

Comment on Proposed Fairview Health Services - Acadia Healthcare Mental Health Hospital

Date, Time:

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Name:

Julie Bluhm

Where do you live:

St. Paul

Do you represent an organization?

Yes

What organization do you represent?

Guild

What is your comment on the proposed mental health hospital?

This is a very difficult, nuanced comment to be making, but it's the result of deep thinking about this proposal. As a mental health professional and a leader of an agency in St. Paul working with folks who are experiencing mental health challenges and homelessness, I fully acknowledge that we need more beds- people are languishing and not accessing the services they need. However, like every eco-system, the treatment interventions we have are interdependent and it's important to understand how an investment, or significant change, in one service area has an impact on the whole. The impact this plan will have: 1) without an ED, the hospital can choose who to admit from other places. Our health system is a capitalist system and there is little incentive to treat the highest barrier clients- those on Medicaid, experiencing homelessness- which impacts their ability to be discharged timely so the hospital can still get payment- have poorer prognoses, less complex or disruptive or in need of care that makes health care workers jobs easier. Which all works out well for Fairview. But these clients don't go away, they will now be managed elsewhere, creating additional stress, including financial, in other hospitals. 2) We did away with institutions of mental disease- stand alone psych hospitals- for a reason. People don't get the holistic care they need when there are not integrated specialists- neuro, med surge, cardiology- available. It's difficult to rule out comorbidities or other factors that may be impacting, even creating, the symptoms that we are diagnosing based on presentation as mental illness. 3) investing in inpatient beds, at the expense of not investing in other, less intensive interventions, will inevitably lead to more inpatient demand. Our system truly is an eco system and early interventions and support absolutely

(proven over and over) prevent inpatient hospitalization, which is very costly, often traumatic and not helpful post discharge. Without comprehensive, fully funded and supported, community supports, we get what we pay for, people moving in and out of the hospital, never really thriving. This proposal- I fear- is a model for how hospitals can stand-up mental health beds and make money, serving the haves (private, commercial insurance) at the expense of those on Medicaid, the most vulnerable, costly members.