



State Committee on Problem Gambling
Country Inn & Suites – Lincoln Room
5353 North 27th Street, Lincoln, NE 68521
November 5, 2010 - 9:00 a.m. – 2:00 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, John Hill, Ed Hoffman, Janelle Holt, Steve Jung, Lois Jurgensen, Jeff McKeown, Kenneth Timmerman

Committee Members Absent: Dennis McNeilly, Steve Sloup

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

Public Attendees: Jerry Bauerkemper, Jolene John Beckstrom, Trisha Crandall, Lisa Johnson, Gina Fricke, Deb Hammond, Wanda Swanson, Harlan Vogel

Agenda Items:

I. **Meeting Called to Order** – Steve Jung:

Steve Jung, Chair, called the meeting to order at 9:00 am. He stated that the Working Lunch had been expanded for Question & Answer between Committee Members and Providers. Mr. Jung also clarified that if Committee Members wanted Provider input, they could direct one question to an individual, but warned about lengthy ensuing discussions which would delay agenda proceedings. The last of the new members, Jeff McKeown was welcomed, and everyone was asked to introduce themselves briefly. Roll Call determined that there was a quorum.

II. **Approval of Minutes** – Steve Jung:

The Meeting Minutes for August 6, 2010 were approved by general consent (Attachment A).

III. **Approval of Agenda** – Steve Jung:

The Agenda for November 5, 2010 was approved by general consent.

IV. **Strategic Planning Process (SPP)** – John Bekins:

- a. The DHHS-Division of Behavioral Health draft strategic plan is available for public comment. The Mental Health Advisory Committee, Substance Abuse Advisory Committee, and the State Committee on Problem Gambling are able to review the overall DHHS-DBH plan which includes all behavioral health, on the DHHS website.
- b. The Problem Gambling's Strategic Planning Process facilitator, Mike Stone, held a two-day session this week with the Ad Hoc Strategic Planning group – November 2/3, 2010. The draft mission statement and three draft goals were crafted and strategies were developed. They are:
Draft Mission: to reduce the impact of problem gambling in Nebraska through effective prevention, awareness and treatment services.
Draft Goals:
 1. To educate Nebraskans about problem gambling.
 2. To promote access to an array of treatment services with integrated care practices throughout Nebraska.
 3. To improve outcomes for effective problem gambling services

There should be a rough draft available by the end of the calendar year and it is expected to be a three-year plan. The draft document will need to be reviewed and approved by the Committee. With the Strategic Plan in place, we may be in a better position to act on any Federal Funding issues for services.

V. Legislative Lunch – Carmen Engelhardt:

The event is a lunch and not a breakfast and will take place on March 1, 2011, Capitol Room 1023. All members are invited to this opportunity to expose new Senators to the importance of problem gambling issues. It would be good to have recovering gamblers tell their stories. Jerry Bauerkemper may provide a presentation that will give an overview of the history of the program and statistics, and information packets will be given to the Senators. It would be a great opportunity for Committee Members to chat with Senators during Problem Gambling Awareness Month. Save the Date cards will go out soon and a formal letter will go out in December.

VI. FY 11 Contract Report – Karen Harker:

Since the last meeting, education contracts have been added to the document to reflect the Committee approved contracts: Brokaw Marketing (Billboards) and Learfield Radio (Attachment B-FY11 Funds Authorized). The top section shows what has been appropriated/unappropriated and what is available for use.

VII. Additional Funding Considerations – Maya Chilese & Lori Dawes:

- a. Maya Chilese addressed the copy of a letter (Attachment B-RE: Indirect Expenses) soon to be sent to certain agency-based providers to note a change in reimbursement billing process for indirect services. In the past, these providers have billed that as a monthly draw, total allowable to up to 15% of their treatment contract. However, the State requires more documentation for valid reimbursement; this is documented in State Statute 73-501-509.
- b. A Committee member asked about contract accountability. Lori Dawes provided an explanation of the fiscal accountability of Providers. Accountability can be measured by specific documentation that validates what providers do; i.e. the number of individuals served and other activities performed. When Providers are audited, DHHS matches and verifies that activities occurred.
- c. This would mean that the impacted agencies have to provide more documentation for an Expense Reimbursement instead. This requirement will improve accountability and assist providers and the State to demonstrate that what is being billed is a viable expense.
- d. This letter will go to impacted Providers, and a conference call will be held to further discuss how to report expenditures appropriately. This is not a change in services or contract, but rather a process change for billing. The State will work with Providers to deliver a process that is simple, easy and satisfies what the auditors need. Committee members wanted to speak to Providers about this, and would approach some of the ones in attendance during the break.
- e. When rate re-structuring for treatment Providers is reviewed in the near future, this process will likely result in a matrix documenting viable services provided, definitions and rates.

Morning Break

VIII. Additional Funding Considerations 1 – Maya Chilese:

Maya Chilese addressed funds still available for this fiscal year (Attachment C-Funding), funding opportunities, Learfield Radio Ads and Brokaw Marketing Billboards.

- a. Unallocated amounts in Education are \$21,269 and \$120,320 in Aid. The Committee can review again in February or can decide to appropriate funding now for services by the vendors, potential options of which are presented in the recommendations. (This item was deferred until after the Evaluation Proposals and the Request for Funds).
- b. Also for consideration are the Evaluation Proposals (Attachment D). Two were received from two separate vendors, and both for under \$50,000; this project does not require an RFP:
 1. Dr. Juan Paulo Ramirez - individual who worked at PPC but is now independent, has worked with GAP, with the Evaluation Team, has expertise in GIS and whose history is trusted.
 2. Dr. Shinobu Watanabe-Galloway, UNMC – has worked with Substance Abuse, Mental Health and Criminal Justice data for the Division, and is based in Omaha.
- c. Neither vendor's bid over \$30,000, but Dr. Ramirez's bid was a bit lower. The Division QI suggested some pros and cons with both. After discussion, a Committee member moved to accept Dr. Ramirez's bid.

Action: The Committee voted unanimously to accept Dr. Ramirez's Evaluation Proposal.

IX. Fiscal Update: First Quarter Fiscal Report & Contract Report – Karen Harker:

Karen Harker reported (Attachment E) that most Providers are on track, but two have higher contract expenditures to date; Peace & Power Counseling is 43% and Hampton Behavioral Health is at 83% after their first quarter. Betty Hampton did not submit a funding request. The process for submitting the *Request for Funds Form* is documented in the Contract in the Provider Manual and a courtesy reminder is sent by DHHS.

a. Gina Fricke, Peace & Power Counseling has submitted a *Request for Funds Form* (Attachment C) asking for an additional \$34,000, as an additional PLMHP clinician was recently hired. Maya Chilese stated that the Committee had the option of approving the amount requested now or waiting to see the next quarter and funding more in February, and reminded the Committee that a Provider's payments are frozen while a contract amendment is being prepared.

b. A Committee member suggested partial funding by a half - \$17,000. This was motioned and seconded.

