

Lakewood Health Service Cessation of Inpatient Mental Health Services Public Hearing Transcript

MAY 14, 2024

Meeting Information

The Minnesota Department of Health (MDH) held a public hearing at 6 p.m. May 14, on Lakewood Health System's cessation of inpatient mental health services in its Medicare-certified behavioral health unit.

According to the submission filed by Lakewood Health System, they will continue to provide outpatient mental health services. The unit is currently on divert status due to lack of staff for new admissions.

More information can be found on the [Lakewood Health System Public Hearing page \(https://www.health.state.mn.us/about/org/hrd/hearing/lakewood.html\)](https://www.health.state.mn.us/about/org/hrd/hearing/lakewood.html) of the MDH website.

Meeting Transcript

>> Stacy Sjogren (moderator): Good evening, everyone. Welcome to the public meeting to hear from Lakewood Health Systems and its cessation of services in its inpatient behavioral health unit. According to the submission filed by Lakewood Health System, they will continue to provide outpatient mental health services. The unit is currently on "divert" status due to lack of staff for new admissions.

My name is Stacy Sjogren. I am with Management Analysis and Development and serving as the moderator for this meeting and this evening's meeting is being hosted virtually through Microsoft Teams. I'm a contracted facilitator from Minnesota Management and Budget and you should know, I'm not part of MDH.

If you have technical issues, please visit the Microsoft Support Page for Teams, which will be in the chat shortly, or email the HRD Communications Team and a link for that will be connected or put in the chat in just a moment. Captions are being provided for this event. You can follow or view captions in Teams by clicking the "More (...)," that's the (...) button in the Teams window and click "turn on live captions". You can also view captions online 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 hosted 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 and allowed to speak. If you wish not to speak, that's fine. You can ask your question in the chat box and an MDH Health staff person will ask the questions on your behalf. The chat feature will be used to provide information for the session and to ask questions during the meeting comment period. To open the chat box, click on the icon that looks like a cartoon speech bubble with two little 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 the Teams app, the chat icon is in the top right corner of your screen.

The Minnesota Department of Health, as you may have noticed, I will sometimes refer to them as MDH, is hosting this public meeting, which is required by state law. The intention of this public meeting is to provide an opportunity for the public to express their opinions, share comments, and ask questions about Lakewood Health Systems transitions to this new service status. The Minnesota Department of Health announced this meeting through a statewide news release and notified the community leaders of the meeting.

What follows is your Tennessee Warning. The Minnesota Department of Health is hosting this public meeting to inform the public, as is required by law. Your comments, questions, and image, which may be private data, may be visible during this meeting. 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 access it so, by participating, you are authorizing the data collected during this presentation to be maintained by MDH and MDH will post a transcript of this meeting to the MDH website within ten business days of the meeting. So, with all of this in mind, to opt out of the presentation, please exit now.

All right, here's the agenda for this evening. We will do some introductions, we will welcome the MDH Health Regulation Division Director, we will do a quick overview, Lakewood Health System will provide a presentation. Then it's your turn for some public comments, questions, and then Lakewood Health System will provide some closing remarks and we will conclude.

The following are today's speakers. And we need the next slide up here, just double checking here, there we go. Maria King is the Health Regulation Division Director for the Minnesota Department of Health. Lisa Bjerga is the President and Chief Executive Officer for Lakewood Health System. Dr. Christine Albrecht is the Chief Medical Officer. Corrine Neisess is the VP of Nursing, and Alicia Bauman is the VP of Performance, Excellence and Talent. Now I would like to welcome Maria King.

>> Maria King (MDH): Thank you, Stacy and welcome, everyone. Thank you for joining us tonight. I'm the Division Director for the Health Regulation Division at the Department of Health and on April 8th Lakewood Health Systems provided notice to the department that they planned to close their distinct inpatient behavioral health unit. According to the submission, filed by Lakewood Health System, the hospital will continue to provide outpatient mental health services. The distinct part inpatient unit is currently on divert status due to the lack of appropriate staffing to meet needs for new admissions.

