



State Committee on Problem Gambling
Holiday Inn Downtown - Platte Room
141 North 9th Street, Lincoln, NE 68508
August 6, 2010 - 9:00 a.m. - 3:00 p.m.
Meeting Minutes



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, Dennis Buckley, Carmen Engelhardt, Ed Hoffman, Janelle Holt, Steve Jung, Lois Jurgensen, Kenneth Timmerman

Committee Members Absent: John Hill, Jeff McKeown, Dennis McNeilly, Steve Sloup

DHHS-Division of Behavioral Health & Operations Staff Attending: Maya Chilese, Carol Coussons de Reyes, Lori Dawes, Karen Harker (via telephone) Vicki Maca, Iliana Martin

Guest Presenter: Jerry Bauerkemper

Public Attendees: Jolene John, Gina Fricke, Deb Hammond, Charles Spence

Agenda Items:

- I. **Meeting Called to Order** – Steve Jung:
Steve Jung, Chair, called the meeting to order at 9:00 am. The Governor did not re-appoint Janet French and Sherrie Geier. New members were welcomed and the two present, Janelle Holt and Lois Jurgensen, introduced themselves (Attachment A). Roll Call determined that there was a 2/3 majority.
- II. **Approval of Minutes** – Steve Jung:
The Meeting Minutes for May 21, 2010 were approved by general consent (Attachment B).
- III. **Approval of Agenda** – Steve Jung:
The Agenda for August 6, 2010 was approved by general consent with the addition of the Legislative Breakfast (overlooked due to an oversight) will be addressed at the end of the day.
- IV. **Strategic Planning Process (SPP) – John Bekins & Maya Chilese:**
The SPP is on target and MKS Communications has provided a Task Timeline (Attachment C). The Contract for Mike Stone is being drafted – no draft copy of the contract is yet available.
- V. **PPC/Evaluation Contract Proposal – Maya Chilese:**
DBH referenced an attachment that reviewed PPC former activities and GAP evaluation needs (Attachment D) and who could continue to do such tasks.
 - a. The Consumer Satisfaction Survey could be done in-house and so could the Educational Surveys.
 - b. GIS Mapping of Helpline calls is not a function the Division has the capacity to do. GIS is a specialized technology and not something that NCCG could be asked to do: recommend bidding process.
 - c. PPC was using the Magellan data to analyze trends, etc. That will have to be contracted out.
 - d. Prevention data – vendors are required to do their own data analysis.
 - e. GAP Annual Report – PPC would help craft, but this does not have to continue; the Division could handle this task.
 - f. Provider Audits and QI are tasks the Division has always done and will continue to do.
 - g. Could come back in September/October with proposals for GIS and data analysis. The Committee would need a quorum to vote on amount to spend or the Executive Committee could vote on it and approve specific dollar amounts.

VI. Fiscal Update FY10 Year End Report – Lori Dawes:

Categories to note are Healthcare Cash and Lottery amounts (Attachment E).

- a. Healthcare Cash was fully expended – if not expended, the Legislature can take it back.
- b. \$250,000 of Lottery funds were not spent, \$282,000 were not used, and \$50,000 was not budgeted. The spending authority was increased but services were not increased. \$320,000 in spending authority was not used in the last fiscal year – can spend more next year.
- c. Great year to be thinking about how to spend funds to benefit program: outreach and prevention, workforce development, increase provider rates, etc. State funds, however, cannot be spent on directly buying equipment such as LCD projectors for Providers; only services. However, increasing the rates for services may facilitate purchase of materials.
- d. November Agenda – possible items for Committee to consider, such as proposal for increase in contract services, since there has not been an increase in that area in years; the Region providers get increases every year (or as legislatively appropriated) but the GAP treatment providers have not had the same increases.
- e. Prevention/Outreach Ad Hoc to form to research what materials such as videos are available.

VII. Election of Vice Chair – Steve Jung:

Due to the Governor not re-appointing Sherrie Geier to the Committee at the end of her tenure July 1, 2010, a new Vice Chair needed to be elected.

- a. Dennis McNeilly, who due to a family emergency could not be in attendance, informed Steve Jung prior to the meeting that if no one volunteered for the position, he would.
Action: The Committee voted unanimously to elect Dennis McNeilly as Vice Chair.
- b. As Dennis McNeilly held the position of Secretary, so now that post was now in need of a new election. John Bekins nominated Lois Jurgensen, who declined in favor of someone with more experience. Ken Timmerman then nominated Carmen Engelhardt, who accepted the nomination.
Action: The Committee voted unanimously to elect Carmen Engelhardt as Secretary.

Morning Break

VIII. Committee Training Forum – Jerry Bauerkemper:

Jerry Bauerkemper (Attachment F) gave members an overview of Problem Gambling in Nebraska, GAP and Committee history, and a timeline of relevant events pursuant to the funding and legislation.

- a. APGSA – the State Administrator's Group is a think tank for Public Administrators.
- b. There are two federal bills being considered currently: HR 2906 & SB 2418. The first one is a bill that will appropriate funds into problem gambling services and propose to run them through SAMHSA. The second one is an Internet bill that will license internet gambling and could include a merge with HR 2906.
- c. Some states are exploring the utilization of distance service provision such as internet/telephone counseling in anticipation of more internet gambling activity.

Break for Lunch

IX. Fiscal Overview FY11 DHHS-GAP & Fiscal Update – Lori Dawes:

Lori Dawes went over her PowerPoint, Attachment E, describing the appropriation process.

- a. Key Point: Revenue is not the same as Spending Authority. GAP has a spending authority under the Division, under DHHS, regardless of GAP revenue.
- b. Administration Appropriation Process: Legislative Appropriation To Program 033 Department Central Office, then CEO Allocation to Program 268 Behavioral Health Admin, then Director Allocation to Subprogram 082 Compulsive Gamblers
- c. Aid Appropriation Process: Legislative Appropriation to Program 038 Behavioral Health Aid, then Director Allocation to Subprogram 009 Compulsive Gamblers
- d. GAP Admin Spending Authority has FY11 Admin Budget \$75K, \$25K from Health Care Cash & \$50K from Lottery Funds.
- e. FY12-13 Admin Budget - At Director's approval, we will request in the FY12-13 Biennial Budget Request to move spending authority from Aid to equal no more than 10% of the money appropriated to the fund for administrative costs.

- f. GAP Aid Spending Authority - Spending Authority has FY11 Aid Budget \$1,382,620, \$225K Health, Care Cash, \$200K Prevention (Prevention & Education Activities) & \$957,620 Lottery (Treatment).
- g. Contracts - FY11 Contracted Services \$1,179,300 Currently Contracted, \$203,320 currently unallocated spending authority.

X. Program Budget and Contracting Process DBH-GAP FY11 – Karen Harker & Maya Chilese:

- a. Karen Harker briefed on Attachment G which shows FY11 Contract Projections.
- b. Maya Chilese summarized Attachment H: Contract/Amendment/RFP Timelines; Budget Contract and Process Map and Administrative Services Memo outlining purchasing guidelines for State agencies.
- c. Key Point: establishing Requests for Proposals (RFPs), Contracts and Amendments take time. During processing, payments on current contracts can be suspended. GAP requests for Committee to consider setting meetings to accommodate necessary contract timetables.

XI. GAP Annual Report – Steve Jung:

The GAP Annual Report is to be delivered to Governor and Legislators with a letter signed by Steve Jung and Scot Adams (Attachment I: Draft Report provided for Committee review) and was approved by the Committee.

XII. GAP Program Reports – Maya Chilese:

Consumer Survey

The Statte provided a recap of the consumer Survey efforts.

- a. Beginning FY10 GAP could have joined with other states in a research project on a consumer survey, but the research project lost its funding. PPC and an ad-hoc team continued the survey project work in a revised form to continue this initiative. Maya consulted with this ad-hoc group who had previously participated in the review of the project and contributed to the continued efforts (Harlan Vogel and Deb Hammond), and will let providers know how the survey process will be conducted this year.
- b. Consumer Satisfaction Surveys will be disseminated by the GAP treatment providers at discharge either in person or by mail and would be an optional form just to check the level of satisfaction of GAP funded services.
- c. GAP will provide business reply (pre-addressed and no stamp required) envelopes will be coded for each agency (to assure anonymity and confidentiality) and will be and sent to each agency along with the paper copies of the survey.

Treatment Provider Call Update:

Monthly Provider Calls have been set up and will provide an opportunity to share information, follow field trends and collect input, creating a forum for Providers to increase communication with the State.

XIII. Legislative Breakfast – Steve Jung:

Sherrie Geier has been contacted to secure a room at the Capitol, as this must be done in September in order to have a space available for March 2011. This event, which has had a good turnout the last two times it has been offered. The goal is to inform new Legislators about problem gambling in Nebraska, the importance of funding prevention and treatment, GAP and the Committee, and usually has recovering gamblers speak.

XIV. Next Committee Meeting: November 5, 2010. Agenda items will include Strategic Planning Process, Legislative Breakfast, spending options, evaluation, rate increases for Providers and spend down for additional funds. Attachment K has recommendation of dates for the upcoming quarterly meetings. The Committee agreed with the recommendations and chose February 4 and April 15, 2011 for the next two meeting dates.

XV. Public Comment/Discussion:

- a. Gina Fricke asserted that it would be helpful to have funds for materials for outreach.

- b. Deb Hammond thanked the Committee for funds for the Midwest Conference. Deb also extended thanks to Sherrie Geier for all her efforts and years of invaluable service and welcomed new members. She praised the new monthly calls with providers and said that increased funding would be welcomed, especially since some functions like assessment take up to six hour, not counting the typing and prep work and not all is measurable.
- c. Deb encouraged providers to place requests for funding in advance because it does not hurt to do so. Also, Workforce Development Funds would be greatly appreciated – consider putting out on bid to have awareness piece that is above and beyond what already do.
- d. Jolene Johns also welcomed the new members and remarked that Provider Calls should be kept to an hour.
- e. Charles Spence agreed with everything said and agrees with Deb that increase in provider rates would be good.

XVI. **Meeting Adjourned:** Meeting adjourned at 2:19 p.m.



MKS Communications

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C

TO: Maya Chilese
Nebraska Division of Behavioral Health

FROM: Mike Stone

SUBJECT: ***Task Timeline -- Nebraska Gambler Assistance Program Strategic Plan***

DATE: August 4, 2010

Following our conversation on Friday, July 30, I am pleased to submit this Task Timeline on behalf of MKS Communications (Kris and Mike Stone) for development of a strategic plan for the Nebraska Gamblers Assistance Program.

