

Pursuant to MN Statutes, section 245A.65, subd. 2					
Program Name / Type		Birch Tree Center - Residential Crisis Stabilization Services (RCSS)			
Address	4730 Matterhorn Circle				
City	Duluth	State	MN	Zip	55811
Date Plan Developed		October 27, 2025			

Population Assessment	
1. Age range of recipients.	
Guests in this program are 18 years old and older which may increase vulnerabilities due to different developmental stages and the individual's priorities and needs at various ages.	
2. How will this program reduce the potential of abuse and/or harm to recipients related to the age of the recipients served?	
Birch Tree Center offers daily groups, individualized encounters, and meetings, which enhance structural factors within the program to provide safety. Wellness Recovery Action Plans (WRAP) are provided through peer specialists within the program and can accommodate various age levels and functioning. Staff of the program will provide safety and wellness checks, at least once per hour. If the individual is considered high risk and vulnerability the safety checks will be more frequent. One staff member, MHRW or MHPR is stationed at the front desk area that is open and accessible to the guests 24/7.	
3. Gender of recipients:	Individuals identify throughout the gender spectrum and Thrive will accommodate living arrangements based on their identified needs and personal safety assessment. This includes utilizing their gender preference within verbal and written documentation using their identified pronouns.
4. How will the program reduce the potential of abuse and/or harm to recipients related to the gender of the recipients served?	
The program will recognize individual gender identity as stated in interactions. Sexual Education is offered on an individual basis through the Registered Nurses, APRN, Clinical Supervisor, or Mental Health Professional. Doors are locked from the outside in, but not the inside out to protect guest privacy and support and aid in disconnection from unhealthy supports. Individuals are housed in separate rooms and shall never be housed in the same room. Common spaces are monitored by MHPR or MHRW for safety. A minimum of one MHPR will be stationed in each wing of the program, visible and accessible to the guests 24/7.	
5. Describe the range of mental functioning of recipients.	
Individual served in our program have been assessed as experiencing a mental health crisis and may or may not have other mental health supports set up for them upon admission to our program. Individuals of this program may have difficulty being redirected to using healthy coping skills, using their crisis prevention plan, or identifying positive supports. Some individuals may not demonstrate the ability to establish personal boundaries with other individuals or staff in the program. Also, noted we serve many individuals diagnosed with serious and persistent mental illnesses (SPMI).	

<p>6. How will this program reduce the potential of abuse and/or harm to recipients related to the mental functioning of the recipients served?</p>
<p>The program staff's qualified Mental Health Professional(s), Mental Health Practitioners, Registered Nurse, Mental Health Rehabilitation Workers, Psychiatric Nurse Practitioners, and Certified Peer Specialists are trained in working with vulnerable populations. The program, through an Individual Abuse Prevention Plan, will implement the Positive Supports Rule for all individuals who qualify with a documented IQ below 70 or a Developmental Disability diagnosis before the age of 21. Staff will employ the strategies that the individual and their support team identify and documented in their Individual Treatment Plan and Individual Abuse Prevention Plan. Doors are locked from the outside in, but not the inside out to protect guest privacy and support and aid in disconnection from unhealthy supports. Individuals are housed in separate rooms and shall never be housed in the same room. Common spaces are monitored by MHPR or MHRW for safety.</p>
<p>7. Describe the range of the physical and emotional health of recipients.</p>
<p>Guests are ambulatory, some require special diets and medication regimens. Some individuals in the program may present with higher medical needs that require additional monitoring as well as an immediate review of current or needed medications by a Registered Nurse or Psychiatric APRN.</p>
<p>8. How will this program reduce the potential of abuse and/or harm to recipients related to the physical and emotional health of the recipients served?</p>
<p>The program employs several RN's and at least one Psychiatric APRN who train and supervise all staff in relation to the recipient's medical health needs, including monitoring of side effects of psychotropic medications. The program staff's qualified Mental Health Professional(s), Mental Health Practitioners, Mental Health Rehabilitation Workers, and Certified Peer Specialists are trained in working with vulnerable populations and person-centered languages and planning. Staff also receive extensive training on de-escalation and identifying safe resources guests can access upon discharge from our program.</p> <p>Doors are locked from the outside in, but not the inside out to protect guest privacy and support and aid in disconnection from unhealthy supports. Individuals are housed in separate rooms and shall never be housed in the same room. Common spaces are monitored 24/7 by MHPR or MHRW for safety. A minimum of one MHPR will be stationed in each wing of the program, visible and accessible to the guests 24/7.</p>
<p>9. Describe the range of adaptive/maladaptive behavior(s) of the recipients.</p>
<p>Guests have often been exposed for prolonged periods of time to stress and anxiety and have difficulty making safe decisions for themselves and others as well as making healthy adjustments to their environment.</p>
<p>10. How will this program reduce the potential of abuse and/or harm to recipients related to the adaptive/maladaptive behavior(s) of the guests served?</p>
<p>The program staff's qualified Mental Health Professional(s), Mental Health Practitioners, Mental Health Rehabilitation Workers, and Certified Peer Specialists, and Psychiatric APRN's are trained in working with vulnerable populations. Staff will develop an Individual Treatment Plan along with the guests to identify current stressors and development of coping skills. All staff will be trained in Trauma Informed Care, Verbal de-escalation techniques, and perform a minimum of hourly checks on the individuals in the program.</p>
<p>11. Describe the need for specialized programs of care for the recipients.</p>
<p>Guests require structured daily programming to address mental health and co-occurring disorders. This may include individual sessions IDDT, WRAP, CBT skills delivered individually and in group settings.</p>

