

ADDICTION SERVICES DIVISION
ANNUAL MANAGEMENT & OUTCOMES REPORT
FISCAL YEAR 2009



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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 2009, which began September 1, 2008 and ended August 31, 2009. 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 09 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 at TYRC. In addition, Addiction Services provided several specialized service programs such as the HIV Early Intervention Program, HIV/ Substance Abuse Street Outreach Program, 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 08 and FY 09.

Adult Program Demographics				
Measure	Inpatient		Outpatient	
	FY 09	FY 08	FY 09	FY 08
Total Admitted*	1,482	1539	2,449	2304
Residential Detoxification	708	746	2,202 (IOP/SOP)	2029 (IOP/SOP)
Intensive Residential	774	793	247 (amb detox)	275 (amb detox)
% No Prior Treatment	26.3	28.5	46.0	43.8
% Married	12.0	15.0	14.1	18.3
% Female	44.0	43.0	52.1	54.4
% Curr Using Needles	30.0	26.0	14.7	16.8
% African-American	18.5	23.0	21.3	22.3
% Hispanic	11.4	10.0	14.8	15.3
% Employed	4.5	5.5	28.4	32.4
% Criminal Justice	28.2	26.0	48.9	41.4
% Homeless	19.7***	18.5***	9.4	9.4
% Alcohol primary	35.3	34.0	28.4	22.6
% Cocaine primary	20.0	15.0	14.6	20.2
% Opiates primary	35.6	37.0	17.9**	19.9**
% Marijuana primary	5.0	2.0	18.0	15.8
% Meth/amphetamines primary	11.9	9.1	20.7	20.1
% Polysubstance Use	66.2	72.0	53.1	56.2
Total Days or Hours	22,597	23,475	2,230/62,602	2,292/53,628
Detoxification Days	4,576	4,993	2,228 amb detox	2,292 amb detox
Residential Days	18,021	18,482		
Group Hours			56,986****	48,483
Individual Hours			5,616****	5,145

* From BHIPS Admissions all of FY08 and FY09 off Client Characteristics report.

** The majority of these opiate users are from ambulatory detox where the primary substance is heroin/opiates (62% of ambulatory detox clients). Note also that the primary drugs of abuse in residential detox are opiates (56%) and alcohol (39%); and in intensive residential the primary drugs are alcohol (32%), cocaine/crack (20%), and opiates (17%).

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

**** Includes Spanish-speaking adult clients treated at TYRC

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 FY08 vs. FY09, as well as specific characteristics of those admitted into treatment.

Table 2: Program (inpatient and outpatient) demographics based on Youth admissions during FY 08 and FY 09.

Youth Program Demographics				
Measure	Residential		Outpatient	
	FY09	FY08	FY09	FY08
Total Admitted	141	143	444	435
Of Youth Admitted:				
% No Prior Treatment	47	62	75	77
% With Substance Abusing Parent	4	6	6	8
% Female	N/A	N/A	17	23
% Curr Using Needles	3	0	1	0
% African-American	21	24	21	20
% Hispanic	51	58	53	59
% Gang History	48	52	35	33
% Criminal Justice	88	82	62	56
% Failing Grades	26	34	42	53
% Marijuana Primary Problem	89	82	87	86
% Alcohol Primary Problem	4	4	5	6
% Cocaine Primary Problem	1	7	4	6
% Inhalants Primary Problem	1	0	0	0
% Methamphetamine Primary Problem	2.1	2.1	1.1	<1
% Polysubstance Use	51	50	52	42
Total Days or Hours	5,433	5,825	9,130	8,012*
Residential Days	5,433	5,825		
OP Group Hours			5,435	5,123*
OP Individual Hours			3,695	2,889*

*Revised the FY08 outpatient hours because some adults served at the youth campus were inadvertently included in the totals last year. The individual hours also include psychiatric consultation (22 hrs in FY08 and 28 hrs in FY09), Co-Occurring Psychiatric Services Disorder (COPSD) counseling sessions (714 hrs in FY08 and 674 hrs in FY09), and ACRA/ACC counseling and case mgmt sessions (193 hrs in FY08 and 775 hrs in FY09).

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 2008 and 2009.

Table 3: Performance measures and target goals for Adult inpatient programs: Residential Detox = Billy Gregory Detox, Intensive Residential = Pine Street for FY08 vs. FY09

PERFORMANCE MEASURE	ADULT INPATIENT					
	Residential Detox **			Intensive Residential		
	TARGET	FY 09	FY 08	TARGET	FY 09	FY 08
Completion Rate	70%	86%	89%	70%	73%	80%
Abstinence Rate	50%	74%	62%	70%	72%	75%
Follow Up Contact Rate	50%	87%	72%	70%	51%	47%
Referral Rate (detox only)	70%	72%	88%	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. 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 FY08 vs. FY09

PERFORMANCE MEASURE	ADULT OUTPATIENT					
	Ambulatory Detox			Outpatient		
	TARGET	FY 09	FY 08	TARGET	FY 09	FY 08
Completion Rate	50%	56%	65%	50%	41%	41%
Abstinence Rate	N/A	N/A	N/A	70%	78%	74%
Follow Up Contact Rate	N/A	N/A	N/A	70%	66%	64%
Referral Rate (detox only)	70%	56%	50%	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 FY08/09 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). FY08/09 intensive residential and OP abstinence and contact rates listed came from CDS report in BHIPS which reported an 18 mo period from 03/1/07 to 8/31/08 and 03/01/08 to 8/31/09 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 3/1/07 to 8/31/08 and 3/1/08 to 8/31/09.

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 FY09 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 FY08 vs. FY09

PERFORMANCE MEASURE	Youth Residential			Youth Outpatient		
	Intensive Residential			Intensive and Supportive Outpt		
	TARGET	FY09	FY 08	TARGET	FY09	FY 08
Completion Rate	70%	63%	76%	50%	45%	39%
Abstinence Rate	70%	85%	90%	70%	70%	72%
Contact Rate	70%	56%	43%	70%	50%	56%

The performance for FY08/09 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). FY08/09 intensive residential and OP abstinence and contact rates listed came from CDS report in BHIPS which reported an 18 mo period from 03/1/07 to 8/31/08 and 03/01/08 to 8/31/09 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 9/1/08 and 8/31/09. Outcome measures include clients who were administered a follow-up during FY 09.

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%	126%
Achieve gainful employment	% of unemployed clients who gained employment by follow-up	30%	6%	20%
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%	99.6%	133%
Reduce # days of marital/family problems	% clients w/ at least 25% reduced # of days of marital/family problems reported followup vs. admit	75%	99.6%	133%
Reduce # days of psych/emotional problems	% clients w/ at least 25% reduced # of days of psych/emotional problems reported followup vs. admit	75%	99%	132%
Recommend our treatment program to a friend	% of clients responding "strongly agree" or "agree" to this survey question	95%	96%	101%

Table 7: Additional client outcome variables for **Adult Outpatient Services** after 60 days following discharge between 9/1/08 and 8/31/09. Outcome measures include clients who were administered follow-ups during FY 09.

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%	96%	128%
Achieve gainful employment	% of unemployed clients who gained employment between discharge & follow-up	30%	11%	37%
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%	97%	129%
Reduce # days of marital/family problems	% clients w/ at least 25% reduced # of days of marital/family problems reported followup vs. admit	75%	94%	125%
Reduce # days of psych/emotional problems	% clients w/ at least 25% reduced # of days of psych/emotional problems reported followup vs. admit	75%	98%	131%
Recommend treatment to a friend	% of clients responding “strongly agree” or “agree” to this survey question	95%	96%	101%

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 FY09

Table 8 below shows characteristics of adolescent clients served at TYRC at discharge from treatment in FY07- FY09.

<u>Percentage of Clients Who:</u>	Intensive Residential			Intensive/Supportive Outpatient		
	FY09	FY08	FY07	FY09	FY08	FY07
Were abstinent during treatment	79%	75%	82%	38%	36%	29%
Attended AA during treatment	98%	100%	97%	47%	56%	65%
Had a close person involved in treatment	90%	99%	99%	61%	69%	79%
Reported having a disability	0%	0%	1%	24%	11%	1%
Will be exposed to alc/drugs after discharge	11%	28%	31%	5%	6%	8%
Were discharged with a referral for continued services	100%	100%	99%	87%	98%	94%
Were involved with legal system at discharge	85%	86%	94%	67%	61%	59%
Re-entered school since admission	0%	3%	11%	2%	3%	3%
Completed treatment	63%	76%	67%	45%	39%	31%

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 – 9/1/08 to 8/31/09

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	
	FY09	FY08	FY09	FY08	FY09	FY08	FY09	FY08
Intensive Residential	91%	90%	26%	24%	85%	90%	90%	100%
Intensive and supportive outpatient	95%	97%	55%	59%	70%	72%	85%	89%

** 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	
	FY09	FY08	FY09	FY08
Intensive Residential	100%	86%	Not enough data	100%
All Outpatient	77%	81%	43%	100%

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.

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 provided intensive case management to chemically dependent persons with HIV/AIDS through a contract with the Recovery Resource Council (though as of FY10 MHMRTC provides this service completely on its own) 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; 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 2009:

- A female client on the HEI caseload for 5 years now has 3 years sobriety, and will be finishing beauty school in 6 weeks. This is the longest period of sobriety this client has experienced.
- A male client completed the Homeward Bound residential treatment program, obtained housing at Samaritan House and has 3 months sobriety.
- Another female client completed a 12 month Overcomers Program and is currently enrolled in a Medical Transcription education program.

- A client who has been an HEI client for 5 years has 3 years sobriety, is an active member with several of the local as well as state run HIV programs, is working and along with his sister they purchased a 4/2/2 home together. He continues to give support back to his peers and help engage them in their struggle for sobriety.

- A MR client who is an alcoholic, has a long history of physical abuse, and only has use of one arm is now sober and functioning in an atmosphere of structure, safety and support for the first time in her life. She was previously living with her mother in an abusive, dysfunctional relationship and both of them were being exploited and abused by extended family members. The client reported to her HEI case manager that she is relieved knowing her mentally ill mother is now living in an all senior apartment complex and is happy and content as well.

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 substance abuse treatment, demonstrate means to reduce harm, and educate on 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.

Some of the performance measures for HIV Street Outreach in FY 2009 include the following:

Table 10

Tarrant County HIV Street Outreach (SOR)

Activity	FY 2009 Goal	FY 2009 Actual	% YTD Goal
Outreach Contacts (Adult and Youth)	8,000	9,052	113%
Referred to Treatment (Adult and Youth)	400	642	160%
Adults Identified At-Risk for HIV	2,700	4,164	154%
Youth Identified At-Risk for HIV	300	542	181%
Adults Tested For HIV	1,090	1,097	101%
Youth Tested For HIV	110	165	150%

Activity	FY 2009 Goal	FY 2009 Actual	% YTD Goal
Risk Reduction Interventions	N/A	2,403	N/A
Adults/Youth Attending Educ Presentations	N/A	4,786	N/A
New Community Agreements	20	23	115%
HIV/AIDS/STD Brochures distributed	N/A	12,440	N/A
Condoms distributed	N/A	18,491	N/A
Hygiene and Bleach Kits distributed	N/A	bleach 201 hyg 1,563 total 1,764	N/A

Ryan White Grant

Similar to the HIV Early Intervention (HEI) program described previously, The Ryan White program provides outpatient substance abuse treatment (counseling) 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 2009:

Table 11

Ryan White Grant Outcomes- FY 2009

Ryan White Title I- March 1, 2008- February 2009

SERVICE CATEGORY	<u>YTD (Units of service)</u>
Counseling- Substance Abuse	115 clients 2,071 units
Transportation	95 clients 1,456 units

Client data for this fiscal year:

Number of clients served (unduplicated)	215
Number of units of service delivered	3,527
Number of new client intakes	29

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. The project set a goal to outreach 1500 individuals per year. Since the implementation of outreach services, the outreach team has made 6110 contacts with 4355 unduplicated

individuals. The outreach contacts for year 4 indicated that a total of 2344 were contacted with 1578 of those being reported as unduplicated.

