

# Allina Health United Hospital Relocation of Adolescent Mental Health Services Public Hearing Transcript

DECEMBER 21, 2023

## Meeting Information

The Minnesota Department of Health hosted a public hearing on December 21, 2023, at 6 p.m. (via Teams) on the relocation of adolescent mental health beds from Allina Health United Hospital in St. Paul to Abbott Northwestern Hospital in Minneapolis.

According to the submission filed by Allina Health United Hospital, there will be no reduction in overall mental health services. In-patient adult mental health services will continue to be provided at United Hospital in St. Paul, with adolescent in-patient services being relocated to Abbott Northwestern in Minneapolis.

More information can be found on the [Allina Health United Hospital Public Hearing page](https://www.health.state.mn.us/about/org/hrd/hearing/united.html) (<https://www.health.state.mn.us/about/org/hrd/hearing/united.html>) of the MDH website.

## Meeting Transcript

>> Kristin Van Amber (moderator): Good evening, everyone. Welcome to the public meeting to hear from United Health Public Hospital regarding the plan to continue providing in-patient adult mental health services at United Hospital in St. Paul with adolescents and in-patient services being relocated to Abbott Northwestern in Minneapolis.

My name is Kris Van Amber. I'm with management analysis and development and serving as the moderator for today's meeting. This evening's meeting is being hosted virtually through Microsoft Teams. If you have any technical issues, please visit the Microsoft support page for Teams or email the HRD Communications team, that information is in the chat.

Captions are being provided for this event. You can view captions in Teams by clicking on the "more" button in the Teams window 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 hearing, 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 next person scheduled to speak. If you wish not to speak, you can ask a question in the chat box and the Minnesota Department of Health staff person will ask the question on your behalf.

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

Okay, let's go to the next slide, please.

So, the Tennessee Warning. The Minnesota Department of Health, which I will sometimes refer to as MDH, is hosting this public meeting which is required by state law. The intention of this meeting is to provide an

opportunity for the public to express their opinions, comments, and ask questions about the relocation of adolescent mental health services from United Hospital to Abbott Northwestern Hospital. The Minnesota Department of Health announced this meeting through a statewide news release and notified of the community leaders of this meeting.

So, the following Tennessee Warning is, the Minnesota Department of Health is hosting this public hearing to inform the public as required by law. Your comments, questions, and image, which may be private data, may be visible during the event. You are not required to provide this data and there are no consequences for declining to do so. The virtual presentation may be accessible to anyone who has a business or legal right to assess 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. To opt out of the presentation, please exit now.

All right, next -- thank you.

Today's agenda will include introductions, a welcome from MDH's Health Regulation Division Director, an overview, United Hospital's presentation, public comments and questions, United Hospital's closing remarks, and a conclusion.

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The following are today's speakers: Maria King, Health Regulation Division Director from the Minnesota Department of Health; Jill Ostrem, President of United Hospital; Joe Clubb, Vice President of Mental Health, and Addiction Clinical Services Allina Health Services; and Dr. Mary Jo Lardizabal, Vice President of Mental Health and Addiction Clinical Services Allina Health Services.

Now I would like to welcome Maria King who serves as the Health Regulation Division Director at the Minnesota Department of Health.

>> Maria King (MDH): Thank you, Kristin. We appreciate the time you're taking tonight to learn more about the changes at United Hospital Allina Health. It is a pleasure to be here.

The 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 your comments and questions with the hospital. In June of 2021, the Legislature in Minnesota passed legislation requiring a public notice and a public hearing before closure of a hospital, hospital campus, or relocation of services or cessation offering services. And just for your knowledge, in case you want to read that whole statute, it is found at Minnesota Statutes section 144.555.

This hearing gives an opportunity for the public to engage with hospital leadership to understand reasons why the hospital leadership has made the decisions to change or relocate services in this situation. It is also giving you an opportunity as a community to learn from the health care providers about how the community can continue to access health care services following the closure, change, or relocation.

The Health Regulation Division has received a notice from United Hospital Allina Health regarding their plans to provide inpatient adult mental health services at United Hospital in St. Paul for inpatient adult services with those adolescent inpatient services being relocated to the Abbott Northwestern Hospital in Minneapolis. The Health Regulation Division was tasked with implementing this law.

We're providing this forum for hospital representatives to share information about the changes in services and for the public to engage with the hospital by asking questions and providing comments about these changes.

We will facilitate the meeting as outlined in the law. Our role is to ensure the meeting occurs and the community's views are heard and presented, and that people's questions are answered. The statute allows MDH the authority to hold the meeting and to inform the public but not to change, delay, or prevent proposed changes, closures, or relocations. This meeting provides an opportunity for us, as your state health department, to offer a forum for transparency, listening, and understanding of differing opinions and perspectives that surround these important decisions and the decisions here that are affecting health care services in your community.

I welcome you to share your perspectives, your comments, and your questions with United Hospital Allina Health leadership and I am looking forward to listening to tonight's discussion.

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First we are going to hear from United Hospital and Allina Health leaders who will provide information about the services being curtailed, and explanation for the reasons for curtailment of services, and a description of the actions that they are going to take to ensure residents in the hospital, campus service area, have continued access to health care services being curtailed.

Please welcome the United Hospital and Allina Health representatives, Jill Ostrem, President of United Hospital, and Vice president of Mental Health and Addiction Clinical Services, Joe Clubb, and Dr. Lardizabal. I'm sorry for that pronunciation of your name, Dr. Lardizabal. Trying to get that one right. Please welcome them now.

>> Jill Ostrem (United Hospital): Well, thank you. We are pleased to be here tonight, and if you could advance to the next slide, we will get started.

Thank you, Siobhain.

Tonight, we will talk about who we are, share our gratitude for being part of this community of caregivers, and give you a little more information about our approach to mental health, the changes in services, why we are making them, and our commitment to care in St. Paul.

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As I said, we appreciate this opportunity to share more about United Hospital Allina Health and our mental health services. At Allina Health, our mission is to serve our communities by providing exceptional care, as we prevent illness, restore health, and provide comfort to all who entrust us with their care. We believe that when we do this, care should feel altogether better, and to us, that means coordinated, seamless, and high-quality.

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We appreciate too your interest in this meeting tonight. We are proud to be a statewide leader in providing fully integrated, comprehensive mental health services for everyone, from children to our elderly friends, our families across Minnesota and western Wisconsin. And we do this as a member of an integrated health system and a member of the larger community of providers committed to meeting the important needs of patients. I would like to acknowledge the work of our care teams that have been exceptional and unwavering in their dedication to patients seeking treatment. They do that every day.

