

# New Ulm Medical Center Closure of Services Public Hearing Transcript

OCTOBER 11, 2023

## Meeting Information

The Minnesota Department of Health hosted a public hearing on October 11, 2023, at 6 p.m. (via Teams) on the New Ulm Medical Center's planned closure of its residential addiction services unit in New Ulm.

According to the submission filed by New Ulm Medical Center, the residential addiction services program will transition to a new partial hospitalization and day treatment program.

More information can be found on the [New Ulm Medical Center Public Hearing page \(https://www.health.state.mn.us/about/org/hrd/hearing/newulm.html\)](https://www.health.state.mn.us/about/org/hrd/hearing/newulm.html) of the MDH website.

## Meeting Transcript

>> Stacy Sjogren (moderator): Good evening, everyone, welcome to the public meeting to hear about New Ulm Medical Center's plans for closing New Ulm's 10-bed residential addiction program and transition to a new partial hospitalization and outpatient the treatment program.

My name is Stacy Sjogren, management analysis and development senior consultant, serving as the moderator for the meeting.

This evening's meeting is being hosted virtually through Microsoft Teams. If you're having any technical issues, please visit the Microsoft support page for Teams or email the HRD Communications team we will put the link into chat.

Captions are being provided for this event. You can view captions in Teams by clicking on the "More," that's the "... " in the Team's window and then choose "Turn on live captions." You can also view the captions on the web at the address now being posted in the chat.

And you can find more information about today's hearing on the MDH website, also being posted in the chat.

For this meeting, participants will be muted until the public comment portion of the meeting. At that time, participants will be selected in order with a reminder to the person on deck and the person next scheduled to speak. If you wish not to speak, you can ask your question in the chat box and a Minnesota Department of Health staff person will ask the question on your behalf.

The chat feature will be used to provide information for the session and to ask questions during the meeting. To open the chat box, click on the icon that looks like a little cartoon speech bubble with two lines in it. If you are using teams in a browser window, the icons are at the bottom of the screen. If you are using the teams app, the chat icon is in the top right corner of your screen.

The Minnesota Department of Health, I will sometimes refer to them as MDH, is hosting this public meeting, which is required by law. The intention of this meeting is to provide an opportunity for the public to express their opinions, comments, and ask questions about the closure of New Ulm's 10-bed residential addiction

program and other secondary services. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

What follows is your Tennyson warning. The Minnesota Department of Health is hosting this meeting to inform the public as required by law. If your comments, questions, and image, which may be private data, may be visible during this event. You are not required to provide this data and there are no consequences for declining to do so. The virtual presentation is accessible to anyone who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH. MDH will be posting a transcript of this meeting to the MDH website within ten days of this meeting. So, to opt out of this presentation, please exit now.

Today's meeting agenda will include some introductions, a welcome from MDH's Health Regulation Division Director, and overview, the New Ulm Medical Center presentation, then public comments and questions, then some closing remarks from the New Ulm Medical Center and a conclusion.

The following are today's speakers. Maria King, Health Regulation Division Director from the Minnesota Department of Health, Joe Clubb, Vice President of Mental Health Services for Allina Health Services. And Toby Freier, Vice President of Operations for Allina Health Services. Now I'd like to welcome Maria King, who serves as the Health Regulation Division Director at the Minnesota Department of Health.

>> Maria King (MDH): Thanks so much, Stacy, and welcome to the New Ulm community. We appreciate the time you're taking to learn more about the changes that your community has. It's my pleasure to be here tonight. This public hearing is being held under the law that offers the community an opportunity to learn about the hospital's plans and for the community to share its comments and questions with the hospital.

In June of 2021, the Minnesota legislature passed a legislation requiring a public notice and a public hearing before the closure of a hospital or hospital campus, the relocation of services, or cessation in offering certain services. You can reference that at Minnesota Statutes section 144.555. This is an opportunity for the community to engage with hospital leadership and to understand the reasons why the hospital has made the decision to modify their services. It also gives the community an opportunity to learn from their health care providers about how the community can continue to access health care services after the change occurs.

On September 1st of 2023, MDH's Health Regulation Division received notice from the New Ulm Medical Center regarding their plans to close their 10-bed residential program and transition to a new partial hospitalization and day treatment intensive outpatient program.

The Health Regulation Division is tasked with implementing this new law. Therefore, we are providing a forum for the hospital representatives to share information about the changes in service and for you, the public, to engage with the hospital by having an opportunity to ask questions and provide comments about the changes. We will facilitate the meeting as outlined in the law. Our role is to ensure that this meeting occurs, that the community's views are heard and presented, and people's questions are answered.

The statute gives MDH the authority to hold the meeting and to inform the public, but not to change, delay, or prevent the proposed changes, closure, or relocation. This meeting provides an opportunity for us as your state health department to offer a forum for transparency, listening, and understanding of the differing opinions and perspectives surrounding these important decisions such as this one that will affect the health care services in your community. I welcome you to share your perspectives, comments, and questions with the New Ulm Medical Center leadership and I look forward to listening to tonight's discussion.

