

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

**ANNUAL REPORT TO THE GOVERNOR
AND THE LEGISLATURE
FISCAL YEAR ENDED JUNE 30, 2021**

Gamblers Assistance Program

700 South 16th Street, Lincoln NE 68508

402-471-4450

Director: David Geier

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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, 2020, 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

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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 statutory share of the advertising budget in the Lottery operations cash fund.
- 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 07/01/20-06/30/21

Total Program revenue (Gambler Assistance Fund + Health Care Cash Fund):	1,898,660
Total Program expenditures:	1,544,245
Net Program revenue in excess of expenditures:	354,415

(B) Gamblers Assistance Fund Performance During the Period 07/01/20-06/30/21

Revenue Transferred Into the Fund

Article III, Section 24 Constitutional formula: 500,000 + 1% of remaining Lottery profit:

Transfer September 2019	599,369
Transfer December 2019	104,644
Transfer March 2020	152,015
Transfer June 2020	120,761

Total received from Lottery profits during the period:	976,789
Section 9-831 5% of Lottery advertising expenditures:	261,177
Section 9-1,101 Charitable Gaming Operations Fund:	400,000
Investment income:	10,622
Proceeds of sale of surplus outdated computers:	<u>72</u>
Total revenue to Gamblers Assistance Fund during the period:	1,648,660

Expenditures Paid Out of the Fund

Salaries and benefits	161,167
Other operations	382,431
Government aid (counseling)	<u>750,647</u>
Total	1,294,245

Recapitulation

Gamblers Assistance Fund revenue:	1,648,660
Gamblers Assistance Fund expenditures:	<u>-1,294,245</u>
Net Gamblers Assistance Fund revenue in excess of expenditures:	354,415

Gamblers Assistance Fund Balance

Gamblers Assistance Fund balance 07/01/20:	575,949
Gamblers Assistance Fund balance 06/30/21:	930,364
Gamblers Assistance Fund balance change 07/01/20-06/30/21:	+ 354,415

Health Care Cash Fund

Appropriations:	250,000
Expenditures: all for government aid (counseling services)	-250,000

II. PROGRAM ACTIVITIES DURING THE PERIOD

JULY 1, 2020-JUNE 30, 2021

1. Commission Meetings

The Commission met three times to consider issues in the operations of the Program. A fourth meeting tentatively scheduled for November was canceled due to the COVID pandemic. These meetings included reviews of the financial status of the Program, consideration of new and renewed contracts with therapists and other vendors, development of initiatives, and development of the budget for the fiscal year starting July 1, 2021. Meeting notices and minutes of the meetings were posted to the state events calendar and the website maintained by the Program. 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 15 therapist contracts with agencies and individual therapists located in 9 communities. Payments to therapists are based on fee-for-services rendered.

The Commission made payments to these therapists totaling \$1 million during this fiscal year. 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 9,000 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, 233 individuals were admitted into the outpatient therapy programs. Another 150 individuals received short-term urgent care, offered without a

requirement for the program's long-form bio/psycho/social complete evaluation. Approximately 60% of individuals receiving urgent care do not enroll immediately in long-term care. During the year 574 individual Nebraskans received counseling help. Telehealth utilization expanded in the spring and is expected to continue as counselors and clients adapt.

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, providing immediate direct referrals.

3. FYE 2021 Budget

The final appropriation for the second fiscal year of the biennium, ending June 30, 2021, was \$1,942,906. Of that, \$1.15 million was earmarked for therapy services and \$121,977 was allocated for staff salaries (2 FTE). Program expenditures were \$1,544,245, a decrease of \$350,000 from the previous year.

The reduced spending resulted from a combination of factors. At the May 2020 meeting the Commission adopted budget control measures in order to prepare for reduced state lottery profits distributions in the coming year and preserve the carryover balance in the cash fund. The primary reduction was elimination of allotments of funding to counselors for local and regional education and outreach activities. The second factor contributing to the reduced spending was the pandemic that resulted in a 10% decline in the number of counseling hours.

4. Legislation to change the method of transferring revenue from Charitable Gaming

Beginning in 2000 the program has received statutory appropriations from the charitable gaming tax. As counseling demand increased it was necessary to repeatedly amend the statute. A final amendment to the statute in 2020 will make allocation of the program's share of this tax a part of the regular appropriation process.

5. Website

The Program continues to improve 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.

The website also hosts landing pages for the multimedia prevention campaign that began in early 2018, nicknamed “BetCareful,” which is designed to draw a gambler’s attention to the downside of gambling, and “LifeAfterBet”, which informs the public that help for gambling problems is free for Nebraskans and their families.

The Commission believes that the harm caused by uncontrolled gambling is a public health concern. Addiction to gambling is not simply an individual’s personal problem. It affects families, neighborhoods and communities. The Commission’s multimedia campaigns attracted over 9,000 new users to our website each month during the year, which validates the decision to use this medium to disseminate our message.

6. Online Training

The Commission continued its contract with the Nebraska Council on Compulsive Gambling for presentation of training classes for counselors who deliver therapy services to Nebraskans with gambling problems. 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, 39 Nebraskans have completed the training.

