

EVALUATION OF FLORIDA
LICENSING PROCEDURES
AND
EVALUATION OF THE SEED PROGRAM

Introduction

Addiction Consultation and Evaluation, P.C. (ACE) is a professional corporation founded for the expressed purpose of rendering high-level consultant services to programs associated with the treatment of addictive diseases. In the past year, Addiction Consultation and Evaluation has been involved in evaluation and assistance to programs in over 20 states at various stages in their efforts to develop meaningful drug abuse rehabilitation strategies. Many of these states have used Florida's licensing procedures as a model and recognize it for its achievements in planning for the treatment of persons with addictive disease problems.

At this time, Addiction Consultation and Evaluation proposes to do an in-depth analysis and evaluation of these licensing procedures. The analysis will determine the clinical validity of these procedures; will assess their compatibility with the Federal regulations and with the newly-developed scopes of work for various treatment centers which will be issued by the Federal government; and will recommend changes as necessary. Additionally, Addiction Consultation and Evaluation proposes to conduct a thorough on-site evaluation of the three Seed Programs now functioning in Florida. As a final step, Addiction Consultation and Evaluation will compare the standards for licensure to the Seed Program and, if indicated, recommend changes in the Seed Program to bring it into compliance with these standards or changes in the licensure procedures if this is appropriate.

Specific Considerations

Addiction Consultation and Evaluation consultants will first study the licensing requirements of the State of Florida as they relate to clinical treatment for all programs and specifically to the Seed Program. It will next begin an on-site analysis of the Seed Program including a detailed evaluation of its administrative structure, professional staff and general program adequacy.

ACE consultants will examine both the records and the treatment planning process and approach of the Seed Program in each of its locations. We will attempt to profile the population treated there in terms of demography, drug abuse history and other factors which appear relevant. We will then evaluate the basic rehabilitation regimen with an emphasis on long and short-term client goals, definitions of success and success rate and programatic implications. We will also look into the type of physical and psycho-social examinations given by the Seed, the level of medical care provided as well as other ancillary services available to Seed clients.

Another issue which will be explored is the recruitment method for the Seed's foster parents and the need to assess their capabilities and performance in this role. Finally, Addiction Consultation will follow-up on a group of drop-outs and graduates of the Seed Program and learn more about it

through this mechanism. Although the group will be small, it should be representative of both successes and failures. As a last step, ACE will conduct a financial audit of the Seed Program if these records can be made available.

Anticipated Problems

ACE anticipates that the Seed Program may limit access to some of the pertinent information needed to perform a thorough analysis and evaluation. If this is the case, ACE will work with State of Florida officials in attempting to overcome these barriers and to gain the confidence of the Seed Program.

Scope of Work

Over a five week period, beginning in early November, Addiction Consultation and Evaluation plans to perform its analysis of the licensing procedures of the State of Florida, its evaluation of the Seed Program, and a detailed analysis of the compatibility of the Seed Program with the current licensing procedures. Additionally, we will compare the licensing procedures to other Federal regulations and scopes of work. The scheme of work proposed to perform these tasks is as follows:

	<u>Consultants</u>	<u>Days</u>	<u>Total Days</u>
Days 1-2 Analysis of licensing procedures and background of Seed Program.	5	2	10
Days 3-7 On-site evaluation of Seed Center #1. Detailed analysis of licensing procedures.	2	5	10
	1	5	5
Days 8-12 On-site evaluation of Seed Center #2.	2	5	10
Days 13-17 On-site evaluation of Seed Center #3. Follow-up of drop-outs and graduates.	2	5	10
	2	5	10
Days 18-20 Continued follow-up of drop-outs and graduates.	2	3	6
CPA audit.	1	3	3
Days 21-25 Final report preparation with completed analysis and evaluation of licensing procedures.	4	4	20
Evaluation of Seed Program (report to include recommendations regarding either Seed, licensing procedures or both)	1	2	<u>2</u>
	Total Man-days		86

Key Personnel

Addiction Consultation and Evaluation plans to use a diversified cadre of key staff members to perform the evaluations discussed earlier. These will include medical, administrative, and management staff as well as other specialists, such as accountants, as needed. The estimated costs in this proposal are based on the salaries of these people. Resumes of all staff that ACE intends to use for this project are attached.

