

# *Rimrock Foundation*

## *Clinical Outcome Report*

### *2010*



*It's What We Do Next...  
That Counts*

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# 2010 CLINICAL SERVICES REPORT

**Mona L. Sumner, MHA, ACATA**  
**Chief Operations Officer**

**I**n contrast to 2009, two thousand ten was a “boomer” year with unparalleled census and continued growth. We experienced nearly one thousand more patient admissions through all of our programs than we did in 2009! The challenge was managing these numbers without sacrificing our quality and attention to each patient. Staff are to be commended for the effort they put forth to accomplish this.

During this first full year of the implementation of the Parity Law, we saw some positive movement on the part of insurance companies to meet the intent of this law and at the same time, experienced some violations of this law by companies who continued to deny care for illegal reasons. The most common parity violation is in the demand by some companies that the patient must fail treatment at the outpatient level of care in order to qualify for inpatient care. Such a practice not only violates parity but fails to base admission upon the patient placement criteria used by Rimrock and all Montana providers, published by the American Society of Addiction Medicine.

We are experiencing a flaw in this parity mandate in its failure to address the continuum of treatment levels and services in addiction medicine. The law refers only to outpatient or inpatient levels of care, hence, insurance companies are denying access to residential levels of care. It will be essential to address this issue and we have begun a dialogue with the state insurance commissioner’s office to close the loophole in Montana. This will be a longer term process with legislative action in the 2013 session.

We are watching the national arena closely to understand the impact of the healthcare reform legislation as well and to anticipate the necessary adaptations we will need to make as a result. One effort which will be a focus in 2011 is that of adopting an electronic medical record component in our medical unit. This will complement our electronic clinical record system we completed in 2009. We also implemented electronic storage of our medical records and other records in 2010 and look forward to abandoning our many hard record storage sites as a result. There is no question the Foundation is benefitting from new technology!

Our long-term Medical Director, Dr. George Sheckleton, FASAM, retired this year after nearly 30 years of service to the Foundation. It is always challenging to replace long-term experienced clinicians and, particularly, physicians willing to specialize in addiction medicine. We wish Dr. Sheckleton well as he ventures into retirement.

Dr. Rick Pullen, our psychiatrist and addictionologist, has assumed the medical directorship for now and we are trying out physician assistants together with an Advance Practice Psychiatric Nurse, Donna Dobson-Tobin. We are also being helped in this transition process by Dr. Michael Metzger, an internist and long-term practitioner in our community. Thus, the medical unit and services are undergoing considerable change as we seek to find the best ways to address the medical and psychiatric needs of our patients.

Other accomplishments in 2010 included the gift of a house by the Melnick family for a residential treatment site for women. Named Ada's House after grandma Ada Melnick, this wonderful gift was made late in the fall. We have many plans for opening up beds for underserved women in partnership with the Bureau of Chemical Dependency.

Our drug testing service volume doubled in 2010 and we expect this to continue to grow. We implemented a new program the state adopted for addressing those who drive under the influence called Prime For Life which necessitated a complete reorganization of our traditional ACT program, including hiring new staff to replace our former long-term ACT Coordinator, Polly Eames, who also retired.

When the author-historian for our industry William White writes about the "graying of leadership in addiction treatment", it has special meaning for us at Rimrock, as we see many of our long-term staff thinking about retirement and our CEO beginning to implement a succession plan. We expect to see new leadership in 2011 as a result.

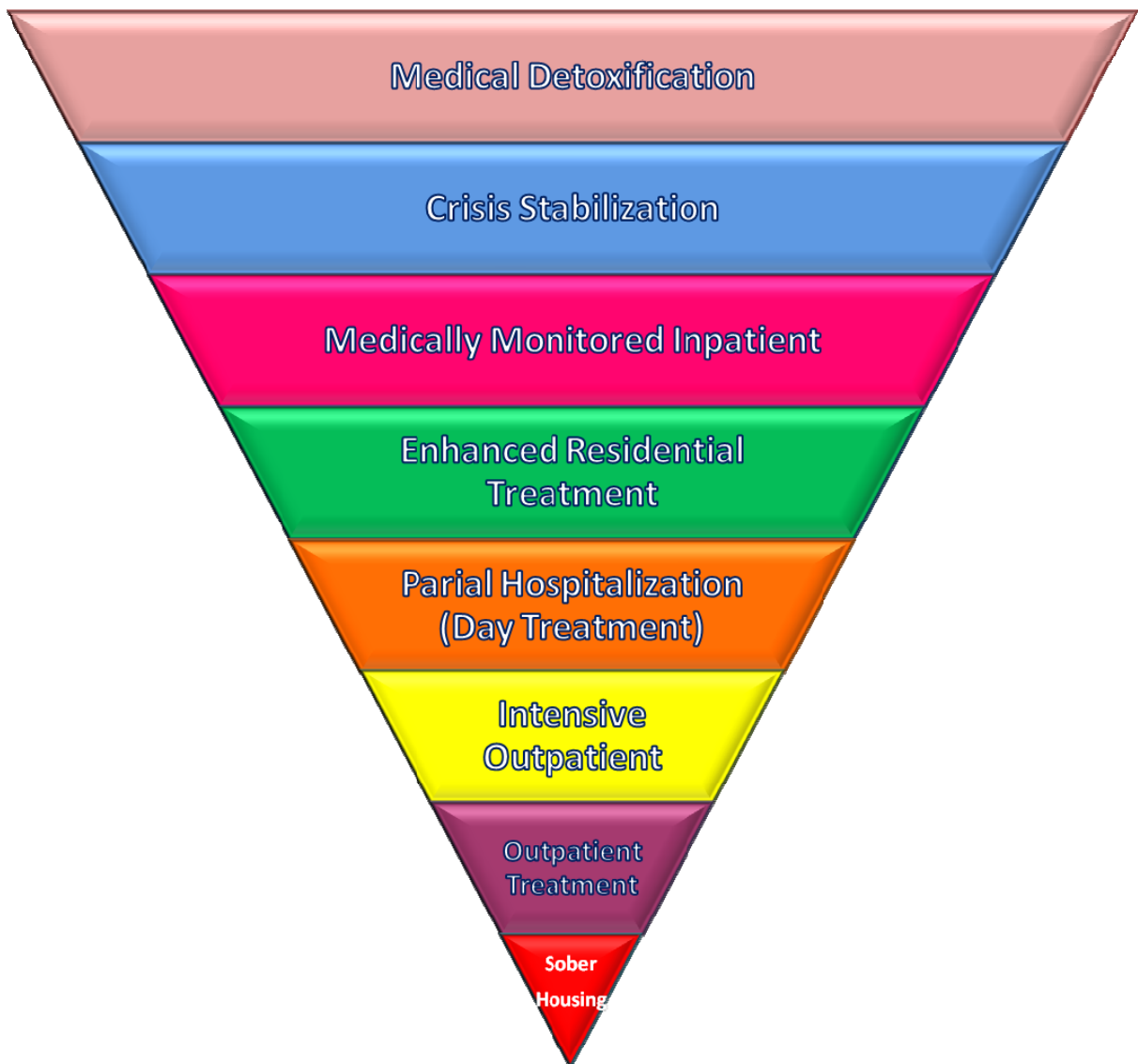
We are pleased to provide this report to our patients and stakeholders as evidence that our programs and services are effective and that

**TREATMENT WORKS!!**

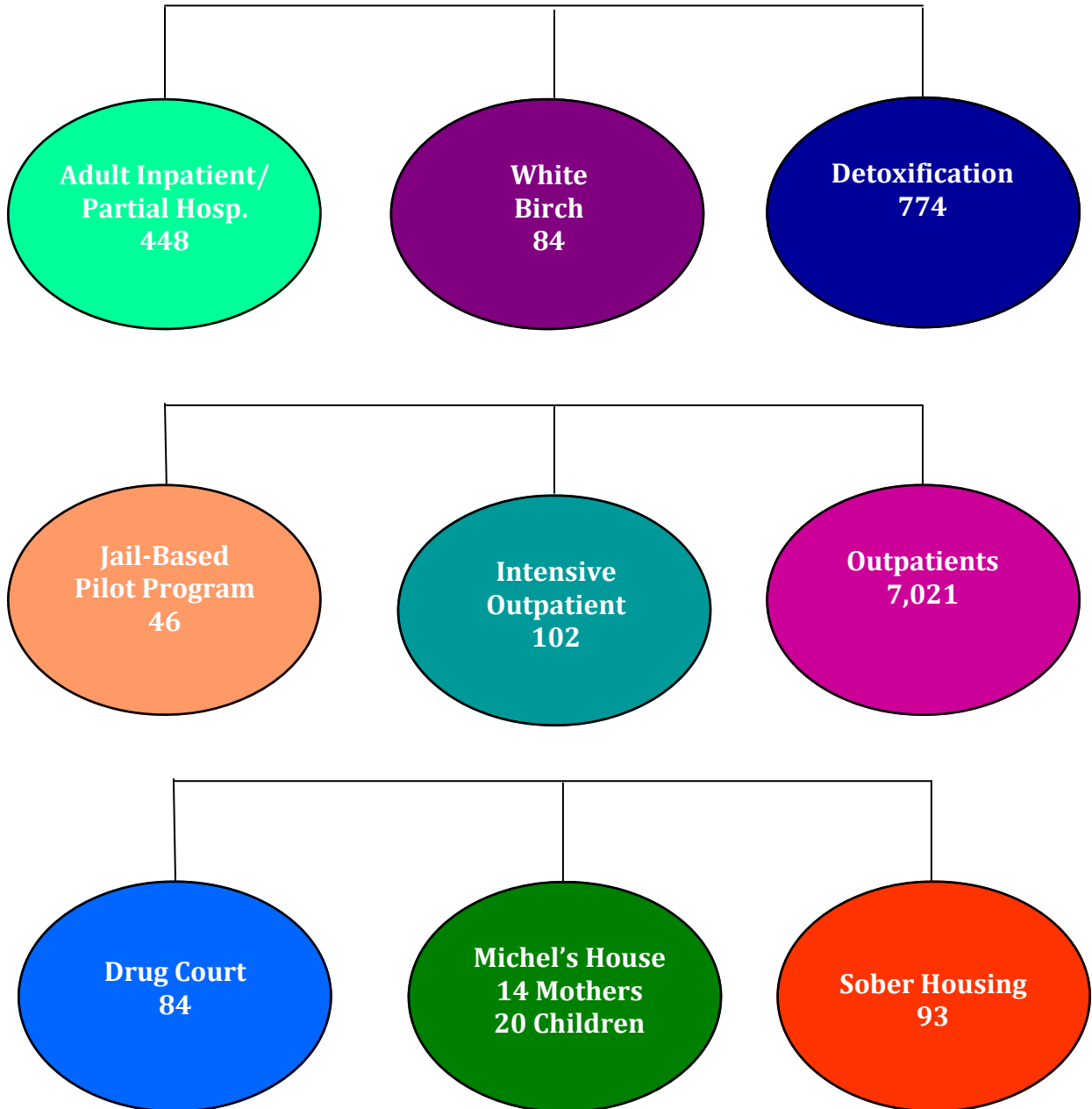
# Adult Treatment Service Levels

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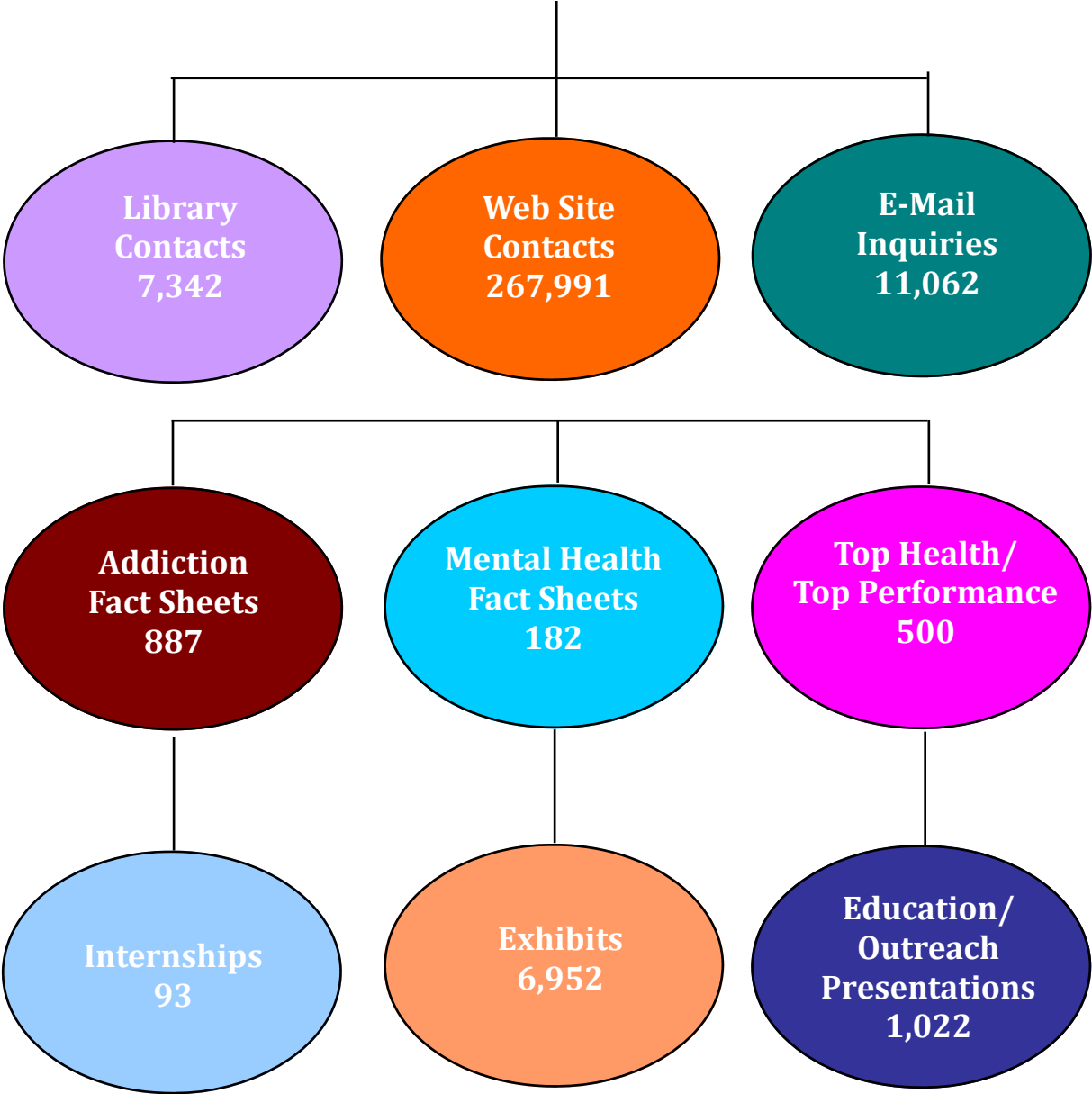
Rimrock Foundation operates one of the most comprehensive continuums of treatment services found anywhere under one management structure.