Materials Distributed. The project set a goal to distribute 20,000 condoms per year. The goal has not yet been met. During year 2 of outreach 2481 condoms (12% of goal) was distributed. In year 3 the team distributed 18,456 condoms (92% of goal). As documented on the basic contact record, a total of 15,072 (75%) condoms were distributed by the outreach team during outreach year 4. An additional 10 reality (female) condoms and 102 dental dams were distributed during year 4. Instructions on the proper use of condoms and other barriers was discussed with 97% of individuals during their initial contact with the outreach team ($1535 / 1578 = 97\%$).

The outreach program has an annual outreach goal of 700 bleach kits to be distributed. In year 4 there were 45 (6%) kits distributed to 34 individuals. Bleach kit usage was discussed with 24 individuals. When risk factors are examined, 90% of those at risk due to IDU, did not receive a bleach kit. When bleach kit components were inventoried remaining supplies could not substantiate the number of kits reported as distributed.

HIV Testing. A total of 1,434 HIV tests have been conducted since the implementation of the program through September 30, 2009 (1,397 at initial contact and 37 at follow up visits). Also, 486 HIV test coupons have been distributed to individuals for testing. Thus far, 33% of total outreached individuals were tested for HIV (1,434 tests / 4355 individuals) at either an initial or follow-up contact. Of the 1,434 individuals tested, 894 (or 62%) were minorities.

Since the implementation of the outreach program, 21 HIV tests were positive, for a rate of 1.5%, which is minimally higher than the state-wide rate of 1.3% from 2004-2006 across all testing sites. Fifteen of the 21 (71%) individuals of the positive testers were minorities. The state wide percentage for positive minority testers is 72%.

The current data on the outreach activities which accompanied the testing sessions reveals that of the 1,494 individuals administered a HIV test, over 95% received a risk reduction plan and pre/post-test counseling at either initial or follow-up sessions of testing.

During outreach year 4, 496 HIV tests were conducted. Of those tested 90% (446) were identified as minority and 37% (183) were from the reentry population. The goal for minority participants who are tested was 90% and 30% was the reentry goal. The overall testing goal of 500 individuals for outreach year 4 was 99% met. In outreach year 4 there were 6 positive results in which 5 were minority, for a positive test rate of 1.2%, which is minimally lower than the state-wide rate of 1.3% from 2004-2006

across all testing sites. Also, 248 test coupons were distributed during this time period. There is no data reported on how many of the test coupons were redeemed.

Group Presentations. Community presentations for outreach year 4 total 74 presentations with a total audience of 1,080 individuals. This exceeds the goal set.

Core Intervention. The project set a goal of providing a core intervention consisting of two individualized education/risk reduction sessions to at least 500 persons participating in Session I and 300 returning to complete Session II. For outreach year 4 a total of 490 (98% of the goal of 500) completed Session I, and 281 (94% of the goal of 300) completed Session 2. Of the individuals participating in the EBI program 96% or more were identified as minority in both Session 1 and Session 2, and 158 (117% of 135 goal) from Session 1 were identified as reentry population.

Health Fairs/Block Parties. During the reporting period from October 1, 2008 through September 30, 2009 the outreach team has participated in 3 area health fairs, and conducted 2 alternative parties in areas. The alternative parties were conducted in the reentry and Hispanic communities. Educational materials were distributed, information was provided, testing completed and referrals were made during these events.

Capacity Building. The project has continually surpassed its annual goal of securing 5 new community-based agreements. In year 4, the outreach team has secured a total of 8 community base site agreements; 7 new and 1 renewal. These agreements range from various locations such as a local Latino owned and operated beauty salon and a free clinic to an area public library found within the seven targeted counties. The outreach team has conducted 8 of the required 12 (66%) provider educations during the reporting period of October 1, 2008 through September 30, 2009. These provider trainings have had attendance of more than 134 individuals from various providers from area medical clinics, substance abuse facilities, and parole and probation facilities. A total of 12 were required by the grant. Reporting documentation of training subject and future applications were not received by Evaluation to assess sustainability application.

Media Events. During outreach year 4 the outreach team has conducted 2 media events. The first media took place in December 2008 during a World AIDS Days event which included flyer distribution, radio spots on Tarleton's campus radio station, and school newspaper ads. The second media event was an

insert, placed in a Texas Reentry Services Play bill conducted by a local group, The *Miranda Writes Players*. The insert gave point of contact information for individuals interested in getting tested and facts about HIV. It was distributed to over 300 individuals.

Enrollment in Outcome Study. The project set a goal of enrolling 30-40 individuals per year in an outcome evaluation study, which involves following individuals over time to assess behavioral change. To date, 90 individuals have agreed to participate, and 72 have completed exit interviews and 52 have completed the outcome study so far. Results of the outcome study will be presented in future evaluation reports.

SERVICES FOR HOMELESS SUBSTANCE ABUSERS

MHMR of Tarrant County – Addiction Services Division was involved in three projects in FY09 to provide treatment services to substance abusers who are homeless: the Supporting the Homeless Grant funded by HUD through the Tarrant County Continuum of Care process; Project HOPE, funded by the Substance Abuse Mental Health Services Administration in collaboration with the lead funded agency, the Recovery Resource Council; and Directions Home funding through United Way of Tarrant County and the City of Fort Worth. Following are some summary outcomes and statistics on these programs in FY2009:

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. Thirty (30) new clients were provided treatment and case management in FY2009, 73% 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. 47% were ethnic minorities (primarily African-American) and at least 17% 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) 25 clients were eligible for a 6-month follow-up in the **housing** category and 23 (92%) received a 6-month follow-up. Of those who received a 6-month follow-up, 52% (12/23) increased by at least one level in the **housing** category (11 of these 12, 92%, increased by 2 or more levels).

b) 27 clients were eligible for a 12 month follow-up in the **housing** category and 14 (52%) received a 12-month follow-up. Of those who received a 12-month follow-up, 93% (13/14) 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:

a) 25 clients were eligible for a 6-month follow-up in the **income** category and 24 (96%) received a 6-month follow-up. Of those who received a 6-month follow-up, 63% (15/24) increased by at least one level in the **income** category.

b) 27 clients were eligible for a 12-month follow-up in the **income** category and 15 (56%) received a 12-month follow-up. Of those who received a 12-month follow-up, 67% (10/15) increased at least two levels in the **income** category.

c) 25 clients were eligible for a 6-month follow-up in the **employment** category and 23 (92%) received a 6-month follow-up. Of those who received a 6-month follow-up, 52% (12/23) increased at least one level in the **employment** category.

d) 26 clients were eligible for a 12-month follow-up in the **employment** category (1 was disabled) and 14 (54%) received a 12-month follow-up. Of those who received a 12-month follow-up, 71% (10/14) 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:

a) 25 clients were eligible for a 6-month follow-up in the **transportation** category and 22 (88%) received a 6-month follow-up. Of those who received a 6-month follow-up, 59% (13/22) increased at least one level in the **transportation** category.

b) 27 clients were eligible for a 12 month follow-up in the **transportation** category and 13 (48%) received a 12-month follow-up. Of those who received a 12-month follow-up, 61% (8/13) increased at least two levels in the **transportation** category.

c) 23 clients were eligible for a 6-month follow-up in the **health** category (two were already at the highest level at intake) and 21 (91%) received a 6-month follow-up. Of those who received a 6-month follow-up, 67% (14/21) increased at least one level in the **health** category.

d) 25 clients were eligible for a 12 month follow-up in the **health** category (two were already at the highest level at intake) and 13 (52%) received a 12-month follow-up. Of those who received a 12-month follow-up, 69% (9/13) 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 12: MHMRTC-Ads Intensive Residential Treatment Completion Rates – Project HOPE FY2009

Substance Abuse Treatment	Successful Completion		Early Termination		Total
	N	%	N	%	N
Residential Detox - MHMRTC	29	97%	1	3%	30
Residential Treatment – MHMRTC	141	93%	11	7%	152
Ambulatory Detox - MHMRTC	15	79%	4	21%	9
Outpatient Treatment - MHMRTC	22	34%	42	66%	64

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. At intake, clients averaged 11.4 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 2.4 days.**

Using a Wilcoxon statistical test, the difference was significant at $p < .001$. Of clients reporting substance abuse at intake, 86% reported reduced substance use at the follow-up interview. The benchmark for reduced substance use is 60%.

PROJECT LIFELINE

Project Lifeline is a program funded by the City of Fort Worth with Directions Home dollars and managed by United Way of Tarrant County. Recently, the City of Fort Worth adopted a homelessness plan, *Directions Home: Making Homelessness Rare, Short-Term, and Non-Recurring in Fort Worth, Texas within Ten Years*. The Plan incorporates seven key strategies that focus on the goal of ending homelessness.

According to the City of Ft.Worth, the most humane, cost-effective and sustainable method for addressing the housing and service needs of chronic and vulnerable homeless people is permanent supportive housing. The City of Fort Worth states that this cost-effective combination of quality, affordable housing and supportive services is our nation's best practice for *ending* chronic homelessness and is the number one strategy of the *Directions Home* plan. Project Lifeline provides high-intensity and medium-intensity supportive services (case management) to eligible homeless individuals coupled with rental assistance vouchers administered by the Fort Worth Housing Authority.

Project Lifeline started in May 2009 and within only a few short months by the end of the fiscal year in August 2009 had 38 active homeless clients on their caseloads, 37 of which had already received housing. Eight clients were assisted in receiving SSI/SSDI benefits (three others were already receiving benefits) and four others were able to find employment. In addition to one-on-one case management assistance, Project Lifeline case managers facilitate weekly support groups onsite in the apartment complexes where the clients are living. These groups cover a variety of topics such as budgeting, anger management, resume writing, how to fill out applications, cooking, recipe swapping, relapse prevention, etc.. Case managers see their clients a minimum of once per week and all case managers are on call 24/7 to meet the needs of their clients, many of whom are experiencing living inside for the first time in a very long time.

SERVICES FOR ADOLESCENT SUBSTANCE ABUSERS

AAFT - II Project

The Assertive Adolescent Family Therapy – II (AAFT-II)¹ 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 3rd Year, 2nd 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.

Participants for the AAFT-II program are primarily from the FWISD Comprehensive Truancy Court located at Eastern Hills High School. Participants 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 participant 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 participant is eligible for the AAFT-II program. If the participant is eligible, then counselor sets up a formal admission interview. Participants who do not meet criteria for the AAFT-II program are referred to other programs that best meet their needs. Since September 2007 to December 2009, 92 participants have enrolled in the program.

¹This Assertive Adolescent Family Therapy is part of Phase II hence the use of AAFT-II or AAFT2 to differentiate from those grants that are part of Phase I.

At present, 51 participants have successfully completed the AAFT program and 28 participants are currently enrolled in treatment. A total of 554 sessions of ACRA were completed. Of these sessions, 419 were with the participant (average of 8 sessions per participant), 57 with the parent/caregiver (average of 1 per participant) and 78 with the participant and parent (average of nearly 2 per participant).