Action: The Committee voted unanimously to fund an additional \$17,000 to Gina Fricke, Peace & Power Counseling's contract now.

X. **Additional Funding Considerations 2 – Maya Chilese:**

\$ 80,000 is still unallocated; this can be used to purchase the higher or lower end of the Learfield Radio and Brokaw Marketing outlined (Attachment C). Targets could be March for Problem Gambling Month.

a. Committee members wanted to see more options than those delivered to them and expressed interest in northern rural areas of Nebraska where people are less likely to see assistance or know that assistance is available.

b. Maya pointed out that costs might change if areas were changed in the current packages, but that other options might be available. Committee members were encouraged to volunteer for an Ad Hoc group to review education contracts (billboards and radio). John Hill, Lois Jurgensen and Carmen Engelhardt were amenable.

c. Concerns were expressed that if more was spent, less funds would be available for treatment. This triggered a general agreement to look at packages that would be within \$21-22,000 cap.

d. A motion was made and seconded to approve an allocation, capped at \$21,000, and to task Maya Chilese, John Hill, Lois Jurgensen and Carmen Engelhardt to identify reasonable radio advertising and billboard placement in the state.

Action: The Committee voted unanimously to approve an allocation, capped at \$21,000, and to task Maya Chilese, John Hill, Lois Jurgensen and Carmen Engelhardt to carve out a reasonable radio advertising and billboard placement in the state.

XI. **Fiscal Update: First Quarter Fiscal Report & Contract Report – Lori Dawes & Karen Harker:**

First Quarter Report – Lori Dawes reported that the first quarter of the year seems on track. 30% of Healthcare Cash has already been spent, as the intent is to use it up first. Some Providers are a bit behind on their quarterly total, but they should catch up. All revenues from the Lottery (first \$500,000 plus 1%) have been received and are in place. However, lottery revenues are down a bit.

FY11 Contracts – Karen Harker reported that Rob Walton and Sue Huebner are behind in billing. Hampton Behavioral Health has expended 83% of their funds, but it is unknown why this smaller contract has had such an increase. The provider has not responded to a request to consider a review. Lancaster County has \$35,000 not yet spent, but their billing won't come in until October. A member asked about GLW-Youth Prevention also, and would like any awareness/prevention materials. Maya stated that she could bring a mid-year report and samples of materials at the February 2011 meeting.

XII. **Committee Membership 2011 – Steve Jung:**

Committee members were reminded that some will need to re-apply for membership as their term expiration is near. The link to the page where requests are submitted to the Governor will be e-mailed to members.

XIII. **FY11 Request for Proposals (RFP) – Maya Chilese:**

The Helpline and Workforce Training contract was approved to continue for this year by Legal, but will need to go through RFP process next fiscal year. The State starts writing RFPs in February. The Committee has the responsibility to establish criteria for the contractor and thus participate in the RFP process. Maya requested members to consider volunteering. This will require some meetings, as

members would walk through the criteria for vendor, evaluate/score proposals, and then bring the final results to the entire Committee. Both John Bekins and Ken Timmerman volunteered, but this request will be made again in February 2011, where the next quarterly meeting dates will be set – bring your calendars!

Break for Lunch

XIV. Joint Committee Meeting MH-SA-GAP – Vicki Maca:

Due to the success and feedback of the Joint Committee Meeting held last year, which combined the three State Committees, there will be another one on May 3, 2011. Dr. Scot Adams wants to invite everyone and encourages all Committee members to attend. More details will be sent.

XV. GAP Program – Maya Chilese:

Treatment Provider Call Update

The monthly Provider Calls continue. Agendas topics vary - from Committee Meeting schedule reminders program updates, etc. Attendance is optional, and the calls are now being recorded - a web link is available for two weeks and is sent out to Providers so those unable to attend can hear what was discussed.

A Committee Member wondered if it would be possible to go along on a site visit and see Providers' facilities, practice date entry, etc. Deb Hammond (Choices), offered to host a visit any time with a little prior warning. It was suggested that this could also be accomplished as an extended working lunch during a committee meeting.

Vicki Maca provided an update on the Division contract with Orion to complete the needs assessment of our data management system. This draft report will include business requirements and the steps necessary to enter data into the current system.

Fiscal Year Audits

A tentative audit schedule (Attachment F) is planned. Karen Harker, Maya Chilese and Nancy Heller, will be performing the two types of audit: services purchased and program fidelity. After the audit, an exit interview will occur, followed by a formal letter after the report is complete. If compliance issues or violations are found, they will then be addressed. Then at the end of the year, the Committee would receive a report of the findings.

Evaluation Team Update

Made up of volunteer members from the State, the Committee and Providers. The purpose of this small workgroup is purposed to consider data and outcome needs and to evaluative process. The new Strategic Planning may re-structure this process and outcomes to measure and track.

Service Definitions Team

This small group of volunteer Treatment Providers are giving their time and effort to assist in the review of the current Service Definitions, and considering any revisions that may be necessary. It's also likely that this process may be interrupted with Strategic Planning efforts and be revised.

CCGC Advisory Board

Certificate renewals for treatment services providers were due September 1, 2010. Attachment G shows a current roster of CCGCs. Mike Sullivan, Janelle Holt and Toni Arntzen are lapsed, while Rick McNeese and Lisa Johnson are inactive. This presents a problem for Lisa Johnson who only has a CCGC and no other licensure. Therefore, she is unable to provide counseling services. Thus her contract is suspended and her clients have had to be discharged and referred elsewhere.

The memo on the other side of the roster offers a recommendation to the Committee from the Compulsive Gambling Counselor Certification Advisory Board to strongly consider options for Workforce Development and several possible strategies to consider during Strategic Planning.

A Committee member asked about the number of Continuing Education Units (CEUs) needed and if that amount was reasonable, as LMHP only requires 32 CEUs. Hours were already reduced from 50 to 40, and only half of the required hours need be in gambling. LMHP requires a Masters Degree, CCGC

does not. It was suggested that a certain amount for stipends could be given to encourage CCGC certification. As the next renewal will not be until 2012, a proposed motion was withdrawn, and instead could be an agenda item to be discussed at the next quarterly meeting, but it will likely be addressed by Strategic Planning.

PAC Materials Update

\$10,000 was allocated for material duplication for providers but the State Printshop had protocol issues and the job could not be sent to an outside vendor. Instead, NCCG was requested to duplicate and disseminate the materials to Providers. This funding would be added to their contract to accommodate the task.

Additional Information

Choices provided letters of thanks to the Committee about the Midwest Conference. The Committee also received an update to the Philosophy Statements that had been received from Providers.