Although we believe the starting dates noted and task duration predictions are realistic, please note they ultimately will depend on timely response from others, whether that be review and approval of draft documents or completion of individual requests for information or opinion (surveys). Some of the tasks identified can begin and continue while other tasks are being completed; however, timeliness depends on responsiveness. When the on-site, facilitated, two-day strategic planning session is held will determine the project's completion date.

Since submitting the original proposal for this project in January 2010, we have had the opportunity to participate in additional training regarding implementation of *The Seven Measures of Highly Effective Associations* (published by the American Society for Association Executives). I am convinced these seven measures apply not only to non-profit association management but also to effective conduct of governmental institutions. Even for-profit, private-sector businesses could benefit from many of these measures.

The Seven Measures are:

Commitment to Purpose

- *A Customer Service Culture* – A “we’re here to serve you” approach not only permeates all individual encounters with members but also is built into organizational structure and processes.
- *Alignment of Products and Services with Mission* – The depth and breadth of offerings are consistent with the organization’s mission, which remains central and unchanging even in the midst of changes in the external environment.

Commitment to Analysis and Feedback

- *Data-Driven Strategies* – Remarkable associations have developed an expertise in gathering information as well as processes for sharing and analyzing the data to deduce what actions the data point to taking.
- *Dialogue and Engagement* – An internal conversation continually occurs among staff and volunteers about the organization’s direction and priorities.
- *CEO as a Broker of Ideas* – Although the CEO may be visionary, what’s more important is that the CEO facilitates visionary thinking throughout the organization

Commitment to Action

- *Organizational Adaptability* – Remarkable associations learn from and respond to change; although willing to change, they also know what *not* to change.
- *Alliance Building* – Associations that are secure and confident in their own right seek partners and projects that complement their mission and purpose.

MKS Task Timeline -- 2

I am further convinced that among these seven measures, the key to developing an effective and manageable strategic plan is gathering and analyzing data. I'm not sure there can be enough data, which can ensure that all facts, viewpoints and anticipated actions are considered in developing the plan. In addition, we suggest that incorporating a segment of "cascade thinking" (Joel Barker) into the strategic planning session can help identify potential unintended consequences and lead to a stronger plan with more consistent management and sustainability. Thus, I have shown below several tasks that support data gathering and analysis/evaluation.

Task -- Identify, review, edit, adjust and assemble a list of key stakeholders (providers, administrators, industry, advocates, officials), to include both street and e-mail addresses.

Projected start date: August 16 **Estimated duration:** 1 week

Task -- Develop survey of priorities instrument, including creation, draft, refine, review, edit and finalization.

Projected start date: August 23 **Estimated duration:** 1 week

Task -- Contact key stakeholders by both mail and e-mail to advise of project, request timely participation, and explain need for involvement.

Projected start date: August 23 **Estimated duration:** 1 week

Task -- Begin data collection and research for environmental scan background paper/issue summary.

Projected start date: August 23 **Estimated duration:** 1 month

Task -- Distribute survey instrument by e-mail with firm due date.

Projected start date: August 30 **Estimated duration:** 1 week

Task -- Collect, tabulate and analyze survey data.

Projected start date: September 7 **Estimated duration:** 2 weeks

Task -- Merge survey data into environmental scan background paper/issue summary; identify key issues to be addressed in strategic plan; distribute draft, accept comments, revise and edit, finalize document, and distribute.

Projected start date: September 13 **Estimated duration:** 2 weeks

Task -- Select individuals to participate in strategic planning session, establish location and time, distribute invitations.

Projected start date: September 20 **Estimated duration:** 1 week

Task -- Prepare exercises and instruments for strategic planning session.

Projected start date: September 27 **Estimated duration:** 2 weeks

Task -- Facilitate strategic planning session, incorporating collegial exercises, interactive SWOT (strengths, weaknesses, opportunities and threats) analysis, "snowcard" exercise, and cascade thinking brainstorming activity; identify or reaffirm vision/mission/goals/objectives for initial draft.

Projected start date: To be determined **Estimated duration:** 2 days

(NOTE: At this time, it appears mid-late October may be optimal for this session to allow those invited to arrange their schedules and provide adequate time for all data collection, analysis and preparation. Start dates for all activities to follow will be determined by the exact dates for this session.)

Task -- Draft strategic plan based on directions set at facilitated strategic planning session, supported by research and data.

Projected start date: TBD **Estimated duration:** 2 weeks

MKS Task Timeline -- 3

Task -- Distribute first draft of strategic plan with evaluation instrument to strategic planning session participants.

Projected start date: TBD

Estimated duration: 1 week

Task -- Receive evaluations and comments on strategic plan; revise and edit strategic plan.

Projected start date: TBD

Estimated duration: 2 weeks

Task -- Distribute second draft of strategic plan with modified evaluation instrument to list of key stakeholders.

Projected start date: TBD

Estimated duration: 1 week

Task -- Receive evaluations and comments on strategic plan; revise and edit strategic plan.

Projected start date: TBD

Estimated duration: 2 weeks

Task -- Present strategic plan to Gamblers Assistance Program Advisory Committee for final review.

Projected start date: TBD

Estimated duration: 1 week

Task -- Incorporate final edits/comments/suggestions; submit for adoption.

Projected start date: TBD

Estimated duration: 1 week

PLEASE ADVISE whether we can answer any questions, provide any clarification or submit additional information.
Thank you for this opportunity to perform this service.



GAP Quality Improvement and Program Evaluation Needs
FY10 Activities and FY11 Considerations
 Division of Behavioral Health, DHHS

FY10 Activities	FY11 DBH	FY11 GAP	FY11 Out-Source
Consumer Satisfaction Survey: <i>aggregate, analyze, reports</i>	X		(was PPC)
Education Survey: <i>aggregate, analyze, reports</i>	X		
Mapping of Helpline calls, Billboards, Provider and Gambling Venues: <i>map sites, analyze trends, reports</i>	X?		X? (was PPC)
Treatment consumer data: <i>aggregate, analyze, reports</i>	X		X (ASO-Magellan) (was PPC also)
Prevention data: <i>Collect, aggregate, analyze, reports</i>			X (current Prevention contractors)
GAP Annual Report: <i>gather data elements, analyze, develop report</i>	X	X	X? (was PPC)
Provider Audits: <i>Perform site visits and program audits of Services Purchased and Program Compliance, reports</i>		X	
GAP Program QI: <i>Review various program elements and trends, recommend program improvements, reports</i>	X	X	(was PPC)

Fiscal Year 2009-2010
GAP Expenditures and Revenues
As of June 30, 2010

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>
FY10 GAP Budget	\$75,000		\$882,656		\$225,000		\$225,000		\$1,407,656	
FY09 Encumbrances	\$25,586		\$78,797		\$15,527		\$17,193		\$137,102	
FY10 Available Funds	\$100,586		\$961,453		\$240,527		\$242,193		\$1,544,758	
Expenditures YTD	\$87,050	86.54%	\$710,483	73.90%	\$222,604	92.55%	\$242,193	100.00%	\$1,262,330	81.72%
Unexpended	\$13,536		\$250,970		\$17,923		\$0		\$282,428	
Unallocated Budget									\$49,964	

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	25,586	537,346	219,507	17,193	\$799,632
Receipts YTD	76,010	765,004	265,240	225,000	\$1,331,254
Interest	1,301	22,125	8,235	0	\$31,661
Total Available	102,897	1,324,475	492,982	242,193	\$2,162,546
Expenditures	\$87,050	\$710,483	\$222,604	\$242,193	\$1,262,330
Ending Balance	\$15,847	\$613,992	\$270,378	\$0	\$900,217

FY10 GAP Contract Payment Quarterly Report



	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 Contracts								
Agencies								
First Step	\$124,500	21,943.75	20,188.75	22,968.75	22,428.75	87,530.00	70.31%	Lottery, Healthcare
Choices	\$222,700	58,992.50	49,042.50	53,050.00	56,655.00	217,740.00	97.77%	Lottery, Healthcare
Spence Counseling	\$160,000	36,472.50	32,235.00	40,710.00	17,925.00	127,342.50	79.59%	Lottery, Healthcare
Heartland Family Services	\$176,000	40,713.10	35,499.27	26,341.51	28,205.00	130,758.88	74.29%	Lottery, Healthcare
CrossRoads	\$21,000	2,850.00	3,300.00	1,835.00	3,405.00	11,390.00	54.24%	Lottery
NCCG	\$155,000	36,000.00	41,000.00	36,000.00	36,000.00	149,000.00	96.13%	Lottery
Total Agencies	\$859,200	\$196,971.85	\$181,265.52	\$180,905.26	\$164,618.75	\$723,761.38	84.24%	
Private Providers								
Michael Sullivan	\$43,000.00	11,850.00	11,700.00	6,845.00	9,480.00	39,875.00	92.73%	Lottery
Robert Walton	4,000.00	0.00	1,695.00	300.00	1,665.00	3,660.00	91.50%	Lottery
Richard Landrigan	30,000.00	5,105.00	3,725.00	0.00	3,355.00	12,185.00	40.62%	Lottery
Wanda Swanson	28,000.00	7,335.00	5,355.00	6,900.00	6,345.00	25,935.00	92.63%	Lottery
Betty Hampton	6,000.00	1,200.00	765.00	2,535.00	1,100.00	5,600.00	93.33%	Lottery
Lisa Johnson	10,000.00	2,775.00	1,950.00	2,475.00	2,800.00	10,000.00	100.00%	Lottery
Rebecca Green	18,500.00	1,650.00	2,806.25	3,330.00	2,668.75	10,455.00	56.51%	Lottery
Sue Huebner	5,000.00		0.00	0.00	570.00	570.00	11.40%	Lottery
Gina Fricke	31,527.50		0.00	14,420.00	18,385.00	32,805.00	104.05%	Lottery
Total Private Providers	\$176,028	\$29,915.00	\$27,996.25	\$36,805.00	\$46,368.75	\$141,085.00	80.15%	
Prevention/ Education Contracts								
Gina Fricke	\$3,282.50	0.00	0.00	0.00	775.00	775.00	21.36%	Lottery
First Step	4,000.00	495.00	630.00	495.00	495.00	2,115.00	52.88%	Education
Choices	5,300.00	730.00	355.00	797.50	1,290.00	3,172.50	59.86%	Education
Spence	4,000.00	140.00	60.00	0.00	0.00	200.00	5.00%	Education
Heartland Family Services	4,000.00	745.00	720.00	605.00	990.00	3,060.00	76.50%	Education
CrossRoads	4,000.00	770.00	1,045.00	990.00	440.00	3,245.00	81.13%	Education
Richard Landrigan	2,000.00	55.00	165.00	0.00	0.00	220.00	11.00%	Education
Betty Hampton	1,820.00	310.00	220.00	330.00	110.00	970.00	53.30%	Education
NCCG	60,000.00	15,000.00	21,000.00	15,000.00	15,000.00	66,000.00	110.00%	Education
Garfield Wheeler Loop	30,000.00		4,838.00	11,710.74	14,451.26	31,000.00	103.33%	Education
Lancaster County	35,000.00		0.00	2,964.24	18,385.68	21,349.92	61.00%	Education
Brokaw Marketing (Billboards)	35,000.00		0.00	9,988.62	25,000.00	34,988.62	99.97%	Education
Learfield (Radio)	40,336.00		0.00	6,560.00	33,616.00	40,176.00	99.60%	Education
Education Materials	5,000.00			0.00		0.00	0.00%	Education
Total Prevention	\$233,739	\$18,245	\$29,033	\$49,441	\$110,553	\$207,272.04	88.68%	
Other Contracts								
Michael Sullivan- Licensing	\$5,000.00		671.04	0.00	0.00	671.04	13.42%	Lottery
University Public Policy Center	50,000.00		13,274.09	25,467.88	5,595.78	44,337.75	88.68%	Healthcare
Magellan- Two Years	10,000.00		0.00	0.00	10,000.00	10,000.00	100.00%	Healthcare
Total Other Contracts	\$65,000	\$0.00	\$13,945.13	\$25,467.88	\$15,595.78	\$55,008.79	84.63%	
Total Contracts	\$1,333,966	\$245,131.85	\$252,239.90	\$292,619.24	\$337,136.22	\$1,127,127.21	84.49%	

