



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Strategies for Managing Residents with SMI in Long-Term Care

January 21, 2025



Host



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Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.

Presenter



Barbara Bull, RN, BSN

Director of Nursing &
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Barbara “Barb” Bull has 41 years’ experience as a registered nurse in both acute care and long-term care settings. The last 13 years she has worked with a behavior population in the long-term care setting. She is also a certified CPI instructor. Her trainings provide common sense approaches to managing difficult behaviors that focus on resident and staff safety.

Barb serves on nursing advisory boards at North Central State College and Wayne County Schools Career Center. She is active in her church and her hobbies are all things family, reading, cooking, baking and DIY home projects. She is married to Adrian, who is a retired paramedic and fire chief, and together they have two adult daughters and a grandson.

Learning Objectives:

1. Identify common characteristics of behavior residents and their unique needs in the long-term care environment.
2. Recognize the inherent challenges that come with a behavioral health model.
3. Use appropriate and effective team strategies to managing resident behaviors in the long-term care setting.

I didn't want to be a psych nurse, little did I know....



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Key Statistics and Insights

- Reports highlight that **one in five** nursing home residents had a psychotic disorder in 2019 and individuals with SMI are likely to experience long term institutionalization if they enter a nursing home.
- In the US, up to **50%** of nursing home residents have a diagnosed mental illness. Those with an SMI diagnosis tend to enter nursing homes at a younger age despite having lower rates of cognitive impairment and functional limitations.
- Approximately **20%** of adults aged 65 and over will experience mental health issues and up to **4.8%** will have SMI.
- Over the past decade, the prevalence of SMI in assisted living and nursing homes has been rising. In nursing homes specifically, the prevalence of SMI increased by **77%**.

Foundational Principles

- Understand the Mission – Consistency – Transparency
- Buy in by all levels of the care team and all departments
- Know what you do well – appropriate resident selection
- Be prepared to review and change ALL of your established processes and standard operating procedures
- Appropriate staff selection and ongoing training
- Regulatory compliance and confidence in the survey management process
- Understand the documentation requirements to keep you in compliance
PASRR, LOC, Psychotropic Informed Consent, Appropriate diagnosis for antipsychotic use, 14-day psychotropic medication reviews and appropriate GDRs, Abuse reporting and self reported incidents, Care planning, behavior plans

Understand the Mission

- Behavior residents are a tough population to manage.
- They have medical co-morbidities that are complicated by their SMI.
- They often lack any support system.
- They have historically not made great decisions about their physical or mental health needs and they won't start just because they live with you now.
- They have limited to no safety awareness.
- They don't believe they have mental illness and they don't think they need your help.

Leadership and Staff Buy-in

- Starts at the top. Make sure the medical director, the DON and the administrator are all in. It won't work otherwise.
- Make sure that you secure appropriate psychiatric coverage. They require a different level of oversight and management.
- Be honest with the department heads about the challenges of managing a behavior population and how it will impact their department.
- Frequent and honest communication with all levels of staff to share information, answer questions and provide support. People are afraid of what they don't understand.
- Debriefing critical events

Know What You Do Well

- Appropriate resident selection is critical to a successful program.
- Just because they have SMI doesn't mean they are a fit for your environment or with your other residents.
- Watch for those residents with both SMI and developmental disabilities. They present unique challenges.
- Male vs. Female – They need to be managed differently.
- Mixing behavior residents with a traditional SNF population is problematic and often doesn't work well.
- Mixing a younger, busier population with geriatrics can cause safety risks for the geriatric residents.

We've Always Done It That Way – Probably Won't Work Now

- Behavior residents will challenge all of your “normal” ways of doing things in all departments.
- They require a structured, consistent environment with rules and boundaries to help them be successful.
- Once you correct a behavior, they will create a new one.
- Constantly assess your processes to make sure they are effective.
- Learn to think outside the box.
- Include all disciplines in the planning of new processes. Getting input from all stakeholders on the front end helps with consistent application on the back end.

Behavior Health is Not For Everyone

- There are people that LOVE to take care of behavioral residents. Find them.
- Offer a shadowing experience before hire to make sure they understand what they are signing on for.
- Extensive orientation period with tenured staff
- Specialized training for all levels of staff
 - *CPI – Nonviolent Crisis Intervention Training*
 - *De-escalation strategies*
 - *Limit-setting*
 - *Appropriate use of a behavior plan*
 - *Non-pharmacologic Interventions*
 - *Abuse Reporting and Prevention Training*

The Devil Is In The Details – Documentation

- Excellent documentation is critical to the success of a behavior health program.
- Nurse's notes need to be descriptive and “tell a story.” Be transparent.
- Care planning is more important than ever when dealing with behavior residents.
 - *Consider using a Behavior Care plan in addition to a Comprehensive Care plan.*
- MD and Psych notes need to be comprehensive and specific to the resident behaviors, support the existing diagnoses and psychotropic medications. Need a good process for documenting GDRs.
- Be confident in “why you do what you do” to demonstrate regulatory compliance.

