Testimony on Gero-Psych Nursing Facilities
Human Services Committee
December 18, 2023

Good afternoon, Chairman Ruby and members of the Human Services Committee. My name is Shelly Peterson, President of the North Dakota Long Term Care Association. We represent 188 assisted living, basic care, and skilled nursing facilities in North Dakota. Thank you for the opportunity to testify regarding care and services in the three geropsychiatric facilities and the issue of the need for more geriatric inpatient services for this population.

In 1999 legislation was passed in North Dakota creating for the first time geropsychiatric facilities. Licensed as skilled nursing facilities, the first one opened in Valley City. They opened a 16-bed unit in 1999 and an additional 16 beds in 2008 for a total of 32 beds. In 2013 Benedictine Living Community in Ellendale opened a 16 bed geropsychiatric facility. In 2018, the third geropsychiatric facility at St. Lukes in Dickinson opened, adding an additional 20 beds. Thus, statewide we have 68 geropsychiatric facility beds in North Dakota.

These specialized units admit residents who have a primary behavioral health diagnosis, as well as meet skilled nursing criteria, generally meaning they need assistance in caring for their daily needs.

The primary diagnoses within these units are schizophrenia, schizoaffective disorder, bipolar, psychosis, alcohol and drug dependence, PTSD, anxiety, and depression. Besides their mental health disorder each

resident has a variety of medical conditions. The units are referred to as "geriatric" facilities, however they care for a much younger resident population. Today the age range of residents is 31 years old to 83, with an average age of 66 years.

Residents are under the care of a psychiatrist or mental health professional and staff are specially trained to best address positive approaches to physical and emotional needs. Residents in the units must be stable and not in an acute mental health crisis. These units are not licensed nor equipped to provide that level of care.

Admissions to these three units usually come from the North Dakota State Hospital and other acute hospitals. Prior to anyone being admitted to a geropsychiatric facility, the State Hospital must perform an evaluation of the individual being admitted indicating the person needs this level of care.

Geropsychiatric facilities will not accept anyone experiencing a mental health acute crisis, anyone expressing suicide or threating harm to others, individuals who are violent toward their peers, patients with sexual-based criminal convictions or who have recently displayed inappropriate sexual acts toward their peers. Most often individuals with the above needs need an inpatient acute psych unit to stabilize their condition and develop a treatment plan to address their needs.

There begins the journey to find an inpatient acute psych unit to stabilize the individual. Sometimes their unique behavioral health needs coupled with a need for assistance with their personal care, make them a challenge for finding a hospital able to admit them. Most often the hospital's inpatient acute psych unit is full and admission to the State

Hospital is nearly impossible. This fall a facility relayed they were told the State Hospital had a 25 person "waiting list", so admission was unlikely. Nursing homes are not treatment or addiction facilities and need to transfer out residents who are experiencing an acute mental health crisis.

This is the greatest gap in services we are experiencing. When an individual is in a full-blown crisis, in need of immediate intervention and nowhere to move them. Facilities utilize the emergency room, sometimes only to have them returned a few hours later. When the community hospital is unable to care for our residents in a mental health crisis, we will turn to the State Hospital requesting an immediate placement or turn to the state's Crisis Team for support. Thus far access to the Crisis Teams hasn't been successful and it's a rarity for someone to be admitted to the State Hospital. We need greater access to acute inpatient psychiatric services for our residents in crisis. Residents deserve better from us. Their behavioral health issues are real, and our skilled nursing, assisted living, and basic care facilities do not have mental health professionals on staff to treat them due to their licensing and payment models. We need to rely upon the existing behavioral health system. Once the individual is stabilized, with a treatment plan that addresses their behavioral health needs, admission to or back to a long-term care may then be appropriate. It is not always appropriate that the patient returns to these levels of care following stabilization depending on the level of psychiatric need.

Today the (3) Geropsychiatric facilities are relatively full every day, averaging 95.8%-(St. Raphael), 99.1%-(St. Lukes), and 100%-(Ellendale), occupancy this past year.

Average length of stay in the (3) Geropsychiatric facilities are 771 days-(St. Raphael), 715 days-(Ellendale), and 857 days-(St.Lukes). Whereas the average length of stay at regular nursing home is far less.

The goal of each unit is to keep their patients stable and if possible, discharge them to a lower level of care. However, these individuals have chronic mental health conditions. Even with the best of care, they may periodically experience a mental health crisis. When this occurs, we need admission to an inpatient acute psych unit, so they can be properly assessed and treated. If this crisis isn't properly managed and addressed, it can quickly escalate into harm to themselves and others.

We need a responsive system when this occurs. If facilities can't get the care and treatment for residents when they need it, they become hesitant to serve this population and may stop admitting them for fear that they won't be able to meet their needs.

The current statute reads:

50-24.4-29. Geropsychiatric facilities.

The department may select one or more nursing homes within the state to operate a unit that exclusively provides geropsychiatric services. Admission to one of the nursing homes that exclusively provides geropsychiatric services for the purpose of receiving geropsychiatric services may be granted only after the state hospital has performed an evaluation of the individual being admitted which indicates the individual is in need of nursing home geropsychiatric services. If at any time the department determines that the number of approved geropsychiatric units in the state is insufficient to meet the needs, the department may select a geropsychiatric unit based on the experience, qualification, and capacity of the nursing homes that propose to provide geropsychiatric services. The state hospital may not offer geropsychiatric services through a unit set up exclusively to provide those services.

In conclusion, we appreciate you studying this issue. Long-term care is committed to working with acute care providers and the state to better address this crisis and help all individuals get the care they need in the most appropriate setting.

If you have any questions, I would be happy to address them now.

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