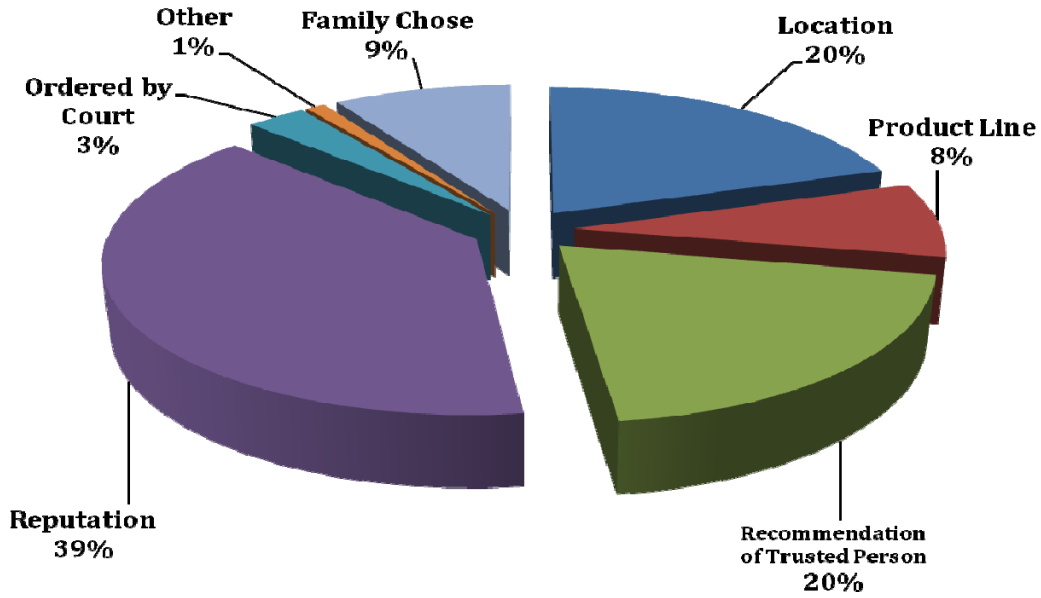
# ADULT PATIENTS SERVED IN 2010



**2010  
PREVENTION/EDUCATION SERVICES**



## WHY PATIENTS CHOSE RIMROCK FOUNDATION

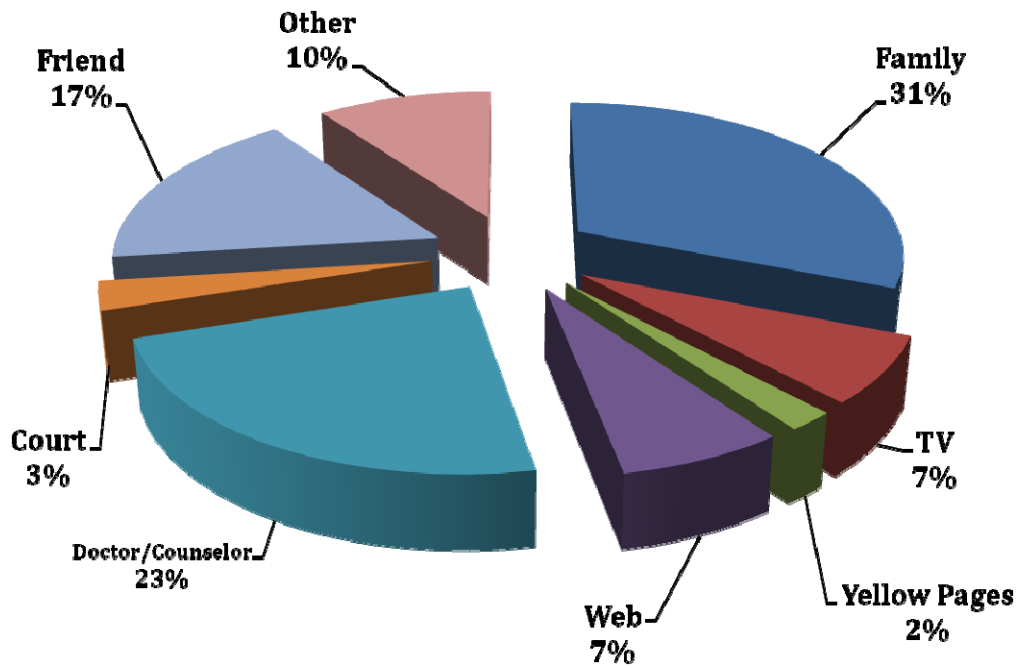


## STATE OF RESIDENCE

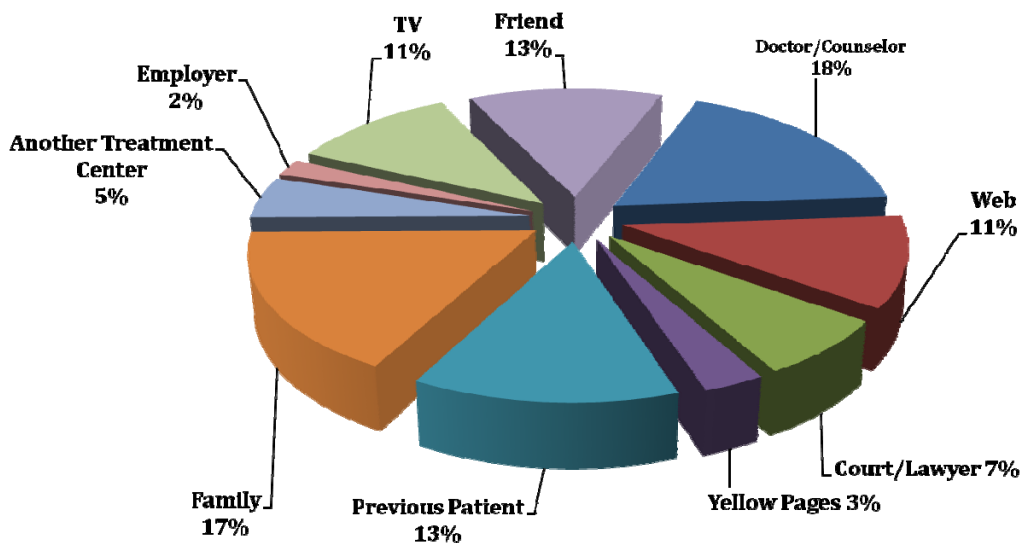
<u>STATE</u>	<u># OF PATIENTS</u>	<u>STATE</u>	<u># OF PATIENTS</u>
Canada	2	New Mexico	2
Colorado	3	Nevada	1
Florida	1	Oklahoma	1
Idaho	3	Oregon	8
Illinois	2	South Carolina	1
Indiana	1	South Dakota	9
Idaho	9	Texas	1
Michigan	1	Washington	11
Montana	293	Wyoming	45
North Dakota	4		

**26.4% of patients were from outside Montana in 2010**

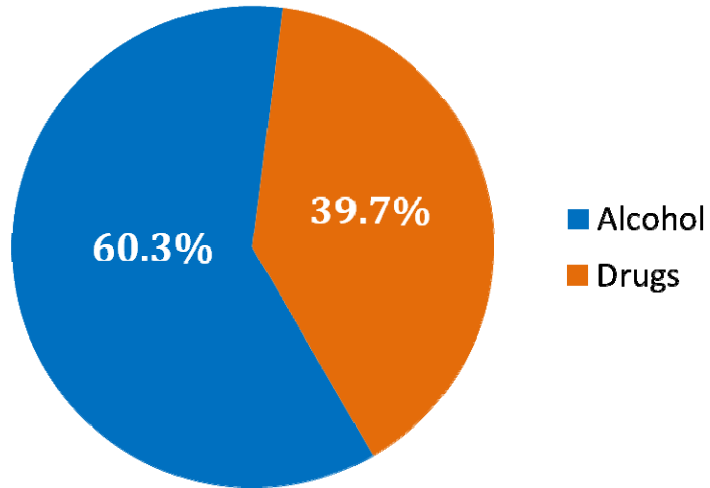
## HOW PATIENTS FIRST HEARD ABOUT RIMROCK FOUNDATION



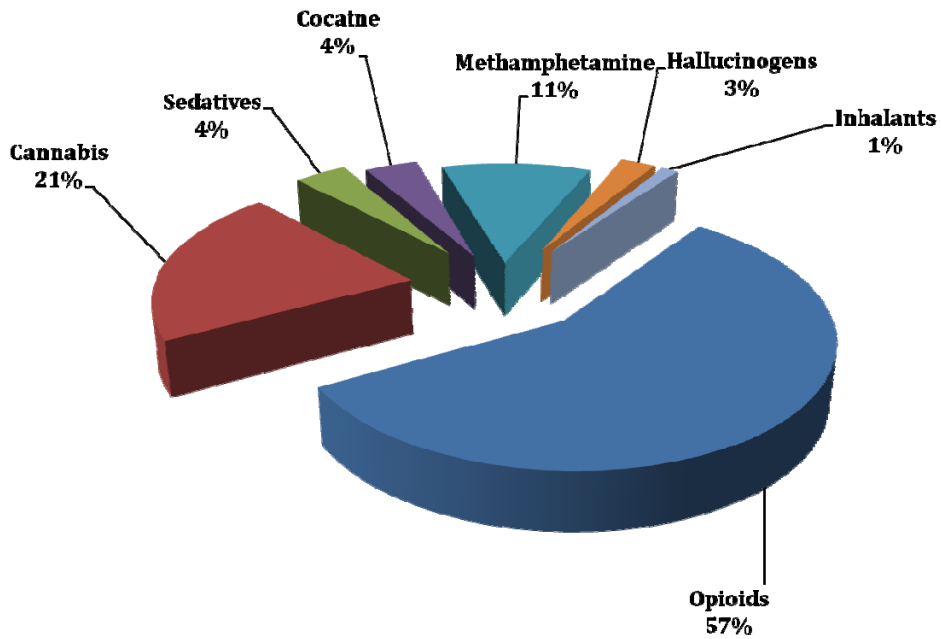
## HOW FAMILY FIRST HEARD ABOUT RIMROCK FOUNDATION



2010  
PREVALENCE OF DRUGS OF CHOICE  
IN ADULT TREATMENT POPULATION



2010  
NON-ALCOHOL SUBSTANCES OF CHOICE  
IN ADULT TREATMENT POPULATION



Opioids are clearly our newest epidemic!

# 2010 MAJOR CO-OCCURRING DISORDERS Adult Inpatient Discharges

	<u>2010</u>	<u>2009</u>	<u>5 Year Average</u>
Depressive Disorders	48.6%	47.6%	51.7%
Post-Traumatic Stress Disorder	7.3%	7.7%	9.6%
Anxiety Disorders	21.2%	26.1%	18.6%
Panic Disorder	3.1%	4.1%	2.7%
Bi-Polar Spectrum Disorders	5.6%	8.5%	8.2%
Attention-Deficit Disorders	6.4%	6.9%	6.3%
Schizophrenia Disorders	.56%	.51%	.85%
Other	7.3%	2.0%	3.8%

**77.5% of patients discharged in 2010 had a co-occurring psychiatric disorder. This percentage has Remained relatively stable over the past three years.**

**2010  
DISCHARGED PATIENTS  
ADULT INPATIENT DIAGNOSTIC GROUPS**

	<u>2010</u>	<u>5 Year Average</u>
Alcohol Dependence	59.1%	57.0%
Drug Dependence	34.5%	29.6%
Total Alcohol/Drug	93.6%	86.7%
Eating Disorders (Primary Diagnosis)	4.0%	5.1%
Pathological Gambling	4.9%	6.18%
Sexual Addiction	.5%	.62%

**10% of patients in 2010 were admitted under our Specialty Mental Health License which is a slight decrease (3%) over the 5 year average**

## NATIONAL OUTCOME MEASURES (NOMS) BEGIN TO PROVIDE BENCHMARKING DATA

**T**he federal institutes have developed a set of national outcome measures (NOMS), that states are expected to report against for the expenditure of federal dollars. These measures have long been included in Rimrock Foundation’s outcome evaluation program and, as the NOMS data begins to be published, we are able to compare ourselves against public programs nationally. The purpose of these measures is to identify key measures of program effectiveness.

The 2010 results of Rimrock Foundation patients against these measures:

	<b><u>Rimrock Findings</u></b>
Employment Status (Increased)	+73%
Reduction of Substance Use (Decreased)	-85%
Involvement in Criminal Justice System (Decreased)	See Pages 25-26
Safe Stable Housing	73% Reduction in Homelessness
Social Connectedness, Interpersonal & AA	See Pages 28-29, 33
Retention in Treatment (Increased)	96.6% of Patients Completed Treatment
Patient Satisfaction	See Pages 33-35

**By these measures, the Foundation is clearly effective.**

## 2010 NAATP BENCHMARK DATA COMPARISONS

One of the few long-term sources for benchmarking information is the annual report published by the National Association of Addiction Treatment Providers (NAATP). This survey involves private treatment centers nation-wide responding to and providing information against certain indicators that the NAATP determines. There are limitations to this approach including the recent trend in which NAATP has eliminated the outcome measures we believe are important.

We are somewhat hampered in our effort to compare ourselves with the NAATP providers because we do not always know what may be included in the calculations that programs submit. For example, our Intensive Outpatient program does not appear as long as the NAATP data set, however, programs may be reporting their aftercare services as part of IOP, while we report aftercare services separately.

Despite the drawbacks and the caution that must be exercised in making comparisons, we include these data because over time, there are discernable trends and differences that assist us in our analysis of programs and services. Following is a recap of this year's comparisons. Overall, Rimrock compares very favorably to NAATP programs.

<b><u>Out of Range Strengths</u></b>	<b><u>Out of Range Weaknesses</u></b>
<b><u>Financial</u></b>	<b><u>Financial</u></b>
Adolescent occupancy is significantly higher	
Average inpatient occupancy	
Staff turnover is substantially less	
Lower administrative expenses	
Lower % bad debt	
<b><u>Program</u></b>	<b><u>Program</u></b>
Family attendance/involvement is significantly higher	Early adolescent discharges—AMA and behavioral
Inpatient behavioral discharges are lower	Detox length of stay is lower
Adult early discharges are lower (AMA rates)	

**NATIONAL FINANCIAL BENCHMARK  
DATA COMPARISONS  
2010**

<u>VARIABLE</u>	<u>NAATP TREND*</u>	<u>NAATP AVERAGE</u>	<u>RIMROCK FOUNDATION</u>	<u>DIFFERENCE</u>
% Gross Revenue from Self-Pay (inpatient)	↑	35.2%	33.1%	-2.1%
% Gross Revenue from Insurance (inpatient)	↑	46.3%	45.5%	-0.8%
% Total Revenue from Medicaid*	↓	23.9%	28.0%	+4.1%
% Average Inpatient Occupancy	↓	76.0%	79.8%	+3.8%
% Average Adolescent Occupancy	↓	72.5%	90.1%	+17.6%
Total Salaries as % of Total Operating Expenses	↓	48.8%	51.6%	+2.8%
% Total Staff Turnover	↑	24.3%	20.3%	-4.0%
% Counseling Staff Turnover	↑	22.7%	16.7%	-6.0%
Days in Accounts Receivable	↓	61.1	67	+5.9
Administrative Expenses as % of Total Revenue	↑	25.8%	20.0%	-5.8%
Bad Debt as Percent of Total Billings	↑	10.4%	2.3%	-6.6%

\*Arrows indicate direction NAATP data is trending.

\*NAATP includes only Medicaid while Rimrock data includes all public dollars.

