



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Implementing a Behavioral Health Ambassador Program

May 15, 2025



Host



Nikki Harris, MA, CBHC-BS

Training and Education Lead

Nikki is 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 training, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

She previously 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



Sherri Creel, LMHC, MS
COE-NF Regional Behavioral Specialist

Sherri Creel is the Region 4 behavioral specialist for the Center of Excellence for Behavioral Health in Nursing Facilities.

She is a licensed mental health counselor with more than 25 years of clinical experience in residential treatment, outpatient settings, and private practice with children and adults. She previously led a team on an inpatient unit at University Behavioral Center, providing therapy for teenage girls and their families who have been victims of sexual abuse.

For the last seven years, she has engaged in Alliant Health Solutions' Medicaid auditing work and contributed work to the National Covid Resiliency Network.

Sherri is a certified CPI verbal intervention trainer. She also has a B.A. in sociology and psychology from the University of Florida and a M.S. in mental health counseling from Nova Southeastern University.

Presenter



Wilbert Martin

Recovery Specialist, COE-NF

Wilbert is the recovery specialist for the Center of Excellence for Behavioral Health in Nursing Facilities and a Certified Addiction Counselor, Level II (CACII) with over 25 years of clinical experience working across the care spectrum. He has worked in outpatient services, as well as intensive residential and correctional settings. His experience includes more than 20 years of experience in service delivery, training, staff development and administrative leadership.

In addition to providing evaluation, mental health, and substance use treatment to adults, older adults, adolescents, and children, he's worked with learning institutions, long-term care facilities, nursing facilities, community coalitions and inpatient psychiatric facilities to improve behavioral health outcomes.

Wilbert has a bachelor's degree from the University of Michigan in sociology and a master's degree from the University of Phoenix.

Objectives

- Participants will gain a clear understanding of the role of a Behavioral Health Ambassador and the advantages of implementing a Behavioral Health Ambassador Program.
- Participants will learn about effective training strategies, recruitment processes, and best practices for launching the program.
- Participants will explore key behavioral health topics to include in the initial educational curriculum and opportunities for ongoing education.

Who are Behavioral Health Ambassadors?

Employees who are:

- Committed to improving mental health and substance use awareness.
- Voluntarily serving as champions of change by fostering awareness, understanding and support for improved behavioral health care for residents.
- Serving as the voice of your behavioral health initiatives.

Why are Behavioral Health Ambassadors Vital in Nursing Facilities?



- They are the voice of the behavioral health initiatives.
- They are essential to the nursing facility's efforts to improve the safety, care and welfare of residents with behavioral health disorders.
- They improve the confidence of staff providing these services.

Role of Behavioral Health Ambassador

- Communicate opportunities
- Create and maintain an information board
- Support training initiatives
- Seek expert guidance
- Respond to crisis situations
- Engage in care planning



Benefits of the Behavioral Health Ambassador Program

- Educates, advocates, and increases awareness about behavioral health disorders.
- Enhances the ambassadors' confidence in supporting residents, improves job satisfaction, and reduces stress when addressing behavioral health challenges in facilities.





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Behavioral Health Ambassador Program Guide

Program Considerations

Recommendations for establishing a Behavioral Health Ambassador program

- ✓ Start small
- ✓ Engage interest
- ✓ Plan a budget
- ✓ Establish visibility

Promoting the Ambassador Program



1. Recruit
2. Responsibility and time commitment
3. Host a Q&A session and place information in the company newsletter and bulletin boards
4. Emphasize this is a voluntary program and ask for volunteers
5. Team leads promote the program and invite other staff
6. Identify staff interested in the program

Are You Ready to Make a Difference?

Are You Ready to Make a Difference?

Become a Behavioral Health Ambassador

Are you passionate about supporting residents' mental well-being? Would you like to advance your own professional development, while making a lasting impact on residents?

Benefits of becoming a behavioral health ambassador?

Promote mental wellness: Play a key role in creating a supportive environment where residents feel valued and understood.

Enhance your skills: Gain specialized knowledge and training in mental health and substance use disorders to apply in your daily care practices.

Support your team: Serve as a resource for your colleagues, sharing training opportunities and best practices.

Drive positive change: Help reduce stigma around mental health and substance use disorders.

