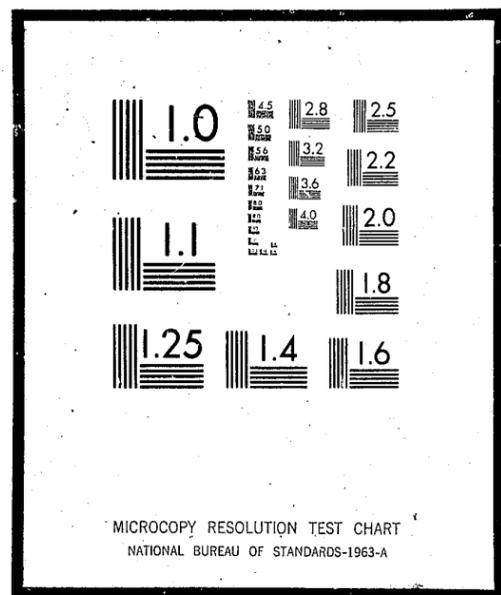


JUN 9 1975

NCJRS

This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U.S. Department of Justice.

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE
WASHINGTON, D.C. 20531

5/12/76

Date filmed


 FINAL REPORT
 Phoenixville (PA) -
 PROJECT HELP OF PHOENIXVILLE
 (SUBGRANTEE NO. SE-381-73A)

PREPARED BY

CIM CONSULTANTS, INC.
2 BROOKLINE BOULEVARD
HAVERTOWN, PA. 19083

NO PART OF THIS STUDY AND ITS FINDINGS MAY
BE INCLUDED IN ANY LECTURES, ARTICLES, OR
OTHER PROFESSIONAL PRESENTATIONS WITHOUT
ACKNOWLEDGING AUTHORSHIP AND DUE CREDIT TO
CIM CONSULTANTS, INC., 2 BROOKLINE BLVD,
HAVERTOWN, PENNA. 19083

TABLE OF CONTENTS

	List of Tables
Section I	Executive Summary of Evaluation Report
Section II	Project Activities.
Section III	Evaluation Process
	Evaluation Activities
	1. Resource Persons and Consultants
	2. Program Evaluation
Section IV	Evaluation Results and Analysis
	A. Demographic Findings
	1. Age-Sex Distribution
	2. County of Residence
	3. Type of Contact
	B. Problem Reasons for Contacting Help
	1. Relative Proportion of Reasons for Contact
	2. Reason for Contact Related to Drug Use
	3. Psychological/Psychiatric Problems
	4. Legal Problems
	5. Medical Problems
	6. Financial Problems
	7. Housing Problems
	8. Vocational & Educational/Testing Problems
	9. Miscellaneous Reasons for Contact
	C. Outcome of Contact

LIST OF TABLES

Section V. Findings and Recommendations
A. Findings and Conclusions
B. Recommendations
 1. Recommendations for Program Changes
 2. Recommendation for Evaluation Activities

Appendix 1 Alcohol Abuse Survey Questionnaire
Appendix 2 Client Intake Form

1. Age-Sex Distribution
2. County of Residence
3. Type of Contact
4. Relative Proportion of Reasons for Contact
5. Reason for Contact Related to Drug Use
6. Reason for Contact Related to Psychological/Psychiatric Problems.
7. Reasons for Contact Related to Legal Problems
8. Reason for Contact Related to Medical Problems
9. Reason for Contact Related to Housing Problems
10. Outcome of Contact
11. Counselor Caseload Distribution

SECTION I. EXECUTIVE SUMMARY OF EVALUATION REPORT

Project HELP is a 24 hour hotline manned by trained volunteers and social work counselors seven days a week. The primary objective of the program is to provide short-term crisis support in a wide variety of stress situations and problem areas. The project was originally conceived with the idea of providing meaningful alternatives to cope with personal problems which often led to drug abuse.

Project HELP has performed well in meeting its primary objective. The program has assisted individuals with a wide variety of problems; drug problems, medical problems, psychological and psychiatric problems. The most common problems are depression, anxiety, suicidal situations, referral and information for abortion, prenatal care and drug related problems. Project HELP can and should play a more active role in the area of developing vocational skills, educational testing and job placement.

Project Help should seek financial support from neighboring counties since it serves a large number of individuals from neighboring counties especially Philadelphia. It should also design and implement a data collection system to generate the kinds of reports required for evaluation and program development. It would also be desirable to provide additional professional training to project staff in some of the problem areas dealt with through short term seminars and courses.

Policy recommendations which would require further work before implementation include the desirability of management consultation being available on a continuous, ongoing basis and feedback by project staff regarding the usefulness of such a consulting arrangement.

Programs similar to Project HELP will become increasingly important in providing short-term solutions of a temporary nature in situations of social stress resulting from increasing societal alienation and individual isolation. Their continued funding and development are therefore, important.

