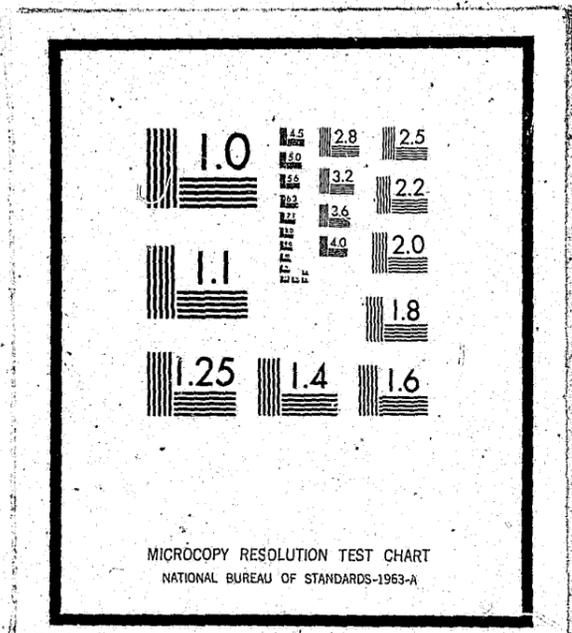


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21-DAY REPORT

CLUSTER EVALUATION OF
NARCOTICS COORDINATION PROJECTS
INCLUDING COUNTY-WIDE
COMPREHENSIVE NARCOTICS PROJECTS - 21-DAY REPORT

January 15, 1974

Submitted to:
California Council on Criminal Justice
7171 Bowling Drive
Sacramento, California 95823

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SECTION I
INTRODUCTION

SECTION I
INTRODUCTION

1.1 OVERVIEW

This report presents the 21-Day Status Report for the cluster evaluation of narcotics coordination projects sponsored by the California Council on Criminal Justice (CCCJ). The projects which are being evaluated are in Alameda, Contra Costa, and Santa Clara Counties. The projects in Alameda and Contra Costa Counties include a coordination component and action-oriented components. The action-oriented components relate to drug abuse education, prevention, treatment, and rehabilitation. The Santa Clara County project has only a coordination component.

This report represents the first step toward achievement of the contractual objectives for the evaluation, which are comprised of: (1) a set of primary contract objectives which relates to evaluation of the project coordination function and action-oriented components; and (2) a secondary contract objective which relates to the definition of a narcotics coordination program.* Throughout the text, explicit and implicit references will be made to these objectives, which 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;

*A "program" is defined by CCCJ as a primary segment of a Functional Criminal Justice Category, consisting of all projects that have common or closely related objectives.

- 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.

When the primary contract objectives have been achieved, JRB will address the secondary contract objective, which 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 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.

JRB's approach to achieving the objectives is in five phases. This report fulfills the Task 1.3 requirements of Phase I. The report documents Tasks 1.1 and 1.2, Initial Research and Preliminary Site Visits. Tasks 1.1 and 1.2 were intended to yield information to define the scope and direction of the evaluation effort in the remaining months of the contract. Specifically, JRB staff utilized the initial 21-day period to accomplish the following activities:

- Review and analyze relevant documentation;
- Meet with project Coordinators;

- Establish lines of communication with key people through the Coordinator;
- Determine the allocation of the Coordinator's time for coordination, administration, and action-component operation;
- Determine which action-oriented components would represent a cross-section of drug-related activities in the county;
- Establish a chronology for each project;
- Update project goals, objectives, and priorities;
- Determine availability of data for action components;
- Identify possible constraints upon the evaluation effort; and
- Collect additional relevant materials, such as recent grant applications and other evaluation reports.

The results of these activities are documented in the remaining sections of this report. Section II describes the initial research effort and presents an historical account of the Narcotics Coordination Project in each of the three counties.

Constraints which may effect JRB's evaluation effort are discussed in Section III. The issues that JRB has identified as basic to the evaluation are explained in Section IV. Section V briefly describes the major steps which remain to be completed in the evaluation.

The extent to which the JRB evaluation objectives will be met is stated in Section VI, and alternative evaluation methodologies are discussed in Section VII. Section VIII presents the proposed schedule of work.

Throughout the report, references are made to supporting materials and visual displays. To ensure textual continuity, JRB has appended these items to the report.

SECTION II
INITIAL RESEARCH AND PRELIMINARY SITE VISITS

SECTION II
INITIAL RESEARCH AND PRELIMINARY SITE VISITS

2.1 INITIAL RESEARCH (TASK 1.1)

The purpose of the initial research effort was to aid JRB staff in determining the extent of information to be collected during the preliminary site visits.

Documents collected from the coordinators in the three counties were reviewed. The documents included grant applications, reports of previous evaluations, material describing action-oriented components, and relevant legislation. Information obtained from the document review was summarized for each county, and areas in which information gaps existed were identified. The absence of information which would allow JRB to evaluate the effectiveness of the Coordinator, to define his functions, and to determine his relationship to action-oriented components was noted for all three counties.

Based upon the results of the document review, JRB staff developed a set of questionnaires designed to yield the information that was lacking. One questionnaire was developed for the Coordinator, and addressed the scope of his activities and the evolution of his role over the project's duration. The second questionnaire, for directors of action-oriented components, primarily was intended to yield information which would describe the relationship between the Coordinator and the component. In addition, each questionnaire addressed the current relevance of the goals and objectives which were identified originally by JRB for the projects and components. Both questionnaires were designed for use by the JRB staff as guidelines for

preliminary site visit interviews, rather than for direct administration to the interviewees.

The documents which were used for the initial research are listed in Appendix A. The questionnaires are in Appendix B. JRB's understanding of the goals and objectives referenced by the questionnaires is illustrated in the charts in Appendix C.

2.2 PRELIMINARY SITE VISITS (TASK 1.2)

Nearly two weeks were spent visiting Coordinators and directors of selected action-oriented components. The time spent in each county varied, and was primarily a function of the availability of the Coordinator and key project staff. Appendix D shows schedules of appointments in each county, and lists the individuals with whom JRB staff visited.

The action-oriented components included in the preliminary site visits were selected to represent a cross-section of drug abuse activities for each county's project. One or more components was selected from each of the four major areas of drug-abuse control: education, prevention, treatment, and rehabilitation. Characteristics of the client population, geographical location of the component, and range of services delivered also were considered in developing the cross-section. Tables which summarize these characteristics for each component visited are in Appendix E.

Based upon the initial research, and upon the interviews with the Coordinators and with directors of action-oriented components, JRB staff developed a chronology of the coordinating project for each county. Each chronology describes the evolution of the coordination role, and discusses events which have contributed to changes in the coordination function. The chronologies are presented, by county, in the following paragraphs.

2.2.1 Alameda County

In 1970 a grant application for a Comprehensive Drug Abuse Program was submitted jointly by five Alameda County Departments: Health, Medical Institutions, Probation, District Attorney, and Schools. The application provided for centralized coordination through the County Health Department, the chief grant applicant designee.

The Comprehensive Drug Abuse Program established a 7-man policy-making body comprised of the heads of the five participant agencies, the presiding judge of the Superior Court, and the Sheriff. The addition of an eighth representative from the Alameda County Drug Abuse Coalition was planned contingent upon the ability of the Coalition to formalize its structure. At the time the grant application was submitted, the Coalition included representatives of over thirty community groups involved in drug abuse, and had been in existence for nearly a year.

The original grant supported a Drug Abuse Project Director (Coordinator) and the following action-oriented components: A Probation Drug Unit and Drug School; a Criminal Justice Liaison (District Attorney); Drop-In Centers; Halfway Houses; an Outpatient Clinic; a Drug Education Program; and Detoxification, Emergency Services, and Methadone Maintenance in the County Hospital. The Project Director and his staff were to be responsible for management and coordination of all action-oriented components. The project was funded for a total of three years, through December 31, 1973.

Several major changes have occurred since the project's inception. The first was the passage of Senate Bill 714 in 1972. The Bill requires that each County receiving Short-Doyle funds for drug abuse programs provide for

the coordination of those programs. A Coordinator must be appointed by the County Board of Supervisors, and must be one of the following persons:

1. The local mental health director of the County;
2. The Chief Administrative Officer of the County; or
3. The head of the County agency responsible for overall health services for the County.

The Alameda County Board of Supervisors appointed the Director of Mental Health, County Health Care Services Agency, as Coordinator. SB-714 further specifies that the Coordinator is to be assisted by a 15-member county drug Advisory Board. The original policy-making body with increased membership was designated as the Advisory Board. Most of the project components originally funded by CCCJ have been or will be funded through Short-Doyle. Responsibility for project components is now divided among the five District Mental Health Offices. This situation is illustrated in Figure 2-1 which shows each of the original components within the present County structure.

The second development which affected the role of the Coordinator occurred in the community drug abuse groups. The County Drug Abuse Coalition was replaced by the Community Drug Alliance. Initially, close coordination was maintained with the Alliance by the Coordinator. The Alliance has gradually grown independent of the Coordinator. His office now serves only as an information resource on questions of grant application composition and availability of funding sources.

Thirdly, the Coordinator's role has been affected by the introduction of the Treatment Alternatives for Street Crime (TASC) Program in the County. TASC will be administered by the Probation Department, although it will

assume responsibility for some drug abuse projects currently under Mental Health. The Drug Abuse Project Coordinator will have no line responsibility for TASC-sponsored projects.

The last major change is organizational, and has yet to be implemented. A Department of Substance Abuse will be incorporated into the County's Health Care Services Agency on a level with the Departments of Public Health and Mental Health. The Substance Abuse Department will deal with abuse of both alcohol and drugs. The position of the Drug Abuse Project Coordinator within the new organizational structure has not yet been determined.

JRB has examined the evolution of the action-oriented components over the three year period of the CCCJ grant. The following points are of interest:

- With the end of CCCJ funding, not one individual component has been discontinued for lack of funding. All activities are being continued through other sources of government or private funding.
- Community drug projects, represented by the Community Drug Alliance, hold 50% of the positions on the Advisory Board. The maximum representation of such drug projects on the original policy board had been two positions.

2.2.2 Contra Costa County

The original CCCJ grant was awarded to Contra Costa County in 1971 to expand the Discovery Program (the drug abuse treatment program of the County Mental Health Services) and to foster coordination between all county drug abuse projects. Responsibility for the project lay initially with the Department of Mental Health Services.

The grant funded an Executive Director and a half-time Educational Assistant. The Executive Director was responsible for administration of the Discovery Program and for county-wide drug abuse coordination. The Educational Assistant was responsible for helping school districts establish programs and for training drug consultants.

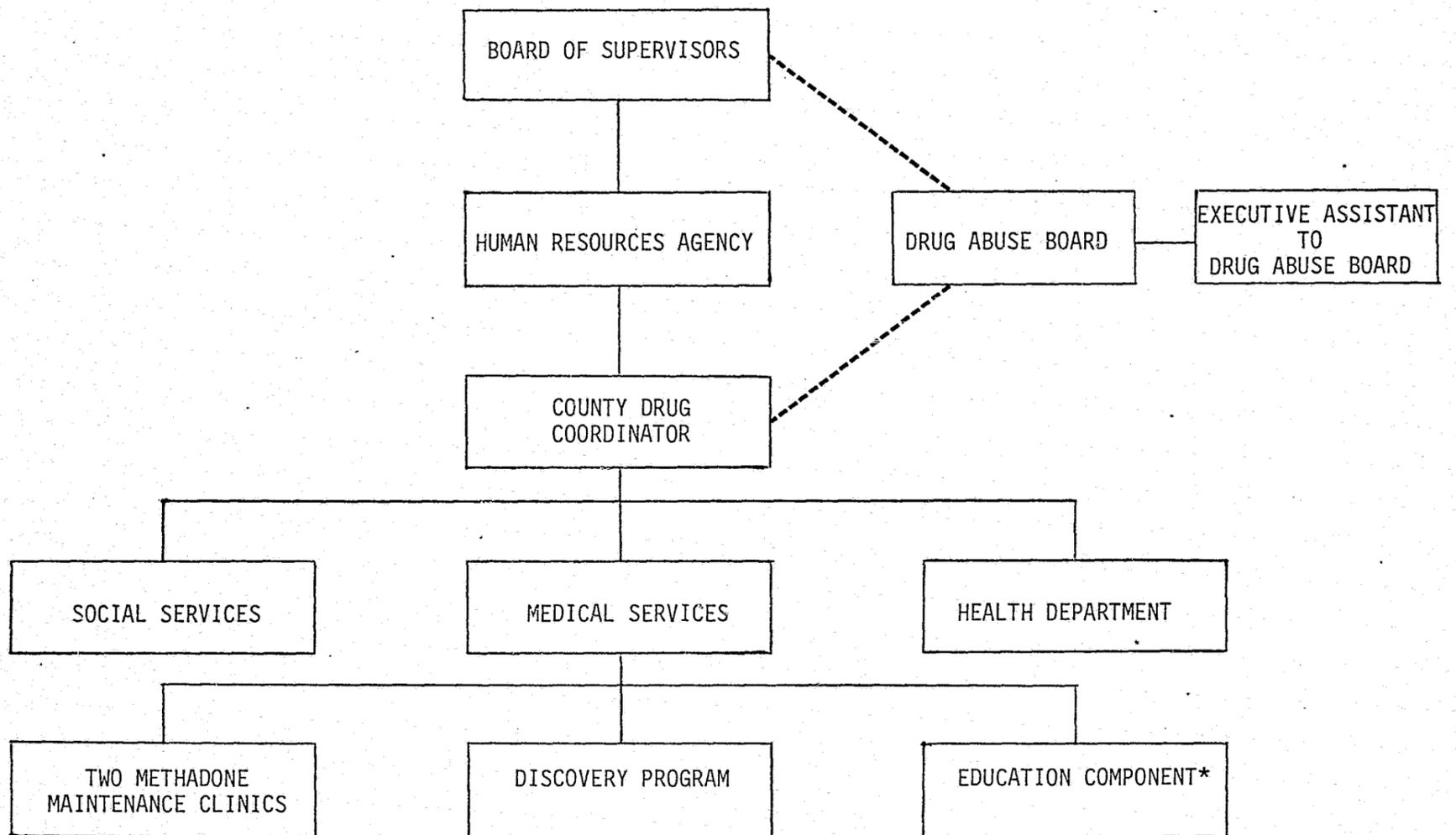
The following events have occurred since the original grant was awarded:

- During the first year of CCCJ funding, the Department of Mental Health Services was merged with the Departments of Health and Social Services to form a single supra-agency, the Human Resources Agency (HRA).
- To fulfill the requirements of SB-714, the Board of Supervisors appointed the Director of HRA as County Drug Coordinator.
- The existing county Drug Abuse Board became the Advisory Board to the County Drug Coordinator within HRA.
- The dual responsibilities of coordination and project operation created a conflict of interest for the Executive Director of the Discovery Program. He recommended that those functions be separated.
- The position of Executive Assistant to the Drug Abuse Board was created. The Executive Assistant was to assist the Board in coordinating the County's drug programs.
- The half-time position of Educational Assistant became the full-time position of Educational Coordinator. The County Schools assumed administrative responsibility for the activities of the education component.

This series of events has made the role of the coordinator in Contra Costa difficult to define, as indicated by the current organizational structure shown in Figure 2-2. The Director of HRA holds the title of County Drug Coordinator,

FIGURE 2-2

CONTRA COSTA COUNTY ORGANIZATIONAL CHART



12

*Administratively responsible to County Schools.

but primary responsibility for coordination rests with the Executive Assistant to the Drug Abuse Board. The Educational Coordinator cooperates with the Executive Assistant to facilitate drug education activities in the schools. The Director of the Discovery Program coordinates the activities of the neighborhood centers, the therapeutic community, and the detoxification unit at the County Hospital.

2.2.3 Santa Clara County

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

A grant application was submitted to CCCJ in August 1971 to support a Drug Abuse Coordinator within the administrative framework of the County Executive's Office. Funding was requested for the Coordinator and his support staff only -- action-oriented components were not included in the grant. The Coordinator was to receive initial policy and priority guidance from the Task Force on Goals and Objectives. Additional task force groups would be appointed to provide guidance in the areas of drug abuse prevention, rehabilitation, and control, and in program evaluation. Task Force leaders would be

appointed from the membership of the 25-man Drug Abuse Coordination Commission established by the Board of Supervisors. The Task Force composition consisted of representatives from the county health, criminal justice, and educational systems, and from the community sector.

