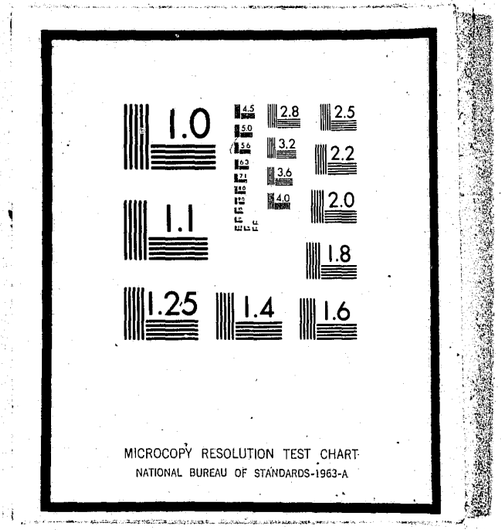


MANUAL FOR LEAA HEADQUARTERS FOR ORGANIZATION OF DATA REPORTED BY DRUG ABUSE TREATMENT AND REHABILITATION PROGRAMS

I. Introduction

This manual is designed to aid LEAA Headquarters in organizing and compiling data to be gathered and reported by LEAA Drug Abuse Treatment and Rehabilitation programs. The data elements used to develop the statistics outlined in this manual are those specified by LEAA and described in detail in the "Manual for Directors of LEAA Drug Rehabilitation and Treatment Programs" enclosed with this document.

Most LEAA programs collect a considerable amount of data on individual patients and drug program activities, but little attempt has been made by them to compile these data in a systematic way on a regular basis. There is a lack of uniformity among programs in record-keeping as well as in data elements collected.

It is therefore essential that the LEAA, in establishing a standard reporting system, require that each program collect specific data elements defined by the LEAA, transcribe them onto the prescribed form and transmit the form to the LEAA. (See Appendix A.)

The data to be reported on this form to the LEAA include actual numbers for the completed fiscal year, actual and estimated data by quarter for the current fiscal year and estimates for the following fiscal year. Information should be reported by each program to its LEAA Regional Administrator within 30 days after the last day of each fiscal year quarter.

The purpose of gathering each data element is discussed in this manual. Although data alone are not adequate for evaluating the success of LEAA programs, their use in conjunction with

additional program information will provide the LEAA with meaningful statistics.

Such information includes the knowledge of the differences among programs and their goals, modalities of treatment used and patient population characteristics. These factors must be taken into account when LEAA reviews and compiles the reported data and interprets the derived statistics.

In summary, this manual contains a review of the data elements to be collected by the subgrantees. Instructions are provided for aggregating these data and developing the desired statistics. The method used for constructing the bar charts to display the derived statistics is also outlined.

II. Data Elements

1. Patient Capacity

Patient capacity data should be compiled for two subcategories of patients -- outpatient and inpatient/resident. The distinction between an inpatient and a resident is the intensity of medical care the person receives. Both are defined as live-in patients, but inpatients receive intensive care while residents do not. The definitions of inpatient and resident are often confused by program staff because it is unclear as to what constitutes "intensive" care. Since the number of live-in patients is very small, the two types of patients should be combined when considering capacity. The definition of outpatient is a patient who lives outside of the treatment facility and comes in to receive services.

To obtain total patient capacity, add total patient capacities reported by individual programs on line 1. The same procedure should be used to calculate overall outpatient capacity reported on line 1(a) and overall inpatient/resident capacity reported on line 1(b).

2. Number and Composition of Staff

Staff is defined in terms of employees paid by program funds. Those staff members who work less than full-time in the program are counted by the fraction of their salary which the program pays.

The total number of staff is calculated by adding together the information on line 2(a) of individual program reports. This information is needed to calculate the staff-client ratio.

Additional information about the composition of the staff will be supplied by each program. It will provide insights into the type of treatment emphasized by the program. A large number of nurses, for instance, would indicate an orientation toward medical treatment while a large number of ex-addict counselors indicates that the emphasis is on psychological treatment.

Staff-Client Ratio

The component data needed to calculate the staff-client ratio are the total number of staff for the numerator and the total number of patients served for the denominator. A reasonable ratio is obtained by using the total number of patients served during the quarter.

Programs which have a large, constant turnover will serve a much greater number of patients than those which have a high retention rate. Also, some programs may be operating over or under capacity. Therefore, it is essential that these factors be considered when drawing inferences from the staff-client ratio.

Although the staff-client ratio is useful in obtaining a quick look at how much attention clients are receiving, it should be viewed only in conjunction with staff composition. A "good" staff-client ratio may be misleading, for instance, if there is a large number of clerical personnel. A "poor" ratio may not indicate a poor program if there exists a heavy complement of professional and rehabilitative personnel.

To calculate an overall staff-client ratio, the number of staff reported by individual programs on line 2(a) should be added together. This total should then be divided by the

total number of patients served, which is determined by adding together the total number of patients served reported by each program on line 3:

$$\frac{\text{Total number of staff}}{\text{Total number of patients served}} = \text{Staff-Client Ratio}$$

3. Number of Patients Served and Number of New Patients

These data are useful for measuring the scope and size of a program and its ability to retain patients. The division of patients served into categories of outpatient, inpatient and resident failed to produce the most useful data. Different, more extensive categories are suggested so that patients served is a usable measure of program performance. This breakdown is necessary to accommodate the wide range of drug problems for which patients are treated and treatment modalities employed by LEAA-funded programs. A methadone maintenance program and a soft-drug user's treatment program cannot be realistically compared, even though both may treat outpatients only. The divisions of types of patients served are the following:

3. Total Number of Patients Served [(a)+(b)]
   - (a) Heroin addicts [(i)+(ii)+(iii)]
     - (i). Treatment by methadone maintenance
     - (ii). Treatment by methadone withdrawal
     - (iii). Methadone-free treatment
   - (b) Abusers of drugs other than heroin [(i)+(ii)]
     - (i). Temporary aid (one-time service: telephone aid, overnight stay or medical check-up)
     - (ii). Long-term care (continuing visits or inpatient care)

This categorization will allow more useful comparisons to be made with regard to the effectiveness of different treatment modalities. Revision of these categories may be necessary in the future as new treatment modalities come into use and old ones are discontinued.

