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ACQUISITIONS

AN ASSESSMENT OF THE SUBSTANCE ABUSE TREATMENT NEEDS OF THE INMATES OF IOWA'S CORRECTIONAL INSTITUTIONS

IOWA DEPARTMENT OF HUMAN RIGHTS
DIVISION OF CRIMINAL AND JUVENILE JUSTICE PLANNING
AND STATISTICAL ANALYSIS CENTER

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It should be noted that the inmates who submitted to assessment as part of this project did so on a voluntary basis, and their cooperation is hereby acknowledged.

Finally, it should also be noted that the aggregate data compiled, the analyses of those data and the opinions expressed in this report are those of the authors, and do not necessarily reflect the opinions or official positions of the Iowa Department of Public Health, the Iowa Department of Corrections or the Mid-Eastern Council on Chemical Abuse.

EXECUTIVE SUMMARY

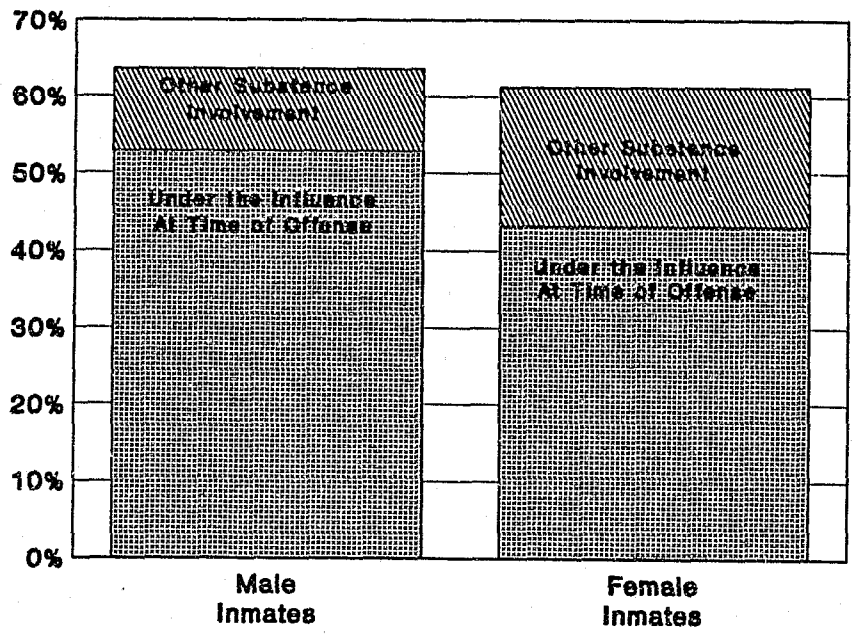
Project Overview

This research and demonstration project was undertaken by the Iowa Department of Corrections (DOC), the Iowa Department of Public Health (DPH), the Iowa Department Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP) and the Mid-Eastern Council on Chemical Abuse (MECCA) to determine to what degree substance abuse impacted the incarceration of inmates of correctional institutions under the control of DOC, to determine the level of substance abuse displayed by those inmates, and to determine the substance abuse treatment needs of those inmates.

Highlights of Findings

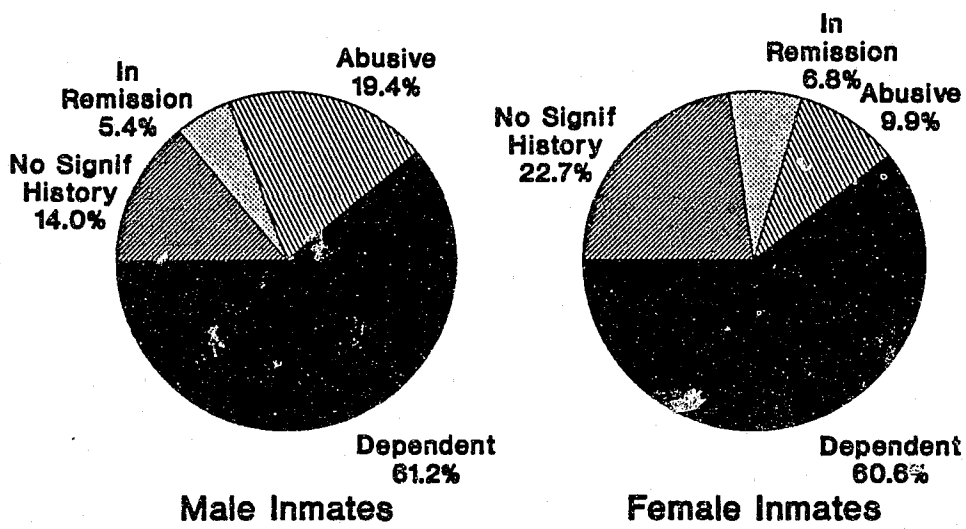
Based on the data collected as a result of this project, substance abuse appears to be a problem that has a major impact on the population of Iowa's prisons. The data in Figure ES-1 indicate that 63.6% of the male prison population, and 61.2% of the female prison population are currently incarcerated for an offense that is directly related to substance abuse, i.e., possession or delivery of a controlled substance, a theft or burglary committed in order to obtain money to purchase controlled substances, etc. The data also indicate that 52.9% of the male population, and 43.2% of the female population self-reported being under the influence of one or more substances at the time they committed the offense for which they were incarcerated.

Figure ES-1 **Role of Substance Abuse**
Newly Admitted Inmates



To determine the substance abuse treatment needs of Iowa's prison population in this project, participating agencies designed an assessment tool specifically designed to address the substance abuse history of the inmate. Assessments of a sample of newly admitted inmates were conducted by certified substance abuse counselors, who then made a substance abuse diagnosis as well as specific substance abuse treatment recommendations based on their assessments. Their findings indicate a substantially higher level of substance abuse and dependency within the inmate population than has been diagnosed by current classification procedures. As displayed in Figure ES-2, 61.2% of the male project population were diagnosed as dependent on one or more substances, with an additional 19.4% being diagnosed as abusive of one or more substances. In the female project population, 60.6% were diagnosed as dependent on one or more substances, with an additional 9.9% being diagnosed as abusive of one or more substances.

Figure ES-2 **Substance Abuse Status**
Newly Admitted Inmates

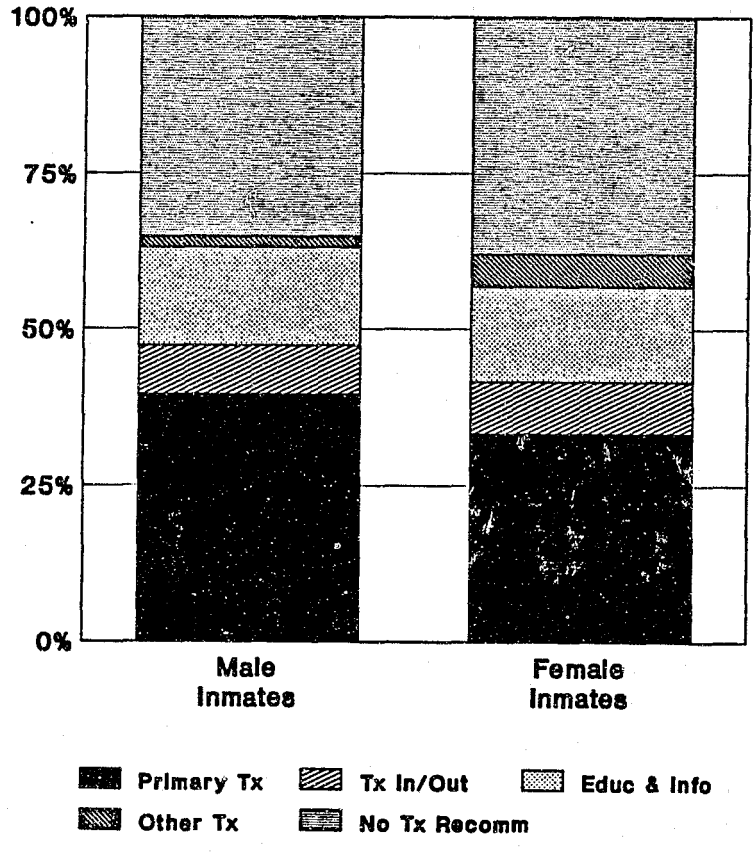


While past efforts have surmised, as did this research, that the vast majority of inmates have histories of substance use, the assessments provided by MECCA indicated that not all such inmates would benefit from substance abuse interventions while incarcerated. However, it was determined that over half (55%) of all newly admitted inmates should receive, and would benefit from, some form of substance abuse intervention while in prison.

Various forms of treatment, both within the institutional setting and after discharge from that setting, were recommended by the MECCA substance abuse counselors. While each of Iowa's prison facilities does have a licensed substance abuse treatment program, collectively these programs have the capacity to treat approximately 1 of every 22 inmates at any given time.

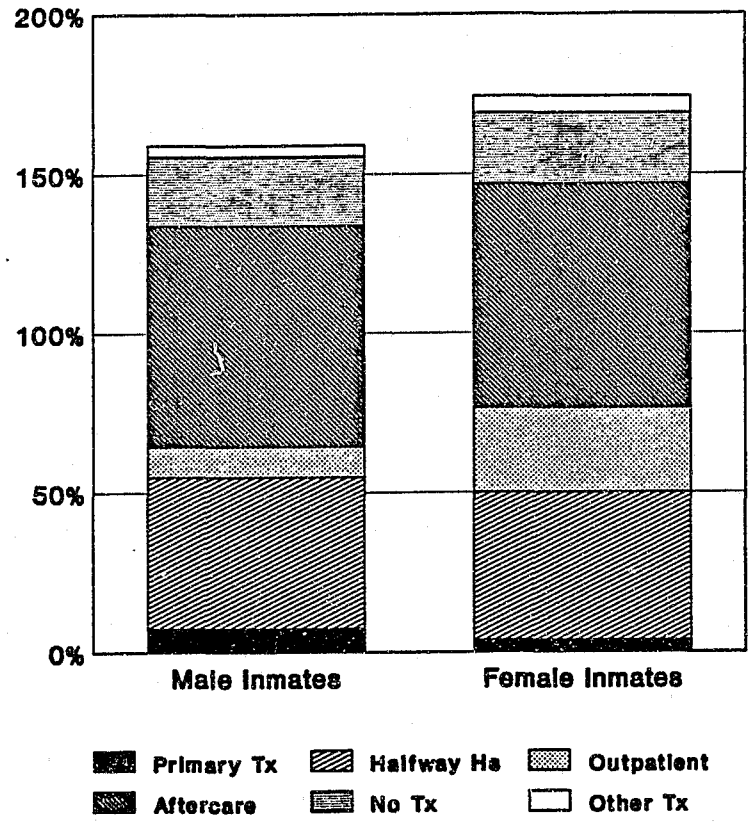
The assessments indicate, as shown in Figure ES-3, that the substance abuse counselors specifically recommended that over 9 of every 22 incoming inmates receive primary substance abuse while incarcerated, and that an additional 3 of every 22 incoming inmates were recommended for education and information services while in an institutional setting, due to the status of their substance abuse and their perceived receptiveness to treatment.

Figure ES-3 **Recommended Treatments During Incarceration, By Sex**



The assessments also indicated that the substance abuse counselors recommended that almost 80% of the project population receive some form of substance abuse treatment after discharge from the institutional setting. As shown in Figure ES-4, a substantial number of inmates were recommended for multiple substance abuse interventions after release from the institutional setting, with an approximate average of 1.5 programs being recommended for each inmate in the population.

Figure ES-4 Recommended Treatments Post-Incarceration, By Sex



Note: Total Exceed 100% Due To Multiple Treatment Recommendations

Implications

The results of this project clearly indicate that substance abuse is a significant factor affecting prison inmates. The identified level of need for substance abuse treatment in the prison population is higher than has been previously documented. To more fully identify the substance abuse treatment needs of the prison population on an on-going basis, DOC should consider the feasibility of modifying the current methodology utilized to classify and identify the program needs of newly admitted inmates. Further, the levels of substance abuse and treatment needs within the inmate population indicate a need for an examination of the level and use of substance abuse treatment resources currently available to inmates while in prison and, perhaps more importantly, those that are available to offenders under community supervision.

INTRODUCTION

The Iowa Department of Public Health (DPH) and the Iowa Department of Corrections (DOC) have long recognized that many of the individuals incarcerated within the Iowa prison system have substance abuse histories. DPH and DOC further recognize the fact that many of these incarcerated individuals have the need for substance abuse treatment. To help serve these treatment needs, each of Iowa's correctional institutions have established licensed substance abuse treatment programs. It should be noted, however, that the capacity of these treatment programs is relatively small in comparison to the size of the inmate population.

At the request of DPH and DOC, this research and demonstration project was undertaken through agreements between DPH's Division of Substance Abuse and Health Promotion; the Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning and Statistical Analysis Center (CJJP), DOC and the Mid-Eastern Council on Chemical Abuse (MECCA). All of the foregoing agencies participated in the project design, project planning and formulation of the project goals. Funding for the project was provided by DPH.

All agencies believed that the majority of the inmates of Iowa's penal institutions had histories of substance abuse, and that a substantial number of the inmates were in need of substance abuse treatment, even though a quantification of these histories and treatment needs was not available utilizing current DOC classification procedures. While acknowledging that current classification procedures detailed, to some degree, a relevant diagnosis of substance abuse history, it was agreed that these procedures did little to identify specific treatment needs, to recommend specific types of substance abuse treatment or to recommend when or where the treatment should be administered. It was further agreed that while the substance abuse diagnosis currently being made was useful in determining what substance abuse treatment may be appropriate for a given inmate, a more in-depth substance abuse and treatment history obtained from the inmate and evaluated by a certified substance abuse counselor would result in a more comprehensive depiction of the inmate's substance abuse history. This detailed history could then be utilized by the substance abuse counselor to determine the presence and level of substance abuse, and as the basis of specific recommendations as to what types of treatment should be administered, and when such treatments would ideally be administered to obtain maximum benefits.

