

*Robinson
Recovery Center
Status 2013*

Robinson Recovery Center opened in January of 2006 as a 20 bed facility to provide treatment to North Dakota residents addicted to methamphetamine. In 2007 Robinson was expanded to a 40 bed, (30 male, 10 female) long term residential treatment facility for the treatment of methamphetamine and opiate addiction. In 2009 Robinson began the treatment of chemical dependency of all types. Located on the Sharehouse campus, this facility provides both high and low intensity residential treatment.

New in 2013

Due to the recommendation of the Commission on Alternatives to Incarceration, the support of the governor, and many members of the state legislature, the 2013 session of the North Dakota state legislature appropriated an additional \$296,000 for Robinson Recovery Center. This was over and above the \$1.69 million already appropriated for this biennium. This additional money was to be used to, among other things, add an additional 5 female treatment beds. The day the appropriation bill was signed by the governor, work began on moving some staff to offices outside of Robinson. Offices were converted back to bedrooms, the staff lounge and meeting area was converted back to a kitchen and living room, additional staff was hired, and new furniture was purchased. On July 1, 2013, the first day of the biennium, the 11th female resident was welcomed to Robinson, with the remaining new beds filled within a week.

Shortly after July 1, a Registered Nurse with Psychiatric experience was hired to work half-time at Robinson. The nurse has been very busy doing mental health screenings and nursing assessments on all our residents, as well as helping them manage their medications, and being the liaison between the Robinson staff, the residents and their medical providers.

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. Robinson residents also have access to Sharehouse groups dealing with trauma issues, grief and loss issues, guilt and shame issues, and parenting issues. Under the direction of the Sharehouse Wellness coordinator, residents also utilize the recreation facilities of the YMCA to improve their overall health.

Occupancy

In 2012 Robinson Recovery Center's average occupancy rate slipped below 90%. We are on track to keep the occupancy rate over 90% for the remainder of 2013. 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 12 females and 18 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 2012 from 7-1-2011 through 6-30-2012.

In FY 2012 60% of admissions to Robinson were male, and 40% were female.

Ages of residents ranged from 18 years old to 59 years old, with 79% of residents being under 40 years of age.

The majority (88%) of Robinson's residents reported their race as White, while 9% reported their race as American Indian.

In FY 2012 51% of Robinson admissions had a high school diploma or a GED. Thirty-five percent reported having some college.

At the time of admission, 73% 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

While the majority of referrals to Robinson Recovery Center continue to come from Region V, there has been a significant increase in referrals from the western part of the state. From January 2013 through August 2013 regions I, II, VII, and VIII accounted for 19% of the referrals to Robinson. This is nearly double the number of referrals for the same time period last year.

DHS REGIONS

I—Williston	V--Fargo
II—Minot	VI--Jamestown
III—Devils Lake	VII--Bismarck
IV—Grand Forks	VIII—Dickinson

Drug of Choice

Currently, methamphetamine is the leading drug of choice (47%) for those referred for admission to Robinson, with Alcohol as the drug of choice for 30%. While there has only been a slight increase in those stating that opiates are their drug of choice, we are seeing a shift from the use of prescribed opiate pain medications, to the use of heroin.

Outcomes

In FY 2012, 34.92% of Robinson residents successfully completed treatment. From September 2012 through August 2013, this figure has increased to **39.07%**. 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 discharge rates for long term treatment facilities indicates that rates in North Dakota are similar to national averages.

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.

To date, Robinson Recovery Center has had over 600 unique admissions, and over 100 readmissions of those who had not previously completed treatment. At our current rate of successful discharges, this means that nearly 270 North Dakota residents have returned to becoming productive, taxpaying members of society.

The Future

As we have seen, an ever increasing number of North Dakota residents are in need of long term, residential treatment for addiction to drugs and alcohol. This is especially evident in the booming western part of the state. Methamphetamine use is on the rise, as is heroin use.

As an alternative to incarceration for non-violent drug related offenses, there is a state wide need for additional treatment beds. There is also a state wide need for additional funding for drug courts.

