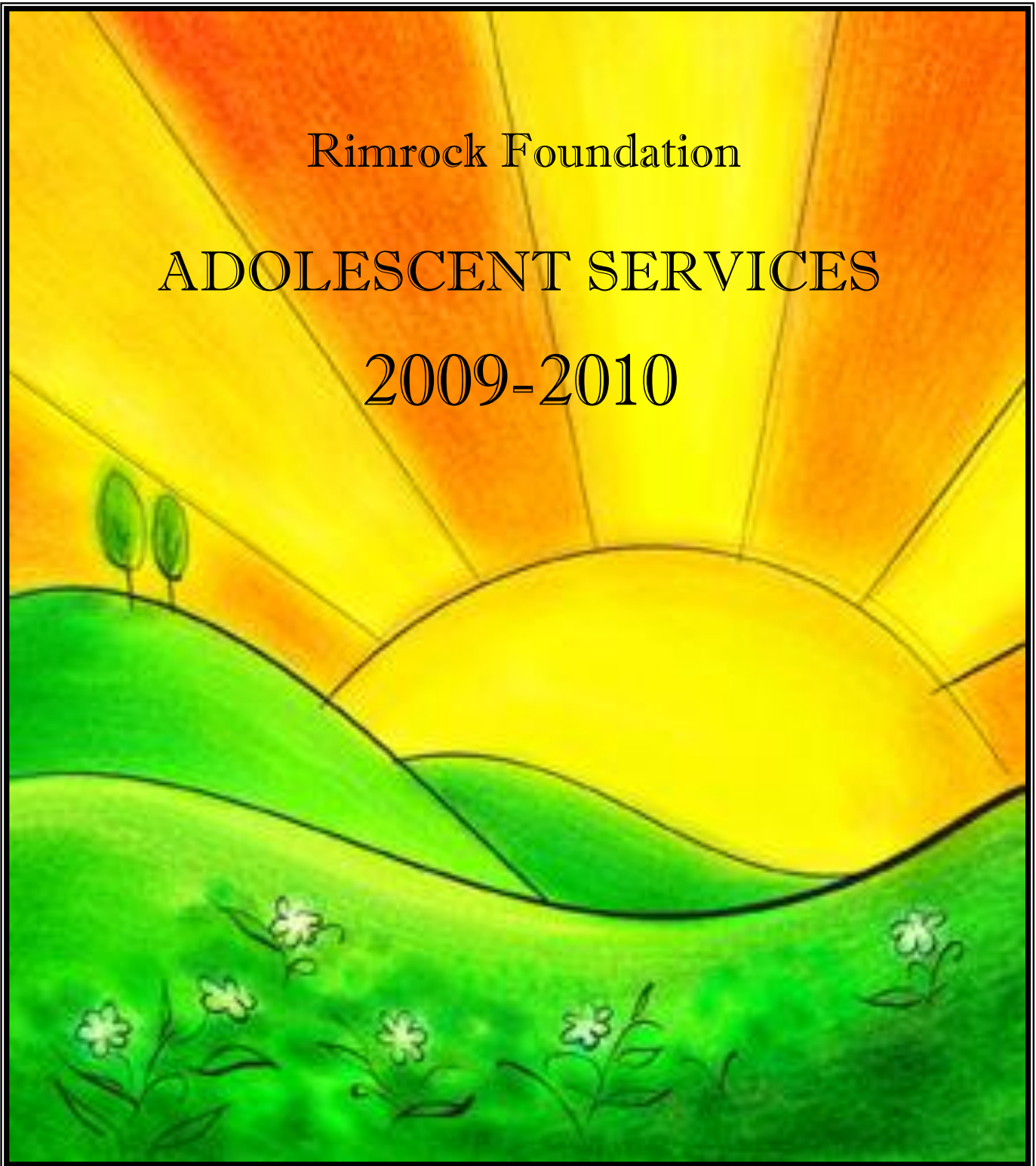


Rimrock Foundation

ADOLESCENT SERVICES

2009-2010



*Hope* For Adolescent Care

## Rimrock Foundation Adolescent Facilities

The Adolescent Residential Treatment Programs are specialty program components which provide treatment to chemically dependent adolescents between the ages of 13 and 18. Adolescent females are served at our Freedom House while males are served at our New Choices facility.

This level of care is provided when addiction is severe, or there are insufficient supports in the home or community environment, and the child is deemed unlikely to respond effectively to outpatient modalities.

