PROGRESS REPORT

on

EVALUATION OF CCCJ-FUNDED

NARCOTICS TREATMENT AND REHABILITATION PROJECT

Submitted to

CALIFORNIA COUNCIL ON CRIMINAL JUSTICE

January 9, 1974

System Sciences, Inc.
750 Welch Road
Palo Alto, California 94304
(415) 327-6105

ACKNOWLEDGEMENTS

This progress report was prepared by the staff of the Pacific Coast office of System Sciences Incorporated. Principal contributors to the research included:

Dr. Geraldine Fink, project director

Richard Laurino, deputy director

Peter B. Bjorklund, senior analyst

Walter Byrd, research assistant

Carol S. Baron, research assistant

Frederick Goshe, editor.

We wish to acknowledge the assistance of the staff of the following projects in providing reports, interviews, and client data:

Sacramento County Methadone Maintenance Program

The Aquarian Effort, Inc.

Camarillo Resocialization Program for Drug Abusers

The Open Door Drug Clinic

Walden House, Inc.

Other agencies also providing assistance to the research staff include:

County of Sacramento Probation Department

Sacramento Parole Office

County of Los Angeles Probation Department

County of Ventura Probation Department

Los Angeles Region Criminal Justice Planning Board

Ventura Region Criminal Justice Planning Board

Superior Court of Los Angeles County.

TABLE OF CONTENTS

TABLE OF CONTENTS (Continued)

TABLE OF CONTENTS (Continued)

I. INTRODUCTION

A. Background

The effort reported here concerns an evaluation of a cluster of five drug treatment and rehabilitation projects, and a determination of the potential for building a statewide program from the cluster. The five projects (Sacramento County Methadone Maintenance Program, The Aquarian Effort, Inc., Camarillo Resocialization Program for Drug Abusers, The Open Door Drug Clinic, and Walden House, Inc.) cover a spectrum of treatment approaches and reach a wide range of client types. Each project has areas of considerable success and areas of self-admitted failure. This history of success and failure is typical of the drug treatment field where projects are always in a state of change caused by the many critical events occuring both in and around the project. A snapshot view of a project at one period of time is not necessarily a complete picture of the project at some other period. Change is brought about by many conditions: changes in funding levels, impact of new regulations, failures of treatment or conflicts in philosophy, emerging community needs and attitudes, and so on. Thus, if an evaluation is to be useful, consideration must be given to the project's performance in terms of its own intrinsic characteristics and the characteristics of its surrounding environment.

A number of characteristics of drug treatment projects have been identified in previous work as being important to interpreting performance. These characteristics, which are being examined in this study, include: project treatment philosophy; characteristics of treatment modalitites;

attributes of clients that succeed and fail; staff capabilities and training; project objectives and criteria for success; in-house evaluation and feedback; and management capabilities.

Characteristics of the surrounding environment that should be examined include: characteristics of the addict population; relationships of the project with supporting agencies; regulations imposed on operations; funding and funding variations; total community capabilities for drug abuse treatment, rehabilitation, education, and prevention; and the attitudes of the community at large toward these projects.

Each project funded by CCCJ is required to report its achievements of impact-oriented objectives. The approaches used to meet this requirement, among the five projects and in the field at large, vary in many respects. There are variations in: statement of objectives, criteria for measurement, data elements and data capture techniques, methodology for making judgments from the data, terminology, and format of presentation. There are also wide variations in the quality and comprehensiveness of the evaluation efforts. These variations are due to factors such as differing views of the value of evaluation, difficulties in capturing data, variation in capabilities of evaluation group, variation in funding of evaluations, and differing requirements written into grant request awards.

The CCCJ must be able to absorb the information in these project evaluations and understand their implications to determine whether projects should be refunded or replicated in other jurisdictions. This task is made more difficult by the diverse content and format of the project evaluations. While some diversity in reports may be justified by the research orientation of the CCCJ projects, standardization of reported information is desirable wherever possible. For this purpose, this current

study is examining the project evaluation efforts to identify common objectives, criteria for measurement, and common data elements that would form the basis for an improved evaluation approach. While the five projects will provide many of the necessary common elements, they will not provide all. Consequently, there is a requirement on this current study to suggest additions that will provide a more complete basis for an improved evaluation approach.

B. Scope of This Report

This report discusses the information gathered up the midpoint of the study effort. Accordingly, the report is based on preliminary results, and observations are tentative. The information presented is based on activities accomplished to date and on documents supplied by the State and by the individual projects. Principal new sources of information are the director and staff interviews conducted by the SSI field team during the last three months, and the preliminary discussions of data and methodology held with evaluators of the various projects. Existing sources examined included the grant award requests, yearly and quarterly reports by projects to CCCJ, and reports done by outside consultants. The independent data gathering planned by SSI has only recently begun and therefore has not appreciably influenced the findings presented here.

The findings in this report have not yet benefited from review by the staff of the various projects. Such review will be done prior to completion of this study to assure the accuracy of the objective data and to obtain divergent viewpoints on the many controversial issues. This report will serve as a first step in this direction. Subsequent to distribution, projects will be contacted by SSI, and discussions will be held on the findings.

C. Preview of Report

The report following this introduction is organized into two parts. The first discusses each of the five projects and the second discusses the initial efforts on common elements in the five projects. Each project is discussed in terms of project description, data sources and data collection, impact-oriented objectives and criteria for measurement, evaluation methodology, project achievements, and quality of each project's evaluation components. The final section discusses cluster characteristics in terms of common objectives and criteria, common data elements, and potential of the cluster as a basis for efficient evaluation procedures.

II. INDIVIDUAL PROJECTS

A. Sacramento County Methadone Maintenance Program

1. Project Description Summary

The Sacramento County Methadone Maintenance Program is an outpatient clinic dispensing methadone to heroin addicts, and providing counseling services. Because of the new regulations associated with their NIMH funding, the clinic has added methadone detoxification and proposes to add group therapy.

The project has two clinics ("V" Street and Capitol Avenue), each having the capacity to treat 150 clients; currently, 146 are being treated at "V" Street, and 74 at Capitol Avenue. There are 14 staff members. All are Caucasian, 8 are female, and 12 are between 25 and 40 years of age. Ten of the staff possess degrees including RN, BA, MA, and Doctor of Pharmacology. Four have no degrees. Only three have more than 10 years of experience; six have less than five, and four have no experience. Most of this psychiatric experience is not drug-related. Eight of the 14 have been working at the clinic for less than six months. Five have been working there for more than a year, and only two (the director and the head nurse) have been there for more than two years. Many of the new additions to the staff are due to program expansion and not to staff turnover.

At both clinics the patients average five to six visits per week, with each visit lasting about 30 minutes. The clients' ages range from 18 to 60, the average age being 33. The racial distribution is 45%

Caucasian, 40% Mexican-American, 10% Black, and 5% Other (primarily Orientals). From 35 to 40% of the clients are referred to the clinic by the criminal justice system; approximately 33% are on probation or parole when they enter the program. About 55% are employed while in the program.

There is some community opposition to the program, although the tension has lessened recently. The image of the clinic and of the whole medical center is apparently low in the black community. Only 10% of the clients are black, whereas there is a significantly higher evidence of drug addiction in the black community.

A major problem of the program is lack of space. The staff sees lengthened screening time for clients as a problem which has been caused by the State Department of Mental Hygiene regulations for methadone programs. The staff feel that they would lose fewer clients if a shorter screening time were reinstated. The staff has also been put under pressure by the Department of Mental Hygiene to fill their vacancies or risk a loss of NIMH funding. This problem has occurred because contract monies cannot be spent until the project contains a specified number of clients. Enrollment is therefore the clinic's most critical problem, and an active recruiting effort is underway.

2. Data Sources and Data Collection

Our data collection for the evaluation of Sacramento Methadone is nearly completed. Descriptive and background information about the staff was obtained by director and provider interviews. Data for about 90 clients has been abstracted from the clinic's files. Data on criminal justice encounters of all clients on probation or parole are being collected from probation and parole records in Sacramento. Community

relationship information is being gathered by personal visit and phone survey. These surveys are being taken from law enforcement and other officials who have dealings with the clinic. Appendix A contains details of data sources and data collection.

Arrangements to have access to client records at the treatment units were made during an initial meeting and through subsequent letters. SSI staff supplied letters of non-disclosure for members of the evaluation team working with individual client data. Since that time, the team has had open access to the records, and has reviewed the record-keeping system to determine types and completeness of data. Subsequently, client data were extracted from records. (See Appendix A.)

The client record structure is the same for both clinics. A typical client's record included:

- o Progress notes
- o Urinalysis records
- o Methadone prescriptions
- o Methadone transfer sheets for jail, hospital, etc.
- o Orders for, and results of, physical and psychological tests
- o Checklist of items required for entry into the program
- o Client attributes (name, age, birth date, drug history, etc.)
- o CODAP case sample form for third quarter, 1973
- o "Consent to Methadone Treatment" DHEW form FD2635 (12/72)
- o Letters and forms verifying prior heroin addiction
- o Confidential information release form signed by client
- o Consent to participate in a methadone research project signed by client
- o 6-page follow-up interview given to clients 6 months after entering treatment (if still in treatment)
- o 3-page evaluation interview including name, address, age, drug history, etc.
- o Record of milestones (follow-up interviews, annual physical, etc.)
- o Request to CII for copy of rap sheet
- o Client's rap sheet at the time he entered treatment

Client data were sought for two samples of clients: (1) those in treatment at any time during December 1972, and (2) those currently in treatment. Many of the clients who were in treatment in December 1972 will have terminated treatment and will furnish "after treatment" criminal justice involvement data for assessment of impact. These 1972 data, plus data collected about current clients, should be more than enough to corroborate existing evaluation figures and to cross-check data.

The original samples for clients in treatment in December 1972 and currently in treatment were substantially larger than the samples to be used in this study. The originals were on the order of 300 total, which is larger than was necessary for our purposes. Data have been abstracted for 89 clients to date. Data for additional clients will be obtained as required to assure that the sample finally used is representative of the client population. Characteristics of samples obtained to date are shown in the following tabulation:

	Population Size	Sample Size	Percent Sampled	Mean Age	Percent Female
"V" Street - 1972	174	40	23	37.6	27.5
"V" Street - 1973	146	17	12	28.6	17.6
Capitol Avenue - 1973	74	32	43	32.6	28.1
Total	394	89			
Average			23%	34.2	26.4%

Since, as the tabulation shows, the 1972 "V" Street sample represented a different client population than the 1973 Capitol Avenue client population, it was necessary to collect data for a sample of current "V" Street clients.

Further sampling from the clinic files will obtain data on clients who are on probation or parole (or were in December 1972) and who are not part of existing samples. In December 1972, there were 77 clients on probation or parole. These are the clients who will be featured in the quantitative impact assessment.

Meetings held with narcotics officers of the Sacramento County Probation Department resulted in arrangements to gather data from the department. Subsequently, data were collected for 21 of 23 clients on probation and in treatment and on probation. A similar agreement was made with state parole officials in Sacramento. Data were collected for 8 of 56 clients in the December 1972 category and for 5 of 43 clients in the current category. SSI plans to collect remaining data in one more visit to both probation and parole.

The primary data collected from the probation and parole records are the arrest histories from one year before treatment to the present. These data will allow comparison of arrest rates by crime type before, during, and after treatment. Secondary information includes some incarceration history, employment information, disciplinary detoxification, drug abuse data, etc. The arrest data will be used for impact assessment, and the other information will be used primarily for corroboration of data maintained by the clinic.

Additional data to be collected will include baseline statistics from the Census Bureau and the Bureau of Criminal Statistics. With these, Sacramento Methadone can be related to such statistics as the racial distribution of the community population and the area distribution of arrests by crime type. Community relations information will also be gathered by interviewing law enforcement and other officials. Some of

this has already been done at Sacramento County probation and parole departments.

Funding and budget data have been acquired which will be used to estimate the per capita cost of treatment.

3. Impact-Oriented Objectives and Associated Measurement Criteria

Objectives and measurement criteria for Sacramento Methadone were determined from the director's interview and various documentation (grant awards, protocol documents, annual and quarterly reports). Objectives and associated measurement criteria are listed in Table 1. Measurement criteria are those actually used in annual and quarterly reports.

Decrease in criminal behavior of clients is an objective that is appropriate to this treatment project. In measuring this objective, reports from the clinic use number of arrests or incarcerations as a criterion. The terms arrests and incarceration tend to be used interchangeably, but in practice, data presented appear to be for incarcerations. In annual reports (but not quarterly reports), comparisons are made of client records before and after entry into the program in order to demonstrate decrease in criminal justice involvement. Quarterly reports list only numbers of events for the period. A valid distinction is made between incarcerations after entry into the program for offenses occurring before entry and after entry. Because of relationships with local police and clients' requirements for methadone, the clinic should be aware of essentially all incarcerations and convictions in the Sacramento area, but not necessarily all arrests. The measurement criteria chosen are appropriate for this objective. Reliability of the measurements is discussed in Section II.A.4.

Table 1

SACRAMENTO METHADONE

OBJECTIVES AND MEASUREMENT CRITERIA, WITH ADDITIONS

OBJECTIVES	CRITERIA USED	ADDITIONS TO CRITERIA
A reduction in criminal activities to support heroin dependence	Decrease in arrests (incarcerations) Decrease in convictions Number of incarcerations in period (new offenses)	
(Reduction in illicit drug use, especially hard drugs)*		Number of clients meeting clinic urinalysis standards in period Number of "drug-free" weeks+ during period
Development of constructive model of life--employment and education	Number or percent employed or in school Number or percent employed or in school since entry into program	Job turnover Part-time, full-time or temporary employment School status changes Welfare status, dependent status
Improved social relationships	Number of clients with takehome privileges(?)** Number regaining custody of children Number of births among married couples(?)**	Goal-oriented system including family reunions, participation in group activities, etc. Number of clients reaching goals in reporting period
Referral for psychiatric and social services(?)**	No criteria given	Number of contacts in period
Drug-free life--detoxification	Number voluntarily detoxified - graduation	Number of graduates continuing to meet other program objectives

* It is suggested that this objective be added.

\+ "Drug-free" as used here really means number of weeks in period in which illicit drugs were not detected in weekly urinalysis.

** Question mark indicates questionable concept.

Reduction or elimination of illicit drug use is another aspect of criminal behavior that should be included as an objective. Measurement criteria could include the number of clients who have maintained such usage within limits set by clinic and state regulations (i.e., detection of illicit drugs less than two times in a 60-day period and less than three times in a 90-day period). Because of the state regulations and CODAP requirements covering the frequency of urinalysis, the clinic should be able to provide other convenient aggregate measures of performance, such as the number of "drug-free" weeks in the period totaled over all clients. This estimate would be based on detection of illicit drugs in the weekly urinalysis. This testing schedule, of course, does not guarantee that the client is drug-free during the period.

The objective of improving social relationships is appropriate but hard to measure. The criteria of the number or percentage of clients with takehome privileges reflect the requirement that the clients abide by clearly stated clinic rules (including regular attendance, good behavior in the clinic, and limits on positive urinalyses). This composite measure would be more suitable if broken down into its component parts (i.e., regular attendance, good behavior in clinic, etc.). As mentioned earlier, indications of illicit use of drugs (via urinalysis) is a more appropriate measure of criminal behavior. Other measures used such as "regaining children" are useful events but should be part of a systematic evaluation procedure.

Basically, satisfactory measurement of the social relationships objective requires the application of a systematic "goal-oriented" approach in which goals are set for each client and success is recorded when these specific goals are reached. (See Section II.A.4.) In addition to the

goals mentioned earlier, others that might be included are events such as reunion of families, formation of new relationships, and participation in organizations and social groups. Measures might include number of patients reaching pre-set goals during the period.

Employment and education of clients is an appropriate objective for methadone clinics. Criteria currently used to measure performance include percentage of clients currently employed or in school (quarterly report); percentage of clients employed or in school since entering the program (annual report). These criteria are useful but should be supplemented by measures that explore the quality of the client's current status. That is, is the client fully or partially self-supporting? Is his job permanent or temporary? Does the job fit the patient's skills? What relationship does it have to welfare? Measures related to these considerations would include job turnover rate, change in status at educational institutions, etc.

Referral for psychiatric and social services is a questionable indicator for the clinic. If this objective is included, a better statement would be "to provide supportive psychiatric, other counseling, and social services required by clients." The greater part of these services should be provided by the clinic itself. (See discussion in Section II.A.4.) Currently, no criteria for measurement are provided in annual or quarterly reports.

A goal added in the third year grant request in response to state regulations was to offer the client an opportunity to lead a drug-free life through voluntary detoxification from methadone. Proposed criteria for measuring performance included: number detoxified and graduated from program (annual report), and number of graduates who con-

tinue to fulfil program objectives with respect to decreased criminal behavior, improved social relationships, and continued employment or education. This latter criterion is appropriate but requires systematic follow-up which has not as yet been undertaken by the clinic. Since follow-up on all graduates over an extended period of time is quite difficult and requires a significant effort on the part of the program personnel, it probably is not a feasible measure without considerable expansion of the evaluation effort.

4. Evaluation Methodology

a. Functional Description

The first four tasks given below have been completed, and separate reports have been written. During the remainder of this study, the reports will be integrated with the assistance of appropriate consultants, comparisons with other programs will be made, and critical appraisals will be conducted.

Treatment Approach -- The clinic's treatment approach will be determined from evaluation of statements in the director and provider interviews by our staff professionals, from observation of methadone dispensing procedures, and from reports published by the treatment program. The clinic's approach will be described in relation to current methadone treatment.

Client Attributes -- General demographic and criminal

justice descriptions of the client population will be summarized from the client data discussed previously in Section II.A.2. Sources include program files and criminal justice files maintained by probation and parole departments. These data will be compared among the above sources and with criminal justice baseline data from BCS and demographic baseline data produced by the Census Bureau. The latter comparison will be emphasized because the fact that the two major drug treatment projects in Sacramento are in the evaluation cluster will enable SSI to draw conclusions concerning the adequacy of avilable treatment facilities for different user population strata.

Intake and Waiting List Procedures -- Descriptions and assessment of screening procedures will be determined from evaluation of the director and provider interviews, direct examination of the waiting list, and comparison with literature sources, including the methadone regulations.

