nebraskans through the helpline (1-800-GAMBLER) in addition to a statewide network of providers.

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Creative

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## Campaign Theme

“Play It Safe”

SnitilyCarr

## Media Recommendations

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## Television/Radio

- Nebraska Broadcasters Association:
  - Offers statewide coverage on all network stations
  - Provides effective reach and frequency
  - Offers opportunity to reach a wide, diverse audience through various program placements
  - Spot ratio of 4:1

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## Internet

- Specific Media:
  - Behavioral targeted placements
    - Serves ads to sites where audience is visiting
  - State-wide coverage
  - Highly targeted
- SEO/SEM
  - Identify key words that are searched frequently
  - Incorporate words into tags, titles, and copy

SnitilyCarr

## Print

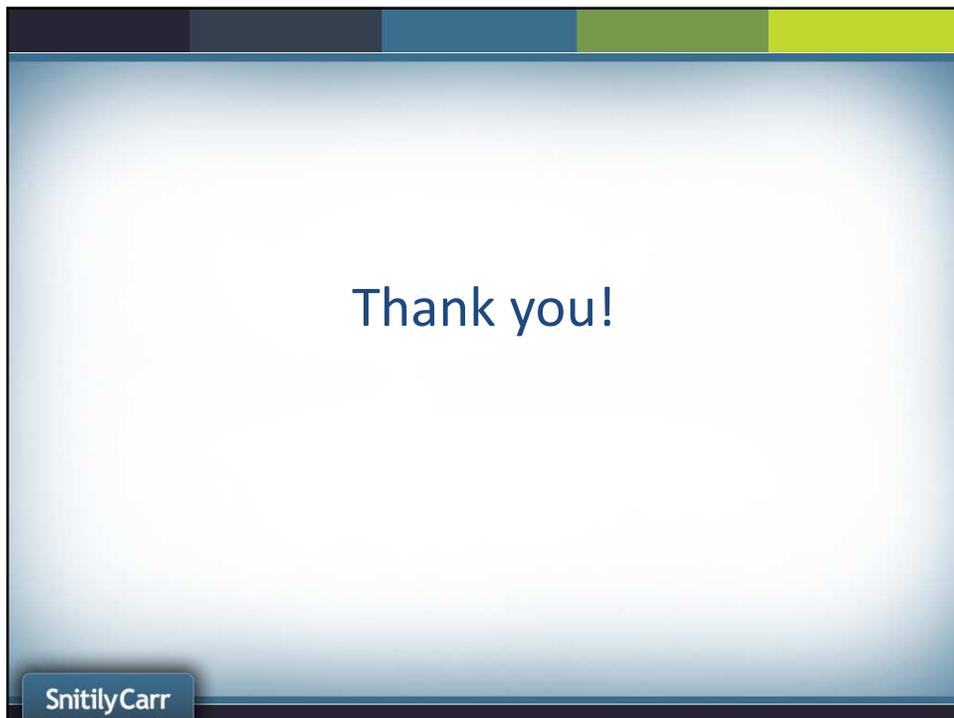
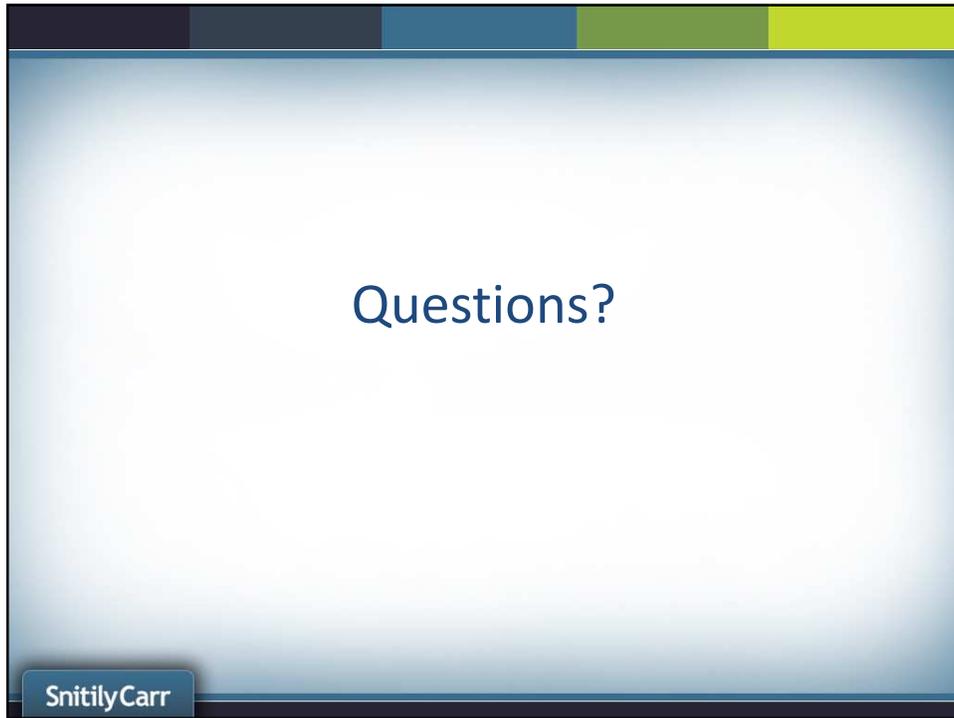
- Nebraska Press Association:
  - Statewide coverage
  - Rural outreach to a slightly older demographic
  - Support for all other media elements

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## Next Steps

- Creative development
- Creative testing
- Production of campaign materials
- Campaign launch
  - October 2012
- Ongoing media relations
- Evaluation

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DIVISION OF BEHAVIORAL HEALTH  
GAMBLERS ASSISTANCE PROGRAM  
2011-2012 Annual Report



*Prevention Works  
Treatment is Effective  
People Recover*

Department of Health & Human Services

**DHHS** 

N E B R A S K A

**DHHS - State of Nebraska**

Department of Health and Human Services  
Division of Behavioral Health  
Gamblers Assistance Program  
301 Centennial Mall South  
Lincoln, NE 68509-5026  
[http://www.dhhs.ne.gov/Behavioral\\_Health/](http://www.dhhs.ne.gov/Behavioral_Health/)  
Phone: 402-471-8553  
Fax: 402-471-7859  
E-mail: [scot.adams@nebraska.gov](mailto:scot.adams@nebraska.gov)



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## Overview

Behavioral Health in Nebraska includes three distinct service types: Mental Health, Substance Abuse and Problem Gambling. The publicly funded system is only one part of the overall behavioral health system in Nebraska. Private funding sources such as insurance companies, private business, and individuals also influence the way behavioral health services are provided in the state.

The Gamblers Assistance Program (GAP) is a publicly funded service system specifically designed to address problem gambling in Nebraska. As in many states, there are no other funding mechanisms established to cover the costs of problem gambling services such as treatment or prevention. The GAP is administered within the Department of Health and Human Services (DHHS) Division of Behavioral Health (DBH or Division). This program began via legislation in 1992, to provide funding and administration for statewide services related to problem gambling. There are very few private entities addressing this need, and almost no insurance companies cover treatment, leaving individuals and families challenged by problem gambling with little assistance.

In 2008, LB 1058 was passed to emphasize public involvement with GAP and redefine the role of the Committee. The renamed State Committee on Problem Gambling is responsible for: (1) Developing and recommending, to the DBH, guidelines and standard for the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund; (2) Developing 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; and (3) Engaging in other activities it finds necessary to carry out its duties.

The Committee has twelve members, appointed by the governor. State law requires that at least three of the twelve members must be consumers of problem gambling services (Refer to Appendix A for a listing of the Committee Members).

In 2010, DBH-GAP in partnership with the State Committee on Problem Gambling (herein referred to as the Committee) initiated a strategic planning process. The final Strategic Plan document was adopted in April of 2011. This document has provided direction and continued guidance for the implementation of strategies purposed to strengthen the publicly funded problem gambling service system in Nebraska thru 2015.

# GAP FY12 At-a-Glance



*Fiscal Year 2011-2012 (FY12)*

## Quick Statistics about FY12 GAP Services

- ◆ Total # individuals served in problem gambling treatment—173
- ◆ Total # of hours served in treatment for consumers—7,327
- ◆ Average gambling debt of consumers in treatment—\$22,274
- ◆ Total ‘valid’ calls to the statewide problem gambling helpline—110
- ◆ Over 350 hours of public outreach and education
- ◆ Total \$ spent for *all* GAP services—\$1,217,889



## GAP FY12 Key Accomplishments

- ◆ DBH - GAP 2011-2015 Strategic Plan Workgroups established
- ◆ Data Quality Improvement initiatives including leadership in national project to establish standard data elements
- ◆ Development of three new Problem Gambling Treatment Services and a Helpline Voucher Program
- ◆ Competitive Bidding via Request for Proposal to initiate a new Problem Gambling Public Awareness Campaign
- ◆ State and local Proclamations for Problem Gambling Awareness Month
- ◆ Addition of gambling questions to Nebraska’s implementation of the National Center for Disease Control Health Survey

