Elder Mental Health Outreach Teams – EMHOTs

April 14, 2021
FY 21 Data Report Summary
For 7-1-20 – 12-31-20 Reporting Period

Seven regional Elder Mental Health Outreach Teams currently cover 81 communities in Massachusetts, and are based in Amesbury, Bellingham, Boston, Greenfield, New Bedford, Pittsfield and Somerville/Cambridge.

They assess older adults for behavioral health issues, provide counseling and provide and/or connect elders to crucial social support services in their communities.
Recent EMHOT Findings

511 Older Adults were served during the reporting period

- **Depression (49%), and Anxiety (23%)** are the most common psychiatric conditions among EMHOT clients.
- **15%** of EMHOT clients experienced a behavioral health crisis in the reporting period.
- **There was a 20% increase** of clients with Co-morbid psychiatric illnesses over the previous reporting period.
- **There was a 130% increase** in the diagnoses of Dementia or other neurological disorders over the previous reporting period.
- **There was a 149% increase** in Substance Use Disorder diagnoses over the previous reporting period.
COVID 19 Impacts

Since the Pandemic began

- There has been a 25% increase of elders diagnosed with Stress/Trauma Disorder.*
- There has been a 50% increase of elders with a Dual Diagnosis of substance use.*

* Includes FY 20 data from 1-1-20 to 6-30-20

The Devastation of Social Isolation

A National Academies report on older adults released in 2020 concluded that social isolation can hasten premature death from all causes, with a mortality risk potentially on par or even greater than factors like smoking and obesity. In addition, further studies have shown that Social Isolation was associated with about a 50% percent increased risk of dementia. The EMHOT Reporting Data which shows a 130% increase in the diagnoses of Dementia or other neurological disorders over the previous reporting period is alarming.
Observations and Challenges During the Pandemic

"[A] client...was seeking emotional support in managing several major life transitions, including taking care of her long-term partner who was dying. These experiences are difficult at any time but were compounded by the pandemic. Being in the program enabled the client to get specialized support not only around grief and loss, but also important advice relating to community-based services and resources.” Source: SOMERVILLE CAMBRIDGE ELDER SERVICES, EMHOT

“A client in her eighties who lives alone ...has experienced severe anxiety and fear of COVID-19...she will not leave her apartment, will not allow Home Care services into her apartment, will not use the washing machines in her apartment building, will not go out to get her medications.” Source: ETHOS, EMHOT

“Through television and print media, elders witnessed a summer of civil unrest and then the most contentious presidential elections in this nation’s history. In addition, there were daily newspaper articles late fall/early winter about the number of elders residing in local skilled nursing facilities who were dying of COVID-19 after a sharp increase in cases in area. These events, coupled with the on-going pandemic, have further impacted the consumers' sense of security. In addition, many consumers are either extremely anxious when they receive medical care or are foregoing it all together due to the fear of COVID-19 exposure.” Source: ELDER SERVICES BERKSHIRE COUNTY, EMHOT
Prior to the Pandemic: More than 30% of Older Adults in Massachusetts were diagnosed with Depression.

The 2018 Mass Healthy Aging Report found that 31.5% of older adults in Massachusetts, have been diagnosed with depression. The report also found one of every four older people in MA had been diagnosed with some form of anxiety disorder.

Current Risk Assessments of EMHOT Clients

- **30%** of EMHOT clients were found to be at Increased risk for experiencing significant health issues.
- **21%** of EMHOT clients were found to be at Increased risk for decreasing ability to manage ADL’s (Activities of Daily Living, which include: Eating, Bathing, Dressing, Mobility and Toileting.)
- **11%** of EMHOT clients were found to be at Increased risk for abuse, neglect, or exploitation.
Services provided by EMHOT Programs

• Compared to the previous reporting period, the provision of the following services increased:
  
  15% for Counseling services
  30% for Wellness checks
  30% for Financial support
  16% for Resource management*

• 2,902 hours of counseling were provided directly by EMHOTs and 116 group counseling sessions were held

* Resource Management includes arranging for and/or dropping off, food, medication, etc.
EMHOT Client Outcomes

EMHOT Outcomes:
As a Result of Receiving EHMOT Services, Older Adults Report They:

- Can deal better with daily problems - 83%
- Feel more control in their lives - 79%
- Are better able to deal with crisis - 79%
- Are more aware of community resources - 75%
- Their symptoms have improved - 73%
- Know people they can call on if they need help right away - 92%
- Received the help they were looking for - 89%
Why EMHOT Programs work

EMHOTs provide the link to or directly provide behavioral health services, **AND of vital importance is that EMHOTs are able to connect those elders to the additional community supports, resources and services that they need to address the broader factors associated with behavioral health issues, such as housing insecurity, chronic diseases, loss of social connectedness, and financial challenges- this connectivity is why the work of the EMHOTs is successful.**
EMHOT Client Feedback

“This was/is the worst year of my life...I could write a book on how wonderful [my worker] is and an angel for those of us in need.”
Bellingham COA, EMHOT Client

“Didn't feel like a program, it was me being able to discuss systemic racism in my apartment. I felt heard.”
Ethos EMHOT Client

“Living alone and being rather isolated, it was great to have someone who listened to my concerns in a very genuine way.”
LifePath EMHOT Client
Massachusetts has the highest rate of emergency room visits for behavioral issues in the nation\(^3\). The economic burden of schizophrenia, bipolar disorder, and major depressive disorder in adults in Massachusetts is estimated to be at least $2.8 billion for each type of mental illness, and hospital costs range from $5,000-16,000 per stay for those admitted with mental illnesses such as Schizophrenia, Bipolar Disorder, and Major Depressive Disorder\(^4\).

From January 1 through December 30, 2020, 154 cases referred to EMHOT programs were crisis cases. If these 154 crisis case individuals were hospitalized due to lack of EMHOT services, the total economic impact would be between $770,000 to $2,464,000 (at $5,000 to $16,000 per admission- see next slide ). This is massive increase over the $1,562 average per client cost of the EMHOTs for the 640 EMHOT clients who received services during 2020.
Data Sources: Costs for emergency room visits for Behavioral Health Issues

Using national data, we extrapolated how much EMHOTS savings may impact the healthcare system and the Commonwealth. National data and trends on mental health/substance use disorders demonstrate the need for and cost effectiveness of EMHOTS. Currently one out of every eight emergency room visits involve mental health/substance use disorder\(^5\). The Healthcare Cost and Utilization Project reports nearly 41% of these visits result in hospitalization \(^6\). Patients with mental health/substance use disorder are more than twice as likely to result in admission than patients without mental health or substance use disorder\(^6\). Most emergency room visits for mental health/substance use disorder may be avoidable with appropriate outpatient care \(^2\). There is no evidence that rates of mental health or substance use disorder have decreased since 2014, therefore the numbers proposed are conservative estimates of the cost / benefit analysis.


