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# Management Of The Community Action Against Addiction Program In Cleveland, Ohio

Department of Health, Education, and Welfare

**BY THE COMPTROLLER GENERAL  
OF THE UNITED STATES**

MWD-75-92

JUNE 13, 1975

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COMPTROLLER GENERAL OF THE UNITED STATES

WASHINGTON, D.C. 20548

B-164031(5)

The Honorable Louis Stokes  
House of Representatives

Dear Mr. Stokes:

In response to your request of June 25, 1974, this is our report on the review of management activities at the Community Action Against Addiction program in Cleveland, Ohio. The report also contains information on the activities and events leading to the termination of the Black Unity House as a satellite project funded by the Community Action Against Addiction program.

As requested, we have not obtained written comments from the non-Federal funding agencies or the grantee. We did, however, discuss our findings with them, and their comments are recognized in the report. As you suggested, we did not obtain comments from the National Institute on Drug Abuse, Department of Health, Education, and Welfare, because Institute actions did not affect the reported findings.

We do not plan to distribute this report further unless you agree or publicly announce its contents.

Sincerely yours,

A handwritten signature in cursive script, reading "James B. Stacks", is written over the typed name.

Comptroller General  
of the United States

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#### GLOSSARY

ACE	Addiction Consultation and Evaluation, P.C.
BUH	Black Unity House
CAAA	Community Action Against Addiction
GAO	General Accounting Office
NIDA	National Institute on Drug Abuse
648 Board	Cuyahoga County Community Mental Health and Retardation Board

COMPTROLLER GENERAL'S  
REPORT TO THE  
HONORABLE LOUIS STOKES  
HOUSE OF REPRESENTATIVES

MANAGEMENT OF THE COMMUNITY  
ACTION AGAINST ADDICTION  
PROGRAM IN CLEVELAND, OHIO  
Department of Health,  
Education, and Welfare

D I G E S T

WHY THE REVIEW WAS MADE

GAO was asked to make this review because of numerous complaints Congressman Stokes had received regarding activities of the Community Action Against Addiction program.

FINDINGS AND CONCLUSIONS

The organization is a nonprofit corporation specifically organized to educate the Cleveland community about hazards of drug abuse and to treat and rehabilitate drug abusers.

Reaction to the program in Cleveland has been mixed. Some community representatives felt the program has had a favorable impact on the community; others said the program has not been very beneficial. The organization has done little to measure the progress of its clients. (See p. 49.)

Racial composition of Community Mental Health and Retardation Board and staff

The Community Mental Health and Retardation Board coordinates existing mental health and drug programs and acts as a catalyst in developing new programs in Cuyahoga County.

As of January 1975, 23 persons had served on this board, including 4 blacks, and 3 of the 11 filled positions on the board were held by blacks. Of 26 persons currently employed by the board, 17 are considered to hold decisionmaking positions. Ten of these positions are filled by blacks, American Indians, or women. (See p. 3.)

### Geographical area served

Target area of the program involves 4 of the 12 catchment areas in Cuyahoga County. Racial composition of these areas is 46 percent white, 53 percent black, and 1 percent other minorities. According to the 1970 census, 19 percent of the population of Cuyahoga County was black.

During fiscal year 1974, contractors of the Cuyahoga County Community Mental Health and Retardation Board provided 47 percent of its mental health services and 60 percent of its drug services in these four catchment areas. (See p. 6.)

### No evidence of undue influence exercised by county commissioner serving on Board of Trustees--but potential exists

The county commissioner who serves on the organization's Board of Trustees could exert undue influence in disbursing funds. However, GAO found no evidence this was done.

An April 30, 1974, report of an independent evaluation of the program disclosed some concern that not all satellite programs were represented on the board and that some trustees did not attend board meetings. Another independent evaluation report dated January 1975 indicated friction among board members.

GAO believes problems involving conflicting interests, alleged cliques, disruptive tactics, and poor attendance have adversely affected the board's operations. (See p. 10.)

### Operations and management need improvement

GAO noted the following operations problems.

- Client medical and social history data was delayed in getting to treatment centers. (See p. 21.)
- Required urinalyses were not always taken. (See p. 21.)

--Required job development and counseling services were not provided in all cases and, if provided, were not documented. (See pp. 23 and 31.)

--Caseloads of satellite clinics were well below numbers budgeted resulting in higher average treatment costs than originally expected. (See p. 25.)

--Adequate records concerning number of clients served were not kept. (See p. 31.)

Black Unity House dropped from program for valid reasons

Black Unity House was a satellite center funded by the organization in fiscal years 1973 and 1974 to provide drug treatment.

Decision to drop Black Unity House was made on May 21, 1974, by the organization's executive committee. Evidence indicates this decision was influenced by officials from the National Institute on Drug Abuse and was concurred in by the Community Mental Health and Retardation Board. Reasons given by the organization's Project Director for recommending this action were that the Black Unity House

--refused to cooperate in auditing its records (see p. 38);

--deliberately maligned other modalities of the program (see p. 39);

--had programs which were not stable due to high staff turnover (see p. 40);

--had not provided full-time counseling services at either the Collinwood Northeast or East Cleveland YMCAs (see p. 41); and

--served too few clients (see p. 46).

GAO's review generally substantiated the accuracy of these assertions. Furthermore, because the Community Action Against Addiction program has the responsibility



for assuring that program funds are efficiently and effectively used, GAO believes the decision to drop Black Unity House was proper.

Expenditures charged to Federal grant overstated

Payroll expenses charged by the organization to the Federal Government were overstated by \$47,000 during fiscal year 1974. (See p. 53.)

Ineligible staff salaries	\$40,216
Salaries in excess of maximum allowable	2,834
Improper payments to staff (net)	3,199
Erroneous charges relating to payroll deductions	<u>857</u>
	<u>\$47,106</u>

In addition, a substantial amount of vacation and sick leave recorded on employees' timecards had not been deducted from their leave records. Although the incorrect leave balances do not create an immediate improper expenditure, their current value is about \$8,000 and could increase if the excess leave is either used or paid in a lump sum upon employee terminations. (See p. 57.)

GAO's findings were discussed with the organization's officials, and they agreed to make the necessary adjustments.

## CHAPTER 1

### INTRODUCTION

In response to Congressman Louis Stokes' June 25, 1974, request (see app. I), we evaluated the activities of the Community Action Against Addiction (CAAA) program in Cleveland, Ohio. Also, we reviewed selected activities of Federal and non-Federal agencies responsible for funding the program.

CAAA is a nonprofit corporation specifically organized to educate the Cleveland community about the hazards of drug abuse and to treat and rehabilitate drug abusers. Most of CAAA's personnel costs are funded by (1) the National Institute on Drug Abuse (NIDA), the Federal agency within the Department of Health, Education, and Welfare responsible for supporting drug abuse prevention and treatment programs, and (2) the Cuyahoga County Community Mental Health and Retardation Board (648 Board), the non-Federal agency responsible for reviewing CAAA's programs before State and county funds will be made available. The 648 Board makes State and county funds available to meet the Federal matching requirements for personnel costs and to pay other operating expenses.

In fiscal year 1974, CAAA received \$2 million from these agencies, including over \$1.2 million from NIDA, and was authorized to employ 181 people. CAAA reported that it treated an average of 699 drug abusers a month.

The CAAA program is one of many grants funded by NIDA for drug abuse treatment and rehabilitation. As of December 31, 1974, NIDA was administering 318 grants and contracts totaling about \$120 million and serving over 80,000 individuals.

This report focuses on the following areas that were specifically mentioned in Congressman Stokes' letter.

- Responsibilities of the 648 Board. (See p. 3.)
- Representation of minorities on the 648 Board and its staff. (See p. 3.)
- CAAA organization and funding. (See p. 8.)
- Influence exerted by a county commissioner on CAAA activities. (See p. 10.)
- Management of the CAAA program and activities of CAAA components. (See p. 19.)

--Impact of the CAAA program on the Cleveland community.  
(See p. 49.)

--Expenditure of Federal funds. (See p. 53.)

The report also discusses the circumstances relating to CAAA's decision to exclude the Black Unity House (BUH) operations from its fiscal year 1975 program. (See p. 34.) BUH was a satellite center funded by CAAA in fiscal years 1973 and 1974.

#### SCOPE OF REVIEW

Our review was made primarily at CAAA headquarters, CAAA drug treatment facilities, and the Cuyahoga County 648 Board in Cleveland, Ohio, and at NIDA headquarters in Rockville, Maryland. We examined applicable legislation; NIDA, State, 648 Board, and CAAA regulations or bylaws; and CAAA program policies, directives, reports; and other pertinent documents.

We also discussed the CAAA program with personnel responsible for its approval and administration and with others who had knowledge of CAAA activities.

We reviewed the sources and disbursement of funds, including fiscal year 1974 payroll operations. We also reviewed program evaluations and other documentation necessary to respond to the Congressman's request.

We limited our evaluation of CAAA progress to comparing actual patient loads with budgeted capacity. We did not attempt to measure program success in terms of progress made by clients receiving treatment because

--NIDA had not established measurable criteria for client progress, either while in treatment or after the treatment was terminated,

--data for some clients was either incomplete or missing, and

--followup data generally was not available on clients who left the program.

Our review primarily concerned the programmatic and financial management activities of CAAA and did not include the discrimination charges brought by BUH against the 648 Board. These charges have been investigated by the Chicago Office for Civil Rights, Department of Health, Education, and Welfare. Its report is being processed.

## CHAPTER 2

### THE 648 BOARD--RESPONSIBILITIES AND ORGANIZATION

The Community Mental Health Centers Act of 1963, as amended (42 U.S.C. 2681 et seq.), authorizes, among other things, funds for treating drug addicts. It requires each State to designate a single agency to administer the program before Federal funds are made available. Ohio qualified in 1967 when it adopted Ohio house bill 648. This bill established community mental health and retardation boards (648 Boards) to administer programs for mentally ill, retarded, and emotionally disturbed persons in each county or combination of counties having at least 50,000 residents. Ohio house bill 874, approved in June 1970, authorized 648 Boards to add programs for persons with drug problems.

The Cuyahoga County 648 Board coordinates existing mental health and drug programs and acts as a catalyst in developing new programs. It is responsible for recommending approval or disapproval of requests for State, county, and certain Federal funds. The 648 Board members are appointed to serve as the decisionmaking and policymaking group, and a staff is hired to manage the day-to-day operations.

A charge of racial discrimination was made against the 648 Board by BUH. The Office for Civil Rights has investigated this charge and will report on its validity. At the Congressman's request, we have included information on the racial composition of the board, staff, and geographical areas served.

#### BOARD APPOINTMENTS AND RACIAL COMPOSITION

Ohio house bill 648 requires that each board consist of no less than 9 members nor more than 15. One-third of the members are appointed by the State Commissioner, Division of Mental Health, Department of Mental Health and Mental Retardation, and two-thirds by elected county commissioners. In Cuyahoga County there are 12 members on the board. The law requires that

- at least two members be practicing physicians with one being either a psychiatrist or pediatrician,
- at least one member be a probate judge or his designee, and
- all members reside in the county and be knowledgeable of and interested in the programs offered.

One of the three elected Cuyahoga County commissioners told us that the commissioners do not have written criteria for selecting board members and rely on their experience to select people who best represent important community viewpoints. They consider the qualifications of individuals recommended by interested groups, but the selection is made by joint agreement of the three commissioners. The elected commissioner we talked to believes minorities should be represented on the board in a proportion similar in some degree to their representation in the total county population.

As of January 1975, 23 persons had served on the board, including four blacks who participated as follows:

- The first was appointed in March 1968 and is still active.
- The second was appointed in November 1970 and resigned in July 1972.
- The third was appointed in April 1973 to fill a term due to expire in November 1974 and was reappointed to a new 4-year term in November 1974.
- The fourth was appointed to a 4-year term beginning in April 1974.

As of January 1975, 3 of the 11 board members were blacks. In addition, one position was unfilled. Appendix II shows the names of all who have served on the board, their race, their qualifications, and the agency that appointed them.

#### STAFF RESPONSIBILITIES AND COMPOSITION

The 648 Board has positions for 26 employees. An executive director manages the daily operations and is responsible for hiring staff. He considers all employees except secretaries and clerks to have decisionmaking responsibilities. Ten of the 17 employees he considers decisionmakers are either black, American Indian, or female. Appendix III shows the names of the 17 staff members, their race, and job qualifications.

A primary duty of the staff is to evaluate applications for funds and recommend to the board which requests should be approved. In evaluating funding requests, the staff considers such factors as

- the need for the program,
- the merits of the application, and
- the quality of services to be provided.

After the staff makes its recommendations and the board acts on the requests, the requests are forwarded to the State and/or Federal agency for final approval.

The 648 Board holds a very influential position because of its approval function on requests for financial assistance. The State and Federal agencies are not required to accept the board's recommendations but generally they do. Even if NIDA agreed to fund CAAA contrary to a board recommendation, it is doubtful CAAA could operate because of the matching fund requirement. For example, in fiscal year 1974, the Federal matching fund requirement for payroll amounted to \$136,000. Other operating expenses not covered by the Federal grant amounted to \$638,000. It is unlikely CAAA could have obtained these amounts without board assistance.