Four Task Force Groups were appointed to develop priorities in the following specific areas of drug abuse programming:

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

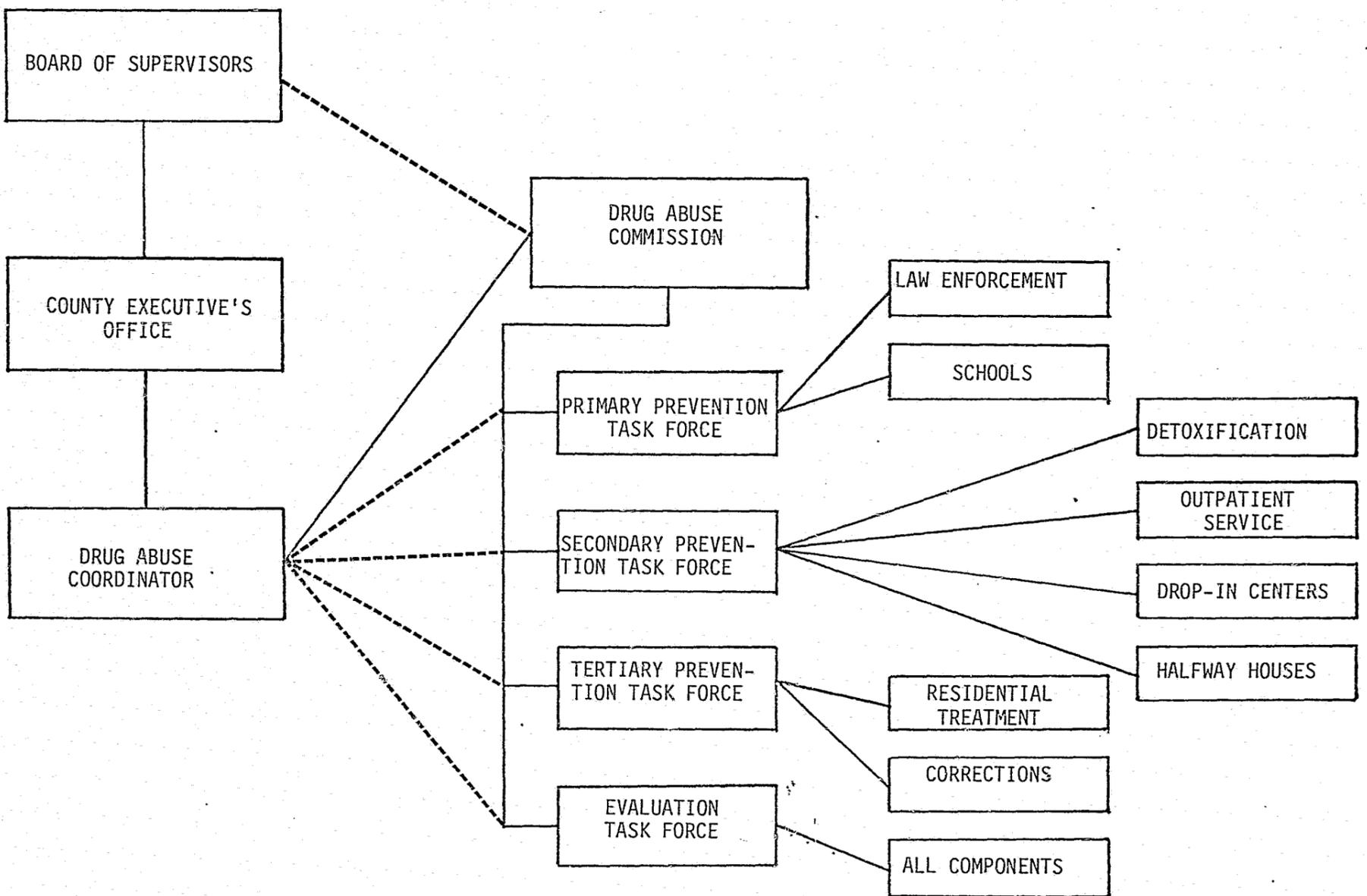
The Coordinator continues to receive guidance from these Task Forces and to serve as an information resource to them.

The passage of SB-714 did not lead to changes in the organizational structure of county drug abuse coordination. The Board of Supervisors placed responsibility for coordination of Short-Doyle funding with the Office of the County Executive, and designated the existing Drug Abuse Commission as the Advisory Board. The County Plan for Short-Doyle/714 is developed annually by the Coordinator, based upon input from the County Mental Health Centers and in accordance with Task Force priorities.

The Coordinator's lines of authority are clear both in practice and on paper, as shown in Figure 2-3. His primary responsibility is to the Commission and his activities vis-a-vis the drug program staff are authorized by that Commission, based on the information he provides them.

FIGURE 2-3

SANTA CLARA COUNTY ORGANIZAITONAL CHART



SECTION III
CONSTRAINTS UPON THE EVALUATION EFFORT

SECTION III
CONSTRAINTS UPON THE EVALUATION EFFORT

3.1 CONSTRAINTS UPON EVALUATION OF THE COORDINATION FUNCTION

The preceding section described the preliminary site visits. Information obtained from these visits allowed JRB to identify the following constraints upon the evaluation of the coordination function.

3.1.1. Difficulty in Defining the Role of the Coordinator

In order to develop an accurate definition of the drug coordination program, it is necessary to identify the responsibilities and functions of the Coordinator. Technically, the Coordinator exists to carry out the policies of the local drug abuse advisory body. However, the parameters of his job depend on his leadership ability, the position of his office within the county structure, and the amount and type of funds channeled through his office. The following problems observed in JRB preliminary visits further obscure the definition of a program for drug abuse coordination:

- Lack of defined relationships and responsibilities for the Coordinator;
- Turnover among coordination and component staff;
- Reorganizations in the county structure affecting the drug program; and
- Coordination exerted by persons and bodies other than the Coordinator.

3.1.2 Changes in Funding Sources

The type of funding a project receives determines to whom and in what manner it must report. Projects which received CCCJ funds reported to the CCCJ-funded Coordinator and generally regarded him as a focal point for

information. With the commencement of Short-Doyle, Revenue Sharing, and TASC funding, the focal point has splintered. For example, programs in Alameda County were moved from the Public Health Department to the Mental Health Department in preparation for 714/Short-Doyle funding. More recently, four programs have been transferred to Probation, the hub of the TASC program.

3.1.3 Difficulty in Developing Comparable Evaluation Mechanisms

The activities of a Coordinator or a project component in one county do not always have corresponding activities in the other counties. This makes comparison based on parallelisms between projects exceedingly difficult.

In Santa Clara County, Task Forces chaired by Commission members and comprised of community representatives and program staff convene to establish annual priorities in one of four areas of drug abuse, as described on page 21. The activities of these groups are significant to our study because of their close interaction with the Coordinator, yet Contra Costa and Alameda Counties have no comparable structure.

Another example is found in the Drug Education component of each of the three counties. At this stage of their development, each county espouses different objectives and activities in the area of drug education. The Alameda County Program is structured to provide consultant services to schools throughout the county. In-service training for teachers in Contra Costa County is augmented by direct sessions with students. Two State-funded pilot projects are being implemented in Santa Clara County. Common denominators among these three different drug education programs will be difficult to establish.

3.2 CONSTRAINTS UPON THE EVALUATION OF ACTION-ORIENTED COMPONENTS

The following constraints upon the evaluation of individual action projects have been identified.

3.2.1 Effect of Other Evaluation Efforts

Some of the projects visited recently have been, or currently are being, evaluated by other research teams. In Alameda County, for example, the JRB evaluation follows a "Study of Eleven Neighborhood Drop-In Centers" conducted by Vicki Glazer and Sally Howlett, and coincides with a study of CCCJ project effectiveness by the State Health Department's Outcome Measurement team; a review of project reports by Scientific Analysis Corporation; and an assessment of drug abuse needs and programs in Berkeley by Sally Howlett. The extent to which the other evaluation activities will affect the JRB effort is not yet known. JRB staff will be sensitive to the other evaluators, and will draw upon the results of their research. Particular care will be used in working with staff of the projects subjected to the other evaluations. The information gained from preliminary visits indicates that some of these individuals feel prior evaluations failed to benefit their projects; consequently they are skeptical of further evaluation efforts.

3.2.2 Lack of Baseline Data

Data upon which to base an evaluation is frequently sparse, inconsistent, and inaccessible. For example, although monthly reports are filed by Neighborhood Centers in Alameda County, the data contained in the reports are not

comparable, because (1) they are not filled out by every Center; (2) they do not reflect the service focus of each project; and (3) persons completing the forms do not interpret terms in a uniform manner.

3.2.3 Absence of Control Groups

None of the projects visited utilizes experimental and control techniques as part of their evaluation process. Many of the action-oriented treatment and rehabilitation components appear to be highly selective in their intake procedures. Factors on which decisions are based generally are assessed subjectively from behavioral characteristics. To establish a control group representing similar traits would be a futile task.

SECTION IV
BASIC ISSUES IN THE EVALUATION PROCESS

SECTION IV
BASIC ISSUES IN THE EVALUATION PROCESS

4.1 HOW CAN THE EVALUATION BE OF VALUE TO THE COUNTIES AND PROJECTS UNDER INVESTIGATION?

JRB is particularly interested in contributing something to the counties participating in the evaluation. Counties and projects will be assisted in identifying baseline data which they need to make determinations concerning service delivery and project effectiveness. Information gaps will be identified and methods for data collection recommended. Where current reporting forms are not yielding the necessary data, JRB will offer counties alternate forms to use in the systematic collection of data.

4.2 WHICH COMPONENT PROJECTS SHOULD BE EXAMINED, AND HOW EXTENSIVELY?

In order to evaluate the efforts of the Coordinators, it is necessary to examine the development of action-oriented components in relation to the Coordinator. The vast number of these projects, however, prohibits an in-depth examination of each.

The method by which projects are selected for inclusion in JRB's study is the key to successful completion of this evaluation. In order to identify a cross-section of projects to be used in the evaluation, Coordinators were asked to review their projects in terms of the following factors:

- Project Goals (education, prevention, treatment, rehabilitation);
- Project Modality (detox, methadone maintenance, drop-in center, residential centers, etc.);

- Client Population (age, ethnic group);
- Type of drug problem addressed;
- Amount of time devoted by the Coordinator to the project; and
- Project "success" (both successful projects and those experiencing problems were identified).

JRB staff interviewed Project Directors who reported a positive relationship with the Coordinator as well as Directors who reported little or negative interaction with him. JRB staff tried to assess (1) the receptivity of individuals interviewed, and (2) their willingness to communicate openly regarding their interaction with the Coordinator. A determination of actual projects to be examined will be made and incorporated into the 90-day report.

4.3 HOW ACCURATELY CAN THE ROLE OF THE COORDINATOR BE DELINEATED?

In each county one individual was funded by CCCJ to fill the role of Drug Abuse Program Coordinator. However, preliminary investigation indicates that actual coordination of drug abuse projects can be a shared and complex function. Only in Santa Clara County is there one distinct Coordinator. In Contra Costa County, responsibility for coordination is shared by the Executive Assistant, the Educational Coordinator, the Discovery Program Director, and the Director of the Human Resources Agency. In Alameda County, coordination stems from the five Mental Health District offices, the Director of Medical Services, the Drug Education Coordinator, the Probation Department, the Community Drug Alliance, and the District Attorney's Office, as well as from the Coordinator and his Administrative Assistant.

In cases where the coordination activity is shared, JRB will examine the activities of all persons or groups who coordinate. Actual, designated, and perceived lines of communication and coordination will be compared in each county. This will assist JRB in developing a definition of the coordination function.

SECTION V
MAJOR STEPS IN THE EVALUATION PROCESS

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MAJOR STEPS IN THE EVALUATION PROCESS

The first three steps in the evaluation process -- Initial Research Preliminary Site Visits, and the 21-Day Report -- have been completed. This section describes those steps yet to be completed.

5.1 DEVELOPMENT OF EVALUATION DESIGN (TASK 1.4)

Statement of Issues and Objectives

The objectives underlying each County's drug abuse program as presented in CCCJ grant applications, reports, and interviews with the counties, appear in chart form in Appendix C. On the basis of subsequent interviews with Coordinators and component staff, charts will be revised to accurately reflect actual and intended objectives for each project.

Specification of Evaluation Criteria

Preliminary research efforts have focused on the coordination function. The information collected is sufficient to enable JRB to establish initial evaluation criteria for coordination.

Criteria also will be developed for each of the action-oriented components selected for evaluation. Where projects address common problem areas, common criteria will be identified. The extent to which criteria can be matched will depend upon (1) commonality of objectives, and (2) availability of project data.

Evaluation criteria selected for both the coordination function and the action-oriented components will be stated in terms of effectiveness and efficiency measures. Effectiveness measures address achievement of goals or objectives, stated as changes in results, outcomes, and/or impact. Efficiency measures address the way in which resources are allocated or services are provided in order to accomplish objectives.

Data Collection Approach

A preliminary assessment has been made of availability of data from a number of sources, including previous evaluations, project records, Coordinator files, and published statistical summaries. The data collection approach will identify specific data which are needed for the study and the sources from which they may be collected.

Instrument Design

Once criteria, data elements and data sources have been identified, instrument design will be a simple process. Data collection instruments will be developed or modified. Instruments used by other evaluation teams will be examined to identify the most expedient way of collecting the needed data.

Client-specific and project-specific forms developed by JRB to facilitate drug program coordination in other communities will be made available to Coordinators and components interested in establishing an on-going information system.

Analysis Plan

The analysis plan will define the methods JRB will use to process the information obtained through the data collection instruments.

Scheduling

The Proposed Work Plan and Scheduling is given in Section VII.

5.2 PRETESTING AND REPORT PREPARATION (PHASE II)

Instruments developed for use in this study will be tested in Alameda County during a two-week period in February 1974. This may reduce the time needed in that county in the data collection phase. Alameda County has been selected for the pretest because it offers the widest range of drug abuse activities of the three counties.

After the results of the field tests have been analyzed and appropriate revisions made, JRB will submit the 90-Day Report to the CCCJ Project Manager.

5.3 DATA COLLECTION (PHASE III)

Data Collection will be conducted over a 7-week period. Approximately four-man weeks are allotted for each county.

5.4 DATA ANALYSIS (PHASE IV)

Data analysis will begin toward the middle of the Data Collection Phase.

Efforts will be made to translate findings into the most useful, meaningful form for CCCJ and the three county projects.

SECTION VI
EXTENT TO WHICH CONTRACT OBJECTIVES CAN BE MET

SECTION VI
EXTENT TO WHICH CONTRACT OBJECTIVES CAN BE MET

This section summarizes the material presented in the previous sections and presents it in relation to each of the contract objectives.

6.1 PRIMARY CONTRACT OBJECTIVES

- To evaluate the project coordination function as it relates to accomplishing project objectives and to improving utilization of resources;

Evaluation of the project coordination function will be conducted in terms of (1) overall county program objectives and (2) objectives for specific components selected for inclusion in this analysis. The depth of the analysis will depend to some extent on the accessibility and uniformity of data previously collected.

- To evaluate the results of the project coordinating function in improving services delivered to clients;

The impact of coordination on service delivery will be examined through quantitative and qualitative data collected over the life of the project. The constraint of inadequate baseline data will impact on the accuracy of this analysis.

- To evaluate the results of the action-oriented components in reducing drug abuse and in diverting abusers from the criminal justice system;

Components selected for this study will be those which have a working relationship with the Coordinator, and not necessarily those which have the

greatest impact on the criminal justice system. Rarely, if ever, is baseline data available upon which to compute a "reduction in drug abuse" or a "diversion of abusers from the criminal justice system." These goals, while commendable, may be somewhat idealistic. JRB will try to recommend procedures that would assist in determining if there is a reduction in drug abuse as a result of individual efforts.

- To analyze the evaluation criteria designed for each project and for each component, and to recommend improvements.

Evaluation criteria for each county's drug abuse program will be analyzed, especially those relating to the Coordinator's role and those relating to components examined in depth. In the case of Santa Clara County, criteria have not been formulated for all components. In Alameda County, component staff are seldom aware of the evaluation criteria which have been developed for their projects, and consequently are not guided by them. For component projects studied which have no criteria developed, practical evaluation criteria will be proposed by JRB.

6.2 SECONDARY CONTRACT OBJECTIVE

- 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 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 secondary contract objective will be addressed after the primary contract objectives have been achieved. If the primary contract objectives are successfully completed, it should make the compilation of an accurate, comprehensive description of a county drug coordination program a much easier effort.

SECTION VII
PRELIMINARY FINDINGS CONCERNING ALTERNATIVE EVALUATION METHODOLOGY

SECTION VII

PRELIMINARY FINDINGS CONCERNING ALTERNATIVE EVALUATION METHODOLOGY

The selection of a methodology for evaluating the Narcotics Coordination Cluster was based upon JRB's experience in evaluating similar programs. Many alternative methodologies for evaluation exist. Maltz* describes an internal and external evaluation scheme -- internal relating to projects, or how and why results were achieved; external relating to programs, or how well a program achieved its goals. An Urban Institute report** distinguishes four major types of evaluation -- program impact evaluation, program strategy evaluation, project evaluation, and project rating. In addition to the four types of evaluation defined by the report, two alternatives to evaluation of on-going programs are discussed -- field experiments and experimental demonstrations.

