From: Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) <coeinfo@allianthealth.org>
Sent: Tuesday, March 11, 2025 8:37:12 AM
Subject: COE-NF Newsletter: Bipolar Awareness, Staffing Updates & Free Resources

March 2025 Newsletter

The Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) provides mental health and substance use evidence-based training, customized technical assistance, and resources to certified Medicare and Medicaid nursing facilities that care for residents with a variety of behavioral health conditions at absolutely no cost. To submit a request for assistance, complete the online request form by clicking **HERE**.

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In This Issue

- Save the Date: Upcoming Training
- You Matter

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World Bipolar Day:

Raising Awareness and Combating Stigma

World Bipolar Day is observed annually on March 30th. Its purpose is to raise awareness about bipolar disorder and to help eliminate the social stigma associated with it. Bipolar disorder is a brain condition characterized by extreme mood swings, which include emotional highs (hypomania and mania) and lows (depression). These mood fluctuations can impact sleep, energy levels, activity, judgment, behavior, and the ability to think clearly.

Symptoms of a Manic Episode

A manic episode lasts at least one week, during which a resident experiences an elated or irritable mood most of the day, nearly every day, along with increased energy. A hypomanic episode is a milder form of mania lasting at least four days. While symptoms of both episodes are the same, hypomanic symptoms are less severe.

During a manic or hypomanic episode, at least three of the following changes in behavior occur:

- Decreased need for sleep
- Increased or faster speech
- Uncontrollable racing thoughts or quickly changing ideas or topics when speaking
- Distractibility
- Increased activity
- Increased risky behavior
- Grandiosity (an exaggerated sense of self-importance, superiority, or uniqueness that is not based on reality)

Symptoms of a Depressive Episode

A major depressive episode lasts at least two weeks, during which a resident experiences at least five of the following symptoms, including at least one of the first two:

- Sadness or despair
- Loss of interest in activities the person once enjoyed
- Feelings of worthlessness or guilt
- Fatigue
- Increased or decreased sleep
- Increased or decreased appetite
- Restlessness or slowed speech or movement
- Difficulty concentrating
- Frequent thoughts of death or suicide

Sources: Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health.

Prevalence

Up to one-quarter of all patients with bipolar disorder are over 60 years of age.[1] The prevalence of bipolar disorder in the elderly is conservatively estimated at 0.5% to 1% in the community setting [2] and possibly as high as 10% among those living in skilled nursing facilities (SNFs).[3] Bipolar Disorder is likely to become more prevalent in SNFs as there is a trend toward more SNF placements for patients with serious psychiatric illness.[4]

Ways to Recognize World Bipolar Day

Download the COE-NF Bipolar fact sheet to:

- Provide training for your staff
- Share in huddles
- Post in breakrooms
- Share in your facility newsletters

Click HERE to Download Fact Sheet

1. Sajatovic M, Blow FC, Ignacio RV, Kales HC. Age-related modifiers of clinical presentation and health service use among veterans with bipolar disorder. Psychiatr Serv. 2004;55(9):1014-1021.
2. Sajatovic M, Strejilevich SA, Gildengers AG, et al. A report on older-age bipolar disorder from the International Society for Bipolar Disorders Task Force. Bipolar Disord. 2015;17(7):689-704.
3. Sajatovic M. Aging-related issues in bipolar disorder: a health services perspective. J

Geriatr Psychiatry Neurol. 2002;15(3):128-133.
4. Fullerton CA, McGuire TG, Feng Z, Mor V, Grabowski DC. Trends in mental health admissions to nursing homes, 1999-2005. Psychiatr Serv. 2009;60(7):965-971.

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Centers for Medicare and Medicaid Services (CMS) Launches National Campaign to Boost Nursing Home Staffing and Care Quality

The Centers for Medicare & Medicaid Services (CMS) has recently shared an exciting update that will significantly affect the workforce and the quality of care in nursing facilities. CMS has launched a national Nursing Home Staffing Campaign to foster meaningful increases in nursing home staff. As part of this initiative, CMS will:

- Provide financial incentives for registered nurses (RNs), like tuition reimbursement, to encourage RNs to work in nursing homes and state agencies.
- Promote training opportunities by streamlining the process for individuals to become a Certified Nurse Aide (CNA), which can include paid, on-the-job training, making it easier for them to enter the nursing home workforce.