First we are going to hear from the New Ulm Medical Center leaders who will provide information about the following period of what services they plan to curtail, and when. An explanation for the reasons of this curtailment, a description of the actions they will take to ensure residents in the hospitals or campus service area continued access to the health services being curtailed.

Please note that during the hospital presentation, the chat feature will be disabled. You can still ask questions during the presentation by using the link in the chat box to the comment form. The chat box will reopen following the presentation.

Please welcome the New Ulm Medical Center representatives Toby Freier and Joe Clubb. Thank you. And if you can just hold on everybody for a moment, let's make sure we've got microphones working. All right. We've got one and we're waiting for Joe. We've got Joe. Excellent. Very good. It's all yours, you two.

>> Toby Freier (New Ulm Medical Center): Okay, well, good evening, everyone, my name is Toby Freier. I am the president here for the New Ulm Medical Center. I have had the privilege to be in the community of New Ulm and with Allina Health Care and the New Ulm Medical Center for nearly 18 years. Joe Clubb, Vice President of Mental Health and Addiction Services will be joining me to provide an overview of the changes that are planned for New Ulm Medical Center and services here.

I'm going to assume that everyone on the call tonight isn't familiar with New Ulm Medical Center, so I thought I would provide just a brief overview so you can understand the context of the changes that are going to be provided. The hospital actually has its origins going back 140 years, celebrating that this year on this campus. Many changes over the years but in 1980, two hospitals in New Ulm became one and joined the Allina health system at that time. So, we've been part of Allina Health since about 1980. In 1996, our clinic in the community was integrated with the hospital to make New Ulm Medical Center as it is today. Today we are a critical access hospital, which is a rural designation from the federal and state government, and we also have four clinics that we operate here in New Ulm, Springfield, Lambertson, and the community of Winthrop.

Our agenda today that we will run through here, Joe and I will tag team a review of the services that are being impacted, what new services we are going to be bringing to this community in the months ahead, the timeline for those, and then as had been mentioned, we will be available for questions and comments after that.

Felt appropriate to start with gratitude for all the for services provided here. We have a phenomenal team, as I recall, the beginning of our addiction program was started nearly 40 years ago. Dozens of staff serving thousands of patients through the addiction program and even more through our mental health services. As I recall, over the last 12 months in our mental health clinic here, which served over 10,000 patients. We've admitted over 300 patients for our inpatient psychiatry program and spent over 2500 collective days here in our critical access hospital and for a residential program to focus on this evening we admitted roughly 100 patients over the last 12 months to that program from all over the state. Our team, I just appreciate the dedication and commitment that they have placed for mental health and addiction services for now decades, which obviously stands out a bit as you think about rural health care services and the pressures that are on our rural hospitals not only across the state, but across the country.

As has been mentioned in the opening comments, we did make the difficult decision to discontinue one part of our mental health and addiction model for the New Ulm Medical Center campus. We are discontinuing our residential addiction services, which, again, has been here for nearly 38 years as a residential program within the walls of the hospital. We have here kind of at a high level the reasons for discontinuing these services and really thinking differently about the future of ways that we can optimize care and support for our community,

Brown County, and the counties around this region. But really specifically the significant difference in the cost structure of operating a small program like this with only ten beds in a hospital-based setting from the standpoint of regulatory and other costs issues that we face within a hospital. Low reimbursement, our reimbursement for many, many years has never come close to meeting what our cost investments have been. So, we've been subsidizing for several years and that actually was growing in recent years here. Also impacted some of our Medicare reimbursement and critical access hospital.

Staffing challenges not specific and new or unique only to addiction services here as we have been well aware of through the pandemic and especially in rural areas, challenges with keeping fully staffed and then with a smaller team for a smaller unit, the vulnerability of sustaining and maintaining the burden that comes with that and as we look at the residential addiction community across the state of Minnesota, our 10-bed unit located within a critical access hospital, I'm not aware of another one set up like this. Most of the other programs have dozens if not over 100 beds, so the scale of our operation also was taken into consideration and looking forward to how other providers can meet the residential needs while we continue to focus on other services for mental health and addiction across Allina Health, the entire system, including our community.

As I had indicated, New Ulm has had a long-standing and robust commitment to what we call whole person care, physical health, mental health, spiritual care, and community health. And currently we have and have had for many years a ten bed inpatient adult mental health unit. We have a robust hospital-based specialty unit that is located on campus here with social workers, psychologists, psychiatrists for both adolescents and adults. We have consultation services that are able to meet the needs. We have ED services and then we have virtual addiction and other virtual mental health services that can help support patients in our community in this region for southwestern Minnesota.

Going to turn it over here to Joe Clubb, who is going to walk through more of the pivot and transition for us as we are ending our residential program. We are looking forward to meeting new needs and programs that are not currently being offered in this community or close by with the partial hospitalization and day treatment.

