



Behavioral Health Needs Assessment: A Resource To Support the Annual Facility-Wide Assessment

As you use this assessment, please take note that behavioral health refers to both mental illness and substance use conditions.

Purpose

The [Behavioral Health Needs Assessment](#) created by the Center of Excellence for Behavioral Health In Nursing Facilities (COE-NF) can be used as a resource for the required annual facility-wide assessment. The assessment was designed to help facilities process strategies to bridge behavioral health gaps identified in the required annual facility-wide assessment. Nursing facilities are required to conduct, document, and annually review a facility-wide assessment, which includes both the resident population and the resources the facility needs to care for residents ([F838 §483.70\(e\)](#)).

Current guidance from the Centers for Medicare and Medicaid Services State Operations Manual Appendix PP ([F tags 740-745](#)) references assessment of residents' behavioral health needs and staff training and skills within the required annual facility-wide assessment.

- F tag examples:
 - Pg. 498: “SUD (substance use disorders) and SMI (Serious Mental Illness) care needs should be part of the facility assessment. Facility should determine if they have capacity, services, and staff skills to meet the requirements of F741.”
 - Pg. 507: “The facility must consider the acuity of the population and its assessment in accordance with §483.70(e) – facility assessment. This includes residents with mental disorders, psychosocial disorders, or substance use disorders (SUDs), and those with a history of trauma and/or post-traumatic stress disorder (PTSD), as reflected in the facility assessment.”
 - Pg. 508: Regarding sufficient staff to provide BH services: “The facility must address in its facility assessment under §483.70(e) (F838), the behavioral health needs that can be met and the numbers and types of staff needed to meet these needs.”

This behavioral health needs assessment provides a structured framework to further assess the unique behavioral health needs of the facility identified in the required annual facility-wide assessment. This assessment will help identify training, staffing and resources needed to provide the necessary person-centered care that will promote safety and wellbeing of all residents.

The behavioral health needs assessment is **not** a requirement; however, it can be used as a tool to support the requirement.

Benefits

Due to the high prevalence of mental illness and substance use disorders in the United States, the likelihood that a resident with a behavioral health disorder will be admitted into a nursing facility is high. Behavioral health disorders, including anxiety, depression, bipolar disorder, opioid use disorders, and schizophrenia, affect a significant portion of the general population.

The behavioral health needs assessment provides:

- A systematic way of identifying the current behavioral health and treatment gaps for residents with behavioral health conditions.

- Assistance with meeting the requirement for the behavioral health component of the facility-wide assessment that must be completed at least annually.
- A pathway for creating an environment that prioritizes and recognizes that behavioral health is essential to physical health and functional outcomes.
- Key information to help elevate the facilities' behavioral health care, treatment and services provided to residents.
- Actionable processes for planning, staffing, training, and engaging with community partnerships.

In addition to the above, the assessment results can be used for Quality Assurance and Performance Improvement (QAPI) within the nursing facility that require behavioral health services improvement.

Overview of the COE-NF Behavioral Health Needs Assessment

There are four vital steps to the behavioral health assessment:



Visit the COE-NF website for a recorded training on [A Facility Assessment Approach to Behavioral Health](#). 

Nursing facilities that take a proactive approach to behavioral health can provide tailored interventions, supports, and treatment that leads to improved behavioral health and overall well-being for residents. We encourage nursing facilities to use the assessment as they examine their own needs in the context of mental health and substance use services.

Contact the COE-NF for customized training and technical assistance on how to complete the assessment and schedule technical assistance and/or training to address any gaps identified in the assessment. Click here to submit a request for assistance: <https://nursinghomebehavioralhealth.org/request-assistance/>

Disclaimer: *Use of this assessment is not mandated by the Centers for Medicare and Medicaid Services, nor does it ensure regulatory compliance.*

Behavioral Health Needs Assessment

Facility Name: _____ Date: _____

Staff/Departments Involved:

Administrator: _____ Activity Department: _____

Behavioral Health Champion: _____ Certified Nursing Assistant (CNA): _____

Director of Nursing: _____ Medical Director: _____

Mental Health Provider: _____ MDS Coordinator: _____

Pharmacist: _____ Social Services Director: _____

Social Worker: _____ Other: _____

Notes:

Step 1: Assess the Facility Characteristics and Needs

Mental Health Diagnosis Sources • Electronic Medical Record (EMR) • Hospital Transfer Records • Minimum Data Set (MDS) • Psychiatric Consult Notes • Social Services Assessments	What mental health diagnoses do you see in your current resident population? <i>Example: Three (3) residents have a diagnosis of Schizophrenia, Two (2) Bipolar Disorder, and 25 Major Depressive Disorder.</i> Which validated mental health screenings are currently being conducted at intake or routinely conducted? <i>Example: Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7)</i>
Percentage of Residents with a Mental Health Diagnosis See Appendix A for common mental health diagnoses. 	What diagnoses trends did you find among your current resident population and what is the percentage? <i>Example: Schizophrenia- 23% of resident population.</i> Number of residents with a mental health diagnosis _____ Percentage of population _____% *Number of Residents/Census x 100 = % of Population
Medication Sources • Electronic Medical Record (EMR) • Kardex • Pharmacist Consultant Reports • Physician Notes • Specialist Notes	What antipsychotic medications are existing residents prescribed? <i>Example: Two (2) residents are prescribed Risperdal.</i> What psychotropic medications are existing residents prescribed? <i>Example: Five (5) residents are prescribed Ativan.</i>
Percentage of residents on a medication to treat a mental health condition. See Appendix D for common medications to treat mental health conditions. 	What medication trends did you find among your current resident population and what is the percentage of the resident population? <i>Example: 45% of residents are on an antidepressant.</i> Number of residents on an antipsychotic medication _____ Percentage of population _____% *Number of Residents/Census x 100 = % of Population Number of residents on a psychotropic medication _____ Percentage of population _____% *Number of Residents/Census x 100 = % of Population

Substance Use Disorder Sources • Electronic Medical Record (EMR) • Hospital Transfer Records • Minimum Data Set (MDS) • Physician Notes • Specialist Notes • Social Services Assessment • SUD Screening Results See Appendix B for common substance use diagnosis. 	What substance use diagnoses did you find in your current resident population? <i>Example: 10 residents with an opioid use disorder, Five (5) with cannabis use disorder, 20 with an alcohol use disorder, and Three (3) with a stimulant use disorder.</i> How many current residents have a history of substance use disorders without a diagnosis? <i>Example: 10 residents have a history of substance use.</i> How many current residents are on medication to treat a substance use disorder (including medications to treat Opioid Use Disorder (MOUD), Alcohol Use Disorder (MAUD), and/or Methadone)? <i>Example: Three (3) residents are on a medication to treat alcohol use.</i> Which validated substance use screenings are currently being conducted at intake or routinely conducted? <i>Example: Alcohol Use Disorder Identification Test (AUDIT) and Tobacco, Alcohol, Prescription Medications, and other Substance Use (TAPS).</i> Do you have Naloxone on site? If so, list the number of staff trained on Naloxone Administration per shift. Is it easily acceptable?
Percentage of residents on medication to treat a substance use disorder. See Appendix E for common medications to treat mental health conditions. 	What substance use disorder trends did you find among your current resident population and what is the percentage of the resident population? <i>Example: 45% of residents are on an antidepressant.</i> Number of residents with a substance use disorder diagnosis _____ Percentage of population _____% <i>*Number of Residents/Census x 100 = % of Population</i> Number of residents with a history of substance use, without a diagnosis Percentage of population _____% <i>*Number of Residents/Census x 100 = % of Population</i>

Trauma History Sources • Minimum Data Set (MDS) • Electronic Medical Record (EMR) • Social Services Assessment • Trauma Screening Results See Appendix C for types of trauma 	Do you conduct trauma screenings on all residents?
	What trauma-related trends did you find in your current resident population and what is the percentage of the resident population? <i>Example: Four (4) residents impacted by flood of 1998, 15 residents are war veterans with PTSD and 10 experienced physical abuse, 30% of residents have experienced a traumatic event.</i> Number of residents with trauma history _____ Percentage of population _____% *Number of Trauma/Census x 100 = % of Population

