



CARF
Survey Report
for

Dakota Boys and Girls
Ranch Association

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Organization

Dakota Boys and Girls Ranch Association
6301 19th Avenue NW
Minot, ND 58703

Organizational Leadership

Ronald R. Hett, Chief Operations Officer

Survey Dates

June 5–7, 2006

Survey Team

Vertis B. Hall, Ph.D., LLP, Administrative Surveyor
Linda Susan Ford, NCAC II, CAC II, CCS, Program Surveyor

Programs/Services Surveyed

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)
Residential Treatment: Mental Health (Children and Adolescents)



Survey Outcome

Three-Year Accreditation
Expiration: June 2009

SURVEY SUMMARY

Dakota Boys and Girls Ranch Association has strengths in many areas.

- Dakota Boys and Girls Ranch Association is recognized as a well-respected behavioral health organization in the state of North Dakota. This is reflected in the many tributes paid to the organization by persons served and community partners.
- The management and staff members are dedicated to the mission of the organization and demonstrate a genuine synergy. This is evidenced throughout the organization's operations.
- Dakota Boys and Girls Ranch Association has a dedicated chief operating officer (COO) who is hardworking and visionary and has a competent staff to assist in the management of the organization and the delivery of services. Through the direction of the COO, the management team has developed effective programming that enhances the services provided to the youths and families served in North Dakota.
- The organization demonstrates solid administrative operations, including the use of a systems approach to the development and implementation of policies and procedures.
- There is evidence of sound fiscal management providing for a stable financial position.
- The organization has well-written reports that describe services, activities, and outcomes in a clear manner, which makes this information available and easily understood by persons served, family members, and other stakeholders.
- The program staff members embody the values of Dakota Boys and Girls Ranch Association in the areas of empowerment, recovery, and rehabilitation.
- Staff members are Dakota Boys and Girls Ranch Association's greatest asset. They are qualified, enthusiastic, motivated, passionate, and dedicated to persons served. Persons served compliment staff members for their caring and concern and responsiveness to their needs. All those interviewed reported that they believed they were valued, respected, and supported by staff members. One individual said, "I can always go to them with my problems," when referring to staff members. Other comments were: "If it were not for the staff, I would not be as far as I am now," and "They are always there for me." Staff members take pride in their work with the persons served and are willing to go the extra mile to ensure that persons served have whatever is necessary for them to live successful lives.
- There is evidence of cohesiveness and excellent formal and informal communication among team members at Dakota Boys and Girls Ranch Association. There is evidence that the involvement and input of persons served are of great importance to all staff members. Persons served report that suggestions they make are frequently implemented by the organization.
- Attractive and well-maintained facilities offer a safe and healthy environment for persons served, staff members, and visitors.
- The organization has well-organized programs and services. Stakeholders express their appreciation for the comprehensive nature of the organization's clinical programming.
- The organization demonstrates a clear commitment to serving children and adolescents who are challenging to serve.

- Dakota Boys and Girls Ranch Association has created an environment of advocacy, support, and enrichment with the children and families served as they relate to the organization and the services provided.
- The organization's service approach to persons served is incorporative and pragmatic. Staff members encourage persons served to deal with the contradictory nature of their perceptions and symptoms, while emphasizing development, self-care skills, and interpersonal support building.
- The organization has an extensive network of collaborative community relationships that enhances its ability to achieve maximum recovery efforts for persons served. Staff members are extremely knowledgeable about the resources within the local communities.
- Confidentiality is a high priority and well understood and practiced by both staff members and persons served. In conversations with persons served, several stated that this was an important factor in their high satisfaction with services.
- Staff members are highly dedicated, enthusiastic, and committed to the provision of services to persons served. Personnel indicate overall satisfaction with their jobs and believe they are heard by supervisors and administrative staff members.
- Staff members are valued by the organization. Staff members describe good relationships with their supervisors and report that training and development are encouraged by the organization. Staff longevity is a contributory factor in the organization's success.
- It is obvious that clinical supervision is a priority for the administration of the organization. In providing this leadership, the organization ensures that clinical appropriateness is consistent.
- Referral sources report high satisfaction with the services provided by the organization and the responsiveness of the organization to the individual needs of persons served. The organization is quite visible within the communities it serves. According to funding sources, the organization treats all persons with dignity, respect, and equality. The organization is prompt in responding to any areas for improvement that are noted by referral sources or regulatory agencies.