The Commission also arranged with Bellevue University to offer a shortened course that is available to mental and behavioral health professionals already practicing under other licenses. A shorter academic requirement and lower tuition cost will help to attract new counselors in locations that are now unserved.

7. 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 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 and improved counseling utilization standards.

The complete annual report of data is attached to this report. This data was reported by Nebraskans diagnosed with gambling disorder and is not based on surveys, adding to its reliability.

8. 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, 2021, this allocation was \$261,177.

This year the Commission's expenditures on these activities exceeded the minimum required by the statute, totaling \$309,064. Expenditures included the contract with Agent Brand of Lincoln for the multimedia digital prevention campaign (\$300,000), and website content changes.

9. National Problem Gambling Awareness Month

In March 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 to help with diagnosis, treatment planning and program records. 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 and the nature of gambling in Nebraska. The complete report is posted on the program's official state website.

Highlights from the data report include:

- 34% of Nebraskans seeking counseling for addiction to gambling considered suicide; another 6% attempted suicide before seeking counseling from our program. These rates of suicide thinking and attempts are significantly higher than in the general population.
- 30% of gamblers who first gambled before age 21 were influenced to do so by a parent.
- At the time of admission into therapy, 16% of clients gambled at slot machines.
- Touch-screen "skill" games frequently found in convenience stores are surging in popularity, with 33% of new clients becoming addicted to gambling on these devices.
- 117 new clients reported debt from gambling totaling \$3.687 million, equal to 41% of household debt.
- By the time of discharge from counseling, 93% report reducing their gambling and 75% reduced their gambling debt, which had averaged \$34,000 each at the start of their counseling.

IV. CONCLUSION

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

The Nebraskans We Serve

Nebraskans Receiving Help for a Gambling
Problem

Annual Report FY2020-2021

Nebraska Gamblers Assistance Program



Introduction

When the Commission on Problem Gambling started its direction of the Nebraska Gamblers Assistance Program (GAP) in 2013, it was interested in knowing more about the Nebraskans served by the program in order to improve service to the entire state.

The commission has accumulated two kinds of data. Clients are asked to describe their experiences with gambling and the problems they developed as a result. Clients are also asked to describe their lives growing up as compared to their lives today.

The Nebraskans who seek help from GAP counselors describe their experiences with different forms of gambling. Some started gambling as young as age 10. Others have borrowed an average of \$32,000 to gamble.

While these facts are critical to understanding the problems our clients face, we also believe it is important to understand what their lives were like growing up. In other words, we want to understand the whole person.

As a result of understanding our clients better, we see better how a gambling problem can happen to anyone.

Main findings as reported by our clients

The Nebraska Gamblers Assistance Program (GAP) started in the early 1990s when Nebraska approved the lottery. Since that time, GAP has paid for confidential counseling with certified problem gambling counselors for thousands of Nebraskans and their families who suffer a gambling addiction.

The Nebraska Gamblers Assistance Program, directed by the nine-member Commission on Problem Gambling since 2013, concentrates its efforts on reducing the negative impacts of gambling addiction through **treatment** and **prevention**. Services are offered at no charge.

Main Findings FY2020-2021:

- Six percent of Nebraskans report attempting suicide before seeking treatment for gambling addiction
- Thirty-four percent of Nebraskans report considering suicide before seeking treatment for gambling addiction
- Total gambling debt: \$3.7 million (\$31.5K average per client)
- Eighty-seven percent of clients report decreasing their problem gambling behavior after counseling commenced
- Thirty percent of clients who started gambling at 18 years old and younger report that parents influenced them to start gambling

Outcomes

Both treatment and prevention programs collect information from Nebraska clients at intake, during counseling, at discharge, and by

measuring interaction with the program’s website. This data measures the effectiveness of the GAP.

Treatment Outcomes

Individuals receiving counseling help

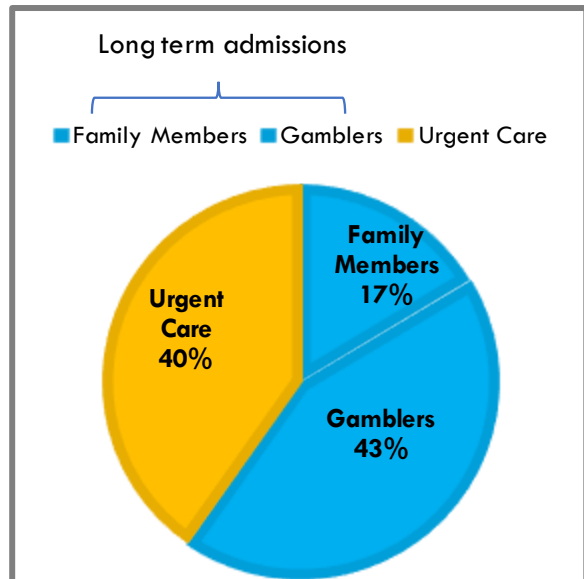
A total of **574** individuals received counseling services during FY2020-2021.

