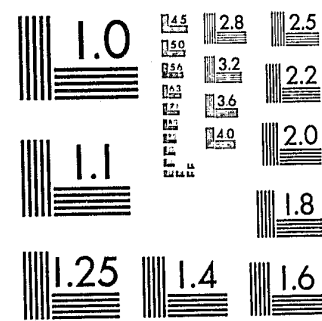


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## INTRODUCTION

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ACQUISITIONS

## I. INTRODUCTION

This report, resulting from the Iowa Department of Substance Abuse (IDSA) criminal justice coordination project, represents a culmination of three years of efforts directed towards assessing the incidence and prevalence of substance abuse among the criminal justice population in Iowa, both adult and juvenile. Extensive research survey projects were conducted during the three-year period 1976-1979 in an attempt to create a profile of substance abusing offenders and to identify substance abuse programming needs for these individuals. During the first year of the project, a survey was conducted of adult offenders in Iowa's correctional institutions and of the training needs of institutional and community-based correctional staff. Year two of the project focused on juvenile offenders in various group homes and juvenile institutions throughout the state. Year three of the project again focused on the adult offender and correctional staff in an effort to establish trend data regarding substance abuse and to identify changes which have occurred in the criminal justice system since the initial survey was conducted. Data obtained was descriptive in nature rather than an attempt to determine causative factors concerning substance abuse problems.

A major goal of the criminal justice coordination project was to obtain a comprehensive data base regarding the substance abusing offender in Iowa. Profile information of this type is seen as critical in determining what type of clients are becoming involved in both the substance abuse treatment system<sup>1</sup> and the criminal justice system<sup>2</sup>. This information is valuable in the assessment of client needs and in the determination of future treatment planning and programming efforts. Recommendations for future programming efforts between the substance abuse and corrections service delivery network have been made as a result of the data obtained and are addressed in the final section of this report.

The criminal justice coordination project was as a mechanism to promote joint planning and coordinative efforts on behalf of IDSA, the Department of Social Services, Division of Adult Corrections, and the Department of Correctional Services for the eight judicial districts in Iowa. Coordination of services between the criminal justice system and the substance abuse treatment system is of utmost importance to efficient, effective service delivery. This type of interface is critical at the state level as well as the local treatment level.

-----  
<sup>1</sup> Substance abuse treatment system is defined as those agencies and organizations at the federal, state and local level whose efforts include the areas of research, planning, programming, training, intervention, and treatment/rehabilitation in preventing and treating substance abuse problems.

<sup>2</sup> The criminal justice system in this report is defined as those agencies at the federal, state and local level which enforce and administer the law, and impose sanctions on those who violate the law, both adult and juvenile, which includes law enforcement, the courts and corrections.

The three-year project was made possible through financial and technical assistance provided by the Iowa Crime Commission. In addition, the cooperation and assistance of the Iowa Department of Social Services, Division of Adult Corrections, and the Bureau of Child Advocacy were instrumental in the conduct of the project's activities.

In addition to utilizing data collected through the surveys conducted in 1976-1979, criminal justice and substance abuse program data from the aforementioned agencies, the Department of Public Safety, the Board of Pharmacy Examiners, the Alcohol Safety Action Program, the Office for Planning and Programming, and IDSA was collected and analyzed for a comprehensive assessment of substance abusing offenders in Iowa. The details of this analysis can be found in Section III of the report.

## SURVEY METHODOLOGY

## II. SURVEY METHODOLOGY

The methodology developed for the criminal justice project consisted of two separate survey instruments. One was administered to residents of the state correctional institutions and the other was administered to correctional staff within the institutions and at the community-based correctional level. The survey instruments were slightly modified from the survey instruments originally developed during the first year of the criminal justice project. This was done in an attempt to simplify the surveys and yet obtain the same type of data for substance abuse trend information. The two survey instruments consisted of (1) a resident needs assessment; and, (2) a training needs assessment for staff. In addition, both instruments contained an institutional environment scale<sup>3</sup> which was designed to measure staff and resident attitudes about their respective institutions. This was included as a result of combining the IDSA survey with a Division of Adult Corrections Survey for the purpose of administrative efficiency but is not reflected in this document.

The methodology utilized for the IDSA resident needs assessment and the institutional training needs assessment was that of a direct survey administration. This was conducted by the correctional programs' evaluator from the Department of Social Services (DSS), Division of Adult Corrections, and by the criminal justice coordinator from IDSA. The survey was administered onsite during January, 1979, through April, 1979. A total of 484 residents of state correctional institutions participated in the residents needs assessment survey. The following table depicts the number of inmates from each institution who participated:

TABLE 1  
RESIDENT SURVEY PARTICIPATION BY INSTITUTION

<u>Facility</u>	<u>Number of Participants</u>	<u>Approximate Capacity</u>
Iowa State Penitentiary, Fort Madison	98	900
John Bennett Correctional Center, Fort Madison	37	90
Iowa State Reformatory, Anamosa	138	700
Iowa State Medical Facility, Oakdale	26	90
Medium Security Unit, Mount Pleasant	106	140
Iowa State Women's Reformatory, Rockwell City	65	90
Riverview Release Center, Newton	14	90
Total	484	2,090

-----  
<sup>3</sup> Correctional Institutions Environment Scale by Rudolph H. Moos, Ph.D.

These 484 residents represented a sample of approximately 23% of the entire institutional population at the time of survey administration. Two facilities, the Iowa State Women's Reformatory and the Medium Security Unit, have been over-represented in the survey. As there are only approximately 80 women inmates at the Women's Reformatory, it was decided to survey as many women as possible in order to obtain a large enough sample of women for statistical significance. Additionally, the Medium Security Unit at Mount Pleasant contains a substance abuse treatment unit. In order to obtain participation from as many of these residents as possible, it was decided to survey all of the residents who were willing to participate in the survey. Approximately 80% (N=106) of the 144 total resident capacity were participants.

For the remainder of the institutions, a 30% random sample of the population was selected, with the expectation that since survey participation was voluntary there would be a 5% drop-out factor and a 25% sampling could be obtained. The drop-out rate was actually higher than the expected 5% rate and the survey participation rate constituted 23% of the entire institutionalized population.

Institutional staff were administered the training needs assessment during the onsite visits. There are approximately 1000 staff members in the adult institutional system and 333 of these staff participated in the survey. The training needs assessment was also mailed to 200 staff in the Department of Correctional Services' eight judicial districts. One-hundred and fifty-four (154) surveys were completed for a return rate of 77.5%. The type of information obtained from the training needs assessment survey and the resident needs assessment survey are described in the following pages.

#### TRAINING NEEDS ASSESSMENT:

The staff from the state institutions as well as staff from community-based corrections completed the training needs assessment survey. The first portion of the survey addressed demographic factors such as sex, age, education, etc. Respondents were also asked about their correctional job experiences and the amount of training they had received. The next portion of the survey addressed the respondents' perceived training needs with regard to substance abuse as well as generic training areas. Also included were questions concerning respondents' attitudes and working relationships with local substance abuse treatment programs in the various areas throughout the state. Administrative, supervisory, and direct service staff participated in the survey.

#### RESIDENTIAL NEEDS ASSESSMENT:

The resident needs assessment consisted of four components in addition to the Division of Adult Corrections section which assessed residents' attitudes about the institution. The first component of the survey focused upon socio-demographic data regarding the residents. Also included in this section were questions concerning the offenses for which the participants were committed and information regarding previous juvenile justice system involvement.

The second component of the survey was an assessment of drug usage and drug history of the residents. The third component of the survey addressed these same areas with regard to alcohol. The nature and extent of the substance abuse problem were surveyed in conjunction with the impact the problem may have had upon the resident's life. The impact of the substance abuse problem was assessed as perceived by the resident.

The fourth component of the resident needs assessment focused upon prior treatment experience. Residents were asked if they had ever received information regarding drug or alcohol abuse and if they had ever been enrolled in a drug or alcohol treatment program. Residents were also questioned as to whether they felt their substance abuse problem was serious enough to require treatment and if the institution at which they were incarcerated should expand upon its drug and/or alcohol programming.

The direct administration methodology was used for the following reasons: (1) Since the survey was conducted by two individuals and involved a rather large population, time constraints mandated the survey be administered to various groups of inmates en masse vis-a-vis obtaining resident information from files. (2) Survey information was more current and firsthand with regard to substance abuse than was secondary information on file. (3) For the purpose of continuity with the 1977 study, survey administration was conducted in the same fashion to lessen the influence of any intervening variables which could affect survey results. Additionally, data collected in the 1979 survey needed to be similar to data collected in the 1977 survey in order to identify substance abuse trend information.

As mentioned earlier, the survey format was a modification of a prior design which was used to research substance abuse patterns of adult offenders in the criminal justice system. The research methodology and survey instruments used were originally designed by the Iowa Drug Abuse Authority (IDAA) criminal justice coordinator and representatives from DSS and Iowa Crime Commission (ICC). By modification of the original design, data retrieved from the 1977 and 1979 adult surveys could be compared to determine correlations and trends between the two survey populations.



Reliability and validity of the survey was tested through the utilization of an Offender Based State Correctional Information System (OBSCIS)<sup>4</sup> computer run. A 30% random sample of inmates was obtained from OBSCIS for all of the institutions except the Medium Security Unit at Mount Pleasant and the Iowa State Women's Reformatory where 100% samples of the institutional populations were obtained. In those institutions where the 30% sample was obtained, the criminal justice survey was administered to the same sub-group of the resident population. OBSCIS information was then checked against information obtained from the criminal justice survey in terms of client description. The sample was matched against the total resident population for representatives. Variables concerning substance abuse history were particularly noted. Reliability was maintained by having the same two individuals administer the survey in the same manner at the various institutions. The residents were given the same amount of time to complete the survey and all were given the same introductory lectures. In addition, the survey administrators were present during all of the sessions to answer any questions from the residents.

The resulting cross-tabulations developed from the survey were tested for statistical significance and probability by utilization of the Statistical Package for Social Sciences (SPSS) systems computer program. Data collected, however, was descriptive in nature and was not collected for the purposes of a causative analysis. A different research approach would be needed for determination of the causes of substance abuse and this type of analysis was not the intent of this survey.

In addition to the aforementioned survey components, data was gathered via the IDSA Client Oriented Data Acquisition Process (CODAP)<sup>5</sup> system. CODAP identifies those individuals within the community who are either criminal justice or non-criminal justice referrals to a drug treatment program and aids in determining the percentage of individuals within the criminal justice system who are being referred to treatment.

<sup>4</sup>OBSCIS is the data collection management information system utilized by the Division of Adult Corrections in Iowa. It consists of information gathered from resident files, intelligence testing, resident arrest history, resident interviews, and pre-sentence investigations.

<sup>5</sup>CODAP is the data system utilized by IDSA to determine the demographic, treatment history, and related drug abusing characteristics of drug clients entering treatment in licensed drug treatment programs, as well as the sources of referral of clients to those treatment programs. CODAP also provides client flow information used in program planning. The information obtained is from drug treatment programs only.

Data was also obtained from alcohol treatment programs throughout the state. The information gathered revealed that 12,987 entered into alcohol treatment in 1978. While most clients were self referrals to treatment, driving related court referrals in 1978 comprised 25.1% of the treatment population. This represented a 10% increase in these referrals from 1977 possibly indicating increased screening and referrals on the part of Alcohol Safety Action Program (ASAP) staff.

The CODAP system is currently being merged with the alcohol treatment information system to provide a comprehensive substance abuse information system, which is inclusive of both alcohol and drugs.

Of the estimated 1916 referrals made from January 1, 1978, through December 31, 1978, to drug treatment programs, 45.8% were criminal justice referrals. Of the total referrals, 479, or 25%, were Treatment Alternatives to Street Crime (TASC) referrals and 20.8% (N=399) were non-criminal justice referrals. Use of the CODAP data helped to determine information from probation and parole, in addition to the institutional information obtained by the survey.



## CRIMINAL JUSTICE TRENDS AND NEEDS ASSESSMENT

- 8 -

### III. CRIMINAL JUSTICE TRENDS AND NEEDS ASSESSMENT

The trend identification and needs assessment have been broken into the three components of the criminal justice system for the purpose of clarity in this section. The three components are: (1) law enforcement, (2) courts, and (3) corrections. A section on substance abuse treatment client data follows.

#### LAW ENFORCEMENT

Statistics collected from the Iowa Department of Public Safety reveal that substance abuse arrests for 1977 increased 41.3% over 1976. The data was gathered via the Uniform Crime Reporting System<sup>6</sup>. Data presented is from January 1, 1977, through December 31, 1977, as those are the most recent figures which have been published by the Department of Public Safety as of the writing of this report. The 41.3% increase occurred in three specific arrest categories which are indicated as follows:

TABLE 2. UCR SUBSTANCE ABUSE ARRESTS FOR 1976 AND 1977

<u>Category</u>	<u>1976</u>	<u>1977</u>	<u>Percent Change</u>
Controlled Substance	4,267	4,549	+6.6%
Operating a Motor Vehicle Under the Influence (OMVUI)	8,959	11,466	+28.0%
Drunkenness	14,651	15,637	+6.7%
Total	<u>27,877</u>	<u>31,652</u>	

As indicated by the chart, arrests for OMVUI increased the greatest amount - 28% from 1976 to 1977. This is due in part to the increased enforcement of drunken driving laws by the Alcohol Safety Action Program (ASAP) in Iowa. The program employs special law enforcement officers to arrest drivers who are intoxicated. As alcohol was a contributing factor in 41% (N=263) of all Iowa traffic fatalities in 1977, the ASAP program was expanded in 1978 to provide services for additional areas throughout the state.

Arrests involving substance abuse offenses also increased for juveniles from 1976 to 1977 in two of the three categories. Arrests for controlled substances increased by 53, and arrests for OMVUI increased by 65. Arrests for public intoxication or drunkenness decreased by 72. The following table lists substance arrests for adults and juveniles for 1977:

-----

<sup>6</sup>The Uniform Crime Reporting System developed by the Department of Public Safety reveals the number of arrests made statewide along with the type of arrest made. Ninety-six (96) of the 99 counties in Iowa report under this system.