What You'll Do:

✓ Participate in tailored behavioral health training programs.

✓ Be part of a team to lead behavioral health initiatives at the facility.

✓ Provide guidance and mentorship to fellow staff.

Ready to take the next step?

Speak to your supervisor to find out how to become a behavioral health ambassador.

Your involvement helps complete the mission.



Scan the QR code to view additional resources and trainings from the COE-NF.

www.nursinghomebehavioralhealth.org



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AMBASSADOR PROGRAM
PARTNERS & NURSING FACILITIES
CERTIFIED



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Criteria for Participation in the Ambassador Program

Possible staff criteria:

- An interest in mental health and substance use
- Willingness to provide education to team members and comfortable presenting to peers
- Strong communication and interpersonal skills
- Comfort with guiding behavioral health conversations
- Respected by peers and residents
- Willingness to volunteer



Launching the Behavioral Health Ambassador Program

Behavioral health assessments are conducted to identify care gaps for residents with serious mental illness and substance use issues.



Brainstorm with NF leadership on ways to include staff in the culture change.



Nursing facility (NF) staff and regional behavioral specialists will discuss the need for staff to buy into the culture change by adding behavioral health education.



Develop the behavioral health ambassador role, including benefits and responsibilities.



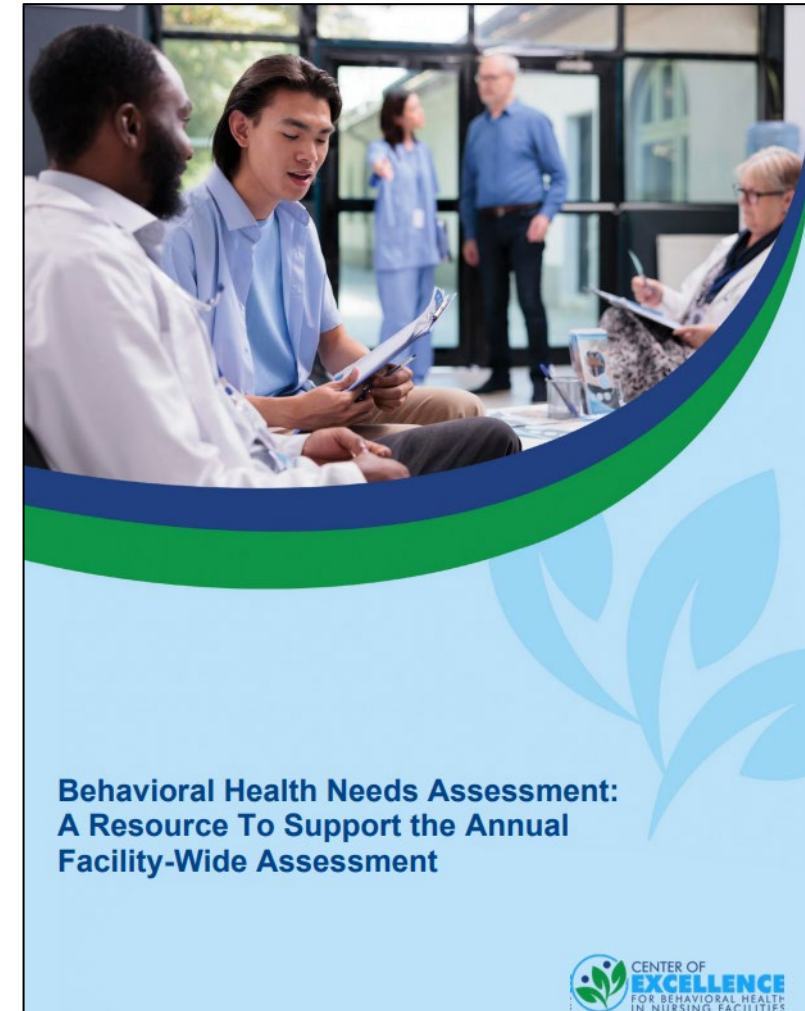
Behavioral Health Needs Assessment – Getting Started

There are two versions of this tool:

- 1) A fillable PDF format
- 2) A fillable form with examples to trigger your team's response

Located on the COE-NF website:

<https://nursinghomebehavioralhealth.org>



Behavioral Health Ambassador Training Curriculum 1: Mental Health

BITE-SIZED LEARNING

Mental Health 101

Learn about the basics of mental health, how to recognize signs and symptoms and ways to support residents with mental health...

