



To: Interested Parties / Potential Bidders  
Fr: Elizabeth H. Connell, Interim Executive Director, MCOA  
Date: August 12, 2022  
Re: Request for Proposal to Establish New Elder Mental Health Outreach Team (EMHOT) or Elder Mobile Outreach Team (EMOT) Programs

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MCOA continues to be committed to advancing the health and well-being of older adults through offering access to timely flexible behavioral health services. Older adults are the population that is most seriously impacted by the COVID-19 pandemic. Therefore we are pleased to announce funding is available to fund new older adult behavioral health programs to strengthen the capacity of the Elder Mental Health Outreach Team (EMHOT) and Elder Mobile Outreach Team (EMOT) network that exists within the Aging Services Access Points and Councils on Aging. This opportunity is open to member Councils on Aging, Aging Services Access Points, Area Agencies on Aging, other community-based human services organizations, and behavioral health providers. Semi-annual reporting is required of all programs, these reports must be submitted to EOE. The first report covers the reporting period of July 1-December 31 and is due January 31; the second report covers the reporting period of January- June and is due July 31.

<b>Opportunity Description</b>
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**Definition of New Programs:**

MCOA seeks the creation of new programs to strengthen the capacity of the Elder Mental Health Outreach Team (EMHOT) and Elder Mobile Outreach Team (EMOT) network. Specifically, to increase the network’s ability to provide behavioral health support in underserved communities.

Underserved communities may be defined as follows. Applicants must address at least one of these underserved communities in their response:

- Areas not served by an existing EMHOT or EMOT (see Appendix 1)
- Rural areas and/or Gateway Cities
- Racially and ethnically diverse older adults, including communities of color
- Older adults who do not speak English as a first language
- Geographic areas not-yet covered by an EMHOT or EMOT (see Appendix, Table 1)
- Older adults who identify as LGBTQ+
- Older adults living with disabilities (e.g., deaf or hard of hearing, blind or low vision)

Programs may be established by **new organizations** or existing EMHOTs or EMOTs. (Funds may not be used to address existing EMHOT or EMOT program wait lists.) **Program budget requests for the period of performance, November 1, 2022, to June 30, 2023, may not exceed \$88,667.**

This project will fund the salary, fringe and transportation costs of a behavioral health clinician who will work as the project lead and who will be responsible for the following:

- Working directly with older adults experiencing emotional challenges and/or behavioral health conditions, in their homes if necessary, in a community setting, and/or using technology.
- Conducting in-depth behavioral health assessments on an as needed basis for high-risk individuals or connecting these individuals to the appropriate behavioral health care setting for further assessment.
- Assessing older adults' needs for support in the community and referring to service providers to ensure older adults experiencing emotional challenges and behavioral health conditions have their underlying and/or contributory needs addressed.
- Helping older adults accept, seek, and navigate to additional behavioral health care services and treatment (e.g., Cognitive Behavioral Therapy) and acting as the bridge between older adults and the behavioral health care system.
- Connecting older adults to additional programs and services that may be beneficial, such as Senior Care Options (SCO), Program for All-Inclusive Care of the Elderly (PACE), or other services offered by the Department of Mental Health and Department of Public Health.
- Consulting and collaborating with community partners, including but not limited to; Police, Fire, local Aging Services Access Point (ASAP), Council(s) on Aging, housing service coordinators and others; to refer, assess and provide assistance to older adults in need or distress in a timely manner.
- Working with community and health care partners to proactively identify and refer older adults who may be at-risk (e.g., socially isolated).
- Identifying barriers and gaps to accessing behavioral health services and working with community and health care partners to ameliorate those barriers and gaps. Facilitating problem solving with partners to ameliorate challenges such as transit subsidies to ensure travel to appointments or building cultural competency to provide behavioral health equity.

