



RIMROCK

LEADING ADDICTION TREATMENT

2018 ADULT PATIENT CENSUS AND SURVEY RESULTS



Executive Summary

- According to census data, Rimrock served 1337 patients in 2018 (includes IOP, Rimrock Inpatient, White Birch, Ada's House, Cedar Way, Michel's House, Willow Way, True North Women, Elm House, True North Men, Rimrock Day Treatment and Silverleaf). This represents a 12 percent increase over the previous year.
- 802 adult patients filled out surveys prior to admission to Rimrock.
- The Intensive Outpatient Program (IOP) admitted 227 patients in 2018 compared to 212 patients in 2017. The Rimrock Inpatient program admitted 149 patients in 2018, compared to 303 patients in 2017. Ada's House admitted 23 patients in 2018, compared to 76 patients in 2017 (Note that Ada's House was closed for nine months in 2018 due to staff shortages). White Birch decreased the number of patients served in 2018 from 181 to 150. Michel's House and Willow Way admitted 19 total patients, with Willow Way opening in June, 2018. Cedar Way admitted 77 patients.
- Overwhelmingly, the majority (73.9 percent) of patients surveyed identified as white/Caucasian, followed by American Indian (15.8 percent).
- Similar to last year, the majority of the patients were between 18-30 years old.
- Similar to previous years, 43.3 percent of patients had never been married.
- Homelessness stayed level in 2017 and 2018, with 13 percent of the patients surveyed reporting that they had no stable place to live at admission. However, homelessness dropped by 11.4 percent at 12 months. Independent living increased by 42.5 percent.
- Roughly 7 percent of patients reported living with someone who has a drug or alcohol problem at 12 months following treatment.
- Full/part time employment steadily increased from 6 to 12 months. At 12 months 76.6 percent of patients surveyed were employed either part time or full time. Those individuals unemployed but looking for work fell by over 30 percent.
- Those surveyed who reported receiving public assistance at admission was 47.3 percent. That figure dropped to 25.2 percent at 12 months.
- Patients were asked to rank their drug of choice. As in previous years, alcohol was ranked as the number one drug of choice, followed by methamphetamine and then marijuana. Individually, all of Rimrock's residential houses, with the exception of White Birch, ranked methamphetamine as the number one drug of choice.

- Roughly 49 percent of adult patients indicated they had been arrested in the 12 months prior to treatment. This dropped to 8 percent 12 months following treatment. Similar to previous years, driving under the influence was reported as the most common criminal offense.
- In general, positive self-perceptions of overall health and self-esteem grew over 13 percent from admission to 12 months. For the third year in a row, the number one health condition reported was depression.
- The number of patients reporting a mental health diagnoses dropped from 52 percent at admission to 17 percent at 12 months post-treatment.
- Reports of chronic physical problems decreased by 10 percent from admission to 12 months.
- Roughly 40 percent of patients reported Aftercare to be extremely helpful or helpful in preventing relapse at 6 months.
- After 12 months, 68.75 percent of patients reported no drug or alcohol use since leaving treatment.
- Almost all (93.75 percent) would recommend Rimrock to their friends and family for treatment.
- Over 70 percent (72.5 percent) of all patients admitted, completed treatment.

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INTRODUCTION

In a 2016-2017 survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 7.6 percent (64,000) adult Montanans reported heavy alcohol use or dependence in the month prior to being surveyed. This figure is well over the national average and has been consistently above the national average for the past five years. During the same time period, roughly 18,000 individuals were dependent on or used illicit drugs. For illicit drug use, Montana is slightly below national statistics. Illicit drug use has stayed relatively stagnant in Montana since 2010, at 2.8 percent in 2010 to 2.1 percent in 2014. Nationally, illicit drug use has roughly stayed the same for the past five years. Finally, only about 6,000 Montanans who needed treatment, received it during the same reporting period.¹ This gap in treatment represents thousands of individuals in Montana not receiving the treatment they need. The availability of treatment may be more difficult in the future. Under the Affordable Care Act (ACA), Medicaid addiction services were required to be provided by insurers as well as Medicaid. With the uncertainty of continued regulation under the ACA, this coverage is in jeopardy.²

Rimrock is the largest treatment center in Montana and utilizes an integrated treatment model. Rimrock's philosophy views addiction in terms of the whole person; that is, addiction affects an individual's emotional, physical, spiritual, and social well-being. Recovery at Rimrock is designed to help people find a balance in their life. Patients participate in individual and group therapy to identify problem areas in their lives. They find self-help sources of support for on-going recovery to resolve the pathology of their compulsive disorders through several programs offered at Rimrock: Intensive Outpatient Program (IOP), Rimrock Inpatient, White Birch Men's Residential, Ada's House and Cedar Way Women's Residential, and Michel's House and Willow Way, for women in recovery and their children. In addition, patients are

¹ Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Montana, 2018*. HHS Publication No. SMA-16-Baro-MT. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Retrieved on February 24, 2017 from https://www.samhsa.gov/data/sites/default/files/2015_Montana_BHBarometer.pdf

² Vestal, C. (October 14, 2016). Diverse Medicaid Rules Hurt in fighting Addiction. Retrieved on February 24, 2017 from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/10/14/diverse-medicaid-rules-hurt-in-fighting-addiction>

provided with an individualized relapse prevention plan through a continuing care program to aid in the long term recovery process. (For a description of each program, see Appendices.)

This report summarizes the results of census data as well as questionnaires administered and compiled at Rimrock. These questionnaires detail perceptions of adult individuals who have used Rimrock's drug and alcohol rehabilitation services in 2018. The purpose of the surveys is to elicit demographic, employment and criminal justice involvement as well as general information on a patient's satisfaction of services and overall well-being before and after treatment.

METHODOLOGY

Four surveys, consisting of a battery of questions were administered to patients at admission, at discharge, at 6 months post-treatment, and at 12 months post-treatment. These questions address a number of areas that relate theoretically and practically to the assessment of patient attitudes and perceptions before and after treatment, particularly with regard to employment, housing, illicit substance use, relapse, criminal justice involvement, health status, well-being, and patient satisfaction.

RIMROCK PROGRAMS

The Inpatient treatment program at Rimrock is designed as a medically monitored 24 hour, seven day a week program. The program provides integrated services in a free standing, cost effective setting for individuals who have addictive illnesses and who may have a complicating co-occurring mental disorders. The Inpatient program represents the most intensive level of services offered at Rimrock and may be considered a sub-acute biopsychosocial model in which patients receive medically supervised care.

Ada's House and Cedar Way are programs that operate out of residential homes, offering treatment for addiction and co-occurring disorders for low income adult women, ages 18 and older. White Birch Center consists of two duplex residential homes for low income adult men ages 18 and older with addictions and co-occurring disorders. All of these program lengths are based on client need, however the typical stay is approximately 4-5 weeks.

Rimrock operates Michel's House and Willow Way, special treatment projects for drug-addicted women with dependent children who are under the age of twelve. The goal of these

programs is to provide a residential, family-friendly setting to deliver long-term addiction treatment and comprehensive life skills and supportive services to women and their dependent children.

Elm House opened in 2018, as a collaboration between St. Vincent Healthcare and Rimrock. This program offered medical, mental health and substance use treatment to pregnant women through the duration of their pregnancy. Due to the Medicaid changes in April, the physical location was transitioned to Cedar Way. Throughout this report, the Elm House numbers are broken out until they become combined with Cedar Way, at which time they are included in this program’s numbers.

The Intensive Outpatient Treatment Program (IOP) functions as an integrated level of care within the treatment continuum of Rimrock. The program is designed to serve patients 18 years of age and older who have been evaluated and found to have a diagnosis of substance use disorder, process addiction or mental health disorder, and who are sufficiently stabilized and living in a supportive environment but who still require a minimum of nine hours of treatment services each week.

In 2018, 1337 adult patients admitted into all Rimrock’s programs identified above and 802 filled out surveys upon admission to Rimrock.

In addition, a total of 439 patients completed a survey at discharge. At 6 months and 12 months, discharged patients were asked to complete a follow-up survey. A total of 487 were collected at 6 and 12 months. This represents a response rate of 44 percent.

Table 1: Admission census and discharge status - All programs

MEASURE	2018	2017
Admissions	1337	1289
Complete w/ staff approval	754	754
Unplanned discharge	296	260
Administrative Discharge	74	67
Incomplete w/ max benefit received	19	6
Incomplete	14	20
Therapeutic transfer	65	103

Rimrock collects census data on patients who were admitted and discharged in the calendar year. Table 1 compares admission data and various effectiveness measures for 2017 and 2018. [See Appendix A for effectiveness measures for individual programs.] The same

number of clients completed Rimrock programs in 2018 as had completed in 2017. There was a 13.8 percent increase in unplanned discharges, as well as an increase in administrative discharges. The number of clients receiving treatment in 2018 increased by 33 patients.

FINDINGS OF SURVEYS AT ADMISSION AND FOLLOW-UP DISCHARGE

General Characteristics and Demographics

In 2018, Rimrock surveyed 802 adult patients at admission. Not all patients answered every question. Table 2 describes the number of patients surveyed for each program in 2018.

Table 2: Admission Surveys completed for each year

PROGRAM	2018	2017	2016	2015
IOP	227	212	191	130
Rimrock Inpatient	149	303	385	369
White Birch	150	181	130	82
Cedar Way	77	80	36	N/A
SilverLeaf	66	93	N/A	N/A
Rimrock Day Treatment	30	19	N/A	N/A
Ada's House	23	76	85	103
True North Men	22	39	N/A	N/A
Elm House*	20	N/A**	N/A	N/A
True North Women	19	N/A	N/A	N/A
Michel's House	14	4	9	7
Willow Way*	5	N/A	N/A	N/A
TOTAL	802	1007	836	691

*These programs were initiated in 2018, therefore do not have admission surveys for previous years.

**N/A True North Men and True North Women were not separated out in 2016 and 2017 and were reported as one program. Rimrock Day Treatment was initiated in 2017

In 2018, Rimrock provided two to four IOP groups at the main facility, depending on patient census. The Inpatient program had a capacity of 35 patients, Ada's House occupied 8 patients, while Cedar Way occupied 10. White Birch had the largest residential capacity with 20 beds. Michel's House held six women and their children, while Willow Way occupied seven women and their children. The True North Men's program housed 8 men and the True North Women's

program fluctuated between 2-7. Elm House was only open four months this year due to the Medicaid funding changes and housed 8 women. This program was moved to Ada's and Cedar Way in April. Table 3 describes the percentages of patients assigned to each program.

Table 3: Percent of patients admitted by program

	Total Admits (n=1337)	Percentage (n=1337)
IOP	318	23.8%
White Birch	264	19.7%
Rimrock Inpatient	213	15.9%
Rimrock Day Treatment	139	10.4%
Cedar Way	119	8.9%
SilverLeaf	107	8.1%
True North Men	48	3.6%
Ada's House	45	3.4%
Elm House	40	3.1%
True North Women	22	1.6%
Michel's House	12	.8%
Willow Way	10	.7%
TOTAL	1337	100.0%

Similar to previous years, a large majority of patients identified as white/Caucasian individuals. In 2018, however, Rimrock served slightly more (5.8 percent more) American Indians than in 2017. Table 4 shows the breakdown of Rimrock patients by race.

Table 4: Race- patients surveyed-all programs

	Percentage (n=1337)
White/Caucasian	73.9%
Black/African American	1.7%
American Indian	15.8%
Asian or Pacific Islander	0.0%
Other	7.6%
Client Declined	1.0%
TOTAL	100.0%

Similar to previous years, males represented the largest percentage of Rimrock patients. Accordingly, males are more likely than females to be users of illicit drugs. In fact, gender is an important factor to consider when examining patterns of substance use. Nationally, for example, males are more likely to report marijuana and alcohol use, but females are more likely to report prescription drug abuse.³ Table 5 represents the gender profile of Rimrock’s patients in 2018.

Table5: Patients percent by gender

	Percentage (n=1337)
Males	56.1%
Females	43.9%
Transgender	N/A
TOTAL	100.0%

Consistent with 2017, the average age group of adult patients in 2018 was 18-30 years old.

Table 6: Percent of patients surveyed by age category

AGE	2018 (n=558)
18-30 years of age	42.5%
31-40 years of age	29.0%
41-50 years of age	19.7%
51+ years of age	8.8%
TOTAL	100.0%

³ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (April 3, 2014). The TEDS Report: Gender Differences in Primary Substance of Abuse across Age Groups. Rockville, MD. Retrieved on February 24, 2017 from <http://www.samhsa.gov/data/sites/default/files/sr077-genderdifferences-2014.pdf>.

Generally, unmarried persons commit the highest rates of illicit alcohol and drug use. This was typical of the patients served through Rimrock’s treatment programs. Table 7 describes the marital status of Rimrock patients

Table 7: Marital status of clients surveyed

	(n=772)
Never been married	43.3%
Married	18.0%
Divorced	17.7%
Single, living w/ other	10.3%
Separated	8.8%
Widowed	1.6%
TOTAL	100.0%

Patients were asked their highest level of educational attainment at the time of admission. Approximately 11 percent of patients reported having some high school education but no diploma. Over 40 percent of patients reported having obtained a high school diploma or GED. Over 26 percent had some college education, while 13.39 percent had a college degree or technical diploma. Table 8 describes the level of educational attainment of Rimrock patients surveyed at admission.

Table 8: Level of education for patients surveyed

Grade	Percentage (n=762)
Never attended	.1%
K-8	2.1%
Some high school, no diploma	11.0%
HS diploma/GED	42.2%
Some college, no diploma	26.5%
College/technical diploma	13.3%
Grad work, no diploma	1.3%
Graduate degree	3.2%
TOTAL	100.0%

Housing

According to the US Interagency Council on Homelessness, illicit drug or alcohol use contributes to and is a consequence of continued homelessness among individuals.⁴

Homelessness remained stable with Rimrock patients reporting 13 percent homelessness in both 2017 and 2018. This decreased dramatically at follow-up and independent living increased by over 40 percent after 12 months.

