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A Description and Assessment of the Iowa Juvenile Institutions' Substance Abuse Services Project Final Report

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**Prepared For: Iowa Governor's Alliance
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**Prepared By: Iowa Department of Human Rights
Division of Criminal and
Juvenile Justice Planning**

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IOWA DEPARTMENT OF HUMAN RIGHTS
DIVISION OF CRIMINAL AND JUVENILE JUSTICE PLANNING

A DESCRIPTION AND ASSESSMENT OF THE
IOWA JUVENILE INSTITUTIONS' SUBSTANCE ABUSE SERVICES PROJECT

FINAL REPORT

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RECOMMENDATION SUMMARY

This report describes and analyzes the substance abuse services provided at Iowa's two juvenile institutions. Its recommendations are intended to assist in the forthcoming restructuring of the institution's service delivery model. Listed below are recommendations considered by the principal researcher to be of particular importance as program changes are being considered and implemented. More detail on these suggestions and additional recommendations can be found in the final two sections of the report: "Peer Review Findings" and "Summary and Conclusions."

- Substance abuse services should continue to be available at both juvenile institutions.
- The Department of Human Services should develop measurable goals and objectives for its substance abuse services program at each institution; clearly stated agreements regarding the services and expectations of its contractual service provider should be formally adopted and publicized throughout both institutions, district DHS offices and juvenile court offices.
- Consideration should be given to the development of one or more models of residential service delivery that are designed to acknowledge and take advantage of the institutions' closed, isolated and highly structured service and supervision-oriented environments.
- Specific target groups from the larger institutional populations should be identified to receive project services; for at least some targeted residents, substance abuse treatment should be the primary focus of the institutions' service interventions. It is further recommended that unmotivated youth should not be excluded from this project's services.
- Written service referral criteria (not just exclusionary criteria) defining the target populations should be developed to guide the selection of the substance abuse service recipients.
- Policies and procedures should be developed, implemented and monitored to: a) assure that all institution and substance abuse provider staff are aware of the program's goals; b) facilitate appropriate referrals; and c) provide for the shared and coordinated monitoring of client progress among provider staff, institution counselors and cottage personnel.
- Steps should be taken to assure that substance abuse education and prevention services provided in the institution by non-substance abuse provider staff are compatible with the substance abuse provider's service approaches.

- Monitoring procedures should be implemented to further examine the usefulness of providing initial evaluations to all admissions to the institutions. Such monitoring should be structured to establish the extent to which institutional and post institutional service responses are, in fact, responding to the evaluations' recommendations. Efforts should be made to verify self-reported assessment information with institution records and other sources.
- Any plans developed to target the project's client population should address the extent to which aftercare preparation is viable as a separate service delivery model component.
- Discharge reports summarizing assessment findings, service progress and service recommendations should be required for all residents receiving any of the substance abuse provider's services.
- Efforts should be made to assure an awareness by the courts and post institution case managers/supervisors of the substance abuse assessment findings, service progress and service recommendations developed while youth are in the institutions.
- The required case permanency plans, developed for all youth under the court's jurisdiction, should be updated when a youth leaves the institution to include a specific response to substance abuse service recommendations that stem from interventions experienced by youth while in the institutions.
- Consideration should be given to recruitment of minority substance abuse service provider staff and the inclusion of culturally specific intervention components or techniques as an integral part of the project's service delivery model.
- Regular, project-wide oversight meetings between the institutions and the substance abuse provider should take place with mutually agreed upon and consistent agenda items and procedures to assure project-wide performance monitoring.

INTRODUCTION

This report presents findings from an evaluation of the substance abuse services provided at Iowa's two state-operated juvenile institutions. The evaluation was conducted on behalf of the Iowa Governor's Alliance on Substance Abuse (GASA) by the Iowa Department of Human Rights' Division of Criminal and Juvenile Justice Planning (CJJP). The evaluation was conducted to: a) describe the institutional program and its clients, b) assess the impact of the program on its clients, the institutions and the larger juvenile justice service system, and c) identify programmatic and organizational aspects of the institutions' substance abuse services project to be further examined for future planning purposes. The opinions and recommendations found in this report are those of the CJJP and are being presented to the GASA for their review and consideration.

The two facilities in which the project is housed are the only state operated juvenile institutions in Iowa. Eldora is a secure facility with a capacity for housing about 200 delinquent males. Toledo is a non-secure facility capable of housing 40 delinquent females and 54 male and female children in need of assistance. All residents are court ordered to the institutions and have typically experienced a number of prior out-of-home placements and other child welfare, juvenile justice, mental health and/or substance abuse services. For many residents, the institutions were considered the "only place left" that would accept them given their situation at the time of their admission. While there are a small number of new exceptions, Eldora has historically been the state's only secure placement disposition option available to Iowa's juvenile courts.

The Iowa Department of Human Services (DHS) operates both facilities and provides a wide range of programming within each. Both institutions are structured as a campus made up of a number of cottages; some of the cottages are meant to house certain types of residents, or residents with certain service or supervision needs. Although much of the programming available in the institutions is campus-wide rather than cottage-specific, some services are cottage-specific and may vary from one cottage to another. Included as one of the campus-wide services available in the institutions is the substance abuse treatment program provided through funding from GASA and a special state appropriation. DHS makes these services available through their contract with a private, not-for-profit agency, the Substance Abuse Treatment Unit of Central Iowa (SATUCI).

Through their contract with DHS, SATUCI provides and supervises treatment staff at both facilities to work with institution staff and residents. Their services include an initial evaluation of all youth admitted to the institutions, two types of in-depth evaluations for certain youth and the provision of a number of different group and individual treatment and other service interventions. They also help plan and arrange community-based follow-up or aftercare substance abuse services for youth who are leaving the institutions. Substance abuse services other than the initial evaluation are provided to resi-

dents referred to the SATUCI treatment unit by institution staff following their review of SATUCI's evaluation and a staffing that also addresses other problems and needs of the residents.

A variety of approaches were used to evaluate the DHS/SATUCI project. An evaluation advisory group was enlisted to help the GASA and the CJJP oversee the evaluation project (see Appendix A). Agencies and individuals with an interest in the evaluation participated as members of the advisory group to address research design, review progress, identify a peer review panel, review draft materials and otherwise present their suggestions and concerns.

Written project descriptions, grant proposals and other information were collected and reviewed by CJJP staff. Surveys were administered, and other activities were conducted to collect information on similar juvenile substance abuse service approaches in Iowa and the nation. Staff at the institutions and SATUCI were interviewed. Structured surveys were administered to these groups as well as to court officials and to other agencies involved with the program in terms of making referrals or providing follow-up services. A sample of SATUCI case records were systematically read to collect service and client specific information.

To collect information with which to describe program service recipients, client profiles were drawn from available information on all residents of the institutions and those who were referred to the treatment program. The institution's automated data base was accessed to develop a research data file. This research data file was enhanced with information collected from SATUCI case records, and follow-up data provided from juvenile court records and DHS case plans.

The CJJP subcontracted with a number of individuals to serve as a peer review panel to conduct an assessment of the quality of SATUCI's intervention policies and techniques. They were charged with assessing the nature of the treatment services purchased by DHS, their quality and the extent to which they are viable given the target population. Staff and client interviews, case readings and review of agency policies and record keeping practices were among their activities. The peer review panel was also provided with information collected through other activities of the evaluation to assist them offer comments on program structure and administration as they impact on service delivery and effectiveness.

To assess the impact of the program on its clients, CJJP collected follow-up information from DHS, the courts, and the Iowa Department of Public Safety for a sample of all students who were involved with the treatment program. Information was collected to describe what is known about the conditions, legal statuses and follow-up services for those youth who had been released from the institution following participation (or lack of participation) in the substance abuse program.

To provide a perspective within which to study this program and to examine how it impacts (or is impacted by) the various service systems of which it is a part, a number of activities were conducted. Surveys were sent to various juvenile court officials, juvenile institution staff, DHS field offices, and others who typically come into contact with juveniles before and after their institution stays. The survey gathered their opinions about the impact of the institution's substance abuse program services on their own operations and on Iowa's juvenile justice/child welfare system. The automated management information system maintained by the Iowa Department of Public Health's Division of Substance Abuse was accessed to analyze data describing the clients and nature of Iowa's statewide publicly funded substance abuse service system. A survey of privately funded agencies was conducted to further study the substance abuse service system of which the institutions' program is a part.

The primary goal of this evaluation was to identify ways in which the DHS/SATUCI project can be strengthened through major program changes. Research efforts were aimed at this goal rather than at a goal of reaching definitive conclusions regarding program success.

DESCRIPTION OF INSTITUTION RESIDENTS

INTRODUCTION

To describe the type of children and youth being sent to the two state institutions and for whom the DHS/SATUCI program is designed, information from the Department of Human Services' automated juvenile institution data system was accessed and analyzed. Data items describing all persons admitted to the institutions are recorded in this system based on information collected from various sources by institution staff.

The description that follows is limited to those students admitted to the Iowa Juvenile Home and the State Training School between October, 1988 and September 1989. It is this time period that was chosen as the population from which a research sample of cases was selected and studied in more depth (a more detailed discussion of the study time period and the case reading sample selection will be found in a later section of this report). All students that were admitted during this time period as detention cases were not included since they reportedly would not be receiving services from the DHS/SATUCI program. Also not included are any students that were re-admitted less than 6 months from an initial admission during the one year time frame; they are in the population count, but only through their first admission in the year of study. The total number of remaining admissions to both institutions during this twelve month time period was 737.

Because the two institutions vary in many aspects, the population for each facility is discussed separately.

STATE TRAINING SCHOOL AT ELDORA

Introduction

The State Training School at Eldora houses only delinquent males ranging in age from 12 to 17. During the time period studied, 564 boys were admitted. Eldora accounted for 76.5% of the total state juvenile institution population examined.

Legal Status

The majority (85.3%) of the students entering Eldora were admitted as commitment cases; they were placed in the institution through a juvenile court dispositional order and required by the courts to receive care and treatment. The remaining 14.7% were admitted for evaluation purposes only and would typically remain for up to 30 days at which time they would go back to the court to receive their delinquency disposition.

The institution data files indicated that court adjudication orders identified over 850 delinquent acts attributed to the 564 juveniles admitted during the time period studied. Of these offenses, 377 were felonies, 125 were simple misdemeanors and 355 were serious or aggra-

vated misdemeanors. For all levels of offenses, 621 (72.5%) were reported as property offenses, 175 (20.4%) as crimes against persons and the rest (7.1%) as unknown.

Race

Those admitted consisted primarily of white juveniles, (81%). African Americans accounted for 13.3% of the admissions. Hispanics, Native Americans, and Asian/Pacific Islanders combined made up the remaining 5.7%. It should be noted that through other data collection methods covering different periods of time, the percentage of African Americans was seen to be significantly higher. This could be a result of a change in the population over time and/or the nature of the type of cases this analysis omitted (detention and recent re-admits).

Family Background

More than fifty percent (56.2%) of the students admitted to Eldora had parents that were either separated or divorced. Students had spent an average of 14 months out of their parent's home and 14 months on probation prior to entrance into the institution.

Prior Placements

Most of Eldora's residents had lived either with their parents or guardians (43.8%), or in a group home (37.8%) immediately prior to their stay at the institution. The average student had had five prior placements, including one stay in a group home, and two stays in either a shelter, detention, or a jail. See Table 1. Many of the juveniles admitted to Eldora were from five Iowa counties, with at least 5% coming from each of the following: Black Hawk, Linn, Polk, Pottawattamie, and Woodbury. For over one fourth of the students (155), the most recent institution admission was their second; 6.5% (37) had been at the Training School Juvenile Home more than twice before.

Age & Education

The average juvenile admitted was 15.9 years old, had completed most of the ninth grade, and had just under an eighth grade functional education level at the time of admission to the State Training School. The majority (76%) of the students at Eldora were aged 16 to 17. See Table 2.

Table 1
Placement Immediately Prior to Eldora Admission by Age at Admission:

	12	13	14	15	16	17	1	Row Total
Parents/ Guardians	1 25.0%	6 27.3%	20 33.3%	49 46.2%	80 44.2%	91 47.6%	1	247 43.8%
Relatives		1 4.5%	1 1.7%	4 3.8%	6 3.3%	11 5.8%	1	23 4.1%
Foster Parents		1 4.5%	1 1.7%	1 .9%	2 1.1%	3 1.6%	1	8 1.4%
Group Care Community Based	2 50.0%	13 59.1%	32 53.3%	36 34.0%	62 34.3%	68 35.6%	1	213 37.8%
Group Care Campus Based			1 1.7%	3 2.8%			1	4 .7%
Institution, Hospital	1 25.0%		3 5.0%	6 5.7%	13 7.2%	3 1.6%	1	26 4.6%
Shelter, Detention, Jail		1 4.5%	2 3.3%	7 6.6%	14 7.7%	6 3.1%	1	33 5.8%
Independent					3 1.7%	5 2.6%	1	8 1.4%
Job Corps					1 .6%	1 .8%	1	2 .4%
Other						3 1.6%	1	3 .5%
Column Total	4 .7%	22 3.9%	60 10.6%	106 18.8%	181 32.1%	191 33.9%		564 100.0%

Table 2
Age at Admission:

	Frequency	Percent
12	4	.7
13	22	3.9
14	60	10.6
15	106	18.8
16	181	32.1
17	191	33.9
Total	564	100.0

Substance Usage

According to information provided by institution staff, students who reported more than experimental use of alcohol first used it over two and a half years prior to their admission to the Training School. Over one quarter (26.8%) of the students at Eldora reported having used alcohol 1 to 6 times weekly before coming to the institution, and 39% reported use of less than once a week, but more than once a month. Only 13.3% had never used alcohol. Students who reported more than experimental use of marijuana also reported that their first use was about two and a half years before entering the institution. Almost one fourth (23.2%) of the students had been using the drug 1 to 6 times per week prior to their admission. Another quarter (27%), though, had never tried marijuana. Well over half of the students had never tried amphetamines (63.3%), barbiturates (87.4%), cocaine (70.0%), or heroin (95.6%). See Tables 3-10.

Table 3

Average length of drug use prior to admission for Eldora students who reported use (other than experimental) of the following:

Alcohol:	31.16 months	Cocaine:	16.64 months
Marijuana:	31.07 months	Heroin:	12.50 months
Amphetamines:	20.91 months	Other:	23.05 months
Barbiturates:	25.66 months		

Table 4

Frequency of Alcohol Use:

	Frequency	Percent
Never Used	75	13.3
Experimental	36	6.4
Once a Month or Less	58	10.3
Less than Once a Week	220	39.0
1 to 6 Times a Week	151	26.8
Once a Day	15	2.7
More than Once a Day	2	.4
Other	7	1.2
Total	<hr/> 564	<hr/> 100.0

Table 5
Frequency of Marijuana Use:

	Frequency	Percent
Never Used	152	27.0
Experimental	70	12.4
Once a Month or Less	39	6.9
Less than Once a Week	115	20.4
1 to 6 Times a Week	131	23.2
Once a Day	43	7.6
More than Once a Day	7	1.2
Other	7	1.2
Total	<u>564</u>	<u>100.0</u>

Table 6
Frequency of Amphetamine Use:

	Frequency	Percent
Never Used	357	63.3
Experimental	75	13.3
Once a Month or Less	17	3.0
Less than Once a Week	60	10.6
1 to 6 Times a Week	33	5.9
Once a Day	13	2.3
More than Once a Day	2	.4
Other	7	1.2
Total	<u>564</u>	<u>100.0</u>

Table 7
Frequency of Barbiturate Use:

	Frequency	Percent
Never Used	493	87.4
Experimental	29	5.1
Once a Month or Less	4	.7
Less than Once a Week	16	2.8
1 to 6 Times a Week	12	2.1
Once a Day	3	.5
Other	7	1.2
Total	<u>564</u>	<u>100.0</u>

Table 8
Frequency of Cocaine Use:

	Frequency	Percent
Never Used	395	70.0
Experimental	72	12.8
Once a Month or Less	21	3.7
Less than Once a Week	32	5.7
1 to 6 Times a Week	29	5.1
Once a Day	8	1.4
Other	7	1.2
Total	<hr/> 564	<hr/> 100.0

Table 9
Frequency of Heroin Use:

	Frequency	Percent
Never Used	539	95.6
Experimental	10	1.8
Once a Month or Less	3	.5
Less than Once a Week	2	.4
1 to 6 Times a Week	2	.4
Once a Day	1	.2
Other	7	1.2
Total	<hr/> 564	<hr/> 100.0

Table 10
Frequency of Other Use:

	Frequency	Percent
Never Used	372	66.0
Experimental	69	12.2
Once a Month or Less	24	4.3
Less than Once a Week	42	7.4
1 to 6 Times a Week	42	7.4
Once a Day	6	1.1
More than Once a Day	2	.4
Other	7	1.2
Total	<hr/> 564	<hr/> 100.0

Length of Stay

The average length of stay for students admitted during the time period of study was 3.65 months. This is somewhat less than has been more recently reported; the time period from which the study sample was selected was one which experienced a fairly major overcrowding situation that likely impacted on lengths of stay.

Post-Institution Placements

Over half (53.9%) of the students reportedly were expected to receive continued supervision after their release from the institution. Most placements of released students were to the following counties: Linn, Polk, Pottawattamie, Scott, and Woodbury. After separation, 39% of Eldora students went to live with their parents or guardians, and approximately one fourth (25.6%) were placed in some type of group placement setting. About 40% of all students under the age of 17 were expected to be placed in some type of out-of-home facility upon their release from the institution. The majority (57.1%) of 17 year olds were placed with their parents or guardians. See Table 11.

Table 11
 Separation Living Environment by Age at Admission:

	12	13	14	15	16	17	1	Row Total
Unknown		4 18.2%	5 8.3%	9 8.5%	18 9.9%	10 5.2%	1	46 8.2%
Parent/ Guardian	1 25.0%	2 3.3%	19 31.7%	32 30.2%	57 31.5%	109 57.1%	1	220 39.0%
Relatives		1 4.5%	2 3.3%	4 3.8%	3 1.7%	10 5.2%	1	20 3.5%
Foster Parents				2 1.9%			1	2 .4%
Group Care, Community Based	1 25.0%	6 27.3%	16 26.7%	29 27.4%	50 27.6%	18 9.4%	1	120 21.3%
Group Care, Campus Based		4 18.2%	3 5.0%	6 5.7%	11 6.1%		1	24 4.3%
Institution, Hospital	1 25.0%	1 4.5%	2 3.3%	4 3.8%	8 4.4%	9 4.7%	1	25 4.4%
Shelter, Detention, Jail				1 .9%	1 .6%	4 2.1%	1	6 1.1%
Independent						6 3.1%	1	6 1.1%
Job Corps					2 1.1%	2 1.0%	1	4 .7%
Other	1 25.0%	4 18.2%	13 21.7%	19 17.9%	31 17.1%	23 12.0%	1	91 16.1%

Column Total	4 .7%	22 3.9%	60 10.6%	106 18.8%	181 32.1%	191 33.9%		564 100.0%

IOWA JUVENILE HOME AT TOLEDO

Introduction

During the time period studied, 173 children were admitted to the Juvenile Home. Fifty-four (31.2%) admissions were males and 119 (68.8%) were females. Toledo accounted for 23.5% of the state's juvenile institutions' admissions.

Legal Status

Of the 173 admissions to Toledo, 99 (57.2%) were adjudicated children in need of assistance (CINA), and 74 (42.8%) were adjudicated to have committed a delinquent act. All delinquent admissions at Toledo were female. Males represented 54.5% of the CINA population, and females comprised the remaining 45.5% of CINA cases.

For those 74 juveniles whose commitment involved delinquency, the institution data files indicated that court adjudication orders identified about 102 delinquent acts attributed to them. Of these offenses, 31 were felonies, 28 were simple misdemeanors and 43 were serious or aggravated misdemeanors. For all levels of offenses, 29 (28.4%) were reported as property offenses, 66 (64.7%) as crimes against persons and the rest (6.8%) as unknown.

Race

The majority of Toledo's population was white (85%). African Americans comprised 11% of the population. Hispanics, Native Americans, and Asian/Pacific Islanders each represent less than 2% of this population.

Family Background

Over half (52%) of those at the Iowa Juvenile Home were from families with separated or divorced parents. Close to one fourth (22.5%) of the students had been the subject of at least one substantiated child abuse report. The average juvenile had spent 29 months out of their parent's home prior to admission to the institution.

Prior Placements

Most students had been in an out-of-home setting prior to their admission. Thirty-one percent (31.2%) came from some type of group care immediately preceding their admission, 24.9% came to the institution from shelter or detention, and 22% from another institution or hospital. On the average, students had experienced 8 prior placements, including one stay in a foster home, one stay in a group home and two stays in shelter or detention. Students primarily had come to Juvenile Home from the following 5 counties: Black Hawk, Linn, Scott, Wapello, and Woodbury. See Tables 12 and 13. For a third of the students (58), the most recent institution admission was their second; 4% (7) had been at the Juvenile Home more than twice before.

Table 12
 Placement Immediately Prior to Toledo Admission by Age at Admission:

	12	13	14	15	16	17	1	Row Total
Parents/ Guardians		1 12.5%	3 10.7%	1 2.2%	11 20.8%	5 13.9%	1	21 22.0%
Relatives				3 6.7%	3 5.7%	2 5.6%	1	8 4.6%
Foster Parents				1 2.2%	3 5.7%	1 2.8%	1	5 2.9%
Group Care Community Based			5 17.9%	7 15.6%	5 9.4%	7 19.4%	1	24 13.9%
Group Care Campus Based	1 33.3%	4 50.0%	5 17.9%	6 13.3%	4 7.5%	10 27.8%	1	30 17.3%
Institution, Hospital	1 33.3%	1 12.5%	9 32.1%	12 26.7%	11 20.8%	4 11.1%	1	38 22.0%
Shelter, Detention, Jail	1 33.3%	2 25.0%	5 17.9%	14 31.1%	15 28.3%	6 16.7%	1	43 24.9%
Independent			1 3.6%			1 2.8%	1	2 1.2%
Other				1 2.2%	1 1.9%		1	2 1.2%

Column Total	3 1.7%	8 4.6%	28 16.2%	45 26.0%	53 30.6%	36 20.8%		173 100.0%

Table 13
Placement Immediately Prior to Toledo Admission by Sex:

	Males	Females	1	Row Total
			1	
			1	
Parents/Guardians	5 9.3%	16 13.4%	1	21 12.1%
			1	
Relatives	1 1.9%	7 5.9%	1	8 4.6%
			1	
Foster Parents	2 3.7%	3 1.7%	1	5 2.9%
			1	
Group Care, Community Based	7 13.0%	17 9.8%	1	24 13.9%
			1	
Group Care, Campus Based	9 16.7%	21 12.1%	1	30 17.3%
			1	
Institution, Hospital	11 20.4%	27 22.7%	1	38 22.0%
			1	
Shelter, Detention, Jail	19 35.2%	24 20.2%	1	43 24.9%
			1	
Independently		2 1.7%	1	2 1.2%
			1	
Other		2 1.7%	1	2 1.2%

Column Total	54 31.2%	119 68.8%		173 100%

Age & Education

Approximately thirty percent (30.6%) of the institution's population was 16 years of age at admission. See Table 14. Less than 7% of the students were aged 13 and under. Most females admitted to Toledo were aged 16. Most males admitted to Toledo were aged 15 to 16. The average student at Toledo was 15.4 years old, had completed the eighth grade, and had a functional education level somewhat higher than their years of schooling.

Table 14
Age at Admission:

	Frequency	Percent
12	3	1.7
13	8	4.6
14	28	16.2
15	45	26.0
16	53	30.6
17	36	20.8
Total	<hr/> 173	<hr/> 100.0

Substance Usage

According to information provided by institution staff, students who reported more than experimental use of alcohol first used it more than two and a half years prior to their admission to the Juvenile Home. Only 6.9% of Toledo's population reported never using alcohol. Nearly forty percent (38.7%) reported use of alcohol from 1 to 6 times weekly before coming to the institution. Over one tenth (11.6%) reported use of alcohol at least once a day. Students who reported more than experimental use of marijuana also reported that their first use was more than two and a half years before their admission to the institution. While nearly one fourth (23.1%) of the juveniles at Toledo had not tried this drug, roughly thirty percent (29.5%) reported use of marijuana from 1 to 6 times per week. Almost half of the population reported no use of amphetamines, but about one tenth (12.7%) reporting frequent (from 1 to 6 times a week) use. More than half of the population reported never trying barbiturates, cocaine, or heroin. See Tables 15-22.

Table 15

Average length of drug use prior to admission for Toledo students who reported use (other than experimental) of the following:

Alcohol:	33.91 months	Cocaine:	14.80 months
Marijuana:	33.48 months	Heroin:	19.40 months
Amphetamines:	27.61 months	Other:	27.77 months
Barbiturates:	20.47 months		

Table 16

Frequency of Alcohol Use:

	Frequency	Percent
Never Used	12	6.9
Experimental	19	11.0
Once a Month or Less	20	11.6
Less than Once a Week	26	15.0
1 to 6 Times a Week	67	38.7
Once a Day	11	6.4
More than Once a Day	9	5.2
Other	9	5.2
Total	<hr/> 173	<hr/> 100.0

Table 17
Frequency of Marijuana Use:

	Frequency	Percent
Never Used	40	23.1
Experimental	21	12.1
Once a Month or Less	15	8.7
Less than Once a Week	12	6.9
1 to 6 Times a Week	51	29.5
Once a Day	19	11.0
More than Once a Day	6	3.5
Other	9	5.2
Total	<u>173</u>	<u>100.0</u>

Table 18
Frequency of Amphetamine Use:

	Frequency	Percent
Never Used	84	48.6
Experimental	25	14.5
Once a Month or Less	12	6.9
Less than Once a Week	4	2.3
1 to 6 Times a Week	22	12.7
Once a Day	6	3.5
More than Once a Day	12	6.9
Other	8	4.6
Total	<u>173</u>	<u>100.0</u>

Table 19
Frequency of Barbiturate Use:

	Frequency	Percent
Never Used	129	74.6
Experimental	17	9.8
Once a Month or Less	3	1.7
Less than Once a Week	2	1.2
1 to 6 Times a Week	6	3.5
Once a Day	5	2.9
More than Once a Day	1	.6
Other	10	5.8
Total	<u>173</u>	<u>100.0</u>

Table 20
Frequency of Cocaine Use:

	Frequency	Percent
Never Used	107	61.8
Experimental	22	12.7
Once a Month or Less	11	6.4
Less than Once a Week	3	1.7
1 to 6 Times a Week	12	6.9
Once a Day	7	4.0
More than Once a Day	2	1.2
Other	9	5.2
Total	<u>173</u>	<u>100.0</u>

Table 21
Frequency of Heroin Use:

	Frequency	Percent
Never Used	154	89.0
Experimental	5	2.9
Once a Month or Less	1	.6
Less than Once a Week	2	1.2
1 to 6 Times a Week	2	1.2
Other	9	5.2
Total	<u>173</u>	<u>100.0</u>

Table 22
Frequency of Other Use:

	Frequency	Percent
Never Used	97	56.1
Experimental	23	13.3
Once a Month or Less	5	2.9
Less than Once a Week	9	5.2
1 to 6 Times a Week	12	6.9
Once a Day	8	4.6
More than Once a Day	9	5.2
Other	10	5.8
Total	<u>173</u>	<u>100.0</u>

Length of Stay

The average length of stay for students admitted during the time period of study was about 5 months. Almost one quarter (24.1%) of the males, and 14.3% of the females stayed less than one month. Only a small percentage of both the males (1.9%) and females (.8%) stayed at the Iowa Juvenile Home longer than one year.

Post-Institution Placements

Most students (72.3%) reportedly were expected to receive continued supervision after their release from the institution. About one third (30.6%) were placed in some type of group care facility. Less than one fourth (22.5%) went back to their parents or guardians. The rest went to other out-of-home placement or their future status was unknown when they were released. Seventeen year olds were most frequently placed with their parents, while 14, 15, and 16 year olds were most frequently placed in some type of group care. See Table 23.

Table 23
 Separation Living Environment by Age at Admission:

	12	13	14	15	16	17	1	Row Total
Unknown	1 33.3%	2 25.0%	4 14.3%	7 15.6%	10 18.9%	1 2.8%	1	25 14.5%
Parent/ Guardian		1 12.5%	7 25.0%	6 13.3%	12 22.6%	13 36.1%	1	39 22.5%
Relatives			1 2.8%	1 2.8%	3 5.7%	1 2.8%	1	6 3.5%
Foster Parents				2 4.4%		3 8.3%	1	5 2.9%
Group Care, Community Based	1 33.3%	2 25.0%	7 25.0%	14 31.1%	12 22.6%	4 11.1%	1	40 23.1%
Group Care, Campus Based		2 25.0%	5 17.9%	3 6.7%	3 5.7%		1	13 7.5%
Institution, Hospital		1 12.5%	3 10.7%	6 13.3%	7 13.2%	3 8.3%	1	20 11.6%
Shelter, Detention, Jail	1 33.3%		1 3.6%	4 8.9%			1	6 3.5%
Independent				1 2.2%	4 7.5%	8 22.2%	1	13 7.5%
Job Corps				1 2.2%	1 1.9%	1 2.8%	1	3 1.7%
Other					1 1.9%	2 5.6%	1	3 1.7%
-----							1	
Column Total	3 1.7%	8 4.6%	28 16.2%	45 26.0%	53 30.6%	36 20.8%		173 100.0%

OVERVIEW OF DHS/SATUCI PROGRAM SERVICES

Introduction

The DHS/SATUCI project has been evolving since July of 1986 when DHS received a small grant to begin providing substance abuse services within their institutions. Since that time, funds from a variety of funding sources (see Appendix B) have allowed the project to continue and to change according to service, and other, needs identified by DHS, SATUCI and funding sources. The DHS/SATUCI project is now in its fourth year of combined funding from the GASA (federal Drug Control and System Improvement formula grant funds) and a special state appropriation that provides the matching funds required through the formula grant program. As is described in Appendix B, the project has grown and changed considerably since its inception.

The changes alluded to above proved to be of some difficulty as the nature of the project and its activities were being examined. While evaluation findings and recommendations are offered that attempt to be of relevance in the next several years of project planning and operation, much of the information collected had to be collected from a given "point in time" of the project's evolution. During and after the evaluation's data collection activities, programmatic and other changes occurred. It should also be pointed out that the DHS/SATUCI project is actually two separate substance abuse programs -- one operating in the State Training School at Eldora and the other operating in the State Juvenile Home at Toledo.

Service Description

The DHS/SATUCI project is comprised of a variety of services. The nature and type of these service components has changed over time, but can be summarized as follows:

EDUCATION AND PREVENTION: As part of a special grant first received by DHS in 1987, SATUCI developed a substance abuse education and prevention curriculum to be used by institution staff and provided to all institution residents. Because no individual client case notes are kept for this service, the case reading conducted through this evaluation was not able to assess the extent to which the service was received by residents. Through surveys and interviews, however, it was apparent that since its initial development, the original plans for this service have gone through a number of alterations. It, or a revised or alternative curriculum, is being used in some institution cottages and not being used in others.