SECTION II. PROJECT ACTIVITIES

Project HELP was founded in 1971 by a group of residents in Phoenixville to combat drug abuse and to assist people with problems which lead to drug abuse. Project HELP is based on the premise that individuals abuse drugs because of a lack of meaningful alternatives to cope with personal problems. Additionally, HELP believes that each individual must be dealt with in a unique manner according to a person's needs, limitations and strengths.

To accomplish the above goal, Project HELP operates and maintains a 24 hour hotline which is manned by trained volunteers and social work counselors, seven days a week.

Other services provided include individual, family and group counseling when required. These services are also available on a long-term basis if necessary. Other areas of service include information and referral for inpatient detoxification units and rehabilitation agencies, pregnancy testing and abortion information, community and school children education and training.

The range of services described above are provided from offices adjoining those of the Chester County MH/MR unit. Staff from the two agencies work closely with each other to assure continuity of care. Project HELP is affiliated with Phoenixville Hospital and the Chester County Drug and Alcohol programs.

No fees are charges for services rendered. Project HELP derives support from United Fund agencies, Chester County Drug and Alcohol Program, the Governor's Justice Commission and private contributions. Program resources are supplemented through special community based fund raising events.

Staffing at project HELP has been subject to swings resulting from normal turnover expected in social agencies of this nature. The core staff includes a Project Director, Assistant Director, full-time social work counselor, and an administrator. In addition, the staff is supported by a large group of community volunteers who are trained by the staff of Project HELP.

SECTION III. EVALUATION PROCESS

This section of the report describes in detail the various activities performed in conducting project evaluation.

Evaluation Activities

A series of meetings were held initially with the Program Director and other staff at Project HELP. The primary purpose of these meetings was to establish and clarify CIM's role in the evaluation activities, the tasks that were to be performed and the expected products from these activities. It was established that CIM would contribute most to Project HELP in two specific ways:

- (a) To be resource persons and consultants responding to questions, concerns and issues as they arose and were relevant for program development.
- (b) To design, develop, conduct and implement a program evaluation of Project HELP.

1. Resource Persons and Consultants

This role was important from the point of view of both the project director as well as his full-time staff of three, for two reasons. Firstly, the program was going through a series of changes in the mission and purpose of the program and was in a stage of stock taking and re-assess-

ment. Secondly, the program was facing a cloudy and uncertain funding picture and sources of financial support. This meant that the clarification of program purpose and the identification of target consumer groups became very significant in terms of seeking funding and additionally in identifying potential sources of funding. It must be pointed out here that this implies a certain degree of change in perceptions and attitudes about the direction of the program and its development and management. The mission of the program now shifted from writing proposals based on available funds from state and federal agencies to identifying consumer concentration of needs in several areas and then trying to seek agencies and organizations willing and committed to funding such activities. Admittedly, this shift in conceptual orientation has not brought about dramatic changes in the program in the short run. But then, it was not intended to. Nevertheless, it has changed the priorities and long-range focus of activities at Project HELP. This is a longer lasting and potentially more valuable gain for the program.

In accomplishing the above result and in providing consultation in several aspects of the program, CIM staff parti-

icipated in regular meetings with the project staff. An average of two meetings were held each month. CIM staff have provided direct input into restructuring staff activities, development of new program alternatives, training methods for volunteers, sources of funding and approaches and strategies for fund raising.

During the above process of consultations and discussions, the program staff were also investigating the possibility of providing services to alcohol abusers and alcoholics from industries in the area. To establish this type and extent of need in this area, an industrial alcohol abuse survey was conducted. CIM assisted in questionnaire development and survey design for this study in three major corporations in the area. A copy of the alcohol abuse survey questionnaire is attached in Appendix 1, at the end of this report.

It is also very important to point out here that this survey was a totally in-house effort, initiated, developed, and implemented by the project staff. This is specially relevant in that it is a direct manifestation of the changing perception of the mission of the program particularly as it relates to first identifying consumer social needs of the com-

munity population.

This part of CIM's total involvement with Project HELP constituted Phase I of the evaluation activities. This phase lasted till August, 1974.

2. Program Evaluation

At the very start of CIM's involvement with Project HELP, it was clearly established that the kind of evaluation envisaged in Attachment A of the contract specifications were impractical and infeasible. This is because no data base existed at the program from which necessary information for evaluation could be generated. This was a definite handicap and a weakness of the program. However, our extensive experience in working with several social programs indicates that this is by and large the rule rather than the exception. The kind of evaluation envisaged in the original proposal was also not the most desirable from the program's point of view. Additionally, the nature of the program involving short term contact with a large number of mostly anonymous clients would not permit an evaluation plan based on earlier expectations. As an outgrowth of Phase I, the first step in the evaluation process was to develop a comprehensive data gathering instru-

ment which would include all the relevant aspects of the program. This was developed in the form of a check list questionnaire to be used for each client contact. A copy of the form used is attached in Appendix 2, at the end of the report.

