

***Sharehouse  
Robinson Recovery Center  
Status and Needs  
2012***

# RRC History

- 2005---SB2373 Passes
- 2006---January 1, Robinson opens as 20 bed facility to treat addiction to Methamphetamine
- 2007---Capacity Doubles to 30 Male, 10 Female beds. Add Opiate and Cocaine
- 2009---Begin treating Chemical Dependency of all Types.

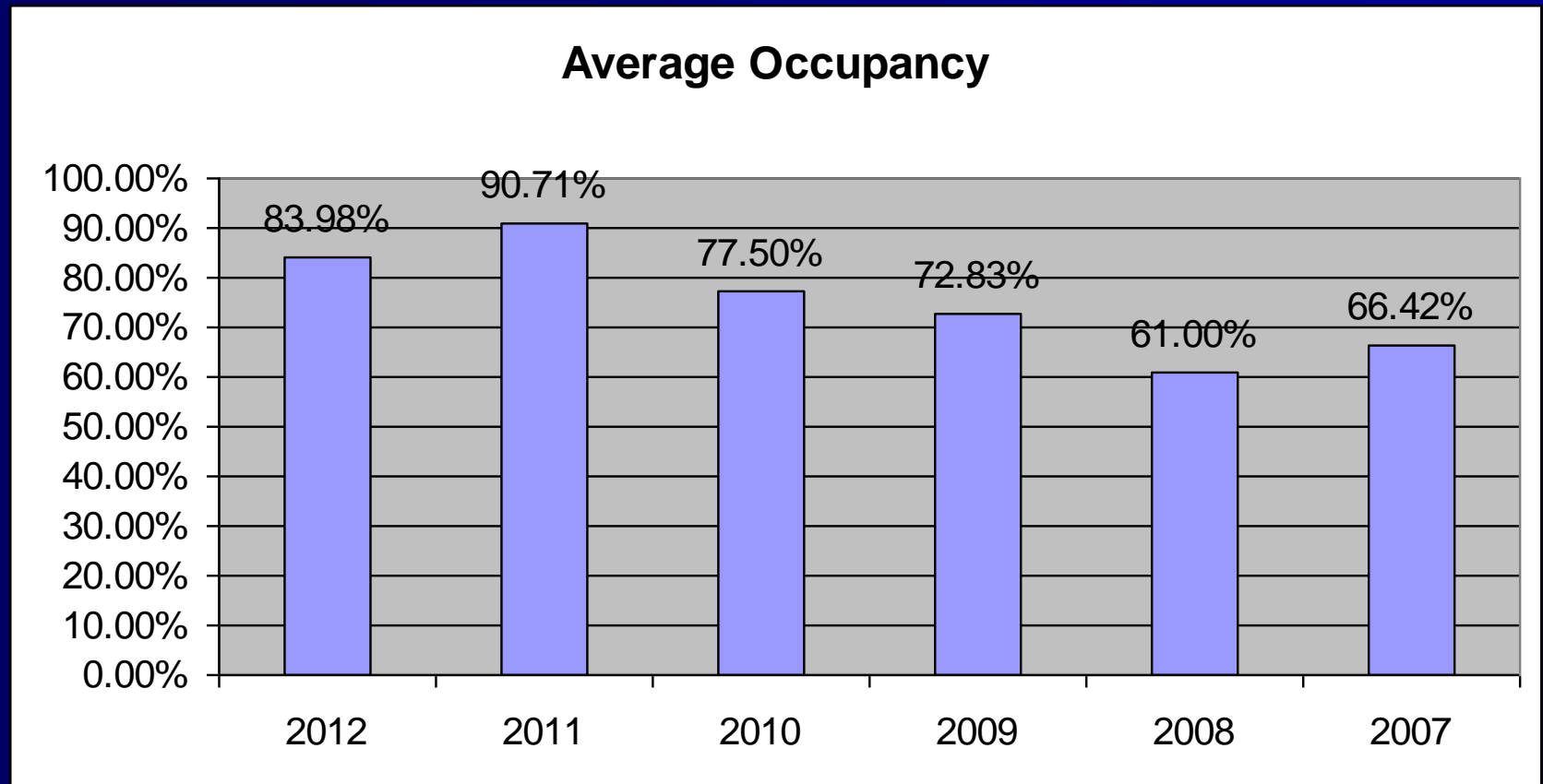
# Programming

- Matrix Model of Addiction Treatment
  - Evidence Based
  - Cognitive Behavioral
  - Motivational Interviewing
  - Family Education
  - Brain Chemistry
  - Relapse Prevention

# Programming

- Cognitive Restructuring
- 12 Step Study
- Anger Management
- Relationships
- Gender Issues
- Spirituality
- Yoga and YMCA

# Average Occupancy



# Waiting List

- 22 Female
- 24 Male
