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GAP

Nebraska Gamblers Assistance Program
Biennial Report Fiscal Years 2006-2007

Gamblers Assistance Program
Division of Behavioral Health
Nebraska Department of Health and Human Services

January 2008

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LINCOLN, NEBRASKA 68509-5026

This report prepared by

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Disclaimer:

Biennial Report reflects data collected over the past three service years. In particular, this report reflects the data analysis efforts implemented during Fiscal Year 07 (July 1, 2006 to June 30, 2007). Report findings reflect valid and reliable information given stakeholders and program staff a baseline for decision making criteria regarding future services. Additional information and data is available through the program contacts and evaluation team.

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History of the GAP

The Gamblers Assistance Program (GAP) was created in 1992 as part of the Nebraska Lottery Act. The GAP was originally administered by the Department of Revenue, but was transferred to the Division on Alcoholism, Drug Abuse and Addiction Services in the Department of Public Institutions in 1995. With the merger of five state agencies in 1997, the GAP currently operates within the Division of Behavioral Health in the Nebraska Department of Health and Human Services.

The Nebraska Lottery Act also created the Nebraska Advisory Commission on Compulsive Gambling, which was comprised of eleven members appointed by the governor, and representing all areas of the state. The role of the Commission was to provide input and advice about planning and funding decisions made on the allocation of GAP funds.

Through the Behavioral Health Reform Act (LB 1083) of 2004, the Nebraska Advisory Commission on Compulsive Gambling was eliminated and replaced by the State Advisory Committee on Problem Gambling and Addiction Services (Committee) as a component of the broader State Behavioral Health Council (Council), an advisory group to the Division of Behavioral Health. The Committee is composed of twelve governor-appointed members, ten of whom also served on the Council. Statutory regulations require that at least three of the twelve members are to be consumers of problem gambling services. Please refer to Appendix B for a listing of the Committee members.

Mission

The GAP is an administrative program that utilizes expertise from an advisory committee, service providers, and consumers to coordinate activities, manage resources, direct services and reduce the impact of problem gambling for all Nebraskans.

Goals

The GAP goals reflect a public health model that focuses on access to services, treatment, outreach, and public education. The general goal of the program is: "To reduce the negative impact of problem gambling in Nebraska." Specific goals of the program are as follows:

1. Train counseling professionals to provide services to those affected by problem gambling.
2. Establish a statewide network of providers.
3. Provide instant access to services across the state.
4. Ensure provision of services.

Principles

The GAP program achieves its mission and goals through the following principles:

- High awareness across professions, communities, public policy arenas, and institutions.
- Equal and early access to services.
- Full and stable funding, capacity, and resources that are well matched to needs.
- Highly accurate and readily available data.
- High recognition of the value and benefit of problem gambling assistance.
- High standards.
- High motivation to change the status quo.
- Minimal tolerance for problem gambling.
- High involvement of recovering gamblers.
- Reduced prevalence of problem gambling.
- Prevention orientation of problem gambling.
- Collaborative, connected and integrated efforts.

Service Components of the GAP

Workforce Development

An initial priority of the GAP was the training of professional counselors. The GAP has contracted with the Nebraska Council on Compulsive Gambling (NCCG) to provide statewide training. This training allows counseling professionals to meet continuing education requirements and to work towards certification. The NCCG's affiliation with the National Council on Program Gambling has provided access to national leaders in the field of gambling treatment to conduct the training. In 2005 the NCCG provided 131 hours of training to 102 mental health treatment providers. Developing a stable workforce in the less populated areas of Nebraska has been a continuing priority. Approximately 6% of the annual GAP expenditure supports training professionals in the problem gambling area.

Certification

In 1999 Nebraska became the first state to certify compulsive gambling counselors. The GAP oversees the certification process for all counselors in Nebraska who provide individual, family and group outpatient counseling services to address problem gambling. The GAP supports outpatient counseling treatment services through contracts with agencies and by reimbursing individuals who are certified by the Division as Certified Compulsive Gambling Counselors (CCGC). Counselors who are not CCGCs must provide documentation showing that specific training requirements have been met and document ongoing supervision provided by a CCGC.

The certification process used by the GAP is modeled after the state of Nebraska's licensure process for substance abuse counselors. Providers can access the guidelines for certification on-line, including the requirements, procedures, reinstatement criteria, codes of ethics and administrative structure necessary for individuals to become certified. In FY2007 GAP initialized the licensing process for Compulsive Gambling Counselors. The intent is for Nebraska to be the first state to have licensed individuals providing problem/pathological gambling treatment in FY2009. (More information on the web

site at:
http://www.dhhs.ne.gov/beh/gam/GAPProv_Info.htm).