The Health Regulation Division is tasked with implementing the law regarding closures and change in services. We are providing a forum for the hospital representatives to share information about the changes in service and for you, the public, to engage with the hospital by commenting, asking questions, etc., regarding those changes. The statute gives MDH the authority to host the meeting to ensure that the public has an opportunity to hear about the hospital's decision, and that your feedback will be heard. The department does not have the authority to change, delay, or prevent the proposed changes, closures, or relocation. The meeting provides an opportunity for us as your state health department to offer a forum for transparency, to listen, and to try and understand the differing opinions and perspectives surrounding these important decisions, such as this one, that will affect the health care services in your community. I welcome you to share your perspectives, your comments, and your questions tonight with the Lakewood Health Systems leadership, and I am looking forward listening in on that discussion.

First, we are going to hear from the Lakewood Health System leaders, who are going to provide information about the following: the services that they plan to modify, and when, an explanation about the reasons for this change, and a description of the actions that the Lakewood Health System is going to take.

>> Stacy Sjogren (moderator): It's looking like Maria is frozen. I everyone seeing a frozen Maria? That's not good. So, hold on a second.

>> Maria King (MDH): Well, that was just my bandwidth. I'm sitting next to my modem but evidently, I didn't have great coverage there, so let me just backup for one second.

>> Stacy Sjogren (moderator): No worries.

>> Maria King (MDH): I'm going to leave my camera off just for purposes of making sure that doesn't happen again. But I'm just going to back up to just remind you that we are going to hear from the Lakewood Health System leaders who are going to provide information about the services they will be modifying, an explanation for the reasons for that modification, and a description of the actions that they are going to take to help ensure that the residents in the hospital service area will have continued access to health care services being modified so that you will be able to access services if you need them. Again, let's welcome the Lakewood Health Systems representatives Lisa Bjerga, the President, and Chief Executive Office. Thank you.

>> Lisa Bjerga (Lakewood Health Systems): Alright, thank you, Maria. Good evening, everyone, and welcome. Thank you for joining us this evening and thank you for your time. My name is Lisa Bjerga, and I am the President and CEO at Lakewood Health System in Staples Minnesota. I will be sharing tonight a little bit about Lakewood Health System as well as our difficult announcement to close Reflections, our geriatric behavioral health unit. So, next slide.

A little bit about our time together, I will first be sharing just an overview of Lakewood as well as our commitment to our community. We will take some time to also view specifics related to our geriatric behavioral health services line, also known as Reflections. Reflections, or BHU. Specifically review the facts and circumstances related to the service line, which ultimately did lead to the difficult decision to close the geriatric behavioral health unit here in Staples, and then finally open it up for questions. Next slide.

A little bit about Lakewood Health System, we are an independent, rural healthcare system. We are located in central Minnesota. Lakewood has a dual governance model in that we are both a governmental entity through our district hospital affiliation, as well as a nonprofit via IRS 501(c)(3) designation. The healthcare system was founded in 1936. The local community decided at the time they wanted to ensure hospital services were available close to home and as such the United Hospital District was formed. The hospital district is comprised of ten local townships. They are Becker, Bollard, Moose Lake, Moran, Meadowbrook, Byron, Poplar, Thomastown, as well as, Staples Township, Motley Township, and then city of Staples and Motley as well.

Fast-forward to 1997, the nonprofit as we know it today of Lakewood Health System was formed when the Lakewood clinic in Staples and the United Hospital District integrated. Since the integration of the two entities, the hospital district oversees and backs the financing of the health care system, while the nonprofit Lakewood Health System manages and oversees the day-to-day operations. So, although Lakewood has access to the taxing capacity of our district, Lakewood is committed to not utilizing this levy option and as such Lakewood is obligated to be a good steward of our resources and effectively serve the communities within the district through responsible use of our resources, both financial capital, and human capital. Next slide.

