LTCCC Behavioral Health Work Group

Notes

9/14/20

1:00-2:30pm

Type of Meeting: Restarting after pandemic interruption; convened virtually
Meeting Facilitator: Susie Smith (Co-chair).

Attendees: Alex Jackson (Co-chair); Scott Arai; Courtney Gray; Nora Martín-White; Jessica Lehman; Bernadette Navarro-Simeon; Christine Ng; Lisa Rosene; Cathy Spensley. Dan Kelly, note taker.

Not in attendance[1]: Brett Andrews; Dr. Marcy Adelman; Nicole Bohn; Dr. Fiona Donald; Anne Fischer; Allegra Fortunati; Susan Gonzalez; Jesus Guillen; Scott Haitsuka; Deborah Kaplan; David Knego; Dr. Ingrid Lin; Jennifer McAtee; Norman Manglona; Gloria Wong; Dr. Michi Yukawa; Eric Zigman.

I. What has been the impact of the COVID-19 crisis on mental health needs?

Susie Smith said that the pandemic aggravated issues of inequity that were always an undercurrent to the group's discussions. Over 80% of San Franciscans who have died because of COVID-19 were age 60 or older. The issues of loneliness, isolation, and fear have become more pronounced. Older adults and persons with disabilities still feel unheard.

Impact of COVID-19 on Clients in Facilities

- **Nursing home visitations:**
  - Scott Arai pointed out that nursing home visitations are shut down. People visit relatives and friends through windows or in the parking lot. It is important to recognize what this population is going through.
  - Jessica Lehman emphasized advocacy on visitation issues. Not only are residents isolated socially, but sometimes family members are providing care to them when they visit. San Francisco has gone further than the state with restrictions. Just last week facilities allowed outdoor visitation, but air alerts from the forest fires interfered.
- **Role of community-based programs for facility residents:**
  - Cathy Spensley pointed out that many community-based programs support people in facilities, but are closed or are relying on check-ins by phone. The senior centers are closed. The closure of the libraries is also a loss for persons living in facilities.
- **Bottlenecks in transitions between levels of care:**
  - Bernadette Navarro-Simeon described placement bottlenecks. Progress Foundation operates a crisis program that is supposed to last just two-weeks, but now has clients who have been in it for nine months. The program is struggling with how to keep clients moving forward when they have nowhere to go. It is not able to see new clients because its current clients are not able to leave.

[1] David McCahon, who was providing project management, is deployed to the city's disaster command center. Nora Martín-White from SF-HSA's Planning Unit will be assuming his duties.

- Cathy Spensley highlighted issues related to facility residents whose levels of functioning have deteriorated because of dementia and need higher levels of care, but have nowhere to go. Because they have a placement, even an inappropriate one, they not prioritized for placements in higher levels of care. This increases the stress on the staff working in those facilities.

Impact of Pandemic on Clients in the Community

Susie Smith asked how the pandemic was affecting people who were living in the community, but who are at risk of entering long-term care facilities.

