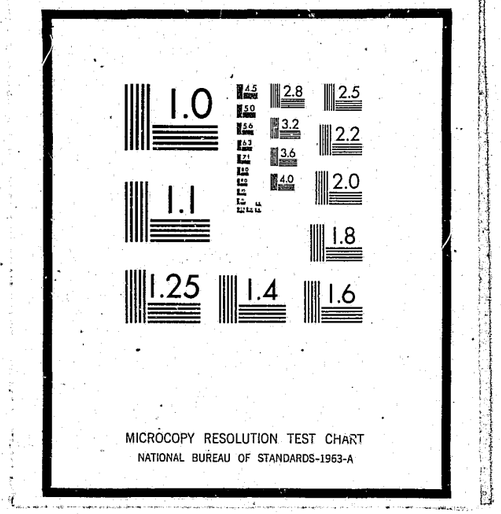

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FINAL REPORT

CLUSTER EVALUATION OF NARCOTICS COORDINATION PROJECTS INCLUDING COUNTY-WIDE COMPREHENSIVE NARCOTICS PROJECTS - FINAL REPORT

June 1974

Submitted to:

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Sacramento, California 95823

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FOREWORD

This document is the Final Report for the Cluster Evaluation of Narcotics Coordination Projects Including County-Wide Comprehensive Narcotics Projects, CCCJ Project No. 1688. The study was performed by JRB Associates, Inc., under a six-month contract to the Criminal Justice Agency of Contra Costa County, through a grant awarded by the Office of Criminal Justice Planning (formerly California Council on Criminal Justice).

The Principal Investigator for this study was Ronald E. DiZinno. Field data collection and data analysis were performed by Ms. Susan Pogash and Ms. Meredith Standish. The above individuals were assisted in analysis and final report preparation by Dr. John D. Caldwell.

The Project Manager was Ms. Francine Berkowitz, State of California, Office of Criminal Justice Planning.

The Coordinators of the three county Narcotics Projects studied were Richard Bailey, Alameda County; George Russell, Contra Costa County; and Robert Garner, Santa Clara County.

SECTION I

INTRODUCTION

1.1 BACKGROUND

The Cluster Evaluation of Narcotics Coordination Projects studied projects in Alameda, Contra Costa, and Santa Clara Counties. All three projects had been funded by the Office of Criminal Justice Planning (OCJP) to improve coordination of drug abuse projects county-wide. At the time the study was initiated, each project was in its third year of operation.

This evaluation is one of seven cluster evaluations funded by OCJP. The overall objectives of the cluster evaluations are: (1) to examine the impact of similar projects in specific functional categories upon the reduction of crime and improvement of the criminal justice system, and (2) to assess the quality of the evaluation components of each project in the cluster. The evaluation strategy envisioned by OCJP for each cluster was structured to measure achievement of impact-oriented objectives.* This strategy would have required that coordination of drug abuse projects be evaluated in terms of success in reducing drug abuse, or in diverting drug offenders from the criminal justice system. Even if baseline data were available from which to compute a "reduction in drug abuse" or "a diversion of abusers from the criminal justice system," such changes could not be attributed directly to activities performed by a Coordinator. The cluster evaluation strategy also required examination of the evaluation mechanism internal to each project. This approach was seen as particularly appropriate to narcotics coordination project evaluation, since it explicitly addresses the evaluation objective of each project, and implicitly addresses the other coordination objectives of each project.**

*Impact-oriented objectives describe the end result of project activities on crime reduction and improvement of the criminal justice system.

**Coordination objectives for each County are presented in Section 2.3.

In summary, evaluation of the coordination function related to the achievement of impact-oriented objectives was determined to be an unrealistic approach to this study. Evaluation of the coordination function related to the effectiveness of each project's internal evaluative mechanism was determined to be a valid approach which would yield useful results to the individual counties and to OCJP.

In view of these factors, a methodology was designed to allow detailed assessment of drug abuse coordination in each County, and to facilitate comparison between the three counties.

Section II describes the evaluation methodology used for the study. The methodology development is explained briefly, and the two major study tasks, Definition of the Coordination Process and Degree of Objective Achievement, are described fully.

Sections III, IV, and V contain the study results for Alameda, Contra Costa, and Santa Clara Counties, respectively. Each Section is in the same format, and the Sections are independent of one another. For each County, the background of the coordination program is described. Task One subjective interview data then are presented and analyzed to describe the role of the drug abuse Coordinator, and coordination problems and needs. The Task One results then are presented in summary form. The Task Two presentation addresses the extent to which the County achieved the coordination objectives. The availability and utilization of the information necessary to achieve the objectives are discussed and major problem areas are summarized. Problem areas identified in Task One and Task Two are addressed by recommendations to the County for improved drug abuse coordination. Recommendations are made relative to the role of the Coordinator, and to ways in which coordination objectives may be better achieved.

Section VI contains the study recommendations to OCJP for planning future coordination projects. The three Counties' projects are compared and relevant differences and similarities are discussed. A model for coordination is developed conceptually and suggested implementation approaches are discussed.

As mentioned above, each County is presented in a separate and independent section. The reader who is interested in only one particular County may wish to read only Section II, the Section concerning the particular County, and Section VI.

SECTION II

EVALUATION METHODOLOGY

SECTION II

EVALUATION METHODOLOGY

2.1 BACKGROUND AND OVERVIEW OF EVALUATION STRATEGY

During initial visits to each county, an attempt was made to gain an overview of the role of the Coordinator and of the effect of his activities upon the county's drug program. Four basic questions were posed to those interviewed:

(1) Is coordination important to the success of the drug program?
(2) Who is responsible for coordination?
(3) Who actually coordinates?
(4) What activities comprise the coordination function?

The answers given in response to the first question indicated that the concept of coordination as a necessary function is accepted in each county. The answers to the rest of the questions given by respondents in Alameda and Contra Costa Counties, however, indicated that the coordination process is not well-defined in those counties. For example, the answers given in response to the second and third questions by respondents in Alameda and Contra Costa Counties indicated that coordination is perceived to be a responsibility shared by several agencies and/or individuals. Therefore, the lines of authority and responsibilities for coordination are difficult to identify in these two counties.

The fourth question elicited a variety of responses regarding the nature of the coordination function in each county. The responses tended to reflect the topical interests of individual respondents. For example, the Director of an action-oriented component said coordination should provide an information resource for community drug projects and should assist projects in preparing grant applications to secure additional funding. A county financial analyst said coordination should produce information useful for budgetary

decisions. In contrast to the normative or hoped-for uses of the coordination process, a Coordinator indicated that his activities to date were directed toward resolving day-to-day administrative crises. In summary, while respondents in each county agreed upon the need for coordination, they held differing opinions on the existing coordination process and on the desirable coordination activities.

These findings became the basis for an evaluation strategy which could address the role definition problem constructively. Clear definition of the coordination process and explicit delineations of a coordinator's authority and responsibility, are realized to be key to the evaluation effort:

> A program's success in achieving its objectives must address the process by which those objectives were or can be achieved.

Therefore, the strategy was designed to address evaluation of success in achieving program objectives in the context of organizational and operational characteristics of the coordination structure. The strategy was comprised of two major tasks, which were undertaken concurrently. The tasks are:

- To define the existing coordination process in each county, including the activities, responsibility, and authority associated with the role of coordination; and
- To determine the degree to which the existing coordination system has achieved, or has the potential to achieve the coordination objectives, which are defined as specifying a planning and evaluation system.

The following subsections discuss the two major tasks, and the approach used to accomplish each task.

2.2 TASK ONE -- DEFINITION OF THE COORDINATION PROCESS

The methodology selected for this Task utilized qualitative data, which were obtained primarily through interviews with coordinators, directors of

action-oriented components, personnel from criminal justice and mental health agencies who interact with the Coordinator and/or the components, and other individuals, in each county, who have involvement with the county drug abuse program. The interviews consisted of a series of questions administered by the evaluators. The questions were designed to yield information about the planning, implementation, and current status of drug abuse coordination in each county. Interviews were supplemented through observations of drug abuse program-related meetings. Information collected from interviews and observations were augmented by materials, collected by the evaluators, which are relevant to the research effort.

2.2.1 DATA SOURCES

Data for this Task was derived primarily from persons who are responsible for coordination, or who interact regularly with the Coordinator. These individuals were:

- County Drug Coordinator and his Staff;
- Action-Oriented Component Directors;
- Mental Health Officials;
- County Administrator's Staff;
- Related Agency Personnel (i.e., Probation Officers, Prosecutors, and Judges); and
- Members of Citizen Interest Groups.

Interviews were supplemented by staff observation of the process and content of drug abuse program-related meetings, such as meetings of:

- Technical Advisory Committee (TAC) to the Mental Health Advisory Board;
- Mental Health Advisory Board;
- Treatment Alternatives to Street Crimes (TASC) Advisory Committee; and
- Other Drug Abuse Coordinating Bodies.

In addition, documents were collected and reviewed, particularly those reflecting or impacting on coordination, such as:

- Reports prepared by the Coordinator, including Quarterly Statistical Summaries;
- Newsletters;
- Drug Resource Directories;
- Coordinator's written job description;
- Grant Applications submitted by Coordinator;
- 714 Plan for Drug Programs;
- Reporting forms used by components;
- Self-evaluation forms used by components;
- Memoranda from Coordinator to components (for example, relating to evaluations reporting requirements); and
- Minutes of current and past meetings of Technical Advisory Committee and other drug-related groups.

Statistical information relevant to the needs addressed by the drug abuse program in each county was utilized. Sources for statistical data were:

- U.S. Bureau of the Census; and
- State of California, Bureau of Criminal Statistics.

Each of the three county drug projects included components that have been or are currently the subject of other evaluation efforts. No previous efforts, however, have been made to interface the results of these other evaluations. Therefore, the decision was made to use the findings of previous evaluations as input to this study. In addition to reviewing the evaluation documents, staff members interviewed as many of the other evaluators as was possible.

All sources used for the study are cited in Appendix A, Data Sources: Interviews and Bibliographies.

2.2.2 DATA COLLECTION PROCEDURES

Data were collected from most sources through data collection instruments (DCIs) developed specifically for this research. DCIs were designed in a modular format to facilitate structuring of interviews based on the

position of the interviewee in the county drug program hierarchy and his related knowledge of its operation. The DCI modules are reproduced in Appendix B, and are listed below:

MODULE	ADMINISTERED TO
1. Personal Data	All persons interviewed
2. Coordinator	Coordinators
3. Component Director	Directors of Drug Components
4. Mental Health Official	County Mental Health Staff
5. Evaluator	Persons who have completed evaluations of drug programs in same counties
6. Coordination-Specific	All persons interviewed except the Coordinator, including those in modules No. 2 through 4, as well as Criminal Justice Planning Agency personnel; Technical Advisory Committee members; County Administrator staff

Two other modules were designed as checklists to be used in observing meetings:

7. Meeting/Process
8. Meeting/Content

Questions in the modules were constructed and arranged to elicit the greatest amount of information in the most objective manner possible. The respondent first was asked to present his definition of "coordination" for a county drug program. He then was asked to name the person he regards as Coordinator, and to list all other persons or bodies who do coordinate. He also was asked to discuss areas in which he felt county-wide coordination of drug abuse projects might be improved, and to offer specific suggestions for such improvement.

Key questions were posed to all persons involved in the operation and administration of county drug components about the persons to whom they report, the information they submit, the persons with whom they consult on specific questions (i.e., budgeting or programmatic), and the chain-of-authority

for the entire county drug program as they see it. Component Project Directors were asked about types of assistance they have requested and have received from the Coordinator, as well as about problems they may have experienced.

The interviews attempted to elicit information to describe factors in each county which impact on coordination. These factors are crime-specific, drug-specific, political, social, and economic. Each respondent was asked about the effect of these factors on the development of the drug program in the county, and on its direction in the future. Concurrently, statistical data were obtained from the U.S. Bureau of the Census and from the Bureau of Criminal Statistics to develop demographic and crime profiles for each county.

Substantive indicators of coordination also were examined. These indicators include evaluations initiated by the Coordinator and memoranda which document technical assistance provided to components in data collection, self-evaluation, or reporting.

* * *

The results of the Task One data collection effort for Alameda, Contra Costa, and Santa Clara Counties are included in Sections III, IV, and V, respectively. Responses to questions in the DCIs are presented in two information groupings by type of respondent. The information groupings are (1) the role of the Coordinator, and (2) coordination problems and needs.

Section VI uses the results of Task One to recommend planning procedures for use by OCJP in structuring future coordination efforts. The findings for the three counties are compared, common problems and needs are identified, and guidelines based upon the results are presented.

2.3 TASK TWO -- DETERMINE THE DEGREE TO WHICH THE EXISTING COORDINATION SYSTEM HAS ACHIEVED, OR HAS THE POTENTIAL TO ACHIEVE THE COORDINATION OBJECTIVES

Task One data sources also provided the information necessary to accomplish the second task of assessing achievement of individual county coordination objectives.

Each county's coordination objectives were summarized in the 21-Day Report* and are restated below:

- Alameda County
  - To conduct program planning and evaluation;
  - To establish communications network and agency linkages;
  - To conduct resource mobilization; and
  - To provide technical assistance.

- Contra Costa County
  - To conduct program planning and evaluation;
  - To establish program linkages; and
  - To establish a central information resource center.

- Santa Clara County
  - To develop evaluation and research guidelines and procedures;
  - To establish goals, objectives, and priorities for county-wide drug abuse control program;
  - To establish an organizational structure for county-wide coordination; and
  - To establish an information reporting system.

The set of coordination objectives for each county essentially describes a planning and evaluation system having interrelated objectives. Such a system, properly applied, would enable a Coordinator to determine how effectively and efficiently drug abuse services are being delivered in his county. His findings could be the basis for recommendations to decision-makers for future resource allocation. In addition, these findings could be used to identify areas where increased information sharing between component projects might improve overall drug program service delivery. Information sharing is necessary to maintain an effective client referral system and to assist individual components in tailoring services to meet actual needs.

*21-Day Report, Cluster Evaluation of Narcotics Coordination Projects Including County-Wide Comprehensive Narcotics Projects, JRB Associates, Inc., January 15, 1974.

The following subsections explain the coordination objectives against which program achievement was measured, and the criteria with which the measurement was assessed.

2.3.1 DEFINITION OF COORDINATION OBJECTIVES

The three counties' individual project objectives were synthesized into three broad objectives upon which the evaluation of project achievement was based. The objectives are:

- Increase information sharing among the program components;
- Increase the quality of drug abuse services provided to clients and the community; and
- Develop guidelines and procedures for the effective allocation of drug abuse resources.

Evaluation of the achievement of these objectives provides a basis for assessing the current coordination projects and also for recommending a potential coordination program to OCJP.

The first objective, to increase information sharing among the program components, refers to the flow of information which would exist within a fully coordinated drug abuse program. It includes: (1) information which is provided by a Coordinator to action-oriented components and which can be used by the components to improve services or expand the scope of activities; (2) information which is provided by the components to the Coordinator and which can be used by the Coordinator for planning and evaluation; and (3) information which is provided to the community and to clients and which can be used to increase the utilization of services available.

The second objective, to increase the quality of drug abuse services provided to clients and the community, refers to the ability of the program to meet existing and future needs for drug abuse education, prevention, treatment, and rehabilitation services. Achievement of this objective requires that the Coordinator have information about the needs of the community

target population for drug abuse services. This type of information comes from agencies of the criminal justice system which are concerned with drug and drug-related offenses and from noncriminal justice agencies such as schools, welfare, and health departments.

The final objective, to develop guidelines and procedures for the effective allocation of drug abuse resources, refers to the process necessary to provide the Coordinator with data on which to base funding recommendations to decision-makers. Data of this type result from analysis of information required for the first two objectives. In addition, information will be required from funding agencies on the availability of funds and on agency requirements which affect utilization of these funds for drug abuse services.

The three objectives are interrelated in that while achievement of each objective is dependent upon obtaining a required set of information, the objectives utilize some common information elements. The measurement criteria described below address more fully the interrelationship of the objectives.

2.3.2 MEASUREMENT CRITERIA

Two sets of criteria which measure objective achievement have been defined. The first set relates to the availability of information, and the second set relates to the utilization of information. These sets of criteria are:

- Information Availability
  - Are relevant client data uniformly collected and maintained by all components?
  - Are community needs documented on a continuing basis?
  - Are arrest data by drug offenses available?
  - Are dispositional data on drug offenders available?
  - Are funding sources for drug abuse programs known?

- Information Utilization
  - Are client data collected from all components by the Coordinator?
  - Are community data obtained by the Coordinator?
  - Are arrest and dispositional data obtained by the Coordinator?
  - Are funding sources contacted by the Coordinator?
  - Are analyses of needs for drug abuse services performed by the Coordinator? Based upon data collected?
  - Are client referrals subject to follow-up analysis?
  - Are components informed of the results of analyses of needs and funding availability?
  - Are components informed of services available to clients from other components?

The measurement criteria identified above relate to information which is necessary to accomplish the three coordination objectives described above. The way in which the utilization of available information affects achievement of each objective is illustrated in Figure 2-1. The Figure identifies the data sources and the data elements which must be collected from these sources. These data then are analyzed in terms of: (1) the quantity/quality of services rendered to clients, (2) the factors which will assist in future planning for county-wide drug abuse activities, and (3) the impact of existing projects upon the drug abuse problem in the county. The analyses are summarized in reports appropriate to the information needed to achieve the coordination objectives for information sharing, improved service delivery, and effective resource allocation. The analyses also provide information to evaluate achievement of those objectives through feedback of evaluation results to the planning process.

* * *

Achievement of coordination objectives is measured by the criteria described above. The results will provide the basis in each county for:

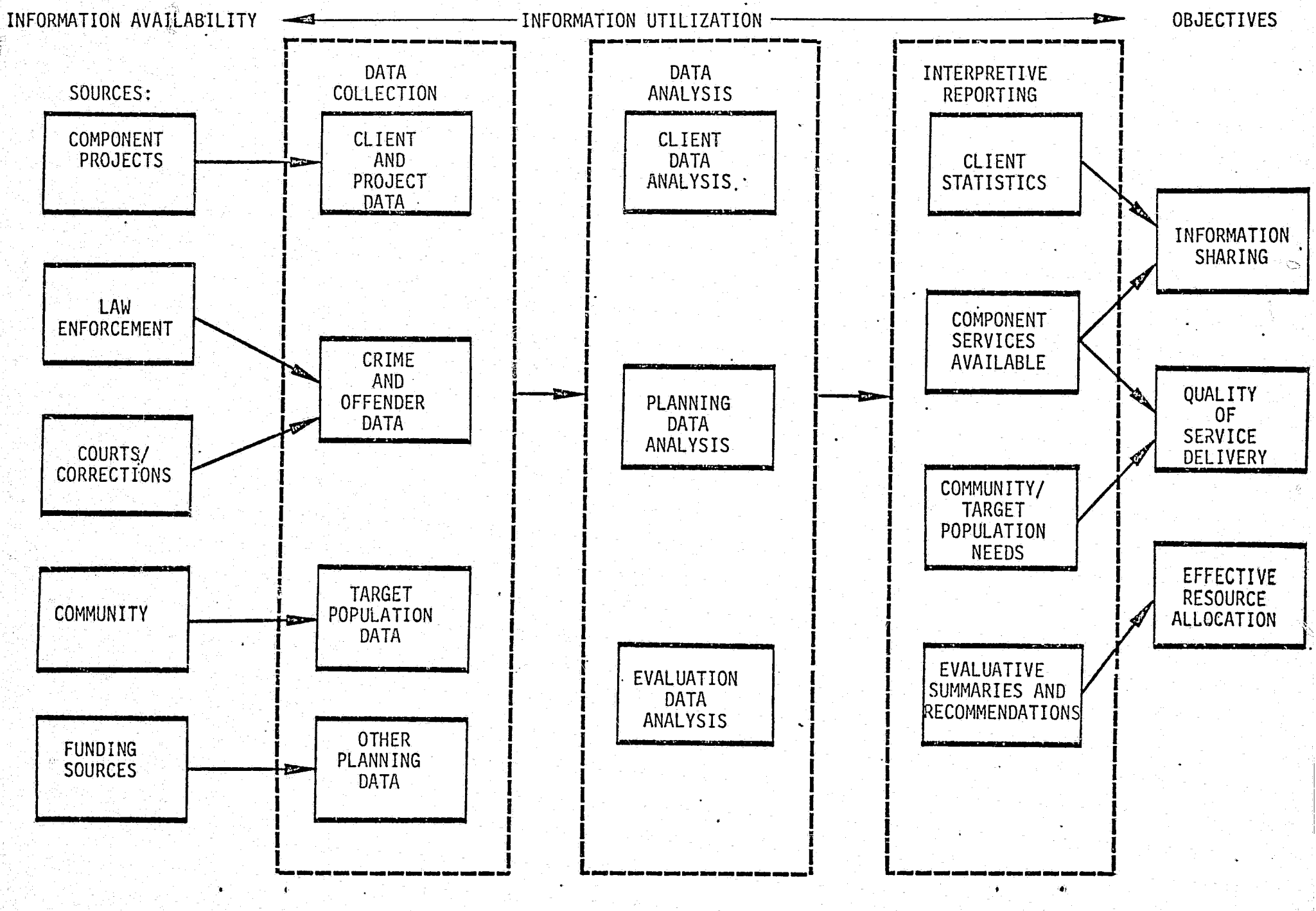
- Assessment of the potential for an information system which can be used to measure impact of action-oriented components; and
- Recommendations as to the feasibility and desirability of developing such an information system; and

The results also provide the basis for:

- Recommended guidelines for future coordination projects which may be funded by OCJP.

FIGURE 2-1

INFORMATION REQUIREMENTS FOR COORDINATION OBJECTIVES



Sections III, IV, and V present the Task Two results for Alameda, Contra Costa, and Santa Clara Counties. Section VI presents the Task Two comparative analysis results and the recommended guidelines for planning future coordination projects.

SECTION III

ALAMEDA COUNTY

3.1 BACKGROUND AND INTRODUCTION

The Alameda County Comprehensive Drug Abuse Program was the largest of the three programs in the Cluster. Alameda County received nearly $1.5 million in funding from OCJP during the three years of program operation, from 1 December 1970 through 31 December 1973. Policy-making was the responsibility of representatives from five participant County agencies: Health, Medical Institutions, Probation, District Attorney, and Schools. Administrative responsibility for the overall program was assigned to the County Health Care Service Agency's (HCSA) Drug Abuse Project Director. The Drug Abuse Project Director was the program coordinator, and is referred to as the Coordinator throughout this report.

The action-oriented components funded under the Program comprised a wide range of drug abuse intervention and treatment projects. Operational responsibility for the projects was vested in County service agencies,* and in community-based projects.

Many changes have occurred since the beginning of the Program.** At the time interviews were being conducted in the County, coordination of county-wide drug abuse projects was the responsibility of the Director of Mental

*HCSA is the County agency concerned with providing public health services, mental health services, and hospital care within the County. The Human Resources Agency (HRA) is responsible for Juvenile and Adult Probation, as well as welfare services. Together these two agencies are responsible for most of the county-supported drug programs in Alameda County.

**For a chronology of the program, see 21-Day Report, Cluster Evaluation of Narcotics Coordination Projects, Including County-Wide Comprehensive Narcotics Projects, JRB Associates, Inc., January 15, 1974.

Health, pursuant to S.B. 714.* The Director of Mental Health, in turn, allocated administrative responsibility for drug abuse projects to District Mental Health Officers (DMHOs) who represented five regions within the County. The Coordinator occupied a staff position within Mental Health, but the scope of his responsibilities to the County Drug Abuse Program had been reduced substantially. The Coordinator had concentrated much of his effort upon developing a strong coalition of private providers (community-based, non-county projects). The result was formation of the Community Drug Alliance (CDA), which had become an effective private provider lobby. At that time, the CDA no longer required organizational assistance; thus demands upon the Coordinator were reduced even more.

Shortly after data collection in Alameda County ended, the coordination position was eliminated, and the Coordinator left the HCSA. Responsibility for drug abuse coordination was assigned to a newly created Division of Substance Abuse, within the HCSA.** This Division is at the same organizational level as the Public Health and Mental Health Agencies. The Director of Substance Abuse is assisted by an Alcohol Specialist and a Drug Specialist. The latter has administrative responsibility for drug programs in the County.

The remainder of this section examines the coordination role as it existed during the OCJP-funding period. Coordination problems and needs are addressed, and recommendations to the County for improved coordination of drug abuse activities are given. The presentation is divided into three major subsections:

- TASK ONE: DEFINITION OF THE COORDINATION PROCESS (Sec. 3.2);
- TASK TWO: DEGREE OF OBJECTIVE ACHIEVEMENT (Sec. 3.3); and
- RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE DRUG ABUSE COORDINATION (Sec. 3.4).

*Senate Bill 714 required that each county have a Drug Abuse Coordinator, to be appointed by the Board of Supervisors, who must be (a) the County Mental Health Director; (b) the Chief Administrative Officer of the County; or (c) the head of the County agency responsible for overall health services for the County. The Director of Human Resources is in the latter category.

**The Director of the HCSA now will be the 714 Drug Abuse Coordinator.

Qualitative data collected through interviews in the County are presented in Sec. 3.2. These data and other information collected through observation and document review are analyzed in Sec. 3.3. Sec. 3.4 draws upon the findings presented in the preceding two subsections to develop recommendations to Alameda County for improved coordination procedures.

3.2 TASK ONE: DEFINITION OF THE COORDINATION PROCESS

This subsection presents the results of the qualitative data collection and analysis effort conducted under Task One. The data were collected through interviews with individuals who are associated with Alameda County's Comprehensive Drug Abuse Program. The interviews were structured according to the Data Collection Instruments (DCIs) in Appendix B. As explained in Section II, DCIs were designed to elicit information from individuals at all levels of the Program, and those associated peripherally with the Program; and to summarize the content and process of meetings attended by the evaluators. The DCI information has been organized for presentation here into two groupings. The first information grouping consists of responses which help to describe the role of the Coordinator for drug abuse programs. This grouping reflects respondent perceptions of the Coordinator's authority, responsibilities, activities, and accomplishments. The second information grouping pertains to problems and needs which exist in the Program area, as perceived by the various respondents.

Within each of the two information groupings, respondents are categorized as follows:

Coordinator -- The individual funded by OCJP to coordinate the County Drug Abuse Program, and his staff;

Providers, Agency -- Individuals associated with a local government agency which provides drug abuse service(s);

Providers, Private -- Individuals associated with a non-governmental group which provides drug abuse service(s);

Advisors, Professional -- Individuals who serve in a professional advisory or consultant capacity to the Drug Abuse Program;

Evaluators -- Individuals who have evaluated the Program or a set of its components;

Administrators, Direct -- Individuals other than the Coordinator who have some responsibility or authority related to coordination of the Drug Abuse Program (includes Coordinator designated in compliance with S.B. 714);

Administrators, Indirect -- Individuals who do not have direct authority or responsibility for the Drug Abuse Program, but whose decision-making power can affect the Program (includes the Regional Criminal Justice Planning Board); and

Criminal Justice System Users -- Members of law enforcement, judicial, and corrections agencies who may refer clients to projects in the Program.

The following subsections discuss the data contained within each of the two information groupings.

3.2.1 THE ROLE OF THE COORDINATOR

Table 3-1 is a display of interviewee responses* which pertain to the role of the Coordinator. The first question attempted to identify the individual who was perceived as Coordinator, as of the interview date.** The Coordinator and the Community Drug Alliance were named with equal frequency. The District Mental Health Officers (DMHOs) also were named frequently, but primarily by private providers. Most respondents stated that the OCJP-funded Coordinator actually coordinated the Program until organizational and funding changes eliminated many of his responsibilities. The CDA was described as a body which accomplishes many coordination activities, but does not have direct power. Although there are five DMHOs in the County, only two of them were considered coordinators. Other responses cited groups or individuals who do coordinate areas of the county-wide Program, such as the District Attorney's Court Liaison office and the Probation Department's Treatment Alternative to Street Crimes (TASC) project. Both the OCJP-funded Coordinator and the 714-designated Coordinator perceived that some coordination stems from the 714 Coordinator.

*Number of responses do not total number of interviewees because some interviewees gave several responses, and because some were relatively new to the Program and thus not fully aware of the Program structure.

**The reader will recall from Section 3.1 that the OCJP-funded Coordinator resigned shortly after the data collection effort ended.

TABLE 3-1

ROLE OF THE COORDINATOR IN ALAMEDA COUNTY

	RESPONDENT CATEGORY						
QUESTION/ANSWERS	COORDI-NATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USERS
Q. WHO COORDINATES?								
A. OCJP Coordinator	1	1	2	1				
A. 714 Coordinator	1					1		
A. Community Drug Alliance	1	1	2	1				
A. Probation Department (TASC)							1	1
A. D.A. Liaison		1	1					1
A. DMHOs			4			1		
A. No one			2					
A. RCJPB			1					
Q. ACTIVITIES OF COORDINATOR?								
A. Fiscal Planning	1		5				1	
A. Program Planning			1					
A. Intra-Program Liaison	1		3					
A. Information Resource	1		4	1				
A. Evaluation			2					
A. Unclear		1	1	1				1
A. Funding Procurement	1	1	6					
A. Technical Assistance	1		3					
Q. RESPONSIBILITY OF OCJP COORDINATOR?								
A. Administrative	1					1		
A. Funding Allocation Procurement		1	7				1	
A. Operational								
A. Planning	1		4	1		1		
A. Monitoring	1		1	1		1		1

TABLE 3-1 (Continued)

UESTION/ANSWERS	COORDI-NATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
			RESPONDENT CATEGORY					
Q. RESPONSIBILITY OF OCJP COORDINATOR? (Continued)								
A. Contract Administration	1						1	1
A. Evaluation	1		3	1		1		1
A. Unknown		1						
Q. DECISION-MAKING AUTHORITY OF OCJP								
A. Fiscal (Allocation)			1					
A. Programmatic								
A. Don't Know			7					
A. None	1	2	5	1		1	1	1
Q. WHAT SHOULD ACTIVITIES OF COORDINATOR BE?								
A. Allocation of Resources			1			1	1	
A. Recommendations for Resources	1		1	2				
A. Improve Service Delivery			1			1		
A. Evaluate	1		1	1			1	
A. Provide Technical Assistance	1		3					1
A. Train Project Staff			2					1
A. Funding Advocate	1		2					
A. Monitor	1		1	1				
A. Liaison for Agency/ Private Projects	1	1	3					1
A. Set Goals/Priorities			1	1				
A. Establish Information Flow	1		2				1	1

TABLE 3-1 (Continued)

QUESTION/ANSWERS	COORDI-NATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USERS
			RESPONDENT CATEGORY					
Q. WHAT SHOULD ACTIVITIES OF COORDINATOR BE? (Continued)								
A. Establish Information System	1						1	
A. Political Advocacy	1		2			1		
A. Plan							1	
Q. WHERE SHOULD COORDINATOR BE?								
A. Mental Health			2					
A. Health								
A. Anywhere Except Above			1					
A. Criminal Justice Agency							1	1
A. No Recommendation		2	1	1				
A. Criminal Justice Planning Board			1				1	
A. Community			2					
A. County Administration	1					1	2	
Q. MAJOR ACCOMPLISHMENTS?								
A. Formation of C.D.A.	1		2					
A. Strengthened Community-Based Projects			3					
A. Remained as Focal Point through Five Years		1	1			1	1	

The question pertaining to activities of the Coordinator was specified as only those activities performed by the OCJP-funded Coordinator. Private projects described coordination activities in terms of the kinds of assistance the projects had received. This assistance was related primarily to funding and administrative/operational matters. Projects also indicated that the Coordinator had provided assistance in planning, evaluation, and other technical matters when he was requested to do so, but that these activities were not conducted on an on-going basis. Intra-program liaison was cited as an activity by several project Directors who perceive their projects to be components of a broad Program. The Coordinator's efforts to reconcile professional and paraprofessional treatment philosophies within the Program were mentioned as an example of this activity.

