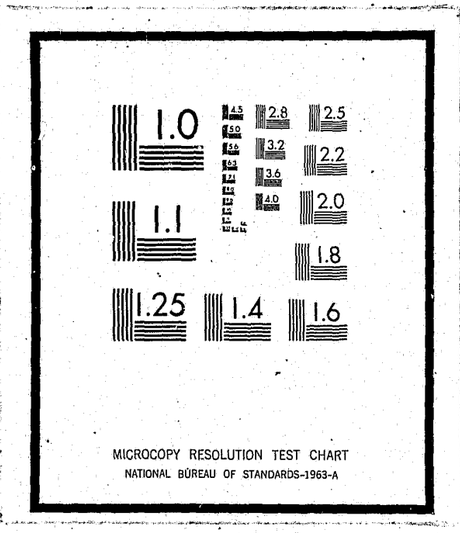

FINAL REPORT
EVALUATION OF THE PHILADELPHIA COORDINATING OFFICE
FOR DRUG AND ALCOHOL ABUSE PROGRAMS (PH-117-72A) Ph-188-73A

Submitted to:

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January, 1974

MAJOR EVALUATIONS UNDERWAY OR COMPLETED IN YOUR SPA

Project or Program being Evaluated:

Grant Title: Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs - PH-188-73A
(include grant number)

Grantee: Philadelphia

Brief Description: To take over & expand the functions of the Division of Addictive Diseases of the Office of Mental Health/ Mental Retardation.
(both project and evaluation effort)

Scheduled date of final Evaluation Report: 1/74

Person to contact concerning the Evaluation:

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If completed, is Evaluation Report on file with NCJRS? _____yes _x_ no

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Please mail completed form to:

Keith Miles
Office of Evaluation
LEAA-NILECJ
Department of Justice
Washington, D.C. 20530

SECTION I. EXECUTIVE SUMMARY

A. Project Goals and Activities

The Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP) was established by the Mayor of Philadelphia and initially funded by the Governor's Justice Commission as of January 1, 1973. CODAAP was created to take over and expand the functions of the Division of Addictive Diseases of the Office of Mental Health/Mental Retardation. CODAAP's stated goals for fiscal year 1973-74 are as follows:

1. A reduction in criminal activities by heroin addicts directly attributable to the increased availability of improved treatment services.
2. A significant increase in the number of treatment facilities, at the same time bringing services up to an optimal level of delivery.
3. Establish an effective system of funding procedures.
4. Insure a significant increase in the professional capabilities of program staff through in-service training, workshops and seminars.
5. Develop an increase in the public awareness of the problem and an awareness of the response to the problem.
6. A significant increase in education and prevention activities.
7. A planned and coordinated approach to the problem.
8. A higher degree of community participation in all areas of drug and alcohol treatment and rehabilitation.

9. An ongoing system of evaluation and feedback.

10. The ongoing availability of a pool of technical experts to give technical assistance to community-based programs in the areas of program development, evaluation, fiscal matters, education, prevention, and rehabilitation.

11. Effective and ongoing communication between agencies and programs.

In order to achieve its goals CODAAP has developed its activities in four major areas as follows:

1. Secondary and Tertiary Prevention

   a. Direct service delivery

   b. Coordination of existing treatment programs

   c. Monitoring of and technical assistance to existing treatment programs

   d. Location/generation of training resources for drug treatment program personnel

   e. Improvement of funding apparatus and procedures for all prevention programs

   f. Location/development of vocational training, job development, job placement resources

2. Primary Prevention

   a. Development of and assistance to drug abuse prevention education programs

   b. Dissemination of drug treatment information to community-at-large

3. Central Medical Intake

   a. Development of a detailed plan for a city-wide central medical intake facility for drug treatment programs

4. City-wide Evaluation Plan

   a. Development and implementation of a monthly drug treatment program staff and client census

   b. Evaluation of twenty-seven (27) individual drug treatment programs

   c. Collection of data on treatment program client population, drug deaths in Philadelphia, City Methadone Programs, client flow, etc.

B. EVALUATION Activities → Insert A p. 21 - Insert B Pay Scrubbers Insert C p. 24

C. Project Results

The results of CODAAP efforts during the 1973 Program Year include:

1. Available drug and alcohol treatment capability more than doubled

2. Six new drug prevention education programs (four of them major, city-wide programs) developed and operational where no such programs previously existed

3. 30-40 drug and alchol treatment program representatives meeting monthly with permanent executive committee and ad hoc planning committees

4. Committee of prevention education people actively engaged in planning prevention education program coordination

5. Bi-monthly meetings of drug treatment program directors and weekly meetings of methadone clinic directors
6. Expansion of drug treatment program services city-wide to include vocational, educational and family counseling services
7. Simplified and locally assisted funding application procedures

Little or no significant results were discerned in the areas of treatment staff training, ongoing program evaluation and feedback systems, increased public awareness, reduced criminal activity by heroin addicts.

D. Conclusions

CODAAP has made significant progress in the achievement of the majority of its goals and has gained wide acceptance by drug and alcohol programs as a valuable resource and respected leader and advocate. Respect gained due to control over large amounts of program funds, however, may tend to obscure the following areas of weakness:

1. Over-emphasis on the creation of new programs and expansion of existing programs to the exclusion of improving program quality and effectiveness
2. Lack of results in the area of program staff training in the face of increasing need
3. Lack of information on treatment outcomes and needs on which to base treatment expansion decisions

4. Lack of information on technical assistance intensity, nature and results on which to base utilization of assitance resources decisions
5. Lack of participation by treatment program line staff and clients in city-wide treatment planning and coordination mechanisms.

E. Recommendations

On the basis of the above conclusions it is recommended that CODAAP be continued at its present level of funding subject to the following conditions:*

1. That CODAAP staff man/hours devoted to assisting in the development of new treatment programs and expansion of existing programs be matched by equal man/hours devoted to assisting in the development of treatment staff training programs and the collection and analysis of information on existing program treatment outcomes and needs.
2. That CODAAP staff time devoted to the provision of technical assistance (other than proposal preparation and funding assistance) be matched by an equal amount of time devoted to the systematic recording of the intensity, nature and results (in terms of degree of resolution of problem or need addressed) of the assistance provided.
3. That CODAAP seriously encourage the Forum, prior to its development of specific strategies for corporate action, to include on its working committees representatives of drug and alcohol treatment program line staff and clients.

*Because the project is already implementing or planning to implement these recommendations, conditioning the approval seems unnecessary.

4. That CODAAP funds presently committed to the sub-contract for consultant services to provide monthly treatment client census data be redirected to in-house research and evaluation client census capability.

STOP !

