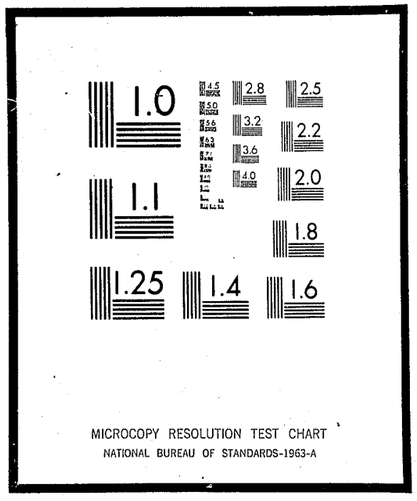

7

FINAL EVALUATION REPORT
Harris County Central Drug Abuse Program
(TX)

October 15, 1973 - April 30, 1974

Prepared for:

Mental Health and Mental Retardation
Authority of Harris County

Prepared by:

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July, 1975

CHAPTER ONE: CENTRAL INTAKE DATA

As indicated in the previous system diagram (Figure I), the Houston treatment system hinged upon the concept of central intake. In the absence of some uniform intake system, the process by which clients find their way into treatment is subject to a number of vagaries. Clients with a drug problem may simply go to the drug program nearest them, the one they know about, the ones their friends know about, or the one they are referred to by some other person or agency. In short, the path by which a client arrives at the door of a particular treatment program may have little or nothing to do with the appropriateness of that program for that particular client's problem.

Once the client arrives at a particular agency, the probability is high that agency personnel will define the client as appropriate for its program. The element of chance may be compounded by the tendency for social service programs to compete with one another for clients, or at least to defend their own territories from the encroachment of other programs.

That the Houston Central Intake was designed with these problems in mind can be inferred from the contract description of the internal process of the Central Intake Units. Among the more salient features of that description were requirements that: 1) Central Intake Units employ a corps of counselors representing each of the major participating agencies, 2) clients be apprised of the treatment programs available at each of the agencies these counselors represent, and 3) the corps of counselors reach a unanimous decision, taking into account the client's preference as to the appropriate agency to deal with the client's problem.

Although the system planners clearly sought to develop a uniform intake process to minimize these problems, the situation was complicated by the decision to create two Central Intake Units physically located at the sites of the two largest participating treatment agencies. This decision was made because of the size of Harris County and because the two agencies were assumed to be known to the big community. CIU I was located at the Vocational Guidance Service (VGS), 2525 San Jacinto Street, Houston; CIU II was located at the Texas Research Institute for Mental Sciences (TRIMS) in the Texas Medical Center (See Map I).

Due to the factors cited above, the general strategy of evaluation involved comparisons of the two intake units in terms of data collected.

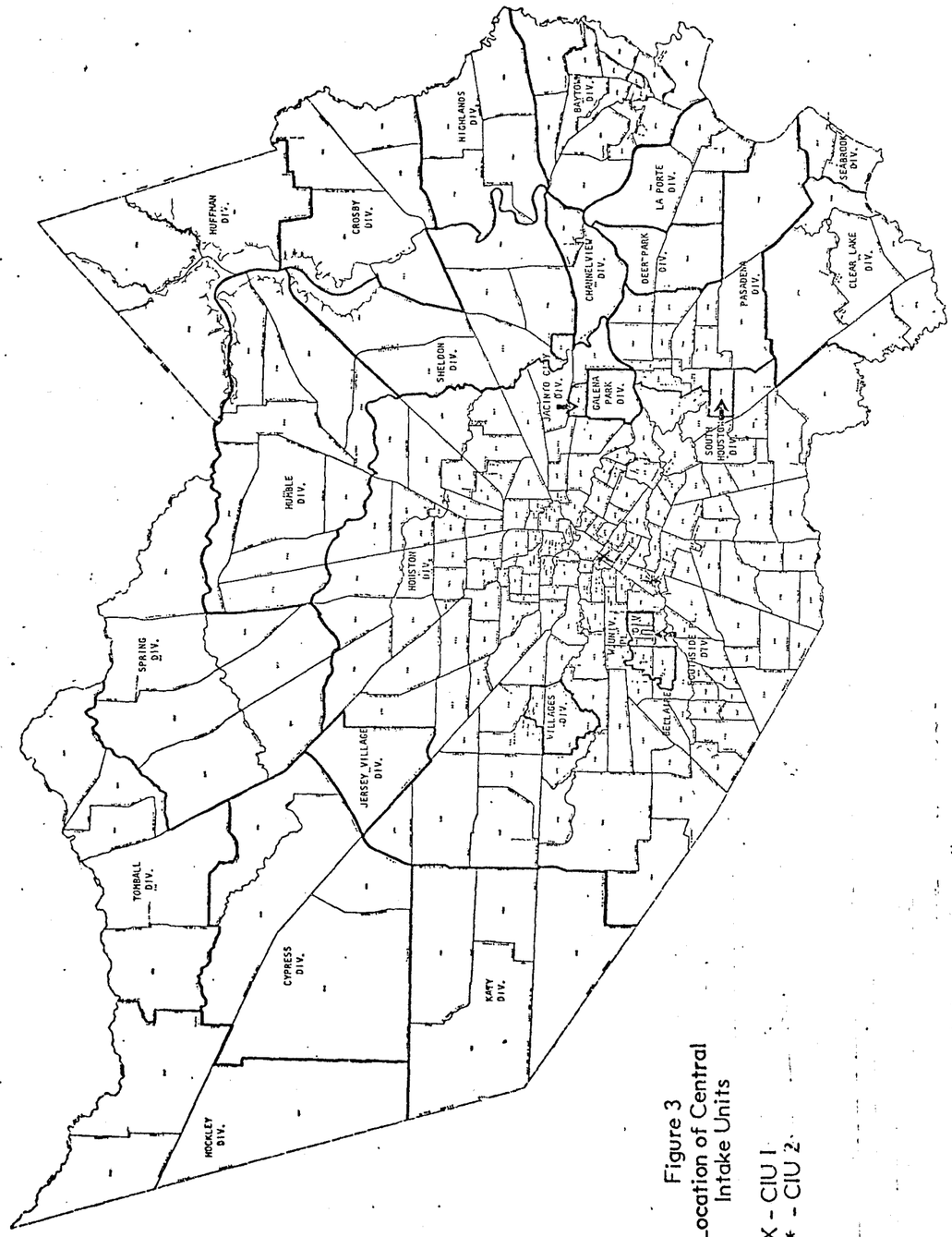

Figure 3
Location of Central
Intake Units

X - CIU I
* - CIU 2

Purpose of CIU Measures

A number of specific HCCDAP objectives were measured in terms of data collected from the CIUs. These objectives, prescribed by the MHMRA System management (See Appendix II), were as follows:

Definition of the Target Population

> "The HCCDAP target population will consist of those individuals who, as a result of drug use, or abuse, are exhibiting behaviors that are detrimental to their personal, social and emotional well being. Drug use includes, but is not limited to, opiates, inhalents, solvents, amphetamines, barbiturates, codeine, alcohol. Specific requirements regarding age, suitability for particular treatment modality and other requirements are determined by the individual programs in accordance with local, state and federal guidelines."

Number of Clients to be Served

1) "The central intake units to have made contact with 3,500 clients in the target population between October 15, 1973 and June 20, 1974. All those who receive a personal interview will be counted, including those who did not complete the CIU process and readmissions."

2) "Each participating HCCDAP agency to meet the static and dynamic capacities specified in the respective contracts." Figures may have to be adjusted from the contracts because they were based on a twelve-month period and there was a delayed start up."

CLIENT CAPACITY

HCCDAP Agency	12 Month Dynamic	Adjusted 6.5 Month Dynamic
TRIMS	300	163
VGS	284	154
Riverside	190	103
Gulf Coast	41	22
TOTAL	815	442

Length of Time at CIU

> "When the central intake units refer a client into HCCDAP treatment programs, the units are to have accomplished the referral within two working days (when the client keeps all scheduled appointments). Treatment begins when the client contacts the HCCDAP agency to which he was referred; for the purpose of measuring CIU objectives, treatment also begins when the client is placed on a waiting list if he/she has completed the CIU process."

In addition to these specific management goals, the data collected at Central Intake Units allowed for descriptions and comparisons of variables such as age, sex, ethnicity, residence by census tracts, drug use, previous treatment, and referral sources. It made possible descriptions of clients referred into HCCDAP treatment agencies. This included factors such as the number of clients placed on waiting lists for treatment services within the HCCDAP as well as the characteristics of clients who were referred out of the HCCDAP. It allowed for a description of the CIU process as clients entered the HCCDAP, completed the CIU process, and were referred to a treatment agency. This description included the number of days from entry until referral to treatment and actual first treatment encounter. Finally, it provided a basis for comparison of the two Central Intake Units. The two CIU's were compared on the basis of descriptions of client population, referral in and out sources, and duration of intake process.

Method of Collecting CIU Data

The CIU data presented in this report were collected using the following process:

a) CIU counselors assigned each client a unique identification number and completed a client case summary. A client folder was developed containing a number of forms pertaining to the client's movement through the CIU.

b) A CWPA-CIU form was completed by MHMRA data analysis department personnel (one such person was stationed at each CIU). The MHMRA data personnel used the information in the client's folder to complete the CWPA-CIU form. (See Appendix III, "HCCDAP Central Intake Forms").

c) The HCCDAP Evaluation Project received one CWPA-CIU form for each client who had contacted either of the CIUs. If information was incomplete on the forms, an Evaluation Project staff member went to the appropriate CIU and collected the missing information. Even so, it was not always possible to gather complete information on all clients. This was because either the information was unavailable from the client at intake, or the intake worker could not collect the information. These two factors account for discrepancies in total numbers of clients between some of the Tables included in the data analysis.

d) Census tract information was collected by the HCCDAP Evaluation Project Staff. The client case numbers were taken to the CIUs and matched with the client's address. The client address was transferred into a census tract number by utilizing the "Address Coding Guide for Harris County, Texas."

e) CIU client data was transferred to coding sheets and verified by HCCDAP Evaluation Project Staff. The coded data were keypunched onto computer cards by a contracted keypunching firm.

f) The University of Houston's computer facilities were used to process the data. The "Statistical Package for the Social Sciences" (SPSS) computer program was used to process the data. This provided summary statistics and cross tabulations for selected variables.

CIU Data Analysis

The CIU data collection and analysis process was planned and implemented prior to the development of goals and objectives for the HCCDAP. The HCCDAP Evaluation Project assumed that client information obtained upon a client's entry into the treatment system could ultimately be related to outcome variables. In addition, it was assumed that a demographic description of the client population was necessary for understanding who was being served by the HCCDAP. These assumptions provided the basis for the CIU data collection and analysis for the first four months of the HCCDAP's first year of operation (October 15, 1973 through April 30, 1974).

Subsequent to the initial data collection efforts by the HCCDAP Evaluation Project, the HCCDAP goals and objectives were developed. Some of the HCCDAP objectives can be measured in terms of the type of information collected at the CIUs. (Appendix II "HCCDAP Goals and Objectives Matrix").

Specified Program Objectives

Target population

Because of the general way in which the HCCDAP target population was defined (see page 6), specific comparisons with the HCCDAP client population were limited.

We know, for example, that the HCCDAP client population, for the period from October 15, 1973 through April 30, 1974, was typified by 26-year old Anglo males residing inside the Houston city limits and requesting treatment for heroin addiction; but this bears little relation to HCCDAP goals. However, the concept that the HCCDAP target population consisted of "...individuals who, as a result of drug use or abuse are exhibiting behaviors that are detrimental to their personal, social, and emotional

well being ..."[1] was identifiable in the HCCDAP client population. That is, the HCCDAP client population consisted of individuals who requested or were referred specifically for drug abuse treatment.