PROJECT GOALS

The major goals of this research project were defined as follows:

1. Describe and quantify the number of Iowa prison inmates whose current incarceration was directly related to substance use, abuse or dependency.

2. Describe and quantify the extent of substance dependency, substance abuse and substance use of inmates in Iowa's prisons.

3. Describe and quantify the substance abuse treatment needs of inmates in Iowa's prisons.

4. Describe and quantify the post-institutional substance abuse treatment needs of inmates in Iowa's prisons.

CURRENT DOC SUBSTANCE ABUSE ASSESSMENT PROCEDURES

Under current DOC procedures, all offenders who are sentenced to be placed in the custody of the Director of the Iowa Department of Corrections are first assigned to the Iowa Medical and Classification Center (IMCC) at Oakdale, Iowa. There, each inmate undergoes testing designed to profile the individual in the many areas of concern to DOC, e.g., security risk level, physical and mental health status, etc. As part of this assessment process, each inmate is evaluated by a licensed psychologist. The result of this evaluation is reduced to writing and placed in the inmate's file. As part of this evaluation, the psychologist, utilizing the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, Revised (DSM-III-R) evaluation tool, makes a determination of certain aspects of the inmate's mental and physical health status by identifying such problems as personality disorders, substance abuse and the existence of problematic physical conditions. Based on the overall evaluation conducted at IMCC, the inmate is then assigned to the DOC facility that provides those educational programs, treatment programs and other activities that are deemed to most closely match the needs of the inmate, within the required security parameters.

The psychologist's substance abuse evaluation of the inmate is normally found in the DSM-III-R Axis I diagnosis of the psychologist's written report. Through the use of the DSM-III-R codes, the inmate's past and current use, abuse or dependence with regard to specific substances are detailed. Upon being transferred to another DOC facility subsequent to the evaluation at IMCC, the inmate's file is reviewed by the facility's staff. If warranted in the opinion of the staff, the inmate is then referred to the facility's substance abuse program staff for a more detailed evaluation of the inmate's substance abuse history and current need for substance abuse treatment. Based on the substance abuse treatment staff's findings, the desires of the inmate and the institution's treatment capacity, the inmate is either admitted to the substance abuse program, scheduled for admission to the program at a later date or determined to not be in need of, or not appropriate for, substance abuse treatment.

In August, 1993, the inmate population of Iowa's prisons stood at 4,752 persons. To serve the substance abuse treatment needs of this population, the capacity of the Luster Heights substance abuse treatment program, which serves the Anamosa facility, is 28; the Rockwell City program has a capacity of 20; the Clarinda program has a capacity of 57; the Mt. Pleasant facility has a capacity of 48, the Newton facility has a capacity of 28, the Ft. Madison facilities have a capacity of 12; and the Mitchellville facility has a capacity of 20. Thus there is a total of 213 licensed substance abuse treatment "beds" available to serve an inmate population of 4,752, or one "bed" for every 22.3 prison inmates. However, as will be seen later, not all inmates were deemed to be in need of a substance abuse treatment "bed" during their incarceration.

In addition to being relatively small in size, the licensed substance abuse treatment programs are also diverse in nature, utilizing a variety of treatment modalities. They vary in length and intensity, and are in some instances supplemented by non-licensed substance abuse education programs. Given the limited availability and diversity of these programs, DOC reports that they routinely do not take into account the specific nature of available substance treatment programs when making inmate assignments to specific facilities.

RESEARCH METHODOLOGY

In order to assess the substance abuse treatment needs of the Iowa prison population for this project, it was decided that certified substance abuse counselors would conduct an in-depth substance abuse assessment of inmates entering the Iowa prison system. It was believed that this would provide a more specific and detailed portrayal of the substance abuse treatment needs of persons entering the Iowa prison system. Prison admission data provided by DOC indicated that normally over 300 persons were admitted to the prison system through IMCC every month. Given the small female inmate population, and since almost all of the female inmates are assigned to one facility, it was decided to attempt to assess 100% of the female inmates undergoing classification at IMCC. After an analysis of the size of the male population entering the correctional system through IMCC and the assessment resources available for this project, it was determined that the in-depth assessment would be administered to a random sample of up to 20% of the male population being classified at IMCC. The assessments would be conducted on inmates being classified at IMCC between March 1, 1993 and August 30, 1993.

MECCA, which provides comprehensive substance abuse prevention and treatment services in the area in which IMCC is located, agreed to develop the detailed assessment tool that would be utilized during the project. A copy of the assessment tool is shown in Appendix "A". MECCA also provided the certified substance abuse counselors who conducted the assessments and made recommendations for substance abuse treatments for those inmates who were assessed under the project.

MECCA ASSESSMENT METHODOLOGY

MECCA began conducting the project assessments in early March, 1993. Soon after beginning the assessment process, the assessment tool was modified and expanded to allow for the compilation of a more complete portrayal of the substance abuse history for the inmates. In order to have complete information relative to the inmate available upon which to base their assessment, MECCA developed a selection procedure whereby they would select the inmates to be assessed from a pool of those inmates who had completed the classification process and were awaiting transfer to a new correctional facility. MECCA substance

abuse counselors would obtain the files for all female inmates and every fifth male inmate meeting the selection criterion as those individuals for whom the detailed assessments would be conducted. The inmate's files were then reviewed, and the assessments were conducted through one-on-one interviews. During the interview, the purpose of the interview and assessment were explained to the inmate. It was also made clear to the inmate that assessment participation on the part of the inmate was completely voluntary, and that if they chose to participate in the assessment, their responses would become part of their correctional file. MECCA reported that none of the inmates selected refused to participate in the assessment process.

In addition to the information collected during the assessment interview, MECCA received and reviewed inmate-specific information from DOC records. Based on their review of all available information, the MECCA counselors reached their conclusions on the historical and current status of the inmate's substance abuse. Based on these conclusions, the MECCA counselors recorded their treatment recommendations on the assessment form. After completing the assessment form, a copy was forwarded to CJJP for aggregate analyses. CJJP received 374 completed assessment forms from MECCA, representing 242 male inmates and 132 female inmates, which were utilized for analysis. DOC admissions data indicates that during the period of March 1, 1993 to August 31, 1993, 1679 males and 155 females were admitted to the prison population. Additional assessments conducted during the month of September, presumably of inmates admitted during the month of August, were received too late to be processed by CJJP and were not included in the database. The MECCA assessments utilized thus represented 14.41% of the newly admitted male inmate population and 85.16% of the newly admitted female inmate population. It should be noted that discussions with DOC indicated that given the assessment procedures utilized by MECCA, one group of inmates may have not been readily available to MECCA for assessment. DOC indicates that inmates from DOC violator programs often were at IMCC for only a few days, during which their records were updated. They were then transferred to another institution. Normally the MECCA staff would conduct the assessments two days per week, consequently a violator-inmate could enter IMCC, have their records updated, and be transferred to another institution between MECCA visits. While it cannot be documented how many violator-inmates were processed in such a manner, DOC E-1 reports indicate that during the period in which the assessments were conducted, 97 violator-inmates were admitted to IMCC, representing 5.29% of all admissions to IMCC.

CJJP METHODOLOGY

Upon receipt of the assessment forms, CJJP collected additional offender-specific data for each inmate who was the subject of a MECCA assessment. To obtain this data, CJJP utilized the Iowa Community Based Corrections information system (ICBC) and the Adult Corrections Information System (ACIS) maintained by DOC, and the computerized criminal history (CCH) records maintained by the Iowa Division of Criminal Investigation (DCI). This data, along with certain data from the MECCA assessment, were then entered into a computerized database designed by CJJP staff. (The datafields utilized and the coding for these datafields are shown in Appendix B.) This data were then subjected to various analyses utilizing dBase IV and SPSS PC

software. In part of its analysis, CJJP also utilized Iowa prison population information which is routinely published by DOC in the form of the Monthly Statistical Movement Summary, Series E-1 reports.

To collect non-offender-specific data thought to be useful in understanding the findings and usefulness of the assessments, CJJP staff also interviewed staff members of the licensed substance abuse treatment programs at the various state correctional institutions. The results of these interviews will appear later in this report.

Given the over-sampling of female inmates for whom assessments were completed, and the fact that almost all female inmates are assigned to the Iowa Correctional Institution for Women (ICIW) at Mitchellville, Iowa, where almost all educational and treatment programs for female inmates are administered, it was believed that the analysis of the representativeness of the project population in comparison to the general prison population must be achieved by making comparisons on the basis of sex. It was further believed that given these factors, the findings of the study should also be presented by the sex of the inmate, consequently this report will normally address findings relative to the male and female populations of both the project sample and the general prison population.

To assess the extent to which the study sample represented the general prison population, the male and female project populations were compared to the respective genders of the general prison populations on the basis of race, age at admission to the Iowa prison system, reading level and the type of county, rural or urban, from which the inmate was committed. These variables were subjected to a statistical "t test", with a confidence level of .01, to identify any significant difference between the general prison populations and the project populations. This testing revealed that there were no significant statistical differences between the female project population and the female general prison population, nor was there a significant statistical difference between the male project population and the male general prison population. It is therefore believed, with a 99% certainty level, that the male and female project populations are not significantly different from the male and female general prison populations based on the inmate characteristics tested.

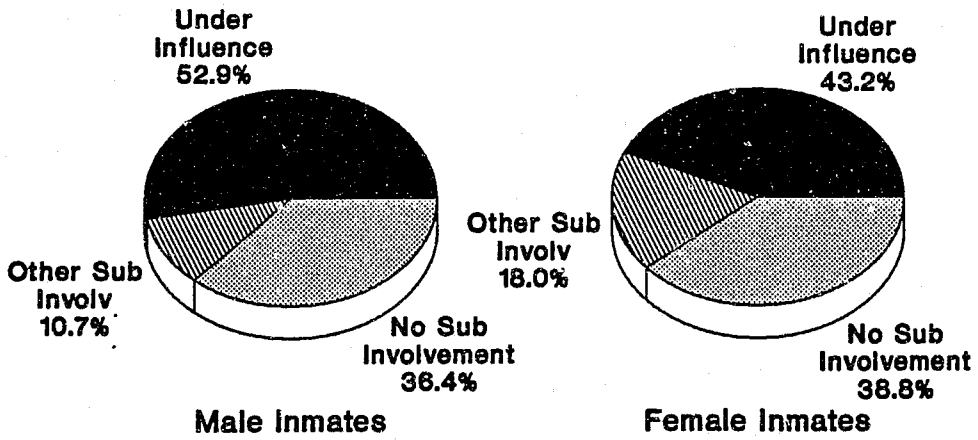
FINDINGS

THE ROLE OF SUBSTANCE ABUSE IN INCARCERATION

It was believed that the majority of both the female and male general prison population have some history of substance dependency or abuse. An analysis of the data was conducted to determine to what degree substance abuse played a role in the current incarceration of the inmate. For the project female population, the analysis revealed (See Figure 1) that at least 61.2% of the inmates were currently incarcerated for offenses that were related to substance abuse, i.e., the inmate was incarcerated for a substance related offense such as possession or delivery of controlled substances, the inmate reported being under the influence of one or more substances at the time the

Figure 1

Substance Abuse
Role In Incarceration Of
Newly Admitted Inmates



offense was committed, or the inmate reported committing the offense in order to obtain substances for use. The analysis also revealed that at least 43.2% of the female project population reported being under the influence of one or more substances at the time the offense for which they were currently incarcerated was committed. The analysis showed that substances played an even more prominent role in the incarceration of the male project population in that 63.6% of the male population was currently incarcerated for an offense that was related to substance abuse, and at least 52.9% of the male project population reported being under the influence of one or more substances when the offense for which they were currently incarcerated was committed. The data thus indicates that over 60% of the project population, both male and female, were currently incarcerated for an offense in which substances played a role.

CLASSIFICATIONS OF SUBSTANCE ABUSE STATUS

Through the assessment procedures, the project populations were classified into four different groups as relates to their current substance abuse status. The first group was comprised of those inmates who were diagnosed as being dependent on one or more substances. The second group was comprised of those inmates who were diagnosed as abusive of one of more substances. The third group was comprised of those inmates whose substance dependency or abusiveness was diagnosed as being in remission as indicted by their self-reported history of substance use and the period of time that they had remained abstinent from using substances. The final group was comprised of those inmates who were diagnosed as having no significant substance abuse related history by the MECCA counselors. The distribution of the project population, by sex, among these four categories is shown in Table 1.

Table 1 - Distribution of Project Population Among The Four Categories of Current Substance Dependency Status As Determined by MECCA, By Sex.

Current Status	Population Percentage Female	Male
Dependent On One Or More Substances	60.6%	61.2%
Abusive Of One Or More Substances	9.9%	19.4%
Substance Dependency or Abusiveness Currently In Remission	6.8%	5.4%
No Significant Substance Abuse History	22.7%	14.0%
TOTALS	100.0%	100.0%

Given the data portrayed in Table 1, it is clear that approximately 60% of the project populations were deemed to be dependent upon one or more substances by the MECCA counselors.

A comparison of the MECCA diagnoses was made to the substance abuse diagnoses contained in the DOC psychologist reports for the project populations. Those diagnoses are displayed in Table 2.