# GAP FY12 Fiscal Information

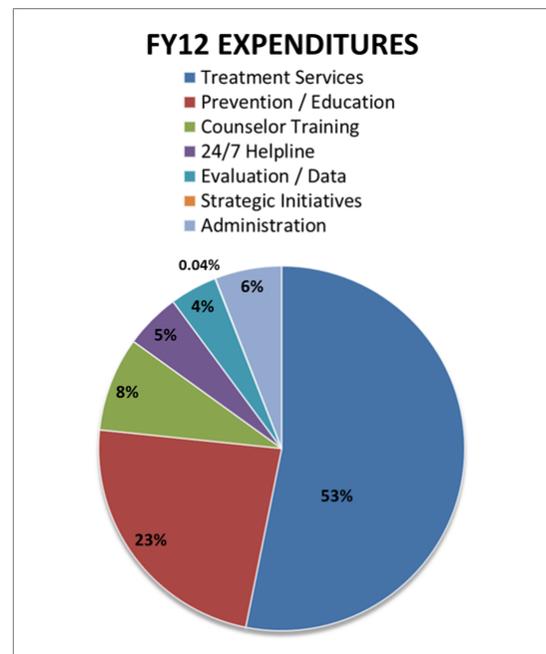
## FY12 Expenditures and Revenues

The GAP is funded in part by the Lottery, the Charitable Gambling Fund and the Health Care Cash Fund. The table below documents the funding sources:

Source of Funds
Charitable Gaming Operations Fund <i>Neb.Rev.Stat. (Sec. 9-1,101)</i>
Nebraska Lottery Profits Revenue <i>Neb.Rev.Stat. (Sec. 9-812)</i>
Health Care Cash Fund <i>(State of NE 09-10/10-11 Biennial Budget)</i>
Nebraska Lottery Advertising Budget for Prevention, Education and Awareness <i>Neb.Rev.Stat. (Sec. 9-831)</i>

The expenditures chart below depicts how GAP funds were utilized in the 2011-2012 Fiscal Year. A total of **\$1,217,889** was expended to support the following services:

Use of Funds	FY12 Expenditure	%
Treatment Services	\$647,400	53.1%
Prevention/Education	\$285,836	23.4%
Counselor Training	\$101,580	8.3%
24/7 Helpline	\$59,796	5%
Evaluation/Data	\$50,979	4.2%
Strategic Initiatives	\$495	<.1%
Administration	\$71,803	6%
<b>Total</b>	<b>\$\$1,217,889</b>	<b>100%</b>



# FY12 Service Delivery System



## Problem Gambling Treatment Services

In FY12, problem gambling treatment services were provided through contracts with thirteen treatment providers. Services were available within all six of Nebraska’s behavioral health regions. (Refer to Appendix D for a list of FY12 problem gambling treatment providers.) Problem gambling treatment services vary in type, intensity and duration.

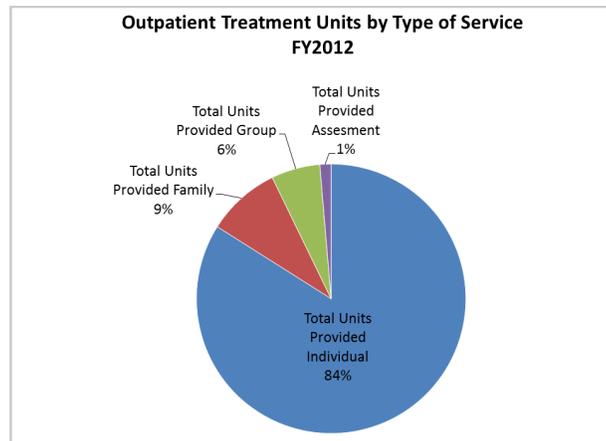
Treatment Service	Description
Assessment/ Evaluation	Before admitting a client into care, a counselor must determine the nature and intensity of the problem gambling issues. This service occurs via face to face interview with the client and gathering collateral information as available.
Urgent Response	Counselors will meet with a problem gambler and/or their family to intervene and stabilize the current environment and encourage their entry into treatment services.
Outpatient Therapy: Individual, Family and Group Sessions	Therapy sessions facilitated by a trained professional with an individual, family or group of individuals experiencing problems related to gambling. (Service occurs within Outpatient Treatment or Intensive Outpatient Treatment setting.)

Services are available to the problem gambler, the ‘concerned other’ and family. GAP problem gambling **treatment services were provided to 173 individuals**, 131 gamblers and 42 ‘concerned other’ consumers. The average age was 43 years, 39.2 years for men and 47.7 years for women; showing that males who were treated for gambling were slightly younger than females who received treatment. **The average age reported of first gambling experience was 23.2**, 18.8 for men and 29.1 for women.

The average household income was \$46,577, with an average reported household debt of \$69,807 plus the **average reported gambling debt of \$22,274**. Around 68% of all consumers reported having over 12 years of education, and almost 63% were employed full time. Nearly 12% of all consumers reported a race/ethnicity other than Caucasian.

This chart shows the breakdown of problem gambling treatment service modalities provided during FY12.

- ◆ Assessment/Evaluations
- ◆ Individual Sessions
- ◆ Group Sessions
- ◆ Family Sessions



# FY12 Service Delivery System



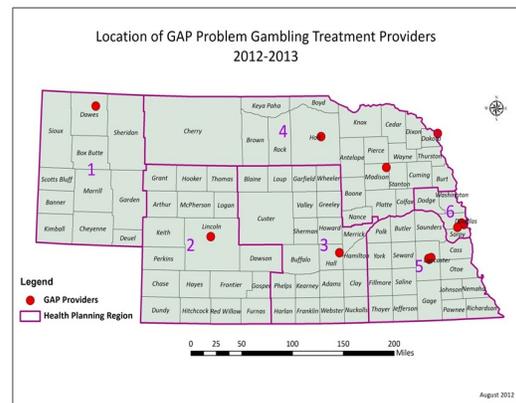
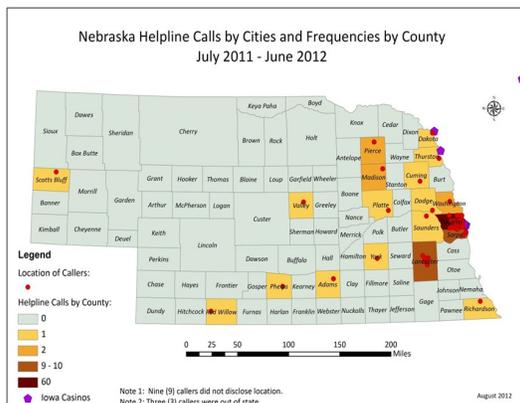
## Problem Gambling Helpline Services

In FY12, Bensinger, DuPont & Associates (BDA) hosted the statewide problem gambling helpline, available twenty-four hours per day, seven days per week. Nebraska's publicly funded problem gambling helpline also began utilizing a new, easier to remember number: 1-800-GAMBLER.

The primary purpose of the helpline is to provide crisis response and information to callers who may be experiencing problems related to gambling. In many instances, the Helpline provides referrals to available community-based services for treatment and/or other support services. BDA also provided a new program, 'Call to Change', to six callers. This program utilizes motivation to change practices to encourage callers to make next steps in reducing harm and increasing protective activities regarding their problem gambling behaviors. Three of the individuals utilizing this service successfully transferred to treatment services after initial engagement. In addition, the Helpline has continued to partner with Iowa's 1-800-BETSOFF helpline, and received direct referrals of Nebraska callers.

In FY12, the helpline handled over 2,000 calls. But only 110 were 'valid' calls in which an individual is seeking assistance for concerns related to gambling rather than seeking information about gambling tips. The most commonly reported preferred gambling activity was Riverboat/Casino (71.8%) followed by Sports Betting. The most commonly reported problems associated with problem gambling behavior were financial (70%).

Of callers surveyed to monitor quality assurance (13 completions=12% of total calls), 100% reported that they would recommend the helpline to someone else with problems related to gambling. Only 36% reported a continuation of gambling behavior. The many areas of the state are affected by problem gambling, as evidenced by calls received on the helpline originating from areas throughout the state.



# ***FY12 Service Delivery System***



## **Counselor Training and Workforce Development**

Throughout FY12, the Lincoln Medical Education Partnership –Training for Addiction Professionals (LMEP-TAP) provided 180 hours in Core Education and 60 hours in Continuing Education for statewide workforce development to problem gambling counseling professionals. The training provided counselors with the education required to earn certification as a problem gambling clinician, and the continuing education to increase their competency as a clinician to benefit the field of problem gambling prevention and treatment.

## ***Problem Gambling Prevention, Outreach and Education Services***

In FY12, local treatment providers facilitated **outreach and education to local communities** aimed at increasing the awareness of problem gambling and risks associated with it, low risk tips to play it safe and treatment resources available for individuals and families who are negatively impacted by problem gambling. A few such outreach activities include:

- ◆ Radio, newspaper and billboards advertising messages statewide that guide individuals experiencing problems related to gambling to our 24/7 Helpline
- ◆ Over **350 hours** of outreach and community education by treatment professionals collecting **over 1100 surveys**

This outreach data indicated that of people (N=1116) surveyed:

- ◇ Just under 50% had played the Lottery or Scratch-Offs, around 18% bet at a casino, and around 20% had bet on team sports - which is illegal in Nebraska
- ◇ **97% believe that gambling can be addictive** like tobacco, alcohol and other drugs
- ◇ After the education, over 95% felt they now understood how to gamble responsibly
- ◇ **Only 5% think it is okay for youth to gamble**
- ◇ Youth under 18 were more likely to engage in unregulated forms of gambling such as betting on sports or card games

## **Data Collection, Evaluation and Quality Improvement Services**

GAP contracts with Magellan Health Services to warehouse the data of problem gambling treatment services. This data is analyzed within the DBH and in partnership with JPR Maps, Dr. Juan Paulo Ramirez, to further review program function and service trends. Data sources are available for our helpline, treatment, prevention and outreach/education services. This process produces information that empowers the DBH, stakeholders and policy makers enhance the structure of the GAP, improve service delivery and ultimately provide the most cost efficient and effective services to individuals and families impacted by problem gambling, including Nebraska communities. In FY12, data processes were reviewed in order to develop standardized measurement and reporting systems.