- Dependent on Discharges
- Admissions Prioritized

# Admission Priority

- By Drug of choice
  - Methamphetamine
  - Cocaine, other Stimulants
  - Opiates
  - Alcohol and other Chemicals

# Admission Priority

- By Risk

- Pregnant and IV Drug Use
- Pregnant
- Current IV Drug Use
- Past IV Drug Use
- Homeless



# Demographics FY2011

- 60% Male
- 40% Female
- 18 to 58 Years Old
- 70% Under 40
- 76% White
- 19% Native American

# Demographics FY2011

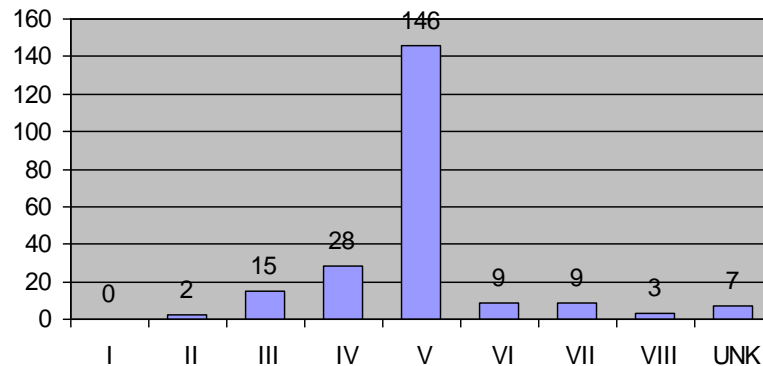
- 46% High School Diploma or GED
- 39% Some College
- 66% Unemployed
- 56% Homeless
- Multiple Treatment
- Multiple Incarceration

# Referral Numbers

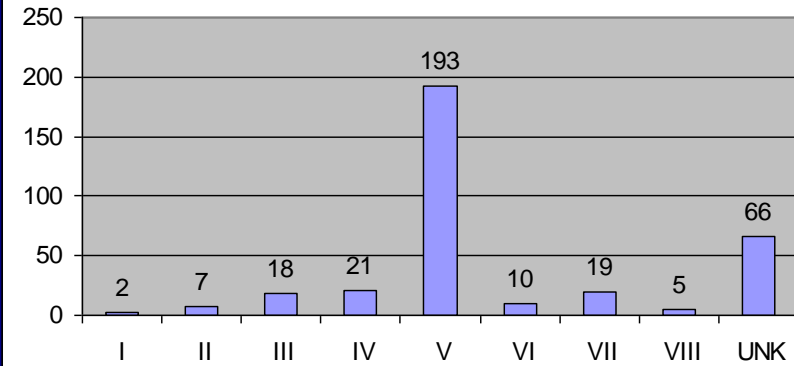
- 2011—**219** Referrals thru August
- 2012—**341** Referrals thru August
  
