Jewish Home & Rehab Center
at the San Francisco Campus for Jewish Living
2022 - 2025 Implementation Strategy

Introduction & Purpose

Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living, which operates a nonprofit acute geriatric psychiatry hospital, is pleased to share its Implementation Strategy. This document follows the completion of its 2022Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this plan was approved by the San Francisco Campus for Jewish Living Board of Directors on November 2, 2022.

This report summarizes the plan to develop and/or collaborate on community benefit programs that address at least one of the prioritized health needs identified in the 2022 CHNA. The prioritized health needs include:

2022 CHNA Prioritized Health Needs
• Priority 1: Access to coordinated, culturally and linguistically appropriate care and services*
• Priority 2: Food security, healthy eating and active living
• Priority 3: Housing security and an end to homelessness
• Priority 4: Safety from violence and trauma
• Priority 5: Social, emotional, and behavioral health

*Abbreviated as "Access to Care and Services" in remainder of document

Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living

Mission

Enriching the quality of life of older adults.

Vision

To become a regional resource as an integral part of a continuum of care throughout the Bay Area that provides senior adults with a variety of life enriching programs and services that are accessible, promote individual dignity, encourage independence, connect them to their community, and reflect the social, cultural, and spiritual values of Jewish tradition.

The Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living is a nonprofit organization that includes specialized areas:

- Short-Term Rehabilitation Skillen Nursing Units
- Long-Term Care Skilled Nursing Units
- Alzheimer's Garden Unit
- Acute Geriatric Psychiatry Hospital (DBA Jewish Home & Rehab Center)
- Assisted Living
- Memory Care

The hospital is a licensed 13-bed gero-psychiatric inpatient unit devoted to providing behavioral health services exclusively designed for older adults suffering from acute psychiatric disorders. These patients in acute psychiatric crisis require a safe environment, a structured and supportive social milieu, and an effective treatment program. Through an interdisciplinary team approach the hospital accesses different professional and skill groups in real time and are thus able to respond rapidly to patients' changing needs. The small size of the program allows the hospital to truly individualize care to support the health and goals of the patient.

The hospital addresses the needs of the whole person, not just their psychiatric or mental illness. The following services are offered:

- 24-hour nursing care and services
- Medical assessment and continuing care by geriatricians/internal medicine physicians
- Physical, occupational and speech therapy evaluations
- Daily appointments with specially trained geriatric psychiatrists for therapeutic intervention, as well as medication management
- Recreation therapy to support emotional wellbeing and coping skills
- Social work services to encourage stability during the patient's stay, as well as their continued care and community connection upon discharge

Additionally, the social work team's responsibilities extend beyond the patient, connecting with the patient's family and friends, case manager, and outside medical providers. The social work team gathers the patient's past hospitalization records, medical data, and collateral, so that the interdisciplinary group has the most accurate information.

During a patient's stay, the hospital team collaborates with other community-based providers on a steady basis — from communicating prior to admission with medical professionals and outpatient services received in the past, to making sure patients are discharged with the highest level of services available to them. The social services department connects patients with outpatient services, including (but not limited to) partial hospital programs, intensive outpatient programs, home health services, housing services, medical appointments, psychiatric referrals, therapy services, and transportation services, as well as community programs such as senior centers and socialization programs.

CHNA Overview

The City and County of San Francisco's CHNA is conducted by the health department and overseen by the San Francisco Health Improvement Partnership (SFHIP), a multisector collaboration that includes San Francisco's hospitals. When Jewish Home and Rehab Center prepared the 2022 CHNA, the most recent City and County of San Francisco CHNA had been published in May 2019. This CHNA serves as the common basis for all San Francisco's hospital CHNAs, including that of the Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living. In 2019, the Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living supplemented the SFHIP CHNA with their own assessment of needs, due to the fact that we serve a highly specialized population and many of our patients live outside of San Francisco. And, in June 2022, we updated our CHNA, utilizing the 2019 SFHIP report along with observations from our patient population and acknowledgement of the toll the Covid-19 pandemic took on the elderly population. The process and methods for the 2019 SFHIP CHNA, the Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living 2019 CHNA, and the

Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living 2022 CHNA update are described below.

