

ADDICTION SERVICES DIVISION
ANNUAL MANAGEMENT & OUTCOMES REPORT
FISCAL YEAR 2008



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Overview

OVERVIEW

MHMRTC- Addiction Services (AdS) is a division of Mental Health Mental Retardation Services of Tarrant County (MHMRTC). MHMRTC has been in operation for over 30 years assisting Tarrant County residents overcome the problems associated with mental illness, mental retardation, addictive behaviors, and early childhood developmental delays. MHMRTC employs over 1100 employees at several sites within Tarrant County, and has an operating budget of approximately 70 million dollars.

The Addiction Services Division (AdS) is Tarrant County's largest, non-profit, chemical dependency treatment provider for the medically indigent. Annually, the AdS Division provides substance abuse intervention and treatment to 4,000-5,000 individuals, as well as education, case management, dual diagnosis and HIV/substance abuse groups, and street outreach services to **15,000-20,000** individuals in Tarrant and Denton counties. AdS offers a full continuum of care, ranging from addiction education to detoxification services. Services are also offered to various specialized populations such as adolescents, dually diagnosed clients, the homeless and clients who are living with both addiction and HIV/AIDS.

The purpose of this report is to summarize the operations of the Addiction Services Division for fiscal year 2008, which began September 1, 2007 and ended August 31, 2008. When possible, data from the previous year will be utilized as a means of comparison and analysis of trends. This summary of AdS operations will include outcome evaluation data, client demographic characteristics, and performance measures on selected criteria, evaluation of efficiency and referral source satisfaction, and client satisfaction data.

The information provided in this report is reviewed by Addiction Services staff and the Division Management Team, and made available to the Board of Trustees, other agency divisions, consumers, and community agencies. The summarization and findings are utilized to assist in the planning for future operations and to make substantial programmatic and operational changes to improve the overall quality, efficiency and effectiveness of the Division.

OUTCOME EVALUATION SYSTEM

MHMRTC Addiction Services Division (AdS) utilizes a comprehensive system for program evaluation and client outcomes. This data management system ensures compliance with funding sources by obtaining continuous information on the effectiveness of services and satisfaction of consumers served.

Admission, discharge, and follow-up forms are completed for all clients served by AdS. The Texas Department of State Health Services (DSHS, the primary funding source for AdS programs) requires these data collection instruments/forms for all clients served using DSHS funds. These same data collection instruments are used with all clients served by the AdS division, however, in order to provide consistent and standardized information across client populations.

The Admission Report contains client information at intake such as demographic, substance abuse, and other information related to behaviors and impairment in areas of social functioning, family/marital problems, psychological/emotional issues and physical health symptoms. The Discharge and Follow-up reports contain information at discharge from treatment and at 60 days following discharge from services such as satisfaction with services, substance abuse behaviors, recovery activities, and improvement in quality of life (in areas such as family/social functioning, physical symptoms, employment, or psychological functioning). Data from these required forms is evaluated for changes in client status/behavior from intake to follow-up after discharge.

AdS also have outcome measurements that specifically address consumer satisfaction, staff satisfaction, and referral source satisfaction. Clients are encouraged to complete satisfaction surveys during treatment and/or upon discharge. Additionally, satisfaction surveys are distributed annually to referral source/ external providers to assess their experience with the Addiction Services Division and the effectiveness and efficiency of our services.

All outcome measures, forms and surveys are analyzed by an AdS Division Director who compiles the outcome data and then reports the findings to the Division Management Team. All client demographics and program outcomes are then summarized in the Addiction Services Annual Management and Outcomes Report.

SERVICES PROVIDED

The Addiction Services Division provided a wide variety of substance abuse treatment services in FY 08 including inpatient treatment at The Recovery Center (Billy Gregory detoxification and Pine Street intensive residential) and at the Tarrant Youth Recovery Campus (TYRC), and outpatient treatment at two adult service sites (Community Addiction Treatment Services-C.A.T.S. and the Addiction Recovery Center-Harmon Road), including ambulatory detox, and several adolescent service sites. In addition, Addiction Services provided several specialized service programs such as the HIV Early Intervention Program, HIV/ Substance Abuse Street Outreach Program, Project Health First Plus (PHFP), Ryan White I funded programming, the Rural Street Outreach (RSOR) program, the Assertive Adolescent Family Treatment (AAFT) program, and the HUD-funded Supporting the Homeless program. These specialized programs have different evaluation criteria from the general adult and adolescent substance abuse treatment programs and will be discussed individually within this report.

Client Demographics & Program Outcomes

CLIENT DEMOGRAPHICS AND PROGRAM OUTCOMES

CLIENT DEMOGRAPHICS

Primarily from data obtained through reports generated by the Department of State Health Services (DSHS) and through data entered into DSHS's Behavioral Health Integrated Provider System (BHIPS), as well as our own internal agency database, programmatic information was compiled and examined in terms of client demographics and program/client outcomes for the adult and adolescent substance abuse treatment programs. For the purposes of this report, some information is combined to represent inpatient and outpatient programs; and in other cases the data will represent the individual programs, including detoxification (adult only), intensive residential, and outpatient.

Table 1: Program (inpatient and outpatient) demographics based on Adult admissions during FY 07 and FY 08.

Adult Program Demographics				
Measure	Inpatient		Outpatient	
	FY 08	FY 07	FY 08	FY 07
Total Admitted*	1539	1414	2304	2208
Detoxification	746	690	2029 (IOP/SOP)	1977 (IOP/SOP)
Residential	793	724	275 (amb detox)	231 (amb detox)
% No Prior Treatment	28.5	24.0	43.8	45.3
% Married	15.0	12.5	18.3	17.4
% Female	43.0	42.5	54.4	49.2
% Curr Using Needles	26.0	24.0	16.8	13.7
% African-American	23.0	26.5	22.3	23.7
% Hispanic	10.0	9.7	15.3	13.5
% Employed	5.5	3.0	32.4	34.0
% Criminal Justice	26.0	28.0	41.4	42.4
% Homeless	18.5***	22.6	9.4	12.5
% Alcohol primary	34.0	41.2	22.6	24.1
% Cocaine primary	15.0	13.3	20.2	22.6
% Opiates primary	37.0	26.2	19.9**	8.5
% Marijuana primary	2.0	2.0	15.8	14.5
% Meth/amphetamines primary	9.1	13.1	20.1	29.6
% Polysubstance Use	72.0	66.5	56.2	52.8
Total Days or Hours	23,475	22,527	2,292/53,628	1,724/49,823
Detoxification Days	4,993	4,220	2,292 amb detox	1,724 amb detox
Residential Days	18,482	18,307		
Group Hours			48,483	44,763
Individual Hours			5,145	5,060

* From BHIPS Admissions all of FY07 and FY08 off Client Characteristics report.

** Clients served in ambulatory detox have begun to shift from cocaine/methamphetamine to heroin/opiate users due to new Suboxone (Buprenorphine) medication. Note also that the primary drugs of abuse in residential detox are opiates (55%) and alcohol (41%); and in intensive residential the primary drugs are cocaine/crack (30%), alcohol (27%) and opiates (19%).

*** Approx 25% of intensive residential clients are homeless

On September 1, 2001 (FY2002), MHMRTC- AdS began providing all levels of treatment care at the Tarrant Youth Recovery Campus, including 16 intensive residential beds for adolescent boys and supportive and intensive outpatient for both adolescent boys and girls. Table 2 illustrates the number of clients served in each level of care for FY07 vs. FY08, as well as specific characteristics of those admitted into treatment.

Table 2: Program (inpatient and outpatient) demographics based on Youth admissions during FY 07 and FY 08.

Youth Program Demographics				
Measure	Residential		Outpatient	
	FY08	FY07	FY08	FY 07
Total Admitted	143	166	435	392
Of Youth Admitted:				
% No Prior Treatment	62	46	77	77
% With Substance Abusing Parent	6	8	8	7
% Female	0	0	23	18
% Curr Using Needles	0	1	0	1
% African-American	24	13	20	15
% Hispanic	58	55	59	61
% Gang History	52	44	33	28
% Criminal Justice	82	87	56	57
% Failing Grades	34	32	53	46
% Marijuana Primary Problem	82	74	86	81
% Alcohol Primary Problem	4	9	6	8
% Cocaine Primary Problem	7	9	6	5
% Inhalants Primary Problem	0	0	0	1
% Methamphetamine Primary Problem	2.1	5	<1	2
% Polysubstance Use	50	53	42	41
Total Days or Hours	5,825	5,718	11,123	10,443
Residential Days	5,825	5,718		
OP Group Hours			8,481	8,543
OP Individual Hours			2,642	1,900

PERFORMANCE MEASURES

Treatment performance measures and outcome measures are the data utilized by DSHS to review and evaluate the AdS programs. The DSHS evaluation criterion is as follows:

- 1) Percent of clients completing treatment (successfully completed at least an average of 75% of the planned treatment duration and treatment objectives), by program and level of service.
- 2) Percent of clients contacted by AdS staff at 60 day follow-up, by program and level of service.
- 3) Percent of clients maintaining abstinence at follow-up (no alcohol or drug use for the previous 30 days), by program and level of service.
- 4) Percent of completed clients given a referral for continued treatment services at discharge (detox program only).

Tables 3 and 4 detail the performance measures for the AdS general adult inpatient and outpatient programs, the established target goal, and the actual DSHS goal achieved for both fiscal years 2007 and 2008.

Table 3: Performance measures and target goals for Adult inpatient programs: Residential Detox = Billy Gregory Detox, Intensive Residential = Pine Street for FY07 vs. FY08

PERFORMANCE MEASURE	ADULT INPATIENT					
	Residential Detox **			Intensive Residential		
	TARGET	FY 08	FY 07	TARGET	FY 08	FY 07
Completion Rate	70%	89%	80%	70%	80%	81%
Abstinence Rate	50%	62%	63%	70%	75%	75%
Follow Up Contact Rate	50%	72%	**77%	70%	47%	52%
Referral Rate (detox only)	70%	88%	74%	N/A	N/A	N/A

**Although DSHS does not have a performance measure requirement for residential detox completion, abstinence rate or followup contact rate, we have set our own performance measures. The abstinence rate and followup rate are set lower than intensive residential because the clients on which these measures are taken are the ones who leave detox and do not typically go on into any further treatment. They are very acute cases and with only 3-5 days of detox at most, their prognosis is poor. Those that completed detox and then entered intensive residential treatment are included in the Intensive Residential abstinence and contact rates above. Residential detox followup contact rate is based on 372 follow ups submitted in FY07, of which there was contact made in 288 cases. In FY 08, there were 360 residential detox follow-ups submitted, of which contact was made in 269 cases. Abstinence rate is based on "0" days used and answers of "unknown" are counted as if using.

Table 4: Performance measures and target goals for outpatient programs: Ambulatory Detox and Outpatient for FY07 vs. FY08

PERFORMANCE MEASURE	ADULT OUTPATIENT					
	Ambulatory Detox			Outpatient		
	TARGET	FY 08	FY 07	TARGET	FY 08	FY 07
Completion Rate	50%	65%	75%	50%	41%	36%
Abstinence Rate	N/A	N/A	N/A	70%	74%	74%
Follow Up Contact Rate	N/A	N/A	N/A	70%	64%	56%
Referral Rate (detox only)	70%	50%	51%	N/A	N/A	N/A

Ambulatory detox was introduced for the first time in FY05. Although using "referral rate" as a measure of performance in ambulatory detox is not logical since clients are already enrolled simultaneously in the least restrictive and last level of care that they could be referred to, outpatient, DSHS is currently using this as a measure and is in discussions about changing this measure. Since all clients involved in ambulatory detox are also in outpatient treatment, follow ups (and, therefore, abstinence) were only counted for outpatient and not ambulatory detox. Since all ambulatory detox clients are concurrently enrolled in outpatient as well, follow-up contact and abstinence performance is included under "Outpatient".

DSHS stopped dividing outpatient into Levels, so intensive and supportive outpatient are both reported under "Outpatient".

The performance for FY07/08 intensive residential and outpatient are taken from DSHS CDS reports and Client Characteristics reports. DSHS calculates abstinence only for those with 0 days of reported use of any substance since discharge (those with “unknown” use rates are counted as if they are using). Abstinence rates are also based only on those for whom a contact was made at follow-up (no contact made is treated as if the person is using). FY07/08 intensive residential and OP abstinence and contact rates listed came from CDS report in BHIPS which reported an 18 mo period from 03/1/06 to 8/31/07 and 03/01/07 to 8/31/08 and includes only DSHS funded cts (80-90% of our client base). Follow-up contacts are also calculated from the total number of discharges for which a contact/followup should have been attempted, not from the number of followups that were attempted; Detox referral rate also came from CDS report that reported on the date ranges of 3/1/06 to 8/31/07 and 3/1/07 to 8/31/08.

DSHS penalizes providers if they do not achieve their target goals for follow-up contacts by deducting the percentage between the target and the actual contacts made and subtracting this percentage from the actual abstinence rate. I have reported the actual abstinence rate rather than the penalized abstinence rate.

Table 5 illustrates the performance measures and target goals for adolescents served in FY08 in our Tarrant Youth Recovery Campus (TYRC) treatment programs:

Table 5: DSHS Performance measures and target goals for the Youth residential program and the Youth Outpatient program for FY07 vs. FY08

PERFORMANCE MEASURE	Youth Residential			Youth Outpatient		
	Intensive Residential			Intensive and Supportive Outpt		
	TARGET	FY 08	FY 07	TARGET	FY 08	FY 07
Completion Rate	70%	76%	60%	50%	39%	27%
Abstinence Rate	70%	90%	79%	70%	72%	61%
Contact Rate	70%	43%	42%	70%	56%	43%

The performance for FY07/08 intensive residential and outpatient are taken from DSHS CDS reports or Client Characteristics reports. DSHS calculates abstinence only for those with 0 days of reported use of any substance since discharge (those with “unknown” use rates are counted as if they are using). Abstinence rates are also based only on those for whom a contact was made at follow-up (no contact made is treated as if the person is using). FY07/08 intensive residential and OP abstinence and contact rates listed came from CDS report in BHIPS which reported an 18 mo period from 03/1/06 to 8/31/07 and 03/01/07 to 8/31/08 and includes only DSHS funded cts (80-90% of our client base). Follow-up contacts are also calculated from the total number of discharges for which a contact/followup should have been attempted, not from the number of followups that were attempted;

DSHS penalizes providers if they do not achieve their target goals for follow-up contacts by deducting the percentage between the target and the actual contacts made and subtracting this percentage from the actual abstinence rate. I have reported the actual abstinence rate rather than the penalized abstinence rate.

Other Effectiveness and Efficiency Measures

Addiction Services has identified additional objectives for each of the general adult substance abuse treatment programs previously described that will be indicative of client success (effectiveness) and program efficiency.

Tables 6-7 list the primary objectives and detail the measures used for each objective. The tables detail the measures, objectives, and goals for each adult treatment program. Inpatient is the Pine Street Intensive Residential program and the outpatient programs include CATS Intensive Outpatient and Supportive Outpatient and Harmon Rd Supportive Outpatient.

Table 6: Additional client outcome variables for **Adult Intensive Residential Program** after 60 days following discharge between 9/1/07 and 8/31/08. Outcome measures include clients who were administered a follow-up during FY 08.

PRIMARY OBJECTIVES	MEASURES	GOAL (%)	OUTCOME (%)	% GOAL ACHIEVED
Reduce drug use	% of clients who reduced the # of days of drug use from admission to follow up	75%	94%	125%
Achieve gainful employment	% of unemployed clients who gained employment by follow-up	30%	13%	43%
Clients not rearrested	% of clients who are not rearrested after treatment	98%	100%	102%
Reduce # of days of drug problems	% of clients w/ at least 25% reduced # of days of drug problems reported at follow up vs. admit	75%	100%	133%
Reduce # days of marital/family problems	% clients w/ at least 25% reduced # of days of marital/family problems reported followup vs. admit	75%	100%	133%
Reduce # days of psych/emotional problems	% clients w/ at least 25% reduced # of days of psych/emotional problems reported followup vs. admit	75%	100%	133%
Recommend our treatment program to a friend	% of clients responding "strongly agree" or "agree" to this survey question	95%	95%	100%

Table 7: Additional client outcome variables for **Adult Outpatient Services** after 60 days following discharge between 9/1/07 and 8/31/08. Outcome measures include clients who were administered follow-ups during FY 08.