**NAATP CLINICAL BENCHMARK  
DATA COMPARISONS  
2010**

<u>VARIABLE</u>	<u>NAATP TREND*</u>	<u>NAATP</u>	<u>RIMROCK FOUNDATION</u>	<u>DIFFERENCE</u>
Average Length of Stay—Detox	↑	6.6 days	2.4 days	-4.2
Average Length of Stay—Inpatient	↑	32.6 days	25.7 days	-6.9
Adult AMA Discharges (Against Advice)	↑	10.6%	8.7%	-1.9%
Length of Stay—Adolescents	↓	32.6	33.7	-1.1%
Adolescent Discharges (Against Advice)	↓	8.6%	20.7%	+12.1%
<b>% Families Who Participate in Inpatient Treatment</b>	↓	<b>64.3%</b>	<b>79.7%</b>	<b>+15.4%</b>
<b>% Families Participating in Intensive Outpatient</b>	↓	<b>43.6%</b>	<b>65.7%</b>	<b>+22.1%</b>
<b>% Families Participating (adolescent residential)</b>	↓	<b>80.0%</b>	<b>90.2%</b>	<b>+10.2%</b>
% Adult Inpatients/Residential Discharged on Medications	↓	54.6%	69.3%	+14.7%
% Adolescent Behavioral Discharges	↓	6.7%	11.05%	+4.35
% Adolescents Discharged on Medications	↑	46.5%	42.8%	-3.7%
% Behavioral Discharges from Inpatient	↑	3.4%	2.9%	-0.5%

\*Arrows indicate direction NAATP data is trending.

## PATIENT OUTCOME DATA...

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Our Patient Outcome data are collected and entered into a software program by a third party research company (Harder Associates), who also statistically test the variables reported on. The statistical testing of the data includes ANNOVA, and other tests for differences using repeated measures t-tests and analysis of variance.

The repeated measures tests answer the question: how do individuals differ from one time (admission) to two times (six months and twelve months post-discharge)? Tests were considered significant at the  $p \geq .05$  level. This is a very high level of confidence and allows for little chance which means you can have confidence in these findings.

# PATIENT OUTCOME EVALUATION

## DIAGNOSTIC GROUP: ALCOHOL/DRUG PATIENTS

### Discharge Status of Follow-up Patients:

Complete	96.6%
Against Medical Advice	2.3%
Therapeutic Discharge	-0-
Incomplete	.6%
Therapeutic Transfer	.6%

### % of Sample Survey Intervals

6 Month Follow-up	86.4%
12 Month Follow-up	42.0%

### Program

Inpatient	88.6%
Intensive Outpatient Program	11.4%

### Gender:

Male	62.5%
Female	37.5%

### Marital Status:

	<b><u>Admission</u></b>
Married	46.0%
Divorced	13.2%
Separated	6.9%
Never Been Married	27.0%
A Partner of an Unmarried Couple	5.2%
Widowed	1.7%

### Age of Sample

	Minimum	Maximum	Mean
Admission	18	80	40.9
6 months	17	81	42.05
12 months	19	65	43.65

## OUTCOME SURVEY FINDINGS

### Employment Status at Admission:

	<b><u>2010</u></b>	<b><u>5-Year Average</u></b>
Employed	44.6%	41.2%
Out of Work	20.0%	24.9%
Unable to Work	4.6%	3.3%
Student	4.5%	6.8%
Retired	5.1%	5.9%
Homemaker	4.0%	4.2%

### Employment Rates Post-Discharge:

	<b><u>Admission</u></b>	<b><u>6 Months</u></b>
Employed	44.6%	77.8%

- Employment rates are significantly increased post-discharge!
- 30% of patients say they have become employed or improved their jobs at six months post discharge!

### Housing Status:

	<b><u>Admission</u></b>	<b><u>6 Months</u></b>
Own	60.6%	
Rent	25.1%	
Homeless	14.2%	2.3%
Sober Housing	-0-	8.8%

**Health Status:**

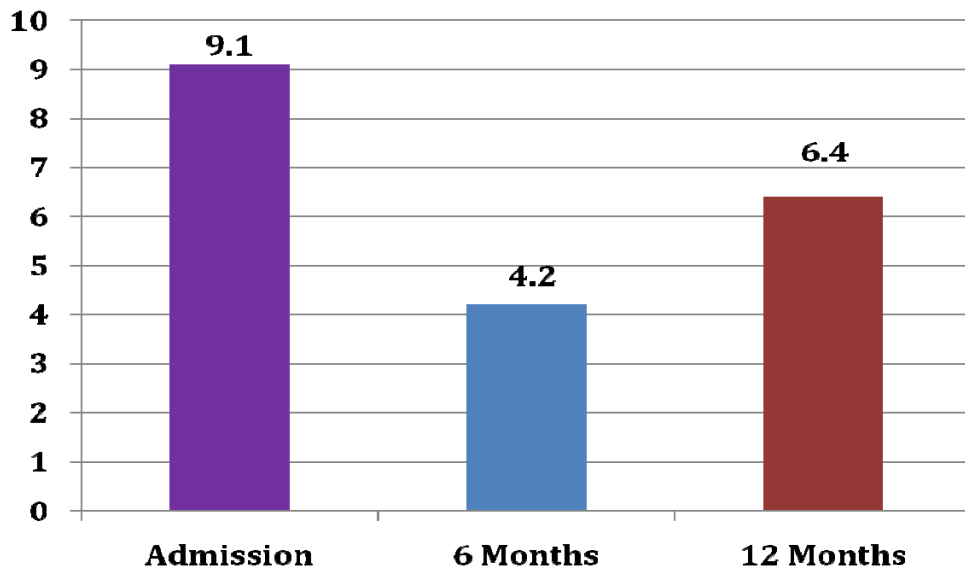
Generally, patients report marked improvement in their physical health status following treatment.

<b><u>5-Year Mean Responses</u></b>	<b><u>Admission</u></b>	<b><u>6 Months</u></b>	<b><u>12 Months</u></b>
Patients Reporting Poor Health	23.9%	10.6%	<b>9.7%</b>
Patients Reporting Very Good/ Excellent Health	34.5%	54.3%	70.5%

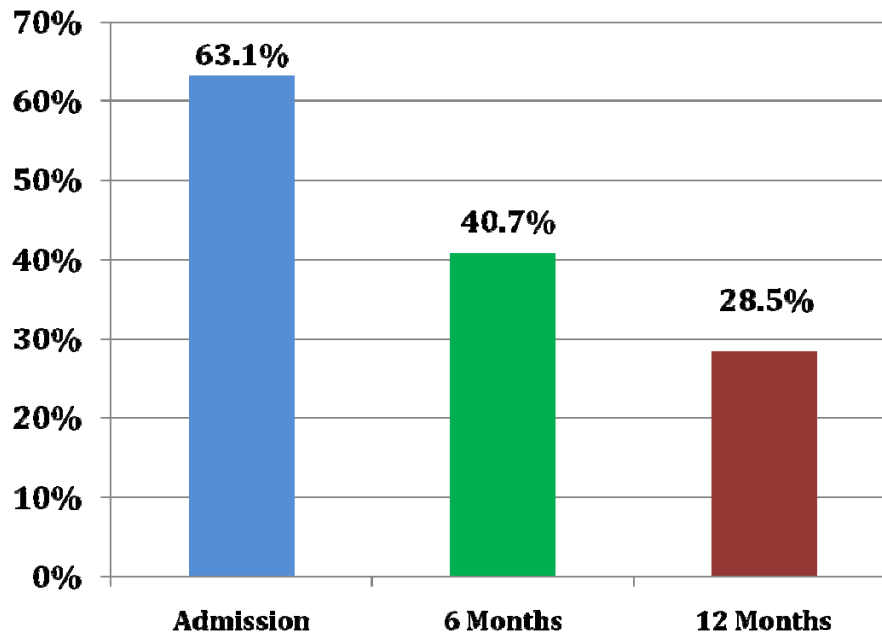
<b><u>2010 Responses</u></b>	<b><u>Admission</u></b>	<b><u>6 Months</u></b>	<b><u>12 Months</u></b>
Patients Reporting Very Good/ Excellent Health	29.8%	45.7%	76.4%
Patients Reporting Good Health	41.7%	3.1%	31.1%
Patients Reporting Poor Health	28.5%	.7%	<b>5.4%</b>

➤ The difference is significant. Health status improves post discharge!

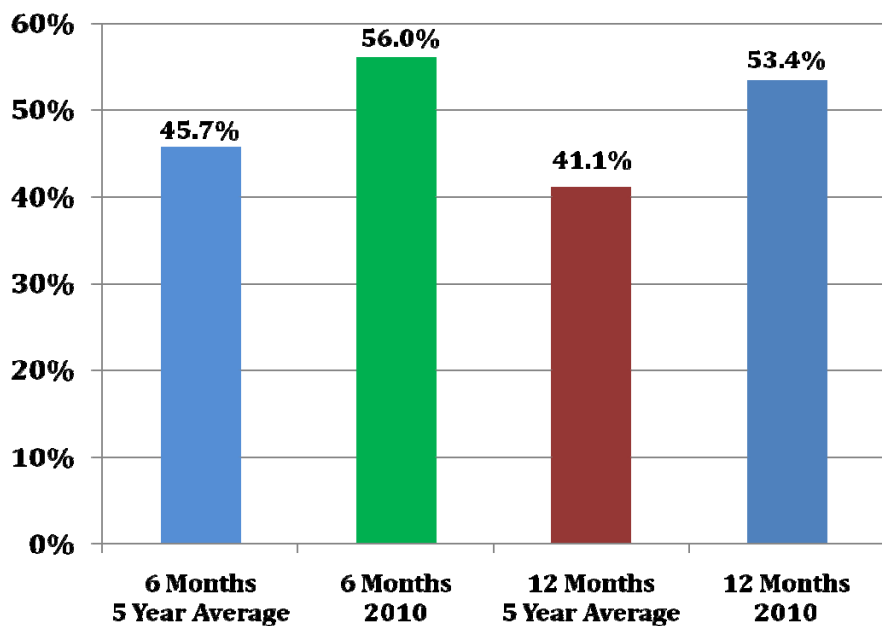
**Mean days of poor health in past 30 days:**



% patients with medical problems past 3 months:



Patients continuing with regular stress management activity post discharge:

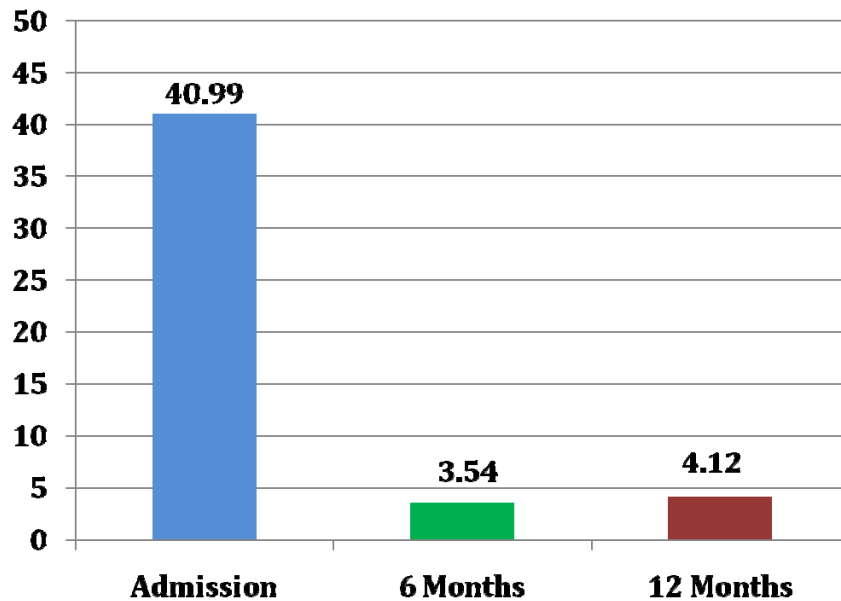


- At 6 months, 53.4% of patients indicate they are continuing with a stress management activity they learned in treatment.
- At 12 months, 53.4% say they are using a stress management activity learned in treatment.

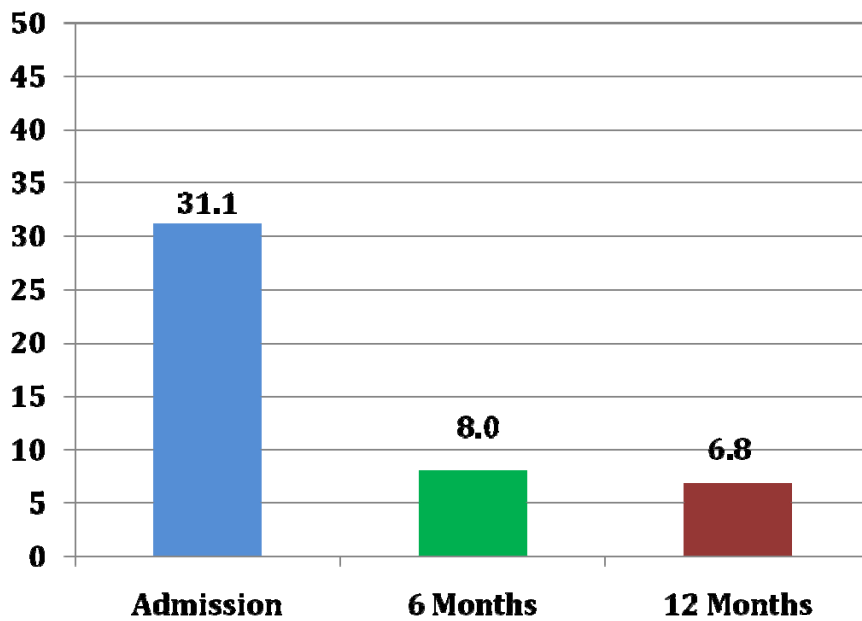
# SUBSTANCE ABUSE

Days of substance use are dramatically reduced post discharge:

Mean Days of Alcohol Use (Past 90 Days), Admission through Follow-up

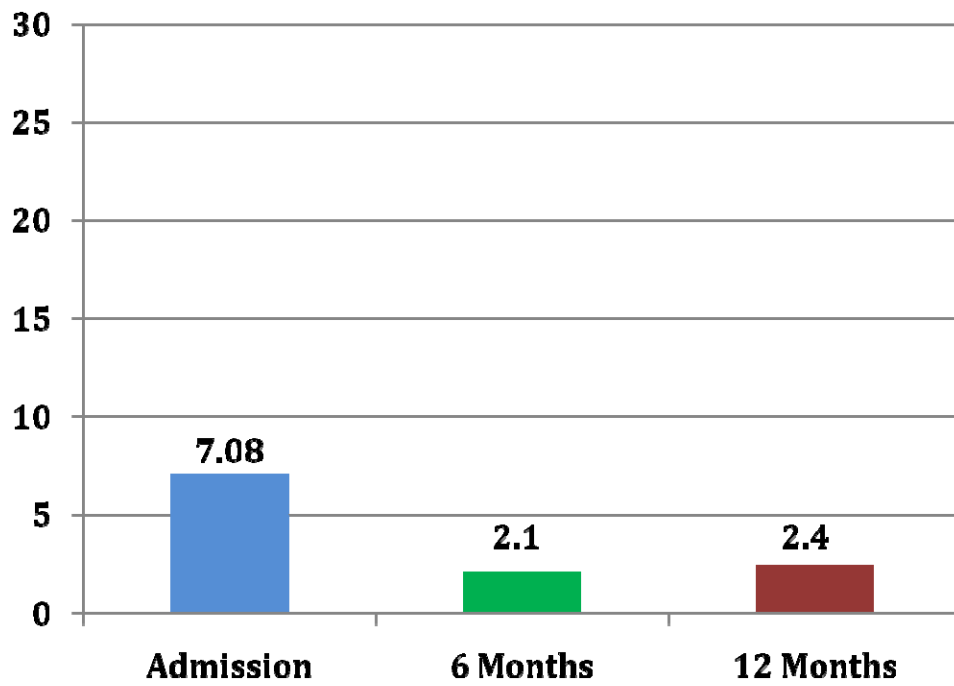


Mean Days of Use of Drugs Other Than Alcohol in Past 90 Days

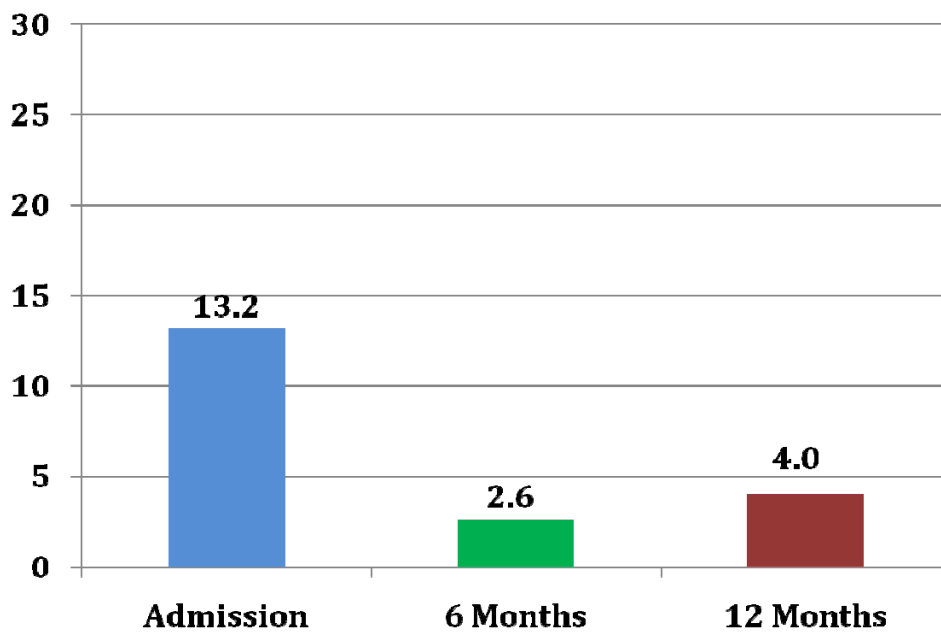


➤ Days of drug use drop dramatically post-treatment.

