

**Ruth Meiers Adolescent Center**  
**Fiscal Year 2009**  
**Summary Report**

Providing quality mental health services to youth experiencing significant mental health issues is a challenge gladly accepted by the Ruth Meiers Adolescent Center (RMAC). If you are reading this, you may be experiencing difficulties with your child and looking for help or you may be a custodian looking for a potential placement. You may be an adolescent that has been told that you may be going to RMAC. Whatever the scenario, it can be a difficult and scary time.

This report provides an overview of important information about our program. It will help you develop a feel for the program. It will help to answer some of the basic questions like:

- How many kids are at RMAC?
- I've heard some youth aren't accepted there, why?
- What are the ages of the youth at RMAC?
- How long do people stay at RMAC?
- Are there both boys and girls at RMAC?
- If a child is accepted at RMAC, how long before they actually arrive at RMAC?
- Where do the adolescents go when they are discharged from RMAC?
- What do people think about RMAC?

These are great questions. We hope the following program information sheds some light on these questions so you can increase your knowledge about RMAC.

## **How many youth are at RMAC?**

How hard can it be to have an adolescent placed in a mental health facility? Actually, pretty hard! RMAC, by licensure, is a *12 bed Psychiatric Residential Treatment Facility (PRTF)*. Besides a hospital's acute psychiatric setting, PRTF's are the highest level of care provided for those suffering a serious emotional disturbance in North Dakota. With just 5 facilities (a total of 76 beds) providing this level of care to North Dakota youth, finding a facility with an opening is frequently quite difficult. Many regulations and standards of care determine much of the process to have an adolescent admitted to a program. Initially this involves the parent and/or custodian of the adolescent submitting referral information to the facility. In North Dakota, all of the PRTF's use the State approved Universal Application. Once completed and submitted to RMAC (or another facility) with supporting documentation, the application is reviewed by an Admissions Team. A number of factors contribute to the decision by the Admissions team as to whether the adolescent will be accepted into the program. In addition to meeting certain admissions criteria, the team must also consider the impact of the potential new resident on those already receiving treatment at the facility. Certain risk factors such as self-harm and run away histories are closely examined to determine the appropriateness of the referral to our facility.

During Fiscal Year (FY) 2009, 124 formal (applications reviewed by admissions team) referrals were made to the RMAC program. Of these, 63 were males and 61 females. Generally, 10 or 11 adolescents are in the program at one time.

## **I've heard that some youth aren't accepted at RMAC, why?**

Of the 124 formal referrals reviewed by the Admissions team, 23 (18%) were approved to be accepted into the program. Of that number, 21 (91% of those approved) actually ended up being admitted to the facility. The following shows the 2 main reasons why an adolescent is denied acceptance into the program by the Admissions Team. Also, the average length of time that someone was on the waiting list, after being accepted, was 31.25 days.

<b>Reasons For Denial</b>	<b>Number Denied</b>	<b>% of Denials</b>
Higher Level of Care Recommended	25	23%
Placed Elsewhere	20	19%

## **What are the ages of the youth at RMAC?**

From the chart you can see that RMAC has had youth as young as 11 and as old as 17 in the program. You can also see that 15 and 16 year olds, both male and female, made up a significant percentage of the adolescents that were in our program.

### **Formal Referrals – Ages**

<b>Age</b>	<b>Number of Males Referred</b>	<b>Number of Females Referred</b>
11	2	-
12	13	3
13	6	9
14	6	9
15	13	11
16	12	22
17	9	9

Though the age range served can be challenging, it also offers an opportunity for those in the program to relate to a variety of youth and develop age appropriate social skills. After-all, when the adolescent leaves the program and returns home or moves to a foster home, they will likely need to manage themselves in a family, school or public setting where there is a mixture of ages to contend with.

### **How long do people stay at RMAC?**

This is one of the most popular questions asked. We break Length-of-Stay (LOS) data down a number of different ways to look at different factors. The main number to note is that on average, from July 1, 2009 through June 31, 2010, adolescents were in our program 155 days. That is just 1 more day than the 13 year average of 154 days. Males and females were roughly in the program the same length of time. The chart below shows the averages for the past 3 years.

#### **Length of Stay**

<b>Category</b>	<b>Avg. # of Days in Program In 2007</b>	<b>Avg. # of Days in Program in 2008</b>	<b>Avg. # of Days in Program in 2009</b>
<b>Total avg. Length of Stay (LOS)</b>	164	146	155
<b>13 year avg. LOS</b>	140	141	154
<b>Male avg. LOS</b>	201	115	147
<b>Female avg. LOS</b>	133	177	141
<b>Eastern ND avg. LOS</b>	166	122	169
<b>Western ND avg. LOS</b>	157	175	113
<b>County referral avg. LOS</b>	161	163	176
<b>DJS referral avg. LOS</b>	162	136	148
<b>Parent referral avg. LOS</b>	149	67	135
<b>Tribal referral avg. LOS</b>	165	207	152
<b>Adol. D/C to Detention LOS</b>	114	100	85
<b>Adol. D/C to Hospital LOS</b>	14	16	90

It is important to remember that the above numbers are averages. Some of the adolescents completed the program in less time while others may need a bit more time to get the needed work done. What is important is not how long the adolescent is in treatment but rather are they making the changes and progress necessary to have a healthy and successful life after RMAC.