PASSR Level 2 Sources • Hospital Transfer Records • Minimum Data Set (MDS) • State PASSR Database • Facility Hardcopy Records • Electronic Medical Record (EMR)	What Preadmission Screening and Resident Review (PASSR) trends did you find in your current resident population and what is the percentage of the resident population? <i>Example: 10 residents or 10% of the facility population have a level 2 PASSR for a serious mental illness.</i> Residents with PASSR Level 2 _____ Percentage of population _____% *Number of PASSR Level 2/Census x 100 = % of Population
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Mental Health/Substance Use Related Incidents • Accident/Incident Report Forms (past year)	What mental health or substance use-related incidents have happened in the last 12 months at your facility? <i>Example: January - Resident with a diagnosis of schizophrenia attacked a staff member. April - Resident came back to facility intoxicated after day pass and had a fall.</i>
	Do you have behavioral health huddles?
	What trends did you find in the mental health and substance use incidents? <i>Example: 100% of incidents occurred on the second shift with one particular staff.</i> Number of mental health related incidents within the last 12 Months _____ Number of substance use related incidents within the last 12 Months _____

Step 2: Determine the Facility Behavioral Health Capacity

Staff Training Topics (This is not a comprehensive list of training topics.) • Behavioral Health Equity • Crisis Management • CNA specific training • De-Escalation Strategies • Interpersonal Communication Skills • Culturally and Linguistically Appropriate Services • Trauma Informed Care • Post Traumatic Stress Disorder • Person Centered Care • Screening and assessment • Non-pharmacological Interventions • Other	What are your current mental health and substance use training requirements? <i>Example: We follow CMS training guidelines.</i>
	Which staff are required to complete the training? <i>Example: Staff at all levels of care.</i>
	What are your orientation/new hire onboarding training requirements? <i>Example: Trauma-Informed Care offered by the Center of Excellence for Behavioral Health in Nursing Facilities, De-escalation techniques, mental health awareness</i>
Mental Health Specific • Diagnoses specific trainings (i.e., schizophrenia, bipolar disorder) • Mental Health Awareness • Suicide Prevention • Grief and Loss • Other	What are your ongoing/annual requirements? <i>Example: Trauma-Informed Care offered by the Center of Excellence for Behavioral Health in Nursing Facilities, De-escalation techniques, mental health awareness.</i>
Substance Use/Co-Occurring Disorders-Specific • Diagnoses specific trainings (i.e., opioid, alcohol use, cannabis) • Substance Use Awareness • Signs and symptoms • Overdose Prevention • Co-Occurring Disorders • Medications to treat substance use disorders • Naloxone (Narcan) Administration • Other	What are the training requirements “agency staff” working at your facility? <i>Example: De-escalation techniques and mental health awareness are reviewed prior to assignment area.</i>
	What are your identified gaps or barriers?
Trainings with Certifications offered by COE-NF • CARES Serious Mental Illness • Question, Persuade, Refer (QPR)-Suicide Prevention • Mental Health First Aid (MHFA) • Verbal De-escalation: Crisis Prevention Intervention	Submit a training request to the COE-NF 

Psychiatry and Medication Management • Psychiatrist • Geriatric Psychiatrist • Psychiatric Nurse Practitioner • Telepsychiatry • Attending Physician	Who currently assesses and prescribes mental health/substance use medications for residents? <i>Example: Our agency's psychiatrist.</i>
	What is the frequency and format of these assessments (in-person or virtual)?
	What additional psychiatric support is needed?
	Are the practitioners representative of the resident population regarding race, ethnicity, and native language?
	What are your identified gaps or barriers?
Treatment Locator	To locate behavioral health treatment services, click the link. Substance Abuse and Mental Health Services Administration 

Psychotherapy and Substance Use Treatment Psychotherapy Providers • Psychologist • Licensed Clinical Social Worker • Licensed Professional Counselor • Community Mental Health Centers • PASSR Providers • Grief Counselor • Teletherapy Provider • Group Therapist	Who currently provides psychotherapy (counseling) services for residents? <i>Example: We contract services with a Licensed Professional Counselor (LPC) and Social Worker.</i>
	Who currently provides substance use treatment services for residents? <i>Example: We contract services with a Certified Addiction Counselor.</i>
	What is the frequency and format of these services (in-person or virtual)?