Furthermore, EMHOTs and EMOTs play a unique role as a community-based behavioral health program for older adults. It is expected that applicants looking to create new programs must meet demonstrate these abilities as well. Unique features include:

- Ability to meet, assess and provide behavioral health services to older adults where they are, which helps in part, to address barriers to access.
- Capacity to complete a warm hand-off between older adults and other network service providers when they are in need, including aging services, housing, financial, and physical and behavioral health care supports.
- Allows for brief interventions which may not meet insurance guidelines for treatment in traditional fee for service systems.
- Ability to act as a bridge between older adults and the behavioral health care system. This includes provision of or referral to “wrap around” services and resources, supporting older adults in accepting, seeking, and navigating to behavioral health care services, and helping older adults when discharged from a health care to community setting. For example: picking up medications at the pharmacy, arranging for transportation to appointments, accompanying someone to their "first" appointment, purchasing emergency food or supplies 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.

<b>Bidder Instructions</b>
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MCOA staff are working to select contractors to start new programs on November 1, 2022.

**This timeline was established to allow for bidders to confirm local connections for partnership and referral, and to have sufficient time for program start-up.**

**Completed applications are due to MCOA by 10/4/22** and award notifications will be made by 10/12/22, contracts will be executed expeditiously for the November 1, 2022, start date.

Key features of this RFP:

1. The Review Committee will consider such factors as:
  - a. The bidder’s capacity to provide behavioral health equity and meet the behavioral health needs of the proposed underserved communities.

- b. The bidder's ability to adequately describe the behavioral health needs in the proposed underserved communities and demonstrated familiarity with said communities.
  - c. The bidder's referral relationships for both incoming and outgoing referrals. This includes demonstrated relationships with community partners (e.g., Police, Fire, aging services organizations) and behavioral health care providers.
  - d. The bidder's ability to provide services in various modalities to increase access and meet consumers where they are. This may include in-person and/or technologically enabled visits.
  - e. The bidder's ability to expeditiously recruit, secure, and leverage staff, including interns and other in-kind resources, to expand program capacity.
  - f. The bidder's ability to execute their proposal, which may include a bidder's past performance and evaluation of the bidder's ability to meet stated objectives, milestones, and resourcing plan.
2. MCOA reserves the right to:
    - a. Recommend adjustments to bidders' budgets based on proposed scope and plan.
    - b. To choose any number of awardees, contingent upon availability of funding from the Massachusetts Executive Office of Elder Affairs, including the decision to select no awardees if proposals do not meet criteria.
  3. Bidders are strongly encouraged to augment the award from MCOA with local cash, staff and/or interns, and in-kind resources.
  4. MCOA intends to fund these projects throughout State Fiscal Year 2024, however, that extension is contingent upon MCOA's receipt of sufficient funding from the Massachusetts Executive Office of Elder Affairs in FY2024.
  5. Final contract amounts and duration will be contingent upon the availability of funding from the Massachusetts Executive Office of Elder Affairs.
  6. MCOA issues "Cost Reimbursement" contracts only.

### **Application and Award Process**

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

## **RFP Schedule and Instructions**

1. RFP released on August 12, 2021.
2. A bidders' conference meeting will be held on Friday, August 26, 2021, from 1:00-3:00 pm. You must register to receive the zoom meeting link and call-in number and pass code; to register, go to <https://fs16.formsite.com/mcoa/x9mjinc0te/index.html>
3. Questions submitted in writing and posed during bidders' conference meeting, along with the answers, will be posted, within 5 days of the bidders conference meeting on the MCOA Website, to review go to <https://mcoaonline.com/grants/bid-opportunities/>
4. Bidders must complete the **Intent to Bid** Form by September 6, 2022. The form is located at: <https://fs16.formsite.com/mcoa/uexq4yysth/index.html>
5. Complete applications must be submitted to MCOA no later than 4 PM on October 4, 2022. (Upload applications here: <https://fs16.formsite.com/mcoa/fal1ybvcfg/index.html>)
6. The RFP Selection Committee will review all applications submitted by the deadline.
7. Award notification to successful bidders shall occur by October 14, 2022.
8. Contracts must be signed and returned to MCOA by October 31, 2022.
9. The initial project period will begin promptly on November 1, 2022, and shall continue through June 30, 2023. Clinicians must be ready to respond to referrals for services as soon as November 1, 2022, and no later than November 15, 2022.
10. We anticipate a contract extension will be executed, contingent upon available funding, for the period of state FY 2024, starting on July 1, 2023, and ending on June 30, 2024.