This client intake form has been used in generating the necessary data since May 1, 1974. The intake form is subdivided into three parts:

The first part of the form seeks demographic information and also whether the person is contacting Project HELP for the first time or has had previous contacts with the program.

The second part of the form focuses on the primary reasons for contacting Project HELP. There are nine major reasons, included in the form. These are as follows:

- (a) Problems relating to Drug Use
- (b) Psychological/Psychiatric Problems
- (c) Legal Problems
- (d) Medical Problems
- (e) Financial Problems
- (f) Housing Problems
- (g) Vocational Problems
- (h) Educational/Testing Problems
- (i) Miscellaneous Reasons

Each of the above areas are further sub-divided and specified in terms of commonly expressed reasons for contacting Project HELP.

The last part of the form relates to the Outcome of each contact and the nature of case disposition. This provides the crucial information in terms of what services are actually sought and provided while earlier sections provide the areas where services are sought and the reasons for seeking these services.

The client intake forms were designed such that they can be easily coded and the format makes it very useful for data processing. Also they were designed so that it takes a minimum amount of time to fill these and can be done as the counselor is talking to the phone caller (which is the most common way the clients contact Project HELP). Finally, the privacy of the individual is fully respected and identifying information like the name is recorded only if the person has no objection to this. In any case, this information was confidential and known only to the Project Help staff.

The data collection was accompanied by coding the information for computer processing. The staff at Project HELP were fully committed and involved at the various stages and their maximal cooperation in this evaluation must be recognized at this stage. Because of this, the data generated for this

project reflects fairly accurately and fully the characteristics of consumers seeking assistance from Project HELP.

An important limitation of the data should, however, be mentioned here. This relates to the replication of demographic data, i.e., the same person could conceivably have contacted the agency several times and because of the necessity to maintain anonymity, there is a built-in weighting factor in terms of certain types of data elements. Therefore, the results of the study must be interpreted within this framework. Where the intervention of the observer (in terms of identifying those seeking assistance) would surely result in distortion and changes in the behavior of those seeking assistance from HELP. The negative consequences of the non-intervention strategy was more acceptable on balance after consideration of all factors.

This is particularly justifiable because of the short-term nature of the crisis intervention approach at Project HELP. It would be reasonable to expect that chronic cases would be persuaded to accept counseling, therapy or other stable, longer-term treatment alternatives. However, this still would not preclude a small minority who continue to make repeat calls.

SECTION IV. EVALUATION RESULTS AND ANALYSIS

The data generated by using the client intake form has been analyzed and this section of the report details the findings. The section is classified into three distinct groups:

- A. Demographic Findings,
- B. Problem Reasons for Contacting HELP, and
- C. Outcome of Contact.

This analysis section is based on data generated over a six month period, May 1, 1974 - November 1, 1974.

The several tables generated for summarizing data analysis indicate different total cases included in each table. This discrepancy is due to lack of specific data elements like age or county of residence in some cases.

A. DEMOGRAPHIC FINDINGS

1. Age-Sex Distribution

Table 1, presents the age and sex distribution of persons contacting Project HELP for assistance.

There is no significant difference between the average age for the males and females. However, both the groups tend to be older than what would be found in most social pro-

grams of this short-term crisis intervention nature.

An important finding is that a relatively large percent (25.5%) of the persons are at or below 18 years of age. This group is predominantly made up of females (74.7%). This would imply that the program is attracting more women than men or that females tend to contact Project HELP more frequently. Since there is no particular reason to suspect a significant difference in frequency of contact between the males and females, it would be reasonable to conclude that more females contact Project HELP than males.

Another finding from Table 1, is that there is a great spread in the ages of both males and females who contact Project HELP. This indicates that the project has a broad-based community appeal.

2. County of Residence

Table 2 presents information relating to county of residents for persons contacting Project HELP.

It is very interesting to find that only about 55% of the persons seeking assistance from Project HELP actually reside within Chester County. Given the relative funding support

AGE	MALE		FEMALE		TOTAL		% FEMALE IN AGE GROUP
	#	%	#	%	#	%	
Less than 18	34	15.3	112	33.0	150	25.5	74.7
19-21	35	14.1	43	12.7	78	13.3	55.1
22-24	51	20.4	27	8.0	78	13.3	34.6
25-27	52	20.9	46	13.6	98	16.7	46.9
Greater than 28	73	29.3	111	32.7	184	31.2	60.3
TOTAL	249	100.0	339	100.0	588	100.0	57.7
AVERAGE AGE	26		27		26		

TABLE 1: AGE-SEX DISTRIBUTION

that the project receives from Chester County, it would be reasonable to expect a much larger proportion residing within the County.

It is also revealing that HELP attracts very few people from Delaware County even though Chester County is contiguous to Delaware County. On the other hand, a large number of Philadelphians and residents of Montgomery County do seek help from the program. It would therefore seem reasonable for the program management to try and seek some financial support from the two neighboring counties.

