

STAKEHOLDER REPORT – 2005

Perspectives Counseling Services, LLC, (PCSLLC) is a for-profit LLC which is owned by Jacquelyn St. Germaine, Ph.D., and Richard Truitt, and operates under a partnership agreement. PCSLLC opened its intensive outpatient program for adults with an alcohol or drug problem in January, 2005, and after being licensed by the Arizona Board of Health Services. Staff included two owners, one part-time counselor, and one part-time clinical supervisor.

The program consists of an eight-week intensive outpatient program in which clients attend three three-hour group counseling and educational sessions per week. Upon completion of the intensive part of the program, clients attend a weekly one and ½ hour group session for 10 months. A family educational program is also available for family members and friends of clients.

In order to get the word out about this new program, marketing efforts included several mail outs to other professional providers and community agencies, Yellow Pages advertisements, television commercials, and face-to-face networking. The program contracted with a number of insurance companies to provide services and became accredited through the Commission on Accreditation of Rehabilitation Facilities by the end of 2005.

The program started with one intensive outpatient group which met in the evenings. Within two months it became necessary to add another group in the afternoons as well as an aftercare program. A family education program was added in the fall of 2005.

Client Demographics

| | | |
|--|----|-------|
| Clients who completed assessment | 32 | |
| Conversion rate—clients completing assessment and admitted to program (22) | | 68.8% |
| One client wasn't admitted into the program until 2006 and is not counted in the following data. | | |

| | | |
|---------------------------------|----|-------|
| Clients admitted to the program | 21 | 100% |
| <u>Gender</u> | | |
| Male | 8 | 38% |
| Female | 13 | 62% |
| <u>Race and Ethnicity</u> | | |
| Caucasian | 13 | 62% |
| Hispanic | 6 | 28.5% |
| Native American | 2 | 9.5% |
| African American | 0 | |
| Asian | 0 | |

| | | |
|-----------------------------------|----|-------|
| <u>Age</u> | | |
| 18 – 21 | 2 | 9.5% |
| 22 – 30 | 3 | 14% |
| 31 – 40 | 2 | 9.5% |
| 41 – 50 | 6 | 28.5% |
| 51 – 60 | 7 | 33.3% |
| 61 – 70 | 1 | 4.7% |
| <u>Primary substance used</u> | | |
| Alcohol | 14 | 66.7% |
| Opioids | 4 | 19% |
| Marijuana | 2 | 9.5% |
| Cocaine/methamphetamine | 1 | 4.7% |

Discussion of Demographics

Gender: Of the clients served in 2005, 38% have been male and 62% have been female. Although our client sample is more female-biased than the general population, our clients may be representative of the changing face of alcohol dependence. Two thirds of our clients were alcohol dependent. The social stigma attached to heavy drinking in women is waning and the frequency of problem drinking in women is catching up to the frequency in men. We will continue to monitor the gender composition of our client population, but we do not currently consider this a problem area.

Race and Ethnicity: Of the clients served in 2005, 62% identify as Caucasian, 28.5% as Hispanic, and 9.5% as Native American. Our client sample does not differ significantly from the general population of Tucson, however, we do not have Spanish-speaking staff so it is unlikely that we are fully serving the 35.7% of Tucsonans who identify as Hispanic. We will continue to monitor the racial and ethnic composition of our client population.

Age: At the time of admission, 9.5% were 18 – 21 years old, 14% were 22 – 30, 9.5% were 31 – 40, 28.5% were 41 – 50, 33.3% were 51 – 60 and 4.7% were 61 years or older. This does not differ significantly from the general population of Tucson with the exception of those over 65 (16.7%). If our client sample was representative of this sample we would have treated about 5 seniors.

Primary Substance Used: One third of clients (66.7%) reported alcohol as the major substance used at the time of admission. Nearly one fifth (19%) reported abuse of opioids, 9.5% reported marijuana, and 4.7% had a problem with cocaine/methamphetamine. It will be interesting to compare this first year data with that of coming years to see how trends in substance use change.