# FY12 Service Delivery System



## Administration

The GAP currently operates within the Division of Behavioral Health, Department of Health and Human Services. The program is administered by a program manager, with the support of Division administrators, a fiscal and quality improvement team, and support staff.

GAP is responsible for the oversight and coordination of the publicly funded problem gambling prevention and treatment service delivery system. This includes fiscal management, service system policies/procedures and regulations, workforce development, contract management, quality initiatives, implementation of strategic initiatives and collaboration with partners locally and nationally. The GAP program manager is also currently on the Board of the Association of Problem Gambling Service Administrators.

During FY12, the Division reorganized in order to better serve our communities and healthcare environment. One noteworthy action was the joining of GAP with the mental health and substance abuse network system operations team. This key change will improve service delivery and care coordination for co-occurring consumers as well as increase the awareness of problem gambling throughout the publicly funded behavioral health system.

Division of Behavioral Health Staff		
Director	Scot L. Adams, Ph.D. scot.adams@nebraska.gov	471-8553
Community Based Section Deputy Director	Sheri Dawson, RN sheri.dawson@nebraska.gov	471-7856
Quality & Data Performance Manager	Heather Wood, heather.wood@nebraska.gov	471-1423
Federal & Fiscal Performance Manager	Karen Harker karen.harker@nebraska.gov	471-7796
Prevention, Treatment and Supportive Services Manager	Sue Adams, MA susan.adams@nebraska.gov	471-7820
Gamblers Assistance Program Manager	Maya Chilese, PLMHP, CCGC maya.chilese@nebraska.gov	471-7792

## **Appendix A: 2011-2012 State Committee on Problem Gambling**

Dennis McNeilly, Chair	Lincoln
Edward Hoffman, Vice Chair	Lincoln
Carmen Englehardt, Secretary	Hastings
John Bekins	Omaha
Dennis Buckley	Lincoln
John Hill	Omaha
Janelle Holt	Omaha
Lois Jurgensen	Burwell
Jeffrey McKeown	Lincoln
Otto Schultz	Lincoln
Steve Sloup	Lincoln
Kenneth Timmerman	Omaha

More information about the State Committee on Problem Gambling can be found at:  
<http://www.dhhs.ne.gov/beh/gam/saccgam.htm>

## ***Appendix B: 2011-2012***

# ***The Strategic Plan***



### ***Mission:***

To reduce the impact of problem gambling in Nebraska through quality and effective education and treatment services.

### ***Three Goals:***

-  Education
-  Evaluation
-  Treatment

The DBH-GAP 2011-2015 Strategic Plan is available in its entirety at: <http://www.dhhs.ne.gov/beh/gam/gam.htm>



# Goals

## **Goal: Education**

*Educate Nebraskans about Problem Gambling*

### **Progress:**

Utilized a competitive bidding process to secure contract with marketing company, Snitily Carr. Developed Work Plan and met with Education Workgroup to progress project strategies including draft marketing campaign. Begin creative design process. Continued to fund education/outreach via treatment providers and perform evaluation of survey data.

## **Goal: Evaluation**

*Ensure quality and effective problem gambling services*

### **Progress:**

Evaluation Team and DBH Data Team reviewed current data elements, measurement points and evaluative considerations for both service and system objectives. Developed additional treatment data elements for FY13 inclusion. Developing survey to key stakeholders for data reporting process. Secured contract with evaluator for FY13 and identified DBH partnership strategies. Held monthly calls with Treatment Providers to ensure communication and information sharing. Provided data reporting to State Committee as well as finalized Annual Report to legislature. Secured problem gambling questions in state's version of National CDC Health Survey tool to better identify and compare problem gambling prevalence and inform healthcare community. Coordinated national effort to review treatment data elements and consider standards for states. Continued review of state and national data trends and environment including proposed changes in legal gaming; attended Midwest and National Conference.

## **Goal: Treatment**

*Promote the delivery of an integrated array of treatment services throughout Nebraska.*

### **Progress:**

Ensured contribution of stipend towards workforce training for all FY13 treatment providers. Initiated planning within DBH for future activities targeted for FY13-14 to engage Regional Behavioral Health Authorities. Began Helpline Voucher Program pilot to encourage treatment engagement. One new provider secured in high risk location, and another new provider recruited in high risk location that provides opportunity for increased healthcare engagement. Developed three new services (definitions, utilization guidelines and rates) to implement FY13 to boost a recovery oriented system of care. Continued researching other states problem gambling system and standards as well as other behavioral health standards produced by various national organizations. Increased recruitment of credentialed behavioral health professionals to expand problem gambling education. Participated in leadership of Midwest Conference planning and event coordination. Utilized CCGC Board to identify considerations for supervision standards and workforce support.

# Appendix C: Compulsive Gambling Counselor Certification Advisory Board



## PURPOSE

The Compulsive Gambling Counselor Certification Advisory Board meets at least twice a year to review the applications from individuals seeking to become Certified Compulsive Gambling Counselors. The Board reviews applications to determine if the applicant meets the current regulatory requirements. The Board reviews issues related to credentialing and makes recommendations to the Division about the certification process and procedures. Members of the Board are appointed by the Director of Behavioral Health.

## AUTHORITY

Authority for the Board can be found in Title 201 NAC Chapter 6, Section 1.

Michelle Burger	Certified Compulsive Gambling Counselor (CCGC) Licensed Independent Mental Health Practitioner (LIMHP)	Fremont
Tanya Gorman	Certified Compulsive Gambling Counselor (CCGC) Licensed Mental Health Counselor (LMHC) Licensed Alcohol and Drug Counselor (LADC) International Advanced Alcohol and Drug Counselor (IAADC)	Omaha
Debra Hammond	Certified Compulsive Gambling Counselor (CCGC)	Lincoln
Marlene Kalasky	(Stakeholder)	Omaha
Stephanie Morse	Licensed Independent Mental Health Practitioner (LIMHP) Provisional Licensed Alcohol and Drug Counselor (PLADC)	North Platte
Vacant		

# Appendix D: FY12 GAP Contractors

Agency / Name	Service Area	Contract Service
CrossRoads Resources, LLC	Chadron	Counseling & Outreach
Lutheran Family Services	North Platte / McCook	Counseling
Rebecca Green	Hastings	Counseling & Outreach
Hampton Behavioral Health & Family Services	O'Neill/Norfolk	Counseling & Outreach
Mike Sullivan Counseling	Norfolk	Counseling
Prairie Psychological Services	So. Sioux City	Counseling & Outreach
Lisa Johnson, Reflections	York	Counseling
First Step Recovery & Wellness Center	Lincoln	Counseling & Outreach
Choices Treatment Center	Lincoln	Counseling & Outreach
Wanda Swanson, Changes	Lancaster	Counseling & Outreach
Spence Counseling Center	Omaha	Counseling
Peace & Power Counseling	Omaha	Counseling & Outreach
Heartland Family Service	Omaha	Counseling & Outreach

Bensinger, DuPont & Associates	Statewide	Problem Gambling Helpline
Lincoln Medical Education Partnership	Statewide	Counselor Training
NET Television	Statewide	Documentary
Snitily Carr	Statewide	Public Awareness Campaign
Mike Sullivan	Statewide	Strategic Initiative
Juan Paulo Ramirez, JPR Maps	Statewide	Evaluation
Magellan Health Services	Statewide	Data Management

*Prevention Works  
Treatment is Effective  
People Recover*

Department of Health & Human Services



N E B R A S K A

**DHHS - State of Nebraska**

Department of Health and Human Services  
Division of Behavioral Health  
Gamblers Assistance Program  
301 Centennial Mall South  
Lincoln, NE 68509-5026  
[http://www.dhhs.ne.gov/Behavioral\\_Health/](http://www.dhhs.ne.gov/Behavioral_Health/)  
Phone: 402-471-8553  
Fax: 402-471-7859  
E-mail: [scot.adams@nebraska.gov](mailto:scot.adams@nebraska.gov)

# GAP FY2012 - Outcome Results - Helpline & Treatment Data

Juan Paulo Ramírez, Ph.D.  
GAP Program Evaluator

24 August 2012

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## Outline

- Helpline Outcome Results
- Treatment Data (Magellan database)
- Geomapping
- Other Updates

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# Helpline

3

## Helpline Trends: FY10-FY11-FY12

FY	Call Volume
FY10	162
FY11	116
FY12	110

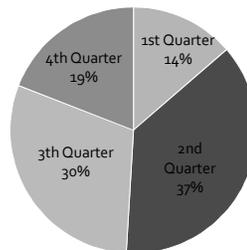
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## Helpline (FY2012)

- Total # calls to the statewide problem gambling helpline:

- Total Valid Calls: 110

- Average: 28 calls per quarter

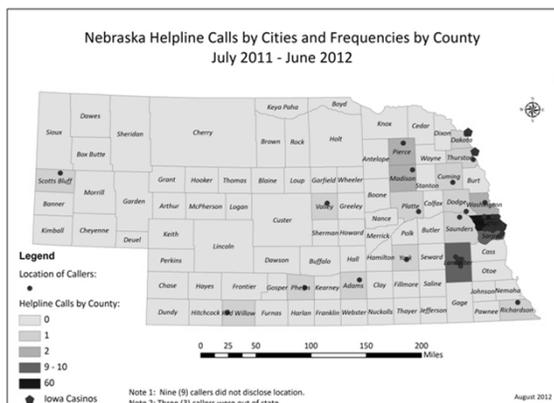


- Total calls referred to counselors: 60 (54.5%)
    - Some requested GA information only: 17 (15.5%)
    - Others indicated no desired assistance: 19 (17.3%)

