Elder Mental Health Outreach Team Overview

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- Background
- EMHOT Workflow
 - Referral Sources
 - Assessment
 - Ongoing Support
 - Closure
- Groups
- Resources/Training
- Older Adult Behavioral Health Network



Background



- Research suggests that most older adults experience positive mental health and increased resilience, wisdom
- Despite being at greatest risk of serious illness, older adults reported lower rates of pandemic-related anxiety than other age groups.
- However, while 1 in 4 older adults experience mental health conditions, less than 33% receive treatment, the lowest rate of any age group.



Barriers to Treatment



- Lack of transportation
- Cost of co-pays
- Co-occurring cognitive conditions
- Physical impairment, difficulty leaving home
- Isolation
- Ageism among providers
- Higher rates of stigma around mental health among older adults

Untreated Behavioral Conditions among Older Adults are associated with:



- Higher rates of ER use, hospitalization and nursing home admission
- Development of preventable of health complications/higher rates of disability
- Isolation
- Caregiver stress
- Risk of suicide

EMHOT Services



- Counseling
- Resource management (getting food, furniture, medications, etc.)
- Wellness checks
- Crisis Intervention
- Benefit applications
- Family support/collaboration
- Provider collaboration
- Case management/care coordination
- Discharge planning
- Referrals
- De-cluttering

Referral Sources



- ASAPs (Protective Services, AgeInfo, Homecare)
- Self-referral/caregivers
- Inpatient/Outpatient geriatric psychiatry or local behavioral health providers
- Medical (PCP, VNA)
- COAs
- First Responders (Police, Fire, EMTs)
- Legal Services
- Other?

Initial Assessment

- Functional status
- Client report of Dx, Rx
- History of treatment/support
 - What was helpful? What wasn't?
- Home environment
- Current informal and formal supports
- Worker observation of behavior
- (mood, affect, ability to answer questions/follow conversation, other non-verbal cues).
- Client report on mood
 - May utilize tool such as Ph-Q 9



Clutter Image Rating Scale



8

9

DD

б









N







S



D





Clutter Image



After Initial Assessment



- Within 3 business days of initial assessment, case review with Program Manager
- Make urgent referrals, as needed.
- Gather additional information from providers.
- Write up assessment in progress note in client's electronic record
- SOAP note resource: https://positivepsychology.com/soap-notes-counseling/

Ongoing EMHOT Support



- Agree on contact schedule (i.e. weekly/biweekly home or telehealth).
- Review/prioritize goals
- At each visit: Check on mood, behavior observation, note any other significant changes.
- Write progress note after every contact.
- Cases should be reviewed in supervision at least every other week.

EMHOT case closure



- Cases may close for a variety of reasons, including but not limited to:
 - Client and SW mutually agree services are no longer needed (ie client reports feeling better or has been referred to other, long-term services).
 - Client has not responded to outreach efforts and it has been decided in supervision that continued efforts are no longer beneficial.
 - Client has broken guidelines spelled out in a contract.
 - Other?

Closure Steps



- Review potential closure with a supervisor.
- If still actively engaged with client, notify him/her of closure at least 3 weeks prior to closing.
- Provide resources, referral information, warmline/crisis information, etc
- If referrals have been made, ensure client is agreeable to referrals and that the referring agencies have started services or plan to in the near future.
- Write note in record. Notify providers, caregivers if applicable
- Supervisor to close client on tracking spreadsheet.

EMHOT groups



- Expressive Arts for Healing
- Mindfulness Based Stress Reduction (MBSR)
- Mind/Body/Spirit
- Nami Family to Family
- Peer Support for Depression
- Wellness Recovery Action Plan (WRAP)
- Other?

Expanding Definitions of Wellness



EMOTIONAL Coping effectively with life and creating satisfying relationships.

ENVIRONMENTAL Good health by occupying pleasant, stimulating environments that support well-being.

INTELLECTUAL Recognizing creative abilities and finding ways to expand

knowledge and skills.