TABLE 3. ADULT AND JUVENILE ARRESTS  
January 1, 1977 - December 31, 1977

	Controlled Substance		OMVUI		Drunkenness	
	Number	Percent	Number	Percent	Number	Percent
Adult	3,112	100.0%	11,165	100.0%	14,587	100.0%
Juvenile	1,437	100.0%	301	100.0%	1,050	100.0%

Delineation of these arrests by the five IDSA districts<sup>7</sup> indicates that the central and southeast districts account for the majority of these arrests. These districts are also the most heavily populated areas in the state.

TABLE 4. ARRESTS BY IDSA DISTRICTS

DISTRICT	CONTROLLED SUBSTANCE	OMVUI	DRUNKENNESS
NORTHEAST	724	1,280	1,887
NORTHWEST	671	1,455	2,121
SOUTHWEST	294	1,234	1,201
CENTRAL	1,348	3,566	6,185
SOUTHEAST	1,512	3,931	4,243
TOTAL	4,549	11,466	15,637

These three categories of arrest constituted 51.3% (N=31,652) of all Part II arrests for calendar year 1977. Part II crimes are all those which are not Part I crimes and are considered less serious in nature. Part I crimes are considered to be most serious in nature and take into account all violent crimes and property crimes.

#### Pharmacy Thefts:

The Iowa Board of Pharmacy Examiners reported an 8% increase in the number of drug dosage units stolen for the period July 1, 1977, through June 30, 1978. Total dosage units stolen in 1978 were 336,240 as compared to 311,812 for 1977. Comparison for the two fiscal years is further delineated in the following table:

<sup>7</sup> Refer to map in appendix for IDSA districts.

TABLE 5. PHARMACY THEFTS FOR FISCAL YEAR 1977 AND FISCAL YEAR 1978

FISCAL YEAR	TOTAL NUMBER OF DOSAGE UNITS STOLEN	STIMULANTS DEPRESSANTS	TRANQUILIZERS	NARCOTICS	NUMBER OF THEFTS
FY 1977	311,812	45%	39%	16%	84
FY 1978	336,240	53%	23%	24%	79

The Bureau of Narcotics and Drug Enforcement, a division of the Department of Public Safety, reported increased confiscation of drugs in 1978 as compared to 1977. Heroin was the only drug for which confiscation decreased for these two years (1977 - 87.8 grams and 1978 - 4.6 grams). Categories in which confiscations increased were cocaine, marijuana-hashish, barbiturates and other sedatives, amphetamines and other stimulants, hallucinogens, and other. The "other" category consisted of seizure of PCP and Demerol. In 1977, 110 men and 15 women were under illicit drug investigations. In 1978, 160 men and 17 women were under investigation.

#### COURTS:

Although the number of juvenile cases handled by the juvenile justice system has steadily increased, the number of drug-related dispositions has remained at approximately the same level since 1973. The following table displays juvenile court drug cases for the years 1973 through 1977. These cases are reported by juvenile probation officers for 97 of the 99 counties in Iowa.

TABLE 6. JUVENILE COURT DRUG CASES

Calendar Year	Narcotic	Non-Narcotic	Total	% of all Cases
1973	640	499	1,139	6.0% (n = 18,790)
1974	629	692	1,321	6.4% (n = 20,585)
1975	394	663	1,057	4.9% (n = 21,685)
1976	329	733	1,062	4.8% (n = 21,823)
1977	327	844	1,171	5.3% (n = 22,179)

Statistics from DSS reveal that the number of drug cases increased by 109 from 1976. This represents an increase of one-half percent from 1976 in the total number of juvenile cases reported. As indicated by the chart, there is a continuing trend of fewer narcotic cases and an increased number of non-narcotic cases. Males comprised 81% (N=949) and females comprised 19% (N=222) of the drug cases reported.

While the number of drug cases totaled 1171 in 1977, nearly 78% of those cases (N=912) were considered unofficial and never came before the juvenile court judge for a hearing. Generally, these cases were either dropped from the court calendar or were never placed on the calendar. Slightly over 22% (N=243) were disposed of through the court. Most generally, those juveniles who are processed through the courts have been arrested several times previously. Their cases are disposed of via the court system because other alternatives have failed.

As indicated by the Uniform Crime Reports, 3112 arrests for controlled substances were made in 1977. Data from the Division of Adult Corrections for 1977 reveals the following information concerning the disposition of drug cases.

TABLE 7. DISPOSITION OF DRUG CASES

CONVICTIONS	18
ACQUITTALS	0
DISMISSALS	0
PENDING TRIAL	88
PENDING FURTHER INVESTIGATION	71
TOTAL	177

Additional data concerning the adult offender with a substance abuse problem will be more fully addressed in the Corrections component of the Trend Identification and Needs Assessment section.

#### CORRECTIONS:

##### Juvenile:

While drug and alcohol dispositions for juveniles are remaining at approximately the same level in the courts, the numbers of juveniles with a substance abuse problem that are admitted to a juvenile institution are increasing.

Trend data collected from DSS reveals the number of admissions with drug/alcohol problems is increasing annually. The data is based on information obtained at admission to the Boy's Training School at Elkhart, the Girl's Training School at Mitchellville, and the State Juvenile Home at Toledo. The numbers identify only those juveniles diagnosed as having a moderate to severe substance abuse problem. Therefore, rate of use is actually higher but is not considered to be a moderate to severe abuse problem for the juvenile.

The following tables illustrate those admissions with a drug, alcohol, or polydrug problem.

TABLE 8. JUVENILE INSTITUTIONAL ADMISSIONS WITH SUBSTANCE ABUSE PROBLEMS

FISCAL YEAR	TOTAL ADMISSIONS	DRUG & ALCOHOL ADMISSIONS	
		NUMBER	% OF TOTAL ADM.
1974	706	316	44.7%
1975	1,013	445	43.9%
1976	1,080	535	49.5%
1977	979	519	53.0%
1978	1,143	687	60.1%

TABLE 9. ADMISSIONS TO JUVENILE INSTITUTIONS BY ALCOHOL, DRUG AND POLYDRUG ABUSE PROBLEM - FISCAL YEARS 1977 AND 1978

FISCAL YEAR	MODERATE TO SEVERE ALCOHOL ABUSE - LITTLE OR NO DRUG ABUSE	MODERATE TO SEVERE DRUG ABUSE - LITTLE OR NO ALCOHOL ABUSE	MODERATE TO SEVERE ALCOHOL ABUSE AND DRUG ABUSE	TOTAL
FY 1977	120 (23%)	127 (24%)	272 (53%)	519 (100%)
FY 1978	110 (16%)	196 (28.5%)	373 (54%)	687 (100%)

As indicated by the chart, juvenile admissions with alcohol abuse problems decreased by 7% while juvenile admissions with drug abuse problems increased by 4.5%. While the number of polydrug abusers increased by 101, the percentage increase was only 1% greater than in 1977 due to the growing number of total admissions with substance abuse problems. In fiscal year 1978, female residents at the state training school for girls were less involved in primary alcohol, drug or polydrug diagnosis (40 or 33.6% of 199) than male residents at the state training school for boys (480 or 65.2% of 736). The rate at the state juvenile home, which is coed, was 54.9% (158 of 288).

Information concerning the juvenile offender was also collected via the juvenile justice research project<sup>8</sup> which was conducted during 1977-1978. Four-hundred and thirteen (413) residents of state juvenile institutions, state and private group homes, and shelter and detention facilities were surveyed for the study. Brief highlights of the report have been listed as follows:

- \* Approximately 85% (N=348) of the 413 juvenile residents surveyed stated they had used illegal drugs with the most common drug of abuse being marijuana. Additionally, over 92% (N=383) of the respondents had used alcohol in the past. Slightly over half reported beer as the type of alcohol most frequently consumed.
- \* Age 12 was most frequently reported as the year of first drug abuse and first alcohol abuse outside of the home.
- \* Of those juveniles who had received treatment, nearly half of them felt that the treatment received for their drug or alcohol problem had been helpful.
- \* Of the 1,620 individuals admitted into a drug treatment program in 1977, 27.7% (N=444) were age 17 or under. Of this number, 143 were criminal justice referrals. This number constitutes nearly 9% of the total referrals for 1977, as compared to 7% (N=167/1865) referrals for this population in 1976.
- \* Of the 6829 individuals recorded as being admitted into an alcohol treatment program in 1977, 13.2% (N=900) were age 21 or under.
- \* The percentage of youth in the juvenile justice system with a substance abuse problem exceeds the number arrested for such a problem by a minimum of 15%. In conjunction with this, a need has been identified to upgrade and perhaps expand screening and referral mechanisms currently in existence within the criminal justice/substance abuse treatment systems.
- \* Most common drugs of abuse for juvenile offenders are (1) marijuana; (2) amphetamines; and (3) barbiturates. Marijuana is most widely used and amphetamines and barbiturates are a distant second and third, respectively.
- \* Trend data reveals that in 1975 first abuse of alcohol was 13.9 years of age. This figure has been lowered to approximately 11.9 years in 1977-1978. In two years, the patterns of first alcohol abuse have started two years earlier in these juveniles.
- \* Survey results indicate a potential shortage of available treatment services for substance abusing juvenile offenders. This shortage is seen in terms of both the number of facilities available and in specific substance abuse treatment services provided at the residential level.

<sup>8</sup> The results of this study were published by IDSA in a report entitled, Iowa: Juvenile Justice System and Substance Abuse, November, 1978.

Substance abuse trends and patterns among juvenile offenders in Iowa indicate a growing problem among this population. Abuse of drugs and alcohol among this population appears to be more pervasive than in the past and the abuse patterns are developing at an earlier age. Additionally, substance abuse plays an important role in determining whether a juvenile is returned to an institution. The probability is greater for many of these juveniles that they will go on to become involved in the adult correctional system if some type of intervention and/or treatment is not provided at an early age. (Statistical Analysis Center 1978 Report on Offender Characteristics.)

Adult:

Data regarding the adult substance-abusing offender was obtained from the Statistical Analysis Center, Office for Planning and Programming (OPP). The data collected is only for those offenders who have been placed within the community (i.e., probation, parole). Information concerning the institutional offender with a substance abuse problem will be addressed later in this section.

TABLE 10. COMMUNITY-BASED CORRECTIONS PROBATIONERS IDENTIFIED AS HAVING A DRUG, ALCOHOL OR POLYDRUG PROBLEM REQUIRING TREATMENT, FISCAL YEAR 1978

Age	Drugs Only		Alcohol Only		Polydrug		Total W/Drug &/or Alcohol Problem		Total Caseload
	No.	% of all s.a. <sup>2</sup>	No.	% of all s.a. <sup>2</sup>	No.	% of all s.a. <sup>2</sup>	No.	% of all s.a. <sup>2</sup>	
16 - 17 <sup>1</sup>	0	0%	3	75.0%	1	25.0%	4	18.2%	22
18 - 24	487	37.5%	539	41.6%	271	20.9%	1,297	32.4%	4,009
25 - 29	105	25.5%	246	59.9%	60	14.6%	411	38.7%	1,061
30 - 44	36	6.8%	459	87.1%	32	6.1%	527	40.5%	1,302
45 +	2	.6%	333	98.5%	3	.9%	338	50.2%	673
TOTALS	630	24.5%	1,580	61.3%	367	14.2%	2,577	36.4%	7,067

<sup>1</sup> These juveniles are supervised by the adult criminal justice system as a result of waiver from the juvenile justice system and are age 16 or older.

<sup>2</sup> Percent of all substance abuse = percent of total with drug and/or alcohol problem.

In terms of the total number of probationers, the 25-29 age group had the highest percentage (38.7%) of individuals with a substance abuse problem. The 18-24 age group was next with 32.4% of those probationers having a substance abuse problem. For all ages of probationers (N=7067), 36.4% (N=2577) were identified as having a drug or alcohol abuse problem. Alcohol problems constitute the greatest problem for all age groups, but particularly for those individuals over 30. For those individuals aged 18-29, the distribution is more balanced among drug, alcohol, and polydrug problems.

TABLE 11. PAROLE CLIENTS IDENTIFIED AS HAVING A DRUG, ALCOHOL, OR POLYDRUG PROBLEM REQUIRING TREATMENT IN FISCAL YEAR 1978

Age	Drugs Only		Alcohol Only		Polydrug		Total Subs. Abuse		Total Caseload
	No.	% of all s.a.	No.	% of all s.a.	No.	% of all s.a.	No.	% of all s.a.	
0 - 17	1	50.0%	1	50.0%	0	0.0%	2	100%	2
18 - 24	109	34.1%	103	33.1%	99	31.8%	311	65.3%	476
25 - 29	66	36.3%	70	38.4%	46	25.3%	182	66.7%	273
30 - 44	26	17.2%	43	61.6%	32	21.2%	151	58.8%	257
45+	5	12.5%	34	85.0%	1	2.5%	40	58.8%	68
TOTALS	207	30.2%	301	43.9%	178	25.9%	686	63.8%	1,076

<sup>1</sup>These juveniles are supervised by the adult criminal justice system as a result of waiver from the juvenile justice system and are age 16 or older.

<sup>2</sup>Percent of all substance abuse = percent of total with drug and/or alcohol problem.

For the total number of probationers, the 25-29 age group again had the highest percentage (66.7% or 182 of 273) of individuals with substance abuse problems. The 18-24 group also ranked second again with 65.3% of these parolees identified as having a substance abuse problem. Alcohol abuse was most prevalent for all parolees age 25 and above. However, there was a higher incidence of drug and polydrug abuse among these parolees than exhibited by their counterparts who were on probation. In general, parolees exhibited a much higher incidence of substance abuse (63.8%) than did probationers (36.4%). These patterns held true for the residential facilities and the halfway houses with 44.6% (N=178) of the residential clients identified as having a substance abuse problem and 63.2% (N=277) of the halfway-house residents identified as having this type of problem.

