
Dependency Drug Court

Evaluation Report

December **2012**



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Overview

The San Francisco Superior Court engaged Davis Ja and Associates, Inc. (DYJA) to implement the outcome evaluation for the Dependency Drug Court (DDC) project. DYJA reviewed the initial work plan, the goals and objectives of the project and assigned evaluation staff to work with the Superior Court on the evaluation. Under this work plan, DYJA staff was responsible for developing consent forms, and data collection protocols and assumed some of the data entry procedures for specific measures. DYJA was also responsible for determining satisfaction through client surveys, conducting data analysis and compiling interim reports and a final evaluation report.

DYJA staff worked with the program staff to establish consent procedures, assessment protocols and procedures and to utilize existing measures that would capture the data necessary to answer the evaluation and research questions indicated in the goals and objectives.

However, in reviewing the process to capture adequate data necessary to fulfill goals and objectives, DYJA determined that the existing database and management information systems (MIS) of the Superior Court was inadequate and could not provide the data necessary. This was due in large part to the fact that the Superior Court system was never intended to capture outcome data, but to document court proceedings, charges and judgments. Attempts were made to revise and make changes, but authorization for these changes was difficult to obtain. Ultimately, the most significant change was the inclusion of the Addiction Severity Index (ASI), an outcome measure used by members of the collaborators of this project.

Collaborators and MIS Barriers

As indicated in the original work plan, the Court's existing MIS, the Integrated Justice System (IJS), was tasked to compile data intended to respond to: 1) performance measures; 2) demographics; 3) treatment utilization and completion; 4) behavioral changes; and 5) re-arrests and new offenses/charges. Furthermore, data was expected to be extracted from the Human Service Agency (HSA), the San Francisco City and County Department responsible for social services was expected to provide data from their database to determine reunification and re-entry to foster care (performance measures five and six). Finally, since much of the resources for the services from this project were designed to provide case management and service linkages between the collaborators, the agency and program designed for this, the Homeless Prenatal Program (HPP) also had to incorporate the use of the ASI into their services to capture information regarding substance use and housing information.

Although HPP routinely utilizes the ASI for their intake information, the data was primarily used to determine clinical needs and services. In addition, much of the services that the HPP provided for the Superior Court was case management which meant providing linkages for those referred by the court to services with HSA and also other departments of the City and County of San Francisco such as mental health services, community services and Department of Public Health Services (DPH). Unfortunately, HPP was unable to collect much data over time or to collect additional assessments of the clients in order to determine changes in outcome. Furthermore, the existing ASI were never entered into their database given their existing use as a clinical tool. Instead, the collected ASI data were entered into the DDC specific MS Access database strictly for evaluation purposes. HPP did not have a system that adequately collected ASI data and also did not have the resources necessary to conduct ongoing ASI assessments as well as enter them into a database. Although HPP provided excellent services (see satisfaction data analysis), their database was not a priority and had minimal dedicated resources for this specific project.

DYJA worked with Superior Court staff to adapt the existing DDC-specific database from Microsoft Access that would be able to capture the information necessary to respond to the performance measures. But in order to enter the data needed, the measures and data collection process from HSA, DPH and HPP would have to be provided to the Superior Court in a timely and ongoing fashion. Given the leave of absence of the key leadership role on the project, especially as the project began implementation, it became increasingly difficult to coordinate and ensure changes in database development and data collection strategies from all parties involved with the project.

Changes to the Superior Court System

In reviewing DYJA attempts to capture the data, it is important to note that several factors impeded our ability to mobilize the program and their collaborators in ensuring that the data needs of the evaluation was a priority. The first barrier occurred when the project director took a leave of absence due to the birth of her child. Unfortunately, during the six months of her absence, no one was assigned by the Superior Court with the time and focus to ensure that the collaborators responded to the needs of the evaluation. When she did return, she was tasked with the same level of work and responsibility, but at half time (0.5 FTE). Additionally, beginning in 2009, the State of California began a series of cuts to court services in all counties. San Francisco was hit particularly hard in 2011 and in 2012 with significant reductions in services. In 2011, the State of California lost \$350 million dollars in court reductions followed by another \$500 million in 2012. Both of these factors meant a major reduction in staff support for the Superior Court in San Francisco. This resulted in major and significant problems for the coordination of the DDC. When the project director

returned, her responsibilities remained the same but with tremendously reduced resources. There was little time or resources that could be devoted to the DDC evaluation and measurement issues and concerns.