XVI. Next Committee Meeting: February 11, 2011. Some agenda items will include dates for the next meetings (please bring your calendars), Strategic Planning Process update, Legislative Lunch, RFPs, possibly stipends for Provider training.

XVII. Public Comment/Discussion:

- a. Wanda Swanson let the Committee know that there is a billboard near Lois Jurgensen's location but it's hard to read.
- b. Deb Hammond remarked that the Certification Board, the Strategic Planning and Evaluation processes have been very productive this year. Committee members are welcome to visit her agency any time. As far as reimbursement changes, it's expensive to keep clinicians trained and that it is very helpful when the stipend, training experience piece and CEUs have to happen. Reminder to continue to look at state and federal legislation.
- c. Harlan Vogel had observations in regards for funding for indirect services: 1. define what's indirect, what's allowed and what's not; 2. Timesheets to dictate and add a layer of paperwork; 3. Increase reimbursement rates so that you don't have to worry about indirect services. He agreed with Deb on all points and thought that stipend idea is a great concept. As a Treatment Provider, he thanked the Committee.
- d. Jolene John Beckstrom added that indirect services per month might add up to 110-115 extra hours for 20-30 clients per agency/per year. Anyone who wants to stop by at First Step would be welcome anytime.
- e. Jerry Bauerkemper addressed Strategic Planning, as the State is advocating for integration of services. If you can get SA, MH to think about this, it would be great – GAP has already been doing that and was key of the GAP design as far back as 1994. What hasn't been done is to let people know that they are already doing a good job with integration. We want SA to come to the table for dual licensing and months later, they still have not called back. But if funding comes, then integration will come.
- f. Vicki Maca agreed with Jerry, but thought that SA doesn't come perhaps because their plate is full. For years they did gambling screens and nothing was done with it – many LCSW's never had training for this. Maybe a consideration could be that some agencies could come and do groups for dual disorder – gambling and substance abuse, etc. Steve Jung remarked that maybe different rates of reimbursement for CCGCs than for other credentials might be an option – can give better treatment and help. A scale for reimbursement favoring someone with problem gambling training perhaps.
- g. Gina Fricke thanked the Committee for the additional funding – she appreciates being able to get through to February. She also stated that billboards could face away from a gambling venue, not going to it, but on the way home.

XVIII. Meeting Adjourned: At 2:05 p.m.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Health and Human Services.
Minutes are intended to provide only a general summary of the Committees proceedings.

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

	Health Care Cash	Lottery Aid	Lottery Prev
Total Budget Authority	\$225,000	\$957,620	\$200,000
Amount Approved to Date	225,000	837,300	178,731
Amount Available for Future Use	\$0	\$120,320	\$21,269

Note: Evaluation services are not reflected in this document. A potential of \$40,000 of Lottery Aid may be needed to purchase this service.

FY11 Contracts/Funds Approved by Committee:

Rebecca Green	-	\$17,000	\$3,000
CrossRoads	-	12,000	3,000
Lisa Johnson/Reflections	-	10,000	-
Rob Walton	-	3,000	-
Hampton Behav & Fam Srv/Betty Harr	-	5,000	2,000
Michael Sullivan/Sullivan Counseling	-	43,000	-
Wanda Swanson/Changes	-	23,000	5,000
Richard Landrigan/Renew Counseling	-	17,000	3,000
Sue Huebner	-	5,000	-
Peace & Power	-	35,000	5,000
NE Radio/Learfield	-	-	10,908
Brokaw Marketing	-	-	10,823
NE Council on Comp Gambling	-	175,000	40,000
Choices Treatment Ctr	\$75,000	149,000	8,000
First Step Recovery Ctr	75,000	49,000	4,000
Spence Counseling	-	160,000	5,000
Heartland Family Services	75,000	101,000	4,000
Michael Sullivan (Licensure)	-	5,000	-
Mike Stone (Strategic Planning)	-	18,000	-
Educational Materials	-	-	10,000
Magellan	-	10,300	-
GLW Children's Council Inc.	-	-	30,000
Lancaster County	-	-	35,000
Total Contracts/Approved:	\$225,000	\$837,300	\$178,731

Prepared by: Karen Harker, Division of Behavioral Health

Updated: October 20, 2010



Division of Behavioral Health

State of Nebraska
Dave Heineman, Governor

November 5, 2010

To: GAP Agency-Based Treatment Providers

RE: Indirect Expenses

Dear GAP Agency-Based Treatment Providers,

This letter is to inform you of a change in procedure regarding the utilization of funding and reimbursement for indirect expenses. Currently, your contract allows for the utilization of up to 15% of total contracted treatment funding towards indirect expenses; and this funding has been allowed to be drawn in monthly allotments.

“No more than 15% of total contracted funds for outpatient treatment services shall be utilized for data collection, input, evaluation, reporting and costs associated with trainings required by the Department.”

However, State statute only provides that payment can be made when deliverables are received or activities are performed:

73-506. State agency contracts for services; requirements:

State agency contracts for services shall be subject to the following requirements:

- (1) **Payments shall be made when contractual deliverables are received or in accordance with specific contractual terms and conditions;** (emphasis added)
- (2) State agencies may not enter into contracts for services with an unspecified or unlimited duration; and
- (3) State agencies may not structure contracts for services to avoid any of the requirements of sections 73-501 to 73-509.

One of the sections of the statute referred to above is the following:

73-505. State agency directors; duties.

State agency directors shall be responsible for maintaining accurate documentation of the process used for selection of all contracts for services and ***for ensuring and documenting that services required under the contract are being performed in compliance with the terms of the contract for services. Such documentation shall be kept with each contract for services.*** (emphasis added)

Therefore, as of December 1, 2010, you will no longer be allowed to submit invoices for monthly allotment, but instead will be required to bill on expense reimbursement for any provision of allowable and actual indirect expenses. Appropriate documentation must be maintained for verification of such activities and may be requested to validate the billing statements or during audit.

In addition, documentation to verify all indirect expenses bill from July 1 through November 30 must be submitted to DHHS by January 1, 2011. If documentation is not provided for part or all of the indirect expense submitted, subsequent requests for payments will be reduced to reimburse DHHS for these funds. We will be arranging for a conference call to further detail this revised process.

Please also be advised that in Fiscal Year 2011-2012, the process of reimbursement for indirect expenses will likely be further revised. Notification of any revisions will be provided before the beginning of the upcoming contracted fiscal year.

Thank you for your continued dedication to problem gamblers and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Maya Chilse". The signature is fluid and cursive, written over a light grey rectangular background.

