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2024 JUN -3 P 2:29

CITY OF AMESBURY, MA

CITY OF AMESBURY
IN THE YEAR TWO THOUSAND TWENTY-FOUR

SPONSORED BY: *Kassandra Gove* **BILL No. 2024-078**
Kassandra Gove, Mayor

An Order to authorize the Mayor to accept and expend a grant in the amount of \$298,834.00 from the Massachusetts Executive Office of Elder Affairs to fund the Amesbury Council on Aging's FY25 and FY26 Elder Mental Health Outreach Team (EMHOT).

Summary: An Elder Mental Health Outreach Team (EMHOT) performs assessment and evaluation services, connects older adults with primary care and mental health providers, and delivers brief interventions designed to return elders to their previous state of mental and social health. Funds awarded by this grant will be used to supplement salaries, fringe and transportation costs for Amesbury's behavioral health clinicians and administrators as well as supplement relevant allowable program expenses.

Be it Ordered by the City Council of the City of Amesbury assembled, and by the authority of the same as follows:

That the City of Amesbury authorizes the Mayor to accept and expend a grant in the amount of \$298,834.00 from the Massachusetts Executive Office of Elder Affairs to fund the Amesbury Council on Aging's FY25 and FY26 Elder Mental Health Outreach Team (EMHOT)

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: CITY OF AMESBURY (and d/b/a):		COMMONWEALTH DEPARTMENT NAME: EXECUTIVE OFFICE OF ELDER AFFAIRS MMARS Department Code: ELD	
Legal Address: (W-9, W-4): 62 FRIEND ST AMESBURY, MA 01913		Business Mailing Address: 1 ASHBURTON PL, 3 RD FLOOR, BOSTON, MA 02108	
Contract Manager: DOREEN ARNFIELD	Phone: 978-388-8138	Billing Address (if different):	
E-Mail: ArnfieldD@AmesburyMA.gov	Fax:	Contract Manager: STACEY O'CONNELL	Phone: 617-223-9904
Contractor Vendor Code: VC6000191694		E-Mail: STACEY.OCONNELL@MASS.GOV	Fax:
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): FY25BHOAPAMESBURY000	
		RFR/Procurement or Other ID Number: BD-24-1040-1040C-1040L-97535	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <i>Prior</i> to Amendment: ____, 20__. Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions and Contractor Certifications and the following Commonwealth Terms and Conditions document are incorporated by reference into this Contract and are legally binding: (Check ONE option): <input type="checkbox"/> Commonwealth Terms and Conditions <input checked="" type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00 . <input type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or <i>new</i> total if Contract is being amended). \$ 298,834.00			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days __% PPD; Payment issued within 15 days __% PPD; Payment issued within 20 days __% PPD; Payment issued within 30 days __% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: Behavioral Health Outreach for Aging Populations (BHOAP) provides crucial behavioral health services to community-dwelling of older adults This contract is awarded to the (CITY OF AMESBURY, COUNCIL ON AGING), for the BHOAP services in accordance with BD-24-4040-4040C-4040L-97535 and "Attachment A" (BHOAP) Scope of Work; previously awarded and administrated by the Massachusetts Councils on Aging (MCOA) as an EMHOT agreement.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input checked="" type="checkbox"/> 2. may be incurred as of July 1, 2024 , a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20__, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of June 30, 2026 , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07 , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____, Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____, Date: _____ (Signature and Date Must Be Captured At Time of Signature) Print Name: CHRISTINA MARTINEZ Print Title: DIRECTOR OF CONTRACTS & ACCOUNTING	