WATCH VIDEO

BITE-SIZED LEARNING

The Power of Empathy

Discover practical ways you can build connections with residents by employing empathy. Learn simple techniques to demonstrate empathy...

WATCH VIDEO

MDD-STIGMA-508-032924F_508.PDF



Overcoming Stigma in Mental Health

What is a Mental Health Stigma?

Mental health stigma is a set of negative attitudes, thoughts, biases and unfair beliefs directed toward individuals with a mental health condition. Mental health conditions, just like physical health, are real health concerns that require assessment and evidence-based treatments.

Language Matters

Staff may not be aware that words commonly used to describe residents with a mental health disorder could be stigmatizing and harmful. It can also prevent residents from seeking help, lead to shame, and even worsen their symptoms. Words and terms such as:

- Crazy
- Anti-social
- Lazy
- Attention-seeking
- A crybaby
- A drama queen/king
- Feeling sorry for themselves
- Should just snap out of it
- Being difficult

Use words to heal, not harm.

Stopping Stigma

Nursing facility staff play a key role in reducing stigma. Use these tips to stop mental health stigma:

- Treat all residents with dignity and respect
- Avoid using harmful labels and terms
- Speak out about stigma
- Provide facility-wide education on mental health conditions
- Recognize that the mental illness is not under the resident's control

For Help and More Information

Visit www.nursinghomebehavioralhealth.org or simply scan the QR code found to the right.



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Behavioral Health Ambassador Training Curriculum 2: Substance Use

MODULE

Substance Use and the Brain

Gain a better understanding of the impact substance use can have on the brain and available treatment options for residents.

COMPLETE PRE-TEST



Identification and Intervention for Potential Substance Use Disorders in Nursing Facilities

Residents may attempt to obtain opioids or other medications while genuinely experiencing pain. While the pain warrants treatment, it doesn't always require the specific medication or doses requested or prescribed.

While no single indicator proves a resident has a substance use disorder, multiple signs combined may strongly suggest the possibility and will require further evaluation. Practitioners should carefully consider the potential for a substance use disorder (SUD) if a resident:

- ▶ Reports consistent vague, general, nonspecific pain symptoms
- ▶ Indicates pain that does not match known anatomy or natural course (e.g., location, radiation)
- ▶ Has no meaningful improvement in symptoms over time, despite multiple changes to medications and doses
- ▶ Demands every dose to be given ahead of time
- ▶ Routinely insists that medication be given immediately as scheduled
- ▶ Demands the desired medications and doses with an intimidating or threatening behavior toward staff



- ▶ Experiences little or no improvement in relief proportionate to the increases in and total amounts of analgesics administered
- ▶ Is active and happy within minutes of a dose, despite ongoing complaints of excruciating pain
- ▶ Refuses to try any pain treatment other than opioids, even as a baseline
- ▶ Refuses to try dose reductions or substitutions, despite continuing pain complaints

requests for
mimic an SUD

to view additional
signs from the
[substancehealth.org](https://www.samhsa.gov/substance-health)

baseline on Pain
Behavioral Health
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in (SAMHSA). Its
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Administration.



The Science of Substance Use Disorder

What is Substance Use Disorder (SUD)?

Substance use disorder is a treatable chronic mental health disorder that affects a person's brain and behavior, leading to an inability to control their use of the substances despite negative consequences on health, work, and/or relationships. Substance use disorders can involve the use of legal or illegal drugs, alcohol or medications.

Substance Use: Impact on the Brain and Behavior

Certain substances change three key parts of the reward system of the brain, namely the prefrontal cortex, nucleus accumbens and ventral tegmental areas. These changes contribute to continued substance use despite harmful outcomes and the desire to quit.

Prefrontal cortex is responsible for decision making and impulse control. Substances impact the prefrontal cortex leading to poor decision making and risky behaviors.

Nucleus accumbens (the "pleasure center") receives the dopamine signals from the VTA. The nucleus accumbens becomes overstimulated by the large amount of dopamine, creating intense pleasure and the desire for more of the substance.



Ventral Tegmental Area (VTA) is responsible for regulating reward, learning, memory, and behaviors associated with substance use. When certain substances are used, the VTA releases a flood of dopamine causing intense pleasure leading to the desire to use again.

