

● Evaluation Report:

JACKSONVILLE DRUG ABUSE PROGRAM

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EVALUATION REPORT
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INTRODUCTION

I N T R O D U C T I O N

The Jacksonville Drug Abuse Program has undergone major changes in recent months. A new Director took over the program last summer. In an effort to make changes which would increase the program's effectiveness and facilitate its operation, the Director, Mr. James B. Hinnant, requested that an evaluation be conducted of the Jacksonville Drug Abuse Program by the Office of Criminal Justice Planning. The Office of Criminal Justice Planning agreed to conduct the evaluation. However, because of the time factor for evaluating such a large program and the then present crisis at the Residential Facility, the evaluation was to center only on the Residential Facility. Once the evaluation was begun the evaluating team discovered it would be impossible to thoroughly evaluate the Residential Facility out of context. The program is intrarelated; what happens in the other areas of the program (i.e., administration and the Division of Community Services) has an impact on the Residential Facility.

A second evaluation will follow which will cover all components of JDAP which were not covered by this initial evaluation.

Although the Residential Facility still remains the chief focus, the evaluation report also covers the administration (those who report directly to the Executive Director), and parts of the Division of Community Services (Central Intake, Information Services, and Legal Affairs & Personnel Services).

The Residential Facility of the Jacksonville Drug Abuse Program located at 6202 Phillips Highway, is a therapeutic community for male and female adult drug abusers. The Residential Program's population comes from the Probation & Parole Commission, the Florida State Prison System, and volunteers (those clients who voluntarily request treatment.) The Residential Facility is located under

the Division of Client Services, the Chief of which reports directly to the Director.

The Director presently has nine (9) administrative staff who report to him (Administrative Assistant, Medical Director, Chief Psychologist, Training Officer, Evaluation Officer, Chief of Prevention and Education, Fiscal Officer, Chief of Client Services, and the Chief of Community Services). These administrative sections and the three (3) units within the Division of Community Services (Central Intake, Information Services, and Legal Affairs & Personnel Services) were evaluated because the Residential Facility relies on these units for necessary services.

The Jacksonville Drug Abuse Program is a comprehensive multi-faceted program providing various client services. The program has some serious problems, many of which developed from the program growing too large too quickly. This evaluation attempts to cover the Residential Program, and those components relating to it, as thoroughly as possible; identifying problems and making recommendations for improvement. The evaluation team feels that through the implementation of the recommendations the Residential Facility and the Drug Program as a whole, could prove to be a great asset to the City of Jacksonville.

SUMMARY OF RECOMMENDATIONS

SUMMARY OF RECOMMENDATIONS

This evaluation was originally intended to focus on the Residential Facility of JDAP. However, once the evaluation was begun it had to be expanded to include the administration and the Division of Community Services. What happens in these areas of the program greatly affect the operation of the Residential Facility.

The ineffectiveness and problems facing the Residential Facility are largely the result of ineffective leadership, supervision, and a lack of written policies and procedures, which stem from the administration. This evaluation documents major weaknesses in the overall operation of the Residential Facility, Administration, and the Division of Community Services.

The evaluation Team concluded that major changes are needed in the administrative as well as programatic areas of the Jacksonville Drug Abuse Program. Those recommendations are as follows:

DEMOGRAPHIC & DESCRIPTIVE DATA

1. The Residential Program should develop specific measurable criteria for client success. Graduation from the program should be contingent upon successful completion of these objectives.
2. The program should classify clients more specifically in terms of their termination status and develop criteria for successful program completion progress.

FINANCIAL DATA

3. The Director of the JDAP should request an audit by the City Council auditor's office on an annual basis to ensure compliance with generally accepted accounting principles.

ADMINISTRATION

4. The Program Psychologist should be placed in the Division of Client Services.
5. The Prevention and Education Unit should be placed in the proposed Division of Community Services.
6. The Information Services Unit should be re-named the Evaluation Unit and placed under the direct supervision of the Director. The Evaluation Officer should remain under the Director and serve as a consultant to both the Director and the Evaluation Unit.
7. The Division of Client Services should be responsible for all treatment components of the JDAP. The Jail-Based Treatment Unit, the Out-Patient Drug-Free Unit and the Communications Unit should be relocated in the Division of Client Services. The Division of Central Intake and Consultation should be re-named the Division of Central Intake and Community Services. This division should become responsible for such functions as Legal Affairs, Prevention and Education and Central Intake.
8. The Director of the JDAP should hold Division Chiefs/Supervisors accountable for the effective operation of their respective units. The performance of administrative officers should be closely monitored. A unit's continued ineffectiveness should be deemed unacceptable and a change of command in such a unit should take place.
9. The Director should establish as one of his top priorities the need to improve communication between: administration and line staff; Cli-

ent Services Division and the Community Services Division staff; and among the JDAP staff in general.

10. The Chief of the Client Services Division and the Chief of the Division of Community Services, along with Unit Supervisors in each division, should meet to identify common problems and establish the means for improving communication and cooperation.
11. The JDAP Evaluation Unit (presently called Information Services Unit) should make periodic reviews and evaluations of the JDAP to ensure that all Federal funding criteria and State Licensing regulations are being met.
12. That client files and client file cabinets at the Residential Program should be identified and marked "Confidential."
13. That the Director should see to it that the rules regarding confidentiality are communicated to criminal justice agencies and assure that such rules are continually enforced.
14. Policies and Procedures should be developed for all units of the Jacksonville Drug Abuse Program. Policies and procedures should be clear, concise, and comprehensive.
15. The residential facility should institute the use of a permanent log book including the names, admission dates, and termination or release dates of all clients who have been residents at the center. Increased efforts should be made to ensure accurate reporting of these dates and timely submission of

- weekly posting reports. A client card file should be instituted at the Residential Program to provide a cross-reference to the log book.
16. A report should be sent by the job developer to the facility supervisor when a client receives a job stating the expected salary. A report should also be sent monthly to the facility supervisor and the JDAP fiscal officer showing the number of clients working, the number of days worked, the amount of salary earned, the amount of money that the center should have received, and a notation of any special conditions. Counselors should be responsible for relating any special conditions to the facility supervisor and job developer.
 17. A ledger book should be maintained at the Residential Program, showing the amount owed and/or paid to the program by each client. Responsibility for collection of client fees should be placed with the facility supervisor or his specified designee. No collections should be made in the form of cash. Clients should be required to return to the facility with their paychecks on the day of payment. Paychecks should be presented to the collector for verification. Payments should be made to the program on the same day in the form of a money order or check.
 18. Counselors at the Residential Program should begin immediately to complete all necessary case records on a timely basis and to ensure that the treatment file of each client is reviewed every thirty (30) days by the program's Chief Therapist.
 19. Periodic sessions should be held by the program's evaluation component with program counselors to ensure their understanding and correct completion of

- necessary records. Program counselors should receive feedback concerning their input and the outcome of in-house evaluation efforts.
20. All sign-in/sign-out records should be initialed by a program counselor when a client leaves and when he/she returns to the program.
 21. Reasons for termination and release of clients from the program should be more clearly defined in order to provide more comprehensive information regarding client success ratios.
 22. Program counselors should begin to conscientiously attempt and document follow-up efforts at designated intervals. This follow-up should include a check with the local Sheriff's Office to determine whether the client has been arrested on a drug charge subsequent to leaving the JDAP. Re-admissions to the JDAP should also be determined when compiling success rate data.
 23. The administration of the JDAP should immediately begin to develop a timetable for implementation of program objectives which would provide a basis for periodic in-house evaluation.
 24. Specific and measurable objectives should be developed for the JDAP and updated on a yearly basis to provide guidance for all program staff and for the program itself.

PERSONNEL

25. Job descriptions, job titles, and job qualifications for all JDAP positions should be reviewed. Discrepancies between actual JDAP positions and City Personnel descriptions should be rectified and brought into accordance with City of Jacksonville Personnel procedures, and continue to be reviewed and rectified.

26. The Director should establish and require personnel evaluations of all JDAP personnel at least twice annually. Where such evaluations indicate unsatisfactory performance, the evaluated staff person should be given a specified period of time in which to achieve a satisfactory level of work performance.
27. Staff in-service training is a strong part of the program and should be continued. The Director should assure that his administrative staff receive at least 40 hours a year of training.
28. Professional personnel have the minimum qualifications of a college degree, plus two years of experience in social services, rehabilitation, or a related field; or a Master's degree in the social or behavioral sciences.
29. Paraprofessional and non-professional personnel should have experience and training in the drug rehabilitation field. Such background should be obtained in a drug program other than the one in which they are employed.
30. Ex-clients of the JDAP should be engaged in gainful employment for a minimum period of six (6) months before accepting staff or volunteer positions in the Drug Abuse Treatment area.
31. The Account Clerk III position at the Residential Program duplicates the functions of other positions and should be abolished.
32. Personnel records should be reviewed by the Director or his designee for thoroughness and accuracy.

33. Salaries for all personnel should be competitive with other parts of the Criminal Justice System as well as with comparable occupation groups of the private sector of the local economy.

Personnel who are consistently unable to maintain a satisfactory level of performance should either be placed in a position that reflects their abilities, or terminated.

34. The number of professional counselors should be lowered to four. Three to four paraprofessional staff should be hired to supervise the facility and clients, and provide other functions which do not require professional expertise.

PROGRAM SERVICES

35. A new sewage disposal plant, capable of meeting the needs of the residential facility should be built.
36. An improved drainage system is needed.
37. The Green Acres Motel sign should be removed to prevent travelers from venturing into the facility and creating a security problem.
38. There is a need for a well-planned and comprehensive recreational program at the Residential Program. In-house and community recreational activities should be developed.
39. A structured information/education program is needed to educate the resident and decrease the amount of client idleness.

EXTERNAL RELATIONS

53. A viable volunteer program should be initiated to involve the public in the JDAP and to provide additional manpower. Volunteers should be carefully screened, adequately trained, and carefully supervised.
54. The JDAP Advisory Board has the potential to become a strong asset if utilized properly. Keeping in mind that the Board operates only in an advisory capacity, the Director should continue to keep the Board knowledgeable and informed about the operation of the JDAP: encourage the Board to make recommendations to the Director on issues of policy and the future direction of the program; and to utilize the Board in improving community relations and obtaining community support.
55. Working agreement between JDAP and ancillary agencies should be reviewed and, if necessary, rewritten to assure that these relationships are maintained as cooperatively and efficiently as possible. Agreements between JDAP and ancillary agencies should be reviewed on an annual basis.
56. The Residential Program should strive to develop positive working relationships with the major social institutions, organizations and agencies of the community. At the management level, the JDAP should involve representatives from the community in development of program policy and inter-agency procedures.
57. The Prevention and Education Component of JDAP should develop a program to educate the community to the drug problem and ways that the community can assist in reducing drug abuse. Community support and assistance should be elicited to the maximum degree possible.

METHODOLOGY

II. METHODOLOGY

This evaluation took place in several phases: orientation to the overall Jacksonville Drug Abuse Program and the Residential Program; development of a research design; data collection; data analysis; and dissemination of results. The overall purpose of this study was to provide an objective evaluation of the residential portion of the JDAP.

Organizational criteria such as policy development, staff supervision and training, decision-making, communication, program structure, and relations with external agencies were studied in order to determine the overall effectiveness of the Residential Program. Project efficiency was measured by assessment of the project's cost effectiveness and adherence to state and federal guidelines.

Quantitative data included: cost per client per day, average daily client population, average length of stay, client demographic and descriptive data, referral source data, termination and release data and other information from project records.

Qualitative data included: site visits, observations of daily operations, interviews with JDAP staff, and interviews with representatives from ancillary agencies. A telephone survey was conducted with fourteen (14) agencies who were listed as cooperating agencies by the JDAP, to determine the relationship of these agencies with the program. The following JDAP staff members were interviewed during the course of this evaluation: Ms. Claire Bachman, Fiscal Assistant; Mr. Daly Braxton, Counselor; Mr. Wally Campbell, Chief Client Services; Mr. Benny Cheek, Facility Supervisor; Ms. Bea Coleman, Secretary; Ms. Evelyn Copeland, Central Intake

Supervisor; Ms. Cindy Couland, Program Analyst; Mr. Jim Crupi, Chief of Community Services and Consultation; Mr. Henry Harris, Fiscal Officer; Mr. James B. Hinnant, Director, JDAP; Mr. King Holzendorff, Maintenance Supervisor; Mr. James Hunt, Counselor; Mr. Mike Johnson, Business Manager; Mr. Wes Knadle, Legal Affairs and Personnel Services; Dr. Doug Lewis, Evaluation Officer; Mr. Melvin Marshall, Chief, Prevention and Education; Mr. Wendell McTeer, Job Development; Ms. Pat Neither, Chief Therapist; Ms. Frances Paul, Community Service Coordinator; Dr. Victor Pena, Medical Director; Mr. W. Saunders, Chief Psychologist; Mr. David Schmeer, Supervisor of Information Services; Mr. Rega Sheehan, Training Officer; Mr. Amos Smith, Counselor; Mr. Robert Taylor, Administrative Assistant; Mr. Willy Thomas, Criminal Justice Liaison; and Ms. Jo Ann Thompson, Counselor. Three (3) Board members were interviewed: Mr. Merle Davis, Dr. Clyde Swink, and Mr. Robert Towers. Mr. Bob Yates, Director of the Division of Mental Health. Others interviewed included: Dr. Patricia Cowdery, Director of Health, Welfare & Bio-Environmental Services; Ms. Patty Torcoletti, Region IV Coordinator for Drug Abuse; Ms. Jan Holden, Vocational Rehabilitation Counselor.

III. PROGRAM HISTORY

The Comprehensive Drug Program in Jacksonville originated from a study conducted by an Advisory Committee of the Health Planning Council. This Committee concluded the need for a drug program to combat the serious drug abuse problems existing in Jacksonville. The Northeast Florida Comprehensive Drug Abuse Program (known as the Life Drug Program) was then formed in May 1970, being chartered as a private non-profit corporation.

From the program's inception in 1970 until April of 1972, the Life Drug Program consisted of a Drug Hotline, and Outpatient Treatment Center and a Speaker's Bureau. Then in April 1972, the program received an extensive federal grant for the establishment of a residential treatment facility and a Methadone Maintenance Center. With the awarding of this grant, the administrative component of the Life Drug Program changed its residence to 15 South Lee Street, where the new residential facility was to follow in June 1972.

In January 1974, the Board of Directors met and decided that the program should be placed under the City structure. The program was renamed the Jacksonville Drug Abuse Program (JDAP) and placed under the Department of Health, Welfare and Bio-Environmental Services.

The Residential Facility of the Life Drug Program was located on South Lee Street in an old dilapidated hotel. This facility was the location of the Residential Program until March 1975. Though never officially condemned, the building could not pass the fire and health inspections and was very dangerous. The program began looking for a new residence for the Adult House in April of 1974. Finding a location which was suitable for the program and at the same time acceptable to the community proved to be extremely difficult. On March 21, 1975, after much controversy, the residential facility moved to its present location, the Green Acres Motel at 6202 Phillips Highway.

