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District of Columbia—
AN EVALUATION OF
ADDICTION SERVICES TO YOUTH

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By

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INTRODUCTION

Emerge was begun in early 1970 as a half-way house, an integral part of the Narcotics Treatment Administration's program for youthful narcotics users. In fiscal 1971, and again in 1972-73, NTA was the recipient of funds from the Office of Criminal Justice Planning and Analysis, Washington, D. C. These funds, totalling approximately \$130,000, were to be allocated to the Emerge project for specific objectives, as stated in NTA's proposal for funding, of:

- a) elimination of overt deviate behavior and abstinence from illegal drug use;
- b) reduction of drug-related crime; and
- c) improvement of the youthful user's economic and social productivity.

Emerge maintained a 42-bed residence at 2101 N Street, N. W. until March of 1973. At that time, the landlord refused to renew the lease, and Emerge found temporary quarters on the fifth floor of the Area C Mental Health Center of D. C. General Hospital. The project will be re-constructed under the Far East Addiction Treatment Service aegis of NTA, and anticipates that it will move to permanent quarters in the Northeast sometime in the summer of 1973.

Over its life-span, Emerge has seen several hundred youth (exact figures are not available) come to be residents. Many of them have come back more than one time, some as frequently as four or five times. Others have been virtually permanent residents, maintaining themselves at Emerge for as much as two years.

At its inception, Emerge was a traditional half-way house, depending primarily upon referrals from the Criminal Justice System,

and relying heavily upon psychologically-oriented therapeutic modalities and counselling. Over time, the emphasis has shifted so that the residents are more likely to be volunteers to the NTA program rather than Court-referred. Since the administration of the present Director, Mr. Randolph Redish, in November 1972, the emphasis has been placed upon specific positive behavior such as continuing education and employment. When Emerge settles into its chosen location in the Northeast this summer, the anticipation is that all residents will be volunteers, women residents will have been added, and the traditional half-way house concept will have been dropped completely in favor of the therapeutic community model, which would place emphasis on the creation of an intense group cooperation in a healthy environment, and on staff contact with residents in casual rather than formal and therapeutically structured relations.¹

Findings

I. Internal Functioning. An evaluation dealing with the impact of a project, (i.e., how effective has it been?), must also at least glance at the inner processes of the project, (i.e., how efficient has it been?). The premise here is that a poorly run operation probably has inhibited effectiveness, and a well-oiled operation promotes the possibility of effectiveness. In the case of Emerge, the information below comes from interviews with the Director, some of his staff, some of the residents, and observations.

¹For details on therapeutic community, see e.g., Jones, Maxwell, The Therapeutic Community, Basic Books, New York, 1953.

In some ways, observation at this point in time is unfair because staff and resident morale is at a low ebb. The choice of a wing of Area C Mental Health Center as a temporary quarters was an unfortunate one. Several NTA personnel interviewed have attributed the small numbers of residents to the fact that young black men (the overwhelming majority of Emerge clients) are generally antipathetic to any program involving enforced residence, because such residence suggests either hospitalization or incarceration. Hence, the move to Area C could only have been a reinforcement of attitudes about confinement. The Director, Randolph Redish, is well aware of this, and in an interview stated that the present quarters are, "too much like a penitentiary. We have gone from a community based place to a place like this. It reminds them that they are patients, but on N Street (former residence) they saw themselves as residents."

Located within a hospital building, Emerge cannot escape looking and feeling precisely like a hospital unit. There is at least, however, an air of transience to the setting, since in the recreation room (which also doubles as a group meeting hall) much space is taken up with unpacked cartons of material. It appears evident that NTA administration recognized the strong negative aspects but preferred to keep Emerge functioning, even if poorly, rather than close down completely.

At an observed encounter session between some staff, most of the residents, and the Director, resident grievances were pronounced. These were related to "broken" promises, e.g.; When were they going to move?, Why had the residence not yet become co-ed as promised?, Why were new staff members not yet known to the residents? The

Director's responses centered upon the transience of the present location, and indicated that by the time that the new quarters permitted occupancy, these problems would be resolved.