New patients are those who enter the program for the first time. Patients who drop out of a program and later return should not be counted as new patients. This is an important distinction since most programs readily readmit dropouts; some give them priority over new patients.

The total number of patients served by all LEAA drug treatment programs is calculated by adding together the total number of patients served by individual programs reported on line 3. The same procedure should be followed for obtaining totals for each category and sub-category listed under the number of patients served and reported on lines 3(a) through 3(c).

4. Waiting List Data

Programs are requested to report the number of patients waiting for treatment at the end of each quarter and the average waiting time for patients admitted to treatment during that quarter. Waiting time is the number of days between the date of placement on the waiting list and the date on which the patient actually begins treatment. Average waiting time is calculated by adding the waiting times, in days, of all patients admitted during the last ten days of the quarter and dividing by the number of patients admitted during this period. Programs which admit patients infrequently may need to use a longer period than ten days. In such cases, an agreement should be reached between the program director and the LEAA regional officer.

The majority of LEAA-funded drug treatment and rehabilitation programs do not keep a waiting list. Patients are generally admitted immediately to the program, since most programs operate on a first-come, first-served basis.

Waiting data are useful in determining the demand in the community for drug treatment services. A long waiting list could indicate a need for expansion of program facilities. Average waiting time is also related to the amount of time being taken to treat a patient as well as the program's retention rate.

An overall average waiting time is determined for LEAA drug treatment programs by adding together the average waiting times reported by each program on line 4(a), and dividing by the number of programs reporting. The resulting statistic will be average waiting time per program, not average waiting time per patient.

5. Mean Client Time in Treatment

LEAA originally requested average treatment time by the following treatment modalities: methadone maintenance, other chemotherapies, and drug-free treatment. It was discovered that these categories were generally too broad to produce meaningful information. There are virtually no hard data on treatment time; only a wide range of estimates. Guesses on the amount of time needed to rehabilitate a hard-core heroin addict range from one to three years.

In the manual for subgrantees, record-keeping procedures are suggested to aid programs in collecting data on treatment time. A basic distinction must be made between patients who are terminated with staff approval and patients terminated without staff approval. The former category consists of

patients who are considered to be "cured" or rehabilitated, while the latter category includes patients who have either dropped out or have been terminated for unsatisfactory behavior. This division will make it possible to compare mean time in treatment for rehabilitated patients with that of patients who fail in the program. Data on average treatment time can be extremely useful in helping programs to make future plans, especially in the area of future patient loads.

Average treatment time should be reported by modality. This information will provide a means for measuring the effectiveness of different treatment modalities for comparing the length of time necessary to rehabilitate patients under different modalities of treatment. The categories used for reporting average treatment time are suggested as the minimum number necessary to produce useful data. It is possible to refine the categories so that they may include some of the unique methods of treatment employed by individual programs. These categories are:

5. Mean Client Time in Treatment
   (a) Staff-approved terminations:
      (i). Heroin addicts-methatone maintenance and/or withdrawal
      (ii). Heroin addicts-methadone-free treatment
      (iii). Abusers of drugs other than heroin-temporary aid
      (iv). Abusers of drugs other than heroin-long-term care.
   (b) Terminations not approved by staff
      (i). Heroin addicts-methadone maintenance and/or withdrawal
      (ii). Heroin addicts-methadone free treatment
      (iii). Abusers of drugs other than heroin-long-term care

Average treatment time should be reported for patients terminated during the quarter, in each of the above categories.

Methadone maintenance patients are grouped with methadone withdrawal patients since a patient cannot be fully rehabilitated if he or she is still addicted to a drug. A patient does not receive an approved termination until withdrawal from methadone is completed.

Data for several fiscal year quarters are needed in order to draw realistic conclusions about treatment time. The number of patients terminated with staff approval has been very small, even in the most effective programs. More data should be available on patients who terminate without staff approval, since many programs have high dropout rates.

An overall average treatment time should be determined for each subcategory. The average treatment times for all programs reporting in a given subcategory should be added together and the sum should then be divided by the number of programs reporting in that subcategory. This procedure should be followed for combining individual program information reporting on line 5(a)(i), 5(a)(ii), 5(a)(iii), 5(a)(iv), 5(b)(i), 5(b)(ii), and 5(b)(iii). The resulting statistic will be average treatment time per program, not average treatment time per patient.

6. Total Cost for Patient Treatment

This data element will be used to calculate the average cost of treating a patient. Total costs should include all program expenditures, except in cases where there exists an administrative component which is physically and financially separate from the rest of the program. All moneys expended are to be counted, no matter what their original source may have been.

Cost data can be used to help determine the program's effectiveness in mobilizing non-Federal funding sources. This can be done by simply comparing the programs' Federal grant to their expenditures. This is an important measure of the overall LEAA effort in drug treatment and rehabilitation. Most grants have been given over a short term, for the purpose of establishing new programs or helping struggling programs to get started. By the time the LEAA grants run out, other resources should have been tapped to keep programs going at the same level.

Average Cost Per Patient Per Quarter

Average monthly cost per patient was originally requested by outpatient, inpatient and resident. It is not possible, however, to make these distinctions. Inpatient and resident categories are combined for purposes of data reporting. Most of the programs which served both inpatients/residents and outpatients could not separate costs for the two categories. Staff members, for example, may work with both types of patients and the relative amount of time which they spend with each type of patient varies from day to day.

