

STAKEHOLDER REPORT – 2007

The year 2007 brought many challenges and changes to Perspectives Counseling Services, LLC, (PCSLLC). One of the partners, Mr. Truitt, died early in the year and the partnership was changed to a sole proprietorship. The Arizona Corporation Commission was notified and approved the change. Goals included filling in the gaps in service such as smooth transitions from one program to another, making sure that referral sources were notified their client had contacted us, improved coordination of care between ourselves and other professionals, and better tracking of how clients were finding out about us.

The Arizona Office of Problem Gambling (OPG) offered training several times during the year and two staff completed that training, allowing Perspectives to become a provider of services for the OPG. As we turned our attention to integrating treatment for problem gambling and their families, it became apparent that many of our drug and alcohol clients also had gambling problems and that a large majority of clients had other co-occurring disorders. We continued to work toward expanding the Family Program by having the Family Therapist attend the IOP and Aftercare groups to introduce herself and invite them to let us contact their families and friends. An Intake/Outreach Coordinator was hired whose job duties included assessments of potential clients, talking to referral sources, tracking client demographics and contacting insurance companies with whom we had not previously contracted to become providers.

Marketing efforts included several mail outs to other professional providers and agencies about our alcohol and drug treatment program and announcing our new problem gambling program which started in December, 2007. Television commercials were not used as they were found not to be as effective as direct mail and face-to-face contacts in generating eligible potentials clients.

Client Demographics:

Following are client demographics for 2007:

Clients who completed assessment	65	
Conversion rate—clients completing assessment and admitted to program (56)		86%
Clients admitted to the program	56	100%
<u>Gender</u>		
Male	31	55%
Female	25	45%
<u>Race and Ethnicity</u>		
Caucasian	45	80.4%
Hispanic	10	17.9%
Native American	0	0%
Asian	1	1.8%
African American	0	0%

<u>Age</u>		
18 – 21	2	3.6%
22 – 30	13	23.2%
31 – 40	17	30.4%
41 – 50	15	12.8%
51 – 60	8	27.8%
61 – 70	1	1.8%
71 – 75	0	0%
 <u>Primary substance used</u>		
Alcohol	36	64.3%
Opioids	6	10.7%
Marijuana	4	7.1%
Cocaine	6	10.7%
Methamphetamine	2	3.6%
Amphetamine	1	1.8%
Gambling	1	1.8%

Discussion of Demographics

Gender: Gender is roughly equivalent with 55% male and 45% female. This is somewhat off from U.S. Census Bureau 2006 statistics for Pima County which report 51.1% of the population is female. A goal for 2008-2009 is to research areas in which our clients live to see about the potential for expansion in those areas. Due to our central location, clients who live outside Tucson city limits sometimes decide the drive is too far. There are many females, especially older females who could benefit from a program which is closer to where they live and offered in the daytime.

Race and Ethnicity: Only three ethnic groups were reported in our client population, Caucasian (80.4%), Hispanic (17.9%), and Asian (1.8%). When looking at Census demographics, the numbers can be confusing because Hispanics may also be white or from other racial groups. For example the 2006 Census report for Pima County states that 88.8% of the population is white, however, it also states that 32.5% is Hispanic. As people become less willing to categorize themselves by race or ethnicity and more people think of themselves as “mixed”, “biracial” and “other”, it will be more difficult to determine how accurately any agency serves populations based on these variables. It is important to attract a variety of clients and barriers may exist to some groups that we are not currently in a position to solve; no Spanish speaking staff and some groups may have limited financial resources.

Age: We have provided services for adults from most age groups with the exception of people over 71. The majority of clients fall between ages 22 and 60. While we will continue to seek to provide services to all eligible adult clients, factors that inhibit

younger and older people from seeking services may include the need for same age treatment groups, embarrassment (among older folks), cognitive deficits caused by age and alcohol/drug use (again, for elders), and a general lack of information of how alcohol, drug, and gambling affect people in these age ranges.

Primary Substance Used: Alcohol continues to cause problems for the largest percentage of clients (64.3%), followed by opioids and cocaine (10.7% each), and marijuana (7.1%). We started our gambling program in December, 2007 and had one client enter the program before the end of the year.

Co-occurring Disorders: During 2007, we began a process of tracking clients who had co-occurring disorders and found that 66% did. These disorders include chronic pain, depression, anxiety, bipolar disorder, eating disorders, and post-traumatic stress disorder, along with a primary substance use or gambling diagnosis. We expanded our assessment process, treatment plans, and educational components to better meet the needs of these clients. During 2008, we will start to provide integrated substance use, problem gambling, and mental health treatment and seek to change our accreditation status with the Commission on Accreditation of Rehabilitation Programs (CARF).

