

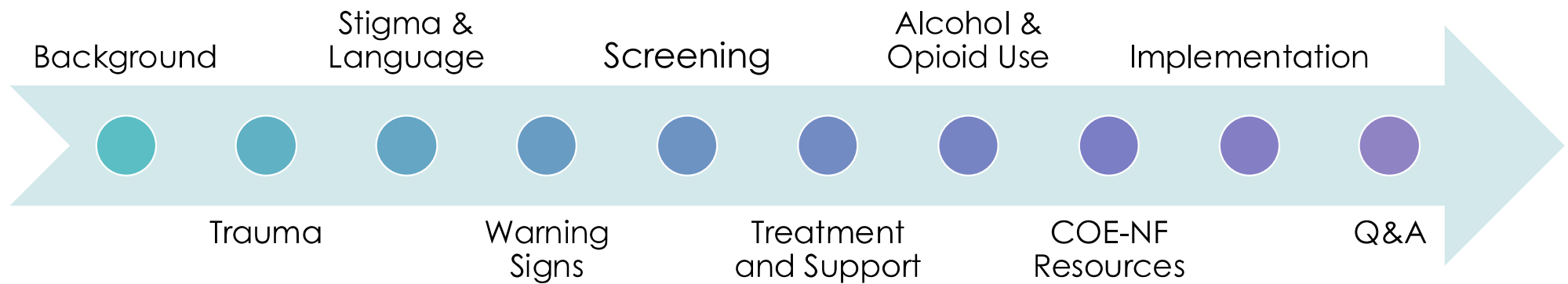


Substance Use Disorders in Nursing Home Residents



CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Substance Use Disorders in Nursing Homes



Prevalence of SUDs

- According to the 2020 National Survey on Drug Use and Health (NSDUH), over 40 million Americans have an SUD diagnosis
- Only about 1 in 10 people with a substance use disorder receive any type of specialized treatment.
- Nearly 12 percent of Medicaid beneficiaries over 18 have a SUD, and Centers for Medicare & Medicaid Services (CMS) is committed to helping states effectively serve individuals with SUDs.
- Some people with physical or cognitive disabilities may begin misusing substances to cope with chronic pain, social isolation, and stigma related to their disabilities.

Prevalence of SUDs (continued)

- National Health Administration published a report on adults 50 and up:
 - 8.8 million reported using an illicit drug in the past month.
 - 56 million engaged in problematic alcohol use in the past month
 - 4.7 million had a SUD in the past year
- Alcohol is the most used drug among older adults
- Rates of opioid use disorder (OUD) and overdoses have substantially increased among older adults.
- Older adults increasingly misused prescription opioids with suicidal intent and showed an increasing trend in death rates.