Maya Chilse, MA, PLMHP, CCGC
Gamblers Assistance Program Interim Manager
Division of Behavioral Health
Department of Health and Human Services

cc: Vicki Maca



FUNDING CONSIDERATIONS FY11

Current Contractors – Additional Funding for Services

Vendor	\$	Recommended
Peace and Power Counseling contract amendment	\$34,000 Requested	
NRN-Learfield (radio)	\$32,724 For up to 5340 radio spots: Nov22-April 4	Minimum - Opt D or E \$ \$10,908 Maximum - Opt D and E \$ 21,816
Brokaw Marketing (billboards)	\$29,852 For billboards thru FY11	Minimum – Opt A \$9,674 Maximum – Opt B \$19,677



**Nebraska Compulsive Gamblers
 Campaign: Winter Campaign
 Budget: \$10,000 Option A
 October 28, 2010**

Market	Location	DEC	Posting	January	February	March
CENTRAL REGION						
Kearney	1115 2 nd Ave. ESFN	15473	1/10/2011	\$458.83	\$458.83	bonus
Grand Island	12 - South Locust & Charles WSFN-2	11514	12/28/2010	\$458.83	\$458.83	bonus
Grand Island	Hwy 281, So 500' S/O Webb Rd ESFS-2	10000	12/28/2010	\$458.83	\$458.83	bonus
Hastings	Hwy 281 N ESFN-2 (3rd from North)	8149	1/3/2011	\$458.83	\$458.83	bonus
Norfolk	1801 S. 1st ESFS	3052	1/18/2011	\$458.83	\$458.83	bonus
Monthly Billing:				\$2,294.15	\$2,294.15	

**Lamar can not guarantee the bonus month, but they will try to leave the board up for the third month.*

WESTERN REGION						
North Platte	4th St. 400' EO McCabe SSFE	2878	12/27/2010	\$458.83	\$458.83	bonus
Chadron	Hwy 385 1.6 mi SO Hwy 20 P2 ESFS	1974	1/10/2011	\$458.83	\$458.83	bonus
Monthly Billing:				\$917.66	\$917.66	

SOUTHEAST REGION						
Nebraska City	Hwy 2 East ByPass .5 mil/ 3/0 Jct 75 South side		1/4/2011	\$291.78	\$291.78	\$291.78
Auburn	Hwy 75 South 500 ft n/o 26th Street wes side		1/4/2011	\$291.78	\$291.78	
Monthly Billing:				\$583.56	\$583.56	\$291.78

**Burkhart Advertising has offered you a non-profit rate, but will not bonus the third month.*

NORTH REGION						
O'Neill	O'Neill		Nwy 20 East Edge of O'Neill RH	\$500.00	\$500.00	\$500.00
Monthly Billing:				\$500.00	\$500.00	\$500.00

Monthly Totals: **\$4,295.37 \$4,295.37 \$1,083.56**

Grand Total of Outdoor Schedule Option A: \$9,674.30

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES *Gambler's Assistance Program*

Plan:

- Integrate a statewide radio/web campaign into existing outreach efforts.
- Dovetail your statewide radio campaign along with other PR strategies conducted by DHHS on the topic of Gambling Prevention.
- Launch your program in early Fall and continue throughout the year.
- Air :30 radio spots that deliver the key messages and direct people to the Nebraska Gambling Prevention Helpline Program and reference the phone number and web site.

Radio Schedule:

- Air 7 :30 second spots per week for 25 weeks on Nebraska Radio Network
- Air 2 :30 bonus airings per week as available on Nebraska Radio Network
- All spots air during radio's prime-time listening hours of 6 am - 7 pm Monday-Friday.
- That's 8,900 prime-time local spots airing from September 2010 to April 2011.
- Includes all creative, including script, translation, voice, editing, and final spot production (if needed)
- Spots will be provided in MP3 format to DHHS for use online and via email.
- Radio Billboards - 4 radio billboards per week as available on the Nebraska Radio Network Sports Report for 25 weeks. 100 :10 second billboards (*This Nebraska Radio Network Sports Report is brought to you by...*)

Total investment: \$54,540, net

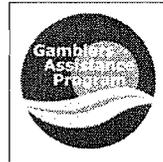
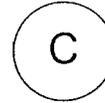
**Bonus spots will run on a space available basis. Should inventory be sold out, bonus will not be rescheduled.*





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:	Peace and Power Counseling LLC
Name of Contact Person:	Gina Fricke, LCSW, CCGC, NCGC II
Address:	6901 Dodge St., Suite 101
City, Zip:	Omaha, NE 68132
Phone:	402-515-7412
Email:	ginafricke@peaceandpowercounseling.com
Current FY Contract \$:	35,000 treatment/5,000 education/outreach (\$40,000 total)

Contractor Program Narrative:

Describe service to be expanded:	<input checked="" type="checkbox"/> Problem Gambling Treatment <input type="checkbox"/> Education/Outreach
Amount of funding requested:	\$34,000 (total funding for gambling treatment to be increased to \$69,000, \$74,000 total including education and outreach funding)
Describe how capacity will be expanded: (List current capacity, #'s served to date, projected # and justification, reason for expectation, etc...)	We have already used about \$15215.00 of the \$35,000 allocated for treatment. We are currently serving about 30 gambling treatment clients each month. We have recently hired an additional therapist who has capacity in her caseload for more gamblers and family of gamblers. We plan to continue to grow the services we have for gamblers and their family members.
Clarify supporting evidence of capacity increase needed in region:	We continue receiving referrals and expect to increase the number of gamblers and family members of gamblers we are seeing in the next 9 months.
Describe advantages/benefits to State as a result of expanding this service in this area as opposed to other services or regions:	We are giving the Omaha community and surrounding areas another option for gambling treatment, expanding the availability of services including offering a gambling treatment group. We are offering educational presentations for the community educating those who have gamblers and family members of gamblers in their lives. We offer a toll free crisis line for gamblers and their family members so client can receive services in a timely manner.
Might agency administration or program staffing need to be adjusted to handle expansion? If so, please explain how this capacity will be addressed:	We have room for expansion at this time with the hiring of an additional therapist who has begun the core gambling trainings.
Please provide any additional relevant information:	We are focused on proving quality services to gamblers and their family members. Our main purpose as a business is to provide these services, all other services are secondary to gambling treatment.
Submitted by:	Gina Fricke, LCSW, CCGC, NCGC II
Submission date:	10-18-10

For Office Use Only:

Date GAP Received Request For Funds Form:	
Committee Review Date:	10/18/10
Committee Vote:	Nov. 5, 2010
Approval/\$:	
Denial/Reason:	
GAP Response To Contractor Date:	
Gap/Division Signature:	

October 20, 2010

Maya Chilese
Gamblers Assistance Program
Division of Behavioral Health
Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

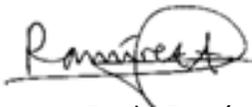
Dear Ms. Chilese:

I am writing to you to express my willingness to conduct a program evaluation for the Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP). If awarded, I will work closely with staff members of the GAP, stakeholders, and DBH Data Team to identify specific elements to evaluate and explore outcome measures for analysis. The project evaluation process will include statistical analysis, and geomapping analysis of the two components mentioned in the bid: GAP Treatment data and Helpline data. I will provide the deliverables expected on both, as well as a final project report within 30 days of FY end.