Another responsibility of the staff is to monitor programs being funded. The staff makes programmatic and financial reviews, usually by examining reports submitted by contractors. In addition, board staff and CAAA met periodically to discuss program activities, because CAAA was having problems in reaching its client quotas.

#### FUNDING

During fiscal years 1973 and 1974, the 648 Board disbursed about \$2.8 million and \$4.7 million, respectively, for administering and operating mental health and drug programs. Federal funds paid to CAAA are not included because CAAA received its funds directly from NIDA. (See p. 17 for Federal funds received by CAAA.) A breakdown of board expenditures by source of funds and purpose of disbursement follows.

<u>Purpose</u>	<u>Fund source</u>		
	<u>State</u>	<u>County</u>	<u>Total</u>
Fiscal year 1973:			
Mental health and mental retardation programs	\$1,492,360	\$ 83,515	\$1,575,875
Drug programs	713,371	156,471	a/869,842
Other programs	112,525	5,691	118,216
Board operating expenses	148,473	59,012	207,485
Total	<u>\$2,466,729</u>	<u>\$304,689</u>	<u>\$2,771,418</u>

Fiscal year 1974:			
Mental health and mental retardation programs	\$2,681,249	\$212,972	\$2,894,221
Drug programs	1,030,722	157,936	a/1,188,658
Other programs	262,292	-	262,292
Board operating expenses	239,773	94,246	334,019
Total	<u>\$4,214,036</u>	<u>\$465,154</u>	<u>\$4,679,190</u>

a/ The board's annual reports for fiscal years 1973 and 1974 showed that, of these amounts, \$630,995 and \$631,745, respectively, were distributed to CAAA.

The "other" category includes some Federal funds awarded to the State and subsequently provided to the 648 Board. These Federal funds give recipients greater flexibility in using funds made available for broad areas like mental health.

#### AREAS SERVED AND POPULATION MIX

Cuyahoga County includes the City of Cleveland and a number of suburbs. The 1970 census shows the population and racial composition of Cuyahoga County and Cleveland as follows.

<u>Race</u>	<u>Population</u>			
	<u>County</u>	<u>Percent</u>	<u>City</u>	<u>Percent</u>
White	1,383,749	80.4	458,084	61.0
Black	328,419	19.1	287,841	38.3
Other	<u>9,132</u>	<u>.5</u>	<u>4,978</u>	<u>.7</u>
Total	<u>1,721,300</u>	<u>100.0</u>	<u>750,903</u>	<u>100.0</u>

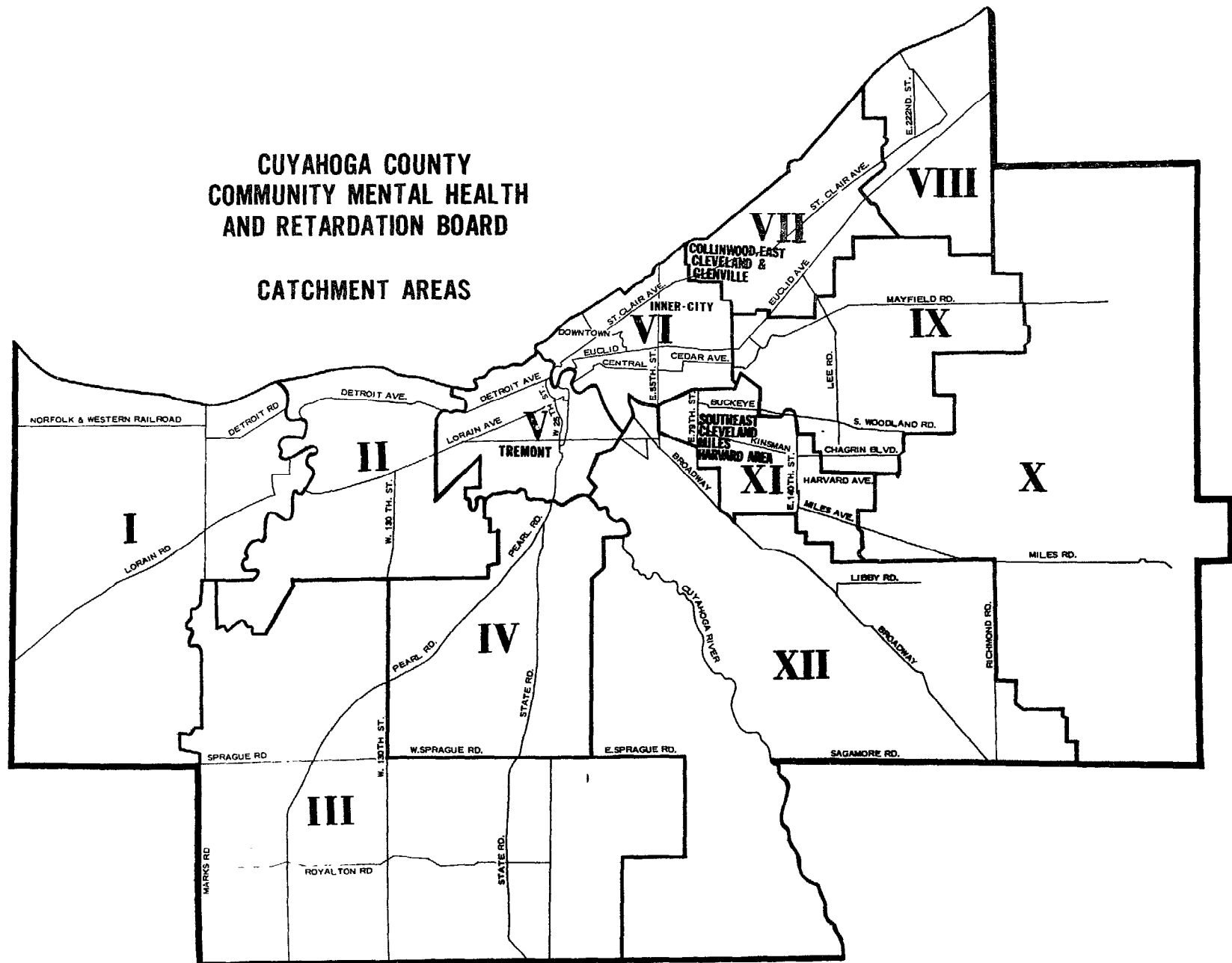
The 648 Board's program policies, adopted October 1968, state that the board is committed to providing services relevant to the needs of the people and, further, that the board is interested in reaching neglected and forgotten groups--children, families, older persons, multiple-handicapped, indigent, minorities, public wards, and others having problems indicating a need for mental health and retardation services. The program policies emphasize that services should be provided on the basis of need--not ability to pay.

The board divided Cuyahoga County into 12 catchment areas as shown on page 8. Populations in the catchment areas range from 75,000 to 200,000. During fiscal year 1974, 648 Board contractors provided 47 percent of its mental health services and 60 percent of its drug services in four catchment areas--V, VI, VII, and XI. These catchment areas, the CAAA target area, represent one-third of the total county population. The following table shows the population and racial breakdown of these catchment areas, as reported in the 1970 census.

<u>Catchment area</u>		<u>Population</u>			
		<u>Total</u>	<u>White</u>	<u>Black</u>	<u>Other</u>
V	Tremont	131,969	128,738	1,829	1,402
VI	Inner city	129,335	34,686	93,592	1,057
VII	Collinwood, East Cleveland	173,895	68,049	104,746	1,100
XI	Southeast Cleve- land, Miles Harvard	<u>140,139</u>	<u>34,811</u>	<u>104,598</u>	<u>730</u>
	Total	<u>575,338</u>	<u>266,284</u>	<u>304,765</u>	<u>4,289</u>
	Percent of total	100.0	46.3	53.0	0.7



## CATCHMENT AREAS



## CHAPTER 3

### CAAA--ORGANIZATION AND FUNDING

The CAAA umbrella-agency concept arose in December 1970 because community groups and leaders felt a need to unify the drug treatment approach. Neighborhood drug programs felt they were having problems acquiring funds from the 648 Board and therefore formed a group they thought would be too large for the board to ignore. They presented their approach to the board and received approval.

The 648 Board formed a council to bring together a cross-section of the community and develop the plan to organize CAAA. In January 1971, CAAA was incorporated in Ohio as a nonprofit corporation. The new organization met with State and Federal mental health consultants in mid-January and planning continued informally into March, when a Board of Trustees was elected. A trustee told us that the members selected--city and county officials, clergy, lawyers, and local businessmen--represented a wide variety of viewpoints. On March 20, 1971, the CAAA board elected officers.

During the development phase (July 1971 to January 1972) of CAAA, private foundations provided operating funds. The 648 Board provided the operating funds from January to July 1972. The first Federal grant was received from the National Institute of Mental Health, Department of Health, Education, and Welfare, for the fiscal year beginning July 1972.

### CAAA OBJECTIVES AND EXPECTATIONS

The objective of CAAA is to serve primarily hard-core heroin addicts; however, it also serves persons with other drug abuse problems. CAAA expects to alleviate the drug problem through:

- Educating the community about the hazards of drug abuse.
- Designing treatment modalities to help addicts overcome physical dependence on heroin and other drugs.
- Providing individual and group counseling and vocational guidance sessions tailored to the needs of the individual addicts.

--Preparing the ex-addict, through job placement and/or training and followup support services, to re-enter society as a well-adjusted and productive individual.

#### CAAA'S TARGET AREA BASED ON NEED FOR TREATMENT SERVICES

CAAA's first request for Federal funds stated that it selected 4 of Cuyahoga County's 12 catchment areas (V, VI, VII, and XI) as its target area, as shown on page 11. The area includes approximately 71 percent of the population of the cities of Cleveland and East Cleveland. Although the intensity of need varies within this area, it approximates the "urban poverty third" of Cuyahoga County. CAAA believed that, by combining four catchment areas with similar problems into a single target area, it would be able to provide more efficient services.

#### BOARD OF TRUSTEES--DECISIONMAKERS

The bylaws of CAAA state that the Board of Trustees is the decisionmaking body responsible for maintaining quality service. The board is composed of 25 members--6 ex officio trustees and 19 elected trustees. The ex officio trustees are persons holding the following positions, or their designees: (1) Chief Judge of Common Pleas Court of Cuyahoga County, (2) President of Cleveland's City Council, (3) Mayor of Cleveland, (4) Director of Medicine of Cuyahoga County Hospitals, (5) Director of Cleveland's Public Health and Welfare Department, and (6) President of Cuyahoga County Commissioners.

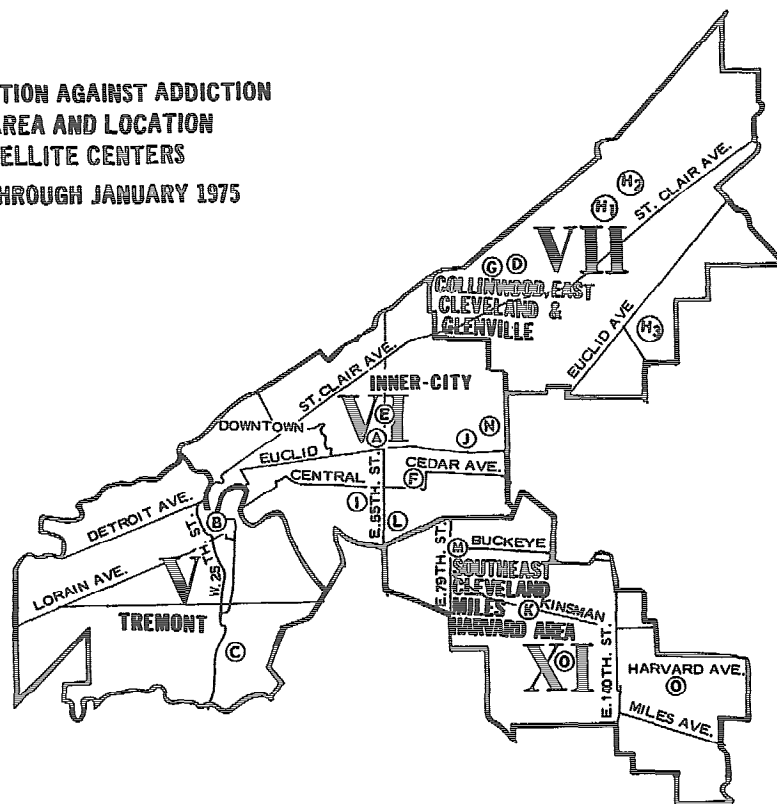
There are four types of elected trustees.

--Six are elected to 3-year terms by representatives of CAAA satellite centers or other operating units.

--Four are elected to represent the four catchment areas served by CAAA. They are elected to 2-year terms by their catchment area councils or task forces.

--Four are elected to represent the youth of the four catchment areas. These trustees must be between 16 and 20 years of age at the time of their election. They are elected by youth assemblies held in their respective catchment areas.