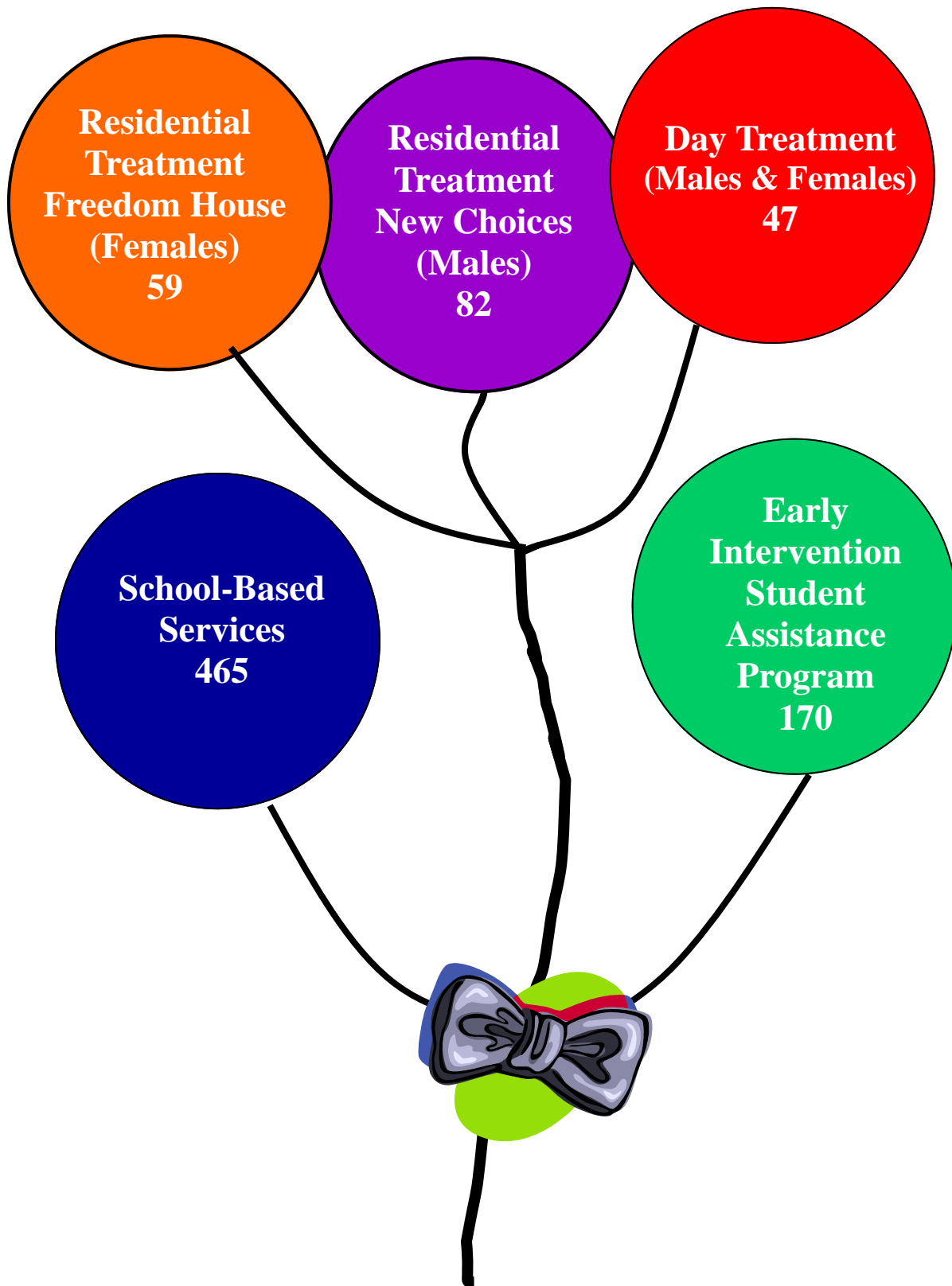


*New Choices  
Male Adolescent Services*



*Freedom House  
Female Adolescent Services*

# Adolescents Served by Rimrock Foundation 2009-2010

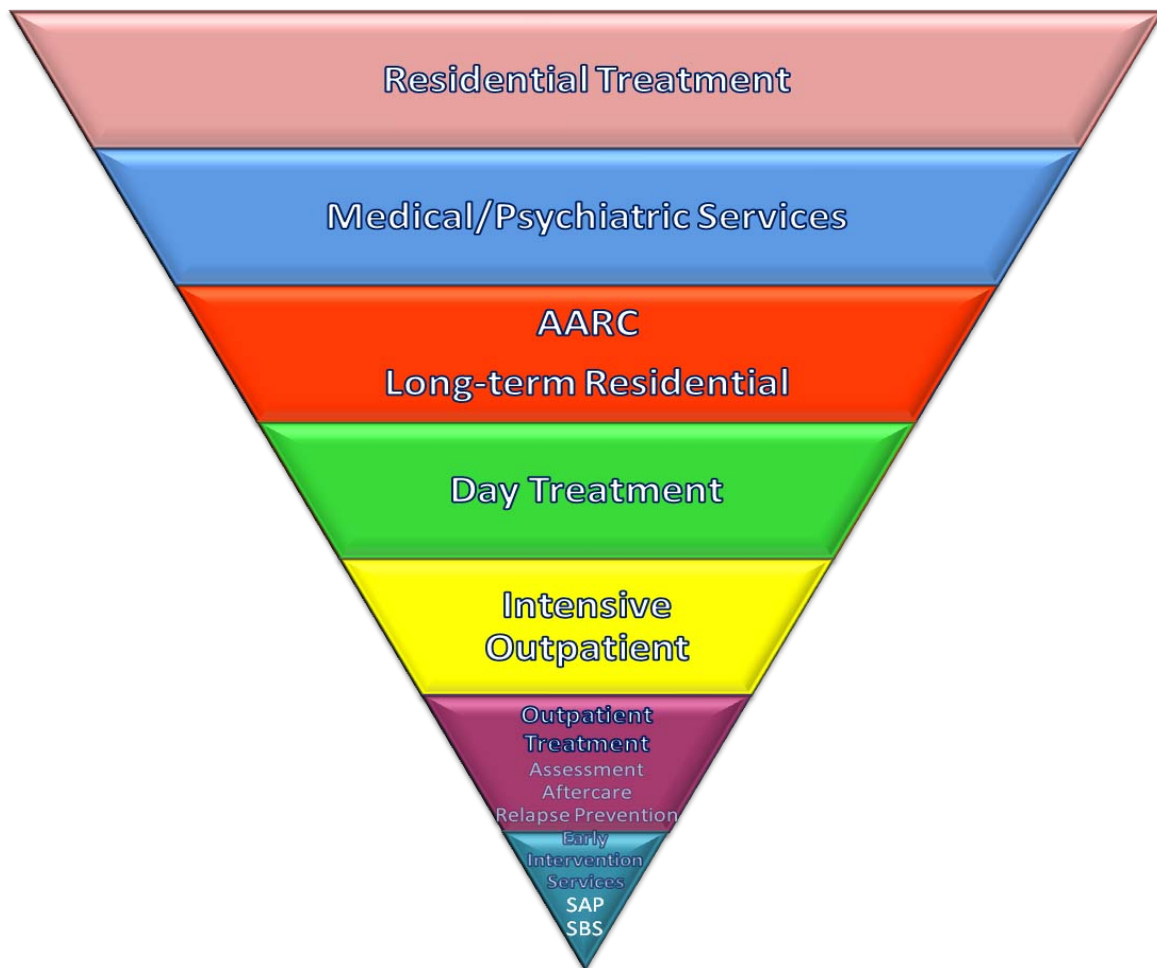


*823 youth were served in adolescent programs  
provided by Rimrock Foundation*

## ACKNOWLEDGEMENT

The growth of the Foundation's Adolescent Continuum of Services is due in large measure to the support of the Addictive and Mental Disorders Division of the Department of Health and Human Services. The Bureau has been a staunch supporter of the expansion of services to Montana's youth and, in particular, of the installation of school-based services in Billings. Without this support, we would not be able to expand and sustain these important services.

## Adolescent Treatment Service Levels



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## School District 2/Rimrock Foundation Student Assistance Program

### Outcome Data

**T**he Student Assistance Program initiated for School District 2 by the Truancy Center and the Rimrock Foundation has completed its sixth academic year. The cooperation of principals, deans, and school counselors has made this innovative and needed program possible. Through the Student Assistance Program, school age youth who are given a school suspension for violating rules related to alcohol or other drug use and sent to the District's Truancy Center, are provided a comprehensive clinical evaluation by Rimrock Foundation Student Assistance Program Staff and assisted in obtaining needed services. There is no charge to either the families or the students for the program services. Polly Searl, Truancy Center Director, works closely with Foundation on-site staff to facilitate referrals of students deemed at risk.

The Student Assistance Program maintains contact with families over the course of 12 months to ensure that services are appropriate or to assist with additional referrals when needed.

This program is made possible with funding from the Chemical Dependency Bureau of the Addictive and Mental Disorders Division of Montana's Department of Health and Human Services. It is the only demonstration project of its kind in Montana at the present time. Our long term goal continues to be one of replication in other school districts in Montana.



Mona L. Sumner, MHA, ACATA  
Chief Operations Officer  
Rimrock Foundation

## Demographic Data

**Gender:** 5 Year Average: 63.84% (males)  
36.1% (females)

	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
<b>Males</b>	74%	59.6%	65.6%	60.0%	<b>60.0%</b>
<b>Females</b>	26%	40.4%	34.4%	40.0%	<b>40.0%</b>

**Number of Students Served:** 6 Year Average: 111.2

<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
84	111	109	132	120	120

**Average Age of Students Served:** 15.3 in 2010

<u>Age</u>	<u>≤12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
<b>%</b>	<b>4.1%</b>	<b>8.8%</b>	<b>17.6%</b>	<b>22.9%</b>	<b>18.2%</b>	<b>21.2%</b>	<b>6.5%</b>

## 2009-2010 Summary Data

	<u>6 Year Average</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
# Referred	74	84	111	109	132	127	170
# Refusing Services	6.4 (10.3%)	6 (7.1%)	9 (8.0%)	6 (5.5%)	4 (3%)	7 (5%)	13 (7.6%)
Average Age	15.5	15	15.7	15.6	15.7	15.4	15.3
# Schools Represented	10	10	10	8	11	11	18
Average Grade Level	9.8	10	9.7	10	9.9	9.8	9.6
Average GPA Of Referred Students	1.6	1.5	1.7	1.6	1.6	1.8	1.9
% on Probation	7.8%	5.9%	9%	8.3%	8.4%	7.7%	10.6
% Medicaid	19.7	11.9	27%	23.9%	16.8%	19.1%	22.4

## # Referrals Per School:

### High Schools – 78.8%

Senior High School	38
West High School	45
Skyview High School	20
Career Center	12
GED Transitions	6
YGBR Academy	1
Frameworks	6
Adelphi	1
Tumbleweed	1
Other Schools	7

### Middle Schools – 20.6%

Castlerock	10
Riverside	11
Lewis & Clark	5
Will James	1

### Elementary Schools - .06%

Sandstone	1
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**6.7% of families were unavailable for follow-up contact (phone disconnect, etc.)**

## Treatment Referrals Given:

### Addiction Treatment

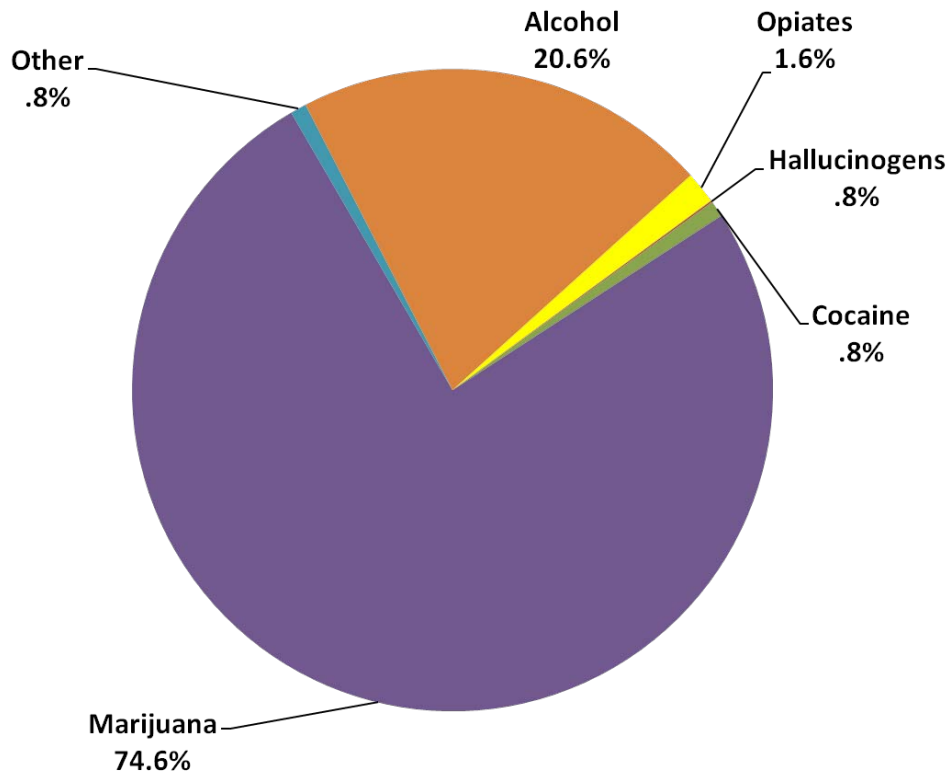
Intensive Outpatient	5.2%
Day Treatment	20.2%
Residential Treatment	28.6%
Motivational Enhancement Therapy	17.3%

### Other

Individual Counseling	12.7%
Psychiatric Evaluation	5.2%
Family Therapy	2.3%
Long-Term Residential	3.5%
No Use Contracts Only	4.0%

## Primary Drugs of Choice:

**74.1% (130) of students evaluated were diagnosed with a substance use disorder**



## Summary of 2009-2010 Findings

This year represents the sixth academic year of the Student Assistance Program located at the Truancy Center and operated by School District II. We were able to accommodate a 70% increase in evaluations this year due to a .5 increase in staff funded by the Chemical Dependency Bureau of the Addictive and Mental Health Division.

The number of schools using the program also increased significantly (nearly 50%). This indicates the perceived effectiveness of the Truancy Center model.

The number of students served in the program and diagnosed with a substance use disorder continues to increase (74.1%) which supports the appropriateness of referrals to the program.

An alarming increase in the percent of students using marijuana was noted this year which may reflect increasingly casual attitudes toward this drug fueled by the Medical Marijuana movement.

# **The School-Based Counseling Services**

**I**nitiated under a contract with Billings Senior High School, Rimrock Foundation hired and placed the first fulltime counselor at the school for the academic year beginning August of 2006 and ending in June of 2007. For the school year 2007 ending June 2008, West High School also contracted with Rimrock Foundation for a 1/2 time counselor. Currently, we have a full-time counselor at Senior High and half-time counselor at West and Skyview, and a full-time counselor at the Career Center. Thus, School-Based services are now available at all District II high schools.

## **The objectives of school-based services are:**

- **To identify at-risk students and provide motivational services**
- **To provide support services to students returning to school from treatment**
- **To provide intervention and referral services**
- **To provide supportive programs and services based upon the needs identified in the at-risk population**

## **2009-2010 Summary**

**O**ur school-based programs are heavily utilized and reflect an ever-broader range of referral sources which suggests increasing support of the program. Our programs in these settings include Individual Counseling, Peer Support Groups, Motivational Enhancement Therapy Groups and Relapse Prevention groups for students who have had previous treatment for substance abuse or who are returning to school from a treatment setting.

This school year saw a 57% increase in the numbers of students served in our school-based program. Thanks to the continued support of the Chemical Dependency Bureau of the Addictive and Mental Disorders Division of our state, we have 2.5 FTE counselors available to our schools offering needed services.