As a researcher, I am enthusiastic to work on this project as it will provide some unique insights into the human and clinical dimensions of those individuals seeking help and treatment offered by the Gamblers Assistance Program. Please find attached to this cover letter, the requested components of the bid.

I look forward to working on this project, in particular with the Division of Behavioral Health (DBH) Gamblers Assistance Program (GAP).

Sincerely,



Dr. Juan Paulo Ramirez
Independent Consultant

Components of the Bid

1) Bidder contact information

Name: Juan Paulo Ramírez
Address 1: 3911 Saint Marys Ave.
Address 2: Lincoln, NE 68502
E-mail: jprmaps@gmail.com
Cell: 402.217.3872

2) Bidder brief summary of education and experience performing relevant evaluation practices

Education:

I received both my M.A. (2000) and my Ph.D. (2002) at the University of Nebraska-Lincoln (Geography and GIScience Department). I received my Bachelor Degree in Geography at the Pontificia Universidad Católica de Chile (1993). Areas of expertise: Geographic Information Systems (GIS), Program Evaluation, and Grant Writing.

Experience:

I have three and half years of experience with program evaluations in behavioral health. I have experience designing surveys (paper and online), data collection, statistical analysis (both quantitative and qualitative), and the use of Geographic Information Systems. Most of my experience in program evaluation related to behavioral health programs has been obtained working as a research specialist at the University of Nebraska Public Policy Center (2007-2010).

My experience as a program evaluator in behavioral health includes the following projects:

- Gamblers Assistance Program (GAP) Evaluation Project (2007-2010). Funded by DBH-GAP. Performed a summative (quantitative and qualitative analysis) and normative evaluation (analysis of the processes) of the GAP including geomapping for the different components of the program.
- Women, Children and Family Treatment (WCFT) Program (2007-2010). Funded by SAMHSA-CSAT. Performed statistical analysis, facilitated focus groups, and conducted individual interviews with participants of the program. Participated in cross-site evaluations across the country and attended evaluation meetings at

SAMHSA's headquarters in Washington, DC.

- Health Information Technology Implementation Evaluation (2007-2008). Funded by SAMHSA. Conducted quantitative statistical analysis, helped to develop surveys, translated cover letters and surveys into Spanish.
- 2009 Novel H1N1 Influenza Public Engagement Project (August 2009). Funded by SAMHSA. Worked as a facilitator in focus groups. El Paso, Texas.
- Nebraska Suicide Prevention (2009-2010). Funded by SAMHSA. Developed protocols for the data collection procedures.
- Nebraska Peer Support Training (2010). Funded by DHHS. Helped develop surveys, performed statistical analysis of pre and post surveys and wrote final evaluation report.

3) Bidder brief summary of evaluation philosophy and approach to performing the tasks requested

My evaluation philosophy is based on having active communication with stakeholders and staff (i.e., DBH Data Team) since this has been proven to be a key element for the successful implementation of recommendations in program evaluations. Stakeholders' involvement in the first stages of the evaluation will help to define the **logic model** which is basically the navigation chart for the evaluation. The logic model will help to refine processes and outcomes for the GAP. Also a **Gantt chart** will be developed along with GAP staff members to establish specific activities, define project timelines and milestones, in particular monitoring progress and deliverables. The evaluator will request submission of Helpline and Treatment data as soon it is available to make sure that the data is clean, that database fields are filled with the right information to perform tasks and obtain deliverables, and database field-names are identified in a codebook. As the bid request to analyze trends from both, the Treatment and Helpline data, historical data on those services will be obtained depending upon availability and consistency with current data fields.

4) Bidder confirmation of ability to meet the expected deliverables

I confirm that I have the necessary tools, professional abilities and ethical standards to perform the tasks and produce the deliverables described in the bid, such as statistical analysis, geomapping, narrative and graphic reporting for the Gambler Assistance Program FY2011. To perform the statistical analysis I have installed software SPSS v. 17 on my personal computer, which is especially suited for large databases and more complex analysis in comparison to limited statistical spreadsheets such as Excel. To

perform geomapping analysis, I own a GIS license of ArcGIS v.10 software (the same software that it is used at the Nebraska DHHS) which assures compatibility with current databases and geographic information layers. Data will be kept confidential in password protected files and access to specific folders of the project will be encrypted using TrueCrypt software. Data transfer between DBH-GAP and evaluator will be made using an encrypted flash-drive. Program outcomes (i.e., general consumer demographics; gambling demographics) will be in aggregated form, therefore no individual information will be released. No identifiable information that can link a person name to confidential data will be attained. Evaluator will establish a close partnership with DBH-GAP team to discuss variables to be evaluated and specific outcome measures to be analyzed. This will also result in a close collaboration with the DBH Data Team. Outcome evaluation results and trends, along with main findings of both GAP Helpline and Treatment data will be written in a Final Report within 30 days of FY end.

5) Bidder estimated cost proposal to complete the project

The estimated costs for the evaluation will total \$22,183.

Division of Behavioral Health -Gamblers Assistance Program Evaluation Proposal

Bidder Contact Information

Shinobu Watanabe-Galloway, PhD
Associate Professor of Department of Epidemiology /
Director of Doctoral Programs
College of Public Health
University of Nebraska Medical Center (UNMC)

984395 University of Nebraska Medical Center
Omaha, NE 68198-4395
E-mail: swatanabe@unmc.edu
Office: (402) 559-5387
Fax: (402) 552-3683

Bidder Brief Summary of Education & Experience

Dr. Watanabe-Galloway leads an evaluation team which consists of a Master's level epidemiologist who specializes in data mining and geographic information system (GIS) analysis, an Information Technology (IT) specialist, and a College of Public Health graduate research assistant(s).

Dr. Watanabe-Galloway obtained her B.A. and M.A. in psychology from University of Northern Iowa and Ph.D. in epidemiology from the University. Her expertise includes development and use of population-based data for the evaluation of programming and policy interventions. Her research team has experience in conducting analysis using the following data sources: Medicare, Medicaid, Magellan, AIMS/AVATAR, N-FOCUS, Nebraska criminal justice system data (jails and prisons), cancer registries, and the Behavioral Risk Factor Surveillance System. Since 2005, the evaluation team has worked with the Behavioral Health Division of the Nebraska Department of Health & Human Services to develop a surveillance system and produce a number of reports. Other experience includes the evaluation of the Douglas County Mental Health Jail Diversion Program and the Heartland Crisis Intervention Team Program.

