

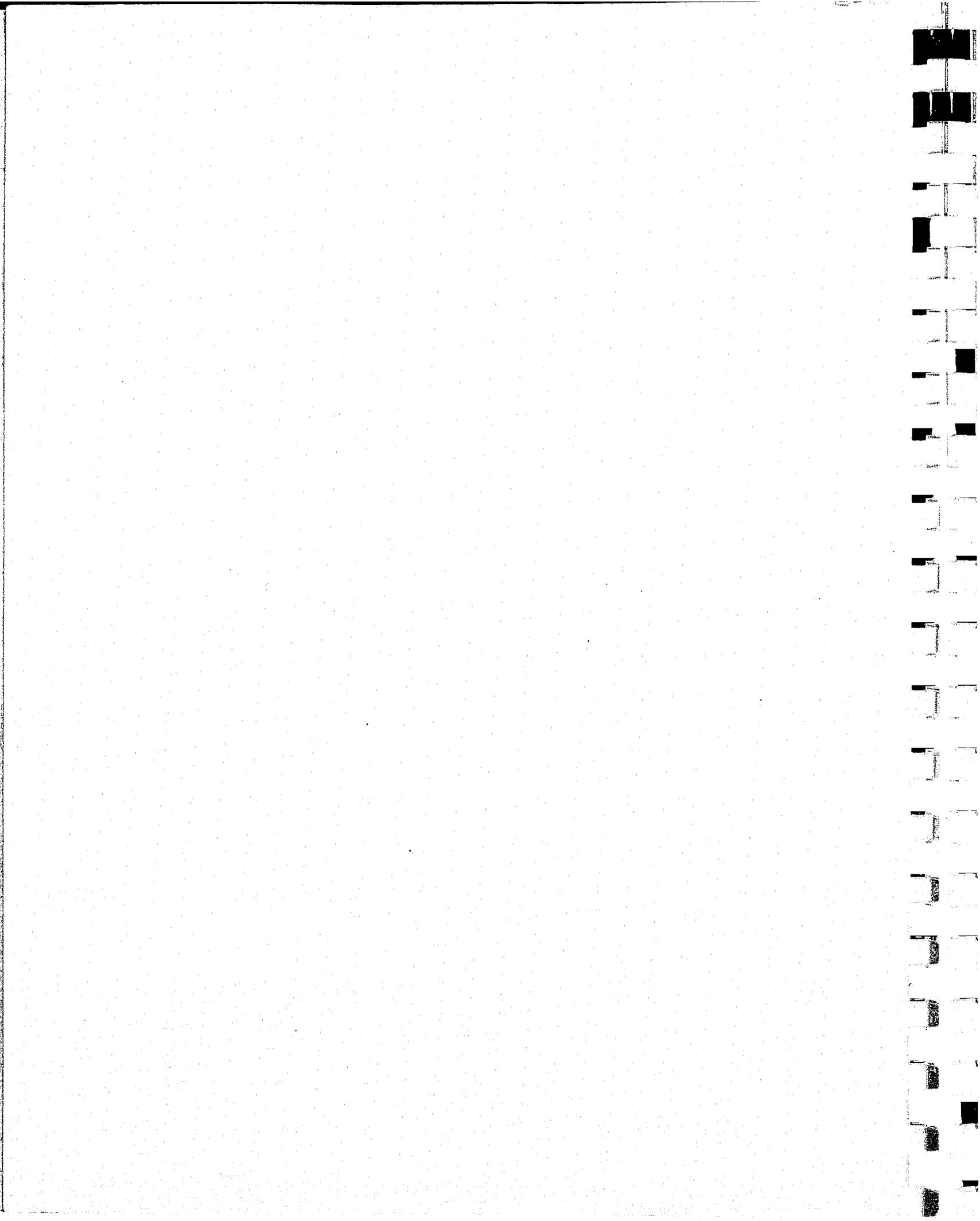
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INTERIM REPORT  
CLUSTER EVALUATION OF  
NARCOTICS COORDINATION PROJECTS  
INCLUDING COUNTY-WIDE  
COMPREHENSIVE NARCOTICS PROJECTS ~~CLUSTER EVALUATION~~  
INTERIM REPORT

March 15, 1974

Submitted to:  
Office of Criminal Justice Planning  
7171 Bowling Drive  
Sacramento, California 95823



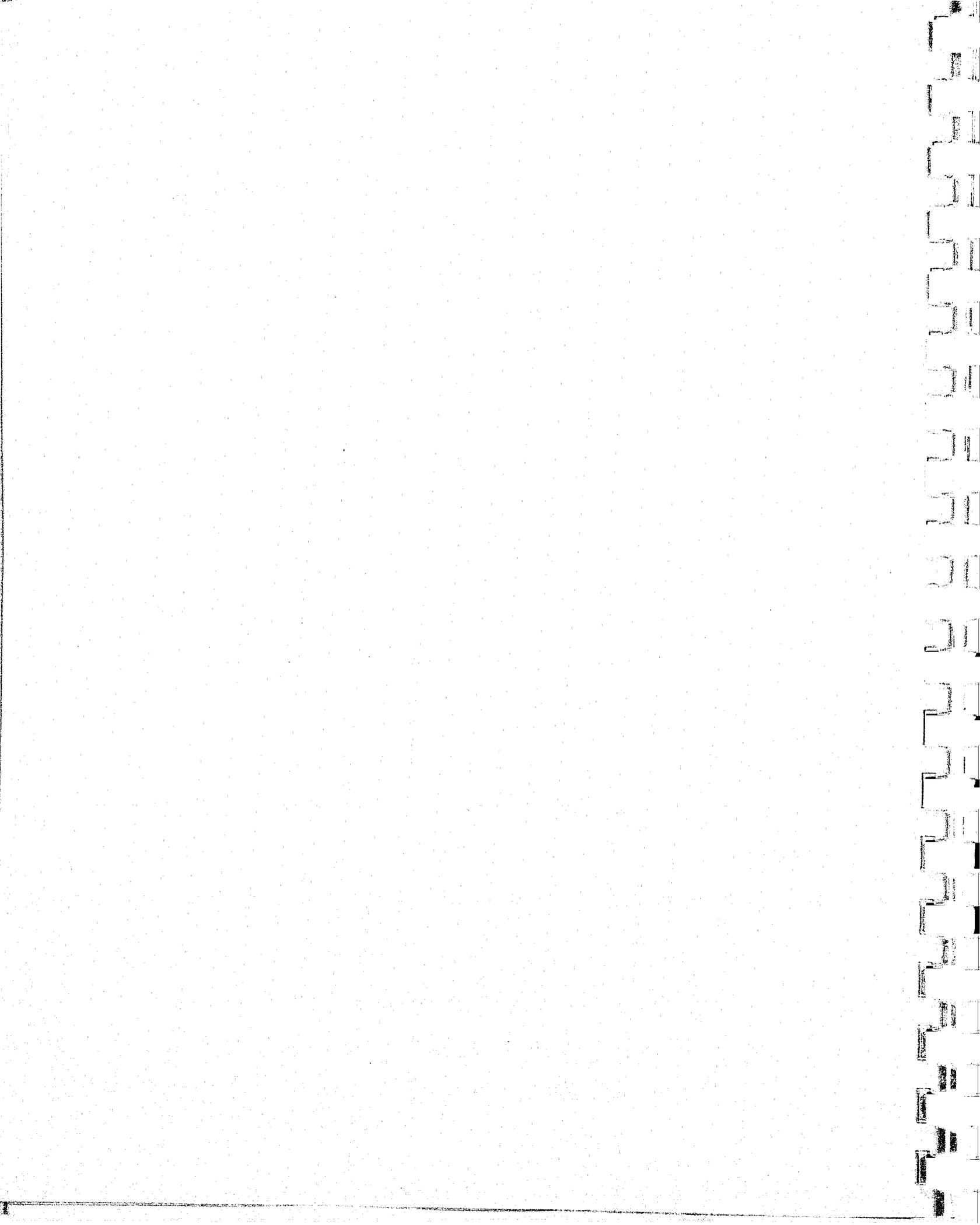
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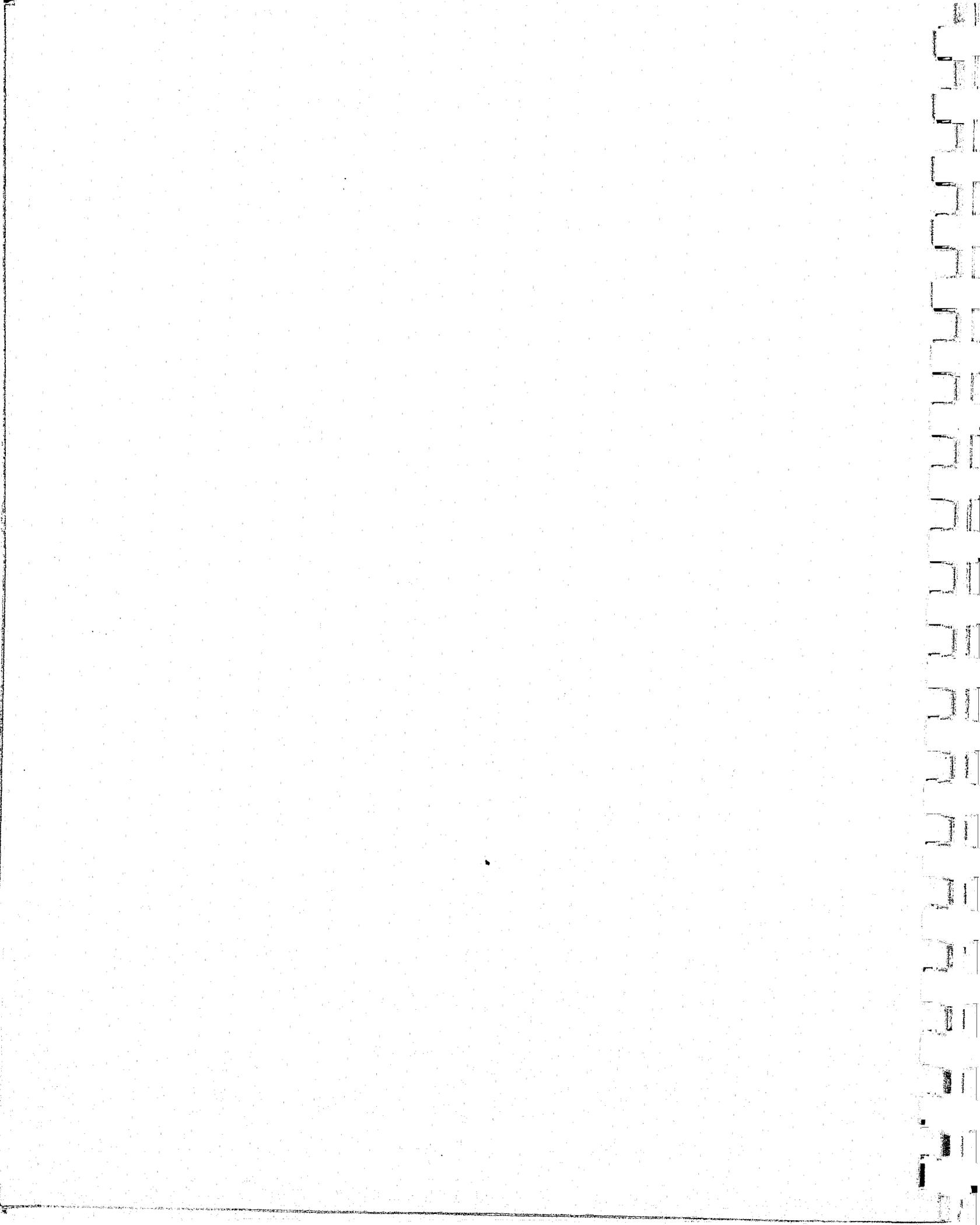


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SECTION I  
INTRODUCTION



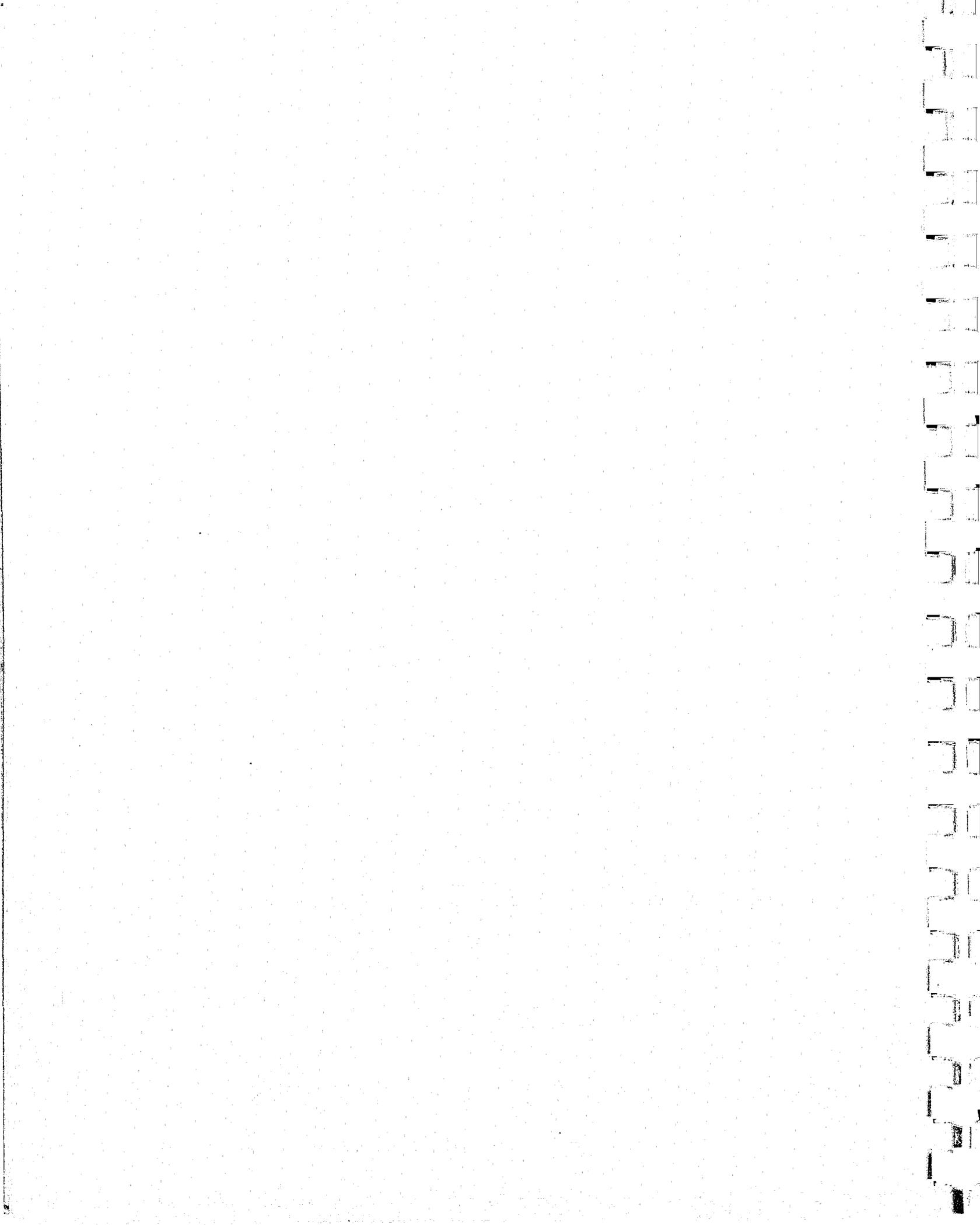
SECTION I  
INTRODUCTION

This document is the Interim Report for the cluster evaluation of narcotics coordination projects. The evaluation is being conducted by JRB Associates, Incorporated, (JRB) and is sponsored by the Criminal Justice Agency of Contra Costa County, under a grant awarded by the Office of Criminal Justice Planning (OCJP), formerly the California Council on Criminal Justice. The projects which are being evaluated are in Alameda, Contra Costa, and Santa Clara Counties.

This report presents the results of the first ninety days of the evaluation effort and describes the evaluation strategy that will be utilized to accomplish the four primary and one secondary objectives of the three projects. These objectives are restated below:

The primary contract objectives are:

- To evaluate the project coordinating function as it relates to accomplishing project objectives and to improving utilization of resources;
- To evaluate the results of the project coordinating function in improving services delivered to clients;
- To evaluate the results of the action-oriented components in reducing drug abuse and in diverting abusers from the criminal justice system; and
- To analyze the evaluation criteria designed for each project and for each component and to recommend improvements.



The secondary contract objective is:

- To determine a comprehensive program definition inclusive of recommended goals, objectives, and evaluation criteria, by
  - Identifying objectives common to the cluster coordination projects;
  - Identifying evaluation criteria which can be used to measure the achievement of common coordinating objectives;
  - Defining objectives which are unique to the requirements of a specific coordinating project, and identifying the reasons for such uniqueness;
  - Examining the relationships between the coordinating function and agencies directly involved in action-oriented component administration; and
  - Examining the effect of coordinating agency involvement upon its directly administered action-oriented components.

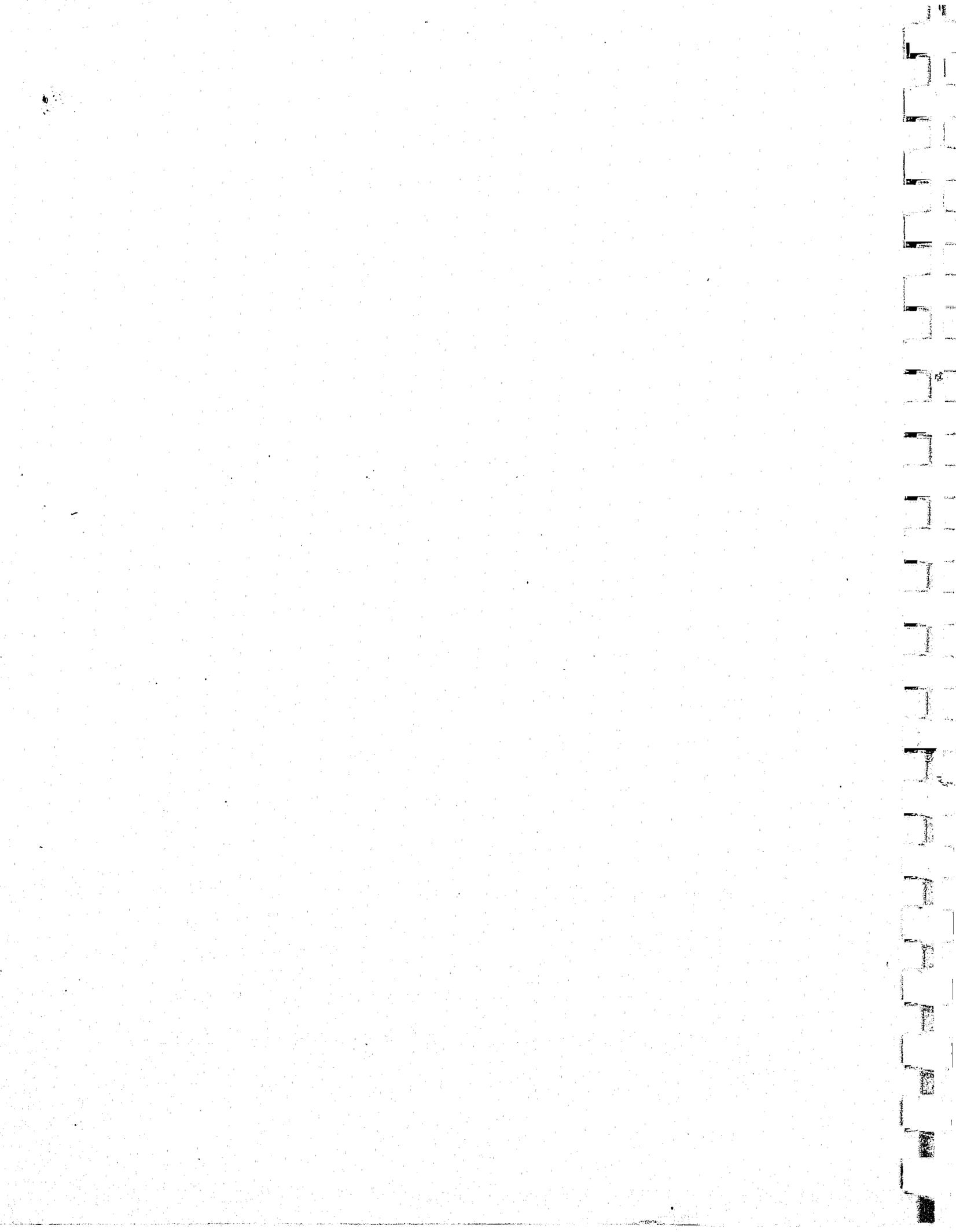
The evaluation strategy addresses the objectives to the maximum extent possible, given identifiable constraints affecting the evaluation effort.

