

**THE NEBRASKA COMMISSION ON PROBLEM GAMBLING
GAMBLERS ASSISTANCE PROGRAM**

**ANNUAL REPORT TO THE GOVERNOR
AND THE LEGISLATURE
FISCAL YEAR ENDED JUNE 30, 2018**

Gamblers Assistance Program

700 South 16th Street, Lincoln NE 68508

402-471-4450

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<https://problemgambling.nebraska.gov/>

INTRODUCTION

Section 9-1004(7) of Nebraska Revised Statutes requires the director of the Gamblers Assistance Program to file an annual report with the Governor and the Clerk of the Legislature. This report provides details of the administration of the Program and the distribution of funds from the Gamblers Assistance Fund.

The Legislature has given the Nebraska Commission on Problem Gambling responsibility for a range of activities. Program funds are to be used "primarily for counseling and treatment services for problem gamblers and their families who are residents of Nebraska." The Commission is to develop a process for evaluation and approval of contracts with treatment providers and other services vendors; develop standards for training and certification of counselors; review and use evaluation data; use funds for education regarding problem gambling and prevention of problem gambling; and create and implement outreach and education programs.

During the fiscal year that ended June 30, 2018, the Commission engaged in activities in all of these areas. This report summarizes the finances of the Program and describes the various activities with which the Commission has been engaged.

THE NEBRASKA COMMISSION ON PROBLEM GAMBLING

Mark Canada, Hastings, Chair

Susan Lutz, Norfolk, Vice-Chair

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I. GAMBLERS ASSISTANCE PROGRAM FINANCES

The Gamblers Assistance Program receives funding from several state sources, none of which comes from income, sales or property taxes. The Program's expenditures are paid out of two cash funds, the Gamblers Assistance Fund and the Health Care Cash Fund.

The primary account from which the Program's expenditures are paid is the Gamblers Assistance Fund. The sources of revenue for the Gamblers Assistance Fund are:

- Profits generated by the Nebraska Lottery, based on requirements in the Constitution.
- A share of the advertising budget in the Lottery operations cash fund, based on requirements in statute.
- A statutory appropriation from the Charitable Gaming operations cash fund.

The Program also receives an annual appropriation from the Health Care Cash Fund.

The following summaries are derived from the contents of monthly financial reports prepared by the accounting staff of the Department of Administrative Services.

(A) Gamblers Assistance Program Financial Performance 07/01/17-06/30/18

Total Program Revenue (Gambler Assistance Fund + Health Care Cash Fund):	1,571,806
Total Program Expenditures:	1,867,676
Net Program Expenditures in Excess of Revenue:	(295,870)

(B) Gamblers Assistance Fund Performance During the Period 07/01/16-06/30/17

Revenue Transferred Into the Fund

Article III, Section 24 Constitutional Formula: 500,000 + 1% of Remaining Lottery Profit:

Transfer September 2017	616,556
Transfer December 2017	98,107
Transfer March 2018	120,372
Transfer June 2018	112,466

Total Received From Lottery Profits During the Period:	947,501
Section 9-831 5% of Lottery Ad Expenditures:	304,000
Section 9-1,101 Charitable Gaming Operations Fund:	50,000
Investment Income:	<u>20,305</u>
Total Revenue to Gamblers Assistance Fund During the Period:	1,321,806

Expenditures Paid From the Fund

Salaries and Benefits	136,244
Other Operations	472,506
Government Aid	<u>1,008,926</u>
Total	1,617,676

Recapitulation

Gamblers Assistance Fund Revenue:	1,321,806
Gamblers Assistance Fund Expenditures:	<u>-1,617,676</u>
Net Gamblers Assistance Fund Expenditures in Excess of Revenue:	(295,870)

Gamblers Assistance Fund Balance

Gamblers Assistance Fund Balance 07/01/17:	1,022,604
Gamblers Assistance Fund Balance 06/30/18:	726,734
Gamblers Assistance Fund Balance Decrease 07/01/15-06/30/16:	(295,870)

Health Care Cash Fund

Appropriations:	250,000
Expenditures: All for Government Aid (Counseling Services)	-250,000

II. PROGRAM ACTIVITIES DURING THE PERIOD

JULY 1, 2017-JUNE 30, 2018

1. Commission Meetings

The Commission met five times to consider issues in the operations of the program. These meetings included reviews of the financial status of the Program, consideration of new and renewed contracts with therapists and other vendors, development of new program activities, and development of the budget for the biennium starting July 1, 2019. Meeting notices and minutes of the meetings were posted to the state events calendar, the website maintained by the Program, and also to the website of the Division of Charitable Gaming of the Department of Revenue. Therapists were invited to attend commission meetings to exchange ideas, and give input to staff and commissioners to aid in the development of program activities.

2. Therapist Contracts

The Commission performs its obligation to provide treatment services to Nebraskans dealing with the effects of disordered gambling by entering into contracts with therapists. During this fiscal year, the Commission had 22 therapist contracts with agencies and individual therapists located in 13 communities. Payments to therapists are based on fee-for-services rendered.

The Commission made payments to these therapists totaling \$1.357 million during this fiscal year. Of this total, \$1.245 million was allocated to outpatient therapy services, and the balance was for community education, information and outreach, and disseminating problem gambling messages. Therapists are required to comply with a guideline manual that defines types of therapy and utilization standards. Services are provided to Nebraskans and members of their families experiencing adversity because of addiction to gambling. The program's counselors provided over 11,000 hours of therapy services to Nebraskans during the fiscal year, by a combination of individual, family and group counseling.

Counselors offer two categories of service: extended outpatient therapy and short-term urgent care therapy. During the fiscal year, 197 individuals were admitted into the outpatient therapy programs, and 241 individuals received short-term urgent care. The program recognizes that addictions of all kinds are prone to relapse, and gambling addiction is no exception. The American Society of Addiction Medicine states that relapse is to be expected. Year-over-year, approximately 30% of the program's clients state that they had previously been in counseling therapy for gambling problems, and are returning for more help.

The Commission continued to contract for a statewide telephone helpline, staffed around the clock by trained responders, who provide information about the program and encourage callers to seek help from nearby Nebraska-based therapists, and provide referrals.

3. 2017-19 Biennial Budget

The final approved appropriation for the first fiscal year of the biennium, ending June 30, 2018, was \$1,882,916. Of that, \$1.1 million was earmarked for therapy services and \$109,245 was allocated for staff salaries (2 FTE). Program expenditures were \$1,867,876, only \$15,040 below the appropriation. As the year began, the Commission perceived the need for an increase in revenue and appropriation because of increasing demand for counseling services. A legislative initiative resulted in an increase of \$50,000 in revenue received from the Charitable Gaming Tax. This was accompanied by an increase in appropriation for the fiscal year 2018-19 in the same amount. The appropriation earmark for counseling services was increased to \$1,150,000, insuring that the increased revenue will support counseling services.