Regarding ACC sessions, 330 contacts were made; these included face-to-face meetings and phone contacts. Of these 330 contacts, 299 were with the participant (average of 6 sessions per participant), 34 with the parent/caregiver (average of nearly per participant) and 57 with the participant and parent (average of 1 per participant).

At least 30 participants completed the intake, and 3-, 6- and 12 month follow-up interviews. These participants reported a significant increase in the number of days they stayed clean. For example at intake, the average number of days clean was 30. At 3-, 6- and 12-months the average number of days was around 70. These numbers suggest that while clients might still be using either marijuana or alcohol, the number of days of use have declined by more than half and this decline has remained steady. It is important to note, that at least $\frac{2}{3}$ of the clients reported staying cleaning between 70-90 days.

Regarding school, at the 3-month data collection point, at least 17 participants reported skipping school because they did not want to be there (we do not have intake data on this information as this could be computing error from Chestnut), and at 12-months, 0 participants still reported skipping school. Thus, the number of students that reported skipping school had declined by more than half and was now zero. The intake data would probably have indicated a higher number of students reporting skipping school and thus the decline would have been even more significant.

Fiscal & Efficiency Outcome Data

Table 13: Comparison data for Adult Detoxification, Residential, and Outpatient programs during Fiscal Years 2005 through 2009.

SERVICE CATEGORY	FY 05	FY 06	FY 07	FY 08	FY 09
Detoxification (Residential detox)					
Admissions	737	740	690	746	708
Days Billed	4,692	4,561	4,220	4,993	4,576
# Beds Available	12	12	12	12	12
Avg. # & Percentage of Beds Occupied	12.85 107%	12.48 104%	11.52 96%	13.67 114%	12.48 104%
Avg. Length of Stay(Days)	6.4	6.2	6.1	6.7	6.8
Detoxification (Ambulatory detox)					
Admissions	331	245	231	275	247
Days Billed	1,825	1,791	1,724	2,292	2,228
Avg. Length of Stay (Days)	5.5	7.3	7.5	8.3	14.5
Intensive Residential					
Admissions	923	823	724	793	774
Days Billed	18,095	18,830	18,307	18,482	18,021
# Beds Available	50	50	50	50	50
Avg. # & Percentage of Beds Occupied	49.6 99.2%	51.6 103.2%	50.2 100.3%	50.7 101.3%	49.4 98.7%
Avg. Length of Stay (Days)	19.6	22.9	25.3	23.3	24.0
Outpatient					
Total OP Admissions	1,913	1,869*	1,977*	2,029	2,202
IOP & SOP Group Hours	34,797	35,741	44,763	48,483	56,986
IOP & SOP Individual Hours	4,402	4,195	5,060	5,145	5,616
Average Length of Stay (Days)	70.0^^	57.0^^	63.0^^	66.0	62.5
^^ 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 14: Comparison data for Adolescent Residential and Outpatient programs during Fiscal Years 2006 through 2009

SERVICE CATEGORY	FY06	FY07	FY 08	FY 09
Intensive Residential				
Admissions	178	166	143	141
Days Billed	5,134	5,718	5,825	5,433
# Beds Available	16	16	16	16
Avg. # & Percentage of Beds Occupied	88%	98%	99.7%	93%
	14.1	15.7	15.95	14.9
Average Length of Stay (Days)	29	34	41	40
Outpatient				
Total OP Admissions	381	392	435	444
IOP & SOP Group Hours	9,118	8,543	5,123	5,435
IOP & SOP Individual Hours	1,673	1,900	2,889	3,695
Average Length of Stay (Days)	85.0**	94.0**	86.0	87.0
** These scores were Medians rather than Means (avg)				

Referral Source Satisfaction

REFERRAL SOURCE SATISFACTION AND NEEDS ASSESSMENT

In August, 2009, 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, the survey was created and posted on a website called Survey Monkey and agencies were sent an email with a web link to the survey on Survey Monkey to complete.

Thirty-seven (37) survey responses (compared to 15 in 2008) were returned from individuals at no fewer than sixteen (16) local Tarrant County agencies (compared to 12 in 2008) 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, and excellent). In general, the goals of the Addiction Services Division are to obtain a mean 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 15 shows the mean scores for Questions 3-8 and the percentages of positive responses for FY09 compared to FY08. Table 16 details the responses by agency for Questions 3-8.

MHMR of Tarrant Co. – Addiction Services Division
Referral Source Satisfaction Survey FY 2009

Table 15: Referral agency survey average scores for scaled questions and percentage of positive responses

	FY09 Mean Score	FY09 % Responses “excellent” or “good”	FY08 Mean score	FY08 % Responses “excellent” or “good”
Q3: Satisfaction with assistance received when making referrals	3.89	77.1%	4.33	93.3%
Q4: Competence & knowledge of staff	4.06	82.8%	4.29	86.7%
Q5: Overall quality of services received by client	4.11	83.3%	4.21	86.7%
Q6: Satisfaction with length of time client had to wait for services	3.46	48.6%	3.53	46.7%
Q7: Agreement that the program met the client’s needs	3.91	79.4%	4.07	86.7%
Q8: Overall satisfaction with services client received and would recommend to a friend	4.22	86.1%	4.27	86.7%
Q9: Are services trauma sensitive and safe for consumers	Yes	93.3%	Yes	100%

Table 16: Responses to Scaled Questions by Agency for MHMR of Tarrant County - Addiction Services Division Referral Source Satisfaction Survey FY2009

Agency	Satisfaction	Competent	Quality	Wait	Needs	Recommend	Safe
AIDS Outreach Center	Good	Good	Good	Good	Good	Good	
AIDS Outreach Center	Good	Good	Excellent	Good	Good	Excellent	Yes
AIDS OUTREACH CENTER	Fair	Poor	Fair	Fair	Fair	Fair	No
AIDS Outreach Center	Good	Good	Good	Fair	Good	Good	Yes
AIDS Outreach Center	Good	Good	Fair	Fair	Fair	Good	
Aids Resources of Rural Texas	Good	Good	Good	Terrible	Poor	Fair	Yes
BCAR	Good	Good	Good	Good	Good	Good	Yes
Green light Ministries	Excellent	Excellent	Excellent	Fair	Good	Excellent	Yes
HIV Administrative Agency			Good			Excellent	
JPS Mom & Baby Special Services Program	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Yes
Lena Pope Home, Inc.	Good	Excellent	Good	Good	Excellent	Good	Yes
North Central Texas HIV Planning Council	Good	Excellent	Good	Good		Good	Yes
North Texas Addiction Counseling	Good	Good	Good	Fair	Good	Good	Yes
Presbyterian Night Shelter	Good	Good	Good	Good	Good	Good	Yes
Recovery Resource Council	Good	Good	Good	Fair	Good	Good	Yes
Recovery Resource Council	Fair	Fair	Good	Good	Good	Good	
Recovery Resource Council	Good	Good	Good	Fair	Good	Excellent	Yes
Recovery Resource Council	Poor	Poor	Fair	Terrible	Poor	Poor	No
Samaritan House	Good	Good	Good	Good	Good	Good	Yes
Samaritan House	Fair	Good	Fair	Poor	Fair	Fair	Yes
Samaritan House	Fair	Fair	Fair	Fair	Fair	Fair	Yes
Samaritan House	Good	Good	Good	Fair	Excellent	Excellent	Yes
Samaritan House	Good	Excellent	Excellent	Good	Good	Excellent	Yes
TCMERF	Good	Good	Excellent	Good	Good	Excellent	Yes
TCPHD-PMC	Good	Excellent	Excellent	Excellent	Excellent	Excellent	Yes
The Excel Center Fort Worth	Good	Good	Good	Fair	Good	Good	Yes
The Next Step	Good	Good	Excellent	Fair	Good	Excellent	Yes
The Right Step	Good	Good	Excellent	Fair	Good	Excellent	
The Right Step	Fair	Fair	Good	Poor	Fair	Good	Yes
The Right Step/Euless	Excellent	Excellent	Good	Excellent	Excellent	Excellent	Yes
VOA	Good	Good	Good	Fair	Good	Good	Yes
VOA	Fair	Good	Good	Good	Good	Good	Yes
Volunteers Of America Texas	Good	Excellent	Good	Good	Good	Excellent	Yes
Volunteers of America Texas	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Yes
Unknown	Fair	Fair	Fair	Poor	Good	Good	Yes
Unknown	Excellent	Excellent	Excellent	Excellent	Good	Good	

A majority of the respondents (77.1%) described the assistance they received from Addiction Services staff when referring clients into our programs as either “excellent” or “good”. A clear majority (82.8%) 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 48.6% 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 (83.3%) and the ability of the program to meet their client’s needs (79.4%) was “excellent” or “good”.

Overall Agency Satisfaction

Of the agencies/programs responding to the survey, 86.1% 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.

**TABLE 17 – Responses to Open-Ended Questions
FY09 Referral Source Satisfaction Survey**

Agency	Most Liked	Least Liked	Comments	Suggestions for services not provided
AIDS Outreach Center		The time period from the time it takes to make a referral until it is acted on.	It is like pulling teeth to get an answer to questions and there have been several occasions where phone calls have not been returned.	If MHMR staff are out and the client needs something the other MHMR staff will not help you because it is not their client.
AIDS Outreach Center	that they really care about the clients	there is nothing to dislike	no	the time frame that the client is there
AIDS Resources of Rural Texas	MHMR seems to have quite a few referral resources that we are able to refer clients too.	Wait time that clients have to wait to receive some services i.e. detox/residential in-patient treatment. Also having to go through Recovery Resource to get any of these services.		Immediate assessment of client, it's imperative that the client who is wanting to get into addiction treatment be seen as soon as possible, and that he be given some sort of bed date or some end to the addiction that is killing him.
BCAR	The fact that it includes treatment for HIV positive clients.	N/A	So far all clients that I have referred have been satisfied with the program but they are still in treatment at this time.	The clients that I have referred just recently started the program. Therefore, from the few letters that I have received from them, they did not have any complaints.
Green Light Ministries	I have an expert contact to assist me.			
HIV Administrative Agency	The staff are very responsive and involved with ensuring Ryan White funded clients have access to all community resources for Substance Abuse outpatient and inpatient services.	Nothing - I wish I knew more about all of the programs offered by MHMRTC Addiction Services.	I appreciate the participation of the staff in the Ryan White Quality Management activities and meetings. Their input is valuable and used in the implementation of services for the Ryan White grants.	I know grant funds are limited and staff are overworked, but it would be awesome to have the licensed chemical dependency counselors in the primary care clinics to conduct substance abuse assessments for HIV positive individuals. Another critical aspect to substance abuse services would be to have a licensed chemical dependency counselor in the rural health service delivery areas one day a month. We have been told the accounting department only wants to receive Ryan White Part A funding which restricts serving clients in the rural counties.
JPS Mom & Baby Special Services Program	Quality treatment is provided for residential and out patient	NA		NA
Lena Pope Home, Inc.	accessibility to locations	accessibility to intake process		n/a

Agency	Most Liked	Least Liked	Comments	Suggestions for services not provided
North Central Texas HIV Planning Council	staff is dedicated and very knowledgeable. Seems like there is a low turnover.	not that experienced to make a comment		not sure how much AdS works with non-SA agencies who refer to them in developing reliable screening tools to be administered
Recovery Resource Council	the clients get the help they need	no return consents		unsure
Recovery Resource Council	There are 2 OP clinics to refer to	Staff turn over. That when clients are referred through ATR, the funding is changed to OSAR, and we don't spend our ATR dollars. Doesn't have regular attendance at provider meetings so that MHMR is knowledgeable about changes or updates.		
Recovery Resource Council	I like the fact that I know many of the counselors at the program and I feel more comfortable referring to your program.	As much as everyone else does not like the fact of the wait list.	Overall one of the programs that I refer to the most.	Spanish speaking inpatient services.
Recovery Resource Council	location	Personnel are not friendly and can be very rude when answering the phones	MHMR needs to train employees to be more client sensitive and professional	More beds
Samaritan House	The ease of getting someone in.	I don't have anything that I don't like.	All the staff are very helpful.	n/a
Samaritan House	HIV Early Intervention	Pine Street		Quicker and more readily available treatment
Samaritan House	Clinicians are professional.	The waiting list for clients	No	Timely admissions, at times the client does not meet criteria for the program because of the waiting list and is still in need of treatment.
Samaritan House	They never give up , no matter how many times a client needs to be admitted to the same program.	the waiting list		sexual addiction
TCMERF	MHMRTC Addiction Services consistently presents a professional and efficient service base.	There are times when they are simply overwhelmed by the number of referrals made, and those times result in a delay in service referral, and entry.	In this community where there is typically not enough services, without MHMRTC the community would certainly suffer	Often they are not allowed to complete assessments for themselves, which I understand is not a circumstance that they can do anything about.