The last column indicating the percentage of females confirms the findings from Table 1, that Project HELP attracts a much larger number of females relative to males.

3. Type of Contact

Table 3 analyzes the different types of contacts by which persons seek help from Project HELP. As would be expected, telephone is the most frequently used medium for contacting Project HELP for assistance. Personal visits to Project HELP, however, is also a sizeable number. This is also indicative of the desire for anonymity which the telephone call preserves and ensures.

COUNTY OF RESIDENCE	MALE		FEMALE		TOTAL		% FEMALE IN COUNTY
	#	%	#	%	#	%	
Chester	122	46.21	223	61.10	345	54.75	64.64
Montgomery	56	21.21	39	10.68	95	15.10	41.05
Delaware	1	0.30	3	0.8	4	0.64	75.00
Philadelphia	34	12.87	19	5.21	53	8.43	35.85
Other	51	10.31	81	22.19	132	20.99	61.36
TOTAL	265		365		269		58.03

TABLE 2: COUNTY OF RESIDENCES

Type of Contact	No. of Contacts	Relative Frequency (%)
Telephone call	513	81.82
Visit to Facility	100	15.95
Staff visit	14	2.23
Total	627	

TABLE: 3 TYPE OF CONTACT

B. PROBLEM REASONS FOR CONTACTING HELP

This section of the report analyzes the several categories of reasons for contacting Project HELP. The first sub-section takes a look at the spectrum of reasons cited by clients. The succeeding sub-sections look at each of the major categories in greater detail to further specify the reasons cited within each category for contacting Project HELP.

1. Relative Proportion of Reasons for Contact

Table 4 presents the relative proportion of major categories cited as reasons for contact at HELP. The percentage in column two add up to more than 100 because of clients citing multiple reasons for each contact.

The most striking figure in the table is that nearly 95% of the contacts had gotten in touch with the program under the general subject of 'miscellaneous'. This is significant in that the preference for 'miscellaneous' category was in spite of nearly 40 other specific items cited in the client intake interview. Considering that the specific items categorizing 'miscellaneous' are general and in the nature of a social assistance or support, this provides an indication that clients contact Project HELP with the expectation of getting

Category or Reason For Contact	Number	%
Drug Use	141	22.42*
Psychological/Psychiatric	292	46.42
Legal	39	6.20
Medical	131	20.83
Financial	20	3.18
Housing	14	2.23
Vocational	3	0.48
Educational	7	1.11
Miscellaneous	<u>596</u>	94.75
Total	1,243	

* % is based on a total of contacts = 627

Average number of reasons cited per contact = 1.98

TABLE: 4 Relative Proportion of Reasons for Contact

assistance in general. Also, since this percentage is unusually large, it would seem to indicate that this is not a primary reason for contact even though the contact results in seeking miscellaneous help.

Three categories stand out among the nine categories included in the intake form. The most frequently cited reason is psychological or psychiatric. This is far ahead of the next two most commonly cited reasons. The relatively large number of contacts citing medical reasons is not surprising especially in light of a large number of women contacting the program (including a high percentage of teenage girls -- See Table 1) and given that the specific elements making up the medical category include items like pregnancy, pre-natal care, abortion and pap testing. It should, however, be revealing to the program that even though counseling and assistance to those abusing drugs was its main mission at the time the program was instituted, it now accounts for only about 22% of the cases contacting Project HELP. The explanation for this could lie in two areas. It could be that drug abuse as a serious social problem requiring assistance and help has decreased in importance or it could be that the perception of Project HELP has changed in the minds of consumers from one of helping those

abusing drugs to one of being a resource center for seeking assistance in a large number of areas including psychological and psychiatric problems. It is more likely that both the above factors have come to exist simultaneously, thereby, resulting in a net change as observed in Table 4.

It is also interesting to note from that table that each contact gave an average of two reasons for contacting HELP, reenforcing the multi-purpose image that seems to be fostered in the minds of clients seeking help from Project HELP.

2. Reason for Contact Related to Drug Use

Table 5 presents the results of the analysis of reasons related to drug use. Each drug related reason is further sub-divided by degree of use of drug and the specific drug used.

The index of multiple drug problem is a low 1.31. This indicates that each contact was made for a problem involving a single drug. There is no dominant drug which shows up as the most frequently cited drug of problem, but Heroin and Alcohol are the most commonly mentioned ones. However, given the wide spread in selections of individuals seeking assistance, it would appear that the program is not known as a specific drug abuse program, but more as a program providing assistance to abusers of all kinds of drugs.