A population that is vastly under-served are woman with children who need treatment, but should be reunited with their children. Sharehouse's Sister's Path is a model program for this population, but currently receives no funding from the state of North Dakota. Additional programming will also be needed for those diagnosed with both addiction issues and mental health issues.

The Federal government has recently decided that treatment is a better option than incarceration for non-violent drug related offenders. With the leadership of this commission, and the support of the governor and the legislature, North Dakota is positioned lead the states in demonstrating that increasing treatment opportunities is not only more humane, but also more cost effective than incarceration.

Thanks to this Commission, Governor Dalrymple, Senator Robinson, other state legislators, 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. We have demonstrated that treatment works to cost effectively, improve the lives on North Dakota citizens. Many challenges face us in the future, but together by providing more treatment beds and fewer prison cells we can meet those challenges.

“The greatest thing I found at Robinson was myself. They taught me how to live and be a productive citizen.”----Eric H. Successful graduate of Robinson Recovery Center

Sister's Path opened our doors in June 2004. Sister's Path is a program which provides housing and chemical dependency treatment for homeless single parents. Our program is unique because it allows mothers to keep custody of their children while undergoing treatment for their addictions. The vast majority of treatment programs provide either supportive housing or chemical addiction treatment, but not in combination. In addition, most require mothers to relinquish custody while in treatment. Sister's Path is unique because of its comprehensive nature. We offer a path for our "sisters" to overcome addiction, live with their children, receive a wide array of supportive services and move to permanent supportive housing using Section 8 Housing Vouchers.

In order to qualify for this project, you must be single, a parent, homeless and in need of chemical addiction treatment services. Our families must stay for at least 6 months, but can as long as they want to or is needed. Currently our average length of stay for 2013 is 11 months and 17 days. Our longest tenant to date is 2.5 years. In 2012, we had 153 inquiries and 41 applicants. Of those 41 applicants, we admitted 10 families. Therefore, due to lack of capacity, length of wait, or ineligibility, several families were referred to other programs.

Our programming includes: chemical addiction treatment, parenting classes, trauma-informed therapy group, play therapy, family programming, therapeutic community, spirituality, anger management, co-dependency, grief and loss group, living skills, wellness, AA/NA and Al-anon meetings and step study groups. All residents are required to complete their programming prior to education or employment goals. Their primary focus is on their sobriety and reunification with their children.

After successfully completing their treatment, educational and employment goals are addressed. We work with the residents to improve this facet in their lives so that they can maintain their independence upon discharge from Sister's Path. After 6 months, their progress is reviewed and a discharge plan is developed. Upon successful completion of all aspects of the program, residents are granted a housing voucher which subsidizes their housing when they return to the community of their choice.

Our residents have come from several areas in North Dakota which include Fargo, Grand Forks, Dickinson, Bismarck, Williston, Jamestown, Wahpeton, Turtle Lake, Standing Rock, Cass County jail, domestic violence shelters and the ND state prison system (including the Tompkins program).

Our success stories include women reunifying with their children, regaining full legal custody of their children, obtaining employment or enhancing their education via GED or college.

Our staff include: 24 hour residential staff, a FT program Director, and FT social worker, PT LAC, PT Nurse Practitioner and a FT Residential Coordinator.

To date, we have served 166 women and 326 children. We are in partnership with Fargo Housing Authority and receive federal dollars through a HUD grant in the amount of \$150,000 per year. This grant is awarded on an annual basis and must be reapplied for each year. These dollars help offset the costs for maintenance, staff salaries, food, childcare, and supplies, but do not suffice for the provision of services we provide. Our projected 2013 budget for Sister's Path is \$593,092. Our budget continues to grow since 2004 with the addition of services and yet our grant remains fixed at the current rate of \$150,000. In fact, we had to eliminate a Case Manager/Social Work position, reduce our nursing staff hours from 40 to 16 hours/week and reduce our addiction staff from full time to part time status to help offset our costs. In addition, we rely on Sharehouse staff to provide several options for chemical addiction treatment services which include: Inpatient treatment, Dual Diagnosis Treatment, Recovery Enhancement, Partial Hospitalization, Grief and Loss group, Trauma informed services and additional nursing services. Despite our efforts to seek out additional revenue streams such as donors and grants, we have not been able to collect enough funds to support the budget for this invaluable program to our community. Based on 2013 figures for an average length of stay, the provision of services for a woman and her children range from \$40,000-\$50,000. This is an estimated average cost for one family. We serve 12 families and remain in high demand due to the uniqueness of our program. We have maintained a waiting list since 2005 for services.