Alcohol abuse and drug abuse has serious legal implications for criminal justice offenders as reported in the study conducted the first year of the criminal justice project<sup>9</sup>. In that study, 10% (N=162) of the state's institutional population was surveyed. Fifty-three percent (53%) of these individuals reported drinking was involved in the commitment of their offenses which resulted in incarceration, and 49% of these individuals reported drug usage was involved.

The total number of individuals under supervision by the adult criminal justice system, including ASAP and non-ASAP probation, parole, residential corrections, and the state halfway houses and penal institutions in fiscal year 1978 was approximately 14,000. Eleven thousand four hundred sixty-one (11,461) of these individuals were in non-institutional settings and 4543 or 40% of the non-institutional clients were identified as having a serious substance abuse problem. Of this group, 63% had alcohol abuse problems, 22% had drug abuse problems, and 15% had polydrug abuse problems.

Preliminary data was obtained for the adult institutionalized population by utilization of information from the OBSCIS system, which was previously mentioned, except the Medium Security Unit at Mount Pleasant and the Iowa State Women's Reformatory in Rockwell City. At these two facilities, 100% samples were received. The following table displays by institution the number of estimated drug, alcohol, and polydrug<sup>10</sup> abusers as based upon the 30% and 100% samples received from OBSCIS. In the resident needs assessment section, which is contained later in this report, the OBSCIS information will be correlated with residents' perceptions of their substance abuse problems as obtained from the IDSA survey.

<sup>9</sup>The Substance Abusing Offender in Iowa, published in 1977 by the Iowa Drug Abuse Authority.

<sup>10</sup>Polydrug abuse in this table does not refer to usage of drugs and alcohol but refers only to usage of a combination of drugs. Polydrug abuse as listed elsewhere in this report refers to usage of drugs and alcohol.

TABLE 12. INSTITUTIONAL RESIDENTS WITH SUBSTANCE ABUSE PROBLEMS

INSTITUTION	ONE DRUG	POLYDRUG	ALCOHOL	TOTAL SUBSTANCE ABUSERS # OF POP.	TOTAL POP. (CAPACITY)
FT. MADISON	139	201	145	485 (53.8%)	900
JOHN BENNETT	11	21	41	73 (81.1%)	90
ANAMOSA	149	261	119	529 (75.6%)	700
CAKDALE	13	36	23	72 (80.0%)	90
MT. PLEASANT <sup>1</sup>	35	53	24	112 (77.7%)	144
ROCKWELL CITY <sup>1</sup>	23	10	8	41 (50.0%)	82
RIVERVIEW (NEWTON)	10	30	13	53 (58.9%)	90
TOTAL	380 27.8% <sup>2</sup>	612 44.8% <sup>2</sup>	373 27.4% <sup>2</sup>	1365 65% <sup>3</sup>	2097

1. 100% sample.
2. Percentages of the substance abuse population.
3. Percentage of entire institutional population.

As indicated by the chart, substance abuse problems were indicated by a minimum of 50% of the residents at each institution. Individuals with substance abuse problems constituted 65% of the total institutional population, with polydrug abuse being the most prevalent form of abuse. Additional data regarding substance abuse will be addressed in the Resident's Needs Assessment section of this report.

#### SUBSTANCE ABUSE PROGRAM DATA:

Treatment program information concerning criminal justice clients reveals that of the estimated<sup>11</sup> 1916 clients admitted to drug treatment programs in 1978, 45.8% (N=878) were referred by the criminal justice system. The following table indicated demographic characteristics for all drug treatment clients as reported by CODAP.

<sup>11</sup> Actual data obtained from CODAP was for the first three quarters of 1978. The estimated number of clients was based upon this information and a projection for the fourth quarter.

TABLE 13. DEMOGRAPHIC CHARACTERISTICS OF CODAP REPORTED DRUG ADMISSIONS

Demographics	1976	1977	1978	Percent Change 1976-1978
Sex:				
Male	72%	71%	73.5%	+1.5%
Female	28%	29%	26.5%	-1.5%
Age:				
Under 18	27%	27%	26.6%	-.4%
18-20	22%	22%	23.6%	+1.6%
21-30	44%	44%	41.9%	-2.1%
31 and Older	7%	7%	7.8%	+.8%
Race:				
White	87%	89%	91.2%	+4.2%
Black	12%	9%	6.7%	-5.3%
Other Minority	1%	2%	2.1%	+1.1%
Referral Source:				
TASC	17%	20%	25.0%	+8.0%
Other Criminal Justice	21%	21%	20.8%	-.2%
Voluntary	62%	59%	54.2%	-7.8%
Employment Status:				
Employed	32%	26%	44.1%	+12.1%
Unemployed	68%	74%	55.9%	-12.1%
Education Experience:				
Completed Eighth Grade	- -	- -	13.5%	- -
Completed Eleventh Grade	36%	44%	44.4%	+8.4%

- = Decrease + = Increase

Males accounted for 83.5% of all criminal justice clients entering treatment in 1978 as compared to 84% in 1977. In 1978, 61.9% of the Black clients admitted to treatment were criminal justice referrals as compared to 44.5% of the Caucasian clients. In 1977, 50% of the Black clients admitted to treatment were criminal justice referrals while 40% of the Caucasian clients were so referred. The total increase in criminal justice referrals to treatment from 1977 (41%) to 1978 (45.8%) was 4.8% of all admissions.

Forty point three percent (40.3%) (N=203) of the 502 juveniles reported on CODAP who were admitted to treatment were juvenile justice system referrals as compared with 32% in 1977.

As indicated by the table, referrals from TASC<sup>12</sup> were up 8% from 1976 while referrals from other criminal justice sources were down .2%. Criminal justice referrals came primarily from the probation and parole system. Some of these 266 referrals from probation and parole may actually have been TASC referrals but were not recorded as such on the CODAP information. It does appear, however, that effective interface between the criminal justice system and the substance abuse treatment system is occurring as criminal justice clients comprised 45.8% of all clients in drug treatment.

The primary drugs of abuse, excluding marijuana, for CODAP clients in 1978 were amphetamines, heroin, barbiturates/tranquilizers, and hallucinogens. Secondary drugs of abuse which were most prevalent were alcohol, marijuana/hashish, and amphetamines.

For alcohol programs, NAPIS<sup>13</sup> intake data for 1978 indicates 10,917 or 31.3% of all intakes were the result of referrals by or via the non-institutional court/corrections system. These intake referrals represent nearly twice the total number of non-institutional criminal justice clients (N=5,806) identified by community-based corrections and ASAP staff as having an alcohol or polydrug abuse problem serious enough to require referral to treatment. In addition, 7.9% or 863 of the 10,917 intakes were referred via local law enforcement agencies since intake data includes repeat services to the same individuals, the actual number of clients so referred would be considerably lower. The number of alcohol treatment program clients coming from the criminal justice system would again indicate that interface is occurring.

Based upon the data presented in this section, it appears that drug, alcohol, and polydrug usage continues to be a growing problem among Iowa's criminal justice population (adult and juvenile). Substance abuse problems are increasing for both adults and juveniles at approximately the same rate although the incidence of substance abuse among juveniles is increasing at a slightly faster rate than for adults. This is based on the fact that juveniles with substance abuse problems who are admitted to institutions have increased 15.4% in five years. This may also be due, in part, to increased diagnosis of substance abuse problems by juvenile justice staff.

In the 1976 adult offender survey, 60% of the residents who were surveyed were identified as having a substance abuse problem. In 1978, data from OBSCIS indicated 65% of this population had such a problem, a 5% increase in two years.

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<sup>12</sup>TASC is the Treatment Alternatives to Street Crimes program and is a statewide program. TASC staff work closely with the criminal justice and substance abuse treatment system and identify criminal justice offenders who have need of substance abuse treatment and refer these individuals to treatment.

<sup>13</sup>NAPIS is the National Alcohol Program Information System which is used by alcohol treatment programs to collect and report data.

## TRAINING NEEDS ASSESSMENT



#### IV. TRAINING NEEDS ASSESSMENT

##### COMMUNITY-BASED CORRECTIONS STAFF:

The training needs assessment information obtained from community-based correctional staff was collected during the period February 13, 1979, through March 16, 1979. Data was obtained from all of the eight judicial districts. Survey respondents included staff from pre-trial, probation, residential corrections (pre-institutional), residential corrections (post-institutional), and parole. All respondents were either administrative, supervisory, or direct service staff.

The survey instrument consisted of the questionnaire which was described previously in the Survey Methodology section report. Forms were completed on a voluntary, confidential basis. Two hundred forms were mailed to staff in the eight judicial districts. Of the two hundred, 154 forms were returned constituting a return data of 77.5%. Of the 154 staff who completed the questionnaire, 86.9% (N=133) had not participated in the IDAA survey which was administered two years previously. Returns by judicial district have been listed below:

	<u>Number of Returned Questionnaires</u>
First Judicial District	20
Second Judicial District	15
Third Judicial District	21
Fourth Judicial District	14
Fifth Judicial District	14
Sixth Judicial District	38
Seventh Judicial District	20
Eighth Judicial District	12
Total	<u>154</u>

The assessment instrument consisted of three general areas which were as follows:

- \* Demographic data.
- \* Types of training desired by respondents.
- \* Identification of additional substance abuse training needs and recommendations regarding substance abuse programming.

##### General Demographic Data:

Of the 154 individuals who completed the forms, 145 were Caucasian (96.7%), three were Black (2%), and two were Hispanic (1.3%). Four individuals did not respond to the questionnaire. Total survey respondents consisted of 98 women and 56 men. In terms of age, the following breakdown occurred:

TABLE 14. AGE OR RESPONDENTS

Age	Frequency	Percentage
21-25	33	21.4%
26-30	62	40.3%
31-49	40	26.0%
50-59	7	4.5%
No Response	12	7.8%
Total	154	100.0%

As indicated by the chart, the largest group of respondents was between the ages of 26-30. Forty-six point seven percent (46.7%) (N=43) of the 92 women who responded were in this category, and 38% (N=19) of the 50 men were in this category. A higher percentage of men (38%) were in the 21-25 age group while only 15.2% of the women were in this category. Nearly 10% more women than men were in the 31-49 category.

The majority of the respondents (N=188 or 76.6%) had spent between one to five years working in corrections. Thirteen point six percent (13.6%) (N=13) had spent less than one year in corrections.

Respondents were asked questions concerning the degrees of educational attainment they had received and were also asked about the capacity of the job in which they worked. The following table depicts by judicial district the nature of the current job assignment by educational attainment. The job assignment was addressed in terms of administrative, direct service supervisory, or direct service.

TABLE 15. JOB CAPACITY BY EDUCATIONAL ATTAINMENT

	12th Grade	Some College	College Degree	Graduate Work or Degree	Doctoral Work or Degree
Administrative Staff (N=19)	3	2	10	4	- -
Direct Service Supervisory (N=40)	7	3	23	5	2
Direct Service (N=95)	6	10	71	6	0
Total (N=151)	16	15	104	15	2

No Response = 3

The level of education was quite evenly distributed between men and women in terms of the amount of education obtained by both sexes. Overall, 120 (79.5%) of the 151 respondents had obtained a bachelor's degree or more advanced degree. Of the 19 administrative staff who completed the survey, 73.7% were in this category. Seventy percent (70%) of the direct service supervisory staff were in this category and 81% of the direct service staff were also represented here.

Respondents were asked to respond on the number of times a month they saw their clients and the approximate size of the monthly caseloads. Responses are indicated as follows:

TABLE 16. CASELOAD SIZE BY MONTHLY CLIENT VISITS

CASELOAD SIZE	1-20	21-40	41-60	61-80	Over 80	TOTAL
VISITS						
Once	4	9	21	11	3	48
Twice	4	9	19	3	1	36
Three-Four	2	3				5
Five-Ten	10	5				15
Eleven-Twenty	1	2				3
TOTAL	21 (19.7%)	28 (26.2%)	40 (37.4%)	14 (13%)	4 (3.7%)	107 (100%)

Not Applicable - 47

Of the 107 staff who had client caseloads, client caseload was most often reported as being between 41-60 and clients were seen once or twice a month. Caseloads of 21-40 clients were ranked second in terms of the caseload size most often reported. Caseloads of over 60 clients were reported by 18 staff (16.7%). Generally, those staff who saw clients from 5-10 times or 11-20 times a month were staff who worked in a residential facility or a halfway house.

#### Training Needs:

With regarding to training, staff were asked to respond to various questions such as days available for training, perceived training needs, and locations at which training was preferred. The following table delineates staff capacity by the number of days these staff would have available for training.

TABLE 17. STAFF CAPACITY BY NUMBER OF DAYS AVAILABLE FOR TRAINING

Days Available	0		1-5		6-10		Over 10		Total	
	#	%	#	%	#	%	#	%	#	%
Staff Capacity										
Administrative	5	35.8%	9	64.2%	5	35.8%	0	0%	19	100%
Direct Service Supervisory	5	12.5%	20	50%	10	25%	5	12.5%	40	100%
Direct Service	4	9.2%	53	55.8%	24	25.2%	14	19.7%	95	100%
Total	14	9.1%	82	53.2%	39	25.3%	19	12.3%	154	100%

Over half of the respondents (N=82, 53.2%) responded they would have between one to five days available to them to participate in training. Direct service supervisory staff and direct service staff indicated having approximately the same number of days available for training. However, more supervisory staff indicated having no days available for training while slightly more direct service staff indicated having either one to five or over ten days available to participate in training. Overall, nearly 79% of all staff indicated they would be available for training from one to two weeks.

When respondents were asked where they preferred training to be held, the following responses were indicated:

	Number	Percentage
At Work Site	39	25.3%
At Regional Site	61	39.6%
At Statewide Site	43	27.9%
Other	11	7.2%

Most respondents indicated they preferred training to be held somewhere in their region of the state. Sixty-four point nine percent (64.9%) preferred regional training or training at their work site.

Respondents were also questioned as to what types of training they felt were needed. They were instructed to mark one of the following three replies.