For a number of years, SATUCI staff offered a personal awareness group service to selected residents as an education and prevention service. This group service was discontinued when it appeared the institution cottage staff would be providing education and prevention services to all residents.

EVALUATIONS AND ASSESSMENTS: SATUCI staff conduct an initial evaluation for all people admitted to the institutions. The only exception to this practice is that during much of its four year history, initial evaluations were not conducted for those admissions involving someone who had previously been admitted and evaluated within six months from the current admission.

The initial evaluations rely largely on interviews and discussions with the resident to collect information about prior treatment, substance use history, past and current legal status, family substance use and other personal and social characteristics. A number of tests are also administered, including the Children of Alcoholics Screening Test (C.A.S.T) and the Substance Abuse Involvement Scale (S.A.I.S.).

C.A.S.T. measures the client's perceptions of their family's alcohol usage; its results are used as indications of the client's need for service interventions to address potential problems associated with their parents' substance use. S.A.I.S. results provide an indication of the client's own substance use and are used to help assess the extent to which substance use is a problem that needs to be addressed through a service intervention. The S.A.I.S. ranks the level of involvement with drugs and alcohol separately; levels range from experimental or no use to addiction or chemically dependent.

In addition to providing a large amount of information about the student's substance abuse history and past and current family and service situations, each evaluation contains SATUCI's assessment of whether the student should be considered as having a substance abuse problem. Each evaluation also includes a recommendation from SATUCI as to whether the student could benefit from services while in the institution and/or upon their release.

For many residents, the initial evaluation is the only assessment that SATUCI provides. A more in-depth diagnostic evaluation, however, is provided if the decision is made that the client will be receiving certain individual or group services from SATUCI that would require the development of a treatment plan calling for more detailed assessment information. During the time period in which this evaluation was being conducted, a third level of evaluation was implemented to precede certain services. This new assessment technique is more involved than the initial evaluation but is not as extensive as the in-depth evaluation.

INDIVIDUAL SERVICES: SATUCI has been offering two basic types of individual services in both institutions: individual counseling and aftercare preparation. During the course of this evaluation, residents who received individual counseling first received an in-depth evaluation while those who received aftercare preparation might only have previously received the initial evaluation.

Individual counseling occurs in conjunction with comprehensive treatment planning to address problem issues identified during the in-depth evaluation. Aftercare counseling attempts to motivate or otherwise

prepare the resident to receive substance abuse services upon their release from the institution; it does not necessarily follow a SATUCI treatment intervention and may be the only substance abuse service the client received while at the institution other than an initial evaluation. A component of aftercare services ideally involves SATUCI staff interacting with community-based substance abuse service providers to coordinate post-institutional placement or out-patient services.

GROUP SERVICES: The availability of any one of the group services from the following list varied over time and between institutions. For a resident to receive a group service, an in-depth evaluation may first have been conducted depending on the type of group intervention and its need for a comprehensive treatment plan.

Personal Awareness Group: Familiarizes the client with the problems than can be caused by using or abusing drugs and alcohol. Was conducted at both institutions, and was discontinued at about the same time that Pretreatment Groups began.

Pretreatment Group Prepares the client for treatment by making them aware of the problems caused by their own substance use. Conducted at both institutions.

Women's Issues Group: Focuses on the role of substance abuse and how it affects the way women perceive themselves. Was available only at the Juvenile Home and is no longer provided.

Relapse Group: Dealt with issues of clients who had previously received treatment services and substance use remained a problem. Was available only at the Juvenile Home and was discontinued shortly after it started.

Children of Alcoholics Group: Discusses the affects of substance abuse and co-dependency in the family. Was originally available only at the Juvenile Home but is now provided at both institutions.

FOLLOW-UP SERVICES: These services are provided on an individual basis after the client has left the institution. Their purpose is to determine if treatment has been effective and if further services are needed. Follow-up is typically done by phone and mail although in-person meetings can also occur.

TYPES OF CASES: As a licensed provider of out-patient substance abuse services, SATUCI staff in the institutions have been adhering to the same service definitions and case structuring policies as are in place for their community-based out-patient service units not in the institutions. As a result, each client receiving more than an initial evaluation is classified as one of the following:

Pre-admitted: In the institutions, such cases are not considered to be receiving treatment and therefore may not be the subject of a comprehensive treatment plan developed from the findings of an in-depth

evaluation. Clients receiving one or more of the group services and those receiving aftercare preparation would often be considered "pre-admitted" cases.

Admitted: Such cases are considered to be receiving a treatment intervention from SATUCI. They would have had a comprehensive treatment plan developed from the findings of an in-depth evaluation. Clients receiving individual counseling and those participating in one of more of the group services would typically be considered "admitted" cases.

It can be noted that this case classification system is tied to state management information reporting requirements and payment mechanisms in place for those community-based agencies receiving funds through the Department of Public Health's Division of Substance Abuse. Although the SATUCI services provided in the state institutions are not supported by funds from this agency and are not contractually required by DHS to abide by the Health Department's management information reporting system, they have opted to maintain the case classification terminology and related procedures and guidelines. It should also be pointed out that after the data collection activities of this evaluation were concluded, the Department of Health had implemented revised management information system guidelines that may have an impact on how SATUCI classifies cases within the institutions and in its other service units.

Service Delivery Process

Despite the ever-changing nature of the DHS/SATUCI project, the general framework through which it operates has remained fairly consistent in both institutions. In both facilities, SATUCI acts as an independent agent under contract with DHS to provide a variety of substance abuse services to their residents. SATUCI services are only one of a variety of services available in the institutions. Institution staff are seen as having the ultimate authority to develop a service plan for each resident based on individual needs.

With the exception of the initial substance abuse evaluation, which all residents receive, only a portion of the residents in each institution receive SATUCI services. Each institution has its own formal and informal procedures that act to bring about any SATUCI interventions beyond the initial evaluation. While such procedures have changed over time, information that was current during the summer of 1990 was used to develop schematic flowcharts to display how each institution's service planning decision-making procedures operate (see Appendix C).

In both institutions, the client-specific case planning decisions ultimately rest with institution staff. Referrals are made to SATUCI based on institution staff consideration of each resident's specific needs and how they can best be met using the "menu" of institutional resources of which SATUCI's services are one option. As is discussed in more detail in a later section (see Peer Review Report), SATUCI is, in effect, operating an out-patient program within both institutions.

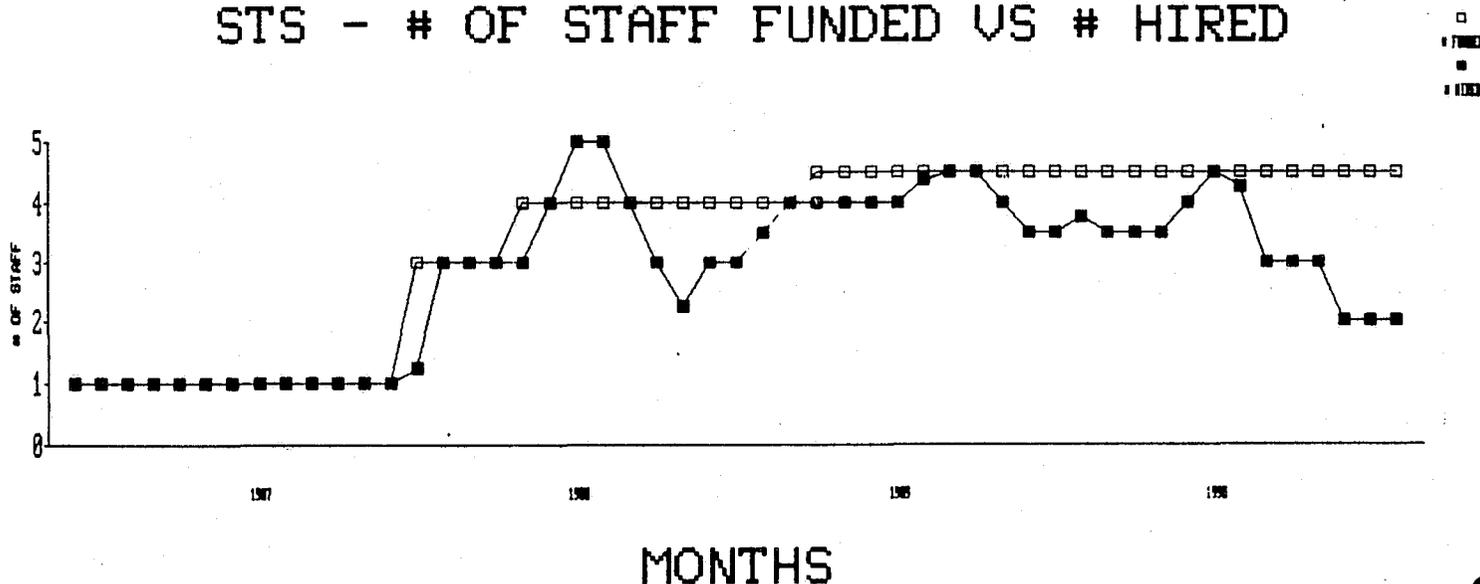
Upon receiving a referral, SATUCI staff provide one or more types of group and individual counseling based on client needs, counselor availability and client motivation. Unlike other institution services and programs, it did not appear that residents are required by institution staff to attend SATUCI group or individual counseling sessions.

Once SATUCI accepts a referral and begins providing services, the nature, intensity and length of their intervention will vary from one case to another. Both the intensity and the length of service may be affected by SATUCI-determined client needs, client motivation, institution-wide program scheduling, SATUCI counselor availability and other factors. Length of service is often affected greatly by the amount of time the client remains in the institution. Institution release dates are determined by the courts and institution staff and typically seem to be largely affected by factors other than progress with substance abuse services.

Substance Abuse Service Staff

As was discussed earlier, and as is described in Appendix B, the number of SATUCI staff and the types of services they provide have varied over the life of the project. The charts found below describe the number of non-clerical staff for which funding has been available and the actual number of staff in place since the program's beginning. The staff positions identified in these charts include only those SATUCI employees working directly in the institutions. A number of other supervisory and administrative staff housed in SATUCI's central office devote time to the DHS/SATUCI project through program planning and fiscal management activities, staff training, supervision of project coordinators, case specific treatment planning consultation, etc.

STS - # OF STAFF FUNDED VS # HIRED



SUBSTANCE ABUSE PROGRAMS IN OTHER STATES' INSTITUTIONS

Introduction

As planning for this evaluation effort was underway, interest was voiced regarding the scope and nature of substance abuse services in juvenile institutions in other states. It was felt that knowledge of other institutions' programs would be useful as the Iowa DHS/SATUCI project was examined. Staff conducted a literature search and contacted a number of clearinghouses, associations and others, but found that little, if any, information existed from which a national perspective could be gained.

Apparently, little has been done to either describe the availability, the nature, or the effectiveness of substance abuse services within the nation's many state-operated juvenile institutions. This was troubling not only from the perspective of our own efforts, but also because it is these institutions that are relied upon to deal with thousands of the country's most troubled and multi-need youth; many whom are presumably the most likely of all juveniles to be involved in drug-related crimes and substance abusing behavior.

During the spring and summer of 1990, a survey was developed (see Appendix D) and sent to all known state-operated juvenile institutions in the nation with a bed capacity of at least fifty. Of the 161 institutions that were surveyed, 91 responded (57%). Forty states were represented by those that returned the survey. No surveys were sent to Massachusetts, Minnesota, Utah or Vermont as they reportedly do not operate institutions over 50 beds.

Of the 91 responding institutions, 85 reported the delivery of some type of substance abuse services within the institution. Ten of the respondents were institutions within California's Department of the Youth Authority. Because the ages of their populations (people up to the age of 24) are different from other responding facilities, information from these institutions will not be discussed below. Of the remaining 81 institutions, 75 (93%) reportedly provide substance abuse services.

A numbers of questions were asked to gain a basic level of understanding about the nature of these institutions and to determine how comparable these institutions are with Iowa's:

JUVENILES SERVED

Most of the institutions (80%) serve only those juveniles adjudicated as delinquent, but sixteen of them (20%) serve others. These include, but are not limited to, juveniles considered to be persons in need of supervision, children in need of supervision, youthful felony offenders, wayward youth, and youth receiving diagnostic and evaluation services. All youth in Iowa's two institutions are adjudicated delinquent with the exception of about 54 children in need of assistance at the Toledo Juvenile Home.

Seventy of the 75 institutions with substance abuse services responded to our request for sex, age and race information about their general juvenile population and 51 of the 75 institutions responded to the question regarding this information about their juvenile population receiving substance abuse services. Averages for these institutions' general population and substance abuse population are as follows:

General Population

Average age = 16.13
 % of males = 91%
 % of females = 9%
 % of Caucasians = 48%
 % of Afri-Amer. = 40%
 % of Latinos = 8%
 % of Asians = 0%
 % of Pacific Is. = 1%
 % of Indians/Eskimos = 3%

Substance Abuse Population

Average age = 16.18
 % of males = 91%
 % of females = 9%
 % of Caucasians = 51%
 % of Afri-Amer. = 36%
 % of Latinos = 9%
 % of Asians = 0%
 % of Pacific Is. = 0%
 % of Indians/Eskimos = 4%

The general population and the substance abuse population in reporting institutions are fairly similar with regards to the above described characteristics. This also is generally true when the institutions are sorted by geographic region and capacity. However, some differences among geographic regions and among different sized institutions can be noted.

The percentage of females receiving substance abuse services is highest in the Midwest (16%) and lowest in the Northeast (0%). This does coincide with the fact that the reporting institutions in these areas have a larger representation of females and males respectively. The percentage of Caucasians in the institutions (and receiving substance abuse services) is highest in the West (62%) and lowest in the Northeast (34%). However, the Northeast and the South have a larger representation of African Americans receiving services in their institutions (50% in each region). Percentage of Latinos receiving services ranges from 17% in the Northeast to 4% in the South. The West is the only region that reported any Asians or Pacific Islanders receiving services, and Indians or Eskimos receive services in institutions in every region except the Northeast, though they are a small proportion of the population in each region.

Analysis of the age, sex and race of institution residents while controlling for institution size or capacity indicates a number of differences among facilities of different sizes. In general, as capacity increases, the percentage of females receiving services decreases and the percentage of males increases. The highest representation of females (15%) is in institutions with a capacity of less than 100 and the highest representation of males (97%) is in institutions with a capacity of 200 or more.

Representation of Caucasians is highest (57%) in institutions with capacity of less than 100 and lowest (39%) in institutions with a capacity of 200 or more. Representation of African Americans receiving ser-

vices is highest (44%) in institutions with a capacity of 200 or more and lowest (32%) in institutions with a capacity of 100 to 199. The percentage of Latinos receiving services ranges from 15% in the larger institutions (those with a capacity of 200 or more) to 4% in institutions with a capacity of 100 to 199. Institutions of all capacities have Indians/Eskimos receiving services with the highest representation of them (11%) in institutions with a capacity of 100 to 199 and lowest representation (1%) in those with a capacity of less than 100.

Information comparable to that provided by other states' institutions was also provided by Iowa officials to describe their general populations:

<u>Training School</u>	<u>Juvenile Home</u>
Average age = 16.2	Average age = 15.6
% of males = 100%	% of males = 33%
% of females = 0%	% of females = 66%
% of Caucasians = 70%	% of Caucasians = 88%
% of Afri-Amer. = 27%	% of Afri-Amer. = 10%
% of Latinos = 1%	% of Latinos = 1%
% of Asians = 1%	% of Asians = 1%
% of Indians/Eskimos = 1%	% of Indians/Eskimos = 0%

PRESENTING PROBLEMS OF YOUTH IN THE INSTITUTIONS

When asked to describe the most common presenting problems of residents, respondents indicated that the top three most common areas they are dealing with are property crime, substance abuse, and violent crime. Though they may vary as to which is first, second, and third, these three problems are the most common among juveniles in state institutions. Other problems include child abuse, learning disabilities, mental retardation, maladapted behavior, status offenses, emotional disturbances, and mental health needs. No differences were found when presenting problem was sorted by geographic region or capacity. When Iowa officials responded in this area, they indicated property crime, violent crime and child abuse as the three main presenting problems; substance abuse was considered the fourth most common problem of institutionalized youth.

LENGTH OF STAY IN INSTITUTIONS

Length of stay in the institutions varies quite a bit across the country, but averages around 8 months. Geographic region seemed to have a slight effect on length of stay with the Northeast and Midwest showing the two extremes. Institutions in the Northeast average a length of stay of 9 months and institutions in the Midwest average a length of stay of 7 months. The capacity of an institution seems to have no effect on the length of stay in the institutions, all capacity categories (50-100, 100-199, 200 & over) average right around eight months.

Length of stay in Iowa's two institutions varies. At the time this survey was administered, Eldora's average length of stay was about four and one half months -- considerably less than the national average. The

average length of stay for delinquents at Toledo was 6 months, although the children in need of assistance stay averaged about 8 months or the same as the national average.

NUMBER OF JUVENILES RECEIVING SERVICES IN AN AVERAGE MONTH

Of the 75 institutions with substance abuse services, 70 responded to questions regarding the number of juveniles that receive these services during an average month. These 70 institutions together have approximately 5,061 juveniles receiving substance abuse services each month. The 5,061 juveniles receiving services represents 51% of the total capacity of these institutions; on the average, about half of all juveniles in institutions that offer substance abuse services are receiving them.

Because the Iowa DHS/SATUCI project attempts to provide assessment services to all institution admissions, and because education/prevention services have been available to all residents, it can be said that Iowa institutions technically have all their residents (about 300) receiving services in an average month. The number of residents receiving services other than assessments and education/prevention, however is substantially less than fifty percent as will be discussed in a later section of this report.

LENGTH OF STAY FOR JUVENILES RECEIVING SERVICES

The length of stay for those receiving substance abuse services is close to the same as the general length of stay in the institution. The average is 7.5 months. Survey responses did not indicate any reason for a somewhat shorter length of stay for residents receiving substance abuse services. When sorted by geographic region, the Northeast and the Midwest again show slight differences from the general average. In the Northeast, the average length of stay in services is 8.7 months, and in the Midwest, the average is 6.5 months.

When sorted by capacity, the only category that shows a significant difference from the 7.5 months average is the institutions with a capacity of 200 or more. These institutions have an average length of stay in services of 8.7 months. Regardless of capacity, the length of stay for juveniles receiving substance abuse services does not seem to be affected by the number of juveniles who are receiving the services.

Iowa officials reported no significant differences in the average length of stay experienced by residents receiving services and those not receiving them. This may be because all residents at least receive substance abuse assessments. As was indicated earlier, the average length of stay for delinquents at Iowa's institutions was considerably shorter than the average length of stay at the other responding institutions.

INTEGRATION OF SERVICES INTO INSTITUTIONAL PROGRAMMING

Substance abuse services can be provided as an institutional program in a variety of ways. The most common way among the institutions (50%) is having substance abuse services as a specific service that is available to some residents, but such residents are also involved in a more comprehensive institution programming and are part of the general population.

The second most common way (32%) is having services provided to all residents as a component of the more comprehensive institution programming. Sixteen percent of the institutions have a combination of the two most common ways of integrating services. They have education services for everyone, but they also have more specific services for those juveniles who have been determined to have a substance abuse problem.

The third most common way (14%) is having several separate "program tracks," within the institution, of which at least one operates as a substance abuse treatment program. Residents are grouped together according to the program track in which they participate and typically do not routinely interact with residents in other "tracks".

The least common approach to providing substance abuse services in the juvenile institutions (4%) is having programming for all residents center around an institution-wide substance abuse treatment model.

When sorted by capacity, the only institutions that show a difference from the previous ranking of ways of integrating services are those with a capacity of 200 or more. As with other institutions, the most common way of integration is having them as a specific service that is available to some residents. However, the second most common way is having the separate "program tracks" and the third most common way is having the services provided to all residents. In those institutions with an average length of stay of 13 months or more, the "specific services available to some residents" model, and services provided through the separate "program track" model were equally as common and the most common ways of integrating services. Again, the least common way of integration is having programming for all residents center around an institution-wide substance abuse treatment model.

Iowa institutions join with the 16% of reporting facilities whose substance abuse services are integrated into the larger institutional programming through two approaches. As has already been discussed, some of the DHS/SATUCI project services (e.g. assessments) are provided to all residents of the institution while other specific services (e.g. group and individual counseling) are only available to some residents who are also involved in the more comprehensive institution programming and are a part of the general population.

TYPES OF SERVICES OFFERED

Group counseling, substance abuse education services, individual counseling, and aftercare preparation are all about equally prevalent in the institutions that reported the delivery of substance abuse services, and almost all institutions reported offering these services. Some institutions also offer family counseling, aftercare, Alcoholics and Narcotics Anonymous and Children of Alcoholics programs, and assessment/referral services. The survey did not provide the type of detailed information that might more fully describe the services provided, such as service intensity, group or individual treatment modality, etc. The DHS/SATUCI project provides basically the same types of services as are prevalent in all responding institutions.

SERVICES PROVIDED BY INSTITUTION STAFF

Most of the institutions (64 of the 73 that answered the question) have their own staff providing all substance abuse services to their residents. The 12% who indicated a provider of services other than their own staff are located in Michigan, Maine, Hawaii, North Carolina, Arkansas, Delaware, Illinois, and Montana. In Iowa, DHS contracts with SATUCI, a non-profit service agency, to house SATUCI staff and resources in the two institutions to provide their substance abuse services.

JUVENILES COURT-ORDERED FOR SUBSTANCE ABUSE SERVICES

Apparently, courts do not usually order juveniles to state institutions specifically for substance abuse services. Seventy-four institutions answered this question and only 12 of those (16%) said the courts order juveniles there specifically for substance abuse services. Eleven of the twelve institutions reported the percentage of juveniles who are the subject of such orders (ranged from 2% to 80% of all admissions). In Iowa, officials from one of the two institutions indicated that courts do not order substance abuse services while the other reported that from about 5% to 8% of all admissions are court ordered to the institution for substance abuse services.

PROGRAM CHANGES UNDER CONSIDERATION

Sixty-seven of the 75 institutions that provide substance abuse services responded to a survey question regarding planned changes in either service approach or service capacity. All but four of the responding institutions are considering increasing service capacity, changing their service approaches or both. None of the institutions are considering service reductions.

Two-thirds of the responding institutions indicated plans to increase service capacity, while about half are considering service approach changes. About 34% are considering new service approaches without increasing the capacity, while 48% have plans for maintaining current approaches but increasing capacity. Thirty-nine percent hope to both in-

crease capacity and introduce new service approaches. Not unlike the situation in many other institutions, Iowa officials are considering plans to introduce new service approaches and increase capacity.

None of the institutions responding to the survey were able to provide us with any evaluative or outcome data about their substance abuse services.

STAFF AND SYSTEM OFFICIALS PERCEPTIONS OF THE PROGRAM

Introduction

This section provides an analysis of information collected through the surveying of professionals involved with the state juvenile institutions and the adolescents served by them. Three different surveys (see Appendix E) were developed to solicit information from SATUCI staff, institutional staff, DHS field workers, juvenile court officers, juvenile court judges, and juvenile court referees. The surveys were designed to gather opinions, concerns, expectations and other information that might be helpful in understanding the DHS/SATUCI project and how it is being implemented. The survey instruments were developed with input from representatives of the various target populations. The subject and wording of a number of the survey questions are in direct response to interests and concerns raised by various people through our survey development process.

Survey One was developed for the employees of the state's two juvenile institutions and for SATUCI staff. A total of 315 surveys were distributed to this group with 281 returned (89.2%). Of the 303 institutional staff surveyed, 270 returned the survey to our office (89.4%), and 11 of the 12 SATUCI surveys were returned (91.7%).

Of the returned surveys, seven were not included in the analysis due to missing or inappropriate information. Although each employee in the state juvenile institutions was asked to complete the questionnaire, not all job classifications are included in this analysis. Surveys received from maintenance, dietary, and others not directly involved in student programming were omitted.

Survey Two was distributed to the Department of Human Services' District Field Office Workers. The District Field Office Workers are responsible for the supervision of adolescents after their release from the institutions and are involved in developing the treatment plan while they are institutionalized. Surveys were distributed to 50 such DHS staff throughout the state; 36 (72%) were returned.

Survey Three was developed for Juvenile Judges, Juvenile Referees, and Juvenile Court Officers. A total of 235 surveys were distributed to these groups with 186 returned (79.1%). One hundred and seventy-two were distributed to Juvenile Court Officers with 150 returned (87.2%). Twenty-three surveys were distributed to juvenile referees with 13 being returned (56.5%), and 40 surveys were distributed to judges who routinely hear juvenile cases, with 23 being returned (57.5%).

The majority of the questions included in the three surveys were asked of more than one of the three target populations to allow for comparisons across groups. Responses to Survey One were coded to allow for separate analyses by respondent role or occupation. Nine questions were identical in all surveys, and all but two of the remaining questions were asked on at least two sur-

veys. A detailed tabulation and brief analysis of all responses to each question can be found in Appendix E. The remainder of this section presents a focused analysis of selected findings of particular relevance to the examination of the DHS/SATUCI project.

Student substance abuse issues should be considered a top priority in the juvenile institutions.

Survey results document that institutional staff and other officials involved with Iowa's juvenile justice system feel substance abuse counseling should be among the state juvenile institutions' top priorities (72.6% of those surveyed agreed with this statement). More than two-thirds of each respondent group felt this way with the exception of administrative and supervisory staff at the Juvenile Home and the Training School (42.9% and 63.3% agreed respectively). Less than 2% (8 people) of all respondents strongly disagreed, although 14.3% (68 people) disagreed to some extent.

The state should provide a secure facility for youth with substance abuse problems who are a danger to themselves or the community.

Survey results in this area may be particularly interesting as the Training School is one of the only secure dispositional alternatives in the state and the only one offering substance abuse counseling at the time this survey was administered. Only 50% of the judges and referees responding, 38.% of the JCO's, and 9.5% of the DHS field workers believe the courts have an adequate variety of dispositional alternatives available to them in dealing with substance abusing delinquent CINA cases. Fifty-three percent (52.8%) of the judges and referees responding, 39.3.% of the JCO's, and 16.7% of the DHS field workers believe the courts have an adequate variety of dispositional alternatives available to them in dealing with substance abusing delinquents.

Fifty-three percent (52.8%) of the judges and referees, 31.3% of the JCO's, and 36.1% of the DHS workers believe that many students placed in the state juvenile institutions could be better served by placement in an in-patient drug/alcohol treatment facility.

Seventy-five percent of the judges and referees, 86.7% of the JCOs, and 86.1% of the DHS field workers agreed that Iowa should provide a secure substance abuse facility specifically for students with substance abuse problems who are considered dangerous to the community or to themselves. While this issue was not addressed in the institutional-SATUCI survey, a number of respondents used the comment section to state a need for a locked substance abuse facility. Others indicated the need for a staff-secure or locked facility through statements such as "I am unable to send kids to SATUCI due to their disruptive and aggressive behavior and for security reasons" or "we can't send them to substance abuse until their behavior is under control."

Institution cottage personnel are not viewed as able to adequately provide substance abuse services.

A large majority (91%) of all groups' respondents who had an opinion on the subject felt that individual substance abuse counseling can not be adequately handled by cottage personnel. Eighty-seven percent of all respondents who voiced an opinion felt the same way about substance abuse education and prevention services. Less than 13% of responding cottage personnel from both institutions agreed that cottage staff are able to provide adequate preventive and educational services. This may be somewhat disturbing as work was done between DHS and SATUCI in 1987 to develop and implement a substance abuse education curriculum to be used in the cottages by cottage personnel.

The opinion of the respondents not working directly in one of the juvenile institutions did not differ greatly from those in the institutions in regards to providing educational substance abuse services. None of the responding judges, one referee (7.7%), 6% of the JCO's, and 11.1% of the DHS workers felt cottage staff are able to provide these services.

Institution residents who have substance abuse related needs should get counseling while at the institutions.

Eighty-four percent (84.4%) of all respondents agreed that students with any substance abuse related need should receive counseling from SATUCI during their stay at the institution. At least 95% of each respondent group of people who do not work directly in the institutions (DHS field workers and juvenile court officers and officials) agreed on this. It should be noted, however, that other survey questions indicated a lack of awareness on the part of these groups as to what SATUCI has been doing at the institutions. Their answers may well have been in agreement that counseling should be provided, rather than that SATUCI counseling should be provided.

Opinions related to this question varied among those respondent groups directly involved with the DHS/SATUCI project. While 73.6% of these combined groups agreed, 72.7% of all SATUCI staff agreed, and 73.1% of all DHS cottage youth service workers agreed; only 47.7% of the institution administrators and supervisors felt SATUCI should counsel youth with any substance abuse related needs (Training school - 56.6%, Juvenile Home - 28.6%).

SATUCI assessment findings and service recommendations are not always given top priority in institutional treatment planning, but many feel they should be.

Of the institutional and SATUCI staff surveyed, 55.6% believe SATUCI's assessment of student's need for substance abuse counseling should be given top priority in determining the institutional programs and services in which the student will participate. However, responses from people in positions to decide what is in students' treatment plans (institution administrators and supervisors), when compared to the

other responding groups, were more apt to disagree with the statement that SATUCI assessments should be given top priority (Juvenile Home -- 64% disagreed and 14% agreed; Training School -- 40% disagreed and 43% agreed).

It is not clear whether these findings indicate a lack of confidence in SATUCI's assessments, a belief that student needs other than those identified by SATUCI are equally or more important or urgent in some cases, or that other situations or combinations of factors often must influence service priority setting. The findings, however, do suggest that SATUCI's assessments are often not given a top priority when institutional service plans are developed.

There is not a great deal of confidence in the current DHS/SATUCI project's ability to deal with the special needs of some of the students within the state juvenile institutions.

Only 16.2% of those surveyed, 48.9% of institution and SATUCI respondents, 6.5% of the judge/referee/JCOs, and 13.9% of the DHS field workers agreed that SATUCI is capable of dealing with juveniles who have the most severe substance abuse problems. This compares to 72.7% of the SATUCI staff. When asked if SATUCI is capable of dealing with juveniles with behavior problems in addition to their substance abuse problems, 27.3% of those surveyed, 19.6% of the institution and SATUCI respondents, 34% of the judge/referee/JCO respondents, and 44.5% of the DHS workers felt they were not. Seventy-three percent (72.7%) of SATUCI staff felt they could deal with such juveniles.

The DHS/SATUCI substance abuse program is not providing for the level of student participation that could be possible, and counselor-to-student interaction is less frequent than it should be -- competing student needs, conflicting institutional program schedules, counselor availability, student motivation and institution staff's efforts to refer/motivate/arrange counseling may all play a role in the perceived level of student involvement.

