Commissioner Jan Malcolm
Minnesota Department of Health
P.O. BOX 64975
St. Paul, MN 55164-0975

July 29, 2021

To the Office of the Commissioner of Health:

Enclosed is an application from PrairieCare requesting a public interest review of a proposal to increase access to psychiatric inpatient services for the children of Minnesota by adding 30 licensed beds at our existing facility in Brooklyn Park. This would increase the number of beds at the child and adolescent psychiatric hospital to 101.

We have received an exception to the moratorium law permitting the issuance of a hospital license with increased capacity that is contingent upon the submission of this application and adherence to the timelines within the hospital moratorium law.

If you have any questions or need any additional information, please contact John Ryan, General Counsel of PrairieCare, at:

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Thank you in advance for you attention to this very important matter for the children of Minnesota.

Sincerely,

Todd Archbold, LSW, MBA
Chief Executive Officer

Received Date: July 30, 2021

Executive Summary

Project and Organization Overview

In order to better meet the need for inpatient psychiatric services for youth, PrairieCare seeks to increase the number of licensed beds from 71 to up to 101 at its inpatient psychiatric hospital for children and adolescents in Brooklyn Park. PrairieCare would propose to build an addition to the existing hospital in order to expand its ability to meet the needs of Minnesota children in need of inpatient hospitalization for mental illness. This proposal has already received legislative approval with regard to the hospital moratorium.

PrairieCare is one of the region's largest providers of psychiatric care to youth, with programs designed to address the needs of children in several different settings based on the nature and severity of the patient's illness. Over the last decade, PrairieCare and its sister professional organization PrairieCare Medical Group (PCMG) together have expanded access to all of their psychiatric programs and all levels of care: primary care consultation through the Psychiatric Assistance Line (PAL) made possible by a grant from DHS, routine outpatient clinic services, intensive outpatient programs, partial hospital programs and, finally, inpatient hospitalization.

Objectives

The objective of the project is to provide additional inpatient psychiatric hospital capacity for youth in the Minneapolis/St. Paul metropolitan area and beyond. Our internal analysis has identified a consistent pattern of being unable to accept patients via transfer from emergency departments because our facility lacks an available bed and, very frequently, no other beds are available for youth in the metro or even the state. With the loss of beds in other intensive mental health treatment facilities, including children's residential and PRTF, the remaining resources are inadequate to meet the needs of Minnesota's children.

Timeline

Because construction would be required for the addition of 30 beds, PrairieCare anticipates it could make additional capacity available by the fall of 2022. PrairieCare also intends to ask for a temporary waiver of room size requirements to allow for up to 5 single occupancy rooms to be temporarily converted into double occupancy, thereby increasing licensed capacity to 76 until the full complement of 30 additional beds is licensed and available for patients.

Summary

This proposal is aimed at meeting the needs of the children of Minnesota who have a mental illness and require inpatient hospitalization due to the severity of symptoms they are exhibiting. As one of only a few facilities within the State providing inpatient psychiatric care to children and adolescents, we decline transfer requests from emergency departments due to lack of available beds with a sufficient frequency to justify this expansion. We believe that the addition of 30 more beds would be a significant but measured step towards providing adequate psychiatric bed availability for Minnesota's children. While we acknowledge that inpatient care is the most restrictive and highest cost, we also note that it is a critical component to a comprehensive continuum of care. In fact, over the past decade, PrairieCare

and PCMG have expanded less restrictive and lower cost services more than any other provider in Minnesota, including partial hospitalization programs, intensive outpatient programs, outpatient clinic services, services embedded in both primary care clinics and school settings, and primary care consultation services to primary care clinicians. Nevertheless, many youth each day need hospitalization and cannot receive it due to insufficient inpatient bed capacity. This lack of inpatient capacity results in patients boarding in emergency departments for hours, days or longer, while yet other patients are admitted to a general medical/pediatric unit awaiting placement.