San Francisco Health Improvement Partnership CHNA

Process and Methods

The SFHIP CHNA involved three data collection methods:

- **Community health status assessment.** This method examined existing population level health determinant and outcome data, analyzed by age, race/ethnicity, poverty, place, and other relevant variables, in order to identify health disparities.
- **Assessment of prior assessments.** This method involved a review of reports produced by community-based organizations, healthcare service providers, public agencies, and task forces. While these reports are generally produced for planning and evaluation purposes, they contain rich data on San Francisco's populations, especially those who are marginalized and vulnerable.
- **Community engagement.** Focus groups with community members and key informants/experts were held to help fill in gaps where quantitative data is sparse.

Additional detail on the process and methods used for the SFHIP CHNA can be found in the final CHNA report.

Collaborators

Numerous institutions and community groups have a stake in the health of San Francisco's populations. Many of these stakeholders have come together under the umbrella of SFHIP. One of SFHIP's key activities is to conduct a CHNA every three years. The CHNA serves multiple purposes: In addition to being the foundation for San Francisco's nonprofit hospital CHNAs, it fulfills the Community Health Assessment requirement for Public Health Accreditation for the health department and it informs San Francisco's Health Care Services Master Plan. Collaborators involved in SFHIP include:

- Hospital Council of Northern and Central California (of which SFCJL and AGPH are members)
- San Francisco Department of Public Health (SFDPH)
- University of California San Francisco (UCSF)
- San Francisco Unified School District (SFUSD)
- African American Community Health Equity Council (AACHEC)
- Asian & Pacific Islander Health Parity Coalition (APIHPC)
- Chicano/Latino/Indigena Health Equity Coalition
- San Francisco Community Clinic Consortium
- San Francisco Interfaith Council
- Funders, the business sector, the Mayor's office, and other key stakeholders

Acute Geriatric Psychiatry Hospital CHNA

Process and Methods

To supplement the SFHIP CHNA, AGPH implemented the following methods in June 2019 and again in June 2022:

- **Review of the literature pertaining to older adults with psychiatric disorders.** Several published book and journal articles, as well as news articles, served as sources for identifying population needs.
- **Key informant interviews with experts.** It was not feasible for us to gather direct input from patients due to the challenges inherent in conducting interviews or focus groups with patients with acute mental health disorders, including patient ability to provide informed consent and be sufficiently stable, both medically and psychiatrically, to participate. (Of note, in 2019, we were considering creative methods for collecting input directly from patients and community members and had hoped to incorporate the direct community voice in the 2022 CHNA. In early 2020, the COVID-19 pandemic forced us to postpone those plans. We hope to be able to reconsider direct input from patients and community for our next CHNA.) In lieu of patient input, we conducted nine key informant interviews in 2019 with people who represent the broad interests of our population: four geriatric psychiatrists; two geriatric psychiatry hospital program directors/administrators; one nurse manager; one recreation therapist; and one social services director. Six of the key informants were experts from SFCJL, three were from other institutions with reputable geriatric psychiatry programs, and one was an independent psychiatry consultant. Key informant interviews with five experts were conducted again in June 2022 to review and confirm the priority health needs. These key informants included four experts from SFCJL as well as the medical director of another adult psychiatric hospital clinic in San Francisco. Collectively, the interview participants have extensive experience and a long history of serving older adults with mental health disorders across the socioeconomic spectrum, including people of all genders and racial/ethnic backgrounds. Data from these interviews was analyzed using basic thematic analysis techniques.

Collaborators

In addition to their collaboration with SFHIP, the Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living engaged with Facente Consulting (www.facenteconsulting.com) to assist with the literature review, key informant interviews, and preparation of their CHNA report. UCSF, one of their referring partners, also collaborated with them on this needs assessment.

Implementation Strategy Design Process

Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living contracted with Conduent Healthy Communities Institute (HCI) to facilitate the Implementation Strategy process. HCI convened the hospital's leaders to review the priority health needs identified during the CHNA process and come to agreement on an Implementation Strategy outline.

Taking into consideration input from the key informant participants from the community in the CHNA process and its own resources and expertise, Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living used an inventory of existing and planned programs to narrow its focus to addressing Access to Care and Services. Leaders from Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living then worked with HCI to complete this report.

