

Long Term Care Coordinating Council: Behavioral Health Work Group

2/8/21

2:30-3:30pm

Meeting Facilitator: Susie Smith (Co-chair).

Attendees: Scott Arai, Greg Bogart, Carley Clemons, Alicia English, Peggy Cmiel, Alex Jackson, Benson Nadell, Michelle Roberts Christine Roppo, Gloria Wong, Nora Martin-White

Not in attendance: Nicole Bohn; Dr. Fiona McDonald; Bernadette Navarro-Simeon; 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; Cathy Spensley

1. Check-In

- Telehealth services – extension to provide telehealth from Federal level
- Ombudsman issue (Benson): returning to in-person mandate; targeting folks who have communication deficits (cognitive, vision, hearing); struggling with virtual health platform for these individuals
 - As we consider the research person, consider in-person vs. virtual/telehealth platform and take-up
 - Some ombudsman are willing to do in-person visits now, others are not
 - ombudsman can theoretically go into some of the buildings and could help with the survey implementation
- Susie: yes, we are definitely trying to get at the question: what are these groups thinking in terms of the “new normal”? For whom does virtual services work? There will be more constraints, never will be a world without COVID, what will the new normal look like
- Vaccination updates?
 - Peggy: we’ve heard mix of vaccination rates across country, but we are not seeing pushback at Jewish Home (94% of staff and 96% residents are already vaccinated)
 - Biggest concern: what is next? We continue to get new employees and new residents, and not everyone can go into the sites that currently exist, how do they get vaccinated on ongoing basis
 - They’ve been doing vaccinations onsite; got DPH vials for psych unit, then CVS has been there 3 times to do residents and staff
 - Can’t imagine having to get residents to a mass site, mobile system needs to happen
 - Alex: Vaccination site in Bayview, but some fear/mistrust on vaccines in community and among DPH staff at this time (may get vaccinated later); in general though most of DPH staff have been vaccinated

- For some smaller sites, it can take hours to get vulnerable folks to the mass vaccination sites
- Benson: think about consent; Laguna Honda has been trying to fold in medical probate for those who are unable to consent and don't have a representative; some GGRC clients used modified supportive decision making to help individuals to consent; Public Conservators were able to get consent from court for the vaccination for their clients

2. Project Update (Carley)

- a. Lit Review themes
 - i. Importance of access to preferred events and activities in day-to-day lives
 - ii. Empowering caregiving staff to respond to staff mental health needs (with consideration of staff bandwidth)
 - iii. Structured life review and mental health activities, meaning making
 - iv. RCTs: Group individual and staff therapy (hybrid of group therapy sessions and 1:1) – staff buy-in critical
 - v. The benefit of person-centered approaches to care
- b. Descriptive matrix of different facilities
- c. Survey measure
 - i. Will attempt to survey all SNFs except Laguna Honda
 - ii. Strategies for connecting to SNFs? Who should we ask for?
 - 1. Social services/life enrichment → nurse's aides
 - iii. Benson: focus on quality of life, not just group activities
 - 1. Activity directors; background with ftag 248; mood/affect; solitude;
 - 2. Ask follow up in interviews about visiting therapists/recreational staff
 - iv. Tips?
 - 1. Aim for 15 minutes or less
 - 2. Whittle down to main questions; use skip logic, advanced branching to shorten survey depending on answers
 - 3. Managerial level staff would be fairly easy
 - 4. Front line staff is harder, especially because don't have consistent computer access
 - 5. Email cover letter to director of nursing, explaining what doing and why, with survey link, asking them to share it with the appropriate staff members
 - 6. Do we want feedback from nurse's aides? That will be a challenge logistically.
- d. Stakeholder interviews and focus group:
 - i. Specific contacts or warm handoffs at SNFs?
 - 1. Sheffield is closing down
 - 2. Some focus on short term vs long term; be mindful of that different in terms of survey responses – breaking beds down by short term vs long term, rehab vs long term (include that in the list)

3. St Luke's Sneeha Patil – presentation – short term vs long term beds by facilities (**Susie can follow up**)
 - e. **Will follow up with Christine** on how to incorporate resident and family voice (PHQ 9 results, a potential focus group?)
 - f. How to include residents in survey process?
 - i. Christine: we could make something happen; logistics about it, but could get sample of residents who would like to vocalize how they are dealing with this experience; Jewish Home life and return director, can talk to her about implementing something
 - ii. Susie: think about how we can structure resident/staff survey to be the most helpful for you and other SNFs
 - iii. Peggy: Life Enrichment interviewed about 50 residents to get feedback on isolation, we may be able to share that data, see if there is overlap
 - iv. Benson: interviewing residents is an art; need to be open-ended, no surveys or leading questions; narrative approach instead (like ethnographic research)
 - v. **follow up with Peggy and Christine** about this interview data offline
 - g. Other SNFs
 - i. Benson could try to help when he is doing his visits (e.g., Carley can FaceTime in; will need resident consent for being recorded)
 - ii. **Follow up with Benson** in pairing some questions with what the ombudsman are already doing
 - iii. Randomize residents who are interviewed
 - h. Overarching question: How do we implement the New Normal, and what does it look like? E.g. how do we incorporate trauma-informed care?
3. Timeline
 - a. By the middle-end of February, send out survey and collect responses
 - b. By early March have stakeholder interviews done
 - c. Have initial findings done in late March
 - d. Final report/presentation in May

Next Steps

- Carley: follow up with Benson and Christine for interview, focus group, and potentially surveying residents to include client voice
- Group: we welcome feedback on survey and interview questions (Nora will email out SharePoint link again after meeting, and add the survey/interview drafts to the folder)
- Follow up with Friendship Line