Substance Use Disorders in Nursing Facilities

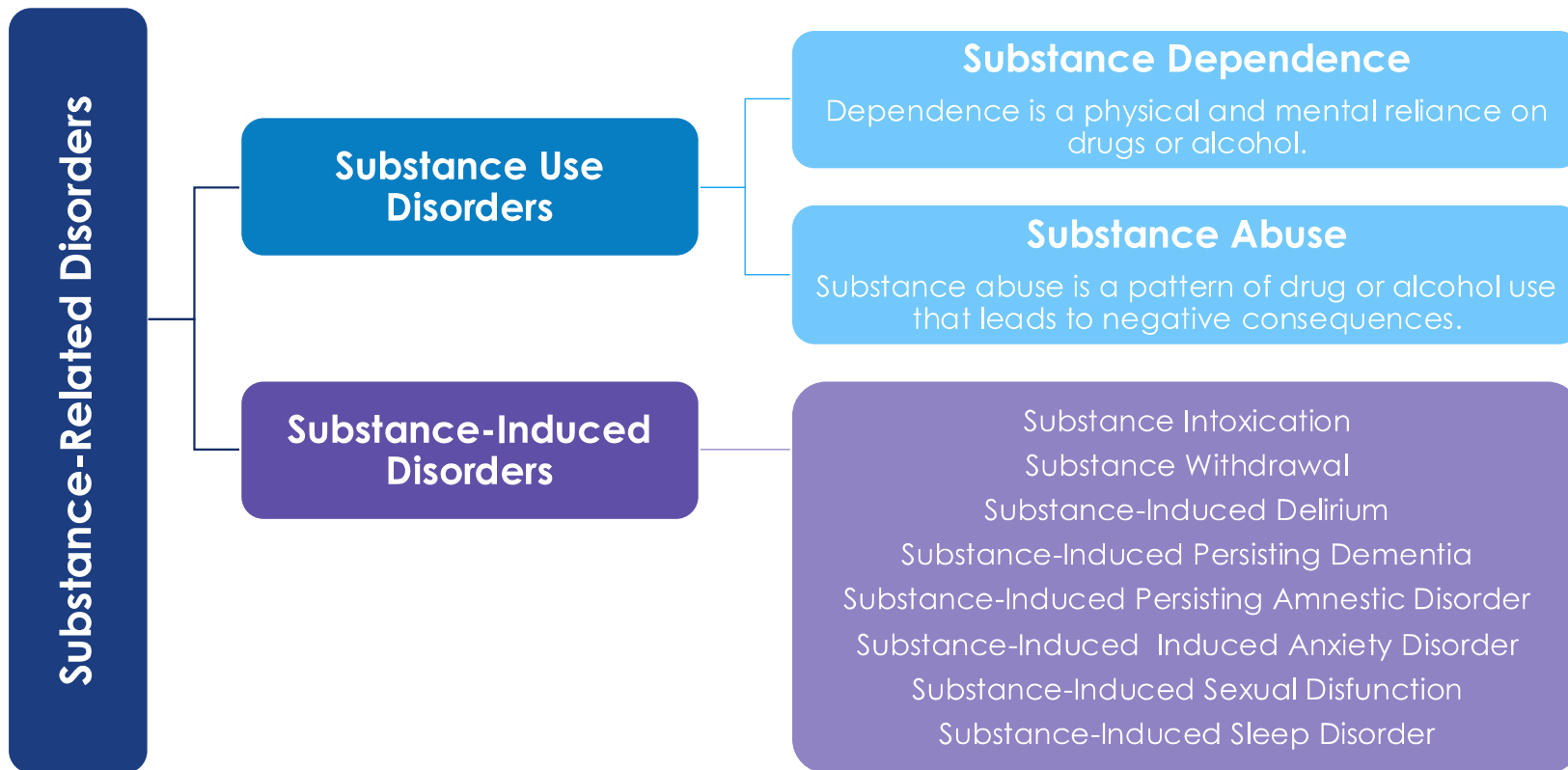
Nursing facilities are seeing more residents with current and historical substance use disorders.

The needs of this population creates a unique challenge for nursing facility Staff.

16%

of hospitalized patients with OUD are discharged to SNFs.

Substance-Related Disorders



DSM-5 Criteria for Substance Use Disorder Diagnosis

Impaired Control

1. Use is longer and more over a period of time
2. Unable to stop
3. Substantial time using the substance
4. Craving

Social Impairment

5. Failed roles at work/school
6. Social problems
7. Decrease in activities {i.e., work, child-rearing)

Risky Use

8. Hazardous use
9. Use despite physical problems

Pharmacological Criteria

10. Tolerance
11. Withdrawal

Diagnosis is made separately for each substance.

Several Factors Contributing to SUD

- Peer Pressure
- Lack of family involvement
- Biology
- Environment
- Development
- History of Mental Illness
- History of Trauma

Trauma and Substance Use Disorders

- Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence.
- Trauma is a risk factor in nearly all substance use disorders.
- Individuals with substance use disorders are also more likely to experience traumatic events.
- Up to 50% of adults with both alcohol use disorder and PTSD also have one or more other serious psychological or physical conditions, including anxiety disorders, mood disorders, diabetes, heart disease, and chronic pain.

Adverse Childhood Experiences (ACEs)



- ACEs are preventable, potentially traumatic events.
- Includes aspects of the child's environment that can undermine their sense of safety, stability, and bonding.
 - Mental health problems.
 - Parental separation.
 - Incarceration of a family member.
 - Substance use.
- ACEs are positively correlated with substance use and SUD risk in adulthood.

Guiding Principles to Create a Trauma-Informed Approach



[Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility](#)

4Rs to Create a Trauma-Informed Approach

Nursing facilities that Realize, Recognize, Respond to, and Resist Re-Traumatization are better equipped to provide care, safety and well-being for residents with a history of trauma.