## 11



- (A) CAAA CENTRAL OFFICE  
5209 EUCLID AVENUE
- (B) SPANISH-AMERICAN DRUG PREVENTION CENTER  
1861 WEST 25th STREET
- (C) METROPOLITAN GENERAL HOSPITAL  
DRUG ADDICTION REHABILITATION TREATMENT  
PROGRAM  
3395 SCRANTON ROAD
- (D) BLACKS AGAINST DRUGS  
11605 ST. CLAIR AVENUE
- (E) HOUGH AGAINST DRUGS  
6500 HOUGH AVENUE
- (F) CENTRAL AGAINST DRUGS  
7110 CEDAR AVENUE
- (G) DIG-IT REFERRAL CENTER  
991 EAST 105th STREET
- (H1) BLACK UNITY HOUSE  
ABSTINENCE DETOXIFICATION & COUNSELING CENTER  
1187 HAYDEN AVENUE
- (H2) COLLINWOOD EAST COUNSELING CENTER (BUH)  
NORTHEAST YMCA COUNSELING CENTER  
775 EAST 152nd STREET
- (H3) EAST CLEVELAND YMCA COUNSELING CENTER (BUH)  
1831 LEE ROAD
- (I) FRIENDLY INN DRUG TREATMENT CENTER  
2382 UNWIN ROAD
- (J) HUMANIST FELLOWSHIP DRUG TREATMENT CENTER  
8001 EUCLID AVENUE

- (K) MT. PLEASANT COMMUNITY COUNSELING CENTER  
11707 KINSMAN AVENUE
- (L) ACTIVITY GROWTH CENTER  
6516 WOODLAND AVENUE
- (M) MEDICATION CLINIC NO. 2  
3162 EAST 93rd STREET
- (N) INN HOUSE  
1809 EAST 89th STREET
- (O) SOUTHEAST AREA ACTION COMMITTEE AGAINST  
DRUG ABUSE  
11915 CORLETT AVENUE  
3944 LEE ROAD

DATE FUNDED  
\* DATE CLOSED  
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JULY 1972  
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DECEMBER 1974  
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SEPTEMBER 1974  
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MARCH 1973  
\* DECEMBER 1973  
JULY 1972  
\* DECEMBER 1973

--Five are elected from the general public by the other trustees to serve 2-year terms. One of these trustees must be a member of the clergy, and one must be a previous narcotic addict.

The board has three types of meetings: (1) annual meetings held on the third Wednesday of January, (2) regular meetings scheduled by the executive committee--at least eight in a calendar year, and (3) special meetings called by the president or vice president or any seven trustees.

The board cannot make decisions for CAAA unless a majority of trustees is present. It can, however, authorize the executive committee to act in its behalf.

#### EXECUTIVE COMMITTEE AND OTHER COMMITTEES

The board elects a president, two vice presidents, a secretary, and a treasurer. These officers plus two additional members comprise on its executive committee. The executive committee acts for the trustees between board meetings, and actions taken within its authority are considered acts of the board.

In addition to the executive committee, there are committees that establish employment qualifications, plan programs, and make evaluations. They meet with staff members and make recommendations to the board.

#### CAAA BOARD PROBLEMS

Congressman Stokes asked for our opinion on whether the elected county commissioner serving on the CAAA Board of Trustees could exert undue influence in the disbursement of Federal funds. We also inquired into relationships of board members to CAAA satellite centers and other Cleveland area drug programs and into board activities generally.

#### Influence of the county commissioner on CAAA activities

CAAA's bylaws require that one member of the Board of Trustees be the President of the Cuyahoga County Commissioners or his designee. One of the three elected commissioners was so designated. This commissioner has been very active as a trustee. He attended at least 33 of 43 board meetings from May 1971 through September 1974 and served in various capacities. During the period of our review,

he was the board's treasurer and previously had served as its president and vice president.

The duties of county commissioners do not require direct involvement in drug treatment programs. However, the commissioners can influence the operations of these programs because they make county funds available through the 648 Board. In addition, they appoint two-thirds of the board that is responsible for recommending approval or disapproval of requests for Federal, State, and county funds. Therefore, the commissioners are able to exert pressure through funding decisions or board appointments. It is important to note, however, that this power comes from the elected position of county commissioner and exists whether a commissioner is a CAAA trustee or not.

Although the commissioner who occupied a position on the CAAA board could have exerted undue influence in the disbursement of funds, we found no evidence to show that he did.

We talked to the CAAA Project Director, the CAAA staff, and several trustees concerning the commissioner's participation on the board. The comments we received were generally complimentary. Presented below are some of these comments.

Project Director--The commissioner cannot become an advocate for CAAA because county funds are used for matching purposes only.

Assistant Project Director--The commissioner is good for the board. People are less likely to accuse CAAA of misappropriating funds if they know that a person of his stature and credibility is treasurer.

Controller--The commissioner is a conscientious treasurer. He examines all documents supporting expenditures before he signs checks.

Board trustee--The commissioner was a steadying influence on the board in spite of verbal insults made to him and his family by BUH's Executive Director.

#### Influence of other trustees on program operations

The bylaws setting up membership on CAAA's board permit individuals directly associated with CAAA satellite centers or other Cleveland area drug programs to serve as trustees. For example:

- An ex officio trustee representing the director of the Cuyahoga County hospitals is on the staff of Cleveland Metropolitan General Hospital, a CAAA affiliate. He is also on the board of the Hough Norwood Family Health Care Center. This center's drug program came under the CAAA umbrella in March 1975.
- An ex officio member representing the City of Cleveland Department of Community Mental Health is also the director of program operations for the Cleveland Drug Abuse Program.
- The mayor's representative is an employee of the agency that funds the city's drug program.
- The president of the CAAA board during part of 1974 was employed by the Hough Norwood Family Health Care Center as director of the Department of Community Mental Health and Drug Addiction. The center's drug component is in this department.
- Several other members were either CAAA satellite center directors or served on boards having control over the satellite centers.

We believe trustees who are involved with satellite centers or other drug programs in the city could affect the objectivity of the board and its relationship with the CAAA staff. These problems are highlighted in the findings of two consulting firms that evaluated CAAA operations--Addiction Consultation and Evaluation, P. C. (ACE), and Touche Ross & Co.--under contracts administered by NIDA.

Presented below are some of the findings in an April 30, 1974, report on the technical assistance evaluation made by ACE and the action taken by CAAA to improve its operations.

#### Finding

- Not all satellite programs are represented on the board. Consequently, board actions could favor those programs that were represented.
- Some trustees did not attend board meetings.

Recommendation --Add clauses to the board's bylaws defining participation of trustees having direct or indirect involvement with satellite programs.

--Penalize poor participation by trustees.

CAAA action --Letters were sent to delinquent trustees advising them that they were dropped from the board because they had missed more than three consecutive meetings.

--Trustees who stayed on the board were asked to reaffirm their commitment to the program.

--Serious recruiting efforts were undertaken to encourage business and civic leaders to become trustees.

CAAA stated that operations of the board were steadily improving and that conscientious new board members were lending their expertise and giving CAAA new and positive direction.

Touche Ross & Co. also evaluated CAAA and found problems in the board operations. The problems identified existed between the board and staff. The January 1975 Touche Ross report stated:

Finding --There appears to be friction between the Project Director and the board president. The issue was not documented but apparently involved the board president's association with a related drug program that was coming under the CAAA authority.

Recommendation --NIDA should evaluate the significance of the friction.

CAAA action --The president was voted off the board.

Certain trustees also felt there were problems in the operations of the board and the relationship between the board and staff. In discussions with board members, we were told that:



- One member directed verbal insults at other members to discourage them, hoping they would resign so his own power on the board would increase.
- The board in some instances ignored recommendations made by the Project Director.
- Budget proposals were submitted late, and the board was forced to make decisions without knowing all the facts.
- Sufficient notice of executive committee meetings was not always given.

Board participation and attendance were generally poor. There were quorums at only 24 of 42 scheduled meetings from March 1971 through September 1974. We could not determine if quorums were present for three other meetings. Members missing four consecutive meetings were not dismissed. We believe various conflicting interests, cliques, interfering and disruptive actions, and poor attendance adversely affected the board's operations.

#### SOURCE AND DISBURSEMENT OF CAAA FUNDS

CAAA operated its program during fiscal years 1973-75, primarily with Federal staffing grants received from NIDA. A drug program sponsor in a poverty area can apply for staffing grants to pay 90 percent of salaries and fringe benefits for professional and technical employees during its first 2 program years. The funding level drops to 80 percent the 3d year, 75 percent the 4th and 5th years, and 70 percent for each of the next 3 years.

CAAA received State and county funds from the 648 Board to pay for most of the salaries and fringe benefits not paid with Federal funds and for nonpersonnel expenses. CAAA also received small amounts from other non-Federal sources. Before CAAA received its first Federal staffing grant, the 648 Board and various private foundations provided operating funds.

As reported by CAAA, Federal and non-Federal funds authorized and expended were:

Fiscal year	Federal		Non-Federal (note a)		Total	
	Author- ized	Ex- pended	Author- ized	Ex- pended	Author- ized	Ex- pended
1973	\$1,514,099	\$1,016,927	\$715,882	\$682,763	\$2,229,981	\$1,699,690
1974	1,606,748	1,225,535	676,165	b/774,173	2,282,913	1,999,708
1975	1,180,834	-	451,560	-	1,632,394	-

a/Includes funds provided by the State and county through the 648 Board.

b/In fiscal year 1974, the amount expended by CAAA exceeded the amount authorized. At the close of our review, the 648 Board was examining CAAA's claim for additional funds.

In December 1974, NIDA reviewed the performance of existing projects and adjusted funding levels accordingly. CAAA's fiscal year 1975 authorization was reduced from \$1,180,834 to \$917,760. With the addition of the Hough Norwood Center on March 1, 1975, NIDA provided CAAA an additional \$28,000 for the balance of the fiscal year.

The authorized funding levels and the number of clients to be served by CAAA during fiscal years 1973 and 1974 were negotiated between CAAA, the 648 Board, and NIDA. For fiscal year 1975, CAAA used a "program/budget matrix" system developed by NIDA to estimate its program costs. Under this system, standard costs to treat a client for a year were applied to the number of client slots CAAA was expected to keep filled during the year. The result was a direct relationship between the amount of funds to be received and the number of clients to be served. NIDA set the following maximum allowable standard costs per treatment slot.

	<u>Standard costs</u>
Inpatient (hospital facility)	\$40,000
Residential (nonhospital setting)	5,000
Outpatient	1,700

#### Allocation of funds among CAAA components

After NIDA and the 648 Board approved CAAA's funding level, CAAA allocated the funds among the various program components. The CAAA Project Director and Assistant Project Director allocated amounts to each component after meeting with center directors and other CAAA officials to determine their needs. The fiscal year 1974 allocation depended on the types of services (outpatient, inpatient, or

residential) provided by the component, the number of employees, and the administrative responsibilities of the component. All operating components except the two residential facilities--BUH Detoxification Center and Inn House--were funded as outpatient treatment facilities.

## CHAPTER 4

### CAAA--MANAGEMENT AND OPERATIONS

Congressman Stokes requested us to review the CAAA program to determine how the program had been managed. To do this, we obtained information on the type of services CAAA planned to offer and where and how the services were to be provided. Also, we reviewed the reports of two consultants and evaluated the performance of the

--CAAA central office in providing administrative and treatment services and

--satellite centers in meeting assigned caseloads with funds provided.

Like most new organizations, CAAA has experienced some problems. Basically, these problems involved CAAA's organizational structure, activities of various headquarters components, and the inability to serve a sufficient number of clients. For the most part, we believe CAAA has learned from its mistakes and improved its operations. We believe, however, that CAAA could have been more aggressive in identifying and acting on program weaknesses instead of relying on consultants and review teams. We believe also that management should require department heads to fulfill their responsibilities for reviewing operations and making changes when necessary.

### CAAA TREATMENT MODALITIES AND GOALS

The primary CAAA objective was to provide drug addicts the opportunity to become free of illicit drug use through several types of treatment. CAAA offered drug addicts the choice of (1) methadone detoxification, (2) methadone maintenance (daily doses of methadone), (3) abstinence detoxification, and (4) counseling services. CAAA reports that the most emphasized treatment is one-to-one counseling supplemented with methadone detoxification or low-dosage methadone maintenance.

In addition to treating clients' drug problems, CAAA offered rehabilitative services to enable them to achieve (1) a sense of community and mutual trust, (2) meaningful interactions with others, (3) individual self-reliance and self-esteem, and (4) personal skills in handling practical problems. CAAA's rehabilitation program included residential facilities, medical care, and job counseling and placement.

CAAA provides treatment and rehabilitative services through a central office and satellite centers. The central

office administers the program and provides such services as processing new clients and dispensing methadone to clients. The satellite centers are located in various neighborhoods to accommodate clients by making counseling services and in some instances methadone more accessible and to make it easier for counselors to relate to potential clients.

#### IMPROVEMENTS NEEDED IN CAAA LINES OF RESPONSIBILITY AND CENTRAL OFFICE OPERATIONS

The administrative functions of the CAAA central office included program leadership, accounting, and reporting. The treatment and rehabilitative services included

- processing clients through intake,
- providing medical assistance,
- dispensing methadone,
- providing job training and placement, and
- counseling clients.

Presented below are the results of our review of the CAAA central office.