PURCHASE OF SERVICE - ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: CITY OF AMESBURY	Department Name: EXECUTIVE OFFICE OF ELDER AFFAIRS
Program Type: OUTREACH	Document ID #: FY25BHOAPAMESBURY000
Program Name: BEHAVIORAL HEALTH OUTREACH	UFR Program #:
Program Address: 62 FRIEND ST	MMARS Activity Code: 8004
City/State/Zip: AMESBURY, MA 01913	Other Reference Information (Information Purposes Only):
Contact Person: DOREEN ARNFIELD	Contact Person: STACEY O'CONNELL
Telephone: 978-388-8138	Telephone: 617-223-9904
RFR INFORMATION: <input type="checkbox"/> Attached <input checked="" type="checkbox"/> RFR Reference # <u>BD-24-1040-1040C-1040L-97535</u> <input type="checkbox"/> legislative exemption <input type="checkbox"/> emergency <input type="checkbox"/> collective purchase <input type="checkbox"/> interim <input type="checkbox"/> amendment	
SCOPE OF SERVICES: <input type="checkbox"/> Bidder's Response Attached <input checked="" type="checkbox"/> Description of Services Attached	
TOTAL ANTICIPATED CONTRACT DURATION: <u>JULY 1, 2024</u> to <u>JUNE 30, 2026</u>	
INITIAL DURATION: <u>JULY 1, 2024</u> to <u>JUNE 30, 2026</u>	
OPTIONS TO RENEW: <u>N/A</u> options to renew for <u>N/A</u> years each option	

FISCAL TERMS

	FUNDING SUMMARY					
	Prior Years		Current Year		Future Years	
	FY	Amount	FY	Amount	FY	Amount
PRICE IS ESTABLISHED THROUGH: (CHECK 1, 2, OR 3)			2025	149,417.00	2026	149,417.00
<input type="checkbox"/> OPTION 1: PRICE AGREEMENT (list price) \$ _____ rate regulation (if any) _____						
<input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" lines only) <input type="checkbox"/> unit rate <input type="checkbox"/> cost reimbursement <input type="checkbox"/> other _____						
<input type="checkbox"/> OPTION 3: COMPLETE BUDGET <input checked="" type="checkbox"/> cost reimbursement <input type="checkbox"/> unit rate <input type="checkbox"/> other _____						
	Total: \$		Total: \$149,417.00		Total: \$149,417.00	
	Multi-Year Total:					\$ 298,834.00
CURRENT MAX OBLIGATION: \$ <u>149,417.00</u> UNIT RATE: \$ _____ per _____ # BILLABLE UNITS: _____						
ADDITIONAL PAYMENT OR PRICE SPECIFICATIONS:						

Updated 11/1/05

Sensitivity level - low

ATTACHMENT A

CITY OF AMESBURY

Behavioral Health Outreach for Aging Populations (BHOAP) Scope of Work

1. INTRODUCTION

The Commonwealth of Massachusetts Executive Office of Elder Affairs (EOEA), established under M.G.L. c. 19A, continues to be committed to advancing the health and well-being of older adults by ensuring that older adults have opportunities to live and thrive in the communities of their choice and by offering access to timely, flexible behavioral health services.

The Executive Office of Elder Affairs enters into this agreement with the provider listed above, to provide Behavioral Health Outreach for Aging Populations¹ (BHOAP, pronounced “Be Hope”) services to older adults living in communities within their designated catchment area. This agreement is executed subsequent to the posting of a Notice of Intent to Award on COMMBUYS in accordance with the rules and procedures of the Operational Service Division (OSD).

2. DEFINITIONS

“ASAP” – Aging Services Access Point

“COA” – Councils on Aging

“BHOAP” – Behavioral Health Outreach for Aging Populations

“EOEA” – Executive Office of Elder Affairs

3. SCOPE OF WORK

A. Scope of Services

BHOAP providers will provide mental health services, counseling, outreach, referrals, support, and a bridge to more formal services to older adults (age 60+) living in Massachusetts communities. Consumer referrals to BHOAP services in the provider’s catchment area may be made by, but not limited to, community-based organizations (e.g., ASAPs and COAs), town and state departments/employees, first responders, self/family, mobile crisis teams, Certified Home Health Agencies (CHHAs), community health centers, physician’s offices, hospitals/nursing facilities, or religious organizations.

