

**ROBINSON RECOVERY CENTER**  
**ANNUAL SUMMATION REPORT (JULY 2007 TO JUNE 2008)**  
**NARRATIVE**  
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**SHAREHOUSE DIRECTOR OF OPERATIONS**

ShareHouse proudly continues to provide specific treatment to the constituents of North Dakota struggling with dependence to methamphetamine, opiates, and cocaine. One year from July 1, 2007, the Robinson Recovery Center admitted 62 clients. It continues to be the only co-ed residential treatment facility in the provision of methamphetamine specific treatment. Through the provision of treatment, we have continued to gain experiential, therapeutic, and residential knowledge about the meth addict and also of the opiate addict in hopes of improving treatment outcomes for the future.

The meth client continues to present with decreased cognitive abilities, heightened sexual responsivity, lack of social skills, physical deterioration, high degree of impulsivity, poor dental hygiene, increased dual diagnosis, significant criminal history, and increased potential for the development of infectious diseases. Some special considerations regarding an opiate addict include the need for medical detox shortly after admission; the need for use of medications to aid in titration shortly after admission; ongoing issues of pain management during the treatment effort; ongoing med seeking behavior while in treatment; AMA discharges to obtain medication; higher degree of denial secondary to medical interventions; and the need for longer time in treatment.

Attempting to balance residential rule enforcement and retention in treatment therapeutically continues to be our greatest challenge requiring innovative and creative thinking on the parts of the RRC staff to include the residential coordinator, four social workers (case managers), three licensed addiction counselors, and the clinical director.

The segregation of all groups based on gender continues to present difficulties on the part of both the staff and clients. This continues to impede the ability of clients to fully engage in self help support groups. The need for increased security to include hallway, doorway, and landing cameras; doorway monitors on each floor; and increased staff for ongoing surveillance impacts the ability of ShareHouse to remain a therapeutic rather than a penalistic facility. The desire for ShareHouse and all treatment facilities across the state of North Dakota to remain therapeutic are of great importance to the clients we serve.

The impact of the residential rule changes to the clients at Robinson Recovery Center may have a direct impact to the retention of clients therapeutically secondary to a decrease in successful completion by clients. ShareHouse continues to utilize contingency management in our programming efforts to effectively deal with this issue. However, AMA discharges appear to have risen dramatically.

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Case management continues to be an integral part of the Robinson Recovery Center. While an additional Licensed Addiction Counselor was added in the doubling effort, two additional Licensed Social Workers were added to increase support for each client served. Issues contributing to the case management effort include higher incidence of legal involvement, higher incidence of CPS involvement, high level of impulsive thinking and behavior increasing the potential to relapse, high degree of dual diagnosis, negative peer associations, high degree of criminal thinking, increased need for monitoring efforts, and increased need for support for each client.

### **Synopsis of Summation Report**

#### **Referrals:**

Robinson Recovery Center received a total of 157 unduplicated referrals from 7-1-07 to 6-30-08 with most of the referrals (53.51%) from Fargo and (12.10%) from Bismarck. The most referrals received were in the month of October '07 and January '08 (18).

The largest reason for denied access (32.63%) was unresolved legal issues. This was a decrease from over 40% previously identified in prior reports. This was due to the presence of minimum mandatory sentences stemming from a combination of class A, class C and federal class a felony charges resulting from meth use, manufacturing, or dealing. ShareHouse was unable to accept these clients due to the high potential of minimum mandatory sentences leading to incarceration. Due to their ability to receive treatment while in prison, they were unable to be admitted to this project. The second largest reason (23.16%) was the inability to locate the client upon initial referral. As previously noted the client or referral agent would contact the facility and if unable to be admitted within 24 hours, they would be difficult to locate. With the doubling effort, this was not the case. There was the ability to admit the same day as referral. However, in many cases, they indicated they would re-contact the facility for admission and upon staff follow-up were unable to be located.

#### **Admissions:**

Of the 62 Admissions, 19 currently remain in treatment.

