

Testimony on SB 2096

Senate Appropriations - Human Resource Division

January 20, 2025

Chairman Dever and members of the committee, my name is Madison Hanson. I hold a bachelor's degree in Social Work, a bachelor's degree in Human Development, and I am currently in my final semester of a master's program in Macro level Social Work, specializing in public policy. Over the course of my studies, I have conducted rigorous research on system sustainability and efficiency. I appreciate the opportunity to provide testimony on SB 2096, a bill that aligns closely with my research in a cost-effective and efficient solution to North Dakota's behavioral health needs.

An overview of the issues SB 2096 seeks to address includes the following:

North Dakota's mental health infrastructure faces significant challenges due to an overreliance on the Jamestown State Hospital, which is consistently at capacity. Staffing shortages have amplified this issue, preventing the hospital from utilizing all available beds and limiting its ability to serve those in need. As a result, healthcare providers and law enforcement agencies across the state face barriers when referring individuals for inpatient psychiatric care. Local judges have also expressed concerns about the inability to provide timely treatment for court-ordered patients, creating additional strain on both legal and healthcare systems. Meanwhile, homelessness continues to be a concern, with many individuals experiencing untreated serious mental illness, further taxing public safety resources and community services.

SB 2096 proposes decentralizing acute services by establishing regional acute hospitals in four North Dakota cities. This approach would increase access to care, reduce strain on emergency services and law enforcement, and improve patient outcomes. Timely and continuous care would decrease morbidity and mortality rates. Additionally, this solution would enable the establishment of residential services. While North Dakota currently operates six psychiatric residential treatment facilities (totaling 82 beds) for youth aged 5–18, to the best of my knowledge there are no residential facilities targeted specifically for adults with serious mental illness.

Furthermore, SB 2096 aligns with the goals of deinstitutionalization by supporting the development of community-based services, as mandated by federal court rulings. For example, the 1966 DC Court of Appeals case, *Lake v. Cameron*, introduced the principle of "least restrictive setting" for psychiatric care. Later, the U.S. Supreme Court's *O'Connor v. Donaldson* (1975) ruled that confinement is only justified when an individual poses a danger to themselves or others. Most recently, the 1999 *Olmstead v. L.C.* case classified mental illness as a disability, requiring states to transition individuals from institutional settings to community-based care whenever appropriate.

The urgency of this issue can be explained by findings from the Treatment Advocacy Center, which reported that in the first half of 2023, 40% of patients at the Jamestown State Hospital

were ready for discharge but could not leave due to the lack of community-based services. The North Dakota Department of Health and Human Services also noted last week that some individuals have lived in the state hospital since the early 1990s. These individuals, while they may have complex needs, deserve the opportunity to thrive in community settings, as required by law. Our current system fails to provide that opportunity.

SB 2096 offers a strategic solution to these challenges. By establishing four regional facilities, the state would alleviate capacity strain through a decentralized system. Patient loads would be redistributed, allowing the state hospital to focus primarily on specific populations such as those under the custody of the Department of Corrections and Rehabilitation, individuals who are involuntarily committed, and those requiring court-ordered forensic evaluations. Meanwhile, patients who may need longer term care could transition to residential treatment, freeing up much needed bed space. This approach not only optimizes patient flow but also improves overall system efficiency and reduces potential legal liabilities.

In conclusion, I respectfully ask this committee to vote yes on SB 2096. As both a tax-paying citizen and a graduate student with a focus on systems design and research, I believe this investment is fiscally responsible, sustainable, and critical for building a resilient hospital system that meets the needs of our state and its citizens.

Thank you for your time and consideration. I am happy to answer any questions you may have.

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