Minnesota Hospital Association

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Testimony of Mary Krinkie
Vice President, Government Relations, Minnesota Hospital Association
House Behavioral Health Policy Division
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Mr. Chair and members,

My name is Mary Krinkie and I am the vice president of government relations for the Minnesota Hospital Association.

In 2015, Minnesota's hospitals and health systems began to work more collaboratively with mental and behavioral health care providers, DHS Direct Care & Treatment, NAMI-Minnesota and the Minnesota Association of Community Mental Health Programs to improve mental and behavioral health care services to better meet the needs of individuals, families and communities.

While mental health services have been underfunded for decades, over the last few sessions, the legislature -- on a bipartisan basis -- responded to the pleas of their constituents for additional state resources to fund mental health services. Examples include:

- Increased capacity at the state's Anoka Metro Regional Treatment Center and Community Behavioral Health Hospitals (CBHHs).
- Creating a mental health innovation grant program to generate local care models of the future.
- Expanded mental health infrastructure, including bonding money for new behavioral health crisis centers to serve as an alternative to hospital emergency departments, and for housing infrastructure bonds for persons with serious mental illnesses.
- Doubled psychiatric residential treatment facility (PRTF) capacity with an additional 150 adolescent beds, and
- School-linked mental health, suicide prevention and mobile mental health crisis teams.

The chair and committee staff asked MHA to provide information regarding inpatient hospital bed capacity for both mental health and substance abuse services.
Before I do that, it's important to note that there is an entire continuum of care to better serve patients experiencing mental illness. Inpatient care should be preserved for individuals who need that level of acute care while we increase treatment offerings in community-based outpatient settings and put interventions in place upstream that prevent individuals from needing hospital level care. There are also an increased number of offerings for individuals who need step-down care after they are discharged from hospitals. An underlying principle is that individuals should be served as close to their community as possible in the right care setting.

- The State of Minnesota operates approximately 100 inpatient beds at the Anoka Metro Regional Treatment Center.
- The State operates six 16-bed facilities known as the Community Behavioral Health Hospitals.

- Statewide, community hospitals operate 1,250 mental health and substance abuse beds. These are beds that are specifically designated for these purposes and are generally on a specific care unit. The overwhelming number of those beds, 1,154, are mental health beds, with the remainder being designated exclusively for chemical dependency treatment. But this does not reflect the whole situation. Hospitals had 11,166 CD admissions in 2019, caring for people in a substance abuse crisis even though they may not have a bed that is specifically designated for that purpose.
- Mental health beds are also not equally distributed around the state, with 836 beds, or 66%, in the metropolitan area.
- 179 inpatient mental health beds that are exclusively for adolescents. This is probably the area where we hear the most concerns about lack of capacity.

The greatest need is not for more inpatient beds but for more services upstream to keep people out of the hospital in the first place with services like the new care model of Certified Community Behavioral Health Clinics which provides primary care and mental health services in one location. In addition, Assertive Community Treatment (ACT) teams, psychiatric emergency care and being able to schedule same day mental health professional appointments have expanded to serve patients upstream. Hospitals could reduce inpatient hospital stays if there were more discharge options for patients in their own communities closer to their support systems, including Intensive Residential Treatment Services (IRTS).

Hospitals are the right place for acute care situations, but they are not meant for and not the best treatment setting for an individual's chronic mental health needs. Housing is so important. For example, several hospitals have had an adolescent mental health patient for over six months, because there is simply no place for them to go.

In closing, I encourage you to support a bill that Rep. Morrison is authoring regarding the continuation of telehealth services that have been so crucial during this COVID pandemic. Mental health services can be provided very effectively via telehealth either through video or phone, allowing an individual who is experiencing mental illness to access a variety of mental health providers and services while remaining in the safety of their home or living situation.

Thank you for allowing me to share these comments.