4. 2019-21 Biennial Budget

Commission consideration of the budget for the 2019-21 biennium began at the May meeting. The main concern is of course financial. During the coming biennium the Commission will face significant reductions in services if added revenue is not found. When the Legislature established the independent Commission in 2013, the Gamblers Assistance Fund held a retained surplus of \$1.7 million. Appropriations authorized expenditures in excess of revenue through 2018 in an effort to promote expansion and make this a truly statewide program. Even though counseling is now provided in several more communities, large areas of the state remain unserved. This is a concern to the Commission because of the constant spread of gambling opportunities. No part of the state is excluded from gambling opportunities, and thus the risk of addiction.

Five years of expansion has drawn the reserve down to the current balance of \$726,000. At the current pace, even without further expansion, the reserve will be too low to sustain operations beyond the autumn of 2019. The Commission has therefore adopted budget outlines that anticipate reducing services over three years to bring spending into alignment with revenue.

After five years of expansion, the Commission is now contemplating contraction. Hoping to avoid that, the Commission believes added revenue is a wiser course of action.

5. Website

The Program upgraded the official State of Nebraska website for viewers to use as the primary path to find help for problem gambling in Nebraska. It is located on the state home page at problemgambling.nebraska.gov. Visitors can find therapy locations near them, public information about the program elements, current understanding of gambling disorders, and public and professional resources. The website also serves as a primary notification board for meetings and events for the Nebraska Commission on Problem Gambling.

6. Documentary

In 2015 the Commission entered a contract with Nebraska Public Television for production of a documentary titled "Growing Old Gambling." The program aired for the first time on February 12, 2018. It features interviews with gamblers and problem gambling experts, and tells the story of gambling addiction in the population of elderly Americans.

7. Online Training

The Program continued to perform a contract with the Nebraska Council on Compulsive Gambling to create and present core training classes for counselors who deliver therapy services. This is an online course presented by Bellevue University. It runs for 19 weeks and is repeated approximately three times per year. The Commission provided underwriting to develop the program and supports Nebraska candidates for certification by subsidizing part of their tuition cost. Enrollments are limited to 10 students for each session. Since inception in October, 2014, 36 Nebraskans have completed the training.

The Program also entered a contract with the Nebraska Council for creation and presentation of four advanced courses on specialized topics related to gambling addiction and therapy service.

8. Data

In response to guidance from the Legislature and the Executive Branch, program staff developed a series of data gathering instruments. These forms are designed to enable the Commission to develop outcome measures. The forms also provide information about the population the program serves, including both current status and history. The history questions are based on a meta-analysis of studies of risk and protective factors that influence the development of addiction to gambling. Over time, the Commission will have data to use as a basis

for prevention programming. These new data instruments were implemented as of July 1, 2017. Copies of these instruments and selections from reports analyzing the data are attached.

9. Problem Gambling Prevention, Education and Awareness Messages

By statute, five percent of the advertising budget of the Nebraska Lottery is to be dedicated to presentation of messages and information to the public about problem gambling. The Commission has entered into an agreement with the Lottery Division of the Department of Revenue that calls for preparation of an annual advertising plan. The plan accounts for previous year expenditures and projects coming year activities. For the fiscal year that ended June 30, 2018, this allocation was \$304,000.

This year the Commission's expenditures on these activities exceeded the minimum required by the statute, totaling \$375,800. These included the Nebraska Council on Compulsive Gambling helpline contract that contained provisions for information and outreach (\$95,000), community education and outreach by therapy contractors (\$112,846), the first year of the contract for the multimedia digital prevention campaign (\$150,000), reproduction of materials about the program, website programming, and newspaper ads promoting Problem Gambling Awareness Month (\$18,000).

10. National Problem Gambling Awareness Month

In February Governor Ricketts issued a proclamation declaring that March is Problem Gambling Awareness Month in Nebraska. The Legislature also adopted a resolution, and mayors and city councils from around the state issued similar proclamations.

III. PROGRAM DATA

Gambler Assistance Program counselors admit clients into therapy if they satisfy the diagnostic criteria for Disordered Gambler specified in the American Psychiatric Association's *Diagnostic and Statistical Manual 5th ed.* When a new client is admitted for therapy, information is gathered for analysis. This information is analyzed under strict procedures that protect confidentiality. The resulting data gives the Commission insight into the characteristics of Nebraskans who seek help for gambling problems. Experience shows that only a small proportion of troubled gamblers will seek this kind of help, and then only when they are overwhelmed by their problems.

The program also gathers data about the outcome of therapy. Attachments to this report include the data forms that counselors fill out, and reports on the results.

Highlights from the data include:

- 56% of admitted Nebraskans addicted to gambling first gambled before age 20, with 28.6% saying they started by age 15.
- At the time of admission into therapy, 28.5% of clients gambled at slot machines, and 21.3% gambled at keno.
- 25% of admitted gamblers have contemplated suicide, which is over 5 times the rate in the general population.
- Gambling in convenience stores – most likely “skill” games – is increasing.
- By the time of discharge from counseling, 59% of gamblers report a decrease in debt from gambling; 94% report that the counseling met their needs and 83% report a better outlook on life.

IV. CONCLUSION

The Nebraska Gamblers Assistance Program is funded by a portion of the dollars spent by gamblers on government-sponsored games. In the fiscal year that ended on June 30, 2018, \$288 million was wagered on the games known as Charitable Gaming, including \$256.9 million wagered playing keno. Keno gamblers accumulated gambling debt averaging \$19,309 each from July 2008 through June 2018.

Since 1993 over \$15 million has been transferred to the Gamblers Assistance Fund, nearly all of it from the Nebraska Lottery. This money has been devoted to therapy programs, and expanding public knowledge and understanding of the problem gambling disorder.

The Nebraska Commission on Problem Gambling is carrying out its mission by expanding and improving existing programs for training therapists, expanding geographical coverage of therapy services and adding new therapists to the field. Subsidizing the cost of problem gambling therapy for Nebraskans and their families is the primary goal of the Program. The Commission is also committed to prevention, education and outreach activities. These activities emphasize evidence-based programs that have been proven to produce expected results.

