

# PROJECT DESCRIPTION AND SCOPE OF WORK

## Technical Response

### Section A: Understanding of the Project Requirements

#### 1. Program Context Narrative

Best Care EAP approaches this contract with decades of operational experience executing high-stakes professional oversight for our fellow Nebraskans. We have served as the long-standing partner administering the Nebraska Licensee Assistance Program (NE LAP) for the State's health and health-related credential holders since 1992. This history establishes unmatched, legally defensible expertise within Nebraska's regulatory environment.

The active scope requirements are met through an established statewide service system that delivers program education, referral assistance, and monitoring compliance, alongside pre-licensure substance use assessments and evaluations upon request. Best Care EAP recognizes that managing a Licensee Assistance Program requires an entirely different operational, clinical, and legal blueprint than a standard EAP. As a Nebraska based organization, we bring localized expertise, established relationships, and a deep understanding of the professional organizations/communities we support.

As the current administrator of this contract, the Detailed Project Work Plan ensures absolute continuity of care with zero operational, clinical, or legal transition risk. This "Day One Readiness" workflow eliminates transition friction entirely, avoiding the significant public safety risks, potential disruptions in randomized toxicology screening calendars, and administrative gaps in case management that introducing a new vendor to active monitoring agreements would cause. Our operational design is calibrated directly against active program volume, informed by our ongoing management of an average active caseload over the last 5 years of 33.4 licensees, the processing of an average of 28.4 assessments, monitoring an average of 5.8 licensees, and the distribution of educational resources to an average of 338.6 practitioners and healthcare students, across Nebraska.

#### 2. Core Mandates Response

Best Care EAP meets the state's structural requirements through the following dedicated access points:

- **Physical Facility:** A fully operational office is maintained in the Omaha metropolitan area at 9239 West Center Road, Suite 201, Omaha, Nebraska 68124, satisfying the requirement for a physical presence within the Omaha/Lincoln metro area.
- **Licensed Staff:** The LAP Coordinator holds both the LADC and LIMHP credentials required.
- **Telephone Access:** Reliable statewide access is provided via dedicated telephone numbers used exclusively for LAP services:
  - *Toll-Free Number:* 800-851-2336
  - *Local Number:* 402-354-8055
  - *Integration:* These numbers are listed on the LAP website and all promotional and correspondence materials.

- **Website Access:** A dedicated LAP website is maintained to describe program services, provide access to educational materials, and facilitate program access for credential holders.

### 3. Data Security & Shredding Protocols

As an affiliate of Nebraska Methodist Health System (NMHS), Best Care EAP adheres to the Health System's established policies on retention of client records and the destruction and disposal of confidential documents. Because these policies require a different length of retention (ten years) than that stated in the proposal (seven years) this will be addressed in exhibit: Deviations From the Request for Proposal.

**See Exhibit 1:** *Deviations from the Request for Proposal*, page 16

### 4. Ongoing Quality Assurance Framework

Best Care EAP maintains a comprehensive Quality Assurance (QA) Program engineered to evaluate all required performance domains through standardized data collection. Our internal survey matrix is designed specifically to capture, aggregate, and report on the precise operational metrics requested by the State, ensuring total visibility and data integrity across all reporting cadences.

#### A. Quality Assurance Survey Methodology

- **Treatment Services Efficacy:** LAP clients are systematically surveyed using a specialized 10-statement tool that measures critical performance dimensions including timeliness, professionalism, privacy/confidentiality, the effectiveness of assessments/evaluations, the appropriateness of treatment referrals, monitoring services, and overall satisfaction.

**See Exhibit 2:** *Client Satisfaction Survey*, page 18

- **Standards and Care Levels:** To guarantee clinical quality and accuracy, licensed clinicians determine appropriate diagnoses and establish precise levels of care using recognized standards of practice, specifically incorporating DSM-5 and ASAM criteria.

**See Exhibit 3:** *Alcohol/Substance Use Assessment/evaluation*, page 21

- **Sobriety and Recidivism Tracking:** Clients who are assessed by the LAP Coordinator, meet the diagnostic criteria for a moderate or severe alcohol /substance use disorder, complete treatment recommendations and any monitoring requirements, and are discharged by the LAP, are tracked post-exit regarding ongoing sobriety, recovery status, participation in support groups, and relapse occurrences. This data is captured through targeted surveys deployed at structured intervals of 6 months, 1 year, 18 months, and 2 years post-completion, and is reported to the Department of Health and Human Services, Division of Public Health (the Department) both quarterly and annually.

**See Exhibit 4:** *Continuing Sobriety Report*, page 23

- **Stakeholder & Customer Satisfaction:** Multi-directional surveys are gathered from all stakeholders making referrals or interacting with the program—including employers, the Department staff, attorneys, and educational institutions—to measure performance regarding assessments, referrals, counseling, case management, and timeliness.

**See Exhibit 5:** *Customer Satisfaction Survey*, page 25

- **Educational Impact:** Written educational materials distributed monthly via email are evaluated through a comprehensive annual survey. Additionally, educational presentation quality and statewide outreach efforts are measured via targeted surveys distributed after every delivered presentation.

**See the following Exhibits 6, 7, 8, 9:**

*NE LAP Newsblast Survey 2026, page 27*

*Educational Session, NE LAP Services, Participant Survey, page 29*

*Educational Session, Alcohol/Substance Use Disorders, Participant Survey, page 33*

*Educational Session Coordinator Survey, page 36*

## **B. Quantifiable Program Goals and Corrective Actions**

Performance across these survey instruments is continuously measured against explicit, high-standard benchmarks to ensure the highest level of program efficacy:

- **Recovery and Sobriety Goal:** A minimum of 75% of LAP clients will maintain continued sobriety across all surveyed post-completion periods.
- **Service and Efficacy Goal:** A minimum of 90% satisfaction rating for overall program efficacy and timeliness.
- **Customer Satisfaction Goal:** A minimum of 90% satisfied rating from state stakeholders and referral sources.
- **Educational Presentation Goal:** A minimum of 90% positive rating across all educational sessions and outreach efforts.
- **Remediation and Corrective Action:** If satisfaction or performance metrics fall below these stated goals, Best Care EAP initiates immediate corrective actions. Remediation procedures include the structural revision of program procedures and the deployment of additional targeted staff training.

## **Section B: Proposed Development Approach**

Best Care EAP's proposed development approach structurally organizes our operational, clinical, and educational workflows across the three major performance areas required to accomplish the scope of work for the LAP contract.

### **1. Referral Assistance Approach & Clinical Workflows**

#### **A. Substance Use Assessment and Evaluation Methodology**

- **In-Person & Remote Access:** Free assessments are conducted directly by the LAP Coordinator for credential holders to ensure direct oversight, consistency, and referral support. Assessments can also be provided via telehealth based on the credential holder's schedule or location.

- **Mandatory Operational Timelines:**
  - **Initial Interview:** Scheduled within **five (5) business days** of initial contact.
  - **Written Evaluation Report:** Completed within **ten (10) business days** (unless delays are outside program control).
  - **Standard Referral Delivery:** Provided within **two (2) business days** once the full assessment is completed and the written report is finalized.
  - **Urgent Public Safety Alerts:** Reported to the Department Investigations within **one (1) business day** if findings indicate a risk to public health or safety.
- **Clinical Assessment Components:** The NE LAP Coordinator builds a comprehensive clinical profile using a psychosocial history, collateral information, a formal **DSM-5** diagnosis, treatment recommendations, and standardized diagnostic testing instruments, including:
  - SASSI-4
  - MAST
  - DAST
- **Urgent Care and Triage Decision Pipeline:** The assessment and evaluation process formally begins during the initial intake call. In cases indicating a severe substance use disorder, clinical staff immediately identify the need for an urgent referral to higher levels of care (such as hospitalization, detoxification, or inpatient/residential treatment). These urgent referrals are prioritized and executed without delay.
- **Provider Selection Options:** Credential holders are typically provided with at least **three (3) qualified treatment provider options** and are generally allowed to choose their preferred provider. Best Care EAP retains the explicit right to override user selection when necessary, due to legal or clinical considerations that render patient choice inappropriate or unsafe. All referral support is grounded strictly in clinical findings and documented treatment needs.
- **Temporary Counseling Bridges:** Individuals awaiting treatment admission who cannot begin care within **two (2) business days** receive temporary counseling from the LAP Coordinator free of charge until formal treatment begins. If LAP staff cannot directly provide this counseling, referrals are made to qualified outside substance use counselors (outside provider travel costs and service fees remain the responsibility of the individual).
- **Pre-Licensure Evaluations:** Best Care EAP provides free pre-licensure substance use assessments when requested by the Department. Individuals must complete intake procedures, required releases of information, and necessary clinical/case protocols to support proper care and reporting to the Department and treatment providers.

## **B. Consent, Releases, and Compliance Communication**

- **Participation Requirements:** Credential holders must sign releases of information allowing the LAP to communicate with the treatment provider regarding full disclosure of treatment information, progress, compliance, and aftercare requirements. Refusal to sign the releases results in the immediate termination of additional services and funding under the LAP contract.

- **Provider Monitoring Protocols:** Best Care EAP sends each selected treatment provider a formal letter alongside the signed release. Providers are instructed to notify the LAP of any client non-compliance (such as missed sessions or failure to follow treatment plans) within **three (3) business days** of becoming aware.
- **Public Health Disclosures:** A specific release of information titled "*Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance*" is requested from all credential holders. This authorizes full disclosure to the Department when continued practice poses a danger to public health and safety, or when the credential holder fails to comply with their treatment plan.  
**See Exhibit 10: Authorization to Release Information to Treatment Provider, page 38**  
**See Exhibit 11: LAP Letter to Treatment Provider, page 40**  
**See Exhibit 12: Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance, page 41**
- **Conflicting Statutory Compliance Framework:** To ensure absolute legal alignment between conflicting state and federal privacy statutes, Best Care EAP navigates unsigned disclosure forms using a strict compliance framework:
  - *The Exception:* If a credential holder refuses to provide a release for public health disclosures, contract funds **shall not** be used to provide services to that individual, nor shall the LAP report noncompliance of the treatment plan to the Department.
  - *Federal Restriction:* This exception is required because **42 CFR Part 2** prohibits federal-assistance programs from making disclosures without written client consent.
  - *State Mandate:* Conversely, **Neb. Rev. Stat. § 38-175** requires the LAP to make disclosures irrespective of a release. If consent is withheld, services must cease entirely to prevent a violation of federal law while complying with state disclosure obligations.

## 2. Comprehensive Monitoring Program

### A. Client Monitoring Lifecycles

- **Scope of Oversight:** All LAP clients are monitored from initial contact through formal case closure. Monitoring spans treatment progress, compliance, continuing care, and recovery. Progress reports are obtained from treatment providers bi-weekly or monthly to continually assess service needs.
- **Monitoring Agreements:** A formal Monitoring Agreement outlines explicit expectations for sobriety, recovery activities, and overall duration. The agreement typically begins after completion of intensive outpatient, residential, or inpatient treatment and may be utilized during completion of outpatient treatment at the LAP's discretion. The agreement includes, but is not limited to adherence to abstinence, continuing care compliance, progress reporting, and body fluid screenings. Durations are individualized based on diagnosis and recovery progress, generally lasting **at least one (1) year** and potentially extending several years.  
**See Exhibit 13: Monitoring Agreement, page 42**  
**See Exhibit 14: Monitoring Progress Report, page 44**

- **Out-of-State Diversion Referrals:** Best Care EAP monitors credential holders referred from out-of-state diversion programs when individuals relocate to Nebraska. This includes, but is not limited to, tracking adherence to continuing care plans and coordinating body fluid screenings when clinically indicated. Length of monitoring is typically defined by the referring diversion program contract. The LAP may request changes to the length of monitoring if clinically appropriate. Client non-compliance is reported directly to the referring diversion program and the Department.
- **Monitoring Cessation:** Upon official notification or receipt of documentation confirming the effective start date of a credential holder's monitoring directly by the Department, Best Care EAP will cease monitoring. The credential holder and their active treatment or counseling providers are notified in writing of the transition to ensure seamless notification.

**See Exhibit 15: Monitoring Transfer Letter, page 47**

## **B. Body Fluid Screening (BFS) Logistics**

- **Contracted Agency Relationship:** Best Care EAP maintains an effective working relationship with Nebraska's contracted agency for body fluid screening to ensure continuity of services. Screenings are recommended and arranged when clinically appropriate or requested by the Department.
- **Testing Panels:** The program utilizes the same BFS vendor used by the state. There are three separate testing panels available depending on the client's drug of choice. Panels include:
  - EtG
  - Ketamine
  - 5-panel with Expanded Opiates + Oxy + Fentanyl (amphetamines/methamphetamine, cocaine, Fentanyl, marijuana, MDA-analogues, codeine, morphine, heroin metabolites, hydrocodone, hydromorphone, oxycodone, PCP)
- **Client Financial Responsibility:** LAP clients are responsible for all costs associated with collection and testing, payable per the screening agency's requirements. Clients must complete authorizations allowing the release of screening results to the LAP; refusal to sign is documented as non-compliance and reported to the Department.
- **Screening Agency Deadlines:**
  - **Results:** The screening agency is expected to provide BFS results to the LAP as contractually agreed upon through their contract with the Department.
  - **Same-Day Positive Alerts:** The screening agency must report positive results promptly; on the **same working day** they are identified.
  - **Deficiency Tracking:** Failures to meet these timelines are documented in quarterly reports and addressed collaboratively with the Department.
- **Urgent Regulatory Reporting:** Best Care EAP reports to the Department, within **one (1) business day** when it is determined that a credential holder's alcohol or drug use constitutes a danger to public health and safety by the person's continued practice. Positive body fluid screens are treated as non-compliance and may be reported to the Department if they significantly impact treatment progress or pose a safety risk.

