CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Beyond Consults:

Embedding Behavioral Health in Post-Acute Care Teams

August 14, 2025

Host

Nikki Harris, MA, CBHC-BS

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

Tana Whitt, MSN, APRN, PMHNP-BC

Chief Executive Officer,
Vérité Health Collective

Tana Whitt is a board-certified psychiatric-mental health nurse practitioner and the chief executive officer of Vérité Health Collective, a boutique consulting firm focused on clinical and operational strategy across the healthcare continuum. She began her executive career by scaling a multi-state behavioral health company that served over 450 post-acute care facility partners. Later, she served as chief operating officer at MindCare Solutions, where she led behavioral health operations across more than 800 partner facilities in 35 states, including post-acute, acute care, outpatient, and corrections settings.

Tana is the former vice chair of the behavioral health subcommittee of PALTmed and remains actively involved in multiple committee roles within the organization. She also serves as a strategic advisor to healthcare technology, pharmaceutical, and industry innovators focused on improving care delivery, workforce solutions, and system-level performance. She is a member of GAPNA, AANP, and the American Nurses Association.

With over a decade of leadership experience, Tana is passionate about building sustainable, team-based care models that prioritize access, accountability, and measurable outcomes. She is a frequent speaker on topics ranging from behavioral health integration and workforce strategy to evidence-based practice, care model innovation, and system-level redesign. Outside of work, she enjoys life with her husband and two young children; traveling, tantrums, and to-do lists keep her busy!

Presenter

Robert L. Russell, MD, MBA

Chief Medical Officer,
Majestic Care & Bluegrass Consulting Group

Dr. Robert L. Russell is a board-certified internal medicine and geriatric physician with deep expertise in post-acute and long-term care. He currently serves as chief medical officer for Majestic Care and Bluegrass Consulting Group, leading clinical strategy across a multi-state network of skilled nursing facilities. A recognized leader in geriatric medicine, Dr. Russell is the former regional medical director for CommuniCare and a two-time president of the Indiana Medical Directors Association.

His contributions include advisory roles with CICOA, the Alzheimer's Association of Greater Indiana, and national pharmaceutical boards, as well as committee leadership within AMDA—The Society for Post-Acute and Long-Term Care Medicine. He is a hospice medical director for Gentiva and a graduate of the Kelley School of Business Physician MBA program.

A published researcher and frequent speaker on topics ranging from dementia to value-based care, Dr. Russell is passionate about innovation, advocacy, and improving quality across the continuum. Outside of work, he enjoys life with his wife of 21 years and their three children. He's an avid basketball fan and loves attending games and traveling with family and friends.

Learning Objectives

- Define the role of behavioral health in post-acute care
- Explore best-practices for care models that support behavioral health integration
- Share strategies for effective interdisciplinary collaboration
- Discuss the measurable impact of behavioral health integration

Behavioral Health Trends in PALTC

up to **90%**

An estimated 65% to 90% of post-acute and long-term care residents experience behavioral health symptoms, according to the NIH.

Orth et al., 2019, *Journal of the American Geriatrics Society*

~2X

Patients with behavioral health comorbidities are nearly 2x more likely to be rehospitalized.

Center for Health Information and Analysis. (2021). *Behavioral health and readmissions in Massachusetts acute care hospitals:*

~4X

Adults aged 55–64 with serious mental illness are four times more likely to die than peers without mental illness, with a reduced life expectancy of 11–30 years.

(Bartels et al., 2018). Psychiatric Clinics of North America

+$4K

On average, nursing home residents with serious mental illness incur up to $4,232 more in annual care costs.

Bucy et al. (2022), *Gerontology & Geriatric Medicine*

The Role of Behavioral Health in PALTC

Resident

Quality of life

Functional status & ADL participation

Risk for isolation, agitation, or aggression

Medical compliance & refusal of care

Facility

Staff workload & burnout

ED transfers & hospital readmissions

Psychotropic medication use

Care planning complexity

Census stability & length of stay

Quality & Compliance

CMS Five-Star ratings

Survey outcomes & deficiencies

Medical director responsibilities

Interdisciplinary team (IDT) accountability

Behavioral Health Models in PALTC

Consult Model	Hybrid Model	Integrated Model
Referral-only	Consistent psych presence	Embedded BH team
Reactive (post-issue)	Scheduled consults	Participates in rounds & IDT
No IDT involvement	Psychiatry engaged but siloed	Aligned with medical/nursing teams
Documentation independent, recommendations common	Documentation consistent, but independent of overall treatment planning	Shared documentation & treatment planning
Minimal follow-through	Limited coordination	Real-time collaboration & planning
Viewed as "external"	Treated as a specialty service	Considered essential to core care

