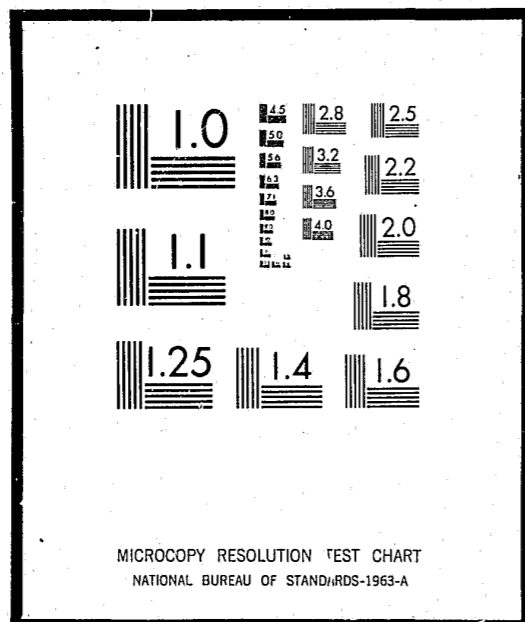


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EVALUATION OF DRUG ABUSE
EDUCATION AND PREVENTION PROJECTS

FINAL REPORT

³
VOLUME III - APPENDICES

Prepared for
Office of Criminal Justice Planning
State of California

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A GENERAL RESEARCH COMPANY

TABLE OF CONTENTS

<u>Para.</u>		<u>Page</u>
APPENDIX A		
EVALUATION OF PROJECT A		
A.1	ACTIVITIES OF PROJECT A	1
A.2	OBJECTIVES OF PROJECT A	4
A.3	BENEFICIARIES OF PROJECT A	7
A.4	ASSESSMENT OF PREVIOUS EVALUATIONS OF PROJECT A	7
	A.4.1 1971 EVALUATION	7
	A.4.2 1972 EVALUATION	10
	A.4.3 1973 EVALUATION	16
	A.4.4 CONCLUSION	21
A.5	PSSI EVALUATION OF PROJECT A'S IMPACT ON STUDENTS	22
A.6	PSSI EVALUATION OF PROJECT A'S IMPACT ON CLIENTS	24
A.7	PSSI EVALUATION OF PROJECT A'S COMMUNITY-WIDE IMPACTS	29
A.8	EVALUATION OF PROJECT A BY ITS OWN STAFF	31
APPENDIX B		
EVALUATION OF PROJECT B		
B.1	ACTIVITIES OF PROJECT B	35
B.2	OBJECTIVES OF PROJECT B	37
B.3	BENEFICIARIES OF PROJECT B	39
B.4	ASSESSMENT OF THE PREVIOUS EVALUATION OF PROJECT B	40
B.5	PSSI EVALUATION OF PROJECT B'S IMPACT ON CLIENTS	43
B.6	PSSI EVALUATION OF PROJECT B'S COMMUNITY WIDE IMPACTS	48
B.7	EVALUATION OF PROJECT B BY ITS OWN STAFF	51
APPENDIX C		
EVALUATION OF PROJECT C		
C.1	ACTIVITIES OF PROJECT C	53
C.2	OBJECTIVES OF PROJECT C	55
C.3	BENEFICIARIES OF PROJECT C	58

TABLE OF CONTENTS (Contd.)

<u>Para.</u>		<u>Page</u>
C.4	ASSESSMENT OF PREVIOUS EVALUATIONS OF PROJECT C	59
	C.4.1 1972 EVALUATION	59
	C.4.2 1973 EVALUATION	63
C.5	PSSI EVALUATION OF PROJECT C'S IMPACT ON CLIENTS	69
C.6	PSSI EVALUATION OF PROJECT C'S COMMUNITY-WIDE IMPACTS	73
C.7	EVALUATION OF PROJECT C BY ITS OWN STAFF	75
APPENDIX D		
EVALUATION OF PROJECT D		
D.1	ACTIVITIES OF PROJECT D	79
D.2	OBJECTIVES OF PROJECT D	80
D.3	BENEFICIARIES OF PROJECT D	82
D.4	ASSESSMENT OF PREVIOUS EVALUATIONS OR PROJECT D	82
	D.4.1 1972 EVALUATION	82
	D.4.2 1973 EVALUATION	85
D.5	PSSI EVALUATION OF PROJECT D'S IMPACTS ON STUDENTS, CLIENTS, AND COMMUNITY D AT LARGE	89
APPENDIX E		
EVALUATION OF PROJECT E		
E.1	ACTIVITIES OF PROJECT E	93
E.2	OBJECTIVES OF PROJECT E	94
E.3	BENEFICIARIES OF PROJECT E	96
E.4	ASSESSMENT OF THE PREVIOUS EVALUATION OF PROJECT E	97
E.5	PSSI EVALUATION OF PROJECT E'S IMPACT ON CLIENTS	102
E.6	PSSI EVALUATION OF PROJECT E'S COMMUNITY-WIDE IMPACTS	108
E.7	EVALUATION OF PROJECT E BY ITS OWN STAFF	109

TABLE OF CONTENTS (Contd.)

	<u>Page</u>
APPENDIX F	
STUDENT QUESTIONNAIRE	
STUDENT QUESTIONNAIRE	112
APPENDIX G	
PROFESSIONAL BENEFICIARY QUESTIONNAIRE	
PROFESSIONAL BENEFICIARY QUESTIONNAIRE	126
APPENDIX H	
PUBLIC QUESTIONNAIRE	
PUBLIC QUESTIONNAIRE	132
APPENDIX I	
PROJECT STAFF AND PROJECT DIRECTOR QUESTIONNAIRES	
PROJECT STAFF AND PROJECT DIRECTOR QUESTIONNAIRES	136
APPENDIX J	
COMMUNITY LEADER QUESTIONNAIRE	
COMMUNITY LEADER QUESTIONNAIRE	144
APPENDIX K	
CLIENT QUESTIONNAIRE	
CLIENT QUESTIONNAIRE	148
APPENDIX L	
CLIENT PARENT QUESTIONNAIRE	
CLIENT PARENT QUESTIONNAIRE	154

TABLE OF CONTENTS (Contd.)

	<u>Page</u>
APPENDIX M	
COMMUNITY-WIDE DELINQUENCY STATISTICS INSTRUMENTS	
CJS DELINQUENCY STATISTICS INSTRUMENT	167
SCHOOL DELINQUENCY STATISTICS INSTRUMENT	168

APPENDIX N	
PROJECT DESCRIPTION INSTRUMENTS	
STAFF COMPOSITION INSTRUMENT	169
SERVICE DELIVERY INSTRUMENT	170
FISCAL INSTRUMENT	171
FACILITIES INSTRUMENT	172

APPENDIX O	
CLIENT FOLLOW-UP INSTRUMENTS	
CLIENT FOLLOW-UP: BACKGROUND INSTRUMENT	173
CLIENT FOLLOW-UP: CJS INSTRUMENT	174
CLIENT FOLLOW-UP: SCHOOL INSTRUMENT	175

LIST OF TABLES

<u>Table No.</u>		
A-1	SUMMARY OF 1971 EVALUATION REPORT OF PROJECT A	11
A-2	SUMMARY OF 1972 EVALUATION REPORT OF PROJECT A	17
A-3	SUMMARY OF 1973 EVALUATION REPORT OF PROJECT A	20
B-1	SUMMARY OF EVALUATION REPORT OF PROJECT B	44
C-1	SUMMARY OF 1972 EVALUATION REPORT OF PROJECT C	62
C-2	SUMMARY OF 1973 EVALUATION REPORT OF PROJECT C	68
D-1	SUMMARY OF 1972 AND 1973 EVALUATION REPORTS OF PROJECT D	90
E-1	SUMMARY OF EVALUATION REPORT OF PROJECT E	103

APPENDIX A
EVALUATION OF PROJECT A

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EVALUATION OF PROJECT A

This appendix summarizes the evaluative information compiled by PSSI for Project A. It begins with descriptions of Project A's activities, objectives, and beneficiaries. Next the three previous evaluations of Project A are assessed. PSSI's evaluations of Project A's drug education, intervention and community-wide impact are followed by Project A staff's own evaluation.

A.1 ACTIVITIES OF PROJECT A

Project A is a drug education and early intervention project operated by the school district in Community A. While the program is organizationally in the Health Services Division and is headquartered in the Health Services Building, its counselors operate at all of the secondary schools on a regular schedule and are available for individual and group counseling, as well as more general rap sessions. Project A is also involved in preventive education of eighth and tenth grade students. Its counselors are responsible for the formal drug education unit in the eighth grade classes, and they assist the health and safety teacher with drug education in the tenth grade. Project A has also trained teen leaders to work with sixth graders and has conducted teacher training workshops and community education activities. Project A has been engaged in all five of the typical drug education and prevention activities:

- Preventive education
- Outreach counseling
- Ongoing counseling
- Teacher training
- Community education.

Each of these activities of Project A is described in more detail below.

Preventive Education

Project A provides for classroom instruction incorporating information about substances, decision-making, and building of positive values in the sixth, eighth and tenth grades of all San Diego City Schools. The elementary

program uses multi-media material kits to teach maintaining of healthy bodies, understanding the effects of drugs on mind and body, building positive values, and development of decision-making abilities. High school students are trained to be Teen Leaders and are assigned to a specific sixth grade classroom to work with students. One Project A counselor acts as a supervisor for the Teen Leaders and the elementary program.

The junior high program is offered in the eighth grade. Each Project A teacher/counselor is responsible for two junior highs and teaches the drug unit one hour per day for four consecutive days. In the high schools, the drug education is taught in tenth grade Health and Safety Classes by the regular teacher with assistance from the Project A counselor when necessary. Each high school has a Student Advisory Committee which aids the Project A counselor in program planning and development. These committees send representatives to a district-wide Student Advisory Committee which evaluates materials to be used in the program and proposed program changes. A Project A newsletter containing recent drug information and student articles relating to drugs is published and distributed to all schools in Community A.

In the 1971-72 school year, Project A counselors conducted 186 classroom sessions in the junior high schools, 542 in the high schools and 174 in the elementary schools. A total of 25,823 students were involved in these sessions. Over 20,000 pamphlets were distributed.

Ongoing and Outreach Counseling

In junior high school, one Project A counselor is assigned to two schools and is available on the fifth day of the drug education unit or on an on-call basis for students who would like individual or small group counseling for drug-related problems. Counselors are assisted by community consultants in group sessions.

On the senior high level, Project A counselors provide individual and small group counseling to students with drug-related (and other) problems. In some cases, parents are contacted. Students are referred to a counselor by parents, teachers, school administrators, counselors, other community agencies or themselves. Continuation of counseling is on a voluntary basis.

Project A was selected by the Community A Police Department to be a referral agency in their juvenile diversion program. If a youth is arrested for a drug-related offense, and parents are cooperative, the counselor assigned to the school that the youth attends is contacted and the offender may be placed in the Project A counseling program rather than go through the courts and probation. Project A may continue to see the youth or refer him to an appropriate community agency. Project A makes referrals to various community agencies, including detoxification facilities, therapeutic communities, job placement centers, family planning agencies, etc. Follow-ups are done where possible or requested.

In the 1971-72 school year, 1,455 junior high students received individual counseling and 2,206 participated in groups. The comparable numbers for the high schools were, 2,507 and 3,173, respectively. Approximately 65 percent of these clients were self-referred, and 15 percent were referred by the police.

Teacher Training

Project A coordinated and conducted a Pilot Elementary Drug Education Workshop for 34 teachers to provide leadership training for elementary teachers who could conduct individualized workshops at their specific school sites. Project A also conducted teacher workshops on junior and senior high school levels, including specific drug information, attitudes about drug use, communication skills, decision-making and value clarification, recent drug research findings, and curriculum development. Length of training varied with the nature of the group of teachers being trained.

A district-wide Drug Education Coordinating Committee consisting of representatives from elementary and secondary schools, student and health services, and subject area program specialists was established to keep the above-mentioned departments involved with drug education and new information, to review proposals related to drug education, and to make recommendations regarding the drug education program. Project A has also trained ex-addicts (Community Consultants) to aid junior high and high school teachers in the drug education units.

In addition Project A provided individualized consultation to school staff. Over 2,100 individual or group conferences were conducted in the 1971-72 school year.

Community Education

Project A staff make presentations to various community agencies and service groups on drug information and recent research findings, causes of drug abuse, youth culture, and the Project A approach in the Community A School District. In 1971-72, 239 speaking engagements were conducted with a total audience of over 10,000.

Project A has coordinated and conducted workshops for agencies such as the Community A Park and Recreation Department, California State PTA, California Teachers Association, and the local colleges and universities. Speakers make presentations to community groups to provide current drug information, to explore attitudes, and to aid and support efforts of community groups who wish to provide an ancillary service to the Project A program (e.g., Veterans of Foreign Wars setting up community dialogue sessions with Project A counselors facilitating the groups). Dialogues between high school youths and adults on communications, drugs, adolescent problems, etc., were initiated and run by Project A counselors. The Project A Citizens' Advisory Committee, made up of interested and prominent citizens, provides guidance and input from parents and community.

A.2 OBJECTIVES OF PROJECT A

Project A has described its objectives in a number of ways. Generally the stated objectives have been a mixture of outcome-oriented objectives and process-oriented objectives. For example, the 1970-71 evaluation report (page 2) indicated four objectives to be evaluated:

- To establish an effective and valuable program for senior high school students and on-site personnel
- To provide counseling and guidance for students with drug-related problems
- To increase knowledge of students in regard to drug abuse
- To coordinate the program with community agencies.

In its grant request for 1971-1972, Project A expanded its statement of objectives, but still mixed outcome-oriented and process-oriented objectives and included some very general goals. The objectives were as follows:

1. To develop an appreciation of a healthy mind and body and to instill in the student a value of self worth.
2. To provide an understanding of the total effect of drug abuse. This includes the legal, physiological, and psychological aspects of drug abuse.
3. To provide factual knowledge upon which to base a responsible decision regarding drug abuse.
4. To educate upper-classmen to influence individual elementary students by peer counseling.
5. To introduce an awareness of alternatives to drug abuse and to develop methods of coping with various problems of life.
6. To aid students in assuming responsibility for self and community in a quest to meaningful alternatives to drug misuse and abuse.
7. To give practical experience in leadership, peer counseling, and community involvement.
8. To meet individual needs of individual school communities with different "drug problems" and different concepts of alternatives.

PSSI interviewed seven of Project A's staff members. They were asked to state Project A's current objectives in their own words and then to express the emphasis placed by the project on various ultimate, intermediate, and immediate objectives.

Several objectives were stated by staff as responses to the open-ended questions. References to drug use were often combined with other objectives. Most viewed the project's functions (and their own) in terms of helping the student--as one person put it: "any way that's necessary." Several talked in terms of developing student ability to make better decisions. Several noted their role in crises.

Responses to the closed-ended questions regarding project objectives were averaged. Objectives were then ordered by the emphasis given them. Those receiving major emphasis are:

- | | |
|--|--|
| Ultimate Objectives: | Reduce drug misuse
Reduce drug use |
| Intermediate Objectives:
(Client-Oriented) | Improve client self-image
Clarify values and decision-making process
Increase knowledge of psychological effects of drug misuse
Develop attitudes against drug misuse
Increase knowledge of physiological effects of drug misuse
Improve communications with parents and others
Provide alternatives to drug use
Increase knowledge of legal consequences of drug misuse (less emphasis placed) |
| Intermediate Objectives:
(Community-Oriented) | Increase community awareness of drug problem (less emphasis placed) |
| Immediate Objectives: | Work with educational agencies
Work with parents
Work with community organizations] (less emphasis placed) |

A.3 BENEFICIARIES OF PROJECT A

In general, the beneficiaries of Project A's activities can be defined:

Preventive Education: Students in grades 6, 8, and 10, who represent a variety of ethnic and socio-economic backgrounds.

Counseling: Students in grades 6-12 in Community A who avail themselves of this service. Some counselors keep client records which permit the identification of beneficiaries, others do not.

Community Education: The general public. Beneficiary community groups are identified in Project A's reports.

Teacher Training: Teachers and other school staff who have participated in Project A workshops or who have received individualized consultation.

When Project A's staff were asked to identify Project A's beneficiaries, grade level was usually noted. Several staff members indicated that beneficiaries were middle class, adding that minority communities (Spanish heritage, Black) were not served as well. Client drug use was described as experimental or borderline, and one staffer felt youths who are seriously involved with drugs are not being served. One staffer felt the beneficiaries were kids with problems coping with growing up, while someone else thought that those with non-drug problems were being ignored; similarly, one felt families were the beneficiaries, while another felt parents were potential beneficiaries not actually being served.

A.4 ASSESSMENT OF PREVIOUS EVALUATIONS OF PROJECT A

Project A was evaluated after each year of CCCJ-funded operation. The three evaluations are assessed below.

A.4.1 1971 EVALUATION

Project A was evaluated in 1971 by its director. His evaluation was based upon a graduate student's thesis research and a State Department of Education student questionnaire. The Project A budget for 1970-71 contained no funds for an outside evaluation consultant.

Success Indicators

The effectiveness of Project A's counseling program was judged on the basis of whether the Project A counselor had created conditions conducive to success--specifically, whether he was trusted, available for counseling, and accepted by students.

The effectiveness of their education program could be measured by the gain in student knowledge as measured by the State questionnaire, but this is treated as a separate objective in the report. The perception of the Project A counselor as a reliable source of information is the other indicator used to judge the effectiveness of the education program.

Similarly, two questions that could be used to judge the effectiveness of the education program are reported within the context of increased knowledge. These are a question about the impact of the films used upon the student's decision not to use drugs, and a judgment as to whether drug education will keep the student from using drugs in the future. Directly testing an increase in knowledge are higher proportions of correct responses for three questions used by the State Department of Education's drug test.

The second objective--to provide counseling--was not framed in terms of outcomes. The evaluation rested upon anecdotal case histories and the number of counseling sessions, including the number initiated by the students themselves. The report viewed voluntary self-referrals and repeated visits to the counselor as measures of success.

The fourth objective--coordination of DANE with community agencies--was evaluated on the basis of the number of referrals made to other agencies, the number of speaking engagements, and on the basis of supportive letters from community agencies.

Instrument and Data Sources

Several groups were surveyed: 211 students in 12 high school Health and Safety classes, 317 counselees, and approximately 100 school staff. The instrument was a multiple-choice questionnaire, but one portion of the student survey involved a set of semantic differential questions.

Data was also used from the State Department of Education's test on drugs. This was administered on a pre/post basis. The report cites changes from the pre-test to the post-test on only three knowledge questions, although the full results on 36 attitude-knowledge statements are included in an appendix. It also reports the results for "370 matched students at three different senior high schools," but the report included test results for a fourth school (the response patterns for this fourth school differ markedly and may have been omitted because of doubts of the validity of test results there).

Analysis Procedures and Evaluation Findings

The results are reported in percentages and no statistical tests of significance are used. The results of the surveys among students, counseling clients, and school staff are all very favorable to Project A. The results, using the data from the State Department of Education, are less conclusive.

Although the evaluation report concludes, "There seemed to be a marked increase in knowledge of drug abuse information after the unit given in Health and Safety classes by (Project A) teachers and community consultants," the evidence reported in the text of the report is not as clear. As noted above, the results of only three questions were used. The report presented no statistical test to determine whether the "5.5% increase in the rejection column" (or the 6.7% and 6.3% changes in the other questions) are significant differences.*

The question on the impact of films on the student's decision not to use drugs was reported as showing a 23% increase on the post-test survey. But this is misleading, as it ignores the fact that most students rejected the statement. Similarly, several evaluative questions were asked about the films and they did not appear to fare any better. But more significant is the finding that the 1970 post-test indicated a 12% increase in agreement with the statement, "What I learned about drugs in school this year will probably keep me from using drugs in the future," compared to a 17% decrease in the 1969 post-test results. Whether the same schools were used, was not stated, however.

*These percentage changes apparently were calculated on a base of total students taking the test, rather than those in the particular response category as the text implies; this serves to undercut the extent of the change.

In general, greater use could have been made of the State test results. For example, the questionnaires also asked about potential and actual use of various substances, but no reference is made to these in the text.

Issues and Problems in Evaluation

Some of the measures of impact focused upon conditions conducive to success (such as being trustworthy) and are at best only indirect measures of impact. Similarly, although the perception of being a source of reliable information is a prerequisite to changing the knowledge and attitudes of the student, more direct tests of these outcomes are possible (as was seen in the use of some of the data from the State Department of Education test). See Table A-1 for a summary of this evaluation report.

A.4.2 1972 EVALUATION

The budget for 1971-72 contained \$3000 for an evaluation consultant.

Success Indicators

The evaluation report ignored the objectives stated in the second year grant application and instead addressed several impact-oriented hypotheses and several other evaluation-research questions. The report attempted to examine the impact of contact with Project A counselors upon the students' drug use and upon their attitudes towards drugs and drug use. It continued to examine whether the Project A counselors were perceived as trustworthy and as sources of accurate information, and whether the school staff and Community A evaluated the program favorably. The latter was still evaluated on the basis of supportive letters.

Drug use data were based upon student reports of their own use at the time of the survey (May) and in the previous September. Although the validity of self-reports of drug use has been questioned by some experts, there appears to be no feasible alternative to gathering this needed information. All that one can do is to try to encourage honest answers. Official juvenile drug arrest data were also reported.

TABLE A-1

SUMMARY OF 1971 EVALUATION REPORT OF PROJECT A

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. DEVELOP AN EFFECTIVE AND VIABLE PROGRAM	a) TRUST IN COUNSELOR b) AVAILABILITY FOR COUNSELING c) ACCEPTANCE BY STUDENTS d) TRUST IN INFORMATION PROVIDED BY PROJECT	SURVEY OF 211 STUDENTS IN 12 SCHOOLS; SURVEY OF 317 COUNSELEES; SURVEY OF APPROXIMATELY 100 SCHOOL STAFF	HIGH RATINGS ON ALL INDICATORS BY ALL GROUPS	THESE ARE CONDITIONS CONDUCTIVE TO SUCCESS AND INDIRECT MEASURES OF PROGRAM IMPACT
2. INCREASE KNOWLEDGE ABOUT DRUG ABUSE	a) INCREASED KNOWLEDGE ON 3 QUESTIONS b) AGREEMENT WITH STATEMENT THAT FILMS USED IN DRUG EDUCATION HELPED STUDENT DECIDE NOT TO USE DRUGS c) OPINION THAT DRUG EDUCATION WILL KEEP STUDENT FROM USING DRUGS IN FUTURE	USE OF RESULTS OF STATE DEPARTMENT OF EDUCATION TEST. PRE-TEST AND POST-TEST RESULTS REPORTED FOR 3 HIGH SCHOOLS (N=370)	a) INCREASES OF 5.5%, 6.7%, AND 6.3% IN THE 3 KNOWLEDGE QUESTIONS b) INCREASE OF 23% ON POST-TEST c) INCREASE OF 12% ON POST-TEST COMPARED TO A DECREASE OF 17% IN PREVIOUS YEAR WITHOUT PROGRAM	a) RESULTS ON ONLY 3 QUESTIONS ANALYZED, ALTHOUGH TEST WAS MORE EXTENSIVE b) IGNORES FACT THAT MOST STUDENTS REJECTED THE STATEMENT c) SCHOOLS PARTICIPATING IN PREVIOUS SURVEY NOT NOTED

The impact of the program on drug use was also measured by the responses to several questions in the high school student survey. Students were asked to indicate how the education program and the counseling program each had affected their drug use (choices included: kept student from using drugs, decreased use, encouraged use or curiosity about drugs, or no impact).

Success in changing attitudes was the subject of a direct question on whether attitudes on drugs had changed during the year. The students also were asked to indicate which of five alternative impacts of the education and counseling program was the most important consequence for them. The alternatives were attitudes and opinions about drugs, knowledge of drugs, drug use, self-image, and relations with others.

The third area examined the traits exhibited by Project A counselors which would be conducive to success. They were evaluated as to whether they were good listeners, personally interested in the student, trustworthy, available, liked by most students, and whether they wanted the students to make their own decisions. No cross-tabulations were made to see whether there was a relationship between perceptions of trust and reported behavior change.

The fourth area--providing accurate information--was measured by whether or not the Project A counselor was perceived as a source of accurate information and whether he was listed as a major source of drug information by the students.

School staff perceptions of the program included some of the same questions as were asked of the students, as well as other questions asking for evaluation of the program.

Instruments and Data Sources

The basic source of data was a questionnaire distributed to 2,184 students in twelve junior and senior high schools with a range of socio-economic and ethnic backgrounds. Eighth and tenth grade classes were selected "randomly" and 1,818 usable questionnaires were tallied. In addition, 218 school staff were polled, with 152 returning usable questionnaires.

Analysis Procedures and Evaluation Findings

The report concluded, ". . . There does not appear to be marked changes in drug-taking, regardless of whether Ss had contact with (Project A) or not." It did note, however, that those who had the most contact with Project A counselors did have the greatest decrease (as well as the greatest use). No tests of significance were used, on the grounds that the t-test requires pairs of scores and some students described their use for September, but not for May. Yet, no statistical tests were made for those who did report both scores. Since the evaluation design utilized a single survey of students, there was no alternative to asking the retrospective question about use eight months earlier. A design utilizing pre- and post-questionnaires could have avoided the pitfalls of asking respondents to remember their behavior that far back. More use could have been made of this self-reported drug-use data. Rather than merely reporting changes in average use for the entire group (thus hiding individual shifts), the data should have been analyzed for each individual and these scores summed. That is, what proportion of users indicated no change in their patterns of use for a drug (or drugs), what proportion indicated a decrease, and what proportion an increase--and what was the extent of the changes? Similarly, further analysis would then be possible to determine the characteristics, attitudes, and the nature and extent of services received for the different success groups. This could have provided valuable information for the design of future projects.

The evaluation report also presented drug arrest data as a measure of student drug use. The report noted a general decline in drug arrests, but a wide variability among the schools in the number of arrests and the drug involved. The report chose not to use the decline in arrests as evidence supporting the success of the program. Since arrest rates are a function of police practices as well as the "sophistication" of the user, this restraint should be commended (especially since there was a 37% decline in police referrals between 1971-1972 and the previous school year). But more use could have been made of these data--for instance, determining the grade-level of the arrested students would have been another possible measure of the impact of class-room drug education and the individual Project A counselor. Comparisons with other jurisdictions would have given some indication of the universality of the trend. Data on arrests by

school and drug type were available and included in the Appendix. An analysis of the correlation of arrest data and self-reported use data would have been helpful in refining these complementary measures of drug use. An analysis of the arrest data by school could have been related to the phased development of the Project A program throughout Community A.

The other major impact-oriented hypothesis examined the effects of the program upon the student's attitudes toward drug use. The evaluation report utilizes the students' responses to four questions. Drug education classes and contact with Project A counselors each were rated as more likely to have "contributed toward keeping me from using drugs" than any of the other choices which included "decreased drug use," "increased curiosity," "encouraged use," and "not affected by drug use one way or the other." The inclusion of "increased . . . curiosity" among choices focusing upon changes in use suggests the question is not unidimensional (i.e., the choices are not mutually exclusive). Since multiple responses were rejected by the computer, this is especially troublesome. The impact of the program on attitudes was also judged on the basis of two questions which asked about the influence of drug education classes (question 20) and Project A counselors (question 21) upon the students' attitudes and opinions about drugs, factual knowledge of drugs, drug-taking behavior, feelings about himself, and relationships with others.

The data reported in the Appendix, which reproduces the questionnaire and the frequency distribution for each item, indicates that factual knowledge was more likely to be selected than changed attitudes and opinions. The text, nevertheless, implies the reverse pattern. Its use of the chi-square statistic is somewhat misleading as it merely signifies that the distribution of responses differs from a totally random distribution. The question also suffers from the fact that the direction of the change in attitude is not noted. The text and summary table includes a similar question concerning elementary school drug education, but actually omits question 20 at this point (although, it uses it later in the discussion of the information provided by the program). More serious, however, is the omission in the text to the responses on question 24. The latter is a direct question on changed

attitudes: "Have your opinions about drugs changed this year?" The modal response is, "No, they have not changed." The question is flawed, however, by its lack of unidimensionality; in addition to "no change," "greater opposition," and "greater support for drug use," the optional answers include "greater indifference" and, "I am more careful about drug use than before."

The third area that the evaluation report examined was the traits exhibited by the Project A counselors which would be conducive to success. They were described as trustworthy, good listeners, and well-liked by most students. These statements were viewed as completely or mostly true by the great majority of students. However, responses to this question were not cross-tabulated against responses to question on behavioral change and the impact of Project A.

The fourth evaluation question to be tested was "How effective is the (Project A) program in providing accurate information regarding drugs and their effect?" Rather than any test of increased information, as had been done in the previous evaluation report, the second-year report relied on a question asking student (and staff) agreement with the statement that the Project A counselors "provide accurate and honest information about drugs;" 85% of the students said this was completely or mostly true. In addition, another question addressed whether the Project A counselor was a major source of drug information. It read, "I have learned most factual information about drugs and their effects from 1) friend(s), 2) parent(s), 3) classroom lectures and films, 4) the drug-education (Project A) counselor, 5) teacher(s), and 6) other." Fifty-five percent listed class or Project A, but friend(s) was second with 28 percent. Receiving information and viewing it as honest and accurate are important prerequisites for an effective education program, but finding out whether knowledge had increased and the perceived or actual impact of it upon behavior are more direct measures.

The fifth area examined perceptions of the program by on-site school personnel and these generally were favorable. The sixth area dealing with community perceptions was still based on letters of commendation. No systematic attempt to gather community leaders' views was made.

Issues and Problems in Evaluation

As noted above, several opportunities for insightful analysis were ignored:

- Changes in self-reported drug use could have been cross tabulated against respondent characteristics, attitudes and services received
- Arrest statistics could have been separated by grade level and school of arrestee and then related to the phased development of the Project A program
- Trends in drug arrests could have been compared to trends in self-reported drug usage.

In addition to passing up these opportunities, the evaluation report contains a number of technical errors (and some of the questions on the questionnaire were not unidimensional). See Table A-2 for a summary of this evaluation report.

A.4.3 1973 EVALUATION

The third year evaluation study was performed by the same consultant. (The budget included \$3,000 for the evaluation consultant.) Basically, it is a repetition of the previous year's effort, and for a discussion of it we will abandon the format used so far. The sample was expanded to include current counseling clients and former clients. The latter group were surveyed by an oral interview. Because of the difficulty in finding clients who had received counseling several years earlier and who were still available for an interview, only eight interviews were done and no analysis is made of the results, which were to address the long term effects of Project A counseling. Current counselees were sampled on the following basis: each Project A counselor selected 50 clients and gave them a packet which included the questionnaire, a pencil, and a stamped envelope. Complete anonymity was therefore guaranteed, although some potential biasing of the sample was possible. The need for continued trust and confidentiality required this or a similar methodology. Of the 850 questionnaires distributed,

TABLE A-2

SUMMARY OF 1972 EVALUATION REPORT OF PROJECT A

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. REDUCE DRUG USE	<p>a) SELF-REPORTED DRUG USE IN SEPTEMBER AND MAY</p> <p>b) DRUG ARREST DATA</p> <p>c) STUDENT PERCEPTION OF EDUCATION PROGRAM'S IMPACT ON DRUG USE</p> <p>d) STUDENT PERCEPTION OF COUNSELING PROGRAM'S IMPACT ON DRUG USE</p>	<p>a) SURVEY OF STUDENTS IN 12 SECONDARY SCHOOLS (N=1818). QUESTION INVOLVES SINGLE SELF-REPORT OF USE IN MAY AND PREVIOUS SEPTEMBER</p> <p>b) LOCAL POLICE DEPARTMENT OFFICIAL REPORT TO SCHOOLS ON DRUG ARRESTS</p> <p>c) SCHOOL SURVEY. SEE 1a ABOVE</p> <p>d) SEE 1a ABOVE</p>	<p>a) NO MARKED CHANGES IN DRUG USE BEHAVIOR</p> <p>b) 37% DECLINE IN ARRESTS, BUT CHANGE NOT ATTRIBUTED TO PROGRAM</p> <p>c) "CONTRIBUTED TOWARD KEEPING ME FROM USING DRUGS" INDICATED MORE OFTEN THAN DECREASED USE OF DRUGS</p> <p>d) SEE 1c ABOVE</p>	<p>a) DATA REPORTED AS AVERAGES THUS HIDING INDIVIDUAL SHIFTS</p> <p>b) ARRESTS MAY BE A FUNCTION OF POLICE PRACTICES AND YOUTH "SOPHISTICATION"</p> <p>c) QUESTION NOT UNIDIMENSIONAL</p> <p>d) SEE 1c ABOVE</p>
2. CHANGE STUDENT ATTITUDES TOWARDS DRUGS	<p>a) STUDENT PERCEPTION OF EDUCATION PROGRAM'S IMPACT ON ATTITUDES VS. OTHER IMPACTS</p> <p>b) STUDENT PERCEPTION OF COUNSELING PROGRAM'S IMPACT ON ATTITUDES VS. OTHER IMPACTS</p>	<p>a) SEE 1a ABOVE</p> <p>b) SEE 1a ABOVE</p>	<p>a) REPORT STATES ATTITUDE CHANGES INDICATED MOST FREQUENTLY BUT DATA INDICATES KNOWLEDGE CHANGE WAS INDICATED MOST</p> <p>b) ATTITUDES INDICATED MOST FREQUENTLY</p>	<p>a) ANALYSIS OMITTS MOST DIRECT QUESTION OF HOW ATTITUDES TOWARDS DRUGS CHANGED IN YEAR; MODAL RESPONSE WAS "NO CHANGE." QUESTIONS DO NOT INDICATE DIRECTION OF ATTITUDE CHANGE.</p>
3. DEVELOP FAVORABLE IMAGE OF COUNSELOR WITH STUDENTS	COUNSELOR DESCRIBED AS TRUSTWORTHY, GOOD LISTENER, AVAILABLE, ETC.	SEE 1a ABOVE	COUNSELOR VERY FAVORABLY PERCEIVED	THIS IS AN INDIRECT MEASURE OF IMPACT
4. PROVIDE ACCURATE INFORMATION	<p>a) STUDENT PERCEPTION OF PROJECT AS SOURCE OF ACCURATE INFORMATION</p> <p>b) PROJECT CONSIDERED A MAJOR SOURCE OF DRUG INFORMATION BY STUDENTS</p>	<p>a) SEE 1a ABOVE</p> <p>b) SEE 1a ABOVE</p>	<p>a) 85% OF STUDENTS RATE INFORMATION ACCURATE AND HONEST</p> <p>b) 55% LIST COUNSELOR AND CLASSES AS PRIMARY SOURCE OF DRUG INFORMATION</p>	<p>a) A TEST OF INCREASED KNOWLEDGE WOULD BE A MORE ACCURATE TEST OF THIS OBJECTIVE</p>
5. DEVELOP FAVORABLE IMAGE OF PROGRAM WITH SCHOOL STAFF	SCHOOL STAFF PERCEPTIONS OF PROGRAM	SURVEY OF SCHOOL STAFF (N=152)	FAVORABLE PERCEPTIONS	THIS IS A VALUABLE DIMENSION OF EVALUATION

and 343, or 40% were returned. Since some of the general student sample had received counseling services, a comparison of their responses to those of the counselees would have given some indication of the representativeness of the other group. It should also be noted that the response rate of on-site school personnel dropped to 23%, with only 120 of 515 returning the questionnaire. The student sample was, again, conducted at 12 schools, and all but one were the same as the previous year. Since the sampling concentrated on eighth and tenth grade classes, few students were likely to be included in both years' surveys.

The questionnaires were revised slightly to either clarify wording or to pare down responses to five choices required by the machine processing of the answer sheets.

For several of the objectives examined, the results and conclusions were similar to 1972 findings. For instance, drug use did not change significantly between September and May, regardless of whether the student had contact with the Project A classroom education program. Similarly, the Project A counselors were still favorably perceived by students, counselees, and school staff as trustworthy and as sources of accurate information.

But some of the data appears to be less favorable than the previous year, and some of the more careful wording of inferences drawn from the data in the earlier report was changed. For example, the 1972 responses indicated that almost half (48%) of the students said that classes, films, and lectures on drug education in school that year had contributed toward keeping them from using drugs; an additional 10% indicated they had helped decrease or cease their use of drugs; but 30% indicated no impact on their drug use, while 13% indicated greater curiosity or encouragement to use drugs. These results indicate more prevention impact than no change and lend themselves to the modest interpretation that "Prevention of use may be the most important function of the (Project A) program." (page 57.) But the data from the same questions in 1973 are less conducive to that interpretation. In 1973, as many students indicated classroom drug education had no impact on their drug use, as students who indicated it prevented their use.

