



# CITY OF HOUSTON

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**Annise D. Parker**

Mayor

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March 29, 2010

Dear Treatment Provider,

As part of the Five Year Strategic Plan for the Houston/Harris County Office of Drug Policy, I ask that you take a moment to fill out the attached community needs assessment survey and tell us about your agency's chemical dependency and related behavioral treatment services. This survey will help us determine the extent, type and array of services that Houston and surrounding communities have as well as what services are severely lacking. Many of you, as treatment service providers, have existing facilities with capacity that is underutilized, or cannot fill positions due to a lack of available or qualified staff. Community resources to pay for treatment services as private and public funding opportunities become available will help our region meet these needs – without duplicating service capabilities or spending precious dollars on new infrastructure when it may already exist.

This survey data will be compiled and reported in blocks rather than publishing any specific information about your agency. If you know of a treatment provider who did not receive this survey, please forward it to them so they can participate. They don't have to be licensed or fall into a specific category; as long as they are providing treatment services, we want to hear from them. Please complete the survey and submit it electronically to [HCDS@cityofhouston.net](mailto:HCDS@cityofhouston.net) or fax it into me at my office at (832)393-0909 by April 15<sup>th</sup>. Thank you in advance for your participation

Regards,

Ray Andrews  
Houston Crackdown  
Phone: (832)393-0913  
Fax: (832)393-0909

## HHCODP Treatment Services SURVEY

We are trying to determine the service capacity in Houston from all sources. We realize that there are many different types of programs in terms of clients served, funding sources, licensing, levels of care, etc. We want to know what your physical service capacity/licensed capacity is and how many you could serve with your current facilities if you

I. Which Levels of Care Does Your Program Offer? Detox, residential-intensive and supportive, day treatment, out-patient-intensive and supportive, half way house, group home, medication management, supportive housing, aftercare, alumni/peer activities, etc.	# of Licensed or Not Capacity Slots / Beds	# of Service Capacity Slots / Beds

had more money, staff, resources, etc. Please try to adapt the questions to your program as best you can.

### II. What are the barriers to expanding your services?

Staff availability    Funding    Location    Facilities    Regulations

Other \_\_\_\_\_  
\_\_\_\_\_

### III. How are your services funded, and what is the percentage of funding from each source (estimated)?

Service	Source of Funds (Govt.-State or Federal, Grants, Philanthropic Gifts, Insurance)	% of Funding

**IV. What is your program's governance (check all that apply)?**

For Profit  Not-for-profit  Governmental Entity/Licensed Facility  Faith-Based  12-Step Based

Other \_\_\_\_\_

**V. What is your program's treatment modality? \_\_\_\_\_**

**VI. What are your hours / days of operation for Intake? \_\_\_\_\_**

**VII. What are your services? \_\_\_\_\_**

**VIII. What population do you serve? Age, gender, problem, etc.**

Female  12-17  18-26  18 up  Women w/ children,  Veterans  Probationers  Parolees  
 Male  12-17  18-26  18 up  GLBT  HIV+  Homeless   
Pre-sentence alternative

Other \_\_\_\_\_

**IX. What are the specific eligibility criteria for your program? \_\_\_\_\_**

**X. Where do your referrals come from?**

Regular Courts  Drug Courts  MH Courts  MHMRA  Insurers  Schools  
 Treatment centers  Detox facilities  Psych facilities  Individuals  Physicians   
MH providers/therapists  Probation  Parole

Other: \_\_\_\_\_

**XI. What kind of specialized services do you provide?**

Dual Disorders / COPSD    Developmentally Disabled / CD    Physically Disabled / CD

Other \_\_\_\_\_

\_\_\_\_\_

**XII. In your opinion, what are the three greatest unmet treatment / service needs in Harris and contiguous counties?**

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