Systemic Data Barriers

Since DYJA had attempted to develop specific measures for client outcomes, the most critical element and barrier in obtaining outcome data resulted from the fact that this project was a collaboration involving multiple systems, including multiple agencies and departments in a city and county. Since this project involved a more systems service integration, the attempts to extract data from four different data systems (DPH, Superior Court, HSA and HPP), resulted in significant obstacles due to different legal, consent, confidentiality and resource issues. Data was not easily obtainable from either the HSA or the DPH system given specific requirements for resources to extract specific data and differing consent and legal confidentiality issues related to the services provided.

Given the difficulties in the lack of resources with having HPP conduct additional assessments as well as all the case management responsibilities, the staff need for additional assessments proved to be too difficult to overcome. Subsequently, only slightly over a third (30) of the cases were given at least one post test. Ten (or another 12%) were given a second post test. This ultimately proved to be an insufficient number of clients for analysis or significance testing in terms of outcome analysis. Furthermore, HPP places a substantial value in the services they offered to their clients. Their efforts in recruiting, training and having former clients as staff are particularly notable and laudatory. However, HPP did not place much emphasis on the evaluation, the additional assessments or the database concerns. It was extremely difficult to extract basic service data from HPP to share with the Superior Court.

Finally, for a significant number of the services particularly substance abuse treatment, parenting classes, these services were provided by programs within either HSA or DPH. Many offered different types of treatment approaches, subsequently the use of a single parenting measure failed to capture parenting changes with the clients. Also true was the fact that these services did not have resources to conduct assessments of the clients. DDC also had little leverage and did not have sufficient collaborative leadership or resources to push for on-going assessments served by this project. As a system, it was difficult to extract information from any of the partner agencies.

Descriptive Analysis

Demographics

DDC served a total of 83 clients over 24-month period between August 2010 and June 2012. Sixty females and 23 males were served. The average age was 36, with ages ranging from 21-60. The average age for females was 34, and the average age for males was 41. The clients served were 45% Black (37 clients), 28% White (23), 18% Hispanic (15), 5% Asian or Pacific Islander (4) and 2% American Indian (2) with 2% (2) not reporting their ethnicity. The average amount of education completed by the clients served was 11 years, with amounts ranging from 0-14 years. Forty-three percent of clients (36) reported having some form of employment over the past three years, 43% of clients (36) reported being unemployed, 4% (3) reported being students, 2% (2) reported being retired, 1% (1) reported being in a controlled environment, with 6% (5) not reporting. Sixty-one percent of clients (51) reported having some form of income, with the average monthly income for clients being \$662.27. Thirty-six percent of clients (30) reported having no source of income and 2% (2) did not report. Sixty-one percent of clients (51) reported being incarcerated at some point in their lives, with the average length of incarceration being 40 months. Six percent (5) of clients reported being detained or incarcerated during the past 30 days with an average of 11 days spent incarcerated.

Client Satisfaction

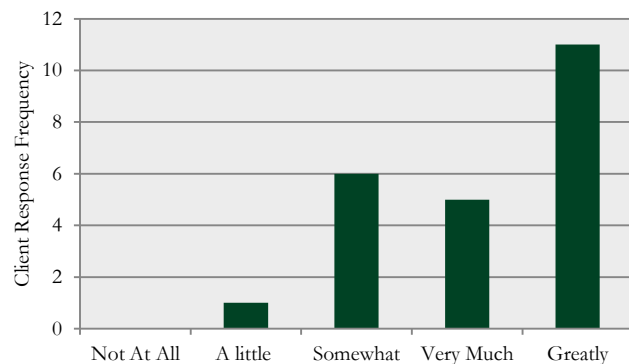
Overall Satisfaction

Twenty-three clients were given a satisfaction survey to determine their use of DDC services, and satisfaction with the services (See [Appendix A](#)).