For 2012, our outcomes demonstrate a 75 % completion rate of our 6 month requirement. Our graduates left our program to pursue careers in nursing, addiction counseling, retail, management, welding, social work or to continue their secondary education. Prior to entrance into our program, our mothers were reliant upon social services and the foster care system to support their families. Upon completion of our program, our mothers regained full custody of their children, are employed or going to school and therefore are productive members in their community and less reliant upon the "system".

I hear oftentimes from current residents and new applicants how much this program is needed in our community and nationwide. We offer the full continuum of services for addicted mothers and their children. According to testimonials given by graduates...this program saved my family; this program needs to be replicated all over, this program is a gift; I don't know where I would be without Sister's Path; I have been given a second change with my children-sober...Therefore, it our hope that you will find our program to be worthy and just for supplementation with dollars designated by the legislature.

North Dakota women served from 2004-Current (8-31-2013).

166 women were served during the above time period. 81 or 49% were from ND (counties: Cass, Grand Forks, Towner, Traill, Richland, Burleigh, McKenzie, Starke, Ransom, Benson, Morton, Richland, and Ramsey)

We have **7 current** ND residents with average length of stay: We admitted 10 ND residents to date for 2013.

In summary, we are providing an invaluable service for the families in ND without the financial support to do so.

Discharged in 2007 = average length of stay = 9 months and 19 days

Discharged in 2008 = average length of stay = 7 months and 15 day

Discharged in 2009 = average length of stay = 8 months and 27 days

Discharged in 2010 = average length of stay = 6 months and 30 days

Discharged in 2011 = average length of stay = 5 months and 08 days

Discharged in 2012 = average length of stay = 9 months and 01 day

Discharged in 2013 = average length of stay = 11 months and 17 days (to date)

*Sharehouse
Robinson Recovery Center
2013 Status Update*

RRC History

- 2006---January 1, Robinson opens as 20 bed pilot facility Meth Addiction only
- 2007---Capacity Doubles to 30 Male, 10 Female beds.
- 2009---Begin treating Chemical Dependency of all Types.