Over the duration of treatment, homelessness among patients decreased. Table 9 summarizes the changes in housing status over time.

Table 9: Living arrangement over time

	Admission (n=767)	6 Months (n=256)	12 Months (n=240)
Homeless	13.0%	1.1%	1.6%
Dependent living	37.4%	9.3%	6.2%
Independent living	49.5%	89.4%	92.0%
TOTAL	100.0%	100.0%	100.0%

Table 10: Have you ever been Homeless

	Admission (n=767)
Yes	50.7%
No	49.2%
TOTAL	100%

Table 11: Do you live with anyone who has a current alcohol and/or drug problem?

	Admission (n=767)	6 Months (n=256)	12 Months (n=240)
Yes	15.3%	11.3%	7.0%
No	79.7%	87.8%	92.0%
I don't know	4.8%	.7%	.8%
TOTAL	100.0%	100.0%	100.0%

⁴ Data collected from the US Interagency Council on Homelessness. Retrieved on February 24, 2017 from <https://www.usich.gov/news/strengthening-local-responses-to-opioid-misuse-among-individuals-experiencing-homelessness>.

Table 12: Rate how safe you feel in your current living arrangements

	Never Feel Safe			Always Feel Safe	
	1	2	3	4	5
Admission (n =767)	1.9%	3.7%	10.4%	14.9%	68.8%
6 Months (n=265)	1.1%	2.7%	5.8%	16.4%	73.8%
12 Months (n=240)	.4%	1.2%	2.0%	14.5%	81.6%

Table 13: If you have children, are any of your children living with someone else due to your drug/alcohol use?

	Admission (n=620)
Yes	38.7%
No	59.3%
I don't know	1.9%
TOTAL	100.0%

Employment and Public Benefits

Nationally, rates of substance use are associated with employment status.⁵ The National Conference of State Legislatures reported an overall unemployment rate of 3.7 percent in Montana for 2018.⁶ At admission, a higher percentage of unemployed adults (unemployed but looking and not in labor force) were classified with substance use disorder (48.2 percent) than were full or part-time employed adults. Full-time employment steadily increased from admission to 12 months post treatment. At 12 months, 63.7 percent of patients surveyed were employed full time. At admission, those patients who indicated being unemployed but looking for work, fell by over 30 percent at 12 months.

Similar to last year, those unemployed but looking dropped sharply at 6 months; while employment increased. Table 14 shows the employment status of adult Rimrock patients the survey time frame.

⁵ Badel, A. and B. Greaney. (2013). *Exploring the link between drug use and job status in the US*, The Regional Economist. Retrieved on February 24, 2017 from <https://www.stlouisfed.org/Publications/Regional-Economist/July-2013/Exploring-the-Link-between-Drug-Use-and-Job-Status-in-the-US>.

⁶ Unemployment rates reported for the National Conference of State Legislatures. Retrieved on February 6, 2019 <http://www.ncsl.org/research/labor-and-employment/state-unemployment-update.aspx>.

Table 14: Employment status of patients surveyed

	Admit (n=762)	6 Month (n=256)	12 Month (n=240)
Employed full time	27.5%	53.1%	63.7%
Employed part time	12.9%	17.5%	12.9%
Unemployed, but looking	48.2%	16.8%	12.0%
Not in labor force	11.1%	12.5%	11.2%
TOTAL	100.0%	100.0%	100.0%

Table 15: If not in labor force, how would you describe yourself?

	Admit (n=354)	6 Month (n=30)	12 Month (n=25)
Homemaker	31.9%	20.0%	36.0%
Student	14.9%	13.3%	8.0%
Retired	2.8%	33.3%	40.0%
Disabled	12.1%	33.3%	16.0%
Other	38.1%	0%	0%
TOTAL	100.0%	100.0%	100.0%

Patients were asked about receiving public benefits. In 2017 and 2018, the number of patients surveyed receiving public benefits remained approximately the same. By 12 months post treatment, that figure dropped nearly 22 percent. This figure is the largest drop from admission to 12 months in persons receiving public benefits in the past two years. Table 16 describes the change in percent of patients receiving public benefits from admission to 12 months.

Table 16: Percent receiving public assistance benefits

	Admit (n=762)	6 Months (n=256)	12 Months (n=240)
I am currently receiving benefits	47.3%	30.8%	25.4%
I have never received benefits	39.5%	N/A	N/A
I have depleted my benefits	13.1%	2.7%	1.2%
Other	N/A	.78%	N/A
TOTAL	100.0%	100.0%	100.0%

Substance Use

According to statistics from the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 6.5 percent of the U.S. population age 12 or older report alcohol dependence or abuse. In Montana, overall alcohol abuse is estimated to be slightly higher than the national average at around 7.6 percent of the population ages 12 or older. Additionally, illicit drug use in the U.S. is estimated to be around 2.6 percent of the population 12 years or older. In Montana, that figure is slightly lower at 2.1 percent.⁷ Illicit drugs include methamphetamine, marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

In 2018, Rimrock patients reported a variety of drug and alcohol choices. At admission, patients were asked to rank their top three drugs by choice. As in previous years, Rimrock Inpatients as a whole preferred alcohol as their number one drug of choice, followed by methamphetamine. Contrary to last year, Inpatient, IOP, Silverleaf, and White Birch reported alcohol as their number one drug of choice, while Elm House, Michel’s House, True North Men and Women, Willow Way, Cedar Way and Ada’s House all report methamphetamine as their drug of choice. Table 17 indicates the drugs ranked by choice.

Table 17: Top drug of choice

	2018 Rank	2017 Rank	2016 Rank	2015 Rank
Alcohol	1	1	1	1
Methamphetamine	2	2	2	2
Marijuana	3	3	3	3
Heroin	4	4	5	4
Narcotics	5	5	6	5
Cocaine	6	7	7	10
Opiates not prescribed to you	7	6	4	N/A
Other	8	8	10	N/A
Stimulants	9	11	8	N/A
Hallucinogens	10	9	11	8
Sedatives	11	10	9	6
Inhalants	12	13	12	N/A
Spice	13	12	13	N/A

⁷ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Montana 2015. HHS Publication No. SMA-16-Baro-2015-MT. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015. Retrieved on February 25, 2017 from https://www.samhsa.gov/data/sites/default/files/2015_Montana_BHBarometer.pdf

Nearly half (45.6%) of patients reported having used drugs intravenously (IV). Patients from 18 to 40 years of age were more likely to have engaged in IV drug use than those 41 years and older.

Table 18: I have used a needle to inject a drug

	Admission (N=765)
Yes	45.6%
No	54.1%
Don't know	.2%
TOTAL	100.0%

Criminal Justice Involvement

Although most patients were not involved with the legal system prior to admission, some had been arrested for violating the law. Table 19 indicates the percentage of patients who had been in a controlled environment prior to admission.

Table 19: Have you been arrested in the past 12 months?

	Admission (n=763)
Yes	49.9%
No	50.0%
TOTAL	100.0%

Table 20: Have you been arrested since leaving Rimrock?

	6 Month (n=256)	12 Month (n=240)
Yes	5.0%	8.3%
No	94.9%	91.6%
TOTAL	100.0%	100.0%

*Some patients checked multiple controlled environments

At admission, 6 months, and at 12 months, patients were asked how many times they had been arrested and for what crimes they committed. Table 21 describes the number of arrest violations and the category of violation at admission to treatment and after treatment.

Table 21: If arrested in the last 12 months, what was it for?

	Admission (n=398)	6 Months (n=15)	12 Months (n=20)
Probation violation	26.1%	26.6%	0.0%
Drug related	32.1%	20.0%	35.0%
DUI	31.6%	26.6%	15.0%
Other	34.4%	26.6%	50.0%
TOTAL	100.0%	100.0%	100.0%

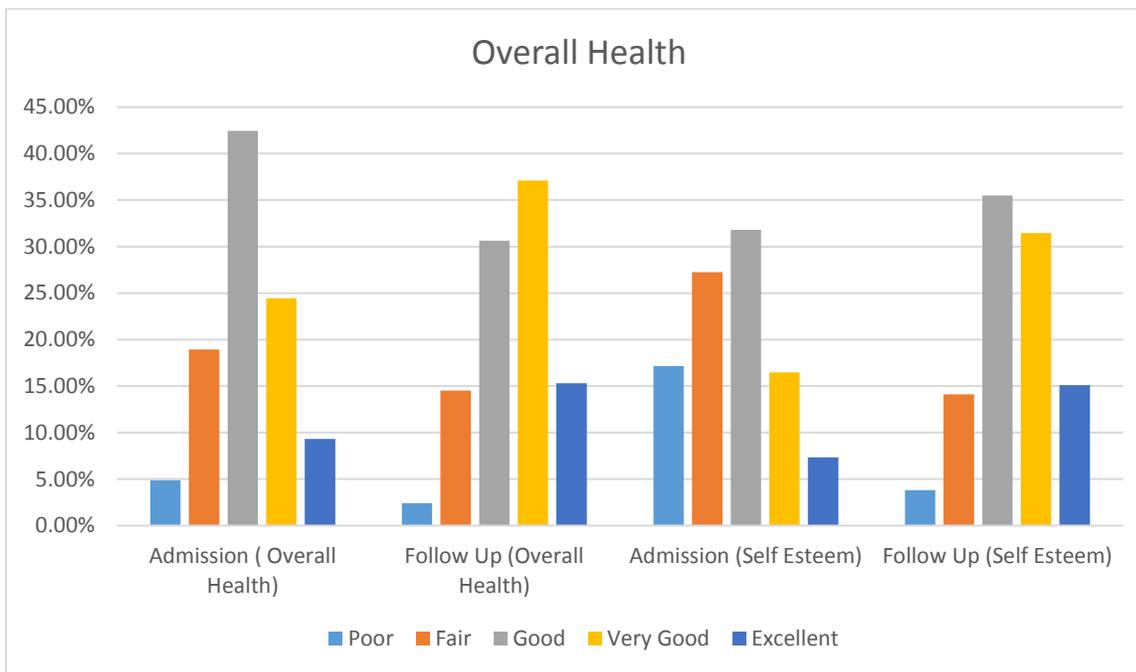
Well-being and Patient Satisfaction

Individuals in recovery felt they were generally healthy. Rimrock patients were asked to rate their health from poor to excellent. Nearly 5 percent (4.8 percent) of patients reported their health to be poor at admission. At 12 months, 52 percent of individuals reported their health to be very good or excellent. Table 22 summarizes individuals' perceptions of their health over time.

Table 22: Overall health – All programs

Admission (n=765)	Poor	Fair	Good	Very Good	Excellent	TOTAL
Overall Health	4.8%	18.9%	42.4%	24.4%	9.3%	100.0%
Self Esteem	17.1%	27.2%	31.8%	16.4%	7.3%	100.0%

Follow Up (n=496)	Poor	Fair	Good	Very Good	Excellent	TOTAL
Overall Health	2.4%	14.5%	30.6%	37.1%	15.3%	100.0%
Self Esteem	3.8%	14.1%	35.4%	31.4%	15.1%	100.0%



Patients were also asked if they had ever been diagnosed with specific mental health conditions. Table 23 describes the number of responses for each mental health condition listed. Depression and anxiety are the most prevalent diagnoses for patients at admission.

Table 23: Health conditions at admission as reported on the patient surveys* (n=436)

Health Conditions	
ADD	56
Anxiety	194
Bipolar	73
Borderline Personality	16
Depression	258
Insomnia	8
OCD	9
Panic Attack	10
PTSD	112
Schizophrenia	12
Other	19
None	41
TOTAL	808

*Most patients checked multiple conditions

For many individuals suffering from addiction, substance use may start with chronic physical and mental health problems. Patients were asked several questions regarding chronic physical and mental health problems. Those reporting chronic physical problems decreased by

10% at follow up and those reporting no chronic physical problems increased by 16.25% at 12 months. Tables 24 and 25 describe the percentages of patients who reported problems for the period of admission through 12 months.

Table 24: Chronic physical problems

	Admission (N=765)	6 Month (n=256)	12 Month (n=240)
Yes	28.4%	14.4%	18.4%
No	63.6%	84.7%	79.9%
Don't know	7.9%	.7%	1.6%
TOTAL	100.0%	100.0%	100.0%

Table 25: I have a mental health diagnosis

	Admission (N=765)	6 Month (n=256)	12 Month (n=240)
Yes	51.9%	14.8%	16.6%
No	40.5%	84.7%	82.5%
Don't know	7.5%	.3%	.8%
TOTAL	100.0%	100.0%	100.0%

Table 26: I have seriously considered/attempted suicide

	Admission (N=765)	6 Months (n=256)	12 Months (n=240)
Yes	30.0%	8.5%	4.5%
No	65.8%	90.6%	95.0%
Don't know	4.1%	.7%	.4%
TOTAL	100.0%	100.0%	100.0%

In 2018, Rimrock became a non-smoking facility and provided patients with smoking cessation assistance. Table 27 shows a decrease of 5% from admission to follow-up.

Table 27: I am a smoker

	Admission (N=765)	6 Month (n=256)	12 Month (n=240)
Yes	63.8%	58.2%	58.7%
No	34.9%	41.8%	41.2%
Don't know	1.2%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%

Relapse

Relapse is defined as a return to drinking or using drugs. The purpose of the Rimrock Continuing Care Program is to expand on the initial skills patients gain in primary treatment. Patients attend individual sessions with a licensed counselor once or twice each week to help develop coping skills that improve the likelihood of remaining abstinent. Patients are able to demonstrate skills and behaviors to address life problems without returning the use of mood-altering alcohol or drugs. The duration of the continuing care program depends on client need and can last from 3 to 12 months.

Patients were asked at 6 months and 12 months about their usage since being discharged from Rimrock. On the survey, patients were given the choice of no use since treatment, no use during the past month, or use during the past month. Table 28 describes the percentage of those who engaged in drug or alcohol use since treatment.

