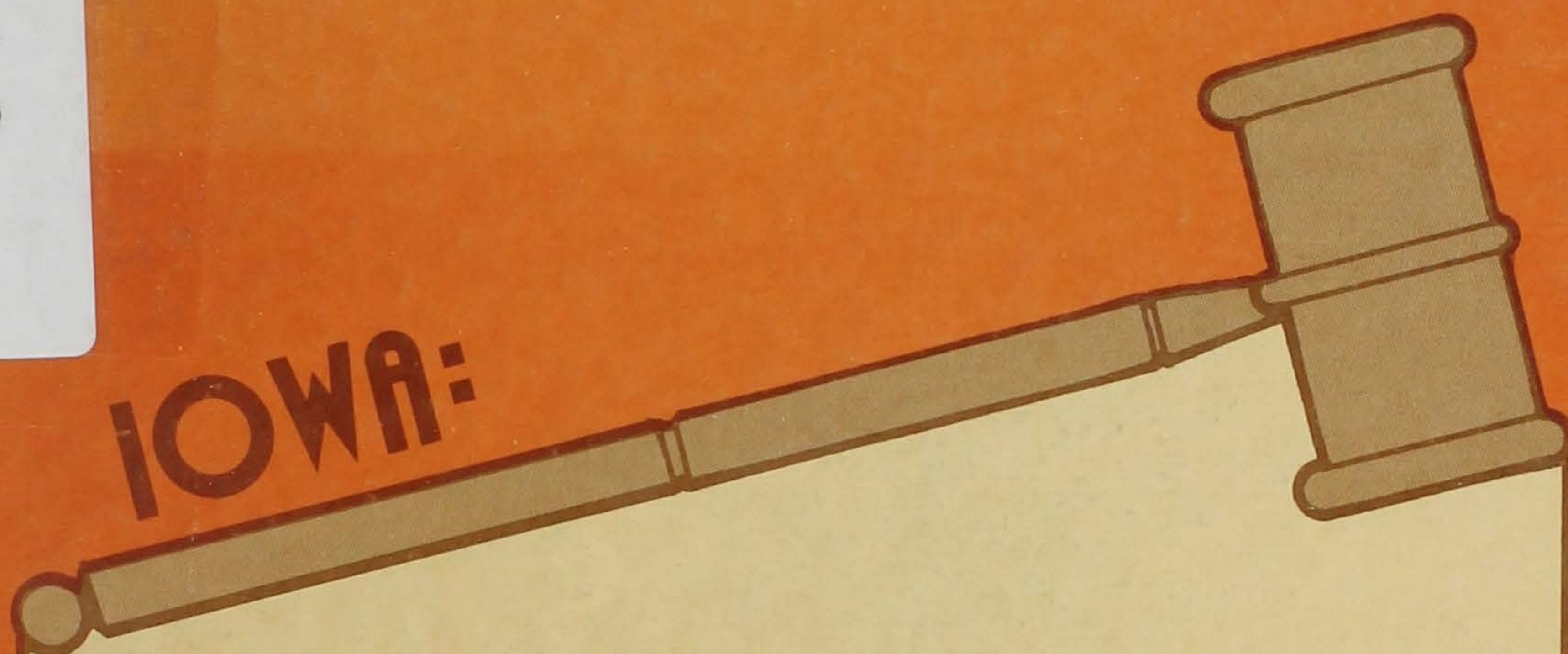
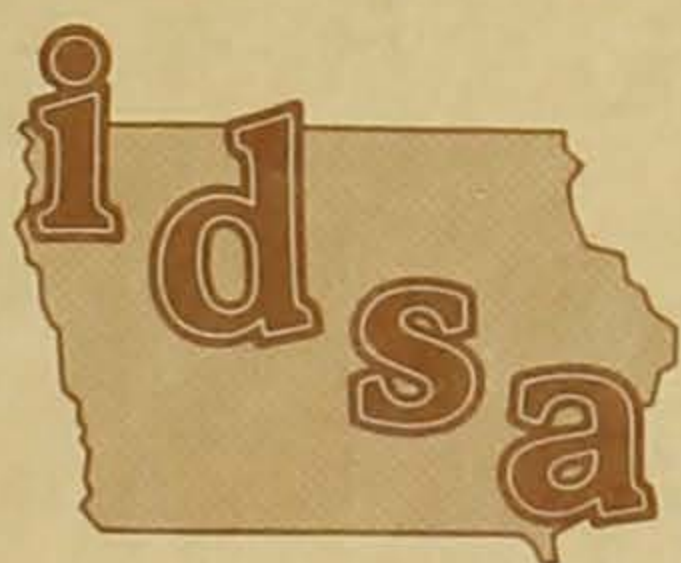


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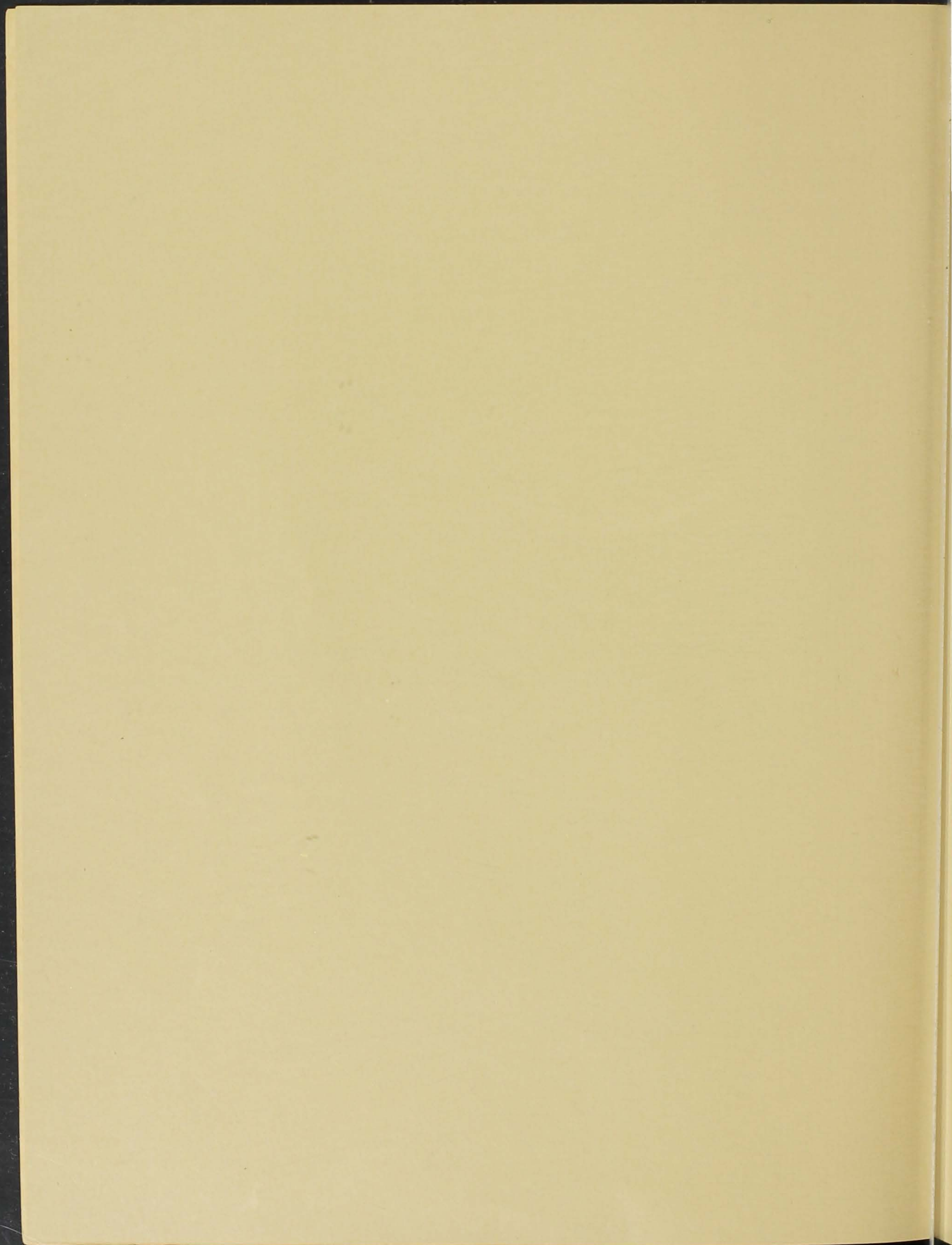
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ACKNOWLEDGEMENT

A special note of thanks is given to the Iowa Department of Substance Abuse secretarial staff members Beverly McMenamin, Rona Green, Alice Carpenter and Connie Grant for their efforts in preparing this report. Management Information System Manager Wilford Campbell was extremely helpful in developing the computer program for the project. The input of Iowa Department of Substance Abuse Director, Gary P. Riedmann; Deputy Director, Ron Walters; Chief of Programs, Aaron Martinez; and Public Information Specialist, Steve Sparks was very much appreciated. In addition, the assistance and input of Iowa Department of Substance Abuse State Planner, Melanie Fein, was invaluable throughout the project.



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This report has been developed under project grant #706-76-00-0207-46-01
from the Iowa Crime Commission.

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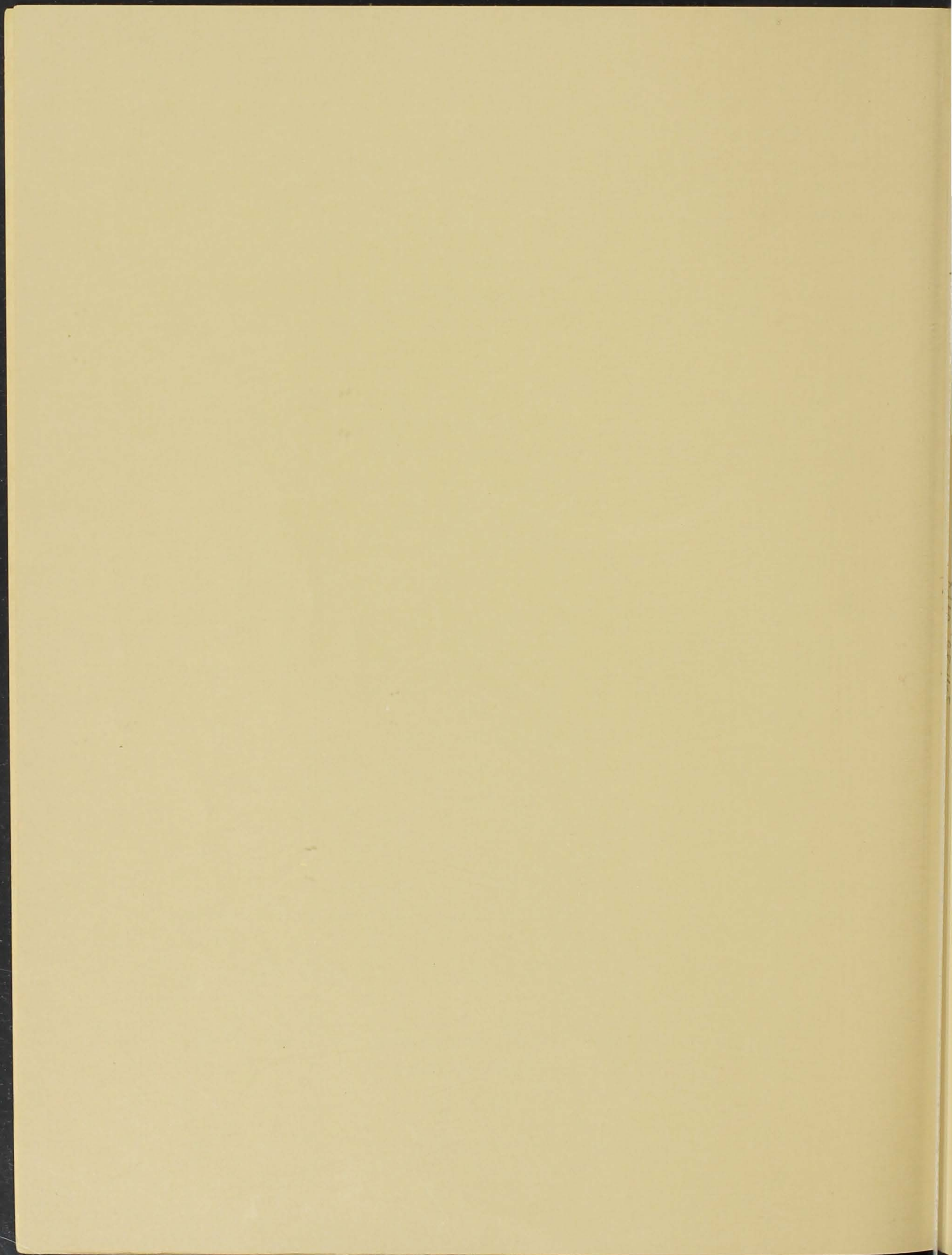
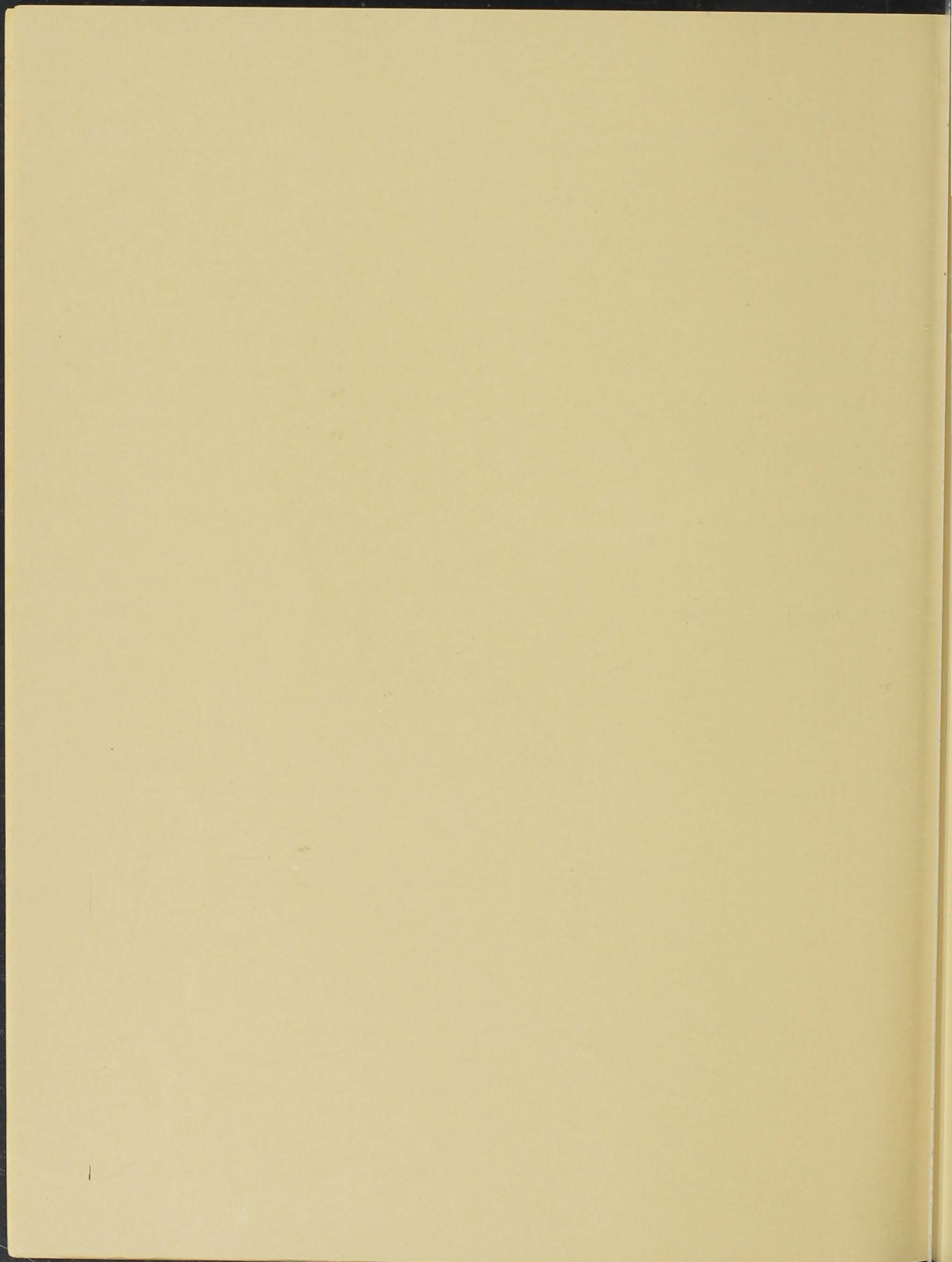


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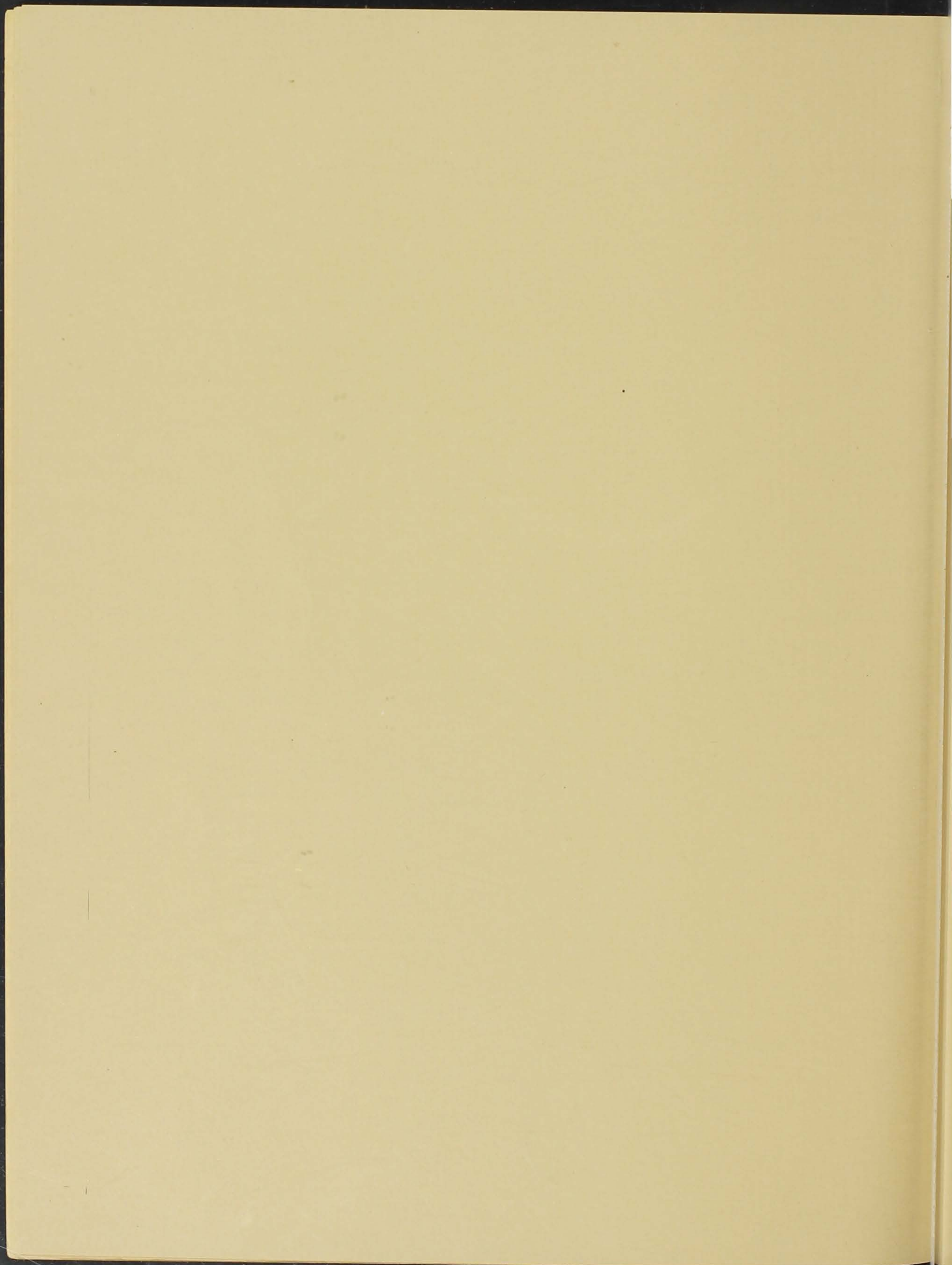


PREFACE

There has been rising concern expressed at all levels of government regarding the plight of the juvenile offender with a substance abuse problem. As this population has increased dramatically over recent years, so too, have efforts been increased to seek ways of alleviating this problem. The Iowa Department of Substance Abuse has addressed the problem by assessing the nature and extent of substance abuse among youth who have come in contact with the juvenile justice system. Subsequent recommendations have been made for future programming and improved service delivery on the part of the substance abuse treatment system, as well as the juvenile justice system.