Robinson Recovery Center admitted 62 individuals between 7-1-07 to 6-30-08 with the largest number of admissions from Fargo (54.85%), Bismarck (17.74%) and Devil's Lake (9.68%). The Western half of the state to include Bismarck, Dickinson, Williston, and Minot contributed 20.97% of the admissions while the Eastern half of the state (Jamestown, Fargo, Grand Forks, and Devil's Lake) contributed 79.03% of the admissions.

Inconsistent with the national average of 50/50 gender split, 36 men (58.06%) and 26 women (41.94%) were served during this time. The youngest client was 18 and the oldest was 52 with a median age of 30.

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After successful completion of 2 months of intensive treatment incorporating the Matrix Model, cognitive restructuring, therapeutic community, anger management, healthy relationships, schedule review, continuing care, family group sessions, recreation group, and exercise group, the client is expected to seek a minimum of 20 hours of employment per week to aid in community transition. Issues related to employment, academics, and residential were all noted to improve in approximately 75% of the clients served.

Legal Issues have changed dramatically since the beginning of operations at the Robinson Recovery Center as those persons on probation can now be served at the facility. For those persons with pending legal charges, the ability to advocate for continued treatment in lieu of jail has been helpful and has contributed to 5 of the 12 successful discharges.

Sponsorship (a mentor within the self help support group) is an expectation of the treatment program. Engaging the sponsor in the treatment program has been a pivotal dynamic to aid in treatment success for each client. Many privileges in the program are dependent upon involving the sponsor in the treatment program.

Child Protection Services has been involved in 12 (28.57%) of the 62 admissions with 11 (91.67%) of the 12 clients being women.

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Dual Diagnosis remains a constant issue when dealing with addiction to methamphetamine, opiates, and cocaine and contribute to 74.19% of the admissions during the past year.

Drugs of abuse during the past year include Methamphetamine (42), Opiates (15), and Cocaine (5).

**Discharge Statistics:**

For the purpose of this summation report, a successfully discharged client from the RRC program meets the following criteria:

- ❖ Completed a minimum 4 months of treatment (average treatment stay for someone completing treatment at RRC is 5.49 months)
- ❖ Maintained gainful employment or successfully completed his/her GED
- ❖ Has maintained attendance to self help support groups in the community
- ❖ Has made a commitment to continued attendance to aftercare groups
- ❖ Has identified 1-2 permanent sponsors and involved them in the treatment process
- ❖ Continues to successfully manage any dual diagnosis issues
- ❖ Has resolved medical and dental issues during treatment
- ❖ Continues to submit to random UA screens for a minimum 6 months following treatment programming.

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During the first year of operation, the Robinson Recovery Center has successfully completed 12 (30%) of 40 discharged clients. Considerations to include in this statistic are:

- ❖ Significant Cognitive Deficits
- ❖ High level of impulsivity behaviorally and cognitively
- ❖ High incidence of dual diagnosis
- ❖ Highest level of care for addiction treatment
- ❖ Environmental issues (legal, residential, academic, employment, and family)
- ❖ Remaining in treatment
- ❖ Co-ed facility with ongoing security issues
- ❖ Legal problems contributing to premature discharges
- ❖ High degree of AMA

During the past year of the project the following factors contributed to early discharge:

- ❖ Introducing chemicals to the facility
- ❖ Fraternization
- ❖ Threats of violence
- ❖ Use of chemicals on property and attempting to distribute to others
- ❖ Leaving against medical advice

Due to continued cohabitation in the same facility by men and women seeking treatment, the issue of fraternization has played a major role in leaving AMA and premature discharges. While increasing staff to increase monitoring efforts on site, segregating persons in treatment by gender in a separate facility continues to be the best possible solution to this increase in premature discharges.

**Conclusions:**

Previous conclusions identified in the previous 8 month summation report and 18 month summation report included fraternization with the need to segregate by gender, high relapse potential specific to the meth client, and the presence of dual diagnosis issues. These continue to remain an issue at this time.