The responsibilities of the Coordinator were assessed through questions which ranged, depending on the type of respondent, from "What is the Coordinator supposed to do," to "What is the Coordinator's job description." A large number of private providers and one agency provider felt that the Coordinator was responsible for allocation of funds and procurement activity, even though most of these respondents recognized that the Coordinator did not have actual decision-making power in fiscal matters. However, they generally attributed success in obtaining funding for their projects to efforts on their behalf by the Coordinator. An Indirect Administrator described the Coordinator's responsibility in fiscal areas as responsibility for providing information upon which fiscal decisions could be based. Planning, monitoring, and evaluation were mentioned frequently as Coordinator responsibilities. General administrative and contract administration responsibilities were perceived only by the Coordinator and by the individuals to whom he reports on such matters.

Responses to the question about Coordinator authority reflect the uncertainty which existed about the future of the coordination function at the time of the interviews. Only one respondent, a private provider, perceived that the Coordinator had any authority.

The question, "What should a Coordinator do," resulted in a large number of responses. The private providers generated a "wish list" of coordination activities, most of which relate to needs perceived within individual projects. Other respondents described desired coordination functions as they relate to the overall drug Program; for example, planning, monitoring and evaluation were usually described as program activities. The Coordinator felt that the activities necessary for coordination were both project-specific and program-specific.

The position of the Coordinator within the County was discussed frequently by the interviewees. However, in response to the direct question, "Where should the Coordinator be," few specific suggestions were made. The suggestions shown in the Table were often expressed contingent upon expected funding conditions; for example, a project which expected funding through the drug abuse portion of the County Short-Doyle* plan suggested Mental Health, while a project which hoped for OCJP funding suggested the Regional Criminal Justice Planning Board. Those responses categorized as "no recommendations" were given by individuals who had preferences which they did not desire to express. Responses which indicated no preference or no interest were not tabulated.

The last question related to the most outstanding accomplishment of the OCJP Coordinator as a result of the Program. Only responses which cited a particular achievement were tallied. Sixty-four percent of those responses, including the Coordinator's, were that support to community-based projects -- indirectly through assistance to establish the CDA, or directly through political advocacy to obtain funding -- constituted the single most important coordination achievement. Thirty-six percent, however, indicated that the Coordinator's most outstanding accomplishment was his ability to retain visibility and credibility through the duration of his service.

3.2.2 DRUG ABUSE PROGRAM COORDINATION PROBLEMS AND NEEDS

This information grouping contains a summary of the perceived problem areas in coordination, and the consequent needs of the Program and its components. Questions and responses are displayed in Table 3-2, by type of respondent.

*The Short-Doyle plan is the request submitted by each county to the State Department of Mental Hygiene for reimbursement for a portion of services included in the plan.

TABLE 3-2

PROBLEMS IN COORDINATION -- ALAMEDA COUNTY

QUESTION/ANSWERS	RESPONDENT CATEGORY: COORDINATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	OTHER EVAL.	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
Q. WHAT WERE THE MAJOR CONSTRAINTS UPON COORDINATION EFFORT?								
A. Coordinator Lacked Authority	2	2	7	1	1		1	
A. Unclear Chain-of-Authority	1	1	4			1		
A. Lack of Support from HCSA and MH	1		5	1	1		1	
A. Lack of Support from TAC				1				
A. Lack of Support from CJS			1					
A. Lack of Support from CJDA	1		1			1		
Q. WHAT WERE THE MAJOR SHORTCOMINGS OF THE COORDINATION EFFORT?								
A. Insufficient Planning		1	1		1	1	1	
A. No Goals/Priorities		1	2	1	1	1	1	
A. Poor Reporting System for Projects	1		2		2	1		
A. Insufficient Evaluation			3		2	1		1
A. Inadequate Information Flow to Projects		1	4	1				

The first question pertains to constraints upon the coordination effort. All of the constraints related to the organizational structure within which the Coordinator functioned. Forty percent of the responses indicated that the Coordinator lacked authority. In many cases, lack of authority was linked to one or more of the other responses, and usually was mentioned in reference to the final year of the Program. For example, many respondents felt that the Coordinator's lack of direct authority did not become a major constraint until his implicit support from the Health Care Services Agency (HCSA) ceased. According to an indirect administrator within the County government, this occurred when direct authority for many drug abuse projects was placed in the Mental Health area of HCSA late in 1972. Twenty-six percent of the responses cited lack of support from HCSA and/or Mental Health. Some respondents felt that absence of, or insufficient support from the Technical Advisory Committee, agencies in the criminal justice system, and the Regional Criminal Justice Planning Board further constrained effective coordination. The respondents who listed an "unclear chain-of-command" also described the decision-making lines of authority which indicate that the structure for coordination had become ill-defined by the time of this study. Figure 3-1 is an illustration of the various ways in which this chain-of-authority was described. As the Figure shows, there were as many as five lines of authority perceived by respondents at the project level.

The next question concerns problems which were perceived within the area of coordination, and did not necessarily stem from the coordination constraints. Major coordination shortcomings identified were all related to information availability and utilization. A total of thirty-seven percent of the responses were to the effect that planning efforts, particularly goal-directed planning, were insufficient for a program of such magnitude. Respondents were not sure about the extent to which planning information is available for drug abuse program planning but indicated that information which is available apparently had not been utilized. Project directors' responses pointed out a need for better information flow both from the projects to the Coordinator, and from the Coordinator to the projects. The project performance reporting requirements were described as poorly defined, and the reporting forms as poorly designed. Consequently, evaluations performed on

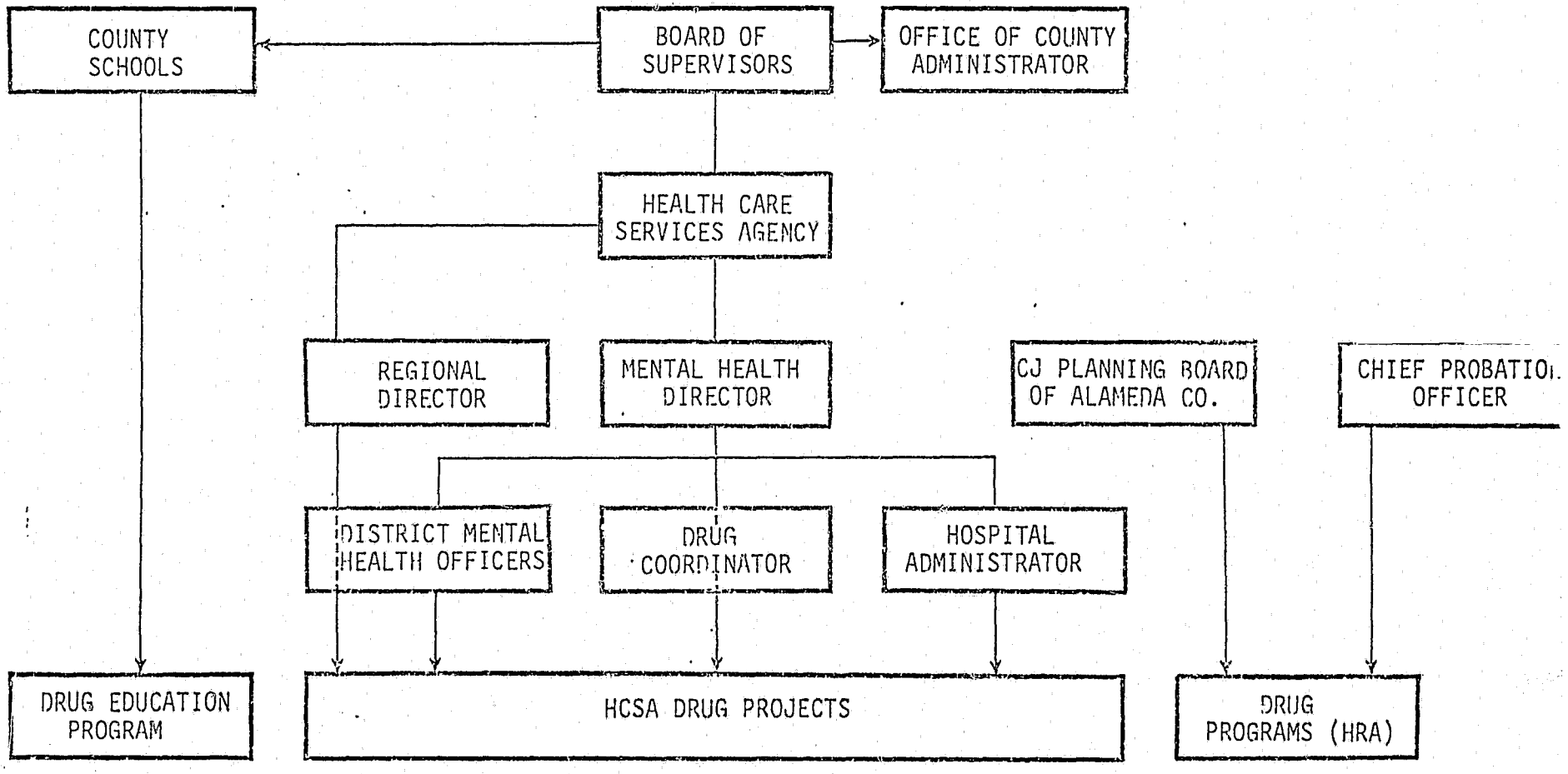


FIGURE 3-1

LINES OF AUTHORITY FOR THE ALAMEDA COMPREHENSIVE DRUG ABUSE PROGRAM

the basis of project reports were not considered to be meaningful. As indicated in the Table, authors of two evaluations of selected projects concurred with those observations. Information was not disseminated to the projects on a regular basis at anytime during the three years, according to some respondents. At the time the interviews were conducted, individual projects had developed their own informational channels. Table 3-3 lists sources used by projects to obtain advice and information. As would be expected, project use of the complicated information networks is time-consuming and does not always yield the desired help.

3.2.3 TASK ONE SUMMARY

The preceding subsections defined the role of the Coordinator and discussed some of the specific coordination problem areas in the Drug Abuse Program in Alameda County. It is apparent that most of the problems cited were seen as related to the Coordinator's lack of authority and/or to the confusing lines of authority within the Drug Program. The activities which the Coordinator and others felt should be performed but were not, also relate to the position of the Coordinator within the County hierarchy. For example, when the Coordinator was asked about progress toward a monitoring and evaluation information system for the Program, he stated that most of his efforts involved "putting out fires" generated by organizational and political problems. While he recognized the need for such a system, he felt that it could not be implemented, or even planned, until questions of responsibility and authority were resolved. Individuals at all levels of the hierarchy perceived that the Program had to have a focal point for coordination -- a focal point to which all information flowed, and from which funding recommendations originated. The Coordinator and others felt that until this was achieved, projects would have little incentive to implement uniform reporting procedures, and administrators would be unlikely to base funding allocations upon Coordinator recommendations. An evaluation effort that was attempted recently for Program components is an example of the problem. The following points of view re-regarding this evaluation were expressed:

Administrative Level: Information was needed to aid in resource allocation decisions, so an evaluation of projects competing for funding was requested from the Coordinator;

TABLE 3-4

INFORMAL PROGRAM INFORMATION NETWORK -- ALAMEDA COUNTY

INFORMATION SOURCE	# OF TIMES CITED
BOARD OF SUPERVISORS	1
CAO	
County Administrator's Staff	2
County Counsel	1
County Auditor	1
HCSA	
Mental Health Administration (Fiscal/Contracts)	2
Mental Health Director (Dr. Gerlack)	5
Dick Bailey	3
Justin Green (Dick Bailey's assistant)	3
Regional Directors	2
District Menatl Health Officers	7
Hospital Administration	1
Director of Hospitals	1
Mental Health Advisory Board	1
Technical Advisory Committee to MHAB	0
PROBATION	
Chief Probation Officer	1
COUNTY SCHOOLS	1
CRIMINAL JUSTICE AGENCY	1

Coordinator: Administrators wanted an instant evaluation at very low cost -- it could not be handled by staff, so an outside consultant was hired for a quick review of secondary data submitted by the projects. Typically, evaluation has very low priority until an information need arises;

Project Level: The projects knew that an evaluation was being performed, but had no contact with the evaluators, and have not seen the results; consequently, there was resentment about the way the whole thing was handled, and apprehension about the way in which the results might be used; and

Evaluator: The reporting system was not used uniformly by all projects, so the secondary data were almost useless. The evaluation report essentially was a plea for a logical and consistent data base so that future evaluations could be meaningful.

In this example, the Coordinator was given short-term responsibility for an activity which he lacked the long-term authority to carry out effectively. He became the focal point for criticism when the activity could not be performed satisfactorily.

The Directors of projects in the program perceived the Coordinator's lack of authority and began to bypass his office when they sought information to affect decision-making. They went directly to individuals they perceived to have the information or decision-making authority, and the communications network described in Table 3-3 began to develop. Concurrently, changes occurred at the higher levels in the Program hierarchy; lines of authority were re-drawn not once, but several times. By the end of the three years of OCJP funding, the lines of authority had become confusing and overlapping, as was shown in Figure 3-1. The Coordinator, however, remained the focal point for those problems and activities which the administrative hierarchy was unable to handle. Lacking authority, either direct or delegated, he was often in the position described by the evaluation example, above.

The next section describes Task Two -- the examination of the degree to which the County achieved, or has the potential to achieve, the coordination objectives.

3.3 TASK TWO -- DEGREE OF OBJECTIVE ACHIEVEMENT

This section pertains to the degree to which coordination objectives were achieved in Alameda County. The three coordination objectives were described in Section II, and are re-stated here:

- Increase information sharing among the program components;
- Increase the quality of drug abuse services provided to clients and the community; and
- Develop guidelines and procedures for the effective allocation of drug abuse resources.

In Section II, the coordination objectives were described as comprising the definition of a planning and evaluation system. The system consists of three major subsystems: (1) Data Collection, (2) Data Analysis, and (3) Interpretive Reporting.

The results of Task Two are presented in the following paragraphs by subsystem category of the planning and evaluation system. The first category is the Data Collection Subsystem which discusses the availability and utility of planning and evaluation information for the County Drug Program. The second category pertains to the analyses which can be performed upon the data to produce meaningful results, and the third category addresses the methods by which the results can be dissiminated for various applications.

3.3.1 DATA COLLECTION SUBSYSTEM

The data collection subsystem is the basis for planning, evaluation, and monitoring needs. It is organized into four major modules of data: (1) Client and Project data; (2) Crime and Offender Data; (3) Target Population Data; and (4) Other Planning Data. Each module is discussed below, and the data which are available* currently for each module are presented. Data gaps are discussed briefly.

*The scope of this study precluded raw data collection at the project level. Data available refers to information which was in summary form.

3.3.1.1 Project and Client Data

This subsection presents data available about the components of the Program, and their client population. Table 3-4 lists the major drug abuse projects in the County. Except as noted, they comprise the County Comprehensive Drug Abuse Program. Some projects which were not a part of the Program are included in the Table because they interact with the Program and/or had some contact with the Coordinator. Prior evaluations (9, 10)* and local government documentation (1, 14) were extremely helpful in developing the information in the Table.

The Table indicates that seven of the eleven community projects in the Program have a clientele which is primarily White; three are oriented toward a Black clientele; and one is primarily Chicano. Of the projects with primarily White clientele only one treats mainly heroin addicts. Two of the Black-oriented projects and the Chicano-oriented project primarily deal with heroin problems. The clientele with drug problems appears to be generally in the 19-30 age group. The three projects which counsel or treat younger clients all offer general "problem" counseling, often not related to drug usage. Six of the projects are in the Oakland/Berkeley/Alameda area; and five are located in outlying areas of the County.

Two of the four non-Program community projects shown in the Table are oriented toward "soft-drug" and non-drug problems. The ethnic composition and age distribution of the clientele was not specified for these projects. The other two projects are major centers for treatment of heroin addicts; one with a clientele which is White and Chicano, the other with a Black and White clientele. Both centers primarily treat clients who are between 20 and 30 years old.

Residential projects shown in the Table are designed for therapeutic treatment of heroin addicts. Statistical data were not available about the age and ethnic composition of the clientele. However, each project is connected with a community project, and the resident characteristics probably are similar to the characteristics of community project clientele.

*Parenthesized numbers reference items listed in the Alameda County Bibliography, Appendix A.

TABLE 3-4

DRUG ABUSE PROJECTS IN ALAMEDA COUNTY

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
COMMUNITY PROJECTS IN DRUG ABUSE PROGRAM							
Alameda Love Switchboard	HotLine	Sue Matheson	Alameda	Teens	White	"Soft Drugs"	Counseling, Referrals for Food and Legal Aid, Speakers, Educational Material, Message Center
Community Drug Council (CDC)	Drop-In Center	Vivian Holley	Fremont	14-24	White	Marijuana Barbiturates	Counseling, Education, Crisis Intervention, Social Involvemen
Caucus of San Leandro	Drop-In Center	Chester Miner	San Leandro	19-24	White	Heroin	Hotline--Counseling, Informatio Crisis Intervention
Drug Awareness	Drop-In Center	Kathy Embry	Oakland	Over 20	Black	Heroin	Education, Counseling, Hotline, Crisis Intervention, C.J. Liais Out-patient Therapeutic Community with Educational Emphasi
In Touch	Drop-In Center	Robert Heavner	Oakland	14-30	White	Marijuana	Hotline, Counseling, Crisis Intervention
Narcotics Educational League (NEL)	Drop-In Center	Juan Covarrubias	Oakland	20-29	Chicano	Heroin	Counseling, Referral, Community Education
Project Eden	Drop-In Center and Hotline	Mike Reilley	Hayward	19-24	White	Tranquilizers/ Heroin	Crisis Intervention, Counseling School Outreach, Speakers, Community Education Newsletter
Second Chance	Drop-In Center	James Blackshere	Newark	24	White	Barbiturates	Individual and Family Counselin Hotline, Information and Referr Volunteer Training Job Counseli. Training
Soul Site	Drop-In Center	ddie Vashington	Berkeley	19-24	Black	Heroin	Counseling, Hotline, Referrals, Live-in Detox Planned

TABLE 3-4 (Continued)

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
Trouble House	Drop-In Center	Ramona Braxtor	Oakland	Under 25	Black	"Soft Drugs"	Recreation, Drug Education, Blac Culture, Counseling, Referrals, Screening for West Oakland Methadone Maintenance
Valley Youth Services	Counseling Center	Max Cowsert	Pleasanton	15-18	White	Marijuana	Counseling, School Outreach, Crisis Intervention
OTHER COMMUNITY PROJECTS							
Berkeley Free Clinic	Drop-In Center	Eileen Le Protti	Berkeley	Unknown	Unknown	Unknown	Hotline, Referral, Group and Individual Counseling, Emergency Psychiatric and Medical Services
C.U.R.A.	Counseling Center	Henry Collins	Fremont	20-29	White (50%) Chicano (38%)	Opiates	Off-site Detox, Life style Alternatives Counseling, Job Development, Court Intervention, Planned Detox and Residential Facility
Dublin Hotline, Inc.	Hotline	Candace Ingram	Pleasanton	Over 21	Unknown	Generally non-drug problems	24-Hour Hotline, Consultation, Crisis Intervention, Outreach
G.R.O.U.P.	Drop-In Center	Milton Hare	Berkeley	23	Black, White - About equally	Heroin	Drop-In Counseling to Clients an Families, Information, Referral
RESIDENTIAL PROJECTS							
Caucus of San Leandro/ Desiderata House	T.C.	Chester Miner	Castro Valley	Unknown	Unknown	Heroin	Multi-Treatment Modality, Reality Therapy

TABLE 3-4 (Continued)

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
G.R.O.U.P. (Not in County Drug Abuse Program	T.C., Half-Way House	Milton Hare	Berkeley	Unknown	Unknown	Heroin	Therapeutic Community, Counseli Required School Enrollment or Employment; Half-way House is re-entry program for T.C. graduates.
Narcotics Education League (NEL)	T.C.	Juan Covarrubias	Oakland	Over 25	Chicano	Heroin	Highly Structured, Intensive Counseling
Project Eden	T.C., Half-way House	Mike Reilley	Oakland	Unknown	Unknown	Heroin	Half-way House for T.C. Entran Qualification, Therapeutic Community uses Intensive Group an Individual Therapy
METHADONE MAINTENANCE"							
East Oakland Drug Abuse Clinic	M/M	Grover Dye*	Oakland	21-29	White	Heroin	Methadone Maintenance and Counseling, Referrals
Eden Clinic	M/M	Chuck Meyers	San Leandro	25-34	Latin-Am., White	Heroin	Methadone Maintenance, Group Therapy, Vocational Counseling, Individual and Family Counselir
West Oakland Methadone Clinic	M/M	Isaac Slaughter, M.D	Oakland	Over 18	Black	Heroin	Methadone Maintenance, Counseli
Herrick Methadone Clinic (Not in County Drug Abuse Program	M/M	Walter Byrd	Berkeley	Over 18	Unknown	Heroin	Methadone Maintenance, Counseli Group Activities, Vocational Assistance
Fairmont Hospital	Detox	Ed Campbell	San Leandro	20-24	White, Black	Opiates	Detoxification, Medical Servic Referral
Drug Education Center-County Schools	Education	Orle Jackson	Hayward	Juve.	Unknown	Unknown	Drug Education Materials, Training available to all scho in County

*Now Assistant to th Director, Mental Health Programs.

TABLE 3-4 (Continued)

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
CRIMINAL JUSTICE SYSTEM PROJECT							
Probation Intensive Supervision	Prob.	Robert Leigh	Oakland	Over 18	Unknown	Unknown	Intensive Counseling, Probation Supervision, Vocational Assistance
Probation Court Liaison Program	Liaison	Karen Edson	Oakland	Unknown	Unknown	Unknown	Liaison Between Court and County Drug Abuse Programs
Probation Residential Support Program	Residential	Karen Edson	Oakland	Juve.	Unknown	Unknown	Short-term, Intermediate Shelter
Probation Drug School	Education	Fred Leonard	Oakland	15-19	Unknown	Unknown	Intensive and Regular Counseling for Juveniles and Parents; Referrals
District Attorney Liaison	Liaison	Stacey Walthall*	Oakland	Unknown	Unknown	Unknown	Liaison between Drug-Abuse Program and Law Enforcement Agencies, County-wide
Santa Rita Drug Abuse Program (Not in County Drug Abuse Program)	Mini-T.C.	Steven Zimberoff	County Jail	Over 18		Heroin	Therapeutic Community within Jail Grounds, Intensive Counseling, Post-release Placement

*Until December 31, 1973.

Four methadone maintenance clinics are included in the Table, three of which are part of the Program. Of those three, one lists its clientele as primarily White, one as primarily Latin-American, and one as primarily Black. All individuals receiving methadone are over 18, as required by law, and one project's statistics indicated a clientele primarily over 25 years old.

The one detoxification center listed provides service to residents from all areas of the County. Patients are mainly White and Black opiate users between the ages of 20 and 24.

The Drug Education component of the Program is the responsibility of the County Schools. Its clientele is juvenile and comprises all ethnic groups. Its focus is upon the areas of drug abuse education/prevention. The project is a resource center for all schools, providing educational materials and training for teachers.

Criminal justice system sponsored projects provide a wide range of services to adult and juvenile drug offenders, as shown in the Table. Both the Probation Department and the Office of the District Attorney were instrumental in developing the Program plan, and both agencies have continued to expand service delivery to drug users who come into contact with the criminal justice system. The deputy district attorney who served as liaison between the Program and law enforcement agencies was the major proponent of the Santa Rita Drug Abuse Program. The liaison activities of his office extended beyond the County Program to include interface with major drug projects in other Bay Area locations.

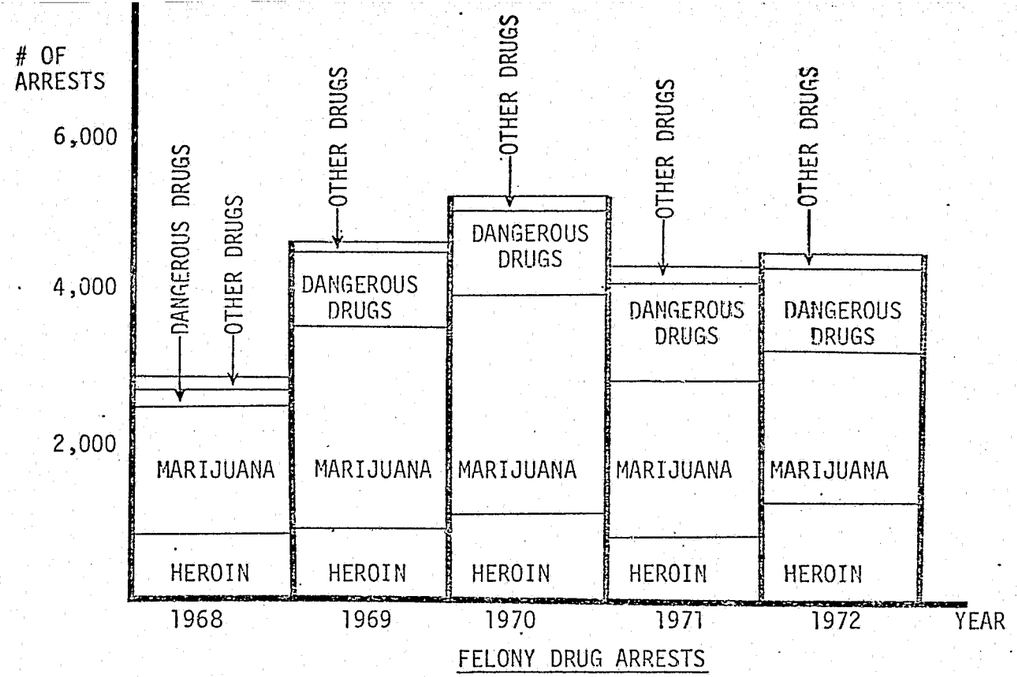
The Probation Department projects shown in the Table have been recently augmented by the implementation of a County Treatment Alternatives to Street Crime (TASC) Program. Although TASC is funded by the National Institute of Mental Health (NIMH), responsibility for the program is with the Probation Department, rather than with the County Mental Health Agency.

More data were available about drug abuse projects in Alameda County than were available about projects in the other two counties. The need for monitoring and evaluation information was perceived by the Coordinator and other administrators when the Program was designed. The validity of detailed client data has been questioned by evaluators who have examined the reporting system carefully (10, 16, 17). The problem appears to lie in the reporting forms and procedures, which are not interpreted uniformly by all projects. Further, no system to follow-up on progress of clients treated and released, or referred to another program component, exists. Nonetheless, the Program is oriented toward evaluation and has developed the rudiments of a reporting system.

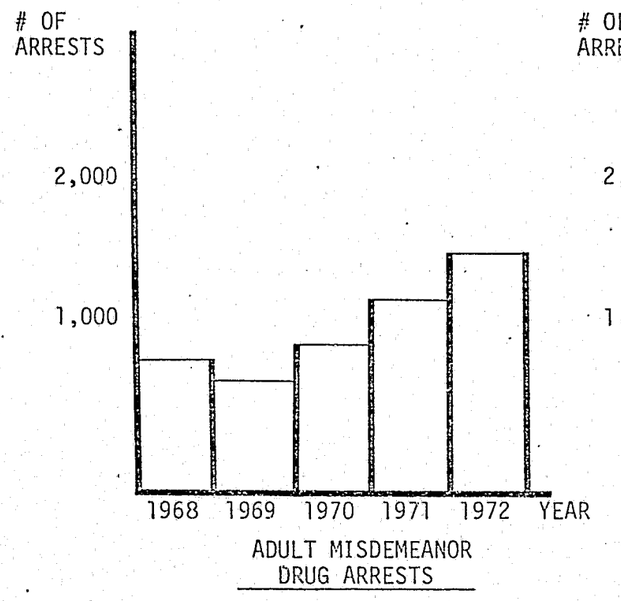
3.3.1.2 Crime and Offender Data

The profiles presented here are of population comprised of individuals who have come into contact with the criminal justice system by violating drug laws. Admittedly, these individuals represent only a fraction of the unknown total target population for drug abuse treatment and rehabilitation projects, and may be even less representative of the target population for drug abuse education and prevention efforts. They are, however, the population primarily addressed by the original grant application to OCJP. Further, they are described by summary statistics which are available on a uniform basis throughout the State, which facilitates comparison of trends among counties.

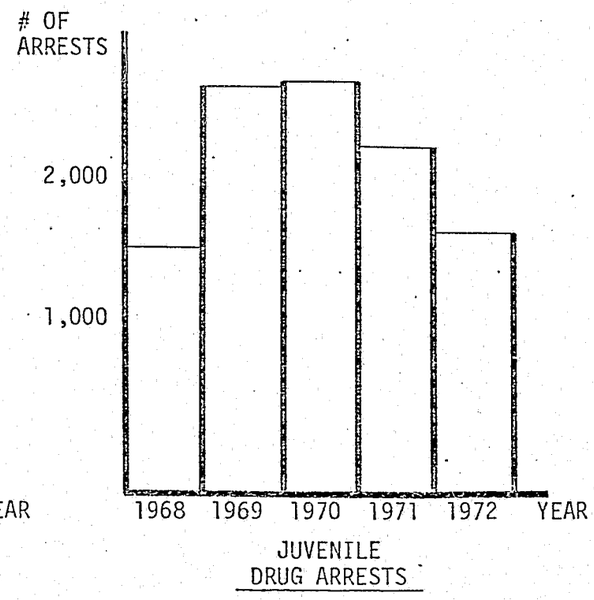
Figure 3-2 shows actual number of drug arrests in Alameda County during the five-year period of 1968-1972. The Figure indicates Adult Felony Drug Arrests by drug type, and gives aggregate arrests for adult misdemeanants and for juveniles. Adult Felony Drug Arrests declined in 1970 and 1971, primarily due to a decrease in the number of marijuana arrests. The increase in total Felony Drug arrests in 1972 was attributable to an increase in Heroin arrests; arrests on other drug charges remained relatively constant. Adult misdemeanor drug arrests have increased at a steady rate since 1969. The increase in misdemeanor arrests, together with the decrease in felony marijuana arrests may reflect changes in law enforcement policy rather than



FELONY DRUG ARRESTS



ADULT MISDEMEANOR DRUG ARRESTS



JUVENILE DRUG ARRESTS

SOURCE: BCS Criminal Justice Profile 1966-1972, Alameda County, Annual Data.

FIGURE 3-2

ALAMEDA COUNTY DRUG ARRESTS, ANNUAL TOTALS, 1968-1972

changes in marijuana user patterns. Since 1970, juvenile drug arrests have declined to nearly the level of 1968 arrests. The data in this Figure reflect the problem of illegal drug usage from the standpoint of the law enforcement workload -- actual number of suspects entering the criminal justice system.

Figure 3-3 depicts five-years drug arrest data for the County and for the State as rates per 100,000 population. The arrest data are presented in this manner to illustrate the difference in drug arrest trends between Alameda County and the State as a whole. In 1968, the Figure shows that the arrest rates by drug offense category were similar for Alameda County and for the State. In 1969, the County experienced a significant increase in adult felony and juvenile drug arrests and thus in total drug arrests. Further, the data in the Figure indicate that the rate of total drug arrests in Alameda County dropped from 120.7% of the Statewide rate in 1970 to 100.3% of the Statewide rate in 1972. As a percentage of the Statewide rate, Alameda's adult felony drug arrest rate dropped from 118.7% in 1970 to 88.3% in 1972; and the juvenile drug arrest rate dropped from 134.3% to 99.2% of the Statewide rate in the same period. Misdemeanor drug arrests in the County do not reflect the same trend; the arrest rate for misdemeanor drug offenses has increased from 101.9% to 166.1% of the Statewide rate from 1970 to 1972. However, the magnitude of adult misdemeanor arrests remain relatively low for both the County and the State.