>> Stacy Sjogren (moderator): I'm going to interject for just a moment and let you know that the staff is standing by, just tell them next and they will move the slides for you, okay?

>> Joe Clubb (New Ulm Medical Center): Stacey, I'm hearing music and I'm only seeing the cover slide, I just want you to know that.

>> Stacy Sjogren (moderator): Thank you very much, we will start working on that and if you need to pop it back over to Toby to speak for you, we can do that, or we could just pause.

>> Joe Clubb (New Ulm Medical Center): I would just like to make some comments of introduction. I will speak over the music setting hearing. But just to reintroduce myself, my name is Joe Clubb, as Toby and Stacy have introduced me, I serve as the Vice President of Operations for Mental Health and Addiction Services for Allina Health. I partnered with Toby Freier and his team to advance our vision and strategy for mental health and addiction services for Allina Health.

And so now I do see the slides, thank you, and the music has stopped. Appreciate that.

Just a couple of items I would like to emphasize as Toby had stated, it is New Ulm's long commitment to mental health and addiction services as displayed by the current services and I want to just assure the

community that these services will continue. They will be advanced to what we believe will serve our community members in a very strong way.

Our proposal is to transition from our 10-bed residential program to our partial hospital and day treatment program, and for those of you that are not familiar with that model, this is a day hospital program where individuals sleep at home at night but come in for six hours of hospital care. They are admitted by a physician, a psychiatrist, they are admitted by a nurse, they have a mental health therapist, a program assistant that works to provide both individual and group therapy throughout the day. Upon admission, the psychiatrist determines how often an individual needs to be seen and that can be as frequent as daily, it can be no less than three days a week. Average length of stay within a partial hospital program is 15 days. And while individuals are there, we provide them with a noon meal as part of their programming.

Individuals often times will step from an inpatient unit to partial hospital. They will also enter into an emergency department and could step into partial hospital. They could also go into the hospital-based clinic or be on the medical unit and receive a psychiatric consultation. They can be seen in the virtual addiction program and assessments can be made to move people into this day hospital program at any time across what we consider a fairly robust continuum at New Ulm.

The focus of this partial hospital program is actually a co-occurring model. And so, we are pleased to be able to retain some of our masters prepared licensed drug counselors to come, if they choose to work within this program. Will help us advance a model that will treat both individuals with mental illness, and who struggle with addiction. Which I think many of us know that there's a very high percentage of individuals across our communities, across our state, that struggle with both mental illness and addiction.

As individuals progress from a partial hospital program, they may step down to the hospital-based clinic on the campus. They may step down to the intensive outpatient program. The difference in the outpatient program is that is a three day a week, three hours a day program, so we think of it as stepping from a higher intensity gear to a lower intensity and stepping back to the community. It is very common within the intensive outpatient program that you start to see a psychiatrist, a therapist in addition to this care within the hospital-based clinic, which is part of our vision for the campus.

If we could advance to the next slide. I want to speak more to -- it's not advancing so I will see if I can advance it myself. I still see what services are staying in New Ulm. I'm feeling a little disadvantage, but I think the next slide is our continuum, Toby?

>> Toby Freier (New Ulm Medical Center): Yeah, if we can go back, I'm seeing -- this one yeah, color. We have the wheel up in the continuing great you can speak to it probably by memory.

>> Joe Clubb (New Ulm Medical Center): I can. I can. We created as a part of our service slide. As individuals look at this, I just want to emphasize the continuum that we have within Allina Health, and so it's really -- we imagine it to be a continuum that anybody can enter into any one of those levels of care across the continuum. And as you see from the previous slide into this wheel, we have all of the services present on our new on-campus except for the partial hospital and day treatment level of care, which we have as an organization advanced in a very strong and robust way. Our goal is to continue to provide these services, basically expanding the number of partial hospital day treatment programs out into the communities where people live to make those programs accessible.

Thank you.

I'm going to need help on the slide after this if it's mine. I'm sorry, I don't know why I can't see the slides.

>> Toby Freier (New Ulm Medical Center): So, Joe, this one is titled "Looking Ahead," if that helps. It is reiterating, Joe, the plan to repurpose with the partial hospitalization day treatment and kind of a timeline, so you can speak more to that but what we are aiming for is early 2024 to be able to be offering new services in New Ulm in the location that previously housed our residential patients.

>> Joe Clubb (New Ulm Medical Center): Thank you so much. And just so you know, there is a message in the chat that says guests cannot see the slides, so just so you are aware.

And so, yes, I will let you know that we have already -- we have a team of leaders within Allina who direct and lead partial hospital day treatment programs and we have already submitted her application to the state to be able to offer partial hospital day treatment, so our goal is to open as soon as possible but as Toby mentioned, within the first quarter of 2024 -- first quarter of 2024 is our hope and expectation.

