Achieving Compliance in Behavioral Health

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F699
Trauma-Informed care

The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.
What is Trauma-Informed Care?

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
F740-F744
Behavioral Health

• Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

• Behavioral health encompasses a resident’s whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.
The facility must have **sufficient staff** who provide direct services to residents with the appropriate **competencies and skills sets** to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population.
F741
Behavioral Health

• These competencies and skills sets include, but are not limited to, **knowledge of and appropriate training and supervision** for:
  
  o Caring for residents with **mental and psychosocial disorders**, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment.
  
  o Implementing **non-pharmacological interventions**.
F741
Behavioral Health

Sufficient Staff to Provide Behavioral Health Care and Services

The facility must address in its facility assessment the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.
F742
Behavioral Health

A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being;
F742
Behavioral Health

INTENT

• Upon admission, residents assessed or diagnosed with a mental or psychosocial adjustment difficulty or a history of trauma and/or post-traumatic stress disorder (PTSD), receive the appropriate treatment and services to correct the initial assessed problem or to attain the highest practicable mental and psychosocial well-being.

• Residents who were admitted to the nursing home with a mental or psychosocial adjustment difficulty, or who have a history of trauma and/or PTSD, must receive appropriate person-centered and individualized treatment and services to meet their assessed needs.
A resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or post-traumatic stress disorder does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable.
F744
Behavioral Health

A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.
PASARR
Federal Regulations

• The Level I PASARR SCREEN must be completed prior to admission to a RHCF for every person.

  • Exception: MD indicates a stay of less than 30 days. At day 31, Level I Screen will have to be completed if resident is still in the facility at that time.

• As soon as a person has been newly diagnosed with a mental illness and/or intellectual/developmental disability.

• Upon significant change.
PASARR
F645 Coordination

• Incorporating the recommendations from the PASARR Level II determination and the PASARR evaluation report into a resident’s assessment, care planning, and transitions of care.

• Referring all Level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for Level II resident review upon a significant change in status assessment.
A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition of a resident who has mental illness or intellectual disability for resident review.
“Significant Change” is a major decline or improvement in a resident’s status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered “self-limiting”
   - (NOTE: self-limiting is when the condition will normally resolve itself without further intervention or by staff implementing standard clinical interventions to resolve the condition.);
2. Impacts more than one area of the resident’s health status; and
3. Requires interdisciplinary review and/or revision of the care plan.
• The facility must conduct and document a facility-wide assessment to **determine what resources are necessary to care for its residents competently** during both day-to-day operations and emergencies.

  o Review and update at least **annually**, whenever there is, or the facility plans for, **any change** that would require a **substantial modification** to any part of this assessment;

  o Must address or include a facility-based and community-based risk assessment, utilizing an **all-hazards approach**;

  o The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include **a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors**.

• **Note:** a community-based risk assessment should include review for risk of infections (e.g., Multidrug-resistant organisms- MDROS) and communicable diseases such as COVID-19, tuberculosis, and influenza.
What does trauma-informed care look like?

The first step is to recognize how common trauma is, and to understand that every patient may have experienced serious trauma. We don’t necessarily need to question people about their experiences; rather, we should just assume that they may have this history, and act accordingly.

Trauma and trauma-related problems are common risks factors in substance abuse.

• About 60% of men and 50% of women experience at least one trauma such as a disaster, war, or a life-threatening assault or accident at some point in their lives.

• Nearly 8% of the population has PTSD in their lifetimes, and PTSD is highly comorbid with other disorders such as panic, phobic, or generalized anxiety disorders; depression; or substance abuse.
A Trauma-informed Approach (The 4 R’s)

• **R**ealizes the widespread impact of trauma and understands potential paths for recovery

• **R**ecognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system

• **R**esponds by fully integrating knowledge about trauma into policies, procedures, and practices

• **R**esists re-traumatization

https://www.integration.samhsa.gov/clinical-practice/trauma-informed
What does trauma-informed care look like?

• Explain why you’re asking sensitive questions or why a physical exam is necessary.

• Create a care environment that’s comfortable for the resident. Allow a family member or friend to remain in the room during the interview or examination.

• Give the resident control over the interaction. Let them know you can stop at any time, they can say the word.