About half of those surveyed felt that SATUCI counselors do not spend enough time with students to effectively impact their substance abuse problems. Four of the five SATUCI staff (80%) at the Juvenile Home and one of the four SATUCI staff (25%) at the State Training School felt this is the case. Of the institutions' administrative staff and its youth service workers, 50% and 51% respectively feel SATUCI does not spend enough time with students.

Of those who had an opinion on the matter, 67% of all SATUCI and institution staff agreed that the level of student participation in SATUCI's program is affected by scheduling conflicts within the institutions and the resulting need to choose among competing programs and services. Ninety-one percent (90.9%) of all SATUCI respondents felt this was the case. Institution staff opinions varied within and between the two institutions. Of the youth service workers from both institutions who had an opinion on this issue, 56% agreed that scheduling conflicts are an issue (Training School YSW's -- 53%; Juvenile

Home YSW's -- 61%). Of administrative and supervisory staff from both institutions who stated their opinion on the matter, 74% agreed (Training School -- 63%; Juvenile Home -- 93%).

Twenty-three percent (23.1%) of the cottage personnel, as compared to 54.6% of SATUCI's staff, felt the level of student participation is affected by students' choosing other activities during the times SATUCI staff are available. While 75% of responding cottage personnel felt that cottage staff are adequately encouraging students to participate in SATUCI activities, only 27% of all SATUCI staff felt this was the case.

Fifteen (14.9%) of the cottage personnel felt the level of student participation is affected by institution staff's choosing other activities for students during the times SATUCI staff are available; this compares to 81.8% of SATUCI's staff who felt the institutional staff's decisions impact on students' level of participation. Fifty-four (53.8%) of the respondents, including 78.6% of the Juvenile Home's administration, and 36.7% of the Training School's administration, felt the level of student participation in SATUCI's program would increase if SATUCI staff were available at different times than current schedules allow. Only 2 of the 11 (18.2%) SATUCI staff believe this would increase student participation.

There is a lack of adequate communication and understanding between SATUCI and institutional staff.

Staff at the Juvenile Home appeared to have been dissatisfied with the level or quality of communication that exists between SATUCI staff and the institutional staff. Only 35.7% of the Juvenile Home administration, 34.2% of the youth service workers, and 40% of the SATUCI staff at the institution felt adequate communication existed between the two groups.

The administration and SATUCI staff at the Training School seem to have been more satisfied with the communication -- 63.3% of the administration and 100% of the SATUCI staff felt the communication is adequate. The youth service workers at the Training School, however, felt similar to their Juvenile Home counterparts with only 28% being satisfied with the communication.

Although the overall majority of all SATUCI staff felt that adequate communication existed between themselves and the institutions, only five of the eleven (45.5%) SATUCI respondents and 15.7% of the cottage personnel felt that institutional staff have a good understanding of the services provided by SATUCI and of the treatment approach utilized by them.

It appears as though the institutional line staff, such as the youth service workers, are the ones who know the least about the SATUCI program and have the least amount of interaction and communication with them. In the comment section of the survey, remarks about the low profile of SATUCI on campus, and about not knowing who SATUCI is or what

they do were far and away the most common. A number of the youth service workers mentioned that they have never met nor corresponded with a SATUCI counselor.

The goals of the DHS/SATUCI program in the institutions is not clearly defined or well-understood by either institutional or SATUCI staff.

When asked to identify SATUCI's current function in the state juvenile institutions, the SATUCI respondents ranked their function in the following order: (1) Provide students with a full continuum of substance abuse treatment, (2) Provide students with the motivation and skills to obtain substance abuse treatment upon being released from the institution, and (3) Provide students with individual substance abuse counseling. Although the aggregate ranking was easily sorted, there was a good deal of variance among their responses. Less than half the SATUCI respondents agreed on their number one function.

Institutional staff's understanding of SATUCI's current function in the juvenile institutions differs from that of SATUCI's. The institutional staff ranked SATUCI's function as follows: (1) Provide students with substance abuse education and preventive services. (2) Provide students with individual substance abuse counseling. (3) Provide students with a full continuum of substance abuse treatment. When broken down by position, institutional staff's ranking of SATUCI's function remained consistent for most groups.

Both SATUCI and the institutional staff were also asked to rank what SATUCI's function in the institution should be. The institutional staff, by and large, ranked SATUCI's ideal function the same as the function they claim SATUCI is currently serving. SATUCI's staff, however, ranked their ideal function slightly different from their current function. They agreed that the current top priority of providing students with a full continuum of substance abuse treatment should be their primary focus, but ideally, SATUCI staff feel the number two and number three function should be reversed.

The DHS/SATUCI program in the state juvenile institutions is not well-understood by individuals outside of the juvenile institutions.

Although the DHS field workers are supposed to be involved in the development of the institutional treatment plan for each student and are directly responsible for any aftercare plans developed for students leaving the institution, they appear to be quite distant and unfamiliar with SATUCI's operation in the juvenile institutions. A large percent of the DHS field workers consistently responded "unsure" to statements related to student participation in the SATUCI program, scheduling conflicts, SATUCI waiting lists, and the types of substance abuse services offered.

Judges and referees throughout the state are not well-informed of the DHS/SATUCI project in the juvenile institutions. Over half of the judges and referees were unsure whether students receive comprehensive substance abuse counseling in the institutions. When asked if SAT-

UCI's main function in the juvenile institutions is to provide prevention and education services, 63.9% were unsure, and 80.5% were unsure if waiting lists limit the number of students who receive substance abuse services at the juvenile institutions.

For the different groups surveyed, response patterns were noticed among certain survey items.

Institution Administration Staff:

The Juvenile Home administrative and supervisory staff seemed to view substance abuse as less of a priority, were more critical of SATUCI, had the least amount of confidence in SATUCI and expressed the most confidence in the institution's ability to deal with juvenile substance abuse issues.

Cottage Staff:

The line staff from both institutions consider substance abuse issues to be a higher priority than the administration. For example, 75.9% of the youth service workers think substance abuse counseling should be a priority as compared to 56.8% of the administration. 55.6% of the youth service workers indicated that SATUCI assessments should be considered a priority while only 34.1% of the administration felt so. Further, while 73.1% of the YSW felt all students with a substance abuse related need should receive SATUCI services, only 28.6% of the administration agreed.

Line staff in the juvenile institutions did not appear well informed about the DHS/SATUCI program and the youth service workers at both institutions were more apt to feel that communication with/from SATUCI is inadequate than was the administration.

SATUCI:

SATUCI sees substance abuse as a higher priority than other groups surveyed and are the most confident in their ability to serve the substance abuse counseling needs of the delinquent and CINA adolescent in the institutions. SATUCI staff consistently indicated that the level of student involvement in their program was out of their hands. The SATUCI staff at the Training School appear to feel more support from the institutional staff than those at the Juvenile Home.

Court Officials and DHS Field Service Workers:

Those people responsible for sending children and youth to the institutions and for supervising them upon release were generally in agreement that many of the institutions' residents need substance abuse services while at the institutions. Responses to many questions seemed to indicate an overall lack of awareness or understanding of the DHS/SATUCI program.

AMOUNT AND SCOPE OF SERVICES -- CLIENT RECORD REVIEW

INTRODUCTION

This section presents an analysis of information collected from the SATUCI case records/treatment files of youth at the institutions who had received services through the DHS/SATUCI program. During the summer of 1990, case files maintained by the contract provider were examined by research staff to collect data describing the DHS/SATUCI clients and the substance abuse services they receive. A case reading instrument (see Appendix G) was developed after several planning meetings between research and SATUCI staff and following the reading of a number of typical files.

SAMPLE SELECTION

Using the DHS juvenile institution automated data base, a random sample of 135 of all 737 juveniles admitted between October, 1988 and September 1989 to either institution was selected for case reading. This twelve month time period was selected based on an assumption that most of the youth admitted during this time would have been released by the time cases were read and any follow-up data collection was attempted.

Following an analysis of over thirty client-specific data items from the juvenile institutions' automated data base, characteristics of the sample were compared with characteristics of all 737 admissions. It was found that the random selection had generated a representative sample when comparing such characteristics as race, sex, alcohol and drug usage history, family background, school status, prior placements, and others.

Because SATUCI was reportedly evaluating all admissions, SATUCI case records were expected for all of the sample. Of the 135 names chosen for the sample from institution admission records, however, SATUCI had no records for 7.4% (10 admissions to the Training School). Four of these residents' admissions during the study time period were readmissions, and they originally had been admitted prior to the beginning of the DHS/SATUCI program. They were not evaluated because readmitted cases only began receiving an evaluation about one and a half years ago. One student was admitted for a 30 day Training School evaluation period at a time when SATUCI was not conducting their evaluations for such admissions. The other 5 students apparently simply slipped through the system, were not evaluated by SATUCI for unknown reasons, and thus were not the subject of any SATUCI case record activity.

Given the larger capacity and shorter lengths of stay at the Training School than at the Juvenile Home, the sample of all institution admissions involved 102 Training School admissions and 33 Juvenile Home admissions. Actual admissions were 564 and 173, respectively.

HOW MANY RESIDENTS RECEIVE SERVICES?

The following table identifies the number of both institutions' residents in the sample for whom SATUCI treatment records indicated the provision of services through the DHS/SATUCI program. For a description of the services listed in the table, see the "Overview of DHS/SATUCI Program Services" section of this report. The percent of all students in the sample who received services might be assumed to represent the percent of all institution residents receiving these services over a twelve month period.

SAMPLED RESIDENTS RECEIVING SERVICES

	<u>JUVENILE HOME</u>		<u>TRAINING SCHOOL</u>	
	NUMBER	%*	NUMBER	%*
<u>DUPLICATED COUNTS:</u>				
INITIAL EVALUATION:	33	100%	92	90%
INDEPTH EVALUATION:	19	58%	26	25%
GROUP SERVICES:	26	79%	16	16%
INDIVIDUAL COUNSELING:	9	27%	12	12%
AFTERCARE SERVICES:	9	27%	3	3%
FOLLOW-UP SERVICES:	2	6%	2	2%

UNDUPLICATED COUNTS OF RESIDENTS GETTING SERVICES IN ADDITION TO <u>THE INITIAL EVALUATION:</u>				
INDEPTH EVALUATION ONLY:	2	6%	11	11%
GROUP SERVICES ONLY**:	11	33%	3	3%
INDIVIDUAL SERVICES ONLY***:	0	0%	1	1%
GROUP & INDIV. SERVICES***:	15	45%	13	13%
TOTAL NUMBER FROM SAMPLE GETTING SERVICES OTHER THAN THE INITIAL EVALUATION**:	28	85%	28	27%

* of all admissions

** these residents also may have received an in-depth evaluation

*** includes indiv. counseling, aftercare & follow-up -- these residents also may have received an in-depth evaluation

The information displayed in the preceding table indicates there are similar numbers of residents from both institutions who are receiving services through the DHS/SATUCI project. Because of the Training School's larger population, however, the percentage of all students who receive services from SATUCI is significantly greater at the Juvenile Home.

A relatively large number of residents at both institutions received an in-depth evaluation from SATUCI during the year of study. Over half of all sampled Juvenile Home and one fourth of the Training School residents were the subject of an in-depth evaluation. Extending these percentages to all admitted residents, one could estimate that about 100 of the 173 Juvenile Home and 141 of the 564 Training School admissions were the subjects of in-depth evaluations. It can also be seen, particularly at the Training School, that the in-depth evaluation is often the only service received. When this is the case, it is not clear how the information gained from the assessment is used or whether it is of any benefit to the institutions or the residents. Presumably, some of the Training Schools' "in-depth only" cases were those admitted by the courts for a 30-day diagnosis and evaluation.

It seems clear that group services are the most likely service to be received at the institutions. Based on the percent of sampled residents who received a group service, it could be estimated that about 136 (out of 173) Juvenile Home residents and 90 (out of 564) Training School residents received group services during the year of study.

Seldom did anyone receive only an individual service, although it was common for residents to receive both group and individual services. The unduplicated counts in the above table consider all individual services in one category. The services provided to individuals include aftercare, follow-up and individual counseling. It can be noted that follow-up is seldom provided for residents from either institution. If the percentage of both institutions' sample that received follow-up is extended to all admissions, only about 22 out of 737 residents received follow-up services during the study time period.

Aftercare, while provided to over one fourth of the Juvenile Home sample, was rarely received by Training School residents. Given the findings from the sample, it could be estimated that only about 17 Training school residents (out of 564) received the DHS/SATUCI project services that were specifically designed to help prepare them for substance abuse services upon their release.

HOW LENGTHY & INTENSIVE WERE THE SERVICE INTERVENTIONS?

Proposing answers to questions about service length and intensity based on the sample proved somewhat difficult for a variety of reasons. At both institutions, a number of the youth admitted during the study time period were released and readmitted once or more. Some

received DHS/SATUCI program services during each of their stays, while others received services during only some of their multiple stays. Also, youth released and admitted before or after the study time period who were also admitted during the study time period may have received project services during one or more of their stays, but not necessarily during the study time period. A preceding discussion described the numbers and types of services received by youth admitted during the 12 month study time period; not all such services were provided to given residents as an uninterrupted service intervention during the study period.

To resolve the problems outlined above, a fairly small group of the sample's service recipients (people who received services other than the initial and in-depth evaluations) was identified for whom services were received as a complete and uninterrupted intervention episode during the 12 month study period. A total of 15 such cases was found; 8 from the Juvenile Home sample and 7 from the Training School sample.

While this small group of residents may not be entirely representative of the larger populations, it is felt that information about their service interventions can be considered as indicators of the length and intensity of services provided through the DHS/SATUCI program. Calculations of the length and intensity of a larger group of residents whose interventions did not wholly fall within the study time period were not significantly different than what was seen for the smaller group. The table on the following page describes the nature of the service interventions experienced by these 15 residents during the year of study:

SERVICE INTERVENTIONS -- TIMEFRAMES AND INTENSITY

	<u>JUVENILE HOME</u>	<u>TRAINING SCHOOL</u>
NO. OF RESIDENTS:	8	7
AVG. NO. DAYS IN INSTITUTION:	246	153
AVG. NO. OF DAYS FROM ADMISSION UNTIL THE INITIAL EVALUATION:	18	11
AVG. NO. OF DAYS FROM INITIAL EVALUATION UNTIL BEGINNING OF THE INDEPTH EVALUATION:	81	55
AVG. NO. OF DAYS TO COMPLETE THE INDEPTH EVALUATION:	15	9
AVG. NO. OF DAYS FROM END OF INDEPTH EVALUATION UNTIL THE START OF SERVICES:	20	6
AVG. NO. OF DAYS BETWEEN ADMISSION AND START OF SERVICES:	129	74

NO. OF RESIDENTS RECEIVING GROUP SERVICES:	8	5
AVG. NO. OF DAYS BETWEEN FIRST AND LAST GROUP SERVICE ACTIVITY:	102	53
AVG. NO. OF GROUP MEETINGS ATTENDED:	13	6

NO. RESIDENTS RECEIVING INDIVIDUAL SERVICES:	2	7
AVG. NO. OF DAYS BETWEEN FIRST AND LAST INDIV. SERVICE ACTIVITY:	219	86
AVG. NO. OF INDIVIDUAL SERVICE EVENTS:	8	9

With few exceptions, the various service intervention points described above occur more quickly and with less time in between them at the Training School than they occur at the Juvenile Home. It seems reasonable to assume that this is related to how the average length of stay at the Training School was considerably shorter than at the Juvenile home during the study period. In both institutions, however, this analysis indicates that the initiation of project services other

than evaluations and assessments was not occurring until about the midpoint of their stay at the institution. The largest gap in time seemed to be between the initial evaluation and the in-depth evaluation. In both institutions, the average length of time between these two types of assessments encompassed about one third of the service recipients' average length of stay at the institutions.

Residents counted in the above table who received group services, on the average, attended the project's group meetings over a time period that lasted about 40% of their stay at the Juvenile Home and about 35% of their stay at the Training School. On the average, participants in groups at both institutions attended one group every 8 days or about once a week.

Although more so for those at the Juvenile Home, individual services were provided over a greater length of time than were the group services. At the Juvenile Home, the residents counted in the above table who received individual services were at the institution longer than the others and their length of involvement with individual services was almost 90% as long as the average noted for overall institution stays. Those getting individual services at the Training School averaged a length of involvement close to 60% of their stay at the institution.

On the average, recipients of individual services at the Juvenile Home experienced one individual service event every 27 days or about once a month. This compares with one individual service event at the Training School every 10 days or so over a shorter period of time.

It is believed the above table and the discussion that followed it can be helpful when attempting to understand the timing and nature of the DHS/SATUCI project service interventions. However, the reader is reminded that the number of the residents whose case records actually provided the information accounted for just over 25% of the sampled residents who received services other than an evaluation.

ARE SERVICE NEEDS IDENTIFIED DURING PROJECT EVALUATIONS BEING MET?

Information from the sampled SATUCI treatment records was collected that describes the general assessments and recommendations developed through the initial evaluations conducted for 125 of the 135 person sample (10 cases had not been evaluated). The evaluation instrument used by SATUCI staff asks the evaluator to state their opinions on various client characteristics and situations. Case readers attempted to consistently answer the following two questions from information in the written evaluation document:

- 1) What is the evaluator's opinion about the nature of client's substance abuse problem?
 - a. The evaluation indicates that the resident potentially or likely has a substance abuse problem, or

- b. The evaluation indicates the resident does not appear to have an actual or potential substance abuse problem, or
 - c. The evaluation was unclear as to the opinion of the evaluator regarding the nature of the client's substance abuse problem.
- 2) What is the evaluator's opinion regarding a recommendation for substance abuse services?
- a. Services were not recommended due to lack of client motivation, or
 - b. Services were not recommended due to lack of identified service needs, or
 - c. One or more types of substance abuse services (including a more in-depth evaluation) were recommended, or
 - d. The evaluation was unclear as to recommendations for services.

Both questions resulted in one of the listed answers for all 125 cases. These assessment findings were then analyzed together with other case record information that described whether the case involved any services other than the initial evaluation. The following tables display the finding from this analysis:

ASSESSMENTS OF SUBSTANCE ABUSE PROBLEM -- SERVICES PROVIDED

	<u>POTENTIAL OR LIKELY PROBLEM</u>			<u>NO PROBLEM IDENTIFIED*</u>		
	<u>TOTAL</u>	<u>SERVICES PROVIDED</u>	<u>NO SERVICES PROVIDED</u>	<u>TOTAL</u>	<u>SERVICES PROVIDED</u>	<u>NO SERVICES PROVIDED</u>
TRAINING SCHOOL:	63	20**	43	29	8**	21
JUVENILE HOME:	21	17**	5	12	11**	2

* includes clients for whom the assessment of their problem was unclear from the written evaluation

** includes clients whose only service after the initial evaluation was an in-depth evaluation -- 11 of 28 Training School service recipients (8 of the 12 perceived to have a problem and 2 of the 6 without a problem or whose problem was unclear) received only an in-depth evaluation; 2 of 28 service recipients at the Juvenile Home received only an in-depth evaluation

RECOMMENDATIONS FOR SUBSTANCE ABUSE SERVICES -- SERVICES PROVIDED

	<u>SERVICES RECOMMENDED</u>			<u>SERVICES NOT RECOMMENDED*</u>		
	<u>TOTAL</u>	<u>SERVICES PROVIDED</u>	<u>NO SERVICES PROVIDED</u>	<u>TOTAL</u>	<u>SERVICES PROVIDED</u>	<u>NO SERVICES PROVIDED</u>
TRAINING SCHOOL:	65	19**	46	27	9**	18
JUVENILE HOME:	31	26**	5	2	2	0

* includes clients for whom the recommendation for services was unclear from the written evaluation

** includes clients whose only service after the initial evaluation was an in-depth evaluation -- 11 of the 28 clients at the Training school (4 for whom services were recommended & 6 for whom services were not recommended) received only an in-depth evaluation; 2 of 26 for whom services were recommended at the Juvenile Home received only an in-depth evaluation

In assessing the likelihood of, or potential for, substance abuse problems, client motivation for services was not a factor. Because SATUCI reportedly does not recommend services for unmotivated clients, one might assume that the number of residents with problems would be greater than the number for whom services are recommended. In both institutions, this was not the case. Services were recommended for more residents than had a clearly identified problem or potential problem. It is assumed that this is largely due to a perception that services are seldom inappropriate if the client desires them; and that increasing any resident's awareness of substance abuse, personal, family and other related issues is a positive and helpful service.

The numbers of clients considered to have a potential problem and those for whom services were recommended were fairly similar at the Training School. It is apparent that quite a few residents who are perceived to have a problem or who would seemingly benefit from services are not receiving any services at the Training School. Over two thirds of the Training School residents who were assessed as having a problem or who were recommended for services did not receive any services.

The Juvenile Home, on the other hand, seems to be providing services to a large percentage of the residents who are perceived to have a problem and to those for whom services are recommended. Residents at the juvenile home who are not perceived to have a problem and for whom services are not recommended are also seemingly receiving services at

a fairly high rate. It is unclear whether this is due to referrals from institution staff who disagree with SATUCI's assessments and recommendations, because of SATUCI's desire and willingness to provide preventive and educational services to any interested residents, or a result of both of these and/or other factors. It can be noted that of the 33 Juvenile Home residents, 21 were clearly considered to have a potential substance abuse problem but 31 were recommended for services. It may be that while there is a hesitancy to clearly label someone as having a substance abuse problem, there is also a hesitancy to say that interested residents would not benefit from services.

IS INFORMATION FOUND IN SATUCI RECORDS COMPARABLE TO
INFORMATION FOUND IN THE INSTITUTIONS' DATA FILES?

SATUCI treatment records were accessed mainly to collect data that was not available from the institutions' automated data files such as SATUCI evaluation findings, dates and numbers of service interventions, etc. Many types of data collected and maintained by SATUCI, however, are also separately collected and maintained by institution staff in their case records and their automated data system. With a goal being to help describe the level of coordination and information sharing between SATUCI and institution staff, a few comparable data items were examined to see if information was consistent between record systems. When considering the discussion that follows, the reader should realize that both information collection efforts rely heavily on information provided by the residents themselves.

Both data sources record the number of prior placements experienced by residents upon their admission to the institutions. For about 60% of the 125 sampled residents who were subjects of SATUCI's initial evaluation, the institution was aware of more prior out of home placements than were recorded in SATUCI records. The differences in such numbers ranged from only one placement to several cases where DHS reported 13 prior placements that SATUCI was either not informed of or did not report in their evaluation. For just under 15% of the cases, SATUCI reported more prior placements than did the institutions. In just over 25% of all cases did the two data sources match on the number of prior placements.

As was presented in a preceding section of this report, the institutions' automated data files record a drug and alcohol usage history of their residents. SATUCI's initial evaluations also contain alcohol and drug usage history information. The two data sources were compared as they reported residents' frequency of alcohol usage prior to their admission to the institution. In 53 of the 125 cases (43%) the data from both sources agreed. The types of discrepancies seen in the other cases varied; many cases showed similar frequencies reported by both sources and other cases showed major differences. Extreme cases had one source reporting no usage and the other source reporting daily usage.

Both data sources also report the residents' age when they first used alcohol. The two data sources agreed in only about 38% of the cases regarding the residents' reported age when alcohol was first used. When both data sources reporting of the frequency and length of marijuana and other drug use was examined, discrepancies similar to those just described for alcohol use were found.

One final common data element between the two data sources seemed worth examination. The institutions' data files report the types of services received by their residents during their stay at the institutions. Their data collection instrument includes "substance abuse services" as a service that is to be reported if provided. This information was compared with the case reading data that indicated whether or not sampled residents received services through the DHS/SATUCI project.

For 84 of the 125 cases (67%), both data sources agreed as to whether or not the resident received substance abuse services while at the institution. For 20 of the 125 cases (16%), SATUCI records indicated the resident had received services, but the DHS records indicated that they had not. In the remaining 21 cases (17%), DHS records indicated the resident had received substance abuse services, but SATUCI records did not indicate that the resident had received any services through the DHS/SATUCI project other than an evaluation.

There are a number of possible explanations for this apparent lack of agreement on whether services were provided. For this comparison, services were considered to have been provided according to SATUCI records only if the case file documented the delivery of some service other than an initial or in-depth evaluation. In those cases where the data discrepancy was due to the institution data showing services when SATUCI records did not, some institution staff may have considered the in-depth evaluation as a service. It may also be the case that some institution data reports substance abuse education, prevention or some other service not provided by SATUCI. Such possibilities, however, do not help explain why the institution data indicates that no services were provided to about 16% of the sampled residents who did, in fact, receive SATUCI services.

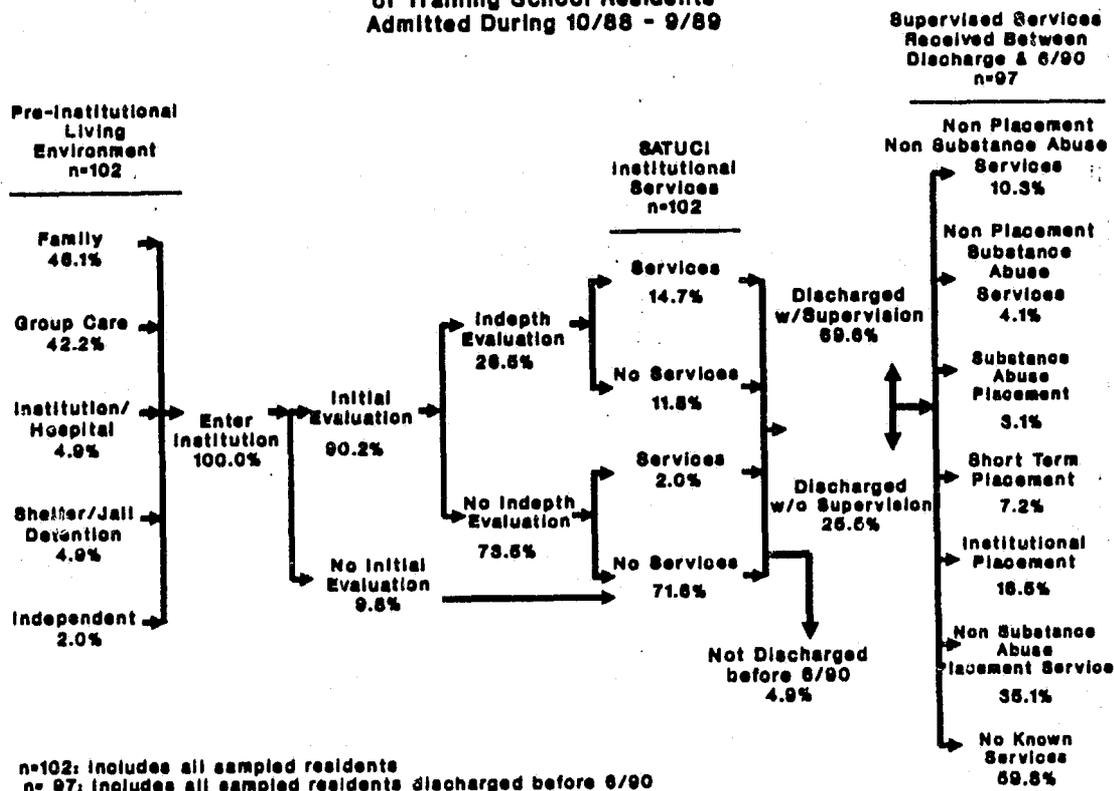
RESIDENT FOLLOW-UP INFORMATION

INTRODUCTION

This section of the report summarizes information collected to describe the situations of the sampled residents following their release from the institutions. Appendix H contains a survey instrument used to collect information from the DHS field worker or juvenile court officer responsible for the supervision of residents upon their release. Responses were received for all 135 residents in the study sample. Other follow-up information considered came from the DHS automated institutions data system and the Iowa Department of Public Safety's Criminal History Records.

The two diagrams that follow are meant to give the reader a quick overview of certain aspects of the residents studied from the sampled population. These flowcharts show the pre-institutional living environment of all 135 sampled residents, they display the percent of the entire sample that were involved in the DHS/SATUCI project and they also describe the percent of this group who received supervision and services when released from the institutions. They are meant to remind the reader of certain information discussed in previous sections and to introduce some of the issues raised in the more in-depth discussion of follow-up information that will be presented below.

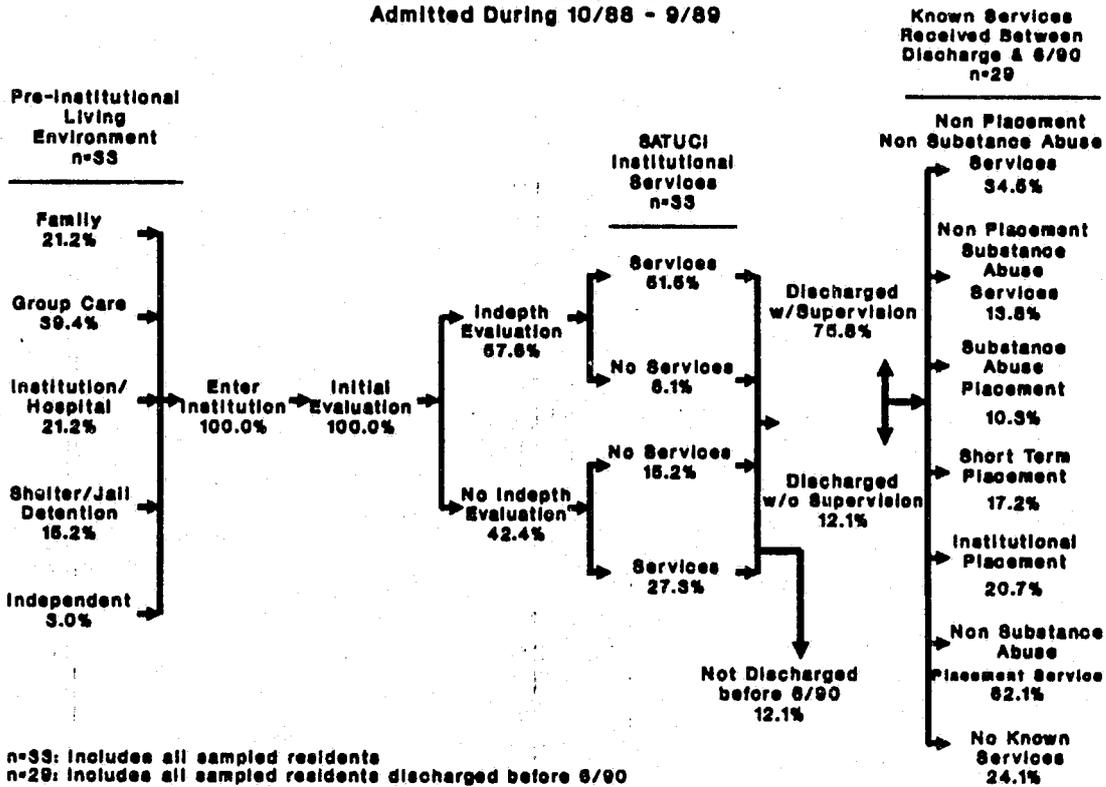
Service Delivery Overview for Sample of Training School Residents Admitted During 10/88 - 9/89



It can be seen from this diagram that about one fourth of the Training School sample received no supervision upon their release from the institutions. This may be of some specific interest when addressing the extent to which the DHS/SATUCI project is designed to facilitate aftercare services. Similarly, it can be noted that post-institution substance abuse placement services were received by about 3% of the sample and non-placement substance abuse services were received by about 4%. A given person may have received both types of substance abuse services and would be counted in both categories for this diagram.