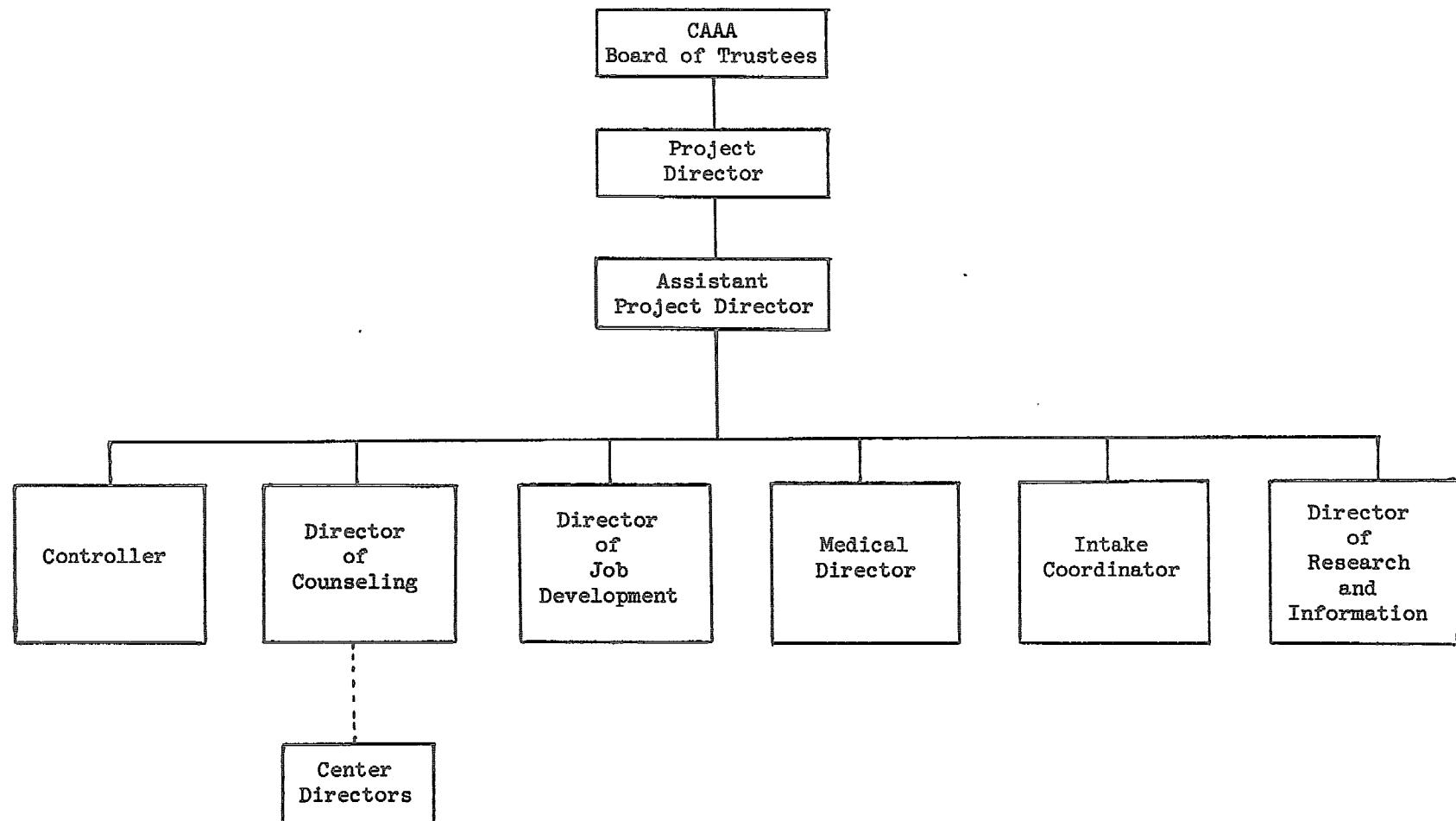
#### Organizational structure not followed

The operations of CAAA are managed by a project director hired by its Board of Trustees. The organizational chart on page 21 shows an assistant project director reporting to the director and the controller, director of counseling, director of job development, medical director, intake coordinator, and director of research and information reporting to the assistant. ACE, a consulting firm, reported in April 1974 that in actual practice this structure was not followed--all department directors except the controller reported to the Project Director.

The ACE evaluation team found that the management system was ineffectual because difficulties in accountability and personality conflicts were resolved by assigning individuals directly to the Project Director. The report recommended replacing the assistant project director with two associates, both answerable to the Project Director. One would handle the administrative responsibilities, and the other would supervise all treatment activities.

At the close of our review, 12 months after the ACE report, CAAA had not implemented the consultant's recommendation. We believe these changes, if implemented, would clarify lines of responsibility and strengthen the administrative leadership of the corporation.

COMMUNITY ACTION AGAINST ADDICTION  
ORGANIZATION CHART



## Accounting

The accounting department is responsible for maintaining records of all financial transactions. It processes and pays expenses for all satellite centers except the Metropolitan General Hospital, which handled its own finances. We reviewed the CAAA payroll operations in detail and the results are presented in chapter 7.

## Limited use of statistical data

Maintaining records, compiling statistics, and preparing reports is the responsibility of the research and information department. This department collects monthly treatment data from satellite centers and prepares reports that are submitted to funding agencies. The data include: (1) a client turnover report listing active clients, (2) a client admission report, and (3) a summary of client admissions, number served, and terminations.

The ACE team determined that the department was merely maintaining statistical data and compiling reports instead of providing analyses of treatment information. They believed program information needs should be defined so that all program components could benefit from the data compiled. We agree with these conclusions.

## Improvements needed in procedures for admitting clients, providing medical assistance, and dispensing methadone

Intake unit personnel were responsible for interviewing, screening, and processing new clients, as well as client readmissions and transfers from other programs. All clients were required to be processed through the intake unit except those affiliated with the Metropolitan General Hospital's drug program. The hospital handled its own intake function.

Intake processing takes about 3 days, during which the staff determines, by testing urine specimens, whether the individual is a drug user. Social and medical data are also obtained; the client is oriented in the CAAA program, given a choice of treatment modalities after discussions with the intake staff, and assigned to a satellite center for counseling.

Medical staff make physical examinations of clients at intake and also treat clients for occasional medical problems during their participation in the program. Medical staff are also responsible for dispensing methadone. During

fiscal year 1974, methadone was dispensed at two locations--the CAAA central office and Metropolitan General Hospital.

The ACE evaluation team examined intake, medical, and dispensing operations. Major findings were:

- The required number of positive urine samples were not always obtained before admission.
- Instead of diagnosing client needs, diagnostic counselors were more concerned with completing intake questionnaires and taking urine samples from clients reporting for methadone.
- Centers waited as much as 2 weeks for client intake records.
- The medical department was not routinely provided copies of client records before the individual reported for medication.
- Nurses neglected their primary responsibility because they had other duties, which included receiving and recording urinalysis reports and collecting intake information.

To correct those deficiencies, ACE recommended that (1) diagnostic counselors be assigned specific responsibilities, (2) intake records be available to treatment units the day following a client's admission, and (3) the medical department be separated from the intake unit and each be assigned appropriate duties.

To determine whether CAAA had improved its operations, we examined records for 10 randomly selected clients who entered the program after July 1, 1974. These records covered the period from the time the clients entered the program through January 1975. Generally, the records were in good condition, but certain required information was sometimes missing. Also, not all required urine specimens were taken. One of the clients received counseling only, and, although required, monthly urine specimens were not taken. The other nine received methadone, but many of the required weekly urine specimens were missed. The following table shows the percentage of urine specimens missed.



<u>Client</u>	<u>Total required</u>	<u>Number missed</u>	<u>Percent missed</u>
1	29	4	13.8
2	19	10	52.6
3	29	5	17.2
4	34	6	17.6
5	27	6	22.2
6	24	11	45.8
7	30	14	46.7
8	16	6	37.5
9	28	5	17.9

Other deficiencies were:

--One client receiving methadone did not meet the Food and Drug Administration's 2-year drug history requirement.

--Four clients had not received all laboratory tests required for admission to the program.

--Three client folders did not contain social summaries.

--Two client folders did not contain treatment plans; none of the eight with plans received the 90-day review required by NIDA; also short- and long-term treatment goals were not included in each plan.

In January 1975, the Touche Ross & Co. management review team reported that CAAA's intake unit had improved significantly since October 1974. It reported that the intake unit had developed a standard admission checklist and defined staff duties. The team concluded that the intake unit had many strengths and no specific weaknesses. The team also reported that the medical department had several strengths but needed a preprinted checklist to assure that all medical tests and forms were completed.

We also reviewed recent inspections of CAAA made by the Drug Enforcement Administration, the Federal agency responsible for assuring compliance with Federal narcotics laws. In August 1974, the agency reported several deficiencies in CAAA's accountability and security procedures for methadone. A followup inspection in December 1974 showed that CAAA had corrected these deficiencies.

We believe CAAA has improved its intake, medical, and methadone dispensing functions. However, we believe it should not wait for an outside evaluation team to point out its weaknesses before making improvements. Designated CAAA

personnel should review program operations and recommend changes to improve them.

Job development records poorly maintained--  
some services not provided

The job development department is responsible for vocational and educational counseling activities. Its staff works with such agencies as the Cleveland Board of Education and the Ohio Bureau of Vocational Rehabilitation to provide clients the opportunity to acquire high school diplomas, develop job skills, and find employment.

The ACE evaluation report did not comment on the activities of this department. However, Touche Ross examined job development records and reported two weaknesses: (1) client records were poorly maintained and (2) no policy existed to determine when client cases were to be moved from active to inactive status.

We reviewed records of 10 clients who entered the program after July 1, 1974, to determine whether CAAA was complying with the NIDA requirement that every client admitted to a drug program be gainfully employed or enrolled in an education or job training program within 120 days after admission. These records covered the period from the time the clients entered the program through January 1975. We found:

--Three were employed when they entered the program.

--One was enrolled in a vocational program.

--Six were not employed and should have been referred to the job development department. The job development director stated he had no information on the needs of these clients.

CAAA's program recognized that job development and placement is vital in the rehabilitation of clients. We believe CAAA should provide these services as planned and as required by NIDA.

Improvements made in counseling  
activities

The counseling department is responsible for coordinating treatment activities between the CAAA central office and satellite centers. The director of counseling supervises treatment services and acts as liaison between the satellite centers and the supportive services provided at

the CAAA central office. Counselors are divided into two groups: consulting counselors and community counselors. Consulting counselors make up the "professional" staff and provide indepth counseling to certain clients with complex emotional problems. They were assigned to CAAA central office and their duties included training community counselors. Community counselors, assigned to the satellite centers, carried the bulk of the client caseload and were responsible for counseling, recruiting, and followup.

The ACE evaluation report stated that client treatment responsibilities were not being fully met because counselors were more concerned with recruiting activities in order to meet client quotas. Also, ACE believed CAAA was not getting maximum use of its consulting counselors because they handled cases instead of supervising community counselors.

ACE recommended that community counselors restrict their activities to counseling clients and that outreach--recruiting, community relations, and followup--be a function of the central office. ACE also recommended that consulting counselors be assigned to centers as chief counselors.

In responding to the recommendations, CAAA reported that, because of the consolidation of centers, the emphasis on recruiting by center counselors was discontinued and community relation functions were assigned to the Project Director and center heads. Also, CAAA started assigning consulting counselors to the centers in August 1974.

The results of our review at the satellite centers are discussed below.

#### CENTER CASELOADS COMPARED TO FUNDS RECEIVED

To compare the number of clients served by each center with the dollars received, we determined the

- active client caseload and
- average cost to serve each client.

CAAA in its first year of Federal funding--fiscal year 1973--had 16 centers for counseling, 4 methadone dispensing stations, and 3 residential facilities. In fiscal year 1974, counseling was provided at 15 centers, methadone was dispensed at 2 locations, and 2 residential facilities continued to operate.

CAAA began fiscal year 1975 with 8 centers and 2 methadone dispensing stations--no residential facilities were funded.

Subsequently, 4 additional centers were closed, and 1 new center opened. Two additional methadone dispensing stations were activated and a new service was added, the Activity Growth Center.

The Activity Growth Center was established to offer an addict the opportunity to change his life style by providing an environment out of the traditional counseling setting. This center, although not having live-in facilities, offers a place where selected clients can interact and participate in group counseling and recreational activities. To qualify for this center, clients must have been in the CAAA program for 3 months, have abstained from using illicit drugs as evidenced by clean urine, and have kept counseling appointments.

Active client caseloads substantially less than budgeted capacity

For fiscal year 1974, CAAA was budgeted for an active caseload of 1,208 clients. These client slots were allocated to the various program components on the basis of funds each received. The following schedule shows the allocation to each component and its average client caseload reported by CAAA in fiscal year 1974.