Cost Proposal

Direct Labor

	<u>Days</u>	<u>Rate</u>	<u>Total</u>
Richard Katon (Project Director)	14	200	\$ 2,800
Certified Public Accountant	3	200	\$ 600
Systems Analyst	10	96	\$ 960
Writer-Editor	4	55	\$ 220
Field Evaluators	55	70	<u>\$ 3,850</u>
			<u>\$ 8,430</u>
	22% Benefits		<u>\$ 1,855</u>
			<u>\$10,285</u>
	75% overhead		<u>\$ 7,714</u>
			<u>\$17,999</u>
	10% fee		<u>\$ 1,800</u>
			<u>\$19,799</u>

Travel Costs

Per diems	60 days @ \$25.00/day	\$1,500
Local Travel	60 days @ \$10.00/day	\$ 600
Plane fare, 9 trips to Miami	@ \$151.27 per trip	\$1,361
Plane fare, 6 trips to Tampa	@ \$137.27 per trip	<u>\$ 824</u>
		\$4,285

Total Costs including, labor, overhead, fee and travel = \$24,084

* Because of the possibility of our consultants not being allowed accessibility to one or more of the programs involved,

ACE proposes to charge the State of Florida \$12,000 for its analysis of the licensing procedures and for its attempts to gain access to the Seed Program. Further, if all of the analysis cannot be fully performed, but the majority of it is performed, Addiction Consultation proposes to charge the State of Florida \$20,000. If only the financial analysis and follow-up of drop-outs must be abandoned but an otherwise full evaluation of the Seed Programs and of the licensing procedures are performed, Addiction Consultation and Evaluation proposes to charge Florida the full cost listed above.

1. a. Your sub-committee is of the opinion that the Standards Manual does, in fact, fully reflect and comply with Chapter 397, F. S. However, it should be pointed out that provisions of Chapter 397 are entirely broad and appear to intend to delegate almost complete authority to establish the specifics and regulations of the drug abuse programs in the State. See Sec. 397.031.

1. b. The committee, recognizing that Florida was one of the first states to attempt to regulate drug abuse programs, is of the opinion that the Standards Manual is, indeed, an innovative effort on the part of the State of Florida in the field of drug abuse to introduce standards and maintain a consistent level of quality care in all drug rehabilitation programs. The Standards Manual represents a bonafide attempt on the part of the department to clarify programs, establish minimum standards and identification of both mandatory regulations and suggested minimum requirements for various programs established in the State. However, it should be pointed out that because of the broad powers delegated by the legislature to the department and because of the importance of the Standards Manual to the overall administration of drug abuse programs in the State, that the Manual does not meet with accepted administrative practices in the area of administrating agencies. Specifically, the committee feels that the practice of identification of mandatory requirements in bold type and suggested requirements in regular type is too vague to properly convey minimum requirements to those persons charged with the responsibility of carrying out drug abuse programs.

FP Your committee concludes that the major weakness of the standards stems from poor structural organization, further, the language utilized in the Manual is too vague, ambiguous, and imprecise and, still further, because the Manual will be, at some point in the future, subject to interpretation by persons who are not professionals in the field that every effort should be made to minimize and eliminate idioms and bureaucratic jargons popularly used. The lack of specific definitions does not lend itself to proper administration or judicial interpretations.

1. The committee recommends the Standards Manual be reorganized and the differentiation between standards and guidelines be made more obvious. ~~XXXX~~

2. It is further in the recognition of the committee that in such reorganization the office of Drug Abuse rework the Standards Manual in such a manner as not to mix generic with specific categories. These categories are presently combined and are not mutually exclusive and program description is not only difficult but open to "game play". For example, the requirements for operating an out-patient service are both fewer in number and less stringent than those for non-residential treatment centers; yet, an out-patient service is a non-residential treatment center, and so problems of program identification or qualification are inevitable.