PRIMARY OBJECTIVES	MEASURES	GOAL (%)	OUTCOME (%)	% GOAL ACHIEVED
Reduce drug use	% of clients who reduced the # of days of drug use from admission to follow up	75%	95%	127%
Achieve gainful employment	% of unemployed clients who gained employment between discharge & follow-up	30%	18%	60%
Clients not rearrested	% of clients who are not rearrested after treatment	98%	98%	100%
Reduce # of days of drug problems	% of clients w/ at least 25% reduced # of days of drug problems reported at follow up vs. admit	75%	93%	124%
Reduce # days of marital/family problems	% clients w/ at least 25% reduced # of days of marital/family problems reported followup vs. admit	75%	89%	119%
Reduce # days of psych/emotional problems	% clients w/ at least 25% reduced # of days of psych/emotional problems reported followup vs. admit	75%	93%	124%
Recommend treatment to a friend	% of clients responding “strongly agree” or “agree” to this survey question	95%	98%	103%

Tables 8 and 9 below illustrate some additional outcome characteristics of the adolescent clients treated through the Tarrant Youth Recovery Campus (TYRC) at both discharge from treatment and at 60 days follow-up after discharge.

Additional Adolescent Treatment Outcome Characteristics FY08

Table 8 below shows characteristics of adolescent clients served at TYRC at discharge from treatment in FY06- FY08.

<u>Percentage of Clients Who:</u>	Intensive Residential			Intensive/Supportive Outpatient		
	FY08	FY07	FY06	FY08	FY07	FY06
Were abstinent during treatment	75%	82%	66%	36%	29%	26%
Attended AA during treatment	100%	97%	77%	56%	65%	60%
Had a close person involved in treatment	99%	99%	93%	69%	79%	72%
Reported having a disability	0%	1%	15%	11%	1%	13%
Will be exposed to alc/drugs after discharge	28%	31%	11%	6%	8%	3%
Were discharged with a referral for continued services	100%	99%	98%	98%	94%	74%
Were involved with legal system at discharge	86%	94%	87%	61%	59%	62%
Re-entered school since admission	3%	11%	10%	3%	3%	2%
Completed treatment	76%	67%	42%	39%	31%	29%

Table 9 below shows characteristics of those adolescent clients who received follow-up after discharge:

Table 9
TYRC Youth Clients Characteristics at 60 Day FollowUp – 9/1/07 to 8/31/08

Of those clients with whom a followup was done at 60 days post discharge from treatment:	% with no drug related arrests in past 30 days		% with improved school attendance		% totally abstinent from drugs/alcohol in past 30 days at follow-up**		% reduced drug use from treatment admission to followup	
	FY08	FY07	FY08	FY07	FY08	FY07	FY08	FY07
Intensive Residential	90%	86%	24%	59%	90%	79%	100%	77%
Intensive and supportive outpatient	97%	96%	59%	72%	72%	61%	89%	85%

** Based on DSHS’s 18 month performance measure calculations for abstinence at follow-up.

Of those clients with whom a followup was done at 60 days post discharge from treatment:	% clients w/ at least 25% reduced # of days of family problems reported followup vs. admit		% clients w/ at least 25% reduced # of days of psych/emotional problems reported followup vs. admit	
	FY08	FY07	FY08	FY07
Intensive Residential	86%	50%	100%	No data available
All Outpatient	81%	82%	100%	75%

Note: The number of clients that were able to be contacted at follow-up and for whom information was able to be obtained on these two questions was relatively small.

Texas Christian University’s Client Evaluation of Self and Treatment (CEST)

Beginning in March of 2007, MHMRTC – Addiction Services Division’s adult intensive residential program, Pine St., began implementing the TCU Institute for Behavioral Research’s (IBR) Client Evaluation of Self and Treatment (CEST) scale to clients entering and leaving the Pine St. program. The intake version of the scale (CEST-I), is a self-rating form completed by the client at the time of treatment intake. It includes short scales for treatment motivation (problem recognition, desire for help, treatment readiness), psychological functioning (i.e., self-esteem, depression, anxiety, and decision-making), and social functioning (i.e., childhood problems, hostility, risk-taking, and social consciousness). These scales provide a baseline for monitoring client performance and psychosocial changes during treatment, both at the client and the overall program levels. TCU’s IBR scores these scales for us and emails the results on each individual client within a day or two of entering treatment. The counselor is then able to use this information to direct the client’s treatment. Below is an example of client results from the CEST-I where an asterisk (*) indicates a score that is outside the norm and may be an area that needs to be addressed.

CLIENT FUNCTIONING SCORES

PROBLEM RECOGNITION	43.3	<input type="checkbox"/>	DECISION MAKING	28.9	*
DESIRE FOR HELP	48.3	<input type="checkbox"/>	SELF-EFFICACY	42.9	<input type="checkbox"/>
TREATMENT READINESS	43.8	<input type="checkbox"/>	CHILDHOOD PROBLEMS	30.0	<input type="checkbox"/>
SELF-ESTEEM	38.3	<input type="checkbox"/>	HOSTILITY	36.3	*
DEPRESSION	35.0	*	RISK TAKING	40.0	*
ANXIETY	34.3	<input type="checkbox"/>	SOCIAL CONSCIOUSNESS	30.0	*

* indicates Score is outside of the 25 - 75 percentile norm in the problem direction.

Scores range from 10 to 50 with higher scores reflecting more of the attribute.

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At discharge from treatment, all Pine St. clients were also asked to fill out the CEST. The CEST at discharge includes most of the same psychosocial scales completed at intake (i.e., in the CESI) plus scales to measure treatment engagement. Besides motivation, psychological, and social functioning, self-ratings also are obtained on treatment needs, services received, treatment satisfaction, counseling rapport, treatment participation, peer support, and (outside) social support--all representing indicators related to outcomes during and following treatment. Aggregated client assessments provide a basis for evaluating program-level performance. Below is an example of our aggregated program level performance among all counselors in 2008:

TCU -- CEST - TE

SITE:

N=

DATE:

95

9/16/2008

Date Range: 1/26/08 thru 7/18/08

Scores range from 10 to 50 with higher scores reflecting more of the attribute.

TREATMENT ENGAGEMENT SCORES (Avg for Program)

	SCORE	SD	MIN	MAX	N=
TREATMENT SATISFACTION	41.6	6.2	20.0	50.0	95
COUNSELING RAPPOR	43.6	6.2	21.5	50.0	95
TREATMENT PARTICIPATION	44.8	4.8	20.0	50.0	95
PEER SUPPORT	42.9	6.0	20.0	50.0	94
SOCIAL SUPPORT	42.8	6.5	20.0	50.0	94

The highest (best) average score that can be achieved in each category is a 50. "SD" stands for standard deviation from the average score and the lower the number in this case the better. "MIN" and "MAX" indicate the lowest scores achieved in each category and the highest scores achieved.

Specialized Populations

Specialized Populations Services

SERVICES PROVIDED FOR THOSE WITH OR AT-RISK FOR HIV/AIDS

HIV Early Intervention (HEI) Program

From its inception in 1994, the HIV Early Intervention Program (HEI) has continued to provide comprehensive services to chemically dependent persons living with HIV/AIDS. The HEI program is funded through grants from the Texas Department of State Health Services (DSHS, formerly TCADA) and is supported, in part, from Ryan White Title I CARE Act funds. As this program is grant funded, services are offered at no charge to consumers. This program provides intensive case management to chemically dependent persons with HIV/AIDS (through a contract with the Tarrant Council on Alcohol and Drug Abuse); provides for a specialized L.V.N to facilitate HIV medical education and coordination of medical services; and provides counseling to clients, including individual and group counseling, support groups, and drug and alcohol education groups. To be eligible for the HEI program, individuals must be assessed as chemically dependent and diagnosed with HIV/AIDS.

HIV services offered through this program include: Intensive case management which includes support for initial substance abuse recovery; assessment of needs; appropriate HIV-related referrals; treatment plan development; 24-hour on call coverage; linkage and referral to the HIV provider network; coordination of all client related services including transportation and housing; access to a L.V.N specializing in HIV, medical education and medical case management services; individual and group substance abuse counseling; and ongoing follow-up. Through established community partnerships, substance abuse counseling and Acudetox clinics were offered at AIDS Outreach Center- Fort Worth and Samaritan House during the past year.

Below are just a few of the many success stories from our HIV Early Intervention (HEI) program in FY 2008:

A female client living at Samaritan House (a single-room occupancy facility with round-the-clock staffing as well as 24 hour on-call nurse) celebrated 1 year sobriety. She has developed a strong support system, attends support groups and attends 12 step meetings several times per week. She has re-connected with her children who live with her mother and visits with them regularly and is making an effort to be an involved parent. She also has registered to begin college classes.

Another female client with the help of her case manager after many years finally obtained the MR status required to help her with payee status. Her case manager also went with her to court along with

medical documentation and was able to get many of her outstanding warrants cleared due to her mental status. This client was involved in a hit and run where she was struck by a car and in intensive care with a broken arm fractured ribs and many bruises. The hospital did not refer her for physical therapy nor follow up care upon her release. Through the outstanding efforts of her case manager working over the next several months with her primary care doctor, she was able to get the client to a neurological doctor to determine the extent of her injuries. It was found the client had suffered nerve damage and would never regain full movement of her arm. She was enrolled in a physical therapy program and has regained movement in her arm. She has obtained her own apartment and is taking care of herself.

A third female client whose daughter has been in foster care for the past 4 years has had the CPS case closed and now has regained custody of her daughter who is now 7. This young woman has a new baby and through parenting classes has become a good mother to both her children with over 1 year sobriety. Since this woman is partially deaf, her case manager helped her get connected with an agency to help her get enrolled in classes to learn to manage money, gain self esteem, and support herself. She is also involved with a personal counselor.

A male client that has been on the HEI caseload since he got out of prison 4 years ago now has established himself in the community with his own business which includes jobs as a handy man, housekeeper and finish-out person at a neighborhood apartment complex. He has remained sober since becoming an HEI client, serves as a mentor to other new clients in recovery and attends many of the HEI and community meetings.

HIV Street Outreach

The HIV Street Outreach Program was established in 1996 through a grant funded by the Texas Commission on Alcohol and Drug Abuse (now the Texas Department of State Health Services, DSHS). The program was expanded during the last quarter of FY 2000 when DSHS requested the Division assume management of the Denton County Street Outreach program, previously managed by Denton County MHMR. Street Outreach is a prevention/ intervention program dedicated to reducing the risk of HIV/AIDS to chemically dependent or at-risk populations and engaging these individuals into the HIV service provider network. Individuals considered at high risk are more likely to engage in risky behavior including drug use, use of needles, and unprotected sexual activity.

The Street Outreach program consists of outreach teams who work in non-structured locations (street corners, bars, underpasses) in Tarrant and Denton counties educating individuals and referring

clients into substance abuse treatment. The teams contact persons on the street, share information about inpatient and outpatient substance abuse treatment, means to reduce harm, and HIV prevention. The teams facilitate HIV and substance abuse education, conduct screening and assessment, and perform crisis intervention. Additionally, the teams host alternative activities such as educating about and distributing condoms for high risk individuals, as well as providing individuals with referrals to needed services such as medical, HIV-related and psychosocial services, and follow-up. Rapid HIV testing is offered by the outreach team as well. All of the Street Outreach team members are certified to give HIV test results. In FY 2008, held several alternative outreach events such as three events targeting the homeless where food and drinks were served, clothing was given away, and HIV testing and education was provided. Over 250 homeless attended. Other alternative gatherings are held monthly in different locations and address various needs and issues. For example, one month a hotel room was rented and sex workers (75+) were invited to come in for a shower, new clothing and shoes, food and drinks, condom distribution and HIV/STI testing. Two additional events were held in Azle called Party in the Park targeting youth (over 100) where HIV testing/education was provided along with snacks, drinks, games and music. HIV testing at colleges and universities has grown exponentially this past year as the team now provides testing at Texas Women's University, University of North Texas, University of Texas at Arlington, and Tarrant County College to name a few.

For the past two years Street Outreach has been involved with the National Youth Advocacy Coalition, an organization whose goal is to increase the capacity of partnering organizations to effectively reach and provide HIV/STI education and testing to the LGBTQ community (minority in particular). NYAC created the slogan "You Know Different" and supplied our outreach workers with Posters, Palm Cards, and Bracelets. The Outreach Specialist then targeted the youth (13-24) in the LGBTQ communities at universities, colleges, and other locations to help spread the word about HIV risk and availability of testing. Over the past two years MHMRTC Street Outreach has been at the top of the NYAC campaign with innovative social marketing techniques and ideas. We have worked hard to help reduce the socio-cultural factors, such as perceptions and experiences of stigma and discrimination, homophobia, racism, and internalized oppression, which may also lead to increased risk for HIV and other STI's in the LGBTQ community.

To support this campaign the team wore bright orange T-shirts with the logo printed on them to help establish us in the community; we went to work passing out palm cards, talking about harm reduction steps, and scheduling testing appointments at the official testing sites located at the University Student Health Services. To get more involvement by youth, we involved them in our planning to ensure that the message reached the intended target and that it came from a trusted source such as peers, the

Internet/Web, Social Institutions (LGBTQ Alliance, PFLAG, and the UNT Ally Program) and Street Outreach themselves.

Finally, a major prevention event called The SPEAK Project (Safer Practices Elevating Awareness and Knowledge) was held at the Ridglea Theater that reached approximately 1,000 18-25 year olds. The event was a health fair and substance abuse/HIV/STD educational event disguised as a rock concert. Well known bands such as Black Tie Dynasty, The Burning Hotels, the Cut*off, and PPT donated their time to play at this event which lasted from early afternoon into the evening. Other donating sponsors included Adidas, Starbucks, Wal-Mart, Smart Water, TRS Behavioral Health, Recovery Resource Council, the Tarrant County Public Health Department, and the City of Ft. Worth. Outreach staff provided education on safer sex, STDs, HIV/AIDS and substance abuse in between musical sets as well as one-on-one via outreach workers who roamed through the crowd talking to the young people. This whole event was the brainchild of one of our street outreach workers, Kevin Ryan, and some friends of his who had a vision to bring the subjects of STDs and sex and substance abuse among our young people out in the open and to create a venue and event that would be the catalyst for drawing young people to an educational health fair event that was nothing like any health fair one has ever seen. As a result of this event in which over 46 companies aligned in support, 249 individuals received HIV testing and education, many of which also received a risk assessment. A number of individuals also received testing or referral for testing of other STDs through the Public Health Department who had representatives at the event.

Some of the performance measures for HIV Street Outreach in FY 2008 include the following:

Table 10

Tarrant County HIV Street Outreach (SOR)

Activity	FY 2008 Goal	FY 2008 Actual	% YTD Goal
Outreach Contacts (Adult and Youth)	8,860	11,255	127%
Screening	160	268	168%
Adults Identified At-Risk for HIV	3,987	6,243	157%
Youth Identified At-Risk for HIV	797	1022	128%
Adults Tested For HIV	1,120	1,047	93%
Youth Tested For HIV	265	142	54%

Activity	FY 2008 Goal	FY 2008 Actual	% YTD Goal
Risk Reduction Interventions	N/A	1,693	N/A
Adults/Youth Attending Educ Presentations	N/A	6,354	N/A
Clients Placed in Treatment	160	268	168%
New Community Agreements	20	68	340%
HIV/AIDS/STD Brochures distributed	N/A	16,634	N/A
Condoms distributed	N/A	33,378	N/A
Hygiene and Bleach Kits distributed	N/A	bleach 168 hyg 1,307 total 1,475	N/A

Project Health First Plus (PHFP)

Project Health First (PHF) was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) in October 2001 as a collaborative project designed to reduce HIV risk and substance abuse in minority communities in Tarrant County, Texas, ultimately promoting health and healthy lifestyles. Project Health First's goal of decreasing the disproportionate incidences of HIV infection among minority injecting drug users was achieved through outreach, education, counseling and testing, case management and immediate access to individualized substance abuse treatment. The collaboration between Mental Health Mental Retardation of Tarrant County, Addiction Services Division, Tarrant County Public Health Department, Tarrant Council on Alcoholism and Drug Abuse, AIDS Outreach Center, Mental Health Mental Retardation of Tarrant County, Research Division and an Advisory Board enhanced the continuum of care for minority substance abusers in Tarrant County. The goal of this project was to engage, educate, motivate, and mobilize communities of color to ultimately reduce the risks of HIV/STD and substance abuse through outreach, education and treatment. The project provided two reserved detoxification beds, reserved two intensive residential treatment beds, expanded intensive case management specializing in services for chemically dependant persons at-risk or living with HIV/AIDS, and provided additional licensed professional counseling through our AIDS Outreach Center partner. In FY2004, when Project Health First (PHF) concluded, SAMHSA awarded us another grant, Project Health First Plus (PHFP), to continue

all of the above services. This new grant has sought to build upon the successes of the previous grant and add additional focus to provision of more services to Hispanic/Latinos and men who have sex with men (MSM). This grant was in its last year in FY2008. Complete evaluation reports are available separately.