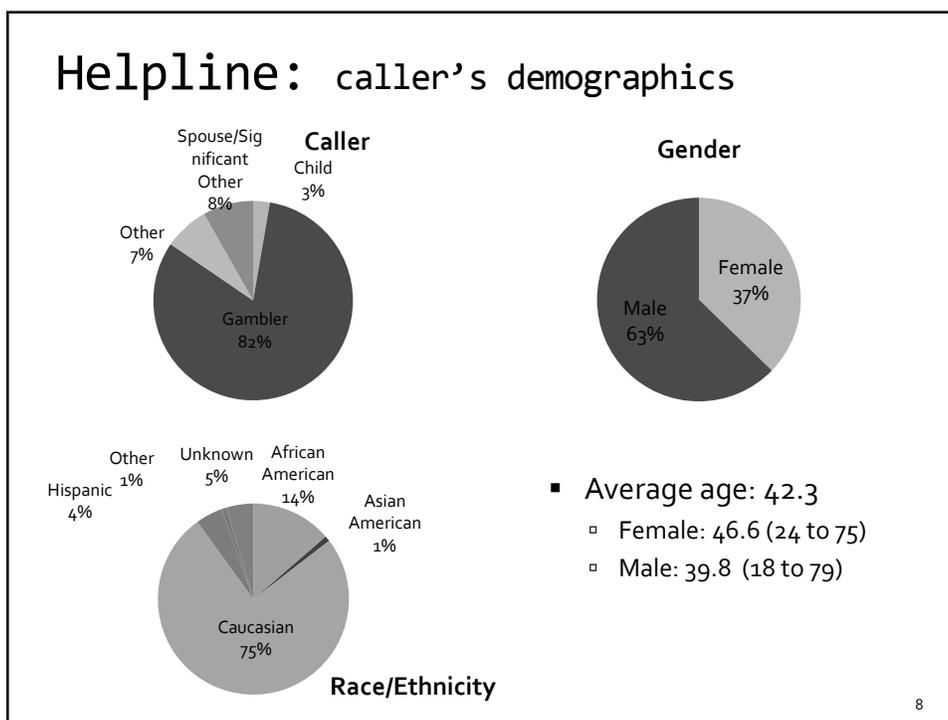
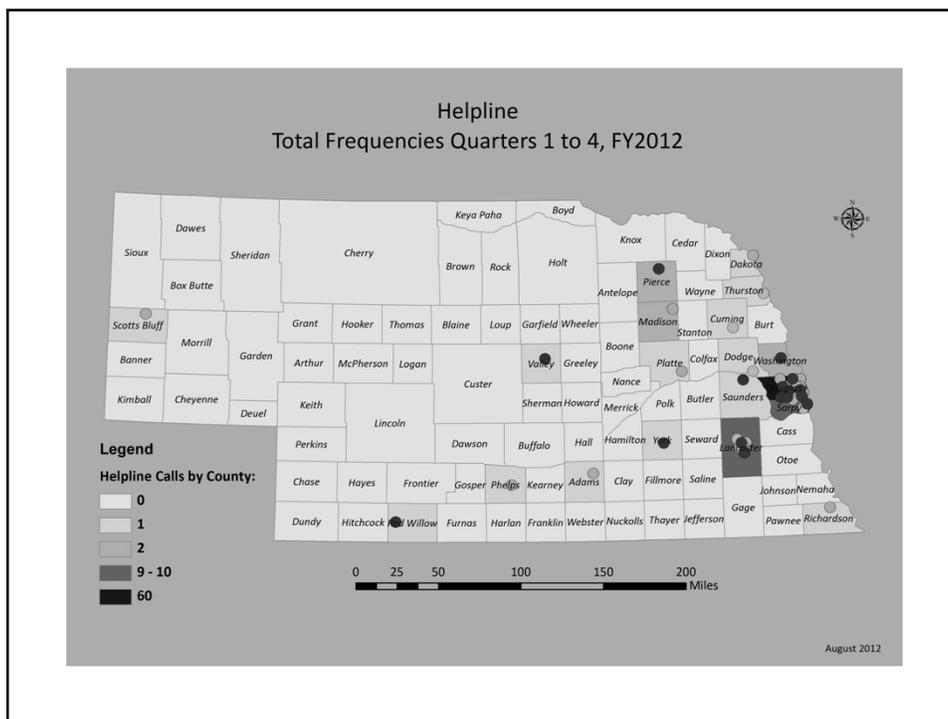
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## Helpline

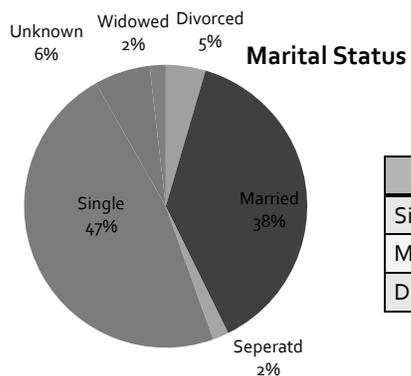
- ✓ 23 cities
- ✓ Omaha: 56%
- ✓ Omaha + Lincoln + Bellevue = 73.5%



6



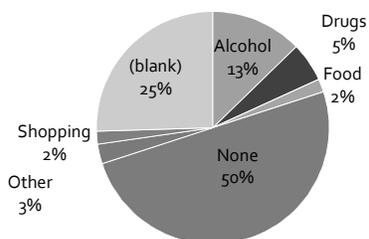
## Helpline: caller's demographics



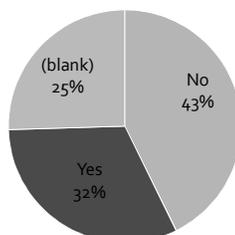
	Female	Male
Single	46.3%	47.8%
Married	43.9%	34.8%
Divorced	2.4%	5.8%

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### Caller Addiction History

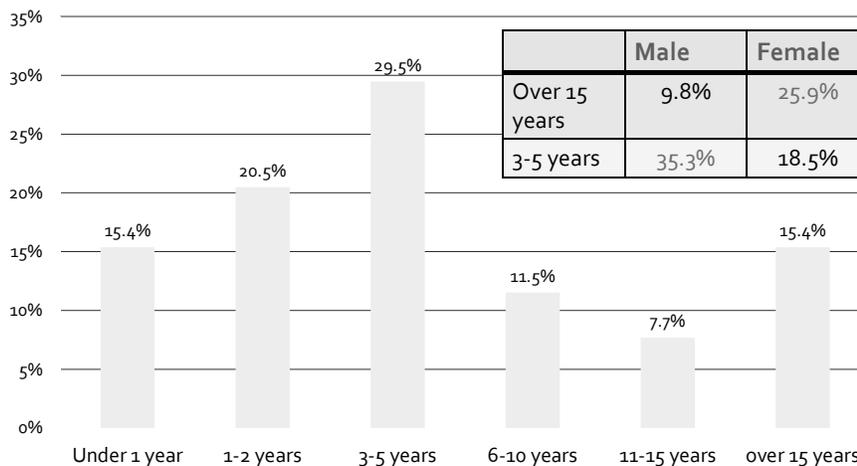


### Family History of Gambling



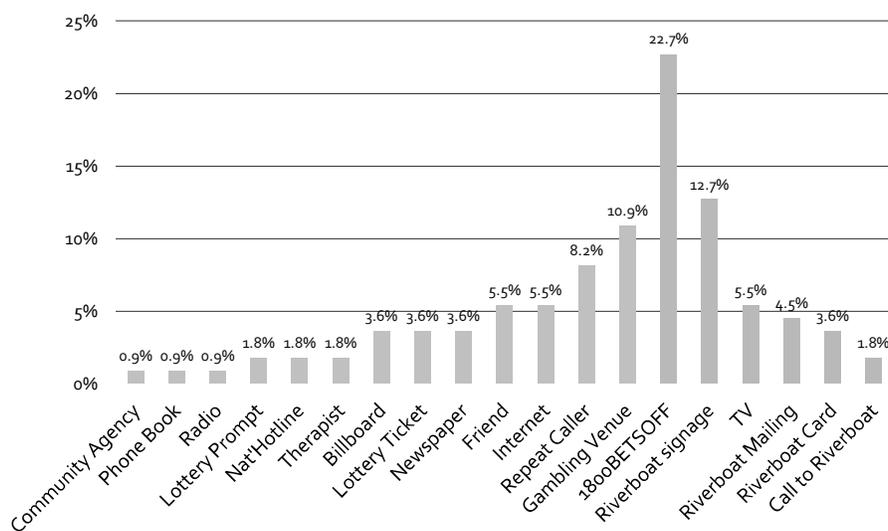
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## Duration of Gambling Problem by Caller Self Report