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I'll acknowledge that we have received some questions about our approach to the 120-day notification statute. This is actually Allina Health's fourth public hearing under the statute, which is still only a few years old. We have had all of our service changes carefully for compliance, and prior to making this mental health change, we reviewed the changes against the statute's requirements and previous guidance from MDH for similar service changes. It was our determination that the changes didn't meet the requirements for notification. Once we heard from MDH and were notified that this change did, in fact, meet the requirement of the statute, our team worked diligently with them to ensure we were compliant, and we are here tonight in accordance with that process.

With that, I will hand off to Dr. Mary Beth Lardizabal and to Joe Clubb to walk through the changes we have made.

>> Joe Clubb (United Hospital): Next slide. Thank you.

Jill, I will kick us off as we describe our continuum of care and then I will ask Dr. Lardizabal to join me and add information.

As we look at our continuum care, we have mental health and addiction services embedded in all of our different locations, so I want to start at the top end and our primary care clinics. We have, within our primary care clinics, about 80 PhD psychologists and about 50 clinical social workers along with 25 psychiatrists and nurse practitioners. Their goal is to provide early intervention to individuals seeking both primary care and mental health care within those settings. These clinics are span across the state of Minnesota as well as having a strong presence in St. Paul.

Our goal through primary care, is to intervene early before somebody enters into a crisis and needs to access care within one of our emergency departments that are within an inpatient unit. In addition, as we go down and across, describing the primary care and the integration, we also call it co-located services, we have six specialty clinics. These are mental health and addiction clinics across the state. We do have a specialty mental health clinic on our United campus in the professional building across from the hospital in that clinic. They serve the life span so, we have psychiatrists, nurse practitioners, clinical social workers, psychologists, nursing, and care coordinators who see patients, adults, children, adolescents, seniors, who need that specialty care. We use a team-based approach in providing that care.

If you look at the red box, the partial hospital and day treatment program, we call this our intermediate level of care. We are really proud of this level of care, and this is our largest expansion over the last three years. We have increased this program by 50%. We are finding that the partial hospital program allows for an individual, a child, an adolescent to adult, to sleep at home at night and come in for six hours of hospital care, being seen by a psychiatrist, being seen by nursing, and that the majority of their day is spent with a mental health therapist and program assistants in group and individual therapy.

Average length of stay for somebody in our day hospital program is 15 days, and then there is an opportunity for them to step down into our intensive outpatient or day treatment program. One of our largest programs within our system and we have 11 of them across the state, but one of our largest programs is on the United campus. We not only serve the East Metro, but we also serve Western Wisconsin through this program. We have found this to be a wonderful alternative to an inpatient stay. We also see it as a great step down from an inpatient stay back into the community.

Within our emergency department, we have 12 Allina emergency departments across the state. We also support 4 affiliate hospitals. We do have our emergency department, very active emergency department at United. Within those, we staff them with Masters' of Social Workers that we call Crisis Clinicians. We also have ED Psychiatrists, a subspecialty of Psychiatry and Child Adolescent Psychologists, both in person and virtually, who see children, adolescents, adults, and seniors. They initiate medications and brief therapy with the goal of helping the individual get to the right level of care.

Then within our inpatient programs, we are present at six different sites across the state. One of our largest inpatient services is at United Hospital in St. Paul and United Hospital in Hastings. We did make the decision that we would -- somebody asked the question and I feel like I should respond.

Still describing our continuum circle, so we have not advanced slides, or should be at this point. So, we're still on the continuum slide. On the United campus, we did see a very large influx of adult patients, and so we did make the decision to convert or transition our child adolescent unit to an adult unit to meet the demand. We also added those beds down in our Hastings campus.

I'm going to pause, and I am going to ask Dr. Lardizabal to offer further information and perspective on our continuum.

>> Dr. Mary Beth Lardizabal (United Hospital): Thanks, Joe, I think you covered it really well.

I think the point we would really like to make, kind of a larger view of Allina, we want to provide the right care at the right place at the right time. And for us, that really means to have this entire continuum, because I want to treat children and their families in the least restrictive environment.

If we can avoid an inpatient stay, that is our preference and that is actually better care for many of the children that we see.

>> Joe Clubb (United Hospital): In closing, around our continuum, we can't do this work alone. We do depend on and rely on partners out there in the community who provide care within individuals' homes, I want to call out a partnership that we have with Washburn Children Services. They provide a very important service to individuals across the 7-County area, that's an in-home crisis stabilization service. We developed a relationship with Washburn in 2018, and they deployed three clinical social workers across our system, and they take referrals from our inpatient units, from our emergency departments, our primary care clinics. We have made just over 1,000 referrals to Washburn and they have provided in-home mental health care to just over 800 individuals. We are really proud of that partnership and continue to strive to, when possible, provide that mental health care in the home.

I think I'm going to transition it to Dr. Lardizabal for the next slide.

>> Dr. Mary Beth Lardizabal (United Hospital): Great, thank you, Joe.

I want to talk about the actual transitions, the actual changes and capacity that we are talking about today, which is a change of unit 5940. If you look on the left, unit 5940 was an adolescent inpatient mental health unit, one that I'm proud to say I worked on for many, many years - 15, I think. It has changed its population and is now an inpatient adult mental health unit. The capacity for children and adolescents has all been moved to our Abbott Northwestern campus where we have a child and adolescent mental health unit. It remains a child and adolescent mental health unit but with an increased capacity.

That is the changes that we are talking about tonight. But this change actually also addresses a very acute need that we have for adult mental health services in the East Metro and throughout our system. So, this unit will actually be serving a high acuity adult population, which is sorely needed. And we have also added 15 adult beds to our Hastings campus, again, to address this need.

One piece that we are very aware of is that we need to continually assess the needs of our patients in the community. We want to make sure that we are clear about that we are continuing our adolescent services on the United campus. All the additional services that we have, partials, IOPs, specialty clinics, they will all continue. This is going to allow us better utilization of our inpatient adult mental health beds and also better utilization for the child and adolescent capacity at Abbott.

We have been, as I mentioned, seeing an increase in the need for adult inpatient mental health beds and we see a projection of a decrease in inpatient mental health beds in children. We also want everyone to know that we are expanding, as Joe said, expanding our adolescent partial hospitalization services in other areas, like Cambridge Medical Center. Joe, did you say we had five adolescent partial programs now?

>> Joe Clubb (United Hospital): We do.

>> Dr. Mary Beth Lardizabal (United Hospital): We will be expanding to six with the addition of the Faribault partial adolescent program, and that should be spring of '24.

Joe has already mentioned what is called the WARM project, the WARM program, a collaboration with Washburn, again, and geared to prevent someone from having to come to an inpatient unit if we can stabilize and support them and their families by having an in-home crisis worker and sometimes actually meet them virtually or in person at the emergency room and able to see them as soon as the next day. We have also expanded that service for our inpatients so they could have that same stabilization ability, because when we were working before we had the WARM program, it would be three weeks to get into the Washburn stabilization program. And I think, Joe, you're actually getting those numbers. We've had about 1,000 families that have been able to utilize the WARM program.

