Reier Thompson Testimony on Behavioral Health in Nursing Facilities
April 8, 2024
House Human Services Committee
Roughrider Room
Chairman Matt Ruby

Chairperson Ruby and members of the committee, my name is Reier Thompson and I am the President/CEO of Missouri Slope in Bismarck. I am here to provide background and examples of issues facing nursing facilities providing care to individuals with behavioral health and other personality disorders.

Our nursing facility has been operating in Bismarck since 1967. We provide care to people living with mental and physical health disorders every day. As a standard training for all our caregivers, we learn about diagnoses such as dementia and various approaches in caring for people living with it. There are far more diagnoses and disorders than just dementia that our residents are living with. Schizophrenia, major depression, and other personality disorders including post-traumatic stress disorder are just a few. This creates much more complexity to provide a safe environment that is both personalized and community oriented for all.

Thankfully, we have several professional staff assisting in researching and leading training exercises for our team members across the organization. We currently have two employees who are trained through the Crisis Prevention Institute on non-violent crisis intervention. We make this a live training for our team, family, and community members who are interested as many are caregivers to their family members at home. We continue exploring more training for our teams that will help with de-escalation while working with individuals who become erratic or abusive.

Unfortunately, our employees experience a significant amount of injury related to resident behavior. Our work continues to constantly evaluate and train our team so as to prevent negative outcomes while providing the care that our residents need. There are also many instances of verbal abuse that occurs from our residents to our employees or contracted staff. They are subject to abusive language they must overcome in order for the resident to have the assistance they need with activities of daily living. Or worse, our employees are subject to verbal abuse or scrutiny by family members of residents making their work extremely challenging and stressful.

At the end of the day, working in healthcare can and will cause you to experience what I call the trifecta of stresses: physical, emotional, and spiritual. We become attached to the people we care for. It is an honor to be a part of their lives and hear their stories. The hard part is when we have to say goodbye and trust they are in a better place where we will be able to see them again someday.

Thus far, I have given you a glimpse of a day in the life of a nursing facility. This committee wants to know more about the topic of who we care for and whether it is the best fit. All nursing facilities are required to do their proper vetting of any individual who is applying for admission. Some of the main factors in considering whether to accept an admission is can we afford to provide the care to the individual and is it safe to provide the care for the individual. There are hundreds of regulations dictated by the Centers for Medicare and Medicaid Services (CMS) that we must follow and are meant to assure that all residents have the care their need. If we fail to meet the regulations, we are penalized with citations, civil money penalties, ban on admissions, removal of nurse aide training programs, and withdrawal from Medicare and Medicaid funding.

The most difficult decisions we make are typically done during the vetting process to find a way to say yes to as many applicants as possible. We feel we are called to do the work we do each day and that our community needs us. Turing an applicant down for any reason feels like a let down to them and their family. However, we know that we must do all we can to stay in compliance with all the regulations in order to keep doors open to be around for the community today and in the future. I have attended meetings with high level CMS executives who explain that once we have admitted a resident, they are ours to deal with. Their further explanation was since we vetted the applicant and said yes, we knew what we were getting into and now we have no ability or right to discharge for medical/mental concerns. I believe this mindset from CMS specifically causes pause for providers in admitting residents with questionable behaviors and backgrounds.

What happens if we try and decide it isn't working? What can we do? There has been numerous attempts at assisting nursing facilities in our state with resources in times of crisis or other struggles with challenging resident situations. At the end of the day, it still falls back on the provider and the licenses of all the professionals, specifically the administrator, to accommodate any and all resident behaviors. Even to the point of providing one-on-one care 24 hours a day for one resident, it must be done if that is what will keep both the resident and others safe. Obviously, this model is not sustainable. Even with additional funding, we cannot guarantee staffing at one-to-one levels.

The additional factors we must consider with all admissions is how to keep everyone safe. Most of our residents have multiple co-morbidities that weaken them and make them vulnerable. Assuring that each resident will experience a safe and pleasant environment at all times requires us to consider potential behavior conflicts and issues with all applicants. Often times, applicants that are announced in state-wide referrals have serious and complicated mental health or behavior issues which nursing facilities are not able to admit due to the safety of other residents and/or staff members.

Chairperson Ruby and members of the committee, I have been talking about facts and realities associated with providing care in nursing facilities. The changes we would seek to help drive solutions to these problems are complicated. The strict rules and regulations we must follow come from federal agencies. Our ability to make changes to these federal rules, as a state, has been very unsuccessful during my tenure as a licensed nursing home administrator the past 14 years. We need to find ways to strengthen our collective voice across the nation in order to really see the changes we need in that arena.

In the meantime, our trade association, the ND Long Term Care Association and the ND Hospital Association have been cohosting a collaborative where we have explored the issues and perspectives of a variety of partners. Pam Sagness from the ND Department of Health and Human Services, Behavioral Health will provide an update on that work.

Before I turn it over to her, I am happy to answer any questions.