

Nebraska DHHS-Division of Behavioral Health
State Committee on Problem Gambling
November 2, 2012 / 9:00 AM – 1:30 PM
Country Inn & Suites – Lighthouse Room, Lincoln, NE 68521

Meeting Minutes

Call to Order and Roll Call

Ed Hoffman

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

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

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

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

I. Approval of Minutes

Ed Hoffman

(Attachment A)

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

II. Approval of Agenda

Ed Hoffman

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

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

III. Moving Forward

Ed Hoffman

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

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

IV. Strategic Plan Updates

Maya Chilese

(Attachment B)

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

V. Helpline Presentation

Bensinger, DuPont & Associates

(Attachment C)

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

the call with the counselors. They also conduct follow-up phone calls to survey the quality of the individual's experience with the Helpline.

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

Public Comment

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

VI. DBH Committee Survey

Heather Wood

(Attachment D)

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

VII. Cost Comparison PG-SA

Maya Chilese for Sue Adams

(Attachment E)

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

VIII. FY13 Fiscal Updates

Lori Dawes

(Attachment F1 and Attachment F2)

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

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

IX. Funding Recommendations

Maya Chilese

(Attachment G)

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

Discussion included the following: The Committee members discussed the implementation of the Strategic Plan action items as favorable. The Committee recognized that GAP needs to move forward with these projects via the purpose and intention of the Strategic Plan.

X. Special Projects

Ed Hoffman

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

XI. New Provider Introduction

Catholic Charities

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

XII. Marketing Campaign Update

Snitily Carr

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

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

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

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

Ed Hoffman

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

Public Comment

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

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

Adjournment and Next Meeting

The meeting was adjourned at 2:03 PM by Chairperson, Ed Hoffman.

-Next meeting is scheduled for February 8, 2013 from 9:00 AM – 2:00 PM

-Joint Committee Meeting: Mental Health & Substance Abuse Committees—November 8, 2012

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



Gamblers Assistance Program (GAP) 2011-2015 Strategic Plan
 Implementation Update - October 2012

Goal: Education	FY12 & FY13 1 st Q 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"> -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. Creative design elements chosen and campaign plan solidified. Utilize focus groups and draft evaluative process. Media formats developed and campaign materials finalized. -Continued to fund education/outreach via treatment providers and perform evaluation of survey data. 	<ul style="list-style-type: none"> - Roll out campaign projected for autumn, postponed until after election. -Continue to fund education/outreach via treatment providers and perform evaluation of survey data, compare with BRFSS data, utilize geomapping to better inform of state trends. -NET documentary release and provide support for outreach activities. -Utilize Workgroup to process considerations for adolescent education in a treatment setting. -Review other state's youth surveys to review data and element collection process.
Goal: Evaluation	FY12 & FY13 1 st Q Update	FY13 Activities
<p><i>Strategy #1:</i> Implement a process of data communication to stakeholders.</p>	<ul style="list-style-type: none"> -Evaluation Team and DBH Data Team narrowing data elements for both service and system objectives. Developing survey to key stakeholders for data reporting process. -Secured problem gambling questions in state (and national) survey tool-BRFSS- to better identify and compare problem gambling 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. 	<ul style="list-style-type: none"> -Stakeholder survey process implement in 2nd or 3rd quarter FY13. Develop standard reporting processes and materials, sample draft and finalize by end of fiscal year. -Continue monthly Treatment Provider calls, data reporting to SCPG and Annual Report. -Reviewing other state reporting process to consider formats and templates.

<p><i>Strategy #2:</i> Utilize clear outcome measures to improve service delivery</p>	<ul style="list-style-type: none"> -Evaluation Team and DBH Data Team reviewed current data elements, measurement points and evaluative considerations. -Developed additional treatment data elements for FY13 inclusion. -Coordinating national effort to review treatment data elements and consider standards for states (APGSA initiative). Collaborate with other national partners to explore practices for best recommendation. -Secured contract with evaluator for FY13 and identified DBH partnership strategies. 	<ul style="list-style-type: none"> -Finalize outcome measures, quality improvement initiative and reporting processes for all GAP funded services. Determine process and timeline for QI strategies. -Identify if any 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 3rd quarter. -Consider prevalence study similar to surrounding states to boost NE specific data
<p><i>Strategy #3:</i> Utilize flexible and responsive processes to adapt service delivery in an evolving healthcare environment.</p>	<ul style="list-style-type: none"> -Continued review of state and national data trends and environment including proposed changes in legal gaming; attended Midwest and National Conferences. 	<ul style="list-style-type: none"> -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.