Clients were asked: “Overall, how well do you feel DDC is working for you?”. Forty-eight percent (11) responded “Greatly,” 22% (5) responded “Very Much,” 26% (6) responded “Somewhat,” and 4% (1) responded “A Little.”

Overall, how well do you feel DDC is working for you?

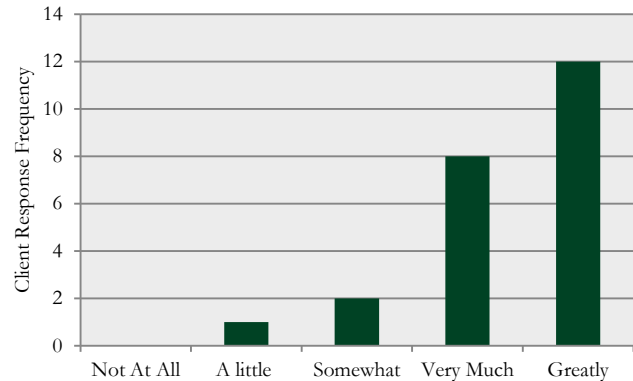
Response	Frequency	Percent
Not At All	0	0%
A little	1	4%
Somewhat	6	26%
Very Much	5	22%
Greatly	11	48%
Total	23	100%



To the question, “Do you feel that staff respects all clients in the program, regardless of ethnic, gender, sexual orientation, and lifestyle differences?” 52% (12) responded “Greatly,” 35% (8) responded “Very Much,” 9% (2) responded “Somewhat,” and 4% (1) responded “A Little.”

Do you feel that staff respects all clients in the program, regardless of ethnic, gender, sexual orientation and lifestyle differences?

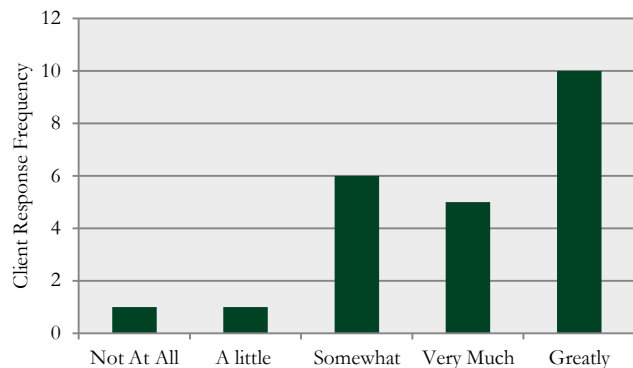
Response	Frequency	Percent
Not At All	0	0%
A little	1	4%
Somewhat	2	9%
Very Much	8	35%
Greatly	12	52%
Total	23	100%



Clients were asked: “How well do you feel staff understands your needs and concerns?”. Forty-three percent (10) responded “Greatly,” 22% (5) responded “Very Much,” 26% (6) responded “Somewhat,” 4% (1) responded “A Little,” and 4% (1) responded “Not at All.”

How well do you feel staff understands your needs and concerns?

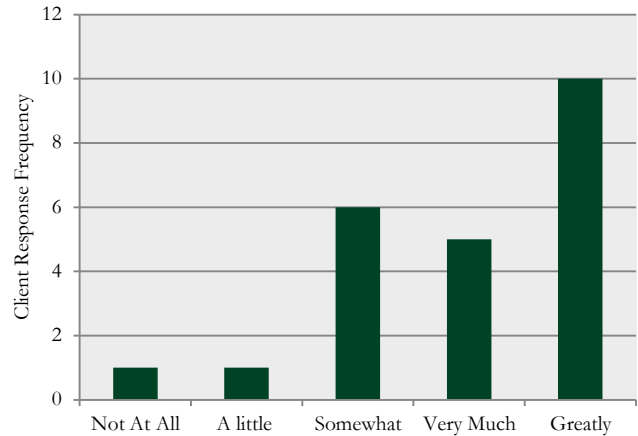
Response	Frequency	Percent
Not At All	1	4%
A little	1	4%
Somewhat	6	26%
Very Much	5	22%
Greatly	10	44%
Total	23	100%