Contract Management

The GAP awards contracts to individual providers and agencies who have met specific training requirements or who are Certified Compulsive Gambling Counselors. GAP personnel manage these contracts, provides technical assistance to providers and conducts annual, both fiscal and program fidelity, audits for each contracted agency/provider. Audits involve on-site visits and a detailed review of a random subset of client files. Files are checked for accurate documentation of services and for accurate reporting of billing information. The audit process allows the GAP to assess fidelity of treatment services, and to evaluate the services purchased and the provider operations. The GAP provider manual, which describes these requirements and procedures, can be accessed on-line at the following at this website:
http://www.dhhs.ne.gov/beh/gam/gam.htm.

Helpline

The GAP promotes access to problem gambling services through a statewide helpline that is operated by the Nebraska Council on Compulsive Gambling (NCCG). The helpline provides information, crisis intervention, and referral services to individuals negatively impacted by gambling behaviors. The helpline operates twenty four hours per day, seven days per week and is staffed by trained volunteers. At the caller's request, the helpline can transfer the caller directly to treatment providers in the caller's community. Helpline callers who consent to being contacted again by Helpline staff are telephoned and asked about the outcome of their referral. In 2005, the helpline received 2,955 calls. Approximately 8% of the annual GAP budget supports the helpline.

Voucher Program

In 2005 the GAP began offering a voucher program to increase access to compulsive gambling services. The vouchers provide individuals with the opportunity to receive six free sessions of counseling. The voucher program is administered by the helpline staff to individuals who are at the pre-contemplation stages of behavior change. This helps remove preconceived financial barriers to outpatient counseling services for problem gambling. Voucher utilization rates are estimated at 30%, based on reports by providers during intake assessment of individuals who presented for treatment.

Treatment

Through contracts with agencies and individual providers, the GAP purchases direct client services for problem gambling including initial assessment, individual counseling, group counseling, family counseling, case management and community outreach. The GAP treatment services have been primarily directed to an adult population (over age 18). Individuals who enter services in crisis may receive three crisis sessions during a twelve-month period. These sessions are followed by a decision regarding the need to continue with additional services. The decision is made collaboratively by the provider and client. Crisis sessions are defined as those interactions between a counselor and a client requiring face-to-face counseling for the purpose of managing a crisis situation related to problem gambling behavior.

Outpatient services begin with an assessment which involves diagnostic screening, financial and credit assessment, and collateral checks. Collateral checks are designed to assess whether significant others have been negatively impacted by the client's gambling. Family members and/or significant others affected by the negative consequences of problem gambling can also access outpatient services funded by the GAP.

Treatment programs are available in all regions of the state. The length of treatment is not restricted

by the GAP. Providers include masters-level counselors and peer-level counselors. Reimbursement for assessments and outpatient treatment services reflect the largest portion of the fund expenditures each year. Approximately 63% of the yearly GAP expenditures support outpatient treatment services.

Increasing Demand

Data from the last three years indicate that group and family outpatient services have increased 6.5%, and individual outpatient services have increased 37%. In addition, gambling specific questions were added to the 2005 Nebraska Risk and Protective Factor Student Survey (NRPFSS), which has allowed the GAP to document increased rates of gambling among Nebraska's youth. The GAP has used this data during strategic planning to support decisions about providing funds and assistance through a youth problem gambling prevention effort. One of the most important findings of the 2005 Survey was that 22.5% (n = 6,216) of students initiated gambling activities at 10 years of age or younger, in comparison to 15.8% (n = 4,014) reported in the 2003 Survey.

Within the next year, the GAP will submit questions to be included in a statewide telephone survey about quality of life issues in Nebraska. The survey will be conducted by the Bureau of Sociological Research and will be administered to a random sample of 1,800 Nebraskans. Data from this survey will help assess the prevalence of problem gambling in Nebraska.