### Mean Days of Cannabis Use in Past 90 Days



### Mean Days of Opiate Use in Past 90 Days



**MEAN DAYS OF ANY SUBSTANCE USE 30 DAYS POST DISCHARGE:**

<b><u>6 months</u></b>	<b><u>12 months</u></b>
1.2	2.1

**MEAN AMOUNTS OF MONEY SPENT ON DRUG ABUSE IN PAST 3 MONTHS  
5 YEAR AVERAGE:**

<b>Admission</b>	<b>6 months</b>	<b>12 months</b>
Alcohol \$335.92	Alcohol \$43.31	Alcohol \$12.82
<b>Drugs \$391.02</b>	Drugs \$43.80	<b>Drugs \$19.85</b>

**MEAN AMOUNTS OF MONEY SPENT ON DRUG ABUSE IN PAST 3 MONTHS 2010:**

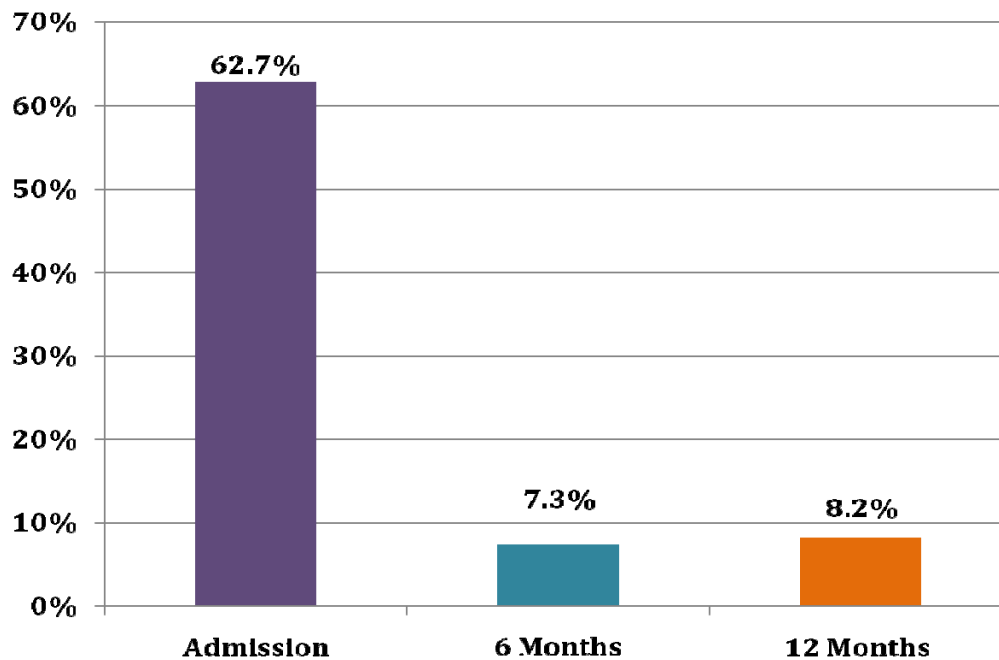
<b>Admission</b>	<b>6 months</b>	<b>12 months</b>
Alcohol \$472.94	Alcohol \$32.59	Alcohol \$12.82
<b>Drugs \$484.05</b>	Drugs \$23.77	<b>Drugs \$60.00</b>

- Major reductions occur in money spent on substances post-treatment.

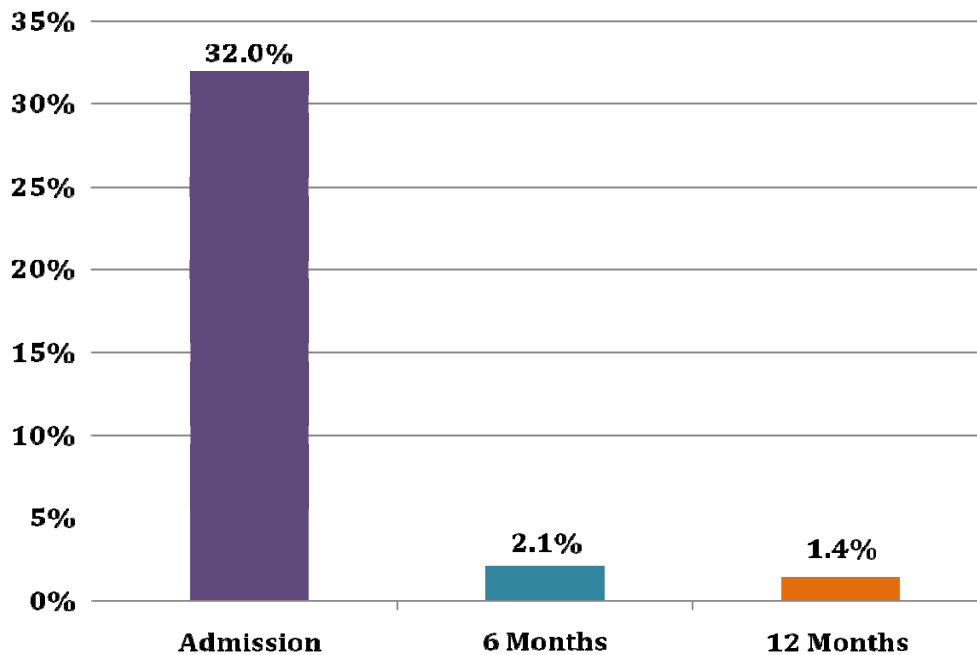
## HOW TROUBLED PAST 90 DAYS BY SUBSTANCES

➤ Pre-occupation with substances is significantly reduced post-discharge!

**% of Patients Extremely Bothered by Alcohol**

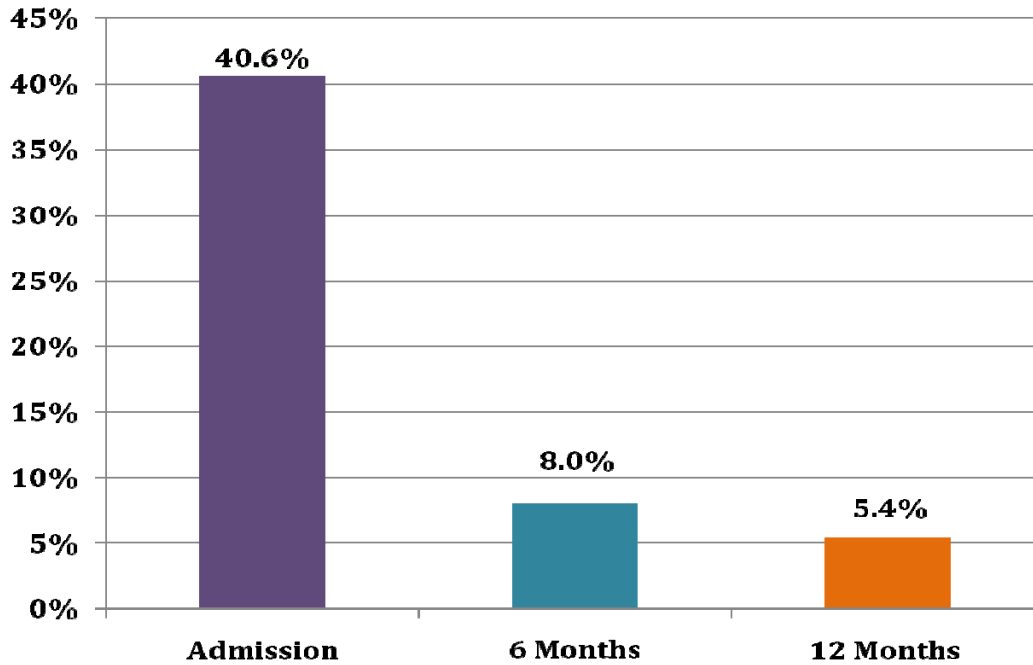


**% of Patients Extremely Bothered by Other Drugs**



# TREATMENT STATUS

% in alcohol or drug treatment pre-admission and past 90 days:



➤ **Re-admissions are reduced post treatment!**

Treatment re-admissions:

<u>At Rimrock Foundation</u>	<u>Inpatient</u>	<u>Intensive Outpatient</u>	<u>Outpatient</u>
Admission (previous treatment)	56.4%	3.6%	5.5%
6 months (post-discharge)	.6%	-0-	12.5%
12 months (post-discharge)	.6%	-0-	-0-
<u>Elsewhere</u>	<u>Inpatient</u>	<u>Intensive Outpatient</u>	<u>Outpatient</u>
Admission (previous treatment)	20%	1.7%	6.3%
6 months (post discharge)	1.1%	.6%	1.7%
12 months (post discharge)	.6%	-0-	1.7%
<b>Total % Readmissions Post-Discharge by Level of Care</b>	1.7%	5.3%	3.4%

## LEGAL STATUS

### Patients arrested and charged past 3 months:

	Admission	6 Months	12 Months
Shoplifting/Vandalism	1.7%	-0-	-0-
Drug Charges	10.3%	.6%	.6%
Probation/Parole Violations	10.3%	1.7%	.6%
Assault	6.9%	.6%	-0-
Disorderly Conduct	8.8%	1.1%	1.7%
Contempt of Court	3.7%	.5%	-0-

➤ **There was a 31% reduction in arrests at 6 months.**

### Mean # days on electronic monitoring:

Admission	26.2
6 months	8
12 months	1

### Patients in jail pre-admission and past 90 days:

Admission	24.7%
6 months	6.0%
12 months	1.7%

### Mean # days in jail:

Admission	15.8
6 months	3.3
12 months	-0-

➤ **Days of incarceration are significantly reduced post treatment!**

**% Arrested for DUI:**

Admission	<b>63.8%</b>
6 months	<b>2.8%</b>
12 months	<b>.6%</b>

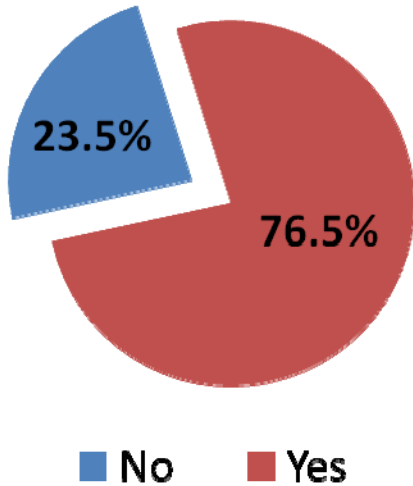
**Other driving violations:**

	<b><u>Admission</u></b>	<b><u>6 Months</u></b>	<b><u>12 Months</u></b>
Reckless and Other Driving Violations	5.2%	1.1%	<b>-0-</b>

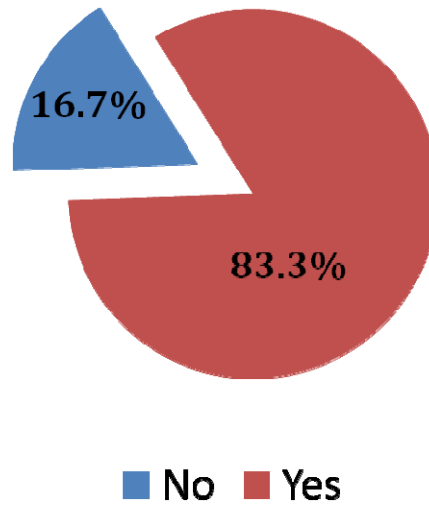
# AFTERCARE

Did you attend an Aftercare Program?

