

# FY 2025 NOTICE OF FUNDING OPPORTUNITY

## KENTUCKY PROBLEM GAMBLING ASSISTANCE FUND

### BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

#### **BACKGROUND:**

Per KRS 230.826, the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities (BHDID) has established funding to increase awareness of problem gambling, including the signs of a problem as well as risk and protective factors, and to increase access to treatment and resources for individuals and families impacted by problem gambling and substance use disorder.

The Kentucky Council on Problem Gambling (KYCPG) has estimated that more than 100,000 Kentucky adults experience problem gambling. Research shows that increased access to betting opportunities can increase the risk of problem gambling.

While gambling can be a fun pastime for many people, for others, it can have devastating outcomes on personal relationships, financial security, and mental health. Gambling disorders are highly correlated with other mental health and substance use disorders<sup>1</sup>:

- 96.3% of individuals with gambling disorders have been diagnosed with at least one other mental health condition.
- 76.3% have been diagnosed with substance use disorders.
- 60% have been diagnosed with anxiety disorders, including panic disorder, generalized anxiety disorder, phobia, and PTSD.
- 55% have been diagnosed with mood disorders, including depression and bipolar disorder.

In addition, individuals with gambling disorders are at high risk of suicide<sup>2</sup>.

- 31% of those with gambling disorder report suicidal ideation in their lifetime,
- 17% report having a plan for suicide in their lifetime
- 16% report a suicide attempt in their lifetime.

#### References

1. Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38(9), 1351-60.  
<https://doi.org/10.1017/S0033291708002900>
2. Armoon, B., Griffiths, M. D., Mohammadi, R., & Ahounbar, E. (2023). Suicidal behaviors and associated factors among individuals with gambling disorders: a meta-analysis. *Journal of gambling studies*, 1-27.

#### **PURPOSE:**

In an effort to ensure that the existing behavioral health workforce is adequately prepared to respond to the changing needs of Kentuckians, DBHDID is accepting applications to the Problem Gambling Assistance Fund to strengthen the ability of the existing behavioral health workforce to understand,

identify, and treat problem gambling issues. The awarded vendor(s) will support the development and provision of training on problem gambling-related issues for behavioral health workers. Training programs should:

- Focus on increasing the knowledge and skills related to problem gambling, targeting a variety of behavioral health professionals, including, behavioral health clinicians, peer support specialists, case managers, and community health workers.
- Be made available at no cost to the individual.
- Support the certification of behavioral health professionals to address problem- and disordered-gambling.

**ELIGIBLE APPLICANTS:**

- Applicant must be a 501(c)3 organization.
- Applicant must have a documented history of at least two years of providing training and technical assistance to individuals who may be impacted by problem gambling.
- Applicant must have or establish a vendor code with the Kentucky Secretary of State if awarded.\*\*
  - <https://onestop.ky.gov/Pages/default.aspx>
- Applicant must have or establish a vendor code from the Finance Cabinet if awarded.\*\*
  - <https://finance.ky.gov/services/eprocurement/Pages/doingbusiness.aspx>

\*\*Please be prepared to provide documentation within ten (10) business days of award notification

**AWARD INFORMATION**

- Funding Source: The Kentucky Problem Gambling Assistance Fund
- Funding Mechanism: To be determined based on entity.
- Award Ceiling: \$100,000; one or more awards may be made to address the capacity needs of the state.
- Budget: Submit a 12-month budget with anticipated start date of January 1, 2025.
- Cost Sharing/Match Requirement: No
- Service Delivery Date: To begin no later than 30 days from execution of contract.
- Length of Project: 12 months. All campaigns must be completed between January 1, 2025 and December 31, 2025. This funding does not automatically renew, but there may be similar funding opportunities available in the future.
- Reporting Requirements: The Awardee must participate in regularly scheduled planning meetings and submit monthly progress reports.
  - The frequency of planning meetings will be determined by the DBHDID staff and the Awardee upon execution of contract.
  - Quarterly reports should include:
    - 1) the number of individuals trained by the project;
    - 2) the types of training and related services provided to those individuals; and
    - 3) detailed costs for the numbers of individuals trained and the training and related services provided during the reporting period.

## **FUNDING PARAMETERS**

- Funds awarded through this NOFO can only be utilized to provide training and technical assistance that supports the certification of problem gambling counselors as outlined in 908 KAR 2:300.
- Funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with grant funds to meet the exact existing deliverables. Expansion and enhancement of those deliverables and their related outcomes are acceptable.
- Funds cannot be used to pay for the purchase, construction, or renovation of any building or structure to house any part of the awardee’s contracted work.

## **SCOPE OF WORK**

### **Funds may be used to cover:**

- a) The costs associated with the development of a training course or courses on gambling topics for behavioral health professionals, including, behavioral health clinicians, peer support specialists, case managers, and community health workers.
  - Training topics may include
    - Problem Gambling Screening and Assessment
    - Identifying High-Risk Gambling and Engaging in Treatment
    - Evidence-Based Approaches to Treating Problem Gambling
    - Relapse Prevention and Recovery Support
    - Special Populations and specific risks related to problem gambling
      - Youth
      - Older Adults
      - Gender Differences
      - LGBTQ+
      - Cultural/Racial Minorities
      - Military/Veterans
    - Co-morbidities/Co-occurring disorders
      - Mental Health
      - Substance Use Disorder
      - Suicide
    - Understanding Social Determinants of Health
    - Impacts of sports betting/online gambling
    - Convergence with gaming and esports
  - Additional topics related to the prevention, identification, or treatment of problem gambling may be considered on a case-by-case basis
- b) The costs associated with provision of training course(s), this may include
  - Retaining speakers
  - Hosting an in-person training event

