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THREE RACES, TWO VICTORIES



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THE RETURN OF THE BIG RUNS

IN SPORTS, A8

MAVS FALL TO MICHIGAN 3-2

TODAY'S OBITUARIES

- Eugene Archie Cole
Sister Ramona Kruse, OSF
Debra Jean (Luhmann) Schmitz
Deloris Irene Streich
Duane "Buzz" Gerald Sunderman

MORE ONLINE

Homecoming features 'drag ball'

A Vermont high school homecoming football game turned into a "drag ball" runway at halftime, with a mix of students and faculty members parading in gowns, wigs and makeup — and a big crowd in rainbow colors to cheer them on.

LOTTERY

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Friday's Gopher 5 14-18-29-42-46
Saturday's Powerball 30-31-41-42-48 and 3
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WEATHER, PAGE B10

Pleasant

High in the upper 60s. Low in the mid 40s.



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Mankato, Minnesota

NO ROOM

Psychiatric bed access worsens in pandemic



Matthew Gerlach shares his writing on mental illness inside his mother's home in St. Peter. Gerlach is one of thousands of Minnesotans affected by a lack of access to psychiatric beds, a decades-old issue made worse by the ongoing COVID-19 pandemic.

Funding, staffing issues lead to decline across state

By Trey Mewes
tmewes@mankatofreepress.com

Matthew Gerlach has lost count of how many psychiatric units he's been to in Minnesota. The 37-year-old St. Peter resident has struggled with mental illness ever since he was diagnosed at 6 years old with attention deficit hyperactivity disorder.

He stayed there for six months and graduated a year late from St. Peter High School. "When I was up there, I wasn't doing any schooling," he said.

"When I got back, it was a hard time and school was the last thing on my mind." Gerlach has coped with severe mental illness for the past 20 years. He's checked himself into numerous psychiatric wards to treat his depression and suicidality, which has made him something of an expert on psychiatric units and treatment programs throughout Minnesota and North Dakota.

He can tell you which facilities are nice, which facilities offer you more access to services, and which facilities just stick you in a room.

Gerlach has the routine down. He goes to the emergency room at Mayo Clinic Health System in Mankato, asking for treatment. He waits for hours, sometimes overnight, in a small room in the ER as medical staff check what psychiatric beds are available throughout the state.

He's never had to wait more than a day or so, but he knows some people wait for days to get treatment. "Then they take you in an ambulance up to whatever's available," he



Dr. Vyoma Acharya oversees the behavioral health unit at Mayo Clinic Health System in Mankato. Acharya is one of many experts and advocates who say more state support is needed to improve access to inpatient psychiatric care.

Hidden Crisis

An Occasional Series

said. "It's usually not close." Gerlach is among thousands of Minnesotans struggling with severe mental health illness who sometimes require inpatient psychiatric treatment. Yet an ongoing shortage of psychiatric beds throughout the state has put a strain on mental health services for area residents such as Gerlach.

Many beds are either constantly in use or are taken offline by mental health providers who can't afford to keep them running. State and federal regulations make it difficult to add more beds in the system. And wait times to get into psychiatric treatment programs keep growing.

All the while, the ongoing COVID-19 pandemic is compounding the issue as more Minnesotans seek treatment for severe mental illness.

Please see BEDS, Page A4

A target number of psych beds is elusive

By Trey Mewes
tmewes@mankatofreepress.com

How many psychiatric beds does Minnesota need?

That's an answer not even experts and lawmakers know.

Experts and advocates agree more beds are necessary to meet the ongoing rise of mental health-related emergency visits and people with severe mental illness who commit crimes, among other things. Yet it's unclear just how many are necessary given Minnesota's complex mental health service system.

"It's not quite as quantitative as how many beds you need," said Dr. Michael Trangle, a researcher

Please see BEDS, Page A4

St. Clair pursues 2 school tax votes

By Kristine Goodrich
kgoodrich@mankatofreepress.com

ST. CLAIR — St. Clair Public School leaders are asking voters to approve two tax increases — one to support operating expenses and another to expand and do maintenance on the school building.

If both requests are approved by voters Nov. 2, it would cost the owner of a \$250,000 home about \$521 a year. Agricultural property owners would have to help pay for the building improvements but not the operating levy.