Use these 4 key assumptions to develop a trauma-informed approach.

REALIZE

the widespread impact of trauma

RECOGNIZE

the signs and symptoms of trauma

RESPOND


with a trauma-informed approach

RESIST RE-TRAUMATIZATION

by assessing the environment

[Applying the 4Rs to a Trauma Informed Approach in Nursing Facilities](#)

SUD Stigma and Language




LANGUAGE MATTERS

Reduce negativity and stigma around substance use disorders by changing your language.

⚠ Stigmatized Language (Not this)	✓ Preferred Language (Use this)
Addict/User	Person with a substance use disorder
Addicted to [alcohol/drug]	Has an [alcohol/drug] use disorder
Alcoholic/Drunk	Person with an alcohol use disorder
Clean	Abstinent
Clean screen	Substance-free
Dirty	Actively using
Dirty Screen	Testing positive for substance use
Drug abuser [crack head/meth head]	Person in active use
Drug habit	Regular substance use
Lapse / Relapse / Slip	Resumed substance use
Medication Assisted Treatment	Medication for Opioid Use Disorders
Opiate addict	Person with an opioid use disorder
Reformed addict or alcoholic	Person in recovery
Substance abuse	Substance use disorder
Substance abuser	Person with a substance use disorder

This document was adapted from the National Institute on Drug Abuse and modified by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H75DA021700 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.



nursinghomebehavioralhealth.org

[COE-NF Language Matters Flyer](#)

Stigma

- SUD is a medical condition like any other – science of addiction.
- Can cause residents to conceal their history or current SUD.
- Impacts staff mindset and attitude.

Language Matters

- The way we refer to individuals with substance use disorders impacts how we treat them.
- Negative terms: Addict, crackhead, alcoholic.
- Better term: Person with a substance use disorder.

Substance Use Disorder Screening

- A history of SUD isn't always documented.
- History impacts care.
- Residents with a history of SUD have heightened risk factors for relapse.
- Best practices at admission is understanding past and current experiences with substance use disorder.

Warning Signs of Substance Use

Physical Warning Signs

- Bloodshot eyes, pupils larger/smaller than usual.
- Changes in appetite or sleep patterns.
- Deterioration of physical appearance, and grooming habits.
- Runny nose or sniffing.
- Sudden weight loss or weight gain.
- Tremors, slurred speech, or impaired coordination.
- Unusual odors on breath, body, or clothing.

Warning Signs of Substance Use

Psychological Warning Signs

- Appearing fearful, anxious, or paranoid, with no reason.
- Lack of motivation; appearing tired or "spaced out".
- Unusual increased energy, nervousness, or instability.
- Sudden mood swings, increased irritability, or angry outbursts.
- Unexplained change in personality or attitude.

Warning Signs of Substance Use

Behavioral Warning Signs

- Relationship difficulties.
- Secretive or suspicious behaviors.
- Frequently getting into legal trouble.
- Neglecting responsibilities.
- Sudden change in friends, hobbies, etc.
- Unexplained need for money or financial problems.
- Using drugs under dangerous conditions.
- Increased drug tolerance.
- Misusing drugs to avoid or relieve withdrawal symptoms.
- Loss of control over drug misuse.
- Life revolves around drug use.
- Abandoning other activities to use drugs.
- Continuing to use regardless of negative consequences.

Recognizing SUD Within Nursing Facilities

- Unusual odors
- New needle marks
- Changes in behavior such as:
 - Unexplained drowsiness
 - Slurred speech
 - Lack of coordination
- Frequent leaves of absence with or without facility staff knowledge
- Mood changes, particularly after interaction with visitors or absences from the facility

Substance Use Disorder Screening

Routine SUD screening is the first step toward quality care and risk management.

- **Screening may look different in every facility.**
 - Many different screening tools available, none tailored specifically to nursing facilities.
 - Screening may be incorporated into social services, nursing assessment, or a separate tool/assessment.
- **There are limitations to screening.**
 - Based on self-report (resident response – may conceal their substance use).



