



June 2025 Newsletter

The Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) provides mental health and substance use evidence-based training, customized technical assistance, and resources to certified Medicare and Medicaid nursing facilities that care for residents with a variety of behavioral health conditions at absolutely no cost. To submit a request for assistance, complete the online request form by clicking [HERE](#).

In This Issue

- Post Traumatic Stress Disorder (PTSD) Awareness Month
- Nursing Facility Guidance: Trauma Informed Care
- Subject Matter Expert Article: Unseen Wounds: Understanding PTSD in Older Adults
- Office Hours
 - Managing Substance Use Disorders in Nursing Facilities
- COE-NF Resources
 - Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility
 - Applying the 4Rs to a Trauma Informed Approach in Nursing Facilities
 - Comfort Menu
- Did You Know?
 - Trauma Facts
- Save the Date: Join our Upcoming Virtual Education Events
- You Matter: Certified Nursing Assistants (CNA) Week

Post-Traumatic Stress Disorder: Promoting Understanding in Long-term Care Settings

June is observed as PTSD Awareness month, a time dedicated to promoting understanding and compassion for those affected by Post-Traumatic Stress Disorder (PTSD). While PTSD is often associated with military veterans, anyone can be impacted by this condition. Traumatic events such as



physical or sexual abuse, natural disasters, severe accidents, mass casualties, and combat experiences can all lead to PTSD.

In long-term care settings, residents bring with them a lifetime of experiences, some of which may include trauma. PTSD often goes unrecognized or unreported, and when left unaddressed, it can cause residents to react to everyday interactions in ways that may be misunderstood or misinterpreted.

For example, routine caregiving tasks such as assisting with Activities of Daily Living (ADLs)—including bathing or dressing—or simply entering a resident’s room during nighttime rounds can inadvertently re-traumatize someone. These situations may trigger distressing reactions, especially if staff are unaware of the residents’ trauma history.

Staff education and awareness are key to reducing the risk of re-traumatization and ensuring sensitive, trauma-informed care. By recognizing how PTSD can manifest and taking steps to address it, facilities can build a safer and more supportive environment for residents.

Ways to promote PTSD awareness in your facility this month:

- Share educational resources. Post and distribute the COE-NF resource on PTSD symptoms to residents, staff, and family members. [Applying the 4 Rs to a Trauma-Informed Approach](#)
- Implement screening protocols. Develop policies and procedures to screen for PTSD in residents. Clinical staff can use the PTSD Checklist for DSM-5 (PCL-5) as an evidence-based tool for assessment. [PCL-5 Screening Tool](#)
- Engage in supportive conversations. Talk with residents about available treatment options and normalize mental health support.
- Refer for specialized care. Ensure residents who screen positive for PTSD are referred for further assessment and treatment by behavioral health professionals. To help residents find services in [English](#) and [Spanish](#), go to FindTreatment.gov.

By raising awareness, your facility can take meaningful steps toward providing compassionate, trauma-informed care for those individuals affected by PTSD.

Nursing Facility Guidance Updates: Trauma Informed Care

The [State Operations Manual \(SOM\) - Appendix PP](#) highlights the critical importance of services that support residents' physical, mental, and psychosocial well-being per §483.24, §483.25, and §483.40. A central component of this care is the implementation of trauma-informed care, which is an approach that recognizes and addresses the lasting impact of past trauma on individuals.

Facilities are required to deliver culturally competent, trauma-informed care,

tailored to the unique histories, identities, and preferences of trauma survivors. This involves not only understanding a resident's trauma history, but also identifying specific triggers that could cause re-traumatization. A comprehensive approach may include:

- Direct conversations with residents
- Use of assessment tools such as the Resident Assessment Instrument (RAI) and Admission Assessments
- Input from family members, friends, and interdisciplinary care teams

Collaboration is key. Partnering with trauma survivors, families, and healthcare professionals enables the development of individualized, person-centered interventions. Facilities can also offer trauma support groups, led by qualified professionals, to provide residents with ongoing emotional support.