What I want to be clear about is that children and adolescents are still able to come to United Hospital and receive the same great emergency room care. We see everyone that comes into our emergency room, and we have psychiatry in our emergency rooms. But, as we always do, we assess, and we decide where the best level of care, the best place for that patient will be, and that is where they will go.

We see people from all over the state in many of our facilities, not just United inpatient unit. That is not exclusive for St. Paul residents but literally, we use our beds as a system and we are very proud that we can have that access for inpatient capacity, but that is always not what is needed and I'm happy to talk more about that at some other point. But this is the actual changes that we are talking about, the transitions we are talking about tonight.

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I want to be crystal clear about this, that Joe and I and Allina, Jill, we are committed to mental health. And we think that we are some of the people that have raised up the visibility of the need for mental health in trying to really address the stigma about our patients having access to care. We are very comprehensive, as we talk about the continuum of care across our system and we also engage at the policy level, because there are a lot of things that are wrong with our mental health system, and Allina has been an advocate for our patients.



We collaborate with other agencies, like we joined with the roundtable, so here it's the East Metro roundtable, in the north, it's the Northwest alliance. We want to do upstream work. We want to address mental health needs early, and that is a program like Change to Chill. So again, that's really talking about prevention and resilience for kids as they struggle with everything that they have had to struggle with, including the COVID pandemic. We have partnered with several school districts that can deliver that curriculum to them.

And we'll talk a little bit maybe about the next development that we are looking forward to, the first of its kind at our unity campus, which is the Center for Integrative Mental Health and Addiction Care, which is really unique because it is addressing the social determinants of health. We talk about having on the first floor, other community partners so they can get county services if they need it. So, they can have access to peer support, mobile crisis through canvas health. One of our partners will be there. We have a food shelf there, so we are trying to really address all care, which is really what Allina is all about.

We will also be expanding our continuum, to be able to treat kids, adolescents, adults, and geriatrics at that center. We will be able to increase our volumes due to the great need in the north metro. Again, this will serve our whole system.

Anything you want to add?

>> Joe Clubb (United Hospital): I do want to add, I want to speak to the advocacy component here, along with our partners within public policy and along with the mental health legislative network, we recognize a continuum of care for our children and adolescents is extremely important. Inpatient beds are one part of that continuum, but there is a whole continuum that we really need to advocate for. We recognize that there are challenges with the transitions to the community. And so, our advocacy is really on behalf of supporting community partners to better serve children and adolescents across the continuum and into many of our community based programs, again, with the goal of, whenever possible, and we've seen increases to this, providing care to our children and their families that mental health care in their home.

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>> Dr. Mary Beth Lardizabal (United Hospital): I would echo what Joe said. It is a continuum. There are gaps in our health care system, and we know that, and we are advocating for those changes, we need to have more services based in the community, inpatient capacity is just part of the treatment, and I would love to see earlier intervention for all our children and adolescents.

I think there is a sad statistic about over 50% of our kids, their first touch with mental health is in the emergency room. We need to change that. Thank you.

>> Kristin Van Amber (moderator): All right, thank you to United Hospital Allina Health representative's Joe Clubb, Jill Ostrem, and Dr. Lardizabal for this important information.

We are now going to move into the public comment period. I have a few things I need to do in terms of introducing this, but I do see there are plenty of folks that would like to be able to provide comments and have so as well in the chat. So, I am just going to give us a little bit of an overview here.

So now we'll begin the comment portion of the meeting. This is your chance to participate by asking questions, providing comments, or sharing your perspective. Each person will have up to three minutes to ask a question or provide public comments. Again, please remember that the information you are sharing is being

shared virtually for a public forum. This means that any information you share is public, so please keep in mind before sharing private medical information. Allina Health United Hospital will have up to three minutes to respond to each of the questions and/or comments. Participants will be muted until it is their turn comment or share a question. Let's go to the next slide. How to comment?

I think, it looks like, for most of you, you were already in that place, but we're just going to do some review here. So, there are two ways to ask a question or provide a comment. The first is to raise your hand and you will be unmuted to ask your question or provide a comment. In both the mobile app and the browser version of Teams, click the "more" button to show the raise hand option. In the mobile app, it is a little yellow hand, and in the browser version, the raised hand option is the fifth item from the top of the list.

If you are calling in through a phone, which I think we do have somebody that is doing that, you need to press \*5 to raise your hand. Once it is your turn, you will need to press \*6 to unmute yourself.

The second way to provide comments or questions is in the chat box, as folks have started to do. Please enter your questions in the chat box then press enter or send so that others can see it. To open the chat box, click on the icon that looks like a 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 a Teams app, the chat icon is in the top right corner of your screen. Also, an MDH staff person, I believe Shellae Dietrich, will ask your question on your behalf from the chat. We will select participants in order and add questions from the chat throughout the public comment period.

Please remember to share your name and your city where you live, before asking a question or sharing a comment, and I will remind you of that as well. If there is more than one commenter, when participants are selected, a reminder will be given to the next person that they are on deck to speak next.

Just a reminder about how we want to show up today, please be respectful, abusive comments, comments meant to discredit or malign someone, and vulgar language will not be tolerated in chat or through verbal comments. People who use language that is threatening, makes false accusations meant to damage reputations, or use offensive or inappropriate language that creates an intimidating environment will be muted. The next person in line will be given the opportunity to provide a comment. We'll all show up as our best selves as best as we can, and as I mentioned earlier, after each speaker or question, Allina will have three minutes to respond.

All right. So, there we go. [Laughs] All of that.

What I'm going to do, I notice we have several people I believe with their hands up. We also plenty of comments as well. I know that it depends in terms of when people entered. Just trying to get the questions in front of me here. I would like to be able to start there, see if I can define really quick where there is a question.

So again, if you would say your name and the city you live and then you will have three minutes to provide your comment and I'm just going to go from the list first of the participants, probably go halfway through, maybe four people, then we're going to turn to the chat and go that way and mix it up a little bit.

So, I see that Brittany, you are first to go here. Then Wayne Garrett will follow you. So, Brittany, please introduce yourself and the city you live, and you have three minutes.

