

Elder Mental Health Outreach Teams (EMHOT) 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: Can the proposed program be specific to an issue such as hoarding or housing which may not be specifically addressed by another EMHOT/EMOT program in the area or is there only one EMHOT program per geographical area.

- *Answer: The bidder would need to specifically identify and focus on what the unmet need/community is that is not being served by the existing EMHOT/EMOT and how their proposed program would impact that underserved community.*

Q2: What is the thought behind the 8-month performance period? Is that the amount of time you think it will take to build the program and then the contract will support the program?

- *Answer: The 8-month performance period reflects the contractual period of November 1, 2022 through June 30, 2023: funding starts November 1st and follows the State Fiscal year (ending June 30, 2023). We expect grant awardees to launch and implement their proposed programs on November 1, 2022.*

Q3: Regarding the section that states "Identify at least 5 behavioral health providers that have agreed to see consumers our team will refer to them", do these providers have to be a behavioral health provider or can a PCP who is also able to provide mental health care be considered?

- *Answer: Absolutely primary care providers (PCPs) can be providers; in addition, the provider who prescribes medication does not have to be a psychiatrist, this provider can be a PCP as well.*

Q4: How many new projects/agencies do you anticipate funding?

- *Answer: There is no set number of programs to be funded, it will depend on the actual proposals that are received; there will be some fluidity as there is a second RFP which is tied to the same funding line item for the development of Innovative Behavioral Health services for older adults.*

Q5: Is there only one EMHOT program per geographical area? We are in East Boston.

- *Answer: We look for EMHOTs/EMOTs to cover a regional area, however there may be more than one EMHOT in a region if that region is more densely populated and/or diverse. Bidders must be able to demonstrate that there is an unmet need in that region.*

Q6: Are there communities successful in these projects doing it without the partnership of their ASAP? Are there COAs partnering with each other without their ASAP?

- *Answer: The existing EMHOTs/EMOTs do partner with their ASAPs in some way; while each is different, it may be helpful for you to contact an existing EMHOT/EMOT to talk with them about how they partner with their ASAPs.*

Q7: What are the expectations around partnering with CBHCs?

- *Answer: There are no expectations for partnering with Community Behavioral Health Centers (CBHCs) for this grant, however CBHC providers may be used to satisfy the Narrative Application requirement iv. Please note that CBHC collaboration does apply for the other grant opportunity RFP that we have for 'Older Adult Behavioral Health Innovation'. We will be posting a list of the CBHCs along with their geographic location, and contact information, so prospective grantees can connect with them.*

Q8: What is the likelihood that funding for this will continue beyond June 30?

- *Answer: While level state funding is not guaranteed, we feel strongly that the EMHOT Budget Line item 9110-1640 would be level funded for FY24 meaning that grantee's awarded funds in FY23 would be provided contracts in FY24, provided the Legislature approves level funding. We note there was tremendous support this year for this line item and the legislature approved a \$1.3 million dollar increase in this line item this year.*

Q9: Is there a way to watch a recording of this meeting or just check for the FAQ

- Answer: Yes, this meeting is being recorded and will be posted on our [website](#).

Q10: I'm at a COA that is not in a region with an EMHOT. Can you explain the difference between the two RFPs?

- Answer: *This RFP is for the creation or expansion of an Elder Mental Health Outreach Team (EMHOT/EMOT). The other RFP is for the exploration and testing of innovations to deliver behavioral health services and supports to older adults in home and community-based settings. Innovations may also aim to build or strengthen pathways between home and community-based settings and the behavioral health care system, including the recently designated Community Behavioral Health Centers (CBHCs) which are expected to begin operations in January 2023.*

Q11: Can you submit an RFP for both that are posted, the innovation and the expansion?

- Answer: *Yes interested parties can submit proposals to both grant opportunities.*

Q12: Do both RFPs require a FTE with LICSW?

- Answer: *The EMHOT RFP does not require a FTE with an LICSW, but does require that the EMHOT programs either have an LMHC or LICSW, OR contract with an LICSW or LMHC for oversight of LCSWs and MSWs.*

The Behavioral Health Innovations RFP does not specifically state this as a requirement, as it would depend on the proposal submitted (in terms of what service the proposal intends to provide.)

Q13: So a licensed social worker, LCSW, would not qualify? I supervise Master level students and staff; however I have a LCSW. Would my organization no longer qualify?

- Answer: *EMHOT programs either have to have an LMHC or LICSW, OR they contract with an LICSW or LMHC for oversight of LCSWs and MSWs.*