March thru June of 1975 was a period for reorganization and restructuring for other components of the program as well. The program's administrative offices were moved from 577 College Street to 515 West 6th Street

in the Health Department. The Methadone Treatment Center and the Adult House were reorganized under a single unit in the Division of Client Services. A second division, the Community Services and Consultation Division, was also organized at the same time. This division was composed of: Central Intake and Consultation, Central Records, Research, the Communications Center, and the Community Counseling staff. The Methadone Treatment Center and Central Intake vacated 15 South Lee Street in March of 1975 and relocated in the old Duval Medical Center at 2000 Jefferson Street.

The Drug Program has moved from being a private non-profit corporation (Life Drug Program) in 1970, to a City grant agency in April 1974 (JDAP). JDAP has grown and reorganized many times since its conception in May 1970. In 1970 the program received a \$200,000 discretionary grant for an outpatient treatment center, speakers bureau, and drug hotline. The program's present grant allocations total over a million dollars. JDAP has mushroomed into a multifaceted, comprehensive program, consisting of: the Residential Program, Methadone Treatment, Central Intake, Legal Affairs, Information Services, Community Centers, Out-Patient Services, a jail-based program, Staff Training and Development Unit, and a Prevention and Education Component.

All of these services go to provide the City with the tools it needs to treat and prevent drug addiction, and to protect society.

There is another history of the Drug Program in addition to the physical history; the history of public attitudes and community acceptance. Drug programs carry a stigma. Drug Programs are viewed negatively and

with a great deal of skepticism by the public. The reason for JDAP's history of poor community perception and support cannot be placed solely on this stigma. The Drug Program must accept much of the blame for the public's attitude. But, if JDAP is to have a future then it will be necessary for the program to gain the community support it needs. If the community wants this service it will be necessary for them to help the program and give their support.

DEMOGRAPHIC & DESCRIPTIVE DATA

IV. DEMOGRAPHIC AND DESCRIPTIVE DATA

The data shown in this section was compiled with the use of JDAP's central records and a review of information contained in the files of individual clients of the Residential Program. A total of 106 closed files and 13 active files were reviewed.

In some cases, the following data has been shown in two periods for purposes of comparison and delineation of trends. Since the Residential Program had been operational for only six months at the time that this data was collected, Period I (March 20 - June 19) and Period II (June 20 through September 19), each period comprises approximately three months. Clients were separated into periods by their date of admission to the Residential Program Center.

1. The Client Profile: (Table I)

The purpose of the Client Profile is to describe the average client served by the Residential Program. This profile distinguishes characteristics of both former clients and active clients of the program. The information shown was compiled from information recorded on intake forms of program clients.

The average age of the clients who have been served at the Residential Program was 24.3 years. The youngest client served was 18 years old while the oldest served there was 52 years old.

More blacks than whites have received the program's services, (56.3% black - 43.7% white). However, at the time this study was done, there were more white clients than black at the residential center.

Far more males than females have been residents at the program.

Of the total number served, only 20.2% were female, while 79.8% were male.

The average educational level of both former and active clients was 11.2 years. Clients who have been residents at the program range in educational level from 7 to 15 years. The most frequent educational level given, however, was 12 years or a high school degree.

Only 19.3% of the clients included were receiving public assistance when they entered the program. While 90.9% of active clients were not receiving public assistance, only 23.1% of these were employed.

The average age at which clients first used an illegal drug was 16.3 years. This age ranged, however, from 11 to 41 years among those included. A total of 79.8% of the clients took illegal drugs before the age of 18. The first illegal drug taken was marijuana for the majority of these clients (63.4%). However, many clients (16.9%) had used opiates first, while another 10.7% used a hallucinogen. Among those using opiates, heroin was most often stated. The most frequently stated reason for first taking an illegal drug was curiosity (37.7%). Another reason which was given often was peer pressure (33.9%). Other reasons were: For kicks (13.2%); Don't know (7.6%); Because of accident/operation (1.9%); Other (5.7%).

Section VIII, "Current Drug Use" refers to the main drug of abuse given by the client when entering the program. The data shows that 67.0% of the clients who are former residents at the Residential Program gave an opiate as their primary drug (of these, 85.5% were heroin). Other categories were: barbituates (9.8%), tranquilizers/sedatives (2.0%), hallucinogens (7.8%), amphetamines (2.9%), and marijuana (10.5%). (See Table for breakdown)

Also included, is a delineation of the frequency of usage of the primary drug. The majority of clients (84.5%) stated that they used drugs daily. Of the remaining clients, 4.9% used drugs three times per week, 3.8% used drugs two times per week, and 1.9% used drugs only once per week or less. Another 4.9% could not be classified due to a lack of information.

2. Admissions/Release Profile: (Table II)

During the period from March 20, 1975 until October 7, 1975, a total of 119 clients were admitted to the Residential Program at Green Acres. Eight (8) of these clients left the program and were subsequently re-admitted. Thirteen (13) of the clients above were still in the program at the time of this study.

Clients of the Residential Program were referred to the program from many sources. The largest source of client referrals was the court system (42.9%). The second largest source of clients came through self-referrals (21.9%). Other sources were the prison system (6.7%), probation officers (5.0%), staff (7.6%), friends (3.4%), and other (4.9%). Information was unavailable on 7.6% of the clients. (See Table III, Client Referrals)

The average length of stay at the Residential Program was 59.5% days for former clients of the program, ranging from one (1) to one-hundred and eighty-seven (187) days. The average length of stay for the thirteen (13) active clients, however, was 74.5 days, ranging from eight (8) to two-hundred and two (202) days as of October 7, 1975.

TABLE I
CLIENT PROFILE

	<u>*(N = 106)</u> <u>FORMER CLIENTS</u>	<u>(N = 13)</u> <u>ACTIVE CLIENTS</u>	<u>(N = 119)</u> <u>TOTAL</u>
I. <u>AGE:</u>			
Average:	24.2 years	24.8 years	24.3 years
Range:	18 to 52 years (N = 106)	18 to 45 years (N = 12)	18 to 52 years (N = 118)
II. <u>RACE:</u>			
White:	42.5%	53.8%	43.7%
Black:	57.5%	46.2%	56.3%
	<u>100.0%</u> (N = 106)	<u>100.0%</u> (N = 13)	<u>100.0%</u> (N = 119)
III. <u>SEX:</u>			
Male:	79.2%	84.6%	79.8%
Female:	20.8%	15.4%	20.2%
	<u>100.0%</u> (N = 106)	<u>100.0%</u> (N = 13)	<u>100.0%</u> (N = 119)
IV. <u>MARITAL STATUS:</u>			
Married	7.7%	16.7%	8.6%
Separated	10.6%	0.0%	9.5%
Divorced	8.7%	8.3%	8.6%
Single	73.0%	75.0%	73.3%
	<u>100.0%</u> (N = 104)	<u>100.0%</u> (N = 12)	<u>100.0%</u> (N = 116)
V. <u>EDUCATIONAL LEVEL:</u>			
Average:	11.2 years	11.2 years	11.2 years
Range:	7-15 years	9-14 years	7-15 years
Most Frequent:	12 years	12 years	12 years
	(N = 103)	(N = 12)	(N = 115)

*N represents the number of clients included. In some cases, the number included does not equal the total due to a lack of recorded information.

FORMER CLIENTSACTIVE CLIENTSTOTALVI. PUBLIC ASSISTANCE:

Not Receiving:	88.4%	90.9%	80.7%
Receiving:	11.6%	9.1%	19.3%
	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>
	(N = 103)	(N = 11)	(N = 114)

VII. FIRST DRUG USED:A. AGE

Average:	16.7 years	15.5 years	16.3 years
Range:	11-41 years	13-24 years	11-41 years
Most Frequent:	70.1% (under 18)	90.0% (under 18)	79.8% (under 18)
	(N = 99)	(N = 10)	(N = 109)

B. DRUG

Opiate:	17.7%	10.0%	16.9%
Barbituate:	3.9%	0.0%	3.6%
Hallucinogen:	9.8%	20.0%	10.7%
Inhalant:	3.9%	10.0%	4.5%
Alcohol:	1.0%	0.0%	.9%
Marijuana:	63.7%	60.0%	63.4%
	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>
	(N = 102)	(N = 10)	(N = 112)

C. REASON

Peer Pressure:	32.6%	50.0%	33.9%
Curiosity:	38.8%	25.0%	37.7%
Kicks:	12.2%	25.0%	13.2%
Don't Know:	8.2%	0.0%	7.6%
Accident/Operation:	2.0%	0.0%	1.9%
Other:	6.2%	0.0%	5.7%
	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>
	(N = 98)	(N = 8)	(N = 106)

VIII. CURRENT DRUG USE: *(At Time of Intake)

Primary Drug:

DRUG TYPE	PERCENTAGE OF TOTAL		FREQUENCY OF USAGE									
	NO.		DAILY		3 X WK		2 X WK		ONCE WK		UNKNOWN	
	#	%	#	%	#	%	#	%	#	%	#	%
1. NARCOTIC/OPIATE	(69)	(67.0%)	(61)	88.4%	(2)	2.9%	(2)	2.9%	(0)	0.0%	(4)	5.8%
a. COCAINE	4	3.8%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
b. CODEINE	1	1.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
c. DILAUDID	1	1.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
d. HEROIN	59	57.2%	59	88.1%	2	3.4%	2	3.4%	0	0.0%	3	5.1%
e. METHADONE	1	1.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
f. MORPHINE	2	2.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
g. TALWIN	1	1.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
2. BARBITUATES	(10)	(9.8%)	(8)	80.0%	(0)	0.0%	(1)	10.0%	(1)	10.0%	(0)	0.0%
a. BARBS (gen.)	8	7.8%	6	75.0%	0	0.0%	1	12.5%	1	12.5%	0	0.0%
b. SECONAL	2	2.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
3. TRANQUILIZERS/ SEDATIVES	(2)	(2.0%)	(2)	100.0%	(0)	0.0%	(0)	0.0%	(0)	0.0%	(0)	0.0%
a. QUALUDES	2	2.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
4. HALLUGINOGENS	(8)	(7.8%)	(6)	75.0%	(1)	12.5%	(0)	0.0%	(0)	0.0%	(0)	0.0%
a. THC	4	3.9%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
b. LSD	4	3.9%	2	50.0%	1	12.5%	0	0.0%	1	25.0%	0	0.0%
5. AMPHETAMINES	(3)	(2.9%)	(2)	66.7%	(0)	0.0%	(0)	0.0%	(0)	0.0%	(1)	33.3%
6. MARIJUANA	(11)	(10.5%)	(8)	72.7%	(2)	18.2%	(1)	9.1%	(0)	0.0%	(0)	0.0%
TOTAL	(103)	(100.0%)	(87)	84.5%	(5)	4.9%	(4)	3.8%	(2)	1.9%	(5)	4.9%

*Former Clients Only

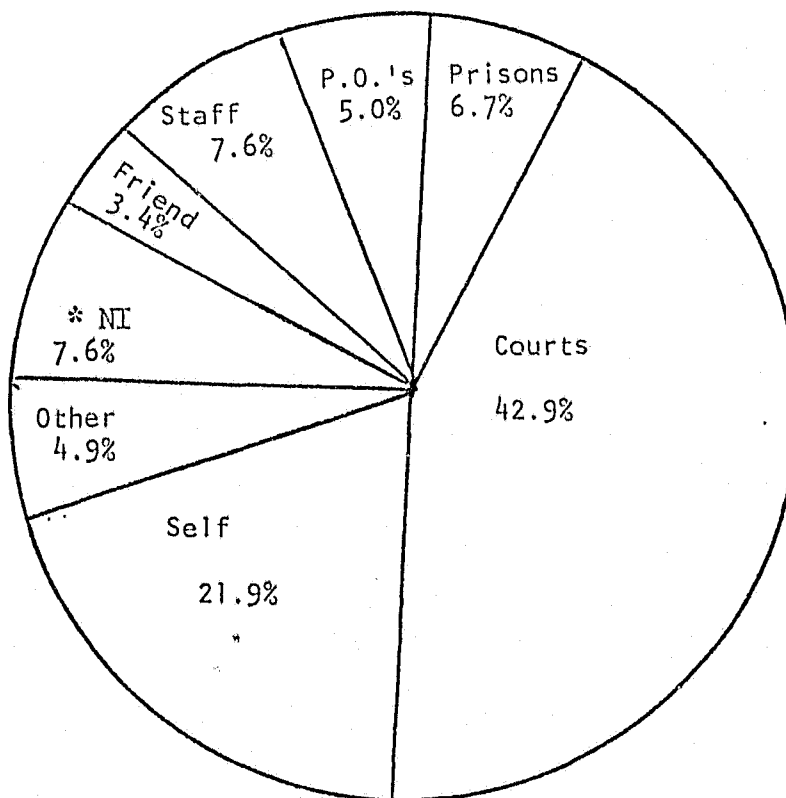
TABLE III
CLIENT REFERRALS

For all Clients Referred: 3/20/75 through 10/7/75

TOTAL CLIENTS REFERRED: 119

REFERRAL SOURCE:

<u>Courts</u>	51
<u>Prisons</u>	8
<u>Probation Officers</u>	6
<u>JDAP Staff</u>	9
<u>Friend</u>	4
<u>Self</u>	26
<u>Other:</u>	
Jail	1
Hospital	2
Probationers Residence	1
Attorney	1
Family	1
<u>No Information</u>	9



N = 119

* NI represents the number of clients not included for lack of recorded information.