1. Not applicable to my training needs.
2. Not needed.
3. Needed.

The following chart indicates by staff capacity the type of training which is perceived as needed:

TABLE 18. TRAINING NEEDS BY STAFF TYPE

Type of Training	(19) Administrative		(90) Direct Service Supervisory		(95) Direct Service		(154) Overall Need	
	#	%	#	%	#	%	#	%
Substance Abuse	9	47.4%	28	70%	60	63.2%	97	63%
Intake Assessment	7	36.8%	23	57.5%	50	52.6%	80	51.9%
Generic Counseling	6	31.6%	22	55%	52	54.7%	80	51.9%
Program Management	7	36.8%	22	55%	48	50.5%	77	50%
Group Process Skills	8	42.1%	19	47.5%	48	50.5%	75	48.7%
Clinical Principles	6	31.6%	17	42.5%	48	50.5%	71	46.1%

The table lists only those percentages of staff which felt training was needed in the training areas listed. However the overall need column percentages are based on the entire survey population (154), including those who felt training in a particular area was not needed or not applicable.

As evidenced by the chart, training in the specific area of substance abuse rated highest in terms of overall training needs. Administrative, supervisory, and direct service staff all listed this type of training as their greatest priority. Second priority was given to training in the area of intake assessments and general counseling skills. Training in the area of clinical principles was indicated as lowest priority as only 46.1% of all staff saw this type of training as being needed.

Staff who identified substance abuse training as a priority were asked to indicate specifically what type of substance abuse training they felt would be helpful to them. Most respondents stated they would like to have more knowledge in the area of drug pharmacology, i.e., what the different drugs are and what effect they have on an individual taking them. Respondents also indicated they would like to have more knowledge of alcohol and its effects upon the body. Other required training included current drug usage patterns, diagnostic skills, client motivation, and alternatives for drug and alcohol abusers.

Correlation with 1977 Adult Offender Survey:

In the 1977 survey, 201 staff in community-based corrections were surveyed. Trend data between 1976 and 1979 reveals that, in terms of demographic data, there were several differences. Overall, staff in the 1979 survey had been more formally educated (79.5% had a bachelor's degree or greater). Approximately 7% more staff in the 1979 survey had caseloads of over 60 clients than did staff in the 1977 survey. With regard to substance abuse counseling experience, 52.7% of the staff in 1977 stated they had one year or more. In 1979, 28% of the staff replied they had a year or more of substance abuse counseling.

When training priorities were identified, staff in 1977 and 1979 identified substance abuse training as a priority. Other mutual priorities indicated were training in the area of intake assessments and training in the area of general counseling skills. Other mutual concerns indicated were alternatives to substance abuse and drug pharmacology.

Treatment Program Relationship:

An additional component in the 1979 survey was staff response to various questions concerning their relationship to substance abuse treatment programs. The first question which was asked of staff was whether they had a formalized written agreement to refer clients to the local substance abuse treatment program. The following table indicates by judicial district those individuals who were aware they did have a formal written referral agreement:

TABLE 19. REFERRAL AGREEMENT BY JUDICIAL DISTRICT

	J U D I C I A L   D I S T R I C T								Total
	1	2	3	4	5	6	7	8	
Staff	14	9	16	13	11	31	17	11	122
Total Respondents	20	15	21	14	14	38	20	12	154

Overall, 122 of the 154 survey respondents (79.2%) indicated an awareness of a written referral agreement with substance abuse treatment programs. By staff type, 94.7% of administrative staff responded this way, 72.5% of the direct service supervisory staff responded they had a written agreement and 78.9% of the direct service staff responded in this manner. For all judicial districts, at least 60% or greater of the staff who responded stated written referral agreements did exist, thereby indicating the degree of interface throughout the state is at a relatively high level.

When staff were asked whether they felt they had a good working relationship with their local substance abuse treatment programs, 109 of the 154 respondents (70.8%) replied they felt they did. Although figures indicated nearly 71% of the staff felt good working relationships existed, the widespread ranges of responses from the various judicial districts clearly points to the need for greater interface in certain judicial districts.

Ninety-four point eight percent (94.8%) (N=146) of the survey participants thought it would be beneficial for substance abuse staff to learn more about the criminal justice system; and, 83.8% (N=129) of the participants thought it would be beneficial for them to learn more about the substance abuse treatment system. Of the 129 respondents who felt they could benefit from more knowledge of substance abuse, all stated they would be willing to attend interface training. Breakdown of this response by the various capacities of staff is indicated as follows:

- \* Administrative - 10 of 19 total - 52.6%
- \* Direct Service Supervisory - 36 of 40 total - 90.0%
- \* Direct Service - 83 of 95 total - 87.3%

From the above responses, it appears at least half of criminal justice staff respondents would be interested in learning more about interface with the substance abuse treatment system. Administrative staff indicated the least amount of interest in this area as compared to other staff possibly because the nature of an administrative position is generally removed from any areas in which direct interface would occur.

Survey participants were also asked to identify what, if any, changes they would make in the interface process between the substance abuse and criminal justice systems in order to enhance the current system of interface. Of those individuals that answered the question, responses were as indicated below:

1. Attach a substance abuse counselor to criminal justice agency.
2. Attach a probation/parole officer to substance abuse agency as a correctional client counselor.
3. Mandatory interface training for both substance abuse and criminal justice staff.
4. Better communications and relations.
5. Both systems to work towards same goals.
6. Confidentiality regulations.

As evidenced by the above responses, criminal justice staff have identified several areas of interface upon which they feel improvements could be made. While financial constraints would not allow for implementation of all areas identified above, interface training and joint

planning efforts at the local level can effectively serve to enhance interface between the two systems. This will be addressed more fully in the Findings and Recommendations section of this report.

# INSTITUTIONAL STAFF:

## Training Needs Assessment:

The training needs assessment information obtained from institutional staff was collected February-April, 1979. Data was collected from staff at all of the seven adult correctional institutions. An attempt was made to survey all staff at each institution as the DSS Division of Adult Corrections wished to have this information for future planning purposes.

Survey forms were again completed on a voluntary, confidential basis. Staff completed the survey during the onsite visit of the IDSA criminal justice coordinator and the Division of Adult Corrections correctional evaluations program director. The IDSA survey instrument consisted of demographic data, type of training desired by respondents, and the identification of additional substance abuse training needs. Listed below are the numbers of staff at each institution who participated in the survey:

TABLE 20. SURVEY PARTICIPANTS BY INSTITUTION

Iowa State Penitentiary, Fort Madison	19
John Bennett Correctional Center, Fort Madison	31
Iowa State Reformatory, Anamosa	94
Iowa State Medical Facility, Oakdale	79
Medium Security Unit, Mount Pleasant	47
Riverview Release Center, Newton	25
Iowa State Women's Reformatory, Rockwell City	35
Total	330

\*Thirteen individuals did not respond

TABLE 21. AGE OF RESPONDENTS

Age	Frequency	Percentage
21-25	50	15.1%
26-30	69	20.9%
31-49	123	37.3%
50-59	59	16.4%
60 and Older	19	5.8%
No Response	15	4.5%
Total	330	100.0%

The largest group of survey respondents indicated being between the ages of 31 to 49 although there appeared to be a large number (92) of individuals between the ages of 27-32. In comparison to correctional staff working within the community, staff working in the institutions were slightly over as the largest group of community correctional staff was between the ages of 26-30.

In terms of the length of time employed in corrections, the largest group of participants indicated being employed in corrections from at least one to five years (N=117, 37.6%). This was also representative of staff in the community-based correctional system. However staff in the institutions differed in that 91.5% of the institutional staff had been employed longer than five years. This, however, is due in part to the fact the community-based correctional systems model was created on a statewide basis in Iowa in 1972 thereby creating the need for additional correctional staff.

Instead of identifying whether the nature of their job was administrative, supervisory, or direct service as did the community correctional staff, institutional staff were asked to identify the type of job in which they worked. The chart which follows identified the various types of jobs, along with the number of males and females in each position:

TABLE 22.

SEX	COUNS.	CORR. SUP.	OFFIC. LIV. U.	OFFIC. NOT L. U.	ACAD. TEACH.	VOC. TEACH.	MAINT.	PRIS. IND.	FOOD SERV.	HOSP.	CLIN. PSYCH.	CHAP.	ADMIN. OFFIC.	ACT. SPEC.	UNIT MAN.	OTHER	TOTAL
MALE	24 (10.9)	18 (8.2)	70 (31.8)	19 (8.6)	7 (3.2)	4 (1.8)	27 (12.3)	7 (3.2)	4 (1.8)	4 (1.8)	1 (.4)	2 (.9)	23 (10.4)	7 (3.2)	1 (.4)	2 (.9)	220 (68.5)
FEMALE	3 (.3)	1 (.1)	15 (5)	5 (1.8)	3 (1)	1 (.4)	1 (.4)	1 (.4)	8 (2.5)	13 (3.7)	0 (0)	0 (0)	44 (13.5)	0 (0)	2 (.6)	4 (1.2)	101 (31.5)
TOTAL	27 (8.4)	19 (5.9)	85 (26.5)	24 (7.5)	10 (3.1)	5 (1.6)	28 (8.7)	8 (2.5)	12 (3.7)	17 (5.3)	1 (.3)	2 (.6)	67 (20.9)	7 (2.2)	3 (.9)	6 (1.9)	321 (100)

\*9 individuals did not respond  
( ) indicates percent

## Job Categories

Counselor	Correctional Supervisor	Officer in Living Unit
Officer not in Living Unit	Academic Teacher	Vocational Teacher
Maintenance	Prison Industries	Food Service
Hospital Personnel	Clinical Psychologist	Chaplain
Administrative Officer	Activity Specialist	Unit Manager
Other		

Females were most widely represented in the area of administration. Generally, this was indicated more specifically as being some type of secretarial duty or as an administrative assistant. Males were most widely represented in the category of correctional officer within the living unit. Slightly over 40% of the men were officers either within or outside of the living unit. Similarly, 20% of the women were represented in these two categories. Male counselors outnumbered female counselors by an 8:1 ratio. Percentage differences were not as great, however, as male counselors comprised 10.9% of the males who responded and female counselors constituted 3% of the women respondents. Academic and vocational instructors were quite evenly represented by both sexes.

In terms of formalized education received by staff, the following results were obtained:

TABLE 23. STAFF FORMAL EDUCATION BY INSTITUTION

INSTITUTION	12th Grade	H.S. Grad	Some College	College Degree	Grad. Work or Degree	Doctorate Work or Degree	Total
Riverview	0	17	1	5	2	0	25
Ft. Madison	0	3	4	7	4	3	18
John Bennett	0	15	8	3	0	0	26
Anamosa	0	48	10	18	13	3	92
Oakdale	6	32	10	23	5	1	77
Mt. Pleasant	3	21	8	8	5	1	46
Rockwell City	2	22	2	4	1	1	33
Total	11(3.5%)	158(49.8%)	44(13.9%)	68(21.4%)	30(9.5%)	6(1.9%)	317(100%)

Generally, formal education received by men and women was quite similar for both sexes although men were more represented in the categories of graduate and doctoral work or degrees. Forty-six point seven percent (46.7%) of the survey participants had received some college or some type of college degree. In comparison, 87.6% of the community correctional staff were classified in the same categories. The large difference which is apparent here, however, may be considerably reduced when additional factors are taken into consideration. All types of staff within the institution responded to the survey questionnaire whereas only professional staff within the community-based correctional system responded to the survey. Additionally there is a much larger scope of services provided within an institution than is provided by community-correctional staff. Many of these services require more technical expertise and on-the-job training vis-a-vis formalized education.

Client caseload size was quite varied as participants indicated monthly caseload size as being from 1-20 clients to over 80 clients. Most frequently indicated was a caseload size of 21-40 clients. Twenty-two (40%) of the 55 individuals responding to the question indicated having caseloads of 61-80 or over 80 clients. Sixteen point seven percent (16.7%) of community correctional staff reported having similar sized caseloads.

Of those individuals (N=55) who reported having caseloads, 21 (38.1%) stated having a year or more of substance abuse counseling experience. Twenty percent (20%) (N=11) indicated substance abuse counseling experience of three months to a year and 27.2% (N=15) stated they had from one to three months of experience. When asked if they would like to attend substance abuse training, 66.8% (N=195) of the survey participants indicated they would like to attend, 32.9% (N=96) stated they were not interested, and 39 individuals did not respond to the question.

In conjunction with this, staff were asked how many days they would have available to participate in training. The following table indicated by job capacity the number of days available for training:

TABLE 24. JOB CAPACITY BY TRAINING DAYS

JOB ASSIGNMENT	DAYS AVAILABLE FOR TRAINING				
	NONE	1-5	6-10	10 or more	TOTAL
Counselor	1	15	9	1	26(9.6%)
Corr. Sup.	3	10	2	3	18(6.7%)
Officer-Living Unit	13	22	10	29	74(27.4%)
Officer-Not Living U.	6	8	1	4	19(7.0%)
Acad. Teacher	2	5	1	2	10(3.7%)
Voc. Teacher	2	2	0	0	4(1.5%)
Maintenance	12	3	1	4	20(7.4%)
Pris. Industries	2	2	1	1	6(2.2%)
Food Service	3	2	2	1	8(3.0%)
Hosp. Personnel	1	9	3	1	14(5.2%)
Clin. Psych.	0	1	0	0	1(0.4%)
Chaplain	1	1	0	0	2(0.7%)
Admin. Officers	21	25	4	5	55(20.4%)
Activity Spec.	0	5	0	2	7(2.6%)
Unit Manager	2	0	1	0	3(1.1%)
Other	2	1	0	0	3(1.1%)
Total	71(26.3%)	111(41.1%)	35(13.0%)	53(19.6%)	270(100%)

Most frequently, participants indicated having between one to five days available to participate in training. Fifty-six point one percent (56.1%) of these individuals stated they would have between one to three days in a row to participate, while 20% stated they would have five days in a row available for training. Training availability was also contingent upon where the training was held, as indicated by nearly 70% of the participants. The majority of the participants (61%) preferred training be held at a regional or statewide centralized location.

As inquired of community correctional staff, institutional staff also were asked specifically what types of training they desired. They were asked to mark the particular training indicated as: (1) Not applicable, (2) Not needed, (3) Needed. The following table indicates by institution the staff responses to the various type of training they felt were needed.