To the question, “In general, how well do you feel the staff has helped you meet your needs?” 48% (11) of clients responded “Greatly,” 13% (3) responded “Very Much,” 30% (7) responded “Somewhat,” 4% (1) responded “A Little,” and 4% (1) responded “Not at All.”

In general, how well do you feel staff has helped you meet your needs?

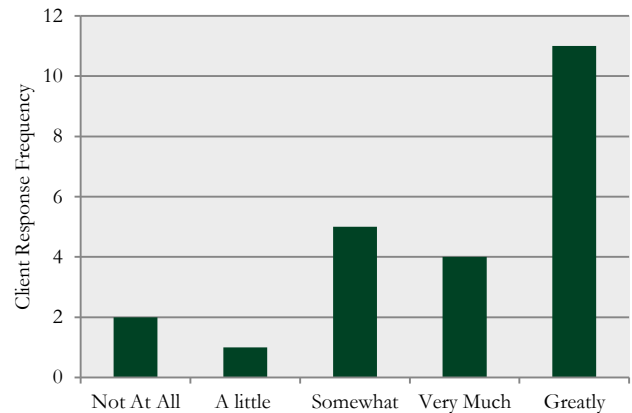
Response	Frequency	Percent
Not At All	1	4%
A little	1	4%
Somewhat	6	31%
Very Much	5	13%
Greatly	10	48%
Total	23	100%



Clients were asked the question: “Do you feel that your quality of life has improved since being in DDC?”. Forty-eight percent responded “Greatly,” 17% (4) responded “Very Much,” 22% (5) responded “Somewhat,” 4% (1) responded “A Little,” and 9% (2) responded “Not at All.

Do you feel that your quality of life has improved since being in DDC?

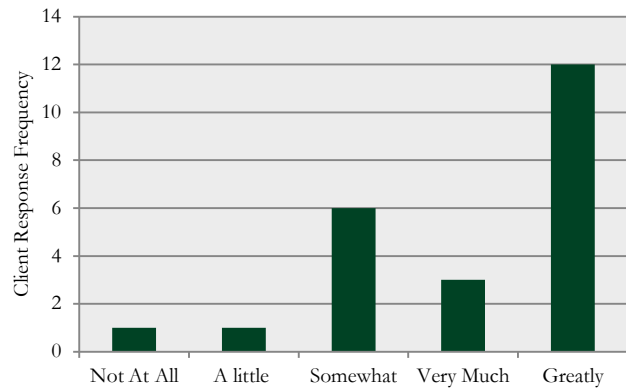
Response	Frequency	Percent
Not At All	2	9%
A little	1	4%
Somewhat	5	22%
Very Much	4	17%
Greatly	11	48%
Total	23	100%



When asked, “Do you feel that working with the court program has helped you with your own recovery?” 52% of clients (12) responded, “Greatly,” 13% (3) responded “Very Much,” 26% (6) responded “Somewhat,” 4% (1) responded “A Little,” and 4% (1) responded “Not at All.

Do you feel that working with the court program has helped you with your own recovery?

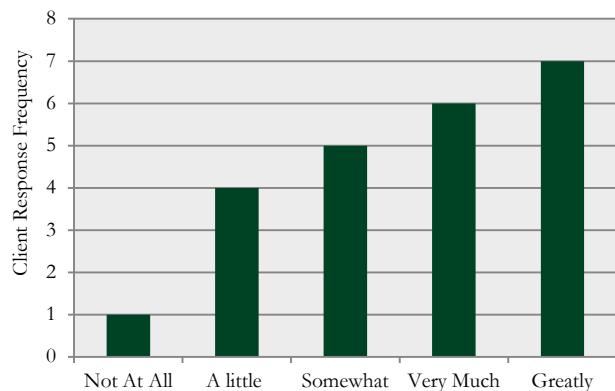
Response	Frequency	Percent
Not At All	1	4%
A little	1	4%
Somewhat	6	26%
Very Much	3	13%
Greatly	12	52%
Total	23	100%



To the question, “In general, how well do you feel that the court program has helped you address your own needs?” 30% of clients (7) responded “Greatly,” 26% (6) responded “Very Much,” 22% (5) responded “Somewhat,” 17% (4) responded “A Little,” and 4% (1) responded “Not at All.