Staff Characteristics -- Demographics will be tabulated and discussed from the provider survey. Description of staff activity, such as scheduled training, time distribution among tasks, and staff turnover rate, will be determined from the provider interviews, the director interview, program publications, and observation of the program in operation.

Program Funding -- Funding data have been obtained from grant requests, contracts, and an interview with the administrator of the Mental Health Center, of which the treatment progam is a part. Funding will be discussed within the context of funding history, adequacy, and plans for maintaining future funding.

Evaluation Efforts -- Sacramento Methadone evaluations have taken the form of descriptive statistics aimed at verifying the clinic's conformance to stated objectives and contractual requirements. These efforts are discussed in Section II.A.6 of this report. This discussion will be expanded for the final report, which will contain explicit recommendations for future evaluations at Sacramento Methadone.

b. Efficiency of Service Delivery

Staff Utilization -- Staff utilization will be evaluated on the basis of staffing patterns including:

- o Appropriateness of the mix of capabilities and characteristics of the staff for the work to be done.
- o Summary statistics concerning a numerical rating ranging from 1 to 4, which indicates a staff member's capability to do his or her assigned work (from evaluation of provider interviews).
- o Staff to client ratios, time spent delivering treatment, etc.

Staff salaries, attitudes, and retention will also be considered. However, some of these characteristics may not be particularly meaningful because the staff has not had time to stabilize after recent substantial expansion.

Quality of Care -- Conclusions with respect to quality of care will be derived from the following:

Director interview
Staff interviews and observed staff characteristics
Types of services offered
Distribution of time spent delivering services
Training of staff (experience in drug field)
Quality of client records
Screening procedures

Dispensing operations
Supplementary services
Other aspects that may be noted.

Practically every aspect of the project's operation has some bearing on the quality of care. The evaluation will point out exceptions taken to current procedures, with recommendations for their rectification.

Per Capita Costs -- Per capita costs have been estimated by the treatment project and mandated by Short-Doyle and NIMH contracts. Using budgeted figures in conjunction with staff and client statistics, SSI will relate these data to the per capita cost estimates.

c. Value or Impact of Services

The value or impact of services of Sacramento Methadone will be assessed in terms of decrease in illegal drug use; decrease in criminal activity; and changes in environmental relationships (client employment and other factors that would indicate client growth).

Decrease in Illegal Drug Use -- Consistency of clinic findings on decrease in illegal drug use will be examined by comparing clinic data from the sampled client drug histories with information reported to CCCJ by the clinic. Client drug patterns will also be summarized so as to classify the types of problems being treated. Such summaries are becoming fairly standard in drug treatment evaluation. Use of these summaries as well as other tools should provide valuable aids to ongoing evaluation efforts at the project.

Decrease in Criminal Activity -- Decrease in criminal activity will receive heavy emphasis in SSI's evaluation of Sacramento Methadone. The evaluation will use arrest, incarceration, probation, and parole information obtained from client interviews, rap sheets in the clinic, and files of probation and parole departments. Supplementary data from pro-

bation and parole files will be used to test statistically for changes in criminal activity of clients before, during, and after treatment, and to make cross-check estimates of data reliability.

The principal analytical tool here will be comparisons of arrest rates per 100 client years by crime type within strata defined by client attributes such as age and sex. The results of these comparisons will be played against the baseline statistics concerning criminal activity in Sacramento County as determined by BCS.

Changes in Client Employment and Other Factors -- Sacramento Methadone maintains some statistics on client employment and other factors that would indicate client growth. Many of these statistics can be corroborated through probation and parole files. Statistics and observations concerning these factors will be developed where possible. These data will be related to the project's vocational rehabilitation policy and efforts.

With regard to the employability and general mobility of clients on a methadone regimen, SSI is very interested in the results of the driver simulation tests run at Sacramento Methadone. There are many instances where the ability of a methadone client to drive regularly (or convincing someone of the ability) is very important in securing employment for the client. These experiments have been discussed with clinic staff members, and will be described in the final report.

d. Potential of Program

The potential of the Sacramento Methadone project will be evaluated from the following points of view: management, staff training and expansion, community relationships, and facilities.

Management -- To evaluate Sacramento Methadone's future from a management point of view, consideration will be given to the director interview, staff peer reviews, interviews with outside agencies, efficiency of current operations, funding sources developed, and other management and administrative factors. One of the primary areas of interest at Sacramento Methadone is outreach and client recruiting procedures. This is especially critical since the clinic's inability to come up to capacity restricts it from spending NIMH contract monies according to federal contract requirements. Future growth is also important in the light of lack of other treatment available in the community.

Staff Training and Expansion -- Estimates of potential and recommendations for future growth with regard to staff structure and training will be based on present staffing ratios, staff background, quality and amount of training, feedback of evaluation into training, and other factors. Two aspects to be emphasized are the current racial imbalance of the staff, and the perceived need for more expertise and experience on addiction.

Community Relationships -- Community opinions about, and community relationships with, the project will be appraised by personal and telephone interview with agencies on which the program impacts--for example, law enforcement, health delivery agencies, and schools. This information will be used to help formulate recommendations for future program policy.

Facilities -- Existing facilities and demand will be considered along with projected demand to appraise the existing situation, the potential for growth under present policy, and recommendations for modification. An example is the limited available space at the "V" Street

facility, which seems to be in maximum use now; planned increases in individual and group counseling go beyond present space availability.

5. Project Achievements

Project achievements include service delivered to clients, impact of this service on client behavior, and community services. In addition, there are contributory achievements that indicate development of the program itself, such as: working relationships developed with community agencies, outreach to addict population, and development of new possibilities for funding.

Service delivered can be measured in terms of number of clients in treatment, client retention, and amount of supportive services provided. As of the end of November 1973, program records show that 200 clients were in treatment, while the rated capability for treatment was 300. The director's interview indicated that average time in treatment for current clients was approximately 1 to 1.5 years. Discharges over the first two years of operation amounted to about 20% of total clients over the period. This percentage includes positive separations such as a small number of voluntary detoxification and transfers. "Negative" discharges accounted for about 14% of total clients treated in the first two years.

The director interview indicated that supportive services included individual and job counseling. About 30 to 40% of patients received individual counseling of about 1 hour duration per week; about 20% of clients received job counseling and assistance each week. Emergency services were provided for approximately 33% of clients each week, with an average duration of about 1/2 hours for each event. Under requirements of the NIMH contract (3 hours of counseling per week for each client),

the program proposes to implement group therapy as an additional treatment modality.

Impact on client behavior has been noted in terms of criminal justice system involvement, illicit drug usage, social functioning, and employment and education. A program report for the end of 1972 indicated that 6% of the clients seen up to that date had been lost because of conviction of a crime. Total arrests for the same time interval were estimated at about 50. This suggests an arrest rate of about 0.1-0.2 arrests per patient year, which is significantly lower than the estimated arrest rate prior to treatment (estimated at about 0.5 per year). Independent corroboration of arrest data is currently being made by SSI and will be part of the final report. (See Section II.A.4.)

Reduction in illicit drug usage is monitored by weekly random sampling of urine. The director interview established an approximation of positive urine samples at 30% positive for heroin, 10% for barbiturates, and 5% positive for amphetamines. The annual report to HEW (1-31-73) indicated that 67% of established* clients had no positive urines for 2 months or more, and only 9% of established clients were found to have positive urines more than once a month over the reporting period.

Improved social functioning has been observed by the program staff in terms of maintenance of established schedules for treatment, behavior at the clinic, reports of improved family relationships, etc. However, these events are not generally recorded in a manner that makes them susceptible to quantitative description. (See suggested use of "goal-oriented" system--Section II.A.6.) Significant improvement in

---

*"Established" used to refer to clients in program more than 2 months.

employment and education has been achieved by the project. The CODAP report for the third quarter of 1973 shows 62% with full-time and 8% with part-time employment. Earlier estimates (9-1-72) showed 18% employed prior to entry. Updated estimates of employment on entry are being made by SSI as part of the checking of individual client records at the clinic. Educational advancement was being undertaken by 15% of the clients during the third quarter of 1973.

The project's policy is to work closely with other agencies with whom clients might come in contact. The CCCJ grant application for the third year lists 25 such agencies, together with liaison personnel. Active relationships exist with Sacramento County probation and parole offices through weekly liaison meetings. There is also extensive consultation with the local jails. Other relationships are reported to be The Aquarian Effort, Sacramento Drug Abuse Coordinating Council, and the Technical Advisory Board.

Success in outreach can be measured in terms of (a) the degree to which services are utilized, and (b) the attributes of clients. At present the services of the project are not fully used (300 capacity and 220 clients); however, the second clinic only recently opened, and an accelerated outreach effort is reported. According to the third quarter CODAP report, 61.5% of the clients are Caucasian, 24.7% are Mexican-American and Oriental, and 13.7% are Black. The project has not been very successful in appealing to the black community, possibly because of the opposition to methadone treatment among a segment of the black community, the lack of black staff at the clinic, and built-up prejudices against the Sacramento Medical Center, of which the methadone clinic is a part.

6. Quality of Design of Sacramento Methadone's Evaluation Component

a. General Quality

In both design and execution, the evaluation effort at Sacramento Methadone can be described as monitoring*. Data are collected through questionnaires and progress records and are used to compile descriptive statistics, which in turn are used to assess the degree to which objectives and contractual obligations are being met. These statistics also appear to be used in program planning and in grant and proposal preparation.

b. Project's Client-Data Sources

Compared with other treatment modalities, this methadone maintenance project has abundant data, largely because regulations require substantiation of opiate addiction. The ties between Sacramento Methadone and the criminal justice system are close; given the client's consent, the project obtains a current version of the client's rap sheet. The rap sheet is missing in very few records.

c. Validity of Data

In evaluating Sacramento Methadone, SSI has thus far had no reason to doubt the validity of existing data, except for the usual suspicion of uncorroborated client-supplied information. The SSI team has substantiated sample sizes chosen and has established cross-checks for collecting client data from the project and the criminal justice system. As analysis of these data continues and the cross-checks are employed, SSI will be more definitive about the validity of data. One problem noted in the clinic's prior evaluations is that arrest statistics were compiled from client-reported data, although the client is known to be the least

*CCCJ, "Evaluation of Crime Control Programs in California: A Review," p. 8, April 1973, Sacramento, California.

reliable source of this information. As noted above, the CII rap sheets, a more viable source of data, are available for most clients, and could be used to determine arrest rates.

d. Use of Data and Quality of Baseline Data

Only a small portion of the data in the client's medical record is currently being used to compile evaluative statistics. Much of the background or historical data in the evaluation and follow-up interviews are not used in overall program evaluation, but may be required for individual client assessments. The clinic's reports and documents that employ evaluation-type statistics concerning clients, staff, and funding are:

(1) Quarterly CODAP reports to NIMH as a requirement for NIMH funding.

(2) CCCJ reports.

(3) FDA reports.

(4) Protocol and reports required for Short-Doyle funding.

(5) Grant requests for CCCJ and NIMH funding.

(6) State Department of Mental Hygiene reports.

Baseline data concerning population characteristics, regional criminal statistics, or information from other methadone clinics have not been used in this project's evaluation. Such baseline data in conjunction with client and staff data currently maintained by the project would be very useful in assessing the magnitude and scope of many actual and potential problems (or areas for further research) and possibly pointing the way to their solution. Examples of problems are: client racial distribution, client recruiting, methadone handling and dispensing, staffing patterns, and prospective client screening.

e. Project Methodology

In general, the project's methodology has consisted of the development of descriptive statistics using frequencies, means, medians, ranges, and percentages. An exception is the driver simulation test program, which was a well-designed experiment to test psychomotor functions in methadone clients. The data in this experiment are apparently ready for final analysis, but the research funds for the experiment apparently ran out. Since, as mentioned in Section II.A.4, driver simulation test results could be important in determining employability of clients, as well as preserving their rights and freedom, it is desirable that the experimental data and their analysis be made available.

The underlying assumption in the project's current evaluation effort is that the statistics described above (arrest rates, etc.) are adequate to assess compliance with project objectives. If this assumption holds, then hypotheses can be formulated regarding each statistic, and each hypothesis can be tested using traditional procedures. An example would be to test the hypothesis that the mean annual arrest rate is the same before and after start of treatment as proposed. If the hypothesis is rejected with a reduction after start of treatment, then it would be contended that treatment had been effective. This type of testing has been done implicitly thus far in project evaluation efforts, but hypotheses have not been explicitly stated and tested. (Specific objectives and measurements are discussed in Section II.A.3.)

As mentioned above, SSI questions the use of client-stated arrests without corroboration from institutional records. Also, this is probably a comparison of improperly matched samples because reasons other than treatment effectiveness could account for a difference between before-

treatment arrest rate and rate after start of treatment. It is also suggested that arrest rate after start of treatment be compared with the rate calculated for a year or so prior to treatment, and that client-stated arrest figures be corroborated with figures in other records for at least a small sample of clients. Higher resolution could also be obtained in this test by comparing arrest rates within type and severity of crimes committed.

Statistics related to improved social relationships and entry into constructive modes of life are somewhat harder to use. It is generally difficult to obtain systematic corroborative data, other than information relayed from client to counselors. Also, there is little normative information with which to compare client-provided data. However, the adoption of a goal-oriented approach would provide a systematic way of using client-supported data.

With regard to the tracking of voluntary detoxifications for 1 1/2 to 2 years after, no procedures or success/failure criteria have yet been specified in detail.

With regard to the appropriateness of statistical tests and the validity of analysis, the only criticisms that have surfaced so far are: (1) failure to use existing crime and Census baseline statistics, and (2) comparison of before-treatment arrest rates for everyone vs. after-start-of-treatment rates for everyone except those dropped from the program because of incarceration.

With regard to perceived bias by the evaluator, the evaluation efforts are honest and are the result of extensive data collection and manipulation. However, the evaluative results are prepared by the project and specifically used for its promotion.

f. Was Evaluation Funding Adequate?

In both the CCCJ grant request and the Short-Doyle budgets, evaluation is a staff function and is not costed separately. On the basis that there are evaluative problems that need to be addressed and are not currently included in the objectives, such as the adequacy of existing recruiting procedures, SSI feels that the funds allocated for evaluation have been insufficient. This statement is tentative and must be based on evaluation budget figures and policies that have not yet been obtained.

B. The Aquarian Effort, Inc.

1. Project Description Summary

The Aquarian Effort is a clinic whose objectives are to initiate and maintain non-drug use, reintegrate into society ex-drug users so that they can help other users, promote community acceptance of ex-users, and reverse the accelerating trend toward drug use. The center consists of five basic clinics: the Detoxification unit, Crisis Line unit (including Outpatient Individual and Group Counseling), Free Medical Clinic, Free Legal Clinic, and an educational unit.

Since the opening of the Detox unit in June 1973, the staff has seen 165 clients; they presently treat approximately 30 clients per month. Only heroin addicts are admitted to the detoxification program -- barbiturate addicts are referred to the Sacramento County Medical Center. All clients enter the program voluntarily. They report having anywhere from six-month to thirty-year habits. Approximately 80% have a history of arrest, and many clients are referred to the program by probation or parole authorities. Most clients stay in treatment the recommended 5-7 days, receiving decreasing doses of Darvon-N and limited amounts of services such as individual, family and group therapy, and recreational activities. This clinic has a waiting list of 10 to 15 clients at most times.

The Crisis Line unit has received approximately 60,000 calls since 1972; they presently average 2,500 calls per month. The unit has two emergency cars to respond to medical emergencies; 20-30 calls per month require the use of one of these vehicles. The Outpatient Individual and Group Counseling function is a direct extension of the Crisis Line and has the

same staff members. There are ongoing group therapy sessions each night, with 212-270 clients in on-going counseling at the present time. Individual sessions average one per week of 1-2 hour duration. Approximately 14,000 clients are seen in scheduled counseling each year, with an equal number of unscheduled clients dropping in.

Despite the congested conditions of the Free Medical Clinic, it is greatly appreciated by its patients. Specific times are scheduled each week for the General Clinic, Gay Clinic, Women's Clinic and the Well-Baby and Family Planning Clinic; 25-40 clients are seen nightly.

The Free Legal Clinic, staffed by two paid lawyers, operates twice a week. It was not visited by the SSI site team.

The Aquarian Effort began primarily as a counseling and referral agency, but found that these services were not adequate for the community. The director believes that traditional agencies are too slow in responding to changing drug patterns in the community; The Aquarian Effort, on the other hand, has changed its emphasis from psychedelics to heroin to polydrug users. He believes that drug abuse is one of a number of symptoms of social, economic and psychological dependence, and it is one of a number of forms of dysfunctional behavior affecting particularly minority groups and youth. While the clinic's objective is non-drug use, some of the staff seem willing to accept "responsible" drug use.

The clients at the center range in age from 14-40 years, with 20 being the average. Approximately 35% are under 21 years of age; 40% are female and 60% are male. The racial distribution emphasizes that the clinic primarily serves the white community: 83.2% are white, 6.4% are Maxican-American, 5.8% are black, 2.6% are Oriental, .4% are Indian, and

.5% do not fall into any of the above categories. About 75% of those in the program are college dropouts. The majority of present clients are polydrug users.

The Detox unit is operated by a staff with very high morale and longer experience than staff in other areas. They have been able to create a calm atmosphere more typical of a therapeutic community than a detoxification unit. The staff consists of a quarter-time physician (he and a second physician are also on call as needed), a full-time administrator, nine para-professional counselors and one LVN counselor. These latter ten people have 1-2 years of experience from the Crisis Line unit. Of the staff members interviewed, most had a mixed drug history and some had an arrest history.

The staff working for the Crisis Line is chosen for its intuitiveness and self-confidence. A "constructive" attitude toward drug use rather than total abstinence is looked for in choosing staff. Academic training is desirable but not necessary. The staff turnover is high due to job insecurity, long hours for little money, lack of fringe benefits, and demanding work; 11 months is the average length of stay for an employee. Most of staff interviewed had a history of drug use and some had arrest histories.

The staff of the Free Medical Clinic consists of a physician, two coordinators, six senior staff members, and approximately 40 volunteers (primarily medical students, registered nurses, and student nurses). The one clinic coordinator who was interviewed was a Caucasian female with a B.S. in laboratory technology. She began as a volunteer for the program in May of 1972 and became a staff member in July of 1973. She had no

drug history.

Aquarian Effort has referral agreements with approximately 50 community agencies, among them private hospitals and physicians, welfare agencies, parole and probation diversion, and the Sacramento Methadone Maintenance Clinic. They also work closely with the county mental health department, with whom they have a contract to work on the drug problem.