The results to the question on changes in opinion about drugs in the past year were similar--the modal response (45%) was that there was no change in their opinions. Despite this, the report claims at one point: "In summary it appears that drug education classroom procedures are more effective in preventing drug-taking, or changing attitudes about drug use, rather than changing drug-taking behavior." (Page 29.)

Generally the conclusions made by the report are supported by the data. It concludes: "The use of drugs by students continues to be a widespread phenomenon in (Community A)." Drug use according to the self-reports continues at what may be considered a high level.*

Another conclusion is appropriately moderate: "It is still not completely established that (Project A) counseling decreases drug-taking behavior. Data from present and former counselees indicate that decreases in drug-taking do occur for some individuals."

The high ratings given Project A counselors on traits conducive to having an impact warrants the conclusion that Project A teacher-counselors are fulfilling the role as ombudsmen in the school. The (Project A) staff was seen as useful, trustworthy individuals by students, staff, and community members. On-site personnel requested more time and interaction with the (Project A) staff."

Only the conclusion regarding the impact of drug education classes is open to varying interpretation. The report concludes, "Drug-education discussion units by (Project A) counselors change students' attitudes towards prevention of drug use. This type of intervention does not, however, change existing drug-taking behavior." See Table A-3 for a summary of this evaluation report.

* Since self-reported drug use remained high, while Community A police arrests and referrals to the school guidance department were dropping (from 1,689 in the 1970-71 school year to 1,055 in 1971-72 to 860 in 1972-73), some question about the validity of these two measure may be raised.

TABLE A-3

SUMMARY OF 1973 EVALUATION REPORT OF PROJECT A

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. REDUCE DRUG USE	<p>a) REDUCE DRUG USE BETWEEN SEPTEMBER AND MAY</p> <p>b) DRUG ARREST DATA</p> <p>c) STUDENT PERCEPTION OF EDUCATION PROGRAM'S IMPACT ON DRUG USE</p> <p>d) COUNSELEE PERCEPTION OF PROGRAM'S IMPACT ON DRUG USE</p>	<p>a) SURVEY OF STUDENTS IN 12 SECONDARY SCHOOLS (N=2965), AND SURVEY OF COUNSELEES (N=343). QUESTION INVOLVES SINGLE SELF-REPORT OF USE IN MAY AND SEPTEMBER</p> <p>b) LOCAL POLICE DEPARTMENT OFFICIAL REPORT TO SCHOOLS ON DRUG ARRESTS</p> <p>c) SURVEY OF STUDENTS AND COUNSELEES: SEE 1a ABOVE</p> <p>d) SURVEY OF COUNSELEES</p>	<p>a) NO MARKED CHANGE IN DRUG USE BEHAVIOR</p> <p>b) CONTINUED DECLINE</p> <p>c) AS MANY STUDENTS INDICATED NO CHANGE AS INDICATED PREVENTED DRUG USE</p> <p>d) "NOT COMPLETELY ESTABLISHED THAT COUNSELING ... DECREASES DRUG-TAKING BEHAVIOR"</p>	<p>a) DATA REPORTED AS AVERAGES THUS HIDING INDIVIDUAL SHIFTS</p> <p>b) ARRESTS MAY BE FUNCTION OF POLICE PRACTICES AND YOUTH "SOPHISTICATED"; ARRESTS DECLINED BUT ADMITTED USE INCREASED</p> <p>c) EVALUATION REPORT TEXT DOES NOT ADEQUATELY REFLECT THIS CHANGE FROM 1972 DATA</p> <p>d) SOME CHANGES IN BEHAVIOR ARE REPORTED BY COUNSELEES AND NOTED IN REPORT</p>
2. CHANGE STUDENT ATTITUDES TOWARD DRUGS	<p>a) STUDENT PERCEPTION OF EDUCATION PROGRAM'S IMPACT ON ATTITUDES VS. OTHER IMPACTS</p> <p>b) CHANGE IN OPINION REPORTED</p>	<p>a) SURVEY OF STUDENTS AND COUNSELEES: SEE 1a ABOVE</p> <p>b) SEE 1a ABOVE</p>	<p>a) KNOWLEDGE SELECTED MORE THAN ATTITUDES</p> <p>b) MODAL RESPONSE IS NO CHANGE</p>	<p>a) TEXT STILL SEES ATTITUDE CHANGE AS AN IMPACT OF EDUCATION PROGRAM</p> <p>b) THIS QUESTION NOT DISCUSSED IN TEXT</p>
3. DEVELOP FAVORABLE COUNSELOR IMAGE WITH STUDENTS	COUNSELOR PERCEIVED AS TRUSTWORTHY, GOOD LISTENER, ETC.	SEE 1a ABOVE	COUNSELORS PERCEIVED VERY FAVORABLY	THIS IS AN INDIRECT MEASURE OF IMPACT
4. PROVIDE ACCURATE INFORMATION	STUDENT AND SCHOOL STAFF PERCEPTION OF PROJECT AS SOURCE OF ACCURATE INFORMATION	SEE 1a ABOVE. ALSO SCHOOL STAFF SURVEY (N=120)	INFORMATION PERCEIVED AS ACCURATE	THIS DOES NOT TEST WHETHER STUDENTS HAD INCREASED KNOWLEDGE
5. DEVELOP FAVORABLE IMAGE OF PROGRAM WITH SCHOOL STAFF	FAVORABLE PERCEPTIONS	SCHOOL STAFF SURVEY	VERY FAVORABLE PERCEPTIONS	A VALUABLE DIMENSION OF EVALUATION
6. DEVELOP FAVORABLE IMAGE OF PROGRAM IN COMMUNITY	FAVORABLE COMMENDATIONS OF COMMUNITY AGENCIES	LETTERS OF COMMENDATION	COMMUNITY IS FAVORABLE TO PROGRAM	A SURVEY OF COMMUNITY LEADERS WOULD BE LESS BIASED.

A.4.4 CONCLUSION

The three evaluation reports examined several outcome-oriented objectives, such as reduced drug use and improved attitudes towards drug use. But, they have failed to list some objectives that are part of education-counseling programs--for instance, increased knowledge about the physiological, psychological, and legal effects of drug use, or improvement in self-image or other underlying factors that might contribute to the decision to use drugs. They have examined whether Project A counselors have created the conditions conducive to a successful program, such as trust, interest, availability, and perceived accuracy of information, but have not examined the relation between these conditions and behavioral and attitudinal change.

Their measure of drug-use has been the direct one of self-reported use, although they also reported police drug arrest statistics (no attempt was made, however, to correlate the two, and thus contribute to an improved estimate). But their measure of attitude change involved a subjective estimate of change by the student, rather than an objective evaluation of change through the use of an attitude survey. Similarly, their concern with drug knowledge has been whether it is perceived as accurate, rather than whether the student has increased his knowledge (although, some limited use was made of State survey data for several Community A schools in the 1971 report).

Their polling of students was expanded in 1973 to specifically sample a group of current counselees. But an opportunity was missed by merely repeating the same questionnaire. More specific questions should have been asked about how the program had helped them. For example, one question asked the student (and counselee) whether the single most important influence of the drug-education unit was upon their attitudes and opinions on drugs, factual knowledge of drugs, drug-taking behavior, feelings about themselves, or relationship with other people. The question should be redesigned so that the extent of the program's impact in each of these areas (and some additional ones related to project objectives) could be assessed. And the same question should be asked about the impact of the counseling program.

In addition, better tracking of the behavior of counselees is possible. School records could be examined on a systematic basis--without any threat to their confidentiality--either by the evaluator or the Project A counselor to assess the impact of counseling.

Similarly, community leaders could be polled about the program rather than relying solely on testimonial letters. The project staff should also be interviewed systematically (and confidentially); they can be a valuable source of insight regardless of how long the project and team has been functioning or how well the project is structured to produce feedback from the staff.

The program maintains and reports excellent statistics on the number of classes, training sessions, speeches, audience size, etc.

A.5 PSSI EVALUATION OF PROJECT A'S IMPACT ON STUDENTS

Although four of the five cluster projects were involved in training teachers in drug education methods or providing individual consultation to teachers, school counselors and administrators, only Project A was directly involved in classroom drug education. The preventive impact of Project A on students was evaluated by administering a questionnaire to 170 ninth, tenth, and eleventh graders from five secondary schools. The findings are summarized here:

- 85% of the students who have never used any drugs credit Project A with preventing their using and 15% reported Project A had no impact on their using (no one claimed Project A had stimulated their using).
- 30% of these non-users report their opinions have changed in the last year to less in favor of drug use (70% reported no change in drug opinions and none of these non-users reported changes in favor of drug usage).
- 50% of the students who have used only one or two types of drugs (i.e., marijuana and/or alcohol users) credit Project A with preventing their using and 9% reported Project A had

helped them to reduce their usage (38% reported no impact and 3% reported Project A had stimulated their usage).

- 44% of these light users report their opinions have changed in the last year to less in favor of drug use (46% reported no change in drug opinions and 10% reported changes to more in favor of drug usage).
- Students who have used three or more drugs report considerably less impact from Project A's classroom activity than do non-users or light users. Fewer of these heavier users report changes in opinions to less in favor of drug use and more report changes to more in favor.
- More students reported a net decrease in drug usage over last year than reported a net increase (35% vs. 22%). This was consistent with the general opinion of teachers and community leaders that the juvenile drug problem is becoming less serious.

It was hoped that the students who reported a favorable education impact on drug usage would also report a favorable change in drug opinions and a net reduction in drug usage. This was not the case. There was very little relation between student responses to these three types of questions. Project A's own evaluator also noted the same discrepancy. In examining this inconsistency, PSSI found four reasons to ignore the preventive impact of Project A, as perceived by the students, which was more flattering to the project than the reported changes in drug opinions and usage:

- The question on perceived impact of drug education, which evaluates the school system, was asked in a classroom and proctored by a teacher. This is possibly a non-neutral environment.
- Further the classroom education activities are associated in the minds of many students with the project. Its evaluator found that Project A has an excellent image with students. This was also reflected in PSSI's data (see

Table 63). The self-perceptions of education impact may reflect this image, rather than any actual impact.

- The other two indicators (self-reported change in drug opinions and use) are more consistent with each other than they are with perceived impact.
- Project A staff feel their preventive education activities are ineffective (see Section A-8 below).

A.6 PSSI EVALUATION OF PROJECT A'S IMPACT ON CLIENTS

Project A's impact on client drug use, attitudes about drugs and various other intermediate areas, was evaluated by administering questionnaires to 161 current clients, 21 parents of former clients, 19 professional beneficiaries, and 7 Project A staff members. In addition school and police records were checked for 100 clients from fall of 1972 to judge Project A's impact on delinquent behavior and grades. The findings are summarized here.

Impact on Drug Use

In general the findings from the client questionnaire regarding Project A impact on drug usage were inconsistent:

- 24% of its clients said Project A greatly helped them to reduce their drug use and 42% said it helped them somewhat. (34% reported no help at all.)
- However, Project A clients, on the average, report about as much reduction in drug use from the previous year as a group of non-clients matched for past usage.*

*There was some consistency in these self reports. On the average, clients who reported that Project A had helped to reduce their use, reported more of a reduction in use than clients who reported no help.

- And even more inconsistent, Project A clients, on the average, report about 15-20% more current drug usage than the group of non-clients matched for past drug usage.

More of the clients from Project A perceived an impact on their drug usage than did the clients of any other project. However, Project A's clients report more current drug use, in comparison to a group of non-clients matched for past usage, than do clients from the other projects. And Project A's clients report a reduction in drug usage comparable to the clients from the other projects.

One explanation for this inconsistency results from the order of the questions on the client questionnaire and the extremely favorable image of Project A with its clients. The questions on current and past drug usage occur on pages 6 and 7 of the questionnaire. The project is first mentioned on page 12 and the questions regarding its impact on drug usage and opinions are on page 13. Since Project A's image with its clients is by far the best of the cluster projects (see Table 63), it is possible that the answers to the impact questions reflect, in some cases, this favorable image more than actual impact. For this reason, PSSI downgraded the self-reported impact and put more faith in the self-reported drug usage.

However, it is important to stress that the questionnaire was administered to current clients, i.e., clients still in treatment. It is very possible that impact on drug usage might not be measurable until some time after the end of treatment. To test this possibility, parents of former clients (from Spring of 1973), teachers and staff were asked to assess Project A's ultimate impact on client drug use. Responses from these three groups of significant others were consistent--all felt Project A was considerably more helpful than did current clients. On the other hand responses from all four groups concerning intermediate impacts were quite consistent. Thus clients might be able to perceive intermediate impacts, but not the project's ultimate effect on drug use.

Clients who reported favorable project impacts on drug usage were compared to those who reported no impact, in order to understand Project A's pro-

cesses better. There was no difference between the two groups in terms of age or race. Those who reported some impact on their usage tended:

- To be female
- To have come to the project for a non-drug problem
- To have used fewer drugs in the past
- To have had fewer bad effects from their drug use.

They also report:

- Less current drug usage
- More anti-drug attitudes
- More of a reduction in drug usage from last year

and have spent more time with the Project A counselor.

Impact on Drug Opinions

In general the findings from the client questionnaires regarding Project A's impact on drug opinions were inconsistent:

- 48% of its clients said they are less in favor of drug use as a result of participating in Project A and 42% reported no impact. (10% reported being more in favor of drug use as a result of participating in Project A.)
- However, on the average, Project A's clients have drug knowledge, attitudes and concerns comparable to a group of non-clients matched for past drug usage. This would tend to indicate no project impact.

This inconsistency can be explained by the same argument that was offered to explain the inconsistency between self-reported drug usage and perceived impact on drug usage--the order of the items on the questionnaire and the extremely favorable image of Project A with its clients.

Impacts in Other Areas

Generally Project A's clients perceived as much or more impact in certain intermediate areas than on their drug usage or attitudes. In particular clients generally felt the project helped them to:

- Accept responsibility
- Gain self-confidence
- Improve school attendance
- Improve relationships with others
- Improve communications with others
- Make better decisions
- Clarify values
- Make better use of free time
- Improve relationships at home.

Clients perceived little impact on grades. Parents, teachers, and project staff perceived impacts in these intermediate areas that were comparable to those perceived by clients--with one exception. Teachers and other professional beneficiaries generally perceived Project A's impacts to be more substantial in all areas.

Interestingly those clients who report the greatest impact in intermediate areas, also report less of a decrease in drug use than do clients reporting the least impact in intermediate areas. Thus if these intermediate impacts are precursors of a yet-to-come drug impact, Project A might be having a substantial impact on drug use.

Clients were also asked about other delinquent behavior. Project A clients reported small net reductions in theft and truancy in comparison with a group of non-clients matched for past drug usage. There was no difference between the two groups in changes in vandalism.

The findings of the school and police records checks of Fall 1972 clients were not impressive:

- Eighteen out of 72 clients for whom grades could be found for both Spring 1972 and Spring 1973 showed improvement in grade point average. Twenty-three of these 72 showed some deterioration in grades. (Thirty-one clients showed no change.)
- Six of the 38 clients for whom attendance records could be found for Spring 1972 and Spring 1973 showed some improvement and 8 showed some deterioration. (Twenty-four clients showed no change.)
- Twelve of the 71 clients for whom suspension records could be found for Spring 1972 and Spring 1973 showed some improvement and 12 showed some deterioration. (Forty-seven clients showed no change.)
- Only 7 of the 52 former clients, who were still minors as of December 1973 and who had no arrests prior to involvement with Project A, were re-arrested in the 12 months after involvement.
- Eleven of the 21 former clients, who were still minors as of December 1973 and who were arrested prior to involvement with Project A were re-arrested in the 12 months after involvement.

One last measure of intervention impact was tabulated. Parents of former clients were asked to evaluate the impact of the project on themselves. On the average parents of former Project A clients perceived that the project had been quite helpful in:

- Improving parent-child communications
- Improving family relationships

and somewhat helpful in:

- Improving their own ability to make decisions
- Clarifying their own values.

A.7 PSSI EVALUATION OF PROJECT A'S COMMUNITY-WIDE IMPACTS

Project A's community education and professional consultation activities were designed to significantly affect the juvenile drug problem in Community A. In support of this general goal, these activities were also designed to publicize Project A and encourage appropriate referrals. To evaluate these community-wide impacts, PSSI administered questionnaires to 33 community leaders, 10 heads of county-wide agencies dealing with the juvenile drug problem, 21 parents of former clients, 19 professional beneficiaries, and public cross sections of 170 juveniles and 204 parents. In addition juvenile arrest statistics, referrals to probation, and suspensions from secondary schools were collected for Community A. It was found that:

- Most (86%) of the community leaders and county-wide agency heads were aware of Project A. This was the highest level of community awareness recorded for any cluster project. Most of those who were aware first heard about the project from its own communications to their agency.
- Most of the juveniles surveyed (69%) were aware of Project A.
- Most of the parents surveyed (47%) were aware of Project A. Most of those who were aware, heard about the project from their son or daughter.
- Beneficiaries of Project A's professional consultation/teacher training activity perceive its objectives quite similarly to Project A's staff, indicating a fair community understanding of the project. The correlation between the emphasis placed by the project on 22 ultimate, intermediate and immediate objectives, as perceived by professional beneficiaries, correlates very well with the emphasis perceived by staff (the correlation coefficient is 0.85).
- These professional beneficiaries generally felt that Project A had increased their knowledge of drugs and understanding of juvenile drug users and had helped them somewhat to clarify their own values and to handle juvenile users.

- Most parents of former clients, teachers, and community leaders are willing to recommend youths to Project A for drug information/education and counseling. The cross section of parents was slightly less willing.
- Its clients rate Project A as by far the most effective local institution or agency dealing with the juvenile drug problem. Clients, independent of their current level of drug use, rate Project A more effective than parents, teachers, school counselors, police, clergy, and even the medical profession.
- The cross section of students from Community A also rate Project A as the most effective local institution or agency dealing with the juvenile drug problem. Students, however, rate the medical profession as equally effective.
- However, very few (10-15%) of the students who are using drugs have sought help from Project A and only 27% of the students say they would definitely go to Project A for help if they had a drug problem.
- Almost half of the community leaders surveyed feel that Project A has been very helpful in informing Community A about the drug problem. The rest feel it has been somewhat helpful.
- Eighty-one percent of the community leaders surveyed feel that Project A has been at least somewhat helpful in organizing Community A to deal with the drug problem. Most feel it has been somewhat helpful in organizing the community to deal with other juvenile problems.
- Of those professional beneficiaries and community leaders who perceive that the juvenile drug problem has abated during the past year, most (11 of 15) give Project A a major share of the credit. Those perceiving no change, or an adverse change, in the juvenile drug problem generally credited Project A with helping to contain the problem.

- Juvenile marijuana arrests and referrals to probation generally remained stable in Community A during its last 18 months of CCCJ funding. During the same period arrests and referrals to probation for alcohol offenses decreased and arrests and referrals for other drug offenses decreased slightly. All of these CJS indicators for Community A are considerably higher than the Los Angeles County averages, but exhibited the same trends as this comparison County for the last 18 months of CCCJ funding. They show that Community A's juvenile drug problem has not been "cured."
- Five-year trends in juvenile drug arrests were quite consistent with trends in secondary school suspensions for drug offenses in Community A. Further arrests per drug user in Community A were quite similar to those in Community B. These two observations tend to justify the use of arrests as an indicator of the juvenile drug problem.
- The same drug attitudinal differences between groups in Community A were apparent as were noted in other communities. This indicates that Project A's community education component has not achieved the miraculous.

A.8 EVALUATION OF PROJECT A BY ITS OWN STAFF

Seven Project A staff members were interviewed, using an open-ended interview guide. Their responses relevant to an evaluation of Project A are summarized here.

Evaluation Criteria

Interviews with clients were recommended by several Project A staff members. Others to be surveyed included client-parents, school staff, and project staff. Long range follow-up of grades, drug use, and school and social adjustment were suggested as were case studies of clients. One suggestion was to use the number of clients seen as a measure since the program is voluntary and if a counselor were doing a poor job, he would have fewer clients.

Most Effective Activity/Service

The individual counseling program was most often cited as Project A's most effective activity or service. It provides a youth with a "friend" who can help him deal with his problem; the reputation of Project A's counselors for trust and confidentiality aids in their effectiveness. One staffer did note that since the program concentrates on self-referrals, its clients are there because they want help. Several staff members also cited the small groups as an effective activity. Other comments included crisis counseling, and community involvement.

Least Effective Activity/Service

Classroom presentations led the list of least effective activities. Several factors were noted: the students do not open up in the classroom situation because they do not trust the others in the class; the students do not recognize a need for the program; and the different levels of drug involvement and interest makes it difficult to do well. One staffer cited arrest referrals as an ineffective program, noting that in that context project staff is associated with the police. Another cited the project's inability to make policy given its position within the educational bureaucracy, and thus to create alternative programs.

The educational program came in for additional criticism when the staff was asked for actions to be taken if funding were cut 25%. Several suggested cutting education effort or expenditures related to it, such as films and pamphlets. One suggested cutting counseling and education equally. Several suggested reducing the role of ex-addict consultants. One suggested concentrating the program in elementary and junior high schools, and another suggested consolidating high school services.

Significant Accomplishments

Several staff members referred to modification of drug-use behavior, citing the dedication and personality of the staff as key factor (although one suggested that other factors such as the role of law enforcement and peer

idols played a role as well as did the honesty of the program). Others saw reduced suffering of youth or treating the students as humans as the most significant accomplishments of the program.

Recommendations

Recommendations to others covered a wide range from specific advice to segregate users from non-users in education classes by having students sign up for sections, to broad advice to develop active support in the community. Staff traits of empathy, dedication, honesty, trust, and confidentiality were urged. The use of scare techniques was decried, and the use of peer counselors was urged. The ombudsman approach--not being tied to the disciplinary system and the administration--was also recommended.

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APPENDIX B
EVALUATION OF PROJECT B

APPENDIX B

EVALUATION OF PROJECT B

This appendix summarizes the evaluative information compiled for Project B. It begins with descriptions of Project B's activities, objectives and beneficiaries. Next the previous evaluation of Project B is assessed. PSSI's evaluations of Project B's impacts on clients and the community at large are followed by Project B staff's own evaluation.

B.1 ACTIVITIES OF PROJECT B

Project B is a drug intervention and community education program operated by the Police Department of Community B. The project staff, consisting of four social workers^{*} was heavily involved in community education and organization activities as well as the development of community resources to combat the drug problem in terms of both prevention and intervention. Staff were also engaged in providing direct services to youths--crisis intervention, ongoing counseling, referral of cases to community agencies--as well as less direct services such as teacher training. Each of the activities of Project B is described in more detail below.

Crisis and Ongoing Counseling

Project B is located in the Community B Police Station to hasten and facilitate referral to the program. Social workers are on-call 24 hours a day to provide crisis counseling to juveniles and their families and to prevent the necessity of arrest for drug-related offenses. Referrals are not made to the program if juvenile has:

- A history of previous arrests

* At the completion of CCCJ funding, project staff was cut from four to one full-time social worker.

- Residence outside Community B
- Unwillingness to receive counseling
- No involvement with drugs.

Varying counseling modalities are used depending on the case--family, individual or group therapy or some combinations. Facilities at a community-based counseling and drop-in center are used by Project B for group counseling. Emphasis is on short-term therapy. Those who appear to need a long-term therapeutic process are referred to other agencies.

Unofficial casework services are provided to siblings of referred clients or other family members, and to other participants of the group sessions held at the community-based counseling and drop-in center.

Youth workers, trained by the Project B staff, act as peer counselors with youth referred to them by the social workers. Peer counseling involves participating in recreational activities and acting in the general capacity of "Big Brother" or "Big Sister." Between 1 October 1971 and 30 September 1972, 142 cases were opened by Project B, of which 21 cases were self-referred.

Community Education and Organization

The first year of Project B's operation was entirely devoted to research in Community B to identify the nature of its drug problem and its needs. The results of this first year's effort were widely disseminated in the community.

This community education activity continued through the second and third years of funding. Project staff disseminated information to the community via written reports, news media and speaking to community groups. Information included:

- Nature and extent of drug abuse in the community
- Youth viewpoint
- Pharmacology and effects of drugs
- Available community resources
- How the community can help provide necessary resources.

Project staff are also available to groups or individuals to provide consultation related to drug abuse, to develop preventive programs and other community programs (e.g., the community-based counseling and drop-in center). Between February 1972 and February 1973 a total of 43 presentations were made. Parent skills workshops have been given for interested parents to help develop communication skills for dealing with their children. Parents interested in volunteering services to the project are trained to lead parent "rap" groups.

Teacher Training

Project staff trained junior and senior high school teachers in pharmacology of drugs, ways of viewing drug use, communication, drugs and the schools, drugs and the law, and counseling resources, and developed a course syllabus. Teachers involved in the 30-hour training received two units of graduate college credit. Project B staff also trained youth workers to act as liaison between Project B and schools and to be Peer Counselors. Communications skills, listening skills, and therapeutic models were included in training.

B.2 OBJECTIVES OF PROJECT B

The project objectives for the second the third years of the project (after the initial organization and research efforts) were described as:

1. To provide, within the police juvenile bureau, direct social work service to youth and their families as an alternative to arrests on narcotics and narcotic-related offenses. Services include crisis intervention and referral to community resources.
2. To provide community education and consultation on drug abuse and community resources.
3. To assist community groups, under the coordination of the Drug Action Board, to develop a variety of linked community resources for prevention of drug abuse and assistance to youth currently involved with drugs.

These were summarized as case work, educational consultation and resource development.

For 1972-1973, these process-oriented objectives were superseded by an outcome-oriented objective. The primary objective became "To reduce drug arrests among school age youth approximately 30%..." and the process-oriented objectives were labeled as secondary objectives.

PSSI interviewed four of the Project B's staff members. They were asked to state Project B's objectives in their own words and then to express the emphasis placed by the project on various ultimate, intermediate and immediate objectives.

Several objectives were stated by staff as responses to the open-ended question. Current staff members viewed the project's objectives as aiding juveniles and their families with their problems, especially of a short-term duration. A former staff member included objectives associated with the project's previously greater funding under CCCJ auspices--e.g., working with community agencies, cross-training with police, and creating alternative programs for youth.

Responses to the closed-ended questions regarding project objectives were averaged. Objectives were then ordered by the emphasis given them. Those receiving major emphasis are:

- | | |
|---|---|
| Ultimate Objectives: | Reduce delinquency
Reduce drug misuse
Reduce drug use (less emphasis placed) |
| Intermediate Objectives:
(Client Oriented) | Improve communications with parents
and others
Improve self-image
Provide alternatives to drug use
Clarify values and decision making
process
Increase knowledge of legal consequences
of drug misuse
Develop attitudes against drug misuse
Improve school performance |

Intermediate Objectives:
(Client Oriented)

Increase knowledge of physiological effects of drug misuse
Increase knowledge of psychological effects of drug misuse

(less emphasis placed)

Intermediate Objectives:
(Community Oriented)

Increase community awareness of drug problem
Train people to deal with drug problem
Develop community alternatives to drug misuse

(less emphasis placed)

Immediate Objectives:

Work with parents
Work with law enforcement agencies
Work with educational agencies
Work with community organizations

B.3 BENEFICIARIES OF PROJECT B

In general the beneficiaries of Project A's activities can be defined:

Crisis and Ongoing Counseling: Juveniles (and their families) referred by the juvenile bureau are predominately white, middle to low income.

Community Education and Organization: Community agencies, parent groups, civic groups.

Teacher Training. Teachers and other school staff participating in Project B workshops or receiving individualized consultation.

When Project B's staff were asked to identify Project B's beneficiaries, clients and their parents were both named. One staff member felt that elementary school students were being missed, while the former staffer felt that the revised program missed serving teachers and other community agencies.

B.4 ASSESSMENT OF THE PREVIOUS EVALUATION OF PROJECT B

Project B was evaluated in its second year of operation by a consulting arm of a large university. Project B's budget included \$1600 for evaluation consultants. Project B was not evaluated in its first or third years of operation. The lack of a formal first year evaluation report is due to the nature of Project B during its first year--its activities were largely devoted to organization and research into the community's drug program. The emphasis placed by this project on collecting baseline data makes the limited subsequent evaluation all the more distressing. The second year evaluation is assessed below.

Success Indicators

After carefully stating the project objectives, the interim evaluation report noted, "One indicator of how well objectives are being met is a measurement of resources committed to such objectives." The evaluation report is correct--one aspect of evaluation involves an "assessment of effort."^{*} But, unfortunately, this was the only measure used in the interim report forwarded to CCCJ. The evaluator's final report, which was not forwarded to CCCJ, did add recidivism data and a report on the number of cases processed.

Instruments and Data Sources

The primary instrument and data sources used for the evaluation were the time logs maintained by the staff, as well as tallies of the number of case work contacts and the number of community presentations. Recidivism data were compiled from Community B Police records for 100 juvenile offenders. Since juveniles are likely to be arrested in other communities than their own (e.g., approximately half of Community B's juvenile arrests are of non-residents), a check of the Central Juvenile Index maintained by the Los Angeles County Sheriff's Department would have been a more valid source for arrest data.

* See Edward A. Suchman, Evaluative Research: Principles and Practice in Public Service & Social Action Program (New York: Russell Sage Foundation, 1967) p. 60.

Analysis Procedures and Evaluation Findings

The evaluator found that 30% of the available man-hours in the seven-month period covered by his interim report were devoted to case work, 11% to educational consulting, and 16% to resource development. Completing the research effort of the first year consumed 17%, and the remainder (i.e., 26%) was attributed to administration. The evaluator felt that the latter consumed too much time. He also reported the number of cases, meetings, etc. No input data other than numbers of cases were reported for the final five months of the project year.

The analysis of recidivism uses a group of 100 juvenile offenders arrested during the 1971-1972 project year (excluding some 17 year old juveniles and all 18 year olds). Arrest was operationally defined as "brought to the station." Recidivism was calculated at the end of the project year so that some juveniles had no time or only limited time within which to be rearrested while others had almost one year, for an "average time to recidivate" of six months. No data were collected on recidivism as a function of time. Nor was recidivism related to the extent of services provided.

The data reported in the final evaluation report indicated that of 100 juveniles in the project, 31 were rearrested. Of these, 20 had priors and 11 did not (or, to put it another way, 41% of those with a previous record recidivated compared to 22% of those who did not have a previous record).*

The final evaluation report makes a confusing comparison of Project B's recidivism rate to other Los Angeles County data. The report states:

Research conducted during 1971 and 1972 compared cities with high and low juvenile counsel and release rates in the County of Los Angeles. A counsel and release rate is the percentage of those juveniles handled within a police department and released back into the community without further action, divided by the total

* It should be noted that these figures differ slightly from those used in the Project Director's annual report for the same period.

number of juveniles arrested. A.S.R.I. was calculated for a sample of 800 juveniles offenders. *The recidivism rate for (Project B) juveniles was 3.3 times higher than for other juvenile offenders in the County of Los Angeles.* [Emphasis added.] (p. 17.)

The report then tries to explain the higher Project B rate by noting:

However, the time to recidivate for these two groups of juveniles is considerably different. The average time to recidivate for (Project B) juveniles was 6 months compared with 20 months for the group of juvenile offenders from cities in L.A. County. If juvenile offenders repeat at the same rate each month the above comparison would be valid; however, this is probably not the case. (pp. 24-25.)

Besides the "explanation" not making sense and the lack of citation to permit the reader to clarify the Los Angeles County data, greater control for such variables as original and subsequent offense, prior record, and the sex of the recidivist (Project B had a disproportionately high female ratio), should have been used.

Issues and Problems in Evaluation

When the evaluator's institute was abolished, a final evaluation report was not completed until five months after the project year ended. The original evaluation plan never called for more than a tally of the effort devoted to different activities and the use of recidivism data. References in the final evaluation report and project documentation concerning evaluation plans note comments by consultant personnel that problems in the evaluation research stemmed, in part, from an inadequate sum of money being appropriated for it and from the fact that the evaluation was designed "after the fact." They urged, and other observers would agree, that the evaluation effort should be planned as part of the design of the project.

Conclusion

Project B's activities, like the activities of the other projects reviewed here, are amenable to evaluations utilizing outcome criteria. Although assessment of effort or input is one valid evaluation criterion, attention should be

given to output evaluation. Nor should process evaluation be ignored, although it may not be as amenable to quantitative analysis. Similarly, an assessment of efficiency--i.e., cost-effectiveness--is a necessary evaluation element especially for public projects. See Table B-1 for a summary of this evaluation report.

B.5 PSSI EVALUATION OF PROJECT B'S IMPACT ON CLIENTS

Project B's impact on client drug use, attitudes about drugs and various other intermediate areas, was evaluated by administering questionnaires to 23 current clients, 19 parents of former clients, 20 professional beneficiaries, and 4 Project B staff members. In addition school and police records were checked for 41 clients from fall of 1972 to judge Project B's impact on delinquent behavior and grades. The findings are summarized here.

Impact on Drug Use

In general the findings from the client questionnaire regarding Project B impact on drug usage were inconsistent:

- 23% of its clients said Project B greatly helped them to reduce their drug use and 38% said it helped them some-what. (38% reported no help at all.)
- However, Project B clients, on the average, report about as much reduction in drug use from the previous year as a group of non-clients matched for past usage.*
- And Project B clients, on the average, report about as much current drug usage as the group of non-clients matched for past drug usage.

* There was some consistency in these self reports. On the average, clients who reported that Project B had helped to reduce their use, reported more of a reduction in use than clients who reported no help.

TABLE B-1
SUMMARY OF EVALUATION REPORT OF PROJECT B

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. PROVIDE SOCIAL WORK SERVICES	A) MEASUREMENT OF RESOURCES (MAN-HOURS) SPENT ON ACHIEVING OBJECTIVE; NUMBER OF CONTACTS B) RECIDIVISM RATE	A) STAFF LOGS B) POLICE DEPARTMENT RECORDS AND A COMPARISON TO COUNTY RECIDIVISM DATA FOR JUVENILES COUNSELED AND RELEASED	A) 30% OF MAN-HOURS SPENT ON CASE WORK B) 31% RECIDIVISM RATE; HIGHER THAN COUNTY	A) ALTHOUGH ASSESSMENT OF EFFORT IS ONE ASPECT OF EVALUATION, IT IS NOT AN ADEQUATE SUBSTITUTE FOR OUTCOME ASSESSMENT B) INADEQUATE CONTROL OF INTERVENING VARIABLES; CONFUSING EXPLANATION OF CITY-COUNTY DIFFERENCES
2. PROVIDE COMMUNITY EDUCATION	SEE 1A ABOVE	SEE 1A ABOVE	11% OF MAN-HOURS SPENT ON EDUCATIONAL CONSULTING	SEE 1A ABOVE
3. DEVELOP COMMUNITY RESOURCES	SEE 1A ABOVE	SEE 1A ABOVE	16% OF MAN-HOURS SPENT ON COMMUNITY RESOURCE DEVELOPMENT	SEE 1A ABOVE

The majority of clients from Project B perceived an impact on their drug usage. However, Project B's clients report as much current drug use, in comparison to a group of non-clients matched for past usage, as do clients from the other projects. And Project B's clients report a reduction in drug usage comparable to the clients from the other projects.

However, it is important to stress that the questionnaire was administered to current clients, i.e., clients still in treatment. It is very possible that impact on drug usage might not be measurable until some time after the end of treatment. To test this possibility, parents of former clients (from Spring of 1973), teachers and staff were asked to assess Project B's ultimate impact on client drug use. Responses from these three groups of significant others were consistent--all felt Project B was more helpful than did current clients. On the other hand responses from all four groups concerning intermediate impacts were quite consistent. Thus clients might be able to perceive intermediate impacts, but not the project's ultimate effect on drug use.

Impact on Drug Opinions

In general the findings from the client questionnaires regarding Project B's impact on drug opinions were inconsistent:

- 54% of its clients said they are less in favor of drug use as a result of participating in Project B and 46% reported no impact. (No client reported being more in favor of drug use as a result of participating in Project B.)
- However, on the average, Project B's clients have drug knowledge, attitudes and concerns that are slightly less socially acceptable than a group of non-clients matched for past usage. This would tend to indicate no project impact.