Public Interest Review Application

PrairieCare asks that the Department of Health find its proposal to increase from 71 to 101 the licensed capacity of its child and adolescent psychiatric hospital in Brooklyn Park to be in the public interest, based on the following factors:

The Need for More Beds and Timely Access to Care

PrairieCare currently operates a 71-bed psychiatric hospital for children and adolescents. This facility is less than five years old, having been licensed as a 50-bed hospital in September of 2015 and not reaching its full complement of staffing in order to be able to serve 50 patients per day until mid-January of 2016. In 2017 PrairieCare was granted an additional 21-beds and has been consistently operating at >90% occupancy. We continue to closely monitor transfer requests from area emergency departments to ascertain if the overall supply of children's inpatient psychiatric hospital beds can meet the needs of Minnesota's youth, as measured by demand for transfers from hospital emergency departments. We have found that transfer requests greatly exceed available beds and that there are not enough inpatient psychiatric hospital beds available in the state, particularly in the Minneapolis/St. Paul Metropolitan Area.

From January 1, 2021 through June 31, 2021, PrairieCare was at full licensed capacity at midnight census 60% of the time. PrairieCare was at 97% or greater capacity 87% of the time during the same timeframe. These numbers are alarming and are consistent with feedback we receive from community emergency departments who report there are no beds available to transfer patients. These patients often wait or "board" in the emergency room for hours, if not days, waiting for a bed to become available.

Description of Proposal

The current 71-bed hospital operates both single- and double-occupancy rooms. PrairieCare proposes to expand capacity by constructing up to 30 patient bedrooms, clinical programming space, additional staff offices, and additional dining/cafeteria area. PrairieCare is currently programming this space with external consultants and internal stakeholders to ensure that the space meets the needs of our patients, staff, and community as well as meets all regulatory requirements.

Description of Patients Served

The patients served will be substantially similar to those patients currently served at our Brooklyn Park hospital. The vast majority of patients hospitalized in our facility are admitted via transfer from Minnesota emergency departments by ambulance. The patients in our facility reflect the demographics of Minnesota youth. All patients hospitalized must meet our admission criteria; exclusionary criteria are considered as well:

Inpatient Inclusion Criteria:

Those patients appropriate for admission or transfer to a general unit have medical needs including but not limited to situations such as:

- High risk for engaging in behavior in the immediate future that could result in significant harm to self or others resulting in whole or in part from a DSM-5 established mental illness for which intensive staffing and treatment is medically indicated.

- Intermittent and/or mildly-moderately dysregulated/aggressive behavior resulting in whole or in part from a DSM-5 established mental illness for which intensive staffing and treatment is medically indicated.
- Psychosis or mania requiring intensive staffing and treatment.
- Medical monitoring of treatment by trained staff 24 hours per day is required for safety (e.g., medication washout in a patient with strong history of dysregulated/aggressive behavior when not treated with medication, etc.).
- Less intensive intervention is unlikely to be sufficient for symptom management/reduction.

Inpatient Exclusionary Criteria:
Certain patients are not appropriate for admission to the inpatient general unit including but not limited to:

- Patients who are developmentally inappropriate for milieu (e.g., patient out of high school, in college, married, employed full time, etc.).
- Patients with disorders caused by chronic organic brain dysfunction without treatable psychiatric symptoms.
- Patients with behavioral, cognitive and/or physical impairments which would render them unable to function at a minimally acceptable level within the treatment program (e.g., a medically unstable patient whose safety requires treatment in a medical-surgical hospital, etc.).
- Patients in whom substance use disorder (SUD) concerns predominate
  - Patients can have co-occurring DSM-5 established SUD concerns if they are in remission or sufficiently stabilized such that they do not significantly interfere with treatment of the primary non-SUD DSM-5 condition(s).
- Patients who are physically assaultive to staff and/or destructive of property not primarily as product of an insufficiently treated DSM-5 mental illness but of a sufficiently volitional nature for which involvement of and intervention by the legal/justice system is more appropriate.
- Those patients who meet criteria for less restrictive treatment.

Impact on Other Facilities – Financial and Staffing

Expanding by 30 beds would require adding approximately 3 Full Time Equivalent (FTE) Child and Adolescent Psychiatrists, 15 FTE Registered Nurses, 3 FTE Masters-level psychotherapists (LICSW, LMFT, etc.) and 3 FTE Bachelors-level social workers.