So not only is Lakewood obligated to provide health care services to our communities within our district, but we are also committed to providing community benefit to make sure we're upholding our nonprofit designation from the IRS. In 2022, Lakewood did provide over 10 million in community contributions through various channels. Not \$10 million directly in contributions but contributions such as subsidized services, charity care to qualified patients, costs that are in excess of governmental reimbursement that we received, as well as community services that do support our mission, vision, and values. Next slide.

So, speaking of mission, vision, and values, at Lakewood, we are committed to carrying out our mission, vision, and values in all that we do. Our mission is to provide quality, personalized health care for a lifetime. This is

not just a saying, but it's our commitment to high quality care that you can see evidenced across our system from our clinic to our OB unit come to our long-term care unit, all the way to our end-of-life care. Our values of integrity, compassion, accountability, high-quality and innovation allow Lakewood to carry out our vision of empowering the health and well-being of our community together. Next slide.

A little more about our service area. As I shared earlier, we are located in central Minnesota. Our primary facility or our main campus as we call it, it includes our Critical Access Hospital and the Staples Rural Health Clinic. They are both located right off Highway 10 in Staples. The city of Staples is also home to our long-term care facility as well as our geriatric behavioral health unit and two assisted living facilities, The Pines, and The Manor. Additionally, we have rural health clinics providing access to care in the remote areas of Motley, Browerville, Pillager and Eagle Bend, as well as a dermatology clinic in Sartell. Next slide.

Looking at our services a little bit, Lakewood's strength really is based upon our strong primary care foundation, which has been partnered with a wide variety of special services over the years. As we've grown, we've added more and more specialty services that we responsibly can to our community. On the primary care front, our family practice providers of MD assistants and nurse practitioners navigate the spectrum of care for patients throughout all levels of care including, general and preventative care, quick care, behavioral health, women's health, geriatrics, as well as chronic condition management, which are often managed through our certified health care homes or medical homes. As more know it as our hospital and clinic, they also provide a wide variety of specialty services, including such service lines as dermatology, obstetrics, gynecology, rheumatology, oncology, podiatry, and orthopedics, to name a few. These offerings are of course extended to our patients that come to us in the form of residents and tenants and our long-term care facility, which includes a 10-bed memory care unit as well as our assisted living, The Pines, and The Manor.

Rounding out our full spectrum of care, Lakewood also provides home care, hospice, and a robust palliative care program supported by chaplaincy and social workers. And of course, Lakewood also provides a high-level of behavioral health care through our robust behavioral health services. Lakewood's 13 behavioral health providers work together with Lakewood's primary care providers to provide medication management therapy consults across the system, including consults within our emergency department and long-term care and memory care facility. Additionally, Lakewood is proud to be designated as a certified behavioral health provider. Next slide.

Looking at specific patient data for 2022, you can see Lakewood has provided a great deal of services to our community. Specifically, we've delivered over 500 babies, addressed nearly 10,000 emergency room visits and provided 11,671 mental health visits, all in a town with a population of just over 3,000. On the employee front we are the area's largest employer. We have nearly 900 employees, including approximately 600 direct patient care staff.

On the provider front we have over 100 credential providers between our own Lakewood Provider Group as well as our best-in-class partnerships with Minneapolis Heart, Twin Cities Orthopedics, and Holistic Pain Management. We have a very highly engaged workforce and as such, Lakewood is the proud recipient of state and national top workplace awards each year from 2020 to 2024 and has a best-in-class staff engagement of 75%. Next slide.