Note: Does not include June Billing from Rebecca Green or Sue Huebner

Prepared by: Karen Harker, Division of Behavioral Health

Date: July 22, 2010

FY10 GAP Contract Payment Quarterly Report

Midwest Conference Scholarship Contracts	Total Contract	1st Qtr July - Sept	2nd Qtr Oct - Dec	3rd Qtr Jan - Mar	4th Qtr Apr-June	Total Paid Out	Total % Used
Spence Counseling	\$1,500.00				\$1,500.00	\$1,500	100.00%
First Step	500.00				500.00	\$500	100.00%
Heartland Family Services	1,000.00				1,000.00	\$1,000	100.00%
Choices	1,500.00				1,500.00	\$1,500	100.00%
Robert Walton	500.00				500.00	\$500	100.00%
NCCG	500.00				500.00	\$500	100.00%
Michael Sullivan	500.00				500.00	\$500	100.00%
Lisa Johnson	500.00				500.00	\$500	100.00%
Gina Fricke-Peace&Power	500.00				500.00	\$500	100.00%
Rebecca Green	500.00				500.00	\$500	100.00%
Betty Hampton	500.00				500.00	\$500	100.00%
Total Scholarships	\$8,000				\$8,000	\$8,000	100.00%

GAP Committee Orientation August 6, 2010

Jerry Bauerkemper, CCGC
Executive Director
Nebraska Council on Compulsive Gambling



Welcome

GAP
Committee new members and
veterans

Presentation Overview

- What is GAP
 - GAP history
 - GAP mission
 - Data
- Where are we now...
 - Services provided
- Where are we going...
 - Program Expansion
 - Expanded gambling initiatives

GAP History

Where have we been...

- **1992 – Created as part of Nebraska Lottery Act**
- 1995 – Transferred to DHHS Alcoholism, Drug Abuse
- 1996 – Funding increase from Charitable Gaming (\$250K)
- 1999 – Begin certifying compulsive gambling counselors first state in union
- **2000 – Funding increase from Lottery**
- 2004 – Behavioral Health Reform Act
 - Changed Commission to Advisory Committee
- 2005 – Legislature awards biennium funding

GAP History

- **2008 – Additional gambling related legislation** (*committee powers increased*)
- **2010 Strategic Plan process**

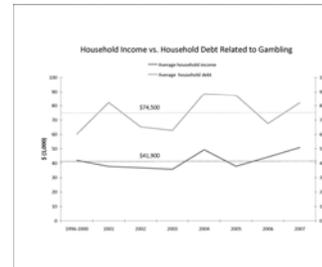
Presence of PG in NE

- 3% of adults (42,267) will experience gambling problems each year in Nebraska.
- *Estimated annual cost of \$215,561,700*
- 50% of adolescents begin gambling at 10 years of age or younger.
- 11% increase in gambling activities among Nebraska students between 2003 and 2005.
- Nebraska data has shown that there is a synergistic relationship between youth substance abuse, anti-social behavior and gambling that results in highly correlated behavior patterns.

Household Debt Due To Gambling

- Average household income of problem gamblers treated by GAP is \$41,900. Average current household debt related to gambling is \$74,500.
- Average household debt related to gambling is almost two times their household income.

Household Debt Due To Gambling



Where have we been...

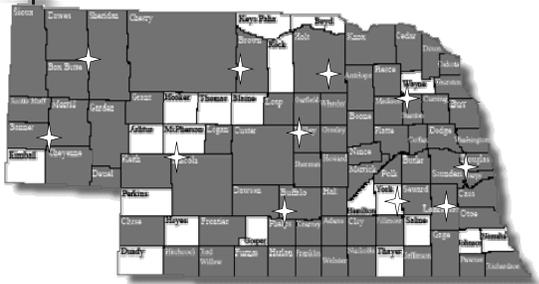
GAP Mission Statement

GAP is an administrative program that utilizes expertise from an *advisory council, service providers, and consumers* to coordinate activities, manage resources, direct services, and reduce the impact of problem gambling for all Nebraskans

GAP Services

- Access to Information/Services
 - Helpline **1-800-522-4700**
- Education
 - Outreach
 - Prevention Programs
 - Media Awareness
- Treatment of Problem Gambling
 - Certified Counselors

Statewide Services



Where are we now...

Who are your providers

- **Betty Hampton O'Neill NE**
- **Michael Sullivan Norfolk**
- **Richard Landrigan Scottsbluff**
- **Robert Walton Columbus**
- **Wanda Swanson Nebraska City**
- **Lisa Johnson York**
- **Rebecca Green Bradshaw**
- **Susanne J. Huebner No Platte**

Providers Continued

- Peace & Power Counseling Omaha
- Choices Lincoln
- CrossRoads Chadron
- First Step Lincoln
- Heartland Family Service Omaha
- Spence Counseling Omaha
- GLW – Prevention Broken Bow

One More Slide

- Lancaster-Prevention Lincoln
- NCCG Bellevue (statewide)
- Magellan MIS
- Brokaw Marketing-Outreach State
- Learfield (Radio)-Outreach State

Current Initiatives

- Educate Nebraska on Problem Gambling
 - Public Awareness Campaign
 - Implementing Diverse Curriculums
- Creating Joint Partnerships with community MH and SA agencies
- Evaluation Program Services (University of Nebraska Public Policy Center)

National Impact

- Midwest Conference on Problem Gambling and Substance Abuse
- HR 2906/SB3418
- APGSA

Resources

- Nebraska Gamblers Assistance Program
 - www.dhhs.ne.gov/beh/gam/gam.htm
 - Maya.Chilese@nebraska.gov 402.471.7792
- Nebraska Council on Compulsive Gambling
 - www.nebraskacouncil.com 402.292.0061
 - 1-800-522-4700
- National Problem Gambling Awareness
 - www.npgaw.org



Nebraska State Committee on Problem Gambling FY11 Funds Authorized



	Health Care Cash	Lottery Aid	Lottery Prev
Total Budget Authority	\$225,000	\$957,620	\$200,000
Amount Approved to Date	225,000	837,300	117,000
Amount Available for Future Use	\$0	\$120,320	\$83,000

Note: Evaluation services are not reflected in this document. A potential of \$40,000 of Lottery Aid may be needed to purchase this service.

FY11 Contracts/Funds Approved by Committee:

Rebecca Green	-	\$17,000	\$3,000
CrossRoads	-	12,000	3,000
Lisa Johnson/Reflections	-	10,000	-
Rob Walton	-	3,000	-
Hampton Behav & Fam Services/Betty Hampton		5,000	2,000
Michael Sullivan/Sullivan Counseling	-	43,000	-
Wanda Swanson/Changes	-	23,000	5,000
Richard Landrigan/Renew Counseling	-	17,000	3,000
Sue Huebner	-	5,000	-
Peace & Power	-	35,000	5,000
NE Radio	-	-	10,000
Brokaw Marketing	-	-	15,000
NE Council on Comp Gambling	-	175,000	40,000
Choices Treatment Ctr	\$75,000	224,000	8,000
First Step Recovery Ctr	75,000	49,000	4,000
Spence Counseling	-	85,000	5,000
Heartland Family Services	75,000	101,000	4,000
Michael Sullivan (Licensure)	-	5,000	-
Mike Stone (Strategic Planning)	-	18,000	-
Educational Materials	-	-	10,000
Magellan	-	10,300	-
Total Contracts/Approved:	\$225,000	\$837,300	\$117,000

Prepared by: Karen Harker, Division of Behavioral Health
Update: July 22, 2010

Standard Contract/Amendment Process and Timeline

Prepared for the State Committee on Problem Gambling – August 2010

STEP #	ACTIVITY	EST. DURATION*
1.	Program Manager and Support Staff prepares for contract development: confirms contract deliverables, financial, contact info, file, etc	1-3 days
2.	Program Manager writes <i>contract</i> (DHHS standard template + GAP provider specific language) & Program Manager crafts <i>contract worksheet</i>	4 hours – 1 day
3.	Contract and contract worksheet are loaded by Division staff into NIS	3 days
4.	Contract passes thru 7-8 levels of review: <ul style="list-style-type: none"> • Division Administrator • Legal • Finance • IS&T • HR • Support Services (Operations) • Division Director • CEO (if applicable) 	Up to 3 weeks
5.	Contract receives final approval and can be prepared for Division signatures	Up to 1 week
6.	Provider is mailed 4 copies of contract, they sign and return 3 copies	Up to 2 weeks
7.	Signed contract is loaded into NIS to finalize	3 days
	TOTAL	6-7 weeks
		*Business days

NOTE:

1. No invoice from the vendor can be processed during the time in which a contract or amendment is being processed.
2. This process should be completed PRIOR to the start date of the contract. If July 1 start date = Step #1 *should* begin: early May