The evaluation methodology proposed by JRB for the Narcotics Coordination Cluster is a combination of most of the above methods. It was designed to allow quantitative and qualitative assessment of projects and program areas using both effort-related and performance-related measures. Methodological options do exist within this structure in that quantitative analysis can be emphasized more heavily than qualitative assessment, or performance more heavily than effort. The extent to which particular emphases are applied depends upon the evaluation criteria selected.

*Evaluation of Crime Control Programs, Michael D. Maltz, April 1972, U.S. Department of Justice.

**Federal Evaluation Policy; Analyzing the Effects of Public Programs, The Urban Institute, Library of Congress Catalog No. 78-139578.

JRB will select evaluation criteria which are appropriate to the goals and objectives of the projects evaluated, subject to availability of data, as noted in Section 5.1.

The coordination function appears to be more amenable to a qualitative assessment of performance, since many of the stated objectives for Coordinators are not quantifiable.

It is too early to determine the level of evaluation appropriate to each of the action-oriented components to be included in this evaluation. Those selected will be evaluated by methodologies appropriate to their objectives and data availability.

A noted expert in criminal justice social programs has suggested that evaluation methodology should be solely determined by user requirements.* That is, techniques employed in the evaluation are simply tools to serve the needs of the user. As discussed in Section 3.2.1, JRB interviews with action-oriented component directors indicated that prior evaluation efforts have not always been of benefit to these users. Therefore, JRB will make a particular effort to identify evaluation methodologies that are responsive to the information requirements of the individual components.

It is unrealistic to expect that all action-oriented components originally were designed to include a well-structured evaluation component. However, JRB will aid in developing evaluation components to serve future needs.

*Robert F. Emrich, Proposed Evaluation Guidelines and Standards, Preliminary Draft, California Council on Criminal Justice, September 1973.

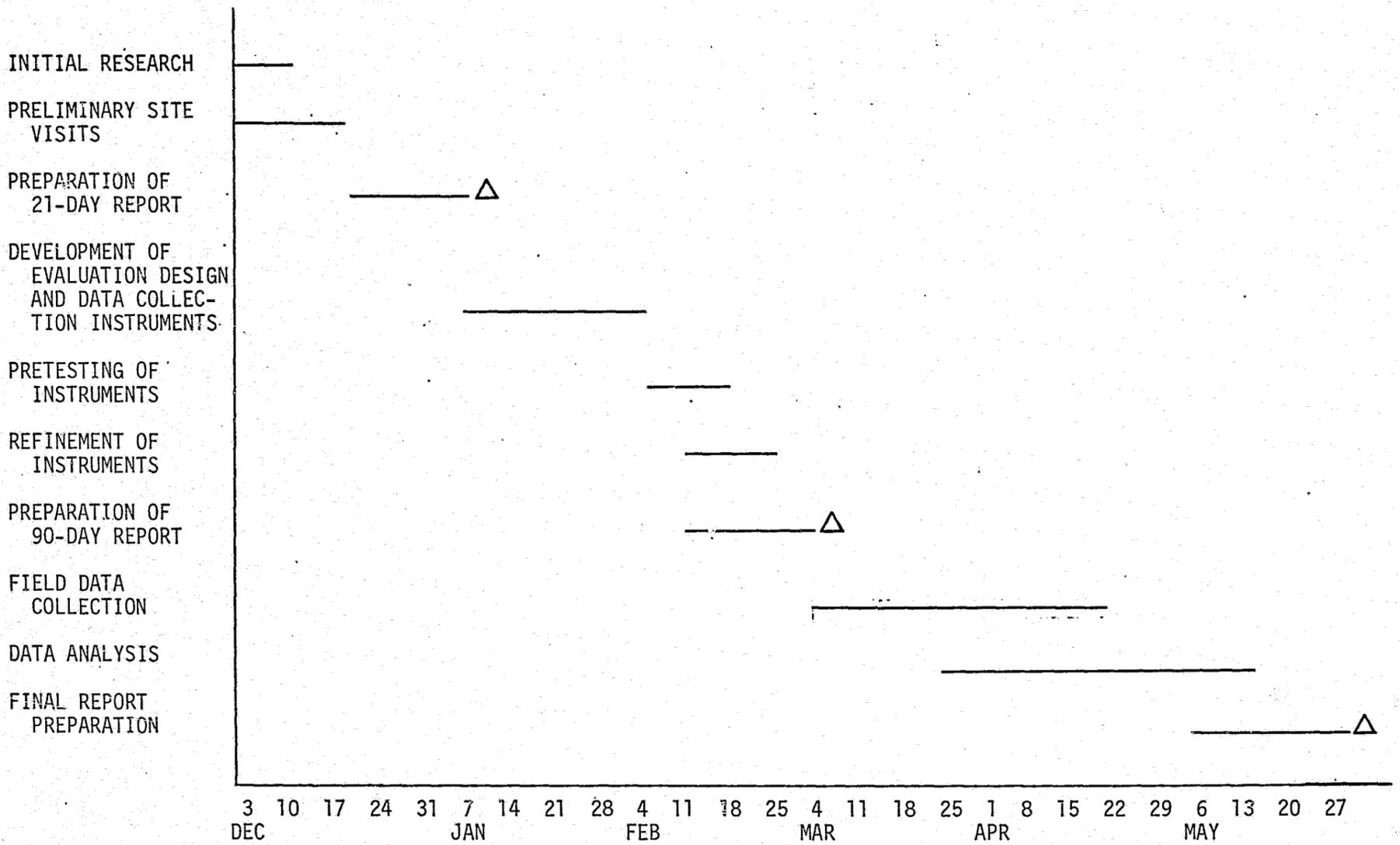
Directors and staff of action-oriented components will be asked to define real-world priorities for their particular area of drug-abuse. Where the existing goals and objectives for a component do not accurately reflect its priorities, JRB will assist component staff in re-defining goals and objectives. If the existing component data base is inadequate to measure achievement of goals and objectives, JRB will make recommendations for data base improvements.

SECTION VIII
SCHEDULE AND STAFFING

SECTION VIII
SCHEDULE AND STAFFING

The schedule proposed by JRB for accomplishing the tasks described in Section V appears in Figure 8-1. The following individuals are participating in the evaluation effort:

- Ronald E. DiZinno, Vice President of JRB and Manager of the Management Sciences Division, who will provide liaison between CCCJ, the JRB evaluation team, and other Division personnel whose expertise may be applicable to project requirements, and who will participate in methodology development and data analysis;
- Dr. John D. Caldwell, JRB senior scientist, who will assist the evaluation team in methodology development, data analysis, and documentation;
- Susan J. Pogash, staff social scientist, who will be responsible for most of the field pretesting and data collection, and who will participate in the data analysis;
- Meredith R. Standish, staff economist, who will participate in all project phases and who will share responsibility for final report preparation; and
- Dr. Stephen M. Pittel, consultant, who will assist the JRB staff during the phases of methodology development and data analysis.



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FIGURE 8-1

△ Indicates Document Delivery

PROPOSED WORK SCHEDULE

APPENDICES

APPENDIX A
SELECTED RESEARCH BIBLIOGRAPHY

ALAMEDA COUNTY

Heaton, Marcea, Study of a Methadone Maintenance Clinic, Master's Thesis, 1972.

Statistical Report: Alameda County Drug Program, prepared by Program Planning Division, May 1973.

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

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Impact Evaluation Model, Contra Costa County, 1973.

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Summary of Evaluation: Drug Abuse Prevention Education Workshop, May 1972.

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SANTA CLARA COUNTY

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

An Ordinance to Amend Section 3.2.23-2 of the Santa Clara County Ordinance Code, Relating to the Drug Abuse Coordination Commission, Santa Clara County Board of Supervisors, 1972.

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

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California Legislature, Senate, Narcotics and Drug Abuse Act, S.B. 714, State of California (1972), ANNOT: Adds code sections to the California Education, Health and Safety, and Welfare and Institutions Codes; see especially Part 3 of S.B. 714.

1972 Comprehensive Plan for Criminal Justice, California Council on Criminal Justice.

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CONTINUED

1 OF 2

APPENDIX B

PRELIMINARY VISITS QUESTIONNAIRE --
COUNTY DRUG COORDINATORS

1. How has the coordination function evolved over the life of the project (especially with regard to the political situation and funding sources)?
2. Describe the County organizational structure in which your project operates.
3. What is your relationship to the Technical Advisory Committee, and any other coordinating, policy-making or advisory bodies?
4. How do you divide your time administratively, operationally?
With which action-oriented components do you spend most of your time?
What kind of assistance do you provide?
5. Do the objectives shown in the charts* adequately reflect your project?
6. What would you hope to get out of this evaluation?
7. Have any evaluations been conducted in the past? What, if anything, did you learn from them? What changes resulted from the evaluation?
8. Which components do you recommend for inclusion in the evaluation (in terms of their representativeness, and your interaction with them)? Why?
9. Which components report to you on a regular basis? Describe the content of these reports.

*The referenced charts reflect JRB's understanding of County project goals and objectives. They are shown in Appendix C.

APPENDIX B (Continued)

PRELIMINARY VISIT QUESTIONNAIRE --
COMPONENT DIRECTORS

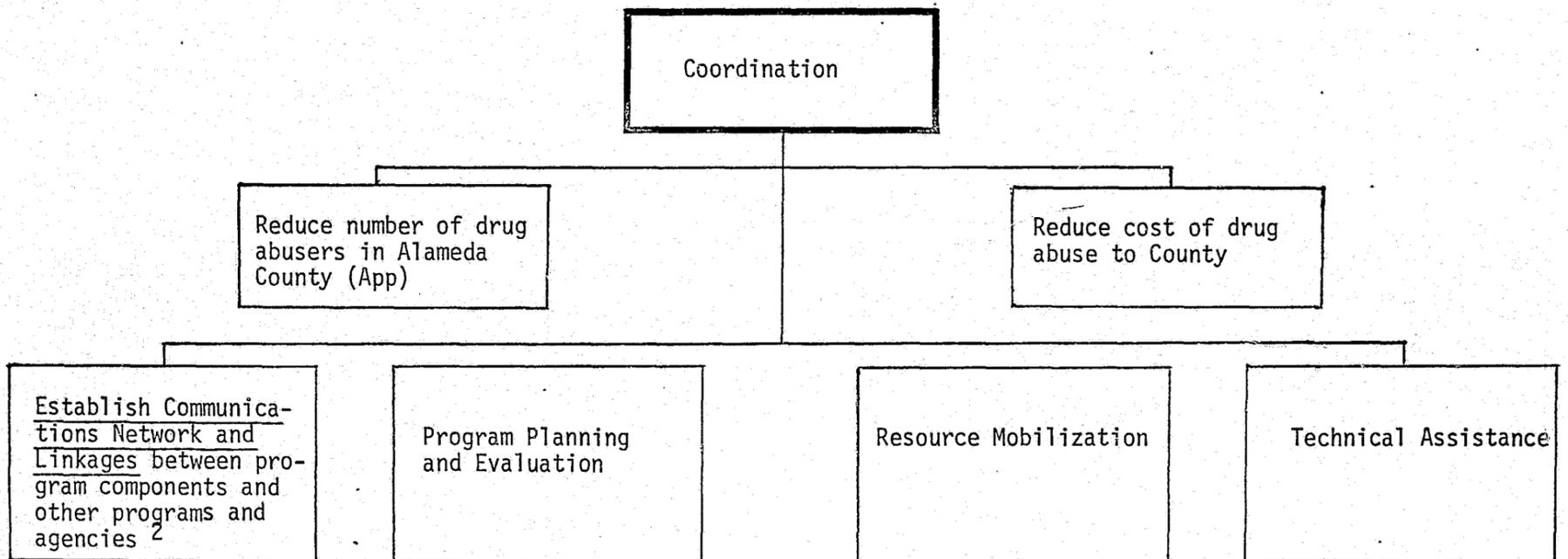
1. Describe your project -- how it began and how it has changed.
2. How is your project funded? (TASC, Revenue Sharing, Short-Doyle/714, City, etc.)
3. Whom do you regard as Coordinator?
4. Describe your relationship to the Coordinator (past, present)? What kinds of things do you consult him about, and how often?
5. What purpose should the Coordinator be serving? What purpose is he serving? What has he done since he arrived on the scene, in terms of coordination of drug projects?
6. Does the Coordinator have power and authority? How does he get things done?
7. To whom is the Coordinator responsible? (Technical Advisory Committee? Another County agency? etc.)
8. What is the nature of your project's relationship to the Technical Advisory Committee (and to other coordinating, advisory, or policy-making groups)?
9. What kinds of reports do you submit to the Coordinator? With what regularity? To what other persons/groups do you submit reports? Describe their content.
10. Describe the intake process work for your project?
11. To what other projects does your project refer persons? From what sources are persons referred to your project?
12. To what extent do the objectives shown in the Charts* relate to your project?
13. Has your project ever been evaluated before? Describe the process and outcome of the evaluation.
14. What types of project data are available for purposes of evaluation?

*Appendix C.