Provide Universal Screening

BENEFITS OF PROVIDING UNIVERSAL SCREENINGS IN NURSING FACILITIES

- Facility staff never know who is "at-risk," unless they ask.
- Helps identify residents in need of a specialized care plan.
- Provides an opportunity for education, early intervention and referral to treatment.
- Alerts physician to risks for interactions with medications or other aspects of care.
- Has proven beneficial in reducing high risk behavior of people who do not meet the SUD criteria.

What, Why, When, & How of Screening Tools

What

Substance abuse screeners are tools to identify individuals who:

- Have or are at risk for developing substance-related problems.
- May need further assessment or treatment.

Why

- Screening quickly assesses severity of substance use & identifies the appropriate level of treatment.
- Substance use disorders do not discriminate.

When

- Yearly screening for all adults ages 60 or older.
- During major life changes.
- If warning signs are noticed.

How

- Verbal
 - Interviews
- Physical
 - Paper-and-pencil forms
 - Electronic forms

Next

Any positive responses should lead to a referral for full assessment by a qualified provider.

Treatment and Support

Supports Available to Nursing Home Residents

Intensive Outpatient Care

Outpatient Care

Telemedicine

Medication Assisted Treatment (MAT)

Peer Support

AA/NA

Other Types of Care

Interim Care

Withdrawal Management (Detoxification)