These changes in the brain due to substance use impair the ability to:

- Quit substances despite waning interest, side effects or consequences
- Regulate cravings
- Experience satisfaction in regular activities
- Feel "normal" without the substance

Additional Resources

For additional resources, visit www.nursinghomebehavioralhealth.org or simply scan the QR code.



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Training Selections for Ambassadors


Curriculum 3: De-escalation Training and Resources

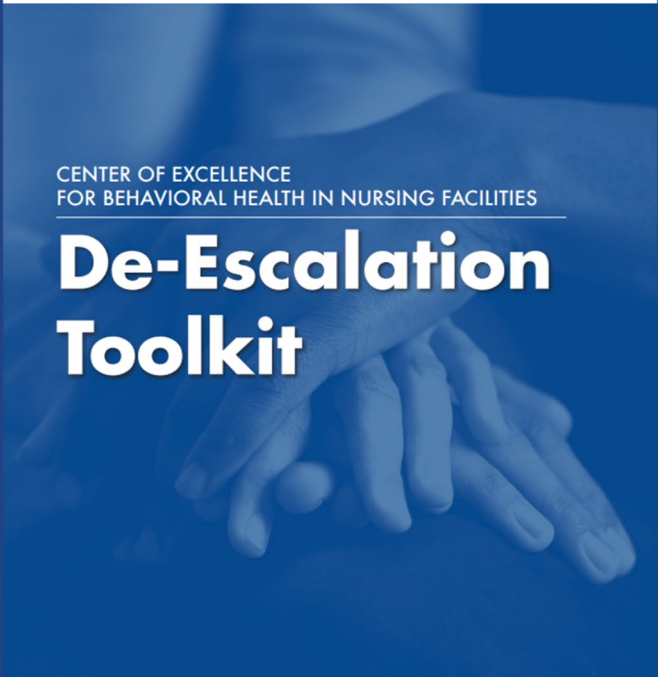
MODULE

De-escalation Strategies

Learn key skills to safely de-escalate challenging behaviors in nursing facilities.


COMPLETE PRE-TEST

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De-Escalation Toolkit









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The Do's and Don'ts of Nonverbal Communication


What is Nonverbal Communication?
Nonverbal communication is showing your thoughts, feelings, and mood through visual and physical actions, without using words. It includes gestures, facial expressions, body movement, posture, space, eye contact, tone of voice, and touch. This is also known as body language.

Why is Nonverbal Communication Important?
Nonverbal communication is important because what you say verbally and what you communicate through your body language may be totally different. You are communicating even when you're not aware of it. The more you pay attention to your nonverbal gestures and actions, the more effectively you can communicate.


80%
of all communication is nonverbal

✓ DO	✗ DON'T
 Use positive body language like smiling and appropriate eye contact when helping residents.	 Use negative body language like crossing your arms, frowning or rolling your eyes.
 Use gestures like nodding to show you are listening when a resident is talking to you.	 Use actions that make you appear distracted, like checking your phone.
 Respect personal space when talking to a resident.	 Use aggressive postures like standing too close or staring.
 Approach the resident from the front.	 Approach from the back or side.

Additional Resources
For additional resources, visit www.nursinghomebehavioralhealth.org or simply scan the QR code.



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Behavioral Health Ambassador Training

Curriculum 4: Certification Programs

Select at least one:



- Verbal De-escalation Strategies (5 Hours)
- Mental Health First Aid (7.5 hours)
- Question, Persuade, Refer QPR (1.5 hours)

Ambassadors' Ceremony and Launch



Launch the program after the ambassadors complete the training.

- ✓ Kick off the program with a ceremony to recognize staff who completed the training
 - Certificates, pins, cake, balloons, potluck
- ✓ Promote the program and goals widely to staff, residents, families and referral sources
 - Staff meetings, newsletters, family/resident counsel meetings

Ways to Support the Ambassadors



Schedule routine behavioral health meetings (huddles) for debriefing and peer support.



Create a schedule of regular check-ins and touchpoints between leadership and the ambassadors throughout the year.



Offer incentives and recognition to motivate ambassadors (within budgetary limits).



Schedule ongoing training opportunities with the COE-NF to strengthen skills, gain knowledge, and build confidence.



