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AMBER JENNINGS, EDD

Amber has her bachelor's and master's in psychology, along with a doctorate of education in organizational leadership/development.

She brings over a decade of experience as a clinician in the mental health field, serving diverse populations across various healthcare settings. Her expertise spans from children in youth homes and those affected by parental incarceration to adults with developmental disabilities, severe mental illness, and substance use disorders.

Originally from Michigan (Go Green!) and Indiana, Amber now resides in St. Louis, MO.

She currently serves as the Regional Behavioral Specialist - Improvement Advisor for Region 7: MO, KS, IA, NE with Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF), providing technical assistance, training and resources to nursing facilities in her region.



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Mental Health Basics



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Serious Mental Illness (SMI)

What is SMI?

SAMHSA Definition:

Someone over 18 with (within the past year) a diagnosable mental, behavior or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

What causes SMI?

1. Genetic and biological factors
2. Environmental factors (trauma or abuse)
3. Socioeconomic factors (chronic stress)
4. Medication side effects/disease induced

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SMI in Nursing Facilities

- Nursing Home population:
 - 30% of the nursing home population have a diagnosed mental illness
 - 150,000 residents with SMI
- Individuals with SMI are more likely than adults without mental illness to:
 - Spend time in a nursing facility
- The majority of new nursing home admissions with SMI are younger than age 65, creating a unique and complex nursing home subpopulation.

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Impacts of SMI on Health and Well-Being



Significantly poorer health outcomes than the general population



Death 10 to 25 years earlier than people without these illnesses, primarily from cardiovascular disorders



More co-morbidities of physical health conditions and a poorer prognosis



Higher 30-day readmissions for people with SMI and comorbidities related to diabetes, cardiovascular disease and COPD

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Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Psychotic Disorder
 - Brief
 - Due to Another Medical Condition
 - Substance/Medication-Induced

Common Symptoms

- Delusions - False beliefs or paranoia
- Hallucinations
- Disorganized speech
- Grossly disorganized or catatonic behavior
- Diminished emotional expression or avolition

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Bipolar and Related Disorders – Definitions

- Bipolar I Disorder – manic/depressive disorder with or without psychotic episodes.
- Bipolar II Disorder – depressive/hypomanic episodes that alternate. Hypomania is typically less severe than traditional mania.
- Cyclothymic Disorder – cyclical disorder with noticeable highs and lows, typically less severe than Bipolar I and II.

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Bipolar and Related Disorders – Common Symptoms

Depressive symptoms (left arrow):

- Depressed mood most of the day, nearly every day
- Loss of interest or pleasure in activities
- Decrease or increase in appetite
- Fatigue or loss of energy
- Decreased need for sleep
- Diminished ability to think or concentrate, or indecisiveness, distracted easily

Manic symptoms (right arrow):

- Recurrent thoughts of death or suicidal ideation without a plan
- Inflated self-esteem or grandiosity
- Increased talkativeness
- Racing thoughts
- Increase in goal-directed activity or psychomotor agitation
- Engaging in activities with the potential for painful consequences

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Depressive Disorders

Common Symptoms

- Diminished interest or pleasure
- Poor appetite or overeating
- Insomnia or excessive sleeping
- Agitation or slowed psychomotor
- Low energy
- Difficulty making decisions
- Hopelessness
- Recurrent thoughts of death

Depressive Disorders:

- Disruptive mood dysregulation disorder
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Depressive disorder
 - Major (including major depressive episodes)
 - Persistent (dysthymia)
 - Substance/Medication-induced
 - Due to another medical condition

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Anxiety Disorders

- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Panic Attack Specifier
- Agoraphobia
- Anxiety Disorder
 - Separation
 - Generalized
 - Substance/Medication-induced
 - Due to another medical condition

Common Symptoms

- Feeling nervous, restless, or tense
- Sense of impending danger, panic or doom
- Increased heart rate or breathing rapidly
- Sweating
- Trembling
- Having trouble sleeping
- Gastrointestinal (GI) problems

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Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive Disorder (OCD)
- Body Dysmorphic Disorder
- Trichotillomania (hair-pulling disorder)
- Hoarding Disorder
- Excoriation Disorder (skin-picking)
- Other specified obsessive-compulsive and related disorders

Obsessions

Unwanted, intrusive and persistent thoughts.

