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INSTITUTE FOR DRUG ABUSE
EDUCATION ON RESEARCH

THE EASTSIDE SAN JOSE DRUG ABUSE CENTER EVALUATION

REPORT NUMBER ~~ONE~~ 1

JUNE, 1973 to MAY, 1974

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SUMMARY

An evaluation of the Eastside Drug Abuse Center was performed by the John F. Kennedy University Institute for Drug Abuse Education and Research. The evaluation includes studies of client flow, outcome studies, and community impact studies.

Client flow studies displayed client flow and flow frequencies for a four-month period in the program (see Section 2.0). Findings suggest the need for a stronger follow-up and supportive services program for detoxification and residential clients.

Outcome studies were conducted on a sample of former participants using a congruent pre-test/post-test structured interview schedule. Results generally indicated no significant change in former participants with regards to their addiction, criminal justice involvement and productivity. Community impact evaluation consisted of (1) a "potential consumer survey" using patients from the local methadone clinic who resided in East San Jose and East San Jose addict inmates of the Santa Clara County Jail; (2) focused interviews with various hospital personnel who have had contact with the Eastside Drug Abuse Center Detoxification Program; and (3) a cost analyst's report.

The surveys indicated that 62.8% of respondents were not very familiar with the program, while the focused interviews indicated a generally positive attitude concerning program staff competence as seen by hospital personnel.

The cost analyst's report was generally favorable towards the program's accounting system while making specific recommendations for program modifications (see Section 4.2.4).

The stance of the evaluation project was explained (Section 5.2) pointing to areas of concern brought out by the evaluation effort.

ACKNOWLEDGMENTS

The skill and patience of the following people have made this Evaluation possible:

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THE EASTSIDE SAN JOSE DRUG ABUSE CENTER EVALUATION

AN INTERIM PROGRESS REPORT

1.0 OVERVIEW OF EVALUATION EFFORTS

John F. Kennedy University Institute for Drug Abuse Education and Research began its involvement with the Eastside Drug Abuse Center in August 1973. The Institute designed the evaluation conjointly with the administrative personnel of the program so as to develop a system that would be useful to the California Council on Criminal Justice on both the state and county levels, and to the policymakers in the program itself.

Intake forms were designed in September which would serve as a vehicle for accurate record-keeping. The secretary in the program was trained to keep a log of various client/program transactions to facilitate accurate reporting of data.

1.1 Overview of Study

The scope of the study is as follows:

1. A client flow chart with parameters and actual frequency of clients in each category has been derived from an analysis of the intake forms of clients and prospective clients during a four-month period. An analysis of the data on client flow is presented in this report.

2. Outcome Study. A random sample of clients have been selected from the intake forms and have been re-interviewed in the field by a trained interviewer of the Institute for Drug Abuse Education and Research. This outcome study has taken into account the following variables: (a) criminal justice system involvement, (b) employment/education measures of productivity, (c) drug use patterns, and (d) client perception of effectiveness of program. Pre-post comparisons of these interviews have been made and statistically analyzed.

3. A cost-benefit analysis has been conducted, using full budgeting and accounting information in addition to flow parameter frequencies and outcome study results.

4. A target population community-impact study has been conducted on a representative sample of community heroin addicts likely to be served by the program. This sample has been selected from Eastside San Jose residents in the local methadone maintenance facility and County Jail. These potential participants have been surveyed as to knowledge of program, attitudes toward program, and

perceived treatment needs for the target area. This survey has assessed the specific impact that the program has made upon this unique population, as well as the perceived needs that may be voiced by this special community sample. In addition, hospital personnel from the various detoxification centers that had had contact with the program have been surveyed, using a focused interview to assess the degree of impact and level of perceived competence that the program has had upon the professional community.

1.2 HISTORICAL DESCRIPTION OF THE EASTSIDE DRUG ABUSE CENTER

This brief discussion will be limited to those general trends occurring after August 1973, when the Institute began to become more fully involved with the program.

Although the Eastside Drug Abuse Center was awarded a grant by the California Council on Criminal Justice in June of 1973, the program did not receive any monies until October 1973. The start-up of the program was very slow, and it was not until November 1973 that the program was able to receive clients on a regular basis. The first year's history of the Eastside Drug Abuse Center was plagued with many obstacles to normal program growth.

At the onset of its existence, the program was beset by various local pressure groups demanding hiring of long-time friends based on a patronage system. This hiring process occurred before an outside training agency could participate in a national screening/selection procedure.

What occurred was the hiring of an inexperienced and largely incompetent staff. This set of circumstances was reminiscent of the situation that many Office of Economic Opportunity-funded programs found themselves involved with in the mid-60's.

Once the training institute did finally come on the scene, it was too late in many respects for adequate training -- at least of the existing personnel. The staff was very fearful and suspicious of training from outsiders as a threat to their new jobs, and the training institute itself was undergoing a great internal staff upheaval which made the delivery of the training service less than adequate, given the existing staff's need for special attention in numerous program areas.

Just when the newly appointed director of the program was beginning to become more confident in her position, by firing several of the incompetent staff, a new internal community struggle began to manifest when a rival faction began to demand to take over the program.

Needless to say, there was great chaos in the residential treatment center, where the small population began to use drugs in the program under the nose of a naive, inexperienced, and now factionalized staff. The director closed the residential facility down. It is not a unique occurrence that new drug abuse treatment programs encounter drug use on their premises. It is part of the growing pains of most programs. What was unique, however, was that the incident was being used as a weapon by the faction of the community to take control of the program. A confrontation between these two factions ensued, and the opposing faction retreated with the assistance of some knowledgeable community organization strategists. What was left was a battle-scarred program struggling to rise from the ashes of a bitter victory.

1.3 OVERVIEW OF THE EASTSIDE DRUG ABUSE CENTER: CURRENT DEVELOPMENTS

In March 1974, the director began to reorganize the program. New staff had been recruited, and by May 1974, there was a staff turnover of over 60%. These staff members were much more experienced than the previous staff, and a reputable trainer is being recruited to conduct in-program intensive training sessions.

The program also began to accept probation department referrals, a dramatic departure from the notion of volunteerism that only attracted a handful of community addicts to the residential facility.