In the following areas Dakota Boys and Girls Ranch Association demonstrates exemplary conformance to the standards.

- One of the organization's staff members has developed an exceptional manual utilizing Dialectical Behavioral Therapy (DBT) as its basis and has trained other staff to work with this manual with the children in the program. Through this approach, the children are taught to take ownership and control of their emotions.
- Dakota Boys and Girls Ranch Association has developed an exemplary educational system for persons served and local children in need of specialized educational services. The academic setting encourages and supports the educational needs of the children served. The organization has developed exemplary partnerships and alliances with the local school districts where each of its campuses are located.
- Dakota Boys and Girls Ranch Association has an exemplary focus on the vocational development of persons served at all of its program locations and has implemented a more formalized vocational track at the Minot, North Dakota, campus. Many of the children have jobs in the community and, at the Minot campus, the organization provides specialized training to

assist persons served in developing essential vocational skills and the confidence to enter the workforce. In addition, there are also opportunities for persons who are developmentally disabled to participate in sheltered employment settings.

In the following areas Dakota Boys and Girls Ranch Association should seek improvement.

- There should be an annual written status report regarding progress made in the removal of any identified barriers.
- The procedure for formal complaints from persons served should be revised to specify that the action of filing a complaint will not result in retaliation or barriers to services. In addition, there should be time frames specified in the procedure that are adequate for prompt consideration and that result in timely decisions for persons served.
- The organization should develop a written plan on cultural competency and diversity that includes the recruitment of individuals who are representative of the specific cultures the organization serves for leadership, management, direct service, and support service positions.
- Goals on the individual plan of care should be consistently expressed in the words of the person served.
- The quality records review process should be revised to address whether persons served are provided with a complete orientation.

On balance, Dakota Boys and Girls Ranch Association has made a dedicated effort to achieve international accreditation. It demonstrates substantial conformance to the CARF standards, and the youths and families served benefit greatly from the program. Management, staff members, and funding sources believe in the mission of the organization and its ability to provide quality services. Dakota Boys and Girls Ranch Association is encouraged to address the recommendations noted in this report in its pursuit of service excellence.

Dakota Boys and Girls Ranch Association has earned a Three-Year Accreditation. The leadership and staff members are congratulated for this achievement and are recognized for the commitment they have made to the pursuit of accreditation. The organization is committed to continuing to embrace the CARF standards to improve the quality of services to the population it serves and is encouraged to use its resources to address the identified opportunities for improvement.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
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Recommendations

B.3.a. through B.3.c.(2)

Although the organization addresses accessibility issues through a variety of reports and activities, there is no formal accessibility plan. In addition, there is no annual status report on accessibility other than a reporting on referrals not admitted to the program. The organization is urged to develop in writing an annual status report regarding progress made in the removal of identified barriers. It is also recommended that the organization's efforts to address accessibility issues be documented in writing via the development of a comprehensive accessibility plan that addresses the identification of barriers in the areas of architecture, environment, attitudes, finances, employment, communication, and transportation. This written accessibility plan should address barriers identified by persons served, personnel, and other stakeholders and include actions and time lines for the removal of any identified barriers.

Consultation

- It is suggested that the organization include a map of its location in brochures and media presentations for ease of service access.

- Although the organization recognizes the need for and addresses requests for reasonable accommodations, it is suggested that it maintain a log of requests for accommodations and its responses to such requests. This would clearly document its efforts toward granting reasonable accommodations.
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Criterion C. Information Management and Performance Improvement

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.3.c.(2)

For business function improvement, it is recommended that the organization collect and analyze data from accessibility status reports.