These individuals included:

- Problem gamblers admitted: **169**
- Family members admitted: **64**
- Urgent care: **150***
- Total includes **191** carryover clients from June, 2020.

*Nebraskans may receive short-term urgent care with a counselor up to twice every six months with a streamlined admissions process. Counted as unique individuals.

Figure 1: Admissions FY2020-2021

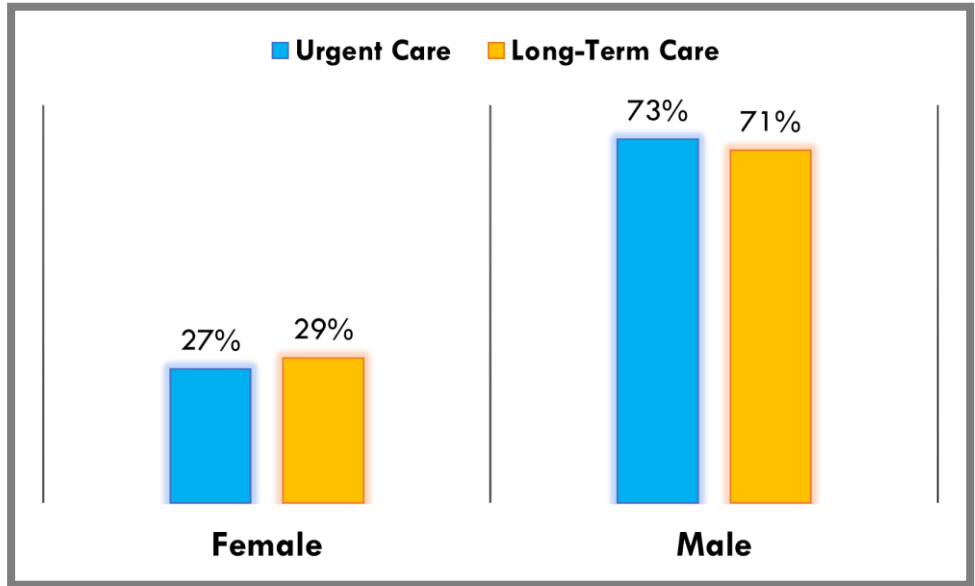


45% of urgent care visits resulted in a new admission to long-term counseling during FY2020-2021

Gender

- 73% of clients (problem gamblers) in urgent care were males and
- 71% of clients (problem gamblers) receiving counseling services at long-term care were males

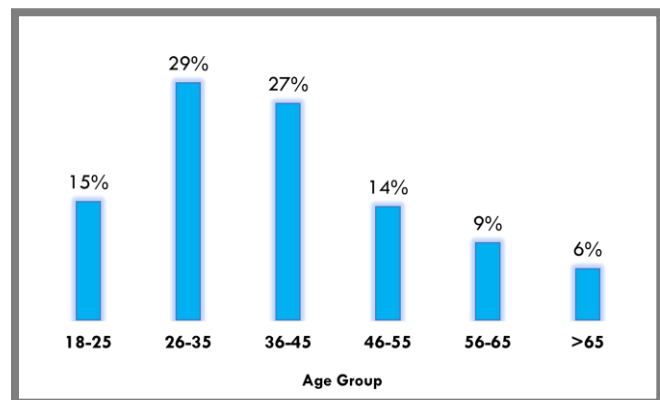
FIGURE 2: GENDER DIFFERENCES (PROBLEM GAMBLERS) IN URGENT CARE VS. AT LONG-TERM CARE



Age at Time of Admission

- **40:** Average age of all problem gamblers at time of admission
- Female clients are an average 14 years older than male clients at long-term care (50 vs. 36 years of age, respectively)

FIGURE 3: AGE AT TIME OF ADMISSION

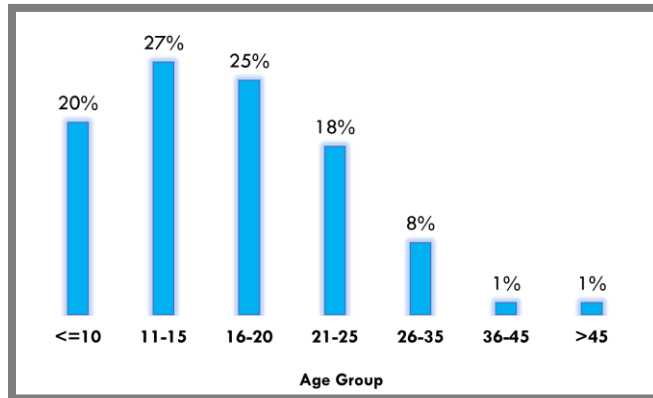


Min. age: 19 - Max. age: 82

Age First Gambled

- **17.2:** Average age first gambled
- **65%** were 18 years old or younger
- Male clients are an average 9 years younger than female clients when start gambling (15 vs. 24 years of age, respectively)