This report was made possible through the criminal justice coordination projects which have been funded by the Iowa Crime Commission. The cooperation of the Department of Social Services, Bureau of Child Advocacy, the juvenile institutions, state and private group homes, and community-based corrections was most appreciated throughout the duration of this project. Staff from all of these agencies were very helpful in taking the time to participate in the survey.

It is the hope of IDSA that staff from these agencies will find the report useful in working together on future planning and programming.



I. INTRODUCTION

The Iowa Department of Substance Abuse (IDSA) juvenile justice research project represents a culmination of efforts designed to assess the nature and extent of substance abuse among juvenile offenders throughout the state of Iowa. This was addressed by conducting a survey to create a profile of the substance abusing juvenile offender. Data obtained was primarily descriptive in nature rather than an attempt to determine the causative factors of the substance abuse problem. Since detailed cumulative data concerning the juvenile offender in Iowa with a substance abuse problem has not been available, profile information was seen as important in determining what type of clients are becoming involved in the criminal justice and substance abuse systems. Information of this type is invaluable in assessing client needs and in deciding where treatment efforts should be focused.

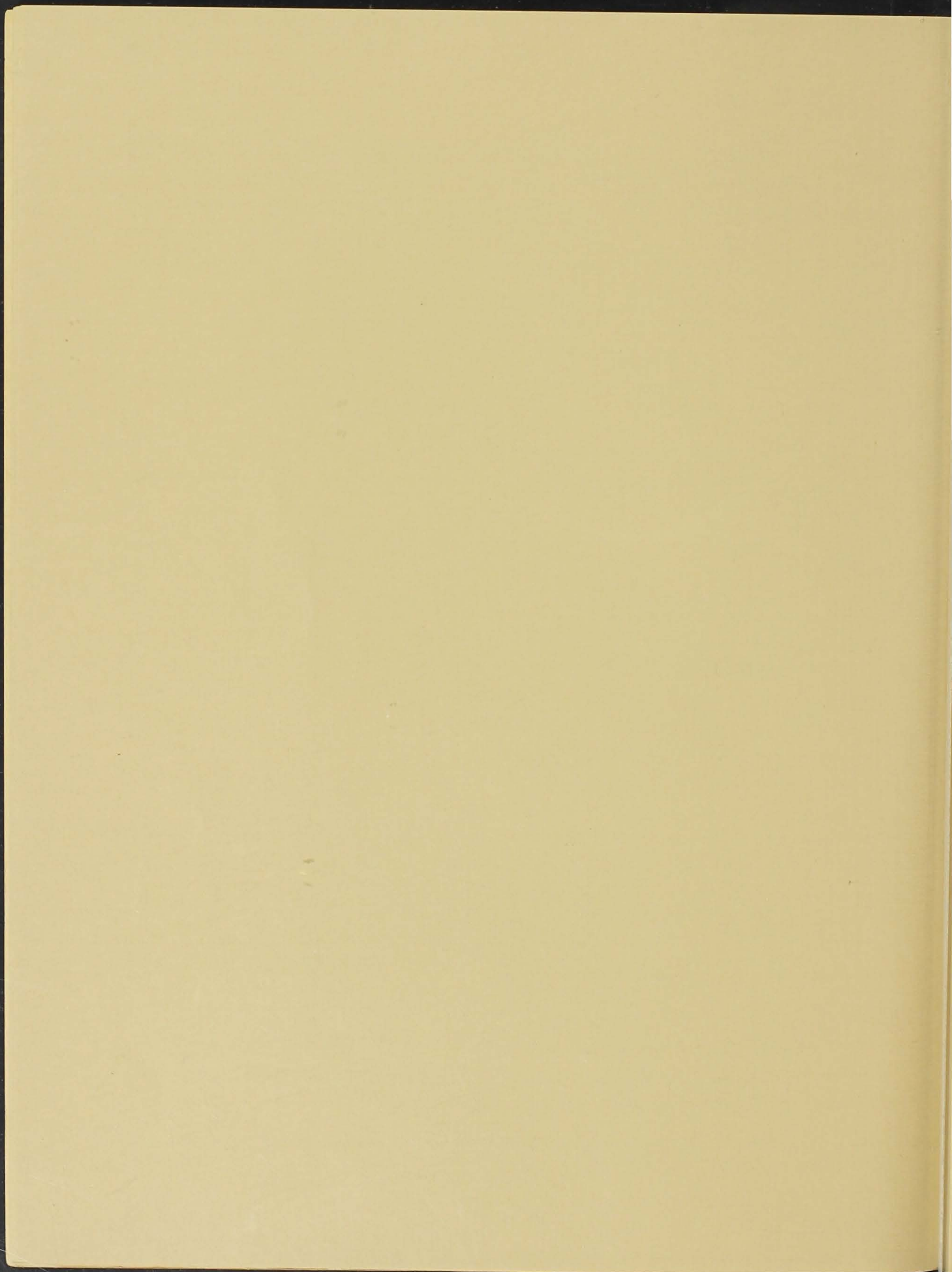
The overall goal of the juvenile justice project was to provide a reliable, comprehensive data base regarding the substance abusing juvenile offender in Iowa and to make recommendations for future planning. Information contained in this report addresses the needs of this population, as well as available resources within the juvenile institutions and within the community-based treatment system. Recommendations for future planning and programming have been made as a result of the data obtained and these are addressed in the final section of this report.

The juvenile justice project was also of importance in enhancing interagency coordination and cooperation. The criminal justice specialist for IDSA functions as a liaison for two treatment systems¹ which require interface due to their mutual clients. Coordination of activities between these systems is crucial to the efficiency of the service delivery system. This issue is particularly notable when consideration is given to the fact that the Division of Corrections, Department of Social Services (DSS) is placing greater emphasis upon expansion of community-based corrections. Since most of the drug and alcohol programs in Iowa are community based, interface at the local level then becomes of primary importance.

This project has been made possible through the financial and technical assistance of the Iowa Crime Commission. Additionally, the Iowa Department of Social Services' Bureau of Child Advocacy, the Juvenile Probation Association of Iowa, and the two major group home associations² were instrumental in the project's implementation.

¹The substance abuse treatment system and the institutional and community-based correctional treatment system.

²Iowa Group Home Personnel Association and Executive Association



II. SURVEY METHODOLOGY

The research developed for the juvenile justice project was that of a tripartite survey conducted by the Iowa Department of Substance Abuse (IDSA) criminal justice coordinator. The three aspects of the survey consisted of (1) a resident needs assessment; (2) a training needs assessment for staff; and, (3) a resource assessment/needs identification conducted via onsite interviews with treatment supervisors and administrative staff. In addition, training needs assessments were mailed to juvenile probation and aftercare workers and private group homes throughout the state. Data was also collected from the Bureau of Child Advocacy (DSS), Division of Corrections (DSS), and the Department of Public Safety.

The resident needs assessment methodology utilized was that of direct survey. The survey was administered on-site to the participating juvenile residents. It was conducted in November 1977 through February 1978. During this period, 413 residents of state institutions, state group homes, private group homes, and shelter and detention facilities were surveyed. Included in this number were 191 residents, or approximately 75% of the state institutional population at Eldora and Mitchellville. The survey was also administered to 77 residents of state juvenile group homes at Toledo, Waterloo, and Ames. This group comprised 92% of the total population for the three homes. Additionally, one hundred twelve residents of private group homes were surveyed. Since there are numerous private group homes in the state, no accurate calculation could be made of the percentage of the total group home population which this sub-group comprised. However, of the eight group homes surveyed, the 112 residents constituted 76% of the total population residing at those homes. Two shelter and detention facilities were also surveyed, with a total of 33 residents or 62.5% of the entire population being surveyed. Overall, nearly 75% of the total resident population was surveyed for those facilities participating in the research study.

Resident Needs Assessment

The Resident Needs Assessment (RNA) consisted of four components. The first component was general socio-demographic data. The second and third components assessed drug usage and alcohol usage, respectively. The last segment of the survey focused on treatment history and attitudes toward treatment, in an attempt to accurately assess the nature and extent of treatment received by the juvenile.

As stated earlier, the methodology used was that of direct administration to the juvenile residents of the various facilities. This was done for three reasons: (1) Since one individual, the criminal justice coordinator, conducted the entire survey, there were certain time con-

straints which could only be met if the survey was administered to various groups of juveniles en masse vis-a-vis obtaining information from files. (2) Information gathered in the survey was more comprehensive and current with regard to substance abuse than was secondary information on file. Additionally, the survey design made it easier to facilitate computerization of specific information- enabling a larger data base to be collected. (3) The data collected was, in many cases, similar to information obtained from an adult criminal justice survey conducted in 1976-77. By retrieval of similar types of data, the survey results can be correlated between adults and juveniles in future research.

In terms of the format, the survey was a modification of an earlier 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 IDAA (then Iowa Drug Abuse Authority) criminal justice coordinator, and two representatives from the Department of Social Services (DSS) and Iowa Crime Commission (ICC). By modification of the original design, data retrieved from the adult and juvenile surveys could be compared to determine correlations and trends between the two populations.

The resident needs assessment component of the survey was pre-tested at Alcohol and Drug Abuse Services, Inc. (ADASI) prior to final implementation of the research design. The survey was administered to ten residents of the ADASI juvenile facility in Des Moines. Data was then compared with intake information compiled at the time of admission. Substance abuse history, treatment received, and socio-demographic characteristics were compared against the data obtained from the survey. There was no significant difference in percentages when a validity check was performed on the two data sources. Since information obtained for this control group was accurate, the survey design was implemented.

Reliability was maintained by having the same individual, the criminal justice coordinator, administer the test 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 lecture. In addition, the coordinator was present during all of the sessions to answer any questions from the residents.

The resultant cross-tabulation tables developed from the survey were tested for statistical significance and probability by utilization of the Statistical Package for Social Sciences (SPSS) system 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.

Training Needs Assessment

A second component of the research project was that of a training needs assessment. This aspect of the survey focused on juvenile justice system staff. Socio-demographic data, current employment within the juvenile justice system, and perceived training needs were surveyed in an effort to determine areas in which staff felt additional training would be appropriate. The training needs assessment was mailed to state institutions, state and private group homes, shelter and detention facilities, as well as to juvenile probation and aftercare workers. Approximately 250 training needs assessments were mailed out and 182 of these forms were completed and returned, indicating a 73% response rate.

Resource Assessment/Needs Identification

A third component of the survey was that of a resource assessment/needs identification. This consisted of a detailed interview with administrative and supervisory treatment staff. The interview conducted was by the criminal justice coordinator at those sites which were visited as delineated on page 18. Staff were asked about services provided at their respective facilities, caseloads and case management, affiliate agreements with drug/alcohol abuse programs, problems created by the substance abuser within the institution, and staff perceptions of the substance abuse problem. Staff were questioned as to training attended in the past, and what types of training they felt were necessary for them as supervisors and administrators.

In addition to the survey components previously described, data was also gathered via the IDSA Client Oriented Data Acquisition Process (CODAP)³ system. CODAP identifies those individuals within the community who are either criminal justice or non-criminal justice referrals to a drug treatment program. CODAP also aids in determining what percentage of individuals within the criminal justice system are being referred to treatment.

³CODAP 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 and other information used in program planning. The information obtained is from drug treatment programs only in that the system was used by the Iowa Drug Abuse Authority (IDAA) prior to the January 1, 1978 merger with Iowa Division on Alcoholism (IDA). CODAP is now in the process of being combined with the alcohol information system to provide both drug and alcohol information on clients.

Of the 1,620 referrals made from January 1 through December 31, 1977, 444 (28%) were aged seventeen or under. Of the 444, 143 or 32.2% were TASC (Treatment Alternatives to Street Crime) referrals or other criminal justice referrals and 67.8% (N = 300) were noncriminal justice referrals. CODAP is also used in this aspect to identify substance abuse patterns between these two groups to determine the correlations.

Trend data from the Bureau of Child Advocacy (DSS) was also collected in an effort to determine substance abuse trends at the state-wide institutional level. In its entirety, the research covered the juvenile justice system from probation through institutionalization to the aftercare process (parole).

III. CURRENT TRENDS AND INDICATORS OF SUBSTANCE ABUSE IN IOWA

The criminal justice⁴ system and the substance abuse prevention system⁵ service the juvenile substance abusing offender as a mutual client. If trends in Iowa are representative of the rest of the country, the problem of the juvenile offender with a history of drug/alcohol abuse is becoming one of nation-wide concern which merits attention.

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 of the 99 counties in Iowa report under this system. The data presented is for calendar year 1976, as those figures are the latest statistics which have been published. Arrests concerning the three categories of substance abuse related offenses, (1) Controlled Substances; (2) Operating a Motor Vehicle Under the Influence (OMVUI); and (3) Public Intoxication, are listed below by IDSA districts.⁶

Table I - Uniform Crime Reports

	<u>Juvenile</u>					
	<u>Total Arrests</u>	<u>Controlled Substances</u>	<u>% of Total Arrests</u>	<u>OMVUI⁴</u>	<u>% of Total Arrests</u>	<u>Public Intoxication</u>
						<u>% of Total Arrests</u>
						<u>Total Substances</u>
						<u>% of Total Arrests</u>
NE District	3,304	191 (6%)		28 (1%)		89 (3%)
NW District	3,923	283 (7%)		44 (1%)		126 (3%)
Cent. Dist.	6,802	362 (5%)		55 (1%)		455 (7%)
SE District	10,247	474 (5%)		60 (.5%)		377 (4%)
SW District	2,328	74 (3%)		49 (2%)		73 (3%)
State-wide	26,604	1,384 (5%)		236 (1%)		1,122(4%)
						2,742 (10%)

Substance abuse arrests for juveniles comprised 10% of the total arrests for the population and 2.8% of the total arrests made statewide.⁷ Drug specific arrests for juveniles constituted 5% of the total arrests for juveniles, with the majority of these arrests (56.3%) being primarily for marijuana.

⁴The criminal justice system 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.

⁵Substance abuse prevention 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.

⁶Refer to map in appendix for IDSA districts.

⁷Ninety-seven thousand six hundred twenty-two total arrests were made in 1976 for the 96 reporting counties. Substance abuse arrests for juveniles and adults comprised 30% (N=28, 764) of these arrests. Department of Public Safety, Uniform Crime Report for 1976.

Although the number of juvenile cases handled by the courts has increasingly gone up, the number of drug-related dispositions has declined slightly since 1973. There has also been a shift from narcotic to non-narcotic drugs in the cases handled. The following table displays by disposition and year the number of drug cases handled.

Table II

DISPOSITION				
Calendar Year	Narcotic	Non-Narcotic	Total	% of all Cases
1972	325	133	485	2.8% (n=16,288)
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)

Of the drug dispositions for 1976, females comprised 17.8% (N=189) of the cases and males comprised 82.2% (N=873) of the dispositions.

While drug/alcohol dispositions are decreasing in the courts, the number of juveniles with a substance abuse problem that are admitted to an institution is increasing. The fact that court adjudications of drug offenses are declining does not necessarily indicate a direct correlation of decreasing substance abuse. The discrepancy here may be explained in part by the increased usage of community-based diversionary programs. In addition, there is a possibility that less serious drug offenses (e.g., possession of one ounce or less of marijuana) are not being prosecuted to the extent that they once were.

Trend data collected from the Department of Social Services reveals that 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 Eldora, 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 incidence is actually higher but is not depicted as being a moderate to severe abuse problem.

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

Table III

ALCOHOL AND DRUG INVOLVED ADMISSIONS
TO JUVENILE INSTITUTIONS

Fiscal Year	Total Admissions	Drug & Alcohol Admissions	
		Number	% of Total Adm.
1973	707	271	38.4
1974	706	316	44.7
1975	1,013	445	43.9
1976	1,080	535	49.5
1977	979	519	53.0
1978*	1,140	688	60.3

*Data available for the first half of FY 1978 (July 1, 1977-December 31, 1977) was doubled to arrive at these estimated figures.

Table IV

Admissions to Juvenile Institutions Broken Down by
Alcohol, Drug, and Polydrug Abuse Problem - Fiscal Year 1977-78

	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*	100 (15%)	194 (28%)	394 (57%)	688 (100%)

*Data available for the first half of FY 1978 (7-1-77 to 12-31-77) was doubled to arrive at these estimated figures.