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After 2 ½ years of operation and annual statistics including observable behavior and numerous interviews with clients, family members, and staff members at ShareHouse-RRC, the following conclusions are reached:

- ❖ For treatment to be successful for the meth addict segregation by gender is imperative, not just in programming, but in physical location.
- ❖ Adherence to regulatory rule enforcement to aid in the provision of structure is an important component of treatment. The higher the level of distractions, the higher the incidence of impulsive thinking and impulsive behavior, the higher the probability of relapse potential in the community.
- ❖ The longer the treatment episode, the higher the probability of success with an average length of stay for successful clients at 6.43 months. The average length of stay for an unsuccessful discharge was 2.61 months.
- ❖ When the probation officer, CPS worker, and sponsor is actively engaged in the treatment process, the probability of success increases.
- ❖ A commitment to aftercare involvement and maintained self help group attendance increases the likelihood of success for the meth addict.
- ❖ The potential for relapse appears higher for the meth addict secondary to level of impulsivity and decreased cognitive functioning.
- ❖ Due to the high incidence of dual diagnosis, an increased level of dual diagnosis programming and direct involvement of psychologists and psychiatrists to the process of treatment is needed. Psychological testing to identify current level of IQ and concrete/abstract thinking ability is needed to tailor treatment to the current abilities of the client.
- ❖ A higher staff to client ratio is needed due to the intensity of treatment services and numerous aforementioned issues.
- ❖ The ability to avert addicted offenders to treatment in lieu of incarceration is pivotal to their ability to contribute to society not only while in treatment but also following successful completion of treatment.



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As stated in a previous summary report, "There appears to be a dichotomous relationship between treatment and incarceration for the meth addict due to the presence of minimum mandatory sentences for use, distribution, and manufacturing of methamphetamine. Research has identified drug court (an interwoven and complimentary relationship between corrections and human services) as one of the most successful interventions for the addicted client. ShareHouse has been privileged to experience firsthand knowledge of this due to the provision of treatment for drug court in Cass County. When law enforcement/corrections partners with treatment programs to provide support and enhanced motivation for the addicted client, the potential for a positive treatment outcome is synergistic. Since the implementation of increased search protocol at RRC, law enforcement and probation officers have been considered a partner in the RRC project. This has significantly enhanced program security and therapeutic interventions. Drug court allows the therapist to be truly therapeutic while allowing the probation department to enforce regulations."

The impact of the doubling effort at Robinson Recovery Center

Has the doubling effort at the Robinson Recovery Center positively impacted the constituents of North Dakota? Yes and No.

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Yes - While the total admissions at the Robinson Recovery Center has never exceeded 30, without additional bed availability, we would have had to turn away many individuals as during the past year the number of admissions has consistently been above 20. What, then, do we do with the additional 10 beds?

No - To limit bed availability to an identified drug based on current statistics also limits the availability of addiction treatment to many individuals. While methamphetamine has created significant devastation in the area of police involvement, corrections, prisons, child protection services, and treatment – this has been an ongoing issue with the use of alcohol (still the number one drug of abuse in the nation) for years. The decreasing number of admissions specific to methamphetamine appears to be directly related to continued minimum mandatory sentences, societal involvement of increased monitoring of contributory agents to methamphetamine, ongoing police efforts to locate or detract methamphetamine labs, and possible shift in drug of choice to opiates.

As previously stated in a summation report, "What will take precedence in this ongoing dilemma that the meth addict faces on a daily basis; incarceration or treatment? One look at the ever increasing prison population has given North Dakota a clear answer to this question. The 59<sup>th</sup> North Dakota Legislative Assembly voted to change that and the Robinson Recovery Center was born with the potential for increased success based on newfound experiential knowledge of the meth addict in residential treatment."

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The many clients, family members, and friends would like to say a word of thanks to the North Dakota legislators for boldly affirming the need for methamphetamine treatment and given them a second chance at life. There is a hope to increase services to serve the need of the many other addicts struggling with addiction to other substances in the state of North Dakota.