Number of clients to be served

During the six and one-half month period for which Central Intake data were available, 1,175 client contacts were made at both CIUs. (This includes 43 clients for whom no other data were collected and who do not otherwise appear in this report.)* If the HCCDAP objective for an 8.17 month period was 3,500 client contacts, then 2,785 clients should have made contact for the 6.5 month period. The projected monthly contacts objective of 428 clients did not compare favorabley with the actual average monthly client contact of 181 clients. This means that the HCCDAP achieved 42 percent of this objective for the period under study. Based upon this monthly rate of client contacts, it is unlikely that the HCCDAP could have accomplished its client contact objective during the remaining months of operation since 1.67 months of operation remained after April 30, 1974 and 1,610 clients would need to be contacted in order to reach the HCCDAP objective. The CIUs would need about 5 times the reported number to have averaged 964 clients per month during the remaining time, an accomplishment that seems highly unlikely.

Although the number of clients who contacted the CIUs was below the HCCDAP's objective, Table 1 shows that 3 of the 4 treatment programs were ahead of their contract dynamic figures. This Table does not take into account the number of clients who dropped from treatment programs, and therefore, does not deal with static figures; nor does it distinguish clients who were placed on waiting lists.

This indicates that the management goal of making 3,500 client contacts at the central intake unit was perhaps mercifully unrealistic. Had it been reached it is difficult to see how the system could have treated so many.

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* Central Intake forms on the 43 clients were received after May 15, 1974, the reporting deadline set for inclusion in this report.

1. Harris County Central Drug Abuse Project, Revised Evaluation Component. Community Welfare Planning Association of Greater Houston Report # 024, April, 1974.

Table 1. Dynamic client figures for HCCDAP agencies (adjusted for 6.5 months) compared to the number of clients actually admitted to HCCDAP agencies after referral from October 15, 1973 to April 30, 1974.

HCCDAP agencies	6.5 month contract dynamic figure	Number admitted from CIUs
TRIMS	163	242
VGS	154	297
Riverside	103	139
Gulf Coast	22	1
TOTAL	442	679

Length of time at CIU

Table 2 shows the number of calendar days required to complete the intake process for those who did not drop out during the intake process. Over 69 percent of clients who completed the intake process were referred to a treatment agency within two working days from their initial contact. However, these proportions were different between the intake units. When the time periods were collapsed into two working days or less and more than two working days (Table 3), we find that 60 percent of clients at CIU I completed the intake process in two days or less as compared to 76 percent at CIU II.

Table 2. Percent of clients completing the intake process in number of working days from first contact by Central Intake Unit, October 15, 1973 - April 30, 1974.

Number of working days	CIU I	CIU II	Total	Cumulative
Same day as entered	19.4%	14.4%	16.6% (154)	16.6% (154)
One working day following entry (24 hours)	20.1	22.2	21.3 (198)	37.9 (352)
Two working days following entry (48 hours)	20.8	39.7	31.4 (292)	69.3 (644)
Three working days following entry (72 hours)	9.8	10.3	10.1 (94)	79.4 (738)
Four working days following entry (96 hours)	29.9	13.4	20.6 (192)	100.0 (932)
Total	100.0% (N=377)	100.0% (N=555)	100.0% (N=932)	

Table 3. Percent of clients completing the intake process in less than or more than two working days by Central Intake Unit, October 15, 1973 - April 30, 1974.

Number of working days	CIU I	CIU II	Total
2 days or less	60.3% (246)	76.2% (398)	69.2% (64
More than 2 days	39.7 (162)	23.8 (124)	30.8 (286)
TOTAL (N)	100.0% (N=408)	100.0% (N=522)	100.0% (N=930)

Note: Statistical significance determined by Chi Square.
p = less than .01

Elasped time contact at CIU to treatment program entry

There are no HCCDAP objectives that related to how quickly a client should actually be admitted to a treatment program or placed on a waiting list. Table 4 shows the total elapsed time between initial intake and admission to a treatment program and indicates the time intervals from point of initial contact to actual treatment of clients' drug problems. As can be seen, 5 or more calendar days passed before over half of the clients were accepted for treatment or placed on waiting lists at treatment agencies. However, the reliability of this data is not good. As pointed out in Chapter Three, "Records Review" of this report, 25 percent of the dates of treatment staffing recorded at CIU I and II disagreed with treatment staffing dates recorded in the treatment records sampled. It is important to note that the direction of error would indicate longer rather than shorter time to treatment programs.

Table 4. Number of calendar days from client's initial contact at Central Intake Unit to either admission to treatment or placement on a waiting list, by Central Intake Unit, October 15, 1973 - April 30, 1974

Number of calendar days	CIU I	CIU II	Total	Cumulative total
Same day as initial contact	4.1% (13)	1.1% (5)	2.3% (18)	2.3% (18)
1	21.8. (69)	16.4 (74)	18.6 (143)	20.9 (161)
2	6.0 (19)	9.7 (44)	8.2 (63)	29.1 (224)
3	5.4 (17)	10.4 (47)	8.3 (64)	37.5 (288)
4	6.6 (21)	10.8 (49)	9.1 (70)	46.6 (358)
5-8	22.1 (70)	33.2 (150)	28.6 (220)	75.2 (578)
9-12	9.5 (30)	8.8 (40)	9.1 (70)	84.3 (648)
13-17	11.0 (35)	6.4 (29)	8.3 (64)	92.6 (712)
17	13.6 (43)	3.1 (14)	7.4 (57)	100.0 (769)
TOTAL	100.1% (N=317)	99.9% (N=452)	99.9% (N=769)	

Supplemental Data

In addition to the specific program objectives developed by the HCCDAP managers, the data collected at the two Central Intake Units enhances an overview of the treatment system. This overview is organized into two parts. First, a description of the demographic and drug use characteristics of the client population, and second, an analysis of client flow into, through and out of the treatment system.

Description of clients

The majority of clients who made contact with the two intake units were Anglo (68 percent) males (70 percent). The average age of all clients was 24 years. Table 5 shows that the drug reported most frequently by clients as being the drug of primary use was heroin. Heroin, barbiturates, marijuana, and amphetamines accounted for approximately 90 percent of all reported primary drug abuse.