Table 11

Tarrant County Project Health First Plus (PHFP)

FY08
(10/01/07 – 09/29/08)

Activity	FY 2008 Goal	FY 2008 Actual	FY2008 Goal Completion
GPRA Intake Completed	*84	109	130%
GPRA 6-month Follow-up rate	**80%	81%	101%
Individual Outreach Contacts	2,000	1,815	91%
Pretest Counseling	600	425	71%
HIV Tests Conducted	600	425	71%
Post-test Counseling	420	386	92%
Group Outreach - Education classes	300	700	233%
Target Population – MSM	15% of males	20% of males	133%
Target Population – Hispanic	20% of all clients	40% of all clients	200%
Admission – BG	48	76	158%
Admission – Pine Street	36	***48	133%
Admission – Case Mgt	30	31	103%
Admission – Brief Intervention Therapy	35	26	74%

*Actual goal was 84 new intakes per year, but since 109 were admitted, the goal is to GPRA all 109 of them.

** The follow-up rate is 80% out of 93 possible. 75 were actually completed giving an 81% follow-up rate.

***Pine Street admissions include 15 duplicates who were first admitted to BG.

Reduction in Alcohol and Drug Use From PHFP Project. A significant decline in alcohol and drug use in the past 30 days by clients at intake and 6-month follow-up was found. Follow-up data were available on 311 participants. At baseline, they reported an average of 9.4 days of alcohol use in the past 30 days. At follow up, this number declined to 1.9 days of use. This decline was statistically significant (Wilcoxon test, $p < .001$). The decline in illegal drug use was more dramatic. Reported drug usage

declined from 20.3 days of use at baseline to 3.5 days of use at follow-up (p < .001). This reduction is an outcome goal for PHFP and is a positive indication of the collaborative efforts of the PHFP team.

Conclusions From Project PHFP

PHFP has consistently met most of its objectives over the five years of the grant period. The five agencies which make up the PHFP team have been successful in their efforts to provide services to the community, mostly due to their ability to communicate and work with one another on every aspect of the project's goals.

The outreach team has contacted more than 10,200 at-risk individuals over the course of the project, providing educational materials and testing for HIV/AIDS in the community. The above chart indicates that goals for some outreach categories were not reached for 2008. The reason is that overall goals had already been exceeded. The completion goals for all five years were surpassed for Individual Outreach Contacts (102%), Pretest Counseling (123%), HIV Test Conducted (123%) and Post-test Counseling (114%). The outreach team has been successful in reaching minority populations, injecting drug users, and men who have sex with men (MSMs).

Inpatient services have also been largely successful in serving the target population. Seventy percent of inpatient clients were minorities over the span of the project. Hispanics accounted for half of the minority population. About 1 in 5 men admitted for inpatient treatment were MSMs. Both residential detoxification and short-term residential treatment have enjoyed high rates of successful completions. During the length of the project, the successful completion rate of 74% for the case management component has been very consistent. Contributing to this success rate is the fact that the same case manager has been involved with the project since most of its span and has worked well with the PHFP team to provide services needed. The case manager was able to provide services to 153 clients over the five years of the project.

The brief therapy component has provided 28 new inpatient clients treatment during this past year. A little over one third of the participants (36%) were able to attend 3 or more sessions with the counselor for intensive treatment. Throughout the project, the successful discharge rate has fluctuated between 65% and 85% and was at 76% at the biannual period. Some of this could be attributed to the different perspectives of the counselors in reporting outcomes who have treated PHFP clients over the 5-year span. Overall, 199 clients were serviced by receiving additional intensive counseling.

**Complete evaluation reports are available on requests.

Ryan White Grant

Similar to the HIV Early Intervention (HEI) program described previously, The Ryan White program provides outpatient substance abuse treatment and intensive case management specifically for HIV+ substance abusers. This program has continued to be funded successfully since 1999. Below are some of the statistics for this program in FY 2008:

Table 12

Ryan White Grant Outcomes- FY 2008

Ryan White Title I- March 1, 2007- February 2008

SERVICE CATEGORY	<u>YTD (Units of service)</u>
Medical Case Management	48 clients 1,051 units
Counseling- Substance Abuse	126 clients 2,299 units
Transportation	81 clients 856 units

Client data for this fiscal year:

Number of clients served (unduplicated)	255
Number of units of service delivered	4,206
Number of new client intakes	42

Rural Street Outreach Project (RSOR)

This project is funded by a 5-year federal grant awarded to the Addiction Services Division of Mental Health Mental Retardation of Tarrant County (MHMRTC) from the Center for Substance Abuse Prevention (CSAP), a part of the Substance Abuse Mental Health Services Administration (SAMHSA). These grant funds were designated to build capacity in the rural counties surrounding Tarrant County by expanding services provided by AIDS Resources of Rural Texas (ARRT) and Texas Inmate Services (now called Texas ReEntry Services). The primary goal of the Rural Street Outreach (RSOR) project is to prevent and reduce substance abuse and transmission of HIV and Hepatitis in 8 Texas counties: Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, and Wise counties. The target population includes at-risk minorities and post-incarcerated minorities. The first project year (October 2005 – September 2006) was dedicated to planning. During that year, an extensive needs assessment was conducted and a strategic plan was developed. Actual services to consumers did not begin until December 2006 in the

form of rural street outreach, substance abuse and HIV education, substance abuse screening and referral to treatment, and HIV testing and risk reduction planning.

Outreach contacts. Between September 2007 and September 2008, the outreach team made 2331 contacts with 1670 unduplicated individuals. The project set a goal to outreach 1500 individuals per year. The outreach efforts have exceeded the established goal by making 111% contacts in the targeted communities.

Materials Distributed. A total of 18,456 condoms were distributed by the outreach team (11,600 during initial contact and 6,856 during follow-up contact). This number represents a significant increase in condom distribution from the previous year and is approaching the target of 20,000 condoms distributed per year. An additional 2611 reality (female) condoms and 694 dental dams were also distributed. Proper use of condoms and other barriers was discussed with the great majority of individuals during their initial contact with the outreach team ($1567 / 1670 = 94\%$).

HIV Testing. In all, 623 HIV tests were provided, far surpassing the project goal of testing 300 individuals. Nearly all tested individuals (99%) also received a risk reduction plan and pre/post-test counseling.

Of the 623 individuals tested, 275 (or 44%) were minorities. As this project is primarily intended to reach ethnic minorities, this percentage was lower than expected. However, in relation to the goal of testing 300 individuals, 275 minorities tested represents 92% of the target number.

During outreach efforts 11 individuals tested were reported as HIV positive, for a rate of 1.3%, the same as the state-wide rate from 2004-2006 across all testing sites. Eight of the individuals who tested positive for HIV (72% of those testing positive) were ethnic minorities.

Substance Abuse Treatment Assessments/Referrals. The outreach team has exceeded its goals in providing substance abuse treatment assessments and referrals. This year's efforts resulted in 244 screenings completed as reported on the Basic Contact Record. This exceeds the project goal of at least 40 substance abuse assessments/referrals.

Group Presentations. 72 presentations were made to a total audience of 1463, which far exceeds the projected goal of at least 180 individuals. Presentations occurred in all target counties except Somervell County.

Health Fairs/Block Parties. The outreach team participated in 8 health fairs and/or block parties where educational materials were distributed, information was provided, testing completed and referrals were made.

Capacity Building. The project surpassed its annual goal of securing 5 new community-based agreements. A total of 26 site recruitment contacts were made resulting in 7 new agreements. Year-long agreements were with Weatherford College Nursing Program in Weatherford, TX; Tarleton State University Health Center, Stephenville, TX; New Looks Cleburne, TX; Log Cabin Book Store in Ft. Worth, TX; Tarrant County Parole, Ft. Worth, TX; Wise County Women's Shelter, Decatur, TX; and Bridgeport Health Care Center, Bridgeport, TX. According to outreach staff reporting, 15 service provider trainings were completed this grant year (compared to a goal of 6) with a total of 294 staff members present.

Media Events. The outreach project conducted one media campaign this year. It consisted of billboard advertisements posted along major Texas highways in the targeted counties, and movie theater promotional ads. The media campaign was contracted through Challenge, Inc., a substance abuse education advocacy group based in Tarrant County. The media campaign was oriented primarily toward the Hispanic population.

Core Intervention. The core intervention for the project consists of two individualized education/risk reduction sessions. In all, 635 individuals participated in Session 1. Of these, 277 (or 44%) were minorities. The great majority of participants received a risk reduction plan (95%) and pre/post-test counseling (98%).

Session 2 was attended by 308 individuals. Thus, fewer than half completed the intervention. Of those who received a second session, 58% were minorities.

Participant Knowledge. Relative to other MAI site participants (Cohort 6 Grantees), RSOR participants scored relatively well in their HIV knowledge (as measured by the mandated survey instrument). Other sites had an average score of 73% correct at baseline and 79% at exit; RSOR had an average of 83% correct at baseline and 85% at exit. In the topic of Hepatitis the Cohort 6 sites had mean percent correct of 33% at baseline and 54% at exit, while RSOR participants had mean percent correct of 46% and 51% respectively for baseline and exit interviews.

SERVICES FOR HOMELESS SUBSTANCE ABUSERS

MHMR of Tarrant County – Addiction Services Division was involved in three projects in FY08 to provide treatment services to substance abusers who are homeless: the Emergency Shelter Grant (ESG) provided by the City of Fort Worth Housing Department; the Supporting the Homeless Grant funded by HUD through the Tarrant County Continuum of Care process; and Project HOPE, funded by the Substance Abuse Mental Health Services Administration in collaboration with the lead funded agency, the Recovery Resource Council. Following are some summary outcomes and statistics on these programs in FY2008.

Emergency Shelter Grant (ESG)

Funded by the City of Fort Worth Housing Department, this project allowed us to provide a medically assisted detoxification for up to 6 days to homeless substance abusers, preparing them to then transition into intensive residential or outpatient treatment following their detox. Our goal in FY2008 was to serve 12 homeless substance abusers and we actually served 13 clients, 108% of our goal. In addition, 92% of those who entered the detox program successfully completed the program.

Supporting the Homeless Program (SHP)

Funded by HUD through the Tarrant County Continuum of Care application process, this project provided one medically assisted detoxification bed and two intensive residential beds per month for homeless substance abusers. In addition, a full-time case manager provided intensive case management services for a caseload of 20-25 persons throughout the year. Twenty-eight (28) new clients were provided treatment and case management in FY2008, 86% of which were considered chronically homeless defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter (i.e. not transitional housing) during these stays. 46% were ethnic minorities (primarily African-American) and at least 15% had a co-occurring mental illness.

Clients were measured at admission, six months post admission and 12 months post admission in the areas of residential stability, increased skills or income, and greater self-determination using the United Way Self-Sufficiency Scale. This scale measures housing, income, employment, health, and transportation on a range of scores from -2 (the worst, homeless, no income, unemployed, poor health, no transportation) to a +2 (with -1, 0, -1 in between). Below are our objectives in these categories along with our performance:

Residential Stability

Objectives:

a) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 75% of case managed clients will have increased by one point or level in the housing category by the six month evaluation period.

b) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 50% of case managed clients will have increased by two points or levels in the housing category by the twelve month evaluation period.

Progress:

a) 30 clients were eligible for a 6-month follow-up in the housing category and 20 (67%) received a 6-month follow-up. Of those who received a 6-month follow-up, 85% (17/20) increased by at least one level in the housing category (12 of these 20, 60%, increased by 2 or more levels).

b) 34 clients were eligible for a 12 month follow-up in the housing category and 18 (53%) received a 12-month follow-up. Of those who received a 12-month follow-up, 78% (14/18) increased by at least two levels in the housing category.

Increased Skills or Income

Objectives:

a) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 50% of case managed clients will have increased by one point or level in the **income** category by the six month evaluation period and 50% will have increased by two points or levels by the 12 month evaluation period.

b) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 50% of case managed clients will have increased by one point or level in the **employment** category by the six month evaluation period and 50% will have increased by two points or levels by the twelve month evaluation period.

Progress:

30 clients were eligible for a 6-month follow-up in the income category and 20 (67%) received a 6-month follow-up. Of those who received a 6-month follow-up, 75% (15/20) increased by at least one level in the income category.

34 clients were eligible for a 12-month follow-up in the income category and 17 (50%) received a 12-month follow-up. Of those who received a 12-month follow-up, 94% (16/17) increased at least two levels in the income category.

29 clients were eligible for a 6-month follow-up in the employment category (1 was disabled) and 20 (69%) received a 6-month follow-up. Of those who received a 6-month follow-up, 41% (12/29) increased at least one level in the employment category.

33 clients were eligible for a 12-month follow-up in the employment category and 18 (54%) received a 12-month follow-up. Of those who received a 12-month follow-up, 61% (11/18) increased at least two levels in the employment category.

Greater Self-Determination

Objectives:

a) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 50% of case managed clients will have increased by one point or level in the transportation category by the six month evaluation period and 50% will have increased by two points or levels by the twelve month evaluation period.

b) On the United Way's Self-Sufficiency Scale ranging from -2 to +2 (-2, -1, 0, +1, +2), 75% of case managed clients will have increased by one point or level in the **health** category by the six month evaluation period and 50% will have increased by two points or levels by the twelve month evaluation period.

Progress:

30 clients were eligible for a 6-month follow-up in the transportation category and 20 (67%) received a 6-month follow-up. Of those who received a 6-month follow-up, 80% (16/20) increased at least one level in the transportation category.

33 clients were eligible for a 12 month follow-up in the transportation category (1 was already at the highest rating possible at intake) and 18 (54%) received a 12-month follow-up. Of those who received a 12-month follow-up, 72% (13/18) increased at least two levels in the transportation category.

30 clients were eligible for a 6-month follow-up in the health category and 20 (67%) received a 6-month follow-up. Of those who received a 6-month follow-up, 95% (19/20) increased at least one level in the health category.

34 clients were eligible for a 12 month follow-up in the health category and 18 (53%) received a 12-month follow-up. Of those who received a 12-month follow-up, 100% (18/18) increased at least two levels in the health category.

Project HOPE

The goal of Project Hope is to assist adult homeless persons with substance abuse issues in becoming self-sufficient, productive members of the community. Homeless men and women receive substance abuse treatment, pre-employment assistance, access to stable housing, and additional ancillary services. Particular emphasis is placed on providing services to women with dependent children, a traditionally underserved portion of the homeless population. Homeless individuals qualify for Project Hope based on the following criteria:

1. Being 18 years old or older
2. Being homeless or marginally homeless
3. Displaying current substance use (within 30 days before outreach)
4. Requiring intensive case management

Recovery Resource Council (formerly Tarrant Council on Alcohol & Drug Abuse) is the lead agency for Project Hope collaborating with a number of other agencies including Mental Health Mental Retardation of Tarrant County Addiction Services (MHMRTC-Ads), Volunteers of America (VOA), Union Gospel Mission (UGM), Workforce Solutions of Tarrant County, and Fort Worth Housing Authority Shelter Plus Care (S+C). MHMRTC Addiction Services provided intensive residential treatment for grant-funded clients. The successful completion rates were extremely high as shown below:

Table 13: MHMRTC-Ads Intensive Residential Treatment Completion Rates – Project HOPE FY2008

Substance Abuse Treatment	Successful Completion		Early Termination		Total
	N	%	N	%	N
Intensive Residential	31	97%	1	3%	32

As a CSAT-funded grant, a central goal of Project Hope is to provide substance abuse treatment services in an effort to reduce substance abuse among the targeted population of homeless individuals. There were 26 clients who received substance abuse treatment at a MHMR of Tarrant County facility and completed follow-up interviews during the period of September 1, 2007 to August 31, 2008. At intake these clients averaged 12 days of use of alcohol or illegal drugs within the last 30 days. **At 6-month follow-up, the number of days of reported drug use within the last 30 days decreased to 1.5 days.**

Using a Wilcoxon statistical test, the difference was significant at $p < .001$. Of 26 clients reporting substance abuse at intake, 24 or 92% reported reduced substance use at the follow-up interview. The benchmark for reduced substance use is 60%.