### 3. Education & Outreach Approach

#### A. Material Production and Distribution Channels

- **Monthly Distribution Cadence:** Written educational materials are distributed a minimum of **one (1) time per month** to credential holders, professional organizations, and employers of health professionals. All educational assets gain written approval from the Department prior to public release.
- **Content Focus Areas:** Materials focus explicitly on LAP services and availability, substance use impairment (mild, moderate, and severe), and available recovery processes.
- **Physical and Digital Assets:** LAP business cards containing website and contact data are distributed to credential holders, organizations, employers, and the Department. A two-page LAP brochure is hosted online for viewing and printing, and all materials (including newsletters) are accessible 24/7 on the LAP website.
- **Presentation Assets:** Materials deployed during physical presentations may include the LAP brochure, a link to the DHHS Alcohol and Substance Use Disorders Resource Guide, and LAP Frequently Asked Questions.

**See the following Exhibits 16, 17, 18:**

*Online LAP Brochure, page 48*

*Sample NE LAP News Blast, page 50*

*Frequently Asked Questions, page 53*

#### B. Educational Presentation Logistics

- **Mandatory Session Volumes:**
  - **Contract Years 1 & 2:** A minimum of **twenty (20) educational sessions** delivered across the first two years of the agreement.
  - **Contract Years 3 & 4:** A minimum of **twelve (12) educational sessions per year**.
  - **Out-State Geographic Mandate:** A minimum of **four (4) educational sessions per year** will be conducted completely *outside* the Lincoln and Omaha areas by way of live webinars or in-person.
- **Target Audiences:** Presentations are delivered directly to credential holders, professional organizations, college/university health professional students, and employers of health professionals. If necessary, Best Care EAP contacts urban and rural health organizations to offer these sessions to maintain compliance.
- **Curriculum Focus Breakdown:**
  - **Core Focus 1 (Minimum of 6 sessions):** Focused on the provision of information on the availability of, and services provided by, the LAP.
  - **Core Focus 2 (Minimum of 6 sessions):** Focused on substance use impairment and substance use (mild, moderate, and severe) and/or the substance use recovery process and services available.
- **Available Curricula:** Current topics available for in-person or webinar delivery include *Nebraska Licensee Assistance Program Services* and *Alcohol/Substance Use Disorders and the Health Services Professional*.

- **Reporting and Summaries:** Best Care EAP includes an educational session presentation summary with each quarterly report, listing the type/topic of the session, target audience, location, date, and exact number of participants.  
     **See Exhibit 19: Summary – Educational Sessions, page 55**
  - **Board Integration:** The LAP Coordinator attends formal meetings of the professional Boards whenever requested by the Department
- 

## Section C: Technical Requirements

### 1. Clinical Staff Licensing & Credentialing Matrix

- **Fully Licensed Personnel:** All primary administration, account management, clinical assessments, specialized counseling, case management, and clinical monitoring are executed directly by fully qualified, licensed (LADC, LIMHP) personnel employed by Best Care EAP.
- **Clinical Standards & Care Determinations:** To ensure clinical quality and absolute reporting accuracy, our licensed clinical team determines appropriate diagnoses and establishes precise levels of care using recognized standards of practice, specifically incorporating:
  - **DSM-5** (Diagnostic and Statistical Manual of Mental Disorders) criteria.
  - **ASAM** (American Society of Addiction Medicine) patient placement criteria.

### 2. Legal, Statutory, & Privacy Architecture

- **HIPAA Privacy & Security Compliance:** Best Care EAP operates under strict compliance with the **Health Insurance Portability and Accountability Act (HIPAA)** regulations for all contracted organizations and state credential holders it serves.
- **Subcontractor Data Risk Elimination:** Best Care EAP self-performs **100%** of all responsibilities, clinical services, database tracking, and administrative tasks required under this contract. Because we utilize zero (0) external subcontractors, the State's participant records remain strictly contained within our secure corporate boundary, completely eliminating third-party data leakage and security risks.
- **Zero-Incident Technical History:** Proving our data security infrastructure's real-world strength, Best Care EAP has experienced **zero (0) security incidents or data breaches** within the past three (3) years that required notification to a Covered Entity or reporting to the U.S. Department of Health and Human Services Office for Civil Rights (OCR).

### 3. IT Infrastructure & Software Systems

- **EHR Clinical Software Integration:** Our technical platform utilizes specialized Electronic Health Record (EHR) software managed by our Business Office Manager to track compliance, software applications, and individual case data. This data tracking infrastructure is structurally aligned to support our clinical diagnostics and feed directly into our required state reporting systems.
  - **Enterprise-Level IT Infrastructure:** Our software, compliance workflows, and invoicing databases operate with the full backing of the NMHS's centralized corporate offices. This configuration guarantees enterprise-grade cybersecurity monitoring, legal compliance auditing, and **100% operational redundancy** to maintain absolute data safety and system stability for the State.
- 

## Section D: Detailed Project Work Plan

Best Care EAP's Detailed Project Work Plan provides a practical, time-bound framework for executing the NE LAP. As the current program administrator, our work plan requires zero ramp-up or implementation periods, ensuring "Day One Readiness" and absolute continuity of care for the state and active participants.

### 1. Work Breakdown Structure (WBS) by Performance Area

Our day-to-day operations are organized into three distinct lifecycles to move cases smoothly from initial contact to successful monitoring exit and community outreach.

#### Area 1: Referral Assistance Lifecycle

- **Step 1.1: Call Intake & Severe Case Triage**
  - The substance use assessment and evaluation process formally begins at the initial intake call.
  - In cases indicating severe substance use disorder, clinical staff immediately identify the need for urgent referral to a higher level of care (such as hospitalization, detoxification, or inpatient/residential treatment).
  - These urgent referrals are prioritized and executed without delay.
- **Step 1.2: Scheduling & Assessment Delivery**
  - For standard cases, the initial evaluation interview is scheduled within five (5) business days of contact, unless the credential holder's schedule requires additional time.
  - The LAP Coordinator conducts the assessment in person to ensure direct oversight and consistency, or via telehealth if required by the credential holder's schedule or location.
  - The clinician builds a comprehensive diagnostic profile using a psychosocial history, collateral information, and standardized testing instruments (SASSI-4, MAST, DAST).
- **Step 1.3: Diagnostic Modeling & Report Generation**
  - The clinician determines appropriate diagnoses and treatment recommendations using recognized standards of practice, specifically incorporating **DSM-5** and **ASAM** criteria.

- The clinical evaluation and written report are fully finalized within ten (10) business days of the initial interview, unless circumstances prevent the clinician from obtaining vital clinical information that is essential to the completion of the written assessment. The clinician will make every effort to obtain the information in a timely manner. If unable to do so, the clinician will provide a preliminary written report.
- **Step 1.4: Referral Support & Selection**
  - For standard cases, personalized referral assistance is provided within two (2) business days after the written report is finalized.
  - The credential holder is provided with a minimum of three (3) qualified treatment provider options based on clinical findings and documented needs.
  - The credential holder chooses their provider; however, Best Care EAP retains the right to override patient selection when legal or clinical considerations make that choice inappropriate or unsafe.
- **Step 1.5: Counseling Bridge Deployment**
  - If an individual awaiting admission cannot begin treatment within two (2) business days, the LAP Coordinator is able to provide temporary counseling free of charge until formal treatment begins.
  - If LAP staff cannot provide this care directly, referrals are made to qualified outside counselors (outside travel costs and service fees remain the client's responsibility).
- **Step 1.6: Pre-Licensure Evaluations**
  - Upon explicit request by the Department, Best Care EAP initiates free pre-licensure substance use assessments.
  - Individuals must complete standard intake procedures, required releases, and clinical protocols to support reporting to the Department and treatment providers.

## **Area 2: Monitoring & Screening Lifecycle**

- **Step 2.1: Monitoring Agreement Execution**
  - An individualized LAP Monitoring Agreement is established outlining explicit expectations for sobriety, recovery activities, and duration of monitoring (generally lasting at least one year up to several years based on diagnosis).
  - Credential holders must sign releases of information allowing full disclosure of treatment information, progress, and aftercare requirements. Refusal to sign the releases results in immediate termination of LAP services and funding.
- **Step 2.2: Body Fluid Screening (BFS) Management**
  - Best Care EAP coordinates randomized body fluid screenings through Nebraska's contracted screening agency.
  - The type of testing panel administered will be determined by the client's drug of choice. The available screens include individualized EtG and ketamine tests, and a 5-panel with Expanded Opiates + Oxy + Fentanyl (amphetamines/methamphetamine, cocaine, Fentanyl, marijuana, MDA-analogues, codeine, morphine, heroin metabolites, hydrocodone, hydromorphone, oxycodone, PCP)
  - Clients complete necessary authorizations to release results to the LAP; refusal to sign required releases is treated as non-compliance and reported to the Department.
- **Step 2.3: Provider Compliance Tracking**
  - Best Care EAP issues a formal instructions letter alongside the signed release to each selected treatment provider.

- Providers submit progress reports monthly to allow the LAP to continually assess participant's progress and service needs.
- Providers are instructed to notify the LAP of any client non-compliance (such as missed sessions or failure to follow treatment plans) within three (3) business days of becoming aware.
- **Step 2.4: Out-of-State Referrals Integration**
  - The LAP monitors credential holders transferring from out-of-state diversion programs when they relocate to Nebraska.
  - Oversight includes, but is not limited to, tracking adherence to continuing care plans, collecting progress reports, and executing body fluid screenings when clinically indicated.
- **Step 2.5: Monitoring Cessation & Transitions**
  - Upon official notification that a credential holder's monitoring has been directly assumed by the Department, Best Care EAP immediately ceases monitoring.
  - The LAP sends out formal Monitoring Transfer Letters to the credential holder and active treatment providers to ensure clear notification of the transition.

### **Area 3: Education & Outreach Deployment**

- **Step 3.1: Material Curation & State Review**
    - Written educational assets, brochures, and newsletters are curated monthly to focus on LAP services, substance use impairment (mild, moderate, severe), and recovery processes.
    - All materials gain explicit, written approval from the Department prior to public release or digital distribution.
  - **Step 3.2: Educational Session Execution**
    - Presentations are scheduled and delivered to credential holders, professional organizations, university health professional students, employers of healthcare professionals, and members of the licensure boards.
    - To fulfill out-state geographic mandates, at least four (4) annual educational sessions are delivered outside the Lincoln and Omaha metro areas via live webinars.
    - Best Care EAP will contact perspective consumers as needed to fulfill the required number of presentations per year and provide the contact details on a quarterly basis.
    - An educational presentation summary listing session topics, locations, dates, and participant counts is included with every quarterly report.
-

## 2. Project Milestones & Timeline Matrix

To ensure compliance, our operations are managed against strict, mandatory turnaround times and reporting milestones:

| Work Performance Target               | Contract Milestone / Deadline                                                              | Accountable Personnel            |
|---------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|
| <b>Severe Case Triage</b>             | Immediate identification and referral without delay                                        | LAP Coordinator                  |
| <b>Initial Assessment Interview</b>   | Scheduled within <b>five (5) business days</b> of contact                                  | LAP Coordinator                  |
| <b>Written Evaluation Report</b>      | Fully completed within <b>ten (10) business days</b> of interview                          | LAP Coordinator                  |
| <b>Urgent Public Safety Reporting</b> | Transmitted to Public Health within <b>one (1) business day</b> of hazard detection        | LAP Coordinator                  |
| <b>Standard Care Referrals</b>        | Delivered within <b>two (2) business days</b> of report finalization                       | LAP Coordinator                  |
| <b>Provider Non-Compliance Alert</b>  | Received within <b>three (3) business days</b> of provider awareness                       | Treatment Provider / LAP Staff   |
| <b>Toxicology Result Delivery</b>     | Received <b>as contractually agreed</b> from agency; <b>same working day</b> for positives | Contracted Screening Agency      |
| <b>Material Release Timeline</b>      | Curation, review, and written state approval <b>prior to release</b>                       | LAP Coordinator / the Department |
| <b>Education Materials Frequency</b>  | Distributed a minimum of <b>one (1) time per month</b>                                     | LAP Coordinator/the Department   |
| <b>Out-State Education Minimums</b>   | A minimum of <b>four (4) sessions annually</b> outside Omaha/Lincoln                       | LAP Coordinator                  |
| <b>Outreach Volume Targets</b>        | <b>20 sessions</b> (Years 1–2); <b>12 sessions annually</b> (Years 3–4)                    | LAP Coordinator                  |

## 3. Contract Management & Project Control Plans

### A. Transition and Contingency Plan ("Day One Readiness")

As the incumbent vendor, Best Care EAP's transition strategy focuses on a specialized "Day One Readiness" workflow that eliminates transition friction entirely. For active monitoring contracts, a vendor transition introduces significant public safety risks, gaps in randomized toxicology screening calendars, and operational case management disruptions.

Our work plan controls these risks by maintaining absolute continuity of care. Active monitoring agreements, established treatment provider progress channels, historical case file security, and randomized body fluid screening frequencies transfer into the new contract period with zero operational or administrative downtime.

## B. Statutory Privacy and Disclosure Interface

To manage compliance risks associated with data sharing, our work plan implements a strict operational protocol for handling unsigned release forms at the intersection of state and federal law:

- **Federal Mandate (42 CFR Part 2):** Prohibits federal-assistance substance use programs from making patient disclosures without explicit written consent.
  - **State Mandate (Neb. Rev. Stat. § 38-175):** Requires the LAP to make disclosures to the regulatory board irrespective of a release if continued practice poses a danger or if treatment compliance fails.
  - **Project Control Protocol:** If a credential holder refuses to sign the required *"Notice to Nebraska Licensee Assistance Program Clients: Public Health and Safety and Treatment Compliance"* release, Best Care EAP instantly terminates further services and funding under the LAP contract. This control mechanism prevents a violation of federal privacy laws while fully satisfying state public protection mandates by halting the individual's participation in the funded program.
- 

## Section E: Deliverables and Due Dates

Best Care EAP strictly adheres to all reporting timelines, educational volumes, and data deliverables required by the Department. All program summaries and documentation are processed on a rigid calendar cadence to ensure total program transparency and regulatory compliance.