Average cost per patient per quarter should be determined by first adding together total expenditures for patient treatment reported by individual programs on line 6(a) to obtain total expenditures for all programs reporting. The result should then be divided by the overall number of patients served by individual programs reported on line 3:

$$\frac{\text{Expenditures for patient treatment}}{\text{Number of patients served}} = \text{Average cost per patient per quarter}$$

The data available do not provide the basis for monthly cost estimates per patient because of the unknown number of patients who stay in treatment throughout the quarter and those who enter and leave the program within the quarter.

7. Numbers of Urinalyses and Positive Urinalyses

Because programs use urinalyses for a variety of purposes, guidelines are needed to help programs decide which tests should be used to calculate the ratio of positive to total urinalyses. The manual instructs programs to include all urinalyses given to patients in treatment as part of a regular or irregular monitoring program. Initial urines, and urines taken as part of a medical check-up will not be counted. These tests are used to determine whether the prospective patient is a true addict, and are thus more likely to be positive.

Positive urinalyses to be reported by programs include all tests, except those mentioned above, which indicate the existence of an illegal drug not prescribed by program medical personnel. Testing procedures can be an important influence on the number of positive tests. In some programs, patients may know when they will be tested and will thus be able to avoid a positive test.

The ratio of positive to total urinalyses can serve as a measure of the program's ability to keep patients from the hard-drug culture. Changes in the ratio may reflect changes in other factors affecting the program, such as the amount of street heroin available. Substantial increases or decreases in the urinalysis ratio may call for investigation of this or other suspected factors.

Finally, professional medical staff members have indicated that urinalyses results are not always reliable. Difficulties

were reported with both government and private testing laboratories. The time span between the actual test and laboratory analysis is a crucial factor. The longer the time lag, the less likely it is that an illegal drug will show up in the urine specimen. The error rate in the reported laboratory analyses of urine tests for illegal drugs remains unsatisfactorily high. General trends in urinalyses ratios should be observed but absolute numbers should be regarded with suspicion.

Ratio of Positive Urinalyses to Total Urinalyses

The usefulness of this ratio has already been discussed in the previous section on urinalysis. It serves mainly as a measure over time of the program's ability to keep patients away from illegal drug usage and the drug culture.

To determine the overall ratio of positive to total urinalyses, two components are needed. Add the individual program totals for number of urinalyses reported on line 7(a) to determine the total number of urinalyses. Add the individual program totals for number of positive urinalyses reported on line 7(b) to determine the total number of positive urinalyses. Divide the total number of positive urinalyses by the total number of urinalyses:

$$\frac{\text{Total number of positive urinalyses}}{\text{Total number of urinalyses}} = \text{Ratio of positive to total urinalyses}$$

8. Number of Job Referrals and Successful Job Referrals

Total job referrals include all referrals made by program staff members for patients who are in treatment or patients who have completed treatment. Only referrals made to employment sources outside of the program should be counted. Patients

employed by the program or in enterprises run by the program should not be included.

Successful referrals include those referrals which result directly in the hiring of a patient or an ex-patient. The reported totals should include all referrals, even if there are several for the same patient.

Job referral data provide a means of measuring the programs' success in preparing patients to return to the community and to responsibly hold a job. Most program directors agree that employed patients have a much better chance to escape the addict culture and move toward full rehabilitation. The success rate will be affected by many factors, including the programs' ability to influence the attitudes of employers, unions and the general public toward the hiring of drug addicts. Poor economic conditions in an area, however, can greatly hamper the efforts of even a very ambitious staff. In these cases, total referrals may be a better measure of effort than the success rate.

To calculate the total number of job referrals add the individual program totals reported on line 8(a). The total number of successful job referrals is determined by adding the individual program totals reported on line 8(b).

9. Number of Patients Employed While in Treatment

This category includes all patients who are working either full-time or part-time for wages or salary, while they are in treatment. Employed patients who leave treatment should not be counted after the last quarter in which they received treatment even if they obtained their jobs while they were in the program. Patients employed within the program are to be included as well as those employed outside. The two categories will be reported separately as follows:

9. Number of Patients Employed While in Treatment (a)+(b)

(a) Patients employed by the program or in enterprises run by the program

(b) Patients employed by enterprises outside the program

These statistics will serve much the same purpose as those on job referrals. They can help measure program success in stabilizing the addict's life style. These data can be used to determine what relationship exists between the number of patients employed and the rate of success in treatment. This can be done by comparing the percentage of staff-approved terminations for programs with a high percentage of employed patients and programs with a low percentage. Again, economic conditions and community attitudes will exert great influence on the number of employed patients.

10. Number of Patients Enrolled in Supplemental Education and Skill Training

Patients enrolled in supplemental education will cover the following: (1) patients who have dropped out of high school and returned (high school students who have never dropped out will not be counted), (2) patients enrolled in a G.E.D. program or an equivalent, (3) patients enrolled in college or taking college courses on a part-time basis, (4) patients being tutored regularly by a staff member or volunteer.

Patients enrolled in skill training include those who are receiving training for specific or general job skills. They may be receiving training either on-the-job or in a classroom situation.

These data provide further insights into program efforts to rehabilitate the patient. Since most programs lack the

resources to perform these services in-house, these data give some indication of the referral resources available to the program. Many drug addicts lack the basic education and skills needed to obtain meaningful employment. Because many employers are still wary of hiring drug abusers, patients must be well-trained before they begin to seek work. Training should include not only specific training for the job but also preparation for the conflicts a patient is likely to face as he or she attempts to change life styles in a potentially hostile environment. A program which fails to provide patients with educational or job training opportunities must be considered seriously deficient unless the patient population possesses unusually high levels of education and/or job skills.

Total number of patients enrolled in supplemental education is calculated by adding the entries made by individual programs on line 10(a).

The same procedure is used for total number of patients enrolled in skill training entered on line 10(b).