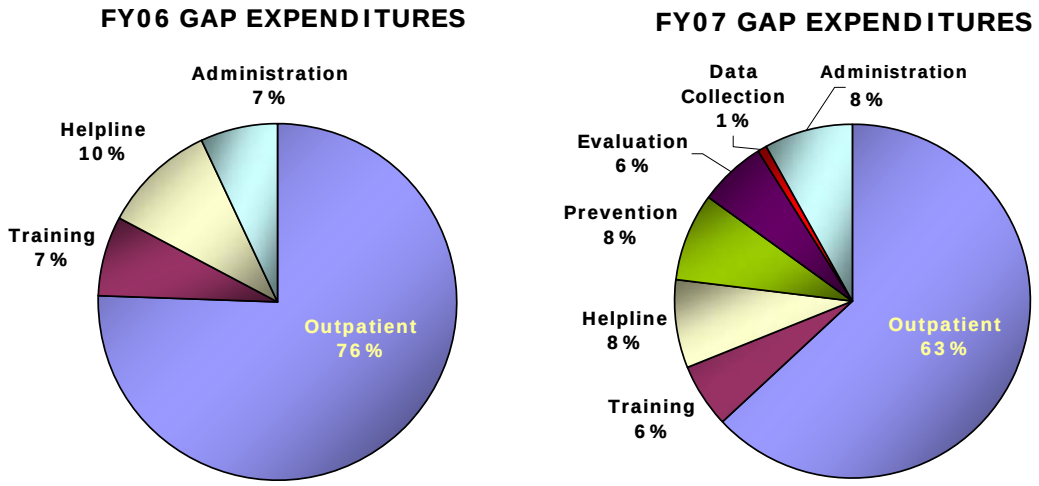
Monitoring Outcomes

The GAP collects consumer satisfaction data through the Mental Health Statistics Improvement Program (MHSIP) surveys. All consumers have the opportunity to participate in this survey, by completing and mailing it to a central administrative office that compiles the data.

Expenditures

The pie charts below depict the expenditure of GAP funds for FY06 and FY07 (Figure 1). Total expenditures for FY06 totaled $970,236 in comparison to $1,224,500 for FY07, which represents an increase of 20.8%. The extra cash fund allocated for FY07 has been assigned in new initiatives such as prevention ($100,000, 8%), evaluation ($75,000, 6%) and data collection ($7,500, 1%). Funds allocated for administration have been below 10% of total expenditures, as mandated by the Legislature in both fiscal years.

Figure 1



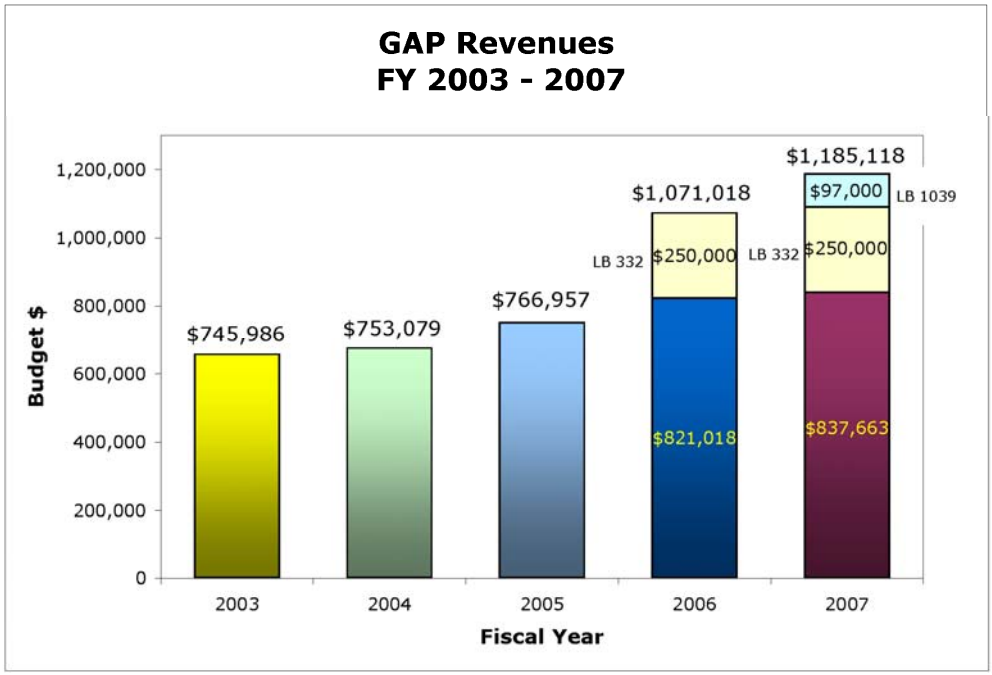
Funding

Initially, the GAP was allocated 1 percent of 25 percent of Lottery revenues after expenditures, which amounted to approximately $250,000 annually. In 1996, the Legislature appropriated an additional $250,000 per year from the Charitable Gaming Operations Fund and included intent language in an appropriations bill to increase the GAP allocation in future years, if need was demonstrated. In 2000, the Legislature increased

annual funding from the Lottery to $500,000 plus 1 percent of 25 percent of the Lottery revenue, but reduced the amount from Charitable Gaming from $250,000 to $50,000. Current annual funding from these sources totals approximately $850,000.

In 2005 the legislature approved LB 332, which appropriated $250,000 from the Nebraska Health Care Cash Fund for the Gamblers Assistance Program. Part of this appropriation has been allocated for an evaluation of the GAP and a prevention plan to develop ways in which to combat the onset and severity of problem gambling in Nebraska. Effective 2006, LB 1039 funds (5% of the Lottery's annual marketing budget) were directed to educating Nebraskans about responsible gambling (Figure 2).