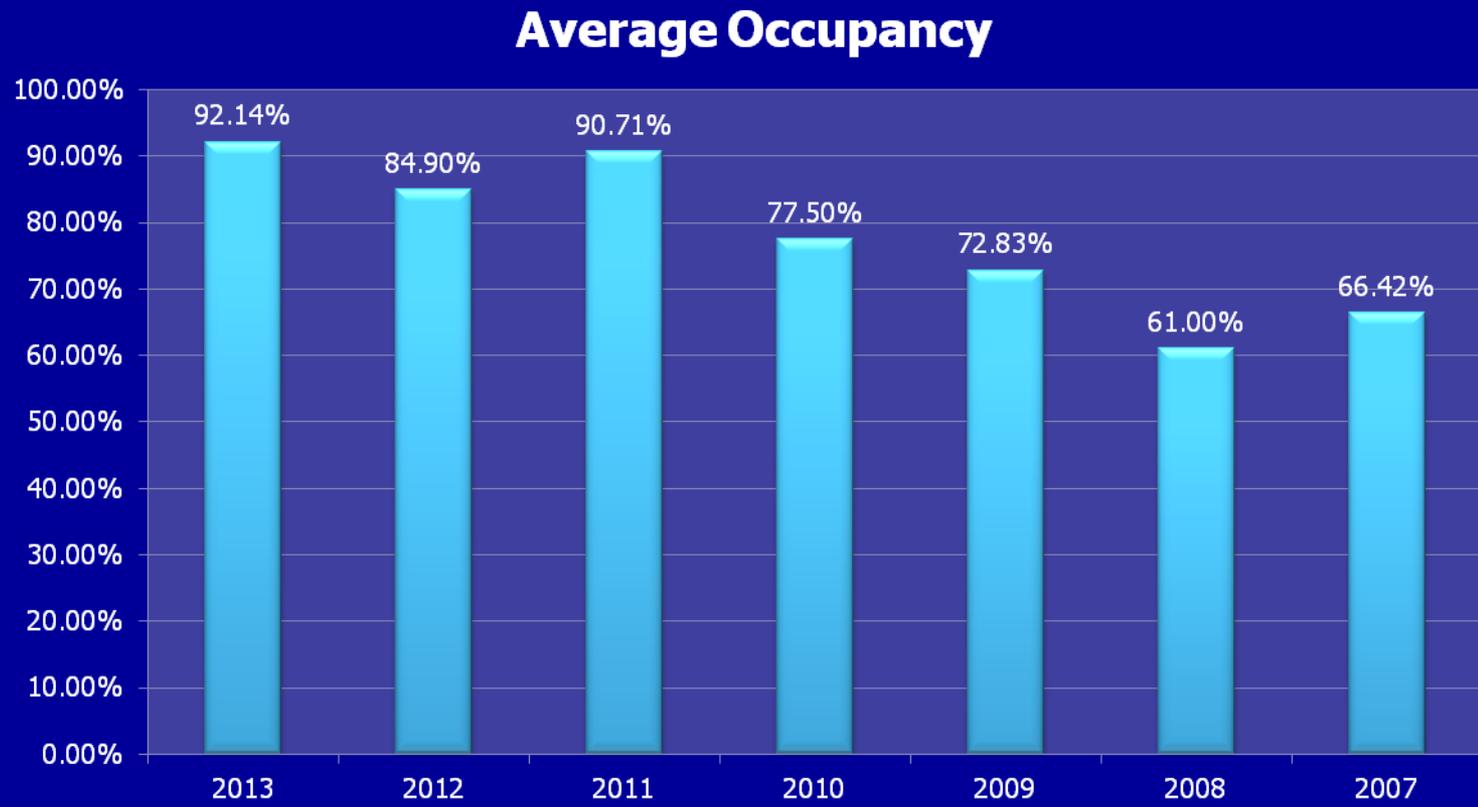
Thank You

- 2013 Legislature Appropriates Additional Funding of \$296,000 to Expand Services at Robinson

Major Changes

- Spring 2013 convert offices and staff area to a 3 bedroom apartment
- Half-Time Social Worker and Part-Time Residential Staff
- July 1, 2013 Five Additional Female Beds Open—Filled within one week
- Half-Time RN with Psych Experience

Average Occupancy



Waiting List

- 12 Female
- 18 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
- Prior Treatment

Demographics FY2012

- 60% Male
- 40% Female

- 18 to 59 Years Old
- 79% Under 40

- 88% White
- 9% Native American

Demographics FY2012

- 51% High School Diploma or GED
- 35% Some College
- 73% Unemployed
- 56% Homeless
- Multiple Treatment
- Multiple Incarceration