### 1. Clinical and Operational Deliverables Log

Best Care EAP generates and tracks localized, case-specific deliverables through the following operational workflows:

- **Clinical Intake Assessments:** Individual evaluations are completed, utilizing psychosocial histories and standardized testing instruments (SASSI-4, MAST, DAST), with final written reports rendered within **ten (10) business days** of the initial client interview, unless circumstances prevent the clinician from obtaining vital clinical information within the allotted time frame.
- **Provider Referral Portfolios:** A minimum of **three (3) qualified treatment provider options** are sourced, compiled, and delivered to non-urgent credential holders within **two (2) business days** after the evaluation report is finalized.
- **Formal Monitoring Agreements:** Custom compliance contracts detailing exact sobriety parameters, aftercare requirements, and body fluid screening frequencies are executed immediately following a participant's entry into the monitoring lifecycle.
- **Monitoring Cessation & Transfer Letters:** Written transition notices are processed and dispatched to the credential holder and active treatment providers immediately upon receiving official documentation that the Department has assumed direct monitoring.

## 2. Information and Outreach Deliverables Log

Program communication and educational assets follow a continuous delivery schedule throughout the contract term:

- **Monthly Educational Materials:** Written educational brochures, newsletters, and topical materials are generated and distributed at least **one (1) time per month** to credential holders, professional organizations, and employers. All materials are routed to the Department for written approval prior to release.
- **LAP Access Collateral:** Physical business cards and online-optimized, two-page LAP brochures containing active website URLs and telephone touchpoints are maintained and distributed continuously to stakeholders, employers, and the Department.
- **Mandatory Outreach presentations:** Educational sessions are tracked and delivered against explicit, time-based volume milestones to guarantee comprehensive statewide coverage:
  - **Phase 1 (Contract Years 1 & 2):** A minimum deliverable of **twenty (20) total educational sessions** across the initial two-year cycle.
  - **Phase 2 (Contract Years 3 & 4):** A minimum deliverable of **twelve (12) educational sessions per contract year** during the latter two-year cycle.
  - **Geographic Target (All Years):** A minimum deliverable of **four (4) educational sessions per year** conducted completely *outside* the Lincoln and Omaha areas via live webinars or in person if requested.
  - **Core Content Target (All Years):** Annual session volume must include a minimum of six (6) sessions focused on LAP service availability and six (6) sessions focused on substance use impairment/recovery.

## 3. State Reporting Cadence Table

Best Care EAP aggregates all internal survey data, clinical tracking matrix metrics, and educational session tallies into formal state deliverables matching the precise schedule below:

| Deliverable Type                    | Frequency / Due Date                                | Required Content & Metrics Included                                                                                                                                                | Primary Data Source Instrument                                                     |
|-------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Urgent Safety Alerts</b>         | Within <b>one (1) business day</b> of determination | Written notification to the Department when a credential holder's alcohol or drug use poses an immediate danger to public health and safety.                                       | Clinical Triage and EHR                                                            |
| <b>Toxicology Deficiency Alerts</b> | <b>Ongoing</b> as identified                        | Documentation of screening agency failures to deliver standard results or same-day positive alerts.                                                                                | EHR Toxicology Vendor Report                                                       |
| <b>Quarterly Status Reports</b>     | Following each contract quarter                     | Complete statistical breakdown of active cases, intake volume, and an educational presentation summary (detailing topic, target audience, location, date, and participant counts). | EHR Database Report                                                                |
| <b>Annual Quality Reports</b>       | Annually at contract year close                     | Aggregated metrics from client satisfaction logs, long-term recovery stability data, stakeholder feedback, and monthly material review data.                                       | 10-Statement Survey Tool & 6-, 12-, 18-, 24-Month Sobriety Polls, Newsblast Survey |

- **Report Formatting & Comprehensive Content** Best Care EAP confirms that all Quarterly and Annual Reports submitted to the Department will structurally include the above mentioned components and detail the following specific sections:
  - **Problems Encountered:** A dedicated log detailing any administrative, systemic, or operational challenges faced during the reporting period, along with implemented or proposed resolutions.
  - **Resources Expended and Remaining:** A clear financial and resource utilization summary of contract funds and programmatic resources used to date.
  - **Analysis of Trends, Patterns, and Other Issues:** A strategic analysis evaluating how emerging trends or shifts in program utilization (such as specific shifts in user credential longevity or profession demographics) could influence or improve future service delivery models.
  - **Granular Quality Assurance Metrics:** A precise statistical breakdown measuring the exact time elapsed between the start of a deliverable piece (e.g., the initial request for an assessment) and its formal completion (e.g., the conclusion of the initial interview).
- **Report Delivery and Presentation Protocols**
  - **Submission Timeline:** Written Quarterly Reports will be emailed to the contract manager by the final day of the month immediately following the close of the quarter in which services were rendered. The Written Annual Report will be emailed by the final day of the month following the close of the contract year.
  - **Collaborative Briefings:** In addition to the written text, the contents of both the Quarterly and Annual reports will be formally presented to the contract manager and applicable Department staff via scheduled in-person or virtual meetings to facilitate programmatic review and discussion.

**See Exhibit 20: Quarterly Report, page 56**

#### **4. Outgoing Contract Expiration and Transition Plan**

Upon the expiration or termination of this agreement, Best Care EAP guarantees full cooperation with the Department and any subsequent organizations designated by the Department to ensure an orderly, seamless, and safe transition of services with zero disruption to public safety.

To execute this, Best Care EAP will implement an Outgoing Transition Plan that includes:

- **Case File Transfer:** Securely transferring active case files, historical data, and monitoring documentation within a Department-approved timeline, adhering strictly to 42 CFR Part 2 and state privacy regulations.
- **Screening Calendar Alignment:** Coordination with Nebraska's contracted body fluid screening agency to hand off randomized toxicology tracking calendars smoothly, eliminating administrative gaps for active licensees.
- **Stakeholder Notification:** Providing written notice to active participants and their treatment providers regarding the transition of oversight to eliminate care disruption.
- **Administrative Hand-off:** Participating in transition meetings with the Department and the successor vendor to review operational blueprints, outstanding deliverables, and ongoing compliance requirements.

## **EXHIBIT 1**

### **DEVIATIONS FROM THE REQUEST FOR PROPOSAL**

#### **RFP SECTION V.C.5**

Best Care EAP's proposal will meet all the requirements of the Licensee Assistance Program Request for Proposal (RFP) number 125583 O3 with one exception:

Under V. Project Description and Scope of Work, C. Project Requirements, 5. Record Retention. This section states:

*“The Vendor must have a client record retention policy and retain the client records for seven (7) years after completion of referral assistance or monitoring by the vendor. Records must be securely shredded or destroyed at the end of the retention period.”*

Because Best Care EAP is part of a larger health care organization, Nebraska Methodist Health System, we are obligated to adhere to the policies set forth by that organization. According to that policy, Best Care EAP is required to maintain records for a minimum of ten (10) years.

Page 21 of Record Retention and Destruction Policy for Methodist Health System follows below.

| RECORD TYPE                                                                                                                                                                                                                                                                                                                                                     | RETENTION CLASS                                                | REPOSITORY/ LOCATION                                                                                          | CITATION                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Surgical records -complete with anesthetic records, findings, operative procedures, postoperative diagnoses, preoperative diagnoses, and tissue diagnoses<br>Therapy treatment<br>Vital Signs<br>Radiology Results                                                                                                                                              |                                                                |                                                                                                               |                                               |
| <b>Cardiology Records</b><br>Cardiac Catheterization Films (C-Films)<br>Films taken before, during, and after a heart catheterization procedure.<br>EEG<br>EKG<br>Neuro EEG Tracings                                                                                                                                                                            | Adults = F<br>Minors = G                                       | Stored at Iron Mountain by 3 <sup>rd</sup> party vendor<br><br>Stored at Iron Mountain by Children's Hospital | 175 NAC 9-006.07A5                            |
| <b>Diagnostic Images</b><br>Flat Films<br>PACS (digital) Films                                                                                                                                                                                                                                                                                                  | Adults = F<br><br>Minors = G                                   | Shared Service Systems & PACS digital system                                                                  | 175 NAC 9-006.07A5                            |
| <b>Employee Assistant Program (EAP)</b><br>Includes Community Counseling Program records                                                                                                                                                                                                                                                                        | Before 8/2017 = D<br>As of 8/2017:<br>Adults = F<br>Minors = G | Shared Service Systems                                                                                        |                                               |
| <b>Fetal Heart Monitoring Reports/Strips</b><br>Records related to fetal heart monitoring. Includes actual strips generated by fetal heart monitors and testing devices. Digital strips stored in the system; hard copy strips printed and stored at SSS prior to September 1, 2018. For exceptions, please refer to Section 3.a.i. in Record Retention Policy. | 22 years                                                       | Watch Child<br>Fetal Link<br>Cerner<br>SSS                                                                    | 175 NAC 9-006.07A5                            |
| Hereditary Cancer Risk Program Charts                                                                                                                                                                                                                                                                                                                           | Adults = F<br>Minors = G                                       | Shared Service Systems                                                                                        |                                               |
| Mammography screening and/or diagnostic mammography services                                                                                                                                                                                                                                                                                                    | Adults = F<br>Minors = G                                       | EMR/ Shared Service Systems                                                                                   | 175 NAC 9-006.07A5                            |
| Master Patient Index<br>Master index to patient health records                                                                                                                                                                                                                                                                                                  | A                                                              | HIM Dept                                                                                                      | 175 NAC 9-006.07B                             |
| Perinatal Records                                                                                                                                                                                                                                                                                                                                               | F                                                              | EMR                                                                                                           | 175 NAC 9-006.07A5                            |
| <b>Psychiatric Records</b><br>Psychiatric evaluations and treatment provided to patients                                                                                                                                                                                                                                                                        | Adults = F<br>Minors = G                                       | EMR                                                                                                           | 175 NAC 9-006.07A5                            |
| <b>Radiology</b><br>Radiology – survey of removed radioactive implants                                                                                                                                                                                                                                                                                          | Adults = F<br>Minors = G                                       | Shared Service Systems                                                                                        | 175 NAC 9-006.07A5<br><br>175 NAC 9-006.09F4: |

**MHS Document Retention Classifications:**

Class A = Permanent

Class B = 25-Year Records

Class C = 15-Year Records

Class D = 10-Year Records

Class E = 5-Year Records

Class F = Adult Health Information - 10 Years from Last Encounter

Class G = Minor Health Information – The Greater of: (a) 10 Years, or (b) Until the Minor Reaches Age 25

Class H = Industry Standard

\*\*NMHS may require a longer retention period than the applicable citation requires\*\*

**Licensee Assistance Program - Department of Health & Human  
Services-NE LAP Client Satisfaction Survey**

| <b>I was able to successfully contact the Nebraska Licensee Assistance Program (NE LAP) when needed.</b> | <b>(#)</b> | <b>(%)</b> |
|----------------------------------------------------------------------------------------------------------|------------|------------|
| Strongly Agree                                                                                           | 0          | 0.00%      |
| Somewhat Agree                                                                                           | 0          | 0.00%      |
| Neutral                                                                                                  | 0          | 0.00%      |
| Somewhat Disagree                                                                                        | 0          | 0.00%      |
| No Response                                                                                              | 1          | 100.00%    |
| Strongly Disagree                                                                                        | 0          | 0.00%      |
|                                                                                                          | 1          | 100.00 %   |
| <b>I was treated courteously, professionally, and in a timely fashion.</b>                               | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                           | 0          | 0.00%      |
| Somewhat Agree                                                                                           | 0          | 0.00%      |
| Neutral                                                                                                  | 0          | 0.00%      |
| Somewhat Disagree                                                                                        | 0          | 0.00%      |
| No Response                                                                                              | 1          | 100.00%    |
| Strongly Disagree                                                                                        | 0          | 0.00%      |
|                                                                                                          | 1          | 100.00 %   |
| <b>My confidentiality was handled appropriately by NE LAP staff.</b>                                     | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                           | 0          | 0.00%      |
| Somewhat Agree                                                                                           | 0          | 0.00%      |
| Neutral                                                                                                  | 0          | 0.00%      |
| Somewhat Disagree                                                                                        | 0          | 0.00%      |
| No Response                                                                                              | 1          | 100.00%    |
| Strongly Disagree                                                                                        | 0          | 0.00%      |
|                                                                                                          | 1          | 100.00 %   |
| <b>My NE LAP counselor was effective in helping me identify the services I needed.</b>                   | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                           | 0          | 0.00%      |
| Somewhat Agree                                                                                           | 0          | 0.00%      |
| Neutral                                                                                                  | 0          | 0.00%      |
| Somewhat Disagree                                                                                        | 0          | 0.00%      |
| No Response                                                                                              | 1          | 100.00%    |
| Strongly Disagree                                                                                        | 0          | 0.00%      |
|                                                                                                          | 1          | 100.00 %   |

# Licensee Assistance Program - Department of Health & Human Services-NE LAP Client Satisfaction Survey

|                                                                                                                       |            |            |
|-----------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>I received a timely and appropriate referral from the NE LAP counselor.</b>                                        | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                        | 0          | 0.00%      |
| Neutral                                                                                                               | 0          | 0.00%      |
| Somewhat Disagree                                                                                                     | 0          | 0.00%      |
| No Response                                                                                                           | 1          | 100.00%    |
| Strongly Disagree                                                                                                     | 0          | 0.00%      |
|                                                                                                                       | 1          | 100.00 %   |
| <b>My NE LAP counselor contacted me to see if I was satisfied with the referral.</b>                                  | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                        | 0          | 0.00%      |
| Neutral                                                                                                               | 0          | 0.00%      |
| Somewhat Disagree                                                                                                     | 0          | 0.00%      |
| No Response                                                                                                           | 1          | 100.00%    |
| Strongly Disagree                                                                                                     | 0          | 0.00%      |
|                                                                                                                       | 1          | 100.00 %   |
| <b>The NE LAP counselor was available for support throughout my treatment and continuing care/aftercare programs.</b> | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                        | 0          | 0.00%      |
| Neutral                                                                                                               | 0          | 0.00%      |
| Somewhat Disagree                                                                                                     | 0          | 0.00%      |
| No Response                                                                                                           | 1          | 100.00%    |
| Strongly Disagree                                                                                                     | 0          | 0.00%      |
|                                                                                                                       | 1          | 100.00 %   |
| <b>I was satisfied with my NE LAP Counselor.</b>                                                                      | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                        | 0          | 0.00%      |
| Neutral                                                                                                               | 0          | 0.00%      |
| Somewhat Disagree                                                                                                     | 0          | 0.00%      |
| No Response                                                                                                           | 1          | 100.00%    |
| Strongly Disagree                                                                                                     | 0          | 0.00%      |
|                                                                                                                       | 1          | 100.00 %   |