• If someone refuses outright to have a certain exam or test, or if they’re upset about something (like having vaccinations), you can respond with compassion and work with them, rather than attempting to force them or becoming annoyed.

Re-traumatization What Hurts?

System (Policies, procedures, “the way things are done”)

- Having to continually retell their story
- Being treated as a number
- Procedures that require disrobing
- Being seen as their label (i.e. Addict, schizophrenic)
- No choice in service or treatment
- No opportunity to give feedback about their experience with the service delivery

http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
Re-traumatization What Hurts?

Relationship (Power, control, defiance)

• Not being seen/heard
• Violating trust
• Failure to ensure emotional safety
• Non-collaborative
• Does things for rather than with
• Use of punitive treatment, coercive practices and oppressive language

http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
The Five Principles of Trauma-Informed Care

Safety
Choice
Collaboration
Empowerment
Trustworthiness

Ensuring that the physical and emotional safety of an individual is addressed is the first **important** step to providing **Trauma-Informed Care**.

http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html
**WHAT IS TRAUMA?**

*Trauma* can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing.
What is Post-traumatic Stress Disorder (PTSD)?

Post-traumatic Stress Disorder (PTSD) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event.
What Can Cause PTSD?

• Combat and other military experiences;
• Sexual or physical assault;
• Learning about the violent or accidental death or injury of a loved one;
• Child sexual or physical abuse;
• Serious accidents, like a car wreck;
• Natural disasters, like a fire, tornado, hurricane, flood, or earthquake; or
• Terrorist attacks
Symptoms of PTSD

• Reliving the event
• Avoiding things that remind you of the event
• Having more negative thoughts and feelings than before
• Feeling on edge
What is Traumatic about COVID-19?

- Fear of life-threatening illness
- Being separated from friends and family
- Giving up your customary routine for an indefinite period of time
- Unable to work or travel
- Financial instability
- Loneliness
The Relationship Between Trauma and Grief

**Trauma** is an event.

- It can be any event that causes psychological, physical, emotional or mental harm; such as a death or abuse.

- A traumatic event could also be called a loss event. If someone dies, that’s a loss. If someone was abused, that too is a loss. A loss of trust.

- The result of a traumatic event is **grief**.

Source: https://www.griefrecoverymethod.com/blog/2015/02/what-difference-between-trauma-and-grief
Grief is a reaction to loss.
GRIEF AND LOSS OF ROLE

- Role loss is not just missing that something or someone, it also means missing our relationship to that something or someone.
  - For example, I don’t just miss my wife who died last year, I also miss being a part of a couple, a husband, the other half.

- With this in mind, grief becomes a much larger arena.
  - We grieve not being a helpful leader at work, not being able to support the new hire, and not being able to throw that work birthday party with the cookies that everyone likes.
GRIEF AND LOSS OF ROLE

We are grieving our roles – our routines, our journey, and most of all our regular contact with those who are on our journey with us.

It’s all hard. It’s all grief.
Moral Injury

• In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.

• When someone does something that goes against their beliefs.

• Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events.
STAGES OF GRIEF

• Denial
• Anger
• Bargaining
• Depression
• Acceptance
Long-Term Care: Mourning the Losses
THE ROAD TO COMPLIANCE
What Keeps Us from Better Behavior?

“When you don’t get what you want (or need), you get an attitude.”

- Regina, (57), Brooklyn, NY  
  Nursing Home Resident
CARING FOR YOUR COMMUNITY
What do they want or need?
Special Report: Experiences of Nursing Home Residents During the Pandemic

- 54% report no activity participation (such as exercise classes, art classes, resident meetings, and religious services), compared to 14% before the outbreak.

- 13% reported eating their meals in the dining room, compared to 69% before the outbreak.

- 76% of respondents reported that they felt lonelier under the restrictions.

- 64% of respondents also indicated that they no longer even leave their rooms to socialize with other residents.

Source: https://altarum.org/special-initiative/improving-elderCare
How Your Life Has Changed Since The Coronavirus Restrictions?

- “I want to go home; I am so lonesome I just want to see you (family). This is awful.”
- “I am no longer able to travel freely throughout the community, socialize with the various staff members and various departments.”
- “Covid-19 has limited my visits with my son; there is no hope.”
- “I have depression—why keep living? It’s not living and it’s barely existing.”
- “I feel as if I am in jail.”