- 2011—**6.3%** From West Regions
- 2012—**9.7%** From West Regions

# Referral Numbers

Referrals by Region 1-2011 thru 8-2011



Referrals by Region 1-2012 thru 8-2012



## DHS REGIONS

I—Williston

II—Minot

III—Devils Lake

IV—Grand Forks

V--Fargo

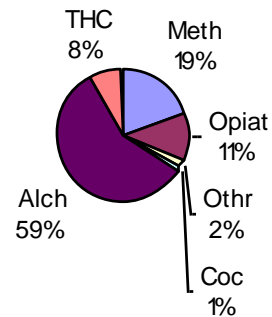
VI--Jamestown

VII--Bismarck

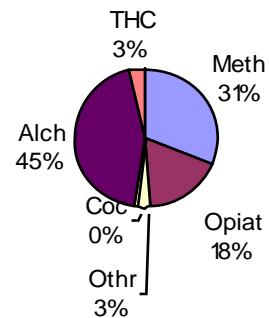
VIII—Dickinson

# Drug of Choice

Drug of Choice 1-2011 thru 8-2011



Drug of Choice 1-2012 thru 8-2012



# Outcomes

- FY2011—25.26% Successfully Complete
- Past 12 Months—37.70% Successfully Complete
- SAMHSA National Average—38% Successfully Complete Long Term Residential Treatment

# Outcomes

- All Successful Graduates
  - Employed at least part-time
  - Attending School
  - On Disability
  - No Longer Homeless
  - Legal Issues Resolved

# Outcomes

- Nearly 550 Unique Admissions
- Approximately 100 Re-Admissions
- Over 200 ND Residents now  
Productive, Tax Paying Citizens



# Needs

- 60% On Psychotropic Medications
- 70% Have a Diagnosable Co-Occurring Mental Health Disorder
  - Depression
  - Anxiety
  - PTSD
  - Bi-Polar
  - Complicated Grief

# Needs

- Full Time Psychiatric RN
  - Monitor compliance
  - Monitor Side Effects
  - Medication Education
  - Physical Health Screening
  - Liaison between Resident and Prescriber
  - Social Detox

# Needs

- Mental Health Treatment
  - Long Wait Times at Human Service Center
  - Sharehouse Transitions Mental Health Center
  - No Funding for Mental Health Services

# Needs

- Family Counseling
  - Very Damaged Family Relationships
  - Currently Family Education
  - Full-Time Family Therapist

# Needs

- Transportation for Medical, 12 Step Meetings, GED Classes
  - Currently Provided by Sharehouse
  - Van and Part-time Driver
  - Bus Passes

# Needs

- Additional Female Beds

# Most Pressing Needs

- Psychiatric Nurse
- Additional Funding
  - Costs Increased Greater Than 3%
  - 2012 Projected Loss \$85,800

# Testimonials

- “Robinson Recovery Center saved my life.”--  
-Matt T.
- “The greatest thing I found in Robinson was myself. They taught me how to live and be a productive Citizen.”---Eric H.
- “I’m tired of running and hurting...so thank you so much.”---Jeff S.