C.12.f.(2)

It is recommended that the organization revise its policy for the retention and destruction of records to include a provision for stopping the destruction of records in the event that a legal process is initiated against the organization.

Consultation

- Although the organization addresses all the elements of a technology and system plan through various documents and procedures, there is no formalized plan. It is suggested that the organization bring all of these elements together in a comprehensive technology and system plan.
-

Criterion D. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

D.3.b.(2)(a)

D.3.b.(2)(d)

It is recommended that the organization review and revise its procedure for formal complaints from persons served to specify that the action of filing a complaint will not result in retaliation or barriers to services. Also, there should be time frames specified in the procedure that are adequate for prompt consideration and result in timely decisions for the person served.

Consultation

- It is suggested that the organization consider adding a prompt on the annual treatment plan review form to remind staff members to review the rights of persons served on an annual basis.
-

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
- Self-inspections twice a year
- Emergency procedures, including evacuation, tested/analyzed annually
- Access to emergency first-aid resources

- Competency of personnel in safety procedures
 - Defined system for reporting/reviewing critical incidents
 - Infection control plan
 - Transportation requirements, if applicable
-

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization consider placing covers over the electrical sockets to prevent any objects from being inserted and possibly causing an injury or other critical incident.
-

Criterion F. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

There are no recommendations in this area.

Criterion G. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
 - Leadership guidance
 - Corporate responsibility
 - Corporate compliance
 - Commitment to diversity
-

Recommendations

G.7.a. through G.7.d.

The organization is urged to develop a written plan on cultural competency and diversity that includes the recruitment of individuals who are representative of the specific cultures the organization serves for leadership, management, direct service, and support service positions.

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
-

Recommendations

There are no recommendations in this area.

Criterion I. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program Structure and Staffing

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided

Medical Consultation

- Services relevant to diversity
 - Assistance with advocacy and support groups
 - Team composition/duties
 - Relevant education
 - Clinical supervision
 - Family participation encouraged
-

Recommendations

There are no recommendations in this area.

Exemplary Conformance

A.2.

One of the organization's employees has developed an exceptional manual utilizing DBT as its basis and has trained other staff members to work with this manual with the children served. Through this approach, the children are taught to take ownership and control of their emotions.

Consultation

- It is suggested that the staff member who developed the DBT manual have all her materials copyrighted and then begin the process of conducting outcomes studies to try to see if, in fact, this approach might become a best practice model for adolescent treatment.
 - It is suggested that the organization investigate Housing and Urban Development (HUD) funding to ensure ongoing funding for the safe house. Also, there might be possibilities of homeless grants or community block grants that could be utilized for program expansion.
-

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
 - Ineligibility for services
 - Admission criteria
 - Orientation information provided regarding rights, grievances, services, fees, etc.
 - Waiting list
 - Primary and ongoing assessments
 - Reassessments
-

Recommendations

There are no recommendations in this area.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
 - Co-occurring disabilities/disorders
 - Individual plan goals and objectives
 - Designated person coordinates services
-

Recommendations

C.2.a.(1)

The treatment plan should include goals that are consistently expressed in the words of persons served.

D. Transition/Recovery Support Services

Principle Statement

The organization assists the persons served to obtain services that are needed but that are not available within the organization and to plan for transition from services and follow-up, when needed. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system. The organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. The organization reviews the postdischarge information to determine the effectiveness of its services and determine if additional services are needed.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow up for persons discharged for aggressiveness

Recommendations

D.4.

It is recommended that individuals who participate in the development of the transition/discharge plan receive copies of the plan when permitted. Currently, persons served do not receive a copy of their transition/discharge plan.