Alameda County drug arrest figures were gathered by the BCS under a summary accounting system. The summary system does not allow identification of the social characteristics of individuals arrested by crime type. Data are available, however, to describe characteristics of all known adult defendants, and all felonies for the County. These data are presented in Figure 3-4, although their applicability to this study is extremely limited. The two trends that are evident from the Figure are (1) increase in the percentage of older defendants over time, and (2) increase in the ratio of Black to White defendants over time. Neither of these trends is inconsistent with the

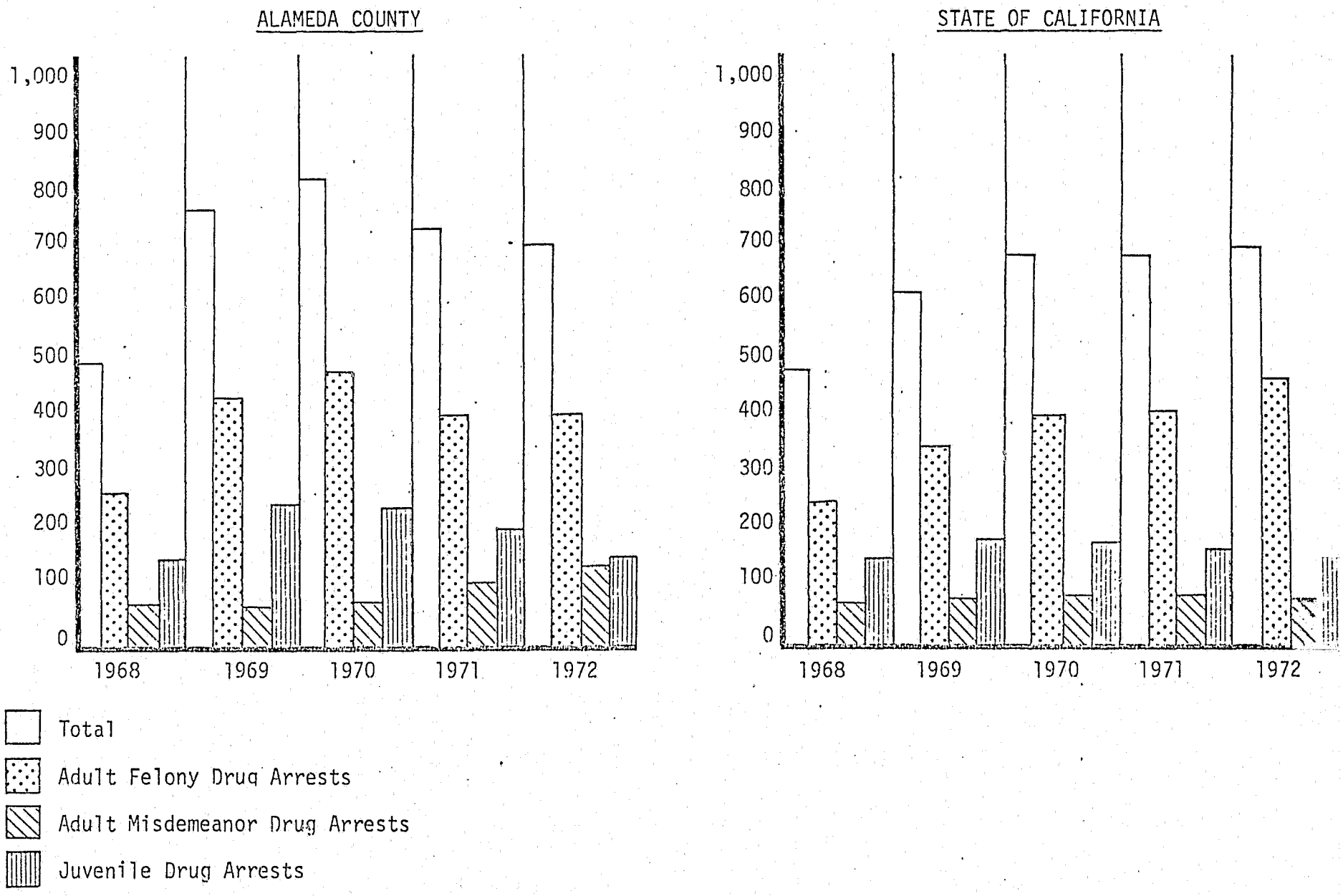
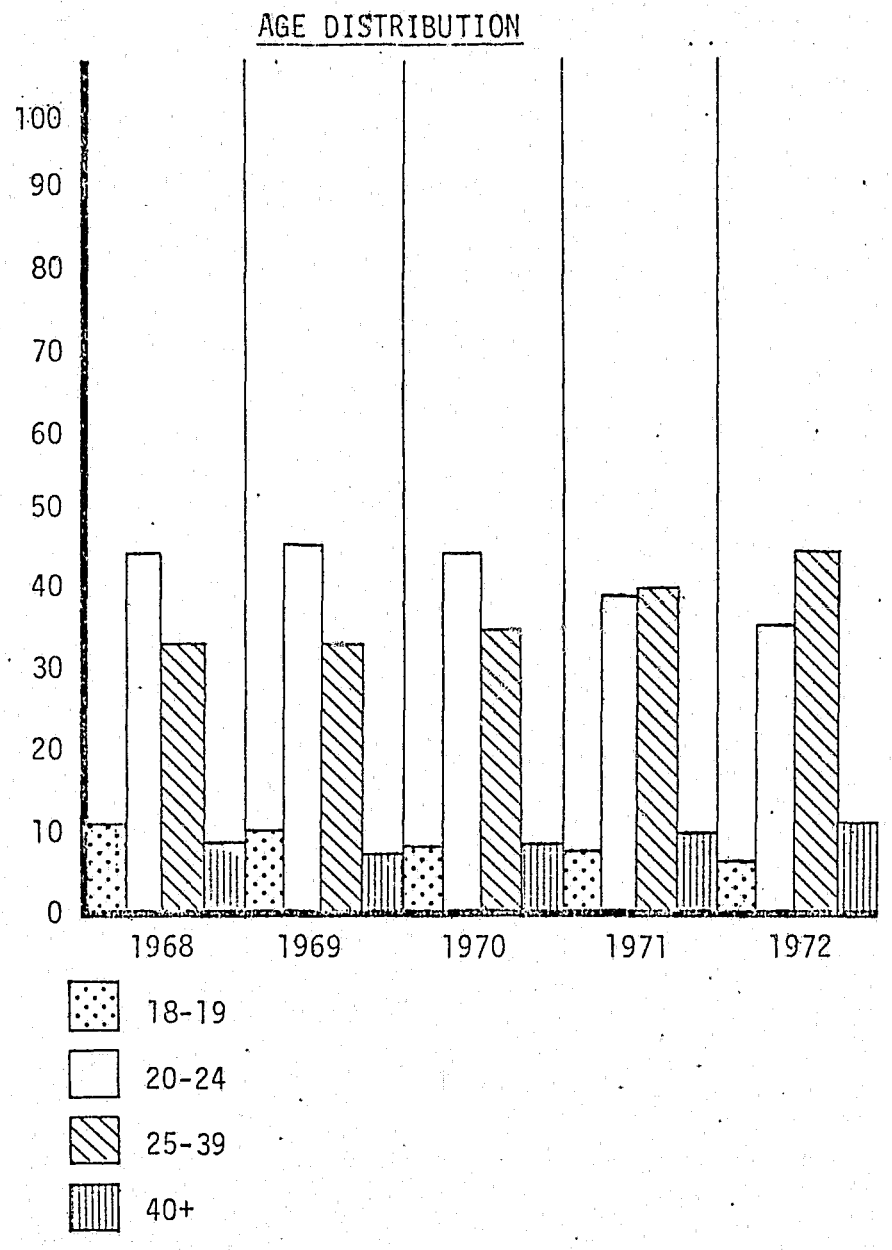
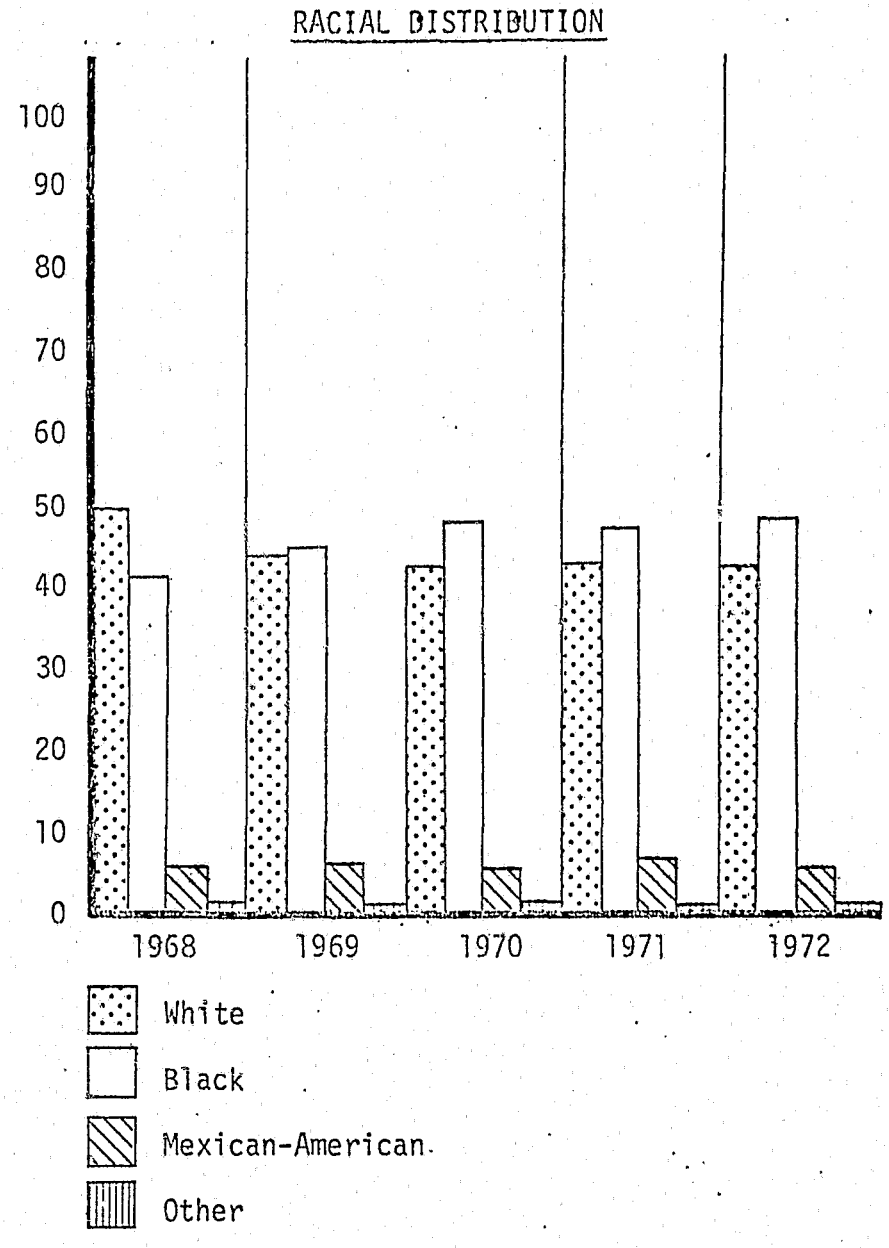


FIGURE 3-3

ANNUAL DRUG ARRESTS PER 100,000 POPULATION, 1968-1972





SOURCE: BCS Criminal Justice Profile.

FIGURE 3-4

SOCIAL CHARACTERISTICS OF KNOWN ADULT DEFENDANTS, 1968-1972 (ALL CRIME TYPES)
ALAMEDA COUNTY

general age and racial distributions for the County, which are described in the next subsection. The subpopulation of Black defendants averaged 47.4% over the five years; Blacks represent approximately 15% of the total County population. State data on felony drug defendants convicted in 1972 show that 19.1% were Black,* while Blacks represented 7% of the total State population. Thus, Statewide, the percentage of Black drug defendants is almost three times as great as the percentage of Blacks in the total population; in Alameda, the percentage of Black felony defendants is slightly higher than three times the total percentage of Blacks in the County.

3.3.1.3 Target Population Data

The target population for the Drug Prevention and Education Components of a Comprehensive County-wide Drug Abuse Program is the entire County population. Coordination of drug abuse services must take the characteristics of the population into consideration if effective delivery of services is to be achieved.

This subsection presents socio-economic indicators for Alameda County. Socio-economic indicators are defined as measures of social and economic conditions most frequently correlated with social problems in a given geographical area. These indicators relate to (1) characteristics of the population, and (2) characteristics of the economy. Their inclusion in this report does not infer that the drug abuse problem in the County is directly correlated with a particular social or economic condition: they are used here to provide an understanding of the general characteristics of the County.

Table 3-5 shows summary data for Alameda County based upon the 1970 Census reports. The Table includes a column which shows the relative rank of Alameda County among the most populous counties in the State,** and a

*1972 Crime and Delinquency in California - Reference Tables, Crimes and Arrests, Bureau of Criminal Statistics, May 1973.

**The ten counties are Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, and Santa Clara.

TABLE 3-5

SOCIO-ECONOMIC SUMMARY STATISTICS -- ALAMEDA COUNTY

INDICATOR	ALAMEDA COUNTY	RANK*	THE STATE
TOTAL POPULATION	1,073,184	4	19,957,715
Population per square mile	1,464	4	128
% Urban	99.0	2	90.2
% Rural Nonfarm	1.0	9	8.2
RACIAL DISTRIBUTION, %			
White	80.1	9	89.5
Spanish Heritage	(12.6)	6	(15.5)
Black	15.0	1	7.0
Other	4.9	2	3.5
AGE DISTRIBUTION, %			
Under 5 years	7.8	8	8.2
5-17	23.6	9	25.2
18-25	13.7	3	12.1
Over 25	54.9	4	54.5
POPULATION CHANGES, 1960 - 1970			
% Change, Total Population	18.2	8	27.1
% Net Migration	6.6	8	13.4
% Change, Black Population	44.8	9	58.2
BIRTH RATE/100,000 POPULATION	16.5	7	17.5
DEATH RATE/100,000 POPULATION	9.0	2**	8.5
UNEMPLOYMENT, %	6.5	2	6.3
MEDIAN FAMILY INCOME, $	11,131	5	10,729
White Families	11,663	5	10,966
Black Families	7,848	5	7,482
PER CAPITA MONEY INCOME	3,702	7	3,614
RECIPIENTS OF OAS, %	1.3	5	1.6
RECIPIENTS OF AFDC, %	7.9	4	7.7
% LOW INCOME FAMILIES	6.5	6	8.4
% 125% of Low Income	11.0	6	11.9

*Rank within ten major California counties.

** Shares number two rank with Los Angeles County.

column indicating averages for the entire State of California. The information shown in the Table indicates that Alameda was the fourth largest County in the State, in terms of total population. The population, which was almost totally urban, comprised the highest proportion of Blacks, and the next to lowest proportion of Whites, among the ten major counties. Of the White population, almost 13% were of Spanish heritage.

The Table entry showing the age distribution for Alameda County indicates that the County had a relatively high proportion of older residents. Among the ten major counties, Alameda had fewer residents under age 25 than its overall population rank would suggest.

Changes in the population from 1960-1970 were indicative of a comparatively slow growth rate. The lack of growth can be attributed partially to a low rate of immigration and partially to the low birth rate and high death rate.

The economic data presented in the Table indicate that in spite of a relatively high unemployment rate during the base period, median family income was high compared to State averages, and was not disproportionate in terms of the ten-county ranking. In addition, welfare recipients did not represent an unusually high percentage of the population. Per capita money income, however, was comparatively low, and the percentage of families classified at "125% of low income" and "low income" levels was somewhat high. These figures reflect the fact that incomes in the County are not equally distributed among all families in the population.*

*The degree of income inequality is considered by some authorities to have a high correlation with a number of urban social problems, including crime. This hypothesis is supported by studies which indicate that regions with the highest crime rates are those in which the greatest disparity between the very rich and the very poor exists. The degree of income inequality can be expressed quantitatively by a Gini ratio, and Gini ratios for different economic regions then can be compared. Alameda County ranks fifth among the ten major counties in equal distribution of income, as expressed by the Gini ratio calculation.

3.3.1.4 Other Planning Data

Data in this category relate to information which supplements project-specific, client-specific, crime-specific, and target-specific information available from the other three data modules. Planning data generally are program-specific. They include information about funding sources and funding eligibility, organizational constraints, and operational requirements. The following is an example of the availability of planning data in Alameda County.

The Alameda County Comprehensive Drug Abuse Program received OCJP funding for three years; at the end of that period, many of the projects were continued through Short-Doyle funding for a period of several months. The total amount represented about three months of Program funding. Project directors and some administrators expected that Short-Doyle would fund the projects at the same level for the following fiscal year; the State, however, could award only the same total amount of funding (i.e., three months of Program monies) over the fiscal year. Because of this misunderstanding, other funding sources were not explored,* and the County was faced with the problem of allocating an inadequate amount of monies among the drug projects.

The situation, which generated considerable negative reaction among the Drug Program Components, could have been avoided through collection of proper planning data. Such data are available, but have not been collected and utilized on a uniform basis. As one result, community-based projects have begun to seek funding independent of the Drug Abuse Program. If their efforts succeed, the concept of a county-wide comprehensive program is likely to fail.

*At the time the interviewing for this study was completed, a belated attempt was being made to procure additional funding from other sources, such as the National Institute for Drug Abuse.

3.3.2 DATA ANALYSIS SUBSYSTEM

A Data Analysis Subsystem comprises three modules: (1) Client Data Analysis, (2) Planning Data Analysis, and (3) Evaluation Data Analysis. The three modules all utilize data from the Data Collection Subsystem. The following paragraphs briefly discuss the extent to which analysis has been performed upon existing data in Alameda County, by module.

3.3.2.1 Client Data Analysis

The analyses performed upon client data for the Program have been limited mainly to comparisons between project components in terms of (1) characteristics of clients served; (2) services delivered to clients; (3) number of clients served, and (4) costs per client or unit of service rendered. This type of analysis is helpful in quantitative comparisons of projects, and results in information about the operating efficiency of the projects and the type and number of clients they attract. It does not yield however, information about the effect of the services delivered upon the future activities of the client. That is, are the services delivered impacting upon the clients' drug problems? This shortcoming in client data analysis reflects the absence of a program-wide uniform reporting system, as discussed in Section 3.3.1.1, Project and Client Data.

3.3.2.2 Planning Data Analysis

Planning data analysis within the Program primarily has been limited to the efforts required to produce grant applications for OCJP funding and the drug abuse section of the County Short-Doyle Plan. Although a comprehensive plan was developed for the Program originally, planning data have not been utilized to provide for a continuum of planning. As an example, during a meeting of the Technical Advisory Committee for drug abuse, the FY '74-'75 S.B. 714/Short-Doyle plan was presented for review. The Director of Mental Health explained that the FY '74-'75 plan was the same as the prior year's plan; with the justification that no one seemed to disagree with the previous plan, and no new planning had taken place. When asked how priorities would be reassigned in the FY '74-'75 plan due to the much lower level of

Short-Doyle funding, the director replied that the problem was not going to be addressed at that point because there was no way to handle it; that such matters would be considered after the plan was submitted.

3.3.2.3 Evaluation Data Analysis

As mentioned previously in Section 3.2.3 there were efforts to evaluate components of the Drug Abuse Program. Review of the completed reports and interviews with some of the authors indicated that none of the efforts qualified as evaluations. That is, they could not assess the impact of project activities upon the County's drug abuse problem. Data were not sufficient, in quantity or in reliability, to perform evaluation; the reports stressed the data problems encountered and identified areas of need which must be addressed before evaluation can be meaningful.

3.3.3 INTERPRETIVE REPORTING SUBSYSTEM

An interpretive reporting system is based upon four modules of information: (1) client statistics; (2) component services available; (3) community/target population needs; and (4) evaluative summaries and recommendations.

The Alameda County Drug Abuse Program did not include an interpretive reporting subsystem. Reports were produced which described client statistics (13) and component services available (1), but they were not produced on a consistent and continuing basis. Reports which contained analyses of community/target population needs (2) and evaluative recommendations and summaries (4, 9, 10, 16) were one-time efforts, and the results were not always disseminated to information users. Reports usually were generated on an "as required" basis, and were used only to fulfill the requirements that necessitated them. In one recent instance, a consultant was selected to evaluate a set of neighborhood centers. The evaluation was required to be completed in about one month, and carried a rather low budget. Just prior to contract award, the fact came to light that these same centers had been included in an evaluation completed a few months previously. The completed evaluation report had not been passed on to decision-makers, who consequently were unaware of its existence.

3.3.4 TASK TWO SUMMARY

The preceding subsections described the drug program planning and evaluation information which is presently available in Alameda County, and discussed some of the ways in which the information has been used. Table 3-6 summarizes these results, using the measurement criteria described in Section II.

As the Table shows, the elements of a planning and evaluation system that do exist presently in the County are fragmented and underutilized. Available data are not collected uniformly; collected data are not analyzed systematically; and results which are produced are not distributed to all information users.

The next subsection addresses the ways in which information objectives might be achieved under the existing structure of the Drug Abuse Program.

3.4 RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE DRUG ABUSE COORDINATION

The structure of coordination for the County-wide Program was undergoing changes during this study, as described in Section 3.1. Recommendations set forth here which pertain to the role of the Coordinator therefore are stated in general terms which could apply to coordination stemming from any provider agency. Recommendations which address design implementation of a planning and evaluation information system are specific to the Comprehensive Drug Abuse Program.

3.4.1 THE ROLE OF THE COORDINATOR: RECOMMENDATIONS

A Coordinator who occupies a position within the administrative hierarchy of a major provider agency, such as the HCSA, does not need to have direct authority. In practice, direct coordinator authority would be difficult to grant; the Coordinator may be the channel for funding from other local government sources who understandably want to retain decision-making control over resources. The Coordinator must, however, assume a role where he is a link in a single line of authority; or, he must assume

TABLE 3-6

MEASURES OF COORDINATION OBJECTIVES

	MEASUREMENT CRITERIA	CRITERIA FULFILLMENT
DATA AVAILABILITY	Are relevant client data uniformly collected and maintained by all components?	Collected and maintained; not uniform
	Are community needs documented on a continuing basis?	No
	Are arrest data by drug offenses available?	Summary statistics published by BCS.
	Are dispositional data on drug offenders by offense available?	Not currently published by BCS; law enforcement agency data required for detail.
	Are funding sources for drug abuse programs known?	Not completely
DATA UTILIZATION	Are client data collected from all components by the Coordinator?	Only as required by funding agency
	Are community data obtained by the Coordinator?	No
	Are arrest and dispositional data obtained by the Coordinator?	No
	Are funding sources contacted by the Coordinator?	Some sources are contacted
	Are analyses of needs for drug abuse services performed by the Coordinator?	As required for funding
	Based upon data collected?	No
	Are client referrals subject to follow-up analysis?	No
	Are components informed of the results of analysis of needs and funding availability?	Not formally
	Are decision makers informed?	Sometimes
	Are components informed of services available to clients from other components?	Not formally

a role that is of an advisory/support nature only. Coordination that is part of agency administration mandates the former role. The following are guidelines as to the structure of that role.

- The Coordinator must be the point-of-contact for all lower levels of the Program hierarchy;
- The Coordinator must be the one who communicates policy decisions to lower levels of the Program hierarchy;
- The Coordinator must be the information base for the Program, in that information should be received and disseminated through his office; and
- The Coordinator must receive sufficient administrative policy direction to allow him to assume responsibility for his assigned functions.

In summary, the Coordinator must be the visible element which all components of the Program have in common.

The activities of a Coordinator are or should be determined by the goals and objectives of the Program. Goals and objectives for the Alameda County Comprehensive Drug Abuse Program apparently have not been changed since the Program's inception.* They are not discussed here in detail because their present relevance to the Program is not clear. It is recommended that the new coordination effort be defined by careful definition of Program goals and objectives. It is recommended further that high priority be given within the Program to developing a plan to implement the three coordination objectives defined for this study. The purpose of coordination is to bring all elements of a kind together: a viable administration structure and functional Program objectives are essential to achieve this purpose.

The next subsection suggests ways in which Program coordination objectives may be accomplished in Alameda County.

*For a graphic presentation of the Program Goals and Objectives, see 21-Day Report, Cluster Evaluation of Narcotics Coordination Projects, Including County-Wide Comprehensive Narcotics Projects, JRB Associates, Inc., January 15, 1974.

3.4.2 ACHIEVEMENT OF COORDINATION OBJECTIVES: RECOMMENDATION

The Alameda County Comprehensive Drug Abuse Programs contains the basic elements necessary for successful implementation of a planning and evaluation information system. Administrators recognize the need for planning and evaluation information to facilitate decision-making. Project Directors are accustomed to reporting requirements and would be amenable to a system which provides feedback useful to the projects.

The study recommendations for achieving coordination objectives relate to four substantive issues: (1) structure of a planning and evaluation system data base, (2) data elements and data sources, (3) data analysis, and (4) interpretive reporting. Specific recommendations are presented here for each of the four issues. A suggested conceptual approach to implementation of these recommendations is described. A more detailed discussion of the issues is in Section VI.

3.4.2.1 Structure of a Planning and Evaluation System Data Base

The Alameda County Comprehensive Drug Abuse Program should develop a user-oriented planning and evaluation system. The data base should be developed initially for manual operation. The manual data base should serve present information requirements and retain the functional elements of a computer design to permit automation at some future date. The user-oriented data base should be developed around three types of information serving specific functions for given users. These types of information are Planning Information, Evaluation and Monitoring Information, and Statistical Analysis and Interpretive Reporting Information. The goal and objective framework served by these information categories should be compatible with the coordination objectives of the County Drug Abuse Program. Figure 2-1, in Section II, illustrates a typical structure for a planning and evaluation system data base.

With some exceptions, the data which the Program should collect exist in some form in Alameda County. These data need to be collated uniformly for planning, evaluation, and analysis. The storage procedures should be

easy to use and should reflect the availability of fiscal resources to support file maintenance and updating. As the volume of information increases and file maintenance requirements become more sophisticated, automation of parts or all of the data base may be considered.

3.4.2.2 Data Elements and Sources

Data should be collected periodically and in a uniform manner from all projects in the Drug Abuse Program. The data should include intake counts, client characteristics, type of service delivered, units of service delivered, referral and referral follow-up information, release counts, and outcome data. This information should be collected through use of Data Collection Instruments (DCIs) designed in consultation with project staff and Program administrators to ensure realistic reporting procedures and meaningful results. Project budget and expenditures by type should be collected also to allow calculation of project cost-effectiveness.

Police drug offender arrest data have been used repeatedly as the main indicator of the drug abuse problem in an area. Many agencies continue to use these data to analyze drug problems and to forecast future trends. Although these data are insufficient to characterize the breadth and depth of drug abuse problems, the Drug Abuse Program should collect BCS data in order to permit standard comparisons among County planning areas and with other counties. In addition, detailed data should be collected from local criminal justice agencies reflecting drug-offense and arrestee-characteristic tabulations on a consistent basis.

Populations and population projections for planning areas within the County should be obtained each year in order to establish crime "rates" per capita. Demographic information about the general population should be obtained to allow comparison of drug-arrestee characteristics with characteristics of the population, in order to identify target groups for drug abuse education and prevention efforts.

The planning data of most immediate concern to the Drug Abuse Program relates to sources and availability of funding. To maintain such data, the Program must maintain liaison with County financial administrators, and with representatives of State planning agencies and Federal direct-funding agencies. Grant applications for State or Federal funding must be responsive to requirements of the funding agencies; thus knowledge of agency standards for goal-directed planning, financial and performance monitoring, and evaluation is important to the Program.

In the longer range, planning is the process of setting priorities, goals, and objectives. This process is one of great sensitivity to a public agency. To perform this role properly, decision-makers must have additional information regarding internal and external attitudes toward the County Drug Abuse Program and its components. The external data should be obtained from survey techniques which could elicit subjective community opinions. The internal data derive from two sources, namely, the subjective opinions of staff and management personnel working in and with the Program, particularly members of the criminal justice system, and the systematic use of expert judgment which is focused on specific goal-oriented issues. These "system-internal" and "system-external" data-gathering tools can be extremely responsible to the Program's changing needs. Each "survey" procedure will vary in cost, complexity, time for completion, and ability to produce representative results. These tools should be considered seriously as an important means for the County Program to gather data and opinions necessary for priority and goal establishment.

3.4.2.3 Data Analysis

Analysis of the evaluation and monitoring information recommended in this report for inclusion in the data base will provide a set of performance measures for use in drug abuse program planning at the County level. The performance measures are assessments of the baseline goals established in the planning process against actual goal achievement by projects and programs.

This kind of information on goal setting and goal achievement provides the basis for evaluating and monitoring the performance of projects and programs. In the aggregate, project and program data establish a performance management system that feeds evaluation and monitoring information back into the planning process.

Planning, evaluation, and priority-setting data should be analyzed in order to assess long term needs and short term priorities for drug abuse reduction and system improvement. Statistical and trend analyses should be used to identify immediate problems and solutions and to reassess the needs of the County agency and community projects concerned with reducing drug abuse and improving the system on a continual basis.

Drug abuse data specialization and analysis should be the responsibility of the Drug Abuse Program within the HCSA. Unless an omnibus County planning agency comes into being, the various agencies which currently are concerned with area planning will continue to be responsible for the collection and analysis of data for their particular fields. The County Drug Abuse Program thus will be able to make discriminate use of data bases on health, transportation, economic activity, public assistance, the environment, characteristics of the population, educational and job opportunities, and school enrollment and educational attainment, while providing data on drug abuse and County-wide drug abuse efforts to these other planning agencies for their efforts. It is therefore recommended that the Program staff specialize in the analysis of drug abuse problems and the relationships between drug abuse and contributing factors, but not necessarily in the analysis of the factors, themselves.

3.4.2.4 Interpretive Reporting

Interpretive reporting is the process of presenting data collection and analysis results to information users. Reporting formats must be designed to fulfill information requirements of users at various levels in the Program

hierarchy. Reports required at the project level would include resource directories to assist in client referrals, summary reports of activities of all projects in the Program, guidelines for future planning, reporting policy and procedures, and evaluation information relevant to each project's operational activities. At the Program level, interpretive reports would include analysis of needs in drug abuse education, prevention, treatment and rehabilitation; comparative evaluations of projects in each functional category; and budget projections for all components of the Program. Reports to the County administration primarily would be budget-related and would include planning priorities based upon analysis of needs and existing services, and program performance summaries.

In summary, the Program should be a recipient of other agencies' data and analyses rather than attempting to become the single source of all relevant drug information in the County. The latter effort can be extremely costly. Extensive use should be made of each community's social, economic, and demographic data and each project's monthly operations reports to minimize unnecessary data collection efforts. However, the Program staff should be the principal contact in the County for collection, analysis, and interpretive reporting of operational data for drug abuse projects and detailed statistics on drug users and arrestees.

SECTION IV

CONTRA COSTA COUNTY

SECTION IV
CONTRA COSTA COUNTY

4.1 BACKGROUND AND INTRODUCTION

The Contra Costa County Drug Abuse Program was the second largest of the three Programs in the Cluster. The County received over $400,000 in OCJP funding over the Program period, from 1 September 1971 to 30 April 1974. The total Program budget for that period exceeded $1,000,000. Funds were obtained from OCJP for two major purposes: (1) expansion of the Methadone Maintenance project; and (2) creation of a Discovery Program for residential and community treatment. The grant included funding for an Executive Director of the Discovery Program, who also was to provide County-wide drug abuse coordination.

By the end of the first year of Program operation, the Executive Director of the Discovery program had found that the dual responsibilities of project coordination and operation created a conflict of interest. He suggested that the two roles be separated. As a result, the County requested and received OCJP funding for a separate coordination position. The position which authorized an Executive Assistant to the Drug Abuse Board, was filled initially in November 1972. The present Executive Assistant has occupied the position since mid-1973. The Executive Assistant is responsible to the Director of the County Human Resources Agency, who is the County Short-Doyle Drug Abuse Coordinator appointed pursuant to the requirements of State Senate Bill 714.*

The Drug Abuse Board is comprised of members from each supervisorial district, elected by caucus in their communities. The Board members function as representatives of their individual districts; the overall Board, therefore, functions to represent drug abuse activities County-wide. The Board also serves as the Technical Advisory Committee on Drug Abuse for the County Mental Health Advisory Board, and is responsible for reviewing the drug portion of the County Short-Doyle Plan.