>> Stacy Sjogren (moderator): And this is Stacy, I'm going to just interject because I do want the attendees to be able to see the slides. So, let's just check in. Joe are you -- because clearly the technology gremlins are fast at work tonight. Are you able to see the current slide? Tell me what you are seeing. Because we may just need to reboot it.

>> Joe Clubb (New Ulm Medical Center): I think they did. It just changed for me. Slide says looking ahead.

>> Stacy Sjogren (moderator): Okay, and if I could ask those that are viewing here tonight what are -- are you now able to see the current slide titled "Looking Ahead...". Yep. There we go. Okay. I think we maybe just needed to reboot and get ahead of the gremlins. So, let's turn it. One more time just because I want to make sure that I -- there's not any other Windows on that particular screen for us. We've got time tonight so let's just make sure we've got it right for everybody.

>> Joe Clubb (New Ulm Medical Center): Yeah, Stacy, just so you know, I received a message when you were doing your introductory comments that I was moved from a presenter mode to an attendee mode.

>> Stacy Sjogren (moderator): I apologize, that was my mistake.

>> Joe Clubb (New Ulm Medical Center): No worries, no worries. Mr. Freier was able to coach me on the slides.

>> Stacy Sjogren (moderator): So that explains a few things. Okay. All right. So now everybody should be seeing a slide titled "New Ulm Commitment to Care in New Ulm" with a circle diagram and on the far right it says, "Whole Person Care," so I'm just going to pause, make sure everybody is good to go, not only the presenters, but if we can get some postings from audience and then the tech staff. Just let me know that we are all good.

Going to ask Jen Bremmer if you can see the slide. I can read your chat message.

>> Jen Bremmer: Perfect. Yep. We can now see the slide. Thank you.

>> Stacy Sjogren (moderator): With that I will step back out of your way and let you carry on. Toby, you are on mute.

>> Toby Freier (New Ulm Medical Center): Thank you. For the benefit of the group online, I won't narrate all though slides again but if they were not visible, if we could go back to -- a few slides here, just for the visual,



back a couple more. One more. Okay. This one -- I assume this will be available after the hearing for people to view or review?

This was the slide reviewing reasons for changing, so you can see the cost structure, reimbursement, staffing, small-scale of our operation here at the facility.

Next slide had an overview of the current services we have and the robust offerings to meet the mental health and addiction needs of our community and patients in this region. And again, we added the virtual addiction services that are also available for patients coming through our hospital and our clinic. And then Joe had started to speak to the dash review the partial hospitalization and day treatment.

The next slide was the color wheel that Joe was blindly narrating over. You did an excellent job reviewing all the services that are continuing on our campus year for primary care to the mental health clinic to the new partial hospitalization and emergency department and their inpatient psychiatric unit we have.

So, I think that will bring us -- we can advance -- do you have another comment?

>> Joe Clubb (New Ulm Medical Center): I do. I just noticed, and I'm grateful for some of our addiction colleagues from across the state joining us this evening.

If we could go back one slide, I just want to emphasize something that Toby has mentioned. That we launched -- I don't think it's called out on the slide very well, but as a part of the menu of services, back even before the COVID pandemic, we were trying to support individuals in the community who needed medication assisted treatment. We were sending a physician from Minneapolis down to New Ulm a couple of times a month and then he was discovering that patients were having difficulty traveling 50 miles one way to New Ulm Medical Center to be seen in a clinic. So, if he were to see patients from New Ulm virtually in their home, vs. in their office where they needed to be seen and so that really launched the concept of a virtual addiction clinic that has been based out of New Ulm.

And so that clinic has actually grown year-over-year to support people not just within New Ulm but across the state and I want to recognize New Ulm. This is something New Ulm leadership in the HBC, the hospital-based clinic, we needed staff to provide support to the providers and our patients. So just like when you go to an in person clinic, you need somebody to call in between your appointments if you need a prescription refill, if you have a question.

So, the New Ulm nursing staff -- they still to this day schedule into the virtual addiction clinic. They make sure that prescriptions are rebuilt. So, I had the opportunity to review individuals that we are serving through the virtual addiction clinic, and it is into the hundreds of individuals that we are serving, so they are seen by a medication treatment provider, usually an addiction medicine provider or psychiatric -- addiction psychiatrist. They are also seen by a therapist and all of our therapists within our virtual addiction program are duly licensed, licensed alcohol and drug counselors and the mental health therapist.

Many of PCCs I had the opportunity to review a list of individuals and where they reside by county and I was really impressed with the number of counties that we are serving for New Ulm on the virtual addiction clinic, Brown County, Rock County, Olmsted County for some of the southern counties, but they even span as far up into north-central Minnesota we are supporting community members that live in Stearns, Benton, Todd County and in all the way up in northern Minnesota, as far up as to Cass County.

So, all done through, supported through our New Ulm hospital-based clinic. And so, it was really the brainchild of the team at V-10 and physicians that were creating barriers for people who we expect travel into a setting

and we can do this virtually, so it's just a program we are really proud of and we're really, really grateful to New Ulm for helping us stand up such a strong and robust service.