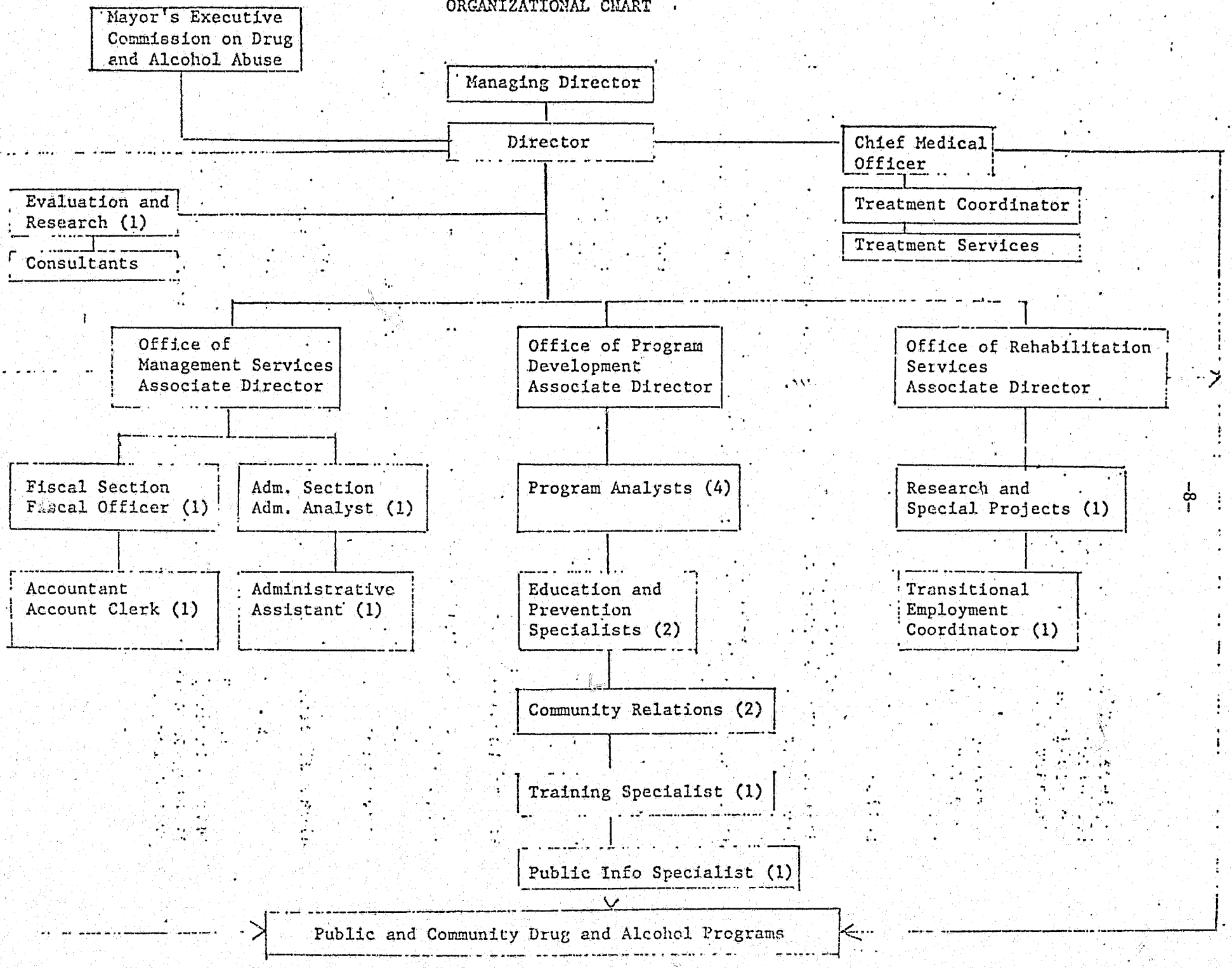
SECTION II. PROJECT ACTIVITIES

A. Project Description

The Philadelphia Coordinating Office for Drug and Alcohol Abuse Programs (CODAAP) was established by the Mayor of Philadelphia on January 1, 1973. CODAAP was created to take over and expand the functions of the Division of Addictive Diseases of the Office of Mental Health/Mental Retardation. The creation of CODAAP, located in the Managing Director's Office, was an attempt to direct greatly increased resources and effort at the expansion and improvement of drug abuse programming in Philadelphia. CODAAP's stated goals for fiscal year 1973-74 are as follows:

1. A reduction in criminal activities by heroin addicts directly attributable to the increased availability of improved treatment services
2. A significant increase in the number of treatment facilities, at the same time bringing services up to an optimal level of delivery
3. Establish an effective system of funding procedures
4. Insure a significant increase in the professional capabilities of program staff through in-service training, workshops and seminars
5. Develop an increase in the public awareness of the problem and an awareness of the response to the problem
6. A significant increase in education and prevention activities
7. A planned and coordinated approach to the problem
8. A higher degree of community participation in all areas of drug and alcohol treatment and rehabilitation

Figure 1. COORDINATING OFFICE FOR DRUG AND ALCOHOL ABUSE PROGRAMS
ORGANIZATIONAL CHART



9. An ongoing system of evaluation and feedback

10. The ongoing availability of a pool of technical experts to give technical assistance to community-based programs in the areas of program development, evaluation, fiscal matters and in the areas of education, prevention, and rehabilitation

11. Effective and ongoing communication between agencies and programs

Figure 1 shows the organizational structure developed by CODAAP to implement these goals. In order to achieve its goals CODAAP has developed activities in four major areas as follows:

A. Secondary and Tertiary Prevention

Since the beginning of its operation in January 1973, CODAAP has developed a wide-range of activities in the area of secondary and tertiary prevention. Specific types of activity called for under CODAAP's stated goals in this area included: 1) direct service delivery through the administration of its own drug treatment programs, 2) development of regular communication between representatives of all drug treatment programs in Philadelphia, 3) monitoring of and provision of technical assistance to all drug treatment programs in Philadelphia, 4) identifying and encouraging utilization of existing resources and sponsoring and encouraging the development of new resources for the training of drug treatment program staff, 6) identifying and facilitating utilization of vocational training resources for clients completing drug treatment programs, 7) generation of new vocational training resources for clients completing drug treatment programs. We will discuss CODAAP's progress with each of these specific types of activities separately, focusing on process and problems.

1. CODAAP's direct delivery of drug treatment services is carried out through its administration of five treatment programs: two city methadone maintenance clinics (inherited from CODAAP's predecessor, the MH/MR Addictive Diseases Division), the Treatment Alternatives to Street Crime (TASC) criminal justice system divisionary program, the Adolescent Drug Abuse Prevention and Treatment Program (ADAPT), and the Model Cities multi-modality drug treatment program. Two CODAAP staff members, the Treatment Services Coordinator and his Administrative Assistant are assigned full time to these programs. According to the Treatment Services Coordinator, most of their effort is directed at day-to-day legal, management and staff support problem solving for the two City Methadone Clinics. In addition, the coordinator has recently been spending about 6-8 hours a week visiting the TASC Program conducting interviews and reviewing records in order to evaluate their performance. There appears to be little active involvement in the ADAPT or Model Cities programs at the present time on the part of these staff members. Moreover, the Treatment Services Coordinator indicated that little use was made of weekly urinalysis and daily client flow data from the City Methadone Clinics by the CODAAP Research and Evaluation Specialist--in fact the client flow data is not even tabulated. The weekly urinalysis results are reviewed by the Research and Evaluation Specialist for unusual trends, and by the Methadone Clinic counselors for indications of need for action on a case. However, no one appears to be studying or analyzing

this data--or any other program data--on direct service delivery programs for purposes of ongoing evaluation and planning. The coordinator preferred to focus on issues such as staff and client morale and trust, which he felt could best be measured by personal observation and informal interview.