Establish an ambassador mentorship program (buddy system).



Include the ambassadors in the Quality Assurance and Performance Improvement (QAPI) plan.

Continuous Education Recommendations

To ensure the continued success of the program, the following curricula are recommended:

Schizophrenia

- **Recognizing and Treating Schizophrenia in Nursing Facilities (module) (15 minutes)**: This module gives staff the tools to support residents living with the complex disorder of schizophrenia. Staff will learn how to identify symptoms of schizophrenia, conditions that can be mistaken for schizophrenia, and treatment strategies.
- **Schizophrenia Fact Sheet (fact sheet)**: Schizophrenia is a complicated brain disorder with a range of symptoms. Learn the facts about schizophrenia.
- **Ten Ways You Can Support a Resident with a Schizophrenia Diagnosis (fact sheet)**: Ten tips for supporting a resident diagnosed with schizophrenia.

Bipolar Disorder

- **Recognizing and Treating Bipolar Disorder in Nursing Facilities (module) (20 minutes)**: This module will equip staff with foundational knowledge of bipolar disorder, explore the potential causes, and the impact it can have on residents.
- **Bipolar Disorder (fact sheet)**: Learn the facts about bipolar disorder.

Continuous Education Recommendations

Major Depressive Disorder and Anxiety

- **Identifying and Supporting Residents with Major Depressive Disorder (module) (15 minutes)**: Provides effective support tools for residents with major depressive disorder (MDD). Staff will learn how to recognize common symptoms and warning signs, understand risk and protective factors, identify screening tools, and develop personalized care plans.
- **Understanding Major Depressive Disorder in a Nursing Facility (fact sheet)**: Learn the facts about MDD. MDD is a serious mental illness (SMI) that requires understanding, compassion, and medical care.
- **Nonpharmacological Approaches to Depression Management (fact sheet)**: Provides non-pharmacological approaches to assist residents in managing depressive symptoms.
- **Major Depressive Disorder Myths & Facts (fact sheet)**: Recognize the myths vs. facts of depression.
- **Helping Residents Manage Anxiety (fact sheet)**: Provides helpful tips for reducing anxiety in nursing home residents.
- **Understanding Generalized Anxiety (fact sheet)**: Recognize the signs and symptoms of generalized anxiety disorder.

Continuous Education Recommendations

Trauma-informed Care

- **Apply the 4 Rs to Create a Trauma-informed Approach in Nursing Facilities (fact sheet)**: This document will help nursing facilities recognize the 4 Rs (Realize, Recognize, Respond, and Resist Re-Traumatization) needed to create a trauma-informed environment.
- **Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility (fact sheet)**: Trauma-informed care starts with learning and understanding as much as we can about a resident's lived experiences. Display this flyer as a daily reminder of the ways staff can take a trauma-informed approach.

How to Sustain the Ambassador Program

Recruiting Additional Ambassadors:

- Encourage current ambassadors to share their stories and experiences to inspire others to join.
- Promote the ambassador program through materials, pins and signs.
- Incorporate details about the program into the onboarding process.
- Incorporate the bite-sized learning videos into policies and procedures for onboarding, annual training, and other training events.



Recommendations for Annual Training/Onboarding

Ways to ensure continuous learning for staff:

- Onboarding training
- Annual training
- Just-in-Time training

Group Learning: In-Service Toolkits



Major Depressive Disorder In-service Toolkit: This toolkit educates nursing facility staff about MDD, including risk factors and symptoms, as well as appropriate steps to take when supporting a resident with MDD.



Substance Use Disorder In-service Toolkit: This toolkit provides staff with knowledge and skills about substance use disorder, its effects on the brain, and how to support residents with SUD.



