SFY 2023
Funding Priorities and Guidelines
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.

**Prevention & Early Intervention Services**

Please consider that the ADAMHS Board is not looking to expand prevention programming this year. While the Board is committed to fostering innovation and welcomes proposals for new or expanded prevention programs, the capacity to fund prevention programs at the county-level remains unchanged from previous years. With that said, the Application for Funding is increasingly competitive, and applicants showing a promise of delivering fiscally conscious, high-quality programs will be prioritized.

**Educational Prevention & Early Intervention Programs**

ADAMHS is interested in funding services providing prevention curricula for universal, selected, and indicated populations to be delivered within a variety of community settings including but not limited to schools, workplaces, religious organizations, senior living facilities, after school programs, youth serving organizations, and other pillars of the community that would be appropriate for hosting educational programs.

When determining a target population for a prevention program, provider applicants are to consider the following guidelines outlined by OMHAS:

- Conceptual fit addressing identified risk and protective factor priorities;
- Cultural relevance and support from key prevention stakeholders;
- Adverse childhood experiences and trauma-informed implications; and
- Age and gender appropriateness

Evidence-based prevention curricula can be found by using the following program registries:

- **Blueprints for Health Youth Development**
- **Collaborative for Academic, Social, and Emotional Learning (CASEL)**
- **Evidence-Based Behavioral Practice**
- **National Institute of Justice**
- **National Institute of State Mental Health Program Directors Research Institute**
- **Social Programs That Work**
- **Suicide Prevention Resource Center**
- **The California Evidence-Based Clearing House for Child Welfare**
- **Wyoming Prevention Depot Environmental Strategies Tool**

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.

The programs the Montgomery County ADAMHS Board is interested in funding in SFY23 include the following:

Youth Programs
- Agents of Change
- AMEND Together
- Anytown Youth Leadership Institute
- Botvin LifeSkills
- Catch My Breath
- Changing in the Middle
- Generation Rx
- Good Life Program
- Hope Squads
- Not on Tobacco
- Olweus Cyberbullying Prevention Program
- Police & Youth Together
- Prime for Life
- Risky Business
- Second Act
- Second Step
- Signs of Suicide
- Students Promoting Inclusion, Diversity, and Equity through Education (SPIDEE)
- Too Good for Drugs
- Too Good for Violence
- Visible & Resilient in Community and Self
- Your Path

Parent Programs
- ACT Raising Safe Kids
- PAX Tools
- Positive Parenting Program (Triple P)
- Strengthening Families

Senior Programs
- Aging Mastery Program
- Wellness Initiative for Senior Education (WISE)

New Programming of Interest
- Anger management programming to be used in lieu of suspension

**Environmental Prevention & Early Intervention Programs**

ADAMHS is interested in funding evidence-based environmental prevention services that focus on reducing behavioral health disparities at a population-level. Applications for funding under this category should have a focus on policy, environmental, or systems change. Environmental prevention programs look at the way in which environments and/or policies impact the vitality or morbidity of a population. Environmental programs may consider a wide variety of factors including but not limited to community norms conducive to adoption of health behaviors, access to preventative behavioral health care, barriers to wide scale adoption of health practices, policies impacting behavioral health, physical spaces that promote healthy activities, etc.

The Montgomery County ADAMHS Board recommends using one or more of the following frameworks when considering environmental prevention practices that provide a significant impact on population-level health outcomes:

- Social Determinants of Health
- Social-Ecological Model
- Tool for Health & Resilience in Vulnerable Environments (THRIVE)
- 7 Strategies for Community Change

The programs the Montgomery County ADAMHS Board is interested in funding in SFY23 include the following:

- Mental Health Threat Assessment and Crisis Planning
- PAX Good Behavior Game
- Schools of Excellence in Prevention
- Supporting the Whole Child: Professional Development and Consultation

**Early Identification Screening Programs**

- **Screening, Brief Intervention & Referral to Treatment (SBIRT)** – The ADAMHS Board is interested in funding universal SBIRT services for youth and/or adult populations. Proposed screening services must include screening for depression (PHQ-9), anxiety (GAD-2/GAD-7), alcohol and drug use (CRAFFT - 12-21 years old, NIDA ASSIST - 18+ years old), tobacco/vaping use (Fagerstrom Test for Nicotine Dependence - only required for <18 years old), and gambling (Disordered Gambling Screening - youth and adolescents, SOGS- adults). Applicants may also propose screening tools in addition to the aforementioned instruments. Other screening tools of interest may look at trauma (T-SBIRT, ACES for adults, PEARLS for youth and adolescents), social determinants of health in adult populations (PRAPARE, The EveryONE Project Social Needs Screening Tool, AHC-HRSN), suicidality (ASQ, C-SSRS) and other factors impacting behavioral health outcomes.
  - Proposed services should include a care coordination component to ensure screened individuals are linked with services.
• **School-Wide Assessment Surveying** – The ADAMHS Board is interested in funding a service to survey schools on social emotional learning indicators, behavioral health indicators, and/or student resiliency indicators.
  