*Senate Bill 714 required that each county have a Drug Abuse Coordinator, to be appointed by the Board of Supervisor, who must be (a) the County Mental Health Director; (b) the Chief Administrative Office of the county; or (c) the head of the county agency responsible for overall health services for the county. The Director of Human Resources is in the latter category.

The Contra Costa Drug Abuse Program presently comprises five components: (1) Discovery Centers - community-based counseling centers; (2) Discovery House - a drug-free therapeutic community; (3) M-Ward - a detoxification facility which also provides motivational therapy for Discovery House candidates; (4) two methadone maintenance clinics; and (5) a drug prevention/education component in the County schools. Administration of the County Drug Program primarily is the responsibility of the Program Director for Mental Health, Medical Services Division of the HRA. The County Superintendent of Schools had administrative responsibility for the Education component. Discovery Centers are run by the cities through contractual arrangements with the County. The County pays the salaries of staff and the city takes responsibility for facilities and other needs.

The remainder of this section examines the coordination role as it existed during the OCJP-funding period. Coordination problems and needs are addressed, and recommendations to the County for improved coordination of drug abuse activities are given. The presentation is divided into three major subsections:

- TASK ONE: DEFINITION OF THE COORDINATION PROCESS (Sec. 4.2);
- TASK TWO: DEGREE OF OBJECTIVE ACHIEVEMENT (Sec. 4.3); and
- RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE DRUG ABUSE COORDINATION (Sec. 4.4).

Qualitative data collected through interviews in the County are presented in Sec. 4.2. These data and other information collected through observation and document review are analyzed in Sec. 4.3. Section 4.4 draws upon the findings presented in the preceding two subsections to develop recommendations to Contra Costa County for improved coordination procedures.

4.2 TASK ONE: DEFINITION OF THE COORDINATION PROCESS

This subsection presents the results of the qualitative data collection and analysis effort conducted under Task One. The data were collected through interviews with individuals who are directly and indirectly involved

with the Contra Costa County Drug Abuse Program. The interviews were structured according to the Data Collection Instruments (DCIs) in Appendix B. As explained in Section II, DCIs were designed to elicit information from individuals at all levels of the Program, and those associated peripherally with the Program, and to summarize the content and process of meetings attended by the evaluators. The DCI information has been organized for presentation here into two groupings. The first information grouping consists of responses which help to describe the role of the Coordinator* for drug abuse programs. This grouping reflects respondent perceptions of the Coordinator's authority, responsibilities, activities, and accomplishments. The second information grouping pertains to problems and needs which exist in the Program area, as perceived by the various respondents.

Within each of the two information groupings, respondents are categorized as follows:

Coordinator -- The individual funded by OCJP to coordinate the County Drug Abuse Program, and his staff. The job title for this position in Contra Costa County is "Executive Assistant to the Drug Abuse Board";

Providers, Agency -- Individuals associated with a local government agency which provides drug abuse service(s) at an agency facility;

Providers, Community Centers -- Individuals who provide drug abuse service(s) at community locations which are physically separated from agency facilities;

Evaluators -- Individuals who have evaluated components of the Program;

Advisors, Citizen -- Individuals who represent interests of the community as members of the Drug Abuse Board or Mental Health Advisory Board;

Administrators, Direct -- Individuals other than the Coordinator who have some responsibility or authority related to coordination of the Drug Abuse Program (includes Coordinator designated in compliance with S.B. 714);

Administrators, Indirect -- Individuals who do not have direct authority or responsibility for the Drug Abuse Program, but whose decision-making power can affect the Program (includes the Regional Criminal Justice Planning Board); and

Criminal Justice System Users -- Members of law enforcement, justice, and corrections agencies who may refer clients to projects in the Program.

*The Coordinator referred to in this report is the OCJP-funded Coordinator, the Executive Assistant to the Drug Abuse Board.

4.2.1 THE ROLE OF THE COORDINATOR

Table 4-1 is a display of interviewee responses* to questions about the role of the Coordinator. The first question attempted to identify the individual who was perceived as Coordinator. The OCJP funded Coordinator (Executive Assistant to the Drug Abuse Board) and the 714-Coordinator each were named by 23% of the responses. An equal number of responses, however, indicated that no one in the County is a Coordinator. The Drug Abuse Board was perceived by three respondents as the coordinating body; one of those respondents was a Board member. Three respondents stated that most coordination stemmed from the combined activities of Mental Health Services and the Mental Health Advisory Board; all three of those respondents were Mental Health Services staff and/or Mental Health Advisory Board members. The Director of the Discovery Program was named once as the Coordinator of all Discovery Program components. The Probation Department was cited by a "Direct Administrator" as the informal coordination body for criminal justice/drug program interactions.

The second question attempted to elicit responses to help determine the OCJP-funded Coordinator's activities. The responses to this question reflect clearly the role of the interviewee in the Program. Providers who were not members of one of the Boards mentioned information dissemination as a primary coordination activity. The information they sought and received from the Coordinator usually concerned funding questions. Individuals who were members of the Drug Abuse Board described a set of activities performed by the Coordinator as staff to the Board. These activities included handling correspondence, formulating recommendations to the Board, and preparing Board resolutions. The Coordinator was perceived as performing liaison activities of three types: (1) between the County agencies and the Drug Abuse Board; (2) among County agencies; and (3) among the various advisory boards in the County. Respondents who cited these liaison activities were involved with the agency or organization for which the liaison was performed.

*Number of responses does not equal number of interviewees because some interviewees gave several responses, and because some questions were not answered by all interviewees.

TABLE 4-1

ROLE OF THE COORDINATOR IN CONTRA COSTA COUNTY

QUESTION/ANSWERS	RESPONDENT CATEGORY: COORDINATOR	PROVDRS. AGENCY	PROVDRS. COM. CTR.	EVAL.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
Q. WHO COORDINATES?								
A. Executive Assistant to the Drug Abuse Board.	1	2				1	1	1
A. Drug Abuse Board		1			1	1		
A. Discovery Program Director					1			
A. 714 Coordinator	1	1			1	2	1	
A. Probation Department						1		
A. No one		2	1	1				1
A. Mental Health/MHAB		2			1			
Q. ACTIVITIES OF COORDINATOR?								
A. Agency/Drug Abuse Board Liaison	1					1	1	
A. Information Resource	1	3	1					
A. Staff work for Drug Abuse Board	1	1			1	1	1	
A. Funding Advocacy		1						
A. Interagency Liaison		1						
A. Inter-Board Liaison		2						1
A. Don't Know			1					1
Q. WHERE SHOULD COORDINATOR BE?								
A. Human Resource Agency	1					1	1	
A. County Administrator's Office						1	1	
A. Mental Health		1			1			
A. Criminal Justice Planning Board								1

TABLE 4-1 (Continued)

QUESTION/ANSWERS	COORDINATOR	PROVDRS. AGENCY	RESPONDENT CATEGORY: PROVDRS. COM.-CTR.	EVAL.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
Q. RESPONSIBILITIES?								
A. Administrative								
A. Planning							1	
A. Program Monitoring							2	
A. Evaluation							1	
A. Funding Advocate								
A. Not formally defined	1	2	1	2			1	
A. Information Resource to DAB	1				1			
A. Staff work for DAB	1	2			2	1		
Q. DECISION-MAKING AUTHORITY OF COORDINATOR?*								
Q. WHAT SHOULD COORDINATOR ACTIVITES BE?								
A. Information Resource	1	1			1			
A. Funding Advocate		3						
A. Evaluation							1	
A. Planning	1							
A. Staff to DAB					2	1		
A. Technical Assistant to Discovery Program		1						
A. Liaison/Communications	1	2				1	1	
Q. MAJOR ACCOMPLISHMENT?								
A. Well Respected		3	1		1	1	1	3
A. Information Access and Dissemination	1	3	1		2	1		
A. None				1			1	

*Responses to this question were not tallied, as all respondents stated that the Coordinator had no direct decision-making authority.

The responsibilities of the Coordinator were described by Drug Abuse Board members as staff work to the Board and by most other respondents as "undefined." Some respondents in "indirect administration" cited additional responsibilities in the area of program planning, monitoring, and evaluation; although one indicated that the present structure for coordination makes these functions impossible.

The fourth question, relating to the amount of decision-making authority vested in the Coordinator, elicited a unanimous response: the Coordinator has no authority. His ability to affect decisions made by those who do have authority was cited by several respondents; for example, one respondent observed that the Coordinator "facilitates" decision-making by effective use of information. Another said that because the Coordinator was personally liked and respected, his recommendations were considered to be valuable.

The next question asked respondents to describe the activities they feel a Coordinator should perform. The responses indicate that "desired" activities are very similar to "actual" activities of the Coordinator. Coordination activities are perceived to be support services to the Program and its components, rather than organizational or administrative functions.

The position of the Coordinator in the County structure was addressed by the next question. Only responses which cited specific organizational structures as appropriate for coordination were tallied. Responses were varied, with three individuals recommending the Human Resources Agency (HRA) which is the agency the Coordinator represents at present. Two respondents felt that the Coordinator should report directly to the County Administrator unless HRA begins to demonstrate more interest in the Drug Abuse Program. Mental Health Services was recommended as the coordination agency by three respondents, two of whom are associated with that agency, and one of whom is a member of the criminal justice system.

The final question pertains to the major accomplishment of the Coordinator. As previously mentioned, the OCJP-funded Coordinator who was the subject of the interviews did not join the program until mid-1973. Respondents therefore

did not discuss accomplishments as program outcomes, but as personal achievements of the Coordinator. The most mentioned achievement was the amount of agency and community respect earned by the Coordinator during his relatively brief period of service. One respondent attributed this success to the Coordinator's "professional bearing and low-key, nonthreatening approach." Another stressed the Coordinator's ability to communicate well with all components of the Program. The second achievement cited was the Coordinator's ability and willingness to acquire and disseminate information. For example, one criminal justice agency-sponsored project director stated that no previous Coordinator had ever contacted his project; the present Coordinator not only contacted the project but also helped the group obtain additional funding. An "indirect administrator" observed that the Coordinator attended and participated in most area meetings relevant to drug abuse, and kept each group informed of the activities of the others.

4.2.2 DRUG ABUSE PROGRAM COORDINATION PROBLEMS AND NEEDS

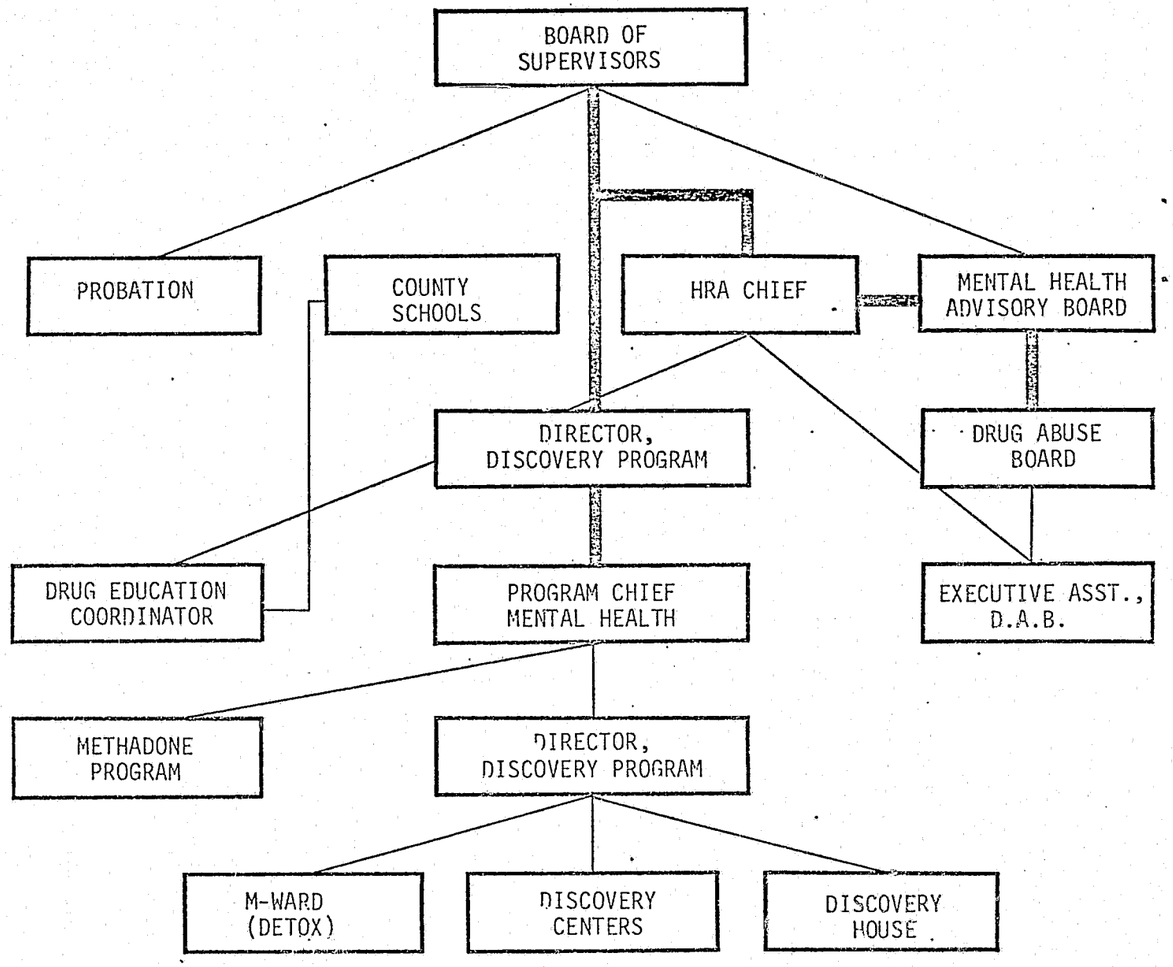
This informational grouping contains a summary of the perceived problem areas in coordination, and the consequent needs of the Program and its components. Questions and responses are displayed in Table 4-2, by type of respondent.

The first question sought to identify major constraints which exist presently upon the coordination function. The question was presented to interviewees in a manner intended to deemphasize the constraints which were not inherent to the position; for example, the Coordinator's brief tenure prior to the evaluation, and the period of time during which the Program had no Coordinator. Twenty-four percent of the responses indicated that the Coordinator lacks authority, and 28 percent cited multiple chains-of-authority as a major constraint. Figure 4-1 illustrates a composite chain-of-authority derived from respondent descriptions. Twenty percent of the responses identified the conflicting responsibilities of the Coordinator

TABLE 4-2

PROBLEMS IN COORDINATION -- CONTRA COSTA COUNTY

	RESPONDENT CATEGORY							
UESTION/ANSWERS	COORDI-NATOR	PROVDRS. AGENCY	PROVDRS. COM. CTR.	EVAL.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
Q. WHAT WERE THE MAJOR CONSTRAINTS UPON COORDINATION EFFORT?								
A. Undefined Role	1			1			2	
A. Lack of Authority	1	1	1		1		1	1
A. Conflicting Responsibilities	1	2					2	
A. Multiple Chains-of-Authority		2	1		1	2		1
A. Lack of Planning	1			1			1	
Q. WHAT WERE THE MAJOR SHORTCOMINGS OF COORDINATION EFFORT?								
A. Inadequate Planning	1			1			1	
A. No Evaluation	1				1		1	1
A. No Information Collection/Dissemination System	1	1					1	1



NOTE: Heavy dark lines indicate lines of authority regarded as most important.

FIGURE 4-1

PERCEIVED CHAINS OF AUTHORITY IN THE CONTRA COSTA DRUG ABUSE PROGRAM

as a major problem, and sixteen percent pertained to poor definition of the Coordinator's role. These constraints were summarized succinctly by one respondent who stated:

> "The Coordinator's role is nebulous; he has no authority himself; he must go through his Director as well as through the Drug Program Director; and he is actually staff to the Drug Abuse Board. He has no direct project contact."

Only three respondents identified lack of planning as a major constraint. Two of these -- the Coordinator and an indirect administrator -- saw lack of planning as the cause of other major constraints. That is, if the planning effort had included a detailed analysis of the coordination requirements and a consequent definition of specific responsibilities and authority of the Coordinator, the other problems could have been avoided. For example, an indirect administrator stressed that the Coordinator doesn't really need direct authority, as long as he represents a link in a single chain to direct authority; however, the chain-of-authority and the Coordinator's position in it must be defined carefully to avoid conflict.

The second question addressed major shortcomings of the coordination effort. Inasmuch as few of the respondents perceived that a coordination effort had been conducted, few responses were offered. The Coordinator and an indirect administrator cited failure to meet certain original program objectives in areas of planning, monitoring, and evaluation. Other respondents identified shortcomings in the same areas, citing unavailability of evaluation, referral, funding, and planning information as examples.

4.2.3 TASK ONE: SUMMARY

The preceeding subsections presented information about the role of the Coordinator and problems in coordination of the Contra Costa County Drug Abuse Program. The major problems were seen as lack of Coordinator authority and poor role definition. These two factors were cited as major constraints upon the coordination effort; yet questions about actual and desired coordination activities indicate that the Coordinator <u>is</u> doing what he "should" be doing. A coordination role has been defined informally, and activities are being performed in accordance with that role, despite the constraints.

The multiple "chains-of-authority" depicted in Figure 4-1 are nonetheless a major constraint to effective coordination. Because he always has lacked authority, the Coordinator never has been a link in one of the many chains. He therefore retains a neutral support-advisory position which remains constant despite shifts in the administrative power structure. This position, however, has no formal role definition, which leads to uncertainty among Program components as to whether or not coordination is taking place.

The Coordinator, despite the fact that he has been with the County less than a year, has achieved quite a high level of visibility. He attends and participates in meetings of community and advisory groups on drug abuse, and serves as an information resource to members of the groups. His facility in acquiring and disseminating information is a major factor in his success. One respondent described the Coordinator's predecessor as an individual who was preoccupied with (1) becoming part of a chain of authority, and (2) acquiring authority. This individual was perceived as a threat by the higher levels of the Program, and as an impediment by the Program components. The present Coordinator has remained uninvolved in power struggles and has chosen instead to base his position upon liaison and informational activities.

4.3 TASK TWO -- DEGREE OF OBJECTIVE ACHIEVEMENT

This section pertains to the degree to which coordination objectives defined for this study were achieved in Contra Costa County. The three coordination objectives were described in Section II, and are restated here:

- Increase information sharing among the program components;
- Increase the quality of drug abuse services provided to clients and the community; and
- Develop guidelines and procedures for the effective allocation of drug abuse resources.

In Section II, the coordination objectives were described as comprising the definition of a planning and evaluation system. The system consists of three major subsystems: (1) Data Collection, (2) Data Analysis, and (3) Interpretive Reporting.

The results of Task Two are presented in the following paragraphs by subsystem category of the planning and evaluation system. The first category is the Data Collection Subsystem which discusses the availability and utility of planning and evaluation information for the County Drug Program. The second category pertains to the analyses which can be performed upon the data to produce meaningful results, and the third category addresses the methods by which the results can be disseminated for various applications.

4.3.1 DATA COLLECTION SUBSYSTEM

The data collection subsystem is the basis for planning, evaluation, and monitoring needs. It is organized into four major modules of data: (1) Client and Project data; (2) Crime and Offender Data; (3) Target Population Data; and (4) Other Planning Data. Each module is discussed below, and the data which are available* currently for each module are presented. Data gaps are discussed briefly.

4.3.1.1 Client and Project Data

Table 4-3 lists the County Drug Abuse Program component projects, and indicated types of services offered. Client characteristics are included where known. The County Drug Abuse Program represents most of the drug abuse activities in the area, although the Table also lists the Antioch REACH; the only nonCounty project identified which has had interface with the County Program.

As the Table shows, the components of the Drug Abuse Program offer a range of services throughout the County. The Discovery Centers are located in the five supervisorial districts, and serve the communities within each district. The target population for the Centers is teenagers who are experimenting with "soft drugs," rather than hardcore drug addicts. The

*The scope of this study precluded raw data collection at the project level. Data available refers to information which was in summary form.

TABLE 4-3

DRUG ABUSE PROJECTS IN CONTRA COSTA COUNTY

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
DISCOVERY PROGRAM NEIGHBORHOOD CENTERS		C. Benevent, Discovery Program Director				Soft Drugs, Nondrug Problems	Individual and Group Counselir Family, Community Drug Education, Crisis Intervention
Richmond Discovery Center		. Strauss	Richmond	15	Black	Same as above.	Same as above.
Tri-Cities Discovery Center		*	Pinole	17	White	Same as above.	Same as above.
Martinez Discovery Center		*	Martinez	15-17	White	Same as above.	Same as above.
Concord Discovery Center		J. Summers	Concord	16-17	White	Same as above.	Same as above.
Danville Discovery Center		B. Allen	Danville	16	White	Same as above.	Same as above.
NON-DISCOVERY CENTER							
Antioch REACH		Thomas Eblen	Antioch				24-Hour Emergency Service, Individual and Group Counselin School-based Counseling, Education
RESIDENTIAL							
Discovery House	T.C.	C. Benevent	Martinez	Unknown	Unknown	Heroin	Therapeutic Community, Counseling, Life Style Alternatives

*At the time of the nterviews, hese Centers ha temporary Acting Directors.

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS: Primary Age Group	Ethnic Group	Primary Drug Problem	SERVICES OFFERED
DETOXIFICATION							
M-Ward	Detox	C. Benevent	Martinez	Unknown	Unknown	Heroin	Detoxification, Therapy -- Motivational therapy is provided for Discovery House candidates during qualification period.
EDUCATION							
Education Coordination Program	Education	Jeanne Gibbs	Pleasant Hill	County-Wide Schools			Education, Training of Teachers in Value Clarification and Self-esteem Reinforcement Techniques
METHADONE MAINTENANCE							
Methadone Maintenance Clinic		Dr. Roy Buehler	Richmond	18+	Black	Heroin	Methadone Maintenance, Counseling Innovative Therapeutic Techniques Health Services
Methadone Maintenance Clinic		Dr. Roy Buehler	Pittsburg	18+	Unknown	Unknown	Same as above.

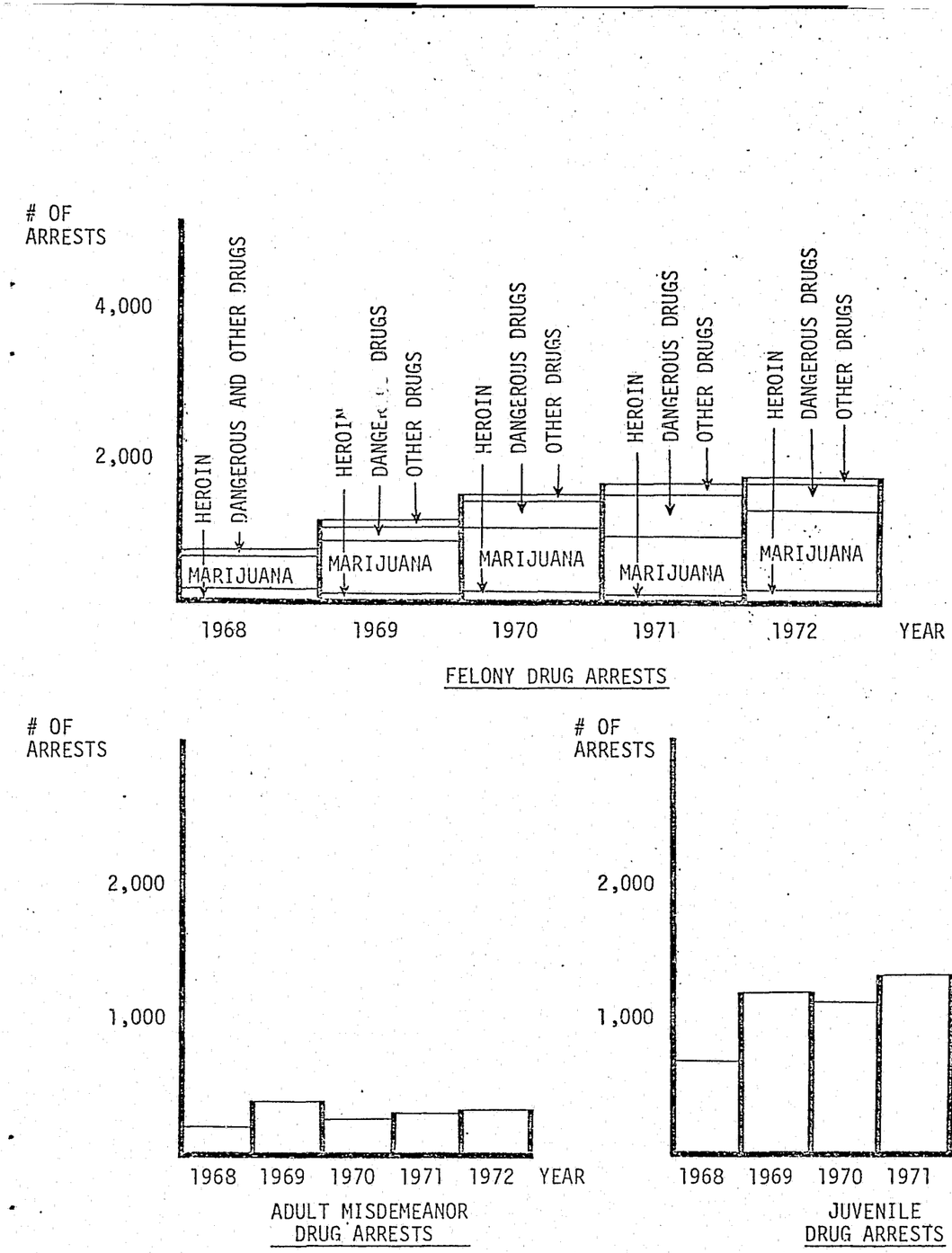
Discovery House and M-Ward are located in Martinez, the County seat, and treat residents from all areas of the County. The methadone maintenance clinics are located in Pittsburg and Richmond, where the need for such services is perceived to be greatest.

This study relied upon available processed data to describe client characteristics. The data were not available for all projects, as the Table indicates.

4.3.1.2 Crime and Offender Data

The data presented in this subsection primarily pertain to that segment of the total population of drug abusers which has entered the criminal justice system through arrest. The subpopulation of those arrested for drug law violation represents only a percentage of the unknown total number of drug abusers who are the target group for drug treatment and rehabilitation projects. It is, however, the subpopulation which was the primary target addressed in the original grant application to OCJP. Drug arrest data for the County are available from the BCS in summary form only; they are uniform with data available from other counties, which facilitates comparison of trends. Line item reporting on characteristics of individuals by type of arrest has not been implemented throughout the State.

Figure 4-2 shows actual number of drug arrests in Contra Costa County during the five-year period of 1968-1972. The Figure indicates Adult Felony Drug Arrests by drug type, and gives aggregate arrests for adult misdemeanants and for juveniles. Adult Felony Drug Arrests increased in 1969 and 1970, primarily due to an increase in the number of marijuana and dangerous drug arrests. The increase in total felony drug arrests in 1971 despite a decrease in the number of heroin and marijuana arrests was mainly attributable to an increase in dangerous drug arrests. This trend was reversed in 1972 -- heroin and marijuana arrests increased, while dangerous



SOURCE: BCS Criminal Justice Profile, 1966-1972, Contra Costa County.

FIGURE 4-2

CONTRA COSTA COUNTY DRUG ARRESTS, ANNUAL TOTALS, 1968-1972

drug arrests declined. Adult misdemeanor arrests have not varied significantly on a year-to-year basis. Juvenile drug arrests have varied from year to year, but at higher levels than the 1968 rate. The data in this Figure reflect the problem of illegal drug usage from the standpoint of the law enforcement workload -- actual number of suspects entering the criminal justice system.

Figure 4-3 depicts five years of drug arrest data for the County and for the State as rates per 100,000 population. The arrest data are presented in this manner to illustrate the difference in drug arrest trends between Contra Costa County and the State as a whole. In 1968, the Figure shows that arrest rates in all drug offense categories were lower for Contra Costa County than for the State. In 1969, the County experienced increases in all drug arrest categories, and thus in total drug arrests. Further, the data in the Figure indicate that the rate of total drug arrests in the County increased from 48.9% of the Statewide rate in 1968 to 75.5% of the Statewide rate in 1972. As a percentage of the Statewide rate, Contra Costa's adult felony drug arrest rate increased from 52.2% in 1968 to 66.1% in 1972; and the juvenile drug arrest rate increased from 77.7% to 112.5% of the Statewide rate in the same period. Misdemeanor drug arrests in the County more moderately reflect the same trend; the arrest rate for misdemeanor drug offenses increased from 43.7% to 58.5% of the Statewide rate from 1970 to 1972.

As discussed previously, Contra Costa County drug arrest figures were gathered by the BCS under a summary accounting system. The summary system does not allow identification of the social characteristics of individuals arrested by crime type. Data are available, however, to describe characteristics of all known adult defendants, all felonies, for the County. These data are presented in Figure 4-4, although their applicability to this study is extremely limited. No strong trends are evident in the Figure although over the five-year period there was an increase in the percentage of 20-24 year old defendants. There was also an increase in the ratio of Black to White defendants over time.