Impacts in Other Areas

Generally Project B's clients perceived as much or more impact in certain intermediate areas than on their drug usage or attitudes. In particular clients generally felt the project helped them to:

- Accept responsibility
- Gain self-confidence
- Improve school attendance
- Improve relationships with others
- Improve communications with others
- Make better decisions
- Clarify values
- Make better use of free time
- Improve relationships at home.

Clients perceived little impact on grades. Parents, teachers, and project staff perceived impacts in these intermediate areas that were comparable to those perceived by clients--with one exception. Teachers and other professional beneficiaries generally perceived Project B's impacts to be more substantial in all areas.

Interestingly those clients who report the greatest impact in intermediate areas, also report less of a decrease in drug use than do clients reporting the least impact in intermediate areas. Thus if these intermediate impacts are precursors of a yet-to-come drug impact, Project B might be having a substantial impact on drug use.

The findings of the school and police records checks of Fall 1972 clients were not impressive:

- Four out of 15 clients for whom grades could be found for both Spring 1972 and Spring 1973 showed improvement in grade point average. Six of these 15 showed some deterioration in grades. (Five clients showed no change.)

- Eight of 24 clients for whom attendance records could be found for Spring 1972 and Spring 1973 showed some improvement and 10 showed some deterioration. (Six clients showed no change.)

- Four of the 24 clients for whom suspension records could be found for Spring 1972 and Spring 1973 showed some improvement and 4 showed some deterioration. (Sixteen clients showed no change.)

- Only two of the 23 former clients, who were still minors as of December 1972 and who had no arrests prior to involvement with Project B, were re-arrested in the 12 months after involvement.

Four of the 9 former clients, who were still minors as of December 1973 and who were arrested prior to involvement with Project B were re-arrested in the 12 months after involvement.

Because of the strong correlation between drug use and truancy noted in of the communities surveyed, it is important to summarize the conflicting measures of Project B's impact upon truancy (or attendance):

- Current clients report some project impact on truancy, yet these same clients report a net increase in truancy in comparison to a year earlier while a matched comparison group reports a net decrease.
- Parents, teachers and project B staff also report some project impact on attendance.
- The school records check of 24 former clients showed no sign of an overall project impact on attendance.

One last measure of intervention impact was tabulated. Parents of former clients were asked to evaluate the impact of the project on themselves.

On the average parents of former Project B clients perceived that the project had been quite helpful in:

- Improving parent-child communications
- Improving family relationships
- Clarifying their own values.

and somewhat helpful in improving their own ability to make decisions.

B.6 PSSI EVALUATION OF PROJECT B'S COMMUNITY-WIDE IMPACTS

Project B's community education and professional consultation activities were designed to significantly affect the juvenile drug problem in Community B. To evaluate these community-wide impacts, PSSI administered questionnaires to 15 community leaders, 8 heads of county-wide agencies dealing with the juvenile drug problem, 19 parents of former clients, 20 professional beneficiaries, and public cross sections of 153 juveniles and 208 parents. In addition juvenile arrest statistics, referrals to probation, and suspensions from secondary schools were collected for Community B. It was found that;

- Most (65%) of the community leaders and county-wide agency heads were aware of Project B. Most of those who were aware first heard about the project from its own communications to their agency.
- Only 29% of the juveniles surveyed were aware of Project B. This was not surprising, given that it does not encourage self-referrals.
- Most of the parents surveyed (50%) were aware of Project B. This is one measure of its community education effort.
- Beneficiaries of Project B's professional consultation/teacher training activity perceive its objectives quite

differently from Project B's staff, indicating a poor community understanding of the project. The correlation between the emphasis placed by the project on 22 ultimate, intermediate and immediate objectives, as perceived by professional beneficiaries, correlates weakly with the emphasis perceived by staff (the correlation coefficient is .40).

- In particular, the professional beneficiaries perceived more emphasis given to the following areas than was perceived by staff: reducing client drug use/misuse, increasing client knowledge of physiological and psychological effects of drug misuse, developing client attitudes against drug misuse, developing community awareness of drug problem, encouraging referrals to the program and working with other drug and community mental health programs. Professional beneficiaries perceive less emphasis than staff in these areas: reducing client delinquency, providing alternatives to drug use, improving client self image, improving school performance, working with parents.
- These professional beneficiaries generally felt that Project B had increased their knowledge of drugs and understanding of juvenile drug users and had helped them somewhat to handle juvenile users. They also felt the project had been quite helpful in clarifying their own values.
- Most parents of former clients, teachers, and community leaders are willing to recommend youths to Project B for drug information and counseling. The cross section of parents was slightly less willing.
- Its clients rate Project B as one of the more effective local institutions or agencies dealing with the juvenile drug problem. Clients, independent of their current level of drug use, rate Project B more effective than parents, teachers, school counselors, police, or clergy. Only the medical profession is rated more favorably.

- The cross section of students from Community B also rate Project B as an effective local institution or agency dealing with the juvenile drug problem. Students, also rate the medical profession as the most effective local institution.
- However, very few (2-4%) of the students who are using drugs have received help from Project B and only 9-11% of the students say they would definitely go to Project B for help if they had a drug problem.
- Almost two-thirds of the community leaders surveyed feel that Project B has been very helpful in informing Community B about the drug problem. The rest feel it has been somewhat helpful.
- Ninety percent of the community leaders surveyed feel that Project B has been at least somewhat helpful in organizing Community B to deal with the drug problem (10% feel it has not been helpful). All feel it has been at least somewhat helpful in organizing the community to deal with other juvenile problems.
- Of those professional beneficiaries and community leaders who perceive that the juvenile drug problem has abated during the past year, most (7 of 9) give Project B a major share of the credit. Those perceiving no change, or an adverse change, in the juvenile drug problem generally credited Project B with helping to contain the problem.
- Juvenile marijuana arrests and referrals to probation generally decreased in Community B during its last 12 months of CCCJ funding. During the same period, arrests and referrals to probation for alcohol offenses also decreased and arrests and referrals for other drug offenses remained stable. The marijuana and alcohol CJS indicators for Community B are considerably higher than the Los Angeles County averages, but moved

against the LA County upward trends for the last 12 months of CCCJ funding. The indicators for other drugs are lower than LA County averages and resisted an upward trend. These indicators show that while Community B's juvenile drug problem has not been "cured," the trends are favorable.

- The same drug attitudinal differences between groups in Community B were apparent as were noted in other communities. This indicates that Project B's community education component has not achieved the miraculous.

B.7 EVALUATION OF PROJECT B BY ITS OWN STAFF

Three current and one former Project B staff members were interviewed, using a open-ended interview guide. Their responses relevant to an evaluation of Project B are summarized here.

Evaluation Criteria

Interviews with clients, staff, and others involved with the program such as teachers and police were suggested. An examination of case folders for progress in family interaction, school work, and recidivism was also urged.

Most Effective Activity/Service

Individual and family counseling were cited as the most effective services. The success of family counseling was attributed to the fact that the participation of the entire family is needed to solve the youth's problem. The former staff member cited the alternative programs developed prior to the 1973-1974 year.

Least Effective Activity/Service

The respondents were consistent with their other answers. The staffer who felt elementary school pupils were being ignored noted it in this context

as well, attributing the problem to the school's reservations about the labeling effect upon youngsters. The staffer who felt family counseling was the most effective service, felt that counseling the juvenile alone was not effective. The former staffer concerned with community organization despaired at the attempt to change the views of "ultra-conservative" community members; he felt the social workers engaged in community work must work politically rather than through "open communications."

Since the program had been cut already from four full-time professionals to one, one staff member felt that no other reduction in staff or program was feasible, although the others suggested the program become a part-time assignment, augmented by para-professionals or volunteers.

Significant Accomplishments

A variety of accomplishments were claimed. Some referred to the program's association with the police--e.g., the location of the counseling service within a police department setting, the increased awareness of youth problems and life styles on the part of some police, and the improved relationship between the community and police (as well as the decreased fear of police by juveniles and others). Improved client self-image and behavior and improved family relationships and communications were also cited. One staff member felt that merely getting hostile, resistant adolescents to come for counseling was an accomplishment in itself.

Recommendations

The relationship of the program to the police was the subject of several recommendations. Staffers noted a need for prior staff training in working with police, as well as more cross-training with them, greater police involvement in the counseling program, and in general the need for a close working relationship with the Police Department (especially the Juvenile Division). The need to generate community support through a program of public relations, but also based upon a knowledge of the community's needs and resources, was also noted.

APPENDIX C EVALUATION OF PROJECT C

APPENDIX C

EVALUATION OF PROJECT C

This appendix summarizes the evaluative information compiled for Project C. It begins with descriptions of Project C's activities, objectives and beneficiaries. Next the two previous evaluations of Project C are assessed. PSSI's evaluation of Project C's impacts on clients and the community at large are followed by Project C staff's own evaluation.

C.1 ACTIVITIES OF PROJECT C

Project C is a community-based drug prevention/intervention program serving the youth of Community C. It is headquartered in an old house downtown, approximately one mile from the high school where most of its clients are enrolled. At this Drop-In Center, staff members conduct rap sessions and organize recreational activities for youths such as expeditions to the mountain or to the beach. Formal counseling sessions for individuals and families are provided at this location by two professional counselors. The project also employs para-professional counselors to "reach out" to youth in their habitat. In its initial phases Project C was heavily involved in presenting talks to community groups on the drug problem. Today it is more involved in providing consulting services to individual school staff members and personnel from other agencies dealing with youth than in mass community education.

Using the typology of activities described in Section II, Project C is or has been engaged in Ongoing Counseling, Outreach Counseling, Community Education and Teacher Training. Each of these activities is described in more detail below.

Ongoing Counseling

Individual, group, and family counseling sessions are provided at the Drop-In Center. Intake forms are filled out for all clients entering one of these counseling modalities. Logs are kept showing attendance at various counseling sessions. In 1971-72, 139 clients were involved in individual counseling taking 39% of counseling time. Approximately half (51%) of the counseling

time involved group sessions which were for two hours and involved an average of eight clients. Twenty families were involved in family counseling which took 12% of total counseling time. In 1973, a greater emphasis was placed on family counseling. The 1973 evaluation report indicates the average client spent ten weeks in the program.

Outreach Counseling

Outreach is designed to bring services to the youths by meeting and working with them on school campuses and elsewhere. It is perceived by the staff of Project C as a means of developing an informal/informational relationship with youths needing help. As part of its outreach activity, Project C organizes recreational activities, conducts informal rap sessions, and serves as a resource coordinator on the high school campus. It also operates a hot-line. Client participation in outreach counseling is voluntary, although many are referred by the school's disciplinary office. No client records are maintained by outreach counselors.

Community Education

Project C has conducted a wide range of educational and informational programs to involve the community in the program, to increase community knowledge about the drug problem and to favorably affect community attitudes. Project C staff have presented talks to community groups on drugs, youth, and other topics (e.g., parent-child communication) and talks at schools about drugs and the Reach Out Program. They have conducted residential seminars and discussions in a home (6-12 people) about Project C, youth culture, parent-child dynamics, etc. They maintain contact with community organizations on an individual and organizational basis. In its third year Project C developed a newsletter.

Teacher Training

As part of the community education activity described above, Project C has presented talks to school staffs about drugs and the Project C program and provided consulting services to various school counselors and other staff members. The director of Project C was employed for two years as a teacher in Community C's high school and has excellent relationships with its staff.

C.2 OBJECTIVES OF PROJECT C

In its second year grant application, Project C's objectives were stated somewhat vaguely--for example, "continue to...contact youth who are or may be using drugs." But the ultimate objective of reducing drug misuse can be inferred, and in fact, its 1972 evaluation report cites the primary goal of Project C "to combat drug abuse" in Community C. Another objective stated in the second year grant application was "delivery of timely services to... youth...thereby effecting and re-enforcing constructive change in the attitudes and goals to enable re-entry into a more positive relationship with major social institutions." The third objective stated in the grant application referred to the community education activities of Project C: "...Contact...general adult population" in Community C "to provide education and information to help... change...uninformed and misinformed attitudes concerning the conditions and problems surrounding the attraction of youth to the drug culture."

In its third year grant application, Project C expanded its objectives. But they still contained a mixture of outcome-oriented objectives and more general goals. The objectives were identified as:

1. Identify drug abuse patterns in Community C and the surrounding area.
2. Change the drug abuse patterns in the primary [juvenile] and secondary [adult] target populations by reducing incidence of drug abuse.
3. Provide services designed to reduce drug abuse and its individual personal consequences.
4. Educate the citizens and youth of Community C in the area of drug abuse information and analytical data on "street drugs."
5. Aid the criminal justice system as it applied to drug users and offenders in Community C.

PSSI interviewed five of Project C's staff members. They were asked to state Project C's current objectives in their own words and then to express the emphasis placed by the project on various ultimate, intermediate and immediate objectives.

Several objectives were stated by staff as responses to the open-ended question. Some objectives were expressed in services rather than goals (e.g., handle hot-line calls). Several referred to filling a need for recreational activities. Others referred to helping people learn problem-solving methods, or to meet with others to talk about problems. Providing a source of stability, or support for isolates was also noted. One mentioned the project's criminal justice system diversion function.

Responses to the closed-ended questions regarding project objectives were averaged. Objectives were then ordered by the emphasis given them. Those receiving major emphasis are:

- | | |
|--|--|
| Ultimate Objectives: | Reduce drug misuse
Reduce delinquency |
| Intermediate Objectives:
(Client Oriented) | Provide alternatives to drug use
Improve communication with parents
and others
Improve self image
Clarify values and decision-making
processes
Improve school performance
Develop attitudes against drug misuse
(less emphasis placed) |
| Intermediate Objectives:
(Community-oriented) | Encourage referrals to program
Develop community alternatives to
drug misuse
Increase community awareness of drug
problem (less emphasis placed) |

- | | | |
|-----------------------|---|--------------------------------|
| Immediate Objectives: | Work with educational agencies
Work with parents
Work with community organizations
Work with other drug programs
Work with law enforcement agencies | } (less
emphasis
placed) |
|-----------------------|---|--------------------------------|

C.3 BENEFICIARIES OF PROJECT C

In general, the beneficiaries of Project C's four types of activities can be defined:

Ongoing Counseling: Clients who are referred to program and for whom intake forms are prepared.*

Outreach Counseling: Students who avail themselves of this service. No records were kept to better identify these beneficiaries.

Community Education: The general public. Beneficiary community groups are identified in Project C's reports.

Teacher Training: Teachers, counselors and other professionals who have requested consultation from Project C. Professional beneficiaries are identified in Project C's reports.

When Project C's staff were asked to identify Project C's beneficiaries, most labeled them as middle class whites. Several staff members also noted that clients included young and middle aged adults as well as families. Groups viewed as potential clients not currently being served included minorities and pre-adolescents.

* Characteristics of these clients from different sources conflict somewhat. The 1972 evaluation indicated 51% were female while the 1973 evaluation reports 85%. PSSI's Fall 1972 sample was 55% female while its January 1974 sample is 64% female. The 1973 evaluation reported 45% of Project C's clients were over 17 years of age, while only 22% of PSSI's sample was this old.

C.4 ASSESSMENT OF PREVIOUS EVALUATIONS OF PROJECT C

Project C was evaluated each year. Because of instability in the project in its first year, the 1971 evaluation was not assessed in this report. The second and third year evaluations are assessed below.

C.4.1 1972 EVALUATION

The 1971-72 budget contained \$6,000 for the evaluation consultant. The consultant selected was associated with the first year's evaluation.

Success Indicators

Only one of the project objectives stated in the 1972 grant application was evaluated. The impact of the counseling services upon the youth's re-entry into society was evaluated by reporting improvement in school and work attendance for a sample of Project C's clients. Although drug abuse was examined and extensively reported for both high school students and a sample of Project C's clients, no attempt was made to measure change in use, or to relate it to the services received at Project C. The evaluation report indicates that Project C is favorably perceived as a resource for the drug abuse problem, but this is not an adequate substitute for some measurement of impact on drug use patterns. Similarly, the project utilized tests to determine changes in drug knowledge gained from Project C sponsored seminars and speaking engagements; but, again, this is a substitute for the stated objective of changing attitudes, which apparently was not tested. It should also be noted that these tests on knowledge were administered immediately before and after the speaking engagement--i.e., within a 1-1/2 to 2-hour period.

Instruments and Data Sources

The basic sources of data used were a survey of 1,185 high school students which reached all students taking any social science class, and an examination of records of 84 Project C clients. The latter were not selected randomly, but rather on the basis of an available form with complete data

for a client familiar to the staff. The evaluators obviously realized their sampling procedure was not scientifically rigorous as they warned the reader against "overconcern with formalism." Questionnaires were also administered to teachers at the high school, and as noted above, to those attending seminars and speeches involving Project C personnel. Apparently a random sample of counseling clients were interviewed in order to ascertain changes in school and work attendance, but there is no indication of the size of the sample, how it was actually drawn, or what other questions were asked.

None of the instruments was reproduced in the report.

Analysis Procedures and Evaluation Findings

Although the report appears to be quantitatively oriented--there are 44 tables in the 110 page report--the only quantitative tools it uses are means and percentages. For instance, it reports the mean knowledge score of the audience before and after the Project C speaker talks, but it reports neither the size of the group tested nor the variance in the scores nor any test for significance.

The only outcome-oriented objective that is evaluated indicates that eleven Project C clients showed an increase in work attendance, and school attendance increased for 29 clients while it did not for 6. There is an indication that data are missing for 50 clients, or 52%, thus implying a sample of 96 cases. These meager data are then interpreted as indicating an ability to modify delinquent behavior. Although Project C is modestly prohibited from taking all of the credit, the report does conclude that "it is certain that Project C did contribute to shaping that behavior modification." But another interpretation is also possible. Voluntary participation in Project C and increased job or school attendance may both be the effect of some other change, and there really is no evidence that Project C has contributed to the change. Certainly without any measurement of the variation of participation in Project C, there are no grounds for the conclusion, "The statistics gathered for this study indicate that school and work attendance increases as a function of an individual's involvement with (Project C)." (Page 92.)

Another finding that is reported without any supporting evidence is that the outreach efforts of the program contribute to the positive image of the program as a "drug abuse resource." Although the data from the high school survey indicates that Project C is perceived most favorably of several alternate sources for information and assistance for drug problems, there is no direct evidence relating this to the role of its outreach workers. This favorable image of Project C is considered the "most notable general fact" reported in the evaluation study.

The report includes a number of other analyses--for instance, it relates alienation to drug use (users were more alienated than non-users, multiple drug users were more alienated than single drug users), and it compares the Community C school drug use data to the annual San Mateo surveys (Community C data indicated less drug use than San Mateo).

Issues and Problems in Evaluation

The evaluation study notes the difficulty of assessing the impact of actions aimed at preventing behavior. This is especially troublesome when there are multiple causes for the behavior--e.g., drug use is not caused by any single factor, and it is difficult to know how significant was the impact of the program.

Conclusion

The 1972 evaluation of Project C actually measured only one area of impact. It found an increase in work and school attendance among Project C clients. There is no indication in the report of any other changes in their behavior (e.g., drug abuse, arrests, relations with their families). There is an indication that the program is perceived favorably by students and teachers. But other than these findings and some data on the use of services, such as drop-in activity, hotline calls, and community education efforts, the bulk of the report consists of an analysis of the data of the high school survey, with a comparison to data on a sample of Project C clients. See Table C-1 for a summary of this evaluation report.

TABLE C-1

SUMMARY OF 1972 EVALUATION REPORT OF PROJECT C

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. ENCOURAGE RE-ENTRY OF DRUG ABUSER INTO A MORE POSITIVE RELATIONSHIP WITH SOCIETY	a) IMPROVEMENT IN SCHOOL ATTENDANCE b) IMPROVEMENT IN WORK ATTENDANCE	A "RANDOM SAMPLE OF CLIENTS"	a) INCREASED ATTENDANCE FOR 26 b) INCREASED ATTENDANCE FOR 11	NO INFORMATION ON SAMPLE SIZE OR QUESTIONNAIRE.
2. CHANGE ATTITUDES OF ADULTS ON DRUG PROBLEM	INCREASED KNOWLEDGE ABOUT DRUGS	PRE-TEST AND POST-TEST QUESTIONNAIRE TO AUDIENCES FOR PROJECT SEMINARS AND SPEECHES	INCREASED KNOWLEDGE	CRITERION TESTS KNOWLEDGE AND ATTITUDES; PRE-TEST AND POST-TEST ADMINISTERED WITHIN 1-1/2 HOURS OF EACH OTHER
3. DEVELOP FAVORABLE IMAGE OF PROGRAM AS A RESOURCE FOR COMBATING DRUG PROBLEM	FAVORABLE PERCEPTION AS A RESOURCE	SURVEY OF 1185 HIGH SCHOOL STUDENTS	PROJECT PERCEIVED FAVORABLY (AND MORE THAN OTHER SOURCES)	THIS IS AN INDIRECT MEASURE THAT MAY NOT REFLECT ACTUAL IMPACT

C.4.2 1973 EVALUATION

The 1972-73 budget contained \$6,000 for a new evaluation consultant.

Success Indicators

The six objectives stated in the third year grant application (see paragraph C.2) suggest an evaluation focusing upon reduction of drug abuse among clients and in the community, increased knowledge about drugs, and improved life situation through reduced drug abuse.

The objectives chosen by this evaluation differ somewhat from those in the grant application. The evaluators ignored the area of drug knowledge in their questionnaires, but did examine drug abuse and several aspects of client rehabilitation. In addition, they examined several other questions. Their list of objectives for evaluation and related success indicators were:

1. Provide an alternative to the CJS was evaluated by determining what proportion of Project C's clients had previous involvement with the CJS and what proportion was referred by CJS agencies, by determining the project's image with students and adults, in comparison with the image of the CJS.
2. Dispose of juvenile offenders economically was evaluated by comparing Project C costs per client with those for Juvenile Hall, CYA and the L.A. County Probation Department.
3. Reduce client recidivism was evaluated by comparing recidivism for Project C clients with that for L.A. County probationers.
4. Improve client's social situation was evaluated using client school attendance, employment, CJS involvement, and problems solved; and counselor's assessments of project impact on client life style.
5. Involve community with Project C program was evaluated by the proportion of clients who are referred by "community agencies or persons in the community," the proportion of community respondents who believe

Project C is doing a good job and the proportion who would recommend it to a person with a drug problem.

6. Reduce client drug abuse was evaluated by comparing drug usage for clients and students in 1972 and 1973.

Instruments and Data Sources

Several questionnaires were developed to gain much of the data upon which the evaluation analyses are based. Questionnaires were developed for current clients, past clients, parents of present and past clients, high school students, and a sample of the community. But some were not utilized because of problems of especially low response rate, while others were used in spite of a small sample size. Out of 70 past clients who were sent a questionnaire, only six returned it. Of 44 current clients, 21 returned their questionnaire, but these were disproportionately female. The returns of questionnaires from parents of the 70 former clients and the parents of the 21 current clients who had returned their questionnaire (parent questionnaires were part of the packet given all clients at the drop-in center) was so low--only four, and two of these were incomplete--that the results were not used. The study explained in a classic statement, "It was decided by the evaluation team not to analyze these questionnaires because the data could be misleading due to the small sample size. It may be noted parenthetically, however, that the parental response to the Reach Out program was uniformly and strongly laudatory." (Page 10.) In addition, the community sample consisted of: 65 persons responding to a door-to-door survey in three middle to upper-middle class neighborhoods plus one lower-middle class area, 84 members of two service clubs, 32 teachers and members of community agencies, and 80 members of three churches for a total of 261. This sample proved to be disproportionately white and educated. The high school sample consisted of 275 respondents. In addition, Project C's intake records were used.

Analysis Procedures and Evaluation Findings

The success of Project C as an alternative to CJS was evaluated by looking at several measures. From intake forms (N=172) the proportion of clients was determined who had previous involvement with the

CJS (25% had, 27% had not, and there was no indication on the form for 48%) and the proportion of new clients (N=145) who had been referred to them by CJS agencies (41% had). The evaluator then concluded, "Taking the... involvement measure together with the referral measure, these data indicate that Project C is providing an alternative to the criminal justice system for a sizeable number of juveniles from the Community C area." The evaluator also collected the number of juvenile arrests, for all offenses and for the three specific offenses of narcotics, runaway, and theft.

Using these statistics, it would be possible to calculate what proportion of juvenile offenders were directed to Project C, and therefore, how well the project has performed its functions as an alternative (this was not done, however). The evaluator also viewed Project C as an alternative to the CJS because more students and community members indicated they would refer someone with a drug problem to Project C than to the CJS. The evaluator also included subjective evaluations of students and community of how well these groups were doing.

The 1973 evaluation also noted, "It is impossible to assess the number of (Project C) clients not involved in the criminal justice system that would have been arrested if not for the presence of (Project C) in the community." The evaluator felt that some additional arrests would have occurred. He also admitted that it was "impossible to assess whether the continued downward trend in juvenile drug arrests... is a result of (Project C's) presence in the community or whether such a downward trend would have occurred without (Project C)." Again, he felt it was reasonable for Project C to take at least some of the credit for the trend.

Of all of the evaluation reports examined as part of this cluster evaluation effort, this is the only one to make reference to cost figures. Unfortunately, the evaluator merely examined the total budget for Project C and calculated the cost per client. He then compared this to costs of a stay in Juvenile Hall, commitment to CYA, or one year of probation under the supervision of the Los Angeles County Probation Department. The costs per client of these programs are not directly comparable, as he admits; for instance, CYA and Juvenile Hall costs involve costs of housing, clothing, and feeding the

juveniles. But more significant is that the Project C program averages only ten weeks per client. Servicing a client for that short period of time is likely to be less expensive than the longer commitment to CYA. In addition, Project C services are basically counseling while CYA involves the more expensive custodial functions. In fact, when he compares Project C to probation, the evaluator admits that Project C is more expensive (but one could argue that the Probation Department may actually be providing less service to the client than Project C). The evaluator recognized that the "quality of service" may be relevant and hence, as part of the evaluation of the third objective, he examined recidivism rates.

Although the evaluator wanted to compare the recidivism rate of Project C clients to those arrested by Community C's Police Department, the latter refused to release those data. The evaluator's operational definition of recidivism was reinvolvement with the criminal justice system. But the key to his operational definition appears to be that this rate was calculated for the period the client was being serviced by the program--i.e., one year for probation but an average of ten weeks for Project C clients. In addition, no control for the nature of the original offense (or the second offense) or the offender was used. The evaluator admits that the higher recidivism rate for the Probation Department may be due to handling more difficult cases, but still feels that the difference in clientele does not account for all of the differences between the two recidivism rates. Project C's record is a good one--although the short period of time used as the base period weakens this claim. The evaluator should have attempted to follow Project C's clients' progress for a longer period of time and indicated recidivism rates for varying periods of times (e.g., three months, six months, ~~one year~~). In 1971-1972 only 2 of 31 (6%) clients with a previous arrest record were re-arrested, while in 1972-1973 none of the 60 clients referred by the CJS were re-arrested "while they were at (Project C)." (Probation Department averages a 50% recidivism rate, but with a range of 22% to 84% depending on the age of the offender and original offense committed.)

The fourth objective measured improvement in client social situation. "Objective" measures included improvements in school attendance, employment, CJS involvement, drug use, and problems solved. The evaluator also utilized

counselor's evaluations of whether the client's life style had improved. It is not clear whether the source of these "objective" measures were record checks or merely the client's statement (obviously drug abuse was based on self-report) or the counselor's estimate on the counseling termination form.

The data reported in the 1972-1973 evaluation report were based on a project report to the Community C City Council covering the September 1971 to September 1972 period for a "random selection" of 68 adolescent clients. It reported 83% showed improvement in school attendance, 29% in CJS involvement (the data in the original report differ on this), 22 % in employment, and 67% in decreased drug use; 70% had their problems solved (the latter was based on reports from 50 families); and 67% were viewed by counselors as improving their life style.

The fifth objective, concerned with community involvement with the Project C program, merely utilizes the proportion of clients who are referred by "community agencies or by persons in the community" (70% are not self-referred), and the proportion of community respondents who believe Project C is doing a good job (52% of those who said they had heard of the program), and who would recommend it to a person with a drug problem. It should be noted that 85% of the respondents could not name any Project C service to her than counseling, which was included in the question. Some doubt about the validity of this instrument may be raised, therefore.

The sixth objective involved reduced client drug abuse. Data on changes in client drug abuse are somewhat tortured. Basically the evaluator reported the drug usage of 1973 clients and compared it to the data collected for 1972 clients in that year; he also compared it to drug use data collected in 1972 and 1973 for Community C's high school students. Project C's 1973 clients had lower drug use than its 1972 clients, while drug use was higher in 1973 than in 1972 among high school students. These data do not permit the evaluation of the impact of Project C upon its clients, and therefore the conclusion ("It may only be concluded from the above data that there was a reduction of drug use among the (Project C) clients") is meaningless.

Although the chi-square statistic was used in the analysis of the student questionnaire, the general level of quantitative sophistication was purposely low according to an interview with the Project C director.

The concluding section of the report summarized these findings as follows:

- o "(Project C) successfully served sixty clients referred to it by the Criminal Justice System."
- o The recidivism rate was "6.5% last year and 0.0% this year" compared to a 50.0% average for the Los Angeles County Probation Department, with the differing comparison periods (ten weeks for Project C and 52 weeks for Probation Department) not enough to account for the different recidivism rates.
- o "(Project C) serves its clientele at a lower average cost per client. This is achieved without sacrificing program quality, as measured by recidivism rates."
- o Although the community was aware and approved of Project C, "there was little evidence that the community was actively involved with (Project C)."
- o "A reduction of client drug usage to the level of their peers."
- o "The improvement of the client's social situation may be difficult to evaluate. The actual improvement had to be inferred from drug usage, employment, recidivism, and subjective assessment. However, these assessments indicate that the clientele of (Project C) have improved their situation on whole."
- o An attitude scale concerning drugs indicated Project C clients still had less socially acceptable attitudes toward drugs than the high school students. This leads to the conclusion that (Project C) has been able to effectively change the behavior of its clientele even if it has not changed the attitudes of its clientele."

Issues and Problems

Several issues and problems have already been mentioned--e.g. some conclusions rest on questionable assumptions or procedures (such as the time period used

for recidivism rates, or cost calculations), and some did not really reflect the impact of the 1972-1973 Project C program (such as the use of September 1972 improvement data, or the comparison of drug abuse data for 1973 clients to that of 1972 clients).

The problem of sample size, although noted previously, should be mentioned again. It is very difficult to assess programs when the most useful data come from questionnaires which rely upon the voluntary participation of the client or his/her parents. Not only are there response rate problems, but also the likelihood of a biased response, as those who have benefitted from the program are most likely to respond. This study also serves to indicate that well-designed intake forms and termination forms can be valuable sources of outcome data.

Conclusion

The 1973 evaluation of Project C carefully stated its objectives, most of which were outcome oriented. Although its analysis was not always sound, its data, sources, and limitations were usually indicated so that the reader could come to his or her own interpretation. See Table C-2 for a summary of this evaluation report.

C.5 PSSI EVALUATION OF PROJECT C'S IMPACT ON CLIENTS

Project C's impact on client drug use, attitudes about drugs and various other intermediate areas, was evaluated by administering questionnaires to 22 current clients, 7 parents of former clients, 15 professional beneficiaries and 5 Project C staff members. In addition school and police records were checked for 38 clients from fall of 1972 to judge Project C's impact on delinquent behavior and grades. The findings are summarized here.

Impact on Drug Use

In general little impact on drug use was noted from analysis of the client questionnaire:

- 6% of its clients said Project C greatly helped them to reduce their drug use and 31% said it helped them somewhat. (63% reported no help at all).

TABLE C-2

SUMMARY OF 1973 EVALUATION REPORT OF PROJECT C

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSEI COMMENTS
1. PROVIDE AN ALTERNATIVE TO THE CRIMINAL JUSTICE SYSTEM (CJS)	a) PROPORTION OF CLIENTS REFERRED BY CJS b) PROPORTION OF CLIENTS WITH CJS INVOLVEMENT c) PERCEPTIONS BY STUDENTS AND COMMUNITY OF PROJECT AND CJS AS RESOURCES FOR DRUG PROBLEM	a) INTAKE RECORDS b) INTAKE RECORDS c) SURVEY OF 275 HIGH SCHOOL STUDENTS AND 261 COMMUNITY MEMBERS	a) 41% OF CLIENTS WERE REFERRED BY CJS b) 25% OF CLIENTS HAD PREVIOUS CJS INVOLVEMENT (NO DATA ON 48%) c) 30% OF EACH GROUP WOULD REFER PERSON WITH DRUG PROBLEM TO PROJECT; HIGHEST RATED SOURCE	QUALITY OF SERVICE AS MEASURED BY OUTCOMES IS MORE SIGNIFICANT QUESTION
2. DISPOSE JUVENILE OFFENDERS ECONOMICALLY	COST PER CLIENT SERVED COMPARED TO SAME FOR ALTERNATE PROGRAMS	OWN RECORDS ON COSTS AND NUMBER OF CLIENTS, ESTIMATES OF OTHERS' COSTS	CHEAPER THAN CJA, BUT MORE EXPENSIVE THAN PROBATION	IGNORED DIFFERENCES IN TYPES OF SERVICE (COUNSELING VS. CUSTODIAL); IGNORED FACT THAT AVERAGE STAY IN THEIR PROGRAM IS TEN WEEKS COMPARED TO A YEAR FOR OTHER PROGRAMS
3. REDUCE CLIENT RECIDIVISM	COMPARISON OF RECIDIVISM RATE FOR PROGRAM CLIENTS (WHILE IN PROGRAM-I.E., AVERAGE OF TEN WEEKS) TO COUNTY PROBATION DEPARTMENT RATE	APPARENTLY OWN RECORDS FOR CLIENTS AND OFFICIAL REPORT FOR PROBATION DEPARTMENT	1971-72: 2 OF 31 RECIDIVATE; 1972-73: NONE RECIDIVATE COMPARED TO AVERAGE OF 50% FOR PROBATION DEPARTMENT	RECIDIVISM RATE SHOULD BE CALCULATED FOR VARYING PERIODS OF TIME, NOT JUST FOR THE PERIOD OF PARTICIPATION IN THE PROGRAM. NEITHER THE LENGTH OF THE PERIOD, NOR THE NATURE OF THE OFFENSE, NOR THE OFFENDER'S CHARACTERISTICS WERE CONTROLLED IN THE ANALYSIS
4. IMPROVE CLIENT'S SOCIAL SITUATION	a) CHANGES IN SCHOOL ATTENDANCE b) EMPLOYMENT c) RECIDIVISM d) DRUG USE e) PROBLEMS SOLVED	FINDINGS BASED ON SEPTEMBER 1971 - SEPTEMBER 1972 DATA COLLECTED BY PROJECT STAFF ON "RANDOM SELECTION" OF 68 CLIENTS	IMPROVEMENT SHOWN ON EACH OF THESE MEASURES (83% IMPROVED SCHOOL ATTENDANCE, 22% IMPROVED EMPLOYMENT, 67% REPORTED DECREASED DRUG USE, 70% REPORT PROBLEMS SOLVED)	MEASURES IMPACT OF 1971-72 PROGRAM RATHER THAN 1972-73. DATA APPEARS TO BE BASED ON SELF-REPORT RATHER THAN ANY OBJECTIVE VERIFICATION
5. INVOLVE COMMUNITY WITH PROJECT	a) PROPORTION OF CLIENTS REFERRED BY COMMUNITY AGENCIES OR "PERSONS IN THE COMMUNITY" b) PROPORTION OF COMMUNITY RESPONDENTS WHO BELIEVE PROJECT IS DOING A GOOD JOB	a) INTAKE RECORDS b) SURVEY OF 261 COMMUNITY MEMBERS	a) 70% ARE NOT SELF-REFERRED b) MAJORITY WERE AWARE OF PROJECT AND FELT IT IS DOING A GOOD JOB	a) SELF-REFERRAL MAY BE SEEN AS SIGN OF SUCCESS, TOO. b) MANY COULD NOT NAME MORE THAN THE SINGLE PROGRAM SERVICE NOTED IN THE QUESTION. SAMPLE IS NOT REPRESENTATIVE OF COMMUNITY
6. REDUCE CLIENT DRUG ABUSE	COMPARE DRUG USE OF 1973 CLIENTS AND 1972 CLIENTS, COMPARE TO SIMILAR DATA FOR HIGH SCHOOL	SURVEY OF 21 CURRENT CLIENTS AND 275 HIGH SCHOOL STUDENTS	1973 CLIENTS' DRUG USE LESS THAN 1972 CLIENTS' DRUG USE	THIS DOES NOT MEASURE IMPACT OF PROGRAM, ONLY HOW THE CLIENTS IN THE TWO YEARS DIFFER

- Project C clients, on the average, report about as much current drug usage as a group of non-clients matched for past drug usage.
- Project C clients, on the average, report slightly less of a reduction in drug use from the previous year than a group of non-clients matched for past usage.*

However, it is important to stress that the questionnaire was administered to current clients, i.e. clients still in treatment. It is very possible that impact on drug usage might not be measurable until some time after the end of treatment. To test this possibility, parents of former clients (from Spring of 1973), teachers and staff were asked to assess Project C's ultimate impact on client drug use. Responses from these three groups of significant others were consistent--all felt Project C was considerably more helpful than did current clients. On the other hand responses from all four groups concerning intermediate impacts were consistent. Thus clients might be able to perceive intermediate impacts, but not the project's ultimate effect on drug use.