For the Commission

David Geier, Director

Nebraska Gamblers Assistance Program

Nebraska Gamblers Assistance Program

GAP DATA AT INTAKE - Gambler Client

Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT ID:		
City:	State:	Zip:
County of residence:	County of admission:	
Is this your first admission to counseling for problem gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Age: _____	Gender: _____
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Number of persons who are financially dependent upon you: _____

Race/ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am.Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial
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Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting
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Military status:	<input type="checkbox"/> Active duty <input type="checkbox"/> National guard <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> None
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Age when first gambled: _____

Who first introduced you to gambling?	<input type="checkbox"/> Parent <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> Self
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When you started gambling, what was your first gambling activity? (SELECT ONE)	<input type="checkbox"/> Bingo	<input type="checkbox"/> Lottery	<input type="checkbox"/> Skill Touch, Bank Shot, other "nudge" games
	<input type="checkbox"/> Day trading	<input type="checkbox"/> Poker	<input type="checkbox"/> Slot machines
	<input type="checkbox"/> Dice/Craps	<input type="checkbox"/> Other card games	<input type="checkbox"/> Sports
	<input type="checkbox"/> Internet (Daily Fantasy, etc.)	<input type="checkbox"/> Pull tabs	<input type="checkbox"/> Table games
	<input type="checkbox"/> Keno	<input type="checkbox"/> Racing	<input type="checkbox"/> Video gaming terminal
		<input type="checkbox"/> Scratch off tickets	

When you started gambling, what was your second gambling activity? (SELECT ONE)	<input type="checkbox"/> Bingo <input type="checkbox"/> Day trading <input type="checkbox"/> Dice/Craps <input type="checkbox"/> Internet (Daily Fantasy, etc.) <input type="checkbox"/> Keno	<input type="checkbox"/> Lottery <input type="checkbox"/> Poker <input type="checkbox"/> Other card games <input type="checkbox"/> Pull tabs <input type="checkbox"/> Racing <input type="checkbox"/> Scratch off tickets	<input type="checkbox"/> Skill Touch, Bank Shot, other “nudge” games <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games <input type="checkbox"/> Video gaming terminal
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What was your first choice of gambling activity in the last 12 months? (SELECT ONE)	<input type="checkbox"/> Bingo <input type="checkbox"/> Day trading <input type="checkbox"/> Dice/Craps <input type="checkbox"/> Internet (Daily Fantasy, etc.) <input type="checkbox"/> Keno	<input type="checkbox"/> Lottery <input type="checkbox"/> Poker <input type="checkbox"/> Other card games <input type="checkbox"/> Pull tabs <input type="checkbox"/> Racing <input type="checkbox"/> Scratch off tickets	<input type="checkbox"/> Skill Touch, Bank Shot, other “nudge” games <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games <input type="checkbox"/> Video gaming terminal
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What was your second choice of gambling activity in the last 12 months? (SELECT ONE)	<input type="checkbox"/> Bingo <input type="checkbox"/> Day trading <input type="checkbox"/> Dice/Craps <input type="checkbox"/> Internet (Daily Fantasy, etc.) <input type="checkbox"/> Keno	<input type="checkbox"/> Lottery <input type="checkbox"/> Poker <input type="checkbox"/> Other card games <input type="checkbox"/> Pull tabs <input type="checkbox"/> Racing <input type="checkbox"/> Scratch off tickets	<input type="checkbox"/> Skill Touch, Bank Shot, other “nudge” games <input type="checkbox"/> Slot machines <input type="checkbox"/> Sports <input type="checkbox"/> Table games <input type="checkbox"/> Video gaming terminal
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How often have you gambled in the last 12 months? <input type="checkbox"/> 1x Month <input type="checkbox"/> 2-3x Month <input type="checkbox"/> 1-2x Week <input type="checkbox"/> 3-6x Week <input type="checkbox"/> Daily
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Gambling location. <i>(First Choice).</i>	<input type="checkbox"/> Card room <input type="checkbox"/> Casino <input type="checkbox"/> Convenience store	<input type="checkbox"/> Home <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Keno venue	<input type="checkbox"/> Public libraries <input type="checkbox"/> Race track <input type="checkbox"/> School	<input type="checkbox"/> Social clubs <input type="checkbox"/> Sport Bar <input type="checkbox"/> Work
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Gambling location. (Second choice).	<input type="checkbox"/> Card room	<input type="checkbox"/> Home	<input type="checkbox"/> Public libraries	<input type="checkbox"/> Social clubs
	<input type="checkbox"/> Casino	<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Race track	<input type="checkbox"/> Sport Bar
	<input type="checkbox"/> Convenience store	<input type="checkbox"/> Keno venue	<input type="checkbox"/> School	<input type="checkbox"/> Work

In the past twelve months, have you thought that you needed to break the law to support your gambling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the past twelve months, number of times in prior gambling counseling? _____

In the past twelve months, number of times in prior substance abuse counseling? _____
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In the past twelve months, number of times in prior mental health counseling? _____

In the past twelve months, have you attended any self-help support groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you considered ending your life in the past twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you attempted to end your life in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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In the past twelve months, has your spouse or intimate partner threatened to harm you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, has your spouse or intimate partner physically harmed you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have you threatened to harm your spouse or intimate partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have you physically harmed your spouse or intimate partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems resulted in harm to children in the family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems caused a family breakup already?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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In the past twelve months, have the gambling problems caused you and your family financial distress, such as foreclosure, eviction, bill collection, bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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How did you find out about this problem gambling counseling service?	<input type="checkbox"/> GAP Helpline 800-522-4700 <input type="checkbox"/> problemgambling.nebraska.gov <input type="checkbox"/> 800BetsOff <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Therapist <input type="checkbox"/> Employer <input type="checkbox"/> Pastor <input type="checkbox"/> Phone book <input type="checkbox"/> Court <input type="checkbox"/> Legal <input type="checkbox"/> Casino <input type="checkbox"/> Lottery <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Social media <input type="checkbox"/> Online advertising <input type="checkbox"/> Treatment center <input type="checkbox"/> Past client <input type="checkbox"/> Support group
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Did you know that problem gambling counseling provided through the NE Gamblers Assistance Program (GAP) is paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is it important to you that gambling counseling services are paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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From what specific source did you learn that GAP problem gambling counseling is paid for?	
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Would you like this service provided in whole, or in part, through problem gambling counseling Telehealth? (This is interacting with your counselor from your home or office computer or mobile device over a confidential connection.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Manager/Professional <input type="checkbox"/> Technical/Administrative <input type="checkbox"/> Farm/Ag <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Skilled/semi-skilled crafts <input type="checkbox"/> Volunteer <input type="checkbox"/> Laborer <input type="checkbox"/> Student
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Living Situation:	<input type="checkbox"/> Private residence <input type="checkbox"/> Homeless <input type="checkbox"/> Living with relative <input type="checkbox"/> Institution (e.g., jail/correctional facility, hospital)
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Education:	<input type="checkbox"/> <12 years	<input type="checkbox"/> > 12 years	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Doctorate
	<input type="checkbox"/> HS diploma or GED	<input type="checkbox"/> Associate	<input type="checkbox"/> Master's	