Even when residents are reluctant to share their past experiences, staff must remain proactive in identifying potential trauma triggers and developing strategies to reduce their impact. Key areas of noncompliance with F699 trauma-informed care include failing to:

- Identify a resident's trauma history and triggers
- Consistently apply trauma-informed approaches

What can you do TODAY?

- **Check out the COE-NF On-Demand Educational Events** - View the [Introduction to Trauma-informed Care](#) virtual event to explore the principles of trauma-informed care and learn techniques for creating a safe environment where both residents and staff can thrive.
- **Display the Six Guiding Principles** - Download and display COE-NF's [Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility - COE-NF](#), as a daily reminder for staff.
- **Review and Strengthen Care Plans** - Ensure that resident care plans include trigger-specific interventions to reduce both exposure and impact.
- **Use the Trauma-Informed Care Toolkit** - Leverage the Virginia Commonwealth University's [Trauma-Informed Care Toolkit](#) to assess practices, support personalized care, and train staff through a trauma-informed lens.
- **Request Support from COE-NF** - Contact COE-NF to learn more about evidence-based trauma screening tools and connect with qualified professionals to support residents with trauma histories. [CLICK HERE](#) to request support.

The COE-NF stands ready to support your facility in these guidance areas. Contact us today!

[Click HERE to Request Assistance](#)

Subject Matter Expert Article

Unseen Wounds: Understanding PTSD in Older Adults

*By Dr. Malcolm Horn, Ph.D., LCSW, MAC, SAP, Chief Behavioral Health Officer,
Rimrock Foundation*

Keeping you up to date with the latest research, advancements and best practices in managing and addressing behavioral health conditions in nursing facilities.

Case Study:

This case explores the experiences of a 71-year old client that I have worked with for nearly eight years. While he would deny ever being “abused,” he reports that his father was very harsh and critical. The father’s discipline for what he perceives as “normal childhood behaviors” involved corporal punishment. He and his mother often feared a backhand slap to the face or condescending comment. Hugs and positive reinforcement did not happen. As an older adult, he struggles with chronic pain, rheumatoid arthritis, major depressive disorder and, much to his chagrin, Post-Traumatic Stress Disorder (PTSD). He struggles to voice his own needs and has been prone to angry outbursts and occasional violence against inanimate objects.



In order to understand PTSD in anyone, but especially older adults, we must first have an understanding of what PTSD is and what it is not. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Revised, a guide for diagnosing and classifying mental disorders, requires experiencing or witnessing a life-threatening event; re-experiencing the event (such as nightmares or flashbacks); avoidance of stimuli related to the experience, and having negative emotional/cognitions (feeling depressed; feeling as if the event was ones’ own fault) about the event (DSM-5-TR, 2013).

If I were to read these criteria to my client, he would not believe he has PTSD as his childhood experience was considered “normal” and to label it as traumatic is confusing to him. In working with him, I must focus on his key symptoms (agitation, nightmares, depression) and how to best address those. At this point in his life, exploring his childhood trauma may not be productive and may even

be harmful to him.

In the United States, 50-90% of adults have been exposed to at least one type of potentially traumatic event (Kaiser et al, 2019). 70% of older men and 41% of older women reported a lifetime exposure to trauma over their lifetime (Kaiser, 2025). Most studies of PTSD, however, do not include older adults. Research that does include older adults is predominantly focused on veterans. If you work with the older population, there is a good chance that you work with someone that struggles with PTSD symptoms.

Common symptoms seen in older adults are similar to those seen in the younger population and include agitation, consistently feeling “on guard,” being easily startled, nightmares/flashbacks, muscle tension, hypertension, feeling guilt/shame when reminded of the traumatic/stressful experience, and feeling emotionally distant (SeniorLiving, 2025). As people age, trauma symptoms may be exacerbated by external stressors (such as moving or financial limitations), physical decline/illness, role changes, anniversaries, and loss of loved ones (Kaiser, 2025; SeniorLiving, 2025).