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

Goal: Treatment	FY12 & FY13 1 st Q 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. -Consider contract with clinical supervision expert to establish standards. Consider strategies for workforce support and recruitment. -Present draft standards of care to Treatment Workgroup (and CCGC Board as applicable) by 3rd 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>	<ul style="list-style-type: none"> -Reviewing process improvement initiatives utilized in Nebraska behavioral health systems and other states. -Began Helpline Voucher Program pilot to encourage engagement. -Continued pilot for telephone based support service via Helpline. Finalized new Brief Counseling service to support ROSC. -One new provider secured in high risk location, and another new provider recruited in high risk location that provides opportunity for increased healthcare engagement. 	<ul style="list-style-type: none"> -Continue to review Helpline Voucher Program pilot data as well as Helpline QA reporting. -Continue discussion with RBHAs (Regions) about coordinated care and potential SBIRT processes; utilize survey to RBHA provider network to discern current PG practices. -Desired outcome is to define strategies to implement beginning FY14.
<p><i>Strategy #3:</i> Implement processes to ensure the delivery of integrated care practices within the public behavioral health system.</p>	<ul style="list-style-type: none"> -Initiated planning within DBH for future activities targeted for FY13-14 to engage RBHAs (Regions). -Planned development of survey process to assess problem gambling capacity and need of RBHA provider network. 	<ul style="list-style-type: none"> -Utilize BRFSS and other data to better identify and compare problem gambling prevalence, consider opportunities for service coordination, and inform healthcare community; identify by region. -Utilize geomapping to create state map identifying elements of interest or concern, considerations for planning. -Initiate discussion with RBHAs (Regions) about coordinated care and potential SBIRT processes. -Desired outcome is to define strategies to implement beginning FY14.
<p><i>Strategy #4:</i> Utilize creative strategies for workforce development.</p>	<ul style="list-style-type: none"> -Created recruitment flyer for TAP distribution to other course participants. Increased recruitment of credentialed behavioral health professionals to expand PG education. -Participated in leadership of Midwest Conference planning and event coordination. -Utilized CCGC Board to identify considerations for supervision standards and workforce support. Met with clinical supervision national trainer to consider contract for project 	<ul style="list-style-type: none"> -Continue to entice recruitment of credentialed behavioral professionals to build workforce of dually credentialed clinicians. -Continue to provide leadership in Midwest Conference planning. -Utilize Treatment workgroup and CCGC Board to identify and implement strategies for workforce support. -Develop supervision standards; consider contract with clinical supervision expert.

	<p>leadership.</p> <ul style="list-style-type: none">-Ensured contribution of stipend towards workforce training for all FY13 treatment providers.-Partnered with Nebraska Counseling Association to include problem gambling track at 2012 conference and provided scholarship towards further education.	<p>-Continue to explore Licensure initiative.</p>
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1-800-GAMBLER

Nebraska Problem Gambling Help Line

Bensinger, DuPont & Associates

Introduction

Bensinger, DuPont & Associates

- Marie Apke LCPC, PCGC, ICCGC, CEAP, SAP
- Chief Operating Officer
- Matt McCreary LCPC, PCGC, ICCGC, CADC
- Executive Director of Problem Gambling Services

National Leader in Problem Gambling Services

- 11 State Problem Gambling Help Lines
- Over 150,000 help line calls since 1996
- Problem Gambling Training & Research

Bensinger, DuPont & Associates

What are Help Line Services?



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graph TD; A[Provide crisis intervention & phone counseling] --> D((24/7 day access to masters degreed counselors)); B[Refer callers to sources of help including Treatment providers, Network of Care] --> D; C[Motivational Interviewing] --> D; E[Call to Change] --> D;
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Who are BDA Counselors?