Table 28: Use since treatment - All programs

	6 Months (n=256)	12 Months (n=240)
No use since last treatment	66.0%	68.7%
No use during the past month	14.4%	15.0%
I have used during the past month	19.5%	16.2%
TOTAL	100.0%	100.0%

Patients were also asked if they considered themselves currently in relapse at the time of the survey. Approximately 13% of those surveyed at six months reported to be in relapse, which is approximately the same as in 2017. This number continued to drop at 12 months. Table 29 describes the percentages of those that responded.

Table 29: Percent currently in relapse - All programs

	6 Months (n=256)	12 Months (n=240)
Yes	12.8%	8.3%
No	87.1%	91.6%
TOTAL	100.0%	100.0%

Tables 30 through 36 compare relapse figures for IOP, Rimrock Inpatient, White Birch, Ada’s House, Cedar Way, and Silverleaf. Patients from Michel’s House skipped this question. True North data has not been added due to low response rate for the follow-up surveys.

Table 30: Percent currently in relapse – Intensive Outpatient Program

	6 Months (n=40)	12 Months (n=29)
Yes	7.5%	6.9%
No	92.5%	93.1%
TOTAL	100.0%	100.0%

Table 31: Percent currently in relapse – Rimrock Inpatient Program

	6 Months (n=88)	12 Months (n=98)
Yes	12.5%	8.1%
No	87.5%	91.8%
TOTAL	100.0%	100.0%

Table 32: Percent currently in relapse – White Birch Men’s Residential Program

	6 Months (n=52)	12 Months (n=44)
Yes	19.2%	11.3%
No	80.7%	88.6%
TOTAL	100.0%	100.0%

Table 33: Percent currently in relapse – Ada’s House Women’s Residential Program

	6 Months (n=14)	12 Months (n=17)
Yes	21.4%	17.6%
No	78.5%	82.3%
TOTAL	100.0%	100.0%

Table 34: Percent currently in relapse – Cedar Way Women’s Residential Program

	6 Months (n=19)	12 Months (n=12)
Yes	21.0%	16.6%
No	78.9%	83.3%
TOTAL	100.0%	100.0%

Table 35: Percent currently in relapse – Silverleaf

	6 Months (n=30)	12 Months (n=34)
Yes	3.3%	0.0%
No	96.6%	100.0%
TOTAL	100.0%	100.0%

Patients were asked how helpful Aftercare was for preventing relapse. At six months, 40 percent of patients felt the Aftercare program was extremely helpful or helpful. This figure increased slightly to 47.6 percent at 12 months. Regardless, it is promising to see a lower percentage of relapse at 12 months and may be an indicator that support for recovery, problem-solving skills, stress management, and motivation for 12-Step attendance from 6 to 12 months is working. In fact, over 60 percent (67.9 percent) of patients at six months were attending a support or maintenance program; and 64.1 percent were continuing to attend a support or maintenance program at 12 months. At admission, patients were also asked if they were attending any support or maintenance programs. More than last year, 40% of patients indicated they were attending a maintenance or support group. Table 37 describes the percentages of responses.

Table 37: Aftercare program in preventing relapse

	Extremely Helpful	Helpful	Undecided	Not that helpful	Did not attend aftercare	TOTAL
6 Months (n=254)	11.0%	28.7%	12.2%	7.8%	40.1%	100.0%
12 Months (n=237)	17.3%	30.3%	9.7%	4.2%	38.4%	100.0%

Satisfaction with Treatment

Table 38 summarizes satisfaction scores for treatment at Rimrock at six and twelve months. 80.8 percent of Rimrock patients rated Rimrock services as excellent or very good.

Table 38: How would you characterize the treatment services you received at Rimrock?

	Excellent	Very Good	Good	Fair	Poor
6 Months (n=256)	41.8%	31.6%	19.1%	4.6%	2.7%
12 Months (n=240)	47.5%	33.3%	13.3%	3.3%	2.5%

Overwhelmingly (94.1% percent), patients would recommend Rimrock to their friends and family for treatment. This figure was consistent at the 12-month follow-up survey.

Discharge Feedback Survey

At discharge, patients were given a survey regarding perceptions of their counselors and the treatment programs they received at Rimrock.

Patients were asked a series of questions regarding their treatment planning and the facilities. Table 39-42 summarizes the responses regarding perceptions of the various departments at Rimrock.

Table 39: Relationship with Counselor (Scale of 1-10)

Ada's House	10
Cedar Way	9
Elm House	10
Inpatient	9
Michel's House	10

Table 40: Goals and Topics (Scale of 1-10)

Ada's House	10
Cedar Way	10
Elm House	10
Inpatient	9
Michel's House	10
White Birch	9

Table 41: Approach or Method (Scale of 1-10)

Ada's House	10
Cedar Way	10
Elm House	10
Inpatient	9
Michel's House	10
White Birch	9

Table 42: Overall Experience (Scale of 1-10)

Ada's House	10
Cedar Way	9
Elm House	10
Inpatient	9
Michel's House	10
White Birch	9

APPENDICES

Appendix A: Effectiveness measures for individual programs

Table 43: Effectiveness measures - IOP

MEASURE	2018	2017
Admissions	330	284
Complete w/ staff approval	174	160
Unplanned discharge	100	60
Administrative Discharge	1	0
Incomplete w/ max benefit received	6	2
Incomplete	3	10
Therapeutic transfer	23	33

Table 44: Effectiveness measures - Rimrock Inpatient

MEASURE	2018	2017
Admissions	215	347
Complete w/ staff approval	147	249
Unplanned discharge	37	49
Administrative Discharge	5	11
Incomplete w/ max benefit received	3	0
Incomplete	1	1
Therapeutic transfer	9	25

Table 45: Effectiveness measures for Rimrock Day Treatment

MEASURE	2018	2017
Admissions	155	60
Complete w/ staff approval	68	35
Unplanned discharge	38	9
Administrative Discharge	22	0
Incomplete w/ max benefit received	0	0
Incomplete	1	1
Therapeutic transfer	11	10

Table 46: Effectiveness measures - White Birch

MEASURE	2018	2017
Admissions	265	221
Complete w/ staff approval	163	121
Unplanned discharge	59	56
Administrative Discharge	22	26
Incomplete w/ max benefit received	6	0
Incomplete	1	0
Therapeutic transfer	4	13

Table 47: Effectiveness measures for Ada's House

*Note that Ada's House closed in May, 2018 due to low staffing levels. The program re-opened in February 2019.

MEASURE	2018	2017
Admissions	38	93
Complete w/ staff approval	23	36
Unplanned discharge	11	33
Administrative Discharge	3	14
Incomplete w/ max benefit received	0	0
Incomplete	1	0
Therapeutic transfer	2	6

Table 48: Effectiveness measures for Cedar Way

MEASURE	2018	2017
Admissions	117	102
Complete w/ staff approval	77	41
Unplanned discharge	21	34
Administrative Discharge	9	14
Incomplete w/ max benefit received	1	1
Incomplete	0	0
Therapeutic transfer	5	4

Table 49: Effectiveness measures for Michel's House

MEASURE	2018	2017
Admissions	11	7
Complete w/ staff approval	5	3
Unplanned discharge	4	0
Administrative Discharge	2	1
Incomplete w/ max benefit received	0	1
Incomplete	1	0
Therapeutic transfer	0	1

Table 50: Effectiveness measures for Elm House

MEASURE	2018	2017
Admissions	41	N/A
Complete w/ staff approval	17	N/A
Unplanned discharge	17	N/A
Administrative Discharge	5	N/A
Incomplete w/ max benefit received	0	N/A
Incomplete	0	N/A
Therapeutic transfer	1	N/A

*Elm House opened in January and closed in April due to Medicaid changes

Table 51: Effectiveness measures for Willow Way

*Willow Way was opened in June 2018

MEASURE	2018	2017
Admissions	15	N/A
Complete w/ staff approval	0	N/A
Unplanned discharge	4	N/A
Administrative Discharge	4	N/A
Incomplete w/ max benefit received	0	N/A
Incomplete	0	N/A
Therapeutic transfer	1	N/A

Table 52: Effectiveness measures for Silverleaf IOP

MEASURE	2018	2017
Admissions	97	143
Complete w/ staff approval	57	86
Unplanned discharge	4	12
Administrative Discharge	0	1
Incomplete w/ max benefit received	3	2
Incomplete	3	7
Therapeutic transfer	6	8

Table 53: Effectiveness measures for Silverleaf Day Treatment

MEASURE	2018	2017
Admissions	38	32
Complete w/ staff approval	23	23
Unplanned discharge	1	7
Administrative Discharge	1	0
Incomplete w/ max benefit received	0	0
Incomplete	3	1
Therapeutic transfer	3	3

**COMMUNITY HOUSING
MICHEL'S HOUSE AND WILLOW WAY
PROGRAM PHILOSOPHY**

Rimrock operates this special treatment project for drug-addicted women with dependent children under the age of twelve.

The general mission of Rimrock guides the development of the program and, accordingly, the program reflects Rimrock's commitment to serving families. We believe that if we are able to intervene and arrest the drug addiction of a mother, we are also practicing a measure of prevention; prevention of child abuse and neglect, of poverty, and of future drug addiction in children.

Substance use disorder and process addictions are rarely produced by one factor alone. Generally, addiction and the related maladaptive behaviors are the result of an interaction of multiple factors in combination with psychoactive substance use. Because of its multiple causation and the resulting impairment of nearly every aspect of the person, we believe that biopsychosocial evaluation and treatment are essential to quality abstinence-based recovery.

It is clear that substance use disorders and process addictions is a brain disease and that once the brain has adapted to psychoactive substances, the patient cannot resume use of psychoactive substances whether controlled or not without re-activating the addictive cycle. Therefore, our program advocates abstinence from mood altering substances and endorses the principles of twelve step programs and the peer support for abstinence they represent.

Rimrock has a long history of providing integrated, concurrent dual diagnosis care for patients whose substance use disorder or process addictions is compounded by the presence of a mental disorder. We believe we have set the standard for this type of care and our interdisciplinary treatment team includes a broad range of disciplines inclusive of psychiatry. These services are available to the residents of Michel's House and Willow Way.

PROGRAM DESCRIPTION

Michel's House is a comfortable, multiplex apartment complex consisting of three large two-bedroom units of 1,200 square feet, which comfortably houses two moms and their children. Willow Way is a beautiful residential home with adequate space for mothers and their children. The units are fully furnished and equipped. In addition to parenting skills, moms are helped to care for their units and, if necessary, receive coaching in cleaning along with assistance in meal planning, etc. Roommate moms take turns planning and preparing meals and are encouraged to nurture one another's steps toward self-improvement and recovery. The setting is designed to facilitate the patient's re-entry into real life living. Moms share in weekly chores necessary to caring for any home, such as yard work, etc. Onsite laundry facilities, a fenced yard, and other amenities, add to the convenience and family friendliness of the environment.

PROGRAM STAFFING

These programs are staffed with Rehabilitation Technicians and a case manager assigned to each house. The Rehabilitation Technicians are responsible for safety and security of the facility. They are available in the evenings to augment the work of the Case Managers, as needed.

The Case Managers are responsible for residents from screening/intake through discharge. It is a key function of the Case Managers to assure that residents receive all of the services identified on their individual plans. Case Managers also assist moms in getting to medical appointments, grocery shopping and provide transportation services.

Transportation is also provided to the families by Rimrock staff.

A licensed counselor and member of the Professional Staff at Rimrock functions as the Clinical Program Supervisor for Willow Way and Michel's House residents, assuring all mental therapy and treatment services are provided according to the needs identified in the resident's initial and ongoing assessments.

PHASE I INTENSIVE ADDICTION TREATMENT

The goal of this phase of the program is to provide intensive addiction treatment according to an individually tailored treatment plan with a variable length of stay based upon the patient's needs. To achieve this goal, Rimrock's partial hospitalization program is accessed by program participants for as long as is necessary to achieve the skills needed to support initial abstinence at a less intensive level of care. During this period, children are cared for in public funded daycare and supplemental childcare during evenings when moms are attending treatment-related meetings, such as 12-Step meetings. While the intensity of partial hospitalization services may vary dependent upon patient needs, generally moms will participate for at least seven hours a day.

In addition to groups and individual sessions to address chemical dependency and mental health concerns while in Phase I, patients participate in Love and Logic Parenting Classes, Life Skills classes and domestic violence classes.

THERAPEUTIC MODALITIES

Admissions Department

Licensed Addiction Counselors, Licensed Mental Health Counselors and Rimrock's psychiatrist, supervised by the Chief Operating Officer and Clinical Supervisor, staff this service and provide screening and placement services to patients seeking admission to Rimrock's Inpatient, Partial Hospitalization and Residential Programs. The Clinical Supervisor determines appropriateness for admission to the program and initially screens any patient seeking admission, who has not had an outpatient diagnostic evaluation.

1. Bio-Psycho-Social Assessment

a. Medical Assessment

Montana licensed physicians or midlevel providers conduct a comprehensive medical assessment and physical examination of each patient admitted, in the Medical Unit of Rimrock, within 24 hours of the patient's admission.

The patient receives primary medical care for problems associated with the addiction and other healthcare problems as they may affect the patient's ability to achieve treatment objectives and an abstinence-based recovery plan.

Licensed to practice medicine in the State of Montana. Physicians and midlevel providers authorize all medical services.

b. Nursing Care

Nursing care is provided to inpatient and day treatment patients by Registered Nurses and Licensed Practical Nurses, 24 hours a day, 7 days a week at Rimrock.

Nursing staff are responsible for providing a comprehensive nursing assessment of the patient, initiating laboratory tests, and developing the nursing care plans in conjunction with the physician. Medical findings and nursing care plans are shared in the patient's multi-disciplinary treatment planning conference by the Nursing Supervisor, to assure the health needs of the patient are identified and appropriately addressed.

c. Social Assessment

The patient's primary counselor, or assigned admissions counselor, both certified addiction counselors, conduct an in depth clinical and use/abuse history on each patient. The counselor and patient collaborate on the development of a treatment plan after identifying the clinical needs of the patient.

d. Psychological Assessment

A psychological test battery and screening is provided each admitted patient under the supervision of the staff psychiatrist. This assessment is conducted for chemically dependent patients, ten days following admission, to assure the patient is chemically-free and results are valid. Special attention is given the cognitive status of patients and the Halstead-Reitan screening system may be used if cognitive impairment is suspected.