Twenty-four percent (24%) (N=235) of the total admissions in fiscal year 1977 were identified as not having continually used drugs or alcohol. Of the projected admissions for fiscal year 1978, only 15% or 149 juveniles are identified as not being in either continual use category. Additionally, 28% (N=272) of the total admissions for fiscal year 1977 had both an alcohol and drug (polydrug) problem, and 34.5% (N=394) of projected fiscal year 1978 admissions will have a poly drug problem.

In conjunction with this, statistical data was collected at the community-based drug program level via the IDSA Client Oriented Data Acquisition Process (CODAP) system. Data revealed that of the 1,620 clients admitted into a drug treatment program from January 1 through December 31 of 1977, 27.7% of the clients (N=444) were age 17 or under. Of this number, 340 or 76.5% were either 16 or 17 years old.

Referral source for CODAP clients is listed as follows:

CODAP Referral Source			
TASC	Referrals	Other Referrals	Non C.J. Total
62	81	300	443*
14.1%	13.3%	67.7%	100%

*1 missing observation

As shown on the chart, criminal justice referrals from the state-wide Treatment Alternatives to Street Crime (TASC)⁸ program and other criminal justice referral sources constituted 32.3% of the total referrals to drug treatment for youth aged 17 or under. Figures for all age groups indicate that 41% (N=651) of the total referrals to treatment are from the criminal justice system.

The following table depicts by program the numbers and percentages of juvenile referrals to the 10 IDSA licensed drug programs throughout the state.

⁸TASC is a state-wide program which liaisons with the criminal justice system and substance abuse treatment programs. TASC identifies individuals who have come in contact with the criminal justice system and have a substance abuse problem. TASC then refers these individuals to a treatment program and then provides monitoring services to these individuals.

Table V - Juveniles Admitted to Licensed Drug Treatment Programs

<u>Program</u>	<u>Total Percent of 0-17 by Program</u>	
Reality 10	1	0.6%
Quint Cities Drug Abuse Council	47	29.6%
ADASI	171	34.5%
Cherokee Mental Health Institute	86	26.1%
Black Hawk County Drug Council	34	18.2%
Chemical Dependency Agency of Southwest Iowa	64	46.0%
Youth and Shelter Services	26	72.2%
Southeast Iowa Council on Alcohol and Drug Problems	6	8.7%
Department of Human Development	3	60.0%
Crossroad Mental Health Services	6	16.2%
Total Juvenile Admissions	444	100.0%

9

As shown by the table, those programs with a juvenile component have a much higher percentage of juveniles admitted for treatment. At the time of the survey there were only two facilities in the state which had treatment components specifically for adolescents. Those were Alcohol and Drug Abuse Services, Inc. (ADASI) in Des Moines, and Youth and Shelter Services, Inc. in Ames. Since that time, two additional facilities have started in the state; Gordon Chemical Dependency Center (Sioux City), which is solely for juveniles, and Quint Cities Drug Abuse Council in Davenport has added a juvenile component.

Two hundred nine-one of the youth in this age group were male (65.5%) and 153 (34.5%) were female. Juvenile females in treatment for this group averaged 10% higher than other females in treatment up through age 30.¹⁰ Women in the 18-30 age grouping comprise approximately 25% of all individuals in drug treatment for those age groups. After 30,

⁹One hundred percent represents total number of juveniles admitted into a drug treatment program as shown on CODAP data. Percentages total over 100% when separated by program due to the percentage of juveniles admitted to the various programs.

¹⁰This may be due in part to the fact that the female adolescent with a substance abuse problem might be more readily noticed via the school system than her older counterpart.

the percentage of women in treatment goes up significantly as compared to men. Again, this may be due in part to the visibility factor, in that men are generally employed outside the home and, therefore, the problem might be detected earlier than it would be for the woman. In many cases, the woman would remain in the home during the ages 18-30 and her abuse problem would not be readily detected by persons outside her home environment. Consequently, the abuse pattern may develop and get more severe over a number of years before it is brought to the attention of individuals outside the home and the woman enters into treatment.

Table VI - Individuals Treated by Sex and Age Groupings

Age	Sex		Row Total
	Male	Female	
0-17	291 65.5%	153 34.5%	444 27.4%
18-20	275 77.0%	82 23.0%	357 22.1%
21-25	363 75.0%	121 25.0%	494 29.9%
26-30	167 73.2%	61 26.8%	228 14.1%
31-49	52 54.2%	44 45.8%	96 5.9%
50 & over	4 40.0%	6 60.0%	10 0.6%
Column Total	1,152 71.2%	467 28.8%	1,619 100%

Missing observations - 1

Educational levels of those juveniles referred to treatment varied significantly with the type of referral that was made. Only three of the total 444 referrals that were made for juveniles had graduated from high school. However, the number is due in part to the fact that many individuals are age 18 by the time of high school graduation, and these individuals have been tabulated in another category. Educational levels of referrals from the three sources are as follows:

Table VII - Educational Attainment of Juveniles by Referral Source

Referral Source	Education Level			Totals
	0-9	10-11	12	
TASC	45 72.6%	15 24.2%	2 3.2%	62 100%
Other C.J.	38 46.9%	42 51.9%	1 1.2%	81 100%
Non-C.J.	189 63.0%	110 36.7%	1 0.3%	300 100%

Similarly, data obtained for those youth admitted into alcohol treatment programs in 1977 reveals that this group comprised 13.2% of the 6,824 intakes for that year (N=900). The figures depict those individuals less than 21 who were admitted into an alcohol program in 1977. This age grouping is different from the breakdown for drug programs due to the fact that the information systems from the former Iowa Division on Alcoholism and Iowa Drug Abuse Authority had not yet been merged.

Following is a breakdown by program of those individuals under 21 admitted into treatment. Data is from those programs under the Iowa Alcoholism Treatment Monitoring System.

Clients Under 21 Admitted
To Alcohol Treatment Programs

<u>Program</u>	<u>% Clients Less than 21</u>	<u># Clients Less than 21</u>	<u>Total Intakes 12 Mo. Period</u>
Regional Substance Abuse Center, Ames	8.3%	10	120
Alcohol Assistance Agency, Atlantic	14.0%	19	137
S.E. Iowa Council on Alcohol and Drug Problems, Burlington	8.5%	15	175
Citizen's Committee on Alcohol and Drug Abuse, Cedar Rapids	12.8%	57	443
Lakeside Foundation, Cedar Rapids	0	0	52
New Directions, Clinton	7.1%	6	84
River Bluffs Alcoholism Center, Council Bluffs	20.2%	37	184
Scott County Alcoholism Research Foundation, Davenport	10.0%	24	238
Alcohol and Related Problems Service Center, Decorah	15.0%	21	140
Alcohol and Drug Abuse Services, Des Moines	12.7%	155	1,220
Inner Urban Alcoholism Program, Des Moines	6.5%	7	107
Native American Project on Alcoholism, Des Moines	27.2%	3	11
Powell III, Des Moines	8.0%	27	336
Tri-County Citizen's Committee on Alcohol and Drug Abuse, Dubuque	8.8%	28	317
North Central Alcoholism Research Foundation, Ft. Dodge	12.7%	43	337

(Continued)

<u>Program</u>	<u>% Clients Less than 21</u>	<u># Clients Less than 21</u>	<u>Total Intakes 12 Mo. Period</u>
Franklin County Alcoholism Center, Hampton	18.5%	33	180
Mid-Eastern Communities Council on Alcoholism, Iowa City	13.2%	27	204
Area XII Alcohol and Drug Treatment Unit, Jefferson	24.2%	23	95
Alcoholism Treatment Unit of Central Iowa, Marshalltown	22.2%	45	202
Chemical Dependency Services of North Iowa, Mason City	10.6%	23	216
Central Iowa Foundation for Alcoholism, Newton	11.0%	22	199
Alcoholism Center, Oakdale Hospital, Oakdale	6.2%	16	259
Midwest Iowa Alcohol and Drug Abuse Center, Onawa	37.7%	40	106
South Central Council on Alcohol and Drugs, Ottumwa	7.6%	7	92
Siouxland Council on Alcoholism, Sioux City	16.3%	87	533
Northwest Iowa Alcohol and Drug Treatment Unit, Spirit Lake	16.5%	68	411
N.E. Council on Alcoholism, Waterloo	15.7%	58	369
Minority Alcoholism Action Program, Waterloo	9.5%	4	42
TOTALS	100% ¹¹	905	6,809

¹¹100% refers to total number of clients under 21 admitted into an alcohol treatment program.

Additional CODAP data obtained for the total number of referrals to treatment (1,620) reveals the following trends:

<u>Substance Abuse Characteristics</u>			
	<u>1976</u>	<u>1977</u>	<u>% Change</u>
Primary Drug of Abuse (Excluding Marijuana):	Amphetamines Heroin Barbiturates	Amphetamines Heroin Barbiturates	
Polydrug Use (of three or more drugs):	51%	76%	+25%
Prior Treatment Experience:			
One or None	79%	80%	+ 1%
Two or More	21%	20%	(1%)

As noted in the above chart, polydrug use rose from 51% in 1976 to 76% in 1977 - an increase of 25%. Other trend data concerning polydrug abuse in Iowa shows that:

- . Seventy-nine percent of adult correctional commitments with drug problems involved a combination of at least two drugs of abuse.
- . Sixty-seven percent of the inmates surveyed by IDAA in 1976-1977 were using at least two illicit drugs, as well as alcohol prior to incarceration.
- . Fifty-seven percent of the juveniles institutionalized in FY 1978 were moderate to severe users of alcohol and other drugs as compared to 53% in FY 1977.
- . Almost all of the population surveyed through the incidence and prevalence street study in 1978 were polydrug users. The mean number of drugs used by that population within the last 60 days was 3.6 in 1976 and 1978, up from 2.7 in 1974.

In conjunction with the data previously described, a survey of juvenile probation offices in December, 1977 revealed that probation officer estimations of substance abuse by their caseloads were significantly lower than actual incidence. Of surveys mailed to 36 offices, nine offices responded to the questionnaire. Officers estimated 11% of their annual caseload

had a drug problem, and 20% had an alcohol problem serious enough to warrant treatment.¹² Twenty-three percent (23%) of the caseload violated the terms of their supervision by using alcohol, drugs, or both.

Similarly, juvenile aftercare (parole) workers were surveyed during the same time period. Eight aftercare offices of 29 responded to the survey.¹³ These workers estimated that 31% of their caseload had a drug problem, and 33% had an alcohol problem serious enough to require treatment. Approximately half of the 692 clients had violated the terms of their supervision by using drugs, alcohol, or both. In addition, 29.1% of these juveniles had originally been arrested for a drug and/or alcohol offense.

Thirty-two percent of the adult probationers, and 45% of the adult parolees in Iowa in 1975 had been arrested as juveniles prior to their involvement in the adult criminal justice system. Eight percent (8%) of the probationers and 22% of the parolees had been committed to juvenile institutions prior to reaching age 18. Adults with a prior history of juvenile commitment and alcohol and/or drug problems ranked highest in terms of recidivism.¹⁴

Based upon the figures obtained from aftercare and probation workers, and statistical data obtained from juveniles in institutions, which will be addressed later in this report, it appears that a large number of juveniles did not receive treatment while they were in the community. Perhaps either the referrals to treatment were not made or the juvenile refused to accept the services offered.

Regardless of causative factors concerning lack of treatment, 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%. Consequently, many incarcerated youth may not be identified as needing treatment services. There is clearly a need for better identification and subsequent treatment delivery for this component of the population. If substance abuse treatment is to become more efficacious as well as efficient, increased communication and coordination of activities is necessary among the various components of the juvenile justice/substance abuse treatment systems.

¹²Total clients served by the nine probation offices from January through December, 1977 was 5,561.

¹³Total clients served by the eight aftercare offices for the period January through December, 1977 was 692.

¹⁴Corrections in Iowa: A System of Growth and Change, October, 1976 by the Iowa Department of Social Services.

The data presented in this section indicated that intervention and treatment (if necessary) should be readily offered to juvenile substance abuse offenders (at an early age) in order to lessen the probability that abuse patterns will continue on into adulthood. Alcohol and/or drug involvement plays an important role in determining whether a juvenile on parole is returned to an institution. Data obtained in a 1976-77 survey of 162 adult institutionalized offenders¹⁵ revealed that of adults who had previously been on probation, 27% of the males and 25% of the females had been referred to treatment for a drug or alcohol problem. In addition, 40% of the males and 27% of the women surveyed had been involved with the juvenile justice system.

The current trends and indicators of substance abuse by juvenile offenders in Iowa clearly point towards a growing problem among this population. Substance abuse by this group appears to be occurring at an earlier age and appears to be more wide-spread than indicated by data from previous years. As indicated in this section, efforts need to be directed towards preventing substance abuse among this age group.

¹⁵One hundred sixty-two offenders comprised 10% of the adult institutionalized population. Offenders were chosen at random for the survey.

IV. RESIDENT NEEDS ASSESSMENT

Methodology

The methodology utilized to assess the incidence and prevalence of substance abuse among juveniles was that of a direct survey administered during onsite visits to various juvenile facilities throughout the state. The survey was conducted throughout November and December, 1977, and January, 1978. During this time period, 413 resident needs assessments were administered, constituting a data base of nearly 75% of the juvenile population in those institutions which were surveyed. State group home, private group homes, and shelter and detention facility residents were surveyed in addition to residents of state institutions. The following list describes the facilities surveyed along with the number of residents surveyed:

	<u>Number of Residents Surveyed</u>	
State Institutions		
Boys' Training School, Eldora	153	
Girls' Training School, Mitchellville	<u>38</u>	N=191
State Group Homes		
Toledo	69	
Waterloo	3	
Ames	<u>5</u>	N=77
Shelter and Detention Facilities		
Meyer Hall, Des Moines	31	
Linn County, Cedar Rapids	<u>2</u>	N=33
Private Group Homes		
3 Crosses Ranch, Strawberry Point	8	
Youth and Shelter Services, Ames	12	
Quakerdale Home, New Providence	16	
Bremwood, Waverly	19	
Lutheran Social Services, Sioux City	18	
Lutheran Social Services, Fort Dodge	11	
Young House, Inc., Burlington	18	
ADASI, Des Moines	<u>10</u>	N=112

The resident needs assessment survey instrument was designed to identify the social and demographic characteristics of the juveniles, as well as identify those individuals having an alcohol, drug, or polydrug problem. The survey focused primarily upon substance abuse and related factors, but also dealt with the social history of the juveniles. This was done to identify possible causative factors of the substance abuse problem. Previous treatment experiences of juveniles were also focused upon by the survey instrument.

Current drug and/or alcohol usage was not surveyed directly because it was felt that residents would be hesitant to acknowledge this type of information, even though anonymity was guaranteed. The validity of this type of information would be questionable and could also have the effect of invalidating other information collected by making the respondents feel threatened by the questionnaire. The questions regarding alcohol and drug use histories of the respondents, however, did relate to the six month period prior to the onsite survey date.

Socio-Demographic Data

Of the 413 residents surveyed, 72.2% (N=298) were male and 27.8% (N=115) were female. The mode of the responses regarding race and age indicated that most frequently, respondents were caucasian and 16 years of age. The breakdown of these variables is listed as follows:

Table VIII - Age and Race of Survey Respondents

Race		Age	
White	83.8% N=346	12 - 14	20.6% N=85
Black	7.7% N=32	15	23.5% N=97
Native American	4.1% N=17	16	29.1% N=120
Other	4.1% N=13	17	25.7% N=106
No Response	1.2% N=5	No Response	1.2% N=5
Total	100% N=413	Total	100% N=413

The majority (82.1%) of the respondents were enrolled in some type of educational program at the time of the survey. The level of educational achievement by residents varied greatly. Data collected showed significant variance in that respondents had obtained anywhere from a fifth grade education to a high school diploma. The mean for educational achievement was the completion of half of the ninth grade. When educational level is correlated with age distribution, it appears that most of the respondents were close to the norm

in relation to standards for the adolescent group as a whole. For example, many of the respondents were 15 or 16 years old and in the ninth or tenth grade. In comparison to this age bracket as a whole, this group would be within the norm for educational achievement. Table IX lists educational achievement by grade and the number of individuals at each level.

Table IX - Educational Attainment of Respondents

Grade in School	Number Individuals	Percentage
Seventh or less	31	7.5%
Eighth	73	17.7
Ninth	93	22.5
Tenth	88	21.3
Eleventh	61	14.8
Twelfth	40	9.7
Graduate H.S.	22	5.3

No Response - 1.2%

When asked if they had ever had a job, 53% (N=219) of the juveniles stated they had held a part-time job, and another 39.5% (N=163) stated they had been employed on a full-time basis. The majority of the respondents (64.6%) had lived at home with parents and siblings (N=267). However, other types of living situations had also been present for the total population group at one time:

- A. 53.3% (N=220) had lived in a group home.
- B. 33.9% (N=140) had lived in a foster home.
- C. 38.7% (N=160) had been in Eldora or Mitchellville at least once.
- D. 24.9% (N=103) had been in a training school at least two or more times.

Table X describes by race and type of facility the percentage of individuals who stated that they had been on juvenile probation prior to their placement in some type of facility.

Race	Institution or Facility			
	State Institu.	State Group Home	Private Group Home	Shelter & Deten. Facility
White	90.7	85.5	66.0	69.2
Black	86.7	100.0	80.0	60.0
Native American	90.9	100.0	100.0	-
Other	100.0	100.0	20.0	-
% Average of Probationers by Institut.	90.6	96.3	66.1	64.6

Data obtained does not show any significant variance between race and type of facility in which the juvenile was detained. However, there appears to be a correlation between the type of facility in which the juvenile is detained and whether or not he/she has been on probation before, with state institution and group homes reporting the highest percentage of probationers. When broken out by sex, 85.9% (N=256) of the males had previously been on probation, and 71.3% (N=82) of the females had been on probation, a difference of nearly 15%. Although no direct correlation can be made at this time, it is notable that such a variance between sexes does exist.

Drug Information Section

The second section of the resident needs assessment focused upon illegal drug usage (in the six month period prior to placement in an institution) by respondents. When questioned as to whether they had ever used illegal drugs 84.3% (N=348) of the respondents stated that they had. Of this number, only five of the juveniles (1%) had not used illegal drugs within the last six months. Table IX delineates the primary drug of abuse by the age of the individual when he/she first started to abuse drugs.