It's unusual for a school district to hold both a bond and an operating levy request in the same year.

Supt. Tim Collins said the district has equally pressing needs and would capitalize on low loan interest rates.

"We have a current bond coming off the books and we need to reinvest in our facilities at the same time that our fund balance (savings account) is low," he said.

The bond referendum seeks voters' consent to borrow up to \$15 million for building projects. The loan amount, plus interest, would be repaid by a new property tax on all types of property over the next 20 years.

The building additions would include three high school classrooms, a multipurpose room and a new fitness center.

There also will be a storm shelter that could be used as a classroom. Schools are now required by the federal government to include a shelter in building expansions.

Reconfiguration of other space also would create an additional elementary classroom and expand locker rooms.

Additional space is needed because enrollment is growing, Collins said. Some high school classes are now in the elementary area of the building due to lack of space.

Other proposed building improvements include updating the small gym/auditorium and the staff lounge.

About \$6 million would go toward maintenance and accessibility projects, including updating the heating and cooling systems, repairing the roof, and replacing the playground with one that meets handicap accessibility guidelines.

Please see ST. CLAIR, Page A7

Featured Property: Industrial Lots For Sale



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SYSTEM: 'It's happening across the country'

Continued from Page A1

"It's not happening just in Minnesota," said Sue Abderholden, executive director of NAMI Minnesota. "It's happening across the country. It's happening across the world."

Growing issues

Psychiatric bed access has been a problem for decades.

The number of psychiatric beds in the U.S. has fallen by 97% since 1995. That's due in large part to the advent of Medicare and Medicaid in the 1960s, as the programs were created with a funding prohibition for psychiatric beds. Dubbed the Medicaid Institutes for Mental Diseases, or IMD, exclusion, the rule bars Medicaid reimbursement for most patients ages 21-64 in mental health and substance-use facilities with more than 16 beds.

The rule was designed to curtail asylums and mental institutions throughout the U.S. by shifting to more community-based treatment for mental health issues. Though care has advanced in the decades since, the rule has remained in place despite growing opposition from advocates, providers and lawmakers.

"Sixteen (beds) isn't a clinical number," Minnesota Senate Health and Human Services committee chair Sen. Michelle Benson said. "It's an arbitrary number. We need to address that."

Minnesota's hospital moratorium rules, enacted in 1984, put a cap on the number of total licensed beds in the state. Fewer than 100 hospital beds were added over the next two decades until lawmakers created and passed an exemption process in 2004. Officials say Minnesota's overall bed capacity has shrunk over time — licensed hospital beds have decreased by more than 1,000 since 1996.

Advocates say the moratorium rules continue to ensure the market for medical providers isn't monopolized by a few large hospital chains, while critics say the moratorium makes adding more beds to psychiatric wards far too difficult.

"It's a relatively onerous process," said Lisa Dailey, executive director of the West Virginia-based Treatment Advocacy Center. The nonprofit tracks psychiatric bed access and civil commitments at the state level across the U.S.

Though the state's total hospital beds are down since 1996, more than 500 hospital beds have been added throughout Minnesota since 2004. The Minnesota Legislature approved another 50 beds for psychiatric treatment in the state during this year's legislative session. Thirty of those beds will go to PrairieCare, a mental health group with offices around the state including Mankato.

PrairieCare's 71-bed pediatric facility in Brooklyn Park will grow to 101 beds, which the provider's CEO Todd Archbold said would likely be ready by 2023.

"We're just doing our best to keep up with demand," Archbold said.

PrairieCare got permission to open an inpatient psychiatric treatment facility for children more than a decade ago. The group's Brooklyn Park facility opened in 2011 with 20 beds, then grew to 50 beds in 2015 and 71 beds in 2017.

Each time, PrairieCare's facility hit maximum capacity in a matter of days.

"The very day we opened (in 2011), we had five admissions," Archbold said.



Pat Christman

Matthew Gerlach (right) and his mother, Diane Gerlach, have become familiar with the lack of access to psychiatric beds and inpatient hospital treatment for mental health issues over the years.