Employment:	<input type="checkbox"/> Employed full time for salary or wages	<input type="checkbox"/> Retired	<input type="checkbox"/> Student
	<input type="checkbox"/> Employed part time for salary or wages	<input type="checkbox"/> Self-employed	
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disability	

SSI/SSDI Eligibility:	<input type="checkbox"/> Determined to be Ineligible/NA	<input type="checkbox"/> Eligible/Receiving payments
	<input type="checkbox"/> Eligible/Not receiving benefits	<input type="checkbox"/> Potentially eligible

Health Insurance:	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private health insurance
	<input type="checkbox"/> Medicare	<input type="checkbox"/> No insurance

Income Source:	<input type="checkbox"/> Alimony	<input type="checkbox"/> Illegal activity	<input type="checkbox"/> Savings
	<input type="checkbox"/> Disability	<input type="checkbox"/> Public assistance	<input type="checkbox"/> Unemployment compensation
	<input type="checkbox"/> Employment	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> No income

Approximate annual gross income (nearest 1,000): \$ _____

Approximate annual gross household income (nearest 1,000): \$ _____

Approximate current household debt (nearest 1,000): \$ _____

Approximate gambling debt (nearest 1,000): \$ _____

Number of employers you have had in last 5 years?	
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Number of jobs/positions you have had in last 5 years?	
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Number of workdays you have missed in last 30 days due to gambling?	
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Does your spouse or domestic partner currently gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your spouse or domestic partner currently abuse alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your spouse or domestic partner currently abuse drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you grow up in a household where there was gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Did you grow up in a household where there was tobacco used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you grow up in a household where there was alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you grow up in a household where there was drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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The following questions ask you to compare your life when you were living with your parents or caregivers and your life today:

How would you describe your financial status when living with your parents or caregivers? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower	How would you describe your financial status presently? <input type="checkbox"/> Upper <input type="checkbox"/> Middle <input type="checkbox"/> Lower
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How would you describe the way your parents or caregivers supervised you? <input type="checkbox"/> Highly supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Moderately supervised	How would you describe the way you supervise your children presently, if applicable? <input type="checkbox"/> Highly supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Moderately supervised
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How would you describe the number of friends you had? <input type="checkbox"/> Many friends <input type="checkbox"/> Few friends <input type="checkbox"/> A few good friends <input type="checkbox"/> No friends	How would you describe the number of friends you have presently? <input type="checkbox"/> Many friends <input type="checkbox"/> Few friends <input type="checkbox"/> A few good friends <input type="checkbox"/> No friends
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Did you have friends who got into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never	Do you have friends today who get into trouble? <input type="checkbox"/> Often <input type="checkbox"/> Some <input type="checkbox"/> Never
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Your alcohol use when living with your parents or caregivers: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	Your alcohol use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
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Your tobacco use when living with your parents or caregivers:	Your tobacco use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
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<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	
Your drug use when living with your parents or caregivers: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None	Your drug use presently: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> None
Your sense of well-being when living with your parents or caregivers: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	Your sense of well-being presently: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
Your temperament when living with your parents or caregivers: <input type="checkbox"/> Even <input type="checkbox"/> Changeable	Your temperament presently: <input type="checkbox"/> Even <input type="checkbox"/> Changeable
Your mood when living with your parents or caregivers: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad	Your mood presently: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
How did you make decisions when living with your parents or caregivers? <input type="checkbox"/> Rationally <input type="checkbox"/> Emotionally	How do you make decisions presently? <input type="checkbox"/> Rationally <input type="checkbox"/> Emotionally
How did you do in school? <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poorly	

What are your hopes and expectations regarding this counseling? (Check all that apply)	<input type="checkbox"/> Fix financial problems	<input type="checkbox"/> Repair relationships
	<input type="checkbox"/> Reduce stress and anxiety	<input type="checkbox"/> Decrease suffering
	<input type="checkbox"/> Change my gambling	<input type="checkbox"/> Have hope in my future

THIS PAGE IS TO BE COMPLETED BY THE COUNSELOR

Admission Date:	Assessment Date:
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Reason for admission: <input type="checkbox"/> Primary Gambling Disorder <input type="checkbox"/> Primary GD/Secondary MH <input type="checkbox"/> Primary GD/Secondary SA <input type="checkbox"/> Primary MH/Secondary GD <input type="checkbox"/> Primary SA/ Secondary GD
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Presenting problem: <input type="checkbox"/> Family <input type="checkbox"/> Emotional <input type="checkbox"/> Financial <input type="checkbox"/> Health <input type="checkbox"/> Work <input type="checkbox"/> Legal <input type="checkbox"/> Relapse
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Primary diagnostic impression: <input type="checkbox"/> Gambling Disorder 312.31 (F63.0)	<input type="checkbox"/> Episodic <input type="checkbox"/> Persistent
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DSM 5 Score: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <i>(DSM 5 score must match level of gambling severity.)</i>

If the score is 0 – 3, is the clinical justification for admitting the client into counseling documented in the client record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ASSESSMENT ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Nebraska Gamblers Assistance Program
GAP DATA PROGRESS REPORT - Gambler Client

Your answers are confidential. Thank you.

Agency Name: _____ Date: ____/____/____

CLIENT ID: _____

Progress Report: First 90 days June 30 December 31

Rev.: 12-20-2017

Date of admission: ____/____/____

Date of last visit: ____/____/____

How would you describe your gambling today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> Not applicable
---	---

Change in gambling debt since counseling started:	<input type="checkbox"/> Decreased <input type="checkbox"/> No change <input type="checkbox"/> Increased
--	--

Times you have gambled since the last visit:	<input type="checkbox"/> 0/None	<input type="checkbox"/> 6 – 10
	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 11 +

Number of workdays you have missed in the last 90 days due to gambling:	_____
---	-------

How would you rate your progress?

