

Chairman Ruby and members of this committee,

My name is Madison Hanson. I am currently a Master of Social Work student specializing in macro-level social work, which includes understanding how systems work, interact, and evolve. Over the course of my studies, I have developed a passion for research, particularly in system sustainability and efficiency. I appreciate the opportunity to provide testimony on SB 2096, a bill that aligns closely with what reflects the most cost-effective, efficient, and forward-thinking approach for North Dakota's mental health system.

Our mental health system is on the verge of collapse. We must take decisive action to restructure and strengthen our model of care. The financial burden of repeated hospitalizations, incarcerations, emergency room visits, and law enforcement interventions far exceeds the cost of investing in a strategic, community-based system that delivers effective care and long-term stability.

North Dakota's current model, reliance on centralized acute care through the Jamestown State Hospital, has created unsustainable strain on both our justice and healthcare systems. As of 2022, individuals with serious mental illness (SMI) were among the highest subpopulations experiencing homelessness in the state (ND COC, 2022). In 2023, 15 individuals accounted for over 400 police calls- the workload of three full-time officers. These individuals were not engaging in criminal behavior; they were caught in a system where their only options were jail, the emergency room, or a multi-hour drive to the state hospital, which may or may not have the capacity to accept them (Carvell, 2024).

In 2024, local judges raised serious concerns about the inability to provide treatment for court-ordered patients. Judge Clark stated that people are "sick and dying," and that the state hospital is failing to fulfill its purpose (Port, 2024). In 2020, the Urban Institute for Research highlighted North Dakota's tendency to sentence individuals to prison as a means of connecting them with behavioral health treatment. A 2018 study by the Human Services Research Institute confirmed that individuals with SMI are frequently institutionalized or criminalized due to severe service gaps in our system (HSRI, 2018).

For the past four decades, mental healthcare for individuals with mental illness has shifted toward community-based approaches, which have been proven more effective (Van Genk et al., 2023). Transitioning from long-term psychiatric institutions to community-based care supports personal autonomy, improves quality of life, and provides more effective, individualized care. This approach also increases opportunities for individuals to regain independence, engage in social and vocational activities, and improve overall well-being (WHO, 2024).

A decentralized system also stimulates economic growth and aligns with principles that prioritize competitive markets, which drive innovation, improve service efficiency, and enhance local control (Hayek, 1945). In a state like North Dakota, where local solutions are highly valued, this approach would allow for the development of tailored services that better meet the needs of rural communities.

There has been language referring to SB 2096 as an “and” bill, suggesting it should complement rather than replace investment in a new state hospital. While I recognize the state hospital has a role, it is not a role that will resolve the crisis we are facing. Investing \$300 million in a new facility will not reduce incarceration rates, lower emergency room visits, or create sustainable, community-based care solutions. It will not free our communities from the cycle of institutionalization. It is neither a fiscally responsible nor effective long-term strategy.

SB 2096 takes a different approach, it invests in solutions that directly address the root cause of our crisis. It is unique in that it supports the development of residential supportive housing, which North Dakota currently lacks entirely for this population. Right now, we are warehousing human beings in locked wards for sometimes decades, not because they need to be there, but because we have failed to build the community-based services required for them to live with dignity. This is not just inefficient, it is inhumane.

The *1999 Olmstead v. L.C. decision* made it clear- states have a legal and ethical duty to ensure that individuals with mental illness are not unnecessarily confined in institutions when they could live in the community. Yet, in North Dakota, 40% of patients at the Jamestown State Hospital remain locked inside not because they need that level of care, but because we have left them without the very support that would allow them the opportunity to thrive in the community. (TAC, 2023) This is incarceration by neglect.

Chairman Ruby and members of this committee, we have a choice before us today. We can continue to pour money into an outdated model of institutionalization, one that has failed generations before us, or we can invest in a future where people with mental illness are treated as full members of society- where they have homes, not just hospital beds; opportunities, not just prescriptions; and freedom, not just confinement.

In conclusion, I sincerely ask you to vote yes on SB 2096, not only because it is the fiscally responsible choice, not only because it is evidence-based, but because it is the right choice. I come before you today, not merely to present research and statistics, but to serve as a voice for those whose lives and futures will be directly impacted by your decision, the individuals who cannot be here today to speak for themselves.

Our system is broken, but it does not have to stay that way. You have the power to change the future of mental health care in North Dakota. I ask you, do not let this moment pass. Vote yes.

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

Madison Hanson
Fargo, ND

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