2. CODAAP's efforts in the area of coordination of existing drug treatment programs in Philadelphia consist primarily of the organization and continuing support of a "forum" of treatment program directors or designated representatives. This "forum" has been meeting monthly since April 1973. From 30-40 agencies in the Philadelphia area engaging in the treatment of drug and alcohol abusers are regularly represented at these meetings. Among these, a wide variety of treatment modalities is represented, including most of the major methadone programs, therapeutic communities, hospital programs and outpatient counseling and rap programs. Over the Spring and Summer the "Forum's" principle efforts were directed at getting to know one another and informally sharing information and concerns. In September work was be gun on developing a permanent structure and identifying major treatment problems and concerns for corporate action. The CODAAP Director has regularly attended "Forum" meetings, reporting on CODAAP activities and providing information and ideas when requested. In addition CODAAP's Training and Organizational Development Specialist has provided extensive assistance to the "Forum" in identifying and defining its priorities.

3. Four CODAAP Program Analysts operating under the Associate Director, Office of Program Development and Implementation, are engaged in program planning, development, proposal review, monitoring, evaluation, "trouble-shooting" activities, Each Program Analyst is assigned to work with specific programs that have requested CODAAP's assistance. The Program Analysts determine their own activities on the basis of the particular needs of the programs assigned. A principle area of activity has been the development, review and revision of program funding grant applications. As a result of staff turnover(two Program Analysts have left CODAAP since July) and administrative "red tape" delays in recruiting and hiring, CODAAP has been operating with only three ful time Program Analysts during much of the past program year.

Up to November 1973 there was no systematic record keeping or reporting by Program Analysts of the quantity or type of technical assistance provided to treatment programs. As a result of CSPCD Interim Evaluation Report recommendations, a system of weekly recording of Program Analyst activities was developed and has recently been installed. This system should provide (as of December 1973) regular detailed information on the scope, nature and immediate impact of CODAAP monitoring and technical assistance efforts with individual treatment programs.

4. CODAAP activities in the area of locating and/or generating training resources for treatment personnel have included: 1) the conduct of workshops for CODAAP and city methadone clinic staff by the Training Specialist dealing with analyzing and improving communication, intergroup functioning, problem solving and leadership; 2) provision of in-service training in program management and accounting skills to individual treatment and prevention program personnel by the Office of Management Services; 3) assistance to two local agencies in the development of innovative drug prevention education training programs for school teachers and administrators and community leaders by the Education and Prevention Specialists; 4) arrangement with SAODAAP to have a Washington, D. C. consultant firm (Addiction Consultation and Evaluation) conduct intensive, short-term staff training courses in drug abuser identification, evaluation and treatment techniques within selected drug programs in Philadelphia (including to-date the Jewish Employment and Vocational Services Drug Program, Model Cities Drug Programs and TASC); 5) support of the Minority Educational and Group Training Laboratories in the development of proposals for a Drug Treatment Training Center in Philadelphia; 6) referral of individual staff members from treatment programs requesting training to training programs conducted by Jefferson Hospital.

5. CODAAP activities in the area of the improvement of drug and alcohol abuse prevention program funding procedures consist of:
   a. the development of arrangements with SAODAAP whereby a single program grant application submitted to CODAAP can be transmitted to several potential federal funding agencies or the one agency deemed most appropriate without the previous delays and duplication of proposal writing efforts
   b. the provision of direct, technical assistance in grant application preparation to more than 30 different agencies seeking to implement drug and/or alcohol abuse prevention programs
   c. the securing of state funds for local drug and alcohol prevention programs
   c. the provision of local matching funds required by federal and state funding agencies where needed programs could not provide a matching share
6. CODAAP activities in the area of drug treatment client vocational training and placement have focused on the development of 100% federally funded "JOBS" element through which job-ready ex-addicts are referred for vocational training and placement. This activity has recently been expanded from the work of a single "JOBS" Coordinator to the CODAAP Office of Rehabilitation Services with three full-time staff members.

   The Office of Rehabilitation Services has developed rigorous criteria for "job-readiness" by which drug treatment program "graduates"

are selected for "JOBS" placement. In addition Rehabilitation Services staff consult with the vocational counselors at individual treatment programs as well as assisting and supporting "graduates" placed in the work environment.

The Office of Rehabilitation Services has displayed maximum effort in a difficult area. The following list of problems illustrates the magnitude of the difficulties:

a. There are no employment and/or vocational facilities geared to the ex-addict, with the exception of the Bureau of Vocational Rehabilitation's "Behavioral Disorder Unit," which accepts ex-addicts provided they are not defined as such

b. Blue collar jobs are not available at the present time, although entry level white-collar jobs can be found, such openings are often not suitable for the ex-addict

c. There is a "credibility" problem, in that potential employers are skeptical of ex-addicts' motivation and capabilities

d. Counselors at work in individual treatment programs often lack the skill and interest to motivate ex-addicts to seek stable employment, instead, attention is focused on the addicts' immediate preoccupations

As a partial solution to these difficulties, the Office of Rehabilitation Services has initiated a "supportive work program," under the auspices of the Lower Kensington Environmental Center. The supportive work program is designed to provide subsistence, on-the-job training,

and work history, for the "riskier" type of ex-addict whose adjustment to work might be difficult. Work is now underway with several local agencies to develop more supportive work programs for drug treatment program "graduates."

In addition the Office of Rehabilitation Services has begun activities in the areas of opening up more existing vocational training resources to "ex-addicts," coordinating and facilitating the referral of drug treatment program "graduates" to a variety of existing manpower training programs, developing on-the-job training opportunities for drug treatment program "graduates" in local small businesses, developing evaluation and research on the needs for and impact of vocational services for addicts in treatment.

B. Primary Prevention

In its Community Education, Relations and Training Unit, CODAAP initially undertook a variety of innovative and far reaching actitivites directed at bringing about significant improvement in drug prevention education programming in Philadelphia. In addition, to a full-time director, this unit was staffed by three professionally trained and experienced education specialists. In addition, the unit acquired three students as full-time volunteers through the University Year of Action program, the half-time services of a member of the City Medical Examiner's Office, and a full-time Public Information Officer. Also one CODAAP Program Analyst was assigned to work with the unit on a full-time basis.