>> Brittany Licari (St. Paul): Hi, my name is Brittany, I live in St. Paul, Minnesota, I would like to first start with a comment, and I will back up a little bit to state that I am speaking to you as a mother of three adolescent



kiddos who are absolutely amazing. And then also as an emergency room nurse at United Hospital. My first comment is, unfortunately, my children needed to access mental health services. I was lucky to be able to get into United Hospital to be treated by the amazing team in the emergency room, but unfortunately we had to board and if you have ever been in an E.R., boarding with somebody, it is very difficult. The rooms that we put our mental health patients in have no windows, very small TVs with a scratched Plexiglass screen right on top of it. It is not a very therapeutic environment, to say the least. They are boarding for an unknown amount of time. We can't tell patients when they are able to be accepted to a bed, and as a family member, you sit there wondering what is happening next and when you are going to be able to move on to the next step and start getting your family care and treatment. And it is not an easy place to be in. My kiddo was unable to get a bed at United Hospital in the adolescent department because theirs on longer existed. We had to go to Brooklyn Park, so the amount of strain and stress that got put on to our family was horrific. Having to drive an hour to get care and then to be set up afterwards and all areas that aren't close to home. The partial hospitalization program that you talked about that United has, that is amazing. It also wasn't an option for us because we were no longer in the Allina system. When you don't have those beds, you lose access to feed into that partial hospitalization program, which was very difficult for us. It put a huge strain on my family, I'm sure it will be for the rest of the community as well.

The other thing I have is more of a question. At United Hospital, we had 15 adolescent mental health beds. I keep hearing that there is no closure of beds but a shifting of the beds to Abbott Hospital, and then when we ask about the number of beds that will be available at Abbott Hospital, we are told that it is technically right now only four swing beds. If you can clarify the numbers for us, at this point it is a decrease in actual mental health beds for our community.

>> Kristin Van Amber (moderator): Thank you, Brittany.

And I will ask the presenters for your response.

>> Dr. Mary Beth Lardizabal (United Hospital): I think I want to take this one, although I have to say I lost Teams and came back so if I missed something, please let me know.

But it sounds like what you're asking about is the changes in capacity. You know, I like to use that word, "capacity," more than just the physical bed. When I think about being able to admit a child into the hospital, there are many factors. One is the actual room, the physical bed, the availability of appropriate staffing, the needs that are unique to that patient, and also the current milieu of the units they might go to. That is a very dynamic and complex mix. It changes frequently. It changes daily. It changes by shift. So... what is currently at Abbott is 26 beds, okay? So, there had been 20 physical beds, and then we are adding those six. And what is important to know, and we did very thoughtfully think about, what will we run at in terms of patient capacity. And the number is actually more than the combined average daily census of both our units combined periods of the daily census, the number of kids at Abbott and at United on an average based over the past year. So, we feel that that will be adequate capacity to handle our needs, but we will continue to assess, and we are able to address that number if needed.

Did that answer your question? Did I miss one? Was there one more question after that?

>> Kristin Van Amber (moderator): My understanding is that that was the question.

>> Dr. Mary Beth Lardizabal (United Hospital): Thank you.

>> Kristin Van Amber (moderator): Thank you, Brittany.

Continuing on to our list, Wayne Garrett, if you would please introduce yourself, provide the city that you live in and then you also have three minutes. Please go ahead. It looks like you are on mute. There you go.

>> Wayne Garrett (Virginia): I am Wayne Garrett. I am from the Iron Range of Minnesota I guess the closest town is Virginia and I work as a psychiatric nurse at the Fairview Range in Hibbing, Minnesota for adult mental health. My comments are as follows and I do have a question, and thank you to the previous person, that answered at least some of my question.

With the closing of more child mental health beds, it severely hurts children of rural Minnesota. You guys apparently offer some great outpatient care, adult partial clinic stuff. That's great, but none of that is accessible to people in rural Minnesota unless they were to get a long-term stay or moved down to your area. We have kids routinely in our E.R. in Hibbing, the last one was just a week recently, and they did get a bed somewhere in the Twin Cities. Our nearest behavioral health unit for the entire northern half of Minnesota is a small unit that essentially runs in Duluth, Minnesota, and that is it for the entire northern half of the state. So, most of our kids would come down to the Twin Cities for care. Closing of any inpatient bed capacity is going to hurt rural Minnesota significantly, because they can't access your outpatient and diversionary programs, which are great and wonderful, but just not accessible to people that are nearly 200 miles away. What happens to our kids, often, is they are shipped to North Dakota, Prairie Care programs which have one RN per 12 patients is their usual ratio. Many of their providers see 30 patients a day. Think of it, kind of like drive through mental health. Some of these facilities are also comingled adult and child or children adolescents mixed together, which by very definition is unsafe care, and that definition of what I just said, the care they are getting in North Dakota, is definitely not good care. And people of northern Minnesota, their children matter too, and they deserve to get your excellent care that you provide currently and are now shutting down. Our kids deserve better. Allina's nonprofit charter and mission statement and values. What you're saying, are in direct opposition to what you plan to do right now by closing mental health beds for kids. Maybe in your little area, your microcosm, you don't have a shortage of beds, but rural Minnesota has a crisis going on for child and adolescent mental health. And there's kids in the E.R. in Hibbing where I work every weekend practically and sometimes boarding for weeks on end. Who is benefiting from that? That's the question I have to ask.

>> Kristin Van Amber (moderator): Wonderful. Thank you. Sorry for interrupting you, about 30 seconds later. I just wanted to let you know. Did you want to restate your question?

>> Wayne Garrett (Virginia): My question is, what is the exact decrease inpatient beds. Because I really didn't get an answer. I want to know what it's going from currently to what it is right now, because the question was not answered that you're going to have six now but what do you have before? What are you decreasing by? What is the loss? Because that is going to affect my community.

>> Kristin Van Amber (moderator): Thank you, Wayne. We'll turn to our presenters.

>> Joe Clubb (United Hospital): Wayne, I appreciate your comments.

One that I want to respond to, access to outpatient services. We have, through COVID, actually stood up in a very strong way, access through telehealth. We actually have our virtual, partial, and day treatment programs for adolescents offered through our United campus to the state of Minnesota and western Wisconsin. So, there are some virtual options where we are serving greater Minnesota. We recognize that there is so much

more to do in the space of mental health, and we'll continue to work and partner with others to really advance and build out that continuum.

>> Kristin Van Amber (moderator): Is it okay if I help rephrase in terms of, what is the actual change? Is there a decrease in beds?

>> Jill Ostrem (United Hospital): Thank you, Kris. I appreciate that question.

We do not anticipate any decrease in the capacity of our hospitals to care for adolescent mental health patients. Those bed counts are a part of, as Dr. Lardizabal explained, a part of creating capacity, and we will have the capacity that we have always provided located at Abbott Northwestern, not in the two locations.

>> Kristin Van Amber (moderator): All right. I think the emphasis there is the inpatient piece, the qualifier in terms of inpatient.