Traditional psychotherapy techniques such as Eye Movement Desensitization Reprocessing (EMDR) have not been heavily studied in older adults (Kaiser, 2019) but may still be beneficial. Older adults often spend time reminiscing about times past and reflecting back on their lives. While this may be triggering, it may also help them find purpose in the event(s) and how they have moved through the experience. Veterans, in particular, may benefit from connecting with other veterans and talking about their experiences.

Additionally, talk therapy, psychiatric medications (such as antidepressants or benzodiazepines) may help address the symptoms (SeniorLiving, 2025). My client, for example, has benefited from SSRI medication and talking with me about how the relationship with his father shaped him and what he would want to say to his father if he had the opportunity to. He recognizes that, while he can identify many negative things about how his father treated him, he has also discovered his own resilience and his determination to become a better person.

In short, addressing PTSD in older adults involves understanding what their symptoms are and how they fit into the context of their life and then identifying how to best address their problematic symptoms.

- *Posttraumatic Stress Disorder in Older Adults: A conceptual Review.* (2019). Kaiser, et al.
- *Posttraumatic Stress Symptoms Among Older Adults: A Review.* (2025) Kaiser, et al.
- *The Diagnostic Statistical Manual of Mental Disorders, 5th Edition.* (2013). American Psychiatric Association.
- *SeniorLiving. Org* (2025). *A Close look at PTSD Among Aging Adults.*



Dr. Malcolm Horn is the chief behavioral health officer for Rimrock Foundation, a CARF-Accredited co-occurring treatment facility that provides the full ASAM continuum of care in Billings, MT. She is responsible for ongoing training and education for clinical and support staff and supervises the mental health counseling team. As a licensed clinical social worker (LCSW) and a licensed addiction counselor, she also has accreditation from the NAADAC (National Association of Alcohol and Drug Addiction Counselors) as a masters level addiction counselor, MAC and Substance Abuse Professional, SAP. Dr. Horn received her Ph.D from Walden University in 2019.

Office Hours

Have mental illness and substance use questions? We have the answers! Join us for office hours to talk with the experts.

Managing Substance Use Disorders in Nursing Facilities

Interested in receiving expert answers to substance use challenges you are facing in your nursing facility? Join Dr. Jen Azen and Dr. Swati Gaur, subject matter experts, as they answer questions related to your complex cases. No question is too big or too small!

Join our monthly office hours on the third Friday of each month from 1-1:30 p.m. ET to get answers directly from the experts working in nursing facilities!

Audience: Appropriate for clinicians, nurses, administrators, and social workers.



[Register HERE](#)

[Download Flyer](#)

COE-NF Resources

The Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF) has developed a range of resources designed to educate nursing facility teams.

Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility

Trauma-informed care starts with learning and understanding as much as we can about a resident's lived experiences. Each circle represents a principle of trauma-informed care.

Use these six principles to support a trauma-informed care environment that improves the care, safety and well-being of residents in your facility.



Regulatory Guidance PTAS 699 Phase 3-Trauma-Informed Care: (483.260)

This 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.

Source: <https://www.centreforhealthcareinnovation.ca/trauma-informed-care/>

This document was developed by the Center of Excellence for Nursing Facilities and is intended to provide information and guidance to nursing facilities. It is not intended to be used as a regulatory requirement. The Center of Excellence for Nursing Facilities is a non-profit organization that provides information and guidance to nursing facilities. For more information, please visit www.centreforhealthcareinnovation.ca/trauma-informed-care/