The research on risk and protective factors in the prevention of drug abuse is used as a guide for the focus of these programs. The protective factor of having an adult at school with whom at risk youth can establish a relationship is a key focus. The counselor is available to talk to and is aware of the student's issues. This forms the basis of these school-based services. We know positive bonding with school to be a key protective factor in reducing drop outs and preventing substance abuse. Finally, we extend our appreciation to the school administrators who have made it possible for us to put these services into our schools. We look forward to another year of growth and success with you.

# School-Based Program: Senior High School Full-Time Services Demographic Data

**Gender:**

	<u>#</u>	<u>%</u>
Female	108	54%
Male	91	45.7%
<b>Total Served</b>	199	

**Age Distribution:    Mean Age = 15.8 Years**

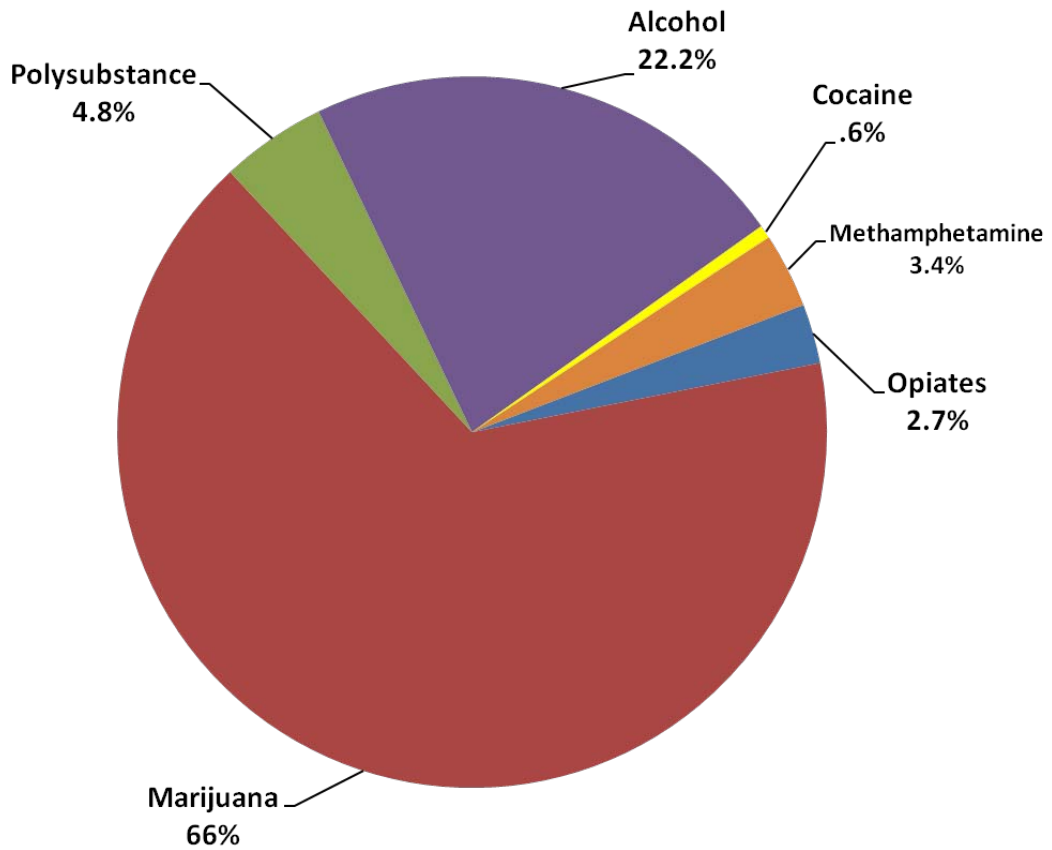
<u># of Students</u>	<u>Age</u>	<u>%</u>
26	14	13%
54	15	27%
48	16	24%
54	17	27%
16	18	8%

**Grade Level:        Mean = 10.27**

<u>Grade Level</u>	<u># of Students</u>	<u>%</u>
9	71	36%
10	46	23%
11	39	20%
12	42	21%

## Descriptive Data

### Primary Drug of Choice Used by Referred Youth at Senior High



➤ 23% of students served were on probation.

### Major Reason for Referring Youth:

<u>Issue</u>	<u>#</u>	<u>%</u>
Known Drug Use	136	68
Mental Health Problems (anger/ depression)	109	55
Aggression/Class Disruption	39	20
Substance Use in Family	88	44
Tobacco Use	7	4
Domestic Abuse	32	16
In Need of Support Services	45	23
Current/Previous Treatment	87	44
Suspected Drug Use	27	14
Truancy Evaluation/Referred	11	6
Eating Disorder	10	5
Court Ordered	28	14
Crisis Services	13	7
Self Harm	17	9

### Program Referral Sources:

<u>Referral Source</u>	<u>#</u>	<u>%</u>
Self	9	5
Rimrock Foundation	18	9
Teachers	21	11
Student Assistance Program (Truancy Center)	15	8
Guidance Counselors	16	8
Sr. High Administrators	10	5
Ordered by a Court or Legal Source	4	2
Parent	13	7
Referred by Another Student	45	23
Student Intervention Team	5	3

## **CO-OCCURRING DISORDERS In Students Served in Program at Senior High**

<b>Depression</b>	<b>26%</b>
<b>Anxiety</b>	<b>18%</b>
<b>Bipolar Disorder</b>	<b>3%</b>
<b>Post-Traumatic Stress Disorder</b>	<b>5%</b>
<b>Attention-Deficit Hyperactivity Disorder</b>	<b>5%</b>
<b>Learning Disability</b>	<b>13%</b>
<b>Aspergers</b>	<b>1%</b>

## Group Services Provided

<u>Groups</u>	<u>Total # Group Contacts</u>
Peer Support Group (6)	206
Motivational Enhancement Therapy (2)	
Relapse Prevention (2)	<u>Total # Participants</u>
Special Project Groups	1,099
Anger Groups (1)	

- 22% of students served were in recovery.
- 40% of students had previous contact with the program.

### **Program Census by Month:**

August	18
September	65
October	71
November	87
December	80
January	92
February	147
March	63
April	63
May	37

# School-Based Program: West High School Full-Time Services Demographic Data

**Gender:**

	<b>#</b>	<b>%</b>
Female	79	45%
Male	98	55%
<b>Total Served</b>	177	

**Age Distribution:**    Mean Age = 15.6

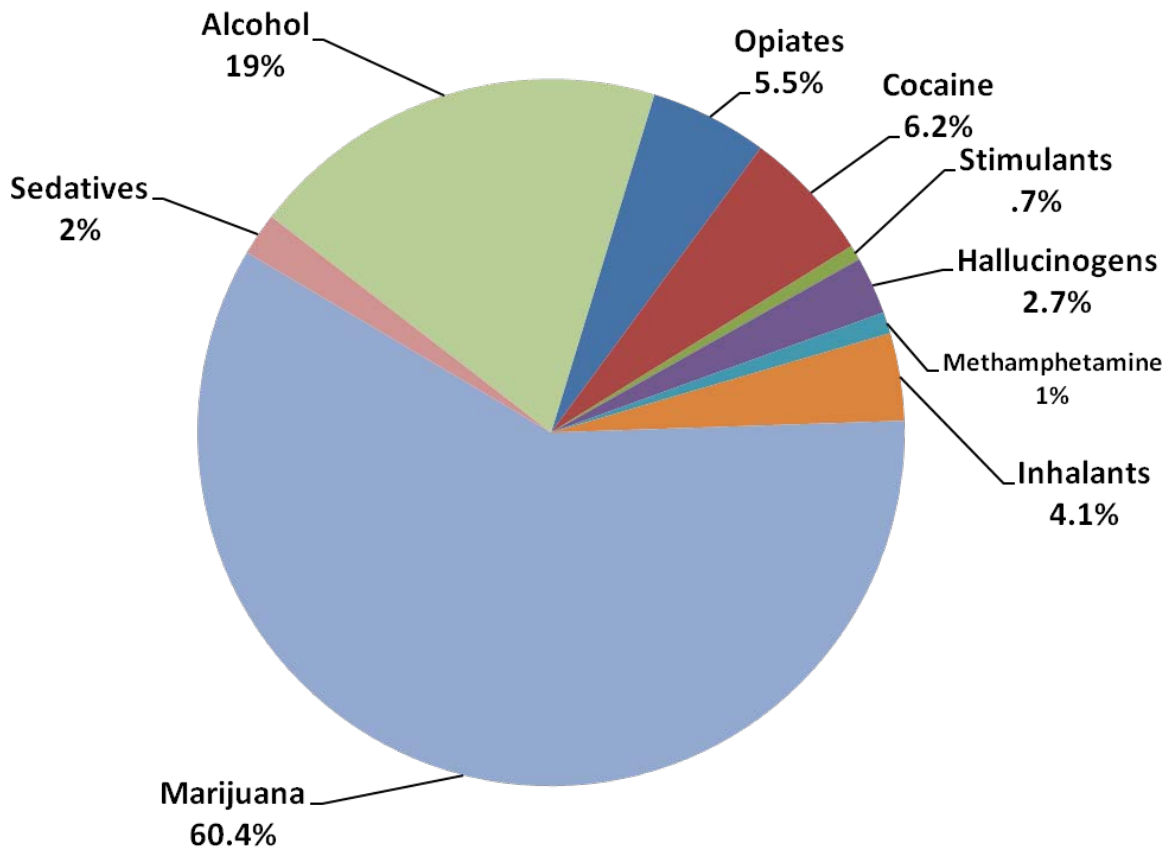
<b><u># of Students</u></b>	<b><u>Age</u></b>	<b><u>%</u></b>
24	14	14%
59	15	33%
49	16	28%
33	17	19%
11	18	6%

**Grade Level:**        Mean = 10.3

<b><u>Grade Level</u></b>	<b><u># of Students</u></b>	<b><u>%</u></b>
9	65	37%
10	56	32%
11	26	15%
12	29	16%

