



State Committee on Problem Gambling  
*Country Inn & Suites – Lincoln Room*  
5353 North 27<sup>th</sup> Street, Lincoln, NE 68521  
April 15, 2011 - 9:00 a.m. – 12:00 p.m.  
**Meeting Minutes**



**Purpose & Duration:** This is the quarterly meeting of the State Committee on Problem Gambling. The Executive Committee meeting takes place one hour before the regular meeting starts.

**Committee Members Attending:** John Bekins, Dennis Buckley, Carmen Engelhardt, Ed Hoffman, Steve Jung, Lois Jurgensen, Jeff McKeown, Dennis McNeilly, Steve Sloup

**Committee Members Absent:** Janelle Holt, John Hill, Kenneth Timmerman

**DHHS-Division of Behavioral Health & Operations Staff Attending:** Maya Chilese, Lori Dawes, Karen Harker, Vicki Maca, Iliana Martin

**Public Attendees:** Gina Fricke, Deb Hammond, Wanda Swanson

**Agenda Items:**

- I. **Meeting Called to Order** – Steve Jung:  
Steve Jung, Chair, Welcomed everyone and called the meeting to order at 9:08 am.
- II. **Approval of Minutes** – Steve Jung:  
The Meeting Minutes for February 11, 2010 were approved by general consent (Attachment A).
- III. **Approval of Agenda** – Steve Jung:  
The Agenda for April 15, 2011 was approved by general consent.
- IV. **Legislative Lunch – Carmen Engelhardt:**  
Carmen thanked Providers for informative materials for the Legislative Lunch and thanked everyone for a well attended event.
- V. **Strategic Planning Update & Comments – John Bekins:**  
Maya was complimented on the graphic arts on the planning document. It was pointed out that the plan did not have an end date, and should be changed to add an end date of 2015. It was also suggested that to keep this document viable, the Committee should use it to base its agenda on and should review the Strategic Plan at least every other meeting, and the GAP Manager agreed to implement this suggestion on an every-other-meeting basis. The Committee expressed their gratitude to the Ad Hoc Committee, and for the inordinate amount of work that went into the Strategic Plan.  
**Action:** The Committee voted unanimously to accept the Strategic Plan with the recommended change.
- VI. **FY 11 Fiscal Update: Lori Dawes & Karen Harker:**  
**E&R** – Karen Harker (Attachment C1) discussed expenditures through the end of March 2011 taking us closer to the end of the fiscal year. Health Care Cash spent down is at 97.2% with the last percentage to be spent in the next month. Lottery Aid Funds are at 47% for the year; there are \$1.2 million in reserves.  
**Quarterly Report & Contracts** – Karen Harker (Attachment C2) reported that both Mike Sullivan and Sue Huebner contract expenditures were down; radio and billboard contracts can only bill after the service is provided. All funds are appropriated except for \$37,000 in Lottery funds. The Mike Stone appropriations for Strategic Planning were not all used, so there are still funds for continued Strategic Plan related activities.

**VII. Funding Considerations – Maya Chilese:**

Attachment D provided recommendation for use of FY11 unallocated funds, including two additional Treatment Fund Requests and FY12 contract recommendations.

- a. Betty Hampton-Hampton Behavioral Health & Family Services, is requesting an additional \$1,000 as new clients have come in just this last month; approval is recommended.
- b. Gina Fricke-Peace & Power Counseling requested funding, but recognizes the inability to receive them due to the RFP. As new vendors cannot be awarded competitive funds in the middle of an RFP Contract period. Once the treatment RFP expires and FY12 begins, funding can be considered; for now, the Funding Request was not considered. Outside of an RFP, there is no current mechanism for Providers to project capacity and utilization for the next year. It was recommended that a process be set up to provide this option for next year and the GAP Manager indicated that we have utilized a draft process this year and will finalize for future.

**Action:** The Committee voted unanimously to approve Betty Hampton’s request for \$1,000 for treatment.

- c. Attachment D, page 1 of 4 - recommended that the remaining funds of up to \$40,000 in FY11 funds be used for Strategic Planning initiatives such as marketing, marketing materials, messaging, focus groups, etc. Scot Adams had suggested this would be a good start – specific activities and functions could be suggested at the August meeting. No recommendations in funding were made for outreach for FY12 yet as data still has to be reviewed. In the near future, it is possible to utilize a Lottery vendor, explore NET and PBS and see what opportunities are available.

**Action:** The Committee voted unanimously to approve up to \$40,000 for Strategic Plan functions.

- d. Attachment D, page 2 of 4 - Lottery Aid/HealthCare Cash – shows Treatment Provider funding recommendations based on current utilizations and current rates. As in previous years, this is the baseline used to recommend the next year’s appropriations. One provider has no funding recommended since they are currently non-compliant; this can be amended if compliance is determined. It was suggested that a utilization formula be explored for future usage in such cases. Further discussion about this should take place.

**Action:** The Committee voted unanimously to approve the recommendations on Attachment D, page 2 of 4 for Treatment Providers funding for FY 12.

Provider	FY12 \$ Recommended	Funding Source
CrossRoads	12,000	Lottery Aid
ReNew - Landrigan	15,000	Lottery Aid
LFS – S. Huebner	5,000	Lottery Aid
R. Green	15,000	Lottery Aid
M. Sullivan Counseling	45,000	Lottery Aid
Hampton Behavioral Health	13,000	Lottery Aid
R. Walton	0	-
Changes – W. Swanson	30,000	Lottery Aid
Choices Treatment Center	224,000	HCC-Lottery Aid
First Step Recovery Center	120,000	HCC-Lottery Aid
Reflections – L. Johnson	6,000	Lottery Aid
Heartland Family Service	125,000	Lottery Aid
Peace & Power Counseling	65,000	Lottery Aid
Spence Counseling Center	150,000	HCC-Lottery Aid
<b>TOTAL:</b>	<b>\$825,000</b>	<b>HCC &amp; Lottery Aid</b>

- e. Attachment D, page 3 of 4 – Education/Prevention - shows funding recommendations. Discussion ensued regarding funding for GLW and Lancaster County who were both notified of contract ending. Both were given the opportunity to submit a brief proposal for a short extension while Strategic Planning continued. Since Lancaster is still working on services potentially relevant to Strategic Planning, \$6,000 was recommended for their contract. GLW, however, had stated that their funding needs would be for staffing, not a service. It was argued that GLW provided grassroots activities via staff addressing youth by going into schools, etc. and that was their product.

**Action:** The Committee voted 8-1 to approve up to \$6,000 for Education/Prevention to GLW but there was no quorum. Therefore, the vote failed and GLW was not approved. In a separate vote, the Committee voted unanimously to approve up to \$6,000 for Lancaster Human Services for a short extension.

- f. Attachment D, page 4 of 4 shows funding recommendations for Helpline/Workforce RFPs. Licensure, Evaluation and ASO. Maya commented that the CCGC Board had recommended Mike Sullivan continue to pursue CCGC credential licensure which is on a positive path. Mike will either be invited in August for an update or will provide a document to the Committee – his contract will likely utilize more funding in the future than it has in the current year. The Magellan contract has one more year – then it may be possible for another opportunity. Dr. Ramirez will evaluate treatment and data through FY11, but may re-evaluate in August to determine what future evaluation needs are present and to see what may be done in-house by the Division.
- Action:** The Committee voted unanimously to approve the recommendations on Attachment D, page 4 of 4 for funding projections for FY 12.