I just wanted to take a moment to highlight that. It really was not identified in this slide, so if we can advance to the whole person care slide, Toby, and I will turn it over to you. Next one. This one.

>> Toby Freier (New Ulm Medical Center): Thank you. We already had mentioned this, but to close with as part of our hospital and clinic here at New Ulm Medical Center and really the entire Allina team that spans clinical services on the campus, but even reaching into the home of home care and hospice, pharmacy, and heart of New Ulm partnerships that we have across the region. Our goal and our commitment are continuing to focus on whole person care to mental health and addiction. We see the change, it's a change that we are wanting to make sure we are doing everything we can to continue to deliver on this mission and this commitment, but we do know and recognize that the change is not offering residential. So, on one hand we are disappointed about the services that are ending, but also looking forward to services we are going to be able to provide in this region that are currently not being offered by any other system.

I think the next slide has our wrap up and ready for questions that the audience would have tonight.

>> Stacy Sjogren (moderator): Very good. Thank you. And Thank you, everybody, including the presenters, for hanging in there as we work working on some technical difficulties.

The word in the tech circle is that there is seems to be some sort of bug in a platform called PowerPoint live that they've been experiencing in state and federal things throughout the day today, so something funky is going on. But if we need to stop and restart the slide for any reason, that seems to be refreshing it and we will just roll with it, and again, thank you everyone, we appreciate it.

So, it is time for public comment. We thank Joe and Toby for all of the information they shared so far, and we expect that there are people that have joined this call have some questions or comments or want to share their perspective.

So, here's how this process works. Anybody that would like to come on microphone and ask the question will have up to 3 minutes to ask that question or provide a comment. We would ask that you remember that you are sharing information with a public forum, so think about what you want to share of your own information, your possibly private information, particularly medical information.

Then once you've stated your comment or ask your question, then Toby and Joe will have up to 3 minutes to respond to you or provide some comments that might be helpful for you and the rest of the group to understand. Note that you will be muted until it's your turn to ask your question.

Also, if you just are not comfortable speaking, you can always send your message through the chat box. So, I will give that information first and then I will double back and get some information about how you can be called upon to be able to speak. So, if you want to use the chat box, type your question into the chat and press enter. It might say send, so that the others can see it too. To open the chat box, click on the icon that looks like that cartoon speech bubble with the two little lines in it. If you're using teams in browser, the icon is at the bottom of the screen. If you're using the app, the icon for chat is at the top right corner of your screen. And MDH's staff person will ask your question on your behalf.

If you would rather address the presenters yourself, all you need to do is raise your hand and you will be unmuted to ask a question or provide your comments. In both the mobile app and the browser version of Teams, click the "More," that's the "... " button and you will see the "Raise Hand" option. If you are calling in



on your mobile phone and I do see a lot of telephone numbers listed on the participants list, in order to be called on, you need to click -- press star five in order to raise your hand and be recognized on our screens.

So, two options. Either one will work. We just want to make sure that everybody that has a question, or a comment has been heard one way or another.

A few more comments here before I open things up. When you do get on verbally or post your comment in chat, be sure to add your name in the city where you live before you ask your question.

And then finally, be respectful. Comments that are abusive or comments meant to discredit or malign someone, or vulgar language won't be tolerated in the chat or in verbal comments. People who use language that is threatening, makes false accusations meant to damaged reputations or offensive or inappropriate language that creates an intimidating environment will be muted and the next person will be given an opportunity to make the comment. I'm feeling pretty positive that everybody will respect all of that tonight.

So, with that I am going to move a few things around. It looks like I've got one person with her hand up on my list. Maria is going to tag team with me to feed the questions that are in chat. Maria may come on the microphone when she needs to help me. And if it is in this case a telephone number that pops up on my participant list, I think I will read off the last four numbers of your telephone number, so you know who I'm calling on.

So, I'm looking for 8778 and go ahead, I can see you are off mute and if you'd like to address Toby and Joe, the floor is yours. 8778, are you there? Looks like you might be speaking, but we are not hearing you, so perhaps you have a mute set on your phone? 8778, I want to just give it a little bit more time in case you got some bugs on your end.

>> Maria King (MDH): Stacy, this is Maria, I'm wondering is there a way for you to unmute that person?

>> Stacy Sjogren (moderator): No, they are able to unmute themselves, but I cannot unmute someone.

>> Maria King (MDH): Okay, thank you. I'm just checking really quick to see if there's a thing that they need to press.

>> Stacy Sjogren (moderator): On their end? Yeah. Yeah. So, 8778, while you are figuring it out, let's just see -- Maria, are there any commenters that came through on chat? No, not yet.

Okay. All right. No pressure here, 8778!

Then let's open the floor up to anybody else that would like to raise their virtual hand or post a comment in chat. Toby and Joe are here to answer your questions.

