The Montgomery County ADAMHS Board will accept applications for the following services. All prospective and previously funded providers are eligible to apply for any of the services listed below.

**Treatment and Supportive Services Division**

Please consider that the ADAMHS Board is not looking to expand treatment programming beyond what is outlined. While the Board is committed to fostering innovation and welcomes proposals for new or expanded programs, please be aware that those will not be prioritized in this funding cycle but may be considered at a later date as determined by need. The capacity to fund treatment programs at the county-level remains unchanged from previous years. The Application for Funding is increasingly competitive, and applicants showing evidence of delivering fiscally conscious, high-quality programs will be prioritized.

When determining a target population for a treatment program, provider applicants are to consider the following guidelines as outlined by OMHAS:
- Conceptual fit addressing identified risk and protective factor priorities;
- Cultural relevance and support from key stakeholders;
- Trauma-informed implications; and
- Age and gender appropriateness
The Montgomery County ADAMHS Board will prioritize funding programs that meet the “evidence-based program” standard supported by research published in peer-reviewed journal articles showing the efficacy of the intervention for the intended population. The Ohio Department of Mental Health and Addiction Services defines “evidence-based” as:

“Practices, strategies, policies, or interventions that has been identified as effective by nationally recognized organization, a federal agency, or agency of the state and has produced a consistent, positive pattern of results on the majority of the intended recipients or target population.”

Examples include:

**Motivational Interviewing (MI)**

An important evidence-based practice (EBP) used to engage people in treatment is Motivational Interviewing (MI), a goal-directed and person-oriented counseling style designed to elicit behavioral changes by leveraging the person’s intrinsic motivation, and by helping the person sort through ambivalence.

**Cognitive Behavioral therapy (CBT)**

Cognitive Behavioral Therapy (CBT) is a form of psychotherapy that focuses on modifying dysfunctional emotions, behaviors, and thoughts by uprooting negative or irrational beliefs. Considered a "solutions-oriented" form of talk therapy, CBT rests on the idea that thoughts and perceptions influence behavior.

**Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**

The primary goal of TF-CBT is to reduce Post Traumatic Stress Disorder (PTSD as diagnosed) symptoms among children and adolescents. TF-CBT provides structure for the use of cognitive-behavioral principles in the context of two paramount developmental considerations: the role of the caregiver and the developing nature of a child’s emotion regulation and coping capabilities.

Other forms of EBP include Dialectical Behavioral Therapy and Eye Movement Desensitization Reprocessing Therapy (EDMR) which require extensive hours of specialized training to perform and are preferred.

**Priorities**

The ADAMHS Board will continue to focus on the continuum of crisis services, inpatient access, housing, jail and forensic services, and growing wellness and recovery supports.

ADAMHS does not anticipate accepting any new or expansion requests at this time.

**Provider Requirements**

Applicants must have at least one of the following licensure or certifications:
• OhioMHAS licensure/certification for requested services
• National Accreditation (the Joint Commission, CARF, COA, or other accrediting/licensing body) for requested services
• Affiliate of NAMI Ohio
• Received Ohio Recovery Housing Certification by address/location
• Governmental entity

Required Training

All individuals included in the proposal will be required to complete the following trainings within CY24:

- Mental Health First Aid (Youth and/or Adult)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Medicaid Type Services

- For those of you who included Medicaid type services in your budget, we will no longer require this. Please exclude this from your budget in the application for funding. Medicaid type services will now be part of one large cost center. You will continue to enroll your consumers that are eligible into the GOSH portal.

Considerations for Funding

Please note that applications time stamped after 5 pm on October 20th will not be considered for funding. Incomplete applications, including but not limited to having fields missing or having uploaded blank documents, will also not be considered for funding. When determining funding allocations, the ADAMHS Board will give careful consideration to an organization’s ability to meet the outcomes outlined in their previous applications, site visit reports, and spend down their allocation in previous years. Further, applicant organizations are to submit local data substantiating the need for the service in the county.

Diversity, Equity, Inclusion

Diversity, Equity, and Inclusion are essential to creating and maintaining a successful workplace; one founded on the principle that all people can thrive personally and professionally.

Diversity is the presence of differences within a given setting such as race, ethnicity, sexual orientation, age, thought, etc. Individuals of various backgrounds and lived experiences bring a unique perspective to programs. An organization’s workforce that represents the population being served allows for the ability to approach problems and propose unique solutions in the most culturally appropriate manner.

Equity is the act of ensuring that processes and programs are impartial, fair, and provide equal possible outcomes for every individual. There is a critical difference between equity and
equality. To ensure equality for all members of the community, it is important for programming to recognize barriers and advantages/disadvantages of the diverse populations being served.

Inclusion is the practice of ensuring that people feel a sense of belonging in the workplace. This means that every employee feels comfortable and supported by the organization when it comes to being their authentic selves.