Table 2 - Distribution of Project Population Among The Four Categories of Current Substance Dependency Status, As Determined By DOC Intake Procedures, By Sex,

Current Status	Population Percentage Female	Male
Dependent On One Or More Substances	39.4%	34.7%
Abusive Of One Or More Substances	14.4%	29.8%
Substance Dependency or Abusiveness Currently In Remission	3.0%	2.9%
No Significant Substance Abuse History	28.0%	27.2%
Diagnosis Not Available	15.2%	5.4%
TOTALS	100.0%	100.0%

Based on comparison of the data, it is clear that the MECCA assessments identified a larger percentage of both the female and male project populations as being dependent on, or abusive of, substances than the current classification process utilized by DOC. There are several possible explanations for this fact, i.e., a possible bias on the part of the either or both the MECCA counselors and the DOC psychologists, or a difference in the extent and quality of substance abuse related data collected and reviewed through the different procedures. There are indications that the inmates viewed the MECCA counselors as not being part of DOC, and as a result, possibly gave the counselors more accurate information than had been given to DOC.

SUBSTANCE DEPENDENCY

Given that more than 60% of both the male and female population were classified as dependent on one or more substances, it was thought that to better understand the substance abuse treatment needs of the populations, the substances on which the inmates were dependent should be delineated. These dependencies are shown in Table 3.

Table 3 - MECCA Identified Substance Dependency of All Project Population Inmates Classified At IMCC

Substance Dependency	Female	Male
Alcohol	22.0%	43.4%
Amphetamine	2.3%	4.1%
Cannabis	10.6%	13.2%
Cocaine	27.3%	11.2%
Hallucinogen	0.0%	0.4%
Opioid	5.3%	3.4%
Polysubstance - Unspecified*	11.4%	8.7%

*Diagnosed as dependent on more than one substance by MECCA counselors, with the specific substances not defined.

SUBSTANCE ABUSIVENESS

It was also believed that a similar portrayal of substance abuse would be beneficial in explaining treatment needs. This data are shown in Table 4.

Table 4 - MECCA Identified Substance Abuse of All Project Population Inmates Classified At IMCC

Substance Abused	Female	Male
Alcohol	12.9%	16.9%
Amphetamine	5.3%	6.2%
Cannabis	12.1%	22.7%
Cocaine	5.3%	8.3%
Hallucinogen	0.8%	3.3%
Opioid	0.8%	0.0%
Inhalants	0.0%	1.2%

It should be noted that in each of these tables, an inmate may have been counted more than once if they were diagnosed as being dependent on more than one substance or as abusing more than one substance. It is also possible for an inmate to be included in both tables if they were diagnosed as dependent on one or more substances and abusive of one or more substances. A number of multiple dependencies did exist beyond those percentages classified as polysubstance dependent. In the male project population, 18.6% were diagnosed as dependent on two

specific substances, and 2.5% were diagnosed as dependent on three specific substances. In the female project population, 13.6% were diagnosed as dependent on two specific substances, and 3.0% were diagnosed as being dependent on three specific substances. It can then be concluded that 30.3% of the male project population, and 28.0% of the female project population were actually diagnosed as polysubstance dependent.

The data were also analyzed to disclose the relationship between diagnosed dependency and diagnosed abuse. In the male project population diagnosed as substance dependent, 14.0% also were found to be abusive of one substance, 6.6% were found to be abusive of two substances and 0.8% were found to be abusive of three substances. Of the female project population found to be substance dependent, 11.4% were found to be abusive of one substance, 5.3% were abusive of two substances and 1.5% were found to be abusive of three substances.

SUBSTANCE ABUSE TREATMENT HISTORIES

Given the large percentage of the project populations who were diagnosed as being substance dependent, substance abusive or having their substance dependency/abusiveness in remission, a review of the data was undertaken to determine to what extent the project populations had previously undergone substance abuse treatment. It should be noted that within this context, the concept of treatment was most likely not defined uniformly by the project population. What some inmates may have considered treatment may have been an educational or information program. Having previously experienced such interventions, and the resulting substance abuse behavior by the inmate after the interventions, was thought to have played a role in MECCA's determination that treatment had the potential for success. It was also believed that the number and recentness of such substance abuse interventions could have been a factor considered when the MECCA counselors formulated their treatment recommendations.

An analysis of the data was undertaken to disclose the number of inmate's past treatment episodes, the number of such treatments completed and the number of such treatments that had not been completed by dependency class and by sex. A summary of this analysis is as follows:

Figure 2 **Substance Dependent Females**
Previous Treatment Results

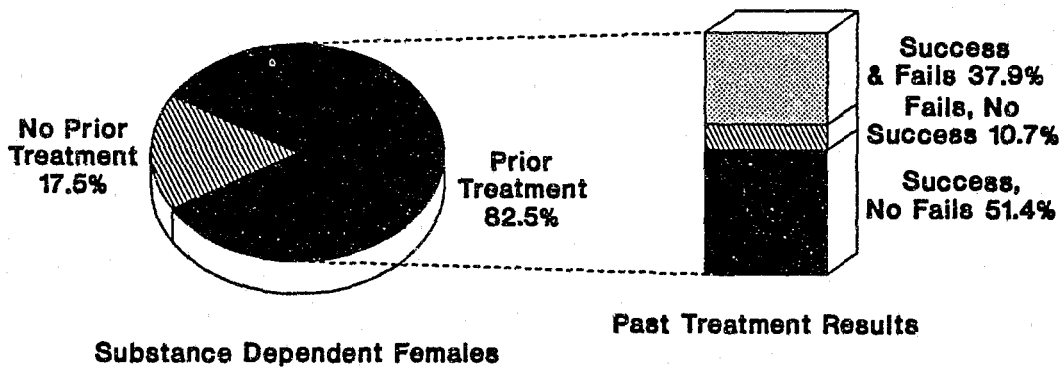


Figure 2 illustrates the prior treatment histories of the female project population classified as substance dependent.

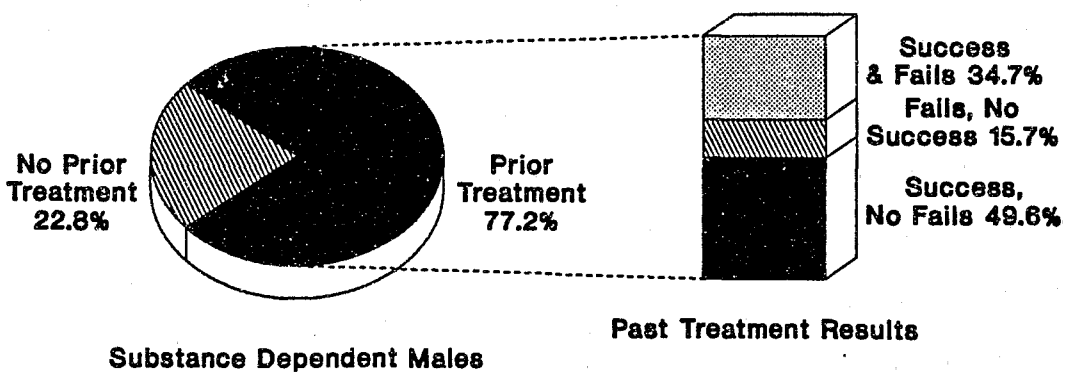
Of all dependent female inmates, 82.5% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. 51.4% reported successfully completing at least one substance abuse program, and not failing to complete any substance abuse programs they had attended. In this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 7, and the average number of treatment programs completed was 2.09.
2. 10.7% reported failing to complete at least one substance abuse treatment program, and not successfully completing any such programs. In this group, the minimum number of unsuccessful programs was 1, the maximum number of unsuccessful programs was 4, and the average number of unsuccessful programs was 2.29.
3. 37.9% reported both successfully completing and failing to complete substance abuse programs. In this group, the minimum number of substance abuse treatment programs successfully completed was 1, the maximum number of such treatment programs completed was 4, and the average number of such programs completed was 1.45. Also, this group reported that the minimum number of substance abuse treatment programs not successfully completed was 1, the maximum number of such programs was 3, and the average number of such programs was 1.45.

Figure 3 displays the prior treatment histories of the male project population classified as substance dependent.

Figure 3

Substance Dependent Males
Previous Treatment Results

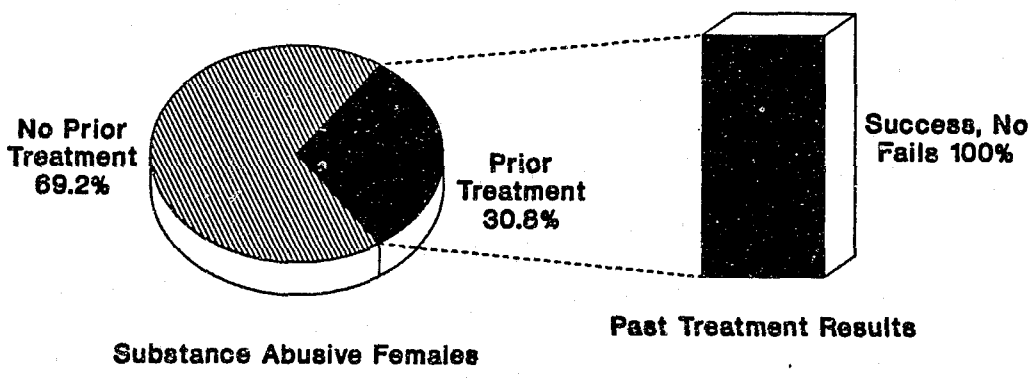


Of all dependent male inmates, 77.2% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. 49.6% reported successfully completing at least one substance abuse program, and not failing to complete any substance abuse programs. In this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 5, and the average number of treatment programs completed was 1.82.
2. 15.7% reported failing to complete at least one substance abuse treatment program, and not successfully completing any such programs. In this group, the minimum number of unsuccessful programs was 1, the maximum number of unsuccessful programs was 4, and the average number of unsuccessful programs was 2.29.
3. 34.7% reported both successfully completing and failing to successfully complete substance abuse programs. In this group, the minimum number of substance abuse treatment programs successfully completed was 1, the maximum number of such treatment programs completed was 4, and the average number of such programs completed was 1.45. Also, this group reported that the minimum number of substance abuse treatment programs not successfully completed was 1, the maximum number of such programs was 3, and the average number of such programs was 1.45.

Figure 4 displays the prior treatment histories of the female project population classified as substance abusive.

Figure 4 **Substance Abusive Females**
Previous Treatment Results



Of all abusing inmates, 30.8% reported attending at least one substance abuse treatment program. Of those attending treatment:

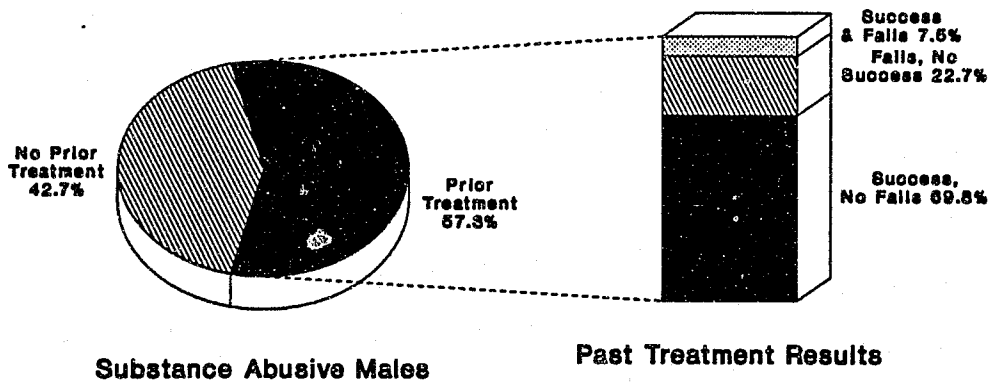
1. 100% reported completing at least one substance abuse treatment program, and not failing to complete any such programs. In this group, the minimum number of treatment

programs completed was 1, the maximum number of treatment programs completed was 3, and the average number of treatment programs completed was 1.50.

2. No members of this population group reported failing to complete a substance abuse treatment program in which they had participated.
3. No members of this population group reported both completing, and failing to complete, a substance abuse treatment program.

Figure 5 portrays the prior treatment histories of the male project population classified as substance abusive.

Figure 5 **Substance Abusive Males**
Previous Treatment Results



Of all abusing male inmates, 57.3% reported attending at least one substance abuse treatment program. Of those attending treatment:

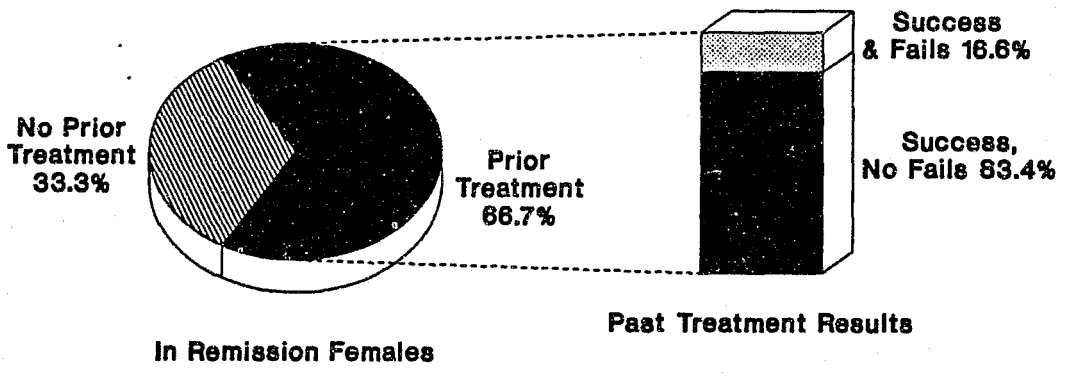
1. 69.8% reported successfully completing at least one substance abuse program, and not failing to complete any substance abuse programs. In this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 4, and the average number of treatment programs completed was 1.35.
2. 7.5% reported failing to complete at least one substance abuse treatment program, and not successfully completing any such programs. In this group, the minimum number of unsuccessful programs was 1, the maximum number of unsuccessful programs was 1, and the average number of unsuccessful programs was 1.00.
3. 22.7% reported both successfully completing and failing to complete substance abuse programs. In this group, the minimum number of substance abuse treatment programs successfully completed was 1, the maximum number of such treatment programs completed was 4, and the average number of programs completed was 1.83. Also, this group reported that

the minimum number of substance abuse treatment programs not successfully completed was 1, the maximum number of such programs was 14, and the average number of such programs was 2.33.