45 Masters Level Counselors

- ICCGC
- Over 100 years of clinical experience in compulsive gambling
- Spanish speaking
- Spoke with 13,000 gamblers and concerned others in 2011

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Clinical Philosophy

Motivational Interviewing

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Working with Callers

Nebraska Problem Gambling Helpline Helpline #800-GAMBLER

Initial Caller:

For Gamblers Only - Gambling Behavior
 For Gamblers Only - Clinical Behavior
 Concerned Other
 Referral
 Clean Screen

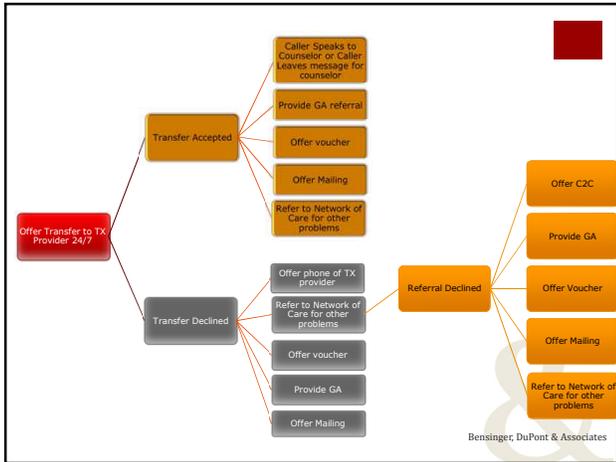
Date: 10/29/2012
 Time: 4:27:29 PM
 Case #: NES2012-107
 Counselor: _____
 Print Status: _____
 Language: _____
 Translation Options: _____

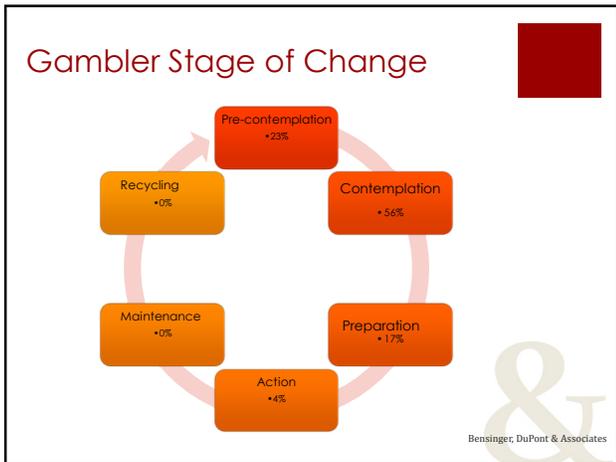
Caller Story (What made the caller decide to contact help line today?)

Sample Opening:
 "Hi my name is... (first/last) & I am a problem gambling counselor. How can I help?... I am glad you called. I want to let you know that everything we talk about is confidential, unless you tell me that you are going to hurt yourself or someone else, or provide information regarding child and elder abuse & our calls are monitored for quality/training purposes."

Sample Explanation of Nebraska Help Line Services:
 "This is a problem gambling help line sponsored by the State of Nebraska. We provide assessment & referrals for both gamblers and people who are concerned about gamblers. Our goal is to help you discuss your issues related to gambling and come up with the next best step. We provide referrals to free State Funded treatment, and to Gamblers Anonymous."

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Selecting a GAP Provider

The screenshot shows the "Nebraska Problem Gambling Helpline" interface. At the top, it displays the time "4:27:29 PM" and the date "10/29/2012".

Initial Caller: See Help line Goal button for referral choices. Helpline Goals

For Gamblers Only- Gambling Behavior: Sample script for this info: Gamblers Assistance Program referral: "Let's talk about the next step. NE has state funded treatment. Can I transfer you now to a TX provider or I can give you their phone #. Which of those options would you like to do?" I would like mail you a voucher for 6 free sessions with one of our providers? What address would you like to use for this voucher?

For Gamblers Only- Clinical Behavior: GA referral: "I can also refer you to GA" (use GA explanation)

Concerned Other: Network of Care: You mentioned problems with i.e., alcohol, depression, PTSD and employment, would like referrals to the State's Network of Care who offers these types of services. (ONLY FOR OTHER PROBLEMS)

Referral: If not interested in treatment offer C2C
 "Call to Change is an enhanced telephone based case management program. Are you interested in this type of service? The program is FREE and CONFIDENTIAL."

Wrap-up: "We also have some helpful educational materials we can mail to you, are you interested?" "We would like to follow-up with you in a few months to see how you are doing. What's the best # we can reach you at?"