FIGURE 4: AGE FIRST GAMBLED



Min. age: 5 - Max. age: 63

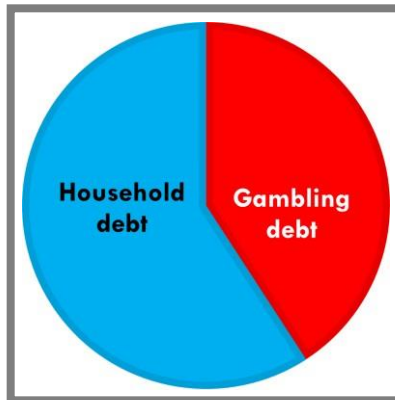
First gambling activity by gender					
First gambling activity	Female Gambler	% Female	First gambling activity	Male Gambler	% Male
SLOT MACHINES	14	30%	SPORTS	30	27%
SCRATCH OFF TICKETS	8	17%	POKER	19	17%
RACING	6	13%	SCRATCH OFF TICKETS	12	11%
PULL TABS	5	11%	OTHER CARD GAMES	11	10%
CASH PRIZE VIDEO TERMINALS	4	9%	SLOT MACHINES	8	7%
LOTTERY	3	7%	DICE/CRAPS	7	6%
POKER	2	4%	RACING	6	5%
BINGO	1	2%	CASH PRIZE VIDEO TERMINALS	6	5%
KENO	1	2%	LOTTERY	3	3%
OTHER CARD GAMES	1	2%	BINGO	2	2%
TABLE GAMES	1	2%	KENO	2	2%
			TABLE GAMES	2	2%
			DAY TRADING	1	1%
			INTERNET (DAILY FANTASY, ETC)	1	1%
			PULL TABS	1	1%
			Unknown	1	1%
TOTAL	46	100%	TOTAL	112	100%

Total Gambling Debt

117 out of 156 clients (problem gamblers) report gambling debt totaling:

\$ 3,687,435

FIGURE 5: DEBT RELATED TO GAMBLING



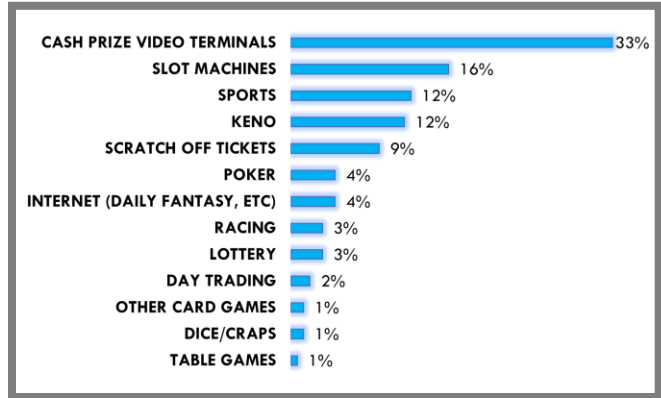
- Gambling debt represents **41%** of household debt

- Gambling debt among male clients was on average \$9,900 higher when compared to female clients (\$27K vs. \$17.1K, respectively)

Most Frequent Gambling Activity in the 12 Months Before Starting Counseling

- The most common gambling activity selected by problem gamblers is cash prize video terminals (33%), followed by slot machines (16%), and then by sports (12%)

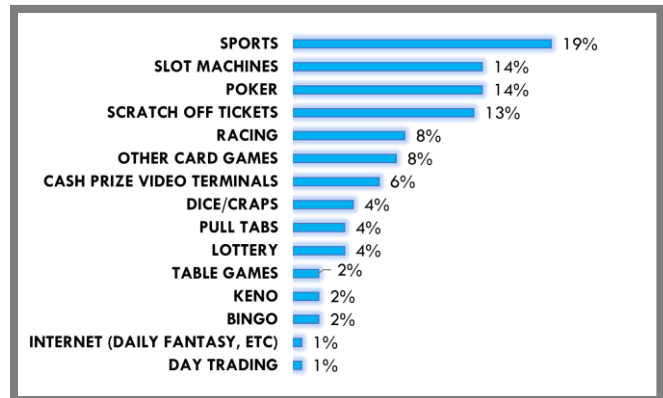
FIGURE 6: MOST FREQUENT GAMBLING ACTIVITY



First Gambling Activity

- The first gambling activity selected by problem gamblers is sports (19%), followed by slot machines and poker (14% each)

FIGURE 7: FIRST GAMBLING ACTIVITY



Access To Counseling Services

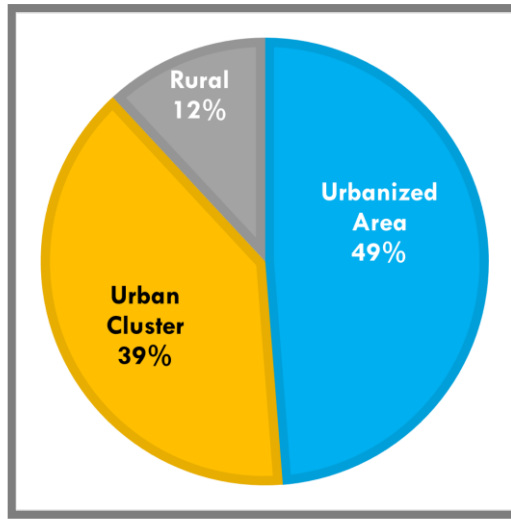
93%

of clients say it's important that there is no charge for gambling counseling services

