

# Elder Mental Health Outreach Teams – EMHOTs

August 31, 2022

*Data Report Summary For 1-1-22 to 6-30-22 Reporting Period*

**Elder Mental Health Outreach Teams – Assess** older adults for behavioral health issues, provide counseling and provide and/or connect elders to crucial social support services in their communities

There are Nine regional Elder Mental Health Outreach Teams, two new EMHOTs in Lowell and Dudley were launched in December of 2021. The now Nine EMHOTs currently cover 128 communities in Massachusetts, and are based in Amesbury, Bellingham, Boston, Dudley, Greenfield, Lowell, New Bedford, Pittsfield and Somerville/Cambridge.

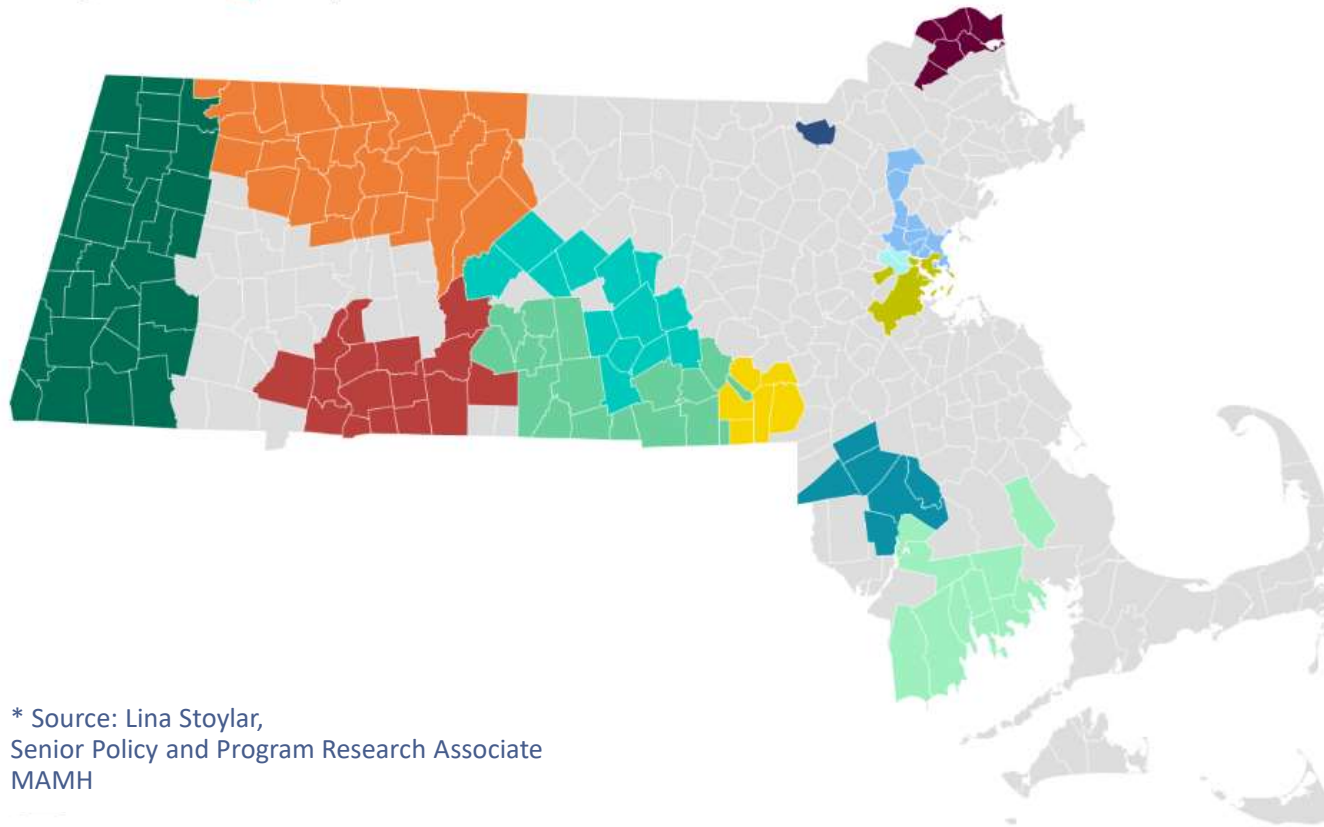


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## Municipalities Served by Elder Mental Health Outreach Teams (EMHOTs and EMOTs)