  o The funding recipient will be expected to provide county-wide aggregate data to measure the strengths and needs of youth and adolescents over time. This data will not need be broken down by district.
  
  o The assessment must also include universal student drug use survey data measuring the following indicators for students in 7-12th grade:
    ▪ Past 30-day use of alcohol, tobacco, marijuana, prescription drugs
    ▪ Perception of risk of alcohol, tobacco, marijuana, prescription drugs
    ▪ Parent disapproval of alcohol, tobacco, marijuana, prescription drugs
    ▪ Peer disapproval of alcohol, tobacco, marijuana, prescription drugs

• **Trauma Screening** – The ADAMHS Board is interested in funding trauma screening in educational, healthcare, and other community settings to identify exposure to trauma and connect individuals with services to alleviate the symptoms associated with trauma exposure. Applicants may choose to provide screening to youth and/or adults.
  
  o Applicants may look to use the following screening tools: PEdiatric ACEs and Related life Event Screener (T-SBIRT, PEARLS, CYW ACE-Q, or other validated screening instruments).

**Prevention Programs Targeted to Responding to Trauma (Trauma Response System)**

• **Youth & Family Resource Connection** – The ADAMHS Board is interested in funding a provider to manage a Student & Family Resource Connection program serving school districts in Montgomery County. The program should include the following components:
  
  o Connecting students and their families with local mental health resources
  o Connecting students and their families to social needs resources
  o Providing education to families

• **Student Resiliency Coordinator Program** – The ADAMHS Board is interested in funding a provider to implement Student Resiliency Coordinators in Montgomery County schools. The program should employ interventions to decrease the burden of trauma and prevent behavioral health diagnoses among youth and adolescents.
  
  o The applicant must utilize a framework showing efficacy among the target populations such as the AAP’s conceptual model of resilience (7C’s framework).

• **Mind-Body Practices** – The ADAMHS Board is interested in funding a provider to implement mind-body practices in school and/or community settings. This may include meditation, breathing practices, and yoga.

• **Handle with Care** – The ADAMHS Board is interested in funding a provider that will fully implement the program by coordinating efforts between first responders and school districts to ensure students on scene during a traumatic event receive appropriate supports and linkage to services if needed.
Provider Requirements

Organizational Requirements
All applicant organizations must hold a prevention certification from the Ohio Department of Mental Health and Addiction Services (OMHAS). The only exception to this requirement is educational entities under the jurisdiction of the Ohio Department of Education or the Ohio Department of Higher Education.

Individual Professional Requirements
All individuals providing prevention services funded under the proposed application must have one or more of the following licensures or certifications:

- Registered applicants, Ohio certified prevention specialist assistants, Ohio certified prevention specialists, and Ohio certified prevention consultants who are working within their professional scope of practice and are supervised in accordance with rules 4758-6-07, 4758-6-08, 4758-6-09, and 4758-6-10 of the Administrative Code.

Letters of Commitment

Applicants providing community-based programs will be required to submit Letters of Commitment with their application. This will include schools, community agencies, government agencies, and/or other collaborative entities. Each entity that the provider intends to partner with will be required to submit a Letter of Commitment.

The ADAMHS Board has identified schools that intend to utilize prevention programs in SFY23. The Board requests that applicants not contact the following schools as they have already expressed their desire for services:

- Archbishop Alter High School
- Brookville Local Schools
- Chaminade Julienne
- Dayton Leadership Academies
- Horizon Science Academy
- Huber Heights City Schools
- Immaculate Conception School
- Lady of the Rosary School
- Mad River Local Schools
- Miamisburg City Schools
- Mother Maria Anna Brunner School
- New Lebanon Local Schools
- Northmont City Schools
- Northridge Schools
- Oakwood City Schools
- Pathway School of Discovery
- St. Albert School
- St. Anthony School
Applicants that are interested in providing services for a school or schools not listed above, will be required to submit a Memorandum of Understanding (MOU) signed by a superintendent showing the schools intention to have the service delivered in their school in SFY23. If the applicant organization is unable to obtain a signed MOU from a superintendent, the organization may submit a signed MOU from another administrator such as an assistant superintendent or a school principal. When determining funding letters signed by superintendents will be given preference. In the case that two applicant organization apply to provide the same program in the same school building(s), the superintendent will determine which entity will provide the program in their school(s).