In interviews with several staff members and several residents, all indicated their present dislike of their surroundings, but all had high regard for the potential within the project. As an important aside, the general feeling that appears to have been inculcated is that the project is not at fault if the resident fails. This was stated most succinctly by one resident who said, "This is the fourth time I've been back here, but now I've got my shit together."

Concurrent with this attitude is a strong sense of haven engendered at Emerge. It appears to be a place where the homeless, those adrift and those with unpleasant home conditions can turn for comfort and succor. Emerge serves partially, therefore, as a locus for shoring up unfortunate young men.

Emerge places emphasis upon residents being either in school or at work or both. Indeed this is one of the house rules and at one encounter session attended, the Director very skillfully hammered away at several residents for their "manana" attitude about schooling.

While the emphasis is placed upon community, most of the jobs appear to be internal. Residents are permitted to accept jobs in virtually any area they choose, Mr. Redish stating that the type of job was of no concern, that the concern was the acquisition and maintenance of a job. Emerge utilized governmental agencies (particularly D. C. agencies such as the Department of Recreation) and private industry for placement. Mr. Redish indi-

cated that his counsellors were particularly skilled at job location. While some of the young men are in private industry or seeking private industry jobs, (e.g., one is in shoe repair; two others are seeking industrial positions), the vast majority are employed through a variety of governmental resources as counsellor aides in drug programs. A total of fourteen hold such jobs. They include three supervisors, six senior youth aides, five junior youth aides. Their roles have been defined not as counsellors but rather as observers. They engage in little more than note-taking at this particular point in time. It may readily be observed that, statements about the skills of counselors in obtaining jobs in the community to the contrary, the primary job holding pattern is an internalized one, and a self-fulfilling one, in that Emerge is utilized both as treatment facility and source of vocation.

Mr. Redish places emphasis upon schooling as a rehabilitative modality, and most of the young men are urged to complete their high school educations through the Postal Street Academy at 14th and Taylor Streets. This is a specially funded school (the source of its funding could not be determined) with a tie-in to Emerge. Several young men were studying for G.E.D., but none were actually attending school during the period of observation. For those who are in school difficulties, a tutorial program has been established.

The rules of the house are:

- 1) All residents in the house by 11:00 P.M.
- 2) No illegal drug usage on the premises
- 3) No physical contact (violence) permitted

- 4) No theft on the premises
- 5) No refusal of urine surveillance
- 6) All residents must go to work or school or both
- 7) All residents are responsible for maintaining tidy quarters

These rules apply to staff as well as residents; indeed, there is little separation between the two.

Counsellors are "graduates" of the various NTA programs, several of them from Emerge itself. Because of their visceral knowledge of addictive problems, and because they have been successful in combating these problems, they are employed as aides in working with present residents. Their primary emphasis appears to be supportive; that is, to encourage the residents in positive behavior (i.e., narcotics abstinence, motivation towards schooling and jobs), and to discourage negative behavior. They are ostensibly active in job development, although as pointed out above, seem to accomplish little in this area. They engage in report writing, filling in the files of the residents, indicating progress, development, etc. It should be noted that Mr. Redish sees as one of his major problems upward mobility in the labor market after his counsellors have become skilled.

Mr. Redish feels that a counsellor requires about one year of training before he is an accomplished guide. He runs an in-house training program which includes the following topics:

- Regulations for various leave requests
- Personnel problems
- Complaint procedures
- Supervision

- Management
- Communication and interviewing
- Report writing - various sociological evaluations
(emphasis placed on report writing)
- Individual counselling
- Group counselling
- Narcotics recognition
- Principles of group living
- Patient government
- In-patients and the Police Department

The list of topics is far more extensive, and the above were selected to offer some flavor of the scope of the training.

An easy camaraderie distinguishes relations between counsellor and resident, probably based on mutuality of problems. There is little that would mark the counsellor from the resident to the outside observer. At the present moment, Emerge has eight counsellors and the new FEATS program has nine counsellors in training. Out of this number, some will be selected for the program when it re-surfaces in its new location.