Location of Nebraskans Receiving Help

FIGURE 8: PROBLEM GAMBLER'S LOCATION BY TYPE OF COMMUNITY

- Half of clients who received GAP services are located in urbanized areas (i.e., Omaha and Lincoln metro areas), 39% are located in urban clusters (middle size communities), and 12% are from rural areas

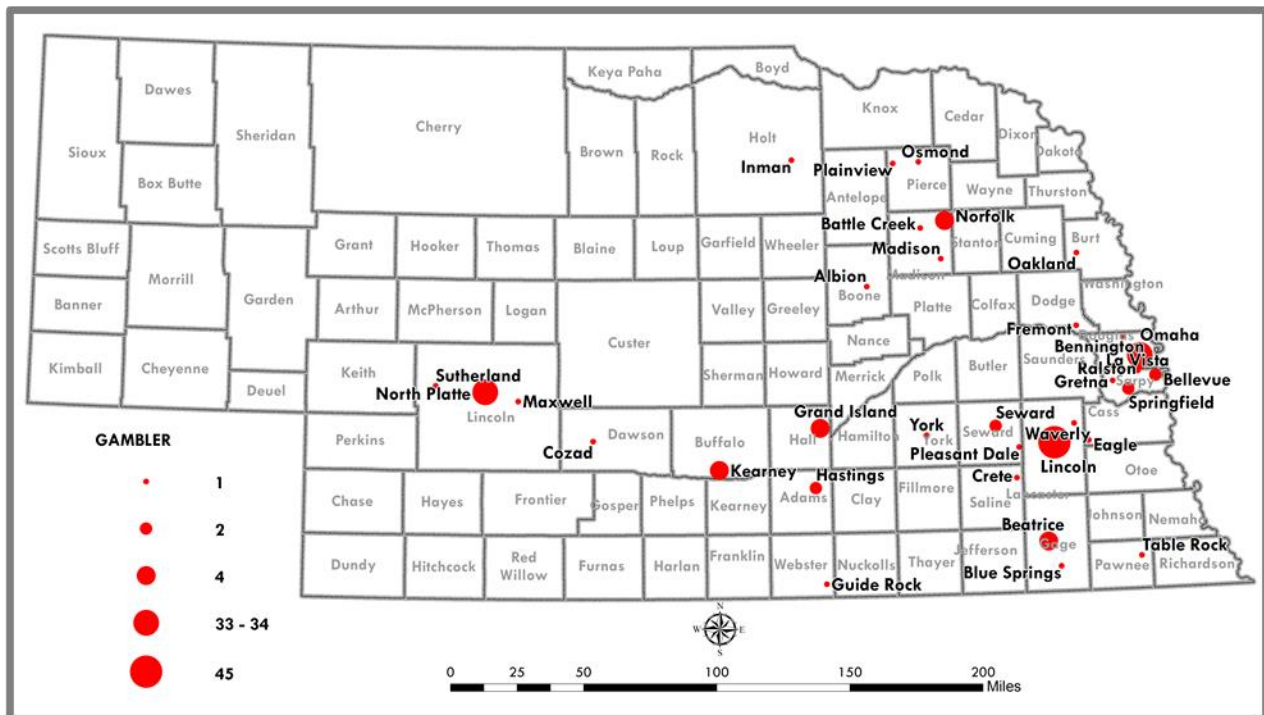


Urbanized Areas: 50,000 or more people
Urban Clusters: At least 2,500 and less than 50,000 people
Rural: Any population, housing, or territory outside urban areas

Location of New Clients by City

- Problem gamblers came from 35 cities, representing 21 counties across Nebraska
- 95% of clients are located within 25 miles from a GAP counselor

