

STAKEHOLDER REPORT – 2006

For Perspectives Counseling Services, LLC, (PCSLLC), 2006 was a year of growth and challenge. Focus was placed on expanding our referral base, solidifying programs, and increasing client numbers. Part-time staff members were added, including a Business Manager, a Family Therapist and Aftercare Therapist. It was important to improve our performance in helping clients commit to and transition from Intensive Outpatient Program (IOP) into the Aftercare Program. It was also a goal to increase participation in the Family Program and to help clients understand the importance of educating family members on the nature of addiction and recovery.

Marketing efforts included several mail outs to other professional providers and our mailing list was expanded. Additionally, other resources were utilized such as Yellow Pages advertisements, television commercials, networking, and a webpage. A number of insurance companies added Perspectives to their panels.

Client Demographics:

Following are client demographics for 2006:

Clients who completed assessment	58	(181% increase over 2005)
Conversion rate—clients completing assessment and admitted to program (46)		79.3%

One client was assessed in 2005 but not admitted into the program until 2006 and is counted in the following data.

Clients admitted to the program	47	100%
<u>Gender</u>		
Male	25	53%
Female	22	47%
<u>Race and Ethnicity</u>		
Caucasian	40	85%
Hispanic	6	12.8%
Native American	0	0%
Mixed	1	2.13%
<u>Age</u>		
18 – 21	5	10.6%
22 – 30	13	27.7%
31 – 40	8	17%
41 – 50	6	12.8%
51 – 60	12	25.5%
61 – 70	2	4.3%
71 – 85	1	2.1%

<u>Primary substance used</u>		
Alcohol	22	46.8%
Opioids	2	4.3%
Marijuana	1	2.1%
Cocaine	3	6.4%
Methamphetamine	1	2.1%
Alcohol/cocaine	6	12.8%
Benzodiazepines/alcohol	1	2.1%
Opioids/alcohol	3	6.4%
Opioids/benzodiazepines	1	2.1%
Opioids/cocaine	2	4.3%
Methamphetamine/marijuana	1	2.1%
Marijuana/alcohol	2	4.3%
Marijuana/cocaine	2	4.3%

Discussion of Demographics

Gender: During 2006, 53% of the clients served were male, and 47% were female. Although still not a large sample size, the gender gap has narrowed since 2005 when 38% of clients were male and 62% were female. This change could be accounted for by a number of factors such as more people who need services are aware of this program, more therapists and doctors are making referrals, and increased participation on insurance panels.

Race and Ethnicity: A change in the mix of ethnic groups seeking treatment occurred in 2006. While in 2005 62% identified themselves as Caucasian, in 2006 85% did so. Hispanic clients were down from 28.5% in 2005 to 12.8% in 2006. No clients identified themselves as African American or Native American and 1 client identified as “Mixed”. It is not known why the representative populations have changed so much. One commercial which was aired much of the year had Hispanic and Native American actors and was aired on programs that had a high number of these groups as viewers. This program is still new, just having completed its second year and is yet making itself known to an array of referral sources and the general public.

Age: The age range was broad with the youngest client being 18 years old and the oldest, 73. At the time of admission, 10.6% were 18 – 21 years old, 27.7% were 22 – 30, 17% were 31 – 40, 12.8% were 41 – 50, 25.5% were 51 – 60, 4.4% were 61-70, and 2.1% was 71 years or older. The program has done a good job of appealing to all adult age groups, however, has noted that most of the people at either end of the age continuum don’t do as well in treatment as other age groups. It is our opinion in general that both of these age groups generally do better in groups with same age peers. At some point, when this agency is larger, we may provide treatment groups designed especially for these populations. There are some programs in the Tucson area that are designed for young adults, however, there is no Intensive Outpatient Program that we are aware of that

addresses older adults' needs. The program is small enough that we can accommodate clients who need additional attention or individualized education and information.

Primary Substance Used: Slightly less than half of clients (46.8%) reported alcohol as the major substance used at the time of admission. The next highest category was alcohol/cocaine (12.8%), followed by cocaine and opioids/alcohol (6.4% each). The rest of the clients reported opioid, marijuana or methamphetamine use or a combination of drugs or drugs and alcohol. Alcohol, used either alone or in combination with other drugs, represented 72.4% of substance problems.

Client Satisfaction

Client Satisfaction Surveys were given to all clients during 2006. Sixteen were returned. The data is presented below:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
Treated with dignity and respect?	16 (100%)		
Treatment supported my choices and strengths?	16 (100%)		
Felt free to submit grievances/complaints w/o fear of retaliation?	16 (100%)		
Personal information/records confidential?	16 (100%)		
Received clear explanation of policies regarding fees and payments?	16 (100%)		
Given a clear explanation of my condition and treatment?	16 (100%)		
Informed of other community services that could address my needs?	16 (100%)		
Given opportunity to consent or refuse treatment?	16 (100%)		
Given opportunity to participate in treatment decisions?	16 (100%)		
Pressured to acknowledge gratitude to agency?		16 (100%)	
Overall the program was helpful?	16 (100%)		
Overall the family program was helpful to my family?	9 (56%)		7 (44%)
My therapist was helpful to me?	16 (100%)		
The family therapist was helpful to my family?	7 (44%)		5 (11%)

Clients reported an average of 11.3 weeks of abstinence at the time they completed the surveys.