Not seeing anything right now but I do want to just circle back to some of the comments that Joe, you, and Toby made. Perhaps you could highlight one more time the transition plan for the changes that are being made. I think that is something a lot of people might be interested, especially if they joined in late. Do you want to just cover some of that territory?

>> Joe Clubb (New Ulm Medical Center): Sure, happy to do that and then anything I missed -- we did make the decision to close the 10-bed residential program. And Toby outlined a number of the reasons for that. We also had some staff departures, which made it challenging to staff. At the same time, we enrolled with the state to be able to offer a partial hospital and day treatment program that will be a co-occurring treatment or model for the community treating both those individuals who live within the community who live with mental illness and addiction and to -- I had mentioned that a day hospital program, sleeping at home but coming into that

program every day for an average of like 15 days so we hope to have that and our intensive outpatient program ready to start serving the community within the first quarter of 2024. Plans are underway and partnership between some of our system leaders and with our site leaders on the New Ulm campus, those meetings are taking place.

>> Stacy Sjogren (moderator): Okay, good, thank you.

>> Toby Freier (New Ulm Medical Center): I would probably add – thank you, Joe. With the transitions that are taking place with our staff, we are no longer admitting new patients into the residential program and the addiction program locally and have discharged the patients that had been on our unit, so we are in the phase right now of no longer having residential patients on our campus. We've discharged everyone from treatment after they completed their stay and will no longer admit given the transitions that are taking place with staff.

>> Stacy Sjogren (moderator): Thank you. I am seeing a note here, for those of you on your phones, if you'd like to unmute if you've been called on, you know, raise your hand, you do that pressing “star 6” to unmute. So, if that helps you try to navigate the technology on your end, phone users, that's what you need, “star 6”. “Star 5”, “star 6” to unmute.

Let's just pause here and see if anybody else would like an opportunity to speak. And is monitoring chat.

>> Clay Schultz (New Ulm Journal): Hello? Can anyone hear me?

>> Stacy Sjogren (moderator): Absolutely! I think you are the 8778, you figured it out! Excellent!

>> Clay Schultz (New Ulm Journal): Had to hit “star 6” an end actually “star 6” said I couldn't unmute.

>> Stacy Sjogren (moderator): Interesting. Okay, so if you could share your name and where you're coming from before you ask your question, that would be terrific.

>> Clay Schultz (New Ulm Journal): This is Clay Schultz, I'm calling from New Ulm, the editor at the New Ulm Journal. I just had a couple questions here. My first one was just kind of about the timeline of how this will happen here, exactly when does the residential services, when does that officially close and when does are transition into the new -- I did hear that we were going to be transitioning probably sometime early 2024 but I was kind of wondering when these services will officially cease.

>> Toby Freier (New Ulm Medical Center): Yeah, Clay, thanks for calling in, glad you were able to connect, this is Toby. And as I had indicated, we have discharged our last patient from a residential program. So, the residential unit today is at zero patients, and we are working through the transition from the residential program to the partial and that will take – as Joe had indicated, that will take a couple months for us to work through that process and hiring to the new positions and get everything ready to take referrals in 2024.

And did you have other questions? It sounded like you might have had some more.

>> Clay Schultz (New Ulm Journal): Yeah, just a few. Just to get a perspective on how often -- give some statistics early on about the usage of this program and you just said the last patient was discharged already.

There were ten beds I understand. I guess how frequently were all -- was it filled up? How often was this being used I guess? Quite frequently?

>> Toby Freier (New Ulm Medical Center): Great question. I will give you some generalized, it buried over the

last several years with other factors involved but it's a 10-bed unit and we would consistently run in the eight, nine, ten patients when we weren't in the middle of a surge COVID related. We did maintain a pretty high census in our unit. On an annual basis we would admit roughly 100 patients a year into our residential unit here. That would have a length of stay of roughly, again, approximately 30 days from Brown County.

When we look back at the last couple years we would have approximately about 20% of the patients admitted from our local County. So, on an average of 100 patients a year, the last couple years about 20 -- 20 -- from Brown County.

>> Stacy Sjogren (moderator): And before you tee up -- before you tee up your next question, I just want to check with Maria to see if there are any other questions that are posted in chat, Maria.

>> Maria King (MDH): No, I have nothing right now. Thank you.

>> Stacy Sjogren (moderator): Okay, yep, then go ahead and ask your next question.

>> Clay Schultz (New Ulm Journal): Okay. Again, this is just to kind of make sure I'm getting the transition right, make sure I'm getting -- everyone understands what's going on here, the new -- where transitioning into the partial hospital. This is something we don't currently have here at New Ulm Medical Center, so this is a new program but from the sound of it it's just -- it's day service as we don't keep anyone overnight, is that the correct explanation for what it is?