About 60% of the sample who were discharged had reportedly received no services (substance abuse or other) within the time period commencing at their discharge through July of 1990 (this length of time varied by case; a majority of the sample had been discharged at least 7 months prior to when follow-up data was collected).

**Service Delivery Overview for Sample
of Juvenile Home Residents
Admitted During 10/88 - 9/89**



This diagram indicates that a smaller number (12%) of Juvenile Home residents were discharged without any post-institution supervision than was the case at the Training School. It also shows that youth leaving the Juvenile Home are more likely to be involved in post-institution substance abuse placement services (10%) as well as non-placement substance abuse services (14%). Again, a given person may have received both types of substance abuse services and would be counted in both categories for this diagram.

About 24% of the sample reportedly received no services (substance abuse or other) within the time period commencing at their discharge through July of 1990. As with the Training School sample, a majority of the Juvenile Home sample had left the institution more than 7 months before July of 1990.

DISCHARGED YOUTHS' POST-INSTITUTION ACTIVITIES

Much of the analyses that follow under this and the next section heading are based on information describing 87 residents (62 from the Training School and 25 from the Juvenile Home). These include all the youth for whom SATUCI had completed an initial evaluation upon their admission during the year of study and who were discharged from the institution before July of 1990 and who had received post institution supervision from either a DHS worker or a juvenile court officer. Of all 135 residents, 30 were reportedly discharged from any DHS or court involvement when they left the institution (26 from the Training School and 4 from the Juvenile Home). Ten of the 135 had not been the subject of a DHS/SATUCI project evaluation (one resident had not been evaluated and had not received post-institution supervision). Nine residents were still in the institutions when the follow-up data was collected (5 at the Training School and 4 at the Juvenile Home).

The follow-up survey asked the DHS worker or juvenile court officer to indicate, for youth under their supervision, whether or not ongoing use of alcohol or drugs was a service/supervision issue. They were also asked to indicate whether the youth had continued to engage in delinquent acts or been the subject of a child in need of assistance petition. Criminal history records were accessed for all of the sample group to find out if any had been the subject of an official, fingerprinted arrest report since their discharge. As a rule, only indictable offenses are reported through this system.

The table on the following page summarizes these findings and compares the data across two types of DHS/SATUCI service recipients -- those who only received an initial evaluation, and those who received an in-depth evaluation, a group service, and/or an individual service from the project prior to their discharge from the institution. No one discharged from the Training School was reported as a subject of a CINA petition, and no one discharged from the Juvenile Home was identified through the criminal history records as having been arrested for an indictable offense.

FOLLOW-UP STATUS OF SUPERVISED YOUTH -- TRAINING SCHOOL

INVOLVEMENT WITH DHS/SATUCI PROJECT	CONTINUED USE OF DRUGS OR ALCOHOL		CONTINUED DELINQUENT ACTIVITY		ARRESTED & REPORTED TO CRIMINAL HISTORY RECORD SYSTEM	
	N	%	N	%	N	%
INITIAL EVALUATION ONLY (total=45):	17	38%	12	27%	4	9%
INDEPTH EVAL AND/OR GROUP AND/OR INDIVIDUAL SERVICES (total=17):	5	29%	5	29%	4	24%
ALL DISCHARGED YOUTH UNDER SUPERVISION (total=62):	22	35%	17	27%	8	13%

Ongoing drug or alcohol use was a supervision or service issue for 35% of all discharged Training School youth who were supervised upon their release. The percent (29%) of discharged youth who had received DHS/SATUCI services (other than an initial evaluation) can be compared with the percent (38%) of discharged youth who had received only an initial evaluation. Discharged youth who had received DHS/SATUCI services while at the Training School were less likely than those who had received only an initial evaluation to have their post-institution supervisors consider their ongoing use of drugs or alcohol a supervision or service issue.

It is not clear whether the above finding is due to the impact of the DHS/SATUCI services or is an outcome of the intake process/criteria of the project -- only motivated youth who wished to address their substance abuse usage typically received project services. Comparing the follow-up usage of these youth with that of a group that includes a large number of problem users who likely were unresponsive to services does not allow for conclusive program impact statements.

Consistent with information about the entire sample, of those youth supervised upon discharge, over two thirds had been assessed by SATUCI as having a substance abuse problem. It was somewhat surprising that only about one third of those supervised upon release were considered to need supervision or services specifically to address their ongoing use of drugs or alcohol.

There appeared to be little difference between the group who had received services and the group who had received only an initial evaluation when looking at reported continued delinquent activity. In both groups, a little over one fourth of the youth were reportedly continuing to engage in delinquent behavior after their release from the institution.

Information collected from the state's criminal history records indicated that youth from the group who had received DHS/SATUCI services were more likely to be the subject of an official arrest report. Differences between the official records and the survey responses from juvenile court officers and DHS field workers are likely due to the fact that not all suspected delinquent behavior results in an arrest, because only indictable offenses are officially reported and because law enforcement agencies vary in the completeness of their official reporting. It is not known why the "services" and "no services" groups had such different official arrest involvement.

FOLLOW-UP STATUS OF SUPERVISED YOUTH -- JUVENILE HOME

INVOLVEMENT WITH DHS/SATUCI PROJECT	CONTINUED USE OF DRUGS OR ALCOHOL		CONTINUED DELINQUENT ACTIVITY		SUBJECT OF A CINA PETITION	
	N	%	N	%	N	%
INITIAL EVALUATION ONLY (total=4):	0	0%	0	0%	0	0%
INDEPTH EVAL AND/OR GROUP AND/OR INDIVIDUAL SERVICES (total=21):	7	33%	7	33%	3	14%
ALL DISCHARGED YOUTH UNDER SUPERVISION (total=25):	7	28%	7	28%	3	8%

As was discussed in a previous section, residents of the Juvenile Home were much more likely than youth from the Training School to have received DHS/SATUCI project services prior to their discharge. That most Juvenile Home residents received services may help explain the data displayed above. Only four of the youth receiving post institution supervision had not received project services. Concerns over ongoing substance abuse problems or delinquent activity were not reported for any of these four youth. Similarly, none of them had been the subject of a post institution CINA petition. It can be noted, however, that at least three of these youth had been assessed by SATUCI as having a substance abuse problem.

Of those supervised youth who had received project services, about a third were reported to have received post institution services or supervision related to ongoing alcohol or drug use. A third had also reportedly been involved in post institution delinquent behavior. Of

the 7 youth with post institution delinquency concerns, 3 had been at the Juvenile Home due to prior delinquent behavior while 4 had been there through a CINA petition.

Eight percent (3) of the supervised discharged youth had reportedly been the subject of a post institution CINA petition. Two of these youth previously had been at the Juvenile Home through a CINA petition; the other due to delinquent behavior.

READMISSION OF DISCHARGED YOUTH

Survey responses, as well as data from the institutions, was examined to identify the number of those in the sample who had been sent back to the institution since their discharge. Again, this information describes discharged youths' situations during the time period from their discharge through 7/90. The length of this time period varied by case; a majority of the sample had been discharged at least 7 months prior to when follow-up data was collected.

Of the 62 supervised youth discharged from the Training School, 24% (15) had been readmitted to the Training School prior to July of 1990. Of these, about half had received DHS/SATUCI project services and half had received only an initial evaluation. According to state criminal history records, 3 of the 62 supervised youth discharged from the Training School were sentenced in adult court for a crime committed shortly after their release from the institution. Two of these received a sentence of incarceration and one was put on probation. All three of these youth had been assessed by SATUCI as having a substance abuse problem.

Of the 25 supervised youth discharged from the Juvenile Home, 24% (6) had been readmitted to one of the institutions prior to July of 1990. All but one of these youth had received DHS/SATUCI project services during their prior stay at the Juvenile Home.

SUBSTANCE ABUSE SERVICES RECEIVED AFTER DISCHARGE

The diagrams at the beginning of this section indicate the percent of all 135 youth from the study sample who were believed to have received some type of post institution substance abuse service. Below is more detailed information about youth who received supervision upon discharge and who also reportedly received some type of substance abuse service from the DHS/SATUCI project.

Of the 62 Training School youth examined, 8% (5) received post institution substance abuse inpatient and/or outpatient services. This is an unduplicated count; 2 of these youth received both inpatient and outpatient. None of the 5 youth received the DHS/SATUCI project's aftercare preparation service, although 1 had received a group service. The other 4 had received only an initial or in-depth

evaluation. For 4 of the 5 youth, SATUCI had identified a substance abuse problem through their assessments. For the other youth, SATUCI assessments had not indicated a substance abuse problem.

Of the 25 Juvenile Home youth examined, 24% (6) received post institution inpatient and/or outpatient services. Again, this is an unduplicated count; one of these youth received both inpatient and outpatient substance abuse services. One of the 6 youth had received only the initial and in-depth evaluations while at the institution. Another had received group, but no individual services. Four of the 6 had received a DHS/SATUCI project individual service that addressed after-care preparation. For 4 of the 6 youth, SATUCI had identified a substance abuse problem through their assessments. For the other 2 youth, SATUCI assessments had not indicated a substance abuse problem.

To the extent that the DHS/SATUCI project attempts to offer aftercare preparation services, the findings described above are somewhat disturbing. Few youth discharged from the institutions are receiving any post institution substance abuse services soon after leaving the institutions.

Youth from the Training School who are receiving post institution substance abuse services do not appear to be receiving aftercare preparation services while at the institution. Although a number of Juvenile Home residents who had not received DHS/SATUCI aftercare services apparently go on to receive post institution substance abuse services, it appears that those who do receive aftercare preparation services are likely to become involved with some type of post institution substance abuse service.

FOLLOW-UP DATA ON OTHER DISCHARGED YOUTH

Institution records and the state's criminal history records allowed for a limited examination into the situation of discharged youth not included in the subsample of 87 youth already discussed in this section. Of the 33 youth in the entire Juvenile Home sample, 4 had been discharged without post institution supervision. None of these youth were either reinstitutionalized or the subject of any reports to the state's criminal history record system during the time period of follow-up data collection.

Of the 102 youth in the entire Training School sample, 26 were discharged without supervision. These 26 youth were the subjects of at least 17 official arrest reports to the state's criminal history records shortly after their discharge. Of these arrests, 5 were for drug offenses, 11 for property offenses and 1 for a crime against a person.

According to the criminal history records, 8 (31%) of these 26 youth were sentenced in adult court some time after their release from the institution and before July of 1990. Of these 8 young people, 5 were given a sentence including incarceration; the other 3 were put on pro-

bation. One of the 8 sentenced was ordered to receive substance abuse counseling. This young person, as well as the other 7 of 8, had not received substance abuse services while at the Training School other than the initial or in-depth evaluation. Of the 26 unsupervised releases, 18 (69%) were assessed by SATUCI as having a substance abuse problem.

PEER REVIEW PANEL FINDINGS

Introduction

During the summer of 1990, a three member panel of experts was recruited by CJJP to conduct an assessment of the quality of the DHS/SATUCI project's service intervention policies and procedures. Through a contract with the CJJP, they were charged with assessing the nature of the treatment services purchased by DHS, their quality and the extent to which they are viable given the target population. CJJP project staff provided a variety of support functions to this peer review panel, including the provision of background program information and statistical data.

The panel was formed in response to concerns and suggestions raised by the advisory group described in a previous section. Its function was to supplement other evaluation findings with the professional opinions of individuals with extensive, direct experience in the fields of substance abuse services, child and family services and the justice system. The summarized findings and recommendations found below were prepared by the panel independently from other activities and written products of this evaluation. The recommendations represent the collective opinions of the panel members.

Appendix F comprises the entire report prepared by the peer review panel. It repeats the summary that follows in this section, and it contains more in-depth information, discussion and rationales for their findings and recommendations. The remainder of this section is a direct excerpt from the peer review panel's report.

Method

The assessment of the substance abuse programs at the institutions was made through interviews with involved persons, review of client records, and direct observation where possible. Persons interviewed included: clients receiving services, administrators and clinical supervisors; cottage directors; counselors; and youth service workers...a broad range of institutional and Substance Abuse Treatment Unit of Central Iowa (SATUCI) staff. Institutional staff interviewed included those directly involved with the SATUCI programs, as well as those with indirect involvement.

It should be noted that the staffs of SATUCI, the State Training School (STS), and the Iowa Juvenile Home (IJH) were cooperative and helpful in their interactions with the peer review panel. We were in general impressed with their dedication and genuine concern for the young people with whom they work.

Summary

The substance abuse services at the two institutions are provided by SATUCI on an outpatient model. In addition, there is a substance abuse curriculum utilized by the STS on a regular basis and the IJH

irregularly. The curriculum is integrated into the cottage program (at STS only), while SATUCI's evaluation and treatment activities are largely segregated. When treatment is provided by SATUCI, it is of high quality, although there are some difficulties in access to that treatment. A major improvement in substance abuse services would come about with the creative integration of SATUCI's services into the institutional programs. Operating the SATUCI program on a hybrid outpatient/residential model might provide significant benefit for all. The upper management of both juvenile institutions is clearly supportive of SATUCI's programming, although this may not have been the case with previous management at IJH. There needs to be continuous work upon accurate, effective communications between and within all involved organizations.

There needs to be clear dialogue regarding resources, priorities for services and scheduling of clients. This dialogue needs to be as broad as possible, so all involved understand rationales behind priorities. There needs to be a clear definition of mission for SATUCI within the institutions that meets the needs of the youth served by the institutions. This mission needs to be clearly and consistently articulated by all involved. The SATUCI programming needs to be truly integrated into the overall institutional plan reflecting this mission.

Recommendations Summary

* The adequacy of communication between, and within, the institutional staffs and SATUCI staff is crucial for the delivery of quality substance abuse services. In general, the adequacy of communication between, and within, the institutions is highly variable and needs to improve. There needs to be continuous work upon accurate, effective communications between and within all involved organizations.

* There needs to be clear leadership in removing existing organizational barriers to communication and in initiating joint problem solving.

* The administrations of both institutions need to shift the weight of responsibility for communication from SATUCI to the institution staff. It is the responsibility of the host institution to give SATUCI "equal footing" in the institutions.

* Adequate funding must be provided to place SATUCI staff salaries on a par with similar positions within the institutions.

* Clearly designated leadership or oversight of the project with appropriate authority could increase integration, reduce miscommunication, and result in a clearer more consistent sense of mission. Options could include authority vested in: the institutions; SATUCI; or a third party.

- * Evaluation procedure relies heavily upon self-report by the client. A system needs to be developed by the institutions and SATUCI to have reliable reports regarding past behavior (e.g. arrest reports, prior treatment, et cetera) available as soon as possible after the student's admission to the institution. STS and IJH should consider having drug urine screens be a part of the admission procedure to the institution with results of the urine screen made available to SATUCI.
- * A clear triage policy (inclusion criteria, as well as exclusion criteria) should be established to limit the numbers, who are referred to treatment programs, to levels which meet treatment capacity.
- * The current exclusion criteria for admission may actually exclude all students admitted and should probably be redefined specific to IJH and STS.
- * Excessively high, and obviously unreal, use levels self-reported by some clients need to be labeled as grossly exaggerated.
- * SATUCI needs to have clear differential diagnosis to distinguish primary chemical dependency from substance abuse secondary to other issues (e.g. primary anti-social with substance abuse).
- * Evaluations include recommendations regardless of client motivation or client length of stay. This is excellent and provides service recommendations regardless of student motivation and/or length of stay.
- * The record management system and terminology used by DSA [Division of Substance Abuse] has changed and hopefully this will make the system used by SATUCI more useful and understandable to those outside the substance abuse field. If it does not, SATUCI should consider using a record keeping and terminology system which appeals to common sense and reflects what is actually being done.
- * The substance abuse education curriculum should be used at both institutions not just STS.
- * Organizations develop established ways of service delivery and organizational problem solving and conflict resolution. Over time these develop into somewhat rigid, persistent, responses to organizational problem solving approaches and conflict resolution with regard to service delivery. These "persistencies" need to be creatively overcome by both SATUCI and the institutions.
- * The current concept and practice of evaluating, within one (1) to two (2) weeks after entry, every new admission to STS and IJH, as well as evaluating readmissions who have been absent for the institutions for more than six (6) months, is excellent. SATUCI should continue this central assessment function in the same manner as they have and could add other active tracking and follow-up components of central assessment or employee/student assistance programs.

* The issue of client motivation and treatment services needs to be addressed. It may be of benefit to provide a "coerced client group" for kids who need treatment but do not want it or are "not motivated".

* The provision of culturally specific programming should be strongly considered given the high percentage of minority students (compared to the general Iowa population) and the high incidence of substance abuse reported among minority populations.

* Consideration should be given, by SATUCI, to recruitment of qualified minority staff persons who might positively impact service delivery and training in the areas of racial/cultural awareness, culturally specific treatment models and cross-cultural relations.

SUMMARY AND CONCLUSIONS

The information in the preceding sections was presented in an amount of detail meant to allow the reader to develop their own understanding of the DHS/SATUCI project and to identify areas where program changes may be desired and beneficial. The section immediately preceding this one identifies a number of specific recommendations offered by the peer review panel that visited and studied the program. The ideas and opinions that follow are those of the principle researcher of this evaluation that were formed while the data and information discussed in previous sections were under analysis.

The issues of concern and recommendations outlined below are meant to be received with the understanding that a major goal of the evaluation was to identify programmatic and organizational aspects of the institutions' substance abuse services project that can be further examined for future planning and monitoring purposes. This goal was established in recognition that program participants are expecting to make changes at this point in the project's evolution, and that continued funding from existing sources would require a new program design.

DEVELOPMENT OF PROGRAM GOALS AND EXPECTATIONS

With input from the contractual provider, DHS should refine and clearly define program goals and expectations at each institution. These should be as specific as possible to improve levels of understanding and to facilitate an ongoing monitoring of program operation and client progress. Such goals and expectations should be developed to recognize the institutions' broader operations and limitations (e.g. time available for client participation, predicted lengths of stay for the institutions' residents, etc.) and to identify a targeted and limited (by available resources) population from the institutions' general population for whom services other than assessments can be made available in a manner that corresponds and is comparable to the level of structure found in other programs in the institution.

While new program goals and expectations are being developed, attempts should be made to address concerns and biases related to substance abuse service needs vs. behavioral needs vs. education needs, etc. These issues were raised throughout our study efforts and often were voiced and viewed as philosophical differences of opinion as to how best to help someone with substance abuse problems and behavior problems and education problems and other problems. While it is clearly beyond the scope of this discussion to attempt to recommend ways to reconcile such philosophical differences, it seems reasonable to believe that some segment of the institutions' residents can be identified as having a good likelihood of benefiting from an institutional stay during which their services are integrated around a clear and damaging substance abuse problem.

SERVICE DELIVERY MODEL AND INTEGRATION WITH INSTITUTIONAL PROGRAMMING

When looking at the substance abuse programming in other states' juvenile institutions, it was apparent that Iowa is fairly typical as it provides substance abuse services (other than assessments) as a specific service available to some residents who are also involved in other institutional programming and are a part of the general population. It seems likely that the nature and scope of many of the issues and concerns identified in Iowa's institutions through this evaluation effort would be found in other states' institutions given similar scrutiny.

Iowa's service approach does differ from that of most other states through its use of an outside agency as the service provider. This agency has, to a great extent, brought their out-patient service delivery model into the institutions and is attempting to provide a range of out-patient services to meet the varied needs of as many of the institutions' residents as possible.

Other than the exclusionary criteria that prevents unmotivated or disinterested residents from receiving services, there is no apparent policy to target a population for which the institution staff can look to for potential referrals or for which SATUCI can tailor their service approaches. The services are there to offer help to anybody if they desire it, but there are no clear service goals or expectations except at the individual case level, and these are not determined until after the referral has been made and services are initiated.

While reports are submitted and institution-sponsored staffings are attended, there appeared to be no consistently followed procedures that assured service integration-oriented dialogue between SATUCI staff and the other providers of services and supervision within the institutions

That the program is trying to provide services to meet all potential substance abuse treatment needs without any clear referral criteria or consistently coordinated service integration/management activities may help to explain the somewhat frequent changing of the types of services offered, the lack of clear understanding about what the DHS/SATUCI program is all about, and the relatively small numbers of residents getting treatment services more intensive than an hour or so a week of group counseling.

An out-patient service model, by design, is meant to meet the varied prevention and treatment needs of select members of a given community (those who do not seem to need residential substance abuse services). Also by design, it is operated independently from other community providers and maintains a level of autonomy regarding intake criteria and service delivery decisions. While the environment of the institutions is, in many ways, similar to a small community, it is a very closed and hierarchically-structured community. The use of an out-patient service model likely has contributed to the DHS/SATUCI project's ap-

parent difficulties in determining and agreeing upon clear referral criteria and the difficulties in providing for consistent service integration.

What further complicates these issues is the current lack of any meaningful, state-wide intake criteria for admission into the institutions, and the irregular, but usually short and unpredictable lengths of stay. Although positive treatment interventions have been occurring through the DHS/SATUCI project, they almost seem to have been happening in spite of the program's operational structure. Throughout our collection of information, expressions of frustration, dissatisfaction and uncertainty of program structure or support regularly overshadowed comments and indications of program success or client population progress.

While the development and promoting of clear program goals and expectations is highly recommended, equally important is the need to examine and alter the current service delivery model to meet the needs of the population/s to be targeted. Assuming that the target population will continue to receive institution services from other than the substance abuse treatment provider, it will also be important to alter current methods of coordinating the planning and delivery of the various services. In other words, as target populations and service goals are identified, it should not be assumed that current institutional service delivery models, and current methods of integrating substance abuse services with other institutional services, will facilitate the effective delivery of the collection of services (including substance abuse services) needed by the targeted clients.

Consideration should be given to the development of one or more models of residential service delivery to recognize and take advantage of the institutions' closed, isolated, and service/supervision oriented environments. Features of such an environment should be identified that can be used to facilitate treatment program operation and control (e.g. structuring many or most daily activities around substance abuse treatment needs; providing for close staff monitoring of client progress through steps or levels of growth or change that are understood by (and consistently presented to) the client as being related to their need for substance abuse services; etc.).

Such recommendations recognize the need to alter other aspects of the institutions' overall programming and assume that such alterations are forthcoming as DHS continues to prepare for the new statutory institution admission criteria effective October 1, 1991, and as it plans for the elimination of the State Juvenile Home's CINA program and prepares for the different populations that likely will result at both institutions.

Regardless of any other changes made in the service delivery model and/or service integration procedures, it is recommended that the terminology used by SATUCI to categorize cases and thus describe their services be simplified. Attempting to explain or understand the difference between pre-admitted and admitted cases seem to be unnecessary

exercises and do not seem to contribute to the clarity of service intent or the coordination of services between SATUCI and DHS. If there is a need for such case categorizing within SATUCI, procedures should be developed to restrict the use of potentially confusing labels internally.

Although the above recommendations are offered to be compatible with the current DHS/private provider program approach, consideration should be given to the potential benefits of providing substance abuse services within the institution using appropriately trained staff under the direct supervision of the institutions' administration. Such benefits may include more easily structured and operated case management and service integration procedures, better understanding and acceptance of the program on the part of the institutions, and a greater potential for ongoing cooperation and both case-specific and project-wide planning and monitoring among the substance abuse service staff and others in the institutions.

Potential benefits of such a change should be balanced against any potential benefits of, or reasons for, continuing to provide the services in the current manner. Most of the discussion and recommendations in this section are framed in response to the assumption that the program will continue to involve a service providing agency under contract with DHS. However, suggestions for program changes are meant to be of relevance whether the services are provided directly or are purchased by DHS.

PROGRAM SUPPORT AND MONITORING

Assuming a contract provider continues to be used, and regardless of the population to be targeted or the nature of the service delivery model, it is recommended that coordinated policies and procedures be developed and implemented by both the institutions and the contract provider to assure that all affected staff are aware of the program's goals and expectations, to facilitate appropriate referrals, and to provide for clearly structured case management and follow-up activities that allow for a coordinated, shared monitoring of client progress among contract staff, institution counselors and cottage personnel.

In addition to structuring case-specific meetings and other case management procedures, regular program-wide oversight meetings between the institutions and the contract provider should resume with mutually agreed upon and consistent agenda items and procedures. Such meetings should be used to review program goals and expectations, to monitor established policies and procedures, and to identify and resolve problem issues.

ASSESSMENTS OF ALL ADMISSIONS

Of all the services provided through the DHS/SATUCI project, the initial assessments provided to all admissions seemed to be the service most consistently provided and best understood by all parties involved. It was also the service provided through this project that seemed to be the one most appreciated by the institution staff. It should be noted, however, that due to a variety of factors, including resource limitations, counselor availability, conflicting student service needs, length of stay, etc., the recommendations for services contained in the evaluations did not seem to be consistently related to whether or not a service referral was made or services were provided. Furthermore, as was seen when follow-up data was considered, there is some question whether the project's assessment findings are used by anyone to any great extent as services are planned or delivered upon youths' release from the institutions.

Based on the above, it is recommended that should the current initial assessment procedures continue, a tracking procedure be implemented to gain a better understanding of the extent to which service responses are, in fact, responding to the assessment findings. This tracking procedure should extend into some period of time after youth leave the institution and become involved in community-based service systems. The results of such a tracking effort could be used to assess the benefits of any attempts to improve the assessment process, to highlight service needs of residents, to assist in planning and refining case management and service integration, and to promote aftercare and follow-up policies and activities.

It is also recommended that if a more clearly defined target population for substance abuse services is identified, procedures should be developed to shorten the length of time it now takes to begin whatever type of in-depth evaluation is needed prior to the initiation of services. Attempts should be made to base the decision to provide substance abuse services on the initial evaluation; once made, service delays seem inappropriate. It is recommended that service delays that are a result of waiting lists, etc. should be addressed through the targeting and focusing of the services to a more limited population.

Should initial assessments cease being provided to all residents, it will become even more important to have a clearly defined and well understood target population for whatever services are provided by the contractual staff. In addition, the need for case-specific and program-wide service coordination procedures and regular communication between institution and contract provider staff would be crucial. If the contract provider does not assess all residents to some extent, it will fall totally on institution staff to identify appropriate referrals. Without clear and consistent communication, such a process has the potential for creating conflict and jeopardizing project success given the institutions' closed settings and the provider's sole source of referrals.

It seems worth repeating that the assessment service stood out from other aspects of this program as an example of how a service can be consistently provided, understood and appreciated when goals and expectations of that service are clear.

EDUCATION AND PREVENTION SERVICES

For some time, SATUCI provided a group service at both institutions that was essentially a prevention and education service. It was provided to residents willing to attend who, as a group, had varied substance abuse histories and prior exposure to such a service. This group was discontinued following SATUCI's development of an education/prevention curriculum that was planned for use in the cottages and was to be delivered by cottage staff. At the time this study's data was being collected, it appeared that the Training School was using the curriculum in their cottages while the Juvenile Home was not. The Juvenile Home reported that one cottage was providing education/prevention services but was not using the SATUCI curriculum.

It would be inappropriate for residents receiving more personalized treatment to be participating in prevention activities if the curriculum is not consistent and coordinated with whatever type of treatment they are receiving. While of less concern, it may also be inappropriate to think that residents receiving treatment would benefit very much from education and prevention services. While it may be reasonable to assume that education-related information would never be harmful (as long as it does not conflict with treatment-oriented information and activities) funds or staff time used to provide such information to a treatment population may be better used elsewhere.

It is recommended that DHS re-evaluate its decision at both institutions regarding this service. If it is to be offered, it seems that the rationale for its need would apply to all cottages unless cottage placements become determined by residents' diagnosed levels of substance abuse problems. There was no indication that SATUCI assessment findings are now being used in cottage placement decisions. If cottage placement decisions become structured to create a cottage-specific substance abuse program track, it is recommended that the services inside such a cottage should be other than education and prevention services.

It is also recommended that steps be taken to assure that any education/prevention service offered at the institutions be compatible with any other of the institutions' substance abuse services. Such steps should include periodic mutual review of both the prevention curriculum and the treatment methodologies by whatever parties are responsible for their delivery.

AFTERCARE PREPARATION AND FOLLOW-UP SERVICES

Although not presented in any detail in this report, data from Iowa's juvenile substance abuse service agencies were received from the Iowa Department of Public Health and were analyzed as this evaluation was underway. During the approximate time of our study time period (State FY 1989), almost 2,900 juveniles began receiving services from publicly funded substance abuse agencies. (More than 170 additional juveniles received services from privately funded agencies in an average month during this same year.)

Of the 2,900 juvenile clients, about 11% were formally admitted for treatment services. The rest were considered pre-admit clients or were either pre-admitted or admitted as concerned clients. Of the 320 juveniles admitted during FY89, about 65% had been previously admitted for an earlier service intervention before FY89. Of the 320 juveniles who were admitted and discharged during FY89 (240), about 14% were again admitted (some more than once) during FY89.

Of the 2115 juveniles pre-admitted for services in FY89, 66% were also thought to have ended the pre-admit service intervention during FY89. Of these, 17% entered the system again (some more than once) during FY89.

Had the juveniles receiving publicly funded substance abuse services been tracked beyond the end of FY89, it is assumed we would continue to see a good share of them return for services at least once and perhaps several times. This discussion is meant to emphasize current aspects of our statewide (which is not unlike other states) substance abuse service system that involve periodic service interventions for juvenile clients attempting to overcome their problems.

Solving substance abuse problems is seldom accomplished with a "one time" treatment episode. Rather, what is reportedly requires is a series of interventions of varying levels of intensity at different points in a long term recovery process. With this background in mind, the information we gathered to describe the extent to which the DHS/SATUCI project attempts to intervene as a part of such an ongoing service delivery process was considered particularly important.

Unfortunately, the data we were able to gather did not indicate that the project's services were coordinated to any great extent with substance abuse (or other) services provided to the institution's residents before or after their involvement with project services. Less than 10% of the study sample received DHS/SATUCI project aftercare preparation services. An even smaller number of institution residents appeared to have received the project's follow-up services. Few youth leaving the institutions, including those who received aftercare preparation services, go on to receive post institution substance abuse services despite the perception and documentation that many need such care.