Source: https://altarum.org/special-initiative/improving-eldercare
Psychosocial Impact of COVID-19 Nursing Home Restrictions on Visitors

Findings of a survey published by Frontiers in Psychiatry suggests that many RCF visitors experienced low psychosocial and emotional well-being during the COVID-19 lockdown.

Visitors of residents with cognitive impairment (CI) report significantly poorer well-being as measured by the World Health Organization (WHO) than those without.
In A Relentless Pandemic, Nursing-Home Workers Are Worn Down and Stressed Out

Staff Shortages, Cost Cutting and Relentlessly Bad News Have Taken A Toll

Burnout is stalking the country’s nursing homes. Even as the coronavirus peaks yet again, remaining staffers are worn out, often fed up with the companies they work for, and yet many say they are holding on because their patients need them and have no one else to look out for them. Still, never far from their thoughts is the knowledge that they, too, could be felled by the disease.

Source: https://www.washingtonpost.com/cnnpolitics/2020/12/03/nursing-home-burnout/?outputType=amp
Prevalence Of Mental Illness In Long Term Care

Approximately one-fourth of newly admitted nursing home residents have a mental illness as defined by schizophrenia, bipolar disorder, depression, and anxiety disorder.

Source: Serious Mental Illness and Nursing Home Quality of Care

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3703484/#
50% of individuals diagnosed with severe mental illness are affected by substance abuse.
NEW YORK STATE LEGALIZES RECREATIONAL MARIJUANA
Cultural Competency

- **Cultural competence** is the ability to understand, communicate with and effectively interact with people across cultures.

- **Cultural competence** encompasses being aware of one's own world view, developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views.

Source: makeitourbusiness.ca/blog/what-does-it-mean-be-culturally-competent
In nearly every dimension of business success, the Manager makes the difference.
Creating a New Workplace Culture

Management Training: Many managers have never had formal management training.

- Many people are promoted because they are good at their particular job, not necessarily because they are good managers of other people.

- Middle-managers are important communicators between the leadership team and the frontline staff. Cultivating good professionals into effective managers should be a priority in the organization.
Creating a New Workplace Culture

• Change from a culture of “paycheck” to a culture of “purpose.”

• Require all employees to take the world-renowned Clifton-Strengths assessment so your organization recognizes each individual by their God-given strengths.

• Institute a leadership philosophy of developing strengths versus fixing weaknesses.

Source: State of the American Workplace, Gallup 2016 Report
Creating a New Workplace Culture

**Cultural intelligence:** Understand the demographic issues impacting the social order.

- As we become a bigger melting pot of ages, races, religions, ethnicities, sexual identities, and cultures, learning about the social and occupational perspectives of a diverse workforce is crucial to avoiding social discord.

- Offer opportunities to learn about each other, to discover how much we have in common as people, and how similar we are as workers to the people we are caring for.
Creating a New Workplace Culture

Motivation and Morale: What does it take to move beyond the status quo?

- Motivating staff to remain interested in looking for new and more effective methods of caring may be the most important of all leadership skills.

- Caring for people who do not want to be or who do not understand why they are in the circumstances they are in can be a thankless profession, no matter your position or responsibilities.

- Recognizing the need to create opportunities for recognition and rewarding positive, creative input in problem-solving and performance improvement is an effective way to motivate greater interest and pride in the organization’s growth and development.
Creating a New Workplace Culture

**Behavioral Health:** Apply the principles and intent of the Federal regulations for behavior to all persons living and working in the environment.

- Trauma-Informed Care expects that the facility will acknowledge the responsibility to recognize and address issues of mental health, substance or alcohol use, and post-traumatic stress disorder (PTSD) with programs and services specific to individualized treatment.

- Whatever mechanisms you are creating to ensure residents receive appropriate care and treatment for psychosocial and behavioral health needs should be applied to the people working in the environment, as well.
Evaluate The Use of Medications

• Drug induced cognitive impairment
  
  o **Anticholinergic Load**: Anticholinergics are drugs that block the action of acetylcholine. Acetylcholine is a neurotransmitter, or a chemical messenger, that plays a role in motivation, arousal, attention, learning, and memory, and is also involved in promoting REM sleep.