Standard Request for Proposal (RFP) Process and Timeline

Prepared for the State Committee on Problem Gambling – August 2010

STEP #	ACTIVITY	EST. DURATION*
1.	Program Manager writes <i>RFP</i> (DHHS standard template + GAP provider specific language) & Program Manager crafts <i>contract worksheet</i>	1 month
2.	Program Manager submits to AS for first draft review	1-2 weeks
3.	Program Manager completes document for final processing	1 week
4.	Contract and contract worksheet are loaded by Division staff into NIS	3 days
5.	Contract passes thru 8-9 levels of review: <ul style="list-style-type: none"> • Division Administrator • Legal • Finance • IS&T • HR • Support Services (Operations) • Administrative Services • Division Director • CEO (if applicable) 	Up to 4 weeks
6.	AS or DHHS releases RFP for bid	1-2 days
7.	DHHS facilitates the RFP Question/Answer Process	4 -5 days
8.	DHHS facilitates the Proposal Evaluation Period	2 weeks
9.	AS or DHHS posts Final Bid Scores, announces Contract, enters negotiations with selected Vendor	2 weeks
10.	AS or DHHS establishes Final Agreement document: Provider is mailed 4 copies, they sign and return 3 copies	Up to 2 weeks
11.	Signed contract is loaded into NIS to finalize	3 days
	TOTAL	3 months +
		*Business days

(AS = Administrative Services; formerly known as the DAS: Department of Administrative Services)

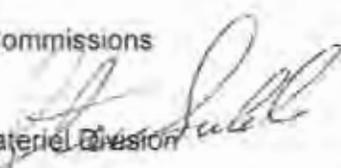
NOTE:

1. No invoice from the vendor can be processed during the time in which a final contract or amendments are being processed.
2. This process should be completed PRIOR to the start date of the contract. If July 1 start date = Step #1 should begin: early April
3. The RFP and the Vendor's Proposal ARE the contract. No separate contract is written outside of this, thus the RFP must contain all required and desired content. Subsequent years are Amendments. An RFP must be initiated again once the original RFP has expired.
4. Any action outside of the parameters of the initial RFP and Vendor's accepted proposal require a contract amendment.

Dave Heineman, Governor

DATE: June 25, 2010

TO: All Agencies, Boards, and Commissions

FROM: Steve Sulek, Administrator
Administrative Services - Materiel Division 

SUBJECT: Unrestricted Open Market Purchase Authority FY 2010-2011

State Statute §81-161.03 RRS authorizes Administrative Services (AS) Materiel Division to grant agencies unrestricted open market purchase authority for the purchase or lease of goods for non-contract purchases for under \$10,000. There are exceptions to this authorization. See Attachment I. Agency representatives with EnterpriseOne PT30 and PT31 security levels are required to attend and successfully complete the EnterpriseOne/Procurement Certification program. If your agency has employees needing to complete the certification program, please contact Brian Svik at Brian.Svik@nebraska.gov or 402-471-1467 to schedule time for training.

Prior to making any direct purchases, agencies are to verify whether a contract is available for the product needed by checking the EnterpriseOne Procurement module or via the AS Materiel Division, State Purchasing Bureau website at <http://www.das.state.ne.us/materiel/purchasing>. If a contract is available, the purchasing agency should proceed with generating a purchase order from the contract in EnterpriseOne. Purchase orders are to be completed prior to placing the order with the vendor. Purchase orders must have an authorized signature prior to sending order to the vendor in order for the purchase order to be valid.

If a contract is not available, and the purchase amount is between \$2,000 and \$9,999.99, agencies are to solicit 3 informal bids from vendors who provide the commodity. Purchase orders are required for all direct purchases \$2,000 and over. These must be entered in EnterpriseOne. Documentation including vendor names and bid prices must be attached to the purchase orders in EnterpriseOne. See Work Instructions on how to attach documents in EnterpriseOne at http://www.das.state.ne.us/nis/training_manuals/index.html.

Agencies are responsible for insuring that vendors support a Drug-Free Work Place Environment. The Invitations to Bid and Request for Proposals which are processed through the AS Materiel Division, State Purchasing Bureau, include a statement which addresses the vendors' Drug-Free Work Place policies. In order to eliminate the need for a "Drug-Free Vendors" list, we recommend a similar statement be included in purchases processed through your agency, example:

"By signing this Invitation to Bid, the bidder agrees to the "Standard Conditions and Terms of Bid Solicitation and Offer" and is committed to provide a drug-free work place environment."

When utilizing the agency quotation forms in EnterpriseOne, the above statement is included on the form.

All State agencies, boards, and commissions have authority to purchase directly from Cornhusker State Industries, Department of Correctional Services (CSI) for any amount. There are no restrictions on the dollar amount of the purchase. **Any item available from CSI, but not purchased from CSI, must be processed through the AS Materiel Division, State Purchasing Bureau.** Use document type (OW) in NIS for the purchase of this type. CSI catalog is available on-line at http://www.corrections.state.ne.us/csi/catalog/product_literature.html

Materiel Division • Steve Sulek, Acting Administrator

Administrative Services • 301 Centennial Mall South • P.O. Box 94847 • Lincoln, Nebraska 68509-4847 • Phone: 402-471-2401 • Fax: 402-471-2089

Agencies have unlimited purchase authority for **COPYRIGHTED** publications and these purchases are not required to be processed through the State Purchasing Bureau. Use document type (ZO) in EnterpriseOne for the purchase of this type.

FIXED ASSETS

All purchases of fixed assets using object account numbers between 580300 and 586999 are to be made by generating purchase orders in EnterpriseOne.

Any and all trade-ins must be submitted to State Surplus Property for approval by the AS Materiel Division Administrator **prior** to the trade-in of any equipment. **There are no exceptions.**

IT EQUIPMENT

Agencies are allowed to use the method of a direct entry of an OP purchase order, p-Card, or direct pay when purchasing Non-Contract IT items on the Pre-Approved items list with a dollar amount under \$500. When completing a One Time Purchase of a Non-Contract item over \$500, the Agency must use an OP generated from an ON for Commodities. For items on contract and pre-approved, agencies are to generate an OG purchase order from OC commodity contract. For items on contract but not on the pre-approved list, agencies are to generate an O6 purchase order from OC contract.

SERVICE CONTRACTS

All service contracts regardless of dollar amount must be entered into EnterpriseOne per statute 73-503. **There are no exceptions.** When entering a service contract, statute 73-503(4) requires the agency to identify a physical location of where a copy of the bid documents and service contract are located. This information is to be entered in the Additional Properties, Document Location field. . On service procurement(s) \$50,000 and over and on contract, purchase orders must be generated from the contract using O9 purchase order document type. Purchase orders must have an authorized signature prior to sending order to the vendor in order for the purchase order to be valid. If there isn't a contract, and the purchase order is over \$50,000 a one-time purchase order must be generated utilizing the EnterpriseOne Z8 document type.

Purchase orders are to be completed and signed by an agency authorized agent prior to placing the order with the vendor. The process would be:

- [View the work instructions on how to create a Direct Entry Purchase Order Z8](#)
- [View the work instructions on how to generate a Purchase Order Z8 from a Service Contract](#)
- [View the work instructions on how to voucher a Z8 document type](#)

Agency staff is encouraged to read the Agency Procurement Manual for Services and Agency Procurement manual for Goods/Commodities. These manuals have been updated and include detailed information on processes. These manuals are on the AS Materiel Division website at: <http://www.das.state.ne.us/materiel/purchasing/infogovt.htm>. Agencies should visit the website often to keep up-to-date on current policies and processes.

If you have any questions or concerns, please contact me at 402-471-2401.

Thank you.

Attachment

cc: Carlos Castillo, Jr., Director of Administrative Services
Brenda Pape, State Procurement Manager

ATTACHMENT I RESTRICTED ITEMS

ITEMS RESTRICTED FROM DIRECT PURCHASE AUTHORIZATION ARE LISTED BELOW. The statutory authorization or additional direct purchase authority **cannot** be used for these items. These items **cannot** be purchased by any agency for any dollar amount without prior written approval of AS Materiel Division and/or another AS division unless specified in an agency's additional direct purchase authority letter.

1. **Office Supply Items** – Agencies must purchase office supply items from the statewide contract or through Office Supply Bureau. Please check the website at: <http://www.das.state.ne.us/materiel/osb/osb.htm> or contact Office Supply Bureau at 402-471-2412 for process instructions. On-Line ordering is required. Agencies are required to complete their own on-line orders. Please contact Mary Lanning at 402-471-6500 or Mary.Lanning@nebraska.gov for assistance in setting up access for on-line ordering.
2. **Printing Services (formerly Print Shop/Copy Services)** – All printing requests must be processed through the AS Materiel Division, Printing Services. Printing Services will determine how the request will be processed to ensure request is completed in the most cost effective manner that meets the needs of the agency. Please contact Printing Services at 402-471-2826 for assistance.

Printing Services is responsible for the purchasing and placement of leased or purchased agency copiers. Please call (402) 471-2901 for assistance.

3. **Telecommunication Equipment** – The Office of the CIO, Division of Communications is responsible for the acquisition, coordination and consolidation of all telecommunications equipment and services to include:
 - Telephone equipment, and services;
 - Data communications equipment, and services to include switches, routers, and hubs;
 - Radio equipment;
 - Fax machines – requests for fax machines should be sent to OCIO. If the request is, \$10,000 or more it will be forwarded by AS Communications to AS Materiel Division, State Purchasing for processing.

All Telecommunications requests for equipment and services must be submitted via EnterpriseOne on the OT document type.

4. **Mail Equipment, Postage Meters, Postage, and Scales, etc.** – must be processed through AS Materiel Division, Mail Center with the exception of Department of Corrections for canteens for Inmates. Please contact (402) 471-2293 for assistance.
5. **Micrographic Equipment** – Requests for this type of equipment must be submitted to State Purchasing. These must be processed on the OW document type.
6. **Motor Vehicles** – All purchases, including contract purchases or trade of passenger vehicles, except those indicated in State Statute §81-1-11, requires the approval of the AS Transportation Services Bureau and the AS Materiel Division, State Purchasing Bureau. These must be processed on the OU document type in EnterpriseOne.