<u>Component</u>	<u>Allocated client caseload</u>	<u>Average reported client caseload</u>	<u>Percent of allocation</u>
Metropolitan General Hospital BUH	226	148	65
-Counseling	96	68	71
-Abstinence detoxification	12	7	58
Friendly Inn Center	41	30	73
Dig-It Center	114	102	89
Central Against Drugs	106	73	69
Hough Against Drugs	51	35	69
Blacks Against Drugs	45	43	96
Southeast Area Action Commit- tee Against Drug Abuse	170	26	15
Spanish-American Center	49	29	59
Humanist Fellowship	62	67	108
Inn House	20	6	30
West Side Free Clinic (note a)	49	8	16
CAAA central office	78	26	33
Job Corps (note a)	89	31	35
	<u>1,208</u>	<u>699</u>	58

a/These facilities were not CAAA satellite centers; however, CAAA staff was assigned part time to these sites.

### Satellite center caseloads overstated

We reviewed fiscal year 1974 records at nine CAAA centers. For eight centers, we examined reported active caseloads for December 1973 and May 1974. For the ninth center--BUH--we examined active caseloads for February 1973 through June 1974.

The number of active clients reported by CAAA exceeded, in all but one case, the number we could verify from center records. However, for four of the eight centers--Friendly Inn, Spanish-American, Dig-It, and Metropolitan General Hospital--the numbers reported were reasonably close. We noted improvement in the reporting of active clients between December 1973 and May 1974 at all centers except Central Against Drugs and Hough Against Drugs.

We counted clients active in the month if the records showed they (1) received methadone or (2) had met CAAA's requirement of at least one face-to-face contact with a counselor. The details of our review of the eight centers are presented on page 29. Details on BUH appear in chapter 5.

Comparison of CAA-Reported Active Cases

With Case Files Reviewed by GAO at Satellite Centers

	Metropolitan General Hospital		Friendly Inn Center		Di9-It Center		Central Against Drugs		Hough Against Drugs		Blacks Against Drugs		Spanish- American Center		Humanist Fellowship		Total	
	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review	CAA reported	GAO review
December 1973:																		
Methadone main- tenance	142	139	22	15	68	55	58	37	27	22	39	27	7	7	30	22	393	324
Methadone de- toxicification	-	1	1	2	2	1	1	1	-	-	-	-	-	-	2	-	6	5
Total	142	140	23	17	70	56	59	38	27	22	39	27	7	7	32	22	399	329
Counseling only	15	6	8	11	27	29	10	11	8	8	3	6	7	16	34	22	121	105
Total	157	146	31	28	97	85	69	49	35	30	42	33	23	19	66	44	520	434
May 1974:																		
Methadone main- tenance	126	128	22	22	102	79	58	48	33	26	32	29	8	6	38	23	419	361
Methadone de- toxicification	6	8	4	1	1	1	2	(a)	-	-	-	2	3	-	-	-	16	12
Total	132	136	26	23	103	80	60	48	33	26	32	31	11	6	38	23	435	373
Counseling only	19	8	9	12	31	47	24	11	7	8	9	4	26	30	33	28	158	148
Total	151	144	35	35	134	127	84	59	40	34	41	35	37	36	71	51	593	521

a/The reports prepared by Central Against Drugs did not identify the two methadone detoxification clients reported active by CAA.

In addition, the files did not always show that clients receiving methadone were also counseled. The following table shows the number of clients for which we could find no counseling documentation for the month.

	<u>December 1973</u>		<u>May 1974</u>	
	<u>NO</u>		<u>NO</u>	
	<u>Received</u>	<u>counseling</u>	<u>Received</u>	<u>counseling</u>
	<u>methadone</u>	<u>data</u>	<u>methadone</u>	<u>data</u>
Metropolitan				
General Hospital	140	53	136	55
Friendly Inn Center	17	1	23	-
Dig-It Center	56	9	80	10
Central Against Drugs	38	15	48	12
Hough Against Drugs	22	12	26	6
Blacks Against Drugs	27	13	31	13
Spanish-American				
Center	7	2	6	1
Humanist Fellowship	22	4	23	3

A counselor at one of the centers told us that record-keeping was a problem because it was not emphasized. He said staff turnover also contributed to the problem because some counselors stayed with the program for only a few weeks. Also, some counselors kept personal logs but did not make entries into client files and, because of frequent staff turnover, some personal logs were not available.

Staff turnover and inadequate recordkeeping affected reporting

The following table shows the number of staff at the beginning of fiscal year 1974 and how many left during the year.

	<u>Center</u>	<u>Staff</u>	<u>Percent of</u>
	<u>staff</u>	<u>separated during</u>	<u>staff</u>
	<u>July 1973.</u>	<u>fiscal year 1974</u>	<u>separated</u>
Metropolitan General			
Hospital	10	6	60
Friendly Inn Center	3	-	-
Dig-It Center	8	4	50
Drug Abuse Centers			
(note a)	11	7	64
Spanish-American			
Center	3	-	-
Humanist Fellowship	3	-	-

a/Blacks Against Drugs, Central Against Drugs, and Hough Against Drugs comprise Drug Abuse Centers, Inc.

The ACE evaluation team reviewed the activities of the centers and reported they found little evidence that clients were being counseled. ACE believed counselors were inadequately documenting the sessions held. The team recommended that counseling be offered in the same facility where methadone is dispensed. CAAA responded that a trend was set--the number of centers offering only counseling has been reduced and more centers offering counseling and methadone have been opened.

We believe staff turnover and failure of counselors to record counseling sessions affected reporting accuracy and counseling documentation.

Average cost to serve clients exceeded budgeted amounts

We reviewed each center's success in achieving its monthly client quota and computed the average cost to serve a client at each center. We estimated the average client caseload by adjusting the active caseloads reported by CAAA. Our adjustment assumed that the differences found in December 1973 and May 1974 records were applicable to the entire year. The following table presents adjusted caseload estimates for the year and shows that average client caseloads were probably further below established quotas than reported by CAAA. (See p. 27.)

	<u>Allocated caseload</u>	<u>GAO-estimated</u>	
		<u>Average caseload</u>	<u>Percent of allocation</u>
Metropolitan General			
Hospital	226	139	62
Friendly Inn Center	41	29	71
Dig-It Center	114	94	82
Central Against Drugs	106	52	49
Hough Against Drugs	51	30	59
Blacks Against Drugs	45	35	78
Spanish-American Center	49	27	55
Humanist Fellowship	62	46	74

The failure to reach client quotas resulted in a substantial increase in the cost of serving each client. The following table shows this increase for each of the eight centers.



Comparison of Budgeted and GAO-Adjusted  
Costs to Serve Clients for Fiscal Year 1974

<u>Center</u>	<u>Allocated caseload</u>	<u>Budgeted expenditures</u>	<u>Average cost per client</u>	<u>GAO adjusted</u>			<u>Increase in cost per client</u>	<u>Percent of increase</u>
				<u>Average client case-load</u>	<u>Actual expenditures</u>	<u>Average cost per client</u>		
Metropolitan General Hospital	226	\$203,565	\$901	139	\$183,954	\$1,323	\$422	47
Friendly Inn Center	41	29,196	712	29	26,583	917	205	29
Dig-It Center	114	80,282	704	94	73,477	782	78	11
Central Against Drugs (note a)	106	73,060	692	52	135,584	1,159	467	67
Hough Against Drugs (note a)	51	35,798		30				
Blacks Against Drugs (note a)	45	30,966		35				
Spanish-American Center	49	34,516	704	27	31,069	1,151	447	63
Humanist Fellowship	62	46,452	749	46	40,875	889	140	19

a/Blacks Against Drugs, Central Against Drugs, and Hough Against Drugs were components of Drug Abuse Centers, Inc. Expenditure data was not available for each component; therefore, cost per client figures are for Drug Abuse Centers, Inc.

NIDA actions reduced funding and treatment slots

NIDA was aware of CAAA's problems in meeting its fiscal year 1974 client quota of 1,208 and reduced the quota to 1,029 for fiscal year 1975. As a result, the funding was also reduced. In December 1974, an interim NIDA evaluation showed that CAAA was continuing to have difficulty in meeting its quota. NIDA advised CAAA in December that the client quota was being reduced to 800 with a corresponding reduction in funding. With the addition of the Hough Norwood Center to CAAA's program, effective March 1, 1975, NIDA increased the client quota to 935 and provided an additional \$28,000 for the balance of the fiscal year.

## CHAPTER 5

### BLACK UNITY HOUSE--ESTABLISHMENT TO TERMINATION

Our discussions with Congressman Stokes clearly indicated his interest in resolving the charges and countercharges surrounding the exclusion of BUH from the CAAA program for fiscal year 1975. To determine if CAAA was justified in dropping BUH, we obtained background data on the BUH program and evaluated

- the circumstances leading to CAAA's exclusion of BUH;
- CAAA's reasons for excluding BUH, and the support given CAAA by NIDA, the 648 Board, and the State of Ohio;
- BUH's responses to the reasons given by CAAA; and
- client records at BUH to determine the accuracy of active cases reported by CAAA and the validity of CAAA charges that BUH engaged in deceitful reporting.

Throughout our review, we encountered conflicting information and a number of charges and countercharges. We attempted to resolve the conflicts and verify charges, but in many instances neither party had documentary evidence to support their contentions. Frequently documentation that was available merely repeated the accusation or stated someone's opinion of what certain actions represented. We believe the relationship between BUH and CAAA was one of confrontation rather than cooperation, and this atmosphere contributed to the conflicts that evolved between them.

We believe CAAA, having responsibility to assure efficient and effective use of program funds, was justified in dropping BUH from the fiscal year 1975 program. In our opinion, CAAA had no choice after BUH refused to cooperate and would not provide client information or allow CAAA to audit its services. Since NIDA encourages drug abuse programs to offer a wide range of treatment modalities, we believe it unfortunate that the abstinence detoxification program was discontinued because it added a treatment modality not otherwise offered by CAAA.

In addition to the question of access to information, there are questions concerning BUH's capability to operate an effective program. The high staff turnover and low client caseload demonstrate serious weaknesses in program management. Also, difficulties in recordkeeping and reporting indicate administrative weaknesses.

## BUH--CONCEPT AND ESTABLISHMENT

In 1970, before the formation of CAAA, a group of black and white residents from Cleveland's Collinwood area proposed drop-in counseling centers to fight drug abuse. The group requested \$82,000 from the 648 Board to operate two counseling centers. The 648 Board approved the proposal, and a contract was prepared for the group to sign. The executive director of the 648 Board told us the contract never became effective because of conflicts within the Collinwood group, and a signed contract was never returned to the board. He said that some members of the group tried again to get 648 Board support for a Collinwood drug program; but since CAAA was being organized about this time, the group was advised to work with CAAA to establish a program. CAAA established a Collinwood drug program under the auspices of BUH.

CAAA's budget application for fiscal year 1973 included \$212,000 for the BUH program and stated:

- The detoxification unit would be based at BUH and accommodate 4 addicts at any one time with anticipated withdrawal periods of 7 to 10 days (this was subsequently increased to 12 addicts at any one time).
- All clients would receive a physical examination by a CAAA physician before undergoing treatment and during withdrawal would receive round-the-clock supervision and intense support from two-man teams.
- The entire operation would be supervised by a psychiatrist who would also help in training the two-man teams.
- The client would continue an intense community-based counseling program with an initial period of residence in a CAAA halfway house, as needed.

## CIRCUMSTANCES LEADING TO EXCLUSION OF BUH

Starting about July 1973, NIDA began expressing concern over the low number of clients CAAA was serving. This concern was directed to all satellite centers, including BUH. CAAA was directed to evaluate the centers over the next 6 months and take action to drop those centers that were not substantially meeting their client quotas. The 648 Board staff, NIDA, State, and CAAA officials met periodically and evaluated center efforts to meet their quotas.

In a January 1974 meeting, concern was expressed over the cost of the BUH program. The minutes stated:

"It was generally felt that there is a need for this abstinence detoxification unit, but that this need did not justify the cost of funding this program at its current client load."

The decision to drop BUH was made on May 21, 1974, by CAAA's executive committee. Prior to this date, CAAA board actions were directed toward keeping BUH in the program, although the Project Director recommended at the April board meeting that BUH be dropped. The executive committee made the decision to drop BUH after hearing a report of a visit made by CAAA staff to NIDA headquarters on May 17, 1974. The spokesman for the staff attending the meeting said NIDA did not want BUH as an inpatient facility because it was not a hospital. The Executive Director of BUH participated in the CAAA executive committee meeting but was unable to stop the committee from voting to exclude BUH from the fiscal year 1975 funding request. The executive committee sent a separate letter to NIDA stating that it objected to being forced to exclude BUH.

The BUH Executive Director believed the decision to drop his program was the result of about 6 months of NIDA action against BUH, which culminated in the May 17, 1974, meeting--a few days before the executive committee meeting. He believed NIDA threatened to stop funding CAAA if BUH were included in the program. Although we were unable to obtain documentation to show what occurred during the May 17 meeting, other correspondence leads us to believe that NIDA did recommend that BUH not be included in the CAAA program. The final decision, however, was made by the CAAA executive committee.

#### WHY BUH WAS DROPPED--CAAA CHARGES

The remainder of this chapter discusses our evaluation of the reasons given by the CAAA Project Director and officials of NIDA, the 648 Board, and the State of Ohio for dropping the BUH program; and BUH's comments on reasons cited.