To remedy this situation, the committee recommends that categories be re-defined according to the 4 following treatment types: 1. Residential; 2. Non-residential; 3. Methadone; 4. Non-methadone.

Programs such as Center? Intake, Hotline, and Education could be then be placed in an "other" category.

The committee has learned that the Federal government is in the process of drafting criteria for drug abuse rehabilitation which will be required of all programs seeking Federal funds. Although, some programs may never be among this group, sufficient numbers of programs will be affected so that steps taken now to assure consistency of these criteria will be most certainly be in the State's interest.

Therefore, the committee suggests that the department adjust its program nomenclature accordingly. The Federal designations for treatment programs are: methadone out-patient, drug free out-patient, drug free residential, methadone residential, and drug free day care. This change will not be difficult, with the exception of methadone residential, as all categories are presently in the manual but under different names.

The committee recommends the rules and regulations in the Manual be in clear and direct language and without interpretive or deictorial comment.

Although Client Oriented Data Acquisition Process(CODAP) is mentioned in the Manual and an assumption seems to be made that readers understand what it means, the committee recommends that a clear and comprehensive explanation of Client Oriented Data Acquisition Process be prepared and included in the Standards Manual as an appendix. In the "Methods and Procedures" section, Client Oriented Data Acquisition Process should be cited by reference throughout the text in each appropriate section.

The committee recommends that the licensing procedure for Date Centers presently found in the introduction to the Standards Manual be incorporated and made a part of the Rules, Chapter 10A, State of Florida, Drug Abuse Program.

The committee recommends that Chapter 10A-3 be amended to reflect that those persons who have not obtained their 18th birthday be required to have parental or guardian consent to enter the Methadone Treatment Program.

The following are changes in certain language and additions to be made in the following modality descriptions:(to be copied from Page 14 of Manual---change part referring to "a staff" to "the committee suggests...").

An on sight inspection and evaluation of all the licensed drug abuse programs should be conducted by the Florida State Drug Abuse Office periodically and at intervals not exceeding 12 months.

The committee is unable to determine at this writing whether or not the reproduction of Chapter 397 in the Standards Manual is a complete reproduction of that chapter or not.

The committee recommends that the Counsel of WRS verify that the printed copy of 397 is accurate and-if it is not--be appropriately amended

3. Examine The Seed, Inc., Drug Abuse Program, to determine:

A. Does The Seed, Inc., meet all requirements and licensing procedures.

Before an answer can be given to your inquiry, The Seed, Inc., must be classified as either a residential or non-residential treatment center. At this moment, The Seed, Inc., is licensed as a non-residential treatment center. However, the committee expresses grave concern as to whether or not this is the appropriate classification.

Section 397.021, F. S., sets forth the definition of a residential rehabilitation center and reads (4)(a)"... is a live-in facility which operated 20-4 hours a day, 7 days a week, staffed by professional and para-professional persons offering therapeutic programs for drug-dependent persons.

The classification of a non-residential day care center, under which The Seed, Inc., now operates is defined also in Section 397.021, but in sub-paragraph(4)(b) as follows "...is a facility offering therapeutic programs operated by trained professionals and para-professional persons for treatment of drug-dependent persons who are able to live in their own homes in the community."(Supply)

One of the requirements of The Seed Drug Rehabilitation Program is simply that those clients participating in that program must reside at night for an extended period of time in a foster home. This foster home is not the client's own home. This foster home is the home of another Seed client.