Service Type	Provider	FY12 \$ Recommended	Funding Source
Helpline	(RFP winning bidder)	130,000 (already appropriated)	Lottery Aid, Ed/Prev.
Workforce Development	(RFP winning bidder)	120,000 (already appropriated)	Lottery Aid
Licensure	M. Sullivan	5,000	Lottery Aid
Evaluation	GPR Maps – J. Ramirez	S/P	-
ASO	Magellan	10,300	Lottery Aid
	<b>TOTAL:</b>	265,300- Lottery Aid 30,000 - Prevention	

## Morning Break

### VIII. Treatment Service Rates – Karen Harker:

Attachment E provides notes from the GAP Rate Setting Workgroup meetings that have taken place:

- The process is on step three of a four step process, which entails identifying salary process and mathematical rates, comparing to current national rates, cost of living and where Nebraska fits into these rates in the next 3-5 years and setting a viable rate structure.
- Also in consideration is what the program can afford. A proposal may be ready for new contracts starting July 1, 2011.

### IX. Request for Proposal (RFP) Update – Maya Chilese:

Maya reviewed the purpose, timelines and process for the Workforce and Helpline RFPs. There have been three *Intents to Bid* submitted for each RFP. *Letters of Intent* were due April 14 and the *Proposal Opening* will take place on April 28, 2011. The review and evaluation period will be through May 20; the confidential review teams will independently score each RFP and submit scoring to the State. Final Scores and Letters of Intent to Contract will be posted on May 23 with final contract award by May 31, 2011. Results for the RFPs will be reported at the August meeting. Thanks were tendered to those Committee members who participated in the RFP development, review and scoring process.

### X. Audit Follow Up – Maya Chilese:

As per Attachment G, the audits in the western part of Nebraska had to be re-scheduled due to staffing concerns; audits should be finished by July 2011. A final report will be provided at the August meeting.

### XI. Joint Committee Meeting MH/SA/PG – Vicki Maca:

Vicki Maca addressed the Committee about the joint meeting of the Mental Health, Substance Abuse and Problem Gambling Committees, which will take place May 3, 2011 at Country Inn & Suites. Dr. Scot Adams will focus on the Division Strategic Plan and what is important to each Committee and how each fits into the plan. Strong attendance from the Committee is important as members are strongly encouraged to be part of strategic planning implementation conversations.

### XII. Future Committee Meetings & Agenda Items:

The next meetings are set for November 18, 2011, February 3, and April 20, 2012. Agenda items for the August meeting may include: review of By Laws, possible Executive Committee selection/election, Rates follow-up, Strategic Plan Workgroups and funding.

**XIII. Public Comment/Discussion:**

- a. Wanda Swanson, Changes, thanked the Committee for approving funds for next year. She also thanked everyone for what they do.
- b. Deb Hammond, Choices, commented on supporting the licensure initiative and noting that pursuing dual credentialing would enable both fields to see clients, who more and more have multiple disorders. She also posed a question regarding the rates increase; if rates are increased for Providers, won't they then draw down their contract amounts even faster? Maya responded that 1) contract amounts won't automatically be increased and 2) utilization will be monitored.
- c. Gina Fricke, Peace & Power Counseling, thanked everyone for the contract discussion and said she understood why and appreciated the circumstances. She related that she has two agreements for education groups each month, each reaching about twenty people. She asked if it would be possible to retro reimburse July and August. Maya responded that we wouldn't be able to retro reimburse for any services that weren't in the contract already. GAP does not yet know what it will be purchasing for next fiscal year contracts other than treatment at this time.

**XIV. Meeting Adjourned:** At 12:00 p.m.

DIVISION OF BEHAVIORAL HEALTH  
GAMBLERS ASSISTANCE PROGRAM  
2011 STRATEGIC PLAN



*Prevention Works  
Treatment is Effective  
People Recover*



**DHHS - State of Nebraska**

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## Overview

Behavioral Health in Nebraska includes three distinct service areas: 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). This program began via legislation in 1992, to provide funding and administration for statewide services related to problem gambling. There are very few other private entities addressing this need, and almost no insurance companies cover treatment, leaving individuals and families challenged by problem gambling with little assistance.

As national health care reform, economic challenges and restricted state resources continue, the GAP intends to strengthen its program and its service system through the advancement of the goals outlined in this plan.

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 Committee desired to contract with a neutral facilitator to assist in the process, and charged an Ad-Hoc Committee to begin the strategic planning process. The Ad-Hoc Committee consisted of representatives from stakeholder groups including DHHS Division of Behavioral Health and Division of Public Health, the Committee, the Compulsive Gambling Counselor Certification Advisory Board, the gaming industry, as well as gambling prevention and treatment providers. Please refer to Appendix A for a full list of members.

The strategic planning process included a community stakeholder survey and the Ad-Hoc Committee reviewed state data as well as national trends while identifying next steps for Nebraska's program. After receiving recommendations and support from the Committee and the Director of the DBH, the Ad-Hoc Committee met a final time in March 2011 to finalize the Mission, Goals, Strategies and Objectives. The final Strategic Plan document was adopted in April of 2011. It is anticipated to guide the publicly funded problem gambling service system in Nebraska for 3-5 years.

# Looking Back, Looking Ahead



Contributed by the GAP 2011 Strategic Plan Facilitator

*“The Nebraska Gamblers Assistance Program (GAP) 2011 Strategic Plan is part of the larger Nebraska Division of Behavioral Health (DBH) strategic planning process which encompasses each of DBH’s distinct service areas: mental health, substance abuse and problem gambling. The framework for the GAP 2011 Strategic Plan was crafted by an ad-hoc committee representing various stakeholder communities. Its efforts were influenced by the overarching Nebraska Department of Health and Human Services (DHHS) motto, “Helping People Live Better Lives,” and three principles presented by the U.S. Substance*

*Abuse and Mental Health Services Administration (SAMHSA): “Prevention Works, Treatment Is Effective, and People Recover.”*

*The ad-hoc committee’s direction coincided with the DBH Strategic Plan’s vision: “The Nebraska behavioral health system promotes wellness, recovery, resilience and self determination in a coordinated, accessible consumer and family-driven system.”*



*The ad-hoc committee frequently referred to Nebraska statutes that established the Compulsive Gamblers Assistance Fund and the State Committee on Problem Gambling to ensure its strategic planning recommendations were in line with GAP’s legislative foundation. Nebraska’s GAP was one result of the 1992 passage of the Nebraska Lottery Act. Among the law’s provisions were the Advisory Commission on Compulsive Gambling, whose name was changed in 2004 to the Advisory Committee on Problem Gambling and Addiction Services. In 2008, legislation again changed the name to the State Committee on Problem Gambling. This legislation also emphasized public involvement and redefined the role of the Committee, which is responsible for: developing and recommending to DBH guidelines and standards for disbursement of the Compulsive Gamblers Assistance Fund; developing recommendations for the evaluation and approval of provider applications and contracts for treatment, review and use of evaluation data, use and expenditure of funds for public education and prevention, and creation and implementation of public outreach and educational programs; and engaging in other necessary activities to carry out its*



## Looking Back, Looking Forward

*duties. GAP funding can fluctuate based on annual revenues and appropriations; in 2009-2010 GAP operated on a budget of approximately \$1.3 million. Approximately 65 percent of funds were spent for treatment services, with 10 percent directed toward counselor training, 8 percent toward education and prevention, 7 percent toward evaluation of services, 6 percent toward helpline services, and 4 percent toward administration. About 250 individuals receive counseling treatment annually. Approximately 2,000 calls from individuals are received by the Nebraska helpline annually, and callers can be transferred directly to available community-based treatment services. Although the number of Certified Compulsive Gambling Counselors (CCGCs) and others approved to provide services to problem and pathological gamblers fluctuates, counseling is available in all regions of the state.*