Apply the 4Rs to Create a Trauma-Informed Approach in Nursing Facilities

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
 - Realize Trauma** - Anyone can be impacted by trauma. Staff at all levels should have a basic understanding of trauma and be aware of residents with a history of trauma.
 - Awareness** - Understand the impact that trauma can have on a resident's thoughts and behaviors.
- RECOGNIZE** the signs and symptoms of trauma
 - Recognize Triggers** - Residents with a trauma history can be impacted by sights, sounds, smells or thoughts that remind them of a past traumatic experience. Recognize that triggers will differ for each resident based on their experience of trauma.
 - Facilitate Effective Responses** - Person-centered interventions should be a part of the resident's care plan that identify effective strategies that nursing facility staff can use when triggers occur.
- RESPOND** with a trauma-informed approach
 - System-Level Response** - Offer training and implement policies and procedures to create a trauma-informed environment. Nursing facility staff at all levels of care are responsible for providing a safe environment for residents.
 - System-Level Approach** - Maintain an awareness that exposure to trauma can be direct or indirect and affect everyone. Staff should be trained to identify secondary trauma, compassion fatigue and burnout.
- RESIST RE-TRAUMATIZATION** by assessing the environment
 - Avoid Re-Traumatization** - Anticipate and be sensitive to the needs of residents who have experienced trauma.
 - Environmental Assessment** - Evaluate the environment and program operations that could cause a traumatic response. A facility that recognizes the impact of trauma and puts measures in place to avoid re-traumatization promotes a safer environment.

Reference: SAMHSA's Concept of Trauma and Guidelines for a Trauma-Informed Approach

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Comfort Menu

Use the comfort menu with residents to identify ways to reduce anxiety, discomfort and pain without using medications.

☒ Check items below that you are interested in trying...

Relaxation	Comfort	Entertainment
<input type="checkbox"/> Stress ball <input type="checkbox"/> Hand massage <input type="checkbox"/> Visit from chaplain <input type="checkbox"/> Reading visit <input type="checkbox"/> Talking visit <input type="checkbox"/> Relaxing music <input type="checkbox"/> Soft background soundsound machine <input type="checkbox"/> Guided Imagery Therapy: helping you imagine positive and relaxing things <input type="checkbox"/> Quiet uninterrupted time <input type="checkbox"/> Pet therapy <input type="checkbox"/> Essential oils <input type="checkbox"/> Darkness <input type="checkbox"/> Walking/Change of scenery	<input type="checkbox"/> Warm pack <input type="checkbox"/> Cool pack <input type="checkbox"/> Ice <input type="checkbox"/> Warm blanket(s) <input type="checkbox"/> Warm washcloth <input type="checkbox"/> Cool washcloth <input type="checkbox"/> Extra pillows (neck, knees, ankles, lumbar) <input type="checkbox"/> Humidification for your oxygen source <input type="checkbox"/> Saline nose spray <input type="checkbox"/> Fan <input type="checkbox"/> Repositioning <input type="checkbox"/> Warm bath or shower <input type="checkbox"/> Gentle stretching <input type="checkbox"/> Food or beverage <input type="checkbox"/> Temperature adjustment	<input type="checkbox"/> Book (audio, large print) <input type="checkbox"/> Magazine <input type="checkbox"/> Movie <input type="checkbox"/> Walk for your personal laptop or tablet <input type="checkbox"/> Deck of cards <input type="checkbox"/> Puzzle book (crossword, puzzles, word searches, Sudoku) <input type="checkbox"/> Notebook and pen <input type="checkbox"/> Coloring book <input type="checkbox"/> Board games <input type="checkbox"/> Audio & audio <input type="checkbox"/> Favorite music <input type="checkbox"/> Television <input type="checkbox"/> Handheld electronic game <input type="checkbox"/> Activity apron/blanket

Feel Better	Sleep
<input type="checkbox"/> Lip balm <input type="checkbox"/> Wash face/brush teeth <input type="checkbox"/> Sunscreen <input type="checkbox"/> Comb or brush <input type="checkbox"/> Hair <input type="checkbox"/> Shampoo/conditioner <input type="checkbox"/> Soap/massage <input type="checkbox"/> Nails <input type="checkbox"/> Hair band <input type="checkbox"/> Mouth wash <input type="checkbox"/> Mouth wash <input type="checkbox"/> Lubricant	<input type="checkbox"/> Ear plugs <input type="checkbox"/> Eye shield/mask <input type="checkbox"/> Night light <input type="checkbox"/> Quiet <input type="checkbox"/> Weighted blanket <input type="checkbox"/> Television/Audio <input type="checkbox"/> Sound machine <input type="checkbox"/> Uninterrupted sleep time

