

**Problem Gambling Grantees  
Responses to DHHS Questions**

**FY15 Considerations**

1. If your current service level continues and you are likely to expend all your grant funds before the end of the fiscal year, what will you do when the funds run out? Will you:

Suspend the operation of the program	
Continue seeing clients already enrolled but stop accepting new clients	
Continue operating the program and accept new clients but decrease treatment frequency and/or duration	<i>One treatment program</i>
Continue operating the program as usual	<i>Two prevention programs and two treatment program. One added: "for self-pay clients only."</i>

2. In order to stretch the treatment dollars further, would you prefer to:

Reduce the client benefit to FY13 levels beginning January 1 <sup>st</sup>	
Reduce the service compensation rate by 10% beginning January 1 <sup>st</sup>	<i>One treatment program</i>
Reduce the client benefit to FY13 levels AND reduce the service compensation rate by 10% beginning January 1 <sup>st</sup>	
Do nothing from a grant condition perspective and leave it up to each individual grantee to figure out how to keep services in place throughout the fiscal year given their grant amount	<i>Three treatment programs (One prevention program also weighed in on this option)</i>

3. What would you like DHHS and the ACPG to consider when deciding on how to handle a possible budget shortfall for this year's treatment grants?

Inform the Legislature not everyone who needs treatment can receive services due to insufficient revenue. Treatment dollars can only be stretched so far before quality and efficacy are affected.	Consider outcomes and amount awarded at the beginning of the grant period.	Distribute funds evenly among providers. For example, each is awarded 20% of any additional revenue or is cut by 20% of any shortfall.	The measurable hard data that UNLV can provide about each individual treatment center, based on the most efficient and best use of funds.	Every grantee is dedicated to treating the problem gambler. Not all grantees are treated equally (seem to be special rules for some). In the last RFA, a low scoring applicant received more money than those with higher scores. Any cuts should be applied equally.
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**FY16-17 Considerations**

**1. If your treatment grant was reduced by 10% next fiscal year, what impact would this have on your program? What, if any, program adjustment would you make?**

From a prevention perspective, a 10% reduction would result in a corresponding reduction in the program's reach. An effective program could still be maintained and not lose momentum, but there would be no expansion.	We are already underfunded for the number of clients served. A reduction would have a negative impact on the community. Adjustments have already been made; further adjustments would affect program quality.	Treatment programs that receive less funding have the same success rate as those that receive more funding. Those receiving more money should make more changes.	Free treatment is already provided. A 10% reduction in funding would result in a 10% increase in free treatment. No program adjustments would be made.	A 10% decrease would mean 10% less services offered.
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**2. If your treatment grant was reduced by 20% next fiscal year, what impact would this have on your program? What, if any, program adjustments would you make?**

From a prevention perspective, a 20% cut would impact efficacy, credibility and maintenance of collaborative efforts with partners. Outputs and outcomes would need to be reduced.	A 20% reduction would put the program in jeopardy.	Free treatment is already provided. A 20% reduction in funding would result in a 20% increase in free treatment. No program adjustments would be made.		A 20% decrease would mean 20% less services offered and a decrease in staff.
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**3. What are your suggestions regarding program areas to eliminate, reduce, or restructure for the next grant cycle considering fewer funds will be available?**

- Reduce treatment rates to the level used when funding was less than \$2 per slot machine. Restructure the Strategic Plan to specify additional trigger points for lower rates. Or conversely, apply higher rates only when the amount of available funds exceeded a certain threshold.
- Suspend the new program enhancements within treatment (e.g., bus passes, educational materials) and put the money into treatment.
- Reduce the amount for workforce development and limit its purpose to sustaining the state conference, which helps certified counselors satisfy annual CEU requirements, provides networking opportunities and attracts new providers. Explore alternative methods of supporting the conference (e.g., DHHS sponsoring it instead of granting funds).
- Prevention and workforce development suffered when funding was suspended for three years. To avoid further setbacks, maintain funding for prevention at a minimum of 40% of the FY14-15 amount (about \$147,000). To maintain stability, restructure prevention into a single grant (as already done with workforce development).

Maintain the same percentage allocations and reduce all program areas equally so that no single area is eliminated or reduced to an ineffective level of funding. During the last budget cuts, all momentum was lost for some program areas. Continuity is crucial.
Current providers are performing a much needed service. Consider whether two residential programs are needed in the north.
<ul style="list-style-type: none"> <li>• Consider funding only one residential program in the north.</li> <li>• Minimize but don't eliminate prevention.</li> <li>• Get some press so people know the effects of grant reductions.</li> </ul>
<ul style="list-style-type: none"> <li>• Use available hard data to evaluate the most efficient treatment of problem gamblers.</li> <li>• Data shows more funding is needed for treatment. This is where funding should be used.</li> <li>• Plan political actions to increase available funding in the future.</li> </ul>
Decrease or eliminate program enhancement and/or workforce development. We don't need them if we have no workforce due to the cuts.

**4. Is there anything else that you would like DHHS and the ACPG to consider when deciding on how to allocate funds to the various service categories for the next grant cycle?**

<p>Keep the full mission and vision in mind when making their decisions:</p> <p>Mission: To support effective problem gambling prevention, education, treatment and research programs throughout Nevada.</p> <p>Vision: Improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling.</p>
The current program areas were arrived at through a thoughtful process that required time and effort on the part of many people. The areas reflect the top priorities in addressing problem gambling from all aspects and should be valued equally. If the total amount of money is reduced, then all areas should be maintained at the current percentages so that all programs share in both the current dearth of funds and the hopefully eventual abundance.
Success rate, fairness and equality of funding.
Looking at the hard data to evaluate the most efficient and successful treatment services will mandate the review to reorganize the use of residential dollars. Treatment monies should be preserved.
<ul style="list-style-type: none"> <li>• Use available hard data to evaluate the most efficient treatment of problem gamblers.</li> <li>• Data shows more funding is needed for treatment. This is where funding should be used.</li> <li>• Plan political actions to increase available funding in the future.</li> </ul>
Don't sacrifice quality in the state with the highest percentage of gamblers. Don't sacrifice quality or quantity.
The UNLV contract provides for front-end work (intake/billing/payments) and back-end work (follow-up research to ensure treatment quality). A reduction in funding (even at 10%) would likely result in the elimination of one of these projects. Continuing both of these projects is hugely beneficial in building a long-term foundation for all of the problem gambling work being done in Nevada.