- Providing scholarships to training attendees to cover registration and/or travel
- Development of an online system to allow on-demand access to training courses

**Note: all training materials must be reviewed and approved by DBHDID prior to service provision. All training materials should include the final state-level initiative name and logo.**

**All proposals must include:**

- 1) Timeline for the project including major benchmarks and milestones
- 2) Detailed budget outlining the expected costs of each aspect of the project
- 3) Plan for evaluation and quality improvement of the project

### **PROPOSAL SUBMISSION REQUIREMENTS**

1. **Cover Letter** on agency letterhead.
2. **Project Summary** using the required fillable application form is attached to this document. The project summary should highlight the most important components of the proposed project.
3. **Project Narrative** should be organized and clearly describe each element in the required scope of work.
  - Projective narratives must be double-spaced using Times New Roman 12-point font.
  - Pages must be numbered consecutively from beginning to end of the Proposal Narrative
  - The page limit for the Proposal Narrative is 5 pages. Any narrative information that exceeds the page limit will be excluded from the review process.
4. Detailed Budget Worksheet and Narrative using template provided.
5. Copy of the 501c3 IRS letter indicating non-profit status.

### **PROPOSAL SUBMISSION FORMAT**

The application form and any additional attachments must be submitted in a combined PDF titled **DBHDID\_GAMBTRAININGFY25\_date of submission\_name of your agency** by email to [kyproblemgamblingassistance@ky.gov](mailto:kyproblemgamblingassistance@ky.gov). For example, **GAMBTRAININGFY25\_06.01.23\_AgencyABC**.

### **MULTI-TIERED REVIEW AND SELECTION PROCESS:**

- Proposals will be screened to ensure they meet minimum eligibility requirements.
- DBHDID will assess proposals meeting minimum eligibility requirements. All aspects of the proposed project will be evaluated and DBHDID may decide to provide partial funding for individual elements, rather than the entire proposal.

### Evaluation Criteria

Criteria	Description	Weight (%)	Score 1-5	Score X Weight =	Comments
<b>Project Relevance</b>	How well does the project align with the grant's goals and priorities?	20%			
<b>Data Support &amp; Evaluation</b>	Does the application utilize current and applicable data to identify the target population(s), and outline an evaluation plan that allows for identification of outcomes?	15%			
<b>Feasibility</b>	Is the project plan realistic and achievable within the proposed timeframe and budget?	15%			
<b>Innovation</b>	Does the project introduce new or unique approaches to address the issue?	10%			
<b>Impact and Outcomes</b>	What is the potential impact of the project? Are the outcomes measurable and meaningful?	15%			

<b>Organizational Capacity</b>	Does the organization have the experience, personnel, and resources to successfully implement the project?	10%			
<b>Budget Justification</b>	Is the proposed budget reasonable and well-justified for the activities and outcomes?	15%			

- Proposals containing insufficient information may be rejected or returned to the applicant for minor corrections and resubmission.
- If awarded, please be prepared to provide the following information within ten (10) business days of award notification:
  - A Vendor Code from the Finance Cabinet <https://finance.ky.gov/services/eprocurement/Pages/doingbusiness.aspx>
  - A Kentucky Secretary of State Vendor Code <https://onestop.ky.gov/Pages/default.aspx>

**QUESTIONS:**

Please submit questions regarding proposals to [kyproblemgamblingassistance@ky.gov](mailto:kyproblemgamblingassistance@ky.gov). Questions will be directed to the appropriate staff.

# Kentucky Gambling Assistance Application

## Applicant Type (check 1)

Individual (e.g., behavioral health professional)     Organization/Agency (e.g., CMHC, BHSO, 501(c)(3), etc.)

## Applicant Information

Applicant Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Contact Name (if different from applicant name): \_\_\_\_\_

Provide details of past performance of the organization/agency or individual requesting funding:

### Project Overview

Activity Type (check all that apply)

- Provision of support to agencies, groups, organization, and persons that provide education, assistance, and counseling to persons and families experiencing difficulty as a result of problem gambling
- Promotion of public awareness and/or provision of education about problem gambling
- Certification of gambling counseling professionals (include the names and credentials of all individuals to be certified in the project description below)
- Development of certifying organization-approved training or continuing education program
- Promotion of awareness of assistance programs for those experiencing problem gambling
- Provision of financial assistance to cover the costs and expenses associated with treatment of problem gambling

Provide an overview of the proposal, including:

- Brief description of project/activities
- Purpose and key anticipated outcomes
- Individuals or communities served
- Amount of funding requested
- Overview of how the funds will be spent
- Timeline

Those applying for certification should include:

- Type of certification
- Purpose of certification
- Proposed training/education course
- Plan to obtain required experience
- Two professional references for each individual requesting certification
- Recommendation from on-site supervisor for each individual requesting certification
- Signed contract for board approved clinical supervision for each individual requesting certification
- Timeline for completion of training and examination
- Amount of funding requested



### Performance Measurement Plan

Describe how key anticipated outcomes will be measured, including:

- The specific aspects of the program that will be measured
- The criteria that define success
- The methods to be used to collect the data necessary to assess progress
- A timeline for completing benchmarks toward progress

Please submit completed application and supporting documentation to:  
DBHDID, 275 E. Main Street, 4W-G, Frankfort, Kentucky 40621 or via email [kyproblemgamblingassistance@ky.gov](mailto:kyproblemgamblingassistance@ky.gov)