Figure 6 displays the treatment histories of the female project population classified as having substance dependency/abusiveness in remission.

Figure 6

In Remission Females
Previous Treatment Results



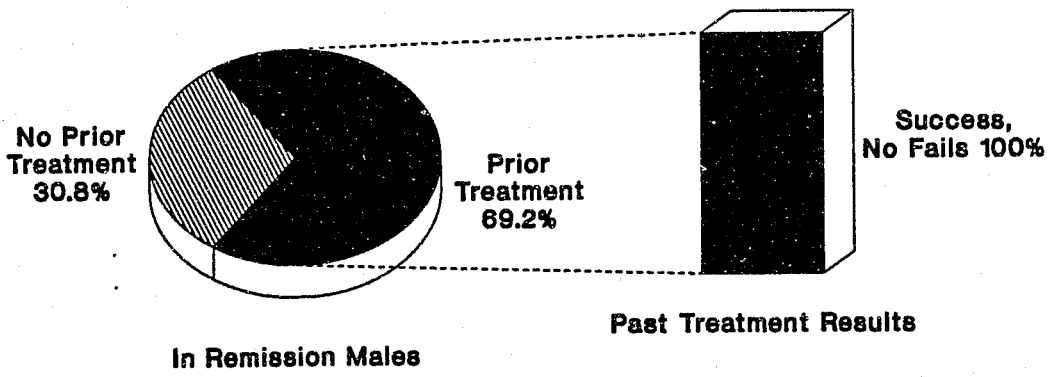
Of all female inmates in remission, 66.7% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. 83.4% reported successfully completing at least one substance abuse program, and not failing to complete any substance abuse programs they had attended. In this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 2, and the average number of treatment programs completed was 1.2.
2. None of this group reported failing to successfully complete a substance abuse program in which they had participated.
3. 16.6% reported both successfully completing and failing to successfully complete substance abuse programs. In this group, the minimum number of substance abuse treatment programs successfully completed was 1, the maximum number of such treatment programs completed was 1, and the average number of such programs completed was 1.0. Also, this group reported that the minimum number of substance abuse treatment programs not successfully completed was 1, the maximum number of unsuccessful programs was 1, and the average number of unsuccessful programs was 1.0.

Figure 7 portrays the prior treatment histories of the male project population classified as having substance dependency/abusiveness in remission.

Figure 7

In Remission Males
Previous Treatment Results



Of all male inmates in remission, 69.2% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. 100% of this population reported successfully completing at least one substance abuse treatment program without failing to complete any such programs. Within this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 4, and the average number of treatment programs completed was 2.33.
2. None of this population group reported failing to successfully complete a substance abuse treatment program in which they had participated.
3. None of this population group reported successfully completing at least one substance abuse treatment program and not successfully completing any such program in which they had participated.

Of all female inmates classified as having no significant substance abuse history, 10.0% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. 33.3% reported successfully completing at least one substance abuse program, and not failing to complete any substance abuse programs. In this group, the minimum number of treatment programs completed was 1, the maximum number of treatment programs completed was 1, and the average number of treatment programs completed was 1.0.
2. 33.3% reported failing to successfully complete at least one substance abuse treatment program, while not successfully completing any such programs. In this group, the minimum

number of unsuccessful programs was 1, the maximum number of unsuccessful programs was 1, and the average number of unsuccessful programs was 1.0.

3. 33.3% reported both successfully completing and failing to complete substance abuse programs. In this group, the minimum number of substance abuse treatment programs successfully completed was 1, the maximum number of such treatment programs completed was 1, and the average number of such programs completed was 1.0. Also, this group reported that the minimum number of unsuccessful substance abuse treatment programs was 1, the maximum number of unsuccessful programs was 1, and the average number of unsuccessful programs was 1.0.

Of all male inmates classified as having no significant substance abuse history, 8.8% reported attending at least one substance abuse treatment program. Of those attending treatment:

1. None of this population group reported completing at least one substance abuse program that they had attended.
2. 66.7% reported failing to successfully complete at least one treatment program, while not successfully complete any such program. For this group, the minimum number of unsuccessful treatment programs was 1, the maximum number of such programs was 2, and the average number of unsuccessful treatment programs was 1.5.
3. 33.3% reported failing at least one substance abuse treatment program, while successfully completing at least one such program. Of this group, the minimum number of unsuccessful programs was 1, the maximum number of unsuccessful programs was 1, and the average number of such programs was 1.0. The minimum, maximum and average number of programs were identical for the number of substance abuse programs successfully completed.

Based on these analyses, it can be seen that 61.76% of the project population has previously participated in at least one substance abuse treatment program, with 62.81% of the males and 59.85% of the females reporting such participation.

Treatment Alternatives to Street Crimes (TASC) Program Participation

During the treatment programs' analyses it was observed that a substantial portion of both the female and male project populations had a history of prior supervision by one of the state's district departments of correctional services, or Community Based Corrections (CBC). One of the CBC programs designed to effect substance abuse problems is the Treatment Alternates to Street Crimes (TASC) program, which provides special assessment and case management services to supervised offenders. Analysis of the project populations' prior contacts with CBC and the TASC program are shown in Table 5.

Table 5 - Project Population's Prior Involvement With CBC Programs and the TASC Program

	Male Population	Female Population
Prior Supervision in CBC	48.3%	54.5%
Prior Participation in TASC	5.4%	13.6%
TASC Participation Immediately Prior To Current Incarceration	2.9%	8.3%
Successful Completion of TASC	0.0%	0.0%

It is noteworthy that none of the project population, either female or male, had successfully completed the TASC program, which reported a successful program completion rate at 55.7% for the 1992 State fiscal year. That no inmates were identified in the project population as having successfully completed a TASC program may be seen as indicating that upon successful completion of the TASC program, offenders are not likely to be re-incarcerated.

SUBSTANCE ABUSE TREATMENT NEEDS OF PROJECT POPULATION

One of the major goals of this project was to describe the substance abuse treatment needs of the prison population entering the Iowa correctional system through IMCC, based upon the assessments and recommendations made by the MECCA substance abuse counselors. As shown on the MECCA assessment form, the counselor's recommendations were centered on two issues, those being what form of treatment should the inmate participate in and at what point in the correctional process should that treatment be administered.

The inmate's recommended participation in substance abuse treatment was divided into two specific timeframes and environmental settings and one indeterminate timeframe and environmental setting. The two specific timeframes and settings were: 1) while the inmate was incarcerated at a DOC institution and, 2) after the inmate had been discharged from a DOC institution. An indeterminate timeframe and setting was recommended by MECCA when they indicated treatment should be provided either while in a DOC institution, or after discharge, with no preference stated. This recommendation was made when, in the opinion of the MECCA counselor, the timeframe and environmental setting in which the primary substance abuse treatment was administered would have little, if any, impact on the probable success of that treatment.

Within each of these categories, recommendations were made as to the type of treatment the inmate should receive. The alternatives for treatment within the institutional setting were primary substance abuse treatment, education and information, other treatments or programs (not directly related to substance abuse) and no treatment.

Recommend Institutional Substance Abuse Treatments

Table 6 summarizes the institutional substance abuse treatments recommended by the MECCA counselors according to the inmate's sex.

Table 6 - Recommended Institutional Substance Abuse Treatments, By Sex of Inmate

Institutional Treatments Recommended	Male Inmates	Female Inmates
Primary Substance Abuse Treatment In the Institution	37.60%	33.33%
Primary Substance Abuse Treatment In the Institution Or After Discharge	7.44%	8.33%
Education and Information	14.88%	15.15%
Other Treatments or Programs	1.65%	8.33%
No Institutional Treatment Recommended	38.43%	37.88%

Note: Total For the Female Population Does Not Equal 100% Due To Multiple Recommendations For Four Inmates

In order to portray a more detailed picture of the recommended treatments for the different categories of substance abuse diagnoses, further analyses of the database were conducted. The results of these analyses are shown in Figures 8 and 9 below.

Figure 8 Recommended Institutional Treatments
Substance Dependent & Abusive Inmates, By Sex

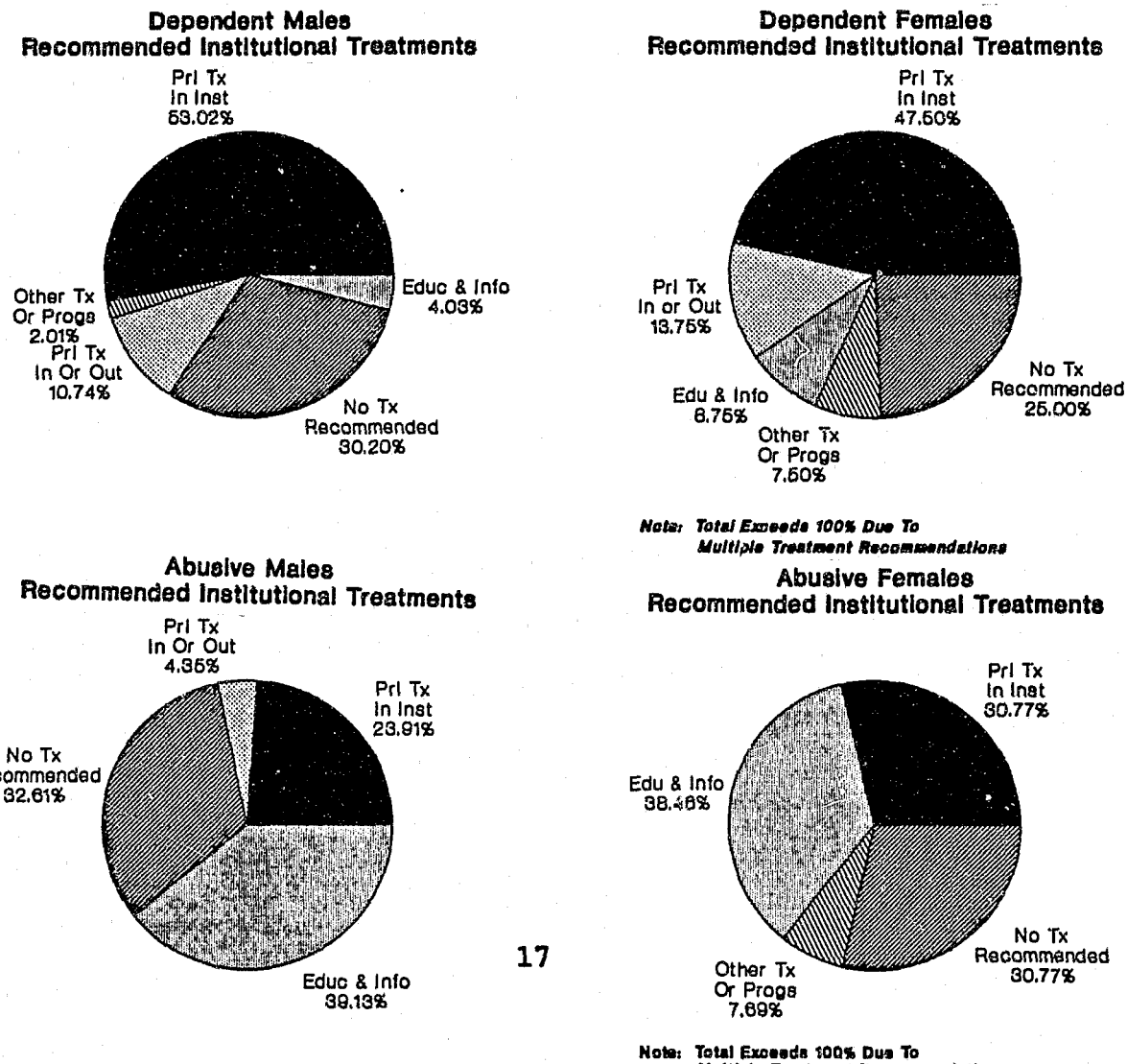
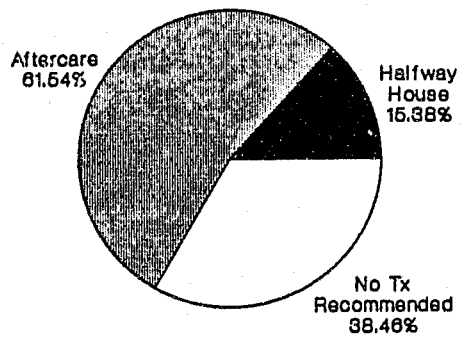


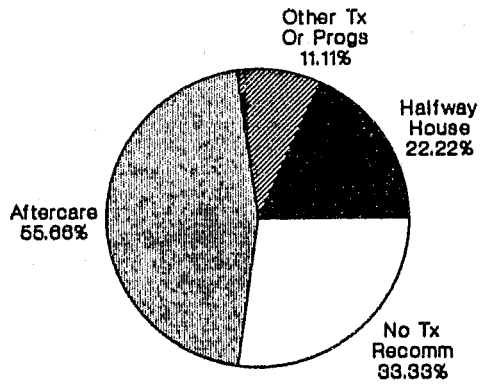
Figure 9 Recommended Institutional Treatments
In Remission & No Significant History Inmates, By Sex