BHOAP providers shall perform the following activities under the BHOAP scope of services:

- Conduct in-depth behavioral health assessments on an as needed basis for high-risk older adults, where they are in their community, or connect these individuals to the appropriate behavioral health care setting for further assessment
- Assess older adults’ needs for support in the community and refer to service providers to ensure older adults experiencing emotional challenges and behavioral health conditions have their underlying and/or contributory needs addressed
- Work directly with older adults experiencing emotional challenges and/or behavioral health conditions, in their homes, in a community setting, and/or using technology based on the individual’s preference
- Develop individualized, person-centered care plans
- Conduct in-home visits, counseling, and therapy
- Assist in connecting older adults to ongoing mental/behavioral health services as needed

¹ The Behavioral Health Outreach for Aging Populations BHOAP (BHOAP), formerly known as Elder Mental Health Outreach Teams (EMHOT).

- Provide care coordination, collaboration, and warm hand-offs between older adults and other network service providers as needed, including, but not limited to, aging services, housing, financial, and physical and behavioral health care supports
- Connect and refer older adults to community-based resources (including, but not limited to, Home Care, transportation, housing, MassHealth, etc.)
- Provide family support to those caring for older adults in the community
- Work with community and health care partners to proactively identify and refer older adults who may be at-risk (e.g., those who are socially isolated)
- Act as a bridge between older adults and the behavioral health care system. This includes the 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
- Consult and collaborate with community partners, including but not limited to: Police, Fire, local Aging Services Access Points (ASAPs), Councils on Aging (COAs), housing service coordinators and others; to refer, assess, and provide assistance to older adults in need in a timely manner
- Connect older adults to financial resources for receiving community services and living in the community (i.e., connect 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)

B. Outreach to Underserved Populations

BHOAP providers shall conduct outreach to underserved populations, defined as groups of people who do not receive adequate behavioral health services or information due to barriers of culture and language (e.g., non-English speaking), socioeconomic status (e.g., low income), education (e.g., literacy levels), physical location (e.g., rural vs. urban), gender, health status, age, and/or disability, including accessibility issues for hearing and visual impairments. **To accomplish this, EOEA requires Contractors to develop a specific outreach plan that includes the following:**

1. Identification of underserved populations within the organization’s service area
2. A timetable for establishing contact with, and securing cooperation of, leaders and service organizations operating in those geographic areas identified
3. A description of strategic steps to be pursued toward providing access to the identified special populations

C. Culturally and Linguistically Appropriate Services Standards Implementation

BHOAP providers will incorporate national Culturally and Linguistically Appropriate Services (CLAS) standards into Program operations. In incorporating CLAS standards, Contractors will be working to ensure that services provided are effective, equitable, understandable, and respectful, as well as responsive to an individual’s cultural health beliefs and practices, preferred languages, health literacy and other communication needs. At a minimum, Contractors will incorporate CLAS standards into Program service delivery and outreach plans. More information on CLAS standards implementation is available [here](#).

4. ADMINISTRATION

a. Bi-Annual Reporting

All BHOAP providers are required to submit biannual reports to EOEA. The first report of each State Fiscal Year covers the reporting period of July 1 - December 31 and is due to EOEA by January 31; the second report covers the reporting period of January 1 - June 30 and is due to EOEA by July 31. A reporting template will be provided to all contract recipients.

Biannual reports are to include the following*:

Consumer Characteristics

- Number of new and continuing consumers
- Number of consumers by gender
- Number of consumers by age bracket

- Number of consumers by primary language, race/ ethnicity
- Number of consumer referrals, by source
- Number of consumers by housing stability, living arrangement, and housing type
- Number of consumers by primary and secondary diagnoses
- Risk assessments

Consumer Outcomes

- Consumer responses to biannual and discharge survey

Program Outcomes

- Program services utilized by consumer
- Units of counseling services provided
- Program accomplishments (narrative)

Program Financials

- Total revenue by source
- Total expenditures by type

*Reporting requirements are subject to change at the discretion of EOE. Any and all changes to reporting requirements will be communicated to all Contractors via email during the contract term.