All right. Let's go ahead and turn to our next hand up on the list there, it looks like, Ann, you have your hand up, please introduce yourself, give the city you live in and then you have three minutes. Please go ahead. It looks like we need to unmute you, or you need to unmute yourself there.

>> Wayne Garrett (Virginia): They did not even answer the last person about bed capacity, and they didn't answer me either. They wouldn't answer it.

>> Kristin Van Amber (moderator): Excuse me Wayne, I think it is important that the question is answered, however, we need to abstain from vulgar language.

>> Wayne Garrett (Virginia): I'm sorry, I thought I was muted again.

>> Kristin Van Amber (moderator): We heard you.

So, I understand that the question is, is there a change in inpatient beds. So, if the presenters want to basically address that one head on, that would be great. I think we will probably end up hearing that question again.

>> Joe Clubb (United Hospital): Dr. Lardizabal answered that in her statement when she talked about the consolidation at Abbott. The capacity that we have of 26 is consistent with our average daily census between United Hospital and Abbott.

>> Kristin Van Amber (moderator): Thank you.

Let's continue on. Ann, I think you are up, three minutes, please introduce yourself, provide the city you live in, please. And it looks like you are currently muted. Do we need to unmute Ann?

>> Siobhain Rivera (MDH): She is unmuted. She will need to unmute herself.

>> Ann (Inver Grove Heights): My name is Ann, Inver Grove Heights, teacher for 40 years, just retired. And the adolescent need for mental health is not going down, and it is an extreme stress to ask a parent and their families to drive across the cities to receive inpatient care. And I just was very concerned that you closed an adolescent unit a few years after COVID, in light of -- everyone knows how much mental health need there is right now and you close an adolescent unit, and you're asking parents to drive across the city now to get the help they need. That's my comment.

>> Kristin Van Amber (moderator): Thank you, Ann, for the comments. Any response from Allina Health United Hospital?

>> Dr. Mary Beth Lardizabal (United Hospital): I would just say we have moved the services to Abbott. I think that people are saying that we have closed the unit. We have moved the services, the capacity to Abbott.

>> Ann (Inver Grove Heights): I do understand that. And in doing so, you have created travel issues for many families. Perhaps Woodbury, Stillwater, you've increased the drive for families that might want to be able to stop and visit before or after work, it has become an issue for families, just letting you know that.

>> Dr. Mary Beth Lardizabal (United Hospital): I appreciate the comments.

>> Kristin Van Amber (moderator): Thank you, Ann.

I believe we still have one more before returning to -- maybe two more before we turn to our comments in the chat. I would like to ask, it looks like Angel if you could introduce yourself, the city you live in, and you have three minutes, we will let you know when you have one minute remaining. Go ahead. And it looks like you need to unmute. And if you are on the phone, it would be \*6. What I'm seeing in the chat is maybe Angel B RN is how it is showing up, if you want to provide a comment, this is a good time to unmute.

All right. I think we should probably continue on with the people that had their hand up. Let's go to Sarah Baker. If you could introduce yourself, the city you live in, and then you have three minutes, please go ahead.

>> Siobhain Rivera (MDH): One moment, I'm trying to unmute.

>> Kristin Van Amber (moderator): Heard somebody there briefly.

>> Siobhain Rivera (MDH): Sorry, that was Siobhain, trying to get Sarah able to unmute. So, this is a two-step process. I have to make people able to unmute themselves and then they will be able to unmute themselves. OK Sarah, you are good to go.

>> Kristin Van Amber (moderator): Go ahead, Sarah. I think Sarah might be having issues as well? Okay. Let's go back to Angel.

>> Siobhain Rivera (MDH): Sarah's mic is unmuted, but I don't hear her saying anything.

>> Kristin Van Amber (moderator): Go back to Angel, looks like she had her hand up again.

>> Siobhain Rivera (MDH): Sure.

>> Kristin Van Amber (moderator): It looks like you are unmuted. Angel, can you hear -- speak and see if we can hear you. It looks like you are muted yet.

We continue to have issues with people being unable to unmute. I'm sure Siobhain is working hard on that one. So, would be a good time then to switch over to our comments and have a few of those read and then we will come back to the folks with their hands up.

Shellae, I don't know if you want to start at the very beginning?

>> Shellae Dietrich (MDH): Sure. We will start with some comments.

"It is against patient and community well-being to move another mental health facility out of St. Paul."

Next comment.

"It is vital to keep these services in St. Paul to create a balanced, approachable mental health services within our community as well as ensure private employer coverage based patients can seek and obtain mental health

care within their community." "St. Paul cannot sustain another blow to mental health services, similar to the closure of Health East, at St. Joe's hospital E.R. and mental health facility."

And another comment.

"It is time Minnesota State regulators start siding with a community on these large reform decisions, as failure to do so creates hardship for patients and families while also creating health service monopolies. They only continue to grow further out of proportion."

And then we have some questions. Should I move on with them or should we go back to the people on the phone?

>> Kristin Van Amber (moderator): Let's go back to the folks with their hands up.

>> Shellae Dietrich (MDH): Okay.

>> Kristin Van Amber (moderator): I was just hoping that we give time to adjust and figure things out there.

>> Shellae Dietrich (MDH): We have more comments, so I could --

>> Kristin Van Amber (moderator): Let's go ahead and -- yeah, why don't you read the comments, let's do that.

>> Shellae Dietrich (MDH): Here is actually a question.

"How many adolescent beds were at Abbott Northwestern prior to the transfer of adolescents from United?"  
If anybody can answer?

>> Dr. Mary Beth Lardizabal (United Hospital): I think I had mentioned that in the early presentation. It had been 20. We are adding six for a total of 26 with the ability to flex. Again, that number was based on calculations based on the average daily census of both units for the past year, and that is above that average daily census. So, we have the capacity, we have access, that has not changed.

>> Shellae Dietrich (MDH): Okay. Then another question.

"How many beds were at United prior to the transfer?"

>> Dr. Mary Beth Lardizabal (United Hospital): Our average daily census has been decreasing over the past several years, actually, and so our average daily census was running about six or seven patients.

>> Shellae Dietrich (MDH): Here is another question.

"Would it be fair to say this was a reduction of beds instead of a transfer of beds? The submission to the Department of Health indicates this was just a transfer of beds, not a reduction. The submission from Allina to MDH, potential patients and community was false."

>> Joe Clubb (United Hospital): It was a transfer of beds.

>> Kristin Van Amber (moderator): All right. Shellae, I know we have more. Is this a good break to go back to the hands up?

>> Shellae Dietrich (MDH): Sure. Yes.

>> Kristin Van Amber (moderator): Thanks for that. Let's continue. See if we will have better luck with the people we have. If we're able to access the folks with their hands up.