>> Toby Freier (New Ulm Medical Center): That is correct. The individuals do come in for six hours of hospital care. This is a model that we have across communities where we have Allina hospitals and today we run 500 chairs of partial -- programs and day treatment. So, we have them in Faribault, Minnesota, Hastings, in our metros, and then for those of you that don't know, that's Abbott, Mercy Unit E, it's also United and then we also have the same program within Cambridge. We have made a similar transition for Cambridge a number of years ago.

>> Stacy Sjogren (moderator): Okay. Did that take care of them?

>> Clay Schultz (New Ulm Journal): One other question at this time. Because we have the residential program here, I am kind of curious where -- where would be the nearest facility where people if they still needed residential service, where would they be going? If they can't in the ten, what's the next closest place I guess, if you know that?

>> Toby Freier (New Ulm Medical Center): There are several programs across the state read some are -- one located in Garden City, women's facility, Owatonna has pretty robust and impressive program and residential facility. Actually, Clay, I think it was in the Mankato news here a few months ago, Minnesota Adult and Teen Challenge made an announcement they were going to be opening up a very large facility in Mankato, they've hit the pause button on that it seems. So that would be I think our closest option between here and the Twin Cities here in the near term future.

Any other comments?

>> Clay Schultz (New Ulm Journal): You identified the closest programs, there certainly are more up in the cities but the ones you identified are closer.

>> Stacy Sjogren (moderator): So, this is Stacy, going to interject again and just check in to make sure that everybody that's listening has an opportunity to raise their virtual hand, ask a question of our presenters, post

a comment in chat, not wanting to interrupt too much these questions, I think they are good questions to ask, but I do want to make sure everybody else has had an opportunity.

So, we could just have a moment to check in, that would be great.

Were you going to say something else?

>> Clay Schultz (New Ulm Journal): Yeah.

>> Stacy Sjogren (moderator): I think Maria, you are seeing Brian.

>> Maria King (MDH): Yeah, there's a comment in the chat. I think it's an important comment.

>> Stacy Sjogren (moderator): Do want to read that one for everybody?

>> Maria King (MDH): Sure. So, Brian says just a comment from me. I appreciate that the residential substance unit -- S.U.D. program will move into a PHP/IOP to continue to meet the needs of the community. The underfunding of S.U.D. services and delays in getting rates addressed that in impact access, programming, staffing, the rate methodology currently overseen by DHS to be funded and implemented as soon as possible. Delays will exacerbate program closures and access issues.

Thank you for your comments, Brian.

>> Stacy Sjogren (moderator): And Toby or Joe, could you just unpack some of the acronyms therefore, those that might not know what they stand for?

>> Joe Clubb (New Ulm Medical Center): Sure. So S.U.D. is substance use disorder and then we talked about the partial and the hospital program in the intensive outpatient program, which I had to find and knowing Brian well in his role of leading the margin just appreciate the work that he does to bring all substance use disorder programs together to really lobby on behalf of programs across the state to enhance rates of payment so that programs can be sustainable I think is an important comment and the other I would just offer is that I that certainly I know there are some changes coming up, which I'm really hopeful will be -- I expect will be beneficial to those residential programs that do not sit within the hospital class structure, which has been what Toby had identified as a big challenge for us.

>> Maria King (MDH): Thank you. Stacy, we have another comment in the chat. Kristi says I'd like to echo Brian's comment. I appreciate that other levels of care are being offered. However, it is disappointing that we are losing beds across the state due to underfunding. The New Ulm Medical Center and others, there are people in our area who need residential services that will no longer have options close to home. Opening up new programs will take time and it leaves gaps in access to care.

Kristi, thank you for your comments.

>> Stacy Sjogren (moderator): Toby or Joe, do either of you have a response for that comment? Or some other insights that might be helpful to make?

>> Joe Clubb (New Ulm Medical Center): I don't disagree with the comment. I think the reason why we are here this evening as part of the concern that has been expressed in the last two comments. For our program here, the reimbursement that's received is nowhere near close to the cost of operating the program because it's connected to the rest of our operation, we were able to sustain it for a long period of time. We are making the change to ensure that we are able to continue to make a difference and an impact for the needs of our local community in this region, southwestern Minnesota, with partial program of the day program and really

hope that other residential services will be open and be sustainable in a different type of setting outside of the kind of a hospital unit and my hope is that we will have them on more solid kind of ground to be sustainable and being able to be closer to where individuals live with those addiction needs. So, agree wholeheartedly with the last two comments.

>> Stacy Sjogren (moderator): Thank you. I'm looking for more hands up. If you would like to verbally address our presenters today or post your comment to chat and see how the MDH staff will read your comments for you.

And let's see. I had a hand up, I saw it, and then it went away. Was that 8778 maybe? Are you there?

>> Clay Schultz (New Ulm Journal): Hello?

>> Stacy Sjogren (moderator): [Laughs] Hello, we can hear you. Did you have some more questions?

>> Clay Schultz (New Ulm Journal): I don't have any other questions at this time. I just -- I am kind of curious, as mentioned earlier, we have a gap in service now until the new partial program gets started. Is there a recommendation for what patients who need the service, where they should go until that time, or do we have any kind of other interim programs until the other one gets started going?