SERVICES FOR ADOLESCENT SUBSTANCE ABUSERS

AAFT - II Project

The Assertive Adolescent Family Therapy – II (AAFT-II) program strives to address the problem of truancy and substance use for students referred to the Fort Worth Independent School District’s (FWISD) Comprehensive Truancy Court Program. The AAFT-II program is funded by a 3-year federal grant from the Center of Substance Abuse and Treatment (CSAT), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA). Mental Health Mental Retardation of Tarrant County (MHMRTC) Addiction Services is the lead agency. The collaborating partners are FWISD’s Comprehensive Truancy Court Program (aka Attendance Control Court) and MHMRTC’s Evaluation and

Outcomes Division. It is anticipated that 132 participants will be served during the three-year period of this project.

The AAFT-II program started in September 2007 and is currently in its 2nd Year, 1st Quarter. It is comprised of two components: Adolescent Community Reinforcement (ACRA) and Assertive Continuing Care (ACC). ACRA involves 12-14 weeks of services that take place in an office setting. Most of the sessions involve individual counseling with the adolescent with at least two sessions involving the caregiver only and one involving both the adolescent and his/her caregiver. ACC involves 12 sessions that take occur outside of the office in places such as the home, school or recreational facility. Unlike the ACRA component, the sessions have an informal structure that includes both counseling and constructive activities. The sessions involve the adolescent and on occasion, his or her support system.

Clients for the AAFT-II program are primarily from the FWISD Comprehensive Truancy Court located at Eastern Hills High School. Clients referred to the court are screened and assessed by the Truancy Court Liaison for substance abuse issues. The Adolescent Substance Abuse Subtle Screening Inventory (SASSI), Global Appraisal of Individual Needs-Short Screen (GAIN-SS) and a urine test are used as part of this process. Based on the findings, the Truancy Court Liaison then makes recommendations for services which are presented before the judge. The judge includes these as part of the court order and the client is placed under the court's jurisdiction for 6-months.

After an adolescent has been referred to the AAFT-II program, the Truancy Court Liaison schedules a Global Appraisal of Individual Needs (GAIN) interview with one of the counselors at the Tarrant Youth Recovery Campus (TYRC) of MHMRTC. The goal is to have this interview completed within 7 days of referral. Following the GAIN interview, the case is reviewed to see if the client is eligible for the AAFT-II program. If the client is eligible, then counselor sets up a formal admission interview. Clients who do not meet criteria for the AAFT-II program are referred to other programs that best meet their needs. In Year 1 40 adolescents were referred to TYRC for a GAIN interview. Of those, 34 were interviewed, and of those, 30 adolescents were enrolled in the AAFT-II program.

Three-month Follow-Ups. The cumulative 3-month follow-up rate has passed the CSAT benchmark of 80% required for follow-ups. Follow-up rates are expressed as the number of interviews completed out of the total number that were possible. Interviews were considered possible if a 90-day window was open and calculated at 3-month anniversaries from the date of the intake interview. **The follow-up rate is 95%.** The average 3-month follow-up rate for all Targeted Capacity Expansion grantees³ is 84%.

Six-month Follow-Ups. Table 4 below shows that the cumulative 6-month follow-up rate has passed the CSAT benchmark of 80% required for follow-ups. **The follow-up rate is 93%.** The average 6-month follow-up rate for all Targeted Capacity Expansion grantees is 81%.

ACRA and ACC Treatment. For 22 (data available on only 25) of the clients, this was their first treatment for alcohol and substance abuse. Only 3 clients had had prior treatment, and of those only one had more than one treatment. The 30 clients enrolled in year 1 were all referred to ACRA and required to complete 12-14 ACRA sessions. Two of the sessions would involve the caregiver and counselor and one of the sessions would involve the caregiver and adolescent. Of the 30 clients enrolled in ACRA, 8 clients completed ACRA and also started ACC in year 1.

In Year 1, of the 30 clients enrolled in the AAFT-II program, 20 had the time available to complete 8 weeks or more of the ACRA program. The number of clients who completed 8 weeks was 15 or 75%. According to Goal 2, Objective 1 in the grant proposed, 65% of adolescents served in the substance abuse treatment program will be retained in the program for at least 8 weeks of the 12 week ACRA program. Based on the findings, this objective was met as 75% of clients served were retained. The remaining objectives can only be addressed after clients have discharged from the program.

Conclusion and Summary of Key Findings

Based on the data, clients referred to the program are truant and using marijuana. The clients are also primarily of Hispanic origin and there is a mix of males and females with slightly more males. Clients appear to be using drugs with their peers. Clients also present with symptoms of anxiety and disorders. In addition, nearly ¼ appear to have symptoms of PTSD. Also, evidence of ADD and Conduct Disorder appears evident. Clients appear to start using in their earlier teens and engage in risk taking behaviors involving tobacco use and teenage sexual activity.

Future reports will include more information on the components of ACRA administered and an outcome analysis.

Clinical Trials Network Study

The National Institute of Drug Abuse (NIDA) established the Clinical Trials Network to enhance the delivery of scientifically based treatments to drug abuse patients and bridge the gap between researchers and practitioners. In 2005, UT Southwestern Medical Center was awarded a grant from NIDA to establish The Texas Node of the Clinical Trials Network. The Texas Node is comprised of researchers in the Psychiatry Department at UT Southwestern Medical Center (designated as the Regional Research

and Training Center) at Dallas and seven Community Treatment Providers (CTP) located in Dallas, Fort Worth, Austin and El Paso. MHMR of Tarrant County – Addiction Services Division is one of the seven CTP’s. One of the primary objectives of this unique partnership between community treatment providers and academic researchers is to ensure the transfer of research results to physicians, clinicians, providers and patients. To date, NIDA’s CTN has initiated 30 research protocols nationwide and the findings from several of these protocols have been published. In general, the findings support the efficacy of many of these protocols such as Motivational Interviewing, Contingency Management and Buprenorphine. In addition, numerous ongoing protocols include potentially effective interventions that will enhance the treatment of patients with substance abuse problems. These promising interventions include Seeking Safety and Twelve Step Facilitation.

In the past year, MHMRTC-AdS’s Tarrant Youth Recovery Campus (TYRC) was involved with several other CTP’s around the country in a clinical trial protocol entitled “Randomized Controlled Trial of Osmotic-Release Methylphenidate (OROS-MPH) for Attention Deficit Hyperactivity Disorder (ADHD) in Adolescents with Substance Use Disorders (SUD)”. Locally, 42 clients were consented with 28 randomized into the study. The last subject was seen at TYRC on 9/9/08 for the last follow-up visit. TYRC consistently led other sites across the country in numbers of clients enrolled into the study. Community leaders were complimentary regarding the innovative actions taken to enhance recruitment. Nationally, study enrollment was closed on 5/14/08 resulting in 303 subjects randomized across the country. Monitors have commented that our regulatory documents and medication accountability records were exemplary. Our site has had a low rate of data queries and quick responses to correct queries as needed, and we have typically been at the lead with data accuracy.

The Study Lead Team at UT Southwestern Medical Center will continue to conduct data analyses and oversee publications resulting from this landmark study (the largest of its kind ever done) for years to come, which may significantly impact standard treatment for adolescents with ADHD and a substance abuse disorder in the future.

Fiscal & Efficiency Outcome Data

Table 14: Comparison data for Adult Detoxification, Residential, and Outpatient programs during Fiscal Years 2004 through 2008.

SERVICE CATEGORY	FY 04	FY 05	FY 06	FY 07	FY 08
Detoxification (Residential detox)					
Admissions	825	737	740	690	746
Days Billed	4,340	4,692	4,561	4,220	4,993
# Beds Available	12	12	12	12	12
Avg. # & Percentage of Beds Occupied	11.88 99%	12.85 107%	12.48 104%	11.52 96%	13.67 114%
Avg. Length of Stay(Days)	5.3	6.4	6.2	6.1	6.7
Detoxification (Ambulatory detox)					
Admissions	N/A	331	245	231	275
Days Billed	N/A	1,825	1,791	1,724	2,292
Avg. Length of Stay (Days)	N/A	5.5	7.3	7.5	8.3
Intensive Residential					
Admissions	1005	923	823	724	793
Days Billed	18,053	18,095	18,830	18,307	18,482
# Beds Available	50	50	50	50	50
Avg. # & Percentage of Beds Occupied	49.5 98.9%	49.6 99.2%	51.6 103.2%	50.2 100.3%	50.7 101.3%
Avg. Length of Stay (Days)	18.0	19.6	22.9	25.3	23.3
Outpatient					
Total OP Admissions	1,639	1,913	1,869*	1,977*	2,029
IOP & SOP Group Hours	41,382	34,797	35,741	44,763	48,483
IOP & SOP Individual Hours	4,481	4,402	4,195	5,060	5,145
Average Length of Stay (Days)	Not Available	70.0^^	57.0^^	63.0^^	66.0
^^ These scores were Medians rather than Means					

* These totals are larger than that reported in the FY06 and FY07 Management Reports because TAIP clients were being reported in a different system and these were not immediately available.

Table 15: Comparison data for Adolescent Residential and Outpatient programs during Fiscal Years 2005 through 2008

SERVICE CATEGORY	FY 05	FY06	FY07	FY 08
Intensive Residential				
Admissions	188	178	166	143
Days Billed	5,515	5,134	5,718	5,825
# Beds Available	16	16	16	16
Avg. # & Percentage of Beds Occupied	94%	88%	98%	99.7%
	15.1	14.1	15.7	15.95
Average Length of Stay (Days)	29	29	34	41
Outpatient				
Total OP Admissions	429	381	392	435
IOP & SOP Group Hours	9,404	9,118	8,543	8,481
IOP & SOP Individual Hours	1,210	1,673	1,900	2,642
Average Length of Stay (Days)	58.0**	85.0**	94.0**	86.0
** These scores were Medians rather than Means (avg)				

Referral Source Satisfaction

REFERRAL SOURCE SATISFACTION AND NEEDS ASSESSMENT

In August, 2008, the Addiction Services Division distributed a satisfaction questionnaire to referral sources in the community to determine the degree to which the Division meets the needs of the agencies from whom the Division receives referrals, and the substance abuse needs that exist within the community. In order to utilize the benefits of existing technology and in hopes of possibly increasing the response rate, a computerized template of the survey was created, which would allow the survey to be emailed to agencies, filled out by the respondent on their computer, and subsequently emailed back to Addiction Services.

Fifteen (15) survey responses were returned from individuals at twelve (12) local Tarrant County agencies and evaluated for the purpose of this report.

The satisfaction survey design has three types of questions: 1) descriptive information gathering (fixed-response) questions, 2) open-ended questions, and 3) rating-scale/evaluative questions. The referral source satisfaction survey is attached.

The responses to the scaled questions are based on a five-point scale (1.0 to 5.0) whereby responses are ordered or placed in categories along a single dimension (i.e. terrible, poor, fair, good, excellent). In general, the goals of the Addiction Services Division are to obtain a score of 4.0 or greater on each of the survey questions, which would indicate overall satisfaction with services. A mean score of 3.5 or less on any of the questions will be addressed and measures will be taken to correct the areas of concern.

Responses to Scaled Questions

Questions 3, 4, 5, 6, 7 and 8 are scored on a scale of 1 to 5 with a 5 being the highest or most positive score. These questions address satisfaction with assistance received by staff when referring clients to the program (Question 3), competency and knowledge of AdS staff (Question 4), quality of

services received by the referred client (Question 5), whether the time clients had to wait for services (waiting list) has been satisfactory in the past year (Question 6), whether the program met the referral source client’s needs (Question 7), and the probability that the referral source would recommend our services to a friend (Question 8). Table 16 shows the mean scores for Questions 3-8 and the percentages of positive responses for FY08 compared to FY06. Table 17 details the responses by agency for Questions 3-8.

MHMR of Tarrant Co. – Addiction Services Division
Referral Source Satisfaction Survey FY 2008

Table 16: Referral agency survey average scores for scaled questions and percentage of positive responses

	FY08 Mean score	FY08 % Responses “excellent” or “good”	FY06 Mean score	FY06 % Responses “excellent” or “good”
Q3: Satisfaction with assistance received when making referrals	4.33	93.3%	4.25	87.5%
Q4: Competence & knowledge of staff	4.29	86.7%	4.50	100%
Q5: Overall quality of services received by client	4.21	86.7%	4.13	87.5%
Q6: Satisfaction with length of time client had to wait for services	3.53	46.7%	3.50	50.0%
Q7: Agreement that the program met the client’s needs	4.07	86.7%	4.25	87.5%
Q8: Overall satisfaction with services client received and would recommend to a friend	4.27	86.7%	4.00	62.5%
Q9: Are services trauma sensitive and safe for consumers	Yes	100%	N/A	N/A

*Note that in FY06 there were only 8 survey responses which can serve to artificially inflate the percentages. Mean scores in FY08 were higher though in four out of six of the questions compared to FY06.

Table 17: Responses to Scaled Questions by Agency for MHMR of Tarrant County - Addiction Services Division Referral Source Satisfaction Survey FY2008

Agency	Satisfaction	Competent	Quality	Wait	Needs	Recommend	Safe
Phoenix Associates Counseling Services	Good	Good	Good	Neutral	Good	Good	Yes
JPS Mom and Baby Special Services Program	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Yes
Volunteers of America TX	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Yes
Tarrant Co. Medical Ed.& Research Foundation	Good	Good	Excellent	Good	Excellent	Excellent	Yes
Baylor All Saints	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Yes
Tarrant Co. Juvenile Services	Excellent	Good	Good	Good	Good	Good	Yes
The Right Step	Good		Good	Neutral	Good	Good	Yes
Main Street MH Adult Clinic MHMR	Good	Good		Neutral	Good	Good	Yes
North TX Addiction Counseling and Education	Good	Good	Good	Neutral	Good	Excellent	Yes
Tarrant Co. Juvenile Services	Excellent	Excellent	Neutral	Neutral	Poor	Poor	
MHMRTC	Good	Neutral	Good	Neutral	Good	Good	Yes
Unknown	Good	Good	Good	Good	Good	Good	Yes
Volunteers of America TX	Good	Excellent	Excellent	Neutral	Good	Excellent	Yes
Tarrant County Public Health, Adult Health Services	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Yes
The Excel Center of Fort Worth	Excellent	Excellent	Good	Excellent	Good	Excellent	Yes

A majority of the respondents (93.3%) described the assistance they received from Addiction Services staff when referring clients into our programs as either “excellent” or “good”. A clear majority (86.7%) of the respondents reported that the AdS staff members that assisted in the referral process were competent and knowledgeable (responses of “excellent” and “good”).

One area of concern among referral sources continues to be the time clients wait to enter services. Only 46.7% of referring agencies/programs reported that the length of time clients have to wait for admission into services is “excellent” or “good”. It is also clear, once again, from the open-ended question responses that the length of the waiting list was the primary concern for most respondents. Once clients were able to enter our treatment programs, however, the majority of these agencies/programs stated that the quality of services the client receives (86.7%) and the ability of the program to meet their client’s needs (86.7%) was “excellent” or “good”.

Overall Agency Satisfaction

Of the agencies/programs responding to the survey, 86.7% reported that there was an “excellent” or “good” chance that they would recommend our programs to a friend. This seems to indicate a rating of overall satisfaction and confidence in the addiction treatment programs provided to clients around the county. Some of the possible reasons for dissatisfaction expressed on some of the scaled questions may be found by analyzing responses to the open-ended questions.

Responses to Open-Ended Questions

There were four questions on the survey that were open-ended. Table 18 addresses what respondents perceived to be the **most** positive aspects of their experience with the Addiction Services Division, the aspects of their experience with the Division that they like the **least**, critical services the respondents felt were **not** being adequately offered to clients, and whether or not the Addiction Services Division is providing services that are perceived to be trauma sensitive and safe for consumers.