Figure 2



According to a national survey (Marotta *et al*.,2006[1]) of 34 states that provides funds for gambling services, Nebraska is ranked seventh of the states surveyed for public funds per capita allocated for treatment of compulsive gambling, with approximately 58 cents per person per year. Oregon has received the highest per capita funding, with $1.61 per person. The national average is 24 cents per person annually.

Administration

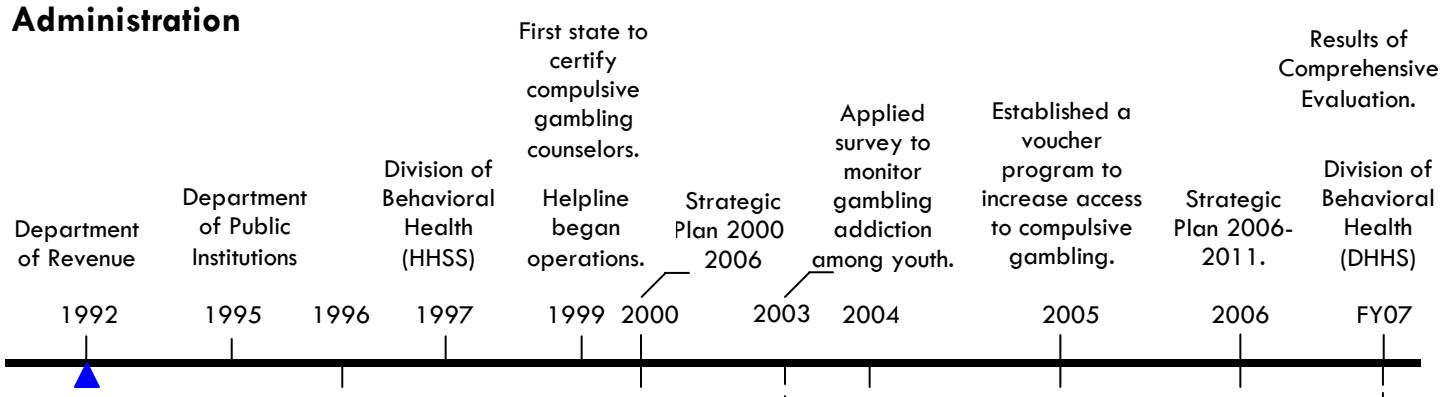
The GAP's administrative funds support personnel, resources and support services provided by the state. Funding decisions for the GAP are made by the Division of Behavioral Health with input from the State Advisory Committee on Problem Gambling and Addiction Services. These funding decisions pertain to implementation and management of the services, resources granted to providers and agencies, and administrative costs. The GAP is staffed by 1.5 FTEs. Approximately 8% of the annual GAP appropriation funds administration.

[1] Marotta, J., T. Christensen, and J. Hynes. (2006, May). *The Best Places to Live for Gamblers: Survey Results from Publicly Funded Problem Gambling Services in the U.S.* Presented at APGSA PowerPoint presentation from www.unr.edu/.../APGSA_Survey5-24.ppt

The GAP's Historical Administrative and Legislative Landmarks

The GAP's administrative landmarks consider major changes in terms of organizational dependency and significant actions taken by the program. GAP's legislative landmarks consider major actions taken by the Nebraska Legislature.

Administration



Nebraska Lottery Act created GAP & Nebraska Advisory Commission on Compulsive Gambling. Established 1% of 25% of Lottery revenues ~ $250,000.

Legislature appropriated additional $250,000 from the Charitable Gambling Operations Fund.

Legislature increased funding from Lottery to $500,000, plus 1% of 25% of the Lottery revenue after expenditures, but reduced amount from Charitable Gambling from $250,000 to $50,000.

LB 1083 created the State Advisory Committee on Problem Gambling and Addiction Services (replaced the Nebraska Advisory Commission on Compulsive Gambling).

LB 332 appropriated $250,000 from the Nebraska Health Care Cash Fund.

LB 1039 established funding from the Lottery's advertising budget to support problem gambling prevention, and public awareness messages.

Legislation

LB 367 provided that, for the period from 10/01/03 to 1/1/08, the Lottery funds for the GAP would not be less than the amounts transferred in FY2002-03.

LR209CA added the State Fair as a beneficiary of the State Lottery and placed provisions for all beneficiaries in the NE Constitution (Art. III-24). Makes future changes to provisions much more difficult to enact.

LB 368 extended the provisions of LB 367 (2003) through June 30, 2009.

Strategic Planning

In 2000 and again in 2006, the GAP engaged in strategic planning processes to develop five-year plans for the program. Plan development involved advisory commission/ committee members, providers and other stakeholders. As a result of these planning processes, priorities for limited funds and decision making were established.

Expansion of GAP

LB 332 (2005) resulted in two primary services for GAP. Additional services include a statewide evaluation for GAP services and educational services for youth.