TABLE IV

CLIENT TERMINATION STATUS

For the period of 3/20/75 through 10/7/75

TOTAL CLIENTS INCLUDED (98)*

TERMINATED:

Left Against Program Advice: 69
Left With Program Approval: 4

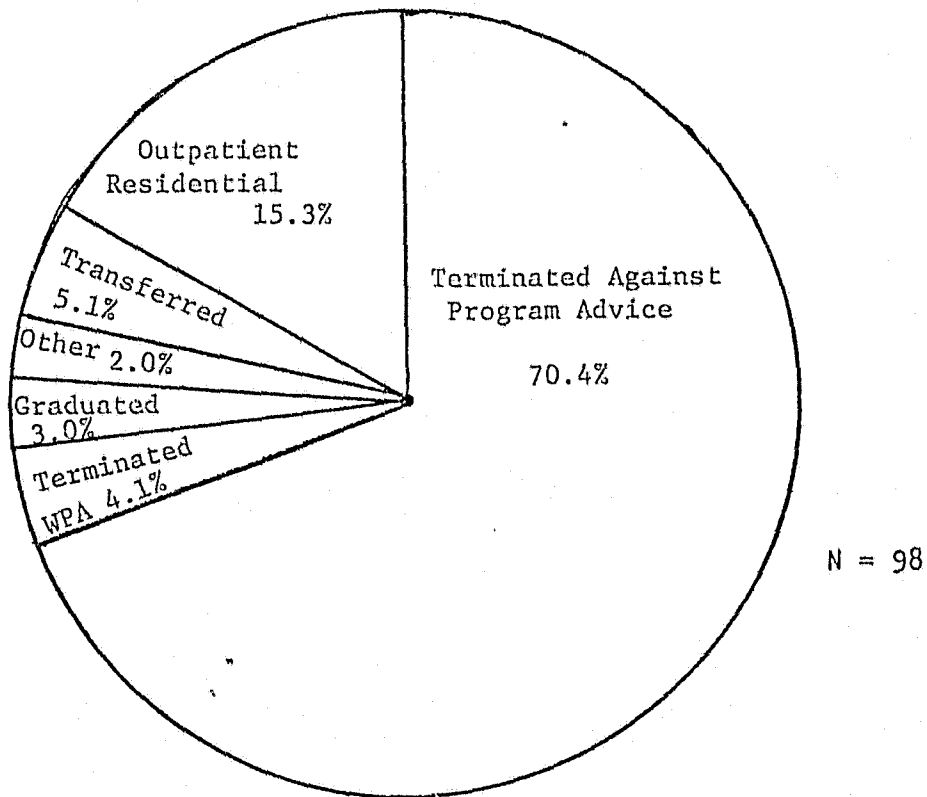
TRANSFERRED:

Placed on Out-patient Status: 15
Transferred Within JDAP: 5

GRADUATED: 3

OTHER:

Deceased: 1
Unknown: 1



* Eight clients were re-admitted and re-terminated during this period making the total number of terminations (106). Of these clients, 7 left APA, and 1 was placed on outpatient status.

TABLE II
ADMISSIONS/RELEASES PROFILE

	<u>PERIOD I</u>	<u>PERIOD II</u>	<u>TOTAL</u>
I. <u>CLIENT POPULATION</u>			
Admissions	87	32	119
Re-Admissions	<u>6</u>	<u>2</u>	<u>8</u>
TOTAL ADMISSIONS	93	34	127
II. <u>REFERRAL SOURCE:</u>	(N=87)	(N=32)	(N=119)*
Court:	43.7%	40.6%	42.9%
Prisons:	8.0%	3.1%	6.7%
Probation Officers:	5.8%	3.1%	5.0%
Staff:	8.1%	6.3%	7.6%
Friend:	1.1%	9.4%	3.4%
Self:	21.9%	21.9%	21.9%
NI	5.8%	12.5%	7.6%
Other:	<u>5.6%</u>	<u>3.1%</u>	<u>4.9%</u>
TOTAL	100.0%	100.0%	100.0%
III. <u>LENGTH OF STAY:</u>	(N=83)	(N=23)	(N=106)
Average	61.5 days	35.7 days	59.5 days
Range	2 to 187 days	1 to 82 days	1 to 187 days
IV. <u>AVERAGE DAILY POPULATION:</u>	33.4 clients	33.5 clients	33.5 clients
Client Days	3075	3081	6156
V. <u>RELEASES</u>	(N=76)	(N=22)	(N=98)
Terminated (APA)	65.8%	86.5%	70.4%
Terminated (WPA)	4.0%	4.5%	4.1%
Transferred W/I JDAP	5.3%	4.5%	5.1%
Outpatient Status	18.4%	4.5%	15.3%
Graduated	3.9%	0.0%	3.1%
Deceased	1.3%	0.0%	1.0%
NI	<u>1.3%</u>	<u>0.0%</u>	<u>1.0%</u>
TOTAL	100.0%	100.0%	100.0%

* Thirteen active clients and eight re-admissions were not included in this total.
The majority of these re-admissions (87.5%) were terminated.

The average daily population of the center shows relative consistency over time, approximately 33.5 clients per day. This statistic will probably be affected, in coming months by the recent loss in client numbers.

The last section of the Admission and Release Profile deals with the status of clients upon leaving the program. The largest category, by far, are those clients who are terminated against program advice (70.4%). Another 4.1% were terminated, but with program approval. Transfers accounted for 20.4% of those who left the program. Only 3.1% of the clients who have left the program were graduates. (See Table IV, CLIENT TERMINATION STATUS)

V. CLIENT SUCCESS

1. Definitions of Client Success:

According to the Standards Manual for Drug Abuse Treatment and Education Programs, published by the State Department of Health and Rehabilitative Services in 1973, criteria for successful completion of a residential drug treatment program should include the following:

- "(a) The client must no longer be dependent for social activity upon those who abuse drugs or upon the residential facility, and his vocational interests and behavior must have become established in socially acceptable recreational and social pursuits.
- (b) The client must have assumed responsibility for himself and must have completed his treatment goals.
- (c) The client should have developed the capacity to be an economically self-sufficient as possible.
- (d) The client should have demonstrated either job stability or responsibility in seeking employment."

Each of the criterion listed is generally stated and difficult to measure in its current form.

As a Criminal Justice Program, one of the JDAP's criteria for client success should be the lack of subsequent involvement by the client in the Criminal Justice System. Measurement of this criteria is one of the purposes of follow-up.

Adequate measurable criteria for client success do not exist at the Residential Program. Progress in relation to specific treatment goals should be measured along with the client's social adjustment and effort in seeking education and employment.

RECOMMENDATION: The Residential Program should develop specific measurable criteria for client success. Graduation from the program should be contingent upon successful completion of these objectives.

2. Program Evaluation in Terms of Client Success:

During the period from March 20, 1975 through September 30, 1975, the Residential Program graduated three (3) clients. Another twenty (20) clients were transferred to out-patient status and four (4) left the program with approval. These make up 27.6% of those who left during this period. On the basis of current data, it is impossible to ascertain the degree of success which was reached among these clients. The classification system which is currently in use leaves doubt as to the success of clients other than those who were graduated.

RECOMMENDATION: The program should classify clients more specifically in terms of their termination status and develop criteria for successful program completion progress.

FINANCIAL DATA

VI. FINANCIAL DATA

1. Fiscal Resources:

Seventy-five percent (75%) of the funding for the Jacksonville Drug Abuse Program is provided by the federal government through the Department of Health, Education, and Welfare. The remaining portion of the program's funding is provided through state and local sources. Shown below is a breakdown of the fiscal resources of the JDAP for FY 75-76.

Federal Funds	\$ 813,467
City of Jacksonville	176,000
City IN-KIND	5,000
State of Florida:	
Crisis Grant-in-Aid	15,950
Division of Corrections	15,000
Baumgardener Act	15,000
Client Fees	<u>44,206</u>
TOTAL	<u>\$1,084,623</u>

The "in-kind" match which is provided by the City of Jacksonville is in the form of a food contribution from the City's Prison Farm. The Division of Corrections subsidizes the program on a daily basis for those clients placed in the program from the prison system and the Baumgardener Act provides money for probationers who are placed in the program.

The Residential Program has a matrix of forty (40) clients which means that the program is expected to maintain an average of 40 clients at the residential center throughout the year. The program is allowed \$5,000 per year from NIDA (75% Federal, 25% Local match) for each of the 40 clients, making the budget for the center approximately \$200,000.00.

2. Fiscal Management;

The JDAP employs a full-time fiscal officer and receives the services of a business manager on a half-time basis. A fiscal assistant who was, at one time, working with the fiscal officer at the central office, is currently located at the Residential Program facility. According to the team's observations, the fiscal assistant receives insufficient supervision from the fiscal officer and maintains an inadequate system of record keeping at the residential center.

The Job Description of the Fiscal Officer states that this person is expected "under direction, to perform responsible technical and/or supervisory accounting or field auditing work...advise and assist subordinates to use correct work procedures and work methods."

(The JDAP fiscal officer was unable to provide the team with information in adequate quantity and detail for a thorough evaluation of the residential program's fiscal procedures relating to client fees assessment.) No documentation was available to support program estimates concerning the amount of money due the program in the form of client fees, i.e., the number of clients previously working, their hourly wage, the number of days worked, and the length of their employment. Policies regarding collection of client fees were not adhered to at the Residential Program. Program policy states that "fees are due on Friday of each week...one staff member will be designated to collect fees, maintain records, and handle all monies..." Both the fiscal assistant and program counselors have been collecting fees. Records are maintained by the fiscal assistant. Conflicting policies have been generated by the program on the amount of money which should be collected from individual clients. Therefore, due to an evident lack

of proper procedures, supervision, and inadequate documentation, the team recommends that the City of Jacksonville should undertake an audit of the fiscal portion of the JDAP at the earliest possible time.

RECOMMENDATION: The Director of the JDAP should request an audit by the City Council auditor's office on an annual basis to ensure compliance with generally accepted accounting principles.

3. Project Expenditures:

During the first six (6) full months of its operation (April, 1975 - September, 1975)* the Residential Program at the Green Acres center incurred expenses as follows:

Salaries	\$32,366.92
Employee Benefits	4,320.29
Supplies	17,326.54
Travel	407.64
Patient Care	7,015.85
Other Operating Expenses	23,373.85
Other Equipment	<u>1,025.00</u>
Total	<u>\$85,836.09</u>

In addition to the above, a portion of the ancillary costs of the JDAP are expenses of the Residential Program.** According to program staff, this amounted to approximately 18% of the total indirect costs, or \$12,616.17.

An additional \$21,440.51 was encumbered during this period in the categories of salaries, patient care, and other operating expenses.

During the month of March, the program paid rent of \$1,850 and spent \$6,400 to make renovations at the program site. The total recorded expenditures and obligations of the program from March until September 30, 1975, were \$128,142.77.

* The program actually began operation on March 20, 1975.

** The fiscal officer was unable to provide the team with this information during the course of the evaluation. It was submitted and incorporated at a later date.

A total of \$775.81 was collected at the Residential Program through client fees during the six (6) month period. According to program policy, clients are assessed 25% of their weekly salary up to a maximum of \$21.00 per week. The fiscal assistant related that over \$600.00 in receivable client fees had never been collected. There was no documentation to support the actual amount stated.

4. Client Cost Data:

The Residential Program provided services for one-hundred and nineteen (119) clients from March 20, 1975 through September 30, 1975. The total number of client days at the center during this period was 6,765.* Actual program expenses (minus client fees) for this same period came to \$105,926.45, making the cost/client/day approximately \$15.65.

5. Cost Effectiveness:

As shown in Table III, Client Referrals, 42.9% of the clients who are referred to the Residential Program come from the court system. The residential center has been used as an alternative to sentencing for many who would otherwise have been incarcerated at the county jail, the city prison farm, or some other correctional institution. The cost per client per day at the county jail for 1975/76 is expected to be approximately \$21.54 while the cost at the prison farm is expected to be \$18.15.

Another 6.7% of the clients who are referred to the Residential Facility are from the State Prison System, where the cost per client per day is approximately \$14.75.**

* Active clients included.

** Most current figures as of November 1975, according to the Department of Offender Rehabilitation. Increased numbers within the prison system have resulted in this recently lowered cost per client.

Although the Residential Program at Green Acres has demonstrated a lower cost per client per day than other local correctional institutions, its value to the community must also be considered in terms of reduction in crime that may be effected by its existence.

Of the 119 files which were reviewed, 45 contained information concerning the amount of money spent by the client, per week, for drugs prior to his referral to the JDAP. These clients could be divided into three groups: those with no employment and no support, those with employment but no other support, and those with no employment but some support.

Among fifteen (15) clients who had no employment or support, an average of \$345.87 was spent per client per week for drugs. The Jacksonville Sheriff's Office estimates that the local fence rate is about 10%, which indicates that if the client was stealing for his habit he would have had to steal \$3,458.70 worth of merchandise to meet his weekly drug cost. If this is multiplied by the fifteen (15) clients in this category, there is possible \$51,880.50 per week which may have been saved through referral of these clients to the JDAP. The average length of stay in the program for these clients was 5.9 weeks, making the total possible community savings of \$306,094.95.

Eleven other clients were employed and had an average weekly drug cost of \$163.18 before entering the JDAP. After applying the earnings of the clients against this drug cost, there was an excess cost of \$81.82 per week or a possible theft rate of \$818.20 per week per client - a total of \$9,000.20 for the group. The average length of stay in the program for this group was 8.75 weeks, indicating a possible savings of \$78,751.75. Costs could not be determined for the third group since the amount of support could not be determined.

It is impossible to ascertain the methods by which these clients had been meeting the high costs of their drug habits. Adequate legal resources were not in evidence. Several clients revealed that crime was their total means of support. This crime may not always occur in the form of theft. Although larceny, B & E, and burglary made up the majority of the past offenses recorded, prostitution, drug sale, and other lucrative crimes were also frequently listed among the clients' criminal histories.

ADMINISTRATION

VII. Administration

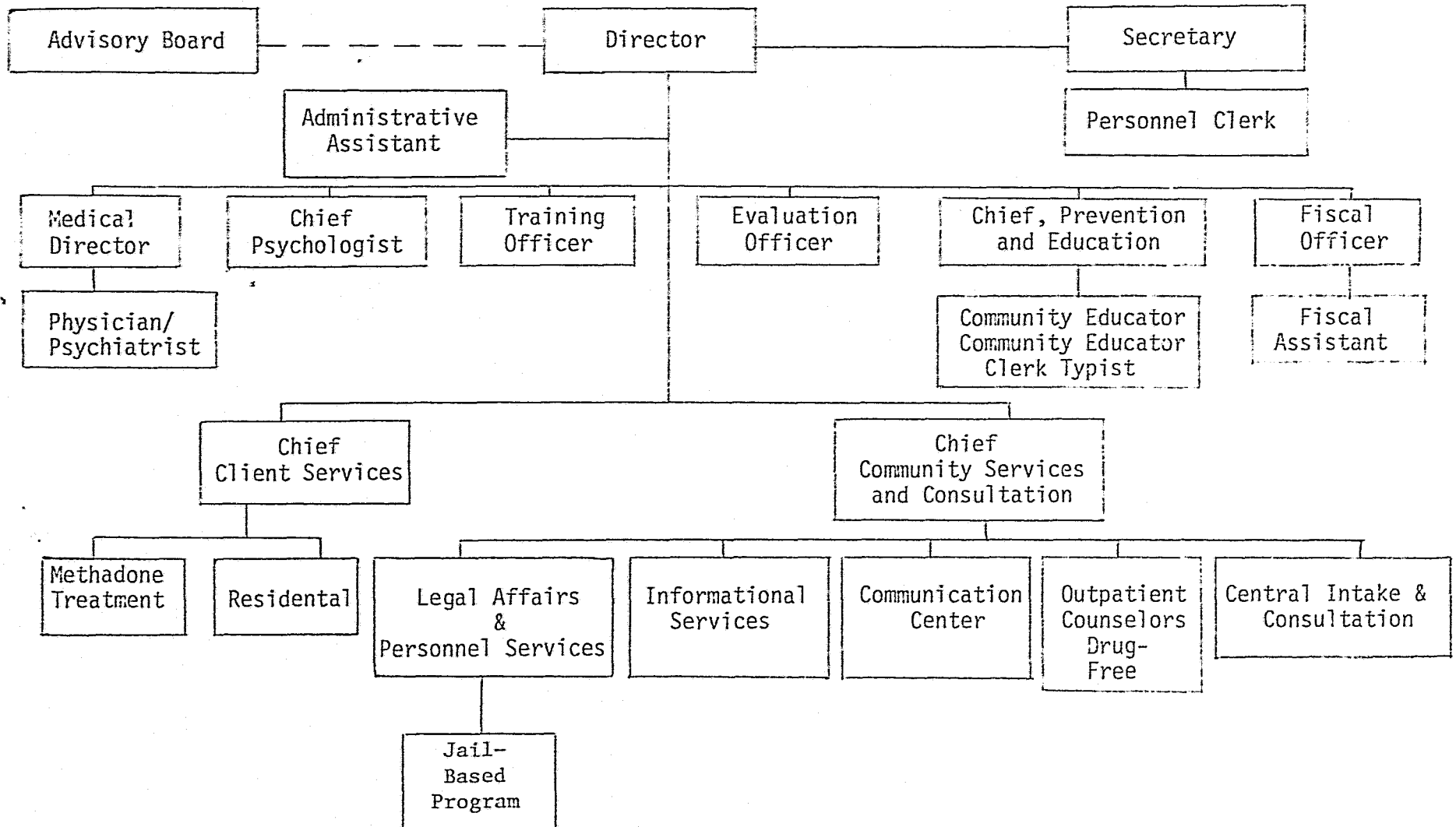
1. Administrative Structure

JDAP is a unit under the Division of Mental Health, of the Department of Health, Welfare and Bio-Environmental Services, within the City of Jacksonville. The program receives the majority of its funds from the National Institute on Drug Abuse (NIDA) in Washington, D.C. The program must abide by some general Federal and State Drug Abuse guidelines, but the program's operation and administration is the complete responsibility of the City of Jacksonville. The program, which began in 1971, has mushroomed into a 2 million dollar comprehensive program in a relatively short time span. With this rapid growth has come repeated organizational restructuring, high staff turnover, and most significantly, four Project Directors since 1971. The most recent project director took over in June of 1975.