Implementation Strategy

The Implementation Strategy outlined on the following pages summarizes the strategies and activities that will be taken on by Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living to address Access to Care and Services, which was identified as a priority in the CHNA process.

The following components are included in the program grids below:

- Actions the hospital intends to take to address the health need identified in the CHNA
- Anticipated impact of these actions
- Outcome measures for each activity
- Resources the hospital plans to commit to each strategy
- Any planned collaboration to support the work described

It should be noted that no one organization can address all the health needs identified in its community. Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living is committed to serving the community by adhering to its mission, and using its skills, expertise and resources to provide a range of community benefit programs to address Access to Care and Services. Due to limited resources and/or expertise, this Implementation Strategy does not include specific plans to address other prioritized health needs including: Food Security, Healthy Eating and Active Living; Housing Security and an End to Homelessness; Safety from Violence and Trauma; Social, Emotional and Behavioral Health.

COVID-19 Considerations

The COVID-19 global pandemic declared in early 2020 has caused extraordinary challenges for health care systems across the world including the Jewish Home & Rehab Center's acute psychiatric hospital. Keeping front line workers and patients safe, securing protective equipment, developing testing protocols and helping patients and families deal with the isolation needed to stop the spread of the virus all took priority as the pandemic took hold.

Many of the community benefit strategies noted in the previous 2019-2022 implementation strategy were temporarily paused or adjusted to comply with current public health guidelines to ensure the health and safety of patients, staff and other participants. Many of the strategies included in the 2022-2025 implementation strategy are a continuation or renewal of those that were paused during the pandemic as the identified community needs identified in the 2022 CHNA did not change greatly from those identified in the 2019 CHNA.

Jewish Home & Rehab Center at the San Francisco Campus for Jewish Living: Implementation Strategy Action Plan

PRIORITY: ACCESS TO COORDINATED, CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE AND SERVICES

Goal Statement: Share knowledge and provide training in support of increasing psychiatric resources for older adults and dispelling the societal stigma associated with psychiatric need.

Objective: By June 30, 2025 train six geriatric psychiatry students.

Strategy 1: Continue serving as a training site for future geriatric psychiatrists

Programs/Activities	**Evaluation Measures**	**Data Source**	**Baseline**	**Outcomes Y1** July 2022 – June 2023	**Outcomes Y2** July 2023 – June 2024	**Outcomes Y3** July 2024 – June 2025
Activity 1.A) Didactic lectures and discussions on relevant patient diagnoses, treatments and medications	# of lectures	Internal	2 lectures held between 2019 - 2020			
Activity 1.B) Internships	# of students	Internal	6 Fellows/Interns between 2019-2022			
Activity 1.C) Clinical review of patients with geriatric psychiatrists	# of clinical reviews	Internal	Average 28 patient reviews conducted annually 2019-2022			

Anticipated Outcomes: More psychiatric resources available in Northern California

Target Population(s):

- Third year psychiatry students

Resources: (financial, staff, supplies, in-kind etc.)

- Year 1: Staff time to coordinate the program, physician time for classroom education, physician time for on the floor training with patients
- Year 2: Staff time to coordinate the program, physician time for classroom education, physician time for on the floor training with patients 4 hours per week for 3 months
- Year 3: Staff time to coordinate the program, physician time for classroom education, physician time for on the floor training with patients

Collaboration Partners:

- University of California, SF Department of Psychiatry
- California Pacific Medical Center Residency Program

PRIORITY: ACCESS TO COORDINATED, CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE AND SERVICES

Goal Statement: Share knowledge and provide training in support of increasing psychiatric resources for older adults and dispelling the societal stigma associated with psychiatric need.