<p>12. How will this program reduce the potential of abuse and/or harm to recipients related to the need for specialized programs of care for the recipients served?</p>
<p>WRAP, Individualized Treatment Plans, Person Centered Practices, Medication Hygiene, Family Education, and socialization will be offered with both group and individualized instruction to meet guest’s individual treatment goals.</p>
<p>13. Describe the need for specific staff training to meet individual recipient’s needs.</p>
<p>Staff are provided ongoing training specific to the needs of vulnerable adults with mental health diagnoses. In addition to 30 hours of Mental Health Crisis Training bi-annually.</p>
<p>14. How will this program reduce the potential of abuse and/or harm to recipients related to the need for specific staff training designed to meet individual recipient’s needs?</p>
<p>An annual staff training needs assessment is conducted by the Program Director to determine individual program and staff’s training needs. Topics include, but are not limited to HIPAA, Mandated Reporter, Mental Health Diagnoses, de-escalation techniques, cultural awareness and competency, and Co-Occurring Disorders.</p>
<p>15. Describe any knowledge of previous abuse that is relevant to minimizing the risk of abuse to recipients.</p>
<p>Staff assess for many types of abuses using the Individual Abuse Prevention Plan and Risk Assessment. Higher incidents of abuse, neglect, exploitation, and inability to utilize healthy coping skills to reduce harmful behaviors will result in specific responses outlined in the IAPP. Individuals who are higher in acuity or have significant suicidality will be placed on an IAPP for safety purposes. We also anticipate a lack of a primary or healthy support system. Some individuals may also experience recent medication changes requiring monitoring.</p>
<p>16. How will this program reduce the potential of abuse and/or harm to recipients related to the knowledge of previous abuse?</p>
<p>The program staff’s qualified Mental Health Professional(s), Mental Health Practitioners, Mental Health Rehabilitation Workers, and Certified Peer Specialists are trained in working with vulnerable populations. Staff will develop an Individual Treatment Plan and assess individual vulnerabilities along with the Individual Abuse Prevention Plan developed with the guest. Staff will also work to identify outside supports that can help support their mental health goals and stability in a more independent community setting</p>

<p>Physical Plant Assessment</p>
<p>1. Describe the condition and design of this program’s building as it relates to recipient’s safety.</p>
<p>The building consists of one level and 12 individual bedrooms, 6 bedrooms on each of the two wings of the building. Each wing of the building has three full bathrooms for guest use and will have one commons area. One wing has a dining and group activities room as well. The building is at the end of a dead-end road with multi living apartments and small businesses within one mile. The land is abutted with state land that cannot be built on so there are two sitting areas outside that face nature.</p> <p>The building was built in 2005 for specialized inpatient healthcare services by a reputable residential healthcare developer in Duluth. It includes a sprinkler system in fire emergencies as well as a one-level floor plan with many options for emergency exits. There is a dedicated 30 space parking lot attached. People wanting to enter the building can only be admitted by staff into the building. All doors are locked to outside visitors 24/7, and unlocked inside so people can leave the building at any time or for emergency purposes.</p>

<p>2. How will this program reduce the potential of abuse and/or harm to recipients related to the condition and design of this program’s building in terms of recipient’s safety?</p>
<p>Staff conducts hourly safety and location checks on each unit and guests. Staff will monitor use of the bathrooms as each wing of the building and each of the 2 bathrooms in each wing (4 guest bathrooms total) will be all gender inclusive. Cleaning materials and toxins are kept in a locked closet in the main hallway.</p>
<p>3. Describe any areas of this program’s building that are difficult to supervise.</p>
<p>Individual bedrooms are difficult to supervise on the overnight shift when allowing for least disruption and sleep privacy. Each bedroom has a tall closet that it on the same wall as the entrance door. The closets have a bar to hang clothes on that is not break-away. The headboards and footboards of the beds are wrought iron where a client could loop something through it. Bathroom entrances are highly visible to staff, but privacy will be granted while a guest is using the bathroom so routine checks outside of safety checks will not be conducted there. Guests could exit the building through side exit doors on each wing or the main entrance if unmonitored. The land has a trail that abuts the property that is heavily wooded and staff will not be monitoring. The trail winds down the hill to a sidewalk to access small business and the bus stop. The trail is not part of the land associated with this building.</p>
<p>4. How will this program reduce the potential of abuse and/or harm to recipients related to the areas of this program’s building that are difficult to supervise?</p>
<p>Staff conducts hourly safety and location checks at a minimum on each unit. Staff will not disrupt guest’s sleep if there are not any safety concerns. All ropes and string items that are allowed in bedrooms or kept with the client during their time in the program will be check-in and out of the staff office. Staff will monitor their use. This includes charging cords, etc. The closets will need to be checked and monitored when individuals are not accounted for during safety checks. The doors automatically locking from the outside 24/7 will keep out any uninvited visitors.</p>