The Millon, Shipley-Hartford, and a reading screen are given each patient at Rimrock based upon the individual needs and assessment of the patient.

2. Diagnostic Process

Each patient begins treatment by providing narrative histories. The Life Events, Ingestion/Abuse History and Diagnostic Checklists are essential tools through which the patient comes to understand the essential nature of his/her addiction. These tools are used within the treatment program and the group therapy process to assist the resident in identifying how she is manifesting the pathology of addiction.

Each patient undertakes the development of a defense list during her program. The defense list exercise is designed as a graphic medium to assist patients in understanding how their defenses have served to maintain their pathological relationship to mood altering substances or experiences.

This individualized diagnostic process is supervised by the patient's primary therapist, a licensed addiction counselor/licensed mental health counselor.

3. Group Therapy

Each patient participates in peer group therapy sessions at least one time daily, five days a week of the treatment stay, facilitated by the patient's primary therapist, who is assigned upon the patient's admission. Primary therapists are licensed addiction counselors or licensed mental health counselors.

It is recognized that group therapy is the most effective modality for the treatment of addictions and the hours assigned it throughout the week emphasize it as the primary modality at Rimrock.

4. Individual Therapy

The primary therapist provides individual therapy sessions and treatment plan update sessions with assigned patients at least weekly or more often dependent upon the patient's treatment plan and the issues which are surfacing during the treatment process.

5. Recreation/Leisure Education Program

An extensive program of professionally directed therapeutic activities are provided in three structured sessions weekly, designed to assist the patient in exploring the use of leisure time and identifying healthy, need meeting leisure activities.

It is the philosophy of Rimrock that the activities program must approximate the real world and life situation of each patient. Therefore, patients and peer support staff are actively involved in planning the activities and given numerous choices each week in which to participate.

Rimrock owned vans are used to transport patients to community-based activities such as bowling, museums, hiking, golf, etc. These activities are family oriented as the child(ren) also participate.

Daily exercise times and the opportunity to play, using recreational equipment is provided patients. These activity periods are planned to provide patients the opportunity to

experience the out-of-doors, to engage in group play such as baseball, volleyball, etc., and to assist in reducing the stress of treatment.

The activities program at Rimrock is conducted according to the Written Plan for Activities/Leisure Education by the Chief Operations Officer and support team.

6. Twelve Step Program

Rimrock believes that the Twelve Steps and Twelve Step programs afford the most optimum support group for recovering addicts.

Patients are introduced, while in treatment, to the steps of AA and NA by attending community-based meetings at least twice each week throughout the treatment stay.

7. Family Therapy

In addition to the multiple family group therapy sessions provided through the family program, individual family therapy sessions may be conducted by Rimrock Licensed Clinical Social Worker, according to the patient's treatment plan and identified clinical needs.

The goal of multiple family group and individual family therapy sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying intra-familial relationships. Particular attention is paid in these sessions to behaviors and interactions which were developed to cope with the addiction in the household.

8. Medication Group

Patients are educated on any medications they have been prescribed by the prescribing provider. Registered nurses follow-up with the patient within 24 hours and offer written information to the client for all medications.

9. Educational Lectures/Films

Patients participate in educational lectures and films throughout the week. Lectures are designed to acquaint the patient with the pathology of addiction and how she may be manifesting that pathology. A series of Family day lectures provides participants with an understanding of addiction as a family experience.

Each addiction treated at Rimrock is explored in lectures and films to assure the understanding of all patients, regardless of their particular addiction problem. Since the universal pathology is emphasized, patients can readily understand each other's addictions and interact therapeutically in the group therapy process.

10. Patient Care Monitoring

The patient care monitoring program at Rimrock serves as an opportunity to review all patients currently in treatment. The PCM team is comprised of the Psychiatrist, Advanced Registered Nurse Practitioner, Nurse, Director of the program, and the patient's primary

Therapist. The treatment plan and all services provided these patients is developed and monitored weekly by this team.

11. Interdisciplinary Collaboration

Essential to the provision of quality care, are timely conferences for collaboration among the multi-disciplinary treatment team members.

Each weekday morning, the inpatient and partial hospitalization treatment team meet to review incidents, behavioral observations of the Medical and RT staff, any care-related problems and for the presentation of new patients. These sessions are under the direction of the Manager of Inpatient and include the therapists, nursing supervisor, psychiatrist, case manager, admissions staff and, as appropriate, physicians.

Every 14 days, a treatment team case review is conducted in which the Clinical Supervisor, Primary Counselor, case manager and other team members collaborate to review the treatment plan and identify any areas needing additional support.

12. Family Week Program

A week-long Family Program is provided members of patient's families during the patient's stay. Educational lectures, films, group therapy and conjoint group therapy are used to assist family members in identifying the addiction pathology within their families and to develop continuing care recommendations and services for family members. Patients may have as many family sessions as are needed.

13. Parenting Skills Training

Rimrock uses the Nurturing Parenting curriculum to work with mothers in all phases of the program. Parenting skills are a focus of this program throughout the patient's stay, and weekly parenting sessions are held for all moms. Modeling, prompting and teaching are all done by staff to assist moms in developing their parenting skills.

Moms also engage in Parent/Child Interaction Therapy (PCIT) as indicated by individual needs to enhance the bond and interaction of the mom with child.

14. Spiritual Issues

These weekly sessions are an opportunity for patients to explore the meaning of spirituality in their lives and the role it can play in their recovery process. In addition, there is also a monthly group about Forgiveness as well as one about Fear and Resentment. These sessions are designed to teach each patient about the process of forgiveness, how to accomplish forgiveness and the benefit of doing so. We know that relapse is highly correlated with negative thinking and resentments. The ability to forgive oneself and others is considered integral to abstinence-based recovery.

15. Dialectical Behavioral Therapy

DBT provides the residents with the skills and strategies to use in day-to-day life and enhance recovery. Participants will learn principles of core mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation.

16. Cultural Programs

Native American residents are involved in Sweats as requested and encouraged in other traditional practices, such as smudging, to augment their early recovery. Native American residents also have the option of working through the Native American recovery journal which is based on the Medicine Wheel.

17. Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's health and human service needs. Through advocacy, communication and resource management, Rimrock Case Managers promote quality and cost-effective interventions for clients in need of case management services. Specific services include housing, educational, vocational, transportation, child care, budgeting, and other individually identified areas.

18. Treatment Planning

Residents participate each month in treatment planning sessions led by their primary counselor and which includes the Case Manager. These sessions are designed to review the progress on individual treatment plan goals and set new goals.

Residents also participate in a weekly resident planning session, led by the clinical supervisor. New strengths are identified and form the basis for the next version of the resident's treatment plan.

Discharge criteria from the program include completion of the treatment objectives identified on the individualized treatment plan, job placement/furthering vocational goals, and active demonstration by the patient that she is working a personal abstinence-based recovery program, and is committed to the necessary skills to continue this process outside of the structure of Michel's House and Willow Way. Patient will complete a personal goal worksheet with her counselor and present it to the treatment team.

LIFE SKILLS

1. Nutrition Services

A 13-week, 2-hour per session class is conducted at both Willow Way and Michel's House for residents by Family Intervention Nutritionists which focuses on:

- Shopping for healthy foods
- Buying on a budget
- Food preparation and handling
- Menus and daily meal planning

2. Budgeting

The case manager aids the clients in budgeting, credit and banking practices, and how to save money.

3. Job Search/Interview Skills

A professional provides this session on resumes and how to interview for job. The Montana Job Service Agency provides resume' building services to residents as needed.

4. Education/Vocational Training

All residents in Phase II participate in the District II Adult Education Program at Lincoln Center according to client need of obtaining the Hi-Set diploma. Each resident is evaluated for educational deficiencies and strengths and for job preferences. Based upon this vocational assessment, an individual education/training plan is developed for implementation by the resident. Residents are expected to obtain a Hi-Set in this program, at a minimum, if they have not graduated from high school.

5. Dress for Success Program

Residents are provided the resources of this community-based program, which provides grooming assistance and professional clothing for job interviews.

6. Family and Domestic Violence Prevention

This 1-hour group session is conducted weekly for residents at Rimrock and is designed to assist the women in identifying patterns of violence, battering and victimization skills to avoid violence. Establishing healthy boundaries as well as therapy are the focus of this group.

Phase I Transition Criteria:

Intensive Addiction Treatment

1. Resident has progressed on the objectives of her master clinical treatment plan.
2. Resident is in preparation stage of change.
3. Resident requires less than twelve hours a week of therapy services to maintain her abstinence-based recovery plan.

PHASE II LIFE SKILLS and GOAL SETTING

The goal of Phase II of the Michel's House/Willow Way program is to support the early recovery process and promote personal and financial independence and autonomy.

Moms are ready for Phase II of the program once they have met the objectives of their intensive treatment plan developed in Phase I. This generally means that the patient is determined to be able to enter a less intensive level of care (outpatient), or to require less than twelve hours a week of partial hospitalization care, and have gained sufficient skills so as to be able to avoid relapse while implementing a continuing care plan.

The care plan that is developed for Phase II consists of a minimum of nine hours of treatment per day focused on applying recovery skills and working toward identified personal educational and/or vocational goals. Additionally, moms are expected to continue parenting sessions and participating in the Life Skills portion of the program.

Phase II Transition Criteria:

Life Skills and Goal Setting

1. Resident has progress on the objectives of master clinical treatment plan.
2. Resident has progressed on the objectives on her case management plan.
3. Resident is in 'action' stage of change.
4. Resident has completed personal goal worksheet and presented to treatment team.
5. Resident has a plan in place to begin pursuing an educational or vocational program.

OR

6. Resident has obtained employment which will support an independent lifestyle.

PHASE III RELAPSE PREVENTION AND CONTINUING CARE

Moms are ready for Phase III of the program once they have met the objectives of their intensive treatment plan developed in Phase II. This generally means that the patient has demonstrated that she is working a personal abstinence-based recovery program and is committed to the necessary skills to continue this process. Phase III consists of four hours a week of organized patient care.

Additional ancillary groups will continue to be offered as deemed necessary. Patients in Phase III will continue working on educational goals or begin employment at an approved establishment.

Prior to completion of Willow Way or Michel's House, the patient will complete and present a Relapse Prevention Plan. In addition to addressing the patient's plan to avoid returning to substance use, the Relapse Prevention plan will include aspects such as schedule for the house, education plan for the children, daycare plans, reunification goals for children outside of parental custody, children discipline plan, overall house expectations and goals for continued nurturing.

Phase III Discharge Criteria:

1. Resident has completed all objectives of treatment plan.
2. Resident has completed a relapse prevention and parenting plan and presented to the

treatment team.

3. Resident has completed all parenting classes and a full life skills curriculum.
4. Resident is in action/maintenance stage of change.
5. Resident is established in an education or vocational program and is progressively achieving her goals.
6. Resident has secured safe and sober housing for her and her children.

GOALS AND OBJECTIVES

Goals:

To provide a residential, family-friendly setting in which to deliver long-term addiction treatment and comprehensive life skills and supportive services to women and their dependent children.

Objectives:

1. To assure an adequate length of stay for each resident with a six month minimum stay.
2. To assure the resident completes all of the objectives of her treatment plan deemed essential to abstinence-based recovery.
3. To assist the resident in achieving the educational objectives necessary to independent living.
4. To assist the resident in gaining employment that mitigates poverty and enhances independence and autonomy.

Admission Criteria:

1. Must be female over the age of 18.
2. Must have children related to her under her care.
3. Must have a substance use disorder.
4. Must meet ASAM criteria for Level II.5 care, at a minimum.
5. Must be eligible for TANF and Medicaid funding.
6. Must be willing to abstain from intimate relationships for the duration of her stay.
7. Must be willing to remain in the program for 6-12 months.

Transfer/Discharge Criteria:

1. The patient has achieved the goals articulated in her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
2. The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engaging in services at the current level of care.
3. The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit her ability to resolve her problems.
4. The patient has experienced an intensification of her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

COURT TREATMENT/SILVERLEAF WRITTEN PLAN

PROGRAM PHILOSOPHY

There are six Billings Adult Treatment Courts served at Silverleaf Center for offenders aged 18 or older who reside in Billings or Yellowstone County and who have been charged with an offense that is related to addiction to mood-altering substances.

The philosophy guiding the treatment services to the Adult Treatment Courts is represented in the Ten Key Components for Drug Courts and 10 Guiding Principles for DUI Courts published by the Department of Justice. The goals of the treatment court are to utilize a treatment team consisting of the Judge, Prosecutor, Public Defender, Law Enforcement Officer[s], Treatment Court Coordinator, Probation Officers and Rimrock treatment providers to integrate treatment for addiction with criminal justice case processing using a non-adversarial approach to provide an effective diversion program for Billings and Yellowstone County. Offenders who elect to participate in these courts have access to all treatment services free of charge and receive case management services to assist them in accessing needed community services. Treatment services are provided by Rimrock, and case management services are provided by Rimrock or by the court.

Any offender with court jurisdiction of at least one year may be eligible for a Treatment Court. Participation in these courts is afforded all such offenders regardless of ability to pay for treatment services. Participants receive an extensive orientation to the program from the Treatment Court Coordinator and the Public Defender to assure participants understanding of the on-going judicial interactions, expectations and limits of confidentiality.

Evaluation of the treatment courts is conducted and results are used to improve the services. Probation services are provided as well as drug and alcohol screening and monitoring services.

A system of rewards as well as sanctions has been designed to help participants progress through the program. Random drug screening is an integral part of the Treatment Court.