Objective: By June 30, 2025 develop and implement a student nurse internship program and train three nurses

Strategy 2: Develop and implement a nurse training program

Programs/Activities	**Evaluation Measures**	**Data Source**	**Baseline**	**Outcomes Y1** July 2022 – June 2023	**Outcomes Y2** July 2023 – June 2024	**Outcomes Y3** July 2024 – June 2025
Activity 2.A) Revew and revise the internship program outline	Program Developed	Internal	Review and revise psychiatric nursing core competencies for current employees that will be incorporated into Nursing Internship program.			
Activity 2.B) Educate hospital nurses in formalized preceptor program	# of nurses educated	Internal	Continue Preceptor program developed by JH Nursing Education Dept			
Activity 2.C) Outreach and recruitment for possible nurse interns	# of outreach events # of interns	Internal	1 nursing student from USF completed clinical rotation in 2021			

Anticipated Outcomes:

- Continuaion of pilot nurse internship program with 3 nurses trained and working in the field of geriatric psychiatry

Target Population(s): • Third and fourth year nursing students
Resources: (financial, staff, supplies, in-kind etc.) • Year 1: Classroom training of interns, clinical training for nurse interns by RN staff • Year 2: Classroom training of interns, clinical training for nurse interns by RN staff • Year 3: Classroom training of interns, clinical training for nurse interns by RN staff
Collaboration Partners: • San Francisco State Nursing School • University of San Francisco • Dominican College

PRIORITY: ACCESS TO COORDINATED, CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE AND SERVICES

Goal Statement: Share knowledge and provide training in support of increasing psychiatric resources for older adults and dispelling the societal stigma associated with psychiatric need.

Objective: By June 30, 2025 engage with five community organizations to provide ten community outreach activities

Strategy 3: Provide community outreach to dispel stigma associated with psychiatric need

Programs/Activities	**Evaluation Measures**	**Data Source**	**Baseline**	**Outcomes Y1** July 2022 – June 2023	**Outcomes Y2** July 2023 – June 2024	**Outcomes Y3** July 2024 – June 2025
Activity 3.A) Continue to research community outreach programs/events for the senior community	Continue Research	Internal	Paused during pandemic			
Activity 3.B) Recreate outreach plan to secure presentation opportunities at public events focused on seniors/their caregivers	Revised outreach plan	Internal	Paused during pandemic			
Activity 3.C) Present educational information	# of presentations # of people reached	Internal	Paused during pandemic			

Anticipated Outcomes:

- Enhanced relationships with community organizations serving seniors and/or their caregivers, and increased availability of information to help dispel stigma associated with psychiatric need
- Educate seniors on identifying and coping with psychiatric issues prevalent in seniors.

Target Population(s):

- Seniors, their families and senior caregivers

Resources: (financial, staff, supplies, in-kind etc.)

- Year 1: Staff time for research and outreach plan
- Year 2: Staff time and materials for presentations and outreach efforts
- Year 3: Staff time and materials for presentations and outreach efforts

Collaboration Partners:

- Community Senior Centers
- Local Synagogues
- Assisted Living Facilities
- Acute Hospitals

PRIORITY: ACCESS TO COORDINATED, CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE AND SERVICES

Goal Statement: Share knowledge and provide training in support of increasing psychiatric resources for older adults and dispelling the societal stigma associated with psychiatric need.

Objective: By June 30, 2025 expand current training options for two social workers and two recreational therapists trained in caring for older psychiatric patients

Strategy 4: Provide training to professionals in the areas of social work, recreational therapy and occupational therapy to increase services for older psychiatric patients

Programs/Activities	**Evaluation Measures**	**Data Source**	**Baseline**	**Outcomes Y1** July 2022 – June 2023	**Outcomes Y2** July 2023 – June 2024	**Outcomes Y3** July 2024 – June 2025
Activity 4.A) Program promotion and outreach	Update outreach					
Activity 4.B) Classroom training	# of students trained	Internal	7 interns trained between 2019 - 2022			
Activity 4.C) Clinical Training	# of students trained	Internal	7 interns trained between 2019 - 2022			

Anticipated Outcomes:

- 4 social workers and 4 recreational therapists trained in caring for older psychiatric patients

Target Population(s):

- Students from community and regional educational institutions in the areas of social work, recreational therapy and occupational therapy

Resources: (financial, staff, supplies, in-kind etc.)

- Year 1: Staff time to promote and coordinate the program; staff/clinician time to train students
- Year 2: Staff time to promote and coordinate the program; staff/clinician time to train students
- Year 3: Staff time to promote and coordinate the program; staff/clinician time to train students

Collaboration Partners:

- San Francisco State University