<p>Environmental Assessment</p>
<p>1. Describe the location of this program including information about the neighborhood and community that this program is located.</p>
<p>The facility is located in a commercial and multifamily residential area of the city of Duluth in a neighborhood called Duluth Heights. It is Duluth’s largest neighborhood and is known for its natural beauty and modern amenities. There is an abundance of nature in this neighborhood, which is characterized by rolling hills, spacious yards, public parks, and acres of woods. Although Duluth Heights embodies the secluded feel. The neighborhood has plenty of suburban staples located along U.S. Highway 53. This long thoroughfare is filled with department stores, grocers, chain restaurants, and more.</p>
<p>2. How will this program reduce the potential of abuse and/or harm to recipients related to the location of this program, including factors about the neighborhood and community?</p>
<p>Guests are offered transportation in the company vehicle for appointments with other professional providers if needed. Most Hospitals and clinics are a 5–10-minute drive from this location. Appointments will be prioritized during their crisis stay to only appointments that will aid in stabilization. Staff is available 24 hours per day and 7 days per week to transport clients if needed. Client confidentiality is ensured by monitoring visitors and one-way locked doors allowing access to the outside of the building, but not inside without permissions. Staff conducts hourly safety and location checks on each unit and guests.</p>

<p>3. Describe the type of grounds and terrain that surround this program.</p>
<p>There is a parking lot, sidewalk, and a pathway leading to the main entrance of the facility. The outside front of the facility is landscaped with natural rock, some bushes, and plants. There is a small lawn and concrete patio slab off each residential wing of the building that will be able to be accessed by guests for socializing. There are heavily wooded areas surrounding the building, and one multifamily apartment building that is private but slightly visible off the left wing of the building. There is not a way to access that apartment building unless you leave the property entirely through the parking lot and driveway.</p>
<p>4. How will this program reduce the potential of abuse and/or harm to recipients related to the type of grounds and terrain that surround this program?</p>
<p>The home is landscaped to blend into the neighborhood and be aesthetically pleasing. The lawn is mowed and sidewalks/paths are cleared by a company we contract with for those services. Human Resources ensures annual education on prevention of slips, trips, and falls for all guests and employees. The patio area is checked for safety and cleaned daily by staff and guests. A sign indicating that the building is private use for Birch Tree Center will be posted at the driveway and lit up at night.</p>
<p>5. Describe the type of internal programming provided at this program.</p>
<p>Evidence-Based Practice programming is the core of treatment. Groups or activities are offered throughout the day that include EIMR and CBT. WRAP and Family Education is provided as identified in the individual's treatment plan or requested. As needed individual supportive counseling is always offered by a Mental Health Professional during daytime/weekday business hours.</p>
<p>6. How will this program reduce the potential of abuse and/or harm to recipients through the type of internal programming provided at this program?</p>
<p>The program qualified staff consisting of Mental Health Professional(s), Mental Health Practitioners, Mental Health Rehabilitation Workers, and Certified Peer Specialists trained in working with vulnerable populations will deliver the programming. Individual and/or group programming is offered based on the guest's identified goals in their Individual Treatment Plan. Guests are expected to participate in structured programming and treatment although they are offered a choice in services to best fit their needs identified in their ITP.</p>
<p>7. Describe this program's staffing pattern.</p>
<p>The program has 24 hours per day and 7 days per week awake staffing. There are three shifts throughout one calendar day. Staffing consists of a variation between Psychiatric Nurse Practitioners, Mental Health Professional(s), Mental Health Practitioners, Mental Health Rehabilitation Workers, Register Nurses, and Certified Peer Specialists trained in working with vulnerable populations. Nursing services are available 7 days/week 7:00am to 11:00 PM (same day). All other shifts include a combination of the above listed staff.</p>
<p>8. How will this program reduce the potential of abuse and/or harm to recipients through this program's staffing pattern?</p>
<p>A minimum of two staff is always working together on each shift. The Program Director monitors and ensures that staffing levels and ratios are in compliance with the 245I. The Treatment Director, Mental Health Professional OR Psychiatric APRN are available Monday through Friday on-site and anytime for on-call purposes.</p>

EACH PROGRAM MUST ENSURE THAT:

1. Guests are provided with an orientation to the Program Abuse Prevention Plan. This orientation must be within 24 hours of admission or within 72 hours for individuals who would benefit from later orientation.
2. The President, Program Director, and/or Program Administrator must review the Program Abuse Prevention Plan at least annually.
3. A copy of the Program Abuse Prevention Plan must be posted in a prominent place in the facility and be available, upon request, to mandated reporters, guests, and legal representatives.

This plan will be reviewed annually along with any substantiated maltreatment findings that occurred since last review.



Program Administrator - Signature

10/27/2025

Date Reviewed / Approved



President - Signature

10/27/2025

Date Reviewed / Approved