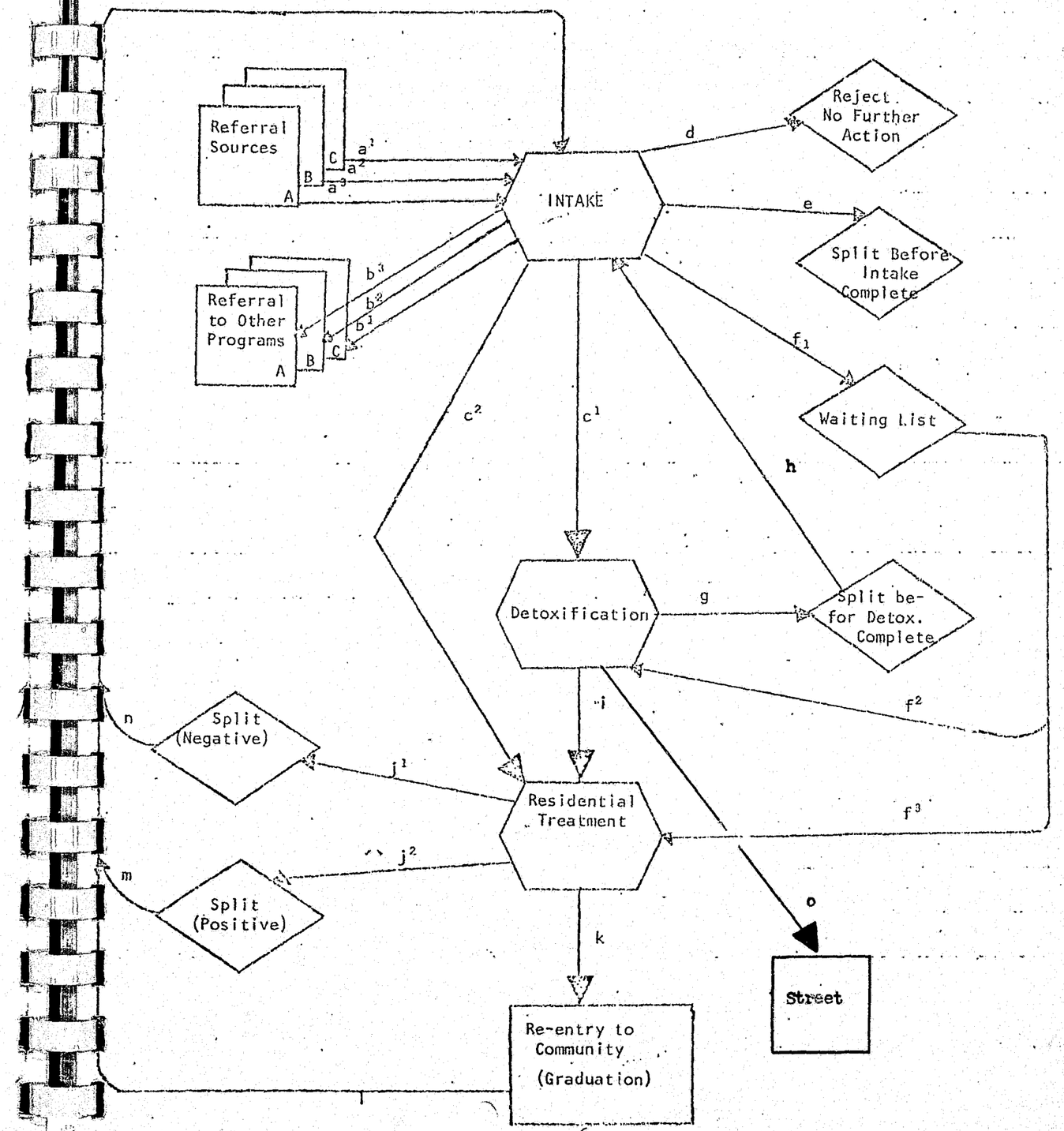
2.0 CLIENT FLOW AT THE EASTSIDE DRUG ABUSE CENTER

On the following page is a draft of a client flow chart for the Eastside Drug Abuse Center.

2.1 Overview of Client Flow Process

A client may come from any of several referral sources in the community (a). He is given an intake form and a decision is made (b) to refer to another program, (c^1) to accept for detoxification, (c^2) to accept for residential treatment, or (d) to reject the client with no further action to be taken. The client has the option of concurring with the above decision or (e) split before the intake process is complete. The client may also be put on a waiting list (f^1) if there aren't any hospital beds available for detoxification or if intake has been frozen at the residential facility. When a hospital bed is available, the client enters detoxification (f^2). Three decision points are encountered here: a client may split before detoxification is complete (g), move into residential treatment (i), or return to the streets with no further treatment (o). (The program has recently made a mandatory weekly group counseling requirement for those in this category.) A person who splits before detoxification is complete, may return to intake status after a thirty-day waiting period (h).

CLIENT FLOW CHART
for
EAST SIDE DRUG ABUSE CENTER



Once in residential treatment, a client may split positively from the program (j^1) or may split negatively from the program (j^2). In either case, the client has the option of returning to intake status (m and n). Once the client has completed the six-month treatment program, he/she re-enters the community at large (k). If the client has difficulty in readjusting to the community, he/she has the option of returning to the program (l).

2.1.1 Flow Parameter Frequencies

The frequencies for each flow parameter were calculated for the four-month period of November 1973 to February 1974. The following table summarizes these frequencies for this period.

FLOW PARAMETER FREQUENCIES FOR
EASTSIDE DRUG ABUSE CENTER
November 1973 to February 1974

Code	Flow Parameter Description	Monthly Frequencies 11-73	12-73	1-74	2-74	Total
a	Referral Source					
a^1	Alum Rock Methadone Clinic	1	0	0	0	1
a^2	Valley Medical Center	0	0	0	2	2
a^3	Other drug programs	0	1	0	2	3
a^4	Friends of Program/Staff	2	2	1	4	9
a^5	Santa Clara Co. Prob.	0	0	0	2	2
a^6	Self/Street	10	6	3	9	28
	Missing values	1	2	0	2	5
b	Referrals Out					
b^1	OIC	2	0	2	0	4
b^2	Social Services Dept	1	0	0	0	1
b^3	Health clinics	2	0	0	0	2
c^1	Intake → Detoxification	14	13	9	8	44
c^2	Intake → Resid. Treatment	0	0	0	7	7
d	Reject:No Further Action	0	3	1	0	4
e	Split before Intake compl.	1	5	8	6	20
f^1	Waiting list	15	13	1	1	30
f^2	Waiting list → Detox.	15	13	1	1	30
f^3	" → Resid. Treatment	0	0	0	0	0
g	Split before detox. compl.	1	1	1	2	5
h	Split detox → Intake	0	0	0	1	1
i	Detox → Residen. Treatment	6	2	0	2	10
j^1	Split negative residence	0	1	4	2	7
j^2	Split positive residence	1	0	2	1	4
k	Residential → Re-entry	0	0	0	0	0
l	Re-entry → intake	0	0	0	0	0
m	Positive split → intake	0	0	1	0	1
n	Negative split → intake	0	1	2	0	3
o	Detox → Street	7	10	8	4	29

2.1.1.2 Discussion

The frequencies that have been summarized were obtained from intake forms and other records held by the program. Some of these records were incomplete, thus accounting for some missing values.

Overall, the month of January had the fewest transactions; those transactions that had occurred in January are in the direction of outflow. This is indicative of the program's crisis point that reached its peak in January 1974 (and which has been described earlier).

It is interesting to observe that in the parameter of referral source, self/street referral and friend of program/staff account for 62 and 20 per cent of the referral source respectively. These two figures combined total 82 per cent, and it may be argued that this may be an indication that the program has grass-roots community support within the target population, based on word-of-mouth.

The total of all client intakes was 51 for this four-month period ($c^1 + c^2$), out of which 20 or 28 per cent split before intake was completed, i.e., before formally admitted to treatment.

The large (n = 30) waiting list is indicative of the waiting list for detoxification beds in the county hospitals.

It is interesting to note that only five clients (9.8 per cent) split before their detox was complete.

No one has gone through the residential program to the point of re-entry. This is no surprise, given the turmoil that the program has been encountering since its inception.

Of those clients who had completed detoxification (n = 46), 17 people, or 37 per cent, went to the residential treatment facility, while 29 people, or 63 per cent, went back into the street. Given this extremely high percentage of returnees to the street, it is strongly recommended that the program consider devoting significant energy to a rationally planned outpatient program. The recent decision of one-time-a-week counseling for detox clients cannot be considered to be a viable outpatient program for 63 per cent of its clients -- even if this counseling is mandatory with the threat of a 90-day suspension over a client's head.

Another alternative is to go into a more systematically planned residential treatment center program, and to detoxify only those clients who formally agree to enter the residential treatment center.

3.0 OUTCOME RESEARCH: INTRODUCTION

At the onset of the evaluation project the principal investigator designed a comprehensive intake form for use by program staff.

A congruent follow-up instrument was also designed. These instruments were developed from previous work in the field, and were tailored to the specific needs of the study.

3.1 Sample Selection

It was initially intended to secure a random sample of thirty former participants. Such a sample was generated from the program files using a table of random numbers for a population of 59. Once in the field, the interviewer was unable to interview half of the potential respondents, thus leaving a sample of fifteen. Due to the strong grass-roots support alluded to earlier, the principal investigator obtained basic information regarding thirteen of the fifteen who were not able to be interviewed. The results of this study will be presented in the latter section of the outcome discussion.