Closing health disparities requires prioritizing programs and outreach to engage those most in need. ADAMHS is interested in funding behavioral health services that apply a DEI lens to programming, aim to reduce disparities at a population level, and work towards change at a systematic level. Treatment and Supportive providers are asked to establish equity indicators within their specific programming. Prevention Institute provides examples of various metrics for the determinants of health to achieve health equity.

Treatment providers will be asked to complete a survey to determine stages of change.

**Fiscal Requirements**

As part of the Application for Funding process, each applicant will be required to furnish the following documents for their application to be considered for funding:

- Audited Financial Statements for the previous fiscal year conducted by Independent CPA.
- Federal Tax Identification Number.
- Good Standing Certificate from the Ohio Secretary of State’s Office.
- Copy of current Ohio Bureau of Workers Compensation certificate.
- Certificate of applicable insurances (general liability, auto, professional liability). Upon contracting, ADAMHS will require an insurance certificate as ADAMHS as certificate holder. ADAMHS requires a general aggregate limit of liability of $3 million.
- Proof of current unemployment insurance.
- Completed program budget that includes appropriate direct and indirect costs.
- Must be current on payment of all taxes.

**Direct Costs**

ADAMHS uses the modified total direct cost “MTDC” definition used by its federal funders in determination of allowable direct costs. Direct costs are expenses that can be directly tied to the program’s budget and can be defined as an item cost or activity that can only be attributed to a specific program. MTDC clearly defines that direct costs include all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000.
Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs.

**Unallowable Expenses**

Unallowable Expenses for ADAMHS contracts include but not limited to:
- Fundraising Costs
- Lobbying
- Bad debt/Debt collection
- Fines/Penalties

**Program Income**

All other program income earned and expended from the ADAMHS funded program must be included in your program budget. Please include all funders of the program in your budget. Program income is defined as gross income earned by a funder for an ADAMHS funded activity or earned as the result of the award.

**Indirect Costs and Rates**

Historically, the ADAMHS Board has provided its community service providers an indirect cost rate of 10% of their total direct costs in all contracts. As we continue our focus on managing public taxpayer funds, we have ensured the providers are defining appropriate direct expenses in their contracts.

**OMB Uniform Guidance**

The current 10% indirect rate used by the ADAMHS Board is supported by the OMB Uniform Guidance for federal grants and agreements. The National Council of Nonprofits advises their members of the indirect cost mandate in the OMB Uniform Guidance which requires governments to use federal funds to reimburse nonprofits for reasonable indirect costs. All nonprofits are entitled to request the opportunity to negotiate an indirect cost rate with pass-through entities using the federal standards when federal funds are in use. We anticipate that none of our local nonprofits under contract with the ADAMHS Board have a negotiated, federally approved indirect rate due to their complexity, cost, annual reconciliation requirements, and use of limited federal awards requiring such negotiated rate. This negotiation is generally between the nonprofit and a federal agency. This information will be collected during the “application for funding” process to determine if the organizations have a federally approved indirect rate.

Further, OMB Uniform Guidance §2 CFR Part 200 allows any non-Federal entity (NFE) that has never received a negotiated indirect cost rate to charge a *de minimis* rate of 10% of modified total direct costs (MTDC), which the NFE may use indefinitely as a federally negotiated rate. This option for NFE recovery of indirect costs incurred during work under
Federal awards removes administrative barriers smaller nonprofits previously faced receiving and implementing Federal financial assistance. With the de minimis rate, nonprofits can charge allowable costs which indirectly support the direct work on the federally funded project(s).

**US Department of Health and Human Services “HHS” and Substance Abuse and Mental Health Services Administration “SAMHSA”**

We reviewed SAMHSA requirements for indirect costs and found many of their Funding Opportunity Announcements (FOA) follow the OMB Guidance noted above. We see the same definitions for direct and indirect costs, and we are reminded SAMHSA follows the OMB Uniform Guidance for its grants funds. Indirect costs (also referred to as facilities and administrative costs) are costs that cannot be specifically identified with a particular project or program or activity but are necessary to the operations of the organization (i.e. overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization must not include costs associated with its indirect rate as direct costs.

**Ohio Mental Health and Addiction Services “OhioMHAS”**

OhioMHAS notes in their Fiscal Budget Definition Reference Guide that “the indirect cost rate allowable on all OhioMHAS awards is up to 10% of the award and is consistent with the federal Super Circular.” The document further states any indirect cost rate that exceeds 10% and does not meet the following conditions will be returned to the applicant for revisions:

- A different indirect cost rate may be used if it has been approved by a federal department (e.g., SAMHSA for federal awards).
- Documentation for higher rates should be uploaded into the GFMS system for OhioMHAS to validate the requested indirect cost rate.”

**Summary**

Federal and State funders are consistent in the application of the OMB Uniform Guidance, allowing a 10% indirect rate of direct allowable costs in their funding awards. A nonprofit can charge a higher indirect rate on federal grants and agreements but requires approval from the federal agency.

If a nonprofit has an approved federal indirect rate, the nonprofit must provide a copy of the federal approval letter and ADAMHS will consider the rate in their funding application upon review of the provided documentation.