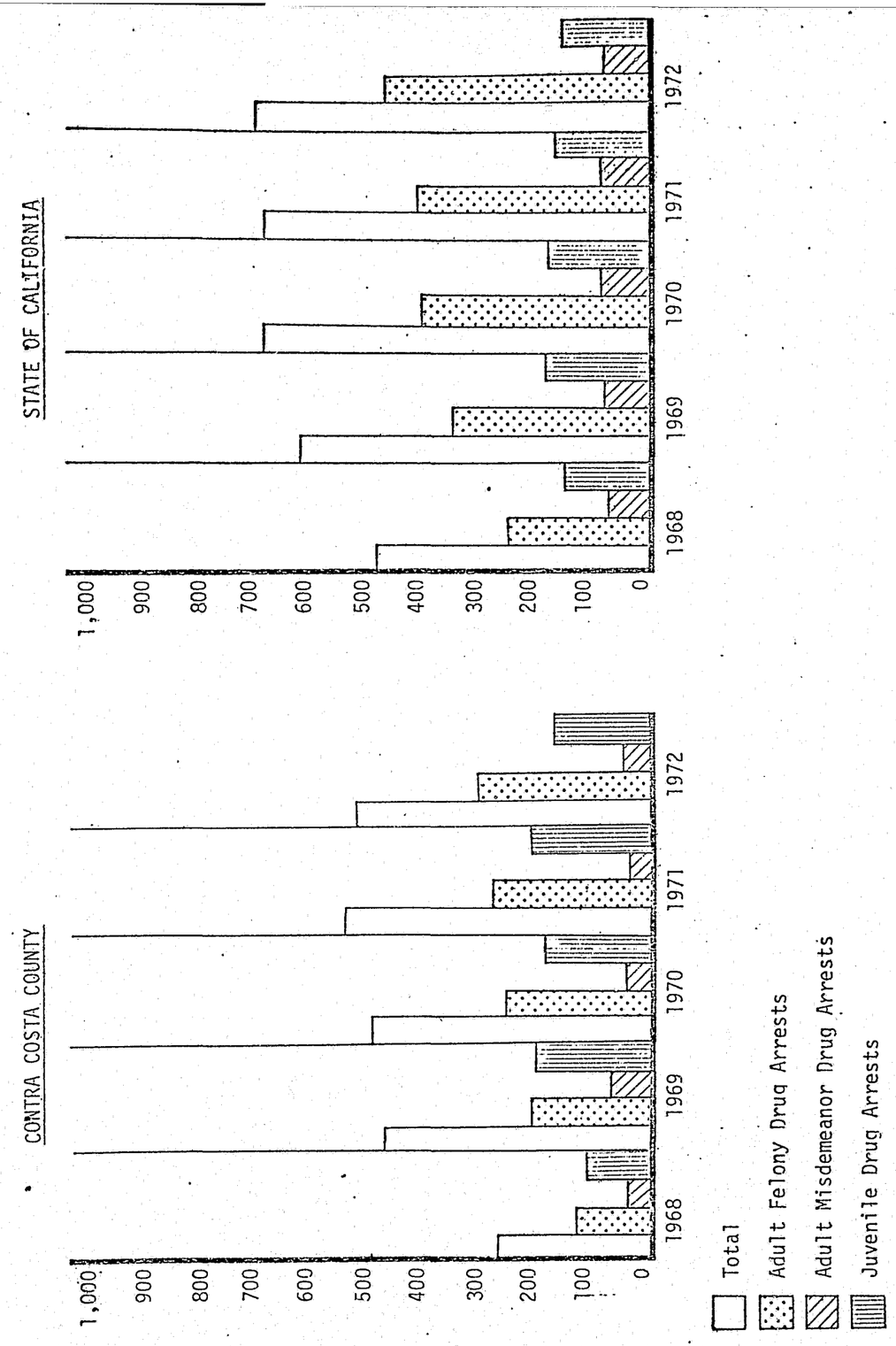


FIGURE 4-3
ANNUAL DRUG ARRESTS PER 100,000 POPULATION, 1968-1972

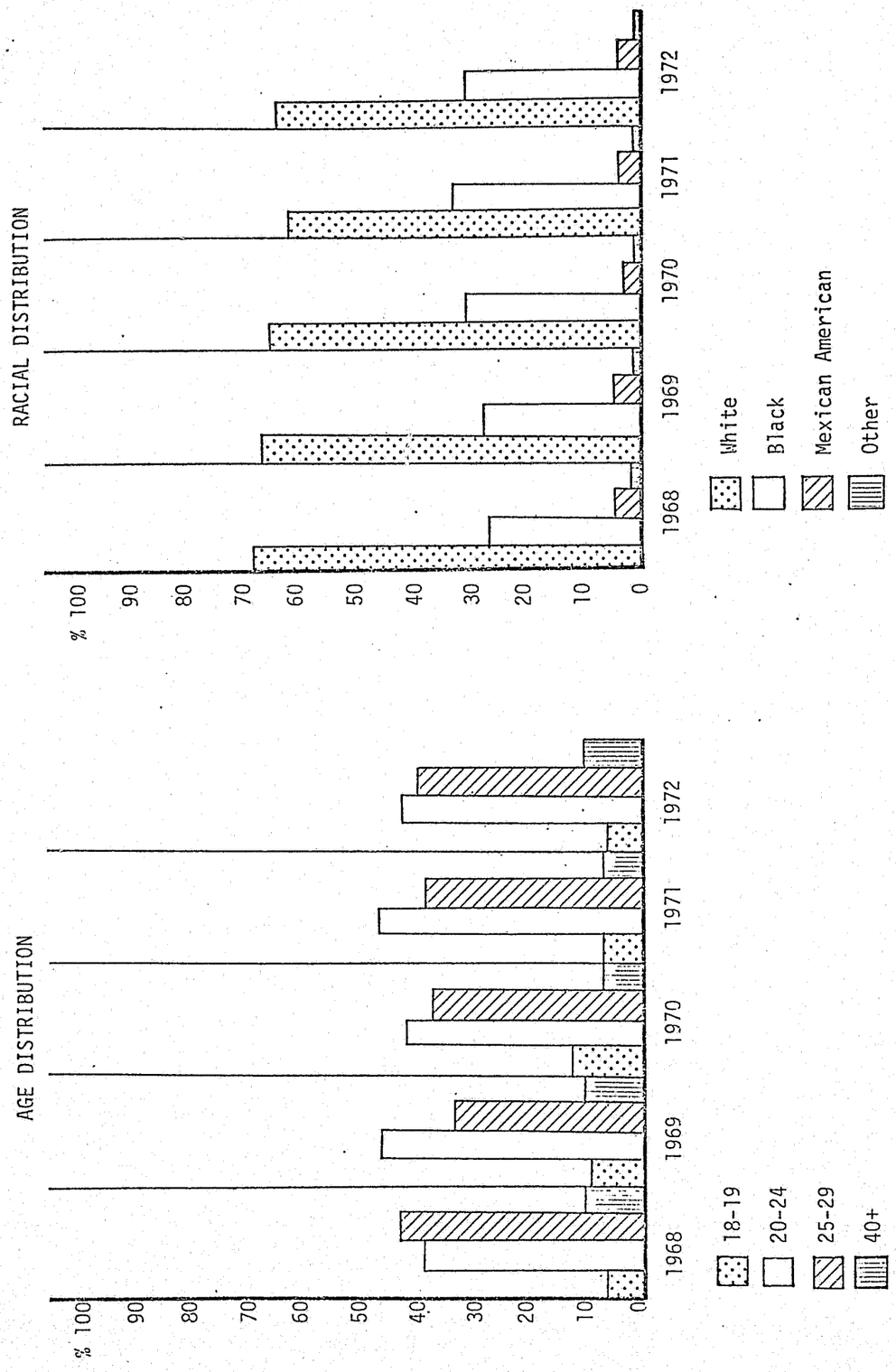


FIGURE 4-4

SOCIAL CHARACTERISTICS OF KNOWN ADULT DEFENDANTS, ALL CRIMES
CONTRA COSTA COUNTY, 1968-1972

4.3.1.3 Target Population Data

The target population for drug education and prevention is the entire County population. Coordination of drug abuse services must take the characteristics of the population into consideration if effective delivery of services is to be achieved.

This subsection presents socio-economic indicators for Contra Costa County. Socio-economic indicators are defined as measures of social and economic conditions most frequently correlated with social problems in a given geographical area. These indicators relate to (1) characteristics of the population, and (2) characteristics of the economy. Their inclusion in this report does not infer that the drug abuse problem in the County is directly correlated with a particular social or economic condition: they are used here to provide an understanding of the general characteristics of the County.

Table 4-4 presents summary social and economic indicators for Contra Costa County. The data in the Table are from the US Population and Housing Census of 1970, which was the baseline year for the Drug Abuse Program. Data for the State of California also are presented and the rank occupied by Contra Costa among the ten major California counties* is indicated.

Contra Costa County was the ninth largest in the State in population. As the Table shows, the County had a fairly low population density for a major County. The population was heavily urban, and most of the rural population was residential, rather than farm. Among the ten major counties, Contra Costa has a relatively high proportion of White population, and an even higher proportion of Black population. The proportion of Black to White population in the County is similar to the average for the State.

The age distribution for the County indicates that a high percentage of the population was under 18 years old, but only a small percentage was between the ages of 18 and 25.

*The ten major California counties are: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, and Santa Clara.

TABLE 4-4

SOCIO-ECONOMIC SUMMARY STATISTICS -- CONTRA COSTA COUNTY

INDICATOR	CONTRA COSTA COUNTY	RANK*	THE STATE
TOTAL POPULATION	558,389	9	19,957,715
Population per square mile	756	7	128
% Urban	93.6	8	90.9
% Rural Nonfarm	6.1	2**	8.2
RACIAL DISTRIBUTION, %			
White	90.3	6	89.5
Spanish Heritage	(9.3)***	9	(15.5)
Black	7.4	4	7.0
Other	2.3	8	3.5
AGE DISTRIBUTION, %			
Under 5 years	8.3	4	8.2
5-17	28.0	1	25.2
18-25	10.0	10	12.1
Over 25	53.7	5	54.5
POPULATION CHANGES, 1960 - 1970			
% Change, Total Population	35.9	3	27.1
% Net Migration	21.9	3	13.4
% Change, Black Population	64.2	7	58.2
BIRTH RATE/100,000 POPULATION	16.0	9	17.5
DEATH RATE/100,000 POPULATION	6.6	8	8.5
UNEMPLOYMENT, %	5.5	8	6.3
MEDIAN FAMILY INCOME, $	12,422	3	10,729
White Families	12,726	2	10,966
Black Families	8,405	3	7,482
PER CAPITA MONEY INCOME	3,965	3	3,614
RECIPIENTS OF OAS, %	1.1	7	1.6
RECIPIENTS OF AFDC, %	7.2	5	7.7
% LOW INCOME FAMILIES	6.2	7	8.4
% 125% of Low Income	8.3	7	11.9

*Rank within ten major California counties

**Shares number two rank with San Diego County

***Represents a percentage of "White population."

During the decade between 1960 and 1970, Contra Costa's growth rate was the third highest of the major counties'. The Black population increased by over 64%, which represents a relatively slow rate of increase as indicated by the rankings. Birth and death rates for the Contra Costa were among the lowest in the group of ten counties.

The economic indicators in the Table show Contra Costa as a fairly high income area. Unemployment was below the State average, and eighth lowest among the major counties. Median family income and median Black family income were third highest in the rankings, with median White family income ranked second. Per capita money income was also third highest. The percentage of welfare recipients was somewhat high for the size of the County, and were mainly families with dependent children. The number of low income families, however, was not disproportionate to the total.*

4.3.1.4 Other Planning Data

Data in this category relate to information which supplements project-specific, client-specific, crime-specific, and target-specific data available from the other three modules. Planning data generally are program-specific. They include information about funding sources and funding eligibility requirements, as well as the organizational and operational constraints contingent to use of funds from various sources.

*The economic indicators in the Table provide a very general picture of the overall economic well-being of the County. They provide very little information from which to assess the distribution of wealth among the County's population. Unequal distribution of income is considered by many economists and sociologists to be positively correlated with a number of social problems, including crime. Recent studies which support this hypothesis indicate that the presence in an economy of a small population of very rich people and a large population of poor people creates a milieu of social discontent, which in turn encourages development of criminal behavior. The degree of income inequality can be expressed quantitatively by a Gini ratio and Gini ratios for different regions then can be compared. Contra Costa County ranks fourth among the ten major counties in equal distribution of income, as expressed by the Gini ratio calculation.

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The need for good planning data is recognized by administrators in Contra Costa County; consequently the Coordinator and planners in the Program maintain a high level of awareness in this area. For example, the County appointed an Administrative Analyst to provide administrative and fiscal management direction to the Drug Abuse Program. He attends Drug Abuse Board meetings and appears to be quite knowledgeable in funding matters. The State Health Department's Drug Abuse Services Coordinator for both Alameda and Contra Costa Counties characterized the latter County as being the greater sophisticated of the two in terms of funding sources and procedures. He credited the Administrative Analyst with developing this awareness in the Drug Program. Where the emphasis in the Alameda County Drug Program was on obtaining funds, the emphasis in the Contra Costa Program is upon allocating funds.

Planning data is collected within the County, and it appears to be utilized effectively by those who have access to it.

4.3.2 DATA ANALYSIS SUBSYSTEM

A Data Analysis Subsystem comprises three modules: (1) Client Data Analysis, (2) Planning Data Analysis, and (3) Evaluation Data Analysis. The three modules all utilize data from the Data Collection Subsystem. The following paragraphs briefly discuss the extent to which analysis has been performed upon existing data in Contra Costa County, by module.

4.3.2.1 Client Data Analysis

No continuing client data analysis is performed for the County Drug Abuse Program. One report (1)* reviewed during this study, however, was a comprehensive effort to analyze the drug abuse problem in the area, and to explain ways in which the problem is being addressed. The report, which is the 714 funding request for drug abuse services, represents the most sophisticated analysis that has been performed on the County Program, according to the Coordinator. The basic data for the problem analysis were derived from law enforcement statistics on drug arrests and narcotics confiscation, Probation

*Parenthesized numbers reference items listed in the Contra Costa County Bibliography, Appendix A.

Department summaries on commitments to State facilities, and Health Department records of hospital treatment and drug overdose deaths. Project data were limited to patient intake counts. Data on client characteristics were not related to specific projects because project client data were not available.

4.3.2.2 Planning Data Analysis

The 714 funding request referenced above also represented the County's most comprehensive planning effort. The current services and needs analysis in the report was based upon geographical criteria: quantity of services available for each of the five supervisorial districts in the County. Candidate projects for funding were ranked to provide geographical distribution of basic services across the County. The resource allocation procedures were hampered by lack of data reflecting outcome of projects in various treatment and intervention modalities, as further discussed below.

4.3.2.3 Evaluation Data Analysis

The state-of-the-art in evaluation data analysis in Contra Costa County is best described by this statement from the 714 funding request:

> "The current evaluation efforts are either specific for one program and part of the requirement of the funding grant for that program or are part of a larger evaluation effort not based in the county. There is no comprehensive, coordinated and centralized evaluation mechanism for the county's current drug abuse programs. Such an evaluation component is necessary if the county expects to make any progress towards its goals of reducing the incidence and prevalence of drug abuse and providing realistic alternatives to drug abuse, especially among its younger population. At the present time with the many diverse efforts on a county-wide basis, the program effort could easily be thought of as 'lost' because the outcome or contribution has not been measured. One of the requests in this proposal is for money to be set aside for the purpose of developing a coherent evaluation of all the county's drug abuse programs. It is only through an overall evaluation that baseline data can be collected and any determination can be made on the direction of future drug abuse programs in the county. With a county as large and as diverse as Contra Costa, and with a drug abuse problem as prevalent as it is in this county, and with the diversity of public and private drug abuse programs that exist in the county, it is no longer possible to ignore the need for evaluation and coordination of programs."

The statement explicitly identifies lack of evaluation as a problem. The need for evaluation is expressed implicitly by the reference to the prevalence of drug abuse in the County. Available data are not sufficient to determine the magnitude of the drug abuse problem, as mentioned in Section 4.3.1. Section 4.3.1.

4.3.3 INTERPRETIVE REPORTING SUBSYSTEM

An interpretive reporting system is based upon four modules of information: (1) client statistics; (2) component services available; (3) community/target population needs; and (4) evaluative summaries and recommendations.

No formal interpretive reporting subsystem exists in Contra Costa County. A great deal of information of this type is passed through informal channels to project and community people, usually during the meetings conducted by the Drug Abuse Board and by its caucuses in the supervisorial districts. Observation at these meetings indicated a high level of awareness on the part of the participants in fiscal planning matters. There were also indications that most of those active in the Program appreciated the value of evaluative information and would utilize such information in planning efforts if it were available. Project Directors expressed interest in a comprehensive reporting system which could assist them in planning for improved services and assessing the impact of existing services.

4.3.4 TASK TWO: SUMMARY

Table 4-5 shows the measurement criteria developed to assess achievement of coordination objectives. As indicated in the Table, the Contra Costa County Drug Abuse Program has many of the elements necessary to a planning and evaluation information system. Information is known to be available, and available information is used effectively. The obvious shortcoming is the absence of a systematic approach to pull the existing information together, an analytic capability to process the information, and a plan for continuing dissemination of appropriate informational reports.

The next subsection presents recommendations to the County for achieving a planning and evaluation system within the existing structure for coordination.

TABLE 4-5

MEASURES OF COORDINATION OBJECTIVES

	MEASUREMENT CRITERIA	CRITERIA FULFILLMENT
AVAILABILITY	Are relevant client data uniformly collected and maintained by all components?	No
	Are community needs documented on a continuing basis?	Yes -- as required for funding
	Are arrest data by drug offenses available?	Summary data
	Are dispositional data on drug offenders by offense available?	Summary data
	Are funding sources for drug abuse programs known?	Yes
UTILIZATION	Are client data collected from all components by the Coordinator?	As required by funding agencies
	Are community data obtained by the Coordinator?	Summary data, as required for reports
	Are arrest and dispositional data obtained by the Coordinator?	Yes -- as required for reports
	Are funding sources contacted by the Coordinator?	Yes -- by Administrative Analyst
	Are analyses of needs for drug abuse services performed by the Coordinator? Based upon data collected?	Yes
	Are client referrals subject to follow-up analysis?	No
	Are components informed of the results of analysis of needs and funding availability?	No
	Are decision makers informed?	Yes
	Are components informed of services available to clients from other components?	Yes

4.4 RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE DRUG ABUSE COORDINATION

This subsection presents both short- and long-term recommendations for improving county-wide drug abuse coordination. The short-term recommendations address ways in which the existing structure for coordination might better serve the coordination objectives. The long-term recommendations address coordination in a much broader context; as it might serve the overall goals and objectives of the integrated human services delivery system which is being implemented by the Human Resources Agency, and which encompasses the area of drug abuse. This system is explained in greater detail at appropriate points in the following text.

4.4.1 THE ROLE OF THE COORDINATOR: RECOMMENDATIONS

4.4.1.1 Recommendation for the Short-Term

The role of the Drug Abuse Program Coordinator (the Executive Assistant to the Drug Abuse Board) in Contra Costa never has been formally defined. Implicit in the role, however, are certain activities and responsibilities which are defined and/or limited by a set of constraints. These constraints stem from the organizational structure and administrative policies of local government, particularly the Human Resources Agency (HRA). The HRA, a supra-agency for human services delivery, is a relative newcomer to the County government. Its creation added an administrative "layer" to the existing human service agencies in the County. These agencies, which historically were somewhat autonomous, now must operate under the policies and procedures of the HRA. Adjustment to the new structure has been slow and still is not complete.

The present Coordinator, as staff to the Drug Abuse Board and an employee of the HRA, has assumed a supportive role, rather than a leadership role. He lends direction to the Program through his information and liaison activities, but does not attempt to direct. Given the structure of the HRA at the present time, the supportive coordination role is viable. The short-term recommendation of this study is, then, that the role of the Coordinator remain a supportive role.

Coordination activities should continue to comprise staff work to the Drug Abuse Board, intercomponent liaison, and information sharing. Information sharing activities should be expanded, however, even in the short-term. Recommendations for short-term information sharing improvements are in Sec. 4.4.2. The next subsection examines the role of the Coordinator in the long-term.

4.4.1.2 Recommendations for the Long-Term

The HRA has developed a strategy to improve delivery of all human services in Contra Costa County. The strategy, which is called the Human Resources System (8), seeks to:

a. Serve to interrelate and coordinate the pertinent human services activities of Social Service, Probation, Health, Medical and Mental Health Services.

b. Assist and manage the delivery of direct human services under conditions of increasing activity and increasing numbers of clients served.

The Human Resources System (HRS) is organized into functional service areas: Health Services, Mental Health Services, Medical Services, Probation Services, and Social Services which comprise all client-oriented community resources in the County. The purpose of the system is to (1) better identify client needs for services, and (2) facilitate integrated service delivery from appropriate functional source areas. The system is data-based and computer-oriented. It will serve a number of users, including administrators and financial managers, but primarily is directed toward providing a dynamic accounting system of service demand and supply. That is, the HRS is a comprehensive resource management tool which is functionally structured to provide resource need, availability, and delivery information to users at all levels - from the client to the administrative decision-maker.

Concurrent with the planning effort for the Human Resources System, the HRA is conducting a federally-funded Allied Services Project, under the Allied Services Act of 1972. The project is a pilot effort designed to determine if integration can be achieved between groups delivering similar

services in response to certain human needs and if overall service delivery thus can be improved. The project planning phase was near completion at the time of this study, and a series of integrated service delivery pilot projects soon were to be implemented. The Allied Service Project planning effort utilized a "social problems" approach. Area social problems which were being addressed by more than one service provider were identified; goals and objectives for each problem were formulated; and alternative approaches to resolving each problem were prioritized.

Together, the Allied Services concept and the Human Resources System concept could comprise a total system for a goal/objective-oriented performance management system. The Allied Services approach examines the problem, determines possible solutions, and develops a "package" of service delivery needs. The Human Resources System then can locate, deliver and account for the elements of service which comprise a particular "package." A total Performance Management System (PMS)* has its base in a program structure which is goal and objective-oriented. The process to develop such a structure is similar to the Allied Services planning process and comprises the following basic steps:

1. Define ultimate program goal.
2. Define sub-level program goals within the ultimate program goal.
3. Establish operating program objectives within each program goal.
4. Define a suitable set of effectiveness measures for each program goal.
5. Define a suitable set of efficiency measures for each operating program objective.

*As a planning, evaluation, and management tool, the Performance Management System (PMS) is a method designed to permit rigorous measurement of program effectiveness in terms of a hierarchy of explicitly defined goals and objectives. The initial steps in applying PMS involve definition of an ultimate program goal (such as the crime-specific goal of reducing drug-related burglary by 15 percent in one year) and then "unpacking" the overall goal into a series of measurable sub-level program goals, eventually down to the level of pr project-specific objectives. Other steps which are involved in the PMC process include the identification of constraints and uncertainties, assignment of priority, and the allocation of resources on an annual and multi-year projection basis. For a more detailed presentation of PMS applications, see Cleveland IMPACT Cities Program, IMPACT PROGRAM MASTER PLAN - 1972, Section 3, Cleveland: Cleveland IMPACT Cities Program (1972).

The keystone of effective program administration is a logical program structure. It provides a set of operating program goals and objectives which unify the entire administration process. It integrates the functions of program planning, operations, and evaluation. It also permits the use of proven concepts such as "management by objectives."*

In order to operationalize the program structure a uniform data base must be developed. The elements of such a data base are the components of the planning and evaluation system defined by the coordination objectives for this study: (1) the Data Collection Subsystem; (2) the Data Analysis Subsystem; and (3) the Interpretive Reporting Subsystem. The HRS is the vehicle for a uniform data base; the steps necessary to achieve a full data base capability within the HRS are discussed more fully in the next subsection.

Development of a total performance management system requires that management responsibility be vested in the functional service areas. The program structure facilitates the "program management" concept which is a requirement of PMS. Specific functional program goals and objectives for service delivery can be assigned to specific individuals. A program manager can be held responsible for achieving those goals and objectives within cost and schedule. The program structure defines the functional programs, thus it also defines the responsibilities of program managers.

*The Management by Objective (MBO) approach is much less ambitious than PMS as a management tool. MBO merely insists that each implementing agency define its objectives in terms of measurable accomplishments and then monitor the project to ensure that the agency is indeed accomplishing its objectives. MBO does not necessarily demand cost-effectiveness analysis of project alternatives to determine which one might optimally meet agency objectives. MBO does, however require rigorous monitoring of stated objectives. For a detailed discussion of MBO, see Haveman, Joel, "Administrative Report/MBO Begins Major Program to Identify and Attain Presidential Goals," NATIONAL JOURNAL (29 September 1973); and Brady, Rodney H., "MBO Goes to Work in the Public Sector," HARVARD BUSINESS REVIEW (march, April 1973).

Functional programs deliver services to clients in response to client needs. Therefore, the services delivered should function in part to prevent or control the factors which created the client need. A total performance management system requires that the effect of services delivered upon such factors be assessed. Thus, it requires that data be collected and assessed within each social problem area in order to determine the effect of services delivered upon that problem. For example, these data would yield information to help refine drug abuse "package" components, based on analysis of the efficiency and effectiveness of service delivery, in order to achieve maximum impact upon the drug abuse problem.

It is in this context that a recommendation is presented with regard to the future role of coordination in Contra Costa County. As stated previously, the present drug abuse Coordinator has assumed an advisory/support role which is information-based. His activities have been valuable to the drug abuse program because of his ability to gather and disseminate information despite the lack of a formal mechanism for data collection and analysis. If such a mechanism becomes available through implementation of the HRS, a logical expansion of the Coordinator's role would be to designate him as the principal user of the drug abuse portion of the data base. In other words, the Coordinator should be responsible for analysis and dissemination of all planning, monitoring, and evaluation data concerning components of the drug abuse service "package."

The next section discusses the way in which coordination objectives can be achieved within the planned Human Resources System of the HRA.

4.4.2 ACHIEVEMENT OF COORDINATION OBJECTIVES: RECOMMENDATION

The Human Resources System (HRS) planned for Contra Costa County will provide the mechanism for development of a drug abuse planning and evaluation information system. The computer-based HRS will have an information storage/data base component, and an information control/computer output component. These components, together with properly structured data collection and interpretive reporting components can be utilized to provide all planning and evaluative information necessary to achieve drug abuse coordination objectives.

The HRS probably will not be implemented fully for some time. Meanwhile, drug abuse coordination will require that certain types of information be available for planning and evaluation. The recommendations in this section, therefore, are aimed at structuring a manual system for the short-term, which can be converted to interface with the computerized HRS in the long-term.

The study recommendation for achieving coordination objectives relate to four substantive issues: (1) structure of a planning and evaluation system data base, (2) data elements and data sources, (3) data analysis, and (4) interpretive reporting. Specific recommendations are presented here for each of the four issues. A suggested conceptual approach to implementation of these recommendations is described. A more detailed discussion of the issues is in Section VI.

4.4.2.1 Structure of a Planning and Evaluation System Data Base

For the short-term, a user-oriented planning and evaluation system should be developed to serve drug abuse coordination needs. The system data base should be developed initially for manual operation. The manual data base should serve present information requirements and should replicate the functional elements of the HRS to permit automation when that system is implemented. The user-oriented data base should be developed around three types of information serving specific functions for given users. These types of information are Planning Information, Evaluation and Monitoring Information, and Statistical Analysis and Interpretive Reporting Information. The goal and objective framework served by these information categories should be compatible with the coordination objectives of the County Drug Abuse Program. Figure 2-1, in Section II, illustrates a typical structure for a planning and evaluation system data base.

For the long-term, the data base should be expanded to serve the needs of functional program managers and decision-makers at all levels of the HRS This will entail development of efficiency and effectiveness measures for all components of the HRS. Efficiency and effectiveness measures assess the extent to which performance goals and objectives are achieved.

For example, effectiveness measures relate to broadly-defined goals and objectives, such as reduction of drug abuse and system improvements which improve the quality of services delivered to abusers. Effectiveness measures also can relate to specific performance objectives which focus on intended project outcomes defined in the form of behavioral changes ands service accomplishments.

Efficiency measures relate to operational utilization of resources at the project level, however they are very difficult to relate to broadly-defined goals or objectives. Efficiency measures consist of comparisons of results with resource costs, made at increasingly complex levels of operational detail, as desired, such as;

- Efficiency measures which consider personnel counts related to the performance of functions or the provision of services, and
- Efficiency measures which are based upon time and effort expended to perform a given function or provide a given service.

The remaining subsections discuss the development of the data base to fulfill short- and long-term needs.

4.4.2.2 Data Elements and Sources

The data which are needed are not reported or collected uniformly in the County. The HRS will utilize data from forms completed by direct service workers; these data then can be aggregated by type of drug abuse service provided to allow detailed analysis of service effectiveness. Direct service worker information will need to be supplemented with project-based data and procedures to obtain such data should be implemented as soon as practicable.

Data should be collected periodically and in a uniform manner from all projects in the Drug Abuse Program. The data should include intake counts, client characteristics, type of service delivered, units of service delivered, referral and referral follow-up information, release counts, and outcome data. This information should be collected through use of Data Collection Instruments (DCIs) designed in consultation with project staff and Program administrators to ensure realistic reporting procedures and meaningful results. Project budget and expenditures by type should be collected also to allow calculation of project cost-effectiveness.

Police drug offender arrest data have been used repeatedly as the main indicator of the drug abuse problem in an area. Many agencies continue to use these data to analyze drug problems and to forecast future trends. Although these data are insufficient to characterize the breadth and depth of drug abuse problems, the Drug Abuse Program should collect BCS data in order to permit standard comparisons among County planning areas and with other counties. In addition, detailed data should be collected from local criminal justice agencies reflecting drug-offense and arrestee-characteristic tabulations on a consistent basis.

Populations and population projections for planning areas within the County should be obtained each year in order to establish crime "rates" per capita. Demographic information about the general popoulation should be obtained to allow comparison of drug-arrestee characteristics with characteristics of the population, in order to identify target groups for drug abuse education and prevention efforts.

The planning data of most immediate concern to the Drug Abuse Program relates to sources and availability of funding. To maintain such data, the Program must maintain liaison with County financial administrators, and with representatives of State planning agencies and Federal direct-funding agencies. Grant applications for State of Federal funding must be responsive to requirements of the funding agencies; thus knowledge of agency standards for goal-directed planning, financial and performance monitoring, and evaluation is important to the Program.

In the long-term, the HRS will yield additional data to facilitate development of a comprehensive and uniform data base. These data should be in a form which will enable aggregation by functional program area in order to assess efficiency of resource delivery, and by social problem area in order to assess effectiveness of services delivered upon client problems.

4.4.2.3 Data Analysis

Analysis of the evaluation information recommended in this report for inclusion in the manual data base will provide a set of performance measures for use in drug abuse program planning at the County level. The performance measures are assessments of the baseline goals established in the planning process against actual goal achievements by projects. The Allied Services Project represents a possible vehicle for the drug abuse planning process. The process that has been used in the Project's development uses information that can provide the basis for evaluating and monitoring the performance of drug abuse projects and programs. In the aggregate, project and program data establish a performance management system that feeds evaluation and monitoring information back into the planning process.

Planning, evaluation, and priority-setting data should be analyzed in order to assess long-term needs and short-term priorities for drug abuse reduction and system improvement. Simple statistical and trend analyses should be used to identify immediate problems and solutions. Analyses can be much more sophisticated as soon as the HRS information control/output capabilities can be employed.

Drug abuse data specialization and analysis should be the responsibility of the Drug Abuse Coordinator within the HRA. The Coordinator can make discriminate use of all elements of the HRS data base, and of data from other agencies concerned with area planning. In turn, the Coordinator can provide information on drug abuse and drug abuse control efforts to managers in all areas of human services delivery, and to non-HRA agencies and the community.

4.4.2.4 Interpretive Reporting

Interpretive reporting is the process of presenting data collection and analysis results to information users. Reporting formats must be designed to fulfill information requirements of users at various levels in the HRA, and at the drug abuse project level. Reports required at the project level

should be designed for the short-term to include resource directions, summary activity reports, guidelines for future planning, and police and procedure information.

In the long-term, interpretive reports should include analysis of needs in drug abuse education, prevention, treatment and rehabilitation; comparative evaluations of projects in each functional category; and budget projections for all components of the Program. Reports to the County administration primarily would be budget-related and would include planning priorities based upon analysis of needs and existng services, and HRA performance summaries.

In summary, the HRS should be the repository for all human services data in the County. Extensive use should be made of available social, economic and demographic data to avoid unnecessary data collection efforts. However, the drug abuse Coordinator within the HRA should be the principal contact in the County for analysis and interpretive reporting of drug abuse information.

SECTION V

SANTA CLARA COUNTY

SECTION V

SANTA CLARA COUNTY

5.1 BACKGROUND AND INTRODUCTION

In December 1970, the Santa Clara County Board of Supervisors adopted a Drug Abuse Coordination Plan developed by the Office of the County Executive. The County Executive was given responsibility for implementing the plan. He appointed a group of citizens as the Task Force on Goals and Objectives and asked them to study the coordination problem. The recommendations of the Task Force resulted in the grant application submitted to OCJP.

The Santa Clara County Drug Abuse Coordination Program was funded by OCJP for a two year period, from 1 August 1971 through 31 July 1973. Total OCJP funding for the Program was about $80,000. The Program was designed to provide only drug abuse project coordination; no direct services to users were included.

The Coordinator, who was in the County Executive's Office, was to serve as staff to a Drug Abuse Coordination Commission (D.A.C.C.) appointed by the County Board of Supervisors. The Commission membership included representatives from the area health, criminal justice, and educational agencies, and from the voluntary private drug abuse projects; elected officials, and at-large members from the community. Planning and policy-making responsibility was vested in the Commission, which appointed four Task Force Groups to develop priorities in specific areas of drug abuse programming. The Task Force Groups are:

- Primary Prevention, which is aimed at altering the social, personal, and material environment to reduce the incidence and prevalence of drug abuse;
- Secondary Prevention, which involves providing services for early detection and early treatment of the drug abuser;
- Tertiary Prevention, which provides services to reduce permanent or long-range disability from drug abuse; and
- Evaluation, which stresses the necessity for evaluative research in all the areas of drug abuse control.

The Coordinator participates in all Task Forces and facilitates their planning efforts through his research and liaison activities.

The passage of SB 714* did not lead to changes in the organizational structure of county drug abuse coordination. The Board of Supervisors placed responsibility for coordination of Short-Doyle funding with the Office of the County Executive, and designated the existing Drug Abuse Coordination Commission as the Advisory Board. By charter then, the County Executive is responsible for coordination. This responsibility has been delegated to the Coordinator originally funded by OCJP, who is referred to in this report as the Coordinator.

The remainder of this section examines the coordination role as it existed during the OCJP-funding period. Coordination problems and needs are addressed, and recommendations to the County for improved coordination of drug abuse activities are given. The presentation is divided into three major subsections:

- TASK ONE: DEFINITION OF THE COORDINATION PROCESS (Sec. 5.2);
- TASK TWO: DEGREE OF OBJECTIVE ACHIEVEMENT (Sec. 5.3); and
- RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE DRUG ABUSE COORDINATION (Sec. 5.4).

