



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

**Hospital to Home Partnership
Program Learning Collaborative
November 13th 2024, 1:30pm-3pm**



For HHPP Associated Staff – Training and Resources

Agenda

- **Understanding & Accessing: State & Local Behavioral Health Services for Older Adults**
 - Amanda Myers, Behavioral Health Program Coordinator, EOEA
 - Behavioral Health Challenges in Older Adults
 - EOEA Programs
 - Evidence-based community programs
 - Additional community resources
 - Emergency Resources
- **HHPP Presentation: Springwell and Newton-Wellesley Hospital**
 - Laura Oberlander, Chief Program Development Officer, Springwell
 - Maggie Gosen, Hospital to Home Liaison, Springwell
 - Alicia Katz, LICSW, Newton-Wellesley Hospital
- **Discussion: Program Challenges**
- **Questions?**



Understanding & Accessing: State & Local Behavioral Health Services for Older Adults

Signs/ Symptoms of Behavioral Health Challenges in Older Adults

Noticeable
changes in mood/
energy level/
appetite

Trouble feeling
positive emotions

Difficulty sleeping
or sleeping too
much

Difficulty
concentrating/
feeling restless/
on edge

Increased worry

Anger/ irritability/
aggression

Sadness or
hopelessness

Signs/ Symptoms of Behavioral Health Challenges in Older Adults (cont'd)

Ongoing
headaches/
digestive issues/
pain

Misuse of alcohol
or drugs

Thoughts of death
or suicide

Engaging in high-risk
activities

Obsessive
thinking/
compulsive
behavior

Thoughts/ behaviors that
interfere with work,
family, or social life

Engaging in thinking/
behavior that is
concerning to others

Seeing, hearing, & feeling
things that other people do
not see, hear, or feel

Behavioral Health Challenges in Older Adults



One-in-four experience mental health and/or substance use challenges



In Massachusetts, 31% have been diagnosed with depression with rates as high as 49% in some communities¹



Behavioral health concerns include:

- Anxiety
- Depression
- Substance Misuse
- Grief
- Loneliness/Social Isolation

¹ [MA Healthy Aging Data Report, 2018](#)

Approaching Behavioral Health Changes in Older Adults – Best Practices

Engaging

Focusing

Evoking

Planning

Awareness of stigma
& language related
to behavioral health

Express concern &
care

- Use “I” statements

Listen without
judgement

Do not argue with
their reality, even if
it is not your own

Offer support
through resources,
helping to get
connected to a
provider,
accompanying to
appointments, etc.

Use Motivational
Interviewing

- Ask open questions that encourage self-reflection
- Affirm by showing support & understanding
- Practice reflective listening & summarize

Executive Office of Elder Affairs (EOEA) Resources





Behavioral Health Resources for Older Adults

Finding help for your behavioral health is a sign of strength, not weakness, and we are here to support you.