Substance Use Treatment Providers • Buprenorphine Practitioners • Certified Addiction Counselors • Opioid Treatment Programs • Opioid Treatment Programs • Substance Use Treatment Programs (outpatient, inpatient, residential)	What types of services are offered?
	Are the providers representative of the resident regarding race, ethnicity, and native language?
	What are your identified gaps or barriers?
Treatment Locator	To locate behavioral health treatment services, click the link. Substance Abuse and Mental Health Services Administration 

Other Behavioral Health Supports • Recreational therapy ○ Art Therapy ○ Music Therapy ○ Pet Therapy • Peer Support • Other	Do you offer any other behavioral health focused support for residents? <i>Example: We provide art therapy.</i>
	What types of services are offered?
	What are your identified gaps or barriers?

Specialized Care • Specific Areas/Units • Cohorted Populations • Specialized Behavioral Health Consultant • Full-time Behavioral health team member	Do you have any specialized care areas or unique populations currently in your facility? <i>Example: Behavioral Health Unit.</i>
	What are your identified gaps or barriers?

Community Partners Providers • Psychiatric ER/Hospital • Community Mental Health Treatment or Crisis Center • Community Substance Use Treatment Center • Inpatient Mental Health or Substance Use Treatment Center • Opioid Treatment Programs (Methadone Clinics) • Mobile Crisis Units	Which community partners support the behavioral health needs of your current residents? <i>Example: Local community mental health treatment program.</i> What types of services are offered?
Recovery Support Groups (This is not a comprehensive list of recovery support groups, nor does being on this list indicate endorsement by the COE-NF.) • Alcoholic Anonymous • Narcotic Anonymous • Cocaine Anonymous • SMART Recovery • Psychosocial Clubhouses • Secular Organizations for Sobriety • Others Link to Support Groups  Link to Virtual Support Groups 	What are your identified gaps or barriers?

Step 3: Identify Gaps Between Needs and Capacity

Please rate your facility in the following areas.

Staff Training (Mental Health)	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Staff Training (Substance Use)	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Psychiatry and Medication Management	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Psychotherapy	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Substance Use Treatment Access	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Mental Health Treatment Access	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Other behavioral health supports	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Specialized Care	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Community Partners	Excellent	Good	Fair	Needs Improvement
Identified gaps or barriers:				

Step 4: Develop and Implement Your Plan

[Use the Rapid Behavioral Health Plan-Do-Study-Act \(PDSA\) Worksheet](#)

1. Form the team; include members from different departments.
2. Complete a Root Cause Analysis (RCA).
3. Establish an aim statement and create SMART Goals (Specific, Measurable, Achievable, Realistic, and Time-bound).
4. Prioritize and establish what will be measured.
5. Select ideas for change that will result in improvement.
6. Test the change using a PDSA Cycle.
7. Implement the change after testing.
8. Spread the change to other parts of the facility. Include the change in the facility policy and required staff trainings.

Notes:

APPENDIX

Appendix A

Common Mental Health Diagnosis

Mood Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder/Episode
- Persistent Depressive Disorder (dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive disorder due to another medical condition
- Other specified depressive disorder
- Unspecified depressive disorder

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Psychotic Disorder Due to Another Medical Condition
- Substance/Medication-Induced Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder

Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia

- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Panic Attack Specifier
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive Disorder (OCD)
- Body Dysmorphic Disorder
- Trichotillomania (hair-pulling disorder)
- Hoarding Disorder
- Excoriation Disorder (skin-picking)
- Other specified obsessive-compulsive and related disorders

Trauma and Stressor Related Disorders

- Post-Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder (ASD)
- Adjustment Disorder
- Prolonged Grief Disorder
- Reactive Attachment Disorder (RAD) (diagnosed only in children)
- Disinhibited social engagement disorder (DSED) (diagnosed only in children)
- Other specified trauma/stressor-related disorder
- Unspecified trauma/stressor-related disorder

Appendix B

Common Substance Use Diagnosis

Substance Use Disorders

- Alcohol Intoxication
- Alcohol Use Disorder
- Opioid Intoxication
- Opioid Use Disorder
- Opioid Withdrawal
- Sedative/Hypnotic/Anxiolytic Use Disorder
- Cocaine Use Disorder
- Cannabis Use Disorder
- Inhalant Use Disorder
- Polysubstance Dependence
- Amphetamine Use Disorder
- Phencyclidine Use Disorder