# Licensee Assistance Program - Department of Health & Human Services-NE LAP Client Satisfaction Survey

| <b>Overall, I was satisfied with the Nebraska Licensee Assistance Program.</b> | <b>(#)</b> | <b>(%)</b> |
|--------------------------------------------------------------------------------|------------|------------|
| Strongly Agree                                                                 | 0          | 0.00%      |
| Somewhat Agree                                                                 | 0          | 0.00%      |
| Neutral                                                                        | 0          | 0.00%      |
| Somewhat Disagree                                                              | 0          | 0.00%      |
| No Response                                                                    | 1          | 100.00%    |
| Strongly Disagree                                                              | 0          | 0.00%      |
|                                                                                | 1          | 100.00 %   |
| <b>I would recommend the Nebraska Licensee Assistance Program to others.</b>   | <b>(#)</b> | <b>(%)</b> |
| Strongly Agree                                                                 | 0          | 0.00%      |
| Somewhat Agree                                                                 | 0          | 0.00%      |
| Neutral                                                                        | 0          | 0.00%      |
| Somewhat Disagree                                                              | 0          | 0.00%      |
| No Response                                                                    | 1          | 100.00%    |
| Strongly Disagree                                                              | 0          | 0.00%      |
|                                                                                | 1          | 100.00 %   |

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

A SERVICE OF BEST CARE EAP

9239 W. Center Road, Suite 201  
Omaha, NE 68124-1900  
(402) 354-8055  
(800) 851-2336  
Fax: (402) 354-8046

### ***Alcohol/Substance Use Assessment***

#### **Client:**

Name  
Address  
City/State/Zip  
Phone

Last 4 SSN:  
Gender  
DOB:  
Profession

#### **Assessment:**

Location  
Initial Interview Date:  
Treatment Recommendations Available:  
Report Completed:

*All information contained in this assessment was reported by \_\_\_\_\_ unless otherwise noted.*

### **Psychosocial History**

#### **Presenting Information**

#### **Family/Social History**

#### **Education/Employment History**

Education:

Employment:

#### **Military History**

#### **Alcohol/Substance Use History**

### Legal/Licensure History

Legal:

Licensure:

### Medical/Psychological History

### **Collateral Information**

### **Substance Use Assessments and Findings**

SASSI:

MAST:

DAST (if applicable):

### **DSM-5 Diagnostic Impression**

### **ASAM Dimensions**

### **Treatment Recommendations**

---

Michelle Hruska, LIMHP, LADC  
NE LAP Coordinator

---

Date

**EXHIBIT 4**

***Nebraska Licensee Assistance Program  
Continuing Sobriety/Recovery Quarter Report***

(alcohol/substance use disorder clients who successfully completed treatment/NE LAP services)

**6 Month Follow-Ups**

- |    |                                                 |           |          |       |
|----|-------------------------------------------------|-----------|----------|-------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____% |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | ____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____% |
| 4. | Changed professions                             | #Yes ____ | #No ____ |       |
| 5. | Changed jobs                                    | #Yes ____ | #No ____ |       |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____% |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____% |

Reasons for relapse \_\_\_\_\_

Client comments:

**12 Month Follow-Ups**

- |    |                                                 |           |          |          |
|----|-------------------------------------------------|-----------|----------|----------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____%    |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | 100____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____%    |
| 4. | Changed professions                             | #Yes ____ | #No ____ |          |
| 5. | Changed jobs (both promoted)                    | #Yes ____ | #No ____ |          |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____%    |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____%    |

Reasons for relapse \_\_\_\_\_

Client comments:

### **18 Month Follow-Ups**

- |    |                                                 |           |          |       |
|----|-------------------------------------------------|-----------|----------|-------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____% |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | ____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____% |
| 4. | Changed professions                             | #Yes ____ | #No ____ |       |
| 5. | Changed jobs                                    | #Yes ____ | #No ____ |       |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____% |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____% |

Reasons for relapse \_\_\_\_\_

Client comments:

### **24 Month Follow-Up**

- |    |                                                 |           |          |       |
|----|-------------------------------------------------|-----------|----------|-------|
| 1. | Continued sobriety/recovery                     | #Yes ____ | #No ____ | ____% |
| 2. | Continued attending self-help recovery meetings | #Yes ____ | #No ____ | ____% |
| 3. | Continued to have recovery program sponsor      | #Yes ____ | #No ____ | ____% |
| 4. | Changed professions                             | #Yes ____ | #No ____ |       |
| 5. | Changed jobs                                    | #Yes ____ | #No ____ |       |
| 6. | Satisfied with recovery                         | #Yes ____ | #No ____ | ____% |
| 7. | Relapsed/Required further assistance            | #Yes ____ | #No ____ | ____% |

Reasons for relapse \_\_\_\_\_

Client comment:

# All Organizations

## NE LAP Customer Satisfaction Survey

| <b>I was able to successfully contact the Nebraska Licensee Assistance Program (NE LAP) when needed.</b>                       | <b>(#)</b> | <b>(%)</b> |
|--------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| Strongly Disagree                                                                                                              | 0          | 0.00%      |
| Somewhat Disagree                                                                                                              | 0          | 0.00%      |
| Neutral                                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                                 | 0          | 0.00%      |
| Strongly Agree                                                                                                                 | 1          | 100.00%    |
|                                                                                                                                | 1          | 100.00 %   |
| <b>The NE LAP staff was courteous and professional.</b>                                                                        | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                                              | 0          | 0.00%      |
| Somewhat Disagree                                                                                                              | 0          | 0.00%      |
| Neutral                                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                                 | 0          | 0.00%      |
| Strongly Agree                                                                                                                 | 1          | 100.00%    |
|                                                                                                                                | 1          | 100.00 %   |
| <b>The NE LAP staff was effective in helping me manage each credential holder's situation.</b>                                 | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                                              | 0          | 0.00%      |
| Somewhat Disagree                                                                                                              | 0          | 0.00%      |
| Neutral                                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                                 | 0          | 0.00%      |
| Strongly Agree                                                                                                                 | 1          | 100.00%    |
|                                                                                                                                | 1          | 100.00 %   |
| <b>The NE LAP assessment and treatment referral process was timely and appropriate for each credential holder's situation.</b> | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                                              | 0          | 0.00%      |
| Somewhat Disagree                                                                                                              | 0          | 0.00%      |
| Neutral                                                                                                                        | 0          | 0.00%      |
| Somewhat Agree                                                                                                                 | 0          | 0.00%      |
| Strongly Agree                                                                                                                 | 1          | 100.00%    |
|                                                                                                                                | 1          | 100.00 %   |

# All Organizations

## NE LAP Customer Satisfaction Survey

| <b>The NE LAP maintained appropriate and timely communication with me throughout my involvement with the NE LAP.</b> | <b>(#)</b> | <b>(%)</b>      |
|----------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| Strongly Disagree                                                                                                    | 0          | 0.00%           |
| Somewhat Disagree                                                                                                    | 0          | 0.00%           |
| Neutral                                                                                                              | 0          | 0.00%           |
| Somewhat Agree                                                                                                       | 0          | 0.00%           |
| Strongly Agree                                                                                                       | 1          | 100.00%         |
|                                                                                                                      | 1          | <b>100.00 %</b> |
| <b>Overall, I was satisfied with the Nebraska Licensee Assistance Program.</b>                                       | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                                    | 0          | 0.00%           |
| Somewhat Disagree                                                                                                    | 0          | 0.00%           |
| Neutral                                                                                                              | 0          | 0.00%           |
| Somewhat Agree                                                                                                       | 0          | 0.00%           |
| Strongly Agree                                                                                                       | 1          | 100.00%         |
|                                                                                                                      | 1          | <b>100.00 %</b> |

## NE LAP Newsblast Survey 2026

1. Do you feel the NE LAP Newsblast topics have been helpful and informative?

- ☐ Extremely helpful & informative
- ☐ Very helpful & informative
- ☐ Somewhat helpful & informative
- ☐ Not so helpful & informative
- ☐ Not at all helpful & informative

2. Do you forward the NE LAP Newsblast to others in your organization, or add the NE LAP Newsblast to your organization's newsletter or professional magazine? If so, how often?

- ☐ No
- ☐ Yes, Monthly
- ☐ Yes, quarterly
- ☐ Yes, semi-annually
- ☐ Yes, annually

3. If you do not forward the NE LAP Newsblast or include the NE LAP Newsblast in your newsletter or professional publication, is there something else the NE LAP can do to help members of your organization/association learn more about alcohol/substance use disorders and the NE LAP program and services?

4. Are there future topics you would like to know more about? (Please keep in mind the purpose of the NE LAP is to help healthcare and/or healthcare-related professionals with alcohol/substance use disorders.)

5. Is there anyone else in your organization/association that you think would benefit from receiving the NE LAP Newsblast? If yes, please provide their name, title, and email address.

# All Organizations

## NE LAP Educational Sessions, NE LAP Services, Participant Survey

| <b>The NE LAP presenter was well-organized.</b>                                                        | <b>(#)</b> | <b>(%)</b>      |
|--------------------------------------------------------------------------------------------------------|------------|-----------------|
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 0          | 0.00%           |
| Somewhat Agree                                                                                         | 1          | 4.76%           |
| Strongly Agree                                                                                         | 20         | 95.24%          |
|                                                                                                        | <b>21</b>  | <b>100.00 %</b> |
| <b>The presenter was knowledgeable about the NE LAP Services.</b>                                      | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| Somewhat Agree                                                                                         | 0          | 0.00%           |
| Neutral                                                                                                | 0          | 0.00%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Strongly Agree                                                                                         | 21         | 100.00%         |
|                                                                                                        | <b>21</b>  | <b>100.00 %</b> |
| <b>The presenter was interested and enthusiastic about the NE LAP services.</b>                        | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 0          | 0.00%           |
| Somewhat Agree                                                                                         | 0          | 0.00%           |
| Strongly Agree                                                                                         | 21         | 100.00%         |
|                                                                                                        | <b>21</b>  | <b>100.00 %</b> |
| <b>The presenter used effective presentation techniques (e.g. eye contact, vocal projection, etc.)</b> | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 1          | 4.76%           |
| Somewhat Agree                                                                                         | 0          | 0.00%           |
| Strongly Agree                                                                                         | 20         | 95.24%          |
|                                                                                                        | <b>21</b>  | <b>100.00 %</b> |

# All Organizations

## NE LAP Educational Sessions, NE LAP Services, Participant Survey

| <b>The handouts, visual aids, activities, etc. were appropriate for the session.</b>                      | <b>(#)</b> | <b>(%)</b>      |
|-----------------------------------------------------------------------------------------------------------|------------|-----------------|
| Strongly Disagree                                                                                         | 0          | 0.00%           |
| No Response                                                                                               | 1          | 4.76%           |
| Somewhat Disagree                                                                                         | 0          | 0.00%           |
| Neutral                                                                                                   | 0          | 0.00%           |
| Somewhat Agree                                                                                            | 0          | 0.00%           |
| Strongly Agree                                                                                            | 20         | 95.24%          |
|                                                                                                           | <b>21</b>  | <b>100.00 %</b> |
| <b>The information provided on the NE LAP services was easy to understand.</b>                            | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                         | 0          | 0.00%           |
| Somewhat Disagree                                                                                         | 0          | 0.00%           |
| Neutral                                                                                                   | 0          | 0.00%           |
| Somewhat Agree                                                                                            | 1          | 4.76%           |
| Strongly Agree                                                                                            | 20         | 95.24%          |
|                                                                                                           | <b>21</b>  | <b>100.00 %</b> |
| <b>The information provided in this session will benefit me if I need to utilize the NE LAP services.</b> | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                         | 0          | 0.00%           |
| Somewhat Disagree                                                                                         | 0          | 0.00%           |
| Neutral                                                                                                   | 0          | 0.00%           |
| Somewhat Agree                                                                                            | 1          | 4.76%           |
| Strongly Agree                                                                                            | 20         | 95.24%          |
|                                                                                                           | <b>21</b>  | <b>100.00 %</b> |
| <b>The presenter took time to answer our questions about the NE LAP.</b>                                  | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                         | 0          | 0.00%           |
| Somewhat Disagree                                                                                         | 0          | 0.00%           |
| Neutral                                                                                                   | 0          | 0.00%           |
| Somewhat Agree                                                                                            | 0          | 0.00%           |
| Strongly Agree                                                                                            | 21         | 100.00%         |
|                                                                                                           | <b>21</b>  | <b>100.00 %</b> |

# All Organizations

## NE LAP Educational Sessions, NE LAP Services, Participant Survey

| Overall, this session -                 | (#) | (%)      |
|-----------------------------------------|-----|----------|
| Exceeded My Expectations                | 15  | 71.43%   |
| Met My Expectations                     | 6   | 28.57%   |
| Partially Met My Expectations           | 0   | 0.00%    |
| Failed to Meet My Expectations          | 0   | 0.00%    |
|                                         | 21  | 100.00 % |
| Overall, I would rate this session as - | (#) | (%)      |
| Excellent                               | 21  | 100.00%  |
| Good                                    | 0   | 0.00%    |
| Fair                                    | 0   | 0.00%    |
| Poor                                    | 0   | 0.00%    |
|                                         | 21  | 100.00 % |

# **All Organizations**

## **NE LAP Educational Sessions, NE LAP Services, Participant Survey**

---

**If you did not rate this session as “Excellent” what could be done to make it better and/or more enjoyable for the participants?**