For the purpose of clarity, all outcome statistical tables referred to in the text will appear in Appendix A. Percentages are given for the purpose of convenience only, as the sample is a small one, and does not merit a percentile generalization to the population as a whole.

3.1.1 Demographic Characteristics of Participant Sample

A key concern of social research is the fit between a sample and the population from which a sample is drawn. Table 1 displays the degree of congruence on basic demographic information between the sample (n = 15) and the population (n = 59). The only observable discrepancy is that there were no blacks represented in the sample.

The age group that is most often seen by the program is in the early thirties. The program serves largely a Chicano clientele. The program's community base is reflected in the observation that all of the sample resided in East San Jose.

3.1.2 Table 2 displays participants' marital status. Note the relatively high number of those separated (n = 8).

3.2 Drug Use Patterns

3.2.1 Table 3 displays participants' frequency of drug use before and after program involvement. (For the purpose of simplicity in the rest of this statistical analysis S (subject) shall refer to an individual in the experimental sample.) Fourteen S's used heroin daily before program involvement, nine used heroin daily after program involvement, while two S's used heroin at least once a week. A Fisher's Exact Test revealed a significant change in drug use frequency patterns (.05 level of significance) after program involvement. This change involved a decrease in the frequency of heroin use from daily to at least once a week or none at all. It is to be stressed

that of those four S's who reported no heroin use at all, one is incarcerated and three are involved with various drug programs. This qualifying information tends to wash away any significant change in drug use frequency for the sample group.

3.2.2 Table 4 displays the amount of heroin used before and after program involvement. Excluding those S's who have not used heroin at all, a Fisher's Exact Test shows a significant decrease in amount of heroin used at the .05 level of significance.

3.2.2.1 Table 7 shows the mean, median, and range of cost for the S's heroin habit. The median test was applied in conjunction with the Fisher's Exact Test which showed a significant decrease in the S's cost per heroin habit at the .005 level of significance.

3.2.3 Tables 8-11 display S's age at which first tried drugs, type of drug first tried, years of heroin use, and number prior treatments for drug use. These tables indicate the hard-core nature of the clientele at the Eastside Drug Abuse Center. It is interesting to observe that six out of fifteen cited heroin as their first used drug, and one-half (eight) had prior treatments for drug use.

3.2.4 Client Attempts at Drug Withdrawal (Tables 12-14)

It is interesting to note that five S's withdrew from drugs in order to lower their habit.

3.3 Criminal Justice System Involvement

There was no significant change in legal status of client since program involvement, although it is interesting to note in Table 15 that five additional S's had cases pending (n = 6) or warrants issued (n = 1). Six clients had been arrested since leaving the program (Table 17), and these arrests (Table 18) have been evenly divided between drug related (possession, under the influence, etc.) and non-drug related (burglary, forgery, etc.).

Tables 19 to 22 summarize additional criminal justice variables. It is interesting to observe that the median amount of incarceration for the sample is two years, another indication of the hard-core nature of the program's clientele. Four S's had been incarcerated since leaving the program (Table 22).

There has been no significant change in the amount of illegal income earned by the S's, although there appears to be a minor decrease of illegal income since program involvement. The four not applicable S's include two incarcerated and two in other drug treatment programs.

3.4 Participant Productivity

Looking at Table 24 there appears to be a positive change in in client time utilization since program involvement. Given all the other reported data that suggest no discernable change, it seems that respondents were not as free to answer so accurately to a very direct question involving time utilization. This tendency might be explained by the strong response bias such a direct item may have engendered.

It is interesting to note that in Table 25 the unskilled category of employment usually was limited to seasonal local farm work.

Tables 26 and 27 display the high unemployment patterns of the sample.

3.5 S's Social Relationships (Table 28)

It is important to note that the response bias of self-reported data involving socially desirable traits is present in these data. Given this methodological perspective, both Tables 28 and 29 are presented as an interesting sidelight. Table 30 displays participant's living arrangement since leaving the program.

3.6 Special Characteristics of the Participant Sample

Since ten S's were detoxification clients (66.7 per cent of the sample falling into the "detoxification only" category is representative of the 63 per cent of the total program population who were detoxified at the major treatment modality) it is expected that the median days in the program would be seven (Table 31).

3.6.1 Weeks Since Last Contact With Program (Table 32)

Both the median and the mean represent a relatively short period of time since last program contact. After the interim progress report, it was decided to choose a sample which would be reflective of later program development. The principal investigator was aware that time out of program would be sacrificed, but an attempt to evaluate later program changes was set at a higher priority, given the state of affairs described in the interim progress report.

3.7 Participants' Evaluation of Program (Tables 33 to 37)

Table 33 displays S's reason for leaving program. It is interesting to note that six detoxification S's felt no more need for program services (i.e., their habits had been reduced). S's perception of the effect of the program and staff on helping to stay drug free is interesting. Six responded "somewhat" which may be interpreted as

the detoxification program helped to lower their habits, about which they were positive (Table 36).

The S's perception of program reputation on the streets and in jail was in a negative direction (Table 37).

3.8 Grass-Roots Data

As described in Section 3.1, grass-roots information has been obtained concerning the status of thirteen non-locatable participants in the sample. Table 38 summarizes these data and Table 39 augments these grass-roots data with reported interview data based on seven lifestyle categories. There were no significant differences between the interviewed group and the grass-roots group concerning these seven variables.

It is interesting to note that 70 per cent of the former participants were reinvolved in an addict/criminal justice system lifestyle, 6.7 per cent were on methadone, and 6.7 per cent were living in halfway houses. Eighty-three point three per cent were still involved in the addict/criminal justice/rehabilitation systems. Three people are not using heroin and one of those three was never an addict. Two S's were unable to be tracked.

Of those two S's who were not using heroin one was involved in a church sponsored outpatient program and the other was employed by a local drug abuse program.

3.9 Outcome Research: Discussion

3.9.1 Validity of Self-Report Data

There were no concurrent record checks applied to the self-report information obtained from respondents. Given the starkness of the outcome results, it appears that such record checks would have been superfluous.

The major concern with validity is the degree of veracity on the part of the respondents. To maximize or check for degree of validity the principal investigator did the following:

1. Employed an empathetic interviewer who would be fully trusted by respondents. Cultural and social compatability was of key importance. The interviewer was fully trained and oriented to the outcome procedure.

2. Internal safeguards were built into the outcome instrument especially in the area of heroin use, i.e., amount per day and cost per day. These data were cross-checked with income data, and criminal justice data. Inspection of data showed no systematic inconsistencies.

3. Another qualifitative factor was the trust that had been established between the program and the evaluation agency. This

undercurrent would be quite difficult to measure.

3.9.2 Outcome Research: Further Comments

Given the data reported in this section, the major significant effect that the program has made upon its participants is that of reducing the frequency and amount of heroin consumed per person and hence the cost per day per habit.

There is no way to predict, given the relatively short time period since detoxification, whether this reduced heroin use trend would continue or return to its original state in the forthcoming months.

However, previous research concerning detoxification programs support the hypothesis that this is a time-limited phenomena: that short-term detoxification programs have an extremely high rate of recidivism.*

There had been no significant measurable change in the respondents' criminal justice system involvement. Self-sufficiency and productivity measures also remained unchanged.

The goals and objectives of the Eastside Drug Abuse Center are stated as follows:

1. To eliminate or reduce criminal behavior and lifestyle.

2. To reduce dependent behavior to promote self-sufficiency and productivity.

3. To decrease illegal drug use.

4. To develop increased community awareness of the agency as a viable resource in drug abuse rehabilitation and prevention.

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*See: Gay, G., Matzger, A., Bathurst, W. and Smith, D. Short-term heroin detoxification on an outpatient basis. The International Journal of the Addictions, 1971, 6(2), 241-264.

Hunt, G.H., and Odoroff, M. Followup study of narcotic drug addicts after hospitalization. Public Health Reports, 1962, 77(1), 41-54.