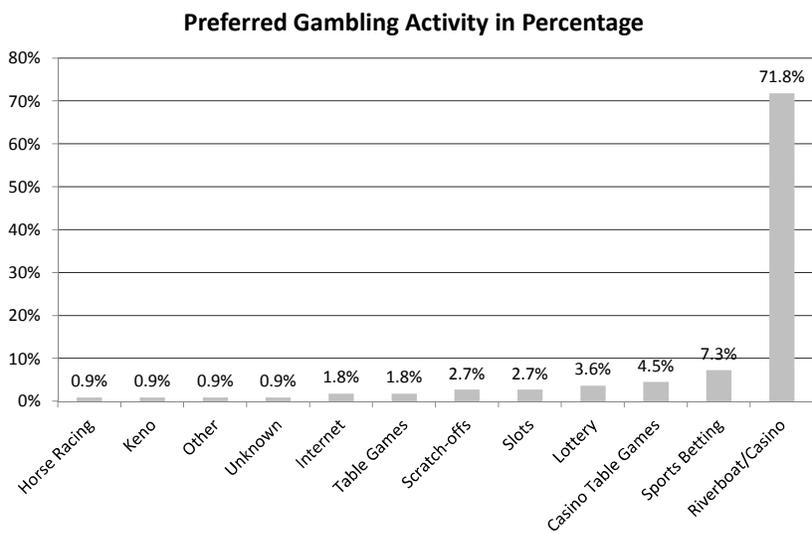
11

## How did you hear about us?



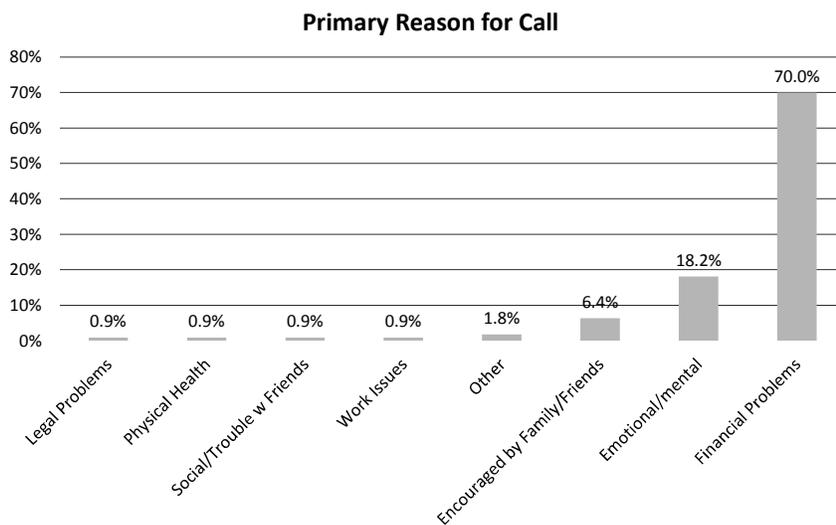
12

## Helpline: primary gambling preference



13

## Helpline: Problems associated with gambling



14

## Helpline Quality Assurance

- Survey requests to 43% of total valid calls
  - 12% submitted survey responses
- 100% reported immediate assistance and feeling the helpline counselor was understanding
- 100% reported that calling the helpline helped them recognize the extent of their gambling problem
  - 36% reported still gambling
- 92% report receiving GA/GamAnon referral
  - 0% report attending GA/GamAnon meeting
- 92% report receiving counselor referral
  - 50% report making an appointment

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## Treatment Data

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## Urgent Response FY12

Total # of Units (Hours)	# of Persons Served	Average Unit (Hours) Per Person	# of Persons entered Treatment	% of Persons entered Treatment
166.5	99	1.7	60	60.1%

Gender		Consumer Type	
Male	54.5%	Gambler	77.8%
Female	45.5%	Concerned Other	22.2%

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## FY12 Treatment Referral Sources

FY12 Top 5 Referral Sources (173 Total Consumers)	#	%
1. Self	57	32.9%
2. Family	30	17.3%
3. Helpline	14	8.1%
4. Other Human Service Provider	13	7.5%
5. SA Residential	9	5.2%

Data Element – FY12	#
Total # Valid Helpline Calls in FY12	110
Total # Treatment Registrations	173
Total # New Client Registrations indicating Helpline as Referral Source	14 (average of 1.16 per month)

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## Referral Sources: 2002-2012

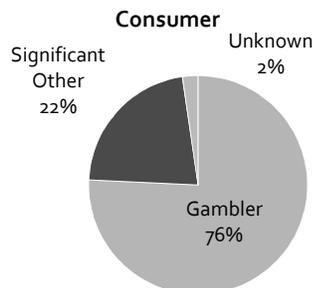
	TOP 10 REFERRAL SOURCES 2002-2012	FREQUENCY	PERCENTAGE
# 1	Self	906	36.4%
# 2	Family	404	16.2%
# 3	Corrections	207	8.3%
# 4	Friend	131	5.3%
# 5	Other Human Service Provider	115	4.6%
# 6	Probation	110	4.4%
# 7	Private Mental Health Prac.	66	2.7%
# 8	Community Service Agency	58	2.3%
# 9	Hotline	48	1.9%
# 10	Employee Assistance Program	38	1.5%

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## Treatment Data: FY2012

- Total number of individuals served in problem gambling counseling:

• Total: 173



20

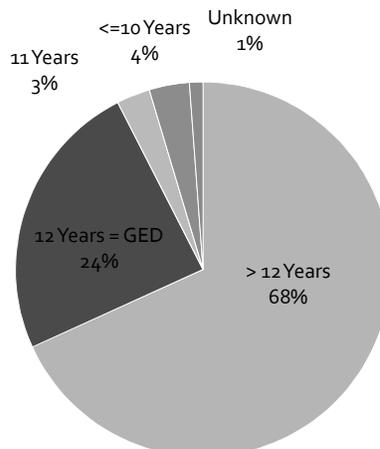
## Treatment Data: Demographics

- Average age of consumers: 43.0
  - Male average age: 39.2
  - Female average age: 47.7
- In the last years males who were treated for gambling were significantly younger than females - is this still true?
  - Yes, FY12 also shows that males are significantly younger than females ( $p < 0.05$ ).

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## Treatment Data: Demographics

### Gamblers Education Level



22

## Demographics

- What % were employed full time?
  - 63.0%
- What % of consumers reported race/ethnicity other than Caucasian?
  - 11.6%

23

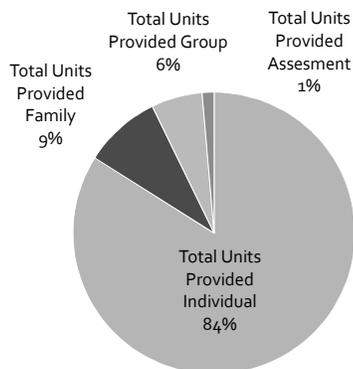
## Average age at which client first gambled:

- Average age first gambled: 23.2
  - Male average age first gambled: 18.8
  - Female average age first gambled: 29.1
- Males are significantly younger than females when client first gambled ( $p < .001$ ).

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## Total % of units by individual, family, group, and assessment.

Outpatient Treatment Units by Type of Service  
FY2012



Total # of hours served to treatment consumers: **7,327**

Average Hours per Consumer: 42

25

## Average household income and debt

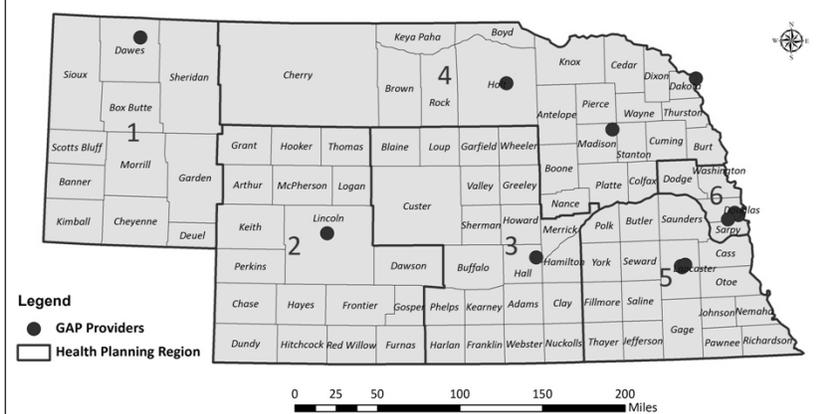
- Average household income: \$46,577
- Average household debt: \$69,807
- Average debt due to gambling: \$22,274