Aquarian Effort has a prevention-education service whose representatives have spoken to approximately 3,000 groups in the past 4 years. The majority of these talks have been to administration, faculty, students and family of the Sacramento School District. They give lectures, do counseling, hold seminars and have analytic meetings. They are presently working primarily with school staff on value clarification, decision making, self-awareness and drug awareness, affect, and relationships with people. These topics, all of which are geared to the prevention of drug use, are handled in workshops with class demonstrations.

There is a clear lack of community-sponsored activities to which clients can be referred when The Aquarian Effort's services are not appropriate; therefore the Effort has felt pressured into trying to provide many different types of services. They would be more helpful to their clients if they could refer out hard-core clients after detoxification. In other areas, Aquarian Effort should concentrate on prevention and counseling with the lighter drug user, with whom they believe they are more successful.

2. Data Sources and Data Collection

Information collection efforts at Aquarian Effort are less than 30% complete. An initial site visit has been made which included the director interview; a survey of the facilities; staff interviews

of several staff members in both Detoxification and Counseling, including administrative and supervisory personnel; and a survey of the existing client and staff record-keeping systems. Subsequently, most of the remaining staff interviews were completed.

Client data samples for use in the current evaluation have not yet been extracted from their files. SSI's survey indicates that they keep very adequate files on each client. However, client intake forms that contain client demographics, drug history, and personal background were recently extensively revised in order to collect data for the CODAP reporting system (required by NIMH funding). Current intake forms are substantially different than the previous version; however, both versions furnished a client's description and pertinent background data, including drug problem description, referral source, and arrest history.

Detoxification and Counseling are located in separate facilities and maintain completely separate client files. Both of them use the same intake and progress note forms. In addition, Detoxification files contain signed consent information forms and prescriptions for pharmaceuticals used in treatment such as Darvon-N. Aquarian Effort policy is to keep only the client's first name and last initial as identification in order to protect client confidentiality. SSI's survey of the counseling files indicated that the client's full name was included in about 30% of the files. Many of these also contained names and phone numbers of probation officers, indicating that most clients for whom complete identification was kept were already known to the criminal justice system.

Client attributes for which data will be sampled from the Aquarian Effort files are the same as for the other programs and are listed in Appendix A. Also, it is planned to track some of their former clients through the criminal justice system using probation records. This will probably be limited to clients for whom complete identification is available and who are also probationers, and therefore known to the criminal justice system. However, these details have yet to be resolved in discussions with Aquarian Effort administration during January 1974. An effort will be made to obtain number of arrests by crime type for before and after treatment from one year prior to treatment up to the present.

From discussion with county probation officers, it appears that the collection of criminal justice system data for a respectable sample of former counseling clients will be difficult because many are juveniles, most are light users, and few if any are assigned to treatment there as a condition of probation, etc. However, it should be possible to obtain information on a small sample and to recommend a viable follow-up system that can be used in future Aquarian Effort evaluation work.

Other population data of interest include census data describing the community from which Aquarian Effort clients are drawn, and communitywide criminal justice data from the Bureau of Criminal Statistics. The census data will allow comparison with the Aquarian Effort client demographics to see which population strata are represented and which are not. As mentioned elsewhere, it appears that drug abuse treatment for the black community is disproportionately low. The criminal justice comparisons would provide a basis for estimating the level of criminal

activity among the Aquarian Effort clients relative to the rest of the community.

Aquarian Effort has also maintained good staff activity data. Daily logs of staff activity are kept in Counseling (Crisis Line) and Detoxification. These data will be sampled to determine staff activity patterns. The staff interviews that we made during our initial visits will be used to provide staff demographic information with respect to treatment capability, education, etc. They will also be used to establish staff retention curves. We expect to explore further the topic of staff retention by reviewing Aquarian Effort files on former Aquarian Effort staff.

Other data to be collected at Aquarian Effort relate to client retention and referral for both Counseling and Detoxification units, staff activities for the drug education team, community relations information from other agencies, and crisis line and crisis intervention statistics.

3. Impact-Oriented Objectives and Associated Measurement Criteria

Current and suggested objectives and measurement criteria are summarized in Table 2. The objectives, while appropriate, are stated in too general a way, and therefore some modifications are suggested. The criteria for measurement deal mainly with activity level of the project and therefore some impact-related measurements are suggested.

The first objective of the project is "to create an intense awareness among responsible adults of the problems and ways to begin to correct conditions that contribute to the problem." This objective is appropriate but should add that efforts are directed at motivating

Table 2

AQUARIAN EFFORT

OBJECTIVES AND MEASUREMENT CRITERIA, WITH ADDITIONS

OBJECTIVES	CRITERIA USED	ADDITIONS TO CRITERIA
Create awareness and ways of correcting conditions ADD: motivate to take action	Number of speaking engagements Number of training sessions Responses to questionnaires* Letters and awards(?)**	Number and source of referrals Donations of funds and services Number of employment opportunities Number and type of support actions
Rehabilitate drug users and redirect toward solutions SUBSTITUTE FOR SECOND PART: Integrate into community	Number of admissions Number of O.D. emergencies Case load Number of crisis calls Number of counseling sessions Number of counselors Letters and awards(?)**	Number of positive client separations Number of clients reaching goals Number of arrests and convictions Decrease in drug use Number of reentering clients Number of clients employed
Direct former users into youth preventive efforts.	Number of counselor training sessions Number of speaking engagements to youth Responses to questionnaires* Letters and awards(?)**	Number of former clients in efforts Number of other individuals in efforts Number of man days of this activity Number of youth in training sessions
Outreach to wide spectrum of drug users		Number of applicants first time in any program Number of applicants from neglected groups Number of crisis telephone calls Number of O.D. emergencies

* The questionnaire approach has not as yet been implemented.

** Question mark indicates questionable concept.

"responsible adults" to take effective action to reduce the drug problem in the community. Measurement criteria such as "number of speaking engagements" and "number of training sessions" measure activity rather than impact. The proposed effort to get "responses to questionnaires" could be useful if responses indicate a positive commitment of the person to take some specific action (e.g., contribute financial support, volunteer for some service, etc.). "Letters and commendations" are undoubtedly useful and rewarding to the project but cannot provide the basis for an unbiased estimate of impact. Suggested additional criteria are aimed at providing measures of actions taken by adults and organizations in response to the project's efforts. These measures could be summarized on a monthly or quarterly basis along with the currently used activity measures.

The second objective is "to rehabilitate drug users and redirect their energies and talents toward the solution". The first part of this objective is, of course, basic since it implies most of the client-related goals including: reduction or elimination of drug use, development of socially useful life styles, employment, etc. The final portion of the objective, "redirecting. . .toward the solution" is not sufficiently specific. To the extent that this phrase implies that former users should be directed into drug prevention activities, it appears to overlap with the third objective. When viewed as part of the therapeutic process, these activities need not be included in the statement of the impact-oriented objectives. The criteria of measurement currently used are for the most part measures of activity. To the extent that an emergency situation is alleviated, the criteria of "overdose emergencies" and

"crisis telephone calls" can be considered measures of impact. The table indicates other measures of impact that are appropriate for measuring progress toward rehabilitation from drug use. Data for making measurements are available in the project for at least some of these measures (i.e., number of positive separations of clients from project, number employed, etc.). Other measures might require additional effort on the part of the project (See Section II.B.4, Evaluation Methodology).

The third objective calls for "directing the most capable and effective former users and concerned individuals" in preventive efforts directed toward youth. This objective is appropriate for this agency as long as it does not represent a policy of directing all "capable" former users into the drug prevention or treatment work. Evidence shows that many former users are better served by engaging in constructive activities not related to the drug field. Criteria currently used are predominantly activity measures. Again, with this objective, questionnaires are impact-related where they indicate a commitment to take some specific action in support of the objective. "Number of speaking engagements to youth" is appropriate where use is made of former clients. Other impact measures that would be appropriate would measure the number of individuals engaged in these preventive activities, and the total level of effort expended (i.e., number of man hours devoted to this activity during the reporting period).

An objective that might be added would be "to develop an outreach capability to involve a wide spectrum of drug user types in treatment and rehabilitation." One of the great strengths of this program is its ability to reach people. However, minority groups are

not currently represented among clients in sufficient numbers. Involving neglected groups of users would be a first step in achieving an additional impact on the community and should be recognized as a positive contribution to any countywide drug abuse program. Suggested measurement criteria would include numbers of applicants who are entering a program for the first time, and applicants from neglected user groups. Crisis telephone calls and overdose emergencies would also be appropriate for this objective.

4. Evaluation Methodology

a. Functional Description

Treatment Approach -- The different treatment services provided by Aquarian will be described on the basis of the director interview, staff interviews, and direct observation during the site visits. The services will be compared with similar services of other treatment facilities. The mix of treatment modalities will be evaluated with respect to how well they meet the needs of the community in terms of the types of clients served and the program's relationship with other available treatment facilities.

Client Attributes -- Client attributes will be described on the basis of the director interview, staff interviews, client background and treatment data, and available criminal justice involvement data. The Aquarian Effort provides little client data in their periodic reports and grant requests. In contrast, they have maintained detailed client and staff records that have apparently never been used to analyze activities or describe operations. SSI's evaluation will use detailed screening and treatment data from the client files to statistically

describe client demographics, drug use history, and personal background. The main thrust of this effort will be the descriptive illustration of client attributes using standard graphic and tabular displays that can be used in future evaluative and planning efforts at Aquarian Effort. Examples are client retention curves and tabular breakdowns of drug type used vs. age, age of first use, and frequency of use. The exception here will be detailed client statistics for the free clinic. Because of their strictly medical nature, these statistics are considered to be outside the scope of this evaluation.

Intake Procedures -- Intake procedures will be described on the basis of information obtained during the director interview, staff interviews, and comparison with the literature. The client files will be used to supply information regarding sources of referral and attributes of clients typically received into treatment in the various services. Statistics regarding repeat clients in the Detoxification unit are examples of interesting results in this area. Also of interest with regard to referrals will be the legal status and the amount of legal pressure associated with the clients' entry into treatment. This information can be summarized from the client intake forms in the files.

Relationships with Other Agencies -- Relationships with other agencies will be described using information from the director interview, interviews with outside agencies, and program records on referral. With respect to counseling and detoxification, records on the source of referral (and frequently the referral to source) are given in the client's intake questionnaire in his file. As stated above, these statistics will be compiled and displayed.

Referral policy is very important in crisis intervention. The application of Aquarian policy will be examined both in the disposition of calls on the crisis line and the disposition of crisis runs in the 30 to 40 heavy crisis cases experienced each month. Good records are maintained on the type and frequency of crisis calls. In addition, there are detailed descriptions of crisis runs where staff members went out in assistance. SSI plans to summarize whatever referral information exists in these records.

Although harder to measure, referral is also of interest with regard to the drug education program since, if the program is doing well, the community is more aware of available services, and outside referrals from self, friends and among agencies should be more efficient. In this evaluation, SSI will study, and make recommendations on, the drug education program's approach to informing the public about the availability of treatment services in the area.

Aquarian's relationships with other agencies, such as treatment management and coordination, will be evaluated on the basis of personal and phone interviews with associated agencies (treatment programs, probation, police, parole, schools, health agencies, etc.).

Staff Characteristics -- The description of staff characteristics will be based on the director interview, staff interviews, and records concerning staff utilization. These sources will be used to describe the staff's demographics, personal background, and training. Of primary interest are such factors as staff racial distribution and staff retention rates. This latter item is one in which Aquarian has expressed special interest, and as a consequence, SSI plans to describe

present and previous staff in terms of their length of time in service, training, reasons for starting work there, reasons for leaving, etc.

Evaluation Efforts -- The evaluation efforts will be described on the basis of evaluation material published in reports, grant requests, and other papers. These will be related to evaluation efforts which have been requested from them by funding and regulatory agencies and which have been proposed by Aquarian. It has been our observation so far that Aquarian has been reluctant to either promise or produce much evaluative material in their reports and other publications. As a part of this evaluation, we plan to provide them with an evaluation model which they can use to guide their future evaluation efforts.

b. Efficiency of Service Delivery

Staff Utilization -- Staff utilization at Aquarian will be evaluated on the basis of staff interviews, shift logs, salaries, and training programs. These will be used to determine the distribution of staff time among activities which will be compared with similar activities in other treatment centers known to the evaluation staff or published in the literature.

In this area, the detailed shift logs maintained by both detoxification and counseling will be very helpful. These logs will be sampled to provide much of the background data needed to examine staff utilization. Drug education efforts will be described in terms of the time spent providing drug education.

Quality of Care -- The assessment of the quality of care provided by the various services at Aquarian will be based primarily on the perceptions of the evaluation team and comparisons with current

literature and standard practice. This will include areas such as: the perceived ability of the staff to refer clients; staff views on drug use; counseling capabilities; and crisis management abilities. We will also attempt to assess the balance of available care with respect to the needs.

Per Capita Costs -- As with the other treatment projects in the cluster, per capita costs will be estimated on the basis of budgeted treatment dollars, amounts of staff effort expended for different services, and number of clients receiving services.

c. Value or Impact of Services

Decrease in Drug Use -- The intake questionnaires previously discussed in Section II.B.2 can be used to describe the drug characteristics of clients. However, no data are currently being collected to show a reduction in drug use. This is typically accomplished via a follow-up study. As a part of this evaluation, we plan to recommend sampling surveys for both counseling follow-up and drug education assessment.

The usefulness of the Detoxification unit will be described and evaluated in terms of client retention statistics. The number completing the treatment cycle and the number repeating treatment will be evaluated.

Decrease in Criminal Activity -- Some indication of reductions in drug use can also be obtained through a review of criminal justice files -- for example, via information on drug-related arrests and personal knowledge of a probation officer. As part of the evaluation, SSI plans to set up a system for tracking samples of Aquarian clients

through probation or other criminal justice files. The purposes of this effort are (1) to corroborate client-furnished information on intake forms, and (2) to assess the impact of treatment by comparing criminal justice activity rates before and after treatment.

Increase in Employment and Other Success Indicators -- Increases in employment and education, as indicators of impact, are difficult to measure directly without follow-up. However, assessments will be made about employability based on the client's pre-treatment attributes and vocational rehabilitation and education received during treatment. The impact of the drug education program will be evaluated by appraising the program content and interviewing the administrators of schools and other agencies involved.

d. Potential of Program

Management -- Assessment of Aquarian's management potential will be based on the director interview, interviews with outside agencies, efficiency of current operations, funding sources developed, etc. The way in which they have built such a diverse organization with extensive and continuing community support is of special interest. SSI will also look at the interrelationships of Aquarian's own programs.

Staff Training -- Training needs and their potential for being filled will be appraised on the basis of the perceived level and quality of staff training in conjunction with training plans and stated needs. The site visit revealed that in-service training in the counseling area is far short of the planned level. We will have several recommendations here since this could be a source of some of the staff problems about which they complain, such as high staff turnover.

CONTINUED

1 OF 3

Community Relationships -- This seems to be one of the strongest features of the Aquarian effort. It is an area where most programs have trouble. We plan to discuss this extensively on the basis of the director interview, interviews with outside agencies, funding sources, local resources donated, referral agreements, etc. Because of their already powerful position in this regard, it is doubtful that we will be able to say much concerning potential, but we do hope to document their experience in a way which will be helpful to other programs.

Facilities -- On-site inspections done during our site visits, the director interview, and staff interviews will be used to determine the adequacy of Aquarian's current facilities and the potential for expansion. Our initial feelings are that existing facilities are adequate for the current level of effort. Our concern is more with the perceived needs for other treatment modalities in the Sacramento area and more proportionate care for the black abuser.

5. Project Achievements

Most of Aquarian's achievements are given in terms of the level of activity of each treatment modality. Since its opening on June 4, 1973, the Detoxification unit has treated a total of 165 clients and is currently treating 30 clients per month. Most of these clients complete the recommended schedule of treatment. Counselors make an effort to follow up on discharged patients where this would be beneficial, but time available for this effort is minimal. On the basis of experience elsewhere, without aftercare most of these clients can be expected to return to drug use.

The Crisis Line unit is reported to have received approximately 60,000 calls since 1972; they currently average 2,500 calls per month.

The unit has two emergency cars to answer medical emergencies; 20-30 calls per month require the use of these vehicles. Another 40 lesser crises each month receive verbal attention. The Outpatient Individual and Group Counseling unit is a direct extension of the Crisis Line and has the same staff members. Forty to fifty clients are seen in group counseling each night. Currently, over 200 clients are engaged in ongoing counseling. A total of about 1,400 clients are seen each year in scheduled counseling session. This suggests a client turnover rate of about 50% per month and an average length of retention of a client of about one month. In addition, 300 to 400 transients are seen each month. There is no graduation from the program in the sense of a therapeutic community, but there is a planned separation when the client has demonstrated a satisfactory ability to accept increased responsibility. In September, about 14% of the active clients during that month made a planned separation.

The Free Medical Clinic provides services for 25-40 clients nightly. In addition to general medical care, the clinic provides services such as birth control information and devices, V.D. clinic, pregnancy testing and counseling, and premarital blood tests. The Free Legal Clinic staffed by two lawyers operates twice a week. Data on activity level are not currently available.

The Aquarian mobile education unit has provided lectures, seminars, and counseling for 3,000 groups over a period of four years. It now serves 76 schools in the Sacramento School District. Speaking engagements for the quarter ending July, 1973 totaled 160, with 57.5% of these to adults and youth in schools, 39% to adults other than at schools, and the remainder to youth other than in schools and penal institutions.

The Aquarian Effort has referral agreements with approximately 50 community agencies, among them private hospitals, physicians, welfare agencies, parole and probation diversion, and Sacramento Methadone Maintenance Clinic. They also work closely with the county mental health department, with whom they have a contract related to drug treatment.

No impact measures are currently being reported by Aquarian. Suggested measures are given in Section II.B.3, Impact Objectives and Criteria for Measurement. Current SSI plans for developing impact data for this program are given in Section II.B.4, Evaluation Methodology.