Briefly these constraints are:\*

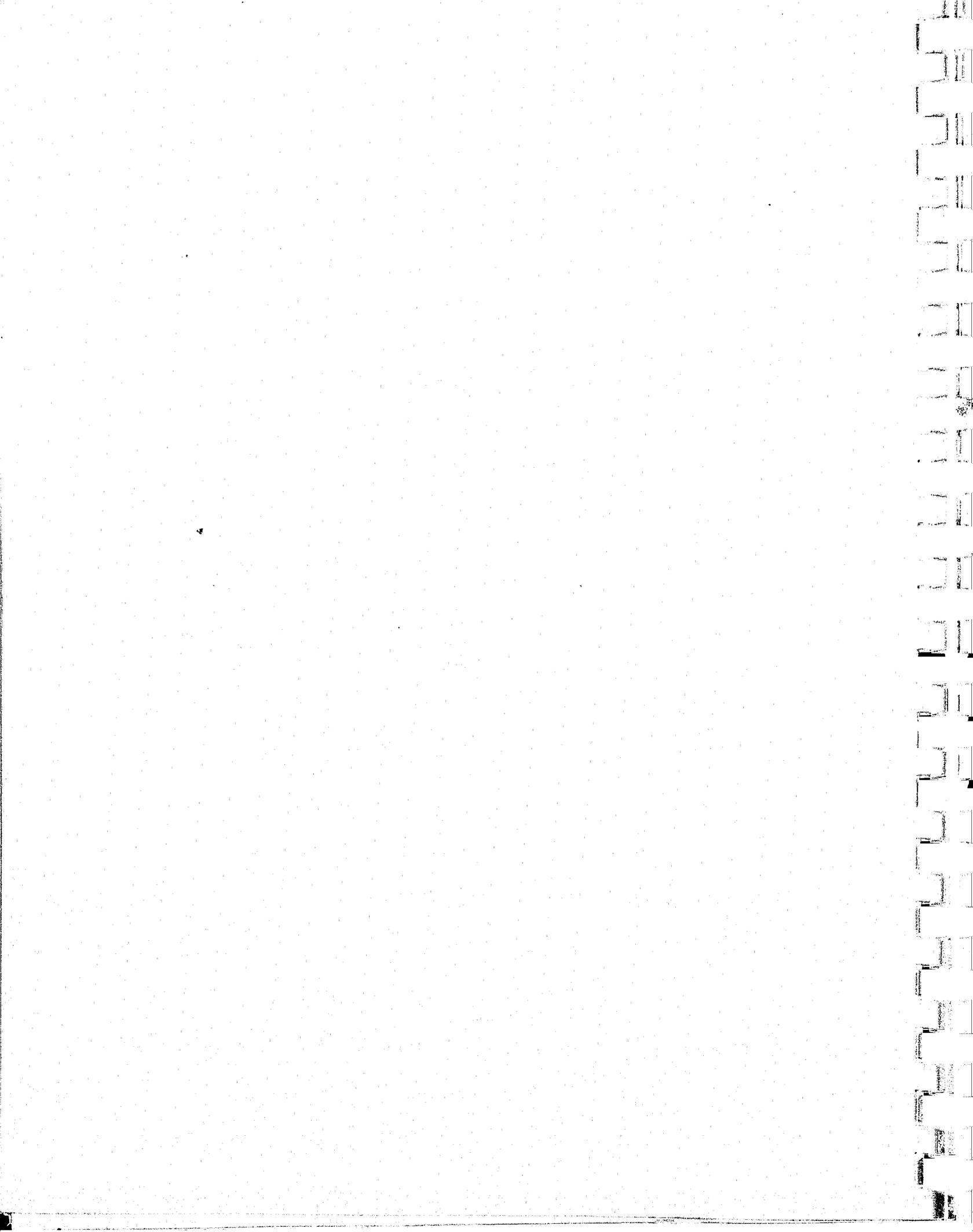
- Difficulty in Defining the Role of the Coordinator,
- Changes in Funding Sources,
- Difficulty in Developing Comparable Evaluation Mechanisms,
- Effects of Other Evaluation Efforts,
- Lack of Baseline Data, and
- Absence of Control Groups.

Section II describes the evaluation strategy and discusses the effect of these constraints upon the strategy design. The section includes the measurement criteria developed to evaluate the achievement of coordination project objectives.

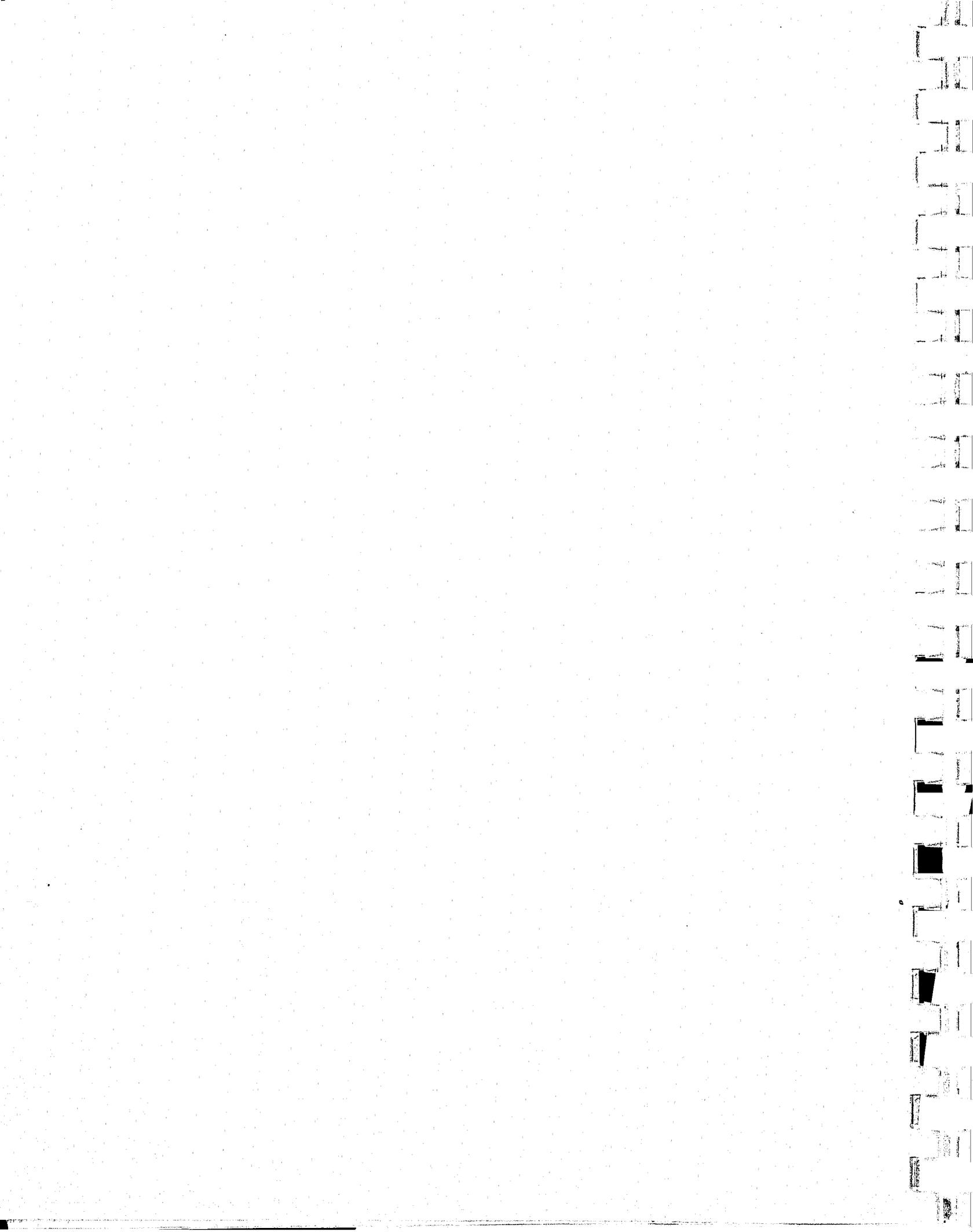
\*These constraints were identified in 21-Day Report, Cluster Evaluation of Narcotics Coordination Projects Including County-Wide Comprehensive Narcotics Projects, JRB Associates, Inc., January 15, 1974.



Section III explains the methodology which is being used to implement the evaluation strategy. Data sources, data instruments, and procedures for data collection are presented in this section. This section also contains the schedule for data collection and analysis, and final report preparation. The evaluation strategy described in Section III has been pre-tested in Alameda County in order to validate the methodology. The results of the pre-test are presented in Section IV. Section V presents the preliminary evaluation findings on individual project achievement. The value to the counties and to OCJP of each project evaluation is discussed, and the potential for designing a coordination program from the evaluation results is assessed.



SECTION II  
EVALUATION STRATEGY



## SECTION II

### EVALUATION STRATEGY

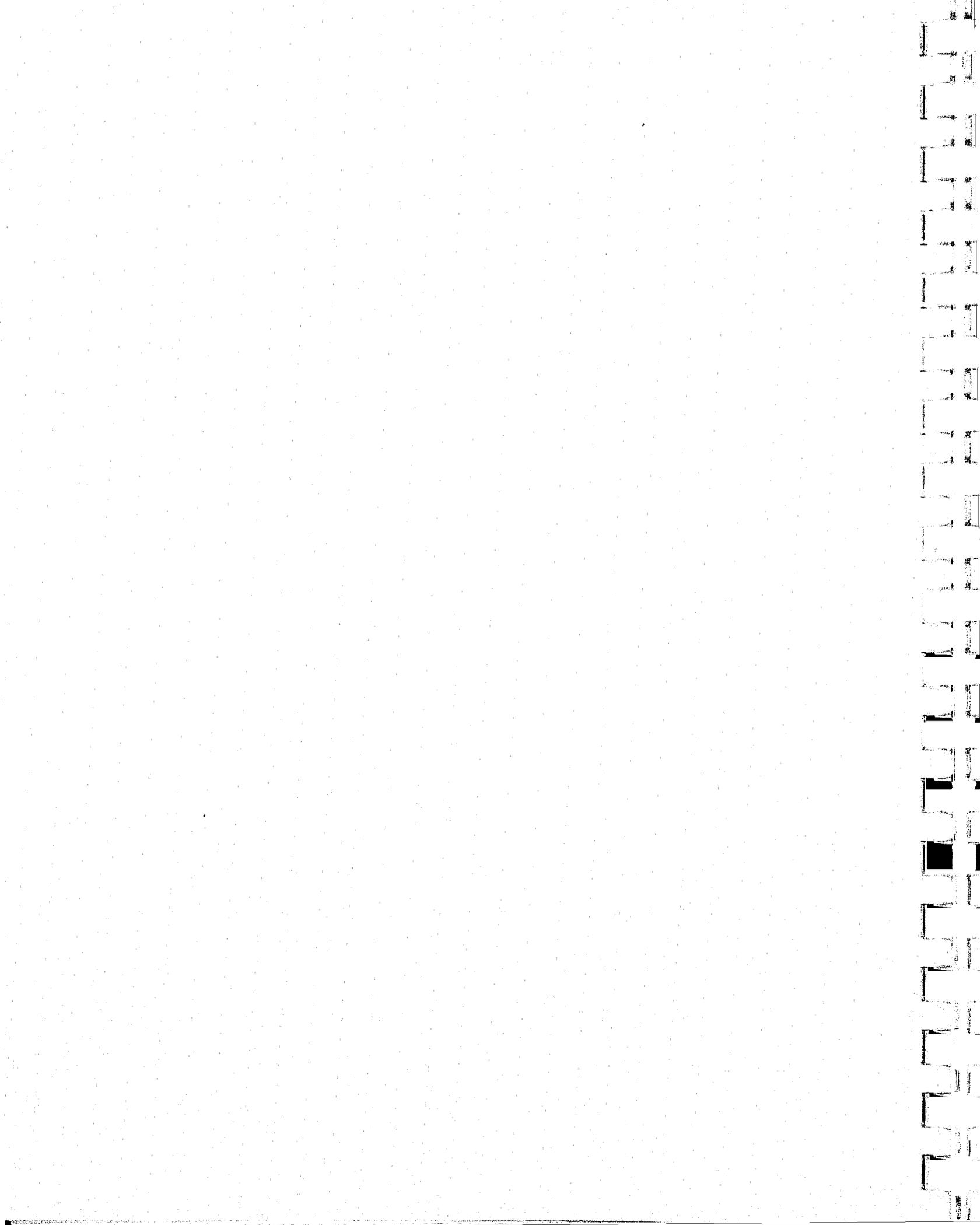
#### 2.1 BACKGROUND

The evaluation of a cluster of narcotics coordination projects 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.\* As applied to the narcotics coordination project cluster, this strategy would require that coordination be evaluated in terms of impact-oriented objectives. OCJP recognized that such an approach would be unrealistic. Even if baseline data were available upon 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 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 common to all three projects. Additionally, the approach

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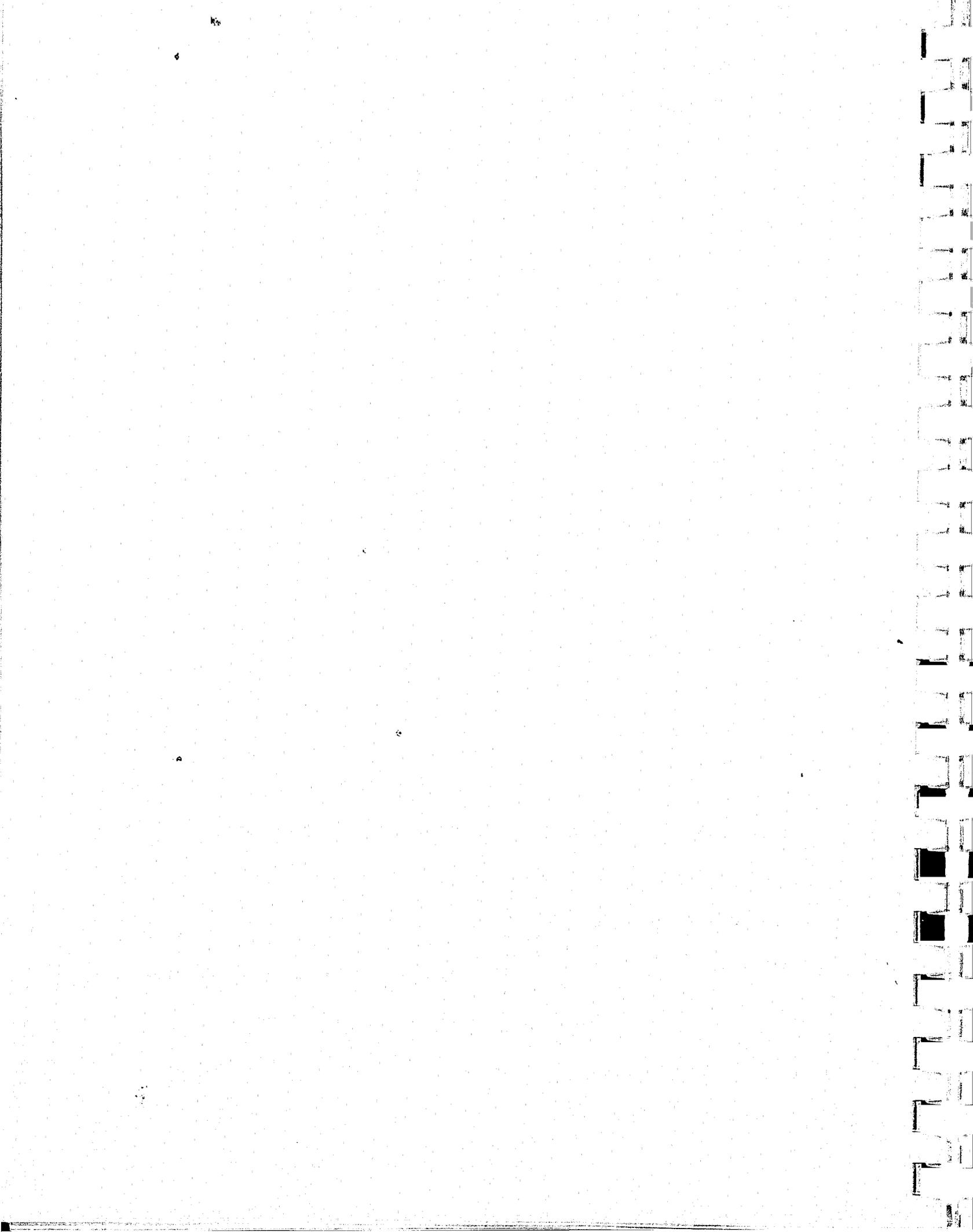
\*Impact-oriented objectives describe the end result of project activities on crime reduction and improvement of the criminal justice system.



implicitly addresses the noncommon coordination objectives defined for each project. Each county's coordination objectives were summarized by JRB and are restated below, with the common objective listed first:

- 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. Successful achievement of the evaluation objective would allow Coordinators to evaluate the success of the components in achieving impact-oriented objectives. The results of such evaluations, 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



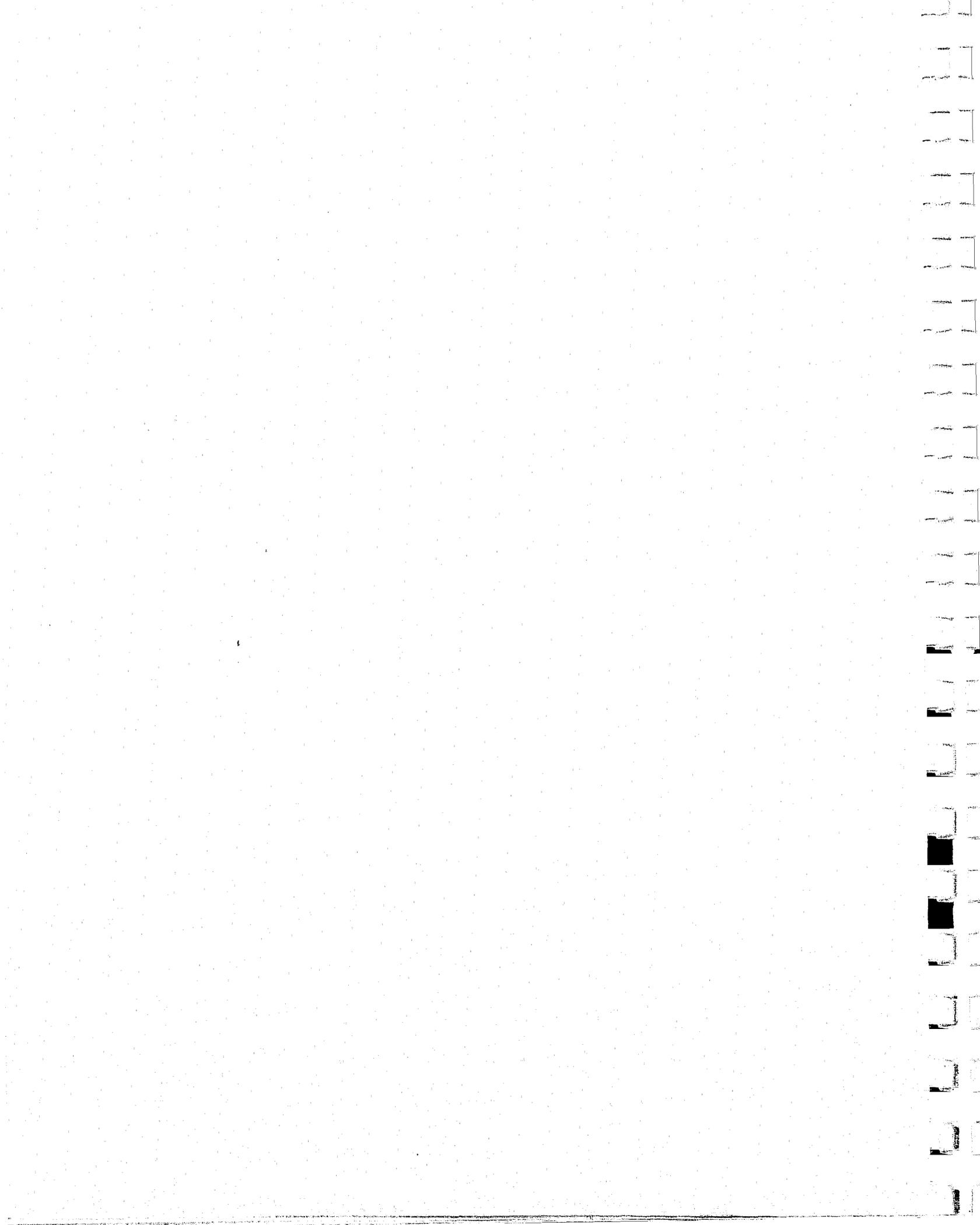
action-oriented components might improve overall drug program service delivery. Information sharing is necessary to maintain an effective client referral system and to assist individual components in tailoring services to meet actual needs.

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, JRB proposed an approach to examine the success of each coordination project in defining policies and implementing procedures to facilitate a planning and evaluation system. The strategy that has been developed for this approach is based upon preliminary research in each county and represents the most effective utilization of JRB staff to achieve the desired results. The strategy and the research findings which determined its design are described in the following paragraphs.

