

Nebraska Commission on Problem Gambling Meeting  
December 18, 2015, 9:30AM  
Ferguson House  
700 South 16th Street  
Lincoln, NE

MINUTES

9:30AM – Call to Order

Roll Call – Present: Leckband, Lutz, Holt, Hoffman, Canada, Teutsch, Scoville  
Absent: Anselmo, Bruder

Announcements:

Meeting notice was posted on state events calendar and our website  
Meeting notice and revised agenda posted 12-16-2015  
Open Meetings Act is available on the back table  
Copies of meeting materials are available on the back table

Approval of minutes of meeting of October 23, 2015 – Voting Aye Leckband, Lutz, Holt, Hoffman, Canada, Teutsch, Scoville

Approval of Revised Agenda for Today – Voting Aye Leckband, Lutz, Holt, Hoffman, Canada, Teutsch, Scoville

**Director's Report –**

Two fund analysis reports presented: (1) One considers only the Gamblers Assistance Fund (GAF) showing impact of increased spending if a deficit appropriation is granted, leading to decline of balance in the Fund; (2) considers Gamblers Assistance Program as a whole, including Health Care Cash Fund, and assumes current appropriation and spending.

Analysis Summary: GAF runs dry by some point in 2017 under either assumption. Principal is declining and higher expenditures mean we're "eating our seed corn," and the program is not sustainable. We can either cut spending or increase revenue.

The current financial picture is impacted by increased number of certified problem gambling therapists in underserved regions of Nebraska, and growing numbers of new problem gambling clients, both statutory directives.

Director outlined GAP initiatives that cultivate new sectors in Nebraska: problem solving courts, state probation, military, tribal councils, and public schools

### **Legislative update:**

Gambling bills will be introduced or pending this year (poker as a game of skill, poker licenses, earmarks funds for GAP, perhaps gambling bill totally regulated by State of Nebraska, “racino” initiative may be on ballot next year).

Any change to Section 9-831 statute providing for lottery gambling messages averaging \$300,000 per year is subject to constitutional issues if any attempt is made to use the money for other budget expenditures.

By next legislative session the Commission may wish to seek additional funds from keno. The rationale for asking for more funds from Charitable Gaming (keno) originates with the fact that keno causes more gambling problems for Nebraskans, diagnosed and under treatment as per our data reporting.

### **Review of Program Initiatives**

The program initiatives underway lead us into our planning discussion, both at a program and an expenditure level. Discussion was about current and relevant strategic plans we already have and have paid for. Legislature’s report by the Performance Audit Committee on Behavioral Health indicates Legislature’s interest in needs assessment, strategic planning, and measures of performance and outcomes. Our own budget analyst asked what do we do to assess our program for success? Policy makers ask: what is the public getting for the money? Before we get additional funds, or even when asking for more funds, we’re going to have to defend why we are asking.

Our data indicates more problem gambling comes from keno than lottery.

GAP data highlights include:

- New clients up 66% from 2013 to 2015
- Dollars devoted to therapy services increased: \$800,000 in 2014; 2015 - \$1M; 2016 - \$1.2M. Therapy services are up 50% from 2013 to 2015.

GAP statistician JP Ramirez walked Commission through the current GAP Outcomes Data. Commissioners are concerned that we are getting the data we need both for legislative/policy purposes or from provider intake in order to facilitate commission decision-making?

## **PLANNING DISCUSSION**

Short Term Objectives: Discussion references “GAP Initiatives” and “Deficit Appropriations Analysis”, and “Marketing Quick Facts”

- Account cushion: What is the threshold we carry in our “savings account”? \$500,000 (2 commissioners) represents fiscal accountability but also

requires a 25% expenditure cutback to \$1.4 million to make spending equal current revenue.