Client Satisfaction

Client Satisfaction Surveys were given to all clients during 2007. Thirty-four were returned. The data is presented below:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
Treated with dignity and respect?	31 (91.1%)	1 (2.9%)	
Treatment supported my choices and strengths?	30 (88.2%)	2 (5.9%)	
Felt free to submit grievances/complaints w/o fear of retaliation?	33 (97%)		1 (2.9%)
Personal information/records confidential?	33 (97%)		
Received clear explanation of policies regarding fees and payments?	33 (97%)	1 (2.1%)	
Given a clear explanation of my condition and treatment?	31 (88.2%)	3 (8.8%)	
Informed of other community services that could address my needs?	31 (88.2%)	2 (5.9%)	1 (2.9%)
Given opportunity to consent or refuse treatment?	34 (100%)		
Given opportunity to participate in treatment decisions?	32 (94.1%)		2 (5.9%)
Pressured to acknowledge gratitude to agency?	1 (2.9%)	32 (94.1%)	1 (2.9%)
Overall the program was helpful?	31 (91.1%)	3 (8.8%)	
Overall the family program was helpful to my family?	12 (35.3%)	2 (5.9%)	20 (58.8%)
My therapist was helpful to me?	32 (94.1%)	1 (2.9%)	
The family therapist was helpful to my family?	13 (38.3%)		20 (58.8%)

Not all questions were answered. Clients reported an average of 10.3 weeks of abstinence at the time they completed the surveys.

Comments: Not all comments are included due to the number, however, every third survey's comments are included.

Best part of treatment:

“Relaxation time and cheek-ins”

“Becoming educated about my addiction—having someone extremely knowledgeable to guide me”

“Helping me accept my dependency, how to cope with it, also having a relapse isn't the end of the world”

“Talking things out”

“Sharing my experiences with others who had similar issues; getting feedback”

“Check-ins”

“Going to group and learning about addiction”

“Meeting a great group of people and (counselor) keeping it real”

“Just being here, really enjoyed the insite from the group; love (counselor), she is awesome, she is special”

“Coming back to who I really am”

“The education of alcohol”

Quotes were written as the client wrote them including misspellings.

Treatment could be improved by:

“(Counselor) acts like a know it all Her voice during meditation sessions is like fingernails on a chalkboard. She doesn't ask questions to all participants to an understanding. She tells them what they are supposed to do, be or think. I could not stand to be around her.”

“A happy therapist”

“N/A. (this is the first program that has helped me, I think it's great.)

“Other group members were not motivated enough. They did not show or offer decent feedback.”

“(Counselor) is a very good therapist. I can't think of any improvements.”

“Having it last longer. It's so beneficial.”

“Better seating.”

“No improvements needed, or I can't think of any—maybe urine tests?”

Compared to the previous two years, satisfaction level is down somewhat. More people completed satisfaction surveys and one would assume a more representative set of feedback is being received. These surveys may not reflect the experience of people who dropped out or who didn't complete and return the survey. 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 24 Family Program Satisfaction Surveys returned. Following are the responses.

	<u>Yes</u>	<u>No</u>	<u>NA</u>
Treated with dignity and respect?	24 (100%)		
Received treatment that supported my choices and strengths?	17 (70.8%)		7 (29.2%)
Received treatment that supported my family member or friend's choices?	20 (83.3%)		4 (16.7%)
Felt free to submit grievances/complaints w/o fear of retaliation?	20 (83.3%)		3 (12.5%)
Personal information and records of my family member or friend were kept confidential?	20 (83.3%)		2 (8.3%)
Informed of other community services that could address my needs?	24 (100%)		
Given the opportunity to consent or refuse treatment?	13 (54.2%)		9 (37.5%)
Pressured to acknowledge gratitude to the agency?	1 (4.16%)	22 (91.7%)	1 (4.16%)
Overall the Family Program was helpful to me?	24 (100%)		
Overall the Family Program was helpful to my family/friend?	24 (100%)		
My therapist was helpful to me?	23 (95.8%)	1 (4.16%)	
My therapist was helpful to my family member?	17 (70.8%)		3 (12.5%)

Comments: Due to the number of surveys returned, every third survey is utilized for comments.

Best part of the Family Program:

- “Opening communication—opportunity for my daughter to talk and learn”
- “The counselor doing the presentation”
- “Hearing my parents and seeing their reactions”
- “Many avenues for info was given to me and many tools for the future”
- “Last hour w/ family member”
- “Including the family”
- “Listening to others concerns and hearing responses that relate”

Family Program could be improved by:

- “Do the relationship worksheet for homework so we could have more time”
- “Overall the program is good the way it is”
- “I don't think it could be better! More chocolate? Or perhaps veggies?”
- “Maybe a bit more one on one time, but overall I'm very impressed w how thorough it is for outpatient program”

“Have selected family members be mailed or emailed a schedule with a generalized agenda for planning”

“I have no complaints. I actually enjoyed coming and learning from (counselor) and other family”

Overall, these family members were satisfied with the program and the staff. We still struggle with how to get more family members to attend. Clients are given the information about the family program during the assessment process. They are encouraged to give permission for us to invite their family members and friends. Once permission is received, the Business Manager calls the family member and sends a letter to encourage their participation. Little by little it is growing in numbers and the feedback is incorporated into program planning and revision.

Future Plans

As we move forward into the next year we are looking at expanding the gambling program, continuing to make improvements in tracking information and having clients become involved in all programs, exploring the possibilities of adding other locations and programs. Thanks again to clients, staff, community professionals and agencies, and other stakeholders for support, assistance, and feedback. We couldn't do it without you.

Sincerely,



Jacquelyn St. Germaine, Ph.D.
Executive Director