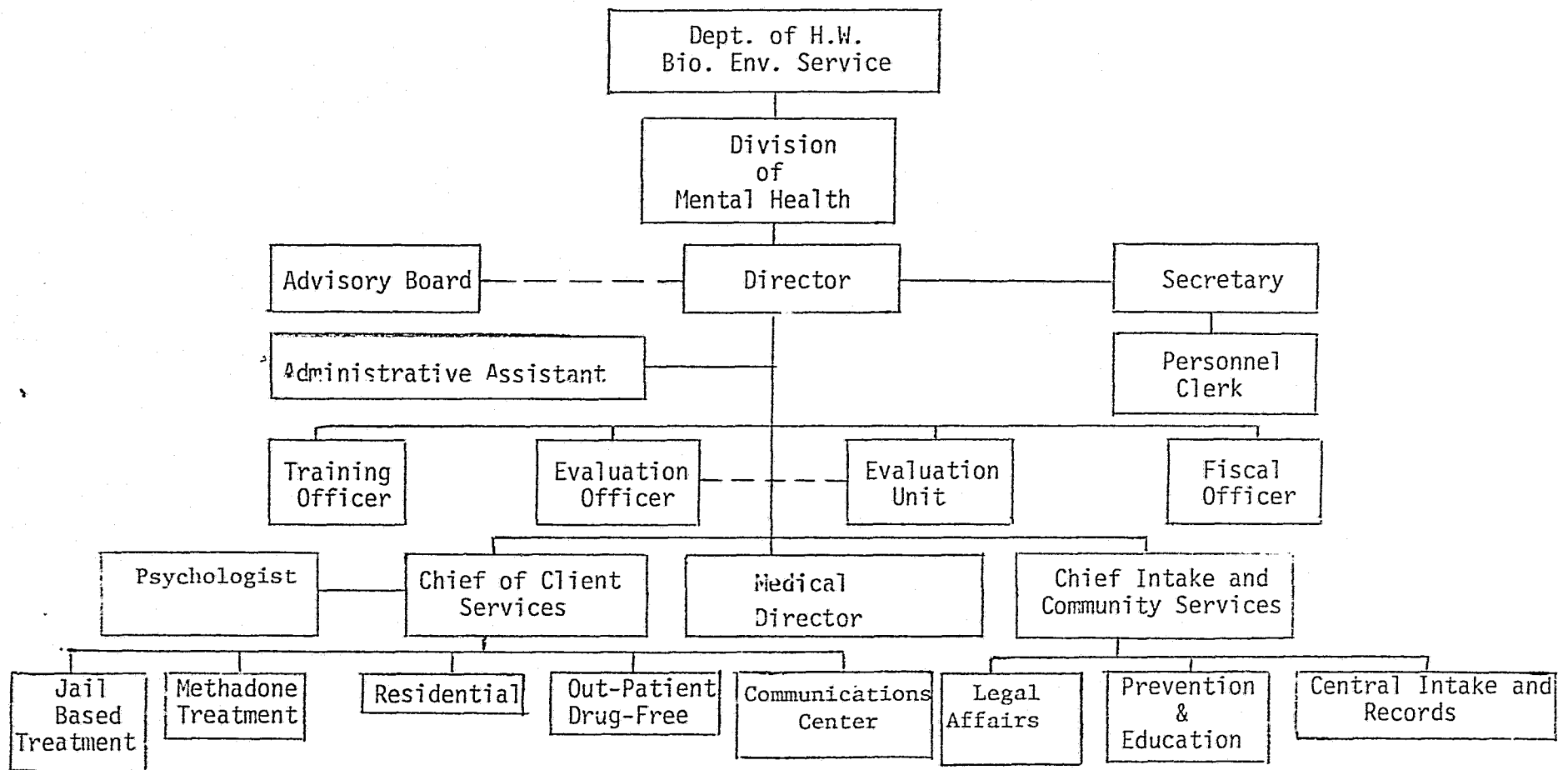
a. Organizational Structure

JDAP's organizational structure was inherited by the present Director. Under the present structure there are ten (10) staff members who report directly to him. The Executive Director should provide immediate supervision only to those key staff members whose work performance and responsibilities are immediately critical to the overall effectiveness of the program. This is not to say that other job functions are not important or critical to the program's effectiveness. Instead, other staff members should receive adequate supervision from their particular chiefs or supervisors. In turn, they should be held responsible for the overall performance and effectiveness of their particular divisions and/or units.

PRESENT JACKSONVILLE DRUG ABUSE PROGRAM



REVISED JACKSONVILLE DRUG ABUSE PROGRAM



After careful research and review of the findings, the evaluation team believes that the Drug Abuse Program could operate more effectively and efficiently with the incorporation of a more practical organizational structure.

The Medical Director and the Chief Psychologist work in Central Intake. They provide direct client services and staff consultation when needed. The Psychologist and Medical Director are extremely important positions which should be easily accessible to all treatment units when their services are needed. The Medical Director is responsible for matters pertaining to the medical care of all drug clients. Most of the Medical Director's time is devoted to medical evaluation of clients at the Central Intake point.

The Psychologist is responsible for all psychiatric referrals and for 30-day treatment evaluations. The psychologist is primarily involved with those units which are actively providing direct treatment services to clients. Therefore,

RECOMMENDATION: The Program Psychologist should be placed in the Division of Client Services.

Removing the Psychologist from the direct supervision of the Director should provide for a more effective chain-of-command and for a better coordinated service delivery structure.

The Prevention and Education Unit is funded by a separate NIDA grant. This unit is presently under the direct supervision of the Executive Director. This unit is primarily involved in the community education function and is highly involved in working with various community agencies. Due to the functional nature of the Prevention and Education Unit:

RECOMMENDATION: The Prevention and Education Unit should be placed in the proposed Division of Intake & Community Services.

The Information Services Unit is presently located in the Division of Community Services and Consultation. This unit provides an information and evaluation function. It compiles statistical information on client flow, client success; and treatment modality effectiveness. Due to the nature of data generated by this unit, it is important that this unit has direct input to the Executive Director.

RECOMMENDATION: The Information Services Unit should be re-named the Evaluation Unit and placed under the direct supervision of the Executive Director. The Evaluation Officer should remain under the Executive Director and serve as a consultant to both the Executive Director and the Evaluation Unit.

The Division of Client Services presently is responsible for the Residential Program and the Out-Patient - Methadone Program. The other treatment components of the JDAP are presently located in the Division of Central Intake and Consultation. To provide a coordinated administrative structure for the delivery of services to clients:

RECOMMENDATION: The Division of Client Services should be responsible for all treatment components of the JDAP. The Jail-Based Treatment Unit, the Out-Patient Drug-Free Unit and the Communications Unit should

be relocated in the Division of Client Services. The Division of Central Intake and Consultation should be re-named the Division of Central Intake and Community Services. This division should become responsible for such functions as Legal Affairs, Prevention and Education and Central Intake.

This proposed reorganization of treatment units into one division will hopefully provide better communications, better coordination and a higher degree of administrative accountability.

b. Supervision

By structurally reorganizing the program, the evaluation team feels that staff supervision will improve. Only the key administrative staff positions should be under the direct supervision of the Executive Director. These key staff members are normally not involved in direct client service, but are critical to the effective administration and supervision of the program. Secondly, by consolidating all treatment components into one division, and all non-treatment components into another division, the respective Division Chiefs can concentrate their efforts towards providing the best service possible in their particular treatment or non-treatment areas. Thirdly, the Executive Director should delegate more authority and responsibility to the chief administrative staff (those reporting directly to the Executive Director). These Unit and Division Chiefs should be held accountable for the efficient and effective operation of their units. Holding chiefs and other administrators responsible and accountable for the success or failures of their units is extremely important. These individuals

in turn, must hold their subordinates accountable for their performance.

One of the major complaints expressed in staff interviews in this evaluation was the lack of leadership and supervision. Many JDAP staff, as well as outside persons familiar with the program were extremely critical of past Executive Directors, calling them incompetent and unqualified. The opposite was true of the present Director. Overall, a large majority of persons were confident and complimentary towards the present Executive Director. Such phrases used were: "Golden Boy", "the bright spot of the program", "the greatest asset of the program." The staff was very concerned and noticeably disturbed about the problems facing the program and the program's uncertain future and are looking toward the Executive Director for direction.

"Regardless of the halfway house program model, the director of the program will be a key figure in the success or failure of the program. More than any other individual, his or her involvement often becomes the backbone of the halfway house program."*

It will be up to the Director and his administrative staff to provide the structure, leadership, and supervision necessary to overcome the multitude of problems inside and out which face a program of this type.

RECOMMENDATION: The Director of the JDAP should hold Division Chiefs/Supervisors accountable for the effective operation of their respective units. The performance of administrative officers should be closely monitored. A unit's continued ineffectiveness should be deemed unacceptable and a change of command in such a unit should take place.

*Halfway Houses, Keller, Alpen, p. 121

c. Communication

In order for adequate supervision to occur there is a necessary must - Communication.

Communication is an act or instance of transmitting information between individuals through a common system of symbols, signs, or behavior. Communication within JDAP has been characterized in the past as extremely lacking between all levels. However, it appears that in recent months communication has improved. The administrative staff reported that the new Director has opened the lines of communication to the administration. All of the individual units and divisions reported that communication was good in their particular unit or division.

The Division of Community Services and Consultation appeared to have the highest level of intra-staff communication. The staff of this Division had a very positive attitude towards the program and a very high regard for those people in their Division. When questioned on various subjects within the program and without, they were better informed and more aware of program operations than staff in other units and divisions. The Chief of the Division has regularly scheduled staff meetings at various levels (i.e., Division Meetings, Unit Meetings, Supervisory Meetings). The Chief encourages communication and input from his staff. Another important factor is that he makes it a point to talk to each individual staff member on an informal basis periodically.

The unit with the greatest communication gap was the Residential Program. The counseling staff was generally confused, upset, mistrustful, and much of the time unaware of program policies and procedures. They

had little awareness of program operations outside of the Residential Program. When asked if they were familiar with the overall drug program and its administration, the answer was most often "No". One counselor stated he did not know who the administration was. All expressed a desire to become familiar with the rest of the program.

Most of the Residential Program counselors felt there was sufficient in-house communication but that communication was generally poor between divisions. The same expression came from the Division of Community Services. The staff in this division felt good communication existed in-house but there was inadequate rapport between divisions and between administration and divisions. Within JDAP there appeared to be a severe split between administration (Director, Supervisor, and Division Chiefs) and line staff. Many line staff have developed such attitudes as: "Don't say anything if you want to keep your job", or "What's the use, no one cares or listens anyway." It has at times developed into a "We-versus-Them" phenomenon.

Ineffective communication can be extremely detrimental to the program. JDAP is not a conglomerate of independent programs. It is one program composed of various units which need to be coordinated to effectively carry out the intent of the JDAP. Effective communication is a prerequisite for program success. Effective communication is characterized by a feeling of mutual trust and respect. The parties to a communicative act need to understand and share a common concern for the success of their joint endeavors.

RECOMMENDATION:

The Director should establish as one of his top priorities the need to improve communication between: administration

and line staff; Client Services Division and the Community Services Division staff; and among the JDAP staff in general.

Ways in which the Executive Director might accomplish this are:

- "a. Periodically going to individual unit and division staff meetings.
- b. Periodically visiting the various components and talking briefly with staff members.
- c. Communicate to staff by writing a short column in the JDAP newsletter, "The Drug Dispatch."
- d. Through establishing ad hoc committees to work on various problems facing the programs, which are not critical time wise or in importance. The committees should be made up of both administrative and line staff who would work together as equals in studying the problem and making recommendations to the Director."*

There is a breakdown in communication between the Division of Client Services and the Division of Community Services. To rectify this situation:

RECOMMENDATION: The Chief of the Client Services Division and the Chief of the Division of Community Services, along with Unit Supervisors in each division, should meet to identify common problems and establish the means for improving communication and cooperation.

d. Decision Making

The decision-making process in JDAP has been to a great degree unstructured rather than organized. Decision making lacks organizational development of specific processes for handling routine decisions. Staff interviewed believed that they understood the lines of authority in the decision-making process. Lines of authority were vague to them outside of

* Minimum Standards & Goals for Florida's Criminal Justice System. Standard CR 14.07 - Participatory Management, and CR 13.01, Professional Correctional Management.

their own division or unit. All decisions cannot and should not be programmed. However, the program needs to focus upon structuring responsibilities, and incorporating and securing adherence to standard operating procedures.

2. Policies, Procedures, and Regulations

a. Federal Funding Criteria: The Federal Government has described very basic requirements for drug abuse treatment services throughout the United States. The basic requirements must be met in order to receive NIDA funds. The funding criteria calls for the provision of necessary facilities, materials, services, and qualified personnel to furnish treatment and rehabilitation to drug dependent persons. The Residential Program falls short of meeting federal funding criteria in the area of client services, particularly treatment. These short-comings will be described in the "Program Services" section of this report.

