

# CONCEPT – Safety and Stability for Adolescents Program

Presented by Dakota Boys and Girls Ranch

October 2023

**Problem:** North Dakota children and adolescents with the highest mental health needs are disrupting adoptive and foster homes, being discharged from adolescent psychiatric units before they are stabilized and safe, sitting in detention facilities, and sometimes being denied admittance to hospitals because their “needs are too high.” At the same time, our psychiatric hospitals are at capacity or provide only short-term care, and the state’s Psychiatric Residential Treatment Facilities (PRTF) and Qualified Residential Treatment Programs (QRTF) are unable to meet the needs of these youth in congregate care settings.

Legislators, state officials, parents, foster families, and private providers—all well-intentioned—are frustrated by their inability to help these youth and keep them safe. Leaders at Dakota Boys and Girls Ranch are frequently asked by state, zone, and county representatives, “What are we supposed to do with these kids?”

It is the children with highly aggressive behavior whose needs are unmet by the current system of care.

Regardless of the reasons for their aggression (borderline IQ, trauma, PTSD, impulse control, brain trauma, substance abuse, and complex psychiatric issues like attachment disorder and borderline personality disorder), the current system of care is not designed to accommodate their level of behaviors—facilities, staffing, intensity, and safety measures are all falling short.

A lack of a continuum of care cannot be a barrier to meeting the needs of North Dakota youth.

**Identified Need:** Youth with highly aggressive behaviors need highly individualized, highly specific, non-congregate care to stabilize them and keep them safe as they approach mental health treatment. Youth served may come through North Dakota’s Child and Family Services, Department of Juvenile Justice Services, or other referrals.

**Background:** To create this concept, treatment professionals, program experts, and educators from Dakota Boys and Girls Ranch researched programs across the United States. They reviewed approaches in multiple states, met with those who built systems to address the needs of this population, and reviewed materials and outcomes. Texas and California programs, called “Adolescent State Psychiatric Units” and “Enhanced Care Programs,” respectively, were examined in detail, including physical facilities.

The concept we outline in this paper recommends creating another level of care to provide safety and stability for youth with highly aggressive behaviors as they transition into treatment.

## The Concept: Safety and Stability for Adolescents Program (SSAP)

The Safety and Stability for Adolescents Program—operated by a public or private entity or as a public/private partnership—will provide highly individualized, highly specific, non-congregate care to stabilize youth and keep them safe. Care will be individualized to each youth and their unique trauma, behaviors, and treatment needs. Due to their high aggression/violence, these youth cannot succeed in programs like PRTF or QRTF, at least at the time of placement. Each child would have their own suite with sleeping, bathroom/hygiene, and living spaces. Most care and education would occur in the child’s

suite from a designated team. Flexibility in facilities and staffing would allow youth to move in and out of a shared milieu as possible based on progress. This will also keep other youth safe and isolated from high-risk behaviors.

During the safety and stabilization phase, the youth's multi-disciplinary team will focus on building relationships, decreasing aggressive behaviors, and easing them into education with art and music therapy electives. The team will focus on trust-based relational interventions and skill-building as the youth begins treatment.

The intent is to move youth to a larger milieu, general congregate care, or community placement with supportive community-based services as their aggressive behaviors decrease. However, it is necessary to note that some youth may require individualized care for an extended period to find success.

Because this concept is individualized to each youth, the facility will need to be co-located with other programs to allow for flexible staffing.

### **1. Facilities**

- Safe and secured environment with furnishings built-in or bolted to the floor.
- Smaller spaces and milieus—up to three youth per wing.
- Treatment suites consisting of private bedrooms, bathrooms, and living spaces for each youth, with shared space available for interaction with other youth as appropriate.
- Transitional outdoor spaces.
- Easily accessible sensory rooms and calming spaces.
- Treatment and educational team offices in the wing, as well as a group room.
- Dedicated space in each pod for staff to take breaks and complete paperwork.
- Floor drains in each space to allow for easy cleanup after high-risk behaviors.
- Controlled lighting and noise.

### **2. Staffing**

- 1:1 staff-to-youth ratio up to 4:1 staff-to-youth ratio, dependent on intensity and frequency of high-risk behaviors.
- Charge nurse onsite 24/7. The charge nurse may be shared or specific to one youth as needed.
- Each youth will have their own team of dedicated staff, who will build therapeutic relationships and shared language within the SSAP. This will create consistency for the youth so they can build and sustain strong relationships.
- Each youth's treatment team will include a therapist, occupational therapist, charge nurse, and teacher. They will also receive psychiatric and psychological care.
- All staff will be intensively trained in behavioral interventions, de-escalation, and brain development—with trauma-informed care deeply embedded into the program so staff are able to provide compassionate and effective care.