## Descriptive Data

### Primary Drug of Choice Used by Referred Youth at West High



**Major Reason for Referring Youth:**

<u>Issue</u>	<u>#</u>	<u>%</u>
Known/Suspected Drug Use	101	57%
Suspected Family Substance Use	14	8%
Eating Disorder	1	1%
Attended Last Year—Peer Support	33	19%
Needed Support	2	1%
Court Ordered	1	1%
Other	1	.9%
Self Harm	2	1.1%
Domestic Abuse	1	1%
Tobacco Use	3	2%
Mental Health Problems	1	1%
Current/Previous Treatment	6	3%

**Program Referral Sources:**

<u>Referral Source</u>	<u>#</u>	<u>%</u>
Self	4	2%
Rimrock Foundation	5	3%
Student Assistance Program (Truancy Center)	8	5%
Guidance Counselors	23	13%
Administration	19	11%
School Resource Officer	5	2.8%
Friend/Former Client	82	46%
Teachers	15	8%
Parent/Family Member	9	5%
Student Intervention Team	6	3%

## **CO-OCCURRING DISORDERS In Students Served in Program at West High**

	<u>#</u>	<u>%</u>
Depression	<b>59</b>	<b>33%</b>
Anxiety	<b>8</b>	<b>5%</b>
Bipolar Disorder	<b>6</b>	<b>3%</b>
Post-Traumatic Stress Disorder	<b>1</b>	<b>1%</b>
Attention-Deficit Hyperactivity Disorder	<b>21</b>	<b>12%</b>
Learning Disability	<b>3</b>	<b>2%</b>
Other	<b>8</b>	<b>4.5%</b>

- **20% of students served were in recovery.**
- **12% of students served were on probation.**

## Group Services Provided

Four groups per week were provided in addition to assessments and individual counseling.

<u>Groups</u>	<u>Total Group Sessions</u>
Motivational Enhancement Therapy (4)	230
Relapse Prevention (2)	
Children of Addicts (COA) (1)	<u>Total # Participants</u>
Peer Support (3)	1,298

### **Program Census by Month:**

	<u>Group Sessions</u>	<u>Individual Sessions</u>
August	0	10
September	16	114
October	18	74
November	23	20
December	23	62
January	27	64
February	34	61
March	28	49
April	31	38
May	30	60
June	0	6

# School-Based Program: Career Center Part-Time Services Demographic Data

**Gender:**

	<u>#</u>	<u>%</u>
Female	37	41%
Male	52	59%
<b>Total Served</b>	89	

**Age Distribution:**    **Mean Age = 17.5**

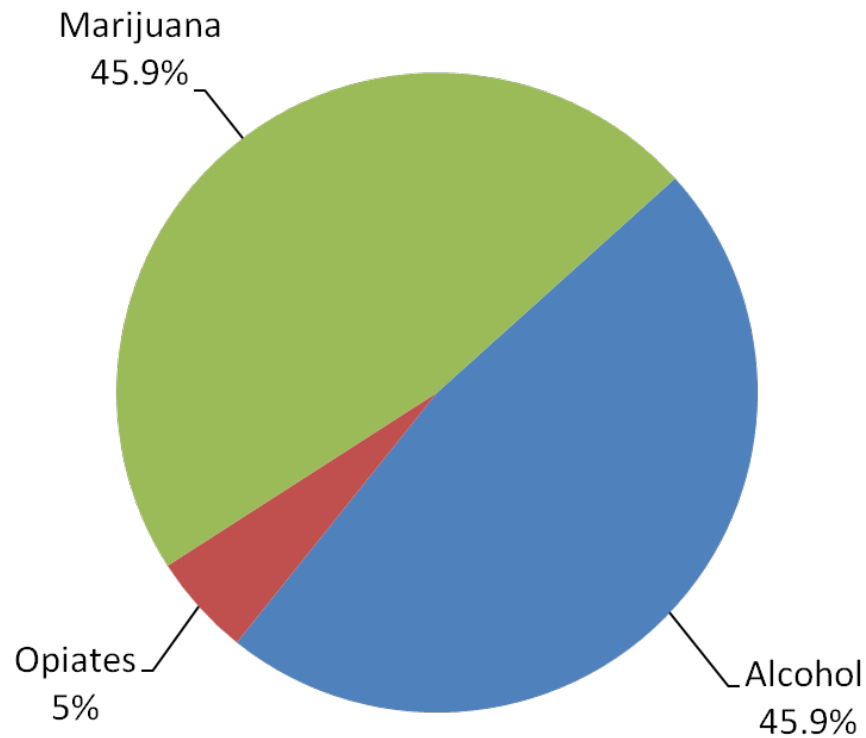
<u># of Students</u>	<u>Age</u>	<u>%</u>
12	16	13%
51	17	57%
26	18	30%

**Grade Level:**        **Mean = 11.5**

<u>Grade Level</u>	<u># of Students</u>	<u>%</u>
Sophomore	8	10%
Junior	27	30%
Senior	54	60%

## Descriptive Data

### Primary Drug of Choice of Referred Youth



- 15% of students served were in recovery.
- 8% of students served were on probation.

### **Major Reason for Referring Youth:**

<b><u>Issue</u></b>	<b><u>#</u></b>	<b><u>%</u></b>
Known/Suspected Drug Use	46	51.6%
Current/Previous Treatment	5	6%
Tobacco Use	5	6%
Truancy Referral	4	4%
Substance Use in Family	2	2%
Peer Support	27	30%

### **Program Referral Sources:**

<b><u>Referral Source</u></b>	<b><u>#</u></b>	<b><u>%</u></b>
Self/Friend	13	14.6%
Administrator	15	17%
Were a Former Client	27	30%
Truancy Project	4	4%
Rimrock Foundation	5	6%
Teachers/Counselors	24	27%

Eighty-nine youth were served in this setting by a half-time school-based counselor. There is a need for full-time services in this school setting which will be our goal for 2010-2011.

## Group Services Provided

Six groups were provided in addition to assessments and individual counseling.

<u>Groups</u>	<u>Total Group Sessions</u>
Motivational Enhancement Therapy (1)	135
Relapse Prevention (1)	
Children of Addicts (COA) (1)	<u>Total # Participants</u>
Peer Support (3)	835

### **Program Census by Month:**

	<u>Group Sessions</u>	<u>Individual Sessions</u>
September	64	11
October	88	4
November	78	18
December	90	22
January	80	17
February	112	14
March	90	11
April	105	9
May	112	8
June	16	0

## CO-OCCURRING DISORDERS In Students Served in Program at Career Center

	#	<u>%</u>
Depression	14	16%
Anxiety	6	7%
Post-Traumatic Stress Disorder	2	2%
Attention-Deficit Hyperactivity Disorder	31	3%
Learning Disability	12	13%

## Adolescent Day Treatment

**D**ay Treatment is a vital level of service for drug abusing adolescents and is the first of its kind in Montana. Forty-seven youth participated in this program in 2009-2010.

The program operates at the New Choices facility and begins each weekday over the noon hour. Youth are picked up by our staff at their home school at noon and brought to New Choices where they have lunch and begin programming for the afternoon. Services include individual therapy, group therapy, psychoeducation, the youth stewardship program, and family night each Thursday evening. For 4-6 hours five days a week, adolescents are engaged in intensive therapeutic activities focused on their developmental needs and their substance use.



The family program includes educational presentations on parenting followed by intensive family group therapy. Ninety-two percent of our kids' families attended the family program! Family involvement is one of the most critical variables predictive of a positive outcome for the patient.

Our colleagues in the high schools are commended for the wonderful cooperation they give us in assuring kids can participate in this program. Each youth has to have his/her schedule adjusted to provide the essential courses in the mornings so they can spend four hours in treatment in the afternoon. It is our school administrators and staff who make these accommodations for our program.

## Adolescent Day Treatment Program Data 2009-2010

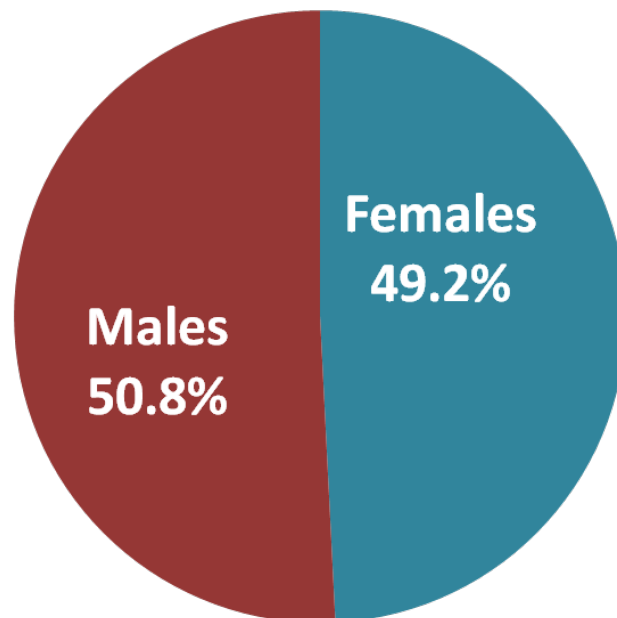
	<u>2007</u>	<u>2008</u>	<u>2009</u>
Admissions	43	43	37
Average Length of Stay	6.4 Weeks	5.2 Weeks	5.9 Weeks
Extensions	37.5%	23.9%	30.6%

### Discharge Status:

Complete	55.6%
Incomplete	0
Therapeutic Discharge (5)	9.9%
*Transfers (7)	4.8%

**\*Transferred to residential levels of care.**

### Demographics:

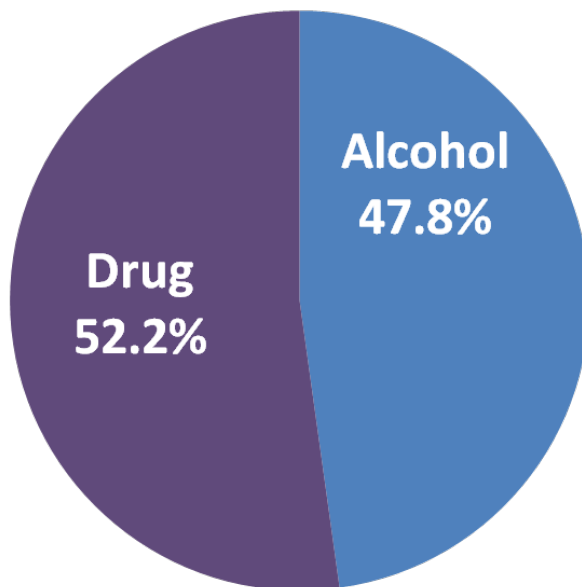


**Age Distribution:    Mean Age = 15.9**

<u>Age</u>	<u>%</u>
14	2.8%
15	22.6%
16	22.6%
17	42.5%
18 & Over	4.8%

**Average Length of Stay, Program Completers: 5.9 Weeks**

**Primary Drug Category of Referred Youth**



## CO-OCCURRING DISORDERS In Students Served in Day Treatment Program

	#	%
Depressive Disorders	12	42.8%
Anxiety	2	7.1%
Post-Traumatic Stress Disorder	1	3.5%
Attention-Deficit Hyperactivity Disorder	7	25.5
Bipolar Disorder	1	3.5%
Behavioral Disorders	3	10.7%

➤ **75.6% of Day Treatment patients had a co-occurring disorder.**

2010

Program Evaluation:  
Quality Indicators

# ADOLESCENT DAY TREATMENT

## GOAL:

- To provide a minimum of twenty hours a week of intensive, structured treatment for adolescents with substance use disorders.