Every client that participates in The Seed program is required to participate in the program on a 24-hour basis, 7 days a week, and as a part of the conditions of that treatment, must reside in a foster home somewhere in the community. However, your attention would be respectfully drawn to page 37 of the Standards Manual under "VIII General Considerations" regarding programs that do not fit into traditional categories or specific program terms and provides that "all such programs must be handled on an individual basis according to the particular structure, goals, and needs of the program...". Further, your committee has

found an apparent discrepancy between the statute definition of non-residential treatment centers and the description of a non-residential treatment center contained in the Standards Manual. Page 44 under the heading of "Non-residential Treatment Centers" does not prescribe that the client reside in his own home. Until the confusion as to the proper classification under which The Seed, Inc., falls is resolved either by legislative act or by change of the Rules in the regulations, the committee finds itself unable to ascertain which of the three categories properly applies to The Seed; for if The Seed, Inc., is a non-residential treatment center under the Statute defined and does not meet all the required licensing procedures, also if The Seed were a residential treatment center, it still does not meet with all the requirements and licensing procedures. However, if it were to fall into the "other" category, it would meet with most of the requirements, except those we will now discuss:

- 1a. All Seed clients must live in foster homes during a portion of their treatment. We have found that the client sent to a foster home must sleep in a room which is secured from escape, in which doors commonly lock from the outside and where windows are permanently secured.
- b. There is an absence of a showing that these foster homes comply with any fire health, or safety regulations.
- c. We have also found that there is no governmental investigation into the qualifications of the foster home parents or their facility to serve as such.
- d. In those instances where we know of the assignment of clients to foster homes, we have found the ability of the parent to communicate emergency information to the child grossly impaired. The practice of The Seed is to give anonymity to the foster parent and deny to the real parent knowledge of the location of the child or access to the child. It is important that The Seed establish a procedure through which this might be carried out in those situations.
- e. The guidelines of the Standards Manual require a graduate from a drug program to wait six months before that graduate may become a staff member of that program from which he graduated. The Seed ignores this guideline and employs

These comments regarding the required residence at the foster home, that the foster home should have some inspection regarding fire, health, safety, and whether the foster parent is a fit and suitable person to whom a client should be assigned, the committee feels are reasonable and valid in terms of generally accepted administratively to programs and practices. We point out that to incarcerate a person in a locked room is a most highly dangerous procedure which could possibly result in the State being liable for some action if a child were burned to death in a fire in a room from which he could not escape after being placed there by a program licensed by the State of Florida.

- 3f. The standards and procedures contain sufficient latitude to allow a program such as The Seed to develop and establish credibility.

Resumes

Richard N. Katon, M.D.

Position: President
Addiction Consultation and
Evaluation, P.C.

Experience:

Narcotics Treatment Administration

- Chief Medical Officer. Work included: participation in agency's executive staff which bore responsibility for decision-making in the following areas: management, planning research, computer systems and criminal justice; development of all medical procedures for client treatment; training, recruitment and supervision of physicians, nurses, and medical assistants; design, implementation and responsibility for ensuring adherence to agency's treatment guidelines; devising and testing innovative approaches to treatment such as the Central Intake Unit, a facility which has become a national model; evaluating treatment failures and proposing methods for improvement; recommending and coordinating necessary ancillary services, i.e. vocational rehabilitation, remedial education and counseling; and organizing training programs to capitalize on and improve both professional and para-professional counselor skills.
- Designed and directed the Model Cities Addiction Program, the clinic after which all other agency units were patterned.

Department of Corrections, D.C.

- Served as the primary consultant on drug addiction treatment for offenders and initiated the use of methadone maintenance in a halfway house setting.

Project ADAPT

- Primary responsibilities were related to directing all activities pertaining to the medical treatment of addicts enrolled in this program.

Man Alive, Inc.

- Served as Assistant Medical Director for this drug treatment program.