---

-----

**All Organizations**  
**NE LAP Educational Session,**  
**Alcohol/Substance Use Disorders,**  
**Participant Survey**

| <b>The NE LAP presenter was well-organized.</b>                                                        | <b>(#)</b> | <b>(%)</b>      |
|--------------------------------------------------------------------------------------------------------|------------|-----------------|
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| No Response                                                                                            | 2          | 1.18%           |
| Somewhat Disagree                                                                                      | 1          | 0.59%           |
| Neutral                                                                                                | 3          | 1.78%           |
| Somewhat Agree                                                                                         | 28         | 16.57%          |
| Strongly Agree                                                                                         | 135        | 79.88%          |
|                                                                                                        | <b>169</b> | <b>100.00 %</b> |
| <b>The presenter was knowledgeable about the alcohol/substance use topic.</b>                          | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| No Response                                                                                            | 2          | 1.18%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 1          | 0.59%           |
| Somewhat Agree                                                                                         | 20         | 11.83%          |
| Strongly Agree                                                                                         | 146        | 86.39%          |
|                                                                                                        | <b>169</b> | <b>100.00 %</b> |
| <b>The presenter was interested and enthusiastic about the session topic.</b>                          | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| No Response                                                                                            | 3          | 1.78%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 0          | 0.00%           |
| Somewhat Agree                                                                                         | 23         | 13.61%          |
| Strongly Agree                                                                                         | 143        | 84.62%          |
|                                                                                                        | <b>169</b> | <b>100.00 %</b> |
| <b>The presenter used effective presentation techniques (e.g. eye contact, vocal projection, etc.)</b> | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                                      | 0          | 0.00%           |
| No Response                                                                                            | 2          | 1.18%           |
| Somewhat Disagree                                                                                      | 0          | 0.00%           |
| Neutral                                                                                                | 5          | 2.96%           |
| Somewhat Agree                                                                                         | 24         | 14.20%          |
| Strongly Agree                                                                                         | 138        | 81.66%          |
|                                                                                                        | <b>169</b> | <b>100.00 %</b> |

# All Organizations

## NE LAP Educational Session, Alcohol/Substance Use Disorders, Participant Survey

|                                                                                                |            |                 |
|------------------------------------------------------------------------------------------------|------------|-----------------|
| <b>The handouts, visual aids, activities, etc. were appropriate for the topic.</b>             | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                              | 0          | 0.00%           |
| No Response                                                                                    | 2          | 1.18%           |
| Somewhat Disagree                                                                              | 1          | 0.59%           |
| Neutral                                                                                        | 10         | 5.92%           |
| Somewhat Agree                                                                                 | 21         | 12.43%          |
| Strongly Agree                                                                                 | 135        | 79.88%          |
|                                                                                                | <b>169</b> | <b>100.00 %</b> |
| <b>The educational material was easy to understand.</b>                                        | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                              | 0          | 0.00%           |
| No Response                                                                                    | 2          | 1.18%           |
| Somewhat Disagree                                                                              | 1          | 0.59%           |
| Neutral                                                                                        | 2          | 1.18%           |
| Somewhat Agree                                                                                 | 25         | 14.79%          |
| Strongly Agree                                                                                 | 139        | 82.25%          |
|                                                                                                | <b>169</b> | <b>100.00 %</b> |
| <b>The material covered in this session will benefit my professional and/or personal life.</b> | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                              | 0          | 0.00%           |
| No Response                                                                                    | 2          | 1.18%           |
| Somewhat Disagree                                                                              | 0          | 0.00%           |
| Neutral                                                                                        | 4          | 2.37%           |
| Somewhat Agree                                                                                 | 28         | 16.57%          |
| Strongly Agree                                                                                 | 135        | 79.88%          |
|                                                                                                | <b>169</b> | <b>100.00 %</b> |
| <b>The presenter took time to explain the services of the NE LAP.</b>                          | <b>(#)</b> | <b>(%)</b>      |
| Strongly Disagree                                                                              | 0          | 0.00%           |
| No Response                                                                                    | 3          | 1.78%           |
| Somewhat Disagree                                                                              | 1          | 0.59%           |
| Neutral                                                                                        | 4          | 2.37%           |
| Somewhat Agree                                                                                 | 20         | 11.83%          |
| Strongly Agree                                                                                 | 141        | 83.43%          |
|                                                                                                | <b>169</b> | <b>100.00 %</b> |

# All Organizations

## NE LAP Educational Session, Alcohol/Substance Use Disorders, Participant Survey

| Overall, this session -                 | (#) | (%)      |
|-----------------------------------------|-----|----------|
| Exceeded My Expectations                | 76  | 44.97%   |
| No Response                             | 3   | 1.78%    |
| Met My Expectations                     | 88  | 52.07%   |
| Partially Met My Expectations           | 2   | 1.18%    |
| Failed to Meet My Expectations          | 0   | 0.00%    |
|                                         | 169 | 100.00 % |
| Overall, I would rate this session as - | (#) | (%)      |
| Excellent                               | 122 | 72.19%   |
| No Response                             | 3   | 1.78%    |
| Good                                    | 40  | 23.67%   |
| Fair                                    | 4   | 2.37%    |
| Poor                                    | 0   | 0.00%    |
|                                         | 169 | 100.00 % |

# All Organizations

## NE LAP Educational Session Coordinator Survey

| <b>The NE LAP responded in a timely manner to our educational needs.</b>                              | <b>(#)</b> | <b>(%)</b> |
|-------------------------------------------------------------------------------------------------------|------------|------------|
| Strongly Disagree                                                                                     | 0          | 0.00%      |
| Somewhat Disagree                                                                                     | 0          | 0.00%      |
| Neutral                                                                                               | 0          | 0.00%      |
| Somewhat Agree                                                                                        | 0          | 0.00%      |
| Strongly Agree                                                                                        | 1          | 100.00%    |
|                                                                                                       | 1          | 100.00 %   |
| <b>The NE LAP staff was professional and helpful throughout the planning and educational process.</b> | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                     | 0          | 0.00%      |
| Somewhat Disagree                                                                                     | 0          | 0.00%      |
| Neutral                                                                                               | 0          | 0.00%      |
| Somewhat Agree                                                                                        | 0          | 0.00%      |
| Strongly Agree                                                                                        | 1          | 100.00%    |
|                                                                                                       | 1          | 100.00 %   |
| <b>The NE LAP staff effectively arranged the educational session according to our needs.</b>          | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                     | 0          | 0.00%      |
| Somewhat Disagree                                                                                     | 0          | 0.00%      |
| Neutral                                                                                               | 0          | 0.00%      |
| Somewhat Agree                                                                                        | 0          | 0.00%      |
| Strongly Agree                                                                                        | 1          | 100.00%    |
|                                                                                                       | 1          | 100.00 %   |
| <b>The session was well organized.</b>                                                                | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                                     | 0          | 0.00%      |
| Somewhat Disagree                                                                                     | 0          | 0.00%      |
| Neutral                                                                                               | 0          | 0.00%      |
| Somewhat Agree                                                                                        | 0          | 0.00%      |
| Strongly Agree                                                                                        | 1          | 100.00%    |
|                                                                                                       | 1          | 100.00 %   |

# All Organizations

## NE LAP Educational Session Coordinator Survey

|                                                                                        |            |            |
|----------------------------------------------------------------------------------------|------------|------------|
| <b>The presenter was knowledgeable on the topic.</b>                                   | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                      | 0          | 0.00%      |
| Somewhat Disagree                                                                      | 0          | 0.00%      |
| Neutral                                                                                | 0          | 0.00%      |
| Somewhat Agree                                                                         | 0          | 0.00%      |
| Strongly Agree                                                                         | 1          | 100.00%    |
|                                                                                        | 1          | 100.00 %   |
| <b>The educational material covered in this session will benefit the participants.</b> | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                      | 0          | 0.00%      |
| Somewhat Disagree                                                                      | 0          | 0.00%      |
| Neutral                                                                                | 0          | 0.00%      |
| Somewhat Agree                                                                         | 0          | 0.00%      |
| Strongly Agree                                                                         | 1          | 100.00%    |
|                                                                                        | 1          | 100.00 %   |
| <b>I was satisfied with the educational session.</b>                                   | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                      | 0          | 0.00%      |
| Somewhat Disagree                                                                      | 0          | 0.00%      |
| Neutral                                                                                | 0          | 0.00%      |
| Somewhat Agree                                                                         | 0          | 0.00%      |
| Strongly Agree                                                                         | 1          | 100.00%    |
|                                                                                        | 1          | 100.00 %   |
| <b>Overall, I am satisfied with the Nebraska Licensee Assistance services.</b>         | <b>(#)</b> | <b>(%)</b> |
| Strongly Disagree                                                                      | 0          | 0.00%      |
| Somewhat Disagree                                                                      | 0          | 0.00%      |
| Neutral                                                                                | 0          | 0.00%      |
| Somewhat Agree                                                                         | 0          | 0.00%      |
| Strongly Agree                                                                         | 1          | 100.00%    |
|                                                                                        | 1          | 100.00 %   |

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

### Authorization to Release Information to Treatment Provider

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (the Department) regulates the licensure/registration/certification of health care professionals in the state of Nebraska (credential holders). The Department requires the NE LAP to obtain a signed release of information from clients that authorizes full disclosure to the NE LAP regarding their alcohol or substance use treatment, including non-compliance with treatment and/or continuing care plans. Your treatment provider will be required to notify the NE LAP within three (3) business days of becoming aware of any non-compliance. If you decline to authorize this disclosure, the NE LAP will no longer be able to provide NE LAP services to you.

I, \_\_\_\_\_, authorize and request the NE LAP to release to  
(Name of NE LAP client)  
and receive all available information from:

\_\_\_\_\_ Treatment Provider \_\_\_\_\_

Specific information to be provided is to consist of (check appropriate area):

\_\_\_\_\_ All available information regarding my case, including all alcohol and substance use information.

This authorization is effective for twelve months from the date signed, or until \_\_\_\_\_, as I have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released according to the authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations. I understand I may revoke this authorization at any time by notifying the NE LAP Coordinator or the Clinical Services Manager of the NE LAP of my revocation of this authorization. Release of information will cease upon receipt of my revocation. I understand such revocation will not apply to information that may have been released prior to revocation. You may continue with your treatment provider. However, NE LAP services will be discontinued upon your revocation of this required authorization for disclosure to/from your treatment provider since the NE LAP would no longer be able to monitor your compliance with treatment.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Client Authorization Signature

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

## Authorization to Release Substance Use Disorder/Mental Health Records

1. Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names used in treatment: \_\_\_\_\_ Phone: \_\_\_\_\_

How would you like the information sent? ☐ Mail ☐ Fax ☐ Email ☐ Verbal

2. I authorize the Nebraska Licensee Assistance Program (NE LAP) to ☐ Release to; or ☐ Obtain from:

Nebraska Licensee Assistance Program, Attention \_\_\_\_\_

9239 West Center Road, Suite 201

Omaha, NE 68124

402-354-8055 (phone)

402-354-8046 (fax)

Email address: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email address \_\_\_\_\_

3. Substance Use Disorder/Mental Health records to be disclosed between (date) \_\_\_\_\_ to (date) \_\_\_\_\_:

☐ Substance Use Assessment ☐ Emergency Room Record ☐ Labs

☐ Clinical Notes ☐ History and Physical ☐ Medical/Nursing

☐ Continuing Care Plan ☐ Intake Assessment ☐ Psychiatric/Psychological Information

☐ Discharge Summary ☐ Integrated Summary ☐ Treatment Plan

☐ Other: \_\_\_\_\_

4. Purpose of disclosure: \_\_\_\_\_

5. This authorization is effective for twelve months from the date signed, or until \_\_\_\_\_, as I have requested, to fulfill the purposes of this authorization, unless sooner revoked. Information released according to the authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations. I understand I may revoke this authorization at any time, except to the extent NE LAP has already acted in reliance on this authorization, by notifying the NE LAP Coordinator or the Clinical Services Manager of the NE LAP in writing of my revocation of this authorization. Release of information will cease upon receipt of my revocation. The information authorized for release may include records that may indicate the presence of a communicable or venereal disease, which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). Any disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

I understand that my substance use disorder records are protected under Federal regulations. 42 CFR part 2 prohibits unauthorized disclosure of these records, and these records generally cannot be disclosed without my written consent except as permitted by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Client Signature

**NEBRASKA LICENSEE  
ASSISTANCE PROGRAM**

A SERVICE OF BEST CARE EAP

9239 W. Center Road, Suite 201  
Omaha, NE 68124-1900  
(402) 354-8055  
(800) 851-2336  
Fax: (402) 354-8046

July 2, 2026

Provider Name  
Address

Re:

Dear,

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (the Department) regulates the licensure/registration/certification of health care professionals in the state of Nebraska (credential holders.) The Department requires the Nebraska Licensee Assistance Program (NE LAP) to obtain a signed release of information from clients that authorizes full disclosure to the NE LAP of all information regarding their alcohol or substance use treatment, including non-compliance with treatment and/or aftercare plans. The NE LAP must ensure this client remains in compliance with his/her treatment and/or aftercare plan. **Treatment providers are to notify the NE LAP within three (3) business days of becoming aware of any non-compliance with treatment or aftercare plans.** Attached please find a copy of the client's signed authorization to release this information.

Also attached, please find a NE LAP Monitoring Progress Report. Please complete the form and **submit by the 10<sup>th</sup> of each month** until the client has successfully completed treatment services. **The NE LAP requests that any subsequent change in the client's level of care or discharge planning be reviewed and approved by the NE LAP prior to the change.**

Thank you for your assistance and please feel free to contact me at (800) 851-2336 or (402) 354-8055 if you have any questions.

Sincerely,



Michelle Hruska, LIMHP, LADC  
NE LAP Coordinator

## Exhibit 12

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

***Notice to Nebraska Licensee Assistance Program Clients:  
Public Health and Safety and Treatment Compliance***

Pursuant to Nebraska law, (Nebraska Revised Statute 38-175), the contract between the Nebraska Department of Health and Human Services and Best Care Employee Assistance Program requires the Nebraska Licensee Assistance Program (NE LAP), with respect to all licensees, certificate holders, and registrants (credential holders) who access the NE LAP, to report the credential holder to the Department of Health and Human Services, Division of Public Health, (the Division) when the program makes a determination that:

1. Continued practice would pose a danger to the public health and safety; or
2. The credential holder fails to comply with any term or condition of the NE LAP treatment plan.