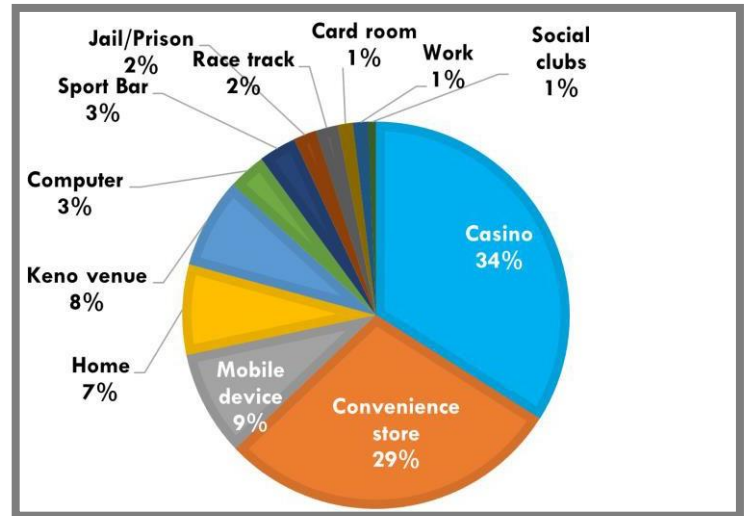
FIGURE 9: LOCATION OF PROBLEM GAMBLERS



Gambling Location

FIGURE 10: PRIMARY GAMBLING LOCATION

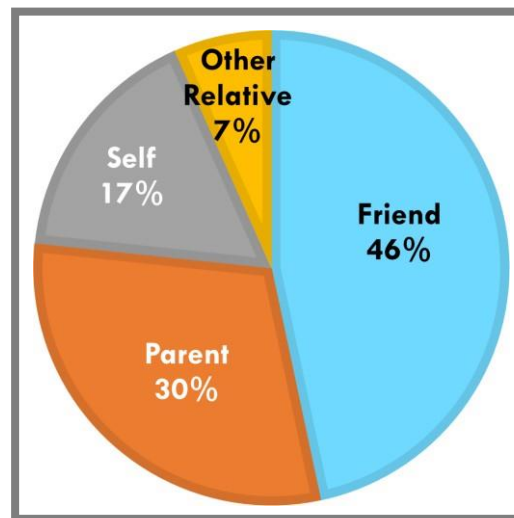
- Two-thirds of clients (34%) gambled in casinos, followed by convenience store (29%), and then by mobile device (9%)



People Who Influenced to Gamble

FIGURE 11: PEOPLE WHO FIRST INFLUENCED PROBLEM GAMBLER 18 YEARS OLD AND YOUNGER TO START GAMBLING

- Nearly half of gamblers (46%) who started gambling at 18 years of age and younger were influenced by a “friend”, followed by “parent” (30%), “self” (17%), and then by “other relative” (7%).



87%

of clients report achieving an improvement in their problem gambling behavior after working with a GAP counselor

Client Main Outcomes During Treatment and at Discharge

- **88%** of Nebraskans who got help from a trained GAP counselor report being helped within six sessions
- **93%** of Nebraskans report reducing their gambling
- **75%** of Nebraskans report reducing their gambling debt
- **80%** of Nebraskans report better outlook compared to when they started counseling
- **74%** report positive progress toward goal for gambling
- **74%** of Nebraskans report better relationships with family members today compared to when they started counseling

- **96%** of family members feel that counseling met their needs
- **70%** of family members report better financial status compared to when they started counseling
- **76%** of family members have decreased emotional distress
- **89%** of family members report better outlook compared to when they started counseling
- **64%** of family members report better relationships with problem gambler compared to when they started counseling

Comparing Life Growing Up to Life Today for Nebraskans Receiving GAP Services (sample size: 161)

Financial Status From Childhood to Adulthood

- 94% of problem gamblers report reduced economic status from upper income status to middle-income or low-income over time.
- 36% of problem gamblers report reduced economic status from middle-income to low-income status over time.
- 57% of low-income problem gamblers report unchanged economic status over time.

Alcohol use From Childhood to Adulthood

- 49% of problem gamblers who did not drink while living with their parents are currently drinking (moderate or low amounts).

Tobacco use From Childhood to Adulthood

- 73% of problem gamblers who smoked while living with their parents are currently still smoking (high, moderate or low amounts).

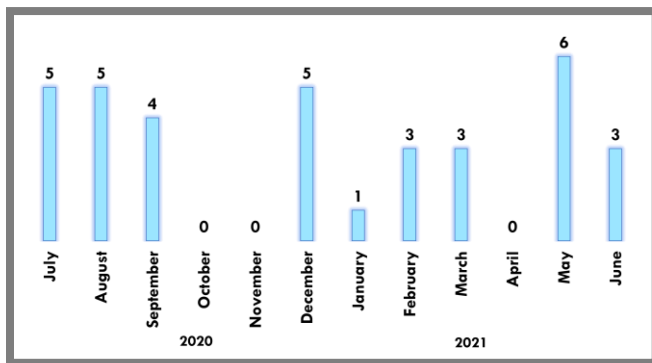
Drug use From Childhood to Adulthood

- 55% of problem gamblers who used drugs while living with their parents are currently still using drugs (high, moderate or low amounts).

