

INNOVATIONS RFP

Answers to Questions Posed during Bidders Conference of 8/26/22 and Submitted in Writing to MCOA up through 8/30/2022.

Date: August 31, 2022

Q1: Will Community Behavioral Health Centers (CBHCs) be given preference for this grant?

- Answer: *No one entity or type of entity will be given preference. What will be reviewed in the responses to the RFP are how entities plan to connect with the CBHCs to integrate them as an integral part of the older adult behavioral health network.*

Q2: CBHCs are not up and running until 1/1/23, correct?

- Answer: *Correct, it is our understanding the CBHCs will not be operational until January of 2023.*

Q3: Is there going to be annual funding through FY24?

- Answer: *In their responses, entities may want to touch on the potential sustainability of their pilot projects in the absence of the pilot project funding continuing. While there is no certainty with the pilot project funding after FY23, we may advocate for the Legislature to continue to fund specific pilot projects that were found to be impactful.*

Q4: Are you able to suggest collaborators, for instance peer support specialists who can assist people with hoarding disorders?

- Answer: *We have contacts who may be able to assist you with that, Cassie Cramer from the Mass Association for Mental Health (MAMH), cassiecramer@mamh.org, and Rob Walker from the Department of Mental Health (DMH), robert.walker@mass.gov. Additionally, we can connect you with other EMHOTS who may also be able to provide you with further resources and ideas.*

Q5: Do you have a broad definition of what falls under behavioral health? We are considering an elder abuse intervention, and are these state or federal funds?

- *Answer: We do not have a broad definition of what falls under behavioral health but encourage potential applicants to consider, as outlined in the RFP, that innovations may encompass early intervention, treatment, and/or continuing care. Innovations may also address a variety of conditions, including but not limited to: mental health conditions, substance use disorder, and social isolation and loneliness. Innovations may also aim to build or strengthen pathways between home and community-based settings and the behavioral health care system. The funds are State Funds.*

Q6: Can you give us a sense of the scale (in terms of # of clients served) that the reviewers seek.

- *Answer: We do not set an amount or number of clients that should be served because each proposed innovation will be different. We will require reporting from the grant awardees, including the number of older adults served.*

Q7. Need a DSM-VI diagnosis or pending diagnosis, correct?

- *Answer: No, a diagnosis or pending diagnosis is not required, as doing so might limit referrals as well as impede early intervention actions and activities.*

Q8. Is the minimum age 60? Could this # include existing outpatient clients and those who are being served through DMH or DDS contracts

- *Answer: The individuals who are to be served are those older adults age 60 and up; and yes this could include existing outpatient clients age 60 and older who are receiving some residential and community support services from DMH and DDS, but may be better served through a proposed innovation.*

Q9. Did you say 30% Indirect? is there a matching requirement?

- *Answer: No, the RFP states that the allowable fringe must not exceed 30%, and there is no matching requirement, but we do encourage all applicants to include any in-kind or other funding sources in your proposed budgets. Indirect Costs (Rent Utilities, etc.) are capped at 2% of the contract value.*

Q10. Regarding the CBHCs there is only one listed for the city of Boston, are there recommendations on partnership in order to connect elders to mental health services when there are so few providers?

- *Answer: In thinking of innovation it is not just limited to the list of CBHCs, entities should be looking at other potential resources with which to collaborate, to leverage those resources to provide services in an innovative way, for example using an LICSW or LMHC to provide oversight of SW or MSW students that could deliver basic behavioral health services to older adults.*

Q11: Who is the target population. Is there any focus on addressing the disparities that the Black population faced?

- *Answer: The target population is older adults age 60 and up. The EMHOT RFP, which has also been issued, does specifically seek to increase the aging network's ability to provide behavioral health support in underserved communities including racially and ethnically diverse older adults and communities of color.*

Q12. Would you consider a focus on social determinants of mental health versus current treatment models to be an innovation worth looking into as an in early intervention.

- *Answer: Possibly, as innovation is what these projects are about.*

Q13 Would training collaborations between organizations (CBHCs, ASAPs, COAs) be considered for the RFP?

- *Answer: Yes, they would be especially if they are part of the building of the bridges between those entities to provide behavioral health services to older adults.*

Q14. Workforce: Will Community Health Workers in this context have credential requirements? Can we train a corps of workers (including senior workers, and volunteers), then deploy in the region we're proposing to serve? Would it be good scope for this work to build a regional service delivery model with CHWs and qualified volunteers for early and evidence-based interventions?

- *Answer: Yes, a proposal to build a regional service delivery model of behavioral health services using Community Health Workers, volunteers and peer supports would for the scope of this RFP.*