As shown on Table XI, 20.3% (N=83) were age 10 or under when they first began to misuse drugs, and another 30.9% (N=128) were between the ages of 11 and 12. To summarize, slightly over half of the respondents were 12 or under when they first began to take drugs (N=211).

Table IX

PRIMARY DRUG OF ABUSE BY AGE OF FIRST ABUSE

	No Resp.	Heroin Illeg.	Meth.	Codeine	Barb-Other Sedatives	Amphet.	Cocaine	Marij/Hash	Hallucino.	Inhalant	Other	Row Totals
No Resp.	33	1	0	2	2	1	30	2	0	0		71 17.2%
5	0	1	0	0	0	0	1	0	0	0		2 0.5%
6	0	0	0	0	0	0	1	0	0	0		1 0.2%
7	0	1	0	1	1	0	1	0	0	1		5 1.2%
8	0	0	0	1	3	0	4	2	0	0		10 2.4%
9	1	1	0	3	3	1	9	0	0	0		19 4.6%
10	3	1	1	3	2	1	33	1	1	0		46 11.1%
11	3	1	1	7	4	0	39	1	1	1		58 14.0%
12	4	2	1	6	12	1	44	0	0	0		70 16.9%
13	3	1	0	3	6	4	31	0	1	1		50 12.1%
14	1	2	0	4	4	4	30	1	1	2		49 11.9%
15	1	0	0	1	2	1	14	0	1	1		21 5.1%
16	0	0	0	0	0	0	8	0	0	0		8 1.9%
17	0	0	0	0	0	0	1	1	0	0		2 0.5%
Column Totals	49	11	3	31	39	13	246	9	5	6		412
Column %	11.9	2.7	0.7	7.5	9.4	3.1	59.6	2.2	1.2	1.5		

Also shown on the table is that the most common primary drug category of abuse is marijuana/hashish, with 59.6% of the respondents indicating usage. Secondary drug of abuse was amphetamines, with 9.4% (N=39) of the respondents stating usage, and third on the list was barbiturates, with 7.5% (N=31) reporting usage.

As indicated on the chart, there was a great deal of variance among the first reported ages of drug abuse. Age 12 was the mode, with 16.9% (N=70) of the respondents first reporting illegal drug usage at that age, and age 11 was second with 14% reporting abuse at that age (N=58). The primary period for juveniles to start misusing drugs is between the ages of 10 and 15, with 71.1% of the respondents first reporting drug abuse during those years.

There was no significant difference between age of first abuse and type of facility in which the juvenile was detained. On the average, juveniles at state institutions and shelter/detention facilities tended to be slightly younger than those at state and private group homes; the former averaging 12 years of age, and the latter averaging 13 years of age. In addition, there appeared to be only a small difference between the type of drugs abused and the facility of detention.

Table XII

FACILITY AND DRUG ABUSED

	Primary/%-#	Secondary/%-#	Tertiary/%-#
State Institution	Marijuana/ 64.9%-N=124	Amphetamines/ 11.5%-N=22	Barbiturates/ 5.2% - N=10
State Group Home	Marijuana/ 53.2%-N=41	Barbiturates 11.7% - N=9	Amphetamines/ 10.4% - N=8
Private Group Home	Marijuana/ 51.8%-N=58	Barbiturates/ 8.0% - N=9	Amphetamines/ 6.3% - N = 7
Shelter/Detention/ Facilities	Marijuana/ 69.7%-N23	Barbiturates/ 9.1% - N=3	Amphetamines/ 6.1% - N=2

The only difference in abuse levels was that those juveniles detained in a state institution (Eldora, Mitchellville) tended to use amphetamines more as a secondary drug, while the secondary drug for juveniles in group homes and shelter/detention facilities was barbiturates. In all cases, marijuana/hashish was by far the leading abuse category. Percentages fell dramatically for the secondary drug of abuse, with there being only slight differences between these figures and percentages for the tertiary drug of abuse.

When compared against substance abuse trends for Iowa, juvenile patterns of abuse are highly representative of statewide trends. In fiscal year 1977-78, statewide trends revealed that marijuana and amphetamines were the most prevalent drugs of abuse. Stimulants continued to head the list of drugs reported stolen and state narcotics agents recovered more marijuana and amphetamines than any other drugs. Additionally, persons using stimulants were the largest category of patients requiring treatment in 1977 as reported by physicians, hospitals, mental health institutes, and drug treatment units.

Juvenile patterns of substance abuse vary between males and females. Table XIII indicates drug abused by percentage of males and females who abused it. Data from the chart indicates that females have a slightly greater propensity for trying pills, while males are more inclined to smoke marijuana.

Table XIII

DRUG OF ABUSE BY SEX

Drug	Sex		% of Greater Abuse by Sex
	M	F	
Marijuana	61.1% N=182	55.7% N=69	M - 5.4%
Amphetamines	8.1% N=21	13.0% N=13	F - 4.9%
Barbiturates	7.0% N=21	8.7% N=10	F - 2.9%
Cocaine	2.3% N=7	5.2% N=6	M - 2.9%
Heroin	2.7% N=8	2.6% N=3	M - 0.1%
Hallucinogens	2.7% N=8	0.9% N=1	M - 1.8%

Although the majority of respondents had used drugs two or more years, there was a significant difference according to the type of facility in which the juvenile was detained. Table XIV indicates the length of time the primary drug was used by the type of institution in which the juvenile was detained.

Table XIV

LENGTH OF TIME PRIMARY DRUG WAS ABUSED

	No. Resp.	1 mo. or <	2-3 mo.	4-6 mo.	7 mo. - 1 yr.	>1-2 yr.	>2-4 yr.	>4 yr.
State Institution	5.8% N=11	8.9% N=17	2.6% N=5	3.1% N=6	4.7% N=9	15.2% N=29	21.5% N=41	38.2% N=73
State Group Home	7.8% N=6	5.2% N=4	1.3% N=1	2.6% N=2	18.2% N=14	19.5% N=15	18.2% N=14	27.3% N=21
Private Group Home	25.9% N=29	10.7% N=12	5.4% N=6	5.4% N=6	8.0% N=9	14.3% N=16	16.1% N=18	14.3% N=16
Shelter/ Deten. Fac.	15.2% N=5	9.1% N=3	-	-	15.2% N=5	3.0% N=1	21.2% N=7	36.4% N=12

Juveniles in the state institutions and shelter/detention facilities correlated very closely on the last two categories, with "four years" being the highest reporting category and "two - four years" ranking as the second highest category. State group homes also had the ">4 years" category as being highest, but the "one - two years" category was listed as second highest. Private group homes, unlike the others, reported the "two -four year" category as being the highest, with "one - two years" and ">4 years" listed secondly. It is interesting to note that residents of private group homes and shelter/detention facilities had a much higher "no response rate" than either of the state facilities.

There was also a significant difference between males and females in relation to the length of time the primary drug of abuse had been used. Significantly more males (15.6%) than females had used their primary drug of abuse longer than four years. Differences on length of time of primary drug was used is as follows:

Table XV LENGTH OF PRIMARY DRUG ABUSE BY SEX

	1 mo. or<	2-3 mos.	4-6 mos.	7 mos.-1 yr.	1-2 yrs.	2-4 yrs.	4 yrs & >
Male	7.7% N=23	3.0% N=9	2.3% N=7	8.4% N=25	14.1% N=42	18.1% N=54	33.9% N=101
Female	11.3% N=13	2.6% N=3	6.1% N=7	10.4% N=12	16.5% N=19	22.6% N=26	18.3% N=21

Results indicate that apparently a higher percentage of both sexes had started using drugs one month or less before their detainment or placement in a facility of some type. Percentages then dropped off for up to six months, at which point they then began to increase. For females, the greatest frequency for length of abuse was two to four years, while for males, figures indicated the highest frequency at four years or greater. Of the females, 57.4% had used their primary drug of abuse from one year to greater than four years. Results for males showed a slightly higher figure with 66.1% using their primary drug of abuse for the same period of time. In addition, 41.6% of both sexes (N=171) reported that they used their primary drug of abuse daily and another 20.3% reported they used the drug at least three to five times weekly (N=83). Results for secondary, tertiary, and fourth drug of abuse are as follows:

Table XVI DRUG ABUSED BY FREQUENCY OF USE AND LENGTH OF TIME USED ¹⁶

Drug	Frequency	Time Used
Secondary Drug	3-5 Times Weekly	2-4 Years
Tertiary Drug	1-2 Times Weekly	1-2 Years
Fourth Drug	2-3 Times Weekly	1-2 Years

¹⁶ It should be noted that there was a significant degree of variance in all these responses and the mode for frequency of use and length of time used is what has been presented in the chart.

When asked what their primary reason was for using illegal drugs, 29.5% (N=122) of the juveniles replied "to have fun." The second most common response was listed as "other," with 24.7% (N=102) of the respondents giving this answer. Generally written beside this category was the response "to get high." "To try drugs" was listed as the third most prevalent reason given for using drugs (11.6%, N=98).

Juveniles most frequently used drugs with friends, girlfriends, or boyfriends. Nearly 75% responded that drug usage had occurred with one of these three previously mentioned categories (N=307). Additionally, 6.3% had used drugs with their siblings (N=26).

Nearly 80% (N=319) of the juveniles felt that it was relatively easy to obtain illegal drugs and another 11% stated that they didn't know whether it was easy. When asked if they felt if it was easy to obtain drugs in the facility, 42.4% (N=175) said no, 30.5% (N=126) said yes, and 23% (N=95) stated they didn't know. As stated in the introductory section of this report, a survey response of this nature is questionable as to its validity in that respondents may question the extent of the confidentiality of their responses.

Alcohol Data

The third section of the survey consisted of alcohol history and alcohol usage. Of the 413 respondents, 383 or 92.7% stated that they had used alcohol. Eighty-five percent of the juveniles also stated that they had used alcohol within the last six months before their detention or placement.

A great deal of variance occurred when residents were asked to state the age they first began to drink. The question referred to independent abuse of liquor as compared to responsible usage within the home. Table XVII delineates by year the frequency of drinking by age groups.

Table XVII INCIDENCE OF DRINKING BY AGE GROUP

Age	Frequency	Percent
No Response	24	5.8%
8 and under	64	15.6%
9 - 12	208	50.5%
13 - 14	84	20.3%
15 - 17	33	8.0%

Over half of the respondents began drinking between the ages of nine and twelve. Twelve years old was again the mode for drinking, as it was for first usage of drugs. Sixty-six point one percent (N=272) of the respondents were under age 13 when they began to drink.

When divided by sex, residents' responses showed that significantly fewer (12.9%) females drank before the age of eight than did males. However, after the age of eight, the percentage of females that started to drink was higher for every category. Breakdown by year indicates that age twelve was most frequently the year for males to begin to drink, with 13.1% of the males reporting that age as the time they began drinking. The same was true for females, with 20.9% (N=24) reporting age 12 as the year they first began drinking. When analysis was done by type of facility, the most prevalent reporting year for state institutions was age 13. State group homes reported age 10 as most prevalent, and age 12 was the most frequent for private group homes and shelter and detention facilities.

Data collected for juveniles in Iowa in 1975 reveals that the median age of onset for alcohol usage¹⁷ was 13.9 years. In the 1977-78 survey, the median age for onset of alcohol usage had dropped to 11 years. Thus, in approximately two and one-half years, the median age had dropped 2.9 years. This data indicates that prevention efforts must be focused towards younger groups of adolescents.

The following chart categorizes by age group the percentages of males and females who began to drink within the specified periods.

Table XVIII

AGE BEGAN DRINKING

	No Resp.	0-8	9-12	13-14	15-17	Total Number
Male	7.0% N=21	19.0% N=57	48.6% N=145	17.8% N=53	7.3% N=22	100% N=298
Female	2.6% N=3	6.1% N=7	54.8% N=63	26.9% N=31	9.6% N=11	100% N=115

A slight majority of the juveniles preferred to drink beer (47%, N=194) over those who preferred hard liquor (42.9%, N=177). Only 5.8% (N=24) listed wine as a preference.

The type of liquor did not vary significantly when correlated with the amount of liquor consumed. Five to six drinks or more was the most prevalent category of response for all types of alcoholic beverages. There was significant variance however, when the

¹⁷ Respondents were instructed to indicate the first time they obtained and drank liquor on their own.

type of liquor consumed was separated by sex. The following chart shows responses given only for the category "five to six drinks or more," and type of liquor consumed by sex.

Table XIX TYPE OF LIQUOR CONSUMED

	No Response	Beer	Wine	Hard Liquor	Total ¹⁸
Male	0.7% N=2	32.2% N=96	3.4% N=10	32.9% N=98	69.1% N=206
Female	-	21.7% N=25	1.7% N=2	41.7% N=48	65.2% N=75

There was little difference between sexes when amount of consumption was taken into consideration. However, males tended to consume more beer than females, and females consumed more hard liquor than did the males. This data is consistent with results from a 1976-77 survey, "The Substance Abusing Offender in Iowa," which revealed that drinking patterns for offenders in Iowa are established at a fairly early age. Abuse patterns for these adult offenders remained consistent with juvenile abuse patterns with regard to sex and the type of liquor consumed.

In the survey, it was revealed that 27% of the sample classified themselves as heavy drinkers and 25% classified themselves as being unable to stop drinking on their own. Half of these respondents were over the age of 31. The majority of these individuals began to drink while still juveniles.

Responses did not vary significantly with the type of liquor consumed and the facility in which the juvenile was detained. Statistics obtained were as follows for the various state institutions:

Table XX LIQUOR CONSUMED BY RESIDENTS SEPARATED BY INSTITUTION

	No Response	Beer	Wine	Hard Liquor	Totals ¹⁹
State Instit.	1.0% N=2	31.9% N=61	3.7% N=7	39.8% N=76	76.4% N=146
State Group Home	0 0	28.6% N=22	3.9% N=3	37.7% N=29	70.1% N=29
Private Group Home	0 0	28.6% N=32	0.9% N=1	27.7% N=31	57.1% N=64
Shelter/ Detent. Facility	0 0	18.2% N=6	3.0% N=1	30.3% N=10	51.5% N=17

¹⁸ Percentages do not total 100% as responses were taken only from the category of five-six drinks or more.

¹⁹ Responses are taken from "five-six drinks or more" category only.

Significant difference was not shown between individual categories per se, but rather was shown in the totals column. State institutions showed nearly 25% more juveniles drinking "five-six drinks or more," than shelter/detention facilities, which showed a significantly lower percentage of individuals drinking that quantity of alcohol. Frequency of drunkenness within the past six months was fairly high with nearly 50% of the respondents reporting that they were intoxicated at least nine times or more. Fifty-two point three percent (52.3%, N=156) of the 298 males reported this frequency and 40.9% (N=47) of the 115 females reported the same. It should be noted that figures for frequency of drunkenness correlate closely with the number of individuals who generally drank "five to six drinks or more."

Overall, responses to the question of using alcohol in the past six months before coming to the facility indicated that 253 (84.9%) of the 298 males reported they had used it and 98 (84.2%) of the 115 females reported usage.

Females generally tended to drink less than the males, with 29.5% (N=29) of the females drinking between one and four drinks and only 21.3% (N=54) of the males reporting similar consumption amounts. However, consumption for the males rose 7.1% over the females for the category "five to six drinks or more."

Institutional differences show a slightly larger variance when respondents were asked if they had used alcohol in the past six months before coming to the facility. Those who responded "yes" constituted 73.8% (N=141/191) of the survey population at the state institutions. Percentages for state group homes were 64.9% (N=50/77). Figures were 50.9% (N=47/112) for private group homes, and 51.5% (N=17/33) for shelter/detention facilities. Results indicate that higher percentages of juveniles in state institutions have greater alcohol abuse patterns than do those juveniles in private group homes and shelter/detention facilities.

Seventy-five point one percent (N=310) of the survey population reported that they generally drank with friends. There was very little variance on this response between males and females. Other responses listed frequently were only males, only females, or parents. Similarly, responses were fairly consistent for the various institutions with high percentages of juveniles from every type of facility reporting drinking with friends. For shelter/detention facilities, the percentage dropped for drinking with friends and there was a marked increase reported in drinking with parents.

Besides drinking with friends, juveniles reported that friends were generally where they obtained their liquor. Responses are listed as follows, along with percentages of individuals responding to each:

1.	Friends	50.8%
2.	Bar	21.1%
3.	Self-obtained at liquor store	15.7%
4.	Relatives	6.5%
5.	Restaurant	0.2%
6.	No Response	5.6%

Very few respondents reported having parents whom they considered as heavy drinkers or alcoholics. Responses for these two categories totaled 17.2% and responses totaled 71.6% (N=296) from those whose parents either did not drink or were light/moderate drinkers.

There appears to be an inverse relationship between the parents' drinking behaviors and those of their children in that the parents who drank the least tended to have children who consumed the largest quantities of liquor.²⁰ Table XXI delineates parents' drinking behavior as correlated with those of their children.

Table XXI PERCEIVED PARENT DRINKING PATTERNS AS CORRELATED WITH CHILDRENS

Juvenile Consumption Amounts	No Response	Non Drinkers	Light Drinkers	Moderate Drinkers	Heavy Drinkers	Alcoholics	Don't Know
No Response	2.4% N=10	0.5% N=2	0.7% N=3	0.2% N=1	0.4% N=2	0.5% N=2	0.2% N=1
1-2 Drinks	0.5% N=2	3.4% N=14	6.1% N=25	1.2% N=5	0.7% N=3	0.2% N=1	0.7% N=3
3-4 Drinks	0% 0	2.2% N=9	4.8% N=20	3.9% N=16	1.2% N=5	1.0% N=4	1.0% N=4
5-6 Drinks or More >	0.5% N=2	14.3% N=59	19.4% N=80	15.0% N=62	6.8% N=28	6.3% N=26	5.8% N=24
Total*	3.4% N=14	20.3% N=84	31.0% N=128	20.3% N=84	9.2% N=38	8.0% N=33	7.7% N=32

*413 responses - total survey population

As noted in the chart, those respondents who consumed five-six drinks or more and whose parents did not drink or were light to moderate drinkers, constituted 48.7% (N=201) or nearly half of the total survey population. In contrast, those juveniles in the "five-six drinks or more" category and whose parents either were heavy drinkers or alcoholics comprised

²⁰It should be noted here that parents were not questioned, but rather the responses were the children's perceptions of their parents' drinking behaviors.

only 13.1% (N=54) of the 413 juveniles surveyed. Slightly over half of the juveniles surveyed stated that they were not allowed to drink in the home, and slightly under half stated that they were allowed to drink in the home.