# Questions?



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*2012*

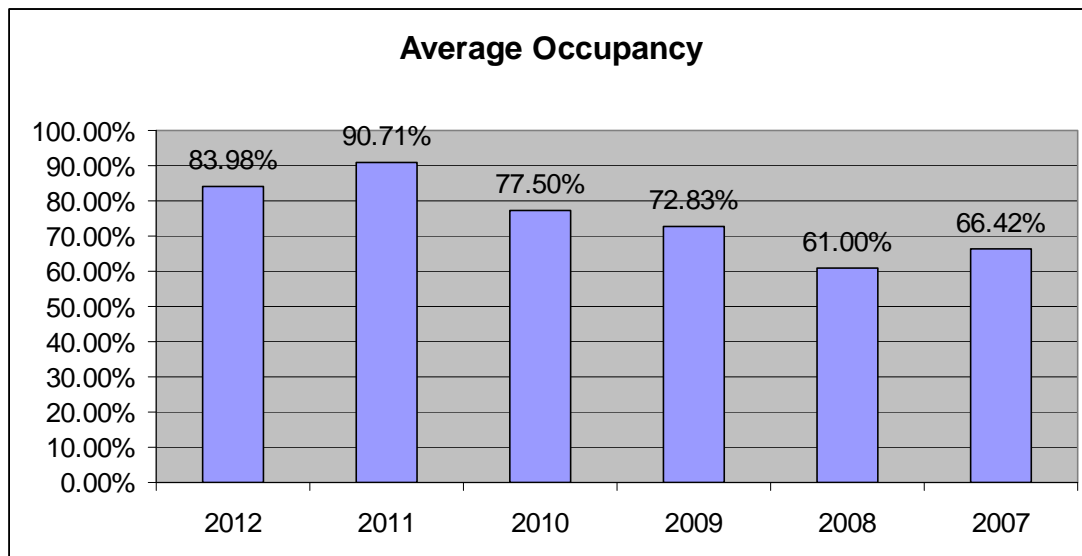
Robinson Recovery Center opened in January of 2006 as a 20 bed facility to provide treatment to North Dakota residents addicted to methamphetamine. Since that time Robinson has expanded to a 40 bed, (30 male, 10 female) long term residential treatment facility for the treatment of chemical dependency of all types. Located on the Sharehouse campus, this facility provides both high and low intensity residential treatment.

### **Programming**

Primary addiction treatment at Robinson is done by licensed addiction counselors using the Matrix Model of Substance Abuse Treatment. The Matrix Model is an evidence based practice that utilizes cognitive behavioral therapy, motivational interviewing, contingency management, family education, relapse prevention, and the latest information on how addiction effects brain chemistry. To augment material presented in the primary treatment groups, all Robinson Recovery residents are also required to attend Cognitive Restructuring groups two times per week. Through 12 step study groups, and Big Book study groups, Robinson clients also begin to learn the benefits of active participation in meetings of AA or NA. Licensed social workers at Robinson facilitate family education groups, relationship groups, anger management groups, and men's and women's issues groups. Recognizing the mind, body, spirit connectedness of recovery, Robinson residents are required to attend spiritual growth and development group, and yoga instruction at Sharehouse. Under the direction of the Sharehouse recreation coordinator, residents also utilize the recreation facilities of the YMCA to improve their overall health.

### **Occupancy**

Through August 2012 Robinson Recovery Center's average occupancy was nearly 84%. This slight decrease from the previous year is due primarily to staffing issues early in the year that limited the number of residents that we could comfortably serve. Those issues have been resolved, and it is expected that by the end of 2012 the occupancy rate should once again be over 90%. As can be seen, the occupancy rate at Robinson has increased significantly over the past several years. It is expected that Robinson will continue to maintain this occupancy rate for the foreseeable future.



## **Waiting List**

There continues to be a waiting list for admission to Robinson. Currently there are 22 females and 24 males on the waiting list. Attempts are made to keep in contact with those on the waiting list, both to keep them informed of their place on the list, and to continually check on their current status and well being.

Because admissions are not necessarily accepted on a first come, first served basis, it is difficult to estimate the length of time that someone would remain on the waiting list.

Admissions are prioritized according to the following schedule:

1. Clients with a chemical dependence diagnosis which includes Methamphetamine are given the highest priority; then,
2. Clients with a chemical dependence diagnosis for Cocaine or other Stimulants; then,
3. Clients with opiate dependence would be considered next; then,
4. Clients with alcohol or other substance dependence would then be considered for admission.

If two or more clients are in one of the above categories, they will be prioritized as follows:

1. Woman who are pregnant and IV drug users
2. Woman who are pregnant or others who are current IV drug users.
3. Individuals who are past IV drug users.
4. Individuals who are homeless.
5. Individuals with children are given a higher priority than those without.

For example, all efforts would be made to admit a pregnant female who is also an IV methamphetamine user within days of her applying, while someone whose drug of choice is alcohol, does not have children, and is not homeless, may have to wait as long as 3 months before being admitted.