So, moving forward to look specifically at one component of our behavioral health offerings, and of course the topic of our public hearing tonight, Reflections, our geriatric behavioral health unit. Per Medicare, this is considered a distinct part unit of our critical access hospital although it is actually located, as I mentioned, off-

site from our hospital, just adjacent to our long-term care facility in Staples. The unit opened in 2007 and we are licensed for ten beds, but we have carried an average daily census of approximately six patients. On average we treated approximately 100 per year and the average length of stay is about 22 days. The care required for the ten-bed unit, which carries an average daily census of 6, most recently 4, consists of a psychiatrist, CNP, physician assistant, program director, referral specialist, two dedicated social workers, clinical support team of RNS, LPNS, and aides, as well as ancillary support from environmental services, dietary maintenance and quality, as well as a medical director to oversee the unit.

Since opening the unit in 2007, we have struggled to recruit and retain staff within the unit. During and since COVID this challenge has only increased. Despite several recruitment initiatives such as sign-on retention bonuses, enhanced wages for the unit, and benefits including tuition assistance, flexible scheduling, critical staffing levels were a constant threat upon the unit. Additional efforts through contracted staffing agencies provided some temporary relief, but the critical staffing levels have remained. Lakewood's number one priority is patient safety. Despite continued recruitment and retention efforts within Reflections, we reached a point where patient safety was a concern and were faced with a difficult decision about the future of the unit. Next slide.

In addition to staffing challenges, another dynamic we noted specifically with the behavioral health unit was the population being served. As I shared earlier, as a district hospital, we are obligated to allocate our resources appropriately to responsibly meet the needs of our districts backing our organization. As we assess the population being served within Reflections, we noticed that less than 5% of our patients were actually Lakewood patients and the remaining were being referred from great distances. Again, we have an obligation from both a district hospital perspective as well as a 501(c)(3) perspective through our community health needs assessment to meet the needs of our community. Next slide.

While we recognize behavioral health services are facing a shortage across our state and nation, the bulk of the services within Reflections were being provided to patients outside our community. Essentially, we were utilizing scarce local staffing resources to meet the needs of other communities. Lakewood remains committed to our mission of delivering quality, personalized, health care as well as committed to providing behavioral health services. However, we need to be responsible with our limited staffing resources to ensure we are meeting the ongoing needs of our community. Next slide.

So, taking all these factors into consideration, Lakewood made the difficult decision to close Reflections. This decision was made with input from administration, our providers, and our board. The decision was communicated to all staff on April 2nd with notification of MDH on April 8th. On the date of the announcement to staff, on April 2nd, there were 24 Lakewood employees impacted by the decision and a plan was immediately developed to redeploy all Lakewood employees to appropriate roles across the system. I am proud to share there were zero layoffs as a result of this closure and that all Lakewood employees choosing to stay within Lakewood have been offered positions and redeployed to other areas that directly serve our communities needs such as assisted-living staff, long-term care staff, and social services.

On the patient front, at the time of the announcement, Lakewood had four patients within Reflections. Our plan was to care for these patients until appropriate for discharge and as of today all patients have since been discharged. As a result, staff worked on the unit to unwind and closed down operations as needed and were then transferred to their new department within Lakewood. At this time the unit is vacant, and we have no plans for the space currently. Next slide.

So, despite the difficult decision to close our geriatric behavioral health unit, Lakewood remains committed to our community and committed to our behavioral health services. As I shared before, we have a robust offering of clinical outpatient services in various capacities, including geriatric memory care, behavioral health consults and our long-term care facility as well as in our emergency department, therapeutic services, outpatient psychiatric services, medication management and we are certified as a behavioral health home provider. Additionally, we remain collaborative with our partners such as Region V and Northern Pines and others who are mentioned here and will continue to work with them and our patients as appropriate to help meet our patient's needs. For our referral sources that were the primary source of Reflections' patients, we have informed them of our decision to close as well as provided alternative placement facilities through the online portal options. Next slide.