Duvall, H., Locke, B., and Brill, L. Followup study of narcotic drug addicts after hospitalization. Public Health Reports, 1963, 185-193.

Vaillant, G. A twelve-year followup of New York narcotics addicts: I. The relation of treatment to outcome. American Journal of Psychiatry, 1966, 122, 727-737. (a)

Vaillant, G. A twelve-year followup of New York narcotics addicts: IV. Some characteristics and determinants of abstinence. American Journal of Psychiatry, 1966, 123, 573-584. (b)

It is obvious, given the reported data, that the first three program goals and objectives have not been attained by the program in any significant empirically measurable fashion.

We shall address ourselves to the fourth goal and objective in the following section.

4.0 COMMUNITY IMPACT EVALUATION

4.1 Introduction

The community impact evaluation contains three sections: (1) surveys of potential program consumers; (2) focused interviews with hospital personnel related to detoxification; (3) a cost analyst's report on the program.

4.1.1 It was decided to focus on potential program consumers rather than construct a large-scale community survey in order to determine if the program had developed amongst its potential consumers a state of awareness of the agency and its services.

Two samples were drawn for this survey: (1) a random sample of known heroin addicts from the east side of San Jose who were incarcerated in the Santa Clara County Jail (n = 22); (2) a representative sample of patients of the Alum Rock Methadone Clinic who resided in the east side of San Jose (n = 21).

4.1.2 Focused interviews were conducted at the three major hospitals that serve detoxification patients via the Eastside Drug Abuse Center. Four staff members (physicians and nurses) were interviewed for each of the three target hospitals.

4.1.3 A cost analyst with considerable experience in drug program administration and accountability was sub-contracted to perform a cost effectiveness study using accounting data, client flow data, outcome data, and interviews with program staff.

4.2 The "Potential Consumer" Survey

4.2.1 Methods

Liaison had been established with personnel at the Santa Clara County Jail and the Alum Rock Methadone Clinic. A three-page structured survey had been constructed by Kennedy Institute staff which was pre-tested for accuracy and ease of administration.

The jail sample was selected in the following manner: the officers in the jail assigned a trustee to the project who was familiar with inmate-addicts from the east side of San Jose. A list of these men was compiled (n = 44), and a random sample of 23 was generated.

One inmate refused to be interviewed.

The Methadone Clinic sample was selected in the following manner: the interviewer appeared at the clinic in the morning and interviewed those patients who defined themselves as east side residents. Twenty-one subjects were interviewed and there were no reported refusals.

4.2.2 Statistical Findings

4.2.2.1 Sample Characteristics All of the respondents from the County Jail were males (n = 22). In the methadone sample 85.7 per cent (n = 18) were male and 14.3 per cent female (n = 3).

Race was distributed as follows:

	Methadone Sample		Jail Sample		Total	
	N	%	N	%	N	%
Chicano	20	95.2	20	90.9	40	93.0
Black	1	4.8	-	-	1	2.3
White	-	-	2	9.1	2	4.7

Age was distributed as follows:

	Methadone Sample		Jail Sample		Total	
Age in Years	N	%	N	%	N	%
18-29	7	33.3	14	63.6	21	48.8
30-59	14	66.7	8	36.4	22	51.2

Education (highest grade completed) showed the following distribution:

	Methadone Sample	Jail Sample	Total
Highest Grade			
Mean	10.1	10.5	10.3
Median	10	11	10
Range	7-13	7-14	7-14

4.2.2.2 For the purpose of clarity, all community impact statistical tables appear in Appendix B.

Tables 1 and 2 summarize respondents' perceptions of the extent of drug abuse in East San Jose at the time of interview and one year ago. There was no discernable significant difference between these two time periods. Ninety-three per cent of all respondents rate drug abuse from severe to very severe for both time periods.

Tables 3 to 5 summarize the respondents' perception of the three most important solutions to the drug abuse problem. Twenty-five point six per cent of respondents gave more hospitals for detoxification as their first choice. Education/prevention programs (18.6 per cent) were next among first choice solutions followed by more mental hospitals (14.1 per cent), methadone clinics and halfway houses/residential treatment centers (11.6 per cent). It is interesting to observe the basically traditional slant of the respondents proposed solutions to the drug abuse problem.

4.2.2.3 Familiarity with the Eastside Drug Abuse Center

A major factor in community impact is the degree to which people are aware of the program. Forty-one point nine per cent of the surveyed respondents never heard of the program, while 2.8 per cent (41.9 per cent + 20.9 per cent) either just heard the name but did not know many details or did not hear of it at all (Table 6). Familiarity with the residential treatment center was to a lesser degree (Table 7).

4.2.2.4 Perception of Program Services Offered

Respondents were asked to name as many services that the program offered in order of perceived priority. Tables 8 to 13 summarize responses to this open-ended item yielding six perceived priorities. Of those who responded to this item: (46.5 per cent to 58.1 per cent were not familiar with program elements and hence did not respond). The most mentioned services were detoxification and prevention/education (21 times each for all six priorities). In point of fact, the prevention/education work done by the program is very minimal, and cannot be considered a priority. It is significant to note that the residential treatment center was not mentioned at all as a program service.

For those respondents who had any degree of program familiarity at all, 53.5 per cent stated that their major source of information was by word of mouth (see Table 14).

4.2.2.5 Respondents Assessment of Program

Of those respondents with any degree of familiarity with the program, 41.9 per cent rated the program somewhat successful to average. The ratings regarding the residential program were similarly

distributed, given the high rate of no responses due to lack of familiarity (Table 15 to 16).

Thirty-seven point two per cent of respondents gave the program a fairly good to good street and jail reputation (Table 17). Forty-four point two per cent stated that they would go to the program for help (Table 18). When asked about program atmosphere, 32.6 per cent of respondents stated that the program was a good program where addicts can clean up and get real help (Table 19).

In response to an open-ended item on perceived program goals (Table 20-22), 39.5 per cent of respondents stated a general "treating drug addicts," while more specific goals and priorities were mentioned to a lesser degree.

In assessing the impact that the program had had upon the community (Table 23), 34 per cent responded very little to some impact. In assessing the area of community impact, 27.9 per cent mentioned "educated community to drug abuse " (Table 24). Thirty-nine point five per cent of respondents said that they would recommend the program to someone with a drug related problem (Table 25). It is interesting to note that in Table 26, 37.2 per cent of respondents identified themselves as non-political or neutral.

4.2.3 Community Liaison: Working Relationships With Hospital Personnel

Focused interviews were conducted with four staff members at each of the three hospitals to which the program referred detoxification patients. Representative portions of these data are summarized as follows:

> Staff Psychiatrist: "Staff competence seems very good, but they seem to be changing staff all the time."
>
> Staff Psychiatrist: "I think they are doing the best they can under the circumstances, drug addicts are very hard to please. The people I've met from the Eastside seem to be very competent."
>
> Psychiatric Nurse: "Very good, I think they are very competent in the area they cover. They keep their appointments and are always on time."
>
> Staff Psychiatrist: "They vary on competence. Selection could be better on screening people."
>
> Staff Psychiatrist: "From what I have seen they are very sensitive to the needs of their patients."

Nursing Supervisor: "Their competence is marginal."

Staff Psychiatrist: "They had a lot of problems when they first started, I have seen a few new faces. I don't know if they are firing or they are quitting on them. The staff seems to be coming around more."

Nurse: "Some of the staff seem to be really involved and others just don't care. But, overall, they are competent enough."

Nurse: "I think they should get involved more with the patient after they leave the hospital. On the whole, from what I have seen they are competent."

4.2.4 Community Impact: Cost Analyst's Report

This portion of the report relates actual cost per unit of treatment to cost per treatment success.

It must be mentioned at the outset that the age of community programs is an important factor in rating success, and in this consideration, community-based programs are unique in the treatment field. Their success is based more on community trust and support than on treatment technique. This building of trust takes time and thus, traditionally, they take a year or more to show significant success rates.

