

VOA MN Statement on challenges experienced when in need of adolescent mental health beds.

VOA MN provides residential treatment and shelter services to, on average, 70 youth per year. These youth experience significant mood and behavior difficulties due to a history of trauma, inconsistent attachments, abuse and safety issues, as well as chronic mental illness. VOA Youth Residential Services provide much needed 24 hour physical and emotional support, including intensive group, individual, and family therapy in our residential treatment programs. Our programs are staffed by trained mental health and nursing personnel 40 hours per week, as well as psychiatric staffing around 16 hours per week.

At times, when our residents become significantly dysregulated, impaired, or unresponsive to current behavioral and psychiatric treatment, it is necessary that the individual receives a more specific assessment within a contained inpatient psychiatric environment. Not only does the resident require consistent observation and assessment, the current program residents also require that their treatment and milieu is not disrupted as much as possible to maintain the fidelity of our treatment model.

At VOA Youth Residential Services, we have experienced more and more push back when we do attempt to transfer our residents to an inpatient setting, stating that the issues can be managed at our own level of care. Hospitalization is a last resort for us and the resident's mental health needs are assessed by a Mental Health Professional prior to sending the resident in for hospitalization.

While we do recommend an increase for adolescent inpatient psychiatric beds in the state of MN, we also recommend increasing psychiatric transition clinics similar to the one opening shortly at M Health Fairview, including same-day appointments and medication management. This service line could decrease the overload of referrals coming into adolescent inpatient units and could provide individualized observation, assessment, and if necessary, treatment, to youth who require short-term stabilization who can then return to their current level of care upon discharged.

Sincerely,

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