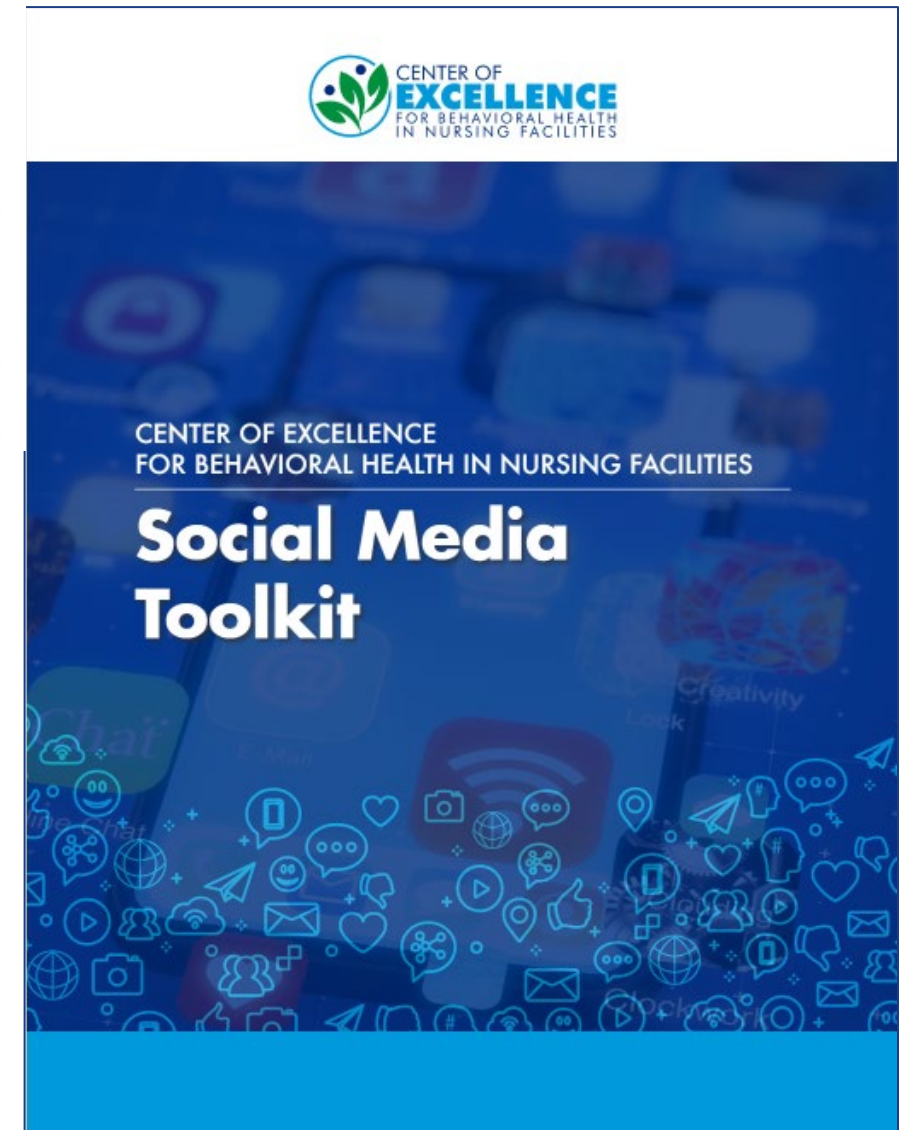
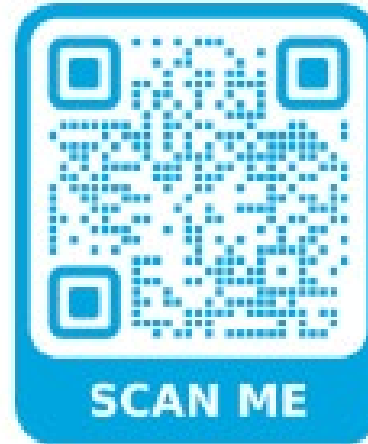
De-escalation Strategies In-service Toolkit: This toolkit provides staff with essential knowledge and techniques to prevent escalating behaviors and enhance safety within a nursing facility. It presents clear guidance on understanding behavioral patterns, employing empathy, and directing efforts toward constructive solutions.

Social Media Toolkit

Scan the QR code or click the link below.

What's Inside the Social Media Toolkit?

- **Key messages:** Topic you can highlight on social media platforms.
- **Pre-written Sample Posts:** Tailored for various social media platforms like Facebook, Twitter, Instagram, and LinkedIn.
- **Graphics & Visuals:** High-quality images and banners to enhance your posts and attract more engagement.
- **Hashtags & Tagging Suggestions:** Boost your visibility by using trending or campaign-specific hashtags and mentioning COE-NF as a key partner.
- **Tips for Engagement:** Best practices on timing, caption writing, and interacting with your followers.