Addictive disorders are rarely produced by one factor alone. Generally, substance use disorders and process addictions and the related maladaptive behaviors are the result of an interaction of multiple factors in combination with psychoactive substance use. Because of its multiple causation and the resulting impairment of nearly every aspect of the person, we believe that biopsychosocial evaluation and treatment are essential to quality abstinence-based recovery.

It is clear that substance use disorders and process addictions are also a brain disease and that once the brain has adapted to psychoactive substances, the patient cannot resume use of psychoactive substances whether controlled or not without re-activating the addictive cycle. Therefore, our program advocates abstinence from mood altering substances and endorses the principles of self-help programs and the peer support for abstinence they represent.

Rimrock has a long history of providing integrated, concurrent dual diagnosis care for patients whose addictive illness is compounded by the presence of a mental disorder. We believe we have

set the standard for this type of care and our interdisciplinary treatment team includes a broad range of disciplines inclusive of psychiatry. Patients may access these services and have their psychiatric disorder monitored by Rimrock's psychiatric staff throughout their stay in Treatment Court.

PROGRAM DESCRIPTION

Biopsychosocial Evaluation

Patients are required to have a biopsychosocial evaluation at the time of admission to the treatment program, which is conducted by the assessment staff at Silverleaf Center of Rimrock. This evaluation will include medical questions to determine if any medical problems exist and a referral to a primary care provider if needed. It shall also determine whether a physical health examination should be conducted and the patient may be referred for this service. This information is documented in the patient record.

A criminal history is gathered by the Treatment Court Coordinator as part of the initial screening to assure the appropriate placement of the offender into Treatment Court. This information is shared with the team.

Psychoeducation

Counselors facilitate educational sessions through the use of video presentations and lectures focusing on assisting patients in identifying their patterns and symptoms of addictive illness. Patients are also assisted in working with their Recovery Journals as part of the psycho educational program.

Interdisciplinary Collaboration

Essential to the provision of quality care, are timely conferences for collaboration among the multi-disciplinary treatment team members.

The Discharge Planning conference, occurring at least two weeks prior to the patient's discharge, is another collaborative session of the treatment team. This team reviews patient status and continuing care plans. The primary counselor then reviews with the patient.

Group Therapy

The primary modality of the Treatment Court Treatment Programs is group therapy. Group therapy is conducted by licensed counselors for a minimum of 2 hours each session.

Individual Therapy

Individual sessions are held with the patient weekly, depending upon the level of care, for the purpose of reviewing the treatment plan, evaluating progress, clarifying therapeutic task assignments and assisting with any special issues the patient may have.

Case Management Services

The case management services are provided by the Treatment Court Case Manager or Silverleaf Case Manager. Treatment Court patients are able to access assistance from Case Managers either through self-referral or a referral from the primary therapist or treatment court team. The main

emphasis of case management is to assist clients in gaining access to education and/or employment and safe, affordable housing. Budgeting and financial planning are other important and frequently provided services from the Case Managers. Utilization of a wide range of community resources is facilitated for Treatment Court participants by Case Managers.

Love and Logic Parenting

A counselor at Silverleaf conducts a parenting program of six weeks duration. Rimrock uses the Love and Logic curriculum. Parenting skills are a focus of this program throughout the patient's stay, and weekly parenting sessions are held for all clients. Modeling, prompting and teaching are all done by staff to assist parents in developing their parenting skills.

Living in Balance

The Living in Balance Program is developed by Hazelden and promotes clients development in life areas that will assist clients in developing a stable home environment following treatment. Topics addressed are resume writing, apartment search, interview skills, balancing a budget, grocery shopping, developing educational goals and plans, communicating effectively and others as identified by patients and facilitator.

Human Sexuality Series

This evidence-based series is published by the Texas Christian University for a gender-specific series that is intended to provide information and education on topics related to human sexuality. This is a 6 week ancillary course which is 2 hours per session and are provided in gender-specific groups. Additionally, these sessions are used to survey and identify infectious diseases in this population who may be referred for health services for sexually transmitted diseases, HIV and/or HEP C screening. The results of the survey are used by Rimrock's Quality Improvement Committee to identify trends and appropriate educational needs of patients. This series is conducted by a licensed counselor with training in this curriculum. Nursing staff assist in areas requiring medical personnel.

Dialectical Behavioral Therapy

DBT provides the residents with the skills and strategies to use in day-to-day life and enhance recovery. Participants will learn principles of core mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation.

Seeking Safety

This best-practice curriculum is designed to address trauma and post-traumatic stress symptoms that may be interfering with client functioning on a daily basis. Treatment Court clients are referred to this program based upon their biopsychosocial assessment, criminal history and collateral data indicating they have experienced significant trauma. Both a pre-and post-test are conducted to gauge the effectiveness of the program in reducing trauma related symptoms. This program is facilitated by Rimrock staff who have completed training and supervision specific to Seeking Safety.

Thinking Errors Curriculum

This is a cognitive-behavioral therapy curriculum that is instructed by a licensed counselor or other qualified, trained staff and is offered based upon referral for clients who have severe anti-social attitudes and behaviors which are not sufficiently addressed in the daily therapy groups. The focus of this group is to look at underlying beliefs that cause thinking errors and poor behavior.

Co-Occurring Treatment

Clients who evidence symptoms of psychiatric illness are referred by their therapist to Rimrock's psychiatric staff or an outside community provider for evaluation and treatment as needed which includes medications. Counselors assist the client in accessing medication assistance programs as needed.

Family Program

Family members attend 4-5 three-hour sessions with intensive outpatients. The goal of these sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying intra-familial relationships. Particular attention is paid to behaviors and interactions which were developed to cope with the addiction in the household. Intensive Day Treatment patients' families attend the monthly Family Week Program held for all Rimrock Inpatient and Residential patients.

Continuing Care Program

Intensive Outpatient participants are re-evaluated in the last week of their treatment stay and a continuing care plan is jointly formulated.

Relapse Prevention

Under the direction of a Licensed Addiction Counselor, this program operates 2 hours each week and is open to patients who have completed a treatment program and are at high risk for relapse, or patients who may have relapsed and recognize their need for relapse prevention skill-building. Patients, ages 18 and older, may access this program.

GOALS AND OBJECTIVES

Goals:

To provide a minimum of three months of skilled treatment services each week to patients with addictive disorders, whose living environments are sufficiently stable that they do not impair the individual's ability to address his/her addictive illness in an outpatient setting.

Objectives:

1. To minimize early-unplanned discharges and maintain treatment engagement so as to optimize the recovery process for the patient.

2. To assure that a maximum number of patients achieve the objectives on their individual treatment plans.
3. To assure an adequate length of stay for the patient which in and of itself optimizes the recovery process. [minimum 3 months]
4. To optimize the involvement and recovery of the family by assuring that patients have a family member attending the program.

To provide case management services to assist patients in accessing needed support services.

Admission Criteria:

Patients referred to this program must meet diagnostic criteria for substance use disorder and/or pathological gambling and the Patient Placement Criteria for Substance Use Disorders published by the American Society of Addiction Medicine for level 2.5 or 3.1 care.

Discharge Criteria:

Discharge planning and review of appropriateness for discharge occurs during the last 2 weeks of the patient's treatment stay. The following criteria must be met for discharge:

1. The patient has achieved the appropriate Stage of Change on all designated treatment objectives.
2. The patient has presented his/her relapse prevention plan to the Treatment Court Team and it has been approved.
3. The patient has successfully completed all adjunctive modalities and services he/she has been referred to.

Discharge Report:

A discharge report is prepared upon discharge for all Treatment Court participants.

Transition Criteria:

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
2. The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engaging in services at the current level of care.
3. The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problems.
4. The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

True North Project Men and Women

PROGRAM PHILOSOPHY

Rimrock operates this special treatment project as a diversionary program. Through this program, we expect to reduce the recidivism that commonly occurs in clients who are incarcerated for drug-related offenses through intensive, long-term interdisciplinary treatment and case management. Generally, it has been found that clients resist resuming mood altering substances for six hours following their release from incarceration.

It is also well established that quality, intensive treatment of sufficient duration when offered in conjunction with case management that attends to the development of life skills, can reduce recidivism and many days of incarceration. This, is the overarching goal of this special diversion program.

Substance use disorders and process addictions are rarely produced by one factor alone. Generally, substance use disorders and process addictions and the related maladaptive behaviors are the result of an interaction of multiple factors in combination with psychoactive substance use. Because of its multiple causation and the resulting impairment of nearly every aspect of the person, we believe that biopsychosocial evaluation and treatment are essential to quality abstinence-based recovery.

It is clear that substance use disorders and process addictions are brain diseases and that once the brain has adapted to psychoactive substances, the patient cannot resume use of psychoactive substances whether controlled or not without re-activating the addictive cycle. Therefore, our program advocates abstinence from mood altering substances and endorses the principles of twelve step programs and the peer support for abstinence they represent.

Rimrock pioneered integrated, concurrent dual diagnosis care for patients whose substance use disorder and process addiction is compounded by the presence of a mental disorder. We believe we have set the standard for this type of care and our interdisciplinary treatment team includes a broad range of disciplines inclusive of psychiatry. These services are available to this project as well.

PROGRAM DESCRIPTION

Men will reside in the True North house, while women will live in Rimrock's main facility. The True North house is set in a residential neighborhood and accommodates eight participants. These participants will engage in all treatment programming and many ancillary services at the house. The residence is fully furnished, however residents are responsible for providing food. There is a \$5 per day program fee that will be paid in increments throughout the three month program.

The women live in a secure area of Rimrock's main facility and participate in programming specially designed to meet their unique needs. As the participants transition through phases, they will be able to come and go from the facility as their work schedule and meeting schedule requires. The women also pay a \$5.00 per day fee to participate in this program.

In addition to chemical dependency services, participants of the program are able to take advantage of parenting classes, family therapy, life skills training, domestic violence groups, DBT group, Seeking Safety group, Thinking Errors group, and other ancillary programs. As the participants progress in treatment, they are eligible to earn privileges, such as day passes with supportive persons and are encouraged to obtain employment or pursue educational goals.

PROGRAM STAFFING

True North is staffed with three Rehabilitation Technicians and one full time case manager. The Rehabilitation Technicians are responsible for safety and security of the facility. They are available in the evenings to augment the work of the Case Manager as needed.

The Case Manager is responsible for residents from screening/intake through discharge. It is a key function of the Case Manager to assure that residents receive all of the services identified on their individual plans.

Transportation is provided to residents by the Rehabilitation Technicians and Case Manager. Bicycles are available for check out in approved situations.

A licensed counselor, medical professionals, and psychiatrist comprise the primary clinical team for residents in the True North Project. These staff are responsible for ensuring that all co-occurring concerns are identified and effectively treated throughout the treatment stay.

A licensed counselor and member of the Professional Staff at Rimrock functions as the Clinical Program Supervisor for True North residents, assuring all mental health therapy and treatment services are provided according to the needs identified in the residents initial and ongoing assessments.

PROGRAM OUTLINE

While at True North, clients will transition through four phases over approximately eight months of varying levels of programming.

Phase 1 is intended to provide intensive addiction treatment according to an individually tailored treatment plan with a variable length of stay based upon the client's needs. To achieve this goal, clients will engage in an intensive Residential Treatment setting for as long as is necessary to achieve the skills needed to support initial abstinence at a less intensive level of care.

Phase 2 continues to provide the same high level of treatment services and ongoing case management services as needed. During this Phase, clients will be able to begin job searching with their case manager. They will be expected to participate in treatment at the same level as phase one until they have obtained employment. Clients will continue to be engaged in identified ancillary programs, such as DBT, Thinking Errors group, and life skills training as determined by their individual treatment plans.

Phase 3 is designed is the Life Development Phase and designed to assist in a smooth transition out of True North and into safe and sober housing. Clients are able to decrease their treatment to 12 hours per week, while increasing employment hours and/or time spent working toward educational goals. In this phase, they are eligible to take weekend day passes with supportive friends and family as approved by the treatment team.

Clients are ready to transition to a lower level of care when they have completed treatment plan objectives, have secured housing, are employed or working toward ongoing education, and have satisfied the treatment cost requirements.

Phase 4 allows for the client to transition into a living environment outside of the True North home or Rimrock Main Facility while continuing to participate in ongoing treatment services. They will remain in Phase 4 through the remainder of the program and will be expected to maintain employment, housing, and treatment obligations. Clients will continue to have access and support from the case manager and treatment staff if any ongoing needs arise. The following treatment components comprise both our adult and adolescent programs.

THERAPEUTIC MODALITIES

1. **Bio-Psychosocial Assessment**

a. **Admission and Medical Screening**

Licensed counselors provide screening, and the biopsychosocial evaluation to clients referred to the project at the detention facility or the program's satellite offices prior to admission into the program. The evaluation includes a medical screening and appropriate referrals are made.

b. **Psychological Evaluation**

The psychological evaluation consists of a battery of psychological instruments including but not limited to:

- A Shipley Hartford Screen to evaluate cognitive functioning
- RNR
- The Millon Clinical Inventory
- IORNS
- UNCOPE
- South Oaks Gambling Screen
- Beck Depression Inventory

Based upon the findings on these instruments, or any identification by the intake worker of symptoms of co-occurring disorders, the clients may be referred to a Rimrock physician for further evaluation.

c. **Social Assessment**

The client's social assessment will include a substance use history and the application of screening instruments to ascertain the presence of a substance use diagnosis of dependence upon mood altering substances. A gambling history will also be done on each candidate to identify any co-occurring addiction to gambling. A childhood history, family constellation, relationship history, and school history will be taken together with a marital history and current family system histories. The spiritual orientation, strengths, employment and legal histories are also identified and evaluated and a diagnostic summary prepared which integrates the findings from each element of the assessment and identifies the clinical needs of the clients. This master problem or needs list, developed by the intake counselor, guides the treatment planning process.