Key Features of the New CNA Website

- **Comprehensive Career Information:** Provides details on the CNA role, including job responsibilities, career growth opportunities, and the CNAs' role in health care.
- **Training and Certification**: Offers information on training programs, certification requirements, and financial aid, with links to state-specific resources and paid, on-the-job training programs.
- **Job Listings and Application Resources:** Features a nationwide job board, resume writing tips, interview preparation, and other resources to help candidates enter the workforce.
- **Support for Current CNAs**: Provides continuing education, career advancement resources, and guidance on transitioning into higher nursing roles, such as Licensed Practical Nurse (LPN) or Registered Nurse (RN).

Why It Matters

This initiative helps address staffing shortages in nursing facilities by making it easier to pursue careers in nursing, including:

- Certified Nurse Aide (CNA)
- Licensed Practical or Vocational Nurse (LPN or LVN)
- Registered Nurse (RN)
- Nurse Practitioner (NP)

By expanding the pool of qualified professionals, CMS aims to improve care for residents in healthcare settings.

How You Can Help

- **Spread the Word:** Share this resource with your networks, including educational institutions and community organizations.
- **Encourage Staff Development:** Support current CNAs in accessing the professional development resources available on the site.

Click HERE to Visit Website

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Nursing Facility Guidance: Revised Guidance for Surveyors

On April 28, 2025, surveyors will begin using the updated Appendix PP guidance to determine compliance with requirements on surveys.

Including significant revisions related to the unnecessary use of psychotropic medications, CMS has revised F641 Accuracy of Assessment and F658 Comprehensive Care Plans Changes related to Nursing Services. The intent is to assure that each resident receives an accurate assessment and that ALL services being provided, as outlined by the comprehensive care plan, meet professional standards of quality. Mental Disorders diagnosed by a practitioner must use evidence-based criteria and professional standards, such as the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and must be supported by documentation in the resident's medical record. Supporting documentation should include, but is not limited to, evaluation of the resident's physical, behavioral, mental, psychosocial status, and comorbid conditions, ruling out physiological effects of a substance (e.g., medication or drugs) or other medical conditions, indications of distress, changes in functional status, resident complaints, behaviors, symptoms, and/or state Preadmission Screening and Resident Review (PASRR) evaluation. Additionally, this type of evaluation should be done on admission.

Insufficient documentation for a new mental health diagnosis means that the resident's medical record lacks the following components:

1. Documentation, such as nurses' notes, indicating that the resident has exhibited symptoms, disturbances, or behaviors consistent with the criteria outlined in the DSM, and for the duration specified by those criteria.
2. Documentation from the diagnosing practitioner showing that the diagnosis was based on a comprehensive assessment, including notes from the practitioner's visit.
3. Documentation from the diagnosing practitioner confirming that the symptoms, disturbances, or behaviors are not attributable to the effects of a substance (e.g., a drug of abuse or medication) or another medical condition (e.g., a urinary tract infection or high ammonia levels).
4. Documentation describing the impact the disturbances are having on the resident's functioning, such as interpersonal relationships or self-care, compared to their level of functioning prior to the onset of the disturbances.

The medical record must include documentation of ALL these items. If any of these elements are missing, it constitutes insufficient documentation and represents non-compliance at F641 and F658.

If the surveyor identifies a pattern (e.g., three or more) of residents with a new diagnosis lacking sufficient supporting documentation, the surveyor should cite the scope of the non-compliance at a minimum scope of pattern (e.g., level 2 = "E," Level 3 = "H," or Level 4 = "K").

Additionally, the surveyor should discuss the findings with their state agency to consider referring the individual completing the inaccurate coding on the MDS, physician, nurse practitioner, clinical nurse specialist, or physician assistant to their respective state board (e.g., state medical board, state nursing board, etc.).

What can you do TODAY?
Use the COE-NF's Schizophrenia in Nursing Facilities: Validating Diagnosis and Planning for Appropriate Care to help validate the accuracy of a schizophrenia diagnosis.

Educate staff on Schizophrenia Facts and watch the COE-NF's Recognizing and Treating Schizophrenia In Nursing Facilities on-demand learning to learn how to identify symptoms of schizophrenia, conditions that can be mistaken as schizophrenia, as well as treatment strategies.

Review the REVISED: Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process for the most recent updates.

The COE-NF stands ready to support your facility in these guidance areas. Contact us today!