5 Year Average

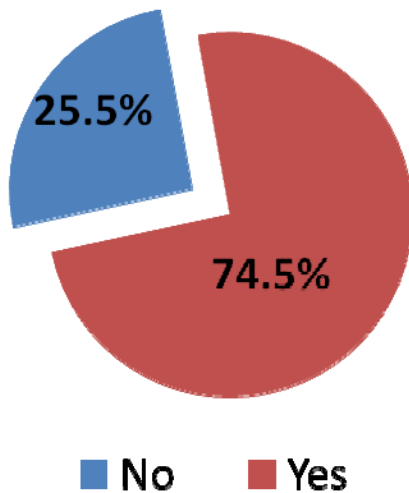


2010

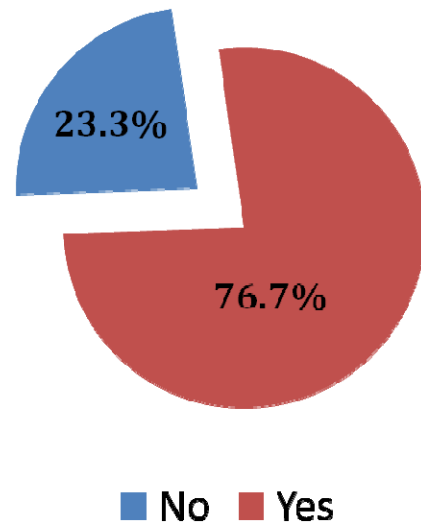


## AFTERCARE PARTICIPATION IN 12 MONTH SAMPLE

5 Year Average



2010

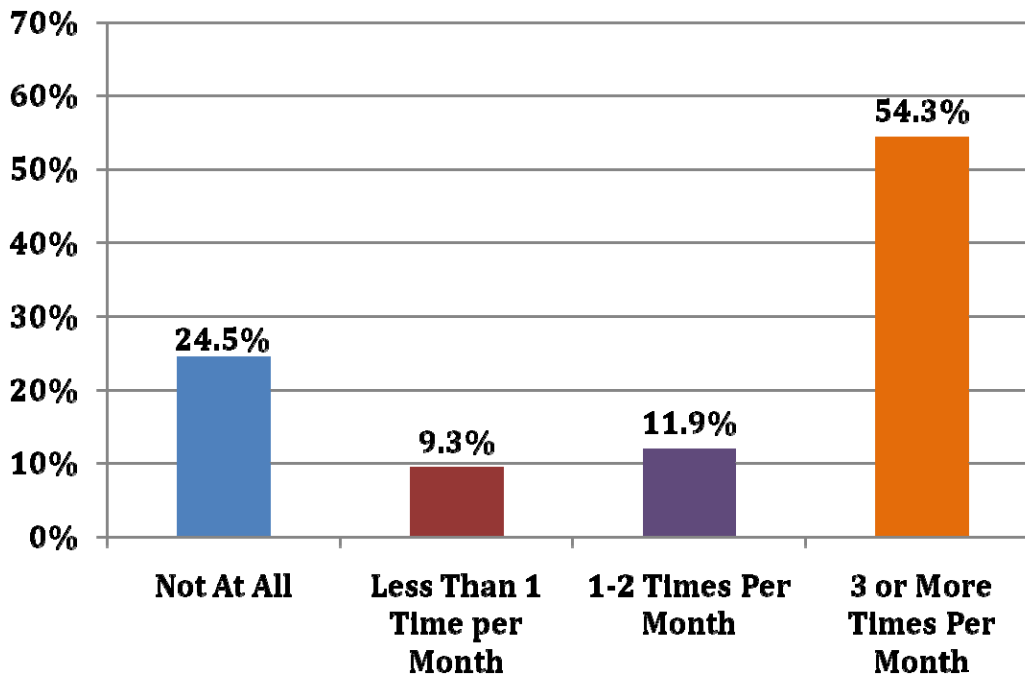


## MEAN MONTHS OF AFTERCARE ATTENDANCE

	<u>Mean Months</u>
At 6 Months	4.7

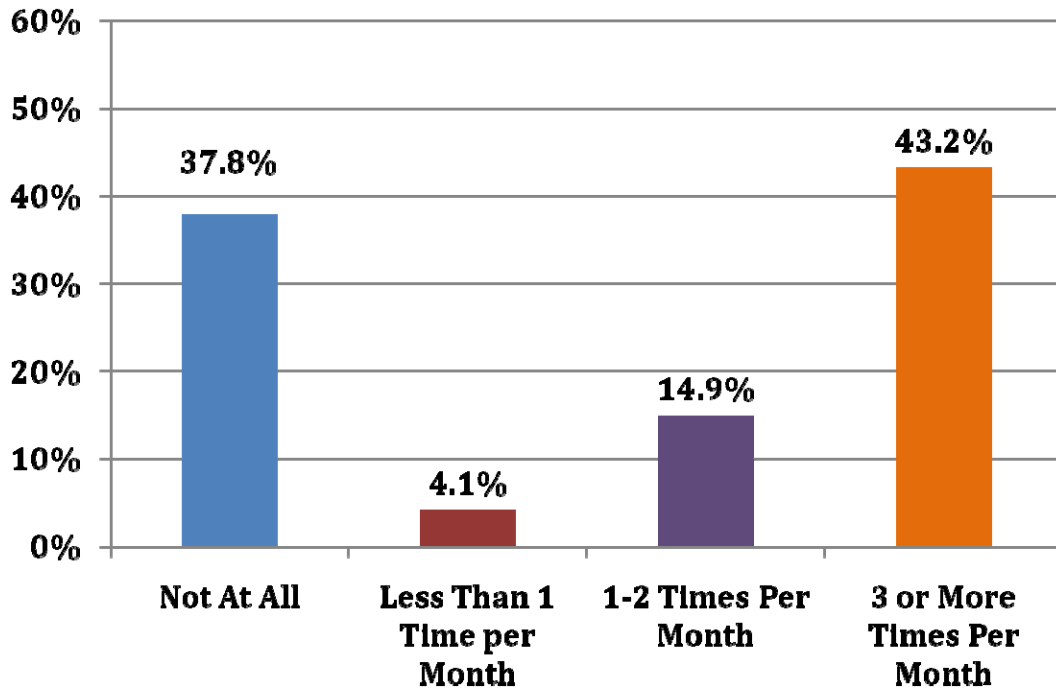
## FREQUENCY OF TWELVE STEP PARTICIPATION IN PAST 30 DAYS

### 6 Months



- 46.7% of patients averaged 4.7 Twelve Step meetings in past 30 days at 6 months post discharge.

## 12 Months



- 55.6% of discharged patients are participating in a 12-step program at 12 months.

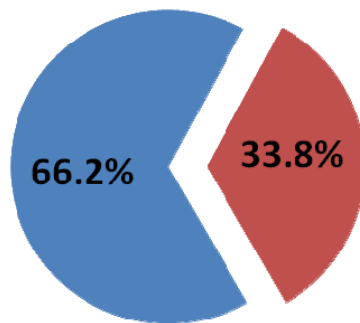
## MEAN TIMES LAST 30 DAYS OF TWELVE STEP PARTICIPATION

	<u>Mean Months</u>
At 6 Months	7.15
At 12 Months	5.67

# RELAPSE

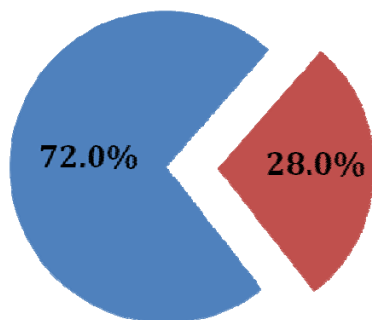
Have you experienced relapse since discharge?

5 Year Average



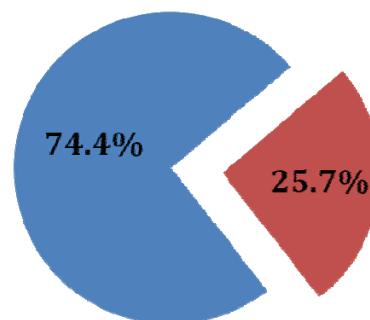
■ No ■ Yes

2010—6 Months



■ No ■ Yes

2009—12 Months



■ No ■ Yes

Are you currently in relapse (6 months)?

	<u>5 Year Average</u>	<u>2010</u>
No	80.2%	65.9%
Yes	19.8%	34.1%

➤ 61.9% of those in relapse indicate they will seek help for their relapse.

**Are periods between relapse episodes becoming longer or shorter?**

	<b>6 Months</b>	<b>12 Months</b>
Longer	59.5%	57.9%
Shorter	21.4%	15.8%

**Are you living with someone who has a current alcohol problem?**

	<b><u>Yes Responses</u></b>
Admission	11.4
6 Months	10.1
12 Months	4.8

**Do you live with anyone who uses non-prescribed drugs?**

	<b><u>Yes Responses</u></b>
Admission	2.8%
6 Months	-0-
12 Months	-0-

## INTERPERSONAL RELATIONSHIPS

Significant reductions in interpersonal conflicts occur following treatment, as illustrated in the following tables:

Serious interpersonal conflicts last 3 months:

Serious problems getting along with:	Admission	6 Months	12 Months
Mother	28.5%	10.0%	5.1%
Father	16.6%	11.4%	7.2%
<b>Partner/Spouse</b>	<b>37.3%</b>	<b>14.2%</b>	<b>5.7%</b>
Close Friends	21.3%	10.8%	1.7%
Co-Workers	18.8%	6.0%	5.1%
Siblings	19.6%	7.9%	1.7%
Children	20.6%	12.2%	4.4%

Mean times of serious conflicts in past 3 months:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
With Family	12.4	4.9	5.6
Other People	4.8	2.8	4.5

How troubled or bothered by family problems past 3 months:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Extremely	23.5%	13.5%	8.2%
Not At All	27.9%	51.7%	63.0%

➤ Relationships improve significantly post-treatment!

# SATISFACTION

## Satisfaction with current living arrangements

	<b><u>Satisfied</u></b>	<b><u>Not Satisfied</u></b>
Admission	79.5%	19.9%
6 months	90.7%	8.0%
12 months	91.9%	3.4%

## How satisfied with treatment services at Rimrock Foundation?

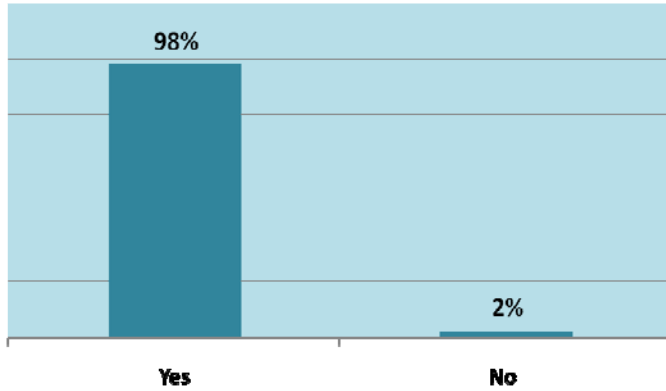
	<b><u>Not At All</u></b>	<b><u>Moderately</u></b>	<b><u>Extremely</u></b>
6 months	2.7%	9.5%	77.9%
12 months	4.1%	9.5%	86.5%

## Would you recommend Rimrock Foundation if a family member or close friend needed help for an addiction problem?

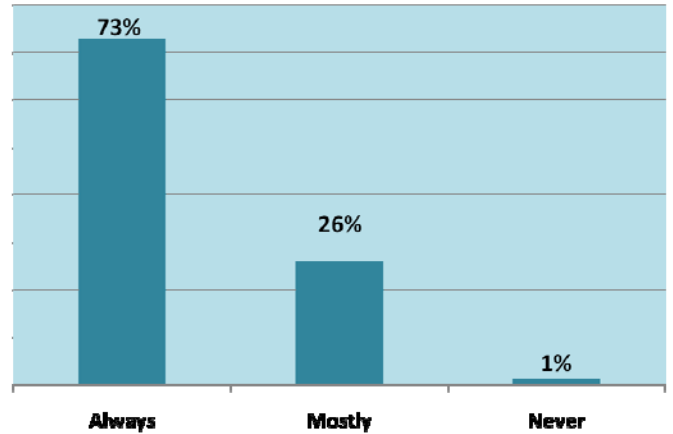
	<b><u>Yes</u></b>	<b><u>No</u></b>
6 months	94.5%	5.5%
12 months	91.5%	8.5%

# 2010 ADULT PATIENT DISCHARGE SATISFACTION SURVEY FINDINGS

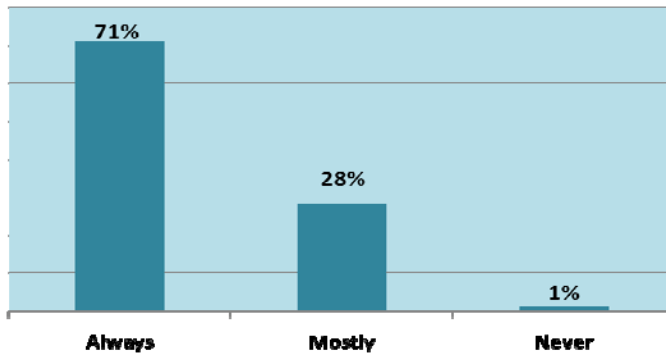
**Did the staff give you an orientation to the program and explain the rules and policies?**



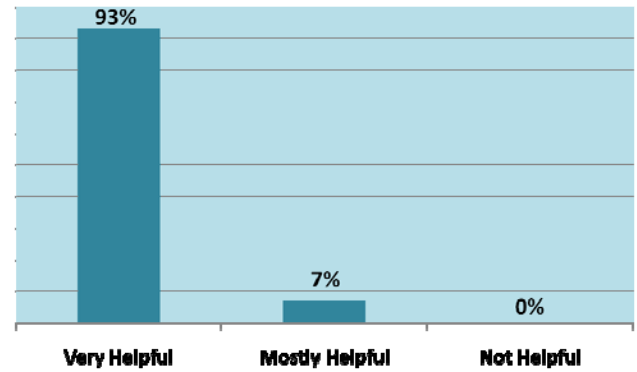
**Was the facility clean and comfortable?**



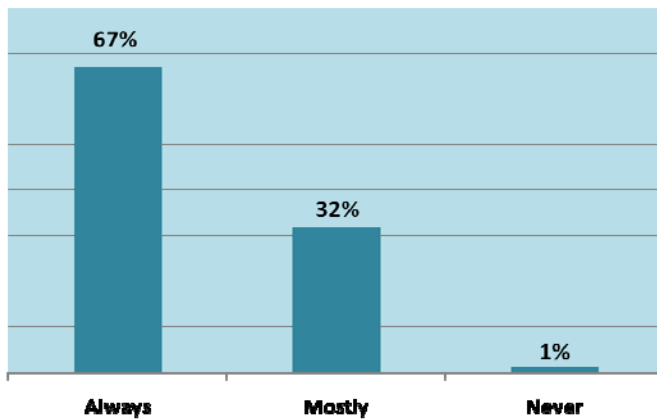
**Were you involved in treatment planning and decisions about your treatment?**



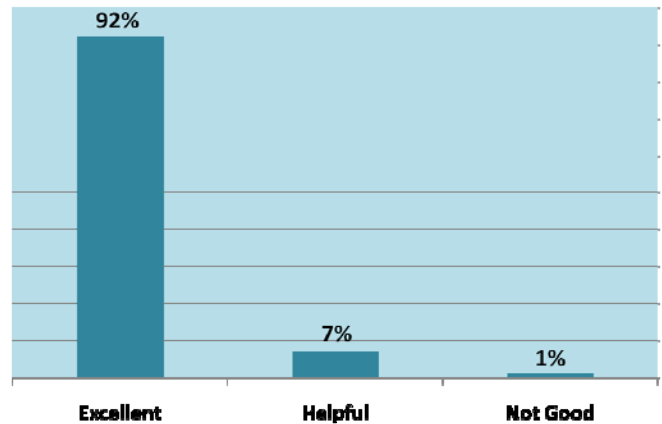
**Overall, how helpful was treatment for you?**



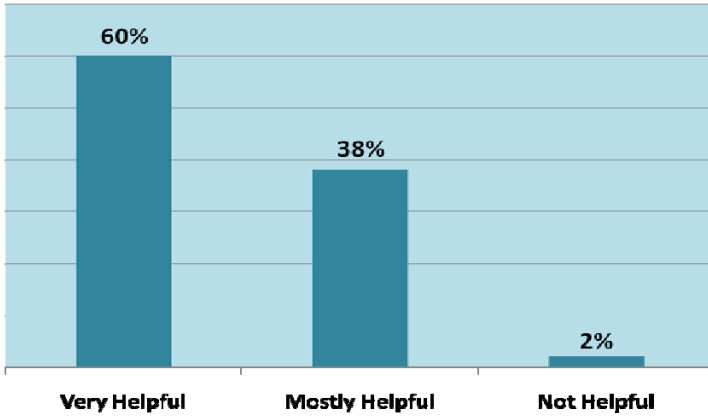
**Did the staff treat you with respect and dignity?**



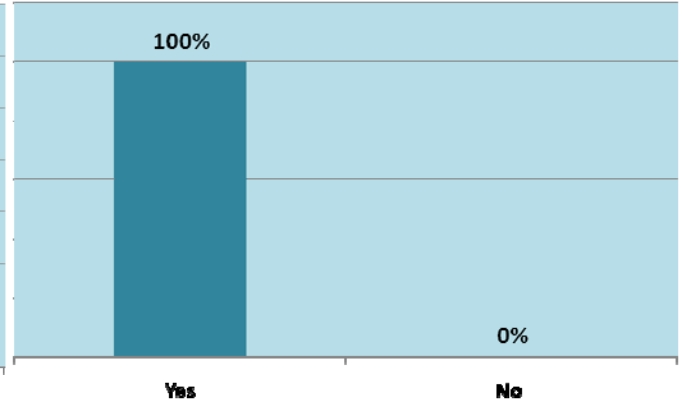
**How was your relationship with your counselor?**



