

FAQ's #MHA FY20-21-ECMH-Early Intervention-06
RFP FY20-21 Early Childhood Mental Health and Early Intervention Capacity Expansion

Q1. We are opening a child care site that will provide drop in child care to children of those seeking addiction services as we have found that addiction services appointments are often missed due to a lack of childcare and it is not appropriate for children over the age of 1 to attend counseling sessions with their parents. Funding for mental health assistance for these targeted children, who are showing up with their addicted parents would be incredibly helpful.

A1: Yes, this would meet the intent of the grant funds under C.3. We encourage collaboration with your area ADAMH Board or local behavioral health provider to co-submit an application under section C.3 of the RFP. The ECMH consultation service is an indirect service working primarily with the staff of licensed child care centers. It does have an earned or working towards ECMH Consultation credential and clinical supervision requirements. Follow this OhioMHAS link to all current ECMH providers by county : <https://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health/Whole-Child-Matters-Map>

Q2. Can you please clarify whether an organization can submit more than one proposal? For example, may an organization submit one application in response to C.1 and another in response to C.2 or C.3? If so, does the \$400,000 cap apply to each application?

A2: Organizations may submit more than one proposal. Proposals may address C.1 maximum funding available statewide is \$400,000 (per year); or address multiple areas (C.2 and/or C.3) maximum funding total statewide is \$850,000. The ECMH/EI \$400,000 cap applies only to the C.1 ECMH/EI target area.

Q3. What is the maximum funding request for an entity wishing to apply only for opportunity C.2. OR C.3?

A3: The maximum amount of funding available statewide for C.2 and C.3 is \$850,000 per year. While there is no cap nor minimum per application, the Department will seek to fund proposals that will maximize coverage throughout the state in areas with high or unmet needs for ECMH consultation service. The Department reserves the right to fund applications in full or in part.

Q4. Just seeking clarification on a previous answer. If applying for two target areas (C1 and C2), can these be submitted in one proposal?

A4: Yes, one proposal addressing both or any combination of target areas is acceptable.

Q5. I have a question about the additional ECMH opportunities—is the intent to award these to existing collaboratives? Or can individual county boards apply to enhance existing services as appropriate and needed?

A5: It is the intent of these funds to provide ECMH capacity in under-resourced areas of the state. However, all applications submitted be reviewed for merit, target priorities or areas and needed collaborations.

Q6. Can we write a proposal for a combined expansion of services in all C1,C2 and C3.

A6: Proposals may be submitted for combined or single target areas. Funding requests should align with the dollars available and clearly address which priority area.

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Q7. In regard to the ECMH - EI Team RFP; can the consultant be near completion of the EMCH credential? In other words, can an applicant be pushed through by OCCRRA if they are close to getting their credential?

A7: The RFP goals stated that candidates for the EI/ECMH expansion be fully credentialed. Applications should clearly address the level of ECMH credential completion for any proposed EI services and any training, work experience, licenses, plans and/or timeframes needed for full credentialing.

Q8. In regard to the Expansion RFP; with a limited continuum of mental health treatment for children ages 0-6 in under-served areas, is it possible to include CPP (Child Parent Psychotherapy) and/or Triple P Primary training in an effort to prepare consultants for this continuum of care?

A8: The distinction between ECMH consultation as an indirect service and early childhood mental health treatment remains separate. Triple P level 1 is acknowledged as an ECMH consultation opportunity for parent and community engagement. CPP is a psychotherapy treatment modality. ECMH consultants trained in treatment modalities will require supervision that assures all service models are implemented to model fidelity.

Q9. If we are applying for more than one area, do we need separate proposal and budgets, or can we write one proposal and budget with clear distinction between target areas?

A9: Yes, one proposal is acceptable. See answers for Q4; and Q6.