APPENDIX C

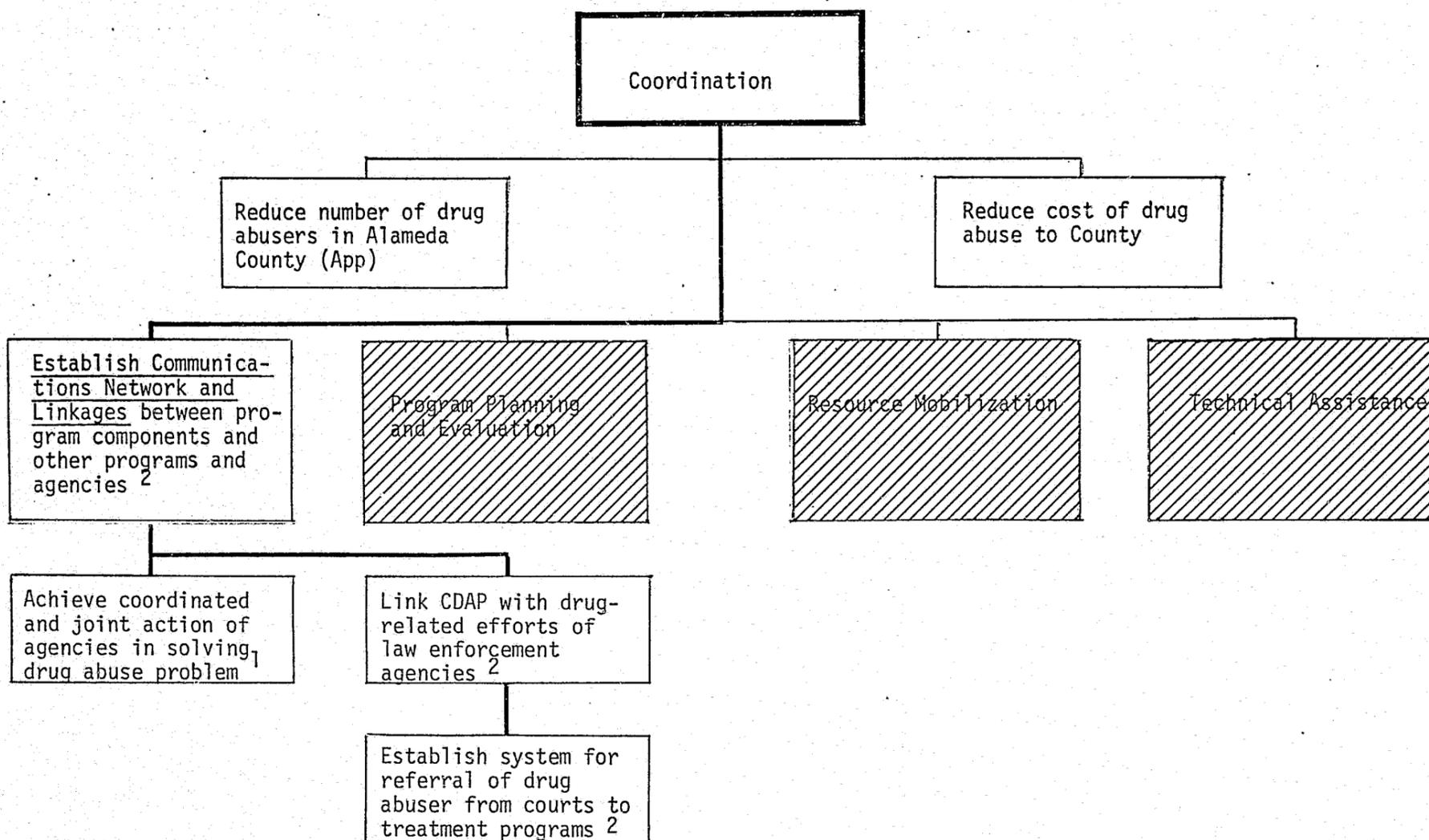
CHARTS

ALAMEDA COUNTY COORDINATION COMPONENT



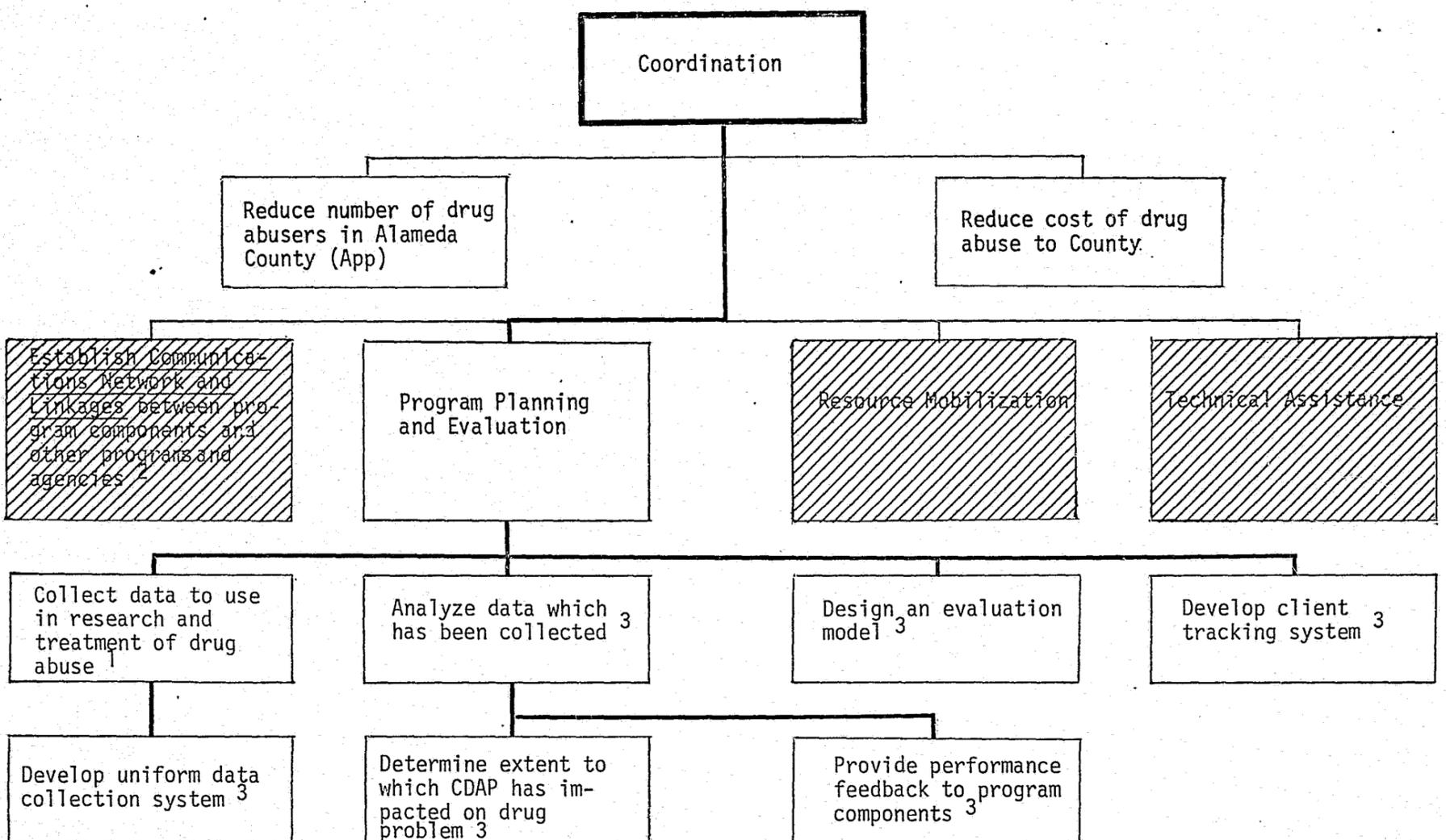
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ALAMEDA COUNTY COORDINATION COMPONENT (Continued)



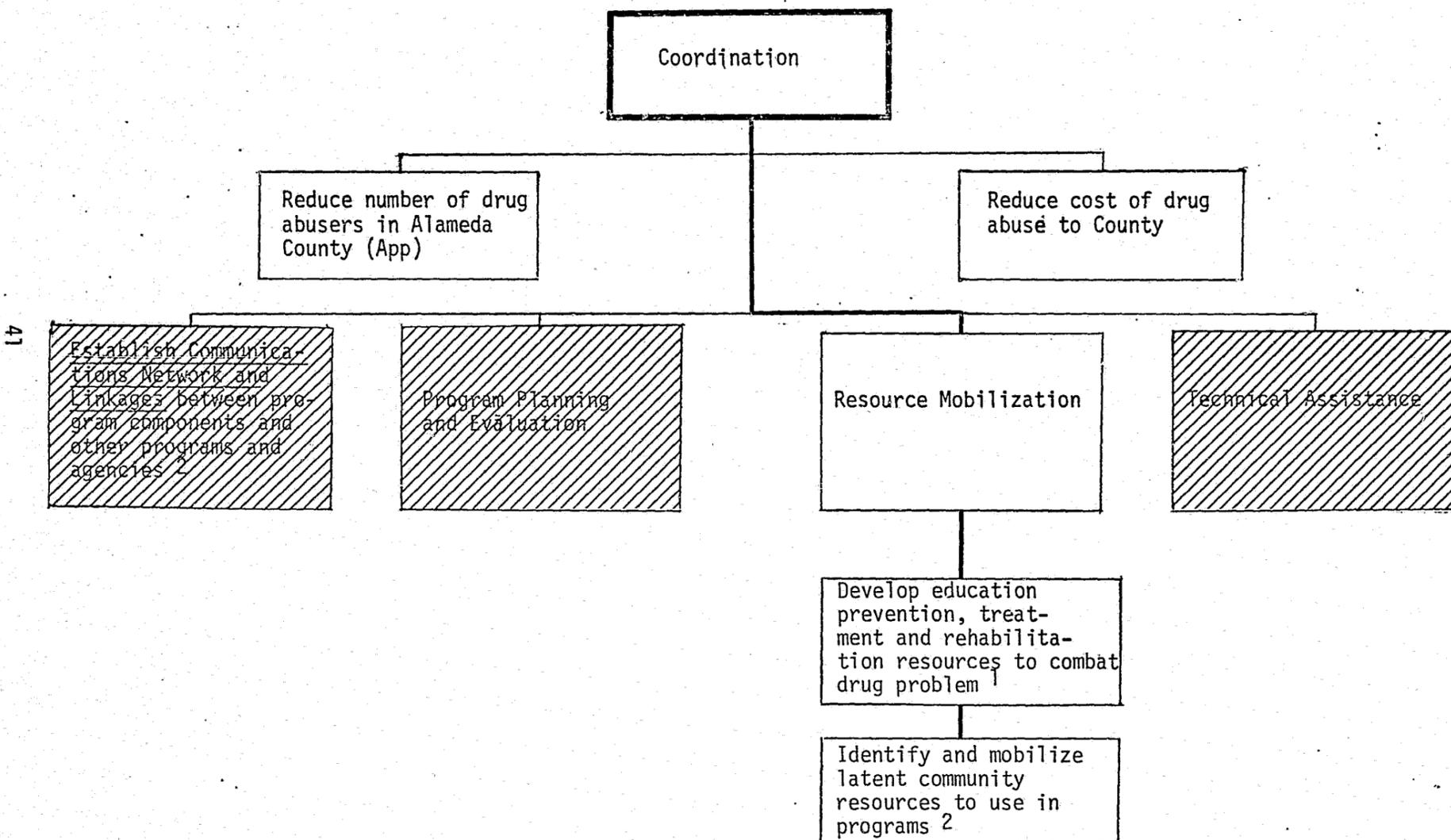
APPENDIX C (Continued)

ALAMEDA COUNTY COORDINATION COMPONENT (Continued)



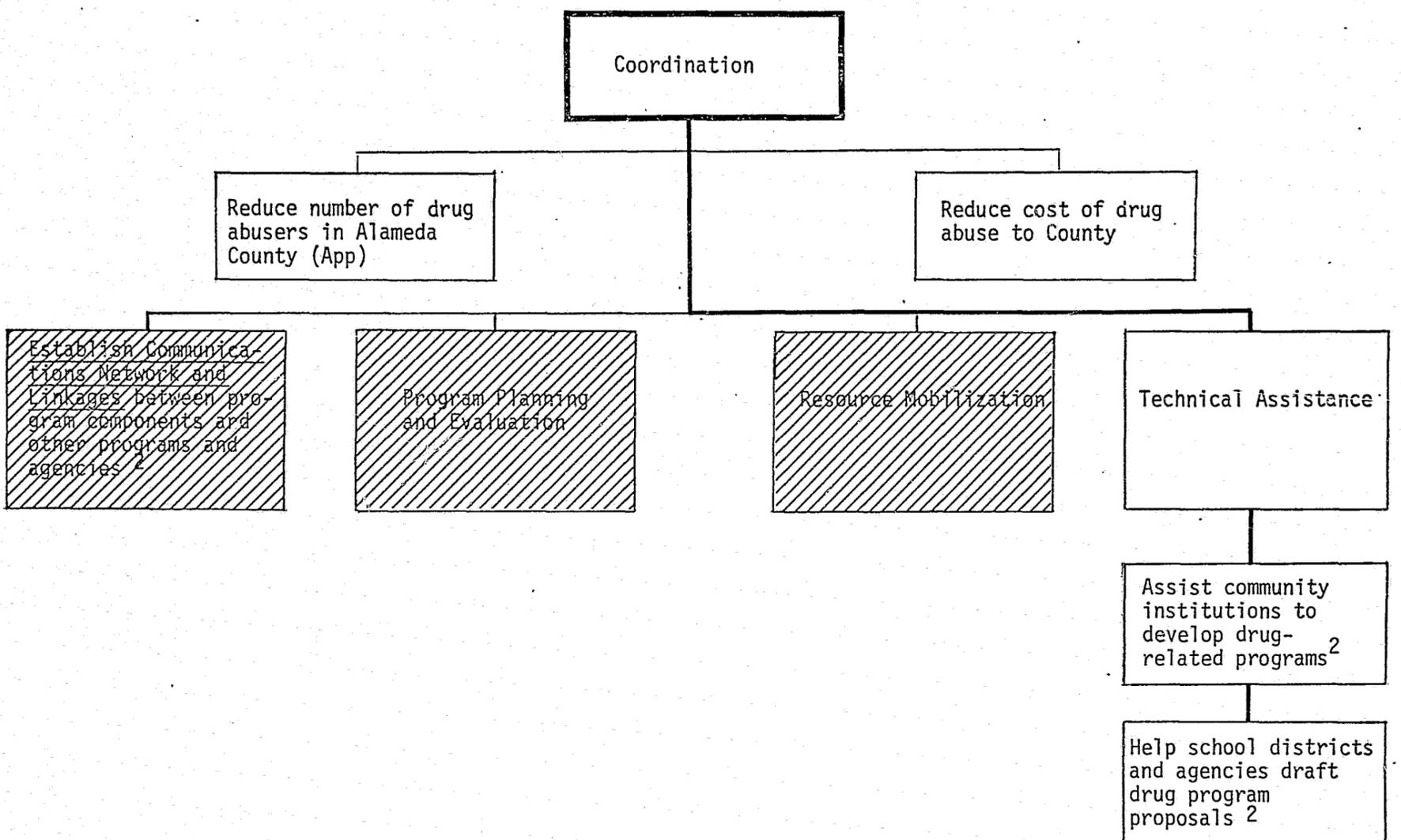
APPENDIX C (Continued)

ALAMEDA COUNTY COORDINATION COMPONENT (Continued)



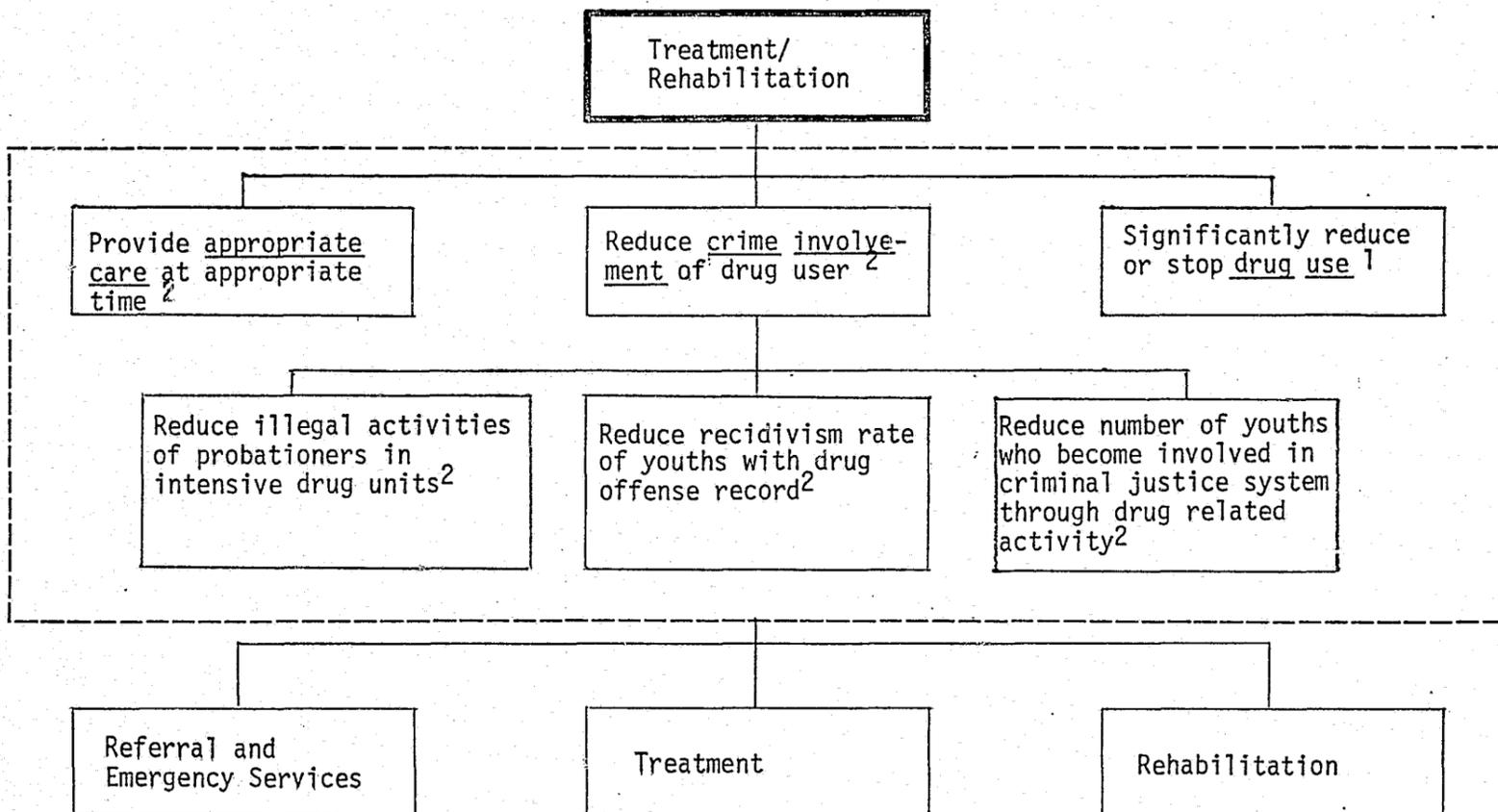
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ALAMEDA COUNTY COORDINATION COMPONENT (Continued)