2. **Diagnostic Process**

Each patient begins treatment by undertaking narrative histories. The Life Events List, Ingestion/Abuse History and Diagnostic Checklists are essential tools through which the patient comes to understand the essential nature of his/her addiction. These tools are used within the treatment program and the group therapy process to assist the patient in identifying how he/she is manifesting the pathology of addiction.

Each patient undertakes the development of a defense list during his/her program. The defense list exercise is designed to use a graphic medium to assist patients in understanding how their defenses have served to maintain their pathological relationship to mood altering substances or experiences.

This individualized diagnostic process is supervised by the program primary therapist, a licensed addiction counselor/licensed mental health counselor.

3. Group Therapy

Each patient participates in peer group therapy sessions daily, five days a week of the treatment stay. Group therapy is the primary modality of this treatment program. It is recognized that group therapy is the most effective modality for the treatment of addictions and the hours assigned it throughout the week emphasize it as the primary modality at Rimrock.

4. Individual Therapy

The program therapist provides individual therapy sessions and treatment plan update sessions with assigned patients at least weekly or more often dependent upon the patient's treatment plan and the issues which are surfacing during the treatment process.

5. Recreation/Leisure Education Program

Two sessions weekly are provided program participants in learning skills to manage personal stress and initiating new patterns of leisure time. Program participants will actively learn progressive relaxation through meditation and journaling.

6. Twelve Step Program

Rimrock believes that the Twelve Steps and Twelve Step programs afford the most optimum support group for recovering addicts. Patients are introduced, while in treatment, to the first five steps of AA, OA, GA, SA, and provided the opportunity to participate in a step discussion group.

7. Family Therapy

Multiple family group therapy sessions are provided through the family program for a minimum of 6 sessions.

The goal of multiple family group and individual family therapy sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying intra-familial relationships. Particular attention is paid in these sessions to behaviors and interactions which were developed to cope with the addiction in the household.

8. Medication Assisted Therapy (MAT) and Opioid Overdose Prevention Program

The risk of opioid overdose can be minimized through adherence of Evidence-Based Practices established by the Substance Abuse and Mental Health Services Administration (SAMHSA.) During each client's biopsychosocial evaluation, any opioid use history will be reviewed and the level of use identified. The treatment plan will address the unique needs associated with potential opiate overdose and the client will engage in continued education on opiates and the risk of overdose by utilizing the provided psycho-educational lectures provided by Rimrock staff members. Patients will also have individualized harm reduction task work that reflects their understanding of their addiction and the risk that using high quantities of opiates poses.

Additionally, the MAT program will be utilized to assist in opioid overdose prevention. Potential candidates for MAT will be evaluated by Rimrock's medical staff to determine appropriateness for use of medications such as Naloxone and Vivitrol. Clients who have been recently released from incarceration and are a past use or abuser of opioids may have a reduced opioid tolerance and be at high risk of relapse to opioid use. These clients will create an overdose plan to share with friends, partners and caregivers. The MAT program includes the use of medication-assisted therapy, weekly sessions with Rimrock's medical staff and education specific to opiate withdrawal.

9. Educational Lectures/Films

Patients participate in educational and interactive lectures and films throughout the week. Lectures are designed to acquaint the patient with the pathology of addiction and how he/she may be manifesting that pathology. A series of Family Week lectures provides participants with an understanding of addiction as a family experience.

Each addiction treated at Rimrock is explored in lectures and films to assure the understanding of all patients, regardless of their particular addiction. Since the universal pathology is emphasized, patients can readily understand each other's addictions and interact therapeutically in the group therapy process.

10. Interdisciplinary Collaboration

Essential to the provision of quality care, are timely conferences for collaboration among the multi-disciplinary treatment team members. The Treatment Plan Development Conference conducted within three (3) days of the patient's admission is a collaborative session of the multi-disciplinary team. This team meets weekly to review the patients' progress and treatment plan.

11. Family Week Program

A week-long Family Program is provided members of patient's families during the patient's stay. Educational lectures, films, group therapy and conjoint group therapy are used to assist family members in identifying the addiction pathology within their families and to develop continuing care recommendations and services for family members.

12. Case Management

A fulltime, qualified case manager serves on the treatment team providing life skills training which includes helping the client access needed training employment and housing services upon his/her transfer to a less intensive level of care and discharge from the detention facility. A case management assessment and plan is developed for each participant to assure the following objectives are met:

1. A safe and sober housing plan is available when the client is ready to transition from True North. Rimrock's Sober Housing program is available for those who may need transitional housing.
2. Each graduate will have a training, education or vocational plan that results in fulltime gainful employment prior to discharge from the program.

The Case Manager will conduct group classes during the intensive treatment program for the purpose of assisting clients in learning skills necessary to finding employment such as resume' building, interview skills, dressing for success, etc.

Program/Admission Criteria

The population eligible for the True North Project are convicted, non-violent misdemeanor and felony clients who meet the following criteria:

- * Clients must meet ASAM criteria for Level 2.5 Day Treatment services or 3.5 Residential Services.
- * Clients with a non-violent criminal history as described by Federal guidelines.
- * Clients 18 years and older.
- * Clients must have three (3) months of incarceration to serve or sufficient time to initiate the day treatment portion of the treatment program.
- * Clients must be sentenced and serving at least 3 months in a correctional institution and be within four months of a scheduled release.

Eligible Offenses

Any misdemeanor offense may be considered including but not limited to:

- * Driving under the Influence
- * Possession of dangerous drugs
- * Possession of Paraphernalia
- * Deceptive Practices
- * Obstruction
- * Partner or Family Member Assault
- * Unsworn Falsification
- * Forgery
- * Theft
- * Assault

History of felony offenses will not necessarily disqualify a client provided the offense did not involve predatory, assaultive or sexual behavior.

Disqualifying Factors

- * Pending charges of predator violence or sexual offense (partner or family assault excluded).
- * Currently working with law enforcement as a Confidential Informant.
- * Severe co-occurring mental health disorder that would preclude the program's stringent regimen.
- * Clients with medical conditions that require significant attention.
- * Clients who regularly use prescription narcotics and are unwilling to accept substitute medications.
- * Clients with a history of escapes or failure to appear.
- * Adjudicated Sexual Clients.

Program Referrals

Clients may not self-refer to the program. Clients will only be screened for eligibility to the program if referred by a judge, prosecutor, probation officer, attorney, or jail personnel. Every effort will be made to dispel any impression that this program is a means of avoiding accountability or gaining early release from jail.

Screening

A licensed counselor will accept referrals and establish appointments for screening, once the criminal history has been reviewed against the eligibility criteria. Screening may occur either at the jail. If, in the opinion of the licensed counselor, the client appears eligible for the program, the case will be presented during a team staffing session to determine final acceptance.

Transfer/Discharge Criteria

- The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
- The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engaging in services at the current level of care.
- The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problems.
- The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.
- The Case Manager has completed a needs assessment and a plan is in place for safe and sober housing.

Appendix C:

ADULT INTENSIVE OUTPATIENT PROGRAM (IOP)

The Intensive Outpatient Program provides quality addiction treatment while allowing the patient to maintain commitments at work, school, and home. This program is designed to service patients 18 years of age and older who have been evaluated and found to have stable mental and physical health, and a supportive recovery environment. Prospective patients must have an assessment conducted by a member of the professional staff of Rimrock, to ensure they are placed in the program that will best meet their needs.

The following Treatment Modalities are part of the Intensive Outpatient (IOP) treatment program:

IOP Educational Activities

Each session of the program begins with a 45 minute interactive video presentation focused on assisting patients in identifying the patterns and symptoms of their addiction. Patients also work through a recovery journal, designed to assist them in exploring behavior patterns.

Group Therapy for IOP

The primary modality of the Intensive Outpatient treatment program is group therapy. Group therapy is conducted by a licensed addiction counselor for a minimum of nine hours each week. It is recognized that group therapy is the most effective evidence based modality for the treatment of addictions.

Individual Therapy for IOP

Weekly individual sessions are held with the patient for the purpose of reviewing the treatment plan, evaluating progress, clarifying therapeutic task assignments and assisting with any special issues the patient may have.

IOP Family Program

Once each week, family members attend a three-hour session with the patient. The goal of these sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying relationships. Particular attention is paid to behaviors and interactions which developed to cope with the addiction in the household.

Continuing Care

All Rimrock patients are evaluated well in advance of their discharge to determine the appropriate continuing care plan. Continuing Care may consist of individual therapy one to three times per week, grief counseling, family counseling, or other individualized therapeutic service.

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 13 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 3.1 care
Anyone may refer

Persons Served

Adolescents, 13-17
Adults
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

Special Populations

Pregnant Women
HIV/AIDS

IV Drug User
Adolescents

Hours of Operation

Main Facility: Monday-Thursday, 6pm-9pm
Silver Leaf Center: Monday-Thursday, 9am-8pm
Adolescents, Tuesday-Friday, 7pm

Services Provided

Evaluation
Individual Therapy
Group Therapy
Psychoeducation

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

REV: 7/1/18

Appendix D:

RIMROCK INPATIENT PROGRAM

The Inpatient treatment program at Rimrock is designed as a medically monitored 24 hour, seven day a week program. Services are provided in a free standing, cost effective setting for individuals who have addictive illnesses. The Inpatient program represents the most intensive level of services offered at Rimrock. Rimrock has a long history of providing care to clients who have a substance use disorder as well as a mental health diagnosis, such as depression, anxiety and PTSD.

The Inpatient program at Rimrock utilizes the following treatment modalities, which are customized to the patients' needs.

Bio-Psycho-Social Assessment

Upon entering treatment patients are given a Bio-Psycho-Social Assessment. The outcome of this assessment is used to customize each patients' treatment plan, ensuring that all of their needs are addressed.

Group and Individual Counseling

Each patient is assigned a Licensed Addiction Counselor who will, with the patient's input, implement the treatment plan based on the assessment. The Primary Counselor conducts group, individual and family therapy for the patient and plans a program of continuing services once that patient has completed treatment.

Psychiatric Services

A Psychiatrist and a Psychiatric Advanced Practice Nurse are available to provide a psychiatric evaluation and treatment when necessary.

Diagnostic Process

Each patient begins treatment by thoroughly exploring, with their Counselor, their life events, defenses and drug ingestion/abuse history. This is essential when it comes to understanding the nature of addiction. This individualized diagnostic process is supervised by the patient's primary Therapist, a Certified Addiction Counselor, or Licensed Mental Health Counselor.

Recreation/Leisure Education Program

An extensive program of professionally directed therapeutic activities are provided. This program is designed to assist the patient in exploring the use of free time and identifying healthy leisure activities. Daily exercise times and the opportunity to play, using recreational equipment is provided to patients. A stress management session is conducted five times weekly in addition to the activities program.

Education Program

Adolescent patients are provided educational tutoring by a qualified staff. The purpose of the program is to assure adolescents have continuing access to education during their treatment stay. The teacher works with the students' home school to minimize possible setbacks and facilitates the transition of the student back into his/her school. GED preparation may be initiated for students who will not return to school.

Twelve Step Program

Rimrock believes that the Twelve Steps and Twelve Step Programs afford the most optimum support group for our recovering patients. Patients are introduced, while in treatment to Alcoholics Anonymous, Anorexics/Bulimics Anonymous, Gamblers Anonymous, and Sex Addicts Anonymous and provided the opportunity to participate in onsite or offsite Twelve Step meetings.

Individual Family Therapy

Individual family therapy sessions may be conducted by Rimrock's Family Therapist, according to the patient's treatment plan and identified clinical needs. The goal is to help patients develop more effective and satisfying family relationships.

Medication Group

Medication Group is conducted each week for all inpatient and partial hospitalization patients. These group sessions are designed to educate the patient regarding his/her mental health disorder and the medications prescribed to treat it.

Lectures and Educational Films

Patients participate in educational lectures and films throughout their treatment. Weekly lectures are designed to acquaint the patient with the pathology of addiction. Each addiction treated at Rimrock is explored in lectures and films to assure the understanding of all patients, regardless of their particular addiction problem. Since addictions have similar characteristics, patients can readily understand each other's addictions and interact therapeutically while in treatment.

Refusal Skill Training

Interactive sessions are conducted and designed to assist the patient in developing skills to prevent relapse. Patients are assisted with guided imagery to anticipate high-risk situations and relapse environments, and role-play using newly acquired coping skills.

Art Therapy

Multi-mediums are employed in sessions which encourage patients to better understand the dynamics of their illness through creative endeavors.

Patient Care Monitoring

The Patient Care Monitoring (PCM) program at Rimrock serves those patients found to have a co-occurring disorder. The PCM team, which meets weekly, is comprised of a Psychiatrist, Psychiatric Nurse Practitioner, Nursing Director, Clinical Supervisor and the patients' primary Therapist. The patients' treatment plan and all services provided is developed, reviewed and monitored by this team.

Employer and Discharge Conferences

Patients and their employer are encouraged to hold a conference prior to discharge, for the purpose of identifying the patient's recovery needs and engaging the employer's support for the aftercare program. These individual sessions, led by the patient's primary Therapist, serve to help both employer and employee cooperate in an ongoing plan for recovery.

Continuing Care following Inpatient Treatment

The Continuing Care program is designed to support the gains the patient has made while in

active treatment. A discharge planning conference is conducted between the patient and the treatment team to develop the patient's continuing care plan. Patients from outside the immediate service area develop their plan and receive a referral to an approved continuing care provider.

Interdisciplinary Collaboration

Essential to providing quality care, the multi-disciplinary treatment team members meet to review patient progress each weekday morning.

Family Week Program for Inpatient Treatment

A week long Family Program is provided for members of patient's families during the patient's stay. Educational lectures, films, group therapy and conjoint group therapy are used to assist family members in understanding addiction within their family and to develop continuing care recommendations for family members.