On April 18, 1974, the Project Director recommended at a meeting of the CAAA Board of Trustees that the contract with BUH be terminated because:

- BUH staff refused to cooperate with CAAA in auditing its records.
- BUH deliberately maligned other CAAA modalities.

- BUH failed to maintain an acceptable level of medical nursing capability for its abstinence program.
- BUH programs were not stable because of a high turnover in staff.
- BUH was not providing full-time counseling services at either the Collinwood Northeast or East Cleveland YMCAs.
- BUH client data was submitted late, was incomplete, and was deceitful.
- BUH received an annual budget of slightly less than \$250,000 but served only 19 clients in an 8-month period.

NIDA's Project Development Specialist said he agreed with CAAA's decision because:

- BUH did not provide statistics on clients being served.
- BUH would not permit NIDA or CAAA personnel to make site visits to evaluate the program.
- BUH had not served more than 15 people at any given time.

The executive director of the 648 Board, in a May 14, 1974, letter to the Project Development Specialist of NIDA, stated that:

- During the 6 months in which Federal, State, and 648 Board staff participated with CAAA staff in discussing program progress, joint decisions had been reached which indicated that six centers, including BUH, were not giving the services for which they were funded.
- All of these centers except BUH had been dropped from CAAA's revised budget.
- He agreed with NIDA's recommendation to drop BUH because of its poor performance and lack of cooperation.

The District Manager, Division of Mental Health, State of Ohio, wrote a letter dated May 16, 1974, to NIDA's Project Development Specialist and said the State had worked closely with the 648 Board. He said the State would support the NIDA and 648 Board positions to drop BUH. He

believed the 648 Board had adequate documentation to support its position that BUH was not providing the service for which it was being funded and that it was not cooperating with CAAA.

CAAA not allowed to audit BUH records

In a letter dated March 11, 1974, CAAA requested BUH to provide client data to justify the fiscal year 1975 request for funds. CAAA considered this information extremely critical and requested that it be provided by 5:00 p.m. on March 13. The letter also requested permission to have a CAAA employee visit BUH to review records of clients receiving counseling only.

BUH replied on March 13 but refused to provide the information because:

- It had less than 48 hours to prepare the data.
- The data requested was not stipulated in any contracts or agreements between the BUH board and CAAA.
- CAAA would give the data to the 648 Board and it would be used to the detriment of BUH in its "pending suit" against the 648 Board. (See p. 39.)
- BUH believed the request was another example of "a consistent, systematic, discriminatory pattern of intimidation."

We evaluated BUH's reasons for refusing to provide CAAA client data and our conclusions are presented below.

Although it may be that CAAA's request for the information within 48 hours did not give BUH adequate time in which to prepare a complete report, we believe that this factor alone was not justification for refusing to provide the data at all. Because we understand that BUH had continued to collect the client information, we think BUH, working in a cooperative atmosphere, could have advised CAAA that it would furnish unrefined data and would submit the complete report as soon as possible.

The formal agreement between BUH and CAAA did not specifically state the content or frequency of reports to be provided; rather the contract stated:

"The Corporation [BUH] will forward all reports as agreed upon in conjunction with CAAA."

BUH submitted monthly reports to CAAA on client activity through January 1974. CAAA accepted these reports and incorporated the data in its reports to the funding agencies. We believe these actions clarified the somewhat vague language of the contract. Accordingly, since CAAA's March 11 request was for client information similar to that previously submitted by BUH, we believe CAAA's request was reasonable and was within the subject provision of the agreement.

As for the BUH charge that the data would be given to the 648 Board and used to its detriment in its suit against the 648 Board, we fail to see how BUH client data can affect the outcome of a charge of discrimination against the 648 Board in appointing board members or hiring staff. The Office for Civil Rights has investigated this charge.

CAAA required satellite centers to report monthly on the number of clients served. The Project Director and the director of counseling told us that, in addition, CAAA staff on occasion visited the centers to obtain information on various aspects of program performance, including the adequacy of recordkeeping. The Project Director said site visits were usually reported orally and not documented. He also told us that subsequent to the March refusal, BUH agreed to allow CAAA to audit its records but would not permit face-to-face contact with clients. The Project Director would not agree to this arrangement because it gave him no assurance there was a live client for each record.

We believe CAAA exercised good management judgment when it requested client data after BUH stopped submitting monthly client reports. We do not agree with BUH that CAAA's action was an act of intimidation.

#### BUH maligned other CAAA modalities

In response to this charge, BUH replied that CAAA was responsible for referring clients for abstinence detoxification. BUH charged that, after CAAA finally agreed to permit a BUH employee to participate in processing clients at intake, the employee was subjected to interference by the promethadone, anti-abstinence employees at CAAA.

CAAA is responsible for offering clients a choice of therapies, including abstinence detoxification. Those clients selecting abstinence detoxification were to be referred to BUH. Each center was assigned a client quota and was responsible for obtaining and servicing that number of clients. CAAA's intake coordinator said that, although some people walked into the CAAA central office and asked to be placed in the program, each center usually had to go into the streets to recruit its clients.

We reviewed drug addiction literature prepared by BUH and found the benefits of abstinence detoxification were explained by exploiting the bad effects of methadone. This approach, in our opinion, created ill will and a general mistrust between CAAA and BUH. The primary purpose of CAAA was to provide heroin addicts the opportunity to "kick the habit" in various ways, including the use of methadone or outright abstention. There should be room for both philosophies in a comprehensive program. However, cooperation will work best when the parties recognize and respect differing views. Apparently, BUH was not ready to do this.

#### BUH failed to maintain nursing capability

BUH's response to this charge was that in February 1974 a night nursing supervisor at a local hospital volunteered her services on a part-time basis after the previous nurse, who had worked full time, resigned. In April BUH convinced her to accept reimbursement for her services.

CAAA records show that BUH had a licensed practical nurse on its staff until late in February. The CAAA payroll register shows the new nurse started working during the pay period ended April 19. She was paid for 60 hours the first biweekly pay period and 40 hours each biweekly pay period thereafter. We also determined she had a valid license to practice nursing during the period February through June 1974.

We did not evaluate the adequacy of BUH's nursing functions, and we do not know if the reduction in nursing capability was significant.

#### BUH program not stable due to high staff turnover

The CAAA Assistant Project Director stated that the fiscal year 1974 authorized staffing complement for BUH was 25. The BUH Executive Director was not employed by the drug program. The payroll ledger shows that a total of 55 employees worked at BUH, indicating a 120-percent turnover in staff. Of the 55 employees, only 4 worked the entire year.

We talked to several former BUH employees who held key positions and asked them why they left. Their comments are presented below.

The former director of counseling said he resigned from BUH on two occasions. He withdrew his first resignation because the Executive Director agreed to let him run the center; however, the Executive Director continued to be



deeply involved in center operations, making all decisions and even reviewing timecards. He resigned a second time about 9 months later, in early 1974, because the Executive Director was, in his opinion, ruining the morale of the staff by playing one against another. He said several other key employees resigned after his resignation. He believed BUH stopped submitting monthly reports to CAAA because employees capable of preparing the reports had resigned. He said some staff replacements were ex-addicts who had just completed detoxification and were not ready for these positions.

The former psychiatrist at BUH said he resigned in April 1974 because he believed the program would never achieve its potential. He cited staff turnover as one reason the program did not succeed. He believed staff resources were spread too thin to achieve the main objective--client detoxification. He recognized that other duties were important but felt they should not be emphasized to the detriment of client detoxification--the center's objective.

A former chief counselor said he left BUH because he wanted a chance to try something different. He said BUH had a recordkeeping problem because of high staff turnover. He believed employees left because the job was very demanding and required time, energy, and emotional strain. He also believed the high turnover contributed to the program's failure.

In our opinion, an effective counseling program depends to a large extent on the relationship between client and counselor over a period of time. This continuity of care is directly affected by staff turnover. We, therefore, believe the high staff turnover at BUH had an adverse effect on its program.

BUH did not provide full-time  
counseling services

Subsequent to the Project Director's statement of April 18, 1974, that BUH was not providing full-time counseling at either the Collinwood Northeast or East Cleveland YMCAs, NIDA requested support for the charge.

In December 1974, CAAA advised NIDA that:

--The Collinwood Northeast YMCA initially was reluctant to house the counseling center because the image reflected by BUH in the Collinwood East community was antagonistic.

- The YMCA "tactfully suggested" BUH move its operations elsewhere after the Federal Bureau of Investigation<sup>1/</sup> raided the detoxification center.
- The operations of the counseling center were a mystery for about 90 days.
- Inquiries and site visits revealed the center was moved to the East Cleveland YMCA.
- Administrative personnel from the East Cleveland YMCA stated there was little, if any, staff activity and virtually no client activity.

To determine the validity of CAAA's charge, we talked to several people who were involved in the operations of the counseling centers at either the Collinwood Northeast YMCA or the East Cleveland YMCA. Presented below are the comments we received.

Northeast YMCA official:

- The center was open 5 or 6 days a week from 10:00 a.m. to 8:00 or 9:00 p.m., with the evening schedule being sporadic.
- One employee was there regularly and another was there only occasionally.
- Not many clients visited the center and those that did were mostly of high school age.
- The center held several workshops but attendance was not very heavy.
- The center was not used for about a month after the chief counselor resigned.
- BUH was asked to relocate its center because the YMCA wanted to use the space.

Chief counselor:

- His duties were divided between the counseling center and detoxification center until he resigned in September 1973.

<sup>1/</sup> In September 1973, the Federal Bureau of Investigation raided the detoxification center and confiscated three guns. BUH charged the guns were illegally taken. The guns were returned by order of the U.S. Attorney.

--Two employees worked regularly at the counseling center.

--In addition to counseling, he and his staff talked to youths using the YMCA about the bad effects of taking drugs.

--He and his staff made presentations on drugs to school students.

East Cleveland YMCA official:

--He agreed to provide BUH space 4 days a week, 4 hours a day.

--He was receptive to the drug program but reluctant to get involved with BUH.

--Counseling staff was not stable and seldom at the center.

--He was convinced the BUH Executive Director was sincere in his efforts to provide treatment for drug addicts.

Executive Director, BUH:

--He said the Collinwood Northeast YMCA in a letter dated October 11, 1973, requested the counseling center space be turned back to the YMCA because the space was needed and the center had not been active for about 6 weeks.

--One counselor from the Collinwood center was reassigned to the detoxification center because of the Federal Bureau of Investigation raid and because she was pregnant.

--He provided us a letter dated November 21, 1973, which was sent to NIDA advising that BUH had recently opened a satellite information center at the East Cleveland YMCA and requested literature be made available.

--The director of counseling was responsible for notifying CAAA of the change in location. If notice was not given, it was another example of his trying to undermine the BUH program.

--Employees assigned to the counseling center from September 6 through mid-November 1973 were used to recruit clients.

These comments indicate that BUH's counseling centers were inoperative part of the time. We therefore agree with the Project Director's charge that BUH was not providing full-time counseling at either the Collinwood Northeast or the East Cleveland YMCAs.

Submission of late, incomplete,  
and deceitful client data

CAAA cited 17 cases to demonstrate that BUH was deceitfully reporting service to clients. CAAA stated that:

- 11 clients reported active in December 1973 by BUH were associated with other centers, resulting in double counting.
- 1 client reported active in June 1973 by BUH was also reported active by another center in the same month.
- 2 clients reported active by BUH were deceased (1 is included in the first 11).
- 1 client reported active by BUH signed an affidavit that he had never received service at BUH.
- 1 client reported active by BUH in March 1974 signed an affidavit that he had not received service in that month.
- 2 clients who moved out of the city according to BUH's September 1973 report were reported active in December 1973 although BUH had not reported their readmission.

We had considerable difficulty attempting to evaluate the CAAA charges in the 17 cases. CAAA identified the cases using client identification numbers. However, CAAA's numbering system was changed several times, and we could not rely upon numbers alone for identification. For example, the names for 9 of the 17 cases cited did not agree with the names in the BUH files, even though the identification numbers were the same. Our analysis of the 17 cases follows.

- Of the 11 client numbers cited for double counting, only 4 had been reported by BUH and another center for December 1973. For three of these four, names did not agree although numbers were the same.
- For the client reported active in June 1973 by BUH and another center, the names did not agree although the numbers were the same.

--Where CAAA said BUH reported two dead persons active, the names did not agree although the numbers were the same. In one case, CAAA's deceased client was a woman and BUH's client was a man.

--For the client who said he had never received service at BUH, BUH had a case file. The file contained a social summary, a new participant registration, and notes prepared by the psychiatrist. However, there was no application form signed by the client.

--For the client who said he did not receive service in March 1974, the monthly client report indicating service by BUH was not signed. In addition, CAAA stated that the last reports submitted by BUH were for January 1974. We could not resolve this case.

--For the two clients reported active by BUH in December 1973 after earlier reports said they had moved from the city, there was no evidence in BUH files to support service to these clients in December.

In answering CAAA's charge, BUH agreed there were problems in accurate reporting of its clients and service figures; however, it believed that someone or some persons at CAAA falsified the reports. BUH contended that about half its monthly client reports were "lifted" in sequence and never found, and that it had called for an investigation. BUH further stated that in December 1973 a group from CAAA headed by a consulting counselor visited BUH and attempted to reconstruct the missing reports but was unsuccessful because of the complexity of the modality. CAAA recommended that a medical clerk or a specific person be designated to manage records.