## 2.2 EVALUATION STRATEGY DESIGN AND RATIONALE

During initial visits to each county, JRB attempted 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:

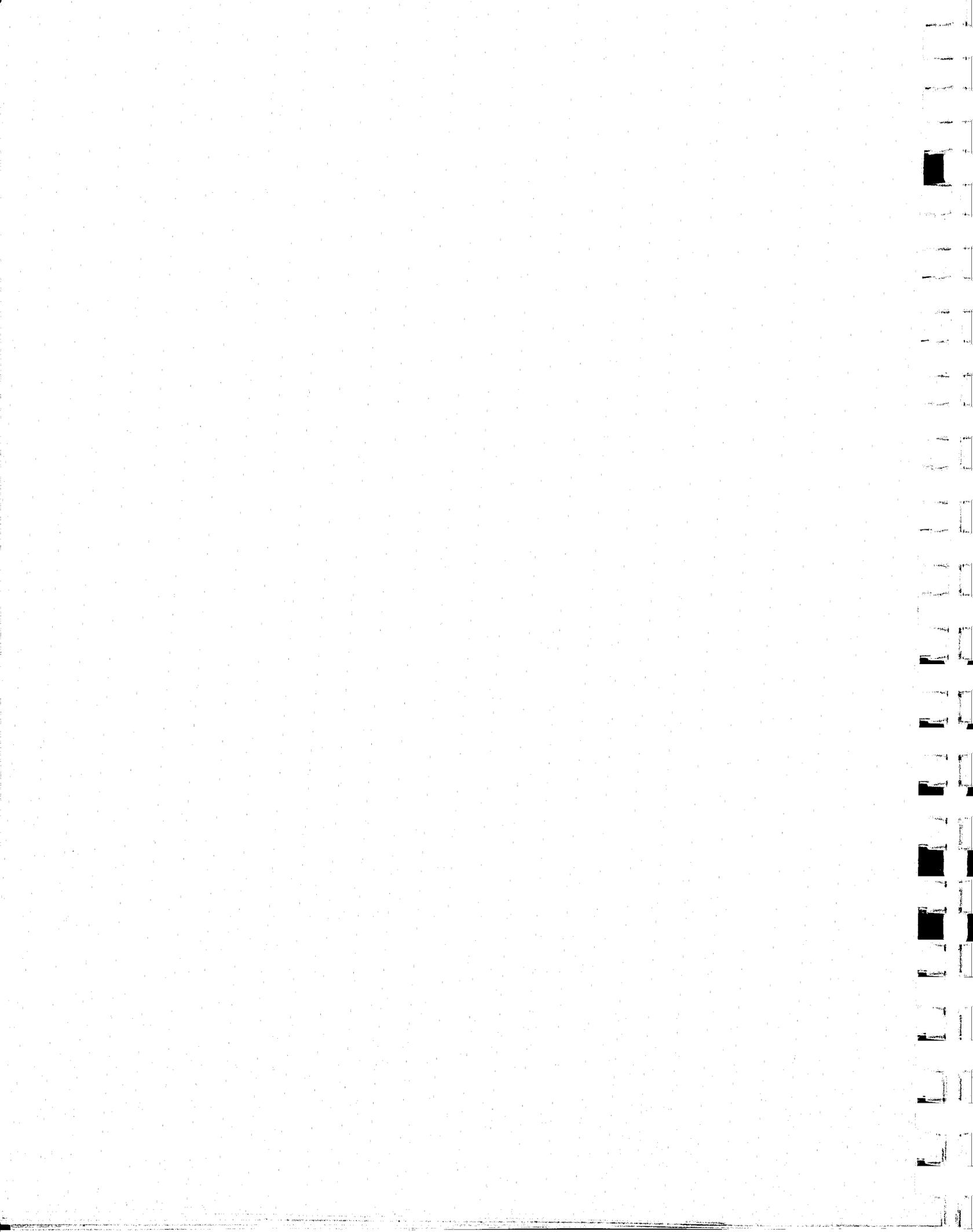
- (1) Is coordination important to the success of the drug program?
- (2) Who is responsible for coordination?
- (3) Who actually coordinates?
- (4) What activities comprise the coordination function?



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 responsibility 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.

JRB staff presented these findings to OCJP, and discussed the ways in which an evaluation strategy could address the role definition problem constructively. JRB realized that clear definition of the coordination process



and explicit delineation of a coordinator's authority and responsibility, are key to the evaluation effort:

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

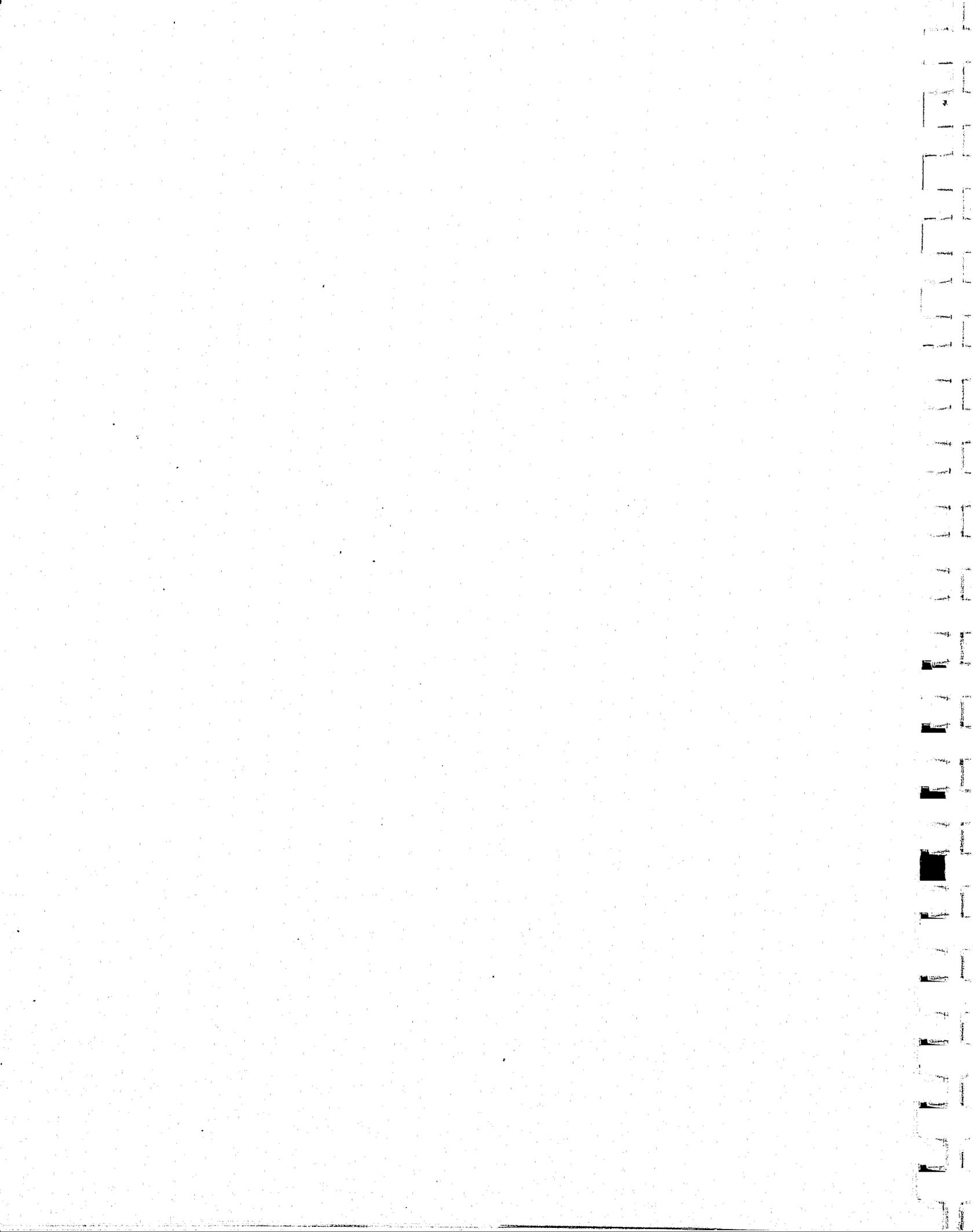
Therefore, JRB's strategy has been designed to address evaluation of success in achieving coordination objectives in the context of organizational and operational characteristics of the coordination structure. The strategy is comprised of two major tasks, which will be accomplished concurrently. The 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 by JRB as specifying a planning and evaluation system.

Definition of existing coordination will require input from individuals associated with county drug programs. Determination of the achievements of each county coordination project will depend heavily upon input from drug program-related individuals. Data Collection Instruments (DCIs) have been designed to elicit the required information, and will be used as interview guidelines. Additional sources\* of data will be utilized to assess the success and/or potential of each individual project in achieving the coordination objectives. The methodology for data collection and analysis will be described fully in Section III. The following paragraphs define coordination in terms of process objectives and the measurement criteria developed to evaluate the achievement of these objectives.

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\* These sources are discussed in Section III. They include program grant applications, memoranda, and reports; demographic and criminal statistics; and the results of other evaluations.



### 2.3 OBJECTIVES

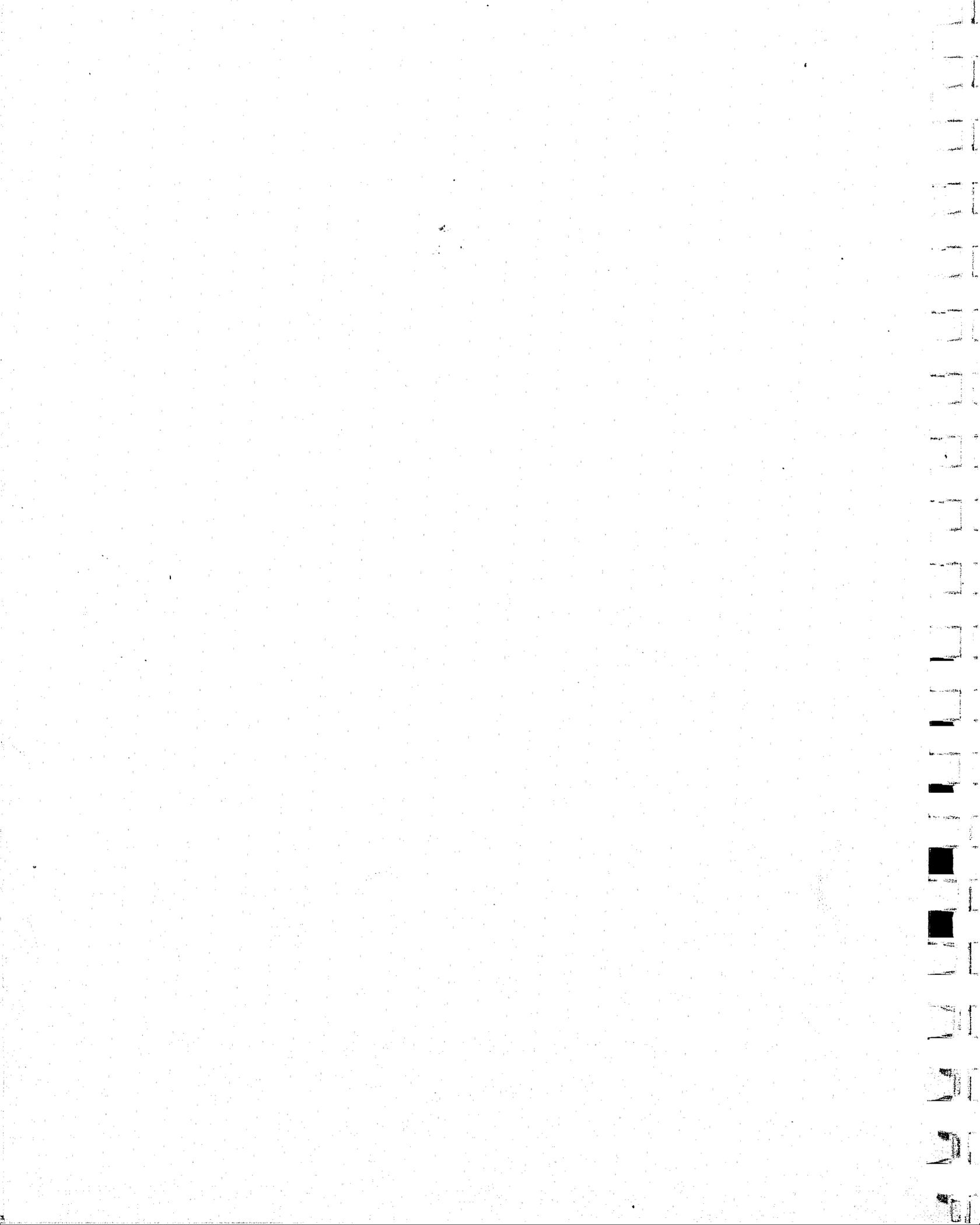
JRB will examine the coordination function in terms of three broad objectives synthesized from the three counties' individual project objectives:

- 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 will provide a basis for assessing the current coordination projects and 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.



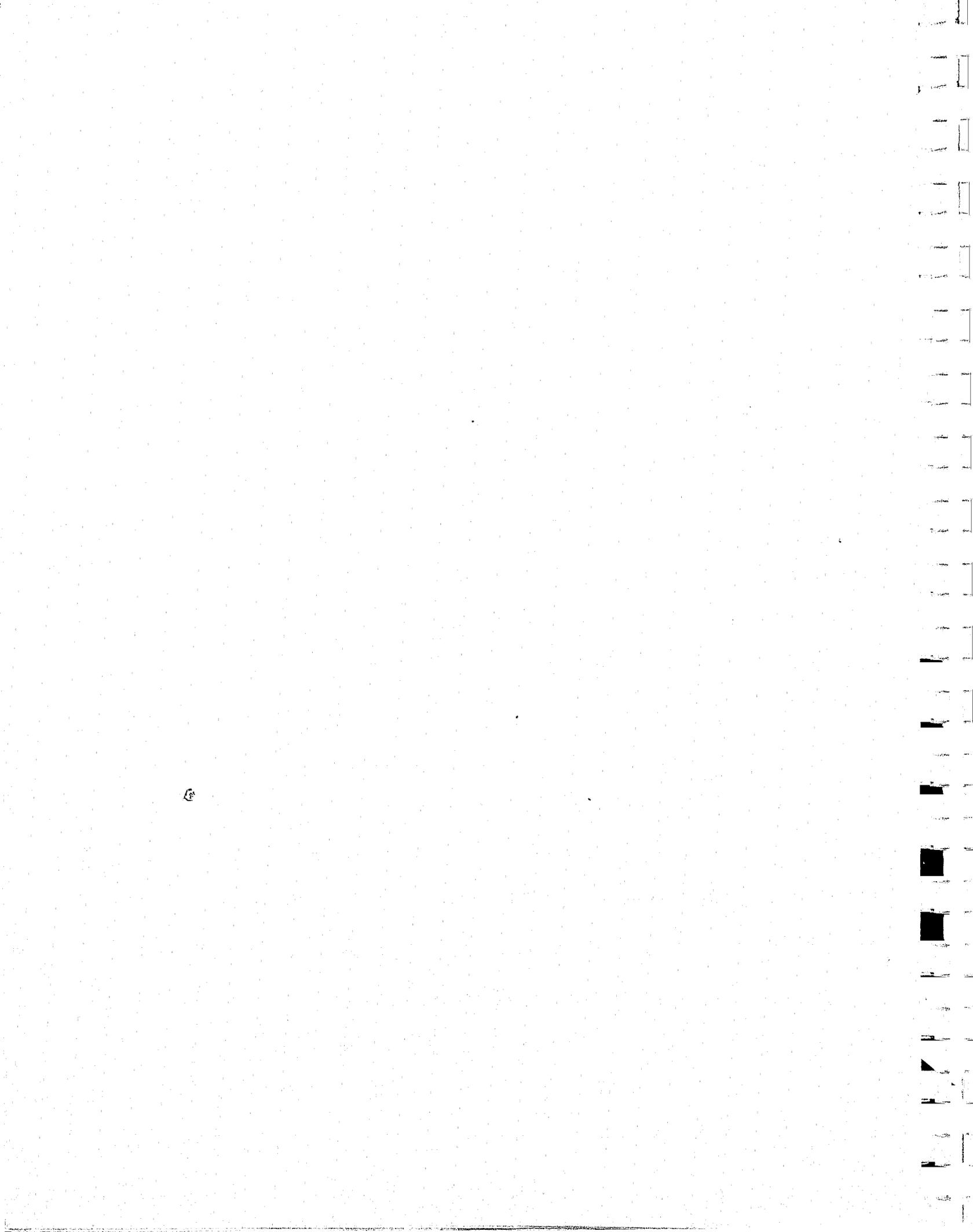
for drug abuse services. This type of information comes from agencies of the criminal justice system which are concerned with drug and drug-related offenses and from non-criminal justice agencies such as schools, welfare, and health departments.

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.

#### 2.4 MEASUREMENT CRITERIA

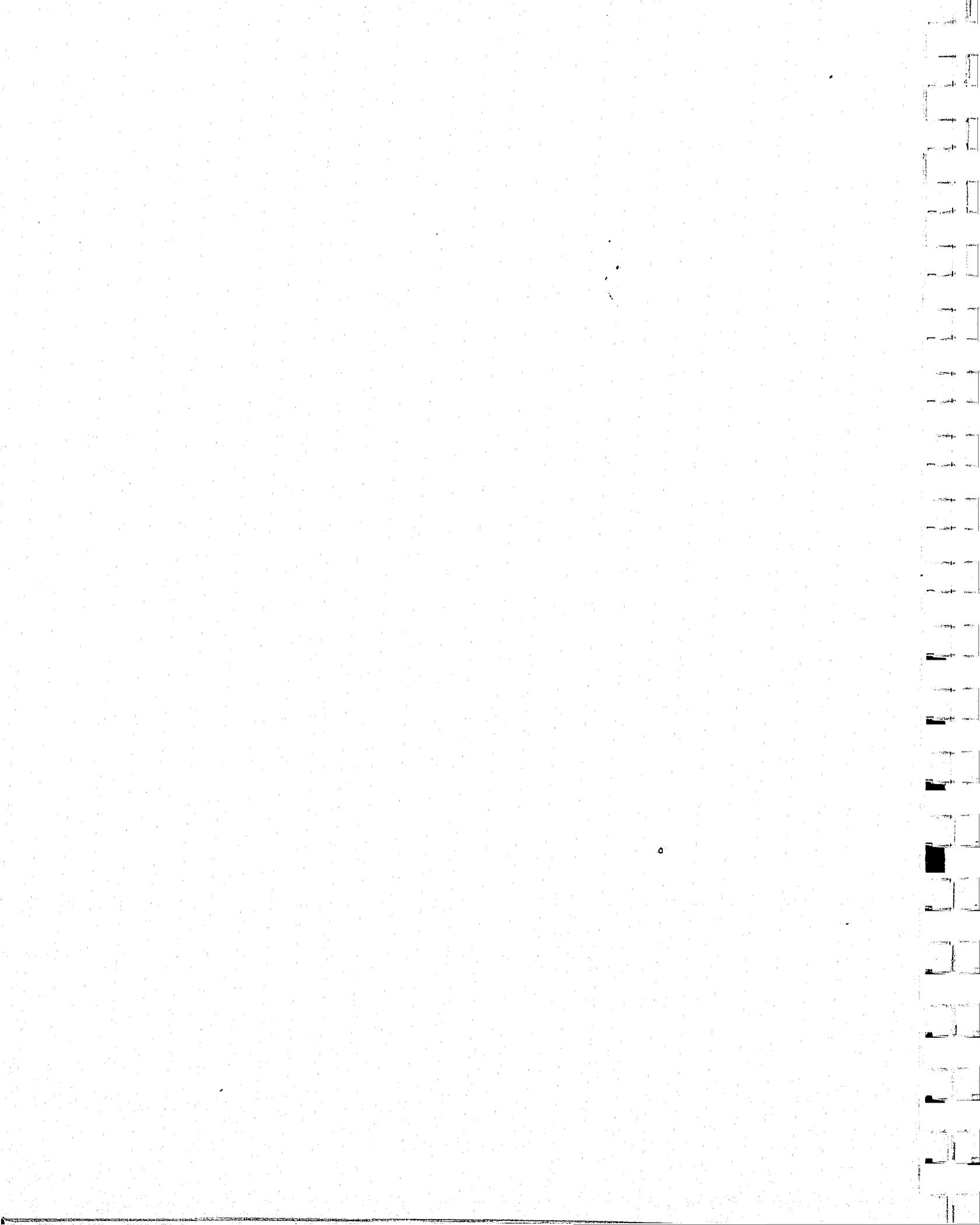
Two sets of criteria which measure objective achievement have been defined. The first set relates to the availability of information, and the second set relates to the utilization of information. These sets



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 components informed of the results of analyses of needs and funding availability?
  - Are components informed of services available to clients from other components?
  - Does referral among components take place?
  - Are client referrals subject to follow-up analysis?

The measurement criteria identified above relate to information which is necessary to accomplish the three objectives described in Section 2.3. 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.

The criteria are designed to measure coordination objectives. They will provide information which can be used for:

- Assessment of the potential for an information system which can be used to measure impact of action-oriented components;
- Recommendations to each county as to the feasibility and desirability of developing such an information system; and
- Recommended guidelines for future coordination projects which may be funded by OCJP.

The next section describes the methodology that will be used to implement the evaluation strategy. It includes a detailed discussion of data elements, sources, and collection procedures.