In Remission Males
Recommended Post-Institutional Treatment



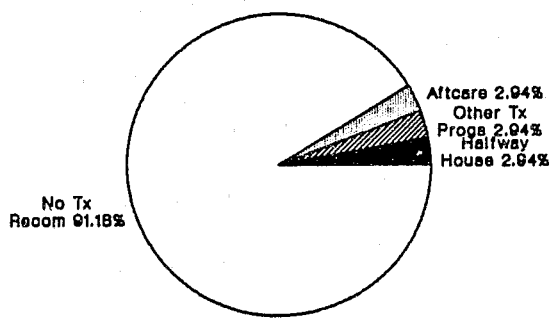
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

In Remission Females
Recommended Post-Institutional Treatment



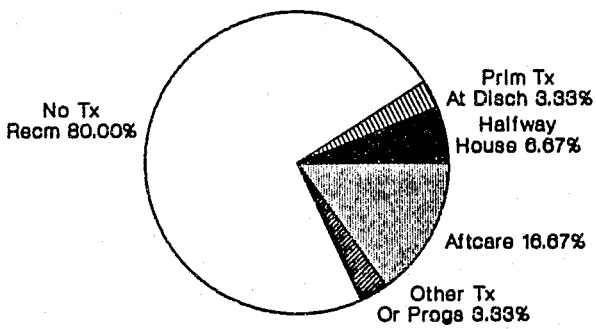
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Significant History Males
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Significant History Females
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Institutional Treatment Recommendations - Substance Dependent Inmates

In reviewing Figure 8, it can be seen that even though this portion of the project population was diagnosed as substance dependent, 25% of the female population, and 30.2% of the male population so diagnosed had no institutional substance abuse treatment recommended by the MECCA counselors. Further analyses of the data provided in the MECCA assessments were conducted to determine the reasons for this lack of recommended substance abuse treatments. These analyses disclosed that of the dependent females not recommended for treatment within the institution, the MECCA counselors believed that 75% had participated in either so many previous substance abuse treatment programs, or in a substance abuse treatment program so recently that substance abuse treatment while at the institution would likely not be effective. Also, 10% of the inmates diagnosed as dependent with no recommendation for treatment while in the institution had indicated their refusal to participate in such a treatment program, 5% displayed anti-social behavior to the degree that they would not be able to effectively utilize the treatment, and for the remaining 10%, the reason for not recommending institutional treatment was not clear to CJJP.

Analyses of the data concerning dependent males not recommended for treatment within the institution revealed that 62.2% had participated in either so many previous substance abuse treatment programs, or in a substance abuse treatment program so recently that substance abuse treatment while at the institution likely would not be effective. In an additional 11.1% of the cases, the counselors questioned the inmate's self-reported data, and appeared to have concluded that the questionable information represented a refusal to knowingly participate in a treatment program by the inmate. In a further 4.4% of the cases, although technically being classified as being substance dependent, the MECCA counselors determined the individual to have been in a valid substance abuse remission, although for only for a short period of time. In an additional 4.4% of the cases, the individual was believed to have lied about their substance abuse history, again representing an implied refusal to participate in a treatment program. An additional 4.8% of the cases were equally divided among two reasons, both of which indicated a lack of ability on the part of the inmate to utilize the treatment given due to mental problems, and in the remaining 2.4% of the cases, the counselors believed that the inmate's sentence was too short to complete the treatment program before discharge from the institutional setting.

Institutional Treatment Recommendations - Substance Abusive Inmates

A further review of Table 8 discloses that although diagnosed as being substance abusive, over 30% of substance abusive male and female inmates were not recommended for institutional substance abuse treatment. Further analyses of the assessment data indicated that for the substance abusive females not recommended for institutional treatment, the MECCA counselors believed that 25% had participated in either so many previous substance abuse treatment programs, or in a substance abuse treatment program so recently, that substance abuse treatment in the institution would likely not be effective. In an another 25% of the cases, the counselor appeared to believe that the inmate, although technically classified as substance abusive, did not have a substance abuse history extensive enough to warrant treatment. In the remaining 50% of the cases, no reason was apparent to CJJP for not recommending institutional treatment.

With regard to the substance abusive males who were not recommended for institutional substance abuse treatment, the MECCA counselors believed that 66.7% had participated in either so many previous substance abuse treatment programs, or in a substance abuse treatment program so recently that substance abuse treatment in the institution would likely not be effective. An additional 13.3% of the inmates refused to participate in a treatment program. For a further 6.7% of this population, the counselor appeared to believe that the inmate, although technically classified as substance abusive, did not have a substance abuse history extensive enough to warrant treatment. An additional 6.7% of this population denied or minimized their substance abuse history, thereby constructively refusing to participate in treatment. In the remaining 6.7% of the cases, no reason was clear to CJJP for not recommending institutional treatment.

Institutional Treatment Recommendations - Substance Dependency or Abuse In Remission Inmates

In reviewing Figure 9, it can be seen that a substantial number of female inmates classified as having their substance abuse in remission were recommended for institutional substance abuse education and information services. Additional analyses of this data indicated that although 33.3% of these females were believed to be in valid remission, MECCA appeared to believe that follow-up was needed to help insure a successful continuation of the remission. The analyses also showed that 11.1% of the population were believed to have lied about their remission status, thereby indicating the need for further treatment; 22.2% had a remission status of such short duration that additional treatment was indicated to help insure continued successful remission; 11.1% appeared to require additional treatment due to personal issues; and no reason was indicated by MECCA in recommending additional treatment or education and information services for the remaining 22.2% of the population.

Institutional Treatment Recommendations - Inmates With No Significant Substance Abuse History

From a further review of Figure 9, it appears that for a large percentage of the male inmates classified as having no significant substance abuse history, some form of institutional substance abuse intervention was recommended. Further analyses of these cases indicated that MECCA appeared to believe that 41.7% of this group had minimized their substance abuse history, thereby indicating the need for some form of intervention; an additional 41.7% of this group had a minimal substance abuse history and were thought to need some form of intervention to prevent further substance abuse; 8.3% of this group had requested treatment, and no reason was indicated for recommending treatment in the remaining 8.3% of the population.

Post-Institutional Treatment Recommendations

In place of, or in conjunction with, the institutional substance abuse treatment recommendations, the MECCA counselors also recommended certain intervention for inmates upon discharge from the institutions. The alternatives for such intervention after discharge were primary substance treatment, halfway house, outpatient substance abuse treatment, aftercare, other treatment/programs not directly related to substance abuse or no treatment. A summary of the post-institutional treatment recommendations is show in Table 7.

Table 7 - Recommended Post-Institutional Treatments By Sex of Inmate

	Male Inmates	Female Inmates
Primary Substance Abuse Treatment Administered After Discharge	7.4%	3.7%
Halfway House (Substance Abuse Specific)	47.9%	46.2%
Outpatient	9.5%	26.6%
Aftercare	69.4%	70.5%
No Treatment	21.9%	22.0%
Other Treatment(s)/Program(s)	3.3%	5.3%

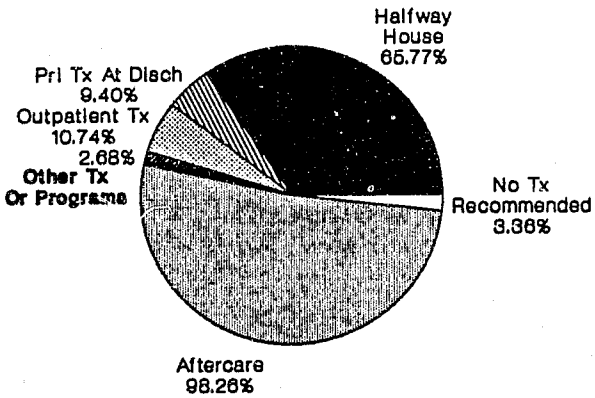
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

A more detailed depiction of the recommended post-institutional substance abuse treatments for the four substance abuse categories as recommended by MECCA is shown in Figures 9 and 10.

In reviewing the MECCA recommendations for post-institutional treatment, a substantial number of interventions are recommended for both the male and female populations even though they are classified as having their dependency or abusiveness in remission. Further analyses indicated that in the female population, of those recommended for treatment, MECCA appeared to believe that 37.5% were in valid remission but still in need of additional treatment, 25% provided false data upon which the diagnosis of substance abuse remission was based, 12.5% had a very short remission history, and no reason was indicated as to why treatment was recommended in the remaining 25% of the cases. In the male population, of those recommended for treatment, MECCA appeared to believe that 30% were in valid remission but still in need of additional treatment, 20% were thought to have such an extensive substance abuse history that they were still in need of additional treatment, 30% had achieved remission through a recently completed treatment program and were in need of additional treatment as a form of reinforcement, and 20% had requested additional treatment.

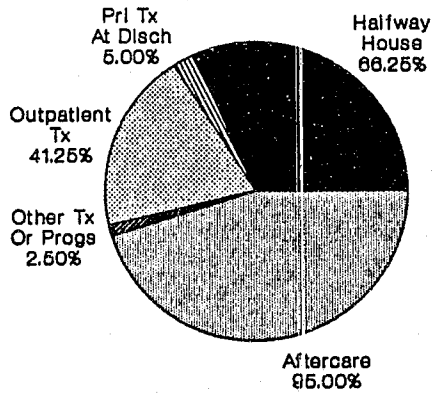
Figure 10 Recommended Post-Institutional Treatments
Substance Dependent & Abusive Inmates, By Sex

Dependent Males
Recommended Post-Institutional Treatment



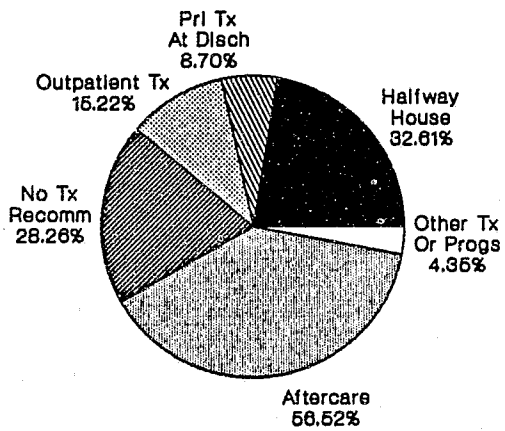
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Dependent Females
Recommended Post-Institutional Treatment



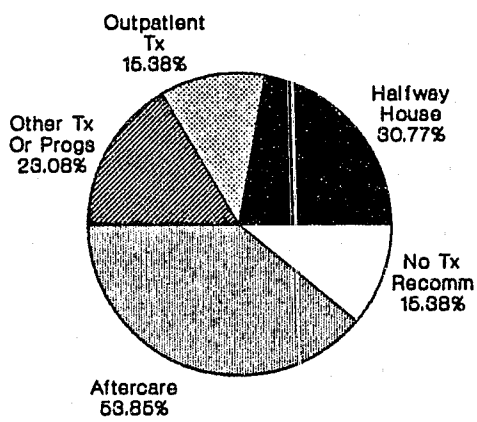
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Abusive Males
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

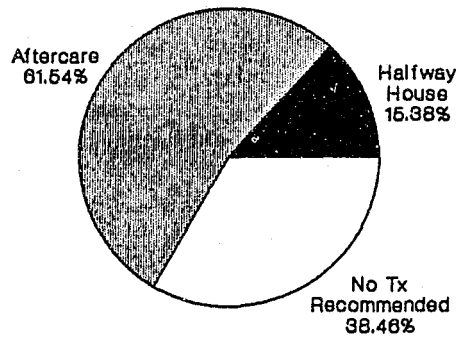
Abusive Females
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

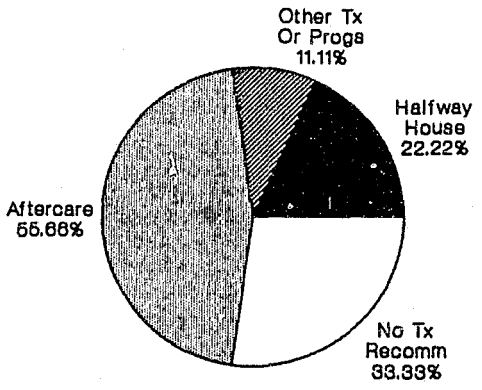
Figure 11 Recommended Post-Institutional Treatments
In Remission & No Significant History Inmates, By Sex

In Remission Males
Recommended Post-Institutional Treatment



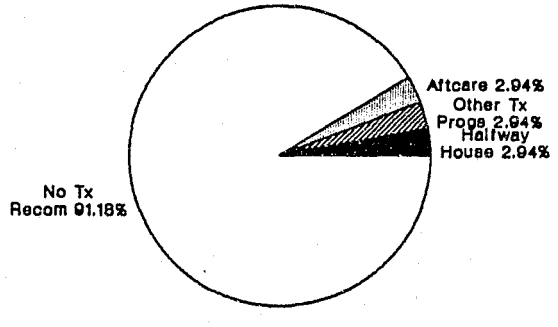
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

In Remission Females
Recommended Post-Institutional Treatment



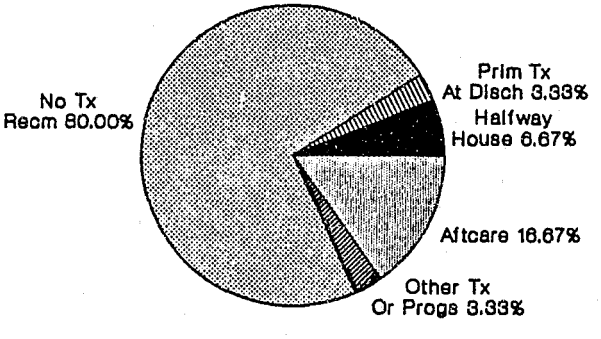
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Significant History Males
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Significant History Females
Recommended Post-Institutional Treatment