Your motivation to change your gambling:	Not motivated	Slightly motivated	Moderately motivated	Very motivated	Highly motivated
	1	2	3	4	5

Your overall life satisfaction:	Not at all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied
	1	2	3	4	5

Your progress toward your goals for counseling:	Very poor	Poor	Acceptable	Good	Very good
	1	2	3	4	

Change in your living situation:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your employment:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your financial situation:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your relationship with your family and friends:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your social support:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your sense of hope:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better
	1	2	3	4	5

Change in your overall wellbeing:	Much worse	Somewhat Worse	The same	Somewhat Better	Much better

	1	2	3	4	5
--	---	---	---	---	---

Your satisfaction with counseling:	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	1	2	3	4	5

THIS SECTION COMPLETED BY COUNSELOR

Number of counseling sessions since admission:	
--	--

Number of counseling sessions since last report:	
--	--

Compare the client's condition at intake to this progress report, or client's last session:

Much worse	Somewhat worse	About the same	Somewhat better	Much better
1	2	3	4	5

Counselor's additional notes of progress during therapy:

<i>Rev.: 12-20-2017</i>

Nebraska Gamblers Assistance Program
GAP DATA AT DISCHARGE – Gambler Client

Your answers are confidential. Thank you.

Agency Name: _____ Date: _____

CLIENT ID: _____

How many counseling sessions have you had? _____

When did you start counseling? _____

How many sessions did you complete before you knew counseling would help you?	<input type="checkbox"/> 1 - 6	<input type="checkbox"/> 13 - 21
	<input type="checkbox"/> 7 - 12	<input type="checkbox"/> 21 +

Have you experienced any of the following outcomes of counseling? (Check all that apply)	<input type="checkbox"/> Help with financial problems <input type="checkbox"/> Improved connectedness with family members <input type="checkbox"/> Decreased emotional distress <input type="checkbox"/> Improved communication <input type="checkbox"/> Improved social life	<input type="checkbox"/> Improved health <input type="checkbox"/> Clarity about life choices <input type="checkbox"/> Reduction of problem gambling behavior <input type="checkbox"/> Elimination of problem gambling behavior
--	---	---

What is the primary reason you are ending counseling? (Select one)	<input type="checkbox"/> I have not gambled for a significant period <input type="checkbox"/> I continue to gamble <input type="checkbox"/> I just got separated <input type="checkbox"/> I just got divorced	<input type="checkbox"/> Counselor and I agree counseling is at an end <input type="checkbox"/> I am ready <input type="checkbox"/> Counseling is not meeting my needs nor expectations
---	--	---

	<input type="checkbox"/> Problem gambling is no longer an element in my life	
--	--	--

Approximate gambling debt today (nearest 1,000): \$ _____

How would you describe your gambling debt in comparison to when you started counseling?	<input type="checkbox"/> Decreased <input type="checkbox"/> No change <input type="checkbox"/> Increased
---	--

Have you gambled within the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

How many times have you gambled since you started counseling?	<input type="checkbox"/> 0/None	<input type="checkbox"/> 6 – 10
	<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 11 +

Number of workdays you have missed in last 30 days due to gambling?	
---	--

Living Situation:	<input type="checkbox"/> Private residence <input type="checkbox"/> Homeless
	<input type="checkbox"/> Living with relative <input type="checkbox"/> Institution (e.g., jail/correctional facility, hospital)

Employment:	<input type="checkbox"/> Employed full time for salary or wages	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Student
	<input type="checkbox"/> Employed part time for salary or wages	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Retired	<input type="checkbox"/> Disability	

Did you attend any self-help support groups for people with a gambling problem during counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Are you interested in finding a self-help support group to help you after counseling has ended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you request or participate in any telehealth counseling sessions with your counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel that your counseling met your needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you return to counseling if gambling becomes a problem for you again?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following questions ask you to compare your life situation when you started counseling and your life today:	
How would you describe your financial status today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better
How would you describe the relationship with your friends today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better
How would you describe your alcohol use today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> Not applicable
How would you describe your tobacco use today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> Not applicable
How would you describe your drug use today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> Not applicable
How would you describe your gambling today compared to when you started counseling?	<input type="checkbox"/> Lower <input type="checkbox"/> No change <input type="checkbox"/> Higher <input type="checkbox"/> None
How would you describe your sense of well-being today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better
How would you describe your overall physical health today compared to when you started counseling?	<input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better

<p>How would you describe your relationship with your spouse or domestic partner today compared to when you started counseling?</p>	<p><input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better <input type="checkbox"/> Not applicable</p>
<p>How would you describe your relationship with your children today compared to when you started counseling?</p>	<p><input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better <input type="checkbox"/> Not applicable</p>
<p>How would you describe your relationship with other family members today compared to when you started counseling?</p>	<p><input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better <input type="checkbox"/> Not applicable</p>
<p>How would you describe your outlook today compared to when you started counseling?</p>	<p><input type="checkbox"/> Worse <input type="checkbox"/> No change <input type="checkbox"/> Better</p>

THIS PAGE TO BE COMPLETED BY THE COUNSELOR

End of counseling date:	Date last seen:
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End of counseling status:

- Counseling complete – agency decision
- Partial completion – agency decision
- Counseling complete – client decision
- Partial completion – client decision
- Client dropped out of counseling/unavailable
- Agency referral mutual consent

DSM 5 Score:

0 1 2 3 4

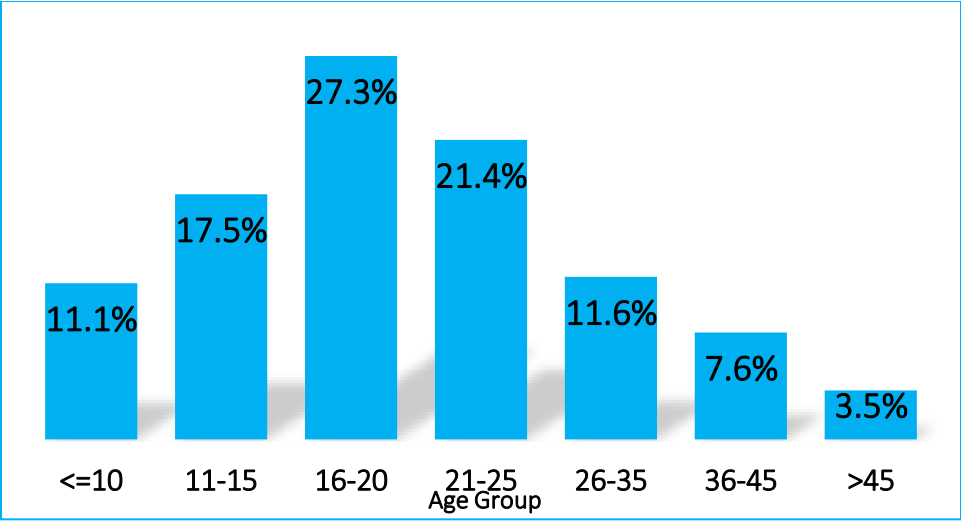
5 6 7 8 9

(DSM 5 score must match level of gambling severity.)