In closing, the work of an addicted in treatment is a difficult road with little to no cognitive direction. Once engaged in the treatment process, dual diagnosis can contribute to ongoing difficulties. Poor boundaries contribute to fraternization issues and ongoing emotional reactions. Upon successful completion of treatment, the direction becomes clearer but the road remains long with normal life struggles tempting each client to relapse. Only with ongoing support, treatment maintenance, and understanding will the recovery of the addicted continue and succeed.

Respectfully Submitted,

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Anna M. (Andi) Johnson, LAC, LADC  
ShareHouse Director of Operations  
Robinson Recovery Center

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## SHAREHOUSE

### SUMMATION REPORT

JULY 2007 THROUGH JUNE 2008

#### Referrals by Region

**Total: 157**

Region 1 (Williston)	3	1.91%
Region 2 (Minot)	2	1.28%
Region 3 (Devil's Lake)	10	6.37%
Region 4 (Grand Forks)	12	7.64%
Region 5 (Fargo)	84	53.51%
Region 6 (Jamestown)	9	5.73%
Region 7 (Bismarck)	19	12.10%
Region 8 (Dickinson)	9	5.73%
Unknown	9	5.73%
Western Region (Regions 1, 2, 7, 8)	33	22.30%
Eastern Region (Regions 3, 4, 5, 6)	115	77.70%

#### Referrals by Month

July - 07	15
August - 07	12
September - 07	11
October - 07	18
November - 07	7
December - 07	12



January - 08	18
February - 08	15
March - 08	13
April - 08	10
May - 08	11
June - 08	15

### Denied Admissions

**Total: 95 (60.51%)**

Unresolved legal issues	31	32.63%
Refused to be admitted to treatment	13	13.68%
Inappropriate level of care	6	6.32%
Unable to locate	22	23.16%
Unable to court commit	0	0%
Medical issues exceeds facility's capability to manage	6	6.32%
Lack of follow through from referral source	4	4.21%
Drug of choice outside grant	5	5.26%
History of violence/sexual behavior	5	5.26%
Conflict of Interest	3	3.16%

### Admissions

**Total: 62 (39.49 % of referrals)**

Region 1 (Williston)	0	0%
Region 2 (Minot)	1	1.61%
Region 3 (Devil's Lake)	6	9.68%
Region 4 (Grand Forks)	4	6.45%

Region 5 (Fargo)	34	54.85%
Region 6 (Jamestown)	5	8.06%
Region 7 (Bismarck)	11	17.74%
Region 8 (Dickinson)	1	1.61%
Western Region (Regions 1, 2, 7, 8)	13	20.97%
Eastern Region (Regions 3, 4, 5, 6)	49	79.03%

Admission Statistics					
Total Admissions: 62					
Male:			36 (58.06%)		
Female:			26 (41.94%)		
Average Age:	30	Youngest:	18	Oldest:	52
Length of Stay:	Average 3.84	Unsuccessful LOS:	2.61	Successful completion LOS	6.43
Employment (upon admission)					
Full Time:	6	Part Time:	6	Unemployed	50
Academic (upon admission)					
Less HS:	5	HS/GED:	48	College:	9
Residential (upon admission)					
Own:	5	Rent:	14	Homeless:	43
Legal (upon admission)					
Pending:	10	None:	17	On Probation:	35
Child Protect					
Yes:	12	Women: 11	Men: 1		
Drug of Choice: Meth	42	Opiates	15	Cocaine	5
Dual Diagnosis	46	74.19%			

<u>Discharge Statistics</u>		
Category	Number of Clients	Percent of Discharges
Successful Completion	12	30%
Temporary Discharge with potential to return to treatment	28	70%
Fraternization	3	10.71%
Left Against medical advice (AMA)	15	53.58%
Legal Discharge	7	25%
Other Unsuccessful	3	10.71%
Total	<del>81</del>	100%