## Admission Criteria:

- Must be at least 13 years old
- Must meet diagnostic criteria for substance abuse or dependence
- Must meet ASAM dimensional criteria for Level II.5 care.

## Persons Served

- Adolescents with substance use disorders
- Limitations: Must qualify for public funding or have private or third party payment

## Hours of Operation

- Monday-Friday, 1:00pm- 5:00pm
- Thursday, 1:00pm-6:00pm
- Thursday, Families, 4:00pm-6:00pm

## Services Provided

- Pharmacotherapy
- Individual Therapy
- Group Therapy
- Family Therapy
- Drug Testing
- Psychoeducation/  
Workshops
- Therapeutic Recreation
- Psychiatric Evaluation &  
Treatment

# RIMROCK FOUNDATION 2009 PROGRAM EVALUATION

PROGRAM: **Adolescent Day Treatment**

Effectiveness Indicators	Standard Threshold	Applicants	2009 Annual	2008 Annual	Relative Weight
To minimize early unplanned discharges.	10% AMA Rate	All admitted patients	29.8%	11.2%	20
Patients will achieve all treatment objectives and complete program.	85% will complete	All Admitted Patients	55.6%	95.7%	12
To assure an adequate LOS for patients	5 weeks	All Admitted Patients	5.9 weeks	5.2 weeks	15
To minimize behavioral discharges	10% Therapeutic Discharges	All Admitted Patients	9.9%	10.9%	18
To optimize parent participation	80%	All Admitted Patients	75.0%	94.9%	25
<b>Efficiency Objectives:</b>					
To optimize utilization	4 Pts. Per Month	All Admitted Patients	3.1%	4.0%	10

**ANALYSIS/CORRECTIVE ACTION:**

This program experienced undue challenges this year. The high AMA rate was the result of accepting patients into Day Treatment while they waited for transfer to a higher level of care. Most of these patients could not be maintained in Day Treatment while they waited. This policy will not be implemented in 2010. The high AMA rate affected the overall completion rate for patients as well. This program is placed on the Quality Watch List for 2010 to improve overall results.

# ADOLESCENT RESIDENTIAL NEW CHOICES AND FREEDOM HOUSE

## GOAL:

- To provide an intensive developmentally appropriate residential treatment program for adolescents with substance use disorders

## Admission Criteria:

- Must be at least 13 years old
- Must meet diagnostic criteria for substance use disorder
- Must meet ASAM dimensional criteria for Level III.5 care
- Must function cognitively at age 12 (minimum)

## Persons Served

- Adolescents, ages 13-18
- Limitations: Must have private third party payment **OR** must qualify for IHS or public funding. Parents/guardians must be willing to participate in program.
- Facilities not ADA compliant

## Hours of Operation

- 24 hours, 7 days a week

## Services Provided

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Evaluation</li><li>• Individual Therapy</li><li>• Group Therapy</li><li>• Family Therapy</li><li>• Psychiatric Evaluation &amp; Treatment</li></ul> | <ul style="list-style-type: none"><li>• School Program</li><li>• Recreation Therapy</li><li>• Related Supportive Therapies</li><li>• Medication Monitoring</li><li>• Drug Testing</li></ul> |
|---|---|

# RIMROCK FOUNDATION 2009 PROGRAM EVALUATION

**PROGRAM: Adolescent Residential: New Choices**

Effectiveness Indicators	Standard Threshold	Applicants	2009 Annual	2008 Annual	Relative Weight
To assure adequate LOS for patients	35 Days	All Admitted Patients	31.2 days	35.9 days	15
Minimize early unplanned discharges	10%	All Admitted Patients	14.1%	10.8%	16
To minimize behavioral discharges	12%	All Admitted Patients	16.5%	2.7%	15
To optimize treatment of the family via attendance at Family Week	90%	Patients or Supportive Adults of all Admitted Patients	93.9%	93.5%	20
To minimize assaultive behavior/ incidents	3 Annual	All Admitted Patients	1.7	2	10
To optimize learning and change through completion of treatment plan	75%	All Admitted Patients	65.2%	83.9%	13
<b>Efficiency Objectives:</b>					
To optimize utilization of resources	5 Pts. Per Month	All Admitted Patients	5.9	6.6	12

**ANALYSIS/CORRECTIVE ACTION:**

There was a slight reduction in the length of stay which will be closely monitored during 2010. Discharge status will also be monitored as both AMA and behavioral discharges were over thresholds. More probation and criminal justice adolescents were admitted during this year which may account for these negative increases. Staff have been asked to collect more pre-admission information and assure proper placement of adolescents. Results will be reviewed in 2010 to see if this practice has helped. Staff are commended for the high rate of parental involvement!

# RIMROCK FOUNDATION 2009 PROGRAM EVALUATION

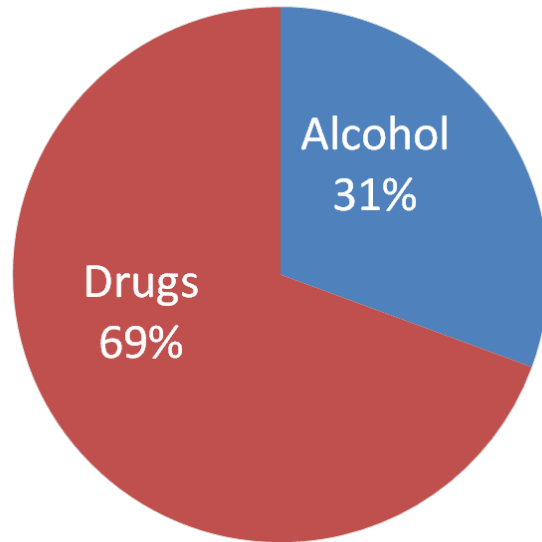
**PROGRAM: Adolescent Residential: Freedom House**

Effectiveness Indicators	Standard Threshold	Applicants	2009 Annual	2008 Annual	Relative Weight
To assure adequate LOS for patients	35 Days	All Admitted Patients	31.2 days	37.7 days	15
Minimize early unplanned discharges	10%	All Admitted Patients	23.6%	11.3%	16
To minimize behavioral discharges	12%	All Admitted Patients	10.9%	6.3%	15
To optimize treatment of the family via attendance at Family Week	90%	Patients or Supportive Adults of all Admitted Patients	96.9%	Not Available	20
To minimize assaultive behavior/incidents	3 Annual	All Admitted Patients	1.6	2	10
To optimize learning and change through completion of treatment plan	75%	All Admitted Patients	65.1%	80.9%	13
<b>Efficiency Objectives:</b>					
To optimize utilization of resources	5 Pts. Per Month	All Admitted Patients	4.8	5.0	12

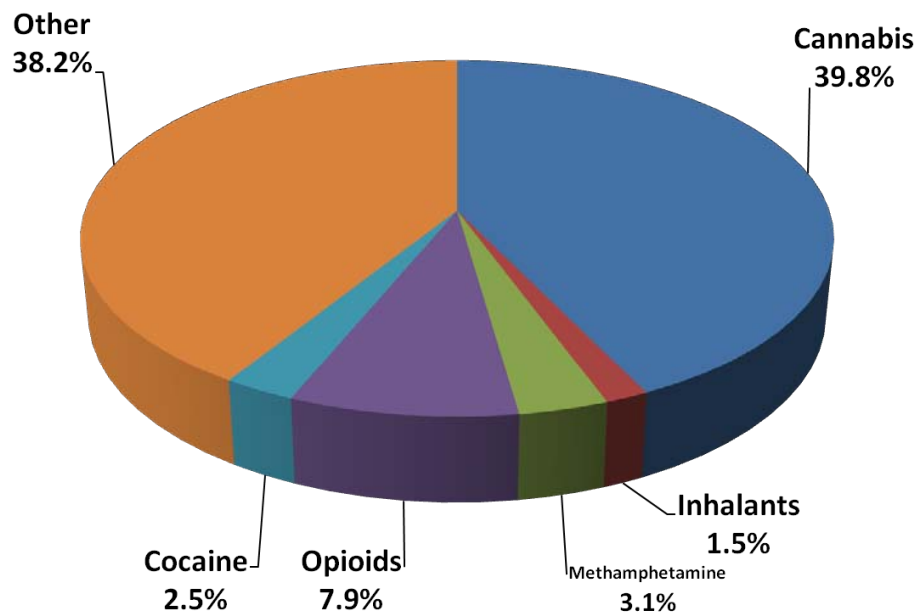
**ANALYSIS/CORRECTIVE ACTION:**

This is the first full year of operation for this all-female adolescent facility. It was also a year of learning for a new staff operating off campus. The main thresholds of concern are the AMA and completion rates which are interrelated. Staff training along with increased supervision will be implemented and results reviewed in 2010.