Impact on Drug Opinions

In general little impact on drug opinions was noted from analysis of the client questionnaires:

- 19% of its clients said they are less in favor of drug use as a result of participating in Project C and 71% reported no impact. (10% reported being more in favor of drug use as a result of participating in Project C.)

* There was some consistency in these self reports. On the average, clients who reported that Project C had helped to reduce their use, reported more of a reduction in use than clients who reported no help.

- On the average, Project C's clients have drug knowledge, attitudes and concerns comparable to a group of non-clients matched for past drug usage. This would tend to indicate no project impact.

Impacts in Other Areas

Generally Project C's clients perceived more impact in certain intermediate areas than on their drug usage or attitudes. In particular clients generally felt the project helped them to:

- Accept responsibility
- Gain self confidence
- Improve relationships with others
- Improve communications with others
- Make better decisions
- Clarify values
- Make better use of free time
- Improve relationships at home.

Clients perceived little impact on grades or school attendance. Parents, teachers and project staff perceived impacts in these intermediate areas that were comparable to those perceived by clients--with one exception. Parents, teachers and staff perceived more of an impact on school attendance than did clients.

Interestingly those clients who report the greatest impact in intermediate areas, also report more current drug use and less of a decrease in drug use than do clients reporting the least impact in intermediate areas. Thus if these intermediate impacts are precursors of a yet-to-come drug impact, Project C might be having a substantial impact on drug use.

Clients were also asked about other delinquent behavior. Project C clients reported net reductions in theft and truancy in comparison with a group of non-clients matched for past drug usage:

- 32% of Project C's clients reported less theft this year than last compared to 24% for the matched sample. (5% of Project C's clients reported stealing more compared to 8% of the comparison group.)

- o 46% of Project C's clients reported less truancy than a year earlier compared to 20% for the matched sample.

The latter finding tends to confirm the perceptions of significant others that Project C has a significant impact on school attendance.

The findings of the school and police records checks of Fall 1972 clients were:

- o Six out of twelve clients for whom grades could be found for both Spring 1972 and Spring 1973 showed improvement in grade point average. Only two of these twelve showed some deterioration in grades. (Four clients showed no change.)
- o Five of the fourteen clients for whom attendance records could be found for Spring 1972 and Spring 1973 showed some improvement and five showed some deterioration. (Four clients showed no change.)
- o Two of the fourteen clients for whom suspension records could be found for Spring 1972 and Spring 1973 showed some improvement and one showed some deterioration. (Eleven clients showed no change.)
- o None of the sixteen former clients, who were still minors as of December 1973 and who had no arrests prior to involvement with Project C, were re-arrested in the twelve months after involvement.
- o Only one of the four former clients, who were still minors as of December 1973 and who were arrested prior to involvement with Project C, was re-arrested in the twelve months after involvement.

Of the five projects studies, Project C had the best results overall from the records check. However, due to the small sample sizes involved, these findings are not statistically significant.

CONTINUED

1 OF 3

Because of the strong correlation between drug use and truancy noted in all of the communities surveyed, it is important to summarize the conflicting measures of Project C's impact upon truancy (or attendance):

- Current clients report little project impact on truancy, yet these same clients report considerably greater reductions in truancy in comparison to a year earlier than does a matched sample of non-clients.
- Parents, teachers and Project C staff report considerably more impact on attendance than is perceived by current clients.
- The school records check of fourteen former clients showed no sign of an overall project impact on attendance.

One last measure of intervention impact was tabulated. Parents of former clients were asked to evaluate the impact of the project on themselves. On the average parents of former Project C clients perceived that the project had been somewhat helpful in:

- Improving their own ability to make decisions
- Clarifying their own values.

Only 25% of the Project C parents responded to the mail survey, compared to 50% of the parents of former clients of the other projects.

C.6 PSSI EVALUATION OF PROJECT C'S COMMUNITY-WIDE IMPACTS

Project C's community education and professional consultation activities were designed to significantly affect the juvenile drug problem in Community C. In support of this general goal, these activities were also designed to publicize Project C and encourage appropriate referrals. To evaluate these community-wide impacts, PSSI administered questionnaires to 15 community leaders, 8 heads of county-wide agencies dealing with the juvenile drug problem, 7 parents of former clients, and 15 professional beneficiarics. In addition juvenile arrest statistics, referrals to probation, and suspensions from secondary schools were collected for Community C. It was found that:

- Most (74%) of the community leaders and county-wide agency heads were aware of Project C. Most of those who were aware first heard about the project from its own communications to their agency.
- Beneficiaries of Project C's professional consultation/teacher training activity perceive its objectives somewhat similarly to Project C's staff, indicating a fair community understanding of the project. The correlation between the emphasis placed by the project on 22 ultimate, intermediate and immediate objectives, as perceived by professional beneficiaries, correlates well with the emphasis perceived by staff (the correlation coefficient is .65).
- However, there are some discrepancies. Professional beneficiaries perceive major emphasis given to: reducing client drug use (as opposed to misuse); increasing client knowledge of physiological, psychological and legal consequences of drug misuse; developing client attitudes against drug misuse; and working with law enforcement and mental health agencies. Staff perceive minor emphasis given to these objectives.
- These professional beneficiaries generally felt that Project C had increased their drug knowledge, understanding of, and ability to deal with juvenile users. They also felt that Project C had helped them to clarify their own values.
- Most professional beneficiaries and community leaders are willing to recommend youths to Project C for drug information, counseling, and referral to other agencies. Parents of former clients are less willing.
- Its clients rate Project C as the most effective local institution or agency dealing with the juvenile drug problem. Clients, independent of their current level of drug use, rate Project C more effective than parents, teachers, school counselors, police, and clergy. Only the medical profession is rated close to Project C.

- Most community leaders surveyed (54%) feel that Project C has been very helpful in informing Community C about the drug problem. The rest feel it has been somewhat helpful.
- All of the community leaders surveyed feel that Project C has been at least somewhat helpful in organizing Community C to deal with the drug problem. Most feel it has been somewhat helpful in organizing the community to deal with other juvenile problems.
- Of those professional beneficiaries and community leaders who perceive that the juvenile drug problem has abated during the past year, most (7 of 9) give Project C a major share of the credit. Those perceiving no change, or an adverse change, in the juvenile drug problem generally credited Project C with helping to contain the problem.
- Juvenile marijuana arrests and referrals to probation generally remained stable in Community C during its last 18 months of CCCJ funding. During the same period arrests and referrals to probation for other drug offenses increased, and arrests and referrals for alcohol offenses decreased. All of these CJS indicators for Community C are comparable to LA County averages. They show that Community C's juvenile drug problem has not been "cured."
- The same drug attitudinal differences between groups in Community C were apparent as were noted in other communities. This indicates that Project C's community education component has not achieved the miraculous.

C.7 EVALUATION OF PROJECT C BY ITS OWN STAFF

Five Project C staff members were interviewed, using an open-ended interview guide. Their responses relevant to an evaluation of Project C are summarized here.

Evaluation Criteria

Although one staffer felt there was no way to fairly evaluate a project such as Project C, other staff members suggested subjective interviews with clients and staff, as well as observations of how the program and staff operated. Other comments included the idea of checking on clients' adjustment after two years, being careful to note the length of time a client spent in the program. One staff member suggested checks of arrest records, school records and drug use for juvenile clients, and job situation or re-admittance to school (as well as drug use) for adults.

Most Effective Activity/Service

The formal counseling program was most often cited as Project C's most effective activity or service. The competence of the counselors was cited as the factor responsible for its effectiveness. Several staff members cited the outreach program; while one noted the project's referral activities, another its group counseling, and a former staff member suggested the project's community education program.

Least Effective Activity/Service

The diversion program was most often cited as least effective. The lack of client-motivation to change was suggested as the reason; the clients came to satisfy the court or police and not because they wanted help. Work with hard core drug users was also cited as an unsuccessful effort.

Suggested activities to be cut to cover a hypothetical 25% decrease in funds included outreach, hotline, and large-scale public relations activities. The increased use of volunteers was the most frequently offered positive suggestion.

Significant Accomplishments

Given the precarious status of the project after CCCJ funding was completed, several staff members viewed the survival of the project as its most significant accomplishment. Additional comments were related to other services-- e.g., establishing an outreach program on the high school campus, providing therapy and formal counseling services in the community, changing from an earlier crisis-oriented program. Others referred to their increased clientele and their ability to reach a variety of people with mixed problems.

Recommendations

The theme of survival was seen again in recommendations to other project of a similar nature. Advice included: making sure the community needed, wanted, and supported the project; developing rapport with other agencies; getting an effective advisory board; and ensuring that the staff was compatible and maintained good internal communications. Suggestions about operations included in-service training every six months, as well as weekly case conferences supervised by an outsider. It was suggested that the initial staff be small, but at least four members, and that the use of ex-addicts be avoided because of their tendency to "over-identify" with the clientele; use of volunteers was also noted here.

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APPENDIX D
EVALUATION OF PROJECT D

APPENDIX D

EVALUATION OF PROJECT D

This appendix summarizes the evaluative information compiled by PSSI for Project D. It begins with descriptions of Project D's activities, objectives and beneficiaries. Next the two previous evaluations of Project D are assessed. PSSI's own evaluation of Project D was quite limited due to the Project's refusal to participate.

D.1 ACTIVITIES OF PROJECT D

Project D was a drug prevention/intervention program operated by the school district in Community D. It ceased operation at the end of CCCJ funding. The project was headquartered in a public building that also houses the juvenile bureau of the principal police department in Community D. The Center maintained a bank of narcotic materials, available for classroom teachers, the community and the student; the Center also provided counseling facilities for individuals and groups, as well as conference rooms, etc. A Reading Lab was established at the Center when it was found that reading problems resulted in academic inactivity and drug experimentation. (In-depth interviews of 65 high school students in Community D who had been involved in drug misuse, revealed 70% had a reading problem in grade school.)

An examination of the Project D grant applications and reports indicates that their principal activities were:

- On-going counseling
- Training school personnel
- Community education.

Each of these activities is described in more detail below.

On-going Counseling

Clients were referred to the project by the principal police department in Community D, school officials, parents, or were self-referred. Intake occurred

at the Resource Center, as did most counseling. In 1971-72, 224 students were counseled (107 self-referred and 117 mandated). In 1972-73, 129 students were counseled (50 self-referred and 79 mandated). Youth group sessions were conducted in the evening at 6:30 and a parents group at 7:30. In addition, phone counseling and drop-in requests and consultations were frequent.

Community Education

Public speaking engagements were held. These declined with the life of project as the community was blanketed. In 1971-72 attendance totaled 1,450, whereas only five speaking engagements were reported for the following year. Meetings were held with the citizen advisory committee and other civic groups, including liaison with the elementary school districts. An adult education unit (four sessions) on psychology of drug culture was held in 1972. A student leadership program was initiated which allowed any student in the high school to participate, regardless of academic standing or citizenship. Students were fully trained in areas of decision-making, school and community improvement and self-improvement. They were encouraged to participate in community affairs and two students served on the advisory committee.

Training School Staff

A variety of in-service training workshops for all school personnel was conducted. Cafeteria, maintenance and clerical staff were included as well as school nurses and high school student leaders. Training sessions included drug abuse knowledge, as well as group leadership training for those involved in the counseling program. A workshop was held for teachers of the State Requirements Course to develop a course outline for drug education. In 1971-72, three in-service training sessions were held at one high school involving 137 staff members. At another high school, 116 personnel participated in one session. In 1972-73, twenty-four staff training sessions were conducted.

D.2 OBJECTIVES OF PROJECT D

The six "goals" stated by Project D in its first and second year grant applications were all process-oriented:

1. The development of in-service programs to involve classroom and administrative personnel in aspects of crisis counseling, referral and case disposition.
2. The development and implementation of concepts of classroom instruction.
3. The development of a referral and crisis counseling service for school-age students in the community.
4. The establishment of a student leadership program.
5. The development of an adult education program for members of the community.
6. The development of a program of education for law enforcement personnel involved in school and community participation.

These "goals" were further delineated by reference to a number of "objectives" which were merely elaborations of program actions. For example, one "objective" of the "goal" of establishing in-service programs was "to increase the preparation of trained personnel . . . able to response to problems inherent with youthful drug users." Another example of the "goal" on classroom instruction was "personnel involved in State Requirements Courses will have participated in training and presentation of materials in drug abuse and narcotics instruction."

In contrast, several outcome-oriented objectives were specified on the third year grant application:

- To reduce drug and alcohol misuse by high school age youth in the project by 50%
- To reduce subsequent arrest rate of high school age youths in the project by 70%
- To maintain school retention rate of high school age youth in the project at 80%.

Despite the wide range of services provided by Project D, these objectives were stated solely in terms of impact upon the students involved in the counseling program.

D.3 BENEFICIARIES OF PROJECT D

In general the beneficiaries of Project D's activities can be defined:

On-going Counseling: Students in Community D who avail themselves of this service. Since all client records have been destroyed, it is no longer possible to identify these beneficiaries.

Community Education: The general public. Beneficiary community groups were identified in Project D's reports.

School Staff Training: Teachers and other school staff who participated in Project D workshops and seminars.

D.4 ASSESSMENT OF PREVIOUS EVALUATIONS OF PROJECT D

Project D was evaluated after its second and third years of operation. These two evaluations are assessed below.

D.4.1 1972 EVALUATION

The 1971-72 budget contained \$2,500 for an outside consultant. There was considerable evidence of friction between the consultant who was selected and project staff.

Success Indicators

One of the first steps of the 1972 evaluator was to reclassify the many "goals" and "objectives" listed by the Project D. She felt these could be categorized as service, training, management, and research. Her restatement of objectives included a number of outcome-oriented objectives capable of measurement, but

still included a number of process-oriented statements. Examples of the former include: "To increase knowledge of high school students, State Requirements classes, of drugs and effects of drugs by 25% within ten months." "To increase the knowledge of parents and community advisory committee members as to drugs and the effects of drugs by 100% within two months." "To increase the knowledge of high school counselors regarding drugs and their relationship to youth" These objectives are still operationally vague--e.g., what does a 100% increase of knowledge mean? Examples of process-oriented objectives included, "To provide an individualized program for known drug misusers from date of referral." "To disseminate available materials and equipment required for school drug programs distributed from the Office of Education Resources." "To open to all district nurses an on-going training program in recognition and reporting of drug related cases" "To establish a system of data collection of facts influencing drug use, drug misusers, amounts, types and frequency of use within two months."

Many of these objectives were ignored in the evaluation. The only quantitative assessment in the entire evaluation report for 1972 measures the improvement in student drug knowledge. The only evaluation made of the counseling activities and reported in the final evaluation report is the following three-sentence statement: "The majority of students described Project D staff as 'concerned.' Attitudes toward counselors were highly positive. Project D seems to have created an atmosphere which is conducive to reduction of drug use and the enhancement of social functioning." (Page 3.) No reference is made in this report to how many students were interviewed, how they were selected, how the information was solicited, or how many actually said what. Although "reduction of drug use" would be readily quantifiable and a fair test of the impact of the conducive counseling atmosphere, no other data were reported.

Instruments and Data Sources

The evaluation of project impact on student drug knowledge was made from an 81-question test, based upon questions used in a Statewide exam. It was intended to test knowledge in four areas" "knowledge of drugs, drug vocabulary, marijuana, and glue." The test was administered to students at one of the

four high schools in the district, before and after their State Requirements Course unit on drugs.

Analysis Procedures and Evaluation Findings

Based on the scores of 213 tests, the report concluded, "In the first three areas, no significant effect resulted from the educational program. In the fourth area, glue, the analysis indicated an adverse learning effect." The statistic used was the Wilcoxon test which is a simple test based merely on the direction of the difference between the pre-test and post-test and does not consider the size of the difference.

It should be noted that the final report submitted by the project director to CCCJ did contain two other impact measures, along with data on the number of speeches and size of audience (including class contacts), number of clients and counseling sessions, number of school staff trained and training sessions. The two impact measures referred to the proportion of clients who remained in school and their drug arrest record. Eight of the 128 clients dropped out of school (another 6 left the district). The operational definition of "drop-out," given the State requirement for attendance until age 18, was not stated. No other attendance or educational progress data were reported. The data on arrests were not clearly presented, but apparently the data indicate 34 pre-counseling drug arrests, but only 3 post-counseling drug arrests during an unspecified follow-up period.

Issues and Problems in Evaluation

The adverse evaluation of the drug education activity brought forth a disclaimer from the project director and some comments about limitations from the evaluator. The project director declared in a footnote to a preliminary report using these results, "Let it be known that (Project D) is not responsible for the teaching of the Narcotic Education Units at the individual high schools. (Project D) is only responsible for coordination and information required by the teachers. New curriculum is being developed." The evaluator suggests two limitations. One is that exams mixing multiple-choice and true-false questions are often difficult to analyze. The second limitation is much more relevant. She notes that despite the fact that the exam

came from the State Department of Education, it could be invalid. Certainly, if a test is unrelated to the material covered by the educational program, it is an unfair test of that program. This highlights a problem of the use of a standard drug knowledge test to fit a wide variety of educational programs. Unless there is consensus on specific educational content goals, any test will be open to the criticism that it is not a valid test of a particular educational program.

An attempt was made to use a modified version of this test as an evaluation of the impact of the training of counselors and the advisory board. But an inadequate return of questionnaires (and a complaint by some counselors that they had received no training between the two tests) prevented any quantitative assessment of these other outcome-oriented objectives. Nor were the pre-test results used in designing the curriculum or training program.

Conclusion

In summary, the 1972 evaluation report, with the exception of assessing changes in student drug knowledge, contains no quantitative analysis of the impact of Project D. Project D reports add only two other outcome-oriented results, neither of which was defined. No attempt was made to study the impact of the program upon drug use, attitudes, or improvement in some conditions seen as underlying drug use. Counseling folders were not utilized to determine client progress. Nor was any attempt made to collect subjective evaluation data from clients, school staff involved in in-service training, community organizations (i.e., their perceptions of the program), or from the general student body. Nor was any attempt made to interview project staff members, although the evaluator attended a number of staff meetings. See Table D-1 (on page 90) for a summary of this evaluation.

D.4.2 1973 EVALUATION

As a result of recognized deficiencies in the 1972 evaluation report, a new evaluator was called in for the 1973 program. However, only \$1,000 was budgeted for the evaluation consultant. The evaluator's efforts were hampered by the announced demise of the program, which resulted in counselors phasing out their

activities and not persistently pursuing the follow-up data needed for evaluation.

Success Indicators

Progress was measured toward all three objectives stated in the third year grant application. Reducation of drug and alcohol misuse was measured on the basis of a self-report made as part of the intake process and apparently on a similar basis at the time of the last contact. Arrest rates were based on official reports to the school by local area police departments. The third objective was broadened to not only include staying in school, but also to examine other aspects of school performance--i.e., suspensions, improvement in attendance, and improvement in grades.

Instruments and Data Sources

Thirty of the 129 students in the program were not available or were unwilling to participate in the follow-up data collection process and, thus, self-reported drug use data are available for only 99 clients. This problem faces any program relying on the cooperation of their clients for its outcome data. It would have been helpful, however, if an analysis of intake data had been made to determine whether this group was representative of the entire client population or whether the unavailable group constituted the counseling failures or heavier users.

Retention and suspension indicators were based on official school records. But it is not clear whether attendance and grade data were recorded from school records, or estimated by the client. Whenever official records are available, these should be the source of outcome data.

Analysis Procedures and Evaluation Findings

The drug use data appear to indicate a decline in reported drug use. The lack of the number of cases in each category, the number of non-users for a particular drug, and percentage figures makes interpretations more bothersome than need be. Summing the data for each individual might be helpful too

(for instance, the data as presented do not indicate increased usage for 13 clients or a switch from hard drugs to marijuana or alcohol for 9 clients). The staff doubted three reports of total non-use of drugs, while they felt the same reports for 21 others were truthful. Questions of validity may also be raised about the intake drug use data, especially from those mandated to the program (although the fact that 90% of all clients admitted marijuana use and 81% admitted alcohol use may serve to reduce the need for concern). The report also noted the weakness that only two data points are used--at time of intake and at last contact; it is possible that use at time of intake was already declining from earlier patterns.

Arrest data indicates only two arrests after initial intake interview. No arrest figures are reported for the period before intake. Of the 129 clients, 36 were mandated to the program by police action, and an additional 43 were mandated by the school. Also, arrest data for the 17 cases who moved out of the area (or the one death) are not recorded.

For the third outcome objective, the report indicates that only eight students dropped-out from school. Additional data indicated that there were no suspensions and six students were placed in continuation school. The data cover 104 of the 129 clients. In addition, attendance improved for 28 students, stayed the same for 69, and declined for 7 and grades improved for 32, remained the same for 64, and declined for 8.

The report concludes its analysis of the outcome data by noting, "While one cannot directly attribute a student's progress or failure to (Project D's) program, these findings in conjunction with the follow-up on level of use, do seem to suggest that the program enjoyed a measure of success, and the project was able to meet the primary objectives"

The report includes other data useful in an evaluation of the program, such as the number of phone requests for drug information, the number of counseling sessions, training sessions, and speeches and meetings.

Issues and Problems in Evaluation

Several problems have already been mentioned--e.g., the impact of the announced demise of the program upon the evaluation effort, and problems caused by a lack of cooperation from clients on follow-up data collection.

Another issue in evaluation is that most programs seem to examine only their current activities. For instance, no effort was made in the 1972-73 evaluation to trace the impact of the program after one year upon the 1971-72 clients. There is not even an indication of whether any clients continued their participation after the summer recess.

Conclusion

The initial evaluation report for Project D used only one outcome-oriented measure--it examined the change in drug knowledge resulting from the program's role as a resource center and training center for the teachers of drug education courses. That report totally ignored the counseling element of the program (although the director's final report did report arrest and drop-out data). The drug use behavior of both the general student body and the counseling clients was ignored too.

The second evaluation report viewed the program for evaluation purposes entirely as one focusing on counseling. Three outcome objectives were framed and tested, using counseling client follow-up data only. The objectives involved drug use, drug arrest, and school performance. But no comparative data were used, e.g., drug-use behavior of other enrolled students. Nor did the report relate the level of progress to the counseling program. For example, 36 of the students had only the initial intake interview and counseling, while others had a varying number of contacts in individual or group counseling. But there is no indication which group had changed its drug use or school performance most. Nor were changes in behavior related to family background data, although these were collected and reported in the evaluation report.

Neither report directly evaluated the in-service training programs in terms of impact upon the trainee or upon the eventual beneficiaries--the clients and general student body.

The 1973 evaluation report raises several aspects of the evaluation process which are relevant for other projects as well. First, they mention the difficulty of conducting an evaluation after the death of a program has been announced (it is even more difficult once the program has ceased functioning entirely). Second, they note that the impact of the program may continue on past the life of the program; school personnel have been trained and new drug curricula were supposedly formulated and the impact of these actions should continue (and should be measurable). See Table D-1 for a summary of this evaluation.

D.5 PSSI EVALUATION OF PROJECT D'S IMPACTS ON STUDENTS, CLIENTS, AND COMMUNITY D AT LARGE

Project D's third year evaluation reported some extremely impressive statistics regarding improved client school performance, reduced drug usage and non-recidivism. Since Project D destroyed all of its records and declined to participate in the cluster evaluation, it was not possible to verify these claims. What data PSSI was able to collect was enough to indicate that Project D's effectiveness was no better than that of the other cluster projects.

Client Recidivism

Police records were checked for 21 clients referred to Project D by the principal police department in Community D. Six of these clients were re-arrested in the 12 months following project involvement (all for drug or alcohol offenses). Recidivism for Project D clients was:

- Lower than the recidivism for Project E clients
- Comparable to the recidivism for Project A clients
- Higher than the recidivism for Project B and C clients.

Awareness of Project and Willingness to Refer Clients

Eight heads of County Agencies dealing with juveniles were asked whether they were aware of Projects B, C, and D, and whether they would recommend

TABLE D-1

SUMMARY OF 1972 AND 1973 EVALUATION REPORTS OF PROJECT D

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. "INCREASE KNOWLEDGE OF ...HIGH SCHOOL STUDENTS, STATE REQUIREMENTS CLASSES, OF DRUGS AND EFFECTS OF DRUGS..."	INCREASED KNOWLEDGE IN 4 AREAS: KNOWLEDGE OF DRUGS, DRUG VOCABULARY, MARIJUANA, AND GLUE	<u>1972 EVALUATION</u> USE OF QUESTIONS FROM STATE DEPARTMENT OF EDUCATION TEST; PRE-TEST AND POST-TEST	NO SIGNIFICANT DIFFERENCE BETWEEN PRE-TEST AND POST-TEST FOR KNOWLEDGE OF DRUGS, DRUG VOCABULARY, MARIJUANA; STATISTICALLY SIGNIFICANT ADVERSE IMPACT FOR KNOWLEDGE ABOUT GLUE	THE DISTRICT NOTED THAT THE PROJECT STAFF WAS NOT RESPONSIBLE FOR TEACHING THE UNIT; THEY ONLY ACTED AS A COORDINATOR FOR INFORMATION REQUESTS. THE TESTS MAY NOT BE VALID MEASURES SINCE THEY MAY HAVE BEEN UNRELATED TO COURSE CONTENT
1. REDUCE DRUG AND ALCOHOL MISUSE BY HIGH SCHOOL AGE YOUTH IN THE PROJECT	REDUCED USE OF DRUGS	<u>1973 EVALUATION</u> SELF-REPORT AT TIME OF INTAKE COMPARED TO REPORT AT TIME OF LAST CONTACT (N=99, AS 30 UNAVAILABLE FOR FOLLOW-UP REPORT)	DECLINE IN DRUG USE	DATA INVOLVED AVERAGES FOR ENTIRE GROUP, THIS HIDING INDIVIDUAL CHANGES. STAFF DOUBTED TRUTHFULNESS IN 3 OF 24 REPORTS OF TOTAL NON-USE OF DRUGS. NO COMPARATIVE DATA ON OTHER STUDENTS. NOR WAS DECLINE RELATED TO EXTENT OF SERVICES PROVIDED
2. REDUCE SUBSEQUENT ARREST RATE OF HIGH SCHOOL AGE YOUTH IN THE PROJECT	REDUCED RECIDIVISM	OFFICIAL NOTIFICATION BY POLICE TO SCHOOL	ONLY TWO STUDENTS RE-ARRESTED AFTER INTAKE INTERVIEW	SHOWS ONE IMPACT OF PROJECT
3. MAINTAIN SCHOOL RETENTION-RATE OF CLIENTS AT 80%	a) RETENTION IN SCHOOL b) SUSPENSION c) IMPROVEMENT IN ATTENDANCE d) IMPROVEMENT IN GRADES	a) SCHOOL RECORDS b) SCHOOL RECORDS c) NOT CLEAR IF IT IS SCHOOL RECORDS OR SELF-ASSESSMENT d) SEE 3c) ABOVE	a) ONLY 8 STUDENTS DROPPED OUT, 6 WERE PLACED IN CONTINUATION SCHOOL b) NO SUSPENSIONS c) 28 IMPROVED ATTENDANCE, 60 REMAINED THE SAME, 7 DECLINED d) 32 IMPROVED GRADES, 64 REMAINED THE SAME, 8 DECLINED	NO COMPARISON TO OTHER STUDENTS NOR ANALYSIS OF IMPACT OF VARIATION IN THE EXTENT OF SERVICES PROVIDED

each project to a youth for a number of services.* Three of the eight were aware of Project D, while two were aware of Project C and four were aware of Project B. Of those aware of the projects:

- 2 of 3 would recommend Project D to a youth for drug information or counseling
- 3 of 4 would recommend Project B, and
- 2 of 2 would recommend Project C.

Juvenile Arrests and Referrals to Probation in Community D

Information on juvenile arrests and referrals to probation was obtained from the Bureau of Criminal Statistics for a major portion of Community D. It was found that:

- Marijuana arrests and referrals to probation increased in Community D during the last 12 months of Project D operation. Marijuana arrests were higher than the LA County averages and referrals to probation were lower.
- Alcohol arrests and referrals to probation decreased in Community D during the last 12 months of Project D operations. Alcohol arrests were comparable to LA County averages, while referrals to probation were considerably lower.
- Arrests and referrals to probation for other drug offenses decreased in Community D during the last 12 months of Project D operation, counter to an upward LA County trend. Arrest and referral rates for other drug offenses in the first half of 1973 were below LA County averages.

Of these six CJS indicators of Community D's juvenile drug problem, only marijuana arrests were high (and increasing) in comparison to LA County averages.

*The questions regarding willingness to refer clients to Project D were modified by the phrase "if it were still in operation."

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APPENDIX E
EVALUATION OF PROJECT E

APPENDIX E

EVALUATION OF PROJECT E

This appendix summarizes the evaluative information compiled by PSSI for Project E. It begins with descriptions of Project E's activities, objectives, and beneficiaries. Next the previous evaluation of Project E is assessed. PSSI's evaluation of Project E's impacts on clients and the community at large are followed by Project E staff's own evaluation.

E.1 ACTIVITIES OF PROJECT E

Project E is a juvenile diversion program operated by the Probation Department in County E. It serves as an alternative to Juvenile Court proceedings for first offenders referred to probation for drug-related offenses. Using the activity typology developed in Section II, Project E is engaged only in ongoing counseling.

Screening for this informal supervision program takes place as part of normal probation intake. Once a six-month informal supervision agreement is signed, the youth is assigned to a series of six two-hour sessions. Both the youth and at least one parent attend four hours of lecture and eight hours of group discussion held from 7 to 9 p.m. at the Probation Department.

The first lecture is by a Police Juvenile Officer who discusses the physical characteristics of drugs and law enforcement procedures. The second lecture is by a deputy DA who discusses the laws, court involvement, ramifications of "having a record," and provisions for sealing juvenile records. The third lecture is by a psychiatrist who discusses both pharmacological and psychological aspects of drug abuse. The fourth lecture is by a former addict who demonstrably shows the results of drug-narcotic involvement and possible later addiction. He also participates in the small group meetings.

The group sessions are "mini-encounter" groups. Groups are composed of both youths and parents, but no child is in the same group as his parent. In this manner cross-generation communication is established; early groups

were unproductive due to the child's inability and reluctance to express himself freely in the presence of his own parents. The same groups of 15 or less members remain together for each session. The groups are non-structured; a deputy Probation Officer and a previous program participant serve as co-facilitators. Discussions are low-key and group confidentiality with regard to drug involvement is maintained. Failure to attend a session results in a petition being filed on the original referral offense. Six months from admission to informal supervision the parent is called for a report on the youth's behavior and the case is closed. Approximately 30 cases a month are assigned to the project.

The staff is composed of Juvenile Probation Officers. At the time of the PSSSI evaluation, staff members have been with the project an average of less than six months, but staff stability was greater at the time of CCCJ funding. Staff was self-recruited, and had some informal training. Specific speakers are not requested; an exception is the ex-addict who has been with the program from the start.

E.2 OBJECTIVES OF PROJECT E

The objectives of Project E were described in its grant application and subsequent documents:

1. Providing and testing an alternative to Juvenile Court action in the case of the youthful drug offender.
2. Testing this type of program as a method of approach to deviant or anti-social behavior other than drug abuse (i.e., the juvenile shop-lifter, the chronic school truant, etc.).
3. Redirection of youthful drug abusers toward less harmful behavior and reduction in numbers of such persons who now serve as influential models for the younger child.
4. Education and increased awareness relative to drugs and narcotics, not only for the child, but the parent as well.

5. Improved parent-child communications.
6. Involvement of community volunteers in addressing a substantial community problem.
7. Attraction of potential new careerists from among the youthful group of offenders.
8. Establishment of a model which can readily be made available to other groups.

One other objective was noted in the original grant application, but subsequently dropped: "Coordination of community agencies involved in the problem."

PSSSI interviewed eight of Project E's staff members. They were asked to state Project E's current objectives in their own words and then to express the emphasis placed by the project on various ultimate, intermediate, and immediate objectives.

Several objectives were stated by staff as responses to the open-ended question. Most offered improvement of parent-child communication as an objective of the program (this was also the highest rated objective in the closed-ended question on objectives). Reducing client drug use and increasing the insight of both parents and clients into their own behavior were also cited. A number of other objectives were also offered--e.g., diverting the first time offender from the court process, getting youth involved with authority figures in a non-threatening, and positive relationship, encouraging respect and obedience for the law, and providing information.

Responses to the closed-ended questions regarding project objectives were averaged. Objectives were then ordered by the emphasis given them. Those receiving major emphasis are:

- | | |
|----------------------|---------------------------------------|
| Ultimate Objectives: | Reduce drug misuse |
| | Reduce delinquency |
| | Reduce drug use (less emphasis given) |

Intermediate Objectives:
(Client-Oriented)

- Improve communications with parents and others
- Clarify values and decision-making process
- Increase knowledge of legal consequences of drug misuse
- Increase knowledge of psychological effects of drug misuse
- Develop attitudes against drug misuse
- Improve self-image
- Increase knowledge of physiological effects of drug misuse

(Less emphasis placed

Intermediate Objectives:
(Community-Oriented)

(No emphasis placed)

Immediate Objectives: Work with parents

E.3 BENEFICIARIES OF PROJECT E

Beneficiaries of Project E are between 14 and 18, with a provable drug charge other than sale or serious offense, without a prior 601 or 602 petition on file.

In the test period of 8/70-6/71 (excluding 12/70) cases were randomly assigned either to the program, to a petition and appearance before judge, or were counseled and closed, with 50% going to the program and 25% to each of the other alternatives. After that date participants were selected as a result of the judgment by the intake officer as to the most appropriate action; in January-June 1972, 20% were assigned to the program, 40% were counseled and closed, and 30% were petitioned to the court (10% were pending). Data for May-August 1973 indicates 16% were assigned to the program.

Data for 8/70-6/71 indicates clients were 72% male, 90% white (with 6% Chicano and 4% Black), mostly lower-middle to middle class (lead of household occupations: only 1.5% unskilled and 16% semi-skilled). More than half (51%) were arrested for possession of marijuana, with 36% arrested for possession

of dangerous drugs, but 58% indicated use of marijuana and dangerous drugs (27% marijuana only). In 65% of the cases the parents were married and living together, and in 64% of the cases the child was living with both parents.

In the January-June 1972 period, 191 (or approximately 32/month) were assigned to the program. In that same period 62% of the youths in the program were arrested for marijuana, 27% for dangerous drugs, 4% for narcotics, and 7% for paraphernalia or being in a place with drugs.

When Project E's staff were asked to identify Project E's beneficiaries, several listed both the clients and their parents. The youths were most commonly described as first or second offenders, with a light offense or experimental use, and middle-class. Other characteristics noted included a restriction to English-speaking clients.

The group most commonly cited by staff as potential beneficiaries were those who were already wards (or former wards). In addition, several staff members suggested that those who completed the program, but who wished to continue with the groups should be allowed to do so. The need for the inclusion of the Spanish-speaking (and other minorities, including those too poor to have available transportation) was also mentioned. One staff member suggested expanding coverage to other drug offenses such as cultivation or sale, and one suggested the inclusion of siblings.

E.4 ASSESSMENT OF THE PREVIOUS EVALUATION OF PROJECT E

Project E was evaluated in its first year of operation by a probation officer. No funds were budgeted for evaluation consultants. Project E was not evaluated in its second year of operation. The first year evaluation is assessed below.