Accomplishments

The University of Nebraska Public Policy Center (PPC) conducted a program evaluation of the GAP. This evaluation assessed the internal structure and data collection system being implemented by the Division of Behavioral Health, all funded treatment services and educational services offered to the public. Consumers, providers and stakeholders were all involved in the evaluation through surveys, interviews and focus groups.

Pilot prevention programs were initiated over the past year and are currently being implemented in four Nebraska counties: Lancaster, Garfield, Loop and Wheeler. Approximately 8% of the annual GAP expenditures support prevention and education. The passing of LB 1039 (2006) and the joint partnership created between the Nebraska Lottery and the Nebraska Department of Health and Human Services help make these prevention programs sustainable. Pilot prevention outcomes included a bilingual curriculum produced by Lancaster County Health and Human Services, and a youth problem gambling poster/essay scholarship contest sponsored by Garfield, Loop, and Wheeler County Public Schools.

In September of 2006, legislation created the Public Awareness Campaign (PAC) on Responsible Gambling. PAC aims to increase understanding of responsible gambling and accessibility to problem gambling services. A direct result of the PAC's efforts

opened up the Iowa's 1-800-BETSOFF helpline to Nebraskans. This process increased multi-state collaboration in the Midwest and gave states a nationwide solution to increase accessibility to helpline services. The focus of the PAC over the next service year will be to ensure that all GAP providers are supporting their individual communities and regions, particularly in rural areas.

Program Evaluation

Sponsored by the Division of Behavioral Health of the Nebraska Department of Health and Human Services, The University of Nebraska Public Policy Center (PPC) conducted a formative program evaluation of the Nebraska's Gamblers Assistance Program from July 2006 to July 2007. Considerable data and information was made available to the PPC to help paint a picture of Nebraska's gambling program components and operations including: program documents, Helpline data summaries from 2001-2006, aggregate consumer demographic and clinical information, and cost data. This was supplemented with surveys, focus groups and interviews with key stakeholders (e.g., providers, consumers, etc.). Approximately 6% of the annual GAP expenditures support evaluation and data collection efforts.

Interviews and Focus Groups with GAP Providers

Interviews with providers led to the conclusion that training and certification offered by the GAP is widely valued by providers as a means of increasing their competence in working with problem gamblers and increasing their credibility among clients and colleagues. Most providers identified the auditing process as important and beneficial, although somewhat burdensome. Data entry to the online system was described as a significant source of frustration among providers.

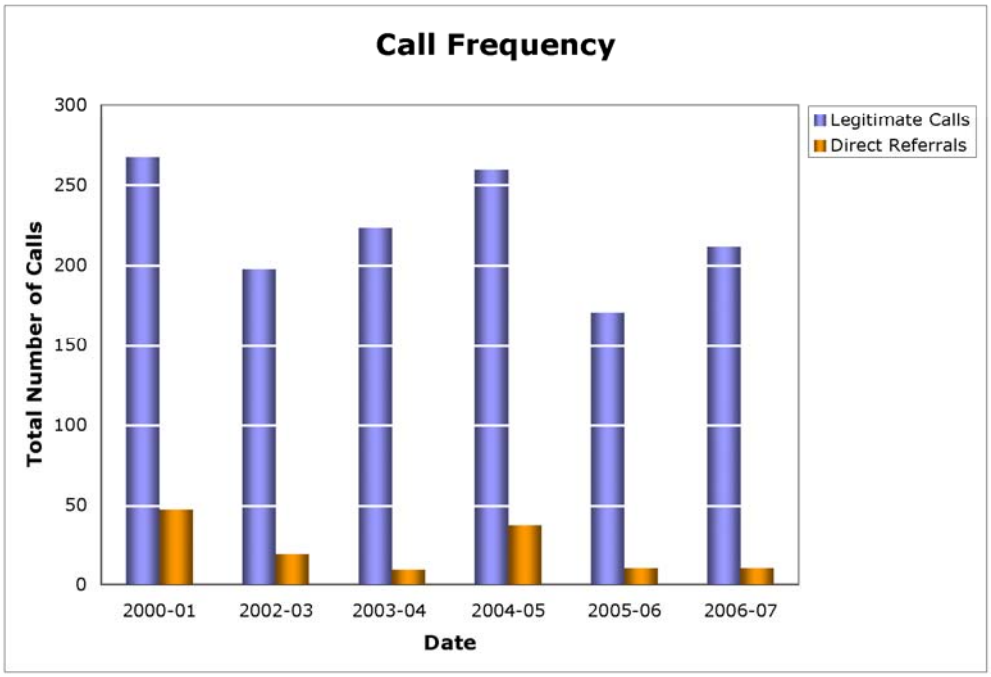
Helpline Data

One of the most important results found in the Helpline data analyzed was that the proportion of

younger callers (ages 18-25) has doubled in the last four years from 6% in 2001 to 12% in 2006.

