

## **Behavioral Health Action Network**

Part 1: Incorporating Behavioral Health and Substance Use Disorders into Individualized Assessment and Person-Centered Care

Cohort 1 Tuesday, June 10, 2025



## Welcome!

Please complete the pre-test survey.



Visit <a href="https://bit.ly/PreTest\_Part1\_BHAN\_BHandSUD">https://bit.ly/PreTest\_Part1\_BHAN\_BHandSUD</a> or scan the QR code.



## **Continuing Education Information**

#### **Learning Outcome:**

As a result of this presentation, the participant will be able to learn collaborative ways to improve behavioral health knowledge to implement and sustain behavioral health best practices in nursing facilities. Participant knowledge will be assessed with pre and post questions during the live virtual events.

#### **Accreditation Council for Continuing Medical Education (ACCME)**

Alliant Health Solutions is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Alliant Health Solutions designates this Live Activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### National Association of Long-Term Care Administrator Boards

Live Session: This program has been approved for Continuing Education for 1 total participant hours by NAB/NCERS-

Approval #20260303-1-A113400-DL \*You will be asked to request credit for both simultaneously.

#### <u>Instructions for obtaining credit</u>

After the event, please navigate to the survey: <a href="https://bit.ly/TrainingClaimCreditForm\_COENF">https://bit.ly/TrainingClaimCreditForm\_COENF</a>. Those who complete the survey will receive a certificate via the email address provided.

#### Disclosure of Relevant Relationships

The planners and faculty for this activity have no relevant relationships. Any relevant relationships are mitigated before the start of the activity according to the Standards for Integrity and Independence in Accredited Education.

**Expiration Date:** 12/31/25

Bibliography: References are available in the presentation.



## **Virtual Space Expectations**

## **Zoom Chat**

- Resources
- Peer-to-peer learning
- Questions
- Troubleshoot issues



## **Participation**

- Sign on early/on time
- Avoid multitasking
- All questions welcome
- Be respectful of others

## Let's Practice!

- 1. Click the "Chat" button to open the chat box, it will appear on the right side.
- 2. Type your name, your role, and your state into the message box and hit send!



## **Session Agenda**



#### 1 20 MIN

### I Incorporating BH & SUD into Person-Centered Care | Group Activity & Discussion

- Understanding the life course perspectives
- Reframing the paradigm
- Care planning as a team
- Placement and care transition considerations



#### I 20 MIN

- Resident scenario
  - Quality improvement activity

#### **10 MIN**

#### Welcome & Introduction

- Knowledge check
- Expectations
- Agenda



#### 5 MIN

#### **Quality Improvement Tip**

- Improvement project team
- Introduction to the IHI Model for Improvement
- Root Cause Analysis (RCA)



#### 5 MIN

#### Wrap-Up

- Looking ahead
- CME/Survey
- Resources





## **Subject Matter Expert Introduction**

## CAROLINE STEPHENS, PHD, RN, GNP-BC, FGSA, FAAN

- Professor and the Helen Lowe Bamberger Colby Presidential Endowed Chair in Gerontological Nursing.
- Degrees
  - B.S. Biological Psychology and Human Development and Aging
  - B.S. Nursing
  - M.S. Geropsychiatric Advanced Practice Nursing
  - Gerontological Nurse Practitioner Post-Master's Certificate
  - PhD Gerontological Nursing and Health Policy
- Over 20 years of clinical experience caring for vulnerable older adults with complex mental and physical multi-morbidity, including consulting in 100+ nursing homes in 3 states.
- Nationally-recognized expert, educator and scholar in gerontological and geropsychiatric nursing.



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## **Quality Improvement Tip**





## Improvement Project Team



#### **Clinical Leader**

Authority to test change and handle problems that can arise with that change.

 Ex: Medical Director, Physician or Director of Nursing



#### **Technical Expertise**

Lived experience

Can assist with measurement tools, data collection, and interpretation.

 Ex: Direct Care Staff, Front-line Nurses



### Day to Day Leadership

Ensures the tests are implemented and data is collected

 Ex: Front-line Nurse, Managers or Directors



### **Project Sponsor**

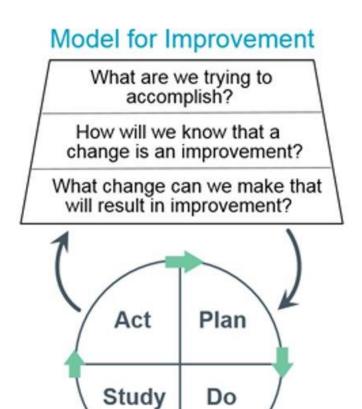
Executive authority who serves as a link to senior management and oversees the team's progress regularly.

