

**MCOA's Bidders' Conference of February 22, 2018 for the
Elder Mental Health Outreach Team RFP**

Key Questions and Answers

1. Can you provide a budget format for us to use?

Yes, a sample budget form has been developed and posted to the MCOA website for your use (optional).

2. What is the most prevalent diagnosis seen by EMHOT clinicians?

The majority of the clients we have served to date struggled with some form of depression as well as anxiety disorder. Approximately 80 percent of clients thus far have been diagnosed as depressed either by self-report or by a practitioner. The other major mental health diagnosis that we see in the older adults that we serve is bi-polar, although it is not as frequent as anxiety and depression.

3. What types of interns have been working within EMHOT programs to date?

We have worked with interns majoring in multiple fields. The majority of our interns have been masters in social work (MSW) students for the main reason that they are all training to be clinicians and are looking to receive experience in working with older adults with mental health issues. Along the same lines, we currently have an intern working towards her degree as a mental health counselor (LMHC). She has been a fantastic asset to the team because her schooling focuses strictly on the counseling aspect. In addition, we also work with bachelor of social work (BSW) interns. The BSW interns are beneficial to the EMHOT program because they are learning a lot about case management and eager to help with a lot of the financial assistance applications (i.e., Mass Health, SNAP, housing, etc.) that are so important for the clients. This in turn makes the clinicians more readily available to handle the crisis driven cases.

4. Are specific assessment tools required of EMHOT programs?

While the majority of clients in the EMHOT program usually came to us with a diagnosis already in place or were in the process of being diagnosed (as the referral was coming from either the hospital or PCP), there have been cases where there

was no diagnosis in place yet. The EMHOT clinician conducts a brief assessment on each client for their safety and before calling in a psychotherapist for longer term care. It goes without saying that suicide screenings are one assessment tool that we use all the time with EMHOT clients. In addition, staff uses the geriatric depression scale, the anxiety scale, and the alcohol use disorders identification test (AUDIT), along with other assessment tools, as needed.