I want to thank you for your time, but more importantly your understanding during this difficult decision. In the end this was not a decision that Lakewood made lightly. As I shared, Lakewood remains absolutely committed to our commitment of delivering quality, personalized, health care. Our top priority is patient safety yet as a small community our resources are constrained. Ongoing staffing challenges were threatening patient safety compelling us to make the tough calls to close Reflections and redistribute our staff to focus on services that better address the needs of our community. Thank you, and with that I will hand it back to MDH.

>> Stacy Sjogren (moderator): Actually, you will be handing it back to me. So, thank you so much.

You've been hearing from Lisa Bjerga, the President, and CEO at Lakewood Health System. So now we would like to begin the public comment portion of this meeting. This is your turn to participate by asking questions, providing comments, or sharing your perspectives. Each person will have up to three minutes to ask a question or share their comment. I will stay on camera during this whole time and give a "time's up" signal when you need to start wrapping up your comment. I will also have my stopwatch on my phone going, so you might hear an alarm going off. All of these are cues to wrap up your thoughts so we can move on and hear from more people.

Again, please remember that the information you are sharing is being shared virtually in a public forum, so this means that any information you share is public and so you may not want to provide private medical information during this open comment time. Lakewood will have an opportunity to respond to the questions or comments and know that participants will be muted until it is their turn to share their comment or their question.

So, reminder, there's two ways to be able to ask a question. The first is to raise your virtual hand and you will be unmuted when it is your turn to ask your question or provide your comment. Another reminder, in both the mobile app and the browser version of Teams, click the "More", that's the (...) button, to show where the raise hand option is hiding. In the mobile app, the icon is that little yellow hand, in the browser version, the option is the fifth item from the top of the list. If you are calling in and I see some phone numbers here, so I know some people are calling in. If you choose to raise your hand, press *5 and then once it is your turn to speak, press *6 to unmute yourself. So, *5 to raise her hand, *6 to unmute yourself.

The second way you can ask a question is to put it into the chat. Don't forget to press enter or send and the MDH staff will see it and read it on your behalf. To open your chat box, click on the icon that looks like that cartoon speech bubble with two little lines in it. If you're using Teams in the browser window, the icon is at the bottom of the screen and if you're using the Teams app, the chat icon is in the top right-hand corner of your screen. We'll select participants as hands are raised and either read comments or questions received

during the public comment period, as well as questions or comments that come in tonight in the chat. I think last I checked we had two comments that came in before the session started. Would you all please remember whether you are posting your question in chat or using your voice to share your name and the city where you live, before asking a question or sharing your comment?

And please be respectful. Everyone participating in this session tonight has an important perspective to share. Community members care that they will receive the services they need when they are most vulnerable. The health care staff care about their patients and hospital administrators care that their communities are well served with the resources available. So, with this in mind, abusive comments, comments meant to discredit or malign someone, or vulgar language won't be tolerated in the chat or verbal comments. People who use language that is threatening, or make false accusations meant to damage reputations or use offensive or inappropriate language that creates an intimidating environment will be muted and the next person in line will be given the opportunity to provide comments.

Lakewood will have an opportunity to respond to the questions or comments. I will work with the MDH team when we get near that 7:15 range if we are still going strong to begin winding down the comment period as the session is scheduled to end at 7:30. But we want to make sure people have had a chance to speak so we will work together. I've got my team that helps me out on this. Just so you know, my eyeballs are on the participant list, my eyeballs are not on chat, that's what the in-house team does. We work back and forth. So, if that helps understand how our system works. And with that I'm going to check in with Shellae and see if you are all set to go internally while I look at the list of attendees and see who has their hands raised. Shellae, are you all set?

>>Shellae Dietrich (MDH): I'm ready, thanks Stacy.

>> Stacy Sjogren (moderator): OK, so, I will start. I see one hand up and that is a hyphen last name, Ulland-Carlson. So, we'll do that and then I'll pitch it over to you for one of the first comments that was submitted ahead of the session tonight, OK. So, go ahead. Now, did we lose her? Or him? I do not know.

>> Kari Ulland-Carlson (Silver Bay, MN): Hi, nope, I'm here.