Table 5. Frequency of CIU clients' drug problems by type of drug primarily constituting problem, October 15, 1973 to April 30, 1974.

Type of drug	Frequency	Percent of total
Heroin	701	62.2%
Marijuana	138	12.2
Barbiturates	116	10.3
Amphetamines	59	5.2
Hallucinogens	21	1.9
Inhalants	20	1.8
Alcohol	17	1.5
Psychotropics	16	1.4
Other opiates and synthetics	15	1.3
Methadone (illegal)	4	0.4
Cocaine	5	0.4
Non-prescription over-the-counter	3	0.3
More than three	1	0.1
Other	5	0.4
Problem-not drug related	9	0.8
Total	N=1130	100.0%

Table 6 gives a more detailed demographic description of client contacts in terms of age, sex, and ethnicity.

Table 6. Frequency and percent of CIU client contacts by age, sex, and ethnicity, October 15, 1973 - April 30, 1974.

Table 6 (A)

Age	Frequency	Percent
Under 18	92	8.2%
18 to 21	293	26.0
22 to 30	534	47.4
Over 30	207	18.4
Total	1126	100.0%

Table 6 (B)

Sex	Frequency	Percent
Male	793	70.6%
Female	330	29.4
Total	1123	100.0%

Table 6 (c)

Ethnicity	Frequency	Percent
Black	152	13.5
Mexican American	197	17.4
Anglo	772	68.4
Other	8	0.7
Total	1129	100.0%

The age and sex distribution of the HCCDAP clients is not unlike distributions reported for other multi-modality programs around the country (for example, see "Client Characteristics I, "Client Characteristics II" and "Philadelphia T.A.S.C. Program" in the 1973 Proceedings, 5th National Conference on Methadone Treatment , National Association for the Prevention of Addiction to Narcotics (NAPAN). The age and sex distribution of HCCDAP clients in Houston is also consistent with findings presented in the Second Report of the National Commission on Marijuana and Drug Abuse (March 1973).

Although the age and sex distributions in metropolitan communities from which drug abuse clients are drawn does not vary greatly, the relative proportion of various ethnic minority groups does. The distribution of clients by ethnicity, when compared to figures from the 1970 Census, clearly shows that Blacks are under - represented in the HCCDAP client population. This problem is much more serious when comparisons are made with census figures for the city of Houston. (The analysis of client pattern of residence, page 16, shows that 75 percent of all census tracts in which clients resided were inside the city of Houston.) These figures show that Blacks accounted for 26 percent of the Houston population in 1970. If we assumed the distribution of drug use to be constant among all ethnic minority groups, this problem would be serious. However, there are many reasons to believe that drug abuse rates are not equal among these groups, particularly for heroin.

> "According to our best estimates, there were, as of November 1970, approximately 150,000 to 250,000 heroin addicts in the United States.... The addicts are heavily concentrated in the poorest areas of large metropolitan areas. Probably half live in New York, and 60 to 70 percent of them are black, Puerto Rican, or Mexican American." (Dealing with Drug Abuse: A Report to the Ford

Foundation, Prager Publishers , New York 1972:4).

The situation for Mexican Americans is, at first glance, considerably better than for Blacks. Over 17 percent of the HCCDAP client population was Mexican American while Mexican Americans accounted for 12.2 percent of the Houston population in 1970. However, other problems involving referral patterns (page 20) and higher dropout rates for both Blacks and Mexican Americans (page 24) were found.

While no goal or objective relating specifically to drug abuse treatment services for ethnic minority groups was developed, there are definite problems in these areas that should be addressed in the future.

For the purpose of making comparisons of drug use patterns among clients, the list of drugs presented in Table 5 was collapsed into two drug categories: opiates (heroin and illegal methadone) and non-opiates. When this is done it can be seen that opiates were reported as the drug of primary use by 63 percent of all clients. While there were no differences in the proportions of opiate use between males and females, Table 7 shows a direct statistical relationship between age and opiate use of clients referred to Central Intake; the older the clients the more often they report heroin as drug of primary use.

Table 7. Percent of clients at Central Intake reporting opiates and non-opiates as drug of primary use by age, October 15, 1973 to April 30, 1974.

Drug	Age				Total
	Under 18	18-21	22-30	Over 30	Total
Opiate	3	151	392	169	715
Non-opiate	87	150	134	33	404
Total	90	301	526	202	1119

Note: Statistical significance determined by Chi Square.
p = .01

When drug of primary use is tabulated by ethnicity (Table 8) we find that the opiate use proportions are highest among Mexican Americans and lowest among Blacks. Since the data only refer to those persons making contact for treatment it is not possible to ascribe these proportions to the Harris County population as a whole. One possible explanation for this comparatively high reported use of opiates among Mexican Americans could be in the area of referrals from law-enforcement related referrals as discussed on page 21. .

Table 8. Percent of clients at Central Intake reporting opiates and non-opiates as drug of primary use by ethnicity, October 15, 1973 - April 30, 1974.

Drug	Ethnicity				
	Black	Mexican American	Anglo	Other	Total
Opiate	56.7%	79.4%	62.0%	50.0%	64.2% (725)
Non-opiate	42.7	19.6	37.3	50.0	35.0 (395)
No drug problem	0.6	1.0	0.7	--	0.8 (9)
Total	99.9% (N=152)	99.9% (N=197)	100.0% (N=772)	100.0% (N=8)	100.0% (N=1129)

Note: Statistical significance determined by Chi Square (the column "Other" and the row "No Drug Problem" were exlcuded from the computation).
p = less than .01

Residential information was missing on 15 percent (172) of the 1132 clients contacting the CIUs and 5 percent (59) of all clients lived outside of Harris County. The residences of 894 clients are shown by census tracts in Maps 2 and 3 (Residence of CIU I Clients by Census Tracts-October 15, 1973 through April 30, 1974, and Residence of CIU II Clients by Census Tracts-October 15, 1973 through April 30, 1974 respectively) and demonstrate that the HCCDAP served clients residing in 179 (67 percent) of 226 census tracts in Harris County. Seventy-five (75) percent of the census tracts served by the HCCDAP are located inside the Houston city limits. Twenty-five (25) percent of the census tracts served by the HCCDAP are located outside the Houston city limits but within Harris County. The HCCDAP served 83 percent of all the census tracts inside of the Houston city limits, and 67 percent of the total Harris County census tracts. Both CIUs served clients from the same areas.