Inpatient Care

Residential Care

Sober Living Home

National Clinician Consultation Center Substance Use Warmline

M-F 6am - 5pm PT

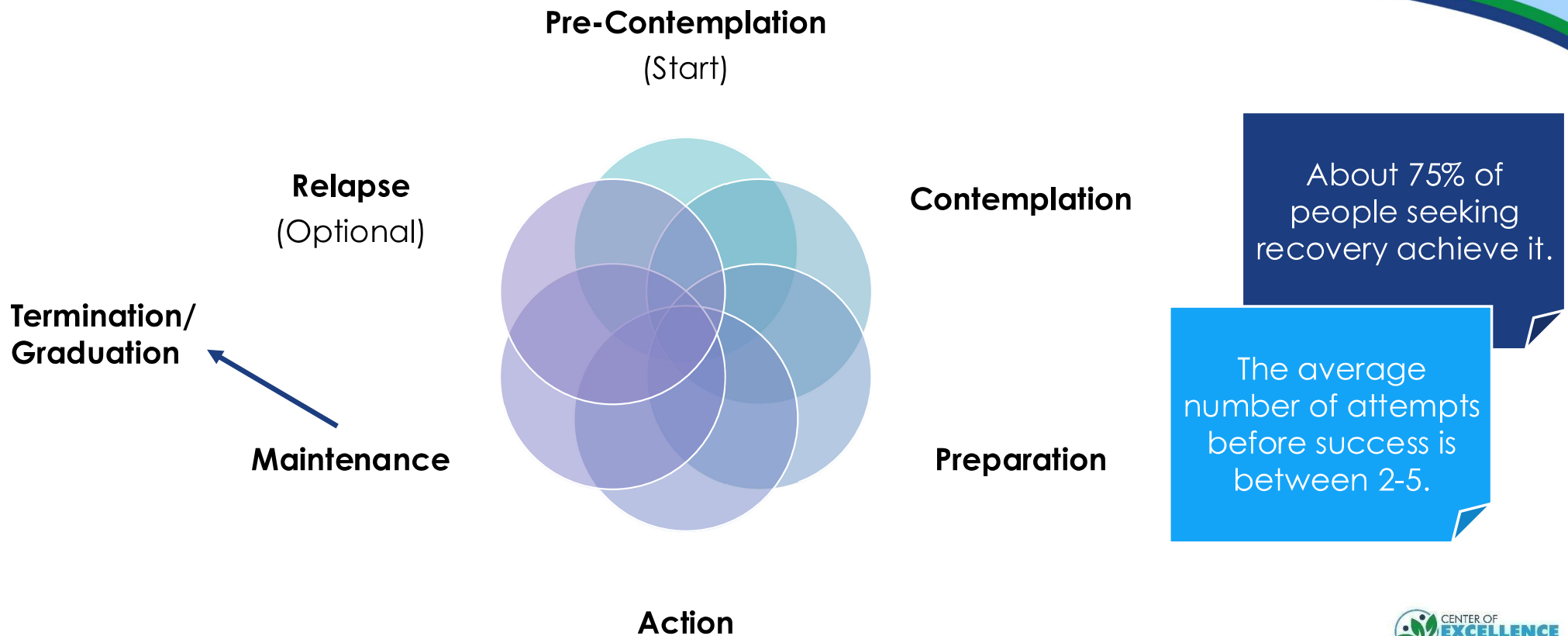
Voicemail 24/7

Specialty Addiction
Medicine Consultation

(855) 300-3595

**SMART Recovery: Free
Mutual Support Meetings**

Stages of Change



Myths Surrounding Medication Assisted Treatment

- ✗ MAT trades one addiction for another.
- ✗ MAT is only for short-term use.
- ✗ My residents' condition is not severe enough to require MAT.
- ✗ MAT increases the risk for overdose in residents.
- ✗ Providing MAT will disrupt and hinder the recovery process.
- ✗ There isn't any proof that MAT works.

Nursing Facilities and MOUD

- Many staff have limited knowledge/training on MOUD.
- MOUD can be offered in facility or at a local clinic or provider.
- When involving a clinic, medication storage can be complicated.

- **MAT Act and MATE Act**
 - Effective in June 2023
 - All prescribers can now prescribe medications for Opioid Use Disorder (OUD), such as Buprenorphine.
 - Methadone still requires a licensed clinic/provider.
 - MATE Act: All prescribers must take 8 hours of MAT training prior to their next DEA renewal.
 - X-Waiver eliminated December 2022.

Medications for Opioid Use Disorder (MOUD)

Part of treatment plan for Opioid Use Disorder (OUD).

Common MOUD Medications


Buprenorphine

Methadone

Naltrexone

These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Opioid Overdose & Naloxone (Narcan) in Nursing Facilities


 **Using Naloxone to Respond to an Overdose in a Nursing Facility**

RESPONDING TO AN OVERDOSE

Where does my nursing facility store the naloxone? _____


1. Check for a Response

- Lightly shake the resident and yell their name. Firmly rub the resident's sternum (bone in the center of the chest where ribs connect) with knuckles, hand in a fist
- If the resident does not respond—Give Naloxone, Call 911



2. Give Naloxone, Call 911


- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the nozzle tip into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull the device from the case and follow voice instructions.
- When calling 911, give the address and say the resident is not breathing.



3. Airway Open


Rescue breathing (if overdose is witnessed)

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give one breath every five seconds
- Chest should rise




4. Consider Naloxone Again

- If a resident doesn't start breathing in two and three minutes or responds to the first dose of naloxone and then stops breathing again, give a second dose of naloxone.
- Because naloxone wears off in 30 to 90 minutes, stay with the resident until emergency medical staff take over or for at least 90 minutes if the person stops breathing again.



5. Recovery Position

- If the resident is breathing but unresponsive, put them on their side to prevent choking if they vomit.



Source: Adapted from https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/AcademicDetailing_Educational_Material_Catalog/41_IB_784_OEND_Patient_Opioid_Safety_for_Patients_on_Opioids_Brochure_v2.pdf

continued on back page

Opioid Overdoses

- Most serious outcome of SUD.
- Naloxone (Narcan) availability and training can reverse the effects.
- Part of SUD disease process - not always preventable.

COE-NF Resources

- [Naloxone in Nursing Homes: A Checklist for Process Review](#)
- [Naloxone in Nursing Facilities: How It Saves Lives](#)
- [Using Naloxone to Respond to an Overdose in a Nursing Facility](#)

Medications for Alcohol Use Disorder (MAUD)

Part of treatment plan for Alcohol Use Disorder (AUD).

Common MAUD Medications


Disulfiram

Acamprosate

Naltrexone

These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Alcohol Use in Nursing Facilities


 **Addressing Alcohol Use in Nursing Facilities**

Health Effects of Drinking Alcohol

While drinking any amount of alcohol carries risk, mixing alcohol with certain medications can cause nausea, vomiting, headaches, drowsiness, fainting, or loss of coordination. Alcohol can also make some medicines less effective or even harmful to the body.¹

Drinking alcohol can lead to health problems such as high blood pressure, heart disease, stroke, liver disease and digestive issues. It can also result in cancer of the breast, mouth, throat, esophagus, voice box, liver, and colon.²

Excessive alcohol use can lead to memory problems such as alcohol-related dementia. In addition, consuming alcohol very quickly can increase the risk of harm, such as blackouts and falls. It can also increase the risk of unpredictable or violent behavior toward other residents or staff members.³



Unauthorized Alcohol Use

Residents may consume alcohol while away from the facility, on weekend passes or during an off-campus trip. Some residents may also gain possession of alcohol during visitation without staff's knowledge.