The institutions' play a central role in the state's child welfare and juvenile justice system. Their residents have a lengthy service history prior to their admission and over 75% of the youth leaving the institutions receive state-supported supervision and services in Iowa communities upon their release. These conditions, together with the long term nature of a substance abuse recovery process, seem to recommend concentrated planning to come up with ways of developing project plans, case-specific treatment interventions and case management procedures that assure some level of continuity in the long term multi-system service interventions of which institutional stays are but one part.

At a minimum, it is recommended that summary discharge reports should be required for all residents receiving project services. Currently only the "admitted" cases are the subject of a formal discharge report. "Pre-admitted" cases, even those with lengthy and relatively intensive involvement with counseling staff, are now not formally "discharged" since they were not "admitted" so there is no comprehensive summary of services provided or progress made. The recommended service summary reports might be the subject of a final joint staffing prior to the youth's discharge from the institution. Along with their potential for helping to transmit post institution service needs, such staffings might be useful as a means to review the coordination of case management functions between staff of the institution and the contract provider.

It is also recommended that institution and contract provider staff jointly work with juvenile court officers and DHS field workers to increase awareness of the assessment findings, service progress and service recommendations developed while youth are in the institutions. Current attempts to communicate treatment needs to community-based substance abuse providers should continue, but only as a supplement to project efforts that assist post institutional case managers/supervisors.

Given the extent to which substance abuse is identified as an issue of concern for the institutions' residents, it is recommended that the required case permanency plans, developed for all youth under the court's jurisdiction, be updated when a youth leaves the institution to include a specific response to any DHS/SATUCI service recommendation or intervention provided. This recommendation could not be implemented without new statewide DHS policies and direction from both DHS district offices and the state's chief juvenile court officers.

This final recommendation would also require new efforts on the part of institution and contract provider staff to assure a consistent level of communication as institution releases are being planned. This recommendation is not meant to force any specific aftercare or follow-up plan upon post institution case managers; rather, it is meant to assure only that client-specific information gained through the DHS/SATUCI project is effectively transmitted and considered when post institution services are being arranged.

Appendices To:

**A Description and Assessment of the
Iowa Juvenile Institutions'
Substance Abuse Services Project
Final Report**

**Prepared For: Iowa Governor's Alliance
on Substance Abuse**

**Prepared By: Iowa Department of Human Rights
Division of Criminal and
Juvenile Justice Planning**

April, 1991

Appendix A

DHS/SATUCI Project Evaluation

Advisory Group

DHS/SATUCI PROJECT EVALUATION ADVISORY GROUP

Dean Austin, Iowa Department of Public Health, Division of Substance Abuse

George Belitsos, Youth & Shelter Services, Inc.

Bob Eppler, Iowa Department of Human Services, Iowa Juvenile Home

Steve Huston, Iowa Department of Human Services, Iowa Training School

Vicki Lewis, Substance Abuse Treatment Unit of Central Iowa

Marilyn Milbrath, Iowa Governor's Alliance on Substance Abuse

Eric Sage, Iowa Department of Human Services, Division of Children, Youth and Family Services

Steve Smith, 1st Judicial District Juvenile Court Office

Jack Stowe, Substance Abuse Treatment Unit of Central Iowa

Jan Rose, Iowa Governor's Alliance on Substance Abuse

Appendix B

DHS/SATUCI Project

Funding History

DHS/SATUCI Project Funding

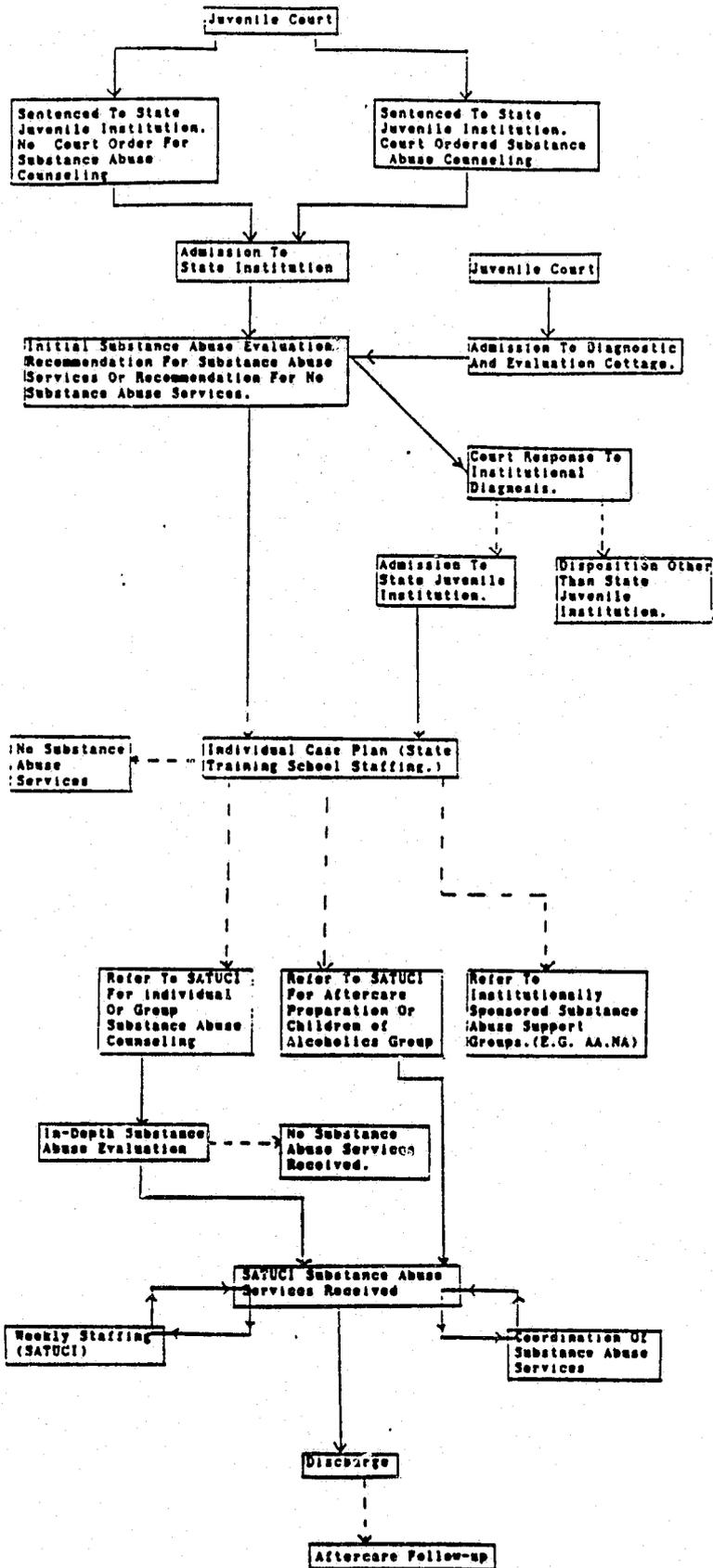
DATE	GRANT AWARD \$	PURPOSE
7/86-6/87	Criminal and Juvenile Justice Planning; Bureau of Justice Assistance grant \$19,500. DHS match of \$19,500.	Initiated SATUCI's involvement in the state institutions. Service began in June of 1986 with a full time counselor at the State Training School and a half time counselor at the Iowa Juvenile Home.
7/87-6/88	Criminal and Juvenile Justice Planning; Bureau of Justice Assistance grant \$39,000. DHS match of \$39,000.	Addition of a full-time counselor at the State Training School and a half-time counselor at the Iowa Juvenile Home. Increased the individual counseling and evaluation activities at the State Training School. Provided a women's issues group at the Iowa Juvenile Home and increased counseling activities slightly.
7/87-6/88	Governors Alliance on Substance Abuse; High Risk Youth - \$18,253.	Develop and implement a substance abuse education curriculum to be used in the cottages.
7/87-6/88	Governors Alliance on Substance Abuse; High Risk Youth - \$27,350.	Develop an aftercare program at the State Training School. Provide one full-time aftercare counselor at the State Training School.
10/87-9/8	Governors alliance on Substance Abuse; Narcotics Control Grant-\$172,776. DHS match \$57,592.	Provide a full-time aftercare and add a full-time substance abuse counselor at the Iowa Juvenile Home. Add a full-time aftercare and an individual substance abuse counselor at the State Training School.

	Provide additional administrative and clerical positions to support the substance abuse services at the juvenile institutions.
7/88-9/88 Criminal and Juvenile Justice Planning; Bureau of justice assistance grant -Extension- \$9,750. DHS match \$9,750.	Maintain previous levels of substance abuse counseling.
7/88-6/89 Governors Alliance on Substance Abuse; High Risk Youth - \$29,897.	Maintain the aftercare services at the State Training School.
7/88-6/89 Governors Alliance on substance Abuse; High Risk Youth - \$10,800.	Provide substance abuse training to institutional staff and conducted two state training workshops.
10/88-9/89Governors Alliance on Substance Abuse; Narcotics Control Grant-\$206,365.00. DHS match \$68,788.33.	Maintain existing levels of substance abuse counseling activities. Provide a half-time evaluation specialist at both institutions.
7/89-6/90 Governors Alliance on Substance Abuse; High Risk Youth - \$12,383.	Continued to provide two state wide substance abuse training workshops.
7/89-7/90 Governors Alliance on Substance Abuse; High Risk Youth -Extension-\$37,300.	Continue the Aftercare services at the State Training School.
10/89-9/90Governors Alliance on Substance Abuse; Narcotics Control Grant-\$199,146.50. DHS match \$66,382.17.	Maintain existing levels of substance abuse counseling activities.
10/90-7/91Governors Alliance on Substance Abuse; Narcotics Control Grant-\$219,186. DHS match \$13,062.	Maintain previous levels of substance abuse counseling activities. Provide an additional full time evaluation specialist, and add a full time primary counselor at the STS.

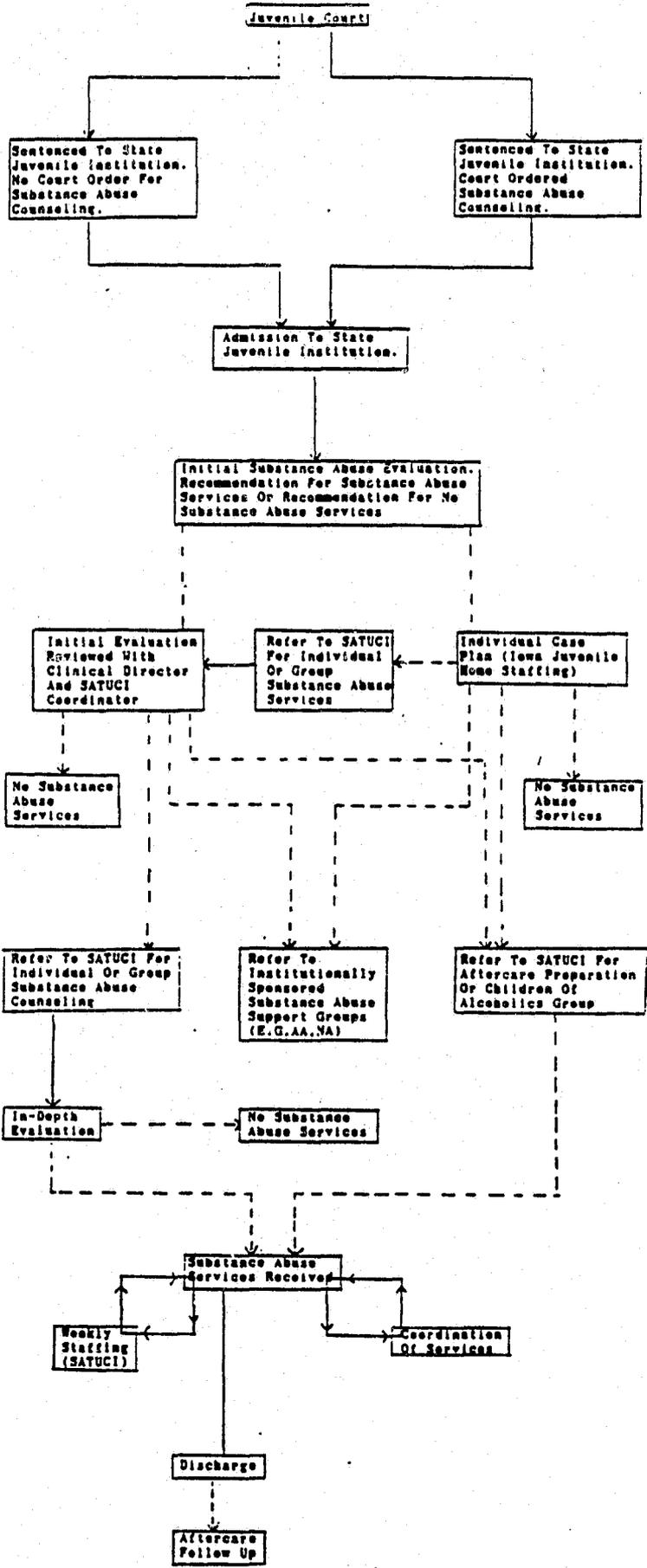
Appendix C

DHS/SATUCI Project

Service Intake & Delivery Process



* Solid lines indicate a direct result of the preceding stage.
 ** Broken lines indicate that the stage that follows is an alternative to other stages.



* solid lines indicate a direct result of the preceding stage.
 ** broken lines indicate that the stage that follows is an alternative to other stages.

Appendix D

Survey of Other States'

Juvenile Institutions

STATE-OPERATED JUVENILE INSTITUTION INFORMATION

STATE: _____ INSTITUTION NAME: _____

CAPACITY: _____

- 1. Does your institution serve juveniles other than those adjudicated as delinquent? Yes No

If yes, please specify: _____

- 2. For those that apply, please rank the following in the order of how common these presenting problems are for your residents (1 is most common).

_____ Property Crime	_____ Child Abuse
_____ Violent Crime	_____ Mental Retardation
_____ Substance Abuse	_____ Learning Disabilities
_____ Other - please specify: _____	

- 3. What is the average length of stay for residents of the general population? _____

- 4. ARE JUVENILE SUBSTANCE ABUSE SERVICES AVAILABLE WITHIN YOUR INSTITUTION? YES NO

IF NO, PLEASE GO TO QUESTION NUMBER 14.
IF YES, PLEASE GO TO QUESTION NUMBER 5.

- 5. Which responses describe how the substance abuse services are integrated into the institution's programming?

_____ Programming for all residents centers around an institution-wide substance abuse treatment model.

_____ The institution has several separate "program tracks," of which at least one operates as a substance abuse treatment program. Residents are grouped together according to the program track in which they participate.

_____ Substance abuse services are provided as a specific service that is available to some residents, but these residents are also involved in the more comprehensive institution programming and are part of the general population.

_____ Substance abuse services are provided to all residents as a component of the more comprehensive institution programming.

_____ Other - please describe: _____

- 6. How many juveniles receive substance abuse services during an average month? _____
 - 7. What is the average length of stay for residents receiving substance abuse services? _____
 - 8. Does your institution receive funding specifically designated for juvenile substance abuse services? Yes No
- If yes, how much funding do you receive annually? _____

9. What types of substance abuse services are offered in your institution? Please check all that apply.

- Individual counseling Aftercare preparation
 Family counseling Aftercare
 Group counseling Other: _____
 Substance abuse education services

10. Do the institution's own staff members provide the services? Yes No

11. Please provide the following information about your typical or average population.

	<u>General Population</u>	<u>Substance Abuse Population</u>
Average age	_____	_____
Percentage of males	_____	_____
Percentage of females	_____	_____
Percentage of Caucasians	_____	_____
Percentage of African Americans	_____	_____
Percentage of Latinos	_____	_____
Percentage of Asians	_____	_____
Percentage of Pacific Islanders	_____	_____
Percentage of Amer. Ind./Eskimos	_____	_____

12. Do the courts order juveniles to your program specifically for substance abuse services? Yes No

If yes, what percent of juveniles receiving substance abuse services are court-ordered for that purpose? _____

13. Does the institution have any evaluation reports, outcome data, or follow-up information available that describes the success of substance abuse services within your institution? Yes No

If yes, please attach any relevant reports, summaries, or data.

14. Are you considering changing your programming to either start new substance abuse service programming, cease providing such, or making major alterations in service approaches or capacity? Please check those that apply.

- Planning service reductions
- Planning service approach changes within current service capacity
- Planning to increase service capacity with current service approaches
- Planning to increase service capacity with new service approaches
- Other - please specify: _____

Please return this survey to:
Iowa Division of Criminal and Juvenile Justice Planning
using the envelope provided.

Appendix E

**Survey of DHS/SATUCI Project
Staff and System Officials**

Information presented in this appendix displays the responses received from three separate, but related, surveys. Each survey asked unique questions but also had questions in common with the other two; responses are displayed accordingly. The responses to a total of 36 questions were analyzed. Each question is the subject of one of the following response charts. The charts identify the various respondent groups separately and in various combinations. The key found immediately below describes the people and groups who responded to our surveys:

ALL RESPONDENTS - ALL RESPONDENTS WHICH THE PARTICULAR STATEMENT WAS ADDRESSED TO (476).

INST. - SATUCI = ALL INSTITUTIONAL AND SATUCI RESPONDENTS FROM BOTH INSTITUTIONS. DIETARY, NURSING, AND MAINTENANCE PERSONNEL WERE EXCLUDED FROM THIS GROUP (254).

COTTAGE PERSONNEL = YOUTH SERVICE WORKERS, YOUTH SERVICE SUPERVISORS, YOUTH SERVICE TECHNICIANS, COTTAGE DIRECTORS, AND COTTAGE COUNSELORS. ALL THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (134).

STS COTTAGE PERSONNEL = YOUTH SERVICE WORKERS, YOUTH SERVICE SUPERVISORS, YOUTH SERVICE TECHNICIANS, COTTAGE DIRECTORS, AND COTTAGE COUNSELORS AT THE STATE TRAINING SCHOOL. ALL THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (87).

IJH COTTAGE PERSONNEL = YOUTH SERVICE WORKERS, YOUTH SERVICE SUPERVISORS, YOUTH SERVICE TECHNICIANS, COTTAGE DIRECTORS, AND COTTAGE COUNSELORS AT THE IOWA JUVENILE HOME. ALL THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (47).

STS - YSW = YOUTH SERVICE WORKERS AT THE STATE TRAINING SCHOOL. THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (70).

IJH - YSW = YOUTH SERVICE WORKERS, YOUTH SERVICE SUPERVISORS, AND YOUTH SERVICE TECHNICIANS AT THE IOWA JUVENILE HOME. THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (38).

STS - IJH YSW = YOUTH SERVICE WORKERS, YOUTH SERVICE SUPERVISORS, AND YOUTH SERVICE TECHNICIANS FROM BOTH INSTITUTIONS. THIRD SHIFT PERSONNEL WERE OMITTED FROM THIS GROUP (108).

STS ADMINISTRATION = ADMINISTRATORS, COTTAGE DIRECTORS, COTTAGE COUNSELORS, CLINICAL DIRECTOR, AND PSYCHOLOGISTS AT THE STATE TRAINING SCHOOL (30).

IJH ADMINISTRATION = ADMINISTRATORS, COTTAGE DIRECTORS, COTTAGE COUNSELORS, CLINICAL DIRECTOR, AND PSYCHOLOGISTS AT THE IOWA JUVENILE HOME (14).

STS - IJH ADMINISTRATION = ADMINISTRATORS, COTTAGE DIRECTORS, COTTAGE COUNSELORS, CLINICAL DIRECTOR, AND PSYCHOLOGISTS FROM BOTH INSTITUTIONS (44).

SATUCI = ALL SATUCI STAFF SURVEYED FROM BOTH INSTITUTIONS AND THE ADMINISTRATION IN MARSHALLTOWN (11).

SATUCI - IJH = SATUCI STAFF EMPLOYED AT THE IOWA JUVENILE HOME (5).

SATUCI - STS = SATUCI STAFF EMPLOYED AT THE STATE TRAINING SCHOOL (4).

JUDGE - REFEREE = ALL RESPONDING DISTRICT JUDGES, ASSOCIATE JUDGES, JUVENILE JUDGES, AND REFEREES. (ONLY JUDGES WHO ROUTINELY DEAL WITH JUVENILE CASES WERE SURVEYED) (36).

JUDGES = DISTRICT JUDGES, ASSOCIATE JUDGES, AND JUVENILE JUDGES (23).

REFEREE = ALL RESPONDING JUVENILE REFEREES (13).

JCO = JUVENILE COURT OFFICERS (150).

DHS = DEPARTMENT OF HUMAN SERVICES CASE WORKERS (36).

NOTE: Percentages may not add up to 100%. Unsure answers were not included in the tables, but were used in calculating percentages.

Overcrowding at the State Training School and the Iowa Juvenile Home place serious limitations on the institution's ability to impact special problem areas such as substance abuse and sexual abuse.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	223	157	380	30	11	41
INSTITUTION-SATUCI	46.8%	33%	79.8%	6.3%	2.3%	8.6%
COTTAGE PERSONNEL	150	63	213	16	5	21
STS - COTTAGE PERSONNEL	59.1%	24.8%	83.9%	6.3%	2.0%	8.3%
IJH - COTTAGE PERSONNEL	87	29	116	6	4	10
STS - YSW	64.9%	21.6%	86.5%	4.5%	3.0%	7.5%
IJH - YSW	65	15	80	3	4	7
STS - IJH	74.7%	17.2%	91.9%	3.4%	4.6%	8%
YSW	29	7	36	3	1	4
ADMINISTRATION	65.9%	15.9%	81.8%	6.8%	2.3%	9.1%
IJH	50	15	65	3	0	3
TOLEDO-ELDORA	71.4%	21.4%	92.8%	4.3%		4.3%
ADMINISTRATION	19	12	31	1	3	4
SATUCI	50%	31.6%	81.6%	2.6%	7.9%	10.5%
REFeree	69	27	96	4	3	7
JUDGE	63.9%	25%	88.9%	3.7%	2.8%	6.5%
REFeree	24	3	27	2	1	3
JUDGE	80%	10%	90%	6.7%	3.3%	10%
REFeree	5	4	9	2	1	3
JUDGE	35.7%	28.6%	64.3%	14.3%	7.1%	21.4%
REFeree	7	3	10	1	0	1
JUDGE	63.6%	27.3%	90.9%	9.1%	0	9.1%
REFeree	7	2	9	2	0	2
JUDGE	63.6%	18.2%	81.8%	18.2%	0	18.2%
REFeree	2	1	3	2	0	2
JUDGE	40%	20%	60%	20%		20%
REFeree	3	1	4	0	0	0
JUDGE	75%	25%	100%			
REFeree	7	18	25	1	0	1
JUDGE	19.4%	50%	69.4%	2.8%		2.8%
REFeree	6	12	18	0	0	0
JUDGE	26.1%	52.2%	78.3%			
REFeree	1	6	7	1	0	1
JUDGE	7.7%	46.2%	53.9%	7.7%		7.7%
REFeree	53	62	115	11	3	14
JUDGE	35.3%	41.3%	76.6%	7.3%	2%	9.3%
REFeree	16	14	30	2	3	5
JUDGE	44.4%	38.9%	83.3%	5.6%	8.3%	13.9%

More funding for SATUCI activities would improve the provision of substance abuse services in the institutions.

SA _____ A _____ ? _____ D _____ SD _____

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	73	80	153	41	18	59
INSTITUTION-SATUCI	15.35	16.8%	32.1%	8.6%	3.8%	12.4%
COTTAGE PERSONNEL	46	98	144	24	12	36
STS COTTAGE PERSONNEL	18.1%	38.3%	56.4%	9.4%	4.7%	14.1%
IJH COTTAGE PERSONNEL	24	55	79	13	9	22
STS - YSW	17.9%	41%	58.9%	9.7%	6.7%	16.4%
IJH - YSW	16	36	52	8	2	10
STS - IJH	18.4%	41.4%	59.8%	9.2%	2.3%	11.5%
YSW	8	19	27	5	7	12
STS ADMINISTRATION	17%	40.4%	57.4%	10.6%	14.9%	25.5%
IJH ADMINISTRATION	12	27	39	8	1	9
SATUCI	17.1%	38.6%	55.7%	11.4%	1.4%	12.8%
SATUCI - IJH	6	18	24	3	4	7
SATUCI - STS	15.8%	47.4%	63.2%	7.9%	10.5%	18.4%
JUDGE - REFEREE	18	45	63	11	5	16
JUDGE	16.7%	41.7%	58.4%	10.2%	4.6%	14.8%
REFEREE	8	12	20	1	1	2
JCO	26.7%	40%	66.7%	3.3%	3.3%	6.6%
DHS	2	3	5	4	3	7
DHS	14.3%	21.4%	35.7%	28.6%	21.4%	50%
DHS	10	15	25	5	4	9
DHS	22.7%	34.1%	56.8%	11.4%	9.1%	20.5%
DHS	4	4	8	0	1	2
DHS	34.6%	36.4%	71%	0	9.1%	9.1%
DHS	2	1	3	2	0	2
DHS	40%	20%	60%	40%	0	40%
DHS	3	1	4	0	0	0
DHS	75%	25%	100%	0	0	0
DHS	1	13	14	4	0	4
DHS	2.8%	36.1%	38.9%	5.6%	0	5.6%
DHS	0	8	8	2	0	2
DHS	0	34.8%	34.8%	8.7%	0	8.7%
DHS	1	5	6	0	0	0
DHS	7.7%	38.5%	46.2%	0	0	0
DHS	15	55	70	8	6	14
DHS	10%	36.7%	46.7%	5.3%	4%	9.3%
DHS	11	12	23	5	0	5
DHS	30.6%	33.3%	66.9%	13.9%	0	13.9%

The level of student participation in SATUCI's program is affected by scheduling conflicts within the institution and a resulting need to choose from among competing programs/services to meet student needs

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	44 15.2%	84 29%	128 44.1%	53 18.3%	11 3.8%	64 22.1%
INSTITUTION-SATUCI	41 16.1%	78 30.7%	119 46.8%	48 18.9%	11 4.3%	59 23.2%
COTTAGE PERSONNEL	12 9%	44 32.8%	56 41.8%	32 23.9%	7 5.2%	39 29.1%
STS COTTAGE PERSONNEL	5 5.7%	26 29.9%	31 35.6%	22 25.3%	5 5.7%	27 31%
IJH - COTTAGE PERSONNEL	7 14.9%	18 38.3%	25 53.2%	10 21.3%	2 4.3%	12 25.6%
STS - YSW	5 7.1%	19 27.1%	24 34.2%	18 25.7%	3 4.3%	21 30%
IJH - YSW	3 7.9%	14 36.8%	17 44.7%	9 23.7%	2 5.3%	11 29%
STS - IJH YSW	8 7.4%	33 30.6%	41 38%	27 25%	5 4.6%	32 29.6%
STS ADMINISTRATION	6 20%	9 30%	15 50%	7 23.3%	2 6.7%	9 30%
IJH ADMINISTRATION	7 50%	6 42.9%	13 92.9%	1 7.1%	0	1 7.1%
STS - IJH ADMINISTRATION	13 29.5%	15 34.1%	28 63.6%	8 18.2%	2 4.5%	10 22.7%
SATUCI	9 81.8%	1 9.1%	10 90.9%	0	1 9.1%	1 9.1%
SATUCI - IJH	4 80%	0	4 80%	0	1 20%	1 20%
SATUCI - STS	3 75%	1 25%	4 100%	0	0	0
JUDGE - REFEREE JUDGE						
REFEREE						
JCO						
DHS	3 8.3%	6 16.7%	9 25%	5 13.9%	0	5 13.9%

Adequate communication exists between SATUCI and institutional staff in dealing with substance abusing juveniles.