Unused licensed beds in Minnesota

*Data from fiscal year 2016

Hospital Name	County	Banked Licensed Beds
University of Minnesota Medical Center - Fairview	Hennepin	942
Mayo Clinic Hospital - Rochester	Olmsted	711
Hennepin County Medical Center	Hennepin	450
Abbott Northwestern Hospital	Hennepin	324
North Memorial Medical Center	Hennepin	168
United Hospital	Ramsey	166
St. Joseph's Hospital	Ramsey	162
Bethesda LTACH	Ramsey	140
Mayo Clinic Health System - Southwest Minnesota Region	Blue Earth	111
Fairview University Medical Center - Mesabi	St. Louis	96
Mayo Clinic Health System - Albert Lea and Austin	Freeborn	90
Park Nicollet Methodist Hospital	Hennepin	80
Fairview Southdale Hospital	Hennepin	74
St. Mary's Medical Center	St. Louis	73
Other Facilities		287

Source: Minnesota Department of Health/Health Economics Program

Treatment varies

You're having a mental health crisis.

Perhaps you're struggling with depression, getting anxious or panicked by your job, your school, your friends, your family, maybe even your hobbies or social outings. Maybe you're thinking about hurting yourself or others around you.

What do you do?

You'll most likely do what Gerlach and a majority of Minnesotans in a similar situation do: Contact emergency services and end up in the hospital emergency room.

With few exceptions, the local ER is the starting place for most people seeking inpatient psychiatric services.

"About 90% of our admissions come from ERs, and that's a scary experience, especially when it's your child," Archbold said.

Wait times can vary wildly based on bed availability. Hospitals and treatment facilities are bound by law to accept patients as soon as they're presented, which means some psychiatric units will take a patient who showed up in the afternoon over a patient who came in the morning, depending on when a bed opens and when ER staff call to check.

As a result, the average wait times to get into a bed are only increasing — and it's made worse by the pandemic.

The Minnesota Hospital Association reports mental health and substance use-related ER visits among patients of all ages went up by 77% across the state from 2010 to 2019. A recent report from the federal Centers for Disease Control and Prevention shows mental health-related emergency room visits increased by 31% in 2020

for U.S. adolescents ages 12-17. ER visits for children ages 5-11 increased by 24% compared to the previous year.

Experts say it's more common for patients to wait several days, or even more than a week, to get into a psychiatric unit. Some experts say they've heard of patients waiting two weeks or more for Minnesota's mental health services to unclog.

"At the beginning of the pandemic, people were nervous even going into the hospital," Abderholden said. "That changed as this pandemic sprint turns into a marathon."

After a trip to the emergency room, patients in a crisis will be transported to a psychiatric unit with an available bed. There, staff assess the patient and come up with a treatment plan.

Some psychiatric units offer more individual or group treatment options. Some have more chances to connect with nurses, mental health practitioners or other staff. Some units, however, make you feel as though you're "treated like cattle," Gerlach said.

"You just kind of sit there," he said. "I've been to places that have had helpful groups during the day, and it seems like they're actually trying to treat you instead of house you."

Gerlach knows which treatment facilities he prefers. He thinks the nursing staff at Mayo Clinic Health System in Mankato is good but the place could be better, while facilities in Marshall and Albert Lea are helpful. He didn't have a good experience with Hennepin County Medical Center, while Abbott Northwestern in the Twin Cities is probably the best psychiatric unit in the

state — they give patients coffee during the day, and Gerlach likes his black.

"It's comforting," he said.

One patient's reviews won't make or break a psychiatric unit, however.

"I honestly have gotten complaints and kudos about every psychiatric unit in the state," Abderholden said. "So much of it is about how the staff is delivering something, how they're relating to a person. Sometimes you get along with someone better than another."

The quality of care can vary depending on staff and facility resources. At Mayo Clinic Health System in Mankato, the psychiatric unit has 11 beds available — or at least it does when there isn't a pandemic. The local hospital shuttered one bed as part of COVID-related safety regulations.

Dr. Vyoma Acharya, Mayo Clinic Health System in Mankato's Psychiatry and Psychology department chair, said Mankato stands above other psychiatric units because there's an in-house psychologist available for patients on top of the nurses, social workers and other mental health professionals.

"That is really unique to our unit," she said.

In addition, patients visit with internal medicine staff and participate in individual or group treatment.