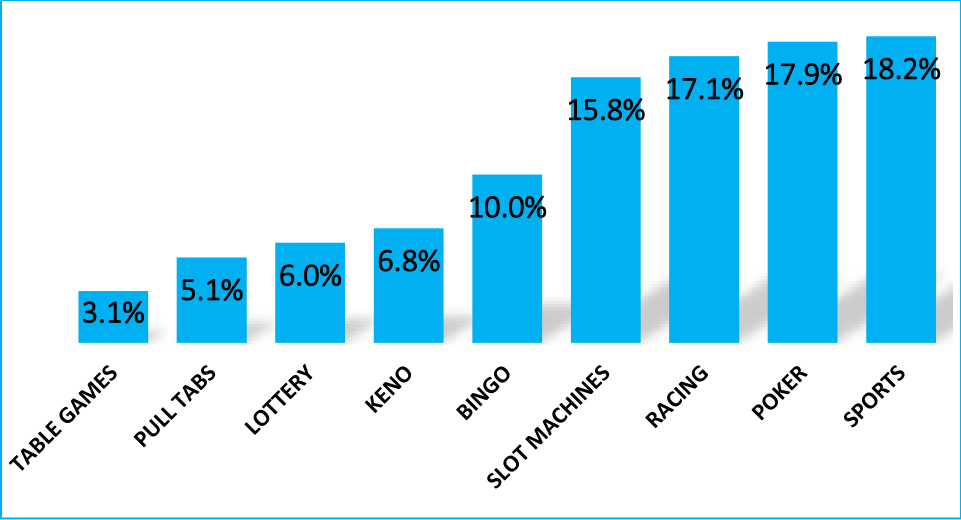
Counselor's general impression of client's experience in therapy:

[Empty text box for counselor's general impression of client's experience in therapy]