Agency	Most Liked	Least Liked	Comments	Suggestions for services not provided
Phoenix Associates Counseling Services	12 Step Group Participation	wait time		
JPS Mom and Baby Special Services Program	Level of care and treatment	wait time	MHMR is an asset to this community and all of Tarrant County	Assist with housing needs for women and children
Volunteers of America TX				More funding for Beds
Tarrant Co. Medical Ed.& Research Foundation	Well developed and thorough services that are on the cutting edge of treatment	wait time	This community would really be in dire straits if there were no MHMR Addiction Services	At times there is not a seamless transition for clients in need of both addiction and MH services simultaneously
Baylor All Saints	that clients are accepted regardless of financial status			
Tarrant Co. Juvenile Services	TYRC is always open to feedback and go out of their way to provide services for our kids	Occasionally the process for getting youth into OP services seems disorganized, however they are always willing to get youth in once the error is discovered. Sometimes receiving information on how youth's doing in OP is sporadic		
The Right Step	The staff	wait time		
Main Street MH Adult Clinic MHMR	That they help our clients	wait time		more places in which to serve the clients is needed
North TX Addiction Counseling and Education		wait time	MHMR AdS Does Excellent Work	Adolescent Female Residential
Tarrant Co. Juvenile Services	convenience to make visits with clients	my clients do not finish the program successfully and most often run away from the facility		Only speaking on my clients, a higher success rate would be nice. My clients seem to have a high rate of relapse. Please note that this is possibly due to the lack of aftercare participation from the family.

Agency	Most Liked	Least Liked	Comments	Suggestions for services not provided
Unknown	That they serve indigent clients	wait time	Addiction providers should look at providing services to the client based on their preferences	MMP-Outpatient Services
Volunteers of America TX	very caring	wait time		Supportive (Level II)
Tarrant County Public Health, Adult Health Services	Staff is knowledgeable and genuinely care about their clients. The collaborative efforts with TCPH to meet the needs of the client and the community with drugs and STD/HIV awareness.		This agency is a valuable resource in the community to help persons who have made a conscience decision to become drug free and develop life skills to become a contributing citizen.	
The Excel Center of Fort Worth	responsive to community and Individual needs	not well known by community		

STAFF SATISFACTION SURVEY

Staff Satisfaction Survey

FY2008

In July of 2008, all staff in the Addiction Services Division were given a satisfaction survey regarding their experience working for the Division. Staff were told that their responses were individually confidential and that they did not need to put their name or their job title on the survey, only the facility/program they work for.

There were four questions on the survey that were open-ended and required a narrative response and there were seventeen questions that asked for a rating on a 5 point rating scale. The scale ratings ranged from a “1” for “Strongly Disagree” to a “5” for “Strongly Agree”. All of the questions, except for question 10, were positively worded so that the highest (best) rating possible would be a “5” for “Strongly Agree”. Question 10 was worded in such a way that the best possible rating expected would be a “1” for “Strongly Disagree”. Therefore, when the ratings from individuals were averaged, the best possible rating for all questions except for question 10 was expected to be a 5.00, while the best possible rating expected for the average of all responses to question 10 was a 1.00. Mean averages close to or below a 3.00 (except for question 10) are of concern. Below are the mean averages for each of the rating scale questions by facility/program.

Table 19: MHMRTC-Addiction Services Staff Satisfaction Average Scores By Program

	Admin	Amb Detox	CATS	Harmon Rd	Pine St/BG	SOR	TYRC	All Programs
1. I know my work contributes to quality in services for people.	4.67	5.00	4.67	4.50	4.58	4.17	4.50	4.54
2. I am included in discussions about my work.	5.00	5.00	3.33	4.25	3.47	3.50	3.55	3.61
3. I am included in decision-making about my work	4.33	5.00	2.83	4.00	3.25	3.67	3.42	3.40
4. I am told when I am doing a good job.	5.00	5.00	3.17	4.50	3.64	4.00	4.05	3.86
5. I get the training I need to do my job.	4.67	5.00	3.20	4.25	3.80	4.00	4.25	3.97
6. I can talk with my supervisor about concerns or problems on the job.	5.00	5.00	3.67	4.25	4.03	4.67	4.45	4.22
7. I am supported to do whatever is best for each person with whom I work.	5.00	5.00	3.50	4.00	3.81	3.83	4.16	3.95

	Admin	Amb Detox	CATS	Harmon Rd	Pine St/BG	SOR	TYRC	All Programs
8. My supervisor is concerned with helping me to do a good job.	5.00	5.00	3.83	4.25	4.03	4.67	4.30	4.20
9. My opinion counts.	4.33	5.00	3.17	3.33	3.14	3.67	3.50	3.36
10. There is no room for making mistakes in my job.	3.33	2.00	2.83	2.00	3.36	2.33	3.05	3.07
11. I am only asked to do what is reasonable.	4.67	5.00	2.67	3.75	3.25	3.33	3.60	3.41
12. The people I work with help each other to do a good job.	4.33	5.00	3.83	4.00	3.75	3.17	3.85	3.79
13. I use the organizational policies and procedures.	4.67	5.00	4.00	3.75	4.24	3.50	4.30	4.18
14. Policies and procedures help me to do a good job.	4.00	5.00	3.83	4.25	4.19	4.00	4.10	4.13
15. I can always ask questions when I don't understand what to do.	4.67	5.00	3.83	4.25	4.06	4.00	4.00	4.07
16. I have the materials to do a good job.	4.67	5.00	3.33	4.00	3.58	4.00	4.20	3.84
17. I think my organization tries to do whatever is best for the people we serve.	5.00	5.00	4.17	4.50	3.97	4.67	4.10	4.16

Open Ended Questions

These four questions asked survey respondents about the strengths/positives of their job, their perceived needs on the job, their preferences for their jobs, and what their supervisor does well and could improve upon.

Strengths – The primary strengths noted across the Division were the passion, enthusiasm, dedication, service-mentality, caring, diversity, teamwork, genuine desire to help, and commitment among all staff. Also mentioned was great leadership and excellent agency training opportunities.

Needs - Some of the needs noted by survey participants included were more funding, more clinical training, more consistency in provision of expectations of staff and dealing with staff who are not performing, better treatment curriculums, faster access for clients, more reliable client data management system (BHIPS), more staff incentives, better communication between staff members and between management and frontline staff, more staff, newer equipment (like kitchen, furniture, etc..), and more consequences for staff and clients not performing.

Preferences – Some of the preferences noted included giving frontline staff more input into how programs are run, standardizing charts better, allowing time for community networking, more ability to be creative and think out of the box without fear from upper management, more focus on what is done well, create a more efficient workflow, more respect and consistency, less preaching and more listening.

Supervisor – Since we allowed the survey participants to respond anonymously, it was almost impossible to ascertain who the supervisor(s) being referred to was. Nevertheless, the overall comments were favorable for supervisors and included notations such as: strives to be the best, communicates well and gets things done, is fair, clinically skilled, open and available, leads by example, understanding, respectful, kind, hard-working, awesome, supportive, and provides feedback. Some suggestions for improvement included: improve skills in supervising people, be more willing to discipline staff who need it, preach less and listen more, react less, don't use fear/threats, don't pick favorites, don't compare unfairly, and ask staff opinions before making sweeping changes.

Client Satisfaction

CLIENT SATISFACTION- FY2008

In FY 2008, satisfaction surveys were distributed to clients receiving services from programs within the Addiction Services Division (AdS) on an ongoing basis as clients were discharging from the program. The satisfaction surveys were distributed to clients in each of the AdS treatment programs including: Billy Gregory detox, Pine Street intensive residential treatment, CATS and ARC-Harmon Road supportive/intensive outpatient treatment facilities and the Tarrant Youth Recovery Campus.

The client satisfaction survey has three types of questions: 1) descriptive information gathering (fixed-response) questions, 2) open-ended questions, and 3) rating-scale/evaluative questions. The responses to the scaled questions are based on a five-point scale from 1.0 to 5.0. The goal of the Addiction Services Division is to obtain a score of 4.0 or greater on each of the survey questions, which would indicate overall satisfaction with services. Any scores less than 4.0 will be investigated and addressed as an area of concern. The client satisfaction survey is included as Attachment C and highlighted program results are shown in the following pages.

Client Sat Survey All Qtrs FY2008
September 1, 2007 – August 31, 2008

Number of respondents to survey:

Total respondents – 1,043
Billy Gregory Residential Detox – 93
Pine St Intensive Residential- 266
CATS Outpatient – 238
Harmon Rd Outpatient – 239
Tarrant Youth Recovery Campus – 151 (95 residential, 56 outpatient)
Ambulatory Detox – 41
Other - 15

Ethnic Breakdown:

Total all clinics:
59% Caucasian (613/1,043)
17% African-American (181/1,043)
19% Hispanic/Latino (194/1,043)
2% Native American (17/1,043)
< 1% Asian (9/1,043)
1% Other (11/1,043)
<1% No Answer (8/1,043)

Top 5 Services Clients Say They Need More Of:

Billy Gregory Detox:

1- More individual counseling – 27 votes
2- Help with relapse prevention – 20 votes
3- Help with mental health issues – 20 votes

- 4- Help with employment issues – 19 votes
- 5- Help with IV drug issues - 14 votes

Pine St Intensive Residential:

- 1- More individual counseling – 123 votes
- 2- Help with employment issues – 90 votes
- 3- Help with relapse prevention issues – 73 votes
- 4- Help with mental health issues – 70 votes
- 5- Help with relationship issues – 63 votes

CATS Outpatient:

- 1- More individual counseling– 20 votes
- 2- Help with relationship issues – 19 votes
- 3- Help with parenting issues – 17 votes
- 4- Help with relapse prevention/employment/mental health issues – 14 votes each
- 5- Help with tobacco issues – 12 votes

Most voted “would change nothing” or didn’t answer

Harmon Rd Outpatient:

- 1- More individual counseling – 26 votes
- 2- Help with relationship issues – 22 votes
- 3- Help with mental health issues – 19 votes
- 4- Help with parenting issues – 16 votes
- 5- Help with employment issues – 15 votes

Most voted “would change nothing” or didn’t answer

Ambulatory Detox:

- 1- More individual counseling – 13 votes
- 2- Help with relapse prevention – 9 votes
- 3- Help with parenting issues – 7 votes
- 4- Help with mental health issues – 6 votes
- 5- Help with employment issues – 5 votes

TYRC Residential:

- 1- Help with relapse prevention issues – 18 votes
- 2- Help with tobacco issues – 16 votes
- 3- Help with employment issues – 11 votes
- 4- Help with IV issues – 8 votes
- 5- More individual counseling – 7 votes

TYRC Outpatient:

- 1- Help with relapse prevention – 7 votes
- 2- More individual counseling – 6 votes
- 3- Help with employment issues – 5 votes
- 4- Help with relationship issues – 4 votes

** Not enough votes for a 5th issue**

Adult Residential Detox FY2008

MOST LIKED

The Staff!! - Many positive comments were made regarding the caring, compassion and skill of the staff. Some notable comments include: “the people who work here really seemed to care about the clients and were very helpful”; “staff showed me what I was doing wrong and helped show me the path to recovery”; “The courtesy and consideration I was given”; “Hands on nursing staff that helped w/any of my ailments”; “The staff listened to us and understood my problem”; “I liked how compassionate they were about my recovery”; “The staff and nurses saved my life”.

The Food!! – Just as they did last year, the clients repeatedly praise the quality of the food our cooks prepare each day.

Medication Protocol – Clients had nothing but good to proclaim about the new Suboxone/Buprenorphine medication for opiate withdrawal. Some of the comments included: “I was coming off heroin and it was painless”; “The detox protocol works very well!”; “The detox medication is a wonderful drug”; “The detox program was the easiest and least painful out of the times I've detoxed prior”; “I liked the new medicine and how helpful the nurses are”; “The new opiate protocol (suboxone)”.

Adult Residential Detox FY2008

LEAST LIKED

Rules/Procedures – Many clients complained that there was not enough to do, especially in the area of therapy. We believe this is a consequence of the startlingly positive success of the new opiate withdrawal medication that doesn't have the same sedating side effects as previous medications. Therefore, clients are now more alert and ready to begin treatment. Some other issues clients had with rules include: “Being able to drink other beverages in the day room would be good”; “couldn't read the newspaper or watch news”; “That we couldn't socialize with Pine Street”; “I could not eat at 3:00 in the morning snack machine”; “No TV”.

Staff Problems – Although the majority of comments regarding staff were positive, some clients felt like staff, including techs, nurses and cafeteria staff, were rude. Some of the comments included: “Admission process with the young holy punk”; “Being treated with little respect”; “How some of the staff talk to people”; “Rudeness of cafeteria staff”; “some of the nurses and staff were rude and their attitude was uncalled for/for just asking a simple question”; “staff in detox and kitchen were VERY VERY rude and unsympathetic”.

Facility/Atmosphere – Several complained that the beds and pillows were uncomfortable.

Adult Intensive Residential FY2008

MOST LIKED

The Staff!!! – The most prevalent comments made were those about how loving, warm and caring the staff were. Some comments included: “The caring staff who helped me confront my issues”; “How well the counselors worked with me and opened my eyes”; “It was like one big family”; “The sense of family, togetherness, all staff possess a genuine care for the clients”; “Care, loving environment”; “The fact that my recovery was important to others, not only me. They gave me hope”; “The sense of family”, “The love you feel when you walk in the door”; “The sense of love and unity and the staff showing that they really cared about you”; “I felt very welcomed and comfortable”; “My counselor made me feel wanted and loved to where I told something that I was holding in for about 17 years”; “I could share my inner most feelings with clients and staff comfortably”; “Love from all the staff”; “Comfort Warmth”.

Cognitive/Behavior Changes – “It gave me back the hope I once had”; “I learned how to love me and learned to stay clean & sober”; “How it taught me how to trust again”; “The experience I liked most a MHMRTC was the ability to learn that life was still there if I wanted it”; “Help me to be open minded”; “The way they pulled me to the side and explained my behaviors and negativity toward them & others & recovery”; “It showed me how to control my own life”; “Helped me deal with my fathers death, taught me things about myself I didn't know”; “I liked the structure and responsibility of keeping up a schedule that I couldn't do on my own”.

Skills/Activities/Safety – With the implementation of our new Seeking Safety curriculum, it was gratifying to hear so many clients remark on how safe they felt in the program and how much they liked the curriculum. Some comments included: “The whole program is great and I feel like I learned a lot here on Safety and feelings, coping skills”; “I liked feeling safe from the outside world, I liked going to outside meetings”; “Seeking Safety Plan”; “The group meetings on safe coping skills and the tools that I need to stay clean in the outside world”; “learning safety and coping skills”. Also repeatedly mentioned were the relapse prevention classes and the ROPES experiential course.

Camaraderie with Others – “The program, the friends that I now have from coming here”; “The treatment and friends that make my life what it is now”; “The willingness to help with my problems and the closeness of the clients. It was like at home with my family”; “I found a family here, my peers were helpful at time of needs”; “Empathy from clients, able to verbalize”; “Meeting new people with the same problems”; “I loved the people, they were all non-judgmental and they helped me in the most important thing in my life”; “I like the feeling of having a family and everyone sticking together and helping”; “To participate with other clients emotionally and just off the cuff”; “I liked the closeness between us ladies”; “The bond of my pine street sisters”; “Sharing my experiences with the other women”; “The compassion of the other clients and meeting others with addictions. We are not alone!”; “Meeting other women like me who want a better life”; “Camaraderie between techs and clients”.

Adult Intensive Residential FY2008

LEAST LIKED

Schedule and Rules – Some of the issues that clients voiced over and over again included:

“Not enough sleep”; “Having to get up so early”; “Smoke Breaks (too many)”; “Not being able to dress like I wanted and we couldn't talk to the men”; “That we did not have enough time to spend with counselors”; “No TV”; “Failure to maintain accurate schedules”; “Not enough physical exercise”; “Not being able to talk to the women”.

Problems with Other Clients – Clients disliked other clients who acted as if they didn't want to be there, clients who were negative, and the drama that seemed to occur mostly among the women. Some of the comments included:

“There was a lot of drama that distracted me”; “Clients act like babies”; “The women that could care less about being here”; “The bickering among the women”; “The conflict between clients regarding phone & chores”; “There were some individuals in the program who goofed off a little too much”; “Drama, noise”; “Nosey people not concerned with their own recovery”; “Gossiping every ones situation”.

Staff Issues – Most of the problems clients had with staff centered around the perception that rules were not universally applied to everyone in the same way, that some staff ignored breaking of rules while other staff were unduly strict in enforcing rules. Some of the comments included:

“Every body had their own rules”; “Some techs being disrespectful”; “Some of the staff I thought showed favoritism to some clients and I felt a staff was racist”; “That all clients didn't receive the same discipline actions- some got away with murder and still stayed”; “Being treated like an irresponsible pre-teen”; “Unruly, disrespectful clients not getting reprimanded”; “double standard between men and women”; “One tech saying/doing one thing and another doing something different”.