If such a determination is made, the NE LAP reports this determination as required by this Nebraska law to the Division first by telephone and then by letter.

At this time of your admission into the NE LAP, if you prefer to not be held to these standards, you may decline to receive services from the NE LAP. No report shall be made to the Division of your decision to not use NE LAP services. Once you have consented to receive NE LAP services, you authorize this full disclosure if either determination is made by the NE LAP. Your confidentiality rights are expressly limited by this Nebraska law for the NE LAP. Should you rescind your consent to receive services during the course of your NE LAP services and revoke your authorization to the Division of Public Health, the NE LAP will only report your decision to discontinue with NE LAP services to the Division.

**Your consent to receive NE LAP services signature below indicates that you have read this *Notice* and you understand that the NE LAP will make a report to the Division of Public Health if either determination described above is made in your case and you authorize full disclosure of your NE LAP information to the Division of Public Health following that determination.**

Consent to Receive Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Decline to Receive Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

### *Monitoring Agreement*

I understand participation in the Nebraska Licensee Assistance Program (NE LAP) is voluntary and I agree to take personal responsibility for adherence to, and completion of, the following *Monitoring Agreement* which outlines the mutually agreed upon terms and conditions of my NE LAP treatment plan.

I, **NAME**, agree to participate in the Nebraska Licensee Assistance Program (NE LAP) monitoring program and to meet the requirements set forth in this agreement. I understand that certain requirements must be met in order to ensure my continued sobriety and successful recovery from my alcohol/substance use disorder and to successfully complete the NE LAP monitoring program. Therefore, I agree to complete the following:

1. Abstain from the use of alcohol, and not consume products or medications containing alcohol, including, but not limited to, mouthwash, and over-the-counter medications unless prescribed by a physician or authorized licensed practitioner for a diagnosed medical condition.
2. Abstain from all personal use or possession of controlled substances, all prescription drugs and any other mind-altering substances, unless prescribed or administered to me by a licensed healthcare professional or authorized practitioner for a diagnosed medical condition. This includes, but is not limited to, CBD products, Delta 8, and/or Kratom. Request and authorize any licensed practitioner(s) to send the NE LAP documentation reporting the medical reason for the use of any controlled substance or prescription medications included in my treatment.
3. Advise all physicians, dentists, or other treating practitioners, prior to treatment, of my history of alcohol/substance use disorder, and of all medications I am taking at the time of treatment.
4. Report to the NE LAP on a monthly basis any controlled substances or prescription medications used by or administered to me. (This monthly report must be submitted if you have utilized a controlled substance or other prescription medication. The absence of a monthly report indicates to the NE LAP that you have not taken any controlled substance or prescription medication during the month and should not have a positive body fluid screen.)
5. Comply with my treatment provider, employer, or the NE LAP body fluid screen program, as required by the NE LAP. Report for a body fluid screen by the end of business the same day notification of a screen has been requested by the NE LAP. I understand payment of the screen is at my own expense.
6. Complete necessary authorizations as requested to exchange information between the NE LAP and my employer (if necessary,) treatment providers, and other pertinent parties such as mental health and medical providers. Ensure the NE LAP Monitoring Progress Report is submitted to the NE LAP by the 10<sup>th</sup> of each month.

7. Notify the NE LAP if I am hospitalized or will undergo any surgical procedures as soon as possible.
8. Report any changes in employment, employment status, institutional privileges, address, telephone number, and/or email address to the NE LAP within 7 business days.
9. Complete at least **(six months) (one year)** of continuing care at **Facility in City/State**. The required term of continuing care begins with my discharge from **(IOP) (inpatient/residential.)** I will also complete any other treatment recommendations made by my continuing care provider or the NE LAP.
10. Attend a minimum of two self-help recovery meetings, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, Licensee Support Group (LSG), or Celebrate Recovery, each week. Complete a meeting attendance verification form and submit the form to the NE LAP on a monthly basis.
11. Obtain a recovery program sponsor (if applicable) and utilize this sponsor at least weekly for assistance with working a successful recovery program.
12. Contact the NE LAP by telephone at least once per month, or more if requested, to provide treatment and recovery progress updates.
13. Cease professional practice of health care upon relapse and notify the NE LAP immediately. If I am not working in health care, I am still required to notify the NE LAP immediately upon relapse.
14. Arrange a timely return for a reassessment of my treatment needs with the NE LAP, or my treatment provider, as requested by the NE LAP, if I have relapsed or if the NE LAP has concerns with my compliance with my treatment plan and monitoring requirements.
15. Participate in the full duration of the NE LAP program, which is a minimum of one year, and may be extended based on factors such as diagnosis, relapse, and recovery progress.
16. Meet all responsibilities for timely payment of any body fluid screen fees, and any other treatment or related service expenses I incur outside of the NE LAP services.

**I have read, understand and agree to comply with the above terms of my NE LAP Monitoring Agreement.**

\_\_\_\_\_  
NE LAP Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
NE LAP Coordinator/Counselor, or Witness

\_\_\_\_\_  
Date

## NEBRASKA LICENSEE ASSISTANCE PROGRAM

### *Monitoring Progress Report*

Please submit by the **10<sup>th</sup> of each month** until this credential holder has completed his/her NE LAP treatment recommendations.

**Credential Holder/Client:** \_\_\_\_\_

**For Reporting Period Dates:** \_\_\_\_\_ to \_\_\_\_\_

**Provider Name/Credentials:** \_\_\_\_\_

**Provider Title:** \_\_\_\_\_ **Facility/Agency:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**1. What is the client's current level of care?**

\_\_\_\_ Outpatient    \_\_\_\_ IOP    \_\_\_\_ Residential/Inpatient    \_\_\_\_ Continuing Care

**2. What is the frequency of visits for this reporting period? (i.e. weekly, biweekly, monthly, etc.)** \_\_\_\_\_

**3. How many visits were scheduled during this reporting period?**

\_\_\_\_\_

**4. Has the client attended all scheduled sessions?**                      \_\_\_\_ Yes    \_\_\_\_ No

If no, how many sessions were missed, and did the client call to cancel/reschedule?

\_\_\_\_\_

**5. Do you have any concerns about the client's ability to function safely in his/her work environment?**                      \_\_\_\_ Yes    \_\_\_\_ No

Comments: \_\_\_\_\_

\_\_\_\_\_

**6. Has this client been satisfactorily complying with his/her treatment or continuing care plan?**                      \_\_\_\_ Yes    \_\_\_\_ No

Comments: \_\_\_\_\_

\_\_\_\_\_

- 7. To your knowledge, has this client remained abstinent from alcohol and/or substance use?** If no, please explain. ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8. Is this client accepting his/her alcohol/substance use disorder?** If yes, please explain. If no, how is his/her treatment plan addressing this issue? ☐ Yes ☐ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Describe client's progress towards his/her treatment goals.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10. Is the client attending self-help recovery meetings as required in his/her NE LAP Monitoring Agreement and/or treatment plan?** ☐ Yes ☐ No

Describe the client's investment and participation in these meetings.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11. Has the client obtained a recovery program sponsor (if applicable)?**

☐ Yes ☐ No

Report on the client's communication and work with his/her sponsor.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 12. NE LAP clients are required to complete a minimum of 6 months of continuing care following completion of IOP, and 12 months following completion of residential treatment. What is the current status of the client's continuing care progress? Please be specific.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

13. What is the client's projected completion date? \_\_\_\_\_

14. Do you have any additional recommendations for this client's recovery plan?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit by the 10<sup>th</sup> of each month via fax, email, or mail to:

Michelle Hruska, NE LAP Coordinator  
Nebraska Licensee Assistance Program  
9239 West Center Road, Suite 201  
Omaha, NE 68124-1900  
**Fax:** (402) 354-8046  
**Email:** michelle.hruska@bestcareeap.org

(Please use this copy to make additional copies as needed, or make copies from the NE LAP website)

**NEBRASKA LICENSEE  
ASSISTANCE PROGRAM**

A SERVICE OF BEST CARE EAP

9239 W. Center Road, Suite 201  
Omaha, NE 68124-1900  
(402) 354-8055  
(800) 851-2336  
Fax: (402) 354-8046

July 2, 2026

Client Name  
Address

Dear,

The Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit (DHHS) assumes the monitoring of a credential holder when a credential has been placed on probation by the State. At that time, the Nebraska Licensee Assistance Program (NE LAP) ceases to monitor the credential holder and notifies the credential holder and his/her treatment provider if the credential holder is still involved in any treatment or aftercare. We have received documentation indicating your **[profession]** license was placed on **[time month/years']** probation **[effective date]**.

This letter is to confirm that I have notified you and your treatment provider, **[provider name]** of this change in monitoring from the NE LAP to the Licensure Unit **[effective date]**.

The contact information for the State Compliance Monitor is:

Jeanette Peterson, BSN, RN  
DHHS Division of Public Health  
Licensure Unit  
PO Box 94986  
Lincoln NE 68509  
402-471-0313 (office)  
402-742-2306 (fax)  
[Jeanette.Peterson@nebraska.gov](mailto:Jeanette.Peterson@nebraska.gov)

If you have any questions, please contact the NE LAP at 402-354-8055 or 800-851-2336. It has been a pleasure working with you. I wish you well in your recovery and continued practice.

Sincerely,



Michelle Hruska, LIMHP, LADC  
NE LAP Coordinator

# Nebraska Licensee Assistance Program



**A benefit for Nebraska licensees, certificate holders, and registrants who provide health and health-related services and environmental services.**

These credential holders are at an increased risk for alcohol and other substance use disorders. Professional demands, compounded by the unique aspects of practice-related factors, can increase these risks.

## **What Is the Nebraska Licensee Assistance Program (NE LAP)?**

The NE LAP offers a variety of professional alcohol and substance use disorder assistance services, tailored for licensees, certificate holders, and registrants (credential holders).





## Available NE LAP Services

The NE LAP offers an opportunity to discuss alcohol and substance use issues openly and confidentially with professionally trained staff.

Available services include:

- Professional alcohol and substance use assessments
- Treatment recommendations
- Referral assistance
- Case monitoring and management
- Two educational sessions
  - NE LAP Services
  - Alcohol/Substance Use Disorders and the Health Services Professional

With the assistance of the NE LAP and treatment providers, alcohol and substance use problems can be alleviated and credential holders can restore healthy personal, professional, and community lives.

## Cost and Referrals

All NE LAP services are free to credential holders, including alcohol and substance use assessments and both educational sessions.

In some situations, alcohol and substance use counseling, treatment, or other assistance from community resources may be needed. The NE LAP will refer credential holders to an appropriate treatment provider.

Expenses related to any additional services are the responsibility of the credential holder.

## Eligibility

All health, health-related and environmental service professionals holding a license, certification, or registration from the State of Nebraska are eligible for NE LAP services.

## Contact Information

For more information, or to schedule a consultation, an alcohol or substance use assessment, or an educational session, contact the NE LAP Monday through Friday from 8 a.m. to 4:30 p.m.

Phone: (402) 354-8055  
Toll free: (800) 851-2336  
Fax: (402) 354-8046

Crisis and emergency services are available 24/7. You may also visit the NE LAP website at [www.lapne.org](http://www.lapne.org).

*This activity is supported, in whole or part, under contract with the Nebraska Department of Health and Human Services (DHHS), from licensee, certificate holder, and registrant fees paid to Nebraska DHHS, Division of Public Health, Licensure Unit.*



**BEST CARE**  
EMPLOYEE ASSISTANCE PROGRAM



## Nebraska Licensee Assistance Program

### A Time for Healing, Support, and Hope

\***National Month of Hope** reminds us that recovery from substance use is possible for everyone—including healthcare workers. It is also a time to build workplaces where people feel safe asking for help and getting support early.

### Why This Matters

Healthcare workers face high levels of stress, long hours, and burnout. These challenges can increase the risk of substance use problems. Seeking help is a **sign of strength**—not failure.

### \*What Recovery Means

Recovery is more than stopping the use of alcohol and other substances. It also means:

- Improving physical and mental health
- Rebuilding confidence at work
- Learning healthy ways to manage stress
- Addressing burnout or trauma
- Taking part in support or a monitoring program such as the NE LAP
- Creating a better work-life balance

Every recovery journey is different.

### \*The Power of Hope

Hope is an important part of recovery. It helps people believe change is possible. It grows through:

- Supportive coworkers and leaders
- Confidential counseling or EAP services
- Peer support programs for healthcare workers
- Mentoring and guidance during recovery

Even small steps—like reaching out—can lead to positive change.

### **\*Reducing Stigma in Healthcare**

Fear of judgement or job impact can delay people from seeking help. We can help by:

- Creating a supportive, respectful work environment
- Encouraging people to ask for help early
- Using nonjudgmental language
- Remembering that substance use problems do not define a person

### **\*How We Can Help Each Other**

- Check in with coworkers
- Share support resources
- Teach about stress, burnout, and substance use risks
- Model healthy coping skills
- Support wellness and resilience programs

### **\*Final Thought**

Recovery is possible—even in stressful healthcare settings. When we support each other and reduce stigma, we create a stronger, healthier workplace for everyone.

**Hope is a commitment to healing, safety, and long-term recovery.**

Confidential assistance is available. If you or someone you know is a licensed healthcare professional and is uncertain if they may be experiencing a substance use disorder, please consider contacting the NE LAP at ([800\) 851-2336](tel:8008512336) or ([402\) 354-8055](tel:4023548055) to begin the path to recovery.



**Michelle Hruska, LIMHP, LADC**

NE LAP Coordinator  
Nebraska Licensee Assistance Program  
9239 West Center Road, Suite 201  
Omaha, NE [68124-1900](tel:681241900)  
[\(402\) 354-8055](tel:4023548055)

[Email Michelle](#)

**Nebraska Licensee Assistance Program**

9239 W. Center Road, Suite 201  
Omaha, NE 68124-1900

402-354-8055  
[lapne@bestcareeqap.org](mailto:lapne@bestcareeqap.org)

You received this email because you have connected  
with us in the past.