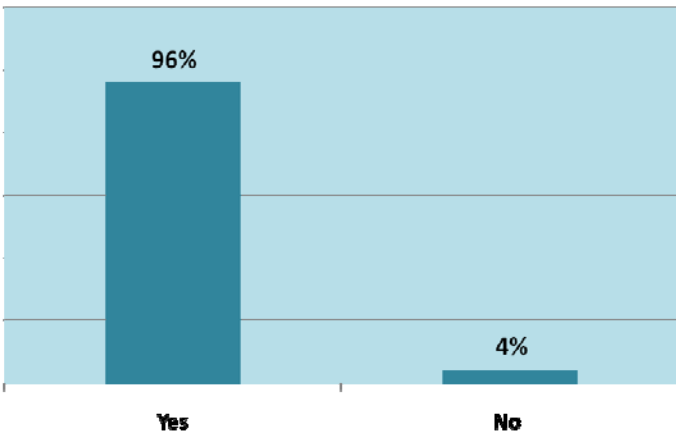
**How were the 12-Step meetings you attended?**



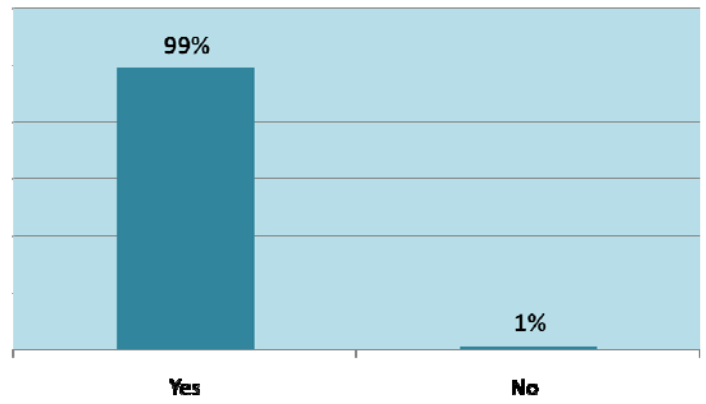
**Are you motivated to follow your recovery plan?**



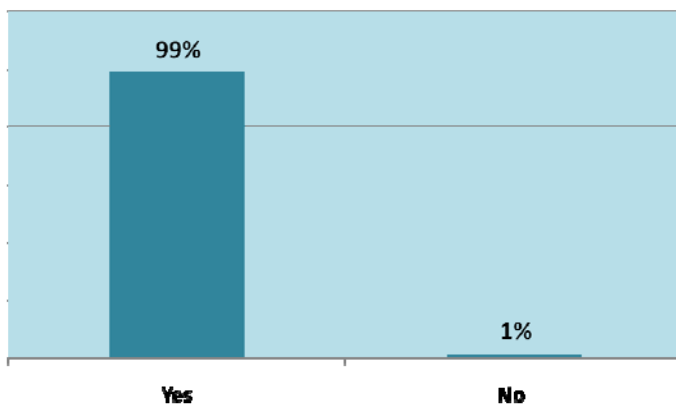
**Do you know what your aftercare plan is after your discharge from the program you attended?**



**Would you recommend Rimrock Foundation to a family member or a friend if they needed help for an addiction problem?**



**Was group helpful?**

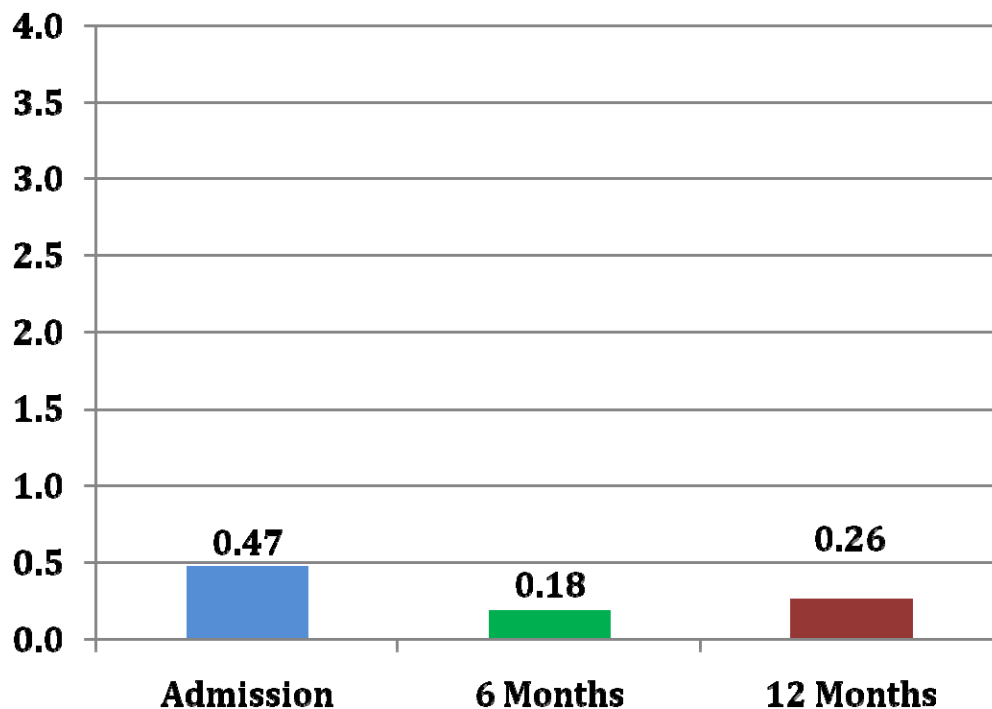


# 2010 BASIS 32 FINDINGS Psychiatric Stability Patient Outcome Evaluation

The Basis 32 is an objective measure of degrees of psychiatric instability. Patients were administered this instrument on admission and at follow-up intervals post-discharge. Scores are based on a 0-4 point scale where zero is no difficulty and 4 is extreme difficulty, thus, lower numbers are desirable. The use of the BASIS 32 is well established as an outcome measurement tool.

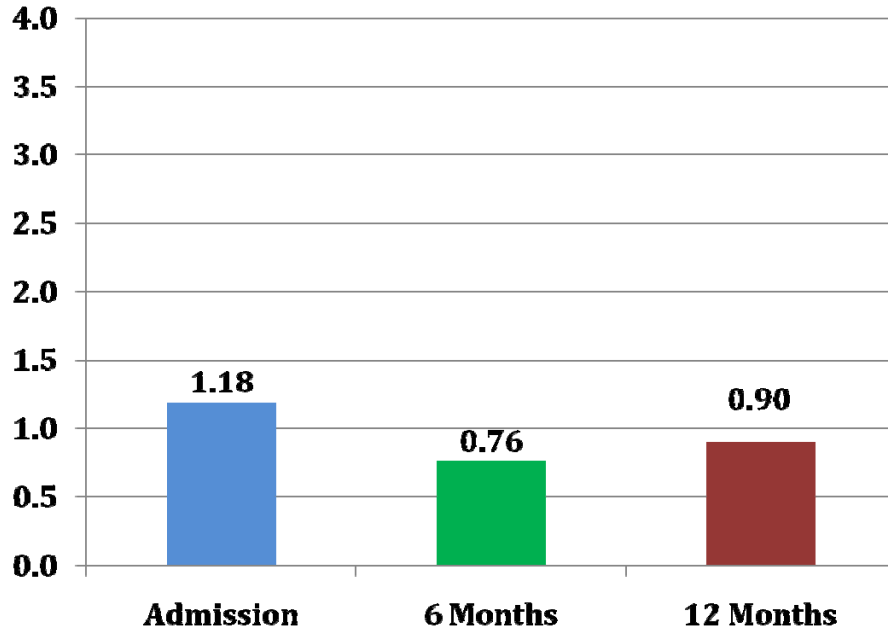
## ALCOHOL/DRUG PATIENTS

### Changes in Mean Scores from Admission to Follow-up

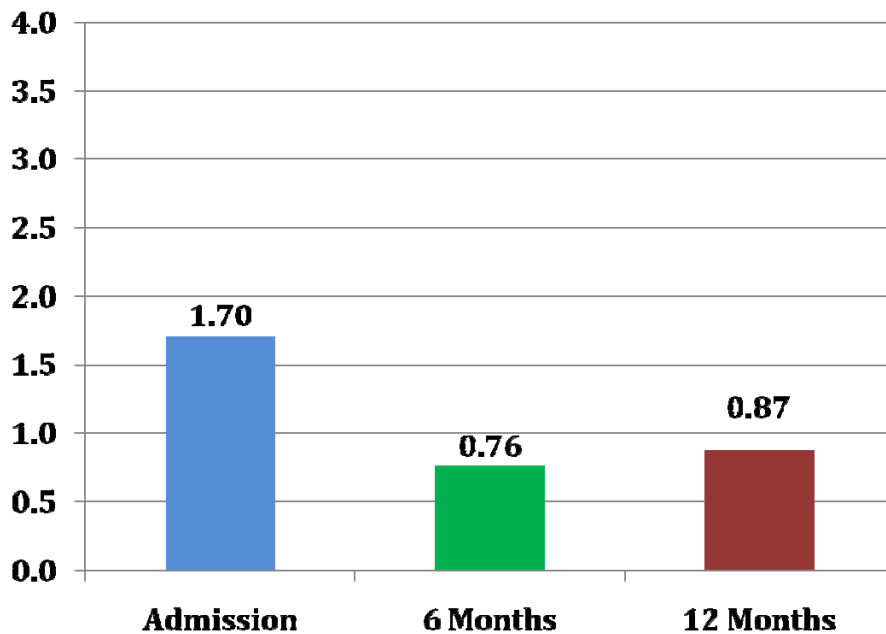


- Significant improvement in psychotic symptoms is reported post-discharge.

## RELATION TO ONESELF AND OTHERS

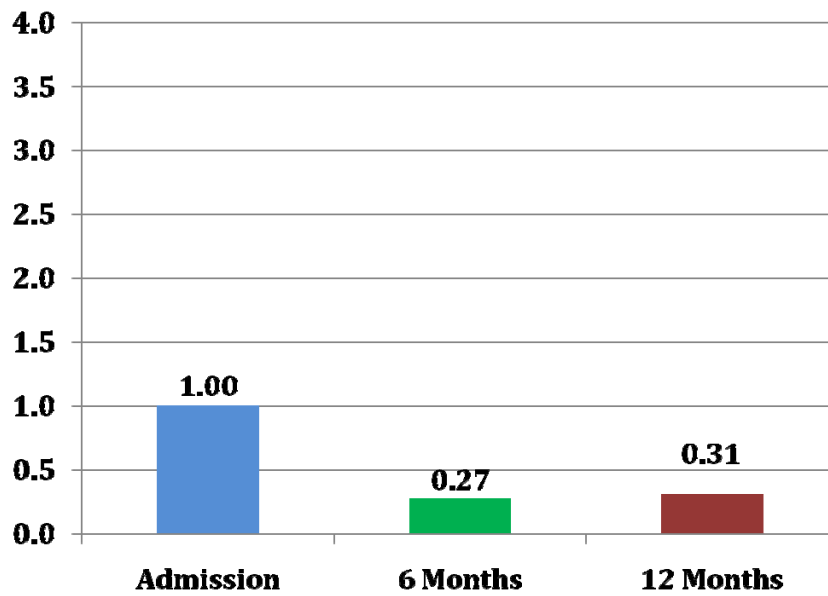


## DEPRESSION AND ANXIETY



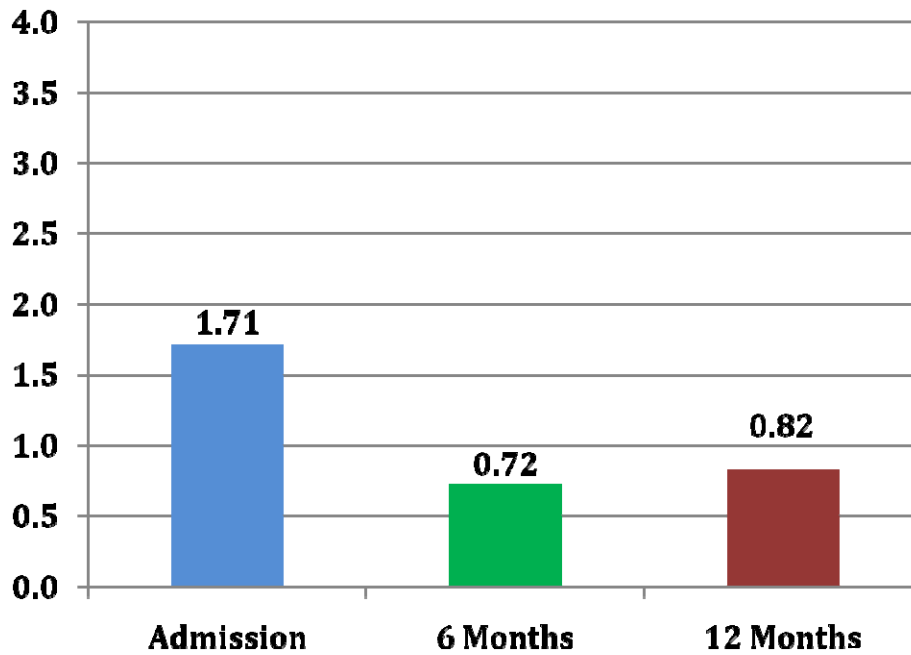
- Patients reported significant improvement post-discharge in symptoms of depression and anxiety.

## IMPULSIVE ADDICTIVE BEHAVIOR



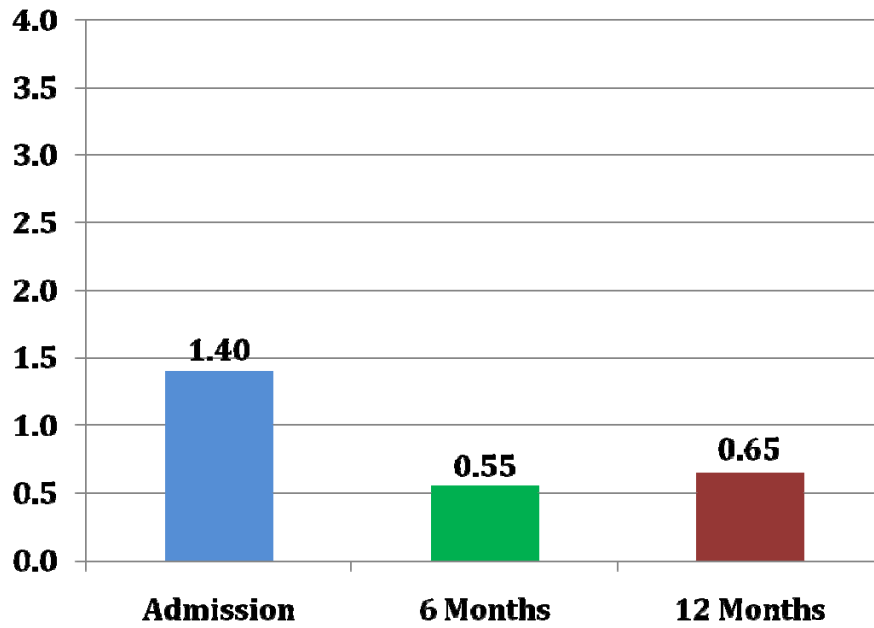
- Improvement in impulsive, addictive behavior occurred at follow-up intervals.

## DIFFICULTY IN DAILY LIVING/ROLE FUNCTIONING



- Patients report significant improvement rates in daily functioning at follow-up.