In general, how well do you feel the court program has helped you address your own needs?

Response	Frequency	Percent
Not At All	1	4%
A little	4	17%
Somewhat	5	22%
Very Much	6	26%
Greatly	7	30%
Total	23	100%



Service Use and Helpfulness

The Satisfaction Survey asked clients about service use in the past six months, and the helpfulness of each service.

Court Dates: Sixty-five percent of clients (15) reported using court dates every two weeks, while 35% of clients (8) reported using court dates monthly. Forty-four percent of clients (10) reported court dates as being “Greatly” helpful, 26% of clients (6) reported them as “Very Much” helpful, 17% of clients (4) reported them as “Somewhat” helpful, 9% (2) reported them as “A Little” helpful, and 4% (1) reported them as “Not at All” helpful.

HPP Case Management Services: Fifty-seven percent of clients (13) reported using HPP Case Management services weekly; 22% (5) reported using them every two weeks; 13% (3) reported using them monthly; 4% (1) reported using them less than once a month, while 4% of clients (1) reported never using the services. Of those clients who used HPP Case Management services at least once, 59% (13) reported them as “Greatly” helpful, 23% of clients (5) reported them as “Very Much” helpful, 9% of clients (2) reported them as “Somewhat” helpful, 5% (1) reported them as “A Little” helpful, and 5% (1) reported them as “Not at All” helpful.

Referrals for Drug Treatment: When clients were asked about referrals for drug treatment 4% of clients (1) reported using the service daily; 4% (1) reported using it weekly; 9% (2) reported using it every two weeks; 4% (1) reported using it monthly; 30% (7) reported never using the service, while 39% of clients (9) selected “Not Applicable”. Of those clients who used referrals for drug treatment at least once, 53% (8) reported them as “Greatly” helpful, 7% of clients (1) reported them as “Very Much” helpful, 27% of clients (4) reported them as “Somewhat” helpful, 7% (1) reported them as “A Little” helpful, and 7% (1) reported them as “Not at All” helpful.

Referrals for Housing: When clients were asked about referrals for housing 9% of clients (2) reported using the service weekly; 13% (3) reported using it monthly, 39% of clients (9) reported using it less than once a month; 13% (3) reported never using the service, while 26% of clients (6) selected “Not Applicable”. Of those clients who used referrals for housing at least once, 57% (8) reported them as “Greatly” helpful, 14% of clients (2) reported them as “Very Much” helpful, 14% of clients (2) reported them as “Somewhat” helpful, and 14% (2) reported them as “A Little” helpful.

Referrals for Therapy: Thirteen percent of clients (3) reported using referrals for therapy services weekly; 4% (1) reported using it every two weeks; 4% (1) reported using it monthly, 17% reported using the service less than once a month; 22% (5) reported never using the service, while 39% of clients (9) selected “Not Applicable”. Of those clients who used referrals for therapy at least once, 46% (6) reported them as

“Greatly” helpful, 15% of clients (2) reported them as “Very Much” helpful, 8% of clients (1) reported them as “Somewhat” helpful, 15% (2) reported them as “A Little” helpful, and 15% (2) reported them as “Not at All” helpful.