The Devil Is In The Details – Documentation

- Abuse reporting and prevention training and self reported incidents are a necessary part of managing behavior health residents. This is always an area of risk. Making sure everyone knows the process for reporting suspected abuse is important.
- There is an art to composing an SRI so that it reflects accurately what happened, but doesn't prompt a complaint survey.
- Pre-admission Screening and Resident Review (PASRR)
- Level of Care

Common Behavioral Resident Traits

- History of multiple placement failures, homelessness, incarceration
- History of polysubstance abuse issues
- History of physical, emotional and sexual trauma
- History of traumatic brain injuries
- Younger, but present with multiple co-morbidities
- Minimal to no family supports -- they have limited support systems and they don't trust that anyone is really trying to help them
- Very poor historians and minimal documentation available about their psychiatric histories prior to admission
- Medicaid is the primary payor

Special Challenges

- Survey – You will always be a square peg in a round hole
- Surveyors that do not understand or are intimidated by behavioral residents
- Family dynamics are often challenging
- Differing regulations and philosophies between ODA, ODMH and ODDD
- Assuming everything is a “behavior” rather than a behavior caused by an acute medical issue
- When looking at a referral for a behavior resident, make sure you know the questions to ask BEFORE you accept.
- If for some reason a resident doesn't work in your building, finding new placement for them is challenging

Behavior Management Strategies

- Create an environment that fosters a trusting relationship with the resident
- Use the environment to help with behavior management – lighting and sound
- Engage every department to help when there are behavioral challenges
- Remove the resident – or remove the audience
- Non-pharmacologic interventions start the process
- Educate the nursing team on the proactive use of PRNs
- Use behavior plans to modify resident behaviors
- Have a plan in place for residents that exhibit behaviors that put themselves and others at risk

A Word About CPI

CPI Guiding Principles

CARE

Respect, dignity, empathy, person-centered

WELFARE

Maintaining independence, choice and well-being

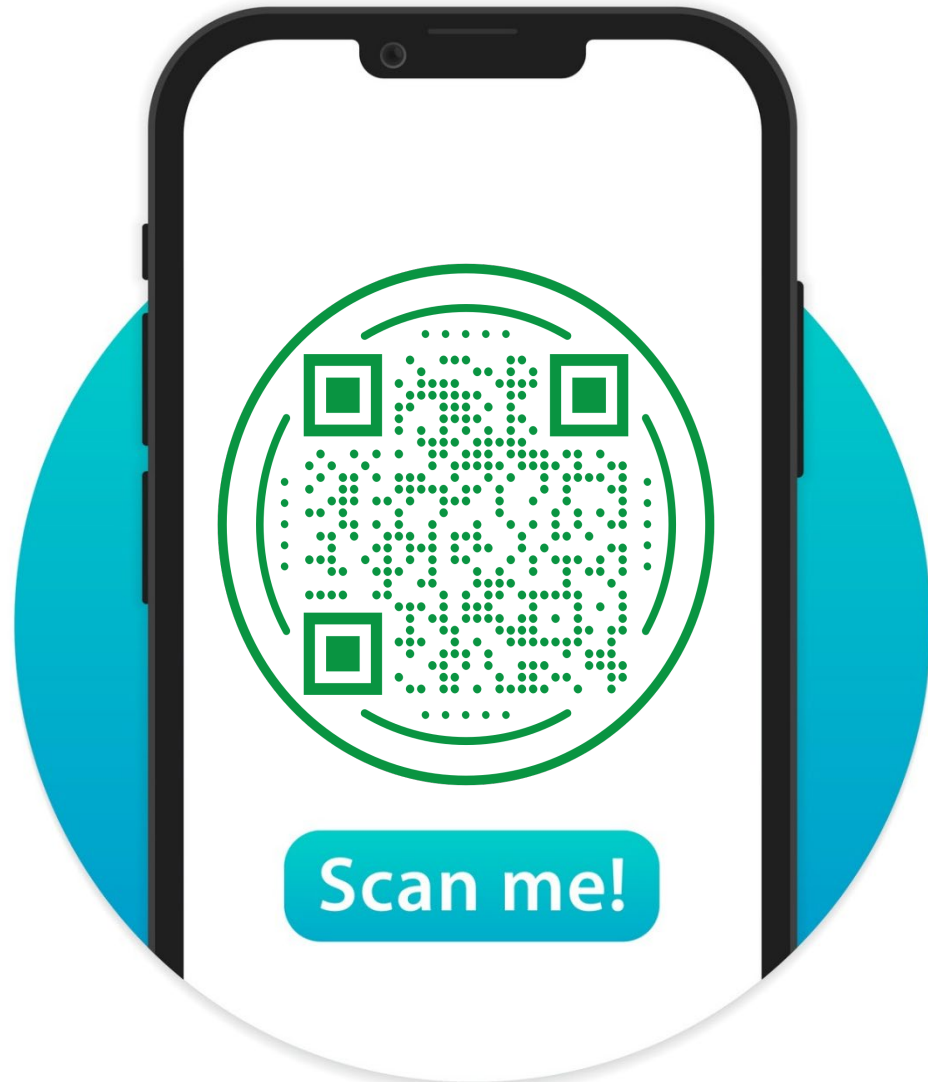
SAFETY

Protecting rights and minimizing harm

SECURITY

Safe, effective, harmonious and collaborative relationships

Request Assistance



To submit a request for assistance,
scan the QR code.

We look forward to assisting you!

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For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

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Thank You!



This material was created by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H79SM087155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.