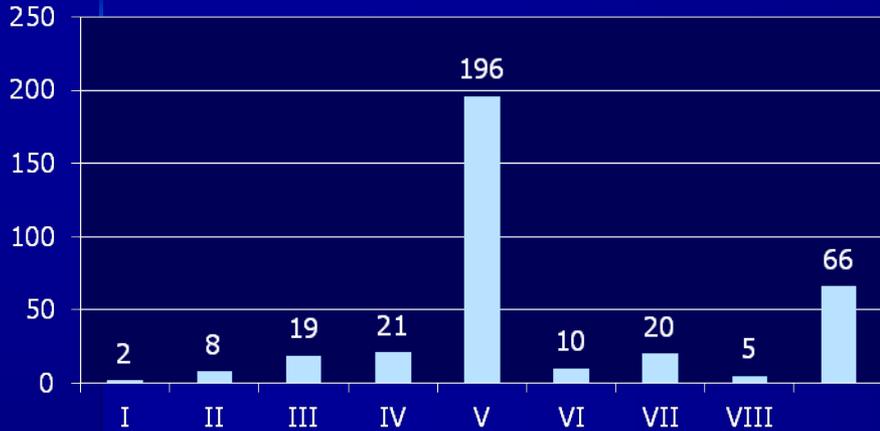
Referral Numbers

- 2012—**341** Referrals thru August
- 2013—**395** Referrals thru August

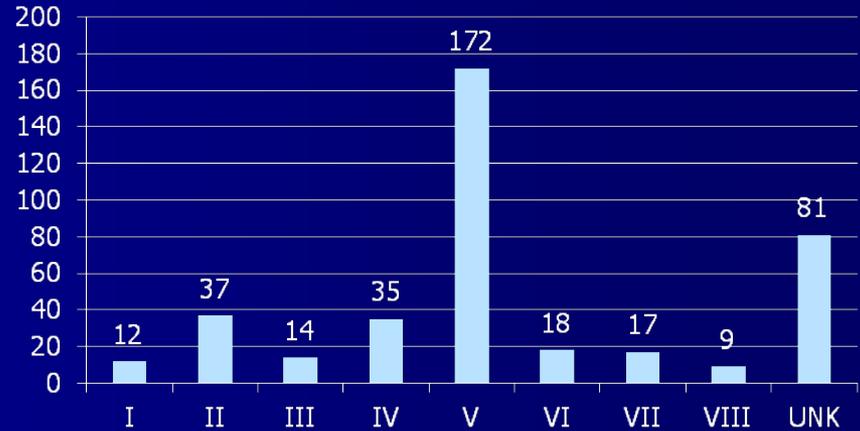
- 2012—**9.7%** From West Regions
- 2013—**19.0%** From West Regions

Referral Numbers

Referrals by Region 1-2012 thru 8-2012



Referrals by Region 1-2013 thru 8-2013



DHS REGIONS

I—Williston

II—Minot

III—Devils Lake

IV—Grand Forks

V--Fargo

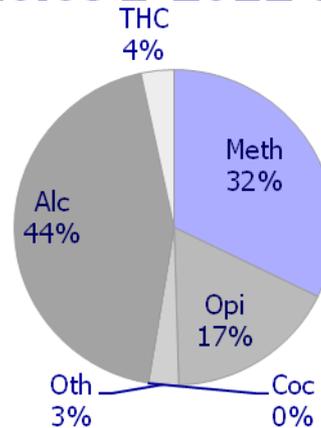
VI--Jamestown

VII--Bismarck

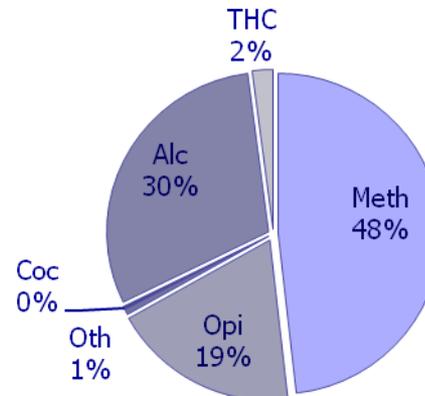
VIII—Dickinson

Drug of Choice

Drug of Choice 1-2012 thru 8-2012



Drug of Choice 1-2013 thru 8-2013



Outcomes

- FY2012—34.92% Successfully Complete
- Past 12 Months—39.07% 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

- Over 600 Unique Admissions
- Over 100 Re-Admissions

- Over 270 ND Residents now Productive, Tax Paying Citizens

The Future

- Women and Children's Program
- Additional Residential Beds
- Additional Dual Diagnosis/Mental Health Treatment
- Additional Drug Courts
- Leadership in Alternatives to Incarceration

Testimonial



➤ "The greatest thing I found in Robinson was myself. They taught me how to live and be a productive Citizen."---Eric H.



Questions?