Education:

Lafayette College (Pennsylvania), A.B.
State University of New York, Downstate Medical Center, M.D.
Johns Hopkins University School of Hygiene, M.P.H., Public
Health Administration

Publications:

- "Detoxification: Uni - versus Multi-Modality," presented at the Fifth National Conference on Methadone Treatment, March, 1973, Washington, D.C., (with Lloyd, Raymond A., DuPont, Robert L., and Rubenstein, Rebecca M.).
- "Methadone Dextoxification of Heroin Addicts," presented at the Fourth National Methadone Conference, January, 1972, San Francisco (with DuPont, Robert L. and Rubenstein, Rebecca M.).
- "Evolution of a Treatment Approach for Young Heroin Addicts: Comparison of Three Treatment Modalities," presented at the Fourth National Methadone Conference, January, 1972, San Francisco (with Lloyd, Raymond A. and Dupont, Robert L.).
- "Multiphasic Screening of Inner-City Heroin Users," presented at the Fourth National Methadone Conference, January, 1972, San Francisco (with Webster, J. Blair and DuPont, Robert L.).
- "Negative Direct Coombs Tests in Narcotics Addicts Receiving Maintenance Doses of Methadone," Blood (accepted for publication June, 1972), (with Sherwood, Geoffrey K., McGinnis, Mary H., DuPont, Robert L., and Webster, J. Blair).
- "Liver Damage in Addicts - Hepatitis or Alcoholism?" presented at Annual Meeting, Washington Area Council on Alcoholism and Drug Abuse, March 14, 1972 (with Webster, J. Blair).
- "Physicians and the Heroin Addiction Epidemic," Modern Medicine, June, 1971 (with Dupont, Robert L.).
- "Physicians' Role in Controlling Heroin Addiction," Clinical Proceedings, Children's Hospital, Washington, D.C., October, 1971.
- "Development of a Heroin Addiction Treatment Program: Effect on Crime," Journal of the American Medical Association, Volume 216 May 24, 1971 (with DuPont, Robert L.).

- "More on Methadone," Medical Annals of the District of Columbia, May, 1971, page 337.
- "Organization of Large-Scale Government Supported Drug Addiction Treatment Program," presented at West Coast Methadone Treatment Conference, March 28, 1971, Portland, Oregon.

John Philip Lau

EDUCATION

B.S., Physics, St. Peter's College;
M.S., Physics, Fairleigh-Dickinson University;
Graduate work in Statistics and Operations
Research at American University.

JOB EXPERIENCE

Present

Director of Evaluation, Addiction Consultation
and Evaluation, P.C.

10/71 - 4/73

Senior Systems Analyst, Narcotics Treatment
Administration.

As Chief of NTA's Bureau of Computer Services, Mr. Lau was responsible for the development of one of the most comprehensive drug treatment information systems in the country. His responsibilities encompassed the entire range of systems activities including data generation, collection, reporting, and analysis. He established and directed a program analysis and evaluation unit. This unit performed a wide range of analytical studies covering such topics as clinic performance, epidemiological studies in heroin use, causes and factors affecting client treatment performance, drug overdose studies, and a variety of related treatment issues. As a member of the executive staff at the NTA, he was influential in developing treatment strategies and policies based upon results of many of his studies.

PRE-NTA

Prior experience included the development of large scale computer simulations for the Navy Department and NASA, extensive use of the techniques of the management sciences and operations research to develop large scale information systems, and the design and development of a complex telecommunications network. Experience also includes extensive statistical analysis, programming, and publications in major technical journals.

SUMMARY

Extensive experience in EDP Systems Development including project management, systems analysis, operations analysis, design, and programming. Designs information systems for a variety of management applications related to the drug treatment field. Manages the development and implementation of a large drug treatment related data system. Develops project plans, budgets, and directs analysis, design and implementation. Experience in project management (Pert/Time, Pert/Cost, CPM), Budgeting, and Personnel. Programs IBM 7094, 360 and 370 in Fortran, Bal, and PL/1 languages.