DRUG	ONE TIME USE		HABITUAL USE		DEPENDENT USE	
	No.	%	No.	%	No.	%
Heroin	0	0.00	11	7.80	50	35.46
Opium	0	0.00	0	0.00	0	0.00
Morphine	0	0.00	0	0.00	0	0.00
Cocaine	0	0.00	2	1.42	0	0.00
Methadone	0	0.00	0	0.00	0	0.00
Solvents/Inhalents	0	0.00	0	0.00	0	0.00
Marihuana/Hashish	2	1.42	9	6.38	4	2.84
Alcohol	1	0.71	22	15.60	31	21.99
Barbiturates	6	4.26	3	2.13	3	2.13
Amphetamines	1	0.71	5	3.55	8	5.68
Hallucinogens	4	2.84	1	0.71	8	5.68
Other	13	9.22	1	0.71	0	0.00
Total	27		54		104	

% IS BASED ON A TOTAL NO. Q CONTACTS = 141

INDEX OF MULTIPLE DRUG PROBLEM - 185/141 = 1.31

TABLE 5 : REASON FOR CONTACT RELATED TO DRUG USE.

3. Psychological/Psychiatric Problems

Table 6 presents the results of the analysis relating to psychological/psychiatric problems. Depression and Anxiety appear to be the most frequently cited reasons for contacting Project HELP.

As mentioned earlier, this area of psychological or psychiatric problems constitutes the largest segment of all contacts with Project HELP. Additionally, depressed and anxious individuals comprise a potential group of individuals who might conceivably develop suicidal tendencies. It is also represented in the relatively large number of contacts relating to suicidal tendencies. This would suggest that a primary focus of the program should be in dealing with depression, anxiety and suicidal tendencies. Attention should, therefore, be given to developing programs geared to reaching such individuals and providing appropriate intervention through counseling, group meetings and in general promoting and advancing mutual social contact, the lack of which often appears to be the cause of these severe states.

The need for such emphasis is also indicated from the volume of contacts generated by psychological problems which

PSYCHOLOGICAL/ PSYCHIATRIC PROBLEMS	NO.	RELATIVE FREQUENCY
1. Depression	141	37.01
2. Anxiety	130	34.12
3. Hallucinations	4	1.05
4. Suicidal Tendencies	20	5.25
5. Other	86	22.57
TOTAL	381	100.00

INDEX OF MULTIPLE PSYCHOLOGICAL PROBLEM = $\frac{381}{292} = 1.30$

TABLE 6 : REASON FOR CONTACT RELATED TO PSYCHOLOGICAL/PSYCHIATRIC PROBLEMS

account for 46.4% of all the contacts with HELP.

The index of multiple psychological problems is a relative low of 1.30 indicating that most seem to have a single reason for contacting Project HELP.

4. Legal Problems

Project HELP is not sought out for assistance with legal problems as frequently as drug abuse problems or psychological problems, as seen from Table 7. The total number of contacts amount to only 39 which accounts for only about 3% of all requests for assistance from Project HELP. This may be a result of the smaller number of cases requiring such assistance. Also, clients and potential clients may not perceive such legal competence at Project HELP. In any case, this is not a high volume area of HELP even though it may be very crucial in terms of the impact on clients.

5. Medical Problems

As mentioned earlier, medical problems account for nearly 20% of all contact with HELP. As would be expected, the index of multiple medical problems is near unity, as would be expected, given the non-overlapping and independent

LEGAL PROBLEMS	No.	RELATIVE FREQUENCY
1. Assistance in Obtaining bail	2	4.88
2. Legal Assistance in criminal or civil charges	11	26.83
3. Legal assistance in tenant/ landlord dispute	4	9.76
4. Other legal assistance	24	58.54
Total	41	100.00

INDEX OF MULTIPLE LEGAL PROBLEMS = 41/39 - 1.05

TABLE 7 : REASON FOR CONTACT RELATED TO LEGAL PROBLEMS

nature of requests for assistance. Table 8 presents the results of the analysis of medical problem contacts. Because of the relatively significant proportion of females among clients contacting HELP (Table 1) and the child bearing age of these females, it is natural that a large proportion need and seek assistance for pregnancy testing, and abortion information and referral. The program through its excellent female staff seem to be providing a very important service and attention should be systematically channeled to develop and improve the range and type of services provided to females in the community.

6. Financial Problems

Clients contacting HELP had infrequent requests for assistance in the financial area. There are twenty contacts indicated relating to financial problems and about half of these were requests for assistance in obtaining funds from the Department of Public Assistance. This is, however, not a major area of request for assistance.

7. Housing Problems

Housing problems are also infrequently encountered among clients seeking assistance from Project HELP. However, there is some diversity in the kinds of assistance requested

MEDICAL PROBLEMS	NO.	RELATIVE FREQUENCY
1. VD Treatment or Testing	14	10.14
2. Pregnancy (Testing)	38	27.54
3. Pre-natal care	2	1.45
4. Abortion (information & referral)	20	14.49
5. General Physical Examination	3	2.17
6. Other medical services	61	44.20
TOTAL	138	99.99

INDEX OF MULTIPLE MEDICAL PROBLEMS = $138/131 = 1.05$

TABLE 8 : REASON FOR CONTACT RELATED TO MEDICAL PROBLEMS.

as seen in Table 9.