So, let's start again, Sarah Baker. Please provide your name and the city you live in and let's see if we can hear you. Looks like you are muted at this point. And if you are on the phone, you have to do \*6 to unmute. Okay. Again, I am not seeing that she is unmuted, and I am not hearing Sarah.

>> Siobhain Rivera (MDH): One second. This is Siobhain. Sarah is calling in on the phone, let me... I will unmute that one. 763-464... I do not see that number in here. I would suggest, Sarah, maybe leave the meeting and come back in. Sorry about this. That would be the best option, I think.

>> Kristin Van Amber (moderator): All right, let's continue on the list with Kellie Benson, Kellie, please introduce yourself, the city you live in, and you have three minutes.

>> Kellie Benson (Minneapolis): Are you able to hear me?

>> Kristin Van Amber (moderator): Yes.

>> Kellie Benson (Minneapolis): All right, so my name is Kellie Benson and I live in Minneapolis, MN. For six years, I've worked as a senior mental health coordinator in the Child and Adolescent Mental Health Unit at Abbott Northwestern Hospital. I helped organize my coworkers into a union because I thought employees like us needed more say in health care policies. We are members of SEIU Healthcare Minnesota and Iowa. Our union represents 50,000 health care workers and hospitals, clinics, nursing homes and self-directed home care.

First, I want to thank the department for holding this hearing after Allina initially proposed to shut down what I heard was 15 beds at United in St. Paul and move them to Abbott Northwestern. If nothing else, this hearing establishes an important precedent that hospitals cannot just slap a label like consolidation on their plans in order to avoid a public hearing under statute 144.555. Minnesotans are tired of hospitals shutting and moving health care resources that are deeply important to our surrounding communities, as we have heard. This has been done with minimal notice to or input from those affected. Law was passed to require them to get this notice and at least the opportunity to say how it affects us and the people we care for. Instead of living up to the law, Allina has used a transparent pretext to avoid the most minimal oversight. It is an example of why we need a greater public voice in health care.

My second concern as a mental health professional is the loss of child and adolescent inpatient beds. I have not seen a credible plan to bring all those beds online in the near future. United had what I have heard is a 15 bed unit and yet our unit at Abbott remains a 20-bed unit as it has been for years. We have also seen an increase in more severe patient cases. These patients need higher levels of supervision, attention, and mitigation. This often leads for the need for one-to-one staffing to support the patient's needs. This dedicated staffing leaves every member of our team with a heavier load. I also know that the extra travel is a serious barrier for families in the East Metro and around Minnesota.

>> Kristin Van Amber (moderator): You have one more minute.

>> Kellie Benson (Minneapolis): Got it.

We are trying to care for a family member with serious mental illness and mental health concerns. Every extra step can seem like mountain. For many, Minneapolis means an extra-long drive, an extra bus transfer, or a more expensive Uber as well as traveling to an unfamiliar neighborhood and meeting all new staff.

Finally, I know you don't have the power to stop Allina from doing this. I hope this hearing helps show people that this bed closure will cause real harm to workers and patients. In the future, we need to get the public



more power to prevent corporate health care decisions that remove resources from and ultimately hurt our communities.

Thank you.

>> Kristin Van Amber (moderator): Thank you, Kellie.

Let's go ahead and hear from our next hand up. In terms of, I think it is Andrea, RN? If you could please give your name, city you live in, and you have got three minutes.

>> Andrea (Eagan): Hi -- can you hear me?

>> Kristin Van Amber (moderator): Go ahead. Yes.

>> Andrea (Eagan): Thank you.

My name is Andrea, I am a resident of Eagan, Minnesota. I am speaking on behalf of being a registered nurse and also a mother as well and a member of the community.

My focus really, I feel like a lot of people have already said the things I wanted to address as far as disparities for families that will occur because of this, and I want to once again address the beds. And I would like a very specific answer. From my understanding, there were 20 beds at Abbott. There were 15 beds at United. I am under the understanding that 6 inpatient beds, not talking about average daily census, actual beds available are swing beds. So, it's a bit of a twofold question. One, please explain in detail the meaning you have about a "swing bed". If that is dedicated solely to adolescents or if it can be used for adults or adolescents, and then also again the amount of bed increases in patient adolescent bed increase that has been completed at Abbott.

Thank you.

>> Kristin Van Amber (moderator): All right, to our presenters, I know you continue to get this question. Anything you would like to add?

>> Dr. Mary Beth Lardizabal (United Hospital): Well, again, I'll just clarify, a swing bed is actually a technical term that is used in crisis critical hospitals, not here, and there's not a swing bed concept.

We're actually talking about six additional beds exclusively for the use of children and adolescents. That's station 38. It will be combined, and it will be a separate pod.

There are 26 beds capacity at Abbott for kids and adolescents and we will be able to flex as needed and again people are talking about physical beds. Physical beds is not capacity to admit for all the factors that I have said. I have almost never seen 5940 being able to run at a 15-bed capacity because of those other factors, because of acuity, because of the patient needs, because of the ability to staff, because of patient safety, actually. That is why that is confusing to people.

Again, we have access for the average daily census for both units as we have seen it for the past year, and we will flex if needed. We are continuing to assess the needs, and we know the adult needs have increased.

Thank you. I appreciate the passion that everyone is talking about. It is obvious you care about kids, and I appreciate that.

>> Andrea (Eagan): May I follow-up, since I didn't use my full three minutes, I have a follow-up based on that response.

>> Kristin Van Amber (moderator): You have 20 seconds left.

>> Andrea (Eagan): Follow-up question, considering the current crisis Allina is facing in being able to staff their hospitals to take on and flex, do you really see these flex beds being something that Allina is able to accommodate, as it does not seem that is something that is happening now.

>> Dr. Mary Beth Lardizabal (United Hospital): I do.

>> Kristin Van Amber (moderator): All right. Any other comments from our presenters?

All right. Thank you. Thank you, Andrea.

We will continue on, next person that is in the queue is actually a phone number. If you could unmute by hitting \*6, we would love to hear from you and get your name and where you live. Go ahead.

>> Justin (Minneapolis): My name is Justin.

>> Kristin Van Amber (moderator): We just caught the first part they are. Didn't get the rest of your name.

>> Justin (Minneapolis): My name is Justin. I am from Minneapolis.

Allina Health has stated publicly that there was no reduction in overall mental health services throughout the system. I am aware that there were 15 fully staffed inpatient beds at United Hospital for the adolescent population aged 13 to 18 years old and that are still enrolled in school. I've personally seen this occur that these 15 beds have been filled and that would indicate there was a reduction in service.

My question is this, since there was no proposed reduction of services, can you confirm that these 15 inpatient beds transferred over to Abbott Northwestern Hospital for care of the same population and are fully staffed? Thank you.

