To: Interested Parties / Potential Bidders
Fr: Mary Kay Browne, Director of Special Projects
Date: February 8, 2018
Re: Request for Proposal to Establish 2 New Elder Mental Health Outreach Teams

MCOA is committed to advancing the health and well-being of older adults through offering access to timely flexible mental health services. The regional Elder Mental Health Outreach Teams (EMHOT) assess older adults for mental illnesses, provide direct counseling to some individuals, facilitate connections to primary care providers and essential social services, and lend support to other municipal staff so they can improve their Interactions with individuals in the community.

This opportunity is open to Aging Services Access Points, non-profit human services providers, mental health providers, and Councils on Aging who are members of MCOA.

Time is of the essence. MCOA staff is working closely with the MA Executive Office of Elder Affairs to expeditiously select contractors to start new Elder Mental Health Outreach Projects by April 1 for the final fourth quarter of FY'18. MCOA has expedited its RFP process and shall swiftly execute contracts with selected bidders. **The challenge for selected bidders will be the requirement of being able to ramp up and start delivering services by April 1, 2018. See the full RFP schedule, below.**

Program Description for the Elder Mental Health Outreach Teams (EMHOT)

We seek to fund entities that can hire a mental health clinician to serve older adult residents; the proposed service area should have at least 8,000 or more adults aged 60

and older. Our main goal is **to improve access to timely assessment and stabilization services**. We seek entities capable of providing mental health counseling to older adults in a timely, flexible, consumer-focused manner. For example, the clinician must be capable of meeting a consumer in the discharge department of a geriatric psychiatric hospital or in their home if the consumer cannot leave home due to a physical or mental health issue. The Elder Mental health Outreach Clinician is to work to initiate services and stabilize clients, and then link clients with other mental health clinicians as soon as possible if they need a longer therapeutic relationship.

EMHOT Services include the following:

a) Counseling by EMHOT staff (may include safety planning)
b) Resource management (getting food, furniture, medications, etc.)
c) Arranging transportation
d) Convening support groups
e) Wellness checks
f) Financial supports
g) Family support/collaboration
h) Provider collaboration
i) Case management/care coordination
j) Discharge planning
k) Referrals

Service History for EMHOTs

To date, 3 regional EMHOT projects have been in operation since April 1, 2016. The lead agencies are:

1. **The Lower Merrimack Valley Area** led by the Amesbury COA and joined by community teams from Newbury, Newburyport, Merrimac, Groveland and Salisbury, plus Pettengill House.
2. **The Greater New Bedford Region** led by the New Bedford Council on Aging, in partnership with the Community Services Department of New Bedford, and joined by community teams in Acushnet, Dartmouth and Fairhaven, plus Coastline Elderly Services, SE Mass Legal Services, the Department of Mental Health, the local interfaith coalition, and others.

3. **The Blackstone Valley Region** led by the Bellingham COA and joined by community teams from Blackstone, Franklin, Medway, Mendon and Milford.

The lead clinician is the project leader responsible for the following:

- Meeting with and or linking program staff with older adults who are experiencing emotional/mental health challenges, either in their homes if necessary or in a community setting.
- Conducting in-depth mental health assessments on an as needed basis for high risk individuals.
- Linking consumers with other mental health therapists as soon as possible after intake.
- Collaborating with representatives from local Police, Fire, protective services of the local ASAP, the councils on aging, housing service coordinators and others to assess and provide assistance to elders in need/distress in a timely manner.
- Consulting with COA staff and referral agents/community representatives to develop responses to urgent situations in their communities.
- Identifying barriers consumers face in accessing mental health services in the region and then working with local and regional social service stakeholders to redress these barriers. Redress could take many forms, such as transit subsidies to ensure travel to appointments, speedier visits by protective services staffs, etc.