B. Vocational and Educational/Testing Problems

Considering the predominantly low skill and educational level often encountered among clients seeking assistance from short term crisis intervention programs, it is somewhat surprising that only a total of 10 contacts were made in seeking assistance in these categories. It is also surprising in light of the high level of unemployment prevailing in the area. Part of this may be explained by the higher proportion of women seeking help from the program who are not vocational or education oriented. However, given the low contact rate evident in the figures (Table 1) and the general acknowledgment of a much higher degree of latent need in this area for assistance, it would be most desirable for the program to investigate this problem in greater detail. This would enable new approaches in serving this potential need. Given the good liaison the program has with local industries (as evidenced by joint efforts at alcohol abuse survey, etc.) it would be advantageous for the program to expand its efforts in jobs placement, vocational testing, aptitude testing, etc.

HOUSING PROBLEMS	NO.	RELATIVE FREQUENCY
1. Emergency Housing Services	7	50.00
2. Assistance in Locating Temporary Housing	2	14.29
3. Assistance in Locating Long-Term Housing	3	21.43
4. Other	2	14.29
Total	14	100.01

INDEX OF MULTIPLE HOUSING PROBLEMS - 14/14 - 1.0

TABLE 9: REASON FOR CONTACT RELATED TO HOUSING PROBLEMS.

9. Miscellaneous Reasons for Contact

There was no clear reason cited under the category of miscellaneous reasons for contacting Project HELP. However, 94.75% of the individuals contacting HELP cited some unspecified miscellaneous reason (Table 4). That their reason for contacting HELP is generally always in addition to one of the nearly 40 specific categories listed in the intake form, and that nearly 50% of the specific reasons cited are in the area of psychological problems, it tends to reinforce the point of view that Project HELP is viewed as a community social club and a resource center for psychological problems especially if these are of a temporary and non-critical nature. This view is also supported by findings in the next section.

C. OUTCOME OF CONTACT

This subsection of the report analyzes the counselor case load as well as the outcome of each contact.

Table 10, presents the different outcomes of contact. A notable indicator in the table is the index of multiple outcomes which is very close to one. This shows that each contact generally resulted in only one type of outcome. When

OUTCOME OF CONTACT	NO.	RELATIVE FREQUENCY
1. Information specific to problem	178	23.70
2. Referral to another agency	155	20.64
3. Testing	8	1.07
4. Treatment	14	1.86
5. Crisis Intervention	33	4.39
6. Personal Staff Assistance Outside HELP	5	0.67
7. General Conversation	273	36.35
8. Referral to program within facility	10	1.33
9. Appointment for further contact	75	9.99
TOTAL	751	100.00

INDEX OF MULTIPLE OUTCOMES = $751/627 = 1.19$

TABLE 10: OUTCOME OF CONTACT

viewed within this context, the proposition of contacts resulting in nothing more than 'general conversation' is significant. Also, follow-up appointments were relatively very low, about 12% of contacts. This strongly emphasizes the short-term, transitory nature of contacts by clients at Project HELP. It is thus clear that specific information pertaining to a problem or actual service in the form of testing or treatment occurs only in about 50-60% of the contacts made. The program staff and management must, therefore, be appropriately concerned with the need, desirability and existence of a high level of activity resulting in 'general conversation'. It must, however, be accepted that a certain amount of 'general conversation' is both inevitable and often serves a very useful and therapeutic function. However, the finding of a relatively high level of 'general conversation' also establishes that the program is capable of some further expansion without the need for additional resources. The program management and staff should welcome this flexibility and find this an advantage especially in view of the opportunities existing for program development and growth. In view of the changing needs of the community as evident in the analysis of the previous subsections and because of the apparent perception of the program

as a general social resource center, this additional capacity could be most effectively utilized, in planning new programs and activities.

The above conclusion is also reinforced by the counselor caseload distribution presented in Table 11. It is clear from the table that the two female staff have handled more than about 42% of the contacts made at Project HELP. It also seems to be the most logical because of the greater number of females contacting HELP. However, this again indicates that the program director and the other male counselor should be able to devote time to other activities including new program development. Table 11, does not present information relating to what other activities consume the staff's time and group therapy, school discussion sessions and administrative responsibilities do take up considerable amount of their time. Yet, since contacts with new clients, particularly through phone, is a significant and great segment of the program activities, this again indicates some available staff time for other activities. This conclusion is also supported by a work sampling check conducted by CIM at Project HELP.

COUNSELOR	CASELOAD HANDLED	RELATIVE FREQUENCY
1. Mr. McGarree	18	2.87
2. Mr. Gaush	22	3.51
3. Ms. French	166	26.51
4. Ms. March	101	16.13
5. Volunteer Counselors (11)	319	50.96
TOTAL	626	99.98

TABLE 11: COUNSELOR CASELOAD DISTRIBUTION.