Success Indicators

The criteria used to measure progress toward project objectives were stated in the grant application. The major criterion used to evaluate the services of the program as an alternative to Juvenile Court was the recidivism (or or re-arrest) rate, which was to be determined from Probation Department

files as well as a check of police records in the juvenile's jurisdiction. Another measure proposed was a change in attitude to authority, as determined by an attitude survey. The utility of the Project E program for other types of offenders was to be assessed by the subjective evaluations of the staff. Redirection of drug users was also tested by the recidivism rate with suggestion of long-term follow-up. Subjective evaluation by the parent was also suggested. Increased parental awareness and knowledge about drugs was to be measured through subjective evaluations by the parent. Although drug knowledge is measurable by objective tests, which can be included unobtrusively into an attitude questionnaire, the proposed evaluation did not do so. Improved communication between parent and child was to be measured by subjective evaluation by the parents and children, as well as by a test utilizing indirect measures. Although involvement of community volunteers is directly measurable through the number of volunteers and the number of hours volunteered, no measurements were made in this area. The objective of attracting new careerists is not amenable to short term measurement, for careers in probation require college degrees, and thus, cannot be evaluated in the short run.

Instruments and Data Sources

As the evaluation design progressed, several changes and elaborations were made. Recidivism measures were to be weighted by the seriousness of the offense and the time elapsed since participation in the project. The original design called for use of the Probation Department Central Juvenile Index (CJI), as well as checks with the Police Department in the youth's jurisdiction. The latter was dropped, however, because of the extra cost and/or the assumption that the Police Departments were reporting all their contacts to CJI. Attitude toward drugs was to be measured by a special questionnaire. Self-reported drug use was added as a measure of the effectiveness of the program. Intra-family communication was to be measured by a specially devised questionnaire administered to both parents and children. A program evaluation questionnaire was to be administered also, as well as questionnaires to gather background information (e.g., parental status, occupation).

Analysis Procedures and Evaluation Findings

The first year of the program utilized a random selection process for assignment to the program, or for a petition and appearance before the court, or for counseling and closing the case after the initial intake interview. Half the users were assigned to the program, and 25% to each of the control groups. All cases involved juveniles between 14 and 18 with a provable drug charge other than sale or involving opiates, and without a previous petition on file.

The research design called for all clients to be included in the samples for whom data would be collected. But this proved difficult, and certain modifications in the research design were made. The most serious modification was caused by the fact that approximately 30% of the population did not appear for post-tests, leaving less than 50% of the treatment population for whom there was both pre- and post-data. For the two control groups, less than 30% had both pre- and post-administered tests, and thus, the evaluation report did not report any questionnaire test results for them.

The only evaluation data reported for the entire population, therefore, are recidivism rates, which do not require the cooperation of the subjects. In addition, the pre- and post-data for the treatment group are reported.

The recidivism data indicate that 11.6% of the 250 program graduates were re-referred for a drug charge and a total of 20.4% were re-referred for any offense (drug or non-drug related). This compares to 11.2% and 26.5% for the 125 petition cases, and 12.2% and 24.3% for the 148 counsel and close cases.* Use of the chi-square test on the recidivism data either for drugs or for any offense indicates no significant statistical difference at the generally accepted .05 level. Another table reports the data for number of offenses rather than number of offenders; program graduates have the lowest proportion of total offenses (.268 per person compared to .368 for counsel and close and .385 for court proceedings), but do not have the

* A check of recidivism in July 1973 of those entering the program between January and June 1972 indicated a 28% recidivism rate (recidivism defined as petition filed) with approximately one-third of these being charged with the same offense. PSSI's recidivism figures for Project E were higher still.

lowest proportion of drug offenses (they have .128 per person compared to .120 for counsel and close and .155 for court proceedings). The evaluation report states--without any supporting argument--that the use of repeated offenses is a better measure of success than repeat offenders. However, even these differences are not statistically significant at the .05 level. It then states an unwarranted conclusion: "Generally, it is shown that as an alternative to Juvenile Court proceedings, the program has much to offer as a treatment intervention."

The evaluation report indicates that there was a significant difference between the pre-test and post-test on the Jessness inventory scales measuring alienation and non-traditional value orientation (i.e., both were reduced).

It also reports a significant improvement in the youths' attitudes toward the overt use of drugs and the youth drug subculture. The measures of parent-youth communications, based on pre- and post-tests, indicate that the youths perceive an increase in congruity (closeness, honesty, and openness) between family members (although not statistically significant), a decrease in permissiveness, and a decrease in parental awareness. Tests administered to the parents indicate a significant decrease in the perceived need for exercising control and a significant decrease in tendency for family not to share things; there was also an increase in family closeness, as perceived by the parents.

Two other outcome measures were reported. The proportion of juveniles who reported they wanted to stop using drugs increased from 47% to 74%. But the self-reported use of marijuana--the most common substance used--did not decline significantly based on the pre-test and post-test results.

Issues and Problems in Evaluation

One problem already noted is that a lack of cooperation is especially likely when there is no leverage that can be exerted on the subject, such as in the two control situations where the case had been closed or scheduled for appearance before the court. One possible solution is for the pre-test to be

administered as part of the intake procedure before assignment has been made, but this runs the risk of results contaminated by a desire to affect the assignment; and the problem of post-test cooperation remains.

Some questions may be raised about the tests used to determine parent-youth communication and their interpretations. The test administered to parents and youths asked each group for their perceptions of family actions. Although there are significant changes between the pre-test and post-test on several scales for both parents and children, there are still apparent gaps between the mean scores of parents and youths at any one time. Correlational analysis between child and parent responses would have been helpful in determining the validity and reliability of the tests. A more objective test of parent-youth communications could have been developed, used, and validated. In general, the evaluation report should have had more documentation--such as the questionnaires used and the scales developed. These are no longer part of the files currently existing.

Conclusion

In summary, the only objective which was evaluated by the use of outcome data involving experimental and control groups used recidivism data. The results indicated no statistically significant differences. The report was not clear on the time that elapsed between the program treatment and re-arrests. A more meaningful analysis would have indicated the number of arrests at various time intervals, e.g., one month, three months, six months, etc. The original design of weighting by seriousness and time may have some merit, although it would require more sophisticated statistical analysis. In addition, greater knowledge about the impact of the program could have been gained if further analysis of other data and test results (e.g., background, drug use patterns, Jessness and other test data) were made comparing recidivists to the program's "successful" graduates.

The data involving pre-test and post-test results for the program participants indicated some statistically significant changes. If one assumes the tests were reliable--i.e., would produce the same results on a re-test--then the changes in results between the pre-test and post-test could be attributed to the program. These changes included less alienation, less non-traditional values, more family communication.

The evaluation research design called for the use of subjective evaluation by the parents and youths involved in the program, as well as outcome data. The final evaluation report does not indicate the results of these surveys, but there is an indication in a preliminary report that the results may not have met their expectations. Based on a four-point scale ([1] none, [2] very little, [3] some, [4] very much) the mean scores ranged from 2.26 to 2.97 on the more meaningful evaluation questions. Although subjective evaluation scores by themselves are not sufficient measures of a program's success, they do contribute an important perspective for evaluating the program.

The evaluation study should be praised for several features. One of them is the random assignment of cases to the program and two control groups. Given the opposition of lawyers whose clients went before the court, and the probation workers' union which felt each individual case should be examined and the most suitable assignment made, the project's ability to maintain the experimental design for eleven months should be appreciated. In addition, although some opportunity to do meaningful research was missed, some analyses about the characteristics of the arrested drug user were made. For instance, their analysis of the Jessness test results indicated that generally the drug user's scores were midway between scores made by minor offenders and incarcerated delinquents, with the exception of greater alienation and repression, and less social anxiety and manifest aggression. A summary of this evaluation report is presented in Table E-1.

E.5 PSSI EVALUATION OF PROJECT E'S IMPACT ON CLIENTS

Project E's impact on client drug use, attitudes about drugs and various other intermediate areas, was evaluated by administering questionnaires to 55 current clients, 44 parents of former clients, and 8 Project E staff members. In addition, school and police records were checked for 93 clients from fall of 1972 to judge Project E's impact on delinquent behavior and grades. The findings are summarized here.

Impact on Drug Use

In general the findings from the client questionnaire regarding Project E impact on drug usage were inconsistent:

TABLE E-1

SUMMARY OF EVALUATION REPORT OF PROJECT E

PROJECT OBJECTIVES EVALUATED	SUCCESS INDICATORS	INSTRUMENT/DATA SOURCE	EVALUATION FINDINGS	PSSI COMMENTS
1. PROVIDE ALTERNATIVE TO JUVENILE COURT ACTION	RECIDIVISM RATE FOR DRUG OFFENSES	CENTRAL JUVENILE INDEX FOR ALL PROJECT CLIENTS AND 2 CONTROL GROUPS OF PETITION CASES, AND COUNSEL AND CLOSE CASES	11.6% OF PROGRAM GRADUATES RE-ARRESTED FOR DRUG OFFENSES COMPARED TO 11.2% FOR PETITION CASES, & 12.2% FOR COUNSEL AND CLOSE	NO SIGNIFICANT DIFFERENCE BETWEEN EXPERIMENTAL GROUP AND 2 CONTROL GROUPS DESPITE REPORT'S CONCLUSION THAT PROGRAM "HAS MUCH TO OFFER AS A TREATMENT INTERVENTION." RECIDIVISM OVER TIME SHOULD BE RECORDED. BACKGROUND OF RECIDIVISTS SHOULD BE COMPARED TO OTHERS
2. REDIRECT DRUG ABUSER	a) CHANGE IN ATTITUDES b) REDUCTION OF DRUG USE	a) PRE-TEST AND POST-TEST USING JESSNESS INVENTORY FOR PROGRAM GRADUATES b) SELF-REPORT ON DRUG USE AT START AND END OF PROGRAM FOR PROGRAM GRADUATES	a) SIGNIFICANT DECLINE IN ALIENATION, AND NON-TRADITIONAL VALUE ORIENTATIONS; NO CHANGE IN OTHER ATTITUDES TESTED b) NO SIGNIFICANT DECLINE IN MARIJUANA USE	a) LACK OF COOPERATION FROM CONTROL GROUPS RESULTED IN ONLY PROGRAM PARTICIPANTS BEING TESTED AND HENCE NO CONTROL GROUP
3. IMPROVE PARENT-CHILD COMMUNICATION	PERCEPTIONS OF IMPROVED FAMILY COMMUNICATION	QUESTIONNAIRE ON YOUTH AND PARENT PERCEPTIONS OF FAMILY COMMUNICATION GIVEN ON PRE-TEST/POST-TEST BASIS TO PROGRAM GRADUATES AND THEIR PARENTS	INCREASED PERCEPTION OF FAMILY CLOSENESS	PERCEPTIONS WERE TREATED AS ACTUAL CHANGES. NO ATTENTION TO GAPS BETWEEN YOUTH AND PARENT RESPONSES

- 23% of its clients said Project E greatly helped them to reduce their drug use and 30% said it helped them somewhat. (46% reported no help at all.)
- Project E clients, on the average, report more reduction in drug use from the previous year than a group of non-clients matched for past usage.*
- However, Project E clients, on the average, report about 10% more current drug usage than the group of non-clients matched for past drug usage.

While slightly more than half of Project E's clients perceive it has affected their drug use, and Project E clients report more of a decrease in drug usage than clients of any other project evaluated, self-reported current drug usage is more than that for the comparison group. No suitable explanation was developed for this discrepancy.

It is important to stress that the questionnaire was administered to current clients, i.e., clients still in treatment. It is possible that impact on drug usage might not be measurable until some time after the end of treatment. To test this possibility, parents of former clients (from Spring of 1973), and its staff were asked to assess Project E's ultimate impact on client drug use. Responses from these two groups of significant others were consistent--both groups felt Project E was more helpful than did current clients. On the other hand responses from all three groups concerning intermediate impacts were generally quite consistent. Thus clients might be able to perceive intermediate impacts, but not the project's ultimate effect on drug use.

Clients who reported favorable project impacts on drug usage were compared to those who reported no impact, in order to understand Project E's processes better. There was no difference between the two groups in terms of age. Those who reported some impact on their usage tended:

* There was some consistency in these self reports. On the average, clients who reported that Project E had helped to reduce their use, reported more of a reduction in use than clients who reported no help.

- To be male
- To be black or Spanish heritage
- To have used fewer drugs in the past
- To have had fewer bad effects from their drug use.

They also report:

- Less current drug usage
- More anti-drug attitudes
- More of a reduction in drug usage from last year.

Impact on Drug Opinions

In general the findings from the client questionnaires regarding Project E's impact on drug opinions were inconsistent:

- 37% of its clients said they are less in favor of drug use as a result of participating in Project E and 55% reported no impact. (8% reported being more in favor of drug use as a result of participating in Project E.)
- However, on the average, Project E's clients have drug knowledge, attitudes and concerns that are less socially acceptable than non-clients matched for past drug usage. This would tend to indicate no project impact.

Impacts in Other Areas

Unlike the clients from the other cluster projects, Project E's clients perceived no more impact in ten intermediate areas than they perceived on their drug use. In particular, they felt very little impact in four areas: building self-confidence, improving grades and attendance, and making better use of free time.

Parents of former clients and Project E staff shared these perceptions, with the following exceptions:

- Parents and staff perceived more impact on self-image than did clients.
- Project staff perceived absolutely no impact on school attendance, while a few clients and parents perceived some impact.
- Project staff perceived more impact on improving their clients' relations with family, peers and others than did the clients or their parents.

Also unlike clients from other cluster projects, Project E clients who reported the greatest impact in intermediate areas:

- Have used more types of drugs previously than clients less affected in the intermediate areas, and
- Report the same net reduction in drug usage from a year ago as the clients less affected in the intermediate areas.

Clients from the other projects who have been helped most in intermediate areas have used fewer types of drugs previously and report less of a net reduction when compared to clients less affected in the intermediate areas. Thus there is considerable evidence that Project E's effects are quite different (and less indirect) than those of the other projects. Unlike the other projects, there is little reason to expect that a more substantial impact on drug use would be measured if clients were surveyed six months after treatment instead of during treatment.*

Clients were also asked about other delinquent behavior. Project E clients reported a reduction in theft in comparison with a group of non-clients matched for past drug usage. There was no difference between the two groups in changes in vandalism or truancy.

* Further supporting this conclusion are the results of a validation effort. Parents of current Project E clients were surveyed and their responses were compared to those from parents of former clients. Current parents perceived more impact on drug use and in intermediate areas than did the parents of former clients.

The findings of the school and police records checks of Fall 1972 clients were not impressive:

- Twenty-one out of 49 clients for whom grades could be found for both Spring 1972 and Spring 1973 showed improvement in grade point average. Fifteen of these 49 showed some deterioration in grades. (Thirteen clients showed no change.)
- Nine of the 40 clients for whom attendance records could be found for Spring 1972 and Spring 1973 showed some improvement and 20 showed some deterioration. (Eleven clients showed no change.)
- Ten of the 58 clients for whom suspension records could be found for Spring 1972 and Spring 1972 showed some improvement and twelve showed some deterioration. (Thirty-six clients showed no change.)
- Ten of the 27 former clients, who were still minors as of December 1973 and who had no arrests prior to involvement with Project E, were re-arrested in the 12 months after involvement.
- Twenty-one of the 36 former clients, who were still minors as of December 1973 and who were arrested prior to involvement with Project E were re-arrested in the 12 months after involvement.

One last measure of intervention impact was tabulated. Parents of former clients were asked to evaluate the impact of the project on themselves. On the average parents of former Project E clients perceived that the project had been somewhat helpful in:

- Improving parent-child communications
- Improving family relationships
- Improving their own ability to make decisions
- Clarifying their own values.

E.6 PSSI EVALUATION OF PROJECT E'S COMMUNITY-WIDE IMPACTS

Although Project E's original objectives and activities included community education and organization throughout County E, these aspects of the program were greatly reduced in its second year. However, to get some idea of Project E's community-wide impacts, PSSI administered questionnaires to 33 community leaders, 10 heads of county-wide agencies dealing with the juvenile drug problem and 44 parents of former clients. It was found that:

- Less than half (44%) of the community leaders and county-wide agency heads were aware of Project E. This was the lowest level of community awareness recorded for any cluster project. Most of those who were aware first heard about the project from its own communications to their agency.
- Most parents of former clients, and community leaders would be willing to recommend youths to Project E for drug information and counseling if it were open to the public.
- Its clients rate Project E as one of the more effective local institutions or agencies dealing with the juvenile drug problem. Clients, independent of their current level of drug use, rate Project E more effective than parents, teachers, school counselors, police, and clergy. Only the medical profession is rated more favorably.
- Over half (60%) of the community leaders surveyed, who are aware of Project E, feel it has been somewhat helpful in informing County E about the drug problem. These same community leaders felt it has not been helpful in organizing the County to deal with the drug problem or other juvenile problems.
- Of those 15 community leaders who perceive that the juvenile drug problem has abated during the past year, only one gives Project E a major share of the credit.

E.7 EVALUATION OF PROJECT E BY ITS OWN STAFF

Seven current and one former Project E staff members were interviewed, using an open-ended interview guide. Their responses relevant to an evaluation of Project E are summarized here.

Evaluation Criteria

Several staff members suggested use of pre- and post-tests on attitudes toward drugs, self, family, and authority. Voluntary or open-ended evaluations of the program by the client were also suggested, as were measures of recidivism. Suggestions for evaluation criteria also included methodological considerations. For instance, several staff members felt that the success of the program could not be determined for some time after the program ended--one suggested a year, another five years, and another when the client reached 25. One staff member commented on the difficulty of establishing causality of observed changes.

Most Effective Activity Service

There was strong agreement that the group or rap session was the most effective activity. Some felt it served to build family communication; another suggested its effectiveness stemmed from the fact that it allowed the youth an opportunity to see that others have similar problems, and that parents had feelings. Several staff members cited the effectiveness of the ex-addict, noting that his experience enabled the youth to identify with him and that he did not use scare techniques. The psychiatrist was also cited. Two members also noted the importance of the intake interview.

Less Effective Activity/Service

There was strong agreement that the police lecture was the least effective activity. Several staff members attributed this to the youths' alienation from the police, but some also claimed these speakers had offered inaccurate information, and were impersonal; others cited authoritarian, moralistic, and dull presentations as the factors. One staffer cited the lack of client follow-up as a weakness of the program.

Another method of determining weaknesses in the program involved asking for recommended actions if funding were decreased 25%. Besides the obvious advice to reduce staff, increase volunteers, and reduce clients, several staff members urged eliminating the lectures, while several suggested variations on this such as not paying for lecturers and group co-facilitators, or specifically mentioning the police lecturer; one suggested using tape recorded lectures.

Significant Accomplishments

The most frequently offered response to this question referred to improved communication between youths and their parents. This was attributed to a variety of factors--e.g., the nature of the group sessions (non-threatening, open and sincere, confidential); another attributed it to the experience of talking openly to those in a different age group, while one suggested that the parent and child now had a common experience to discuss. Lower recidivism was also claimed as a significant accomplishment and mention was also made of avoiding formal court action, improving client attitudes toward authority figures, and a more reasonable Departmental approach to drug use.

Recommendations

In addition to themes already noted (e.g., combine police lecture with DA's or eliminate it entirely), several other suggestions for agencies adopting a similar program were made. The need for trained personnel--either before or after they join the project--was noted by several staff members. Also receiving multiple mentions was the idea of lengthening the time period by one week, increasing follow-up activities on program graduates and increasing the program's flexibility (and authority to make program decisions). Other suggestions included making the program voluntary, increasing use of visual aides, emphasizing alternatives to drug use, and permitting recidivists not to face court proceedings on the original charge.

APPENDIX F

STUDENT QUESTIONNAIRE

This questionnaire was administered to 428 9th, 10th, and 11th grade students in Communities A, B, and G. However, questions 22, 23, and 25 were not included on the questionnaire administered in Community G.

The number presented next to each response is the percentage of those students responding who checked that response. The number not responding to the question is indicated as NR. The number not asked the question is indicated as NA.

Averages for those responding are presented for the age of first use questions (i.e., 7b, 8b,.. 16b). Averages for those indicating some use in the past month are presented for questions 7c, 8c,... 16c.

CALIFORNIA STATE YOUTH QUESTIONNAIRE

The purpose of this questionnaire is to determine what youths think about some of our problems today, particularly problems involving misuse of drugs. Please answer each question carefully, putting an X in the box corresponding to your answer. Raise your hand if you do not understand a question or the answers.

We do not want your name, but we do need some information from you to make sure we are getting answers from a representative sample of young people. We hope you will take the time to answer each question as completely and honestly as possible, as the results will be used to plan youth services for your community.

What is your age?

10	11	12	13	14	15	16	17	18	19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	3.8	27.6	30.7	24.6	12.4	.9	

What is your sex?

Boy	Girl
<input type="checkbox"/>	<input type="checkbox"/>
51.0	49.0
NR = 1	NR = 12

What is your race or ethnic background?

White	Black	Mexican-American (or Latin-American)	Asian	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82.2	3.7	8.2	4.0	1.9
				NR = 0

What kind of work does the head of your household do? (If you live with your father, what kind of work does he do?) If you are not sure which category to mark, write the occupation on the line marked "Other".

<u>Salesperson</u> (for example, insurance agent, store clerk, real estate salesman, gas station attendant)	<input type="checkbox"/>	6.1
<u>Service Worker</u> (for example, cleaning, waitress, cook, maid, barber, stewardess, nurse's aide, guard, fireman, babysitter)	<input type="checkbox"/>	6.1
<u>Professional or Technical</u> (for example, doctor, nurse, teacher, engineer, architect, accountant, computer programmer, minister, draftsman, technician)	<input type="checkbox"/>	32.0
<u>General Labor</u> (for example, warehouseman, carpenter's helper, fisherman, farm worker, gardener)	<input type="checkbox"/>	3.0
<u>Craftsman or Foreman</u> (for example, mechanic, electrician, plumber, carpenter, repairman)	<input type="checkbox"/>	17.5
<u>Machine or Vehicle Operator</u> (for example, bus driver, taxi driver, butcher, most factory line workers)	<input type="checkbox"/>	7.2
<u>Clerical</u> (for example, secretary, typist, file clerk, bookkeeper, bank teller, cashier, dispatcher, shipping clerk, office equipment operator)	<input type="checkbox"/>	5.1
<u>Manager or Administrator</u> (for example, department manager, school administrator, bank officer, government official, owner/manager of store)	<input type="checkbox"/>	12.6
<u>Other</u> (please describe) _____	<input type="checkbox"/>	10.3

1. Here are some ways in which people sometimes wish they could be different. How

often do you wish you could:

	Often	Some- times	Seldom	Never	NR
a. Communicate better with friends?	29.2 <input type="checkbox"/>	45.6 <input type="checkbox"/>	20.7 <input type="checkbox"/>	4.5 <input type="checkbox"/>	7
b. Be more carefree and easy going?	24.1 <input type="checkbox"/>	47.4 <input type="checkbox"/>	20.2 <input type="checkbox"/>	8.3 <input type="checkbox"/>	8
c. Be more active and get more done?	40.8 <input type="checkbox"/>	35.6 <input type="checkbox"/>	17.9 <input type="checkbox"/>	5.7 <input type="checkbox"/>	9
d. Communicate better with parents and adults?	30.6 <input type="checkbox"/>	36.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>	8.8 <input type="checkbox"/>	9
e. Let yourself go and have a good time?	36.0 <input type="checkbox"/>	34.6 <input type="checkbox"/>	22.5 <input type="checkbox"/>	6.9 <input type="checkbox"/>	6
f. Settle down and take things more seriously?	19.0 <input type="checkbox"/>	40.5 <input type="checkbox"/>	29.6 <input type="checkbox"/>	10.9 <input type="checkbox"/>	6
g. Have more will power?	34.3 <input type="checkbox"/>	37.2 <input type="checkbox"/>	18.7 <input type="checkbox"/>	9.8 <input type="checkbox"/>	11
h. Keep better control of your feelings and emotions?	24.2 <input type="checkbox"/>	38.5 <input type="checkbox"/>	27.5 <input type="checkbox"/>	9.8 <input type="checkbox"/>	10
i. Be more relaxed when you're around other people?	36.1 <input type="checkbox"/>	36.1 <input type="checkbox"/>	19.2 <input type="checkbox"/>	8.6 <input type="checkbox"/>	7

2. During the last few months, how happy have you been with yourself and your ability to do the things that matter to you?

Very Happy	Pretty Happy	Not Very Happy	Miserable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.9	67.7	16.8	1.7

3. How easy or difficult do you think it will be for you to find a career or place in society meaningful to you?

Very Easy	Easy	Difficult	Very Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	60.9	23.9	2.4

4. Here are some statements about human nature and social relationships. Please tell us which statements you agree or disagree with.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	
a. Most people are thinking about themselves first and aren't really concerned with what happens to the other person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	22.5	51.1	20.8	5.6	
b. Competition generally brings out an unpleasant side of human nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
	30.6	43.1	20.5	5.9	
c. No matter what the circumstances, one should never tell people what they have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
	8.7	30.2	44.6	16.5	
d. Whatever people say about it, the world is a pretty selfish, dog-eat-dog affair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
	13.7	35.1	32.7	18.6	

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
e. A person can do what he really wants to in life if he tries hard enough.	<input type="checkbox"/> 64.9	<input type="checkbox"/> 29.9	<input type="checkbox"/> 4.0	<input type="checkbox"/> 1.2	3
f. The way things are today, no one should bring children into the world.	<input type="checkbox"/> 5.9	<input type="checkbox"/> 13.9	<input type="checkbox"/> 31.6	<input type="checkbox"/> 48.6	4
g. In general, schools are becoming less and less meaningful to what's happening.	<input type="checkbox"/> 17.3	<input type="checkbox"/> 32.1	<input type="checkbox"/> 35.6	<input type="checkbox"/> 15.0	7
h. Life without a job would be very boring and unsatisfying.	<input type="checkbox"/> 52.3	<input type="checkbox"/> 25.3	<input type="checkbox"/> 16.3	<input type="checkbox"/> 6.2	5
i. Kids need a stable home life with a mother and father if they are to be well adjusted.	<input type="checkbox"/> 47.9	<input type="checkbox"/> 31.7	<input type="checkbox"/> 15.7	<input type="checkbox"/> 4.7	2

5. Here are some statements that have been made about drugs. Please tell us which statements you agree or disagree with.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
a. A drug is any substance that changes the way a person feels, thinks, or acts.	<input type="checkbox"/> 45.4	<input type="checkbox"/> 37.4	<input type="checkbox"/> 12.7	<input type="checkbox"/> 4.5	3
b. If a person injects anything into his veins, he runs the risk of infection and disease.	<input type="checkbox"/> 63.4	<input type="checkbox"/> 29.3	<input type="checkbox"/> 5.4	<input type="checkbox"/> 1.9	5
c. If you take sleeping pills regularly, you may find you can't sleep without them.	<input type="checkbox"/> 57.7	<input type="checkbox"/> 36.2	<input type="checkbox"/> 4.6	<input type="checkbox"/> 1.5	14
d. Taking alcohol and barbiturates together can cause serious illness or death.	<input type="checkbox"/> 74.8	<input type="checkbox"/> 20.9	<input type="checkbox"/> 3.6	<input type="checkbox"/> .7	7
e. People who take large doses of "speed" or "crystal" are likely to lose control and become violent.	<input type="checkbox"/> 51.6	<input type="checkbox"/> 39.1	<input type="checkbox"/> 8.1	<input type="checkbox"/> 1.2	21
f. Drugs are good for some people because they help them escape from their problems.	<input type="checkbox"/> 9.3	<input type="checkbox"/> 21.4	<input type="checkbox"/> 24.5	<input type="checkbox"/> 44.8	8
g. Whether or not a person uses drugs is his own business because his decision affects nobody but himself.	<input type="checkbox"/> 17.2	<input type="checkbox"/> 18.2	<input type="checkbox"/> 29.0	<input type="checkbox"/> 35.6	4
h. Cocaine is a fairly safe drug to use because it is only mildly stimulating, and its use does not cause physical dependence.	<input type="checkbox"/> 4.7	<input type="checkbox"/> 20.0	<input type="checkbox"/> 39.2	<input type="checkbox"/> 36.2	22

Agree Strongly Agree Somewhat Disagree Somewhat Disagree Strongly NR

i. Drugs taken into the body by any means (sniffing, smoking, swallowing, injecting) enter the blood stream, and eventually, the brain.	<input type="checkbox"/> 62.9	<input type="checkbox"/> 29.9	<input type="checkbox"/> 6.2	<input type="checkbox"/> 1.0	10
j. Barbiturates slow you down and blur your vision.	<input type="checkbox"/> 40.6	<input type="checkbox"/> 50.7	<input type="checkbox"/> 7.2	<input type="checkbox"/> 1.6	41
k. Because of the unpredictable effects of LSD on users, it is dangerous to experiment even once or twice with this drug.	<input type="checkbox"/> 64.8	<input type="checkbox"/> 22.3	<input type="checkbox"/> 10.0	<input type="checkbox"/> 2.9	16
l. Drug abusers are likely to be persons who never learn to solve problems or adjust to life.	<input type="checkbox"/> 33.0	<input type="checkbox"/> 34.7	<input type="checkbox"/> 19.5	<input type="checkbox"/> 12.8	7
m. The use of heroin leads a person very quickly toward total drug dependence from which it is very difficult and often impossible to recover.	<input type="checkbox"/> 62.2	<input type="checkbox"/> 28.1	<input type="checkbox"/> 8.3	<input type="checkbox"/> 1.5	18
n. Drug addicts are primarily sick people.	24.2 <input type="checkbox"/>	32.1 <input type="checkbox"/>	29.4 <input type="checkbox"/>	14.4 <input type="checkbox"/>	10
o. The primary responsibility for getting a person off drugs lies with his family.	11.0 <input type="checkbox"/>	36.9 <input type="checkbox"/>	33.0 <input type="checkbox"/>	19.1 <input type="checkbox"/>	10
p. Smoking marijuana is a harmless practice.	24.8 <input type="checkbox"/>	32.5 <input type="checkbox"/>	25.5 <input type="checkbox"/>	17.3 <input type="checkbox"/>	12
q. People take drugs because it is the thing to do.	13.9 <input type="checkbox"/>	40.4 <input type="checkbox"/>	28.5 <input type="checkbox"/>	17.2 <input type="checkbox"/>	10
r. Most drug addicts are lower-class people.	4.6 <input type="checkbox"/>	18.5 <input type="checkbox"/>	31.3 <input type="checkbox"/>	45.7 <input type="checkbox"/>	12
s. You can recognize a drug addict by just looking at him.	5.3 <input type="checkbox"/>	26.3 <input type="checkbox"/>	35.4 <input type="checkbox"/>	33.0 <input type="checkbox"/>	13
t. Drug addicts are immoral people who have a bad influence on society.	10.7 <input type="checkbox"/>	26.6 <input type="checkbox"/>	38.5 <input type="checkbox"/>	24.2 <input type="checkbox"/>	15
u. Smoking marijuana is no worse than drinking alcohol.	40.6 <input type="checkbox"/>	31.7 <input type="checkbox"/>	17.1 <input type="checkbox"/>	10.6 <input type="checkbox"/>	12
v. Addicts tend to be less well educated.	11.8 <input type="checkbox"/>	39.9 <input type="checkbox"/>	29.6 <input type="checkbox"/>	18.8 <input type="checkbox"/>	12
w. The drug addict is seldom helped by medical or psychological treatment.	9.9 <input type="checkbox"/>	22.0 <input type="checkbox"/>	43.8 <input type="checkbox"/>	24.2 <input type="checkbox"/>	15
x. People get started using drugs because of pressures from their friends.	15.0 <input type="checkbox"/>	48.5 <input type="checkbox"/>	23.2 <input type="checkbox"/>	13.4 <input type="checkbox"/>	9
y. People who feel they need drugs are mentally ill and should receive psychiatric care.	13.5 <input type="checkbox"/>	29.5 <input type="checkbox"/>	36.7 <input type="checkbox"/>	20.3 <input type="checkbox"/>	14

6. Please indicate whether or not these concerns have affected your decisions to use or not use drugs, and whether they have ever happened to you as a result of using drugs. (Check once for concerned and once for happened.)

	Concerned it might happen to me			It has happened to me		
	Yes	No	NR	Yes	No	NR
a. Losing control of myself	51.3 <input type="checkbox"/>	48.7 <input type="checkbox"/>	17	13.8 <input type="checkbox"/>	86.2 <input type="checkbox"/>	59
b. Getting sick	56.7 <input type="checkbox"/>	43.4 <input type="checkbox"/>	22	31.3 <input type="checkbox"/>	68.7 <input type="checkbox"/>	54
c. Some other harm to your body	59.9 <input type="checkbox"/>	40.2 <input type="checkbox"/>	17	7.6 <input type="checkbox"/>	92.4 <input type="checkbox"/>	59
d. Loss of energy or ambition	49.5 <input type="checkbox"/>	50.5 <input type="checkbox"/>	24	18.5 <input type="checkbox"/>	81.5 <input type="checkbox"/>	65
e. Interference with mental abilities such as memory or concentration	57.0 <input type="checkbox"/>	43.0 <input type="checkbox"/>	21	22.0 <input type="checkbox"/>	78.0 <input type="checkbox"/>	60
f. Serious effects on my mind	55.6 <input type="checkbox"/>	44.4 <input type="checkbox"/>	16	4.9 <input type="checkbox"/>	95.1 <input type="checkbox"/>	58
g. Having unwanted "flashbacks"	44.3 <input type="checkbox"/>	55.8 <input type="checkbox"/>	19	7.8 <input type="checkbox"/>	92.3 <input type="checkbox"/>	58
h. Becoming anxious or depressed	49.4 <input type="checkbox"/>	50.6 <input type="checkbox"/>	21	25.7 <input type="checkbox"/>	74.3 <input type="checkbox"/>	58
i. Getting disapproval from relatives	50.1 <input type="checkbox"/>	49.9 <input type="checkbox"/>	21	24.2 <input type="checkbox"/>	75.8 <input type="checkbox"/>	60
j. Getting disapproval from friends	40.5 <input type="checkbox"/>	59.5 <input type="checkbox"/>	18	15.5 <input type="checkbox"/>	84.6 <input type="checkbox"/>	59
k. Interference with activities or demands on my time	44.7 <input type="checkbox"/>	55.3 <input type="checkbox"/>	23	13.4 <input type="checkbox"/>	86.6 <input type="checkbox"/>	63
l. Being arrested	67.4 <input type="checkbox"/>	32.6 <input type="checkbox"/>	20	8.3 <input type="checkbox"/>	91.7 <input type="checkbox"/>	56
m. Getting a drug other than what I thought I was getting	54.2 <input type="checkbox"/>	45.8 <input type="checkbox"/>	22	7.6 <input type="checkbox"/>	92.5 <input type="checkbox"/>	57
n. Spending too much money on drugs	47.4 <input type="checkbox"/>	52.6 <input type="checkbox"/>	19	12.7 <input type="checkbox"/>	87.3 <input type="checkbox"/>	58
o. Becoming dependent on drugs	49.5 <input type="checkbox"/>	50.5 <input type="checkbox"/>	20	3.0 <input type="checkbox"/>	97.0 <input type="checkbox"/>	61
p. Other (please fill in below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

7. a. Have you ever used alcoholic beverages (beer, wine, liquor) without a parent's permission? Yes No 1
 72.1 27.9
 If you answered "No", please skip to Question 8.
 If you answered "Yes":

b. Approximately how old were you when you first used alcohol without a parent's permission? 141
 (Fill in age)
 12.7 years

7. c. Approximately how many times have you used alcohol in the past month without a parent's permission? (Fill in a number) 213
 4.1 times

d. Is this more or less than the same month a year ago? About the More Same Less 148
 28.2 35.7 36.1

8. a. Have you ever used stimulants (amphetamines, speed, cocaine, uppers, whites) without a parent's permission? Yes No 6
 If you answered "No" please skip to Question 9.
 If you answered "Yes": 20.4 79.6

b. Approximately how old were you when you first used stimulants without a parent's permission? 343
 13.4 years (Fill in a number)

c. Approximately how many times have you used stimulants in the past month without a parent's permission? 389
 5.5 times

d. Is this more or less than the same month a year ago? More About the Same Less 347
 22.2 28.4 49.4

9. a. Have you ever used sedatives (barbiturates, tranquilizers, downers, reds) without a parent's permission? Yes No 10
 If you answered "No" please skip to Question 10.
 If you answered "Yes": 17.2 82.8

b. Approximately how old were you when you first used sedatives without a parent's permission? 357
 13.7 years (Fill in a number)

c. Approximately how many times have you used sedatives in the past month without a parent's permission? 388
 5.0 times

d. Is this more or less than the same month a year ago? More About the Same Less 358
 25.7 27.1 47.1

10. a. Have you ever used hallucinogens (LSD, acid, STP, mescaline, peyote, PCP) without a parent's permission? Yes No 6
 If you answered "No" please skip to Question 11.
 If you answered "Yes": 12.6 87.4

b. Approximately how old were you when you first used hallucinogens without a parent's permission? NR

378
13.9 years } Fill in
a number
402

c. Approximately how many times have you used hallucinogens in the past month without a parent's permission?

