

March 9, 2022

Chair Utke and Committee members:

The mental health crisis in our community continues to rise at an alarming rate. It is affecting our children at younger ages and all kids are presenting with significant increase in their severity of illness. In response to this crisis Children's Hospital in Saint Paul is proposing the creation of a 22 bed mental health unit to meet the needs for mental health services for some of our most vulnerable patients (SF 3257).

The physicians, nurses, social workers, and other direct care providers agree that the creation of this unit with the addition of the beds dedicated mental health beds will fulfill a great need in our community. However, Children's plan to close the Saint Paul pediatric intensive care unit which coincides with the opening of the mental health unit is not only unacceptable, it is dangerous.

The Saint Paul Pediatric ICU meets the needs of all critically ill children in the east metro and western Wisconsin. This includes behavioral health patients who require the expertise of our intensive care providers to provide services in the time of greatest need. It is not uncommon for a patient to need stabilization in the intensive care unit following an intentional overdose or for those requiring emergent medical management of a mental health crisis. Without a Pediatric ICU these patients will need to be transferred to the Minneapolis campus. Anytime a critically ill child is transported it poses an additional risk and delay in care. To knowingly discontinue services that will be a necessary adjunct to the new mental health unit is irresponsible and careless. It is a significant disservice to not only the patients and families facing a mental health crisis but all patients in need of critical care. Housing these patients in the emergency room until transportation is available also decreases the ability of skilled expert emergency room providers to meet the needs of all patients in the community.

In Children's current plan the critical mental health patients who are transported to Minneapolis for intensive care would then need to be transported back to the Saint Paul campus for continued treatment once they've stabilized. How is the risk of transportation justified? How does this serve the most critical mental health patients? What extra burden does this place on an already taxed emergency medical system that would be needed for transport both ways?

Yes additional beds are needed to support the rising need for inpatient mental health treatment for children in our community. However, I cannot in good conscious support this addition without maintaining the ability to provide the critical care services for the mental health patients that need it.

Melisa Koll, RN, Children's St Paul