

Public Meeting Summary – Fairview Health Services and Acadia Healthcare Proposed Mental Health Hospital

JUNE 9, 2022

Background

The Minnesota Department of Health (MDH) held a virtual public meeting on June 9, 2022 to solicit public input on the establishment of a new 144-licensed bed freestanding mental health hospital in Saint Paul, Ramsey County to be operated in partnership between M Health Fairview and Acadia Healthcare. The meeting was attended by about 140 participants.

More information on the proposal and hospital public interest review can be found online at the following link: [MDH Public Interest Review, Fairview Health Services - Acadia Healthcare Mental Health Hospital \(state.mn.us\)](https://state.mn.us/mdh/public-interest-review/fairview-health-services-acadia-healthcare-mental-health-hospital).

This document is a summary of statements made during the meeting on June 9, 2022. It captures comments made through meeting chats, via the phone, and through online submissions of comment forms. As such, it is a synthesis of what was communicated during the hearing through the various options for communication, not a transcript. Additional statements made via email to health_pir@state.mn.us and an online form [Comment on Proposed Fairview Health Services - Acadia Healthcare Mental Health Hospital \(office.com\)](https://office.com) are available at the MDH public interest review page noted above.

Structure of the Meeting

1. An independent facilitator welcomed participants and described the reasons for the meeting.
2. MDH staff provided an overview of the hospital bed moratorium and the role of the public interest review. Staff also presented an acknowledgement recognizing the ancestral land of the Dakota people where the hospital is being proposed.
3. Staff from Fairview Health Services and Acadia Healthcare summarized the genesis of the proposal and provided an outline of it, as well described how it will be implemented.
4. During the public comment period individuals provided perspectives on the proposal via audio, chat and through submissions of written comments.

Public Comment Period

About 60 individuals took advantage of the opportunity to provide feedback on the proposal. Based on their representations, 10 spoke on behalf of an organization, 27 identified in their statements as a health care practitioner currently working for Fairview Health Services (e.g., doctors, nurses, and psychiatric associates), and 23 participants spoke as interested or affected individuals.

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- There were 22 participants, representing family members of patients, community organizations and health care providers, who spoke about a general need for inpatient mental health beds and in Ramsey County specifically. Some of these individuals voiced alarm at the long wait time that could be more than 24 hours and long distances to receive care. Others, speaking in support for the proposal, voiced concern about the impact of the pandemic on mental health.
- Twelve participants spoke to the proposal of a freestanding mental health facility as a positive, innovative, or necessary development. Among them, three individuals representing as speaking on behalf of local community nonprofit organizations (Comunidades Latinas Unidas En Servicio (CLUES), Hmong American Partnership (HAP), and the Sanneh Foundation) voiced their support for the proposal based on their experience working with Fairview as a trusted partner.
- Two participants stated that they saw Acadia Healthcare as a national leader, and one psychiatrist noted that in discussions with professional contacts around the country no one was concerned about Acadia’s reputation.
- More than 12 participants, including several identifying as Fairview-employed nurses and mental health staff, commented that the new hospital would not meaningfully increase the number of inpatient mental health beds because of concurrent or recent closures at other Fairview facilities and limits to fully staffing units. A number of these health care workers also voiced concern about the potential shift of beds from Fairview’s Riverside campus to this new facility, thereby reducing the net impact of the beds at the proposed site.
- Nearly twelve participants voiced concerns that, as proposed, the new mental health hospital would not be able to adequately serve the immediate surrounding community or the low-income or homeless populations, including people served by Medicaid. Relatedly, five participants expressed concerns about the lack of an emergency department as a key entry point for care.
- Nine participants, a number of who identified as staff working at nearby hospitals, voiced concern over potential “cherry picking” in admissions that would result in the hospital serving fewer complex cases requiring longer stays.
- A similar number of participants noted concerns about the potential lack of time-sensitive medical care for patients, particularly geriatric patients, who because of their medical needs would not be treated at the new facility and need medical transport to another hospital.
- Several participants argued Acadia Health had a poor track record on fraud and patient safety, pointing to national reports about settlements, which they said made the organization a poor match for Minnesota’s environment. Part of their concern stemmed

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from the for-profit status of Acadia Health, which these individuals said would result in profit seeking at the expense of patients.

- Six participants, including individuals identifying as health care practitioners, noted a concern about the proposed staffing plan at the new facility and the impact lower staffing ratios and staff qualifications might have on patient safety.
- A similar number of participants articulated their belief that the new hospital is an attempt to de-unionize health care workers, by closing union-staffed hospital beds and opening a new hospital without union representation. These individuals saw that expected change as a detriment to both staff and patients.
- Four participants argued that there are sufficient number of inpatient mental health beds in the Twin Cities to increase access to patients in the area, but that the real capacity bottleneck is the lack of mental health care practitioners or providers to staff those beds. Two other related comments suggested that investments should be made into existing facilities rather than the establishment of a costly new hospital.
- Two participants voiced concern about the transparency of the proposed hospital with Fairview staff, closing mental health beds with little notice, and the lack of replacement beds before closures occur.