Agency	Most Liked	Least Liked	Comments	Suggestions for services not provided
TCPHD-PMC	The turnaround time..from the time I make referral to the time the client is contacted is really quick	I have faxed several referrals and some of them get lost		none
The Excel Center Fort Worth	quick responses back after initial contact	wait lists		
The Next Step	Contact staff members are extremely helpful and willing to assist in any way they can.	The wait time to get into programming is too lengthy and clients have dropped out of recovery while waiting	I appreciate the working relationship we have with Pine Street, Billy Gregory and the AIDS Outreach group. I feel we work well together and if any problems arise, they can be worked out.	I don't have enough information to answer this question.
The Right Step	That a low income family can access services	Not knowing specifics of services are offered	unsure	unsure
The Right Step/Eules	The caring people that MHMR employees	The limits they have due to funding	I have used MHMR for years and encouraged peers to use them for referrals also.	None that I am aware of
Volunteers of America	Everyone is helpful in answering questions	the waiting time to get into programs		none
Volunteers of America	access	access		none
Volunteers Of America	Service is good.	Good as it is. I find no real problems with the outpatient or the HIV services.	None	None.
Unknown		my clients do not finish the program successfully and most often run away from the facility	Please train people in the way they are suppose to refer people and please do reverse consents !	Communication.

STAFF SATISFACTION SURVEY

Staff Satisfaction Survey

FY2009

Staff satisfaction surveys are done approximately once every two years. Therefore, since the last survey was done in FY2008, the next survey will not be done until FY2010.

Client Satisfaction Survey

CLIENT SATISFACTION- FY2009

In FY 2009, 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. We also collected survey information in FY2009 from clients with regards to how well the staff were able to create and sustain a trauma sensitive and safe environment for clients while treating their substance abuse issues. Tables displaying the results are at the end of this section. The client satisfaction survey is included as Attachment A and highlighted program results are shown in the following pages.

Client Satisfaction Survey - All Qtrs FY2009 September 1, 2008 – August 31, 2009

Number of respondents surveyed:

Total respondents – 966 out of 3,984 discharges = 24.25%
Billy Gregory Residential Detox – 87
Pine St Intensive Residential- 227
CATS Outpatient – 183
Harmon Rd Outpatient – 291
Tarrant Youth Recovery Campus – 111 (79 residential, 32 outpatient)
Ambulatory Detox – 67

Ethnic Breakdown:

Total all clinics:

61.1% Caucasian (590/966)
16.4% African-American (158/966)
18.7% Hispanic/Latino (180/966)
1.7% Native American (16/966)
<1% Asian (5/966)
<1% Other (9/966)
1.7% No Answer (16/966)

Top 5 Services Clients Say They Need More Of:

Billy Gregory Detox:

- 1-Help with relapse prevention – 10 votes
- 2-Help with employment issues - 8 votes
- 3-Help with relationship issues - 5 votes
- 4- More individual counseling - 5 votes
- 5 – Help with IV drug issues – 4 votes

Pine St Intensive Residential:

- 1- More individual counseling – 14 votes
- 2- Help with employment issues – 12 votes
- 3- Help with relapse prevention issues – 7 votes
- 4- Help with mental health issues – 7 votes
- 5- Help with relationship issues – 5 votes

CATS Outpatient:

- 1- Help with relapse prevention– 12 votes
- 2- Help with mental health issues – 8 votes
- 3- Help with relationship issues – 7 votes
- 4- Help with employment – 6 votes each
- 5- Help with tobacco issues/women’s issues/more individual counseling – 4 votes each

Harmon Rd Outpatient:

- 1- Help with relationship issues – 8 votes
- 2- Help with mental health issues – 7 votes
- 3- Help with employment issues – 5 votes
- 4- Help with parenting issues – 4 votes
- 5- More individual counseling – 4 votes

Ambulatory Detox:

- 1- More individual counseling – 6 votes
- 2- Help with relapse prevention – 6 votes
- 3- Help with employment issues – 6 votes
- 4- Help with mental health issues – 4 votes
- 5- Help with relationship/tobacco/parenting issues – 2 votes each

TYRC Residential:

- 1- Help with relapse prevention issues – 7 votes
- 2- Help with tobacco issues – 5 votes
- 3- Help with relationship issues – 5 votes
- 4- More individual counseling – 4 votes
- 5 – IV drug issues/women’s issues – 3 votes each

TYRC Outpatient:

- 1- Help with relapse prevention – 1 vote
 - 2- Help with mental health issues – 1 vote
 - 3- Help with tobacco issues – 1 vote
 - 4- Help with parenting issues – 1 vote
- ** Not enough votes for a 5th issue**

Billy Gregory Residential Detox FY2009

MOST LIKED

Staff

Respectful staff keeping us in line to where we cannot take advantage of our time here to recover
Food, and Tech Steve because he would answer any questions I had about my recovery and made me feel comfortable

Very caring people

I liked that most of the staff were sensitive to my issues

I felt welcomed and the help I needed was provided

The most important thing was the CARE I received.

They know how to take care of the Client

The fact that the staff reaches out and gives inspiring words. Also, the friendships made.

The openness about their own recovery

The compassion

The help and staff

What I liked most is the people here really care.

Very caring people

Groups, Outings and Learning

The home groups and discussions with other addicts

Letting me take part in group

Gave all avenues and options for post recovery

I found out who I really was

That they took us on outings

I like how the nurses administration of the Suboxone so that I felt little of the dope sickness

I like how they taught me about my addiction and made me realize that I had a problem

LEAST LIKED

Staff Issues

Some of the tech's attitudes because they acted like they were forced to work here.

Lack of communication between staff

Some techs seem to talk "down" to clients

The night techs

Environment

The food wasn't as good as I expected

No hot water and very cold rooms

Couldn't sleep that good

Needed better videos

Rules and Policies and Processes

Wish that in morning and afternoon groups each individual would be asked to speak of experiences, but because of time crunch I understand.

I am an alcoholic and it seemed I was punished if I didn't go to the NA Meetings

Couldn't hang out in dayroom at night

Having to "Feel"

Ambulatory Detox FY2009

MOST LIKED

Staff -

Felt the staff gave a sh*t

The staff was very compassionate to my needs, the counselors were great

The help and love that they have to offer

I felt that they took time and patience with me to understand

I liked the individual attention given to me

Everybody was understanding

Butch and his lectures

Butch and the knowledge he has

Butch and Brandie are very insightful and Butch understands what we go through which is very helpful

The staff and how they brought it to us. They were truly excellent.

The opportunity to learn more about myself and my problems and to learn there was a solution to my issues

Camaraderie With Peers

It saved my life and gave me hope and tools- and it didn't make me feel like a failure. The hope, vision, promises from recovering addicts.

Being able to talk to my peers and counselors about my everyday problems and things that happened to me and this made me feel better and understand my addiction

The other detox residents, we were a family

The understanding and the closeness of the group

LEAST LIKED

Various

Suboxone drop down, but it is necessary and saved my life through the come down (withdrawals)

The days were too long

The drive here

Acupuncture

Too long breaks

Pine St Intensive Residential FY2009

MOST LIKED

STAFF –

I liked the willingness of everyone (staff and clients) to help me
My counselor Kevin demonstrated the upmost in professionalism, job knowledge and courtesy. He demonstrated a genuine concern for his job responsibility and dedicated follow-through in giving me a game plan to follow in my recovery process program.
The staff cared
The staff and all people that I came into contact with were outstanding in helping with all of my needs
All the staff at Pine Street are very helpful and caring
The care people gave me about my addiction
The counselor was very concerned and had me learn things about myself
My counselor was excellent in helping me with my issues
I have had instructors who took time and patience with me
All the staff were outstanding
Mostly I felt love from the staff
My ability to speak openly and freely about issues in my life and how the staff helped me overcome them.
I'm extremely impressed with the staff's care and concern for the clients here. Pine Street is a 5 Star facility. THANK YOU!
The kitchen staff
The competence and knowledge of staff. Respect from staff
The counselors are terrific and classes are very informative. The receptionists were very helpful and kind.
Mel-experiential therapy and Randy's lectures

GROUPS (especially Home Grp) and sessions –

Family group and the food
Home group
Relapse prevention
Home group
Being able to help in my treatment plan, group discussions, going out to sample different meetings
I felt the group sessions with my counselor were especially helpful. Also the outside meetings and inside meetings NA AA
Counseling and group sessions, meeting new people
Sexual trauma group and outreach education
I loved my home group. I got a lot from them

LEARNING and OTHER HELP –

The time I could spend working solely on my problems without outside interference
The tools I can use to fight addiction
Help from everyone, not only did I get help with my addiction, I got help with my shelter so I can continue with my recovery

OUTSIDE MEETINGS –

Going to NA groups
Group (home) AA meetings
The fellowship of the clients, NA AA Meetings, Speakers, Groups, Meetings with the techs
All the outings to NA AA going bowling, movies etc...

Pine St Intensive Residential FY2009

NA AA Meetings

The fact that everyone was on the same page and were very understanding and helpful. Our trips to the parks

I liked that we got to go out to meetings as well as movies and bowling

Going to outside meetings,

Going out to meetings and showed me how to live without drinking

LEAST LIKED

RULES AND SCHEDULES

Not getting to interact with the females!

Inconsistency in rules and guidelines

Not long enough smoke breaks

Never kept a consistent schedule, always changing from what was written and given to me in the beginning

Making new rules as they go

Not enough time to relax during the day

Not being able to go down and smoke when I wanted to

Rules were somewhat stiff

The choice to not go with the cigarette smokers

Some of the rules and the group meetings that were boring and pointless, hearing the the same sh*t over and over

The way the first week was all go-go-go on getting me DS and classified at JPS then as my stay progressed, everything grinded to a stop. I know that there's a revolving door but the caseworkers and staff seemed understaffed.

Night time snacks always interfered with my going to bed, this should be optional

Not being able to read the newspaper or watch news on TV to stay up with everyday life.

I felt like there should have been a little more freedom sometimes. For example, if I was really tired, I should be able to take a nap, not forced to go to group

Van and bus trips with Rap and Hip Hop music playing at ear splitting level, too much chaos and not enough me or rest time

Too much chaos and not enough rest time

Not enough rec time and no time for sleeping

Participating in the visiting hours, I never had visits

The ability to enforce rules, not strict enough. Client gets caught using and still remains part of the program - BAD example for others.