## **Application Instructions for MCOA Direct Grant Funding Opportunities**

We require all interested bidders complete the **Intent to Bid** form (**non-binding**) which can be accessed here: <https://fs16.formsite.com/mcoa/uexq4yysth/index.html>

1. 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 8"x11" paper size only.
  - Save the document as follows: FY23 EMHOT Narrative Application from *Name of Agency*
  - Upload your application and all required attachments here: <https://fs16.formsite.com/mcoa/fal1ybvcfg/index.html>

**In addition**, to ensure your uploading was successful, please email your *Proposal Narrative **only*** to Shari Cox, MCOA Fiscal Manager , at [Shari@mcoaonline.com](mailto:Shari@mcoaonline.com)

- For all applicant agencies that are community-based human services or behavioral health providers, you must also upload a document that describes the partnerships you have or will create with the local Councils on Aging and/or the local Aging Services Access Points in your service area; including how they will collaborate with you regarding program outreach, client referrals, hosting support groups, potential transportation to services, etc.
3. During MCOA's application review period, please reply promptly should we contact you (the primary contact) with any questions via email or telephone.
  4. MCOA will notify the primary contact of the outcome via email.
  5. A formal contract will be emailed to the primary contact identified in the application of the successful bidders.
  6. The contract must be signed and returned promptly to MCOA, prior to incurring any program costs. (MCOA Contracts are Cost Reimbursement only)

**Questions?** If you have questions on the application requirements or permissible use of funding, attend the Bidders Conference on **Friday August 26th**, from 1:00-3:00 pm . 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](mailto:Lynn@mcoaonline.com) or 413-270-5280.

### **Narrative Application Questions**

***Page Limit: 15 pages (not including certain required attachments)***

- i. Tell us about the underserved communities that will be impacted by your proposal.
  - a. What behavioral health needs have you identified that could be addressed by the establishment of a new program? In your response, please include a brief description of the current behavioral health landscape that impacts this population.
  - b. Describe the demographics of said underserved communities. This includes: the towns for your proposed service area, the number of older adults aged 60 and

over residing in the proposed service area, and a quantitative sizing of the underserved population.

- ii. Tell us how your proposed program will impact the underserved communities mentioned above.
  - a. Explain how your proposed service area or community may benefit from this new older adult behavioral health program and the types of services provided by an EMHOT or EMOT.
  - b. Describe your proposed program design and attributes that will allow you to meet the needs of underserved communities in a manner that is accessible, culturally, and linguistically tailored.
  - c. Describe your past experience designing and delivering a similar program. This may include partnership with a community-based organization.
  
- iii. Tell us about your staffing plan to hire and on-board behavioral health resources.
  - a. What is your plan for expeditiously hiring or contracting with a behavioral health clinician to take referrals and commence in person counseling work under this contract for the November 1, 2022, implementation date?
  - b. Do you plan to use or access social work college or graduate interns to augment the service level in your proposed project, if so in what capacity, and what is your recruiting strategy for utilizing interns?
  - c. Who will back up the lead clinician during vacations, sick leave or emergency absences?
  
- iv. Identify at least 5 behavioral health providers in your service area that have agreed to see and serve consumers that your proposed program team will refer to them. Please note that providers may be individual clinicians or groups within the same provider organization.
  - a. Identify at least one provider who can see clients and prescribe medications, if necessary.
  - b. Include letters of agreement from each of these 5 behavioral health providers. Please copy/scan all letters into 1 document and upload with your application. (The Letters of Agreement document will not be counted toward page limit)
  - c. Please describe providers' ability to serve the specific communities you have identified in your proposal.
  
- v. Please provide your plan to provide access to support groups.

- a. How do you plan to provide access to support groups, i.e.; will your clinician facilitate support groups, and/or what existing support groups would you refer clients to? How many and what kinds of support groups do you envision (including virtual support groups as well)?
  - b. In addition, please provide a proposed schedule of support groups in table or excel format.
  