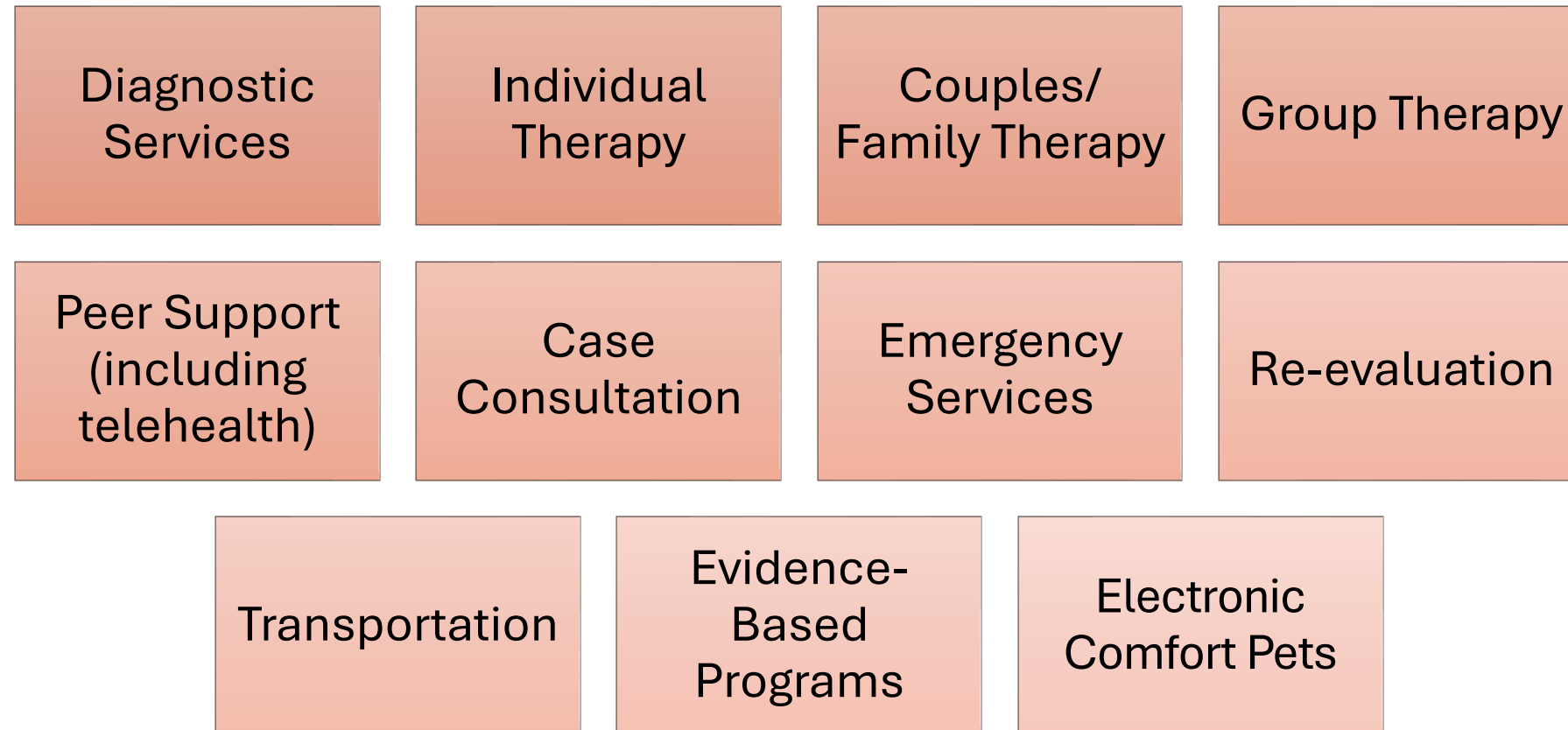
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- ✓ [Behavioral Health Challenges](#)
- ✓ [Finding Support](#)
- ✓ [Emergency services](#)

Available online at: [Behavioral Health Resources for Older Adults | Mass.gov](#)

EOEA Home Care Program - Behavioral Health Services

- Available to consumers enrolled in the State Home Care program



Behavioral Health Outreach for Aging Populations (BHOAP)

Behavioral health clinicians work directly with adults age 60+ experiencing emotional/behavioral health challenges.

Person Centered Approach

- Recognizing individuals as a whole person
- Helping to take steps towards wellness
- Meeting in the consumer's preferred location
- Encourage individuals to participate in safe & supportive community programming

Clinical Supports

- Behavioral health assessments & care planning
- One-on-one counseling
- Medical/mental health referrals & connection to transportation services
- Referral to home care services
- Connection to social services (housing, food, financial support, etc.)

For more information about the program or how to reach an BHOAP in your area, contact [Mass Options](#) at 800-243-4636.