## **Demographics**

Demographic information for Robinson residents is collected using SFN 58293, AOD Admission Minimum Data Set and Outcomes Measures, and SFN 58294, AOD Discharge Minimum Data Set and Outcomes Measures. This information is compiled at the end of the fiscal year by staff at the ND Department of Human Services. The information presented is for FY 2011 from 7-1-2010 through 6-30-2011.

In FY 2011 60% of admissions to Robinson were male, and 40% were female.

Ages of residents ranged from 18 years old to 58 years old, with 70% of residents being under 40 years of age.

The majority (76%) of Robinson's residents reported their race as White, while 19% reported their race as American Indian.

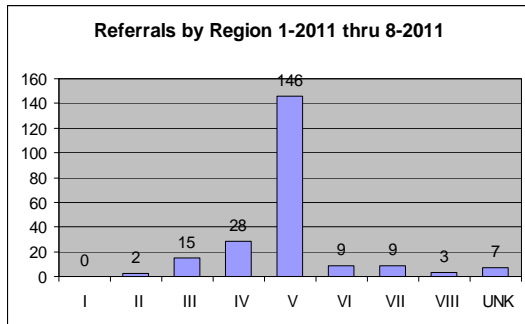
In FY 2011 46% of Robinson admissions had a high school diploma or a GED. Thirty-nine percent reported having some college.

At the time of admission, 66% of Robinson residents were unemployed, and 56% were homeless.

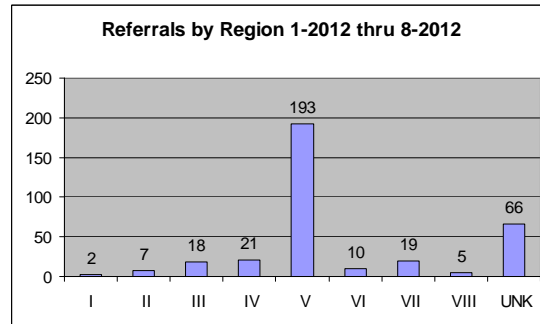
While exact statistics are not available, it can be reported anecdotally that the majority of Robinson clients have been in treatment for addiction multiple times. Many of our residents also report having been incarcerated multiple times.

## Current Referral Information

Comparing the number of referrals for the first 8 months of 2011 with the number of referrals for the same time period this year, it can easily be seen that there has been a significant increase in the number of people seeking long term residential addiction treatment. Referrals from the western part on North Dakota (DHS Regions I, II, VII, and VIII) have increased from 6.3% of all referrals in 2011 to 9.7% of all referrals in this period of 2012.

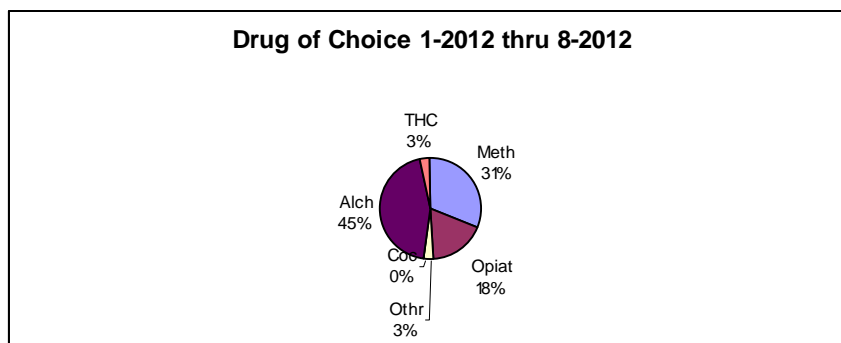
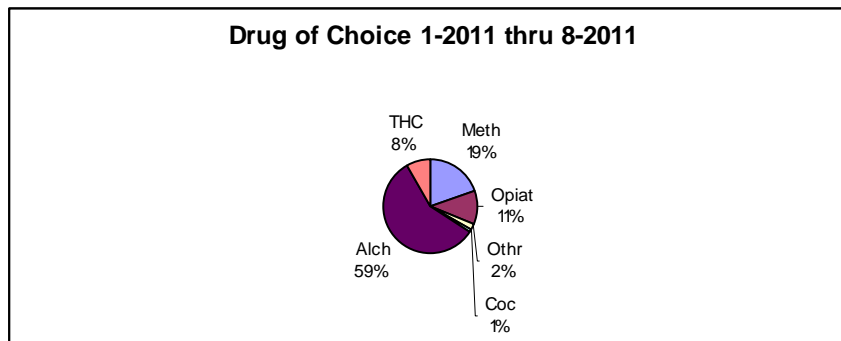


