

GAMBLING OUTPATIENT TREATMENT

a. The Contractor shall provide outpatient gambling treatment services to individuals who are age eighteen (18) or older who exhibit problem or pathological gambling behavior and/or to their family members or significant others. Such services shall be named "The Bettor Choice" and shall be non-residential treatment that shall include individual, group and family counseling, and may include appropriate supportive services. Counseling services shall be provided by qualified staff with specific training in the treatment of chronic gambling or who are working towards a recognized certification in problem gambling counseling. The services provided shall be part of a comprehensive treatment plan that is consistent with evidence based standards of gambling treatment as determined by a Department approved clinical supervisor.

B. The Contractor shall, at a minimum:

1. Provide a continuum of services that includes brief interventions, after-hours crisis calls, and intensive treatment for groups, individual or families. Services shall be provided for three (3) to nine (9) hours per week for four (4) to eight (8) weeks as needed, followed by continuing care outpatient services;
2. Provide responses to initial telephone calls within one business day;
3. Provide a first appointment for an individual within forty-eight (48) hours of the initial contact;
4. Ensure sufficient opportunities for counseling staff to participate in at least ten (10) telephonic supervision sessions with the Department's Problem Gambling Services staff annually;
5. Utilize peer counselors that are employees of the Contractor or are staff provided by the Department.

C. The Contractor shall cooperate with the Department's efforts to promote statewide awareness of the availability of specialized services for chronic gamblers by providing and documenting the following:

1. Outreach and educational services that includes, at a minimum, the distribution of educational materials and posters to referral sources;
2. A minimum of two (2) workshops for other behavioral health service providers;
3. A minimum of two (2) educational sessions with a primary focus on problem gambling that are open to the public;
4. A minimum of two (2) outreach activities that focus on addressing problem gambling in underserved populations.

Documentation shall include, at minimum, a summary of the activity, record of attendance and completed satisfaction surveys.

D. The Contractor shall establish a schedule of charges, on a sliding fee basis, for services provided to individuals under this contract. The level of indebtedness or debt service resulting from gambling shall be included as a determining factor in the establishment of fees. In addition to banks, credit card companies and loan companies, creditors may include bookies, loan sharks, relatives and friends. The Contractor shall obtain the Department's prior approval before implementing a schedule of charges or any changes to a previously approved schedule of charges.

E. All services provided under this contract shall be subject to ongoing clinical supervision and outcomes studies by the Department. Contractor agrees to provide any information, data or reports concerning contracted services which the Department may reasonably require. This may include the collection of data using instruments and schedules specified by the Department.

F. The services shall be provided at the following locations, with the capacity and hours of operation, as described below:

| Location | Capacity | Hours of Operation |
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G. The Contractor shall provide services which meet the required utilization rate for those services. Outpatient gambling treatment services utilization rate shall be measured by the number of counseling sessions provided and the number of clients in treatment as reported to the information system designated by the Department, and in the required monthly service and quarterly progress reports. Such information shall be verified by the Department. The minimum acceptable utilization rate for outpatient services is 90% of total capacity, as indicated in section F above, and 90% of the number of services proposed per the approved funding application. Utilization for all funded treatment services shall be computed based on total capacity.

H. The Contractor shall implement the services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits and/or in any other required reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

GAMBLING OUTPATIENT TREATMENT

| OUTCOMES | MEASURES |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Contractor will meet reporting requirements in a timely manner. | Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month. |
| 2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care. | A utilization rate of at least 90% will be achieved. |
| 3. Contractor will meet the expected services or contacts volume for this level of care. | At least 90% of projected services or contacts will be achieved. |
| 4. Individuals will report satisfaction with their services. | At least 80% of respondents to the Department's consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services. |
| 5. Individuals will be effectively engaged in Outpatient treatment. | At least 75% of individuals served will have at least two (2) services within thirty (30) days of admission to the program. |
| 6. Individuals will successfully complete treatment. | At least 75% of individuals discharged will have substantially completed the objectives identified on their recovery plans. |
| 7. Individuals will eliminate or reduce problem gambling behavior. | At least 70% of individuals served will have eliminated or reduced gambling behavior at the time of their discharge. |
| 8. Individuals will participate in outcome evaluations. | At least 90% of individuals will complete self-ratings upon admission and every 90 days while in treatment. |