2.5 times
About the
Same } 385
Less
27.9 .16.3 55.8

d. Is this more or less than the same month a year ago? More Same Less

11. a. Have you ever sniffed inhalents (glue, gasoline, aerosols) without a parent's permission?

6
Yes }
No }
11.6 88.4

If you answered "No" please skip to Question 12.

If you answered "Yes":

b. Approximately how old were you when you first sniffed inhalents without a parent's permission?

382
12.7 years } Fill in
a number
414

c. Approximately how many times have you sniffed inhalents in the past month without a parent's permission?

3.4 times
About the
Same } 381
Less
8.5 42.6 48.9

d. Is this more or less than the same month a year ago? More Same Less

12. a. Have you ever used opiates (heroin, morphine, smack) without a parent's permission?

10
Yes }
No }
1.7 98.3

If you answered "No" please skip to Question 13.

If you answered "Yes":

b. Approximately how old were you when you first used opiates without a parent's permission?

421
13.1 years } Fill in
a number
425

c. Approximately how many times have you used opiates in the past month without a parent's permission?

4.0 times
About the
Same } 422
Less
33.3 16.7 50.0

d. Is this more or less than the same month a year ago? More Same Less

13. a. Have you ever used marijuana (pot, grass, hashish) without a parent's permission? Yes No NR

49.8 50.2 12

If you answered "No" please skip to Question 14.

If you answered "Yes":

b. Approximately how old were you when you first used marijuana without a parent's permission?

232
12.9 years } Fill in
a number
274

c. Approximately how many times have you used marijuana in the past month without a parent's permission?

8.7 times
About the
Same } 239
Less
33.9 37.0 29.0

d. Is this more or less than the same month a year ago? More Same Less

14. a. Have you ever taken something without the owner's permission and not returned it? Yes No 5

51.8 48.2

If you answered "No" please skip to Question 15.

If you answered "Yes":

b. Approximately how old were you when you first took something without the owner's permission?

223
10.6 years } Fill in
a number
324

c. Approximately how many times have you taken something in the past month without the owner's permission?

4.7 times
About the
Same } 225
Less
20.2 36.0 43.8

d. Is this more or less than the same month a year ago? More Same Less

15. a. Have you ever deliberately broken something valuable belonging to someone else? Yes No 6

17.3 82.7

If you answered "No" please skip to Question 16.

If you answered "Yes":

b. Approximately how old were you when you first deliberately broke something valuable? 358

(Fill in age)
10.9 years

15. c. Approximately how many times have you deliberately broken something valuable in the past month? NR
400

2.6 times
(Fill in a number)

d. Is this more or less than the same month a year ago? NR
360

More	About the Same	Less	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.6	36.8	42.7	

16. a. Have you ever been truant or absent from school without a good reason? NR
7

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	
50.1	49.9	

If you answered "No" please skip to Question 17.
If you answered "Yes":

b. Approximately how old were you when you were first absent from school without a good reason? NR
236

c. Approximately how many times have you been absent without a good reason in the past month? NR
284

12.7 years
Fill in a number

d. Is this more or less than the same month a year ago? NR
225

More	About the Same	Less	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.0	29.6	35.5	

17. In your opinion, rate each of the following reasons why people use drugs. For example, if you think a very important reason why people use drugs is to relax, check "Very Important" in row "a"; if you think it is not an important reason, check "Not Important."

	Very Important	Somewhat Important	Not Important	
a. To relax	22.0 <input type="checkbox"/>	58.4 <input type="checkbox"/>	19.6 <input type="checkbox"/>	5
b. To feel like one of the gang, not an outsider	41.6 <input type="checkbox"/>	25.1 <input type="checkbox"/>	33.3 <input type="checkbox"/>	5
c. To solve problems	26.1 <input type="checkbox"/>	30.6 <input type="checkbox"/>	43.3 <input type="checkbox"/>	10
d. To improve communications	11.3 <input type="checkbox"/>	36.5 <input type="checkbox"/>	52.3 <input type="checkbox"/>	11
e. To satisfy curiosity	36.5 <input type="checkbox"/>	42.7 <input type="checkbox"/>	20.9 <input type="checkbox"/>	6
f. Because it is fun	30.8 <input type="checkbox"/>	39.6 <input type="checkbox"/>	29.6 <input type="checkbox"/>	6
g. To feel better	43.7 <input type="checkbox"/>	37.5 <input type="checkbox"/>	18.8 <input type="checkbox"/>	7
h. To get along better with other people	19.1 <input type="checkbox"/>	37.6 <input type="checkbox"/>	43.3 <input type="checkbox"/>	8

	Very Important	Somewhat Important	Not Important	
i. To see the world differently	22.3 <input type="checkbox"/>	38.2 <input type="checkbox"/>	39.4 <input type="checkbox"/>	7
j. To keep from being bored	21.1 <input type="checkbox"/>	40.3 <input type="checkbox"/>	38.6 <input type="checkbox"/>	6
k. Because a close friend does	27.1 <input type="checkbox"/>	27.9 <input type="checkbox"/>	45.0 <input type="checkbox"/>	8
l. Other (please fill in below)	70.5 <input type="checkbox"/>	11.4 <input type="checkbox"/>	18.2 <input type="checkbox"/>	384

18. If you wanted information about drugs or had a problem with drugs, indicate where you would go for help. (Check once for information and once for help with a personal drug problem.)

	FOR INFORMATION ABOUT DRUGS			FOR HELP WITH A PERSONAL DRUG PROBLEM			
	Definitely	Maybe	Never	Definitely	Maybe	Never	
a. A parent	18.3 <input type="checkbox"/>	51.5 <input type="checkbox"/>	30.2 <input type="checkbox"/>	18.3 <input type="checkbox"/>	36.6 <input type="checkbox"/>	45.1 <input type="checkbox"/>	40
b. A teacher	15.6 <input type="checkbox"/>	51.5 <input type="checkbox"/>	32.9 <input type="checkbox"/>	4.4 <input type="checkbox"/>	42.8 <input type="checkbox"/>	52.7 <input type="checkbox"/>	45
c. A school counselor	13.5 <input type="checkbox"/>	42.5 <input type="checkbox"/>	44.0 <input type="checkbox"/>	8.3 <input type="checkbox"/>	36.5 <input type="checkbox"/>	55.2 <input type="checkbox"/>	44
d. A policeman	16.2 <input type="checkbox"/>	36.5 <input type="checkbox"/>	47.3 <input type="checkbox"/>	3.7 <input type="checkbox"/>	24.2 <input type="checkbox"/>	72.2 <input type="checkbox"/>	47
e. A medical person (physician, nurse, psychiatrist)	51.4 <input type="checkbox"/>	36.1 <input type="checkbox"/>	12.5 <input type="checkbox"/>	42.4 <input type="checkbox"/>	40.6 <input type="checkbox"/>	17.0 <input type="checkbox"/>	46
f. A clergyman (minister, priest, rabbi)	14.3 <input type="checkbox"/>	41.2 <input type="checkbox"/>	44.4 <input type="checkbox"/>	21.7 <input type="checkbox"/>	38.6 <input type="checkbox"/>	39.7 <input type="checkbox"/>	45
g. Friends	35.2 <input type="checkbox"/>	49.0 <input type="checkbox"/>	15.8 <input type="checkbox"/>	41.4 <input type="checkbox"/>	37.7 <input type="checkbox"/>	20.9 <input type="checkbox"/>	46
h. A drug program (please give name)	49.8 <input type="checkbox"/>	32.8 <input type="checkbox"/>	17.5 <input type="checkbox"/>	48.9 <input type="checkbox"/>	30.1 <input type="checkbox"/>	21.0 <input type="checkbox"/>	209
			NR				
i. Other (please fill in below)	81.0 <input type="checkbox"/>	17.7 <input type="checkbox"/>	1.3 <input type="checkbox"/>	6.6 <input type="checkbox"/>	18.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	351
			349				

19. Have you ever sought information (or asked questions) about drugs? Yes No NR
73.9 26.1 10

If you answered "No" please skip to Question 20. If you answered "Yes" please indicate how often you sought information from each of the following?

	Never	Once or Twice	More Often	NR
a. A parent	35.8 <input type="checkbox"/>	48.3 <input type="checkbox"/>	15.9 <input type="checkbox"/>	132
b. A teacher	51.2 <input type="checkbox"/>	35.7 <input type="checkbox"/>	13.1 <input type="checkbox"/>	131
c. A school counselor	88.3 <input type="checkbox"/>	7.2 <input type="checkbox"/>	4.5 <input type="checkbox"/>	138
d. A policeman	78.0 <input type="checkbox"/>	15.5 <input type="checkbox"/>	6.5 <input type="checkbox"/>	137
e. A medical person	63.1 <input type="checkbox"/>	27.6 <input type="checkbox"/>	9.3 <input type="checkbox"/>	138
f. A clergyman	90.2 <input type="checkbox"/>	5.6 <input type="checkbox"/>	4.2 <input type="checkbox"/>	141
g. Friends	16.2 <input type="checkbox"/>	32.8 <input type="checkbox"/>	51.0 <input type="checkbox"/>	132
h. A drug program (please give name)	72.1 <input type="checkbox"/>	11.5 <input type="checkbox"/>	16.4 <input type="checkbox"/>	245
i. Other (please fill in below)	10.9 <input type="checkbox"/>	34.8 <input type="checkbox"/>	54.3 <input type="checkbox"/>	382

20. Have you ever sought help for a personal drug problem? Yes No NR
 21
12.5 87.5

If you answered "No" please skip to Question 21. If you answered "Yes" please indicate how often you sought help from each of the following:

	None	Once or Twice	More Often	NR
a. A parent	73.1 <input type="checkbox"/>	15.4 <input type="checkbox"/>	11.5 <input type="checkbox"/>	376
b. A teacher	79.6 <input type="checkbox"/>	18.4 <input type="checkbox"/>	2.0 <input type="checkbox"/>	379
c. A school counselor	82.0 <input type="checkbox"/>	12.0 <input type="checkbox"/>	6.0 <input type="checkbox"/>	378
d. A policeman	84.0 <input type="checkbox"/>	10.0 <input type="checkbox"/>	6.0 <input type="checkbox"/>	378
e. A medical person	74.5 <input type="checkbox"/>	17.7 <input type="checkbox"/>	7.8 <input type="checkbox"/>	377
f. A clergyman	84.0 <input type="checkbox"/>	8.0 <input type="checkbox"/>	8.0 <input type="checkbox"/>	378
g. Friends	19.2 <input type="checkbox"/>	34.6 <input type="checkbox"/>	46.2 <input type="checkbox"/>	376
h. A drug program (please give name)	57.2 <input type="checkbox"/>	11.4 <input type="checkbox"/>	31.4 <input type="checkbox"/>	393
i. Other (please fill in below)	0.0 <input type="checkbox"/>	25.0 <input type="checkbox"/>	75.0 <input type="checkbox"/>	420

21. From what you know about each of the following, how well do you think they do in dealing with drug problems?

	Very Well	OK	Not Very Well	Waste of Time	NR
a. Parents	9.4 <input type="checkbox"/>	37.2 <input type="checkbox"/>	36.0 <input type="checkbox"/>	17.4 <input type="checkbox"/>	25
b. Teachers	6.0 <input type="checkbox"/>	48.0 <input type="checkbox"/>	28.4 <input type="checkbox"/>	17.7 <input type="checkbox"/>	26
c. School Counselors	10.5 <input type="checkbox"/>	39.3 <input type="checkbox"/>	28.4 <input type="checkbox"/>	21.9 <input type="checkbox"/>	26
d. Police	18.8 <input type="checkbox"/>	31.6 <input type="checkbox"/>	25.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>	29
e. Medical People	57.3 <input type="checkbox"/>	31.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>	3.5 <input type="checkbox"/>	32
f. Clergy	16.7 <input type="checkbox"/>	39.4 <input type="checkbox"/>	22.7 <input type="checkbox"/>	21.2 <input type="checkbox"/>	32

22. Classes, films, and lectures on drugs in school this year have:

Prevented my using drugs	Helped me decrease my use of drugs	Not affected my drug use one way or the other	Encouraged me to use drugs	NR	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	105
43.8	9.2	45.4	1.6		

23. Have your opinions about using drugs changed this year?

No, they have not	Yes, I am more in favor of drug use	Yes, I am less in favor of drug use	NR	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	105
54.5	9.6	35.9		

24. a. Have you heard of the (specify name of program) operated by (specify sponsor)?

Yes	No	NR
<input type="checkbox"/>	<input type="checkbox"/>	11
44.8	55.2	

If you answered "No" please skip to question 25.

b. How well do you think (program) is doing in dealing with the drug problem?

Very Well	OK	Not Very Well	Waste of Time	NR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	243
38.9	54.1	5.4	1.6	

c. How would you change (program) to make it better for you?

25. In your opinion how many students will answer these questions honestly?

Almost All	Somewhat Over Half	Almost Half	Somewhat Under Half	Almost None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.6	32.9	11.8	5.8	1.9

NR = 10 NA = 105

Thank you for your help.

APPENDIX G

PROFESSIONAL BENEFICIARY QUESTIONNAIRE

This questionnaire was administered to 54 teachers, counselors, and others dealing directly with youths in Communities A, B, and C. Question 7 was tailored to each project. The number not asked each part is indicated as NA.

The number presented next to each response is the percentage of those teachers responding who checked that response. The number not responding to the question is indicated as NR.

PROFESSIONAL BENEFICIARY QUESTIONNAIRE

The purpose of this questionnaire is to obtain an assessment of the drug problem and the _____ (specify name of program) operated by the _____ (specify sponsor) from a sample of teachers, nurses, and others who have participated in workshops run by the program or who have consulted with members of the program's staff. Please answer each question carefully, putting an X in the box corresponding to your answer.

I am associated with the _____ (organization).

My position there is _____.

1. How serious would you consider each of the following youth problems to be in the _____ (specify community) area?

	Very Serious	Serious	Not too Serious	Unimportant	Don't Know	NR
a. Drugs	3.7 <input type="checkbox"/>	61.1 <input type="checkbox"/>	22.2 <input type="checkbox"/>	0 <input type="checkbox"/>	13.0 <input type="checkbox"/>	0
b. Vandalism	25.9 <input type="checkbox"/>	42.6 <input type="checkbox"/>	22.2 <input type="checkbox"/>	0 <input type="checkbox"/>	9.3 <input type="checkbox"/>	0
c. Alcohol	14.8 <input type="checkbox"/>	37.0 <input type="checkbox"/>	35.2 <input type="checkbox"/>	0 <input type="checkbox"/>	13.0 <input type="checkbox"/>	0
d. School performance	7.8 <input type="checkbox"/>	45.1 <input type="checkbox"/>	41.2 <input type="checkbox"/>	0 <input type="checkbox"/>	5.9 <input type="checkbox"/>	3
e. Communications with adults	9.4 <input type="checkbox"/>	43.4 <input type="checkbox"/>	37.7 <input type="checkbox"/>	1.9 <input type="checkbox"/>	7.6 <input type="checkbox"/>	1

2. How would you say each of these problems has changed in the past year?

	More Serious	About the Same	Less Serious	Don't Know	NR
a. Drugs	5.7 <input type="checkbox"/>	37.7 <input type="checkbox"/>	45.3 <input type="checkbox"/>	11.3 <input type="checkbox"/>	1
b. Vandalism	48.2 <input type="checkbox"/>	37.0 <input type="checkbox"/>	3.7 <input type="checkbox"/>	11.1 <input type="checkbox"/>	0
c. Alcohol	35.2 <input type="checkbox"/>	44.4 <input type="checkbox"/>	3.7 <input type="checkbox"/>	16.7 <input type="checkbox"/>	0
d. School performance	22.2 <input type="checkbox"/>	63.0 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	0
e. Communications with adults	5.8 <input type="checkbox"/>	67.3 <input type="checkbox"/>	19.2 <input type="checkbox"/>	7.7 <input type="checkbox"/>	2

3. Here are some statements that have been made about drugs. Please tell us whether you agree or disagree with each.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
a. The primary responsibility for getting a person off drugs lies with his family.	5.8 <input type="checkbox"/>	44.2 <input type="checkbox"/>	40.4 <input type="checkbox"/>	9.6 <input type="checkbox"/>	2
b. People take drugs because it is the thing to do.	13.2 <input type="checkbox"/>	52.8 <input type="checkbox"/>	26.4 <input type="checkbox"/>	7.6 <input type="checkbox"/>	1
c. Smoking marijuana is a harmless practice.	0 <input type="checkbox"/>	20.8 <input type="checkbox"/>	34.0 <input type="checkbox"/>	45.3 <input type="checkbox"/>	1

d. Most drug addicts are lower-class people.	1.9 <input type="checkbox"/>	1.9 <input type="checkbox"/>	31.5 <input type="checkbox"/>	64.8 <input type="checkbox"/>	NR 0
e. The drug addict is seldom helped by medical or psychological treatment.	3.8 <input type="checkbox"/>	7.6 <input type="checkbox"/>	41.5 <input type="checkbox"/>	47.2 <input type="checkbox"/>	1
f. People who feel they need drugs are mentally ill and should receive psychiatric care.	13.2 <input type="checkbox"/>	32.1 <input type="checkbox"/>	24.5 <input type="checkbox"/>	30.2 <input type="checkbox"/>	1

4. Have you heard of the _____ (specify name of program and sponsor)?
 Yes No

 96.3 3.7

If you answered NO, you can skip the rest of the questions.

5. Have you had any personal involvement with _____ (program)?

	Never	Once or Twice	More Often	NR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
	5.9	17.7	76.5	

6. If yes, please describe the extent of your involvement. _____

7. Would you recommend _____ (program) to a youth for:

	Yes	No	Don't Know	NR	NA
a. Individual counseling?	98.1 <input type="checkbox"/>	0 <input type="checkbox"/>	1.9 <input type="checkbox"/>	2	
b. Group counseling or discussions?	92.3 <input type="checkbox"/>	1.9 <input type="checkbox"/>	5.8 <input type="checkbox"/>	2	
c. Family Counseling?	86.5 <input type="checkbox"/>	3.9 <input type="checkbox"/>	9.6 <input type="checkbox"/>	2	
d. Drug information?	100.0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	2	
e. Tutoring?	28.1 <input type="checkbox"/>	50.0 <input type="checkbox"/>	21.9 <input type="checkbox"/>	2	20
f. Referral to other programs or agencies?	94.0 <input type="checkbox"/>	6.0 <input type="checkbox"/>	0 <input type="checkbox"/>	4	
g. Classroom drug education?	94.4 <input type="checkbox"/>	0 <input type="checkbox"/>	5.6 <input type="checkbox"/>	1	35
h. Job counseling?	31.3 <input type="checkbox"/>	40.6 <input type="checkbox"/>	28.1 <input type="checkbox"/>	2	20
i. Recreational activities?	73.3 <input type="checkbox"/>	20.0 <input type="checkbox"/>	6.7 <input type="checkbox"/>	0	39
j. Legal services?	36.8 <input type="checkbox"/>	10.5 <input type="checkbox"/>	52.6 <input type="checkbox"/>	1	34

8. Based on your experience and knowledge of the (program), please indicate how much the program as a whole emphasizes each of the following:

	Primary Emphasis	Major Emphasis	Minor Emphasis	No Emphasis	NR
a. Reduce drug misuse	46.0 <input type="checkbox"/>	48.0 <input type="checkbox"/>	6.0 <input type="checkbox"/>	0 <input type="checkbox"/>	4
b. Reduce drug use	26.5 <input type="checkbox"/>	53.1 <input type="checkbox"/>	20.4 <input type="checkbox"/>	0 <input type="checkbox"/>	5
c. Reduce delinquency	15.7 <input type="checkbox"/>	43.1 <input type="checkbox"/>	39.2 <input type="checkbox"/>	2.0 <input type="checkbox"/>	3
d. Clarify values and decision-making process	32.0 <input type="checkbox"/>	50.0 <input type="checkbox"/>	14.0 <input type="checkbox"/>	4.0 <input type="checkbox"/>	4
e. Increase knowledge of physiological effects of drug misuse	22.5 <input type="checkbox"/>	51.0 <input type="checkbox"/>	26.5 <input type="checkbox"/>	0 <input type="checkbox"/>	5
f. Increase knowledge of psychological effects of drug misuse	22.5 <input type="checkbox"/>	57.1 <input type="checkbox"/>	20.4 <input type="checkbox"/>	0 <input type="checkbox"/>	5
g. Increase knowledge of legal consequences of drug misuse	14.0 <input type="checkbox"/>	46.0 <input type="checkbox"/>	40.0 <input type="checkbox"/>	0 <input type="checkbox"/>	4
h. Improve attitudes toward drug misuse	35.4 <input type="checkbox"/>	52.1 <input type="checkbox"/>	10.4 <input type="checkbox"/>	2.1 <input type="checkbox"/>	6
i. Provide alternatives to drug use	35.3 <input type="checkbox"/>	47.1 <input type="checkbox"/>	9.8 <input type="checkbox"/>	7.8 <input type="checkbox"/>	3
j. Improve youth communications with parents, adults, and others	51.0 <input type="checkbox"/>	35.3 <input type="checkbox"/>	13.7 <input type="checkbox"/>	0 <input type="checkbox"/>	3
k. Improve self-image	48.0 <input type="checkbox"/>	40.0 <input type="checkbox"/>	12.0 <input type="checkbox"/>	0 <input type="checkbox"/>	4
l. Improve school performance (grades, attendance, behavior)	10.2 <input type="checkbox"/>	28.6 <input type="checkbox"/>	51.0 <input type="checkbox"/>	10.2 <input type="checkbox"/>	5
m. Increase community awareness of drug problem	25.5 <input type="checkbox"/>	43.1 <input type="checkbox"/>	31.4 <input type="checkbox"/>	0 <input type="checkbox"/>	3
n. Encourage referrals to the program	6.3 <input type="checkbox"/>	66.7 <input type="checkbox"/>	27.1 <input type="checkbox"/>	0 <input type="checkbox"/>	6
c. Train people to deal with drug problem (teachers, volunteers)	10.2 <input type="checkbox"/>	36.7 <input type="checkbox"/>	46.9 <input type="checkbox"/>	6.1 <input type="checkbox"/>	5
p. Develop community alternatives to drug misuse	14.9 <input type="checkbox"/>	38.3 <input type="checkbox"/>	36.2 <input type="checkbox"/>	10.6 <input type="checkbox"/>	7
q. Work with parents	16.3 <input type="checkbox"/>	53.1 <input type="checkbox"/>	30.6 <input type="checkbox"/>	0 <input type="checkbox"/>	5
r. Work with community organizations	10.9 <input type="checkbox"/>	54.4 <input type="checkbox"/>	34.8 <input type="checkbox"/>	0 <input type="checkbox"/>	8
s. Work with law enforcement agencies	29.2 <input type="checkbox"/>	41.7 <input type="checkbox"/>	25.0 <input type="checkbox"/>	4.2 <input type="checkbox"/>	6
t. Work with educational agencies	25.0 <input type="checkbox"/>	56.3 <input type="checkbox"/>	18.8 <input type="checkbox"/>	0 <input type="checkbox"/>	6
u. Work with community mental health programs	18.2 <input type="checkbox"/>	34.1 <input type="checkbox"/>	40.9 <input type="checkbox"/>	6.8 <input type="checkbox"/>	10
v. Work with other drug programs	17.1 <input type="checkbox"/>	31.7 <input type="checkbox"/>	46.3 <input type="checkbox"/>	4.9 <input type="checkbox"/>	13
w. Other (Specify) _____					

9. Thinking now about your own involvement with the (program), how effective has it been in helping you to work with youths with drug problems?

	Very Helpful	Somewhat Helpful	Not Helpful	NR
a. Increased my knowledge about drugs	44.9 <input type="checkbox"/>	40.8 <input type="checkbox"/>	14.3 <input type="checkbox"/>	5
b. Increased my understanding of kids who use drugs	42.9 <input type="checkbox"/>	46.9 <input type="checkbox"/>	10.2 <input type="checkbox"/>	5
c. Helped me clarify my values concerning drug use	37.5 <input type="checkbox"/>	37.5 <input type="checkbox"/>	25.0 <input type="checkbox"/>	6
d. Improved my ability to handle kids who use drugs	23.4 <input type="checkbox"/>	53.2 <input type="checkbox"/>	23.4 <input type="checkbox"/>	7
e. Helped me to do my job better (specify how) _____	37.1 <input type="checkbox"/>	40.0 <input type="checkbox"/>	22.9 <input type="checkbox"/>	19

10. In your experience, what proportions of the program's counseling clients have been helped greatly, helped somewhat, and not helped at all in the following areas: (Fill in fractions or percentages so that each line adds to 1.0 or 100%).

	Helped Greatly	Helped Somewhat	Not Helped	
a. Handle responsibility?	33.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	60.0 <input type="checkbox"/>	3.3 <input type="checkbox"/>
b. Gain self-confidence?	58.1 <input type="checkbox"/>	3.2 <input type="checkbox"/>	32.3 <input type="checkbox"/>	6.5 <input type="checkbox"/>
c. Get better grades?	16.7 <input type="checkbox"/>	6.7 <input type="checkbox"/>	46.7 <input type="checkbox"/>	13.3 <input type="checkbox"/>
d. Stay in school?	41.4 <input type="checkbox"/>	3.5 <input type="checkbox"/>	37.9 <input type="checkbox"/>	6.9 <input type="checkbox"/>
e. Better relationships with others?	54.6 <input type="checkbox"/>	6.1 <input type="checkbox"/>	36.4 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Communicate better?	53.1 <input type="checkbox"/>	9.4 <input type="checkbox"/>	28.1 <input type="checkbox"/>	9.4 <input type="checkbox"/>
g. Make better decisions?	46.7 <input type="checkbox"/>	6.7 <input type="checkbox"/>	40.0 <input type="checkbox"/>	3.3 <input type="checkbox"/>
h. Better understand their feelings and what is important to them?	65.6 <input type="checkbox"/>	3.1 <input type="checkbox"/>	21.9 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Make better use of free time?	33.3 <input type="checkbox"/>	10.0 <input type="checkbox"/>	40.0 <input type="checkbox"/>	10.0 <input type="checkbox"/>
j. Get along better at home?	40.0 <input type="checkbox"/>	6.7 <input type="checkbox"/>	43.3 <input type="checkbox"/>	6.7 <input type="checkbox"/>
k. Get off or reduce use of drugs?	48.3 <input type="checkbox"/>	6.9 <input type="checkbox"/>	31.0 <input type="checkbox"/>	6.9 <input type="checkbox"/>
l. Not begin drug use?	42.3 <input type="checkbox"/>	7.7 <input type="checkbox"/>	38.5 <input type="checkbox"/>	3.9 <input type="checkbox"/>
m. Deal with the problem that brought client to (program)?	53.3 <input type="checkbox"/>	6.7 <input type="checkbox"/>	36.7 <input type="checkbox"/>	3.3 <input type="checkbox"/>

11. Referring back to your answers to question 2, to what extent would you attribute the changes you have noted to the (program)?

	Program Largely Responsible For Change	Program A Major Contributor To Change	Program A Minor Contributor To Change	Program Had No Effect or No Change Noted	NR
a. Drug usage	31.6 <input type="checkbox"/>	47.4 <input type="checkbox"/>	18.4 <input type="checkbox"/>	2.6 <input type="checkbox"/>	16
b. Vandalism	0 <input type="checkbox"/>	2.9 <input type="checkbox"/>	47.1 <input type="checkbox"/>	50.0 <input type="checkbox"/>	20
c. Alcohol usage	7.9 <input type="checkbox"/>	18.4 <input type="checkbox"/>	55.3 <input type="checkbox"/>	18.4 <input type="checkbox"/>	16
d. School performance	7.7 <input type="checkbox"/>	23.1 <input type="checkbox"/>	59.0 <input type="checkbox"/>	10.3 <input type="checkbox"/>	15
e. Communications with adults	23.1 <input type="checkbox"/>	35.9 <input type="checkbox"/>	38.5 <input type="checkbox"/>	2.6 <input type="checkbox"/>	15

12. Based upon your experience with (program), what changes would you recommend to make it more effective?

Thank you for your help.

APPENDIX H

PUBLIC QUESTIONNAIRE

This questionnaire was administered to 573 parents of 9th, 10th, and 11th graders in Communities A, B, and G. Eighty-six of the parents in Community G were asked about both projects G and H. Thus the sample size for questions 4 through 8 is 659 (573 + 86). However, these 86 parents were not asked question 8e. This is indicated as NA.

The number presented next to each response is the percentage of those parents responding who checked that response. The number not responding to the question is indicated as NR.

CALIFORNIA STATE PARENTS QUESTIONNAIRE

The purpose of this questionnaire is to determine what parents think of some of our problems with youth today, particularly those involving misuse of drugs. Please answer each question carefully, putting an X in the box corresponding to your answer.

We do not want your name, but we do need some information to make sure we are getting answers from a representative sample of parents.

What is the occupation of the head of your household? If you are not sure which category to check, write the occupation on the line marked "Other".

NR=0

- 6.3 Salesperson (for example, insurance agent, store clerk, real estate salesman, gas station attendant)
- 5.9 Service Worker (for example, cleaning, waitress, cook, maid, barber, stewardess, nurse's aide, guard, fireman, babysitter)
- 30.2 Professional or Technical (for example, doctor, nurse, teacher, engineer, architect, accountant, computer programmer, minister, draftsman, technician)
- 4.7 General Labor (for example, warehouseman, carpenter's helper, fisherman, farm worker, gardener)
- 15.5 Craftsman or Foreman (for example, mechanic, electrician, plumber, carpenter, repairman)
- 6.5 Machine or Vehicle Operator (for example, bus driver, taxi driver, butcher, most factory line workers)
- 6.0 Clerical (for example, secretary, typist, file clerk, bookkeeper, bank teller, cashier, dispatcher, shipping clerk, office equipment operator)
- 15.4 Manager or Administrator (for example, department manager, school administrator, bank officer, government official, owner/manager of store)
- 8.9 Other (please describe) _____

My race/ethnic background is

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|------|
| White | Black | Mexican-American
(or Latin-American) | Asian | Other
(Specify) _____ | NR=0 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 81.3 | 3.1 | 9.4 | 4.9 | 1.2 | |

1. How serious would you consider each of the following youth problems to be in the (specify community) area?

	Very Serious	Serious	Not too Serious	Unimportant	Don't Know	NR
a. Drugs	36.6 <input type="checkbox"/>	45.5 <input type="checkbox"/>	10.4 <input type="checkbox"/>	.2 <input type="checkbox"/>	7.3 <input type="checkbox"/>	8
b. Vandalism	34.1 <input type="checkbox"/>	42.3 <input type="checkbox"/>	16.1 <input type="checkbox"/>	.9 <input type="checkbox"/>	6.6 <input type="checkbox"/>	15
c. Alcohol	21.8 <input type="checkbox"/>	33.8 <input type="checkbox"/>	29.7 <input type="checkbox"/>	.7 <input type="checkbox"/>	14.0 <input type="checkbox"/>	17

2. How would you say each of these problems has changed in the past year?

	More Serious	About the Same	Less Serious	Don't Know	NR
a. Drugs	29.1 <input type="checkbox"/>	42.1 <input type="checkbox"/>	17.8 <input type="checkbox"/>	11.1 <input type="checkbox"/>	5
b. Vandalism	47.5 <input type="checkbox"/>	35.2 <input type="checkbox"/>	4.6 <input type="checkbox"/>	12.7 <input type="checkbox"/>	13
c. Alcohol	29.9 <input type="checkbox"/>	46.9 <input type="checkbox"/>	3.4 <input type="checkbox"/>	19.8 <input type="checkbox"/>	17

3. Here are some statements that have been made about drugs. Please tell us whether you agree or disagree with each.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
a. The primary responsibility for getting a person off drugs lies with his family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
b. People take drugs because it is the thing to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
c. Smoking marijuana is a harmless practice.	18.0 <input type="checkbox"/>	52.0 <input type="checkbox"/>	15.2 <input type="checkbox"/>	14.8 <input type="checkbox"/>	9
d. Most drug addicts are lower-class people.	4.1 <input type="checkbox"/>	9.8 <input type="checkbox"/>	17.4 <input type="checkbox"/>	68.8 <input type="checkbox"/>	7
e. The drug addict is seldom helped by medical or psychological treatment.	3.4 <input type="checkbox"/>	8.0 <input type="checkbox"/>	22.6 <input type="checkbox"/>	66.1 <input type="checkbox"/>	
f. The drug addict is seldom helped by medical or psychological treatment.	4.6 <input type="checkbox"/>	20.5 <input type="checkbox"/>	34.1 <input type="checkbox"/>	40.8 <input type="checkbox"/>	12
f. People who feel they need drugs are mentally ill and should receive psychiatric care.	21.8 <input type="checkbox"/>	34.6 <input type="checkbox"/>	25.7 <input type="checkbox"/>	17.9 <input type="checkbox"/>	9

4. Have you heard of the _____ (specify name of program) operated by the _____ (specify sponsor)?

Yes No
43.9 56.1

If you answered NO, you can skip the rest of these questions.

5. How did you first hear about (program name)? (Check only one.)

- a. From a friend or family. 11.4
- b. From your son or daughter. 28.6
- c. From literature distributed by the project. 11.8
- d. From TV, radio or newspapers 18.4
- e. At a PTA or other community meeting. 14.7
- f. Other (please specify) _____ 15.1

NR=414

6. Have you or your spouse ever participated in any of (program's) activities?

- | | | |
|--------------------------|--------------------------|--------------------------|
| Never | Once or
Twice | More
Often |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 87.2 | 10.8 | 2.1 |

NR=371

7. Do you know any adults who have participated in (program's) activities?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| No | Yes, one
or two | Yes,
Several | Yes, many |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71.8 | 18.1 | 8.4 | 1.7 |

NR=372

8. Would you recommend (program) to a youth for:

- | | Yes | No | Don't Know | NR |
|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|-----------|
| a. Individual counseling? | 72.8 <input type="checkbox"/> | 20.8 <input type="checkbox"/> | 6.4 <input type="checkbox"/> | 394 |
| b. Group counseling or discussions? | 74.0 <input type="checkbox"/> | 19.5 <input type="checkbox"/> | 6.5 <input type="checkbox"/> | 397 |
| c. Family counseling? | 65.1 <input type="checkbox"/> | 26.4 <input type="checkbox"/> | 8.5 <input type="checkbox"/> | 401 |
| d. Drug information? | 86.4 <input type="checkbox"/> | 11.7 <input type="checkbox"/> | 1.9 <input type="checkbox"/> | 395 |
| e. Classroom drug education? | 80.4 <input type="checkbox"/> | 13.0 <input type="checkbox"/> | 6.5 <input type="checkbox"/> | NA=86 435 |
| f. Job counseling? | 42.9 <input type="checkbox"/> | 41.1 <input type="checkbox"/> | 16.0 <input type="checkbox"/> | 496 |

APPENDIX I

PROJECT STAFF AND PROJECT DIRECTOR QUESTIONNAIRES

Please return your questionnaire in the enclosed envelope.

Thank you for your help.

This questionnaire was administered to the directors of Projects A, B, C, D, and E, and 21 past and current staff members from Projects A, B, C, and E. The differences between the Project Director and Staff questionnaires are indicated.

The number presented next to each response is the percentage of those staff members responding who checked that response. The number not responding is indicated as NR. The number not asked is indicated as NA. Answers to the open-ended questions are summarized in Appendix H.

PROJECT STAFF QUESTIONNAIRE

The purpose of this questionnaire is to obtain your assessment of the _____ program. Please answer each question as carefully as you can.

1. What is your position with the program? _____

(NOT ASKED OF PROJECT DIRECTORS)

2. Your status? Full Time Part Time Full Time Part Time
Paid Paid Volunteer Volunteer

75.0 16.7 0 8.3

NR=0

(Check for duties not related to program.)