Bidder Brief Summary of Evaluation Philosophy & Approach

Timeline	Activity	Outcome	Persons responsible
Months 1 & 2	Hold meetings and/or conference calls to finalize the evaluation plan	Final evaluation plan including the outline of the report	UNMC Eval Team DHHS Workgroup
	Transfer data	Data successfully received by UNMC	DHHS / UNMC data managers
	Prepare data	Analytical data	UNMC Data Manager
Months 3 - 5	Conduct preliminary analysis	Analysis results	UNMC Data Analyst
	Prepare and submit a draft report	Draft report	UNMC PI
	Hold a meeting and/or conference call to review the report; discussion on standard outcome measures	Suggestions for revisions; a list of outcome measures	UNMC Eval Team DHHS Workgroup
Months 6 - 8	Reanalyze or conduct additional data analyses	Analysis results	UNMC Data Analyst
	Hold meetings/ conference calls as needed		UNMC Eval Team DHHS Workgroup
	Finalize report including the recommendations regarding the future evaluation and data collection / management	Final report	UNMC Eval Team
	Give a presentation (if requested)	Presentation	UNMC Eval Team

Proposed Report Outline

Section	Description	Measures / Data Elements
Executive Summary	A succinct summary of main findings and recommendations	N/A
Chapter 1: Introduction & Background	A brief description of the GAP and evaluation objectives	N/A
Chapter 2: Problem Gambling Treatment Services Evaluation	Trend of treatment use	Number of consumers and admissions by year
	Patterns of treatment use and access to treatment	Map of consumer (aggregated to county level) and service location Number and rate of consumers per region and/or county
	Consumer demographic characteristics (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Gender, age, race/ethnicity, employment status, education level, marital status, legal status, insurance, living situation, admission referral, financial status
	Gambling information (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Gambling debt, first gaming type, frequency of gambling, work days missed, number of employers
	Other consumer characteristics (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Diagnosis of and treatment use for mental illness, substance abuse and co-occurring disorders. Suicidal ideation. Criminal history (using jail and prison data)
	Treatment information (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Referral source, length of stay, proximity to gaming venues, helpline referrals
Chapter 3: Helpline Service Evaluation	Trend of service use	Number of consumers and calls by year
	Patterns of service use and access to service	Map of caller location (aggregated to county) Number and rate of callers per region and/or county
	Caller demographic characteristics (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Gender, age, race/ethnicity, marital status, living situation, and other available information
	Gambling information (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size to detect variations)	Gambling type, first gaming type, frequency of gambling, reported life area of most impacted from problem gambling, and other available information
	Treatment information (Include: trend analysis to detect any significant changes over time; geographic analysis, if enough of a sample size detect variations)	Proximity to gaming venues, helpline referral to what services
Chapter 4: Summary & Recommendations	Major findings on treatment and helpline Recommendations regarding the treatment and helpline Recommendations regarding the evaluation including data collection, management, outcome measures, and analysis	N/A
Appendix: Evaluation Methods & Data Sources	A detailed description of the evaluation methods and data sources	N/A

Bidder Confirmation of Ability to Meet the Expected Deliverables

The College of Public Health provides resources and environment for the evaluation team to successfully complete the expected deliverables. The team will be allocated with adequate resources (personnel and computing) to conduct project activities. Also, as stated in the previous section, the team has extensive experience in conducting similar evaluation activities.

Bidder Estimated Cost Proposal

The total cost for the evaluation project is \$30,000 which includes data processing, management, analysis, and report/presentation preparation. Also, it will include consultation and technical assistance to the Division of Behavioral Health to develop a future evaluation plan including outcome measures so that the Division can successfully conduct the evaluation activities in coming years.

**Fiscal Year 2010-2011
GAP Expenditures and Revenues
As of September 30, 2010**

Percent of Time Elapsed 25.21%
Percent Elapsed- Bi-weekly Admin 23.08%

Expenditures

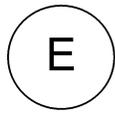
	<u>Administration</u>	<u>% Expend</u>	<u>Lottery</u>	<u>% Expend</u>	<u>Prevention Education Awareness</u>	<u>% Expend</u>	<u>Health Care Cash</u>	<u>% Expend</u>	<u>Grand Total</u>	<u>% Expend</u>
FY11 GAP Budget	\$75,000		\$957,620		\$200,000		\$225,000		\$1,457,620	
Expenditures YTD	<u>\$12,829</u>	17.11%	<u>\$165,350</u>	17.27%	<u>\$36,655</u>	18.33%	<u>\$67,971</u>	30.21%	<u>\$282,805</u>	19.40%
Unexpended	\$62,171		\$792,270		\$163,345		\$157,029		\$1,174,815	

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	<u>75,870</u>	<u>563,452</u>	<u>13,166</u>	<u>225,000</u>	<u>\$877,488</u>
Interest	294	6,903	1,640	0	<u>\$8,838</u>
Total Available	<u>76,164</u>	<u>1,200,194</u>	<u>285,184</u>	<u>225,000</u>	<u>\$1,786,543</u>
Expenditures	<u>\$12,829</u>	<u>\$165,350</u>	<u>\$36,655</u>	<u>\$67,971</u>	<u>\$282,805</u>
Ending Balance	<u>\$63,335</u>	<u>\$1,034,844</u>	<u>\$248,530</u>	<u>\$157,029</u>	<u>\$1,503,738</u>