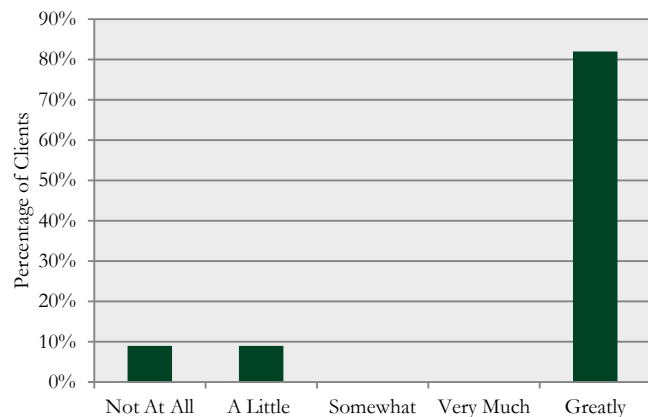
Referrals for Other Services: When clients were asked about referrals for other services 13% of clients (3) reported using the service weekly; 9% (2) reported using it every two weeks; 13% (3) reported using it monthly; 22% (5) reported using the service less than once a month; 4% (1) reported never using the service; while 39% of clients (9) selected “Not Applicable”. Data on this item was missing for one client. Of those clients who used referrals for other services at least once, 67% (8) reported them as “Greatly” helpful, 25% of clients (1) reported them as “Very Much” helpful, and 8% (1) reported them as “Not at All” helpful.

Emergency Needs: Clients were asked about their use of services for emergency needs including food, supplies, strollers, furniture or other supplies/support. Four percent of clients (1) reported using the service weekly; 4% (1) reported using it every two weeks; 30% (7) reported using it monthly; 26% reported using it less than once a month; 17% (4) reported never using the service, while 17% of clients (4) selected “Not Applicable”. Of those clients who used emergency needs support services at least once, 53% (8) reported them as “Greatly” helpful, 20% of clients (3) reported them as “Very Much” helpful, 20% of clients (3) reported them as “Somewhat” helpful, and 7% (1) reported them as “A Little” helpful.

Parenting Classes: When clients were asked about their use of parenting classes, 26% (6) reported using them weekly; 4% reported using them every two weeks; 13% (3) reported using them monthly; 4% (1) reported using them less than once a month; 22% (7) reported never using them, while 30% of clients (7) selected “Not Applicable.” Of the clients who attended parenting classes at least once, 82% (9) reported them as “Greatly” helpful, 9% (1) reported them as “A Little” helpful, and 9% (1) reported them as “Not at All” helpful.

For those clients who have used Parenting Classes, how helpful were they?

Response	Frequency	Percent
Not At All	1	9%
A Little	1	9%
Somewhat	0	0%
Very Much	0	0%
Greatly	9	82%
Total	11	100%



General Support Services to Increase Visitations: Four percent of clients (1) reported using general support services to help increase visitations daily; 13% (3) reported using them weekly; 17% (4) reported using them every two weeks; 4% (1) reported using it monthly; 17% (4) reported using the service less than once a month; 17% (4) reported never using the service, while 26% of clients (6) selected “Not Applicable”. Of those clients who used general support services for increasing visitations at least once, 53% (8) reported them as “Greatly” helpful, 7% of clients (1) reported them as “Very Much” helpful, 27% of clients (4) reported them as “Somewhat” helpful, 7% (1) reported them as “A Little” helpful, and 7% (1) reported them as “Not at All” helpful.

Drug Treatment: When clients were asked about drug treatment services, 44% (10) reported using them daily; 17% (4) reported using them weekly; 9% (2) reported using them every two weeks; 4% (1) reported using it monthly; 4% (1) reported using the service less than once a month; 9% (2) reported never using the service, while 13% of clients (3) selected “Not Applicable”. Of those clients who used drug treatment services at least once, 63% (12) reported them as “Greatly” helpful, 5% of clients (1) reported them as “Very Much” helpful, 21% of clients (4) reported them as “Somewhat” helpful, 5% (1) reported them as “A Little” helpful, and 5% (1) reported them as “Not at All” helpful.