>> Stacy Sjogren (moderator): You're here. Oh good! Will you please tell us your name and where you are calling from?

>> Kari Ulland-Carlson (Silver Bay, MN): My name is Kari Ulland-Carlson. I'm from Silver Bay, MN, and a social worker in long-term care. I first want to thank Lakeview health care systems for their excellent geriatric psychiatric services that they have provided in the several years that I have been a social worker in the Northland region. They have been a go-to for us when we have very complex needs for acute care, and it is with sadness that we are going to be losing those services. I am curious if there is any knowledge about any services that might be available for geriatric psychiatric acute hospitalization or any kind of complementary services that might be, besides just outpatient. I know that the hospital system probably, you know, isn't equipped for anything but the outpatient but I'm wondering if there's been discussion about options for our geriatric, our elder population, who need stabilization at times or acute care.

>> Stacy Sjogren (moderator): Thanks Kari. Lisa, I will turn over to you and your team to respond to that question.

>> Lisa Bjerga (Lakewood Health Systems): Sure. Thank you, Kari. We do appreciate the feedback and recognizing us for the service we have provided. You know, as previous explained, Lakewood has carried this

responsibility as far as we can feasibly sustain with the vast majority of our patients served coming from outside of our service area. Our responsibility is to ensure we are prioritizing the services that directly impact the needs of our patients and our community. So as far as additional services that Lakewood will provide at this time, we do not have plans to add additional inpatient services, but we are continuing all of the other service lines that we currently have in behavioral health and all the other areas. Our referrals -- any referrals that did come in, we do have social workers that are monitoring that and are directing those referrals to the online portal of available beds that would be out there.

>> Stacy Sjogren (moderator): Thank you, Lisa. Shellae, did you have a question that you wanted to share from those that were submitted ahead of time?

>>Shellae Dietrich (MDH): This was a question submitted prior to the hearing. "While staffing shortages are an unfortunate reality, the closure of these patient beds concerns me. Since I have lived in Minnesota, I am reminded frequently in both my professional and personal lives of the scarcity of inpatient mental health beds. We cannot deny patients needed mental health care and these vulnerable patients should not be left in the emergency departments to receive care. We must do everything we can to increase inpatient mental health beds, mental health care providers, mental health care instructors, mental health care clinical sites for students to learn and improve the services available to Minnesotans. How is Lakewood investing in their staff to retain mental health care staff?"

>> Stacy Sjogren (moderator): Lisa?

>> Lisa Bjerga (Lakewood Health Systems): Yeah, I think to the question on that just around our investment in staff. We value each and every team member we have at Lakewood and as shared, we strive to be and have achieved "Workplace of Choice" for all 950 employees that we have. We've enhanced many of our people initiatives to ensure we are remaining competitive and we're providing an exceptional employee experience. Some of the specific offerings that we've worked on are tuition assistance, which would support continued educational pathways, including mental health degree programs. Generous compensation packages, which also include sign-on bonuses, retention bonuses. We have top-of-the-market paid-time-off, which includes paid wellness time away. We have free employee health insurance for individuals, and many other competitive benefits as well. Another option, another thing we've done is utilizing contracted employees really to try and broaden our search area, but the fact still remains that we are faced with staffing shortages within the unit.

>> Stacy Sjogren (moderator): Thank you. Actually, I don't have any other hands raised on my list. Do you want to go with the next question that was raised ahead of time?

>>Shellae Dietrich (MDH): This question was submitted ahead of time and was similar to the question asked but I will read it. "Geri-psychiatric services are a critical element of acute care for our elders, whose safety needs sometimes exceed the ability of caregivers, family assisted living, nursing homes, etc., and require acute hospitalization to assess and manage their conditions. There are a very limited number of beds in the state. Lakewood Health Systems has been one of the best providers of acute geriatric psychiatric care available over the years. I have worked as a social worker in long-term care. What will be done to replace these services and meet the geri-psychiatric need of our elders going forward? The last of these beds will have a significant impact on an already distressed mental health system."