Click here to access - https://bit.ly/COE_socialmediatoolkit

Why Share Your Work on Social Media?

- **Expand Your Reach:** By sharing your efforts, you create more visibility for your cause, allowing new audiences to learn about and support your mission.
- **Build Community:** Social media provides a space to connect with others who share your passion, exchange ideas, and grow your network.
- **Attract Supporters:** When people see the great work you're doing, they're more likely to engage, volunteer, or spread the word.
- **Show Impact:** Social media allows you to share measurable results, testimonials, and stories that demonstrate the real-world impact of your efforts.



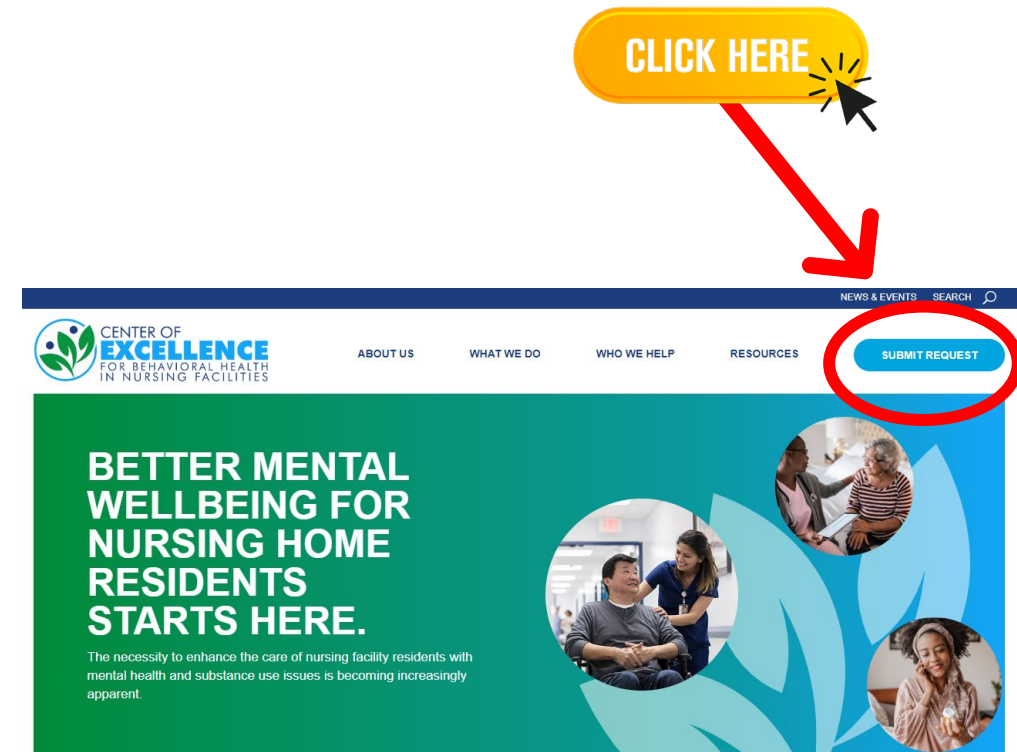