Polydrug Abuse

As shown earlier in this report, many of the respondents reported use of both drugs and alcohol, and rather extensive use of both. When primary drug use is correlated with the number of drinks consumed, results indicate that 43.8% (N=181) of the respondents used drugs (generally marijuana) and consumed five to six drinks or more. Table XXII cross-tabulates primary drug used with number of drinks consumed.

Table XXII PRIMARY DRUG USED BY AMOUNT OF ALCOHOL CONSUMED

	No Resp.	Heroin Illeg. Meth.	Codeine	Barb-Other Sedatives	Amphet.	Cocaine	Marij/ Hash	Halluci.	Inhalants	Other	Total
0.	11 2.7	0 0.0	0 0.0	1 0.2	1 0.2	1 0.2	7 1.7	0 0.0	0 0.0	0 0.0	21 5.0
1.	17 4.1	1 0.2	0 0.0	1 0.2	2 0.5	1 0.2	29 7.0	1 0.2	0 0.0	1 0.2	53 12.8
2.	11 2.7	0 0.0	0 0.0	3 0.7	5 1.2	4 1.0	29 7.0	2 0.5	2 0.5	1 0.2	59 14.0
3.	10 2.4	10 2.4	3 0.7	26 6.3	31 7.5	7 1.7	181 43.8	6 1.5	3 0.7	4 1.0	281 68.0
Column Totals	49 11.9	11 2.7	3 0.7	31 7.5	39 9.4	13 3.1	246 59.6	9 2.2	5 1.2	6 1.5	413 100.0

Legend: 1. 1-2 drinks; 2. 3-4 drinks; 3. 5-6 drinks or more

When the number of drinks consumed was cross-tabulated with the length of time the primary drug had been used, results showed that 51.4% (N=212) of the 413 respondents had been consuming five to six drinks or more and had been abusing drugs at least one year. The single highest category was five to six drinks or more and use of primary drug as being greater than four years. Nearly one-fourth (N=99) of all respondents reported being in this category.

Table XXIII delineates length of drug abuse by the number of drinks consumed.

Table XXIII LENGTH OF DRUG ABUSED BY LIQUOR CONSUMPTION

	No Resp.	1 mo. or Less	2-3 Months	4-6 Months	7 mo.- 1 Year	1- 2 Years	2- 4 Years	4 Years or More	Total
No Response	11 2.7	1 0.2	1 0.2	0 0.0	0 0.0	3 0.7	2 0.5	2 0.5	20 4.8%
1-2 Drinks	17 4.1	8 1.9	3 0.7	3 0.7	3 0.7	4 1.0	8 1.9	7 1.7	53 12.8%
3-4 Drinks	12 2.9	7 1.7	9 0.0	3 0.7	11 2.7	5 1.2	6 1.5	14 3.4	58 14.0%
5-6 Drinks or More	11 2.7	19 4.6	8 1.9	8 1.9	23 5.6	49 11.9	64 15.5	99 24.0	281 68.0%
	0 0.0	1 0.2	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Column Total #/%	51 12.3	36 8.7	12 2.9	14 3.4	37 9.0	61 14.8	80 19.4	122 29.5	413 100%

When frequency of primary drug abuse was taken into account and cross-tabulated with number of drinks consumed, the most prevalent response was daily drug use and consumption of alcohol as five to six drinks or more. Thirty-four point nine percent (34.9%, N=144) of the total survey population indicated they were in this category. Further breakdown of drug abuse frequency and number of drinks consumed is listed as follows:

Table XVII

FREQUENCY OF USE OF PRIMARY DRUG

No Response			Daily		3-5 Times/Week		1-2 Times/Week		2-3 Times/Mo.		Once Mo. or Less		Total
0.	11	2.7	4	1.0	2	0.5	2	0.5	1	0.2	1	0.2	21 5.1%
1.	18	4.4	8	1.9	9	2.2	6	1.5	4	1.0	8	1.9	53 12.8%
2.	11	2.7	16	3.9	14	3.4	7	1.7	4	1.0	6	1.5	58 14.0%
3.	14	3.4	144	34.9	59	14.3	31	7.5	22	5.3	11	2.7	281 68.0%
Column #/ Totals	54	13.1	172	41.6	84	20.3	46	11.1	31	7.5	26	6.3	413 100%

Legend: 1. 1-2 drinks; 2. 3-4 drinks; 3. 5-6 drinks or more

Juveniles from any institution most widely reported usage of marijuana/hashish and drinking five to six drinks or more. Percentages for state institutions indicated that 41.3% (N=98/191) of the juveniles were in this category. For state group homes, the figure was 39.0% (N=30/77), private group homes were 35.7% (N=40/112), and shelter/detention facilities were 39.4% (N=13/33).

Fifty-two point four percent (52.4%, N=145) of the males reported having five to six drinks or more. They also reported usage of their primary drug of abuse either daily or at least three to five times a week. In comparison, only 40.8% (N=97) of the females reported the same levels of drug and alcohol abuse. As the data indicates, males more frequently use their primary drugs of abuse than their female counterparts.

Treatment Information

Survey results indicate that the incidence of polydrug abuse among juveniles continues to rise and should be considered in future programming. As a result, the last section of the survey form addressed the area of treatment services provided and the availability of such services. The survey also assessed the adequacy of such services to determine whether the juvenile needs were being met and this issue will be addressed more fully in the Findings and Recommendations section of this report.²¹

When residents were surveyed as to whether they had ever been to a drug treatment program, only 18.4% (N=76) responded that they had. The most prevalent category for receipt of treatment was that of marijuana/hashish with 11.4% (N=47) of the respondents receiving treatment for these drugs. The second most prevalent response was treatment for barbiturates

²¹Survey data does not include all available services, but rather those that the juvenile utilized.

which 12 (2.9%) of the respondents had received. The following table indicates the primary drug of abuse and whether the juvenile received treatment for this drug problem. As shown on the chart, 80.6% (N=333) of the juveniles did not receive treatment. Clearly there is a sizeable gap between the need for treatment and treatment services received.

Table XXV

PRIMARY DRUG USED											
Drug Treatment Prog. Attended?	No Resp.	Heroin Illeg. Meth.	Codeine	Barb. Other Sed.	Amphet.	Cocaine	Marij/ Hash.	Halluci.	Inhalant	Other	Totals
No Response	1.0% N=4	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	1.0% N=4
Yes	1.0% N=4	0 0	0.7% N=3	2.9% N=12	1.2% N=5	0.2% N=1	11.4% N=47	0.5% N=2	0.2% N=1	0.2% N=1	18.9% N=76
No	9.9% N=41	2.7% N=11	0 0	4.6% N=19	8.2% N=34	2.9% N=12	48.2% N=199	1.7% N=7	1.0% N=4	1.5% N=6	80.6% N=333
Totals	11.9% N=49	2.7% N=11	0.7% N=3	7.5% N=31	9.4% N=39	3.1% N=13	59.6% N=246	2.2% N=9	1.2% N=5	1.5% N=6	100% N=413

In relationship to sexual differences, it was found that a slightly higher percentage of males, 19.5% (N=58) had attended drug treatment programs than had females (15.7%, N=18). In addition, results did not vary significantly among institutions. State institutions had the highest percentage (20.4%) of juveniles that had attended a treatment program, while shelter/detention facilities had the lowest with 12.1% (N=4) having attended a treatment program. This discrepancy may be due in part to the nature and purpose of shelter/detention facilities.

There was little difference between attendance to a drug treatment program and attendance to an alcohol treatment program in that only 20.3% (N=84) of the juveniles had attended an alcohol program. When attendance of a drug program was correlated with attendance of an alcohol program, results indicated that 10.2% (N=42) of the survey population had attended both alcohol and drug programs. Further delineation is as follows:

Table XXVI

TREATMENT PROGRAM ATTENDANCE

Attendance to Alcohol Program

		No Resp.	Yes	No	Total
Attendance to Drug Program	No Resp.	0.7% N=3	0.2% N=1	0% 0	1.0% N=4
	Yes	0.5% N=2	10.2% N=42	7.7% N=32	18.4% N=76
	No	2.7% N=11	9.9% N=41	68.0% N=281	80.6% N=333
	Total	3.9% N=16	20.3% N=84	75.8% N=313	100% N=413

Even though a relatively small percentage of the juveniles had ever attended an alcohol or drug program or both, a much larger percentage had received drug and alcohol information

from their school systems. Overall figures indicate that 58.1% (N=240) of the respondents had received drug and alcohol information. Again, a slightly higher percentage of males, 59.1% (N=176), had received information than did the females, 55.7% (N=64). Results indicated that more shelter/detention facility residents had received information with 63.6% (N=21) reporting. State institutions reported the lowest levels, with 55.5% (N=106) of the residents having received drug/alcohol information.

All residents surveyed were asked if they had ever tried to stop drinking on their own. Of the total survey population, 25.7% (N=106) had tried to stop drinking. When separated by institution, more private group home residents and shelter/detention facility residents had tried to stop drinking than state group home residents. Figures were lowest for the state institutional population of Eldora and Mitchellville. Most significant here, however, is not variance among facilities, but rather the difference between sexes. While only 21.1% (N=63/298) of the males had tried to stop drinking, 37.4% (N=43/115) of the females had tried to do so, a difference of 16.3%.

In a similar assessment, residents were asked if they had ever tried to stop taking illegal drugs. Twenty-two point eight percent (22.8%, N=94) of the total population stated that they had tried to stop illegal drug taking. Of this number, over half (N=57) had tried to stop using marijuana/hashish. Of those individuals who had tried to stop taking drugs, most respondents were individuals who had used drugs longer than four years. Similarly, those individuals who had used drugs daily most often reported trying to stop. This group, along with individuals who had used drugs at least three to five times a week, comprised over half of those individuals who had tried to stop.

Variance between the sexes for stopping drug abuse was not as great as for alcohol in that while 20.5% (N=61) of the males had tried to stop taking drugs, 28.7% (N=33) of the females had tried to stop taking drugs. When compared to alcohol usage, lower percentages of both sexes had tried to stop using drugs. By institution, variances were as follows:

Table XXVII ATTEMPT TO STOP ILLEGAL DRUG TAKING

	State Inst.	State Group Homes	Private Group Homes	Shelter/Det. Facility
No Response	6.8% N=13	5.2% N=4	15.2% N=17	18.2% N=6
Tried to Stop	16.8% N=32	16.9% N=13	34.8% N=9	30.3% N=10
Not Tried to Stop	76.4% N=146	77.9% N=60	50.0% N=56	51.5% N=17
Totals	100% N=191	100% N=77	100% N=112	100% N=33

It is interesting to note that of those individuals who had tried to stop, the percentage of individuals in private group homes and shelter/detention facilities was almost double

that of individuals in state institutions and state group homes. Conversely, percentages were approximately 25% lower for private group homes and shelter/detention facility individuals who had not tried to stop.

When juveniles were asked if they would accept help for their drinking problem, 22% (N=91) of the total survey population responded that they would. Of those individuals, nearly 60% (N=54) were in the abuse category of "five to six drinks or more." Additionally, 67.8% (N=280) stated they would not accept help for their alcohol abuse problem.

Sixty-six of the 91 individuals who stated they would accept help were males, constituting 72.5% of the population that would accept help. Twenty-five females or 27.5% of the group also stated they would accept help. The following chart indicates by sex the number of individuals that would accept help according to the various consumption categories.

Table XXVIII INDIVIDUALS RECEPTIVE TO TREATMENT BY AMOUNTS OF LIQUOR CONSUMED

	No Resp.	1-2 Drinks	3-4 Drinks	5-6 Drinks or More	Sub-Total
Male	6.0% N=4	15.2% N=10	18.2% N=12	60.6% N=40	100% N=66
Female	-	12.0% N=3	32.0% N=8	56.0% N=14	100% N=25

Although fewer females stated they would accept help, the percentages of those that would accept help did not vary significantly from males in relation to the amount of liquor consumed.

When divided by institution, the following results occurred.

1. 16.8% (N=32) residents of state institutions would accept help.
2. 18.1% (N=14) residents of state group homes would accept help.
3. 33.0% (N=37) residents of private group homes would accept help.
4. 24.2% (N=8) residents of shelter/detention facilities would accept help.

This data correlates with the higher percentage of individuals from the last two listed facilities who also stated they had tried to stop doing drugs. Broken down by drug type, the residents who stated they would accept help for their drug abuse problem are listed as follows:

Table XXIX INDIVIDUALS RECEPTIVE TO TREATMENT BY SEX AND TYPE OF DRUG ABUSED

	No Resp.		Heroin		Codeine		Barbitur.		Amphet.		Cocaine		Marij.		Hallu.		Inhal.		Other		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Male	9	13.6	0	0	1	1.5	3	4.5	4	6.1	0	0	44	66.7	1	1.5	2	3.0	2	3.0	66	22.1
Female	2	8.0	1	4.0	1	4.0	3	12.0	1	4.0	1	4.0	15	60.0	1	4.0	0	0	0	0	25	21.7
Total	11	12.1	1	1.1	2	2.2	6	6.6	5	5.5	1	1.1	59	69.8	2	2.2	2	2.2	2	2.2	91	22.0

In addition to the number of residents who stated they would be willing to accept help, almost 30% had gone in for emergency treatment due to the use of alcohol and/or drugs. Another 9.6% (N=40) had used a crisis line telephone service.

As part of the treatment component of the survey, residents were asked where they had received treatment and if they felt the treatment offered had helped them. Specifically, the question they were asked was as follows:

If you have received alcohol or drug treatment, where did you receive this treatment? (Write in as many responses as are appropriate.) Treatment modalities are listed as 1-7 in the following table, with 0 either meaning no response or treatment was not received.

Table XXX HELP RECEIVED FROM TREATMENT

	No Response	Yes	No	Total
No Response	80 19.4	35 8.5	260 63.0	375 90.8
At Substance Abuse Program While Living At Home	0 0	2 0.5	0 0	2 1.9
At Subs. Abuse Prog. on a Residential Live- In Basis	0 0	1 0.2	7 1.7	8 1.9
Mental Health Center	0 0	1 0.2	11 2.7	12 2.9
Staff from Other Agencies While in a Group Home	0 0	0 0	4 1.0	4 1.0
From Group Home Staff While Living There	1 0.2	2 0.5	6 1.5	9 2.2
Staff from Other Agencies While in a Training School	0 0	0 0	1 0.2	1 0.2
Staff at Training School	0 0	0 0	2 0.5	2 0.5
Column Total # %	81 19.6	41 9.9	291 70.5	413 100.0

As shown, 90.1% of the residents either did not feel the treatment helped them, or failed to respond to the question. The largest percentage of those who had received treatment (8.5%) failed to indicate the type of treatment they had received. Two point nine percent (2.9%, N=12) had received treatment from a Mental Health Center. Only one of the 12, however,

felt the treatment had helped. Forty-one (9.9%) of the 413 residents had received treatment and felt it had been beneficial. In comparison with the number of juveniles who stated abuse of drugs and/or alcohol, the number that stated they had received help and had benefited from the help is extremely low. The respondent's perceptions indicate the treatment services offered are not being utilized by a good portion of those individuals who could benefit from it.

Summary

In summary, the data collected for the resident needs assessment component of the survey revealed the following information:

- * Of the 413 questionnaires administered, nearly three-fourths of the respondents were males. Responses indicated the most often, both males and females were 16 years old and Caucasian. Additionally, the mean of educational achievement was completion of half of the ninth grade.
- * Nearly 40% (N=160) of the respondents stated they had been in the boys' or girls' training school at least once prior to the time of the survey.
- * Approximately 80% (N=319) of the juveniles felt it was relatively easy to obtain drugs.
- * On the average, 15% more of the males were put on probation than were the females. (86% for males and 71% for females.)
- * Approximately 85% (N=348) of the respondents had used illicit drugs and nearly 93% (N=383) had used alcohol. Age 12²² was most frequently reported as being the year for first alcohol abuse and first drug abuse. Nearly three-fourths of the population had begun to use both drugs and alcohol by age 15.
- * Marijuana was the most widely used drug (59.6%) with amphetamines being listed as second (9.4%) and barbiturates being listed as third (7.5%). This was consistent for both males and females. The primary drug of abuse was generally being used daily or at least three to five times a week.
- * Beer was listed as being most widely used by the males and hard liquor was most widely used by females. Levels of abuse were high for both males and females. The amount of alcohol consumed was generally five to six drinks or more when respondents consumed liquor.
- * Over 70% (N=296) of the juveniles reported their parents as being non-drinkers or light/moderate drinkers. In addition, nearly half of the respondents stated

²² This age reflects the age when individuals obtained alcohol and/or illicit drugs on their own.

they were allowed to drink in their homes.

- * In terms of polydrug abuse, over half (N=212) of the respondents reported usage of the primary drug of abuse (generally marijuana) and consumption of five to six drinks or more. These abuse levels had been continued for at least a year by all of these respondents and for greater than four years by 24% (N=99) of the respondents. Drug and alcohol abuse were more frequent and had continued longer for more of the juveniles (51.3%) detained in the Boy's Training School at Eldora and the Girl's Training School at Mitchellville, as compared to 39% of the juveniles in the same abuse categories at the state group homes.
- * Seventy-five point eight percent of the respondents (N=313) either were not referred to treatment for their alcohol problem, or refused to accept help for their problem. Eighty point six percent (N=333) were not referred to treatment or refused help for their drug problem. Eighteen point four percent (N=76) had received help specifically for a drug problem, and 20.3% (84) had received help for an alcohol problem. Forty-two of these individuals (10.2%) had received treatment for both problems and felt that the treatment had helped.
- * Of the individuals who had received treatment for alcohol, nearly half (N=41) felt treatment had not benefited them. Similarly, of the seventy-six individuals who had received treatment for a drug problem, 42% (N=32) felt the treatment had been of no benefit. This indicates either a lack of adequate juvenile treatment services or perhaps a refusal on the part of the juvenile to be receptive to treatment.

V. TRAINING NEEDS ASSESSMENTS

An additional component of the juvenile justice survey was a training needs assessment of administrative, supervisory, and direct service staff. Survey respondents included staff from the juvenile institutions, state group homes, private group homes, and shelter and detention facilities in the state. In addition, juvenile probation and aftercare workers responded to the survey.

The survey instrument consisted of a questionnaire which was mailed to all the juvenile justice system personnel described above. The forms were completed on a voluntary confidential basis. A total of 182 questionnaires were completed - constituting nearly a 75% return rate for the approximate 250 which were mailed out:

The assessment instrument consisted of three which were as follows:

- . General demographic data.
- . Types of training respondents desired.
- . The identification and description of additional training needs and recommendations with regard to substance abuse program development.