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	17 6.7%	69 27.2%	86 33.9%	67 26.4%	43 16.9%	110 43.3%
INSTITUTION-SATUCI	17 6.7%	69 27.2%	86 33.9%	67 26.4%	43 16.9%	110 43.3%
COTTAGE PERSONNEL	6 4.5%	42 31.3%	48 35.8%	37 27.6%	26 19.4%	63 47%
STS COTTAGE PERSONNEL	5 5.7%	28 32.2%	33 37.9%	27 31%	15 17.2%	42 48.2%
IJH COTTAGE PERSONNEL	1 2.1%	14 29.8%	15 31.9%	10 21.3%	11 23.4%	21 44.7%
STS - YSW	2 2.9%	18 25.7%	20 28.6%	25 35.7%	14 20%	39 55.7%
IJH - YSW	1 2.6%	12 31.6%	13 34.2%	8 21.1%	8 21.1%	16 42.2%
STS - IJH	3 2.8%	30 27.8%	33 30.6%	33 30.6%	22 20.4%	55 51%
YSW	4 13.3%	15 50%	19 63.3%	5 16.7%	1 3.3%	6 19%
STS ADMINISTRATION	1 7.1%	4 28.6%	5 35.7%	3 21.4%	3 21.4%	6 42.8%
IJH ADMINISTRATION	5 11.4%	19 43.2%	24 54.6%	8 18.2%	4 9.1%	12 27.3%
STS - IJH ADMINISTRATION	4 36.4%	4 36.4%	8 72.8%	2 18.2%	0	2 18.2%
SATUCI	1 20%	1 20%	2 40%	2 40%	0	2 40%
SATUCI - IJH	3 75%	1 25%	4 100%	0	0	0
SATUCI - STS						
JUDGE - REFEREE						
JUDGE						
REFEREE						
JCO						
DHS						

The State Training School/Iowa Juvenile Home develops a comprehensive institution wide treatment plan for each student.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	37 7.8%	179 37.6%	216 45.4%	89 18.7%	18 3.8%	107 22.5%
INSTITUTION-	28	79	107	46	12	58
SATUCI	11%	31.1%	42.1%	18.1%	4.7%	22.8%
COTTAGE	12	44	56	23	6	29
PERSONNEL	0%	32.8%	41.8%	17.2%	5.2%	22.4%
STS COTTAGE	3	27	30	20	5	25
PERSONNEL	3.4%	31%	34.4%	23%	5.7%	28.7%
IJH COTTAGE	9	17	26	3	2	5
PERSONNEL	19.1%	36.2%	55.3%	6.4%	4.3%	10.7%
STS - YSW	2	17	19	17	3	20
	2.9%	24.3%	27.2%	24.3%	4.3%	28.6%
IJH - YSW	4	14	18	3	1	4
	10.5%	36.8%	47.3%	7.9%	2.6%	10.5%
STS - IJH	6	31	37	20	4	24
YSW	5.6%	28.7%	34.3%	18.5%	3.7%	22.2%
STS -	4	15	19	6	2	8
ADMINISTRATION	13.3%	50%	63.3%	20%	6.7%	26.7%
IJH -	5	6	11	2	1	3
ADMINISTRATION	35.7%	42.9%	78.6%	14.3%	7.1%	21.4%
STS - IJH	9	21	30	8	3	11
ADMINISTRATION	20.5%	47.7%	68.2%	18.2%	6.8%	25%
SATUCI	5	3	8	1	1	2
	45.5%	27.3%	72.8%	9.1%	9.1%	18.2%
SATUCI - IJH	2	1	3	1	0	1
	40%	20%	60%	20%		20%
SATUCI - STS	2	1	3	0	1	1
	50%	25%	75%		25%	25%
JUDGE -	0	13	13	1	0	1
REFEREE		36.1%	36.1%	2.8%		2.8%
JUDGE	0	7	7	0	0	0
		30.4%	30.4%			
REFEREE	0	6	6	1	0	7.7
		46.2%	46.2%	7.7%		7.7%
JCO	7	64	71	34	4	38
	4.7%	42.7%	47.4%	22.7%	2.7%	25.4%
DHS	2	23	25	8	2	10
	5.6%	63.9%	69.5%	22.2%	5.6%	27.8%

Cottage staff are able to provide students with adequate individual substance abuse counseling.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	6	27	33	215	120	335
INSTITUTION-SATUCI	1.3%	5.7%	7%	45.1%	25.2%	70.3%
COTTAGE PERSONNEL	5	20	25	114	71	185
STS COTTAGE PERSONNEL	2%	7.9%	9.9%	44.9%	28%	72.9%
IJH COTTAGE PERSONNEL	2	11	13	65	38	103
STS - YSW	1.5%	8.2%	9.7%	48.5%	28.4%	76.9%
IJH - YSW	2	5	7	46	22	68
STS - IJH	2.3%	5.7%	8%	52.9%	25.3%	78.2%
YSW	0	6	6	19	16	35
ADMINISTRATION	1	5	6	35	18	53
IJH	1.4%	7.1%	8.5%	50%	25.7%	75.7%
ADMINISTRATION	0	4	4	15	14	29
SATUCI		10.5%	10.5%	39.5%	36.8%	76.3%
SATUCI - IJH	1	9	10	50	32	82
SATUCI - STS	.9%	8.3%	9.2%	46.3%	29.6%	75.9%
JUDGE - REFEREE	1	1	2	19	7	26
JUDGE	3.3%	3.3%	6.6%	63.3%	23.3%	86.6%
REFEREE	0	2	2	5	4	9
JCO		14.3%	14.3%	35.7%	28.6%	64.3%
DHS	1	3	4	24	11	35
	2.3%	6.8%	9.1%	54.5%	25%	79.5%
	0	1	1	2	7	9
		9.1%	9.1%	18.2%	63.3%	81.8%
	0	0	0	1	3	4
				20%	60%	80%
	0	1	1	1	2	3
		25%	25%	25%	50%	75%
	0	1	1	14	3	17
		2.8%	2.8%	38.9%	8.3%	47.2%
	0	0	0	10	2	12
				43.5%	8.7%	52.2%
	0	1	1	4	1	5
		7.7%	7.7%	30.8%	7.7%	38.5%
	1	4	5	69	33	102
	.7%	2.7%	3.4%	46%	22%	68%
	0	2	2	18	13	31
		5.6%	5.6%	50%	36.1%	86.1%

Substance abuse counseling should be among the State Training School/Iowa Juvenile Home's top priorities

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	113 23.7%	233 48.9%	346 72.6%	60 12.6%	8 1.7%	68 14.3%
INSTITUTION-SATUCI	65 25.6%	125 49.2%	190 74.8%	28 11%	5 2%	33 13%
COTTAGE PERSONNEL	26 19.4%	68 50.7%	94 70.1%	20 14.9%	3 2.2%	23 17.1%
STS COTTAGE PERSONNEL	15 17.2%	47 54%	62 71.2%	10 11.5%	2 2.3%	12 13.8%
IJH COTTAGE PERSONNEL	11 23.4%	21 44.7%	32 68.1%	10 21.3%	1 2.1%	11 23.4%
STS - YSW	11 15.7%	42 60%	53 75.7%	8 11.4%	1 1.4%	9 12.8%
IJH - YSW	9 23.7%	20 52.6%	29 76.3%	5 13.2%	1 2.6%	6 15.8%
STS IJH YSW	20 18.5%	62 57.4%	82 75.9%	13 12%	2 1.9%	15 13.9%
STS ADMINISTRATION	10 33.3%	9 30%	19 63.3%	4 13.3%	1 3.3%	5 16.6%
IJH ADMINISTRATION	2 14.3%	4 28.6%	6 42.9%	7 50%	0 50%	7 50%
STS -IJH ADMINISTRATION	12 27.3%	13 29.5%	25 56.8%	11 25%	1 2.3%	12 27.3%
SATUCI	6 54.5%	4 36.4%	10 90.9%	0	0	0
SATUCI - IJH	1 20%	4 80%	5 100%	0	0	0
SATUCI - STS	3 75%	0	3 75%	0	0	0
JUDGE - REFEREE	8 22.2%	18 50%	26 72.2%	3 8.3%	0	3 8.3%
JUDGE	6 26.1%	11 47.8%	17 73.9%	1 4.3%	0	1 4.3%
REFEREE	2 15.4%	7 53.8%	9 69.2%	2 15.4%	0	2 15.4%
JCO	30 20%	76 50.7%	106 70.7%	22 14.7%	2 1.3%	24 16%
DHS	10 27.8%	14 38.9%	24 66.7%	7 19.4%	1 2.8%	8 22.2%

The level of student participation in SATUCI's program is affected by student's choosing other activities during the times SATUCI staff are available to them.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	14 5.5%	50 19.7%	64 25.2%	28 34.6	21 8.3%	49 42.9%
INSTITUTION-SATUCI	14 5.5%	50 19.7%	64 25.2%	28 34.6	21 8.3%	49 42.9%
COTTAGE PERSONNEL	4 3%	27 20.1%	31 23.1%	51 38.1%	16 11.9%	67 50%
STS COTTAGE PERSONNEL	4 4.6%	18 20.7%	22 25.3%	33 37.9%	6 6.9%	39 44.8%
IJH COTTAGE PERSONNEL	0	9 19.1%	9 19.1%	18 38.3%	10 21.3%	28 59.6%
STS - YSW	4 5.7%	15 21.4%	19 27.1%	24 34.3%	3 4.3%	27 38.6%
IJH - YSW	0	7 18.4%	7 18.4%	14 36.8%	7 18.4%	21 55.2%
STS - IJH	4	22	26	38	10	48
YSW	3.7%	20.4%	24.1%	35.2%	9.3%	44.5%
STS ADMINISTRATION	2 6.7%	4 13.3%	6 20%	14 46.7%	3 10%	17 56.7%
IJH ADMINISTRATION	0	4 28.6%	4 28.6%	5 35.7%	3 21.4%	8 57.1%
STS - IJH ADMINISTRATION	2 4.5%	8 18.2%	10 22.7%	19 43.2%	6 13.6%	25 56.8%
SATUCI	2 18.2%	4 36.4%	6 54.6%	4 36.4%	1 9.1%	5 45.5%
SATUCI - IJH	0	1 20%	1 20%	3 60%	1 20%	4 80%
SATUCI - STS	2 50%	2 50%	4 100%	0	0	0
JUDGE - REFEREE						
JUDGE						
REFEREE						
JCO						
DHS						

Institutional staff have a good understanding of the services provided by SATUCI, and of the treatment approach utilized by them.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY AGREE	TOTAL
ALL RESPONDENTS	7 2.4%	57 19.7%	64 22.1%	107 36.9%	44 15.2%	151 37.1%
INSTITUTION- SATUCI	5 2%	37 14.6%	42 16.6%	103 40.6%	44 17.3%	147 57.9%
COTTAGE PERSONNEL	2 1.5%	19 14.2%	21 15.7%	54 40.3%	26 19.4%	80 59.7%
STS COTTAGE PERSONNEL	2 2.3%	14 16.1%	16 18.4%	33 37.9%	15 17.2%	48 55.1%
IJH COTTAGE PERSONNEL	0 0	5 10.6%	5 10.6%	21 44.7%	11 23.4%	32 68.1%
STS - YSW	1 1.4%	9 12.9%	10 14.3%	28 40%	13 18.6%	41 58.6%
IJH - YSW	0 0	5 13.2%	5 13.2%	17 44.7%	9 23.7%	26 68.4%
STS - IJH YSW	1 .9%	14 13%	15 13.9%	45 41.7%	22 20.4%	67 62.1%
STS ADMINISTRATION	1 3.3%	7 23.3%	8 26.6%	7 23.3%	3 10%	10 33.3%
IJH ADMINISTRATION	0 0	1 7.1%	1 7.1%	6 42.9%	2 14.3%	8 57.2%
STS - IJH ADMINISTRATION	1 2.3%	8 18.2%	9 20.5%	13 29.5%	5 11.4%	18 40.9%
SATUCI	1 9.1%	4 36.4%	5 45.5%	3 27.3%	1 9.1%	4 36.4%
SATUCI - IJH	1 20%	1 20%	2 40%	1 20%	1 20%	2 40%
SATUCI - STS	0 0	3 75%	3 75%	1 25%	0 0	1 25%
JUDGE - REFEREE JUDGE REFEREE						
JCO						
DHS	2 5.6%	20 55.6%	22 61.2%	4 11.1%	0 0	4 11.1%

Cottage staff are able to provide adequate preventive and educational substance abuse services.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL	4	37	41	208	74	282
RESPONDENTS	.01%	7.8%	7.8%	43.7%	15.5%	59.2%
INSTITUTION-	3	24	27	121	46	167
SATUCI	1.2%	9.4%	10.6%	47.6%	18.1%	65.7%
COTTAGE	2	15	17	65	25	90
PERSONNEL	1.5%	11.2%	12.7%	48.5%	18.7%	67.2%
STS COTTAGE	1	10	11	44	15	59
PERSONNEL	1.1%	11.5%	12.6%	50.6%	17.2%	67.8%
IJH COTTAGE	1	5	6	15	9	24
PERSONNEL	2.1%	10.6%	12.7%	31.9%	19.1%	51%
STS - YSW	1	10	11	34	13	47
	1.4%	14.3%	15.7%	48	18.6%	67.2%
IJH - YSW	0	2	2	17	9	26
		5.3%	5.3%	44.7%	23.7%	68.4%
STS - IJH	1	12	13	51	22	73
YSW	.9%	11.1%	12%	47.2%	20.4%	67.6%
STS	0	0	0	14	5	19%
ADMINISTRATION				46.7%	20%	66.7%
IJH	1	3	4	6	2	8
ADMINISTRATION	7.1%	21.4%	28.5%	42.9%	14.3%	57.2%
STS - IJH	1	3	4	20	8	28
ADMINISTRATION	2.3%	6.8%	9.1%	45.5%	18.2%	63.7%
SATUCI	0	3	3	3	1	4
		27.3%	27.3%	27.3%	9.1%	36.4%
SATUCI - IJH	0	0	0	2	1	3
				40%	20%	60%
SATUCI - STS	0	2	2	1	0	1
		50%	50%	25%		25%
JUDGE -	0	1	1	11	1	12
REFEREE		2.8%	2.8%	30.6%	2.8%	33.4%
JUDGE	0	0	0	8	0	8
				34.8%		34.8%
REFEREE	0	1	0	3	1	4
		7.7%		23.1%	7.7%	30.8%
JCO	1	8	9	59	21	80
	.7%	5.3%	6%	39.3%	14%	53.5%
DHS	0	4	4	17	6	23
		11.1%	11.1%	47.2%	16.7%	63.9%

The level of student participation in SATUCI's program is affected by institutional staff's choosing other activities for the student during the times SATUCI staff are available.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	8 3.1%	41 16.1%	49 19.2%	86 33.9%	32 12.6%	118 46.5%
INSTITUTION-SATUCI	8 3.1%	41 16.1%	49 19.2%	86 33.9%	32 12.6%	118 46.5%
COTTAGE PERSONNEL	1 .7%	19 14.2%	20 14.9%	56 41.8%	21 15.7%	77 57.5%
STS COTTAGE PERSONNEL	1 1.1%	6 6.9%	7 8%	41 47.1%	12 13.8%	53 60.9%
IJH COTTAGE PERSONNEL	0	13	13	15	9	24
STS - YSW	1 1.4%	5 7.3%	6 8.7%	30 42.9%	9 12.9%	39 55.8%
IJH - YSW	0	7	7	14	7	21
STS - IJH	1	12	13	44	16	60
YSW	.9%	11.1%	12%	40.7%	14.8%	55.5%
STS ADMINISTRATION	1 3.3%	2 6.7%	3 10%	17 56.7%	5 16.7%	22 73.4%
IJH ADMINISTRATION	0	9	9	2	2	4
STS - IJH ADMINISTRATION	1 2.3%	11 25%	12 27.3%	19 43.2%	7 15.9%	26 69.1
SATUCI	3 27.3%	6 54.5%	9 81.8%	1 9.1%	0	1 9.1%
SATUCI - IJH	1 20%	3 60%	4 80%	1 20%	0	1 20%
SATUCI - STS	2 50%	1 25%	3 75%	0	0	0
JUDGE - REFEREE						
JUDGE						
REFEREE						
JCO						
DHS						

SATUCI's assessment of each student's need for substance abuse treatment should be given top priority in determining which programs/services each student will participate in.

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	39 15.4%	102 40.2%	141 55.6%	47 18.5%	15 5.9%	62 24.4%
INSTITUTION- SATUCI	39 15.4%	102 40.2%	141 55.6%	47 18.5%	15 5.9%	62 24.4%
COTTAGE PERSONNEL	18 13.4%	51 38.1%	69 51.5%	27 20.1%	12 9%	39 29.1%
STS COTTAGE PERSONNEL	10 11.5%	39 44.8%	49 56.3%	20 23%	3 3.4%	23 26.4%
IJH COTTAGE PERSONNEL	8 17%	12 25.5%	20 42.5%	7 14.9%	9 19.1%	16 34%
STS - YSW	8 11.4%	33 47.1%	41 58.5%	14 20%	2 2.9%	16 22.9%
IJH - YSW	7 18.4%	12 31.6%	19 50%	5 13.2%	5 13.2%	10 26.4%
STS - IJH	15 13.9%	45 41.7%	60 55.6%	19 17.6%	7 6.5%	26 24.1%
YSW	4 13.3%	9 30%	13 43.3%	10 33.3%	2 6.7%	12 40%
STS ADMINISTRATION	1 7.1%	1 7.1%	2 14.2%	4 28.6%	5 35.7%	9 64.3%
IJH ADMINISTRATION	5 11.4%	10 22.7%	15 34.1%	14 31.8%	7 15.9%	21 47.7%
STS - IJH ADMINISTRATION	4 36.4%	4 36.4%	8 72.8%	2 18.2%	0	2 18.2%
SATUCI	2 40%	2 40%	4 80%	1 20%	0	1 20%
SATUCI - IJH	2 50%	0	2 50%	1 25%	0	1 25%
SATUCI - STS						
JUDGE REFEREE JUDGE						
REFEREE						
JCO						
DHS						

SATUCI counselors typically do not spend enough time each week with students to effectively impact their substance abuse problems.

POPULATION	AGREE			DISAGREE		
	STRONGLY	AGREE	TOTAL	DISAGREE	STRONGLY	TOTAL
	AGREE				DISAGREE	
ALL RESPONDENTS	41	97	138	32	5	37
INSTITUTION-	14.1%	33.4%	47.5%	11%	1.7%	12.7%
SATUCI	32	87	119	30	5	35
COTTAGE	16.2%	34.3%	50.5%	11.8%	2%	13.8%
PERSONNEL	15	52	67	17	4	21
STS COTTAGE	11.2%	38.8%	50%	12.7%	3%	15.7%
PERSONNEL	10	41	51	8	1	9
IJH COTTAGE	11.5%	47.1%	58.6%	9.2%	1.1%	10.3%
PERSONNEL	5	11	16	9	3	12
STS - YSW	10.6%	23.4%	34%	19.1%	6.4%	25.5%
	8	35	43	2	0	2
IJH - YSW	11.4%	50%	61.4%	2.9%		2.9%
	2	10	12	7	2	9
STS - IJH	5.3%	26.3%	31.6%	18.4%	5.3%	23.7%
YSW	10	45	55	9	2	11
STS	9.3%	41.7%	51%	8.3%	1.9%	10.2%
ADMINISTRATION	4	8	12	9	1	10
IJH	13.3%	26.7%	40%	30%	3.3%	33.3%
ADMINISTRATION	3	2	5	4	1	5
STS - IJH	21.4%	14.3%	35.7%	28.6%	7.1%	35.7%
ADMINISTRATION	7	10	17	13	2	15
SATUCI	15.9%	22.7%	38.6%	29.5%	4.5%	34%
	0	5	5	5	0	5
SATUCI - IJH		45.5%	45.5%	45.5%		45.5%
	0	4	4	1	0	1
SATUCI - STS		80%	80%	20%		20%
	0	1	1	2	0	2
JUDGE - REFEREE		25%	25%	50%		50%
JUDGE						
REFEREE						
JCO						
DHS	9	10	19	2	0	2
	25%	27.8%	52.8%	5.6%		5.6%

SATUCI is capable of dealing with juveniles who have behavioral problems in addition to their substance abuse problems.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	11 2.3%	119 25%	130 27.3%	123 25.8%	37 7.8%	160 33.6%
INSTITUTION- SATUCI	9 3.5%	41 16.1%	50 19.6%	70 27.5%	28 11%	98 38.6%
COTTAGE PERSONNEL	3 2.2%	23 17.2%	26 19.4%	42 31.3%	18 13.4%	60 44.7%
STS COTTAGE PERSONNEL	10 11.5%	41 47.1%	51 58.6%	8 9.2%	1 1.1%	9 10.3%
IJH COTTAGE PERSONNEL	2 4.3%	5 10.6%	7 14.9%	14 29.8%	11 23.4%	25 53.2%
STS - YSW	0	9 12.9%	9 12.9%	24 34.3%	7 10%	31 44.3%
IJH - YSW	1 2.6%	2 5.3%	3 7.9%	12 31.6%	8 21.1%	20 52.7%
STS - IJH	1	11	12	36	15	51
YSW	.9%	10.2%	11.1%	33.3%	13.9%	47.2%
STS ADMINISTRATION	3 10%	11 36.7%	14 46.7%	7 23.3%	0	7 23.3%
IJH ADMINISTRATION	1 7.1%	4 28.6%	5 35.7%	2 14.3%	4 28.6%	6 42.9%
STS - IJH ADMINISTRATION	4 9.1%	15 34.1%	19 43.2%	9 20.5%	4 9.1%	13 29.6%
SATUCI	1 9.1%	7 63.6%	8 72.7%	1 9.1%	1 9.1%	2 18.2%
SATUCI - IJH	0	3 60%	3 60%	0	1 20%	1 20%
SATUCI - STS	1 25%	2 50%	3 75%	1 25%	0	1 25%
JUDGE - REFEREE	0	13 36.1%	13 36.1%	1 2.8%	0	1 2.8%
JUDGE	0	8 34.8%	8 34.8%	2 8.7%	0	2 8.7%
REFEREE	0	4 30.8%	4 30.8%	3 23.1%	0	3 23.1%
JCO	0	51 34%	51 34%	43 28.7%	7 4.7%	50 33.4%
DHS	2 5.6%	14 38.9%	16 44.5%	9 25%	2 5.6%	11 30.6%

Students with any substance abuse related need should receive counseling from SATUCI during their stay at the institution.

SA A ? D SD

AGREE

DISAGREE

POPULATION	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	200	202	402	36	8	44
INSTITUTION-SATUCI	42%	42.2%	84.4%	7.6%	1.7%	9.3%
COTTAGE PERSONNEL	48	139	187	34	7	41
STS COTTAGE PERSONNEL	18.9%	54.7%	73.6%	13.4%	2.8%	16.2%
IJH COTTAGE PERSONNEL	25	68	93	18	5	23
STS - YSW	18.7%	50.7%	69.4%	13.4%	3.7%	17.1%
IJH - YSW	17	48	65	9	1	10
STS - IJH	19.5%	55.2%	74.7%	10.3%	1.1%	11.4%
YSW	8	20	28	9	4	13
STS	17%	42.6%	59.6%	19.1%	8.5%	27.6%
ADMINISTRATION IJH	15	40	55	5	0	5
ADMINISTRATION STS - IJH	21.4%	57.1%	78.5%	7.1%		7.1%
ADMINISTRATION SATUCI	6	18	24	6	2	8
REFEREE JUDGE	15.8%	47.4%	63.2%	15.8%	5.3%	21.1%
REFEREE	21	58	79	11	2	13
JCO	19.4%	53.7%	73.1%	10.2%	1.9%	12.1%
DHS	4	13	17	8	2	10
AGREE	13.3%	43.3%	56.6%	26.7%	6.7%	33.4%
DISAGREE	2	2	4	8	2	10
STRONGLY AGREE	14.3%	14.3%	28.6%	57.1%	14.3%	71.4%
STRONGLY DISAGREE	6	15	21	16	4	20
TOTAL	13.6%	34.1%	47.7%	36.4%	9.1%	45.5%
AGREE	2	6	8	1	0	1
DISAGREE	18.2%	54.5%	72.7%	9.1%		9.1%
STRONGLY AGREE	2	2	4	1	0	1
STRONGLY DISAGREE	40%	40%	80%	20%		20%
TOTAL	0	4	4	0	0	0
AGREE		100%	100%			
DISAGREE	20	15	35	0	0	0
STRONGLY AGREE	55.6%	41.7%	97.3%			
STRONGLY DISAGREE	13	9	24	0	0	0
TOTAL	56.5%	39.1%	95.6%			
AGREE	7	6	13	0	0	0
DISAGREE	53.8%	46.2%	100%			
STRONGLY AGREE	105	40	145	2	1	3
STRONGLY DISAGREE	70%	26.7%	96.7%	1.3%	.7%	2%
TOTAL	27	8	35	0	0	0
AGREE	75%	22.2%	97.2%			

Students in need of substance abuse counseling are adequately encouraged by cottage staff to participate in SATUCI activities.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	33	122	155	22	4	26
INSTITUTION-SATUCI	13%	48%	61%	8.7%	1.6%	10.3%
COTTAGE PERSONNEL	33	122	155	22	4	26
STS COTTAGE PERSONNEL	13%	48%	61%	8.7%	1.6%	10.3%
IJH COTTAGE PERSONNEL	27	74	101	11	2	13
STS - YSW	20.1%	55.2%	75 %	8.2%	1.5%	9.7%
IJH - YSW	11	53	64	7	2	9
STS - IJH	12.6%	60.9%	73.5%	8%	2.3%	10.3%
YSW	16	21	37	4	0	4
STS	34%	44.7%	78.7%	8.5%		8.5%
ADMINISTRATION	8	42	50	7	1	8
IJH	11.4%	60%	71.4%	10%	1.4%	11.4%
ADMINISTRATION	13	18	31	4	0	4
SATUCI	34.2%	47.4%	81.6%	10.5%		10.5%
SATUCI - IJH	21	60	81	11	1	12
SATUCI - STS	19.4%	55.6%	75%	10.2%	.9%	11.1%
JUDGE - REFEREE	4	16	20	0	1	1
JUDGE	13.3%	53.3%	66.6%		3.3%	3.3%
REFEREE	3	4	7	1	0	1
JCO	21.4%	28.6%	50%	7.1%		7.1%
DHS	7	20	27	1	1	2
	15.9%	45.5%	61.4%	2.3%	2.3%	4.6%
	0	3	3	4	1	5
		27.3%	27.3%	36.4%	9.1%	45.5%
	0	1	1	1	1	2
		20%	20%	20%	20%	40%
	0	2	2	2	0	2
		50%	50%	50%		50%

SATUCI is capable of dealing with juveniles who have even the most severe substance abuse problems.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	8	69	77	138	83	221
INSTITUTION-SATUCI	1.7%	14.5%	16.2%	29%	17.4%	46.4%
COTTAGE PERSONNEL	7	53	60	49	18	67
STS COTTAGE PERSONNEL	28%	20.9%	48.9%	19.3%	7.1%	26.4%
IJH COTTAGE PERSONNEL	4	27	31	27	14	41
STS - YSW	3%	20.1%	23.1%	20.1%	10.4%	30.5%
IJH - YSW	2	16	18	21	4	25
STS - IJH	2.3%	18.4%	20.7%	24.1%	4.6%	28.7%
YSW	2	11	13	6	10	16
STUCI - IJH	4.3%	23.4%	27.7%	12.8%	21.3%	34.1%
STUCI - STS	2	10	12	14	3	17
STUCI - YSW	2.9%	14.3%	17.2%	20%	4.3%	24.3%
STUCI - IJH	2	8	10	0	5	5
STUCI - STS	5.3%	21.1%	26.4%		13.2%	13.2%
STUCI - YSW	4	18	22	19	9	28
STUCI - IJH	3.7%	16.7%	20.4%	17.6%	8.3%	25.9%
STUCI - STS	1	9	10	10	1	11
ADMINISTRATION IJH	3.3%	30%	33.3%	33.3%	3.3%	36.6%
ADMINISTRATION STS - IJH	0	3	3	3	4	7
ADMINISTRATION SATUCI		21.4%	21.4%	21.4%	28.6%	50%
ADMINISTRATION SATUCI - IJH	1	12	13	13	5	18
ADMINISTRATION SATUCI - STS	2.3%	27.3%	29.6%	29.5%	11.4%	40.9%
ADMINISTRATION SATUCI - YSW	0	8	8	2	0	2
ADMINISTRATION SATUCI - IJH		72.7%	72.7%	18.2%		18.2%
ADMINISTRATION SATUCI - STS	0	3	3	1	0	1
JUDGE - REFEREE		60%	60%	20%		20%
JUDGE - REFEREE	0	4	4	0	0	0
JUDGE - REFEREE		100%	100%			
JUDGE - REFEREE	0	4	4	13	8	21
JUDGE - REFEREE		11.1%	11.1%	36.1%	22.2%	58.3%
JUDGE - REFEREE	2	2	2	9	5	14
JUDGE - REFEREE		8.7%	8.7%	39.1%	21.7%	60.8%
JUDGE - REFEREE	0	2	2	4	3	7
JUDGE - REFEREE		15.4%	15.4%	30.3%	23.1%	53.4%
JUDGE - REFEREE	1	7	8	64	43	107
JUDGE - REFEREE	.7%	4.7%	5.4%	42.7%	28.7%	71.4%
JUDGE - REFEREE	0	5	5	12	14	26
JUDGE - REFEREE		13.9%	13.9%	33.3%	38.9%	72.2%

The level of student participation in SATUCI's program would increase if SATUCI staff were available at different times than current schedules allow.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	47 16.2%	109 37.6%	156 53.8%	35 12%	7 2.4%	42 14.5%
INSTITUTION-SATUCI	43 16.9%	98 38.6%	141 55.5%	33 13%	7 2.8%	40 15.8%
COTTAGE PERSONNEL	17 12.7%	59 44%	76 56.7%	19 14.2%	3 2.2%	22 16.4%
STS COTTAGE PERSONNEL	6 6.9%	38 43.7%	44 50.6%	16 18.4%	0	16 18.4%
IJH COTTAGE PERSONNEL	11 23.4%	21 44.7%	32 68.1%	3 6.4%	3 6.4%	6 12.8%
STS - YSW	5 7.1%	36 51.4%	41 58.5%	7 10%	0	7 10%
IJH - YSW	8 21.1%	17 44.7%	25 65.8%	2 5.3%	2 5.3%	4 10.6%
STS - IJH	13 12%	53 49.1%	66 61.1%	6 8.3%	2 1.9%	11 10.2%
YSW	3 10%	8 26.7%	11 36.7%	10 33.3%	1 3.3%	11 36.6%
ADMINISTRATION	6 42.9%	5 35.7%	11 78.6%	2 14.3%	1 7.1%	3 21.4%
IJH ADMINISTRATION	9 20.5%	13 29.5%	22 50%	12 27.3%	2 4.5%	14 31.8%
STS - IJH ADMINISTRATION	9 9.1%	13 9.1%	22 18.2%	12 45.5%	2 18.2%	14 63.7%
SATUCI	1 9.1%	1 9.1%	2 18.2%	5 45.5%	2 18.2%	7 63.7%
SATUCI - IJH	1 20%	0	1 20%	1 20%	2 40%	3 60%
SATUCI - STS	0 25%	1 25%	1 25%	2 50%	0	2 50%
JUDGE - REFEREE JUDGE						
REFEREE						
JCO						
DHS	4 11.1%	11 30.6%	15 41.7%	2 5.6%	0	2 5.6%

The substance abuse problem of many students are most effectively dealt with in the cottage by cottage personnel.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY AGREE	TOTAL
ALL RESPONDENTS	1 .4%	23 9.1%	24 9.5%	130 51.2%	44 17.3%	174 68.5%
INSTITUTION-SATUCI	1 .4%	23 9.1%	24 9.5%	130 51.2%	44 17.3%	174 68.5%
COTTAGE PERSONNEL	0	15 11.2%	15 11.2%	77 57.5%	17 12.7%	94 70.2%
STIS COTTAGE PERSONNEL	7 8%	0	7 8%	53 60.9%	12 13.8%	65 74.7%
IJH COTTAGE PERSONNEL	0	8 17%	8 17%	24 51.1%	5 10.6%	29 61.7%
STIS - YSW	0	7 10%	7 10%	40 57.1%	9 12.9%	49 70%
IJH - YSW	0	5 13.2%	5 13.2%	21 55.3%	4 10.5%	25 65.8%
STIS - IJH	0	12 11.1%	12 11.1%	61 56.5%	13 12%	74 68.5%
YSW	0	0	0	22 73.3%	6 20%	28 93.3%
STIS ADMINISTRATION	0	5 35.7%	5 35.7%	5 35.7%	1 7.1%	6 42.8%
IJH ADMINISTRATION	0	5 11.4%	5 11.4%	27 61.4%	7 15.9%	34 77.3%
STIS - IJH ADMINISTRATION	0	1 9.1%	1 9.1%	2 18.2%	8 72.8%	10 91%
SATUCI	0	0	0	1 20%	4 80%	5 100%
SATUCI - IJH	0	1 25%	1 25%	1 25%	2 50%	3 75%
SATUCI - STIS	0	1	1	1	2	3
JUDGE - REFEREE						
JUDGE						
REFEREE						
JCO						
DHS						

Students at the state training school/Iowa juvenile home receive comprehensive substance abuse counseling.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS INSTITUTION-	4	37	41	78	27	105
SATUCI COTTAGE PERSONNEL	1.8%	16.7%	18.5%	35.1%	12.2%	47.3%
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS -IJH						
YSW						
STIS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STIS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	1	6	7	8	2	10
JUDGE	2.8%	16.7%	19.5%	22.2%	5.6%	27.8%
REFEREE	1	2	3	4	2	6
	4.3%	8.7%	13%	17.4%	8.7%	26.1%
JCO	0	4	4	4	0	4
		30.8%	30.8%	30.8%		30.8%
DHS	2	21	23	57	21	78
	1.3%	14%	15.3%	38%	14%	52%
	1	10	11	13	4	17
	2.8%	27.8%	30.6%	36.1%	11.1%	47.2%