Total Referrals first 8 months 2011=**219**



Total Referrals first 8 months 2012=**341**

While alcohol remains the leading drug of choice for those referred to Robinson Recovery Center, it can be clearly seen that the number of people referred for the addiction to both methamphetamine and opiates has increased significantly over the past year. The other category includes such things as cough syrup, OTC cold medications, inhalants, and synthetic drugs.

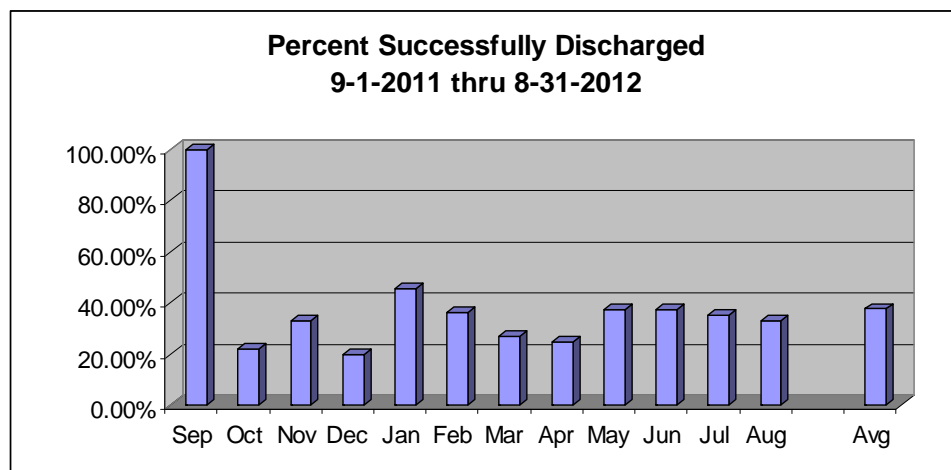


## Outcomes

In FY 2011 25.26% of Robinson residents successfully completed treatment. For the 12 month period from September 2011 through August 2012, that figure has increased to 37.7%. The majority of those not successfully completing treatment have either left against professional advice, or have been discharged by the facility for behavioral or compliance issues.

A review of historical data gathered by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services Treatment Episode Data Set indicates that nationally, successful discharge rates for long term residential treatment facilities range from an annual low of 29% to an annual high of 45.8% with a historical average of 38% of discharges from long term residential treatment having successfully completed treatment. Limited information available regarding successful discharges rates for long term treatment facilities indicates that rates in North Dakota are similar to national averages.

To date, Robinson Recovery Center has had over 540 unique admissions. At our current rate of successful discharges, this means that over 200 North Dakota residents have returned to becoming productive, taxpaying members of society.



Nearly all of the residents who successfully complete treatment at Robinson are either employed at least part-time, attending school, or not in the labor force due to being on disability. All successful graduates have stable living arrangements, and would no longer be considered homeless.

## Needs

Current funding for Robinson Recovery Center provides for basic treatment services for our clients. Over time, however, as our client population has changed, we are recognizing that additional funding would enable us to provide needed services to enhance our client's opportunity for successful recovery.

At any given time, nearly 60% of our residents are taking a prescribed psychotropic medication. Other residents may not be on medication, but have a diagnosable mental health disorder, such as Post Traumatic Stress Disorder, or Complicated Grief. On average, 60% to 70% of Robinson residents meet criteria for having a co-occurring disorder. Having this number of Robinson residents with co-occurring disorders, at

current funding levels, presents gaps in services that are either minimally being met, or not being met at all.