SECTION V. FINDINGS AND RECOMMENDATIONS

This section of the report summarized the findings of this study and concludes with our recommendations in several areas of our evaluation.

A. Findings and Conclusions

The primary objective of Project HELP as a general resource and supporting group to assist individuals in social stress has been admirably met by the program. This conclusion is suggested by the nearly 100 phone calls received by the program each month and the wide spectrum of areas where assistance is sought by the community. This is also an indicator of the perception of the staff and the program by the people as a useful and helpful avenue for support and assistance.

More specifically, the findings and conclusions from the study can be summarized as follows:

a) The project has broad community appeal even though more females contact project HELP than males.

b) A large part of the persons served by the project come from neighboring counties of Montgomery and Philadelphia.

c) As would be expected, telephone is the most widely used means of contact with HELP.

d) Project HELP is perceived as a multi-purpose resource center. The three most frequently cited reasons for

for contacting HELP are psychological or psychiatric factors, medical reasons and drug related problems.

e) No particular drug is frequently mentioned among drug related problems.

f) Depression and anxiety are the commonly cited psychological reasons for contacting project HELP. Potential suicidal tendency is manifested among a large number of callers.

g) Legal assistance is rarely sought through project HELP.

h) The project is sought for assistance in pregnancy testing, abortion information and referral and the female staff at HELP provides excellent support and service in this area.

i) HELP receives infrequent request for assistance in the areas of finances and housing problems.

j) Project HELP can and should play a more active role in the area of developing vocational skills, educational testing and work placement for clients in the area even though it does not attract many of this latent group in need of assistance.

k) The program has the capability and should develop the flexibility to branch into other areas of more pressing social needs as these develop.

The overall conclusion relating to the impact Project HELP has had on the community is that it has addressed itself by and large to the problems and needs in the community. This has necessarily meant that some of its goals and specific objectives at the time it came into existence were outdated relative to current needs. However, the project seems to have succeeded in adapting itself to the changed circumstances.

Among the factors contributing to the success of the project are the dedication and commitment of the project staff and the insightful leadership of its program directors. Its greatest strength lies in the ability of the program to be flexible and responsive to client needs and develop empathy for those seeking assistance from HELP.

B. Recommendations

This subsection on recommendations has been divided into two areas, namely:

- 1) Recommendations for program changes.
- 2) Recommendations for evaluation activities.

1. Recommendations for program changes

The program should seek financial support on a contributing basis from the neighboring counties from which a sizable number of its clients come. The task of persuading the appropriate funding sources in these counties would be made easier if appropriate documentation can be provided indicating the relative benefits being derived by these county

residents. To assist in this task and to improve program management, HELP should design and implement a data generation, reporting and analysis system along the lines that we have used for this study. The several important purposes served by such a system would include updated statistics and reports, better knowledge regarding changing client needs thus enabling HELP to be more responsive, better data base for evaluation studies, and opportunity for research.

It would also be desirable for the project to start generating/collecting information and statistics on a countywide basis which are reflective of the kinds of needs that may be present in the community as well as those which might be influenced by the intervention of the project in the community. Examples of these include number of drug related arrests, number of juvenile arrests, number of reported suicides in the county, etc.

Another recommendation relates to the need and desirability of operationally defining some of the specific objectives of the program. These should reflect reasonably attainable targets and should be measurable units. This will naturally facilitate ongoing self-evaluation activities.

Another area of recommendation involves the desirability of additional training for staff. Coupled with innate ability and a sympathetic and understanding attitude of the staff, further training would prove to be most beneficial to the

clients and also help staff in gaining a deeper insight into the problems that they encounter.

Finally, project HELP should embark on a publicity program within the county to communicate their existence and their varied services. This is of paramount importance if better and greater use is to be made of the project and its resources, knowing that a real need for such assistance exists in the community. It is also important from the point of changing the perceived image of project HELP as a drug related agency to one offering social services across a wide spectrum of needs.

2. Recommendation for Evaluation Activities.

It is our considered opinion that projects like HELP will be considerably better served if long-term continuous involvement can be arranged between the project and resource persons like consultants. We have found that the best assistance that the project derives relates to the development of a management or planning process rather than a final end product in the form of an evaluation report. The development of a way of looking at problems and being available to the project on a continuous basis are the important requirements of a satisfactory consultative arrangement. The Governor's Justice Commission should consider this aspect in developing new programs as well as for existing projects.

Another suggestion in this area would be to require periodic reports from the projects (say every six months)

focusing on the usefulness and contributions of the consulting team to the program. This coupled with long-term arrangements would provide a feedback to the commission to evaluate the arrangement as well as the contributions of the consultants.

In conclusion, projects like HELP will be increasingly important from the point of view of providing short-term and immediate solutions to temporary situations of stress. With future shock becoming more and more a reality and individual alienation and isolation becoming common in society, programs of this type have a necessary and important role to play. We have not studied costs in this evaluation but their contributions so far certainly merit continued support.

