

Budget Committee on Government Services
Representative Al Carlson, Chairman
North Dakota State Hospital Tompkins Rehabilitation Center
September 22, 2005

Mr. Chairman, members of the committee, my name is Kerry Wicks and I am the clinical director of residential services at the North Dakota State Hospital (NDSH). I will give a brief description of the Tompkins Rehabilitation Center and then be available to answer questions you may have.

The Tompkins program has now been in operation since 1999. It is operated as a structured therapeutic community with cognitive behavioral addiction treatment approaches. The program is a residential facility with 24-hour a day, seven days a week service. Cognitive restructuring is offered to support the management of the milieu and to tie all components of treatment together in a unified approach. The Joint Commission Accreditation of Hospital Organizations (JCAHO) accredits the program and the Department of Human Services, Division of Mental Health and Substance Abuse, licenses the program through deemed status.

The existing NDSH treatment personnel are licensed and very qualified addiction professionals. The average time in the addiction field for all professionals is over 15 years and all have completed specialized training in cognitive restructuring, cognitive/behavioral addiction treatment approaches and therapeutic community approaches. Current counseling supervisors have an average of 25 years experience in providing addiction treatment.

It is extremely important clinically that the program offer service for an adequate length of time. Research from the National Institute of Drug Abuse (NIDA) has supported the need for long-term treatment for methamphetamine users. In the Tompkins programs, over 40% of the men and 80% of the women have a diagnosis

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of methamphetamine dependence, usually in combination with other alcohol/drug dependence.

Responsivity, the ability to intervene in the most appropriate way at the most appropriate time, is central to all treatment decisions. The models that are used extensively are the MATRIX Model and the WHAT WORKS Model. The models are research-based models for the treatment of addicted individuals and offenders. They rely on cognitive behavioral treatment methods known to be most effective with this population.

The program length is a minimum of 180 days with 100 days in intensive residential treatment. Eighty days to one year is used to transition residents back to the community. Community transition begins during the intensive residential stay. Residents earn privileges that eventually give them the ability to attend community functions in Jamestown to prepare them for the transition back home.

Family involvement in treatment including family skills training is an integral part of the community reintegration. Important connections to the home community will be made available for all community resources including: professional services, church, Alcoholics Anonymous, Narcotics Anonymous, Families Anonymous, recreation facilities, educational services and medical health services.

The Tompkins Rehabilitation Center has 90 beds and stays virtually full at all times. We have treated a total of 488 men and women in the Tompkins Rehabilitation Center. Currently there is about a three-month waiting list.

The current outcome data we have is primarily internal. Over 90% show improvement of 10% to 20% on what are known as 'criminogenic' factors. These are the factors that are predictors of recidivism. We also have in excess of 90%

of the Tompkins Rehabilitation Center population who report satisfaction with treatment as indicated by approval scores of '3' or above on a 5-point scale.

The Department of Corrections and Rehabilitation measured return to prison rates in 2004. The Tompkins programs successfully discharged 87% of all referrals to treatment. About 30% return to prison on revocation or new crimes. This is a 57% success rate in terms of recidivism. The national return to prison rate for revocation and new crimes is approximately 62%.

In July we began the two-year post discharge research using the Addiction Severity Index as our research instrument. We will have early results by January 2006. We will be able to give improvement outcomes for several variables including employment, alcohol/drug use, criminal justice involvement, support, psychological, family and medical.

This concludes my testimony, I would be happy to answer any questions you may have.