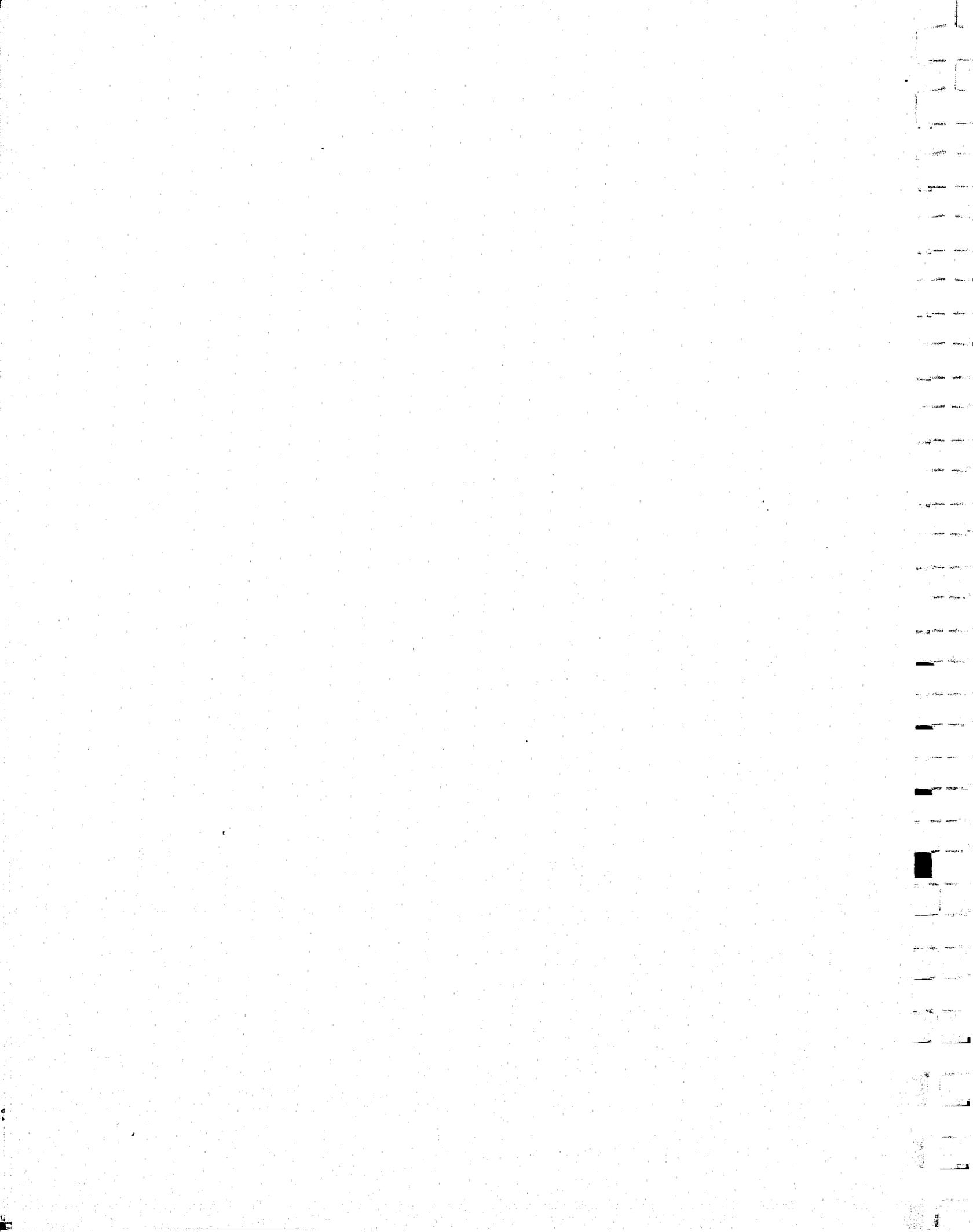


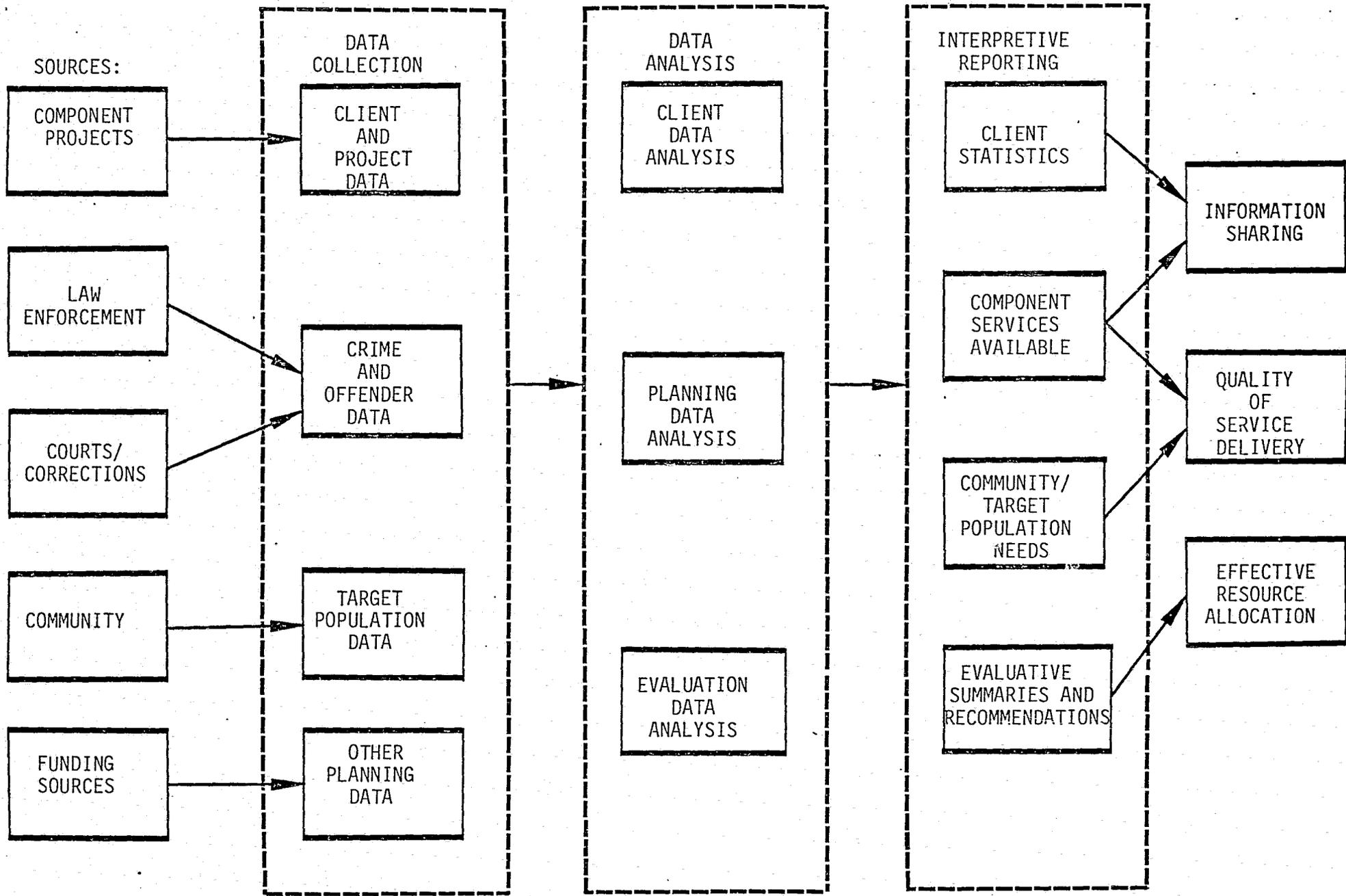
FIGURE 2-1

INFORMATION REQUIREMENTS FOR COORDINATION OBJECTIVES

INFORMATION AVAILABILITY

INFORMATION UTILIZATION

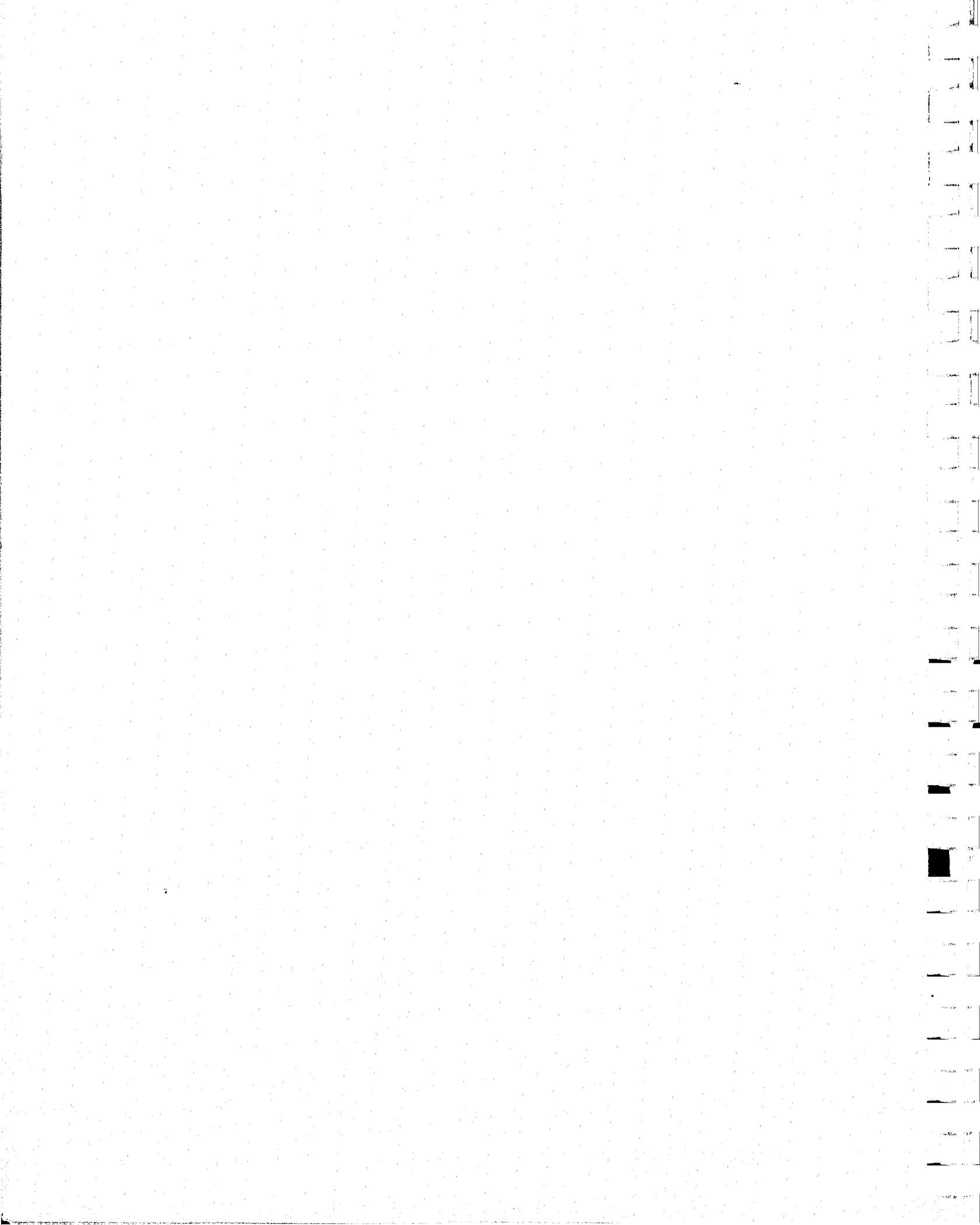
OBJECTIVES



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SECTION III  
METHODOLOGY



## SECTION III

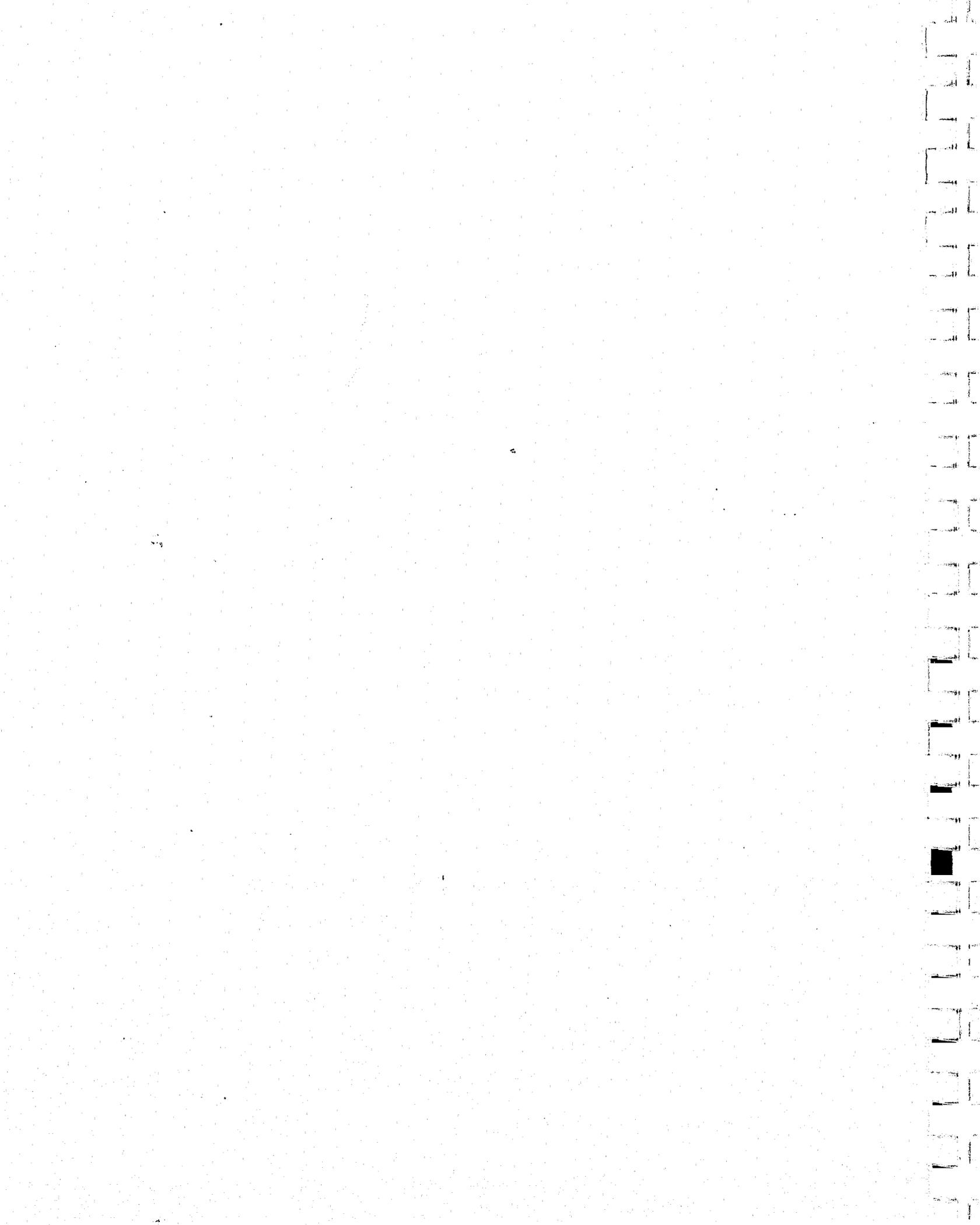
### METHODOLOGY

#### 3.1 OVERVIEW

The methodology selected for this research effort will provide information upon which future planning and funding decisions for coordination of county drug programs can be based. This information will determine the extent to which each county has been able to or has the potential to achieve the three coordination objectives of information sharing, improved service delivery, and effective resource allocation.

The methodology utilizes qualitative data, which are obtained 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 consist of a series of questions which are administered by JRB staff. The questions are designed to yield information to assist JRB in developing a description of the planning, implementation, and current status of the coordination functions evolving in each county. Interviews will be supplemented by JRB attendance at meetings concerning the drug abuse program where interaction among program units can be observed.

Information collected from interviews and observations will be augmented by materials, collected by JRB staff, which are relevant to the research



effort. This information consists principally of evaluative reports of the program components and other drug abuse program documentation. All information will be analyzed to develop a profile of the coordination function in each county. The profiles will be the basis for the design of a program for coordination and for the development of guidelines to assist each county in achieving fully the coordination objectives.

The remainder of this section is a detailed discussion of data sources, data instruments, data collection procedures, and of the methods of analyses which will be used in the evaluation.

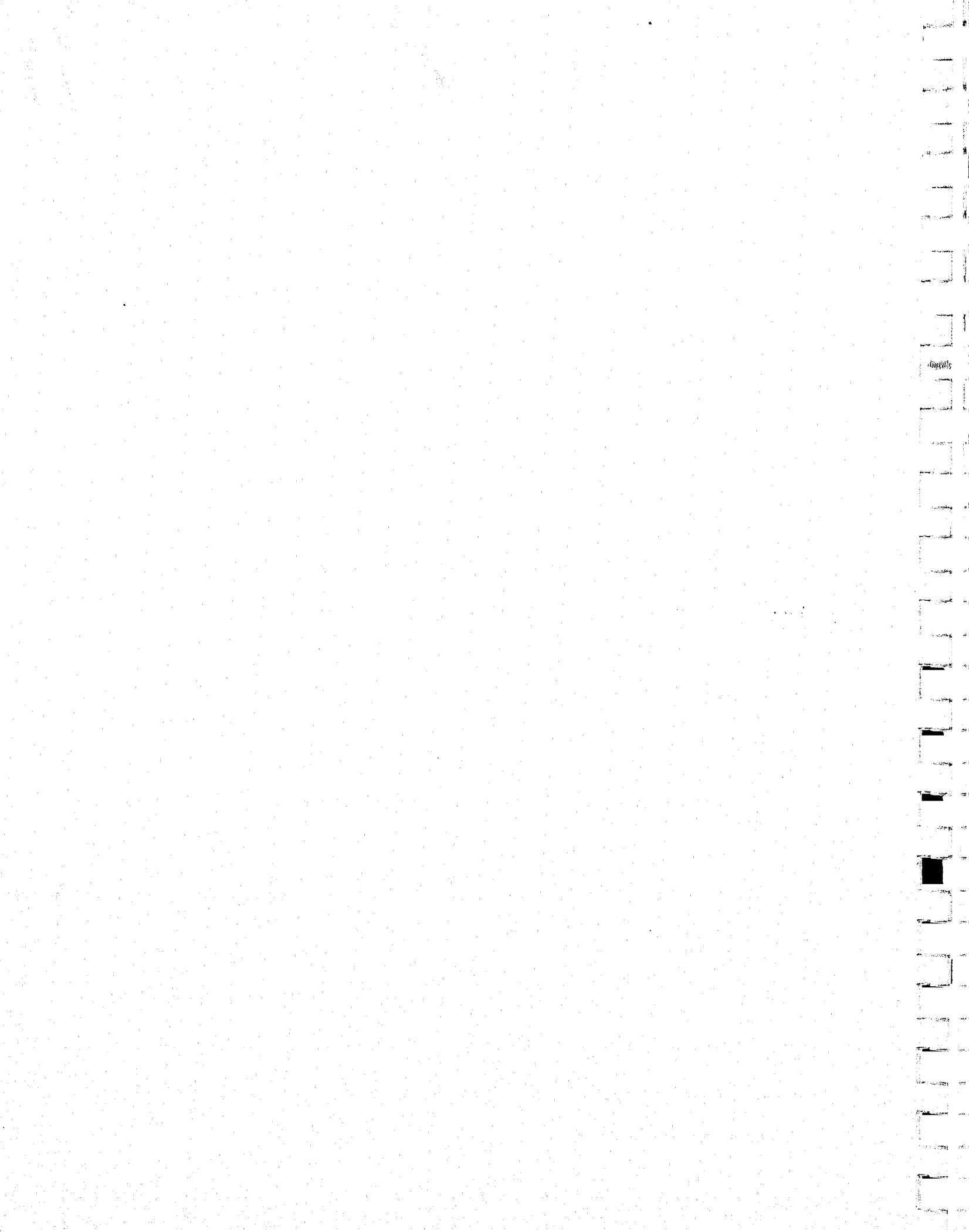
### 3.2 DATA SOURCES

Data for this research will be derived primarily from persons who are responsible for coordination, or who interact regularly with the Coordinator. These individuals are:

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

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\* Interviews with Directors of the action-oriented components may be expanded to include component staff or clients, if a Director feels that their contributions are relevant to the evaluation.