Facility – “The beds sucks”; “The Beds”; “The beds and pillows”; “Moldy - nasty showers”; “Vent duct dirty in kitchen directly over food”; “Mold in the showers”; “cleanliness needs to be a lot better”; “Home group in a little bitty room”.

CATS Adult Outpatient FY2008

MOST LIKED

The Staff!!! – Clients at CATS had many wonderful things to say about the counselors and the office support staff who provided services for them. Here are just a few of the things they said:

“The counselors they genuinely wanted to help with your addiction without passing judgment. The staff made my experience enjoyable.”; “The staff, especially Laurie, was very understanding and patient with me”; “The fact that they treated you like a person and not just some junkie”; “The staff care. Laurie could have 30 girls in the class and remember each one’s problems and issues”; “I loved my groups with Monica. She made things fun but with serious issues at the same time”; “Staff was Excellent! They listen and provided very good feedback”; “The class was very good for me because Monica didn't force anything on my. She let me open up when I felt comfortable”; “I was a very unhappy person when I came to CATS but thanks to Cary working with me & getting me out of where I lived, I am a very much happier person. I liked how it really got specific”; “To be honest, Laurie was very inspiring to me; she tries her hardest to help”; “I needed help with outside sources and they went above and beyond getting me the help I needed”; “This program is very helpful and supportive. I enjoyed the groups, they were informative. Laurie is an excellent counselor”; “The thing I liked the most at CATS was Monica Browne. She was pleasant, thoughtful and respected you as a person (not for a drug addict)”.

Group Camaraderie – Clients talked a lot about the feeling of camaraderie and “family” that they felt among the other clients and that hearing other people’s stories strengthened them and helped them to not feel so alone. Some of the comments included:

“I like group sessions because you meet people who have the same issue as you and I feel comfortable (enough) to talk about my addiction”; “I was content in the fact knowing that other women have the same problems as me and that I wasn't alone”; “I loved the group and meeting new people. I made a new friend who lived 1/2 block away”; “I love that I can say whatever I'm feeling and I'm understood and respected”; “I liked hearing everyone's different stories, knowing I am not alone helps me deal a lot”; “I felt that they helped me a lot and I met girls that had the same problems I did”; “people listened and didn't judge you and it was a big support group”.

Openness/Honesty/Non-Judgmental - Another issue that was continually listed by clients was how they felt like their experience in treatment was safe, open, honest and non-judgmental. Here are a few of the actual comments:

“We were free to talk about what was wrong without being criticized”; “The way we could all open up about anything and be able to react without feeling like an outcast”; “How honest everyone was”; “I liked the way you could talk about any thing and nobody would judge you”; “Being able to express your feelings to come open”; “I was treated with care and respect by all. I knew I was in a safe place and felt loved”; “The way I felt at home with new family, felt free to openly talk things out in group”; “Everyone was treated like someone”; “they talk and you listen and when you talk they listen”; “That I could say pretty much anything and no one would put me down”; “The groups were of people who experienced similar things and were non-judgmental”.

CATS Adult Outpatient FY2008

LEAST LIKED

Structure of Program – Many of the things that clients did not like about CATS were related to the structure of the program such as:

“Need to be open on Sundays so people don't have to take off work”; “I did not like that the different intake persons were not consistent in explaining when to schedule individuals and that the last 4 sessions should be once a week”; “Not getting to come more in a week”; “Would have liked to have had the METH class in the morning”; “Only one Women's Group and it was in the morning”; “Having to go by the book and be grouped with all CPS Cases, when individual situations are all different”; “Classes were a little long”; “Movie Day and some of the counselors”; “Watching videos only one day”; “Would like more parenting classes”; “Looking at movies”.

Several people also thought the groups were too large:

“Groups were too large in the beginning”; “The huge amount of people”; “The large classes”; “too crowded (too many in one room)”.

Long Drive - Another issue had to do with where the facility is located and it being a long drive for several of the participants. Some of the comments were:

“the drive out here”; “The drive from Arlington”; “the area where the treatment program is located”; “having to drive from Keller”; “having to drive 30 minutes to get here”; “getting to CATS (transportation problems)”.

Disinterested Clients - Another common issue was that some clients were just not as participatory, interested or serious about their treatment and recovery as others, and many of the more serious clients did not like having to deal with the less serious clients in their groups:

“The way some people laughed about their addiction”; “Didn't like fooling with some of the other women”; “Well on some occasions certain females brought bad vibes into the group”; “Some of the participants' lack of wanting to be there ruined some days”; “The 10-12 group everyone was mainly arguing over CPS and material that wasn't recovery related”; “The clients who didn't want to be there bringing drama to the group”; “people being late walking in, in the middle of class when someone is talking, very disrespectful”; “immature people that did not look forward to listen and learn”.

Adult Ambulatory Detox FY2008

MOST LIKED

The Staff!! – Clients raved about the ambulatory detox counselor and nurse:

“How informative and helpful Butch was in helping set up guidelines for my recovery”; Butch and Brandi are very good people”; “Butch did an excellent job, he know his business and the nurses were excellent also”; “Thank you Brandy and Butch- Love you!”; “The program, the people, the understanding of my needs, I don’t want to leave!”; “Butch Clemons and all the counselors really helped me believe in myself”; “I liked that the staff related well and focused on aiding my recovery”; “Mr. Butch understood everything and more”; “love all you guys! Each one has made a large impact on my life more than you know”; “The family type atmosphere that is maintained, with all employees and patients”; “They helped me to feel more about myself and life”; “The daily meditations and each member of the group sharing, I liked especially when Butch came and talked”.

Accudetox/Auricular Acupuncture Sessions – Another major part of the success of ambulatory detox has been the use of the auricular acupuncture or “accudetox” sessions:

“The accudetox program was fantastic! We are lucky to have Butch Clemons in this program helping us!”; “The accudetox. The hour with relaxing music, candles and when butch would guide us downward in meditation”; “The acupuncture session was soothing and helpful”.

Adult Ambulatory Detox FY2008

LEAST LIKED

Varied – There was really no consistent issue that clients reported disliking:

“2 hour group in aftercare”; “Acudetox needles”; “Family night one night when one of the staff spoke”; “certain people in the groups”; “Getting up early and driving in all the way from Grapevine”; “too many days, I had to come here”; “That I couldn't stay with Butch longer”; “That I couldn't come in on the weekends”; “some discussions were harsh”.

Harmon Rd. Adult Outpatient FY2008

MOST LIKED

The Staff!! – As has been the case each year, the majority of “most liked” responses are in regards to the excellent services provided by the staff. Staff were described as skilled and competent, loving and caring, genuine and non-judgmental, creating an environment that feel safe and could be trusted. Some of the actual comments included:

“The ability to communicate on a personal level with my counselor on my specific issues”; “The fact that I wasn't judged for my flaws”; “Counselors actually took time to listen”; “The gentle leadership of Loretta S.”; “Darlynn's group is relaxed enough we really get honest. Everyone participates and feels comfortable”; “The Thursday Women's group 4-6 pm, Loretta was Great, got a lot out of it”; “Christy leads some really effective groups because she incorporates the 12 step program with the groups”; “The counselors listen to what I have to say”; “counselors were very thorough in explaining, open minded”; “The staff was so sincere with everything, so nice and understanding”; “The fact that my counselor Darlynn was very understanding and the groups she did were always interesting and kept your attention”; “honesty and openness of the staff”; “How comfortable the staff makes you feel and knowing they truly care about you and your recovery as an individual”; “Darlynn, my counselor, was awesome and I the friends I made”; “I really liked Loretta, she seemed to understand my needs”; “The understanding of the counseling staff and their honesty and help with my situation and helping to guide me in how to manage my life”; “The tools and confidence that they gave me”; “The staff's overall sensitivity and knowledge of my problems. Very competent staff”; “Deborah was a very good counselor and very professional”; “The friendly atmosphere, respect and helpfulness from the whole staff and the ability to open up about my addictions”; “How nice, polite, funny and helpful Darlynn was, she really helped me a lot”; “All staff were very good and were concerned about my wellbeing”; “I liked the amount of trust I was able to build up with the staff”; “I liked how Christi didn't force me to talk a lot but let me when I needed to” ; “The front desk clerk (Wanda) was always so pleasant and funny. Deborah made me feel better even if I didn't feel bad”; “My counselors were great and helped me understand what I was going through, Deborah was my most recent counselor and she helped me work out some issues, Christi really listens and gives great feedback”; “She can read me and understands so I relate well with both. I feel I received a lot of care and help from both and couldn't have gotten on the road to recovery without them”; “The counseling staff, very caring about my problems”; “The dedication of the staff to my Meth addiction”; “Caring, Genuine Staff”; “Darlynn and Deborah were very informative and wonderful in aiding me in my treatment”; “The way the counselors helped. They were always in my corner”.

Group Experience – The clients also again this year gave high praise for the open, safe group sessions and the camaraderie and closeness they felt with other clients who had been through similar experiences. Some of the actual comments included:

“Having people w/similar problems in the same class. It gave you an opportunity to be honest with yourself”; “Being able to relate and learn from others”; “A DWI at this time in my life was traumatic to me, I never felt alone in this program and actually learned others had a lot worse problems”; “I liked how comfortable I felt after just a couple of groups”; “I liked the groups It helped to talk to everyone”; “No Pressure, easy to communicate with”; “Interaction with others who share the same problems”; “Group sessions were a tremendous help in the sense that it allowed me to develop a better interaction with my peers”; “Being able to be myself, without being judged. Being able to be somewhere neutral and get things out of my head and realize there are people worse than me” ; “My groups from 6-8 on Thursdays were very open, honest and positive in my recovery”; “The way I could open up and talk about my feelings without being judged”; “The freedom to express myself”; “Just how easy it was to be open about my feelings”; “Realizing that I am not the only one”; “Hearing all the stories, knowing that there were others going through similar situations”; “The honesty and security that I felt enabled me to open up and understand myself better”; “they helped me realize that I could develop more of a problem with alcohol if I did not address the issue”; “Social Interaction with struggling addicts”; “The ability to share and not feel singled out”; “The fact that it helped me be more open about my past and be able to open up about it and not feel awkward to talk about it”; “The friends I met in group and the group dynamic”.

Harmon Rd. Adult Outpatient FY2008

LEAST LIKED

Amount of time it took - “The time it took me to finish”; “2 hours classes”; “Groups were a little long”; “Too many weeks”; “Having 23 weeks of it”; “The classes being 2 hours long”; “Time out of my day to make class, but it was worth it”; “23 groups. too many”; “the length of time it took to complete”; “That there were so many classes, but overall I appreciate everyone in this situation”; “It was a long program but no real complaints”; “having to be here for 23 weeks”; “The group meetings were a little too long”; “It was very time consuming”.

Long drive - “One hour drive from my house”; “distance from home, so far to come to”; “the long drive from Carrollton, other than that, no complaints!”; “the drive to MHMR”; “walking or riding down here”; “so far from my home to come to”; “Having to drive to this end of town”; “the drive from Grapevine cause of the price of GAS!”.

Being forced to come by court - “Having to be forced by Tarrant County to come here”; “That it was forced”; “Just having to come at first but I was always willing to give it a chance and it was a good thing for me”; “being made to come at first”; “a lot of people in program are forced and in denial, hard to be around”; “having to be here”; “unfortunately court ordered”; “The fact that it took a judicial ruling before I was aware that this program existed”; “At first I didn't like it because I didn't think I needed any help with anything but once I got comfortable, it was very helpful”; “court ordered”; “it was court-ordered but turned out to be a blessing”.

Group too large - “Large group sessions”; “Sometimes too many people in group and not everyone gets to talk”; “too large classes sometimes so there wasn't enough time for personal processing”; “# of people in some groups”; “groups were too crowded”.

Procedural Issues - “Going to a women's group did not work for me”; “I wanted more women's groups & one on one with therapist”; “The time of the meeting”; “Not enough talk about the actual drugs”; “Appt. being scheduled that I came in for and couldn't see anyone, because the counselor wasn't here”; “I wish the meetings were everyday”; “The turnover”; “More one on one time”; “Hours of operation”; “It didn't last long enough”; “legos exercise”; “Being changed into Deborah's group after I began with Darlynn, It frustrated me to be moved”; “waiting in line to sign in”; “memorization games in group”; “I could only participate in two groups each week”; “switched around counselors a few times, it took my trust away from the new people”; “IDT handouts, repetitive”; “It was too repetitive and needed more activities”; “would have liked to have a budgeting class and learn more coping skills”; “not able to smoke during group”; “I would've liked maybe a few more AIDS/HIV classes but switch the materials used”; “only one individual session a month, I liked talking one on one with my counselor”; “not being able to do more than two groups a week”; “The switching of counselors, I was assigned one counselor and the second time I was there I saw a different counselor”.

Problems with other clients and cost - “Some clash with other individuals about beliefs”; “Some of the other clients (attendees) attitude and lack of respect for women”; “the price”; “Some of the other recoveries were not serious about their recovery”; “I didn't feel comfortable discussing problems with drugs and alcohol since I was not a user of either”; “financially stressed”; “how many people smoked cigarettes”; “spending the money”; “A lot of the participants weren't really wanting to be there so the brought down morale”; “all girls class was cliquy and certain clients glorified "using"”; “some of the clients weren't taking their recovery as seriously”.

TYRC Youth Residential FY2008

MOST LIKED

Field Trips/Outings - Adolescent clients got to go on a lot of field trips and outings this year and the clients voiced how much they liked this aspect of treatment. Some of the comments were:

“I like going out for trips and to the park”; “Boys and girls club and being sober”; “Boys and girls club and state fair”; “The trips that we had and the staff were helpful at times”; “I liked the field trips we went on”; “The field trips”; “The laid back time we always got and the outings on Fridays”; “I like that we went on fieldtrips”; “The outings”; “That we went on outings on Fridays”; “I like the field trips and the new rules”; “Well I got along with everyone, I really like the outings and I like going outside to play ball”; “being on outings”; “going on outings and recovery”.

Lessons Learned/Staff – Many of the comments from youth were directly about the actual learning that had taken place for them in treatment and helped them to begin their recovery process. They also commented on how staff had helped them in many cases. Actual comments included:

“The fact that it helped me to stop using and made me not want to use ever again”; “We were showed we can have fun with out drugs”; “I experienced that I need to change my attitude”; “It wasn't like being locked up”; “That they made me realize that I did have an addiction and I needed to be better to me and my family”; “I have a chance to see my life get better”; “How involved they were with my recovery”; “That they gave us tools to use when we have a problems”; “They helped me see the real me”; “It helped me with all my illegal choices and made my attitude positive”; “I learned a lot about my addiction, the counselor explained a lot in group”; “The staff's encouragement and positive advice”; “learning how to change my behavior”; “It helped me regain my values and respect for myself”; “How nice the staff was and helpful. They all wanted to help when I needed it”; “I liked that even though I acted a fool, MHMRTC still accepted me”; “Made me turn my attitude completely into a positive and drug free person”.

TYRC Youth Residential FY2008

LEAST LIKED

Rules – Not surprising were the many comments about rules and procedures in the program that the adolescents did not like. Some of these included going to bed at 10:00pm, the points system, down time between activities/groups, and having to stay longer than they wanted. Some actual comments included:

“That it is boring”; “How they search your rooms”; “the schools”; “The fact that they didn't tell me my discharge date till today”; “Sitting and doing nothing watching the same movies”; “Down Time”; “Losing points”; “How long it lasted”; “I couldn't go home when I wanted”; “Need more activities”; “Waking up early”; “Watching the same movie over and over again”; “points”; “cold showers”; “Not being able to leave here when I wanted”; “It's too long”; “All the groups”; “How long I stayed”; “The UAs”; “gaps between the groups in which we do the same thing over and over to get through boredom”; “Getting punished for what somebody else did”; “that we didn't get enough time to sleep”; “going to sleep at 10 pm and less free time”; “going to bed early”; “I can't go home for a long time”; “that you are not at home and that you go to sleep at 10”; “The early bed time”; “how much time it took to complete”; “groups were too crowded”; “I did not like the NA Meeting and lining up”.

Staff Problems – “Some of the staff try to talk down on you”; “The disagreements with the staff”; “The staff treating me unfairly”; “Mistakes made by counselors and staff”; “some of the staff”; “Some staff (not all) were very unfair just to pick and choose who they were cool with”; “The staff can sometimes be really annoying and mean”; “The office referrals and some of the staff”.