- **Client isolation and mental health needs:**
  - Cathy Spensley said that the Suicide Hotline was seeing spikes related to increased anxiety.
  - Jennifer Lehman noted that a San Francisco Senior and Disability Action Network survey found a high level of concern about mental health. Disabled persons are very concerned about getting sick, but without a lot of options. Six months into the pandemic, older persons and persons with disabilities are asked to stay home, but opening nail salons is important. The policies and public discussions reveal ageism. Here are the preliminary results of the survey.
  - Alex Jackson said that for the Adult and Older Adult Behavioral Health side of the Health Network the biggest challenge was to balance all the needs. Clients are showing higher levels of suicidal ideation, depression, and anxiety.
  - Scott Arai said that Baker Places was seeing an uptick in substance abuse relapse and in levels of client isolation. It is trying to connect them with providers, not just clinicians but also doctors and other types of providers like the Friendship Line. Frontline staff tell clients that if they are feeling lonely or isolated, they can pick up the phone. Baker Places is figuring out how to get staff and clients equipped for virtual services. The Friendship Line is important because it does not require technology, just a phone. The challenge is how to get this vulnerable population engaged with the community when everyone says to stay at home. The rest of the population is getting used to new normal of social distancing and limited openings, but older folks are staying at home. "It's a weird carve-out that we're telling them to stay inside when the rest of the world is re-engaging."
  - Courtney Gray said that the Health Plan was also seeing increased client isolation and anxiety. Many have concurrent conditions. A lot have respiratory conditions and are coping with both COVID-19 and poor air quality. The Health Plan is working with Project Open Hand and Meals on Wheels so that clients can stay connected. They are doing an analysis of what needs people have, and should have the results by the end of the year. People are more in need for non-specialized services like the Friendship Line. Their needs may not be acute, but they are very isolated. The Friendship Line director did a training on how the line functioned and helping programs adapt to telehealth.
  - Christine Ng noted that most IHSS did wellness checks at the beginning of the pandemic and connected them with resources, particularly food services. They asked clients if they had enough medication, if their provider could continue to support them. The Public Authority was distributing PPE. Providers could get free testing. Last week they did a check-in with clients regarding air quality. Many clients have higher mental health needs. The staff was conducting video checks. Parents of minors who are on IHSS report that their children who are on the spectrum are having difficulty adjusting to new routines.
  - Christine also suggested that there be more training for staff on clients who have both dementia and mental health issues, as well as training for multi-cultural issues, emphasizing differences within each group. With additional training, staff may be able to better support outcomes.

- **Vulnerability of Persons in Supportive Living:**
  - Bernadette Navarro-Simeon was very concerned about people living in supportive housing. Residential treatment programs have staff on duty 24 hours a day, but supportive housing does not have the same level of support. The residents' ability to manage themselves is challenged. Some have relied on community-based wraparound support for years.
  - Lisa Rosene said that it was not just the elderly who were being affected. The Golden Gate Regional Center serves persons from birth to death. Many clients have physical limitations and are restricted to their homes. Their day programs are closed. This is particularly difficult for persons who have severe levels of autism. Their routines have been disrupted, and it is difficult for them and for their caregivers. Many parents have to work at home while they are supporting children with disabilities.

- **Transitions between levels of care:**
  - Alex Jackson said that new clients are arriving at the Behavioral Health network, but it is difficult to transition patients out of care, creating a bottleneck. The system has no playbook on how to transition from telehealth to intensive case management. Some clients cannot come in, but need in-person attention.

- **Telehealth:**
  - Cathy Spensley said that all of the Felton Institute's programs are implementing telehealth. The Ombudsman's Office is learning how to work with board and care homes through a virtual presence. Felton is providing in-person services at 1500 Franklin, serving a lot of people outside and weighing questions about how many can come in safely. They are very concerned about the fall season.
  - Alex Jackson said that the Adult and Older Adult Behavioral Health side of the Health Network has not closed. The past several months it has been business as usual, but via telehealth. The State now sees telehealth and teleconferences as in-person services, which is helpful. In the past it was clinicians who balked at going remote; now they embrace it. The system of care will probably not go back. They do not have Wi-Fi at every site, and do not have cameras on all the computers. A grant was extended to all behavioral health providers to get some of this equipment. Getting clients the necessary equipment for tehealth remains a large question. Anthem Blue Cross has kiosks that are available that are like mobile tablets. SF-DPH is in talks with them about possibly using some of their equipment.
  - Courtney Gray said that the Department of Health Care Services made it possible to fund telephonic services. On the health side, it was possible to claim for telephonic services, but not on the mental health side. In the past, the only remote services it would fund were video services. The new arrangement is temporary, but could become permanent. The reimbursement rates are the same now between telephonic and video.
  - Cathy Spensley suggested that the real issue for clients is affordability, even for the discounted internet. Perhaps it should be prescribed for Adult Day Health Care Centers? Bernadette Navarro-Simeon wanted to second that. The State has put out a survey of how mental health services are being provided. Many people have no access to computers or the internet. How do you get a survey of services being provided?

- **Parity for Mental Health Services**:
  - Christine Ng said that the state issued an All County Letter allowing IHSS to authorize hours for providers to accompany clients to mental health appointments. Some clients have mental health

issues that prevent them from participating in services (e.g. anxiety issues that prevent them from going outside). The IHSS worker can document the needs and authorize the individual provider to accompany them. They were already able to accompany clients to dialysis or chemotherapy appointments, but this creates parity with mental health needs. It has not yet been taken up much.