11. Number of Rearrests and Bail Violations (T.A.S.C. programs only)

These data are an important measure of a T.A.S.C. programs' effectiveness. The main purpose of the T.A.S.C. programs is to reduce street crime through the use of drug treatment and rehabilitation for addict-criminals. A high recurrence of criminal activity among T.A.S.C. patients in a program indicates that the program is having serious problems in meeting its objectives. Many patients are sent to T.A.S.C. programs in lieu of a jail sentence, and thus face an unpleasant alternative if they leave the T.A.S.C. program.

All rearrests and bail violations by T.A.S.C. patients should be reported by individual programs, even if they involve

criminal activities not related to drugs. It is likely that patients rearrested will be expelled from the program. Bail violators, however, may be treated more leniently for their first offense while in treatment.

The total number of rearrests from each individual T.A.S.C. program reported on line 11(a), should be added together to determine the overall number of rearrests. The same procedure should be followed to determine the overall number of bail violations reported on line 11(b).

III. Management Information

It is desired to portray a summary of the financial aspects of the total program as well as the number of LEAA-funded projects. This information should flow from Regional Administrators to LEAA Headquarters.

At the time a grant is made to fund a new project, or to extend an existing one, the sum of money earmarked for this project will be termed a "new obligation" in the time period during which the grant is made.

Line 6(b) of the program director's reports will indicate the outlays made of LEAA funds during each reporting period, actual or estimated. A running record of total outstanding obligations is obtained as follows:

Total Outstanding Obligations at the End of a Period	=	Total Outstanding Obligations at the End of a Preceding Period	+	New Obligations This Period	-	Outlays This Period

New obligations will be recorded from actual grants made or estimated grants to be made in future time periods according to the best estimates of each Regional Administrator.

The number of projects at any time is the number which have been or are expected to be active, operating under LEAA funding, during any time period.

Each Regional Administrator should thus forward to LEAA headquarters the total of each of the following categories for his region:

Total obligations
New obligations
Total outlays
Total projects

The foregoing may be summed to derive national totals.

IV. Procedures for Organizing Data and Displaying the Statistics in Bar Chart Form

To compile the information received from individual LEAA Drug Abuse Rehabilitation and Treatment Programs, some suggestions are provided in this section to aid those who are responsible for calculating and presenting the statistics discussed in this manual.

When all individual program forms have been received from the Regional Administrators, they should be edited for omissions and inconsistencies. A procedure for follow-up should be established to resolve problems found during the editing process. All data should be transferred from the forms onto a spread sheet for each time period such as the one on the following page, to facilitate making the numerous calculations needed. This arrangement will also be helpful in recognizing which programs have not reported specific data elements and in making comparisons among reporting programs.

The spread sheet should be arranged in columns and rows. Each column caption should be a data element and each row an individual program. The total for each data element should be recorded at the bottom of each column.

Many of the statistics described in Section II of this manual are the calculated totals; the remaining statistics are derived either by adding totals or dividing one total by another.

The results of those calculations which involve the division of two totals should be recorded on a separate sheet for convenience. The format at the top of page 21 is suggested.

Quarter ending: _____

Fiscal year: _____

No. of programs reporting: _____

DATA REPORTED BY LEAA DRUG ABUSE
TREATMENT AND REHABILITATION PROGRAMS*

Program Name	Total Patient Capacity (1)	Capacity-Outpatient (1a)	Capacity Inpatient/ Resident (1b)	Number of Staff (2a)	Staff Composition (2b)	Total Numbe Patients Served (3)	atients rolled in ll Training (10b)	Number of Rearrests (11a)	Number of Bail Violations (11b)
Program A									
Program B									
Program C									
									
Program Z									
Total									

* A separate spread sheet is needed for each time period.

Statistic	FY 1972	FY 1973 Q_1	Q_2	Q_3	Q_4	FY 1974
Staff-Client Ratio						
Average Waiting Time Per Program						
Mean Time in Treatment Per Program*						
Average Cost Per Patient Per Program						

For each statistic, a bar chart should be constructed on one of the Program Performance Measurement Charts, PMS E-21, PMS E-22 or PMS E-23. PMS E-21 is designed for presenting one bar chart; PMS E-22 for two and PMS E-23 for three.

Those statistics which deal with the same topic should be presented on the same Performance Measurement Chart whenever possible.

Listed below are the statistics to be displayed on each of the three forms. Under PMS E-22 and PMS E-23 are grouped the statistics to be presented on separate bar charts on the same form.

PMS E-21

Staff to patient ratio

Waiting time for admitted patients

Expenditures per quarter per patient served

Ratio of positive to total urinalyses

---

* Mean treatment time must be calculated for each of the seven subcategories under subsection 5 of Section II in the manual.

PMS E-22

Patients served
New patients

Patients served - heroin addicts
Patients served - non-heroin drug abusers

Non-heroin drug abusers served - temporary aid
Non-heroin drug abusers served - long-term care

Client time in treatment - staff approved terminations
Client time in treatment - terminations not approved by staff

Time in treatment - staff approved terminations of heroin addicts - methadone maintenance or withdrawal
Time in treatment - staff approved terminations of heroin addicts - methadone-free treatment

Time in treatment - staff approved terminations of non-heroin drug abusers - temporary aid
Time in treatment - staff approved terminations of non-heroin drug abusers - long-term eare

Job referrals - total number of referrals
Job referrals - number of successful referrals

Patients employed - employed within programs
Patients employed - employed outside programs

Patients enrolled in supplemental education
Patients enrolled in skill training

Criminal activity - number of rearrests
Criminal activity - number of bail violations

PMS E-23

Total patient capacity
Outpatient capacity
Inpatient/resident capacity

Heroin addicts served by methadone maintenance
Heroin addicts served by methadone withdrawal
Heroin addicts served by methadone-free treatment

Terminations not approved by staff - heroin addicts - methadone maintenance or withdrawal
Terminations not approved by staff - heroin addicts - methadone-free treatment
Terminations not approved by staff - non-heroin abusers - long-term care

Program financial summary - total outstanding obligations
Program financial summary - new obligations
Program financial summary - total outlays

Appendix B contains a set of 19 Program Performance Measurement Forms ordered in a manner consistent with that on the form used by individual programs in reporting the data collected. The basic items are filled in on each form so that only the scale needs to be determined and the statistic charted for each time period. In the block above the table is the title of the topic. The block on the left next to the scale briefly describes the statistic displayed in the bar chart.