Unique features of the Elder Mental Health Outreach Team

- The service is free – Many seniors cannot afford their existing services; if they are unsure of the value of therapy then they will not pay for it. If you can prove it will help, then they will make the decision. EMHOT allows for brief interventions which may not meet "insurance" guidelines for treatment in traditional fee for service systems.
- Flexible – EMHOT treatment can be scheduled as much as possible around the senior's time preference and can occur at home, office, or alternate location. This allows for convenience, privacy, and consistent participation.
- Availability – EMHOT can meet with treatment teams at hospitals/rehabs, can see the senior as needed (vs. as insurance allows).
- Redefines "treatment" – In addition to the conventional forms of counseling, treatment may also, as needs arise, mean picking up medications at the pharmacy, bringing

shoes to a rehab to help a consumer go home, arranging for transportation to appointments, sending reminder texts, accompanying someone to their "first" appointment, etc., paying to re-stock a refrigerator for someone who is discharged home from an inpatient treatment setting, and many other types of help that is not reimbursable under the traditional fee for service system.

Allowable Costs under the Project

Project funding will fund the salary and transportation costs of a mental health clinician as well as per diem or part-time work by additional clinicians and/or MSW interns. In addition, the project proposal may allocate some funding to address emergent needs of an older adult; for example, adults who need to transition home from a health care facility, or to secure medications or food on an emergency basis, or to relocate to a new housing location, or other types of urgent matters that can influence their health and well-being.

Program Metrics for the Elder Mental Health Outreach Teams

2) General Information
    a) Age
    b) Gender
    c) Marital Status
    d) Housing Arrangement
        i) Lives alone
        ii) Lives with someone
        iii) Homeless

    These metrics are designed to measure basic demographics.

3) Insurance Status
    a) Medicaid
    b) Medicare
    c) Medicare/Medicaid
    d) Commercial insurance
    e) Medicare/Commercial
    f) Uninsured

These metrics are designed to help identify discrepancies between groups in accessing care as well as which segment of the population EMHOTs may need to focus their efforts on. This can also be helpful when pitching the program to insurers.

4) EMHOT Referral From:
   a) Individual/family
   b) Provider
   c) Town department

   This metric is designed to help identify the percentage of self-referrals within the population and the likely value of public awareness/publicity/education/outreach in reaching seniors.

5) EMHOT First Meeting with Individual Occurred at Location:
   a) Client's home,
   b) COA,
   c) EMHOT Office,
   d) Medical Setting -ER, Inpatient setting, PCP, Rehab, Therapist office
   e) Home of family/friend,
   f) Other

   This metric is designed to help identify the breadth of our outreach and flexibility in service provision by community staff.

6) Diagnosis:
   a) DSM-5 Diagnosis F code
   b) DSM-5 Diagnosis F code
   c) DSM-5 Diagnosis F code
   d) Other: relevant Comorbidities

   Given the frequency of co-occurring disorders we are suggesting prioritizing those disorders which are having the most impact on the client at this time and/or which we are specifically addressing. We do envision working on more than 3 diagnoses.

This metric is designed to help identify the wide variety of problems the EMHOTs are addressing and help pull out if certain "groups" are having more difficulty accessing treatment.

7) Complications/Risks arising from mental health problems
   a) Real and present danger of losing housing within 90 days
   b) Financial issues
   c) Legal issues
   d) Poor health/function
   e) Loss of valued relationships
   f) Suicidality
   g) Social Isolation/Loneliness
   h) Other

   This metric is designed to identify the complications which most often arise from unmet mental health needs.

8) EMHOT Services
   a) Counseling by EMHOT staff (may include safety planning)
   b) Resource management (getting food, furniture, medications, etc.)
   c) Transportation
   d) Wellness checks
   e) Crisis contacts (may include safety planning)
   f) Financial supports (organizing bills, referring to SHINE, Protective, SNAP application, etc.)
   g) Family support/collaboration
   h) Provider collaboration
   i) Case management/care coordination
   j) Discharge planning
   k) Referrals

   This metric is designed to show what services were required to stabilize the problem, decrease symptoms, and improve function. Those services we provide most often will help identify needs not being addressed within the current system of care.