In addition, BUH stated clients receiving methadone could also receive counseling at BUH to prepare them for abstinence detoxification. However, BUH believed that under such circumstances, it was the responsibility of the central registry to report clients being serviced at more than one center.

Because of the conflicting, and in some cases inconclusive, data found on these 17 cases, we believe CAAA did not have sufficient evidence to conclusively demonstrate that BUH was deceitfully reporting client services. We also believe BUH and CAAA, working in a cooperative atmosphere, could have resolved reporting differences.

BUH served few clients  
during an 8-month period

We evaluated CAAA's charge that BUH was not serving many clients by reviewing all BUH client files. The files showed that, from February 1973 through June 1974, 84 different clients entered the detoxification program and an additional 58 entered the counseling program. CAAA's Research and Information Department had records on 74 detoxification clients and 48 counseling clients.

We examined the files of the 84 detoxification clients and found doctor's notes that showed services were given to 72 clients. For eight others the files contained observation or examination notes from the program's psychologist or nurse. The other four files contained only entries by counselors.

We also determined, from the BUH client files, how many detoxification and how many counseling-only clients were active each month. The following table shows that CAAA reports consistently understated the number of detoxification clients and overstated the number of counseling-only clients. CAAA did not report any active clients after January 1974 because BUH stopped submitting individual monthly client reports.

# Summary of Active Clients

	Total clients		Detoxification (note a)		Counseling only	
	<u>BUH</u> files	<u>CAAA</u> report	<u>BUH</u> files	<u>CAAA</u> report	<u>BUH</u> files	<u>CAAA</u> report
<u>1973</u>						
Jan.	-	7	-	-	-	7
Feb.	2	10	1	-	1	10
Mar.	11	15	6	-	5	15
Apr.	20	24	15	2	5	20
May	13	b/ 17	9	2	4	13
June	22	b/ 50	11	2	11	46
July	31	53	15	2	16	51
Aug.	27	71	16	5	11	65
Sept.	18	c/ 70	13	-	5	70
Oct.	22	56	5	2	17	54
Nov.	14	57	5	-	9	57
Dec.	29	109	14	9	15	100
<u>1974</u>						
Jan.	21	108	16	9	5	99
Feb.	22	-	13	-	9	-
Mar.	25	-	20	-	5	-
Apr.	29	-	11	-	18	-
May	10	-	5	-	5	-
June	1	-	-	-	1	-

a/ These clients also received counseling.

b/ This total includes two clients who participated in the methadone maintenance program. They are not included in the detoxification or counseling only columns.

c/ Same as footnote b/ except the number of clients is only one.

The Executive Director of BUH attributed the differences in the number of reported and documented cases to (1) CAAA's intentionally excluding some clients or (2) BUH's former director of counseling, who was dismissed by BUH and subsequently hired by CAAA, trying to make BUH look bad by inaccurately reporting the number of active clients.

The CAAA Project Director denied that someone at CAAA had intentionally excluded BUH clients. He said CAAA merely calculated totals from individual monthly client reports submitted by BUH. He questioned the validity of the detoxification client data found in our review, stating that BUH had approximately 8 months to prepare records to show it served more clients than it actually served. He believed the small number of documented counseling-only clients supports the contention that counseling centers were not operating full-time.

We were unable to resolve the wide variation in documented and reported client activity. However, from our review of BUH files, we agree with CAAA that BUH fell far short of meeting its projected service levels.

For fiscal year 1974, BUH was allocated \$243,000 to operate its detoxification center and provide counseling-only services. Expenditures for the year amounted to \$210,000. The detoxification center was budgeted for 12 clients, or 4,380 days of care, for fiscal year 1974. BUH records showed that 1,741, or 40 percent, of the budgeted days of care were given. The counseling-only center was expected to have an average caseload of 96 in fiscal year 1974. BUH records showed an average caseload of 10, or about 10 percent of expected caseload.



## CHAPTER 6

### IMPACT OF CAAA ON THE CLEVELAND COMMUNITY

Congressman Stokes asked us to determine whether the Cleveland community benefited from the CAAA program. To determine this, we

- inquired about the evaluation system used to measure clients' progress in their attempts to become drug free and
- obtained opinions about the CAAA program and its accomplishments from officials of various organizations in Cleveland.

We did not contact program participants to obtain their opinions of the program because of (1) the confidential nature of their problems and (2) the possibility of disrupting relationships the program might have with clients.

We learned that CAAA had done little to measure client progress and that community officials had mixed reactions to the program. Representatives of the police department and some medical organizations expressed the opinion that the program was not very beneficial. On the other hand, representatives of the Council for Economic Opportunity, Drug Enforcement Administration, Cuyahoga County Welfare Department, and Cleveland Department of Public Health and Welfare felt the program had a favorable impact on the Cleveland community.

### CAAA EVALUATIONS--WEAK TO NONEXISTENT

NIDA has not provided CAAA with standards or criteria to measure client progress in becoming drug free. CAAA has done little in the past to measure client progress. The only measure of progress CAAA had was urine tests taken by the intake and diagnostic units. The results of urine tests, showing whether a client was using drugs, were noted and communicated to the client's counselor. CAAA did not, however, use the test results to measure program success.

CAAA recently improved its program by developing a system to delineate short- and long-term goals for clients and to periodically measure client progress in achieving these goals. Implementation of this system should assist CAAA in measuring program performance.

CAAA did not follow up on clients leaving the program to determine if they remained drug free and were socially well adjusted. We believe followup should be a part of CAAA's program, to determine long-term benefits to the individual and ultimately the community and to measure program success.

#### OPINIONS OF COMMUNITY REPRESENTATIVES ON THE CAAA PROGRAM

We talked to officials of Cleveland organizations that had daily contact with the community and an interest in drug treatment programs. Their opinions of CAAA and its accomplishments are presented below. We did not attempt to verify the accuracy of any of the statements made.

#### Council for Economic Opportunity

- The CAAA program is performing a service for the community.
- An evaluation of each CAAA operation might show that some changes should be made.

#### Unit heads of the Cleveland Police Department

- Drug programs are not very beneficial--once a person becomes an addict, he will remain an addict as long as narcotics are available.
- Methadone dispensing stations are hangouts for drug pushers.
- Methadone programs have not reduced the crime rate; 20 to 25 percent of the persons arrested for shoplifting have CAAA identification cards.
- CAAA employees sold methadone and other drugs to police undercover agents.
- The CAAA program is weak in its approach to treating addicts. A doctor should determine the treatment modality for each client rather than permitting the client to make the decision.
- Counseling should be done by professionals and not by untrained "ex-addicts" who are still using methadone.
- CAAA has not been cooperative with the police department.

Cleveland Office,  
Drug Enforcement Administration,  
Department of Justice

- The CAAA program has had a favorable impact upon the community.
- CAAA gives addicts an easily accessible place to obtain methadone locally.
- The program is favorable because two-thirds of the addicts receiving methadone treatment appear not to be using illicit drugs; however, they seem to remain on the program and never become drug free.
- CAAA is reluctant to release clients who have successfully been treated because funding is based on the number of active clients.
- The drug problem in Cleveland is not being effectively dealt with because the three drug programs in Cleveland do not coordinate their efforts.
- Professional people and not addicts should be used for counseling.

Cuyahoga County Welfare Department

- The CAAA program is beneficial and needed in the community because it provides necessary help for hard-core drug addicts.
- No negative comments have been heard concerning CAAA's program.

Cleveland Department of Public Health  
and Welfare

- The CAAA program has had a favorable impact on the city's drug problem.
- The crime rate is reduced while addicts are being treated.
- CAAA helps rehabilitate clients, alters their need for hard drugs, and directs them from hard drug dependency.
- CAAA offers drug addicts more than some city drug programs; it has aggressive job training and placement programs in addition to methadone maintenance.

### Individuals from medical organizations

- CAAA has benefited the community by making methadone available to addicts who otherwise would have to depend on hard drugs; methadone enables individuals to lead more normal lives.
- CAAA is an alternative for addicts not wanting to enter Cleveland's other drug programs.
- CAAA has not proved itself. It may have helped a few individuals, but in terms of benefiting the community, it was ineffective.
- The quality of services provided to the community has been neglected because funding is based on number of clients enrolled in the program.
- The community is aware that methadone is available at CAAA but is not aware of counseling and job development services.
- CAAA is a relatively inefficient organization. In comparison to the other two drug programs in Cleveland, CAAA is the least effective in treating addicts. If the CAAA staff were cut by two-thirds, its services would probably be reduced no more than 5 percent.
- It is doubtful that CAAA provided quality care and that community counselors were qualified to counsel addicts.
- Too much money is spent on administrative matters and not enough on services; very little money gets down to the client level.
- CAAA's program was not any good, is not any good, and never will be any good.

## CHAPTER 7

### IMPROVEMENTS IN PAYROLL

#### PROCEDURES WARRANTED

Congressman Stokes asked us to determine if Federal funds were properly spent. To make these determinations, we verified the accuracy of reported Federal payroll expenditures for fiscal year 1974.

In our review of CAAA's financial operation, we excluded transactions that were paid with non-Federal funds. During our review, Peat, Marwick, Mitchell & Company, the public accounting firm that annually audits CAAA, audited the fiscal year 1974 financial records. The firm's report, not issued at the time we completed our fieldwork, will include the results of its examination of the use of both Federal and non-Federal funds.

We believe CAAA's financial management system and its implementation need to be improved to eliminate the deficiencies and weaknesses found in our review.

#### VERIFICATION OF FEDERAL EXPENDITURES FOR FISCAL YEAR 1974

CAAA overstated allowable payroll expenses by \$47,000 in its fiscal year 1974 report to NIDA, as shown in the following table:

Ineligible staff salaries (See p. 54.)	\$40,216
Payment of salaries to two employees in excess of allowed maximum (See p. 55.)	2,834
Other improper payments (net) (See p. 57.)	3,199
Erroneous charge to Federal grant (See p. 57.)	<u>857</u>
Total	<u>\$47,106</u>

In addition, 2,140 hours of sick and vacation leave recorded on employee timecards had not been deducted from their leave records. (See p. 56.)

Our findings, summarized in this chapter, were discussed with CAAA officials. CAAA has agreed to make the necessary adjustments and advise NIDA and us of the net amount due the Government.

We audited fiscal year 1974 CAAA payroll records and related items to determine the propriety and correctness

of payments made to the staff of the central office and the following satellite centers:

- Cleveland Metropolitan General Hospital
- Friendly Inn Drug Treatment Center
- Dig-It Drug Referral Center
- Black Unity House
- Hough Against Drugs
- Central Against Drugs
- Blacks Against Drugs
- Spanish-American Drug Prevention Center
- Humanist Fellowship Drug Treatment Center

We examined approximately 2,800 timecards and various other documents supporting payments made to 222 employees during the fiscal year. We also examined CAAA's employee vacation and sick leave records.

#### Payroll procedures

The CAAA payroll is prepared from timecards which are completed either by the employee or his supervisor. The timecards, which should be signed by the employee and supervisor, are delivered each biweekly pay period to the CAAA accountant by department and center directors or their representatives. The accountant checks them for completeness, enters them on a control journal, and sends the journal to a bank for final processing. Computer-printed checks and payroll and tax ledgers are returned to CAAA. CAAA distributes the checks to center and department directors or their representatives who, in turn, distribute them to their staffs. The CAAA controller requires each employee to sign a control sheet indicating that the employee received the check. The bank maintains custody of all canceled payroll checks.

The payroll for staff working at the Cleveland Metropolitan General Hospital is processed by the hospital's accounting department. The 648 Board periodically audits this payroll.

#### Ineligible staff salaries

Five employees were paid with Federal funds even though their positions were not included in CAAA's fiscal year 1974 program proposal approved by NIDA. The salaries were legitimate expenses of CAAA but not reimbursable under the Federal grant. The positions and salaries are shown below.

<u>Position</u>	<u>Component</u>	<u>Gross salary</u>
Controller	CAAA central	\$16,379
Psychiatrist	BUH	5,083
Maintenance	BUH	7,156
Building main- tenance	Halfway House	6,235
Maintenance supervisor	Halfway House	<u>5,363</u>
Total		<u>\$40,216</u>

The salaries for the controller and psychiatrist would have been eligible for Federal funding had they been included in CAAA's budget proposal and approved by NIDA. However, salaries for maintenance positions cannot be funded under the provisions of staffing grants.

Two employees were paid salaries during fiscal year 1974 which exceeded the budgeted amount. One employee holding the position of assistant director of counseling received \$15,578, which was \$2,515 more than the maximum allowable for his position. The Project Director said that CAAA requested authorization to change the staffing structure and increase this employee's salary. NIDA did not respond to the request. The other employee advanced from job development specialist to acting director of job development, but this action and the corresponding increase in salary were not approved by NIDA. He was paid \$11,815 which was \$319 more than the maximum allowed for a job development specialist.

#### Payroll procedures not always followed

CAAA was lax in implementing various payroll procedures. Our examination of CAAA's payroll records revealed the following deficiencies.