Since CODAAP's inception in January 1973, the unit's activities have included:

1. 21 direct presentations in six high schools and four elementary schools throughout inner city Philadelphia reaching approximately 1600 students and 90 teachers
2. 46 meetings and/or discussions with 14 different community groups and organizations throughout Philadelphia concerning needs for drug treatment facilities and problems and possibilities for developing or acquiring such facilities
3. 113 consultation and technical assistance contacts with 24 different agencies in Philadelphia engaged in/or attempting to develop prevention education activities
4. Establishment of and organizational assistance to a "Forum" of respresentatives from drug prevention education programs in the Philadelphia area to develop mechanisms for the coordination of prevention education prevention education efforts. Some 35-40 such representatives have become involved in this "Forum" and planning committees have been established
5. Preparation of draft "guidelines" for the development and measurement of community involvement in the support of drug treatment programs, and guidelines for the development of school-based prevention education programs
6. Arrangement of press and TV coverage of major new drug prevention and treatment efforts. CODAAP is presently negotiating with a

local TV channel for a media campaign to inform the public about drug treatment (focus on the impending opening of the CODAAP Central Medical Intake program)

7. Publication and distribution of an initial issue of a drug prevention, interagency newsletter entitled "Drug Watch"
8. Preparation, publication and distribution of an extensive directory of drug treatment resources in Philadelphia

C. Central Medical Intake

The Central Medical Intake phase of the CODAAP program-development activities is proceeding in a satisfactory manner. In fact a highly detailed CMI Plan was completed in September and is expected to be funded and operating by mid-March 1974.

1. The CMI components include:
   a. criteria and procedures by which rational referrals of clients to drug treatment programs can be made
   b. a city-wide roster of treatment agencies, categorized by treatment modality and other relevant program criteria
   c. the selection of an appropriate physical location (a suitable facility has not been secured) and the identification of qualified staff
   d. the development of intake, diagnostic, and follow-up mechanisms and procedures and relevant research and record keeping instruments in keeping with the goal of processing drug clients within a three-four hour period at the CMI

Additionally, the CODAAP CMI Planner has formulated plans for a "holding facility" in which clients who are not referred within 48 hours can be lodged. An additional facility for which plans are being formed is a "special problems clinic" to which clients with especially difficult socio-medical difficulties can be referred.

The CMI will provide the capability to refer and track roughly one-third of the addicts in treatment in Philadelphia at a given point in time. Approximately 4000 treatment slots are known to the CMI planning staff at this time, based on the development of lists of treatment facilities in Philadelphia.

In summary, the CMI's design includes the capability for diagnostic work (medical, psychological, drug epidemiology, etc.) and immediate referral of drug clients, rationally matched to treatment programs.

D. City-wide Evaluation Plan

While CODAAP has not been directly engaged in the development of a city-wide evaluation plan, the following efforts have been made in the area of drug treatment program evaluation:

1. The CODAAP Research and Evaluation Specialist is presently completing the write-up of a detailed, city-wide drug treatment patient census showing what people are getting, what kinds of treatment, where, by specified demographic characteristics. This will be a first of its kind in Philadelphia. In addition, he is conducting an ongoing research project on the causes, patterns and implications of drug related deaths in Philadelphia

2. CODAAP has sub-contracted to the Medical College of Pennsylvania and Hospital, Department of Psychiatry, Section on Drug and Alcohol Abuse to conduct individual program evaluations on 27 drug treatment programs serving Philadelphia clients. This evaluation will focus on the nature and effectiveness of program goal formulation and implementation processes as parts of a city-wide drug treatment system--two complete rounds of site visits will be made, one in January and a second in April with a final report to be submitted in June 1974. This group has also developed an ongoing, monthly census of drug treatment patients and staff in the same 27 treatment programs.
3. The Governor's Council on Drug and Alcohol Abuse is presently developing instruments and procedures for a uniform system of client intake and follow-up information collection in all drug treatment programs in the state. CODAAP will implement this system in Philadelphia when it has been tested and refined, probably not before January of 1974.
4. Through CODAAP the city has contracted with Creative Socio-Medics of New York for a recently completed computerized client data recording and tracking system for the two CODAAP City Methadone Clinics.

SECTION III. EVALUATION ACTIVITIES

Insert A

This evaluation of CODAAP covers the Program Year January through December 31, 1973. During this period, the Center for Social Policy and Community Development (CSPCD) carried out the following evaluation activities:

1. Between January 1 and June 30, 1973 a series of meetings were held with the CODAAP Project Director and administrative and research staff to clarify CODAAP goals and objectives, determine the extent and nature of CODAAP program planning and development, and to develop a plan for the ongoing evaluation of CODAAP performance and impact. As a result of these meetings an extensive CODAAP Evaluation Plan was developed by the CSPCD.
2. Between August 13 and August 24, 1973 a series of evaluation visits were conducted by a team of CSPCD evaluators to CODAAP, the CODAAP Evaluation Consultants at EasternPennsylvania Psychiatric Institute, and the Greater Philadelphia Drug Abuse Council. Interviews were conducted with 12 CODAAP staff members, 4 Evaluation Consultant staff members at EPPI and the Executive Director of the Greater Philadelphia Drug Abuse Council. Information on CODAAP performance, progress and problems was collected and analyzed and an Interim Evaluation Report prepared.
3. Between November 27 and December 14, 1973 a second series of evaluation visits was made by CSPCD evaluators to CODAAP, the CODAAP Evaluation Consultants at EPPI and the Forum (an organization of some 40-50 drug

and alcohol abuse prevention and treatment agencies in the Philadelphia area developed by CODAAP). Again many interviews were conducted, recorded information was collected and a CODAAP effectiveness evaluation questionnaire was administered to Forum members (see Attachment 1.). Dificulties encountered during the conduct of the above activities, which seriously limit our ability to draw sound evaluative conclusions on the effectiveness of CODAAP operations, are as follows:

1. The evaluation of CODAAP outcomes with respect to its goal of improving the quality of drug abuse treatment in Philadelphia could not be made, since mechanisms for the collection of treatment outcome data (e.g., data on increases/decreases in number of clients "successfully" completing treatment) called for in the Evaluation Plan were never established due to client confidentiality requirements, and lack of a city-wide treatment information system capability.
2. The evaluation of CODAAP outcomes with respect to its goal of increasing the availability of drug treatment in Philadelphia could not be made with any accuracy, since the only data available or collected regularly for treatment availability measurement (monthly treatment population census data collected by the CODAAP evaluation consultants at EPPI) was misleading due to methodological problems in its collection (i.e. double counting of clients referred from one program to another, conflicting criteria for who should be considered "in Treatment").

3. The evaluation of CODAAP outcomes with respect to its goal of reducing criminal activities by heroin addicts directly attributable to the increased availability of improved treatment services could not be measured due to the absence of any definitive statistics on criminal activity by heroin addicts in 1973 and the impossibility of establishing any statistically significant causal connection between criminal activity by heroin addicts and availability of treatment services. A general indication of change in criminal activity by heroin addicts is suggested by TASC statistics on morphine positive results of urinalysis tests administered to arrested persons in Philadelphia during 1973.
4. The evaluation of CODAAP effectiveness with respect to the improvement of existing drug treatment programs through the provision of a variety of coordination and technical assistance services (as perceived by the treatment programs themselves) is greatly limited by CODAAP and their results. Neither CODAAP nor the programs kept records of services provided, and recollections of such services and their results were generally very vague and inconsistent. Only 11 of 41 questionnaires on the effectiveness of CODAAP services distributed by the CSPCD to representatives of drug prevention programs in the Philadelphia area were completed.