26

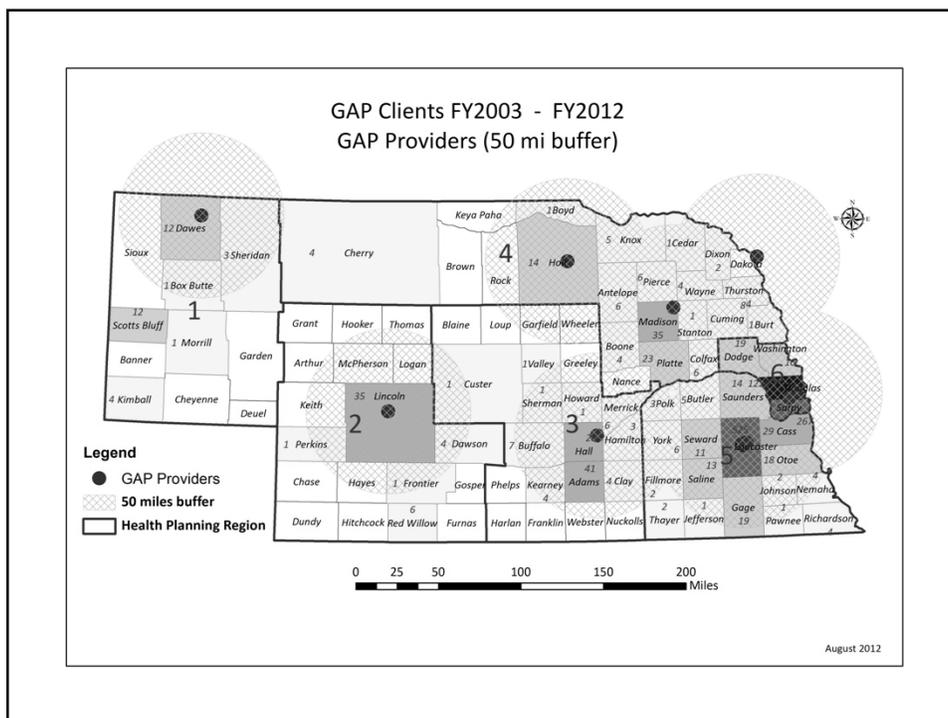
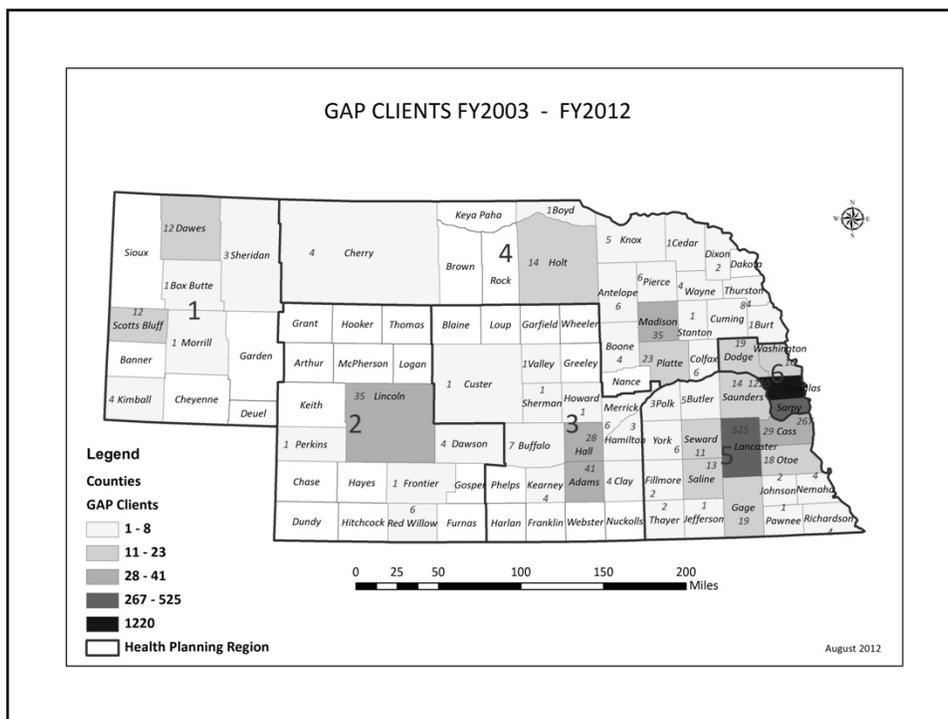
# Geomapping

27

### Location of GAP Problem Gambling Treatment Providers 2012-2013



August 2012



## Other Updates

### Education/Outreach

- Over 350 hours of Community outreach facilitated by GAP contracted Treatment Providers (*42% less than last year*)
- **1100 Surveys:**
  - *Significant knowledge increase from pre-post on 'where to go for help' (89%) and 'know how to gamble responsibly' (95%)*
  - *Just under 50% had played the Lottery or Scratch-Offs, around 18% bet at a casino, and around 20% had bet on team sports*
  - *97% believe that gambling can be addictive like tobacco, alcohol and other drugs*
  - *Only 5% think it is okay for youth to gamble*
  - *Youth under 18 were more likely to engage in unregulated gambling such as betting on sports or cards*
  - *Perception of 'what is gambling' is lower in rural than urban communities*

## Workforce Development

- LMEP-TAP provided for FY12:
  - 180 hours of Core Education
  - 42+18 hours of Continuing Education
  - Satisfaction surveys from the 30 participants consistently ranked above a '4'  
<on a 1 (disagree)-5 (agree) point scale>
  - Over 140 hours of community outreach

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Any Questions?

Thank you!




**State of Nebraska**

Department of Health and Human Services  
 Division of Behavioral Health - Gamblers Assistance Program  
 301 Centennial Mall South - PO Box 95026 - Lincoln, NE 68509  
 402-471-7792



## Application for Network Provider Gamblers Assistance Program

**Instructions:** Please complete this document in its entirety and submit to the Gamblers Assistance Program. This document is required to consider you as a provider of problem gambling treatment services funded by the Division of Behavioral Health, Gamblers Assistance Program.

### SECTION A – PROVIDER INFORMATION

1.	Name of Agency: Catholic Charities	Agency Phone: 402-554-0520	Name of Director: Sherry Scott
2.	Street Address/ PO Box/ Route: 3300 North 60 <sup>th</sup> Street		
	City: Omaha	State: NE	Zip: 68104
			County: Douglas
3.	Director Phone: 402-829-9315	Director E-mail Address: sherrys@ccomaha.org	
4.	Have you provided problem gambling treatment services under GAP contract before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5.	What types of treatment services does your agency provide? (check all that apply)		
	<input type="checkbox"/> Problem Gambling	<input checked="" type="checkbox"/> Marriage and Family Therapy	
	<input checked="" type="checkbox"/> Substance Abuse	<input checked="" type="checkbox"/> Psychiatric Services	
	<input checked="" type="checkbox"/> Mental Health	<input type="checkbox"/> Child/Adolescent Services	
	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other: Community Support	
6.	Please indicate business organization type: (check all that apply)		
	<input type="checkbox"/> Private Provider	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Agency-Based	<input type="checkbox"/> Profit	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership
			<input checked="" type="checkbox"/> Corporation
			<input type="checkbox"/> Limited Liability Company
7.	Accreditation <input type="checkbox"/> JCAHO <input type="checkbox"/> CARF	<input checked="" type="checkbox"/> COA	<input type="checkbox"/> No accreditation
8.	What problem gambling treatment services do you provide? (Check all that apply)		
	Services for the: <input checked="" type="checkbox"/> Gambler <input checked="" type="checkbox"/> Concerned Other		
	<input type="checkbox"/> Crisis Intervention	<input checked="" type="checkbox"/> Intensive Outpatient (check session type below)	<input checked="" type="checkbox"/> Family Sessions
	<input checked="" type="checkbox"/> Assessment/Evaluation	<input checked="" type="checkbox"/> Outpatient (check session type below)	<input checked="" type="checkbox"/> Family Education
	<input type="checkbox"/> 24/7 Client Crisis Line	<input checked="" type="checkbox"/> Individual Sessions	<input type="checkbox"/> Aftercare Services
	<input type="checkbox"/> Financial Case Mgt	<input checked="" type="checkbox"/> Group Sessions	<input type="checkbox"/> Peer Support
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
9.	Name of Program Contact: Sherry Scott	Name of Billing Contact: Theresa Ross	
	Program Contact Phone and Email: 402-554-0520; <a href="mailto:sherrys@ccomaha.org">sherrys@ccomaha.org</a>	Billing Contact Phone and Email: 402-554-0520; <a href="mailto:tross@ccomaha.org">tross@ccomaha.org</a>	

<b>SECTION B – PROVIDER CAPACITY INFORMATION</b>
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1.	<p>Please <i>briefly</i> describe your mission and/or approach to problem gambling treatment, including quality and effectiveness monitoring and improvement:</p> <p>The mission of Catholic Charities is to be mindful of the presence of God in our midst, we serve, empower and advocate for individuals and families in need.</p> <p>The clinical team at Catholic Charities sees a need for gambling treatment as part of our programming. We plan to provide individual and group gambling treatment to our clients and family members as well as assessments and education.</p>
2.	Please indicate in the last fiscal year, approximately how many individuals did you provide problem gambling treatment services to? 0
3.	Please indicate your average cost per client (for problem gambling treatment)? N/A We do not currently offer gambling treatment.
4.	Please indicate your estimated capacity for the provision of problem gambling treatment? (In other words, how many individuals do you estimate being able to serve) five clients per week.
5.	<p>Please indicate the service delivery area by Region: (A map of the Regions can be found at: <a href="http://www.dhhs.ne.gov/beh/nebhr gb.htm">http://www.dhhs.ne.gov/beh/nebhr gb.htm</a>)</p> <p> <input type="checkbox"/> Region 1                      <input type="checkbox"/> Region 2                      <input type="checkbox"/> Region 3  <input type="checkbox"/> Region 4                      <input type="checkbox"/> Region 5                      <input checked="" type="checkbox"/> Region 6 </p>
6.	Please indicate the service delivery by County, indicating if you serve consumers living in counties beyond the one your agency is located, such as by providing home based care or via other office sites: Our clients are primarily residents of Douglas and Sarpy Counties.
7.	Please indicate your funding request based upon anticipated utilization? \$20,000.00
8.	<p>Please indicate if this funding request is an increase or decrease from previous funding year (if applicable) and if so, why?    <input type="checkbox"/> Increase    <input type="checkbox"/> Decrease    <input type="checkbox"/> Same    <input type="checkbox"/> N/A</p> <p>This is our initial funding request.</p>

**SECTION C – CERTIFICATION AND LICENSURE INFORMATION**

**Please demonstrate the competency of staff providing problem gambling treatment.  
Failure to inaccurately report credential could result in disruption of reimbursement or loss of contract.**