*Pathological gambling is persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits (TIP 42, SAMHSA, Center for Substance Abuse Treatment). Pathological gamblers continue to gamble in spite of significant negative consequences resulting from their behavior, such as commission of illegal acts to finance and continue gambling, increased levels of domestic abuse, employment and workplace disruptions, bankruptcy, and suicide. In Nebraska, the average self-reported gambling debt of those in treatment is more than \$28,000. Some research suggests that each problem gambler directly affects between five to ten other people, including spouses, children, other family members, friends, co-workers, and employers.*

*Currently, federal legislative proposals seek to give oversight for addressing problem and pathological gambling to SAMHSA and provide funds for treatment and other problem gambling services. Although the 1999 National Gambling Impact Study Commission recommended a moratorium on gaming expansion, it has continued, with more states permitting more types of gambling and more venues at which to gamble. Revenue reports from Nebraska's legal gambling sources reflect an increase in gambling activity as measured by total amounts wagered or spent on gambling products each year.*

# Looking Back, Looking Forward



*There is no accurate measure of the number of Nebraskans who gamble at out-of-state casinos nor the amount of money Nebraskans spend there; however, if Nebraskans develop a gambling problem they will seek treatment as state citizens. In essence, Nebraska must treat the negative consequences of out-of-state gambling without sharing in any financial benefits of revenue produced from legalized gaming in neighboring states. There also is no measure of how much Nebraskans participate in illegal gambling activities such as sports betting. Regardless, GAP should be prepared to serve the problem gambler if he or she presents for services and pursue reducing the number negatively impacted.*

*The Nebraska GAP stems from the 1992 Nebraska Lottery Act. GAP exists to address the potential negative results of gambling manifested in individual problem or pathological gambling behaviors. Originally part of the Nebraska Department of Revenue, GAP was moved to the Division of Alcoholism, Drug Abuse and Addiction Services in the Department of Public Institutions in 1995, and was included in the 1997 merger of several Nebraska state agencies into the Department of Health and Human Services, operating within the Division of Behavioral Health. GAP's original charge was to provide treatment for Nebraskans needing assistance in dealing with a gambling problem. In order to fully meet this challenge, GAP also administers contracts and funding for prevention and education, helpline, counselor training, and evaluation services in addition to treatment.*

*Nebraska GAP has had two previous strategic plans. In concert with the larger DBH strategic planning process, a third strategic plan is timely and appropriate. Under the approval and direction of the State Committee on Problem Gambling, a nine-member ad-hoc committee representing the State Committee, service providers, and state administrators developed the framework for the GAP 2011 Strategic Plan. In making the recommendations, the ad-hoc committee considered survey results, current national gambling and legislative trends, prevention and treatment practices, Nebraska legislative requirements and state guidance. The result of this developmental effort is contained within the GAP 2011 Strategic Plan addressing effective delivery of problem gambling services throughout Nebraska.”*



## ***The DBH Strategic Plan\****

***The Division of Behavioral Health Strategic Plan 2011-2015 includes a vision statement and system values which have also been adopted by the GAP 2011 Strategic Plan:***

### **Vision:**

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self determination in a coordinated, accessible consumer and family-driven system.

### **Mission:**

The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

### **Strategies:**

Insist on Accessibility  
Demand Quality  
Require Effectiveness  
Promote Cost Efficiency  
Create Accountable Relationships

### **System Values:**

- ◆ Hope
- ◆ Respect
- ◆ Holistic
- ◆ Non-linear
- ◆ Peer Support
- ◆ Responsibility
- ◆ Self Direction
- ◆ Empowerment
- ◆ Strengths-based
- ◆ Individualized and Person-Centered

*\*Please refer to the Division of Behavioral Health Strategic Plan 2011-2015 for further reference and description about the larger behavioral health system including mental health and substance abuse. This document can be found at: [http://www.dhhs.ne.gov/Behavioral\\_Health/BHSP-Final-02-17-11.pdf](http://www.dhhs.ne.gov/Behavioral_Health/BHSP-Final-02-17-11.pdf)*



**DIVISION OF BEHAVIORAL HEALTH  
GAMBLERS ASSISTANCE PROGRAM  
2011 STRATEGIC PLAN**



## *System Values*

The following core values and guiding principles resulted from the work in June 2009 of Nebraska's Behavioral Health Oversight Commission. They are meant to guide the work within the public behavioral health system but are also applicable to Nebraska's private mental health, substance and problem gambling services.

**Self Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

**Individualized and Person Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resilience as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

**Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

**Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

# System Values



**Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial state of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

**Strengths Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

**Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning— plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

**Respect:** Community must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

**Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health, substance abuse and problem gambling recovery not only benefits individuals with disabilities by focusing on their abilities to live, work, learn and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with addiction challenges and mental disabilities can make, ultimately becoming a stronger and healthier Nation. (adapted from the U.S. Department of Health and Human Services, 2005).



# *The Strategic Plan*



## *Mission:*

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

## *Three Goals:*

- Education
- Treatment
- Evaluation



# Goals

## **Goal: Education**

*Educate Nebraskans about Problem Gambling*

### **Strategy:**

Implement an awareness plan utilizing a single, focused message about problem gambling.

### **Objectives:**

- ◆ Utilize a broad-based approach to identify target audience(s).
- ◆ Create a focused message that is recognizable and flexible.
- ◆ Develop a clear, measureable strategy to implement the awareness plan.

## **Goal: Evaluation**

*Ensure quality and effective problem gambling services*

### **Strategy #1:**

Implement a process of data communication to stakeholders.

### **Objectives:**

- ◆ Determine stakeholder groups and appropriate information to disseminate.
- ◆ Establish processes to gather, review and communicate data.

### **Strategy #2:**

Utilize clear outcome measures to improve service delivery.

### **Objectives:**

- ◆ Identify specific outcome measures for all GAP funded services.
- ◆ Implement a continuous quality improvement process to ensure effective services.

### **Strategy #3:**

Utilize flexible and responsive processes to adapt service delivery in an evolving healthcare environment.

### **Objectives:**

- ◆ Create a process of periodic review of the healthcare environment to identify the potential impact on the problem gambling service delivery system.
- ◆ Create contingency plan(s) to respond to applicable changes within the healthcare system.

# Goals



## **Goal: Treatment**

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

### **Strategy #1:**

Develop standards of care that support a recovery oriented service array.

### **Objectives:**

- ◆ Develop practice standards required for the delivery of problem gambling services in Nebraska.
- ◆ Identify and define an array of reimbursable, recovery oriented services.

### **Strategy #2:**

Improve processes to increase early treatment engagement.

### **Objectives:**

- ◆ Increase retention rates by implementing strategies and opportunities for consumer engagement.
- ◆ Explore the use of technology as a means to support recovery.

### **Strategy #3:**

Implement processes to ensure the delivery of integrated care practices within the public behavioral health system.

### **Objectives:**

- ◆ Develop a measurable process to ensure a coordinated healthcare approach for problem gambling consumers.
- ◆ Foster and encourage processes that support coordinated healthcare for co-occurring consumers.

### **Strategy #4:**

Utilize creative strategies for workforce development.

### **Objectives:**

- ◆ Explore strategies to develop and maintain credentialed certified problem gambling counselors.
- ◆ Develop strategies to increase the number of healthcare providers that are problem gambling informed.



## **Appendix A: Glossary**

**Behavioral Health:** This includes Mental Health, Substance Abuse and Problem Gambling.

**Community-based Care:** This refers to care provided in the community, not at a State Regional Center (LB1083-2004)

**Consumer Driven:** Refers to mental health, substance abuse or problem gambling treatment and related services in which consumers are the primary decision makers about the care offered and received. Consumer-driven care reflects both the individual and collective consumer voice in all aspects of mental health service delivery including choice of supports, program planning, service implementation, evaluation and research.