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

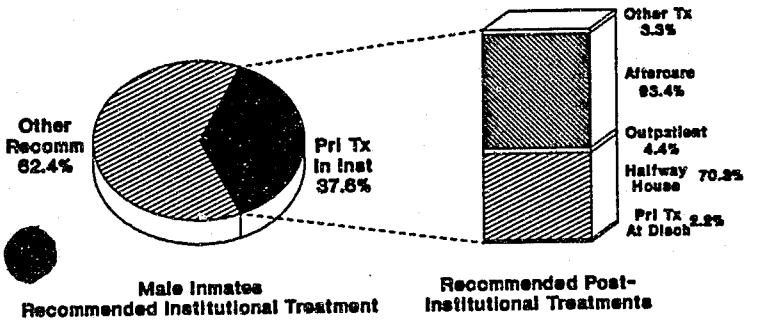
Relationships Between Recommended Treatments

In order to document the inter-relationship, if any, between institutional and post-institutional treatments recommended by MECCA, additional analyses of the data were conducted. The data indicated, for example, that if primary substance abuse treatment was recommended in the institutional setting (or in the institutional setting or at discharge), in each case additional post-institutional treatments were recommended. A summary of the relationships between the institutional and post-institutional treatment recommendations are illustrated in Figure 12 below:

Relationship Between Recommended Institutional And Recommended Post-Institutional Treatments By Sex Of Inmate

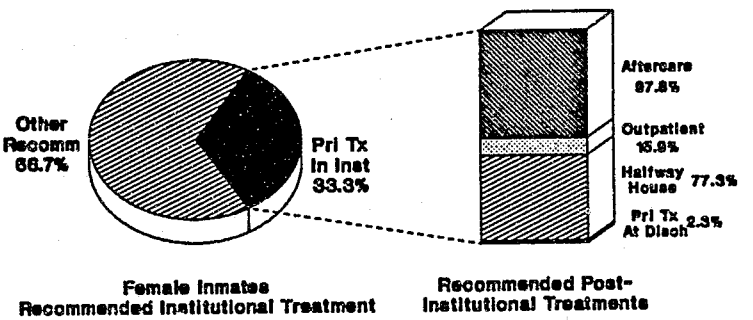
Figure 12

Primary Substance Abuse Treatment In Institution - Male Inmates



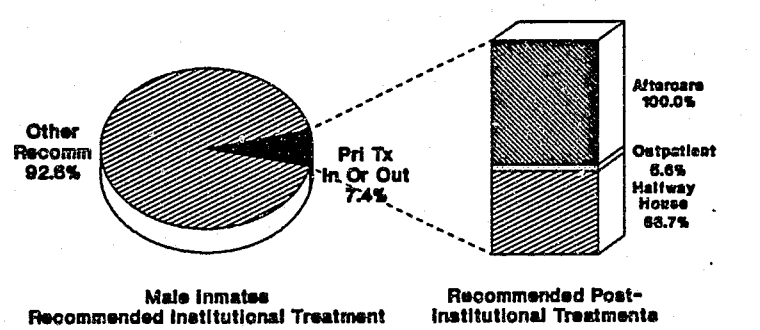
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Primary Substance Abuse Treatment In Institution - Female Inmates



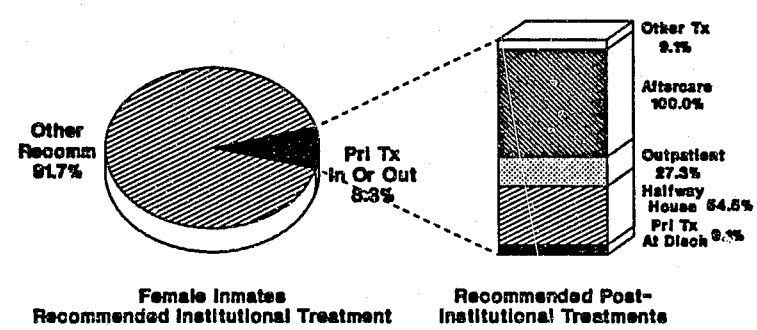
Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Primary Substance Abuse Treatment In Or Out Of Institution - Male Inmates



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

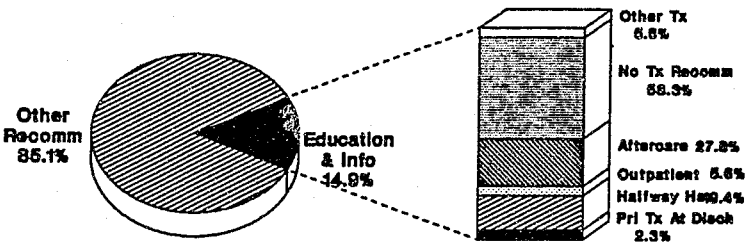
Primary Substance Abuse Treatment In Or Out Of Institution - Female Inmates



Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Figure 12 (continued)

Education & Information Services In Institution - Male Inmates

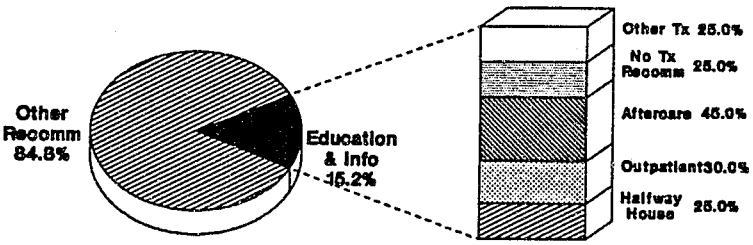


Male Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Education & Information Services In Institution - Female Inmates

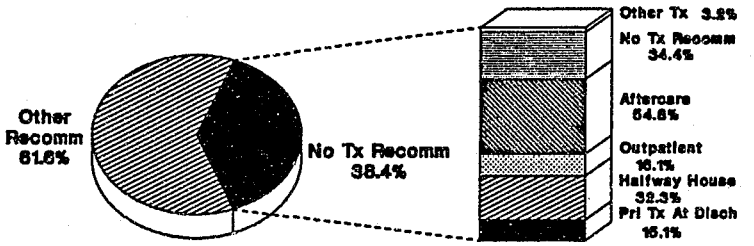


Female Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Treatment Recommendations In Institution - Male Inmates

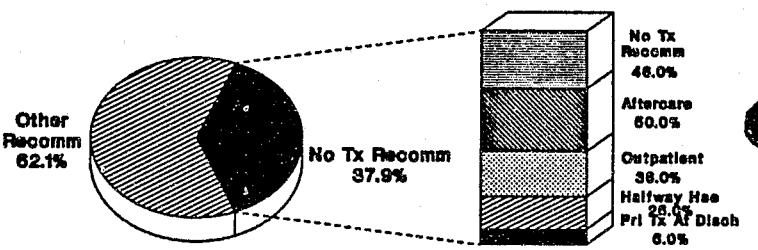


Male Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

No Treatment Recommendations In Institution - Female Inmates

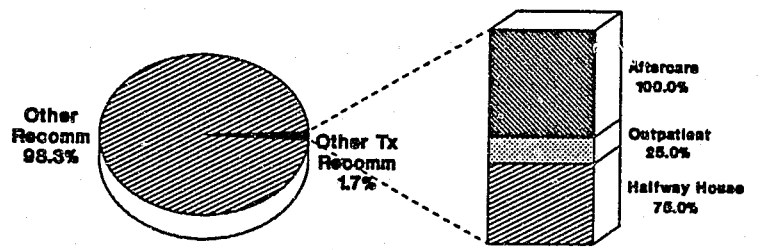


Female Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Other Treatment Recommendations In Institution - Male Inmates

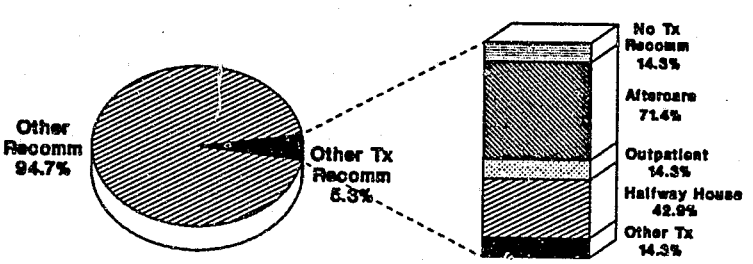


Male Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

Other Treatment Recommendations In Institution - Female Inmates



Female Inmates Recommended Institutional Treatment

Recommended Post-Institutional Treatments

Note: Totals Do Not Equal 100% Due To Multiple Treatment Recommendations

It is evident that a substantial amount of substance abuse treatment has been recommended by MECCA for the post-institutional setting. For each member of the project population, regardless of substance abuse classification, .628 institutional treatment programs were recommended, and 1.428 post-institutional treatment programs were recommended, or more than two post-institutional treatments for each institutional treatment recommended. It should also be noted that these post-institutional recommendations were premised on the recommended number of institutional treatments being administered. Should inmates not receive such recommended institutional treatments, it would seem likely that significantly more post-institutional treatments would be recommended.

ABILITY OF THE INMATES TO UTILIZE SUBSTANCE ABUSE TREATMENTS

As part of the substance abuse treatment assessment, consideration was given to the client's perceived ability to utilize treatment at the time of the assessment. In order to portray the ability of the project population to utilize the treatments recommended by the MECCA counselors, an analysis was made of two database variables. The first variable analyzed was the opinion of the MECCA counselor of the ability of the inmate to utilize treatment. This variable was represented by a number on a scale of 1 to 3, with 1 equaling a low ability to utilize treatment, 2 equaling an average ability to utilize treatment and 3 equaling a high ability to utilize treatment. An analysis of the variable revealed that in those cases where this variable had a known value, the average score for the male population was 1.85, and the score for the female population was 1.93, thus indicating a just slightly below average ability on the part of the entire project population to utilize the treatments administered.

A second factor that has the potential for affecting the ability of the inmates to utilize the treatment administered is that of psychological problems displayed by certain inmates. As stated previously, part of the classification process at IMCC involves each inmate being evaluated by a licensed psychologist, who records their DSM-III-R diagnosis in the inmate's file. Axis II of the DSM-III-R is utilized to identify the diagnosis of psychological traits displayed by the inmate, some of which could adversely affect the ability of the inmate to utilize substance abuse treatment.

An analysis of the DSM-III-R Axis II diagnosis for the project population is displayed below in Table 8.

Table 8 - DSM-III-R Axis II Diagnoses of Project Population, By Sex

Psychological Diagnosis	Female Population	Male Population
Diagnosis Unknown	15.2%	5.4%
No Diagnosis Indicated	14.4%	6.6%
Deferred Diagnosis	8.3%	10.7%
Antisocial Personality Disorder	44.7%	66.1%
Personality Disorder NOS#	12.9%	3.3%
Borderline Intellectual Functioning	5.3%	3.7%
Developmental Reading Disorder	0.0%	1.7%
Dependent	1.5%	0.0%
Avoidant	0.0%	0.8%
Paranoid	0.0%	0.8%
Schizoid	0.0%	0.4%
Obsessive Compulsive	0.8%	0.0%
Histronic	0.8%	0.0%
Disorganized Schizophrenia	0.0%	0.4%
Borderline	0.8%	0.4%
Adjustment Disorder w/Depression	2.3%	0.8%
Mild Mental Retardation	0.8%	1.2%
Bipolar Disorder NOS#	0.4%	0.0%
Conduct Disorder NOS#	0.0%	1.2%
Pyromania	0.8%	0.0%
Schizotypal	0.0%	0.4%
Paranoid Schizophania	0.8%	0.4%
Developmental Arithmatic Disorder	0.0%	0.4%
Organic Personality Disorder	0.0%	0.4%
Passive Aggressive	2.3%	0.0%
Dysthymia	0.8%	0.0%
Uncomplicated Alcohol Withdrawal	0.0%	0.4%

NOS = Not Otherwise Specified
Note: Totals Do Not 100% Due to Multiple Diagnoses

It was the opinion of MECCA that while the display of any of these traits had the potential to effect the treatments administered and consequently the treatment recommendations, it was only in those cases where an abnormal trait was displayed to an extreme degree that potential existed to exclude the inmate from a recommendation of treatment. An example given by MECCA involved the display of anti-social personality disorder, the most common abnormal trait found in the project population. The display of this trait, depending on the degree, may result in the recommendation that treatment be administered in the institutional setting where such behavior can be more readily controlled as opposed to a post-institutional setting, but only in the case of an extreme display of this trait would the inmate not be recommended for treatment, if it was otherwise warranted. This appears to be a valid observation in that the data indicates that while 58.6% of the project population display the abnormal trait of anti-social personality disorder, only 0.5% were excluded from a treatment recommendation because of the display of this trait.

ABILITY OF DOC TO ADMINISTER SUBSTANCE ABUSE TREATMENT

As previously indicated, DOC currently has in operation licensed substance abuse programs at all of the prison locations within the state. While the specific content of the substance abuse program varies from location to location, most are relatively small in size, and are staffed by a small number of substance abuse counselors. With small programs, and large numbers of inmates in need of substance abuse treatment, long waiting lists are the norm for inmates awaiting substance abuse treatment in most institutions. In one institution, a substance abuse counselor reported approximately 700 inmates on the waiting list for substance abuse treatment.

The large number of inmates needing substance abuse treatment is only one factor in the ability of DOC to provide that treatment. The second factor is the amount of time within which DOC has to provide that treatment if it is recommended that the treatment occur while the inmate is in an institutional setting. It has been previously shown that 51.24% of the male project population and 50.0% of the project female population were recommended to receive some form of substance abuse intervention while in the institutional setting. To gain a better understanding of the amount of time available to administer substance abuse treatment within an institutional setting, the records for those of the project population for whom that recommendation was made were examined. The offenses for which they were sentenced and the length of that sentence were then compared to Parole Board data indicating the average length of time served for specific offenses before parole. The results of this analysis for those cases in which a comparison was possible are shown below in Table 9 and Table 10.