7. **Weapons/Guns** – All weapons/guns must be processed through AS Materiel Division, State Purchasing Bureau. These must be processed on the OW document type.
8. **Contract Items** – Items for which contracts have been established by the AS Materiel Division, State Purchasing Bureau may **not** be purchased from other sources without written approval from State Purchasing. Once approval is obtained, the purchasing agency must proceed with generating a purchase order in EnterpriseOne. Purchase orders are to be completed prior to placing the order with the vendor. Purchase orders must have an authorized signature prior to sending order to the vendor in order for the purchase order to be valid.
9. **Information System Items** – As defined in State Statute §81-1117 (1), the Office of the CIO must approve the acquisition of any information management item. This includes computer equipment, peripheral devices, software, maintenance and professional services for any IT project. The Nebraska Information Technology Commission has adopted a policy that enables the Office of the CIO to maintain a list of preapproved items for purchase by agencies. A copy of this policy, the criteria used in conducting reviews of information management purchases, and the list of preapproved items are available at <http://www.nitc.state.ne.us/standards/1-204.html>

Agencies must enter purchases not on the list of preapproved items into EnterpriseOne as an ON document type (for purchases not on contract) or an O6 document type (for purchases on contract). Purchases using these document types are automatically routed to the Office of the CIO for review and approval. Agencies must provide sufficient information that allows the reviewer to determine what is being purchased, the purpose, total cost, and a contact for additional information. This information can be provided as either a text note or an attachment to the header in EnterpriseOne. See Work Instructions at http://www.das.state.ne.us/nis/training_manuals/index.html.

Requests for routine purchases, such as PCs, laptops, printers and small dollar items are typically acted upon within one workday.

10. **All items based on GSA like Pricing \$10,000 and over** must be processed through and approved by the AS Materiel Division, State Purchasing Bureau as per State Statute §81-153 (7). Agencies must provide a copy of the GSA contract along with the requisition. State Purchasing will make the final determination on whether GSA like pricing is in the best interest of the State. Agencies may utilize GSA pricing without State Purchasing approval for their open market purchases under \$10,000. Agencies are required to attach a copy of the GSA contract to their purchase order in EnterpriseOne as header attachment.
11. **Furniture Purchases** – If the agency is ordering furniture other than through CSI, the ordering agency must submit a requisition to State Purchasing for processing. These orders must be processed using the OW document type in EnterpriseOne. **There are no exceptions.**



Annual Report Fiscal Year 2009-2010

Department of Health & Human Services

DHHS

N E B R A S K A

Division of Behavioral Health

TABLE OF CONTENTS

Information and Contacts.....	2
History of the Program.....	3
Revenue by Source.....	4
FY2009-10 GAP Expenditures.....	5
FY2009-10 Services Provided.....	6
Administration.....	10
FY2009-10 Key Accomplishments.....	11
FY2009-10 Goals and Activities	11
APPENDIX A - State Committee on Problem Gambling.....	12
APPENDIX B - Resources for Problem Gambling	13
APPENDIX C - Treatment Service Providers.....	14
APPENDIX D - Compulsive Gambling Counselor Certification Advisory Board.....	16
APPENDIX E - Testimonials.....	17

GAMBLER'S ASSISTANCE PROGRAM (GAP) INFORMATION & CONTACTS

Mission

To reduce the negative impact of problem gambling in Nebraska.

Goals

1. To train counseling professionals to provide services to those affected by problem gambling.
2. To increase comprehensive treatment services throughout the state.
3. To provide timely access to services throughout the state.
4. To ensure provision of high quality services.
5. To increase available resources to address problem gambling.

Statistics

- In Nebraska, the average gambling debt is approximately \$28,158, which is greater than 50% of the average income (based upon self reports of consumers in treatment).
- The Problem Gambling Helpline handled over two thousand calls, providing information, crisis intervention, and referral services to individuals negatively impacted by gambling behaviors.
- The GAP funded \$880,228 for outpatient treatment services, serving approximately 250 consumers affected by gambling addictions.
- The Division of Behavioral Health has certified an additional seven Certified Compulsive Gambling Counselors during this fiscal year.
- In FY 2009-10 the GAP contracted services with almost twenty entities to provide direct treatment, education, training, and helpline services to address gambling addictions in Nebraska.

Program Administration

Scot L. Adams, Ph.D., Director
Division of Behavioral Health
Department of Health and Human Services

Vicki Maca, LCSW, LMHP, Administrator
Community Based Services
Division of Behavioral Health

Eric Hunsberger, MS
Program Manager
Gamblers Assistance Program
Division of Behavioral Health

Maya Chilese, MA, PLMHP, CCGC,
Clinical Treatment Coordinator
Gamblers Assistance Program
Division of Behavioral Health

Gamblers Assistance Program - Division of Behavioral Health
Nebraska Department of Health and Human Services
301 Centennial Mall South, PO Box 95026, Lincoln, NE 68509-5026
Phone: 402.471-7822 – Fax: 402.471-7859
www.dhhs.ne.gov/beh/gam/gam.htm

HISTORY OF THE PROGRAM

The Gambler's Assistance Program (GAP) was formed in 1992 as part of the Nebraska Lottery Act. The GAP was originally administered by the Department of Revenue, but was transferred in 1995 to the Division on Alcoholism, Drug Abuse and Addiction Services in the Department of Public Institutions. The Gamblers Assistance Program was originally created with the primary mission of providing treatment for individuals in Nebraska who are identified as having a gambling problem. Since the merger of five state agencies in 1997, the GAP operates within the Division of Behavioral Health in the Nebraska Department of Health and Human Services.

The Nebraska Lottery Act also created the Nebraska Advisory Commission on Compulsive Gambling (Commission), which was then comprised of eleven members appointed by the governor to represent all areas of the state. The role of the Commission was to provide input and advice about planning and funding decisions made about the allocation of GAP funds.

Through the Behavioral Health Reform Act (LB 1083) of 2004, the Commission's name was changed to the State Advisory Committee on Problem Gambling and Addiction Services (Committee), but its role remained the same.

In 2008, LB 1058 was passed to emphasize public involvement with GAP services and redefine the role of the Committee. The newly named State Committee on Problem Gambling is responsible for: (1) Developing and recommending, to the Division of Behavioral Health (Division), 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 now has twelve members, who are appointed by the governor. State law requires that at least three of the twelve members must be consumers of problem gambling services (please refer to APPENDIX A for a listing of the Committee Members).

The GAP is a program that uses expertise from the Committee, service providers, and consumers to coordinate activities, manage resources, direct services and reduce the impact of problem gambling for all Nebraskans.

The GAP's goals reflect a public health model that focuses on access to services, treatment, outreach and public education. The mission of the program is, "To reduce the negative impact of problem gambling in Nebraska." Goals of the program are:

1. To train counseling professionals to provide services to those affected by problem gambling.
2. To increase comprehensive treatment services throughout the state.
3. To provide timely access to services throughout the state.
4. To ensure provision of high quality services.
5. To increase available resources to address problem gambling.

REVENUE BY SOURCE

	Source of Funds			
	Charitable Gaming Operations Fund	Nebraska Lottery Profits Revenue	Health Care Cash Fund *	Nebraska Lottery Advertising Budget % for Prevention, Education, & Awareness Funds
FY2009-10 Revenue	\$50,000 Neb. Rev. Stat. (Sec. 9-1,101)	\$500,000 + ~\$265,000 Total = \$765,000 Neb. Rev. Stat. (Sec. 9-812)	\$250,000 (State of NE 07-08/08-09 Biennial Budget)	~\$225,000 Neb. Rev. Stat. (Sec. 9-831)

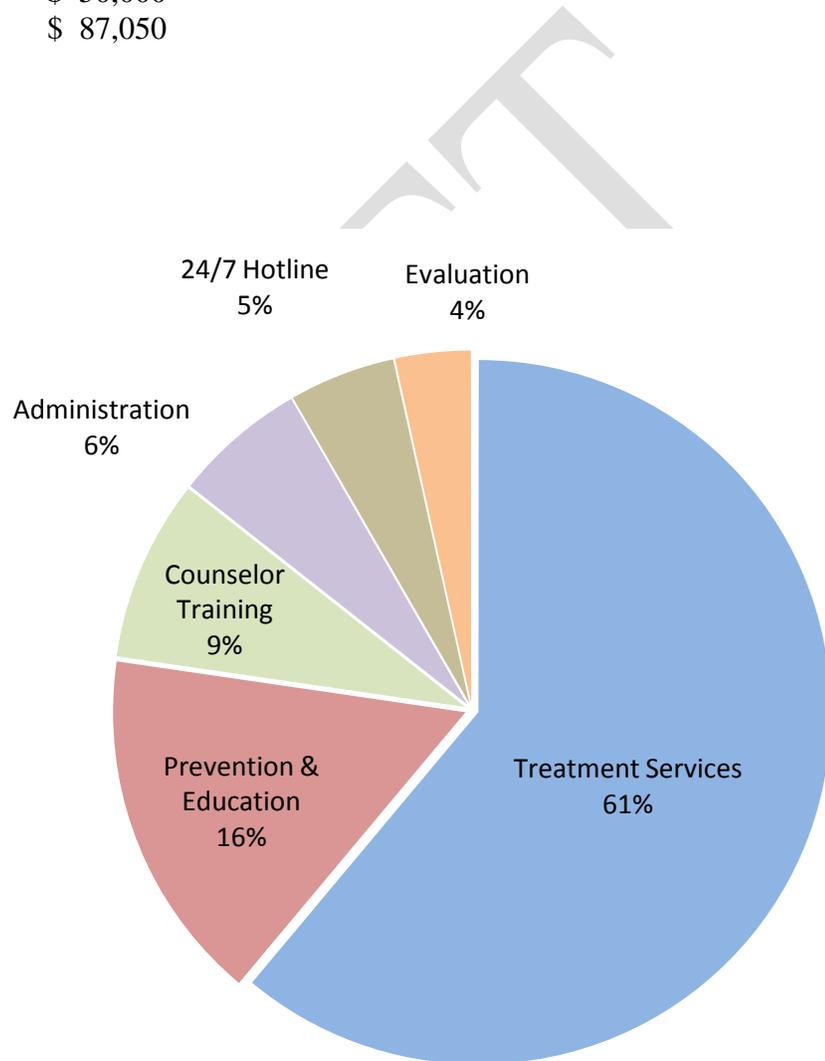
*Source of funds not fixed; must be renewed biennially.