With the large number of Robinson residents on psychotropic medications, the services of a nurse with psychiatric experience would assist our residents in managing, and understanding, their medications. This nurse would monitor for side effects, measure efficacy, and act as liaison between the resident and the prescribing provider if questions should arise. Having a nurse at Robinson would also ensure that residents are being given the right dose of their medications at the proper time. As many of the residents are in relatively poor health when arriving at Robinson, having a nurse to provide an assessment of their physical health, and make referrals for additional care as needed would be very valuable to our clients. Currently Robinson has the services of a nurse from Sharehouse for one hour per day. This very minimal service has been very helpful to our residents, but is often not enough. This minimal nursing service is not funded by the Robinson grant, but is entirely paid for by Sharehouse.

As previously noted, nearly 70% of Robinson residents meet criteria for having a co-occurring mental health disorder. Current literature indicates that for those with co-occurring disorders, maintaining long term sobriety is very difficult if underlying psychological issues are not addressed along with the chemical dependency issues. Current funding does not allow for Robinson residents to receive treatment for mental health issues concurrently with treatment for substance abuse issues. Until recently, the majority of Robinson residents have been referred to the South East Human Service Center for treatment of their psychological needs. However, this generally proves to be unsatisfactory due to extended wait times (4 to 6 months for a non-emergent diagnostic assessment or psychiatric evaluation, per phone inquiry 3-12-12). Currently Robinson residents in need of mental health services are referred to Sharehouse's, recently opened, Transitions Mental Health Center. Again, this service is invaluable to our residents, but is entirely funded by Sharehouse, and not the Robinson grant. For the treatment of trauma related issues, Robinson residents have access to an experienced EMDR therapist at Sharehouse; those with complicated grief issues have access to grief and loss treatment at Sharehouse. Neither of these mental health treatment options is funded by the Robinson Recovery Center grant. Given the number of Robinson residents referred for these services, the estimated value provided by Sharehouse would be approximately \$60,000 to \$70,000 per year.

Family involvement is an important part of substance abuse treatment. The current staff at Robinson is very adept at providing the family education component of the Matrix Model of addiction treatment. However, many of our residents would benefit greatly from the services of a trained family counselor. Current funding levels do not allow us to provide for this need.

With many of Robinson's residents being homeless and unemployed, transportation is a basic need that is often difficult to meet. Currently, Robinson residents are transported to medical appointments and 12 step meetings by a van and driver provided by Sharehouse. The current Robinson grant does not provide for client transportation. The lack of transportation often makes it difficult for Robinson residents to attend legal appointments, and look for employment. Public transportation by bus is available, but until they have found employment, many of our residents are unable to afford bus fare. Funding for a van and part-time driver, as well bus passes for public transportation would

provide much needed assistance to our residents who are attempting to overcome the challenges they face as they try to improve their lives.

On occasion, the limited number of female beds available at Robinson has made it difficult to provide services to pregnant women who may be actively using drugs or alcohol. In order to provide services to this very high risk population, even though all female beds at Robinson are occupied, Sharehouse has provided housing, while treatment has been provided at Robinson. This is outside the scope of the Robinson grant, and is provided by Sharehouse at no cost to the resident.

Again, the most pressing area of need for Robinson residents involves improving the management and treatment of mental health needs. Having a psychiatric nurse on staff, as well as additional funding for mental health treatment, will no doubt improve the lives of the residents of Robinson Recovery Center. It should also be noted that, while the 3% increase in funding for this fiscal year is appreciated, this has not kept pace with the increased expense of providing residential treatment. It is projected that for calendar year 2012 Robinson Recovery Center will show a loss of over \$85,000.