At the bottom, there are buttons for "Treatment Resources", "GA Meetings", "NE Network of Care", "NE Family Helpline for Kids", and "Rural Response Helpline for Farmers".

The logo "Bensinger, DuPont & Associates" is at the bottom right.

3 Most Common Questions

How do I know if my loved one has a gambling problem?

How can I make my loved one stop gambling?

What can I do to take care of myself?

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2 Types of Non-Gamblers

Co-Gambler

- Primary person effected by gambler
- Typically spouse/partner or parent

Concerned Other

- Anyone else that is concerned about a gambler

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Working with Co-Gamblers & Concerned Others



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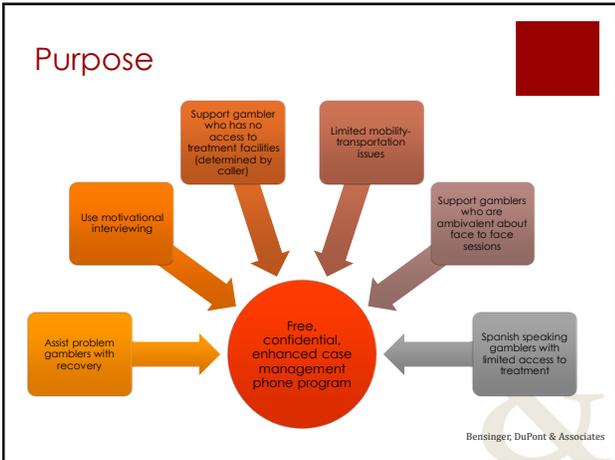


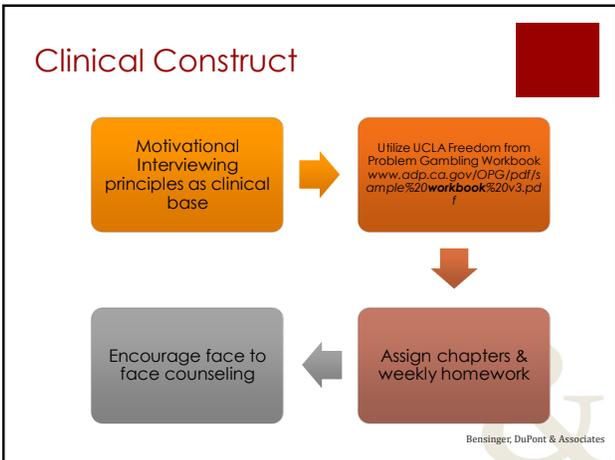
Call to Change (C2C)

Expanding Help Line Services



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Selecting a Change Goal



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C2C as Last Resort

C2C ONLY Offered if:

Caller refused face to face

Lives too far from GAP provider

Has limited mobility that prevents face to face

Speaks Spanish & does not want face to face

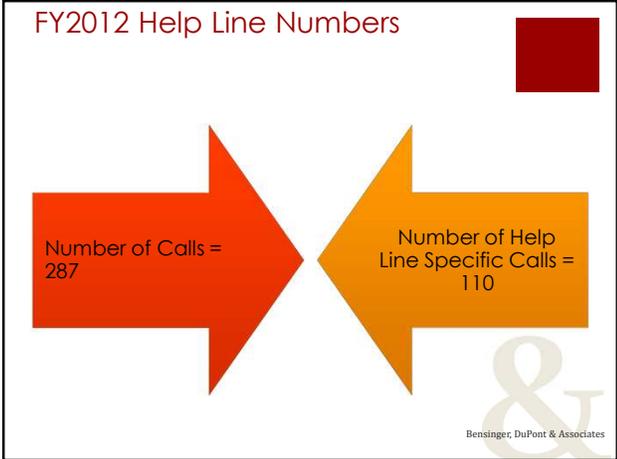
Ambivalent about face to face

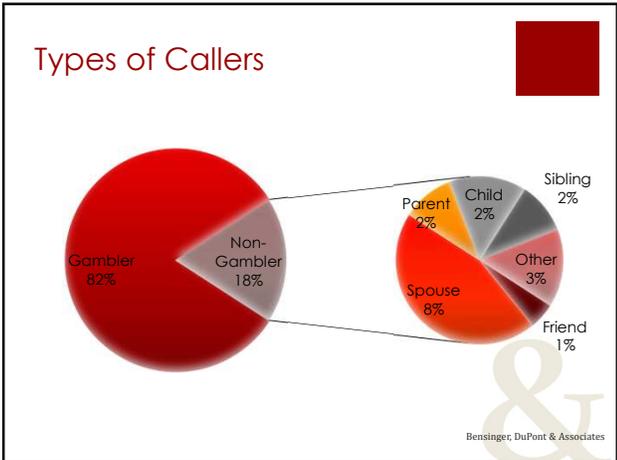
Bensinger, DuPont & Associates

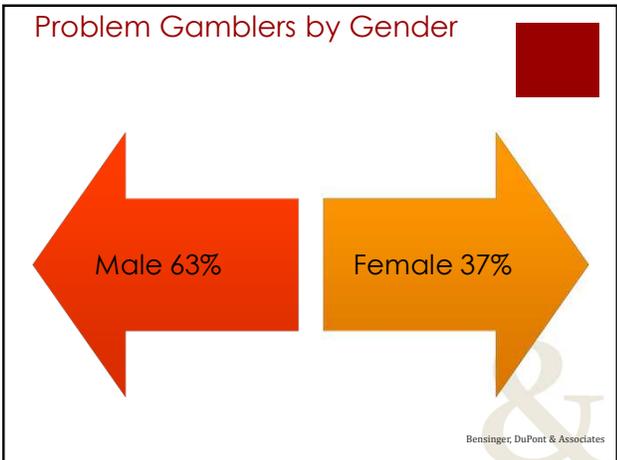
FY 2012 Help Line Data

A Brief Review

Bensinger, DuPont & Associates







Action & Escape by Gender

Action Callers 60%
Escape Callers 40%

Male

- 80% Action
- 20% Escape

Female

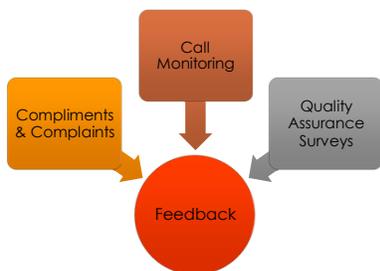
- 21% Action
- 79% Escape



Quality Improvement Program



Quality Improvement Plan



Quality Assurance Surveys

Did you receive a referral to a counselor/mental health agency?
92% YES

Did you make an appointment with a counselor/agency?
50% YES

Did you meet with a counselor about the problem?
42% YES

Are you still gambling?
64% NO



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Conclusion

Commitment to Gamblers & Concerned Others in Nebraska

Focus on connecting callers with GAP treatment providers

- Improve connection of callers in contemplation
- Engage callers in C2C then refer to Face to Face

Continue to enhance interventions with Co-Gamblers & Concerned Others

Bensinger, DuPont & Associates

We Appreciate the Support

THANK YOU FOR HAVING US!



Bensinger, DuPont & Associates

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.

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

*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?

	Substance Abuse	Problem Gambling
Mental Health	<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)

2

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

402-471-7766

Or Heather Wood

Heather.Wood@nebraska.gov

402-471-1423



SCPG Meeting - November 2, 2012

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

Limitations to comparison:

- * O/P SA is not billed on unit rate, therefore providers do not always report the # of units provided per month.
- * O/P SA represents individual, family and group types of service
- * O/P SA is only one level of care, higher levels of care that cost more are not included here.
- * The level of care for GAP was added in Oct. 2011, so for those who admitted prior to Oct. 2011 were all counted as OP.

Table 1: Cost Comparison

Service	FY11						FY12					
	# of cases	# of units	Avg # of units used per consumer	Unit Price	Total \$	Average \$	# of cases	# of units	Avg # of units used per consumer	Unit Price	Total \$	Average \$
GAP OP	484						324					
Individual		6093.5	12.59	\$75.00	\$457,012.50	\$944.24		5805.75	17.92	\$86.00	\$499,294.50	\$1,541.03
Crisis		164	0.34	\$60.00	\$9,840.00	\$20.33		171	0.53	\$72.00	\$12,312.00	\$38.00
Family		655	1.35	\$90.00	\$58,950.00	\$121.80		710.5	2.19	\$100.00	\$71,050.00	\$219.29
Group		714.5	1.48	\$80.00	\$57,160.00	\$118.10		492	1.52	\$90.00	\$44,280.00	\$136.67
Ind/Fam/Group		7463	15.42	\$81.67	\$573,122.50	\$1,184.14		7008.25	21.63	\$92.00	\$614,624.50	\$1,896.99
O/P-SA	5978	N/A	N/A	N/A	\$2,691,610.23	\$450.25	5281	N/A	N/A	N/A	\$2,780,654.41	\$526.54



