

August 27, 2012

Clerk of the Legislature  
P.O. Box 94604  
State Capitol  
Lincoln, NE 68509

To whom it may concern:

The State Committee on Problem Gambling and the Department of Health and Human Services, Division of Behavioral Health, is submitting the Annual Report on the Gamblers Assistance Program for Fiscal Year 2011-2012, pursuant to Neb. Rev. Stat. Sec. 71-816.

If you have any questions about this report, please contact the Gamblers Assistance Program Manager, Maya Chilese at (402) 471-7792 or [Maya.Chilese@nebraska.gov](mailto:Maya.Chilese@nebraska.gov).

Sincerely,



Ed Hoffman, Chairperson  
State Committee on  
Problem Gambling



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

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



*Prevention Works  
Treatment is Effective  
People Recover*

Department of Health & Human Services



**DHHS - State of Nebraska**

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## Overview

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

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

In 2008, LB 1058 was passed to emphasize public involvement with GAP and redefine the role of the Committee. The renamed State Committee on Problem Gambling is responsible for: (1) Developing and recommending, to the DBH, guidelines and standard for the distribution and disbursement of money in the Compulsive Gamblers Assistance Fund; (2) Developing recommendations regarding (a) the evaluation and approval process for provider applications and contracts for treatment funding from the Compulsive Gamblers Assistance Fund, (b) the review and use of evaluation data, (c) the use and expenditure of funds for education regarding problem gambling and prevention of problem gambling, and (d) the creation and implementation of outreach and educational programs regarding problem gambling for Nebraska residents; and (3) Engaging in other activities it finds necessary to carry out its duties.

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

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

# GAP FY12 At-a-Glance



*Fiscal Year 2011-2012 (FY12)*

## Quick Statistics about FY12 GAP Services

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



## GAP FY12 Key Accomplishments

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

# GAP FY12 Fiscal Information

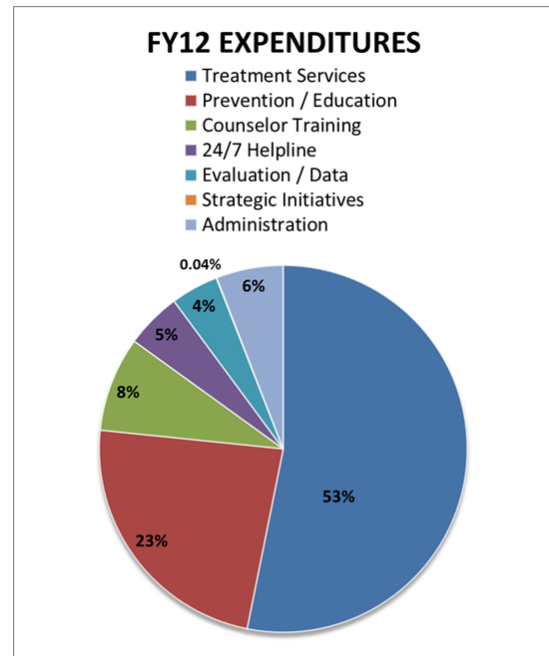
## FY12 Expenditures and Revenues

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

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

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

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



# FY12 Service Delivery System



## Problem Gambling Treatment Services

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

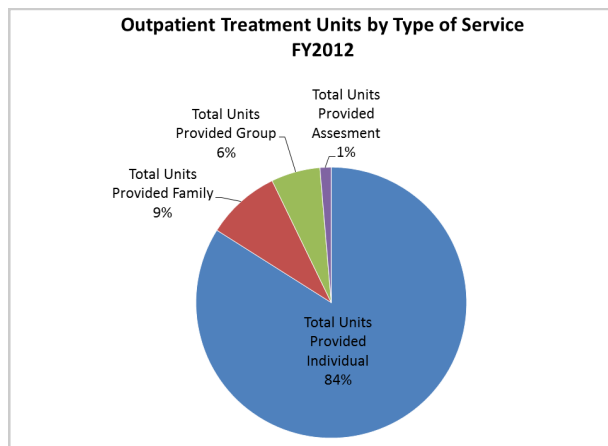
Treatment Service	Description
Assessment/Evaluation	Before admitting a client into care, a counselor must determine the nature and intensity of the problem gambling issues. This service occurs via face to face interview with the client and gathering collateral information as available.
Urgent Response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

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

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

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

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





# FY12 Service Delivery System



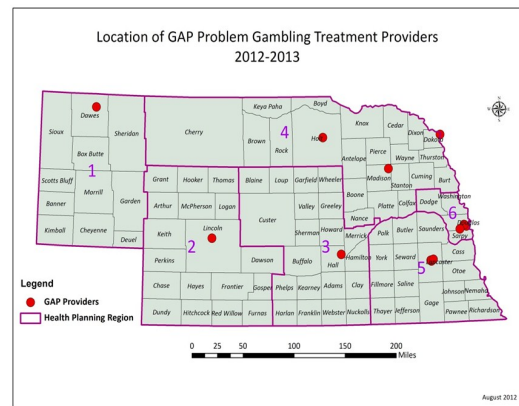
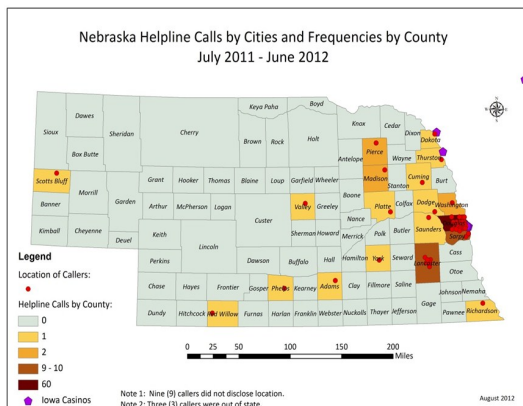
## Problem Gambling Helpline Services

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

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

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

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



# ***FY12 Service Delivery System***



## **Counselor Training and Workforce Development**

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

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

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

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

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

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

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

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

# FY12 Service Delivery System



## Administration

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

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

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

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

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

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

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

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




# ***The Strategic Plan***



### ***Mission:***

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

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

-  **Education**
-  **Evaluation**
-  **Treatment**

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



# Goals

## **Goal: Education**

*Educate Nebraskans about Problem Gambling*

### **Progress:**

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

## **Goal: Evaluation**

*Ensure quality and effective problem gambling services*

### **Progress:**

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

## **Goal: Treatment**

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

### **Progress:**

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

# Appendix C: Compulsive Gambling Counselor Certification Advisory Board



## PURPOSE

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

## AUTHORITY

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

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

# Appendix D: FY12 GAP Contractors

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

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



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**DHHS** 

N E B R A S K A

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