PUBLICATIONS

- 1) "A System for Rapid Chemical Separation and Spectroscopic Examination of Fission Gases", Nuclear Instruments and Methods, Vol. 64 (1968), No. 3, pp 323-327.
- 2) "Decay of ^{133}Xe and ^{133m}Xe ", presented at the April 1968 meeting of the American Physical Society in Washington, D.C.
- 3) "Nuclear Structure in ^{135}Cs ", presented at the November 1968 meeting of the American Physical Society in Miami, Florida.
- 4) "Nuclear Structure in ^{133}Xe , ^{135}Xe and ^{133}Cs ", Nuclear Physics, Vol. A121 (1968) No. 3, pp 612-624.
- 5) "The Management of Large Multimodality, Multiclinic Drug Treatment Programs and Management Information Systems", presented at the Fifth National Methadone Conference, Washington, D.C., March, 1973.

Susan H. Eckland

Present Position: Analyst
Addiction Consultation
and Evaluation, P.C.

EXPERIENCE: St. Elizabeth's Hospital

-- Psychiatric Social Worker. Worked in the various drug programs of St. Elizabeth's Hospital. Instrumental in developing and implementing "Last Renaissance", one of the first drug free therapeutic communities in the D.C. area and the only one ever to be located within a mental hospital. Duties have included organization of the therapeutic community, training and supervising patients in the program to handle administrative tasks, training and supervision of students and staff, giving guidance to ex-addict staff, consulting with and advising neighborhood drug programs in the D.C. area, directing public relations activities such as making the program known to schools, social service agencies, courts, etc. Also act as liaison between the hospital program and outside agencies and conduct follow-up evaluation of program graduates as well as traditional social service duties.

Florida Department of Public Welfare

-- Supervisor
-- Hospital Worker
-- Social Worker

Stockton State Hospital

-- Psychiatric Social Worker

Montanaie Clinical School

-- Teacher of disturbed children

EDUCATION: University of Miami, A.B.
Tulane University, M.S.W., Psychiatric Social Work

Lois A. Franco, B.S.

EDUCATION

University of Wisconsin, Madison, Wisconsin
Bachelor of Science Degree - Sociology
(Correctional Administration)

EXPERIENCE

ACE:

Recently joined ACE staff.

Brief Chronology of Prior Experience

1971 - 1973

District Parole Supervisor (Parole Agent III)
State of California - Department of Corrections
Parole and Community Services Division
Los Angeles, California - Phone (213) 639-5565

1969 - 1971

Special Representative to the Courts (Correctional
Counselor II)
State of California - Department of Corrections
California Rehabilitation Center
Corona, California - Phone (714) 737-2683

Responsible for providing liaison between Superintendent of the institution and the Courts, District Attorneys, Public Defenders, Probation Officers, law enforcement agencies and private attorneys throughout the State of California. Represented the Director of the Department and the Superintendent in Court hearings challenging decisions made by them and in training and public relations sessions which were designed to provide or enhance understanding of the Civil Addict Program.

1964 - 1969

Correctional Counselor I
State of California - Department of Corrections
California Rehabilitation Center
Corona, California - Phone (714) 737-2683

1963 - 1964

Caseworker I
Dane County Department of Social Services
Madison, Wisconsin - Phone (609) 249-5351

Lois A. Franco, B.S.
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1962
Correctional Caseworker Trainee
State of California - Department of Corrections
California Institution for Men
Chino, California

Mary Louise Gumper

Present Position: Writer/Editor
Addiction Consultation
and Evaluation, P.C.

Experience:

Narcotics Treatment Administration

- Executive Assistant. Developed operating procedures for the agency including preliminary medical guidelines, budget submissions and funded grants; arranged conferences; prepared reports and Congressional testimony; and supervised staff responsible for conducting on-site training tours for drug abuse professionals.

Metropolitan Washington Council of Governments

- Served as a Crime Prevention Planner and was responsible for administering a project involving the development of a drug abuse curriculum; a first offenders drug re-education program; support of a voluntary federation of drug rehabilitation personnel; and for assisting in devising, administering and analyzing results from a questionnaire which served as the basis for a report on the criminal justice system in three states.
- Information Aide. Prepared informational brochures, newsletters, directories and the annual report; arranged the annual conference, and assisted with media contacts.

National Labor Relations Board

- Edited transcripts of law cases for publication.

Education:

Newton College of the Sacred Heart, B.A.