6. Quality of Design of The Aquarian Effort's Evaluation Component

In terms of CCCJ's "Evaluation of Crime Control Programs in California: A Review", Aquarian Effort's evaluation would fall into the evaluation classification of "monitoring". Their intent in evaluation is to monitor project activities to assure compliance with grant and contract obligations and program plans. To a great extent, this has been done qualitatively. Very little quantitative impact information has been included in the Aquarian grant requests and periodic reports. Their stated evaluation policy has been very pessimistic about data collection and statistical presentation of client and staff related data. However, our review of their record-keeping system revealed that they have kept and are collecting considerable data of the type usually collected by treatment programs. These data would be very useful for evaluation and program planning.

a. Data Sources

Aquarian's data sources for client data are client interviews and observation during treatment. These data are kept in detailed client files. The project also keeps very good data in daily shift logs concerning

staff activity.

b. Validity of Data

No efforts have been made to ascertain the validity of various types of data maintained by Aquarian. Much of the data collected have never been reviewed or used. This is true of both the shift log and most client data. An exception is the client data currently being collected in reporting under the CODAP system imposed as a result of their NIMH grant. With the introduction of this requirement and others during the history of Aquarian, their data collection requirements and forms have periodically changed and data are consistent only within periods in which the same data collection instruments are used.

c. Use of Data and Methodology

Data use has apparently been one of the big problems with Aquarian's evaluation efforts. From the start they have believed that the use and presentation of hard numerical data for evaluation, description, program planning, etc. is difficult and cannot be meaningfully done without excessive expenditures. They have collected much client background and treatment data and staff utilization data which, when presented in summary form, would provide excellent descriptive material for their project. The summaries could be used to develop statistics like: client demographics (age, sex, race, etc.); client drug history; client flow (clients referred to treatment from source, clients referred from treatment to source, number of clients in what kind of treatment at any given time, etc.); staff utilization (hours in training by type, hours by type of job activity, etc.); and cost per unit of service for various kinds of service.

Two other uses of data which have been overlooked by Aquarian

as being too expensive are (1) comparison of their treatment population with the surrounding community on the basis of demographic and criminal justice baseline data, and (2) client follow-up studies using before and after questionnaire approaches. Both of these could be done for samples of clients without a large outlay of effort and capital. Both efforts would provide valuable specific information on: which strata of the population are being treated, which are not being targeted in outreach, which are being effectively treated, and which are having the most problems with the law. Through our evaluation of two treatment projects in Sacramento (Aquarian and Sacramento Methadone), it seems that treatment in the black community is inadequate relative to the other strata and that there are shortcomings in the available treatment modalities (e.g., there are no residential therapeutic communities). Baseline, descriptive, and follow-up statistics such as those described would provide explicit descriptions of these problems and probably some understanding of their solutions.

Other statistics which would be helpful relate to Aquarian's drug education program. This might consist of controlled surveys of samples of local adult or school populations, inquiring as to their attitudes and knowledge about drugs and drug abuse, and the source of influence on these attitudes and knowledge (e.g., where did they learn about various aspects of drug abuse).

C. Camarillo Resocialization Program for Drug Abusers

1. Project Description Summary

Camarillo has two areas of emphasis -- treatment and research. For treatment the project has four units: Detox, Short Term Program, Family, and Adolescent Family.

The staff at Camarillo believe that drug addiction is an index of underlying emotional problems. A client must work through his problems so that he no longer feels the necessity to escape them through the use of drugs -- he must become satisfied with himself.

The four modalities offered at Camarillo differ in their treatment, and emphasis is placed on choosing appropriate treatment for individual clients. The decision as to which unit to put a client in is complex; his strengths and weaknesses must be balanced against the supportive and demanding features of each program. In addition to these appropriate clinical considerations, financial and political considerations influence the placement decision.

In the three adult units of the program, the average age is 23 (75% are 18-25, 20% are 26-35, and 5% are over 35). The racial distribution is 59% Caucasian, 18% Mexican-American, and 23% Black.

In the Family and Short Term units, 55% of the clients use heroin as their primary drug, 45% use amphetamines or barbiturates as their primary drug, and 85% have used heroin at some time. About 45% of the clients are in these units because of pressure from probation or the court; 22% are court commitments.

Of clients in the Detox unit, 90% are heroin addicts, but other

addicts (particularly those on barbiturates) will be accepted. All clients come directly to the unit through the various county health departments, although referrals come indirectly from ten agencies. All clients are officially voluntary.

Clients entering the Detox unit will be discharged immediately if they will not give up their drugs and paraphernalia. Once they have left the unit, they can return within 30 days after discharge up to six times. There are 2,000 admissions yearly; the waiting list usually consists of 30-50 people, with the average waiting time being 1-2 weeks. Nightly rap sessions are offered to the clients, as well as some recreational activities.

The nine-month therapeutic Family program is run by clients who assume increasing responsibility by progressing through various predetermined stages, from a candidacy stage to a final "orange phase," in which the client either is an elder or is seeking an outside job.

Permission to move through the different stages is a peer decision. A client must have a job before he is allowed to graduate; 60-70% receive Social Service Aide positions and the other 30-40% go to outside jobs.

Clients in the Family unit are dependent on Camarillo for some support, such as medical, dental, and psychiatric aid. A part-time social worker is provided by the hospital to act as a court liaison for the Family unit clients.

The ninety-day Short Term unit is run largely by its clients, with the addition of some Camarillo staff. It is a therapeutic community with intensive peer group interaction aimed at modifying social behavior.

As with the Family unit, roles in this program are quite structured. The stages of responsibility are orientation, intense work and growth, and assumption of responsibility. The clients are not expected to change their basic personalities and behavior dramatically, but only to become self-aware. A client who has left the program can return for treatment, but if he finished treatment and then relapses, he is referred to the Family unit upon his return to the hospital.

Those in the Adolescent Family unit range from 15 to 18 years of age, the average age being 17. Most clients are committed by the court or CYA (California Youth Authority) or are admitted voluntarily by their parents. Most clients use drugs other than heroin. There are six stages in this unit which are similar to those in the Family unit; however, an orientation phase replaces the candidacy period.

An innovative program sponsored by Camarillo provides nine-month half-way jobs for its graduates. The jobs provide a period of stable, stimulating employment. Twelve Social Service Aides are paid with research funds (1 Adolescent Family and 11 Family graduates), and six are paid with Camarillo funds (4 Family and 2 Short Term graduates). Ten of the 12 paid by research funds work as research assistants; the other two work in the hospital.

Ideally the Social Service Aide jobs are seen as stepping stones to other jobs. Unfortunately, however, none of the trained research assistants have been able to go on to similar jobs in the outside world.

The staff in the Camarillo project are a highly motivated and compassionate group. Most of their training is obtained through on-the-job experience; many voluntarily spend time in the Family unit as part of

their training. Staff turnover is rare, which eliminates the need for constant new training. The administration tries to choose caring people who are in touch with themselves -- not rigid, nor excessively moral.

Most of the problems faced by the Camarillo group are political. The groups must deal with ten different political agencies, and expend much effort in encouraging their support. A political struggle is currently being fought between Camarillo and the Los Angeles Mental Health Department, which is trying to move the Detox and Family units to Tarzana in Los Angeles County. This struggle and the subsequent indecision have had a negative effect on the morale of clients in the Family unit.

Another problem of Camarillo concerns the lack of proper representation of minority groups. For example, only 18% of the clients at Camarillo are Mexican-American, whereas this ethnic background makes up 80% of the 2,000 heroin addicts in Ventura County.

2. Data Sources and Data Collection

Data collection efforts at Camarillo are about 30% completed. The director interview was completed as well as a portion of the staff interview work. The principal remaining on-site requirement is with the Adolescent Family program. Adequate information has also been obtained concerning the structure of Camarillo's research and evaluation program, and the funding and administration of both the research and the treatment programs. Arrangements have been made with both the Ventura and the Los Angeles County probation departments to obtain criminal justice background data for several samples representing different time periods and treatment programs at Camarillo. Authorization for the procurement of personal data about juvenile probationers in Los Angeles County for the Camarillo and the Open Door projects was obtained from the presiding juvenile court judge

of the Los Angeles County Superior Court.

Detailed arrangements have been made with Camarillo to obtain client data concerning client samples in treatment a year ago. Data will be obtained for the same attributes being applied against the other treatment programs and are listed in Appendix A. These data will be supplied from the existing data bases established for the Short Term, Family, and Adolescent Family units. Searches are currently being made of Camarillo computer files to determine sample sizes. The Camarillo research program is no longer gathering detailed client data from these three units, and other plans are being made to abstract data about current clients from the treatment programs' medical records.

Remaining efforts in data and information collection at Camarillo are discussed below.

a. Post Client Data

Client data will be collected from the research records for clients in treatment during late 1972 and early 1973. Most of the data will be retrieved directly from their computer files. Existing retrieval programs are being set up now, and the job should be completed early in January after the sample sizes have been verified.

b. Current Client Data

The collection of data for current clients from the treatment program records has been discussed with only the research personnel. Implementation will require a further review of client data maintained by the treatment units. Examples of the charts obtained during the site visits contain very little information on personal background, drug history, etc. that would be useful in impact assessment. If adequate detail does exist, a working agreement will be established by which samples could be

selected, and detailed data for the samples could be posted. For this task and Task (a) above, SSI has made arrangements with the research program's administration to pay technical assistants there for the time they spend on this work.

c. Staff Interviews

A follow-up site visit for staff interviews in the Adolescent Family unit will be made in January. This trip should also include a survey of their drug treatment literature and bibliography effort.

d. Criminal Justice Involvement Data

Arrangements have been made for the collection of criminal justice involvement data from Los Angeles and Ventura County probation departments. Collection will begin as soon as data can be collected from the treatment unit so that criminal justice involvement samples can be structured.

e. Data on Community Relationships

Information regarding community relationships will be obtained via personal and telephone interviews with related outside agencies, primarily law enforcement and mental health.

SSI will obtain details about the move of Los Angeles County funds to Tarzana between now and June. This move will involve all of the Family, Short Term, and Detox programs (the effect on the Adolescent Family is not known at this time). As much information as possible relating to this move should be included in the SSI evaluation to make it as current as possible and to assess the impact of the move.

3. Impact-Oriented Objectives and Associated Measurement Criteria

Current objectives and measurement criteria are listed in Table 3 together with suggested modifications. This program makes a great variety

Table 3

CAMARILLO

OBJECTIVES AND MEASUREMENT CRITERIA, WITH ADDITIONS

OBJECTIVES	CRITERIA USED	ADDITIONS TO CRITERIA
To decrease recidivism among drug abuse offenders	Arrests for drug offenders Total arrests	Arrest rate prior to treatment Drug use frequency prior to treatment
Provide background for employment and full-time employment for graduates	# graduates employed # graduates given employment assistance Average salary # enrolled in education classes	# employed outside Camarillo facility # employed after 6 months Job turnover rate % employed prior to treatment # completing education classes
Provide clients with psychological and physiological abilities to cope with problems of society ADD: and lead constructive lives in society	# graduates Recidivism rate	# graduates meeting pre-assigned goals # joining constructive organized community activities # achievement index for testing procedures
To provide research data on re-socialization concepts	Data base and source information Research reports and articles Identified improvements in therapeutic procedures Improved evaluation techniques	Concepts incorporated in other treatment programs
To provide consultation and education to other programs	General types of activities that have been undertaken	# and type visits to other programs # people in training sessions # requests for services # graduates in drug abuse field Literature and media (TV) produced and utilized

of measurements on clients and graduates; however, only a few of these measurements are used in preparation of reports to CCCJ. Objectives were taken from grant award applications and the director interview. The project does not generally give measurement criteria specifically for each objective; however, a number of criteria are used in quarterly reports. SSI has matched up these criteria with the objectives and has added other criteria that would be appropriate for CCCJ reports.

The first objective -- "to decrease recidivism among drug abuse offenders" -- is well-suited to this project since the principal thrust of the efforts is to cause a permanent rehabilitation of drug abuse offenders. Quarterly reports discuss this objective in terms of the low frequency of arrests of graduates for drug abuse and other causes. Discussion indicates that follow-up on graduates will be made for one to three years in order to determine success in meeting the objective. Suggested additions reflect a need to compare behavior of graduates with their behavior performance prior to entry into treatment. For example, arrest rate information on graduates prior to treatment would allow determination of the decrease in arrest rate subsequent to treatment.

The second objective given was "to provide the background for gainful employment as well as full-time employment upon completion of the program." This objective is appropriate and necessary. In fact, employment is an important condition for graduation from the Family unit therapeutic community. This objective is discussed in terms of number of graduates who have been assisted with employment; average salary; and numbers enrolled in education courses. All these measures are appropriate. Consideration of salary is an important measure, often overlooked by programs, since it is a partial indicator of the adequacy of the employment. Other criteria

that might be usefully added would include data on employment and education prior to entry into the program. As additional measures of job suitability and satisfaction, it would be desirable to examine job turnover rate and numbers employed outside Camarillo six months after leaving Camarillo. Number completing educational goals would also be a more direct measure of program impact accomplishment than number enrolled in classes.

The third objective is "to provide the drug abusers with the physiological and psychological abilities to cope with the problems of society they have and will encounter." While this statement implies a great deal, the "impact" aspect could be highlighted by including the idea of "leading a constructive life in society." Appropriate criteria for measurement that have been given by the project in quarterly reports would include number of graduates and recidivism rate. A range of psychological and physiological tests is used to monitor progress of clients toward this objective; however, SSI has not had the opportunity to examine the relationship of these tests to impact-oriented objectives. While the presentation of these latter data in a CCCJ progress report is probably not appropriate, some aggregate index of client test achievement might be helpful.

The fourth objective is aimed at providing research data needed to understand and apply concepts of resocialization. This objective is basic to the Camarillo program approach of intermixing therapeutic and research efforts. Criteria for measurement that have been used include description of the size and variety of data bases; source information; and research reports and articles. In addition, mention is made of specific innovative techniques that have been successfully introduced into

the treatment process (e.g., video tape replay). It is always difficult to measure the impact of research over the short term since application of findings tends to lag well behind the discoveries. Over a period of several years, indicators of utility of research efforts might be made by assessing the degree to which research findings have been adopted by other groups in their rehabilitation efforts, and the degree to which client outcome has improved.

The fifth objective, "to provide consultation and education to other California drug abuse programs," is an objective that this project is qualified to perform. Part of the effort under this objective is to develop graduates as leaders in drug abuse prevention, treatment, and training. No specific criteria for measurement have been specified, although the program alludes to speaking engagements, assistance to other groups with grant requests, training sessions, etc. It is suggested that these events be put in an appropriate quantitative form and included in CCCJ reports.

4. Evaluation Methodology

a. Functional Description

Treatment Approach -- A description of the treatment modalities at Camarillo will be based upon an evaluation of the director interview, staff interviews, and other observations from the site visits. The four treatment units -- Family, Short Term, Detoxification, and Adolescent Family -- will be described in terms of a standard typology drawn from current literature about other drug treatment programs. Much of this work has been done and some descriptive material has been presented in earlier sections. The major problem in this area is the move of at least the adult programs to Tarzana in Los Angeles County. It will be important

to keep close track of this move as it progresses so that the final evaluation will be as current as possible.

Client Attributes -- Client data will be obtained from the director interview, the research project's data bases, and Ventura and Los Angeles probation files for arrest records before and after treatment. These data will be compared with criminal justice baseline data from the BCS, possibly with control data collected by the Camarillo research project, and client attributes in other programs, as provided by the literature. Our major problem here is that the treatment programs do not appear to be collecting, on any of their current clients, in-depth data that could be used in this evaluation. The last client surveys were done in April. To obtain data subsequent to April, the study team will examine the feasibility of abstracting the needed data from the project's treatment records.

Relationships with Other Agencies -- Camarillo's relationships with other agencies will be determined from the director interview, staff interview, and interviews with representatives of outside agencies. The principal agencies to be interviewed would probably be those involved in referral, such as the mental health departments for the counties, and people who work directly with ex-clients or clients-to-be, such as probation and parole. In addition, discussions will be held with other agencies involved in the coming move.

Staff Characteristics -- Staff characteristics will be determined from the director interview, staff interviews, examination of ongoing staff training, staff retention rate, etc. The primary emphasis will be on the treatment staff. The research staff will be reviewed only to the extent that they are involved in treatment.

Evaluation Efforts -- The review of Camarillo's research and evaluation efforts is being accomplished by interviews with the research staff and a review of the publications and proposed research projects. Much of this effort has been completed, and no problems are foreseen at this time.

b. Efficiency of Service Delivery

Staff Utilization -- The provider interviews with reported work schedules and time spent among different types of service will be compared with data from other projects. Two additional questions of interest are: What has been the attitude of Family members and graduates with respect to treatment and the research program? (Indications are that they value it and would like it back.) What will be the impact of the upcoming move on the treatment and research staffs?

Quality of Care -- Evaluation based on the director interview, staff interviews, and other site observations will be used to determine quality of care with respect to types of services offered, time spent delivering service, training of staff, etc. Of major interest will be the effect of the research program on treatment itself. Another point of interest will be an estimation or at least a discussion of the impact of the move to Tarzana on the quality and continuity of care in each of the treatment services.

Per Capita Costs -- Interviews with the project administration have been conducted to obtain budgeting and expenditure data. Determination of costs is somewhat complicated at Camarillo because of the many funding sources and the interrelation of the research and treatment programs. An effort was made with the research administrator to split funds into "treatment" and "research" categories by source of funds. This

result will permit approximate per capita treatment costs to be calculated and the cost of the research program to be appraised.

c. Value or Impact of Services

Decrease in Illegal Drug Use -- With respect to illegal drug use, estimates of after-treatment results will come from data obtained by the project. Since one of the major research efforts at Camarillo is in this area, we will limit our efforts to reviewing this effort and the results to determine their validity and appropriateness for the project impact-oriented objectives. If possible, an independent check will be made on drug use for subsets of graduates with criminal justice involvement subsequent to leaving Camarillo.

Decrease in Criminal Activity -- A sample of clients who were in treatment in late 1972 will be studied with regard to their criminal justice involvement. Individual clients' own statements will be obtained from previous interviews conducted by the Camarillo staff. In addition, data for clients who entered treatment as probationers will be obtained from arrest records for the period from one year before entering treatment to the present. These data will be used to establish changes in clients because of treatment, and to corroborate the validity of the clients' own statements.