Acharya said the Mankato unit may not offer coffee like Abbott Northwestern — the staff tries to limit caffeine for patients, though some do get decaf — but the facility does try to solidify support for patients through family or friends when appropriate, so patients have people to turn to when they leave.

"You might have been through a very stressful situation," Acharya said. "It's

really difficult to navigate those things alone without having some support."

Yet Mayo Clinic Health System in Mankato faces the same sort of issues other facilities do when it comes to treating patients: not enough funding support, not enough physical space, and sometimes not enough staff.

Mankato is one of the biggest hubs for inpatient psychiatric beds in southwest Minnesota, despite only having 11 beds. Mayo officials have discussed expanding the Mankato psychiatric unit to 14 beds in the past, but physical space limitations remain a problem.

Facility staff have discussed expanding outdoor therapeutic space. Still, local patients in crisis may not get to see those improvements.

"Most other beds you can go to a hospital and find one, you can even choose which hospital you go to," Archbold said. "That's not the case with psychiatric beds."

'A bed is not a bed is not a bed'

Despite decades of experience, solving the shortage of psychiatric beds in Minnesota is a difficult task made more complex by the rules and reimbursement systems in place.

Minnesota may have more than 16,000 licensed hospital beds, but that doesn't mean they're all available for psychiatric care. Hospitals are free to use bed space however they like, which means hospitals weigh psychiatric bed space against beds for surgery, emergency room care or other medical services.

Bed space is also divided based on patient needs. A certain number of beds is set aside for patients with autism, some for patients with substance use issues, eating disorders, or whether someone is voluntarily committed or ordered to do so through the court system. Those beds are further grouped based on their location in a private residential treatment facility, a private hospital setting, or a state hospital setting, among other things.

"A bed is not a bed is not a bed," Archbold said. "Even if you have the right classification, those beds are reserved for other uses sometimes."

For patients in crisis seeking help, there are about 1,000 beds in Minnesota available — just over 600 for adults, and 200 to 300 for children.

Even then, those beds

BEDS: Care standards an issue

Continued from Page A1

with the Health Partners Institute.

Trangle, the president of the Minnesota Psychological Association and a board member of the governor's advisory board on mental health, led a limited study published in 2017 through the Minnesota Hospital Association to calculate how many beds were needed among 20 hospitals.

The study focused on how many days beds were in use, and how many of those days could have been avoided by providing alternative treatments for patients who didn't need hospital-level care but weren't safe to go home either.

The study showed about 19% of the bed days — 6,052 out of 32,520 — were potentially avoidable.

Researchers also found some of the most common reasons for those avoidable days were due to waits for hospital bed availability elsewhere, from state-run psychiatric beds in Community Behavioral Health Hospitals to chemical dependency treatment beds to residential treatment service beds to legal steps in the civil commitment process.

Trangle said that study clearly shows the flow issues the state's mental health services have when it comes to helping patients with severe mental illness. It's the kind of study he and other experts say the state could, and should, be doing on a regular basis.

"We need to publicly have a way to fund it, but come up with a way to permanently, whether it's once every other year or once every three years, calculate this and not just do it once in a blue moon," he said. "At the same time, I think we need to build a culture where that's done transparently and reliably, and people trust the data and act on it."

Trangle told lawmakers at a House subcommittee hearing in late January such studies would help determine whether the state or hospitals could cut back on psychiatric beds as more intermediate-level resources get funding to treat patients who don't need hospital-level care.

Part of the issue in determining how many psychiatric beds the state needs is settling ongoing issues with standards in care.

The Treatment Advocacy Center, a national nonprofit focused on civil commitment and patients with severe mental illness, ranked Minnesota last among states in terms of access to beds per capita in a 2016 report.

State officials and advocates take issue with the center's report as it only focuses on state-run hospital beds, excluding the psychiatric beds available in private hospitals.

Center researchers say the metric is valuable in comparing states' ease of access to mental health resources for those who truly need it.

"Those are the beds that are last resort, for people who need longer-term care," said Elizabeth Sinclair Hancq, director of research with the Treatment Advocacy Center.

Sinclair Hancq also pointed out state-run psychiatric beds also tend to be better regulated and subjected to more rigorous treatment standards.

Sue Abderholden of NAMI Minnesota said that focus on state government-run care is a central flaw in the center's research.