While staffing and recruiting challenges for hospitals have come to the forefront during the COVID-19 pandemic, PrairieCare does not believe that other hospitals would by negatively impacted by the addition of 30 additional psychiatric beds. In the ten years since it began offering inpatient psychiatric hospital services in 2011, PrairieCare has expanded its child and adolescent psychiatric staff almost exclusively without recruiting from competing services. It has accomplished this in part through its involvement in the training of new child and adolescent psychiatrists through its formal affiliation with the University of Minnesota Medical School; many of those trainees have joined PrairieCare Medical Group in addition to some who have been recruited from outside Minnesota to join the organization's efforts to meet the needs of Minnesota's youth. In other words, by being a single specialty center of excellence, PrairieCare has had a net positive impact on child psychiatric workforce in the state, attracting out of state doctors, increasing the percentage of graduating doctors willing to practice in

acute care settings and curbing the degree of out migration of Minnesota graduates. In addition to child and adolescent psychiatry fellows, PrairieCare serves as a training site for family medicine residents, medical students, post-doctoral psychology interns, social workers and nurses. In this way PrairieCare plays a role in developing the State's overall mental health workforce.

Services to Nonpaying or low-income patients

PrairieCare accepts all inpatients transferred from emergency rooms without regard to payment source or ability to pay. PrairieCare also has charity care policies that provide discounts for uninsured or underinsured patients. These discounts begin at 400% of the federal poverty level and consist of a graded approach such that care to uninsured patients falling below 160% of the federal poverty level is provided free.

Anticipated Reservations

Based upon previous responses to Public Interest Reviews, we can anticipate reservations will be expressed by stakeholders in expanding inpatient capacity, which is likely the highest cost per patient, while the state has not chosen to invest significantly in innovative outpatient care models that may prevent hospitalizations from happening. PrairieCare fully supports the investment in all levels of mental health care delivery and innovation in care models, but data have consistently shown that only a small portion – perhaps up to 10% of total inpatient days – could be avoided with investments in these outpatient care models. There is a large unmet need for inpatient hospitalization of Minnesota youth for psychiatric treatment, and that demand cannot be adequately addressed by outpatient care models alone.

Conclusion

By our utilization data and statistical modeling, we believe that 30 beds, while less than the number necessary to fully ameliorate the number of patients boarding in Minneapolis/St. Paul metropolitan area emergency departments or being hospitalized on general medical/pediatric units awaiting an available psychiatric bed, would represent a significant positive expansion of needed acute care services.

PrairieCare and PrairieCare Medical Group have innovated and expanded many cost-effective, community based, early interventions and alternatives to hospitalization. This includes innovations at all points on the cost and acuity continua, to meet patients where they are with the care they truly need. We have developed integrated mental health "micro-clinics" within primary care clinics to aid in early identification and intervention for youth with a mental illness, after school intensive outpatient programs located on school grounds to reduce barriers to attendance, and have added over 150 "slots" to various programs located in several convenient outpatient locations throughout the Twin Cities and Rochester/Mankato designed to prevent the need for more restrictive, higher cost inpatient hospitalization. We have also partnered with DHS to provide child and adolescent psychiatrist consultations to primary care clinicians free of charge as a way of helping them manage more mental illnesses in the primary care setting. During the onset of the COVID-19 pandemic, PrairieCare also pivoted many services that could safely be performed remotely to telemedicine, thereby increasing the reach and convenience of accessing mental health care to communities in more remote and rural areas.

If we believed that simply expanding these other innovations would obviate the need for greater inpatient capacity, we would just do more of what we have already done. However, we believe this is a false choice, in the same way that no one advocates preventing the addition of cardiac stent or stroke thrombolytic services *when need clearly exists* simply because diet and exercise initiatives are known to impact the epidemiology of those conditions. Advocating increased prevention for the future does not justify withholding treatment in the present.

We ask the Department of Health to find this proposal to add 30 inpatient psychiatric hospital beds to the child/adolescent psychiatric care continuum to be in the public interest. Thank you for your time and consideration; we stand ready to answer any questions you may have before beginning and during your review.