



AMHERST H.
WILDER
FOUNDATION

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January 27, 2021

Representative Peter Fischer
Chair, Behavioral Health Policy Committee
551 State Office Building
Saint Paul, Minnesota 55155

Dear Chair Fischer and Committee Members:

On behalf of the Amherst H. Wilder Foundation, please accept this written testimony related to our current crisis: disappearing hospital and inpatient capacity for people suffering from mental health and substance use conditions.

Wilder is a community nonprofit, founded in 1906, to promote wellbeing among residents of the greater Saint Paul area. Since 1924, we have provided community mental health services to children and families and, since 1984, have had a strong focus on serving our Southeast Asian immigrant and refugee neighbors. For decades, we have worked to build a system of care that works for our client community – one that is affordable, culturally competent, and offers smooth steps up and down the continuum of care.

This pursuit led us to become one of the state's first Certified Community Behavioral Health Clinics (CCBHCs) - a model that integrates coordinated, whole-person care for mental illness and substance use disorders under one comprehensive umbrella. The CCBHC model is a promise delivered, creating stability and capacity building statewide. With continued investment and commitment from policymakers, CCBHCs will continue to thrive statewide.

However, the CCBHC system depends upon pathways to higher levels of care when needed. Even with the best community-based care, patients sometimes experience acute episodes where higher levels of care are required. We know – and we experience regularly – that these higher levels of care are not operating successfully.

Hospital and inpatient psychiatric beds are already operating at or near capacity, and we are at imminent risk of losing one of the very few psychiatric inpatient departments at St. Joseph's Hospital in Saint Paul. This shortfall leaves clients in crisis waiting in emergency

rooms, feeling that they have no options at a critical moment. Often, if an inpatient bed is available, it is on the other side of the state, disconnecting the person from their family and their community-based care team when they need them most.

Access problems due to lack of local facilities are further exacerbated for patients who speak a primary language other than English. Wilder's experience with inpatient behavioral health treatment centers is that the vast majority will not accept patients who speak languages other than English, or they will accept the patient but not provide adequate interpreter services to ensure the person is informed, respected, and benefits from treatment. The withholding of access to inpatient behavioral health services based on language is both an equity issue and a human rights issue.

We urge you, on behalf of our patients as well as their treatment providers: **please prioritize capacity building and reform of our statewide inpatient behavioral health care system.** And, please continue investing in the CCBHC model of community mental health that underpins community-based behavioral health care.

Sincerely,



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Vice President, Community Mental Health & Wellness
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