Appendix 1

Alcohol Abuse Survey Questionnaire

PROJECT HELP

The information requested here will be kept in the strictest confidence and will be used for statistical purposes only. Please do not give your name. Your cooperation is greatly appreciated.

1. Age: ----- Yrs.
2. Sex: ----- Male ----- Female -----
3. Do you drink beer? Yes ----- No -----
4. If yes, how many times do you drink beer in a typical week?
----- Every Day
----- More than three times a week
----- Once a week
----- Less often than once a week
5. Approximately, how many glasses of beer do you drink at a time? (Count a 12 ounce can or bottle as two glasses).
----- glasses
6. Do you drink wine? ----- Yes No -----
7. If yes, how many times do you drink wine in a typical week?
----- Every day
----- More than three times a week
----- Once a week
----- Less often than once a week
8. Approximately, how many glasses of wine do you drink at a time? (Count 4 ounces as a glass).
----- glasses
9. Do you drink any hard liquor (like cocktails, highballs etc)?
----- Yes No -----
10. If yes, how many times do you drink hard liquor in a typical week?
----- Every Day
----- More than three times a week
----- Once a week
----- Less often than once a week

11. Approximately, how many drinks do you have at a time?

12. Have you missed work as a result of drinking?
----- Yes No -----
13. If yes, how many days in the past Year. -----
14. Has anyone suggested to you that you drink too much?
----- Yes No -----
15. Do you personally feel that you have a drinking problem?
----- Yes No ----- Not Sure -----
16. Has a doctor ever told you to cut down or stop drinking?
----- Yes No -----
17. Do you feel that a member of your immediate family has a drinking problem?
----- Yes No -----
18. If yes, please specify:
----- Spouse (Husband/wife)
----- Parent (s)
----- Child (ren)
19. Would you welcome or seek out assistance with an alcohol Program?
----- Yes No -----

Thank you very much for your participation.

PROJECT HELP

CLIENT INTAKE FORM

Appendix 2
Client Intake Form

Any Previous Contact yes no

Date of this Contact _____
month day year

Client Name _____

Client I.D.# _____

Age _____ years

Sex male female

County of Residence _____

Type of Contact

- Phone Call
- Client visit to facility
- Staff visit with Client outside of facility

I. PRIMARY REASONS FOR THIS CONTACT (check all that apply)

A) Problem Related to Drug Use

Drug Involved	One-Time Experience	Habitual User	Dependent User
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents/Inhalents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marihuana/Hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)			
.....			

B) Psychological/Psychiatric Problems

- Depression (loneliness, helplessness, frustration)
- Anxiety (fear, stress-reaction)
- Hallucinations (auditory or visual-not drug induced)
- Suicidal tendencies
- Other (explain)

C) Legal Problems

Client requested:

- Assistance in obtaining bail.
- Legal assistance in criminal or civil charges
- Legal assistance in tenant/landlord dispute
- Other legal assistance (explain)

D) Medical Problems

Client requested medical services for:

- VD treatment or testing
- Pregnancy (testing)
- Pre-natal care
- Abortion (information and referral)
- Pap-testing
- General physical examination
- Other medical services (explain)

E) Financial Problems

Client requested assistance in obtaining:

- DPA
- Social Security
- Aid to dependent children
- VA pension
- Food stamps
- Other (explain)

F) Housing Problems

Client requested:

- Emergency housing services
- Assistance in locating temporary housing
- Assistance in locating long-term housing
- Assistance in finding living companions
- Assistance in finding cooking facilities
- Other (explain)

G) Vocational Problems

Client requested:

- Employment information
- Job Placement
- Job training
- A job of the facility
- Other (explain)

H) Educational/ Testing

Client requested:

- Assistance in obtaining ABE or GED
- I. Q. testing
- Aptitude testing
- Information on and referral to area public school, free schools, universities or other educational institutions

I) Miscellaneous

Client requested:

- Assistance in a transportation problem
- Referral for volunteer work
- Referral to a social club
- Other assistance (explain)

II. OUTCOME OF CONTACT

A) The following services were provided (check all that apply)

- Information specific to the problem was provided (booklets, film, discussion)
- Referral to another agency or institution was made
- Testing (clinical, psychological, vocational, etc) was conducted
- Treatment was provided
- Crisis intervention was provided (suicide prevention, drug problem intervention, etc)
- Personal assistance of staff (outside of facility) was provided
- General conversation occurred
- Referral to group program within the facility (therapy, vocational training, education classes, etc)
- Appointment was made for further contact

B) Client Case Status

- No further contact expected
- Client expected to make contact by phone on: _____
month day year
- Client expected to visit the facility on: _____
month day year
- Staff to phone client on: _____
month day year
- Staff to visit client on: _____
month day year

Name of Counsellor or Volunteer _____

END