Meeting the Mental Health Needs of Skilled Nursing Facility Residents in San Francisco: *Project Presentation Preview for Behavioral Health Work Group*

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Findings
Survey/Interview Findings: Impacts of the Pandemic on LTC Residents of SNFs

“Three people on my unit have died because of lack of visitors, a screen isn’t the same. They couldn’t see their important people and they died earlier than they had to.”
- SNF Director of Nursing Services

“They want us to stay in our rooms... it drives me nuts, its just the same old stuff every day.”
- SNF Resident

“One man told me that he might as well not live because he hasn’t seen his family in so long. Depression and despair seem to be increasing significantly”
- Advocate for Nursing Home Reform

“I don’t think anybody is the same. Residents are experiencing functional decline based on being in their rooms for so much time. They have a new normal now.”
- SNF Director of Social Services
Research Findings:
Resident Needs Exceed Caregiving Staff Capacity

In a 2020 nationwide survey of nursing home Registered Nurses, 72% reported missing at least one necessary care task in their most recent shift due to a lack of time and/or resources.

In the site-specific survey conducted at one San Francisco SNF only about half of residents agreed with the statements:
“*I am able to get help right away if needed*”
&
“*Staff respond quickly when I ask for assistance.*”

Less than one third agreed with the statement:
“I can have a bath or shower as often as I wish”
“All of a sudden they [SNF residents] became a huge focus because so many of them were dying [from COVID-19], they weren’t a focus before, and I am hoping that they stay in the limelight a while longer. We need to continue to focus on areas that affect the elderly.”

-SNF Director of Social Services
Recommendations
1. Sweeping Overhaul of the Status Quo

• Improved caregiving staff ratios
• Increased Medi-Cal & Medicare reimbursement rates for mental health practitioners
• Decreased reliance on psychotropic medications in favor of access to therapeutic interventions
• Increased presence of registered nurses in SNFs
• Addressing the very high rates of caregiving staff turnover
2. Standardize Person-Centered Care

- Quality of life should be understood as specific to each person
- People served should be treated with empathy, sensitivity, and acceptance
- Person-centered care is expected to be the norm

- Associated with:
  - Significant improvement in residents’ feelings of helplessness and boredom.
  - Increased job satisfaction for staff and improved capacity to positively meet residents’ needs
3. Advocate for Safe Resumption of Social Engagement Activities

• Due to high vaccination rates and loosening public health restrictions, many SNFs are “re-opening”

• Some SNFs remain hesitant

• Presents an opportunity to advocate for resumption and development of social engagement activities.
4. Promote Evidence-Based On-Site Therapeutic Practices

• Telephonic Outreach
• Life Review Groups
• Group, Individual, Staff Therapy (GIST)
• Behavioral Health Activities Intervention (BE-ACTIV)
5. Train Caregiving Staff on Mental Health & Trauma Informed Care

• Variety of staff members in SNFS who have intimate contact with residents provide an opportunity for recognition and response to residents’ mental health needs

• Programs that emphasize mental health training for staff have demonstrated significant improvement in detection and response to residents’ symptoms of depression
  o Trauma Informed Care would be particularly salient after the events of the last year
6. Ensure Tele-Connectivity for All Residents Who are Able to Benefit

- Tele-connectivity can serve as a bridge for some SNF residents to loved ones, healthcare providers, and the larger communities generally
- There are access considerations
- Unlikely that tele-connectivity can be generalized to all SNF residents
- San Francisco is a hub of the technology sector
  - Potential for partnerships to support tele-connectivity for SNF residents
Questions?
Action Items & Next Steps

1. Incorporate recommendations as they relate to LTCCC Policy Agenda and endorse a letter to the State with report & recs
2. Socialize report findings (Gov’s Office/Master Plan on Aging, CDA, SF State Delegation, CCC, MO, BOS)
3. Incorporate report findings into the local Master Plan Local Policy Playbook
4. Support any State/Federal bills which address Status-Quo Issues (Medi-Cal reimbursement rates for mental health providers
   o Staffing issues (i.e. caregiving ratios, high turnover rates)
   o Digital divide among community dwelling, ALF and LTC residents
Action Items & Next Steps

6. Pursue pilots, partners, and funding to plan & launch Evidence-Based On-Site Therapeutic Practices
   - Training for Caregiving Staff on Mental Health & Trauma Informed Care
   - Ensuring Reliable Internet Access at all SNFs and devices for (some) Residents

7. Identify ways to Support Safe Resumption of Social Engagement Activities (e.g. new health guidance and CCC oversight)