Q10. I'd like to clarify item F on page 7 (in quotes below) and make sure that I understand the funding correctly. Am I correct to understand that the total funding available associated with this grant is \$1.2M for up to 2 years, of which \$850,000 is available for expansion into pediatric and/or under resourced communities? I wanted to be sure those numbers represented the total amount available to be divided by the prospective grantees and not the total potential award per grantee.

A10: The amount of funding per year of \$1.2M will be divided among the successful awardees. \$1.2M is also available for renewal for the individual grants for an additional (second) year with satisfactory grant performance. \$850,000 per year of the \$1.2M is designated for target Areas C.2 and/or C.3 which will be divided among the successful proposals.

Q11. Is there any type of map showing the targeted expansion areas for under resourced communities?

A11: Page 3, footnote #3 of the RFP lists the following resource link:

<https://www.countyhealthrankings.org/app/ohio/2019/measure/factors/62/data>

Please also refer to the OhioMHAS website for the current ECMH provider coverage map

<https://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health/Whole-Child-Matters-Map>

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Q12. Is It a conflict of interest to get letters of support from county EI agencies?

A12: The RFP encourages letters of support from any local level partners, including providers or boards of DD; ADAMH; Health and/or Job and Family Services.

Q13. Can you clarify-- the proposals are to be emailed with all documentation?

A.13: Yes, emailed. These proposals are not being submitted through the GFMS until they have been determined as the winning awards.

Q14. We already have the Assurances signed in GFMS for other OMHAS grants. Would we need to scan in hard-copy signed pages of the 25- page Assurances and attach them to the email (or just simply the page with signature - page 17)?

Q14: The RFP asks applicants to read and know that they can comply. It is expected that the full assurances are read, signed and attached.

Q15. Is that a requirement of this grant? Alternatively (or in addition to) are we to submit the Grants Signature Sheet (also already in our current OMHAS GFMS applications) with our application?

A15: The GFMS grants signature page is not a requirement of the RFP email submission. Once a proposal has been reviewed and deemed awarded; grantees will enter the funding application into the GFMS. The Grants Signature Page and all other system requirements will be addressed during that final submission process.

Q16: If we are to submit proposals via email, are multiple emails allowed if attachment limits are met?

A16: As necessary, yes. Be certain all emails are sent prior to the submission deadline. However, PDF's submit using less space and are often used for larger attachments (ie...assurances and letters of support).

Q17. Would you specify the source of funding for this RFP?

A17: The \$1.2M dollars are from both GRF and Casino funding. More specifically the target C.1 for ECMH/EI are sourced from both GRF and Casino dollars. The \$850,000 for targets C.2 and C.3 ECMH expansion are Casino funds.

Q.18 RE: ECMH-EI Capacity Expansion - 1. Are any parts of Cuyahoga County and/or contiguous counties, such as Lorain, Summit, Portage, Geauga or Lake, considered underserved or under-resourced and, therefore, eligible for funding?

A18: The ECMH/EI target C.1 is a new project area. All regions of the state are considered under-resourced for ECMH on EI teams. Yes, Cuyahoga County and/or contiguous counties, such as Lorain, Summit, Portage, Geauga or Lake are eligible for funding.

Q.19 Can you further define “provisionally working toward earning the OHIO ECMH Consultant credential?” Under what circumstances is approval granted?

A: 19 Target C.1 ECMH/EI - The requirements for ECMH Consultation Credential can be found on the Ohio Professional Registry website <https://occrpa.org/wp-content/occrpa/opr/opr-ecmh-credential-guidance-07-2016.pdf> Staff working “provisionally” toward their ECMH credential will have all or most of their requisite training in the Ohio ECMH model and other core competencies completed, employed in a funded or partner ECMH agency program and are working under supervision to acquire the 2 years of ECMH work experience.

Also see answer A7: The RFP goals stated that candidates for the EI/ECMH expansion be fully credentialed. Applications should clearly address the level of ECMH credential completion for any proposed EI services and any training, work experience, licenses, plans and/or timeframes needed for full credentialing.

Close of Question Period.