b. Security and Confidentiality

Contractors must comply fully with all security procedures of the Commonwealth and Commonwealth Agencies in performance of the Contract. The providers shall not divulge to third parties any confidential information obtained by the providers or its agents, distributors, resellers, subcontractors, officers, or employees in the course of performing program work, including, but not limited to, security procedures, business operations information, personally identifiable information, or commercial proprietary information in the possession of the Massachusetts Executive Office of Elder Affairs.

c. Invoicing

BHOAP providers shall submit an invoice to EOE for the amount spent on the service deliveries in the given month. Providers should use the e-invoice category of "Behavioral Health Outreach for Aging Populations (BHOAP)" when submitting invoices for service deliveries using this funding stream.

When submitting invoices, providers shall include via attachment a detailed invoice Excel spreadsheet (please refer to *BHOAP FY25-26 Contract Invoice Template.xls*). The detailed invoice Excel spreadsheet shall include:

- 1) Total amount spent on staff/ intern wages.
- 2) Total amount spent on fringe benefits (not exceeding 30% of the overall contract value).
- 3) Total amount spent on subcontracted clinician/ subcontracted staff wages.
- 4) Total amount spent on program overhead (rent, utilities, etc. not exceeding 2% of the overall contract value).
- 5) Total amount spent on travel reimbursement (capped at the allowable rate as determined by the Executive Office of Elder Affairs).
- 6) All other expenses, providing expense justification in the notes section of the template.
- 7) Total amount spent since the start of the contracting period (i.e., July 1, 2024), including the current monthly invoice.

Invoices must report expenses based on the line items in the Budget and must bill for expenses based on the allowable billing methodology described in the Budget.

Invoices shall be submitted via EOE's E-Invoicing System. Please contact the EOE staff indicated below regarding contract or invoice questions:

To: Amanda Myers, Amanda.L.Myers@mass.gov

Elder Mental Health Outreach Team
 FY2025 & FY2026 Budget - 2 years
 5.17.24

COA: Amesbury Council on Aging
 Doreen Arntfield
arntfieldd@amesburyma.gov
 978-388-8138, ext. 546

Category	FY25	FY26	FY25 in Kind	FY26 in Kind	TOTAL	Details
Salaries & Wages	\$73,400.60	\$74,874.80			\$148,275.40	EMHOT Program Manager Assistant Director 35hrs/wk*52 wks, \$40.33/hr built in 2% COLA
	\$12,382.19	\$12,630.25			\$25,012.44	COA Administrative Assistant 10.15hrs/wk*52 wks \$23.46/hr built in 2% COLA
	\$50,388.00	\$51,402.00			\$101,790.00	Case Worker 1 30hrs/wk*52 wks \$32.30/hr built in 2% COLA
			\$11,700.00	\$11,934.00		Director (5hrs/wk x \$45/hr = \$225/wk x 52 wks = \$11,700/yr x2 yrs (assume 2% increase for second yr)
Fringe Benefits	\$7,522.21	\$4,785.95				2 MSW Interns (1,000 hrs/yr x \$15.00/hr x 2 = \$30,000) (assume 2% increase for second yr)
Mileage	\$1,000.00	\$1,000.00				Fringe Benefits
Office Supplies Marketing	\$2,989.00	\$2,989.00				Mileage reimbursement at rate allowable by EOE (\$0.62 per mile)
Client Emergency Funds	\$1,000.00	\$1,000.00				Brochures, business cards, signage building/office supplies
Office Equipment (Technology/ Software)	735.00	735.00				Gift cards, pharmacy support, homeless bags
Heat, Electricity			\$12,514.89	\$12,765.19		MSC partial annual fee (\$375) Program Manager cell phone (\$560)
Volunteers			\$64,972.11	\$66,271.55		Management fee, utilities 25% of \$50,059.56 total (assume 2% increase for second yr)
TOTAL	\$149,417.00	\$149,417.00	\$104,187.00	\$106,270.74		Volunteers 25% of \$259,888.44 total (assume 2% increase for second yr)