### Program Names

■ Amesbury COA   
 ■ Bellingham COA   
 ■ Bristol Elder Services   
 ■ Elder Services of Berkshire County   
 ■ Elder Services of Worcester Area   
 ■ Ethos  
■ Greater Springfield Senior Services   
■ LifePath   
■ Lowell Council on Aging   
■ Mystic Valley Elder Services   
■ New Bedford COA   
■ Somerville-Cambridge Elder Services   
■ Tri-Valley



\* Source: Lina Stoylar,  
 Senior Policy and Program Research Associate  
 MAMH

**Municipalities currently  
 served by Elder Mental  
 Health Outreach Teams**



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# Racial and Ethnic Census Demographics (Adults in Massachusetts in 2020)

Data Source: Census Bureau 2020 Data

**American Indian and Alaska Native (0.1%)**

**Some Other Population (1.3%)**

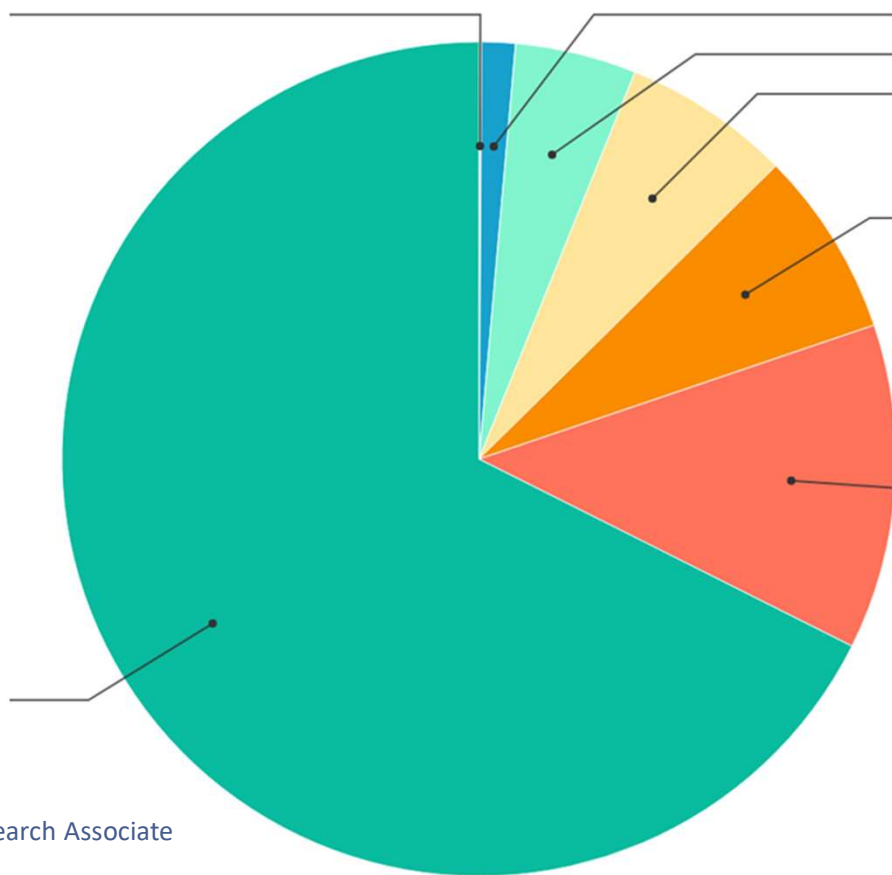
