DIVISION OF BEHAVIORAL HEALTH
GAMBLERS ASSISTANCE PROGRAM
2011-2015 STRATEGIC PLAN

Gamblers Assistance Program

Department of Health & Human Services
DHHS
NEBRASKA

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.

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 thru 2015.

Looking Back, Looking Ahead

Contributed by the GAP 2011-2015 Strategic Plan Facilitator

"The Nebraska Gamblers Assistance Program (GAP) 2011-2015 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 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. 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 2011-2015 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*

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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
- Evaluation
- Treatment

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 with 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 2011-2015 Strategic Plan Ad-Hoc Committee

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