## SUMMARY OF OVERALL BASIS 32 SCORES



- Significant improvement in psychiatric stability is achieved post-discharge.

## Program Evaluation Data...Answers the Question

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How Effective are the Rimrock Foundation Programs?

# MEDICAL DETOXIFICATION

## GOAL:

- To provide for the safe withdrawal from mood-altering substances and referral of the patient into the treatment continuum for individuals who are intoxicated and at risk for medical complications.

## Admission Criteria:

- Individuals ages 13 and older
- Must meet medical criteria; elevated vital signs, ten or above on the appropriate CIWA Scale
- Referral Source: Anyone may refer

## Persons Served

- Intoxicated patients or patients under the influence of drugs other than alcohol
- Funding: Services available on sliding fee basis

## Hours of Operation

- 24 hours, 7 days a week

## Services Provided

- Sub-acute Medical Detoxification
- Medical Monitoring
- Medication Administration
- Crisis Counseling
- Screening/Referral
- Motivational Enhancement Therapy

## RIMROCK FOUNDATION PROGRAM EVALUATION

**PROGRAM: Medical Detoxification**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
To assure an adequate LOS for patients	60% Complete	All admitted Patients	79.0%	83.0%	-6.9%	25
Reduction of seizures/medical complications	Max. 1% with seizures	All Admitted Patients	1.5%	.6%	+.3%	30
Patients will accept discharge referral	Minimum 70%	All Admitted Patients	88.9%	85.6%	+3.3%	18
Reduction of recidivism	Minimum 5%	All Admitted Patients	.04%	.02%	+.02%	14
<b>Efficiency Objectives:</b>						
To optimize organizational resources	80% annual UR rate	All Admitted Patients	116%	106%	+10%	13

**ANALYSIS/CORRECTIVE ACTION:**

Seizures increased this year by 1.5%. The general cause of the increase was determined to be the use of benzodiazepenes by patients who did not report this use during the nursing or physician assessment. In each case following having a seizure the patient gave a history of this use. Corrective action was taken based upon their investigation by the QI committee. Admissions staff were trained to ask more questions about benzo use and explain the importance of this history to the patient. Nursing and medical staff providers were trained similarly to probe for this information. This will be closely monitored in 2011. AMA's increased 6.9%. The QI Committee investigated and theorized that due to the high census patient feedback and complaints were that patients felt abandoned and that there was too much time alone etc. A trial of a motivational enhancement therapy program developed for detox patients was implemented and staff trained to provide this program daily in detox. We will monitor this aspect during 2011 to see if it has helped. The length of stay decreased. This appeared to be a function of the use of PA's who needed more training, which was given.

# CRISIS STABILIZATION

## GOAL:

- To provide a safe, supportive setting in which to stabilize patients with severe mental or addictive illness and facilitate re-integration into community-based living.

## Admission Criteria:

- Must be at least 18 years of age
- Must have a qualifying diagnosis of severe mental illness according to Montana State DPHHS policies
- Anyone may refer

## Persons Served

- Adults, 18 years or older
- Limitations: Patients must have Medicaid, MHSP or private funds
- Must have case management or a service plan in place prior to discharge

## Hours of Operation

- 24 hours, 7 days a week

## Services Provided

- Medication Administration
- Social, Recreational Therapy
- Psychiatric Evaluation & Monitoring
- Individual Therapy
- Case Management
- Discharge Planning
- Stress Management Skill-Building

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Crisis Stabilization**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
To minimize re-admissions through case management	3 Annual	All admitted Patients	-0-	-0-	-0-	20
To optimize outcomes through program completion	80% Complete	All Admitted Patients	80%	80%	-0-	30
To minimize early unplanned discharges	20%	All Admitted Patients	-0-	20%	+2%	25
To assure proper placement/ minimize transfers	20%	All Admitted Patients	10%	20%	+10%	10
To assure adequate duration of services	3 Days Minimum	All Admitted Patients	3.1	3/9	+ .8	10
<b>Efficiency</b>						
To optimize capacity	3 Beds Filled Daily	All Admitted Patients	.1%	.1%	-0-	5

**ANALYSIS/CORRECTIVE ACTION:**

This is a very small program but we feel it is an important service, and hope that with health care reform, more patients will access this service. Thus, we are maintaining it and will wait and see.

# ADULT INPATIENT

## GOAL:

- To provide medically monitored inpatient treatment for adults with addictive disorders.

## Admission Criteria:

- Must be at least 18 years of age or older
- Must meet diagnostic criteria for any of the following:
  - Substance Use Disorder
  - Bulimia
  - Anorexia
  - Pathological Gambling
  - Sexual Addiction
- Must meet ASAM dimensional criteria for Level III.7 care
- Anyone may refer

## Persons Served

- Adults, 18 years of age or older, capable of self-care
- Limitations: Must have a private or public funding source

## Hours of Operation

- 24 hours, 7 days a week

## Services Provided

- Medical Monitoring
- Evaluation
- Individual Therapy
- Group Therapy
- Pharmacotherapy
- Family Therapy
- Recreation/Stress Management
- Psychoeducation
- Related Supportive Therapies
- Co-Occurring Treatment

## **ADULT PARTIAL HOSPITALIZATION**

### **GOAL:**

- To provide a minimum of six hours daily of intensive, structured outpatient treatment for patients with addictive disorders.

### **Admission Criteria:**

- Must be at least 18 years or older
- Must meet diagnostic criteria for any of the following:
  - Alcohol Dependence
  - Drug Dependence
  - Bulimia
  - Anorexia
  - Pathological Gambling
  - Sexual Addiction
- Must meet ASAM dimensional criteria for Level II.5 care
- Anyone may refer

### **Persons Served**

- Patients with above addictive disorders
- Limitations: Must qualify for public funding or have private or third party payment

### **Hours of Operation**

- Available up to 12 hours per day, 7 days per week

### **Services Provided**

- Medical Monitoring
- Evaluation
- Individual Therapy
- Drug Testing
- Group Therapy
- Family Therapy
- Psychoeducation
- Co-Occurring Treatment

# RIMROCK FOUNDATION PROGRAM EVALUATION

**PROGRAM: Inpatient/Partial Hospitalization**

<b>Effectiveness Indicators</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
To minimize early unplanned discharges (AMA).	Maximum 10%	All Admitted Patients	8.6%	7.1%	+1.5%	15
To optimize treatment outcome for patients/completion rates (all discharges).	80%	All Admitted Patients	84.0%	84.9%	-.9%	14
To assure appropriate discharge planning for patients; discharge conference two weeks prior to day of discharge.	Minimum 95%	All Admitted Patients	97.9%	99.5%	-1.6%	4
To minimize therapeutic discharges/behavioral problems	3%	All Admitted Patients	2.8%	2.5%	+3.3%	5
To optimize attendance of family members for Family Week.	80%	All Family Members	79.9%	82.8%	-2.9%	2
To assure an adequate length of stay for patients	27 Days	All Admitted Patients	28.3 Days (Completers) 25.6 Days (All)	28.5 Days (Completers) 26.9 Days (All)	-.2	11
To optimize the return to work settings for patients via an	70%	All Admitted Patients	82.2%	78.9%	+3.3%	2

**PROGRAM: Inpatient/Partial Hospitalization (continued)**

<b>Efficiency Objectives</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
To optimize use of organizational resources	70% UR Rate	All Admitted Patients	79.8%	69.3%	+10.5%	8
To minimize no shows	2 Per Quarter	All Admitted Patients	2.8%	2.5%	+ .3%	5
To minimize medication errors	5 per Quarter	All Admitted Patients	5.7%	6.2%	- .5 %	11
<b>Access Indicators</b>						
Wait time to admission	5 Days	All Admitted Patients	2.7	N/A	0	4
Patients cancelling reservations	3 Per Quarter	All Admitted Patients	3	0	1	7

**ANALYSIS/CORRECTIVE ACTION:**

No negative trends were noted in 2010 although the increase in patient admissions did appear to impact certain areas of indicators. We will need to closely monitor these indicators in 2011 if high census continues. It did appear we were losing patients from detox which is a new phenomenon of patients who should have transferred into inpatient. As noted earlier, a motivational group was implemented and buddies were assigned earlier to stem this loss. Access indicators were added this year and we will monitor the results accordingly. Family participation was down somewhat and we will need to increase staff awareness of this to ensure patients are motivated to have family attend.

# INTENSIVE OUTPATIENT TREATMENT

## GOAL:

- To provide an intensive outpatient treatment program for patients with substance use disorders, gambling or co-dependency.

## Admission Criteria:

- Must be at least 17 years of age or older
- Must meet diagnostic criteria for any of the following:
  - Alcohol Dependence
  - Drug Dependence
  - Pathological Gambling
  - Co-Dependence
- Must meet ASAM dimensional criteria for Level II.1 care
- Anyone may refer

## Persons Served

- Patients with addictive disorders
- Limitations:
  - ◆ Must be in Drug Court to participate at Silver Leaf Center
  - ◆ Must have public or third party funding source or qualify for reduced fees

## Hours of Operation

- Main Facility: Monday-Thursday, 6pm-9pm
- Silver Leaf Center: Monday-Thursday, 5pm-8pm

## Services Provided

- Evaluation
- Individual Therapy
- Group Therapy
- Psychoeducation
- Drug Testing
- Family Therapy
- Psychiatric Evaluation and Monitoring
- Medication Follow-up

## RIMROCK FOUNDATION PROGRAM EVALUATION

**PROGRAM: Intensive Outpatient Treatment—Main Facility**

<b>Effectiveness Indicators</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
To minimize early unplanned discharges.	10% AMA Rate	All admitted patients	17.2%	15.1%	+2.1%	12
Patients will achieve all treatment objectives and complete program.	85% will complete	All Admitted Patients	65.9%	76.1%	+10.2%	10
12-Step Involvement.	70% attending	All Admitted Patients	91.8%	91.1%	+7%	8
To assure an adequate LOS for patients	5 Weeks	All Admitted Patients	5.0	4.7	+3	9
To optimize Family Treatment	70% patients with family attending	All Admitted Patients	60.7%	55.4%	+5.3%	13
To minimize behavioral discharges	8% Therapeutic Discharges	All Admitted Patients	16.9%	6.8%	-10.1%	10
To optimize employment via employer conferences.	60% of	All admitted patients	N/A	83.4%		8
To optimize aftercare attendance via discharge planning	95%	All Admitted Patients	81.6%	88.8%	-7.2%	9

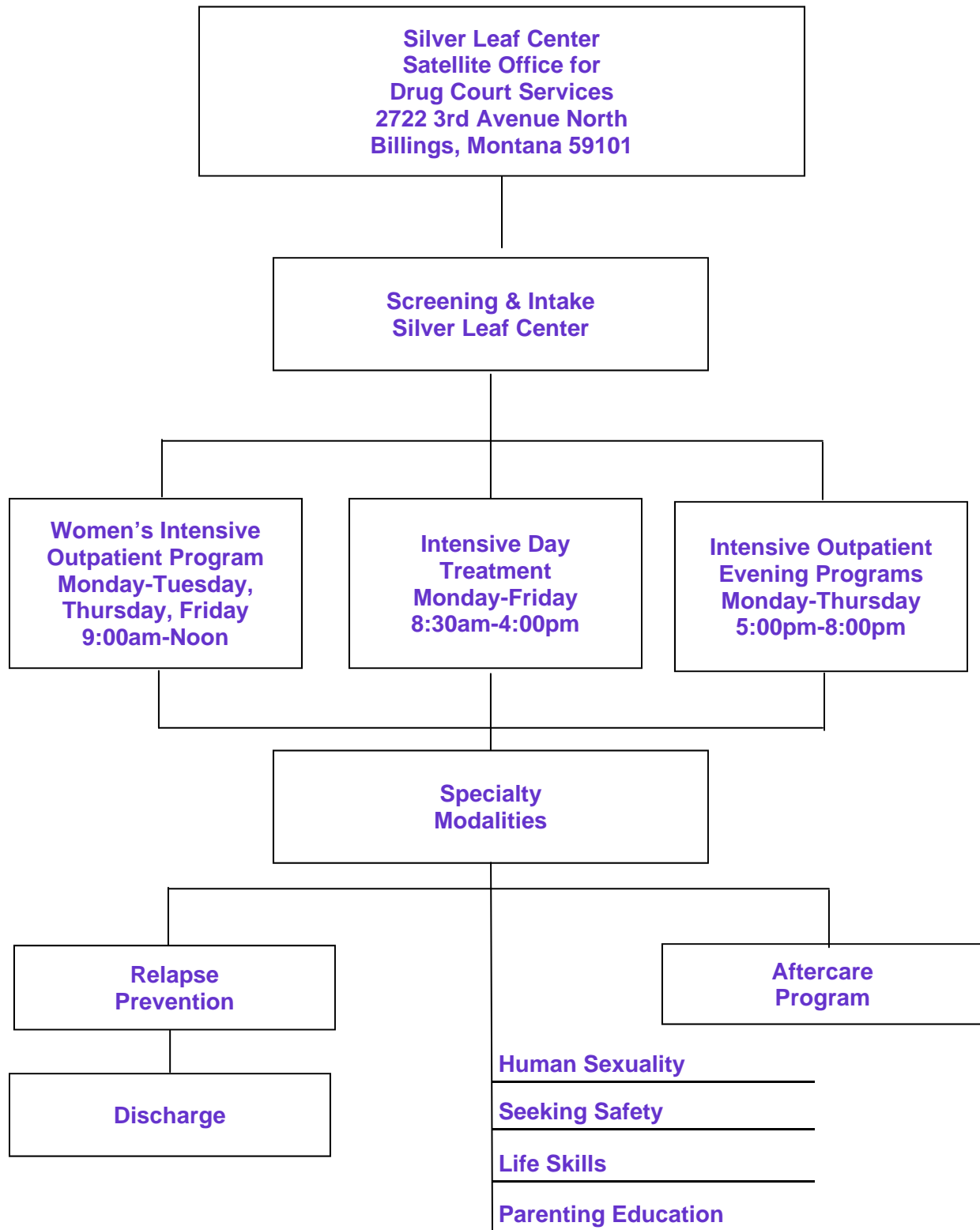
**PROGRAM: Intensive Outpatient Treatment—Main Facility (continued)**

<b>Efficiency</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
To optimize organizational re-sources	8 Pts.	All admitted patients	7	8.1	-1.1	8
To minimize no shows	10%	All Admitted Patients	3.5%	13.5%	-10.2%	4
<b>Access Indicators</b>						
Wait time to admission	14 Working Days	All Admitted Patients	3.5	N/A		6

**ANALYSIS/CORRECTIVE ACTION:**

We have our first full year of access data having added these indicators late in 09. We are pleased to see the low numbers of wait times and no shows. This is a distinct improvement for this program. We had a substitute staff person in the program for 3 months and some of the data indicates the need for training of this individual—program completion rates in particular. The indicators over thresholds of early unplanned discharge rates and behavioral discharges are indicative of improper patient placement. The staff person is now being required to staff each case prior to admission with a supervisor to assure the appropriate application of the ASAM criteria. When patients are allowed into a less intensive level of care than they need, we see these kinds of increases. We will monitor this closely in 2011.