**2009**  
**PREVALENCE OF DRUGS OF CHOICE**  
**IN ADOLESCENT RESIDENTIAL POPULATION**



**2009**  
**NON-ALCOHOL SUBSTANCES OF CHOICE**  
**IN ADOLESCENT RESIDENTIAL POPULATION**



**As in the previous year, alcohol is a less favored substance than other drugs.**

**2009**  
**MAJOR CO-OCCURRING DISORDERS**  
**In Adolescent Residential Patients**

	<u><b>2009</b></u>	<u><b>2008</b></u>
<b>Depressive Disorders</b>	<b>31.5%</b>	<b>57.5%</b>
<b>ADHD</b>	<b>19.0%</b>	<b>16.6%</b>
<b>Oppositional Defiant Disorder</b>	<b>6.5%</b>	<b>-0-</b>
<b>Disruptive Behavior Disorder</b>	<b>3.9%</b>	<b>-0-</b>
<b>Bipolar Disorder</b>	<b>3.2%</b>	<b>6%</b>
<b>Post-Traumatic Stress Disorder</b>	<b>3.9%</b>	<b>15%</b>
<b>Anxiety Disorder</b>	<b>7.2%</b>	<b>4.5%</b>
<b>Conduct Disorder</b>	<b>15.0%</b>	<b>7.5%</b>
<b>Drug Induced Psychotic Disorder</b>	<b>.6%</b>	<b>3%</b>
<b>Other</b>	<b>3.2%</b>	<b>-0-</b>

**60.7% of adolescent males and 74.5% of adolescent females had co-occurring disorders in 2009.**

## Adolescent Outcome Findings

The following data represents admissions and discharges from patients in our Adolescent Day Treatment Program, housed at our New Choices facility at 1220 Poly Drive, the boys residential treatment program at New Choices, and the girls residential treatment facility at 2420 Ash Street. The response rate for these data, gathered from surveys, was exceptional and so we feel confident of the data.

It should be noted that expectations for adolescents in recovery differ from expectations for adults. Kids rarely experience relapse-free recovery. Generally, there will be periods of relapse due to stress, peers, etc. A healthy recovery in an adolescent will, however, mean that relapse periods become shorter, further apart, and the youth learns and gains from each episode. Abstinence is essential to the restoration of developmental progress in kids. While abusing substances, young people cease working on the developmental tasks of adolescence. With abstinence and skills gained in treatment, developmental progress should resume and assure the youth begins planning ahead, gaining real versus artificial autonomy, expresses interest in career choices and demonstrates self-discovery.



There are many more ups and downs for adolescents in recovery which is expected for nearly all adolescents, non-using as well as using. Volatile emotions and difficulty self-regulating emotions and behavior are simply the hallmarks of that period from 12 to 20 and adults are ill advised to over-react to these waves in the recovering adolescent.

All of the data in this manual has been collated and statistically tested by a third party research company. The statistical testing of the data includes ANOVA, 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 and twelve months). Tests were considered significant at the  $p \geq .05$  level. This is a level that allows for very little chance and thus, is information you can have confidence in.

The final report of findings in this section looks at how kids feel about their care and the program at discharge. Clearly, our kids find treatment to be a positive experience and speak to the fact that...

**TREATMENT WORKS!!**

It is exciting to see our adolescent continuum of services grow and the numbers of kids served expand. We thank our many community partners who help make this possible and the Chemical Dependency Bureau of the Montana Addictive and Mental Disorders Division who support this growth with funding.

# Demographic Profile 2008

## Type of Program Represented in Sample:

	<u>%</u>
Main Facility Inpatient/Freedom House (females)	15.3%
New Choices Residential (males)	45.4%
Adolescent Day Treatment at New Choices (mixed gender)	15.7%

## Discharge Status of Sample:

Complete	71.4%
AMA	16.2%
Behavioral Discharge	8.8%
Transfer	2.4%
Incomplete	1.3%

## Gender:

	<u>Admission</u>
Male	56.2%
Female	43.8%

## Age:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Minimum	13	13	14
Maximum	19	19	20
Mean	15.9	16.6	17.1

*“Your services have taught me so much. I have realized more and more how beneficial it was to me and I have already recommended someone to Rimrock.”*

### Living Arrangements at Admission

	<u>%</u>
Biological Mother	69.4%%
Biological Father	36.2%
Stepmother	3.1%
Stepfather	13.0%
Homeless	.6%
Foster Parents	3.1%
Adoptive Mother	3.6%
Adoptive Father	4.9%
Other	17.7%

### Employment

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Employed	23.4%	33.6%	51.4%
Unemployed	76.6%	66.4%	48.6%

### Mean # Hours Worked Each Week

<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
23.4	31.2	30.44

### Mean Days of Physical Activity in Past 90 Days

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Participate in Sports	13.9	15.8	18.0
Other Physical Activity	43.6	53.6	51.9

### Gang Membership Pre-Admission

Yes	12%
No	88%

I'm in AA — 2 months 3 days sober.”

## Parental Substance Abuse

### # Living with someone with a current alcohol or drug problem on admission:

	<u>Alcohol Problem</u>	<u>Drug Problem</u>
Yes	21.1%	7.8%

### Who has the alcohol or drug problem?

Biological Mother	44.3%
Biological Father	33.3%
Sibling	24.0%

### Do you worry about their use?

Yes	50%
No	50%

### Do you feel like you are the reason for their use?

Yes	14.1%
No	85.9%

Dr. Pullen is a great doctor. You are very lucky to have him working with you.”

**Do you hate them when they are using?**

Yes	29.7%
No	70.3%

**Do you feel guilty for hating them?**

Yes	11.1%
No	88.9%

**Have you lied to others about their use?**

Yes	33%
No	67%

**Have you talked to them about trying to quit?**

Yes	54.5%
No	45.5%

**Do you avoid being home when they use?**

Yes	52.5%
No	47.5%

*“It was amazing. Wish I could have it again  
and learn newer and better things.”*

## Peers

**How many of your friends use substances?**      **Mean = 8.9**

None	10.3
A few	27.6
Most	34.5
All	27.6

**# currently having a boy or girlfriend relationship:**

Yes	40.3%
No	59.7%
Mean Months of Relationship	7.99 months

## Psychological Status

**# days in past 90 days attempted suicide:**

<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
34	.4	0

“Rimrock taught me a lot and has helped me get back on track after I relapsed.”

## Sexual Behavior

### Sexual partners in Past 12 Months:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Minimum	0	0	0
Maximum	34	40	7
Mean	3.4	2.02	1

- **Sexual encounters are reduced post-treatment!**
- **83.6% of sexually active youth claim they use protection.**
- **12.9% have contracted an STD, became pregnant or got someone pregnant prior to admission.**

### Abuse at time of admission:

Physical	37.3%
Sexual	17.8%
Emotional	58.3%

### % of perpetrators of sexual abuse:

Mother	-0-
Father	2.2%
Boyfriend or Girlfriend	4.0%
Other Child or Peer	2.7%
Other Family	2.2%
Close Friends	2.2%
Do Not Know	4.0%

*“You guys helped me get my life back together  
and now I’m living a happy life. Thank you so much.”*

## Relationship Problems

### # of mean days serious problems getting along with (past 90 days):

		<u>Admission</u>	<u>6 Month Followup</u>	<u>12 Month Followup</u>
	<u>% With Problems</u>	<u>Mean Days</u>	<u>Mean Days</u>	<u>Mean Days</u>
Mother	59.0%	24.4	12.1	11.9
Father	41.8%	16.1	8.7	4.5
Siblings	35.2%	10.5	7.2	7.2
Friends	29.0%	4.9	3.8	3.8
Teachers	24.0%	5.1	2.1	.51

- **Relationships improve significantly post-discharge!**
- **In nearly every relationship, youth believe their drug use was a major factor in their problems with relationships.**

### Psychological treatment prior to admission:

		<b>Residential</b>	<b>Non-Residential</b>
Yes	36.7%	51.6%	48.4%

- **38.5% of treated youth were taking prescribed psychotropic medications on admission.**

### Previous treatment for substance abuse:

		<b>Residential</b>	<b>Non-Residential</b>
Yes	40.7%	52.9%	47.1%

*“At Rimrock, your staff were respectful of me. It just took me one relapse to change my life. Thanks for everything.”*

## School Performance

- 28.4% of students were not enrolled in school prior to admission.
- 40.1% of youth failed at least one class in the semester prior to admission.
- 55.8% of students indicate their grades had dropped in the 90 days prior to admission.
- 32% of students had been suspended at least once in the past 90 days prior to admission.

### Mean days of missed school attendance in past 90 days:

	Admission	Range	6 Months	Range	12 Months	Range
Missed Days for Other Than Illness	12.1	0-90	6.7	0-20	5.2	0-30
# Times Suspended	1.1	0-90	.20	0-3	.03	0-1

- **School attendance improves post-discharge!**
- 28.1% of students have been in special education or resource classrooms prior to admission.
- 17.2% of students indicate they have difficulty reading.