 Ex: MD, Chief Operating Officer, Administrator



## **IHI Model for Improvement**

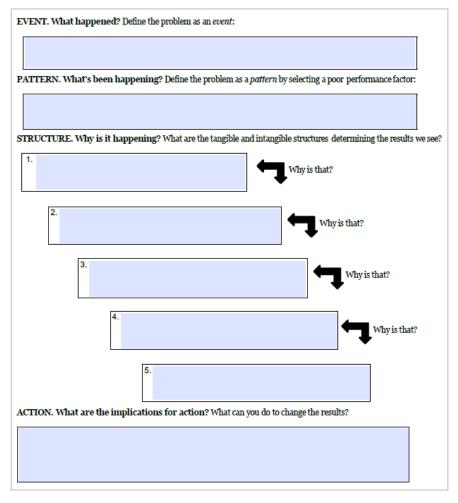
- What are we trying to accomplish?
  - Time-specific
  - Measurable
  - Specific population
- How will we know that a change is an improvement?
  - Quantitative measures
- What change can we make that will result in improvement?
  - Ideas may come from anyone



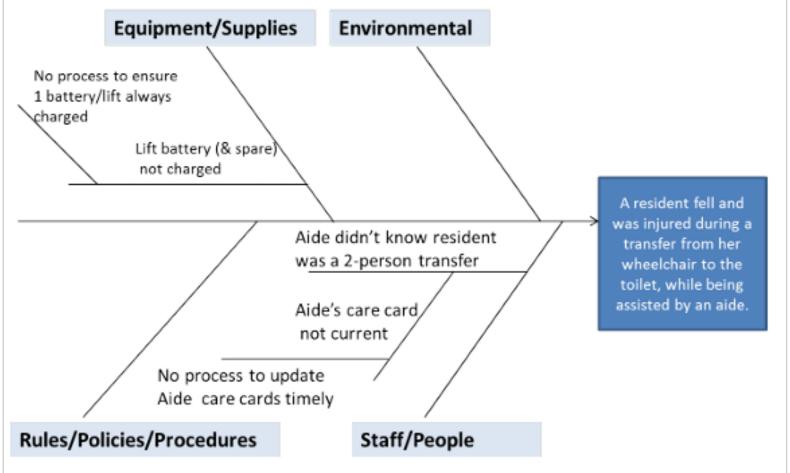


## Root Cause Analysis (RCA)

## 5 Whys



## **Fishbone**





## **Group Scenario Discussion**

## Situation – What is currently going on with the resident?

A resident went on pass to spend Christmas with family and returned exhibiting behaviors.

## Background – What is the clinical background or context?

A 51-year-old male with bipolar 1 disorder (most recent episode was moderate depression) and history of stroke 10 years ago due to polysubstance drug use (meth, cocaine, marijuana, tobacco). The effects of his stroke left him with left-sided weakness, trouble speaking, and he now uses a wheelchair. He has been in recovery for several years. He was part of a gang when he was younger and was incarcerated for five years. Holidays have always been difficult due to his father's death in an accident around Christmas two years ago. The resident has had several other incidents where he went on pass over the last few months and has returned exhibiting behaviors.

## Assessment – What do we think the problem is?

He returned to the facility later in the day after going on pass to spend the holiday with his mother and family with pressured speech, boom box blaring, wearing large bright green sunglasses, and was up all-night yelling about being the President of the United States. The next day, he was witnessed handing over money through his bedroom window in exchange for some unknown package. Staff is concerned about the increasing frequency of behaviors.

## Recommendation – What should we do to correct it?

Let's discuss!



## Group Discussion: Creating an Improvement Project Team

Who would you want to fill these roles on your improvement project team?



Clinical Leader



**Technical Expertise** 



Day-to-day Leadership



**Project Sponsor** 



## **Group Discussion: Care Planning**





What are some short-term care planning strategies for this resident?

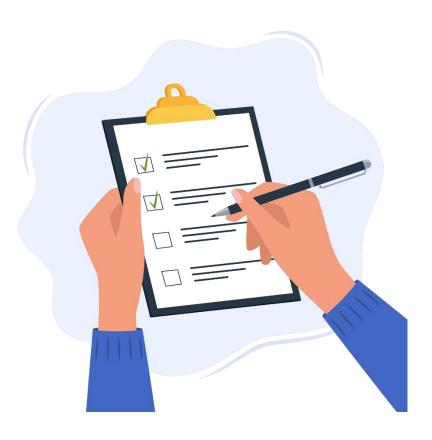
What are some long-term care planning strategies for this resident?



## QI Action Steps

## **General Action Focus**

- ☐ Gather your project team and begin to review the Root Cause Analysis tool(s) for your improvement project.
- ☐ Organize your data and explore your problem further to begin an RCA.
- □ Take time to begin thinking about the 3 Model for Improvement questions.





## **Looking Ahead**





## PLEASE JOIN US FOR OUR UPCOMING SESSION

Engaging with Residents – Effective Communication Skills

presented by

Jeannette Horton

on

Tuesday, June 24, 2025, 9AM PT | 10AM MT | 11AM CT | 12PM ET



## Please complete the post-knowledge survey to receive the training certificate of completion.

Visit https://bit.ly/PostTest\_Part1\_BHAN\_BHandSUD

or scan the QR code:





## ACTION NEEDED: Please scan one (1) of the codes.







Do you want to claim education credits for attending today's training?



https://bit.ly/2025\_ClaimCreditForm

https://bit.ly/COENF\_TrainingEvaluationForm



# Thank You!











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