Increase in Employment -- Changes in employment patterns as a result of treatment will be based on current Camarillo data. Subsets of these client data will be used to examine (1) the effect of insuring nine months of employment for graduates as assistants or Social Service Aides in the research program or hospital, and (2) the effect of using graduate houses to ease reentry. An examination will also be made to

determine the level of employment among clients who have been out of Camarillo Hospital for more than six months.

d. Potential of Program

The potential of the program at Camarillo is a question to which substantial effort will be given in the final stages of the evaluation. The main driving force in the move seems to be the transfer of Los Angeles Short-Doyle funds to the Tarzana facility. These funds accounted for a large fraction of the treatment dollars going into Camarillo. Questions of interest are:

- What will the treatment program at Camarillo be like after the move is completed? Will they try to keep a smaller version of all of the modalities, or will they try to consolidate into one modality?
- What will the treatment program at Tarzana be like after the move? There are some who contend that the Family unit is just moving and will not change substantially, but the uprooting and relocating for a new start will inevitably have a heavy impact on clients involved in the relocation.
- How will the move affect the treatment staff and administration? Are some of the staff moving too?
- How will the move affect the referral structure? Will existing referral agencies be more or less willing to refer clients to either Tarzana for clients in Los Angeles County, or Camarillo for clients in Ventura and other counties?
- What are the Camarillo treatment projects' plans for expanding their funding base, if any? Will this have any effect on the present drug treatment funding policy and administration in Ventura County?
- What will be the effect of the move on the research program? The contention of the research staff is that the data gathering phase is complete, and that this final year of the research effort will be devoted to data analysis and writing, so that the effect will be minimal.

5. Project Achievements

This program provides a variety of measures of services delivered and impact of treatment. The Detoxification unit delivers service to 175 to 200 clients monthly, with about 2,000 clients being detoxified per year. About 22% of these clients complete detoxification and go on to one of the adult programs at Camarillo. The Camarillo Family (i.e., long term therapeutic community) projects 91 admissions during the calendar year. Current statistics from quarterly reports indicate that 23.3% of those in the project graduated after completing the full term of treatment. The Short Term program admitted about 400 applicants, with 26% of these graduating. The Adolescent Family has admitted 73 juveniles, with a current client population ranging from 14 to 23. The time scheduled for completion of the program is three months. Data from quarterly reports indicate a total of ten graduates (13%) from this program. There was also an experimental outpatient adolescent program based on contingency contracting. The project involved 25 to 40 clients in the age range of 13 to 17. Results to date of these efforts have been disappointing.

Impact of treatment is closely monitored for the Family program, mainly because of the existence of a graduate program for Family members. All Family members are assisted to obtain employment as one of the prerequisites for graduation. Recent quarterly reports indicate that 86.5% of Family graduates are known to be employed with an average salary of $440 per month. The director interview indicated that 60 to 70% have positions at Camarillo. Only 8.1% of Family graduates have had any involvement with the criminal justice system since leaving the program. This result may be compared with an estimate that 86% of persons in the adult programs entered under some form of legal pressure. Currently,

12 graduates and clients are enrolled in courses sponsored by the local community college.

Information on the Short Term unit and Adolescent unit is less complete at this time. Follow-up work is underway at Camarillo on these programs, and the initial report is of "impressively low rates of recidivism." No systematic effort is made to find jobs for Short Term program graduates, although a number of them are employed at Camarillo.

Calculations have been made by the program of the savings in costs to the community by maintaining clients in the long term program, as opposed to allowing them to continue stealing to maintain their habits. Based on 88 individuals in the long term program, the estimated savings were $7,550 per day.

Research conducted at Camarillo is now becoming available and could have an important impact on the drug treatment community. One early product of these efforts was the development of an extensive library and bibliography of literature on psychosocial aspects of drug abuse. Original studies at the project have resulted in 17 publications prepared and in process. Members of the staff have also reported numerous presentations to community groups and have acted as consultants to others in organizing drug abuse programs. Members of the staff have also participated as members of committees and advisory boards responsible for planning in the drug abuse field. A number of important findings have emerged from the research in areas of personality characteristics, psychophysiological factors, and field research.

6. Quality of Design of Camarillo's Evaluation Component

a. General Quality

In terms of the definitions provided in CCCJ's "Evaluation

of Crime Control Programs in California: A Review," the evaluation effort at Camarillo is evaluative research. This conclusion is based upon the following: (a) wherever possible, Camarillo's data are matched with those from control groups, (b) Camarillo's test instruments are valid and appear to be used knowledgeably, (c) project staff are aware of and make extensive use of prior research; in fact they have developed a library and an extensive bibliography of drug treatment literature, (d) they are applying conventional statistical methodology in their research work, and (e) their attempt is as valid as any in the drug treatment field to determine whether their project is successful. The adequacy of their evaluation effort is undoubtedly due in large part to the fact that they have a large and well-funded research program.

The major problems noted to date in Camarillo's evaluation effort are:

- Lack of continuity of an evaluation effort in support of the program. The research program took a research point of view and terminated data collection when it felt that enough had been gathered. This was even true of all of the basic client questionnaires and other observations that are so valuable to ongoing evaluation. It is hoped that there is some way of reinstating some of this basic data collection in the treatment programs on an ongoing basis.

- Considerable heavy data collection went on for two years without much concomitant analysis, so that now the analytical effort to be faced during the last part of the program is overwhelming, and many questions may not be addressed. The data bases developed are extensive and valuable for studying many aspects of drug treatment.

- SSI is concerned about the effects that the move will have on the momentum of the research program. Especially in one area, the principal investigator is leaving the program and will be finishing up what he can at his new place. He is being replaced by another member of the research staff whose experience and knowledge of the project should help maintain some of the continuity.

b. Camarillo's Data Sources

The primary data sources for the Camarillo research work are client and control interviews and direct observation during treatment. The control group for this study was college students. These sources have contributed to the development of substantial data bases. At one time there were client attribute data on over 496 variables per client. This number has been somewhat reduced recently but there is still an extensive amount of data from in-treatment surveys, follow-up surveys, psychological tests, and in-treatment observation (polygraph, videotape).

Most of these data have been encoded on computer tape. The effort of encoding, keypunching, and recording data in a machine-readable form requires that the data be well-organized and rather clean. If there were any high error areas, they would probably have been noted by this time.

As part of the program, graduates of the Family unit were hired on a full-time basis for nine months after graduation. One of their duties was the preparation of these data bases. Much of the physiological data is produced in analog form and is reduced to digital form for inclusion in the client data bases by the Social Service Aide research assistants.

c. Validity of Data

To date SSI has been unable to make any direct validity checks, but considers that the data are of relatively high quality because of the level of professionalism involved in Camarillo's research program. Internal consistency checks will be made where possible. Also, clues to problems in the data would be expected if substantial deviations are observed between the project's results and results obtained by SSI's independent efforts with criminal justice records.

As with other programs, little has been done with data from other sources, such as the criminal justice files. In one of the studies completed at Camarillo, follow-up data for some of the ex-clients concerning convictions after treatment were extracted from probation files. However, this particular study did not employ before-treatment arrest or conviction data as a comparison. SSI will obtain the before-and-after criminal justice data for this evaluation as an extension to this earlier study.

d. Use of Data

Data collected at Camarillo are intended for use in the research program there. There are at least five useful research protocols in the program. These are efforts for which research and publication have not been completed to planned levels. Extensive data have been collected for four of these efforts (which are also very interesting from an evaluation point of view):

- Use of Videotape and Psychophysiological Feedback in Long Term Treatment Program for Drug Abusers: II. Evaluation of "The Game" at Different Phases of Treatment.
- Longitudinal Study of Cultural, Social, and Personality Characteristics of Various Types of Drug Abusers (Addicts).
- Adolescent Psychological Characteristics and Changes in a Drug Abuse Treatment Program.
- Contingency Contracting with Community-Based Adolescents and Their Families.

e. Project Methodology

In their large studies of client characteristics, the Camarillo research staff obtained extensive control data from college students with comparable demographic characteristics. The validity of this control group will be one of the factors to be examined by the study team. Extensive use is currently being made of stepwise multiple linear

regression and factor analysis models as well as direct two-way correlation calculations to test for relationships and clustering of data. This is a very difficult process with socioeconomic and psychometric data because the sample variations are typically so great that usually no strong relationships (that are meaningful) are immediately evident. To overcome this problem, extensive efforts are required in hypothesizing different models, transforming data, and stratifying data subsets for comparative analysis.

Some of the physiological response data still have to be reduced from analog to digital form for analysis. These data will then be compared to client attributes via regression and correlation in attempts to show meaningful relationships.

Traditional statistical tools are being used in the studies at Camarillo in what appear to be correct applications. Some of the proposed studies are massive undertakings, and it is hoped that a significant fraction of them will be brought to publication.

f. Was Evaluation Funding Adequate?

Because of the extensive research project, the evaluation funds have been more than adequate relative to evaluation being done in other similar projects. On the other hand, if the question is rephrased to ask whether the research effort there has been adequately funded, in view of the tasks that remain, then the answer could be different. The study team will need more time to study this effort before a final answer can be given.

D. The Open Door Drug Clinic

1. Project Description Summary

The Open Door Drug Clinic is an outpatient clinic designed primarily to help the youth of the Alhambra area. Treatment is geared toward the white, primarily middle-class high school student who feels pressure from his peers to use drugs.

The philosophy of the program is based on flexibility. The staff wants to help young people understand their needs, why they use drugs, and how drug use meets or thwarts these needs. The clinic is designed so that clients will feel minimal reluctance in asking for help. Once they have sought assistance, it is hoped that they (and their entire family) will become involved in counseling and treatment. The decision to stop using drugs is up to the individual client.

The primary services offered to clients are individual counseling, group therapy, psychodrama, family therapy, and emergency services (via the hot line). The program is purposely very unstructured, the only rules being no carrying or use of drugs, and no violence. Both closed groups and open rap groups are scheduled at the clinic. An average of 550-700 visits per month are made to the clinic by 250-350 counselees; average duration of each visit is 1-1.5 hours. There is a 24-hour, 7-day a week emergency phone service manned by staff, who aid by means of crisis intervention and referrals. The staff refers people to other centers for detoxification. They will then counsel the client either while in detoxification or afterward.

The following is a list of services provided to Open Door clients,

and the approximate percentage of clients receiving each service:

Individual Counseling	80%
Family Counseling	15%
Group Counseling	80%
Job Counseling	5%
Medical Health Care	5%
Legal Services	5%
Social Services	5%
Emergency Services	10%
Social/Recreational Services	5%

The center is most suited for a client who is 16-35, and is without a strong addiction. The age range of clients is 7-67 years, the average age being 19-21. Seventy-five percent of the clients are white, 20% are Mexican-American, 3% are Oriental, and 2% are black. Approximately 25% are referred to Open Door from the criminal justice system. Arrest histories are not routinely recorded on intake face sheets, which are the only formal data gathered on clients. The average time in treatment is roughly 6 to 12 months.

A successful client is one who has set his own goals and then attains them. These goals primarily fall into two categories: (1) cessation of drug use, and with this a decrease in conflict with the law and the client's family, and a decrease in problems at school; and (2) improvement in social relationships.

There are 38 staff members of the Open Door clinic; 27 are part-time volunteers. Of the 11 paid staff, 5 are full time. The majority of the staff are professionals, but clinic graduates are accepted into the training program. The turnover is very slight, approximately 5% per year. A paid staff member stays an average of 2.5 years; a volunteer, 1.5 years. The staff must be drug free. Qualifications of the staff are exceptional, not only in terms of education, but also in terms of training. Each trainee,

as a volunteer and prior to getting paid, must go through an extensive, structured training program before he is permitted to counsel clients.

Open Door's relationship with the schools in the area is good. These schools contribute some financial support to the center, and the staff members have good access to the faculty, as well as students, in the schools. The schools often serve as referral sources to Open Door, as do probation and parole officers (who often refer a person to Open Door rather than send him to jail). Some court diversion has also been noted.

A primary problem being faced by the center at this time is lack of community support. They are met with indifference rather than hostility -- they are not recognized as meeting a community need. There is this same lack of recognition among parents of many of the clients. This problem is reflected in a lack of adequate financial support from local agencies. A lack of adequate future funding from state and federal sources increases the problem.

Overdose referrals must be made cautiously because some hospital referrals will result in immediate arrest. Additional reserve is felt in some hospital emergency rooms because they know that Open Door has no way to pay for emergency care of overdose patients.

Another existing problem is the lack of space at the clinic; it is not unusual for a group to meet out on the lawn or in a car if there is no space available in the center itself.

2. Data Sources and Data Collection

Data collection and arrangements for collection are about 40% completed. Arrangements, although complicated, have progressed smoothly. Work completed to date includes: (1) initial site visit, including the

director interview and several staff interviews; (2) review of the record-keeping system and previous evaluation efforts; (3) retainer of the principal researcher for Open Door evaluations as a consultant for data collection and interpretation, and subsequent development of detailed working plans for his efforts; (4) approval by all necessary parties (project director, presiding juvenile judge and probation authorities) to extract criminal justice data from probation files for appropriate clients; and (5) development of a preliminary list of staff from appropriate community agencies to be interviewed regarding community relations.

In addition, during the initial site visit, we were able to attend a board of directors meeting and observe the functioning of this community-based project. A description of these observations will be included in our final report. This aspect of the project may be especially important with respect to Open Door's place in the community and its problems relative to future funding.

Client data being collected from project files, evaluation questionnaires, and criminal justice files are about the same as for the other projects in the cluster (See Appendix A). There is an intake "face" sheet that is supposed to be filled out for each client entering treatment at the Open Door. The sheet contains demographics and some client background data, including some information about drug history and arrest record. Not much attention has been paid to these forms, and only about 50% of them are anywhere near complete. These data have apparently not been necessary for treatment, and Open Door has depended mainly on evaluations done by outside consultants for detailed data and statistics. Hence, two partial sources of client data are associated with the treatment project; very detailed data about the

follow-up sample of 86 clients in treatment during December 1972, and a small amount of uneven client data from the project files. SSI plans to use data collected for the second evaluation and client data for an arbitrary selection of 50 clients whose "face" sheets are relatively complete. With these two sources, we can corroborate by direct comparison and check the consistency and representativeness of samples by statistical comparison of attributes.

Tracking of some clients through probation files will be undertaken to corroborate arrest data provided by the client and to analyze criminal justice involvement of clients. Additional data will be obtained concerning employment, educational status, etc., wherever possible for corroborating client files at the project.

Detailed staff data are being collected from staff interviews. Several have been completed but most remain to be done. In addition to descriptive and background data on existing staff, the same information on former staff will be gathered to provide an analysis of staff retention and training.

The client flow and utilization statistics published in the project's monthly reports will also be abstracted and analyzed to illustrate changes in project activity and capacity.

Other required data concern the hot line service, community relations at the project, and outreach. As described in Section II.D.6, a small study included in the first evaluation compared the hot line service at Open Door with others in the area. We plan to expand on that study in this evaluation. In addition to updating the comparative information, we expect to incorporate some of the statistics

collected by the project concerning the amount and type of calls received.

Referrals have not been extensively described in prior evaluations, and yet one of Open Door's functions is to act as a referral agency. Description and evaluation of referrals in and out of the Open Door clinic will utilize reception data indicating referrals. A new survey of outside agencies will also be required in order to get their views on referral policy. Examples would be probation, schools, mental health, and local emergency rooms.

Concurrent with the survey of outside agencies for referral information, information will be gathered concerning the community relations and outreach of the project. This includes information about the acceptance of the project in the community and views of related agencies on the future function of the project in the community. Other information relates to Open Door's outreach efforts and how well the community is informed about Open Door and its activities. For this purpose, we plan to contact the schools with which the project is working, and other outside agencies who could refer people to Open Door.

3. Impact-Oriented Objectives and Associated Measurement Criteria

Objectives of this program are presented in Table 4 together with associated measurement criteria and suggested additions. Criteria are not always related to objectives, but we have related them in an appropriate manner.

The first objective is the rehabilitation of individuals dependent on the use and/or abuse of drugs. This objective is directed primarily at youth and minority groups, primarily Mexican-American. Most of the measurements given in quarterly and annual reports deal with the level of

Table 4

OPEN DOOR

OBJECTIVES AND MEASUREMENT CRITERIA, WITH ADDITIONS

OBJECTIVES	CRITERIA USED	ADDITIONS TO CRITERIA
Rehabiliation of drug users	Total number in counseling Number of counseling sessions Number of hot line calls Percent of clients with diminished drug use	Average hours of counseling per week Number of clients reaching treatment goals
Interdiction or prevention of drug-related criminal offenses	Decrease in school drug offenses Number of speaking engagements Number of people attending sessions Percent of client involvement with criminal justice system	Percent of client decrease in school offenses
Coordination and consolidation of community resources for youth drug-related problems	Number of referrals Number of speakers Number of job placement counseling sessions Number of legal counseling sessions	Number of applicants referred among agencies Number and type of contacts Financial support and services donated New funding sources - coordinated efforts
Drug education to the community		Number of speaking engagements Number of people attending Number of people supporting community drug programs

activity in the program (e.g., number of clients in counseling, number of sessions, number of calls). Annual and special reports give useful impact measures such as percentage of clients with diminished drug use following entry into the program; this information would include decrease in severity of type of drug used. An addition that would enhance the value of activity measures would include measure of the total hours per week of counseling services provided to the average client. Impact measures would be enhanced by adding the percentage of clients reaching treatment goals set in prior counseling sessions (e.g., reconstitution of family units, return to school).

The second objective calls for the interdiction or prevention of initial or repeated drug-related criminal offenses. This objective is appropriate for this program. Measures of activity used include the number of speaking engagements and the number of people reached in these efforts. Impact measures include estimates of the decrease in drug offenses in elementary and high school. However, the program questions the validity of this measure because of possible changes in attitudes of the school and police officials toward drug offenses. The percent reduction in criminal justice system involvement of clients and former clients is also mentioned in annual reports. This is a useful measure if adjustments are made for change in attitudes toward drug offenses by concerned agencies. An additional important impact measure for this program would be the "percent decrease in offenses in schools."

The third objective is the coordination and consolidation of local drug abuse and correction resources. This includes law enforcement, educational, medical, social welfare, religious, and commercial resources.

This is probably not an appropriate objective for this program over the long run, although there is currently no other agency to perform this function. This objective could be reduced in scope by restating to indicate that the program will "participate" in coordination activities of the surrounding community. Currently reported measures that are related to this objective measure activities such as number of referrals, speakers, and legal counseling sessions. Better measures of this objective would include a breakdown of the number and source of referrals among local agencies, financial support received, coordinated effort for funding sources development, and the quantity of other services received from and rendered to other agencies.