(If you started with one status and then changed, indicate by putting a "1" under your initial status and a "2" under your subsequent status.)

3. When did you start with the program? _____
Month Year

4. How did you happen to become involved with the program?

5. Please describe your prior training and work experience relevant to your position with the program. (Years dealing with youth.)

6. Did you receive any in-service training after joining the staff? (Separate out things done on own.)

Yes No If yes, please describe. _____

83.3 16.7

NR = 0

7. In your own words, please describe the objectives of the program.

8. Based on your experience and knowledge of the program, please indicate how much the program as a whole emphasizes each of the following:

	Primary Emphasis	Major Emphasis	Minor Emphasis	No Emphasis	NR
a. Reduce drug misuse	50.0 <input type="checkbox"/>	45.8 <input type="checkbox"/>	4.2 <input type="checkbox"/>	0 <input type="checkbox"/>	0
b. Reduce drug use	12.5 <input type="checkbox"/>	45.8 <input type="checkbox"/>	37.5 <input type="checkbox"/>	4.2 <input type="checkbox"/>	0
c. Reduce delinquency	25.0 <input type="checkbox"/>	45.8 <input type="checkbox"/>	29.2 <input type="checkbox"/>	0 <input type="checkbox"/>	0
d. Clarify values and decision-making process	54.2 <input type="checkbox"/>	37.5 <input type="checkbox"/>	8.3 <input type="checkbox"/>	0 <input type="checkbox"/>	0
e. Increase knowledge of physiological effects of drug misuse	20.8 <input type="checkbox"/>	25.0 <input type="checkbox"/>	54.2 <input type="checkbox"/>	0 <input type="checkbox"/>	0
f. Increase knowledge of psychological effects of drug misuse	29.2 <input type="checkbox"/>	33.3 <input type="checkbox"/>	37.5 <input type="checkbox"/>	0 <input type="checkbox"/>	0
g. Increase knowledge of legal consequences of drug misuse	8.3 <input type="checkbox"/>	54.2 <input type="checkbox"/>	37.5 <input type="checkbox"/>	0 <input type="checkbox"/>	0
h. Improve attitudes toward drug misuse	16.7 <input type="checkbox"/>	62.5 <input type="checkbox"/>	16.7 <input type="checkbox"/>	4.2 <input type="checkbox"/>	0
i. Provide alternatives to drug use	41.7 <input type="checkbox"/>	20.8 <input type="checkbox"/>	25.0 <input type="checkbox"/>	12.5 <input type="checkbox"/>	0
j. Improve youth communications with parents, adults, and others	60.9 <input type="checkbox"/>	39.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	1
k. Improve self-image	52.2 <input type="checkbox"/>	30.4 <input type="checkbox"/>	17.4 <input type="checkbox"/>	0 <input type="checkbox"/>	1
l. Improve school performance (grades, attendance, behavior)	4.2 <input type="checkbox"/>	29.2 <input type="checkbox"/>	37.5 <input type="checkbox"/>	29.2 <input type="checkbox"/>	0
m. Increase community awareness of drug problem	12.5 <input type="checkbox"/>	25.0 <input type="checkbox"/>	45.8 <input type="checkbox"/>	16.7 <input type="checkbox"/>	0
n. Encourage referrals to the program	12.5 <input type="checkbox"/>	25.0 <input type="checkbox"/>	25.0 <input type="checkbox"/>	37.5 <input type="checkbox"/>	0
o. Train people to deal with drug problem (teachers, volunteers)	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>	54.2 <input type="checkbox"/>	29.2 <input type="checkbox"/>	0
p. Develop community alternatives to drug misuse	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>	37.5 <input type="checkbox"/>	37.5 <input type="checkbox"/>	0
q. Work with parents	25.0 <input type="checkbox"/>	58.3 <input type="checkbox"/>	16.7 <input type="checkbox"/>	0 <input type="checkbox"/>	0
r. Work with community organizations	8.3 <input type="checkbox"/>	37.5 <input type="checkbox"/>	45.8 <input type="checkbox"/>	8.3 <input type="checkbox"/>	0
s. Work with law enforcement agencies	12.5 <input type="checkbox"/>	33.3 <input type="checkbox"/>	45.8 <input type="checkbox"/>	8.3 <input type="checkbox"/>	0
t. Work with educational agencies	25.0 <input type="checkbox"/>	29.2 <input type="checkbox"/>	37.5 <input type="checkbox"/>	8.3 <input type="checkbox"/>	0
u. Work with community mental health programs	0 <input type="checkbox"/>	20.8 <input type="checkbox"/>	58.3 <input type="checkbox"/>	20.8 <input type="checkbox"/>	0
v. Work with other drug programs	4.2 <input type="checkbox"/>	29.2 <input type="checkbox"/>	50.0 <input type="checkbox"/>	16.7 <input type="checkbox"/>	0
w. Other (Specify) _____					

9. In your opinion, which of the following should the program emphasize?

(NOT ASKED OF PROJECT DIRECTORS)

NA = 5
(for all of ques. 9)

	Primary Emphasis	Major Emphasis	Minor Emphasis	No Emphasis	NR
a. Reduce drug misuse	52.6 <input type="checkbox"/>	26.3 <input type="checkbox"/>	21.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0
b. Reduce drug use	31.6 <input type="checkbox"/>	26.3 <input type="checkbox"/>	42.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0
c. Reduce delinquency	42.1 <input type="checkbox"/>	31.6 <input type="checkbox"/>	26.3 <input type="checkbox"/>	0 <input type="checkbox"/>	0
d. Clarify values and decision-making process	84.2 <input type="checkbox"/>	15.8 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0
e. Increase knowledge of physiological effects of drug misuse	21.1 <input type="checkbox"/>	26.3 <input type="checkbox"/>	47.4 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0
f. Increase knowledge of psychological effects of drug misuse	26.3 <input type="checkbox"/>	31.6 <input type="checkbox"/>	42.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0
g. Increase knowledge of legal consequences of drug misuse	15.8 <input type="checkbox"/>	42.1 <input type="checkbox"/>	42.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0
h. Improve attitudes toward drug misuse	36.8 <input type="checkbox"/>	57.9 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0 <input type="checkbox"/>	0
i. Provide alternatives to drug use	47.4 <input type="checkbox"/>	36.8 <input type="checkbox"/>	15.8 <input type="checkbox"/>	0 <input type="checkbox"/>	0
j. Improve youth communications with parents, adults, and others	63.2 <input type="checkbox"/>	36.8 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0
k. Improve self-image	79.0 <input type="checkbox"/>	21.1 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0
l. Improve school performance (grades, attendance, behavior)	0 <input type="checkbox"/>	47.4 <input type="checkbox"/>	47.4 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0
m. Increase community awareness of drug problem	5.3 <input type="checkbox"/>	31.6 <input type="checkbox"/>	36.8 <input type="checkbox"/>	26.3 <input type="checkbox"/>	0
n. Encourage referrals to the program	10.5 <input type="checkbox"/>	36.8 <input type="checkbox"/>	26.3 <input type="checkbox"/>	26.3 <input type="checkbox"/>	0
o. Train people to deal with drug problem (teachers, volunteers)	10.5 <input type="checkbox"/>	47.4 <input type="checkbox"/>	26.3 <input type="checkbox"/>	15.8 <input type="checkbox"/>	0
p. Develop community alternatives to drug misuse	26.3 <input type="checkbox"/>	26.3 <input type="checkbox"/>	42.1 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0
q. Work with parents	42.1 <input type="checkbox"/>	42.1 <input type="checkbox"/>	15.8 <input type="checkbox"/>	0 <input type="checkbox"/>	0
r. Work with community organizations	15.8 <input type="checkbox"/>	47.4 <input type="checkbox"/>	31.6 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0
s. Work with law enforcement agencies	15.8 <input type="checkbox"/>	47.4 <input type="checkbox"/>	26.3 <input type="checkbox"/>	10.5 <input type="checkbox"/>	0
t. Work with educational agencies	21.1 <input type="checkbox"/>	47.4 <input type="checkbox"/>	21.1 <input type="checkbox"/>	10.5 <input type="checkbox"/>	0
u. Work with community mental health programs	15.8 <input type="checkbox"/>	21.1 <input type="checkbox"/>	52.6 <input type="checkbox"/>	10.5 <input type="checkbox"/>	0
v. Work with other drug programs	10.5 <input type="checkbox"/>	52.6 <input type="checkbox"/>	31.6 <input type="checkbox"/>	5.3 <input type="checkbox"/>	0
w. Other (Specify) _____					

10. Who would you consider are the main beneficiaries ("target population") of the program? (How would you classify them? Anyone else?)

11. Are there any others who might benefit but who are not involved in the program?

12. Which of the program's activities or services are the most effective? Why are they effective?

13. Which of the program's activities or services are the least effective? Why are they less effective?

14. Based on your knowledge and experience, what recommendations would you make to an agency adopting a similar program?

15. If funding were decreased 25%, what changes in the program would you recommend?

16. To be perfectly fair, what criteria do you think should be used to evaluate the program?

17. In your opinion, what have been the most significant accomplishments of the program? What factors contributed to this success?

18. In your experience, how many of the program's clients have been helped greatly, helped somewhat, and not helped at all in the following areas:

	Very Helpful To Most	Somewhat Helpful to Many	Somewhat Helpful to Most	Somewhat Not Helpful To Many	Not Helpful To Most	NR
a. Handle responsibility	12.5 []	25.0 []	41.7 []	8.3 []	12.5 []	0
b. Gain self-confidence	33.3 []	20.8 []	37.5 []	0 []	8.3 []	0
c. Get better grades	4.2 []	0 []	29.2 []	25.0 []	41.7 []	0
d. Stay in school	12.5 []	4.2 []	20.8 []	16.7 []	45.8 []	0
e. Better relationships with others	37.5 []	33.3 []	25.0 []	0 []	4.2 []	0
f. Communicate better	41.7 []	16.7 []	37.5 []	0 []	4.2 []	0
g. Make better decisions	16.7 []	29.2 []	50.0 []	0 []	4.2 []	0
h. Better understand their feelings and what is important to them	29.2 []	29.2 []	37.5 []	0 []	4.2 []	0
i. Make better use of their free time	8.3 []	8.3 []	33.3 []	16.7 []	33.3 []	0
j. Get along better at home	41.7 []	8.3 []	29.2 []	12.5 []	8.3 []	0
k. Get off or reduce use of drugs	25.0 []	6.7 []	37.5 []	8.3 []	12.5 []	0
l. Stay off drugs	13.0 []	4.4 []	17.4 []	21.7 []	43.5 []	1

19. Please describe your relationships with the various organizations in your community with which you deal (e.g., PTA, schools, police, probation, mental health, YMCA). What factors have strongly affected these relationships one way or the other (e.g., a well connected board of directors)?
(NOT ASKED OF PROJECT STAFF)

20. Please describe any staffing problems you experienced.
(NOT ASKED OF PROJECT STAFF)

21. Please add anything else you think is important for our evaluation effort.

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APPENDIX J

COMMUNITY LEADER QUESTIONNAIRE

This questionnaire was administered to 81 community leaders in Communities A, B, C, and D. The 43 surveyed in Community A were asked to evaluate both Projects A and E (questions 3 through 9). The 8 county agency heads in Los Angeles County were asked to evaluate Projects B, C, and D (questions 3 through 7), but were not asked questions 8 and 9. Thus the sample size for questions 3 through 7 is 140 (i.e., $81 + 43 + 16$) and for questions 8 and 9 it is 116 ($140 - 3 \times 8$). The number not asked each question is indicated by NA.

The number presented next to each response is the percentage to those community leaders responding who checked that response. The number not responding to the question is indicated as NR.

CALIFORNIA COMMUNITY LEADER QUESTIONNAIRE

The purpose of this questionnaire is to obtain an assessment of the drug problem and (specify program) from a sample of community leaders. Please answer each question carefully, putting an X in the box corresponding to your answer.

I am associated with the _____ (organization)

My position there is _____

1. How serious would you consider each of the following youth problems to be in the (specify community) area?

	Very Serious	Serious	Not too Serious	Unimportant	Don't Know	NR
a. Drugs	22.5 <input type="checkbox"/>	63.8 <input type="checkbox"/>	7.5 <input type="checkbox"/>	0 <input type="checkbox"/>	6.3 <input type="checkbox"/>	1
b. Vandalism	27.9 <input type="checkbox"/>	55.7 <input type="checkbox"/>	11.4 <input type="checkbox"/>	0 <input type="checkbox"/>	5.1 <input type="checkbox"/>	2
c. Alcohol	20.3 <input type="checkbox"/>	51.9 <input type="checkbox"/>	17.7 <input type="checkbox"/>	0 <input type="checkbox"/>	10.1 <input type="checkbox"/>	2

2. How would you say each of these problems has changed in the past year?

	More Serious	About the Same	Less Serious	Don't Know	NR
a. Drugs	7.5 <input type="checkbox"/>	56.3 <input type="checkbox"/>	25.0 <input type="checkbox"/>	11.3 <input type="checkbox"/>	1
b. Vandalism	46.3 <input type="checkbox"/>	36.3 <input type="checkbox"/>	2.5 <input type="checkbox"/>	15.0 <input type="checkbox"/>	1
c. Alcohol	43.0 <input type="checkbox"/>	41.8 <input type="checkbox"/>	1.3 <input type="checkbox"/>	13.9 <input type="checkbox"/>	2

3. Have you heard of (program name), operated by the (program sponsor) ?

Yes No

65.5 34.5

If you answered no, you can skip the rest of these questions.

4. How did you first hear about (program) ?

a. Project's general literature.	14.6 <input type="checkbox"/>
b. Project's communications to me or my agency.	36.0 <input type="checkbox"/>
c. From others in my agency.	19.1 <input type="checkbox"/>
d. From contact with their clients.	1.1 <input type="checkbox"/>
e. Newspaper, TV, or radio.	0 <input type="checkbox"/>
f. Community meeting.	9.0 <input type="checkbox"/>
g. Other. (Please specify) _____	20.2 <input type="checkbox"/>

NR=51

5. Have you had any personal involvement with (program) ?

Never Once or Twice More Often

NR=53

 47.1 13.8 39.1

6. If yes, please describe the nature of your involvement.

7. Would you recommend (program) for:

	Yes	No	Don't Know	NR
a. Individual counseling?	73.0 <input type="checkbox"/>	6.7 <input type="checkbox"/>	20.2 <input type="checkbox"/>	51
b. Group counseling or discussions?	73.3 <input type="checkbox"/>	5.6 <input type="checkbox"/>	21.1 <input type="checkbox"/>	50
c. Family counseling?	60.9 <input type="checkbox"/>	8.0 <input type="checkbox"/>	31.0 <input type="checkbox"/>	53
d. Legal services?	10.3 <input type="checkbox"/>	35.6 <input type="checkbox"/>	54.0 <input type="checkbox"/>	53
e. Classroom drug education?	71.8 <input type="checkbox"/>	5.9 <input type="checkbox"/>	22.4 <input type="checkbox"/>	55
f. Job counseling?	29.9 <input type="checkbox"/>	32.2 <input type="checkbox"/>	37.9 <input type="checkbox"/>	53
g. Drug information?	82.2 <input type="checkbox"/>	1.1 <input type="checkbox"/>	16.7 <input type="checkbox"/>	50
h. Recreational activities?	20.7 <input type="checkbox"/>	33.3 <input type="checkbox"/>	46.0 <input type="checkbox"/>	53
i. Medical care?	17.6 <input type="checkbox"/>	37.6 <input type="checkbox"/>	44.7 <input type="checkbox"/>	55
j. Aiding community agencies in organizing to deal with the drug problem?	69.8 <input type="checkbox"/>	9.3 <input type="checkbox"/>	20.9 <input type="checkbox"/>	54
k. Referral to other programs or agencies?	76.1 <input type="checkbox"/>	2.3 <input type="checkbox"/>	21.5 <input type="checkbox"/>	52

8. How helpful has (program) been in organizing community agencies to deal with the drug problem, and other problems?

	Very Helpful	Somewhat Helpful	Not Helpful at all	Don't Know	
a. Informing community about the drug problem.	<input type="checkbox"/> 35.5	<input type="checkbox"/> 35.5	<input type="checkbox"/> 2.6	<input type="checkbox"/> 26.3	40
b. Organizing community to deal with drug problem.	<input type="checkbox"/> 14.4	<input type="checkbox"/> 35.5	<input type="checkbox"/> 11.8	<input type="checkbox"/> 38.2	40
c. Organizing community to deal with other juvenile problems.	<input type="checkbox"/> 9.2	<input type="checkbox"/> 25.0	<input type="checkbox"/> 10.5	<input type="checkbox"/> 55.3	40
d. Organizing community to deal with non-juvenile problems (please specify what type of community problem). _____	<input type="checkbox"/> 4.2	<input type="checkbox"/> 5.6	<input type="checkbox"/> 9.9	<input type="checkbox"/> 80.3	45

NA=24 for all of question 8.

9. Referring back to your answers to question 2, to what extent would you attribute the changes you have noted to (program) ?

	Program Largely Responsible for Change	Program a Major Contributor to Change	Program a Minor Contributor to Change	Program had No Effect, or No Change Noted	NR
a. Drugs	13.8 <input type="checkbox"/>	25.9 <input type="checkbox"/>	36.2 <input type="checkbox"/>	24.1 <input type="checkbox"/>	58
b. Vandalism	0 <input type="checkbox"/>	5.3 <input type="checkbox"/>	28.1 <input type="checkbox"/>	66.7 <input type="checkbox"/>	59
c. Alcohol	1.7 <input type="checkbox"/>	6.9 <input type="checkbox"/>	34.5 <input type="checkbox"/>	56.9 <input type="checkbox"/>	58

NA=24 for all of question 9.

10. Please add anything else you think is important for our evaluation effort.

Please return to General Research Corporation in the enclosed envelope.

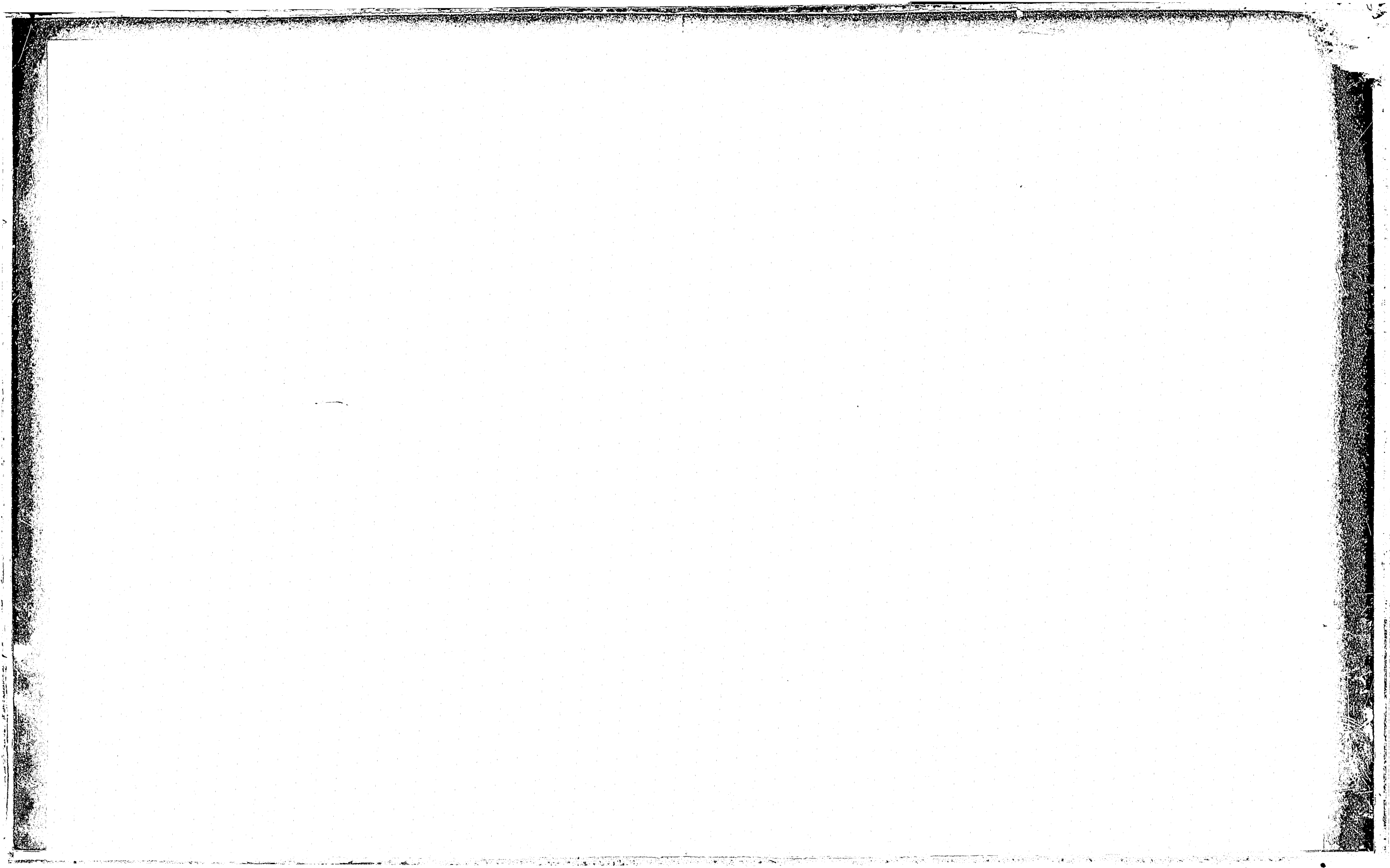
APPENDIX K

CLIENT QUESTIONNAIRE

This questionnaire was administered to 301 clients of Projects A, B, C, E, and F. However, questions 25 and 29 were not included on the questionnaires administered to clients of Project F and question 26 was not asked at Project E. Parts h, i, and j of question 26 were not asked at the other projects.

The number presented next to each response is the percentage of those clients responding who checked that response. The number not responding to the question is indicated as NR. The number not asked the question is indicated as NA.

Averages for those responding are presented for the age of first use questions (i.e., 7b, 8b, ... 16 b). Averages for those indicating some use in the past month are presented for questions 7c, 8c, ... 16c.



CALIFORNIA STATE YOUTH QUESTIONNAIRE

The purpose of this questionnaire is to determine what youths think about some of our problems today, particularly problems involving misuse of drugs. Please answer each question carefully, putting an X in the box corresponding to your answer. Raise your hand if you do not understand a question or the answers.

We do not want your name, but we do need some information from you to make sure we are getting answers from a representative sample of young people. We hope you will take the time to answer each question as completely and honestly as possible, as the results will be used to plan youth services for your community.

What is your age?

10	11	12	13	14	15	16	17	18	19
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.3	.3	1.0	9.0	22.2	22.2	21.9	18.3	5.3	.3

What is your sex?

Boy	Girl
<input type="checkbox"/>	<input type="checkbox"/>
40.7	59.3

What grade are you in?

6th	7th	8th	9th	10th	11th	12th	College	Not in School or NR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	2.0	14.0	28.9	19.6	30.6	30.6	.7	4.0

What is your race or ethnic background?

White	Black	Mexican-American (or Latin-American)	Asian	Other (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82.4	3.7	7.6	3.0	3.3

What kind of work does the head of your household do? (If you live with your father, what kind of work does he do?) If you are not sure which category to mark, write the occupation on the line marked "Other".

<u>Salesperson</u> (for example, insurance agent, store clerk, real estate salesman, gas station attendant)	<input type="checkbox"/>	6.6
<u>Service Worker</u> (for example, cleaning, waitress, cook, maid, barber, stewardess, nurse's aide, guard, fireman, babysitter)	<input type="checkbox"/>	8.3
<u>Professional or Technical</u> (for example, doctor, nurse, teacher, engineer, architect, accountant, computer programmer, minister, draftsman, technician)	<input type="checkbox"/>	28.6
<u>General Labor</u> (for example, warehouseman, carpenter's helper, fisherman, farm worker, gardener)	<input type="checkbox"/>	5.7
<u>Craftsman or Foreman</u> (for example, mechanic, electrician, plumber, carpenter, repairman)	<input type="checkbox"/>	13.0
<u>Machine or Vehicle Operator</u> (for example, bus driver, taxi driver, butcher, most factory line workers)	<input type="checkbox"/>	7.0
<u>Clerical</u> (for example, secretary, typist, file clerk, bookkeeper, bank teller, cashier, dispatcher, shipping clerk, office equipment operator)	<input type="checkbox"/>	6.2
<u>Manager or Administrator</u> (for example, department manager, school administrator, bank officer, government official, owner/manager of store)	<input type="checkbox"/>	9.6
<u>Other</u> (please describe) _____	<input type="checkbox"/>	15.0

1. Here are some ways in which people sometimes wish they could be different. How often do you wish you could:

	Often	Some-times	Seldom	Never	NR
a. Communicate better with friends?	36.7	<input type="checkbox"/> 38.4	<input type="checkbox"/> 18.0	<input type="checkbox"/> 6.8	<input type="checkbox"/> 7
b. Be more carefree and easy going?	35.5	<input type="checkbox"/> 39.3	<input type="checkbox"/> 15.4	<input type="checkbox"/> 9.9	<input type="checkbox"/> 8
c. Be more active and get more done?	46.0	<input type="checkbox"/> 34.6	<input type="checkbox"/> 13.5	<input type="checkbox"/> 5.9	<input type="checkbox"/> 12
d. Communicate better with parents and adults?	40.5	<input type="checkbox"/> 36.4	<input type="checkbox"/> 15.7	<input type="checkbox"/> 7.5	<input type="checkbox"/> 7
e. Let yourself go and have a good time?	51.4	<input type="checkbox"/> 28.6	<input type="checkbox"/> 13.6	<input type="checkbox"/> 6.5	<input type="checkbox"/> 7
f. Settle down and take things more seriously?	24.2	<input type="checkbox"/> 41.4	<input type="checkbox"/> 25.6	<input type="checkbox"/> 9.2	<input type="checkbox"/> 8
g. Have more will power?	42.7	<input type="checkbox"/> 33.9	<input type="checkbox"/> 16.3	<input type="checkbox"/> 7.1	<input type="checkbox"/> 6
h. Keep better control of your feelings and emotions?	38.0	<input type="checkbox"/> 29.1	<input type="checkbox"/> 20.9	<input type="checkbox"/> 12.0	<input type="checkbox"/> 9
i. Be more relaxed when you're around other people?	41.5	<input type="checkbox"/> 28.2	<input type="checkbox"/> 20.2	<input type="checkbox"/> 10.1	<input type="checkbox"/> 14

2. During the last few months, how happy have you been with yourself and your ability to do the things that matter to you?

Very Happy	Pretty Happy	Not Very Happy	Miserable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8	51.2	29.6	6.4

3. How easy or difficult do you think it will be for you to find a career or place in society meaningful to you?

Very Easy	Easy	Difficult	Very Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	53.6	33.1	3.8

4. Here are some statements about human nature and social relationships. Please tell us which statements you agree or disagree with.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	
a. Most people are thinking about themselves first and aren't really concerned with what happens to the other person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
b. Competition generally brings out an unpleasant side of human nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
c. No matter what the circumstances, one should never tell people what they have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
d. Whatever people say about it, the world is a pretty selfish, dog-eat-dog affair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
e. A person can do what he really wants to in life if he tries hard enough.	<input type="checkbox"/> 61.1	<input type="checkbox"/> 32.6	<input type="checkbox"/> 5.0	<input type="checkbox"/> 1.3	0
f. The way things are today, no one should bring children into the world.	<input type="checkbox"/> 3.1	<input type="checkbox"/> 13.3	<input type="checkbox"/> 28.6	<input type="checkbox"/> 55.1	7
g. In general, schools are becoming less and less meaningful to what's happening.	<input type="checkbox"/> 37.1	<input type="checkbox"/> 36.8	<input type="checkbox"/> 19.4	<input type="checkbox"/> 6.7	2
h. Life without a job would be very boring and unsatisfying.	<input type="checkbox"/> 38.0	<input type="checkbox"/> 32.9	<input type="checkbox"/> 18.6	<input type="checkbox"/> 10.5	6
i. Kids need a stable home life with a mother and father if they are to be well adjusted.	<input type="checkbox"/> 33.4	<input type="checkbox"/> 34.8	<input type="checkbox"/> 22.9	<input type="checkbox"/> 8.9	8

5. Here are some statements that have been made about drugs. Please tell us which statements you agree or disagree with.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
a. A drug is any substance that changes the way a person feels, thinks, or acts.	<input type="checkbox"/> 43.3	<input type="checkbox"/> 34.2	<input type="checkbox"/> 11.4	<input type="checkbox"/> 11.1	3
b. If a person injects anything into his veins, he runs the risk of infection and disease.	<input type="checkbox"/> 57.5	<input type="checkbox"/> 34.2	<input type="checkbox"/> 4.7	<input type="checkbox"/> 3.7	0
c. If you take sleeping pills regularly, you may find you can't sleep without them.	<input type="checkbox"/> 48.0	<input type="checkbox"/> 40.1	<input type="checkbox"/> 7.2	<input type="checkbox"/> 4.8	9
d. Taking alcohol and barbiturates together can cause serious illness or death.	<input type="checkbox"/> 65.4	<input type="checkbox"/> 26.1	<input type="checkbox"/> 5.4	<input type="checkbox"/> 3.1	6
e. People who take large doses of "speed" or "crystal" are likely to lose control and become violent.	<input type="checkbox"/> 28.9	<input type="checkbox"/> 43.0	<input type="checkbox"/> 18.7	<input type="checkbox"/> 9.5	17
f. Drugs are good for some people because they help them escape from their problems.	<input type="checkbox"/> 17.1	<input type="checkbox"/> 32.4	<input type="checkbox"/> 26.4	<input type="checkbox"/> 24.1	2
g. Whether or not a person uses drugs is his own business because his decision affects nobody but himself.	<input type="checkbox"/> 27.7	<input type="checkbox"/> 30.4	<input type="checkbox"/> 26.3	<input type="checkbox"/> 15.7	8
h. Cocaine is a fairly safe drug to use because it is only mildly stimulating, and its use does not cause physical dependence.	<input type="checkbox"/> 12.5	<input type="checkbox"/> 31.3	<input type="checkbox"/> 40.9	<input type="checkbox"/> 15.3	20

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	NR
i. Drugs taken into the body by any means (sniffing, smoking, swallowing, injecting) enter the blood stream, and eventually, the brain.	<input type="checkbox"/> 51.4	<input type="checkbox"/> 39.5	<input type="checkbox"/> 6.8	<input type="checkbox"/> 2.4	7
j. Barbiturates slow you down and blur your vision.	<input type="checkbox"/> 40.7	<input type="checkbox"/> 41.7	<input type="checkbox"/> 15.1	<input type="checkbox"/> 2.5	23
k. Because of the unpredictable effects of LSD on users, it is dangerous to experiment even once or twice with this drug.	<input type="checkbox"/> 29.2	<input type="checkbox"/> 34.9	<input type="checkbox"/> 23.4	<input type="checkbox"/> 12.5	6
l. Drug abusers are likely to be persons who never learn to solve problems or adjust to life.	<input type="checkbox"/> 17.1	<input type="checkbox"/> 25.0	<input type="checkbox"/> 26.7	<input type="checkbox"/> 31.2	9
m. The use of heroin leads a person very quickly toward total drug dependence from which it is very difficult and often impossible to recover.	<input type="checkbox"/> 45.1	<input type="checkbox"/> 37.2	<input type="checkbox"/> 12.5	<input type="checkbox"/> 5.2	13
n. Drug addicts are primarily sick people.	<input type="checkbox"/> 19.7	<input type="checkbox"/> 27.8	<input type="checkbox"/> 23.7	<input type="checkbox"/> 28.8	6
o. The primary responsibility for getting a person off drugs lies with his family.	<input type="checkbox"/> 7.2	<input type="checkbox"/> 24.1	<input type="checkbox"/> 37.2	<input type="checkbox"/> 31.4	11
p. Smoking marijuana is a harmless practice.	<input type="checkbox"/> 52.6	<input type="checkbox"/> 30.4	<input type="checkbox"/> 12.3	<input type="checkbox"/> 4.8	8
q. People take drugs because it is the thing to do.	<input type="checkbox"/> 5.5	<input type="checkbox"/> 33.1	<input type="checkbox"/> 39.9	<input type="checkbox"/> 21.5	8
r. Most drug addicts are lower-class people.	<input type="checkbox"/> 5.7	<input type="checkbox"/> 10.5	<input type="checkbox"/> 24.3	<input type="checkbox"/> 59.5	5
s. You can recognize a drug addict by just looking at him.	<input type="checkbox"/> 6.1	<input type="checkbox"/> 20.4	<input type="checkbox"/> 28.9	<input type="checkbox"/> 44.6	7
t. Drug addicts are immoral people who have a bad influence on society.	<input type="checkbox"/> 8.8	<input type="checkbox"/> 14.8	<input type="checkbox"/> 33.0	<input type="checkbox"/> 43.4	4
u. Smoking marijuana is no worse than drinking alcohol.	<input type="checkbox"/> 65.2	<input type="checkbox"/> 20.4	<input type="checkbox"/> 7.7	<input type="checkbox"/> 6.7	2
v. Addicts tend to be less well educated.	<input type="checkbox"/> 7.4	<input type="checkbox"/> 34.0	<input type="checkbox"/> 31.0	<input type="checkbox"/> 27.6	4
w. The drug addict is seldom helped by medical or psychological treatment.	<input type="checkbox"/> 9.1	<input type="checkbox"/> 26.6	<input type="checkbox"/> 42.7	<input type="checkbox"/> 21.7	15
x. People get started using drugs because of pressures from their friends.	<input type="checkbox"/> 8.1	<input type="checkbox"/> 34.9	<input type="checkbox"/> 28.1	<input type="checkbox"/> 28.8	6
y. People who feel they need drugs are mentally ill and should receive psychiatric care.	<input type="checkbox"/> 8.5	<input type="checkbox"/> 22.6	<input type="checkbox"/> 32.8	<input type="checkbox"/> 36.2	5

6. Please indicate whether or not these concerns have affected your decisions to use or not use drugs, and whether they have ever happened to you as a result of using drugs. (Check once for concerned and once for happened.)