**Co-occurring Disorders (COD):** Refers to the circumstance of two or more disorders (mental health, substance abuse or problem gambling) occurring simultaneously in a consumer.

**Empirically supported practice:** Services and supports that have been shown by research to be effective; sometimes called evidence based or evidence informed practices.

**Integrated health care:** This means that if a person is participating in a health home, that person's health care, from primary care doctor to dentist to behavioral health professional, all share the same information and coordinate treatment based on that information.

**Person-centered Care:** Services and supports are designed around the needs, preferences and strengths of individuals.

**Recovery-oriented System of Care (ROSC):** A ROSC is a coordinated network of community based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life.

**Self-directed Approach:** Approach to care that encourages and supports individuals in exercising the greatest level of choice possible over their services and support options and taking responsibility for their recovery.

**Wellness:** Wellness is a concept that embraces a way of living that helps all people enjoy a more satisfying, productive and happy life. It is, by definition, a conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle. A wellness lifestyle is balanced; it includes cultivating healthy habits that contribute to a better quality of life.

# ***Appendix B:***



## **GAP 2011 Strategic Plan Ad-Hoc Committee**

Jerry Bauerkemper, Executive Director  
Nebraska Council on Compulsive Gambling

John Bekins  
State Committee on Problem Gambling

Maya Chilese, Interim Manager and Clinical Treatment Coordinator  
Nebraska DHHS, Gamblers Assistance Program

Sheri Dawson, Managed Care and Quality Improvement Manager  
Nebraska DHHS, Division of Behavioral Health

Jeff Graber, Director of Security  
Harrah's Corporation, Council Bluffs, Iowa

Deb Hammond, Director  
Choices Treatment Center

Ed Hoffman  
State Committee on Problem Gambling

Dave Palm, Community Health Development Administrator  
Nebraska DHHS, Division of Public Health

Harlan Vogel  
Heartland Family Services

## **Facilitators**

Kristine L. and Michael R. Stone  
MKS Communications

*Prevention Works  
Treatment is Effective  
People Recover*



**DHHS - State of Nebraska**

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Division of Behavioral Health  
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**Fiscal Year 2010-2011  
GAP Expenditures and Revenues  
As of March 31, 2011**

Percent of Time Elapsed **75.07%**  
Percent Elapsed- Bi-weekly Admin **73.08%**

**Expenditures**

	<u>Administration</u>	<u>% Expend</u>	<u>Lottery</u>	<u>% Expend</u>	<u>Prevention Education Awareness</u>	<u>% Expend</u>	<u>Health Care Cash</u>	<u>% Expend</u>	<u>Grand Total</u>	<u>% Expend</u>
FY11 GAP Budget	\$75,000		\$957,620		\$200,000		\$225,000		\$1,457,620	
Expenditures YTD	\$32,283	43.04%	\$451,986	47.20%	\$135,754	67.88%	\$220,310	97.92%	\$840,333	57.65%
Unexpended	\$42,717		\$505,634		\$64,246		\$4,690		\$617,287	

**Revenues**

	<u>Administration Fund 21750 and Fund 22640</u>	<u>Lottery Revenue (Fund 21750)</u>	<u>Prevention Education Awareness (Fund 21750)</u>	<u>Health Care Cash (Fund 22640)</u>	<u>Grand Total</u>
Beginning Balance	0	629,839	270,378	0	\$900,217
Receipts YTD	76,250	726,256	176,482	225,000	\$1,203,988
Interest	795	21,045	6,935	0	\$28,776
Total Available	77,045	1,377,140	453,795	225,000	\$2,132,981
Expenditures	\$32,283	\$451,986	\$135,754	\$220,310	\$840,333
Ending Balance	\$44,762	\$925,155	\$318,041	\$4,690	\$1,292,648



GAP Quarterly Report as of 04/14/2011

<i>DRAFT</i>	Total Contract	1st Qtr July - Sept	2nd Qtr Oct - Dec	3rd Qtr Jan - Mar	4th Qtr Apr-June	Total Paid Out	Total % Used	Fund Sources
<b>Treatment</b>								
First Step	\$124,000	24,866.25	25,048.72	23,031.22	0.00	<b>72,946.19</b>	58.83%	Lottery, Healthcare
Choices	\$224,000	49,815.00	53,802.14	53,228.82	0.00	<b>156,845.96</b>	70.02%	Lottery, Healthcare
Spence Counseling	\$160,000	27,555.00	31,652.50	36,441.25	0.00	<b>95,648.75</b>	59.78%	Lottery
Heartland Family Services	\$176,000	26,115.00	16,668.67	18,703.14	0.00	<b>61,486.81</b>	34.94%	Lottery, Healthcare
CrossRoads	\$12,000	3,135.00	3,585.00	2,287.50	0.00	<b>9,007.50</b>	75.06%	Lottery
Michael Sullivan Counseling	\$43,000	8,625.00	10,055.00	16,192.50	0.00	<b>34,872.50</b>	81.10%	Lottery
Robert Walton	\$3,000	1,920.00	780.00	300.00	0.00	<b>3,000.00</b>	100.00%	Lottery
Richard Landrigan/ReNew Couns	\$17,000	3,515.00	2,605.00	3,500.00	0.00	<b>9,620.00</b>	56.59%	Lottery
Wanda Swanson/Changes	\$30,000	6,607.50	8,250.00	7,710.00	0.00	<b>22,567.50</b>	75.23%	Lottery
Hampton Behav & Fam Services	\$11,750	4,485.00	765.00	3,810.00	0.00	<b>9,060.00</b>	77.11%	Lottery
Lisa Johnson/Reflections	\$10,000	2,250.00	0.00	0.00	0.00	<b>2,250.00</b>	22.50%	Lottery
Rebecca Green	\$17,000	4,245.00	3,157.50	1,500.00	0.00	<b>8,902.50</b>	52.37%	Lottery
Sue Huebner	\$5,000	450.00	450.00	0.00	0.00	<b>900.00</b>	18.00%	Lottery
Peace & Power Counseling	\$52,000	15,215.00	14,270.00	15,000.00	0.00	<b>44,485.00</b>	85.55%	Lottery
<b>Total Providers</b>	<b>884,750.00</b>	<b>178,798.75</b>	<b>171,089.53</b>	<b>181,704.43</b>	<b>0.00</b>	<b>531,592.71</b>	<b>60.08%</b>	
<b>Prevention/ Education Contracts</b>								
First Step	\$4,000	660.00	440.00	550.00	0.00	<b>1,650.00</b>	41.25%	Education
Choices	\$8,000	1,560.00	1,172.50	3,962.50	0.00	<b>6,695.00</b>	83.69%	Education
Spence Counseling	\$5,000	560.00	0.00	0.00	0.00	<b>560.00</b>	11.20%	Education
Heartland Family Services	\$4,000	385.00	625.00	263.75	0.00	<b>1,273.75</b>	31.84%	Education
CrossRoads	\$3,000	330.00	495.00	872.50	0.00	<b>1,697.50</b>	56.58%	Education
Richard Landrigan/Renewal Coun	\$3,000	0.00	0.00	0.00	0.00	<b>0.00</b>	0.00%	Education
Wanda Swanson/Changes	\$5,000	0.00	0.00	840.00	0.00	<b>840.00</b>	16.80%	Education
Hampton Behav & Fam Services	\$2,000	190.00	110.00	0.00	0.00	<b>300.00</b>	15.00%	Education
Rebecca Green	\$3,000	0.00	0.00	0.00	0.00	<b>0.00</b>	0.00%	Education
Peace & Power Counseling	\$5,000	908.75	800.00	1,803.75	0.00	<b>3,512.50</b>	70.25%	Education
NCCG & Education Materials	\$48,000	16,155.71	20,054.14	11,790.15	0.00	<b>48,000.00</b>	100.00%	Education
Garfield Wheeler Loop	\$30,000	0.00	10,505.18	2,049.35	0.00	<b>12,554.53</b>	41.85%	Education
Lancaster County	\$35,000	9,858.05	0.00	0.00	0.00	<b>9,858.05</b>	28.17%	Education
Brokaw Marketing (Billboards)	\$30,172	3,294.19	7,528.73	9,674.30	0.00	<b>20,497.22</b>	67.93%	Education
Learfield (Radio)	\$32,724	10,907.75	0.00	8,726.20	0.00	<b>19,633.95</b>	60.00%	Education
NE Advertising Service	\$9,735	0.00	0.00	9,672.32	0.00	<b>9,672.32</b>	99.36%	Lottery
<b>Total Prevention</b>	<b>227,631.00</b>	<b>44,809.45</b>	<b>41,730.55</b>	<b>50,204.82</b>	<b>0.00</b>	<b>136,744.82</b>	<b>60.07%</b>	
<b>Other Contracts</b>			**Magellan usually draws its funds in Feb or March					
Michael Sullivan Licensing	\$5,000	0.00	0.00	605.00	0.00	<b>605.00</b>	12.10%	Lottery
NCCG	\$175,000	53,331.23	35,528.32	46,242.59	0.00	<b>135,102.14</b>	77.20%	Lottery
MKS - Strategic Planning	\$18,000	3,076.49	4,922.21	500.00	0.00	<b>8,498.70</b>	47.22%	Lottery
Ramirez - Evaluation	\$22,183	0.00	0.00	7,394.00	0.00	<b>7,394.00</b>	33.33%	Lottery
Magellan	\$10,300	0.00	0.00	0.00	0.00	<b>0.00</b>	0.00%	Lottery
<b>Total Evaluation</b>	<b>\$230,483</b>	<b>\$56,407.72</b>	<b>\$40,450.53</b>	<b>\$54,741.59</b>	<b>\$0.00</b>	<b>\$151,599.84</b>	<b>65.77%</b>	
<b>Total Contracts</b>	<b>\$1,342,864</b>	<b>\$280,015.92</b>	<b>\$253,271</b>	<b>\$286,651</b>	<b>\$0</b>	<b>\$819,937.37</b>	<b>61.06%</b>	