Helpline Outcomes

A total of **35 calls** to Helpline were received between July 1, 2020 and June 30, 2021¹. **Figure 12.**

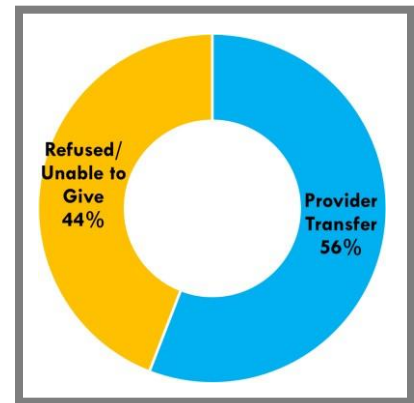
FIGURE 12: HELPLINE CALLS BY MONTH



Referrals: 56% of referrals are made to GAP providers, and the rest are not completed. **Figure 13.**

- 69% of Helpline calls are made by males. **Figure 14.**
- 71% of callers are gamblers and 29% are family members. **Figure 15.**

FIGURE 13: TYPE OF HELPLINE REFERRAL



Demographics:

FIGURE 14: GENDER OF HELPLINE CALLER

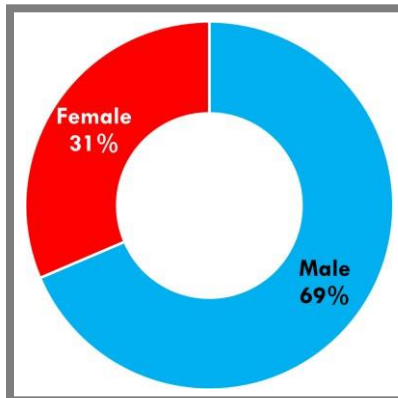
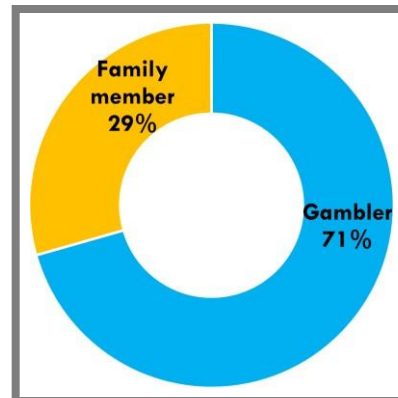


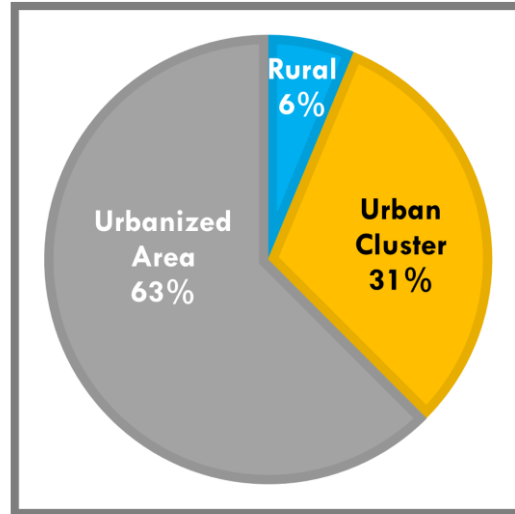
FIGURE 15: TYPE OF CALLER



Helpline Caller's City

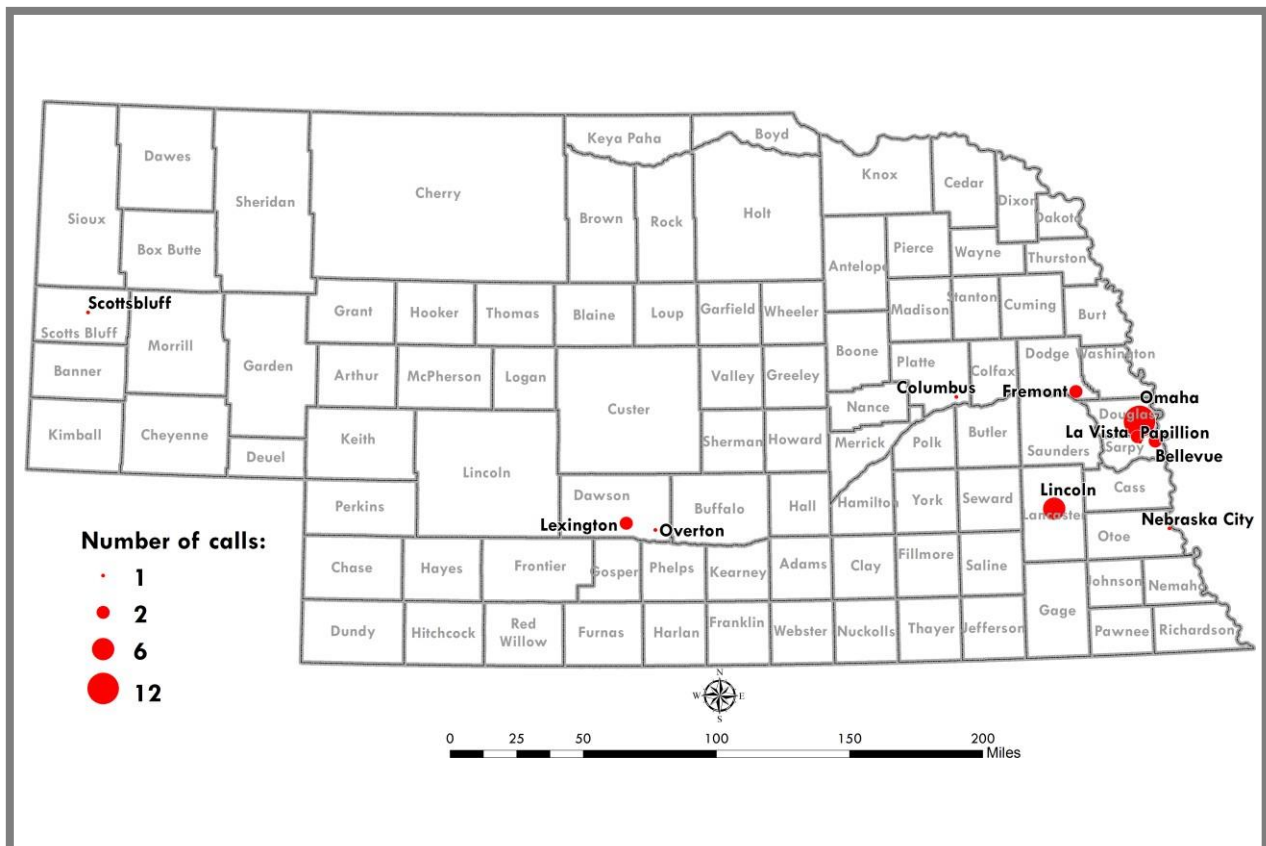
- Six out of ten Helpline callers are from urbanized areas (i.e., Lincoln and Omaha), 31% from urban clusters (i.e., Fremont, Columbus), and 6% from rural areas (i.e., Overton, Russell).