Judges/referees have adequate dispositional alternatives available to them for substance abusing delinquents.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	9 4%	75 38.8%	84 37.8%	96 43.2%	23 10.4%	119 53.6%
INSTITUTION- SATUCI						
COTTAGE PERSONNEL						
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS - IJH						
YSW						
STIS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STIS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STIS						
JUDGE - REFEREE	1 2.8%	18 50%	19 52.8%	11 30.6%	4 11.1%	15 41.7%
JUDGE	0	10 43.5%	10 43.5%	8 34.8%	3 13%	11 47.8%
REFEREE	1 7.7%	8 61.5%	9 69.2%	3 23.1%	1 7.7%	4 30.8%
JCO	8 5.3%	51 34%	59 39.3%	73 48.7%	8 5.3%	81 54%
DHS	0	6 16.7%	6 16.7%	12 33.3%	11 30.6%	23 63.9%

Current levels of substance abuse programming at the state juvenile institutions adequately meet the students needs for substance abuse counseling, education, and prevention.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	2 1%	22 10%	24 10.8%	97 43.7%	37 16.7%	134 60.4%
INSTITUTION-SATUCI						
COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS -IJH						
YSW						
STS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	0	6 16.7%	6 16.7%	16 44.4%	2 5.6%	18 50%
JUDGE		3 13%	3 13%	9 39.1%	2 8.7%	11 47.8%
REFEREE	0	3 23.1%	3 23.1%	7 53.8%	0	7 53.8%
JCO	2 1.3%	11 7.3%	13 8.6%	66 44%	27 18%	93 62%
DHS	0	5 13.9%	5 13.9%	15 41.7%	8 22.2%	23 63.9%

Juveniles are often sent to the State Training School/Iowa
 Juvenile Home specifically to receive substance abuse counseling.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	3 1.4%	5 2.3%	8 3.6%	104 46.8%	95 42.8%	199 89.6%
INSTITUTION- SATUCI						
COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS -IJH						
YSW						
STS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	0	2 5.6%	2 5.6%	24 66.7%	8 22.2%	32 88.9%
JUDGE	0	1 4.3%	1 4.3%	15 65.2%	5 21.7%	20 86.9%
REFEREE	0	1 7.7%	1 7.7%	9 69.2%	3 23.1%	12 92.3%
JCO	3 2%	1 .7%	4 2.7%	65 43.3%	72 48%	137 91.3%
DHS	0	2 5.6%	2 5.6%	15 41.7%	15 41.7%	30 83.4%

SATUCI's main function in the State training School/Iowa Juvenile Home is to provide substance abuse education and prevention services.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	7 3.2%	81 36.5%	88 39.6%	28 12.6%	5 2.3%	33 14.9%
INSTITUTION-SATUCI						
COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS - IJH						
YSW						
STS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	0	10 27.8%	10 27.8%	3 8.3%	0	3 8.3%
JUDGE	0	5 21.7%	5 21.7%	3 13%	0	3 13%
REFEREE	0	5 38.5%	5 38.5%	0	0	0
JCO	5 3.3%	51 34%	56 37.4%	21 14%	5 3.3%	26 17.3%
DHS	2 5.6%	20 55.6%	22 61.2%	4 11.1%	0	4 11.1%

Judges/referees have an adequate variety of dispositional alternatives available to them for substance abusing CINA cases.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	4 1.8%	78 35.1%	82 36.9%	74 33.3%	31 14%	105 47.3%
INSTITUTION- SATUCI						
COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS - IJH						
YSW						
STS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	0	18 50%	18 50%	13 36.1%	4 11.1%	17 47.2%
JUDGE	0	9 39.1%	9 39.1%	10 43.5%	3 13%	13 56.5%
REFEREE	0	9 69.2%	9 69.2%	3 23.1%	1 7.7%	4 30.8%
JCO	3 2%	54 36%	57 38%	53 35.3%	17 11.3%	70 46.6%
DHS	1 2.8%	6 16.7%	7 19.5%	8 22.2%	10 27.8%	18 50%

Students involved in drug related offenses should be court ordered to participate in substance abuse counseling while in the state juvenile institutions.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	118 53.1%	85 38.3%	203 91.4%	7 3.2%	3 1.4%	10 4.5%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS - IJH						
YSW						
STS						
ADMINISTRATION IJH						
ADMINISTRATION STS - IJH						
ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	13 36.1%	20 55.6%	33 91.7%	2 5.6%	1 2.8%	3 8.4%
JUDGE REFEREE	9 39.1%	13 56.5%	22 95.6%	0 0%	0 0%	0 0%
REFEREE	4 30.8%	7 53.8%	11 84.6%	1 7.7%	0 0%	1 7.7%
JCO	86 57.3%	52 34.7%	138 92%	4 2.7%	2 1.3%	6 4%
DHS	19 52.8%	13 36.1%	32 88.9%	1 2.8%	0 0%	1 2.8%

Substance abusing delinquents are typically most effectively dealt with if their substance abuse is considered a primary problem and is a priority in their disposition/case plan.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	47 21.1%	100 45%	147 66.2%	32 14.4%	7 3.2%	39 17.6%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS - IJH						
YSW						
STS						
ADMINISTRATION IJH						
ADMINISTRATION STS - IJH						
ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	4 11.1%	19 52.8%	23 63.9%	4 11.1%	0	4 11.1%
JUDGE	3 13%	11 47.8%	14 60.8%	3 13%	0	3 13%
REFEREE	1 7.7%	61.5 61.5%	9 69.2%	1 7.7%	0	1 7.7%
JCO	36 24%	71 47.3%	107 71.3%	18 12%	6 4%	24 16%
DHS	7 19.4%	10 27.8%	17 46.2%	10 27.8%	1 2.8%	11 30.6%

Delinquency very often results from involvement with drugs or alcohol.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	56 25.2%	110 49.5%	176 79.3%	26 11.8%	13 5.9%	39 17.6%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS -IJH YSW STS ADMINISTRATION IJH ADMINISTRATION STS - IJH ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	12 33.3%	18 50%	40 83.3%	2 5.6%	1 2.8%	3 8.4%
JUDGE REFEREE	8 34.8%	13 56.5%	21 91.3%	1 4.3%	1 4.3%	2 8.6%
JCO	4 30.8%	5 38.5%	9 69.3%	1 7.7%	0 7.7%	1 7.7%
DHS	36 24%	77 51.3%	113 75.3%	17 11.3%	10 6.7%	27 18%
	8 22.2%	15 41.7%	23 63.9%	7 19.4%	2 5.6%	9 25%

The state juvenile institutions do a good job of treating juvenile substance abuse problems.

SA A ? D SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	0	22	22	85	35	120
INSTITUTION- SATUCI COTTAGE PERSONNEL		10%	10%	38.3%	15.8%	54.1%
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS -IJH						
YSW						
STIS						
ADMINISTRATION IJH						
ADMINISTRATION STIS - IJH						
ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STIS						
JUDGE - REFEREE	0	4	4	14	2	16
JUDGE	0	3	3	9	2	11
REFEREE	0	1	1	5	0	5
JCO	0	14	14	61	22	83
DHS	0	4	4	10	11	21
		11.1%	11.1%	27.8%	30.6%	58.4%

The state should provide a secure facility specifically for students with substance abuse problems who are considered to be a danger to the community or to themselves.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	115 51.8%	73 32.9%	188 84.7%	14 6.3%	6 2.7%	20 9%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS - IJH						
YSW						
STS						
ADMINISTRATION IJH						
ADMINISTRATION STS - IJH						
ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	13 36.1%	14 38.9%	27 75%	5 13.9%	0	5 13.9%
JUDGE REFEREE	9 39.1%	9 39.1%	18 78.2%	3 13%	0	3 13%
JCO	4 30.8%	5 38.5%	9 69.3%	2 15.4%	0	2 15.4%
DHS	79 52.7%	51 34%	130 86.7%	8 5.3%	6 4%	14 9.3%
	23 63.9%	8 22.2%	31 86.1%	1 2.8%	0	1 2.8%

SATUCI waiting lists limit the number of students who receive substance abuse services at the State Training School/Iowa Juvenile Home.

___ SA ___ A ___ ? ___ D ___ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	26 11.7%	51 23%	77 34.7%	2 1%	0	2 1%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS -IJH						
YSW						
STIS						
ADMINISTRATION IJH						
ADMINISTRATION STIS - IJH						
ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STIS						
JUDGE - REFEREE	1 2.8%	6 16.7%	7 19.5%	0	0	0
JUDGE	1 4.3%	4 17.4%	5 21.7%	0	0	9
REFEREE	0	2 15.4%	2 15.4%	0	0	0
JCO	12 8%	35 23.3%	47 31.3%	2 1.3%	0	2 1.3%
DHS	13 36.1%	10 27.8%	23 53.9%	0	0	0

Many of the students placed in the state juvenile institutions could be better served by placement in an inpatient drug/alcohol treatment facility.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	16 7.2%	63 28.4%	79 35.6%	67 30.2%	16 7.2%	83 37.4%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STS - YSW						
IJH - YSW						
STS -IJH						
YSW						
STS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STS						
JUDGE - REFEREE	4 11.1%	15 41.7%	19 52.8%	7 19.4%	1 2.8%	8 22.2%
JUDGE	4 17.4%	8 34.8%	12 52.2%	4 17.4%	1 4.3%	5 21.7%
REFEREE	0	7 53.8%	7 53.8%	3 23.1%	0	3 23.1%
JCO	9 6%	38 25.3%	47 31.3%	48 32%	14 9.3%	62 41.3%
DHS	3 8.3%	10 27.8%	13 36.1%	12 33.3%	1 2.8%	13 36.1%

SATUCI staff have a good understanding of the services provided by institutional staff and of the treatment approaches utilized by them.

_____ SA _____ A _____ ? _____ D _____ SD

POPULATION	AGREE			DISAGREE		
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	TOTAL
ALL RESPONDENTS	1 2.8%	9 25%	10 27.8%	2 5.6%	2 5.6%	4 11.2%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS - IJH						
YSW						
STIS						
ADMINISTRATION						
IJH						
ADMINISTRATION						
STIS - IJH						
ADMINISTRATION						
SATUCI						
SATUCI - IJH						
SATUCI - STIS						
JUDGE - REFEREE						
JUDGE						
REFEREE						
JCO						
DHS	1 2.8%	9 25%	10 27.8%	2 5.6%	2 5.6%	4 11.2%

I feel I have a good background/knowledge in the area of juvenile substance abuse.

_____SA _____A _____? _____D _____SD

POPULATION	AGREE			DISAGREE		TOTAL
	STRONGLY AGREE	AGREE	TOTAL	DISAGREE	STRONGLY DISAGREE	
ALL RESPONDENTS	29 15.6%	109 58.6%	138 74.2%	16 8.6%	0	16 8.6%
INSTITUTION- SATUCI COTTAGE PERSONNEL						
STIS - COTTAGE PERSONNEL						
IJH - COTTAGE PERSONNEL						
STIS - YSW						
IJH - YSW						
STIS -IJH YSW STIS ADMINISTRATION IJH ADMINISTRATION STIS - IJH ADMINISTRATION SATUCI						
SATUCI - IJH						
SATUCI - STIS						
JUDGE - REFEREE	1 2.8%	19 52.8%	20 55.6%	6 16.7%	0	6 16.7%
JUDGE REFEREE	1 4.3%	12 52.2%	13 56.5%	5 21.7%	0	5 21.7%
JCO		7 53.8%	7 53.8%	1 7.7%	0	1 7.7%
DHS						

Survey Completed By
SATUCI and Institution Staff

Unless Otherwise Directed, Respond To The Single Best Answer By
Placing An X In The Corresponding Blank.

For All Questions In Which Your Response Is "Other", Please
Elaborate On Your Answer In The Space Provided.

At Which Institution Do You Work?

Eldora

Toledo

Current Position:

Cottage Director

Cottage Counselor

Youth Service Supervisor

Youth Service Workers

Administrator(Superintendent, Clinical Director, Principal,
Vice Principal)

Educator

Other(Please Specify) _____

How Long Have You Been Employed At The Institution?

Less Than Six Months

6-12 Months

13-18 Months

19-24 Months

Over Two Years

Which Shift Do You Work At The Institution?

Morning Shift

Afternoon/Evening Shift

Night Shift

1) As you understand it, SATUCI's function in the state juvenile institutions is currently to;
(PLEASE RANK THOSE WHICH APPLY, #1 BEING SATUCI'S PRIMARY FUNCTION.)

- A) provide a cure to students with alcohol and drug addictions.
- B) provide students with a full continuum of substance abuse treatment.
- C) provide students with substance abuse education and preventive services.
- D) provide students with individual substance abuse counseling.
- E) provide students with the motivation and skills to obtain successful substance abuse treatment upon being released from the institution.
- F) provide supplemental services to assist institutional staff as they treat student substance abuse problems.
- G) provide students with substance abuse aftercare services upon being released from the institution.
- H) Unknown
- I) Other _____

2) As you understand it, SATUCI's main function in the state's juvenile institutions should be to; (PLEASE RANK THOSE WHICH APPLY, #1 BEING WHAT SATUCI'S MAIN FUNCTION SHOULD BE.)

- A) provide a cure to students with alcohol and drug addictions.
- B) provide students with a full continuum of substance abuse treatment.
- C) provide students with substance abuse education and preventive services.
- D) provide students with individual substance abuse counseling
- E) provide students with the motivation and skills to obtain successful substance abuse treatment upon being released from the institution
- F) provide supplemental services to assist institutional staff as they treat student substance abuse problems.
- G) provide students with substance abuse aftercare services upon being released from the institution.
- H) Unknown
- I) Other _____

FOR QUESTION #3 THROUGH 23, INDICATE IF YOU STRONGLY AGREE(SA), AGREE(A), ARE UNSURE(?), DISAGREE(D), OR STRONGLY DISAGREE(SD), WITH EACH STATEMENT.

- 3) Overcrowding at the State Training School and the Iowa Juvenile Home place serious limitations on the institutions' ability to impact special problem areas such as substance abuse and sexual abuse.
_____ SA _____ A _____ ? _____ D _____ SD
- 4) More funding for SATUCI activities would improve the provision of substance abuse services in the institutions.
_____ SA _____ A _____ ? _____ D _____ SD
- 5) The level of student participation in SATUCI's program is affected by scheduling conflicts within the institution and a resulting need to choose from among competing programs/services to meet student needs.
_____ SA _____ A _____ ? _____ D _____ SD
- 6) Adequate communication exists between SATUCI and institutional staff in dealing with substance abusing juveniles.
_____ SA _____ A _____ ? _____ D _____ SD
- 7) The State Training School/Iowa Juvenile Home develops a comprehensive institution wide treatment plan for each student.
_____ SA _____ A _____ ? _____ D _____ SD
- 8) Cottage staff are able to provide students with adequate individual substance abuse counseling.
_____ SA _____ A _____ ? _____ D _____ SD
- 9) Substance abuse counseling should be among the State Training School/Iowa Juvenile Home's top priorities.
_____ SA _____ A _____ ? _____ D _____ SD
- 10) The level of student participation in SATUCI's program is affected by students' choosing other activities during the times SATUCI staff are available to them.
_____ SA _____ A _____ ? _____ D _____ SD
- 11) Institutional Staff have a good understanding of the services provided by SATUCI, and of the treatment approach utilized by them.
_____ SA _____ A _____ ? _____ D _____ SD

- 12) Cottage staff are able to provide adequate preventive and educational substance abuse services.
 _____ SA _____ A _____ ? _____ D _____ SD
- 13) The level of student participation in SATUCI's program is affected by institutional staff's choosing other activities for the students during the times SATUCI staff are available.
 _____ SA _____ A _____ ? _____ D _____ SD
- 14) SATUCI's assessment of each student's need for substance abuse treatment should be given top priority in determining which programs/services the student will participate in.
 _____ SA _____ A _____ ? _____ D _____ SD
- 15) SATUCI counselors typically do not spend enough time each week with students to effectively impact their substance abuse problems.
 _____ SA _____ A _____ ? _____ D _____ SD
- 16) SATUCI is capable of dealing with juvenile who have behavioral problems in addition to their substance abuse problems.
 _____ SA _____ A _____ ? _____ D _____ SD
- 17) Students with any substance abuse related need should receive counseling from SATUCI during their stay at the institution.
 _____ SA _____ A _____ ? _____ D _____ SD
- 18) Students in need of substance abuse counseling are adequately encouraged by cottage staff to participate in SATUCI activities.
 _____ SA _____ A _____ ? _____ D _____ SD
- 19) SATUCI is capable of dealing with juveniles who have even the most severe substance abuse problems.
 _____ SA _____ A _____ ? _____ D _____ SD
- 20) The level of student participation in SATUCI's program would increase if SATUCI staff were available at different times than current schedules allow.
 _____ SA _____ A _____ ? _____ D _____ SD
- 21) The substance abuse problems of many students are most effectively dealt with in the cottage by cottage personnel.
 _____ SA _____ A _____ ? _____ D _____ SD

Survey Completed By:
JUVENILE JUDGE/REFEREE

PLEASE RESPOND TO THE SINGLE BEST ANSWER BY PLACING AN "X" IN THE CORRESPONDING BLANK.

In Which Judicial District Do You Work?

1 _____ 4 _____ 7 _____
2 _____ 5 _____ 8 _____
3 _____ 6 _____

Current Position:

Juvenile Judge _____

Juvenile Referee _____

Chief Juvenile Court Officer _____

Juvenile Court Officer _____

JUVENILE JUDGES-REFEREES-PROBATION OFFICERS

PLEASE INDICATE IF YOU STRONGLY AGREE(SA), AGREE(A), ARE NEUTRAL OR UNSURE(?), DISAGREE(D), OR STRONGLY DISAGREE(SD), WITH EACH STATEMENT.

- 1) Students at the State Training School/Iowa Juvenile Home receive comprehensive substance abuse counseling.
_____ SA _____ A _____ ? _____ D _____ SD

- 2) Judges/Referees have adequate dispositional alternatives available to them for substance abusing delinquents.
_____ SA _____ A _____ ? _____ D _____ SD

- 3) Current levels of substance abuse programing at the State Juvenile institutions adequately meet the students needs for substance abuse counseling, education, and prevention.
_____ SA _____ A _____ ? _____ D _____ SD

- 4) Juveniles are often sent to the State Training School/Iowa Juvenile Home specifically to receive substance abuse counseling
_____ SA _____ A _____ ? _____ D _____ SD

- 5) Institutional cottages staff are able to provide students with adequate individual substance abuse counseling
_____ SA _____ A _____ ? _____ D _____ SD

- 6) SATUCI's main function at the State Training School/Iowa Juvenile Home is to provide substance abuse education and preventive services.
_____ SA _____ A _____ ? _____ D _____ SD

- 7) Judges/Referees have an adequate variety of dispositional alternatives available to them for substance abusing CINA cases.
_____ SA _____ A _____ ? _____ D _____ SD

- 8) All students in the State Training School/Iowa Juvenile Home with a substance abuse related problem should receive some type of substance abuse counseling.
_____ SA _____ A _____ ? _____ D _____ SD

- 9) Students involved in drug related offenses should be court ordered to participate in substance abuse counseling while in the state juvenile institutions.
 _____ SA _____ A _____ ? _____ D _____ SD
- 10) Substance abusing delinquents are typically most effectively dealt with if their substance abuse is considered a primary problem and is a priority in their disposition/case plan.
 _____ SA _____ A _____ ? _____ D _____ SD
- 11) Delinquency very often results from involvement with drugs or alcohol.
 _____ SA _____ A _____ ? _____ D _____ SD
- 12) The state juvenile institutions do a good job of treating juvenile substance abuse problems.
 _____ SA _____ A _____ ? _____ D _____ SD
- 13) Institutional cottage staff are able to provide adequate preventive and educational substance abuse services.
 _____ SA _____ A _____ ? _____ D _____ SD
- 14) Additional funding for SATUCI activities in the state's juvenile institutions would improve the provision of substance abuse services in the institutions.
 _____ SA _____ A _____ ? _____ D _____ SD
- 15) The state juvenile institutions are able to provide substance abuse services to juveniles who have behavioral problems in addition to their substance abuse problems.
 _____ SA _____ A _____ ? _____ D _____ SD
- 16) The State Training School/Iowa Juvenile Home develops a comprehensive institution wide treatment plan for each student.
 _____ SA _____ A _____ ? _____ D _____ SD
- 17) The State should provide a secure facility specifically for students with substance abuse problems who are considered to be a danger to the community or to themselves.
 _____ SA _____ A _____ ? _____ D _____ SD

18) SATUCI waiting lists limit the number of students who receive substance abuse services at the State Training School/Iowa Juvenile Home.

___ SA ___ A ___ ? ___ D ___ SD

19) The state juvenile institutions are able to deal with juveniles who have even the most severe substance abuse problems

___ SA ___ A ___ ? ___ D ___ SD

20) Substance abuse counseling should be a top priority for the State Training School/Iowa Juvenile Home.

___ SA ___ A ___ ? ___ D ___ SD

21) Overcrowding at the State Training School/Iowa Juvenile Home places serious limitations on the institution's ability to impact special problem areas such as substance abuse and sexual abuse.

___ SA ___ A ___ ? ___ D ___ SD

22) Many of the students placed in the state juvenile institutions could be better served by placement in an inpatient drug/alcohol treatment facility.

___ SA ___ A ___ ? ___ D ___ SD

23) I feel I have a good background/knowledge in the area of juvenile substance abuse.

___ SA ___ A ___ ? ___ D ___ SD

24) please take this opportunity to make any comments regarding the substance abuse services offered in the Iowa's juvenile institutions.

Survey Completed By:
DHS DISTRICT OFFICE WORKERS

PLEASE INDICATE IF YOU STRONGLY AGREE(SA), AGREE(A), ARE NEUTRAL OR UNSURE(?), DISAGREE(D), OR STRONGLY DISAGREE(SD), WITH EACH STATEMENT.

- 1) Students at the State Training School/Iowa Juvenile Home receive comprehensive substance abuse counseling.
_____ SA _____ A _____ ? _____ D _____ SD
- 2) Judges/Referees have adequate dispositional alternatives available to them for substance abusing delinquents.
_____ SA _____ A _____ ? _____ D _____ SD
- 3) Current levels of substance abuse programming at the state juvenile institutions adequately meet the students needs for substance abuse counseling, education, and prevention.
_____ SA _____ A _____ ? _____ D _____ SD
- 4) Juveniles are often sent to the State Training School/Iowa Juvenile Home specifically to receive substance abuse counseling
_____ SA _____ A _____ ? _____ D _____ SD
- 5) Institutional cottage staff are able to provide students with adequate individual substance abuse counseling
_____ SA _____ A _____ ? _____ D _____ SD
- 6) SATUCI's main function at the State Training School/Iowa Juvenile Home is to provide substance abuse education and preventive services.
_____ SA _____ A _____ ? _____ D _____ SD
- 7) Institutional staff have a good understanding of the services provided by SATUCI and of the treatment approaches utilized by them.
_____ SA _____ A _____ ? _____ D _____ SD
- 8) All students in the State Training School/Iowa Juvenile Home with a substance abuse related problem should receive some type of substance abuse counseling.
_____ SA _____ A _____ ? _____ D _____ SD
- 9) SATUCI counselors typically do not spend enough time each week with students to effectively impact their substance abuse problems.
_____ SA _____ A _____ ? _____ D _____ SD

10) Students involved in drug related offenses should be court ordered to participate in substance abuse counseling while in the state juvenile institutions.

___ SA ___ A ___ ? ___ D ___ SD

11) Substance abusing delinquents are typically most effectively dealt with if their substance abuse is considered a primary problem and is a priority in their disposition/case plan.

___ SA ___ A ___ ? ___ D ___ SD

12) Delinquency very often results from involvement with drugs or alcohol.

___ SA ___ A ___ ? ___ D ___ SD

13) The state juvenile institutions do a good job of treating juvenile substance abuse problems.

___ SA ___ A ___ ? ___ D ___ SD

14) Institutional cottage staff are able to provide adequate preventive and educational substance abuse services.

___ SA ___ A ___ ? ___ D ___ SD

15) Additional funding for SATUCI activities in the state's juvenile institutions would improve the provision of substance abuse services in the institutions.

___ SA ___ A ___ ? ___ D ___ SD

16) The state juvenile institutions are able to provide substance abuse services to juveniles who have behavioral problems in addition to their substance abuse problems.

___ SA ___ A ___ ? ___ D ___ SD

17) The State Training School/Iowa Juvenile Home develops a comprehensive institution wide treatment plan for each student.

___ SA ___ A ___ ? ___ D ___ SD

18) The level of student participation in SATUCI's program would increase if SATUCI staff were available at different times than current schedules allow.

___ SA ___ A ___ ? ___ D ___ SD

19) The State should provide a secure facility specifically for students with substance abuse problems who are considered to be a danger to the community or to themselves.

___ SA ___ A ___ ? ___ D ___ SD

20) SATUCI waiting lists limit the number of students who receive substance abuse services at the State Training School/Iowa Juvenile Home.

___ SA ___ A ___ ? ___ D ___ SD

21) The state juvenile institutions are able to deal with juveniles who have even the most severe substance abuse problems

___ SA ___ A ___ ? ___ D ___ SD

22) Substance abuse counseling should be a top priority for the State Training School/Iowa Juvenile Home.

___ SA ___ A ___ ? ___ D ___ SD

23) Overcrowding at the State Training School/Iowa Juvenile Home places serious limitations on the institution's ability to impact special problem areas such as substance abuse and sexual abuse.

___ SA ___ A ___ ? ___ D ___ SD

24) SATUCI staff have a good understanding of the services provided by institutional staff, and of the treatment approaches utilized by them.

___ SA ___ A ___ ? ___ D ___ SD

25) Many of the students placed in the state juvenile institutions could be better served by placement in an inpatient drug/alcohol treatment facility.

___ SA ___ A ___ ? ___ D ___ SD

26) The level of student participation in SATUCI's program is affected by scheduling conflicts within the institutions, and a resulting need to choose from among competing programs/services to meet student needs.

___ SA ___ A ___ ? ___ D ___ SD

27) Judges/Referees have adequate dispositional alternatives available to them for substance abusing CINA cases.

___ SA ___ A ___ ? ___ D ___ SD

28) Please take this opportunity to make any comments regarding the substance abuse services offered at the state juvenile institutions.

Appendix F

Peer Review Report on DHS/SATUCI Project

**Prepared by: Art Schut, Mid-Eastern Council
on Chemical Abuse
Iowa City, Iowa**

**Virgil Gooding, Sixth Judicial District
Department of Correctional Services
Cedar Rapids, Iowa**

**Linda Ruble, Polk County Broadlawns Hospital
Des Moines, Iowa**

PEER REVIEW PANEL REPORT

Method

The assessment of the substance abuse programs at the institutions was made through interviews with involved persons, review of client records, and direct observation where possible. Persons interviewed included: clients receiving services; administrators and clinical supervisors; cottage directors; counselors; and youth services workers a broad range of institutional and Substance Abuse Treatment Unit of Central Iowa (SATUCI) staff. Institutional staff interviewed included those directly involved with the SATUCI programs, as well as those with indirect involvement.

It should be noted that the staffs of SATUCI, the State Training School (STS), and the Iowa Juvenile Home (IJH) were cooperative and helpful in their interactions with the peer review panel. We were in general impressed with their dedication and genuine concern for the young people with whom they work.

Summary

The substance abuse services at the two institutions are provided by SATUCI on an outpatient model. In addition, there is a substance abuse curriculum utilized by the STS on a regular basis and the IJH irregularly. The curriculum is integrated into the cottage program (at STS only), while SATUCI's evaluation and treatment activities are largely segregated. When treatment is provided by SATUCI, it is of high quality, although there are some difficulties in access to that treatment. A major improvement in substance abuse services would come about with the creative integration of SATUCI's services into the institutional programs. Operating the SATUCI program on a hybrid outpatient/residential model might provide significant benefit for all. The upper management of both juvenile institutions is clearly supportive of SATUCI's programming, although this may not have been the case with previous management at IJH. There needs to be continuous work upon accurate, effective communications between and within all involved organizations.

There needs to be clear dialogue regarding resources, priorities for services and scheduling of clients. This dialogue needs to be as broad as possible, so all involved understand rationales behind priorities. There needs to be a clear definition of mission for SATUCI within the institutions that meets the needs of the youth served by the institutions. This mission needs to be clearly and consistently articulated by all involved. The SATUCI programming needs to be truly integrated into the overall institutional plan reflecting this mission.

Recommendations Summary

- * The adequacy of communication between, and within, the institutional staffs and SATUCI staff is crucial for the delivery of quality substance abuse services. In general, the adequacy of communication between, and within, the institutions and SATUCI is highly variable and needs to improve. There needs to be continuous work upon accurate, effective communications between and within all involved organizations.
- * There needs to be clear leadership in removing existing organizational barriers to communication and in initiating joint problem solving.
- * The administrations of both institutions need to shift the weight of responsibility for communication from SATUCI to the institutional staff. It is the responsibility of the host institution to give SATUCI "equal footing" in the institution.
- * Adequate funding must be provided to place SATUCI staff salaries on a par with similar positions within the institutions.
- * Clearly designated leadership or oversight of the project with appropriate authority could increase integration, reduce miscommunication, and result in a clearer more consistent sense of mission. Options could include authority vested in: the institutions; SATUCI; or a third party.
- * Evaluation procedure relies heavily upon self-report by the client. A system needs to be developed by the institutions and SATUCI to have reliable reports regarding past behavior (e.g., arrest reports, prior treatment, et cetera) available as soon as possible after the student's admission to the institution. STS and LJH should consider having drug urine screens be a part of the admission procedure to the institution with results of the urine screens made available to SATUCI.
- * A clear triage policy (inclusion criteria, as well as exclusion criteria) should be established to limit the numbers, who are referred to treatment programs, to levels which meet treatment capacity.
- * The current exclusion criteria for admission may actually exclude all students admitted and should probably be redefined specific to LJH and STS.
- * Excessively high, and obviously unreal, use levels self-reported by some clients need to be labeled as grossly exaggerated.
- * SATUCI needs to have clear differential diagnosis to distinguish primary chemical dependency from substance abuse secondary to other issues (e.g., primary anti-social with substance use).

* Evaluations include recommendations regardless of client motivation or client length of stay. This is excellent and provides service recommendations regardless of student motivation and/or length of stay.

* The record management system and terminology used by DSA has changed and hopefully this will make the system used by SATUCI more useful and understandable to those outside the substance abuse field. If it does not, SATUCI should consider using a record keeping and terminology system which appeals to common sense and reflects what is actually being done.

* The substance abuse education curriculum should be used at both institutions not just STS.