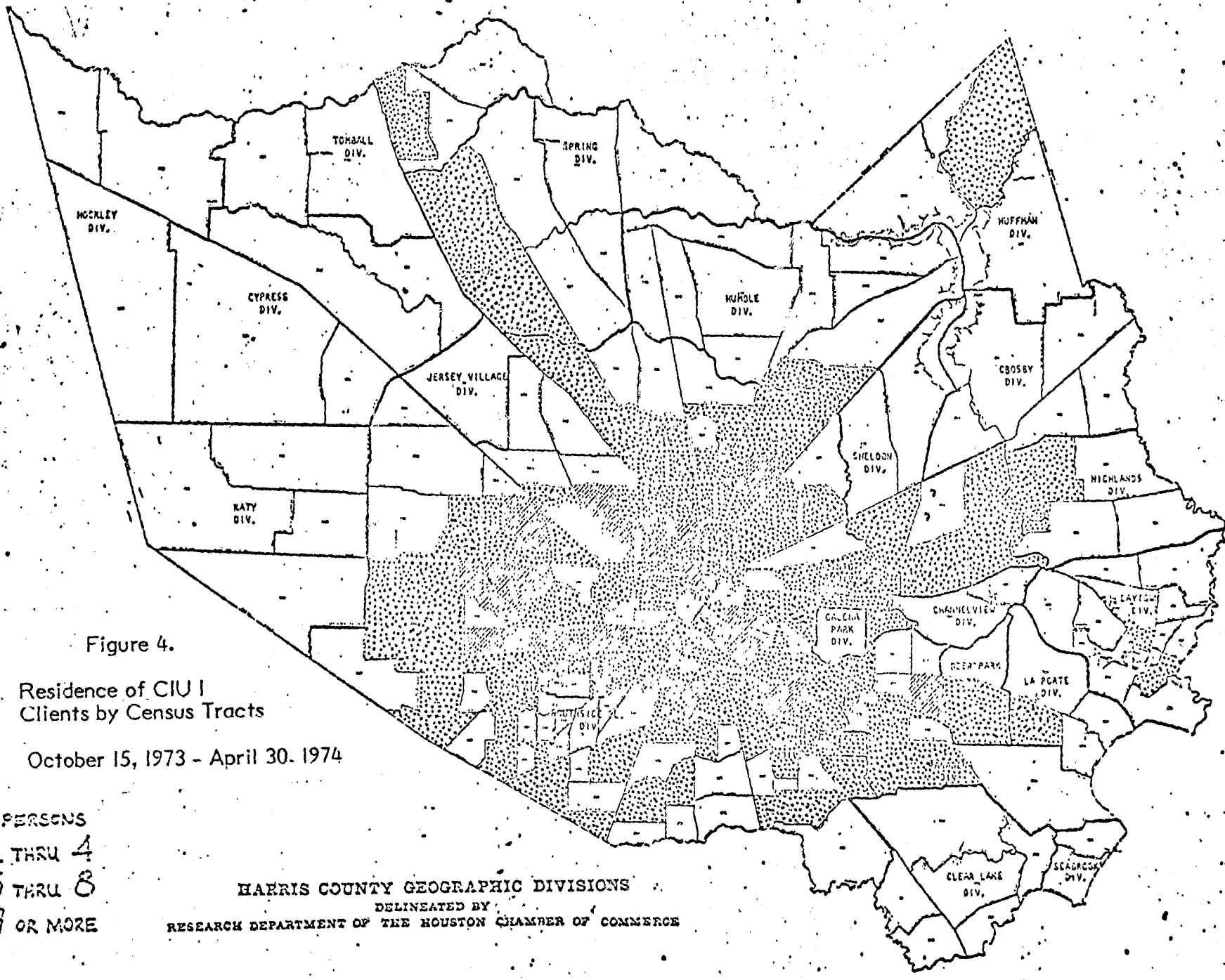


Figure 4.