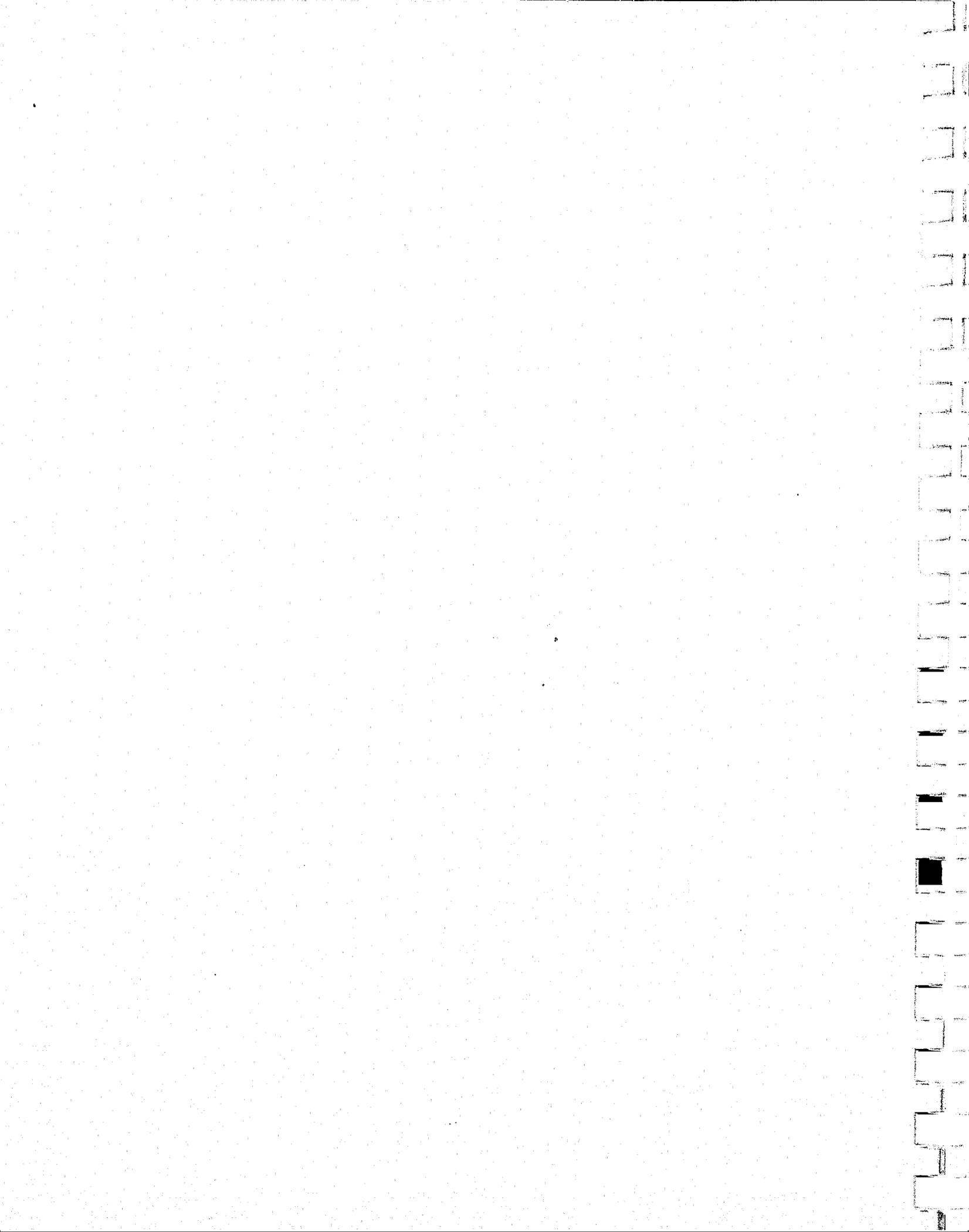
Interviews will be supplemented by JRB staff observation of the process and content of drug abuse program-related meetings, such as meetings of:

- 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 will be 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.

JRB also will utilize statistical information which is relevant to the needs addressed by the drug abuse program in each county.



Sources for statistical data are:

- County and City Data Book; and
- Extended data on crime and offenders from Bureau of Criminal Statistics.

Each of the three county drug projects includes 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. JRB, therefore, made the decision to consider the findings of previous evaluations as well as the methodologies used by each to determine their potential usefulness to this study. The evaluations known to JRB are listed below. On-going evaluations are indicated by (O) and completed evaluations by (C).

- Alameda County
  - "Preliminary Monitoring Report," by International Training Consultants, Berkeley (C)
  - "Study of Eleven Neighborhood Drop-In Centers," by Sally Howlett and Vicky Glazer (C)
  - "Evaluation of County Drug Program," by Scientific Analysis Corporation, San Francisco (C)
  - "Effectiveness of CCCJ Projects," by Outcome Measurement Team of California Department of Health (O)
  - "Evaluation of the Alameda County TASC Program," by Dan Waldorf (O)
  - "Evaluation of NEL and CAUCUS -- Two Residential Centers," by Jerry Langer of the Alameda County Criminal Justice Planning Agency (O)
  - "Assessment of Drug Abuse Services in Berkeley," by Sally Howlett of the Berkeley Drug Abuse Program (O)



- Contra Costa County
  - Evaluation of the methadone maintenance program, by Dr. Roy Buehler (0)
  - "Effectiveness of CCCJ Drug Projects," by Outcome Measurement Team of the State Department of Health (0)
- Santa Clara County
  - Evaluation of methadone maintenance program, by American Justice Institute (C)
  - Evaluation of drug programs in Palo Alto, by Alan Cohen of John F. Kennedy University (C)
  - Assessment of drug program information sharing, by Dr. Stephen Pittel (0)

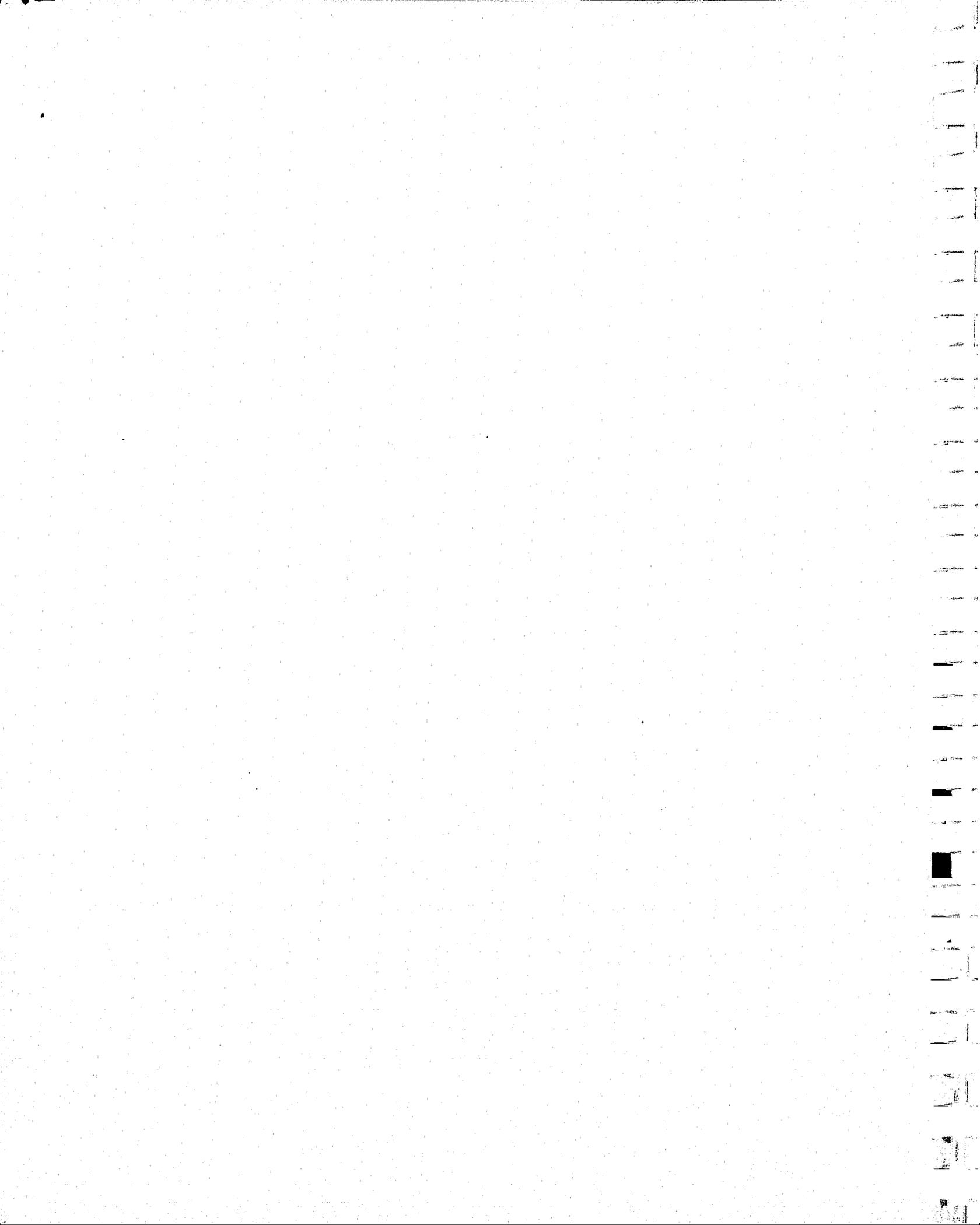
In addition to reviewing the documents listed above, JRB staff will interview as many of the evaluators as possible.

It is estimated that JRB will divide its time among the data sources indicated in the following manner:

Drug Component Directors	45%
Other persons involved in the county program	20%
County drug meetings	20%
Document review	10%
County Drug Coordinator	5%

### 3.3 DATA COLLECTION INSTRUMENTS

Data collection instruments for this research have been 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



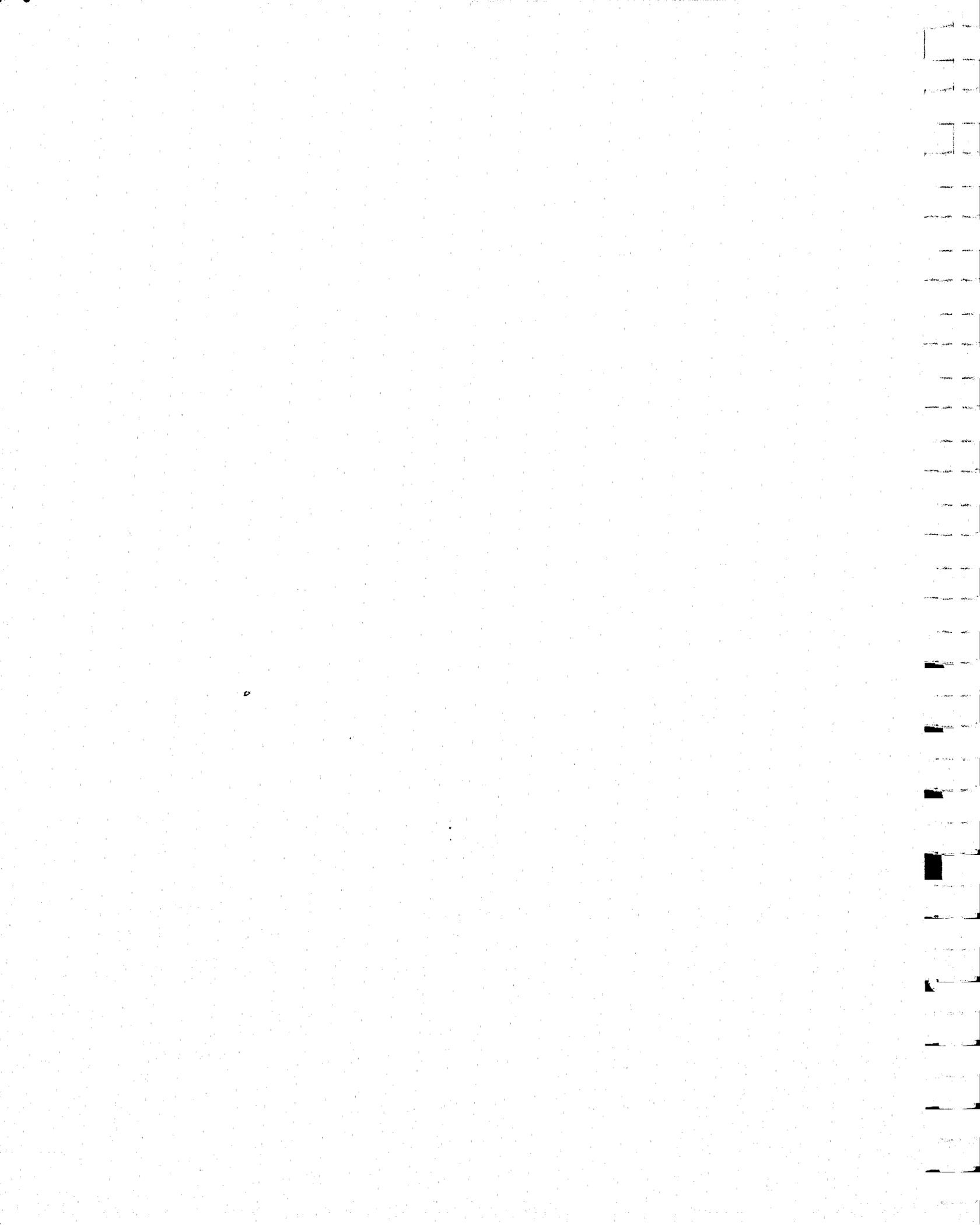
knowledge of its operation. The modules are reproduced in Appendix A, and are listed below:

<u>MODULE</u>	<u>TO BE ADMINISTERED TO</u>
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 have been designed as checklists to be used in observing meetings:

7. Meeting/Process
8. Meeting/Content

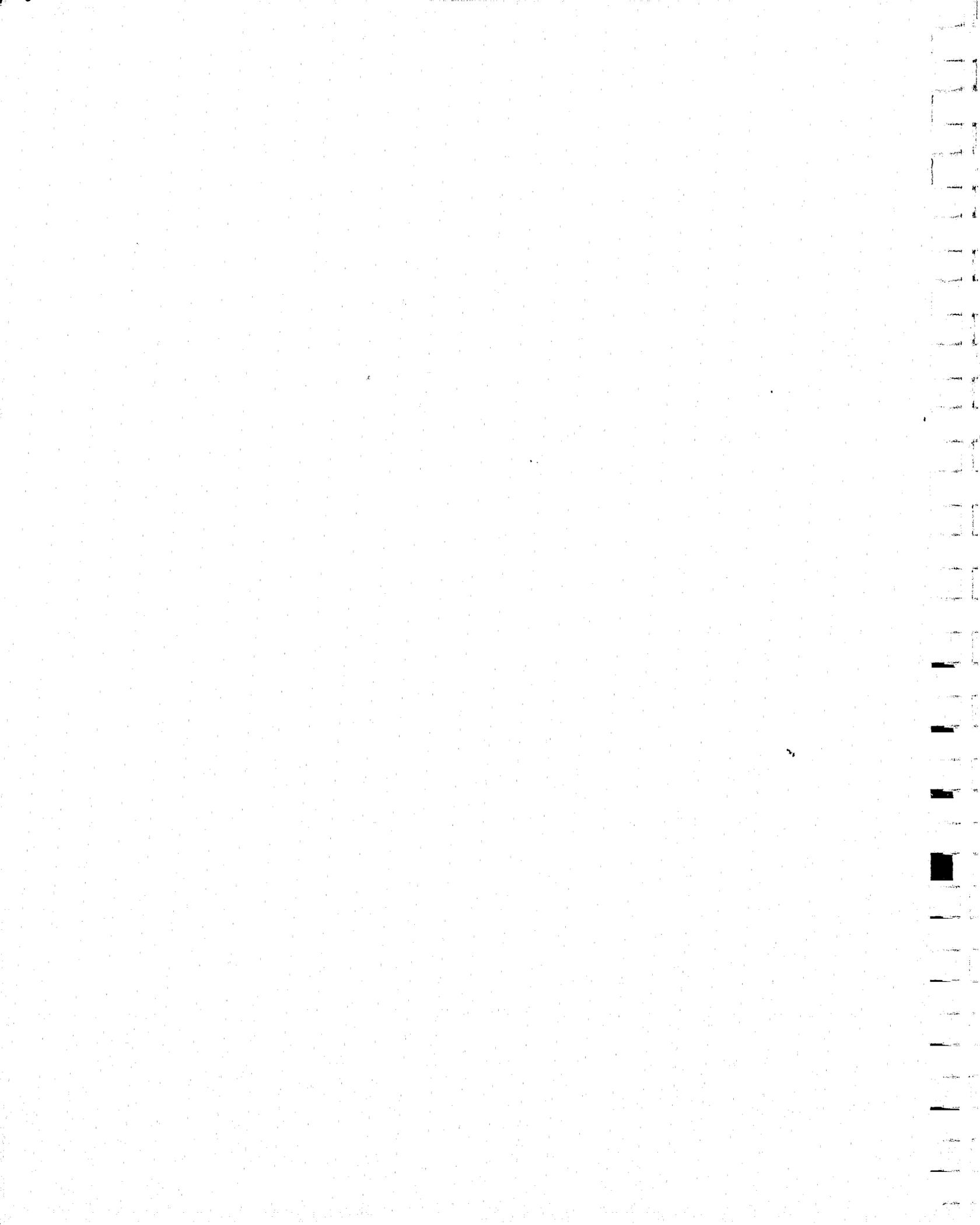
Questions in the modules are constructed and arranged to elicit the greatest amount of information in the most objective manner possible. The open-ended format and the lack of underlying assumptions contribute to that purpose. For example, the respondent first is asked to present his definition of "coordination" for a county drug program. He then is asked to name the person he regards as Coordinator, and to list all other persons or bodies who do coordinate. He is asked also if he thinks the drug problems in his county are best served by county-wide coordination or by a smaller network of coordination. In this way the realm of possible responses from each interviewee is expanded.



Questions and modules are designed to create a large universe of responses from which the elements essential to coordination can be extracted. Certain key questions will be posed to all persons involved in the operation and administration of county drug components concerning 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-command for the entire county drug program as they see it. Component Directors will be asked to recall any problems they have had in the past, as well as the types of assistance they have requested and have received from the Coordinator.

The views and perceptions of persons who interact with the Coordinator in a narrow area such as the Technical Advisory Committee meetings only, are considered important to this study. Such an individual's perceptions vis-a-vis the relationship of the Coordinator to other county staff and to program people may be as significant to JRB's understanding of coordination as are the perceptions of those who interact daily with the Coordinator.

Information will be elicited from all respondents to help identify the factors in each county which impact on coordination. These factors are crime-specific, drug-specific, political, social, and economic. Each respondent will be asked to discuss the development of the drug program in his county, and to offer his description of its direction in the future. Concurrently, JRB will utilize statistical data which has been obtained from the U.S. Bureau of the Census and from the Bureau of Criminal Statistics to develop demographic and crime profiles which reflect actual conditions in each county. These profiles will be compared with conditions perceived by the respondents.



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

### 3.4 DATA COLLECTION PROCEDURES

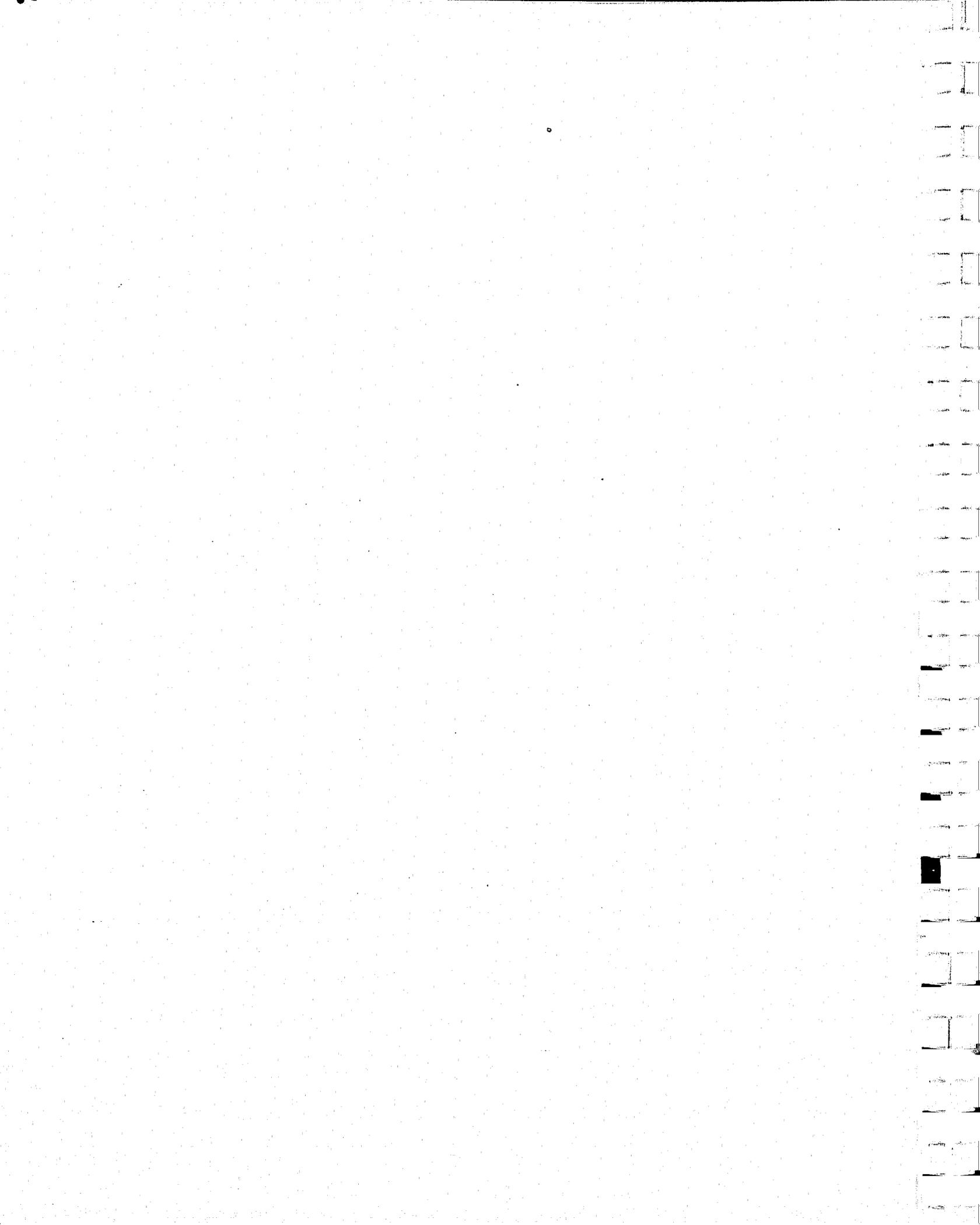
#### 3.4.1 Number of Interviews/Observations

Figure 3-1 presents an estimate of the number of interviews to be administered and meetings to be attended in each county. The number of data sources to be consulted in each county will depend upon the size and complexity of its drug program. The schedules will be flexible so that additional appointments may be made if necessary.