**Two or More Races (4.7%)**

**Black or African American (6.5%)**

**Asian (7.2%)**

**Hispanic/Latinx (12.6%)**

**White (67.6%)**



\* Source: Lina Stoylar,  
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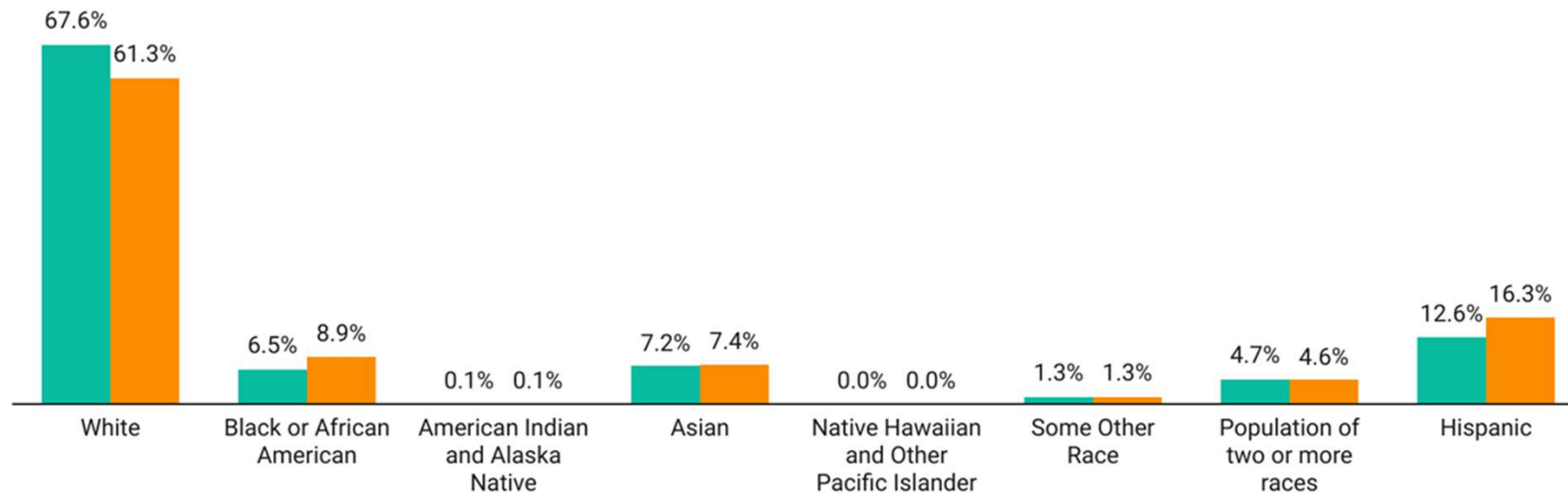


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# Race and Ethnicity of Adults (18 Years or Older) of All Cities and Towns in Massachusetts Compared to the Race and Ethnicity of Cities and Towns Served by EMHOTs

Data Source: Census Bureau 2020 Data

■ All Cities and Towns in MA ■ Cities and Towns Served by EMHOTs



Cities and towns served by EMHOTs are slightly more diverse compared to MA overall

Source: Census Bureau PL91-171 File via UMass Donahue Institute • Created with Datawrapper