BHOAP Case Example

Individual

- Female
- 75-year-old Caucasian
- Lives in subsidized housing
- Has a diagnosis of Hoarding Disorder & Depression
- BHOAP referral from Protective Services:
 - support decluttering
 - emotional support during eviction
 - assistance transitioning out of PACE

Intervention

- Consumer worked closely with BHOAP Staff
 - applied for multiple funding opportunities to support housing security
 - enrolled in Home Care services at ASAP
 - with professional organizer to make the apartment safer
 - to declutter & BHOAP staff facilitated conversations with an attorney

Outcome

- Obtained close to \$10,000 in funding for support with decluttering & unpaid rent
- Consumer enrolled in Home Care Services, including Heavy Chore
- Eviction was terminated
 - with the agreement that consumer could keep their housing if they engaged in monthly inspections
- Consumer continues to engage with
 - BHOAP & Home Care
 - maintain her apartment &
 - manage depression/ anxiety

Family Caregiver Support Program

- Connects family caregivers with a Caregiver Specialist
 - Provides free information, useful tips, resources, & other means of support to family caregivers
 - Develops custom care plans for those who are being cared for
- Free for non-paid caregivers or family members who care for individuals age 60+ or any individual living with ADRD
 - Also supports Grandparents & other relatives age 55+ who care for children under the age of 18 or an adult with a disability ages 18-59

Access

Counseling
& Training

Respite
Care

Check out the [full list of services and supports](#) available to caregivers in Massachusetts.

Family Caregiver Support Program (FCSP)

Case Example

Individual(s)

- Selma, dtr, 52
Charlotte, mother, 79
Selma provides hands on care for her mother
- Charlotte is engaged with the BHOAP
 - grieving the loss of her son who passed away suddenly in her kitchen in front of her
 - Selma provides assistance with all ADLs & IADLs
 - Charlotte does not want strangers in the home providing care & relies on her Selma

Brief History

Selma

- overwhelmed with caring for her mother while also concerned for her mental health
- freelance artist who has had to pass up opportunities in order to provide care
- wishes that Charlotte & her could do an activity together
- stated that Charlotte loves nature & she would like to take her to New Hampshire for the weekend

Family Caregiver Support Program (FCSP)

Case Example Continued

Intervention

- FCSP Specialist spoke
 - with Selma over the phone on a weekly basis
 - to offer support
 - help problem solve around both their needs.
- Utilizing the Caregiver Services Fund
 - Selma was able to
 - take Charlotte to New Hampshire for an overnight trip
 - bringing Charlotte out of the home where her son passed away for the first time since it happened

Outcome

- FCSP Specialist continues to provide
 - weekly on-going support to the Selma
- BHOAP continues
 - support Charlotte
 - hopes to convince her to accept in-home services
 - to provide respite for Selma,
 - allowing Selma to pick up artist jobs and bring in an income

Evidence-Based Programs



Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)

Ages 60+ with minor depression

Designed to reduce symptoms of depression & improve health-related quality of life

Eight sessions over 19 weeks in consumer's home with a trained social services worker



Problem-Solving



Social & Physical Activity Planning



Planning to Participate in Pleasant Events

[PEARLS](#) | [Tools](#) | [Resources](#) | [PRC](#) | [CDC](#)

Evidence-based program available as a service within the state Home Care program, provided through ASAPs

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)



- Integrates depression awareness & management into existing case management services



[Healthy IDEAS Programs | Healthy IDEAS Programs](#)

Evidence-based program available as a service within the state Home Care program through ASAPs

Additional Community Resources



Community Behavioral Health Centers (CBHCs)

Crisis Services

- Available 24/7
- Can be used by anyone
- 25 locations across Massachusetts
- Do not need health insurance

Day to Day Services

- Mental Health & Substance Use Disorder
 - Covered by all MassHealth plans and some commercial plans



For more information or to find a CBHC location, please access the CBHB website at: [Find a CBHC | Mass.gov](https://www.mass.gov/cbhb)

Massachusetts Behavioral Health Helpline (BHHL)

Connects individuals & families

- To full-range of treatment services for mental health & substance use offered in MA
- Including outpatient, urgent, & immediate crisis care
- Can also utilize the helpline for case consultation and technical assistance



The BHHL is for *everyone*, including LGBTQIA+, Black, Indigenous, People of Color (BIPOC), Deaf or hard of hearing, individuals with disabilities, & individuals whose first language is not English.