Qualitative data collected through interviews in the County are presented in Sec. 5.2. These data and other information collected through observation and document review are analyzed in Sec. 5.3. Sec. 5.4 draws upon the findings presented in the preceding two subsections to develop recommendations to Santa Clara County for improved coordination procedures.

*Senate Bill 714 required that each county have a Drug Abuse Coordinator, to be appointed by the Board of Supervisor, who must be (a) the county Mental Health Director; (b) the Chief Administrative Officer of the county; or (c) the head of the county agency responsible for overall health services for the county.

5.2 TASK ONE RESULTS: DEFINITION OF THE COORDINATION PROCESS

This subsection presents the results of the qualitative data collection and analysis effort conducted under Task One. The data were collected through interviews with individuals who are directly and indirectly involved with the Santa Clara County Drug Abuse Program. The interviews were structured according to the Data Collection Instruments (DCIs) in Appendix B. As explained in Section II, DCIs were designed to elicit information from individuals at all levels of the Program, and those associated peripherally with the Program, and to summarize the content and process of meetings attended by the evaluators. The DCI information has been organized for presentation here into two groupings. The first information grouping consists of responses which help to describe the role of the Coordinator for drug abuse programs. This grouping reflects respondent perceptions of the Coordinator's authority, responsibilities, activities, and accomplishments. The second information grouping pertains to problems and needs which exist in the Program area, as perceived by the various respondents.

Within each of the two information groupings, respondents are categorized as follows:

Coordinator -- The individual funded by OCJP to coordinate the County Drug Abuse Program, and his staff;

Providers, Agency -- Individuals associated with a local government agency which provides drug abuse service(s) at an agency facility;

Providers, Private -- Individuals who provide drug abuse service(s) at community locations;

Advisors, Professional -- Individuals who are professionals in the field of drug abuse and who serve as advisors but are not presently providers.

Advisors, Citizen -- Individuals who represent interests of the community as members of the Drug Abuse Board or Mental Health Advisory Board;

Administrators, Direct -- Individuals other than the Coordinator who have some responsibility or authority related to coordination of the Drug Abuse Program;

Administrators, Indirect -- Individuals who do not have direct authority or responsibility for the Drug Abuse Program, but whose decision-making power can affect the Program (includes individuals who are associated with other formal planning bodies); and

Criminal Justice System Users -- Members of law enforcement, justice, and corrections agencies who may refer clients to projects in the Program.

5.2.1 THE ROLE OF THE COORDINATOR

Table 5-1 is a display of interviewee responses* to questions about the role of the Coordinator. The responses to the first question, "Who coordinates drug abuse projects in the County," indicate that the OCJP funded Coordinator is perceived by all interviewees to be the County Drug Abuse Coordinator. One respondent named the Coordinator and the D.A.C.C. as sharing the coordination role; the respondent was a Commission members who views the Coordinator and the Commission as one unit.

The activities of the Coordinator were examined by the next question. A total of nine major activities were identified. The Coordinator indicated that he does perform all of the activities shown, while different respondents tended to be most aware of the activities affecting their areas of interest. The activity mentioned most often was information sharing, representing thirty-two percent of total responses. Program planning and political advocacy each represented twelve percent of the responses; and inter-project liaison and county-project liaison each represented ten percent. Fiscal planning and technical assistance to projects were the least-mentioned activities.

Responsibilities of the Coordinator were assessed by the next question. The list of responsibilities was essentially the same as the list of activities, except that "evaluation" was added. The most mentioned responsibility was the Coordinator's staff work for the D.A.C.C. This responsibility represented twenty-one percent of the responses; as an activity, it represented only seven percent of the responses. The difference in emphasis does not indicate that the Coordinator's activities in staff work are incommensurate with his responsibilities; rather, it appears that respondents in most categories are aware of the responsibility but do not classify it as an activity. In fact,

*Number of responses does not equal number of interviewees because some interviewees gave several responses, and because some questions were not answered by all interviewees.

TABLE 5-1

ROLE OF THE COORDINATOR IN SANTA CLARA COUNTY

QUESTION/ANSWERS	RESPONDENT CATEGORY: COORDINATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USERS
Q. WHO COORDINATES?								
A. OCJP-Funded Coordinator	2	4	1	1	3	4	1	2
A. D.A.C.C.		1						
Q. ACTIVITIES OF COORDINATOR?								
A. Information Sharing	1	2	1		4	2	1	2
A. Program Planning	1			1	1	1		1
A. Inter-Project Liaison	1	1	1		1		1	
A. Staff Work for D.A.C.C.	1				1		1	
A. Fiscal Planning	1	1						
A. Political Advocacy	1	2			1	1		
A. County/Project Liaison	1	2		1				
A. Technical Assistance to Project	1					1		
A. Inter-Government Liaison	1			1	1			
Q. RESPONSIBILITY OF COORDINATOR?								
A. Evaluation	1			1		1		1
A. Information Sharing	1	2	1		1		1	2
A. Program Planning	1			1	1	1		
A. Inter-Project Liaison	1	1	1				1	
A. Staff Work for D.A.C.C.	1	2		1	1	1	2	1
A. Fiscal Planning						1		
A. Political Advocacy						1		1

TABLE 5-1 (Continued)

QUESTION/ANSWERS	COORDINATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
	RESPONDENT CATEGORY							
Q. RESPONSIBILITY OF COORDINATOR? (Continued)								
A. County/Project Liaison	1	2				1	1	
A. Technical Assistance to Project			1			1		1
A. Inter-Government Liaison	1		1			1		2
Q. DECISION-MAKING AUTHORITY OF COORDINATOR?								
A. Direct Programmatic								1
A. Indirect Programmatic	1	2		1		1	1	1
A. Direct Fiscal								1
A. Indirect Fiscal	1	2		1	1	1		2
A. Not Sure			1		1			
A. None							1	
Q. WHAT SHOULD ACTIVITIES OF COORDINATOR BE?								
A. Evaluation	1			1		1	1	1
A. County/Project Liaison	1			1				1
A. Inter-Project Liaison	1	1		1				
A. Inter-Government Liaison	1	1				1		1
A. Program Planning	1	1				1		
A. Advocacy	1					1		
A. Staff to D.A.C.C.	1	1		1	1		2	
A. Information Sharing	1			1			1	
A. Central Referral/ Clearinghouse	1					1		2
A. Technical Assistance	1		1					

TABLE 5-1 (Continued)

UESTION/ANSWERS	COORDINATOR	PROVDRS. AGENCY	PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USER
	RESPONDENT CATEGORY							
Q. WHERE SHOULD COORDINATOR BE?								
A. C.E.O.	1	3	1	1	2	1	1	1
A. Health Department							2	
Q. MAJOR ACCOMPLISHMENT?								
A. Focal Point/ Visibility	1	3	1	1	1	1	2	2
A. Communications Network		1				2		
A. Liaison	1	2	1	1	1			

the Coordinator and others mentioned many of the activities as comprising staff work. The one responsibility which did not appear as an activity is evaluation. The Coordinator views evaluation as extremely important to county-wide drug abuse planning, and evaluation efforts soon will be underway in various program areas.*

The next question asked respondents to describe the amount and type of authority vested in the Coordinator. Only one respondent, a criminal justice system user, believed that the Coordinator had direct fiscal and programmatic authority; only one respondent, an indirect administrator, perceived that the Coordinator had no authority. Forty percent of the responses indicated that the Coordinator has indirect fiscal control, and thirty-five percent indicated indirect programmatic control. The Coordinator's indirect authority was described by most respondents as information-based. For example, one provider who is also a D.A.C.C. member said that the Coordinator helps shape the Commission by virtue of the information he provides them; another respondent said that the D.A.C.C. grants authority to the Coordinator to deal with specific issues, based upon the information he has provided; yet another said that the Coordinator "pulls all the information together" and Commission decisions are made based upon his recommendations. One D.A.C.C. member stated simply that "information is his power."

The fourth question addressed desired coordination activities. This listing of activities respondents feel a coordinator should perform is very similar to the activities the Santa Clara Coordinator does perform. One item, however, did not appear in "actual activities," or in "responsibilities." The need was expressed for a central clearinghouse for drug abuse referrals, and the respondents felt that the Coordinator would be the logical base for such an effort.

*The delay in implementing evaluation for drug projects is discussed in the second information grouping.

The next question concerned the position of the Coordinator in the County structure. Eleven of the thirteen individuals who responded to this question stated that the Coordinator should remain in the County Executive's Office rather than be under a provider agency. Reasons cited to explain the responses ranged from fear that moving the Coordinator to another County office would disrupt the rapport that has been established with the County Board of Supervisors; to the opinion that coordination stemming from a provider agency would be parochial; to the statement that no provider agency had an administrative structure for internal coordination, much less county-wide drug abuse coordination. The two respondents who would like to see coordination as a Health Department function were involved in the field of health planning.

The last question in this information grouping attempted to pinpoint the Coordinator's major accomplishment during the Program period. Most respondents simply stated that the Coordinator indeed had coordinated, and that was a major accomplishment. They were queried further to determine the elements of successful coordination, and three primary elements were identified. Fifty-one percent of the responses indicated that the Coordinator was a focal point for County drug abuse activities, and that his visibility was a major element in his success. Twenty-nine percent of the responses cited liaison activities performed, and 14 percent cited formal and informal communications networks developed, as major elements.

5.2.2 DRUG ABUSE PROGRAM COORDINATION PROBLEMS AND NEEDS

Table 5-2 presents responses received to questions about coordination constraints and shortcomings. The first question sought to identify constraints upon the coordination effort. Only responses which indicated perception of a constraint were tallied. Over 60 percent of the responses identified the side effects of S.B. 714 as a constraint, although more potential than actual. Respondents other than the Coordinator expressed fears that S.B. 714 funding would result in transfer of coordination responsibility to the County Health Department.

TABLE 5-2

PROBLEMS IN COORDINATION -- SANTA CLARA COUNTY

UESTION/ANSWERS	COORDI-NATOR	PROVDRS. AGENCY	RESPONDENT CATEGORY: PROVDRS. PRIVATE	ADVISORS, PROF.	ADVISORS, CITIZEN	ADMINIS. DIRECT	ADMINIS. INDIRECT	CJS USERS
Q. WHAT WERE THE CONSTRAINTS UPON COORDINATOR?								
A. S.B. 714 (Side Effects).	1	3			1	1	1	1
A. Comprehensive Health Activities					2	1		
A. Inadequacy of Initial Evaluation Support.	1			1				
Q. WHAT WERE THE MAJOR SHORTCOMINGS OF COORDINATOR'S EFFORT?								
A. Failure to Establish Information Reporting System.	1					1		
A. Inadequate Evaluation Research Procedures.	1			1			1	1
A. No Referral System.		1						1
A. Inability to Identify Close Service Gaps.	1						2	1

Some respondents perceived that this had occurred already, and that the Coordinator would eventually be transferred from the County Executive's Office to the Health Department. A direct administrator confirmed that such a transfer was possible, and expressed an opinion that the action could severely limit coordination because the significance of the drug abuse program would be diminished if it were to become a subset of the already confusing health program. An agency provider said that the general feeling among his colleagues was that coordination stemming from a provider agency would introduce an element of parochialism so far avoided within the Program. The Coordinator was concerned primarily with the effect the perceptions expressed above would have on effective coordination. He felt that until a good balance of services is achieved within the Program, the focus of coordination should remain the County Executive's Office; once a solid structure is developed, the location of the Coordinator will have less significance.

Twenty-three percent of the responses cited the activities of another planning body, Comprehensive Health Planning (CHPA) as a real or potential constraint upon coordination of the Drug Abuse Program. A direct administrator stated the CHPA wanted authority to do all drug abuse planning in the County, and was exerting pressure to acquire that responsibility. A CHPA participant who did not see the groups activities as a constraint stated that CHPA was responsible for the County's five year mental health plan, and simply wanted review power over programs which came under that plan. A CHPA staff member, however, stated that the County Mental Health Advisory Board had accepted the CHPA rating system for funding priorities, and that as a result, the D.A.C.C. and the Coordinator would lose power. The Coordinator, who participates in a CHPA "target group" committee, did not see CHPA activities as a constraint, but felt they were redundant to some other completed planning efforts in the County.

Inadequacy of evaluation support was a constraint identified by the Coordinator and by an Evaluation Task Force member. This constraint stemmed from the beginning of the Program. The original grant application cited an agreement between the American Social Health Association (ASHA) and the Program

where by ASHA was to provide a first year program evaluation (12)* and continuing technical assistance in evaluation policy and procedures. ASHA was unable to commit the expected amount of resources for implementation of an evaluation component; consequently development of an evaluation system was deferred.

Most of the responses to the next question, which concerned coordination shortcomings, related to lack of elements which should comprise a planning and evaluation information system. Responses cited inadequate evaluation research and procedures (31%); inability to identify and close service gaps (31%); failure to establish an information reporting system (23%); and no referral system (15%). All respondents but the criminal justice users indicated that on-going efforts would resolve many of these problems. A project which is currently in the design phase (15) is expected to result in development and implementation of a system for monitoring drug treatment projects and tracking clients. This system would provide for collection, analysis, and reporting of project-specific client data. Respondents in the criminal justice user category felt that the referenced system might not address the information problems they perceived in the Program.** Specific examples of these problems were:

- Inadequate evaluation research and procedures -- treatment modalities now have to be evaluated by the [criminal justice] agency to determine if goals and objectives are consistent with agency requirements.
- No referral system -- the Coordinator is the focal point for information, but there is no focal point for referrals. Clients go in a circle, from one project to another.
- Inability to identify and close service gaps -- Adult services are geared toward treatment. Prevention projects for adults should be stressed. Heroin is overemphasized and counseling has been deemphasized.

5.2.3 TASK ONE: SUMMARY

The preceding subsections presented results from the DCIs concerning the role of the Coordinator and problems in coordination. These results indicated

*Parenthesized numbers reference items listed in the Santa Clara County Bibliography, Appendix A.

**The monitoring system is oriented toward treatment and rehabilitation of the heroin addict.

that coordination of the County Drug Program has been highly effective. The Coordinator is the focal point for the Program, and does act as the unifying force for program components. The fact that the Coordinator does not have direct authority was not an issue, because he is the link from the Program to direct authority.

The constraints upon coordination primarily are potential, rather than actual. The impression received from respondents is that anything which might change the present coordination structure is perceived as a potential constraint -- evidence that the present structure is considered effective. Coordination shortcomings, or areas in which coordination might be improved, have been identified by the Coordinator, and efforts are underway to affect the necessary improvements.

5.3 TASK TWO: DEGREE OF OBJECTIVE ACHIEVEMENT

This section pertains to the degree to which coordination objectives were achieved in Santa Clara County. The three coordination objectives were described in Section II, and re-stated here:

- Increase information sharing among the program components;
- Increase the quality of drug abuse services provided to clients and the community; and
- Develop guidelines and procedures for the effective allocation of drug abuse resources.

In Section II, the coordination objectives were described as comprising the definition of a planning and evaluation system. The system consists of three major subsystems: (1) Data Collection, (2) Data Analysis, and (3) Interpretive Reporting.

The results of Task Two are presented in the following paragraphs by subsystem category of the planning and evaluation system. The first category is the Data Collection Subsystem which discusses the availability and utility of

planning and evaluation information for the County Drug Program. The second category pertains to the analyses which can be performed upon the data to produce meaningful results, and the third category addresses the methods by which the results can be disseminated for various applications.

5.3.1 DATA COLLECTION SUBSYSTEM

The data collection subsystem is the basis for planning, evaluation, and monitoring needs. It is organized into four major modules of data: (1) Client and Project Data; (2) Crime and Offender Data; (3) Target Population Data; and (4) Other Planning Data. Each module is discussed below, and the data which are available* presently for each module are presented. Data gaps are discussed briefly.

5.3.1.1 Project and Client Data

Table 5-3 shows a number of drug abuse projects in the County. The projects listed do not comprise all drug abuse activities in the area, but do represent the range of services available. There is not a great deal of information available about clientele characteristics, with the exception of the projects which have been the subject of formal evaluations (5, 14). The community-based projects are located throughout the County, and are designed to serve the needs of the host community. One project, Pathway South, was in the planning stage during the data collection period in Santa Clara County. Its exact location had not been determined yet, but it will serve clients in the South County area where the need for such a facility is perceived to exist. Similarly, an expansion of existing services in Palo Alto is planned to meet the need for a residential treatment project in the Eastside area.

The County has a large methadone maintenance program, with five clinics located in major need areas. The County program is supplemented by an in-patient methadone unit at the Veteran's Hospital in Palo Alto.

Santa Clara County also provides drug counseling and treatment through the County Drug Abuse Clinic in San Jose. Emergency detoxification and treatment is available though the Valley Medical Center.

*The scope of this study precluded raw data collection at the project level. Data available refers to information which was in summary form.

TABLE 5-3

DRUG ABUSE PROJECTS IN SANTA CLARA COUNTY

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
COMMUNITY BASED CENTERS				---Students---		--	
The Bridge		Dr. J. McClenahan	Stanford				Counseling, referral
The Center		Ted Wise	Menlo Park				Counseling, spiritual guidance youth and parents
Community Health Abuse Council		Helen Atkinson	Mt. View	All	Unknown	"Soft Drugs"	Counseling, drug education, therapy, diversion, community outreach, training research
Dismas Group, Inc.		Mason Thatcher	Milpitas				Rehabilitation, 24-hour referri 48-hour crisis hold, therapy, education
Pathway Society, Drug Abuse Council		C. Aldrich	Santa Clara	Unknown	Unknown	Unknown	Education, speakers program, referrals
Narconon		John Brodie	Palo Alto	---Students---		Marijuana	Counseling, guidance, residence planned in near future
Pathway South			South County	---New Project---			Individual and group counselin community education, hotline, referral
Operation Drug Alert		J. Hiatt	Palo Alto				Hotline, crisi, referral, education
Palo Alto Community Drug Abuse Program				19-29	White	Poly-drug	Prevention, crisis intervention

TABLE 5-3 (Continued)

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
RESIDENTIAL							
Chrysalis, Inc.		Beth Bottomley	San Jose	Unknown	Unknown	Heroin	Rehabilitation, education, crisis intervention, counseling, referrals, educational programs. Adult and juvenile facilities.
Pathway House		Joe Neletta		Unkown	Unknown	Heroin	Residential treatment and rehabilitation; hotline, crisis intervention
Eastside Drug Treatment Center			Palo Also	Unknown	Unknown	Heroin	Residential treatment and rehabilitation
METHADONE MAINTENANCE							
Santa Clara County Methadone Maintenance Program		R. Stark	San Jose Clinics are: Central, East Valley, Gilroy, Mt. View, and San Jose	22-29	White/ Spanish Surname	Heroin	Methadone, counseling, vocation guidance, referrals
Palo Alto Veteran's Hospital		Al Washko	Palo Alto	Under 30	Unknown	Heroin	In-patient methadone maintenan

TABLE 5-3 (Continued)

PROJECT NAME	PROJECT TYPE	PROJECT DIRECTOR	LOCATION	CLIENT CHARACTERISTICS			SERVICES OFFERED
				Primary Age Group	Ethnic Group	Primary Drug Problem	
OTHER COUNTY PROJECTS							
Santa Clara County Drug Abuse Clinic		K. Bergstadt	San Jose	Unknown			Direct treatment, individual and family counseling, referral to other agencies
Valley Medical Center		L. G. Smith	San Jose				Emergency and "by appointment" medical service. Drug information.
CRIMINAL JUSTICE SYSTEM PROJECTS							
Drug Abuse Prevention Program (Probation)		R. Botham	San Jose	Under 17			Individual, family counseling
San Jose Police Department		Sgt. Trujillo	San Jose	Adult			Drug education, training
Drug Diversion Program			San Jose	18-25		Marijuana	
SCHOOL BASED PROJECTS							
San Jose Unified School District				Primary and Secondary	White, Spanish Surname		

Agencies of the criminal justice system sponsor several projects within the Drug Abuse Program. The Probation Department offers counseling for youthful drug abusers and their parents, and the San Jose Police Department provides training in drug abuse education and prevention. The County also has a drug diversion program for selected first-time drug offenders. The program diverts these clients to projects in the County which are consistent with program objectives.

There is no county-wide drug education project, because individual school districts assume responsibility for school-based education and prevention efforts. However, the San Jose Unified School District conducts a project that is considered to be exemplary, which other Districts are being encouraged to replicate.

In summary, there are many, diverse drug abuse projects in Santa Clara County. None were funded under the Drug Abuse Coordination Program because the Program was planned to become the focal point for drug abuse services by providing coordination of existing services, rather than by providing additional, duplicative services. Coordination efforts have emphasized assistance (1) to on-going projects in continuing and expanding their efforts, and (2) to communities and agencies in developing new projects to meet area needs. The Coordinator did not have responsibility for project evaluation or client data collection.

5.3.1.2 Crime and Offender Data

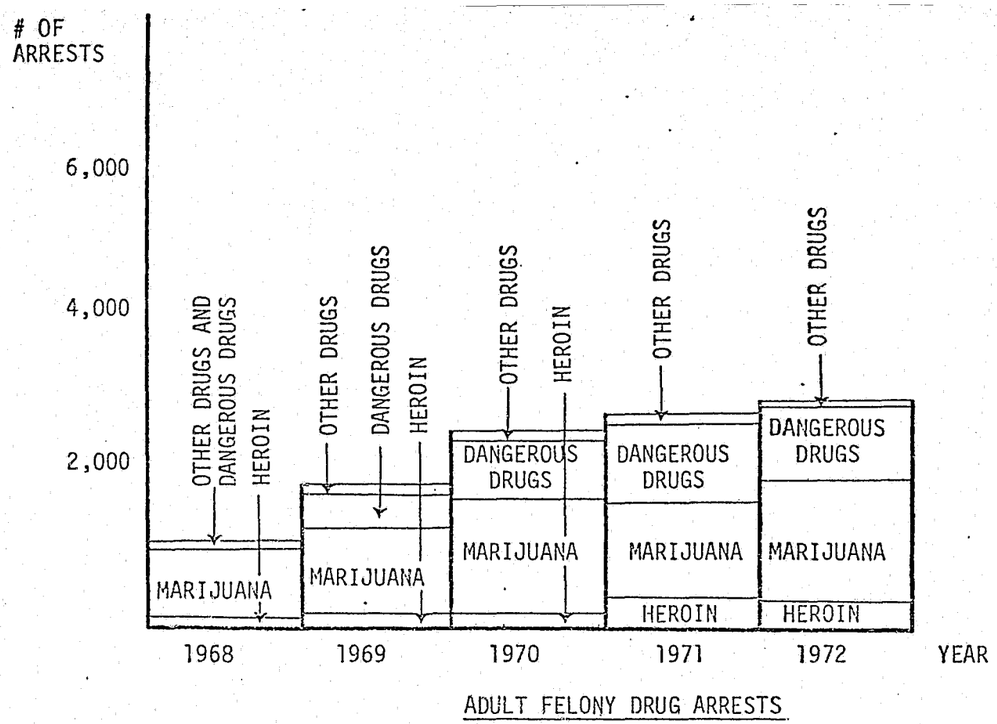
The data presented in this subsection primarily pertain to that segment of the total population of drug abusers which has entered the criminal justice system through arrest. The subpopulation of those arrested for drug law violation represents only a percentage of the unknown total number of drug abusers who are the target group for drug treatment and rehabilitation projects. It is, however, the subpopulation which was the primary target addressed in the original grant application to OCJP. Drug arrest data for the County are available from the BCS in summary form only; however, they are

uniform with data available from the other counties, which facilitates comparison of trends. Line item reporting on characteristics of individuals by type of arrest has not been implemented throughout the State.

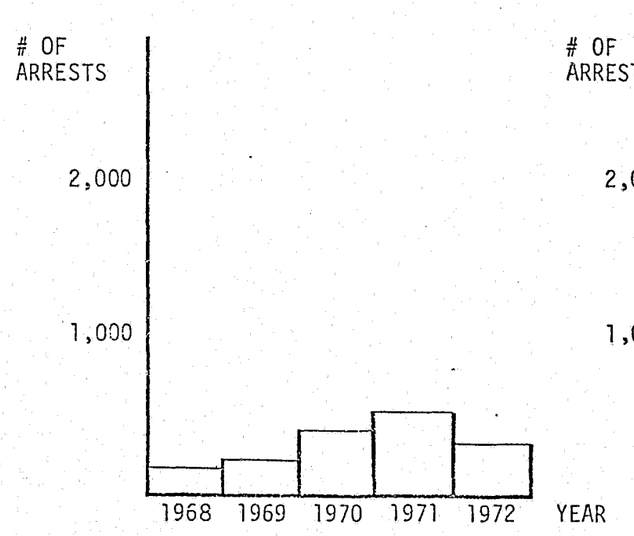
Figure 5-1 illustrates the five year trends for all drug arrests in the County. Adult arrests for felony drug law violations have increased in number every year. Arrests for marijuana and dangerous drugs comrpise most of the total, but arrests in each felony drug category have increased over the five year period. Adult misdemeanor drug arrests increased each year from 1968 to 1971, but decreased in 1972. Juvenile drug arrests increased from 1968 to 1970, then decreased over the next two years.

Figure 5-2 depicts five years of drug arrest data for the County as rates per 100,000 population. The arrest data are presented in this manner to illustrate the difference in drug arrest trends between Santa Clara County and the State as a whole. The Figure shows that County drug arrest rates were consistently lower than State rates. However, the total drug arrest rate was 46% of the State rate in 1968; 67% in 1970; and 56% in 1972. Adult Felony drug arrests ranged from 45.1% of the State rate in 1968 to 59% in 1970, to 56.1% in 1972. Adult misdemeanor drug arrests were 23.9%, 44%, and 34.6% of the State rate in 1968, 1970, and 1972 respectively; juvenile rates were 60%, 95.9%, and 67.6% of the State's for the same years. Thus, in each drug arrest category, Santa Clara County exhibits a net increase relative to the State, although the County trend appears to be diverging from the State trend since 1970.

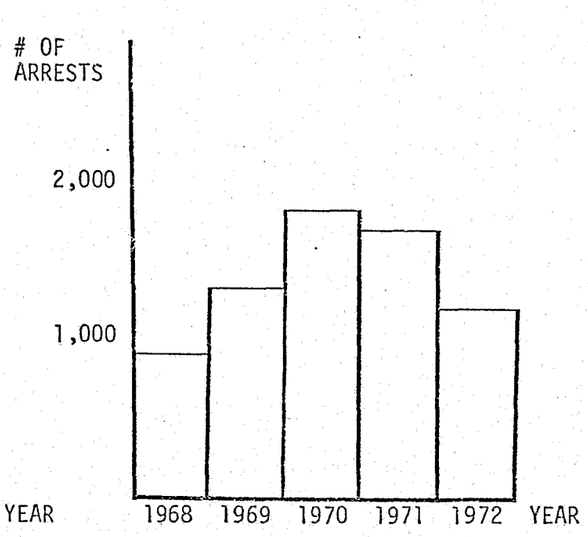
As discussed previously, Santa Clara County drug arrest figures were gathered by the BCS under a summary accounting system. The summary system does not allow identification of the social characteristics of individuals arrested by crime type. Data are available, however, to describe characteristics of all known adult defendants, all felonies, for the County. These data are presented in Figure 5-3, although their applicability to this study is extremely



ADULT FELONY DRUG ARRESTS



ADULT MISDEMEANOR DRUG ARRESTS



JURVENILE DRUG ARRESTS

SOURCE: BCS Criminal Justice Profile, 1966-1972

FIGURE 5-1

DRUG ARRESTS, ANNUAL TOTALS, 1968-1972, SANTA CLARA COUNTY

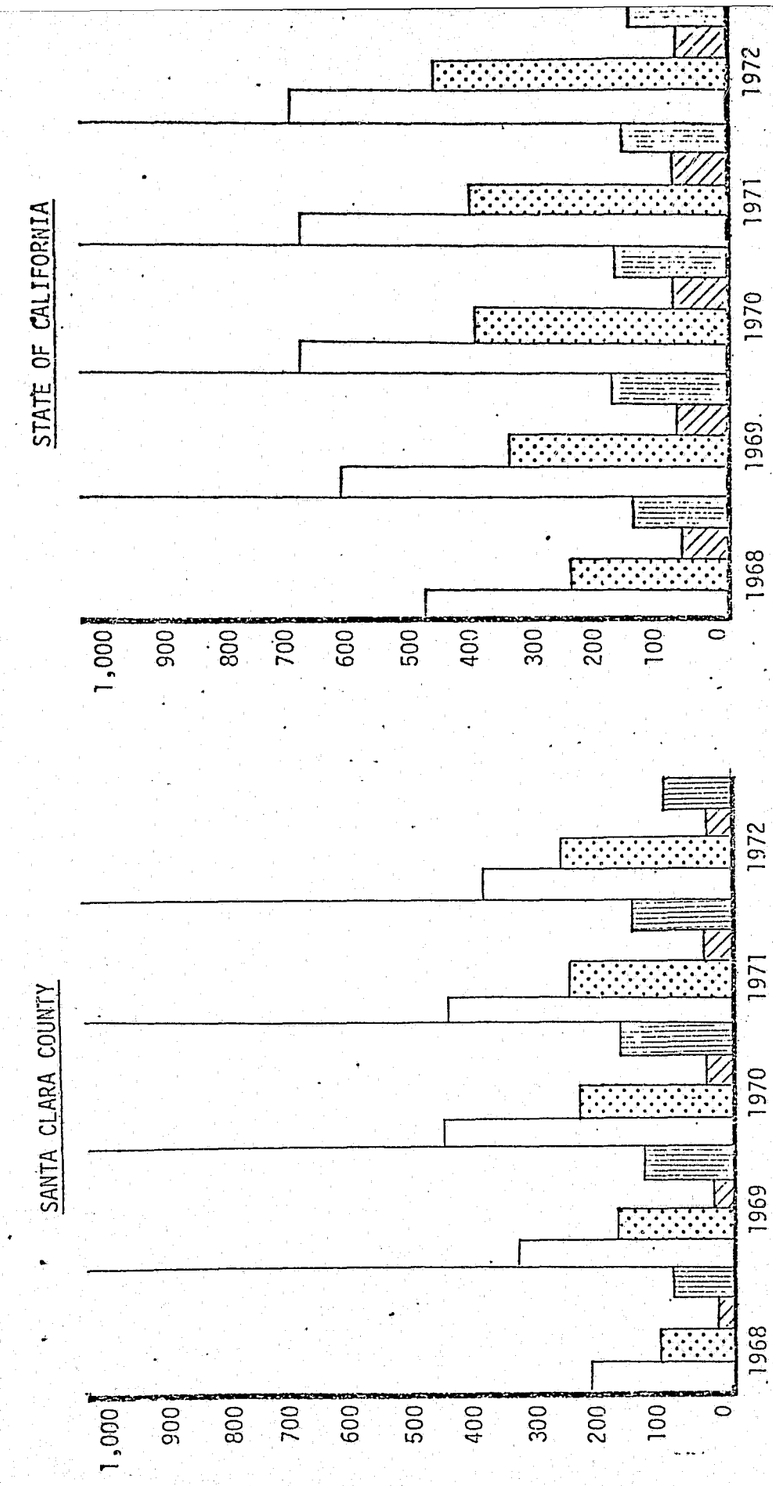
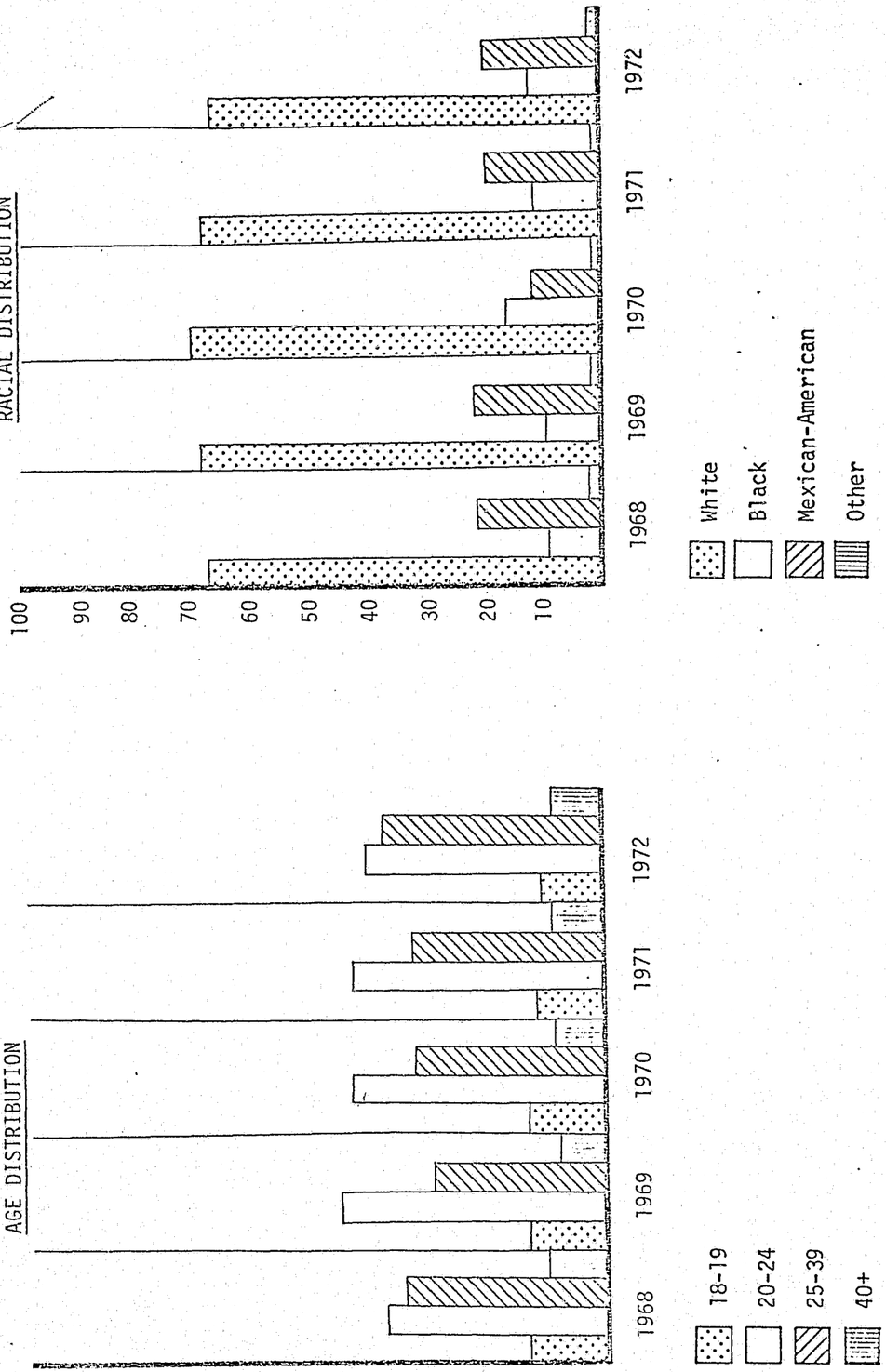


FIGURE 3-3

ANNUAL DRUG ARRESTS PER 100,000 POPULATION, 1968-1972



SOURCE: BCS Criminal Justice Profile.