As examples, three completed bar charts have been constructed using experimental data, and are presented on pages 26 and 27. The statistics chosen for illustration are those discussed under subsections 7 and 10 of Section II in the manual.

Example 1: Ratio of Positive to Total Urinalyses

For twenty-two programs reporting data for the first quarter of FY 1973, the ratio of positive to total urinalyses is .05 for FY 1972, and .01 for Q_1 of FY 1973. Estimates for Q_2, Q_3 and Q_4 of FY 1973 are .015, .032, and .029 respectively. and .045 for FY 1974.

Example 2: Job Referrals

For twenty-two programs reporting data for the first quarter of FY 1973, the total number of job referrals is 150 for

FY 1972, and 20 for the first quarter of FY 1973. Estimates for Q_2, Q_3 and Q_4 of FY 1973 are 25, 28 and 32 respectively and 125 for FY 1974.

Example 3: Successful Job Referrals

For twenty-two programs reporting data for the first quarter of FY 1973, the number of successful job referrals is 49 for FY 1972 and 11 for Q_1 of FY 1973. Estimates for Q_2, Q_3 and Q_4 are 14, 18 and 21 respectively and 75 for FY 1974.

In constructing the bar chart, it is necessary that the scale provides for growth in the future. Using the same scale from quarter to quarter will enable the LEAA to spot changes over time with a minimum of effort.

When the scale has been determined and plotted, the statistic should be charted for each time period. A solid line should be drawn across the bar at the appropriate point on the scale under the relevant time period. The number of programs for which the statistic is being reported should be indicated in parentheses below the solid line inside the bar.

Totals for each time period should be filled in below the chart on the incremental line. The "actual" line should be used for statistics derived from actual data reported; the "planned" line for estimated data. See example 1 on page 26.

The "cumulative" total line at the bottom of the chart should be used only for those statistics for which it is meaningful to increment from one quarter to the next. These statistics include: Number of Patients Served - Abusers of drugs other than heroin - temporary aid; Number of New Patients; Job Referrals and Successful Job Referrals. The "cumulative line"

should contain the sum of all incremental totals to that date. The "actual line should be used for hard data and the "planned" line should be used for estimated data. See examples 2 and 3 on page 27.

PROGRAM PERFORMANCE MEASURE

Ratio of Positive to Total Urinalyses

pms LEVEL 2

		FY 72 Actual	FY 73 Plan or Est	FY 73 Actual			FY 74 Plan or Est
	SCALE	Full Year	Q1	Q2	Q3	Q4	Full Year
Ratio of Positive to Total Urinalyses	.05	(22)					(22)
	.04						
	.03				(22)	(22)	
	.02			(22)			
	.01		(22)				
INCREMENTAL	Plan or Est			.015	.032	.029	
	Actual		.01				
CUMULATIVE TOTAL	Plan or Est						.045
	Actual	.05					