The Figure reflects interviews which have been completed, as well as the estimated number to be conducted. Also included are those interviews conducted prior to the development of the fully structured data collection instruments. The numbers in the Figure do not reflect time spent conferring with Drug Coordinators, reviewing documents, or traveling between components. On the basis of the pre-test, JRB estimates that 14 to 18 interviews and meetings can be accomplished in a week.

#### 3.4.2 Schedule of Visits

Visits will be scheduled by JRB directly with the individuals to be interviewed, or through the County Drug Coordinator (depending on the preference of the Coordinator). Appointments will be scheduled at least one week

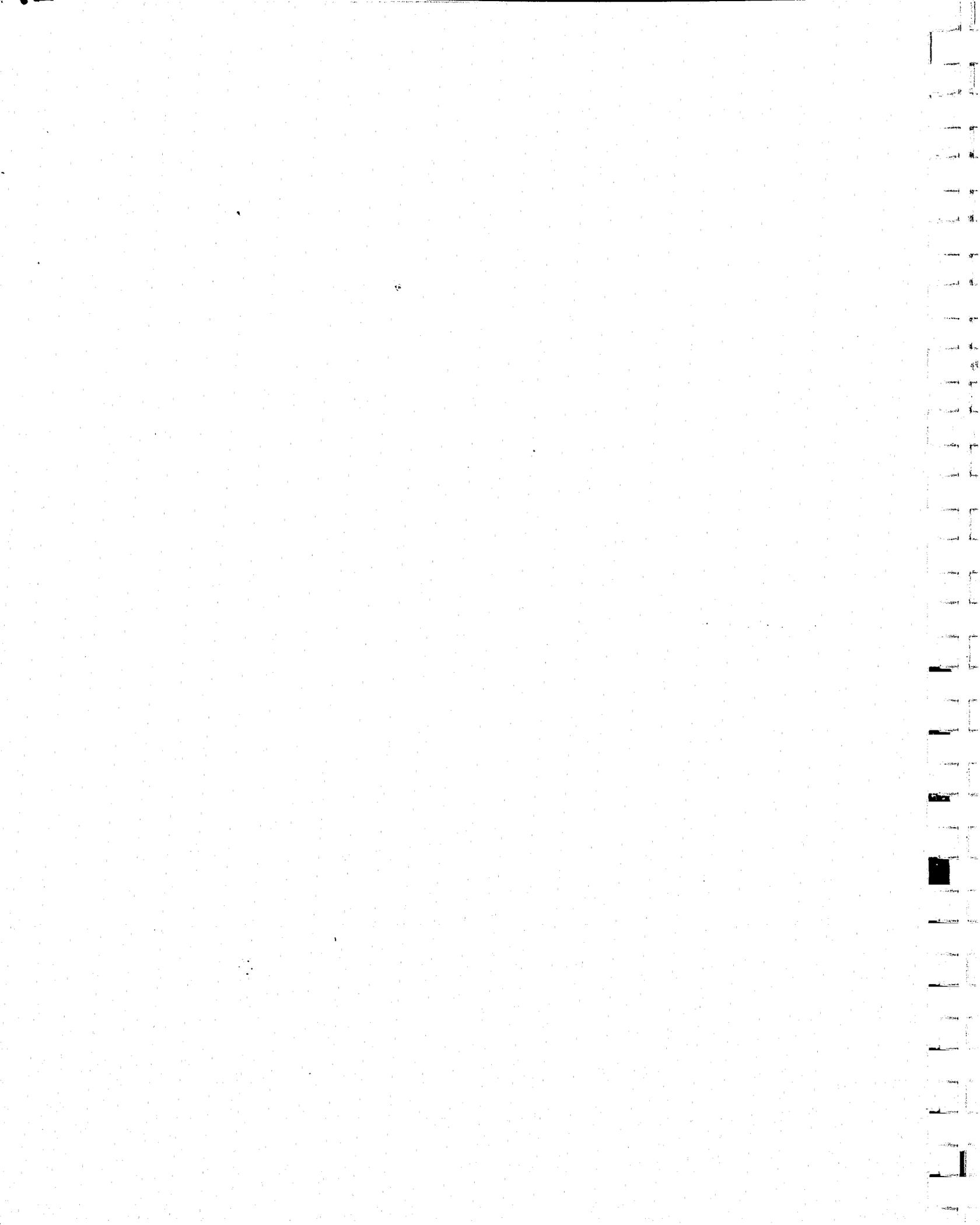


COUNTY	DRUG COMPONENTS	DRUG MEETINGS	MEMBERS OF TAC, ETC.	OTHER EVALUATORS	OTHER COUNTY PERSONNEL, ETC.	COMPLETED TO DATE	TOTAL
ALAMEDA	19/25	7/10	2/4	4/5	7/10	39	54
CONTRA COSTA	4/9	1/4	0/4	0/1	3/5	8	23
SANTA CLARA	2/8	1/6	2/4	0/3	1/2	6	23
TOTAL TO BE COMPLETED	42	20	12	9	17	53	110

FIGURE 3-1

DATA SOURCES TO BE COVERED IN EACH COUNTY\*

\* Number on the left is the number completed to date, and the number on the right is the total to be covered in that category.



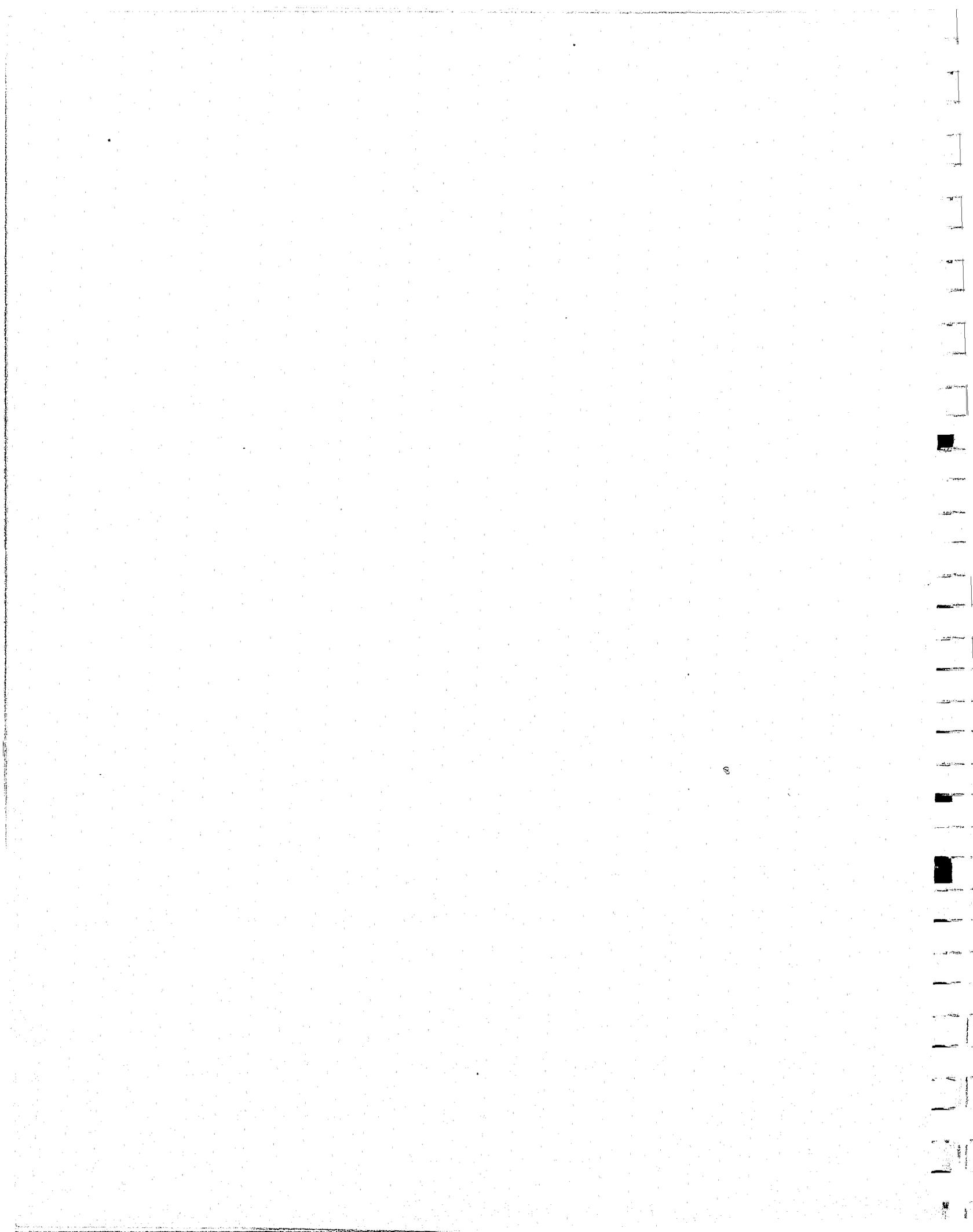
in advance of the intended visit. Data collection will be concluded in one county before it is initiated in another, with the exception of attendance at meetings and follow-up visits with the Coordinators. For example, attendance at consecutive TAC meetings is considered essential to gaining an understanding of the workings of coordination. JRB will schedule visits with Coordinators after data collection is completed, since the pre-test, described in Section IV, demonstrated the need for follow-up visits to discuss information collected.

JRB will divide the 11 weeks remaining in this contract as follows:

March 15	<u>Submittal of 90-Day Report</u>
March 11 - April 22	<u>Field Data Collection</u>
March 11-15	Alameda County
April 18-22	Contra Costa County
April 1-5	Santa Clara County
April 1 - May 10	<u>Data Analysis</u>
May 13-31	<u>Final Report Preparation</u>
June 1	<u>Submittal of Final Report</u>

#### 3.4.3 Administration of Questionnaires

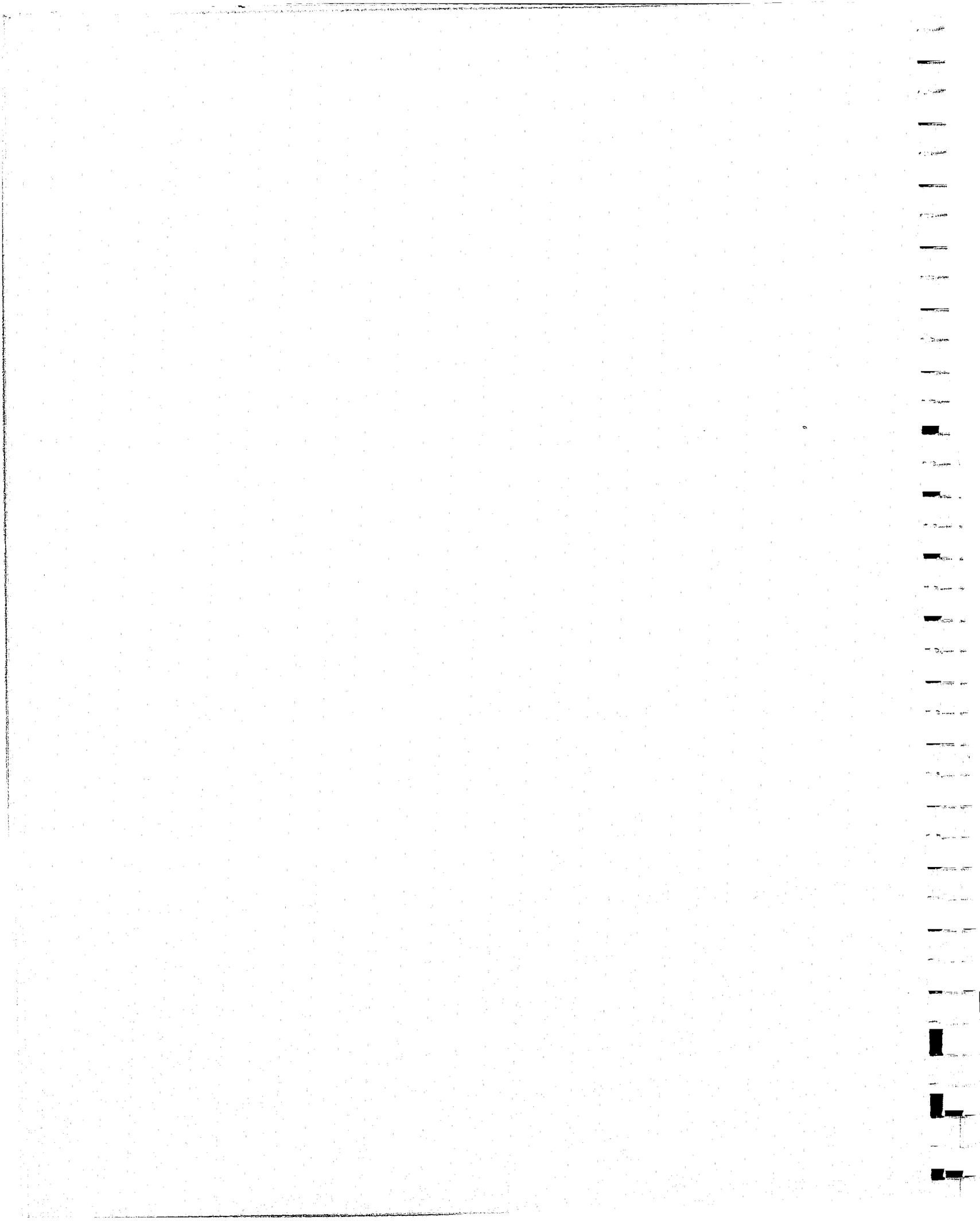
The questionnaires developed for the interviews will be used by JRB staff as guidelines to assist in obtaining all information desired without confining the interview. Interviews will require from 30 to 90 minutes, depending on the relationship of the respondent to the Coordinator, the extent of his involvement with the program, and the time he can commit to the interview.



### 3.5 DATA ANALYSIS

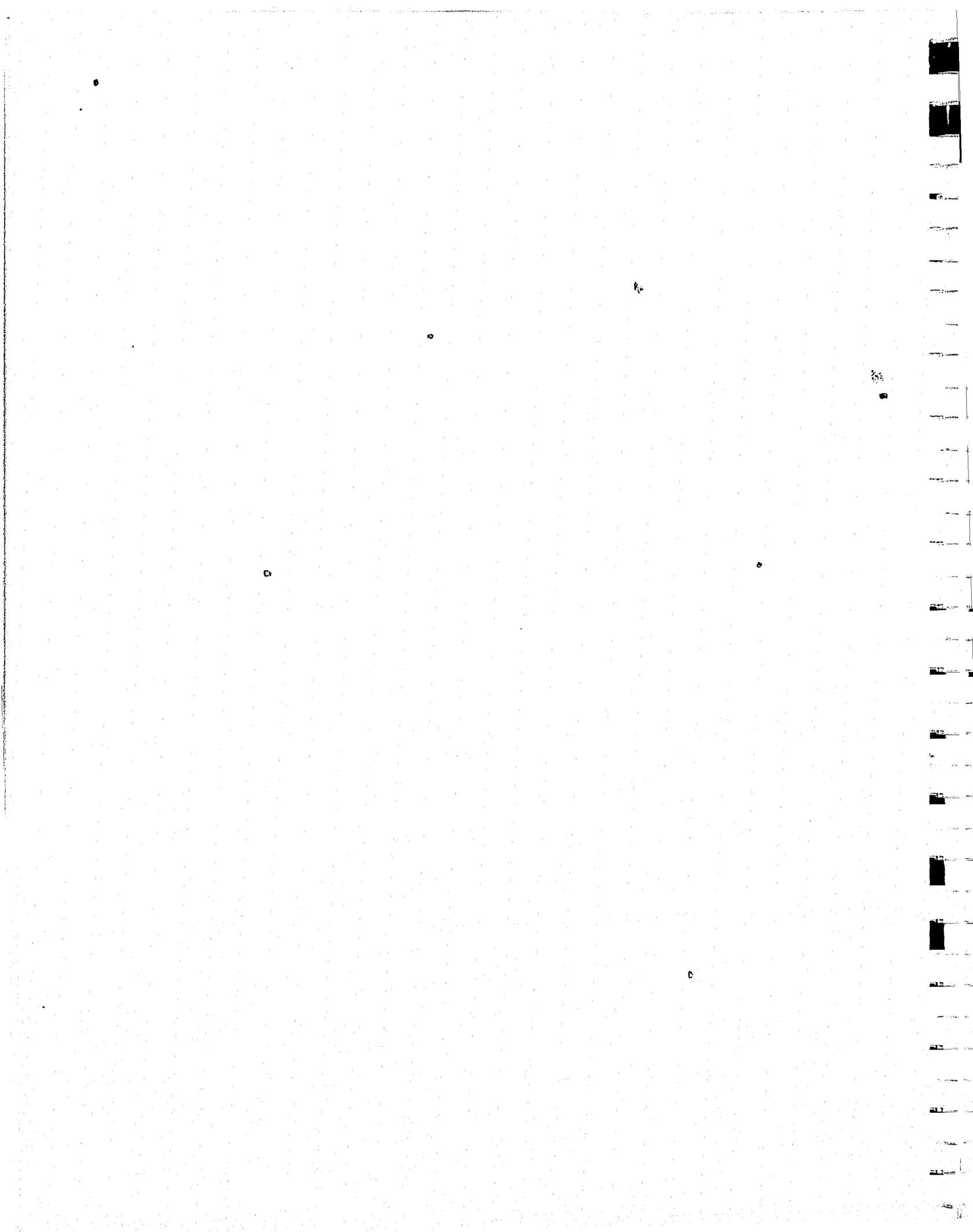
Information collected through the interviews will be compiled and arrayed in matrix form on a county-by-county basis. Responses will be weighted to provide numerical indicators of the quality of coordination perceived by related subsets of respondents. Coordination success, as measured by criteria defined in Section II, will be assessed for each county. Once the state of coordination in each county has been defined, measurement criteria will be utilized to determine the extent to which coordination has met, or can meet the objectives. Constraints which hamper achievement of these objectives will be identified, and the extent to which these constraints can be eliminated or modified will be addressed.

The purposes of the analysis are: (1) to identify and fully define the coordination structure as it exists within each county, and then (2) to relate this structure to actual or potential achievement of coordination objectives. Analysis of the quality of coordination will be directed toward defining actual and perceived activities and accomplishments of coordination. From this analysis, JRB will be able to develop a profile of coordination in each county and to identify trends and problems that are common to the counties. The analysis, therefore, will produce recommendations to each county for improving coordination or for expediting objective achievement. Guidelines for planning and organization of future coordination efforts also will result from the analysis. These guidelines will address the ways in which a coordinator can function most effectively within different organizational structures and under a variety of social, political, economic, and geographic constraints.



SECTION IV

PRE-TEST



## SECTION IV

### PRE-TEST

#### 4.1 SCOPE OF THE EFFORT

Data Collection Instruments (DCIs) developed by JRB for this study were pre-tested in Alameda County between February 18 and March 1. Alameda County was selected because of the number and range of action-oriented components represented there. Each module was tested repeatedly to determine the effectiveness of the questions in eliciting the desired information. JRB used the results of these tests to find the most effective wording for each question and the most effective ordering of all questions in a module.

Interviews generally required a minimum of one hour, while meetings required a minimum of two hours. Thirty-nine out of a total of 54 data sources in Alameda County have been contacted. Consultations with the other 15 data sources are planned for March 1974. JRB staff arranged for most of the appointments with prior consent from the Coordinator. Table 4-1 lists the projects visited, persons interviewed, and meetings observed, with corresponding dates for each; visits made prior to the pre-test also are indicated, since similar, although not identical, questions were posed.