FIGURE 5-3
SOCIAL CHARACTERISTICS OF KNOWN ADULT DEFENDANTS, 1968-1972 (ALL CRIME TYPES)
SANTA CLARA COUNTY

limited. The Figure shows that arrests of those in the 20-39 year old age range and those 40 and older have declined. The racial distribution graph depicts very little change over the five year period, although the ratio of Black defendants to all other defendants has increased slightly.

5.3.1.3 Target Population Data

The target for most drug education and prevention activities, i.e., primary prevention, is the entire County population. Coordination of drug abuse services must take characteristics of the general population into consideration if effective delivery of services is to be achieved.

This subsection presents socio-economic indicators for Santa Clara County. Socio-economic indicators are defined as measures of social and economic conditions most frequently correlated with social problems in a given geographical area. These indicators relate to (1) characteristics of the population, and (2) characteristics of the economy. Their inclusion in this report does not infer that the drug abuse problem in the County is directly correlated with a particular social or economic condition: they are used here to provide an understanding of the general characteristics of the County.

Table 5-4 presents summary social and economic indicators for Santa Clara County. Data in the Table are from the US Population and Housing Census of 1970, which was the baseline year for the Drug Abuse Program. Data for the State of California also are presented and the rank occupied by Santa Clara among the ten major California counties* is indicated.

Santa Clara County was the fifth largest County in California in 1970. Its population was heavily urban, and had an average density of 821 persons per square mile. Santa Clara ranked sixth among the ten major California counties in both percentage of urban population and population density. The County had the second highest percentage of White population and the second lowest percentage of Black population. Over 17 percent of the White population were of Spanish heritage.

*The ten major Calfiornia counties are: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, and Santa Clara

TABLE 5-4

SOCIO-ECONOMIC SUMMARY STATISTICS -- SANTA CLARA COUNTY

INDICATOR	ALAMEDA COUNTY	RANK*	THE STATE
TOTAL POPULATION	1,064,714	5	19,957,715
Population per square mile	821	6	128
% Urban	97.5	6	90.9
% Rural Nonfarm	2.2	5	8.2
RACIAL DISTRIBUTION, %			
White	94.6	2	89.5
Spanish Heritage	(17.5)	2	(15.5)
Black	1.7	9	7.0
Other	3.7	5	3.5
AGE DISTRIBUTION, %			
Under 5 years	9.2	1	8.2
5-17	27.5	4	25.2
18-25	12.2	5	12.1
Over 25	51.1	8	54.5
POPULATION CHANGES, 1960 - 1970			
% Change, Total Population	66.1	2	27.1
% Net Migration	44.1	2	13.4
% Change, Black Population	328.1	1	58.2
BIRTH RATE/100,000 POPULATION	18.5	1	17.5
DEATH RATE/100,000 POPULATION	5.7	10	8.5
UNEMPLOYMENT, %	5.8	7	6.3
MEDIAN FAMILY INCOME, $	12,453	2	10,729
White Families	12,478	3	10,966
Black Families	10.675	1	7,482
PER CAPITA MONEY INCOME	3,843	6	3,614
RECIPIENTS OF OAS, %	1.0	8	1.6
RECIPIENTS OF AFDC, %	6.9	7	7.7
% LOW INCOME FAMILIES	5.6	8	8.4
% 125% of Low Income	7.8	8	11.9

*Rank within ten major California counties.

Population age distribution indicates that Santa Clara had the highest percentage of children under five and a relatively low percentage of individuals over 25 compared to the other major counties. Its birth rate was the highest, and death rate was the lowest of the ten counties.

Growth during the 1960's was rapid; the County ranked second in total population growth and net in migration. Although the absolute percentage of Black population was relatively low, the change in Black population was greatest among the major counties at +328.1%.

The economic indicators in the Table show that the County had a low unemployment rate in 1970. Overall family income was the second highest of the counties -- White families received the third highest median White family income, while Black families had the highest income level among Black families in all ten counties. The per-capita money income level ranked sixth, probably because of the large percentage of young population. The number of welfare recipients and percentage of low income level families were low.*

5.3.1.4 Other Planning Data

Data in this category relate to information which supplements project-specific, client-specific, crime-specific, and target-specific data available from the other three modules. Planning data generally are program-specific. They include information about funding sources and funding eligibility requirements, as well as the organizational and operational constraints contingent to use of funds from various sources.

*The economic indicators in the Table provide a very general picture of the overall economic well-being of the County. They provide very little information from which to assess the distribution of wealth among the County's population. Unequal distribution of income is considered by many economists and sociologists to be positively correlated with a number of social problems, including crime. The degree of income inequality can be expressed quantitatively by a Gini ratio, and Gini ratios for different regions then can be compared. Santa Clara ranks third among the ten major counties in income equality, according to the Gini ratio calculation.

The Santa Clara County Drug Abuse Coordinator is extremely knowledgeable in program planning tools and techniques which he uses to assist the D.A.C.C. in setting priorities for funding allocations among County drug projects. All planning documents (8, 9, 17, 18, 19) reviewed during this study reflect this knowledge as it is applied to the planning process.

The Coordinator's familiarity with sources and availability of funds also is applied for the benefit of individual drug projects. His efforts have assisted projects in developing strategies to obtain funding support from city governments and were cited by one residential project as instrumental in obtaining Federal grant funds for the project.

5.3.2 DATA ANALYSIS SUBSYSTEM

A Data Analysis Subsystem comprises three modules: (1) Client Data Analysis, (2) Planning Data Analysis, and (3) Evaluation Data Analysis. The three modules all utilize data from the Data Collection Subsystem. The following paragraphs briefly discuss the extent to which analysis has been performed upon existing data in Santa Clara County, by module.

5.3.2.1 Client Data Analysis

Client data analyses for drug abuse projects in the County have been limited to clients in mental health drug abuse caseloads (9) and those in projects which have had independent evaluations (5, 14). The Coordinator currently is directing planning efforts of a consulting firm in developing a system which will yield, among other things, analyses of clients in certain treatment and rehabilitation projects (15). In summary, client data analysis is performed when client data are available.

5.3.2.2 Planning Data Analysis

Despite lack of complete project-specific/client-specific data, a large amount of planning data are used for analysis. The Coordinator utilizes available criminal justice, health, and mental health statistics to assess

future drug abuse needs. Existing services are examined to assess the extent to which primary, secondary, and tertiary drug abuse prevention projects are distributed through the County (9). Trends in organization, delivery, and utilization of drug abuse services are analyzed subjectively as planning indicators, and relevant legislation and funding mechanisms are examined for their potential effect on drug abuse activities (18).

Planning documents reviewed for this study reflect awareness of planning data gaps and the consequent analytical limitations. The Coordinator recognizes the need for more meaningful planning data and there is no question that the data, if available, would be used for planning analyses.

5.3.2.3 Evaluation Data Analysis

As with client data analysis, little has been done in evaluation data analysis except for selected project-evaluative efforts. On-going efforts are oriented toward process evaluation (14) or project monitoring (3), rather than toward program impact evaluation.

The Drug Abuse Coordination Commission has recommended county-wide impact evaluation of all drug abuse services (8); however, until a uniform data base can be developed, emphasis apparently will remain upon evaluation of specific projects, or types of proejcts.

5.3.3 INTERPRETIVE REPORTING SUBSYSTEM

An interpretive reporting system is based upon four modules of information: (1) client statistics; (2) component services available; (3) community/target population needs; and (4) evaluative summaries and recommendations.

Although no formal interpretive reporting subsystem exists in the Program, an information network has been established. A Drug Abuse Newsletter is produced monthly by the Coordinator's office and contains information about Commission and Task Force activities, reports of research and evaluation findings, and other material relevant to the Drug Abuse Program. The Newletter primarily is useful to agencies and projects which do not have direct involvement with the

D.A.C.C. Information on Task Force group and commission activities is disseminated to D.A.C.C. members in the form of minutes of all meetings, prepared and distributed by the Coordinator's office.

The distribution framework for an interpretive reporting subsystem, therefore, is well developed and is centered in the Coordinator's office.

5.3.4 TASK TWO: SUMMARY

The Santa Clara County Drug Abuse Coordination Program has made considerable progress toward achieving the coordination objectives. A structure for coordination has been developed within the County and is accepted by public and private providers, and by the community. Information and communications networks have been established between all levels of the drug abuse program hierarchy, and the Coordinator is the key link in these networks. Planning is goal- and objective-directed, and utilizes as much planning information as is available in the community.

Table 5-5 summarizes the degree to which the Santa Clara Program fulfills the measurement criteria presented in Section II. As indicated in the Table, unfulfilled criteria primarily relate to gaps in client data availability and thus to analysis and reporting of client-specific information.

The next subsection sets forth recommendations to the County for closing the client data gap, within the present structure for coordination, and consistent with present coordination priorities.

5.4 RECOMMENDATIONS FOR IMPROVED COUNTY-WIDE COORDINATION

This subsection contains the study recommendations based upon results of the two analysis tasks.

5.4.1 THE ROLE OF THE COORDINATOR

The Santa Clara County Drug Abuse Program Coordinator has a well-defined role; one that has aided the County in avoiding many of the coordination problems evident in the other two counties. The Coordinator is the liaison

TABLE 5-5

MEASURES OF COORDINATION OBJECTIVES

	MEASUREMENT CRITERIA	CRITERIA FULFILLMENT
DATA AVAILABILITY	Are relevant client data uniformly collected and maintained by all components?	No
	Are community needs documented on a continuing basis?	Yes, to extent data are available
	Are arrest data by drug offenses available?	Summary data available from BCS; detail from area Law Enforcement agencies
	Are dispositional data on drug offenders by offense available?	Summary data available from BCS; detail from area Law Enforcement agencies
	Are funding sources for drug abuse programs known?	Yes
UTILIZATION OF DATA	Are client data collected from all components by the Coordinator?	No
	Are community data obtained by the Coordinator?	Yes, to extent data are available
	Are arrest and dispositional data obtained by the Coordinator?	Yes
	Are funding sources contacted by the Coordinator?	Yes
	Are analyses of needs for drug abuse services performed by the Coordinator? Based upon data collected?	Yes
	Are client referrals subject to follow-up analysis?	No
	Are components informed of the results of analysis of needs and funding availability?	Yes -- through Newsletter; through D.A.C.C. minutes
	Are decision makers informed?	Some
	Are components informed of services available to clients from other components?	Yes -- through Newsletter; inter-component meetings

between agencies and projects involved in drug abuse activities; he is the primary repository for drug abuse information in the County; and he analyzes and disseminates information as effectively as possible under the existing data constraints. It is the recommendation of this study, therefore, that the role of the Coordinator in Santa Clara County be preserved as it is defined presently. It is recommended further that emphasis be placed upon expanding the information base for drug abuse to enable the Coordinator to expand planning, monitoring, and evaluation activities. The second recommentation is addressed in more detail below.

5.4.2 ACHIEVEMENT OF COORDINATION OBJECTIVES -- RECOMMENDATIONS

Implicit in the recommendations for achieving coordination objectives is the assumption that the structure for county drug abuse coordination will not be altered in the near future. The recommendations presented here, therefore, pertain to an approach to developing a system for planning and evalaution within the existing Coordinator's office.

The study recommendations for achieving coordination objectives relate to four substantive issues: (1) structure of a planning and evaluation system data base, (2) data elements and data sources, (3) data analysis, and (4) interpretive reporting. Specific recommendations are presented here for each of the four issues. A suggested conceptual approach to implementation of these recommendations is described. A more detailed discussion of the issues is in Section VI.

5.4.2.1 Structure of a Planning and Evaluation System Data Base

The Evaluation Task Force of the D.A.C.C. has identified the need for a County-wide data base as a program development priority. As previously mentioned in Section 3.3, a Monitoring System (MS) project is underway to develop a drug treatment client monitoring capability (15). The MS project initially is focused upon clients in the residential treatment programs and the heroin detoxification facility. Its scope therefore is limited to the target population for such treatment and rehabilitation efforts. The basic

concept of the MS project, however, is compatible with the conceptual framework for a planning and evaluation system data base, such as that illustrated in Section II, Figure 2-1. Essentially, the major components of the MS project represent subsets of the major three components of a planning and evaluation system data base, (1) Data Collection, (2) Data Analysis, and (3) Interpretive Reporting. That is, the MS project is collection, input, computer processing, and reporting of certain client data; the planning and evaluation system is collection, analysis, and reporting of client, project, drug arrest, arrestee characteristics, target population, and other relevant planning data.

It is recommended that the County develop a total data base capability, utilizing the MS project for client-specific data input, analysis, and reporting to the fullest extent possible. The remaining subsections suggest ways in which data base development might be facilitated.

5.4.2.2 Data Elements and Sources

Data should be collected periodically and in a uniform manner from all drug abuse projects in the County. The data should be collected through use of Data Collection Instruments (DCIs) consistent with those utilized for the MS project. DCIs should be designed in consultation with project staff and information users to ensure that reporting procedures are relevant to each project and that data elements are defined uniformly across projects. Project budget and expenditures by type should be collected also to allow calculation of project cost-effectiveness.

Police drug offender arrest data have been used repeatedly as the main indicator of the drug abuse problem in an area. Many agencies continue to use these data to analyze drug problems and to forecast future trends. Although these data are insufficient to characterize the breadth and depth of drug abuse problems, the Drug Abuse Program should collect BCS data in order to permit standard comparisons among County planning areas and with other counties. In addition, detailed data should be collected from local criminal justice agencies reflecting drug-offense and arrestee-characteristic tabulations on a consistent basis.

Populations and population projections for planning areas within the County should be obtained each year in order to establish crime "rates" per capita. Demographic information about the general population should be obtained to allow comparison of drug-arrestee characteristics with characteristics of the population, in order to identify target groups for drug abuse education and prevention efforts.

Planning data relating to sources and availability of funds for drug abuse projects is available presently and is utilized effectively by the Coordinator.

5.4.2.3 Data Analysis

Analysis of the evaluation and monitoring information recommended in this report for inclusion in the data base will provide a set of performance measures for use in drug abuse program planning at the County level. The performance measures are assessments of the baseline goals established in the planning process against actual goal achievement by projects and programs. This kind of information on goal setting and goal achievement provides the basis for evaluating and monitoring the performance of projects and programs. In the aggregate, project and program data establish a performance management system that feeds evaluation and monitoring information back into the planning process.

Planning, evaluation, and priority-setting data should be analyzed in order to assess long term needs and short term priorities for drug abuse reduction and system improvement. Statistical and trend analyses should be used to identify immediate problems and solutions and to reassess the needs of the County agency and community projects concerned with reducing drug abuse and improving the system on a continual basis.

Drug abuse data specialization and analysis should be the responsibility of the drug abuse Coordinator and his staff. Unless an omnibus County planning agency comes into being, the various agencies which currently are concerned

area planning will continue to be responsible for the collection and analysis of data for their particular fields. The Coordinator thus will be able to make discriminate use of data bases on health, transportation, economic activity, public assistance, the environment, characteristics of the population, educational and job opportunities, and school enrollment and educational attainment, while providing data on drug abuse and County-wide drug abuse efforts to these other planning agencies for their efforts. It is therefore recommended the the Coordinator's staff specialize in the analysis of drug abuse problems and the relationships between drug abuse and contributing factors, but not necessarily in the analysis of the factors, themselves.

5.4.2.4 Interpretive Reporting

Interpretive reporting is the process of presenting data collection and analysis results in formats designed for the information user. Users at different levels have information requirements that dictate content and format of the reports. For example, reports required at the project level would include resource directories to assist in client referrals, summary activity reports on all County drug abuse projects, guidelines for future planning, reporting policy and procedures, and evaluation information relevant to each project's operational activities. At the D.A.C.C. level, interpretive reports would include analysis of needs in primary, secondary, and tertiary drug abuse prevention; comparative evaluations of projects in each of those areas; and budget projections for all drug abuse projects and program development activities. Reports to the County administration primarily would be budget-related and would include planning priorities based upon analysis of needs and existing services, and performance summaries.

In summary, the Coordinator should be a recipient of other agencies' data and analyses rather than attempting to become the single source of all relevant drug information in the County. The latter effort can be extremely costly. Extensive use should be made of each community's social, economic, and demographic data and each project's monthly operations reports to minimize unnecessary data collection efforts. However, the Coordinator's staff should be the principal contact in the County for collection, analysis, and interpretive reporting of operational data for drug abuse projects and detailed statistics on drug users and arrestees.

SECTION VI

RECOMMENDATIONS TO OCJP

SECTION VI

RECOMMENDATIONS TO OCJP

6.1 COMPARATIVE DISCUSSION -- ALAMEDA, CONTRA COSTA, AND SANTA CLARA COUNTIES

The three drug abuse coordination projects studied exhibit many differences and few similarities. Table 6-1 displays some characteristics of counties in which the projects operated, and describes key features of the coordination effort itself.

As the population data in the Table show, Alameda and Santa Clara Counties each had a population of just over one million in 1970. Contra Costa's population was a little over half that number. Net population immigration during the 1960s was low in Alameda County, moderately high in Contra Costa County, and extremely high in Santa Clara County. These population indicators infer that Alameda County has a large, but relatively stable population; Contra Costa County has a moderately sized, but increasing population; and Santa Clara County has a large population due to a high level of immigration.

The Table indicates that although Alameda had the greatest number of drug offense arrests in 1972, that number represented only a 42.4 percent increase over drug arrests in 1968. Arrests for drug offenses increased by about 87 percent during the same five year period in Contra Costa and 76 percent in Santa Clara Counties. From 1970 to 1972, however, Alameda and Santa Clara Counties had a 13.3 percent and 12.8 percent reduction in drug arrest rates, respectively, while Contra Costa had a 6.3 percent increase in arrests.

*A discussion of the social effects of high immigration rates is beyond the scope of this study; however, the reader should be aware that such population movements have been shown to correlate significantly with certain nonviolent crimes. See Pressman, Israel and Carol, Arthur, "Crime as a Diseconomy of Scale," Review of Social Economy, XXIX:2 (1971).

TABLE 6-1

KEY CHARACTERISTICS -- ALAMEDA, CONTRA COSTA, AND SANTA CLARA COUNTIES

	ALAMEDA COUNTY	CONTRA COSTA COUNTY	SANTA CLARA COUNTY
POPULATION, 1970	1,073,184	558,389	1,064,714
NET IMMIGRATION, 1960-1970	18.2	35.9	66.1
DRUG ARRESTS PER 100,000 POPULATION, 1972	713.4	537.3	398.4
% CHANGE IN DRUG ARRESTS PER 100,000 POPULATION, 1968-1972	+42.4	+87.1	+76.3
% CHANGE IN DRUG ARRESTS PER 100,000 POPULATION, 1970-1972	-13.3	+6.3	-12.8
TOTAL THREE-YEAR OCJP FUNDING, $ (000)	1500	400	80
PROJECT START DATE	12/1/70	9/1/71	8/1/71
NUMBER OF ACTION ORIENTED PROJECTS FUNDED	24	10	0
LOCATION OF COORDINATOR IN COUNTY GOVERNMENT	Health Care Services Agency	Human Resources Agency	County Executive Office
MAJOR COORDINATION ACHIEVEMENT	Support to Community-Based Projects	Personal: Visibility and Respect Requested	Focal Point for Drug Abuse Activities
MAJOR COORDINATION ROLE DEFINITION PROBLEM	Undefined Level of Authority	Lack of Formal Role Definition	None
MAJOR COORDINATION SHORTCOMING	Information Availability and Utilization	Lack of Coordination Planning/ Evaluation	Lack of Evaluation Capabilities

The changes in drug offense arrest rates from 1970 to 1972 are shown because the coordination projects were implemented late in 1970 and 1971. Unfortunately, there is no way to determine whether the changes in drug arrest rates were in any way attributable to activities of the coordination project. Nonetheless, in Alameda and Santa Clara Counties, where coordination at the very least achieved visibility, the drug arrest rate declined; in Contra Costa County, where little coordination was perceived until recently, the rate increased.

The structure and direction of coordination varied from project to project. The Coordinator for Alameda County was in a provider agency; the Contra Costa County Coordinator is in the administrative offices of an omnibus provider agency; and the Santa Clara County Coordinator is in the Office of the County Executive. The effect of the position of the Coordinator upon his activities was addressed in the Sections pertaining to the individual counties, and was based upon information derived from the DCIs. Attendance at meetings and review of documents provided the study staff with sufficient additional input to support the following observations:

Alameda County -- the Coordinator was hampered by topical interests of the provider agency which he represented;

Contra Costa County -- the Coordinator was hampered by the conflicting topical interests of the service agencies within the omnibus agency which he represented; and

Santa Clara County -- the Coordinator was able to balance various interests in the drug abuse program, probably due to the neutrality of the administrative office which he represented.

These observations are supported further by the major coordination achievements cited, that is:

- Alameda County -- the Coordinator's major accomplishment was helping community-based projects become a united power base. The community projects now have much stronger representation in the Drug Abuse Program and are able to compete for funding with County agency projects;
- Contra Costa County -- the Coordinator's major accomplishment was achieving personal respect and visibility in the drug abuse community. He is a mediator of conflicting interests and is successful largely because of his personal attributes and ability to locate and use information; and
- Santa Clara County -- the Coordinator has achieved the status of "neutral competence" in his position. That is, he is the focal point for drug abuse activities and is depended upon for information and assistance by most members of the drug abuse community and the County administration, but he does not represent any particular interest within the drug program.

Major problems in the definition of the Coordinator's role were identified for Alameda and Contra Costa Counties. No problem was perceived to exist in the Santa Clara coordination role. Respondents in Alameda County perceived that the major problem was lack of authority, and that the problem had arisen late in the project life. In Contra Costa County, lack of formal role definition was perceived to be the major coordination problem. The coordination role in each County can be summarized briefly:

- Alameda -- the Coordinator was a link in a chain-of-authority which became obsolete. The Coordinator was perceived as losing authority which he never had, and he became obsolete;
- Contra Costa -- the coordination role was not defined, and the Coordinator was not in the line of authority. He assumed an advisory/support role which was perceived as helpful, and he therefore is utilized by elements of the drug abuse program;
- Santa Clara -- the Coordinator is without direct authority, but lines of authority are channeled through him. He is the focal point for information flowing upward and downward in the drug program hierarchy.

Consideration of the problems of defining the Coordinator's role identified a number of more fundamental shortcomings which were common to all three counties and, as the discussion which follows explains, were largely information-related. Each Coordinator, in discussing his role, indicated that there were important gaps in planning, evaluation, and monitoring information which were detrimental to the overall coordination effort. Attention turns to the significance of these gaps.

6.2 COORDINATION SHORTCOMINGS -- OVERVIEW

The principal shortcomings of coordination were similar for all three counties insofar as the Comprehensive Narcotics and Drug Abuse Act of 1972 (S.B. 714) mandated that each county:

- Establish a county drug advisory board, representing key criminal justice system, medical and community-based institutions,
- Designate a drug program Coordinator, whose principal function is to initiate better planning, evaluation, and monitoring, and
- Prepare a comprehensive drug program plan for incorporation into the annual Short-Doyle plan.

While each of the foregoing objectives has been at least partially achieved in the three counties, the real intent underpinning S.B. 714 has yet to be fulfilled. S.B. 714 was passed in order to promote development and implementation of comprehensive drug abuse programs addressing all areas of narcotics and drug abuse reduction, education, prevention, treatment, diversion, rehabilitation, research, and training. In each county, the information necessary to prepare such comprehensive plans, much less evaluate activities which were already operational in the field, depended upon data which were not fully available.

For example, the crime, demographic, and socio-economic statistics which are presented for each county in Sections II, III, and IV were only available in aggregated form. Specifically, neither the census nor the BCS data are broken down into crime-specific or drug-specific categories to permit incisive

program planning. The unavailability of offender-specific and client-specific profiles constrained specific identification of target populations and better delivery of services. The data availability problems of each of the counties are summarized in Tables 3-6, 4-4, and 5-5 respectively. In no county studied are client-specific data collected and maintained on a uniform basis. While partial summary arrest and dispositional data are available in Alameda and Contra Costa Counties, detailed data from law enforcement sources are only available on a comprehensive basis in Santa Clara County. These problems obviously reflect the level of sophistication of planning. Data deficiencies like the foregoing seriously limit the ability of planners and evaluators to develop a comprehensive and ongoing planning and evaluation process. The results of an upgraded process can lead to improved resource allocation and better priority setting.

In terms of the language of the 714 statute, the Short-Doyle planning process was intended to remedy the duplication, fragmentation of services, and unnecessary spending of local drug abuse projects. More specifically, Short-Doyle planning was also designed to document the fiscal basis for State reimbursement of local drug abuse projects. Implicit in these legislative goals are five requirements which are instrumental to achieving more successful coordination. These requirements include: (1) development of a detailed knowledge of local drug abuse problems and needs in each county, (2) identification of target populations, especially by relevant age groups, (3) classification and prioritization of direct and indirect services to be delivered to the target populations, (4) performance monitoring of operational activities in all program categories including crime and delinquency reduction, education, prevention, treatment, diversion, rehabilitation, and training, and (5) evaluation of service activities as part of an overall program structure in order to assess overall program impact and to inform future planning.

These requirements are consistent with the general legislative intent of S.B. 714. Moreover, they recognize a special problem associated with the scope of any comprehensive drug abuse program. The possibility of determining drug usage throughout a county's general population is negligible. Drug law violations in most cases are carried on surreptitiously and only those which are reported as incidental to a criminal arrest are susceptible to statistical measurement and comparison. Unlike reported crime statistics, drug abuse statistics are for the most part coincidental with arrest statistics for drug law violations. These statistics by no means reflect a true incidence. The undetected cases are strictly the subject of conjecture -- at best, estimation by subjective or non-rigorous methods. The reporting problem is further complicated by the fact that broad elements in the population may be engaged in some form of drug abuse at any given time. It is reasonable to hypothesize that those who are higher on the socio-economic scale and who engage in social use are less likely to be the subjects of observation by a law enforcement agency. A search warrant is required for entry into a residence, and if probable cause for believing that a criminal violation is being committed cannot be substantiated, a warrant will not be issued. Hence, those persons within the population, who may use drugs as part of their social and leisure diversions, who are not routinely subject to police scrutiny, and who conduct their activities with some discretion, assume a relatively low risk of apprehension and enjoy a high probability of successfully violating drug laws. However, those persons within the population, who are frequently the subject of police observation, who are known to have prior criminal records, and who are imprudent about exposing themselves to enforcement action, risk a substantial probability of apprehension. Such individuals are likely to be scrutinized more closely than those without official records. Moreover, members who may be part of a known street subculture, and who at the same time are enmeshed in financial and interpersonal relationships which may activate conflict, are often the victims of betrayals by informants. All of these factors enter as complications into any effort to develop comprehensive and reliable data about the nature and

extent of drug abuse in any local community. The complexities do not stop at this observation. Drug abuse tends to reflect the pluralism of the society as a whole and this pluralism makes the job of planners and evaluators much more difficult. The problems apply to both adults and juveniles.

Adult drug users are often experienced and typically have experimented with a great variety of proscribed substances, both prescription and non-prescription. Some are multiple users; for example, amphetamines to get "high," barbiturates to "descend." Some combine different substances in their modus operandi, e.g., sale of one drug in order to purchase another for personal use. Some are arrested under the influence of one substance while they are in fact addicted to another; e.g., a cocaine positive but a heroin addict. Such drug offender profiles, when they are part of a statistical analysis, can involve extraordinarily intricate subtleties and lead to the most convoluted reporting procedures. All types of seeming contradictions can appear for the recordkeeper. A user of one drug may be prosecuted for the sale of another. Which act should be recorded? The phenomenon of the pusher has been widely publicized and innumerable projects have been devised to apprehend him through public cooperation. Nevertheless, there is considerable empirical support for the view that the pusher is frequently someone who is a very small operator who is supplying his friends, often at no cost. The accurate description of the adult "drug scene" within any given community can involve a multitude of hard-to-measure dimensions, but dimensions which are necessary for sound planning. A planner, who builds a large methadone maintenance project in response to a perceived increase in the incidence of heroin addiction in the community, needs to know the extent of heroin usage in his community. An evaluator, trying to assess the effectiveness of a sophisticated and expensive polydrug therapeutic community, needs reliable longitudinal data which is client-specific, drug-specific, crime-specific, and disposition-specific. All of these requirements can reflect rigorous baseline and operational measurements. All of them implicitly assume the availability of routine outputs from a well organized, well managed data base.

If the adult profile in a community is complex, the juvenile profile is even more so. Juvenile drug usage patterns are often only in formative stages when they appear. Little is known about the variables which influence these patterns. Security and privacy is a particularly sensitive problem with respect to any data collection effort. Institutional cooperation is often difficult to obtain. For example, the school obviously plays an enormously important role in drug usage patterns which is only superficially understood. The school serves as an important setting for the exhibition of youth mores and behavioral styles, all of which are continually changing. It also serves as a social structure around which peer groups can organize and expand. Comprehensive data about the extent to which juveniles become involved in various forms of drug abuse are not systematically collected and reported.