**Fiscal Year 2012-2013
GAP Expenditures and Revenues
As of September 30, 2012**

Percent of Time Elapsed **25.21%**
Percent Elapsed- Bi-weekly Admin **23.08%**

Expenditures

	<u>Administration</u>	<u>% Expend</u>	<u>Lottery</u>	<u>% Expend</u>	<u>Prevention Education Awareness</u>	<u>% Expend</u>	<u>Health Care Cash</u>	<u>% Expend</u>	<u>Grand Total</u>	<u>% Expend</u>
FY13 GAP Budget	\$75,000		\$957,620		\$200,000		\$225,000		\$1,457,620	
Expenditures YTD	\$14,893	19.86%	\$245,097	25.59%	\$16,043	8.02%	\$35,827	15.92%	\$311,861	21.40%
Unexpended	\$60,107		\$712,523		\$183,957		\$189,173		\$1,145,759	

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	76,045	0	0	225,000	\$301,045
Interest	281	5,211	2,597	0	\$8,089
Total Available	76,326	951,000	473,941	225,000	\$1,726,267
Expenditures	\$14,893	\$245,097	\$16,043	\$35,827	\$311,861
Ending Balance	\$61,433	\$705,903	\$457,898	\$189,173	\$1,414,406



FY13 GAP Quarterly Report as of 10/17/2012

	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
Treatment								
CrossRoads	\$ 25,100.00	\$ 6,022.00	\$ -	\$ -	\$ -	6,022.00	24.0%	Lottery, Healthcare
Lutheran Family Services	\$ 2,200.00	\$ 172.00	\$ -	\$ -	\$ -	172.00	7.8%	Lottery
Rebecca Green	\$ 2,100.00	\$ 1,828.00	\$ -	\$ -	\$ -	1,828.00	87.0%	Lottery
Hampton Behav & Fam Services	\$ 43,100.00	\$ 18,773.00	\$ -	\$ -	\$ -	18,773.00	43.6%	Lottery, Healthcare
Michael Sullivan Counseling	\$ 60,100.00	\$ 17,370.00	\$ -	\$ -	\$ -	17,370.00	28.9%	Lottery, Healthcare
Choices	\$ 200,500.00	\$ 55,716.00	\$ -	\$ -	\$ -	55,716.00	27.8%	Lottery, Healthcare
First Step	\$ 100,300.00	\$ 5,977.00	\$ -	\$ -	\$ -	5,977.00	6.0%	Lottery, Healthcare
Catholic Charities	\$ 20,000.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Lottery
Wanda Swanson/Changes	\$ 44,100.00	\$ 18,442.00	\$ -	\$ -	\$ -	18,442.00	41.8%	Lottery
Heartland Family Services	\$ 100,400.00	\$ 23,796.00	\$ -	\$ -	\$ -	23,796.00	23.7%	Lottery, Healthcare
Peace & Power Counseling	\$ 74,100.00	\$ 18,196.00	\$ -	\$ -	\$ -	18,196.00	24.6%	Lottery, Healthcare
Spence Counseling	\$ 100,400.00	\$ 22,053.00	\$ -	\$ -	\$ -	22,053.00	22.0%	Lottery, Healthcare
Prairie Psychological Services	\$ 15,100.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Lottery
Total Providers	\$ 787,500.00	\$ 188,345.00	\$ -	\$ -	\$ -	188,345.00	23.9%	
Prevention/ Education Contracts								
Snitily Carr	\$ 180,000.00	\$ 4,000.00	\$ -	\$ -	\$ -	4,000.00	2.2%	Education
Crossroads	\$ 2,250.00	\$ 220.00	\$ -	\$ -	\$ -	220.00	9.8%	Education
Choices	\$ 5,000.00	\$ 1,837.50	\$ -	\$ -	\$ -	1,837.50	36.8%	Education
First Step	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Education
Hampton Behav & Fam Service	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Education
Heartland Family Services	\$ 1,500.00	\$ 660.00	\$ -	\$ -	\$ -	660.00	44.0%	Education
Peace and Power Counseling	\$ 4,000.00	\$ 617.50	\$ -	\$ -	\$ -	617.50	15.4%	Education
Wanda Swanson/Changes	\$ 1,250.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Education
Prairie Psychological Services	\$ 2,000.00	\$ 260.00	\$ -	\$ -	\$ -	260.00	13.0%	Education
Total Prevention	\$ 200,000.00	\$ 7,595.00	\$ -	\$ -	\$ -	7,595.00	3.8%	
Other Contracts								
			**Magellan usually draws its funds in Feb or March					
Michael Sullivan Licensing	\$ 0.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Lottery
Bensinger, DuPont & Assoc.	\$ 59,796.00	\$ 14,949.00	\$ -	\$ -	\$ -	14,949.00	25.0%	Lottery
LMEP-TAP	\$ 105,132.00	\$ 16,578.05	\$ -	\$ -	\$ -	16,578.05	15.8%	Lottery
Ramirez - Evaluation	\$ 37,583.00	\$ 6,834.00	\$ -	\$ -	\$ -	6,834.00	18.2%	Lottery
BRFSS	\$ 13,000.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Lottery
Magellan	\$ 10,300.00	\$ -	\$ -	\$ -	\$ -	0.00	0.0%	Lottery
Total Other	\$ 225,811.00	\$ 38,361.05	\$0.00	\$0.00	\$0.00	\$38,361.05	17.0%	
Total Contracts	\$ 1,213,311.00	\$ 234,301.05	\$0	\$0	\$0	\$234,301.05	19.3%	

