

# Long Term Care Coordinating Council: Behavioral Health Work Group

1/11/21

2:30-3:30pm

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**Meeting Facilitator:** Susie Smith (Co-chair).

**Attendees:** Allegra Fortunati, Alicia English, Benson Nadell, Gloria Wong; Allegra Fortunati; Scott Arai; Scott Haitzuka; Michelle Roberts; Alexander Jackson, Nora Martín-White, Carley Clemons

**Not in attendance:** Nicole Bohn; Dr. Fiona McDonald; Bernadette Navarro-Simeon; Christine Ng; Brett Andrews; Dr. Marcy Adelman; Anne Fischer; Susan Gonzalez; Courtney Gray; Jesus Guillen; Deborah Kaplan; David Knego; Dr. Ingrid Lin; Jennifer McAtee; Norman Manglona; Lisa Rosene; Dr. Michi Yukawa; Eric Zigman; Christine Roppo; Cathy Spensley

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## 1. Introductions

- a. Introducing Carley Clemons and her background. Carley is a public policy student from UC Berkeley who will be doing her final capstone project with us, analyzing the gaps of mental health services for those living in assisted living facilities.

## 2. Mission and research questions review

- a. Goal of this workgroup: identify gaps in mental health services, to address spectrum of mental health needs of those living in community at risk of institutional care, or those in institutional settings
- b. Honing in on SNFs, one other setting depending on how the project goes
- c. The important of socialization in general (e.g. group activities, and how lack thereof impacts mental health/well-being, and aggravates existing mental health conditions)
- d. What is the role of telehealth
- e. Programming/services for IHSS recipients

## 3. Outbreak and vaccine check in

- a. Benson: surges in skilled nursing facilities in the past few weeks. Very difficult for the residents even with baseline issue pre-pandemic being lonely/isolated, totally exacerbated with suspension of visitors. Also there is a fear of getting COVID within building, excessive TV and media watching. Residents are scared and fearful
  - i. Trauma-related set of interventions related to any type of disaster (FEMA training only gave lip service to health issues)
  - ii. Residents who are in an outbreak, more cognitively intact and in aware of what is going on, not getting trauma-informed counseling and support. Infection control comes first, rules over any kind of trauma support or mental health
  - iii. Under larger rubric of nursing homes, comes under quality of life. Both the mental health of those with chronic illnesses but also situational mental health

1. Making sure the services are not limited to pharmacological support
  - iv. All of the ombudsman are getting vaccinated
  - v. All SNF residents and workers are getting vaccinated through pharmacies. There is a light at end of the tunnel
- b. Susie:
- i. Trauma-informed care and training for staff is a good recommendation
  - ii. Unassessed trauma with implications for quality of life. We do not have great baseline data regarding how people are doing. Any ideas for getting or collecting that **baseline data**?
    1. Benson: will suggest formalized comprehensive assessment tool – CMS quarterly report (**MDS**) – *[is this available on an aggregate level?]*
      - a. County level? **Charlene Harrington at UCSF, has been able to analyze data based on what is aggregated by CMS**
      - b. **Follow up with Charlene on data content, access, and quality**
      - c. **Follow up with Benson to do warm handoff to Charlene**
    2. Continuity of case management – once admitted into nursing facility, lose that MDS data
    3. If don't have diagnosis when going in, the resident needs a psychiatrist to do the assessment
      - a. Smaller facilities don't have one on one staff, just on-call psychiatrists on monthly basis
  - iii. Who is giving new individuals that diagnosis? Psychiatrist/LCSW
- c. Allegra: Where are we with the vaccination rollout?
- i. SNF hub has been focusing on outbreaks
  - ii. Walgreens/CVS sending people in themselves from their platform to administer the vaccinations
    1. Almost complete with residents in SNF
    2. Starting up with RCFEs and ALFs
  - iii. Still working on dashboard to track the vaccinations
- d. Allegra: I'm focused on severe mental illness in ARFs. How does this fit into the research project?
- i. Susie: We are currently researching the basics of all facilities. ARFs already have mental health services contracted
    1. Allegra: Most ARFs don't have them on site; residents in facilities see clinical psychologists around the city
  - ii. Benson: service delivery system pre-pandemic, for ARFs, residents would go outside of the facility and go to a community provider, come back to facility
    1. Now, this system has been modified, where all the clinics call now
    2. But not all ARFs have Wi-Fi, phone available for all residents
    3. Smaller ARFs/RCFEs have behavioral health clients, but no Wi-Fi or hardware
    4. Some are requiring residents to shelter in place, but others can't keep track of those going in and out, cascading effects if someone leaves and tries to come back

- 5. Day programs have stopped for behavioral health/Regional Center ARFs in these smaller homes; smaller homes helped out by having day program activities, versus formal behavioral health service system who may not have that frequent contact/activities
- e. Susie: issue of what is available in terms of FaceTime/devices/Wi-Fi/telehealth, as a gap (policy recommendation)
- f. Michelle Roberts: both infrastructure (Wi-Fi/devices), but also assistance in terms of the client knowing how to use the technology
  - i. E.g. RCFEs/board and care, residents have access, but the knowledge and fear of technology (e.g. 1:1 coaching around technologies)
  - ii. Need for training of clients and caregivers
- g. Alicia: during COVID crisis, state lifted the HIPAA regulations that telehealth reimbursement could be phone only
  - i. US DHHS has rescinded non-HIPAA compliant telehealth options for reimbursement in 2021
  - ii. Whole group of people that will be cut off
  - iii. APA communication – state has determined to reverse that
  - iv. Alicia will forward the APA communication
    - 1. May be important advocacy piece that we can work on more quickly
  - v. **Data on only telephone? Where would we get this data? Follow up with Scott H. or Michelle?**
- h. Scott Arai
  - i. Loneliness and increased depression
  - ii. Friendship line – can we invite someone from the friendship line to speak at the next group meeting? (nonprofit – Institute on Aging)
- i. Benson: Telephone segmented approach – depression prevention
  - i. Suicideology in facilities? Anyone tracking that data?
  - ii. People who are predisposed but trauma triggers

#### 4. Project Update

- a. Do folks have personal relationships to SNFs and smaller facilities (board and care, RCFEs where no requirement) ?
  - i. Important to identify who you want to talk with that will be able to answer the questions you want to ask
  - ii. For example, facilities often get these infection control questionnaires that staff need help walking through it together, because the language is so academic
  - iii. Access + specifically will talk with facilities to help administer survey protocol
  - iv. Could start out socializing the project / whatever is convenient for people
  - v. Susie: this will not be a super complicated/technical survey
- b. Can follow up with Benson for names of people
  - i. Dominics on 30<sup>th</sup> (dementia, not necessarily behavioral health issues)
  - ii. BHC RCFE at general hospital (don't have Wi-Fi even though city-run facility) – Adela telephone
  - iii. Starlight on Bryant St

**iv. Follow up with Benson, getting warm introduction**

- c. For survey of pre and post pandemic world
- 5. Research check in
  - a. Focus: SNFs + ?
  - b. Data:
    - i. Benson: can we get data on 5150s? on an aggregate level pre-pandemic and mid-pandemic
    - ii. How would we slice it by this population in some way? How would we hone in on those who live in facilities
  - c. Support: connections to facilities?
    - i. Will follow up Benson
    - ii. Christine Roppo – Jewish Home

Next Steps

- Follow up with Benson on contacts throughout meeting notes
- Follow up on telehealth reimbursement alert
- Follow up with Friendship Line