The rules are strongly suggestive of an effort to develop a *gemeinschaft*, a "we" feeling.² Note that in two cases, both dealing with criminal items, the rule states that it must not take place within "our home." This is not to say that either drug usage or

²The Classical German sociologist, Frederik Tonnies, differentiated between gemeinschaft groups (community) and gesellschaft groups (society).

or thievery is encouraged on the outside, but rather that they are actively discouraged inside. The means of punishment are contradictory of the rule against physical abuse. According to the Director, a guilty resident will be called to an "encounter session" and the staff will be asked not to attend. At such a session, the Director states the culprit will either be verbally mal-treated or more likely physically abused. The request for staff absence permits the contradiction to take place without violating the rules, since the presence of the staff would necessarily require their effort at halting violence.

The staff itself is composed of former drug users who have gone through the program, either at Emerge or at other NTA centers, or at some pre-NTA program. (The Director, for example, successfully quit drug usage some six or seven years ago.) Two counsellors, for example, in an interview both said that they felt the program was good precisely because they had been aided by it. Indeed, much of the program deals with the acquisition of residents for staff positions. At the present moment, five residents are employed as junior counsellors dealing with narcotics addiction through a contract with the D. C. Human Resources Administration. The piling up of former addicts within a program as aides and counsellors to present addicts suggests the Synanon concept. It goes hand-in-hand with the Director's scorn of professionals. While having ties with the D. C. Department of Vocational Rehabilitation, for example, Mr. Redish is loathe to use this service; e.g., "They have Ph.D.'s in stupidity." He feels that his counsellors can obtain jobs for residents faster than the D.V.R., and without "unnecessary testing" and other manifestations of bureaucratizing obfuscations. In

similar fashion, he does not view the residents as being in need of psychological help, unless they are constantly unable to hold a job.

Counsellors are subject to urine surveillance, and in August 1971, two were fired for being regularly "dirty." None has had such problems since.

While urine is to be tested three times a week by NTA regulations, this often is not the case. The observer was present when the NTA urine collector came by and was told that none had been collected. Again, the Director feels that he and his staff (when they are well-trained) can spot users without resort to chemical, i.e., professional, analysis. (His skill at such observation was indeed challenged by one of the residents in an encounter session.)

All of the above, scorn for professionals, development of gemeinschaft, fusion of staff and residents, is suggestive of the therapeutic community ultimately aimed for the project. Whether this insulation of the narcotics users from the outside world is an appropriate social aim may be challenged by students of the narcotics problem, but at least it permits Emerge a certain set of internal consistencies.

The impact that the Emerge program has upon crime being the most important item for analysis, two items dealing with function become critical. First, the Director indicated that the hours between midnight and 4 A.M. were often troublesome, hours in which arrest of residents were most likely to take place. This, of course, suggests that the 11:00 P.M. curfew is observed only in the breach. (While there are, at the present time, twenty-

three active files, that is presumably 23 residents, at 11:00 P.M. observation revealed only 17 residents present.) Emerge will not permit police on the premises, except with specific warrants, and guards residents against harassments. It would appear obvious that a center for known narcotics users will attract police attention, and it would appear equally obvious that Emerge in its movement toward a therapeutic community will attempt to keep the police at a distance.

Second, during an encounter session, one young man acknowledged that his employer had accused him of stealing a pair of shoes, (the value stated as being at one time \$36, at another \$50). The Director openly accused the young man of being guilty. (It is this observer's belief that the Director was not so much concerned with the guilt or innocence, but was attempting to make the young man, who was hang-dog in attitude, change his behavior - to defend himself appropriately.) When the residents queried the Director on whether he would turn the young man in, the Director responded, "Yeah, and after I did it, could I come through these doors again?" Implicit in this exchange is the position that the project is hardly likely to repudiate a resident as a criminal unless forced to do so by external intervention (e.g., police warrant). This attitude is also seen in the house rules which punish drug users and thieves on the premises by members.