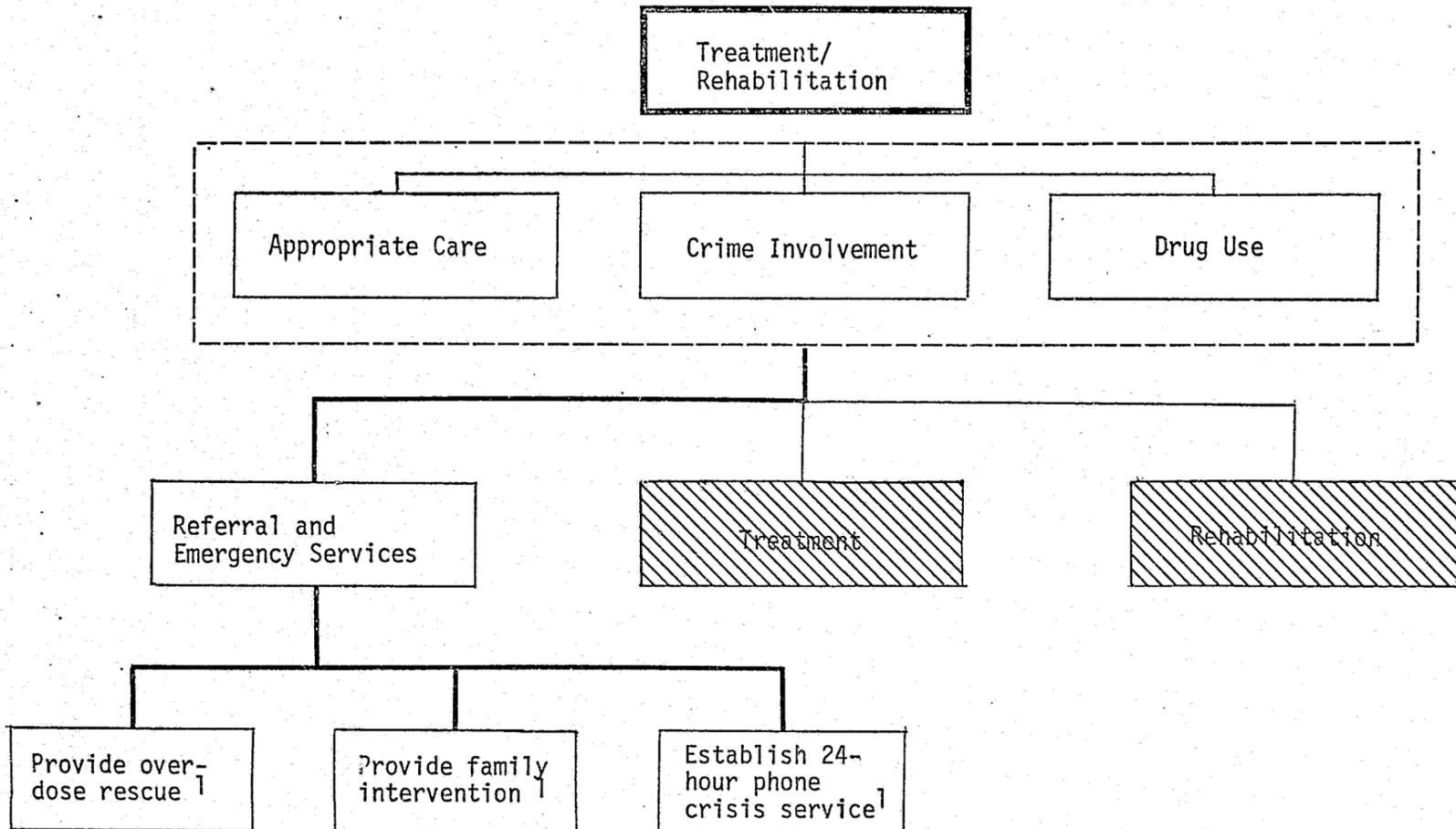
APPENDIX C (Continued)

ALAMEDA COUNTY TREATMENT/REHABILITATION COMPONENT



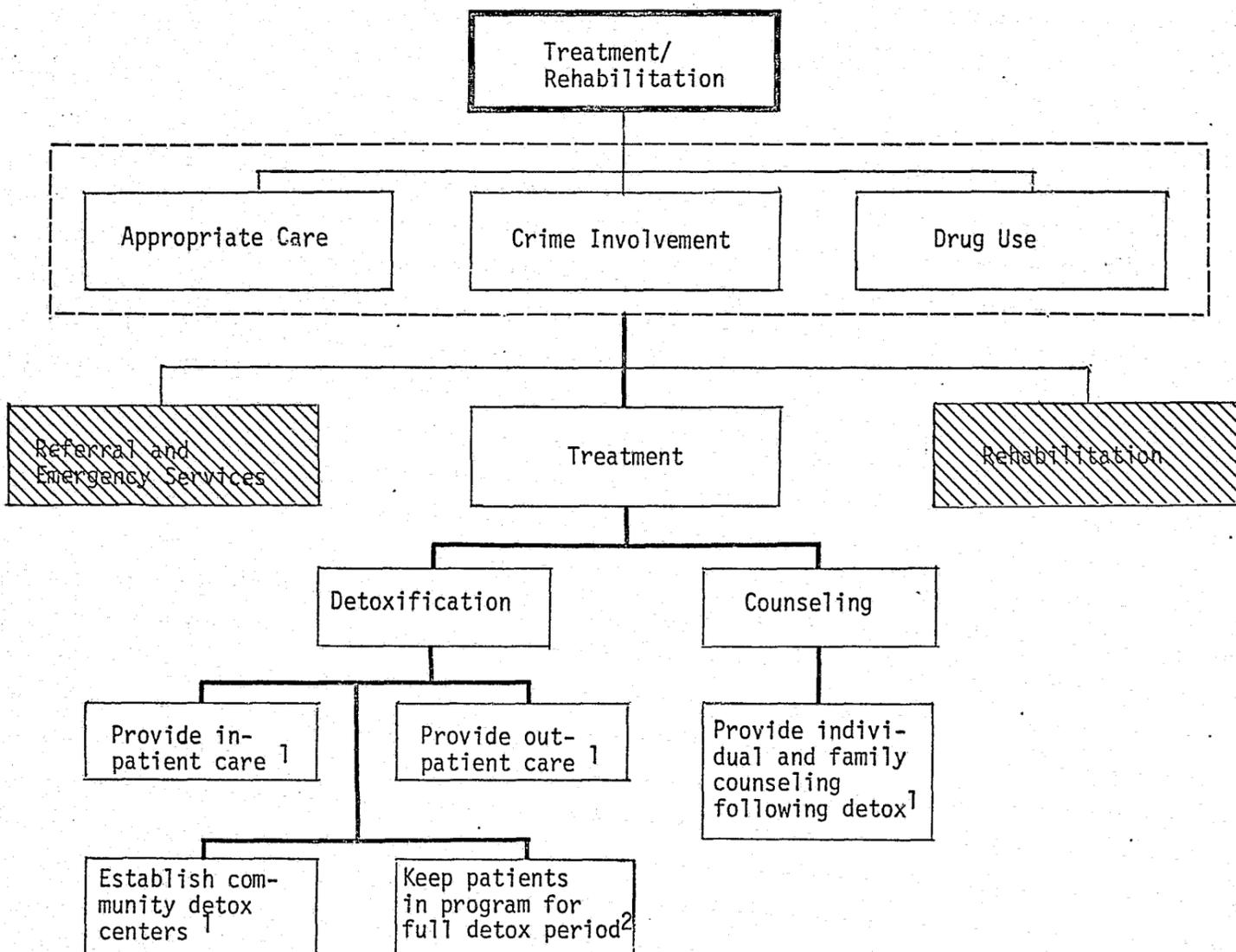
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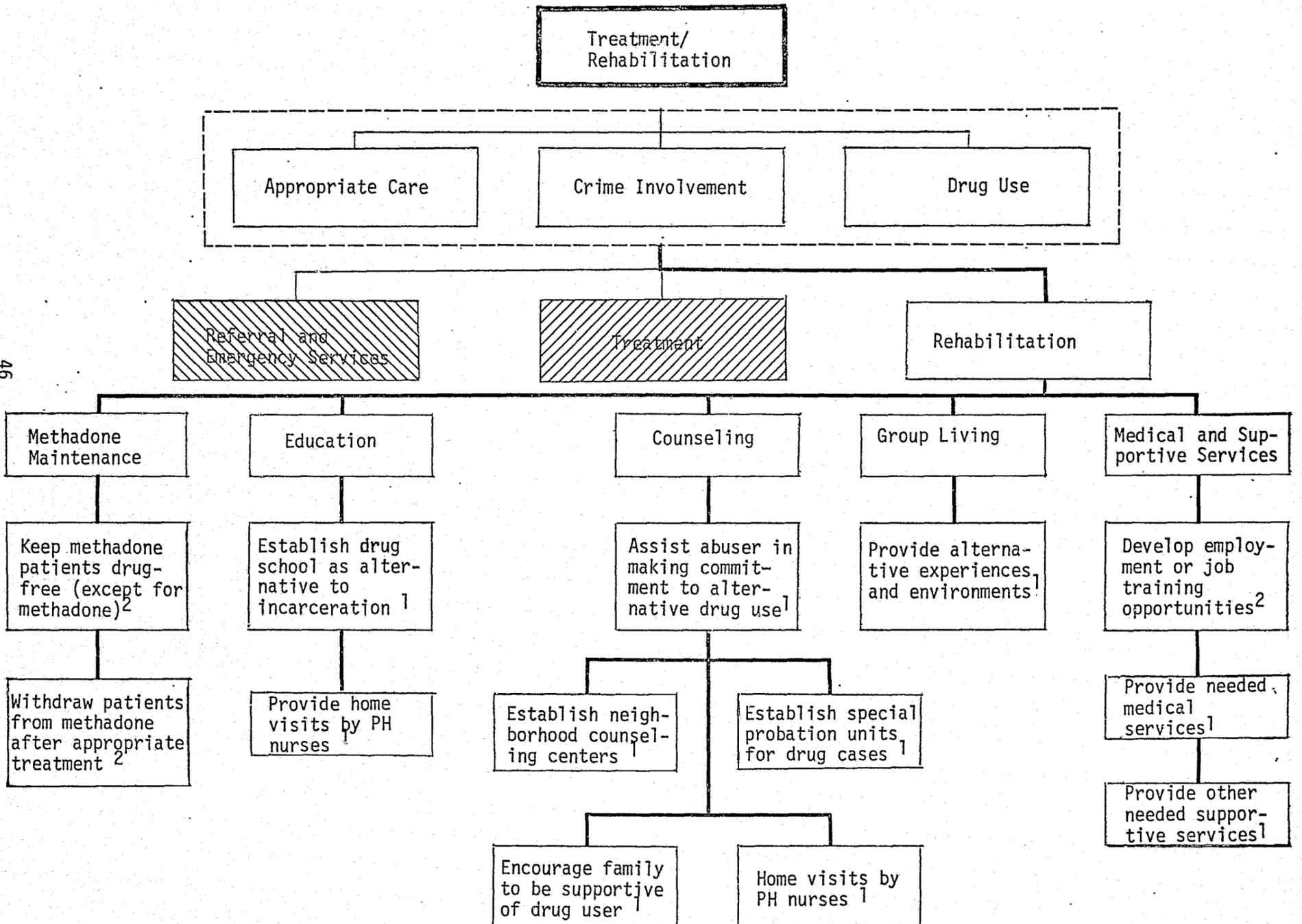
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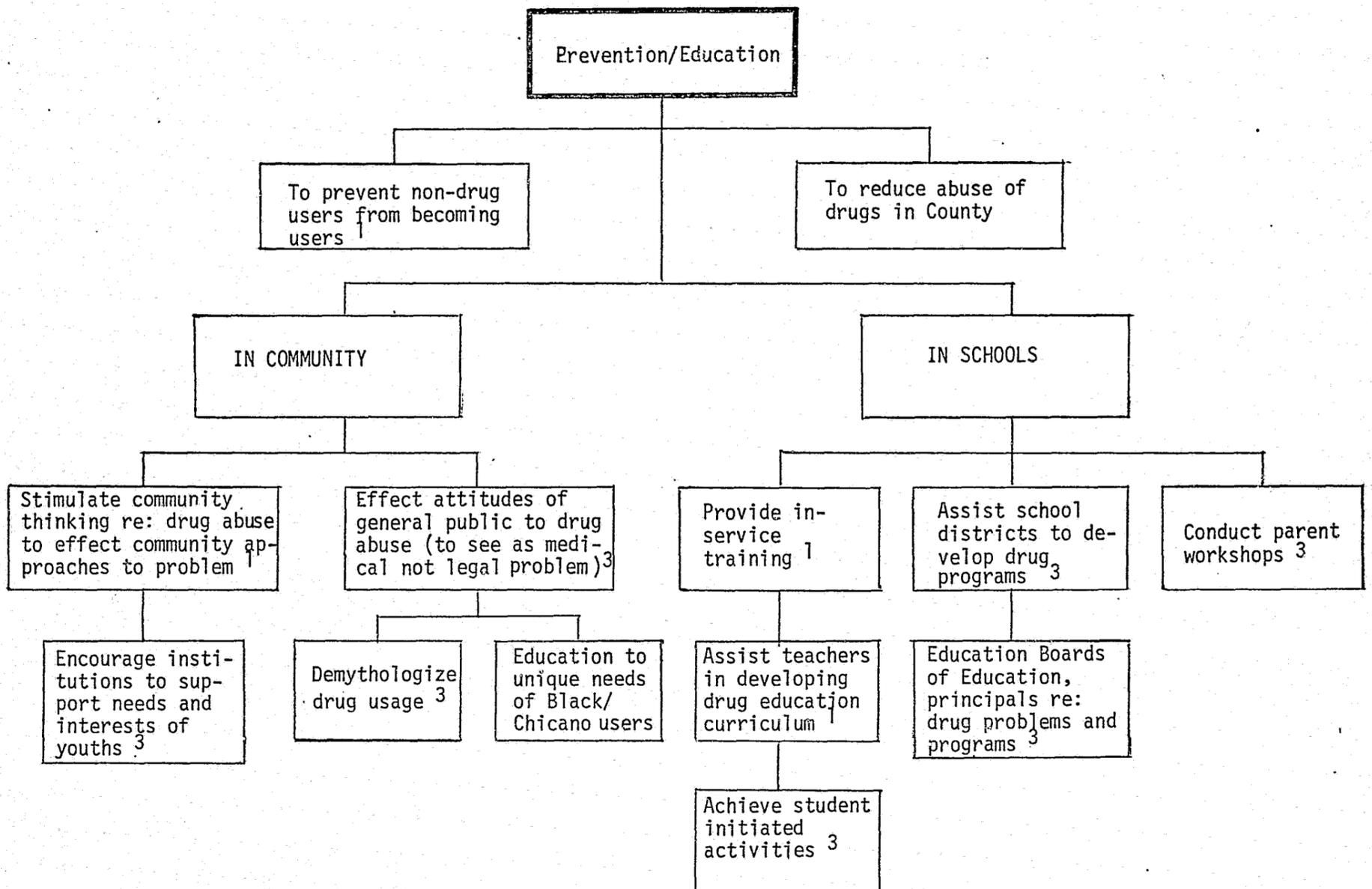


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ALAMEDA COUNTY TREATMENT/REHABILITATION COMPONENT (Continued)