As a result of the above listed difficulties, most of the information for this evaluation report is based on the perceptions and recollections of CODAAP staff and related agency administrators interviewed by CSPCD.

Insert C

[Because of

evaluators. ~~In~~ the absence of hard outcome and effectiveness measures, ~~our~~ evaluation findings are focused primarily on CODAAP capability and performance during the past program year.]

SECTION IV. PROJECT RESULTS

In this section we will discuss the results or outcomes of the activities described in Section III. above in relation to CODAAP's originally stated goals or "Results Anticipated." Each stated goal and the related project results will be dealt with separately.

1. Stated Goal

a reduction in criminal activities by heroin addicts directly attributable to the increased availability of improved treatment services

Project Results

In the absence of official police arrest data for 1973 (the initial year of CODAAP operation and period covered by this evaluation) the only available data suggesting the extent of change in criminal activities by heroin addicts during this period is the results of urinalysis testing of selected persons arrested in Philadelphia in 1973 collected by the TASC Program. While the rate of incidence of morphine positive results (indicating recent heroin use by arrested persons tested) varied erratically from week to week in a range of 13% of those tested to 17.8% of those tested, the average monthly rate from June through November 1973 remained relatively constant at 15.7%. This statistic suggests no significant change in the numbers of arrestees found to be

using heroin during the initial year of CODAAP operation. This in turn suggests that within the extreme limits of the available data (e.g., morphine positives are not necessarily heroin addicts, the persons tested by TASC are not necessarily representative of all persons arrested, the persons arrested are not necessarily representative of persons engaged in criminal activities) no measurable results can be seen in the reduction of criminal activities by heroin addicts. However, the attribution of this seeming lack of measurable results to any inadequacy on the part of CODAAP would be highly questionable, since CODAAP's efforts as a coordinating and technical assistance program are only indirectly related (through treatment programs with which they work) to treatment results and can reasonably be expected to take more than an initial year of program operation to begin showing results at the level of treated addict criminal behavior. Moreover, recent studies (Rosenthal et. al., 1973) inidicated that for the majority of heroin addicts in treatment there is no significant relationship between their heroin addiction and treatment and their involvement in criminal activity; which further suggests that the reduction of criminal activity may not be an appropriate goal area or evaluation measurement for drug treatment programs.

2. Stated Goal

a significant increase in the number of treatment facilities, at the same time bringing services up to an optimal level of delivery

Project Results

Information collected clearly shows a significant increase during the 1973 program year in the humber of drug treatment slots available in Philadelphia for a variety of treatment modalities. For example, during this period outpatient methadone treatment capacity increased by 1,135 slots or 51%, outpatient drug-free treatment capacity increased by 550 slots or 37%, and therapeutic community treatment capacity increased by 215 slots or 107%. This increased treatment capacity is directly related to CODAAP efforts over this same time period as illustrated by figure 2. listing drug and alcohol programs funded through CODAAP in 1973. Note that 13 of the 23 drug treatment programs listed were new programs initiated by or with the assistance of CODAAP. Moreover the ten drug treatment programs developed prior to CODAAP all received CODAAP assistance in expanding and/or redirecting program emphasis toward community needs in their 1973 continuation grant applications.

CODAAP results in bringing services up to an optimal level of delivery are somewhat less impressive, particularly in the area of outpatient methadone treatment. For example, of 2,225 outpatient methadone slots available in August 1973, a CODAAP contracted treatment population census indicates that only 1,318 clients were in treatment, leaving 907 slots or 59% vacant. Treatment population census figures were not available beyond August, however past

FIGURE 2. Drug and Alcohol Programs Funded through CODAAP in 1973:
(includes federal, state and city grants awarded to CODAAP for specific programs listed).

Prevention Education Programs

*1. Philadelphia Bar Association Chancellor's Drug Commission
*2. Shalom/Operation Discovery
*3. Association for Jewish Children
*4. Minority Community Training
*5. Institute for Human Behavior
*6. Crime Prevention Association

Alcohol Programs

-1. Southeast Neighborhood Health Center
*2. City Troubled Employees
*3. Interim House
*4. Veritas House
*5. Alcohol Safe Driving Program

Drug Programs

-1. Jefferson Hospital Methadone Treatment Unit
*2. Jefferson Hospital "Transition"
-3. The Bridge
-4. Philadelphia Psychiatric Center
-5. St. Luke's Hospital Methadone Treatment Unit
*6. Horizon House
*7. HELP, Inc. (received federal grant through CODAAP)
*8. North Central Community Mental Health Center
*9. Jewish Employment and Vocational Services (Drug Program)
*10. Gaudenzia, Inc. (50 patients funded by CODAAP)
-11. Philadelphia Probation Department
-12. Veterans Administration Hospital
*13. Philadelphia Prisons Addictive Diseases Treatment Program
*14. Post Prison Release Addictive Treatment Program
*15. Adolescent Drug Abuse Program (ADAPT)
-16. Philadelphia City Methadone Treatment Units (2)
*17. Philadelphia Central Medical Intake
*18. CODAAP Employment Division - JOBS for Rehabilitated Addicts
-19. Treatment Alternatives to Street Crime (TASC)
*20. Philadelphia Drug Treatment Center (Methadone Clinic formerly part of TASC)
-21. The Road
*22. Operation Turning Point
-23. Model Cities Programs Sub-contracted to CODAAP(DRC,Lower Kensington,Gaudenzia)

FIGURE 2 continued: Drug and Alcohol Programs Funded through CODAAP in 1973

Combined Drug and Alcohol Programs

-1. Diagnostic and Rehabilitation Center
(MH/MR, FSG, Public Inebriate, Expanded Drug, Einstein)
-2. West Philadelphia Mental Health Consortium

* Programs initiated through CODAAP or with CODAAP assistance
- Programs developed prior to CODAAP receiving continuation/re-programming funding and/or assistance through CODAAP

trends in treatment population patterns indicate that vacancy rates in outpatient methadone treatment tend to decline markedly as cold weather sets in and vacation time ends. Nonetheless continuing significant vacancy rates in outpatient methadone treatment facilities combined with the large number of new methadone treatment slots opened up through CODAAP efforts in 1973 suggest an overemphasis of effort in the methadone treatment area inconsistent with treatment seeking patterns and the CODAAP optimum service delivery goal. Optimum service delivery levels appear to have been reached in both outpatient drug-free and therapeutic community treatment. Particularly significant is the increase in the range of services offered by such treatment programs. For example, new and expanded programs funded in 1973 have added vocational, educational and family counseling services. In addition the geographical distribution of new and expanded treatment programs has resulted in a more balanced coverage throughout the city.