FIGURE 16: HELPLINE CALLS BY TYPE OF COMMUNITY



- Helpline calls were received from 12 different cities across the State:

FIGURE 17: LOCATION OF HELPLINE CALLS



The following opening statements during Helpline calls at intake reflect the severity of problems (family, financial, emotional) that those affected by gambling addiction are facing, and seeking help through GAP services:

- ***“Is there anything I can do to make my mother stop gambling?”***
- ***“I’m trying to find help for my son who has asked for help for his gambling problem.”***
- ***“I’m calling about my husband who has a gambling problem.”***
- ***“I lost bad today.”***
- ***“I’m calling for my stepdad.”***
- ***“I’m looking for a rehab place to help my gambling.”***
- ***“I don’t know what to do about my gambling.”***
- ***“I want to get help for my gambling.”***
- ***“I am looking for a counselor to help me with gambling.”***

THE NEBRASKANS WE SERVE

Our Mission

THE MISSION OF THE NEBRASKA GAMBLERS ASSISTANCE PROGRAM (GAP) IS TO COUNTER THE NEGATIVE IMPACT OF GAMBLING ADDICTION WITH EFFECTIVE, EVIDENCE-BASED PREVENTION AND COUNSELING SERVICES FOR NEBRASKANS AND THEIR FAMILIES.

Our Goals

- DEVELOP GUIDELINES AND STANDARDS FOR THE OPERATION OF THE GAMBLERS ASSISTANCE PROGRAM
- DIRECT DISTRIBUTION AND DISBURSEMENT OF MONEY IN THE COMPULSIVE GAMBLERS ASSISTANCE FUND (CGAF)
- DEVELOP STANDARDS TO:
 - TRAIN AND CERTIFY PROBLEM GAMBLING COUNSELORS
 - EVALUATE AND APPROVE COUNSELOR APPLICATIONS
 - GATHER AND ANALYZE DATA ABOUT GAMBLING ADDICTION AND REPORT TO THE PUBLIC, GOVERNOR AND LEGISLATURE
 - OVERSEE AND AUTHORIZE THE USE OF FUNDS FOR COUNSELING, EDUCATION AND PREVENTION REGARDING PROBLEM GAMBLING
- ENGAGE IN OTHER ACTIVITIES IT FINDS NECESSARY TO CARRY OUT THE DUTIES DEFINED BY THE NEBRASKA LEGISLATURE

Commissioners

CAMERON ARCH, OMAHA

PAUL LECKBAND, NORFOLK

JAMES PATTERSON, PAPHILLION

MARK CANADA, HASTINGS

SUSAN LUTZ, NORFOLK

DAN VOLNEK, LINCOLN

KELLY LAMBERT, TRUMBULL

DR. CLAUDIA MOORE, OMAHA

TODD ZOHNER, STANTON

Counseling Services

ALTERNATIVE AVENUES &
ASSOCIATES, LLC - LINCOLN
BLUE SKY COUNSELING, LLC -
OMAHA

CHOICES TREATMENT CENTER -
LINCOLN

CROSSROADS RESOURCES -
CHADRON

DIRECTIONS COUNSELING CENTER,
P.C.- BEATRICE

JAMIE HENG, MENTAL HEALTH
COUNSELOR LLC -LINCOLN
MAKING CHOICES COUNSELING -
KEARNEY & GRAND ISLAND

MICHAEL SULLIVAN COUNSELING -
NORFOLK

PEACE & POWER COUNSELING -
OMAHA

PINE LAKE BEHAVIORAL HEALTH -
LINCOLN

RON FELTON COUNSELING -
NORTH PLATTE

SERENITY COUNSELING SERVICES -
NORTH PLATTE

SPENCE COUNSELING - OMAHA

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