Residence of CIU I
Clients by Census Tracts

October 15, 1973 - April 30. 1974

NO. OF PERSONS
1 THRU 4
5 THRU 8
9 OR MORE

HARRIS COUNTY GEOGRAPHIC DIVISIONS
DELINEATED BY
RESEARCH DEPARTMENT OF THE HOUSTON CHAMBER OF COMMERCE

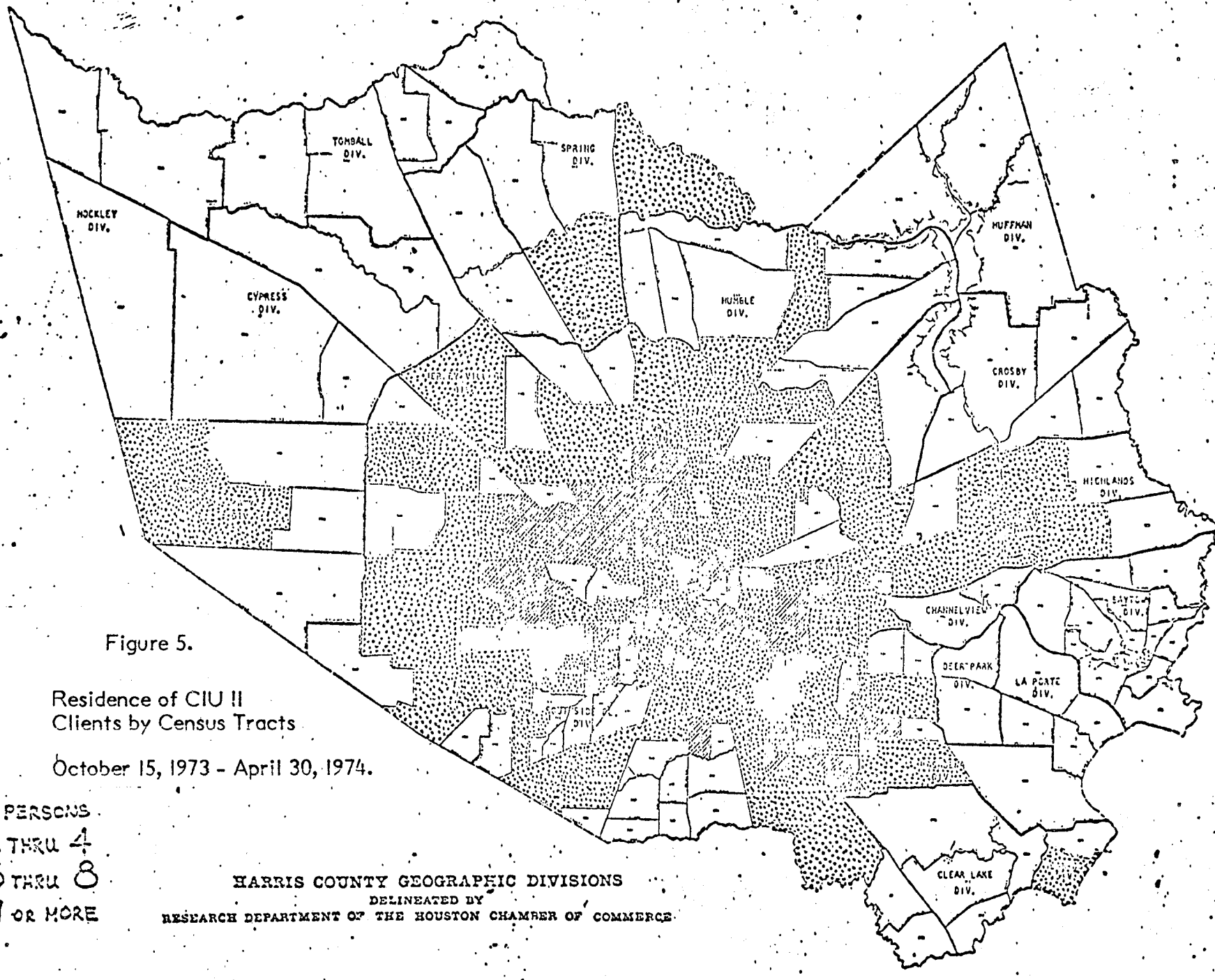


Figure 5.

Residence of CIU II
Clients by Census Tracts

October 15, 1973 - April 30, 1974.

Referrals

Clients were referred to the two CIUs from a variety of sources. The list of referral sources was categorized by agency referrals and non- agency referrals. Tables 9 and 10 show the frequency and percent of referrals from types of agencies and types of non-agency referrals.

Table 9. Frequency and percent of agency referrals to Central Intake Units by type of agency, October 15, 1973 - April 30, 1974.

Type of Agency	Frequency	Percent
HCCDAP agencies	114	23.2%
Hospitals and other medical agencies	65	13.2
Law enforcement related agencies	215	43.8
School authorities	37	7.5
Other state and county agencies	29	6.0
Non-HCCDAP drug treatment programs	18	3.7
Mental health centers or agencies	8	1.6
Information and referral services	5	1.0
Total	491	100.0%

Table 10. Frequency and percent of non-agency referrals to Central Intake Units by type of referral agent, October 15, 1973 - April 30, 1974.

Referral Agent	Frequency	Percent
Self	148	23.4%
Family	81	12.9
Friend	333	52.7
Church	4	0.6
Attorney	15	2.4
Private M.D.	26	4.1
Employer	2	0.3
Other	23	3.6
Total	632	100.0%

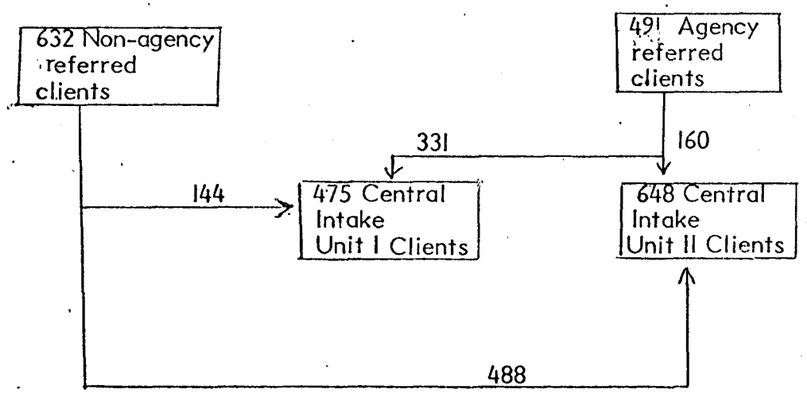
When the referral sources are collapsed and compared by the two central intake units, (Table II), two distinct referral patterns can be seen: agencies refer clients to CIU I while referrals to CIU II are due to either self-initiation or through personal relationships.

Table II. Percent of clients referred to Central Intake Units from agencies and non-agency sources, by CIU, October 15 , 1973 - April 30, 1974.

Referral sources	CIU I	CIU II	Total
Referrals from agencies	69.7% (331)	24.7% (160)	43.7% (491)
Referrals from non-agencies	30.3 (144)	75.3 (488)	56.3 (632)
Total	100.0% (N=475)	100.0% (N=648)	100.0% (N=1123)

These patterns can be shown diagramatically by expanding one segment of the Client Flow Model, Figure I, into Figure 6.

Figure 6. Flow of Clients Referred From Agencies and Non-Agencies to Central Intake Units I and II. October 15. 1973 - April 30. 1974.