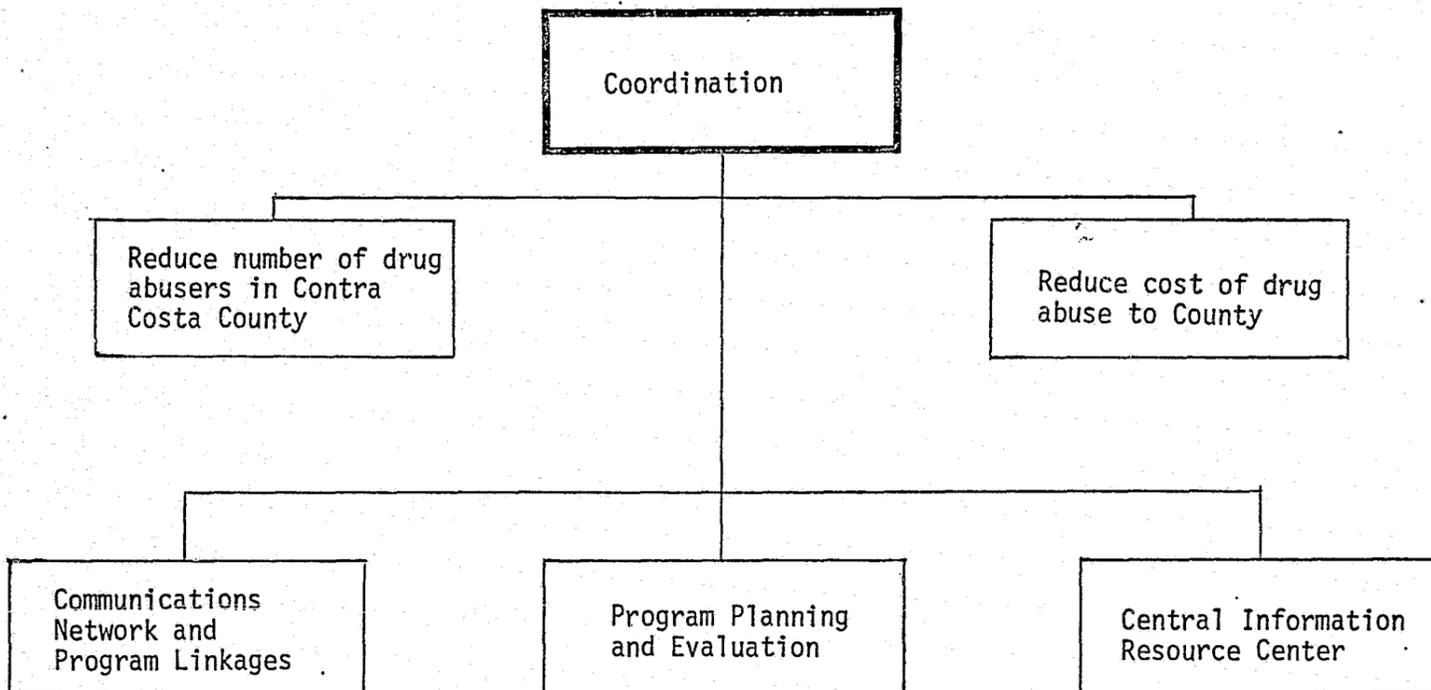






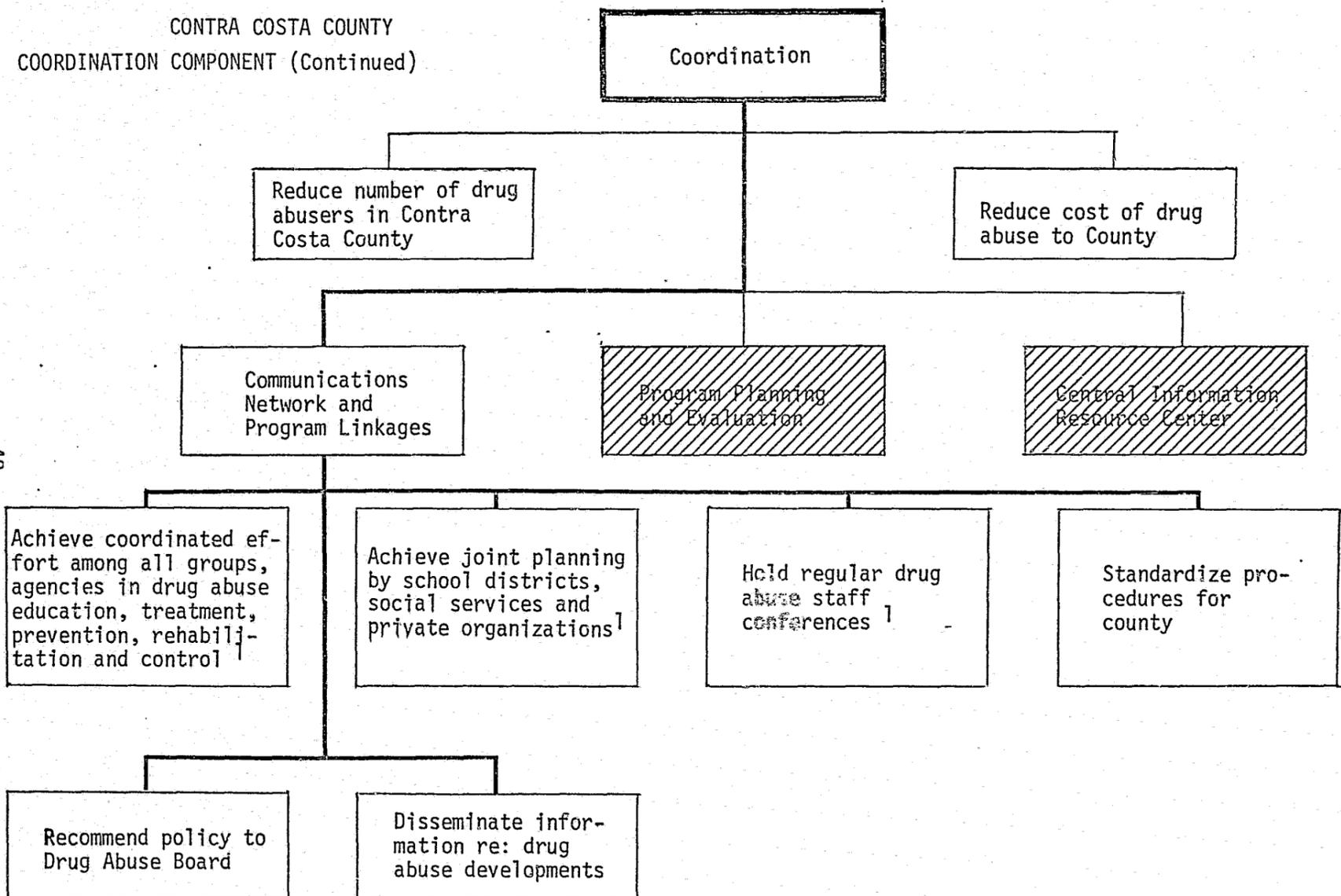
APPENDIX C (Continued)

CONTRA COSTA COUNTY COORDINATION COMPONENT



APPENDIX C (Continued)

CONTRA COSTA COUNTY
COORDINATION COMPONENT (Continued)



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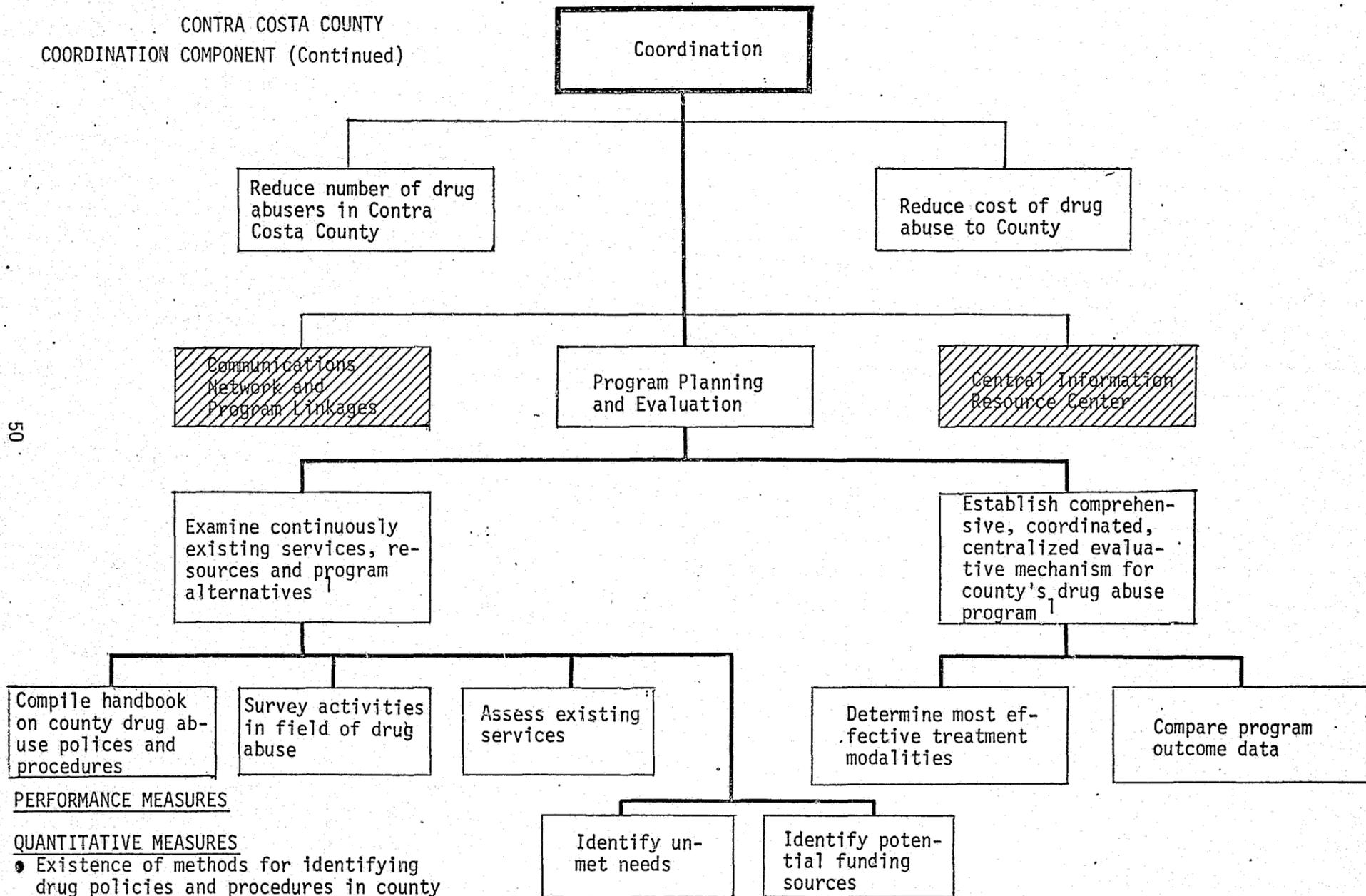
PERFORMANCE MEASURES

QUANTITATIVE MEASURES

- Number and proportion of agencies attending staff conferences
- Number of Director visits to drug county facilities
- Number of drug programs operating in county
- Percentage of relevant agencies contacted
- Policy recommendations forwarded to Drug Board

APPENDIX C (Continued)

CONTRA COSTA COUNTY
COORDINATION COMPONENT (Continued)



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PERFORMANCE MEASURES

QUANTITATIVE MEASURES

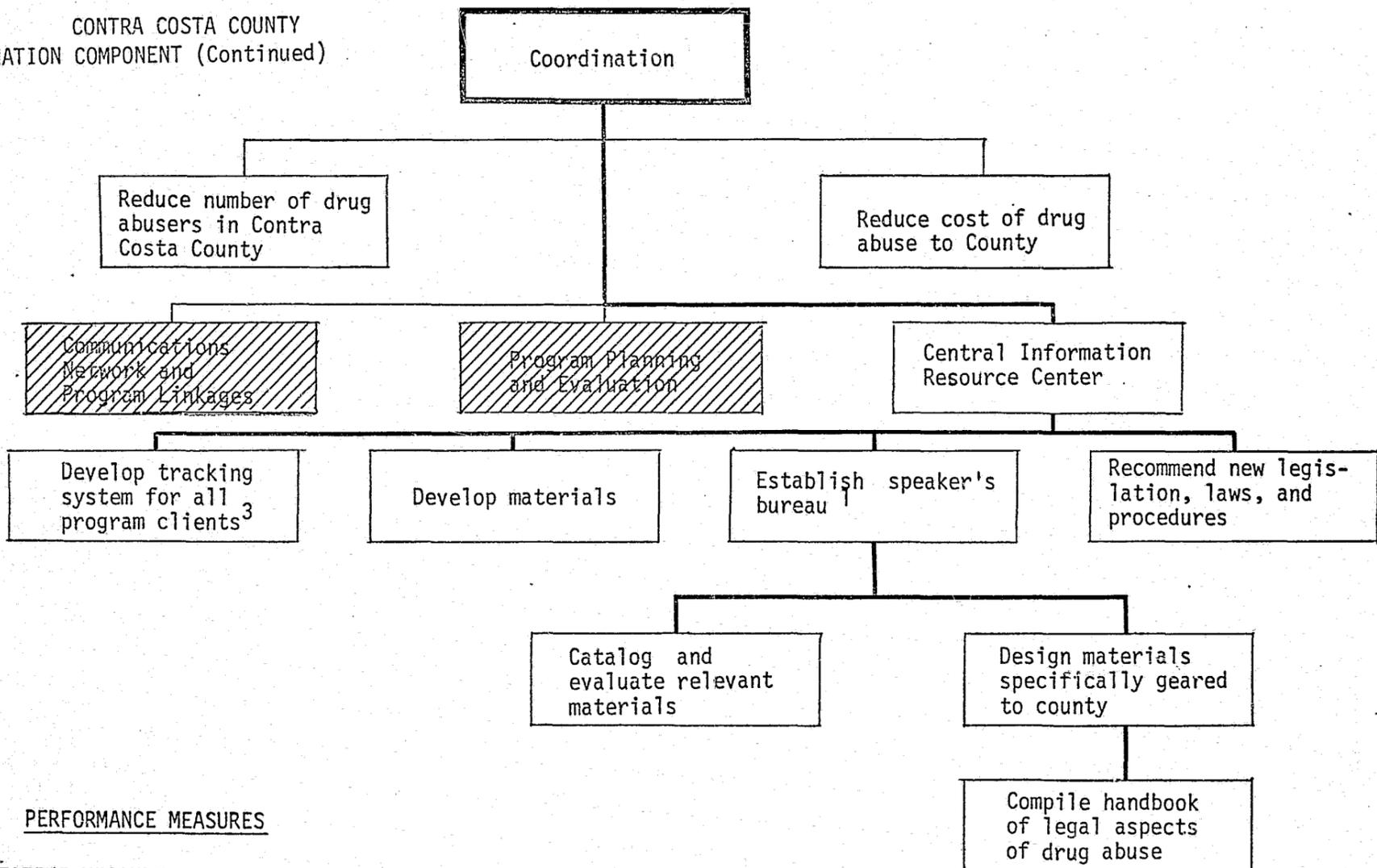
- Existence of methods for identifying drug policies and procedures in county
- Compilation and distribution of handbook on county procedures
- Number of professional bulletins received by Director
- Number of professional organizations

QUALITATIVE MEASURES

- Acceptance of methods for identifying county policies

APPENDIX C (Continued)

CONTRA COSTA COUNTY
COORDINATION COMPONENT (Continued)