**Nebraska State Committee on Problem Gambling  
FY11 Funds Authorized**

*DRAFT*

	Health Care		
	Cash	Lottery Aid	Lottery Prev
Total Budget Authority	\$225,000	\$957,620	\$200,000
Amount Approved to Date	\$225,000	\$919,864	\$200,000
<b>Amount Available for Future Use</b>	<b>\$0</b>	<b>\$37,756</b>	<b>\$0</b>

**FY11 Contracts/Funds Approved by Committee:**

Rebecca Green	\$0	\$17,000	\$3,000
CrossRoads	\$0	\$12,000	\$3,000
Lisa Johnson/Reflections	\$0	\$10,000	\$0
Rob Walton	\$0	\$3,000	\$0
Hampton Behav & Fam Srv/Betty Hampton	\$0	\$11,750	\$2,000
Michael Sullivan/Sullivan Counseling	\$0	\$43,000	\$0
Wanda Swanson/Changes	\$0	\$30,000	\$5,000
Richard Landrigan/Renew Counseling	\$0	\$17,000	\$3,000
Sue Huebner	\$0	\$5,000	\$0
Peace & Power	\$0	\$52,000	\$5,000
NE Radio/Learfield	\$0	\$10,221	\$22,503
Brokaw Marketing	\$0	\$9,675	\$20,497
NE Council on Comp Gambling (inc. educ. material)	\$0	\$175,000	\$50,000
Choices Treatment Ctr	\$75,000	\$149,000	\$8,000
First Step Recovery Ctr	\$75,000	\$49,000	\$4,000
Spence Counseling	\$0	\$160,000	\$5,000
Heartland Family Services	\$75,000	\$101,000	\$4,000
Michael Sullivan (Licensure)	\$0	\$5,000	\$0
Mike Stone (Strategic Planning)	\$0	\$8,499	\$0
Strategic Planning (unexpended)	\$0	\$9,501	\$0
Magellan	\$0	\$10,300	\$0
GLW Children's Council Inc.	\$0	\$0	\$30,000
J. P. Ramirez, Evaluation	\$0	\$22,183	\$0
NE Press Advertising Service	\$0	\$9,735	\$0
Lancaster County	\$0	\$0	\$35,000
<b>Total Contracts/Approved:</b>	<b>\$225,000</b>	<b>\$919,864</b>	<b>\$200,000</b>

Prepared by: Karen Harker, Division of Behavioral Health

Updated: March 30, 2011 (ub)

**GAP Funding Recommendations FY11**

Service Type	Region	Provider	FY11 \$ Recommended
Strategic Plan Implementation – Education Planning	State		Up to 40,000
Treatment	R4	Hampton	\$1000
		<b>TOTAL:</b>	<b>\$41,000</b>

**GAP Funding Recommendations FY12**

**Total Budget: \$1,457,620**

	Administration	Lottery Aid	Education/Prevention	Health Care Cash
Budget	\$75,000	\$957,620	\$200,000	\$225,000
Appropriation:	75,000	835,300	30,000	225,000
Unallocated:	0	\$122,320	(\$170,000 earmarked)	0

**Total Unallocated: \$292,320**

**Lottery Aid/HealthCare Cash: (\$957,620 + 225,000) = \$1,182,620**

Service Type	Region	Provider	FY11 \$ Contract	% Utilized	FY12 \$ Recommended	Funding Source
Treatment	1	CrossRoads	12,000	75.06%	12,000	Lottery Aid
		ReNew - Landrigan	17,000	56.59%	15,000	Lottery Aid
	2	Lutheran Family Service – S. Huebner	5,000	18%	5,000	Lottery Aid
	3	R. Green	17,000	52.37%	15,000	Lottery Aid
	4	M. Sullivan Counseling	43,000	81.10%	45,000	Lottery Aid
		Hampton Behavioral Health	11,750	77.11%	13,000	Lottery Aid
		R. Walton	3,000	100%	0	-
	5	Changes – W. Swanson	30,000	75.23%	30,000	Lottery Aid
		Choices Treatment Center	224,000	70.02%	224,000	HCC -Lottery Aid
		First Step Recovery Center	124,000	58.83%	120,000	HCC -Lottery Aid
		Reflections – L. Johnson	10,000	22.50%	6,000	Lottery Aid
	6	Heartland Family Service	176,000	34.94%	125,000	Lottery Aid
		Peace & Power Counseling	52,000	85.55%	65,000	Lottery Aid
		Spence Counseling Center	160,000	59.78%	150,000	HCC -Lottery Aid
		<b>TOTAL:</b>			<b>\$825,000</b>	<b>HCC &amp; Lottery Aid</b>

**Education/Prevention: \$200,000**

Service Type	Region	Provider	FY11 \$ Contract	% Utilized	FY12 \$ Recommended	Funding Source
Prevention	4	GLW Children's Council	30,000	41.85%	S/P	Ed/Prev
	5	Lancaster Human Services	35,000	28.17%	\$6000 thru 9/11	
Outreach	1	Crossroads	3,000	56.58%	S/P	
	3	R. Green	3,000	0%	S/P	
	4	Hampton Behavioral Health	2,000	15%	S/P	
	5	Changes – W. Swanson	5,000	16.80%	S/P	
		Choices Treatment Center	8,000	83.69%	S/P	
		First Step Recovery Center	4,000	34.38%	S/P	
	6	Heartland Family Services	4,000	31.84%	S/P	
		Peace & Power Counseling	5,000	70.25%	S/P	
		Spence Counseling	5,000	11.20%	S/P	
	State	Brokaw Marketing - billboards	30,172	67.93%	S/P	
		NRN Learfield - radio	32,724	60%	S/P	
		NE Press Assoc - newspaper	9,735	99.36%	S/P	
	State	Materials printed - NCCG	10,000	75%	S/P	
		<b>TOTAL:</b>	<b>\$229,631</b>		<b>6,000 -Earmark \$164,000</b>	<b>Education/ Prevention</b>