Appendix C

Types of Trauma

Acute Trauma- Single Unexpected Event

- Crime or Accidents
- Witnessing a Crime, Accident, or Violence
- Intimate Partner Violence
- Life-Threatening Illness
- Serious Injury
- Physical Assault/Violence
- Sexual Assault/Violence
- Childbirth
- Natural Disaster or Environmental Event
- Suicide Attempt

Complex- Multiple chronic, or prolonged exposure to traumatizing events

- Domestic Violence
- Early Childhood Abuse or Neglect
- Physical Abuse

- Sexual Abuse
- Emotional Abuse
- War Related Experiences

Chronic Trauma- Ongoing or repeated traumatic experiences

- Verbal Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Poverty
- Sex Trafficking
- Bullying
- Medical Systems Trauma
- Refugee Trauma
- Domestic Violence

Appendix D

Common Medications to Treat Mental Health Condition

Psychotropic Medications

Selective Serotonin Reuptake Inhibitors (SSRI)

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)

Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)

- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)
- Levomilnacipran (Fetzima)
- Venlafaxine (Effexor XR)

Norepinephrine and Dopamine Reuptake Inhibitors (NDRI)

- Bupropion (Wellbutrin, Zyban, Alpezin)
- Dexmethylphenidate (Focalin)
- Methylphenidate (Concerta, Methylin, Metadate)

Tricyclic Antidepressant (TCAs)

- Amitriptyline (Elavil)
- Clomipramine (Anafranil)

- Doxepin (Sinequan)
- Imipramine (Tofranil)
- Desipramine (Norpramin)

Norepinephrine and Dopamine Reuptake Inhibitors (NDRI)

- Amitriptyline (Elavil)
- Clomipramine (Anafranil)
- Doxepin (Sinequan)
- Imipramine (Tofranil)
- Desipramine (Norpramin)

Benzodiazepines

- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Alprazolam (Xanax)
- Oxazepam (Serax)

Anticonvulsants

- Pregabalin (Lyrica)

Azaperone

- Buspirone (Buspar)

<u>Antipsychotic Medications</u> First-generation (typical) Antipsychotic • Chlorpromazine (Thorazine) • Fluphenazine (Prolixin, Permitil) • Haloperidol (Haldol) • Loxapine (Adusuve, Loxitane) • Molindone (Moban) • Perphenazine (Trilafon) • Pimozide (Orap) • Prochlorperazine (Comprom, Compazine) • Thiothixene (Navane) • Thoridazine (Mellaril) • Trifluoperazine (Stelazine)	Second-generation (atypical) Antipsychotic • Aripiprazole (Abilify, Aristada) • Asenapine (Secuado, Saphris) • Brexpiprazole (Rexulti) • Cariprazine (Vraylar) • Clozapine (Clozaril, Versacloz). • Iloperidone (Fanapt) • Lumateperone (Caplyta) • Lurasidone (Latuda) • Olanzapine (Zyprexa, Lybalvi, Symbyax) • Quetiapine (Seroquel) • Paliperidone (Invega) • Pimavanserin (Nuplazid) • Risperidone (Perseris, Risperdal) • Ziprasidone (Geodon)
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<u>Appendix E</u> Common Medications for Substance Use Disorders	
• Naltrexone (Vivitrol) • Buprenorphine (Suboxone, Methadone) • Disulfiram (Antabuse) • Acamprosate (Campral) • Modafinil (Provigil) • Bupropion (Wellbutrin, Zyban)	• Gabapentin (Neurontin) • Mirtazapine (Remero) • Topiramate (Topamax) • Baclofen (Lioresal) • Vigabatrin (Sabril)

<u>References:</u> Diagnostic And Statistical Manual Of Mental Disorders (5th Ed., Text Rev.). https://doi.org/10.1176/appi.books.9780890425787  National Child Trauma Stress Network. www.nctsn.org  Substance Abuse and Mental Health Services Administration Medications for Substance use Disorders. https://www.samhsa.gov/medications-substance-use-disorders  The American Psychiatric Publishing Textbook of Psychopharmacology, Fifth Edition
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