The proportion of “legitimate calls” (defined as those phone calls made by people that are facing an emotional problem caused by compulsive gambling and are seeking a counseling remedy for their condition) versus “direct referrals” has changed over the years. For instance, in 2000-01 for six legitimate calls received, one resulted in a referral (17.6%). However, in 2006-07 for twenty-one legitimate calls received, one resulted in a referral (4.7%). It would be necessary to further explore the significance of this change over the past few years (Figure 3).

Figure 3



Consumer Survey

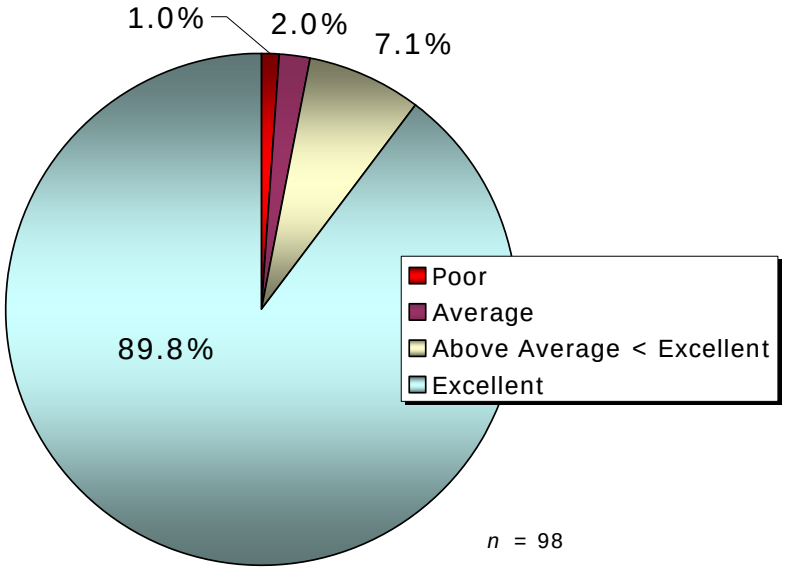
According to the Consumer Survey data analysis, nearly 90% of consumers ranked GAP services as “Excellent.” Only 1% of the consumers ranked the services as “Poor.” Figure 4. Additionally, nearly two-thirds of consumers found that all GAP services received were useful. Data shows that this

relationship increases for consumers who stay in treatment for a longer period of time.

Consumers were asked what would have helped them to seek treatment earlier. The most common answer to this question was “information about gambling counseling and treatments available.” According to the open questions answered by consumers, they value the fact that understanding the causes of their gambling addiction is an important step in their recovery process.

Figure 4

Overall, how would you rate the quality of the Gambler’s Assistance Program services that you received?



Magellan Data Analysis

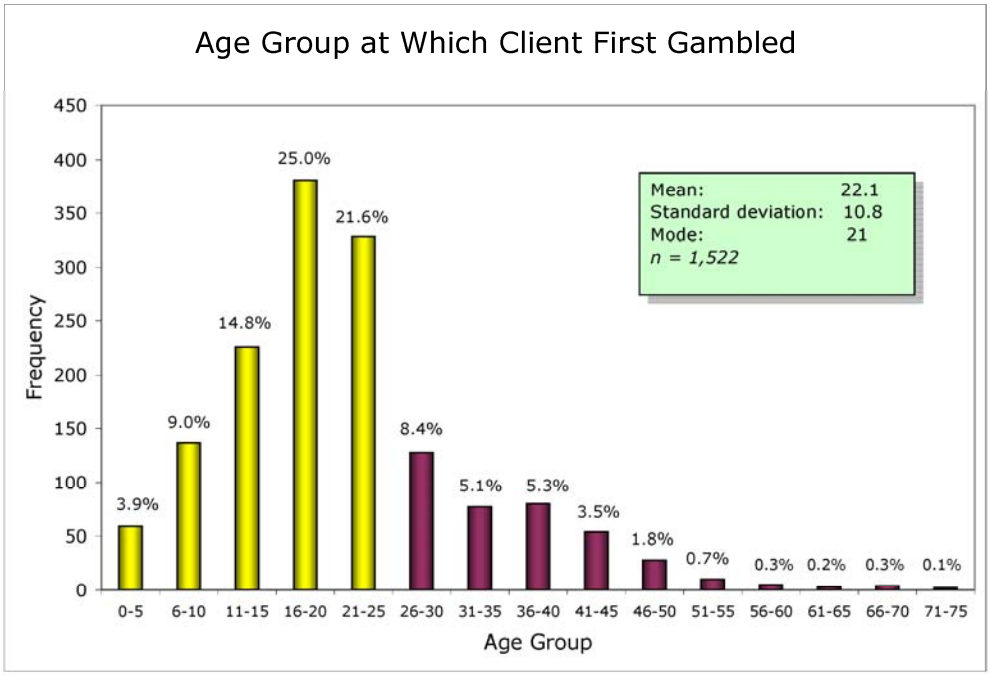
Almost three-quarters of clients began gambling at 25 years of age or younger (Figure 5). Clients are admitted into counseling treatments at an average age of 41 years. Some of these clients have been admitted multiple times prior to completing treatment. Magellan data reflected a total of 432 consumers served during the 2006 fiscal year.