9) Referrals made : YES /NO If yes, type of referral:
   a) Ongoing mental health
   b) Medical
   c) Housing
   d) Legal
   e) Protective
   f) Financial (entitlements, resources like food pantries/churches, etc.)
   g) Senior Center
   h) Other

   This metric is designed to identify the type of and frequency with which we access services within our communities.

10) EMHOT Treatment Phases:
   a) Engagement Phase – intake/crisis consultation/motivating client to consider options
   b) Active Phase – goal oriented work
   c) Stabilization Phase – monitoring effect of plan in place
   d) Discharge Phase – planning discharge/discharge meeting

   This metric is designed to identify both the numbers of people we have in each phase and how long these phases last on average.

11) Outcomes:
   a) Threat of housing loss averted / or eviction not averted
   b) Symptoms decreased in intensity/frequency (By clinical observation/formal assessment)
   c) Function improved (By observation/WHODAS2 assessment)
   d) Medication compliance / or non-compliant with medication
   e) Stable for 3 months by report of client and/or providers with no inpatient hospital stays / not stable for 3 months
   f) Safety in community established (e.g. found housing/placement, electricity/water restored, bills managed, and supports in place)
   g) Crisis averted/managed
   h) Social isolation reduced
   i) Other

   This metric is designed to measure the benefits of the programs.

12) Staff time:
    a) Active cases this month (total number per team)
    b) Cases waiting to be seen (triaged but no open slots)
    c) Duration of care (total number of cases opened and total number closed
        i) Opened
        ii) Closed
    d) Intensity of care: (units equal 15 minutes)
        i) Units provided per month
        This metric is designed to measure how much time is used/needed.

Key features of this RFP include:

1. Preference may be given to such factors as number of elders residing in proposed service area, the type of referral relationships the bidder has with additional mental health clinicians for long term treatment, whether or not interns will be employed in the program to expand service capacity, the plan for service limited English proficient adults, and a bidder's past performance.
2. The maximum annualized budget request of MCOA for each EMHOT program cannot exceed $100,000 ($25,000 for the first quarter of service).
3. Preferred bidders are encouraged to augment the award from MCOA with local cash, staff and/or interns, and in-kind resources.
4. The initial period of performance will start April 1 2018 and end June 30, 2018. MCOA intends to fund these projects throughout fiscal year 2019 too; however, that extension is contingent upon MCOA's receipt of sufficient funding from the MA Department of Mental Health and/or the MA Executive Office of Elder Affairs.
5. Annual funding will be capped at $100,000. Final contract amounts and duration will be contingent upon the availability of funding from the MA Department of Mental Health and Elder Affairs.
6. MCOA will issue "Cost Reimbursement" contracts only.

RFP Schedule and Application

To be considered for funding, all bidders must complete a responsive proposal and submit it timely to MCOA in accordance with the instructions provided below.

RFP Schedule

1. RFP release on February 8, 2018
2. A bidders' conference call *(attendance optional)* will be held on February 22 at 10 AM. You must register to receive the call in number and pass code. To register, go to www.mcoaonline.com , Grants, Bid Opportunities.
3. Bidders are encouraged to complete the *Intent to Bid* Form by February 28, 2018. The form is located on the MCOA website, via: https://mcoaonline.com/grants/bid-opportunities/emhot-intent-bid-form/.
4. Complete applications must be submitted to *MCOA (by uploading the narrative, budget, resume (if applicable) and letters of support)* no later than 6 PM on March 8, 2018.
5. Negotiations will be completed and awards issued by MCOA by Friday March 16, 2018.
6. Contracts must be signed and returned to MCOA by March 26, 2018.
7. The initial project period will begin promptly on April 1, 2018 and shall continue through June 30, 2018. Clinicians must be ready to respond to referrals for services no later than April 1, 2018.
8. We anticipate a contract extension will be executed, contingent upon available funding, for the period of state FY 2019, starting on July 1, 2018 and ending on June 30, 2019.

