



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 a Pandemic World

Board of Supervisors
Budget and Finance Committee
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Presenters

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Long Term Care Coordinating Council (LTCCC)

- An advisory body to the Mayor & City
- Focused on the gaps, needs, and challenges within the long-term care system and services
- Examples of past initiatives include:
 - SF's Strategy for Excellence in Dementia Care
 - Community Living Fund
 - Age & Disability Friendly SF
 - Supporting Affordable Assisted Living in San Francisco

For more info: <https://www.sfhsa.org/about/commissions-committees/long-term-care-coordinating-council-ltccc>

Project Objectives

1. Identify mental health needs and gaps in mental health service for Skilled Nursing Facility (SNF) residents
 - Impacts of the pandemic
 - Roles of telehealth and digital access for social engagement
 - Social connection as a factor in maintaining mental health
2. Produce recommendations for best practices and promising approaches in mental health service delivery to SNF residents

Methodology

- Identify mental health needs and gaps in mental health service for Skilled Nursing Facility (SNF) residents
- Literature review
- Stakeholder interviews
- Skilled Nursing Facility (SNF) Survey
- Resident perspective
 - Informal resident interviews
 - Site-based resident survey shared by one SNF

Skilled Nursing Facilities (SNFs) in SF

- 18 SNFs in San Francisco, 17 of which provide long-term care
- Approximately 2,500 total SNF residents
- Over 50% at most surveyed facilities have dementia, cognitive impairment, or Alzheimer's
- Staffed by: certified Nursing Assistants (CNAs) & Licensed Vocational Nurses (LVN) and/or Registered Nurses (RN)
 - High burn out, high stress, even before the pandemic
 - CNAs tend to be paid low wages
 - Median salary for a SNF CNA in San Francisco was \$35,427 in 2020

Survey/Interview Findings

- 1) Extreme loneliness and isolation due to lack of visitors
- 2) Increased depression and suicidality
- 3) Boredom due to routine and activity disruptions
- 4) Fear of re-entry
- 5) Resident cognitive decline and loss of functioning
- 6) Importance of tele-connectivity

1. Extreme loneliness and isolation

"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



2. Increased Depression & Suicidality

"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



3. Boredom

*"They want us to stay
in our rooms...
it drives me nuts, its
just the same old stuff
every day."*

– SNF Resident



4. Fear of Re-entry

"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

"People don't get over this, a year of isolation, just like that."

-Advocate for Nursing Home Reform



5. Cognitive Decline & Loss of Functioning

"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



6. Importance of Tele-Connectivity

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

-Ombudsman



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

-SNF Director of Social Services

San Francisco Campus for Jewish Living

- Skilled Nursing, Rehabilitation, Assisted Living & Memory Care in the Excelsior District
- 150 years of serving older adults; currently serving more than 300 residents with diverse care needs



Our Experiences: Pre Pandemic





Our Experiences: Today

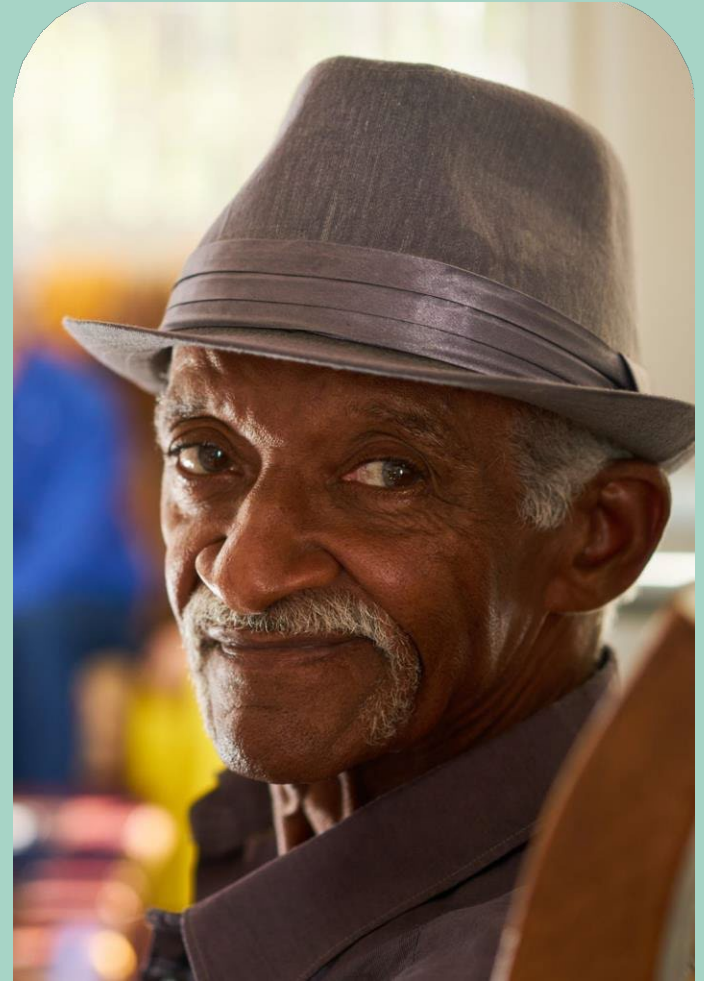




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Recommendations

- 1) Ensure tele-connectivity for all residents who are able to benefit
- 2) Promote evidence-based therapeutic practices



Ensure Tele-Connectivity for All Residents Who are Able to Benefit

- Tele-connectivity can serve as a bridge
- Access considerations: reliable internet, enough devices, formal instruction, availability of staff assistance
- Potential for partnerships to support tele-connectivity

Promote Evidence-Based Therapeutic Practices

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

Life Review Pilot

- Participants share memories from different stages of life
- Long Term Care residents meet once/week with trained co-facilitators for 8 weeks
- Participants are assessed before & after group to measure impact of participation
- Social Services & Life Enrichment staff participated in introduction session
- 2 SFCJL co-facilitators + 2 Felton Institute co-facilitators participated in an in-depth training

Life Review Pilot Goals

- To give residents an opportunity to look back on their lives and feel a sense of accomplishment and peace
- To decrease social isolation & loneliness
- To increase feelings of connection & well-being
- To create friendships
- To build resilience

Request

1. \$250,000 for a 3-year pilot site-based therapeutic interventions, like the one at Jewish Home
2. \$250,000 for a 3-year pilot support increased teleconnectivity in SNFs, including provision of tablets and training residents on how to use devices
3. Encourage inclusion of these recommendations into the State's Master Plan for Aging local playbook, and/or adopting some recommendations into your local and state advocacy efforts