1.	<p>Do all staff employed to provide problem gambling treatment services under GAP contract have the appropriate credential, training and supervision as required by State Regulations and/or GAP Program Manual?   <input type="checkbox"/> No   <input checked="" type="checkbox"/> Yes</p> <p>A clinician must meet at least one of the following requirements:</p> <ul style="list-style-type: none"> <li>• A valid CCGC status</li> <li>• A valid LMHP, LIMHP, LCSW, or Psych PhD status – Plus 6 hours of problem gambling education within the credential period. (Must submit this documentation in addition to credential proof unless also CCGC.) In addition, this credentialed individual must have obtained a minimum of 18 hours of problem gambling specific education prior to (or within) the first contract year of service provision unless also a CCGC. (Must submit this documentation during first contract year and before the initiation of an additional contract year.)</li> </ul> <p><b>Please attach a copy of the certification and/or licensure for each clinician.</b></p>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Clinician Name: Jace Alan</td> <td style="width: 50%; padding: 2px;">Certification/ License Type/Number: LMHP 2196, LADC 452, CCGC 012</td> </tr> <tr> <td style="padding: 2px;">Clinician Name:</td> <td style="padding: 2px;">Certification/ License Type/Number:</td> </tr> <tr> <td style="padding: 2px;">Clinician Name:</td> <td style="padding: 2px;">Certification/ License Type/Number:</td> </tr> <tr> <td style="padding: 2px;">Clinician Name:</td> <td style="padding: 2px;">Certification/ License Type/Number:</td> </tr> <tr> <td style="padding: 2px;">Clinician Name:</td> <td style="padding: 2px;">Certification/ License Type/Number:</td> </tr> <tr> <td style="padding: 2px;">Clinician Name:</td> <td style="padding: 2px;">Certification/ Licensure Type/Number:</td> </tr> </table>	Clinician Name: Jace Alan	Certification/ License Type/Number: LMHP 2196, LADC 452, CCGC 012	Clinician Name:	Certification/ License Type/Number:	Clinician Name:	Certification/ Licensure Type/Number:						
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Clinician Name:	Certification/ Licensure Type/Number:												

**SECTION D – SUPERVISION and/or CONSULTATION AGREEMENTS**

Clinicians who require supervision due to credential requirements per State Regulations or GAP Program Manual must indicate such supervision below. If provider utilizes a Clinical Consultant, you may also indicate such below.

Clinician requiring Supervision:	Clinical Supervisor:
Method of Supervision:	
Clinician requiring Supervision:	Clinical Supervisor:
Method of Supervision:	

Clinical Consultant:	Method of Consultation:
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<b>SECTION E – CODE OF ETHICS</b>
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<b>Applicant must agree to subscribe and adhere to the following Code of Ethics:</b>
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- |     |   |
|-----|---|
| 1.  | Provide and support the highest quality of care in the recovery of all persons served which shall include referring or releasing an individual to other health professional or services, if that is in the individuals best interest.                                 |
| 2.  | Respect the unique characteristics of the professional counseling relationship which demands sound, non-exploitive inter-personal transactions between client and counselor.  |
| 3.  | Respect the therapeutic needs of the client by not engaging in a personal or sexual relationship with the client.   |
| 4.  | Respect the therapeutic needs of the client by not conducting any business or political transactions with the client that may jeopardize their therapeutic needs.   |
| 5.  | Adhere to a strict policy of non-discrimination in the provision of services by not discriminating based on: race, disability, appearance, religion, age, gender, intelligence, sexual orientation, national origin, marital, economic, educational or social status. |
| 6.  | Respect the basic human rights of all clients including: their right to make their own decisions, to participate in any plans made in their interests, and to reject services unless a court order stipulates otherwise.  |
| 7.  | Adhere to the legal requirements for confidentiality of all records, materials, and communications, regarding clients, their families and significant others.   |
| 8.  | Assess their personal and professional strengths and limitations, biases and effectiveness on a continuing basis. Strive for self-improvement, and assume responsibility for professional growth through further education and training.                              |
| 9.  | Respect the rights and view of fellow colleagues and members of other professions.  |
| 10. | Refrain from the abuse of mood altering chemicals or gambling activities in a manner that will reflect adversely on the credibility and integrity of the profession.  |
| 11. | Report evidence of incompetent, unethical, unprofessional or illegal practice of a Certified Compulsive Gambling Counselor or other licensed behavioral health professionals.   |

<b>I have read and agree to be bound by this Code of Ethics. I understand this application does not guarantee to a contract with GAP.</b>
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Signature of Applicant:	
Date:	



**State of Nebraska**  
 Department of Health and Human Services  
 Division of Behavioral Health - Gamblers Assistance Program  
 301 Centennial Mall South - PO Box 95026 - Lincoln, NE 68509  
 402-471-7792





Division of Behavioral Health

State of Nebraska  
Dave Heineman, Governor

Gamblers Assistance Program (GAP) 2011-2015 Strategic Plan

Implementation Update - August 2012

Goal: Education	FY12 Update	FY13 Activities
<p><i>Strategy:</i> Implement an awareness plan utilizing a single, focused message about problem gambling</p>	<ul style="list-style-type: none"> <li>-Utilized a competitive bidding process to secure contract with marketing company, Snitily Carr.</li> <li>-Developed Work Plan and met with Education Workgroup to progress project strategies including draft marketing campaign. Begin creative design process.</li> <li>-Continued to fund education/outreach via treatment providers and perform evaluation of survey data.</li> </ul>	<ul style="list-style-type: none"> <li>-Creative design elements chosen and campaign plan solidified. Utilize focus groups and draft evaluative process. Roll out campaign in autumn.</li> <li>-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.</li> <li>-NET documentary release and provide support for outreach activities.</li> <li>-Utilize Workgroup to process considerations for adolescent education in a treatment setting.</li> </ul>

Goal: Evaluation	FY12 Update	FY13 Activities
<p><i>Strategy #1:</i> Implement a process of data communication to stakeholders.</p>	<ul style="list-style-type: none"> <li>-Evaluation Team and DBH Data Team narrowing data elements for both service and system objectives. Developing survey to key stakeholders for data reporting process.</li> <li>-Secured problem gambling questions in state (and national) survey tool-BRFSS- to better identify and compare problem gambling</li> </ul>	<ul style="list-style-type: none"> <li>-Stakeholder survey process implemented in 1st quarter FY13. Develop standard reporting processes and materials, sample draft and finalize by end of fiscal year.</li> <li>-Continue monthly Treatment Provider calls, data reporting to SCPG and Annual Report.</li> </ul>

	<p>prevalence and inform healthcare community.                  -Held monthly calls with Treatment Providers to ensure communication and information sharing.                  -Provided data reporting to State Committee as well as finalized Annual Report to legislature.</p>	
<p><i>Strategy #2:</i> Utilize clear outcome measures to improve service delivery</p>	<p>-Evaluation Team and DBH Data Team reviewed current data elements, measurement points and evaluative considerations.                  -Developed additional treatment data elements for FY13 inclusion.                  -Coordinated national effort to review treatment data elements and consider standards for states (APGSA initiative).                  -Secured contract with evaluator for FY13 and identified DBH partnership strategies.</p>	<p>-Finalize outcome measures, quality improvement initiative and reporting processes for all GAP funded services. Determine process and timeline for QI strategies.                  -Identify treatment data elements for FY14 inclusion.                  -Utilize BRFSS data to better identify problem gambling prevalence and consider quality initiatives including healthcare coordination and workforce training.                  -Continue leading data elements initiative for APGSA, exploring other partnerships for project including communication with SAMHSA; draft report by 2<sup>nd</sup> quarter.</p>
<p><i>Strategy #3:</i> Utilize flexible and responsive processes to adapt service delivery in an evolving healthcare environment.</p>	<p>-Continued review of state and national data trends and environment including proposed changes in legal gaming; attended Midwest and National Conference.</p>	<p>-Utilize BRFSS and other data to better identify and compare problem gambling prevalence and inform considerations for planning.                  -Utilize workgroup to determine goals for contractor. Secure contract with vendor for contingency plan strategies; begin process by end of fiscal year.                  -Coordinate APGSA initiative to identify partnership opportunities with other national behavioral health partnerships such as NCRG, NASADAD.                  -Continue awareness of health care reform initiatives, growth strategies and partnership opportunities.</p>

**Nebraska Behavioral Risk Factor Surveillance System** 

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these surveys can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability. The surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories. Questions are standardized to ensure comparability of data with other states and to allow determination of trends over time. For more information about the Nebraska BRFSS, see  [FAQs](#).

**For More Information:**

[http://dhhs.ne.gov/publichealth/Pages/brfss\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/brfss_index.aspx)

Goal: Treatment	Update	FY13 Activities
<p><i>Strategy #1:</i> Develop standards of care that support a recovery oriented service array.</p>	<p>-Developed three new services (definitions, utilization guidelines and rates) to implement FY13 to boost ROSC.  <u>New Services/Rates:</u>  <i>Addendum:</i> \$60 each  <i>Brief Counseling:</i> \$45 per hour  <i>Aftercare:</i> \$60 per hour for individual sessions, group rate same as outpatient treatment group</p> <p>-Continued researching other states problem gambling system and standards as well as other behavioral health standards produced by various national organizations.</p>	<p>-Review BRFSS data as well as other state/national elements to discern any implications for service standards.                      -Service Definitions workgroup identify next priority services and complete process for FY14 implementation.                      -Present draft standards of care to Treatment Workgroup (and CCGC Board as applicable) by 2<sup>nd</sup> quarter.                      -Utilize Workgroup to process considerations for adolescent education in a treatment setting.                      -Begin to explore utilization practices for potential use of tele-health.</p>
<p><i>Strategy #2:</i> Improve processes to increase early treatment engagement.</p>	<p>-Reviewing process improvement initiatives utilized in Nebraska behavioral health systems and other states.                      -Began Helpline Voucher Program pilot to</p>	<p>-Continue to review Helpline Voucher Program pilot data as well as Helpline QA reporting.                      -Initiate discussion with RBHAs (Regions) about coordinated care and potential SBIRT processes.</p>