Compulsions

Urges to do certain rituals or actions.

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Trauma and Stressor-Related Disorders

- Post-Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Adjustment Disorder
- Prolonged Grief Disorder
- Other specified trauma and stressor-related disorder
- Unspecified trauma and stressor-related disorder

Common Symptoms

- Nightmares or flashbacks
- Emotional distress and physical reactivity
- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance or heightened startle reaction
- Difficulty concentrating or sleeping

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Dissociative Disorders

- Conversation Disorder
- Dissociative Identity Disorder
- Dissociative Amnesia including Dissociative Fugue
- Depersonalization/ Derealization Disorder
- Unspecified Dissociative Disorder

Common Symptoms

- Amnesia
- Depersonalization
- Derealization
- Identity confusion
- Identity alteration

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Common Types of Therapy



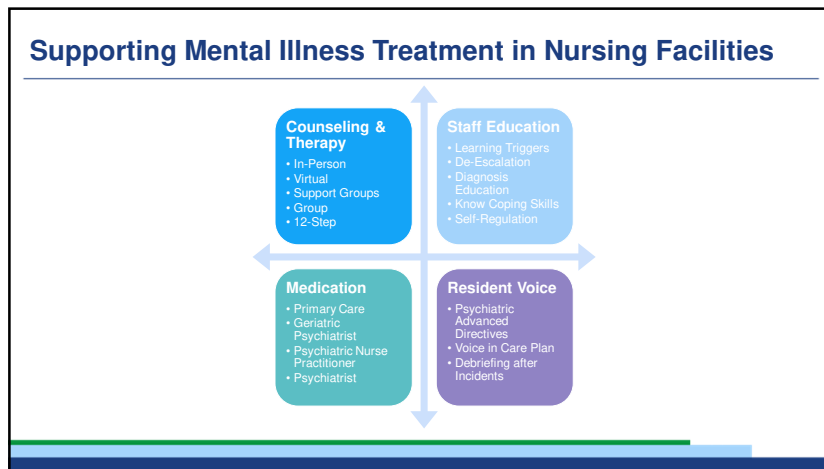
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Supporting Residents With SMI

- Be curious
- Use person-first language
- Educate all staff members
- Identify triggers and go-to coping skills
- Involve residents in their care
- Provide consistency, predictability, and routine
- Allow choice-making opportunities
- Practice good boundaries



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Summary

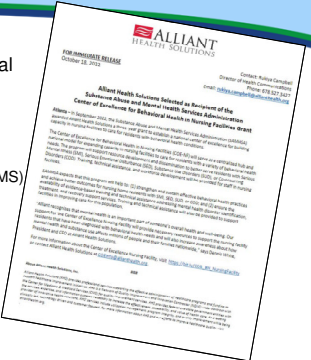
- A Serious Mental Illness (SMI) is a mental illness that interferes with a person's life and ability to function.
- SMI is not a choice, a weakness, or a character flaw.
- SMI is a result of genetics, biology, environment, trauma or abuse, medication side effects/disease induced.
- It can only be diagnosed by a trained professional.
- Nursing facilities play a pivotal role in the lives of residents with SMI.
- Upcoming topic: Addiction & Substance Use Disorders

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Center of Excellence for Behavioral Health In Nursing Facilities

- Cooperative agreement between two federal agencies:
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Centers for Medicare and Medicaid Services (CMS)
- Awarded to Alliant Health Solutions
- Three-year grant: Started September 30, 2022




SAMHSA Center of Excellence Model

SAMHSA Centers of Excellence Model:
Provide training and technical assistance on behavioral health needs of special populations.

Examples of other SAMHSA Centers of Excellence:

- E4 Center of Excellence for Behavioral Health Disparities in Aging
- African American Behavioral Health Center of Excellence
- Center of Excellence for Infant and Early Childhood Mental Health Consultation
- LGBTQ+ Behavioral Health Equity Center of Excellence



SAMHSA
Substance Abuse and Mental Health
Services Administration

COE-NF Purpose

Purpose: The COE-NF serves as a centralized hub for expanding capacity in CMS certified nursing facilities to care for residents with a variety of behavioral health conditions. Training, technical assistance, and workforce development are provided to staff in nursing facilities.