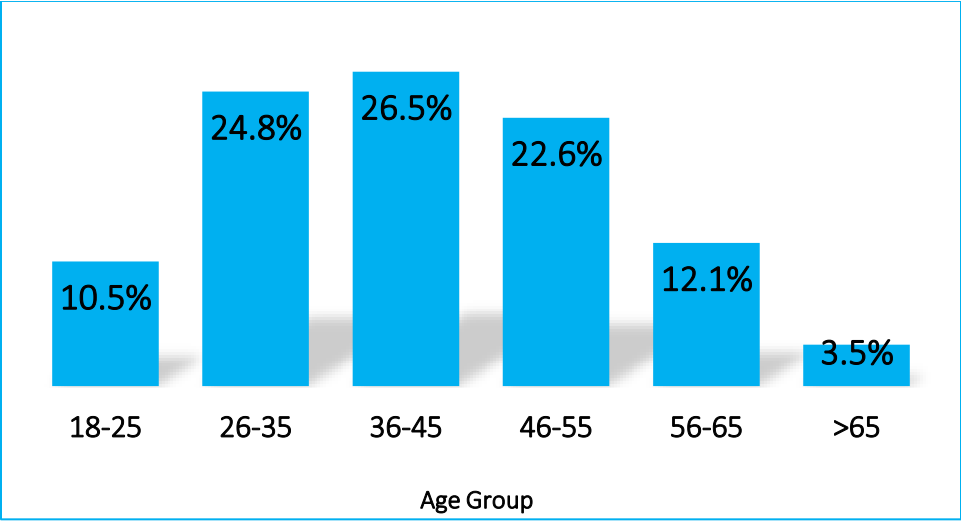
Rev.: 12-20-2017



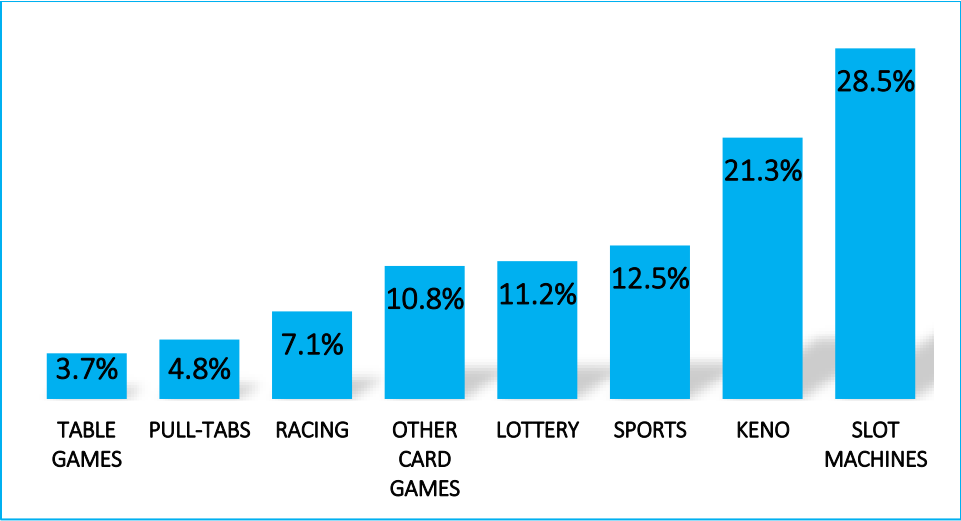
NEW ADMISSIONS: AGE FIRST GAMBLED



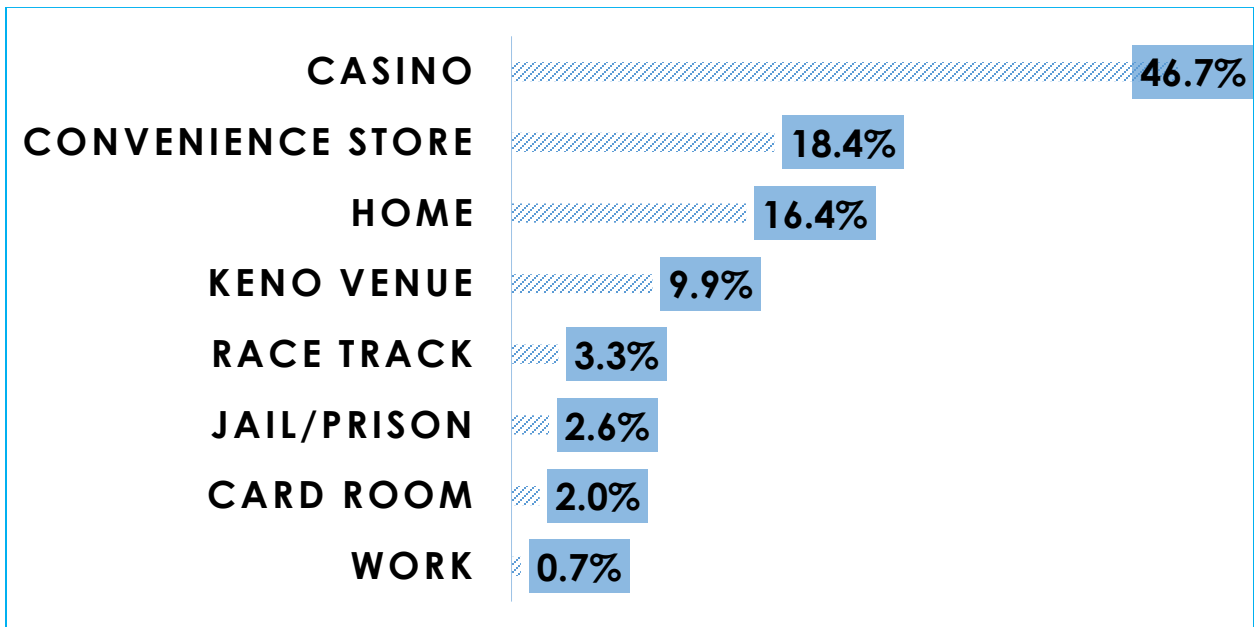
NEW ADMISSIONS: FIRST TYPE OF GAMBLING



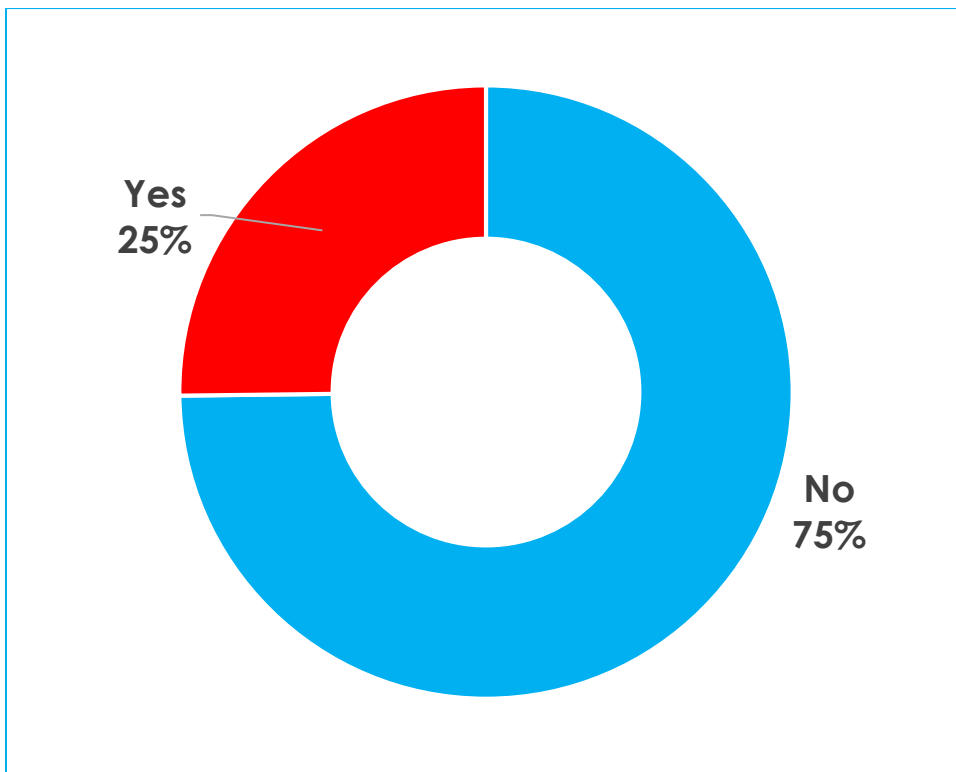
NEW ADMISSIONS: AGE AT ADMISSION



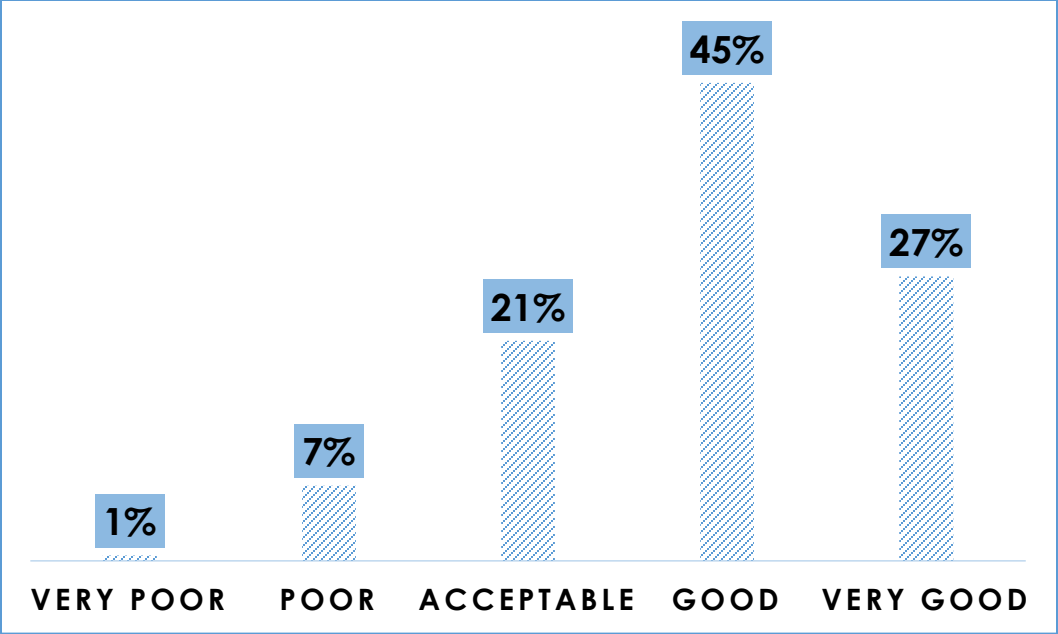
NEW ADMISSIONS: PREFERRED TYPE OF GAMBLING AT TIME OF ADMISSION



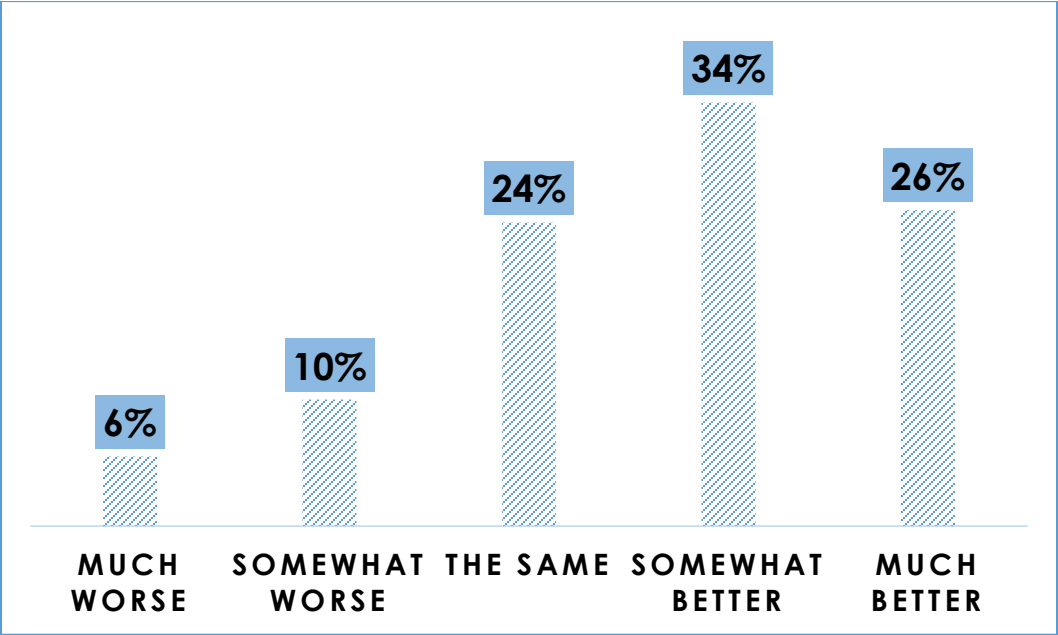