The Federal Government has also issued rules and regulations on the Confidentiality of Drug Abuse Patient Records:

"Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function shall be confidential, may be disclosed only as authorized by this part, and may not otherwise be divulged in any civil, criminal, administrative or legislative proceedings conducted by any Federal, State, or local authority whether such proceedings is commenced before or after effective date of this part."*

The regulations call for security precautions to be taken for the patients' records. The file of each patient should be marked "Confidential Patient Information." Each file cabinet where files are kept should also be conspicuously labeled with a cautionary statement such as the

* Federal Register, Vol. 38, No. 234, Chapter III, Part 1401.03

following: "Confidential Patient Information, any unauthorized disclosure is a Federal Offense."

The files at the Residential Program are located in the Main Office and kept locked. The keys are secured in the Facility Supervisor's Office. However, the file cabinets are not marked "confidential." Also, the individual client folders lack any such identification. Central Records located at the Old Duval Medical Center are kept in locked files in a secure area with the Records Clerk. These file cabinets were labeled, "Confidential Client Records, any unauthorized disclosure is a Federal Offense." This confidentiality statement was also stamped on individual folders.

b. State Licensing Regulations: The Bureau of Drug Abuse Treatment under the Department of Health and Rehabilitative Services has established specific rules and regulations for all licensed drug abuse treatment and education programs in the State of Florida. Those programs not meeting these minimum requirements face the possibility of having their license revoked or temporarily suspended. The State Licensing Regulations complement the Federal funding criteria, but are more specific and more in depth. As with the Federal criteria, the Residential Program of JDAP falls short of meeting the State Licensing Regulations. These shortcomings will be described in the respective sections of this evaluation.

RECOMMENDATIONS:

1. The JDAP Evaluation Unit (presently called Information Services Unit) should make periodic reviews and evaluations of the JDAP to ensure that all Federal funding criteria and State Licensing regulations are being met.

2. That client files and client file cabinets at the Residential Program should be identified and marked "Confidential."
 3. That the Executive Director should see to it that the rules regarding confidentiality are communicated to criminal justice agencies and assure that such rules are continually enforced.
- c. In-house Policies and Procedures: Policies and procedures are a prerequisite of effective organization and functioning of any agency or program. "Policies and procedures need to be written by the program to ensure proper understanding, uniformity and efficiency of staff members in such areas as intake, delivery services, fiscal procedures, reports, etc."* Until recently, there has never been any written policies or procedures in operation at JDAP. At the beginning of this evaluation, policies and procedures were being written under the direction of the Executive Director, by the two Division Chiefs and the Adm. Assistant. Up until this time what policies and procedures existed were lacking structure and certainty, and passed on by word of mouth to new employees.

The policies and procedures which were written by the Division of Community Services are comprehensive, concise, and detailed. Many of these policies and procedures were not, at the time of this evaluation, in practice by the Division. They were in the planning stages and according to staff were soon to be put into practice.

The policies and procedures for Residential Programs are vague, general, and lacking comprehensiveness. For instance, there are no poli-

* Guidelines and Standards for Halfway House, pg. 150

cies and procedures to guide the following:

- 1) Client passes to leave the premises.
- 2) Client Urinalysis.
- 3) The Residential Program's relationship to other units of the Jacksonville Drug Abuse Program.
- 4) Personnel records.
- 5) Purchasing.
- 6) Confidentiality.
- 7) Staff responsibility for discipline.
- 8) Personnel: orientation, training, evaluation, and supervision.
- 9) Client services.
- 10) Differential client processing.

Policies and procedures are vague on many other aspects such as:

- 1) Enforcement of client rules.
- 2) Security and safety precautions.
- 3) Evaluating client performance.

RECOMMENDATION: Policies and Procedures should be developed for all units of the Jacksonville Drug Abuse Program. Policies and procedures should be clear, concise, and comprehensive.

3. Record Keeping

a. Population Data:

At time of intake each client entering the Jacksonville Drug Abuse Program is assigned an identification number. The central records office of the program keeps an ongoing list (by number) of each client admitted and the treatment modality to which he or she is assigned. In

addition to this log book, a central card file is maintained and indexed by the client's last name. This card file provides a cross reference to the numbered log book. If a client leaves the program and re-enters at a later date, he retains his original identification number.

The program maintains no ongoing record of individual admissions by modality. In order to identify the past clients of the Residential Program, it was necessary to check each card in the central client card file. The residential facility had no ongoing list of admissions or terminations.*

Information concerning admissions, releases, and terminations at the residential facility are relayed to the central office through the use of the weekly posting report. Information from this report is added to the central client log and client card file. The weekly posting report is due at central records office by 5:00 p.m. on the Monday following the reporting week. According to the central office, the Residential Program has been very lax in meeting this deadline. This causes a lag in the completion of the central records. In many cases, client termination dates in treatment folders were inconsistent with those listed on weekly posting reports.

RECOMMENDATION: The residential facility should institute the use of a permanent log book including the names, admission dates, and termination or release dates of all clients who have been residents at the center. Increased efforts should be made to ensure accurate reporting of these

* A list of this type was instituted during the course of this evaluation.

dates and timely submission of weekly posting reports. A client card file should be instituted at the Residential Program to provide a cross-reference to the log book.

b. Financial Records:

The general accounting office of the City of Jacksonville receives federal and state funds which are credited to a specific federal projects group of accounts. Expenses are vouchered with documental supports and all transactions are receipted in a general ledger.

Financial records for the JDAP are maintained in the program's administrative office. The Residential Program maintains copies of purchase requisitions written for items at the residential program.

Project income is insufficiently documented at the Residential Program. In the past, a card has been maintained on each working client, showing the amount owed and/or paid to the program by the client. However, no information is available to show the number of days actually worked by the client per week or the total number of weeks worked. Therefore, there is no system of checks and balances to assure that the proper amount has been collected.

According to the program's job developer, a monthly report is forwarded by him to the fiscal assistant, showing the number of days worked by each client during that month and the salary amount received. The fiscal assistant stated that no such report had been received.*

Due to extenuating circumstances, some clients are designated as "special cases" by their counselors. This occurs when special problems

* Although no clients at the center are currently working there have been working clients at the Residential Program during the time that the fiscal assistant has been assigned there.

such as an unsupported family, medical bills, etc., require immediate attention by the client. The Residential Program has had several of these cases in the past, however, there is no documentation of this fact in the files of the fiscal assistant.

RECOMMENDATION: A report should be sent by the job developer to the facility supervisor when a client receives a job stating the expected salary. A report should also be sent monthly to the facility supervisor and the JDAP fiscal officer showing the number of clients working, the number of days worked, the amount of salary earned, the amount of money that the center should have received, and a notation of any special conditions. Counselors should be responsible for relating any special conditions to the facility supervisor and job developer.

The program uses a receipt book to document collections. However, since collections have often been made by individual counselors, clients have on occasion, been forced to wait (over the weekend) until the money was received by the fiscal assistant to obtain an official receipt. On several occasions, money has been stolen and/or lost during this interim period.

In addition to the above, the old card system maintained by the program shows that over \$600 which was owed to the program by working clients has never been collected.

RECOMMENDATION: A ledger book should be maintained at the Residential Program, showing the amount owed and/or paid to the program by each client. Responsibility for collection of client fees should be placed with the facility supervisor or his specified designee. No collections

should be made in the form of cash. Clients should be required to re-
turn to the facility with their paychecks on the day of payment. Pay-
checks should be presented to the collector for verification. Payments
should be made to the program on the same day in the form of a money
order or check.

c. Case Recording:

Two files are maintained on each client within the JDAP. The central records file is maintained at central intake and contains basic information such as an intake form, re-admission forms, pertinent psychological and medical records, etc. The treatment file follows the client while he or she is in the program. It contains intake and re-admission forms in addition to treatment plans, progress notes, goal attainment scales, and other treatment oriented records.

When a client is terminated or released from the program, the treatment file is paired with the central records file at central intake. If the client re-enters the program, the treatment file is simply reactivated and sent to the appropriate treatment modality.

In order to determine the degree to which necessary case records were being maintained, a review was made of the treatment files of thirteen (13) active clients at the Residential Program. Three of these clients had been in the program for only one week. Two others had been at the Residential Program for slightly less than one month. Shown below, are the forms which were considered necessary for all thirteen (13) clients and the degree to which they were present in the client's treatment file:

<u>FORM</u>	<u>PRESENT</u>
CLIENT INTAKE FORM	84.6% *
INFORMATION CONSENT FORM	61.5% *
URINALYSIS CONSENT FORM	7.7%
MONTHLY CLIENT WORKSHEET	76.9%

For those clients who had been in the program at least two (2) weeks (10 clients):

<u>FORM</u>	<u>PRESENT</u>
GOAL ATTAINMENT SCALE	20.0%
TREATMENT PLAN	40.0%

For those clients who had been in the program more than one month (8 clients):

<u>FORM</u>	<u>PRESENT</u>
MONTHLY PROGRESS REPORT	12.5%
CASE REVIEW	0.0%

None of the records mentioned above were present in all files for which they were pertinent. The average completion rate of all eight forms was 37.9%.

RECOMMENDATION: Counselors at the Residential Program should begin immediately to complete all necessary case records on a timely basis and to ensure that the treatment file of each client is reviewed every thirty (30) days by the program's Chief Therapist.

The Residential Program's counselors expressed a general lack of knowledge concerning the program's evaluation component, and in some cases, a lack of understanding of required forms.

RECOMMENDATION: Periodic sessions should be held by the program's evaluation component with program counselors to ensure their understanding and

* Completion of this form is the responsibility of the Central Intake staff.

correct completion of necessary records. Program counselors should receive feedback concerning their input and the outcome of in-house evaluation efforts.

The Residential Program maintains two records to account for clients while they are away from the program. One is the Check-In/Check-Out Sheet. This is used when a client is expected to be away for a relatively short duration. Individual clients are responsible for signing themselves in and out. The client who is on duty in the office, at the time, is responsible for checking these records. The second record is the Pass Book. This is used whenever a client leaves the premises (including overnight passes) and must be initialed by the counselor.

A cursory review of these two records indicated that the times listed in the two records oftentimes did not coincide; clients sometimes return to the center without signing in, and pages were missing in the Check-In/Check-Out Book.

RECOMMENDATION: All sign-in/sign-out records should be initialed by a program counselor when a client leaves and when he/she returns to the program.

When a client is released or terminated from the JDAP, he/she is classified in one of the following categories: Terminated Against Program Advice, Transferred, Terminated With Program Approval, or Graduated. No record is kept concerning the number of clients who are lost by subsequent arrests, violation of probation, or refusal of program services. Termination with program approval is equally undefined.

RECOMMENDATION: Reasons for termination and release of clients from the program should be more clearly defined in order to provide more comprehensive information regarding client success ratios.

Other records, which are not being kept at the Residential Program, include a signed acknowledgement by each client stating acceptance of the residential house rules and records of time spent by clients in work at the Residential Program.

d. Follow-up Records:

For purposes of follow-up on program clients, the JDAP has implemented the use of a form, to be administered at intervals of one, three, and six months after termination. Included on the form are questions concerning such areas as the client's current living situation, current drug status, and opinions concerning needed improvements in the program. The form is designed to be administered to the client (on the telephone or in person) by the client's ex-counselor.

One major problem concerning the validity of information collected in this manner is that there is no objective measurement with which to substantiate answers given by clients.

According to the Supervisor of JDAP's information services unit, less than 5% of required follow-up forms have been completed and returned to the evaluation component by counselors.

RECOMMENDATION: Program counselors should begin to conscientiously attempt and document follow-up efforts at designated intervals. This follow-up should include a check with the local Sheriff's Office to determine

whether the client has been arrested on a drug charge subsequent to leaving the JDAP. Re-admissions to the JDAP should also be determined when compiling success rate data.

4. Program Implementation

a. Timetable:

The JDAP does not operate in accordance to a stated timetable. This lack of organization and planning is detrimental to the effective operation of the program.

RECOMMENDATION: The administration of the JDAP should immediately begin to develop a timetable for implementation of program objectives which would provide a basis for periodic in-house evaluation.

b. Measurable Objectives:

The current objectives of JDAP are as follows:

1. To provide, by affiliate agreement, inpatient detoxification services for drug dependent individuals.
2. To provide outpatient counseling services for drug abusers in and out of jail.
3. To provide outreach services to relate drug dependent persons to the program.
4. To provide social casework services to program clients.
5. To evaluate program procedures.
6. To provide an intensive treatment rehabilitation residence for drug dependent persons.
7. To provide a rap center for early intervention and treatment services for drug dependent persons.
8. To provide a methadone maintenance and detoxification center for drug dependent persons.

9. To provide limited medical services to certain classes of clients.
10. To offer our services to programs in neighboring counties.
11. Personnel changes.

According to the 1975 Licensing Regulations for Drug Abuse Treatment and Education Centers in Florida:

"All drug centers must state their goals and objective, specifically and in measurable terms. A full description of the population to be served must include demographic characteristics and the nature of the problems presented. Services rendered to the client must be stated in detailed, concrete terms in order to facilitate understanding of the process by which changes were effected."

The JDAP does not have measurable objectives. Evaluation in terms of the program objectives is difficult if not impossible. The lack of measurable objectives for the program and for the separate treatment modalities precludes the possibility of effective monitoring of program progress.

RECOMMENDATION: Specific and measurable objectives should be developed for the JDAP and up-dated on a yearly basis to provide guidance for all program staff and for the program itself.

PERSONNEL

VIII. PERSONNEL

Competent personnel is essential to a successful program. Competent personnel is interpreted to mean not simply those qualified by academic background, but also by personality and temperament.

Every person who was interviewed was asked to comment on the staff within JDAP. The answers most usually were typical of the following, "The staff of JDAP is our biggest asset as well as our biggest problem." In other words, the program has some excellent personnel as well as some very poor personnel. This evaluation will not attempt to point out which staff members are "good" nor which are "bad." What this evaluation will do is to make recommendations for improving the quality of staff.

The personnel section is broken down into two subtitles: Administration and the Division of Community Services; and the Residential Program. Though this report is supposed to center on the Residential Program, it cannot be viewed out of context. What happens in the Administration and in Community Services units affects, to a great extent, what happens in the Residential Program.

1. Administration & Community Services:

Included in this report under administration are those staff members who presently report directly to the Executive Director. The Community Services Division is presently composed of five (5) units. This report only deals with three (3) - Legal Affairs & Personnel Services, Information Services, and Central Intake, because of their relationship with the Residential Program.