• Medication induced electrolyte disturbance

• Recent medication additions that may alter metabolism of a drug that the person has been taking for a while

• Withdrawal reaction to a recently discontinued medication
Activities for a New Age

• Diversify therapeutic activity offerings to include education, self-help, and support programs;

• Collaborate with community addiction counseling and support services;

• Promote positive self-esteem through meaningful socialization and therapeutic engagement and productivity;

• Collaborate with community vocational service and support organizations in discharge planning;

• Foster opportunities for volunteerism.
Clinical Care and Service Assessment

- Staff and Resident/Family Education and Support Services
- Identification/Recruitment of Medical (MD/NP/RNs) Professionals Proficient in Mental Health/Addictions
- Liaisons with Psychiatric/Psychological Service Providers
- Service Agreements with Community Mental Health Service and Support Organizations (i.e., AA, NA, etc.)
- Revision and Enhancement of Therapeutic Activity to Include Self-Help, Self-Awareness, Peer Support, and Educational/Vocational Opportunities.
Ensuring Staff Competency
Quality Review

- Review and revise education and training to ensure regulatory compliance and quality care;

- Review and revise education and training to keep pace with the demographics revealed in the facility assessment;

- Assess the skills and interest of the educator(s);

- Update and enhance teaching tools and resources to include virtual formats; and

- Improve opportunities to monitor the application of the education and skills beyond the immediate post-test and more frequently than an annual performance evaluation.
Ensuring Staff Competency
Education Necessary to Compliance

1. Quality of Life and Person-Centered Care
2. Residents’ Rights/Capacity Determinations/Abuse Prevention;
3. Assessment, Care Planning, and Treatment in Behavioral Health:
   1. Post-Traumatic Stress Disorder (PTSD)
   2. Mental Disorders
   3. Traumatic Brain Injury
   4. Intellectual/Developmental Disability
   5. Addictions: Substance use/Alcoholism
4. Non-Pharmacologic Intervention, Meaningful Engagement, and Productivity
Quality Assurance Systemic Reviews

• Begin by completing a comprehensive review of all systems utilizing the CMS Long Term Care Survey Pathway forms found at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

• Review compliance in all areas cited as deficient in the facility’s most recent survey;

• Develop a monthly quality assurance review process of significant systems (i.e. Infection Control, Accidents, Wound Care, Medication Administration, etc.) to ensure potential quality concerns are identified and addressed expeditiously.
PTSD Assessment Resources and Tools

• US Department of Veteran’s Affairs: National Center for PTSD:
    ▪ Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5)
    ▪ Trauma Screening Questionnaire (TSQ)

• American Psychological Association:
    ▪ Structured Clinical Interview; PTSD Module (SCID PTSD Module)
Dementia Assessment Resources and Tools

- Alzheimer’s Association: [www.alz.org](http://www.alz.org)
- Pioneer Network: [www.pioneernetwork.org](http://www.pioneernetwork.org)

**Tools:** Sometimes used in addition to the MDS 3.0, Section C - Cognition

- Global Deterioration Scale
- Dementia Screening Indicator (Barnes, et al.)
- Geriatric Depression Scale
Mental Health Resources

• National Institute of Mental Health:
  o https://www.nimh.nih.gov

• The Mayo Clinic – Mental Health
  o https://www.mayoclinic.org

• The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS):
  o https://www.integration.samhsa.gov
Substance Use/Addiction Resources

- National Institute on Alcohol Abuse and Alcoholism:
  - [https://www.niaaa.nih.gov/](https://www.niaaa.nih.gov/)

- World Health Organization: Management of Substance Abuse

- The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS):
  - [https://www.integration.samhsa.gov](https://www.integration.samhsa.gov)
Resources
Intellectual/Developmental Disability

• The American Association on Intellectual and Developmental Disabilities (AAIDD):
  o http://www.apdda.org/resources.aspx

• Administration on Intellectual and Developmental Disabilities (AIDD):
  o www.acl.gov/programs/aidd/index.aspx

• The Arc of the United States – National/State Chapters for Developmental Disabilities:
  o www.thearc.org
Resources
Traumatic Brain Injury (TBI)

• Brain Injury Association of America:
  o https://www.biausa.org/

• Centers for Disease Control – Traumatic Brain Injury:
  o https://www.cdc.gov/TraumaticBrainInjury/index.html
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Creating Meaningful, Satisfying Lives One Person at a Time