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

Special Populations

IV Drug Users
DUI Offenders
HIV/AIDS
Pregnant Women

Hours of Operation

24 hours, 7 days a week

Services Provided

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

REV: 7/1/18

Appendix E:

ADA'S HOUSE, CEDAR WAY, AND WHITE BIRCH TREATMENT RESIDENTIAL FACILITIES

WOMEN'S RESIDENTIAL WRITTEN PLAN

PROGRAM PHILOSOPHY

Ada's House, Cedar Way and Elm House are residential homes and programs for low income adult women, ages 18 and older with substance use disorders. The program operates under the supervision of Rimrock's Chief Operations Officer and a Clinical supervisor and reflect the philosophy of Rimrock that addiction is a biopsychosocial illness that must be addressed with a biopsychosocial model attending to the needs of the whole person. Multiple professional disciplines are represented in the delivery of services in these programs including physicians, physician assistants, nurses, psychiatry, addictionology, clergy and licensed professional counselors. The length of stay at Ada's House and Cedar Way is 5-8 weeks, depending on client need. Length of stay at Elm House is dependent on patient progress.

Women are best treated in a single gender setting that addresses their particular needs and low income women have special needs due to poverty, lack of education, single parenting, and other stressors. Low income women are also frequently among the most severely addicted and require considerable health services.

A high percentage of this population are found to have co-occurring psychiatric disorders as well as violent or high risk relationships with men. Trauma is another frequent accompanying condition which we believe requires specific concurrent treatment if the patient is to have a successful abstinence based recovery. For these reasons, specialty modalities are offered at each house to address these issues.

PROGRAM DESCRIPTION

Admissions Department at Main Facility

Licensed addiction counselors and licensed mental health counselors, supervised by the Chief Operations Officer staff this service and provide screening and placement services to each house. Any patient seeking admission, who has not had an outpatient diagnostic evaluation, is initially screened by an admissions team to determine their appropriateness for admission.

The following treatment modalities are used, as clinically indicated in accordance with the patient's individualized treatment plan and are published in schedules provided to patients and family members.

Bio-Psycho-Social Assessment

a. Medical Assessment

Montana licensed physicians conduct a comprehensive medical assessment and physical examination of each patient admitted, in the Medical Unit of Rimrock, within 24 hours of the patient's admission.

The patient receives primary medical care for problems associated with the addiction and other healthcare problems as they may affect the patient's ability to achieve treatment objectives and an abstinence-based recovery plan.

Licensed to practice medicine in the State of Montana, physicians authorize all medical services.

b. Nursing Care

Nursing care is provided by Registered Nurses and Licensed Practical Nurses, 24 hours a day, 7 days a week at Rimrock.

Nursing staff are responsible for providing a comprehensive medical assessment of the patient, initiating laboratory tests, and developing the nursing care plans in conjunction with the physician. Medical findings and nursing care plans are shared in the patient's multi-disciplined treatment planning conference by the Nursing Supervisor, to assure the health needs of the patient are identified and appropriately addressed.

c. Social Assessment

Licensed addiction counselors and licensed mental health counselors conduct an in depth clinical and use/abuse history on each patient. A diagnostic summary is prepared which integrates the findings from each element of the assessment and identifies the clinical needs of the patient. The counselor and the patient collaborate on the development of a treatment plan designed to address areas identified during this assessment process. During the assessment, the counselor assesses the 8 dimensions of wellness and identifies their level of dysfunction for integration into the treatment plan.

d. Psychological Assessment

A psychological test battery and screening and assessment is provided each admitted, chemically dependent patient. These tests are completed ten days following admission, to assure the patient is chemically-free and results are valid. Special attention is given the cognitive status of patients and additional screening instruments may be used if cognitive impairment is suspected.

The Millon Clinical Inventory, Shipley-Hartford, PHQ-9, and a reading screen are given each patient at Rimrock. Additional testing and screening are based upon the individual needs/findings of the patient, by the psychologist.

Diagnostic Process

Each patient begins treatment by undertaking narrative histories. The Life Problems List, Ingestion/Abuse History and Diagnostic Checklists are essential tools through which the patient comes to understand the nature of his/her illness. These tools are used within the treatment program and the group therapy process to assist the patient in identifying how they are manifesting the pathology of addiction.

Each patient undertakes the development of a defense list within the first two weeks of his/her program. The defense list exercise is designed to use graphic medium to assist patients in understanding how their defenses have served to maintain their pathological relationship to mood altering substances or experiences. This individualized diagnostic process is supervised by the patient's primary therapist, a certified addiction counselor/licensed mental health counselor.

Group Therapy

Each patient participates in peer group therapy sessions at least one time per day, five days a week of the treatment stay, facilitated by the patient's primary therapist, who is assigned at the time of the patient's admission. Primary therapists are certified addiction counselors or licensed mental health counselors.

It is recognized that group therapy is the most effective modality for the treatment of addictions and the hours assigned it throughout the week emphasize it as the primary modality at Rimrock.

Individual Therapy

The primary therapist provides individual therapy sessions and treatment plan update sessions with assigned patients at least weekly or more often dependent upon the patient's treatment plan and the issues which are surfacing during the treatment process.

Recreation/Leisure Education Program

An extensive program of professionally directed therapeutic activities are provided in three structured sessions weekly, designed to assist the patient in exploring the use of leisure time and identifying healthy, need meeting leisure activities.

The recreation therapy staff of Rimrock, supervised by a qualified certified Recreation Coordinator, conducts these sessions. It is the philosophy of Rimrock that the activities program must approximate the real world and life situation of each patient. Therefore, patients and peer support staff are actively involved in planning the activities and given numerous choices each week to participate in.

Rimrock owned vans are used to transport patients to community-based activities such as bowling, museums, hiking, golf, etc. Each week, gym facilities are utilized by patients for the purpose of working an individualized fitness program.

Daily exercise times and the opportunity to play, using recreational equipment is provided patients. These activity periods are planned to provide patients the opportunity to experience the out-of-doors, to engage in group play such as baseball, volleyball, etc., and to assist in reducing the stress of treatment.

A Stress management session is conducted five times weekly in addition to the activities program. These sessions are designed to teach stress reduction techniques to patients and afford a significant variety of activities.

The activities program at Rimrock is conducted according to the Written Plan for Activities/Leisure Education by the Manager of Safety/Recreation.

Stress Management

A Stress management session is conducted five nights each week in addition to the activities program designed to teach stress reduction techniques to patients. Patients participate in these interactive sessions through video conferencing. Rimrock's Stress Management Program is developed and supervised by the Recreation Coordinator. Staff conducting the program have undergone training in this modality.

Twelve Step Program

Rimrock believes that the Twelve Steps and Twelve Step programs afford the most optimum support group for recovering addicts.

Patients are introduced, while in treatment, to the first five steps of AA, GA, SA and provided the opportunity to participate in a step discussion group, Big Book Study group, Topic Group and an open Speakers meeting each week. In addition, patients attend community-based meetings twice each week throughout the treatment stay.

Family Therapy

In addition to the multiple family group therapy sessions provided through the family program, individual family therapy sessions may be conducted by Rimrock's family therapist, according to the patient's treatment plan and identified clinical needs.

The goal of multiple family group and individual family therapy sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying intra-familial relationships. Particular attention is paid in these sessions to behaviors and interactions which were developed to cope with the addiction in the household.

Medication Education

Patients are educated on any medications they have been prescribed by the prescribing provider. Registered nurses follow-up with the patient within 24 hours and offer written information to the client for all medications. Opportunity is also taken in these sessions to address communicable diseases and other related topics.

Educational Lectures/Films

Patients participate in educational lectures and films throughout the week. Lectures are designed to acquaint the patient with the pathology of addiction and how he may be manifesting that pathology. A series of family week lectures provides participants with an understanding of addiction as a family experience.

Each addiction treated at Rimrock is explored in lectures and films to assure the understanding of all patients, regardless of their particular addiction problem. Since a universal pathology is emphasized, patients can readily understand each other's addictions and interact therapeutically in the milieu.

Patient Care Monitoring

The patient care monitoring program at Rimrock serves all patients in a weekly multidisciplinary meeting. The PCM team is comprised of the Advanced Practice Registered Nurse, Nursing Supervisor, and the patient's primary therapist. Other participants are consulted as needed. The treatment plan and all services provided these patients is monitored weekly by this team.

Continuing Care Program

The Continuing Care Program is designed to support the gains the patient has made while in active treatment. Weekly sessions are conducted by the staff of the outpatient department for discharged patients. Patient's meet with their discharge planner 72 hours after admission to begin discussing plans after treatment. Then, 14 days prior to discharge, a discharge planning conference is conducted which includes the treatment team, and the assigned Continuing Care counselor for the purpose of developing the patient's Continuing Care Plan. Patients participate in the identification of areas to be addressed in Continuing Care and meet, prior to discharge, with their Continuing Care counselor. Patients from outside the immediate service area also participate in the identification of areas to address in Continuing Care and receive a referral to an approved Continuing Care provider, arranged by the staff. All patients' Continuing Care experience is monitored through Rimrock's follow-up program.

Services needed by the patient, which are not directly available at Rimrock or by a contracted Continuing Care provider, are provided referral services to assure all Continuing Care needs are identified and addressed.

Interdisciplinary Collaboration

Essential to the provision of quality care, are timely conferences for collaboration among the multi-disciplinary treatment team members. These meetings are held weekly to include a team supervisor, counselor, case manager and other necessary staff.

The Discharge Planning conference, occurring two weeks prior to the patient's discharge, is another collaborative session of the multi-disciplinary treatment team and includes the Continuing Care Coordinator, primary therapist, patient, and the Discharge Planning Coordinator.

Each week the patient care monitoring team [PCM] collaborates to plan and execute treatment services to patients with co-existing mental health conditions. This team, under the direction of the Psychiatrist, includes the COO, APRN, Nursing Supervisor, Inpatient Supervisor, Therapists, Case Manager, Psychologist, and any other member of the professional staff providing services to the patient, which the team wishes to consult with.

Family Week Program

A week-long Family Program is provided members of patient's families during the patient's stay. Educational lectures, films, group therapy and conjoint group therapy are used to assist family members in identifying the addiction pathology within their families and to develop continuing care recommendations and services for family members.

Drug Testing

Random screening for substances is done at individual houses to assure a drug-free environment.

Women's Way

Written and published by Stephanie Covington, Ph.D., this best practice guide is developed from a woman's point of view and offers a female interpretation of the 12 steps and traditions. This study group is led by trained staff in recovery and held twice a week in conjunction with attendance at women's twelve step meetings.

My Body, Baby and Me

Rimrock partners with St. Vincent Healthcare to provide education and support to the residents of Elm House. We understand the impact of pregnancy on the body and importance of whole person care in order to ensure a healthy pregnancy. St. Vincent healthcare professionals provide a flexible curriculum to explore health and wellness topics that fit the group's needs. Receiving healthcare in a group setting leads to greater engagement, learning, and self-confidence.

Seeking Safety

A best practice manualized curriculum for substance abuse populations with trauma, by Lisa Navajits, Ph.D., Seeking Safety Sessions are offered twice weekly in two hour segments and are intended to provide skills for women to keep them safe from the symptoms of trauma that often cause relapse. This program is facilitated by Rimrock staff who have completed training and supervision specific to Seeking Safety.

Surviving Domestic Violence

This curriculum aimed at understanding domestic violence is offered once each week for two hours and affords an opportunity for women to understand abuse, the dynamics of abuse, and regain the personal power to avoid abuse in the future. Women who are currently in abusive relationships are helped to understand how to disengage from those destructive relationships and may develop safety plans as necessary. Domestic Violence group is facilitated by trained, qualified staff under the direction of the program supervisor.

Dialectical Behavioral Therapy

Led by trained staff, DBT provides the residents with the skills and strategies to use in day-to-day life and enhance recovery. Participants will learn principles of core mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation.

Relapse Prevention

Under the direction of a Licensed Addiction Counselor, this program operates 2 hours each week and is open to patients who have completed a treatment program and are at high risk for relapse, or patients who may have relapsed and recognize their need for relapse prevention skill-building. This program is augmented by regular individual therapy with patients. Patients, ages 17 and older, may access this program.

Living in Balance

The Living in Balance Program is developed by Hazelden and promotes clients development in life areas that will assist clients in developing a stable home environment following treatment. Topics addressed are resume writing, apartment hunting, interview skills, balancing a budget, grocery shopping, developing educational goals and plans, communicating effectively and others as identified by patients and facilitator.

Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's health and human service needs. Through advocacy, communication and resource management, Rimrock Case Managers promote quality and cost-effective interventions for clients in need of case management services. Specific services include housing, educational, vocational, transportation, child care, budgeting, and other individually identified areas are included in these services.

Weekly Resident Assessment & Planning (WRAP)

Each week, a member of the administrative team conducts a meeting with all residents. The purpose of these sessions includes:

- a. To assist residents in evaluating their week and setting treatment goals for the ensuing week.
- b. To discuss any special needs or issues the residents may be experiencing in the communal milieu and resolve problems.

GOALS AND OBJECTIVES

Goals:

To provide affordable, high quality, enhanced residential level of care for patients with addictive disorders.

To provide this care as a seamless continuum of services.

Objectives:

5. To identify high-risk patients and assure their safety and stabilization.
6. To assure patients gain the initial necessary skills to implement an abstinence-based recovery plan at less intensive levels of care.
7. To assure an adequate length of stay and minimize early unplanned discharges.
8. To optimize the treatment experience for each patient by assuring treatment objectives are met and problems sufficiently resolved prior to transfer to less intensive levels of care.
9. To provide a comprehensive clinical evaluation that delineates the biopsychosocial needs of the patient.
10. To provide integrated, concurrent, psychological and psychiatric services to patients with co-occurring disorders.
11. To provide comprehensive discharge planning and facilitate the patient's transition to recovery-based, transitional or independent living.

Admission Criteria:

Patients must meet the criteria for Level 3.5 of the Patient Placement Criteria for Substance Use Disorders published by the American Society of Addiction Medicine.