(a) Job Descriptions & Specifications:

Grant employees, as well as other City agencies and programs, must abide by certain City personnel policies and procedures. All personnel job descriptions and specifications must be approved and on file with the City's Personnel Department. The JDAP has had many reorganizations. With this have come many changes in job functions and responsibilities. In some of the positions there are discrepancies between: City job description and actual duties; City job specifications and actual qualifications; City job title and actual program title. For instance, the City job description for the Training Officer was written for the Jacksonville Electric Authority and applicable for the most part only to the JEA. In the case of job specification discrepancies, the position of psychologist calls for a PhD. in psychology in the City's job description. In actuality the person filling the position does not meet the specifications. There are also job title discrepancies. The JDAP's Supervisor for Information Services is listed as a Research Assistant Junior. The Supervisor of Legal Affairs and Personnel Services is listed as a Counselor Principal. These discrepancies do not exist solely in the Administration and Community Services but throughout the program.

The evaluation team recommends the following corrective action:

RECOMMENDATION: Job descriptions, job titles, and job qualifications for all JDAP positions should be reviewed. Discrepancies between actual JDAP positions and City Personnel descriptions should be rectified and brought into accordance with City of Jacksonville Personnel procedures, and continue to be reviewed and rectified.

(b) Personnel Evaluation:

Once a program has defined its policies and procedures, goals and objectives as well as established relevant job descriptions and specifications, there then exists a basis for which to measure the performance and effectiveness of its personnel. Personnel evaluations should be conducted in a professional and objective manner. Standardized personnel evaluation forms could be developed to measure many aspects of employee performance. Such forms, if properly utilized, can aid in objectively assessing a broad range of employee performance variables.

"All evaluations should be in writing, on a form provided for that purpose. The evaluation should be discussed with the staff member, and signed by both, the supervisor and the staff member. The staff member should have the right to comment on the contents of the evaluation. Such comment should be in writing and attached to the evaluation. The evaluation and attached comments should then become part of the employee's personnel file."*

Personnel evaluations within the JDAP have not been conducted in an organized or routine fashion. Therefore:

RECOMMENDATION: The Director should establish and require personnel evaluations of all JDAP personnel at least twice annually. Where such evaluations indicate unsatisfactory performance, the evaluated staff person should be given a specified period of time in which to achieve a satisfactory level of work performance.

(c) Morale:

Morale is the level of individual psychological well-being based on such factors as a sense of purpose and confidence in the future. The

* U.S. Department of Justice, Guidelines and Standards for Halfway Houses and Community Treatment Centers, pg. 150

morale at JDAP is low according to the reports of the administrative staff as well as line staff. The reasons given for poor morale vary. However, it appears that the primary reason for poor morale in the administration of JDAP is the constant crisis atmosphere which has existed within the program.

The lack of community support; constant negative bombardments by the news media; and the never-ending threat of having funds cut off to the program; are other reported major contributors to poor administrative morale.

Most administrators try to be optimistic but cautious when talking about the future of JDAP. Most administrators feel the program has come a long way in the past year but that it has a long way to go. They feel the program has the potential to succeed in being an excellent drug program; but they also believe that the past reputation of the program is haunting them, and that the lack of community acceptance is holding them back. Poor morale is not the source of the program's problems, it is the symptom.

(d) In-service Training:

The Minimum Standards and Goals for Florida's Criminal Justice System stresses the importance of in-service training and staff development. Standard CR 13.03 - Employee-Management Relations states: "Each correctional agency should begin immediately to develop the capability to relate effectively with employees and offenders." The Standard proceeds to describe the type of management and supervisory training necessary. Standard CR 14.11 - Staff Development calls for all top and middle managers

to have at least 40 hours a year of executive development training.

JDAP has developed its own staff training and development unit through the assistance from the Florida Drug Abuse Prevention and Education Trust. The training unit works with local universities in setting up courses for both administrative and counseling staff. Staff members assigned to training are required to attend. The training unit received much praise from persons both in and outside of the program.

RECOMMENDATION: Staff in-service training is a strong part of the program and should be continued. The Director should assure that his administrative staff receive at least 40 hours a year of training.

2. The Residential Program:

The personnel at the adult house - Green Acres - are composed of the following: A Facility Supervisor, a Chief Therapist, five (5) Counselors, a Secretary, an Account Clerk III, a Maintenance man, a Cook II, and a Messenger II. All staff at the Residential Program have been interviewed by a member of the evaluation team. JDAP personnel records and City Personnel job descriptions and salaries were reviewed and compared.

(a) Job Descriptions & Specifications:

As with the Administrative and Community Services staff, there exists discrepancies in Job Descriptions & Specifications. In some instances it was difficult to assess if a staff member was qualified because of inadequate personnel files.

The Facility Supervisor is responsible for the supervision and operation of the rehabilitative facility. This position is an admini-

strative function, responsible for such things as: the maintenance and repair of the facility's physical plant, procurement of needed goods and services; and establishment and implementation of the program's policies and procedures. A person in this position is generally responsible for all aspects of the Residential Program except treatment. Client treatment is the responsibility of the Chief Therapist. The Chief Therapist supervises the counselors and sees that the clients are receiving adequate treatment.

The position of Account Clerk III is a function of the Facility Supervisor. The City job description for Account Clerk specifies the duties involved in that position. These duties include: receiving all inmate earnings; work with client to establish an acceptable payment plan; purchasing, etc. These functions are the duties of the Facility Supervisor, the Fiscal Officer and the Secretary.

The determination of actual job qualifications compared to job specifications was difficult to assess because of inadequate personnel records in some particular files. But overall, it appears the staff of the Residential Program meet the job specifications of the City.

The Federal and State governments also have recommended qualifications for counselors. "There is a great upsurge today in the size of indigenous personnel and ex-offenders in community treatment center programs. Suffice it to say that an academic degree alone does not qualify an individual to work in a community treatment center setting

any more than does the fact that other potential staff member is an ex-offender."*

To upgrade and maintain an acceptable level of personnel performance at the Residential Program, several changes are in order:

RECOMMENDATIONS:

1. Professional personnel have the minimum qualifications of a college degree, plus two years of experience in social services, rehabilitation, or a related field; or a Master's degree in the social or behavioral sciences.**
2. Paraprofessional and non-professional personnel should have experience and training in the drug rehabilitation field. Such background should be obtained in a drug program other than the one in which they are employed.***
3. Ex-clients of the JDAP should be engaged in gainful employment for a minimum period of six (6) months before accepting staff or volunteer positions in the Drug Abuse Treatment area.***
4. The Account Clerk III position at the Residential Program duplicates the functions of other positions and should be abolished.
5. Personnel records should be reviewed by the Executive Director or his designee for thoroughness and accuracy.

(b) Salary Structure:

The salary structure between employees within the same job classification varies considerably. This is due to the private transi-

* U.S. Department of Justice, LEAA, "Guidelines and Standards for Halfway Houses & Community Treatment Centers", pg. 91

** Page 92, Guidelines & Standards for Halfway Houses & Community Treatment Centers.

*** Page 17, by State of Florida Department of Health & Rehabilitative Services Drug Abuse Program.

tion of the program from a private to a public program. Employees that were "grandfathered" into the City system from the Life Drug Program retained their old salary level. In many instances this salary level was higher than other non-grandfathered employees in the same job classification. However, employees in these higher-paid positions are not permitted to obtain salary increases until the City pay scale has increased to the same level of the grandfathered employees. The present salary structure has two inherent weaknesses: (1) competent "grandfathered" employees are presently unable to obtain raises they may have earned; (2) new City employees may be earning much less than an employee in a comparable position who is performing essentially the same functions. The importance of attracting and retaining competent counselors should not be underestimated.

"Anyone with experience in the area of community treatment centers will testify that a dedicated, competent, hard-working staff is a must for success. The concept that "job satisfaction" should be sufficient to reward the staff member and compensate for inadequate salaries is nothing short of ridiculous. Industry and business expect competence, dedication and hard work. This does not preclude their paying adequate salaries. If they did not, their organizations would have an extremely high turnover, and would be hard-pressed simply to survive. Unfortunately, we have seen that situation in correctional rehabilitation for too many years, with consequent results."*

RECOMMENDATION: Salaries for all personnel should be competitive with other parts of the Criminal Justice System as well as with comparable occupation groups of the private sector of the local economy.*

Personnel who are consistently unable to maintain a satisfactory level of performance should

* Minimum Standards & Goals, Standard CR 14.06 - Personnel Practices for Retaining Staff.

either be placed in a position that reflects their abilities, or terminated.

(c) Staffing Pattern

Green Acres has five treatment counselors who cover the house 24 hours a day, seven days a week. If operating at maximum capacity and meeting program requirements, i.e., provide ten hours of individual and group counseling per week for eight clients, maintaining client records, writing necessary reports, and supervising activities of residents, then the counseling staff at the Residential Program would be over-extended. They cannot provide adequate counseling and maintain casework records, and at the same time police and supervise the facility. It does not require a professional to maintain surveillance of the physical facility and its occupants. As it is now, the counselors are spread so thin that there is normally only one counselor on duty at any given time. Except for Monday through Friday from 8:00 a.m. to 5:00 p.m., the counselor is the only staff person on duty. During the weekdays the Facility Supervisor and Chief Therapist are able to provide some assistance. Paraprofessional staff would be utilized to relieve the professional staff of the supervisory/custodial responsibilities and enable them to devote their time to providing professional counseling services to clients.

RECOMMENDATION: The number of professional counselors should be lowered to four. Three to four paraprofessional staff should be hired to supervise the facility and clients, and provide other functions which do not require professional expertise.

(d) Staff Development and In-service Training:

In the Minimum Standards and Goals for Florida's Criminal Justice System "the commission recommends that the training of a staff to deal with narcotic addicts and other drug-dependent individuals in a treatment program should be a continuous process and one that adequately instructs the trainees about the enormous complexities of drug abuse."* JDAP has an In-service Training program, the purpose of which is to provide continuous, skill specific, training to professionals and para-professionals in order to complement their formal academic training. Counselors are assigned to these courses and mandatory attendance is required. The courses are usually taught by professors at the University of North Florida. It appears that the formal In-service Training component is a strong point of the program. But, formal classroom training is but one method of providing in-service training.

Fundamental, on-the-job training, is essential to an effective program. The means of accomplishing this fundamental training are many. Case review, where information is exchanged on specific residents' cases, is a valuable means of up-grading staff skills. This process permits all members to learn from each other's successes and failure. It offers an ideal setting to explain new concepts because the case itself affords an opportunity to understand them realistically and then apply them.**

One particular area where the Residential Program fell short was in counselor orientation. The counselors at the Residential facility had received little or no orientation when they began employment. The follow-

* Minimum Standards & Goals for Florida's Criminal Justice System. Recommendation CP 4.09 - Training of Treatment Personnel

** Executive Office of the President, Special Action Office on Drug Abuse Prevention, Special Action Office Monograph. pg. 8

ing is an outline of some of the concrete elements which should appear in an orientation program. It is not inclusive and should be designed to fit the philosophy, goals and objectives of the program.

ORIENTATION

1. Introduction of the staff member, student or volunteer to the immediate environment in which they will be working:
 - a. To staff members who will be responsible for supervising them.
 - b. To staff members with whom they will be collaborating.
 - c. To clients with whom they will be working.
 - d. To physical environment of the agency, and the neighborhood in which it is located.
2. Clear identification of new staff member's role in the agency:
 - a. His responsibilities and duties, as outlined in a job description and job specification.
 - b. The responsibilities and duties of other staff members in the agency, both those supervising him and those with whom he will be collaborating, as outlined in job descriptions and specifications.
3. Presentation of a thorough overview of the agency and its functions. If the agency operates more than one program, the staff member must learn what relationships, if any, exist between the various programs and how he can utilize other components of the agency for the benefit of his clients. If the agency has an organizational chart, this will be helpful to the new staff member to gain insight into the agency's operations.
4. Presentation of philosophy, goals, objectives and techniques utilized by the agency.
5. Introduction of basic policies and procedures of the agency. This should include such matters as personnel and travel policies, intake policies and procedures, special requirements which may be imposed by law, funding or contract agencies. This section should also be used to introduce the staff members to the shalls and shall-nots established by the agency, and to give him a clear understanding of the latitude he has in which to function.
6. Introduction of basic forms the staff member will be required to use and some practical exercises in completing such forms.
7. Introduction of the Criminal Justice System as a whole and corrections in particular. Concurrently, the staff member must have a thorough understanding of the relationship of the halfway house to the Criminal Justice System and to the correctional system, including both its formal

and informal relationships.

8. Introduction to collateral agencies and community resources with which the staff member will be working, and which he will be utilizing, including, but not limited to:
 - a. Probation departments
 - b. Parole departments
 - c. Jails
 - d. Penal institutions
 - e. Courts
 - f. Mental health agencies
 - g. Medical agencies
 - h. Vocational training agencies
 - i. Educational facilities
 - j. Recreational facilities
 - k. Welfare agencies
 - l. Family service agencies
 - m. Employment agencies
 - n. Any other agencies utilized by the halfway house

It should be noted that the new staff member should not only be introduced to the services provided by these agencies, but also the method of obtaining such services for his clients, as well as methods for developing new resources to cope with unexpected problems. In addition, the new staff member should be introduced to workers at such agencies, at the line level, and given the opportunity to develop a relationship with them. It is important to start with line staff in collateral agencies, for they are usually responsible for intake and service delivery, on a day-to-day basis.

9. Assignment of tasks to the new staff member which are within his immediate capabilities and skills, with the assignment of increasingly complex and difficult tasks as his knowledge and skills grow. It is crucial that close supervision be provided to the staff member during the entire orientation period, and that orientation itself be goal and task-oriented training, with intermediate objectives set out to attain those goals.
10. Introduction to treatment framework of the agency, if such a framework has been adopted. If not, then introduction into a few basic types of treatment modalities, acceptable and compatible with the agency's program.
11. Planned opportunities for the new staff member to give and receive feedback as well as to ask questions and clarify any issues which are not thoroughly understood. Feedback should also include evaluation of the orientation program itself, by both the trainee and trainer. In retrospect, trainees can be extremely helpful in evaluating what was helpful to them, and what was not, what needed more emphasis, what less, what should have been included, and what should not.

Once orientation has been completed, the process of training has only begun. Continuous in-service training, at regular intervals with continual supervision, is absolutely essential if the worker is to continue to grow in knowledge and skills, and be able to adapt to new situations and challenges.*

(e) Morale:

Poor morale has filtered down the administrative structure to line staff. When asked if there was a morale problem the entire staff felt there was a problem, but that it had improved recently. The staff of the Residential Program attributed poor morale to: recent staff changes at the Residential Program; lack of leadership and direction; their not being used to their fullest potential; and lack of policies and procedures.

The evaluation team does not feel that there is any particular recommendation which can be made other than those already given to improve staff morale at the Residential Program. It is felt that by increasing and opening lines of communication, and cooperation, by establishment of policy and procedures, and through effective supervision and leadership that morale, hopefully, will improve.

(f) Evaluation:

The previous discussion of personnel evaluations and the recommendations made in that section should be interpreted to pertain to the residential program as well.