Classes that came in that had nothing to do with me like HIV and Sex Ed (not AA or NA)

STAFF –

I only had one individual session and some of the techs talk about other clients

I felt that I was given partial truths from certain staff members. Half truths are lies.

Being told I would be able to see my counselor whenever I felt I needed to and then not being able to when I was actually in here.

Not all group meetings were sufficiently supervised and the melee and noise were often disconcerting.

The Language was offensive.

The fact that I had medical issues I could not fully address

Pine St Intensive Residential FY2009

FACILITY -

Cold damn showers, bugs, I know it was the holidays so I am going to stop at that
BUGS!!!

Have top bunk

Showers had cold water; My room was cold most of the time; I was sick for 6 days straight!; When I got
bird flu.

OTHER CLIENTS -

How the clients are not really serious about their recovery

Coping with other people

People who were not trying to recover - but they may not have known any better

The way some of the guys acted

Only thing I didn't like was the negativity of clients that had been through the program for years; The fear
for safety at times of client outbreaks; The client meetings were uncontrolled sometimes it was hard to
listen and receive the speaker's message; People not being on top of their chores; no consequences for
dumba** , rude people; The drama; the drama.

CATS Outpatient FY2009

MOST LIKED

Staff -

I love the staff

The knowledge and ability of my counselor and staff to be able to help with my recovery

That they were very understanding and can help you work through

The counselors were good with us and they took time to listen to our problems

Counselor encouraged me to stay in women's group classes even though I had no CPS involvement so I could share my recovery

Both Pine Street and CATS Staff really care, it's not just a job for them. They have stood beside me during my poor choices and waited for me to make the right choices.

I liked the relationship I was able to build with Monica. She is very understanding and I just felt real comfortable with her. I could be open.

I like the fact that my counselor was down to earth and was just like me so we could relate to each other

The caring and support and knowledge they have given me

I liked that the counselors were also recovering addicts. They have actually dealt with similar problems.

The best counselors and nurses

The staff were interactive

All of the counselors made me feel comfortable. They weren't judgmental and really took a genuine interest in my situation.

The staff was very compassionate, understanding and helpful

Good program, the overall experience was very helpful. I felt I could go to anyone at MHMRTC for advice and help.

Groups and Processes

The handouts and reviewing the information. Relationship groups-family coping skills

The movies

My ability to express my feelings and receive feedback to help me deal with problems.

Overall the whole program was a great learning experience. Groups were serious but also enjoyable and fun

I liked the openness of the group

The one on one individual (counseling sessions)

I loved when they would read the "Just for Today"

Being able to talk freely and learn about myself and my addiction problems and feeling safe

I learned more about my children

The learning at CATS through group sessions what women go through the evil that comes with alcohol and drug addiction

The CATS class with all the other women in the group, one on one meetings with the counselor

I like the beginning of each class of CATS that we would check in about ourselves and how we were doing

Womens group, couples group, and my counselor Mary

Great films, laughing with Monica, sharing with others about our common problems

Being able to open up in a small group

The interaction in group. Each person was given time to tell feelings, goals and experiences

Helped me identify my trigger and coping methods

Safety, Comfort, Openness

The ability to "vent", share and listen to others with the same obstacles I had. It was overall and by far the best help I've received while dealing with my situation.

CATS Outpatient FY2009

I felt very comfortable
The simple fact that I could be me
I liked most about CATS is the fact I could be honest about my addiction and past experience and always felt comfortable and respected
I felt a lot of love
How comfortable they made me feel and how understanding they are
I felt safe and learned a lot.
I liked that I was able to open up and express my feelings

Camaraderie with Others

I liked sharing experiences
Making friends with same situations
Everybody can relate to the same things

LEAST LIKED

Groups Too Large

Large groups at times
I didn't like how the groups were sometimes combined into one big group
The joined group on 1-28-09, all 4 PODS watching pot videos

Time, Tracking and Transportation

My only issue was with transportation, which was only on my part, which made it difficult to attend.
Sometimes I had to leave early or arrived late because I had to take the bus.
That it took a month to do my last 4 classes
I would say that I felt like I would have liked to have more time and groups
The time it began in the morning
I wish I could have had more than 2 days a week classes
Classes not being logged and tracked correctly at the beginning of my program

Group Process Problems

I'd like to learn more about relapse (prevention)
Some of the cross talking some people did
Being talked down to rather than being talked to like an adult
Too much time spent on ladies complaining about CPS instead of focusing on their addiction problem or recovery
The ECI visits were boring
Someone stole something but we fixed it as a group
I didn't like waiting on others smoking during breaks to get started again
People talking when others are speaking

Harmon Rd Outpatient FY2009

MOST LIKED

Staff -

Ms. Deborah has been the greatest, I know she and this place was sent by God, I've been very blessed. Wanda is inspiring.

The sincerity of my teacher, Loretta

I like that no matter how many problems we come at Christy with, she was always willing to help Counselor Susan was very specific in getting her point across about a topic. She also listened to me when I spoke.

The respect I was given and that I was treated like a worthy human being that deserves another chance

The one on one treatment, it was personal and sincere

The support and knowledge and open minded staff

To talk to someone and be heard

The staff were always helpful

The involvement of the employees

I really liked the Thursday night women's group with Loretta

Loretta and Darlynn helped me a lot. I was struggling with different personal issues about 1/2 way through the program and they helped with different solutions.

Front desk staff

The counselors! They opened my eyes spiritually. If I could stay here for free, I would!

The people and the staff were very friendly

The groups were very helpful; Darlynn made a boring class very interesting

Involvement and of course the staff

What I liked most was the staff respected me as a person and valued my confidentiality

The counselors were very good at listening to me when I presented my problems and the front desk staff made me feel welcome

That the counselors were recovering addicts therefore they did not sit in judgment of me

Darlynn

Darlynn was Great!

The staff-Darlynn, I was very negative when I started because I didn't want to listen to someone who's never been through what I had trying to tell me how I feel. It was only a few times I felt uncomfortable when I had to see or talk to another counselor besides Darlynn. The fact though was that many of the staff members have been there and personally had these same experiences.

Darlynn understands me without having to explain myself, what I said and body language

Group Sessions and Learning -

To learn that there is more people like me and their problems are bigger than mine.

The group sessions were very interesting and helped me grow as a person

The meeting involved everybody

Going to groups and meeting new people and things they have gone through having good time with my group...I enjoyed it

Everything was very informative; I liked listening to everyone's stories.

Group sessions

The groups and support with my situation

Group counseling

How topics were real and considered with everyday life

My Thursday group meeting at 4-6 was informative and helpful in my recovery

Harmon Rd Outpatient FY2009

Applying certain class things to my everyday life

Individual counseling, HIV Class, Relapse prevention, handouts

The knowledge about my addiction they presented to help me realize that addictions, no matter what are serious and need to be dealt with

How to stay sober and meeting new friends

Made me realize that I am not alone in my disease and gave me the ability and tools to continue in my recovery process

Group talking about problems, receiving feedback

Group sessions really helped me exhaust my daily issues with life, legal and addiction

I liked being able to open up in the group meetings

It wasn't about addiction, it was about life skills

All the information I got about my recovery

The ability to learn more about things I didn't know

When you got to explain your problems and they gave you tools to help you quit

The program helped me get a strong grip on my recovery and was informative in so many areas

I liked that the individual sessions helped me cope with my personal issues

HIV Classes were informative

Camaraderie With Other Addicts -

I liked that I was able to and felt comfortable sharing my thoughts and /or experiences. The interaction in the group allowed me to expand my thoughts and help others!

Found people to relate with that had similar problems

Coming in, talking with a group of people that are going through the same thing I am

The group sessions were helpful because I realized that I am not alone

I learned that I wasn't alone

The treatment was amazing and I am amazed that they helped me the way they did, THANK YOU! I

liked that everyone had the same problems as I did and by sharing, it made me feel like I wasn't alone.

Relating to other addicts and not feeling alone

That it helped me out a whole lot and seeing what other people went through and that I wasn't alone in my addiction

Talking about my week and listening to others

I liked groups because we were able to help each other

Respect, Comfort, Safety -

Freedom of expression as far as my opinion in certain matters were concerned

That no matter how bad a day or week you were having, you could come here and feel welcome and talk to someone about it

The fact that I was never forced to speak when I felt down

It's not like other state appointed requirements. I could come here and be myself. I actually looked forward to coming to groups

Harmon Rd Outpatient FY2009

LEAST LIKED

Time/Length/Drive/Location -

I feel like I could stay a little longer
Having to miss out on a couple of hours of work
The length ... 6+ months
The 2-hour could have been one hour...the program was too long for my knees and hips
Having to miss work but it was worth it
Just the drive here from Haslet (traffic)
The drive
The location was not convenient
I least liked the location of the facility, It should be in a more brightly lit area
6 months
Overall just having to rush here from work
23 classes is kinda long but still worth it

Staff -

I honestly didn't like it when I had to do my individual sessions with [blank], or when I was in her class, she talked to me like I was a child.
[Blank], she is controlling and shrewish, she would tell me my problems instead of letting me discover them subtly. Her classes were uncomfortably abrasive and not enjoyable what so ever. I would only recommend her abilities to a prisoner of Guantanamo Bay - Seriously!
The counseling staff (all of them) had favorites and would spend more time helping them - no equal time spent on every person
Some counselors were good but pushy

Group and Process and Rules -

Worksheets
The constricting clothing rule
That there were no mid-day classes available.
The classroom book should have ended at IDT relationship skills, finding a job and parenting are just some of the subjects that could be intensified in group. Life Skills!
My individual and group counselor changed so I did not have the same one do my exit
The AIDS class, I felt like it was unprofessional.
Lack of class control or certain discussions
Discussion about AIDS
The switching of my counselors in the middle of my program

Other Clients -

Being in an environment with other addicts can be counterproductive in recovery- avoiding those social triggers and people while in treatment was most difficult for me.
Some of the people in class weren't very attentive
Some of the mentality and attitudes of some of the other addicts there
Some clients didn't want to be here and I felt that it brought other clients down

TYRC Residential FY2009

MOST LIKED

Outings -

Trips were educational fun
Outings
The activities we get to do
That we went on outings and had group about drugs
When we got our pass, because the real test is out there
Outings
That we went on trips when we were good
Outings

Learning -

The opportunities
How much they teach you about reality
Knowledge on drug paraphernalia and their uses
They helped me control anger
Learning how to stay sober
It helped me know I can live without weed

Staff -

Well everything was fair, you give respect you get respect.
The way the counselors completely understand what is happening and how to deal with it
The staff and the kids
Sharing my problems with my counselors

LEAST LIKED

Various -

School
The unit problems
The time
The peers
When they took the chairs out of the restrooms
Some staff
Cold food
That we had to line up
That we didn't go outside like I would like to
The food wasn't that good
Early bedtime, groups
The gym equipment
Group sessions
We didn't have a lot of alone time
The way classes were scheduled
The clients
The food
Not leveling up

TYRC Outpatient FY2009

MOST LIKED

Chillin'
The way we were all talking
They gave me things to help me stay off drugs
That I could talk to someone about it
Smoking squares
The groups

LEAST LIKED

Having to come up here every week
When they didn't give us pizza
Being taken out of Ms Gloria's group
Some of the food