**Additional Requirements for Prevention and Early Intervention Providers**

**Screening for Behavioral Health Needs**

All applicant organizations will be required to complete a training on Screening, Brief Interventions, and Referral to Treatment (SBIRT) and have a standardized procedure on how to link individuals presenting with a potential behavioral health concern with services. The ADAMHS Board will host the mandatory training in the first quarter of SFY23. The ADAMHS Board will also provide contracted entities with a standardized procedure to follow in the case that a behavioral health issue arises.

While it is not the expectation of the ADAMHS Board that every prevention provider provides SBIRT services, it is imperative that all prevention professionals be trained in the case that the need for behavioral health services arise.

**Required Training**

All individuals included in the proposal will be required to complete the following trainings within SFY23:

Trainings required prior to September 1, 2022:

- Mental Health First Aid (Youth and/or Adult)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Expert Recommendations for Implementing Change (ERIC) Training
- Stewards of Children*
- Child Abuse: Identifying, Responding, and Preventing*

* only applicable to professionals serving individuals 18 years of age and younger
Training required prior to June 30, 2023:

- Foundations in Prevention Training Series or Substance Abuse Prevention Skills Training (SAPST)

Research

While preference will be given to evidence-based programs, if a proposed program is considered a promising practice or is evidence-informed but does not meet the guidelines to be considered evidence-based, the recipient organization will be required to formally evaluate the program using an outside evaluator. The applicant’s program costs should be inclusive of the evaluation expense. If the applicant is proposing a program that is currently being evaluated outside of the county, please provide further explanation in the application.

With that said, any program not meeting evidence-based standards will require an evaluator. An applicant may choose to utilize an evaluator from a university or another qualified evaluator to conduct the outcome evaluation, preferably using a quasi-experimental pretest-posttest design or an experimental pretest-posttest design of the program. If the applicant is a university, the applicant may use evaluators within the university or choose to use an outside evaluator. The program evaluator must obtain Institutional Review Board (IRB) approval to evaluate the prevention program. The US Department of Health and Human Services published a useful document outlining what providers should look for when choosing an evaluator.

Coalition Involvement

All individuals listed within the application budget will be required to join and maintain active membership within the Montgomery County Prevention Coalition (MCPC). Individuals can become an active member by visiting the MCPC website (preventionmc.org), clicking “Join the Coalition” and filling out the google form. Active membership is maintained by attending six Coalition meetings throughout the fiscal year. These can be full Coalition, subcommittee and/or work group meetings. In order for attendance to count, individuals must actively participate in the meeting. Those who do not actively participate will not be able to count their attendance. We recommend each individual ensure their name is listed correctly on Zoom (for virtual meetings) or that they sign in (for in-person meetings) for attendance purposes.

Coalition work can count toward productivity standards as long as the individual actively participates in the meeting or initiative. It is the responsibility of the supervisor and each individual to ensure they are signed up as a member of the Coalition and attend a minimum of six meetings. Upcoming Coalition meetings can be found at preventionmc.org/events.

Productivity

All individuals listed within the applicant budget, including managers and supervisors, will be held to a 50% productivity standard. The productivity rate will be dependent upon the percentage of time the employee has allocated to the program. The ADAMHS Board requires all organizations funded to provide prevention services to submit a monthly report tracking their productivity. Productivity will not be tracked for the months of June and July.
Other Behavioral Health Services

Supportive Services through Academic Universities

- The ADAMHS Board is interested in funding a provider to implement training of physicians as career child and adolescent psychiatrists and psychologists. The goal is to prepare individuals to work with individuals with mental health disabilities and substance use disorders, as well as train, hire, and retain physicians in our community.
- The ADAMHS Board is interested in funding a provider to implement disability services to students in academic settings. The goal is to provide a supported education program to those with mental health disabilities.

Youth Continuum of Crisis Services

The ADAMHS Board is interested in funding a provider to implement a continuum of youth crisis services to include phone number, triage and screening, mobile response, and linkage to services. This program is a collaboration between the Prevention and Treatment and Supportive Services teams. Crisis Services connect prevention and treatment; starting with screening and triage and linkage to treatment and supportive services as needed. The program should include the following components:

- Phone number that will connect with a licensed clinician to complete triage and screening (SBIRT training required) with standardized process on how to link youth with behavioral or substance use concerns to services in the community.
- If de-escalation is helpful and hospitalization is not needed, the youth will be linked to a clinician for a follow up appointment within 24 hours. This linkage could be internal while waiting for linkage to another facility or if the youth choose to stay with the funded provider.
- Develop a plan to implement mobile crisis response by the end of SFY 2023.

Considerations for Funding

Please note that applications time stamped after 5 pm on March 18th 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, ability to meet productivity, 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. In the field
of prevention, using frameworks such as the social-ecological model, THRIVE model, and the 7 strategies for community change programming will address the social determinants of health.

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. Prevention 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. The Center for Disease Control and Prevention also provides information on health equity within specific domains of prevention.

**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.
- DUNS 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.