Gender Differences

Single males are two times more likely to engage in gambling activities than single women. Men begin gambling at a significantly younger age than women.

Women have had a lower mean number of arrests than men. Women have significantly fewer employers in the last five years, and women in treatment have a 25% lower current income than men. These findings indicate that GAP services should take into account gender differences when assessing gambling counseling and treatment.

Figure 5



Education Differences

GAP clients with more than a high school education were more likely to complete treatment than those with less education, a finding that is congruent with other studies.

Combined Treatment Better Predicts Treatment Completion

According to statistical analysis, people who received both individual and group treatments were significantly more likely to complete treatment than those receiving only group or only individual treatment. Even though a combined treatment may imply a higher cost for the client, the benefits for completing treatment may justify the costs.

Cost Analysis Clinical Treatment

According to the analysis, over three-quarters of clients do not complete their clinical treatment. A significant statistical relationship between those who completed treatment and the total cost they paid for these therapies was found. Individuals who completed the combined individual and group therapy cost the state an average of $3,347.

According to Schaffer *et al*. (1997) who reviewed 120 studies on problem and pathological gambling, they estimated that a 1.14% percent of the adult population might develop a pathological gambling behavior (C.I. 95%: 0.9% – 1.38%). Applying the lowest and highest percentage to the total adult Nebraska population (1,556,196; US. Census Bureau, 2006), an estimate between 14,006 and 21,476 Nebraskans has the potential to become pathological gamblers. If the GAP were to treat these potential pathological gamblers who would seek and benefit from treatment (i.e. combined individual and group therapy) if it were available, resources in the amount between $46.9M and $71.9M would be required (14,006 x $3,347 and 21,476 x $3,347, respectively).

Social Costs

According to Grinols (2004) who studied nine original research studies on the gambling social costs, found that a pathological gambler annually generates a total of $11,304 in social costs (i.e. lost time and unemployment, illness, crime, suicide, bankruptcy, social service costs). For the State of Nebraska this would imply between $158M and $243M (14,006 x $11,304 and 21,476 x $11,304, respectively).

Sources:

Grinols, E. (2004). *Gambling in America. Costs and Benefits*. Cambridge: Cambridge University Press.

Shaffer, H., Hall, M. and Bilt, J. (1997). *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-Analysis*. Boston: Harvard Medical School.

Magellan System and NOMs	Recommendations for new additions and changes to the Magellan database were offered by GAP providers. Recommendations follow SAMHSA new data collection strategies, in particular those related to the National Outcome Measures (NOMs) and their domains. Providers recommended that five NOM domains be included in the Magellan database (reduced morbidity, crime and criminal justice, social connectedness, access/capacity and retention). They also suggested making the data-entry system more flexible and accurate (for instance, adding new options to the set of answers, and differentiating between gamblers and significant others).

APPENDIX A

DHHS Administrative Contact Personnel

Eric Hunsberger, MS
Nebraska Gamblers Assistance Program
DHHS-Division of Behavioral Health
P.O. Box 98925
Lincoln, NE 68509-8925
Phone: (402) 471-7822
E-mail: eric.hunsberger@hhss.ne.gov
Website: www.dhhs.ne.gov/beh/gam/gam.htm

Scot Adams, Ph.D.
Director, Behavioral Health Division
Nebraska Department of Health and Human Services

Ron Sorensen
Administrator, Behavioral Health Division
Nebraska Department of Health and Human Services

APPENDIX B

- **State Advisory Committee on Problem Gambling and Addiction Services**

Current Membership (October 31st, 2007)		
Name	Region	Home City
French, Janet	6	Omaha
Geier, Sherrie	5	Lincoln
Jung, Steven	5	Lincoln
McNeilly, Dennis	6	Omaha
Stalker, Dick	3	Grand Island
Stempson, David	5	Lincoln
Sylvester, Robert	5	York
Warren, Don	5	Lincoln

APPENDIX C

Organizations Involved in Problem Gambling

- **Nebraska Council on Compulsive Gambling**
  (402) 292-0061
  1-800-522-4700 - 24-Hours / 7 Days a Week
  www.nebraskacouncil.com