# of surveys: 966	Location: All Facilities FY09 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	562	58.18%	190	19.67%	57	5.90%	14	1.45%	5	0.52%	138	14.29%	90.82%
2	Services received helped me deal with problems more effectively.	661	68.43%	253	26.19%	44	4.55%	3	0.31%	2	0.21%	3	0.31%	94.91%
3	Program did an excellent job of meeting my needs.	616	63.77%	269	27.85%	67	6.94%	4	0.41%	3	0.31%	7	0.72%	92.28%
4	My rights as an individual were fully respected in this program.	688	71.22%	212	21.95%	45	4.66%	7	0.72%	5	0.52%	9	0.93%	94.04%
5	Would recommend this program to friend.	748	77.43%	174	18.01%	29	3.00%	4	0.41%	6	0.62%	5	0.52%	95.94%
6	If I were to seek help again, I would come back to this program.	747	77.33%	159	16.46%	38	3.93%	8	0.83%	10	1.04%	4	0.41%	94.18%
		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:	643	66.56%	251	25.98%	49	5.07%	5	0.52%	1	0.10%	17	1.76%	94.20%
8	Considering my particular needs, the services I received were:	590	61.08%	308	31.88%	43	4.45%	4	0.41%	1	0.10%	20	2.07%	94.93%
9	The competence and knowledge of the staff in this program was:	675	69.88%	236	24.43%	32	3.31%	3	0.31%	0	0.00%	20	2.07%	96.30%
10	The quality of the services I received was	658	68.12%	250	25.88%	31	3.21%	0	0.00%	0	0.00%	27	2.80%	96.70%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	636	65.84%	255	26.40%	45	4.66%	2	0.21%	4	0.41%	24	2.48%	94.59%
12	The staff's sensitivity to my cultural background, traditions and language was:	649	67.18%	241	24.95%	38	3.93%	1	0.10%	1	0.10%	36	3.73%	95.70%
13a	Please rate your overall experience with: Front desk/clerical staff	598	61.90%	229	23.71%	55	5.69%	5	0.52%	0	0.00%	79	8.18%	93.24%
13b	Clinical/ counseling staff	699	72.36%	159	16.46%	33	3.42%	3	0.31%	1	0.10%	71	7.35%	95.87%
13c	Substance abuse / Tech staff	611	63.25%	163	16.87%	31	3.21%	2	0.21%	0	0.00%	159	16.46%	95.91%
13d	Nursing staff	463	47.93%	172	17.81%	49	5.07%	3	0.31%	2	0.21%	277	28.67%	92.16%
13e	Other staff	323	33.44%	106	10.97%	39	4.04%	2	0.21%	2	0.21%	494	51.14%	90.89%
14	Please rate overall how helpful the treatment was for you:	618	63.98%	152	15.73%	17	1.76%	2	0.21%	0	0.00%	177	18.32%	97.59%

# of surveys: 87	Location: Billy Gregory Detox FY09 ALL 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	59	67.82%	20	22.99%	2	2.30%	1	1.1%	0	0.0%	5	5.75%	96.34%	87
2	Services received helped me deal with problems more effectively.	62	71.26%	21	24.14%	3	3.45%	0	0.0%	0	0.0%	1	1.15%	96.51%	87
3	Program did an excellent job of meeting my needs.	59	67.82%	22	25.29%	4	4.60%	1	1.1%	0	0.0%	1	1.15%	94.19%	87
4	My rights as an individual were fully respected in this program.	59	67.82%	16	18.39%	6	6.90%	3	3.4%	1	1.1%	2	2.30%	88.24%	87
5	Would recommend this program to friend.	73	83.91%	12	13.79%	0	0.00%	1	1.1%	0	0.0%	1	1.15%	98.84%	87
6	If I were to seek help again, I would come back to this program.	75	86.21%	10	11.49%	1	1.15%	0	0.0%	0	0.0%	1	1.15%	98.84%	87
		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:	51	58.62%	27	31.03%	6	6.90%	0	0.0%	0	0.0%	3	3.45%	92.86%	87
8	Considering my particular needs, the services I received were:	53	60.92%	25	28.74%	6	6.90%	0	0.0%	0	0.0%	3	3.45%	92.86%	87
9	The competence and knowledge of the staff in this program was:	59	67.82%	22	25.29%	3	3.45%	0	0.0%	0	0.0%	3	3.45%	96.43%	87
10	The quality of the services I received was	59	67.82%	23	26.44%	1	1.15%	0	0.0%	0	0.0%	4	4.60%	98.80%	87
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	62	71.26%	17	19.54%	4	4.60%	0	0.0%	1	1.1%	3	3.45%	94.05%	87
12	The staff's sensitivity to my cultural background, traditions and language was:	59	67.82%	20	22.99%	4	4.60%	0	0.0%	0	0.0%	4	4.60%	95.18%	87
13a	Please rate your overall experience with: Front desk/clerical staff	61	70.11%	19	21.84%	1	1.15%	0	0.0%	0	0.0%	6	6.90%	98.77%	87
13b	Clinical/ counseling staff	60	68.97%	14	16.09%	6	6.90%	0	0.0%	1	1.1%	6	6.90%	91.36%	87
13c	Substance abuse / Tech staff	58	66.67%	17	19.54%	6	6.90%	0	0.0%	0	0.0%	6	6.90%	92.59%	87
13d	Nursing staff	61	70.11%	15	17.24%	5	5.75%	0	0.0%	0	0.0%	6	6.90%	93.83%	87
13e	Other staff	42	48.28%	9	10.34%	2	2.30%	1	1.1%	1	1.1%	32	36.78%	92.73%	87
14	Please rate overall how helpful the treatment was for you:	55	63.22%	16	18.39%	0	0.00%	0	0.0%	0	0.0%	16	18.39%	100.00%	87

# of surveys: 227	Location: Pine St Intensive Residential FY09 ALL 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	114	50.22%	40	17.62%	16	7.05%	4	1.8%	2	0.9%	51	22.47%	87.50%
2	Services received helped me deal with problems more effectively.	168	74.01%	45	19.82%	11	4.85%	2	0.9%	0	0.0%	1	0.44%	94.25%
3	Program did an excellent job of meeting my needs.	152	66.96%	56	24.67%	15	6.61%	1	0.4%	3	1.3%	0	0.00%	91.63%
4	My rights as an individual were fully respected in this program.	162	71.37%	43	18.94%	15	6.61%	3	1.3%	3	1.3%	1	0.44%	90.71%
5	Would recommend this program to friend.	181	79.74%	36	15.86%	6	2.64%	2	0.9%	2	0.9%	0	0.00%	95.59%
6	If I were to seek help again, I would come back to this program.	189	83.26%	23	10.13%	9	3.96%	3	1.3%	3	1.3%	0	0.00%	93.39%
		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:	140	61.67%	69	30.40%	11	4.85%	3	1.3%	0	0.0%	4	1.76%	93.72%
8	Considering my particular needs, the services I received were:	136	59.91%	70	30.84%	14	6.17%	2	0.9%	1	0.4%	4	1.76%	92.38%
9	The competence and knowledge of the staff in this program was:	156	68.72%	59	25.99%	7	3.08%	1	0.4%	0	0.0%	4	1.76%	96.41%
10	The quality of the services I received was	157	69.16%	59	25.99%	8	3.52%	0	0.0%	0	0.0%	3	1.32%	96.43%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	143	63.00%	68	29.96%	10	4.41%	0	0.0%	0	0.0%	6	2.64%	95.48%
12	The staff's sensitivity to my cultural background, traditions and language was:	146	64.32%	64	28.19%	8	3.52%	0	0.0%	0	0.0%	9	3.96%	96.33%
13a	Please rate your overall experience with: Front desk/clerical staff	143	63.00%	59	25.99%	13	5.73%	0	0.0%	0	0.0%	12	5.29%	93.95%
13b	Clinical/ counseling staff	173	76.21%	35	15.42%	8	3.52%	2	0.9%	0	0.0%	9	3.96%	95.41%
13c	Substance abuse / Tech staff	164	72.25%	42	18.50%	6	2.64%	2	0.9%	0	0.0%	13	5.73%	96.26%
13d	Nursing staff	131	57.71%	60	26.43%	11	4.85%	2	0.9%	1	0.4%	22	9.69%	93.17%
13e	Other staff	101	44.49%	32	14.10%	10	4.41%	0	0.0%	0	0.0%	84	37.00%	93.01%
14	Please rate overall how helpful the treatment was for you:	147	64.76%	33	14.54%	4	1.76%	1	0.4%	0	0.0%	42	18.50%	97.30%

# of surveys: 181	Location: CATS Outpatient FY09 ALL 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	126	69.61%	37	20.44%	13	7.18%	3	1.7%	1	0.6%	1	0.55%	90.56%	181
2	Services received helped me deal with problems more effectively.	128	70.72%	46	25.41%	5	2.76%	0	0.0%	1	0.6%	1	0.55%	96.67%	181
3	Program did an excellent job of meeting my needs.	116	64.09%	51	28.18%	10	5.52%	0	0.0%	0	0.0%	4	2.21%	94.35%	181
4	My rights as an individual were fully respected in this program.	139	76.80%	34	18.78%	4	2.21%	0	0.0%	0	0.0%	4	2.21%	97.74%	181
5	Would recommend this program to friend.	157	86.74%	21	11.60%	2	1.10%	0	0.0%	0	0.0%	1	0.55%	98.89%	181
6	If I were to seek help again, I would come back to this program.	147	81.22%	24	13.26%	6	3.31%	0	0.0%	1	0.6%	3	1.66%	96.07%	181
		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:	132	72.93%	38	20.99%	3	1.66%	0	0.0%	0	0.0%	8	4.42%	98.27%	181
8	Considering my particular needs, the services I received were:	115	63.54%	54	29.83%	4	2.21%	0	0.0%	0	0.0%	8	4.42%	97.69%	181
9	The competence and knowledge of the staff in this program was:	147	81.22%	25	13.81%	0	0.00%	0	0.0%	0	0.0%	9	4.97%	100.00%	181
10	The quality of the services I received was	130	71.82%	41	22.65%	0	0.00%	0	0.0%	0	0.0%	10	5.52%	100.00%	181
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	120	66.30%	47	25.97%	3	1.66%	1	0.6%	1	0.6%	9	4.97%	97.09%	181
12	The staff's sensitivity to my cultural background, traditions and language was:	124	68.51%	43	23.76%	2	1.10%	0	0.0%	0	0.0%	12	6.63%	98.82%	181
13a	Please rate your overall experience with: Front desk/clerical staff	95	52.49%	43	23.76%	9	4.97%	2	1.1%	0	0.0%	32	17.68%	92.62%	181
13b	Clinical/ counseling staff	130	71.82%	29	16.02%	1	0.55%	0	0.0%	0	0.0%	21	11.60%	99.38%	181
13c	Substance abuse / Tech staff	103	56.91%	25	13.81%	0	0.00%	0	0.0%	0	0.0%	53	29.28%	100.00%	181
13d	Nursing staff	72	39.78%	24	13.26%	3	1.66%	0	0.0%	0	0.0%	82	45.30%	96.97%	181
13e	Other staff	47	25.97%	20	11.05%	1	0.55%	0	0.0%	0	0.0%	113	62.43%	98.53%	181
14	Please rate overall how helpful the treatment was for you:	135	74.59%	24	13.26%	0	0.00%	0	0.0%	0	0.0%	22	12.15%	100.00%	181