Thanks to Senator Robinson, the state legislature, and the Department of Human Services, Robinson Recovery Center has become a successful long term residential treatment center for chronically addicted residents of North Dakota. However, as has been demonstrated, there are several areas of need that are either not being met, or are being partially met by unfunded assistance from Sharehouse. It is time to increase funding in order that Robinson Recovery Center may provide all the services that this highly vulnerable population needs and deserves.



## Testimonials

Numbers and statistics can give one picture of the work that is done at Robinson Recovery Center, but the words of successful graduations of the Robinson program are what really tell the story. The following letters are two of many that could be written by successful Robinson alumni.

To whom it may concern,  
I'm writing this on behalf of the Robinson recovery center.  
I'm hoping this letter will serve a purpose.

I'm a 35 year old dad of three. I've been a drug addict since the age of 14. I've been in nine treatment centers, nine psych wards, prison twice and plenty of county jails. I've never been able to stay clean longer than thirty days.

When I got into Robinson eight months ago I was living in a car. I had lost everything including ~~of~~ who I was as a person. My family had given up on me and my daughters wanted nothing to do with me. I was overdosing everytime I used. The crone state of addiction had set in. I felt like I had nothing to live for anymore. I was trying to kill myself.

I got into Robinson threw the state hospital Jameson MD. A doctor I had known ~~for~~ since I was 16 convinced me to longer stay in treatment which would be beneficial. I was at my end and was willing to give anything a try, so I went.

When I got into Robinson I had no idea who I was anymore. I had been living for so long I had no grasp of reality anymore. They say rehab is learning how to learn to do something again. My problem was I never learned how to live in the first place. I had no idea how to be a father, son, brother, friend or hold on a personal relationship with a woman. I didn't know how to pay my bills or manage my money. Robinson helped me to learn to do all these things and more.

The greatest thing I found in Robinson was ~~more~~ I know who I am and what I want to become. They taught me how to live and be ~~a productive~~ a productive citizen.

I was in robbinson for 10 mths and I needed every day, like I said I never learned how to live, I was addicted at such a early age, I was learning how to deal drugs when most kids were learning how to become responsible adults, Thirty day treatment was not doing enough for a guy like me. I needed time for my head to clear enough for the information to sink in, This program saved my life and gave my girls a father.

Today I have a full time job and want to go back to collage, I'm back in my daughters lives again and my family trusts me again, I'm helping with recovery community and at robbinson, I have a relationship with god again, I try every day to become a better man and that wouldnt of happened with out robbinson

Thx,  
Eric H.



To whom it may concern,

My name is Matt T. I am an alcoholic. I was born in Fargo, ND. I started drinking at age 12. I started using drugs at age 15. My illness progressed very quickly. By age 17 I was in trouble with the law and by age 18 I already had three DUI's. I was put on probation and ended up spending almost eight months in prison for violating probation by using drugs and alcohol.

From ages 18 to 29 my life was a vicious cycle of trying to get my life back together and then my using tearing it down again.

By age 29 I was homeless, drunk, emotionally broken and spiritually bankrupt. I could not stand being in my own skin or to look in the mirror. I could no longer imagine life with alcohol or without it. All of my attempts to quit drinking even for a day had failed.

I then got in touch with Robinson Recovery Center and they accepted me with open arms. Robinson gave me the safe, structured environment that I needed. With a minimum of four month program, it gave me the time I needed to work on me. I found some meetings I liked and a sponsor. Continued attending several of the same meetings and pretty soon people are calling me by my first name. All of a sudden people start inviting me to do sober activities and I've made some friends.

Altogether I spent almost eleven months in Robinson. Robinson taught me to have some consistency in my life. I can now see the wreckage of my past for what it truly is and I have the courage to face each day with the accountability of doing what I need to

do to make sure that my old behaviors and attitudes don't come back. Robinson Recovery Center saved my life. I truly believe that had I continued drinking the way I was, I would not be alive today. Instead I have 16 months clean and sober. I will forever have ~~and~~ an attitude of gratitude in regards to Robinson Recovery Center.

Sincerely,

Matt T.