# DRUG COURT TREATMENT SERVICES FLOW CHART



# RIMROCK FOUNDATION PROGRAM EVALUATION

**PROGRAM: Adult Drug Court—Intensive Outpatient**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
To minimize early unplanned discharges	15%	All Admitted Patients	16.1%	11.0%	+5.1%	20
To minimize behavioral discharges	15%	All Admitted Patients	5.2%	3.1%	+2.1%	20
To optimize recovery through 12-step participation	95%	All Admitted Patients	77.9%	100%	-22.1%	12
To optimize treatment with family participation	50%	All Admitted Patients	65.5%	71.9%	-6.4%	13
To optimize recovery via adequate length of stay	4 Months	All Admitted Patients	16.4 Weeks	15.4 Weeks	+1.0	10
Patients will achieve all treatment objectives and complete program	95%	All Admitted Patients	74.5%	70.0%	+4.5%	8
Identify and Treat Co-Occurring Disorders	65% of Patients	All Admitted Patients	71.7%	74.5%	-2.8%	5
<b>Efficiency Objectives</b>						
To optimize census	16 Patients/ 2 Groups	All Admitted Patients	16.9	18.9	-2.0	5

**ANALYSIS/CORRECTIVE ACTION:**

The AMA and Behavioral Discharge rates exceed thresholds. Often this has to do with individuals opting out of drug court for reasons unrelated to treatment however this is not desirable and we will closely monitor this in 2011 to determine whether it is a trend. These are the indicators of most concern in this program. We believe a failure to input 12 Step attendance by staff accounts for the reduction in 12 step attendance. Training was implemented.

## **ADULT DRUG COURT DAY TREATMENT**

### **GOAL:**

- To provide 30 hours a week of intensive treatment services as part of a complete continuum of services for Drug Court clients with substance use disorders.

### **Admission Criteria:**

- Must be at least 18 years of age
- Must be eligible for Adult Drug Court
- Must meet diagnostic criteria for a substance use disorder
- Must meet ASAM dimensional criteria for Level II.5 care

### **Persons Served**

- Drug Court enrollees only

### **Hours of Operation**

- Monday-Friday, 8:30am-4:00pm

### **Services Provided**

- Clinical Assessment
- Individual Therapy
- Group Therapy
- Psychoeducation
- Co-Occurring Treatment
- Family Treatment

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Adult Drug Court—Day Treatment**

<b>Effectiveness Indicators</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>Relative Weight</b>
Patients treated for co-occurring disorders	65%	All Admitted Patients	62.4%	35
To minimize early unplanned discharges	15%	All Admitted Patients	17.7%	30
To maximize treatment plan completion	85%	All Admitted Patients	85%	20
<b>Efficiency Objectives</b>				
To maximize length of stay	12 Weeks	All Admitted Patients	18.3 Weeks	15
To optimize census	Average Daily Census of 6	All Admitted Patients	6.1	10

**ANALYSIS/CORRECTIVE ACTION:**

This is the first year we have had complete data on this relatively new service in drug court. Initially the drug court team tended to want to use this level of service as an alternative to residential or jail-based treatment and it required considerable education of the team to help them understand proper patient placement. As a result, over 50% of patients failed to complete due to being transferred to a more intensive level of care which increased our early discharge rate and caused a very high transfer rate. New staff required extra training as well but as of early 2011 these issues appear to have resolved.

## LEVEL I OUTPATIENT

### GOAL:

- To provide a variety of therapeutic services in the least restrictive setting for patients and family members concerned about addictive illness.

### Admission Criteria:

- Must be at least 13 years of age
- Must evidence a concern regarding an addictive disorder or have a substance use disorder
- Must meet specific program admission criteria
- Anyone may refer

### Persons Served

- Adolescents, ages 13-17
- Adults
- Limitations:
  - ◆ Drug Court enrollment required at Silver Leaf

### Hours of Operation

- Monday-Thursday, 8:00am-9:00pm
- Friday, 8:00am-5:00pm

### Services Provided

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Clinical Assessment</li><li>• Screening/Referral</li><li>• ACT Court School</li><li>• Aftercare</li><li>• Student Assistance Program</li><li>• Drug Screening</li><li>• Motivational Enhancement</li></ul> | <ul style="list-style-type: none"><li>• Therapy</li><li>• Seeking Safety</li><li>• Drug Courts</li><li>• Individual/Group Counseling</li><li>• Outreach/Consulting</li><li>• Relapse Prevention</li><li>• Marriage/Family Therapy</li><li>• Healthy Sexuality</li></ul> |
|--|---|

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Outpatient—Aftercare—Main Facility and Silver Leaf Center**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
Patients receiving individual sessions each month	Minimum 90%	All Admitted Patients	64.7% (Main Facility) 72.6% (Silver Leaf)	47.2% (Main Facility) 56.7% (Silver Leaf)	+17.5%  +15.9%	20
12-Step Attendance	Minimum 80%	All Admitted Patients	78.9% (Main Facility) 76.6% (Silver Leaf)	71.9% (Main Facility) 94.1% (Silver Leaf)	+7.0%  +17.5%	10
To assure treatment plans address problems identified in discharge planning conference	Minimum 90%	All Admitted Patients	98.5%	96.5%	+2.0%	20
To minimize early unplanned discharges	20%	All Admitted Patients	36.7% (Main Facility) 6.9% (Silver Leaf)	31.2% (Main Facility) 7.7% (Silver Leaf)	+5.5%  -.08%	20

**PROGRAM: Outpatient—Aftercare - Main Facility and Silver Leaf Center (continued)**

<b>Efficiency Objectives</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
Patients will achieve all treatment objectives and complete program	Minimum 65%	All admitted patients	43.8% (Main Facility) 71.7% (Silver Leaf)	42.2% (Main Facility) 84.6% (Silver Leaf)	+1.6%  -12.9%	30

**ANALYSIS/CORRECTIVE ACTION:**

It appears we need staff training at Silver Leaf around the documentation of twelve step attendance which should be much higher due to court oversight. This same issue appears to be affecting the completion rates. The committee asked Records staff to implement some training. Aftercare thresholds at the main facility continue a longterm trend of not meeting many of our thresholds related to completion and early discharges. Despite implementation of motivational incentives, these numbers do not seem to change a great deal. Nevertheless, the QI committee met with the aftercare staff to reinforce the use of incentives and to stress the need for personal contact from the counselor for those patients who miss sessions. It was also felt that there could be a need for change in the format and content of this program and a committee was assigned to work on this.

# RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Relapse Prevention—Silver Leaf**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Relative Weight
To optimize completion rates for patients	65%	All Admitted Patients	58.6%	N/A	25
To optimize recovery via 12 step attendance	80%	All Admitted Patients	91.8%	N/A	15
To minimize early unplanned discharges	20%	All Admitted Patients	8.5%	N/A	35
To provide sufficient duration of services	85%	All Admitted Patients	40.8%	N/A	15
<b>Efficiency Objectives</b>					
To assure Drug Court clients participate	85%	All Admitted Patients	90.8%	N/A	30

**ANALYSIS/CORRECTIVE ACTION:**

It certainly seems clear that when treatment is mandated, our indicators are well within thresholds. There are no problematic findings with this population.

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Relapse Prevention — Main Facility**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Relative Weight
To optimize outcomes via program completion	65%	All Admitted Patients	33.9%	N/A	25
To optimize recovery via 12 step attendance	20%	All Admitted Patients	78.5%	N/A	15
To minimize early unplanned discharges	20%	All Admitted Patients	58.0%	N/A	20
To provide sufficient duration of services	38 Weeks	All Admitted Patients	25	N/A	18
<b>Efficiency Objectives</b>					
To optimize census	16 Pts. Per Module	All Admitted Patients	16	N/A	5

**PROGRAM: Relapse Prevention — Main Facility (continued)**

<b>Access Indicators</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Relative Weight</b>
To minimize no shows	Annual Average of 5	All Admitted Patients	5	N/A	12

**ANALYSIS/CORRECTIVE ACTION:**

This year we have re-formatted the data collection for this cognitive behavioral modality which means we have no comparative data to 20-09. However, the number of sessions is 38 and our data suggests that early discharges and completion rates are not meeting thresholds. Staff training may be indicated and close monitoring will be done in 2011. This is an exceptionally long program and it may be that patients “burn out”.

## COMMUNITY HOUSING SOBER HOUSING

### GOAL:

- To provide safe, drug-free, affordable transitional housing for residents in early recovery.

### Admission Criteria:

- Must have an addictive illness
- Must be actively engaged in a program of treatment or continuing care services for an addiction
- Anyone may refer

### Persons Served

- Adults, 18 or older
- Must be medically stable
- Limitations:
  - ◆ Must be able to work or become employed
  - ◆ Must have funds for deposit and 1st months rent prior to move in
  - ◆ Residences are not ADA compliant

### Hours of Operation

- 24 hours, 7 days a week

### Services Provided

- Independent Living Skill Building
- Access to treatment continuum at Rimrock Foundation, and community-based education and employment services
- Case Management
- Drug Testing

# RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Sober Housing**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual (All) 28.6 (In Residence)	2009 Annual (All) 28 (In Residence)	Difference	Relative Weight
To optimize recovery via adequate LOS	24 Weeks	All admitted Patients	19.3 (All) 28.6 (In Residence)	13.5 (All) 28 (In Residence)	+5.8	20
To minimize behavioral/assaultive incidents	1 per Quarter	All Admitted Patients	-0-	.5	-.5	20
To optimize safety by reducing incidents	5	All Admitted Patients	1	1	-.2	10
To optimize patients' compliance with care plans	80%	All Admitted Patients	95.6%	94.7%	+9%	15
To minimize elopements	3 Per Quarter	All Admitted Patients	7.5%	N/A		8
<b>Efficiency</b>						
To maintain high occupancy	25 Average	All Admitted Patients	20.1	21.8	-1.7	18
To acquire stable employment	85%	All Admitted Patients	70.9%	74.7%	-3.8%	15

**ANALYSIS/CORRECTIVE ACTION:**

While we are not meeting our length of stay threshold, the stays are increasing and we may need to review our threshold for this. Employment is a larger concern and this reflects the job market for many of our most vulnerable residents. We also have more disabled residents who are limited in ability to work. These residents are assisted in finding volunteer work for at least 4 hours per day.

## PARTIAL HOSPITALIZATION MICHEL'S HOUSE

### GOAL:

- To provide intensive drug treatment and life skills to drug dependent women in a 24-hour residential setting, which accommodates children and enables long-term family involvement.

### Admission Criteria:

- Women, 18 years and older
- Must have substance use disorder
- Must have children directly under her care
- Must meet ASAM criteria for 11.5 level of care
- Must contract to stay minimum 6 months

### Persons Served

- Drug dependent women with children under age 12, directly under their care
- Limitations:
  - ◆ Must be TANF and Medicaid eligible
  - ◆ Facility not ADA compliant

### Hours of Operation

- 24 hours, 7 days a week

### Services Provided

- Partial Hospitalization
- Parenting and Life Skills
- Family Violence Prevention
- Drug Testing
- Nutrition: Meal Planning, Cooking, Shopping, Budgeting
- Education, Job Skills Attainment
- Co-Occurring Care

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Michel's House**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
To assure an adequate length of stay for patients	6 months minimum	All Applicants	12.5	12.1	+0.4	20
Achievement of education goals prior to discharge	70%	All Admitted Patients	100%	100%	-0-	25
Minimize early unplanned discharges –AMA	2 Patients Annually	All Discharged Patients	1.0	1.7	-.7	14
Reduction in parenting concerns	50%	All Admitted Patients	41.6%	33.7%	+32.9%	15
<b>Efficiency Objectives</b>						
To optimize utilization	80%	All Admitted Patients	93.8%	N/A		

### ANALYSIS/CORRECTIVE ACTION:

The only indicator not meeting threshold was family member attendance. This varies a great deal depending upon each resident's family status. Many are still using or inappropriate to have attend. The utilization % remains high now for two years running.

## WHITE BIRCH CENTER Residential Services

### GOAL:

- To provide a 111.5 intensive enhanced clinically managed treatment program for low income Montana men with substance use disorders.

### Admission Criteria:

- Males only, ages 18 and older
- Must meet ASAM criteria for 111.5 care
- Must meet diagnostic criteria for alcohol/drug dependence
- Anyone may refer

### Persons Served

- Adult men over 18
- Limitations:
  - ◆ Must qualify for public funding or have private pay source
  - ◆ Must be self-ambulatory
  - ◆ Facility not ADA compliant

### Hours of Operation

- 24 hours, 7 days a week

### Services Provided

- Group and Individual Therapy
- Psychoeducation
- Family Therapy
- Co-Occurring Treatment
- Recreation/Stress Management Therapy
- Other Supportive Therapies
- Drug Testing
- Health Services
- Case Management

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **White Birch**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
To minimize early unplanned discharges	15%	All Admitted Patients	4.8%	7.7%	-2.9%	20
To minimize therapeutic discharges (behavioral)	7%	All Admitted Patients	5.7%	5.9%	-.2%	11
To assure an adequate duration of treatment	Minimum 35 Days	All Admitted Patients	35.6 Days	35.5 Days	+1	6
To identify and treat co-occurring disorders	70%	All Admitted Patients	77.6%	70.5%	+7.1%	13
To minimize medication errors	1 Per Quarter	All Prescribed Medications	.75	3.2	-2.45	10
To provide family treatment	60% Patients will have family at Family Week	All Admitted Patients	56.3%	52.5%	+3.8%	15

**PROGRAM: White Birch (continued)**

<b>Efficiency Objectives</b>	<b>Standard Threshold</b>	<b>Applicants</b>	<b>2010 Annual</b>	<b>2009 Annual</b>	<b>Difference</b>	<b>Relative Weight</b>
To optimize utilization	7 Pts. Average Daily Census	All Admitted Patients	7.9	7.4	+.5	10
To minimize no shows	1 Per Quarter	All Admitted Patients	3	N/A		5
<b>Access Indicators</b>						
Wait time to admission	30 Days Maximum	All Admitted Patients	39.4	N/A		7

**ANALYSIS/CORRECTIVE ACTION:**

Several new indicators were added to this program during the year and we will analyse the data for them in 2011. All thresholds were met with the exception of Family participation. This is a difficult population to involve family due to the number of homeless and disenfranchised patients. However, we provided more training to the family coordinator and have stepped up our monitoring to include the COO talking to patients weekly about recruiting their family members. Early findings in 2011 indicate this is having an impact. We are especially pleased at the reduction in medication errors due largely to implementing bubble packing and increasing staff training.

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Business/Finance**

Effectiveness Indicators	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
Percent revenue from insurance	35%	All Private Insurance	39.3%	33.9%	+6.35%	5
Percent revenue from self-pay	40%	All Self-Pay Patients	30.1%	33.0%	-2.9%	4
Percent revenue from public dollars	30%	Medical and State Contracts	28.5%	31.0%	-2.4%	3
<b>To optimize profitability:</b> Total revenue to budget	+5%	All Revenues	17.6%	+4.4%	+13.2%	23
Salaries as percent of total budget	50%	All Salaries	51.5%	50.6%	+1.1%	4
<b>To minimize bad debt:</b> Bad Debt as % of Billings	5%	All Revenues	5.0%	2.7%	+0.04%	18

## RIMROCK FOUNDATION PROGRAM EVALUATION

PROGRAM: **Business/Finance (continued)**

Efficiency Objectives	Standard Threshold	Applicants	2010 Annual	2009 Annual	Difference	Relative Weight
<b>To optimize cash:</b> Minimize days in accounts receivables	85	All Accounts	67.2 Days	86.5 Days	-19.3	20
<b>To retain qualified staff:</b> Percent staff turnover	Professional: 20% Other: 30%	All Staff Beyond Probation	4.7% 5.6%	6.7% 8.1%	-2% -2.5%	19
Administrative Expense to Total Revenue	20%	All Revenues	19.4%	18.1%	1.35%	4

**ANALYSIS/CORRECTIVE ACTION:**

Clearly, 2010 was profitable year with revenue to budget up over 19%. Days in receivables were at an all time low as was staff turnover.