	<p>encourage engagement.</p> <ul style="list-style-type: none"> <li>-Continued pilot for telephone based support service via Helpline. Finalized new Brief Counseling service to support ROSC.</li> <li>-One new provider secured in high risk location, and another new provider recruited in high risk location that provides opportunity for increased healthcare engagement.</li> </ul>	<p>-Desired outcome is to define strategies to implement beginning FY14.</p>
<p><i>Strategy #3:</i> Implement processes to ensure the delivery of integrated care practices within the public behavioral health system.</p>	<p>-Initiated planning within DBH for future activities targeted for FY13-14 to engage RBHAs (Regions).</p>	<ul style="list-style-type: none"> <li>-Utilize BRFSS data to better identify and compare problem gambling prevalence, consider opportunities for service coordination, and inform healthcare community; identify by region.</li> <li>-Utilize geomapping to create state map identifying elements of interest or concern, considerations for planning.</li> <li>-Initiate discussion with RBHAs (Regions) about coordinated care and potential SBIRT processes.</li> <li>-Desired outcome is to define strategies to implement beginning FY14.</li> </ul>
<p><i>Strategy #4:</i> Utilize creative strategies for workforce development.</p>	<ul style="list-style-type: none"> <li>-Created recruitment flyer for TAP distribution to other course participants. Increased recruitment of credentialed behavioral health professionals to expand PG education.</li> <li>-Participated in leadership of Midwest Conference planning and event coordination.</li> <li>-Utilized CCGC Board to identify considerations for supervision standards and workforce support.</li> <li>-Ensured contribution of stipend towards workforce training for all FY13 treatment providers.</li> </ul>	<ul style="list-style-type: none"> <li>-Continue to entice recruitment of credentialed behavioral professionals to build workforce of dually credentialed clinicians.</li> <li>-Continue to provide leadership in Midwest Conference planning.</li> <li>-Utilize Treatment workgroup and CCGC Board to identify and implement strategies for workforce support.</li> <li>-Develop supervision standards.</li> <li>-Continue to pursue Licensure initiative.</li> </ul>





# State Advisory Committee on Problem Gambling – 2012 Survey Results

Cody Meyer – Statistical Analyst II-Division of Behavioral Health  
August 24, 2012



## 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.
- Members who were not present had the survey e-mailed to them. Those members then returned the completed survey.
- Total of 31 surveys received.

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Which advisory committee are you currently a member of?		
Mental Health	17	54.84%
Substance Abuse	10	32.26%
Problem Gambling	4*	12.90%

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\*Due to the small sample size (4) we believe that the responses are not representative of the committee as a whole. We would like to invite committee members to take the survey at a future meeting.

### State Advisory Committee Survey

This survey is designed to better understand the way in which our advisory committees function. As a committee member, your participation in this survey is highly valued. We thank you in advance for your time!

Please indicate "Yes" or "No" to the following statements. Mark only one response per statement.

**1. What was the ORIGINAL reason(s) you sought appointment to this advisory committee?**

**YES NO**

I have expertise regarding behavioral health services.

I was specifically asked to consider becoming a committee member.

It gives me a feeling of accomplishment.

It supports my personal interests.

To improve the quality of life for consumers.

To be a voice for consumers and promote their interests.

To improve consumer access to services.

To improve behavioral health services.

To provide assistance and recommendations to the Division of Behavioral Health.

To evaluate organized peer support services.

To promote peer support services.

It supports my professional development.

Other: if yes to above Questions, please specify:

**2. Which advisory committee are you currently a member of?**

Mental Health	Substance Abuse	Problem Gambling
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. How long have you been a member of this committee?**

Less than a year	1-2 years	3-4 years	5 years or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. What, if any, are your suggestions for improving committee effectiveness?**

Please continue to back page → → →

Thank you for your participation! We appreciate your help!

Please indicate your level of agreement by marking one response for each of the following statements.

	Completely Agree	Mostly Agree	Slightly Agree	Slightly Disagree	Mostly Disagree	Completely Disagree
I understand the purpose of this committee.	<input type="radio"/>					
I understand the statutes and bylaws governing this committee.	<input type="radio"/>					
I understand my responsibilities as a member of this committee.	<input type="radio"/>					
There is sufficient diversity amongst the members in terms of voices being represented.	<input type="radio"/>					
Roles of each committee members are clearly defined.	<input type="radio"/>					
I am knowledgeable about behavioral health service programs.	<input type="radio"/>					
I follow trends and important developments related to my committee.	<input type="radio"/>					
I attend the committee meetings regularly.	<input type="radio"/>					
I prepare for committee meetings in advance.	<input type="radio"/>					
Materials are distributed sufficiently in advance of committee meetings.	<input type="radio"/>					
Meeting agendas are clear.	<input type="radio"/>					
The meetings are conducted according to the agenda.	<input type="radio"/>					
Meetings start and end on time.	<input type="radio"/>					
The meetings allow ample time for discussion.	<input type="radio"/>					
I feel free to voice my opinion even if I may be the minority vote.	<input type="radio"/>					
The public comment periods provide valuable information.	<input type="radio"/>					
The committee uses data to inform any recommendations provided.	<input type="radio"/>					
Recommendations are made with equal input from committee members.	<input type="radio"/>					
Recommendations are made with mutual understanding.	<input type="radio"/>					
Recommendations are made respectfully.	<input type="radio"/>					
The minutes reflect a summary of attendance, matters discussed, voting outcomes, and recommendations.	<input type="radio"/>					
The committee has a process for handling any urgent matters between meetings.	<input type="radio"/>					
The committee accomplishes its intended purpose.	<input type="radio"/>					
I value being able to serve on this committee.	<input type="radio"/>					
I would be willing to do more for my committee if asked.	<input type="radio"/>					

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

Combined responses (All 3 Advisory Committees)

Reason	No	Yes	Missing / Not Marked
To improve the quality of life for consumers	0 (0%)	28 (100%)	3
To improve behavioral health services	1 (3.4%)	28 (96.6%)	2
To provide assistance and recommendations to the Division of Behavioral Health.	1 (3.7%)	26 (96.3%)	4
To improve consumer access to services	1 (3.8%)	25 (96.2%)	5
It supports my personal interests	2 (8%)	23 (92%)	6
I was specifically asked to consider becoming a committee member	3 (9.7%)	28 (90.3%)	0

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

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

Combined responses (All 3 Advisory Committees)

Reason	No	Yes	Missing / Not Marked
To be a voice for consumers and promote their interests	3 (11.5%)	23 (88.5%)	5
It gives me a feeling of accomplishment	5 (20.8%)	19(79.2%)	7
I have expertise regarding behavioral health services	7 (24.1%)	22 (75.9%)	2
It supports my professional development	8 (32%)	17 (68%)	6
To promote peer support services	14 (53.8%)	12 (46.2%)	5
To evaluate organized peer support services	15 (57.7%)	11 (42.3%)	5

## Descriptive Statistics

- 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

## Descriptive Statistics

	N	Min.	Max.	Mean
Meetings start and end on time	31	5	6	5.81
The meetings are conducted according to the agenda	31	4	6	5.77
The minutes reflect a summary of attendance, matters discussed, voting outcomes, and recommendations	31	2	6	5.61
I value being able to serve on this committee	30	2	6	5.60
I attend the committee meetings regularly	31	4	6	5.58
I feel free to voice my opinion even if I may be the minority vote	30	2	6	5.57

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

## Descriptive Statistics

	N	Min.	Max.	Mean
Recommendations are made respectfully	31	4	6	5.52
Meeting agendas are clear	30	3	6	5.43
I understand the purpose of this committee	31	2	6	5.39
The public comment periods provide valuable information	31	3	6	5.32
I understand my responsibilities as a member of this committee	30	2	6	5.27
Materials are distributed sufficiently in advance of the committee meetings	31	3	6	5.26
The meetings allow ample time for discussion	31	2	6	5.26
I would be willing to do more for my committee if asked	31	3	6	5.23
There is sufficient diversity amongst the members in terms of voices being represented	31	3	6	5.16
I am knowledgeable about behavioral health service programs	31	4	6	5.16
I follow trends and important developments related to my committee	31	4	6	5.13
The committee accomplishes its intended purpose	30	3	6	5.13
The committee uses data to inform any recommendations provided	31	3	6	5.10

## Descriptive Statistics

	N	Min.	Max.	Mean
I prepare for committee meetings in advance	31	4	6	5.06
Recommendations are made with equal input from committee members	31	2	6	5.06
Recommendations are made with mutual understanding	30	3	6	5.03
I understand the statutes and bylaws governing this committee	31	1	6	5
Roles of each committee member are clearly defined	30	3	6	4.87
The committee has a process for handling any urgent matters between meetings	28	2	6	4.64

- These 6 items represent have the lowest mean scores, but there are some important conclusions to make from these items. Average scores are still suggesting general agreement with all of these statements (All items > 4) and we are always striving for improvement and welcome your ideas.

## Suggestions from Committee to Improve Effectiveness – General Themes

- Committee members expressed interest in continued “cross-education” among all 3 Advisory Committees.
- Clearly defining the roles of each committee member.
- It was suggested to make the Committee meetings available by teleconference / webinar / other “distance-related” methods (Options will need to ensure compliance with the open meetings act).

## DBH Questions for Discussion

- Does the information presented here generate additional questions? Items that should be addressed.
- Are Problem Gambling Committee members willing to re-take the survey at a future meeting? Discuss / compare results with overall findings?
- Suggestions for frequency of survey administration...(annually? every 2 years?)
- Questions about the survey design or data analysis.

# Thank you!

Questions?

Comments?

Feedback?

Please contact Cody Meyer:

[Cody.r.meyer@nebraska.gov](mailto:Cody.r.meyer@nebraska.gov)

402-471-7766

Or Heather Wood

[Heather.Wood@nebraska.gov](mailto:Heather.Wood@nebraska.gov)

402-471-1423