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Key Areas Addressed

- Individual records of medication
 - Physician review
 - Policies and procedures for prescribing, dispensing, and administering medications
 - Training regarding medications
 - Policies and procedures for safe handling of medication
-

Recommendations

There are no recommendations in this area.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
 - Patterns of use reviewed
 - Policies and procedures for use of seclusion and restraint
 - Persons trained in use
 - Designated room
-

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
 - Review current and closed records
 - Items addressed in quarterly review
 - Use of information to improve quality of services
-

Recommendations

H.3.a.(1)

It is recommended that the quality records review process be revised to address whether persons served are provided with a complete orientation.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/ disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

R. Residential Treatment

Principle Statement

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities including developmental disability; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

R.1.b.

The organization has developed an exemplary educational system for persons served and local children in need of specialized educational services. The academic setting encourages and supports the educational needs of the children served by the organization. The organization has developed exemplary partnerships and alliances with the local school districts where each of its campuses are located. The dedication and commitment displayed by both the organization and the staff members enhance the treatment services provided to an at-risk population.

R.1.k.

The organization exhibits an exemplary focus on the vocational development of persons served at all of its program locations and has implemented a more formalized vocational track at the Minot, North Dakota, campus. Many of the children have jobs in the community and are supported by the organization. In addition, at the Minot campus, the organization provides specialized training to assist the persons served in developing essential vocational skills and the confidence to enter the workforce. Some of the specific opportunities offered include the areas of apiary management, hydroponics, equine therapy, welding, woodworking, carpentry, car restoration, and mechanical skills. In addition to these opportunities, there are also opportunities for persons who are developmentally disabled to participate in sheltered employment settings.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

Principle Statement

If an organization is required or chooses to add one of the following Specific Population Designations to a core program(s) being surveyed, the standards for these designations will be applied at the time of the survey in addition to the core program standards.

A. Children and Adolescents

Residential Treatment

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

INTEGRATED AOD/MENTAL HEALTH

Core programs in this field category are designed to provide a combination of alcohol and other drugs/addictions and mental health services. Services may be provided through a seamless system of care for individuals with needs in one or both areas or for persons with the identified co-occurring disorders.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

R. Residential Treatment

Principle Statement

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities including developmental disability; victims

or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

R.1.b.

The organization has developed an exemplary educational system for persons served and local children in need of specialized educational services. The academic setting encourages and supports the educational needs of the children served by the organization. The organization has developed exemplary partnerships and alliances with the local school districts where each of its campuses are located. The dedication and commitment displayed by both the organization and the staff members enhance the treatment services provided to an at-risk population.

R.1.k.

The organization exhibits an exemplary focus on the vocational development of persons served at all of its program locations and has implemented a more formalized vocational track at the Minot, North Dakota, campus. Many of the children have jobs in the community and are supported by the organization. In addition, at the Minot campus, the organization provides specialized training to assist the persons served in developing essential vocational skills and the confidence to enter the workforce. Some of the specific opportunities offered include the areas of apiary management, hydroponics, equine therapy, welding, woodworking, carpentry, car restoration, and mechanical skills. In addition to these opportunities, there are also opportunities for persons who are developmentally disabled to participate in sheltered employment settings.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

Principle Statement

If an organization is required or chooses to add one of the following Specific Population Designations to a core program(s) being surveyed, the standards for these designations will be applied at the time of the survey in addition to the core program standards.

A. Children and Adolescents

Residential Treatment

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

PROGRAMS/SERVICES BY LOCATION

Dakota Boys and Girls Ranch Association

6301 19th Avenue NW
Minot, ND 58703

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)

Western Plains Residential Treatment Center

1227 North 35th Street
Bismarck, ND 58501

Residential Treatment: Mental Health (Children and Adolescents)

Fargo Residential Treatment Center

3314 33rd Street SW
Fargo, ND 58104

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)

Minot Community Youth Home

706 Eighth Street NW
Minot, ND 58703

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)

Fargo Youth Home

1641 31st Street South
Fargo, ND 58103

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)

Fargo Safe Home

Fargo, ND 58103

Residential Treatment: Integrated: AOD/MH (Children and Adolescents)