Comments:

Best part of treatment:

“Learning more about the addiction disease”

“Learning my problem”

“Learning about all the tools out there for alcohol dependence. Learned a great deal of info on addiction. Info was practical and applicable.”
 “The drawing of my addiction and meeting new friends.”
 “Graduating with tools to forever use.”
 “Talking about my problems.”
 “Learning about addiction and myself.”
 “Extremely helpful! Thank you so much! About to celebrate one year of sobriety. Cannot believe how fast the time went. Feel very strong in my commitment to sobriety. Thank you so much for your help and support.”
 “Admitting and accepting treatment, staying sober.”
 “The other people in the group with me.”
 “Counsel and willpower for a better life.”
 “Education and support.”
 “Group interaction.”
 “Learning many skills to help stay sober.”

Treatment could be improved by:

“Having maybe a group outing away from office.”
 “I feel that it is perfect.”
 “Treatment could be improved by less repetition of handout materials.”
 “Not real sure. Nothing to compare to but was good enough to maintain my sobriety through all my treatment.”
 “It is perfect the way it is currently carried out.”
 “Reclining chairs for relaxation.”

Overall, satisfaction was quite high among this group with 100% positive answers for most questions. These surveys may not reflect the experience of people who dropped out or who didn't complete and return the survey. When a person drops out, they are mailed a survey, however, the surveys are anonymous and the status of the person's treatment is not tracked. People are encouraged to give us feedback throughout their treatment.

Family Program Satisfaction Surveys:

The Family Program was offered several times during the year with a number of families attending. There were 23 Family Program Satisfaction Surveys returned. Following are the responses.

	<u>Yes</u>	<u>No</u>	<u>NA</u>
Treated with dignity and respect?	23 (100%)		
Received treatment that supported my choices and strengths?	17 (74%)		5 (22%)
Received treatment that supported my family member or friend's choices?	18 (78%)		5 (22%)

Felt free to submit grievances/complaints w/o fear of retaliation?	21 (91%)		2 (8.7%)
Personal information and records of my family member or friend were kept confidential?	20 (87%)		3 (13%)
Informed of other community services that could address my needs?	21 (91%)		2 (8.7%)
Given the opportunity to consent or refuse treatment?	10 (43%)		13 (57%)
Pressured to acknowledge gratitude to the agency?	1 (4.3%)	21 (91%)	3 (13%)
Overall the Family Program was helpful to me?	22 (96%)	1 (4.3%)	
Overall the Family Program was helpful to my family/friend?	22 (96%)	1 (4.3%)	1 (4.3%)
My therapist was helpful to me?	19 (83%)	1 (4.3%)	3 (13%)
My therapist was helpful to my family member?	19 (83%)		3 (13%)

Comments:

Best part of the Family Program:

- “Supportive family.”
- “PAWS education and the joint meeting with the addict and family member.”
- “(Counselor) provided me with wonderful info geared especially to me and our family situation.”
- “Relaxed atmosphere. No pushiness. No forcing over-seriousness; allowing jocularity.”
- “Expressing my love.”
- “The therapist giving tools for family and friend.”
- “I learned about addiction.”
- “Therapist’s willingness to create a separate day program for women to feel safe.”
- “The share of feeling and was not confrontational.”
- “Getting my wife to be more involved with my prob. And getting help.”
- “Sharing how we felt about each other.”
- “To learn about each other problem.”
- “Having people to talk to, learning different things, helpful things.”
- “The interaction between the client and ourselves.”
- “Family day.”
- “Was telling mom and (name) how I felt.”
- “Learning facts about the addiction.”
- “Talking freely about the problems associated with my child.”
- “Telling my parents how much I love and like them.”
- “Learning more about my mom.”
- “The last day/interview w/ the family member (client).”
- “Expressing to my children their positive traits.”

Family Program could be improved by:

- “More family time.”

- “A more lengthy session with the actual addicted members.”
- “Not having 4 hour sessions.”
- “I think it was a good meeting and very helpful.”
- “I feel that right now it is perfect.”
- “More in depth on getting clean and staying clean.”
- “Maybe some more client/family interaction in therapy setting.”
- “I don’t know.”
- “Having more families involved.”
- “I think individual counseling for time involved more helpful.”

Overall, these family members were satisfied with the program and the staff. One question on the survey may need to be better worded. Family members are given information about what to expect in the program and do sign a consent form, however, because the program is educational in nature, rather than “treatment” per se, the question could be confusing.

All clients are encouraged to give permission for us to invite their family members and friends, but many remain reluctant. Nonetheless, we were able to increase the attendance of family members to the program. There is no charge for the program. Refreshments are provided and we try to set it up at a time that accommodates the majority of people who express an interest in attending. We will continue to refine these skills.

Challenges:

One of the biggest challenges was the illness of one of the partners who had to stop working for the agency, thus some of the goals for expanding and adding other programs could not be accomplished. Adding other staff during 2006 has made it easier to deliver high quality services. In 2007, we plan to redefine our goals and move ahead. Once again, thank you to clients, staff, community professionals and agencies, and other stakeholders who have provided support and assistance.

Sincerely,



Jacquelyn St. Germaine, Ph.D.
Executive Director