- Cathy Spensley said that the lens of mental health parity can be an important framework. A lot of people have invisible disabilities and are physically capable of leaving home, but have mental health barriers.

❖ **Staffing challenges:**

- Lisa Rosene noted that the impact of the impact of the pandemic on staff. The staff at the Regional Center and across agencies are working remotely now, and many are parents dealing with their children's schooling, while also trying to manage caseloads of 90 or more. They are worn thin.
- Alex Jackson described how some staff are knocking on the doors of clients needing in-person attention, but staff are also fearful. A lot of the workforce lives outside of the city, and they do not want to take public transportation during the pandemic. They have more responsibilities at home. Some clinical staff are siphoned off for deployment at shelter hotels and quarantine sites.
- Susie Smith said that SF-HSA is also struggling with providing services while staff are deployed for the disaster.

II. Review of Workgroup Scope

Susie Smith asked the workgroup to review its original charter in light of the pandemic:

> *The goal of the LTCCC Behavioral Health Workgroup is to identify gaps in mental health services and enhance culturally competent tools and resources to address the spectrum of mental health needs of individuals living in the community at risk for institutional care.*

Previously, the workgroup identified populations that might be at risk of institutional care, and started to bring in subject matter experts in to better understand available resources, challenges and potential solutions for identified groups, including:

- HIV survivors and LGBTQ older adults
- People with dementia (cognitively impairment/Alzheimer's/other): Alzheimer's Association/other?
- People who are deaf or hard of hearing: DCARA
- People who are blind or visually Impaired
- People who are homebound/mobility disabilities
- People with developmental disabilities (Intellectual, Epilepsy, Cerebral Palsy, Autistic): Regional Center
- People who are dually diagnosed with mental health and substance use
- People with traumatic brain injury

Susie Smith asked if the group should focus on cross-cutting issues rather than group-by-group issues, and suggested that in light of the pandemic the group might concentrate on **telehealth and the digital divide**. Other ideas might be to focus on people in **Skilled Nursing Facilities or supportive living situations** since they are so

isolated and have such limited visitation. What is happening with people who are IHSS eligible? Should we focus on long-term care?

- Alex Jackson thought the new approach made sense.
- Bernadette Navarro-Simeon thought telehealth would be a good focus.
- Jessica Lehman thought it would be useful to learn more about **access to behavioral health is available in long-term facilities**. What outreach is available? What are people hearing? IHSS is another area of concern. It is easy to say what is available, but how do people access what is available? There is a big move toward digital access and equity. Should it be tied to the provision of mental health care?
- Alex Jackson raised that the group had not talked about **institutional racism** and Black Lives Matter and the social unrest. Might the group want to reach out to the African American Leadership Council to get their thoughts on this work? The issues of inequality and inequity are buried within all of the issues we are talking about. Susie Smith suggested making it more explicit in the group's mission statement. Jessica Lehman said that we should be considering the trauma of racism, especially in this time, combined with all of the other trauma we have been hearing about.

Conclusion: Susie Smith summarized the group's discussion, saying that the mission statement seems more or less fine, but focus on two identified populations – persons in Skilled Nursing Facilities and assisted living facilities, and IHSS clients --and the mission statement should be more explicit on how racism has contributed to the problem.

III. Next Steps

1. Expand the workgroup to include representation from care facilities. One possibility was Christina Soarez from the Jewish Home for the Aged. Cathy Spensley suggested that Benson Nadell, director of the Ombudsman Program, would be helpful in zeroing in on these questions.
2. Contact Wendy Peterson, Director of the Senior Services of Alameda County, who is advocating on technology issues at the state level.
3. Contact the San Francisco Tech Council about possible intersections of interest related to the digital divide.
4. Gather relevant surveys being conducted across organizations.
5. Develop a scope of work related to the issues discussed, possibly including surveying, stakeholder interviews, literature reviews about the identified issues. Possibly investigate issues related to rates of reimbursement related to mental health services.
6. Resume monthly meetings.