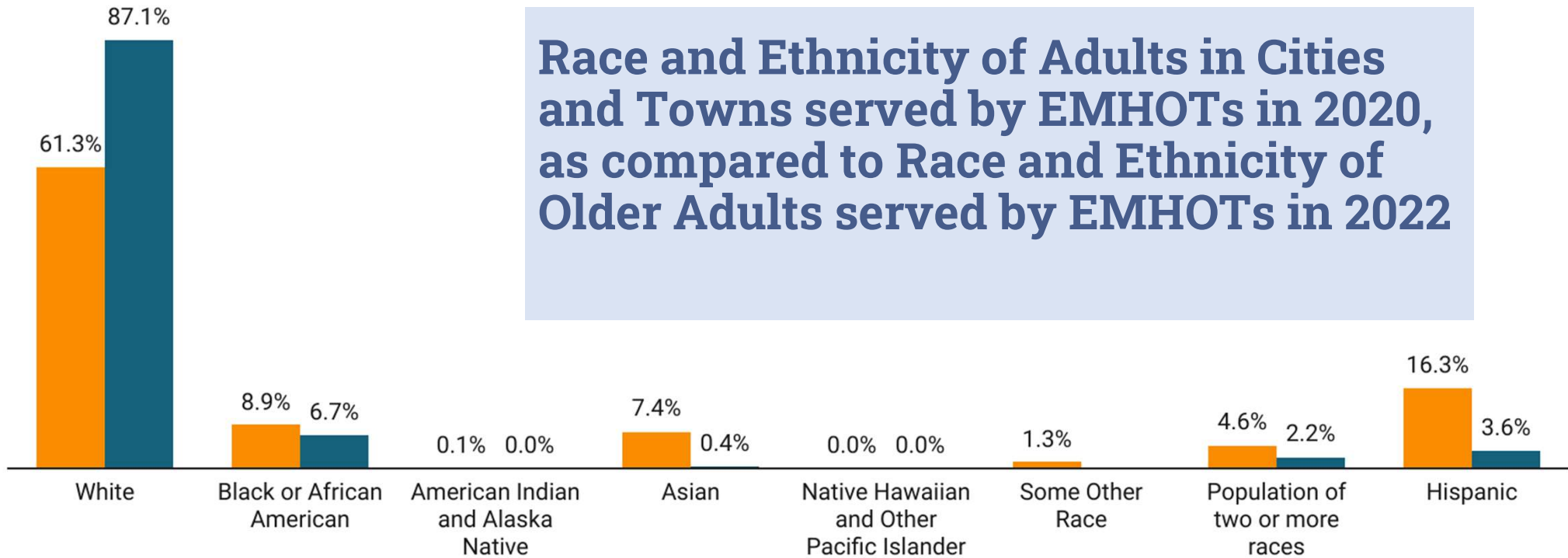
\* Source: Lina Stoylar, Senior Policy and Program Research Associate MAMH



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■ Cities and Towns Served by EMHOTs, 2020
 ■ Older Adults Served by EMHOTs, 2022

## Race and Ethnicity of Adults in Cities and Towns served by EMHOTs in 2020, as compared to Race and Ethnicity of Older Adults served by EMHOTs in 2022



\* Source: Lina Stoylar,  
 Senior Policy and Program Research Associate  
 MAMH



## Recent EMHOT findings Jan 1, 2022, to June 30, 2022 Number of Older Adults served: 596

Prior to the Pandemic, the 2018 Mass Healthy Aging Report<sup>1</sup> data showed 31.5 % of older adults in Massachusetts were diagnosed with depression.

### **Current EMHOT Data shows**

The most common psychiatric conditions among EMHOT clients are

- Depression (53% )
- Anxiety (32%)
- Dually Diagnosed with Substance Use (10%)