* U.S. Department of Justice Law Enforcement Assistance Administration, Technical Assistance Division, Guidelines & Standards for Halfway House & Community Treatment Centers. pg. 59-61

PROGRAM SERVICES

PROGRAM SERVICES

The Jacksonville Drug Abuse Program is a multi-faceted organization which is designed to provide comprehensive services to the community as well as the client. The program offers to the community first of all an alternative to the overcrowded jails and prisons, at a lower cost per capita. In addition, the Prevention and Education component provides training and information to persons in Jacksonville: on the causes and consequences of drug abuse; on the services available for drug abusers; on how to deal with drug related problems; and how to intervene in situations to help prevent drug abuse. The services which JDAP provides the client range from medical and psychological examination at the initial intake, to counseling and job development in treatment.

The activities in which most people participate form an important part of the spectrum of services which should be available to the residential clients. Just as dental and medical services are utilized by most citizens they must also be available to residents. Religious services, recreation, education and work programs should also be available to the resident.

The goal of any criminal justice program must be to ensure that its clients maintain or acquire some social vocational skills necessary for survival and, beyond that, for personal growth and fulfillment. Halfway house programs which offer intensive societal support to the client and emphasize reintegration into community life, are means to attaining this goal.

1. The Residential Program:

The Residential Program is an adult residential treatment center, a live-in facility which provides a 24-hour therapeutic regime for the treatment of

drug dependent persons. This involves a therapeutic environment staffed by professionals and trained ex-addicts and paraprofessionals supervised by professionals. The purposes of such a facility are: (1) the improvement of the client's internal adjustment; (2) improvement of the client's adjustment to others; (3) development of a pattern of abstinence from drug abuse; and (4) improvement in the client's social performance. The achievement of these goals is realized through the provision of both direct and supportive services. These services include everything from food and shelter to counseling and job development.

A. Physical Facility

The Residential Program is housed in an abandoned one-story motel on Philips Highway. The program lies about fifteen (15) minutes from downtown, in a small business district on a main highway. Adequate transportation is available, both public and the program's. The facility will house forty residents at any given time. There are nineteen (19) resident's rooms, most of which have double occupancy. The facility also has a laundry room (inoperable at this time), a food storage room, linen room, group counseling room, job developer's office, a kitchen and dining area, and three offices for staff.

The facility has some physical liabilities but is a major improvement over the facility which previously housed the Residential Program. The program overcame various obstacles in its attempts to relocate in a suitable living environment.

The Residential facility has met the various health and safety codes (i.e., food service establishment, fire & safety). But, there are

other areas which need correcting.

RECOMMENDATIONS:

1. A new sewage disposal plant, capable of meeting the needs of the residential facility should be built.
2. An improved drainage system is needed.
3. The Green Acres Motel sign should be removed to prevent travelers from venturing into the facility and creating a security problem.

Other security problems which existed have been taken care of by the program (i.e., a fence around the motel lot, a chain linked across the drive way, and locking of the facility supervisor's office when not occupied by authorized personnel).

B. Basic Services:

The Residential Program is designed to provide its clients with certain fundamental and direct services as well as referral and supportive services. The fundamental services which all resident clients should receive are shelter, food and if necessary, clothing. Clients also receive medical and psychological examinations at intake, and, if necessary, during the course of their residence. Counseling, in the forms of individual, group, family, and vocational, reportedly are given to clients in various degrees depending on the individual needs. The program also should allow for scheduled recreational and leisure time activities. The program needs to improve on the recreation for clients. There needs to be a little more organization, structure and leadership in this area; possibly a para-professional, or volunteer could be used to improve this component. With a little ingenuity recreation-

al programs could be a useful therapeutic tool.

The leisure time activities appeared excessive. During the periods the evaluation team visited the Residential Program, the clients were often idle and complaining of boredom. This is not to say that all the clients were idle. Some were observed doing various assigned chores, and on two occasions, clients were involved in recreational activities.

This lack of structured activities could be alleviated through planning, increased structure and additional staff (i.e., para-professional and volunteers). Idle time could be filled by recreation, or the creation of an informational/education program which would include such things as lectures, films, classes, tutoring and arts & crafts, etc.

In addition to direct services the following supportive services should be provided by a residential center: (1) medical, (2) psychiatric, (3) laboratory, (4) legal, (5) social. Medical services are supplied by both the program Medical Director and through a working agreement with University Hospital. Psychiatric services are provided by the psychologist and psychiatrist (Medical Director) of JDAP. Laboratory services are provided both by Central Intake of JDAP and a private lab in Jacksonville. Legal assistance comes from within the program and from legal aid and the City of Jacksonville.

To the amount of unstructured leisure time for clients:

RECOMMENDATIONS:

1. There is a need for a well-planned and comprehensive recreational program at the Residential Program. In-house and community recreational activities should be developed.
2. A structured information/education program is needed to educate the

resident and decrease the amount of client idleness.

C. Treatment Services:

The Residential Program is licensed as a Therapeutic Community and residential rehabilitation center whose clients have a history of abuse or misuse of drugs, and whose needs can best be served in a long-term (6-18 months) therapeutic environment. In a Therapeutic Community, drug addiction is treated as a personality disorder and therapy is directed at facilitating the emotional growth of the client through a highly structured activity schedule and intense interaction with staff and residents.

The advantages of this approach are: (1) it can be used for cases that are too dependent or psychotic for placement in a transitional house; (2) it can change behavior and help the client to understand his problems more so than would be possible in a transitional house. The disadvantages of this type of modality are: (1) that behavior change does not work without highly trained counselors; (2) clients can become overly dependent on the program; (3) the transition from the program to the community is often difficult.

The Transitional Center is a short-term residential program for those persons in drug dependence or addiction; it provides a transitional (and rehabilitative) situation for the re-adjustment of the client by means of a short-term (3 to 6 months) program emphasizing referral and support services. Therapy is directed at developing skills and attitudes in the client that enable him to successfully readjust to society.

The advantages of a Transitional Facility are: (1) The Residential Program's physical facility is better adapted to this type of therapy since a high degree of security is not necessary; (2) there is no waste of time and

money waiting for esoteric and quixotic personality changes; (3) it allows the client to concentrate on concrete skills and experiences that will help him in the future (i.e., job skills, school, etc.). The disadvantages are that this modality is sometimes too sophisticated for more disturbed drug addicts.

RECOMMENDATION: The Residential Program should utilize both the Therapeutic Community and Transitional Center approach to provide individualized treatment to clients. All clients should initially be placed in the Therapeutic Community modality. Within three (3) weeks most (approximately 90%) clients should move into the Transitional Center modality. Those few clients (approximately 10%) who are unable to make this transition should remain in the Therapeutic Community until they progress to where they can successfully make such a transition.

A client's treatment process begins at orientation. It is very important that the client understand what to expect in services and what the agency expects from him. The State Licensing Regulations require residential facility staff to familiarize the new participants with rules, procedures, activities and concepts of the center. The center's expectation that each participant will share in treatment responsibilities as well as work assignments, must be explained. The staff should clearly explain discipline procedures and penalties, work assignments and other responsibilities. A general explanation should be given to client on the different program levels and the goals he must reach to be released. Clients must also be given a written set of rules and the consequences of rule violation. These house rules must be acknowledged by the client's signature and kept on file in the

client's folder. Client orientation should take three to four weeks, and should include a thorough discussion of facility rules and expectations.

RECOMMENDATION: Clients admitted to the Residential Program should participate in an initial orientation program. This program should include a discussion of program expectations, development of treatment goals and a review of program rules and regulations.

Federal and State agencies require that certain criteria be met by all residential treatment facilities. These rules and regulations act chiefly as guideposts. Individual treatment plans are to be established with a maximum degree of involvement from each client. The State Licensing regulations require that individual and/or group counseling must be provided at least five times a week to motivate and aid the client in establishing an acceptable pattern of living. The Federal guidelines call for ten (10) hours per week of formalized counseling for each client. There was no physical evidence of clients receiving this amount of counseling at the Residential Program. There were thirteen (13) client files reviewed, some of the clients had not received counseling in three weeks. Of those who had received counseling, the counseling usually only amounted to a few hours per month. The evaluation team did, on occasion, witness both individual and group counseling sessions going on. No records were kept on group counseling. It is possible that many individual counseling sessions were not documented. Case work records are extremely important to client treatment. Proper record keeping identifies client problems, needs, provides a basis for evaluation of the client and documents the client's progress in the program.

Counseling sessions should be structured (i.e., 7:00 - 8:00 a.m. for group; 12:00 to 2:00 p.m. and 6:00 to 8:00 p.m. for individual counseling). Structured counseling sessions enable staff to plan and schedule other activities. Counseling should be mandatory for all clients. Counseling should also be reality-oriented and geared toward equipping the client with practical living skills to aid in his readjustment to the community.

"Psychotherapeutic treatment modalities should be implemented with caution, because they seem to be based on the assumption that the cause of criminal behavior is within the individual and that it can be "cured" through use of psychotherapeutic techniques."* Critics of therapeutic communities have argued that skills and insights learned within the communities are often not transferable. The primary goal of the Residential Program should be that of preparing the residents to cope with the socioeconomic environment to which they must eventually return.

RECOMMENDATIONS:

1. The Residential Program should place a greater emphasis on job, educational and vocational counseling, as required by Federal regulations. Psychotherapy should be used to supplement this approach for those clients in need of such therapy.
2. Self-help courses should be instituted as an adjunct to counseling. These courses could be offered on communication, studying, understanding other people, etc.

"In order to integrate offenders into the mainstream of community life, it is necessary that they be capable of economic self-sufficiency. Thus employ-

* National Clearinghouse for Criminal Justice Planning and Architecture, Halfway Houses, "Program Design". pg 6

ment of all residents who are capable of working is a vital focus of all halfway house programs."* Federal Drug Abuse Regulations require that "Every patient shall be encouraged to enroll in either an educational program, a job-training program or gainful employment as soon as appropriate, but not later than 120 days. Any exception to this requirement shall, in every instance, be recorded and justified in the patient's record. Clients have the right not to become involved in these programs; however, they should be encouraged to do so as a basic element of the treatment plan."

Of the fourteen (14) residents present at the Residential Program, none were employed or in school. There had been no one employed at the Residential Program since last July. None of the client files had any information as to why they were not employed. A few of the clients did state to the evaluators that they wanted to work but could not. The reasons for the clients' not working ranged from jobs are scarce and cannot be found, to the client is not ready for work yet. One client has been at the program for seven months. He was placed in the program by the Florida Prison System and is up for Parole in December and, at the time of this report, did not have a job. The reason given on this was that the prison system has to give permission before the FSP client can go to work and they have not given that permission.

* National Clearinghouse on Criminal Justice Planning & Architecture, Halfway Houses: Chapter 8 - "Program Design", "Transitional & Reintegrative Activities, pg. 3.

The Residential Facility should break away from the philosophy that someone's "attitude needs to get right" before they can work. Employment should not be given as a reward to clients who reach Phase III. Work is a necessity, a part of life. Clients are in the program not only because they abuse drugs, but because they do not know how to live and work in the presently accepted society. Efforts need to be focused on integrating the client into the community and severing the ties from the drug subculture. Clients should be encouraged to get involved in the community as much as possible and in as many ways as possible. Volunteer Jacksonville has agreed to set up a special program for the clients at the Residential Facility.

RECOMMENDATION: All clients after an initial period of orientation, should participate in either a work or school program. Such clients should also become involved in community activities to the maximum degree possible.

Other areas within the treatment program of the Residential Facility call for revised policies/procedures.

RECOMMENDATIONS:

1. Procedures for urinalysis testing are needed to assure that clients are regularly tested and to prevent switching of samples.
2. Policies and procedures for resident discipline are needed. Disciplinary procedures should be clearly stated and firmly enforced.
3. The three phases of the client treatment program should be stated in measurable objectives with specific time limits for each stage.
4. To assure objectivity in evaluating clients, the development of the Goal Attainment Scales should be a separate responsibility of one staff member. Grading of the Goal Attainment Scales should be the responsibility of another staff person.
5. The Daily Client Schedule should be more structured and specific.

D. Follow-up Services:

The Federal regulations require all residential facilities to "establish a follow-up policy which encourages a schedule of minimum contact available for discharged patients." In the written policies and procedures for the Residential Program there was no mention of client follow-up. The facility should assist its graduates in the areas of: establishing residence, managing money, developing healthy social and recreational habits, and handling any psychological difficulties that may arise.

RECOMMENDATION: The Residential Program should establish written policies and procedures to establish a follow-up service program for discharged clients.

2. Central Intake and Consultation:

This unit is located under the Division of Community Services and Consultation. All clients of JDAP must come through this unit before going into any treatment modality. This unit is divided into two sections, intake and consultation. In intake the pre-client's documented drug history (length of addiction, track marks, etc.) is obtained by the intake counselor, as well as a psycho-social history and assessment, and personal history. The consultation section is serviced by the clinical social worker and psychologist. A thorough physical examination is also given to each client at intake. Through the recommendation of the intake counselor and the approval of the medical director, the client is assigned to a particular mode of treatment (i.e., Residential, out-patient, drug-free, methadone, or referral to other services). This decision is based on written intake criteria.

Once a client has been screened and referred to a treatment modality, then the client is no longer the responsibility of Central Intake, unless referred back for further evaluation and re-assignment to another modality.

Central Intake of JDAP had developed clear and comprehensive policies and procedures, the staff appeared qualified, and morale high. The biggest complaint from Central Intake was the lack of communication between the Division of Client Services. The same held true for the Residential Program. Many of the Residential Program's staff stated there was a need to improve communication between the two units. Other than this lack of communication, the evaluation team feels the Central Intake Unit to be operating effectively and efficiently, making it an asset to the program.

3. Legal Affairs and Personnel Services:

This unit is presently composed of the Criminal Justice Liaison, Job Developer, the Jail-based Program, and a legal advisor. According to the program's policies and procedures the unit is designed to: 1) offer special client related services for augmenting the rehabilitative efforts of treatment units through legal aid, job developement, and pre-trial intervention, and 2) to offer the administration the services of research, evaluation, improvement, and technical advice in the areas of legal affairs and personnel services needed for operating the program. The unit also analyzes and reports on any unusual feedback from these ancillary agencies. The supervisor of this unit acts as the legal researcher for all legal questions involving JDAP.

The Criminal Justice Liaison Officer interviews prospective clients who are involved in the Criminal Justice System. The Liaison Officer determines extent of drug usage, identifies all legal problems, establishes means of locating the clients, and gives a brief account of their personal history. The purpose of this is to determine possible treatment modality assignment. The Liaison then makes a recommendation to the Defense and State's Attorneys who may in turn, then make a recommendation to the Judge. The Judge will then decide whether or not to send the prospective client to JDAP. The Liaison Officer accompanies a client to court before, during, or after completion of the program. When necessary the Criminal Justice Liaison Officer participates in court proceedings on behalf of the program, in representing clients.

The Criminal Justice Liaison section had thorough and comprehensive policies and procedures. The job appears to be quite demanding for one per-

son. The evaluation team did not evaluate this section thoroughly so specific recommendations cannot be made. It is felt the position should be reviewed by the Chief of the Division to verify whether one person is adequate to handle the job.