A final objective recently added is to provide drug education to the community. This is an appropriate objective as part of a communitywide effort. Criteria for measurement could include level of activity and impact measures indicating increasing levels of support for community drug-related programs.

4. Evaluation Methodology

a. Functional Description

Treatment Approach -- The description of the various types of treatment available at Open Door will be based upon the director and staff interviews. It will basically describe the types of counseling, individual and group, available at Open Door along with other services provided, such as the hot line and work with the schools. We will also attempt to determine and describe unique features of this modality relative to some of the other treatment programs in the area.

Client Attributes -- Descriptions of clients at Open Door will be given in terms of demographics: drug history; criminal justice involvement

history; employment and educational history; referral source; time in treatment; reason for leaving treatment, etc. Much of this information has already been collected and presented in the second Open Door evaluation which will be used as the basis for our description. An additional effort will be made to describe the clients' criminal justice involvement in terms of intensity and crime type. This is difficult to state for the Open Door client population as they are typically young, light users with little or no prior involvement with the criminal justice system. Approximately 25% of the clients are referred by probation. Clients in our study samples who were referred by probation constitute the sample we plan to track through Los Angeles County Probation files. This will likely involve location of the clients through probation's adult and juvenile indexes and through visits to parole officers in field offices within the prime catchment area of the Open Door project.

The client description will also be compared with baseline statistics from the Census and the BCS.

Intake Procedures -- The Open Door will accept anyone who asks for help and who abides by a few basic rules. They do not have a waiting list, but they do screen out some people and refer them to other agencies. These people are either inappropriate (e.g., middle aged couple with marriage problems) or have psychological dysfunctions difficult to handle. Otherwise, the client requests or is assigned to a counselor who collects any personal data desired and starts the client into his treatment cycle.

The evaluation and extensive parts of the description of the intake process will be concerned with client flow statistics collected by the receptionist and published monthly by the project. These show how many

new people come through the door or call on the phone each month, together with the disposition of the contact.

An intake form (face sheet) and associated difficulties were discussed earlier. Open Door's current policy toward evaluation, reflected in the lack of use for the intake forms, will be examined in the light of present project efforts to bring in more funds and broaden its public image.

Relationships with Other Agencies -- Relationships with other agencies will be described on the basis of the director interview, referral data from project records, and interview from outside agencies. Community relations data will be obtained by survey of staff members of other local agencies with which the project is involved. The survey will be made by personal visit or telephone.

Staff Characteristics -- As with the client data, descriptions in previous evaluations will be used in addition to other data to describe and evaluate the staff. One of the items missing from former evaluations is a description of the staff structure on the basis of demographics, background, education, etc. Such data are being collected as part of the staff interview and will be presented in this evaluation.

The high staff retention and the high quality of the training program there became apparent during our first site visit, and we plan to assess both characteristics and their possible relationships during the course of our evaluation.

Evaluation Efforts -- Evaluation efforts are being reviewed with respect to their data adequacy, methodology, relevance to existing problems and objectives, and other factors. Section II.D.6 of this report discusses

these aspects in detail.

b. Efficiency of Service Delivery

Staff Utilization -- Our first site visit showed that the project has a very highly trained and motivated staff. Considering their pay scale and the several months of time they each work as a volunteer before getting paid, the staff utilization is also high. From an evaluative point of view, our main problem here is describing the staff, their activities, and their training, and finding the reasons for their success and then passing all of this information along to other treatment programs.

Quality of Care -- Quality of care will be appraised on the basis of the director and staff interviews, training of the staff, time spent delivering treatment, etc. These data will be summarized on the basis of a value rating given to each staff member, type and amount of treatment received by each client, and feedback of evaluation efforts into the staff training.

Per Capita Costs -- Treatment budgets for Open Door will be combined with the amount of effort involved in various services, and the number of clients to give an approximate per capita or per unit of service cost (per client month, per hour of individual counseling, per crisis call on the hot line, etc.). No standards have yet been established to insure the comparability of such numbers. The best use of cost data for Open Door at the present time will be to provide a better understanding of the project's financial needs for the board of directors and potential funding sources and other agencies. This is especially important at this time since Open Door is currently in its third year of CCCJ funding and has not yet located follow-on funds. Along these lines, funding strategy will also be

discussed with the director and associated agencies to determine what plans are being made to remedy this situation.

c. Value of Impact of Services

Decrease in Drug Use -- In this area, the statistics developed in the second evaluation client follow-up survey will be used. Although the report has not yet been published, discussions with the evaluation team indicate that the study showed an improvement in drug use with respect to both reduction in frequency and use of less severe drugs as a result of treatment. It is expected that this result can be corroborated during the SSI evaluation.

Decrease in Criminal Activity -- Client statements are available from the second evaluation regarding criminal justice involvement. These data were not normalized since 4 months of activity during the follow-up period were compared with possibly a lifetime of activity prior to treatment.

To corroborate the information in the second evaluation and to further describe the relationship of Open Door clients with the criminal justice system, we will track a limited number of clients through the probation files and those of other agencies, as required. The criminal justice involvement data will be normalized to arrests per client year or similar rates for before and after comparisons.

Changes in Client Employment and Other Factors -- Other indicators of the clients' response to treatment such as increases in employment and back-to-school rates will be used from the second evaluation and any other available sources. Since the majority of the clients at Open Door are juveniles, the educational participation statistics will be examined.

d. Potential of Program

Management -- The project management will be reviewed on the basis of the director interview, interviews with outside agencies, efficiency of current operations, and funding source developed. Of major concern here is the last item -- project funding -- since, as was mentioned above, project funds from CCCJ run out in early summer and a replacement has not yet been found.

We also plan to discuss the board of directors and its role at Open Door. During our first site visit, we attended a board of director's meeting, and also have a description of the board's structure, functions, and history.

Staff Training -- On the basis of our initial evaluation, the staff training is excellent. We have not as yet developed any substantive recommendations regarding staff training, present or future. Of interest would be the potential for expansion or transmission of training approaches used.

Community Relations -- The project's potential with regard to its relationships with other agencies will be assessed on the basis of the director interview, interviews with outside agencies, number and type of referrals, etc. In this regard, we will continue a comparison of the hot line, started in the first evaluation, with other hot lines in the area to insure that services are not being duplicated.

With respect to community relationships, our study will determine what other agencies think about the potential of Open Door.

Facilities -- The facilities were inspected during the first site visit and found to be too small. We plan to suggest a rearrangement of waiting and rap room space. This will provide greater utilization of the rap room when groups are not in session, and will relieve some of the waiting room congestion now occurring at various times during the day. The potential of the facilities is currently limited by the gloomy funding picture. Under any circumstance, it is difficult to see how they could obtain more space without moving or getting the adjoining county health clinic to relinquish some.

5. Project Achievements

Open Door carries on an active schedule directed toward the rehabilitation of drug users and the prevention of crime. The project believes that these efforts have resulted in a significant improvement in behavior of the youth it serves. The Third Year Grant Request stated that in 1972, 62% of all clients counseled had diminished their use of drugs while in treatment; 31% had diminished or eliminated their use of drugs for at least 6 months; and 16% for a year or more.

As indicated earlier, most impact-evaluation is based on a sample of clients observed in 1973. Results indicate that less than half of those with prior arrest histories had new arrests during the 4-month period subsequent to entry into the program. Similarly, only one-third of those with drug-related arrests were subsequently arrested. Supporting statements in the Third Year Grant Request indicate that over 70% of those with prior arrest records were not arrested for the period July 1970 to September 1971. It is not possible at this time to conclude whether this result given in the evaluation is an improvement or not, since the arrest rate of the clients prior to entry was not given.

The other two achievements include community resources coordination and community drug education. These efforts took the form of cooperation with other agencies, and outreach programs. In 1972, the clinic made 1,935 referrals to other agencies for services such as medical, psychiatric, housing, etc. Open Door recently joined Ingleside Mental Health Center, Family Counseling Service of West San Gabriel Valley, and La Casa and Bien Venidos Community Centers in forming the West San Gabriel Valley Drug Coalition. This affiliation has been designed to work with the State Interagency Drug Task Force in developing a comprehensive statewide drug treatment and rehabilitation plan, and in locating sources of funding.

The outreach programs have included a newsletter and provision of speakers at schools and colleges. In 1972, the project was engaged in about 3,000 speaking and educational programs. One to five staff members each week spent time in each of four high schools, making informal class presentations, holding meetings with teachers and school counselors, and instituting rap and psychodrama sessions.

6. Quality of Design of Open Door's Evaluation Component

a. General Quality

Most of Open Door's evaluation effort is represented by two efforts of outside consultants. The first one was published in 1971, and the second is nearing completion. Both efforts were under the guidance of a professor of sociology at UC Irvine, with the assistance of graduate students. The first contains a description of the project, the treatment provided, a survey of the neighborhood's knowledge about the project and drug use, a survey of the attitudes of political leaders and school counselors toward the project, and a comparison of attributes of the Open Door

hot line with others in the area. The second evaluation consisted of an extensive 4-month follow-up of 86 clients, a general description or overview of the project, an examination of factors influencing staff performance, a description and discussion of two closed therapy groups, and 12 detailed biographic case summaries. The follow-up study appears to indicate positive effects on client drug use. That is, it indicates a decrease in the frequency of use and the severity of type of drug used. Since obtaining needed data for this type modality is quite difficult, the evaluation represents a considerable accomplishment.

Applying the evaluation classification presented in CCCJ's "Evaluation of Crime Control Programs in California: a Review", the two major studies make the evaluation effort at Open Door an "assessment". It is a research design which involves the collection of data through structured surveys and the use of extensive observation. Quantitative data are finally presented in tabular summaries. Little use has been made of controls, or baseline data for comparison, and statistical tests have not been used for the comparison of data or the evaluation of statistical hypotheses.

b. Data Sources

All data used in the evaluations have been obtained either by surveys or through direct observation of the treatment process. During the formative part of the second evaluation, the evaluators considered getting the courts to help structure some control groups, and getting probation to provide some client data. These arrangements could not be made and were dropped. Thus, the client data are primarily restricted to the sample of 96 clients in the follow-up survey (86 of the ten could not be contacted). As indicated in Section II.D.3, intake data are obtained on

a "face sheet" to be filled out for each client. However, these sheets are filled out completely for about 50% of the clients.

A minimal amount of client flow statistics are collected by receptionists concerning visits of clients and others, and incoming calls on the hot line. Some additional client statistics are maintained by the director in a 3 x 5 file. These are apparently the sources of the data used to compile the statistics for their monthly report.

c. Validity of Data

There were no efforts to corroborate the validity of client data kept in their files or collected in the follow-up study. Some comparative tests could be made between the intake "face" sheet in the files and the follow-up clients for comparable data elements. We expect to have more extensive comparisons using data obtained from the probation files.

d. Use of Data and Methodology

As described above, data from the follow-up study were used to describe Open Door clients in the second evaluation. Comparisons of some of the numbers were used to support some statements about the clients and treatment. Other sections of the first evaluation were primarily qualitative in nature and used little numerical data. Also, data from record sheets maintained by the reception desk and client statistics maintained by the director are used to compile the monthly report.

The first evaluation had four studies that made substantial use of numerical data. One studied the knowledge of people in the neighborhood regarding the Open Door Clinic and drug abuse in general. In this study a pamphlet describing the project and discussing drug use was mailed to an experimental group and not to a control group. Then a follow-up

survey was administered to both groups to test for changes in knowledge of the topics contained in the pamphlet. There were no differences between the groups in either personal attributes or knowledge.

Another study in the first evaluation involved the mailing out of questionnaires to local political leaders and school counselors regarding drug abuse treatment. The response to the questionnaire was very poor, especially among the political leaders. We have not been able to examine a copy of the survey instrument. The results of the survey based upon the people that did reply are presented in the evaluation.

The results of the hot line survey in the first evaluation are useful in that they give a detailed description and comparison of several hot lines in the area. Information included hours of service, staffing, type of calls, procedures, etc. Other measures that would have been useful include total calls received and number of crisis calls.

A useful study was made for the first evaluation concerning changes in parents involved in parent groups at Open Door. The data in this study came from a 44 item questionnaire administered to the study group before and after the group therapy series. The same questionnaire was given to a nontreatment control group randomly selected from the community. This study used statistical tests for the differences between means among the various samples. The results were largely inconclusive, although the parents in treatment tended to show a higher sensitivity to drug abuse and its treatment than did the control. The experimental and control groups were, for the most part, very similar. However, there was a substantial difference in the income distributions for the two samples. This may imply some differences between them. Also, the response to the

follow-up questionnaire sent out to the control was not as good as would have been desired, and those that did not respond could have experienced more changes during the test period than those that did.

The second evaluation makes use of a questionnaire administered to a substantial number of clients at the time of entry and 4 months later. The major methodological problems with the follow-up study are (1) all conclusions were based upon direct comparisons of frequencies (counts) and related percentages, and (2) more extensive tests could have been made concerning the consistency and validity of the data. In the current evaluation, we plan to remedy both of these problems since the client data obtained during the follow-up will form a substantial part of the client data used.

e. Adequacy of Funding Allocated for Evaluation

Evaluation funds for the second evaluation were $13,000.00. According to the researcher, they were constrained by the minimal funds so that they could not use additional people or services. With additional funds, he would have extracted criminal justice data, obtained more part-time help to sit in on groups for his group analysis study, and attempted to gather data on a nontreatment control group for comparison in his follow-up study.

E. Walden House, Inc.

1. Project Description Summary

Walden House operates a voluntary residential treatment program for drug users in the Haight-Asbury and Pacific Heights districts. The project aims to reduce residents' drug use significantly and to motivate residents to seek education and employment as alternatives to street life. A recent addition to the program is an ambulatory outpatient clinic and reentry unit (at separate locations) for former residents.

The residential program has a capacity of 32 residents in each of two facilities. Both male and female clients are accepted. The age range is 14 to 40 years. Length of residence varies from a few weeks to a year. In 1972 the average daily number of residents was 24, and Caucasians made up about 70% of the total, with blacks making up most of the remainder (there were a few Mexican-Americans). About 80% of the residents are on probation or parole at the time of entry.

Walden House is still a therapeutic community but over a 3-year period has moved steadily away from the traditional pattern in response to their self-evaluation of their performance. The project now consists of (a) an adult therapeutic community, (b) a youth section that is even further from the classical therapeutic community pattern, and (c) a reentry program that starts in the therapeutic community as pre-reentry and continues into the satellite apartment and outpatient reentry clinic (aftercare clinic). The project's expectations of the addict are not rigid. On entering the program, the client makes a contract for 30 days. At the end of this time, the contract is renegotiated so that the client can set his own goals.

In the adult section, provider services are distributed as follows: group therapy 40%, individual counseling 30%, and 30% divided among several services such as job counseling, medical health care, and education. The program is more flexible than the classical therapeutic community. It has less rigid disciplines, groups are not attack-oriented, and social differences and questioning of instructions are allowed. There are no clearly identified phases of treatment other than reentry.

In the youth program, the distribution of services is: individual counseling 25%, group therapy 25%, administration 10%, staff training 15%, and legal services 7%, with the remaining fraction spread among a few other services. The youth program has the same type of groups as in the adult unit. There is an emphasis on working with parents. After 30 days, clients return to community schools.

Overall responsibility for the project is held by a board of directors, while the daily management is by the clinical director on the technical side and the administrator on the business side. There are 15 staff members in the therapeutic community, and 4 in the outpatient clinic (including the satellite apartment).

Staff consists of professionals and paraprofessionals with a range of backgrounds in drugs and drug treatment. The four paraprofessional counselors in the adult program have from 0-12 months drug treatment experience. In the youth program, counselors have 30-38 months drug treatment experience. Counselors' race is White, Mexican-American, and Black with sex representation equally divided between male and female. Professionals on the staff hold degrees of AA, BA, MS, MSW. Walden has established effective working relationships with the City and other organizations. The City pays for a part-time psychiatric social worker and Bank of California

provides a representative to work with the Walden after-care clinic.

Walden House has a serious problem maintaining staff at planned levels. They estimate staff turnover at about 50% per year. This turnover is considered due to the hard work and heavy commitment required and the poor financial remuneration. Previous graduates are not used as staff because of the damaging effects on the program resulting from relapse of some former graduate staff into the use of drugs.

2. Data Sources and Data Collection

Data collection for the Walden House evaluation is about 70% completed. Substantial samples of client data have been collected for all three facilities. (See Section II.E.4 on methodology.) The director interview and all of the staff interviews have been completed. Funding and administrative information were obtained during an interview with the administrative officer. Site visits including staff interviews have been completed at all facilities.

Three preliminary coordinating meetings with the administration of Walden House resulted in our retaining the consulting services of the principal investigator in the previous evaluation efforts. This investigator is assisting with the collection and interpretation of client data, and with the review of previous evaluations. He has helped SSI to obtain the consulting services of a former employee of Walden House to code client identification and post client data. This was required to protect the confidentiality of Walden House clients. This arrangement is working very well.

Client and staff data elements for which data are being collected are generally the same as for the other projects, and are listed in Appendix A. The notable exception is the information to be collected regarding client

CONTINUED

2 OF 3

flow. These total client flow statistics, soon to be obtained, will include number of clients who have applied to Walden House, number accepted, number rejected, and other data. This type of data is possible at Walden House because of the detailed information that has been maintained by the project regarding applicants for treatment and disposition of applicants.

Other categories of data which have yet to be collected are: (a) data concerning relationships with other agencies, and (b) criminal justice involvement data from San Francisco and San Mateo agencies.

For category (a), other agencies will be contacted. For category (b), arrangements are being completed to obtain client data from San Francisco and San Mateo probation departments. A preliminary meeting was held with the Mayor's Criminal Justice Planning Board in San Francisco to explain the SSI effort. Letters of explanation and introduction have been sent to chief probation officers and some police chiefs. Remaining effort includes development of working plans with these agencies.

3. Impact-Oriented Objectives and Criteria for Measurement

Walden House has established a range of objectives as indicated in Table 5. Criteria for the most part are directly related to impact of treatment on graduates. No information is given on progress of clients now in treatment nor on measures of activity level in the program.