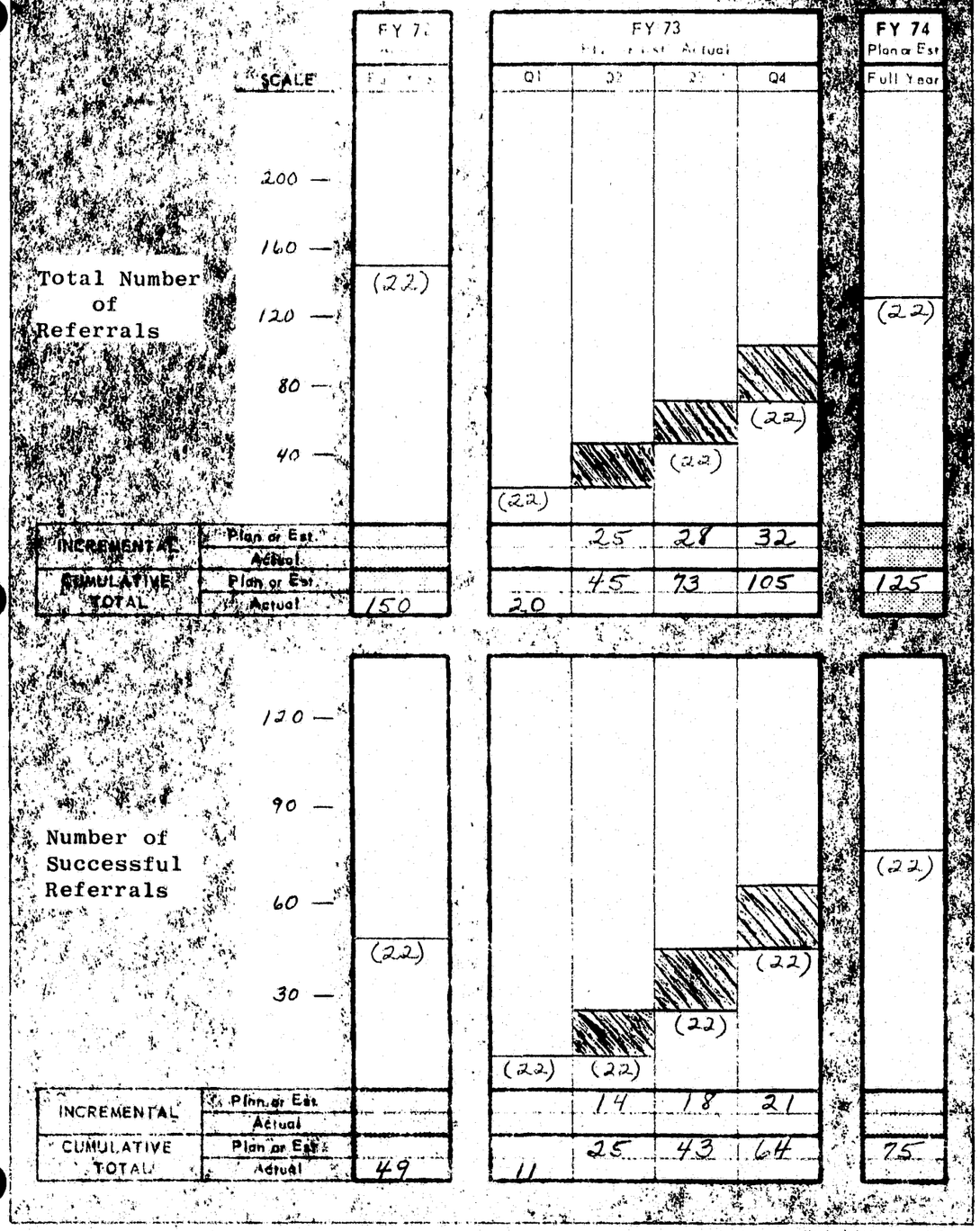
GPO 929-884

PMS-E21 (5-10-72)

PROGRAM PERFORMANCE MEASUREMENT

Job Referrals

pms LEVEL 2



APPENDIX A

APPENDIX A

REPORTING INSTRUCTIONS FOR LEAA DRUG REHABILITATION AND TREATMENT PROGRAMS

This form is provided for use by LEAA Drug Abuse Rehabilitation and Treatment Programs in reporting information to the LEAA. It should be submitted by each Program Director to his LEAA Regional Administrator within one month following the end of each fiscal quarter. Reports are thus due October 31st, January 31st, April 30th and July 31st.

The reporting form should be completed only after careful study of the definitions of terms and procedures for reporting provided in the Data Acquisition Section of the Manual for Directors of LEAA Drug Abuse Rehabilitation and Treatment Programs. For reference to guidelines, each of the data elements listed on this form is keyed by number to the appropriate section in the Manual.

The requested information should be recorded in the appropriate space provided on this report form. Actual experience will be recorded for past quarters and years. Estimates based on past experience and project plans will be recorded for future time periods. If later information results in a change in the actual experience reported previously, an asterisk in that box on the form should be used to indicate the change. No notation is needed if there is a descrepancy between actual experience and a previously supplied estimate for that time period.

If a program has terminated, or is expected to terminate, during any time period, the data supplied should be that as of the last day of operation or for the last period of operation as may be appropriate.

Problems encountered by programs in reporting the required data should be discussed with the responsible LEAA Regional Administrator.

Date of report: _____

Report for quarter ending: _____

Fiscal year: _____

Program Name: _____

LEAA Grant Number: _____

Number of Clinics: _____

Number of Other Physical Facilities: _____

Names and Addresses of Clinics and Other Facilities:

_____

_____

_____

_____

_____

_____

_____

Program Director: _____

Staff Member Responding:

Name: _____

Position: _____

Geographic Area Served by the Program: _____

Date on Which Program Began: _____

Date on Which Present LEAA Grant Began: _____

Date on Which Present LEAA Grant Will Expire: _____

Comments: _____

_____

_____

	FY 1973	FY 1973 Q1	FY 1973 Q2	FY 1973 Q3	FY 1973 Q4	FY 1974
(1) Total PATIENT CAPACITY						
(a) Outpatient						
(b) Inpatient/Resident						
(2) STAFF						
(a) Number of Staff						
(b) Composition of Staff (see Manual)						
(3) Total Number of PATIENTS SERVED (a+b)						
(a) Heroin Addicts (i+ii+iii)						
(i) Treatment by Methadone maintenance						
(ii) Treatment by Methadone withdrawal						
(iii) Methadone-free treatment						
(b) Abusers of Drugs Other Than Heroin (i+ii)						
(i) Temporary aid						
(ii) Long-term care						
(c) Total Number of New Patients						
(4) WAITING LIST DATA						
(a) Average Waiting Time for Patients Admitted						
(b) Number of Patients Waiting at End of Period						
(5) Mean Client TIME IN TREATMENT						
(a) Staff-Approved Terminations						
(i) Heroin addicts-Methadone maintenance and/or withdrawal						
(ii) Heroin addicts-Methadone-free treatment						
(iii) Abusers of drugs other than heroin-temporary aid						
(iv) Abusers of drugs other than heroin-long term care						

	FY 1973	FY 1973 Q1	FY 1973 Q2	FY 1973 Q3	FY 1973 Q4	FY 1974
(b) Terminations Not Approved by Staff						
(i) Heroin addicts-Methadone maintenance and/or withdrawal						
(ii) Heroin addicts-Methadone-free treatment						
(iii) Abusers of drugs other than heroin lon -term care						
(6) FINANCIAL DATA in thousands of dollars)						
a Total Ex enditures for Patient Treatment						
(b Funds Received from LEAA						
(7) URINALYSES						
(a) Total Number of Urinal ses						
(b) Total Number of Positive Urinal ses						
(8) JOB REFERRALS						
(a) Total Number of Job Referrals						
b) Total Number of Successful Referrals						
(9) Number of PATIENTS EMPLOYED WHILE IN TREATMENT						
(a) Patients Employed by Programs or in Enterprises Run by the Programs						
(b) Patients Employed by Enterprises Outside the Program						
(10) PATIENTS ENROLLED IN SUPPLEMENTAL EDUCATION AND SKILL TRAINING						
(a) Number of PATIENTS ENROLLED IN SUPPLE-MENTAL EDUCATION						
(b) Number of PATIENTS ENROLLED IN SKILL TRAINING						
(11) Criminal Activity Data (T.A.S.C. Programs Only)						
(a) Number of REARRESTS						
(b) Number of BAIL VIOLATIONS						