II. Impact of Emerge on Community. As previously stated, Emerge was forced to leave its N Street residence to take up temporary quarters at Area C Mental Health Center. No one is pleased with

this move, and the question of why it was forced upon Emerge came up. Interviews with NTA staff members, the landlord, Mr. Roderick Shane, and residents of the N Street area reveal the following.

There was a strong feeling of community resentment against the appearance of a narcotics treatment residence in an area which is rapidly becoming a high-rise, middle-class neighborhood. This feeling may have been exacerbated by NTA's decision to surface in that area without prior warning to the neighbors. Apparently, much pressure was placed upon the landlord to evict Emerge, and he finally succumbed to these pressures.

Charges by landlord and neighbors of an increase in criminality and vandalism after Emerge's appearance could not be substantiated as not one person interviewed could give an example of either. Further complaints that the residents were loosely supervised may refer to the above mentioned facts that counsellors are not easily distinguishable from residents, and that a conviviality marks their relationship.

One may also conclude that no proof exists of the criminality of Emerge residents but rather that neighborhood expectations, compounded by realty interests and exacerbated by the manner in which Emerge surfaced, were causally related to its demise in the Dupont area. As a parenthetic note, had the evaluation time been longer, it might have been instructive to check police logs in that area for a time prior to Emerge, during its presence, and in the period since its disappearance.

III. Relationship of Emerge to Other Components of NTA. Emerge is considered to be an integral, if small, component of the total NTA program. (As will be noted in a later section, this makes statistical appraisal difficult.) As a matter of procedure, an NTA's client record follows him, so that if an individual has been transferred from Emerge to the Newton Street out-patient department, there is no record of him at Emerge itself.

Emerge has its closest relationship with the Newton Street Out-Patient clinic. For example, at the present moment three of the 23 active cases at Emerge were referred from Newton Street. Mr. Maury Hatton, the Director of Newton Street, offered the following criteria for sending a client from his center to Emerge:

- a) a lack of stable living arrangements
- b) younger persons preferably
- c) school drop-outs
- d) unemployed
- e) presence of unsuitable peer groups
- f) negative feelings from parent to client
- g) less than two years on drugs

It should be noted that there is a judgmental area present, and that these criteria are meant to be suggestive rather than automatic.

In referring a client to Newton Street, the criteria stated by both Mr. Redish and Mr. Hatton were:

- a) the client is definitely addicted and goes to Newton Street for methadone maintenance only

- b) the client is ready to return to the community but may need supportive counselling and/or some methadone maintenance

Mr. Redish stated that the return to the community was indicated when a resident could cope with pain, frustration, and anxiety. These are determined by his manner in dealing with the ferocity of the encounter session, supported by the gentler "static-probe" sessions. Note again that these are judgmental items, not handled by professionals but rather by Mr. Redish and his counsellors.

In the course of movement between Emerge and other NTA centers, which is apparently frequent, a large number of clients simply drop-out. The exact number of percentage is uncertain, but would appear to be in the neighborhood of 65 per cent. Several difficulties ensue in defining a drop-out. First, as apparently frequently happens, a client may simply disappear into the community for a while and then re-appear, seeking (and generally obtaining) readmission. Second, because an individual's file follows him to a transfer locale, should he fail to appear at the point of destination, the point of reference has no indication that he has not made an appearance. Third, Emerge does not have the personal resources to seek into the community to determine the whereabouts of clients who are absent. As a result of all of these, drop-outs are an uncertain quantity. As a general rule of thumb, Emerge acts on the principle that after a suitable time period, an absentee is considered a drop-out and his records are returned to the Central Medical Intake. Even here, there is no exactitude, some files

being retained for only a few weeks, others for several months, pending a decision. Apparently few individuals announce that they are simply leaving, the majority preferring to discreetly disappear.

Newton Street has sent two persons to Emerge since the move to Area C. Prior to this period, it was estimated that approximately 12 persons per three month period were referred. Mr. Hatton stated when queried that the lower number was not related to the move to Area C, but rather to accident. Had there been more suitable persons, he would have referred them to Emerge.