--56, or 2 percent, of the timecards processed by the CAAA accounting department were not signed by the employees' supervisors. The CAAA accountant stated that, if timecards are due and supervisors are not present to sign them, they are submitted to him without signature and processed for payment.

--43, or 1.5 percent, of the timecards required to support payments made to employees were missing from CAAA's files. Employees in the accounting department could not locate the cards.

- In many instances, employees' signatures and supervisors' signatures on timecards appeared to have been written by the same person.
- Forms authorizing an employee to work overtime, use compensatory time, and take sick leave were not always signed, and in some instances they were not prepared.
- Vacation and sick leave taken by employees and recorded on their timecards was not always charged against employees' vacation and sick leave balances. We examined 313 timecards for 97 employees who took vacation and/or sick leave during fiscal year 1974 and found the following discrepancies.

	<u>Hours shown on time- cards</u>	<u>Hours shown on leave records</u>	<u>Hours of leave used but not deducted from leave records</u>
Vacation leave	2,762	1,940	822
Sick leave	<u>3,673</u>	<u>2,355</u>	<u>1,318</u>
Total	<u>6,435</u>	<u>4,295</u>	<u>2,140</u>

Although the incorrect leave balances do not create an immediate improper expenditure, their current value is about \$8,000 and could increase if the excess leave is either used or paid in lump sums upon employee terminations.

Improper payments during the fiscal year that we could identify are shown in the following table.



<u>Reason</u>	<u>Number of incidences</u>	<u>Amount</u>	
		<u>Under-payments</u>	<u>Over-payments</u>
Failure to recover pay advances	2		\$ 454.61
Error in recording accrued vacation hours	2		40.96
Improper payment for hours worked	7		243.99
Incorrect pay adjustments	1		139.98
Improper payment of accrued vacation hours to employees leaving within probationary period	5		248.28
Incorrect payments for compensatory time at separation	6		1,205.11
Incorrect payments for accrued vacation at separation	3	\$106.99	629.02
Failure to stop payment upon termination of employment	1		275.42
Failure to deduct negative sick leave balance from accrued vacation balance when computing separation pay	<u>1</u>	<u>          </u>	<u>68.26</u>
Totals	<u>28</u>	<u>\$106.99</u>	<u>\$3,305.63</u>
Net overpayment			<u>\$3,198.64</u>

Erroneous charge to Federal grant

A weakness in CAAA's accounting system caused \$857 to be erroneously charged to the Federal staffing grant. The overcharge resulted from CAAA's charging voluntary withholdings as payroll expenses and not recording other legitimate expenses. CAAA has reported this overstatement to NIDA. Also, the controller has agreed to set up control accounts to increase accountability for payroll deductions.

LOUIS STOKES  
21ST DISTRICT, OHIO

## COMMITTEE ON APPROPRIATIONS

SUBCOMMITTEES:  
DISTRICT OF COLUMBIA  
TREASURY, POST OFFICE  
AND GENERAL GOVERNMENT  
LEGISLATIVE

AD HOC COMMITTEE:  
CONGRESSIONAL BLACK CAUCUS  
CHAIRMAN

Congress of the United States  
House of Representatives  
Washington, D.C. 20515

315 CANNON BUILDING  
WASHINGTON, D.C. 20515  
(202) 225-7032

DISTRICT OFFICE:  
ROOM 2947  
NEW FEDERAL OFFICE BUILDING  
1240 EAST 9TH STREET  
CLEVELAND, OHIO 44199  
(216) 522-4900

June 25, 1974

Dear Sir:

I am requesting an immediate investigation and audit be held of a federally funded program in Cleveland, Ohio. I am specifically referring to the Community Action Against Addiction Program located at 5209 Euclid Avenue, Cleveland, Ohio.

The Community Action Against Addiction Program is a rather unique program, in that 70% of federal funds for drug programs in Cleveland are funneled through the CAAA Program. Because it attempts to supervise and operate a number of different kinds of programs, cries of favoritism, discrimination and mismanagement of funds have arisen continuously since the inception of the program.

However, in recent weeks on trips to my District, I have been bombarded by numerous allegations and complaints against CAAA.

I am enclosing several copies of written complaints against the program.

I would like for GAO to do a complete investigation and audit of the Community Action Against Addiction Program, and I would like to know whether or not the program has in any manner been mismanaged and whether federal funds have been spent improperly.

An additional allegation contained in one of the letters attached hereto is that Commissioner Seth Taft, a Cuyahoga County elected official partakes in decisions affecting the disbursement of federal funds and that by virtue thereof, his membership on the 648 Board is in conflict of interest. Your opinion regarding this allegation is also requested.

In your investigation of the 648 Board, please ascertain whether said Board as constituted, represents a broad cross-section of the general community and is representative of the community with special emphasis upon whether or not the minority community is properly represented. I would also appreciate your comments with reference to whether the 648 Board has arbitrarily discriminated against any of the satellite programs in their determination of the awarding of grants.

Investigate, also the satellite programs. Determine whether they received adequate amount of monies for the tasks performed, or whether they were overpaid.

I specifically would want GAO to investigate and audit the ten (10) satellite programs, to determine whether monies allocated to them by CAAA were spent as specified by federal guidelines. Whether or not patients or clients were carried on more than one Center's rolls at the same time. Whether or not employees listed by a Center actually worked there (check to make sure there was no payroll padding). Further, do an evaluative report on each Center regarding staff, to determine whether clients received adequate care for funds expended.

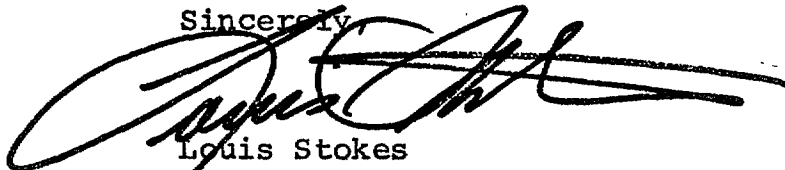
#### SATELLITE PROGRAMS:

1. Mr. Benny Cruz  
Director  
Spanish American Drug Prevention  
1861 West 25th Street  
Cleveland, Ohio
2. Mr. Ralph Hairston  
Metropolitan General Hospital  
D.A.R.T. Program  
3355 Scranton Road  
Cleveland, Ohio
3. Mr. William Banks  
Director  
Drug Abuse Centers, Inc.  
Cleveland, Ohio

4. Hough Against Drugs  
6500 Hough Avenue  
Cleveland, Ohio
5. Central Against Drugs  
7110 Cedar Avenue  
Cleveland, Ohio
6. Dig-It Drug Center  
991 East 105th Street  
Cleveland, Ohio
7. Sister Mishaba  
Director  
Black Unity House  
1187 Hayden Avenue  
Cleveland, Ohio
8. CAAA Central In-Take Diagnostic Unit  
5209 Euclid Avenue  
Cleveland, Ohio
9. Friendly Inn Settlement  
2382 Unwin Road  
Cleveland, Ohio
10. Ms. Gwen Brown  
Director  
Humanist Fellowship  
8143 Euclid Avenue  
Cleveland, Ohio

Finally, for the millions of dollars spent on this program, were the services actually performed for which taxpayer funds were expended, and has the Cleveland Community benefited from this program?

Sincerely,



Louis Stokes  
Member of Congress

Mr. Elmer Staats  
Comptroller General of the  
United States  
General Accounting Office  
441 G Street  
Washington, D.C. 20548

ENCLOSURES: Black Unity House, Inc. -- 5/10/74  
Black Unity House, Inc. -- 6/07/74  
Black Unity House, Inc. -- 6/12/74  
Community Action Against Addiction -- 6/02/74  
Community Action Against Addiction -- 6/11/74  
Commonwealth of Puerto Rico Depart-  
ment of Labor -- 5/22/74

CUYAHOGA COUNTY COMMUNITY MENTAL HEALTH ANDRETARDATION BOARDPAST MEMBERS

<u>Name and qualification</u>	<u>Term</u>	<u>Race</u>
STATE APPOINTMENTS:		
Joseph F. James U.S. Navy, Director of Special Recreation; Ph.D., Special Education; Cuyahoga Association for Retarded Children Recreation Program; has a retarded child	5/69-3/70	Caucasian
William Grover, M.D. Psychiatrist; Superintendent of State Hospital	3/68-3/72	Caucasian
Clifford Hickox, M.D. Psychiatrist; Superintendent of State Hospital	8/72-11/72	Caucasian
Anthony O. Calabrese, Jr. Attorney; former State Legislator	3/68-3/69	Caucasian
Alphonse J. Coune Past president, Southwest Development Center for Retarded Children; Board of Cuyahoga County Association for Retarded Children and Adults	5/69-1/73	Caucasian
Samuel Whiteman, M.D. Associate Dean, School of Medicine, Case Western Reserve University	3/68-12/71	Caucasian
Robert Asman Attorney; active in mental health activities, i.e., Governor's Mental Health Task Force	9/71-3/74	Caucasian

## APPENDIX II

## APPENDIX II

<u>Name and qualification</u>	<u>Term</u>	<u>Race</u>
COUNTY APPOINTMENTS:		
Milton Matz, Ph. D. Psychologist	3/68-3/74	Caucasian
Herbert Score Civic Leader; parent of retarded child	3/68-4/69	Caucasian
Ethel Elliott Active and influential member of black community	11/70-7/72	Black
Charles W. Lazzaro Attorney; restaurant owner; former State Legislator	11/70-11/71	Caucasian
Joseph J. Kender Labor union executive	10/72-3/73	Caucasian

PRESENT MEMBERS

STATE APPOINTMENTS:		
Rev. Douglas Denton, Chairman Minister; history of activi- ties in civic and mental health programs	1/72-1/75	Caucasian
Robert Bouhall Attorney; active in mental retardation programs in the community	5/70-3/76	Caucasian
William D. Fissinger Chairman, Mental Health Task Force in community; active in many other mental health/social service organizations	1/74-1/78	Caucasian
Allene Hill Director of Admissions, Case Western Reserve University School of Applied Social Sciences; member of National Association of Social Workers; past member of Allegheny Board of Mental Health; psychiatric social worker-counselor	4/74-4/78	Black

## APPENDIX II

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<u>Name and qualification</u>	<u>Term</u>	<u>Race</u>
COUNTY APPOINTMENTS:		
Barbara Gustafson Registered nurse; active in many civic and mental health associations, programs, etc.	4/71-3/75	Caucasian
Lucille Edwards Past chairperson, Community Mental Health Action Corporation (Glenville) and other community activities; professional social worker by training	4/73-11/78	Black
L. Douglas Lenkoski, M.D. Psychiatrist; Department Head, University Hospitals and Cleveland Metropolitan General Hospital	3/68-3/78	Caucasian
Todd Simon Associate Editor, Plain Dealer; active, past and present, in social service/mental health organizations	3/68-2/76	Caucasian
Harry Steiger Experience in psychiatric group work; graduate studies in psychology; affiliated with many mental health/social service organizations	11/73-11/77	Caucasian
Creed Ward, M.D. Pediatrician; active in many health/social service organizations	3/68-3/75	Black
Don W. Pittaway Executive Director, Merrick Settlement House and Nursery; active in the past as member of the West Side Mental Health Task Force	3/74-3/78	Caucasian

Vacancy--County to appoint replacement for Joseph Kender



CUYAHOGA COUNTY COMMUNITY MENTAL HEALTH ANDRETARDATION BOARDPROFESSIONAL STAFF--RACE AND QUALIFICATIONS

<u>Name and title</u>	<u>Race</u>	<u>Degree</u>	<u>Date hired</u>	<u>Years of job-related experience</u>
Paul Becker Planner II	Caucasian	Ph. D., Psychology	7/15/74	6
Bernardine Butler Office Manager	Black	2 yrs., Business Administration	8/21/74	4
Harriette Butler Planner II	American Indian	M.S.W., Social worker	10/14/74	6
Richard Claytor Accountant	Black	Associate degree in business	3/20/72	3
David Currie Budget Management Analyst	Caucasian	M.A., Political Science	8/13/73	9
Robert Dreifort Director-Fiscal Management	Caucasian	A.B., Political Science Public Administration	11/20/72	10
Martin Garino Information Coordinator	Caucasian	Ph. D., Social Welfare	6/17/74	5
Sheila Gerhart Public Information	Caucasian	2 yrs., English	7/12/72	3
Cheryl Hazel Information Specialist	Caucasian	M.A., Sociology	9/24/73	4
Sidney Lindenberg Senior Planner	Caucasian	Master of Public International Administration	1/11/70	43
Gwendolyn Malone Administrative Assistant	Black	1 yr., Business	7/19/71	8
Walter Mermis Accountant	Caucasian	B.A., Business Administration	5/ 1/74	14
Mary Pfordresher Senior Planner	Caucasian	M.S.W., Social worker	7/15/74	24
Bernard Smith Executive Director	Caucasian	M.S.S.A., Social worker	1968	23
Leona Sopnicar Office Coordinator	Caucasian	High school graduate	9/21/73	6
Kathleen Stoll Associate Director	Caucasian	Academy of Certified Social Worker	10/ 5/70	14
Willis Taylor Senior Planner	Black	M.S.W., Social worker	8/20/73	14