Proactive Steps Staff Can Take To Support Residents

- Discuss the dangers of undisclosed alcohol use with residents.
- Provide education to residents on alcohol use versus alcohol abuse.
- Discuss safe drinking standards with residents – two drinks or less per day for men and one drink or less per day for women.
- Administer routine alcohol screening questionnaires to residents upon admission and as needed.
- Coordinate follow-up substance use treatment/support when applicable.
- Utilize written policy and behavioral contracts to work with residents who are not in compliance with the facility's drinking policy.

- Alcohol use vs. abuse – safe drinking standards.
- Risks for medication interaction, health concerns, falls.
- Managing undisclosed alcohol use, access through visitation or outside trips.

COE-NF Resources

- [Addressing Alcohol Use in Nursing Facilities](#)
- [Effects of Alcohol on the Body](#)
- [April Newsletter: Warning Signs and Action Steps for Excessive Alcohol Use](#)

Motivational Interviewing with Residents with SUD

Motivational interviewing (MI) is a collaborative conversation to strengthen a person's own motivation for and commitment to change. It is a practical technique for nursing facilities to use that can help people through the stages of change.

Express empathy through reflective listening.

Develop discrepancy between the residents' goals or values and current behavior.

Avoid arguments and direct confrontation.

Roll with resistance.

Support self-efficacy and optimism.

Implementing SUD Treatment and Support in your Facility

- Develop a process on proper screening tools and ensure staff are educated.
- Work with staff to implement harm reduction principles
- Ensure treatment is available for residents with SUD's
 - Do you have a provider that can administer MAT?
 - Do you have peer or community support groups?
 - Do you have naloxone/Narcan accessible?

COE-NF Resources

- Connect with your regional behavioral specialist (RBS) at the COE-NF
- Identify a champion within your facility to work with the RBS

Additional Ways to Support Residents with SUD

- Ensure staff at all levels in the nursing facility can recognize the signs and symptoms of substance use.
- Be supportive. If you think someone needs help for substance use, notify the Director of Nursing and the Administrator for further evaluation and care planning.
- Recognize that people with SUDs may have other medical conditions, including mental health disorders
- The interdisciplinary team can assist with further evaluation and care planning.
- Everyone can play a role to help residents in the recovery process.

COE-NF SUD Resources

COE-NF SUD Trainings

Substance Use Disorders 101

Understanding Substance Use Disorders related to Nursing Facility Residents

Treating Opioid Use Disorder (OUD) as an Ordinary Component of Service Provision

Addressing Co-occurring Disorders in Nursing Facilities

COE-NF SUD Resources

[Guide for Substance Use Screening in Nursing Facilities](#)

[Substance Use Disorders & Mental Health in Older Adults](#)

[Virtual Recovery Meetings](#)

[Addressing Alcohol Use in Nursing Facilities](#)

[Medication Assisted Treatment: Improving Outcomes Through A Whole Person Approach](#)

View all upcoming trainings on the COE-NF website:
Visit NursingHomeBehavioralHealth.org and click on "[News & Trainings](#)"

Center of Excellence for Behavioral Health In Nursing Facilities

- Cooperative agreement between two federal agencies:
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Centers for Medicare and Medicaid Services (CMS)
- Awarded to Alliant Health Solutions
- Three-year grant:
 - September 2022 – September 2025



Behavioral Health Focus Areas



Primary Areas of Focus:

- Serious Mental Illness (SMI)
- Substance Use Disorders (SUD)
- Co-Occurring Disorders (COD)

Outside of COE-NF Scope:

- Dementia
- Assisted/Independent living facilities
- Pediatric nursing facilities
- Emergencies

