

Elder Mental Health Outreach Teams – EMHOTs

September 10, 2021

Data Report Summary For 1-1-21 to 6-30-21 Reporting Period

Elder Mental Health Outreach Teams –

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.



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Behavioral Health Trends in Massachusetts Older Adults

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

During the 1-1-21 to 6-30-21 Reporting Period

32% of EMHOT clients were found to be at Increased risk for experiencing significant health issues.

23% 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.)

10% of EMHOT clients were found to be at Increased risk for abuse, neglect, or exploitation.



Recent EMHOT Findings January 1, 2020 to June 30, 2021

583 Older Adults were served during the reporting period

- **Depression (48%)**, and **Anxiety (26%)** are the most common psychiatric conditions among EMHOT clients.
- **14%** of EMHOT clients experienced a behavioral health crisis in the reporting period.
- **There was a 43% increase** of clients who reported their Function had improved.
- **There was a 62% increase** of clients who reported their Social Isolation and loneliness had been reduced.
- **There was a 33% increase** in stability for 3 months by report of client and/or providers with no inpatient hospital stays.



Observations and Challenges During the Pandemic

January 1, to June 30, 2021

While the initial intent of the program is for the clinicians to "initiate services and attend to immediate needs and link them with other longer term mental health support", this has become increasingly difficult as local behavioral health providers have long waiting lists and have recently limited the type of insurance they will accept..” Source: ESBCI, EMHOT

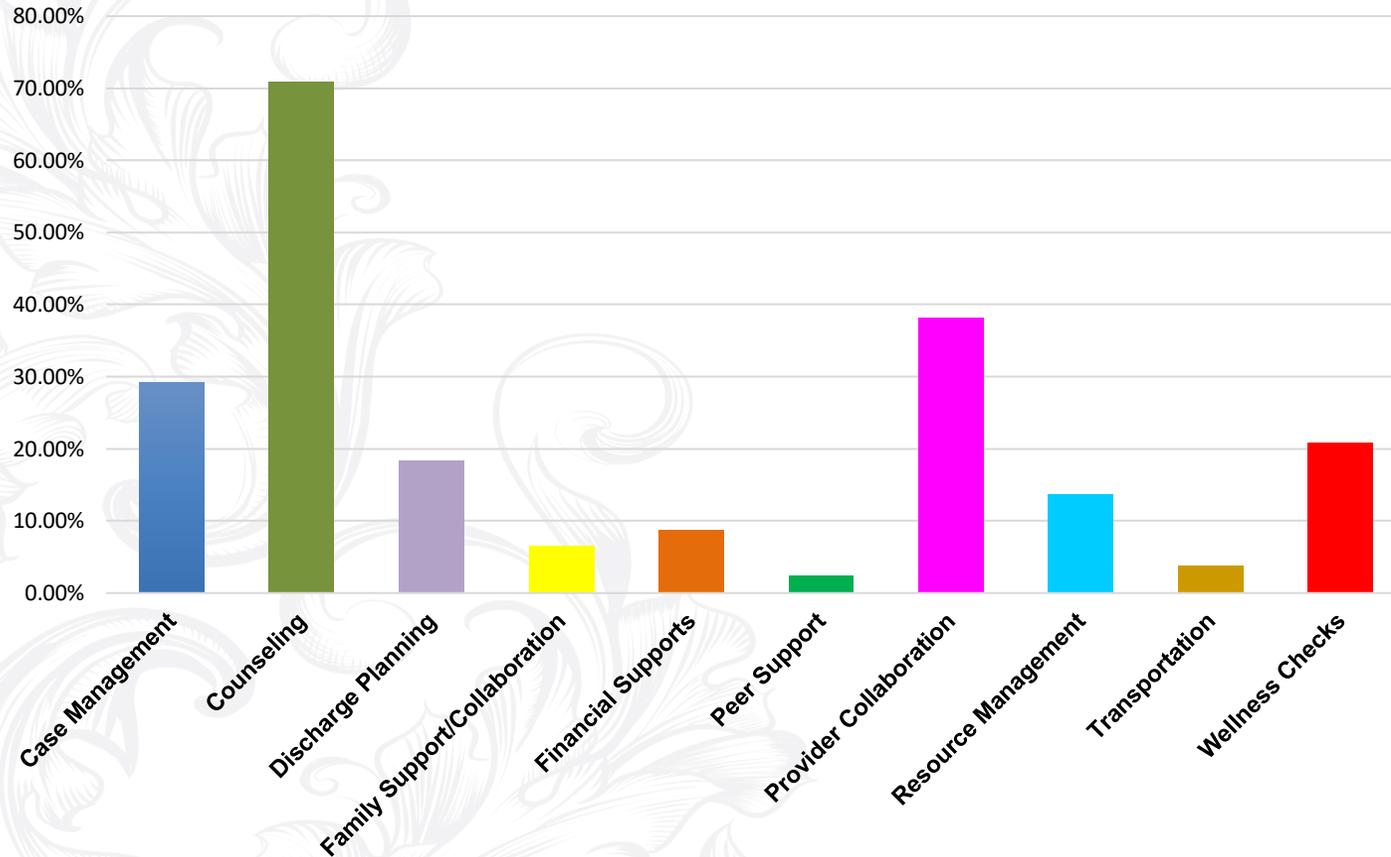
*“For clients on MassHealth the options for a seeing a therapist are limited. Even clients with good health insurance face lists that are months long to see a therapist or psychiatrist. Clients with complicated family dynamics often are between a rock and hard place in getting needs met for their adult children or grandchild and remain in compromised situations as a result. **Clients in poor health may resolve one problem only to have another health issue emerge that deepens their anxiety and depression.** ” Source: ETHOS, EMHOT*

