Smith House and Boston Medical Center's Elders Living at Home Program Partnership

Boston Medical Center's **Elders Living at Home Program** has been providing intensive case management services to homeless and at-risk older adults since 1986. ELAHP's goal is to end or prevent homelessness for elders served by helping them to access and maintain safe, affordable permanent housing so that they can live healthier, more meaningful lives. The program has served more than 4,000 individuals over the past 30+ years.

With support from BMC, ELAHP is partnering with Madison Park Development Corp and Winn Management to pilot a community based Complex Care Management project at Madison Park Village, based at Smith House. This pilot embeds a Community Health Advocate and a Community Wellness Nurse to provide services that will improve health outcomes and housing stability and maximize independence for residents. The two year pilot seeks to demonstrate that by providing these targeted services in the community, that health care utilization and overall health care costs will decrease, and housing stability will increase.

The **Community Health Advocate** (CHA), Angelys Arrendol, will provide individualized case management and support to residents of Smith House and Madison Park Village to improve health outcomes for these residents. These services will include assessment, care planning and care plan implementation. The CHA will work with the Project RN to identify those most at risk, and will collaborate with community partners and Smith House staff to increase residents' access to services and supports. The CHA will assist with planning and implementing wellness activities at Smith House and oversee student and other volunteer groups. The CHA will record and track data on residents' health outcomes, wellness and life satisfaction.

The **Community Wellness Nurse** (CWN), Marilyn Wright, RN, will provide a combination of hands-on nursing tasks and care coordination for residents of Smith House and Madison Park Village to improve health outcomes for theses residents. These services will include assessment, care planning and care plan implementation. The RN will identify those most at risk, and collaborate with primary care providers to improve wellness and reduce health care utilization. The CWN will work with the CHA and Smith House staff to improve residents' access to services and support, and be the primary liaison to BMC and other health care providers.

The **ELAHP Program Manager,** Kip Langello**,** will provide support and supervision to the Community Health Advocate and oversee day-to-day activities of the project.

The **ELAHP Program Director,** Eileen O'Brien**,** will provide support to the Project RN and be responsible for all project activities including program and resource development.

MPDC
Madison Park Development Corporation

Elders Living at Home Program
25yrs
2,500 Lives Changed