In short, the production of professional planning and evaluation profiles about Californians who are involved in drug abuse requires the development and implementation of a data base which depends upon the cooperation and reliable reporting of a wide range of community and criminal justice agencies. Development can begin at varying levels of sophistication, but four observations seem valid regardless of the scale of the effort:

1. Coordination depends upon the acquisition, analysis, and interpretation of information which is of direct value to Coordinators and drug advisory boards alike.

2. Coordination, in terms of its technical aspects, means effective utilization of planning, monitoring, and evaluation information.

3. Coordination, as a function, can be performed without administrative or operational authority vested with the Coordinator as long as performance reporting is channeled through the Coordinator.

4. Operation of a data base for coordination of a county drug abuse program need not necessarily be vested with the Coordinator; operation could be vested with any agency equipped to meet the data processing, security, and privacy requirements.

The foregoing is based on the proposition that the coordination function can be better performed if the Coordinator is supported by an adequate data base. The adequacy of such a data base, in terms of its information requirements, is a matter for separate consideration and is briefly discussed below.

6.3 DATA BASE INFORMATION REQUIREMENTS

The methodological discussion in Section II identified the general range of data sources and data elements which should be included in a data base for drug abuse coordination. Figure 2-1 depicts the principal data sources and categories of data necessary for professional planning, monitoring, and evaluation of a comprehensive drug abuse program. Implicit in the figure is the following reasoning: Specific forms of drug abuse and the people who buy, sell, and use drugs constitute the key dimensions of the problem. Adequate identification of these dimenstions requires collection and analysis of local crime, offender, dispositional, project, demographic, and socio-economic data with respect to specific target populations and specific target areas. Utilization of the outputs of this type of data analysis can result in the formulation of crime-specific, offender-specific, and drug-specific goals and objectives for target populations and target areas with the most serious problems and needs. The goals and objectives can be "unpacked" into a series of operational priorities and strategies to which specific effectiveness* and efficiency measures** can be linked. In this way, information can be used to integrate the functions of planning, operational monitoring, and evaluation. Each of the three counties should review the scope of data

*Effectiveness measures relate to broadly defined goals and objectives such as drug abuse reduction as well as diversion of drug abusers from the criminal justice system; effectiveness measures can also relate to specific performance objectives of a particular project, focusing on outcomes defined in the form of behavioral changes, such as the modification of addict behavior as the result of a methadone maintenance project, or service accomplishments such as the provision of therapeudic remedies in a "polydrug" outpatient clinic. Examples of effectiveness measures might include drug-related crime rates, arrest rates, conviction rates, dispositional rates, recidivism rates, and client success rates.

**Efficiency measures consist of comparisons of results with resource costs; such comparisons can be made at increasingly complex levels of operational detail including, for example, personnel counts related to delivery of a remedial service, time expended to achieve a particular operational milestone, per capita costs of a therapeutic community, and arrestee costs of a selective enforcement project.

sources and data elements required for data collection and analysis. The separate sections on each of the counties discuss these requirements in greater detail in terms of data collection, data analysis, and interpretive reporting. As already noted, Tables 3-6, 4-4, and 5-5 summarize the data currently available in each of the three counties.

A first step toward more rigorous planning in each of the counties would be development and implementation of a series of files which permit accurate reporting of both adult and juvenile drug abuse, dispositions, and longitudinal recidivism entries over time.. Law enforcement, judicial, and correctional data sources could supply these data to a central repository as long as the security and privacy of the data were insured.*

A second step toward more rigorous evaluation in each of the counties would be development and implementation of a series of project performance files which enable accurate assessment of the effectiveness and efficiency of each project. A corollary step, related to the original planning of the projects, would be to relate the various effectiveness and efficiency measures to the goals and objectives of the overall program -- in short, a program structure. A program structure is simply an approach to planning whereby goals and objectives are ordered into a hierarchy with increasingly specific levels of operational accomplishments defined and linked to increasingly specific performance measures. Utilizing a program structure concept for planning and evaluation is a sound way of testing whether drug abuse program resources are being utilized in an optimal and cost-effective manner.

Rather than presenting a series of additional arguments concerning the benefits of a data base capability, a series of conclusions and recommendations will be presented in the final section of this report. The recommendations relate to a number of design issues related to development and implementation of a county level data base for coordination of a comprehensive drug abuse program.

*For a comprehensive discussion of the issues of security and privacy raised by development and implementation of criminal justice data bases, see Report on the Criminal Justice System, Ch. 8. "Privacy and Security," National Advisory Commission on Criminal Justice Standards and Goals, 1973.

6.4 CONCLUSIONS AND RECOMMENDATIONS

The conclusions and recommendations relate to three substantive areas: (1) the structure of a data base for coordination of a comprehensive drug abuse program at the county level, (2) data elements and data sources, and (3) data analysis and interpretive reporting. The conclusions are presented in the form of recommendations with respect to each of the three areas. Where appropriate, technical and management suggestions briefly are outlined.

6.4.1 DATA BASE STRUCTURE

Each of the counties, under the mandate and requirements of S.B. 714 should begin to develop a user-oriented data base for the purpose of enhancing planning, monitoring, and evaluation of drug abuse program activities and projects. The data base should be developed initially for manual operation. The manual data base should serve the Coordinator's and the drug advisory board's information requirements and be structured so that eventual automation could be practicable at some future time. The user-oriented data base should be developed around four principal types of users: individual drug abuse projects, criminal justice agencies, community services, and planning organizations. The data base should be structured to permit storage and retrieval of the following categories of data collected on a county-wide basis: crime data, offender data, area-specific demographic data, area-specific socio-economic data, project client data, project service data, fiscal reporting data, and resource-specific data.

The data should be collected by the agency which has control of the necessary source records, e.g., a criminal justice agency, a project staff, a private community service. Where appropriate, names, identifier codes, and identifier numbers of individuals should be purged from the data collection instruments once the reliability of the data has been established. The data need to be collected according to uniform categories to ensure commensurability of baseline and operational data for planning and evaluation purposes. The storage procedures should be easy to use and should be compatible with the

availability of limited fiscal resources to support file maintenance and updating. As data volumes increase and file maintenance requirements become more sophisticated, the 714 Coordinator and the drug advisory board will need to consider automation of parts or all of the data base.

6.4.2 DATA ELEMENTS AND SOURCES

Drug law violation data and drug-related crime data, as reported by law enforcement agencies to the BCS and the FBI, have been used to characterize the nature and extent of local drug abuse problems principally because they are the only data routinely and comprehensively collected. These data by themselves are of course insufficient to characterize the breadth and subtlety of drug abuse problems. Each county Coordinator, in consultation with the drug advisory board, should consider expanding the local data collection program for planning and evaluation to include routine reporting of crime-specific, offender-specific, and disposition-specific data in simple formats which permit periodic reduction and aggregation for inclusion in documentation such as the annual Short-Doyle plan.

The foregoing data elements are all available from official criminal justice agencies. Data collection arrangements should be approached through the drug advisory board in each county since the membership by law must include key managers within the local criminal justice system, e.g., the sheriff, the district attorney, and the county probation officer, all of whom collect crime-specific data as part of their operational reporting routines.

Other data elements can be added once the reporting procedures are established within the criminal justice community. Projects and community agencies can report client-specific performance data, particularly for evaluation purposes. Security and privacy assurances should be documented in order to encourage local project cooperation.

6.4.3 DATA ANALYSIS AND INTERPRETIVE REPORTING

The Coordinator should make arrangements for the analysis of the crime, offender, demographic, socio-economic, and major project data in order to produce interpretive output reports for inclusion in any planning documentation which the drug advisory board might direct him to prepare and in the annual Short-Doyle plan. The Coordinator should seek any additional resources he might require to prepare such output reports and present them to the drug advisory board, e.g., professional staff, consultants, secretarial and clerical support, and data processing support, including programming and machine time.

In general, the Coordinator should be a recipient of other agencies' data and analyses rather than attempting to become the single source and repository of all drug abuse information in his county. The latter effort can be extremely costly. Extensive use should be made of each community's demographic and socio-economic data, particularly where updates have been prepared of the 1970 Census of Population and Housing. Individual projects should try to format their performance reporting so that it is integrated into administrative, grants management, and fiscal reporting routines. However, the Coordinator should serve as the principal contact for collection and analysis of data from criminal justice agencies and for receipt of any special studies, such as intermittent BCS reports which utilize "extended data."

Probably the most important single factor in the utility of the data analyses and interpretive reports is the reliability of the data at the time they were collected. The criminal justice agencies and projects, which are potential users of the data base output reports can expect quality only if each contributes its share of meticulous attention to accuracy and completeness. The Coordinator should develop good working arrangements with the recordkeeping staffs of each of the agencies in his county which participate in drug abuse activities. When output reports are produced, they should be routinely distributed to each agency and project which supplied source data.

These design areas have only been outlined in the form of recommendations. Obviously, the development and implementation details cannot be incorporated into a report of this kind nor should they be. The principal purpose has been to present a concept for a data base with particular emphasis on its structure and the types of data files it should contain.

In the judgment of the authors of this report, if each county were to implement a data base of the type outlined here, the coordination function would be immeasurably more effective than it is now.

APPENDIX A

DATA SOURCES, INTERVIEWS, AND BIBLIOGRAPHIES

STATE OF CALIFORNIA -- INTERVIEWS

OFFICE OF CRIMINAL JUSTICE PLANNING

Jerome Martinez,
William Stinett,
Criminal Justice Specialists — April 5, 1974

BUREAU OF CRIMINAL STATISTICS

Peter Narloch,
Charles Bridges — April 19, 1974

STATE HEALTH DEPARTMENT

Outcome Measurement Team

Perry Birchard — --

Drug Abuse Services

Gary Baysmore,
Hobart Whetstone — April 19, 1974

ALAMEDA COUNTY -- INTERVIEWS

COMMUNITY DRUG TREATMENT PROGRAMS

Community Drug Council, Fremont Fremont	Vivian Holley Director	December 13, 1973
Narcotics Education League Oakland	Juan Covarrubias Director	December 13, 1973
Soul Site Berkeley	Eddie Washington Director	December 14, 1973
Porject Eden Hayward	Mike Reilley Director	January 29, 1974
Second Chance Newark	James Blackshere Director	February 19, 1974
Caucus of San Leandro San Leandro	Chester Miner Director	February 22, 1974
Trouble House Oakland	Ramona Braxton Acting Director	February 22, 1974
C.U.R.A. Fremont	Del Hyde Assistant Director	February 25, 1974
Drug Awareness Oakland	Kathy Embry Director	February 25, 1974
Alameda Love Switchboard Alameda	Sue Matheson Director	February 27, 1974
Berkeley Free Clinic Berkeley	Lynn Goldman Drug Coordinator	February 28, 1974
In-Touch Oakland	Robert Heavner Director	February 28, 1974
G.R.O.U.P. Berkeley	Joe Locario, Milton Hare, Directors	March 20, 1974

COUNTY-OPERATED PROGRAMS

Methadone Maintenance

East Okaland Drug Abuse Clinic Oakland	Rene Pelliccia Psychiatric Social Worker	December 13, 1974

Eden Clinic San Leandro	Chuck Meyers Director	February 27, 1974

Detoxification

Fairmont Detoxification Program	Ed Campbell Supervising Nurse	April 10, 1974

Probation Department

Intensive Supervision Unit and Drug School	Robert Leigh Supervisor	January 28, 1974
Court Liaison Program and Residential Support Program	Karen Edson Director	February 21, 1974
Treatment Alternatives to Street Crime (TASC)	John Kotecki Director	December 17, 1973

County Schools

Drug Education Center Hayward	Orle Jackson Director	December 13, 1973

District Attorney's Office

Criminal Justice Liaison	Stacey Walthall Deputy District Attorney	December 14, 1974

Residential Programs

Narcotics Education League Oakland	(Listed above)	
Caucus of San Leandro San Leandro	(Listed above)	

PRIVATE PROGRAMS (RESIDENTIAL)

Bridge Over Troubled Waters Berkeley	Jack Goldberg Director	February 26, 1974

OFFICE OF THE DRUG COORDINATOR

Richard Bailey	Drug Coordinator	December 6, 7, 1974 March 1, 1974
Justin Green	Assistant to the Drug Coordinator	December 7, 1974 March 1, 1974

HEALTH CARE SERVICES AGENCY

Richard Gerlach, M.D.	Director, Mental Health Programs, Health Care Services Agency	February 20, 1974
Grover Dye	Assistant to Director of Mental Health Programs	February 20, 1974
Steward Gross, M.D.	Director, Southern Regional Health Care Services	February 25, 1974
Richard Vogel	Director, Northern Regional Health Care Services	February 25, 1974

COUNTY ADMINISTRATION

Tom McCormick	Analyst for County Administrator's Office	April 16, 1974
David Williams	Analyst for County Administrator's Office	February 20, 1974

SUPERVISORS

Tom Bates	Supervisor, Alameda County	March 20, 1974

CRIMINAL JUSTICE AGENCY

Bruce Kern	Regional Criminal Justice Planning Agency	December 6, 1974
Paula Nordine	Regional Criminal Justice Planning Agency	March 18, 1974

MEETINGS

Community Drug Alliance	January 17, 1974 February 11, 1974
Technical Advisory Committee (to Mental Health Advisory Board)	February 6, 1974 February 27, 1974 April 10, 1974
Mental Health Advisory Board	February 20, 1974

MEETINGS (Continued)

Board of Supervisors	February 26, 1974
TASC Advisory Board	March 1, 1974

OTHER DRUG ABUSE PROGRAM PARTICIPANTS

Technical Advisory Committee	Ron Tauber, Director, Suicide Prevention of Alameda County	February 11, 1974
Technical Advisory Committee	Dr. Bolter, Chairman	February 21, 1974
Community Drug Alliance	Kathy Embry Chairperson	February 25, 1974

OTHER EVALUATORS

Community Assistance Team Fremont	Elizabeth Aurbach William Desmond Patrick Colvin	February 19, 1974
Berkeley Drug Abuse Program Berkeley	Sally Howlett	December 13, 1974
Scientific Analysis Corporation San Francisco	Martin Kotkin Ann Reifman	February 21, 1974
	Patrick Bernacky	March 14, 1974
Criminal Justice Planning Board of Alameda County	Jerry Langer	February 26, 1974

ALAMEDA COUNTY -- BIBLIOGRAPHY

1. Appendix One, Regional Criminal Justice Plan, Alameda Regional Criminal Planning Board (esp. "Guide to Drug Abuse Treatment Facilities and Related Agencies"), May 1972.

2. Information Referral Service Proposal for Southern Alameda County, The Community Assistance Team, November 1973 and January 1974.

3. Memo from K. C. Mousi to R. A. Bailey, "Probation Drug Abuse Unit Evaluation Design," July 21, 1972.

4. Alameda County Comprehensive Drug Abuse Program, Impact Evaluation Model, Project No. 0401-B, undated.

5. Memo from Loren W. Enoch (County Administrator) to Human Resources Agency, HCSA, ARCJPB, Schools, January 3, 1974.

6. Memo from HCSA to Loren W. Enoch regarding Reorganization of the Alcohol and Drug Programs, December 20, 1973.

7. Minutes of Meeting, November 28, 1973, Evaluation of CCCJ Grants to the County.

8. Report of the Sub-Committee for Drug Abuse Plan Review, February 27, 1974.

9. Alameda County Comprehensive Drug Abuse Program, Preliminary Monitoring Report, International Training Consultants, Inc., Berkeley, California, June 19, 1972.

10. Excerpts from Community Assistance Team (CAT) Evaluation.

11. "Quarterly Progress Report, Intensive Supervision Drug Unit," Probation Department to CCCJ, August 8, 1973.

12. Grant Application to CCCJ for ACCDAP Residential Facility, $100,000 Total One Year, January 1, 1973 - December 31, 1973, (NEL).

13. Statistical Summation, Community Drug Council, June 1973 to September 1973.

14. Statistical Report, Alameda County Drug Program, Prepared by Program Planning, May 1973.

15. Exhibit A and B for TASC, G.R.O.U.P., Inc.

16. Alameda County Drug Abuse Program, Impact Evaluation, Final Report, Scientific Analysis Corporation, Feburary 1974.

17. V. Glozer, S. Howlett, Study of Eleven Neighborhood Drop-In Drug Abuse Centers in Alameda County, Final Report, January 16, 1972.

CONTRA COSTA COUNTY -- INTERVIEWS

COUNTY DRUG PROGRAMS

Discovery Program

Discovery Program	Chris Benevent Director	March 18,1974
	Gil Felix, Acting Director	December 11, 1973
Richmond Discovery Center	Arthur W. Callender Assistant Director	March 19, 1974

Methadone Maintenance

Methadone Maintenance Program	Roy Buehler, Ph.D., Director; and Members of his staff	March 19, 1974

Drug Prevention Education

Educational Coordination Program	Jeanne Gibbs, Director	December 11, 1973

Probation

Delinquency Prevention Program	Skip Skeen Delinquency Prevention Coordinator	March 29, 1974

POLICE DEPARTMENT PROGRAMS

Richmond Police Department	Detective Boring	March 19, 1974
Pleasant Hill Police Department	Sgt. Phelan	March 26, 1974
Project Reach, Antioch Police Department	Ron Libbey	March 27, 1974

HUMAN RESOURCES AGENCY (HRA)

Office of the (CCCJ) Drug Program Coordinator

George Russell	Executive Assistant to the Drug Abuse Board	December 10, 11, 1973
Andre Duchesneau		December 10, 1973 March 22, 1974

Office of the Director

Robert Jornlin	Director, HRA and Drug Coordinator (Applinted by Supervisors)	April 4, 1974
Don Crawford	Deputy Director, HRA	December 11, 1973
William Haefke	HRA Administrator and Special Assistant to HRA Drug Coordinator	December 11, 1973
Judy Miller	Project Director, Allied Services	April 4, 1974
Tom Stevens	Former Acting Coordinator, County Drug Program	March 27, 1974

Mental Health Services

Dr. Charles Pollack	Program Chief, Mental Health Services	March 18, 1974

COUNTY ADMINISTRATOR'S OFFICE

J. P. McBrien	County Administrator	April 15, 1974
Arthur Laib	Staff to County Administrator and former liaison to County Drug Program	April 15, 1974

CRIMINAL JUSTICE AGENCY

George Roemer	Director, Evaluation	January 21, 1974 April 16, 1974
Sid Friedman		January 21, 1974
William O'Malley	Chairman, Criminal Justice Planning Board	March 26, 1974

DISTRICT ATTORNEY

William O'Malley	Chairman, Drug Abuse Board (1970-1972)	March 26, 1974

MEETINGS

Contra Costa County Drug Abuse Board		February 19, 1974 April 16, 1974
Drug Abuse Board Study Group		April 3, 1974
Richmond Drug Abuse Council		March 20, 1974
Richmond Methadone Maintenance Clinic Staff Meeting		March 19, 1974

COMMUNITY PARTICIPANTS

Contra Costa County Drug Abuse Board	Chuck Aguilar Vice Chairman	March 19, 1974
Contra Costa County Drug Abuse Board	Chris Adams Vice Chairman	April 15, 1974
Contra Costa County Drug Abuse Board	Jane McCoy Member, D.A.B. Staff, Health Services	April 15, 1974
Contra Costa County Mental Health Advisory Board	Palmer Watson Chairman	March 18, 1974
Drug Abuse Board (1970-1972)	William O'Malley Chairman	March 26, 1974

CONTRA COSTA COUNTY -- BIBLIOGRAPHY

1. Contra Costa County Plan for Drug Abuse Services, 714 Funding Reugest (Drug Abuse Component of the County Short/Doyle Plan), submitted by Contra Costa Drug Abuse Program Coordinator for FY 1974 -- [Drug arrests, etc., programs, analysis, needs].

2. Contra Costa County Drug Abuse Program Proposal, CYA Program Monitoring Report, March 31, 1972, [Discusses unsatisfactory organizational structure].

3. Minutes, memoranda, of Contra Costa County Drug Abuse Board Meetings, 1972-1974.

4. Contra Costa County Californria, 1972 Annual Report, County Board of Supervisors.

5. A Management and Program Review of the Contra Costa County Mental Health Services, Final Report, by Local Programs Services Section, Department of Health, Lyman Lum and Leland B. Tom, June 1973.

6. Contra Costa County Allied Services Project -- Summary, undated.

7. CCCJ Drug Abuse 3d Year Proposal [with relevant supporting materials].

8. Human Resources System -- The Road to Integrated Human Services, Contra Costa County.

9. Division of Juvenile Offenders, Richmond Police Department, Final Evaluation Report, Lourn Phelps, Chief of Police, January 1974.

10. Drug and Alcohol Abuse Resource Manual of Direct and Indirect Services in Contra Costa County and Adjacent Areas, October 1972.

11. Evaluation Report for the Contra Costa Integrated Services Project; Dr. G. W. Carter, USC, December 1973.

SANTA CLARA COUNTY -- INTERVIEWS

DRUG PROGRAMS

Pathway San Jose	Director, and Diane Magri, Volunteer Coordinator	April 2, 1974
Santa Clara County Drug Abuse Clinic	Kay Bergstedt Executive Director	December 17, 1973 April 2, 1974
Santa Clara County Methadone Maintenance Program	Russ Stark Executive Director	April 2, 1974
Los Altos-Mountain View Community Health Abuse Council	Helen Atkinson Executive Director	April 18, 1974

PROBATION DEPARTMENT

Adult Probation Department	Fred Opulencia Alcohol Liaison and former Drug Liaison	April 2, 1974
Juvenile Probation	Ed Stafford Director, Court Diversion Program	December 17, 1973

COMPREHENSIVE HEALTH PLANNING ASSOCIATION

San Jose	Don Harvick, Assistant to the Director	April 4, 1974
Board of Supervisors	Dominic Cortese	

COUNTY EXECUTIVE'S OFFICE

Office of Drug Program Coordinator

Robert Gainer	Coordinator	December 12, 1973 April 17, 1974
Jeff McDaniel	Assistant to the Coordinator	February 19, 1974

County Executive's Staff

Paul Yarborough	Deputy County Executive	April 17, 1974

County Executive's Staff (Continued)

Kenneth Bartholet		April 17, 1974
Felicia Trader	Human Services Project, Coordinator	April 17, 1974

HEALTH DEPARTMENT

Dr. Keith Meinhardt	Assistant Director, Mental Health	April 17, 1974

MEETINGS

Santa Clara County Coordinating Commission		February 12, 1974 April 9, 1974
Evaluation Task Force		March 28, 1974
Drug Abuse Target Group, Comprehensive Health Planning Association		April 9, 1974

COMMUNITY PARTICIPANTS

Mental Health Advisory Board	Burt Smith Gloria Stern	April 9, 1974
Santa Clara County Drug Coordinating Commission	Julie Fuller Chairman	March 28, 1974
Santa Clara County Drug Coordinating Commission	Willa Dawson, Vice Chairman	April 4, 1974
Secondary Prevention Task Force	Ed Stafford Chairman	December 17, 1973
Evaluation Task Force	Dr. Keith Meinhardt Chairman	April 17, 1974

SANTA CLARA COUNTY -- BIBLIOGRAPHY

1. Proposal from Combined Addicts and Professionals Services for Operation of the County Residential Detoxification Center, submitted to Dasil Smith, M.D., Program Chief, January 17, 1974.

2. Goals and Objectives, County of Santa Clara Drug Abuse Coordination Program, June 1971.

3. Drug Diversion Report, Santa Clara County Adult Probation Department, January 1, 1973-December 31, 1973.

4. Minutes of Santa Clara County Drug Abuse Coordination Commission, October 1973 through March 1974.

5. Final Report; Social Evaluation and Impact Study of Santa Clara County Methadone Treatment and Rehabilitation Program, American Justice Institute, Social Evaluation Research Group (SERG),(Undated).

6. Comprehensive Health Planning Association of Santa Clara County, Inc., Mental Health Commission Evaluation/Research Committee, Checklist for Evaluation Criteria.

7. Functional Analysis of County Tasks, Report to the Board of Supervisors on Health and Social Welfare Functions, County of Santa Clara, March 12, 1974.

8. Drug Abuse Priorities for 1973, as adopted by the Santa Clara County Drug Abuse Coordination Commission, January 4, 1973.

9. Santa Clara County Drug Abuse Plan, Amendments to the County Short-Doyle plans for FY 1972 and 1973, in accordance with S.B. 714. (Effective December 15, 1972.)

10. Santa Clara County Methadone Program, Details of Organization and Procedures, June 29, 1970.

11. Ordinance No. NS, "An Ordinance to Amend Section 3.2, 23-2 of the Santa Clara County Ordinance Code, Relating to the Drug Abuse Coordination Commission," 1972.

12. Evaluation of the First Year of Operation of the Santa Clara County Drug Abuse Coordination Project, American Social Health Association, November 1972.

13. Five Year Plan for a Comprehensive Mental Health Program in Santa Clara County, 1974-1979, prepared by Comprehensive Health Planning Association, for the Board of Supervisors, February 1974.

14. The Palo Alto Experience: A Preliminary Evaluation Report on the Palo Alto Community Drug Abuse Program, Institute for Drug Abuse Education and Research, John F. Kennedy University, September 15, 1973.

15. Monitoring System Conceptual Design, Task Report, Drug Treatment Monitoring System Development and Implementation Project, Public Safety Systems Incorporated, March 1, 1974.

16. Heroin Detoxification Center Operating Plan 1973-1974, Santa Clara County.

17. Report and Recommendations, S.B. 714 Diversion Program, A. Garner, 1973.

18. Working Paper regarding the future of the drug abuse problem in Santa Clara County with reference to the Short-Doyle Plan, FY 1974-75.

19. Memos and working papers, Office of the Drug Abuse Program Coordinator.

20. Current Level Service Budget, 419 Public Health - Drug Abuse Coordination Program, FY 1974-75.

APPENDIX B

DATA COLLECTION INSTRUMENTS (DCIs)

PERSONAL DATA MODULE

1. Name
2. Occupation
3. Age
4. Sex
5. District (Residence)
6. Relationship to the County Drug Program

MENTAL HEALTH STAFF MODULE

1. Who takes responsibility for the Drug Program in your county -- operational and administrative?
2. What is your relationship to the County Drug Program? To the Coordinator?
3. How is the Drug Program organized in the larger county structure?
4. To whom is the Coordinator responsible?
5. Given the experience you have had with the County Drug Program, how would you change or restructure the program to make it function more effectively?
6. For which drug programs is the Coordinator responsible?

MEETING/PROCESS MODULE

1. Membership

   a. How is membership determined?
   b. What sectors of the community are represented?
   c. Is turnover a problem?
   d. How heavy is absenteeism?

2. Which members participate constantly? Almost never? What is the nature of their participation?

3. Describe the leadership and control of the group. (Who takes charge? Who moderates? Who determines the agenda?)

4. How are meetings conducted? (Parliamentary procedure? Roundtable discussion?)

5. How do things get done between meetings?

6. What are the frequency and length of meetings?

7. Does the Coordinator or a member of his staff attend the meetings?

8. How is the group kept informed?

MEETINGS/CONTENT MODULE

1. What are the issues under consideration?

2. What action-outcomes have resulted from past priorities?

3. What is accomplished in each meeting?

4. What are the coordination-related issues which arise in the meetings?

5. Does the group itself have any impact on the coordination of the County Drug Program?

6. What information or assistance does the Coordinator provide to the meeting or the group?

7. What are the attitudes of those present toward the job being done by the Coordinator and his staff?

EVALUATORS' MODULE

1. What purpose was your research designed to serve?
2. How was the methodology determined?
3. What data collection instruments were used?
4. How were the outcomes supposed to be integrated in to the County Drug Program?
5. What was the distribution of your final report?
6. What use was made of your analyses?

COMPONENT DIRECTORS' MODULE

1. Describe your project and its evolution.
2. How is your project funded?
3. Describe your relationship to the Coordinator. What kinds of things do you consult him about, and how often?
4. What kinds of reports do you submit to the Coordinator? To other offices?
5. What forms do you use for collecting and reporting project data?
6. Has your project ever been evaluated? If yes, by whom? What data did you furnish the evaluators? What feedback did you receive?
7. Does your project have an on-going monitoring and self-evaluation system? (Describe) How are the results used?
8. What problems have you had in establishing and maintaining your program? What help did you seek and receive?
9. Do you have direct contact with anyone above the Coordinator in the county organizational structure?
10. Describe the intake process for your project.
11. To which components do you make referrals? From which components do you receive referrals?
12. How do the objectives (shown in Charts prepared by JRB) relate to your project's activities?

COUNTY DRUG COORDINATORS' MODULE

1. How has coordination of the County Drug Program evolved (with regard to the political situation, funding sources, etc.)?

2. Describe the county organizational structure into which your program fits.

3. What is your role vis-a-vis:

   a. The Technical Advisory Committee?
   b. Other drug-related bodies?
   c. The community-at-large.
   d. Component staff.
   e. Mental Health Officials.
   f. Local criminal justice planning agency.

4. What proportion of your time is spent in the administration of programs? In the operation of programs?

5. What proportion of your time is spent dealing with programs directly?

6. With which programs do you spend most time? Least time?

7. What kinds of assistance do you provide to programs?

8. Do the objectives shown in the charts (prepared by JRB) adequately reflect the goals of your project? Its current activities?

9. What do you hope to get out of this evaluation?

10. Have you been responsible for any evaluations of drug programs in this county? What were the desired and actual outcomes? How was the methodology arrived at in each case?

11. Have the findings of any evaluations had an impact on the planning or operation of the drug program?

12. How were projects prepared for the evaluation? How was project data collected?

13. What should be the role of a County Drug Coordinator?

14. What are your responsibilities as stated in your Job Description? Would you add to or subtract from these?

15. Whom do you report to concerning the operation and administration of the County Drug Program?

16. Which components report to you on a regular basis? What forms are used?

17. What feedback do you provide to those programs?

18. Which programs do you have little or no contact with, and why?

19. Has your office ever prepared a Drug Service Directory for your county? Has it been updated?

20. To whom do you take or refer questions from program components which you cannot answer yourself (re: contracts, budgeting, programming)?

21. What are the lines of authority in the County Drug Program, and in the larger context of the County Government?

COORDINATION-SPECIFIC MODULE

FUNCTION OF COORDINATION

1. What should be involved in coordination of a county-wide drug program?

2. Would coordination of the drug program be most effective on a county-wide basis? By supervisorial district? Other?

3. Who should be responsible for Coordination?

EXISTING COORDINATION

4. Whom do you regard as Coordinator?

5. What persons or groups contribute to the coordination of the county's drug programs?

6. Does the County Drug Program function as a unified system of services?

7. Which components function as part of a coordinated body, and which continue to function irrespective of any coordination?

8. What types of coordination is there between programs funded by different sources? Between county and non-county programs?

9. How has the drug program evolved in your county?

10. Describe the lines of authority in the County Drug Program from top to bottom.

11.
11. Does the Coordinator have the authority he needs to get things done?

12. What is the function of the Technical Advisory Committee? Of other drug program alliances?

13. What is the nature of the Coordinator's relationship with

    - the Technical Advisory Committee,
    - other drug-related bodies,
    - the community-at-large,
    - component staff,
    - Mental Health officials, and
    - the local criminal justice planning agency?

14. How does information pertinent to drug programs get around? (Word of mouth? Newsletters? Memos? Meetings?)

15. How is a person in need of a particular type of drug treatment program (a) identified, and (b) reffered to the appropriate program?

16. What records and contacts are maintained with participants who:

    a. are arrested?
    b. complete a program satisfactorily?
    c. drop out?

17. What <u>role</u> does the Coordinator play in

    a. sharing information concerning drug programs?
    b. providing direction to drug programs?
    c. evaluating programs?
    d. administering programs?
    e. operating programs?
    f. making policy decisions about programs?
    g. making funding decisions on programs?

18. What other evaluations of drug programs in this county have you heard about? Have you seen? What changes have resulted from their findings?

END