Availability

- 24 hours a day, 365 days a year
- phone call and text at **833-773-2445** (BHHL)
- online chat at masshelpline.com

Direct connection to clinical help

- Free, confidential, no health insurance required
- Real-time interpretation in 200+ languages
- Accessible to those who are deaf/ hard of hearing through MassRelay at 7-1-1

Additional Resources

DMH Resources

- Suicide Prevention Program
- Recovery Learning Opportunities
- DMH Statewide Resource Directory
- DMH Multicultural Resource Guide

Hoarding Resources

- Mass Housing Hoarding Resources
- Massachusetts Local Hoarding Disorder Networks list
- Massachusetts Hoarding Resource Network
- International OCD Foundation Hoarding Center

Emergency Services

- Massachusetts Behavioral Health Helpline
- NAMI Massachusetts Crisis Call, Text, and Chat Services Resource List
- Mobile Crisis Intervention
- Behavioral Health Urgent Care

Program Overview and Overcoming Challenges

Laura Oberlander
Chief Program Development Officer, Springwell

Maggie Gosen
Hospital to Home Liaison, Springwell

Alicia Katz, LICSW, Newton-Wellesley Hospital



Mass General Brigham
Newton-Wellesley Hospital



Program Overview

- ▶ Groundwork: Pre-Hire
 - ▶ Defining Appropriate Referrals
 - ▶ Highest impact
 - ▶ Metrics and Data Tracking
 - ▶ Spreadsheet creation
 - ▶ On-Site Presence of Liaison at Hospital
 - ▶ Importance of collaboration
 - ▶ Epic Referrals
 - ▶ Template

Epic Referral Template

IP Consult to Elder Service Liaison

✓ Accept

✗ Cancel

Priority:

Routine

Routine

Consult:

By Provider:

To Provider:

! Location:

Ashland

Belmont

Brookline

Dover

Framingham

Holliston

Hopkinton

Hudson

Marlborough

Natick

Needham

Newton

Northborough

Sherborn

Southborough

Sudbury

Waltham

Watertown

Wayland

Wellesley

Westborough

Weston

! Reason for referral:

☐ Financial/Social Determinants of Health concerns

☐ Transportation

☐ In-home services (including personal care)

☐ Respite care

☐ Social isolation

☐ Self-neglect

☐ Patient/family education

☐ Other

! Please provide any additional details for Hospital to Home Liaison?

! Patient's anticipated discharge timeframe:

Today

Within 1-2 days

Greater than 3 days

Unknown

Comments:

+ Add Comments

Process Instructions:

The Springwell Hospital to Home Liaison is available Monday-Friday during normal business hours. If patient is discharging prior to next business day, please refer to Springwell directly. Liaison is available to connect patients 60+ years old to community-based programs and services through discharges to home. The Liaison can make referrals for service, conduct assessments, arrange services and oversee communication to support a smooth discharge.

! Next Required

Link Order

✓ Accept

✗ Cancel

Day-to-Day Work and Impact

From April 1, 2024- October 31,2024

- Met 333 patients at NWH
 - *Educated* 187 elders about Springwell and other community resources
 - *Connected* 146 consumers to current case management – alerting of new hospitalizations, addressing additional in-home care, etc.
 - 44 *referrals* placed for nutrition, home care, options counseling, benefits support
 - Conducted 13 *home visit assessments*
- *Provided formal and informal education* opportunities for professionals around the hospital and across the community

Patient Story

Complex Admission

- Patient admitted with pneumonia, malnutrition, and failure to thrive
- During first day of rounds team concerned with how much care would be needed
- Physical Therapist and MD recommending 24/7 care, suggesting a long-term care(LTC) facility