TABLE 25.

TRAINING NEEDS BY INSTITUTION

TYPE OF TRAINING	RIVERVIEW	FT. MADISON	JOHN BENNETT	ANAMOSA	OAKDALE	MT. PLEASANT	ROCKWELL CITY	TOTAL
Substance Abuse	12 48%	5 26.3%	19 61.3%	27 28.7%	24 30.4%	25 53.2%	18 51.4%	130 39.4%
Intake Assessment	9 36%	2 10.5%	15 48.4%	13 13.8%	23 29.1%	17 36.2%	14 40.0%	93 28.2%
Generic Counseling	6 24%	3 15.8%	12 38.7%	20 21.3%	18 22.8%	18 38.3%	12 34.3%	99 26.9%
Program Management	10 40%	2 10.5%	12 38.7%	17 18.1%	13 16.4%	17 36.2%	14 40.0%	85 25.7%
Group Process Skills	9 36%	2 10.5%	17 54.8%	23 24.5%	32 40.5%	21 44.7%	11 31.4%	115 34.8%
Clinical Principles	6 24%	3 15.8%	17 54.8%	22 23.4%	29 36.7%	19 40.4%	13 37.1%	109 33.0%

Need for training as viewed by institutional staff was much lower than the need for training as perceived by community correctional staff. This was partially caused by the fact the training areas identified were not applicable to administrative and fiscal staff answering the survey in the institutions, whereas training areas were generally applicable to all types of community staff participating in the survey.

With the exception of the Oakdale Medical Facility, the greatest need for training identified by all institutions was in the area of substance abuse programming. Staff at the John Bennett Correctional facility indicated the greatest desire for this type of training. The area identified as second priority for training was group processing skills.

Staff were also asked what specific types of training, with regard to substance abuse programming, they would like to see provided. One area most frequently mentioned was drug pharmacology (i.e., the identification of different types of drugs and the effects of using the drugs). Included in this area was how to identify individuals who are abusing drugs. Another area frequently mentioned was the desire for general information concerning the substance abuse treatment programs throughout the state; specifically, types of treatment services provided, the various treatment modalities, and the locations of the treatment programs throughout the state. Several recommendations have been developed as a result of information received through the survey. These will be addressed in the final section of the plan.

SUMMARY:

Of the 484 community correctional and institutional staff surveyed throughout the state, the majority (N=453, 93.6%) were white, male (58.9%), and were between the ages of 26-32. The largest group of individuals had been employed in corrections from one to five years, although more of the institutional staff tended to have longer terms of employment within the institution.



Generally, community corrections staff tended to have more formal education than did staff from the institutions. A large number of both institutional and community-based correctional staff indicated they had attended several training events within the past year. Certain areas of job development skill training seemed to be quite readily available for both groups of staff. Some of these training events appeared to be "inhouse" staff development types of training. Thus, these types of training were accessible to many staff. Other areas of training, such as substance abuse expertise, would not be as accessible as perhaps these particular skills do not exist on staff to the extent that other types of skills exist.

One manner with which to address this issue would be to train two or more staff members in the area of substance abuse and thereby create the capability for these individuals to train other staff members in this area. These individuals could receive training from IDSA and then provide training to individuals at their particular facility or region of the state.

Another mechanism to provide this type of training would be to hold training at a conference where a number of correctional staff would be present. Functions such as the Iowa Correctional Association's fall and spring conferences would be excellent vehicles with which to provide this training. Workshops sponsored by IDSA would provide a mechanism to train large numbers of staff at very little cost.

Training in the area of substance abuse was rated as top priority for staff from nearly all of the institutions as well as staff from all of the eight judicial districts. Staff availability for training, as indicated, is contingent upon training location and length of training sessions. While most staff prefer training to be held at their particular facility, the cost efficiency of doing so makes it unfeasible in certain situations. This issue and others will be addressed more completely in the Findings and Recommendations section of this report.

## RESIDENT NEEDS ASSESSMENT

#### V. RESIDENT NEEDS ASSESSMENT

The resident needs assessment survey was conducted January through April, 1979. The survey consisted of (1) socio-demographic data, (2) drug history, (3) alcohol history, (4) treatment information and history.

In addition to data obtained from the survey, information was obtained from the computer run requested from the OBSCIS system. Variables pertaining to marital status, employment, intelligence levels, etc., were obtained via OBSCIS. As previously indicated, this information was compiled for those residents who were selected at random to participate in the survey. This survey population included 30% of the residents at all institutions except for Rockwell City and Mount Pleasant, where 100% samples were obtained. Total survey size was 755 inmates - approximately 36% of the total institutional population. The subsequent IDSA/DSS survey population which attempted to survey all of these same inmates was somewhat smaller (N=484) due to several factors - those factors being non-participation in the survey, parole or release, administrative lock-up, and transfer to another institution.

##### OBSCIS DATA:

One of the requested data items from the OBSCIS system was prior commitment to a juvenile institution thereby giving an indication of repeated involvement in the criminal justice system. The following table indicates by institution the number and percentage of inmates with prior commitments as juveniles and the number of the total survey population.

TABLE 26. ADULT OFFENDERS WITH JUVENILE COMMITMENTS

FACILITY	NUMBER	PERCENT OF SURVEY POPULATION	TOTAL SURVEY POPULATION
Mt. Pleasant*	41	31.3%	131
Rockwell City*	17	20.4%	83
Ft. Madison	89	41.8%	213
John Bennett	17	26.6%	64
Anamosa	62	28.7%	216
Oakdale	12	42.8%	28
Riverview	10	50.0%	20

\*Indicates 100% sample.

The institution with the lowest number of offenders with juvenile commitments was the women's reformatory at Rockwell City. Although the number of women with juvenile commitments was less than the numbers indicated by the adult male populations, this figure may be somewhat misleading. Statistics from juvenile authorities indicate juvenile delinquent

females are generally released on probation more times than their male counterparts before actually being committed to a juvenile institution. As evidenced by the chart, juvenile commitments for males ranges from 26.6% to 50% of the survey population.

Prior adult commitments for the survey population revealed that one-third (33.9%) of this population had been previously incarcerated as an adult. One hundred forty-seven (19.5%) had one prior commitment as an adult, and 109 (14.4%) had been incarcerated two or more times previous to their current sentence.

In order to create a familial profile of the adult offender, data regarding marital status was retrieved from OBSCIS. While no direct correlations can be made as to the cause of an individual's incarceration, it is known that family stability is a factor which impacts upon a person's life. The chart which follows indicates by institution the marital status of the survey population.

TABLE 27. MARITAL STATUS OF SURVEY POPULATION

FACILITY	MARRIED/ COMMON LAW	DIVORCED/ SEPARATED	SINGLE	WIDOWED/ UNKNOWN	TOTAL SURVEY POPULATION
Mt. Pleasant*	23 17.5%	27 20.6%	77 58.8%	4 3.0%	131
Rockwell City*	18 21.7%	30 36.1%	26 31.3%	9 10.8%	83
Ft. Madison	69 32.4%	60 28.2%	72 33.8%	12 5.6%	213
John Bennett	20 31.3%	22 34.4%	20 31.3%	2 3.1%	64
Anamosa	44 20.3%	26 12.1%	112 51.9%	34 15.8%	216
Oakdale	4 14.3%	5 17.8%	15 53.6%	4 14.3%	28
Riverview	3 15.0%	3 15.0%	14 70.0%	0 0%	20
TOTAL	181 24.0%	173 22.9%	336 44.5%	65 8.6%	755 (100%)

\*Indicates 100% sample.

Women offenders indicated the highest rate of divorce and separation (36.1%). This was followed closely by a 34.4% divorce/separation rate indicated by the men at John Bennett. Generally, those institutions which house young offenders (Anamosa, Mount Pleasant, and Riverview) had more single inmates and fewer inmates indicating either marriage or divorce. Overall, single inmates comprised the largest segment of the population.

While single and divorced inmates constituted 67.4% of the survey population, 62.1% (N=469) indicated having either one or two dependents. Only 13.4% of the population (N=101) indicated having no dependents.

Job stability and employment status at time of arrest were also obtained from OBSCIS in an attempt to determine a more comprehensive profile of the offender population and the substance abusing offender. The table below identifies the employment status of inmates at the time they were arrested for the offense which resulted in incarceration.

TABLE 28. EMPLOYMENT STATUS AT TIME OF ARREST

FACILITY	EMPLOYED # %	UNEMPLOYED # %	UNKNOWN # %	TOTAL
Mt. Pleasant*	41 31.3%	57 43.5%	33 25.2%	131
Rockwell City*	27 32.5%	45 59.2%	11 13.3%	83
Ft. Madison	59 27.7%	101 47.4%	53 24.9%	213
John Bennett	24 37.5%	21 32.8%	19 29.7%	64
Anamosa	85 39.4%	98 45.4%	33 15.3%	216
Oakdale	11 39.3%	11 39.3%	6 21.4%	28
Riverview	6 30.0%	9 45.0%	5 25.0%	20
TOTAL	253 33.5%	342 45.3%	160 21.2%	755 (100%)

\*Indicates 100% sample.

The chart indicates women offenders as displaying the highest rate of unemployment (54.2%), conceivably because the majority of them also indicated having dependents. Generally, no trends were indicated by the chart as employment ranges from 27.7% to 39.4%, and unemployment ranges from 32.8% to 54.2% of the population. Overall, nearly 12% more of the survey population were unemployed than those that were employed. In addition, 43% of the population reported their maximum length of employment at any one time had been one year or less. This does not take into account those individuals who had never been employed. These individuals constitute another 21.2% (N=160) of the survey population. For those individuals who had been employed, it appears as though job stability was somewhat limited.

When administered standard intelligence tests, inmates tested out at the following levels:

TABLE 29. INTELLIGENCE QUOTIENT TEST RESULTS

FACILITY	BRIGHT NORMAL # %	NORMAL # %	BORDERLINE # %	DEFICIENT # %	UNKNOWN # %	TOTAL
Mt. Pleasant*	32 24.4%	47 35.9%	22 16.8%	5 3.8%	25 19.1%	131
Rockwell City*	13 15.7%	32 38.6%	15 18.1%	-	23 27.7%	83
Ft. Madison	55 25.8%	72 33.8%	38 17.9%	9 4.2%	39 18.3%	213
John Bennett	21 32.8%	24 37.5%	6 9.4%	1 1.6%	12 18.8%	64
Anamosa	48 22.2%	101 46.8%	38 17.6%	8 3.7%	21 9.7%	216
Oakdale	4 14.3%	9 32.1%	2 7.1%	2 7.1%	11 39.3%	28
Riverview	3 15.0%	13 65.0%	4 20.0%	-	-	20
TOTAL	176 23.3%	298 39.5%	125 16.5%	25 3.3%	131 17.4%	755 (100%)

\*Indicates 100% sample

There were few differences among institutions in terms of the population size that indicated a normal intelligence level as compared to the general population. The range existed at 65% of the survey population in this category from Riverview Release Center, while Oakdale had 32.1% of their population in this category. However, the small survey population at these two facilities may not be quite as representative, if the entire population at these two facilities is considered. Overall, 62.8% of the survey population indicated above normal or normal intelligence. Only a small percentage, 3.3% was considered to be deficient.

Thirty-four point three percent (34.3%) (N=259) of the survey population had a ninth grade education or less; 39.7% (N=300) had somewhere between a tenth to twelfth grade education; and, 16.4% (N=124) had attained a GED (Graduate Equivalency Degree). Generally, the GED was obtained through academic courses offered by the institution. The remainder of the survey population, (N=7,2, 9.5%) had either obtained some college or their level of educational attainment was unknown.

#### RESIDENT NEEDS ASSESSMENT:

The IDSA resident needs assessment survey was designed to assess the incidence and prevalence of substance abuse among the adult offender population. The identification of socio-demographic factors and alcohol, drug, and polydrug problems were brought out in an attempt to focus upon possible causative or contributing factors concerning the substance abuse problem.

Current drug and alcohol usage was also surveyed in an effort to determine usage within the institution. However, it is realized that the validity of this response is questionable as: (1) usage was self-reported, and (2) residents would be hesitant to admit continued usage for fear of self-incrimination, even though anonymity was guaranteed. The remainder of the questions concerning drug and alcohol usage pertained strictly to the time before an individual's incarceration.

#### Socio-Demographic Data:

Of the 483 inmates surveyed at the various institutions, 410 (85%) were males and 73 (15%) were females. The majority of the respondents were between 20-30 years of age and were Caucasian (75.2%, N=363), Blacks comprised 12.6% of the population (N=61), and American Indians constituted 3.9% (N=10); Hispanic and Asian ethnic groups composed 2.1% of the population; and, 6.2% of the survey participants did not respond to the question. In terms of age, the following responses were indicated:

TABLE 30.

#### AGE OF SURVEY PARTICIPANTS

AGE	NUMBER	PERCENT
0 - 17	1	.2
18 - 20	87	18.0
21 - 25	156	32.3
26 - 30	90	18.7
31 - 49	90	18.7
50 - 59	8	1.6
60 +	2	.4

Missing - 49, 10.1%

Additionally, most of the respondents indicated they came from primarily an urban background. Sixty-seven percent (67%) (N=324) of the respondents replied they resided in towns of 10,000 or larger. Nearly 40% of the respondents indicated they came from urbanized areas of over 50,000 population. Approximately 22% of the respondents stated they lived in rural areas or towns of 5,000 or less.

In terms of the length of time spent at the institution for the last, or most recent offense, the modal response given by survey participants was three months. Most residents indicated being in the institution for one year or less at the time of the survey. The following table indicates the length of time participants indicated they had been incarcerated for their current offense.

TABLE 31.

#### LENGTH OF TIME IN INSTITUTION

TIME	NUMBER	PERCENT
6 months or less	186	40.4%
7 months - 12 months	100	21.8%
13 months - 18 months	46	10.0%
19 months - 24 months	38	8.2%
2 years - 3 years	37	8.1%
3 years - 5 years	51	11.1%
5 years or more	2	.4%

n=23 missing (4.8%).

