

Minnesota Department of Health

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Feedback on Proposal to Establish a New Mental Health Hospital

MDH welcomes comments that address the factors identified below and any others that you may consider relevant to the review:

- Whether the new beds are needed to provide timely access to care;
- The financial impact of the new hospital beds on existing acute care hospitals;
- How new hospital beds would affect the ability of existing hospitals to maintain staff;
- The extent to which the hospital beds will provide services to nonpaying or low-income patients;
- The ability of the new hospital to maintain the level of community benefit currently provided by the hospital system; and
- The impact of layoffs at the current facility and transitioning workers to the new facility.

Feedback from 2 hospital based Psychiatrists:

1. *My initial thought is of course – that is great. I would add that at times I don't think we have a lack of beds, it is more a lack of placements. The bottleneck seems just as bad for leaving the hospital as it does for entering. I estimate at any one time about ¼ to 1/3 of the adult unit does not need to be hospitalized, but is just waiting placement (I just checked the current list and it is 36%). I am assuming other facilities are having the same difficulty. If we could increase the bed availability by 20 -30% by having better access to placement that also would solve a lot of the problems.*
2. *The priorities I see are the following:*
 1. *Increased options for community placement, including patients who have chronic high acuity but for whom inpatient care is not required.*
 2. *Increased beds through SOS.*
 3. *Increased child/adolescent beds and crisis services/placement options.*
 4. *Increased geropsych placement options, both inpatient and community (#1.) Tied to this is having all current geropsych units being staffed/designed appropriately so they can be full (including our own.)*

I wonder what their acceptance is going to be for high acuity (including high violence risk) adult as well as high acuity geropsych and child/adolescent. These are the needs that I am seeing across our region, including St. Cloud. If not accepting these patients, I don't see us needing to use them much and wouldn't see then impacting us financially. I don't feel the addition of this facility would likely reduce our workforce. It seems to me there is plenty of opportunity that exists for anyone who might want to transfer to the Cities to work in mental health.

I suspect this unit will fill a strong need in the Cities but think its impact to our communities will be small, positively or negatively.

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