>> Joe Clubb (New Ulm Medical Center): Yeah. So as many people know, there are many people that and screen to identify that somebody has a -- an addiction need or a substance use disorder and those screens happen within our emergency department, within our specialty clinic and that, and so as you know the point of entry into many treatment programs is through comprehensive assessments and we actually have a comprehensive assessment team within Allina better working on providing the support down in New Ulm to be able to get those chemical dependency evaluations completed.

With that, individuals, there are many individuals who enter into an evaluation then identify program that they would like to enter, and we always try to accommodate that request first and then if that's not available or that's not a part of the evaluation, then we offer them other alternatives, and I do want to mention that it is not uncommon for many people to travel to residential programs. As Toby mentioned, we have many people that have a lot of confidence in both the programs in Owatonna, there are people who have questioned the retreat in Hazleton, there are many programs, there's NorthStar, which is in the South Metro. We will be going to request by the individual narrow evaluated and try to accommodate that request, the appropriate level care. They offer recommendations on an individual basis.

>> Stacy Sjogren (moderator): Are there any other questions in chat or those that would like to verbally address our presenters?

I am, by the way, seeing a message that the slide deck, if you joined in late and would like to see the slide deck that our presenters used, we will be putting it up on the MDH website shortly.

>> Maria King (MDH): It's already there.

>> Stacy Sjogren (moderator): It's already there?

>> Maria King (MDH): It's been there since earlier today.

>> Stacy Sjogren (moderator): Very good, so you are set that way. And I bet we can get that link in the chat people if they would like to go over and review those slides.

So, I'm looking for anybody else that would like to share a comment or concern, ask a question of our presenters.

Then, Maria, I'm going to check in with you and see if you think we should turn in to closing comments.

>> Maria King (MDH): I think we can turn into closing comments if that's all right with the Medical Center staff.

>> Joe Clubb (New Ulm Medical Center): Yes.

>> Toby Freier (New Ulm Medical Center): Is that okay? All right. Well, Joe, if you're okay, I will go first.

>> Joe Clubb (New Ulm Medical Center): Absolutely. Absolutely.

>> Toby Freier (New Ulm Medical Center): There's probably three points that I would like to make in my closing remarks here this evening. One is appreciation and thank you to Stacy and Maria and all the staff at MDH for helping facilitate the hearing regarding the changes that are taking place here for addiction and mental health services.

The second that I had opened is the gratitude to the team here that has been serving and coming alongside the community and building partnerships with community organizations and counties around the region as I had indicated. It literally thousands of direct lives have been into practice through the program along with family and while we are disappointed about the changes that are occurring through some of these services and excited about others, I don't want to miss the opportunity to recognize the exceptional work that has taken place on behalf of this organization from the providers, counselors, and committee partners.

And then lastly with several of the comments that have been made this evening there is an ask for everyone on the call, that his continued advocacy for funding and support for addiction treatment and as you can probably imagine, there are not systems lined up at the door to start these programs and many of our hospitals are health care systems and also I think a glaring need in rural Minnesota. I think we can all do our part to continue to advocate for needed and appropriate funding to sustain services close to our communities from a close to patients live and families and that advocacy takes all of us.

Again, appreciation to the team that put together this hearing for this evening and all the participants, comments and support that's been offered. Joe, I will turn it over to you.

>> Joe Clubb (New Ulm Medical Center): Thank you, Toby.

I really echo much of the gratitude that Toby has stated for the team that provided direct care and treatment, but I'd like to recognize, acknowledge the leadership team and the board of New Ulm. And I see Jennifer Bremmer, the vice president of nursing is on as well. It has really been their leadership and partnership with all of us across Allina to really identify what the needs are for the community and yes, this change is really painful and really difficult for us to go through, but I will -- I do want to say that our commitment as Allina Health and as New Ulm Medical Center is unwavering as we move towards the future to meet the needs of the community members and those individuals who live with mental illness and addiction.

And I will continue in my role to join my colleagues who advocate for reform and also continuous improvement of the services we offer across the state. So, thank you.

>> Stacy Sjogren (moderator): And Maria anything else you need to add, I think we are ready to wrap our



session up tonight with appreciation to our presenters this evening, Toby Freier and Joe Clubb. We appreciate your time tonight; we appreciate everybody stopping in to participate and hear what was being shared. And with that, I will bid you good night and unless, Maria, you got something else.

>> Maria King (MDH): I just have a couple closing remarks, we just want to remind everyone -- first of all, thank you, everybody for joining.

Be sure to take a look at the statute at Minnesota statutes 144.555, that gives us authority to hold this meeting and to inform the public but not to change, delay, or prevent a proposed change. You can make comments or feedback until tomorrow and a transcript of this meeting will be made available for you in ten business days, so thank you again, and now we bid you good night. Thank you!

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