"What other health care service does the state provide?" Abderholden said. "We don't really want the state service to provide the only access to care."

Abderholden said NAMI generally supports more psychiatric bed access in hospital systems as that's where Minnesotans would typically think to go for help.

"We do not want to see freestanding crisis centers because no one knows what they are," she said.

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NATION BRIEFS

Bill Clinton remains in hospital

ORANGE, CALIF. — Bill Clinton will spend one more night at a Southern California hospital where he is recovering from an infection, a spokesman said Saturday.

Clinton will remain overnight at University of California Irvine Medical Center “to receive IV antibiotics before an expected discharge tomorrow,” spokesman Angel Ureña said in a statement.

Deputy killed in suspected ambush

HOUSTON — A man with an AR-15-style rifle ambushed three constable deputies outside a Houston bar early Saturday, killing one and leaving two others wounded, authorities in Texas said.

Authorities detained one person near the scene but he is not believed to be the shooter, according to the Houston Police Department which is investigating the shooting.

Police: Passengers ignored train rape

UPPER DARBY, PA. — A woman was raped by a stranger on a commuter train in suburban Philadelphia in the presence of other riders who a police official said “should have done something.”

Superintendent Timothy Bernhardt of the Upper Darby Police Department said officers were called to the 69th Street terminal around 10 p.m. Wednesday after the assault on the west-bound train on the Market-Frankford Line.

An employee of the transit authority who was in the vicinity as the train went past called police to report that “something wasn’t right” aboard the train.

The Associated Press

WORLD BRIEFS

ASEAN downgrades Myanmar’s status

KUALA LUMPUR, MALAYSIA — Southeast Asian foreign ministers have agreed to downgrade Myanmar’s participation in an upcoming summit in their sharpest rebuke yet of its leaders following a Feb. 1 military takeover.

Myanmar objected to the decision by the Association of Southeast Asian Nations to invite a non-political representative instead of Myanmar’s military leader, Senior Gen. Min Aung Hlaing, the grouping’s chair Brunei said Saturday.

Maduro quits talks after extradition

MIAMI — Venezuela’s government said Saturday it would halt negotiations with its opponents in retaliation for the extradition to the U.S. of a close ally of President Nicolás Maduro who prosecutors believe could be the most significant witness ever about corruption in the South American country.

The announcement capped a tumultuous day that saw businessman Alex Saab placed on a U.S.-bound plane in Cape Verde after a 16-month fight by Maduro and his allies, including Russia, who consider the Colombian-born businessman a Venezuelan diplomat.

Chinese crew at their space station

BEIJING — Chinese astronauts began Saturday their six-month mission on China’s first permanent space station, after successfully docking aboard their spacecraft.

The astronauts, two men and a woman, were seen floating around the module before speaking via a live-streamed video.

The Associated Press

Lucy in the Sky

Asteroid-hunting craft lifts off

The Associated Press

A NASA spacecraft named Lucy rocketed into the sky with diamonds Saturday morning on a 12-year quest to explore eight asteroids.

Seven of the mysterious space rocks are among swarms of asteroids sharing Jupiter’s orbit, thought to be the pristine leftovers of planetary formation.

An Atlas V rocket blasted off before dawn, sending Lucy on a roundabout journey spanning nearly 4 billion miles. Researchers grew emotional describing the successful launch — lead scientist Hal Levison said it was like witnessing the birth of a child. “Go Lucy!” he urged.

Lucy is named after the 3.2 million-year-old skeletal remains of a human ancestor found in Ethiopia nearly a half-century ago. That discovery got its name from the 1967 Beatles song “Lucy in the Sky with Diamonds,” prompting NASA to send the spacecraft soaring with band members’ lyrics and other luminaries’ words of wisdom imprinted on a plaque. The spacecraft also carried a disc made of lab-grown diamonds for one of its science instruments.

In a prerecorded video for NASA, Beatles drummer Ringo Starr paid tribute to his late colleague John Lennon, credited for writing the song that inspired all this.

“I’m so excited — Lucy is going back in the sky with diamonds. Johnny will love that,” Starr said. “Anyway, if you meet anyone up there, Lucy, give them peace and love from me.”

The paleoanthropologist behind the fossil Lucy discovery, Donald Johanson, had goose bumps watching Lucy soar.