Since November 1972, Emerge has referred seven persons to Newton Street, four of whom are solely methadone maintenance and three of whom are back in the community. Prior to November 1972, it was recalled that at least six presently known clients are still back in the community after having been referred from Emerge. That is, they are Emerge referrals still active at Newton Street.

The relationship between Emerge and Newton Street is seen as vital to the overall purposes of NTA's program efforts, and the referral system, (both Mr. Redish and Mr. Hatton accept each other's referral without hesitation), is viewed as excellent means of maintaining clients in the therapeutic milieu most appropriate for clients in the process of change. Mr. Hatton pointed out that persons referred from Newton Street to Emerge were less likely to engage in any criminal activity than persons who volunteered for the Emerge program. This point could not be verified because of the problems of statistical record-keeping, (see below).

As viewed by Mr. Hatton, the new Emerge will require a much more formalized relationship, primarily because of the geographic distance between the units. Nonetheless, he strongly supports

Mr. Redish's position, namely the direction towards a therapeutic community and the refusal to accept court-ordered cases.

IV. Impact of Program on Clients and Relationship to Crime. As mentioned above, Emerge was not seen by NTA as a separate unit, but rather as a component of its overall youth services. As a result, the statistics on Emerge are imbedded in larger aggregates and are difficult to abstract. Additionally, only active files are present at Emerge, all others being returned to the Central Medical unit on H Street, N. W. It is even difficult to obtain figures on the numbers of persons treated in the Emerge Program. Mr. Redish, for example stated that he thought that Emerge had between 400 and 450 residents since August 1971 to the present. Even with the uncertainty of those figures, it is clear that there is a great deal of transience at Emerge. Much of what follows, therefore is interpolation from larger figures, or is based on small samples.

A) Twenty-three active files at Emerge. Of these 23 active cases, eleven are reported being over 18 years of age, 12 being under 18 years. Mr. Redish reported that the average age of his present residents is 17, but none of the actives are below that age, and many are a good deal older (as old as twenty-one). This is accounted for by the fact that many of the residents first came to Emerge when they were below age 18 and have since returned to the project.

In terms of impact upon criminality, six of the 23 (26%) were referred either by the D. C. probation department or by some component of what is generically referred to in the files as the Criminal Justice System. Thus, at the present moment, approximately one-quarter of the residents are intimately tied to the system of criminal justice. Since the program is moving away from court-ordered clients, it is likely that in the past this percentage was higher.

It should be noted that these files were considered by the evaluator to be deficient in standardization of reportage, (some files give a reasonably coherent picture of a client in terms of background history, others offer little); were found to have errors (in one file, for example, the patient was stated to be 19 or 21, dependent upon who was adding material to the file); were poorly written, (Mr. Redish readily points out that part of his training for counsellors is an emphasis upon report-writing, an area in which he acknowledges staff weaknesses).

B) Central Medical Referrals. Of the 23 active cases at Emerge, one (4%) was referred by Central Medial Intake. The CMI logs from June 1972 (beginning of separate records for referrals to Emerge) through March 1973 were scrutinized in order to determine the histories to these referrals. Over the nine month period, thirteen such referrals were located. Of this total, four (31%) originated in the Criminal Justice System, seven (54%) were voluntary admissions, and two (15%) were of unknown origin. Since it is unlikely that referrals from CJS would not be duly recorded as such, the 31% figure is probably accurate and is in reasonable

accord with the 26% figure of the CJS cases presently at Emerge.

Of the 13 cases over this past nine months, five (38%) have dropped out, five (38%) are presently at Emerge, and two (15%) have been sent to Newton Street from Emerge. This suggests the strongly transient nature of the program. Also indicative of this transience is the fact that 11 (85%) had at some earlier time been referred to NTA Youth Services, five of them specifically to Emerge.

It should be noted that in this time period, 227 clients were referred by CMI to Youth Services, only 13 of whom (6%) were sent to Emerge, an indication of its size in relation to other NTA Youth Services.