- vi. Please tell us more about your relationship with community partners.
  - a. Prepare an outreach plan for (a) the first 60 days, and (b) the remainder of the contract period. The plan should show specifically how you will inform likely referral agents of the service, and also comment on existing relationships with said agents, including but not limited to:
    - i. The councils on aging in your current or proposed service area
    - ii. Police, fire, and first responders in your current or proposed service area
    - iii. Town/community departments and/or their employees in your current or proposed service area
    - iv. Aging Service Access Points in your current or proposed service area
    - v. Housing service coordinators in your current or proposed service area
    - vi. High risk mobile or hospital teams in your current or proposed service area
    - vii. VNAs in your current or proposed service area
    - viii. LICSWs, therapists, counselors and other behavioral health specialists in your current or proposed service area
    - ix. Geriatric inpatient psych unit(s) in your current or proposed service area
    - x. Older adults and caregivers within your current or proposed service area
  - b. Optional: Include 2-3 letters of support to demonstrate relationship. Please note if you are a community-based human services organization or behavioral health provider, it is required that you submit letters of support from local Aging Services Access Point (ASASP) and Councils on Aging.
  
- vii. If you choose to seek third party reimbursement for certain behavioral health services, please explain how you plan to do so.
  
- viii. Prepare a project budget (not included in page limit) for this project.



- a. For the November 1, 2022, to June 30, 2023, service year.
- b. Allowable costs include salary for at least 1 FTE, fringe benefits, mileage reimbursement, and rent/utilities/phone (capped at 2% of contract value). Allowable fringe must not exceed 30%, and travel reimbursement is at the rate allowed by the Executive Office of Elder Affairs which at this time is .62 per mile. Budgets must also show all in-kind support that will be provided by the lead agency and by behavioral health/social work student interns.

**Appendix 1: Table List of Cities and Towns Currently Served by EMHOT or EMOT**

<b>Program</b>	<b>EMHOT or EMOT</b>	<b>Cities/Towns Served</b>
Amesbury COA	EMHOT	Amesbury, Salisbury, Newburyport, Merrimac, Groveland, West Newbury
Bellingham COA	EMHOT	Bellingham, Blackstone, Franklin, Medway, Mendon, Milford
Bristol Elder Services	EMOT	Attleboro, Dighton, Mansfield, North Attleboro, North Dighton, Norton, Raynham, Taunton
Elder Services of Berkshire County	EMHOT	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor
Elder Services of Worcester Area	EMOT	Auburn, Barre, Gilbertville, Grafton, South Grafton, Holden, Leicester, Millbury, Oakham, Oxford, Rutland, Shrewsbury, West Boylston, Worcester
ETHOS	EMHOT	Mattapan, Roxbury, W. Roxbury, Roslindale, S. Boston, E. Boston, Dorchester, South End, Beacon Hill
Greater Springfield Senior Services	EMOT	Agawam, Brimfield, Chicopee, East Longmeadow, Feeding Hills, Hampden, Holyoke, Longmeadow, Ludlow, Monson, Palmer, South Hadley, Springfield, Thorndike, Ware, West Springfield, Westfield, Wilbraham
LifePath	EMHOT	All of Franklin County and Athol, Petersham, Royalston, Phillipston
Lowell COA	EMHOT	City of Lowell.....
Mystic Valley Elder Services	EMOT	Revere, Chelsea, Winthrop, Malden, Medford, Everett, Reading, North Reading, Melrose, Medford, Stoneham
New Bedford COA	EMHOT	Acushnet, Berkley, Carver, Dartmouth, Fairhaven, Freetown, Marion, Mattapoisett, New Bedford, Rochester, Westport
Somerville Cambridge Elder Services	EMHOT	Somerville, Cambridge

<b>TriValley Elder Services</b>	<b>EMHOT</b>	<b>Brookfield, Charlton, Douglas, Dudley, East Brookfield, Hopedale, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Sutton, Upton, Uxbridge, Warren, Webster, and West Brookfield</b>
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