Service Type	Region	Provider	FY11 \$ Contract	% Utilized	FY12 \$ Recommended	Funding Source
Helpline	statewide	<i>(RFP winning bidder)</i>	-	-	130,000 <i>(already appropriated)</i>	Lottery Aid, Ed/Prev
Workforce Development	statewide	<i>(RFP winning bidder)</i>	-	-	120,000 <i>(already appropriated)</i>	Lottery Aid
Licensure	n/a	M. Sullivan	5,000	12.10%	5,000	Lottery Aid
Evaluation	n/a	GPR Maps – J. Ramirez	22,138	33.33%	S/P	-
ASO	n/a	Magellan	10,300	0%	10,300	Lottery Aid
		<b>TOTAL:</b>			265,300 Lottery Aid 30,000 Prevention	



## Gamblers Assistance Program

301 Centennial Mall South  
 PO Box 95026  
 Lincoln, NE 68509-5026  
 Fax: 402-471-7859



# Contractor Request for Funds Form

### Instructions:

If at any time during the contracted fiscal year, a GAP Contractor believes the funding appropriation may be too limited to reimburse for increasing utilization of treatment services, the Contractor may submit a **Request for Funds** form to the GAP. **This form MUST be received in the Division no less than fourteen (14) calendar days/ten (10) business days prior to the next State Committee on Problem Gambling meeting. Requests for Funds forms received after this deadline may not be eligible for funding consideration.** (Committee meeting dates can be found on the Nebraska Public Meeting Calendar and also on the DHHS website at: <http://www.dhhs.ne.gov/beh/gam/saccgam.htm>)

*Process for Request for Funds review and appropriation:*

1. Contractor prepares typed, accurate and complete Request for Funds form.
2. Contractor submits Request for Funds form to GAP in timely fashion.
3. GAP dates receipt of Contractor submitted Request for Funds form.
4. GAP reviews document for accuracy, compares previous and projected utilization, makes determination of validity and eligibility.
5. GAP submits Request for Funds form to the next State Committee on Problem Gambling for review. GAP provides statement of review and recommendation.
6. State Committee on Problem Gambling reviews all requests and current budget; makes determination of eligibility and votes on appropriation. Funding amount may be allocated based upon three factors:
  - a. Contractor's previous fiscal year expenditures, utilization, productivity, outcomes and compliance
  - b. Availability of funds
  - c. State Committee on Problem Gambling identified priorities
7. GAP responds to the Committee action by preparing a letter of denial OR letter of award and contract amendment. GAP will communicate Committee decision to Contractor within 10-14 business days following the Committee meeting.

### Contractor Information:

Contracted Entity:	Hampton Behavioral Health and Family Service, Inc.
Name of Contact Person:	Betty Hampton
Address:	116 West Douglas Street Suite B
City, Zip:	O'Neill, NE 68763
Phone:	402-336-3200
Email:	Hampton_king@yahoo.com
Current FY Contract \$:	\$11,750 problem gambling treatment \$2,000 education/outreach Total \$13,750

**Contractor Program Narrative:**

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$1,000
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Two gamblers continue to attend treatment on an average of 1.5 times per week. It is expected they will attend treatment twice weekly. Another client was seen for an intake today. He will also be in need of individual therapy. At this time 8 clients have been served with the expectation of one or two more clients requesting services. Valley Hope continues to refer problem gamblers who are attending their short term residential program.
Clarify supporting evidence of capacity increase needed in region:	\$7,935 has been spent for treatment as of February 28, 2011. March billing is estimated to be \$1,275. Funding left for treatment through June 30, 2011 is approximately \$2,540. Treatment cost average over the year is \$1,025 per month, however April, May and June expenses are expected to be higher. Current funding will not allow for continued treatment at the expected need.
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Without funding increase, gamblers would not receive continued treatment and referred gamblers would not receive treatment.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	Administration and staffing will remain the same. There are appointment times available for current and new clients.
Please provide any additional relevant information:	Director of local short term residential alcohol and drug treatment program continues to make referrals. These clients are from all areas of the state.
Submitted by:	Betty Hampton
Submission date:	04/01/2011

**For Office Use Only:**

Date GAP Received Request For Funds Form:	April 1, 2011 – Reviewed for appropriateness; approved and recommended
Committee Review Date:	April 15, 2011
Committee Vote:	
Approval/\$:	
Denial/Reason:	
GAP Response To Contractor Date:	
Gap/Division Signature:	



## Gamblers Assistance Program

301 Centennial Mall South  
 PO Box 95026  
 Lincoln, NE 68509-5026  
 Fax: 402-471-7859



# Contractor Request for Funds Form

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*Process for Request for Funds review and appropriation:*

1. Contractor prepares typed, accurate and complete Request for Funds form.
2. Contractor submits Request for Funds form to GAP in timely fashion.
3. GAP dates receipt of Contractor submitted Request for Funds form.
4. GAP reviews document for accuracy, compares previous and projected utilization, makes determination of validity and eligibility.
5. GAP submits Request for Funds form to the next State Committee on Problem Gambling for review. GAP provides statement of review and recommendation.
6. State Committee on Problem Gambling reviews all requests and current budget; makes determination of eligibility and votes on appropriation. Funding amount may be allocated based upon three factors:
  - a. Contractor's previous fiscal year expenditures, utilization, productivity, outcomes and compliance
  - b. Availability of funds
  - c. State Committee on Problem Gambling identified priorities
7. GAP responds to the Committee action by preparing a letter of denial OR letter of award and contract amendment. GAP will communicate Committee decision to Contractor within 10-14 business days following the Committee meeting.

### Contractor Information:

Contracted Entity:	Peace and Power Counseling LLC
Name of Contact Person:	Gina Fricke
Address:	6901 Dodge St. Suite 101
City, Zip:	Omaha, NE 68132
Phone:	402-515-7412
Email:	<a href="mailto:ginafricke@peaceandpowercounseling.com">ginafricke@peaceandpowercounseling.com</a>
Current FY Contract \$:	\$52,000 outpatient treatment \$5,000 outreach/educational services Total: \$57,000

**Contractor Program Narrative:**

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$7500.00
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	Currently I am serving about 30 people each month for outpatient gambling treatment services. I have considered the amount of funding I have used each month this fiscal year so far and how much time is left in the fiscal year and see that I will need an additional \$7500.00 in order to continue at the rate of services I am currently providing though the end of this fiscal year.
Clarify supporting evidence of capacity increase needed in region:	I actually am expecting that the capacity of the gambling treatment program here at Peace and Power Counseling will expand based on the approximately 7 gambling treatment crisis calls/intakes that are currently scheduled in the next week for new clients. This is more clients than we have taken in to services in any one week this fiscal year so far.
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	Providing this additional funding will ensure continuity of services provided to those in most need who are suffering with the crisis of their gambling problems. This funding will also help those who need treatment to shift from the devastation that gambling has caused into a treatment that can offer hope.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	No adjustment is necessary, however, I have increased my hours to accommodate the intakes that have come in recently.
Please provide any additional relevant information:	I have been told that this increase in funding is not an option this year because of RFP contracts with Spence and Heartland. I just want the committee to know that there are people who need services and that this additional funding would be helpful to me in continuing to provide these services.
Submitted by:	Gina Fricke
Submission date:	4-5-11

**For Office Use Only:**

Date GAP Received Request For Funds Form:	Tuesday, April 5, 2011 – Reviewed, capacity need is evident. Unable to award due to protection of network contracted via RFP.
Committee Review Date:	April 15, 2011
Committee Vote:	
Approval/\$:	
Denial/Reason:	
GAP Response To Contractor Date:	
Gap/Division Signature:	

## GAP Rate Setting Workgroup

### Notes from March 8, 2011 Conference Call

**Provider Representatives:** Gina Fricke, Deb Hammond, Wanda Swanson, Diane McNeese (Last part only)

**Committee Representatives:** John Bekins, Ed Hoffman,

**DHHS Representatives:** Karen Harker, Maya Chilese, Ula Bukowski

Current Treatment Services that are funded are Crisis Intervention, Assessment/Evaluation, and Outpatient (individual, family, group). Outreach and Education is also funded but scope of the rate setting process will focus on treatment services. Group decision was to begin rate analysis with Crisis Intervention. Goal is to identify activities and time frames that represent the majority of cases.