This report is incomplete because figures on client contacts and counselor hours with those clients are unavailable (see recommendations). As a result, costs for residential treatment, the only firm figures available, are considerably inflated.

The figures below represent the total average monthly cost of the program, from September 1, 1973, through April 30, 1974, including start-up costs.

a.	Total Cost:	$73,917.89
b.	Average Monthly Cost:	9,240.00
c.	Total Residential Client Days:	543.00
d.	Average Residential Client Days per Month:	135.75
e.	Average Daily Population:	4.525
f.	Average Cost per Client Day:	$ 66.07

The capacity of the residential program is seventeen beds. With all beds filled, assuming no cost increases, the average cost per day

would drop to: $18.12 per client day. Subtracting costs for intake for detoxification, one-time counseling and other satellite functions, were the data available, would bring this cost well into federal guidelines of $13.86 per client day.

These costs are established by the following formula:

a. b. c.
Cost per day x median stay = cost of treatment + % of failure by category = cost per success.

The median stay figure, seven days, was picked because almost all clients treated were detoxification cases as opposed to long-term therapeutic community clients (refer to Table 31, Outcome Evaluation Section).

SUCCESS COST TABLES:

Heroin Addiction (Heavy Use Daily)

Before Program	After	Cost of Treatment	% Failure	Cost Per Success
93.3%	60%	$462.49	66.6%	$ 770.51

Heroin Addiction (Once per week, or chipping)

60.0%	73%	$462.49	118.0%	$1,007.81

Reduction of Cost of Addiction (Street Price)

98.57%	58.18%	$462.49	59.0%	$ 735.36

Overall Criminal Justice System Involvement

33.3%	13.3%	$462.49	39.9%	$ 647.02

TOTAL: $3,160.70

Average cost per success (total divided by categories tested) is: $790.17.

OPINION:

Cost analysis shows an average cost per success is four categories of $790.17, a cost well below the average of over $1,500.00 for like organizations in the Bay Area.

Having over five years' experience forming and managing community programs in three California counties, I feel the Eastside Drug Abuse Center is developing on a predictable schedule similar to other community-based programs.

RECOMMENDATIONS:

1. That the program staff be enjoined to maintain records on client contacts and the time spent with each so cost factors may be more accurate.

2. That the program staff be encouraged to increase the client load to capacity to bring down overall costs.

3. That detoxification and residential treatment be modulized in separate locations under separate staff so cost management of these very different modalities may be performed.

4. That the program be allowed time to make these changes and be provided support from their Board and the County in the form of continued funding and management assistance.

5. That monies be allocated for staff training, specifically on the importance of record-keeping and program (read business) management.

OPINION:

The accounting records were excellent. The program accountant should be complimented.

4.2.5 Community Impact: Further Comments

The "potential consumer" survey pointed to a deficiency that the program has had regarding fulfillment of its fourth goal and objective: "To develop increased community awareness of the agency as a viable resource in drug abuse rehabilitation and prevention.

Degree and content of familiarity among the program's target population was quite minimal according to the responses to the survey.

Hospital liaison has been satisfactory, given the reported responses to the focused interviews. The program does have grass-roots support, among portions of the addict subculture, but more effort can be expended to broaden this support.

The cost analyst's report made the following recommendations based upon accounting data, outcome data, client flow data, and interviews with program staff:

1. That the program staff be enjoined to maintain records on client contacts and the time spent with each so cost factors may be

more accurate.

2. That the program staff be encouraged to increase the client load to capacity to bring down overall costs.

3. That detoxification and residential treatment be modulized in separate locations under separate staff so cost management of these very different modalities may be performed.

4. That the program be allowed time to make these changes and be provided support from their Board and the County in the form of continued funding and management assistance.

5. That monies be allocated for staff training, specifically on the importance of record-keeping and program management.

5.0 CONCLUSIONS

5.1 Findings (See end of each section.)

5.2 Evaluation, a Definition

Evaluation has been defined as the development of information relating to treatment programs that is useful for policy decisions.

> "Evaluation (1) assesses the effectiveness of an ongoing program in achieving its objectives, (2) relies on the principles of research design to distinguish a program's effects from those of other faces working in a situation, and (3) aims at program improvement through modification of program operations."*

It is very tempting, but inappropriate for the evaluation agency to make judgments instead of recommendations. Such was the situation in the interim progress report where the principal investigator was forced into an advocacy position early over the issue of refunding. Project termination might have transformed systematic evaluation into an anticlimatic document suitable for the "inactive file."

Policymakers should have data on which to base rational decisions. Hopefully, this effort will now provide these much needed data.

The recommendations that follow are to be phrased as questions to be asked by the various policymakers regarding the Eastside Drug Abuse Center.

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*Wholey, J.S., et al. Federal Evaluation Policy: Analyzing the Effects of Public Programs. The Urban Institute, Washington, D.C., 1970.

5.2.1 Areas Demanding Attention

John F. Kennedy Institute recommends that the following program areas receive the attention of policymakers from the various concerned community, county and state elements:

1. Are the problems facing this program unusual for beginning projects of this type and nature?

2. Can these problems be alleviated and eventually corrected?

3. Does the current detoxification program provide the community with a needed service?

4. Does the current residential treatment program provide the community with a needed service?

5. Can the program be strenghtened to become a viable community resource?

6. Will further staff changes and training bring on more clinical competence?

7. Has the Board of Directors and other concerned elements of the community been exercising their responsibility to assist program growth?

8. What can be done to create a network of supportive services for addicts returning to the community after detoxification?

9. Can the outpatient program be broadened and improved?

10. How can emerging grass-roots support be more effectively used?

The answers to these questions may be furnished by policymakers with the assistance of those with broad expertise in community programs of this nature. Rational decisionmaking is strongly encouraged for all concerned parties. It is to be understood that responses to the stated inquiries should be placed in the light of program maturity at time of study, levels of staff training, degree of success of other programs of this type, and program potential for development.

APPENDIX A: OUTCOME EVALUATION TABLES

APPENDIX B: COMMUNITY IMPACT EVALUATION TABLES

APPENDIX A: OUTCOME EVALUATION TABLES

Table 1: The Sample: A Comparative Description
Population Number =59 Sample Number = 15

Percent	Variable	Percent
	Sex:	
78.4	Male	73.3
21.6	Female	26.7
	Age:	
32.4	Mean	31.3
32	Median	31
21 - 56	Range	21 - 56
	Race:	
79.7	Chicano	86.7
6.8	Black	0
13.5	White	13.3

Table 2: Marital Status

	Number	Percent of Total
Single,never married	3	20.0
Married	1	6.7
Separated	8	53.3
Divorced	1	6.7
Widowed	0	0
Common Law	2	13.3

TABLE 3 - FREQUENCY OF DRUG USE BEFORE AND AFTER PROGRAM INVOLVEMENT
USE PATTERN

DRUG USED	DAILY				AT LEAST ONCE A WEEK				LESS THAN WEEKLY				NOT AT ALL			
	Before		After		Before		After		Before		After		Before		After	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Heroin	14	93.3	9	60.0	-	-	2	13.3	-	-	-	-	1	6.7	4	26.7
Alcohol	3	20.0	3	20.0	-	-	2	13.3	2	13.3	1	6.7	10	66.7	9	60.0
Marijuana	3	20.0	3	20.0	1	6.7	1	6.7	-	-	-	-	11	73.3	11	73.3
Other Opiates	-	-	-	-	-	-	1	6.7	1	6.7	-	-	14	93.3	14	93.3
Barbiturates	-	-	-	-	-	-	1	6.7	1	6.7	-	-	14	93.3	14	93.3
Psychedelics	-	-	-	-	-	-	-	-	-	-	2	13.3	15	100.0	12	86.7
Cocaine	-	-	-	-	-	-	1	6.7	2	13.3	-	-	13	86.7	14	93.3
Methadone (Legal)	-	-	2	13.3	-	-	-	-	-	-	-	-	15	100.0	13	86.7
Amphetamines	-	-	-	-	1	6.7	-	-	-	-	-	-	14	93.3	15	100.0
P.C.P.	-	-	-	-	-	-	-	-	1	6.7	-	-	14	93.3	15	100.0