>> Kristin Van Amber (moderator): Thank you, Justin. Our presenters response?

>> Dr. Mary Beth Lardizabal (United Hospital): Hi, Justin. I think I would continue to say what I have been saying is that we are running 26 beds at that Abbott Northwestern unit, and we will be able to flex if needed and I am confident that we have the staff to do so.

>> Kristin Van Amber (moderator): All right, thank you, Dr. Lardizabal, appreciate it.

The next caller, 763-722-6439, if you want to go ahead and unmute and introduce yourself, please go ahead.

>> 763-722-6439 (Minneapolis): Hi There. Can you hear me?

>> Kristin Van Amber (moderator): Yes.

>> 763-722-6439 (Minneapolis): Great, thank you. My cell phone -- Minneapolis.

>> Kristin Van Amber (moderator): We are not able to hear you very well, just as a precaution, you may need to hold the phone up closer.

>> 763-722-6439 (Minneapolis): Can you hear me now?

>> Kristin Van Amber (moderator): Much better, thank you.

>> 763-722-6439 (Minneapolis): Thank you.

I am speaking to you as a psychiatric associate from the University of Minnesota Medical Center and an ASCII SEIU union member. I want to thank the Department of Health for holding this public comment session.

I believe I understand the importance of building out mental health upstream. Having worked in these settings myself, but I cannot overstate the crisis we are facing both in inpatient child and adolescent health as well as adult mental health. Any reduction in beds, and the more I'm hearing, it sounds like there may be a reduction, at least in adolescent services, is just heartbreaking right now. As you have heard, there are many, many examples of children being boarded for a long time, waiting for beds in the E.R., and that is our experience over Riverside.

I am also concerned that this is not just isolated to Allina Health but also my own employer, Fairview Health Services. I think context is important. Since the start of the pandemic, Fairview has shut down unit 3C. Initially it was temporarily closed, our adolescent crisis stabilization and shut it down temporarily and now permanently. That was 14 beds. After that, they moved different units around, consolidated, and eventually resulted in 20 of our 18 or 20 of our adolescent dual diagnosis patients to lose those beds for adolescent dual diagnosis. We went from, in the recent past, having, I believe, over 60 adolescent and children mental health beds to having 21 now.

I am just concerned about the trend we are seeing and the loss of reduction of services and how this is going to affect our children and also affect how workers eventually leave when they are moved between the different sites. I can almost guarantee you that not all the workers who are at Allina Health wanting to work with adolescent patients are going to go over to Abbott Northwestern, and we have talked about the mental health crisis with staff as well. And I hope we are recognizing that, because we saw that with St. Joe's when it closed, people left the bedside, and we also saw it with Southdale when they closed station 77.

>> Kristin Van Amber (moderator): Your time is up.

>> 763-722-6439 (Minneapolis): Thank you very much. I wanted to voice my concern and reiterate the other concerns that were brought up. Thank you.

>> Kristin Van Amber (moderator): Thank you so much. Anything that you would like to respond to there? Our presenters?

We will continue on our list. Next up is Jacqui, if you could give us your name, where you live, and you have three minutes. Go ahead.

>> Jacqui Gorski (St. Paul): Hi, I don't have a question, necessarily, just mostly here to support and reiterate. I am Jacqui Gorski. I'm from St. Paul. I was a nurse on the adolescent mental health unit at United as of a couple months ago. I no longer work for United or a mental health hospital in general.

We had 15 beds, and from the short period I worked there, they were full, and we were being quite picky with who we took into our floor and who we couldn't take because the acuity of patients is massively increasing, and we are very short-staffed, and I believe that the transfer to Abbott, as the nurse had said, it is putting the patients at a safety risk. I mean, I truly don't believe that those patients are safe, and I don't believe that we have staff to keep them safe. We don't have enough.

>> Kristin Van Amber (moderator): All right, thank you, Jacqui, for your comment.

We will continue down the list here, we have up next is Sarah Baker. Sarah, go ahead, introduce yourself, where you live, and you have three minutes. Go ahead.

>> Sarah Baker, RN: Can everybody hear me at this time?

>> Kristin Van Amber (moderator): We can.

>> Sarah Baker, RN: Okay. My name is Sarah and I work at Abbott Northwestern Hospital on CK 3700, which is the child adolescent mental health inpatient unit. In September of this year, the Director of Mental Health announced that the 15 bed adolescent unit at United would be closing and, in exchange, Abbott would be adding these six unused beds from Unit 38 to the overall census of CK 3700 for a total of 26 beds. We were informed the six beds would function as a sort of pod to separate outpatients from the main area as needed for reasons such as high acuity. What makes this decision so worrying are the implications for safety among both patients and staff as well as the concerns for staff burnout and continued turnover. I have already noticed an uptick in high acuity patients since United closed their adolescent unit. This has led to more behavioral events requiring restraint and seclusion on our unit, which takes a physical and mental toll on our staff members as well as being extremely time-consuming.

Another major concern is the use of Unit 38 for multiple high acuity patients. It takes longer for staff to reach this area. In the case of a behavioral event, having multiple high acuity patients in the same small area has historically proven to be problematic.

I would also like to address the concerns for increased stress, burnout, and turnover for staff nurses. We have already had over half a dozen nurses leave 3700 in the last 18 months. Which leaves the unit with only a select few with more than two years of mental health experience. We are constantly hiring new nurses, a trend that will only increase as we are expected to staff the additional six beds. As a nurse with less than a year and a half experience, I have precepted eight of our current staff members and now, instead of feeling excited to help someone learn, I feel exhausted. Newer nurses on the unit had likewise voiced in their concern when there are no experienced nurses for a scheduled shift which has already caused safety concerns in the last month. The burnout caused by these issues will only be exacerbated as we continue to train more staff nurses in order to manage the increased census resulting from this decision.

Allina wants to present this solution of consolidating adolescent mental health beds to one location, but they have not bothered to ask the nurses who work on that very unit how we might be affected by it. I'm not expecting Allina to respond in any meaningful way to this hearing unless MDH does something to hold them accountable. Think about it this way. The average cost of turnover for one staff nurse in the U.S. is at least \$60,000, and Allina has been willing to pay that cost ten times over, so why would they care about a \$1,000 fine when they forget to hold a hearing or to inform MDH about moving to inpatient beds. Thanks.

>> Kristin Van Amber (moderator): Thank you, Sarah. We will continue on our list, unless there is anything that our presenters would like to say at this time, otherwise we will continue. I think we probably have enough time for one or two more people.

>> Joe Clubb (United Hospital): I appreciate Sarah's comments. The only point of clarification I would offer is that the plan for the six beds is not to be a high acuity unit. Just wanted to offer that point of clarification.