## Current Risk Assessment and findings of EMHOT Clients

**42%** of EMHOT clients were found to be at Increased risk for experiencing significant health issues.

**34%** 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.)

**19%** of EMHOT clients experienced a behavioral health crisis in the reporting period.

**19%** of EMHOT clients were found to be at Increased risk for unstable housing.



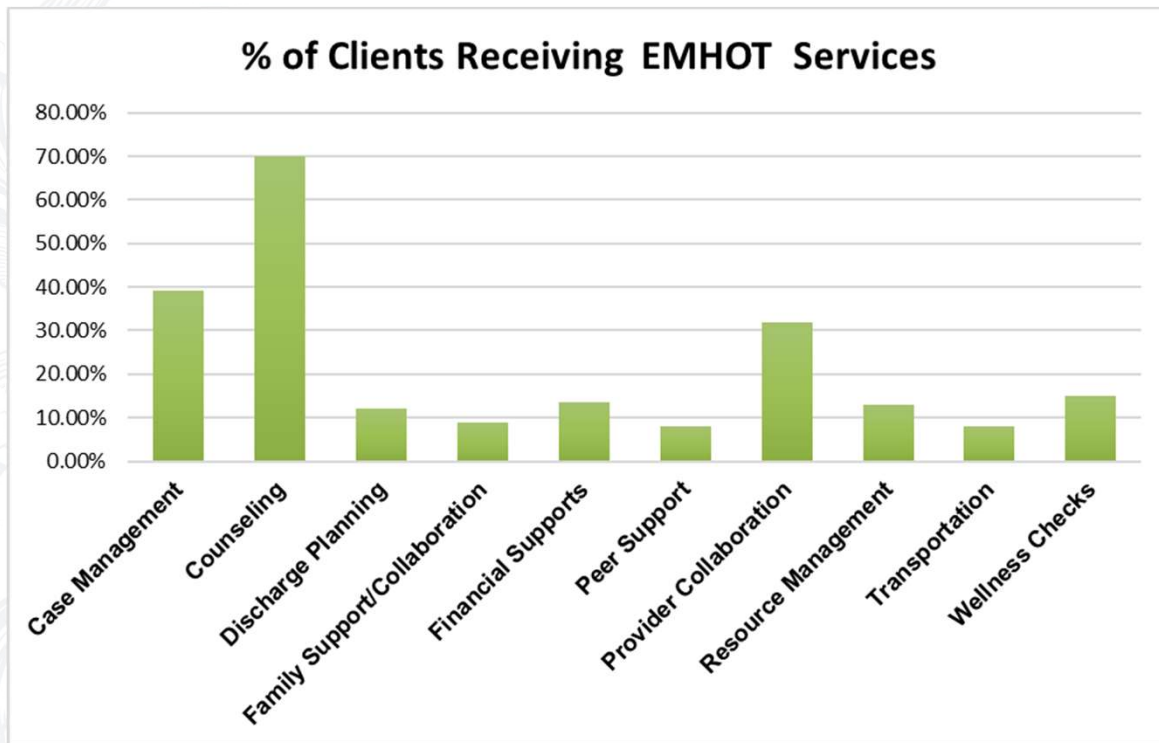
## Observations and Challenges During the Reporting Period of January 1, 2022 to June 30, 2022

*“COVID has increased hoarding behaviors. Decreasing isolation was important during this period - many participants wanted phone calls and visits...many clients find it hard to balance the need to not over-acquire with food insecurity. .”* Source: Lowell EMHOT

*“Despite the decrease in the number and severity of COVID cases, the number and severity of mental health concerns seems to have risen in the past 6 months. It appears this is in part due to clients who did not access care for over a year and consequently got sicker and in part due to a general decrease in availability to service providers. It seems advocating for a model which includes home based services for elders (much like we have for children in this state) would go a long way toward moderating the impact COVID had and continues to have on mental health.. ”* Source: Bellingham EMHOT



# Services provided by EMHOT Programs



<b>Case Management</b>	<b>38.09%</b>
<b>Counseling</b>	<b>70.03%</b>
<b>Discharge Planning</b>	<b>12.00%</b>
<b>Family Support-Collaboration</b>	<b>9.00%</b>
<b>Financial Supports</b>	<b>13.40%</b>
<b>Peer Support</b>	<b>8.00%</b>
<b>Provider Collaboration</b>	<b>31.88%</b>
<b>Resource Management*</b>	<b>13.00%</b>
<b>Transportation</b>	<b>8.00%</b>
<b>Wellness Checks</b>	<b>15.00%</b>