The Associated Press

A United Launch Alliance Atlas V rocket carrying the Lucy spacecraft lifts off Saturday, in Cape Canaveral, Fla. Lucy’s \$981 million mission is the first to aim for Jupiter’s so-called Trojan entourage: thousands — if not millions — of asteroids that share the gas giant’s expansive orbit around the sun. Some of the Trojan asteroids precede Jupiter in its orbit, while others trail it.

SYSTEM: ‘There’s always a shortage of providers’

Continued from Page A4

may not be available. Just because a licensed bed is open doesn’t mean a facility has the staff to operate it.

“There’s always a shortage of providers, to be honest,” Acharya said. “I think it’s pretty difficult to keep psychiatrists, not just psychiatrists but psychiatric nurses.”

Providers and experts point to treatment costs as another major factor behind the psychiatric bed shortage. Mental health services aren’t reimbursed through insurance as well as other medical services; Archbold, Abderholden and other experts estimate mental health gets reimbursed at 80% of the rate other services are. As a result, facilities turn to state funding and reimbursement rates to keep open.

Smaller facilities can struggle with reimbursement for patients in need, forcing the provider to absorb more and more costs until it becomes too difficult to stay open or provide proper care.

Cambia Hills, a 60-bed intensive residential treatment center for children, opened last year in East Bethel after several years of planning but closed in June due to financial issues. State regulators also found the facility violated several patient care rules.

Another pediatric treatment facility in Duluth, The Hills Center, closed this past summer after more than a century in operation. Both facilities were run by the same group.

Hospital systems can absorb some of those extra costs because psychiatric units are only one part of the services they offer, but larger providers have been reluctant to operate too many licensed beds at a time for fear of losing money.

“Hospitals make their money by having high-profit making specialists doing procedures, potentially doing radiology and that kind of stuff,” said Dr. Michael Trangle, a senior fellow at the Health Partners Institute. “That’s how hospitals make their money. There’s

really no rational reason that cardiology or neurosurgery or orthopedics should make more money than something that’s more cognitive.”

Aside from reimbursement issues, mental health providers seem to deal with insurance companies far more often than other medical services.

Trangle, who sits on several state and federal mental health-related advisory boards, used to be the medical director for behavioral health at Regions Hospital. He remembers a time when he and some co-workers did “back-of-the-napkin” calculations on how often staff at Regions dealt with insurance companies. For other medical staff, it could take about an hour each week to address insurance questions. For mental health staff, it could take about 10 hours.

That’s a common tale among mental health providers, experts say.

“When a child gets to a hospital for mental illness, we contact the insurance companies and set up care. We may have to call back every day thereafter to justify the ongoing need for care,” Archbold said. “You’re talking months of recovery, repair and treatment, and insurance companies will call us 24 hours later and ask how they’re doing.”

Justifying treatment to insurance companies can cause providers to discharge patients “quicker but sicker,” according to Dailey and advocates at the Treatment Advocacy Center.

“You’re seeing a decrease in the length of stay in hospitals, I think in part because of pressure from insurance to discharge people quicker,” Dailey said. “And then there’s an increase in readmissions.”

Moving forward

Experts and policymakers say multiple things need to happen to solve the psychiatric bed shortage.

Some advocate for more mental health-based exemptions to Minnesota’s moratorium law, arguing the need for more beds is

so great there’s little chance a monopoly on treatment options would happen.

Others say federal action is needed to end Medicaid’s exclusion of mental health treatment facility services. Minnesota could apply for exemptions to the Medicaid exclusion rule, though lawmakers say federal officials have soured on such requests in recent years.

Abderholden and other NAMI advocates say the state won’t be able to add beds and treatment facilities without more workers. They point out many large hospital systems have plenty of banked beds available — Children’s Minnesota plans to open a 22-bed unit next year using slots they already had licensed — but further growth requires more mental health professionals.

“We could dump a billion dollars into our mental health system right now and we wouldn’t have enough people to do the work,” Abderholden said.

Others want more synergy between mental health and medical providers, as many patients’ trips to the doctor also include a mental health component. The state Department of Human Services has run trials on similar proposals before, but reimbursement issues quashed hopes for those models.

Almost everyone agrees reimbursement rates need to be addressed.