### Mean grade point average:

Admission	2.4
6 Months	2.6
12 Months	2.8

## Legal Encounters

	<u>Admission</u>	<u>6 Month Follow-up</u>	<u>12 Month Follow-up</u>
<u>Behavior</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
Shoplifting	25.2%	3.9%	5.7%
Drug Possession	31.3%	9.4%	8.8%
Alcohol Possession	36.4%	10.9%	15.9%
Probation Violation	28.0%	14.7%	13.0%
Weapons	7.2%	1.6%	1.4%
Vandalism	15.5%	.8%	-0-
Burglary	9.2%	2.4%	-0-
Robbery	3.7%	1.6%	-0-
Assault	22.1%	3.9%	-0-
DUI	10.5%	.8%	5.7%
MIP	49.0%	9.3%	15.9%
Other Driving Violations	18.6%	3.2%	4.4%

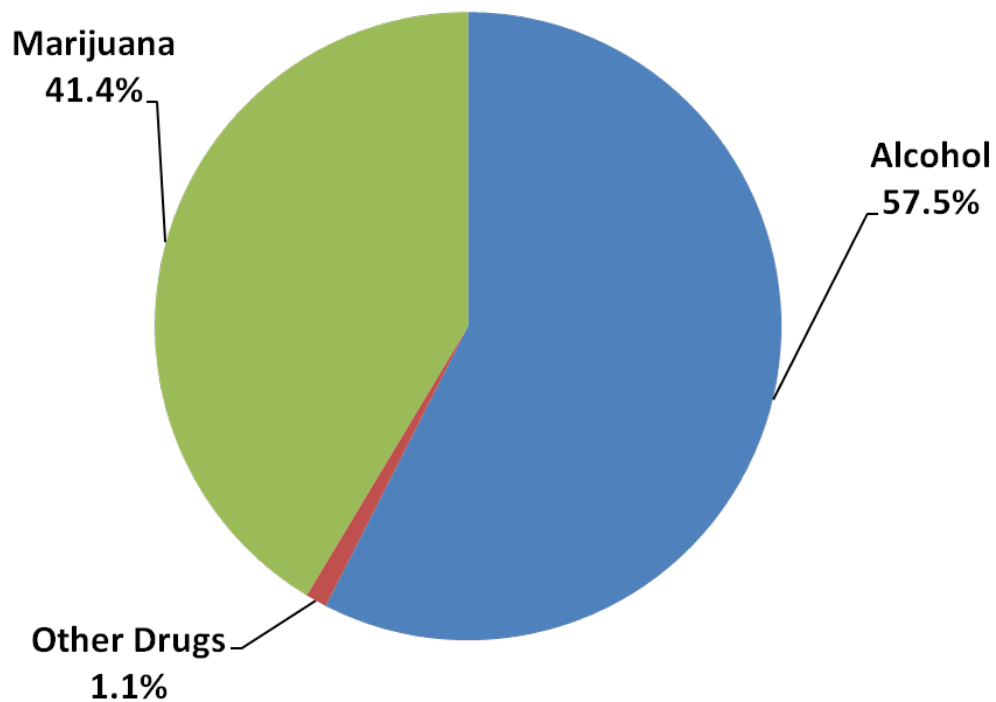
- **44.9% of youth were on probation prior to admission.**
- **28.9% of youth have been incarcerated prior to admission.**
- **31.5% of youth were facing legal charges upon admission, while none were at follow-up.**
- **There is a dramatic reduction in legal encounters post-discharge!**

*"I'm doing a lot better since graduating Rimrock.  
You were very helpful. Thank you."*

## Substance Use

- The mean age at which patients first used alcohol or other drugs is 12.13.

### Substances First Used:



- On admission, 73.9% of youth reported adults in their life complaining about their substance abuse.

*"I miss you-all. You guys changed my life."*

**Substances Used Past 90 Days**

	<u>Pre-Admission</u>	<u>6 Months</u>	<u>12 Months</u>
<u>Substance Used</u>	<u>Mean Days</u>	<u>Mean Days</u>	<u>Mean Days</u>
Hallucinogens	.84	.43	.17
<b>Alcohol</b>	<b>16.7</b>	<b>7.3</b>	<b>6.3</b>
<b>Marijuana</b>	<b>37.1</b>	<b>12.8</b>	<b>15.9</b>
Methamphetamine	2.3	.74	.12
Inhalants	1.5	.13	.41
Opiates	4.39	.77	1.6
Cocaine	2.8	.56	.57
Stimulants	2.8	.53	.49
Narcotics	3.97	1.0	2.1

- **Substance use drops significantly post-discharge!**
- **8.6% of youth reported IV drug use at intake.**

**During past 90 days—used inspite of problems it causes:**

<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
67.7	8.0	3.4

*“Service was excellent. Everybody is likely to relapse, but it’s what you do with your relapse and I’m doing awesome.”*

**Money spent on substances 90 days prior to admission:**

	<b><u>Admission</u></b>			
	<b><u>#</u></b>	<b><u>Minimum</u></b>	<b><u>Maximum</u></b>	<b><u>Mean</u></b>
Alcohol	285	0	\$1500	\$91.64
Drugs	276	0	\$5000	\$442.94

**Money spent on substances at follow-up:**

	<b><u>6 Months</u></b>			
	<b><u>#</u></b>	<b><u>Min.</u></b>	<b><u>Maxi.</u></b>	<b><u>Mean</u></b>
Alcohol	82	0	\$600	\$23.37
Drugs	84	0	\$1200	\$69.48

**Tobacco use:**

	<b><u>Admission</u></b>	<b><u>6 Months</u></b>	<b><u>12 Months</u></b>
Cigarettes	71.4%	64.3%	9.5%
Smokeless	12.8%	13.8%	14.8%
Other	6.8%	8.5%	4.3%

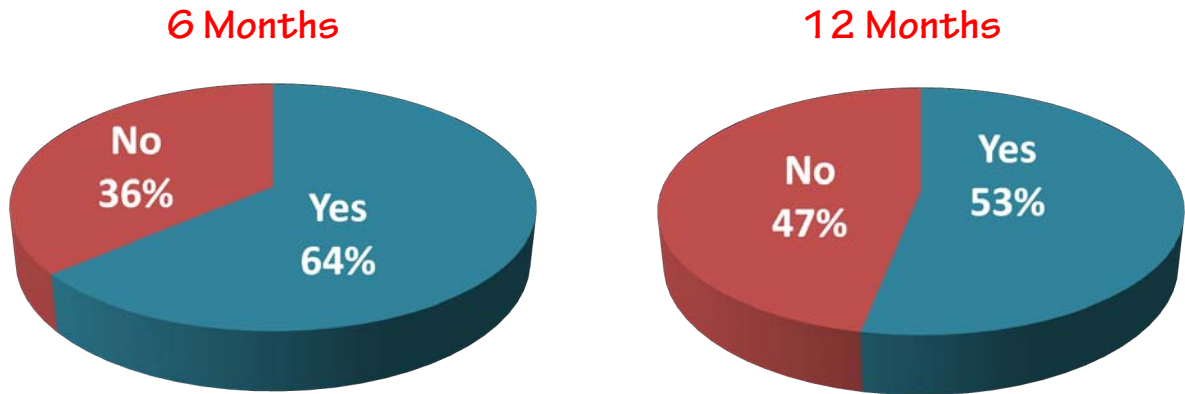
- **There is a progressive decrease in the numbers of youth using substances post-discharge, and in the amount of money being spent on substances.**

*“I learned and applied the knowledge to my life and I have never been happier.  
Thank you Rimrock.”*

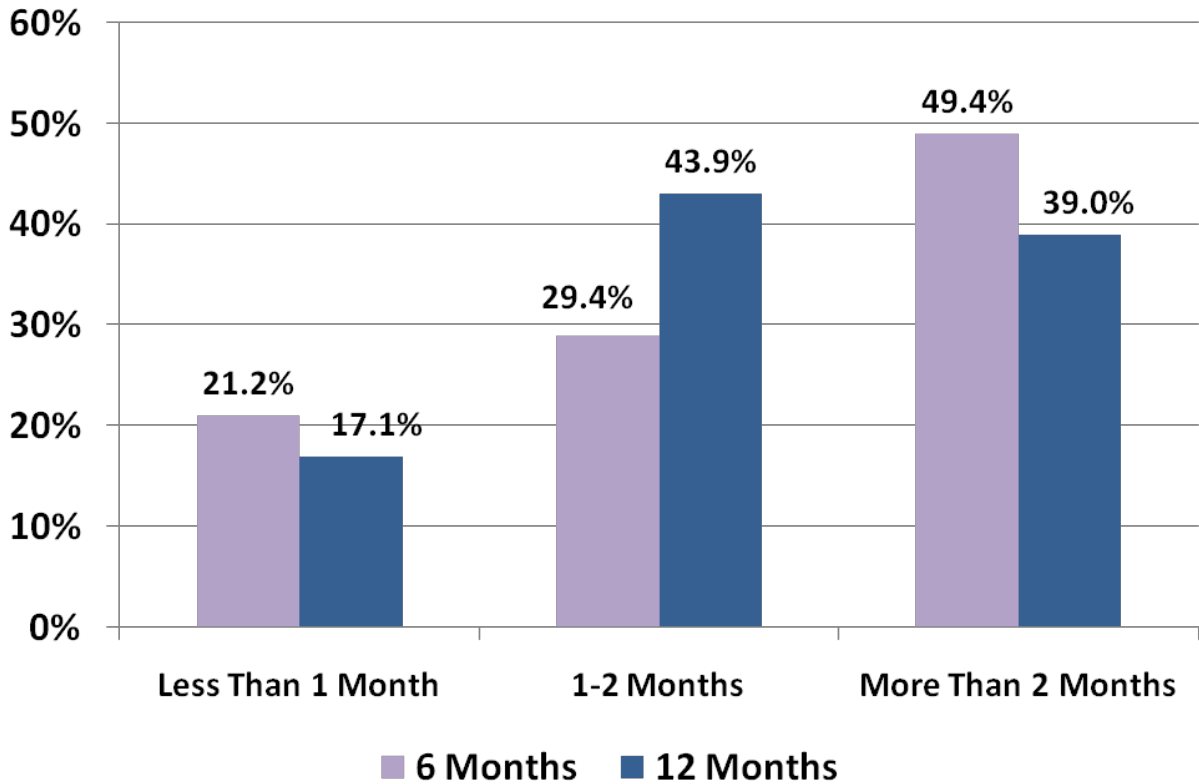
# Treatment Services

## Aftercare Attendance

Did you attend an Aftercare Program?



Months of Aftercare Attendance



## Treatment Services

### Relapse

Have you experienced a relapse since discharge?