NEW ADMISSIONS: PREFERRED GAMBLING LOCATION



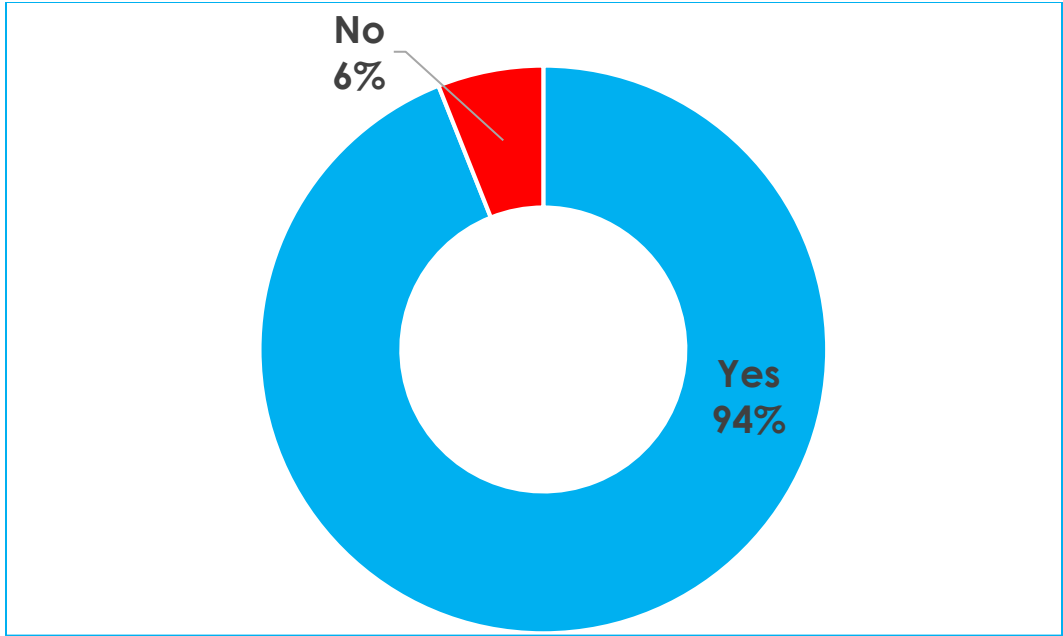
NEW ADMISSIONS: THOUGHT ABOUT SUICIDE



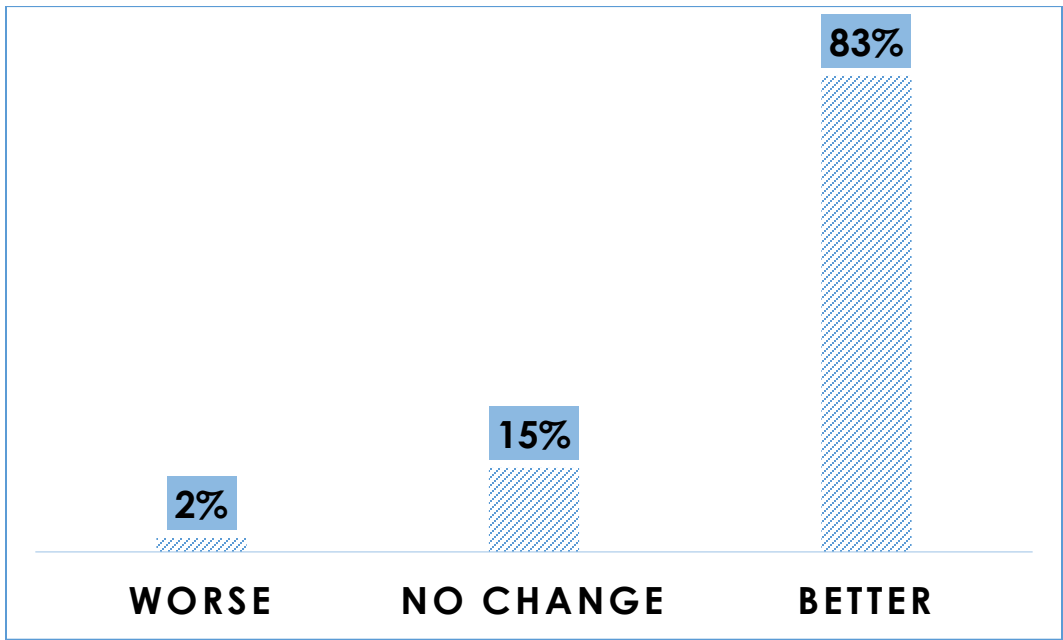
PROGRESS REPORTS: PROGRESS TOWARD GOALS FOR COUNSELING



PROGRESS REPORTS: CHANGE IN FINANCIAL SITUATION DURING COUNSELING



DISCHARGE REPORTS: DO YOU FEEL THAT COUNSELING MET YOUR NEEDS?



DISCHARGE REPORTS: HOW WOULD YOU DESCRIBE YOUR OUTLOOK TODAY COMPARED TO WHEN YOU STARTED COUNSELING?