>> Kristin Van Amber (moderator): Thank you.

>> Dr. Mary Beth Lardizabal (United Hospital): I appreciate your comments, Sarah, and I agree that patient acuity has increased and is a great concern. I know nurses are really shouldering a great burden.

>> Kristin Van Amber (moderator): All right. Next up is Zach L. If you could introduce yourself, the city you live in, and you have three minutes. Please proceed. And we are not able to hear you, Zach, I think we just need for you to unmute. All right. Oh, they are, I didn't catch your message. Whoops. Okay. Maybe exit and reenter. Let's give it a try. We'll continue on and see if we can make up the time.

Let's go on to Ali. Ali, please introduce yourself, and give us where you live, and you've got three minutes. Go ahead.

>> Ali Marcanti, RN (St. Paul): Hi, can you hear me?

>> Kristin Van Amber (moderator): We can.

>> Ali Marcanti, RN (St. Paul): Awesome. Thank you.

My name is Ali Marcanti, live in St. Paul. I'm currently a nurse at United, not on the mental health unit. My comment and question is it sounds like there were current issues with staffing previously before the bed decrease. What is Allina doing to ensure that these fewer number of beds will be appropriately staffed? How do you think the system wide reduction of nursing staff that is going on right now within Allina with reasonable staffing grid changes is going to help create the staffing crisis in mental health units. Now when acuity is high, we have less nurses available to support patient needs. So, people are wondering why are these beds full? It's because we don't have enough nurses to address the patient acuity on the unit. This problem doesn't happen in a vacuum. This problem happens because our staffing grids are changed by management, leaving us less nurses from the get-go to provide patient care needs.

I also want to know where the statistic came from that there's less of a need for adolescent mental health beds.

>> Kristin Van Amber (moderator): All right. Thank you, Ali. We'll turn to our presenters. Anything that you would like to add to that, or how to respond?

>> Joe Clubb (United Hospital): I would offer to that question that we work with an organization called SG2 that helps us to look at needs for both inpatient and outpatient care for mental health, and we look at it more by each age group. So, what they have identified is a very significant reduction in the need for child and adolescent beds but a very significant increase in need for outpatient care such as partial day treatment clinic care. As well as the fastest growing population that we need to pay attention to based on the SG 2 data we need to plan for is our senior population, that aging demographic will be the fastest increase. So that's the data that we are provided with as we plan for the future.

>> Kristin Van Amber (moderator): All right, thank you for that.

We have time for one more question or comment. Let's see if Zach, having left and come back into the meeting, is able to speak to us now. Zach, go ahead. All right, we are not hearing you, Zach, at this point. Even after a couple of seconds to unmute. Okay. I'm sorry about that, Zach.

I think we will take the last one here with Ben, and we will also mention, before we end the meeting, how you can provide your comments. Ben, Ben Baglio.

>> Ben Baglio (Apple Valley): Can you hear me all right?

>> Kristin Van Amber (moderator): Please proceed. We can.

>> Ben Baglio (Apple Valley): My name is Ben. I live in Apple Valley. I was just wondering, has an official corrective order gone to Allina by MDH for noncompliance of Minnesota Statutes 144.555?

>> Kristin Van Amber (moderator): All right. Do we have someone that can address that question?

>> Maria King (MDH): Ben, this is Maria King, from the Health Regulation Division. We have not issued a citation to them for failure to comply with the statute. At this time, we have not.

>> Kristin Van Amber (moderator): All right. There ends the hands up. Unfortunately, we weren't able to hear from a few folks, but we will again mention how we can -- how you can provide your comment through the end of tomorrow.

Let's go ahead and proceed with the remainder of the meeting. We only have a few minutes left. I want to thank everyone for your questions.

We'll invite Allina Health United Hospital presenters Jill Ostrem, Joe Clubb, Vice President of Mental Health and Addiction Clinical Services and Dr. Mary Beth Lardizabal, Vice President of Mental Health and Addiction Clinical Services at Allina Health to provide their closing comments.

>> Jill Ostrem (United Hospital): Thank you, Kris, maybe I will get started. Just sharing appreciation, Dr. Lardizabal noted, the commitment, the passion that many of you have shown for the care of mental health patients, particularly our adolescent patients that we are talking about tonight. Thank you for being here. Thank you for sharing your thoughts and your comments. We hear them and we appreciate them, and our commitment continues to be to serve those patients across Allina and the best way that we can. Appreciate the opportunity for ongoing dialogue and what you have shared with us tonight.

>> Dr. Mary Beth Lardizabal (United Hospital): This is Mary Beth. I would just like to thank everybody for their comments. As Jill said, we understand this is a very difficult topic. There is a children's mental health crisis in America, and we talked about inpatient bed capacity tonight, but there is so many more pieces of the continuum that we have to talk about, and we will continue to advocate. Allina is very strong about advocating public policy to change the way mental health is delivered in this country. I know we will continue to do so, and I thank every clinician that is on the call and all the nurses, because you are doing the work and I know there are some docs on the call. We're fighting the good fight and we're taking care of our kids, bottom line. Thank you.

>> Joe Clubb (United Hospital): I want to also express my appreciation, and I couldn't have said that better than Dr. Lardizabal. That is why I am grateful to be her partner in leadership as we continue to advance mental health and addiction care for all those that we serve across the state of Minnesota.

Thank you.

>> Kristin Van Amber (moderator): All right. Thank you. Please welcome Maria King to provide remarks to wrap up our session tonight.

>> King (MDH): Thank you so much, everybody, for weighing in and for sharing your thoughts and perspectives. I know we didn't get a chance to hear everyone's, that we've collected all of those. And I thank you so much for that and we certainly appreciate your time. Also, to the hospital to hear about your plans and thank you for answering the questions.



2023-12-21 ALLINA HEALTH UNITED HOSPITAL RELOCATION OF ADOLESCENT MENTAL  
HEALTH SERVICES PUBLIC HEARING TRANSCRIPT

As for the next steps under the statute 144.555, we have the authority to hold the meeting and to inform the public, but we do not have authority to change, delay, or prevent the proposed changes, closures, or relocations. We are going to leave the feedback area open until tomorrow, so if you did not get to make your comments, please submit those comments. We will make a transcript of the meeting available within the next ten business days.

We want to thank you again for sharing your concerns. I would like to thank Jill Ostrem, Joe Clubb, and Dr. Lardizabal for being with us this evening and for responding to the questions, and I would like to thank the team here and, Kristin, thank you for moderating. I would like to thank you all for joining and I wish you a good night.

Minnesota Department of Health  
Health Regulation Division  
PO Box 64900  
St. Paul, MN 55164-0900  
651-201-4200  
[health.cm-web@state.mn.us](mailto:health.cm-web@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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