Psychotherapy: Forty-four percent of clients (10) reported using psychotherapy services weekly; 13% (3) reported using them every two weeks; 9% (2) reported using it monthly; 13% (3) reported never using the service, while 22% of clients (5) selected “Not Applicable”. Of those clients who used psychotherapy services at least once, 63% (10) reported them as “Greatly” helpful, 13% of clients (2) reported them as “Very Much” helpful, 13% of clients (2) reported them as “A Little” helpful, and 13% (2) reported them as “Not at All” helpful.

DDC Intake/Waitlist Group: Clients were asked about their use of the DDC Intake/Waitlist Group. Four percent (1) reported using the group daily; 13% (3) reported using it weekly; 4% (1) reported using it less than once a month; 17% (4) reported never using the service, while 61% of clients (14) selected “Not Applicable”. Of those clients who used the DDC Intake/Waitlist Group at least once, 44% (4) reported it as “Greatly” helpful, 22% of clients (2) reported it as “Very Much” helpful, 11% of clients (1) reported it as “A Little” helpful, and 22% (2) reported them as “Not at All” helpful.

Satisfaction Survey Summary

As illustrated in the sections, tables and figures above, the 23 DDC clients sampled responded with high levels of satisfaction when asked about their experiences with the court staff and services. For all the questions about overall satisfaction with services, most clients responded with the highest rating of “Greatly”. When asked about service use, a majority of clients had used each of the DDC services at least once in the

last six months, with many using services at higher frequencies. Of clients using services at least once, a majority reported for each of the services that they found them to be “Greatly” helpful.

Lessons Learned & Recommendations

Given the relatively new development of the DDC program (two years) at the time of initial funding, a pre-evaluation planning or readiness and development would have been more appropriate than an outcome evaluation. An evaluation feasibility assessment would have also provided additional information toward understanding their readiness for an outcome-oriented evaluation. As the program has now clarified processes and has established clearer goals, DDC is more prepared to implement a meaningful outcome evaluation; however, there are still several potential barriers that need to be addressed.

Potential Data Collection Strategies

It was clear that the staff, particularly the HPP case managers, felt that they simply did not have adequate time to complete evaluation measures and enter data given the priority of providing essential and often critical services to the clients. As the project developed, a limited amount of clerical staffing support was added to help supplement data collection and data input. Even with the additional support, the process needed further refinement, as there were multiple unnecessary steps between data collection and data entry. Further, there was unnecessary duplication of data collection and entry given that treatment facilities also collected the same data.

Ideally, with a more comprehensive collaboration, the systems in place including HSA, DPH, HPP and the Superior Court should have negotiated and developed working data agreements and data sharing protocols prior to the development of the grant-funded program. This would also have reduced data duplication as well. Beyond shared database and information sharing, some effort should be aimed at developing a common framework for outcome evaluation. Today, most funding sources require outcome evaluation both on an individual and program level. Of course, working with multiple systems with their own layers of protocol particularly around client confidentiality and consent has always been a significant challenge to any municipality. Yet, systems are beginning to be developed that can integrate databases. Most recently, the San Francisco Department of Public Health has been developing the CCMS or the Coordinated Case Management System, which is a mega database of 14 different databases and is hoping to add Juvenile Probation Services, Human Service Agency into their integrated database.

For the Superior Court, the collaborative partners must have a shared understanding and interest in the evaluation. Another recommendation for future evaluations would be to tie funding to data collection for collaborating agencies to ensure that all data, particularly follow-up data, is collected in a timely manner.

If resources and staff time becomes problematic for the intervention, whether case management, or treatment, than perhaps an outside evaluator needs to be involved in conducting all post baseline assessments. Incentives would be built into each assessment with the clients and the follow-up assessments and other data needs would be entered directly by the evaluators themselves. Although this may prove problematic in terms of evaluation expense, for programs that have difficulty in supporting or implementing outcome assessments, this may prove to be an option.

One of the foreseeable barriers to this endeavor is the ease of sharing information. Even among the closest collaborators in this project, HPP and the Superior Court, data sharing proved to be a challenge. Ideally DDC would be able to readily access accurate data on an individual client basis. One suggestion would be to create or further refine DDC's Access database to track more in-depth information on each client. Perhaps a shared online database on a cloud system using a secured third-party database would avoid duplication of data entry and provide a shared file for tracking the client over time in terms of services as well as outcome.