# of surveys: 291	Location: Harmon Rd. Outpatient FY09 ALL 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	154	52.92%	53	18.21%	13	4.47%	2	0.7%	0	0.0%	69	23.71%	93.24%	291
2	Services received helped me deal with problems more effectively.	194	66.67%	82	28.18%	15	5.15%	0	0.0%	0	0.0%	0	0.00%	94.85%	291
3	Program did an excellent job of meeting my needs.	181	62.20%	85	29.21%	23	7.90%	1	0.3%	0	0.0%	1	0.34%	91.72%	291
4	My rights as an individual were fully respected in this program.	215	73.88%	68	23.37%	7	2.41%	0	0.0%	0	0.0%	1	0.34%	97.59%	291
5	Would recommend this program to friend.	211	72.51%	67	23.02%	10	3.44%	0	0.0%	1	0.3%	2	0.69%	96.19%	291
6	If I were to seek help again, I would come back to this program.	206	70.79%	68	23.37%	12	4.12%	3	1.0%	2	0.7%	0	0.00%	94.16%	291
		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:	210	72.16%	64	21.99%	14	4.81%	1	0.3%	0	0.0%	2	0.69%	94.81%	291
8	Considering my particular needs, the services I received were:	188	64.60%	87	29.90%	10	3.44%	2	0.7%	0	0.0%	4	1.37%	95.82%	291
9	The competence and knowledge of the staff in this program was:	204	70.10%	72	24.74%	10	3.44%	1	0.3%	0	0.0%	4	1.37%	96.17%	291
10	The quality of the services I received was	203	69.76%	76	26.12%	6	2.06%	0	0.0%	0	0.0%	6	2.06%	97.89%	291
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	207	71.13%	69	23.71%	11	3.78%	0	0.0%	0	0.0%	4	1.37%	96.17%	291
12	The staff's sensitivity to my cultural background, traditions and language was:	212	72.85%	60	20.62%	10	3.44%	0	0.0%	0	0.0%	9	3.09%	96.45%	291
13a	Please rate your overall experience with: Front desk/clerical staff	222	76.29%	42	14.43%	11	3.78%	1	0.3%	0	0.0%	15	5.15%	95.65%	291
13b	Clinical/ counseling staff	214	73.54%	45	15.46%	6	2.06%	1	0.3%	0	0.0%	25	8.59%	97.37%	291
13c	Substance abuse / Tech staff	170	58.42%	41	14.09%	8	2.75%	0	0.0%	0	0.0%	72	24.74%	96.35%	291
13d	Nursing staff	93	31.96%	34	11.68%	15	5.15%	0	0.0%	0	0.0%	149	51.20%	89.44%	291
13e	Other staff	67	23.02%	27	9.28%	16	5.50%	0	0.0%	1	0.3%	180	61.86%	84.68%	291
14	Please rate overall how helpful the treatment was for you:	157	53.95%	49	16.84%	8	2.75%	1	0.3%	0	0.0%	76	26.12%	95.81%	291

# of surveys: 79	Location: TYRC Adol Residential FY09 2nd Qtr	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	36	45.57%	25	31.65%	9	11.39%	2	2.5%	1	1.3%	6	7.59%	83.56%	79
2	Services received helped me deal with problems more effectively.	36	45.57%	38	48.10%	5	6.33%	0	0.0%	0	0.0%	0	0.00%	93.67%	79
3	Program did an excellent job of meeting my needs.	37	46.84%	32	40.51%	9	11.39%	0	0.0%	0	0.0%	1	1.27%	88.46%	79
4	My rights as an individual were fully respected in this program.	31	39.24%	34	43.04%	11	13.92%	1	1.3%	1	1.3%	1	1.27%	83.33%	79
5	Would recommend this program to friend.	44	55.70%	26	32.91%	7	8.86%	0	0.0%	2	2.5%	0	0.00%	88.61%	79
6	If I were to seek help again, I would come back to this program.	47	59.49%	23	29.11%	6	7.59%	1	1.3%	2	2.5%	0	0.00%	88.61%	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:	35	44.30%	32	40.51%	11	13.92%	0	0.0%	1	1.3%	0	0.00%	84.81%	79
8	Considering my particular needs, the services I received were:	28	35.44%	47	59.49%	4	5.06%	0	0.0%	0	0.0%	0	0.00%	94.94%	79
9	The competence and knowledge of the staff in this program was:	33	41.77%	40	50.63%	5	6.33%	1	1.3%	0	0.0%	0	0.00%	92.41%	79
10	The quality of the services I received was	29	36.71%	35	44.30%	12	15.19%	0	0.0%	0	0.0%	3	3.80%	84.21%	79
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	32	40.51%	30	37.97%	12	15.19%	1	1.3%	2	2.5%	2	2.53%	80.52%	79
12	The staff's sensitivity to my cultural background, traditions and language was:	32	40.51%	36	45.57%	9	11.39%	1	1.3%	1	1.3%	0	0.00%	86.08%	79
13a	Please rate your overall experience with: Front desk/clerical staff	22	27.85%	33	41.77%	16	20.25%	0	0.0%	0	0.0%	8	10.13%	77.46%	79
13b	Clinical/ counseling staff	45	56.96%	21	26.58%	7	8.86%	0	0.0%	0	0.0%	6	7.59%	90.41%	79
13c	Substance abuse / Tech staff	44	55.70%	25	31.65%	5	6.33%	0	0.0%	0	0.0%	5	6.33%	93.24%	79
13d	Nursing staff	37	46.84%	29	36.71%	7	8.86%	1	1.3%	1	1.3%	4	5.06%	88.00%	79
13e	Other staff	21	26.58%	7	8.86%	7	8.86%	0	0.0%	0	0.0%	44	55.70%	80.00%	79
14	Please rate overall how helpful the treatment was for you:	44	55.70%	18	22.78%	3	3.80%	0	0.0%	0	0.0%	14	17.72%	95.38%	79

# of surveys: 32	Location: TYRC Adol Outpatient FY09 ALL 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	16	50.00%	9	28.13%	3	9.38%	1	3.1%	1	3.1%	2	6.25%	83.33%
2	Services received helped me deal with problems more effectively.	16	50.00%	12	37.50%	3	9.38%	0	0.0%	1	3.1%	0	0.00%	87.50%
3	Program did an excellent job of meeting my needs.	17	53.13%	10	31.25%	4	12.50%	1	3.1%	0	0.0%	0	0.00%	84.38%
4	My rights as an individual were fully respected in this program.	20	62.50%	10	31.25%	2	6.25%	0	0.0%	0	0.0%	0	0.00%	93.75%
5	Would recommend this program to friend.	17	53.13%	10	31.25%	3	9.38%	0	0.0%	1	3.1%	1	3.13%	87.10%
6	If I were to seek help again, I would come back to this program.	17	53.13%	9	28.13%	3	9.38%	1	3.1%	2	6.3%	0	0.00%	81.25%
		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:	17	53.13%	11	34.38%	3	9.38%	1	3.1%	0	0.0%	0	0.00%	87.50%
8	Considering my particular needs, the services I received were:	15	46.88%	14	43.75%	3	9.38%	0	0.0%	0	0.0%	0	0.00%	90.63%
9	The competence and knowledge of the staff in this program was:	18	56.25%	9	28.13%	5	15.63%	0	0.0%	0	0.0%	0	0.00%	84.38%
10	The quality of the services I received was	20	62.50%	10	31.25%	2	6.25%	0	0.0%	0	0.0%	0	0.00%	93.75%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	18	56.25%	12	37.50%	2	6.25%	0	0.0%	0	0.0%	0	0.00%	93.75%
12	The staff's sensitivity to my cultural background, traditions and language was:	18	56.25%	10	31.25%	3	9.38%	0	0.0%	0	0.0%	1	3.13%	90.32%
13a	Please rate your overall experience with: Front desk/clerical staff	15	46.88%	11	34.38%	4	12.50%	0	0.0%	0	0.0%	2	6.25%	86.67%
13b	Clinical/ counseling staff	18	56.25%	7	21.88%	5	15.63%	0	0.0%	0	0.0%	2	6.25%	83.33%
13c	Substance abuse / Tech staff	20	62.50%	4	12.50%	5	15.63%	0	0.0%	0	0.0%	3	9.38%	82.76%
13d	Nursing staff	14	43.75%	5	15.63%	6	18.75%	0	0.0%	0	0.0%	7	21.88%	76.00%
13e	Other staff	13	40.63%	5	15.63%	2	6.25%	0	0.0%	0	0.0%	12	37.50%	90.00%
14	Please rate overall how helpful the treatment was for you:	23	71.88%	7	21.88%	1	3.13%	0	0.0%	0	0.0%	1	3.13%	96.77%

# of surveys: 67	Location: Ambulatory Detox FY09 ALL 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	56	83.58%	5	7.46%	1	1.49%	1	1.5%	0	0.0%	4	5.97%	96.83%
2	Services received helped me deal with problems more effectively.	56	83.58%	9	13.43%	1	1.49%	1	1.5%	0	0.0%	0	0.00%	97.01%
3	Program did an excellent job of meeting my needs.	53	79.10%	13	19.40%	1	1.49%	0	0.0%	0	0.0%	0	0.00%	98.51%
4	My rights as an individual were fully respected in this program.	61	91.04%	6	8.96%	0	0.00%	0	0.0%	0	0.0%	0	0.00%	100.00%
5	Would recommend this program to friend.	64	95.52%	2	2.99%	0	0.00%	1	1.5%	0	0.0%	0	0.00%	98.51%
6	If I were to seek help again, I would come back to this program.	65	97.01%	2	2.99%	0	0.00%	0	0.0%	0	0.0%	0	0.00%	100.00%
		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:	58	86.57%	8	11.94%	1	1.49%	0	0.0%	0	0.0%	0	0.00%	98.51%
8	Considering my particular needs, the services I received were:	54	80.60%	11	16.42%	1	1.49%	0	0.0%	0	0.0%	1	1.49%	98.48%
9	The competence and knowledge of the staff in this program was:	57	85.07%	9	13.43%	1	1.49%	0	0.0%	0	0.0%	0	0.00%	98.51%
10	The quality of the services I received was	59	88.06%	6	8.96%	1	1.49%	0	0.0%	0	0.0%	1	1.49%	98.48%
11	The ability I was given by staff to actively participate in developing my individualized treatment plan was:	53	79.10%	12	17.91%	2	2.99%	0	0.0%	0	0.0%	0	0.00%	97.01%
12	The staff's sensitivity to my cultural background, traditions and language was:	57	85.07%	8	11.94%	1	1.49%	0	0.0%	0	0.0%	1	1.49%	98.48%
13a	Please rate your overall experience with: Front desk/clerical staff	40	59.70%	20	29.85%	1	1.49%	2	3.0%	0	0.0%	4	5.97%	95.24%
13b	Clinical/ counseling staff	58	86.57%	7	10.45%	0	0.00%	0	0.0%	0	0.0%	2	2.99%	100.00%
13c	Substance abuse / Tech staff	51	76.12%	8	11.94%	1	1.49%	0	0.0%	0	0.0%	7	10.45%	98.33%
13d	Nursing staff	55	82.09%	4	5.97%	2	2.99%	0	0.0%	0	0.0%	6	8.96%	96.72%
13e	Other staff	32	47.76%	5	7.46%	1	1.49%	1	1.5%	0	0.0%	28	41.79%	94.87%
14	Please rate overall how helpful the treatment was for you:	56	83.58%	4	5.97%	1	1.49%	0	0.0%	0	0.0%	6	8.96%	98.36%