- 4481 hours of counseling were provided directly by EMHOTS

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

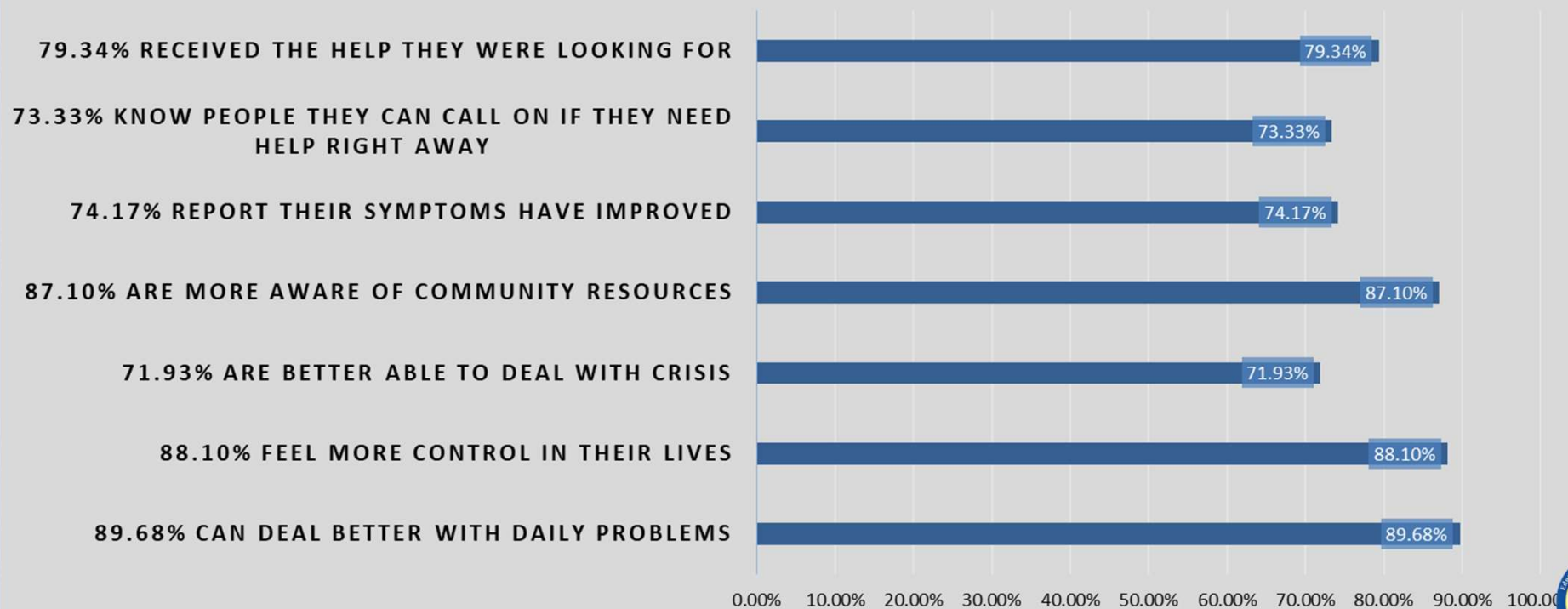




# EMHOT Client Outcomes:

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:



# EMHOT Client Feedback



*"Able to work on self care and decrease depressive episodes was most helpful to me ."* New Bedford EMHOT Client



*"The world we live in today it is very frightening for us elderly people. Many have no family and get most of their info through media TV etc. Most of which is negative and causes fear and depression and loneliness."* Bellingham EMHOT Client



*"Being able to speak with a therapist every 2 weeks and getting medication prescribed by a nurse practitioner. -Talking about things helped me. -Knowing that there are resources"* MVES EMHOT Client



*"The social worker helped me to rationalize that there is no perfect family, but we have people who can help."* SCES EMHOT Client



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## Why EMHOT Programs work

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



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# How EMHOT Programs Save Money

Massachusetts has the highest rate of emergency room visits for behavioral issues in the nation<sup>2</sup>. 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<sup>3</sup>

**From 1-1-22 through 6-30-22, 113 cases referred to EMHOT programs were crisis cases.**

If these **113 crisis case** individuals were hospitalized due to lack of EMHOT services, the total economic impact would be between \$565,000. to **\$1,808,000.** (at \$5,000 to \$16,000 per admission- see next slide ). This is massive increase over the \$1813. average per client cost of the EMHOTs for the 596 EMHOT clients who received services from 1-1-22 to 6-30-22.



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# 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<sup>4</sup>. The Healthcare Cost and Utilization Project reports nearly 41% of these visits result in hospitalization<sup>5</sup>. 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.<sup>5</sup> Most emergency room visits for mental health/substance use disorder may be avoidable with appropriate outpatient care<sup>6</sup>. 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.

<sup>1</sup> [http://mahealthyagingcollaborative.org/wp-content/uploads/2018/12/MA\\_Healthy\\_Aging\\_Highlights\\_2018.pdf](http://mahealthyagingcollaborative.org/wp-content/uploads/2018/12/MA_Healthy_Aging_Highlights_2018.pdf)

<sup>2</sup> Massachusetts Health Policy Commission, 2015 Cost Trends Report, Emergency Department Utilization (2016)

<sup>3</sup> 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.

<sup>4</sup> 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](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)

<sup>5</sup> 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

<sup>6</sup> 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>



## Acknowledgements

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