“I could never have handled my husband's illness during this time without a confidant and calm, knowledgeable therapist. Thank you for giving seniors this gift of a program..” Source: Bellingham EMHOT Client



Services provided by EMHOT Programs

% of Clients Receiving EMHOT Services



Case Management	29.16%
Counseling	71.01%
Discharge Planning	18.35%
Family Support/Collaboration	6.52%
Financial Supports	8.75%
Peer Support	2.40%
Provider Collaboration	38.25%
Resource Management*	13.72%
Transportation	3.77%
Wellness Checks	20.75%

- 4,351 hours of counseling were provided directly by EMHOTs and 339 group counseling sessions were conducted.

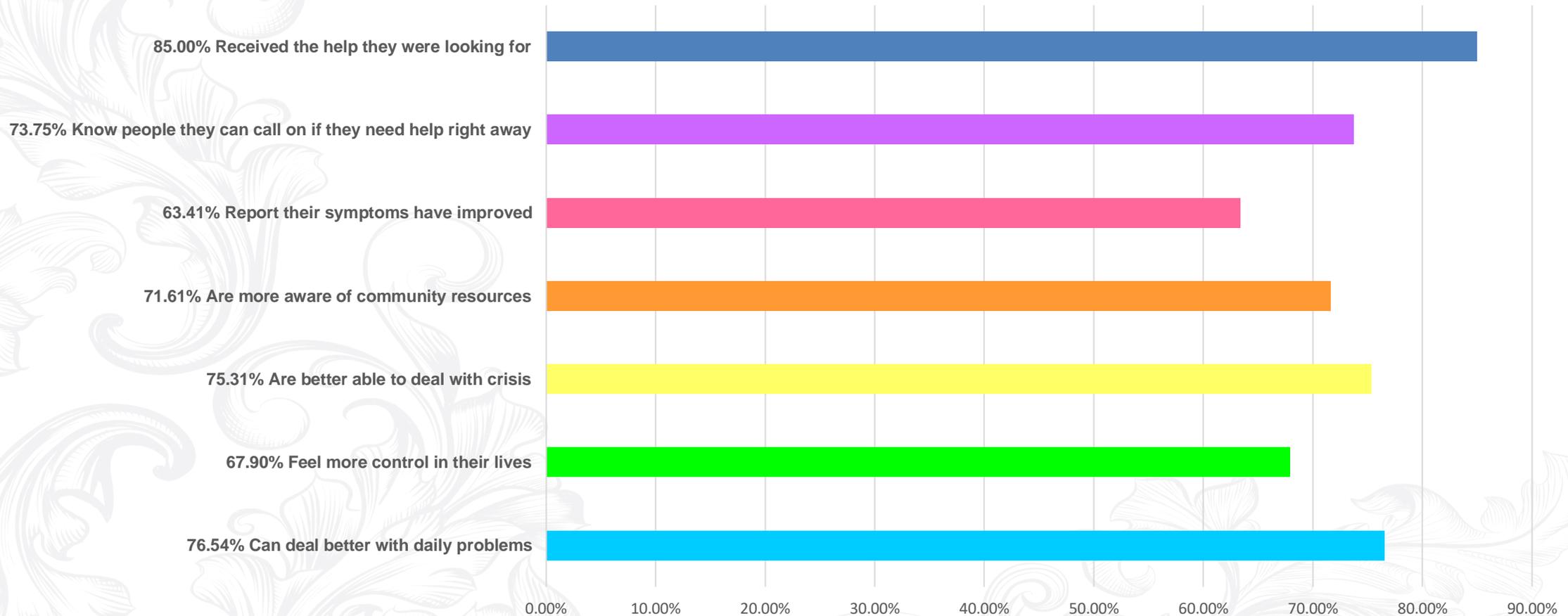
* Resource Management includes arranging for and/or dropping off, food, medication, etc.



EMHOT Client Outcomes:

EMHOT Clients are asked to complete a brief survey concerning their experience with the EMHOT services they received over the last 6 months.

As a Result of Receiving EMHOT Services, Older Adults Report



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



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“My counselor kept me in the right direction going forward. I am grateful for her support.”

ESBCI EMHOT Client

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*“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

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“The once a week contact with my social worker helped with my isolation and loneliness due to the fact I have no family who lives nearby and have not been able to meet anyone in my building because of COVID-19”

SCES EMHOT Client

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How EMHOT Programs Save Money

Massachusetts has the highest rate of emergency room visits for behavioral issues in the nation³. 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 Disorder⁴

From 1-1-21 through 6-30-21, 83 cases referred to EMHOT programs were crisis cases.