Click HERE to Request Assistance

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COE-NF In-Action Consultation Summary

The COE-NF In-Action consultation summaries demonstrate how the COE-NF provides critical mental health and substance use support to nursing facilities. The summaries include ideas and ways to transform your nursing facility's approach to providing high-quality behavioral health care to residents.
In this issue, the COE-NF is spotlighting the following summary:

A Strategic Approach to Comorbidity Treatment: Empathy in Action

The COE-NF regional behavioral specialist (RBS) was contacted by a facility requesting assistance for a resident with a dual diagnosis of schizophrenia and bipolar disorder and a history of trauma. The resident was exhibiting aggressive behavior towards other residents and staff. The resident's current medications were not effectively managing her hallucinations/delusions, and her symptoms had worsened since admission. Additionally, she was resistant to any proposed medication changes.

Click HERE to Read More

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Office Hours

Have mental illness and substance use questions? We have the answers! Join us for office hours to talk with the experts.

Managing Substance Use Disorders in Nursing Facilities

Interested in receiving expert answers to substance use challenges you are facing in your nursing facility? Join Dr. Jen Azen and Dr. Swati Gaur, subject matter experts, as they answer questions related to your complex cases. No question is too big or too small!

Join our monthly office hours on the third Friday of each month from 1-1:30 p.m. ET to get answers directly from the experts working in nursing facilities!

Audience: Appropriate for clinicians, nurses, administrators, and social workers.

Register HERE **Download Flyer**

CARES® Serious Mental Illness™

The COE-NF is making the CARES® Serious Mental Illness™ Online Training Program available to CMS-certified nursing facilities at no cost. CARES® Serious Mental Illness™ focuses on how to develop care strategies for individuals diagnosed with a Serious Mental Illness (SMI) and how SMI differs from dementia.

Interested in learning more about CARES® Serious Mental Illness™ before committing, or have general questions about the program?

Join our monthly office hours meeting on the fourth Wednesday of each month from 2:30-3 p.m. ET for an open discussion on implementation, benefits, case studies and successes.

Audience: Appropriate for staff at all levels of care

Register HERE **Download Flyer**

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COE-NF Resources

The Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) has developed a range of resources designed to educate nursing facility teams.

Bipolar Disorder Facts
Learn the facts and bipolar disorder. Download English Version | Download Spanish Version

Overcoming Stigma in Mental Health
Helpful tips to stop mental health stigma. This resource is available in English and Spanish. Download English Version | Download Spanish Version

Interested in accessing additional COE-NF resources for your facility?

Click HERE

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DID YOU KNOW?

There are three main types of bipolar disorder:

- Bipolar l
- Bipolar ll
- Cyclothymic Disorder

Click HERE to Learn More

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CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

JOIN OUR UPCOMING VIRTUAL EDUCATION EVENTS

Enhance your skills with our March 2025 training sessions! This month, we're covering suicide prevention, person-centered care, addiction, de-escalation strategies, and more. Each session is designed to provide practical tools, valuable insights, and continuing education credits.

Secure your spot today - registration is limited!

Person-Centered Care in Nursing Facilities: How to Make it Work

Tuesday, March 11, 2025
2-3 p.m. ET

1.0 ACCME & 1.0 NAB credits will be offered.

This interactive virtual learning event will review person-centered care (as defined by the Centers for Medicare & Medicaid Services) and how being 'other person-oriented' can enhance nursing staff and resident engagement. The content will also review practical tools to identify and mitigate the impact of stigma and bias around mental health and substance use, enlisting a collaborative approach to achieving resident care plan goals.

Learning objectives:

- Describe person-centered care as it relates to nursing facilities and staff practice.
- Identify how stigma and bias induce assumptions that impact rapport-building and interactions.
- Identify the benefits of an individualized approach to resident engagement.
- Learn how person-centered care as a collaborative strategy can help residential nursing home staff and residents achieve care plan goals.

Register HERE

Question, Persuade, Refer (QPR)

Suicide Prevention Training
****Registration Closed. This Session is Full.****

Thursday, March 13, 2025
2-3:30 p.m. ET

1.5 ACCME & 1.5 NAB credits will be offered.

QPR training will offer strategies to support your work in providing suicide prevention and mental wellness to your residents. This 1.5-hour evidence-based instructor-led training is held virtually and will provide a comprehensive review of a three-step approach anyone can learn to help save a life from suicide. This session will provide a one-year certification to attendees.

Key components covered in the training:

- How to Question, Persuade and Refer someone who may be suicidal.
- How to get help for yourself or learn more about preventing suicide.
- The common causes of suicidal behavior.

- The warning signs of suicide.
- How to get help for someone in crisis.