Table 9 - Estimated Length of Incarceration Prior to Parole, When Known, For Male Project Population For Whom Some Form of Substance Abuse Treatment While In An Institutional Setting Was Recommended.

Percentage Of Male Population	Estimated Length Of Incarceration
1.0%	0.67 Years
10.1%	0.77 Years
47.5%	1.34 Years
36.4%	3.03 Years
1.0%	6.17 Years
3.0%	7.47 Years
1.0%	9.25 Years

Table 10 - Estimated Length of Incarceration Prior to Parole, When Known, For Female Project Population For Whom Some Form of Substance Abuse Treatment While In An Institutional Setting Was Recommended.

Percentage Of Female Population	Estimated Length Of Incarceration
25.0%	0.65 Years
26.9%	1.47 Years
46.2%	2.57 Years
1.9%	6.17 Years

It can be seen that almost 90% of the male population for whom some form of substance abuse treatment was recommended in an institutional setting will have an estimated length of incarceration of 1.34 years or more in which to receive that treatment. For the female population recommended for treatment while in the institution, almost 75% could be expected to be incarcerated for about a year and a half, or more.

USE OF MECCA ASSESSMENTS IN THE DOC SYSTEM

Since centralized, in-depth substance abuse assessments and recommendations for specific treatments for inmates within the DOC system were new concepts, CJJP solicited input from DOC institutional substance abuse counselors about the centralized assessment/treatment recommendation process, including the assessment tool utilized to detail the substance abuse histories and record the recommended substance abuse treatments. CJJP staff interviewed certified substance counselors at all DOC institutions. All of the interviews were conducted during the month of September, 1993. During the interviews, staff briefly described the purpose of the project. Staff also inquired as to counselor's impression of the evaluation/recommendation form, and what use, if any, the institution's substance abuse program(s) made of the assessments. The general findings were classified as to the sex of the inmate, and are presented below.

Institutions Incarcerating Male Inmates

DOC substance abuse counselors at each DOC institution for males were asked to review the MECCA assessment form and comment upon its content, completeness, etc. For the Rockwell City program where the interview was conducted by telephone, the form was described in detail to the counselor. All counselors agreed that the form was an excellent tool for documenting the substance abuse history of their potential clients. The counselors also agreed that based upon the inmate-specific data to be recorded on the form, it would provide an excellent basis on which to make and record substance abuse treatment recommendations.

All of the counselors were also queried as to what use, if any, their respective programs made of the completed assessments/recommendations.

The counselors were unanimous in their indications that they had not yet seen, or utilized, a MECCA assessment completed for an inmate entering their respective programs for evaluation or treatment. Based on the interviews, there are believed to be two primary reasons for this lack of usage. The first reason is believed to be the fact that while some of the counselors interviewed had limited knowledge of the existence of the assessment project, none indicated knowledge of the fact that the assessment forms were being included in the inmate's correctional file after classification at IMCC. This lack of knowledge, combined with the fact that not all male inmates had been assessed by MECCA, made the assessments relatively easy to miss in the sometimes voluminous inmate files. The second reason for non-usage was believed directly related to the DOC policy of generally providing substance abuse treatment when the inmate is relatively close to institutional discharge via parole, work release, etc. Since the project population were those inmates who were "newly admitted", many may not have yet been referred to the institutional substance abuse counselors by other institutional staff.

While the counselors in the institutions for male inmates were unanimous in not having utilized the MECCA assessments in their respective programs, they were similarly unanimous in indicating their support of the concepts embodied in the project. They tended to agree that a more detailed substance abuse history would be useful in identifying the current status of an inmate's substance abuse. They also tended to agree that such a detailed history could be effectively utilized by a substance abuse counselor as the basis for specific substance abuse treatment planning. They also tended to agree that incorporating a more comprehensive, centralized substance abuse assessment broadens the assessment process at IMCC, and produces assessment data that can be effectively utilized in the decision making process regarding the assignment of an inmate to a specific correctional facility in order to make use of the substance abuse treatment programs that most closely meets the needs of the inmate. All counselors interviewed indicated support for the goals of the project, and hoped that the assessments would be continued beyond the end of the current research and demonstration project.

Institutions Incarcerating Female Inmates

Currently in the DOC correctional system, there are only two facilities where females are incarcerated. The first is IMCC which serves as the classification center for all "newly admitted" inmates, and as the medical center for all inmates who are in need of medical or special care. Female inmates are held at this facility until their classification process is completed or until their condition warrants discharge into the general prison population. All other female inmates are incarcerated at Iowa Correctional Institution for Women (ICIW).

Because almost all of the female inmates were assessed, the staff of ICIW, and the counselors in the substance abuse treatment program located at that institution, became aware of the MECCA assessments soon after the inmates for whom they were completed began arriving at ICIW. During the interview with CJJP staff, the substance abuse counselors at ICIW unanimously expressed support for the concepts demonstrated by this project.

At ICIW, the substance abuse counselors indicated that they reviewed the MECCA assessment of all incoming inmates. They believed that the substance abuse historical data contained in the assessment tool were more complete than the inmate information otherwise available. They felt that the assessment data were valuable in terms of making a DSM-III-R substance abuse diagnosis as they are called upon to do, and that the assessment tool contained sufficient historical information upon which to base a recommendation for specific treatment measures.

The ICIW counselors indicated the extensive use of the MECCA assessments in the administration of their substance abuse program. It was indicated that inmates arriving at ICIW were evaluated for substance abuse history and treatment needs by the facility's substance abuse treatment program staff. This evaluation was then compared to the MECCA assessment to validate the ICIW assessment and treatment recommendations. The counselors reported a high degree of correlation between their assessments and treatment recommendations and those contained in the MECCA assessments. There was some indication of a belief that the MECCA assessments may actually be more accurate than those made at ICIW as they were made when the inmates were "newly admitted" and may not have "learned to play the game yet", referring to the tendency of inmates to answer questions in a manner perceived by the inmate as providing the answer that the "system" wants to hear. There was general agreement that assessments made before a newly admitted inmate was "contaminated" in terms of learned institutional behavior by contact with inmates who had served more of their sentences would tend to be more accurate. The counselors all agreed that the MECCA assessments were a valuable tool, and that their cessation after the research and demonstration project would mean the loss of a valuable tool to their program.

CONCLUSIONS AND IMPLICATIONS

FINDINGS

The data examined in this study clearly support the widely held assumption that substance abuse is a significant problem in both the male and female prison populations within the State of Iowa. The data also seem to indicate a greater number of chemically dependent persons within the inmate population than has been documented previously.

Approximately 80% of the females admitted to prison and 85% of the males admitted to prison were assessed to have a history of substance dependency or substance abuse. At the time of their current admission to the correctional system, about 61% of both the females and males in the project population were diagnosed as being substance dependent, with approximately 28% of the females and approximately 30% of the males being diagnosed as dependent on more than one substance. An additional 10% of the females, and 19% of the males in the project population were diagnosed as substance abusive.

Substance abuse also appears to be related to the causes of prison admissions in that approximately 60% of the female project population, and approximately 65% of the males, were incarcerated for offenses which were related to substance abuse. Approximately 40% of the female project population and 55% of the males self-reported being under the influence of one or more substances at the time of the offense for which they were currently incarcerated.

What perhaps best distinguishes the results of this study from past efforts to describe the scope of Iowa inmates' substance abuse problems are its findings regarding treatment needs rather than only substance abuse histories. Further, the opinions of the MECCA substance abuse counselors regarding inmate treatment readiness and the appropriateness of the prison setting for the recommended interventions provide a type of information not previously available.

While past efforts have surmised, as did this research, that the vast majority of inmates have histories of substance use, the assessments provided by MECCA indicated that not all such inmates would benefit from substance abuse interventions while incarcerated. However, it was determined that over half (55%) of all newly admitted inmates should receive, and would benefit from, some form of substance abuse intervention while in prison.

While the MECCA counselors' assessments indicated that not all inmates with substance abuse problems were likely to benefit from interventions while incarcerated, recommendations for interventions upon release from prison were made for more than 80% of all inmates. Many of these recommendations included aftercare or follow-up services to inmates also recommended for prison-based interventions; others were for inmates who were not recommended for interventions until their release from prison. It was beyond the scope of this project to assess the treatment capacities that exist for post-institution correctional clients within the state's community-based substance abuse programs. However, with such program knowledge, it would be possible to estimate how closely such capacity meets the needs of these offenders as portrayed in this report.

SUBSTANCE ABUSE ASSESSMENTS AND TREATMENT PLANNING

Given the findings discussed above, DOC may wish to review their current inmate classification methods as they relate to substance abuse. At the present time, the classification process appears to only identify the existence of a past or present substance abuse history, with some limited identification of the substances abused. Also, based on the data contained in the MECCA assessments, it would appear that the current classification process may not fully identify the existence of substance abuse histories in all inmates in need of substance abuse intervention. Also of potential concern is that current centralized inmate assessments do not systematically include specific recommendations for substance abuse interventions even when substance abuse or dependency is identified as an inmate problem.

In the opinion of most of the DOC substance abuse counselors at the various institutions, the inclusion of a centralized, in-depth substance abuse needs assessment as part of the initial classification process would be of benefit for at least two reasons. They would provide more complete substance abuse histories and recommendations to the DOC correctional counselors who are not substance abuse counselors but are responsible for making decisions regarding an inmate's referral to a DOC substance abuse program. Also, centralized, in-depth assessments would provide valuable and time-saving treatment planning information to DOC substance abuse counselors about those inmates referred to them.

DOC also may wish to review the role that a substance abuse assessment plays in determining the institution to which a male inmate will be assigned after leaving IMCC, particularly if the institutions'

substance abuse treatment programs are expanded or otherwise enhanced. Centralized substance abuse assessments that include specific substance abuse or dependency intervention needs could be taken into account when determining where inmates will be incarcerated so as to best match treatment needs with the particular interventions available in the various institutions.

The data also indicates that there is a need to provide a substantial number of substance abuse interventions to inmates upon their release from prison. A centralized substance abuse treatment recommendation (along with information regarding any institutional interventions received by the inmate) could provide the Board of Parole and community-based correctional officials with valuable information on which to base decisions regarding parole conditions. Policies and procedures tied to such an assessment process could help DOC continue its efforts to maximize efficiency and ensure continuity among correctional interventions over time and between prisons and community based corrections programs.

As part of a separate initiative involving DOC, DPH, the Iowa Governor's Alliance on Substance Abuse and others, CJJP collects data from a number of sources to serve as planning and performance indicators for state strategies for drug control and system improvement activities. One such indicator provided by DOC from its automated correctional information system reports the number of inmates admitted to prison who have been identified by a correctional counselor as having a history of substance abuse. Concerns over the reliability and validity of this indicator contributed to the reasons to conduct this research and demonstration project. When comparing the findings of this project with this indicator, it is believed that correctional counselors are more likely than were the MECCA counselors to identify inmates as having a history of substance abuse.

The indicator discussed above was examined to determine if some method could be established to link the findings in this report to the indicator and thus take advantage of the type of trend analysis possible with the multi-year indicator data. Unfortunately, as long as the indicator data item remains as broadly defined as it is, it seems unwise to presume any connections between it and the findings of this project. It is of some interest to note that any given inmate's status on the substance abuse history indicator is not necessarily based on the initial IMCC diagnosis discussed elsewhere in this report. Rather, based on any information they have, the correctional counselor can report an inmate as having a substance abuse history and it is the most recent of any such report that is maintained by the automated data system.

In an earlier section of this report it was described how the DOC's IMCC assessments were less likely than the MECCA assessments to indicate a diagnosed substance abuse problem. On the other hand, it was just reported that MECCA assessments were less likely to indicate a substance abuse history than were DOC correctional counselors. What appears to be at play here is at least partly the result of a combination of differing professional judgements, a lack of consistency over the reasons to make determinations regarding an inmate's substance abuse and the terms used to report such determinations. While both MECCA and IMCC use DSM-III-R terms with a goal of providing a diagnosis, the information provided by the correctional counselors is limited to what is basically a "yes" or "no" response to the question "Does the inmate have a history of

abusing substances?" It is not clear why or when correctional counselors review an inmate's case to answer such a question or if IMCC's previous diagnosis is considered at that time.

DOC may wish to review its use of this data item in their reporting system and then revise the instructions for it to clarify its meaning and purpose. For example, the data item could be consistently completed at intake and changed by correctional counselors only under certain circumstances that are clearly stated and related to a plan for case planning continuity among IMCC, correctional counselors, probation and parole officers and others.

SUBSTANCE ABUSE RESOURCE AND PROGRAM PLANNING CONSIDERATIONS

The reasons to consider the implementation of a more comprehensive and centralized inmate substance abuse assessment process are discussed above largely in terms of how such assessments could improve the correctional system's ability to respond to a given inmate. In addition, providing for the continuation of an assessment tool similar to the one employed in this research would allow for an ongoing analysis of the aggregate substance abuse intervention needs presented by Iowa's inmates. It is assumed that such information would prove helpful as budgetary, programming and other system-wide plans are assessed and developed. Should the recommended centralized assessment process not come about, or until it does, it is hoped that the findings from this project will be useful to the state-wide planning efforts of DOC, DPH and others.

To facilitate the use of this report for such planning, it is recommended that emphasis be placed on its findings related to treatment recommendations, rather than the inmates' substance abuse histories. Given the perceived fit of the study population with the general prison population, it is believed that the number of current and future inmates needing different types of interventions in and out of prison can be estimated by considering the reported percentages of the study population that comprise any of the various categories of interventions established and presented in this report. Several examples of possible uses of these findings are presented below.

Since 55% of the study population were reported as needing, and able to respond to, primary treatment while in prison, it could be estimated that 55% of the projected number of incoming inmates will be appropriate for prison-based interventions over a given time period (there were about 3,125 admissions in FY93, not including violator program admissions; new admissions are projected to continue to increase for the near future). It could also be estimated that 55% of the most current prison population is now appropriate for prison-based primary treatment (the current population is growing from somewhere near 4,800).