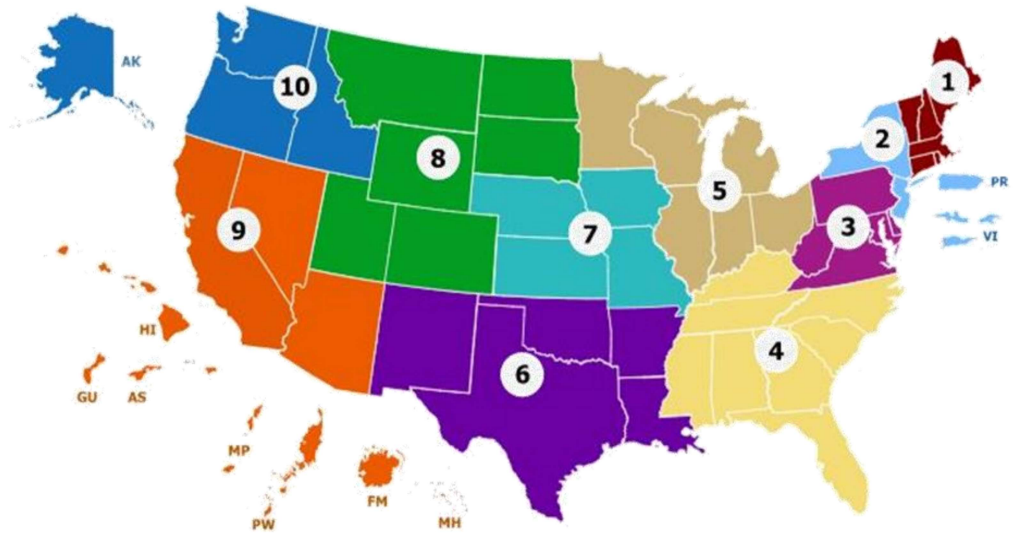
COE-NF National Staffing Model

Regional Behavioral Specialists Model

- Experienced behavioral health professionals
- 10 COE-NF behavioral specialists
- Each specialist is dedicated to an HHS region
- Live and work in the region they serve

Additional Support

- Recovery specialist
- Training and education lead
- Resource development manager
- Subject matter experts on a variety of behavioral health topics



COE-NF Services Audience

- COE-NF offers training and resources for all nursing facility staff
- Administrators, directors of nursing, social workers, activities, nurses, nurse aides, rehabilitation, environmental services, and dietary team members
- All staff benefit from knowledge and skills regarding resident's behavioral needs, and CMS guidance on behavioral health education.

Services Available to Nursing Facilities

Live Virtual Trainings (Zoom)

- Variety of trainings and topics each month
- See website or monthly training flyer
- NAB and ACCME credits available at no cost
- Appropriate for all nursing facility staff
- Opportunity for Q&A with live instructor



Behavioral Health Action Network (Cohort Learning)



- 6-month series, 1 hour session per month
- 30 minutes of didactic learning, 30 minutes of group peer learning
- 5 concurrent cohorts in different geographical regions
- Launched in September 2023
- Second series May 2024 – October 2024

Online Resource Hub

English LEADERSHIP NEWS & TRAININGS What can we help you find? in f

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES ABOUT US WHAT WE DO WHO WE HELP RESOURCES SUBMIT REQUEST

BETTER MENTAL WELLBEING FOR NURSING HOME RESIDENTS STARTS HERE.

The necessity to enhance the care of nursing facility residents with mental health and substance use issues is becoming increasingly apparent.

THE CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES (COE-NF)

Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Centers for Medicare and Medicaid Services (CMS), the COE-NF offers Certified Medicare and Medicaid Nursing Facility Staff a centralized resource hub with easy access to trainings, technical assistance and additional resources, at no cost.

LEARN MORE ABOUT US

- Resources on SMI/SUD/COD topics with a specialized focus on nursing facility considerations
- Toolkits
- Fact sheets and educational flyers
- Screening Tools

On Demand Learning Videos



- Watch when most convenient for staff

BITE-SIZED LEARNINGS:

A bite-sized learning (BSL) is a teaching approach that involves presenting content in a brief 5 – 10 minute timeframe. BSLs are presented in a narrated PowerPoint Presentation.

To get started, click the "Watch Video" button below. Upon completion of the video, you will be directed to complete a brief BSL evaluation.