[Unsubscribe](#)

**What is the Nebraska Licensee Assistance Program?**

The Nebraska Licensee Assistance Program (NE LAP) provides alcohol/substance use assessments, referral assistance, case management/monitoring, and educational presentations for people credentialed by the DHHS Licensure Unit, which oversees Best Care Employee Assistance Program's (EAP) provision of these services. Best Care EAP is a service of the Nebraska Methodist Health System in Omaha, Nebraska.

**Who is eligible?**

Any healthcare provider credentialed by the DHHS Licensure Unit is eligible including those whose license is currently suspended. A credential holder does not have to be involved with the DHHS Licensure or Investigations Unit, or the legal system to utilize NE LAP services. The NE LAP welcomes self-referrals. If you have questions regarding eligibility, please call the NE LAP at (800) 851-2336.

**What is the cost?**

There are no fees for the services provided by the NE LAP, including alcohol/substance use assessments conducted by the NE LAP staff, monitoring of a credential holder, educational presentations, and referral assistance. However, if recommendations for alcohol/substance use treatment or other services are made, the expenses for the services are the responsibility of the credential holder.

**Who provides the services?**

The NE LAP Coordinator, Michelle Hruska, LIMHP, LADC, provides the services. She has extensive experience in the field of alcohol/substance use disorders and working with credential holders.

**If I enter the Program, will anyone find out?**

Services provided by the NE LAP are confidential. Information cannot be released without the credential holder's authorization, unless provision of information is required by state or federal law. The NE LAP is required to report the credential holder to the DHHS Investigations Unit when the NE LAP determines that: (1) continued practice would pose a danger to public health

and safety, or (2) a credential holder fails to comply with any term or condition of a treatment plan. (NE Revised Statute 38-175)

**I live outside of eastern Nebraska and it is not convenient for me to drive to the NE LAP office in Omaha. Where will I have to go for an NE LAP assessment?**

The NE LAP can provide in-person assessments at other locations throughout Nebraska if needed. However, most assessments can be completed via tele-health services for those outside of the Omaha area.

**I am not sure if I need help for my alcohol/substance use. What should I do?**

If you are questioning whether or not you need help regarding your alcohol or substance use, please call and consult with the NE LAP staff. We will discuss your concerns with you and help you determine what steps to take to effectively address your situation.

**What educational presentations does the NE LAP provide?**

The NE LAP provides two educational presentations: *The NE LAP Services* and *Alcohol/Substance Use Disorders and the Health Services Professional*. Presentations are generally 60-120 minutes in length and are tailored to the amount of time available. Populations we provide presentations to include, but are not limited to: educational institutions; medical staff; treatment providers; professional organizations; and State Board members.

**Summary – Educational Sessions –  
NE LAP Program and Services**

First Quarter

- Audience, location and date, number of participants

Second Quarter

- 

Third Quarter

- 

Fourth Quarter

- 

**Summary – Educational Sessions –  
Alcohol/Substance Use and the Health Services Professional**

First Quarter

- Audience, location and date, number of participants

Second Quarter

- 

Third Quarter

- 

Fourth Quarter

-

# NEBRASKA LICENSEE ASSISTANCE PROGRAM

A SERVICE OF BEST CARE EAP

## UTILIZATION REPORT

FOR

**Nebraska Department of Health and Human Services  
Division of Public Health  
Licensure Unit**

July 01, 2025 - March 31, 2026

# Licensee Assistance Program - Department of Health & Human Services

## UTILIZATION REPORT

July 01, 2025 - March 31, 2026 on New and Open Cases

| PROGRAM ENGAGEMENT                           |            |
|----------------------------------------------|------------|
| TOTAL ENGAGEMENT (# of People Served)        |            |
| LAP Cases                                    | 85         |
| Requests for Information or Clinical Support | 66         |
| Additional Program Activities & Promotion    | 131        |
| <b>Total</b>                                 | <b>282</b> |

| CLINICAL CASE SUMMARY         |    |                    |    |
|-------------------------------|----|--------------------|----|
| New/Ongoing                   |    | Closed             |    |
| Total New Cases               | 27 | Total Cases Closed | 28 |
| Total Open Cases At 7/1/2025  | 58 |                    |    |
| Total Open Cases At 3/31/2026 | 57 |                    |    |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Case Summary                   | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|--------------------------------|------------|--------------|------------|-----------------|-----------------|
| LAP Diagnostic Assessment      | 36         | 37           | 30         | 43              | 49              |
| LAP Monitoring                 | 21         | 22           | 22         | 25              | 24              |
| LAP Update/Recovery Assessment | 10         | 10           | 13         | 17              | 14              |
| <b>Total</b>                   | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Appointment Modality | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|----------------------|------------|--------------|------------|-----------------|-----------------|
| Virtual              | 10         | 4            | 6          | 20              | 22              |
| In-Person            | 0          | 3            | 7          | 10              | 18              |
| <b>Total</b>         | <b>10</b>  | <b>7</b>     | <b>13</b>  | <b>30</b>       | <b>40</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| DSM-5                                                            | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|------------------------------------------------------------------|------------|--------------|------------|-----------------|-----------------|
| LAP - Alcohol Use Disorder, Severe                               | 27         | 28           | 22         | 28              | 25              |
| LAP - Alcohol Use - No Disorder Diagnosis                        | 6          | 7            | 7          | 11              | 6               |
| LAP - Opioid Use Disorder, Severe                                | 7          | 7            | 5          | 7               | 7               |
| LAP - Alcohol Use Disorder, Severe, In Sustained Remission       | 3          | 3            | 5          | 5               | 6               |
| None                                                             | 2          | 2            | 3          | 4               | 5               |
| LAP - Alcohol Use Disorder, Moderate                             | 4          | 4            | 3          | 4               | 5               |
| LAP - Alcohol Use Disorder, Mild                                 | 3          | 4            | 4          | 4               | 4               |
| LAP - Alcohol Use Disorder, Severe, In Early Remission           | 1          | 0            | 2          | 3               | 2               |
| LAP - Substance Use - No Disorder Diagnosis                      | 1          | 2            | 2          | 2               | 4               |
| LAP – Stimulant Use Disorder, Amphetamine-type, Severe           | 1          | 1            | 1          | 2               | 0               |
| LAP - Opioid Use Disorder, Severe, In Early Remission            | 2          | 2            | 1          | 2               | 3               |
| LAP - Cannabis Use Disorder, Moderate                            | 2          | 1            | 1          | 2               | 2               |
| LAP - Cannabis Use - No Disorder Diagnosis                       | 2          | 2            | 1          | 2               | 2               |
| LAP - Alcohol Use Disorder, Moderate, In Sustained Remission     | 1          | 1            | 2          | 2               | 0               |
| LAP - Stimulant Use Disorder, Amphetamine-type, Moderate         | 0          | 0            | 1          | 1               | 0               |
| LAP – Stimulant Use Disorder, Amphetamine Type, Severe, in       | 1          | 1            | 0          | 1               | 2               |
| LAP - Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe, In | 1          | 1            | 1          | 1               | 1               |
| LAP - Sedative, Hypnotic, Or Anxiolytic Use Disorder, Severe     | 1          | 1            | 1          | 1               | 2               |
| LAP - Opioid Use Disorder, Severe, In Sustained Remission        | 1          | 1            | 1          | 1               | 1               |
| LAP - Cannabis Use Disorder, Severe                              | 1          | 1            | 1          | 1               | 1               |
| LAP - Alcohol Use Disorder, Moderate, In Early Remission         | 0          | 0            | 1          | 1               | 1               |
| LAP – Stimulant Use Disorder - Amphetamine Type, Severe, in      | 0          | 0            | 0          | 0               | 1               |
| LAP - Opioid Use Disorder, Moderate, In Early Remission          | 0          | 0            | 0          | 0               | 1               |
| LAP - Opioid Use Disorder, Mild                                  | 0          | 0            | 0          | 0               | 1               |
| LAP - Cannabis Use Disorder, Severe, In Sustained Remission      | 0          | 0            | 0          | 0               | 1               |
| LAP - Cannabis Use Disorder, Mild                                | 0          | 0            | 0          | 0               | 1               |
| LAP - Alcohol Use Disorder, Mild, in Sustained Remission         | 0          | 0            | 0          | 0               | 2               |
| LAP - Alcohol Use Disorder, Mild, in Early Remission             | 0          | 0            | 0          | 0               | 1               |
| <b>Total</b>                                                     | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Treatment Recommendations                           | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|-----------------------------------------------------|------------|--------------|------------|-----------------|-----------------|
| Substance Use Counseling/Programs                   | 19         | 20           | 17         | 23              | 31              |
| Continuing Care/Aftercare/Monitoring                | 18         | 19           | 18         | 21              | 21              |
| Intensive Outpatient Alcohol/SU Disorder Treatment  | 12         | 12           | 8          | 12              | 11              |
| Residential/Inpatient Alcohol/SU Disorder Treatment | 6          | 6            | 5          | 7               | 6               |
| No Treatment Recommendations                        | 4          | 4            | 5          | 7               | 3               |
| No Treatment Recommendations - In Recovery          | 3          | 3            | 6          | 6               | 3               |
| Alcohol/Substance Use Education                     | 1          | 2            | 2          | 3               | 4               |
| None                                                | 1          | 0            | 1          | 2               | 5               |
| Relapse Counseling/Treatment                        | 1          | 0            | 0          | 1               | 1               |
| Pending                                             | 0          | 1            | 1          | 1               | 0               |
| Partial Hospitalization                             | 1          | 1            | 1          | 1               | 1               |
| No Recommendations - Incomplete                     | 1          | 1            | 1          | 1               | 0               |
| Recovery Support Group                              | 0          | 0            | 0          | 0               | 1               |
| <b>Total</b>                                        | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Clinical Hours                                       | 7/1 - 9/30    | 10/1 - 12/31  | 1/1 - 3/31    | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|------------------------------------------------------|---------------|---------------|---------------|-----------------|-----------------|
| Clinical Case Management                             | 37.17         | 55.23         | 157.63        | 250.03          | 56.03           |
| Written Report                                       | 91.73         | 64.77         | 64.15         | 220.65          | 224.98          |
| LAP Update/Recovery Assessment                       | 15.00         | 1.00          | 24.00         | 40.00           | 19.50           |
| LAP Diagnostic Assessment                            | 11.50         | 18.00         | 9.00          | 38.50           | 69.00           |
| Telephone Call                                       | 14.18         | 9.47          | 0.00          | 23.65           | 20.82           |
| Intake, Scheduling, Case Management (Administrative) | 6.75          | 4.50          | 9.00          | 20.25           | 18.75           |
| Clinical Supervision                                 | 2.83          | 2.83          | 4.25          | 9.92            | 4.17            |
| BFS Management                                       | 1.22          | 0.53          | 0.00          | 1.75            | 5.23            |
| Clinical Review                                      | 0.00          | 0.00          | 0.25          | 0.25            | 0.00            |
| <b>Total</b>                                         | <b>180.38</b> | <b>156.33</b> | <b>268.28</b> | <b>605.00</b>   | <b>418.48</b>   |

| Resolution                                        | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|---------------------------------------------------|------------|--------------|------------|-----------------|-----------------|
| LAP - Transferred to State Monitoring (Probation) | 1          | 8            | 4          | 13              | 5               |
| LAP - Awaiting State Action                       | 1          | 1            | 2          | 4               | 4               |
| LAP - State/No Action Taken                       | 1          | 2            | 0          | 3               | 5               |
| LAP - Successfully Completed Program              | 0          | 2            | 0          | 2               | 1               |
| LAP - License Surrendered/Revoked/Expired         | 0          | 2            | 0          | 2               | 0               |
| LAP - Self-Referral Process Completed             | 0          | 0            | 1          | 1               | 0               |
| LAP - Failed to Complete Program                  | 0          | 1            | 0          | 1               | 0               |
| LAP - Did Not Enroll                              | 1          | 0            | 0          | 1               | 5               |
| Failed to Complete Program                        | 0          | 0            | 1          | 1               | 0               |
| LAP - Licensee Evaluation Completed               | 0          | 0            | 0          | 0               | 2               |
| <b>Total</b>                                      | <b>4</b>   | <b>16</b>    | <b>8</b>   | <b>28</b>       | <b>22</b>       |

| Client Type  | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|--------------|------------|--------------|------------|-----------------|-----------------|
| Licensee     | 66         | 68           | 62         | 81              | 84              |
| Pre-Licensee | 1          | 1            | 3          | 4               | 3               |
| <b>Total</b> | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Source of Referral           | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|------------------------------|------------|--------------|------------|-----------------|-----------------|
| Licensing Agency             | 22         | 22           | 26         | 34              | 36              |
| Self-Referral                | 12         | 13           | 11         | 13              | 15              |
| Company Referral             | 13         | 13           | 8          | 13              | 13              |
| Treatment Provider           | 5          | 5            | 7          | 7               | 4               |
| Former or Current LAP Client | 6          | 7            | 4          | 7               | 3               |
| Family                       | 3          | 3            | 2          | 3               | 3               |
| EAP                          | 3          | 3            | 3          | 3               | 4               |
| Attorney                     | 2          | 1            | 1          | 2               | 3               |
| Assistant Attorney General   | 0          | 1            | 2          | 2               | 4               |
| Educational Institute        | 1          | 1            | 1          | 1               | 2               |
| <b>Total</b>                 | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Profession                          | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|-------------------------------------|------------|--------------|------------|-----------------|-----------------|
| Nursing                             | 37         | 36           | 36         | 46              | 51              |
| Medicine & Surgery                  | 12         | 11           | 8          | 12              | 14              |
| Pharmacy                            | 5          | 6            | 5          | 7               | 4               |
| Emergency Medical Care              | 3          | 2            | 2          | 3               | 2               |
| Social Work                         | 1          | 1            | 2          | 2               | 1               |
| Physician Assistant                 | 1          | 2            | 2          | 2               | 2               |
| Nursing Support                     | 2          | 2            | 1          | 2               | 3               |
| Mental Health Practice              | 1          | 2            | 2          | 2               | 1               |
| Cosmetology                         | 1          | 2            | 2          | 2               | 3               |
| Alcohol/Drug Counselor              | 1          | 1            | 1          | 2               | 0               |
| Respiratory Care                    | 1          | 1            | 1          | 1               | 1               |
| Radiography                         | 1          | 1            | 0          | 1               | 1               |
| Psychology                          | 0          | 1            | 1          | 1               | 0               |
| Podiatry                            | 1          | 1            | 1          | 1               | 1               |
| Athletic Training                   | 0          | 0            | 1          | 1               | 0               |
| Physical Therapy                    | 0          | 0            | 0          | 0               | 1               |
| Massage Therapy                     | 0          | 0            | 0          | 0               | 1               |
| Audiology/Speech-Language Pathology | 0          | 0            | 0          | 0               | 1               |
| <b>Total</b>                        | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Years in Profession? | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|----------------------|------------|--------------|------------|-----------------|-----------------|
| 11-15 Years          | 12         | 12           | 14         | 16              | 16              |
| 4-6 Years            | 8          | 10           | 11         | 12              | 10              |

