Chairman Wolf and members of the Commission on Alternatives to Incarceration, I am JoAnne Hoesel, Director, Division of Mental Health & Substance Abuse Services with the Department of Human Services. I am here today to provide information on the contract for residential treatment services for individuals with a primary methamphetamine addiction provided by the Robinson Recovery Center (RRC), Share House, Fargo.

**History**
In 2005, a pilot program was approved by the Legislature to provide substance abuse treatment and rehabilitation of individuals who are chemically dependent on methamphetamine or other controlled substances. A contract was implemented between the Department of Human Services and Share House, Inc., to provide clinically managed low and/or high intensity residential substance abuse treatment for adults who are chemically dependent upon methamphetamine or other controlled substances. Robinson Recovery Center, a subsidiary of Share House, Inc., was established to provide these services which began in January of 2006. During the 2007 Legislative session, additional funding was appropriated to continue treatment services with an increase from 20 to 40 beds. The appropriation continues in the current 09-11 biennium.
2009 Service Information

222 referrals took place in CY2009, and of this number, 106 were admitted, 63 are pending admission, and 53 were denied admission.

![Denied Admissions Chart]

- The two major reasons for denied admissions are
  - 1) unresolved legal issues and
  - 2) inappropriate level of care.
- The largest number of referrals were from the Fargo region (52.07%) followed by Grand Forks and Bismarck (each 11.57%).
- Male admissions (61.98%) exceeded female admissions (38.02%).
- The average age of resident is 31.61 with a range of 18 to 59 years of age.
- The average length of stay was 2.92 months while the average length of stay for those successfully completing the program was 4.89 months.

For a person to have successfully completed the program, all of the following criteria must be met:

- Complete a minimum 4 months of treatment,
Maintain gainful employment or successfully completed his/her GED,
Maintain attendance to self help support groups in the community,
Commit to continued attendance to aftercare groups,
Identify 1-2 permanent sponsors and involved them in the treatment process.

**Challenges**
As one of only three residential centers in the Nation focusing on Methamphetamine addiction, at last check, there has been an ongoing learning and adjustment process at RRC. The level of brain damage and the impact of that brain damage are clearly demonstrated by the clients level of impulsivity, lack of social skills, and heightened sexual responsivity. Other challenging issues include physical deterioration, poor dental hygiene, increased dual diagnosis, significant criminal history, and increased potential for the development of infectious diseases.

Admissions are prioritized first by primary methamphetamine addiction, second primary addiction to other controlled substances, and thirdly other primary addictions needing this level of care. This prioritization has increased bed utilization where all 40 beds have been occupied at times this past year but lead to an increase in admission for the opiate addict (someone addicted to pain medications). Opiate addiction has created some unique situations at RRC to include the following:

- Ambulance calls to the RRC residence to deal with drug seeking behaviors,
- Doctor shopping at local Emergency Rooms,
- Unknown combined action of drugs upon admission,
• Increased need for nursing services,
• Increased need for pain management options,
• Increased case management staff time due to complexity of situations,
• ER physicians prescribing opiate medication while clients are in treatment.

**Successes**

The following issues have all demonstrated significant client improvements while at RRC:

• **Employment** – Upon admission 101 of the 121 were identified as unemployed. Each person admitted to the Robinson Recovery Center is given the opportunity to become employed following intensive treatment. 86% demonstrated improvement in this area regardless of discharge status.

• **Academic** – Upon admission 48% completed their high school degree. During or following treatment, close to 25% furthered their education by attending college. Of the 55 admissions that identified some college involvement prior to admission, close to 30% continued college courses or identified a plan of action incorporating college as part of their recovery plan of action.

• **Residential** – Upon admission 74% were identified as homeless. Following treatment, those who successfully completed treatment, all obtained housing. Of those who did not successfully discharge, housing improved in close to 50% of those discharges.

We continue to learn a great deal about persons addicted to methamphetamines and other controlled substance and what factors
increase successful residential treatment services. We do know it requires continued creativity, innovativeness, and constant analysis.

I’d be happy to answer any questions.