Application Instructions

1. **We request all interested bidders complete an *Intent to Bid Form* (non-binding) which is on the MCOA Web Site.** The *Intent to Bid Form* asks for agency name, address, phone, and the name of the agency's primary contact person (typically the director), and the primary contact person's email address.

2. Prepare the application using these **format and submission instructions**:

    - Use 12-font and 8"x11" paper size only.

- Name the document as follows: **FY18 EMHOT Application from *Name of Agency.***
- **Upload your application and all required attachments on the MCOA application website, under the "Grants" section/Bid Opportunities**. In addition, to ensure your uploading was successful, please email your Proposal Narrative *only* to Shari Cox, MCOA Fiscal Manager, at Shari@mcoaonline.com.

4. During MCOA's application review period, please reply promptly should we contact you (the primary contact) with any questions via email or telephone.

5. MCOA will notify the primary contact of the outcome via email.

6. A formal contract will be emailed to the primary contact identified in your application.

7. The contract must be signed and returned promptly to MCOA, prior to incurring any program costs.

8. If you have questions on the application requirements or permissible use of funding, attend the Bidders Conference. For questions of a technical nature regarding uploading letters of intent or registering for the bidder's conference, please contact Lynn Wolf at Lynn@mcoaonline.com or 413-527-6425.

Questions for Bidders

Page Limit: 10 pages (not including certain required attachments)

1. Agency Name and Contact Information.
   a. Provide agency name, street address, (mailing address if different), phone, name of the agency's primary contact person, and the primary contact person's email address and telephone number.

2. Tell us about your proposed service area.
   a. Identify the towns for your proposed service area and the number of older adults age 60 residing in the proposed service area. (Must exceed 8,000 elders)

- Gather a letter of support from all the COAs and the Adult Protective Services Agency in your proposed service area. *(letters are not counted toward page limit)* The letters should describe the arrangements you have each local Council on Aging and Adult Protective Services program, including how they may collaborate with you regarding outreach, client referrals, hosting support groups, providing transportation to services, assisting with economic case work, etc.

3. Provide written assurances that this service will not duplicate the services already provided your agency or by other mental health outpatient providers in your area.

4. What is your plan for expeditiously hiring a mental health clinician to take referrals and commence in person counseling work under this contract?

a. If you already know who you would hire as the lead clinician on the project, please attached a copy of their resume to your application *(not counted in total page count).*
b. Who will back up the lead clinician during vacations, sick leave or emergency absences?
c. In addition, do you have the ability to recruit college interns to augment the service level in your proposed project?
d. In addition to English, what other languages will be the primary languages spoken by older adults in your proposed service area?
e. How do you plan to serve consumers who have limited English proficiency?

5. Identify at least 3 mental health practitioners in your service area that have agreed to see and serve consumers that the EMHOT staff will refer to them.

a. Identify at least one provider who can see clients and prescribe medications, if necessary.
b. Gather letters of agreement from each of these mental health practitioners. Please copy/scan all letters into 1 document and upload with your application. *(This document will not be counted toward page limit)*

6. How many and what kinds of support groups will the clinician facilitate each month and in what locations of the service area? Please use a grid to show the schedule.

7. Prepare an outreach plan for the first 60 days that will shows specifically how you will inform likely referral agents of the service, including but not limited to

- the councils on aging;
- religious leaders;
- police and fire personnel;
- hospital discharge planners;
- people who may gain access to and converse with an older adult (e.g. taxi or van drivers, hair stylists, plumbers, etc.); and,
- the general community of your proposed service area.

8. Prepare 2 project budgets *(not included in page limit)* for this project.

b. One budget for April-June, 2018.
c. One for the July 1, 2018 to June 30, 2019 service year.
d. Allowable costs include salary for at least 1 FTE, fringe benefits, mileage reimbursement, consumer emergencies fund, and rent/utilities/phone (capped at 2% of contract value). Budgets must also show all in-kind support that will be provided by the lead agency, project partners, mental health clinics, and/or social work student interns.