The types of offenses committed appeared to correlate quite closely to the 1977 survey in terms of the frequency with which they occurred. The six most prevalent crimes in the 1977 survey and the 1979 survey are indicated below:

1977 Survey

1. Burglary (Breaking and Entering)
2. Forgery
3. Homicide
- \*4. Larceny  
Drug Laws
5. Robbery

1979 Survey

1. Burglary (Breaking and Entering)
2. Forgery
3. Robbery
4. Larceny
5. Homicide
6. Drug Laws

\*Violation of drug laws and larceny were equally represented.

Minor differences which occurred between the two surveys may be attributed, in part, to the larger survey sample in the 1979 study. The category of "Drug Laws" takes into consideration all drug crimes as well as OMVUI arrests. This category accounted for 9.9% of the arrests for the 1977 survey population and 5.4% of the 1979 survey population. While the number of individuals who are arrested for substance abuse offenses appears to be quite low, the number of individuals who were using drugs or alcohol at the time of arrest was relatively high possibly indicating the offense may have been substance abuse related.

In response to the question "Were you using drugs when you committed the offense for which you are presently incarcerated?", 237 (49.1%) of the survey participants indicated drug usage. In response to the same question concerning alcohol usage, 218 (45.1%) indicated alcohol usage at time of arrest. This indicates a slight reversal of trends from the 1977 survey when 53.1% of the participants indicated alcohol usage at time of arrest, and 48.7% indicated drug usage. This trend reversal may be due in part to the larger number of younger offenders surveyed who have a greater propensity for drug abuse as compared to alcohol abuse than their older counterparts. While no direct causal relationship may be established here, it is known that younger criminal justice offenders have a greater likelihood of using drugs than do older offenders.

Substance Abuse History:

The second segment of the IDSA resident needs assessment focused upon the history of illegal drug and alcohol usage by survey respondents. Sixty-eight point eight percent (68.8%, N=322) of the 484 survey respondents stated they had used drugs which had not been prescribed by a doctor or given to them for medical reasons. Of those individuals who had used drugs, 51.1% (N=247) stated they had used illegal drugs in the six month period prior to incarceration.

Residents were also asked to indicate how much money they had spent for drug purchases during the month previous to their arrest. Four hundred and fifty-nine (459) individuals responded to this question according to the following categories:

	Number	Percent
Nothing	170	37.0%
Less than \$10.00	21	4.6%
\$10.00 - \$50.00	60	13.0%
\$51.00 - \$200.00	53	11.5%
Over \$200.00	98	21.5%
Not Applicable	57	12.4%
Total	459	100.0%

Of the residents who indicated spending money for drug purchases, 33% indicated spending between \$51.00 to over \$200. When asked how they had obtained this money, 25% of the survey participants indicated they used money earned from their jobs. Another 10.7% (N=52) stated money for drug purchases was obtained by selling drugs. Seventy respondents (14.5%) stated the money was obtained illegally thereby indicating robbery, burglary, or the commission of some type of criminal offense to obtain drugs. Twelve point four percent (12.4%) (N=57) of the survey participants stated the question was not applicable to them.

Residents were also asked to state the age at which they first began using drugs. As most (47.8%) of those who responded indicated being seventeen or under when first drug usage occurred, it would appear money for drug purchases was obtained via some other resource than employment. The possibility exists that residents did not purchase drugs at these ages but rather were given the drugs.

TABLE 32.

AGE OF INITIAL ABUSE OF DRUGS

AGE	NUMBER	PERCENT
12 -	62	12.8%
13-17	169	35.0%
18-20	40	8.3%
21-25	25	5.3%
26 +	11	2.2%
TOTAL	307	63.6%

\*176 respondents (36.4%) did not answer or indicated no drug usage

Age 13 was most frequently reported as the age of first abuse as 8.7% (N=42) of the respondents indicated this age as the onset of drug abusing patterns. As is evidenced by the chart, ages 13-17 are critical years upon which drug abuse prevention efforts need to be focused. In comparison to the 1977 adult offender survey, this data correlates very closely to survey results obtained from that population. The majority of respondents in the 1977 survey indicated ages 13-17 as being the years in which drug abuse first occurred. However, a much higher percentage (12.8% vis-a-vis 4.3%) of the respondents in the 1979 survey stated they first began to use drugs at the age of 12 or under. This data indicates primary prevention

efforts may need to address younger target groups of the population. This was also evidenced in the 1978 survey of juvenile justice offenders, the majority of whom stated they began using drugs at the age of 12.

The most frequent response given by survey participants as the reason for their drug usage was "enjoyment." Nearly half of the respondents stated they used drugs for the enjoyment of getting high or to escape from pressures. Six percent (6%) said they used drugs because they were depressed and only 4% stated they could not stop using drugs or were addicted. A few of the individuals used drugs either to relieve pain or because their friends used drugs.

In terms of the types of drugs used, survey participants indicated the use of marijuana/hashish was most prevalent. When both alcohol and drugs are considered, however, alcohol was indicated as the primary substance of abuse by nearly twice the number of participants who indicated marijuana/hashish as being the primary substance of abuse. The following table delineates further the primary substances of abuse by survey participants.

TABLE 33. PRIMARY SUBSTANCE USED

SUBSTANCE	NUMBER	PERCENT
Alcohol	151	31.3%
Marijuana	84	17.4%
Cocaine	28	5.8%
Heroin	25	5.2%
Amphetamines	22	4.6%
Barbiturates	20	4.1%

119 individuals (24.6%) indicated no substance abuse

With regard to sexual differences concerning the primary substance of abuse, 29.2% women indicated alcohol, 16.7% indicated heroin, and 16.7% indicated barbiturates. The majority of men indicated alcohol as primary substance of abuse (46.2%), 26.3% indicated marijuana, 7.7% indicated cocaine as their primary substance of abuse.

Length of drug usage appeared to be quite similar for both men and women, with the largest group of both sexes indicating usage of four years or more. However, a higher percentage of women indicated using the primary substance from seven months to one year, while a greater percentage of men indicated they did not know how long they had been using their primary substance of abuse. Overall, 61.7% (N=207) of the individuals who had abused drugs or alcohol had done so for at least a year.

Indicative of an abuse problem is the frequency with which the substance is abused. A moderate to severe abuse problem is generally considered to be usage of the substance at least three to five times a week or more frequently. Of the women who indicated substance abuse, 79% (N=34) displayed moderate to severe abuse problems. Fifty eight point one percent (58.1%) of the women indicated daily usage. Heroin usage was most prevalent in this category. Additionally, women appeared in these two categories of abuse (three to five times a week and daily) more frequently than did the men, as 66.2% of the men indicated these patterns of abuse and 11.4% fewer men were represented in the "daily" abuse category than were the women. The majority of both sexes (91%) reported first involvement with substances for two years or more.

In terms of the last involvement with the primary substance of abuse, the response most frequently reported was "less than a year ago." However, of those individuals indicating substance abuse, 14.3% of the women and 18.8% of the men reported they were still using substances. Thus one-third of all the individuals who reported having moderate to severe substance abuse problems were still using these substances even though incarcerated. As drug and alcohol involvement is an important factor in determining whether an individual is returned to prison, these figures would indicate that successful substance abuse treatment within the institution, as well as in the community, is an important component in an individual's successful reintegration into society. (SAC 1978 Report concerns characteristics of offenders.)

Marijuana and cocaine, respectively, were listed most frequently by both men and women as being the secondary substances of abuse. The following table indicates by sex the primary and secondary substances of abuse, along with frequency of abuse, and first and last involvements with the particular substance used. The responses listed in the table are not indicative of all the individuals but rather represent the response most frequently given for the particular substance identified. Three of the primary and three of the secondary substances of abuse have been listed in the order of their respective usages by both men and women.

TABLE 34. SUBSTANCES ABUSED BY OFFENDERS

SEX	SUBSTANCE ABUSED	GREATEST LENGTH OF TIME USED	FREQUENCY OF USE	DATE OF FIRST INVOLVEMENT	DATE OF LAST INVOLVEMENT
Female	P <sup>1</sup> -Alcohol (31.1%) <sup>2</sup>	4 years or > (35.7%)	Daily (38.5%)	5-10 yrs. ago (38.5%)	< 1 yr. (58.3%)
Female	P-Heroin (17.8%)	4 years or > (62.5%)	Daily (100%)	2-5 yrs. ago (38.5%)	< 1 yr. (62.5%)
Female	P-Barbiturates (17.6%)	4 mos.-1 yr. (50.0%)	Daily (50%)	>10 yrs. ago (37.5%)	< 1 yr. (37.5%)
Male	P-Alcohol (46.6%)	4 years or > (47.4%)	Daily (45.5%)	5-10 yrs. ago (62.5%)	< 1 yr. (37.5%)
Male	P-Marijuana (26.2%)	4 years or > (38.2%)	Daily (48.7%)	>10 yrs. ago (48.1%)	< 1 yr. (36.3%)
Male	Cocaine (7.6%)	4 years or > (27.3%)	Daily (45.5%)	5-10 yrs. ago (36.5%)	< 1 yr. (32%)*
Female	S <sup>3</sup> -Marijuana (36.7%)	4 years or > (45.5%)	Daily (83.3%)	5-10 yrs. ago (36.4%)	1-2 yrs. (45.5%)
Female	Cocaine (26.7%)	7 mos.-1 yr. (37.5%)	Daily (50%)	>10 yrs. ago (63.6%)	NOT STOPPED (45.5%)
Female	S-Amphetamines (13.3%)	4 years or > (50%)	3-5 times/week (50%)	>10 yrs. ago (37.5%)	< 1 yr. (75.0%)
Male	S-Marijuana (38%)	4 years or > (47.4%)	Daily (47.4%)	2-5 yrs. ago (37.5%)	< 1 yr. (50%)
Male	S-Cocaine (15.5%)	4 years or > (35.5%)	Daily (36.7%)	5-10 yrs. ago (50%)	< 1 yr. (50%)
Male	S-Amphetamines (12%)	4 years or > (20.8%)	Daily (37.5%)	2-5 yrs. ago (50%)	< 1 yr. (33.8%)

1 - Indicates primary substance abused.  
2 - Percentage of substance abusing population.  
3 - Indicates secondary substance of abuse.  
\* - Nearly 31% stated they had not stopped usage.

In addition to being represented most frequently as the secondary substance of abuse, marijuana was indicated most frequently as being the tertiary substance of abuse by both men and women. Hallucinogens and amphetamines were also frequently listed as being tertiary drugs of abuse, although a much higher percentage of men indicated using hallucinogens than did women.

Residents were asked to state their perceptions on the general availability of drugs. Three hundred fifty-eight (358) (74.1%) of the survey respondents felt drugs were easy to obtain. When asked if they thought drugs were easy to obtain in their respective institutions, nearly 30% (N=140) of the respondents stated they felt drugs were easy to obtain. As indicated earlier, the validity of this data is questionable as this information was self reported and some residents may have been hesitant to openly respond to this question.

Alcohol Usage:

Three hundred twenty-nine (329) (68.1%) of the respondents indicated they used alcohol during the six months prior to their incarceration. In terms of the age at which drinking

began, age 13 was again most frequently indicated as it was with individuals reporting age of first drug abuse. The following table indicates the ages at which survey participants first began drinking:

TABLE 35. AGE BEGAN DRINKING

AGE	NUMBER	PERCENT
12 -	94	19.5%
13-17	269	55.7%
18-20	47	9.7%
21-25	16	3.3%
26 +	7	1.4%
TOTAL	433	89.6%

50 respondents (10.4%) did not answer the question

In comparison to drug abusers, the number of individuals who abused alcohol was much greater as 26% more survey participants indicated drinking. Additionally, a greater number of persons started drinking at earlier ages although age 13 was still the response indicated most frequently (N=89, 18.4%). When compared with a study of juvenile offenders, which was completed in 1978, the adult offenders started both drug abuse patterns and alcohol abuse patterns later than did the juveniles. Results of that study revealed that juveniles most often began these abuse patterns at slightly under 12 years of age.

Over half of the participants stated they spent over \$10 per month for alcohol. Thirty-one percent (31%) (N=151) of all the respondents stated they spent over \$50.00 per month for alcohol. Money used for alcohol purchases was generally obtained via employment or friends. However, 14% (N=67) of the survey population indicated money for alcohol was illegally obtained.

In terms of the type of liquor which was consumed, the following results were obtained:

- 1. Beer 46.4%
- 2. Hard Liquor 24.4%
- 3. Wine 4.6%
- 4. Anything 4.7%
- No Reponse 9.0%

Women were quite evenly divided between consumption of beer and hard liquor, whereas men had a much greater propensity towards consumption of beer. Men also tended to drink more than did women. In response to the question, "How much did you consume each time you drank?", 55% of the men stated they drank six drinks or more, and 37% of the women indicated consuming six drinks or more. Conversely, 51% of the women drank between one to three drinks while only 30% of the men indicated the same. Both men and women stated most of their drinking was done with friends.



Indicators of problem drinking or alcoholism are the interference of alcohol with an individual's job or family. Another symptom of this problem is the occurrence of "blackouts" - a memory lapse which occurs when an individual has been drinking and is still actively functioning. Twenty-eight percent (28%) (N=135) of the survey population stated they had experienced blackouts when drinking. Additionally, 110 survey participants (25.1%) indicated alcohol had caused problems on the job, at home with the family, or both. There was minimal difference between men and women in their response to this question. It appears, then, that substance abuse treatment needs for both men and women is an area which warrants additional emphasis for a sizable percentage of the criminal justice population. Abuse of alcohol is quite pervasive throughout this entire sub-group of the population as 65% of this group also identified their friends as being moderate to heavy drinkers.

#### Treatment Information:

A substantial number of survey participants indicated knowing about the effects of drugs and alcohol. In response to the question "Have you ever received information about the effects of drugs and alcohol?", 69.4% (N=335) responded they had received this information. It was not possible to discern whether this information had aided in determining substance abuse as residents did not identify where or when this information was received.