Building an Integrated Behavioral Health Model in PALTC

Admission-Based Triggers
Screen for risk factors (e.g., psych meds, psych history, behaviors) at admission

Evidence-Based Referrals
Consults initiated based on clinical indicators, not crisis

Collaborative Care Planning
BH team co-develops care plans with IDT from the start

Ongoing Treatment & Monitoring
Regular assessment, follow-up, and proactive management

Interdisciplinary Workflow Integration
Embedded BH providers work alongside medical and nursing teams

Regulatory & Value-Based Alignment
Supports QAPI, care planning, & CMS Regulations

Making It Work: Implementing Integration in PALTC

1

Select the Right Partner

- Proven experience in integrated care models
- Alignment with value-based care goals & CMS compliance
- Multi-disciplinary staffing

2

Define Expectations & Policy

- Clear referral triggers
- Co-developed IDT workflows and BH team roles
- Behavioral input integrated into care plans and documentation

3

Integrate Tech & Workflows

- EHR interoperability with shared documentation
- Automated consult triggers and real-time follow-up tools
- Metrics aligned with QAPI and survey needs

4

Sustain Collaboration & Oversight

- Joint leadership touchpoints (e.g., DON, Medical Director)
- Ongoing clinical & operational performance reviews
- Shared accountability through QAPI and IDT dashboards

The Value of Integration: What We Can Expect

- Improved resident engagement, participation, and therapeutic alliance
- Enhanced staff confidence and shared accountability across disciplines
- Reduced behavioral escalations, hospitalizations, and care disruptions
- Aligned care plans with behavioral, medical, and psychosocial goals
- Fewer regulatory citations and stronger survey readiness
- Real-time tracking of quality metrics, utilization, and outcomes
- Progress toward true person-centered, value-based care

Key Takeaways: Embedding Behavioral Health in PALTC

- Behavioral health is essential to quality, safety, and resident-centered care in post-acute settings.
- Integrated care models are more effective than consult-only approaches.
- Interdisciplinary collaboration must be structured, intentional, and ongoing.
- Integration drives measurable improvements in quality, compliance, and clinical outcomes.

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Let's continue the conversation…

We welcome your thoughts, challenges, and real-world experiences.