Publications:

- Dogoloff, Lee I. and Mary Louise Gumper, "Heroin Addiction Treatment and the Criminal Justice System: Are They Compatible?", Proceedings of the Fourth National Conference on Methadone Treatment, 1972.

Mary J. Jackson

Present Position: Analyst
Addiction Consultation and
Evaluation, P.C.

Experience: Narcotics Treatment Administration

-- Nurse Coordinator. Work included recruiting, training and supervising all agency nurses and medical assistants; coordinating nursing functions with counseling activities in the clinics and integrating plans for medical units with broader agency plans for expansion and change; monitoring, evaluating and recommending changes in all clinic medical units; and, as a participant in the Executive Staff, deciding issues in the areas of management, planning, research and evaluation, as well as medical procedures.

-- Acting Administrator, Central Medical Intake Unit. Supervised staff in all unit functions including client flow, initial interview, physical examination, diagnosis and work-up of client treatment plan. Tested questionnaire formats and assisted in initiating and assessing experimental client identification and urinalysis methods.

-- Served as Head Nurse, Model Cities Addiction Program. Responsible for supervising and training the medical unit; organizing and conducting client orientation; participating in treatment team sessions; and devising and evaluating the effectiveness of new approaches to treatment. Assisted vocational staff in the development of placement plans, pre-vocational training, and post-employment supportive services for addicts. Participated in ongoing evaluations of these projects.

St. Elizabeth's Hospital

-- As Staff Nurse in a psychiatric hospital, primary responsibilities included the care and counseling of both alcoholics and drug addicts; ward management; training; and staff supervision.

Education: Freedmen's Hospital School of Nursing, Howard University
affiliate, R.N.

Judith M. Seckler

Present Position: Analyst
Addiction Consultation
and Evaluation, P.C.

EXPERIENCE: Special Action Office for Drug Abuse Prevention

-- Program Analyst. Primary responsibilities were to provide on-site program analysis, evaluation and recommendations to Veterans Administration and Department of Defense drug programs; assist in development of policy and management strategies for the above, and provide technical assistance and staff training to cities initiating drug programs geared specifically to youth.

Washington Free Clinic

-- Director. Founded, organized and administered this community-based health care center which offered standard medical services as well as drug treatment and education programs.

Special Approaches in Juvenile Assistance

-- Director. Responsibilities included day-to-day management of a shelter-care facility for runaways; staff recruitment; funding; serving as a liaison between parents and juvenile authorities; and speaking to various organizations about the problems of runaway youth.

RELATED EXPERIENCE:

-- Helped to organize a therapeutic community for heroin addicts and, thereafter, served as an intake counselor and group therapist. Managed a crisis "hot-line" which provided emergency counseling and established an abortion counseling center as an adjunct to it. Coordinated a drug abuse education speakers network and conducted both group and individual counseling for an out-patient drug free day care center for high school and junior high school youth.

Patricia West

EDUCATION

Diploma Nursing Arts, Washington Hospital
Center School of Nursing

A.A., Towson Junior College

JOB EXPERIENCE

Consulting Experience:

Addiction Consultation and Evaluation, P.C.

Participated in the evaluation of nine OEO
funded drug programs throughout the country.
This evaluation included on-site examination
of program data resulting in recommendations for
continued funding. Currently developing technical
assistance protocol for drug treatment programs
across the country.

Drug Treatment Experience:

NTA, Morris Bernstein Institute, Man Alive, Inc.
Administrator, medical unit. Divided systems of
record keeping and supervised their maintenance.
Established admission criteria, collected data on
client progress, conducted training sessions for
staff and clients, and general medical supervision.
Acted as liaison between the Department of Vocational
Rehabilitation and drug treatment programs.

Hospital Experience:

Head Nurse, Intensive Care Unit, in hospitals in
New York City, Baltimore and Arlington. Supervised
and scheduled staff, dispensed medication,
carried out treatments ordered by physicians,
oriented new employees and student nurses.