



Protection & Advocacy Project

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House Human Services

Senate Bill 2081

Testimony of Denise Harvey, Protection & Advocacy Program Director

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Chairman Ruby and members of the House Human Services. I am Denise Harvey, Director of Program Services for Protection & Advocacy (P&A). P&A is an independent state agency established in 1977 to assert and advance the human, civil, and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

Protection & Advocacy opposes this bill. It is respectfully recommended that prior to any admissions to a unit that provides geropsychiatric services in a nursing home, consultation should be made with an agency such as a Center for Independent Living or another advocacy organization to determine eligibility for home and community-based services. For individuals with brain injury, consultation should be made with staff that work with home and community-based services/residential habilitation regarding options. Individuals, family members and agencies should be aware of the full continuum of care prior to considering nursing home placement for individuals. Input from the individual and the specific types of services available to meet needs should be considered during this process.

P&A opposes the bill language which allows for the department to expand the number of geropsychiatric units in skilled nursing homes at any time. This would increase the reliance on institutional care vs. home and community-based services. P&A recommends that home and

community-based services be built up in a robust manner to increase the number of persons living in the least restrictive environment in the community. At a minimum, language must be added to this bill which identifies a moratorium limiting the number of geropsychiatric units. Additional options should continue to be explored, to ensure that persons are in the most integrated settings possible in the community and for the state of ND to be in compliance with the Olmstead decision.

In addition, consultations should be made regarding the use of Assistive Technology (AT). AT is an option that maintains independence for persons with disabilities, including those with mental illness. AT can assist with needs to include medication management, wandering, mobility aids and the use of personal emergency response systems. AT can assist individuals to address issues related to their mental illness to include blocking or managing auditory hallucinations, calming, monitoring symptoms and identifying coping strategies.

There are individuals in our state who are eligible for care in a geropsychiatric unit at a nursing home level care but were able to obtain home and community-based services which has allowed them to successfully live independently with the needed support. An example is an individual that was in a nursing home prior to placement in a state institution and was not accepted at any nursing homes over a period due to symptoms related to a mental illness. With no other options available, a placement was sought out in an apartment setting with home and community-based services. It was found that the individual did not require nursing home care, and she was able to live successfully in an apartment. Another example is an individual at a state institution with mental illness and a brain injury with a history of numerous placements in nursing homes. Persons working with the individual were open to residential habilitation services which offers up to 24-hour care in a home setting for individuals with brain injury. This person successfully transitioned into an apartment setting, for the first time in close to a decade living successfully in the community.

Thank you for your time and consideration.

Denise Harvey, Director of Program Services
Protection & Advocacy