- Account cushion represents GAP “Cash Reserve,” that should exist with or without an additional funding request.
- How do we measure success? Is it Length of Stay? Prevention – how do we measure that? We have no current prevention data collection system. Current measures of success are degree of relief from the admitting criteria: has severity of disorder been reduced during therapy? The Commissioners are reminded that problem gambling is a lifelong struggle, not a critical or acute physical illness.
- We need the average age and gender of the providers as part of the data collected. (Rhonda, JP)
- Do we need 6 months reserve (\$900,000) in the event of financial cutbacks?
- Consensus among the Commission is that we need a dollar amount in a cash reserve in the \$400-600,000 range
- We are over-spending right now (1 commissioner).
- Horns of dilemma: we’re growing with the effect that we’re nudging up against our funding limits
- Market GAP to younger potential providers
- **Agenda Item for March 9: Determine a cash reserve amount**
- Among “GAP Initiatives” listed, adding Businesses as a class, rank priorities with provider input. Or shall we task staff to provide plan or do we form a subcommittee comprised of staff, providers and commissioners to prepare a plan?
- Education (2), Courts (1) named focus areas
- How do we measure efficacy of marketing?

Doug Ballou - **Blue Window** Presentation - \$160,000 Jan. 2016 – Jan. 2017

- GAP needs a strategic plan
- Needs Direction, Priorities, Coalition Building, Legislative Strategy
- Priorities may change during the process, or stop actions currently in the corridor
- Distill the information, give it focus, have courage to set it aside
- Discover core strategies and tactics, and special interests, etc.

### **Table Midwest Conference Level of Financial Support for March 9 meeting**

Action Items:

1. Motion to by Leckband, second by Canada to approve Provisional Certificates for Kerry Ropte and Janeen Miller. Motion carried by unanimous vote.
2. Motion by Hoffman, second by Leckband to approve contract terms of six new therapy providers: \$10,000 for therapy services, \$2,000 for problem gambling messages, to June 30, 2016. Contracts with: Gary Keck, Jan Dobesh, Murriel Thomas, Janeen Miller, Cyndi Selle, Ellen Shafer-Lind. Motion carried by unanimous vote.

3. Motion by Hoffman, second by Leckband, to approve contract terms for three clinical therapy practice supervisors for six provisional therapists. \$90 per hour for supervision, 20 hours per provisional, plus standard mileage and one-half rate for limited travel to provisional home base. Motion carried by unanimous vote.

4. Motion by Lutz, second by Teutsch, to approve updates to the training and certification standards manual to add provisions for supervised therapy practice by provisional certificate holders. Motion carried by unanimous vote.

Terms Expiring March 1, 2016: Susan Lutz, Mark Canada, Teri Teutsch.

5. Motion by Hoffman, second by Canada to approve NETV first half payment of contract of \$20,000 for new documentary production. Motion carried by unanimous vote.

Motion by Teutsch, second by Hoffman, to go into Executive Session to discuss director's salary, performance review, office personnel policy for director position. At 3:26PM by unanimous vote the Commission went into executive session.

Motion by Hoffman, second by Teutsch at 3:43 p.m. to come out of Executive Session, motion carried by unanimous vote. Public session resumed.

Motion by Hoffman, second by Canada, to increase the Director's Salary by \$5000 per year, increase to be effective January 1, 2016. Motion carried by unanimous vote.

Motion by Hoffman, second by Canada, to approve the Gamblers Assistance Program director personnel policy. Motion carried by unanimous vote.

Commission discussion regarding Blue Window proposal and other strategic planning ideas. The Commission instructed staff to develop an outline of strategic plan ideas using existing plans including National Council plan, DHHS plan, and other sources. Having a sound strategic short and long term plan in place informs providers and provides structure. The Executive Committee of the Commission will meet informally to discuss next steps. The Commission instructed the staff as follows:

1. Anne and David are to develop a preliminary Strategic Plan, using materials at hand.
2. Focus should include legislative revenue initiatives.
3. List and prioritize populations we'll focus on: tribal, probation, primary and secondary education, military, VA and active duty, businesses and gaming outlets.
4. Plan to include a requirement that providers are to market the GAP in a way that markets all the providers; develop toolkit materials for schools with a uniform look.

The meeting adjourned at 3:55 PM.