3. Stated Goal

establish an effective system of funding procedures

Project Results

While no single system of funding procedures for drug and alcohol prevention programs in Philadelphia has been

(or could reasonably be expected to have been) established by CODAAP in its initial year of operation, some significant results in the simplification and coordination of funding procedures have been achieved. For example, through CODAAP's affiliation with the Special Action Office for Drug Abuse Prevention at the federal level and the Governor's Council on Drug and Alcohol Abuse at the state level, funds for drug and alcohol programs formerly distributed locally through approximately 12 different agencies with widely differing funding grant application formats, regulations and procedures are now distributed through a single, local agency (CODAAP). Grant application procedures have been thus simplified and routinized. Direct and timely assistance in meeting varying agency formats and regulations is now available locally to groups and organizations seeking funding. Lag time between submission of initial grant applications and approval of funding has been reduced in many cases from the usual 3-6 months to 1-2 months. While drug and alcohol program funds available through CODAAP are still by no means adequate to meet the program needs of Philadelphia, 36 different agencies operating more than 50 different programs were funded under the improved CODAAP funding procedures in 1973. Of 11 different drug and alcohol treatment agencies responding to a CSPCD Evaluation Questionnaire on the effectiveness of CODAAP services, 8 indicated that they received significant assistance from CODAAP in obtaining needed funds.

Nine of an additional 10 agencies interviewed informally by CSPCD evaluators stated that CODAAP assistance played an important part in their obtaining funds for the 1973-74 Program Year.

4. Stated Goal

insure a significant increase in the professional capabilities of program staff through inservice training, workshops and seminars.

Project Results

While a full-time CODAAP Training Specialist has devoted considerable effort to training related activities both within and outside of CODAAP, few results in terms of increased professional capabilities of program staff in Philadelphia are evident. The most significant results have come from the efforts of the CODAAP Prevention Education Unit in assisting two agencies in Philadelphia (the Institute of Human Behavior and Shalom/Operation Discovery) in developing major city-wide programs that are providing training to professional educators in public and parochial schools in introducing innovative educational techniques and approaches directed at drug abuse prevention. One or more professional educators in each of the parochial schools in Philadelphia and approximately 100 educators representing each of the eight public school districts in Philadelphia are now receiving such training.

According to the CODAAP Treatment Services Coordinator morale and inter-personal functioning of treatment staff in the two City Methadone Clinics has been improved significantly in part due to their participation in CODAAP training workshops.

According to the CODAAP Treatment Services Coordinator morale and inter-personal functioning of treatment staff in the two City Methadone Clinics has been improved significantly in part due to their participation in CODAAP training workshops.

Overall, however, results in this goal area are extremely limited. For example, of the 11 drug and alcohol treatment agencies responding to CSPCD evaluation questionnaires and 10 additional agencies informally interviewed, none indicated receiving any assistance in staff training through CODAAP. It should be noted, however, that CODAAP has secured the services of a professional drug training consultant in Washington, D. C., which has recently begun conducting staff training courses in three treatment agencies in Philadelphia and plans to expand this training into more programs in 1974. Also plans are being developed for the establishment of a drug training center in Philadelphia in 1974.

5. Stated Goal

develop an increase in the public awareness of the problem and an awareness of the response to the problem

Project Results

While CODAAP has made considerable effort in increasing public awareness through greatly expanded use of mass media and direct work with local community groups and organizations, actual results are hard to measure. At least 2,000 school teachers, students

and community people are known to have been reached with information on drug abuse problems and treatment response. Additional thousands of people have probably been reached through press coverage and radio and TV programs with such information. However, translating the transmission of information into the overcoming of public apathy, fear, misinformation and reluctance to admit or deal with drug problems is a far more difficult matter, probably requiring far more resources than are presently available to CODAAP for this kind of effort. The limited signs of the status of public awareness as a result of CODAAP efforts are not encouraging. For example an almost year long CODAAP effort in cooperation with several drug treatment agencies to develop major public support for the location of a treatment facility in the Germantown area (where drug addiction problem indicators are among the highest in the city and treatment facilities are almost non-existent) ended in giving up the project. Members of the CODAAP initiated Forum have recently identified public resistance to community-based drug treatment efforts as the most pressing treatment problem requiring Forum action.

6. Stated Goal

a planned and coordinated approach to the problem (of drug abuse)

Project Results

It can be said with fairness that in CODAAP's initial year of operation a planned and coordinated approach to "the problem" of drug abuse has not come into being in Philadelphia. The realization of such a goal is probably neither achievable (accept on a completely superficial bureaucratic basis) nor desirable, primarily because there is no such thing as a single "the problem" of drug abuse. Rather there are the problems causing and caused by drug abuse, which are as many and varied as there are drug abusers-from the impoverished, black teenager shooting up heroin to the wealthy businessman plying himself daily with martinis. It can be said, however, that in its initial year of operation CODAAP has, largely through the experience and understanding of its director and administrators, made significant progress toward the planning and coordinating on a city-wide basis of a number of different and equally necessary approaches to the problems causing and caused by drug abuse. Thus CODAAP has elected to act as a catalyst and technical assistance resource for bringing together drug and alcohol abuse prevention program practitioners to plan and coordinate differing approaches, rather than to act as a super drug and alcohol bureaucracy creating and imposing a single approach to a single "problem." CODAAP's progress in this effort consists of the initiation and ongoing support of the Forum (see Section III. A. 2. above) which for the first time in

Philadelphia is bringing together representatives from 30-40 agencies engaged in drug and alcohol abuse treatment on a monthly basis. The Forum has established a permanent Executive Committee to administer its affairs and an ad hoc committee to develop and recommend strategies for dealing with community resistence to community-based treatment facilities. The Forum conducted a successful, two-day retreat workshop for indepth identification and discussion of common treatment problems in October 1973. A second such retreat workshop has been requested and is being planned for the early Spring of 1974. The CODAAP Prevention Education Unit initiated a meeting of more than 30 people engaged in prevention education in Philadelphia. At this meeting it was decided to form a permanent Forum type primary prevention group, and committees were established to explore prevention education coordination needs.

CODAAP is also conducting bi-monthly meetings of all drug treatment program Project Directors in Philadelphia to share information, plans and problems. As a result of these meetings it has been agreed to develop vocational, educational and family counseling services in treatment programs not now providing them. Also CODAAP has been made aware of program needs for qualified staff and in some cases has been able to locate and recommend candidates to programs to fill staff vacancies.

CODAAP is conducting weekly meetings of all methadone clinic directors in Philadelphia in an attempt to improve and broaden services and deal with the problem of under utilization of treatment facilities.

8. Stated Goal

a higher degree of community participation in all areas of drug and alcohol treatment and rehabilitation

Project Results

As in 5. above, results in this goal area are contingent on the very difficult, long-term task of changing public attitudes. CODAAP efforts in community relations and edcuation have produced some progress as indicated by the fact that at the request of local community groups in the city CODAAP assisted in the development and funding of two new community-based drug treatment programs (The Bridge and the Road, both in Northeast Philadelphia) and two similar alcohol treatment programs (Veritas House and Interim House).