#### 4.2 RESULTS OF THE PRE-TEST

##### 4.2.1 Effectiveness of the Data Collection Instruments (DCIs)

The DCIs which appear in Appendix A reflect the modifications made in the DCIs as a result of the pre-test. Changes related to: (1) a reordering of the questions, (2) a simplification of the wording of a question to elicit

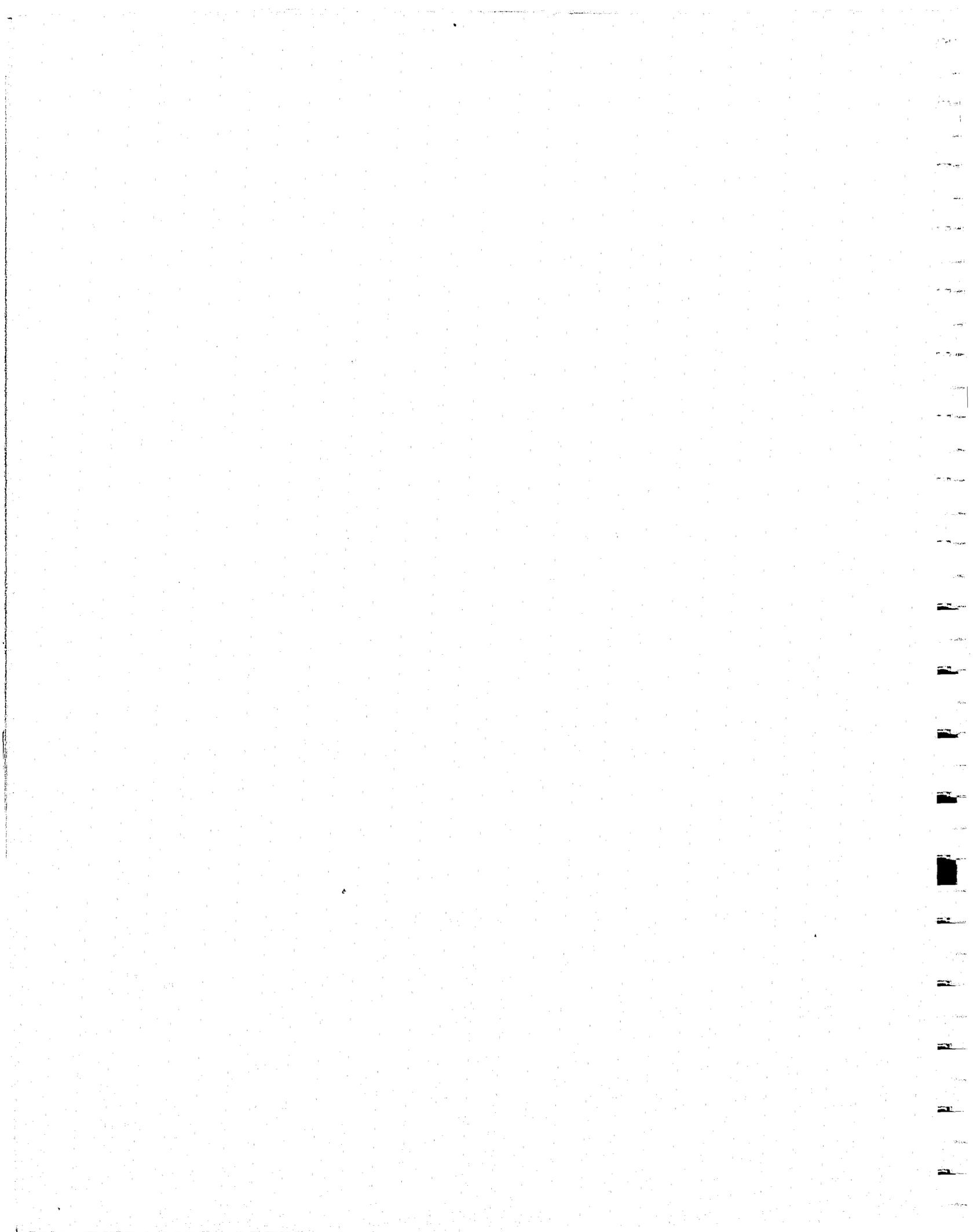


TABLE 4-1  
ALAMEDA COUNTY  
DATA SOURCES CONSULTED

A. COMMUNITY DRUG TREATMENT PROGRAMS

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

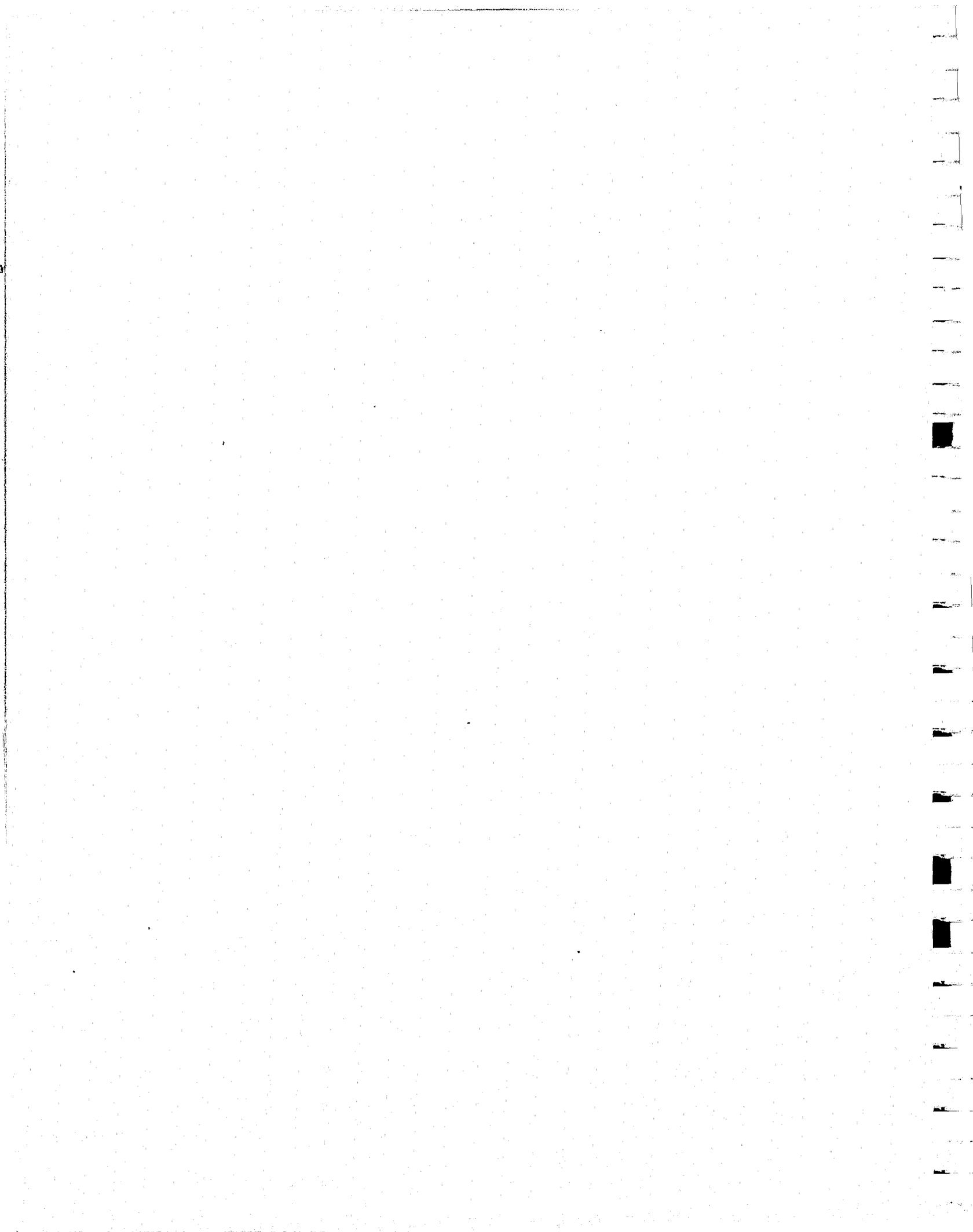


TABLE 4-1 (Continued)

B. HEALTH CARE SERVICES AGENCY PROGRAMS

METHADONE PROGRAMS

East Oakland Drug Abuse Clinic Oakland	Rene Pelliccia Psychiatric Social Worker	December 13
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Eden Clinic San Leandro	Chuck Meyers Director	February 27
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DRUG EDUCATION

Drug Education Center County Schools	Orle Jackson	December 13
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PROBATION DEPARTMENT

Intensive Supervision Unit and Drug School	Robert Leigh Supervisor	January 28
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Court Liaison Program and Residential Support Program	Karen Edson Director	February 21
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DISTRICT ATTORNEY'S OFFICE

Criminal Justice Liaison	Stacey Walthall Deputy District Attorney	December 14
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RESIDENTIAL PROGRAMS

Narcotics Education League Oakland	(Listed above)	
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Caucus of San Leandro San Leandro	(Listed above)	
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C. NON-AGENCY PROGRAMS

RESIDENTIAL

Bridge Over Troubled Waters Berkeley	Jack Goldberg Director	February 26
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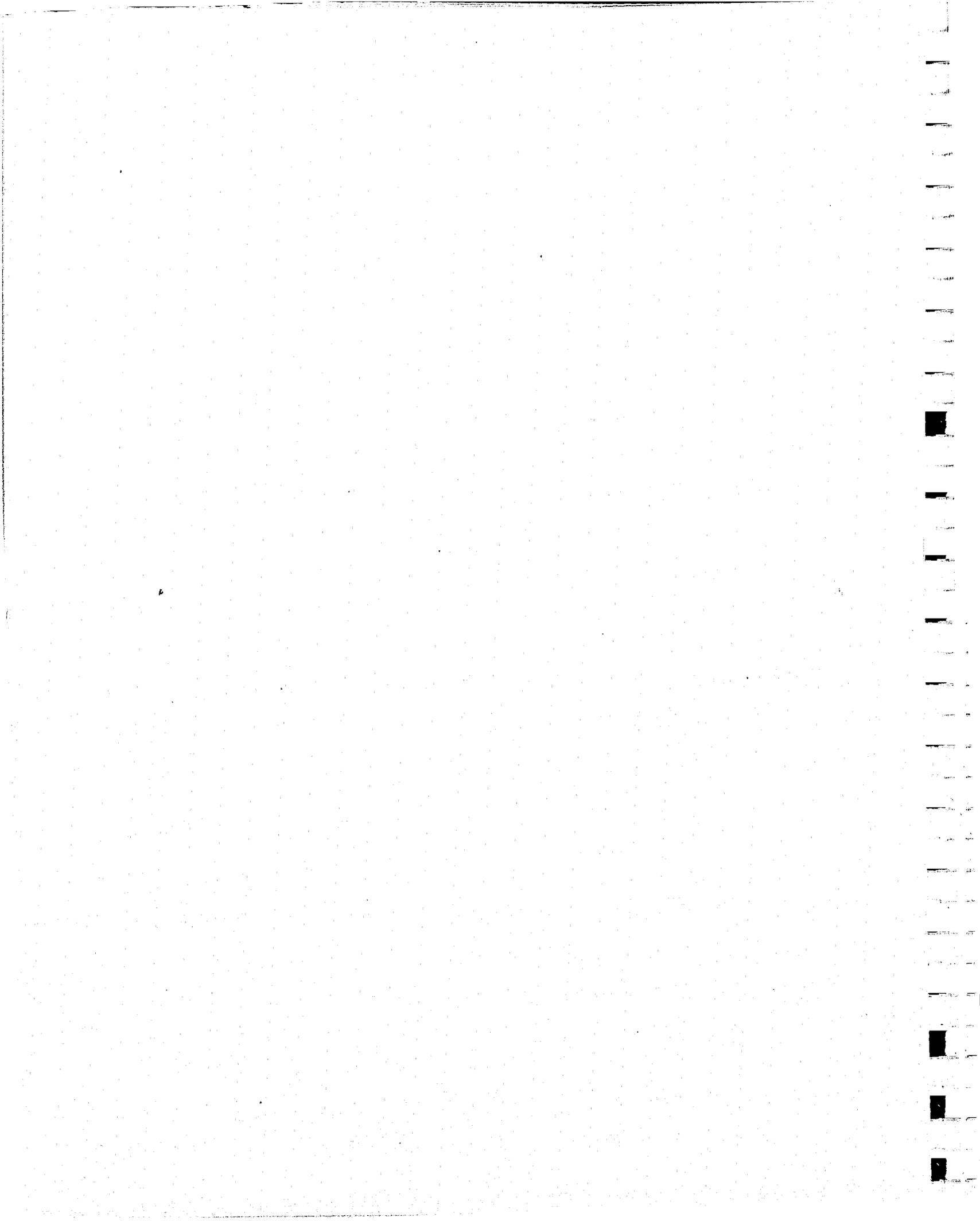


TABLE 4-1 (Continued)

D. MEETINGS ATTENDED

Community Drug Alliance	January 17 February 11
Technical Advisory Committee (to Mental Health Advisory Board)	February 6 February 27
Mental Health Advisory Board	February 20
Board of Supervisors	February 26
TASC Advisory Board	March 1

E. COMMITTEE MEMBERS INTERVIEWED

Technical Advisory Committee	Ron Tauber Director, Suicide Prevention of Alameda County	February 11
	Dr. Bolter Chairman	February 21

F. OTHER COUNTY OFFICIALS

Richard Gerlack, M.D.	Director, Mental Health Programs, Health Care Services Agency	February 20
Grover Dye	Assistant to Director of Mental Health Programs	February 20
Steward Gross, M.D.	Director, Southern Regional Health Care Services	February 25
Richard Vogel	Director, Northern Regional Health Care Services	February 25
Dave Williams	Staff to the Analyst, Office of County Administrator	February 20

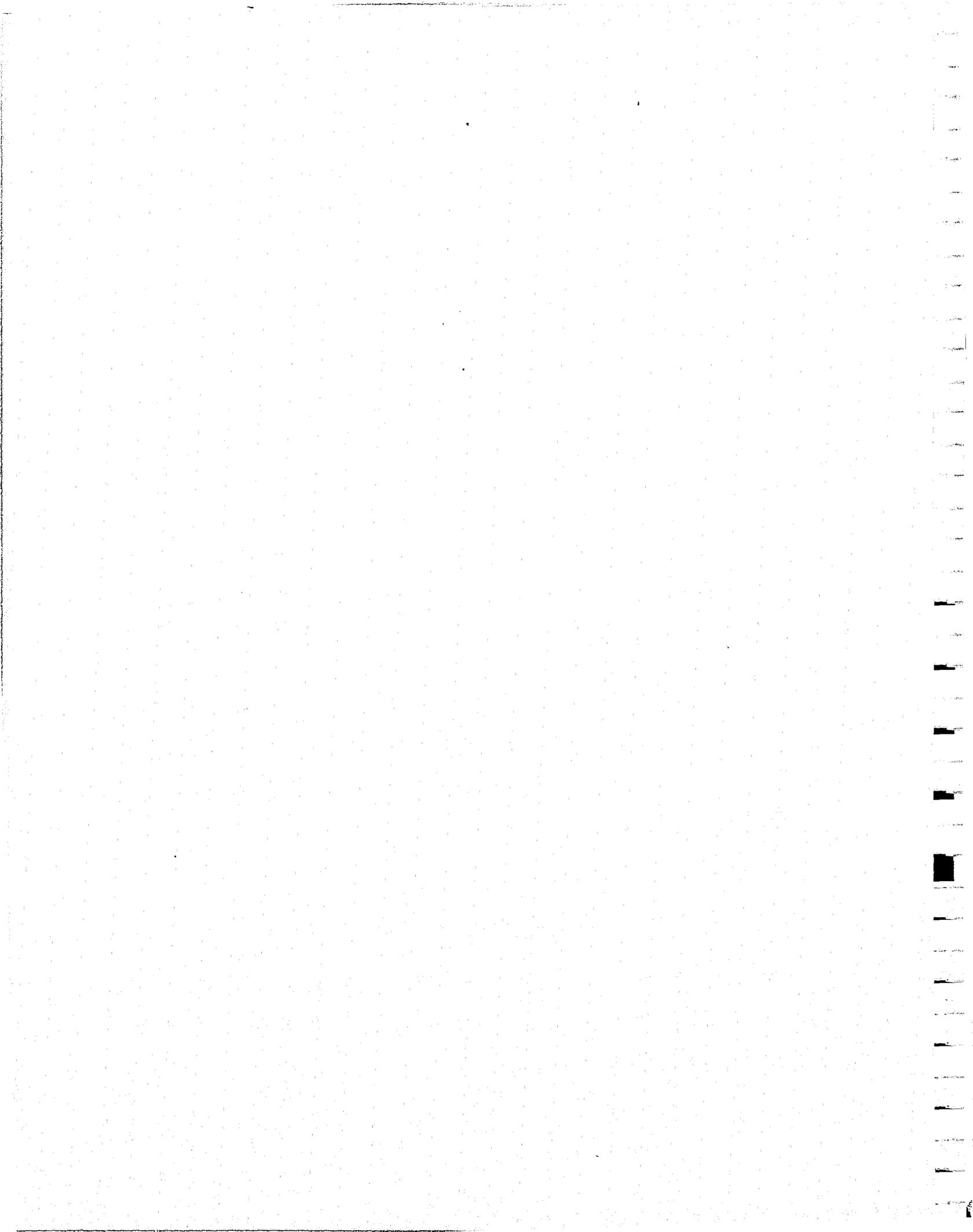


TABLE 4-1 (Continued)

F. OTHER COUNTY OFFICIALS (Continued)

John Kotecki	Director, TASC Program	December 17
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Bruce Kern	Regional Criminal Justice Planning Agency	December 6
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G. DRUG COORDINATION STAFF

Richard Bailey	Drug Coordinator	December 6, 7 March 1
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Justin Green	Assistant to the Drug Coordinator	December 7 March 1
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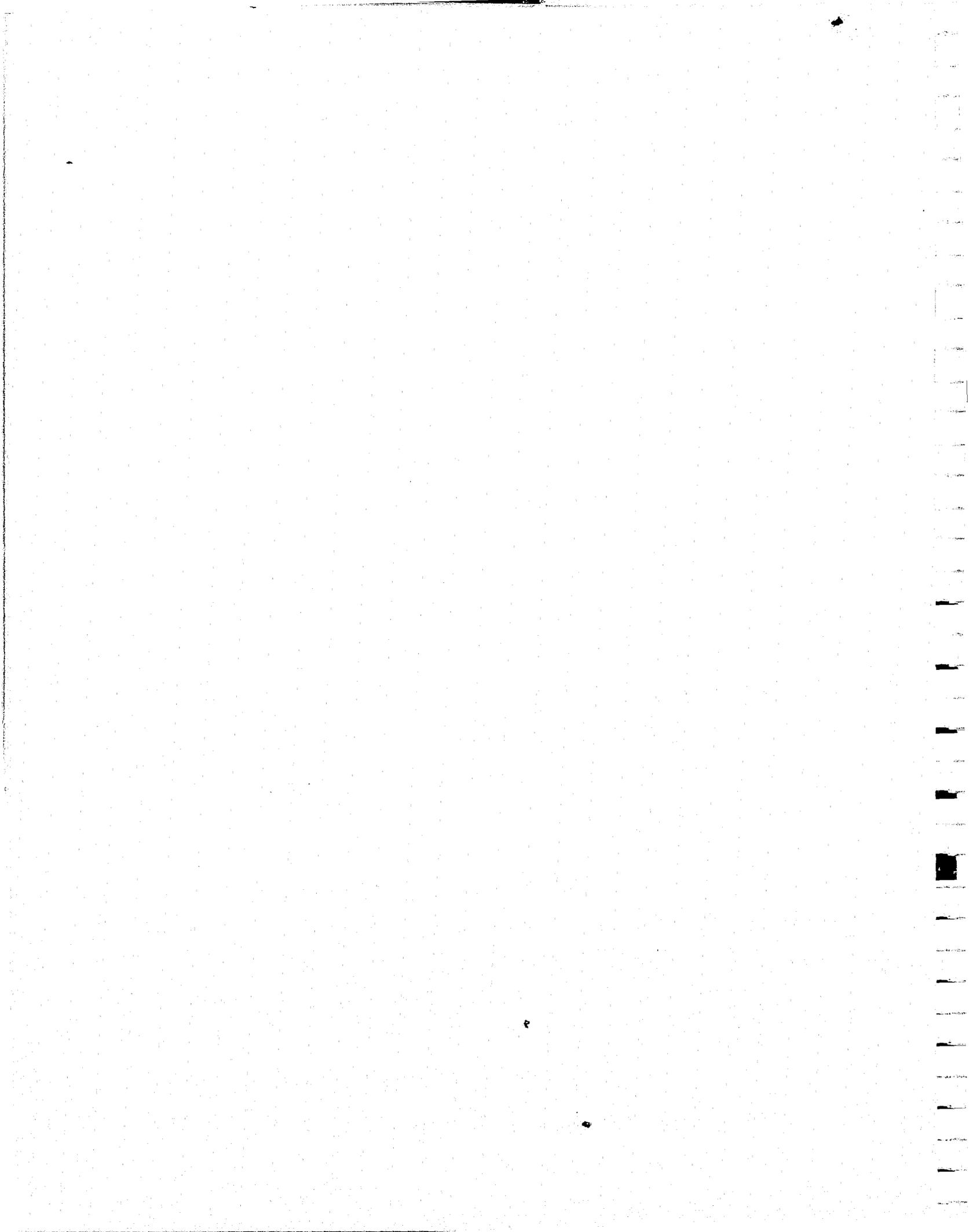
H. OTHER EVALUATORS