Transfer/Discharge Criteria:

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
2. The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engaging in services at the current level of care.
3. The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problems.
4. The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

ADA'S HOUSE & CEDAR WAY

GOAL: To provide a 3.5 clinical managed, enhanced treatment program for low income Montana women with substance use disorders

ADMISSION CRITERIA:

- Women only, ages 18 and older (including pregnant women)
- Must meet ASAM criteria for 3.5 care
- Must meet diagnostic criteria for a substance use disorder

PERSONS SERVED:

- Women, ages 18 and older
- Limitations: (1) Pregnant women must have a current health assessment for prenatal care prior to admission; (2) Must qualify for public funding or have private pay source; (3) Must be self-ambulatory, facility is not ADA compliant

SPECIAL POPULATIONS:

- Pregnant women
- IV drug users
- SUI offenders

HOURS OF OPERATION:

- 24 hours/ 7 days per week

SERVICES PROVIDED:

- Case management
- Psychoeducation
- Drug testing
- Seeking Safety
- Health services
- Co-occurring treatment
- Group and individual therapy
- Recreation/stress management
- Family violence prevention

WHITE BIRCH

WRITTEN PLAN

PROGRAM PHILOSOPHY

White Birch Center consists of two duplex residential homes low income adult men ages 18 and older with substance use disorders. The program operates under the supervision of Rimrock's Chief Operations Officer and a Clinical supervisor and reflects the philosophy of Rimrock that addiction is a biopsychosocial illness that must be addressed with a biopsychosocial model attending to the needs of the whole person. Multiple professional disciplines are represented in the delivery of services at White Birch including, physicians, nurses, psychologist, counselors and clergy. Low income men have special needs and are often among the most severely addicted. Homelessness, unemployment and estrangement from family are characteristic of this population and to address these conditions, Rimrock's Sober Living program and Case Manager are available as a step down or transitional living environment upon discharge from White Birch. The minimum length of stay at White Birch is a minimum of 5-8 weeks depending on client needs.

PROGRAM DESCRIPTION

Admissions Department at Main Facility

Licensed Addiction Counselors and Licensed Mental Health Counselors, supervised by the Chief Operating Officer, staff this service and provide screening and placement services to patient's seeking admission to White Birch. Any patient seeking admission, who has not had an outpatient diagnostic evaluation, is initially screened by our admissions team to determine their appropriateness for admission.

The following treatment modalities are used as clinically indicated in accordance with the patient's individualized treatment plan, and are published in schedules provided to patients and family members.

Bio-Psycho-Social Assessment

a. Medical Assessment

Montana licensed physicians conduct a comprehensive medical assessment and physical examination of each patient admitted, in the Medical Unit of Rimrock, within 24 hours of the patient's admission. The patient receives primary medical care for problems associated with the addiction and other healthcare problems as they may affect the patient's ability to achieve treatment objectives and an abstinence-based recovery plan. Licensed to practice medicine in the State of Montana. Physicians authorize all medical services.

b. Nursing Care

Nursing care is provided by Registered Nurses and Licensed Practical Nurses, 24 hours a day, 7 days a week at Rimrock.

Nursing staff are responsible for providing a comprehensive medical assessment of the patient, initiating laboratory tests, and developing the nursing care plans in conjunction with the physician. Medical findings and nursing care plans are shared in the patient's multi-disciplinary treatment planning conference by the Nursing Supervisor, to assure the health needs of the patient are identified and appropriately addressed.

c. Social Assessment

Licensed addiction counselors and licensed mental health counselors conduct an in depth clinical and use/abuse history on each patient. A diagnostic summary is prepared which integrates the findings from each element of the assessment and identifies the clinical needs of the patient. The counselor and the patient collaborate on the development of a treatment plan designed to address areas identified during this assessment process. During the assessment, the counselor assesses the 8 dimensions of wellness and identifies their level of dysfunction for integration into the treatment plan.

d. Psychological Assessment

A psychological test battery and screening is provided each admitted patient. This assessment is conducted for chemically dependent patients, ten days following admission, to assure the patient is chemically-free and results are valid. Special attention is given the cognitive status of patients and additional screening instruments may be used if cognitive impairment is suspected.

The Millon Clinical Inventory, Shipley-Hartford, PHQ-9, and a reading screen are given each patient at Rimrock. Additional testing and screening are based upon the individual needs/findings of the patient, by the psychologist.

Diagnostic Process

Each patient begins treatment by undertaking narrative histories. The Life Problems List, Ingestion/Abuse History and Diagnostic Checklists are essential tools through which the patient comes to understand the nature of his/her illness. These tools are used within the treatment program and the group therapy process to assist the patient in identifying how he is manifesting the pathology of addiction.

Each patient undertakes the development of a defense list within the first two weeks of his/her program. The defense list exercise is designed to use graphic medium to assist patients in understanding how their defenses have served to maintain their pathological relationship to mood altering substances or experiences. This individualized diagnostic process is supervised by the patient's primary therapist, a certified addiction counselor/licensed mental health counselor.

Group Therapy

Each patient participates in peer group therapy sessions twice daily, five days a week of the treatment stay, facilitated by the patient's primary therapist, who is assigned at the time of the patient's admission. Primary therapists are certified addiction counselors or licensed mental health counselors.

It is recognized that group therapy is the most effective modality for the treatment of addictions and the hours assigned it throughout the week emphasize it as the primary modality at Rimrock.

Individual Therapy

The primary therapist provides individual therapy sessions and treatment plan update sessions with assigned patients at least weekly or more often dependent upon the patient's treatment plan and the issues which are surfacing during the treatment process.

Recreation/Leisure Education Program

An extensive program of professionally directed therapeutic activities are provided in three structured sessions weekly, designed to assist the patient in exploring the use of leisure time and identifying healthy, need meeting leisure activities.

The recreation therapy staff of Rimrock, supervised by a qualified Recreation Coordinator, conducts these sessions. It is the philosophy of Rimrock that the activities program must approximate the real world and life situation of each patient. Therefore, patients and peer support staff are actively involved in planning the activities and given numerous choices each week to participate in.

Rimrock owned vans are used to transport patients to community-based activities such as bowling, museums, hiking, golf, etc. Each week, gym facilities are utilized by patients for the purpose of working an individualized fitness program.

Daily exercise times and the opportunity to play, using recreational equipment is provided patients. These activity periods are planned to provide patients the opportunity to experience the out-of-doors, to engage in group play such as baseball, volleyball, etc., and to assist in reducing the stress of treatment.

A Stress management session is conducted several times weekly in addition to the activities program. These sessions are designed to teach stress reduction techniques to patients and afford a significant variety of activities.

Stress Management

A Stress management session is conducted several nights each week in addition to the activities program designed to teach stress reduction techniques to patients. White Birch patients participate in these interactive sessions through video conferencing. Rimrock's Stress Management Program is developed and supervised by the Recreation Coordinator. Staff conducting the program have undergone training in this modality.

Relapse Prevention

This group will help clients identify life areas that may precipitate relapse or initiate triggers to return to use. Participants will identify personal triggers and develop an understanding of how to manage these triggers once out of treatment.

Living in Balance

The Living in Balance Program is developed by Hazelden and promotes clients development in life areas that will assist clients in developing a stable home environment following treatment. Topics addressed are resume writing, apartment hunting, interview skills, balancing a budget, grocery shopping, developing educational goals and plans, communicating effectively and others as identified by patients and facilitator.

Twelve Step Program

Rimrock believes that the Twelve Steps and Twelve Step programs afford the most optimum support group for recovering addicts.

Patients are introduced, while in treatment, to the first five steps of AA, GA, SA and provided the opportunity to participate in a step discussion group, Big Book Study group, Topic Group and an open Speakers meeting each week. In addition, patients attend community-based meetings several times each week throughout the treatment stay.

Thinking Errors

Criminal thinking is a cognitive restructuring curriculum that focuses on how our underlying beliefs lead to our unhealthy thinking which then leads to unhealthy behaviors resulting in negative consequences in clients' lives. Participants will identify how each of these areas apply to them and gain coping skills such as deterrents to change this thinking and behavior. The short term goal is to be self-aware and use deterrents to redirect unhealthy thinking before it leads to negative consequences through behavior. The long-term goal is to become aware of beliefs and replace these with healthy positive beliefs in order for thinking and behavior to result in results we want. Trained Rehabilitation Technicians lead this specialty group.

Healthy Relationships

Healthy Relationships group focuses on the aspects of communication and understanding within the relational dynamic. The long-term goals is for participants to recognize the attributes they want for a healthy relationships with others in order to enhance their lives and recovery.

Family Therapy

In addition to the multiple family group therapy sessions provided through the family program, individual family therapy sessions may be conducted by Rimrock's family therapist, according to the patient's treatment plan and identified clinical needs.

The goal of multiple family group and individual family therapy sessions is to identify the nature of the interaction between family members and assist in eliminating the barriers to more effective and satisfying intra-familial relationships. Particular attention is paid in these sessions to behaviors and interactions which were developed to cope with the addiction in the household.

Medication Education

Patients are educated on any medications they have been prescribed by the prescribing provider. Registered nurses follow-up with the patient within 24 hours and offer written information to the client for all medications. Opportunity is also taken in these sessions to address communicable diseases and other related topics.

Dialectical Behavioral Therapy

Led by trained staff, DBT provides the residents with the skills and strategies to use in day-to-day life and enhance recovery. Participants will learn principles of core mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation.

Educational Lectures/Films

Patients participate in educational lectures and films throughout the week. Lectures are designed to acquaint the patient with the pathology of addiction and how he may be manifesting that pathology. A series of Family day lectures provides participants with an understanding of addiction as a family experience.

Each addiction treated at Rimrock is explored in lectures and films to assure the understanding of all patients, regardless of their particular addiction problem. Since a universal pathology is emphasized, patients can readily understand each other's addictions and interact therapeutically in the milieu.

Therapeutic Art

Multi-mediums are employed in weekly sessions which permit patients to better understand the dynamics of their illness through creative endeavors. This program is developed and overseen by a certified recreation therapist.

Patient Care Monitoring

The patient care monitoring program at Rimrock serves all patients. The PCM team is comprised of the Advanced Practice Registered Nurse, and the patient's primary therapist. Other participants are consulted as needed. The treatment plan and all services provided these patients is monitored weekly by this team.

Case Management

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the client's health and human service needs. Through advocacy, communication and resource management, Rimrock Case Managers promote quality and cost-effective interventions for clients in need of case management services. Specific services include housing, educational, vocational, transportation, child care, budgeting, and other individually identified areas are included in these services.

Continuing Care Program

The Continuing Care Program is designed to support the gains the patient has made while in active treatment. Weekly sessions are conducted by the staff of the outpatient department for discharged patients. Patients meet with their discharge planner 72 hours after admission to begin discussing plans after treatment. Then, 14 days prior to discharge, a discharge planning conference is conducted which includes the treatment team, and the assigned Continuing Care counselor for the purpose of developing the patient's Continuing Care Plan. Patients participate in the development of the plan and meet, prior to discharge, with their Continuing Care counselor. Patients from outside the immediate service area develop objectives for continuing care and receive a referral to an approved Continuing Care provider, arranged by White Birch's Case Manager. All patients' Continuing Care experience is monitored through Rimrock's follow-up program.

Services needed by the patient, which are not directly available at Rimrock or by a contracted Continuing Care provider, are provided referral services to assure all Continuing Care needs are identified and addressed.

Interdisciplinary Collaboration

Essential to the provision of quality care, are timely conferences for collaboration among the multi-disciplinary treatment team members.

The Discharge Planning conference, occurring at least two weeks prior to the patient's discharge, is another collaborative session of the treatment team and includes the Discharge Planning Coordinator, Continuing Care Coordinator, primary counselor and the patient.

Each week the patient care monitoring team [PCM] collaborates to plan and execute treatment services to patients.

Family Week Program

A week-long Family Program is provided members of patient's families during the patient's stay. Educational lectures, films, group therapy and conjoint group therapy are used to assist family members in identifying the addiction pathology within their families and to develop continuing care recommendations and services for family members.

Weekly Resident Assessment & Planning (WRAP)

Each week, a member of the administrative team conducts a meeting with all residents. The purpose of these sessions includes:

- c. To assist residents in evaluating their week and setting treatment goals for the ensuing week.
- d. To discuss any special needs or issues the residents may be experiencing in the communal milieu and resolve problems.

Drug Testing

Random screening for substances is done to assure a drug-free environment.

GOALS AND OBJECTIVES

Goals:

To provide affordable, high quality, enhanced residential level of care for patients with addictive disorders.

To provide this care as a seamless continuum of services.

Objectives:

12. To identify high-risk patients and assure their safety and stabilization.
13. To assure patients gain the initial necessary skills to implement an abstinence-based recovery plan at less intensive levels of care.
14. To assure an adequate length of stay and minimize early unplanned discharges.
15. To optimize the treatment experience for each patient by assuring treatment objectives are met and problems sufficiently resolved prior to transfer to less intensive levels of care.
16. To provide a comprehensive clinical evaluation that delineates the biopsychosocial needs of the patient.
17. To provide integrated, concurrent, psychological and psychiatric services to patients with co-occurring disorders.
18. To provide comprehensive discharge planning and facilitate the patient's transition to recovery-based, transitional or independent living.

Admission Criteria:

Patients must meet the criteria for Level 3.5 of the Patient Placement Criteria for Substance Use Disorders published by the American Society of Addiction Medicine.

Transfer/Discharge Criteria:

5. The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care.
6. The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. The patient is determined to have achieved the maximum possible benefit from engaging in services at the current level of care.
7. The patient has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his or her ability to resolve his or her problems.
8. The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

WHITE BIRCH CENTER RESIDENTIAL SERVICES

GOAL

- To provide a 3.5 clinically managed enhanced treatment program for low income Montana men with substance use disorders

Admission Criteria

- Males only, ages 18 and older
- Must meet ASAM criteria for 3.5 care
- Must meet diagnostic criteria for a substance use disorder
- 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

Special Populations

IV Drug Users
DUI Offenders

Hours of Operation

24 hours, 7 days a week

Services Provided

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

REV: 7/1/18