An Overview of Bipolar Disorders for Nursing Facility Staff

Tuesday, March 18, 2025
2-2:30 p.m. ET

0.5 ACCME & 0.5 NAB credits will be offered.

This half-hour training will introduce staff to a basic understanding of bipolar disorder, its onset, symptoms, and treatments. Participants will leave with an understanding of this mood disorder and be able to identify its symptoms and approaches to help residents experiencing challenges from bipolar disorder.

Learning objectives:

- Participants will gain an understanding of bipolar disorder.
- Participants will be able to recognize and understand the signs and symptoms of mania and depression.
- Participants will learn appropriate responses of engagement with residents.

Register HERE

Addiction 101—What It Is and What It Isn't

Thursday, March 20, 2025
2-3 p.m. ET

1.0 ACCME & 1.0 NAB credits will be offered.

This session will provide an introduction to addiction, its effects on brain functioning, and how it fits into the chronic disease model. We will review DSM-5-TR criteria and the placement dimensions from ASAM (American Society of Addiction Medicine) to support care planning.

Learning objectives:

- Attendees will gain an understanding of how addiction impacts the brain, the consequences of addiction, and the behaviors residents dealing with addiction might exhibit.
- Attendees will gain an understanding of DSM-5-TR criteria for addiction to support treatment referrals.
- Attendees will gain an understanding of basic addiction screening tools.

Register HERE

Changing Behaviors from a Rolling Boil to a Simmer: De-Escalation Strategies to Defuse Difficult Situations

Tuesday, March 25, 2025
2-3 p.m. ET

1.0 ACCME & 1.0 NAB credits will be offered.

This training will outline factors that contribute to escalating behaviors and strategies to safely defuse situations. In addition, we will discuss how staff behaviors and communication styles can affect desired outcomes.

Learning objectives:

- Identify what contributes to escalating behaviors and how appropriate staff responses can positively impact outcomes.
- Recognize how communication skills are important for building rapport with residents in crisis.
- Learn strategies and techniques to help manage crisis situations.

Register HERE

Mental Health First Aid (MHFA)

****Registration Closed: This Session is Full****

Friday, March 28, 2025
11 a.m.-4:30 p.m. ET

7.75 NAB credits and 5.5 ACCME credits will be offered after completing the live training.

Mental Health First Aid (MHFA) training provides skills to engage and provide initial help and support to someone developing a mental health or substance use challenge or experiencing a crisis.

This session provides a MHFA certification for three years.

The training covers:

- Common signs and symptoms of mental health and substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use and self-care.

The training is divided into three parts:

Part 1 starts AFTER initial registration has been APPROVED by the instructor. Approved registrants will be emailed instructions on how to create an online profile using MHFA Connect and complete a pre-survey/quiz followed by a two-hour self-paced online course. Registrants MUST complete Part 1 no less than 48 hours (two business days) prior to the scheduled Part 2 session.

Part 2 is a 5.5-hour live instructor-led virtual training. Participants are required to be on camera the entire time.

Part 3 participants will return to MHFA Connect to complete the post-test and evaluation, which is required to receive a certificate of participation.

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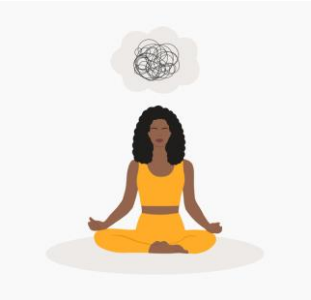
You Matter:
One-Minute Self-Care Break

A self-care break doesn't have to be long. Sometimes, just one minute of focused breathing is all it takes. Click here to follow along with a quick one-minute breathing meditation from the Substance Abuse and Mental Health Services Administration (SAMHSA).



Click HERE to Watch Video

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Scan the QR code or click the button below to sign up and receive text notifications from COE-NF.

Stay up-to-date on COE-NF news and events.

Click HERE to subscribe to receive text messages

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Contact us:
For more information, please call **1-844-314-1433** or email coeinfo@allianthealth.org.

To submit a request to inquire about substance use and/or mental health training options for your facility, complete the **inquiry form**.

Was this email forwarded to you? If so, please subscribe HERE.

Click below to follow the COE-NF social media channels for resources, news and more!

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Alliant Health Solutions (AHS) was awarded a three-year cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration

with the Centers for Medicare & Medicaid Services (CMS), to create the COE-NF. AHS has over 50 years of experience working with nursing facilities and behavioral health in nursing facilities.

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