C) Average Census. The N Street residence was capable of housing 42 persons; the NTA proposed as an ideal an average daily census of 37.8 persons. The temporary quarters at Area C could house 42 persons, but hospital and Fire Department regulations limit the capacity to no more than 35 persons. In both instances, the capacity is of academic interest only. At the present moment, there are 23 active files, although only 17 persons have been accounted for. (It is likely that the missing are persons who have left the program, but who have not yet been declared officially dropped. Mr. Redish indicated that the move to Area C generated a rapid drop-out rate, and it is probable that these persons are included.)

Prior to the move, various Emerge progress reports submitted to OCJP&A has indicated an average monthly patient population of approximately 25 to 28 persons. During one three month period, the program maintained a census of between 29 and 33 persons. Thus,

at no time in its history, has Emerge come close to realizing its ideal census objective. Personnel at NTA point to the fact that acceptance criteria are relatively rigorous, (see pp.11-12), and others feel that an in-patient type of facility is basically a white, middle-class modality, one rejected by the vast majority of black persons served by this program. In any event, it should be recorded that Emerge has always been an under-utilized facility.

At the NTA computer center (613 G Street, N. W.), weekly population records are maintained. During the period from the week ending June 10, 1972, through the week ending November 25, 1972, it was recorded that 15 cases were admitted to Emerge, 14 of whom were re-admissions, again indicative of the transience and the state of flux at Emerge. At the same time, 33 in-transfers and 7 out-transfers were reported. Presumably, these are referral to and from other NTA units. It should be noted that admissions and transfers are not mutually exclusive. If that were indeed the case, the Emerge on November 25, 1972, would have had a minimum of 41 persons in residence (15 admissions plus 33 in-transfers minus 7 out-transfers). Since, in addition, there is no indication of the number of patients present at Emerge on June 10, and that that week lists 27 of the in-transfers of the entire period, then it is likely that this was a book-keeping device to record the approximate number of persons then present.

Finally, the same population statistics indicate that during the period December 11, 1972, through February 26, 1973, NTA has a youth population ranging from 132 (December 11) to 178 (February 26); at the same time Emerge had a population of 14 (December 11) to 17

(February 26). Thus about 10% of the NTA youth population was at Emerge. This figure is in keeping with the 6% CMI referral to Emerge out of all referrals of youth to NTA programs (see above).

D) NTA Reports. Through its Bureau of Research and Development, NTA regularly publishes research and statistical findings on youth services. In one such study (dates not given) 150 clients from NTA youth services were selected in a random sample. Over a six-month study period, only 51 (34%) were retained in the program. During that same time period, 63 (42%) were arrested. Additionally, 53% of those retained in the program were in school or job training, or were fully employed. Of those retained in the program, 39% were reported as either occasionally or regularly utilizing illegal drugs. There is no indication of how many of these might have been Emerge clients. Progress reports indicate that clients are approximately 95% "clean" but it should also be noted that urine surveillance appears to be haphazard.

This same study points out that in its adult sample of 450 clients, those on high-dose methadone (85%) were more likely to remain in the program than those on low-dose (37%) or abstinence (11%); similarly, 11% of the high-dose, 20% of the low dose and 39% of the abstinent clients were arrested during the study period.³

Without attempting to make a hard and fast statement, interpolating from adult to youth to specific Emerge cases, it should

³All figures from: Brown, Barry S., et al., Impact of a Large Scale Narcotics Treatment Program: A Six Month Experience, N.T.A., D. C., (mimeo) (d.u.)

be pointed out that the vast majority of Emerge cases are abstinent, and among adults at least, are most likely to drop out of the program and to be arrested.