PROGRAM PERFORMANCE MEASUREMENT

PATIENT CAPACITY

pms LEVEL 2

	SCALE	FY 72	FY 73 Actual Q4	FY 74 Plan or Est Full Year
Total Patient Capacity				
	Plan or Est			
	Actual			
Outpatient Capacity				
	Plan or Est			
	Actual			
Inpatient/ Resident Capacity				
	Plan or Est			
	Actual			

PROGRAM PERFORMANCE MEASUREMENT

STAFF TO PATIENT RATIO

pms LEVEL 2

	SCALE	FY 7	FY 73 Q3 Q4	FY 74 Plan or Est Full Year
Staff to Patient Ratio				
INCREMENTAL	Plan or Est			
	Actual			
CUMULATIVE TOTAL	Plan or Est			
	Actual			

PATIENTS ... AND NEW PATIENTS

pms LEVEL 2

Total Patients Served

		FY 74 Plan or Est.	FY 74 Actual
INCREMENTAL	Plan or Est.		
	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

Total Number of New Patients

INCREMENTAL	Plan or Est.		
	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

PROGRAM PERFORMANCE MEASURE "E"

PATIENTS SERVED
(Heroin Addicts and Non-Heroin Drug Abusers

pms LEVEL 2

Heroin Addicts Served

		FY 74 Plan or Est.	FY 74 Actual
INCREMENTAL	Plan or Est.		
	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

Non-Heroin Drug Abusers Served

INCREMENTAL	Plan or Est.		
	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

PROGRAM PERFORMANCE MEASUREMENT

HEROIN ADDICTS SERVED BY TREATMENT

pms LEVEL 2

		FY 73	FY 74
Methadone Maintenance			
	Plan or Est.		
INCREMENTAL	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		
Methadone Withdrawal			
	Plan or Est.		
INCREMENTAL	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		
Methadone-Free Treatment			
	Plan or Est.		
INCREMENTAL	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

PROGRAM PERFORMANCE MEASUREMENT

NON-HEROIN DRUG ABUSERS SERVED BY TREATMENT

pms LEVEL 2

		FY 73	FY 74
		Q4	Plan or Est. Year
Temporary Aid			
	Plan or Est.		
INCREMENTAL	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		
Long-Term Care			
	Plan or Est.		
INCREMENTAL	Actual		
CUMULATIVE TOTAL	Plan or Est.		
	Actual		

PROGRAM PERFORMANCE MEASUREME

WAITING TIME FOR ADMITTED PATIENTS

pms LEVEL 2

FY 73 (Plan or Est / Actual) — Q1 Q2 Q3 Q4

FY 74 Plan or Est — Full Year

SCALE

Average Waiting Time

INCREMENTAL	Plan or Est.					
	Actual					
CUMULATIVE TOTAL	Plan or Est.					
	Actual					

PROGRAM PERFORMANCE MEASUREME

CLIENT TIME IN TREATMENT

pms LEVEL 2

FY 73 (Plan or Est / Actual) — Q1 Q2 Q3 Q4

FY 74 Plan or Est — Full Year

SCALE

Staff-Approved Terminations

INCREMENTAL	Plan or Est.					
	Actual					
CUMULATIVE TOTAL	Plan or Est.					
	Actual					

Terminations not Approved by Staff

INCREMENTAL	Plan or Est.					
	Actual					
CUMULATIVE TOTAL	Plan or Est.					
	Actual					

TIME IN TREATMENT
Staff Approved Terminations of Heroin Addicts

pms LEVEL 2

SCALE

FY 73

FY 74

Methadone Maintenance or Withdrawal

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

Methadone-Free Treatment

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

PROGRAM PERFORMANCE MEASURE

TIME IN TREATMENT
(Staff Approved Terminations for Non-Heroin Drug Abusers)

pms LEVEL 2

SCALE

FY 73

FY 74

Temporary Aid

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

Long-Term Care

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

PROGRAM PERFORMANCE MEASUREMENT

TERMINATIONS NOT APPROVED BY STAFF

pms LEVEL 2

	SCALE	FY 72 Actual Y1	FY 73 Plan or Est. Actual Q2	Q3	Q4	FY 74 Plan or Est. Full Year
Heroin Addicts - Methadone Maintenance or with						
Heroin Addicts - Methadone-Free Treatment						
Non-Heroin Drug Abusers Long-Term Care						

PMS-E-22 (8-70)

PROGRAM PERFORMANCE MEASUREMENT

EXPENDITURES PER QUARTER PER PATIENT SERVED

pms LEVEL 2

	SCALE	FY 72 Actual	FY 73 Actual Q2	Q4	FY 74 Plan or Est. Full Year
Dollars Spent Per Quarter Per Patient					

INCREMENTAL	Plan or Est.				
	Actual				
CUMULATIVE TOTAL	Plan or Est.				
	Actual				

PROGRAM PERFORMANCE MEASURE

Ratio of Positive to Total Urinalyses

pms LEVEL 2

SCALE

FY 72

FY 73

Q3 Q4

FY 74 Plan or Est Full Year

Ratio of Positive to Total Urinalyses

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

PROGRAM PERFORMANCE MEASUREME

JOB REFERRALS

pms LEVEL 2

SCALE

FY 73

Q4

FY 74 Plan or Est Full Year

Total Number of Referrals

Number of Successful Referrals

INCREMENTAL	Plan or Est.	
	Actual	
CUMULATIVE TOTAL	Plan or Est.	
	Actual	

PROGRAM PERFORMANCE MEASURE

PATIENTS EMPLOYED

pms LEVEL 2

SCALE

FY

FY 73

Q1 Q2

FY 74 Plan or Est. Full Year

Employed with Programs

INCREMENTAL	Plan or Est.				
	Actual				
CUMULATIVE TOTAL	Plan or Est.				
	Actual				

Employed Outside Programs

INCREMENTAL	Plan or Est.				
	Actual				
CUMULATIVE TOTAL	Plan or Est.				
	Actual				