An important concern of the HCCDAP Advisory Committee centered on the degree of cooperation between drug abuse treatment agencies and agencies related to law enforcement. The committee wished to know the extent to which persons from ethnic minority groups were presented with alternatives to incarceration in the form of drug abuse treatment programs as compared to Anglos.

Although there were no significant differences in the proportion of groups referred from law enforcement related agencies as compared to all other referral sources when all ethnic minority groups were considered together (Table 12), closer analysis shows that differences between Anglos and Mexican Americans were great (Table 13). While the proportions of Black clients drawn from the two referral pools were constant, a significantly smaller proportion of Mexican Americans were drawn from the law enforcement-related pool of referrals than of the non-law enforcement-related pool when compared to Anglos (Table 12).

Table 12. Percent of clients referred to Central Intake Units by law enforcement or related agencies and all other referral sources by ethnicity, October 15, 1973 - April 30, 1974.

Referral source	Ethnicity			Total
	Black	Mexican American	Anglo	
Law enforcement or related	21.4%	13.6%	20.0%	19.0% (N=211)
All other sources	78.6	86.4	80.0	81.0 (N=898)
Total	100.0% (N=154)	100.0% (N=198)	100.0% (N=757)	100.0% (N=1109)

Note: Statistical significance determined by Chi Square.
p = less than .20

Table 13. Percent of clients referred to CIU's by law enforcement and non-law enforcement related agencies among Mexican Americans and Anglos, October 15, 1973-April 30, 1974.

Referral agent	Mexican American	Anglo	Total
Law enforcement related	13.6%	20.0%	18.6% (N=178)
Non-law enforcement related	86.4	80.0	81.4 (N=777)
Total	100.0% (N=198)	100.0% (N=757)	100.0% (N=955)

Note: Statistical significance determined by Chi Square
p = less than .01

It is not possible to explain these differences with the available data. An adequate explanation would necessitate an exploration of at least the following areas:

a) Patterns of drug use among Mexican Americans as compared to Blacks and Anglos.

b) Differences in arrests for drug use among Mexican Americans as compared to Blacks and Anglos.

c) Characteristics of the drug programs which deal with clients referred from law enforcement related agencies.

d) The interaction of law enforcement agencies and programs treating clients coming from those agencies.

At least some additional information is available to enhance our understanding of the above observations. During the time period for which data are available, 96 percent of 171 clients referred from law enforcement related agencies, and about whom full information is available, were referred to CIU I. Of the 69 Mexican Americans referred to CIU I (39 percent of all Mexican Americans referred to either intake unit), a maximum of 12 could have been referred from law enforcement-related agencies (12). Mexican Americans were referred from law enforcement-related agencies to either intake unit. Although CIU II received 7 law enforcement agency-related referrals, the number of those who are Mexican Americans is unavailable.

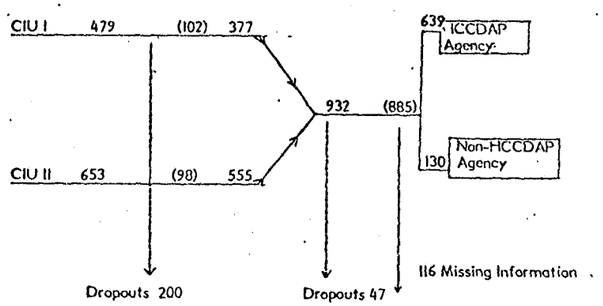
It is clear then that the question of relative accessibility to treatment alternatives to incarceration must first be dealt with at the Central Intake level to identify any special relationship with law enforcement related agencies that might exist.

Referrals from cental intake to treatment

Of the 1132 clients who contacted either CIU, and about whom we have some information, 18 percent failed to complete the intake process. Of the remaining 932 clients who completed the process and were referred to a treatment or service agency, at least 5 percent did not go to the agency. This means that at least 27 percent of all clients who contacted the CIUs dropped out of the treatment system before arriving at a treatment agency. As discussed in the Client Interview chapter of this report, the experience of clients at intake accounts for much of the system attrition.

These aspects of client flow can be illustrated diagramatically by another expanded version of the client flow model in Figure 7.

Figure 7. Flow of Clients from Central Intake to Treatment, October 15, 1973- April 30, 1974.*



* Does not include 33 clients referred to TRIMS Detoxification, Institute for Clinical Toxicology, or Belhaven Detoxification.

Table 14 shows the referral patterns from CIU's to specific HCCDAP treatment modalities. CIU I referred 317 clients to HCCDAP treatment modalities, 82 percent of whom were referred to VGS Programs, and 11 percent to Riverside's Methadone Maintenance Program. CIU II referred 393 clients to HCCDAP treatment modalities, 59 percent of whom were re-referred to TRIMS programs.

Table 14. Percent of clients referred to each HCCDAP treatment modality by Central Intake units making the referral, October 15, 1973 - April 30, 1974.

HCCDAP agencies modalities where clients are referred	CIU I	CIU II	Total
TRIMS Methadone (Maint. & Detox	4.5 (15)	49.9 (195)	(210) 29.2%
TRIMS OUTPATIENT (Drug Free)	.6 (2)	7.7 (30)	(32) 4.4
Riverside (Maint. & Detox)	8.5 (28)	28.4 (111)	(139) 19.3
*ICT - Detox	3.0 (10)	5.9 (23)	(33) 4.6
TRIMS Detox (Inpatient)	0.3 (1)	1.0 (4)	(5) 0.7
Gulfcoast (Stand-by)	0.3 (1)	0.0 (0)	(1) 0.1
***VGS Outpatient (Drug Free)	67.8 (223)	5.1 (20)	(243) 33.8
VGS Residential (Drug Free)	14.3 (47)	1.8 (7)	(54) 7.5
** Belhaven (Inpatient Detox)	0.6 (2)	0.2 (1)	(3) 0.4
Total	99.9 (N=329)	100.0 (N=391)	100.0 (N=720)

* All clients who enter ICT have not been required to first contact a CIU.

** Belhaven Hospital, while not a HCCDAP Program, has been utilized in the past as an inpatient detox facility for VGS clients.