A number of individuals raised concerns about the mental health system more generally. For example, four meeting participants expressed the view that more investments are needed in long-term care settings for patients with mental illness, including group homes and residential facilities. Three meeting participants saw an urgent need for additional inpatient child and youth mental health beds. Two meeting participants commented that additional financial support should be directed to mental health care practitioners to encourage recruitment and retention such as loan forgiveness or tuition reimbursement. Finally, one participant from the Sisters of St. Joseph of Carondelet expressed a desire to see the large health care systems operating in the Twin Cities to work collaboratively on mental health care rather than separately.

Questions Posed to the Minnesota Department of Health (MDH)

Meeting participants, in addition to providing comments and feedback on the proposal, used the opportunity of the hearing to post questions to the Minnesota Department of Health. They are summarized below with responses.

Is there a way to hold Fairview to keeping the Riverside campus beds open?

Minnesota law does not generally govern what volume or type of services are provided by hospital providers. As such, outside of the hospital bed moratorium which also governs the movements of beds, MDH does not have the authority to regulate what volume of beds exists or are staffed at Minnesota hospital. However, provisions in Minnesota law instruct MDH to hold a public hearing when hospitals plan on ceasing operation of inpatient mental health services (and certain other services).¹

Are there sufficient guarantees that these beds will increase mental health services?

Access to inpatient timely health care services is a key consideration during the public interest review. That said, public interest reviews generally are limited to studying a specific proposal. To that extent changes to mental health capacity elsewhere in the system, whether by Fairview Health Services or other hospital providers, could affect whether the proposal would result in a net increase of inpatient beds in Minnesota.

Are you looking at code violations at Acadia hospitals in Florida?

MDH is guided by the public interest review statute², which includes: access to care, financial impact on other hospitals, ability for other hospitals to maintain existing staff, provision of care to nonpaying or low-income patients, the views of affected parties, the ability to maintain the current level of community benefit (at the new hospital), the impact of the new hospital on the workforce at the existing facility (St. Joseph's Hospital). As appropriate, the review will consider any and all other relevant factors to assess whether the proposal is in the public interest.

Questions Posed to Fairview Health Services and Acadia Healthcare

Meeting participants, in addition to providing comments and feedback on the proposal, used the opportunity of the hearing to post questions about the proposal to Fairview Health Services and Acadia HealthCare. Some of the questions are answerable by material available online: [Fairview Health Services & Acadia Healthcare Proposed Mental Health Hospital \(state.mn.us\)](https://www.state.mn.us/fairview/healthcare-proposed-mental-health-hospital), and MDH has passed these questions on to Fairview Health Services and Acadia Healthcare.

¹ [Sec. 144.555 MN Statutes](#)

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- Will this facility be taking public health insurance?
- Why build a new hospital when you have many facilities that could use updates?
- How many security officers on site at a time?
- Does this proposed hospital have a connection with Ramsey County crisis or other crisis teams?
- How does this hospital assist in homelessness?
- How does this hospital address long-term care for mental health?
- Will patients with certain conditions be screened out and not allowed to get care?
- Are the beds from Riverside going to be moved to the new hospital?
- Where will funding come from?
- What will the plan be for code blue³ at the proposed hospital?
- Will patients with pre-existing conditions be screened out?
- Is Riverside closing their beds?
- What will Fairview do to mitigate lack of beds in the interim?
- How many beds will be allocated to geriatric patients and to addiction services?
- Will [my son] be turned away when in need due to his poor insurance coverage [Medicaid]? Or the possibility that it may/usually take 6+ weeks to stabilize and find antipsychotic that works well for him to function?
- Will any beds be available for psych patients when addiction recovery patients' insurance pays the hospital better?
- Could you tell us what kind of “geriatric” patients will be accepted at the proposed hospital? Will they stay there as in a long-term care facility?
- Can you please describe Dr. Wood’s statement “fully integrated” & “will have access” regarding patients’ physical medical problems as well as the psych issues that bring them to the hospital?

³ An unexpected patient event requiring resuscitation and activation of a hospital-wide alert.

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- How is this [building a new hospital] cost-effective?
- Will the joint venture recognize a union and workers’ rights to collective bargaining?
- Will Fairview vow to provide mental health care for all St. Paul/East Metro patients who need it in the interim?
- What percentage of patients from St. Paul and Ramsey County will be served from this site?
- What percentage of state insurance (Medicare and Medicaid) patients will be served by this site?
- How will patient intake and selection be made?
- Given that M Health Fairview has no acute care hospitals/E.R.s within six miles of the Bethesda site, and no urgent care within four miles, how will local residents and community members who might benefit from these programs be able to access this site and these important services?
- How can local outpatient mental health and primary care providers help patients to access services at the hospital?
- What supports will be in place for chemical dependency and addiction medicine needs for those admitted?
- The St. Joseph's inpatient chemical dependency unit provided high need essential care— will this also be available at the new site?
- What process will be in place for transferring to an acute care hospital if needed?
- Where will patients with medical needs be transferred?

Minnesota Department of Health
Health Policy Division/Health Economics Program
PO Box 64882
St. Paul, MN 55164-0882
651-201-4520
health.hep@state.mn.us
www.health.state.mn.us/healthconomics

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To obtain this information in a different format, call: 651-201-4520.