In another study of thirty-three young patients in the project GUIDE, at the end of the six-month study period, 25 (76%) were unaccounted for in the community; 13 (39%) had been re-arrested. (Approximately 85% of the persons in GUIDE were referred by the juvenile court system.) The program period was January 1971 through June 1971, about the time that Emerge was beginning.⁴

Still a third NTA study, randomly sampled 150 of the 181 clients reportable in the Youth Division Program. The study period was 15 May 1970 through 15 May 1971. Of the total, 13 (9%) were still active in the Youth Division, 11 (7%) were in treatment in other NTA programs, 15 (10%) were in juvenile or adult correctional institutions, and 111 (74%) were unaccounted for in the community. During that same period, 81 clients (54%) had been arrested; of that number, 41 had been arrested while still enrolled in the program, and 50 (including 10 who had also been arrested while enrolled) had been arrested after leaving the program. There are no specific figures relating to drop-out rates.

Of 175 Youth clients responding to an intake question on arrest, 165 (94%) reported at least one previous arrest prior to involvement

⁴All figures above from: Bureau of Research and Development, Clients' Functioning in Project GUIDE, D. C. Program, NTA, D. C. (mimco), (d.u.).

with NTA's Youth Division. They averaged, over the three previous years, rates of 6.7 arrests per month in the first year, 9.5 the second, and 20.2 the third year. During the study period, arrests averages 11.6 per month, a dramatic decrease.⁵ This is the one positive statistic in all the data amassed above.

Overall, while no specific sets of figures can be obtained for Emerge, Youth Services statistics generally have been discouraging. They have indicated a severe drop-out rate and a high arrest rate (somewhat better for persons retained in Youth Services than people who dropped out).

CONCLUSION

1) In terms of program efficiency, this time period was particularly unfair to Emerge, primarily because the shift to Area C has caused some demoralization among staff and residents. Nonetheless, some comments would be in order under any circumstances:

- a) The program has never achieved anything like an ideal patient-load. Throughout its lifespan, Emerge has been an under-utilized facility.
- b) Files are maintained haphazardly, some records being quite good, while others are lacking in much information.
- c) Staff-client relationship appears to be good even during a trying period, a period eliciting grievance from both staff and residents. Staff appears to be highly motivated.

⁵ All figures above from: Division of Research and Development, Clients' Functioning in the Youth Division Program: May 15, 1970 - May 15, 1971, NTA, D. C., (mimeo) (d.u.).

Overall, program efficiency, while suffering from some inadequacies, cannot account for any other deficiencies in the program.

2) In terms of program effectiveness, there appears to be severe deficiencies:

- a) As mentioned above, Emerge has never come close to fulfilling its self-imposed mandate of 37.8 average daily census.
- b) Emerge touches no more than 6 to 10% of all NTA youth clients. While NTA personnel consider it integral, Emerge is nonetheless a very small unit. Its impact can hardly be felt even considering only NTA cases of young persons.
- c) From available figures, no more than from one-quarter to one-third of Emerge patients are criminal justice system referred. Probably at an earlier period in Emerge's existence that percentage was somewhat higher. Even assuming a figure of 2/3, that would mean that no more than 20 persons, (assuming a high census of 30 persons), referred from criminal justice could have been housed at Emerge at any given time. This can hardly be considered significant in terms of impact upon the criminal justice system.
- d) From all available sources, NTA Youth Services, and by inference, Emerge, have not had much success in retaining clients. Again, from available sources,

arrests still occur frequently (although diminished somewhat if the young person is still in the program).

- e) There is no proof that Emerge has been successful in eliminating illegal drug usage. Progress reports state very little drug usage, but urine surveillance is irregular, and these figures primarily refer to in-house use where strenuous efforts are made to keep the client "clean."
- f) Improvement of the client's economic and social productivity is uncertain. Most of the jobs obtained are primarily in the narcotics field, in which clients become counsellors. There is, therefore, a pyramidal structuring of jobs which maintains the employed within the boundaries of the program. Additionally, the job ladder in such programs appears to be rigidly defined.

It is impossible to escape the conclusion that Emerge has had a negligible impact on the system of criminal justice, hence should be considered a failure in this area in terms of program effectiveness. Emerge should not be supported by funds allocated by criminal justice agencies. This judgment does not mean to imply that the program is not a valuable social item. It simply stresses its negligible value to the criminal justice system; other agencies of social concern could well consider its value as a therapeutic community for the homeless addicted young person.

END

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