* Organizations develop established ways of service delivery and organizational problem solving and conflict resolution. Over time these develop into somewhat rigid, persistent, responses to organizational problem solving approaches and conflict resolution with regard to service delivery. These "persistencies" need to be creatively overcome by both SATUCI and the institutions.

* The current concept and practice of evaluating, within one (1) to two (2) weeks after entry, every new admission to STS and IJH, as well as evaluating readmissions who have been absent for the institution for more than six (6) months, is excellent. SATUCI should continue this central assessment function in the same manner as they have and could add other active tracking and follow-up components of central assessment or employee/student assistance programs.

* The issue of client motivation and treatment services needs to be addressed. It may be of benefit to provide a "coerced client group" for kids who need treatment but do not want it or are "not motivated".

* The provision of culturally specific programming should be strongly considered given the high percentage of minority students (compared to the general Iowa population) and the high incidence of substance abuse reported among minority populations.

* Consideration should be given, by SATUCI, to recruitment of qualified minority staff persons who might positively impact service delivery and to training in the areas of racial/cultural awareness, culturally specific treatment models and cross-cultural relations.

Direct Clinical Services

There is a significant time delay in all aspects of the intake, referral and follow-up system. There has been a genuine attempt to deal with this problem. It appears overall that initial evaluation of all admissions generally occurs in a timely fashion within the first one or two weeks of entry into the institutions. Some of the time delay is a function of staff turn-over and vacancies.

At both STS and LJH, the institutional staff consensus was that when treatment is provided by SATUCI, it is of high quality, although there are some difficulties in access to that treatment. Records reviewed reflected high quality treatment services consistent with that consensus. Overall there is evidence treatment itself is administered in an appropriate, caring, and therapeutic manner. Written reports of "in-depth evaluations" are regarded by STS and LJH staff as excellent and materials reviewed confirmed that opinion.

One area of difficulty, which could be improved, is intake (evaluation) procedure. The evaluation procedure relies heavily upon self-report by the client and if the counselor feels the client is minimizing or not. There are difficulties accessing records and other information immediately after a student's admission to STS or LJH. SATUCI staff may have the institution's "face sheet", but usually have no additional information. There needs to be a system to provide access to records of arrest and prior treatment, including information from field social workers. A system needs to be developed by the institutions and SATUCI to have this information available as soon as possible after the student's admission to the institution. In general, there was no evidence in client records that prior treatment records had been requested. Part of the difficulty in obtaining information may be that the student may not have been assigned a field social worker at the time of the evaluation, so no information is available at the institution for SATUCI to utilize.

The exclusion criteria for admission may actually exclude all students admitted and should probably be redefined specific to LJH and STS. The current criteria need to be critically reviewed. Because of the lack of information other than the client's self-report, there appears to have developed too much reliance on the Substance Abuse Involvement Scale (SAIS) and the Children of Alcoholics Screening Test (CAST). Paper and pencil scales are of less value than reliable reports regarding past behavior (e.g., arrest reports, prior treatment, et cetera). In addition, the CAST needs to be employed judiciously because it largely measures perceived parental or environmental pathology, rather than adolescent pathology. One objective data source may be for STS and LJH to have drug urine screens be a part of the admission procedure to the institution. Results of the urine screens could then be made available to SATUCI and would provide some additional objective information.

Excessively high, and obviously unreal, use levels are self-reported by some clients. For example, the daily consumption of substances reported by one student included: 24 - 16 ounce cans of beer (12 quarts); 1 "texas fifth" of hard liquor; 2 1/2 bags of marijuana (125 to 250 cigarettes); 2 doses of LSD; 1-15 pills of speed; and 5 pills of white crosses. The client also reported use of other substances on a weekly and monthly basis. To SATUCI staff the use levels were grossly exaggerated, but there was no evidence of this awareness in the record or in reports sent to cottages. The cottage staff then believe SATUCI staff to have been "conned", with obvious problems ensuing. It goes without saying that the SATUCI staff skepticism regarding such client self-report, while obvious to SATUCI staff, needs to be communicated to be obvious to all.

SATUCI needs to have clear differential diagnosis to distinguish primary chemical dependency from substance abuse secondary to other issues (e.g., primary anti-social with substance use). Current practice does not indicate differential diagnosis. Occasionally, the level of services recommended is not supported by the data in the record; at times there is treatment recommended with no evidence of a continuing substance abuse problem (although there may be evidence of a previously existing problem). If anything, the current system errs in the direction of recommending a higher level of care than necessary; this is probably the preferred direction for error, rather than under treating.

Evaluations include recommendations regardless of client motivation or client length of stay ("if the client's motivation changes, recommendations", "if client stays, recommendations", etc.). This addition is excellent and provides service recommendations regardless of student motivation and/or length of stay.

The SATUCI practice of writing an "assessment" after each section of social history is a nice professional touch. One of many exhibited in their delivery of quality direct treatment. The treatment services provided by SATUCI, including on-going group and individual sessions, are in general excellent. SATUCI counselors seem to be able to develop significant therapeutic relationships with clients.

In general, it was obvious that over time services provided by SATUCI have improved in quality, as have the client records documenting these services. There is an obvious attempt by SATUCI to continue to improve the quality of services.

Administration of Clinical Services

Priorities for scheduling evaluations need to be discussed as broadly as possible, so all involved understand the rationale. The current priorities appear to have been agreed upon by management of STS, IJH, and SATUCI, and make sense. They are: court orders; new commits; re-commits. It is not clear that all institution staff are aware of these, and the rationale behind them.

The SATUCI record management system matches that required for reimbursement by the

Division of Substance Abuse (DSA) of the Iowa Department of Public Health (IDPH). This system leaves something to be desired when used in conjunction with STS and IJH. For example, "pre-admissions" (a misnomer addressed below) have no discharges; those participating in the Children Of Alcoholics (COAs) intervention group have no admissions or discharges even though they are receiving services. The system used by DSA has changed and hopefully this will make the system used by SATUCI more useful and understandable to those outside the substance abuse field. If it does not, SATUCI should consider using a record keeping system which appeals to common sense and reflects what is actually being done; one which includes "admitting" and "discharging" all clients served.

Because clients are not always "admitted", discharge summaries are not always completed. Those that were done tended to be process oriented rather than outcome oriented (e.g., trust building, letting down defenses, et cetera). Discharge summaries consistently performed would provide closure, as well as an easy means to respond to records requests.

Clinical Supervisors need to make review notes in all files on a consistent basis. Evaluations have no consistent review of diagnosis by peers or supervisors on any routine basis. SATUCI "staffings" are for administrative management of clinical work and could be modified to include additional clinical staffing including review of all diagnoses.

There were a number of idiosyncratic abbreviations which made certain aspects of records unclear. Personnel evaluations ("Direct Observation Report") were included in client files and should be taken out of the client's record and made part of the employee's personnel file. Several files had dates changed through the use of "White-Out"; none of these changes involved impropriety. A more appropriate procedure would be to cross-out the error while leaving it legible, making the correction, and discontinuing the use of "White-Out".

Staff were somewhat confused regarding confidentiality regulations, although they erred in the direction of being overly protective (a virtue perhaps). One small difficulty is valid releases sent by other agencies are not honored by SATUCI, SATUCI insists on having its own release form completed, which delays receipt of client information by the agency currently treating the client.

Coordinators appear to spend two (2) days per week in Marshalltown and three (3) days on site. More coordinator time on site would be of benefit to all if SATUCI were able to manage such a change.

There is a perception of a "lack of supervisory authority" vested in the SATUCI coordinators. This is particularly acute at IJH where the quote, "I have to take it up with Vicki [her supervisor]", was frequently attributed to the coordinator.

It is clear from the client records why SATUCI is always highly rated by DSA licensure inspections. SATUCI does good, professional treatment and documents it well in general.

Staff Turn-Over

A number of difficulties arise from SATUCI staff turn-over, not the least of which is problems in meeting obligations and covering the work load. One difficulty noted was when the "SATUCI staff person is gone, then they don't cover groups or services, they cancel services", or services are provided by institution staff. For example, COA groups at IJH have a IJH staff person as a co-leader; when the SATUCI counselor is not present the IJH co-leader provides the group. This results in the perception that the institution is providing SATUCI's services. The resources of SATUCI at the institutions are limited, particularly in comparison to the resources of the institutions. There needs to be an effort by STS and IJH to interpret these differences, and their consequences, to their employees. In general STS and IJH employees perceive SATUCI to have high turn-over in counseling positions attributable to low pay. Their perceptions are correct. In addition, SATUCI lacks sufficient staff for the number of students who have histories of substance abuse.

The "turn-over" of SATUCI line staff has interfered with the development of on-going working relationships between SATUCI and STS and IJH staffs. In some cases, institutional staff feel they have been training a succession of SATUCI staff, with some justification. Adequate funding must be provided to place SATUCI staff salaries on a par with similar positions within the institutions. It should be noted that the turn-over of SATUCI staff is actually no worse than that in some other community-based substance abuse treatment programs, and that salaries within other community-based substance abuse programs are similar to SATUCI's. Despite the similarity of SATUCI's salaries to other community-based programs' salaries, the employees' frame of reference is the institutions' salaries. The institutions' salaries for equivalent positions are significantly higher.

Structure of Services

There is a division of services between SATUCI and the institutions - evaluation and treatment versus substance abuse education. SATUCI developed a substance abuse curriculum for IJH, which SATUCI turned over to the institution. STS obtained the curriculum from IJH. STS now uses the curriculum with modifications, while IJH does not use the curriculum. The modifications to the curriculum were made without consultation with SATUCI. Institution staff refer to the education program as "teaching SATUCI" and many believe the program is managed by SATUCI. The education program needs to have professional ongoing training and consultation from SATUCI. There is a need for training for youth service workers (YSW) who do education sessions. Youth service workers need adequate preparation for teaching and leading educational groups. One suggestion is that the program be integrated into the school program. Although it may be more appropriate to have it presented in the cottages with consultation from SATUCI. The educational program appears to be well used at STS and little used at IJH. It should be used at both institutions.

SATUCI is using an outpatient model of service delivery in a residential/inpatient setting. Seeing service delivery as having to be either "outpatient" or "residential" lends itself to a "perceptual set". Such a perceptual set stifles creativity. There are components of both types of service delivery models that could be useful. It does not have to be one or the other. Attempting to develop something that would fit in with the Institutions' pre-existing schedules might provide some solutions to difficulties in scheduling; eliminating such forced choices between substance abuse treatment and drivers' education. Other possibilities include: assigning specific SATUCI counselors to specific cottages; using SATUCI coordinators as cottage consultants; changing the SATUCI work week to four (4) days, Wednesday through Saturday. The general design of service delivery needs to be looked at with creative thinking. There needs to be a clear definition of mission for SATUCI within the institutions that meets the needs of the youth served by the institutions. This mission needs to be clearly and consistently articulated by all involved. The SATUCI programming needs to be truly integrated into the overall institutional plan in a manner consistent with its defined mission.

A functional analysis of the substance abuse services and their intent might be helpful. For example, SATUCI provides a "central assessment function" in performing the initial substance abuse assessment of each admitted to STS and IJH. There is "denial treatment" in the form of "Pre-Treatment Groups" attempting to connect substance use with life problems. In addition, there is: individualized substance abuse counseling; substance abuse education; and treatment for chaotic-family-of-origin (COA Groups). So, substance abuse functions in the institutions include:

- central assessment
- problem denial treatment
- individual counseling
- chaotic-family-of-origin programming
- education

One paradigm for providing these functions/services could be as follows. SATUCI could continue the central assessment function in the same manner as they have with the addition of other active tracking and follow-up components of central assessment or employee/student assistance programs (EAP/SAP). Problem denial treatment could be integrated into the cottage programming and combined with generic problem denial approaches. Likewise chaotic-family-of-origin programming could be broadened to include other forms of chaotic families and incorporated into cottage programming. SATUCI staff could serve as consultants to cottages with regard to problem denial and chaotic family programming, or could operate the programming within the cottages. Short-term, time-limited, individual counseling ala' SAP/EAP could be provided by SATUCI on an outpatient model in separate offices or in cottages ("in home counseling model"). The substance abuse education curriculum could be made part of a general health or life-skills curriculum in the school or cottages. Again, SATUCI staff would participate as consultants or teachers.

Another method for providing the substance abuse functions would be to designate a cottage

or two as substance abuse cottages. SATUCI would provide central assessment as above, diagnosing those appropriate for placement in the "substance abuse cottage". Substance abuse programming in the substance abuse cottage could be performed by SATUCI, including: problem denial treatment; individual counseling; chaotic-family-of-origin programming; and education. All other programming would be provided by the cottage staff. SATUCI's programming in such a cottage could be on an "outpatient model", if so desired.

The current concept and practice of evaluating every new admission to STS and IJH, as well as evaluating readmissions who have been absent for the institution for more than six (6) months, is excellent. Initial evaluations usually occur in one (1) to two (2) weeks after entry for new admissions; comprehensive ("in-depth") evaluations are delayed for significant periods of time. Waits to get into treatment vary and students reported waiting from 1 1/2 months to 3 1/2 months. A clear triage policy (inclusion criteria, as well as exclusion criteria) should be established to limit the numbers, who are referred to treatment programs, to levels which meet treatment capacity.

Frequently services are not provided because the client is perceived to be "not motivated". The issue of client motivation and treatment services needs to be addressed, particularly when the entire client population would probably rather reside somewhere else. Many times those most in need of treatment are "least motivated". There are significant difficulties in mixing "motivated" and "not motivated" client within treatment services. "Motivated" students interviewed had concerns about being vulnerable in groups with "not motivated" students, with the potential for later teasing and other negative responses. It may be of benefit to provide a "coerced client group" for kids who need treatment but do not want it or are "not motivated".

Institutional/SATUCI Interface and Its Effect Upon Treatment

The adequacy of communication between, and within, the institutional staffs and SATUCI staff is crucial for the delivery of quality substance abuse services. In general, the adequacy of communication between, and within, the institutions and SATUCI is highly variable. Communication in general appears to be much more adequate at STS than IJH. The impression is that not all the staff at both institutions understand SATUCI's role and mission. At Toledo, Turner was formerly the "Chemical Dependency Cottage" and a number of students believe it continues to be so; that this belief persists in the student population is indicative of a failure to adequately communicate.

Client assignments need to be consistently communicated to cottages when they are assigned rather than when the student does not complete. Assignment language should be reviewed to ascertain it is at the appropriate grade level for the students. Cottages need to consistently communicate with SATUCI regarding student status and behavior. Youth service workers, who spend the majority of time with the students, know the least about SATUCI services. These workers get information about the program from students, and

need to know more in order to assist the students. Evaluation recommendations not followed currently result in little feedback to SATUCI; a mechanism needs to be developed to consistently facilitate this feedback. Consistency is the issue because all of these currently occur to varying degrees.

After the initial evaluation, those kids sent back to SATUCI for further services are determined by institutional staff. There tends to be a high degree of variability with regard to which students return for further services. In some instances those sent back are the "most motivated", some the "most ill". This is a policy decision which should be made so there is consistency in the referral pattern. The decision may be to refer both to two (2) different treatment groups.

One of the difficulties, in having organizations collaborate, is working through the differences they each bring to the collaboration. The community-based substance abuse field in Iowa has some idiosyncratic vocabulary which has grown out of the reimbursement systems of the Division of Substance Abuse of the Department of Public Health. This vocabulary is confusing for the uninitiated, including admission categories of "pre-admission" versus "admission". SATUCI has operated a "pre-treatment group" that is really a short-term treatment group that prepares students for additional treatment and/or deals with "problem denial" on the part of the client - connecting substance usage to life problems.

Organizations also develop established ways of service delivery and organizational problem solving and conflict resolution. Over time these develop into somewhat rigid, persistent, responses to organizational problem solving approaches and conflict resolution with regard to service delivery. These "persistencies" need to be creatively overcome by both SATUCI and the institutions.

There is a strong sense that line staff on both sides of the fence (and that's how it felt, there was a fence) lack communication from above and between each other. There is a lack of useful communication on a daily basis between, as well as among, line staff of SATUCI and the two Institutions and a rather territorial/rigid view of each other's agency as the basic issue. There needs to be clear leadership in removing existing organizational barriers to this communication and in initiating joint problem solving. There needs to be a basic consensus on the correct approach (problems in life "because of" versus a "result of" use). There needs to be education regarding the behavior modification approach of the institutions versus SATUCI's treatment approach, as well as integration of the two approaches. "Treatment" has different meanings in the institutions and the substance abuse field. These differences can be an asset and an advantage rather than a barrier, but that requires leadership consensus and communication of that consensus to line staff.

- There is much better communication between SATUCI and institutional line staff at STS than LJH, although the new management at LJH appears to have a commitment to improving the situation. The resurrection of the "Steering Committee" at LJH is an excellent approach to further increasing constructive communication. In general, the weight of responsibility

seems to be upon SATUCI for communication. The administrations of both institutions need to shift responsibility for communication to the institutional staff. It is the responsibility of the host institution to give SATUCI "equal footing" in the institution. SATUCI administrative staff are not located at the institutions, so the local SATUCI staff may not be comfortable being highly assertive with institutional administrative staff. Wednesday is an important staffing day (and communications day) for institutions and training day for SATUCI at Marshalltown (once per month); SATUCI might consider changing their schedule to allow staff to be at the institutions on Wednesdays. Program changes need to be clearly interpreted to all involved.

One of the difficulties is there is no one in charge of the project. The leadership of the project is in essence continually negotiated between SATUCI, IJH, and STS for all practical purposes leadership is either a troika, or a double dyad. There is no clear project leader possessing the authority to direct changes in any of the parties. Clearly designated leadership or oversight of the project with appropriate authority could increase integration, reduce miscommunication, and result in a clearer more consistent sense of mission. Options could include authority vested in: the institutions; SATUCI; or a third party.

Minority Representation

The minority representation in the client population at STS receiving more than just an initial evaluation was significantly less than that in the general population; this appeared to be particularly so for Black students. This appears related to both the evaluation process and the referral process from cottages to SATUCI. All involved need to address this discrepancy.

The provision of culturally specific programming should be strongly considered given the high percentage of minority students (compared to the general Iowa population) and the high incidence of substance abuse reported among minority populations. Consideration should also be given, by SATUCI, to recruitment of qualified minority staff persons who might positively impact service delivery and client acceptance of that service, in regard to minority clients. These staff would serve both as role models and as cross-cultural interpreters. Additionally, it is suggested SATUCI administration and staff avail themselves of training opportunities in the areas of racial/cultural awareness, culturally specific treatment models and cross-cultural relations. These trainings should also enhance SATUCI's ability to evaluate, understand, and service the minority client population at both institutions.

Appendix G

**SATUCI Case Record
Reading Instrument**

NAME _____ ID # _____

D.O.B. ___ / ___ / ___ Cottage Director _____

1. Type of case record
 Circle one:
 1: Preadmit 2: Admit 3: Initial Evaluation ONLY

2. Date of initial assessment
 Found in Initial Evaluation, & on flowsheet, & on Initial Intake
 Select one:
 0: no initial evaluation 1: ___ / ___ / ___

3. CAST score
 Found in Initial Evaluation, last line under SA History in Family
 Enter score: - -

4. Alcohol involvement score
 Found in the Initial Evaluation, 2nd page
 Enter score: - -

5. Drug involvement score
 Found in the Initial Evaluation, 2nd page
 Enter score: - -

6. Recommendations
 Found in Initial Evaluation, bottom of the 2nd page
 Circle those that apply
 1: Client not motivated, 3: Individual Counseling/Aftercare
 no recommendation 4: PAG, COA, AA, Big Book
 2: No service need identified, 5: Indepth Evaluation
 no recommendation 6: Recommendation unclear
 Also circle one of the following
 A: substance abuse problem potential or likely
 B: no problem
 C: opinion of the problem is unclear

7. Social Security number
 Found in General Info Sheet, & on Initial Intake
 0: not available 1: - - - - - - - - - -

8. Household composition
 Found in the General Information Sheet
 Circle one:
 1: alone 4: foster home 7: other
 2: parents 5: group home 8: single parent
 3: other adults 6: step-parents

9. Race
 Found in the General Information Sheet
 Circle one:
 1: white 3: native American 5: Hispanic
 2: black 4: Asian/Pacific 6: other

10. Years of education
 Found in the General Information Sheet
 Circle one:
 K 1 2 3 4 5 6 7 8 9 10 11 12 GED

11. Has client ever been to SATUCI before
Found in Initial Intake
Circle one: Y N

12. Dates and sites of prior placements/chemical dependency treatment
Found in Initial Intake (Chemical Dependency History), & face sheet
Select those that apply
0: None
Site length of stay

13. Is there any history of alcoholism and/or drug use in the student's family?
Found in the Initial Intake, top of last page
Circle one: Y N

14. How often does the student drink?
Found in the Substance Abuse Involvement Scale (#1), part of the initial evaluation
Circle one:
a. never d. every weekend
b. once or twice a year e. several times a week
c. once or twice a month f. every day

15. How often does the student use drugs?
Found in the Substance Abuse Involvement Scale (#1), part of the initial evaluation
Circle one:
a. never d. every weekend
b. once or twice a year e. several times a week
c. once or twice a month f. every day

16. What does the student drink?
Found in the Substance Abuse Involvement Scale (#4), part of the initial evaluation
Circle one:
a. wine d. hard liquor
b. beer e. a substitute for alcohol
c. mixed drinks f. student does not drink

17. What does the student use?
 Found in the Substance Abuse Involvement Scale (#4), part of the initial evaluation
 Circle one:
- a. marijuana or hashish
 - b. amphetamines or speed
 - c. inhalants, glue, thinner, rush, lockerroom, etc.
 - d. hallucinogenics, LSD, PCP, Ecstasy
 - e. narcotics, heroin, morphine, dilaudid, codeine
 - f. cocaine
 - g. prescription drugs, valium, librium, tranquilizers
barbituates, downers, seconal
 - h. student does not use
18. When did the student take the first drink?
 Found in the Substance Abuse Involvement Scale (#6), part of the initial evaluation
 Circle one:
- a. never
 - b. recently
 - c. after age 15
 - d. at ages 14 or 15
 - e. between ages 10-13
 - f. before age 10
19. When did the student begin using drugs?
 Found in the Substance Abuse Involvement Scale (#6), part of the initial evaluation
 Circle one:
- a. never
 - b. recently
 - c. after age 15
 - d. at ages 14 or 15
 - e. between ages 10-13
 - f. before age 10
20. What is the greatest effect drinking has had on the student's life?
 Found in the Substance Abuse Involvement Scale (#12), part of the initial evaluation
 Circle one:
- a. none--no effect
 - b. has interfered with talking to someone
 - c. has prevented me from having a good time
 - d. has interfered with my school work
 - e. have lost friends because of drinking
 - f. has gotten me into trouble at home
 - g. was in a fight or destroyed property
 - h. has resulted in an accident, an injury, arrest, or being punished at school for drinking
 - i. student does not drink
21. What is the greatest effect drugs has had on the student's life?
 Found in the Substance Abuse Involvement Scale (#12), part of the initial evaluation
 Circle one:
- a. none--no effect
 - b. has interfered with talking to someone
 - c. has prevented me from having a good time
 - d. has interfered with my school work
 - e. have lost friends because of using
 - f. has gotten me into trouble at home
 - g. was in a fight or destroyed property
 - h. has resulted in an accident, an injury, arrest, or being punished at school for using
 - i. student does not use

22. How does the student feel about his drinking?
 Found in the Substance Abuse Involvement Scale (#13), part of the initial evaluation
 Circle one:
 a. no problem at all
 b. I can control it and set limits
 c. I can control myself, but my friends easily influence me
 d. I often feel bad about my drinking
 e. I need help to control myself
 f. I have had professional help to control my drinking
 g. student does not drink
23. How does the student feel about his drug use?
 Found in the Substance Abuse Involvement Scale (#13), part of the initial evaluation
 Circle one:
 a. no problem at all
 b. I can control it and set limits
 c. I can control myself, but my friends easily influence me
 d. I often feel bad about my using
 e. I need help to control myself
 f. I have had professional help to control my using
 g. student does not use

Items 24:59 found in the flowsheet

24. Date of 1st EV (evaluation) 1: _ _ / _ _ / _ _
25. Date of last EV (evaluation) 1: _ _ / _ _ / _ _
26. Number of EVs (evaluations) 1: _ _ _
27. Starting date of indepth evaluation (or 2nd EV)
 0: no indepth evaluation 1: _ _ / _ _ / _ _
28. Date of admission to SATUCI
 Found in flowsheet, bottom R corner, & in Discharge Summary
 0: no SATUCI services 1: _ _ / _ _ / _ _
29. Date of first Personal Awareness meeting
 0: not involved in personal awareness group 1: _ _ / _ _ / _ _
30. Date of last Personal Awareness meeting
 0: not involved in personal awareness group 1: _ _ / _ _ / _ _
31. Number of times participated in Personal Awareness Group
 0: not involved in personal awareness group 1: _ _ _
32. Date of first Individual Counseling meeting
 0: not involved in individual counseling 1: _ _ / _ _ / _ _
33. Date of last Individual Counseling meeting
 0: not involved in individual counseling 1: _ _ / _ _ / _ _
34. Number of times participated in Individual Counseling
 0: not involved in individual counseling 1: _ _ _

35. Date of first Pretreatment meeting
0: not involved in pretreatment 1: ___ / ___ / ___
36. Date of last Pretreatment meeting
0: not involved in pretreatment 1: ___ / ___ / ___
37. Number of times participated in Pretreatment
0: not involved in pretreatment 1: ___
38. Date of first Relapse meeting
0: not involved in relapse group 1: ___ / ___ / ___
39. Date of last Relapse meeting
0: not involved in relapse group 1: ___ / ___ / ___
40. Number of times participated in Relapse Group
0: not involved in relapse group 1: ___
41. Date of first COA meeting
0: not involved in COA group 1: ___ / ___ / ___
42. Date of last COA meeting
0: not involved in COA group 1: ___ / ___ / ___
43. Number of times participated in COA Group
0: not involved in COA group 1: ___
44. Date of first Women's Issues meeting
0: not involved in Women's Issues group 1: ___ / ___ / ___
45. Date of last Women's Issues meeting
0: not involved in Women's Issues group 1: ___ / ___ / ___
46. Number of times participated in Women's Issues Group
0: not involved in Women's Issues group 1: ___
47. Date of discharge from the institution
Found in lower R corner of flowsheet,
and in the Discharge Summary 1: ___ / ___ / ___
48. Date of first Aftercare with student (first AC)
0: not involved in Aftercare 1: ___ / ___ / ___
49. Date of last Aftercare with student (last AC prior to discharge)
0: not involved in Aftercare 1: ___ / ___ / ___
50. Number of times in Aftercare with student (# AC prior to discharge)
0: not involved in Aftercare 1: ___
51. Date of first Aftercare phone contact (1st CA)
0: not involved in Aftercare 1: ___ / ___ / ___
52. Date of last Aftercare phone contact (last CA prior to discharge)
0: not involved in Aftercare 1: ___ / ___ / ___
53. Number of Aftercare contacts by phone (# CA prior to discharge)
0: not involved in Aftercare 1: ___
54. Date of first follow-up contact with student
(1st FO, or 1st AC after discharge)
0: no follow up 1: ___ / ___ / ___
55. Date of last follow-up contact, with student
(last FO, or last AC after discharge)
0: no follow up 1: ___ / ___ / ___
56. How many follow-up contacts were made to the student by phone
(# FO, or AC after discharge)
0: no follow up 1: ___
57. Date of first follow-up with others (1st CA after discharge)
0: no follow up 1: ___ / ___ / ___
58. Date of last follow-up with others (last CA after discharge)
0: no follow up 1: ___ / ___ / ___
59. Number of follow-up with others by phone (# CA after discharge)
0: no follow up 1: ___

60. Reason for discharge
 Found in the Discharge Summary, in the Release section
 Circle one:
 1: left institution
 2: lack of client involvement/motivation
 3: other, specify _____
 4: discharge info not available

61. Referrals to other agencies for aftercare
 Found in the Continuing Growth form, in the Aftercare section
-
-
-

Items 62:70 found in the Correspondence section

62. Date of first Aftercare contact made by letter to others
 0: no Aftercare letters 1: -- / -- / --
63. Date of last Aftercare contact made by letter to others
 0: no Aftercare letters 1: -- / -- / --
64. Number of Aftercare contacts made by letter to others
 0: no Aftercare letters 1: -- --
65. Date of first Follow-up contact made by letter to the student
 0: no Follow-up letters 1: -- / -- / --
66. Date of last Follow-up contact made by letter to the student
 0: no Follow-up letters 1: -- / -- / --
67. Number of Follow-up contacts made by letter to the student
 0: no Follow-up letters 1: -- --
68. Date of first Follow-up contact made by letter to others
 0: no Follow-up letters 1: -- / -- / --
69. Date of last Follow-up contact made by letter to others
 0: no Follow-up letters 1: -- / -- / --
70. Number of Follow-up contacts made by letter to others
 0: no Follow-up letters 1: -- --

Appendix H

Institutionalized Juvenile

Follow-up Form

INSTITUTIONALIZED JUVENILE FOLLOW-UP FORM

PLEASE ANSWER ALL QUESTIONS TO THE EXTENT POSSIBLE ABOUT THE FOLLOWING INDIVIDUAL:

1. Please check the appropriate response and provide the requested information.

___ Is currently being supervised through this office.

___ Was not supervised through this office because:

___ Case transferred to another DHS office: _____ *

___ Case supervised by JCO: _____ **
(indicate JCO name and office)

___ Case terminated at time of institutional discharge.

___ Other: _____

___ Was supervised through this office, but case has since been terminated/transferred on: _____ (date).
(circle one)

- If terminated, which of the following apply:

___ Services no longer needed.

___ Client aged out of DHS service system.

___ Other: _____

- If transferred, where to? _____ ***

* Please forward this survey to the appropriate DHS district office. Thank you.

** Please return this survey to us as soon as possible so we can forward it to the appropriate office. Thank you.

*** Please complete the remainder of this survey to reflect the client's situation while under your supervision, then please forward it to the appropriate office for additional information. Thank you.

2. Please list all non-placement services provided between the above-noted institution separation date and the current date (please indicate with an "*" if the service was related to substance abuse).

Service	Provider	Dates	Successfully Completed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please list all placement services provided between the above-noted institution separation date and the current date (please indicate with an "*" if the service was related to substance abuse).

Service	Provider	Dates	Successfully Completed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Did the client re-enroll in school after leaving the juvenile institution? _____ Yes _____ No

If yes, is the client presently enrolled or has he/she completed school? _____

5. Please check the appropriate response and provide the requested information.

Following the above-referenced institutional separation date:

_____ Client's ongoing use of drugs or alcohol was a service/supervision issue.

_____ Client continued to engage in delinquent acts.

_____ Client was subject of a CINA petition.

_____ Other court action occurred (e.g. termination of parental rights, waived to adult court, etc.): _____