#### **Current Payment Process:**

- Paid on flat rate per session (\$60); no hourly limit on individual session however total hours that can be reimbursed for is six hours during twelve month period.

#### **Key Activities of Direct Service for Crisis Intervention Identified:**

- Meeting with consumer to screen if threat to their own wellbeing, assess stability of person, identify the problem they are facing related to problem gambling. (may need to identify if substance addiction, mental health or legal issues are involved and appropriately refer), determine direction the person wishes to go/treatment plan, consumer completes needed paperwork which is less than typical intake/assessment
  - **Appointment Time frame:** Varies from 1 to 3 hours; norm is 1-2 hours
    - **Note:** Review of billing documents from all providers indicate that most private providers do not provide or do not bill for Crisis Intervention.
- After consumer leaves, write case/progress notes, assemble file
  - **Time frame:** 30 minutes – 1 hour

#### **Other Discussion Points related to Service:**

- Agency may or may not hold time in appointment book for such individuals either daily or weekly; private provider works in on as needed basis
- Variation in how long it takes for consumer to obtain an appointment; there is no clear determination or expectation of what is an “immediate” timely response to a consumer’s request for an appointment
- May merit need for collateral contacts (e.g., family members, employer, etc.)
- At agencies, case may be staffed at meetings and staff note filed
- Our challenge to think about activity through each service and differentiate what is required by service definition and what may be the practice or required by the provider. Focus for this purpose has to be on what is the minimum level of care/service that is required.
- Some variation on number of sessions (and resulting number of hours) that may be required before consumer is moved to another level of service.

## **GAP Rate Setting Workgroup**

### **Notes from March 15, 2011 Conference Call**

**Provider Representatives:** Gina Fricke, Deb Hammond, Wanda Swanson, Diane McNeese

**Committee Representatives:** None

**DHHS Representatives:** Karen Harker, Maya Chilese, Ula Bukowski

Reviewed notes from last week's discussion on Crisis Intervention current payment process and key activities. The group will continue with a similar process for the Assessment/Evaluation service. Goal continues to be to identify activities and time frames that represent the majority of cases. The provider representatives were asked to work from the perspective of an initial interaction with an individual (i.e. no Crisis Intervention service was provided).

#### **Current Payment Process:**

- Paid on flat rate per Assessment/Evaluation (\$150)

#### **Key Activities of Direct & Indirect Service for Assessment/Evaluation Identified:**

- Meeting with consumer involves:
  - Compile file and evaluation packet
  - Agency paperwork
  - Use approved screening and assessment tools and methods
  - Follow up with individual about results
  - Determine if treatment is needed/desired – what would treatment look like?
  - **Time frame:** Varies from 1.5 to 3 hours depending on provider
    - **Note:** Most providers on the conference have a counselor doing most of the activities above, however, in some agencies, the intake paperwork can be taken care of with other staff before the individual meets the counselor
- After consumer leaves, gather collateral information, write narrative, generate typed report, create complete client file
  - **Time frame:** 1.5 to 4 hours, with most between 2 to 3 hours

#### **Other Discussion Points related to Service:**

- Some Agencies may schedule a 3 to 4 hour block to accomplish all the consumer-involved activities in one session. One private provider schedules a 1.5 hour session with the expectation of a follow up meeting lasting another hour.
- Collateral contacts – cause of much variance. If an individual already has a MH provider, case manager, psychologist or is involved with the legal system, collateral contacts can take much longer than with an individual who has no prior history with the MH field (just contact family members, employer, etc.)
- Some discussion about the use of consultation/staffing
- More discussion about what may be the standard practice or required by the provider; some discussion needed further in the Service Definition group.

## **GAP Rate Setting Workgroup**

### **Notes from March 29, 2011 Conference Call**

**Provider Representatives:** Gina Fricke, Deb Hammond, Wanda Swanson, Diane McNeese

**Committee Representatives:** John Bekins, Ed Hoffman,

**DHHS Representatives:** Karen Harker, Maya Chilese, Ula Bukowski

Briefly reviewed notes from last week's discussion on Assessment/Evaluation current payment process and key activities. The group will continue with a similar process for Outpatient Therapy service. Goal continues to be to identify activities and time frames that represent the majority of cases. Outpatient Therapy will be studied in its Individual, Family and Group incarnations.

#### **Current Payment Process:**

- Individual and Family Outpatient Therapy are paid hourly by individual (\$75 and \$90, respectively)
- Group Outpatient Therapy is paid hourly by group (\$80)
- All forms of Outpatient Therapy currently limited up to six hours a week.

#### **Key Activities of Direct & Indirect Service for Outpatient Therapy Identified:**

##### **Individual Outpatient Therapy**

- Begins after consumer has had an Assessment/Evaluation and Outpatient Therapy has been deemed appropriate.
- Consumer meets with counselor one-on-one.
  - During the first couple of meetings, create a treatment plan, set goals and objectives and identify strengths and weaknesses.
  - Discuss finances at beginning of treatment, may be as often as weekly but may decrease frequency later on.
  - Remainder of individual sessions revolves around working the treatment plan.
    - **Time frame:** Varies from 1 to 1.5 hours depending on discussion topics
  - After consumer leaves, gather collateral information, provider case management, progress notes.
    - **Time frame:** 10 to 15 minutes for progress notes, collateral information.

##### **Family Outpatient Therapy**

- After consumer has met with counselor one-on-one, there may be a need to have sessions where two or more family members participate.
  - There may be two counselors participating.
  - Usually the gambler and their significant other.
  - These sessions are often more intense, with more discussion and may last longer than a typical individual outpatient therapy session.
    - **Time frame:** Varies from 1 to 1.5 hours, usually 1.5 hours.

- After consumer and family member leave, update progress notes for each person who is a registered consumer. May need to consult with other counselor or engage fellow counselors in team staffing. May lead to additional collateral information gathering.
  - **Time frame:** 10 to 15 minutes for progress notes per registered participant. Consultations with other counselors, team staffing, may take 15 to 30 minutes.

### **Group Outpatient Therapy**

- Consumer meets with counselor and other consumers in a group setting.
  - Two to twelve individuals.
  - Usually one counselor (two if one is training or group is large)
  - Most of the providers on the call had their group session meet once a week.
    - **Note:** Some providers either don't offer this service or offer it less frequently.
  - The purpose of Group Outpatient Therapy:
    - Builds group camaraderie and creates a support system,
    - Sharing personal experience and information.
    - Support recovery and treatment process.
    - **Time frame:** Varies from 1 to 3 hours depending on the size of the group and the provider.
  - After consumers leave, write progress notes after each session for every consumer.
    - **Time frame:** 10 to 15 minutes for each client's progress note. 15 to 30 minutes when the counselor leading the session would have to coordinate with the other counselors that work with group participants, team staffing.