Potential Research Questions

Although an outcome-oriented evaluation is critical for understanding treatment and program effects, it is also true that service integration and service capacity are critical factors to consider in evaluation. Given the relative youth of this project, perhaps a more service integration systems evaluation would have also helped provide a better understanding of this important service. Collaboration between partners, not only in terms of client transfer and linkages, but in terms of data sharing agreements, outcome data collection and data transfer are systems issues that could be addressed in a more systems oriented evaluation. Significant questions for the program to address in the future might include these critical factors:

- How can the Superior Court better understand the outcomes of the clients they see and refer for services?
- How can the Superior Court better establish data sharing linkages in the future particularly given consent and confidentiality issues?
- How can the Superior Court insure that their collaborating partners collect adequate outcome data and make this a priority?

- How can resources be increased to help refine and develop the Superior Court MIS to include outcomes for the people they see (i.e., reunification, etc.)?
- Can the Superior Court establish a protocol for all future collaborations particularly with other non-profits and with other Departmental agencies?
- Do service referrals and frequent monitoring provided by the Superior Court result in better outcomes for families versus those statutorily mandated?

Appendix A: Client Satisfaction Form

ID# _____

Date: _____

CLIENT SATISFACTION FORM

Directions: Please circle one answer for each question below.

1. Overall, how well do you feel DDC is working for you?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

2. Do you feel that staff respects all clients in the program, regardless of ethnic, gender, sexual orientation, and lifestyle differences?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

3. How well do you feel staff understand your needs and concerns?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

4. In general, how well do you feel the staff has helped you meet your needs?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

5. Do you feel that your quality of life has improved since being in DDC?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

6. Do you feel that working with the court program has helped you with your own recovery?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

7. In general, how well do you feel that court program has helped you address your own needs?

NOT AT ALL A LITTLE SOMEWHAT VERY MUCH GREATLY

8. In the last 6 months, how often have you used the following services?

	Never	Less than 1x/ Month	Month -ly	Every 2 weeks	Week-ly	Daily	N/A
Court Dates	1	2	3	4	5	6	7
HPP Case Management	1	2	3	4	5	6	7
Referrals for Drug Treatment	1	2	3	4	5	6	7
Referrals for Housing	1	2	3	4	5	6	7
Referrals for Therapy	1	2	3	4	5	6	7
Referrals for other services	1	2	3	4	5	6	7
Emergency Needs (i.e. food, supplies, strollers, furniture, other supplies/support)	1	2	3	4	5	6	7
Parenting Classes	1	2	3	4	5	6	7
General support to help increase visitations	1	2	3	4	5	6	7
Drug Treatment	1	2	3	4	5	6	7
Psychotherapy	1	2	3	4	5	6	7
DDC Intake Group (the waitlist group)	1	2	3	4	5	6	7
m. Other (please specify): _____ _____ _____	1	2	3	4	5	6	7

9. Of the services you have used in the <u>last 6 months</u> , how helpful were they?	Not at all	A little	Somewhat	Very much	Greatly	N/A
Court Dates	1	2	3	4	5	6
HPP Case Management	1	2	3	4	5	6
Referrals for Treatment	1	2	3	4	5	6
Referrals for Housing	1	2	3	4	5	6
Referrals for Therapy	1	2	3	4	5	6
Referrals for other services	1	2	3	4	5	6
Emergency Needs (i.e. food, supplies, strollers, furniture, other supplies/support)	1	2	3	4	5	6
Parenting Classes	1	2	3	4	5	6
General support to help increase visitations	1	2	3	4	5	6
Drug Treatment	1	2	3	4	5	6
Psychotherapy	1	2	3	4	5	6
DDC Intake Group (the waitlist group)	1	2	3	4	5	6
m. Other (please specify): _____ _____ _____	1	2	3	4	5	6

Thank you!

DDC Satisfaction Survey Final