GAP Quarterly Report as of 11/02/2010



DRAFT	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
Treatment								
First Step	\$124,000	24,866.25	0.00	0.00	0.00	24,866.25	20.05%	Lottery, Healthcare
Choices	\$224,000	49,815.00	0.00	0.00	0.00	49,815.00	22.24%	Lottery, Healthcare
Spence Counseling	\$160,000	27,555.00	0.00	0.00	0.00	27,555.00	17.22%	Lottery
Heartland Family Services	\$176,000	26,615.00	0.00	0.00	0.00	26,615.00	15.12%	Lottery, Healthcare
CrossRoads	\$12,000	3,135.00	0.00	0.00	0.00	3,135.00	26.13%	Lottery
Michael Sullivan/Sullivan Counsel	\$43,000	8,625.00	0.00	0.00	0.00	8,625.00	20.06%	Lottery
Robert Walton	\$3,000	0.00	0.00	0.00	0.00	0.00	0.00%	Lottery
Richard Landrigan/Renewal Coun	\$17,000	3,515.00	0.00	0.00	0.00	3,515.00	20.68%	Lottery
Wanda Swanson/Changes	\$23,000	6,607.50	0.00	0.00	0.00	6,607.50	28.73%	Lottery
Hampton Behav & Fam Services	\$5,000	4,155.00	0.00	0.00	0.00	4,155.00	83.10%	Lottery
Lisa Johnson/Reflections	\$10,000	2,250.00	0.00	0.00	0.00	2,250.00	22.50%	Lottery
Rebecca Green	\$17,000	2,760.00	0.00	0.00	0.00	2,760.00	16.24%	Lottery
Sue Huebner	\$5,000	300.00	0.00	0.00	0.00	300.00	6.00%	Lottery
Peace & Power Counseling	\$35,000	15,215.00	0.00	0.00	0.00	15,215.00	43.47%	Lottery
Total Providers	854,000.00	175,413.75	0.00	0.00	0.00	175,413.75	20.54%	
Prevention/ Education Contracts								
First Step	\$4,000	660.00	0.00	0.00	0.00	660.00	16.50%	Education
Choices	\$8,000	1,560.00	0.00	0.00	0.00	1,560.00	19.50%	Education
Spence Counseling	\$5,000	560.00	0.00	0.00	0.00	560.00	11.20%	Education
Heartland Family Services	\$4,000	385.00	0.00	0.00	0.00	385.00	9.63%	Education
CrossRoads	\$3,000	330.00	0.00	0.00	0.00	330.00	11.00%	Education
Richard Landrigan/Renewal Coun	\$3,000	0.00	0.00	0.00	0.00	0.00	0.00%	Education
Wanda Swanson/Changes	\$5,000	0.00	0.00	0.00	0.00	0.00	0.00%	Education
Hampton Behav & Fam Services	\$2,000	190.00	0.00	0.00	0.00	190.00	9.50%	Education
Rebecca Green	\$3,000	0.00	0.00	0.00	0.00	0.00	0.00%	Education
Peace & Power Counseling	\$5,000	908.75	0.00	0.00	0.00	908.75	18.18%	Education
NCCG	\$40,000	16,155.71	0.00	0.00	0.00	16,155.71	40.39%	Education
Garfield Wheeler Loop	\$30,000	0.00	0.00	0.00	0.00	0.00	0.00%	Education
Lancaster County	\$35,000	0.00	0.00	0.00	0.00	0.00	0.00%	Education
Brokaw Marketing (Billboards)	\$10,823	3,294.19	0.00	0.00	0.00	3,294.19	30.44%	Education
Learfield (Radio)	\$10,908	10,907.75	0.00	0.00	0.00	10,907.75	100.00%	Education
Education Materials*	\$10,000					0.00	0.00%	Education
Total Prevention	178,730.91	34,951.40	0.00	0.00	0.00	34,951.40	19.56%	
Other Contracts								
Michael Sullivan- Licensing	\$5,000	0.00	0.00	0.00	0.00	0.00	0.00%	Lottery
NCCG	\$175,000	53,331.23	0.00	0.00	0.00	53,331.23	30.47%	Lottery
MKS - Strategic Planning	\$18,000	3,076.49	0.00	0.00	0.00	3,076.49	17.09%	Lottery
Magellan	\$10,300	0.00	0.00	0.00	0.00	0.00	0.00%	Lottery
Total Evaluation	\$208,300	\$56,407.72	\$0.00	\$0.00	\$0.00	\$56,407.72	27.08%	
Total Contracts	\$1,241,031	\$266,772.87	\$0	\$0	\$0	\$266,772.87	21.50%	

GAP Contracts FY11 Audit Dates

Name	Phone	Audit Date	Number of Files	DBH Staff	Outcome
Treatment Providers:					
Region One					
Richard Landrigan	(308) 632-2525	22-Mar		MTC	
CrossRoads-Joan Yekel	(308) 432-3920	22-Mar		MTC	
Region Two					
Susanne J. Huebner	(308) 532-0587	23-Mar		MTC	
Region Three					
Rebecca Green	(402) 736-4713	23-Mar		MTC	
Region Four					
Hampton BH & Fam. Serv.	(402) 336-3200	22-Dec		MC/NH	
Michael Sullivan Counseling	(402) 750-7923	22-Dec		MC/NH	
Robert Walton	(402) 841-3791	22-Dec		MC/NH	
Region Five					
First Step	(402) 434-2730	15-Dec		MC/NH	
Choices-Deb Hammond	(402) 476-2300	15-Dec		MC/NH	
Changes-Wanda Swanson	(402) 432-6207	15-Dec		MC/NH	
Reflections-Lisa Johnson	(402) 362-7985	23-Dec		MTC	
Region Six					
Heartland Family Service	(402) 552-7466	02-Dec		MTC	
Spence Counseling	(402) 991-0611	03-Dec		MC/NH	
Peace & Power-Gina Fricke	(402) 515-7412	03-Dec		MC/NH	
Prevention Contracts:					
GLW	(308) 346-4674	01-Jan	N/A	MC/KH	
Lancaster	(402) 441-4944	22-Nov	N/A	MC/KH	
Other Contracts:					
NCCG	(402) 292-0061	10-Dec	N/A	MC/KH	

Gamblers Assistance Program (GAP) – DHHS Program Audit – Clinical Records Review

Agency/Provider:		Client #:	
Reviewer:		Date:	

Consumer Identification/Demographics/Orientation

Name Yes No	SS # Yes No	DOB Yes No	Admit Date Yes No	Address Yes No	Phone Yes No	Gender Yes No	Race Yes No
Employment Yes No		Marital Status Yes No		Education Yes No		Vet Status Yes No	
Legal Yes No		Referral Yes No		Confidentiality Yes No		Grievance Yes No	
Emergency # Yes No	Consent Yes No	Rights Yes No	HIPAA Yes No	Confidentiality Yes No		Grievance Yes No	
Score: 0	1	2	3	4	5		

Comments:

Consumer Eligibility/Assessment/Evaluation

Suicide Attempt Yes No		DSM IV Yes No		GA 20 Yes No		Sogs Yes No		Age 1st Gambled Yes No		Gambling Debt Yes No	
Gambling Hx Yes No		G Types Yes No		G Freq Yes No		# Jobs Yes No		Legal due to PG Yes No		SO/Collateral Yes No	
Family Hx Yes No		SA Hx ckd Yes No		MH Hx ckd Yes No		Med Hx Yes No		Social Hx Yes No		Educ/Voc Hx Yes No	
Prior Tx – Hx Yes No		Presenting problem Yes No			Typed Eval Yes No		Tx Recom Yes No		Referrals Doc. Yes No		
Signed by Appropriately Credentialed Clinician? Yes No						Signed by Clinical Supervisor if necessary? Yes No					
Score: 0	1	2	3	4	5						

Comments:

Treatment Planning/Services

Tx Plan w/in 15 days Yes No		Consumer Involved Yes No		Strengths Yes No		Individualized Plan Yes No	
Short/Long Goals/Obj Yes No		Discharge Plan Yes No		Type/Freq Yes No		Appropriate Services Yes No	
Family Involv. Yes No		90 day Review Yes No		Primary Clin/ Staff Signed Yes No			Consumer Signed Yes No
Score: 0	1	2	3	4	5		

Comments:

Service Documentation:

Notes describe progress towards goals Yes No	Describe consumer response to tx Yes No	Note all contacts Yes No	Noted con't assessment Yes No		
Legible, dated, signed Yes No	Document length and type of service Yes No	Client # Yes No	CCGC and/or LMHP signed/reviewed Yes No		
Score: 0	1	2	3	4	5

Comments: _____

Discharge Summary/Documentation:

Discharge Plan w/in Tx plan Yes No	Consumer participation Yes No	Active Referrals, Con't Care plan Yes No	Summary of progress to goals/obj of tx Yes No		
Documentation of clinical affect Yes No	Typed summary of all services Yes No	CCGC and/or LMHP signed Yes No	Summary w/in 2 wks of discharge Yes No		
Score: 0	1	2	3	4	5

Comments: _____

General:

Do the services provided meet Service Definition guidelines?	Yes No				
Do the services provided result in effective progress and recovery?	Yes No				
Is the primary clinician demonstrating clinical efficacy?	Yes No				
Is the agency demonstrating clinical oversight as appropriate?	Yes No				
Is the agency demonstrating integrity in record keeping?	Yes No				
Score: 0	1	2	3	4	5

Audit Review Scoring:

Section:	ID	Assessment	Treatment	Document	Discharge	General
Score:						
Total Score:	0	1	2	3	4	5

Reviewer recommendations: _____

Reviewer Signature: _____



Division of Behavioral Health

State of Nebraska
Dave Heineman, Governor

TO: Nebraska State Committee on Problem Gambling

FROM: Compulsive Gambling Counselor Certification Advisory Board: Cora Berry, Deb Hammond, Betty Hampton, Sue Huebner, Mike Sullivan, Harlan Vogel

DATE: October 8, 2010

RE: Board Recommendation Encouraging the Development and Preservation of Certified Compulsive Gambling Counselors (CCGCs) In Nebraska

The Compulsive Gambling Counselor Certification Advisory Board has provided guidance for the development of a problem gambling counselor workforce in Nebraska. Our mission has been to ensure counselor competency and integrity while considering the benefits of workforce development. It is our desire to increase the body of clinicians from which the State Committee on Problem Gambling can choose to contract for the provision of problem gambling treatment services. We strongly believe that a Certified Compulsive Gambling Counselor (CCGC) is the best trained individual to provide such services, and we have appreciated the Committee's preferential consideration of CCGCs when awarding treatment contracts..

In order to support the continued pursuit of quality treatment services and a viable workforce, we urge you to consider using strategies that will encourage the development of a competent workforce and increase the availability of CCGCs. These approaches would improve access to services in Nebraska. We recommend the following as potential strategies for your consideration:

- Offering stipends to current CCGCs for continuing education
- Offering stipends to individuals pursuing CCGC status to cover supervision or education costs
- Require non-contracted treatment providers to pursue and obtain certification status within three (3) years
- Consider imposing a fine on contracted clinicians who previously held a CCGC status but chose not to maintain it
- Consider a scale of rate reimbursement that offers preference to clinicians with CCGC status

We thank you for your consideration. We are eager to provide continued assistance and support in the development of a competent problem gambling workforce.

CCGC Roster FY11

10/21/2010



CCGC #	Counselor Name	GAP	Start Date	Current Term/Status	Additional Degrees/Licensure	Comments*
1	Hammond, Deb	Yes	02/01/2000	09/01/10-08/31/12		
2	Vogel, Harlan	Yes	02/01/2000	09/01/10-08/31/12	MS, NCGC II, LPC	
5	Sullivan, Michael	Yes	02/01/2000	01/31/08-08/31/10	LCSW (LMHP+CMSW)	Lapsed 09-2010
6	Huebner, Sue	Yes	02/01/2000	09/01/10-08/31/12	MSED, LMHP, LIMHP	
8	Burger, Michelle	No	01/01/2001	09/01/10-08/31/12	LIMHP, LMHP, NCC	
10	Holt, Janelle	No	07/01/2001	07/01/08-08/31/10	MSW, LMHP, ADC	Lapsed 09-2010
13	Booth, Tom	Yes	02/01/2002	09/01/10-08/31/12	MA, LIMHP, LPC, SPHR	
14	Swanson, Wanda	Yes	02/01/2002	09/01/10-08/31/12		
15	Hampton, Betty	Yes	02/01/2003	09/01/10-08/31/12	MSE, LMHP, LADC, ICADC, CPC, LIMHP	
17	Crowther, Lori	Yes	02/01/2004	09/01/10-08/31/12	MS	
18	Fricke, Gina	Yes	02/01/2004	09/01/10-08/31/12	MSW, LCSW, NCGC II	
21	Gorman, Tanya J.	Yes	09/01/2004	09/01/10-08/31/12	MS, LADC, ACADC, CRC	
22	Spence, Charles	Yes	07/01/2006	09/01/10-08/31/12	MA, LMHP, LMHC	
23	Johnson, Janet	Yes	07/01/2006	09/01/10-08/31/12	MA, LMHP, PLADC	
25	Johnson, Lisa	Yes	07/01/2006	07/01/08-08/31/10		Inactive 09-2010
27	McNeese, Rick	Yes	01/31/2008	01/31/08-08/31/10	PhD	Inactive 09-2010
28	Green, Rebecca	Yes	01/31/2008	09/01/10-08/31/12	LADC	
29	Arntzen, Toni	No	10/16/2007	01/31/08-08/31/10		Lapsed 09-2010
31	Bauerkemper, Jerry	Yes	03/01/2009	09/01/10-08/31/12	BA	
32	Cornish, Gary	Yes	06/01/2009	09/01/10-08/31/12	BA	
33	Landrigan, Richard	Yes	06/02/2009	09/01/10-08/31/12	MA, LMHP, LIMHP, CPC	
34	Jolene John-Beckstrom	Yes	02/01/2010	02/01/10-08/31/12	MA, PLMHP	
35	Joan Yekel	Yes	04/01/2010	04/01/10-08/31/12	MA, LMHP, CPC	
36	Eder, Rebecca	Yes	09/01/2010	09/01/10-08/31/12	MA, PLMHP	
37	Dreyer, Megan	Yes	09/16/2010	09/16/10-08/31/12	MA, PLMHP	
38	Croston Hansen, Beth	No	09/29/2010	09/29/10-08/31/12	MS, LMHP	

*This document does not include previous years inactive or expired.