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

	Health Care		
	Cash	Lottery Aid	Lottery Prev
Total Budget Authority	\$225,000	\$957,620	\$200,000
Amount Approved to Date	\$225,000	\$788,311	\$200,000
Amount Available for Future Use	\$0	\$169,309	\$0

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
Catholic Charities	\$0	\$20,000	\$0
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

Total Funds Contracted:	\$225,000	\$788,311	\$200,000
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Division of Behavioral Health

State of Nebraska
Dave Heineman, Governor

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

	Administration	Lottery Aid	Education/Prevention	Health Care Cash
Budget	\$75,000	\$957,620	\$200,000	\$225,000
Appropriation:	75,000	\$788,311	\$200,000	225,000
Unallocated:	0	\$169,309	0	0

Total Unallocated: \$169,309

Lottery Aid - Unallocated: \$169,309 : Education/Prevention - Unallocated: \$0

Service Type	Provider	\$ Recommended	FY13 Funding Source	
Treatment	Rebecca Green <i>Request \$4,000</i>	No more than \$8,000	\$8,000	-
Treatment -Strategic Plan Goal	Dr. Kate Speck (Supervision Standards)	No more than \$10,000	Up to \$10,000	-
Evaluation – Strategic Plan Goal	University of Nebraska (Prevalence Study)	No more than \$60,000	Up to \$60,000	-
Evaluation – Strategic Plan Goal	Vendor Undetermined (Contingency Plan)	No more than \$20,000	Up to \$20,000	-
	TOTAL:	<i>No more than \$78,000</i>	Lottery Aid \$98,000	Education/Prev



Gamblers Assistance Program

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



RECEIVED SEP 19 2012

Request for Funds Form

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

GAP Contracted Problem Gambling Treatment Provider Information:

Date:	9/12/12
Contracted Entity:	Rebecca Green, LADC, CCGC
Name of Contact Person:	Rebecca Green LADC, CCGC
Address:	1604 Road E
City, Zip:	Bradshaw, NE 68319
Phone:	402-736-4713 or 402-366-5794
Email:	animalhouse1@windstream.net
Current FY Contract \$:	\$2000

Contractor Program Narrative:

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$ 4000
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Will allow me to continue to see the gambler I am currently working with and have the potential of providing additional services
Clarify supporting evidence of capacity expansion needed in region:	By the end of September my allotted funds will exhausted
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Fewer social problems from problem/pathological gamblers