FY2009-10 EXPENDITURES

The Expenditures Chart depicts how GAP funds were used in the 2009-10 fiscal year. A total of \$1,330,684 was allocated to support the following services:

Treatment Services	\$880,228
Prevention & Education	\$233,729
The 24/7 Helpline	\$ 70,000
Counselor Training	\$120,000
Evaluation of Services	\$ 50,000
Administration	\$ 87,050



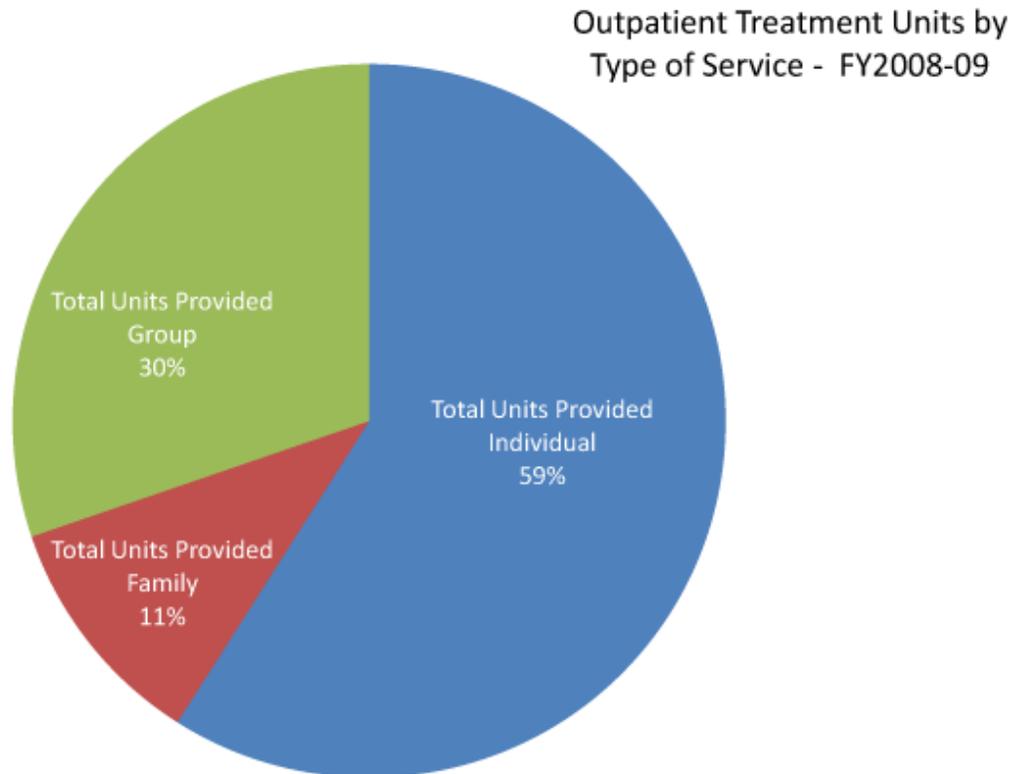
FY2009-10 SERVICES PROVIDED

Treatment Services

In FY2009-10, outpatient treatment services were provided through contracts with five agency providers and nine individual counselors. All six of Nebraska's behavioral health regions were served by agency and/or individual counselors. (Please refer to APPENDIX C for a list of FY2009-10 providers and their contact information).

GAP outpatient treatment services were provided to an average of 243 individuals annually with the average cost of ~ \$3000 per consumer. Consumers receiving services had an average age of 43.2 years, with 59.3% being male and 40.7% being female. Data also showed that males who were treated for gambling were significantly younger than females who received treatment. (Males were 41.6 years of age, while females were 45.6 years of age). Just over 60% of all consumers reported having more than 12 years of education, and almost 70% were employed full time. Just under 11% of all consumers reported a race/ethnicity other than Caucasian.

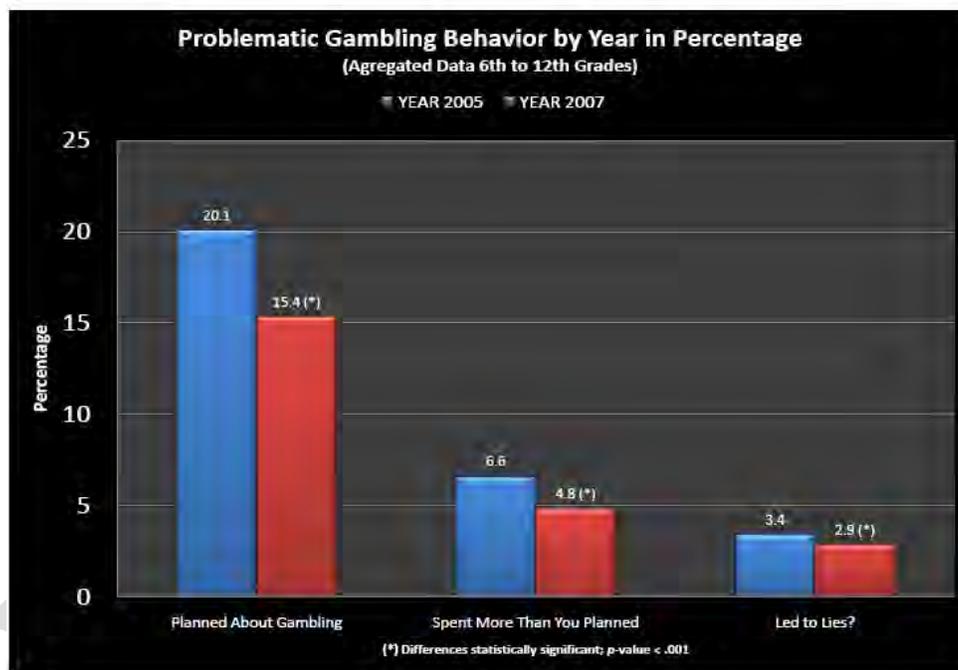
The chart below shows the breakdown, by type, of outpatient treatment units provided during FY2009-10.



Prevention & Educational Program Services

In FY2009-10, prevention programs that were started in 2006, continued in Lancaster, Garfield, Loop and Wheeler Counties. The youth prevention programs have included a Spanish curriculum produced by Lincoln-Lancaster Human Services, an interactive website, the development of a formal curriculum for integration by the Lincoln Public School System in 2011, and a youth problem gambling poster/essay scholarship contest, sponsored by Garfield, Loop and Wheeler County Public Schools.

According to the *Nebraska Risk and Protective Factor Student Survey*, the frequency of problem gambling behaviors decreased between 2005 and 2007. The previously scheduled 2009 survey was postponed until 2010 for the revision of survey content and process. Due to this alteration, no more current statewide data is available.



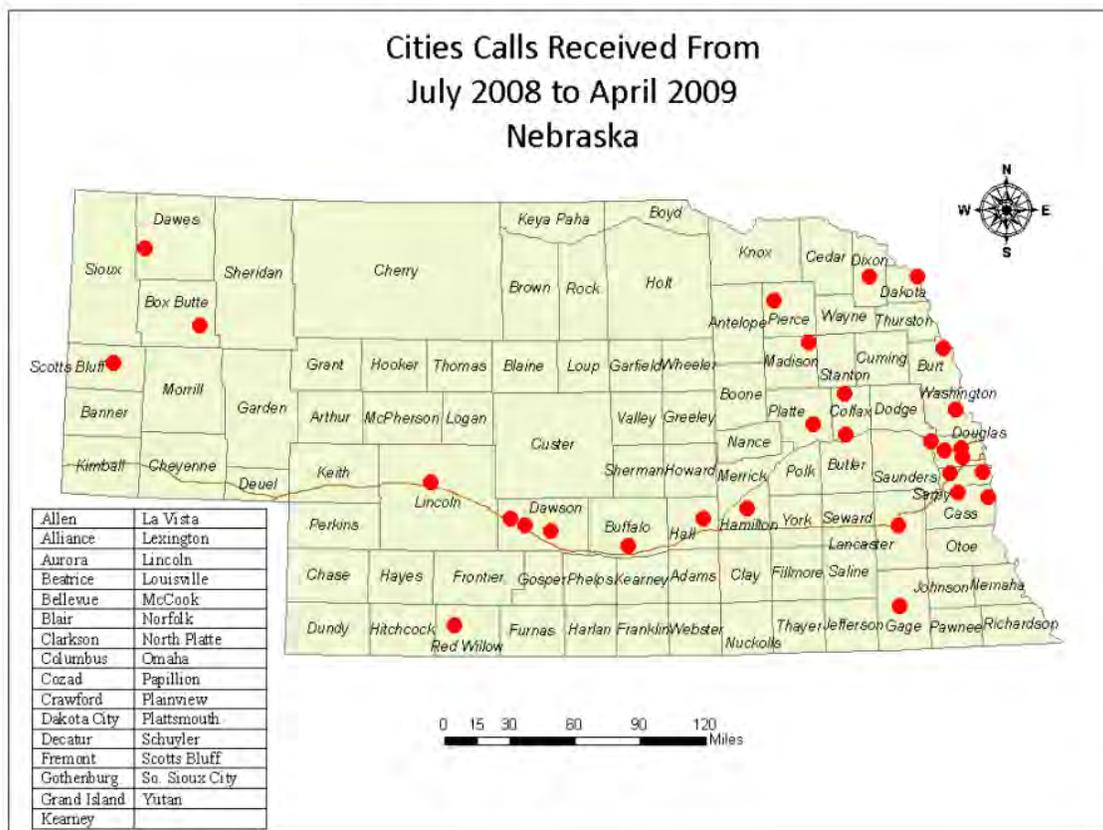
In addition to these prevention services aimed at youth under 18, local treatment providers facilitated over 100 hours of outreach and education aimed at increasing the communities awareness of problem gambling, the risks associated with it, methods to protect oneself from at risk behavior and treatment resoruces available for individuals and families who are negatively impactede by problm gambling.

Helpline

The Nebraska Council on Compulsive Gambling (NCCG) currently operates a statewide problem gambling helpline. This service is available twenty-four hours per day, seven days per week. The primary purpose of the helpline is to provide crisis response information and referral to available community-based services for individuals negatively impacted by gambling behaviors. The helpline can transfer callers directly to treatment providers in or near the caller's community at the caller's request. This step is seen as "closing the gap" between persons in need of services and the services being provided.

Since the passing of LB 1039 (2006), the NCCG has managed the integration of Iowa's 1-800-BETSOFF helpline in Nebraska. This process has increased multi-state collaboration in the Midwest for those in need for problem gambling services.

In FY2009-10, the helpline handled over two thousand calls. All areas of the state are affected by compulsive gambling, as evidenced by calls received on the helpline originating from areas throughout the state (See map below).



Counselor Training

NCCG is the contractor for statewide training of problem gambling counseling professionals. The NCCG draws on its affiliation with the National Council on Problem Gambling (NCPG) to secure the services of nationally recognized trainers in the field of problem gambling.