Table 4: Amount of Heroin Use before and after Program Involvement

Amount Used	Before Number	Before Percent	After Number	After Percent
None at all	1	6.7	4	26.7
1 Spoon per week	-	-	2	13.3
1/2 Spoon per day	-	-	2	13.3
1 Spoon per day	6	40.0	5	33.3
2 Spoons per day	7	46.7	1	6.7
More than 2 Spoons per day	1	6.7	1	6.7

Table 5: Amount of Alcohol Use before and after Program Involvement

Amount Used	Before Number	Before Percent	After Number	After Percent
None at all	11	73.3	9	60.0
1 -2 cans Beer per Day	-	-	2	13.3
4 - 6 cans Beer per Day	3	20.0	1	6.7
4 - 6 cans of Beer plus 1/2 to 1 quart of Wine per day	1	6.7	3	20.0

Table 6: Amount of Marijuana use before and after Program Involvement

Amount Used	Before Number	Before Percent	After Number	After Percent
None at all	11	73.3	11	73.3
1 -2 cigarettes per week	1	6.7	1	6.7
2 - 3 cigarettes per day	3	20.0	3	20.0

Table 7: Cost per day for Heroin Users

	Before	After
Mean	$ 98.57	$ 58.18
Median	$120.00	$ 60.00
Range	$60 - $180	$10 - $140

Table 8: Age at which client first tried Drugs

Mean = 16.8 years

Median = 16 years

Range = 12 years - 27 years

Table 9: Type of Drug that Client first tried

	Number	Percent
Marijuana	9	60
Heroin	6	40

Table 10: Clients Years of Heroin Use

Mean = 9.5 years

Median = 10 years

Range = 2 - 40 years

Table 11: Clients number of Prior Treatment for Drug Use

Number of Treatments	Number	Percent
0	7	46.7
1	5	33.3
2	1	6.7
3	1	6.7
4	1	6.7

Table 12: Number of times client has withdrawn on own

Number of Times	Number	Percent
0	3	20.0
1	1	6.7
2	6	40.0
3	1	6.7
5	1	6.7
10 or more	2	13.3
Not applicable	1	6.7

Table 13: Longest period of time client has been off Drugs

Mean = 22 months

Median = 5 months

Range = 4 days to 96 months

Table 14: Circumstances for Client being off Drugs

Reason	Number	Percent
New environment	1	6.7
Incarcerated	2	13.3
Wanted to Lower Habit	5	33.3
Methadone Maintenance	1	6.7
In a drug Rehabilitation Program	1	6.7
Employed	1	6.7
"Just stopped"	2	13.3
Not applicable	1	6.7

Table 15: Legal Status of Client Before and After Program Involvement

Legal Status	Before Number	Before Percent	After Number	After Percent
Probation	5	33.3	2	13.3
Parole	4	26.7	2	13.3
Case Pending	2	13.3	6	40.0
Warrant issued	-	-	1	6.7
Not applicable	4	26.7	4	26.7

Table 16: Past frequency of Client arrests

Mean Number of arrests = 2.4

Median = 2

Range = 1 - 6

Table 17: Client arrests since leaving Program

Number of Arrests	Number of Clients	Percent
1	6	40.0
Not arrested	9	60.0

Table 18: Type of clients arrest before and after Program Involvement

Type	Before Number	Before Percent	After Number	After Percent
Drug Related	9	60.0	3	20.0
Non Drug Related	6	40.0	3	20.0
Not applicable	-	-	9	60.0

Table 19: Past frequency of client criminal convictions

Mean number of convictions	= 2.2
Median number of convictions	= 2
Range	= 1.5

Table 20: Client Criminal Convictions since leaving Program

Number of Convictions	Number of Clients	Percent
1	4	26.7
Not convicted	11	73.3

Table 21: Frequency of client incarceration Prior to Program Involvement

Mean	= 1.7 years
Median	= 2 years
Range	= 0. - 8 years

Table 22: Number of clients incarcerated since Participation at Program

	Number of Clients	Percent of Total
Incarcerated	4	26.7
Not incarcerated	11	73.3

Table 23: Amount of Participant income from illegal sources Before and After Program Contact

Amount in Dollars Per Day	Before		After	
	Number	Percent	Number	Percent
Under 49	1	6.7	3	20.0
50 - 99	5	33.3	6	40.0
100 - 149	4	26.7	1	6.7
150 - 199	1	6.7	1	6.7
200 or More	1	6.7	-	-
Not applicable	3	20.0	4	26.7

Table 24: Client time utilization before and after Program Involvement

Time utilization Category	Before		After	
	Number	Percent	Number	Percent
Full time employment	-	-	4	26.7
Seeking employment	-	-	3	20.0
Taking care of Home and Family	-	-	1	6.7
Hustling on Streets	8	53.3	1	6.7
Staying at home/using Drugs	7	46.7	-	-
Institutionalized	-	-	5	33.3

Table 25: Type of job in which client has worked

Category	Number	Percent
Never worked	1	6.7
Unskilled	9	60.0
Skilled	3	20.0
Clerical	2	13.3

Table 26: Months out of work before Program Involvement

	Number	Percent
One month or under	6	40.0
Two months	1	6.7
Six months	1	6.7
Seven months	1	6.7
Nine - Twelve months	3	20.0
Eighteen - Thirty six months	2	13.3
Over three years	1	6.7

Table 27: Weeks out of work after Program Involvement

	Number	Percent
Full time employment	4	26.7
16 weeks	1	6.7
20 - 25 weeks	4	26.7
36 weeks	1	6.7
52 weeks	1	6.7
Non applicable	4	26.7

Table 28: Quality of Social Relationships since Leaving Program as Perceived by Respondent

Response Category	SOCIAL TYPE											
	Parents		Spouse		Children		Brothers/Sisters		Employers		People in General	
	N	%	N	%	%	%	N	%	N	%	N	%
Very well, No problems	4	26.7	5	33.3	10	66.7	5	33.3	1	6.7	7	46.7
Fairly well	5	33.3	2	13.3	2	13.3	5	33.3	2	13.3	7	46.7
Not so well	1	6.7	2	13.3	-	-	-	-	-	-	1	6.7
Pretty badly, Serious problems	-	-	3	20.0	-	-	-	-	-	-	-	-
No contact	2	13.3	-	-	1	6.7	3	20.0	1	6.7	-	-
Don't know/not applicable	3	20.0	3	20.0	2	13.3	2	13.3	11	73.3	-	-

Table 29: Quality of Relationships with Probation/Parole Officers since leaving Program as perceived by respondent

Response Category	Probation		Parole	
	Number	Percent	Number	Percent
Very well, no problems	1	6.7	1	6.7
Fairly well	1	6.7	4	26.6
Not so well	-	-	1	6.7
Pretty badly, Serious Problems	-	-	-	-
No contact	-	-	-	-
Don't know/Non applicable	13	86.6	9	60.0

Table 30: Living arrangments for participants since leaving Program

	Number	Percent
Living alone	2	13.3
Wife/Husband	3	20.0
Friends	1	6.7
Parents	2	13.3
Boy friend/Girl friend	1	6.7
Jail	4	26.7
Halfway House	2	13.3

Table 31: Length of Stay in Program

$\overline{X}$ days = 26

Median days = 7

Range = 1 - 160 days

Table 32: Number of weeks since last contact with Program

$\overline{X}$ = 5.5 weeks

Median = 9 weeks

Range = 1 - 12 weeks

Table 33: Reason for leaving Program

	Number	Percent
No more felt need for services	6	40.0
Left against advice of program	5	33.3
Asked to leave by program	2	13.3
Arrested	1	6.7
Employed	1	6.7

Table 34: Did Staff Help You Stay Drug Free?