  Officers - 2006-2007

  David Hoppe, President
  Harlan Vogel, Vice President
  Mike Roseland, Treasurer

  Board Members

  Dave Egan
  Deb Hammond
  Jeff Graber
  Richard Hilske
  Mike Sliva

- **National Council on Problem Gambling**
  1-800-522-4700 - 24-Hours / 7 Days a Week
  www.ncpgambling.org/

- **National Problem Gambling Awareness Week**
  www.npgaw.org

APPENDIX D

List of Providers - Prevention

John Schere **GLW Children's Council, Inc** 455 Grand Ave P.O. Box 310 Burwell, NE Phone: 308-346-4284 E-mail: jschere@pathwaybank.com	**Kit Boesch and Lisa Olivares** **Lancaster County** **Substance Abuse Prevention Coalition** 1115 K St., Suite 100 Lincoln, NE 68508 Phone: (402) 441-4944 Fax: (402) 441-6805 E-mail: kboesch@lancaster.ne.gov Lisa Olivares is located at: Peoples Health Center 1021 N. 27th St. Lincoln, NE 68503 Phone: (402) 476-1640 X1008 E-mail: lisao@phclincoln.org

APPENDIX E

List of Providers – Evaluation Public Awareness

Deb Hammond **Choices Treatment Center** 2737 N. 49th Street Lincoln, NE 68504 Phone: 402-476-2300 e-mail: choices934@alltel.com www.playitsafenebraska.com	

APPENDIX F

List of Providers by Region

Region 1	
Cari Brunner & Joan Yekel **Crossroads Resources, LLC** 651 W. 4th St. PO Box 1299 Chadron, NE 69337 Phone: (308) 432-3920 Fax: (308) 432-4003 E-Mail: crossroads-counseling@hotmail.com	**Richard Landrigan** **Renew Counseling** 710 Grey St. Scottsbluff, NE 69361 Phone: (308) 632-2525 E-Mail: renew@charterinternet.com
Region 2	
Sue Huebner **Lutheran Family Services** 120 E. 12th St. North Platte, NE 69101 Phone: (308) 532-0587 Fax: (308) 532-0653 E-Mail: LFSNEB.org	
Region 3	
Ron Felton and Sharon DeNino **Horizon Recovery Center** 835 S. Burlington Ave., Suite 115 Hastings, NE 68901 Phone: (402) 462-2066 Fax: (402) 462-2045 E-Mail: horizonrecovery@alltel.net, ronfelton@alltel.net	

Region 4	
Rob Walton **Addiction & Mental Health Counseling** 125 S. 4th, Suite 213 P.O. Box 1352 Norfolk, NE 68701 Phone: (402) 841-3791 E-Mail: robert.walton@hhss.ne.gov	**Betty Hampton** **Hampton Behavioral Health & Family Services** 316 E. Douglas St. O'Neill, NE 68763 Phone: (402) 336-3200 Fax: (402) 336-3219 E-Mail: hampton_king@yahoo.com
Mike Sullivan The McMill Building 125 S. 4th St., Suite 217 Norfolk, NE 68701-1815 Phone: (402) 750-7923 Fax: (402) 379-2008 E-Mail: michaelsullivan@safe-mail.net	
Region 5	
Deb Hammond, Wanda Swanson, Lori Crowther, Janet Johnson and Thomas Gilligan **Choices Treatment Center, Inc.** 2737 N. 49th St. Lincoln, NE 68504 Phone: (402) 476-2300 Fax: (402) 476-2337 E-Mail: choices934@alltel.net Website: www.choicestreatmentcenter.com	**Gary Cornish** 9909 S. 176th St. Bennett, NE 68317 E-Mail: garycorn@aol.com, garycorn24@hotmail.com Phone: (402) 476-2300

Region 5 (Cont')	
Rick McNeese, Toni Arntzen, and Tom Booth **First Step Recovery Center** 210 Gateway, #342 Greentree Court Lincoln, NE 68505 Phone: (402) 434-2730 Fax: (402) 434-3970 E-Mail: rmcneese@dcs.state.ne.us, firstrick@hotmail.com, tarntzen@firststeprecovery.com Website: www.FirstStepRecovery.com	**Lisa Johnson** **Reflections** 520 N. Ohio Ave. York, NE 68467 E-Mail: promoauto@inebraska.com Phone: (402) 362-7985
Region 6	
Harlan Vogel & Gina Fricke **Heartland Family Service** 2101 S. 42nd St. Omaha, NE 68105-2909 Phone: (402) 553-3000, (402) 552-7466, (402) 552-7476 Fax: (402) 552-7444 E-Mail: hvogel@heartlandfamilyservice.org Website: www.HeartlandFamilyservice.org	**Charles Spence** **Spence Counseling Center** 12035 Q St. Omaha, NE 68137 E-mail: charles@spence.omhcoxmail.com Phone: (402) 991-0611 Fax: (402) 991-6228