Behavioral health areas of focus:

- Serious Mental Illness (SMI)
- Serious Emotional Disturbance (SED)
- Substance Use Disorders (SUD)
- Co-Occurring Disorders (COD)
- Updated CMS nursing facility guidance (behavioral health, resident rights, quality of care)

COE-NF National Staffing Model

Regional Behavioral Specialists Model

- Experienced behavioral health professionals
- 10 COE-NF Behavioral Specialists
 - Alliant regions 1,2,3,4,5,7
- Each specialist is dedicated to an HHS region
- They live and work in the region they serve



Comagine Health

- Partner
- Cohort Learning
- Supporting regions 6,8,9,10

Additional Support

- Recovery specialist
- Training and education lead
- Subject matter experts on a variety of behavioral health topics

COE-NF Services Audience

- COE-NF offers training and resources for all nursing facility staff
 - Administrators, directors of nursing, social workers, activities, nurses, nurses aides, rehabilitation, environmental services, and dietary team members
- All staff benefit from knowledge and skills regarding resident's behavioral needs, and CMS guidance on behavioral health education.

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Services Available to Nursing Facilities

Foundational Trainings


- Behavioral health trainings identified needs assessment (literature review/interviews)
- Frequently offered and available on a monthly rotation
- Multiple facilities participate in same training session
- Trainings are inclusive of, but not limited to:
 - **De-Escalation Strategies** (Certificate program)
 - **Mental Health First Aid** (Certificate program)
 - **Question, Persuade, Refer** (Certificate program)
 - **Mental Health 101**
 - **Substance Use 101**
 - **Trauma-Informed Care**




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Online Resource Hub


- All resources on SMI & SUD topics with a specialized focus on nursing facility considerations
- On-demand learning modules – utilize when most convenient for staff
- Bite-sized learnings
- Fact sheets and educational flyers



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Behavioral Health F-Tags and Nursing Facility Behavioral Health Needs Assessment



CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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CMS Regulatory Updates

- Updated Guidance for Phase 3 Rules of participation October 2022
- Added Behavioral Health Category
- Portions of Training audience updated to include “All Facility Staff”
- New Behavioral Health Training Category Added

*The Center of Excellence does not interpret CMS Regulations and will not provide specific regulatory guidance on F-Tag compliance.

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New Behavioral Health F-Tags Section

F740 – Behavioral Health Services	
F741 – Sufficient and Competent Behavioral Health Staff	
F742 * - Treatment and Services	Behavioral Health Related F-Tags Outside of Behavioral Health Section
F743 * No Pattern of Behavioral Difficulties Unless Unavoidable	F699-Trauma Informed Care
F744 * Dementia Care	F949- Behavioral Health Training
F745 * Medically Related Social Services	F644 and F645- PASRR

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Nursing Facility Behavioral Health Needs Assessment

CMS Proposed Rule:

- Strengthening the Facility Assessment Requirement:
 - “Clarifying that facilities must use evidence-based methods when care planning for their residents, **including consideration for those residents with behavioral health needs;**”
 - Currently still a “proposed rule”, guidance may change when the final rule has been released.
 - Current guidance already requires consideration in facility assessment of resident’s behavioral health needs and staff training/skills.

Newsroom

Press Kit Data Contact Blog Podcast

Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting (CMS 3442-P)

September 1, 2023

On September 1, 2023, the Centers for Medicare & Medicaid Services (CMS) issued the Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting proposed rule, which seeks to establish comprehensive nurse staffing requirements for all nursing homes accountable for providing safe and high-quality care for the over 1.2 million residents receiving care in Medicare and Medicaid-certified LTC facilities each day.


Nursing Facility Behavioral Health Needs Assessment

- CMS mentions behavioral health needs throughout the current State Operations Manual, in guidance regarding behavioral health Ftags (F740-F745).
- Some examples:
 - Pg. 498: “SUD and SMI care needs should be part of the facility assessment. Facility should determine if they have capacity, services, and staff skills to meet the requirements of F741.”
 - Pg. 507: “The facility must consider the acuity of the population and its assessment in accordance with §483.70(e) – facility assessment. This includes residents with mental disorders, psychosocial disorders, or substance use disorders (SUDs), and those with a history of trauma and/or post-traumatic stress disorder (PTSD), as reflected in the facility assessment.”
 - Pg. 508: Regarding sufficient staff to provide BH services: “The facility must address in its facility assessment under §483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.”