>> Lisa Bjerga (Lakewood Health Systems): Yeah, trying to find a question in there. I would start by saying thank you, I appreciate the positive feedback. I couldn't agree more, Lakewood definitely prides ourselves on delivering that high quality level of care. Unfortunately, due to staffing shortages we just couldn't continue the level of care that we require at Lakewood, and again, our responsibility is to our community and making sure we are prioritizing services that directly impact the needs of our patients and our community.

>> Stacy Sjogren (moderator): All right, the voice you hear is Stacy Sjogren, I'm the facilitator. I'm looking at the list of attendees. It looks like we've got 26 on the call right now and if you are listening in and would like to make a verbal comment, we welcome that. We also welcome you putting your question into chat and a staff person will read it for you. So, I'm going to check in with Shellae. Remember, I'm not looking at the chat, I'm just looking at the participant list. Shellae, are there any others that have submitted a question through chat?

>>Shellae Dietrich (MDH): Nope, there is not at this time.

>> Stacy Sjogren (moderator): Okay. Well, let's just be in companionable silence for a little while and see if there are any others that want to ask a question. We certainly don't want to rush things tonight, so reflect back on the presentation that you have heard from the Lakewood staff and see if there are any other questions that surface for you.

So, let's just give it a bit more time. And again, my name is Stacy Sjogren, I'm serving as facilitator and the public moderator for the session tonight. We are making sure that everybody has had an opportunity to share their comment or ask the question. Just checking in here to see if there are any other raised virtual hands. And check to see if there are any other chat questions that came in. I am just slow walking this because I don't want to rush anybody. So Shellae, I will check in with you and see if you've got anything else coming your way.

>>Shellae Dietrich (MDH): Nope, I don't have anything.

>> Stacy Sjogren (moderator): All right. Then, Lisa, I would welcome you to make your closing comments. Again, this is Lisa Bjerga from Lakewood Health Systems, President, and CEO. If you've got some closing comments, we would love to hear it and then I think I will turn it over to Maria. I think I might have overstepped on your line. Sorry about that.

>> Maria King (MDH): No problem.

>> Lisa Bjerga (Lakewood Health Systems): All right, thank you. Thank you, everyone, for gathering and thank you to MDH for coordinating the meeting. I just want to share again that while this decision wasn't an easy one for Lakewood to make, please know that it was made with great intention. We have a responsibility to ensure that we remain a vital lifeline to serve the healthcare needs of our patients and our communities and of course remain committed to our mission and vision at Lakewood, so thank you for your patience and understanding.

>> Stacy Sjogren (moderator): Thank you. Maria, do you have some closing comments of your own?

>> Maria King (MDH): Thank you, Stacy. Thank you to the Lakewood leadership. We appreciate the time you've given tonight to the community, and we would like to take this time to thank the community for participating in this public hearing. We appreciate the time that you've taken to share your comments and to learn more the hospital's plans.

As for next steps, a reminder that under the statute, and that statute can be found at Minnesota Statute section 144.555, the Department of Health has the authority to hold this meeting and to ensure that the

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public is informed, but we do not have the authority to change, delay, or prevent the proposed changes, closures, or relocations. You can continue to provide any comments or feedback that you may have on the hearing website until 11:59:00 p.m. on May 15th, which is tomorrow evening just before midnight. We will also have a transcript of the meeting made available to you within ten business days. I would like to thank you all for the time this evening and for your willingness to hear the hospital out and to share your concerns, comments, questions. And I would like to again thank the Lakewood Health System representatives for their time, the information, and for sharing their insights with us tonight. And with that, we wish you a good night. Thank you, everybody!

>> Stacy Sjogren (moderator): Thank you. Good evening, everyone!

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN 55164-0900
651-201-4200
health.cm-web@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.