Nebraska's counselors and the consumers they serve benefit from the high quality of training that the NCCG provides. For more information about NCCG, and the most recent training events and classes please go to www.nebraskacouncil.com.

The Nebraska Council on Compulsive Gambling provided over 60 hours of training to professionals in Nebraska and contributed at the Midwest Conference on Problem Gambling and Substance Abuse. The training provided counselors with the education required to earn certification, and continuing education to increase the knowledge and utilization of best practices in the field of problem gambling prevention and treatment.

Program Evaluation

The University of Nebraska Public Policy Center (PPC) conducted a formative program evaluation of services funded by the Nebraska Gamblers Assistance Program (GAP) for FY2009-10. The goal of this evaluation is to produce information to help the Department, stakeholders and policy makers enhance the quality of the Gamblers Assistance Program, to improve the prevention and treatment of problem gambling services in Nebraska. The PPC's key objectives were to:

- Establish an ongoing participatory process for evaluation relevant to quality improvement of the prevention and treatment of problem gambling.
- Provide technical assistance for service providers, policy makers, and stakeholders about collection, analysis, and use of evaluation information.

Three sources were used for data collection: the Magellan Data System, the Nebraska Risk and Protective Factor Student Survey (NRPFSS, years 2003-07), and the Helpline Data System. Another source of information developed this year is a consumer satisfaction survey. Outcomes from the consumer survey will be utilized to identify perception of care of GAP funded treatment services, general well being of consumers and level of satisfaction of those consumers after receiving treatment services.

ADMINISTRATION

The GAP currently operates within the Division of Behavioral Health (Division), Department of Health and Human Services. The program is administered by a program manager, a clinical treatment coordinator and support staff assigned by the Division.

GAP personnel provide five primary administrative services. These services include:

- 1) Contracting with and monitoring problem gambling treatment providers to promote an effective and accessible network of care.
- 2) Overseeing certification and continuous education for counselors, who meet the requirements established by the Department of Health and Human Services.
- 3) Contracting for the operation of a 24/7 live answer helpline and public awareness activities.
- 4) Implementing educational strategies to prevent the on-set of problem gambling behaviors among Nebraskans.
- 5) Coordinating with local and federal health authorities to integrate resources to address problem gambling in Nebraska.

Counselor certification is administered by GAP staff, with input from the Compulsive Gambling Counselor Certification Advisory Board. GAP has awarded certification to an additional seven treatment providers, and many more professionals are at various stages in the certification process. During FY2009-10, the GAP participated in a Credentialing Review Program, which is designed to assess the status of state regulation of problem gambling counseling professionals. The potential result is the change in regulated status from a certification to a full licensure status for problem gambling counselors in Nebraska. (Please refer to APPENDIX D for a listing of the Compulsive Gambling Counselor Certification Advisory members and current certified counselors).

In addition to the duties described above, GAP staff benefit from opportunities to learn about and participate in problem gambling activities with national and international organizations. In partnership with the University of Nebraska Public Policy Center, the GAP is collaborating with multiple states to consider the development of National Outcomes Measures applicable to the prevention and treatment of problem gambling. GAP staff participates in the Association of Problem Gambling Service Administrators and with the Midwest Consortium on Problem Gambling and Substance Abuse.

FY2009-10 KEY ACCOMPLISHMENTS

- Implemented the requirements of LB1058 (2008) to establish the new roles and responsibilities of the State Committee on Problem Gambling.
- Participated in the 7th Annual National Problem Gambling Awareness Week (NPGAW). Public awareness efforts include a state proclamation, signed by Governor Heineman, declaring March as Problem Gambling Awareness Month; proclamations signed by local officials; and a policy briefing for state senators and their staff.
- Continued work with Magellan on outpatient treatment data collection and reporting, to be used as the basis for improving GAP services. Revised data reporting requirements to reflect trends in services and analyze potential standards for problem gambling assistance programs.

FY2009-10 GOALS AND ACTIVITIES

- Continue collaboration with Iowa, Kansas and Missouri to host the 2010 Midwest Conference on Problem Gambling and Substance Abuse.
- Participate in the development of National Outcome Measures for problem gambling,
- Provide information and support for the Comprehensive Problem Gambling Act (House Resolution (HR) 2906) introduced in Congress. HR 2906 authorizes SAMHSA to address problem gambling and appropriates \$71 million over five years for grants to state health agencies, tribes, universities and non-profits to support problem gambling prevention, treatment and research programs.
- Increase public awareness of problem gambling services that are available to affected persons through the helpline and public awareness and advertising activities.
- Integrate quality measures of effectiveness and assurance within the Division of Behavioral Health to address community concerns and treatment needs.

APPENDIX A

State Committee on Problem Gambling

- Steve Jung, Chairperson - Lincoln
- Sherrie Geier, Vice Chairperson - Lincoln
- Dennis McNeilly, Secretary - Omaha
- John Bekins - Omaha
- Carol Berglund - Lincoln
- Dennis Buckley - Lincoln
- Carmen Engelhardt - Hastings
- Janet French - Omaha
- John Hill - Omaha
- Edward Hoffman - Lincoln
- Steve Sloup - Lincoln
- Kenneth Timmerman - Omaha

APPENDIX B

Resources for Problem Gambling

Nebraska Gamblers Assistance Program

www.dhhs.ne.gov/beh/gam/gam.htm

- Eric Hunsberger, Program Manager
eric.hunsberger@nebraska.gov
402-471-7822
- Maya Chilese, Clinical Treatment Coordinator
maya.chilese@nebraska.gov
402-471-7792

Nebraska Council on Compulsive Gambling

www.nebraskacouncil.com

- Jerry Bauerkemper, Executive Director
Exnccgjb@aol.com
402-292-0061
Helpline: 1-800-522-4700

The Odds Are - Youth Gambling Prevention Project

www.theoddsare.org

- Kit Boesch
Project Director
402-441-6868

National Council on Problem Gambling

www.ncpgambling.org

- Keith Whyte, Executive Director
ncpg@ncpgambling.org
202-547-9204

Association of Problem Gambling Service Administrators

www.apgsa.org

- Information on publicly funded programs in the United States.

APPENDIX C

FY2009-10 Treatment Service Providers

Agency / Name	Service Area	Contact Information
CrossRoads Resources, LLC ➤ Joan Yekel	Chadron	651 West 4th Street - P.O. Box 1299 Chadron, NE 68508 308 432-3920
Renew Counseling, P.C. ➤ Richard Landrigan	Scottsbluff	710 Grey Street Scottsbluff, NE 69361 308-632-2525
➤ Sue Huebner	North Platte / McCook	120 East 12 th Street North Platte, NE 69101 308-532-0587
➤ Rebecca Green	Hastings	1604 Road E Bradshaw, NE 68319 402-736-4713
Hampton Behavioral Health & Family Services ➤ Betty Hampton	O'Neill	316 E. Douglas Street O'Neill, NE 68763 402-336-3200
Reflections ➤ Lisa Johnson	York	520 N. Ohio Ave York NE 68467 402-362-7985
First Step Recovery & Wellness Center, Inc. ➤ Rick McNeese, Ph.D. ➤ Jolene John-Beckstrom ➤ Thomas Booth ➤ Erica Sullivan	Lincoln	210 Gateway Greentree Court #342 Lincoln, NE 68505 402-434-3966
Choices Treatment Center ➤ Deb Hammond ➤ Janet Johnson ➤ Gary Cornish ➤ Becky Eder ➤ Lori Crowther ➤ Jeremy Eberly	Lincoln	2737 N. 49th St, Suite #1 Lincoln, NE 68504 402-476-2300 www.choicestreatmentcenter.com
Changes ➤ Wanda Swanson	Lincoln/ Lancaster	4535 Valley Road Lincoln, NE 68504 402-476-6207
Mike Sullivan Counseling ➤ Mike Sullivan	Norfolk	125 S. 4th St., Suite 217-P.O. Box 1815 Norfolk, NE 68702 402-750-6453

Agency / Name	Service Area	Contact Information
Addiction & Mental Health Counseling ➤ Rob Walton	Norfolk	125 South 4 th , Suite 212 Norfolk, NE 68701 402-841-3791
Spence Counseling Center ➤ Carl Spence ➤ Charles Spence ➤ Mark Miller ➤ Megan Dreyer	Omaha	12035 Q Street Omaha, NE 68137 402-991-0691
Peace & Power Counseling ➤ Gina Fricke	Omaha	6901 Dodge Street – Suite 1 Omaha, NE 68132 402-515-7412
Heartland Family Service ➤ Harlan Vogel ➤ Janelle Holt ➤ Tanya J. Gorman ➤ Camilia Mendoza	Omaha	2101 South 42 nd Omaha NE 68105 402-325-5605 www.heartlandfamilyservice.org

FY2009-10 Service Contracts

Agency / Name	Service Type	Contact Information
Nebraska Council on Compulsive Gambling ➤ Jerry Bauerkemper	Counselor Training & Helpline Services Statewide	119 West Mission Avenue, Ste G Bellevue, NE 68005 402-292-0061 Office 1-800-522-4700 Helpline
UNL Public Policy Center ➤ Dr. Mark DeKraai ➤ Dr. Juan Ramirez	Evaluation of Problem Gambling Services in Nebraska	University of Nebraska PPC 215 Centennial Mall South, Ste 401 Lincoln, NE 68588-0228 (402) 472-0195
Lancaster County ➤ Kit Boesch	Youth Prevention Services	Lincoln-Lancaster Human Services 1115 K Street, Ste100 Lincoln, NE 68508 (402) 441-6868
GLW Children's Council, Inc ➤ Trisha Crandall	Youth Prevention Services	250 S. 8 th Avenue Burwell, NE 68823-0638 (308) 346-4284
Ayres Kahler ➤ Karen Brokaw	Prevention Services-Billboards	5341 Pony Hill Court Lincoln, NE 68516 (402) 330-4764
NE Radio Network/Learfield ➤ Mitch Herring	Prevention Services-Radio	6800 Normal Blvd. Lincoln, NE 68506 (402) 330.4764

APPENDIX D

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 also meets to review issues of certification and to make recommendations to the Division about changes in the certification process/procedures. Members of the Board are appointed by the Director of the Division of Behavioral Health.