General Demographic Data

Of the 182 individuals completing the forms, 175 were white, three were black, and four did not respond to the question. Age breakdown of these individuals is as follows:

Table XXXI AGE OF RESPONDENTS

Age	Number	Percentage Frequency
18-21	2	1.1
22-25	48	26.4
26-30	69	37.9
31-40	39	21.4
41-55	19	10.4
56 & Older	5	2.7
Totals	182	100%

Institutional staff comprised 14.8% (N=27) of the respondent population; state group home staff comprised 10.4% (19); and, private group home staff and probation and aftercare workers comprised 74.7% (136) of the respondents. Of these respondents, 115 were male, 62 were female, and five individuals did not respond to the question. There was minimal variance between system components with regard to sex and the length of time that staff had been employed in the juvenile justice system. One hundred and thirty-four or 73.7% of the respondents had been employed in the juvenile justice system four years or less,

with nearly 40% of these individuals being employed for one year or less within this system. The table below displays the length of time employed in the system by the type of institution or facility in which the individual is employed:

Table XXXII LENGTH OF EMPLOYMENT BY FACILITY

Years In Juvenile Justice	Type of Facility			
	Institutional Staff	State Group Home Staff	Private Group Home & Other	Totals
1 or less	3	8	59	70 38.5%
2-4	9	8	47	69 35.2%
5-9	99	3	17	29 15.9%
10 or +	6	0	13	19 10.9%

In addition to length of employment within the system, individuals were surveyed as to how much formalized education they had received. Table XXXII describes the respondents in terms of the level of educational attainment, job function, and the type of facility in which the respondent was employed.

Table XXXIII STAFF EDUCATIONAL ATTAINMENT

Facility	High School GED	Associate Degree	Bachelors Degree	Master's Degree	Ph.D.	Other	Totals
<u>Institution</u>							
Administration	1	0	0	5	0	0	9
Supervisory	0	1	0	1	1	0	3
Direct Services	0	2	11	2	0	0	15
<u>State Group Homes</u>							
Administration	0	0	0	0	0	1	1
Supervisory	1	0	2	0	0	0	3
Direct Services	4	1	7	1	0	1	14
<u>Private Group Homes</u>							
Administration	0	0	2	4	0	0	6
Supervisory	0	0	13	3	1	4	21
Direct Services	8	9	76	13	1	2	109
Totals	14	13	114	29	3	8	181

(No response - 1)

Of the 181 individuals that responded to this question, 80.6% (N=146) of them had a bachelor's degree or a more advanced degree. As described above, the category "Other" generally meant that the individual was in the process of obtaining some type of academic

degree. Those individuals with less formalized education generally had more work experience than did those individuals with the more formalized educations.

There was not much variance between sexes when respondents were questioned as to the level of their educational attainment. The majority of both males (N=71) and females (N=40) had received a bachelor's degree, and slightly more females (64.5%) than males (61.7%) indicated obtaining this degree. However, more of the males had obtained an advanced degree than had the females. The following chart separates by sex the level of educational attainment:

Table XXXIV EDUCATIONAL ATTAINMENT BY SEX

	High School GED	Associate Degree	Bachelor's Degree	Master's Degree	Ph.D.	Others	Totals
Male	6 5.2%	8 7.0%	71 61.7%	23 20.0%	3 2.6%	4 3.5%	115 100%
Female	8 12.9%	5 8.1%	40 64.5%	5 8.1%	0 0%	4 6.5%	62 100%

5 - Missing Observations

The capacity in which an individual was employed was notable when the various categories were separated according to sex. Nearly thirty percent (N=34) of the men were in administrative or supervisory categories as compared to almost 13% (N=8) of the women being in these same categories - creating a difference of 17%. Conversely, 85.5% women were in the direct service category as compared to 68.7% of the men. The following table lists the type of job held by the sex of the individual that is in that capacity:

Table XXXV JOB CAPACITY BY SEX

	No Representation	Administration	Supervisory	Direct Services	Total
Male	2 1.7%	13 11.3%	21 18.3%	70 68.7%	115 100%
Female	1 1.6%	2 3.2%	6 9.7%	53 85.5%	62 100%

5 - Missing Observations

When respondents were asked how many years of substance abuse counseling experience they had had in a substance abuse program, 159 or 87.4% of the individuals stated they had had one year or less. Since there was no separate category listed for no experience, in many cases the "one year or less" would more accurately be interpreted as no actual counseling experience that was specifically substance abuse related.

The second component of the training needs assessment survey focused on the type of training the respondents had received and what types of training they felt were necessary.

Staff were first asked how many training events they had attended in the last 12 months. Nearly 70% (N=27) replied that they had attended anywhere from 0 to 3 training events. The other 30% (N=55) responded that they had attended four or more training events. In addition, nearly 90% (N=162) of the respondents stated that of the training events they had attended, none of the events had been sponsored by the Iowa Department of Substance Abuse. However, of this number, all of the individuals stated that they felt training in the field of substance abuse would be helpful to them.

Staff were also asked where they would like training offered and how many days they would have available to attend such training. The following table delineates the number of days available for training, cross-tabulated with site preferences for training.

Table XXXVI - DAYS AVAILABLE FOR TRAINING BY SITE PREFERENCE

Number of Days Available	No Response	Project Site	Service Region	Central State Location	No Preference	Totals
0	3	11	12	1	9	36 19.8%
1-3	0	9	12	3	7	31 17 %
4-5	0	12	11	2	10	35 19.2%
6-10	0	3	10	6	14	33 18.1%
10 +	1	16	12	4	14	47 25.8%
TOTALS	4 - 2.2%	51 - 28%	57 - 31.3%	16 - 8.8%	54 - 29.7%	182 - 100.0%

The majority of the respondents (59.3%, N=108) preferred training that would be onsite at their particular facility or training that would be within their service area. Another 29.7% responded that they had no preference with regard to training location. In relation to number of days available for training, there was significant variance among the respondents. Twenty percent (N=36) stated that they would have no time available for training, and 17% (N=31) stated that they would have available one to three days. The other respondents replied that they would have anywhere from one week to over two weeks for training. The number of days available was dependent upon staff preference for the training location and the type of staff being trained. For example, logistical constraints would make it unfeasible to hold a training session in Des Moines for all of the supervisory service staff from Eldora. Training would have to be varied to accommodate the needs of the facility, as well as the type of staff being trained. A training design will be addressed more fully in a later section of this report.

When respondents were questioned as to what types of training they felt were necessary, they were instructed to mark one of the following three replies:

1. Not applicable to my training needs.

2. Not needed.

3. Needed.

Highest priority was given to training in the area of substance abuse programming with 81.3% (N=198) of the respondents stating that this type of training was needed. Substance abuse programming was most consistently seen by all types of staff as a weak area in that 81.3% (N=13) of the administration thought training was needed, 74.1% (N=20) of the supervisory staff concurred, and 83.0% (N=112) of the direct service staff felt they could benefit from training in this area. It is interesting to note that substance abuse programming was a top priority for administrative staff and was equalled only by the need for training in policy/program information and training in education/vocational development - two areas which are administratively oriented.

Second priority was given to counseling skills training, with 79.1% (N=144) of the respondents stating that it was needed. Here, however, the need for such training was viewed as much less important by the administrative staff, with only 56.3% (N=9) stating they felt such training was needed.

Table XXXVII lists the training needs in order of their priority as viewed by administrative, supervisory, and direct service staff.

Table XXXVII TRAINING PRIORITIES

	Administrative	Supervisory	Direct Service	Overall Need
Substance Abuse Programming	81.3% (13)	74.1% (20)	83.0% (112)	81.3% (N=148)
Counseling Skills	56.3% (9)	74.1% (20)	83.7% (113)	79.1% (N=144)
Group Process Skills	50.0% (8)	70.4% (19)	75.6% (102)	72.5% (N=132)
Education/Vocation Development	81.3% (13)	55.6% (15)	60.0% (81)	61.0% (N=111)
Consultation Skills	50.0% (8)	66.7% (18)	61.5% (83)	59.9% (N=109)
Clinical Principles Training	50.0% (8)	55.6% (15)	58.5% (80)	56.6% (N=103)
Intake Assessment Training	18.8% (3)	59.3% (16)	59.3% (81)	54.9% (N=100)
Policy/Program Information	81.3% (13)	44.4% (12)	47.4% (69)	50.0% (N=91)
Program Management Training	62.5% (10)	63.0% (17)	43.0% (58)	47.8% (N=87)

The table lists only those percentages of staff which felt that training was needed in these areas. However, the overall need column is based on the replies of all respondents (182), including those who felt that training in a particular area was not necessary or not applicable. Regardless of percentages, however, the chart clearly indicates that staff feel their skills could be upgraded in several areas, most notably in the field of substance abuse.

Summary

Those staff that responded to the survey generally concurred that they would like to see more community-based diversionary programs made available to juveniles. At the time of the survey, Eldora, Mitchellville, and Toledo were approximately at 90% (268) of maximum capacity and expectations were that the juvenile populations of these institutions would increase. Institutional staff, as well as group home staff and probation and aftercare workers would like to see more outpatient services provided. In particular, they would like to see individual and group counseling in the field of substance abuse. Staff also expressed an interest in residential treatment if it could be located within the community - a type of halfway house environment.

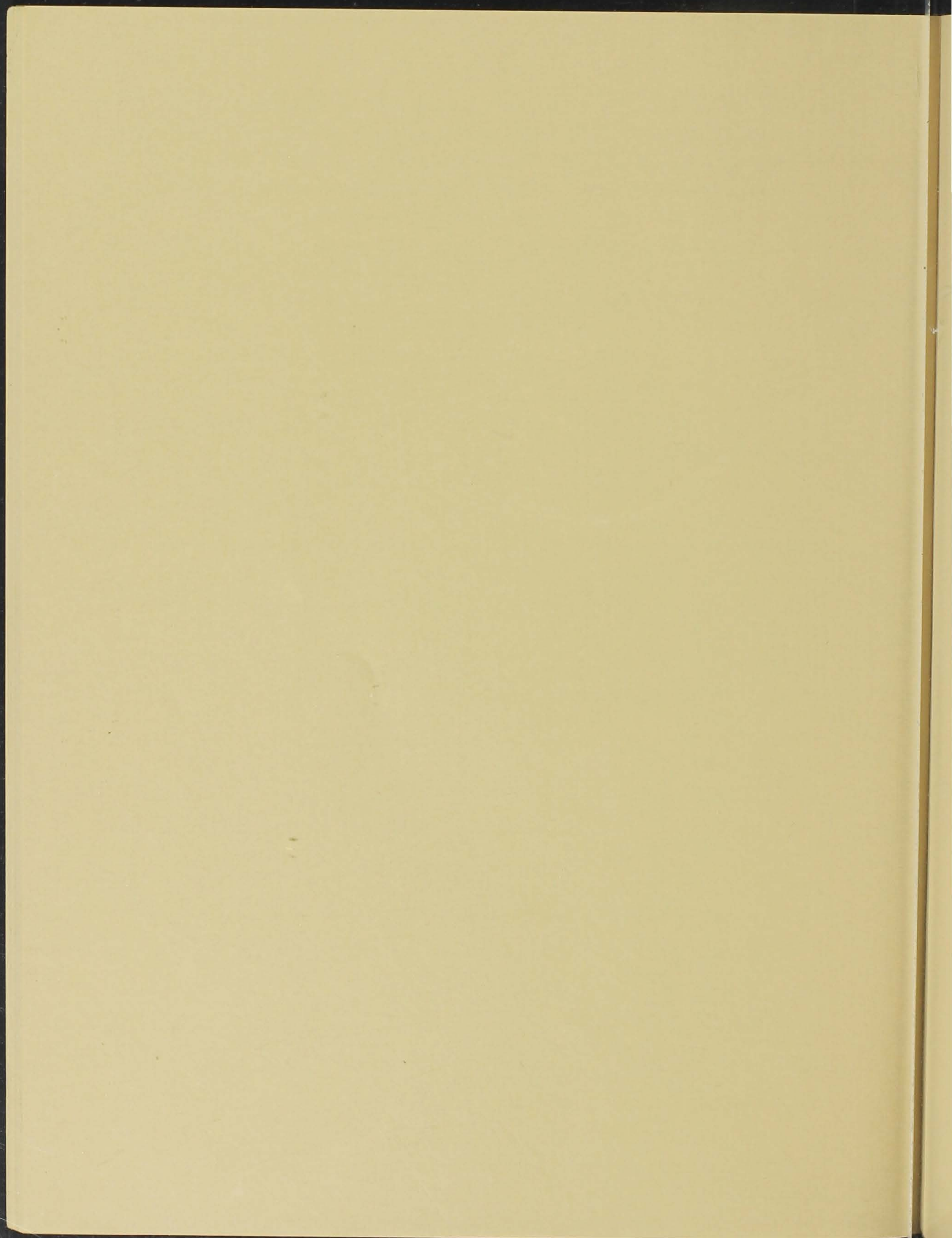
Overall, staff felt that current resources did not meet their needs, and more local diversionary programs were necessary. They also felt that they would be much better equipped to provide services to the substance abusing juvenile if they had more training in the field of substance abuse.

In response to this, IDSA has begun work towards the development of a comprehensive training plan for juvenile justice staff. Based on the survey, the resultant training plan will allow staff to participate in training for which they have expressed a need. Specifically, the IDSA training will be focused upon substance abuse counseling skills and alternative treatment modalities as they relate to the juvenile offender with a drug and/or alcohol problem. Training will also be directed towards increasing the in-house training capabilities for juvenile justice staff. This will enable those staff who have been certified by IDSA to continue the training on an ongoing basis as they deem necessary.

Specific training designs and other recommendations for juvenile justice staff will be addressed in the "Findings and Recommendations" section of this report. However, some of the goals to be attained by the implementation of a comprehensive training design have been briefly listed below:

1. Staff will have increased capabilities to diagnose a substance abuse problem and subsequently, to select the proper treatment modality for the substance abusing juvenile.
2. Correct diagnosis of a substance abuse problem at point of intake may facilitate the delivery of more appropriate treatment. If drug and/or alcohol abuse is a major problem, proper diagnosis of this problem at point of intake into an institution could save time spent on pursuing other treatment programs that would not meet the juvenile's needs.

3. By improving quality and quantity of services available at the local community level, the probability is increased that the substance abusing juvenile will be able to receive adequate treatment within the local community and will be able to remain within his/her home environment while completing a treatment program.
4. By increasing staff knowledge and capabilities, the expected overall result will be a more efficient, efficacious statewide service delivery system to juvenile offenders with a substance abuse problem.



VI. FINDINGS AND RECOMMENDATIONS

Findings

This report represents a culmination of efforts by IDSA to determine the nature and extent of substance abuse among juveniles in Iowa that have come in contact with the criminal justice system. Juveniles detained in institutions were surveyed and those on probation and aftercare (parole) were taken into consideration in an attempt to gain a complete assessment of abuse patterns by this population. Additionally, juvenile justice staff comprised an important component of IDSA research efforts. Briefly, highlights of the report are as follows:

- * Over 80% (N=198) of juvenile justice staff participating in the survey felt that they could benefit from training in the field of substance abuse. This type of knowledge ranked as a top priority for administrative, supervisory, and direct service staff.
- * Nearly 85% (N=348) of the 413 juvenile residents surveyed stated that 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, ostensibly because it is generally the easiest to obtain.
- * 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 6,829 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.
- * It is projected that nearly 60% of admissions into Eldora and Mitchellville in fiscal year 1978 will have a moderate to severe drug and/or alcohol problem.
- * Based upon results of the resource identification/needs assessment survey of juvenile probation and aftercare workers, it appears that the majority of these staff would like to see more substance abuse treatment provided by other agencies within the community. Respondents also stated they would like to see more juveniles receiving professional substance abuse counseling on an outpatient basis. Additionally, respondents stated they would like to have more training in the field of substance abuse.
- * Juvenile institutional staff would also like to see juveniles receiving more substance abuse counseling, but prefer that it be located within a type of halfway house environment within the community.
- * Trend data from the Department of Social Services reveals that from 1973-1978, the percentage of juveniles admitted to Eldora, Mitchellville, and Toledo with a moderate to severe abuse problem has risen nearly 22% (N=417). Since correlations have appeared with regard to criminal justice involvement as a youth and later involvement as an adult, this figure merits serious attention when priorities are developed for future programming.
- * In 1977-78, 78% (N=6814) of all adult and juvenile clients served by the community-based corrections system had been identified as users of drugs or alcohol.
- * 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 1977-78. In two years, the patterns of first alcohol abuse have started two years earlier in these juveniles.
- * Survey results indicate a 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.

Recommendations

The following section addresses treatment services as they currently exist and makes recommendations for enhancing, as well as expanding, those services. Additionally, new developments with regard to programming are addressed here. For purposes of clarity, the section has been sub-divided into three sections: (1) federal, (2) state, and (3) local. Since it was not the intent of this report to research national trends per se, this component is

not addressed as fully as the state and local issues. At the same time, however, those issues at the national level regarding substance abuse generally mandate the type of capabilities available to the state and local level programs. Therefore, federal issues will be addressed first in this section.

Federal Issues

At the national level, many of the directives promulgated to the states are based upon research conducted in 1975. Simply, federal efforts have addressed five issues which subsequently comprise many of the basic strategies for state and local programming.

- * The first issue deals with the actual cost of substance abuse to society. Simply put, the cost of substance abuse is not only the adverse effect which it has upon the substance abuser and the people surrounding that individual. Rather, an actual cost to society would better be assessed by taking into account the problems of economic dependence, drug/alcohol induced criminality (support mechanism), job loss, and death to the abuser and others surrounding the individual. As a result of increased awareness of this at the federal level, efforts are being made to coordinate law enforcement and substance abuse prevention with other social and health services.
- * The second issue deals with the balance between supply and demand reduction efforts. The basic assumption here is that if the supply of illicit drugs is reduced fewer people would take them due to increased cost and difficulty in obtaining them. Only recently, however, have officials been made aware that decreased supply must be accompanied by efforts to decrease the demand. Therefore, more attention has been focused upon the development of more effective prevention and intervention programs. Consequently, the need for increased resources has been emphasized for education and prevention programs at the federal, state and local levels.
- * The third issue deals with the prioritization of drugs. Where once all drugs were considered as being equally dangerous, federal efforts have prioritized drugs in terms of their addictiveness, their cost to society, and the number of individuals using these drugs. Results of prioritization are seen in the severity and length of sentences (via the revised Federal Criminal Code) dealt to those individuals trafficking dangerous drugs. This is also seen by ongoing efforts of the U.S. government to negotiate agreements with other countries in an attempt to limit their drug-producing crops.