Nursing Facility Behavioral Health Needs Assessment

Why conduct a behavioral health needs assessment?

- Systematic way of identifying current behavioral health needs prevalent in facility's residents.
- Provides actionable data for planning staffing, training, and external resources/partnerships.
- Meets the requirement for a behavioral health component to the facility assessment that must be completed at least annually.




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Nursing Facility Behavioral Health Needs Assessment

4 Step Process

1. **Identify Facility Characteristics/Needs** based on prevalence of behavioral health needs in the current resident population.
2. **Identify Facility Capacity** to support residents with behavioral health needs.
3. **Identify Gaps** Between the facility's needs and capacity.
4. **Develop and Implement Plan** to address the gaps in behavioral health capacity.




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Identify Facility Behavioral Health Characteristics and Needs

Assessment areas include:

- Diagnosis of mental illness
- Medications
- Substance use disorders and history
- Trauma history
- PASSR Level 2
- Incidents




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Mental Illness Diagnosis

Percentage and number of residents with a diagnosis of:

- Schizophrenia
- Bipolar Disorder
- Major Depression

- Can be gathered through a diagnosis search of your electronic medical records or a search of MDS item# I5700-I6100
- Remember this data is only as good as the person who entered it into the EMR or MDS.
- Schizophrenia has been found to be misdiagnosed at times – ensure that those diagnoses are accurate and follow APA's diagnostic criteria.



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Medications

Number and percentage of residents prescribed:

- Antipsychotic medication
- Other psychotropic medication

Where can you find this info?

- Search your electronic medical record for medication orders
- Ask your pharmacy/consultant pharmacist



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Substance Use Disorders & History

Number and percentage of residents with substance use disorders (SUD) and/or history.

Where can you find this?

- Start with a diagnosis search in the electronic medical record
- History of SUD may be captured in social service assessments
- If you can't find this easily, do you think facility staff are aware of which residents have a SUD/history?

Note: SUD is not always captured in MDS and it's up to the facility to identify a way of screening each resident.



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Trauma History

Number and percentage of residents with a trauma history

Where can you find this?

- Start with a diagnosis search in the electronic medical record
- History of trauma may be captured in social service assessments
- Trauma Assessment Tools

Note: Trauma history is not always captured in MDS and it's up to the facility to identify a way of screening each resident.

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Level 2 Preadmission Screening and Review (PASRR)

Number and percentage of residents with a Level 2 PASRR

- Total number of residents with level 2 PASRR
- Residents with level 2 and specialized services recommended

Where can you find this?

- Search of MDS item# A1500
- Does your facility keep a binder or file of all level 2 PASRR's? Maybe in social services?
- State PASRR database

Are there residents who may currently need a level 2 review?

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Incidents Related to Behavioral Health

Number of monthly incidents/accidents related to mental illness or substance use disorders in past 6 months.

- Incidents
- Psychiatric hospitalizations

Where can you find this:


- Review of incidents log (it's somewhat subjective)
- Review of admissions/discharge/transfer data in electronic medical record

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Step 2: Identify Facility Behavioral Health Capacity

What is currently in place at your facility to address behavioral health needs?

- Staff training on behavioral health skills and knowledge
- Psychiatry/medication management
- Psychotherapy
- Other specialized behavioral health staff
- Specialized care areas
- Community agency behavioral health partnerships



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Staff Training on Behavioral Health

What trainings are currently offered to all staff that address skills and knowledge for working with residents with mental illness or substance use disorders?

- Are there any additional trainings offered to specific groups of staff?



Where can you find this?

- Ask the person responsible for staff in-services/education.
- Identify what trainings were completed in the past 12 months

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Psychiatry/Medication Management

Is there a psychiatrist (or Psychiatric Nurse Practitioner) that evaluates residents and makes psychotropic medication recommendations?