### **Other Discussion Points related to Services:**

- Karen asked the providers on the call about the method of reimbursement for the services – is an hourly reimbursement rate the best mechanism? The providers that answered felt that the current METHOD of reimbursement is the most effective for this set of services (versus by person or by session).
- Karen asked the providers on the call to think about the labor costs involved in the activities listed above. The providers were asked to submit, if possible, some salary information for CCGCs and the kind of fringe benefits they may receive (discussion about continuing education stipends)
- Discussion about workforce development – Problem Gambling is a new unique field and many agencies find that they develop their own CCGCs and have to bear those costs.

**I. SCOPE OF THE REQUEST FOR PROPOSAL**

The State of Nebraska, Department of Health and Human Services (DHHS) Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP), is issuing this Request for Proposal, RFP Number **55074-03** for the purpose of selecting a qualified contractor to provide a **Problem Gambling Workforce Development Services**.

A contract resulting from this Request for Proposal will be issued for a period of two (2) years effective July 1, 2011 through June 30, 2013, with the option to renew for one (1) additional two (2) year period as mutually agreed upon by all parties. The Problem Gambling Workforce Development Services total funding for this contract shall not exceed \$240,000.00 with a maximum spending authority for fiscal year 2012 (contract period of July 1, 2011-June 30, 2012) of \$120,000.00 and a maximum spending authority for fiscal year 2013 (contract period of July 1, 2012-June 30 2013) of \$120,000.00. The awarded bidder must provide all services required of this RFP for the duration of the contract period regardless of costs expended beyond reimbursable contract amount.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:** <http://www.das.state.ne.us/materiel/purchasing/rfp.htm> and <http://www.dhhs.ne.gov/beh/gam/gam.htm>

**A. SCHEDULE OF EVENTS**

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

	<b>ACTIVITY</b>	<b>DATE/TIME</b>
1.	Release Request for Proposal	March 18, 2011
2.	Last day to submit written questions	April 1, 2011
3.	State responds to written questions through Request for Proposal "Addendum" and/or "Amendment" to be posted to the Internet at: <a href="http://www.dhhs.ne.gov/beh/gam/gam.htm">http://www.dhhs.ne.gov/beh/gam/gam.htm</a> and/or <a href="http://www.das.state.ne.us/materiel/purchasing/rfp.htm">http://www.das.state.ne.us/materiel/purchasing/rfp.htm</a>	April 8, 2011
4.	Last day to submit "Letter of Intent To Bid"	April 14, 2011
5.	Proposal opening Location: Department of Health and Human Services Division of Behavioral Health 301 Centennial Mall South Lincoln, NE 68509	April 28, 2011 2:00pm Central Time
6.	Review for conformance of mandatory requirements	April 28, 2011
7.	Evaluation period	April 29 – May 20, 2011
8.	Post "Letter of Intent to Contract" to Internet at: <a href="http://www.dhhs.ne.gov/beh/gam/gam.htm">http://www.dhhs.ne.gov/beh/gam/gam.htm</a> and/or <a href="http://www.das.state.ne.us/materiel/purchasing/rfp.htm">http://www.das.state.ne.us/materiel/purchasing/rfp.htm</a>	May 23, 2011
9.	Contract finalization period	May 24-27, 2011
10.	Contract award	May 31, 2011
11.	Contractor start date	July 1, 2011

**II. SCOPE OF THE REQUEST FOR PROPOSAL**

The State of Nebraska, Department of Health and Human Services (DHHS) Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP), is issuing this Request for Proposal, **RFP Number 54908-03** for the purpose of selecting a qualified contractor to provide a **Problem Gambling Helpline**.

A contract resulting from this Request for Proposal will be issued for a period of two (2) years effective July 1, 2011 through June 30, 2013, with the option to renew for one (1) additional two (2) year period as mutually agreed upon by all parties. The Problem Gambling Helpline total funding for this contract shall not exceed \$260,000 with a maximum spending authority for fiscal year 2012 (contract period of July 1, 2011 - June 30, 2012) of \$130,000 and a maximum spending authority for fiscal year 2013 (contract period of July 1, 2012 - June 30 2013) of \$130,000. The awarded bidder must provide all services required of this RFP for the duration of the contract period regardless of costs expended beyond reimbursable contract amount.

**ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:** <http://www.das.state.ne.us/materiel/purchasing/rfp.htm> and <http://www.dhhs.ne.gov/beh/gam/gam.htm>

**A. SCHEDULE OF EVENTS**

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

	<b>ACTIVITY</b>	<b>DATE/TIME</b>
12.	Release Request for Proposal	March 18, 2011
13.	Last day to submit written questions	April 1, 2011
14.	State responds to written questions through Request for Proposal "Addendum" and/or "Amendment" to be posted to the Internet at: <a href="http://www.dhhs.ne.gov/beh/gam/gam.htm">http://www.dhhs.ne.gov/beh/gam/gam.htm</a> and/or <a href="http://www.das.state.ne.us/materiel/purchasing/rfp.htm">http://www.das.state.ne.us/materiel/purchasing/rfp.htm</a>	April 8, 2011
15.	Last day to submit "Letter of Intent To Bid"	April 14, 2011
16.	Proposal opening Location: Department of Health and Human Services Division of Behavioral Health 301 Centennial Mall South Lincoln, NE 68509	April 28, 2011 2:00pm Central Time
17.	Review for conformance of mandatory requirements	April 28, 2011
18.	Evaluation period	April 29 – May 20, 2011
19.	Post "Letter of Intent to Contract" to Internet at: <a href="http://www.dhhs.ne.gov/beh/gam/gam.htm">http://www.dhhs.ne.gov/beh/gam/gam.htm</a> and/or <a href="http://www.das.state.ne.us/materiel/purchasing/rfp.htm">http://www.das.state.ne.us/materiel/purchasing/rfp.htm</a>	May 23, 2011
20.	Contract finalization period	May 24-27, 2011
21.	Contract award	May 31, 2011
22.	Contractor start date	July 1, 2011

## GAP FY11 Services Purchased and Program Fidelity Audit Schedule

Name	Audit Date	DBH Staff	Outcome
<b>Treatment Providers</b>			
<b>Region One</b>			
Richard Landrigan	22-Mar	MC	Rescheduled
CrossRoads	22-Mar	MC	Rescheduled
<b>Region Two</b>			
Susanne J. Huebner	23-Mar	MC	Rescheduled
<b>Region Three</b>			
Rebecca Green	23-Mar	MC	Rescheduled
<b>Region Four</b>			
Hampton BH & Fam. Serv.	22-Dec	MC/NH	Completed
Michael Sullivan Counseling	22-Dec	MC/NH	Completed
Robert Walton	22-Dec	MC/NH	In Process
<b>Region Five</b>			
First Step	15-Dec	MC/NH	Completed
Choices	15-Dec	MC/NH	Completed
Wanda Swanson	15-Dec	MC/NH	Completed
Lisa Johnson	23-Dec	MTC	Completed
<b>Region Six</b>			
Heartland Family Service	02-Dec	MC	Completed
Spence Counseling	03-Dec	MC/NH	Completed
Gina Fricke	03-Dec	MC/NH	Completed
<b>Prevention</b>			
GLW	07-Mar	MC/KH	Rescheduled
Lancaster	22-Nov	MC/KH	Completed
<b>Other Contracts</b>			
NCCG	09-Feb	MC/KH	Completed
Brokaw Marketing		MC	Completed
Learfield News		MC	Completed

\*Services Purchased Audit performed Annually

\*Program Fidelity Audit performed minimally once every three years