The same percentage (69.4%) of the residents stated they had never been a client in an alcohol treatment program. Information concerning alcohol was obtained from other resources in addition to the treatment program. One hundred seven (22.2%) of the survey participants stated they had been in an alcohol treatment program. Slightly more of the residents (27.7%) indicated they were currently, or had been in the past, members of Alcoholics Anonymous. Additionally, 131 (27.1%) of the residents stated they had been clients of a drug treatment program. It is probable that of those residents who indicated receiving drug or alcohol treatment, some overlap existed between the two groups. As many of the drug and alcohol treatment programs in Iowa have merged to provide a comprehensive coverage of services, it is possible that polydrug (alcohol and drug) abusers received both drug and alcohol treatment services. Two hundred thirty-eight (238) responses were given indicating drug or alcohol treatment had been received and 1972 responses were given to the question concerning age of first treatment. Thus, it appears an overlap of 27.7% (N=66) occurred between the drug and alcohol treatment groups, possibly indicative of a polydrug abuse problem.

While no responses were obtained which directly addressed polydrug usage (as opposed to strictly drug or alcohol usage), the incidence of polydrug abuse appears to be quite high. As indicated by the table on page 42, a high percentage of individuals indicated usage of at least a primary and secondary drug, and in some cases a tertiary drug. For most individuals, primary and secondary substances of abuse were alcohol and marijuana, respectively. This

data represents a continuation of the same patterns of abuse which were identified in the 1977 adult criminal justice study. Data is also representative of the general population usage patterns as well.

When asked the age at which they first received substance abuse treatment, residents responded with the following answers:

TABLE 36. AGE OF FIRST TREATMENT

AGE	NUMBER	PERCENT OF TOTAL
12 -	5	1.0%
13-17	45	9.3%
18-20	54	11.2%
21-25	37	7.6%
26 +	31	6.5%
Total	172	35.6%

311 participants did not respond or did not receive treatment

Age 18 was most frequently given as the year when treatment was first received with 12.8% (22/172) of the respondents stating this was their first contact with substance abuse treatment. Age 17 was indicated second most frequently, followed by age 19 and 20. In many cases, treatment received was not actually treatment services but rather emergency medical services for either a drug or alcohol overdose. In response to the question "Have you ever received emergency treatment for drug or alcohol usage?", the following results were obtained:

TABLE 37. EMERGENCY MEDICAL TREATMENT

SEX	DRUG TREATMENT	ALCOHOL TREATMENT
Female	22 (31.9%)	7 (10.3%)
Male	82 (22.0%)	52 (14.1%)
TOTAL	104 (23.6%)	59 (13.5%)

As displayed on the chart, those individuals who had received emergency treatment for drug usage were nearly twice as prevalent as those who had received emergency treatment for alcohol usage. However, there is considerably less difference when regular treatment programs are considered vis-a-vis emergency medical treatment. As indicated, approximately 5% (N=24) more individuals stated they had been in alcohol treatment.

Of those individuals who had received treatment, the place most frequently listed as having provided treatment was a mental health center. This would indicate services were provided through a community mental health center or from one of the four state mental health institutes - possibly indicating a court-ordered mental health evaluation prior to sentencing. By order of frequency, areas from which treatment services were provided are listed as follows:

1. Mental health center - 26.3%
2. Resident at substance abuse program - 20.9%
3. Institutional staff while residing in an institution - 15.5%
4. Outpatient at substance abuse program - 13.5%
5. Staff from other agencies while residing in an institution - 13.5%
6. Staff from other agencies while living in a halfway house - 6.1%
7. Staff at the halfway house while living there - 4.0%

It appears that approximately one-third of the survey participants had received treatment services from a substance abuse treatment program, either while living at the program or on an outpatient basis. Women most frequently had received treatment from a mental health center or from a substance abuse program as an outpatient. Men generally had received substance abuse treatment on a residential basis at a program, or had received treatment from a mental health center. Of the total treatment population, 8.5% of the men had received substance abuse counseling from the staff at the institution and .5% of the women had received such counseling from institutional staff.

Survey participants were asked to state whether they felt the treatment provided to them was helpful. The following results were obtained:

TABLE 38. HELPFULNESS OF TREATMENT

SEX	DRUG TREATMENT		ALCOHOL TREATMENT	
	YES	NO	YES	NO
Female	45.5%	54.5%	28.6%	71.4%
Male	44.8%	55.2%	53.1%	46.9%
TOTAL	45.1%	54.9%	40.8%	59.2%

Over half of the treatment population felt treatment had not been helpful to them. While results obtained from the drug treatment population were virtually the same between sexes, there was considerable difference between sexes regarding their feelings on the helpfulness of alcohol treatment. Over half of the men felt this treatment had been beneficial, while only slightly over 25% of the women felt treatment was helpful. Women received treatment more frequently on an outpatient basis while men more often received inpatient or residential treatment while living at the facility. More complete research would be necessary to determine the cause of the discrepancy in treatment satisfaction for men and women.

Slightly over 30% of the survey population stated they discussed their substance abuse problem with their correctional counselor. Forty percent (40%) indicated they did not discuss these problems. The remaining 30% stated it was not applicable or did not answer the question. Residents were also asked whether they felt alcohol and drug programs should be established or if current programs should be expanded. Results were as follows:

ESTABLISH OR EXPAND ALCOHOL PROGRAMS?

Yes	No	No Response
54.5% (N=263)	32.5% (N=157)	13.0% (N=63)

ESTABLISH OR EXPAND DRUG PROGRAMS?

59.0% (N=285)	28.4% (N=137)	12.6% (N=61)
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Although 56.7% of the survey population felt programs should be established or expanded, only 25.2% felt their substance abuse problem was serious enough to require treatment. Nearly 20% said the question was not applicable to them.

Finally, residents were asked if they would be willing to enroll in a substance abuse treatment program upon leaving the institution. Of the 225 residents who responded to the question, 54.7% (N=123) stated they would enroll if a program was available to them. It is not known whether individuals in the 1979 study appeared to be more receptive to treatment after leaving the institution than were individuals in the 1977 study as the survey formats differed in that respect. Approximately 34% of the individuals in the 1977 study said they would be willing to enroll for alcohol treatment. However, in the 1979 study, individuals were simply asked if they would be willing to participate in a substance abuse treatment program vis-a-vis a drug or alcohol program.

There appeared to be a relationship between the willingness to enroll in treatment and the fear of becoming addicted to drugs or alcohol. One hundred fifty-seven (157) individuals stated they would either occasionally or frequently worry about becoming addicted to their substance of abuse; 123 individuals stated they would be willing to enroll in treatment. The primary reasons given for worrying about an abuse problem were, respectively, as follows:

1. Pressure from friends to stop.
2. Withdrawal.
3. Fear of arrest.

Thirty point four percent (30.4%) (N=147) of the survey participants had tried to stop taking drugs on their own and 30.6% (N=148) had attempted to stop drinking on their own. Most worries regarding drug or alcohol addiction were due to outside motivations such as fear of arrest or pressure from friends. participate in a drug treatment program. The existing system whereby TASC liaisons have been placed in the institutions to identify and refer

substance abusers to treatment upon release has greatly facilitated the transition to the community for many of these individuals.

#### SUMMARY:

Specific highlights of abuse patterns identified by this study will be addressed in the following section, however, a general overview of the criminal justice offender will be addressed now in an attempt to create a profile of these individuals.

Data obtained via OBSCIS and the research survey indicated prior criminal justice involvement as a juvenile was a factor for 34.5% of the survey population. Many of these individuals had started drinking and abusing drugs at around 13 years of age. Similar to the general population of Iowa, marijuana and alcohol are the drugs of choice for the majority of the criminal justice population.

While the majority of the survey population (62%) indicated normal or above normal intelligence, nearly 40% had a twelfth grade education or less and approximately 35% had less than a ninth grade education. In addition, over 45% of the population was unemployed at the time of arrest. Most of the respondents had resided in urban areas prior to their arrest and did not indicate a high degree of family stability.

Breaking and entering (burglary) was the most prevalent crime, followed closely by forgery. Nearly 50% of the population had been using drugs when arrested and 45% had been using alcohol.

Approximately 22% of the survey participants had received alcohol treatment and 27% had received drug treatment. Mental health centers were most frequently indicated as being the places where treatment was received. Over 50% of the population stated they felt substance abuse programming should either be expanded or added to the institutions.

As evidenced by the data compiled in this report, substance abuse has been and continues to be a growing problem for this segment of the population. The fact many individuals were using drugs and/or alcohol at the time of their arrest points to the need for further prevention, intervention, and treatment efforts. Recognition must be given to some of the unique problems faced by criminal justice offenders if treatment efforts are to be successful. These issues and others will be addressed in the final section of this report.

## FINDINGS AND RECOMMENDATIONS

## VI. FINDINGS AND RECOMMENDATIONS

This report represents a culmination of efforts designed to identify and assess correctional staff needs regarding substance abuse training and programming, and to determine the nature and extent of substance abuse among the state's institutional population. The research also identified any trends which may be occurring in the two aforementioned areas. Based upon this trend information and data retrieved from the survey, recommendations which address staff training needs and substance abuse treatment needs have been included in this section.

Briefly, survey highlights are reported as follows:

### Summary of Findings:

- \* The resident needs assessment revealed that 34.5% of the survey population had prior juvenile commitments and 33.9% had prior adult incarcerations.
- \* Forty-five percent (45%) of the survey population were unemployed at the time of their arrest. Nearly 22% had spent over \$200 for drug purchases the month prior to their arrest. Thirty-one percent (31%) had spent over \$50 for alcohol purchases the month prior to arrest.
- \* Approximately 50% of the survey population were using drugs at the time of their arrest. Forty-five percent (45%) were using alcohol at the time of their arrest. Some of these individuals had been using both drugs and alcohol.
- \* Age thirteen was most often reported as the year of first alcohol abuse and first drug abuse. In conjunction with this, 60% of the admissions to the three state juvenile institutions in fiscal year 1978 were identified as having a moderate to severe drug, alcohol, or polydrug abuse problem.
- \* Women indicated alcohol, heroin, and barbiturates as their primary substances of abuse. Men indicated alcohol, marijuana, and cocaine as their primary substances of abuse. Usage patterns most frequently indicated daily usage for greater than four years.
- \* Secondary substances of abuse as indicated most frequently by both men and women were marijuana, cocaine, and amphetamines.
- \*  
  
\* Forty percent (40%) of the approximately 14,000 probationers (including ASAP) and parolees in fiscal year 1978 were identified as having a serious substance abuse problem.

- \* Criminal justice clients comprised nearly one-third of the 10,917 referrals to alcohol treatment programs in 1977. Similarly, these clients constituted 45% of the 1916 referrals made to drug treatment programs. These drug treatment clients comprised 41% of the referrals in 1977.
- \* Sixty-five percent (65%) of the total institutionalized population in Iowa indicated a drug, alcohol, or polydrug problem. This population has increased 7% since the completion of the 1977 adult offender study.
- \* One-third of the resident survey participants stated they had been clients in a drug or alcohol treatment program. This is an increase of 5% from 1977. Approximately 50% of these persons felt the treatment had helped. Men indicated a greater degree of satisfaction with both drug and alcohol treatment than did women.
- \* Thirty percent (30%) of the survey population felt drugs were easy to obtain within their respective facilities and 33% of all substance abusers indicated continued usage of drugs, even though they were incarcerated.

#### Training Needs Assessment:

- \* Community correctional staff in all eight judicial districts had written referral agreements with local substance abuse treatment agencies.
- \* With the exception of one facility, correctional staff from all institutions and correctional staff from all eight judicial districts identified training in the area of substance abuse as their top priority. Specifically, staff wanted more information concerning drug pharmacology, alcohol and its effects on the body, and information regarding substance identification and usage. Most staff indicated they were available to participate in training from one to five days. Their training location preference was either onsite at their particular facility or at a location somewhere in their region of the state.

The following section (section VI) addresses substance abuse treatment for the criminal justice offender and makes recommendations for areas of interface which merit increased attention and which previously have not been focused upon. Additionally, this section addresses staff training needs as they relate to substance abuse. For purposes of clarity, the section has been divided into two sub-sections: (1) interface with community-based corrections; and, (2) interface with institutional corrections.

#### Recommendation:

##### Community-Based Correctional Interface:

In view of the fact that additional emphasis is being placed upon community-based corrections, this area is seen as particularly critical in the treatment of substance abusing offenders. The community-based correctional (CBC) system has been increasingly viewed as an effective alternative for offender placement vis-a-vis institutional placement. At a time when the institutions are nearing capacity, the community correctional system becomes of significant importance as a efficacious, cost-effective alternative. As 63.8% of the parolees and 36.4% of the probationers in fiscal year 1978 were identified as having a drug, alcohol, or polydrug problem, interface with substance abuse treatment programs becomes of key importance.

Nearly 80% of the CBC staff responding to the survey indicated an awareness of a formal, written referral agreement with local substance abuse treatment programs. As survey respondents were located throughout the state, this figure indicates that a fairly high level of interface is occurring. CODAP figures indicate that criminal justice referrals, other than TASC, comprised 20% (N=383) referrals to substance abuse treatment programs in fiscal year 1978. If the number of substance abusing parolees and probationers is considered, however, it would then appear that either referrals to treatment are not being made, clients are not being admitted to treatment, or clients are refusing treatment. The possibility also exists that, for Iowa's border cities, clients are being referred to treatment in a neighboring state. In any event, it appears the number of criminal justice clients in substance abuse treatment could be sizably increased.

Survey results indicate 70% of community-based correctional staff felt that a good working relationship with the local treatment program existed. Fewer administrative staff indicated a good working relationship than did supervisory and direct service staff. Answers varied from 100% satisfaction in some districts to less than 40% satisfaction in others.

Some respondents indicated their dissatisfaction as simply being that they felt the treatment program was poor overall. Other respondents felt that the referral process was poor. More specifically, respondents indicated they would like more information concerning client progress in the program. Generally, this is indicative of a lack of mutual understanding of the federal regulations regarding confidentiality. While interface training has been provided in this area, it appears more training and technical assistance on the subject could be well utilized. This refers not only to interface between community corrections and substance abuse treatment programs, but also interface between law enforcement, the judicial system, and substance abuse treatment programs.