How to Submit a Request

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>

COE-NF Voicemail Box: (844) 314-1433

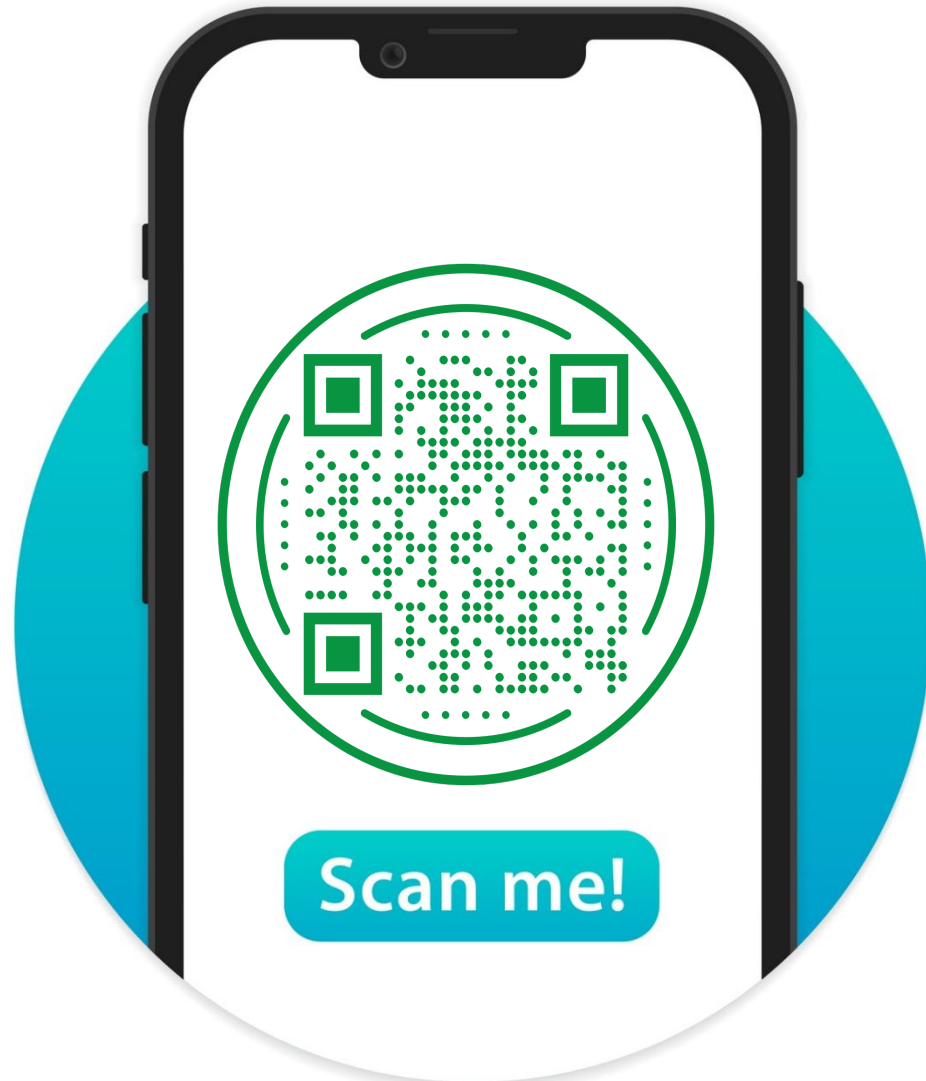
- Messages will be returned within **two business days**



Questions?

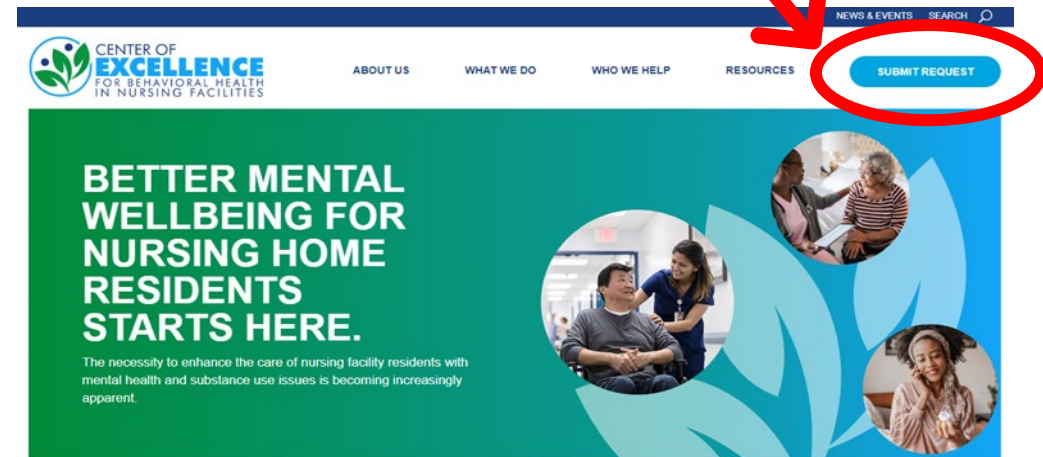


Request Assistance



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

CLICK HERE



Contact us:

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.

Visit the website:

nursinghomebehavioralhealth.org

Connect with COE-NF

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/UCgnRi9EFB9rXApnlUwS09sw

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-NF newsletter.**

Thank You!



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