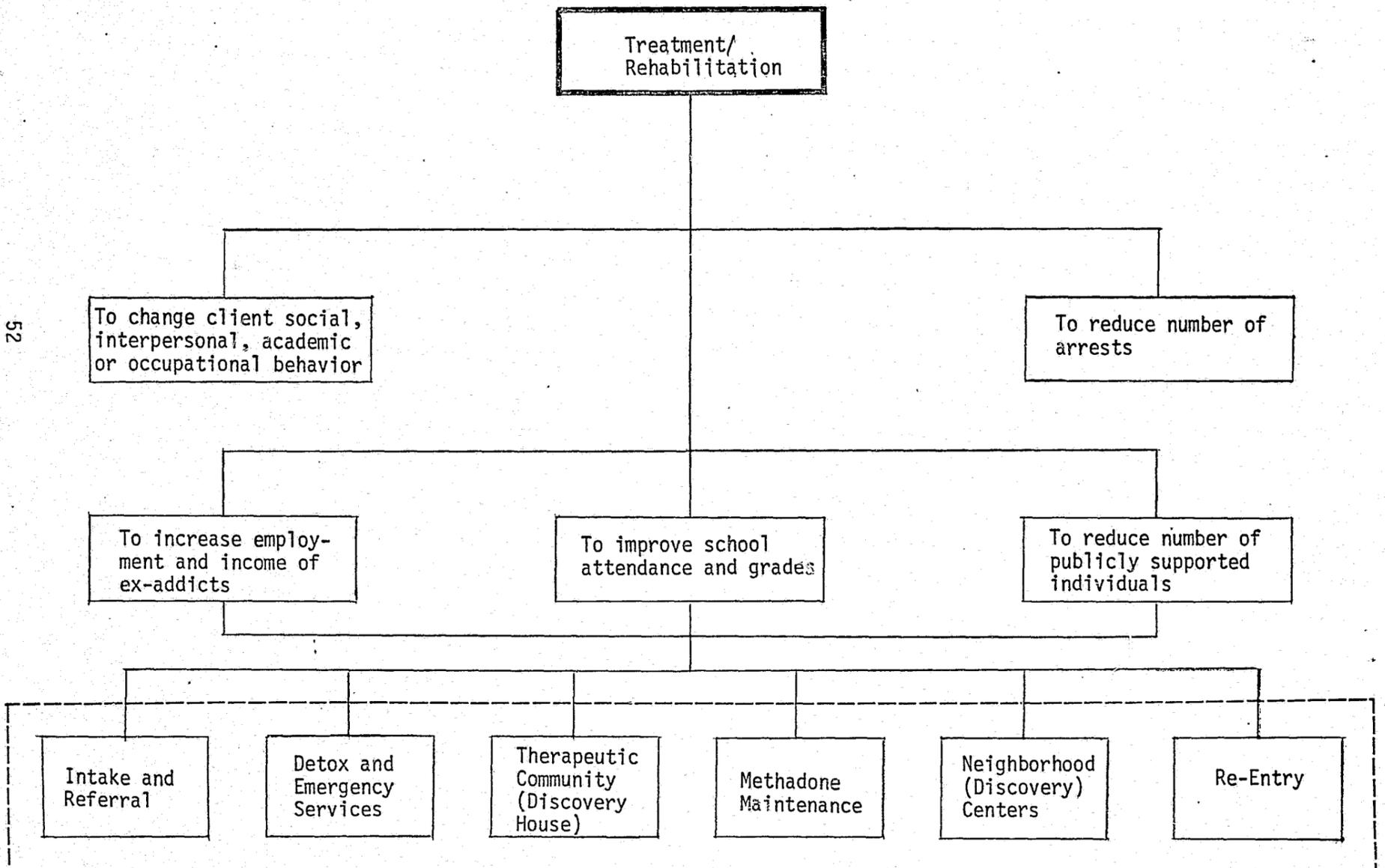
PERFORMANCE MEASURES

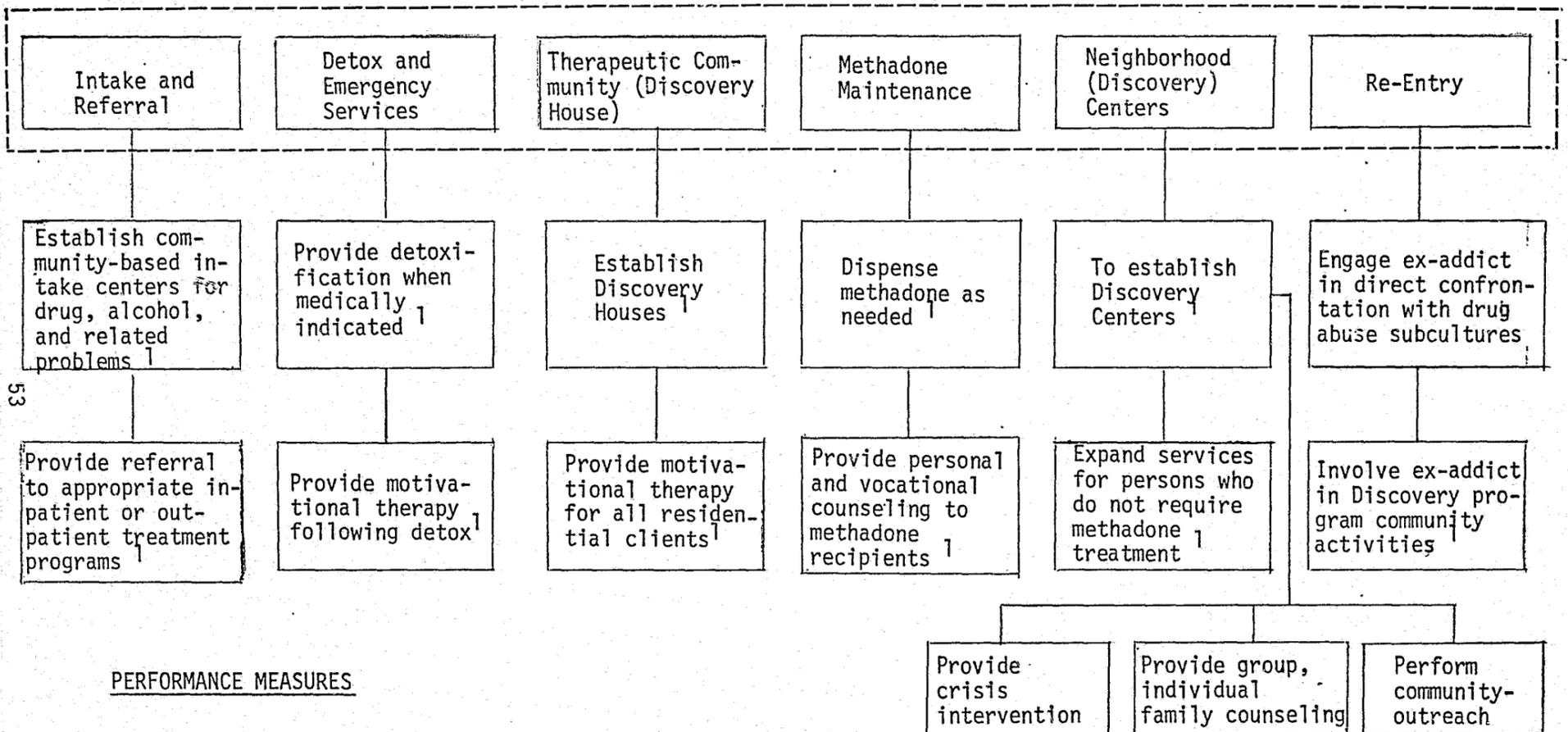
QUANTITATIVE MEASURES

- Number of persons recruited as speakers
- Number of speaking engagements

APPENDIX C (Continued)

CONTRA COSTA COUNTY TREATMENT/REHABILITATION COMPONENT





PERFORMANCE MEASURES

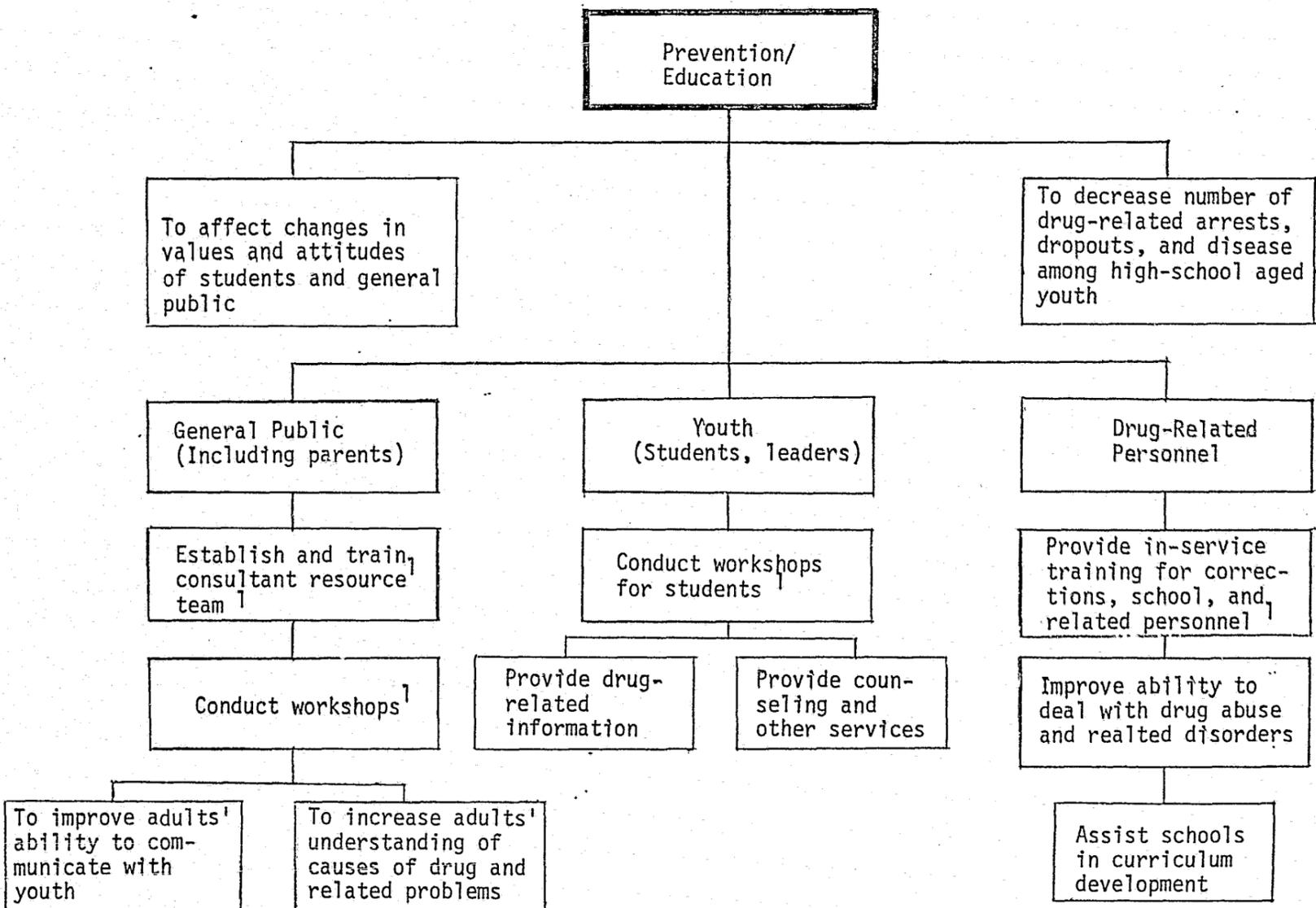
QUANTITATIVE MEASURES

- Number of drug arrests
- Rate of employment
- Amount of personal/family income
- School attendance rate
- School grades
- Number of persons moved from public to personal support

QUALITATIVE MEASURES

- Pre- and post-treatment community adjustment
- Changes in social, interpersonal, and occupational skills

CONTRA COSTA COUNTY PREVENTION/EDUCATION COMPONENT



PERFORMANCE MEASURES

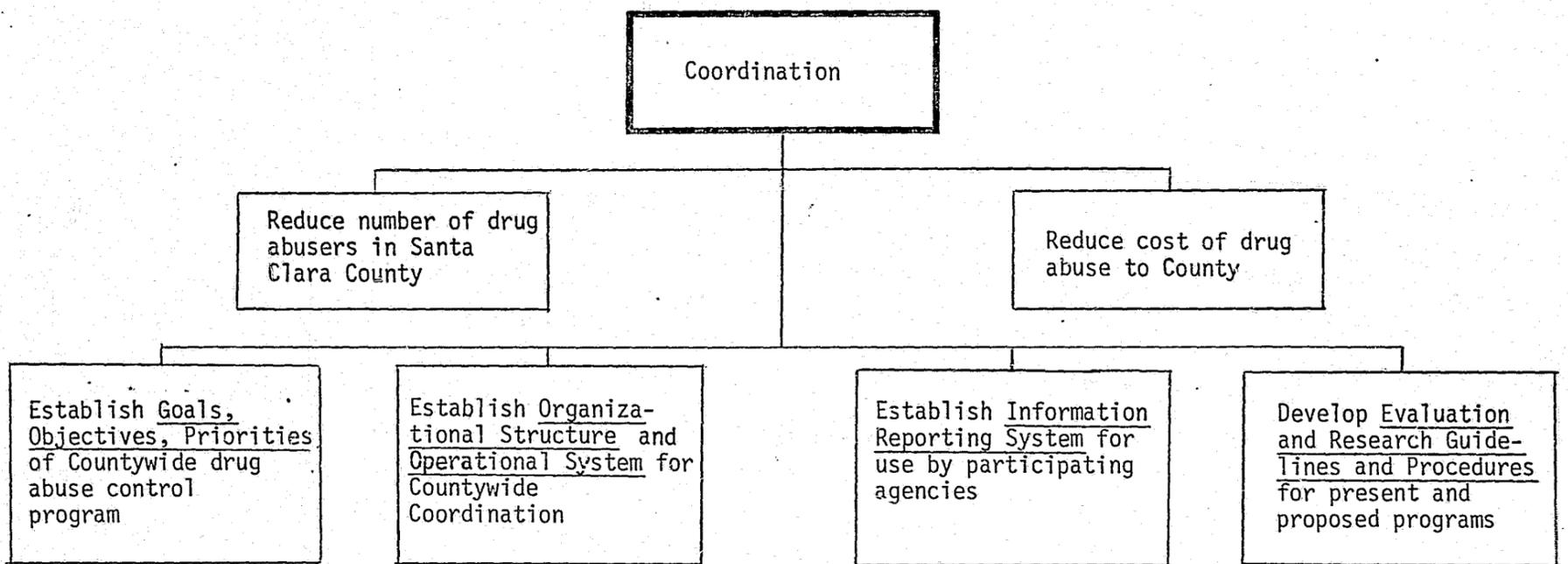
QUANTITATIVE MEASURES

- Number of drug-associated arrests
- Dropout rate in high school
- Number of completed needs assessments of local schools
- Number of schools participating in training workshops

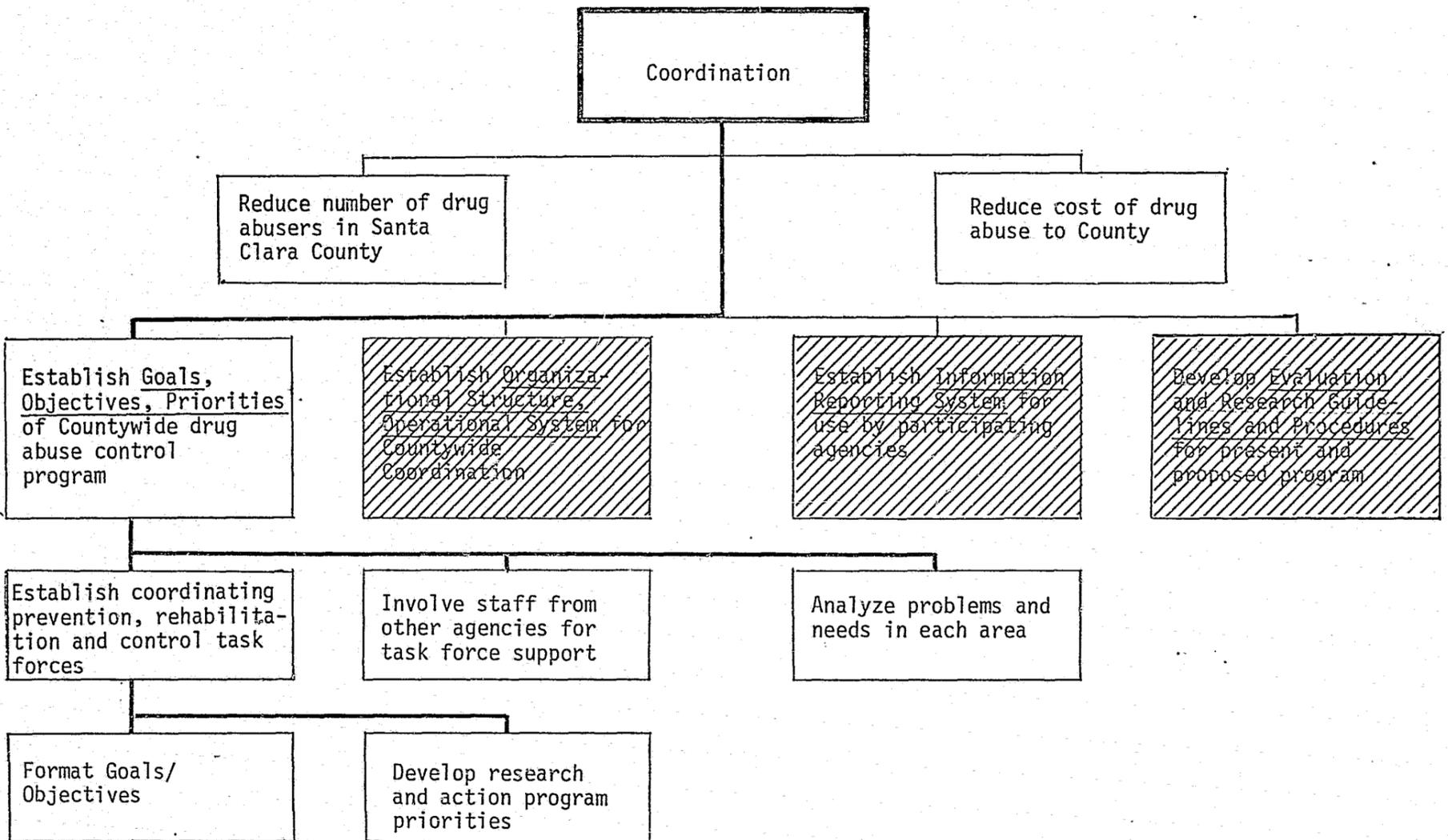
QUALITATIVE MEASURES

- Changes in values and attitudes re: drugs
- Cognitive and affective changes re: drug abuse