Use this space to list other ideas

- Ask staff about safety procedures for items brought into the facility. -

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Six Guiding Principles to Create a Trauma-Informed Approach Within a Nursing Facility

Trauma-informed care starts with learning and understanding as much as we can about a resident's lived experiences. Display this flyer as a daily reminder of ways staff can take a trauma-informed approach. [Download Resource](#)

Applying the 4Rs to a Trauma Informed Approach in Nursing Facilities

This document will help nursing facilities to recognize the 4Rs (Realize, Recognize, Respond, and Resist Re-Traumatization) needed to create a trauma-informed environment. [Download Resource](#)

Comfort Menu

Use ideas from the Comfort Menu to identify ways to reduce anxiety, discomfort and pain without using medications. An English and Spanish version of the resource is available for download. [Download Resource](#)

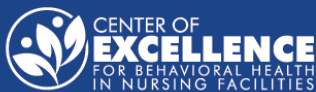
Interested in accessing additional COE-NF resources for your facility?

[Click HERE](#)

**DID YOU
KNOW?**

Trauma has no boundaries regarding age, gender, socioeconomic status, race, or ethnicity. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders.

[Click HERE to Learn More](#)



JOIN OUR UPCOMING VIRTUAL EDUCATION EVENTS

In recognition of PTSD Awareness Month, we're excited to offer a dynamic lineup of educational webinars designed to expand your knowledge and empower you to enhance support for your residents' behavioral health needs. Each session provides practical strategies, expert insights, and continuing education credits.

SUD 101: The If's & What's of Substance Use Disorder Basics

Tuesday, June 10, 2025
2-3 p.m. ET
1.0 ACCME & 1.0 NAB credits will be offered.

A knowledge of substance use disorders and common behavioral symptoms are essential to understanding how to support residents with substance use disorders within the nursing home environment. This webinar will define substance use terminology, examine signs and symptoms and gain an awareness of substance use screening tools that can be used in nursing facilities. The importance of using stigma-free language for providing person centered care will also be discussed.

Learning Objectives:

- Distinguish between substance use, misuse, and substance use disorder.
- Recognize the signs and symptoms of possible substance use
- Describe how recovery-oriented language can engage and support people with SUDs.

Speaker: Diana Padilla, MCPC, CARC, CASAC-TASAP

[Register HERE](#)

Question, Persuade, Refer (QPR) Suicide Prevention

****Registration Closed: This Session is Full****

Thursday, June 12, 2025
2-3:30 p.m. ET
1.5 ACCME & 1.5 NAB credits will be offered.

QPR training will offer strategies to support your work in providing suicide prevention and mental wellness to your residents. This 1.5-hour evidence-based instructor-led training is held virtually and will provide a comprehensive review of a three-step approach anyone can learn to help save a life from suicide. This session will provide a one-year certification to attendees.

Key components covered in the training:

- How to Question, Persuade and Refer someone who may be suicidal.
- How to get help for yourself or learn more about preventing suicide.
- The common causes of suicidal behavior.

- The warning signs of suicide.
- How to get help for someone in crisis.

Speaker: Marti Vogt

Understanding Post-traumatic Stress Disorder (PTSD): A Brief Overview

Tuesday, June 17, 2025

2-2:30 p.m. ET

0.5 ACCME & 0.5 NAB credits will be offered.

This training is designed to give a brief overview of post-traumatic stress disorder (PTSD), its symptoms, and how this can manifest in nursing facility residents. Discover ways for supporting and treating PTSD.

Learning Objectives:

- Understand post-traumatic stress disorder (PTSD).
- Learn the symptoms of PTSD.
- Discover ways to support individuals with PTSD.

Speaker: Bryan G. Stephens, MA, MBA, CPCS, LPC

[Register HERE](#)

An Introduction to Trauma-informed Care

Thursday, June 19, 2025

2-3 p.m. ET

1.0 ACCME & 1.0 NAB credits will be offered.

In this informative training, nursing facility staff will explore the principles of trauma-informed care and learn techniques for creating a safe environment where both residents and staff can thrive.

