

Testimony on HB 1012- New State Hospital

House Appropriations - Human Resources Division

February 5th, 2025

Chairman Nelson and members of the committee,

My name is **Madison Hanson**, and I stand before you today as a voice for those most impacted by your decision- to bring to light the devastating consequences Senate Bill 1012, the proposal for a new state hospital, will have on this great state.

The history of the state hospital model, once known as the asylum, can be traced back to Dr. Thomas Kirkbride and his 19th-century philosophy of moral treatment. His approach was based on the belief that individuals with mental illness would heal best when removed from their communities and placed in a peaceful, controlled environment, far from the stressors of daily life. Yet, this very distance severed them from family and meaningful social ties.

Kirkbride's vision emerged during a time when people with mental illness were in overcrowded city jails and almshouses, often chained to walls in dark, cold cells, treated as prisoners rather than patients. Kirkbride sought a more humane approach. He envisioned hospitals where both the physical environment and structured daily routines would serve as critical parts of the healing process. These traces of homeliness would produce an "inconspicuous confinement," in which architectural elements provided comfort and security, masking the appearance of a place of confinement.

The Kirkbride Plan called for long, symmetrical wings, as this design maximized exposure to natural light, beautiful views and good air circulation, which were believed to have restorative properties. Expansive landscaped grounds were another key feature, often including farms that provided food, as well as greenhouses and workshops offering innovative amenities. The hospital was intended to feel like a home, with wide corridors designed to encourage social interaction and a strategic layout that separated patients based on the severity of their condition. Those housed in the outer wings were often the most disruptive, while those closer to the central building were considered nearer to recovery and eventual reintegration into society. The architecture aimed to promote a therapeutic environment, or as Kirkbride described it, "a special apparatus for lunacy."

These psychiatric hospitals became overcrowded institutions, housing individuals with a wide range of misunderstood conditions, developmental disabilities, neurological disorders, and various forms of depression and atypical behaviors. In 1880, Kirkbride's colleague, Pliny Earle, produced evidence revealing how the data produced for annual reports had falsely inflated treatment rates, misleading taxpayers and government officials. As people became more aware of success rates being misrepresented, it led to disillusionment and criticism of the model of the state hospital.

The limits of Kirkbrides belief in architecture as a tool for healing became painfully clear when systemic support failed to sustain his model. While thoughtfully designed spaces can facilitate recovery, they cannot replace the need for properly funded, individualized and community based care. The Kirkbride Plan was ultimately discredited, and the asylum model for treatment was abandoned (Kirkbride, 2024). Yet today, we stand on the precipice of repeating history.

A Modern-Day Kirkbride Plan Disguised as Innovation

Supporters of the new Jamestown state hospital claim it will be a modern, innovative facility, organized along a “house-neighborhood-downtown” model, with wings off of central hubs for patient units, featuring efficient air circulation, large windows for sunlight and beautiful green spaces, located in a rural setting. It would also offer innovative amenities. But this is not innovation. This is a modern-day Kirkbride Plan.

We have decades of research proving that institutionalization does not improve outcomes. In fact, it does the opposite. Isolation and confinement diminish a person’s ability to rebuild their lives. Studies show that loneliness is a significant driver of poor health and social outcomes, and individuals with serious mental illness remain among the most marginalized populations in our society (Killaspy et al., 2022). The 1999 *Olmstead decision* reaffirmed that unnecessary institutionalization is a form of discrimination, depriving individuals of their right to live within their communities.

What concerns me most is that, at this very moment, people are sitting in our state hospital, trapped in the limbo of institutional life.

They are likely in a community room, watching the same old movie on repeat, its dialogue blending into the background noise of an occasional scream from a patient who is scared, frustrated, or simply lonely. They are daydreaming of the day they will finally be discharged, picturing every detail- the food they long to taste, the old friend they might try to reconnect with and the feeling of freedom they could once again experience.

While they are trying their hardest to hold onto hope, we sit here, discussing the critical importance of ensuring that youth receive services with their families, and that individuals with disabilities remain integrated in their communities. Yet, somehow, we find no space in our hearts to extend that same humanity to those currently trapped in institutional isolation. Instead of working to free them, we are debating the construction of another facility for them to be isolated in.

We Have a Legal Obligation to Do Better

This is not just a policy issue- it’s a legal obligation. We are required to develop community-based alternatives, yet we continue to fail our most vulnerable citizens. In 2023, 40% of patients deemed ready for discharge from the State Hospital remained institutionalized simply because no appropriate community-based services existed (TAC, 2023).

With all due respect to the progress our system has made, we must confront an undeniable reality: North Dakota significantly lacks appropriate community-based services for adults with SMI. The options that do exist are either inaccessible or lack the intensity and level of care required to support this population:

Free Through Recovery requires justice system involvement. Our specific 1915(c) waiver is designed for the elderly and physically disabled. PATH provides outreach, not intensive treatment. 1915(i) is essentially care coordination, not direct care. We have zero psychiatric residential treatment programs for adults. Instead of providing the care they need, we are warehousing them in state hospitals, jails, and emergency rooms- a failure that comes at great human and financial cost.

The 2024 Study of Basic Care and Assisted Living explicitly identified significant gaps in our system, including the absence of supportive housing options for adults with SMI leaving the state hospital. It also shattered the misconception that Basic Care is meeting this need- it is not. So, how can we even discuss building a new state hospital when we have nowhere to discharge its patients to? A bed is not a solution. A system that ensures all people can transition into sustainable, community-based care, is.

“The State cannot justify segregation by showing that it provides treatment or habilitation in the State facility. If the person could receive that support in the community, then segregation in an institution is discriminatory. The State has an affirmative responsibility to provide community alternatives.” (Olmstead Decision and Its Aftermath, 2014).

Our focus must be on completing the development of community based services that deinstitutionalization called for: ensuring that our CCBHCs develop Assertive Community Treatment. Investing in regional acute care units, and expanding Psychiatric Residential Treatment programs to serve adults. These are just some evidence based next steps- not another outdated institution disguised as progress.

At the end of the day, Chairman Nelson and members of the committee, your decision will not just shape policy- it will shape lives. This is not about budget lines or administrative pressure or convenience. This is about people. People who have been forgotten, silenced, and locked away for decades.

We are the ones who can change that. I ask you to remember our state's motto: To be bold. To be legendary.

That means learning from history, not repeating its mistakes. That means rejecting Senate Bill 1012 and voting NO to a new state hospital.

Thank you for your time.

Madison Hanson