	Number	Percent
Very much	5	33.3
Somewhat	6	40.0
Very little	1	6.7
Not at all	3	20.00

Table 35: Did Program Help You Stay Drug Free?

	Number	Percent
Very much	4	26.7
Somewhat	6	40.0
Very little	2	13.3
Not at all	3	20.0

Table 36: Clients Perception of Program

	Number	Percent
Generally positive	6	40.0
Generally negative	2	13.3
Lack of organization/ No support for clients	2	13.3
No response	5	33.3

Table 37: Program Reputation on Street and in Jail as Perceived by Respondent

	Number	Percent
Very good	0	0
Fair	7	46.7
Bad	6	40.0
Neutral	1	6.7
Don't know	1	6.7

Table 38: Information derived from grassroots sources regarding the 15 non-locatable participants in the sample

Follow-up Status	Number	Percent
Incarcerated	3	20.0
Warrant Issued	3	20.0
Reinvolved in addict life style	4	26.7
On Methadone and employed full time	1	6.7
Employed full time and not using Heroin	2	13.3
No available information	2	13.3

Table 39: Summary information regarding follow up status derived from interview data and grass roots sources

Follow-up Status	Number	Percent
A. Incarcerated	7	23.3
B. Warrant issued	4	13.3
C. Reinvolved in addict life style	10	33.3
D. On Methadone	2	6.7
E. In Halfway House	2	6.7
F. Employed full time and not using Heroin	2	6.7
G. Not using heroin and seeking employment	1	3.3
No available information	2	6.7

APPENDIX B: COMMUNITY IMPACT EVALUATION TABLES

Table 1: Respondents Perception of the Extent of Drug Abuse in East San Jose

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Very severe	15	71.4	12	54.5	27	62.8
Severe	5	23.8	8	36.4	13	30.2
Moderate	1	4.8	2	9.1	3	7.0
Light	0	0	0	0	0	0
Not a problem	0	0	0	0	0	0
N.R.	0	0	0	0	0	0
Mean =	4.6		4.5		4.6	

Table 2: Respondents Perception of the Extent of Drug Abuse in East San Jose one year ago

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Very severe	14	66.7	14	63.6	28	65.1
Severe	6	28.6	6	27.3	12	27.9
Moderate	1	4.7	2	9.1	3	7.0
Light	0	0	0	0	0	0
Not a problem	0	0	0	0	0	0
N.R.	0	0	0	0	0	0
Mean =	4.6		4.5		4.6	

Table 3: Respondents Perception of the Most Important Solution to Drug Abuse Problem

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
More hospitals for detoxification	4	18.2	7	31.8	11	25.6
More Education/Prevention programs	6	28.6	2	9.1	8	18.6
More methadone clinics	5	23.8	-	-	5	11.6
Change in society	-	-	-	-	-	-
More crisis/counseling centers	1	4.8	3	13.6	4	9.3
More halfway houses and resi-ential centers	-	-	5	22.7	5	11.6
Help addicts take control of their lives	1	4.8	1	4.5	2	4.6
Stricter laws and more prisons	-	-	-	-	-	-
More mental hospitals for addicts	4	18.2	2	9.1	6	14.1
Legalize heroin/other drugs	-	-	1	4.5	1	2.3
More jobs	-	-	1	4.5	1	2.3

Table 4: Respondents perception of the 2nd most Important Solution to Drug Abuse Problem

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
More hospitals for detoxification	2	9.5	3	13.6	5	11.6
More Education/Prevention programs	6	28.6	3	13.6	9	20.9
More methadone clinics	3	14.3	3	13.6	6	14.0
Change in society	-	-	-	-	-	-
More crisis/counseling centers	3	14.3	-	-	3	7.0
More halfway houses and residential centers	2	9.5	6	27.2	8	18.6
Help addicts take control of their lives	2	9.5	4	18.2	6	14.0
Stricter laws and more prisons	-	-	-	-	-	-
More mental hospitals for addicts	2	9.5	2	9.1	4	9.3
Legalize heroin/other drugs	1	4.8	-	-	1	2.3
More jobs	-	-	1	4.5	1	2.3

Table 5: Respondents Perception of the 3rd most Important Solution to Drug Abuse Problem

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
More hospitals for detoxification	2	9.5	1	4.5	3	7.0
More Education/Prevention programs	4	18.2	4	18.2	8	18.6
More methadone clinics	3	14.3	3	13.6	6	14.0
Change in society	-	-	1	4.5	1	2.3
More crisis/counseling centers	2	9.5	3	13.6	5	11.6
More halfway houses and residential centers	3	14.3	2	9.1	5	11.6
Help addicts take control of their lives	4	18.2	4	18.2	8	18.6
Stricter laws and more prisons	-	-	-	-	-	-
More mental hospitals for addicts	2	9.5	2	9.1	4	9.3
Legalize heroin/other drugs	1	4.8	-	-	1	2.3
More jobs	-	-	2	9.1	2	4.6

Table 6: Degree of Familiarity with East Side Drug Abuse Program in San Jose

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Never heard of it	9	42.9	9	40.9	18	41.9
Heard of it but don't know many details	3	14.3	6	27.3	9	20.9
Know something about it	4	18.2	2	9.1	6	14.0
Know quite a bit about it	3	14.3	-	-	3	7.0
Very familiar with it	1	4.8	5	22.7	6	14.0
N. R.	1	4.8	-	-	1	2.2

Table 7: Respondents Degree of Familiarity with the Residential Treatment Center

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Never heard of it	10	47.6	15	68.2	25	58.1
Heard of it but don't know many details	6	28.6	2	9.1	8	18.6
Know something about it	2	9.5	4	18.2	6	14.0
Know quite a bit about it	-	-	-	-	-	-
Very familiar with it	2	9.5	1	4.5	3	7.0
N.R.	1	4.8	-	-	1	2.3

Table 8: Respondents Perception of the 1st Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	3	14.3	3	13.6	6	14.0
General counseling	-	-	2	9.1	2	4.6
Pregnancy/VD counseling	-	-	-	-	-	-
Detoxification	5	23.8	8	36.4	13	30.1
Legal counseling	-	-	-	-	-	-
Information and referral	1	4.8	-	-	1	2.3
Group therapy	-	-	-	-	-	-
Hot-line/crisis line	-	-	-	-	-	-
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable	12	57.1	9	40.9	21	49.0

Table 9: Respondents Perception of the 2nd Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	3	14.3	4	18.2	7	16.3
General counseling	5	23.8	5	22.7	10	23.3
Pregnancy/VD counseling	-	-	-	-	-	-
Detoxification	1	4.8	2	9.1	3	7.0
Legal counseling	-	-	1	4.5	1	2.3
Information and referral	1	4.8	1	4.5	2	4.6
Group therapy	-	-	-	-	-	-
Hot-line/crisis line	-	-	-	-	-	-
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	11	52.4	9	40.9	20	46.5

Table 10: Respondents Perception of the 3rd Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	3	14.3	5	22.7	8	18.6
General counseling	1	4.8	3	13.6	4	9.3
Pregnancy/VD counseling	-	-	-	-	-	-
Detoxification	2	9.5	1	4.5	3	7.0
Legal counseling	2	9.5	3	13.6	5	11.6
Information and referral	2	9.5	1	4.5	3	7.0
Group therapy	-	-	1	4.5	1	2.3
Hot-line/crisis line	-	-	-	-	-	-
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	11	52.4	10	45.5	21	48.8

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Table 11: Respondents Perception of the 4th Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	-	-	-	-	-	-
General counseling	1	4.8	4	18.2	5	11.6
Pregnancy/VD counseling	-	-	-	-	-	-
Detoxification	-	-	-	-	-	-
Legal counseling	1	4.8	-	-	1	2.3
Information and referral	4	18.2	4	18.2	8	18.6
Group therapy	4	18.2	4	18.2	8	18.6
Hot-line/crisis line	-	-	-	-	-	-
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	11	52.4	10	45.5	21	49.0