|               | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|---------------|------------|--------------|------------|-----------------|-----------------|
| 16-20 Years   | 11         | 12           | 7          | 12              | 13              |
| Over 25 Years | 9          | 8            | 10         | 11              | 10              |
| 7-10 Years    | 8          | 9            | 8          | 11              | 12              |
| 0-12 Months   | 6          | 6            | 7          | 9               | 7               |
| 21-25 Years   | 7          | 7            | 3          | 7               | 12              |
| 1-3 Years     | 6          | 5            | 5          | 7               | 7               |
| <b>Total</b>  | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Additional License     | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|------------------------|------------|--------------|------------|-----------------|-----------------|
| None                   | 63         | 65           | 60         | 78              | 82              |
| Nursing Support        | 2          | 1            | 1          | 3               | 3               |
| Mental Health Practice | 1          | 1            | 2          | 2               | 1               |
| Cosmetology            | 1          | 1            | 1          | 1               | 1               |
| Alcohol/Drug Counselor | 0          | 1            | 1          | 1               | 0               |
| <b>Total</b>           | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Education    | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|--------------|------------|--------------|------------|-----------------|-----------------|
| 13-16        | 37         | 35           | 35         | 47              | 51              |
| Over 16      | 29         | 32           | 29         | 36              | 33              |
| 10-12        | 1          | 2            | 1          | 2               | 3               |
| <b>Total</b> | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Gender       | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|--------------|------------|--------------|------------|-----------------|-----------------|
| Female       | 47         | 49           | 44         | 59              | 66              |
| Male         | 20         | 20           | 21         | 26              | 21              |
| <b>Total</b> | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Age          | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|--------------|------------|--------------|------------|-----------------|-----------------|
| 46-50        | 17         | 16           | 14         | 19              | 20              |
| 41-45        | 10         | 12           | 13         | 15              | 14              |
| 36-40        | 9          | 12           | 13         | 14              | 13              |
| 51-55        | 9          | 8            | 5          | 10              | 10              |
| 26-30        | 7          | 7            | 7          | 9               | 11              |
| 31-35        | 6          | 7            | 6          | 8               | 8               |
| 21-25        | 5          | 4            | 4          | 6               | 4               |
| Over 55      | 4          | 3            | 3          | 4               | 6               |
| 16-20        | 0          | 0            | 0          | 0               | 1               |
| <b>Total</b> | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# UTILIZATION REPORT

## Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

| Financial     | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|---------------|------------|--------------|------------|-----------------|-----------------|
| Hourly        | 31         | 30           | 26         | 38              | 43              |
| Unemployed    | 16         | 17           | 20         | 22              | 19              |
| Salaried      | 16         | 19           | 15         | 20              | 19              |
| Self-Employed | 4          | 3            | 4          | 5               | 4               |
| Commission    | 0          | 0            | 0          | 0               | 2               |
| <b>Total</b>  | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

| Marital Status       | 7/1 - 9/30 | 10/1 - 12/31 | 1/1 - 3/31 | 7/2025 - 3/2026 | 7/2024 - 3/2025 |
|----------------------|------------|--------------|------------|-----------------|-----------------|
| Married              | 25         | 25           | 21         | 29              | 34              |
| Single               | 16         | 17           | 16         | 22              | 20              |
| Divorced             | 13         | 12           | 12         | 16              | 19              |
| Domestic Partnership | 9          | 10           | 10         | 12              | 9               |
| Widowed              | 2          | 3            | 3          | 3               | 2               |
| Separated            | 2          | 2            | 3          | 3               | 3               |
| <b>Total</b>         | <b>67</b>  | <b>69</b>    | <b>65</b>  | <b>85</b>       | <b>87</b>       |

# Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

## Additional Program Activities & Promotion Summary

| Date       | Type                                                                                                                                                                                          |         | Location    | Attendees                          | Duration                                 | Activity Hours |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|------------------------------------|------------------------------------------|----------------|
| 7/22/2025  | Meeting                                                                                                                                                                                       | # 19779 | Lincoln, NE | 10                                 | 3.00                                     | 3.00           |
| Details:   | Annual meeting in Lincoln                                                                                                                                                                     |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 7/23/2025  | Educational Program                                                                                                                                                                           | # 19029 | Omaha, NE   | 17                                 | 1.00                                     | 2.33           |
| Details:   | CRNA didactic students                                                                                                                                                                        |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 7/29/2025  | Other                                                                                                                                                                                         | # 19795 | Lincoln, NE | 0                                  | 0.75                                     | 0.75           |
| Details:   | July Newsblast                                                                                                                                                                                |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 9/3/2025   | Other                                                                                                                                                                                         | # 19796 | Lincoln, NE | 0                                  | 1.17                                     | 1.17           |
| Details:   | Aug newsblast                                                                                                                                                                                 |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 10/1/2025  | Other                                                                                                                                                                                         | # 19797 | Lincoln, NE | 0                                  | 0.67                                     | 0.67           |
| Details:   | Sept Newsblast                                                                                                                                                                                |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 10/23/2025 | Other                                                                                                                                                                                         | # 19798 | Lincoln, NE | 0                                  | 0.75                                     | 0.75           |
| Details:   | October Newsblast                                                                                                                                                                             |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 10/28/2025 | Meeting                                                                                                                                                                                       | # 19780 | Lincoln, NE | 10                                 | 1.00                                     | 4.22           |
| Details:   | First Quarter meeting                                                                                                                                                                         |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 12/1/2025  | Other                                                                                                                                                                                         | # 20207 | Lincoln, NE | 0                                  | 0.83                                     | 0.83           |
| Details:   | November Newsblast                                                                                                                                                                            |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 12/22/2025 | Other                                                                                                                                                                                         | # 19799 | Lincoln, NE | 0                                  | 1.33                                     | 1.33           |
| Details:   | Dec and Jan Newsblasts                                                                                                                                                                        |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 1/14/2026  | Educational Program                                                                                                                                                                           | # 19929 | Lincoln, NE | 9                                  | 0.50                                     | 0.67           |
| Details:   | Topic: 10-15 minute presentation, via telehealth, to include general information about resources for licensed people and basic information about the LAP. This is an informal lunch and learn |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 1/27/2026  | Meeting                                                                                                                                                                                       | # 20000 | Lincoln, NE | 10                                 | 1.00                                     | 3.90           |
| Details:   | Second Quarter meeting                                                                                                                                                                        |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
| 2/26/2026  | Other                                                                                                                                                                                         | # 20090 | Lincoln, NE | 0                                  | 0.83                                     | 0.83           |
| Details:   | Feb Newsblast                                                                                                                                                                                 |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |

# Licensee Assistance Program - Department of Health & Human Services

July 01, 2025 - March 31, 2026

## Additional Program Activities & Promotion Summary

| Date      | Type                                                                                         |         | Location    | Attendees                          | Duration                                 | Activity Hours |
|-----------|----------------------------------------------------------------------------------------------|---------|-------------|------------------------------------|------------------------------------------|----------------|
| 3/19/2026 | Educational Program                                                                          | # 20208 | Omaha, NE   | 38                                 | 0.42                                     | 1.58           |
| Details:  | Rad Tech - 1st year X-ray students who will start clinicals in August 2026 - NE LAP Services |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
|           |                                                                                              |         |             |                                    |                                          |                |
| 3/26/2026 | Educational Program                                                                          | # 20209 | Omaha, NE   | 37                                 | 0.42                                     | 1.75           |
| Details:  | Rad Tech - 1st year X-ray students who will start clinicals in August 2025 - Scenarios       |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
|           |                                                                                              |         |             |                                    |                                          |                |
| 3/26/2026 | Other                                                                                        | # 20206 | Lincoln, NE | 0                                  | 0.93                                     | 0.93           |
| Details:  | March Newsblast                                                                              |         |             | <input type="checkbox"/> Cancelled | <input type="checkbox"/> Fee-for-Service |                |
|           |                                                                                              |         |             |                                    |                                          |                |
| TOTAL     |                                                                                              |         |             | 131                                | 14.60                                    | 24.72          |

**Nebraska Licensee Assistance Program**

**Third Quarter Report**

**January 1, 2026 to March 31, 2026**

**I. PROGRESS MADE TOWARDS STATEMENT OF PROGRAM AND SERVICES GOALS**

1. The NE LAP Clinical Services Manager and the NE LAP Coordinator participated in the Second Quarter report meeting with the State's NE LAP Contract Steering Committee on January 27, 2026.
2. Continued to provide the clinical and educational services of the NE LAP, including alcohol/substance use assessments, referral assistance, case management/monitoring and educational sessions. (See Third Quarter Statistics).
3. Maintained up to date case records and closed 8 cases.
4. There were no NE LAP services webinar views in the third quarter.
5. There were 2 educational sessions (same class) on the NE LAP Program Services in the third quarter.
6. There were no educational sessions on Alcohol/Substance Use Disorders and the Health Service Professional in the third quarter.
7. Sent out email newsblasts in January 2026, February 2026, and March 2026 with information on the NE LAP services, substance impairment, alcohol/substance use, or the alcohol/substance use treatment and recovery process, and posted to the NE LAP website.
8. The NE LAP Coordinator completed 3 tele-health Diagnostic Alcohol/Substance Use Assessments in the third quarter.
9. The NE LAP Coordinator completed 1 in-person Diagnostic Alcohol/Substance Use Assessments in the third quarter.
10. The NE LAP Coordinator completed 1 tele-health Diagnostic Alcohol/Substance Use Update Assessment in the third quarter.
11. The NE LAP Coordinator completed 4 in-person Diagnostic Alcohol/Substance Use Update Assessments in the third quarter.
12. The NE LAP Coordinator opened 3 monitoring cases in the third quarter.

**II. PROBLEMS ENCOUNTERED**

No significant operational problems were encountered during this contract period. All body fluid screen results were reported to the NE LAP in a timely and accurate manner during this period.

**III. ANALYSIS OF TRENDS, PATTERNS AND OTHER ISSUES**

There were no concerning patterns or other issues observed during this contract period that indicated any changes or improvements were needed in the manner services were provided.

**IV. QUALITY ASSURANCE – Timeliness and Efficacy of Services**

Timeliness of Services:

Client Satisfaction Surveys (12 distributed, 0 returned)

Timely Services: Strongly Agree x 0                      Somewhat Agree x 0

Timely Referral: Strongly Agree x 0                      Somewhat Agree x 0

Survey Comments:

Customer Satisfaction Surveys (0 distributed)

Timely Services: Strongly Agree x 0 Agree x 0

Timely Referrals: Strongly Agree x 0 Agree x 0

Survey Comments: None

A/SU Assessments:

Client Contact to Initial Interview: 7.6 working days average  
(minus delay factors..... 2.5 working days average)

Goal: within 5 working days of intake call

Initial Interview to Treatment Recs Available: 51.6 working days average  
(minus delay factor..... 6.2 working days average)

Goal: within 12 working days of initial interview

Initial Interview to Written Assessment Report: 78.2 working days average  
(minus delay factors..... 22.5 working days average)

Goal: within 10 working days of initial interview

**2025 – 2026 Totals:**

**Client Contact to Initial Interview: 8.0 working days average**  
**(minus delay factors..... 2.5 working days average)**

**2025 – 2026 Totals:**

**Initial Interview to Treatment Recs Available: 37.3 working days average**  
**(minus delay factors..... 8.7 working days average)**

**2025 – 2026 Totals:**

**Initial Interview to Written Assessment Report: 64.1 working days average**  
**(minus delay factors..... 22.7 working days average)**

Efficacy of Services:

Client Satisfaction Surveys (12 distributed, 0 returned)

Effective in helping me: Strongly Agree x 0

Customer Satisfaction Surveys (0 distributed)

Effective in helping licensee: Strongly Agree x 0 Agree x 0

Licensee found the services beneficial: Strongly Agree x 0 Agree x 0

Survey Comments: None

**2025 – 2026 Efficacy of Services Totals:**

**Strongly Agree x 1**

**V. RESOURCES EXPENDED AND REMAINING**

During the third quarter of this fiscal year, DHHS was invoiced \$8485.50 per month. No unexpected expenditure occurred during this period.

**VI. ACTIVITIES PLANNED FOR THE FOURTH QUARTER 2025-2026**

1. The EAP/NE LAP Clinical Manager and the NE LAP Coordinator will participate in the Third Quarter meeting with the State's NE LAP Contract Steering Committee on April 28, 2026.
2. Continue to provide the clinical and educational services of the NE LAP.

Fourth quarter update:

- Assessments already conducted = 3
  - Assessments scheduled = 0
  - Assessments to be scheduled = 1
3. Send out email newsblasts in April 2026, May 2026, and June 2026 with information on the NE LAP services, substance impairment, alcohol/substance use, or the alcohol/substance use treatment and recovery process, and post to the NE LAP website.
  4. The NE LAP Coordinator has zero Continuing Sobriety follow-up calls to make during the fourth quarter.
  5. The NE LAP Coordinator will conduct the following educational sessions on the NE LAP Services:
    - April 13, 2026 – Iowa Western Community College – Dental Hygienists
    - April 17, 2026 – Clarkson College – CRNA Didactic students

**Return to page 15**