Care Coordination

- Care Coordination team advocating for LTC covered by MassHealth
- Family focused on caring for loved one at home, refusing LTC placement
- Offered private pay aides, too expensive

Liaison Consultation

- Liaison was consulted and met with family at hospital providing education about community resources, Springwell, and various levels of services that could be offered.
- Family advocated for home discharge with Springwell support

Going Home

- Liaison coordinated with Springwell RN and met with patient and family at home within 24 hours of discharge
- Spouse also eligible to receive services - assessed on the spot
- 42 hours of services per person set up within 4 days of the home assessment at no cost to the family

Next Steps

- Patient has been assigned an ongoing Case Manager from the Home Care Department who is working to assess any additional care needs through Complex Care

Challenges

- ▶ Hiring and Training
 - ▶ Took a long time to hire and steep learning curve
- ▶ Data Tracking
 - ▶ Data overload; each program working on own systems
- ▶ Discharges to Facilities
 - ▶ Collaboration with CTLP helps, but liaison could potentially reduce transitions
- ▶ Initial Education to Hospital About ASAPs/ Springwell
 - ▶ Prevent potential screen-outs that may have been appropriate referrals

Discussion

- What challenges has your program faced?
 - Were the challenges able to be addressed?
 - How were they addressed?
- Did you consult with another program to discuss and problem solve?

Questions or Comments



Next Steps

Tentative HHPP Learning Collaborative Schedule



Date	Time
Tuesday, January 14, 2025	3:00pm-4:00pm
Wednesday, March 26, 2025	1:30pm-2:30pm

Questions or ideas?

- Contact Dana.Beguerie@mass.gov

Appendix

DMH Resources

[Suicide Prevention Program](#)

- Seeks to raise awareness of suicide as a public health problem
- Provides support to community agencies, education & training for professionals & caregivers
- Funds programs working with youth, veterans & older adults

[Recovery Learning Communities](#)

- Peer-run networks of self help/peer support, information & referral, advocacy & training activities

[DMH Statewide Resource Directory](#)

- Directory of the DMH, its areas, service site offices, facilities & contact information

[DMH Multicultural Resources Guide](#)

- Information about organizations in Massachusetts that offer linguistically & culturally appropriate mental health & related services for communities of color, LGBTQ community, immigrants, & refugees



Hoarding Disorder Resources

- [MassHousing Hoarding Resources](#)
 - Assessments
 - Educational material
 - Committees, networks, support groups
 - [Self-Help Groups \(MassHousing Link\)](#)
 - Massachusetts resource directory
- Buried in Treasure Workshop
 - Offered at some ASAPs throughout MA
- [Massachusetts Local Hoarding Disorder Networks list](#)
 - (formerly task forces)
- [Massachusetts Hoarding Resource Network](#)
 - Leads advocacy, technical assistance, & public education to strengthen hoarding support & expand homelessness prevention for older adults & others in diverse communities across the Commonwealth
- [International OCD Foundation Hoarding Center](#)
 - Spread education, awareness, & resources related to OCD & related disorders



Emergency Resources



- Call 9-8-8, Suicide & Crisis Lifeline
 - 24/7, free, & confidential support for people in distress
 - Prevention & crisis resources for loved ones
- Massachusetts Behavioral Health Helpline- **833-773-2445** (BHHL), & online chat at masshelpline.com
- [NAMI Massachusetts Crisis Call, Text, and Chat Services Resource List](#)
- Mobile Crisis Intervention- call toll-free **877-382-1609** any time day or night
 - Services are provided by trained professionals, meet individuals where they are in the community, provide assessment & immediate assistance
- Behavioral Health Urgent Care: [Find your local site here](#)
 - Same/ next day mental health assessments
 - Psychopharmacology & addiction medication evaluation within 72 hours
 - Referrals
 - All other BH treatment/ follow-up appointments within 14 calendar days