- * The fourth issue at the national level deals with a concept which has been implicit in many programs for a long time; that concept being full utilization of available resources. At the federal level, this addresses the need to more fully integrate the resources of various departments so that one can effectively complement another. At the state and local levels, this refers to coordination of activities and information among programs and utilization of treatment slots. This also relates to federal standards in that the National Institute on Drug Abuse (NIDA) standards mandate that treatment slots must be utilized at a level of at least 85% of the amount of federal dollars available for treatment slots are subject to decrease.
- * The fifth issue overlaps with the first component of the federal strategy in that it addresses the problem of substance abuse in relationship to other social problems. At the national level, this includes acceptance of the belief that substance abuse is not an isolated phenomenon that should be dealt with independently. Rather substance abuse should be dealt with in conjunction to other social and personal problems that will facilitate treatment of the substance abuse problem. Treatment programs must be designed to coordinate with other types of social programs in order to derive the maximum benefit from both. This has been seen increasingly at the state and local levels via the development of peer helper and values clarification programs designed to deal with the problem of substance abuse as it related to other problems of the individual.

An additional factor to be considered when reviewing federal strategy and actions with regard to substance abuse is that in May, 1978, the National Association of State Drug Abuse Coordinators (NASDAC) and Council of State and Territorial Alcoholism Authorities (CSTAA) voted to merge their respective associations forming the National Association of State Alcohol and Drug Abuse Directors (NASADAD). This merger acted to insure that more coordinated efforts will be focused upon treating the drug/alcohol abuser. Since the incidence of polydrug abuse is increasing yearly, the merger of these two associations can well serve to enhance the level of planning and cooperation between alcohol and drug constituencies.

State

At the state level, there are several recommendations which have been made as a result of data compiled through the juvenile justice project. In addition, some of the recommendations made in the 1976-77 survey of the adult substance abusing offender are applicable to the juvenile justice system and should be coordinated between these two systems.

In the adult offender survey, it was found that many of the staff felt additional knowledge in the field of substance abuse was necessary for them. Similar results were obtained from the juvenile justice survey. While over 80% of the 182 juvenile justice staff surveyed had received formalized education of a bachelor's degree or more advanced degree, nearly 88% of the respondents had received little or no training in the field of substance abuse. The need for such training was felt by all levels of staff providing treatment services to juvenile substance abusing offenders. In addition, specific topical areas for which many training requests were received included drug pharmacology, drug availability by specified regions, and updated drug information with regard to "street language" and the types of drugs being distributed.

In response to the survey results and these requests for training, IDSA has developed a system to provide training to juvenile justice staff. The system is designed to provide institutional, probation, and aftercare workers the necessary skills to identify, screen, and refer substance abusing juveniles to treatment. Specifically, the training will serve to:

1. Improve counselor techniques in providing services to the substance abusing juvenile offender.
2. Provide alternative methods for providing treatment to substance abusing clients.
3. Increase basic pharmacological knowledge.
4. Improve intake and diagnostic procedures for identification.
5. Train staff to provide training to other staff personnel treating the substance abusing juvenile.

Additionally, built into the initial training design are plans to have training continued on an ongoing basis. As shown earlier in the Training Needs Assessment section of this report, nearly 75% (N=139) of the staff surveyed had been employed in the juvenile justice system four years or less. Approximately 40% (N=70) of these individuals had been employed for less than a year within this system. This indicates either a high rate of staff attrition and turnover, or an increased number of staff employed in this system. Regardless of the causative factor, however, is the realization that training needs to be provided on an ongoing basis.

By training criminal justice staff to become capable of training additional personnel working in the juvenile system, training resources will expand considerably, thereby creating the overall impact of better and increased service delivery throughout the state. Staff training will be diverse in order to enable trainees to adapt and modify, as necessary, training materials to be delivered to specific targeted populations.

As a result of qualifying additional personnel to be utilized in training functions, IDSA will increasingly become available as a resource for other agencies providing services to substance abusing juveniles in the justice system.

In addition, a three-day workshop prepared by the National Drug Abuse Council and modified for Iowa by IDSA entitled "Criminal Justice-Drug Treatment Interface Processes" will be made available to juvenile justice staff and substance abuse treatment program staff servicing the same geographic area. The workshop will serve to identify elements available within specified regions to improve or augment current screening, identification, referral, treatment planning, and impact assessment processes between the juvenile justice and substance abuse treatment systems. Variables affecting both systems with regard to interface and coordination of activities will be examined in the workshops. Consideration will also be given to recent legislation regarding juvenile 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 juvenile institutions throughout the state. These individuals could also have the ancillary function of being liaisons between IDSA and the juvenile facilities.

In 1977, criminal justice referrals to treatment for youth under age 18 constituted nearly one-third of the 444 referrals made for this age group (N=143). Of this number, TASC referrals comprised nearly half. Other criminal justice referrals were mainly pre-trial Release on Recognizance (ROR), Release with Supervision (RWS), and probation referrals. Many of the mechanisms utilized in screening and referring these clients have been standardized to a certain degree. However, if a more comprehensive set of guidelines and standards were developed for early identification of the substance abuse problem, juvenile staff capabilities would be enhanced.

In the resource identification/needs assessment survey interviews which were conducted at various juvenile facilities throughout the state, the overwhelming majority of respondents stated that they did not have a means to identify substance abuse problems if the juvenile was not already a known substance abuser. Of the state and private facilities and probation and aftercare offices reporting, 75% stated they did not have a specific intake process for screening clients with a substance abuse problem.

Standardization would aid staff in being able to readily identify and subsequently to refer the juvenile into treatment for a drug or alcohol problem. As shown earlier, there is a discrepancy of at least 15% between the number of juveniles with a substance abuse

problem and the number of juveniles being referred to treatment. The number could conceivably be lessened by standardized identification mechanisms. In addition, standardization of this type would have the ancillary benefit of more effective time utilization by staff.

Standardization of this procedure would also help in eliminating overlap with the system. For example, some of the juveniles referred to treatment by TASC were also referred to treatment by a juvenile justice agency. If subsequent monitoring is then being done by TASC as well as the criminal justice agency, there is unnecessary overlap in staff work and staff time. Similarly, this standardization could be extended to include Alcohol Safety Action Program (ASAP) staff. Since the statewide ASAP program is responsible for identifying and referring to treatment those individuals with alcohol problems, perhaps some of the services provided by TASC and ASAP could be coordinated. Additionally, since TASC has expanded its services to include alcohol offenders, it would be beneficial for staff for both programs to work in conjunction with one another on the development of a streamlined but comprehensive identification system which could be utilized by both agencies. For example, TASC could perhaps integrate some aspects of the Mortimer-Filkins test which is used by ASAP for identification of the problem drinker/driver.

For the entire system of identification, referral, and monitoring to operate at maximum efficiency, staff from all concerned agencies must cooperate in mutual exchanges of information and expectations. Staff from the juvenile justice system must be made aware of the needs and capabilities of the substance abuse treatment system and similarly staff from the substance abuse treatment system need to be made cognizant of the capabilities and needs of the juvenile justice system. As addressed earlier, the criminal justice/substance abuse interface workshop is an initiation for beginning exchanges of this type on the local level.

Local Level Programming

Once a cooperative informational exchange has begun between various types of juvenile programs and facilities, affiliate agreements to provide services could be implemented among the programs to insure a full scope of treatment for the juvenile substance abusing offender. Again, this would aid in eliminating overlap among services and would help in providing for maximum efficiency of services.

To extend this an additional step, correctional facilities could subcontract with substance abuse treatment programs to provide services for their mutual clients. For example, at the institutional level, group home level, and shelter/detention facility level, there were few services offered which dealt directly with substance abuse. When staff were surveyed as to what type of internal resources were available for substance abuse treatment, responses included lectures, health classes, and counseling. Almost all of the respondents stated that

referrals for substance abuse treatment were made to other programs. If referrals out are equal to the number of juveniles who admit having a substance abuse problem, it would be far more feasible financially, in terms of travel expenses and in terms of staff usage of time, to initiate an ongoing program within the institution. This could be done in several way.

1. One of the alternatives would be to hire a full-time substance abuse counselor within the institution. This could be accomplished through the hiring of an additional person or through reallocation of an existing position. In either case, this person would be responsible for specific substance abuse counseling, as well as setting up treatment programs within the institution.
2. A second alternative would be to utilize one or two individuals on a rotating basis among the institutions. This individual(s) could rotate among three or four facilities and perhaps hold individual and/or group therapy sessions for approximately one day per week at the various facilities. Additionally, this could be augmented with client self-help groups. For example, a self-help group for juveniles could be set up similar to the Phoenix group at the Anamosa Men's Reformatory. Sessions could be held intermittently throughout the week and could be facilitated by a staff person from within the institution. This alternative may be more viable also, in that since the individual(s) would be rotating among institutions, cost for this individual(s) could be shared among the institutions.
3. A third alternative would be simple to initiate a self-help group within the institution which could be facilitated by a staff person with some substance abuse training. Although economically feasible, this alternative may not be capable of producing desired change, both in terms of latitude and proper channeling of the group's activities.
4. A fourth alternative would be to implement a liaison system whereby an individual from a substance abuse treatment program could come into the institution on a part-time basis to provide treatment. This was touched upon earlier when the subcontracting process was mentioned. A system similar to that of the TASC liaison at the Women's Reformatory in Rockwell City could be implemented. There an agreement has been developed between the Women's Reformatory and the Cherokee Mental Health Institute satellite offices in Fort Dodge for provision of counseling and referral services to women nearing release.

An advantage of the second and fourth alternatives is that having staff from outside of the institution come in might be less threatening to the juvenile with regard to having his/her substance abuse problem remain hidden from institutional staff. Thus, the juvenile may be more prone to receive help for the substance abuse problem. An additional advantage here is that referral to a substance abuse treatment program within the community would be more assured when the juvenile is ready to be released.

Disadvantages of having a non-institutional person come in would be that the individual would not be considered an institutional employee; therefore, it conceivably could become a problem for that individual to obtain confidential client records of the institution. Confidentiality could also become an issue here in that the substance abuse counselor from the outside might be expected to divulge confidential information regarding substance abuse which has been passed on to him by the juvenile client. Mutual training, such as the workshop mentioned earlier, for substance abuse staff and juvenile justice staff might resolve some of these issues before they arise. Regardless of how it is implemented, the treatment system should be designed to maximize the benefits derived by the juvenile client.

At the community level, there again exists the need for increased levels of identification and referral to treatment. Of the 17 probation and aftercare offices that responded to the survey, five, or approximately 30%, had a specific intake process being utilized to screen substance abusing offenders. When consideration is given to the fact that most probation and aftercare workers have caseloads of 10 to 20 clients and see their clients approximately twice a month, it is imperative that a substance abuse problem be identified as quickly as possible. Recommendations here are again based upon the need for adequate intake mechanisms and means of identifying the problem offender. As suggested earlier, a more comprehensive, standardized intake process might alleviate part of the problem.

One solution here might be to provide a diagnostic and evaluation center for juveniles entering into the justice system. This could be accomplished in a number of ways. The possibility exists that there would be one center statewide for diagnostic and evaluation purposes, such as the facility utilized for adults at Oakdale. Facilities could also be established on a regional or judicial district basis, which would be more economically viable in terms of travel and staff time spent for transporting juveniles. Substance abuse treatment programs could also be utilized on a contract basis for diagnosis and evaluation.

Currently, there is no uniform screening process to determine which juveniles should be referred to the juvenile courts for a hearing. The majority of the screening is handled by either the county attorney or by a probation officer. Since workloads of both attorneys and probation officers are generally more than ample, little time is left for an adequate

screening and evaluation process for all the juveniles referred to these groups. If specific intake units were established to handle these functions, a more thorough evaluation could be completed. The end result would be a better referral system for those juveniles with substance abuse problems and a more expedient service delivery by the courts, county attorneys and probation officers. This is due to the fact that certain juveniles will be diverted from the juvenile court system prior to the involvement of the courts, attorneys, or probation officers.

The diagnostic unit would have the responsibility of completing a total assessment²⁴ of the juvenile and making recommendations to the juvenile court as to which cases should be referred for a hearing. This unit would also have the responsibility of referring juveniles to substance abuse treatment, if deemed necessary, and insuring that some type of follow-up is completed on these juveniles.

One of the problem areas identified in the FY 78 Criminal Justice Plan by the Iowa Crime Commission was a lack of diversion and prevention techniques for keeping juveniles out of the justice system. In addition, the requirements of the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 dwell upon the importance of diversionary programs and alternatives to detention facilities that allow the juvenile to remain within the community. These JJDPA mandates are in keeping with the trend seen at the adult correctional level that stresses community-based diversionary programs.

An ancillary benefit from this diagnostic unit approach is that there would be a consistent system throughout the state for evaluating and referring the pre-adjudicated juvenile. Discrepancy that is present within the current system would be considerably reduced.

One of the most feasible mechanisms for implementation of these diagnostic units would be to set them up on a judicial district basis. Legislation brought up this past session of the 67th General Assembly in both the Senate and House would provide for juvenile divisions of the judicial district departments of correctional services. If this legislation is passed in the future, more capabilities would exist for diagnosis and evaluation of juvenile offenders with a substance abuse problem. The possibility also exists that the local substance abuse treatment programs could contract to diagnosis and evaluate these juveniles and subsequently, to make referrals regarding future treatment.

In addition, one of the main objectives for FY '78 juvenile justice planning by the Iowa Crime Commission included the provision of additional community services to juveniles... "by supporting shelter care projects, diagnostic detention centers and group homes." This would

²³Included in this assessment would be such things as social history and demographics, psychological evaluation, substance abuse history, relationship with family, etc.

include support of substance abuse treatment programs for juveniles within some aspect of the juvenile justice system.

As the number of juveniles who came in contact with the justice system continues to rise, a diversionary diagnostic/evaluation unit increasingly appears as a viable solution to relieve the work load of the courts, attorneys, and probation officers. The synergetic effect of such a unit working with the various components of the justice system would serve to enhance the cost-effectiveness of the entire system. By a reduction in caseloads, dispositions can be made more expediently and thus the juvenile will be detained for a lesser amount of time. Time spent by attorneys and probation officers doing partial evaluations can be more productively spent attending to the more urgent requirements of their jobs.

Juvenile justice staff from probation and aftercare offices might also consider combining efforts on a judicial district basis and setting up a type of group therapy program for probation and aftercare clients. This is currently being done in the First Judicial District by the community-based correctional staff. The therapy serves as an adjunct to the local substance abuse treatment programs. Capabilities of initiating such a program would of course be contingent upon the number of staff and amount of staff time available among the various judicial districts.

Survey results showed that staff from all types of facilities preferred to see group therapy on an outpatient basis and individual therapy provided on either an inpatient or outpatient basis. If therapy was done on an inpatient basis, staff would prefer a therapeutic community setting - a type of halfway house environment. This issue would have to be researched more fully before any facility of this nature could be implemented. However, after research has been conducted, a pilot project of this nature might be feasible; particularly at a time when more attention is being given on the national level for treatment of substance abusing juveniles.

Substance abuse treatment programs will also be making some recommended changes and will be standardizing processes within the next year. With the January 1, 1978 merger of the Iowa Drug Abuse Authority and the Iowa Division on Alcoholism into the Iowa Department of Substance Abuse, temporary licenses were issued for all drug and alcohol treatment programs. By July 1, 1979 (tentative) all programs will have to meet new standards before they can attain licensure. The standards for these programs will help to insure that proper, adequate treatment is provided for all substance abuse clients. IDSA will continue to monitor and provide technical assistance to those programs in meeting the new licensure requirements. Additionally, at the state level, new information forms are being revised for the CODAP

data system in order to effect a better system for data retrieval of both drug and alcohol clients. Information obtained will thus become more accurate with regard to the nature and extent of substance abuse in Iowa. Consequently, better treatment planning and programming can be developed via more comprehensive baseline data.

As stated at the beginning of this paper, the purpose of the research conducted was not to do a causative analysis of the substance abuse problem. Rather, the purpose was to determine the nature and extent of substance abuse among this population group, and subsequently to make recommendations for an improved treatment system. As more juveniles with an abuse problem become involved with the justice system, the interface between these two areas will continue to increase.

Many of the recommendations in this report have focused on intervention vis-a-vis treatment as intervention is crucial to early identification of the problem and subsequent treatment success. However, even though intervention is a primary step towards reducing substance abuse, efforts here must also be coordinated with substance abuse prevention and education. As quoted in the White Paper on Drug Abuse²⁴:

"...despite our efforts to treat and rehabilitate drug users, we now understand that once a person begins to abuse drugs, long-term rehabilitation is both expensive and difficult. These sobering facts have convinced many experts that supply reduction efforts even when coupled with treatment and rehabilitation, are not enough, and that ultimately the drug problem can only be contained through effective education and prevention efforts."

Recently, the Federal Government has begun to devote more resources towards prevention programs. Since initial experimentation usually occurs during adolescence, many of the strategies are specifically being directed towards that population. Prevention efforts are also focusing upon those conditions which surround and precede substance abuse - a critical variable in determining why abuse occurs.