Other Clients – “The other clients”; “I don't like all the annoying peers here”; “Some peers but we always worked problems out”; “Some of the residents that attended here”; “the attitude of peers”; “clients didn't always listen”; “the clients”; “The clients disrupt the class and the trip to NA / AA”.

Food – “the food”; “the food”; “Sometimes the food, but I dealt with it”; “bedtime and food”; “The food”; “food and certain staff”.

TYRC Youth Outpatient FY2008

MOST LIKED

The Staff!!! – “The staff is nice”; “The counselor Ms. Karen”; “The staff were always friendly and made me feel like I was a person”; “I like how the people were always understanding & worked on what I needed work on & how they came to my school”; “How I was respected even with my past problems”; “The way Ms. Gloria teaches the group and contributes with students”; “The hope and the people”; “The Conversations and Motivation”; “How they were being honest to the patients”; “It felt like they really cared”; “Sandy being my counselor, she is cool and understanding”; “They didn't force me to stop (using)”; “Ms Gloria was very cooperative and I could actually open up to her”; “That Gloria was straight-out”; “How good the teachers were able to agree and understand my situation”.

Lessons Learned – “Learned about drug use”; “How it gave me what I needed to stay clean”; “That everything it's the truth in here”; “I learned stuff about drugs that can do bad stuff to me and helped me stop using drugs”; “They helped me realize that I had a problem”; “I like how they showed us other ways to take my mind off of marijuana”; “How they explain and showed me my life (can be) drug free”; “I learned many useful things that I know will help me when I am troubled and need advice”; “The people here gave me a better understanding in life. Now I have confidence in staying clean and sober”; “I figured out that I can do things in life and I don't have to be on drugs to do them”; “I like that we had field trips and had other fun, and they taught me a lot of problems I got with staying clean”.

Outings/Field Trips/Activities – “The field trips”; “Going to the Boys and Girls Club”; “Pizza, it gave me something to do”; “When I had someone to really talk to and the actually listen and when people came to talk to us and when we ate pizza, talked to the people that came to do the little games”; “What I like the most is going to the boys and girls club”; “going on field trips”; “All the group activities and making everyone participate”.

Peers – “Just meeting people who respect me”; “Getting to know other girls with the same issues as me and being able to compare and resolve”; “I met people that were going or went through the things I was going through”; “I could relate to the rest of the people”; “I liked the girls because they're all open with one another and not scared or shy”; “The other kids were nice to me”.

TYRC Youth Outpatient FY2008

LEAST LIKED

Rules/Procedures – “The drug tests”; “Too long”; “How long it takes”; “Paperwork”; “It was too long”; “deductions”; “taking drug test”; “Couldn't UA in private”; “taking the UA's and not being able to wear T-Shirts”; “drug tests”; “Meeting times”; “The hours I had to come and have meetings”; “too long”; “UA's”; “They wouldn't let me wear red”; “class being two hours long”; “Having to pee in a cup”; “I had to stop smoking”; “That it was two hours long but it went by quick and was fun”; “That we couldn't keep our cellphones during class”; “I didn't like when someone went in with me during my UA”.

Various – “Taking up free time”; “too far away from my house”; “Being away from home”; “Wasting my Tuesday”; “The distance from my house”; “some of the classes were boring cause I knew all the stuff they were talking about”; “some times we didn't have pizza”; “accepting that I am an addict”; “Not enough time at the Boys and Girls Club”; “some people were boring!”; “Wished I could have more time at the boys and girls club”; “some kids were "dawgin" me because of where I was staying in Fort Worth”; “When the least amount of clients mess things up for all the clients”; “a whole lot of groups that I already knew about the stuff”; “The location”; “how hot the room was”.

# of surveys: 1,043	Location: All Facilities FY08 ALL Four Qtrs	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree
		5		4		3		2		1				
1	Staff polite/ helpful when first came to program	630	60.40%	290	27.80%	87	8.34%	11	1.05%	18	1.73%	7	0.67%	88.80%
2	Services received helped me deal with problems more effectively.	648	62.13%	327	31.35%	45	4.31%	5	0.48%	10	0.96%	8	0.77%	94.20%
3	Program did an excellent job of meeting my needs.	647	62.03%	303	29.05%	64	6.14%	7	0.67%	8	0.77%	14	1.34%	92.32%
4	My rights as an individual were fully respected in this program.	673	64.53%	257	24.64%	59	5.66%	15	1.44%	15	1.44%	24	2.30%	91.27%
5	Would recommend this program to friend.	759	72.77%	224	21.48%	31	2.97%	8	0.77%	14	1.34%	7	0.67%	94.88%
6	If I were to seek help again, I would come back to this program.	748	71.72%	199	19.08%	50	4.79%	11	1.05%	23	2.21%	12	1.15%	91.85%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	681	65.29%	278	26.65%	60	5.75%	6	0.58%	3	0.29%	15	1.44%	93.29%
8	Considering my particular needs, the services I received were:	635	60.88%	339	32.50%	44	4.22%	4	0.38%	1	0.10%	20	1.92%	95.21%
9	The competence and knowledge of the staff in this program was:	722	69.22%	248	23.78%	48	4.60%	5	0.48%	2	0.19%	18	1.73%	94.63%
10	The quality of the services I received was	701	67.21%	278	26.65%	35	3.36%	2	0.19%	1	0.10%	26	2.49%	96.26%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	666	63.85%	297	28.48%	49	4.70%	7	0.67%	1	0.10%	23	2.21%	94.41%
12	The staff's sensitivity to my cultural background, traditions and language was:	597	57.24%	244	23.39%	48	4.60%	4	0.38%	5	0.48%	145	13.90%	93.65%
13a	Please rate your overall experience with: Front desk/clerical staff	634	60.79%	247	23.68%	59	5.66%	11	1.05%	5	0.48%	87	8.34%	92.15%
13b	Clinical/ counseling staff	749	71.81%	193	18.50%	32	3.07%	2	0.19%	6	0.58%	61	5.85%	95.93%
13c	Substance abuse / Tech staff	611	58.58%	223	21.38%	38	3.64%	6	0.58%	6	0.58%	159	15.24%	94.34%
13d	Nursing staff	456	43.72%	242	23.20%	56	5.37%	12	1.15%	6	0.58%	271	25.98%	90.41%
13e	Other staff	335	32.12%	155	14.86%	34	3.26%	5	0.48%	1	0.10%	513	49.19%	92.45%
14	Please rate overall how helpful the treatment was for you:	727	69.70%	194	18.60%	19	1.82%	0	0.00%	1	0.10%	102	9.78%	97.87%

# of surveys: 93	Location: Billy Gregory FY08 All Four Qtrs	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj % Agree or Strongly Agree
			%		%		%		%		%		%	
1	Staff polite/ helpful when first came to program	53	56.99%	28	30.11%	8	8.60%	0	0.0%	3	3.2%	1	1.08%	88.04%
2	Services received helped me deal with problems more effectively.	53	56.99%	32	34.41%	5	5.38%	0	0.0%	2	2.2%	1	1.08%	92.39%
3	Program did an excellent job of meeting my needs.	52	55.91%	29	31.18%	7	7.53%	2	2.2%	1	1.1%	2	2.15%	89.01%
4	My rights as an individual were fully respected in this program.	53	56.99%	20	21.51%	10	10.75%	3	3.2%	4	4.3%	3	3.23%	81.11%
5	Would recommend this program to friend.	73	78.49%	14	15.05%	3	3.23%	1	1.1%	1	1.1%	1	1.08%	94.57%
6	If I were to seek help again, I would come back to this program.	73	78.49%	14	15.05%	3	3.23%	0	0.0%	2	2.2%	1	1.08%	94.57%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	53	56.99%	28	30.11%	9	9.68%	1	1.1%	2	2.2%	0	0.00%	87.10%
8	Considering my particular needs, the services I received were:	53	56.99%	32	34.41%	5	5.38%	1	1.1%	1	1.1%	1	1.08%	92.39%
9	The competence and knowledge of the staff in this program was:	60	64.52%	25	26.88%	5	5.38%	1	1.1%	2	2.2%	0	0.00%	91.40%
10	The quality of the services I received was	63	67.74%	21	22.58%	5	5.38%	1	1.1%	1	1.1%	2	2.15%	92.31%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	48	51.61%	33	35.48%	7	7.53%	2	2.2%	1	1.1%	2	2.15%	89.01%
12	The staff's sensitivity to my cultural background, traditions and language was:	58	62.37%	27	29.03%	4	4.30%	0	0.0%	2	2.2%	2	2.15%	93.41%
13a	Please rate your overall experience with: Front desk/clerical staff	57	61.29%	20	21.51%	6	6.45%	2	2.2%	1	1.1%	7	7.53%	89.53%
13b	Clinical/ counseling staff	61	65.59%	18	19.35%	5	5.38%	0	0.0%	4	4.3%	5	5.38%	89.77%
13c	Substance abuse / Tech staff	57	61.29%	24	25.81%	6	6.45%	0	0.0%	2	2.2%	4	4.30%	91.01%
13d	Nursing staff	64	68.82%	22	23.66%	2	2.15%	0	0.0%	2	2.2%	3	3.23%	95.56%
13e	Other staff	33	35.48%	16	17.20%	2	2.15%	1	1.1%	0	0.0%	41	44.09%	94.23%
14	Please rate overall how helpful the treatment was for you:	63	67.74%	20	21.51%	2	2.15%	0	0.0%	1	1.1%	7	7.53%	96.51%

# of surveys: 266	Location: Pine Street Residential FY08 ALL Four Qtrs	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj % Agree or Strongly Agree
			%		%		%		%		%		%	
1	Staff polite/ helpful when first came to program	133	50.00%	99	37.22%	20	7.52%	6	2.26%	8	3.01%	0	0.00%	87.22%
2	Services received helped me deal with problems more effectively.	147	55.26%	101	37.97%	12	4.51%	0	0.00%	5	1.88%	1	0.38%	93.58%
3	Program did an excellent job of meeting my needs.	145	54.51%	92	34.59%	20	7.52%	3	1.13%	5	1.88%	1	0.38%	89.43%
4	My rights as an individual were fully respected in this program.	145	54.51%	82	30.83%	22	8.27%	7	2.63%	7	2.63%	3	1.13%	86.31%
5	Would recommend this program to friend.	192	72.18%	60	22.56%	6	2.26%	2	0.75%	5	1.88%	1	0.38%	95.09%
6	If I were to seek help again, I would come back to this program.	179	67.29%	51	19.17%	25	9.40%	5	1.88%	5	1.88%	1	0.38%	86.79%
		Excellent 5		Good 4		Fair 3		Poor 2		Terrible 1		Blank		Adj % Excellent or Good
			%		%		%		%		%		%	
7	The ability of staff to listen to me and understand my problems was:	136	51.13%	96	36.09%	28	10.53%	2	0.75%	0	0.00%	4	1.50%	88.55%
8	Considering my particular needs, the services I received were:	141	53.01%	104	39.10%	17	6.39%	0	0.00%	0	0.00%	4	1.50%	93.51%
9	The competence and knowledge of the staff in this program was:	156	58.65%	87	32.71%	18	6.77%	1	0.38%	0	0.00%	4	1.50%	92.75%
10	The quality of the services I received was	147	55.26%	99	37.22%	12	4.51%	0	0.00%	0	0.00%	8	3.01%	95.35%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	146	54.89%	93	34.96%	20	7.52%	2	0.75%	0	0.00%	5	1.88%	91.57%
12	The staff's sensitivity to my cultural background, traditions and language was:	83	31.20%	48	18.05%	14	5.26%	1	0.38%	0	0.00%	120	45.11%	89.73%
13a	Please rate your overall experience with: Front desk/clerical staff	134	50.38%	88	33.08%	20	7.52%	7	2.63%	3	1.13%	14	5.26%	88.10%
13b	Clinical/ counseling staff	171	64.29%	72	27.07%	7	2.63%	1	0.38%	2	0.75%	13	4.89%	96.05%
13c	Substance abuse / Tech staff	159	59.77%	78	29.32%	12	4.51%	3	1.13%	3	1.13%	11	4.14%	92.94%
13d	Nursing staff	117	43.98%	104	39.10%	20	7.52%	7	2.63%	2	0.75%	16	6.02%	88.40%
13e	Other staff	124	46.62%	66	24.81%	12	4.51%	1	0.38%	0	0.00%	63	23.68%	93.60%
14	Please rate overall how helpful the treatment was for you:	162	60.90%	69	25.94%	8	3.01%	0	0.00%	0	0.00%	27	10.15%	96.65%

# of surveys: 238	Location: CATS Outpatient FY08 All Four Qtrs	Strongly Agree 5	%	Agree 4	%	Neutral 3	%	Disagree 2	%	Strongly Disagree 1	%	Left Blank	%	Adj % Agree or Strongly Agree
1	Staff polite/ helpful when first came to program	153	64.29%	63	26.47%	17	7.14%	0	0.00%	2	0.84%	3	1.26%	91.91%
2	Services received helped me deal with problems more effectively.	176	73.95%	51	21.43%	5	2.10%	1	0.42%	1	0.42%	4	1.68%	97.01%
3	Program did an excellent job of meeting my needs.	167	70.17%	55	23.11%	9	3.78%	0	0.00%	1	0.42%	6	2.52%	95.69%
4	My rights as an individual were fully respected in this program.	180	75.63%	38	15.97%	8	3.36%	2	0.84%	1	0.42%	9	3.78%	95.20%
5	Would recommend this program to friend.	194	81.51%	37	15.55%	1	0.42%	2	0.84%	1	0.42%	3	1.26%	98.30%
6	If I were to seek help again, I would come back to this program.	201	84.45%	26	10.92%	3	1.26%	1	0.42%	1	0.42%	6	2.52%	97.84%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	183	76.89%	45	18.91%	2	0.84%	1	0.42%	1	0.42%	6	2.52%	98.28%
8	Considering my particular needs, the services I received were:	166	69.75%	62	26.05%	4	1.68%	0	0.00%	0	0.00%	6	2.52%	98.28%
9	The competence and knowledge of the staff in this program was:	186	78.15%	42	17.65%	4	1.68%	0	0.00%	0	0.00%	6	2.52%	98.28%
10	The quality of the services I received was	192	80.67%	36	15.13%	3	1.26%	0	0.00%	0	0.00%	7	2.94%	98.70%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	178	74.79%	46	19.33%	4	1.68%	0	0.00%	0	0.00%	10	4.20%	98.25%
12	The staff's sensitivity to my cultural background, traditions and language was:	175	73.53%	46	19.33%	5	2.10%	0	0.00%	0	0.00%	12	5.04%	97.79%
13a	Please rate your overall experience with: Front desk/clerical staff	162	68.07%	42	17.65%	11	4.62%	0	0.00%	1	0.42%	22	9.24%	94.44%
13b	Clinical/ counseling staff	188	78.99%	30	12.61%	4	1.68%	0	0.00%	0	0.00%	16	6.72%	98.20%
13c	Substance abuse / Tech staff	150	63.03%	29	12.18%	5	2.10%	1	0.42%	0	0.00%	53	22.27%	96.76%
13d	Nursing staff	92	38.66%	34	14.29%	6	2.52%	1	0.42%	1	0.42%	104	43.70%	94.03%
13e	Other staff	65	27.31%	21	8.82%	6	2.52%	1	0.42%	0	0.00%	145	60.92%	92.47%
14	Please rate overall how helpful the treatment was for you:	188	78.99%	25	10.50%	2	0.84%	0	0.00%	0	0.00%	23	9.66%	99.07%