PHYSICAL Recognizing the need for physical activity, diet, sleep, and nutrition.

WELLNESS

OCCUPATIONAL Personal satisfaction and enrichment derived from one's work. FINANCIAL Satisfaction with current and future financial situations.

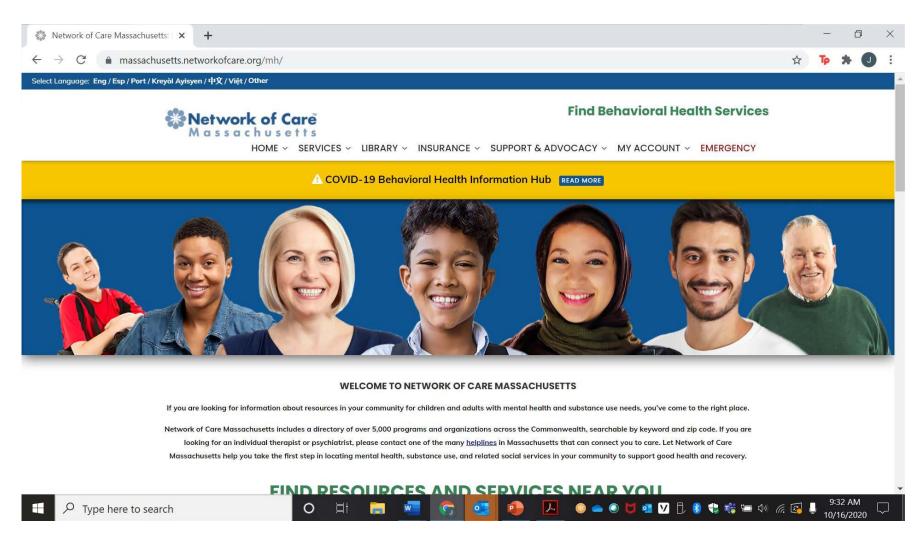
SOCIAL

Developing a sense of connection, belonging, and a well-developed support system.

SPIRITUAL Expanding our sense of purpose and meaning in life.

Resources- Network of Care





Connection to helplines



Feature on homepage to connect users to live navigators and specialists:

Connect With A Trained Specialist To Help Find Behavioral Health Services



Selected Resources



DMH

application: <u>https://www.mass.gov/info-details/applications-for-dmh-services</u> local area office: <u>https://www.mass.gov/guides/find-which-dmh-office-covers-your-city-or-town</u>

Referral/Systems Navigation

William James Interface Referral : <u>https://interface.williamjames.edu/</u> Helpline: 888-244-6843 (toll free); 617-332-3666 (local)

Psychology Today: <u>https://www.psychologytoday.com/us/therapists</u>

NAMI MA Compass: https://namimass.org/nami-mass-compass-helpline/

Peer Support

Recovery Learning Communities: <u>https://www.mass.gov/service-details/recovery-learning-</u> <u>communities</u>

Training: <u>https://www.mamh.org/education/older-adult-training-calendar</u>

OABHN trainings



- Past webinars: <u>https://www.mamh.org/education/trainings-and-webinars</u>
- <u>Caregiving Conversations: Reflecting on Race, Older Adults,</u> and Implications for Behavioral Health
- **Preventing Evictions for At Risk Older Adults**
- Moving Beyond Silos: Building Aging and Behavioral Health Partnerships
- <u>Breaking Down Silos: Overview of Aging Resources for</u> <u>Behavioral Health Providers</u>
- Reframing Aging: <u>https://www.reframingaging.org/</u>
- Mindful Aging

Your ideas!

Save the Date- In-Person Conference May 9th 2023

Older Adult Behavioral Health Collaborative and Network meetings



The Older Adult Behavioral Health Collaborative meets the second Friday of the month from 930-1030

Next meeting: December 9th

The Older Adult Behavioral Health Network (formerly the MA Aging and Mental Health Coalition) meets directly after the Collaborative from 1030-11