*** A portion of the clients' orginally considered as going to the VGS Outpatient Program ultimately enter the Alternative Program. That number is not known at that time.

Client dropout rates

Table 15 divides Central Intake dropouts into two types: CIU dropouts who failed to complete the intake process and Post-CIU dropouts who completed the process but who were not admitted to the agency to which they were referred.

Table 15. Percent of all Central Intake dropouts by point of exit (during Intake or after Intake but prior to treatment) and by Central Intake Units, October 15, 1973 - April 30, 1974.

Point of Exit	CIU I	CIU II	Total
CIU	84.3% (102)	78.0% (98)	81.0% (200)
Post CIU	15.7 (19)	22.0 (28)	19.0 (47)
Total	100.0% (N=121)	100.0 (N=126)	100.0 (N=247)

Note: Statistical significance determined by Chi Square
p = less than .01

Tables 16 through 19 indicate dropout rates by the variables age, sex, ethnicity, and drug use. The dropout rates vary within each category; however, the only significant differences (p = .05) are between ethnic minority groups. The dropout rate was disproportionately higher for Blacks than either Anglos or Mexican Americans. Blacks are under-represented in the population making contact with the intake units in the beginning (see page 73), and they have significantly higher rates after contact; it is therefore clear that Blacks are relatively disadvantaged in terms of receiving drug abuse treatment services from the HCCDAP.

Table 16. Percent of clients dropping out before entering treatment, by age group, October 15, 1973 - April 30, 1974.

Dropout Status	Age				Total
	Under 18	18 to 21	22 to 30	Over 30	
Dropped out	24.7%	24.1%	23.3%	23.7%	23.7 (244)
Did not drop out	75.3	75.9	76.6	76.3	76.3 (786)
Total	100.0% (N=77)	100.0% (N=278)	100.0% (N=485)	100.0% (N=190)	100.0% (N=1030)

Note: Statistical significance determined by Chi Square
p = less than .30

Table 17. Percent of clients dropping out before entering treatment, by sex, October 15, 1973 - April 30, 1974.

Dropout status	Male	Female	Total
Dropped out	25.1% (181)	20.4% (62)	23.7% (243)
Did not drop out	74.9 (541)	79.6 (242)	76.3 (783)
Total	100.0% (N=722)	100.0% (N=304)	100.0% (N=1026)

Note: Statistical significance determined by Chi Square.
P = less than .20

Table 18. Percent of clients dropping out before entering treatment, by ethnicity, October 15, 1973 - April 30, 1974.

Dropout status	Black	Mexican American	Anglo	Total
Dropped out	31.4% (43)	25.8% (46)	21.7% (154)	23.7% (243)
Did not drop out	68.6 (04)	74.2 (132)	78.3 (556)	76.3 (782)
Total	100.0% (N=137)	100.0% (N=178)	100.0% (N=710)	100.0% (N=1025)

Note: Statistical significance determined by Chi Square.
P = less than .05

Table 19. Percent of clients dropping out before entering treatment by primary drug of use (opiate vs. non-opiate), October 15, 1973 - April 30, 1974

Dropout status	Opiate	Non-opiate	Total
Dropped out	25.0% (164)	22.0% (83)	23.9% (247)
Did not drop out	75.0 (497)	78.0 (295)	76.1 (786)
Total	100.0% (N=655)	100.0% (N=378)	100.0% (N=1033)

Note: Statistical significance determined by Chi Square.
P = less than .99

Concept of central intake -- discussion

The analysis has shown important differences between the two intake units. The two units are characterized by different referral systems. Table II shows that CIU I predominantly received clients from agencies while CIU II usually received clients on the basis of self-referral or referrals related to personal contact. Table 20 shows that CIU II received a disproportionate number of clients with opiates as the primary drug of abuse.

Table 20. Distribution of clients' drug problems by type of drug (opiates and non-opiates used) by Central Intake Units, October 15, 1973 - April 30, 1974.

Type of drug	CIU I	CIU II	Total
Opiates	42.7% (202)	79.3% (514)	63.9 (716)
Non-opiates	57.3 (271)	20.7 (134)	36.1 (405)
Total	100.0% (N=473)	100.0% (N= 648)	100.0% (N=1121)

Note: Statistical significance determined by Chi Square
P = less than .01

In addition to differences in relationships with referral sources and differences between the nature of the drug problems the two intake units handled, there are indications that the process of intake differed between the two units. As Table 2 and 3 show, a greater percentage of clients completed the intake process within two working days at CIU II than at CIU I. Table 15 shows that, although the proportion of dropouts is similar at both units, the point at which clients drop out differs between units. Clients at CIU I are much more likely to drop out during the intake process than after the intake process.

As explained in the original HCCDAP contract, the two explicit reasons for establishing intake units at the two selected locations were because of the size of Houston (the two sites are approximately 2.5 miles apart) and because the two agencies were already known to the community.

Maps 1 and 2 provide critical information for any attempt to explain these differences. As the two maps show, the two intake units do not serve different areas of the city and the issue of distance does not seem to be critical.

That the two agencies are known to the community translates, in practice, into two separate statements.

a) A system of referral agreements existed between VGS and community agencies.

b) A system of referral knowledge existed between TRIMS and the community of drug abusers.

As Table 14 shows, this system of referrals has not been disrupted. Of those clients referred to CIU I, located at VGS, 82 percent were referred to VGS treatment modalities. While it is clear that the Central Intake Unit located at VGS was essentially a VGS intake unit, the situation was not so clear at TRIMS. About 42 percent of clients referred to CIU II were referred to agencies other than TRIMS for treatment or related services. Of great significance, however, is the fact that only 5% of 323 clients were referred from CIU I to TRIMS and only 7.0 percent of 391 clients were referred from CIU II to VGS.

The most general conclusion that may be drawn from this is that the concept of central intake in Harris County was never implemented. For this reason, the indications of failure given in other sections of this report can not be attributed to the concept of central intake, but rather to the intake process as operated by and on behalf of two distinct drug treatment agencies in Harris County.

END