COE-NF Grant End Information

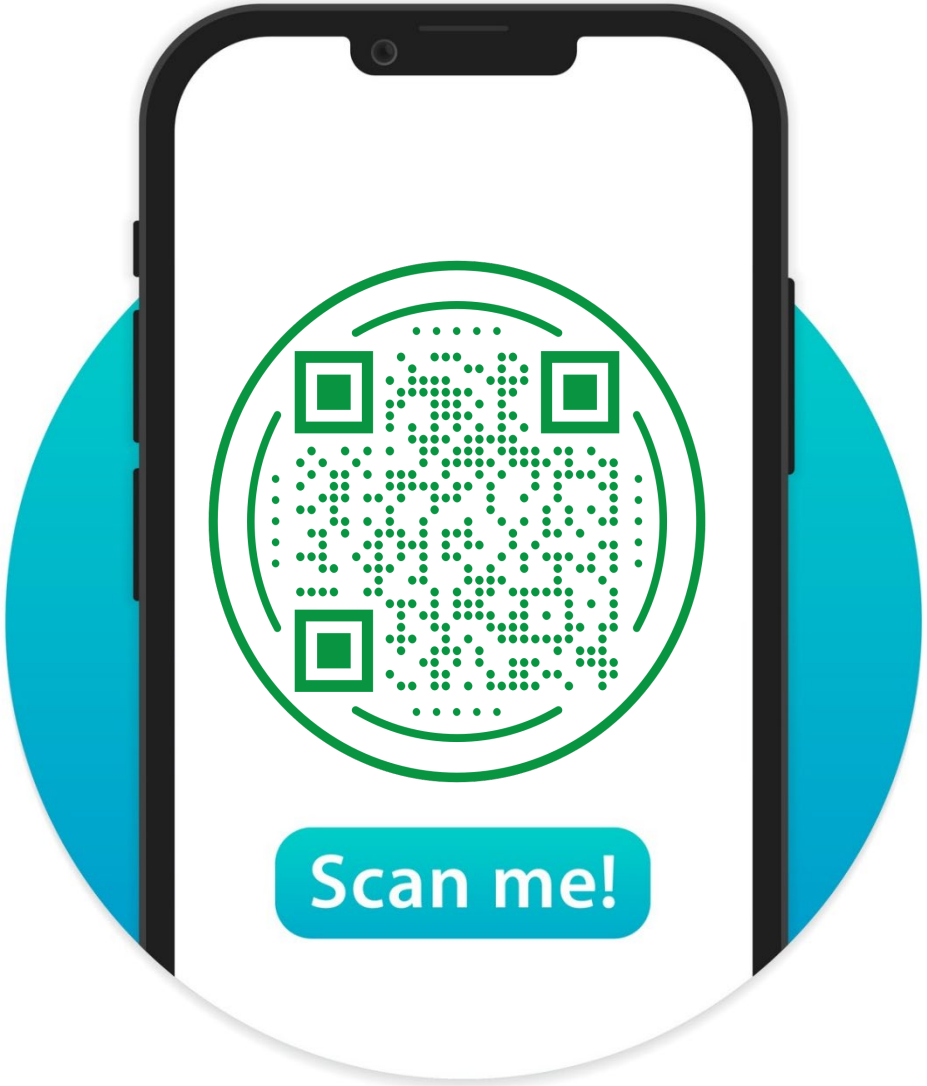
Grant Ends: Monday, September 29, 2025

- **After This Date:**
  - No longer offering technical assistance consultations or live training events.

- **Resource Access:**
  - Training materials will be hosted on the CMS website (details coming soon).
  - Alliant Health Solutions will continue hosting COE-NF resources at nursinghomebehavioralhealth.org through September 2026.

- **Questions?**
  - Contact coeinfo@allianthealth.org

Request Assistance – Until September 15th



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

We look forward to assisting you!

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

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How to Submit a Request

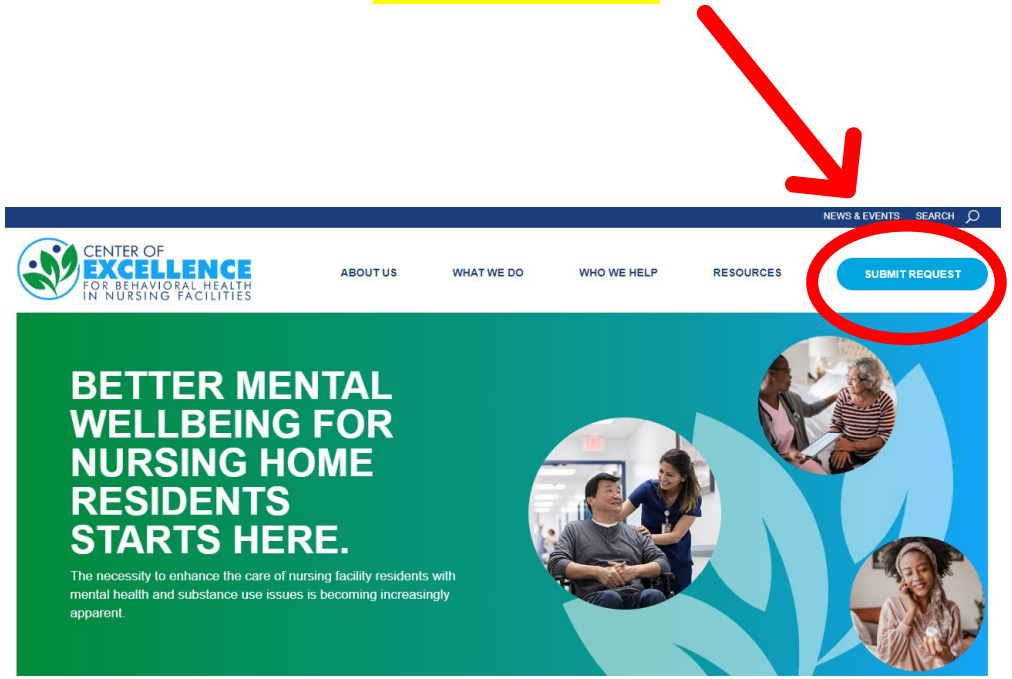
Dedicated Website

- 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

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

- Messages will be responded to within **two (2) business days**

****CLICK HERE****



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Thank You!

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