# of surveys: 966	Location: All Facilities FY09 ALL Four Qtrs TRAUMA Questions	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj % Agree or Strongly Agree
			%		%		%		%		%		%	
15	I felt a high level of emotional and physical safety in this program	606	62.73%	205	21.22%	48	4.97%	5	0.52%	6	0.62%	96	9.94%	93.22%
16	I felt the program and its staff were sensitive to my past traumas.	572	59.21%	240	24.84%	54	5.59%	5	0.52%	2	0.21%	93	9.63%	93.01%
17	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency).	617	63.87%	200	20.70%	51	5.28%	5	0.52%	3	0.31%	90	9.32%	93.26%
18	I felt I had a high degree of choice and control in my treatment at this program.	576	59.63%	215	22.26%	70	7.25%	7	0.72%	5	0.52%	93	9.63%	90.61%
19	I felt the program and its staff sought to empower me and help me grow.	637	65.94%	203	21.01%	30	3.11%	3	0.31%	1	0.10%	92	9.52%	96.11%
20	I felt the program and its staff partnered with me in recovery rather than forced me.	653	67.60%	182	18.84%	31	3.21%	2	0.21%	1	0.10%	97	10.04%	96.09%

# of surveys: 87	Location: Billy Gregory Detox FY09 ALL Qtrs Trauma Questions	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		Left Blank		Adj % Agree or Strongly Agree	
		5	%	4	%	3	%	2	%	1	%		%		
15*	I felt a high level of emotional and physical safety in this program	66	75.86%	13	14.94%	1	1.15%	1	1.1%	1	1.1%	5	17.24%	96.34%	87
16*	I felt the program and its staff were sensitive to my past traumas.	53	60.92%	22	25.29%	6	6.90%	0	0.0%	0	0.0%	6	20.69%	92.59%	87
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	59	67.82%	17	19.54%	4	4.60%	1	1.1%	1	1.1%	5	17.24%	92.68%	87
18*	I felt I had a high degree of choice and control in my treatment at this program.	49	56.32%	25	28.74%	6	6.90%	1	1.1%	1	1.1%	5	17.24%	90.24%	87
19*	I felt the program and its staff sought to empower me and help me grow.	61	70.11%	18	20.69%	3	3.45%	0	0.0%	0	0.0%	5	17.24%	96.34%	87
20*	I felt the program and its staff partnered with me in recovery rather than forced me	65	74.71%	15	17.24%	1	1.15%	1	1.1%	0	0.0%	5	17.24%	97.56%	87

# of surveys: 227	Location: Pine St Intensive Residential FY09 ALL Qtrs Trauma Questions	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree	
		5		4		3		2		1					
15*	I felt a high level of emotional and physical safety in this program	141	62.11%	46	20.26%	9	3.96%	3	1.3%	1	0.4%	27	11.89%	93.50%	227
16*	I felt the program and its staff were sensitive to my past traumas.	141	62.11%	49	21.59%	15	6.61%	2	0.9%	0	0.0%	20	8.81%	91.79%	227
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	140	61.67%	52	22.91%	12	5.29%	2	0.9%	2	0.9%	19	8.37%	92.31%	227
18*	I felt I had a high degree of choice and control in my treatment at this program.	141	62.11%	42	18.50%	19	8.37%	1	0.4%	3	1.3%	21	9.25%	88.83%	227
19*	I felt the program and its staff sought to empower me and help me grow.	152	66.96%	47	20.70%	7	3.08%	1	0.4%	1	0.4%	19	8.37%	95.67%	227
20*	I felt the program and its staff partnered with me in recovery rather than forced me	161	70.93%	36	15.86%	8	3.52%	0	0.0%	1	0.4%	21	9.25%	95.63%	227

# of surveys: 181	Location: CATS Outpatient FY09 ALL Qtrs Trauma Questions	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree	
		5		4		3		2		1					
15*	I felt a high level of emotional and physical safety in this program	103	56.91%	29	16.02%	5	2.76%	0	0.0%	0	0.0%	44	24.31%	96.35%	181
16*	I felt the program and its staff were sensitive to my past traumas.	96	53.04%	37	20.44%	2	1.10%	0	0.0%	1	0.6%	45	24.86%	97.79%	181
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	106	58.56%	27	14.92%	3	1.66%	0	0.0%	0	0.0%	45	24.86%	97.79%	181
18*	I felt I had a high degree of choice and control in my treatment at this program.	94	51.93%	35	19.34%	7	3.87%	0	0.0%	0	0.0%	45	24.86%	94.85%	181
19*	I felt the program and its staff sought to empower me and help me grow.	108	59.67%	27	14.92%	1	0.55%	0	0.0%	0	0.0%	45	24.86%	99.26%	181
20*	I felt the program and its staff partnered with me in recovery rather than forced me	112	61.88%	22	12.15%	0	0.00%	0	0.0%	0	0.0%	47	25.97%	100.00%	181

# of surveys: 291	Location: Harmon Rd Outpatient FY09 ALL Qtrs Trauma Questions	Strongly Agree 5		Agree 4		Neutral 3		Disagree 2		Strongly Disagree 1		Left Blank		Adj% Agree or Strongly Agree	
			%		%		%		%		%		%		
15*	I felt a high level of emotional and physical safety in this program	186	63.92%	77	26.46%	14	4.81%	0	0.0%	0	0.0%	14	4.81%	94.95%	291
16*	I felt the program and its staff were sensitive to my past traumas.	183	62.89%	78	26.80%	13	4.47%	1	0.3%	0	0.0%	16	5.50%	94.91%	291
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	198	68.04%	64	21.99%	14	4.81%	0	0.0%	0	0.0%	15	5.15%	94.93%	291
18*	I felt I had a high degree of choice and control in my treatment at this program.	191	65.64%	64	21.99%	20	6.87%	2	0.7%	0	0.0%	14	4.81%	92.06%	291
19*	I felt the program and its staff sought to empower me and help me grow.	205	70.45%	60	20.62%	10	3.44%	1	0.3%	0	0.0%	15	5.15%	96.01%	291
20*	I felt the program and its staff partnered with me in recovery rather than forced me	195	67.01%	67	23.02%	13	4.47%	0	0.0%	0	0.0%	16	5.50%	95.27%	291

# of surveys: 67	Location: Ambulatory Detox FY09 ALL Qtrs Trauma Questions	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree	
		5		4		3		2		1					
15*	I felt a high level of emotional and physical safety in this program	58	86.57%	8	11.94%	0	0.00%	0	0.0%	0	0.0%	1	1.49%	100.00%	67
16*	I felt the program and its staff were sensitive to my past traumas.	57	85.07%	9	13.43%	0	0.00%	0	0.0%	0	0.0%	1	1.49%	100.00%	67
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	59	88.06%	5	7.46%	0	0.00%	2	3.0%	0	0.0%	1	1.49%	96.97%	67
18*	I felt I had a high degree of choice and control in my treatment at this program.	55	82.09%	7	10.45%	4	5.97%	0	0.0%	0	0.0%	1	1.49%	93.94%	67
19*	I felt the program and its staff sought to empower me and help me grow.	58	86.57%	7	10.45%	0	0.00%	0	0.0%	0	0.0%	2	2.99%	100.00%	67
20*	I felt the program and its staff partnered with me in recovery rather than forced me	59	88.06%	6	8.96%	0	0.00%	0	0.0%	0	0.0%	2	2.99%	100.00%	67

# of surveys: 79	Location: TYRC Adol Residential FY09 ALL Qtrs Trauma Questions	Strongly Agree 5	%	Agree 4	%	Neutral 3	%	Disagree 2	%	Strongly Disagree 1	%	Left Blank	%	Adj% Agree or Strongly Agree	
15*	I felt a high level of emotional and physical safety in this program	36	45.57%	27	34.18%	11	13.92%	1	1.3%	3	3.8%	1	1.27%	80.77%	79
16*	I felt the program and its staff were sensitive to my past traumas.	29	36.71%	34	43.04%	12	15.19%	2	2.5%	1	1.3%	1	1.27%	80.77%	79
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	38	48.10%	27	34.18%	13	16.46%	0	0.0%	0	0.0%	1	1.27%	83.33%	79
18*	I felt I had a high degree of choice and control in my treatment at this program.	33	41.77%	31	39.24%	9	11.39%	2	2.5%	1	1.3%	3	3.80%	84.21%	79
19*	I felt the program and its staff sought to empower me and help me grow.	37	46.84%	36	45.57%	3	3.80%	1	1.3%	0	0.0%	2	2.53%	94.81%	79
20*	I felt the program and its staff partnered with me in recovery rather than forced me	43	54.43%	28	35.44%	5	6.33%	1	1.3%	0	0.0%	2	2.53%	92.21%	79

# of surveys: 32	Location: TYRC Adol Outpatient FY09 ALL Qtrs Trauma Questions	Strongly Agree	%	Agree	%	Neutral	%	Disagree	%	Strongly Disagree	%	Left Blank	%	Adj % Agree or Strongly Agree	
		5		4		3		2		1					
15*	I felt a high level of emotional and physical safety in this program	15	46.88%	5	15.63%	7	21.88%	0	0.0%	1	3.1%	4	12.50%	71.43%	32
16*	I felt the program and its staff were sensitive to my past traumas.	12	37.50%	11	34.38%	5	15.63%	0	0.0%	0	0.0%	4	12.50%	82.14%	32
17*	I felt that this program and its staff were highly trustworthy (clear info provided, professional boundaries maintained, consistency)	16	50.00%	8	25.00%	4	12.50%	0	0.0%	0	0.0%	4	12.50%	85.71%	32
18*	I felt I had a high degree of choice and control in my treatment at this program.	12	37.50%	11	34.38%	5	15.63%	0	0.0%	0	0.0%	4	12.50%	82.14%	32
19*	I felt the program and its staff sought to empower me and help me grow.	15	46.88%	8	25.00%	5	15.63%	0	0.0%	0	0.0%	4	12.50%	82.14%	32
20*	I felt the program and its staff partnered with me in recovery rather than forced me	17	53.13%	8	25.00%	3	9.38%	0	0.0%	0	0.0%	4	12.50%	89.29%	32

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) <input type="checkbox"/> Billy Gregory (Detoxification) | 5) <input type="checkbox"/> CATS (Outpatient) | 9) <input type="checkbox"/> Harmon Rd. Jail program |
| 2) <input type="checkbox"/> Pine St. (Residential) | 6) <input type="checkbox"/> CATS Jail program | 10) <input type="checkbox"/> CATS Outpatient Detox |
| 3) <input type="checkbox"/> TYRC-Adolescent (Residential) | 7) <input type="checkbox"/> TYRC – Adol (Outpatient) | 11) <input type="checkbox"/> Other _____ |
| 4) <input type="checkbox"/> Rural Counties (Outpatient) | 8) <input type="checkbox"/> Harmon Rd. (ARC)(Outpatient) | |

2. Ethnic Background (choose only one):

- | | | |
|--|--|---|
| 1) <input type="checkbox"/> Caucasian/White not of Hispanic Origin | 3) <input type="checkbox"/> Hispanic/Latino | 5) <input type="checkbox"/> Native American |
| 2) <input type="checkbox"/> Asian/Pacific American | 4) <input type="checkbox"/> African American | 6) <input type="checkbox"/> 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) <input type="checkbox"/> IV drug issues | 4) <input type="checkbox"/> Parenting issues | 7) <input type="checkbox"/> Relapse prevention | 10) <input type="checkbox"/> More individual counseling |
| 2) <input type="checkbox"/> Cultural issues | 5) <input type="checkbox"/> Employment issues | 8) <input type="checkbox"/> Relationship issues | 11) <input type="checkbox"/> Would change nothing |
| 3) <input type="checkbox"/> Women's issues | 6) <input type="checkbox"/> Tobacco issues | 9) <input type="checkbox"/> Mental health issues | 12) <input type="checkbox"/> 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 "agree" 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.					

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.					
7. I felt the program and its staff sought to empower me and help me grow.					
7. 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.