The first objective calls for the elimination or reduction of criminal behavior and life style. Progress toward this objective is measured by a series of appropriate criteria directly indicating treatment impact over a period of 1 to 2 years after graduation. The reported data on incarcerations give an indication of the fraction of graduates with some criminal justice involvement before and after treatment. This aspect of the problem could be further clarified by adding criteria related to

Table 5

WALDEN HOUSE

OBJECTIVES AND MEASUREMENT CRITERIA, WITH ADDITIONS

OBJECTIVES	CRITERIA USED	ADDITIONS TO CRITERIA
Elimination or reduction of criminal behavior and life style	Percent of graduates incarcerated (before and after) Percent of graduates on probation (before and after) Percent of graduates on parole (before and after)	Percent of incarcerations by type of offense Percent of convictions Frequency of arrest per man year
Reduction in tax consumptive behavior	Percent of graduates on public assistance (before and after) Percent of graduates employed by type of employment (before and after)	Percent of full-time and part-time employment Percent with salary above subsistance level Job turnover rate Number and type of relationships with job sources Number of job placements per year
Decrease in illegal drug use	Percent of graduates using drugs by type of drug (before and after) Intensity of drug use by graduates (before and after) Frequency of drug use by graduates (before and after)	Number of current clients on drugs (observation or urinalysis)
Increase productive behavior	Percent of graduates in educational activities	Percent of clients reaching educational/ training goals Percent of clients achieving other treatment goals
Increase internal growth		

severity and frequency of offenses, and to dispositions by the criminal justice system.

The second objective is the reduction of tax consumptive behavior. As stated, this objective appears to overlap with the first objective. It might therefore be desirable to restate the objective in a manner such as the following: "To reduce unemployment and welfare dependence." The criteria for measurement currently used are appropriate (e.g., percent public assistance, percent employed). Other criteria that would be useful include those that examine how satisfactory the employment is (e.g., salary, job turnover rate, etc.). Others of interest include criteria examining the performance of the program in helping clients to obtain jobs (e.g., relations with employers, job placements per year, etc.).

The third objective calls for a decrease in illegal drug use. Currently used criteria are appropriate, including measurement of percentage of graduates using various drugs as well as the intensity and frequency of use of drugs. Use of these measures as applied to current clients would also be of interest.

The fourth objective calls for an increase in productive behavior This objective appears to overlap with Objective 2. It might be combined with Objective 2 or reoriented toward specific types of productive behavior not covered by the other objectives. Such behavior might include social functioning, educational activities, support of other constructive community activities, etc. Currently used criteria for this objective are given in terms of the percentage of graduates currently engaged in obtaining an education. This criterion might be supplemented by criteria indicating the percentage of graduates reaching educational, training, and other treatment goals.

The fifth objective is to increase internal growth. This consideration underlies all successful treatment in drug-free modalities; however, it is not in itself an impact-oriented objective. No observable criteria for measurement can be suggested. Internal growth should be reflected in the progress toward the other objectives; therefore, it is suggested that this consideration be deleted as an impact-oriented objective.

4. Evaluation Methodology

a. Functional Description

Treatment Approach -- Treatment approach will be described in standardized terms. Information from the director interview, staff interviews, and observation during the site visit will be used to describe present treatment modalities at the three facilities and to estimate levels of service delivered. Much of the work in this area has been done and is described in Section II.E.2 of this report.

Client Attributes -- The director interview, client records from the project and the criminal justice system will be used to define client attributes. Census Bureau and BCS data will be used to compare clients with baseline statistics. SSI will also draw upon prior evaluations for a comparative examination of client attributes. Specific client data have been sampled from all facilities for use in describing client demographic attributes and drug use history. The following samples have been selected:

- Adolescent residential, in treatment during February-March 1972 — 37
- Adolescent residential, currently in treatment — 19
- Adult residential, in treatment during February-March 1973 — 36

- o Adult residential, currently in treatment 28
- o Outpatient treatment, November 1973 to present 31

Intake Procedures -- The director interview, staff interviews, and an assessment of the record-keeping procedures will be used to describe intake screening procedures. A comparison will be made with intake procedures of other programs. Walden House has kept detailed prescreening data concerning the attributes of each client who has ever applied for treatment there. SSI plans to relate summary statistics from these data to the disposition of each application, and to what is known about the disposition of clients leaving treatment; the result will be a description of the entire client flow or throughput for Walden House over the past year or two.

Relationships with Other Agencies -- The director interview, interviews with outside agencies, and program records on referral will be used to describe Walden House's relationship with other agencies. With regard to referrals, the client flow study should clearly show the relationships with referring agencies as sources and receptors of flow.

Staff Characteristics -- Description and evaluation of the Walden House staff will be based on staff interviews, reviews of ongoing training, staff turnover rates, and salaries, and comparison with training and staff attributes in other treatment programs. Walden House staff interviews have recently been completed, and are currently being evaluated.

Project Evaluation Efforts -- Two previous evaluations have been published for Walden House, and a third is in the formative stage. These evaluations have been discussed with the principal investigator mentioned earlier, and have also been reviewed by SSI staff and consultants. SSI has access to the detailed data used in the first two evaluations

and has discussed the plans for the third. A review is being made of the data, methodology, and conclusions. (See Section II.E.6.)

b. Efficiency of Service Delivery

Staff Utilization -- The efficiency of staff utilization will be evaluated on the basis of staffing patterns, including the man hours spent delivering various types of service, and staff-to-client ratios. Comparisons will be made with results from other projects delivering similar services.

General Quality of Care -- Quality of care at Walden House will be appraised from information gathered during the director and staff interviews. These will be used to determine and relate the types of services offered, the amount of each type of service received by a client, and the staff's training. The final evaluation report will statistically describe the distribution of staff abilities to do their jobs. The basis for this is a score ranging from 1 to 4 reflecting SSI's judgment about each staff member's capabilities for the particular job. The latter group of data will then be related to the project's stated treatment approach, its known treatment history, and standards and experience in treatment in other similar treatment programs.

Per Capita Costs -- SSI has been given budget figures for each of the Walden House facilities. The client flow studies planned for this evaluation will give the number of clients in treatment at any one time. These figures will be used to calculate per capita budgeted cost of care. The figures will be related to actual cost figures, as prepared by the Walden House administration, and to what is known about similar costs in other treatment programs.

c. Value or Impact of Services

Decrease in Drug Use -- Decrease in drug use will be based on data concerning client drug use before and after treatment, as given in the two previous Walden House evaluations. Their objective was to show the effectiveness of treatment with respect to modification in drug use patterns and criminal justice involvement.

In addition, the drug use patterns from the samples of client data obtained will be summarized in terms of type of drug and duration of use up to the time of treatment at Walden House. These summaries will also be compared with drug use patterns illustrated in the first evaluations, in order to corroborate data and to detect changes in client characteristics over time.

Decrease in Criminal Activity -- Because the first two evaluations placed emphasis on the decrease in criminal activity, SSI will use client interview data from these evaluations. The data concerning criminal justice involvement prior to treatment and during a follow-up period after treatment will be compared with client data sampled for SSI's evaluation. The results will also be compared with summaries presented in the project's evaluations. Efforts will also be made to collect arrest history data from files at San Francisco and San Mateo probation offices. The arrest history data will be used to compare arrest records before and after treatment in terms of arrests per client year by crime types and client characteristics. These data will also be compared with client-provided data for corroboration.

Increase in Employment and Other Factors -- Improved social relationships in the form of increases in client employment and education activities will be analyzed as part of the evaluation.

d. Potential of Program

Management and Administration -- Management potential of the program will be appraised using information from the director interview, staff interviews, and interviews with outside agencies. Results will be reviewed to determine the efficiency of Walden House's current operation, fund raising abilities, and budgeting and planning abilities. Some of this work has already been accomplished through an interview with Walden House's administrative director about management, budget, and fund raising. The project's management is system-oriented, employing a number of sensitive indicators to monitor the operation of Walden House and forecast future management problems.

Staff Training and Expansion -- The level of staff training, staffing ratios, and staff retention are being examined using the director and staff interviews. From this information, SSI plans to comment on the quality and balance of the staff's training and on ways in which these characteristics might affect the potential of Walden House.

Community Relationships -- Criminal justice agencies, city and county health agencies, other drug treatment programs, and other community and funding agencies will be interviewed to determine their relationships and reactions to Walden House and its potential in San Francisco.

Facilities -- Future expansions or contractions in Walden House's facilities will be examined using information from on-site inspections made during the site visits, and from the director interview, staff interviews, present and projected client loads, etc. Facilities planning appears to occupy extensive management effort with the two large houses on Buena Vista and Sacramento Streets and the outpatient facility on Sacramento

Street.

5. Project Achievements

Walden House achievements include services to clients, and impact of services on client behavior. The project currently has 60 clients in residence. The outpatient clinic's active case load is 157 clients.

Of the residents, 29 are in the adult unit (capacity 32). All of the clients receive individual counseling, group therapy, and job counseling; 50% of them receive legal services, and 30% receive education services. Of the total, three will soon be in the reentry phase and six more are in pre-reentry.

In the youth unit, which has a capacity of 32, there are now 31 clients. In the outpatient clinic, 62 ex-residents and referrals were treated in the month of November 1973, besides 20 who were residents in the therapeutic community. The average daily attendance at the clinic is 20-27, and typical sessions last 1 hour.

Impact of services on client behavior is measured by reductions in criminal behavior, illegal drug use, and tax consumptive behavior, respectively. The first evaluation of Walden House to determine impact of services on clients was conducted in 1972 by the Walden staff. A random sample of 22 residents was surveyed by follow-up procedures.

Results of this survey were as follows. Prior to treatment, 90% had a record of incarceration. In the following year, 6 or 27% were incarcerated. Of the 6 incarcerated after treatment, none had committed a high severity offense.

Regarding illegal drug use, results indicated a reduction (by a factor of 2) in the number of individuals using most hard drugs. The number using alcohol increased threefold (41% of sample) and number

using marijuana was very high (82%). Four individuals remained drug-free. Regarding tax consumptive behavior (unemployment), there was nc significant change between before and after treatment; 9 were unemployed before, and 10, after.

A second, and the most recent, evaluation was done in 1973 by Kennedy University on samples of residents from June 1972 to May 1973. This outcome evaluation was conducted on two samples: (a) a sample of 22 former 1971 residents, and (b) a sample of 18 former 1972 residents.*

Results from the first sample were as follows: Twenty persons or 90% had been incarcerated prior to treatment. Over the two-year period of observation, 6 or 33% were incarcerated. Reduction of illegal drug use was evidenced in several ways: type of drug, overall drug use, frequency of use, intensity of use. In general, there was a substantial reduction in the number of individuals using most hard drugs. However, use of cocaine and alcohol increased and use of marijuana remained high (78% of sample). One person remained drug-free.

Results from the second sample were as follows. Prior to treatment, 12 clients (80% of sample) had been incarcerated. Subsequently, 9 clients (60%) were arrested, indicating little or no improvement. Regarding illegal drug use, a decrease was noted in the use of hard drugs, but an increase in the use of alchol and marijuana. The only person remaining drug-free was incarcerated.

These results and other considerations have caused a shift in the program emphasis of Walden House. It was recently decided to focus on the reentry phase by shortening the time spent by the client in the therapeutic community and maximizing the time spent in reentry. However, the feasibility of this shortened time for in-house treatment has yet to

* In the follow-up surveys, 4 clients were lost from the 1971 sample, and 3 clients from the 1972 sample, resulting in sample sizes of 18 and 15 clients respectively.

be proven. A complicating factor is that in the past, reentry for certain graduates was provided in the form of employment on the Walden House staff. About 5 months ago, three graduates relapsed, profoundly disturbing the community, with the result that graduates are no longer being assigned to the staff.

Achievements in the youth unit may be difficult to measure henceforth, since this unit has shifted from the classical therapeutic community pattern to a looser structure only about 3 months ago, and is in a state of transition.

6. Quality of Design of Walden House's Evaluation Component

Walden House evaluations to date have examined the impact of treatment on behavior of graduates. The first evaluation report covered the period June 1, 1971 to May 15, 1972 and the second evaluation report, June 1972 to May 1973. Both evaluations examined client characteristics for samples of clients to detect changes in client behavior as reflected primarily by drug use and criminal activity. These evaluations are assessments in that they definitely have a research-like approach and tone.* However, they do not employ experimental design features, such as control groups, baseline data and other methodological devices that tend to reduce the influence of unexplained error.

A third evaluation is employing outside consultants in the planning stage. As planned, the evaluation team will directly assess treatment methods, using ongoing client interviews and observation. The result will be fed back frequently to the Walden House staff so that they can in turn use them to modify ongoing treatment. It appears that this evaluation will be more qualitative than the others, which used a quantitative approach

---

* CCCJ, op. cit., p. 8

to assess systematically the outcomes of treatment. Present plans call for future quantitative evaluation of treatment outcome and program impact to be done in-house by the administrative staff rather than by outside consultants.

a. Data Sources

Data sources in the Walden House evaluations have been direct observation by the evaluation team and client survey using structured questionnaires. The principal investigator worked at Walden House for an extended period and became intimately familiar with the staff and clients who were in treatment at that time. His observations and personal assessments of client change should therefore be especially useful.

Additional data that would have been useful to Walden House's evaluation efforts include: client data from other sources to compare with and augment their survey data, baseline data describing the clients' environments, and baseline data and comparative literature describing other treatment programs and modalities.

b. Validity of Data

The validity of data is difficult to assess. There has been a traditional feeling that client-provided data can be unreliable, especially with regard to arrest and drug history. However, this problem may have been reduced by the evaluator's intimate familiarity with the clients. This latter approach may be quite useful for treatment but cannot form a standardized basis for reporting of many projects to a higher governmental agency. It is intended that outside data to verify some of the conclusions will be obtained from criminal justice files.

c. Use of Data

Data used in the evaluations were usually presented in the

form of frequencies or counts of clients in various client attribute levels. These counts and related percentages were displayed in illustrative lists or tables of attributes or in contingency tables, and references were made to them in the evaluation text.

d. Methodology

Two client samples were randomly selected, one for each evaluation. The basic method of approach was then to describe the effect of treatment by testing for changes in client attributes as determined in pre-screening and follow-up interviews. For the first cohort (client sample for first evaluation) there were two follow-up interviews, one associated with the first evaluation and one associated with the second evaluation. For the second cohort (client sample for the second evaluation) there was one follow-up interview at least six months after the termination of treatment.

The statistical test used throughout both evaluations to test for before and after differences was Pearson's Chi-square test for consistency between samples.* That is, they were testing to see if before and after responses were representative of the same or different populations. If different, then a change was said to have taken place, and probably because of treatment. In their calculations, the Chi-square approximation was improved by the Yates Continuity Correction.**

The criteria for assigning subjects to different qualitative levels of some of the factors was not specific or objective. In the case of high-low frequency and intensity of drug use, it appears to

---

* M. Fisz, Probability Theory and Mathematical Statistics, 3rd Ed., New York, 1963, pp. 436-440.

** E.L. Crow, et al., Statistics Manual, Dover, New York, 1960.

have been subjective and related to the investigator's personal knowledge of the clients rather than to a measured frequency and amount of drugs used. This is not necessarily invalid with respect to showing a change in factors such as frequency of drug use. But, it is difficult to communicate what is high and what is low to others when a specific criterion has not been established.

The Chi-square approximation is not recommended for contingency tables in which some cell frequencies are small (less than 5).* Many of the contingency tables in the first two evaluations contain frequencies that are too small. In these cases, it may be more desirable to use an exact test.**

Also, we have been unable to match results for some of their calculations. For example, a conclusion in their second evaluation was that "there was an expected increase at the .001 level of confidence in the frequency of heroin use between the first and second follow-up" of the first cohort. It is assumed that this conclusion was drawn from the following table concerning the frequency of heroin as first choice drug:

	Follow-up 1	Follow-up 2
None-low	22	14
Medium-high	0	4
No response	0	4

Our calculations resulted in a Chi-square of 3.24 for the respondents

---

* Crow, op. cit.

** R.A. Fisher, Statistical Methods for Research Workers, 10th Ed., Edinburgh, Scotland, Oliver & Boyd, Ltd., 1946, Sec. 21.02.

using the Yates correction. This is significant at the .1 level rather than the .001 level and is highly questionable since the lower left cell frequency is zero. In other words, this test is not sufficient to statistically reject the null hypothesis that the frequency of heroin as drug of first choice for the cohort is the same for both of the follow-up interviews. It should be noted that the table given above erroneously had a zero in the upper right position, as presented on page 29 of the evaluation. If the calculations were made from that table with its error, differences noted in the level of confidence would be accounted for. However, similar inconsistencies have been noted in other comparisons, and many others remain to be checked.

More work has yet to be done in reviewing these evaluations. They contain much interesting and helpful information. They are commendable in that they have attempted to go beyond the purely descriptive and employ the testing of statistical hypotheses to show the impact of treatment at Walden House on both its clients and the community.

e. Value of the Evaluative Efforts at Walden House

The first evaluations provided valuable feedback to the administrative and treatment staff. They were used for program planning, they were read by all of the staff to provide a better understanding of their efforts and they were presented to clients in the form of seminars and were felt to be helpful there.

The principal investigator felt that if more funds had been available, he would have been able to provide additional methodological consultants, statistical consultation, and bigger samples to round out the effort.

III. CLUSTER CHARACTERISTICS AND PROGRAM MANAGEMENT

A. Common Objectives

While each project states its objectives in a different way, there is a commonality among basic objectives. Table 6 indicates objectives (either stated or implied) that form the basis of project operations. All of the programs direct efforts toward reducing criminal justice system involvement of their clients; reducing and/or eliminating drug use; improving job prospects and education; and generally improving social relationships of clients and graduates. With the exception of Camarillo, all of the projects would accept a reduction in drug use by a client as a positive step, even though all are ultimately aiming at complete abstinence. The Camarillo Family program would not accept anything short of abstinence as a success.

The supporting objectives more clearly differentiate among the various projects. Aquarian Effort, for instance, has shown a remarkable ability to create community awareness and to elicit financial and other support from the community. The program also directs considerable effort into prevention/education activities and in developing former users into useful workers in this field. Open Door, also an ambulatory program, has similar interests in prevention/education and development of community awareness and support. Camarillo is oriented toward a more basic role of developing understanding of psychosocial and physiological factors important in drug treatment and in providing the required expertise to other groups attempting to develop new drug treatment projects or programs. Sacramento Methadone and Walden House have an emphasis on accomplishing the core objectives.