A grid of six bite-sized learning video thumbnails. Each thumbnail has a blue header with 'BITE-SIZED LEARNING' and a white box containing the title, a brief description, and two buttons: 'WATCH VIDEO' and 'RESOURCE'.

- Schizophrenia and Antipsychotics Bite-sized Learning**: Discover practical ways you can support residents living with schizophrenia. Learn about common schizophrenia symptoms and the ris...
- Bipolar Disorder: Understanding and Recognizing the Signs and...**: Learn the signs and symptoms of bipolar disorder....
- Mental Health 101**: Learn about the basics of mental health, how to recognize signs and symptoms and ways to support residents with mental health....
- Substance Use 101**: Learn about substance use disorders and actionable steps nursing facility staff can take to support residents with this condition....
- Trauma Informed Care Bite-sized Learning**: Explore the keys to creating a trauma informed approach....
- Alcohol Use Disorder 101**: This video will explore alcohol use disorder and the signs, symptoms and dangers of withdrawal....

- Just-in-time refresher on specific topic
- Bite-sized 5 –10 minute videos
- Full-length 15 –20 minute videos

1:1 Technical Assistance



Customized Technical Assistance

- Facility level behavioral health individualized technical assistance
- Provided by behavioral specialists based out of the region they cover

Common requests include:

- Overall program design
- Care planning support
- Provider search
- Implementation strategies
- Customized live virtual trainings

Eligibility

- COE-NF is funded to serve CMS Certified nursing facilities
- Facilities should be listed on the CMS Care Compare site as a **nursing facility** or **skilled nursing facility**
- Nursing facilities that are **not** CMS-certified assisted living facilities are **not** eligible for services
- Ineligible facilities can still access the COE-NF free online resource hub; however, those facilities are not eligible for technical assistance or trainings.

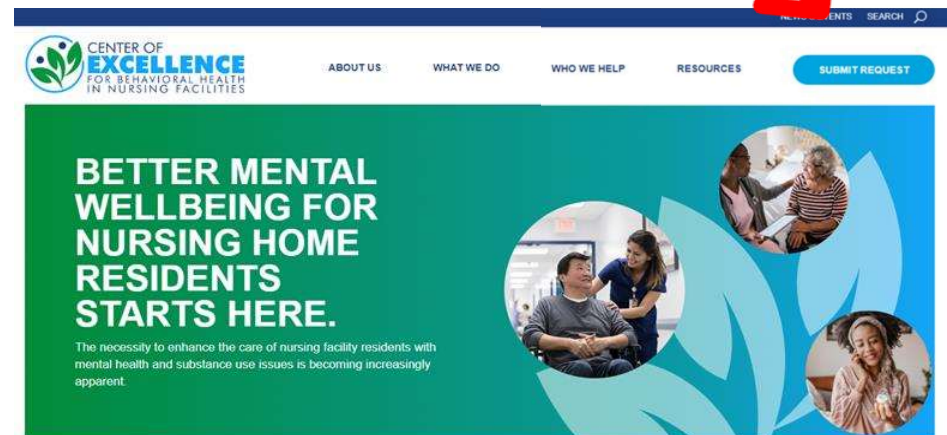
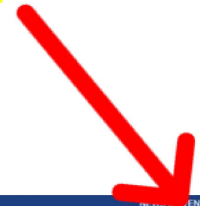


How to Submit a Request

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****



Connect with Us!

SCAN ME



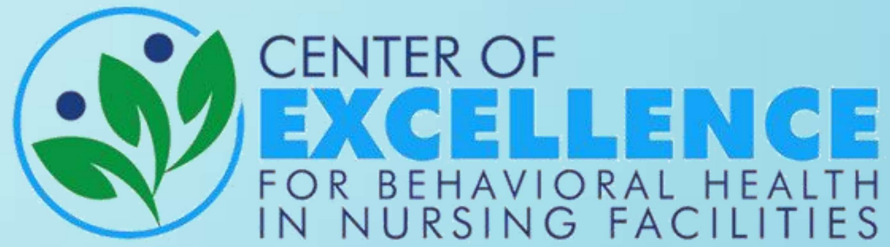
Subscribe to receive text messages from COE-NF!
Scan the QR code or visit <https://bit.ly/COETextList> to stay up-to-date on COE-NF services and news.

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



Questions ?



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Thank You!



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