- How often is the psychiatrist on site at the facility?
- Are all recommendations reviewed by the attending physician and interdisciplinary team?

Where can you find this?

- Check the medical record for documentation of these reviews/recommendations
- This might be managed by the Medical Director, Director of Nursing, or Social Services.

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Psychotherapy

Are psychotherapy (talk therapy) services offered to residents?

- Psychotherapy providers are usually psychologists, or clinical social workers.
- How often is the psychotherapist(s) on-site at the facility?
- Is psychotherapy offered in all needed languages?




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Other Behavioral Health Specialists

Does your facility have any additional specialized staff to address behavioral health needs of residents?

- Psychiatric nurse practitioner
- Behavioral specialist
- Activity specialist
- Behavioral tech
- Certified Addiction Counselor



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Specialized Care Areas

Does your facility have any specialized behavioral health care areas?

Specialized care areas are a model of cohorting residents with specific needs and providing specialized care to them.

- Staffing: Specific training, additional types or quantities of staff
- Environmental: décor, room capacity, restricted access

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Community Agency Partnerships

Does your facility have any partnerships with local community behavioral health agencies?

- Psychiatric hospitals
- Mental health clinics
- Substance use treatment providers
- Medication Assisted Treatment clinics
- AA/NA groups
- Psychosocial clubhouses



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Next Steps: Team Involvement

- **Step 3: Identify Gaps** Between the facility's needs and capacity.
- **Step 4: Develop and Implement Plan** to address the gaps in behavioral health capacity.
- *The COE-NF offers many trainings and resources to help build capacity to meet behavioral health needs.*



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Services Available to Nursing Facilities

Customized Technical Assistance

- Facility level behavioral health individualized technical assistance
- Provided by behavioral specialists based out of the region they cover
- Customized training opportunities to match facility's needs



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Services Available to Nursing Facilities


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- Trainings are inclusive of, but not limited to:
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 - **Question, Persuade, Refer** (Certificate program)
 - **Mental Health 101**
 - **Substance Use 101**
 - **Trauma-Informed Care**



Eligibility

- COE-NF is funded to serve CMS Certified nursing facilities
- Facilities should be listed on the CMS Care Compare site as a **nursing facility** or **skilled nursing facility**
- Nursing facilities that are **not** CMS-certified assisted living facilities are **not** eligible for services
- Ineligible facilities can still access the COE-NF free online resource hub, however those facilities are not eligible for technical assistance or trainings.




When to Request Help from the COE-NF

Request assistance with:

- Gaps identified in staff knowledge or skills in meeting behavioral health needs of residents
- Difficulty meeting a particular resident's behavioral health needs
- Where to start and how to prioritize training and skills development for staff around behavioral health needs of residents

Inquiries We Refer:

- Assistance in non-behavioral health areas
- Requests or concerns from residents or care partners
- Requests from providers that are not CMS certified nursing facilities
- Emergencies - call 911



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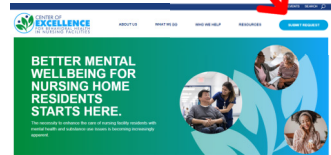
How to Submit a Request

Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- <https://nursinghomebehavioralhealth.org/request-assistance>

National Call Center: (844) 314-1433

- Staffed by COE-NF behavioral specialists
- Assistance with completing the consultation request form
- Live Monday-Friday from 1-5 p.m. EST
- Messages will be responded to within **one (1) business day**



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Engagement Strategies

Monthly Newsletter

- Shares behavioral health resources
- Provides nursing facility behavioral health regulatory updates
- Announces upcoming training opportunities


Social Media Profiles

- LinkedIn: www.linkedin.com/company/nursinghomebh/
- Twitter: twitter.com/NursingHomeBH
- Facebook: www.facebook.com/NursingHomeBH
- YouTube: www.youtube.com/channel/UCgnRi9EFB9rXAprlUwS09sw

Text Messaging Platform

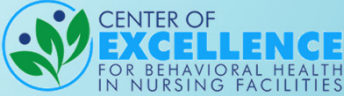
- Enables nursing facility staff to receive COE-NF updates on their smartphone

SCAN ME





Scan QR code to sign up for the COE newsletter.

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CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Questions?



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Thank You!



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