PROGRAM PERFORMANCE MEASUREMENT

PATIENTS ENROLLED IN SUPPLEMENTAL EDUCATION AND SKILL TRAINING

pms LEVEL 2

SCALE

FY

FY 74

Enrollees in Supplemental Education

INCREMENTAL	Plan or Est.				
	Actual				
CUMULATIVE TOTAL	Plan or Est.				
	Actual				

Enrollees in Skill Training

INCREMENTAL	Plan or Est.				
	Actual				
CUMULATIVE TOTAL	Plan or Est.				
	Actual				

PROGRAM PERFORMANCE MEASUREMENT

pms LEVEL 2

CRIMINAL ACTIVITY (T.A.S.C only)

FY 72 | FY 73 | FY 74

SCALE

Number of Rearrests

		FY 72	FY 73	FY 74
INCREMENTAL	Plan or Est.			
	Actual			
CUMULATIVE TOTAL	Plan or Est.			
	Actual			

Number of Bail Violations

		FY 72	FY 73	FY 74
INCREMENTAL	Plan or Est.			
	Actual			
CUMULATIVE TOTAL	Plan or Est.			
	Actual			

PROGRAM PERFORMANCE MEASUREMENT

pms LEVEL 2

PROGRAM FINANCIAL SUMMARY

FY 72 | FY 73 | FY 74

SCALE

Total Outstanding Obligations

		FY 72	FY 73	FY 74
	Plan or Est.			
	Actual			
	Plan or Est.			
	Actual			

New Obligations

		FY 72	FY 73	FY 74
	Plan or Est.			
	Actual			
	Plan or Est.			
	Actual			

Total Obligations

		FY 72	FY 73	FY 74
	Plan or Est.			
	Actual			
	Plan or Est.			
	Actual			

GPO 929-884

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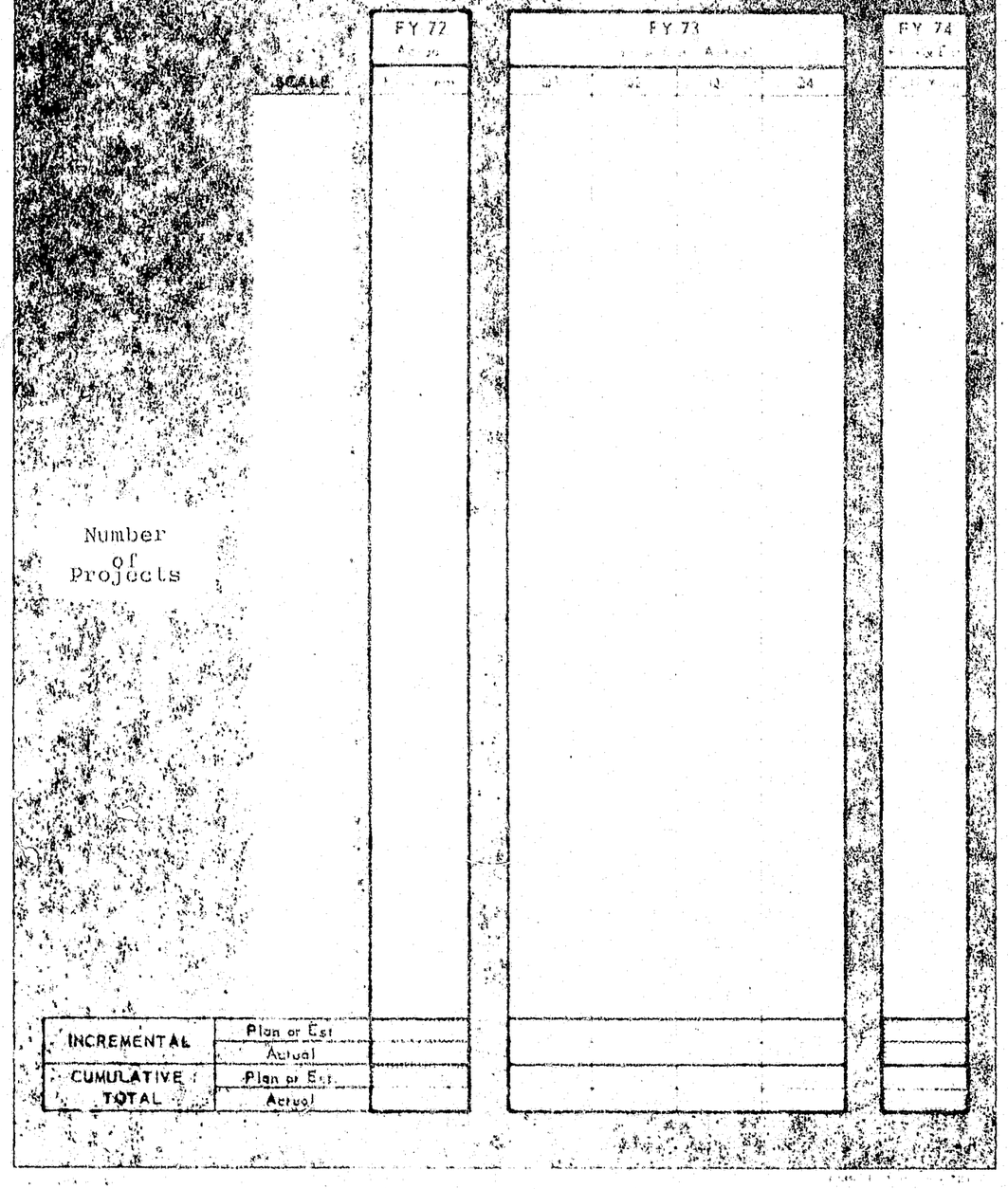
PROGRAM PERFORMANCE MEASUREMENT

NUMBER OF PROJECTS

pms LEVEL 2



INCREMENTAL	Plan or Est.			
	Actual			
CUMULATIVE TOTAL	Plan or Est.			
	Actual			

END