The Job Development position is a third component of Legal Affairs and Personnel Services. The Job Developer's responsibilities are; to screen all clients at the residential facility; to test and evaluate clients; to provide employment assistance; to assist in obtaining vocational training and vocational rehabilitation services; to actively follow all cases which have been referred until the client is formally terminated from the program; and to maintain accurate records.

At the time of this evaluation there were no clients working at the Residential Program and according to reports there had not been for the past few months. The records kept by the job developer were poor. There was very little evidence that he was meeting the objective of his job description.

The position of job developer is a very important position to the program, since most clients lack adequate job skills. During the course of this evaluation the job developer resigned from the program. The job specifications are at this time being upgraded to a Bachelor's Degree. The evaluation team concurs with this action.

The policies and procedures which were developed for this position are very good and should be followed.

RECOMMENDATION: In order to ensure efficient and effective handling of job development the program should hire an assistant job developer. It is un-

realistic for one person to cover the entire program and meet all the objectives in the job description.

The Residential Program has one Vocational Rehabilitation Counselor who handles all the program's referrals. The main complaint she had of the program is the lack of communication. New counselors continually call her, asking the same questions and information which is given to the administration. Another major problem stated by the vocational Rehabilitation Counselor was that sometimes when clients are punished they are confined to the Residential Program, thereby losing school or work time after the Vocational Rehabilitation Counselor has placed the client. This makes future placements extremely difficult.

RECOMMENDATIONS:

1. Clients should not be restricted from working or attending school as a disciplinary measure. Other disciplinary alternatives should be utilized. Clients should be encouraged to attend school and/or work on a regular basis.

CONTINUED

1 OF 2

4. Information Services:

This unit is presently located within the Division of Community Services and Consultation. The unit serves JDAP as an information and evaluation center, providing statistical reports and client data to the administration, the treatment modalities, funding sources, and outside agencies. Informational Services evaluates treatment modalities with respect to treatment records and operational efficiency, and surveys the community with respect to the nature and extent of drug abuse patterns, knowledge, and attitudes.

The Information Services Unit has many potentially constructive objectives, but for the most part this unit has been ineffective. The evaluation team feels the chief reason for the unit's ineffectiveness is the lack of authority behind the unit. For instance, in the last Client Satisfaction Study which was conducted in July, only 10% of the forms were returned to Information Services. The same was true for the Employee Morale Survey.

Administrative Goal Attainment Scales are also supposed to be administered by Information Services to the various units of JDAP, in order to measure the efficiency and productivity of a particular section. This has not yet been administered for two reasons: 1) there have been no measurable objectives in JDAP, and 2) Information Services cannot conduct the study unless the particular unit cooperates. Cooperation has been lacking.

The Client Goal Attainment Scales are required to be written monthly and sent to Information Services for review. The Scales are reviewed by Information Services for proper clinical and administrative thoroughness. If the quantity/quality is poor they are to be returned to the counselor.

The Residential Program has not been adequately completing the client's Goal Attainment Scales.

Information services could be a valuable administrative asset if located directly under the Executive Director where the unit would have the authority to accomplish its goals towards improving the program.

According to Florida's Minimum Standards and Goals for Criminal Justice, "Each correctional agency should begin immediately to develop an operational, integrated process of long, intermediate, and short range planning for administrative and operational functions. This should include: the capability to monitor, at least annually, progress toward previously specified objective."*

"Administration is a continuing cycle of planning, organizing, assembling resources, directing and controlling, all of which are intimately tied in together toward achieving the stated objectives. The conscious application of these processes makes for skillful and dynamic administration..."** The evaluation unit (Information Services) is the tool through which a dynamic administration could be realized.

* Standard CR 13.02 - Planning and Organization

** Harry A. Schatz, Social Work Administration, pg 216.

EXTERNAL RELATIONS

X. EXTERNAL RELATIONS

The Jacksonville Drug Abuse Program has in the past been characterized as having poor external relations. But, poor relations with drug programs are more often than not the rule rather than the exception. There are many things which JDAP could do to improve relations. However, the responsibility is not solely that of the JDAP. The community must assume responsibility for supporting and assisting the program. The Jacksonville Drug Abuse Program should, in turn, involve the community in as many ways as possible. The program prevents, educates, and treats the community's drug problem. And, if the program is to survive, it needs the support of the community.

1. Use of Volunteers:

The primary goal of drug abuse treatment is to aid the client in becoming a functioning, productive member of society. As drug abuse is ultimately society's problem and responsibility, citizen help should be recruited to assist in developing a creative and comprehensive service delivery system. Often volunteers are confined to participating in superficial projects. No real attempt is made to involve them in long-term, significant activities. There is a national trend to increase the use of volunteers in vital program areas to ensure the program's continued viability and expansion. Volunteers at the Residential Program can be utilized in many areas, but should initially be channeled into projects that could alleviate program deficiencies. For example, volunteers could assist in recreation and education programs. In the future, more assistance from the business community would help to expand employment and apprenticeship opportunities for program clients.

RECOMMENDATION: A viable volunteer program should be initiated to involve the public in the JDAP and to provide additional manpower. Volunteers should be carefully screened, adequately trained, and carefully supervised.

2. Advisory Board:

The State Licensing Regulations require every Drug Abuse Treatment and Education Center to have an Advisory Board for the purpose of making recommendations, advising, and guiding the program. JDAP has an Advisory Board which consists of 21 key community members and individuals from concerned disciplines in the community.

At the beginning of this evaluation study there existed strife and misunderstandings between the Board and JDAP. Much of this was brought about through a lack of cooperation and communication, particularly from past administrations. Three Board members were interviewed and asked questions concerning their perception of JDAP and the Advisory Board. The members appeared to be very concerned about the program. They believed that the chief cause of the strife appeared to stem from the fact that the Board had been given insufficient information about program operation during previous administrations. Only after the new project Director took over did they become aware of the problems that existed. The Board feels the new Director of JDAP has brought leadership, unification, and openness to the program. The Board's main complaint was the lack of clarification as to their role. They want to be involved in the program, but previous Directors have made them feel like "a necessary evil."

Under a recent legal ruling from the City concerning Advisory Boards, it was stated that Advisory Board's of the City Grant Agencies cannot be responsible for the administration of funds. The Advisory Board can make recommendations to the Executive Director.

RECOMMENDATION: The JDAP Advisory Board has the potential to become a strong asset if utilized properly. Keeping in mind that the Board operates only in an advisory capacity, the Director should continue to keep the Board knowledgeable and informed about the operation of the JDAP; encourage the Board to make recommendations to the Director on issues of policy and the future direction of the program; and to utilize the Board in improving community relations and obtaining community support.

3. Ancillary Agencies:

Determining the overall feeling between the Jacksonville Drug Abuse Program (JDAP) and its ancilliary agencies must be done through careful examination of their relationships:

University Hospital stated that although their relationship was not perfect, there were "no real major problems." The hospital perceived a need to clarify certain areas of disagreement between University Hospital and JDAP. Such areas include: emergency treatment rendered for drug related cases and reimbursement for the services rendered.

The Division of Vocational Rehabilitation had the same advice, in that the relationship operated efficiently. However, certain procedural areas need to be clarified for a more positive relationship.

Volunteer Jax stated that for several months, no volunteers were sent to the drug program because of reorganization. At the present time,

however, volunteers are being sent. Volunteer Jax viewed the relationship as essentially positive. The volunteer referral process could be improved if current data was kept in Volunteer Jax's files concerning types of volunteers needed.

Florida Parole and Probation removed their clients from the drug abuse program because of problems they viewed were "inherent in the community." The courts ordered the clients removed because it became apparent to the Commission that there was "no therapy and no set goals."

The Marine Institute stated that they were not making referrals to the JDAP because of a recent turnover of staff at the Institute. The Institute proceeded to say that they "will get in touch, when reorganization is completed."

The Cooperative Education Program at Florida Junior College viewed the educational program as a beneficial "for those who were there." They believed that insufficient advertising and advance notice hurt the program. Cooperative Education stated that the Jacksonville Drug Abuse Program was cooperative but believed that the JDAP did not use the Cooperative Education program to its fullest extent.

The following agencies make few referrals to the JDAP. Their reasons were as follows:

The Transient Youth Center expressed the attitude that few drug related cases come to their attention, so they have little need of the drug abuse program at the present time.

The Division of Youth Services felt that since the Youth House was closed, D.Y.S. has not needed the services of the JDAP. They did

express the opinion that referrals could be made in the future if the need arises.

The NAS Counseling and Assistance Center stated that they have not referred any clients to the drug program recently. NAS also stated that training sessions have ceased between NAS and the JDAP. The JDAP is expected to be utilized as a referral source for any non-military drug related cases.

The final group of agencies expressed a positive working relationship between the Jacksonville Drug Abuse Program and their agencies:

The Health Education Curriculum Department viewed their relationship with JDAP as positive. The Speaker's Bureau has had four speakers from the JDAP visit and present lectures to classrooms and organizations.

The Child Guidance Clinic agreed with the above agencies in that the relationship with the JDAP operates well, especially in the referral area.

The Community Schools Specialist stated "each coordinator works separately with JDAP to set up programs and sessions." The relationship is mutually beneficial.

The Youth Resources Bureau felt cooperation between the agencies was excellent. Two joint seminars have been held for JDAP and Youth Resources Bureau personnel. A JDAP counselor is also available to the Youth Resources Bureau to provide specialized drug counseling for Y.R.B. clients.

The Jacksonville Public Health Division, Nursing Branch, expressed the opinion that their in-service training for nurses in the area of drug abuse has benefited through the assistance provided by JDAP counselors.

Seminars, workshops and training sessions have also been jointly initiated.

The conclusion from these interviews is that although some agencies feel the agreements are working, the majority feel that the agreements should be revised or rewritten so cooperation and interactions will be maximized to their fullest extent. The following recommendation is made concerning ancilliary agencies:

RECOMMENDATION: Working agreement between JDAP and ancillary agencies should be reviewed and, if necessary, rewritten to assure that these relationships are maintained as cooperatively and efficiently as possible. Agreements between JDAP and ancillary agencies should be reviewed on an annual basis.

4. Community Perception:

Every organization has an external environment with which it interacts. For the Jacksonville Drug Abuse Program, this environment includes two major groups: service and government agencies, and the Jacksonville community. The Residential Program must be aware that their program is not autonomous. It is involved in a network of other agencies and organizations that have an effect on facility policy and decision-making. If the Residential Program does not recognize and deal with these external forces they will become the passive effect of them. Leadership at the Residential Program must become sensitive to these external pressures and strive to build credibility.

The current community perception of the Residential Program appears to be poor. A Circuit Court Judge, in September, 1975, stopped referring clients to the Residential Program. In his opinion, the program was not

effective. This action resulted in unfavorable news coverage which ultimately affects city-wide agency and community opinions of the program. Agencies questioned about the Residential Program's policies indicated that existing working agreements were not being utilized and that in general, the program was disorganized. These agencies exhibited a willingness to develop new procedures for delivery of services. A survey was done on the community attitudes toward drug abuse but it was general in scope and did not specifically indicate community perceptions of the Residential Program. It did indicate that a majority of citizens surveyed (88%) believed that there was a serious drug problem in Jacksonville, although only 30% of the people thought that a drug problem existed in their neighborhoods. People also indicated that more federal money should be spent on drug abuse as opposed to local moneis. It can be inferred from this data that the Jacksonville community believes there is a drug problem. However, the community, in general, does not believe that the general public has a role in the resolution of this problem. The drug problem is viewed as the responsibility of governmental institutions. It is the responsibility of the Jacksonville Drug Abuse Program to educate the community to the current state of drug abuse in this area and to motivate them to take action to curb this problem. It must also be impressed upon the community that a drug abuse agency cannot successfully counter the rate of drug abuse without the support of the local citizenry. Additionally, the Residential Program has the responsibility of developing an effective program which offers diversified services that can be used and depended upon by other agencies. The Residential Program must also successfully reintegrate their clients into the community. By doing so, they can create a favor-

able public attitude for the program in the community.

RECOMMENDATIONS

1. The Residential Program should strive to develop positive working relationships with the major social institutions, organizations and agencies of the community. At the management level, the JDAP should involve representatives from the community in development of program policy and inter-agency procedures.
2. The Prevention and Education Component of JDAP should develop a program to educate the community to the drug problem and ways that the community can assist in reducing drug abuse. Community support and assistance should be elicited to the maximum degree possible.

APPENDIX

DEPARTMENT OF HEALTH, WELFARE
AND BIO-ENVIRONMENTAL SERVICES
Mental Health Division
Jacksonville Drug Abuse Program



October 15, 1975

Mr. James R. Jarboe, Jr., Director
Office of Criminal Justice Planning
101 East Adams Street
Jacksonville, Florida 32202

Dear Jim:

As you are well aware, I requested in June an evaluation of the Jacksonville Drug Abuse Program by the Evaluation Unit of the Office of Criminal Justice Planning. Being cognizant of the fact that the Evaluation Unit was not scheduled to expand its operation until the new grant went into effect on August 1, it was decided that such an evaluation could not take place until the fall. This letter is merely to offer my appreciation to you for lending the expertise of your Office in the evaluation of the Residential Facility.

Although I regret your not being able to assign the entire Evaluation Unit to perform an overall evaluation of the total Program, I certainly understand your obligation to the City Council's Public Safety and Judiciary Committee in conducting the Jail survey. Nevertheless, your willingness - in light of your other priorities - to assist the Program through the study of the Residential Facility is gratefully acknowledged.

I am well aware of many of the current problems which the evaluation team will doubtless discover. Soon after my employment with JDAP, I found several significant shortcomings within the Program's structure: No Program goals and objectives had ever been defined; policies and procedures (since developed in one of the divisions) did not exist; the organizational structure was a managerial nightmare; discrepancies abounded in job descriptions, job functions, minimum specifications, and pay grades; treatment records (the standard measurement of the quality of services delivered to clients) were in deplorable condition; credibility within the criminal justice system was negligible; and follow-up mechanisms for determining the "success rate" of terminated clients was practically non-existent. Quite obviously, resolution of these problems involved a time-consuming and pains-taking process. Although some headway has been made in some areas, there remains much to be done.

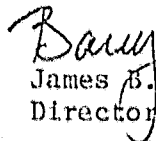


Mr. James R. Jarboe, Jr.
October 15, 1975
Page 2

It would be grossly unfair - and a misrepresentation of the facts - to contend that the Program has nothing but problems. Yet the examples cited above present undeniable testimony to areas which dictate resolution. It is for these reasons, as well as others that may have not yet come to my attention, that I requested - and welcome - the evaluation currently being conducted. The findings and recommendations of an outside, impartial team of professionals can serve as a useful tool in facilitating those changes that most certainly need to occur.

I await eagerly the findings of the evaluation team. Again, my gratitude for offering the assistance of your Office in helping the Program develop those mechanisms necessary to the effective delivery of services to clients.

Sincerely,


James B. Hinnant
Director

JBH/cs

END

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