9. Stated Goal

an ongoing system of evaluation and feedback

Project Results

To-date the only results in this goal area have been the establishment of a system of monthly drug treatment client census reports by a CODAAP evaluation consultant (see Section III. B. 2. above). This system has been in operation since December 1972 and provides data on numbers of clients in treatment in 27 drug programs in Philadelphia broken out by age, race, sex and broad categories of treatment modality (not by individual program). Thus far this data has been of little use for evaluation or serious analysis purposes due to methodological and procedural difficulties in data collection.

The implementation of an ongoing system of evaluation and feedback by CODAAP would require the imposition on all drug and alcohol programs in the city of rigid requirements for client service and follow-up information collection, recording and reporting. It is felt by CODAAP administrators that to do this would require an inordinate amount of staff time better spent on providing needed assistance in the expansion and coordination of services, and would interfere with CODAAP's technical assistance and coordinating efforts.

CODAAP has contracted with an outside consultant to perform an indepth systems analysis of 27 drug treatment programs during the first six months of 1974.

Also a computerized client services and progress data system has recently been installed in the two City Methadone Clinics.

10. Stated Goal

the ongoing availability of a pool of technical experts to give technical assistance to community-based programs in the areas of program development, evaluation, fiscal matters and in the areas of education, prevention and rehabilitation

Project Results

As indicated in Section III. A. 3. and III. B. above extensive CODAAP activities in this goal area have been carried out during the past program year. Of 11 drug and alcohol treatment agencies responding to CODAAP effectiveness evaluation questionnaires,

nine indicated that they have ongoing weekly or monthly contact with CODAAP including helpful assistance in a variety of programming areas.

11. Stated Goal

effective and ongoing communication between agencies and programs

Project Results

In effect the achievement of results in this goal area are a function of the achievement of results in Stated Goal 7. above. Through CODAAP's success with the Forum, the prevention education agency Forum type group, the bi-monthly Project directors meetings and the weekly Methadone Clinic Directors meetings, an unprecedented level of inter-agency and program communication has been achieved.

SECTION V. CONCLUSIONS AND RECOMMENDATIONS

On the basis of the results described above, it is concluded that CODAAP has made significant progress in the achievement of the majority of its program goals. In sacrificing some administrative and bureaucratic refinement and precision, particularly in the areas of supervisory controls, record keeping and information gathering, CODAAP has succeeded in gaining wide acceptance as a valuable resource and respected leader and advocate by a large, complex, diffuse and uncoordinated collection of highly suspicious, defensive, self-protective agencies and organizations engaged in often competing and conflicting attempts to solve the problems of drug and alcohol abuse. In greatly expanding and broadening treatment services, introducing major prevention education efforts and initiating strongly and consistently supported mechanisms for coordinated planning and communication, CODAAP has clearly established itself in a single year of operation as a valuable resource for many skilled and dedicated people seeking to address the problems causing and caused by drug and alcohol abuse in Philadelphia.

On the other hand, it is important to recognize that some of CODAAP's success must necessarily be derived from its control over several million dollars in eagerly sought after funds--a fact that tends to obscure the weaknesses described below.

Strong CODAAP efforts with impressive results in expanding treatment services available have outrun needs for improving services provided. Methadone treatment services have been increased while existing services

are underutilized--perhaps due to the unproven and increasingly dubious assumption that heroin addiction controlled by methadone reduces criminal activity. New, opiate oriented, drug-free outpatient and therapeutic community programs are developed and funded while drop-out and screen-out rates remain high and opiate addiction incidence shows signs of declining--perhaps due to a lack of sound information on treatment outcomes and requirements. The need for qualified treatment staff increases as treatment services funded increase, but no significant increase is provided in treatment staff training. Extensive technical assistance to a wide variety of programs with many and various assistance needs is provided without any systematic assessment of the results of different types and intensities of assistance. Mechanisms for city-wide planning and coordination of drug and alcohol prevention programs are developed without the direct involvement of those who are daily closest to the problems and results--live staff and clients.

On the basis of the above conclusions it is recommended that CODAAP be continued at its present level of funding subject to the following conditions:

1. that CODAAP staff man/hours devoted to assisting in the development of new treatment programs and expansion of existing programs be matched by equal man/hours devoted to assisting in the development of treatment staff training programs and the collection and analysis of information on existing program treatment outcomes and needs.

2. that CODAAP staff time devoted to the provision of technical assistance (other than proposal preparation and funding assistance) be matched by an equal amount of time devoted to the systematic recording of the intensity, nature and results (in terms of degree of resolution of problem or need addressed) of the assistance provided.
3. that CODAAP seriously encourage the Forum, prior to its development of specific strategies for corporate action, to include on its working committees representatives of drug and alcohol treatment program live staff and clients.
4. that CODAAP funds presently committed to the sub-contract for consultant services to provide monthly treatment client census data be redirected to in-house research and evaluation client census capability.

ATTACHMENT 1.

CODAAP EVALUATION QUESTIONNAIRE: INDIVIDUAL PROJECT PERCEPTIONS

I. Type Project Respondent Represents

( ) Alcohol Program
( ) Drug Program
( ) Combined

( ) Medical Institution
( ) Psychiatric Institution
( ) Social Service Agency
( ) Local Treatment Agency

( ) Education Orientation
( ) Treatment Oriented
( ) Rehabilitation Oriented

II. Extent of Project's Contact with CODAAP

( ) Ongoing (weekly
( ) Ongoing (monthly)
( ) Sporadic (more than twice a year)
( ) Sporadic (less than twice a year)

III. Areas of Project Need for Outside Assistance, Resources

( ) Funding
( ) Staff Training
( ) Professional Consultation
( ) Client Employment Services
( ) Client Treatment Services

IV. Nature of Project's Contact with CODAAP

( ) Funding Assistance
( ) Planning Assistance
( ) Program Assistance
( ) Training Assistance
( ) Client Service Assistance
( ) Evaluation Assistance

V. Project Perception of CODAAP Activities

Disruptive — Indifferent — Somewhat helpful — Very helpful

CITY OF PHILADELPHIA

OFFICE OF THE MANAGING DIRECTOR

COORDINATING OFFICE FOR
DRUG AND ALCOHOL ABUSE PROGRAMS

1405 Locust Street — Philadelphia, Pa. 19102

MICHAEL J. FURST, *Director*
CHRISTOPHER D'AMANDA, M.D., *Chief Medical Officer*

March 19, 1974

3/22/74

RECEIVED
EVALUATION & PROGRAM DEVELOPMENT UNIT
CJC

Kenneth Reichstein, Ph.D.
Chief Evaluator
Governor's Justice Commission
21 South 12th Street, Rm. 218
Philadelphia, Pa.

Dear Dr. Reichstein:

I am responding to the LEAA evaluation of the Coordinating Office for Drug and Alcohol Abuse (PH-117-72A). (PH-117-73A)

I regret not submitting my response before this date, other urgent matters had to take priority, particularly in view of the fact that I have already met with you and your staff to discuss the evaluation.

I feel that the report is mostly accurate and I generally agree with its recommendations. There are, however, a number of areas that need clarification before I address the recommendations.