To facilitate this, greater cooperation and expanded linkages between the substance abuse treatment system and the criminal justice system will be needed at all levels (federal, state and local). In the past, studies have repeatedly shown that many individuals who

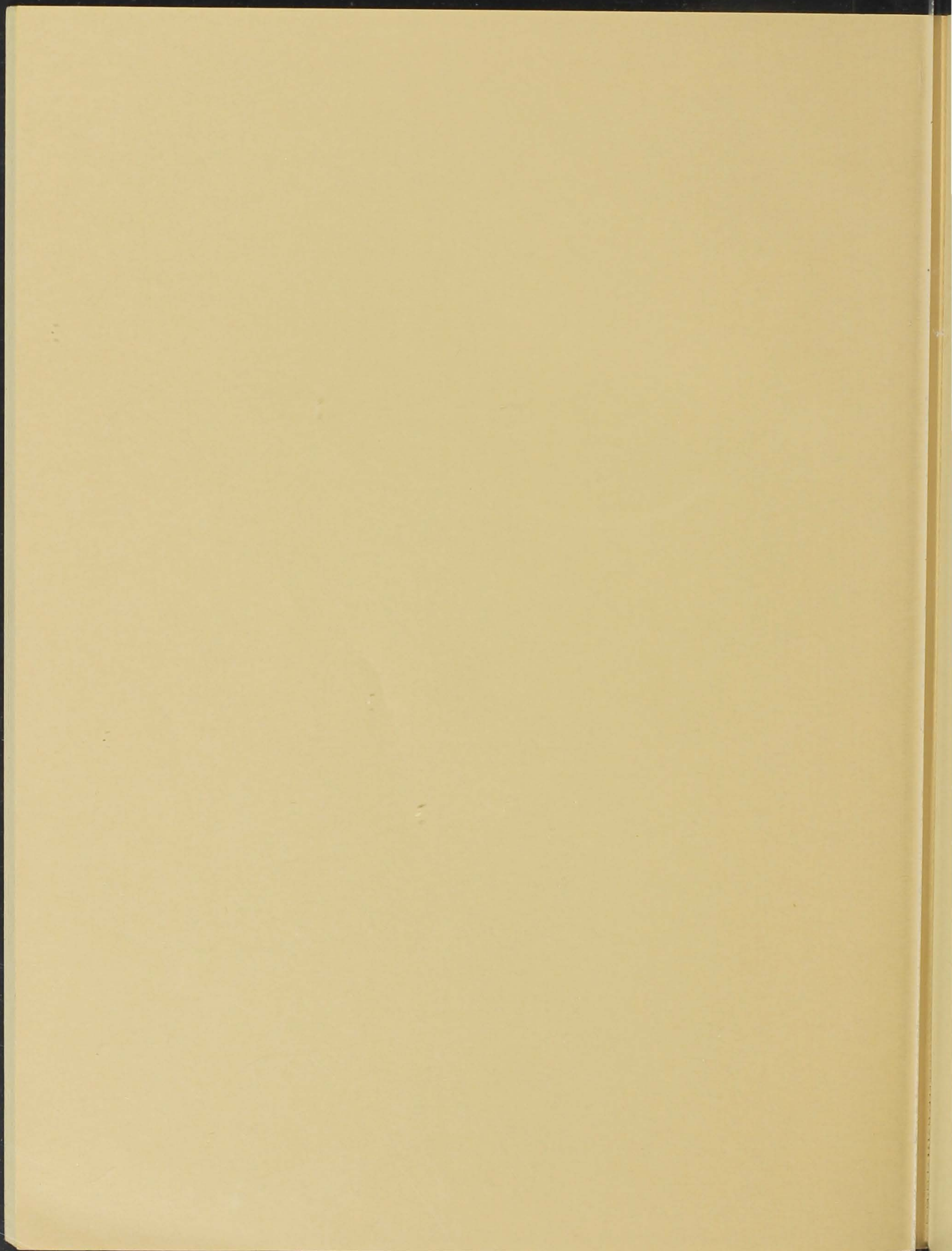
²⁴Published in January of 1975 by the Ford White House Administration.

abuse drugs and/or alcohol have a history of involvement with the criminal justice system. Only through interagency cooperation and informational exchanges can treatment needs best be met for the mutual clients. As shown by the data, the need is increasing for these types of exchanges.

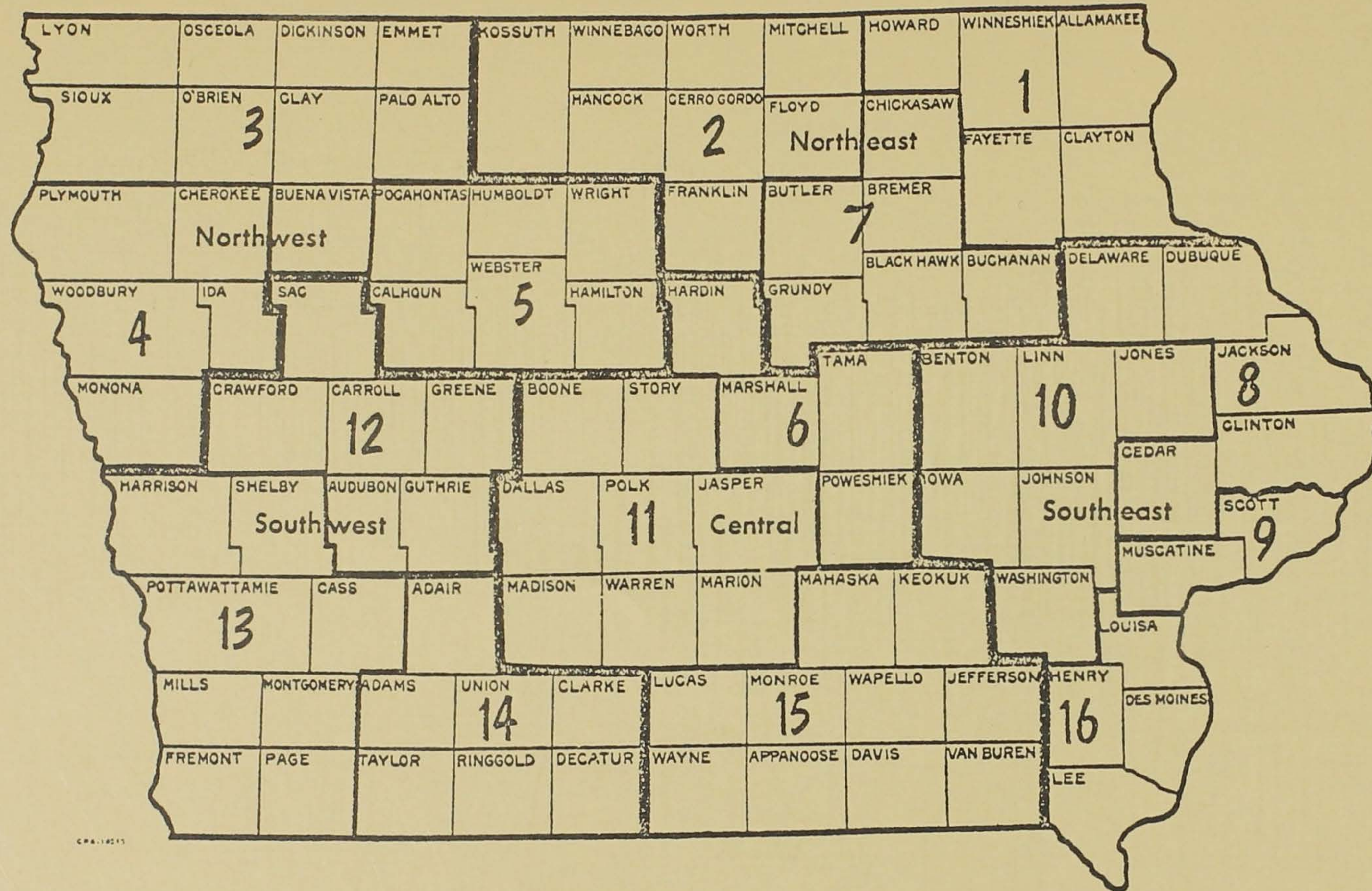
Through this juvenile justice project and others , IDSA will continue to provide assistance and training to the criminal justice/substance abuse treatment interface systems. If the two systems operate under a system of mutual exchange then recommendations made in this plan can best be addressed. The need for exchanges of this type have become apparent throughout this report, and only through working together can the two systems have the greatest impact upon the juvenile substance abusing offender.

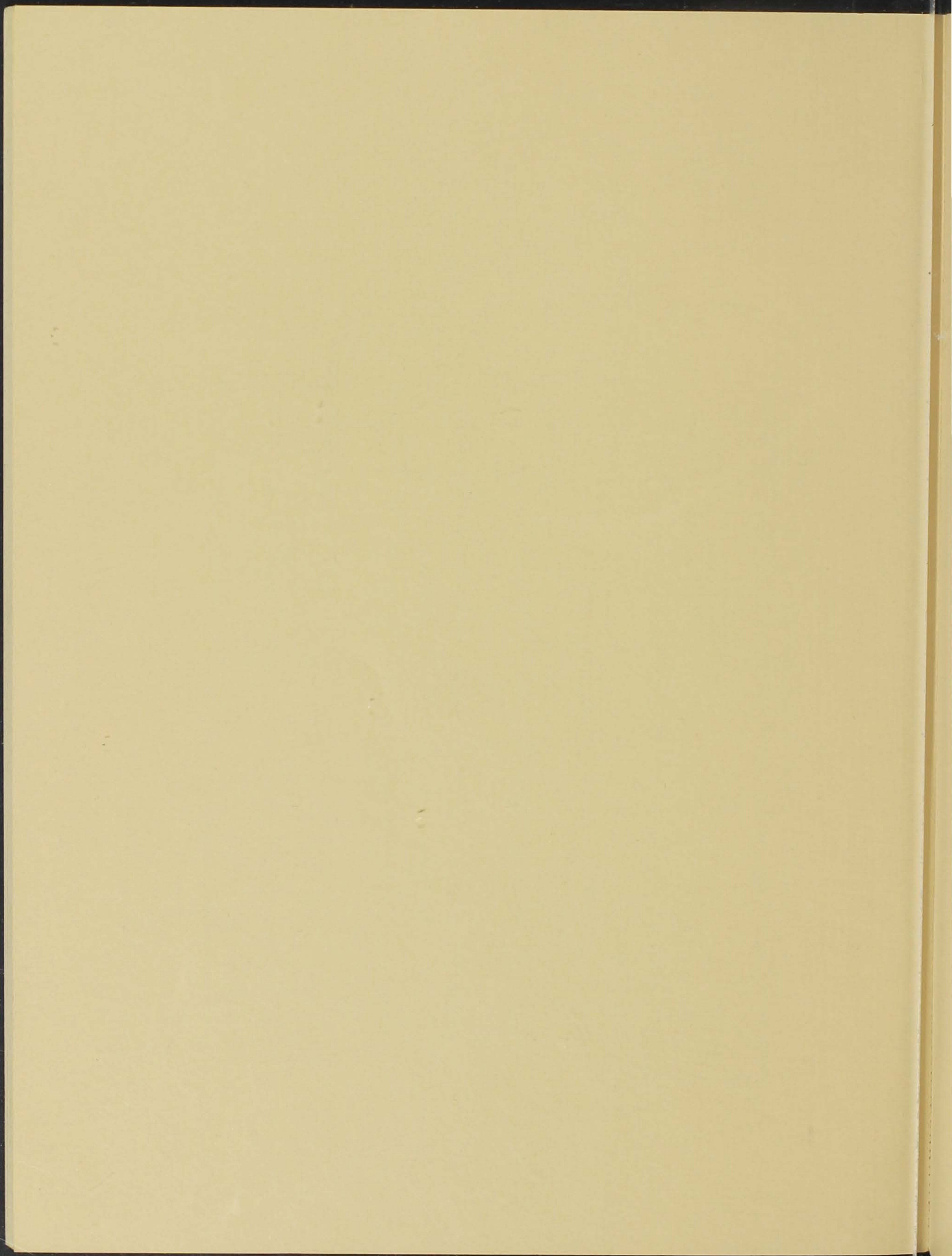


APPENDIX

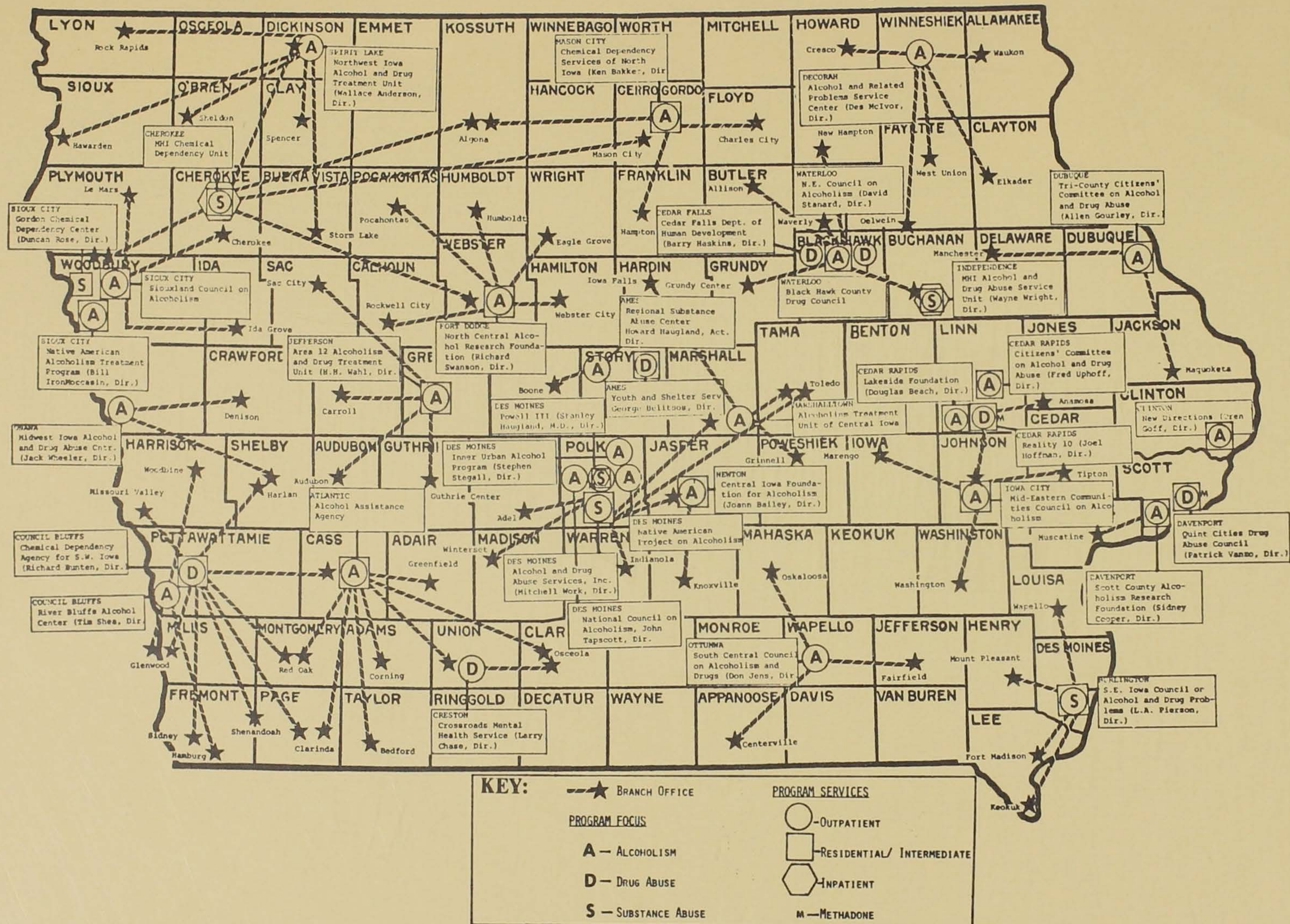


DISTRICTS FOR TECHNICAL ASSISTANCE

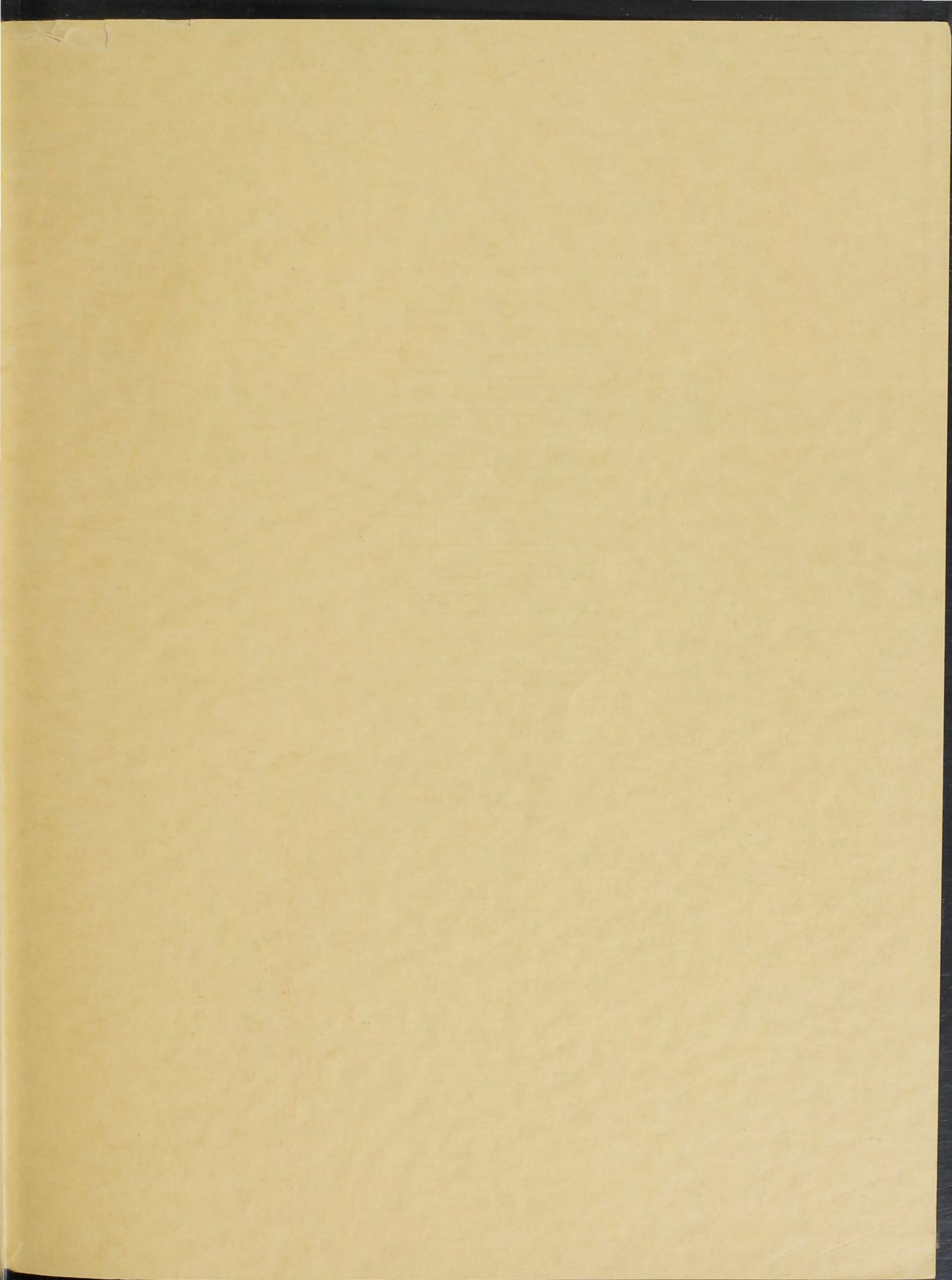




Iowa Substance Abuse Treatment Programs







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