<p>Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:</p>	<p>I do not anticipate this as I am currently able to manage the amount of services the requested additional funding would allow me to provide</p>
<p>Please provide any additional relevant information:</p>	
<p><i>**By signing this Request for Funds form: The Contractor acknowledges that submission of this Request for Funds does not guarantee approval; that if approved, the additional funding is not available for reimbursement until contract is finalized, and that contract compliance is required at all times.</i></p>	
<p>Submitted by:</p>	<p><i>Rebecca Green LAOC, CCAC</i></p>
<p>Submission date:</p>	<p><i>9-12-12</i></p>

For Office Use Only:

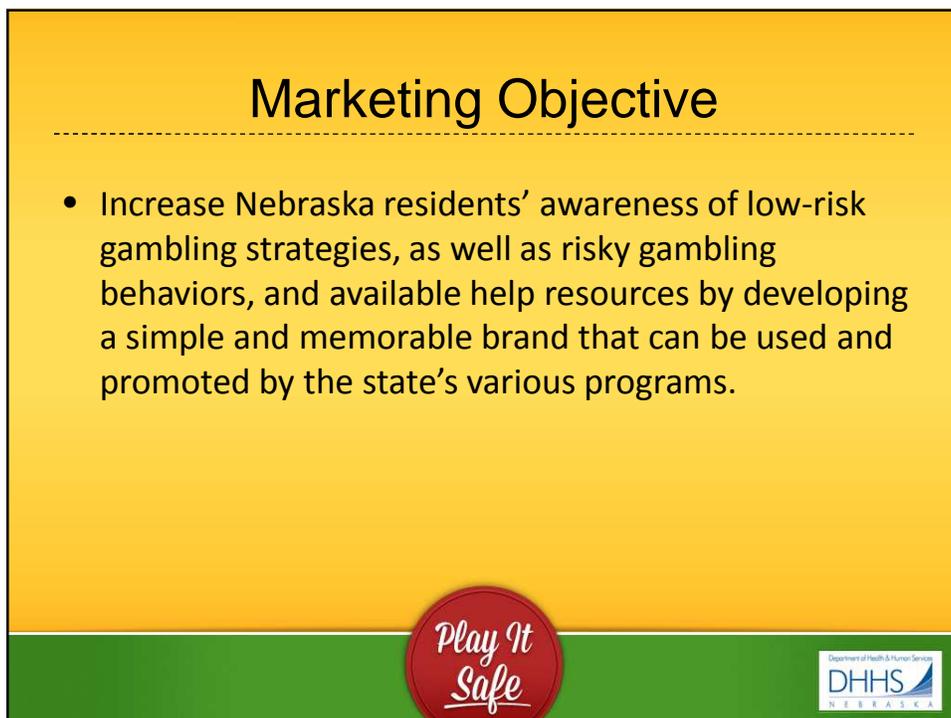
<p>Date GAP Received Form:</p>	
<p>SCPG Review Date:</p>	
<p>SCPG Recommendation:</p>	
<p>Approval/\$:</p>	
<p>Denial/Reason:</p>	
<p>Gap/Division Signature:</p>	

03/01/2012



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.



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.



Target Audience

- 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



Campaign Elements

- TV
 - (1) :30 spot
- Radio
 - (2) :30 spots
- Print ad
- Collateral materials
 - i.e. Brochures, fact sheets, window cling
- Web banners
- Website
 - www.playitsafe.ne.gov



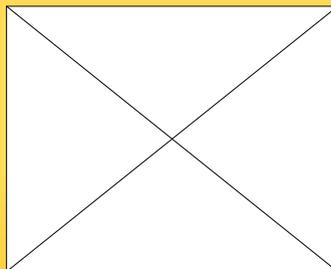
Television



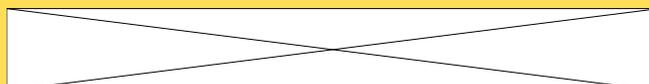
Radio



Web Banners



Web Banners



PlayItSafe.ne.gov

Official Nebraska Government Website

Play It Safe

Tip #1
Set limits on time and money spent.

Get more tips on how to play it safe.

Safe Gambling Tips | Problem Gambling Information | Where to Go for Help | Resources | News | Contact Us

Keep it fun. Know your limits.

Concerned about gambling?

Confidential support is available 24/7 through the



Next Steps

- Media schedule
 - November 15, 2012
- Campaign launch
- Ongoing earned media support
- Campaign evaluation



Thank You