Community Assistance Team Fremont	Elizabeth Aurbach William Desmond Patrick Colvin	February 19
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Berkeley Drug Abuse Program Berkeley	Sally Howlett	December 13
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Scientific Analysis Corporation San Francisco	Martin Kotkin Ann Reifman	February 21
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Criminal Justice Planning Board of Alameda County	Jerry Langer	February 26
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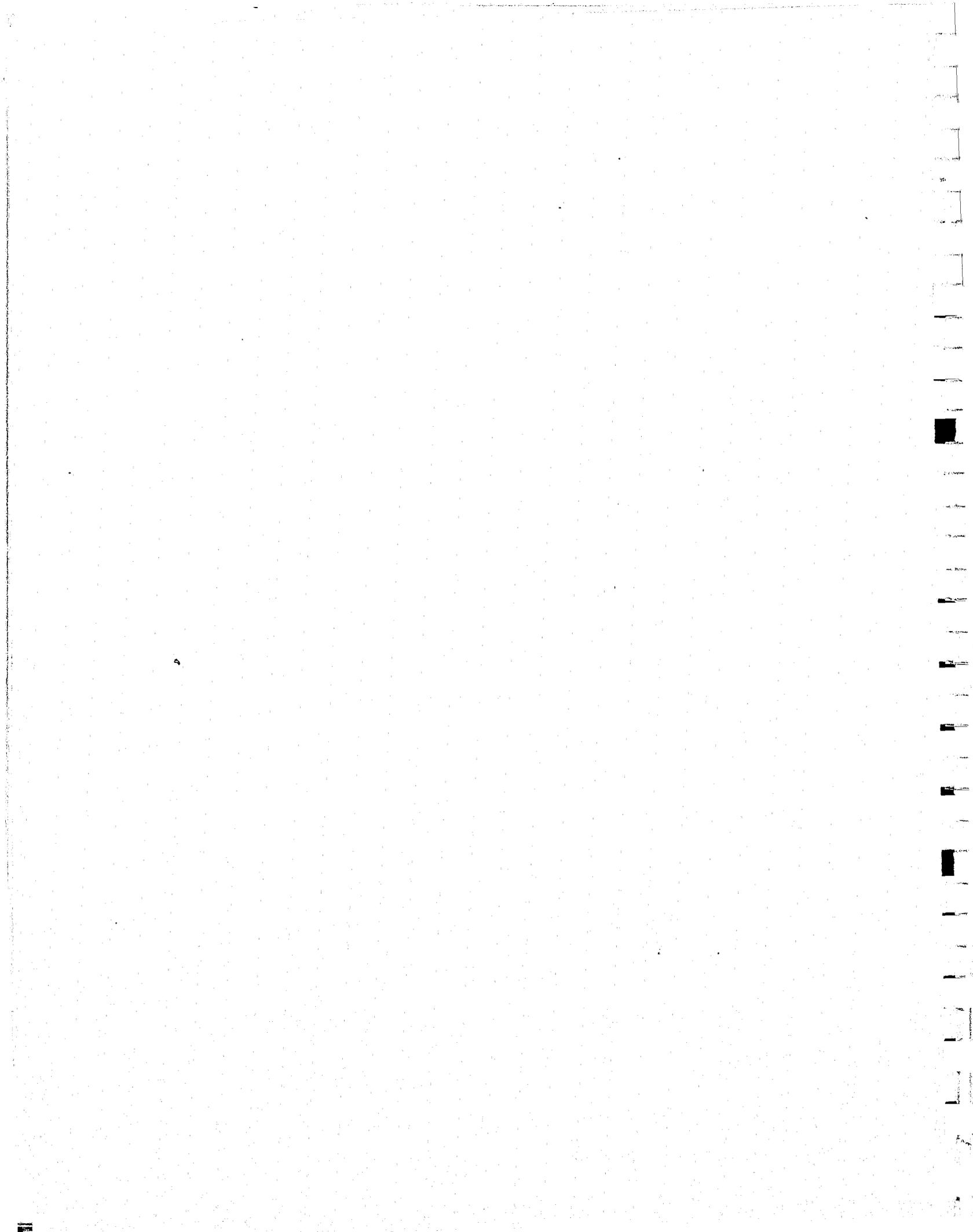
a more direct response, or (3) the creation of a new module (such as the module for other evaluators of drug programs in the three counties). The pre-test results indicated that projects visited before the DCIs were finalized will not have to be revisited. The data gained from JRB visits prior to the pre-test are consistent with the data elicited from the finalized modules.

#### 4.2.2 Effectiveness of the Data Collection Procedures

Throughout the pre-test, JRB maintained a flexible schedule to accommodate appointments with data sources identified during field research. In Alameda County, these sources included a judge, a supervisor, and persons in the County Mental Health Department familiar with the County Drug Program. The sources also included meetings of the TASC Advisory Board and the Mental Health Advisory Board.

Data collection in the counties should begin with the Coordinator and others in the county structure who are involved in the coordination, administration, or operation of the county programs. This will ensure the development of a framework upon which additional program input can be arrayed. Furthermore, a visit with the Coordinator at the conclusion of each county's research effort can provide clarification of the responses and can help resolve uncertain, inconsistent, or inconclusive research findings.

In summary, the pre-test demonstrated that the interviewer must be sensitive to special situations in each county's drug program. In Alameda County, the situations ranged from a newly developed drug coordinating body



recently initiated by the County Administrator to a special problem affecting coordination due to the implementation of the TASC program to a complex network of persons charged with coordination including Regional Health Care Services Officers and District Mental Health Officers.

#### 4.2.3 Identification of Issues

The pre-test identified questions and issues which will be significant in JRB's analysis of the role of coordination in the drug abuse program.

Examples of these key questions and the issues raised by them are:

- Who coordinates drug programs?
- Who should be responsible for coordination?
- Whom do you go to with questions about your programs?
- What are the lines of authority in the County Drug Programs?
- How has the Coordinator helped your programs?
- What other help could you have used?
- What have other evaluations accomplished?

For example, JRB staff found that many respondents were skeptical about this evaluation effort and the previous evaluations which had been conducted. This attitude appears to be based upon the belief that no constructive evaluation of drug programs, that is, one which would provide information that can be used to improve program planning, has ever been completed in Alameda County. Respondents felt that evaluations have been conducted more for the purpose of satisfying State requirements than to provide information of value to the program. The action-oriented components in the program have not had an active role in the evaluations, and have either not received, or do not know how to use the results.

The responses received to the key questions during the pre-test are presented in Table 4-2. The data are presented here as examples of the

types of data which will be included in the final report. These displays should not be regarded as completely definitive in that a large amount of data remain to be collected in Alameda County. They are, however, representative of the scope and coverage of the evaluation data and present the framework for the final evaluation of the three coordination projects.

TABLE 4-2  
PRE-TEST RESULTS

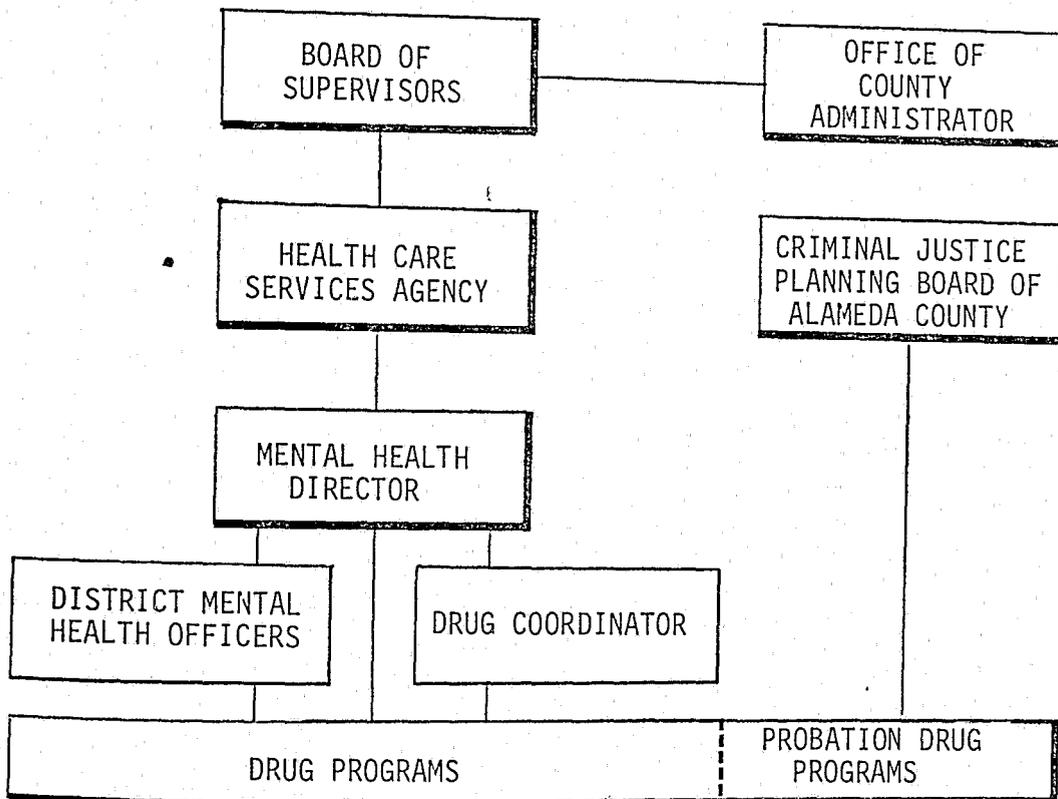
• WHO COORDINATES DRUG PROGRAMS?

The following were most frequently mentioned:

- a. The Coordinator,
- b. The Community Drug Alliance (coalition of community groups), and
- c. The District Mental Health Officer

NOTE: Little mention was made of Regions except among county officials.

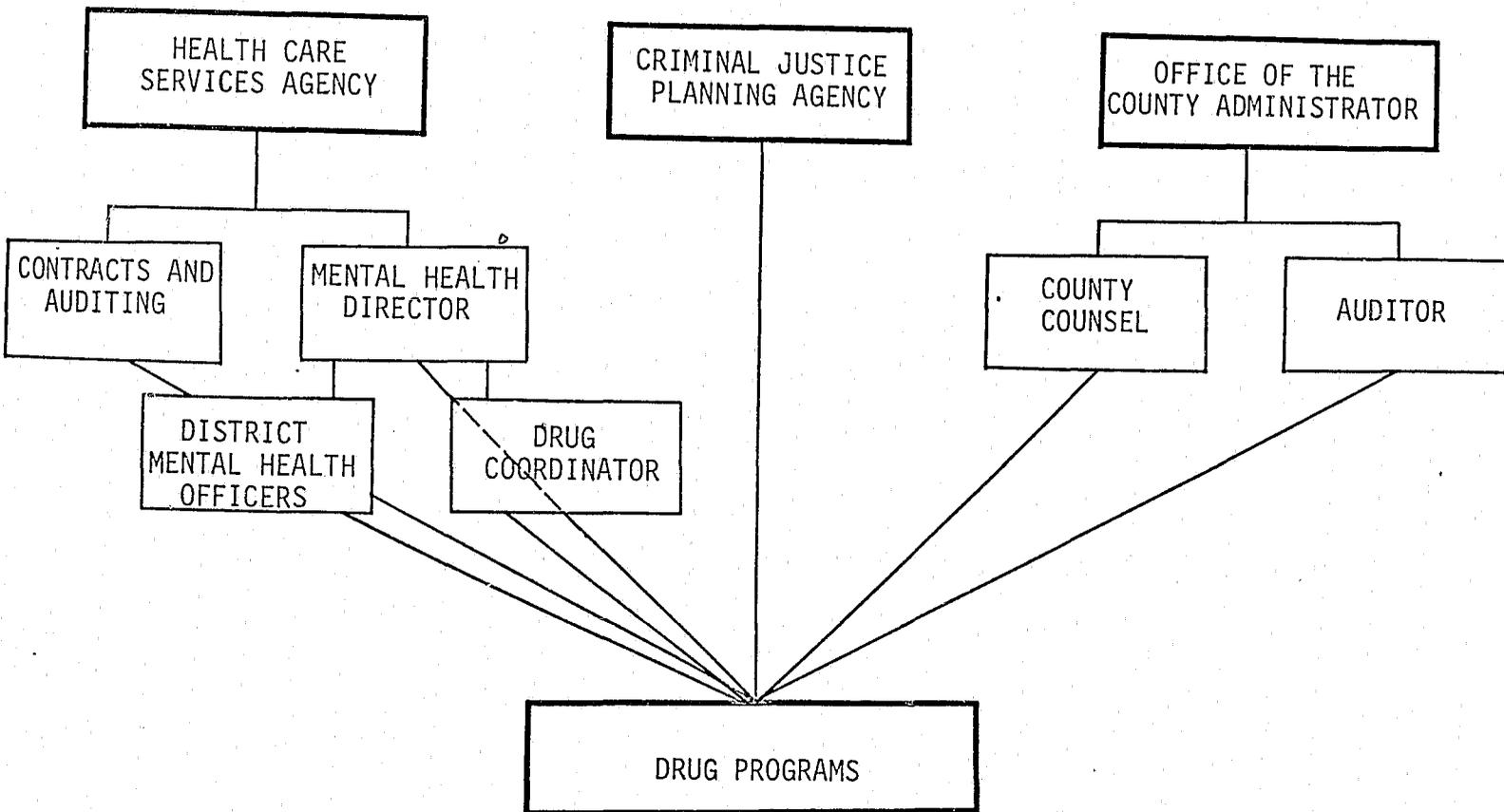
• WHAT ARE THE LINES OF AUTHORITY IN THE COUNTY DRUG PROGRAMS?



NOTE: There may be as many as three direct lines of authority to a single community drug project. Again, no mention was made of Regional officers in response to this question.

TABLE 4-2 (Continued)

- WHAT CHANNELS ARE USED BY PROGRAMS FOR RECEIVING INFORMATION?



NOTE: Compared to the preceding "Lines of authority" diagram, this diagram points up some disparities in the formal and informal workings of the drug program. Both arrangements are perceived by program staff (as told to JRB).

TABLE 4-2 (Continued)

- WHO SHOULD BE RESPONSIBLE FOR COORDINATION?
  - a. The County,
  - b. The Community Drug Alliance, and
  - c. Each Region (refers to the Northern and Southern Regions of Alameda County specified by Health Care Services Agency), and
  - d. Interested programs must initiate it themselves.

NOTE: The above have not been prioritized at this time, but will be after all responses are computed.

- WHAT ASSISTANCE HAVE YOU RECEIVED FROM THE COORDINATOR?; AND, WHAT ASSISTANCE WOULD YOU LIKE TO RECEIVE FROM A COORDINATOR?

<u>Assistance Specified</u>	<u>Is the service provided?</u>
<u>Planning and Evaluation</u>	
- Collect baseline data	Never
- Design data collection/reporting forms	Sometimes
- Establish goals, objectives, and criteria for monitoring and evaluation	Sometimes
- Identify services which need to be added or expanded	Sometimes
- Evaluate all drug programs in county	Sometimes
- Evaluate drug programs run by the county	Never
<u>Information and Referral</u>	
- Act as clearinghouse for all information which may affect county drug programs, including pending legislation	Sometimes
- Educate the general community about the need for the program	Sometimes
- Educate the business community about the need to develop jobs for clients	Never

TABLE 4-2 (Continued)

Advocacy

- Furnish letter of support and endorsement Usually
- Act as liaison between county officials and community programs Usually

Administrative Support

- Keep programs aware of their contractual obligations Sometimes

Grantsmanship

- Proposal writing Sometimes
- Identification of Funding Sources Usually
- Fund Raising Never

Other Technical Assistance

- Provide feedback on proper use of reporting forms Never
- Help program staff gain political awareness Usually

• WHAT HAVE OTHER EVALUATORS DONE?

- The "Preliminary Monitoring Report" by International Training Consultants provided useful information on the activities of all 16 units of the comprehensive drug program. The report addressed client populations served, services provided, and the extent to which services responded to needs of the target population. It also discussed the county drug program structure and interagency cooperation.
- The "Evaluation of the Alameda County Drug Program" completed by Scientific Analysis Corporation early in 1974 compared data collected by projects from mid-1973 against the evaluation criteria specified in the "Impact Evaluation Model" for each project. Those forms used to collect data were not specifically constructed to conform to the data elements referred to in the "Impact Evaluation Model."

TABLE 4-2 (Continued)

● WHAT HAVE OTHER EVALUATORS DONE? (Continued)

- The "Study of Eleven Neighborhood Drop-In Centers" conducted over a six-week period in 1973 by Sally Howlett and Vicky Glazer presented a great deal of information considering the time constraints. Its primary value was to point up the need for uniform methods of data collection and reporting by program components which could provide a basis for project evaluation.

SECTION V  
PRELIMINARY EVALUATION RESULTS

## SECTION V

### PRELIMINARY EVALUATION RESULTS

This Section addresses the requirement for an interim report of JRB's findings regarding: (1) achievement of each project, (2) its value to the evaluation, (3) the quality of internal evaluation mechanisms, and (4) the potential for designing a program based upon the evaluation results.

#### 5.1 PRELIMINARY FINDINGS ON INDIVIDUAL PROJECT ACHIEVEMENTS

The previous section explained the outcome of the data collection pre-test in Alameda County. It would be premature to present detailed study findings on the coordination function in Alameda, since the data which were collected have not been analyzed fully, and all the data have not been collected. The coordination function, however, has achieved visible status in the county's drug program. Mr. Richard Bailey, the Alameda County Drug Abuse Coordinator, is known by all individuals interviewed in that County. One of his readily evident achievements is the cooperation that he has encouraged successfully among the many community-based drug components. This cooperation has made it possible for the community components to approach funding sources as a unified group, rather than to compete individually for available monies.

Policy and personnel changes have affected the coordination function in Contra Costa County since its inception. Mr. George Russell, who has been with the County for less than a year, currently is responsible for coordination of the County drug abuse program. Despite his relatively brief time as a coordinator, Mr. Russell is well known within the County program. His office serves

as an information resource center for the project components, and he is frequently called upon by project and community people for advice and information.

Mr. Robert Garner has served as Coordinator in Santa Clara County during the three years of the project. He utilizes a planning approach which depends heavily upon inputs from task force groups comprising members of drug abuse and related agencies, the criminal justice system, the educational system and the community. The task force groups, in turn, rely upon the Coordinator to serve their information needs and to conduct analyses of specific problem and need areas. Mr. Garner also is responsible for production and dissemination of a Drug Abuse Newsletter which provides information concerning drug abuse activities in the County.

## 5.2 RECOMMENDATIONS CONCERNING THE VALUE OF EVALUATING EACH COORDINATION PROJECT

Each of the three coordination projects provides valuable contributions to JRB's evaluation effort. Each seeks to achieve similar goals, but each has utilized a different approach to goal achievement. The approaches utilized were shaped by many factors existing in each county at the time the project was planned. These factors are drug-specific, crime-specific, political, social, economic, and geographic in nature. Knowledge of such factors and their impact upon the coordination effort will assist JRB in developing guidelines for future project planning.

County officials, component Directors, and agency representatives interviewed by JRB in each county recognize the need for drug abuse project coordination. The evaluation results will assist each county by recommending ways in

which continued, effective coordination can be assured. To the extent permitted by funding and time constraints, JRB will also recommend evaluation procedures for use by action-oriented components to measure the achievement of impact objectives.

### 5.3 ASSESSMENT OF THE EVALUATION COMPONENT OF EACH PROJECT

None of the projects has a fully developed evaluation component. Evaluations have been done on individual action-oriented components in each county, with the cooperation of the Coordinator, but no systems exist to translate the evaluation results into coordination information relevant to the county-wide programs. Attempts to design and implement such systems have not been successful, principally because other coordination functions have had higher priority.

By focussing this study upon planning and evaluation objectives for coordination, JRB will facilitate the development of evaluation components for each project. The achievements of each project to date toward developing evaluation components will be fully documented in the final report.

### 5.4 PRELIMINARY DETERMINATION OF THE POTENTIAL FOR DESIGNING A COORDINATION PROGRAM

One of the major outputs of the evaluation will be guidelines for designing future coordination programs. The guidelines will take into account the effect of factors in the county which are both endogenous and exogenous to the drug abuse problem per se. Evaluation objectives and the measurement criteria used

for the study will be incorporated into the program definition. The objectives will be used to define the program strategy, or what effects can be achieved through what processes. The measurement criteria will be stated as activities to be accomplished to attain the objectives.

APPENDIX A  
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

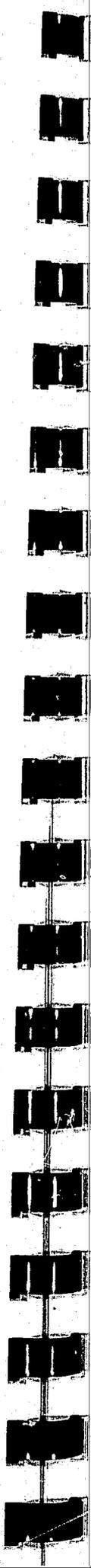
1. Who takes responsibility for the Drug Program in your county -- operational and administrative?
2. What is your relationship to the County Drug Program? To the Coordinator?
3. How is the Drug Program organized in the larger county structure?
4. To whom is the Coordinator responsible?
5. Given the 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?



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**CONTINUED**

**1 OF 2**

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. 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) referred 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 role 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**