



SAN FRANCISCO HUMAN SERVICES AGENCY
**Department of Disability
and Aging Services**

“How Do We Respond to That Level of Need?”
*Supporting the Mental Health Needs of Skilled
Nursing Facility Residents in San Francisco*





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Project Description & Background



Project Objectives

- Identify mental health needs and gaps in mental health service for Skilled Nursing Facility (SNF) residents
- Illuminate the impacts of the pandemic on the mental health needs of SNF residents, and their access to services
- Explore the role of telehealth in provision of mental health services in SNFs and the role of digital access for social engagement
- Explore access to socialization opportunities in the context of COVID-19 and the role of social engagement/connection as a factor in maintaining mental health.
- Produce recommendations for best practices and promising approaches in mental health service delivery to SNF residents

Methodology

- Literature review
- Stakeholder interviews
- SNF Survey
- Publicly available data sources
 - E.g. Centers for Medicare & Medicaid Services (CMS) data
 - Minimum Data Set (MDS)- fourth quarter of 2019
 - Payroll Based Journal (PBJ) staffing data- third quarter of 2020
- Resident perspective
 - Informal resident interviews
 - Site-based resident survey shared by one SNF



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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



One Example of an Impact: “Fear of Re-entry”

“People don’t get over this, a year of isolation, just like that.”

-Advocate for Nursing Home Reform

“We opened up the dining room and no one wants to return, right now only one person is eating in the dining room by themselves. People are resistant, that isolation became a habit.”

-SNF Director of Nursing Services



Survey/Interview Findings: Resident Needs Exceed Caregiving Staff Capacity

“The whole ratio of staff to residents in nursing homes is woefully inadequate... 5 or 6 residents to 1 CNA per shift. They don’t have a lot of time to chat, they never did... with COVID it became even more challenging.”

-SNF Director of Social Services

“Even before COVID, residents were hearing, ‘we’re short-staffed, you’ll have to wait’, even if they were at ratio. The ratio is not enough”

-Ombudsmen

“Not sure if staff are accurately recognizing verbalizations of suicidality. They are more responsive to behaviors that are giving them a hard time than the actual suffering which is internalized, withdrawal and changes in mood, things like that”

-Ombudsmen



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”

Survey/Interview Findings:

There are Issues with Access to Formal Mental Health Treatment:

Reimbursement Rates for Practitioners

“People with mental health needs are rejected [from accessing services] because of Medi-Cal, they can’t afford the private providers... you see them and they are miserable and their behavior makes those around them miserable”

- SNF Director of Social Services

“One of the biggest problems for psychological care for nursing home residents is that Medicare and Medi-Cal don’t pay for it, and unless there is a reimbursement for it, it won’t happen”

-Advocate for Nursing Home Care Reform



Survey/Interview Findings:

There are Issues with Access to Formal Mental Health Treatment: *Reliance on Psychotropic Medications over Therapeutic Interventions*

*In the fourth quarter of 2019, **34%** of California SNF residents received an anti-depressant in the prior week, **20%** received an antipsychotic in the prior week, and **2%** had access to therapy services*

“Anyone on a psychotropic drug would usually review with a psychiatrist, but that’s not the case here. That should be the norm”

-SNF Director of Social Services



Survey/Interview Findings: Considerations around Tele-Connectivity

“For those suffering from dementia it [video calling] was hard, they would look everywhere but the screen. They could hear their family but couldn’t figure it out. For some it was quite distressing”.

**-SNF Director of Nursing
Services**

“WiFi needs to be upgraded, it can be a pretty bad connection. People get frustrated and discouraged.”

-Ombudsmen

“We have a very short supply of iPads, we have two. Two total.”

**-SNF Director of Social
Services**



Survey/Interview Findings: The Pandemic as an Opportunity for Improvement

“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





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Recommendations



1. Sweeping Overhaul of the Status Quo

- Improved caregiving staff ratios; Staff Ratio: to reflect CMS' recommended hours per day per resident of nursing for optimal care lower patient to certified nursing assistant ratios (ideally 3:1)
- Increased Medi-Cal & Medicare reimbursement rates for mental health practitioners so that there is more incentive to provide mental health services
- Decreased reliance on psychotropic medications in favor of access to therapeutic interventions; Psychotropic: to reflect the evidence that therapy and medication together are more effective than medication alone
- Increased presence of registered nurses in SNFs; RNs: to ensure adequate provision of licensed nursing care and adequate support/oversight/guidance to CNAs, who are supervised by RNs
- Addressing the very high rates of caregiving staff turnover; Turnover: to promote staff retention in the interest of continuity of care for residents
- The success of any intervention would undeniably be supported by addressing underlying systemic issues which currently impede adequate access to mental health supports and services for SNF residents.

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

For person-centered care to be effectively implemented, understandings of what constitutes person-centered care must be standardized and staff must have the capacity to provide care accordingly.

3. Advocate for Safe Resumption of Social Engagement Activities

- Due to high vaccination rates and loosening public health restrictions, many SNFs have been “re-opening” in recent months.
- Presents an opportunity to advocate for resumption and development of social engagement activities.



4. Promote Evidence-Based On-Site Therapeutic Practices

- Telephonic Outreach (e.g., Institute on Aging's Friendship Line)
- Life Review Groups
- Group, Individual, Staff Therapy (GIST)
- Behavioral Health Activities Intervention (BE-ACTIV)

Promote Evidence-Based On-Site Therapeutic Practices

- **Telephonic Outreach:** older adults receive friendly check-in calls with the objective of forming social connections, facilitating connection to needed resources, and improving mental health symptoms.
- **Life Review:** structured evaluation of one's life, aimed at coping with negative experiences and finding positive meaning.
- **GIST:** cognitive behavioral approach to treating depression, adapted specifically to the LTC context and with the goal of developing coping strategy skills.
- **BE-ACTIV:** individual therapy model, developed collaboratively with caregiving staff. Residents attend weekly individual therapy sessions and staff receive training on depression and the benefit of pleasant events for residents' socioemotional wellness.

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 **significantly improved** detection and response to residents' symptoms of depression
- Trauma Informed Care is 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 to loved ones, healthcare providers, and the larger community.
- Access considerations: reliable internet, adequate numbers of internet-enabled devices, formal instruction to support acquisition of skills for the use of technology, availability of staff assistance
- For some residents, particularly those with cognitive impairment, use of technology may remain aversive, or even distressing, regardless of the degree of support they are able to receive.
- Potential for partnerships to support tele-connectivity: existing efforts are in place at the state level to provide communications technology to older adults, including LTC residents, but such funding has been limited

Next Steps

1. Identify and support legislative bills at the state and federal level that address systemic issues and/or tele-connectivity
2. Encourage local SNFs to pilot recommendations, including site-based therapeutic interventions
3. Encourage inclusion of recommendations into Master Plan for Aging local playbook, and/or adopting some recommendations into your local and state advocacy efforts

If interested, or if you have questions, please contact us:
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