Client Satisfaction

Client Satisfaction Surveys were implemented in July, 2005 for the IOP clients. Only eight surveys were returned. The data is presented below:

| | <u>Yes</u> | <u>No</u> | <u>NA</u> |
|---|------------|-----------|-----------|
| Treated with dignity and respect? | 8 (100%) | | |
| Treatment supported my choices and strengths? | 8 (100%) | | |
| Felt free to submit grievances/complaints w/o fear of retaliation? | 7 (85.7%) | | 1 (12.5%) |
| Personal information/records confidential? | 8 (100%) | | |
| Received clear explanation of policies regarding fees and payments? | 8 (100%) | | |
| Given a clear explanation of my condition and treatment? | 8 (100%) | | |
| Informed of other community services that could address my needs? | 8 (100%) | | |
| Given opportunity to consent or refuse treatment? | 8 (100%) | | |
| Given opportunity to participate in treatment decisions? | 8 (100%) | | |
| Pressured to acknowledge gratitude to agency? | 1 (12.5%)* | 6 (75%) | 1 (12.5%) |
| Overall the program was helpful? | 8 (100%) | | |
| Overall the family program was helpful to my family? | 1 (12.5%) | | 7 (87.5%) |
| My therapist was helpful to me? | 8 (100%) | | |
| The family therapist was helpful to my family? | 1 (12.5%) | | 7 (87.5%) |

*This question requested an explanation if answered yes, however, the client didn't give any additional information. He or she answered all questions yes so it may reflect a response set rather than an accurate answer.

Clients reported an average of 12 weeks of abstinence at the time they completed the surveys.

Comments:

Best part of treatment:

- “Meeting others with same problem”
- “Being with a small group that was committed to sobriety”
- “Check in's”
- “Information on relapse prevention, the drawing exercises and the relaxation at the end of group”
- “Meeting consistently 3 times a week—finding support in group and therapist”
- “Talking and listening and drift and dream”
- “Sharing, learning about relapse and physical affects”

Treatment could be improved by:

“Can’t think of anything that would improve it. Overall program was comprehensive and very helpful”

“Improved A/C! Otherwise this treatment was great. I learned so much and have enjoyed coming.”

“I liked all parts.”

Overall, satisfaction was quite high among this group with 100% positive answers for most questions. One comment about fixing the air conditioning was addressed with the building management with a positive outcome.

Family Program Satisfaction Surveys:

There were three Family Program Satisfaction Surveys returned. Following are the responses.

| | <u>Yes</u> | <u>No</u> | <u>NA</u> |
|--|------------|-----------|-----------|
| Treated with dignity and respect? | 3 (100%) | | |
| Received treatment that supported my choices and strengths? | 3 (100%) | | |
| Received treatment that supported by family member or friend’s choices? | 3 (100%) | | |
| Felt free to submit grievances/complaints w/o fear of retaliation? | 2 (67%) | | 1 (33%) |
| Personal information and records of my family member or friend were kept confidential? | 3 (100%) | | |
| Informed of other community services that could address my needs? | 2 (67%) | | 1 (33%) |
| Given the opportunity to consent or refuse treatment? | 3 (100%) | | |
| Pressured to acknowledge gratitude to the agency? | | 3 (100%) | |
| Overall the Family Program was helpful to me? | 3 (100%) | | |
| Overall the Family Program was helpful to my family/friend? | 3 (100%) | | |
| My therapist was helpful to me? | 3 (100%) | | |
| My therapist was helpful to my family member? | 3 (100%) | | |

Comments:

Best part of the Family Program:

“Gaining insight on my son’s perspective”

“Attending the last Saturday with my family”

“The new knowledge I received”

Family Program could be improved by:

“More attendees”

Overall, these three family members were satisfied with the program and the staff. The Family Program was started in the fall of 2005. All clients were encouraged to give permission for us to invite their family members and friends. Some were not willing to do so. In 2006, it is our goal to increase attendance at Family Program and to do a better job of encouraging clients to give permission for us to contact family members.

2005 has been a good first year with lots of accomplishments for the agency, staff, and clients. As we look forward to 2006, we will continue to expand and improve programs and see additional referrals sources and contracts with third-party payors. To all who have provided support and assistance we thank you.

Sincerely,

A handwritten signature in cursive script that reads "J. St. Germaine".

Jacquelyn St. Germaine, Ph.D.
Executive Director