	Concerned it might happen to me		NR	It has happened to me		NR
	Yes	No		Yes	No	
a. Losing control of myself	45.6 <input type="checkbox"/>	54.4 <input type="checkbox"/>	42	40.0 <input type="checkbox"/>	60.0 <input type="checkbox"/>	36
b. Getting sick	49.2 <input type="checkbox"/>	50.8 <input type="checkbox"/>	43	56.6 <input type="checkbox"/>	43.5 <input type="checkbox"/>	34
c. Some other harm to your body	52.4 <input type="checkbox"/>	47.6 <input type="checkbox"/>	32	19.7 <input type="checkbox"/>	80.3 <input type="checkbox"/>	47
d. Loss of energy or ambition	45.3 <input type="checkbox"/>	54.7 <input type="checkbox"/>	47	49.2 <input type="checkbox"/>	50.8 <input type="checkbox"/>	41
e. Interference with mental abilities such as memory or concentration	51.4 <input type="checkbox"/>	48.6 <input type="checkbox"/>	50	52.5 <input type="checkbox"/>	47.5 <input type="checkbox"/>	44
f. Serious effects on my mind	43.1 <input type="checkbox"/>	56.9 <input type="checkbox"/>	39	14.1 <input type="checkbox"/>	85.9 <input type="checkbox"/>	46
g. Having unwanted "flashbacks"	44.4 <input type="checkbox"/>	55.6 <input type="checkbox"/>	40	31.5 <input type="checkbox"/>	68.5 <input type="checkbox"/>	44
h. Becoming anxious or depressed	49.4 <input type="checkbox"/>	50.6 <input type="checkbox"/>	52	56.9 <input type="checkbox"/>	43.1 <input type="checkbox"/>	39
i. Getting disapproval from relatives	46.7 <input type="checkbox"/>	53.3 <input type="checkbox"/>	46	52.5 <input type="checkbox"/>	47.5 <input type="checkbox"/>	44
j. Getting disapproval from friends	34.8 <input type="checkbox"/>	65.3 <input type="checkbox"/>	42	41.3 <input type="checkbox"/>	58.8 <input type="checkbox"/>	44
k. Interference with activities or demands on my time	36.3 <input type="checkbox"/>	63.7 <input type="checkbox"/>	42	34.9 <input type="checkbox"/>	65.1 <input type="checkbox"/>	43
l. Being arrested	73.7 <input type="checkbox"/>	26.3 <input type="checkbox"/>	39	44.2 <input type="checkbox"/>	55.8 <input type="checkbox"/>	43
m. Getting a drug other than what I thought I was getting	64.3 <input type="checkbox"/>	35.7 <input type="checkbox"/>	43	30.6 <input type="checkbox"/>	69.4 <input type="checkbox"/>	46
n. Spending too much money on drugs	46.2 <input type="checkbox"/>	53.8 <input type="checkbox"/>	39	34.9 <input type="checkbox"/>	65.1 <input type="checkbox"/>	43
o. Becoming dependent on drugs	43.2 <input type="checkbox"/>	56.8 <input type="checkbox"/>	35	16.4 <input type="checkbox"/>	83.6 <input type="checkbox"/>	51
p. Other (please fill in below)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

7. a. Have you ever used alcoholic beverages (beer, wine, liquor) without a parent's permission? Yes No
 92.6 7.4 2

If you answered "No", please skip to Question 8.
 If you answered "Yes":

b. Approximately how old were you when you first used alcohol without a parent's permission?
 (Fill in age)
 11.9 years 38

7. c. Approximately how many times have you used alcohol in the past month without a parent's permission? _____ (Fill in a number)
 8.0 times NR 64

d. Is this more or less than the same month a year ago? About the
 More Same Less 42

 34.4 32.8 32.8

8. a. Have you ever used stimulants (amphetamines, speed, cocaine, uppers, whites) without a parent's permission? Yes No 1
 If you answered "No" please skip to Question 9.
 If you answered "Yes": 71.3 28.7

b. Approximately how old were you when you first used stimulants without a parent's permission? _____ } 95
 13.1 years } Fill in a number 186

c. Approximately how many times have you used stimulants in the past month without a parent's permission? _____ }
 5.1 times }
 About the More Same Less
 101
 23.5 21.0 55.5

d. Is this more or less than the same month a year ago? More Same Less
 101

9. a. Have you ever used sedatives (barbiturates, tranquilizers, downers, reds) without a parent's permission? Yes No 5
 If you answered "No" please skip to Question 10.
 If you answered "Yes": 63.9 36.2

b. Approximately how old were you when you first used sedatives without a parent's permission? _____ } 116
 13.3 years } Fill in a number 209

c. Approximately how many times have you used sedatives in the past month without a parent's permission? _____ }
 4.7 times }
 About the More Same Less
 124
 20.3 27.7 52.0

d. Is this more or less than the same month a year ago? More Same Less
 124

10. a. Have you ever used hallucinogens (LSD, acid, STP, mescaline, peyote, PCP) without a parent's permission? Yes No 4
 If you answered "No" please skip to Question 11.
 If you answered "Yes": 58.6 41.4

- NR
- b. Approximately how old were you when you first used hallucinogens without a parent's permission? 136
- 13.7 years } Fill in
- c. Approximately how many times have you used hallucinogens in the past month without a parent's permission? 208
- 3.2 times } About the
- d. Is this more or less than the same month a year ago? More Same Less 142
- 26.4 23.3 50.3
11. a. Have you ever sniffed inhalents (glue, gasoline, aerosols) without a parent's permission? 7
- Yes No
- 36.4 63.6
- If you answered "No" please skip to Question 12.
If you answered "Yes":
- b. Approximately how old were you when you first sniffed inhalents without a parent's permission? 200
- 12.9 years } Fill in
- c. Approximately how many times have you sniffed inhalents in the past month without a parent's permission? 261
- 3.8 times } About the
- d. Is this more or less than the same month a year ago? More Same Less 204
- 17.5 24.7 57.7
12. a. Have you ever used opiates (heroin, morphine, smack) without a parent's permission? 8
- Yes No
- 9.6 90.4
- If you answered "No" please skip to Question 13.
If you answered "Yes":
- b. Approximately how old were you when you first used opiates without a parent's permission? 276
- 14.1 years } Fill in
- c. Approximately how many times have you used opiates in the past month without a parent's permission? 289
- 3.4 times } About the
- d. Is this more or less than the same month a year ago? More Same Less 276
- 24.0 32.0 44.0

- Yes No 5
- 90.9 9.1
- If you answered "No" please skip to Question 14.
If you answered "Yes":
- b. Approximately how old were you when you first used marijuana without a parent's permission? 40
- 12.3 years } Fill in
- c. Approximately how many times have you used marijuana in the past month without a parent's permission? 61
- 12.0 times } About the
- d. Is this more or less than the same month a year ago? More Same Less 46
- 32.9 33.3 33.7
14. a. Have you ever taken something without the owner's permission and not returned it? 5
- Yes No
- 67.6 32.4
- If you answered "No" please skip to Question 15.
If you answered "Yes":
- b. Approximately how old were you when you first took something without the owner's permission? 115
- 10.3 years } Fill in
- c. Approximately how many times have you taken something in the past month without the owner's permission? 208
- 5.2 times } About the
- d. Is this more or less than the same month a year ago? More Same Less 112
- 14.8 37.6 47.6
15. a. Have you ever deliberately broken something valuable belonging to someone else? 8
- Yes No
- 22.5 77.5
- If you answered "No" please skip to Question 16.
If you answered "Yes":
- b. Approximately how old were you when you first deliberately broke something valuable? 244

(Fill in age)
11.3 years

15. c. Approximately how many times have you deliberately broken something valuable in the past month? 2.9 times
 (Fill in a number)

d. Is this more or less than the same month a year ago? 242

More	About the Same	Less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.7	32.2	44.1

16. a. Have you ever been truant or absent from school without a good reason? 3

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
82.9	17.1

If you answered "No" please skip to Question 17.
 If you answered "Yes":

b. Approximately how old were you when you were first absent from school without a good reason? 69

c. Approximately how many times have you been absent without a good reason in the past month? 114

d. Is this more or less than the same month a year ago? 68

More	About the Same	Less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.3	23.2	42.5

12.6 years }
 Fill in a number

17. In your opinion, rate each of the following reasons why people use drugs. For example, if you think a very important reason why people use drugs is to relax, check "Very Important" in row "a"; if you think it is not an important reason, check "Not Important."

	Very Important	Somewhat Important	Not Important	
a. To relax	35.4 <input type="checkbox"/>	53.1 <input type="checkbox"/>	11.6 <input type="checkbox"/>	7
b. To feel like one of the gang, not an outsider	20.3 <input type="checkbox"/>	35.1 <input type="checkbox"/>	44.7 <input type="checkbox"/>	10
c. To solve problems	19.0 <input type="checkbox"/>	35.2 <input type="checkbox"/>	45.9 <input type="checkbox"/>	11
d. To improve communications	19.5 <input type="checkbox"/>	42.7 <input type="checkbox"/>	37.9 <input type="checkbox"/>	8
e. To satisfy curiosity	40.6 <input type="checkbox"/>	42.0 <input type="checkbox"/>	17.4 <input type="checkbox"/>	8
f. Because it is fun	49.2 <input type="checkbox"/>	34.5 <input type="checkbox"/>	16.4 <input type="checkbox"/>	8
g. To feel better	55.7 <input type="checkbox"/>	36.1 <input type="checkbox"/>	8.3 <input type="checkbox"/>	10
h. To get along better with other people	25.3 <input type="checkbox"/>	42.0 <input type="checkbox"/>	32.8 <input type="checkbox"/>	8

NR 273 242 3 69 114 68 7 10 11 8 8 10 8

	Very Important	Somewhat Important	Not Important	
i. To see the world differently	27.3 <input type="checkbox"/>	38.2 <input type="checkbox"/>	34.5 <input type="checkbox"/>	8
j. To keep from being bored	27.1 <input type="checkbox"/>	48.5 <input type="checkbox"/>	24.4 <input type="checkbox"/>	6
k. Because a close friend does	13.8 <input type="checkbox"/>	30.2 <input type="checkbox"/>	56.0 <input type="checkbox"/>	10
l. Other (please fill in below)	75.6 <input type="checkbox"/>	19.5 <input type="checkbox"/>	4.9 <input type="checkbox"/>	260

18. If you felt you had a problem with drugs, indicate where you would go for help. Where would you recommend that a friend go if he had a problem with drugs? (Check once for yourself and once for a friend.)

	FOR PERSONAL HELP WITH A DRUG PROBLEM			FOR A FRIEND'S DRUG PROBLEM		
	Definitely	Maybe	Never	Definitely	Maybe	Never
a. A parent	8.0 <input type="checkbox"/>	45.5 <input type="checkbox"/>	46.5 <input type="checkbox"/>	4.9 <input type="checkbox"/>	47.9 <input type="checkbox"/>	47.2 <input type="checkbox"/>
b. A teacher	1.1 <input type="checkbox"/>	34.9 <input type="checkbox"/>	64.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>	31.6 <input type="checkbox"/>	66.2 <input type="checkbox"/>
c. A school counselor	8.5 <input type="checkbox"/>	37.7 <input type="checkbox"/>	53.9 <input type="checkbox"/>	6.7 <input type="checkbox"/>	35.1 <input type="checkbox"/>	58.2 <input type="checkbox"/>
d. A policeman	3.6 <input type="checkbox"/>	10.7 <input type="checkbox"/>	85.8 <input type="checkbox"/>	3.0 <input type="checkbox"/>	14.7 <input type="checkbox"/>	82.3 <input type="checkbox"/>
e. A medical person (physician, nurse, psychiatrist)	21.8 <input type="checkbox"/>	51.8 <input type="checkbox"/>	26.4 <input type="checkbox"/>	21.9 <input type="checkbox"/>	49.6 <input type="checkbox"/>	28.5 <input type="checkbox"/>
f. A clergyman (minister, priest, rabbi)	10.3 <input type="checkbox"/>	36.9 <input type="checkbox"/>	52.8 <input type="checkbox"/>	9.4 <input type="checkbox"/>	46.8 <input type="checkbox"/>	43.8 <input type="checkbox"/>
g. Friends	54.6 <input type="checkbox"/>	38.1 <input type="checkbox"/>	7.3 <input type="checkbox"/>	46.6 <input type="checkbox"/>	42.9 <input type="checkbox"/>	10.5 <input type="checkbox"/>
h. A drug program (please give name)	48.5 <input type="checkbox"/>	38.2 <input type="checkbox"/>	13.3 <input type="checkbox"/>	47.1 <input type="checkbox"/>	38.6 <input type="checkbox"/>	14.4 <input type="checkbox"/>
i. Other (please fill in below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	92.9	7.1	0	81.0	16.7	2.4

19. Have you ever sought help for a personal drug problem? Yes No NR

33.0 67.0 13

If you answered "No" please skip to Question 20. If you answered "Yes" please indicate how often you sought help from each of the following?

	Never	Once or Twice	More Often	
a. A parent	69.6 <input type="checkbox"/>	18.5 <input type="checkbox"/>	12.0 <input type="checkbox"/>	209
b. A teacher	76.1 <input type="checkbox"/>	22.8 <input type="checkbox"/>	1.1 <input type="checkbox"/>	209
c. A school counselor	73.9 <input type="checkbox"/>	17.4 <input type="checkbox"/>	8.7 <input type="checkbox"/>	209
d. A policeman	89.1 <input type="checkbox"/>	8.7 <input type="checkbox"/>	2.2 <input type="checkbox"/>	209
e. A medical person	67.0 <input type="checkbox"/>	26.4 <input type="checkbox"/>	6.6 <input type="checkbox"/>	210
f. A clergyman	76.7 <input type="checkbox"/>	17.8 <input type="checkbox"/>	5.6 <input type="checkbox"/>	211
g. Friends	9.4 <input type="checkbox"/>	33.3 <input type="checkbox"/>	57.3 <input type="checkbox"/>	205
h. A drug program (please give name)	36.1 <input type="checkbox"/>	16.7 <input type="checkbox"/>	47.2 <input type="checkbox"/>	229
<hr/>				
i. Other (please fill in below)	14.3 <input type="checkbox"/>	28.6 <input type="checkbox"/>	57.1 <input type="checkbox"/>	287

20. To your knowledge, have any of your friends ever sought help for drug problems? Yes No NR

48.7 51.3 24

If you answered "No" please skip to Question 21. If you answered "Yes" please indicate how many of your friends have sought help from each of the following?

	None	One or Two	More	
a. A parent	57.5 <input type="checkbox"/>	33.9 <input type="checkbox"/>	8.7 <input type="checkbox"/>	174
b. A teacher	76.0 <input type="checkbox"/>	20.8 <input type="checkbox"/>	3.2 <input type="checkbox"/>	176
c. A school counselor	66.7 <input type="checkbox"/>	22.2 <input type="checkbox"/>	11.1 <input type="checkbox"/>	175
d. A policeman	89.7 <input type="checkbox"/>	7.9 <input type="checkbox"/>	2.4 <input type="checkbox"/>	175
e. A medical person	48.8 <input type="checkbox"/>	41.9 <input type="checkbox"/>	9.3 <input type="checkbox"/>	172
f. A clergyman	74.2 <input type="checkbox"/>	19.4 <input type="checkbox"/>	6.5 <input type="checkbox"/>	177
g. Friends	9.5 <input type="checkbox"/>	27.6 <input type="checkbox"/>	63.0 <input type="checkbox"/>	174
h. A drug program (please give name)	32.3 <input type="checkbox"/>	30.3 <input type="checkbox"/>	37.4 <input type="checkbox"/>	202
<hr/>				
i. Other (please fill in below)	5.0 <input type="checkbox"/>	60.0 <input type="checkbox"/>	35.0 <input type="checkbox"/>	281

21. From what you know about each of the following, how well do you think they do in dealing with drug problems? NR

	Very Well	OK	Not Very Well	Waste of Time	
a. Parents	3.6 <input type="checkbox"/>	28.2 <input type="checkbox"/>	42.1 <input type="checkbox"/>	26.1 <input type="checkbox"/>	21
b. Teachers	1.8 <input type="checkbox"/>	26.1 <input type="checkbox"/>	36.4 <input type="checkbox"/>	35.7 <input type="checkbox"/>	21
c. School Counselors	8.9 <input type="checkbox"/>	34.3 <input type="checkbox"/>	24.6 <input type="checkbox"/>	32.1 <input type="checkbox"/>	21
d. Police	7.6 <input type="checkbox"/>	16.3 <input type="checkbox"/>	25.7 <input type="checkbox"/>	50.4 <input type="checkbox"/>	25
e. Medical People	34.8 <input type="checkbox"/>	35.5 <input type="checkbox"/>	13.3 <input type="checkbox"/>	16.5 <input type="checkbox"/>	22
f. Clergy	9.1 <input type="checkbox"/>	26.5 <input type="checkbox"/>	31.2 <input type="checkbox"/>	33.3 <input type="checkbox"/>	25

22. How did you first hear about the (specify program name) ?

(Check only one.)

- a. A friend or family member who is or was in the program. 36.6
- b. A friend or family member who was not in the program. 9.7
- c. I was contacted directly by someone from the program. 15.0
- d. Literature distributed by the program. 3.1
- e. TV, radio, or newspapers. 1.3
- f. Referred by:
 - School personnel (teacher, counselor, nurse). 11.9
 - Other drug agency. .9
 - Health care agency (doctor, clinic, nurse). 0
 - Community agency (YMCA, church). 0
 - Police. 2.6
 - Probation officer or court. 1.8
- g. Other (Please fill in) 17.2

NR=74

23. What was the main reason you went to (program name) ? (Check only one.)

- a. A school problem 6.1
- b. A family problem 14.7
- c. A drug problem 13.2
- d. Other personal problem 17.8
- e. Because I had to 9.1
- f. Other (Please fill in) 39.1

NR=104

24. How effective has (program) been in helping you to:

	Very Helpful	Somewhat Helpful	Not Helpful	NR
a. Handle responsibility?	27.4 <input type="checkbox"/>	54.4 <input type="checkbox"/>	18.2 <input type="checkbox"/>	31
b. Gain self-confidence?	39.3 <input type="checkbox"/>	39.7 <input type="checkbox"/>	21.0 <input type="checkbox"/>	29
c. Get better grades?	10.1 <input type="checkbox"/>	38.6 <input type="checkbox"/>	51.3 <input type="checkbox"/>	34
d. Stay in school?	22.1 <input type="checkbox"/>	41.4 <input type="checkbox"/>	36.5 <input type="checkbox"/>	38
e. Better your relationships with others?	42.5 <input type="checkbox"/>	40.3 <input type="checkbox"/>	17.2 <input type="checkbox"/>	33
f. Communicate better?	44.5 <input type="checkbox"/>	38.2 <input type="checkbox"/>	17.3 <input type="checkbox"/>	29
g. Make better decisions?	39.0 <input type="checkbox"/>	40.4 <input type="checkbox"/>	20.6 <input type="checkbox"/>	29
h. Better understand your feelings and what is important to you?	43.5 <input type="checkbox"/>	39.1 <input type="checkbox"/>	17.3 <input type="checkbox"/>	30
i. Make better use of your free time?	21.9 <input type="checkbox"/>	48.0 <input type="checkbox"/>	30.1 <input type="checkbox"/>	32
j. Get along better at home?	25.2 <input type="checkbox"/>	43.7 <input type="checkbox"/>	31.1 <input type="checkbox"/>	31
k. Get off or reduce use of drugs?	18.7 <input type="checkbox"/>	37.4 <input type="checkbox"/>	44.0 <input type="checkbox"/>	44
l. Stay off drugs?	20.8 <input type="checkbox"/>	39.0 <input type="checkbox"/>	40.2 <input type="checkbox"/>	37

25. Have your opinions about using drugs changed as a result of participating in (program)?

NA=40
NR=23

No, they have not	Yes, I am more in favor of drug use	Yes, I am less in favor of drug use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.9	8.8	43.3

26. Please indicate how often you have used each of these services from (program)?

	Never	Once	2 or 3 Times	4 to 9 Times	10 or more Times	NR	NA
a. Individual Counseling	31.0 <input type="checkbox"/>	11.6 <input type="checkbox"/>	13.4 <input type="checkbox"/>	14.8 <input type="checkbox"/>	29.2 <input type="checkbox"/>	30	55
b. Group Counseling	28.2 <input type="checkbox"/>	8.8 <input type="checkbox"/>	15.3 <input type="checkbox"/>	21.3 <input type="checkbox"/>	26.4 <input type="checkbox"/>	30	55
c. Family Counseling	77.4 <input type="checkbox"/>	8.7 <input type="checkbox"/>	8.7 <input type="checkbox"/>	3.4 <input type="checkbox"/>	1.9 <input type="checkbox"/>	38	55
d. Legal Services	90.7 <input type="checkbox"/>	4.9 <input type="checkbox"/>	2.0 <input type="checkbox"/>	2.0 <input type="checkbox"/>	.5 <input type="checkbox"/>	42	55
e. Drug Information	35.6 <input type="checkbox"/>	14.9 <input type="checkbox"/>	25.0 <input type="checkbox"/>	12.5 <input type="checkbox"/>	12.0 <input type="checkbox"/>	38	55
f. Referral to Community Agencies	82.3 <input type="checkbox"/>	9.6 <input type="checkbox"/>	3.8 <input type="checkbox"/>	2.9 <input type="checkbox"/>	1.4 <input type="checkbox"/>	37	55
g. Rap or Discussion Groups	24.9 <input type="checkbox"/>	8.5 <input type="checkbox"/>	16.4 <input type="checkbox"/>	18.1 <input type="checkbox"/>	32.2 <input type="checkbox"/>	69	55
h. Classroom Drug Education	36.8 <input type="checkbox"/>	23.1 <input type="checkbox"/>	18.1 <input type="checkbox"/>	17.0 <input type="checkbox"/>	5.0 <input type="checkbox"/>	42	77
i. Recreational Activities?	42.9 <input type="checkbox"/>	8.9 <input type="checkbox"/>	16.1 <input type="checkbox"/>	10.7 <input type="checkbox"/>	21.4 <input type="checkbox"/>	29	216
j. Job Counseling?	87.2 <input type="checkbox"/>	4.3 <input type="checkbox"/>	4.8 <input type="checkbox"/>	2.1 <input type="checkbox"/>	1.6 <input type="checkbox"/>	36	78
k. Other (Please fill in)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

27. How do you think (program) is doing in dealing with the drug problem?

Very Well	OK	Not Very Well	Waste of Time	NR=62
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46.9	43.9	4.6	4.6	

28. How would you change (program) to make it better for you?

29. In your opinion, how many youths will answer these questions honestly?

Almost All	Somewhat Over Half	About Half	Somewhat Under Half	Almost None	NR=13 NA=40
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49.6	26.6	19.4	2.4	2.0	

Thank you for your help.

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APPENDIX L

CLIENT PARENT QUESTIONNAIRE

This questionnaire was administered to 91* parents of clients of Projects A, B, C, and E. However, questions 1 and 4 were not asked of Project E parents and parts e to h of question 3 were not asked of various parents. The number not asked each question is indicated by NA and the number not responding by NR. The number presented next to each response is the percentage of those client parents responding who checked that response.

*This questionnaire was also administered in person to 64 parents of Project E clients during treatment. Their responses are not included in the tabulations presented in this appendix.

CALIFORNIA STATE PARENTS QUESTIONNAIRE

The purpose of this questionnaire is to obtain an assessment of the (specify name of program), run by the (specify sponsor), from a sample of parents of children who have had contact with it. Please answer each question carefully, putting an X in the box corresponding to your answer.

We do not want your name, but we do need some information to make sure we are getting answers from a representative sample of parents.

What is the occupation of the head of your household? If you are not sure which category to check, write the occupation on the line marked "Other".

- NR=0
- Salesperson (for example, insurance agent, store clerk, real estate salesman, gas station attendant) 8.8
 - Service Worker (for example, cleaning, waitress, cook, maid, barber, stewardess, nurse's aide, guard, fireman, babysitter) 3.3
 - Professional or Technical (for example, doctor, nurse, teacher, engineer, architect, accountant, computer programmer, minister, draftsman, technician) 27.5
 - General Labor (for example, warehouseman, carpenter's helper, fisherman, farm worker, gardener) 5.5
 - Craftsman or Foreman (for example, mechanic, electrician, plumber, carpenter, repairman) 17.6
 - Machine or Vehicle Operator (for example, bus driver, taxi driver, butcher, most factory line workers) 4.4
 - Clerical (for example, secretary, typist, file clerk, bookkeeper, bank teller, cashier, dispatcher, shipping clerk, office equipment operator) 11.0
 - Manager or Administrator (for example, department manager, school administrator, bank officer, government official, owner/manager of store) 12.1
 - Other (please describe) _____ 9.9

My race/ethnic background is

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|------|
| White | Black | Mexican-American
(or Latin-American) | Asian | Other
(Specify) _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 93.4 | 3.3 | 1.1 | 0 | 2.2 | NR=0 |

Age of my child* who had contact with the program.

- | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 0 | 1.1 | 3.3 | 13.3 | 13.3 | 23.3 | 32.2 | 11.1 | 2.2 |

NR=1

Child's grade in school?

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6th | 7th | 8th | 9th | 10th | 11th | 12th | College | Not in School | Boy | Girl |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | 8.9 | 10.1 | 27.9 | 50.6 | 0 | 1.3 | 0 | 0 | 66.2 | 33.8 |
- NR=12

Child's sex?

1. What was the main reason your child went to (program)? (Check only one.)

- a. A school problem 14.3
- b. A family problem 28.6
- c. A drug problem 17.9
- d. Other personal problem 7.1
- e. Because he/she was ordered to 25.0
- f. Other (Please fill in) _____ 7.1

NR=19
NA=44

2. Do you think your child's participation in (program) has helped him/her to:

- | | Very Helpful | Somewhat Helpful | Not Helpful | NR |
|---|-------------------------------|-------------------------------|-------------------------------|----|
| a. Handle responsibility? | 23.8 <input type="checkbox"/> | 53.8 <input type="checkbox"/> | 22.5 <input type="checkbox"/> | 11 |
| b. Gain self-confidence? | 26.3 <input type="checkbox"/> | 57.5 <input type="checkbox"/> | 16.3 <input type="checkbox"/> | 11 |
| c. Get better grades? | 11.1 <input type="checkbox"/> | 25.9 <input type="checkbox"/> | 63.0 <input type="checkbox"/> | 10 |
| d. Stay in school? | 22.7 <input type="checkbox"/> | 28.0 <input type="checkbox"/> | 49.3 <input type="checkbox"/> | 16 |
| e. Better his/her relationships with friends? | 24.1 <input type="checkbox"/> | 48.1 <input type="checkbox"/> | 27.9 <input type="checkbox"/> | 12 |
| f. Communicate better? | 34.9 <input type="checkbox"/> | 47.0 <input type="checkbox"/> | 18.1 <input type="checkbox"/> | 8 |
| g. Make better decisions? | 28.4 <input type="checkbox"/> | 51.9 <input type="checkbox"/> | 19.8 <input type="checkbox"/> | 10 |
| h. Better understand his/her feelings and what is important to him/her? | 41.3 <input type="checkbox"/> | 42.5 <input type="checkbox"/> | 16.3 <input type="checkbox"/> | 11 |
| i. Make better use of his/her free time? | 12.7 <input type="checkbox"/> | 50.6 <input type="checkbox"/> | 36.7 <input type="checkbox"/> | 12 |
| j. Get along better at home? | 32.9 <input type="checkbox"/> | 48.1 <input type="checkbox"/> | 19.0 <input type="checkbox"/> | 12 |
| k. Reduce drug use? | 38.6 <input type="checkbox"/> | 37.1 <input type="checkbox"/> | 24.3 <input type="checkbox"/> | 21 |
| l. Reduce drug misuse? | 47.7 <input type="checkbox"/> | 27.7 <input type="checkbox"/> | 24.6 <input type="checkbox"/> | 26 |

* If more than one of your children has had contact with the program, enter two checks under age, grade, and sex.

3. Would you recommend (program) to a youth for:

	Yes	No	Don't Know	NR	NA
a. Individual counseling?	69.4 <input type="checkbox"/>	15.3 <input type="checkbox"/>	15.3 <input type="checkbox"/>	6	0
b. Group counseling or discussions?	78.1 <input type="checkbox"/>	11.0 <input type="checkbox"/>	11.0 <input type="checkbox"/>	9	0
c. Family counseling?	70.6 <input type="checkbox"/>	12.9 <input type="checkbox"/>	16.5 <input type="checkbox"/>	6	0
d. Drug information?	88.0 <input type="checkbox"/>	7.2 <input type="checkbox"/>	4.8 <input type="checkbox"/>	8	0
e. Classroom drug education?	81.0 <input type="checkbox"/>	0 <input type="checkbox"/>	19.1 <input type="checkbox"/>	0	70
f. Job counseling?	54.2 <input type="checkbox"/>	0 <input type="checkbox"/>	45.8 <input type="checkbox"/>	4	63
g. Recreational activities?	100.0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	3	84
h. Legal services?	52.6 <input type="checkbox"/>	34.2 <input type="checkbox"/>	13.2 <input type="checkbox"/>	6	47

4. How often have you or your spouse participated in any of (program's) activities?

Never	Once or Twice	More Often	NR=1	NA=44
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41.3	34.8	23.9		

If you answered "Never," you may skip to question 7.

5. Please describe the nature of your involvement with (program).

APPENDIX M

COMMUNITY-WIDE DELINQUENCY STATISTICS INSTRUMENTS

6. Has your involvement helped you or your spouse to:

	Very Helpful	Somewhat Helpful	Not Helpful	NR
a. Communicate better with your child?	27.9 <input type="checkbox"/>	55.9 <input type="checkbox"/>	16.2 <input type="checkbox"/>	23
b. Get along better at home?	32.8 <input type="checkbox"/>	33.1 <input type="checkbox"/>	28.1 <input type="checkbox"/>	27
c. Better understand your own feelings and what is important to you?	36.5 <input type="checkbox"/>	44.4 <input type="checkbox"/>	19.1 <input type="checkbox"/>	28
d. Deal better with your own problems?	28.6 <input type="checkbox"/>	33.3 <input type="checkbox"/>	38.1 <input type="checkbox"/>	28

7. How would you charge the project to make it better for you and your child?

Thank you for your help.

CJS DELINQUENCY STATISTICS INSTRUMENT

COMMUNITY _____

SIX MONTH PERIOD _____

LAW ENFORCEMENT AGENCIES _____

JUVENILES ARRESTED FOR:	AGE AND SEX OF ARRESTEE										ETHNICITY				POLICE DISPOSITION		
	12 OR UNDER		13-14		15		16		17		MEX. AM.	OTHER WHITE	BLACK	OTHER	WITHIN DEPT.	OTHER AGENCY	PROBA-TION
	BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL	BOY	GIRL							
THEFT (ALL VARIANTS)																	
ASSAULT (ALL VARIANTS)																	
OPIATES																	
DANGEROUS DRUGS																	
MARIJUANA																	
OTHER DRUGS																	
ALCOHOL																	
OTHER ARRESTS (602)																	

NOTE: THIS CAN BE COMPILED FROM QUARTERLY BUREAU OF CRIMINAL STATISTICS LISTINGS FOR EACH POLICE AGENCY.

SCHOOL DELINQUENCY STATISTICS INSTRUMENT

SCHOOL DISTRICT _____
 DISTRICT POPULATION _____
 AVERAGE ENROLLMENT _____

YEAR:
 1969 1972
 1970 1973
 1971

SEMESTER
 FALL
 SPRING

NUMBER OF SUSPENSIONS FOR:	AGE 12 OR LESS				AGE 13 TO 15				AGE 16 OR MORE			
	WHITE	BLACK	MEX-AM	OTHER	WHITE	BLACK	MEX-AM	OTHER	WHITE	BLACK	MEX-AM	OTHER
	M	F	M	F	M	F	M	F	M	F	M	F
TRUANCY/TARDINESS												
DISOBEDIENCE/INSOLENCE												
PROFANITY/CLASSROOM DISTURBANCES/ GAMBLING												
POOR SCHOOL WORK												
FIGHTING												
VANDALISM												
SMOKING												
DRUGS												
ALCOHOL												
NOT SPECIFIED OR OTHER												

NUMBER OF UNEXCUSED ABSENCES (STUDENT DAYS)												
--	--	--	--	--	--	--	--	--	--	--	--	--

NUMBER OF ADMISSIONS TO CONTINUATION SCHOOL FOR:												
TRUANCY												
POOR SCHOOL WORK												
DISCIPLINE												
DRUGS												
OTHER												

NOTE: AVAILABILITY OF DATA VARIES GREATLY FROM DISTRICT TO DISTRICT.

APPENDIX N

PROJECT DESCRIPTION INSTRUMENTS

STAFF COMPOSITION INSTRUMENT

A. JOB DESCRIPTIONS

JOB TITLE	HOURS/ MONTH	MONTHLY SALARY	FRACTION OF TIME SPENT IN					ADMIN. OR MISC.
			PREVENTIVE EDUCATION	OUTREACH COUNSELING	ON-GOING COUNSELING	COMMUNITY EDUCATION	TRAINING	

NOTE: ONE ENTRY PER JOB DESCRIPTION.

B. 1972-1973 STAFFING

JOB TITLE	START DATE WITH PROJECT	END DATE WITH PROJECT	DATE OF BIRTH	SEX	RACE	BACKGROUND TRAINING AND EXPERIENCE	IN-SERVICE TRAINING

NOTE: ONE ENTRY PER STAFF MEMBER SERVING IN 1972-73 YEAR.

STRUCTURED INFORMATION TRANSFER:

YOUTH (PREVENTIVE EDUCATION)	SCHOOL (STAFF TRAINING)	COMMUNITY EDUCATION

NUMBER OF PRESENTATIONS (CLASSES, FILMS, WORKSHOPS)

NUMBER OF HOURS OF PRESENTATIONS

TOTAL AUDIENCE FOR PRESENTATIONS

NUMBER OF PAMPHLETS DISTRIBUTED

NUMBER OF CONSULTATIONS GIVEN TO:

SCHOOLS

LOCAL GOVERNMENT

COMMUNITY ORGANIZATIONS

NUMBER OF NEWSPAPER ARTICLES: LOCAL

REGIONAL OR NATIONAL

OUTREACH COUNSELING (NO CLIENT RECORDS KEPT):

NUMBER OF CRISIS INTERVENTION CONTACTS

NUMBER OF HOTLINE CALLS (INFORMATION OR REFERRAL)

NUMBER OF OTHER CONTACTS (DROP-INS, CAMPUS OUTREACH)

YOUTH	PARENTS

ONGOING COUNSELING:

COUNSELING INTAKE (BY SOURCE AND REASON*)

REFERRALS TO OTHER AGENCIES (BY AGENCY AND REASON)

CASES CLOSED (BY REASON FOR ADMISSION)

TOTAL	BREAK DOWN ON SEPARATE SHEET

NUMBER OF PERSONS WHO RECEIVED INDIVIDUAL COUNSELING

HOURS OF INDIVIDUAL COUNSELING

NUMBER OF SESSIONS HELD

YOUTH	PARENTS

NUMBER OF PERSONS WHO RECEIVED GROUP COUNSELING (OR IN "RAPS")

HOURS OF GROUP COUNSELING

NUMBER OF SESSIONS HELD

AVERAGE GROUP SIZE

YOUTH GROUPS	ADULT GROUPS	YOUTH & ADULT	FAMILY

*FOR EXAMPLE, HOW MANY CRISIS CONTACTS GO INTO ONGOING COUNSELING.

FISCAL INSTRUMENT

EXPENDITURES IN 1972-1973

- STAFF _____
- CONSULTANTS _____
- TRAINING _____
- EVALUATION _____
- OTHER _____
- TRAVEL _____
- SUPPLIES _____
- EQUIPMENT _____

REVENUES IN 1972-1973

- CCCJ GRANT _____
- LOCAL TAXES _____
- DONATIONS _____
- SELF RAISED _____

FACILITIES INSTRUMENT

1. Describe buildings used by project, including number of rooms, use of each room, floor space and general appearance.

2. List office equipment used by project (typewriters, dictaphones, file cabinets, desks, telephones, duplicating machines, etc.) and describe general appearance.

3. List household furnishings used by project (chairs, couches, tables, etc.) and describe general appearance.

4. List special project equipment and supplies (audio-visual equipment, films, tapes, displays, posters, etc.).

APPENDIX O

CLIENT FOLLOW-UP INSTRUMENTS

CLIENT FOLLOW-UP: BACKGROUND INSTRUMENT

PROJECT _____

CLIENT NAME	ID NUMBER	DATE OF BIRTH	SEX	RACE/ ETHNICITY	DATE OF		NUMBER OF CONTACTS	REFERRAL SOURCE
					FIRST CONTACT	LAST CONTACT		

CLIENT FOLLOW-UP: CJS INSTRUMENT

Project: _____

Cut Off Date For Arrests: _____

174

NAME OF CLIENT	ID NUMBER	DATE OF BIRTH	DATE OF FIRST CONTACT	DATE OF LAST CONTACT	ARREST: DATE (Offense) (Disposition)

NOTES: Use date of offense if available (otherwise use date of arrest).

Record multiple offenses.

Use either the Penal Code, Health & Safety Code, or other code number or the following arrest code:

- | | | | |
|------------|--------------------|----------------|------------------|
| 1. THEFT | 3. OPIATE | 5. MARIJUANA | 7. ALCOHOL |
| 2. ASSAULT | 4. DANGEROUS DRUGS | 6. OTHER DRUGS | 8. OTHER ARRESTS |

Police disposition code:

- HANDLED WITHIN POLICE DEPARTMENT
- REFERRED TO PROBATION

CLIENT FOLLOW-UP: SCHOOL INSTRUMENT

PROJECT _____

CLIENT ID	UNEXCUSED ABSENCES			GRADE POINT AVERAGE			SUSPENSIONS		
	SPRING 1972	FALL 1972	SPRING 1973	SPRING 1972	FALL 1972	SPRING 1973	SPRING 1972	FALL 1972	SPRING 1973

END

NOTES: INDICATE SEMESTERS NOT ENROLLED WITH N.E.
 ONE ENTRY FOR EACH SUSPENSION, WITH MULTIPLE ENTRIES SEPARATED BY COMMAS.
 USE THE FOLLOWING SUSPENSION CODE:

- 1. TRUANCY/TARDINESS
- 2. DISOBEDIENCE/INSOLENCE
- 3. PROFANITY/CLASSROOM DISTURBANCES/GAMBLING
- 4. POOR SCHOOL WORK
- 5. FIGHTING
- 6. VANDALISM
- 7. SMOKING
- 8. DRUGS
- 9. ALCOHOL
- X. NOT SPECIFIED, OTHER