Table 13: Respondents Perception of the 6th Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	-	-	1	4.5	1	2.3
General counseling	1	4.8	-	-	1	2.3
Pregnancy/VD counseling	4	18.2	2	9.1	6	14.0
Detoxification	-	-	-	-	-	-
Legal counseling	1	4.8	1	4.5	2	4.6
Information and referral	-	-	1	4.5	1	2.3
Group therapy	1	4.8	2	9.1	3	7.0
Hot-line/crisis line	2	9.5	2	9.1	4	9.3
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	12	27.9	13	30.2	25	58.1

Table 12: Respondents Perception of the 5th Major Service Offered by the Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Drug counseling	-	-	-	-	-	-
General counseling	1	4.8	-	-	1	2.3
Pregnancy/VD counseling	-	-	-	-	-	-
Detoxification	-	-	1	4.5	1	2.3
Legal counseling	3	14.3	4	18.2	7	16.3
Information and referral	-	-	4	18.2	4	9.3
Group therapy	5	23.8	2	9.1	7	16.3
Hot-line/crisis line	1	4.8	1	4.5	2	4.6
Crash housing	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	11	52.4	10	45.5	21	49.0

Table 14: Respondents Major Source of Information about Program

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Newspaper	-	-	-	-	-	-
Radio/TV	-	-	-	-	-	-
Leaflets/posters	-	-	-	-	-	-
Word of mouth	11	52.4	12	54.5	23	53.5
Been a client	-	-	1	2.3	1	2.3
Know a client	1	4.8	-	-	1	2.3
Know staff	-	-	-	-	-	-
Heard presentation by staff	-	-	-	-	-	-
Friends	-	-	-	-	-	-
Parole Officer	-	-	-	-	-	-
Not applicable, no response	9	42.9	9	40.9	18	41.9

Table 15: Respondents Assessment of Program Success

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Not very successful	-	-	-	-	-	-
Somewhat successful	6	28.6	1	4.5	7	16.3
Average	5	23.8	6	27.3	11	25.6
Successful	1	4.8	1	4.5	1	2.3
Very successful	-	-	2	9.1	2	4.6
Do not know, no response	9	42.9	12	54.5	21	48.8

Table 16: Respondents Assessment of Residential Program success

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Not very successful	1	4.8	-	-	1	2.3
Somewhat successful	5	23.8	1	4.5	6	14.0
Average	4	18.2	3	13.6	7	16.3
Successful	-	-	7	9.1	2	4.6
Very successful	-	-	1	4.5	1	2.3
Not applicable, no response	11	52.4	15	68.2	26	60.5

Table 17: Respondents Assessment of Program's Street and Jail Reputation

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Very good	5	23.8	7	31.8	12	27.9
Fairly good/with qualifications	4	18.2	-	-	4	9.3
Bad	3	14.3	1	4.5	4	9.3
Neutral	-	-	-	-	-	-
Not applicable, no response	9	42.9	14	63.6	23	53.5

Table 18: Would Respondent go to the East Side Drug Abuse Center for Help?

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Yes	9	42.9	10	45.5	19	44.2
No	1	4.8	1	4.5	2	4.6
Not applicable, no response	11	52.3	11	50	22	51.2

Table 19: Respondents Perception of Program Atmosphere

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Very strict (heavy rules)	1	4.8	1	4.5	2	4.6
Somewhat strict	6	28.6	-	-	6	14.0
A good program where addicts can clean up and get real help	5	23.8	9	40.9	14	32.6
A place to lay up (drugs are available)	-	-	-	-	-	-
No response	9	42.8	12	54.5	21	48.8

Table 20: Respondents Perception of Program Goals: Choice One

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Treating drug addicts	8	38.1	9	40.9	17	39.5
Reducing crime	2	9.5	2	9.1	4	9.3
Helping youth	-	-	-	-	-	-
Legal services	-	-	-	-	-	-
Helping clients gain control of their own lives	-	-	-	-	-	-
Provide services not available elsewhere	-	-	-	-	-	-
Reducing drug abuse	-	-	2	9.1	2	4.6
Saving money	-	-	-	-	-	-
Hot-line services	-	-	-	-	-	-
Treat general health problems	-	-	-	-	-	-
Drug abuse education	-	-	-	-	-	-
Political-social change	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	11	52.4	9	40.9	20	46.5

Table 21: Respondents Perception of Program Goals: Choice Two

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Treating drug addicts	-	-	2	9.1	2	4.6
Reducing crime	1	4.8	3	13.6	4	9.3
Helping youth	1	4.8	-	-	1	2.3
Legal services	2	9.5	-	-	2	4.6
Helping clients gain control of their own lives	2	9.5	3	13.6	5	11.6
Provide services not available elsewhere	-	-	-	-	-	-
Reducing drug abuse	4	18.2	3	13.6	7	16.3
Saving money	-	-	-	-	-	-
Hot-line services	-	-	-	-	-	-
Treat general health problems	-	-	-	-	-	-
Drug abuse education	2	9.5	-	-	2	4.6
Political-social change	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	9	42.9	11	50	20	46.5

Table 22: Respondents Perception of Program Goals: Choice 3

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Treating drug addicts	1	4.8	-	-	1	2.3
Reducing crime	-	-	2	9.1	2	4.6
Helping youth	-	-	-	-	1	-
Legal services	-	-	-	-	-	-
Helping clients gain control of their own lives	3	14.3	4	18.2	7	16.3
Provide services not available elsewhere	-	-	-	-	-	-
Reducing drug abuse	2	9.5	2	9.1	4	9.3
Saving money	-	-	-	-	-	-
Hot-line services	-	-	-	-	-	-
Treat general health problems	1	4.8	3	13.6	4	9.3
Drug abuse education	5	23.8	2	9.1	7	16.3
Political-social change	-	-	-	-	-	-
Other	-	-	-	-	-	-
Not applicable, no response	9	42.9	9	40.9	18	41.9

Table 23: Respondents Assessment of Impact the Program has had on the Community

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
None	-	-	-	-	-	-
Very little	3	14.3	2	9.1	5	11.6
Some	6	28.6	4	18.2	10	23.3
Quite a bit	2	9.5	2	9.1	4	9.3
Major	1	4.8	2	9.1	3	7.0
Don't know	-	-	3	13.6	3	7.0
Not applicable, no response	9	42.9	9	40.9	18	41.9

Table 24: Area of Major Community Impact

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Reduced drug abuse	2	9.5	5	22.7	7	16.3
Educated community to drug abuse	8	38.1	4	18.2	12	27.9
Political education	-	-	-	-	-	-
Reducing crime	1	4.8	-	-	1	2.3
None	-	-	1	4.5	1	2.3
Don't know	1	4.8	3	13.6	4	9.3
Not applicable, no response	9	42.9	9	40.9	18	41.9

Table 25: Would Respondent Recommend Program to Someone with a drug related Problem?

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Yes	7	33.3	10	45.5	17	39.5
No	-	-	-	-	-	-
Not sure	5	23.8	3	13.6	8	18.6
Don't know	-	-	-	-	-	-
Not applicable, no response	9	42.9	9	40.9	18	41.9

Table 26: Respondents Political Identification

	Methadone		Jail		Total	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Very conservative	-	-	-	-	-	-
Conservative	-	-	-	-	-	-
Moderate	-	-	1	4.5	1	2.3
Non-political/neutral	9	42.9	7	31.8	16	37.2
Liberal	-	-	-	-	-	-
Radical	3	14.3	3	13.6	6	14.0
Very radical	-	-	-	-	-	-
Don't know	-	-	2	9.1	2	4.6
Not applicable, no response	9	42.9	9	40.9	18	41.9

END