APPENDIX C (Continued)
SANTA CLARA COUNTY COORDINATION COMPONENT



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PERFORMANCE MEASURES

QUANTITATIVE

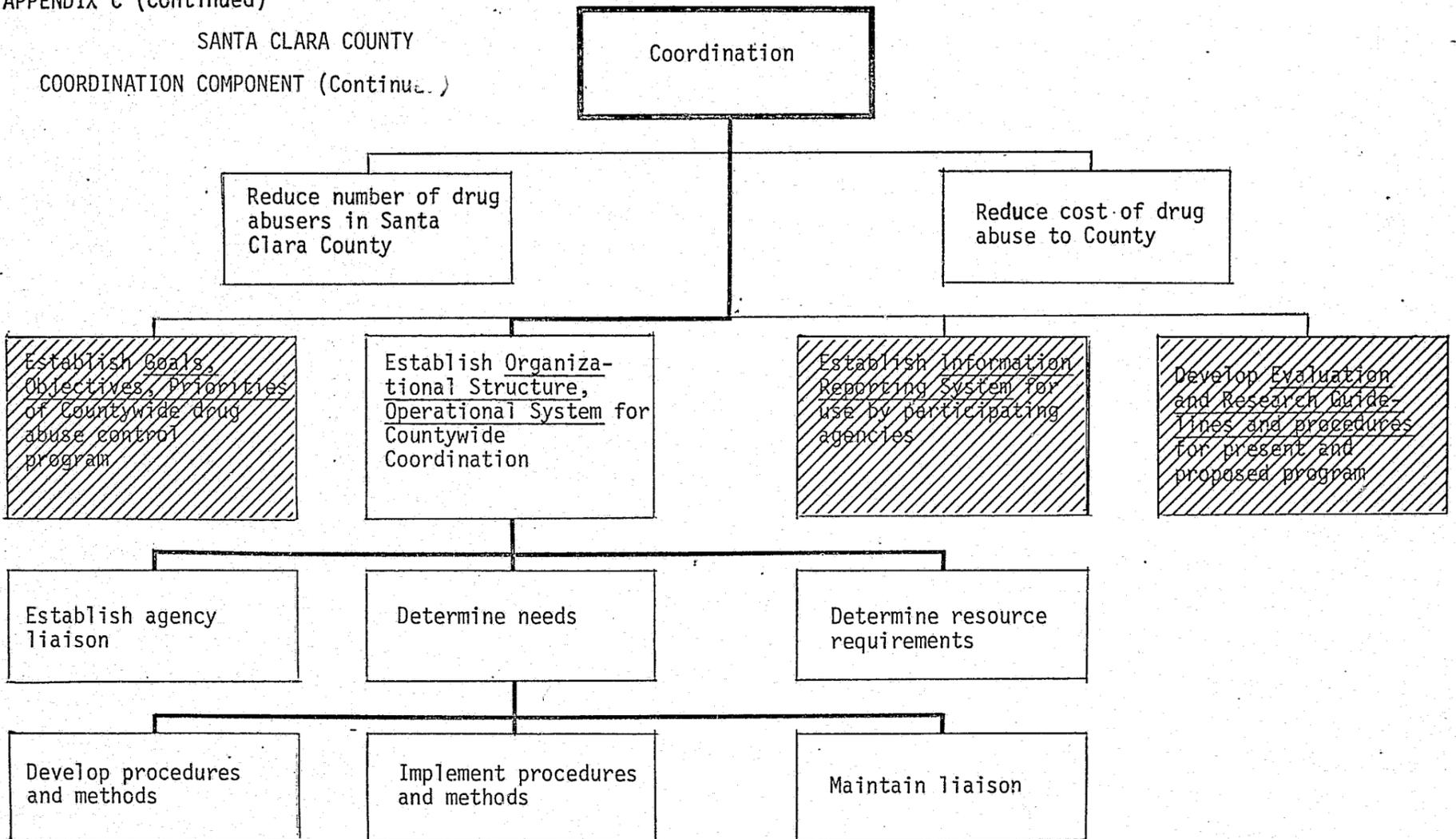
- Nature and number of task force meetings
- Individuals participating
- Agencies participating

QUALITATIVE

- Areas of agreement/disagreement
- Subjective assessment of final output

APPENDIX C (Continued)

SANTA CLARA COUNTY
COORDINATION COMPONENT (Continued)



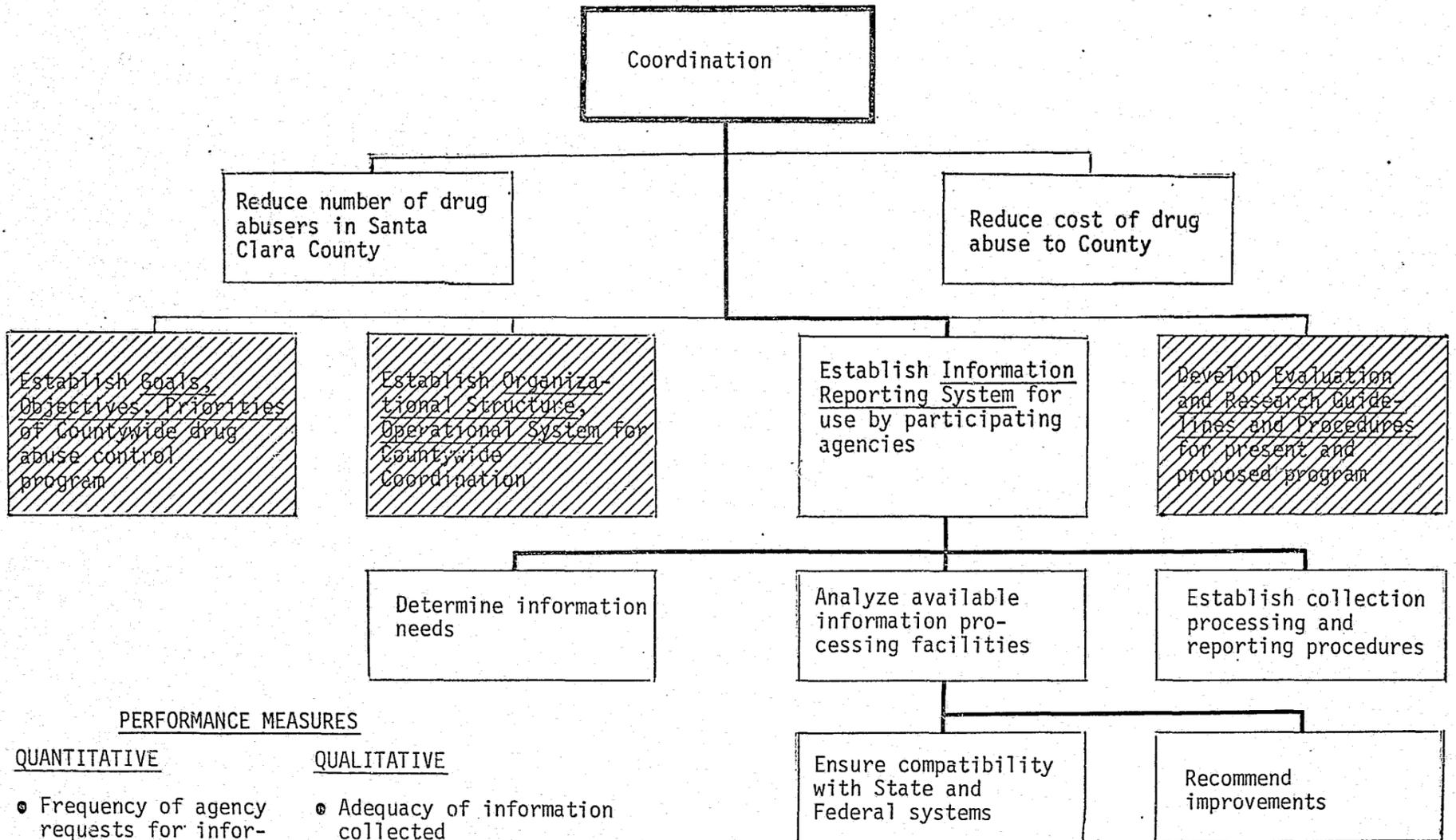
PERFORMANCE MEASURES

QUANTITATIVE

- Increase in interagency referrals
- Services coordinated
- Services needed
 - Programs initiated
 - Funding procured
 - Research initiated

QUALITATIVE

- Visibility of organizational structure
- Clarity of operational procedures
- Increase in interagency cooperation
- Adequacy of future planning process development



PERFORMANCE MEASURES

QUANTITATIVE

- Frequency of agency requests for information
- Number of system responses

QUALITATIVE

- Adequacy of information collected
- Utilization of information
- Uniformity of reporting system
- Success of reporting system
- Adequacy of processing facilities
- Conformity with State and Federal systems
- Assessment of improvement priorities and approaches recommended

Coordination

Reduce number of drug abusers in Santa Clara County

Reduce cost of drug abuse to County

Establish Organizational Structure, Operational System for Countywide Coordination

Establish Goals, Objectives, Priorities of Countywide drug abuse control program

Establish Information Reporting System for use by participating agencies

Develop Evaluation and Research Guidelines and Procedures for present and proposed program

Collect data on program service

Examine evaluation methodologies

Develop objectives for operating program

Prepare guidelines

Test evaluation methodologies

Collect data on program cost

PERFORMANCE MEASURES

QUANTITATIVE

- Number of operating programs with evaluation components
- Number of operating programs with research components

QUALITATIVE

- Adequacy, practicability of operating program objectives
- Adequacy of evaluation information collected
- Adequacy of evaluation system developed

APPENDIX D

JRB APPOINTMENTS IN ALAMEDA COUNTY

December 6	12:00 - 1:30 p.m.	Bruce Kern, Regional Criminal Justice Planning Board
	3:30 - 5:30 p.m.	Dick Bailey, Drug Abuse Project Coordinator Justin Green, Administrative Assistant to Drug Abuse Project Coordinator
December 7	10:00 - 12:30 p.m.	Dick Bailey
	12:30 - 2:00 p.m.	Justin Green
December 13	8:15 - 9:30 a.m.	Grover Dye, Administrator Rene Pelliccia, Psychiatric Social Worker, East Oakland Drug Abuse Clinic
	10:00 - 10:30 a.m.	Orle Jackson, Director, Drug Education Center
	11:00 - 12:00 noon	Vivian Holley, Director, Daybreak House, Community Drug Clinic
	2:00 - 3:30 p.m.	Juan Covarrubias, Director, Narcotics Education League
	4:00 - 5:30 p.m.	Sally Howlett, Former Evaluator for Alameda County Drug Programs
December 14	9:30 - 11:30 a.m.	Stacy Walthall, Deputy District Attorney
	1:00 - 2:00 p.m.	Ed Washington, Soul Site
December 17	4:00 - 5:00 p.m.	John Kotecki, Director, Treatment Alternatives for Street Crimes (TASC) Program

APPENDIX D (Continued)

JRB APPOINTMENTS IN CONTRA COSTA COUNTY

December 10	10:30 - 1:30 p.m.	George Russell, Executive Assistant to Drug Abuse Board
December 11	10:00 - 11:00 a.m.	ORIENTATION MEETING Bill Hefke, Administrator, Human Resources Agency Don Crawford, Deputy Director, Human Resources Agency Dr. Charles Pollack, Acting Program Chief of Mental Health Gil Felix, Acting Director, Discovery Program
	11:00 - 12:00 noon	Bill Hefke, Administrator, Human Resources Agency
	11:00 - 12:00 noon	Gil Felix, Discovery Program
	12:00 - 12:30 p.m.	George Russell
	1:30 - 3:00 p.m.	Jeanne Gibbs, Director, Educational Coordination Program

APPENDIX D (Continued)

JRB APPOINTMENTS IN SANTA CLARA COUNTY

December 12	9:15 - 1:30 p.m.	Bob Garner, Coordinator
December 17	9:00 - 9:30 a.m.	Kay Bergstedt, Executive Director, Santa Clara County Drug Abuse Clinic
	9:30 - 10:15 a.m.	Ed Stafford, Chairman of Secondary Prevention Task Force; Director, Juvenile Probation's Court Diversion Program

APPENDIX E

CHARACTERISTICS OF ACTION-ORIENTED COMPONENTS

ALAMEDA COUNTY

COMPONENT DIRECTOR	INTERVIEW DATE	FUNDING SOURCE		LOCATION	CHARACTERISTICS OF CLIENT POPULATION			SERVICES OFFERED	TYPE OF PROGRAM	
		ORIGINAL	CURRENT		AGE	ETHNIC	TYPE OF PROBLEM			
COMPONENT DAYBREAK, COMMUNITY DRUG CLINIC	V. Holley	12/13/73	CCCJ	CCCJ/714 City donations	Fremont	13- 20	White	Soft-drug and non- drug	Counseling; Hot line referrals	Prevention
EAST OAKLAND DRUG ABUSE CLINIC	G. Dye	12/13/73	CCCJ	714	East Oakland	21+	Black	Heroin addition	Methadone Main- tenance Group and Individual counseling; Methadone detox	Treatment; Rehabilita- tion
SOUL SITE	E. Washington	12/14/73	CCCJ	CCCJ/714	Berkeley		Black	Hard core abuse	Detox; Referral Counseling	Rehabilita- tion
NARCOTICS EDUCATION LEAGUE (NEL)										
- DROP-IN CENTER	Juan Covarrubias	12/13/73	CCCJ	714 Private	Oakland	25+	Chicano	Poly- drug abuse	Referral; Coun- seling Intake for TC	Treatment; Rehabilita- tion
- THERAPEUTIC COMMUNITY	Juan Covarrubias	12/13/74	CCCJ	CCCJ		15+	Chicano	Heroin addition	Drug-free highly structured environment	Rehabilita- tion

APPENDIX E (Continued)

ALAMEDA COUNTY (Continued)

COMPONENT DIRECTOR	INTERVIEW DATE	FUNDING SOURCE		LOCATION	CHARACTERISTICS OF CLIENT POPULATION			SERVICES OFFERED	TYPE OF PROGRAM
		ORIGINAL	CURRENT		AGE	ETHNIC	TYPE OF PROBLEM		
DRUG EDUCATION CENTER - COUNTY SCHOOLS	12/13/73	CCCJ	County Revenue Sharing	Hayward (County-wide)	K-12		School Population	In-service Training; Liaison with Centers	Education; Prevention
DISTRICT ATTORNEY'S OFFICE (CRIMINAL JUSTICE LIAISON)	12/14/73	CCCJ	County	Oakland (County-wide)	Pre-adjudicated and adjudicated drug abusers			Liaison between drug programs and criminal justice system. Established procedures for coordination between drug programs and County jail inmates and detainees. Implemented TC at Santa Rita.	Coordination

COMPONENT

APPENDIX E (Continued)

CHARACTERISTICS OF ACTION-ORIENTED COMPONENTS

CONTRA COSTA COUNTY

COMPONENT	COMPONENT DIRECTOR	INTERVIEW DATE	FUNDING SOURCE		LOCATION	CHARACTERISTICS OF CLIENT POPULATION			SERVICES OFFERED	TYPE OF PROGRAM
			ORIGINAL	CURRENT		AGE	ETHNIC	TYPE OF PROBLEM		
DISCOVERY PROGRAM	G. Felix (Acting)	12/11/73	CCCJ							
- M WARD (DETOX)	G. Felix			CCCJ/714	Martinez			Heroin Addiction	Detox and Motivational Therapy	Treatment; Rehabilitation
- DISCOVERY HOUSE	G. Felix			CCCJ/714	Martinez			Heroin Addiction	Drug-free highly structured therapeutic community	Rehabilitation
- DISCOVERY CENTERS	?			CCCJ/714 Community	San Pablo Martinez Concord Richmond Tri-Cities Danville	15-17 ↓	White White White White Black	Soft-drug abuse and non-drug problems	Counseling; Referrals; drug education in secondary schools; crisis intervention	Prevention
EDUCATIONAL COORDINATION PROGRAM	J. Gibbs	12/11/73	CCCJ	714 and County Schools	Pleasant Hill (County-wide)		Teachers; Drug programs staff		In-service training; Resource Center; Consultant Services to School Districts; Pilot Projects; Drug Education Liaison	Education

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APPENDIX E (Continued)

CHARACTERISTICS OF ACTION-ORIENTED COMPONENTS
SANTA CLARA COUNTY

COMPONENT

SECONDARY PREVENTION TASK FORCE

JUVENILE PROBATION DEPARTMENT'S COURT DIVERSION PROGRAM

SANTA CLARA COUNTY DRUG ABUSE CLINIC

COMPONENT DIRECTOR	INTERVIEW DATE	FUNDING SOURCE		LOCATION	CHARACTERISTICS OF CLIENT POPULATION			SERVICES OFFERED	TYPE OF PROGRAM
		ORIGINAL	CURRENT		AGE	ETHNIC	TYPE OF PROBLEM		
E. Stafford (Chairman)	12/17/73	NA	NA	County-wide	Drug Abuser		Poly-Drug Abuse	Needs assessment; Establishment of priorities; Program planning and implementation	Prevention; Treatment
E. Stafford	12/17/73	CCCJ	County	San Jose (County-wide)	Minors with drug abuse offenses		Drug Abuse	Alternatives to institutionalization and prosecution - Counseling and Supervision	Prevention; Treatment; Rehabilitation; Coordination
K. Bergstedt	12/17/73	CCCJ	714	San Jose	15+	Multi	Poly-drug abuse	Counseling; Detox; Referral	Prevention; Treatment

END