Authority

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

Membership

Name	Credentials	City
Michael Sullivan	Licensed Clinical Social Worker (LCSW), Certified Compulsive Gambling Counselor (CCGC)	Norfolk
Debra Hammond	Certified Compulsive Gambling Counselor (CCGC)	Lincoln
Harlan Vogel	Licensed Mental Health Practitioner (LMHP), Licensed Professional Counselor (LPC), National Compulsive Gambling Counselor II (NCGC), Certified Compulsive Gambling Counselor (CCGC)	Omaha
Sue Huebner	Licensed Mental Health Practitioner (LMHP), Certified Compulsive Gambling Counselor (CCGC)	North Platte
Cora Berry	Licensed Mental Health Practitioner (LMHP), Licensed Professional Counselor (LPC), Licensed Alcohol, Drug Counselor (LADC)	McCook
Betty Hampton	Certified Compulsive Gambling Counselor (CCGC), Licensed Independent Mental Health Practitioner (LIMHP), Licensed Alcohol and Drug Counselor (LADC)	O'Neil

APPENDIX E

Testimonials

- I would like to thank you for the help I am getting. You see, if it weren't for the gambler's assistance fund, I would still be in a heap of trouble financially and be a mess with my mental state of well-being.
- I was broke not only financial[ly] but mentally and emotional[ly]. I thought there was no hope for me. I had been gambling for ten years. I had been hospitalized in California and Oklahoma for depression due to gambling. In Oklahoma while I was in a treatment program, I began gambling again and was moved out of the halfway house to the streets. I managed after two months to get a job and obtain housing. I decided to move closer to my family in Kansas and get away from the casino. Well guess what, I found casino's in Kansas. I lost my job in Kansas and move[d] to Grand Island, NE in April 2003. I thought this was to be a new beginning, one more time. It lasted only on month and I spent 3 days at the boats in Council Bluffs. When I got back my family, told me this was it. They were done!

I don't know where I would be today if I didn't have assistance from the Gambler's Assistance Program. I had a job but had a large debt load and no health insurance. If I had been turned away one more time I know I would not be here today.

It is not just existing but learning how to live on life's term, with serenity and peace. I will be forever grateful for the Nebraska Gamblers Assistance Program. I am not making excuses but there are not a lot of therapists or assistance for the compulsive gamblers. I should know I moved from CA, OK, KS and finally found help in NE. My biggest problem was not having the funds to be able to take the time that I needed for recovery. Recovery is not a quick fix, it takes time and a lot of hard work. I hope that I can help just one other person to find the road to recovery.

Thank you for saving my life.

- Having gone through two 30 day in-patient treatment programs that had little lasting effect, I have come to realize the value of ongoing therapy for problem gamblers. There are many more out there like me who have not had an opportunity to discover how wonderful life can be free of the oppressive yoke of gambling addiction.
- The care I received far exceeds any care I have received in the past. I had been to numerous counselors with no success. What also impresses me is the time they commit to community outreach. They bring awareness to the issues of compulsive gambling and the effect it has on families. I am very grateful that they were there in my time of need.
- We listened to six other people with gambling problems, and learned from them that our loved one was not any different than other compulsive gamblers. Without [that], we would have been very naïve, uneducated and alone. [It] gave us a place to go to cope and talk about the problem. There is no other way to say it: they saved our family.
- Our state should have resources available to help those unable to help themselves, similar to cancer patients or anyone with a disease. The costs involved will be minimal compared to the loss of quality of life, should they not be funded.
- I had a very hard time with stopping gambling suffering several relapses the first year I was in treatment. [She] never gave up on me. She was always there when I would call and in fact she would go out of her way just to make sure I was going to be okay. I owe my life to her and the treatment center.
- I am now over a year clean from gambling and feeling stronger than I had for a very long time. I am getting my life back under control and my family is becoming more and more strong as well.

Consumer Satisfaction Survey Protocol FY11
Gamblers Assistance Program (GAP)
Division of Behavioral Health, DHHS

What: A **Consumer Satisfaction Survey**

Why: For the purposes of **measuring the satisfaction and overall well being of consumers** who received GAP funded problem gambling treatment services.

When: From **August 1, 2010 through June 30, 2011** = For the duration of the 2010-2011 Fiscal Year (FY11).

Who: Target population is **consumers who have been discharged** from GAP funded problem gambling treatment services within the FY11 season. (Discharge is defined as a consumer who has discontinued receiving problem gambling treatment services via successful or unsuccessful completion or has dropped out of services).

How: The **following protocol demonstrates the process for the implementation** of the Consumer Satisfaction Survey:

1. **GAP will supply every treatment provider with:**

- a. Copies of the Consumer Satisfaction Survey, *and*
- b. Postage paid return envelopes (coded to each provider) for the survey to be returned to DHHS, *and*
- c. Postage paid envelopes for the provider to disseminate the survey and the return envelopes if not given at time of discharge

**The number of surveys and envelopes provided are based upon the number of discharged consumers in the previous year by that provider. The provider may request additional documents as their supply depletes.*

2. **GAP contracted treatment providers shall:**

- a. Inform each registered consumer during treatment and/or at time of discharge that DHHS is utilizing a confidential Consumer Satisfaction Survey to review and improve the GAP funded services (but participation is optional), *and*
- b. No pre-consent to participate form is required for collection. The verbal indication of the survey and the consumer's choice to participate and submit the survey is indication of their consent.
- c. Hand out the Consumer Satisfaction Survey and return postage paid envelope to the consumer after discharge completion and encourage them to fill out and mail in, -OR-
- d. Mail out the Consumer Satisfaction Survey and return postage paid envelope to the consumer after discharge, utilizing the provided postage paid envelopes.
- e. If a consumer chooses to fill out the survey at the agency, the provider may mail it back for the consumer, after the consumer seals it in the envelope. Surveys must not be collected and submitted in bulk from the provider.

3. **DHHS will collect, aggregate and analyze** the Consumer Satisfaction Surveys and provide summary of results:

- a. Survey results per provider will be provided to that provider and to GAP after analysis completion.
- b. Survey results per state average will be provided to all providers and to GAP after analysis completion.
- c. Survey results for both providers and state average will be provided to the State Committee on Problem Gambling after analysis completion.



Consumer Satisfaction Survey

Division of Behavioral Health, DHHS

As a consumer of gambling counseling services, your opinion is important to us. Please take a moment to complete this satisfaction survey about your experiences. Your ratings will help us to improve our services to better assist other individuals and families. All information is strictly confidential; participation in this survey will not negatively impact your or any future services. Thank you for sharing your time and your experience.

How did you find gambling counseling services? (Check all that apply.)

<input type="checkbox"/> Self Referred	<input type="checkbox"/> Helpline Referral	<input type="checkbox"/> Health Care Professional Referral
<input type="checkbox"/> 211	<input type="checkbox"/> Internet	<input type="checkbox"/> Phone book
Other (please specify):		

How long has it been since you've seen your counselor? _____ # of Months

Have you gambled since your last visit with your counselor? ___ Yes ___ No

Please indicate the degree of agreement with the following statements in reference to your treatment and recovery of problem gambling:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. When I called for an appointment, I was seen in a timely manner.				
1	2	3	4	5
2. The distance and travel time required to meet with my counselor were not a barrier to receiving treatment.				
1	2	3	4	5
3. Services were available at times that were convenient for me.				
1	2	3	4	5
4. My treatment needs were assessed, including referrals to other resources, within the first three sessions of my treatment.				
1	2	3	4	5
5. There were no language, culture or communication barriers between my counselor or office staff and me.				
1	2	3	4	5
6. I had confidence in my counselor.				
1	2	3	4	5
7. I completed the treatment program according to my goals discussed with my counselor.				
1	2	3	4	5
8. The results of my treatment program were positive in nature.				
1	2	3	4	5
9. I have re-established important relationships in my life.				
1	2	3	4	5
10. My efforts in work and/or school have improved.				
1	2	3	4	5
11. My financial situation has improved.				
1	2	3	4	5
12. My legal situation has improved.				
1	2	3	4	5

GAP and State Committee on Problem Gambling—DRAFT Calendar of Events FY11
(August 2010)

First Quarter—July-Sept	Second Quarter—Oct-Dec	Third Quarter—Jan-March	Fourth Quarter—April-June
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State Committee on Problem Gambling

<p>Annual Report review</p> <p>Committee review of Fiscal and Contract process</p> <p>Review FY10– Fiscal Year End</p> <p>Strategic Planning begins</p>	<p>Funding Request review</p> <p>Updates on CCGC roster</p> <p>Provider 1st Q updates</p> <p>Provider presentation</p> <p>Strategic Planning continues</p>	<p>FY11 Funding Request review</p> <p>FY12 planning RFP review (Ad Hoc)</p> <p>Provider 2nd Q updates</p> <p>Legislative Breakfast—Problem Gambling Month</p> <p>Review Strategic Plan</p>	<p>RFP review (Ad Hoc)</p> <p>FY12 Fiscal & Activity voting and recommendations</p> <p>Updates on CCGC roster</p> <p>Provider 3rd Q updates</p> <p>Review Strategic Plan</p>
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DHHS Gamblers Assistance Program

<p>Scopes of Work due from Treatment Providers</p> <p>Review year end reports from providers</p> <p>Application for CCGC due</p> <p>Renewal of CCGC’s due</p> <p>Annual Report prep & submit</p> <p>Midwest/ National Conferences</p> <p>Regulations Revisions</p>	<p>Certification Advisory Board review of CCGC applications</p> <p>1st Q review</p> <p>Begin Site visits/Audits</p>	<p>Continued Site Visits/Audits</p> <p>Applications for CCGC due</p> <p>FY12 planning</p> <p>2nd Q review</p> <p>Problem Gambling Month</p> <p>RFP Development</p> <p>Potential FY11 Amendments</p>	<p>Wrap up Site Visits/Audits</p> <p>RFP release, review</p> <p>FY12 Contracts</p> <p>FY12 planning</p> <p>Certification Advisory Board review of CCGC applications</p> <p>3rd Q review</p>
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State Committee on Problem Gambling
FY11 Quarterly Meeting Schedule
 (August 2010)
Calendar Month Considerations

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Key Activity	Review Annual Report		Legislative Breakfast: Problem Gambling Month Review Requests for Funds	Potential Review of Requests for Funds Vote on next FY \$
Current	<i>August</i>	<i>November</i>	<i>February</i>	<i>May</i>
Recommended Month	Early-Mid August	Late October- Early November	Late January- Early February	Early April
Recommended Dates for FY11 and Projected FY12	FY11—August 6 FY12—August 5	FY11—November 5 FY 12—November 4	FY11—February 4 FY12—	FY11—April 15 FY12—