“As solutions are sought, reimbursement for these services should be considered alongside other factors including market considerations and laws that make it more difficult to simply add more mental health beds,” the Minnesota Council of Health Plans said in a statement.

State Rep. Peter Fischer, the House DFL lead on mental health, said Democrats and Republicans are looking at ways to ease some of the burden behind Minnesota’s hospital moratorium law.

He pointed out PrairieCare and Regions both received permission to add beds without having to go before lawmakers this year, provided they go through

the proper channels with the state Department of Health.

Democrats also are exploring whether the state should reclaim unused licenses for banked beds to distribute to other hospital systems that apply.

Senate Republicans have resisted that proposal, arguing it would cause the state to pick winners and losers in the marketplace and could lead to a few systems monopolizing unused bed licenses. Fischer argues the current system is already allowing some hospitals to hoard bed access in the state.

“People have to start asking the tougher questions toward the hospitals in that, why aren’t you adding more?” Fischer said.

Advocates are pushing for more treatment options outside of inpatient psychiatric beds — the more access to mental health care, the less need to treat severe mental illness.

State officials have tried to concentrate on outpatient, community-based services in recent years to help people before they’re in crisis. While some residential centers help in emergency situations — Horizon Homes runs the Mankato-based South Central Crisis Center’s 12-bed unit where people can stay for up to 10 days — there are few options for intermediate-level care.

Some providers are opening so-called EmPATH units — a kind of psychiatric emergency room care. EmPATH, or emergency psychiatric assessment, is not quite an emergency room wait and not quite a full psychiatric unit, but it allows hospitals more focus to address major mental health crises.

Only St. Cloud Hospital and M Fairview Health Southdale Hospital have opened EmPATH units in the state, while M Health Fairview University of Minnesota Medical Center has plans to open another.

Benson, the ranking Seniorep Republican on health and human services, said she’s willing to explore moratorium exemptions and more support for

At least 13 auto safety rules years overdue

The Associated Press

WASHINGTON — After their 16-year-old daughter died in a car crash, David and Wendy Mills wondered whether she would be alive if federal rules on rear seat belt warnings had been issued on time.

Four years later, with no rule and traffic fatalities spiking, they’re still at a loss over the inaction.

It’s one of more than a dozen car safety rules now years overdue, according to an analysis by The Associated Press.

The ever-growing docket has become one of the biggest tests for the federal agency since its founding in 1970, when public pressure led by safety activist Ralph Nader spurred NHTSA’s mission to “save lives, prevent injuries and reduce economic costs due to road traffic crashes.”

Advocates worry that the agency has lost focus at a time of increasing road accidents and reckless driving during the COVID-19 pandemic.

“We need a call to action,” said Jonathan Adkins, executive director of the Governors Highway Safety Association.

EmPATH units as the state grapples with an ongoing mental health public crisis. In addition, she’d like to see more attention on intermediate level care to alleviate access to psychiatric units.

Benson and Fischer agree it’s taken the state a long time to address psychiatric beds and other mental health issues because of the stigma surrounding mental health care.

“We are just getting to the point where people are willing to talk about mental health and people with disorders,” she said. “It’s been a long time since they started this work, but we’re just now as a society getting comfortable saying, ‘I suffer from depression and anxiety and other forms of mental illness.’”

Fischer said that reluctance is part of the reason why hospitals and facilities are underfunded in the first place.

“When we dismantled the old system of warehousing people, we never put a focus on putting a system to replace it, and that’s having big consequences,” he said.

That’s good news to advocates, who have long argued for more focus on mental health treatment.

“It’s not that there isn’t any way to fund this stuff, but there doesn’t seem to be a lot of willpower either,” Dailey said.

For people like Gerlach, more access and a better standard of care is key.

Diane Gerlach, Matthew Gerlach’s mother, said she’s seen her son struggle in recent years as he often has to go far from the Mankato area to get treated. That makes it more difficult for Matthew’s family and friends to support him if they have to drive halfway across the state to visit.

At the same time, maintaining psychiatric beds remains a priority.

“When it’s been so many years, you see him so sick and he doesn’t always want to go in, when you finally get to that point it is just kind of a weight off of your shoulders,” Diane Gerlach said. “You know that they’re in a safe place and they’re going to get some help.”