If these **83 crisis case** individuals were hospitalized due to lack of EMHOT services, the total economic impact would be between \$415,000. to **\$1,328,000.** (at \$5,000 to \$16,000 per admission- see next slide). This is massive increase over the \$800 average per client cost of the EMHOTs for the 583 EMHOT clients who received services from 1-1-21 to 6-30-21.



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 disorder⁵. The Healthcare Cost and Utilization Project reports nearly 41% of these visits result in hospitalization⁶. 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 care⁷. 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.

¹ http://mahealthyagingcollaborative.org/wp-content/uploads/2018/12/MA_Healthy_Aging_Highlights_2018.pdf

² Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System (2020). National Academies of Sciences, Engineering, and Medicine 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.

³ Massachusetts Health Policy Commission, 2015 Cost Trends Report, Emergency Department Utilization (2016)

⁴ MacEwan JP, Seabury S, et al. Pharmaceutical innovation in the treatment of schizophrenia and mental disorders compared with other diseases. Innovations Clinical Neuroscience. Accessed August 27, 2020.

⁵ Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013 #216 [Internet]. [cited 2020 August 27]. Available from: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.jsp?utm_source=AHRQ&utm_medium=EN-1&utm_term=&utm_content=1&utm_campaign=AHRQ_EN1_10_2017

⁶ Owens PL, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits Among Adults, 2007. HCUP Statistical Brief #92. July 2010. U.S. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>. Accessed August 27, 2020

⁷ Trends in Emergency Department Visits, 2006-2014 #227 [Internet]. [Accessed August 27 2020]. Available from: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb227-Emergency-Department-Visit-Trends.jsp>