	<u>6 Months</u>	<u>12 Months</u>
Yes	16.7%	10.3%
Currently in Relapse	4.2%	2.7%

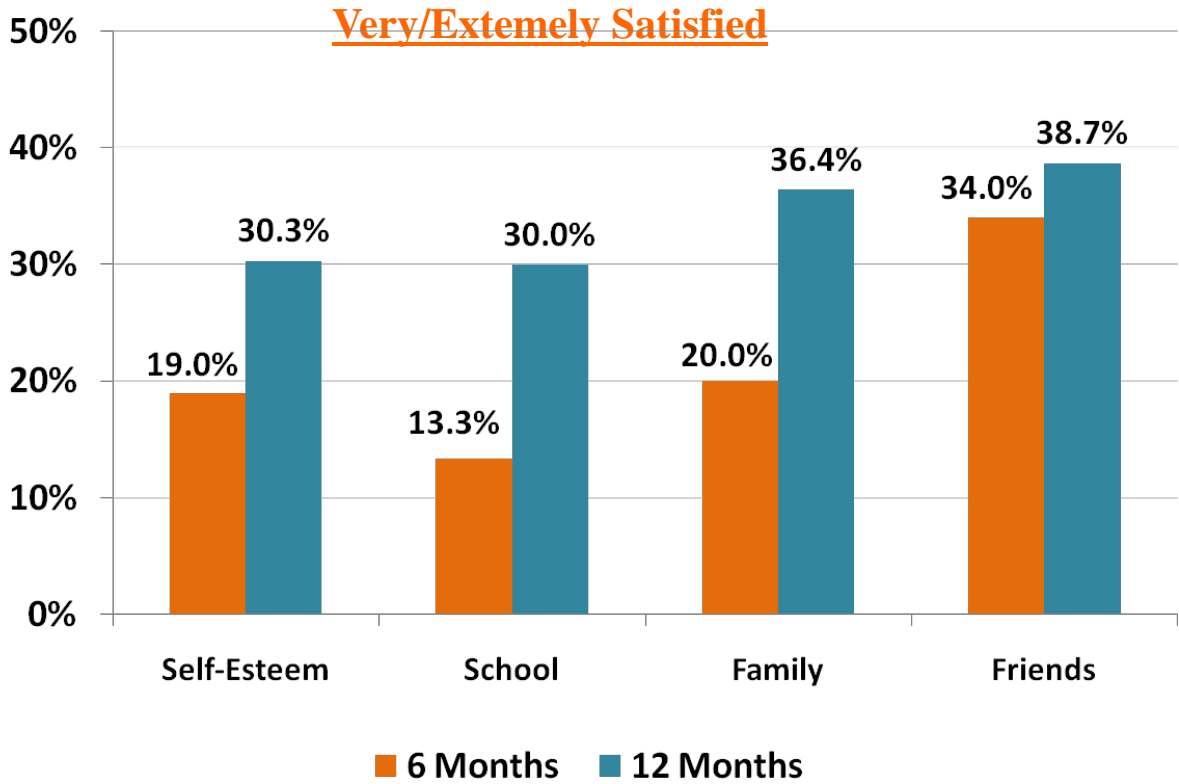
➤ **39.4% of those in relapse report being likely to seek help again.**

### Treatment Readmissions (anywhere) Since Discharge from Rimrock Foundation

6 Months	-0-
12 Months	.2%

*“I wanna thank Rimrock for all the help they provided me with and the useful information. I was in Day Treatment and it made a big difference in my life.”*

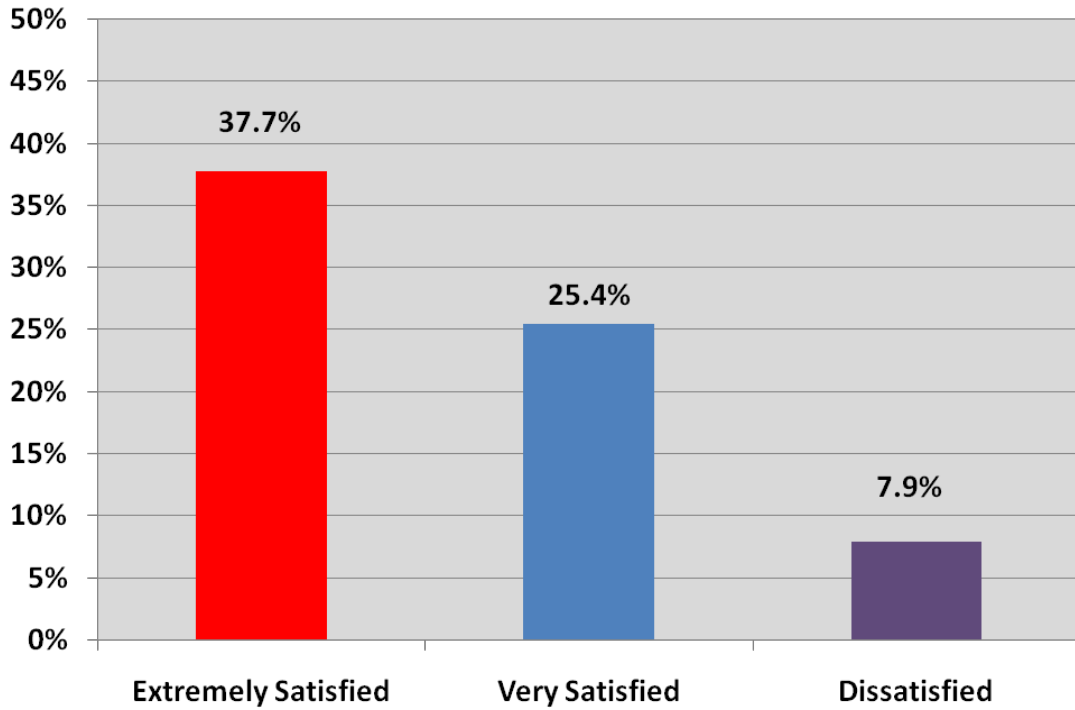
# Quality and Satisfaction



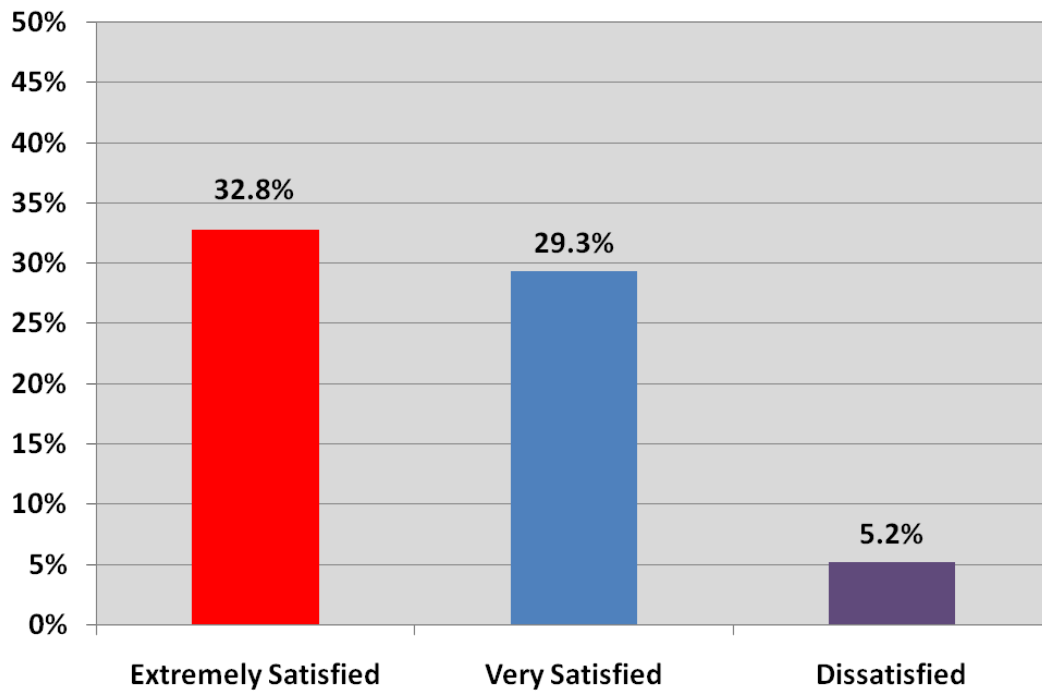
## Extremely Dissatisfied

# Satisfaction with Treatment Services

## 6 Months

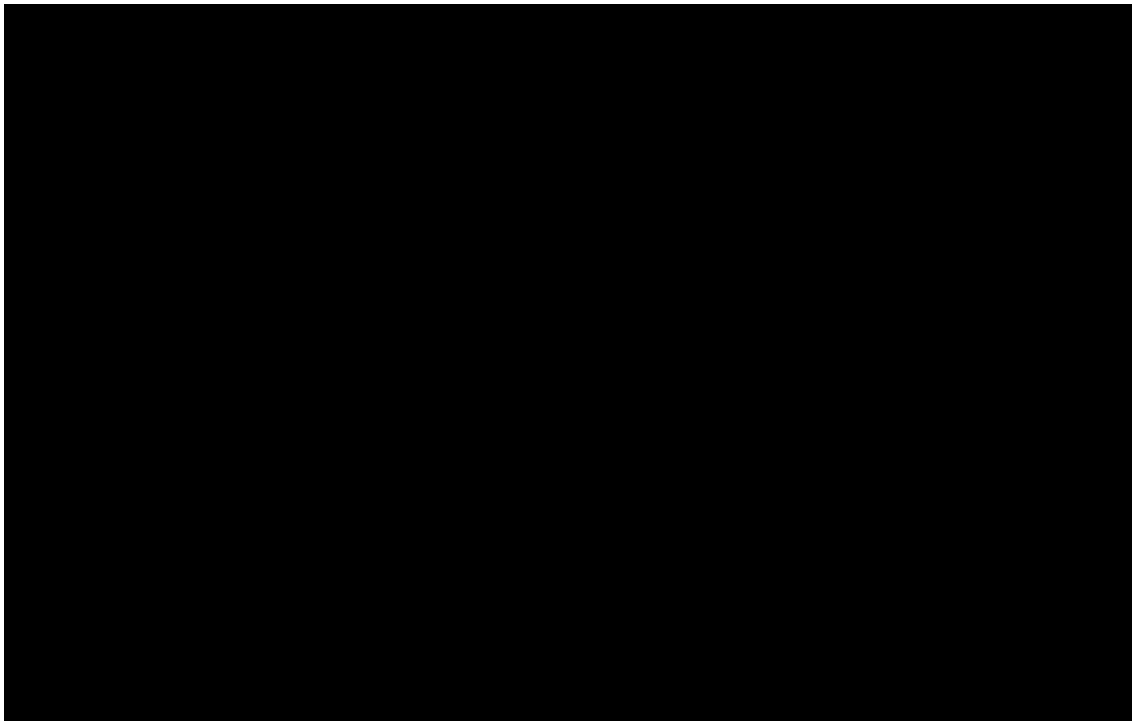


## 12 Months



# Discharge Evaluation Findings—All Services

## Therapeutic Relationship



## Treatment Benefits