Another factor that seems to have a direct bearing on an adolescents success in the program is their ability to eventually have Therapeutic Passes. These passes usually involve the adolescent being able to have passes away from the facility, most often with their family, but also with Foster parents. The statistics seem to suggest that those youth having therapeutic passes are considerably more likely to successfully complete the program.

#### **Therapeutic Passes**

<b>Youth Completing Program</b>	<b>Avg. # of Passes</b>	<b>Avg. # of Days on Pass</b>	<b>Avg. LOS</b>
13	6.2	15.2	188 days
<b>Youth Not Compl. Program</b>			
6	.16 (1 pass)	.16 (1 day)	83 days

## **Are there both boys and girls at RMAC?**

Yes! RMAC accepts both males and females into the program. Here's the breakdown.

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## **Where do the adolescents go when they are discharged from RMAC?**

It is easy for us to state where the adolescents go when they leave our program. What is more difficult is why they go there, who gets to decide and what options might be available for consideration. The good news is that parents, custodians, RMAC staff and the adolescent start working on where the adolescent will be discharged to on the very first day the adolescent is with us. Sometimes the plan is very clear that the adolescent will be going home. Sometimes home is not an option and the child will be going to a relative's home or to a foster home. Other times, when things don't go well, the adolescent may end up in detention or the hospital. What we do know is that it is important for the adolescent to have a plan and location they can work towards – that pot of gold at the end of the rainbow.

### **Adolescent Discharge Location**

<b>Discharge Location</b>	<b>Raw #/Percentage of 2009 D/C</b>
Total Discharges	19
Home	7
Relative	1
Foster Home	3
Group Home	1
Detention	3
Hospital	3
PRTF	1

Our goal is always to be able to step the adolescent down to a less restrictive level of care. This would mean that they have made progress and no longer require the level of treatment intensity of a PRTF. Twelve of 19 adolescents were discharged to a lesser level of care in 2009. This represents 63% of the adolescents discharged from RMAC last year.

## **What do people think about RMAC?**

It is one thing for the program to tell its own story. Perhaps more important is how parents, custodians and youth feel about their experience at RMAC.

**Overall, how would you rate your intake experience at RMAC?** Of those (both parents and custodians) responding to this question, 90% said the experience was good (35%) or excellent (55%). Sixty one percent of the custodians found the intake experience ‘Excellent’ compared to 42% of the parents.

Additionally, a combined 71% of both parents and custodians Strongly Agreed with the statement that they – ***felt RMAC would provide individualized care for their child.***

The philosophy of being professional, courteous and respectful in all of our interactions is a cornerstone of the program. Expectedly, 100% of the parents and custodians responded that they Agreed or Strongly Agreed to – ***staff you met were friendly and professional.***

Overall, 83% of the parents and custodians responding felt – ***the quality of care my adolescent received while in placement at RMAC*** – was Excellent.

### **RMAC Staff**

A crucial factor in providing excellent programming is directly related to the quality of staff delivering the services. In FY 2009, just 2 staff left RMAC, one Community Home Counselor (CHC) and the Activity Coordinator. The Activity Coordinator was replaced internally by the Lead CHC. This means that just 1 new person joined the RMAC staff in FY 2009. This is important because the consistency in the delivery of our services is a vital factor in the adolescent being successful.

Having committed, caring and competent staff that understand and recognize the difficult issues that adolescents in our program face, is critical. Important changes are made when the respectful and helping relationship between staff and the adolescent are established. In order for this to happen it is important that everyone be on the same page. Having little turnover with staff goes a long way in accomplishing this. Creating a trustworthy and safe environment for the adolescent to address their issues is an ongoing challenge and priority for RMAC staff.

## **CONCLUSION**

Providing quality care for youth in a Psychiatric Residential Treatment Facility is one of the most difficult and rewarding vocations that exist in the field of child welfare. Delivering quality life altering treatment, in the least amount of time possible, is the expectation. Helping youth that have been abused, assaulted, neglected, and/or are experiencing serious mental health issues to become confident, healthy, hopeful and productive citizens is the daily task set before a dedicated and caring staff. The work is not easy. Recognition for the tremendous effort given by youth and staff is fleeting. What exists is the knowledge that the RMAC program places high value on being a respected program for parents and custodians to turn to when times are tough and their child needs help.

This report has provided you with some insight as to the inner workings of our program. By design, RMAC is a very open and transparent program, allowing and encouraging parent and custodian participation during all phases of the treatment process. We believe this approach allows the program, custodian, adolescent and parent to come together and create a powerful treatment team, a team with one desire, to help the adolescent become as healthy as possible. The hope is that this summary contributes toward that end. If you have any questions or comments, please direct them to the Program Director, Bryon Novotny, at 701-795-3870.