Oftentimes, a substance abuse problem is not identified until after an offender has been placed on probation or is sentenced to an institution. If the court is made aware of an offender's substance abuse problem prior to sentencing, appropriate placement and treatment for the offender could be greatly facilitated. Similarly, for the misdemeanor offender

arrested for public intoxication, referral to treatment may be appropriate if the nature of the case permits such a referral. Interface on the part of the courts with substance abuse programs at the judicial level would create an effective mechanism whereby clients could be referred to treatment for evaluation and subsequent recommendations concerning the need for treatment could be made to the courts. While this is occurring to some degree now, there exists no uniform standard or process whereby an offender is referred to treatment for evaluation. Joint interface training in this area could create greater mutual understanding of the two systems and could facilitate in the referral process and subsequent treatment delivery if appropriate.

This process could also integrate the interface made with the pre-trial release component of community-based corrections. Increased communications among pre-trial release, the courts, and substance abuse treatment programs could enhance expedient service delivery and help to create a total systems approach. Confidentiality training delivered by IDSA at the onset of additional emphasis in this area would greatly facilitate the subsequent interface.

Another mechanism which would aid in treatment referral is the inclusion of substance abuse related information on a pre-sentence investigation. While this is addressed to some degree currently, the inclusion of such variables is not a standardized, uniform process. Substance abuse indicators, such as the Mortimer-Filkins tests utilized by ASAP staff, could be included on one component of a pre-sentence investigation. This procedure would entail very little cost and time and would give a general assessment of substance abuse patterns. If a substance abuse pattern was indicated, a referral could be made to the local treatment program for a more complete evaluation. Evaluation results could then be returned to the pre-sentence investigator whereupon they would be included with the remainder of the pre-sentence report when it is sent to the court. A stipulation here, which would involve legislative changes, would be that the courts wait for the results of pre-sentence investigations of mandatory minimum sentencing offenses before sentencing is determined.

An additional factor which will facilitate treatment referral is the continuation of the statewide TASC project under the auspices of the Division of Adult Corrections. Since the nature of TASC is bi-modal, substance abuse and criminal justice, the continuation of this type of service at a statewide level can only serve to enhance and expand upon the current level of interface. TASC will also be increasing its scope of services to include mental health client evaluations and referrals. As mental health treatment needs for these clients often times dictate the provision of substance abuse treatment, it is anticipated the TASC expansion will result in the identification of these clients who are in need of substance abuse treatment services. Ancillary to this would be a reduction in overlap of services and an increase in cost effectiveness.

The growth of the community-based correctional system and the substance abuse treatment system in Iowa has developed to the point where comprehensive statewide coverage is provided by both systems. Although Iowa's substance abuse treatment programs are primarily located in the urban areas of the state, satellite programs have been implemented throughout the rural areas to provide coverage in all of Iowa's 99 counties. Therefore, rural treatment needs throughout the state can be met through these satellite programs. Similarly, the community-based correctional system provides coverage in much the same manner. Via the eight judicial districts throughout the state, services are provided to all of Iowa's counties. It is at this local level where mutual interface needs can most effectively be exchanged and coordinated. Joint planning meetings at this level would greatly enhance communications and would expedite the process of service provision on the part of both systems. Mutual planning and goal setting by both systems can be a cost-effective mechanism to address joint areas of need. Involvement of judicial system personnel and law enforcement personnel in joint planning meetings would increase the scope of interface and aid in effecting a planning process whereby input could be derived from all key agencies of involvement. Once a planning process of this nature has been implemented, transferral of identified concerns to the regional and state level can be facilitated much more readily. Additionally, this type of planning process regarding mutual goal-setting would be an effective way to identify regional and state priorities in interface areas.

Another recommendation which addresses this issue is the provision of substance abuse training to criminal justice, law enforcement, and judicial staff. In the adult offender survey conducted in 1977 and in the juvenile justice survey conducted in 1978, survey results indicated that staff felt substance abuse training would be beneficial to them in their work. As evidenced by the 1979 survey, staff continue to feel the need for additional substance abuse knowledge. Several alternatives could be implemented to meet this need.

One alternative would be increased training for these staff, delivered by IDSA. Implementation of this alternative, however, would require support from the SPA (Iowa Crime Commission) or other agencies as current IDSA resources do not allow for increased training to meet these needs. By utilization of combined resources, it is felt that training capabilities can expand and meet specific training concerns for judicial, law enforcement, and correctional staff.

A second alternative would be to develop short training seminars to be held at the community level. For example, one of the specific concerns mentioned by correctional staff was more knowledge in the area of drug pharmacology. One way in which this concern could be met would be for local substance abuse treatment staff to hold a short seminar for correctional staff in this area. Training could be facilitated by staff from IDSA and could be delivered, as appropriate, to meet individualized community needs. Again, co-involvement



with the SPA or other appropriate agencies, to develop and coordinate this type of interface would facilitate the process. For the purpose of uniformity in training delivery, an interface system can be developed at the state level, with necessary modifications made in the system to address individualized needs.

Supplemental to this type of training would be the utilization of various training media. Resources such as films and drug information brochures would be a cost-effective way to supplement and provide additional training to the aforementioned seminars.

A third recommendation is the continued delivery of a three-day workshop prepared by the National Drug Abuse Council. The workshop has been modified for Iowa by IDSA and is entitled "Criminal Justice-Drug Treatment Interface Processes." It is available to criminal justice staff and substance abuse treatment program staff servicing the same geographic area. The workshop serves to identify elements available within specified regions to improve or augment current screening, identification, referral, treatment planning, and impact assessment processes between the justice and substance abuse treatment systems. Variables affecting both systems with regard to interface and coordination of activities are examined in the workshops. Consideration is also given to federal legislation regarding client rights and regulations concerning confidentiality.

Training capabilities for the delivery of this workshop would also be expanded via additional trainers developed through the IDSA training system. There exists the capacity to identify individuals at the local or regional level who could become available to do training of this type for various programs and agencies throughout the state. These individuals could also have the ancillary function of being liaisons between IDSA and the correctional facilities.

With regard to community programming, there are additional areas of need to which more emphasis can be directed. The system of community correctional services in Iowa has greatly expanded due to increased usage of this system by defense attorneys and judges. Given this expansion and the increasingly tight financial picture that state and local governments are facing, alternatives need to be provided in order to provide adequate services for increasing caseload sizes. Alternative programming of this nature would necessitate adequate support.

#### Institutional Corrections:

As was evidenced by the survey results, the number of substance abusers within the institutional population merits continued attention. Similarly, staff responses, as shown by the training needs assessments, indicate that institutional staff are very concerned with this problem. As mentioned earlier in this study, training in the area of substance abuse was identified as a top priority for most staff. There are several ways in which the training issue can be addressed, and subsequently, provide for ways to better and more fully meet treatment

needs of substance abusing institutionalized clients. Several mechanisms which will aid in meeting these needs are currently being implemented in the institutional corrections system. With slight modification of process, treatment needs of incarcerated individuals can be more fully met at little additional costs to institutional budgets.

One of the mechanisms which will aid in identification and subsequent treatment of offenders with substance abuse problems is the OBSCIS data collection system. Included in the information collected are variables pertaining to substance abuse. These variables identify the primary substance of abuse, further description of the substance if it is a drug, and the source of the information obtained (e.g., pre-sentence investigation, arrest record, etc.) Once an abuse problem has been identified further investigation could be made to determine the extent of the abuse problem. This could be carried out by someone other than the intake officer but in conjunction with the intake process. One alternative would be to hire a substance abuse counselor; another possibility would be to contract with a local treatment program to provide these services as appropriate and necessary. An additional option which is possible due to the placement of TASC liaisons in the institutions, is the provision of additional substance abuse training for TASC personnel in order to enable them to fully assess the nature and extent of the substance abuse problem.

Utilization of the OBSCIS data along with a full assessment of the substance abuse problem when an individual is admitted to an institution would allow for early identification and treatment of the problem. Individuals could be assigned to a substance abuse counselor and/or be assigned to a specialized unit of the institution. This type of unit assignment could be easily implemented in conjunction with the current unitization of the institutions. Specialized units of this nature could be developed similarly to the substance abuse unit at the Mount Pleasant Medium Security Unit. Other than the cost of obtaining substance abuse training, or possibly obtaining one additional substance abuse counselor, the fiscal resources necessary for implementing this type of procedure are minimal. In addition this procedural implementation at all of the institutions would create a standardized process whereby inmates transferring from one institution to another would be readily directed into continuing substance abuse treatment.

This type of unitization would also facilitate the creation of peer groups which could serve as a support group in the institutional environment. The formation and expansion of groups such as Alcoholics Anonymous and Narcotics Anonymous would be most beneficial in providing an atmosphere of positive reinforcement regarding treatment of the substance abuse problem.

As substance abuse may be a critical factor in determining whether an individual will be returned to prison, preventive mechanisms designed to alleviate the current 30% recidivism rate could be of importance. One alternative to lessen the possibility of returning to prison



for some individuals would be to co-involve the family in counseling sessions. Joint counseling sessions provided shortly before an inmate's release would help to insure family support and involvement in dealing with the substance abuse problem as the former inmate re-enters the community. This type of counseling would also ensure family awareness of groups such as Al-Anon. As indicated earlier in this report, family stability and support for many incarcerated individuals is lacking. Family counseling and family involvement in addressing the substance abuse problem would lessen the possibility of recidivism and enhance the stability of the family structure at the same time. This type of involvement could initially be set up as a pilot project in one of the institutions where implementation would appear to be most feasible. This procedure could be facilitated by the TASC liaison in the institution, who would provide placement of the inmate in some type of substance abuse treatment modality upon release from the institution. Counseling sessions in the institution could be provided by a counselor within the institution or by a family counselor as counseling sessions would be generic rather than substance abuse specific.

There are various alternatives which could effectively and cost efficiently provide substance abuse training for institutional staff. Several of these alternatives have been listed as follows:

1. Substance abuse training might be provided by IDSA to TASC liaisons in each of the institutions and they could in turn provide training to other institutional staff. Similarly, a counseling staff member from within the institution could provide this training to other staff within the institution. As the institution is a closed environment and all types of staff have interaction with residents, it would also be beneficial for these staff to participate in this type of training.
2. With reference to the aforementioned training, staff training capabilities should be expanded within the institution so that several key staff in the institution would be able to train other staff within the institution thereby building upon in-house training capabilities. This would also ensure that this type of training would be ongoing within the institution. Staff from DSS central office would be able to deliver training to these key staff at all of the institutions at a minimal cost.
3. Staff from the institutions could participate in the types of training previously mentioned in this section for community-based correctional staff. An ancillary benefit to be derived from this is that a greater informational exchange could begin to develop among institutional and community-based correctional staff. By working in conjunction with the TASC liaisons, this would create an even greater assurance that inmates would be directed to substance abuse treatment programs upon their release from the institution. Additionally, the sharing of resources such as films, among institutional and community staff, would reduce costs for both and would expand upon the training audiences.

4. The Justice-Treatment Interface Course previously mentioned in this section for community-based correctional staff could be held on a regional basis with staff from institutional corrections also participating. This way, interface between substance abuse treatment staff and correctional staff would not only be expanded but also interface between the two types of staff within corrections would be expanded. Also attendance by law enforcement and judicial staff would serve to create a greater understanding and perspective of the entire system by all staff. The percentage of new staff entering the criminal justice and substance abuse systems each year necessitates continued delivery of training in the area of interface.

By implementation of some or all of the aforementioned recommendations, staff from all components of the correctional system would have an increased knowledge of substance abuse and of some of the particular problems which face substance abusing offenders. In conjunction with this, it is critical that ongoing training and information sharing be expanded to address the issues contained in this report. This type of interaction among correctional staff is a necessary first step in beginning to recognize and address treatment needs of substance abusing offenders. A past study in Iowa<sup>14</sup> has shown that those offenders with substance abuse problems tend to be repeatedly involved in the criminal justice system. At a time when Iowa's institutions are filled nearly to capacity and caseloads of community correctional workers have increased dramatically, it becomes of paramount importance that treatment needs of these offenders be addressed as early and as completely as possible in order to lessen the chances for continued involvement in the criminal justice system.

#### Conclusion:

As evidenced by the data contained in this report, substance abuse continued to be an ever-increasing problem among the criminal justice population in Iowa as well as nationally. The criminal justice research project did not attempt to determine the cause of the substance abuse problem; rather, the purpose of the study was to create a general profile of the substance abusing offender to determine the nature and extent of the problem, and to make recommendations for the provision of cost-effective treatment services.

While many of the recommendations in this report focused on staff training areas, there are two issues upon which successful treatment service delivery is contingent. The first issue addresses communication among the various components of corrections, substance abuse treatment, and the law enforcement and judicial systems. Resource sharing and informa-

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<sup>14</sup> Corrections in Iowa - System of Growth and Change; 1976, BCE.

tional exchanges are critical to successful identification and subsequent treatment efforts aimed at the substance abusing offender. Numerous studies have shown that the earlier the abuse patterns are interrupted, the greater the probability that treatment efforts will be successful. In addition, this type of information sharing serves to create a broader perspective and awareness of the criminal justice system and the substance abuse treatment system which involves little or no cost.

Integrated with increased communications throughout the system is the issue of intervention. As was noted in the study, many of the survey participants began abusing drugs and alcohol at the age of thirteen. Often the abuse problem was not noted or treated until severe abuse patterns had occurred for years. Increased awareness of these abuse patterns by criminal justice staff (adult and juvenile), law enforcement personnel, and the courts would facilitate the occurrence of more effective intervention techniques at an earlier age - before abuse problems have continued for years.

It is the intention of IDSA to continue to act as a resource to all agencies involved in treating the substance abusing offender and to provide assistance and training necessary for effective interface between the substance abuse treatment and criminal justice systems. The first step in meeting treatment needs of the criminal justice offender can best be addressed by mutual goal setting and information sharing.

**END**