Learning Objectives:

- Define trauma and trauma-informed care.
- What happens to the traumatized body, and why trauma behavior is misunderstood.
- The basic concepts of trauma-informed care.

Speaker: Dr. LaVerne Hanes Collins, NCC, LPC (GA), LCMHC (NC)

[Register HERE](#)

Schizophrenia in Long-term Care: Basics & Dual Diagnosis

Tuesday, June 24, 2025

2-3 p.m. ET

1.0 ACCME & 1.0 NAB credits will be offered.

Explore the diagnostic criteria of schizophrenia and steps to make a clinical diagnosis. Learn the unique challenges posed by co-occurrence of schizophrenia and substance use disorder and simple and practical strategies to address the challenges and successfully treat both conditions.

Learning Objectives:

- Describe core DSM 5 TR criteria for schizophrenia.
- Discover four key steps to make a diagnosis of schizophrenia.
- Learn signs and symptoms that help early identification of substance use disorder in individuals with schizophrenia.
- Identify at least two best practices in management of substance use disorders in persons with schizophrenia.

Speaker: Dr. Abhilash Desai

[Register HERE](#)

Question, Persuade, Refer (QPR) Suicide Prevention

****Registration Closed: This Session is Full****

Thursday, June 26, 2025

2-3:30 p.m. ET

1.5 ACCME & 1.5 NAB credits will be offered.

QPR training will offer strategies to support your work in providing suicide prevention and mental wellness to your residents. This 1.5-hour evidence-based instructor-led training is held virtually and will provide a

comprehensive review of a three-step approach anyone can learn to help save a life from suicide. This session will provide a one-year certification to attendees.

Key components covered in the training:

- How to Question, Persuade and Refer someone who may be suicidal.
- How to get help for yourself or learn more about preventing suicide.
- The common causes of suicidal behavior.
- The warning signs of suicide.
- How to get help for someone in crisis.

Speaker: Holly Pounders

Mental Health First Aid (MHFA)

****Registration Closed: This Session is Full****

Friday, June 27, 2025

11 a.m.-4:30 p.m. ET

7.75 NAB credits and 5.5 ACCME credits will be offered after completing the live training.

Mental Health First Aid (MHFA) training provides skills to engage and provide initial help and support to someone developing a mental health or substance use challenge or experiencing a crisis.

This session provides a MHFA certification for three years.

The training covers:

- Common signs and symptoms of mental health and substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use and self-care.

The training is divided into three parts:

Part 1 starts AFTER initial registration has been APPROVED by the instructor. Approved registrants will be emailed instructions on how to create an online profile using MHFA Connect and complete a pre-survey/quiz followed by a two-hour self-paced online course. Registrants MUST complete Part 1 no less than 48 hours (two business days) prior to the scheduled Part 2 session.

Part 2 is a 5.5-hour live instructor-led virtual training. Participants are required to

be on camera the entire time.

Part 3 participants will return to MHFA Connect to complete the post-test and evaluation, which is required to receive a certificate of participation.

Speaker: Holly Pounders

You Matter: Happy Certified Nursing Assistants (CNA) Week!

CNA Week is June 12 - June 18, 2025. To all the dedicated certified nursing assistants, thank you for the heart, strength, and compassion you bring to your work every day! Your tireless commitment to caring for others does not go unnoticed. Whether you're offering a kind word, a gentle hand, or skilled care, you make a difference in the lives of others. This week, we celebrate you—your resilience, your service, and your impact!



[Click HERE to Learn More](#)



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Contact us:

For more information, please call **1-844-314-1433** or email coeinfo@allianthealth.org.

To submit a request to inquire about substance use and/or mental health training options for your facility, complete the [inquiry form](#).

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Want to opt-out from receiving news from us? Click [HERE](#) to unsubscribe.

Click below to follow the COE-NF social media channels for resources, news and more!



Alliant Health Solutions (AHS) was awarded a three-year cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA), in collaboration with the Centers for Medicare & Medicaid Services (CMS), to create the COE-NF. AHS has over 50 years of experience working with nursing facilities and behavioral health in nursing facilities.

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