# of surveys: 239	Location: Harmon Outpatient FY08 All Four Qtrs	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree
		5		4		3		2		1				
1	Staff polite/ helpful when first came to program	172	71.97%	47	19.67%	19	7.95%	0	0.00%	1	0.42%	0	0.00%	91.63%
2	Services received helped me deal with problems more effectively.	165	69.04%	69	28.87%	3	1.26%	2	0.84%	0	0.00%	0	0.00%	97.91%
3	Program did an excellent job of meeting my needs.	166	69.46%	60	25.10%	10	4.18%	1	0.42%	0	0.00%	2	0.84%	95.36%
4	My rights as an individual were fully respected in this program.	184	76.99%	50	20.92%	1	0.42%	1	0.42%	0	0.00%	3	1.26%	99.15%
5	Would recommend this program to friend.	180	75.31%	53	22.18%	5	2.09%	0	0.00%	1	0.42%	0	0.00%	97.49%
6	If I were to seek help again, I would come back to this program.	175	73.22%	57	23.85%	4	1.67%	2	0.84%	1	0.42%	0	0.00%	97.07%
		Excellent	%	Good	%	Fair	%	Poor	%	Terrible	%	Blank	%	Adj % Excellent or Good
		5		4		3		2		1				
7	The ability of staff to listen to me and understand my problems was:	189	79.08%	45	18.83%	3	1.26%	0	0.00%	0	0.00%	2	0.84%	98.73%
8	Considering my particular needs, the services I received were:	164	68.62%	65	27.20%	5	2.09%	0	0.00%	0	0.00%	5	2.09%	97.86%
9	The competence and knowledge of the staff in this program was:	199	83.26%	34	14.23%	3	1.26%	0	0.00%	0	0.00%	3	1.26%	98.73%
10	The quality of the services I received was	190	79.50%	44	18.41%	1	0.42%	0	0.00%	0	0.00%	4	1.67%	99.57%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	179	74.90%	55	23.01%	2	0.84%	0	0.00%	0	0.00%	3	1.26%	99.15%
12	The staff's sensitivity to my cultural background, traditions and language was:	182	76.15%	48	20.08%	3	1.26%	1	0.42%	0	0.00%	5	2.09%	98.29%
13a	Please rate your overall experience with: Front desk/clerical staff	189	79.08%	28	11.72%	1	0.42%	0	0.00%	0	0.00%	21	8.79%	99.54%
13b	Clinical/ counseling staff	207	86.61%	21	8.79%	1	0.42%	0	0.00%	0	0.00%	10	4.18%	99.56%
13c	Substance abuse / Tech staff	140	58.58%	30	12.55%	0	0.00%	0	0.00%	0	0.00%	69	28.87%	100.00%
13d	Nursing staff	96	40.17%	13	5.44%	2	0.84%	1	0.42%	0	0.00%	127	53.14%	97.32%
13e	Other staff	58	24.27%	20	8.37%	3	1.26%	0	0.00%	0	0.00%	158	66.11%	96.30%
14	Please rate overall how helpful the treatment was for you:	183	76.57%	41	17.15%	1	0.42%	0	0.00%	0	0.00%	14	5.86%	99.56%

# of surveys: 95	Location: TYRC Residential FY08 All Quarters	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj % Agree or Strongly Agree
			%		%		%		%		%		%	
1	Staff polite/ helpful when first came to program	42	44.21%	28	29.47%	17	17.89%	4	4.2%	4	4.2%	0	0.00%	73.68%
2	Services received helped me deal with problems more effectively.	44	46.32%	39	41.05%	10	10.53%	2	2.1%	0	0.0%	0	0.00%	87.37%
3	Program did an excellent job of meeting my needs.	49	51.58%	32	33.68%	12	12.63%	1	1.1%	0	0.0%	1	1.05%	86.17%
4	My rights as an individual were fully respected in this program.	43	45.26%	31	32.63%	17	17.89%	1	1.1%	1	1.1%	2	2.11%	79.57%
5	Would recommend this program to friend.	44	46.32%	34	35.79%	11	11.58%	3	3.2%	3	3.2%	0	0.00%	82.11%
6	If I were to seek help again, I would come back to this program.	50	52.63%	21	22.11%	11	11.58%	3	3.2%	9	9.5%	1	1.05%	75.53%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	40	42.11%	35	36.84%	17	17.89%	2	2.1%	0	0.0%	1	1.05%	79.79%
8	Considering my particular needs, the services I received were:	34	35.79%	45	47.37%	11	11.58%	3	3.2%	0	0.0%	2	2.11%	84.95%
9	The competence and knowledge of the staff in this program was:	41	43.16%	32	33.68%	17	17.89%	2	2.1%	0	0.0%	3	3.16%	79.35%
10	The quality of the services I received was	32	33.68%	49	51.58%	10	10.53%	1	1.1%	0	0.0%	3	3.16%	88.04%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	42	44.21%	37	38.95%	12	12.63%	3	3.2%	0	0.0%	1	1.05%	84.04%
12	The staff's sensitivity to my cultural background, traditions and language was:	32	33.68%	41	43.16%	14	14.74%	2	2.1%	3	3.2%	4	4.21%	80.22%
13a	Please rate your overall experience with: Front desk/clerical staff	31	32.63%	39	41.05%	11	11.58%	1	1.1%	0	0.0%	13	13.68%	85.37%
13b	Clinical/ counseling staff	49	51.58%	27	28.42%	10	10.53%	0	0.0%	0	0.0%	9	9.47%	88.37%
13c	Substance abuse / Tech staff	44	46.32%	33	34.74%	7	7.37%	1	1.1%	1	1.1%	9	9.47%	89.53%
13d	Nursing staff	34	35.79%	31	32.63%	15	15.79%	1	1.1%	1	1.1%	13	13.68%	79.27%
13e	Other staff	22	23.16%	13	13.68%	7	7.37%	0	0.0%	1	1.1%	52	54.74%	81.40%
14	Please rate overall how helpful the treatment was for you:	60	63.16%	16	16.84%	6	6.32%	0	0.0%	0	0.0%	13	13.68%	92.68%

# of surveys: 56	Location: TYRC Outpatient FY08 All Four Qtrs	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj % Agree or Strongly Agree
			%		%		%		%		%		%	
1	Staff polite/ helpful when first came to program	31	55.36%	18	32.14%	5	8.93%	1	1.79%	0	0.00%	1	1.79%	89.09%
2	Services received helped me deal with problems more effectively.	23	41.07%	22	39.29%	10	17.86%	0	0.00%	1	1.79%	0	0.00%	80.36%
3	Program did an excellent job of meeting my needs.	25	44.64%	27	48.21%	4	7.14%	0	0.00%	0	0.00%	0	0.00%	92.86%
4	My rights as an individual were fully respected in this program.	24	42.86%	29	51.79%	1	1.79%	1	1.79%	0	0.00%	1	1.79%	96.36%
5	Would recommend this program to friend.	29	51.79%	21	37.50%	4	7.14%	0	0.00%	2	3.57%	0	0.00%	89.29%
6	If I were to seek help again, I would come back to this program.	25	44.64%	24	42.86%	4	7.14%	0	0.00%	3	5.36%	0	0.00%	87.50%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	32	57.14%	23	41.07%	1	1.79%	0	0.00%	0	0.00%	0	0.00%	98.21%
8	Considering my particular needs, the services I received were:	33	58.93%	21	37.50%	2	3.57%	0	0.00%	0	0.00%	0	0.00%	96.43%
9	The competence and knowledge of the staff in this program was:	32	57.14%	23	41.07%	0	0.00%	1	1.79%	0	0.00%	0	0.00%	98.21%
10	The quality of the services I received was	29	51.79%	23	41.07%	4	7.14%	0	0.00%	0	0.00%	0	0.00%	92.86%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	29	51.79%	23	41.07%	4	7.14%	0	0.00%	0	0.00%	0	0.00%	92.86%
12	The staff's sensitivity to my cultural background, traditions and language was:	25	44.64%	25	44.64%	5	8.93%	0	0.00%	0	0.00%	1	1.79%	90.91%
13a	Please rate your overall experience with: Front desk/clerical staff	23	41.07%	17	30.36%	8	14.29%	1	1.79%	0	0.00%	7	12.50%	81.63%
13b	Clinical/ counseling staff	30	53.57%	15	26.79%	5	8.93%	1	1.79%	0	0.00%	5	8.93%	88.24%
13c	Substance abuse / Tech staff	25	44.64%	19	33.93%	6	10.71%	1	1.79%	0	0.00%	5	8.93%	86.27%
13d	Nursing staff	13	23.21%	19	33.93%	10	17.86%	2	3.57%	0	0.00%	12	21.43%	72.73%
13e	Other staff	11	19.64%	15	26.79%	4	7.14%	2	3.57%	0	0.00%	24	42.86%	81.25%
14	Please rate overall how helpful the treatment was for you:	27	48.21%	18	32.14%	0	0.00%	0	0.00%	0	0.00%	11	19.64%	100.00%

# of surveys: 41	Location: Ambulatory Detox FY08 ALL FOUR QTRS	Strongly Agree 5	%	Agree 4	%	Neutral 3	%	Disagree 2	%	Strongly Disagree 1	%	Left Blank	%	Adj % Agree or Strongly Agree
1	Staff polite/ helpful when first came to program	35	85.37%	3	7.32%	1	2.44%	0	0.00%	0	0.00%	2	4.88%	97.44%
2	Services received helped me deal with problems more effectively.	30	73.17%	8	19.51%	0	0.00%	0	0.00%	1	2.4%	2	4.88%	97.44%
3	Program did an excellent job of meeting my needs.	33	80.49%	5	12.20%	0	0.00%	0	0.00%	1	2.4%	2	4.88%	97.44%
4	My rights as an individual were fully respected in this program.	32	78.05%	4	9.76%	0	0.00%	0	0.00%	2	4.9%	3	7.32%	94.74%
5	Would recommend this program to friend.	35	85.37%	2	4.88%	1	2.44%	0	0.00%	1	2.4%	2	4.88%	94.87%
6	If I were to seek help again, I would come back to this program.	33	80.49%	3	7.32%	0	0.00%	0	0.00%	1	2.4%	4	9.76%	97.30%
		Excellent 5	%	Good 4	%	Fair 3	%	Poor 2	%	Terrible 1	%	Blank	%	Adj % Excellent or Good
7	The ability of staff to listen to me and understand my problems was:	36	87.80%	3	7.32%	0	0.00%	0	0.00%	0	0.00%	2	4.88%	100.00%
8	Considering my particular needs, the services I received were:	32	78.05%	7	17.07%	0	0.00%	0	0.00%	0	0.00%	2	4.88%	100.00%
9	The competence and knowledge of the staff in this program was:	35	85.37%	3	7.32%	1	2.44%	0	0.00%	0	0.00%	2	4.88%	97.44%
10	The quality of the services I received was	35	85.37%	4	9.76%	0	0.00%	0	0.00%	0	0.00%	2	4.88%	100.00%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	33	80.49%	6	14.63%	0	0.00%	0	0.00%	0	0.00%	2	4.88%	100.00%
12	The staff's sensitivity to my cultural background, traditions and language was:	32	78.05%	5	12.20%	2	4.88%	0	0.00%	0	0.00%	2	4.88%	94.87%
13a	Please rate your overall experience with: Front desk/clerical staff	30	73.17%	7	17.07%	1	2.44%	0	0.00%	0	0.00%	3	7.32%	97.37%
13b	Clinical/ counseling staff	32	78.05%	6	14.63%	0	0.00%	0	0.00%	0	0.00%	3	7.32%	100.00%
13c	Substance abuse / Tech staff	29	70.73%	5	12.20%	2	4.88%	0	0.00%	0	0.00%	5	12.20%	94.44%
13d	Nursing staff	33	80.49%	4	9.76%	1	2.44%	0	0.00%	0	0.00%	3	7.32%	97.37%
13e	Other staff	17	41.46%	3	7.32%	0	0.00%	0	0.00%	0	0.00%	21	51.22%	100.00%
14	Please rate overall how helpful the treatment was for you:	32	78.05%	4	9.76%	0	0.00%	0	0.00%	0	0.00%	5	12.20%	100.00%

Attachments

Attachment A

MHMR of Tarrant County – Addiction Services Division

CLIENT SATISFACTION SURVEY

Please help us improve our program by answering some questions about the services you have received. In order to improve services, we need to know what you think about the treatment you received and the people/staff who provided the service. Your responses to this survey are confidential.

Date survey was taken: ____/____/____

PLEASE CHECK THE APPROPRIATE RESPONSE

1. What program are/were you in most recently? (Please choose only one)

- 1) Billy Gregory (Detoxification) 5) CATS (Outpatient) 9) Harmon Rd. Jail program
 2) Pine St. (Residential) 6) CATS Jail program 10) CATS Outpatient Detox
 3) TYRC-Adolescent (Residential) 7) TYRC – Adol (Outpatient) 11) Other _____
 4) Rural Counties (Outpatient) 8) Harmon Rd. (ARC)(Outpatient)

2. Ethnic Background (choose only one):

- 1) Caucasian/White not of Hispanic Origin 3) Hispanic/Latino 5) Native American
 2) Asian/Pacific American 4) African American 6) Other _____

3. Are there any services you would like to have or have more of, but are/were not provided or provided enough by our program? (CHOOSE ALL THAT APPLY)

- 1) IV drug issues 4) Parenting issues 7) Relapse prevention 10) More individual counseling
 2) Cultural issues 5) Employment issues 8) Relationship issues 11) Would change nothing
 3) Women's issues 6) Tobacco issues 9) Mental health issues 12) Other _____

4. Which staff members had the greatest impact on you in the program you were in most recently?

Sub Abuse Tech _____, Counselor/Caseworker _____

Nurses _____ Admission _____

Front Desk/Clerical _____ Other Staff _____

next section addresses your feelings about our staff, services, facility, and all satisfaction with services. PLEASE CHECK THE MOST APPROPRIATE RESPONSE Please make comments below under Question 14 for any items that you disagree or “Strongly Disagree” or rate “Poor” or “Terrible” (positive comments are also welcome!) **	(5) Strongly Agree	(4) Agree	(3) Neutral	(2) Disagree	(1) Strongly Disagree
When I first came to the program, I felt the staff was polite and/or helpful.					
The services I received helped me deal more effectively with my problems.					
This program did an excellent job of meeting my needs.					
My rights as an individual were fully respected in this program.					
If a friend were in need of similar help, I would recommend this program to him or her.					
If I were to seek help again, I would come back to this program.					

TURN OVER ON BACK FOR REST OF SURVEY

MHMR of Tarrant County – Addiction Services Division
Client Satisfaction Survey (page 2)

	(5) Excellent	(4) Good	(3) Fair	(2) Poor	(1) Terrible
1. The ability of staff to listen to me and understand my problems was:					
2. Considering my particular needs, the services I received were:					
3. The competence and knowledge of the staff in this program was :					
4. The quality of the services I received was :					
5. The ability I was given by staff to actively participate in developing my individualized treatment plan was :					
12. The staff's sensitivity to my cultural background, traditions and language was:					
13. Please rate your <u>overall</u> experience with: a. Front desk/clerical staff					
b. Clinical/counseling staff					
c. Substance abuse tech staff					
d. Nursing staff					
e. Other staff _____					
14. Please rate <u>overall</u> how helpful the treatment was for you:					

	(5) Strongly Agree	(4) Agree	(3) Neutral	(2) Disagree	(1) Strongly Disagree
5. I felt a high level of emotional and physical safety in this program..					
5. I felt the program and its staff were sensitive to my past traumas.					
7. I felt that this program and its staff were highly trustworthy (clear info ovided, professional boundaries maintained, consistency)					
3. I felt I had a high degree of choice and control in my treatment at this ogram.					
9. I felt the program and its staff sought to empower me and help me grow.					
9. I felt the program and its staff partnered with me in recovery rather than rced me.					

What did you like **MOST** about your experience at MHMRTC Addiction services? Please be specific.

What did you like **LEAST** about your experience at MHMRTC Addiction services? Please be specific.

Use additional sheets of paper if you need more room

ATTACHMENT B

2008 Staff Survey
MHMR of Tarrant County
Addiction Services Division

Your Name (OPTIONAL):
RU/ Program/Facility you work for:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I know my work contributes to quality in services for people.					
2. I am included in discussions about my work.					
3. I am included in decision-making about my work					
4. I am told when I am doing a good job.					
5. I get the training I need to do my job.					
6. I can talk with my supervisor about concerns or problems on the job.					
7. I am supported to do whatever is best for each person with whom I work.					
8. My supervisor is concerned with helping me to do a good job.					
9. My opinion counts.					
10. There is no room for making mistakes in my job.					
11. I am only asked to do what is reasonable.					
12. The people I work with help each other to do a good job.					
13. I use the organizational policies and procedures.					
14. Policies and procedures help me to do a good job.					
15. I can always ask questions when I don't understand what to do.					
16. I have the materials to do a good job.					
17. I think my organization tries to do whatever is best for the people we serve.					

PLEASE GO TO NEXT PAGE

18. What do you think are the strengths, the positives of your job, your program, your facility, your division?

19. What do you think is needed in your job, your program, your facility, your division to improve?

20. What preferences do you have about how you would like to see things done in your job, your program, your facility, your division?

21. What does your supervisor do well and what could they improve upon in your opinion?