The evaluators feel that methadone services have increased while existing services are underutilized. It must be understood that new treatment services were desperately needed 18 months ago and most programs had waiting lists, and that underutilization is a new phenomena. CODAAP is addressing this problem by: 1. Consolidating clinics (the Arch Street Clinic is combining with the South Street Clinic); 2. Development of the Central Medical Intake (starting date April 15, 1974); 3. More effective outreach; 4. Sophisticating the referral mechanism, particularly through the criminal justice system. Projection of need.

The evaluators cast doubt on the assumption that methadone treatment reduces criminal activity. The Nash Study "The Impact of Drug Abuse Treatment Upon Criminality, a Look at 19 Programs (Dec. 1973)" demonstrates clearly that there is a reduction of arrests per year for addicts in treatment, and that this abatement in arrests is due to treatment. There is also clear indication that recidivism of clients who stay in treatment is considerably lower than for those who do not. — CODAAP data or Comparable studies

There is no question that some programs in Philadelphia have a lower census than is desirable. This is a nationwide "problem". However, I want to make it clear that, as described above, every step is being taken to raise this census as rapidly as possible. It is important to note that at this time, an arrested addict in Philadelphia can no longer say to a judge that he had to commit a crime because he couldn't get treatment.

The evaluators are in error in assuming that new drug-free and therapeutic communities are opiate-oriented. They are not. Opiate addiction does appear to be declining, but hard drug use remains dangerously high. Therefore, most programs are not restricting themselves to opiate-dependent persons. We are seeing more and more patients who are "poly-drug" users. Even methadone clinics are now developing know-how and techniques for dealing with such patients and are developing drug-free modules within their system. South Street, Model Cities, and the OEO funded Philadelphia Drug Treatment Center are examples of this approach and their treatment protocols clearly demonstrate this.

CODAAP does not agree with the criticism that city wide planning and coordination of drug and alcohol prevention programs are developed without the direct investment of those closest to the problem and results - program staff and clients.

Prevention programs are all community and school based, and could not be developed without the integral participation of the communities and those who deliver these services.

A Forum of Prevention Specialists exists and is active. There are about 20 programs represented in the Forum which meets regularly with the CODAAP Education and Prevention staff.

CODAAP has organized a Task Force of Alcohol experts and program representatives to assist and advise CODAAP in the development of a Comprehensive Plan for Alcoholism Treatment and Prevention for the City of Philadelphia. Recovered alcoholics are strongly represented on this Task Force.

I would like to address the areas of weakness outlined on page 4 of the evaluation which I did not address elsewhere in this letter.

1. "Overemphasis on the creation of new programs and expansion of existing programs to the exclusion of improving program quality and effectiveness."

The first year of CODAAP's operation was necessarily developmental and we agree that special attention must now be paid to the improvement of services. However, we do not agree that there was "exclusion" of this consideration.

CODAAP staff, particularly the program analysts and the treatment division, devote a great amount of time to the improvement of standards, and delivery of service. We agree with the evaluators that there is need to quantify this technical assistance to improve quality. Steps have been taken by the program division to achieve this end by systematic reports on services requested and services delivered. Processes for effective monitoring have been developed and are in effect.

2. "Lack of results in the area of program staff training in the face of increasing need."

CODAAP agrees that program staff training has not been developed enough. Resources are seriously lacking, both technical and financial. The job description of the single training officer on the CODAAP staff has been altered from direct delivery of training services to the identification of existing resources around the U.S., meager as they are. We are also actively lobbying with the Governor's Council on Drug and Alcohol Abuse to develop and fund training capabilities for the Commonwealth.

3. "Lack of information on treatment outcomes and needs on which to base treatment expansion decisions."

CODAAP has enough information on treatment outcomes and needs to make treatment expansion decisions. On the basis of this information, CODAAP is not seeking new funds to expand. Rather, the priority is the improvement of quality of existing services in the City.

The ethnic and socio-economic divisions of Philadelphia present special problems. Services provided in one area of the city are not necessarily used by residents of other parts of the city. This sometimes results in unequal delivery of services. Federal funds cannot be transferred as needs change. We are addressing the issue of an inflexible federal funding system by requesting more authority for local decision making from federal agencies.

I hope the above answers some of the major concerns addressed in the evaluation. I would like to add that I feel that the evaluation was sensitively performed and surfaced legitimate concerns.

The preliminary evaluation report stimulated positive action by CODAAP particularly concerning the need to quantify technical assistance in order to measure outcomes.

CODAAP welcomes continued evaluation by your office and regards such evaluation as an objective outcome measure as well as providing technical assistance.

Sincerely,

M. J. Furst

MICHAEL J. FURST
Director, CODAAP

MJF:rb

Application Title Coordinating Office of Drug and Alcohol Abuse Prog. Number PH-224-73A

Subgrantee Philadelphia Coordinating Office of Drug and Alcohol Abuse Program

Type of Federal Funds Requested

Regional Action Funds	X	Fiscal Year	'73
Regional Part E Correction Funds		Fiscal Year	
Sennett Funds		Fiscal Year	
State Discertionary		Fiscal Year	
Federal Discretionary		Fiscal Year	

Federal Funds Requested 32,250 Total Project Cost 43,000

Local 10,750

State -

Task Force Drugs State Category B-2

Approved X
Disapproved

Planner Statement

Application PH-224-73A is a twenty-eight day continuation of subgrant PH-188-73A. Subgrant number PH-225-74A is also recommended for continuation funding at this March 21st meeting and will terminate June 30, 1975. The reason for submitting two separate applications on the same project is primarily to satisfy a Governor's Justice Commission guideline that we adhere to a no split-year funding policy.

The application is for continued support for the Coordinating Office for drug and Alcohol Abuse programs for the City of Philadelphia. The program goal is to coordinate the activities of public and private alcohol and drug abuse agencies by furnishing pertinent technical and financial assistance, sponsor the development of additional treatment facilities, develop standards and criteria for evaluation, implement educational training, and work-support programs, establish priorities, and provide overall planning. During this continuation period, a recently established vocational rehabilitation unit will address itself to the vocational needs of patients in treatment.

The project was approved by the Drug sub-committee on March 1, 1974 and has received a favorable evaluation.

Application Title Coordinating Office of Drug and Alcohol Abuse Prog Number PH-225-74A

Subgrantee Philadelphia Coordinating Office of Drug and Alcohol Abuse Program

Type of Federal Funds Requested

Regional Action Funds X
Regional Part E Correction Funds _____
Sennett Funds _____
State Discertionary _____
Federal Discretionary _____

Fiscal Year '74
Fiscal Year _____
Fiscal Year _____
Fiscal Year _____
Fiscal Year _____

Federal Funds Requested $92,203

Total Project Cost $110,981

Local $13,139

State $ 8,139

Task Force Drugs

State Category R-1

Approved X
Disapproved _____

Planner Statement

Application PH-225-74A is an 11 mo. continuation of PH-188-73A through June 30, 1975. Subgrant #PH-224-73A is also recommended for continuation funding at this meeting. The reason for submitting two separate applications on the same project is primarily to satisfy a Governor's Justice Commission guideline that we adhere to a no split-year funding policy.

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END