Table 6

OBJECTIVES STATED OR IMPLIED

OBJECTIVES	Sacramento Methadone	Aquarian Effort	Camarillo	Open Door	Walden House
Reduction of CJS involvement	X	X	X	X	X
Reduction in drug use	X	X		X	X
Rehabilitation to drug-free life	X	X	X	X	X
Increase employment/education	X	X	X	X	X
Improved social relationships	X	X	X	X	X
Create community awareness and support		X		X	
Assist development of drug treatment modalities			X		X
Coordinate drug-free program and associated agencies				X	
Redirect users into drug abuse work		X	X		
Prevention/education		X		X	
Research in drug abuse	X		X		X

Walden House, with the assistance of local government, has been able to grow internally and thereby assist in meeting community needs.

B. Common Data Elements

The five projects have many similar objectives, so that it is to be expected that they would be interested in the same kinds of data for evaluation. However, the exact definitions of the data elements and the way they are collected generally vary from one project to another. There is a degree of commonality among many of the data elements as illustrated in Table 7. The table indicates "related" data elements among the five projects and compares them with data elements that appear in the CODAP system.*

Checkmarks that appear in the same row do not necessarily mean that the sources are collecting the identical information; rather, it means that there is a "lowest common denominator" of information running through the data elements. Thus "type new arrests" in CODAP is divided into "property crime," "violent crime," and "other arrests," whereas Camarillo breaks down crime into five specific categories. In this instance, the Camarillo data could be reformulated into the CODAP categories if desired.

A distinction must also be made as to when the data elements apply. Sacramento Methadone and the CODAP system data apply principally to current clients. Data reported by the drug-free projects (Walden House, Open Door, and Camarillo) apply principally to graduates and others that

---

* Client Oriented Data Acquisition Process, National Management Handbook, National Institute of Mental Health, February 1973.

CODAP is used here as a convenient initial basis for comparison since it does attempt to standardize definitions. This does not imply that the system meets all the state's needs or that the definitions will prove to be the most appropriate.

Table 7

COMMON DATA ELEMENTS (AS REPORTED TO CCCJ)

Units*	Sacramento Methadone	Aquarian Effort	Camarillo	Open Door	Walden House	CODAP
New arrests	X		X		X	X
Type new arrests			X			X
New arrests (frequency)	X			X		
Prior arrests	X			X	X	
New convictions	X		X			X
Prior convictions	X			X		
Parole/probation history	X			X	X	
Parole/probation on entry	X		X	X		X
Current parole/ probation	X					
Current employment	X		X	X	X	X
Type of current employment				X	X	X
Prior employment	X				X	X
Type of prior employment					X	
Current education	X		X	X	X	X
Current salary ($)	X		X			X
Public assistance					X	
Social adjustment	X		X		X	
Drug use by urinalysis (# of events)	X					X
Current average drug use (frequency)				X		
Current average drug use	X		X	X	X	X
Prior average drug use (frequency)				X		X
Prior average drug use	X		X	X	X	X
Type of current drug use				X	X	
Type of prior drug use				X	X	
Number of graduates (positive separations)	X	X	X			X

* Units are in terms of numbers of clients unless otherwise specified.

have terminated treatment. As will be noted in the table, Aquarian Effort does not report impact-related elements in its reports to CCCJ but is currently gathering data for the CODAP system. In subsequent paragraphs, Aquarian Effort will therefore not be discussed, but it may be assumed that they can provide data elements in CODAP. Also, for Sacramento Methadone and Camarillo, data elements are gathered for essentially the entire population being examined. For Open Door, Walden House, and CODAP, data elements are gathered for a sample of the population.

Sacramento Methadone, Camarillo, Walden House and CODAP report new arrest data in some form as a measure of performance. Only Sacramento Methadone and Walden House have been reporting both arrest data prior to and subsequent to entry into treatment (clients at Sacramento Methadone and graduates at Walden House). Reports of both these data elements are needed to measure impact of treatment on criminal behavior. Open Door reports prior criminal involvement of clients but does not report their status subsequent to entry into the program. All four projects give some indication of prior convictions and/or parole and probation status on entry to the projects. CODAP also requires an indication of probation/parole status on entry. Current number of clients employed is reported in a variety of ways by the four projects. All four projects report data on number of clients or graduates using drugs. Sacramento Methadone and CODAP report drug use based upon urinalysis; the others base estimates on questionnaires. For all four projects, there is either a report or an implicit assumption regarding drug use prior to entry. Open Door and Walden House provide a breakdown of the type of drug used by clients prior to and after treatment. Sacramento Methadone, Aquarian Effort, Camarillo and CODAP report the number of graduates and/or positive separations from

the projects. Open Door and Walden House do not indicate this data in quarterly reports to CCCJ.

C. Potential for Building a Program

A program is defined by CCCJ* as a primary segment of a functional criminal justice category, consisting of all projects that have common or closely related objectives. To build a program, projects must be developed that can meet the needs for appropriate services in a locality and in the State. For the cluster of five projects examined here to have the potential for building such a program depends upon the answers to several questions. Does the cluster span the range of treatment modalities needed to provide services to the entire range of client types? Do the staff types and training approaches represent the range required to provide the services? Do the levels of efficiency observed in the projects provide the basis for setting standards for performance in other treatment projects and other localities? Do the management and financial procedures and community relationships provide models for other programs? Do the evaluation techniques provide the necessary insight into the most effective evaluation strategy for various projects and for the State?

Work on these and other questions related to program development are currently under study as part of our evaluation. A preliminary examination has been made of the completeness of representation of the modalities of treatment and treatment environmental factors represented by the cluster. Again, as a point of departure, CODAP categories were used to describe client relationships, clinic environment, and treatment approach. The comparison for the cluster is given in Table 8. Client relationships, as defined in CODAP, refer to a client's schedule and status for treatment at the clinic (e.g., casual drop-in, inpatient, etc.). Clinic

* Request for Proposal for Cluster Evaluation, California Council on Criminal Justice, 1973.

Table 8

COMPARISON OF FEATURES OF PROJECTS IN CLUSTER

CODAP CATEGORIES	Sacramento Methadone	Aquarian Effort	Aquarian Effort Detox	Camarillo	Camarillo Detox	Camarillo Graduate Program	Open Door	Walden House Residences	Walden House Aftercare	Walden House Reentry
Client Relationships										
Casual drop-in		X					X			
Inpatient					X					
Residential			X	X		X		X		X
Outpatient	X	X					X		X	
Prison	X									
Clinic Environment										
Unscheduled		X					X			
Medical ward										
Psychiatric ward										
Live in/work in (non-hospital residence)			X							
Live in/work in (non-hospital correctional institution)										
Live in/work in (hospital residence)				X				X		
Live in/work out						X				X
Day care center										
Live out/work out	X	X					X		X	
Treatment Approach										
Detoxification			X							
Maintenance	X									
Slow methadone withdrawal	X									
Other chemotherapy										
Psychological/ psychiatric (primary)							X			
Medical/surgical (primary)										
Abstinent character restructuring				X						
Supervisory counseling		X				X	X	X	X	X
Other										

environment includes the clinic setting and the client's relationships to it (e.g., live in residential setting and works outside, etc.). Treatment approach includes primary treatment philosophy and technique prescribed by the clinic to clients (e.g., methadone maintenance, supervisory counseling, etc.).

The table indicates that the modalities included in the cluster cover most of the categories used in the CODAP system. There are, however, some categories not found in the cluster. With respect to clinic environment, medical and psychiatric wards of hospitals and correctional institutions are not represented. With respect to treatment approaches, there is no representation of a treatment program (other than detoxification) in which a chemical agent or medication other than methadone is prescribed as a primary part of drug treatment (e.g., antagonists).

It will also be noted that all programs with the exception of Camarillo (Family and Short Term) are listed under treatment approach as "supervisory counseling." This fact actually represents an inadequacy in the CODAP system since that system does not recognize the gradations of counseling performed in drug-free projects.

Appendix A

DATA COLLECTION GUIDES

Director's Interview

Staff Interview

Client Attributes

Community Relations Survey

DIRECTOR'S INTERVIEW

Our Goals

1. What modality is effective for what client?
2. What measures best monitor each of these functions?

1. What are your program goals?

2. What is your treatment philosophy? Your treatment goals?

   a) What is your view of the causes of addiction that your program can deal with?

   b) What are your criteria of the success or failure of a client?

   c) What types of clients succeed or fail?

   d) What is your attitude toward, and treatment of, recidivism?

3. What is your therapeutic approach?

a) The attitude and atmosphere of the program - permissiveness, etc.

b) The program structure - stages, etc.

c) Criteria for graduation.

4. What do you consider the most serious problems you have to deal with in meeting the objectives of your overall treatment program?

5. Do you measure client retention (that is, do you keep aggregate records of the length of time clients remain in your program)?

_____ Yes _____ No

6a. Do you conduct urinalysis tests? _____ Yes _____ No

For what drugs?

How often?

6b. What percent of your urinalysis tests (over a period of several months) are positive for heroin?

_____ %

For other drugs? _____ %

7. What is your treatment capacity? Outpatient _____ Residential _____

8. How many clients are now being treated in your program?

Scheduled _____ Post-Graduate _____

Non-Scheduled _____ Other _____

9a. Average number of visits per week by clients _____

9b. What is the average duration of these visits?

How much time is spent each week?

10. What percent of your clients are in the following treatment modalities:

Maintenance. . . . . _____ %

Detoxification . . . _____ %

Drug Free. . . . . _____ %

Other _____ _____ %

TOTAL 100 %

11. There are presently _____ clients in treatment.

a) Their average age is _____

Their ages range from _____ to _____

b) Approximate racial/ethnic breakdown is:

Black. . . . . _____ %

White. . . . . _____ %

Oriental . . . . _____ %

Chicano. . . . . _____ %

Other _____ _____ %

TOTAL 100 %

c) The percent of clients primarily abusing heroin is _____ %

Abusing other drugs _____ %

d) The percent referred from the criminal justice system is _____ %

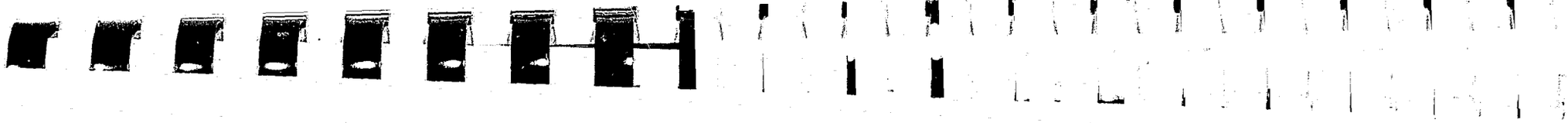
Do you record arrest history of each client (prior, during, after)?

_____ Yes _____ No

e) The average length of time clients have been in treatment is

_____ months.

f) What is the source of your information (e.g., recent analysis of client characteristics, estimate based on familiarity with clients, etc.)?



PROVIDER SERVICES

SERVICES	12a. Please describe services provided.*	12b. What fraction of staff time was spent on that service?
Individual Counseling		
Family Counseling		
Group Therapy		
Job Counseling, Training and Placement		
Education Services		
Medical Health Care		
Legal Services		
Social Services (welfare, housing assistance, etc.)		
Emergency Services		
Social/Recreational Programs		
Intake		
Outreach		
Administration		
Staff Training		
Community Relations		
Follow-up		

* D=Direct, R=Referral

SERVICES PROVIDED TO CLIENTS

SERVICES	13a. % of clients receiving this service.	13b. Number of encounters per week.	13c. Average Duration of encounter.
Individual Counseling			
Family Counseling			
Group Therapy			
Job Counseling, Training and Placement			
Education Services			
Medical Health Care			
Legal Services			
Social Services (welfare, housing assistance, etc.)			
Emergency Services			
Social/Recreational Programs			

14a. What services would you like to provide that you are currently unable to provide?

14b. Why are you unable to provide these services?

15a. Describe your outreach effort (type, magnitude)

15b. What are your referral sources?

15c. What arrangements with outside agencies do you have - social welfare, police, probation, etc. (Get names.)

16. Do any of the following characteristics affect admission to your program and, if so, in what way?

Characteristic	Description of Effect
Age	
Sex	
Residence	
Duration of Drug Use	
Type of Drug Used	
History of Emotional Illness	
Alcoholism	
Economic Status	
Employment Status	
Other	

17. What are your specific intake procedures? (Get copy of forms.)

18. Under what conditions would a client leave your treatment program? (Include program completions as well as dismissals for cause.)

19. What sort of follow-up activities, if any, do you conduct for clients who have graduated, dropped out or otherwise left treatment?

20. Discuss staff training, use of volunteers, clients, etc.

21. Approximately how many people are requesting treatment who cannot be admitted to your program? _____ Why?

22. Discuss major events (such as financial) that have caused major changes in capacity to treat clients.

23. What are your days and hours of operation?

24. Description of facility.

25. What is your staff turnover rate?

Average length of employment with you?

26. What are staff salaries?

27a. What client records do you maintain? (Ask for sample.)

27b. What is your philosophy about client records, their confidentiality, etc.?

28a. What funds were authorized for treatment last year? (CODAP definition)

28b. Do you charge clients for services?

29. What is your administrative structure?

30. How did you get started? Felt need? What assistance did you get? What more did you need?

Interviewee _____

Title _____

Interviewer _____ Date _____

STAFF QUESTIONNAIRE

Age _____ Sex _____ Race _____ Job Title _____

1. Length of experience:

   a) In this drug treatment program? _____ Years _____ Months

   b) In other drug treatment programs? _____ Years _____ Months

   c) Type of program

   d) Please describe other related experience and its length

      _____ Years _____ Months

2. Education and training (professional, paraprofessional)

   a) Number of years of school completed _____ Years

   b) Degrees held and major field (e.g., M.A. in psychology)

   c) Please describe any other formal or informal training.

3. How many hours per week do you work?

4. Which of the following activities did you perform during the past week? Please check as many as are applicable. How many hours per week do you spend at each?

	Hours per week
Client Intake	
Diagnosis	
Individual Counseling	
Family Counseling	
Group Therapy	
Job Training	
Job Development	

	Hours per week
Educational Services	
Medical Health Care	
Legal Services	
Emergency Services	
Outreach	
Supervision of Staff	
Management	
Clerical, secretarial, book-keeping, etc.	
Housekeeping, maintenance, security, etc.	
Maintaining client records	
Research and Evaluation	
Staff training - trainer	
Staff training - trainee	
Community Relations	
Staff Meetings - Program Oriented	
Social Services (housing, welfare, etc.)	
Client Follow-up or aftercare	

5. Please give the number and average duration of client contacts each week in the recent past.

6. Do you have a drug history? Please describe.

7. If you have an arrest or incarceration history, describe it briefly.

Additional comments on your work, problems, needs:

CLIENT ATTRIBUTES

1. Name of Client
2. Center Chart No.
3. Date of Birth
4. Social Security No.
5. Race/Ethnicity
6. Sex
7. Education Level
8. Date Entered Program
9. Date Terminated Program
10. Reason for Termination
11. Employment Status upon Entering Program
12. On welfare when entered program?
13. Referral Source
14. No. of times in this program
15. No. of times in another program

] No. of times tried to kick habit

16. No. of prior arrests (according to client)
17. No. of prior arrests (according to CII rap sheet)
18. Date of arrest(s) since 1 year prior to entering program
19. Type of crime(s) committed (refer to #18)
20. Months incarcerated (total)
21. No. of times incarcerated
22. Drugs used - indicate which one used first
23. Age or date of first use of each drug in #22
24. Age or date when began to use daily
25. No. of visits/week to center
26. No. of hours/day spent at center
27. Time/day spent on different activities at center
28. On probation or parole during treatment?

5. Race/Ethnic - H=Hispanic
B=Black
W=Non-Hispanic White
O=Oriental
X=Other

7. Education Level: Grade completed or - GS=Grade School completed
HS=High School or GED completed
C=College completed
PG=Post-graduate courses

10. Reason for Termination - G=Graduated
+=Positive Termination
-=Negative Termination

11. Employment Status - E=Employed
N=Not employed
PT=working less than 30 hrs/wk
FT=working more than 30 hrs/wk

13. Referral source - PAR=Parole
PRO=Probation
DIV=Diversion
COU=Other court or legal pressure
MED=referred by physician
TRA=Transferred from another program
COM=Community agency
OTH=other community source (school, clergy, newspaper, street, etc.)
FAM=family or friends
CLI=other client in program
SEL=self

19. Type of crime committed - copy or abbreviate from CII, probation or other official records.

21. Drugs used - HER=heroin
IME=illegal methadone
OPI=other opiates
BAR=barbituates, sedatives, tranquilizers
COC=cocaine
AMP=amphetamines and similar agents
HAL=hallucinogens
MAR=marijuana
MET=methadone (legal)
OTH=other
NON=no known drug problem
R=unknown drug problem
ALC=alcohol

27. Time/day spent on different activities at center

IC=individual counseling
GT=group therapy
WK=assigned work
FT=free time
MM=methadone dispensing
OT=other

Community Relations Survey

(All questions may not be appropriate for this agency.)

1. Name, agency, address and phone: _____

   _____

2. Position in agency:

3. Relationship of your agency to the project(s):

4. What specific assistance is supplied by you or by them to you (services, information, dollars)?

5. Is the arrangement a success? Is it working out?

6. Who are the clients and what are the services of the project?

7. In your view, what is the function of the project in the community?

8. Is the project well-known by its target population? Well thought of?

9. Are they well thought of by community leaders, the police and the courts?

10. How do educators, physicians and nurses, clergy, the community at large (and any other groups that come up) feel about them and their work?

11. Is there any portion of the population that needs treatment that is being neglected by the project?

12. What expansions or changes do you think would most help the project?

13. In your view, what drug abuse problems in the community are not being properly handled by anyone?

14. Do you think the project would be more effective if it were located elsewhere?

15. Is the project's funding adequate?

16. How does the project relate to other treatment projects in the community?

17. What other agencies in the community work with the project and what is their relationship?

18. If your agency has any referral agreements with the project please describe them. If they are written down, get copies.

19. How many people are referred to/from the project each month?

20. How is the referral documented?

21. How does the referral phsycially take place (e.g., drive the client to another agency)?

22. Have there been any significant exceptions to the referral agreement that you have with the project?

END