In FY93, about 3,179 inmates were released from prison. Based on the study population, more than 80% of these inmates were, or are, in need of some type of substance abuse intervention. Also, it could be projected that 80% of future releasees will be in need of intervention. It should be noted that the portion of recent or future releasees who would need primary treatment would be significantly higher than is indicated through MECCA's assessments unless there is a marked expansion of prison-based primary treatment programs. It should also be noted that the majority of criminal offenders under

community-based correctional supervision are people on probation and pre-trial release who have not come from prison and whose substance abuse treatment needs were not assessed through this study.

Given limited resources, there are no simple or quick ways to respond to the findings of this project. The number of inmates determined through this project to be appropriate for treatment while incarcerated is related to the long-standing concern over the level of treatment resources for the inmate population. While each DOC correctional facility has a licensed substance abuse program, the programs are small in size, both in terms of staff size and in the number of clients that can be served at one time. Most programs have extensive waiting lists for participation. The data from this project indicate that about 55% of all incoming inmates are appropriate candidates for a substance abuse intervention while incarcerated, yet the licensed substance abuse programs collectively have the capacity to treat less than 5% of the population at any given time.

Whether or not criminal offenders should be offered substance abuse treatment, whether or not the prison setting is the best place to provide such treatment to "treatment-ready" inmates, and whether correctional dollars or substance abuse treatment dollars should be used to meet inmates' treatment needs are questions beyond the scope of this study and likely will be answered from philosophical, programmatic and budgetary perspectives not addressed in this report. It is clear, however, that many inmates in Iowa have substance abuse treatment needs that are not being met with substance abuse treatment programs while they are incarcerated.

Decisions that will be made to maintain or alter the availability of prison-based treatment programs will help to determine the parameters for any review of the availability of substance abuse treatment for correctional clients outside the prison setting. Given the extent to which treatment needs for chemical dependency and abuse were identified in the prison population, it would seem appropriate to place considerable emphasis on where prison inmates are coming from (or returning to) any time decisions regarding community-based treatment fund allocations are being made.

A systematic joint review of the caseloads of both community-based substance abuse and community-based corrections programs to assess the extent to which released inmates are receiving substance abuse treatment could provide additional valuable planning information. Along with the findings of this project, such community-based information could help guide both the allocation of funds and the development or enhancement of interventions and case monitoring procedures that specifically address the treatment needs of persons leaving Iowa's prisons.

APPENDIX A

ASSESSMENT TOOL UTILIZED BY MID-EASTERN COUNCIL ON CHEMICAL ABUSE (MECCA)

IMCC/MECCA SUBSTANCE ABUSE EVALUATION

Name:_____ ID#_____

Was current incarceration related to substance abuse (If yes, how):

_____

_____

_____

Current living arrangements: (Circle All That Apply)

Single Married Cohabitating - Male/Female

Living with Roommate Living Alone Living with Children

How does your partner use/abuse substances?_____

_____.

Was there any abuse/physical, emotional, sexual by partner?
Explain:

_____

_____

_____.

Number of children?_____.

Living where and with whom?

_____

_____

_____

_____

_____.

Substance	Age 1st	Meth.	Abstinences	Pattern of Use			Last use
				Historic	30 Days Before Arrest	PTR	
Ethanol Offense___							
Marijuana THC Offense___							
Cocaine Crack Offense___							
Stimulants Offense__							

Substance	Age 1st	Meth.	Abstinences	Pattern of Use			Last use
				Historic	Before Arrest	PTR	
Tranquil-izers Offense							
Barbiturates Sedatives Offense							
Heroin/ Methadone Offense							
Other Opiates Offense							
Inhalants Offense							
Hallucin-ogens/PCP Offense							
Steroids Offense							
Caffeine Offense							
Nicotine Offense							
Over the Counter Offense							

Last time drank or used and what drug(s) used:_____

_____.

Have you experienced needing more of a drug or alcohol to get the same effect (increased tolerance)? Explain:

_____

_____.

Describe any history of IV drug use:

_____.

Describe any history of IV drug use by spouse/significant other:

_____.

Any attempts to quit or reduce drinking/using? If yes, what happened?:

_____

Relapse History:

_____

_____.

(Circle) After drinking/using ever experienced: Overdose, shakes, hallucinations, sweating, blackouts, passing out, hangovers, loss of memory, or any physical discomfort.

How often:_____

How long to recover?_____

Do you use substances to avoid withdrawal symptoms or physical discomfort?_____

Is your recent drinking/using significantly different from usual pattern?

_____

Have you ever drunk/used more or for longer than you intended to?

_____

On a scale of 1-5 with one being no problem and five being serious problem rate current alcohol/drug use: 1 2 3 4 5.

Explain rating:

_____

_____.

What are the consequences/problems caused by alcohol/drug use:

_____.

What have you given up?_____.

What do you think your future alcohol or drug use will be like?_____

_____.

Previous AA/NA attendance:_____.

When:_____.

Family history of substance abuse?_____.

If yes, who?_____.

Have others expressed concern about drug use? Explain:_____

_____

Drug of Choice:_____.

Type of use:

Steady Episodic Both (Circle One)

Length of binge and frequency:_____

HEALTH

Substance Abuse Treatment:

TYPE	WHERE	WHEN	OUTCOME

Have you ever been committed for substance abuse or psychiatric treatment?

_____

_____.

General Hospitalization:

WHERE	WHEN	REASON

Are you currently taking any medication?

_____

_____

FEMALES

Begin menses:_____.

Regularity:_____.

Discomfort:_____.

Number of live births:_____.

Number of pregnancies:_____.

Age of first sexual experience:_____.

Coerced Consented (Circle One)

How were above areas impacted by substance abuse?

_____.

EDUCATION/EMPLOYMENT/MILITARY

What was your substance abuse history while in school?

How was schooling impacted by substance abuse?

What was your substance abuse history while working?

How was employment impacted by substance abuse?

What was your substance abuse history while in the military?

How was military service impacted by substance abuse?

ABUSE

Have you ever been a victim of a violent act (physical, emotional, incest, rape)? Explain.

Was it substance abuse related? Explain

Have you ever perpetrated violence? Explain

Was it substance abuse related? Explain

Have you ever experienced any psychiatric symptoms (except withdrawal)? Explain:

Was it substance abuse related? Explain

Is there any family history of abuse or mental illness?

ASSESSMENT SUMMARY

	Current Substance	Current Frequency	Current Method
Primary Problem	___ ___	___ ___	___
Secondary Problem	___ ___	___ ___	___
Tertiary Problem	___ ___	___ ___	___

Mental Status Oriented X 3?

Eye contact:

Affect: _____full _____restricted _____flat

_____appropriate _____inappropriate to situation and emotional state

Motor activity: _____increased _____decreased _____normal

Conversation: _____logical _____illogical

Mood: _____euphoric _____neutral _____low _____depressed

At this session client was:

_____uncooperative _____cooperative _____restless

_____verbalized motivation _____guarded _____argumentative

_____agitated _____calm

_____inconsistent

Specify:_____

_____

Psychological Report Data

Beta II IQ ____

Adult Ed G.E. Reading___ Math___ Language___ **TOTAL:**___

Special Needs Noted:

Psychologists DSM-IIIR Diagnosis:

Axis I:

Axis II:

Axis III:

Summary and Integration of Key Data from psychological report, legal history/PSI, and interview.

SUBSTANCE ABUSE SEVERITY							
level of addiction	Slight	1	2	3	4	5	Severe
effect on functioning	Slight	1	2	3	4	5	Severe
age of onset	Old	1	2	3	4	5	Young
family history of substance abuse	Absent	1	2	3	4	5	Chronic
SUBSTANCE ABUSE LEGAL HISTORY							
chronicity of legal history	Slight	1	2	3	4	5	Severe
severity of legal history	Slight	1	2	3	4	5	Severe
ENVIRONMENTAL SUPPORT							
family	Strong	1	2	3	4	5	Absent
employer	Strong	1	2	3	4	5	Absent
others	Strong	1	2	3	4	5	Absent
employability	Strong	1	2	3	4	5	Absent
SPECIAL NEEDS SEVERITY							
dual diagnosis	Absent	1	2	3	4	5	Present
antisocial	Slight	1	2	3	4	5	Well Developed
disabilities	Absent	1	2	3	4	5	Severe

A8

ASSESSEMENT

Major Strengths:

1.

2.

3.

Major Weaknesses:

1.

2.

3.

Ability to utilize treatment:

Risk to self/others:

What is client requesting?

Substance Abuse DSM IIIR diagnosis:

Counselor Impression:

Recommendations:

Institutional

_____ Primary substance abuse treatment in institution

_____ Primary substance abuse treatment in institution or at discharge

_____ Education & Information

_____ No Treatment

Discharge

_____ Primary substance abuse treatment at discharge

_____ Halfway House (substance abuse specific)

_____ Outpatient

_____ Aftercare

_____ No Treatment

Counselor Signature_____

Date:_____

Supervisor Signature:_____

Date:_____

APPENDIX B

DATABASE STRUCTURE AND CODING UTILIZED BY DIVISION OF CRIMINAL AND JUVENILE JUSTICE PLANNING AND STATISTICAL ANALYSIS CENTER IN ANALYSES OF MECCA ASSESSMENTS

ENTRY CODES FOR MECCA SUBSTANCE ABUSE QUESTIONNAIRE

1 - CONTNMBR - Control Number = Equal to Department of Corrections Identification Number.

2 - ASSMTDATE - Assessment Date = Date of MECCA assessment.

3 - SEX - Sex of Client - 0 = Unknown, 1 = Male, 2 = Female.

4 - RACE - Race of Client - 0 = Unknown, 1 = Caucasian, 2 = African American, 3 = Hispanic, 4 = Native American, 5 = Oriental, 6 = Other.

5 - AGE - Age of Client, in years of age.

6 - CNTYSENT - County of Sentence - Iowa Numeric Value of the County From Which the Client Was Sentenced

7 - COMMITOFF - Committing Offense - Offense For Which the Client Sentenced to Current Incarceration. Utilize Codes Used For Clerk of Court Data. In the Case of Multiple Offenses, List the Most Serious.

8 - SENTLGTH - Length of Sentence - Length of Current Incarceration In Years.

9 - PROJLTHSTY - Projected Length of Stay - Projected Length of Current Incarceration Based on Offense Committed and Average Length of Incarceration Before Parole For That Offense As Reported By the Iowa Board of Parole.

10 - SRCEOFADMT - Source Of Admission - 0 = Unknown, 1 = New Offense Admission, 2 = Probation Revocation, 3 = Parole Revocation, 4 = Escapee Returned, 5 = Parole Revoked w/Additional Sentence, 6 = Work Release Revocation, 7 = Escapee Returned w/Additional Sentence, 8 = Probation Revoked w/Additional Sentence, 9 = Compact Prisoner.

11 - CURINCSARL - Current Incarceration Substance Abuse Related ? - 0 = Unknown, 1 = Yes, 2 = No.

12 - RISKSCORE - Risk Score - Probation Risk Score As Determined By DOC.

13 - CLASSSCORE - Class Score - Inmate Classification Score As Determined by DOC.

14 - INSTPLCMT - Institutional Placement - Institution in Which the Client Was Placed.

15 - INSTPROG1 - Institutional Program 1 - The First Institutional Program In Which the Client Was Enrolled - 0 = None.

16 - STAT1 - Status 1 - The Completion Status of the First Institutional Program in Which the Client Was

Placed.

17 - DATE1 - Date 1 - The Month/Year in Which the Client Achieved Status 1 Above.

18 - INSTPROG2 - Institutional Program 2 - The Second Institutional Program In Which the Client Was Enrolled - 0 = None.

19 - STAT2 - Status 2 - The Completion Status of the Second Institutional Program in Which the Client Was Placed.

20 - DATE2 - Date 2 - The Month/Year in Which the Client Achieved Status 2 Above.

21 - INSTPROG3 - Institutional Program 3 - The Third Institutional Program In Which the Client Was Enrolled - 0 = None.

22 - STAT3 - Status 3 - The Completion Status of the Third Institutional Program in Which the Client Was Placed.

23 - DATE1 - Date 3 - The Month/Year in Which the Client Achieved Status 3 Above.

24 - ADDPROGS - Additional Programs - Was the Client Enrolled in More Institutional Programs than 1, 2 and 3 Above? 1 = Yes, 2 = No.

25 - NUMADDPROG - Number of Additional Programs - The Number of Additional Institution Programs Beyond 1, 2 and 3 Above.

26 - MARITALSTS - Marital Status - Marital Status of the Client - 0 = Unknown, 1 = Single, 2 = Married, 3 = Cohabiting, 4 = Divorced, 5 = Separated, 6 = Widow(er).

27 - LVGARGMNT - Living Arrangement - Living Arrangement of Client - 0 = Unknown, 1 = Living With Spouse, 2 = Roommate, 3 = Living Alone, 4 = Cohabiting, 5 = Living w/Children, 6 = Living w/Parents.

28 - SOSUBABUSE - Substance Abuse By Significant Other - 0 = Unknown, 1 = Yes, 2 = No

29 - ABUSEBYSO - Physical/Mental/Sexual Abuse by Significant Other - 0 = Unknown, 1 = Yes, 2 = No

30 - NMOFARRST - Number of Arrests - Number of Arrest Incidents Recorded on DCI Criminal History Supplemented By Department of Corrections Records. Includes Out of State Arrests, When Documented.

31 - NMARSARLT - Number of Arrests Which Were Substance Abuse Related - Number of Arrests Which Were Related to Substance Abuse as Indicated by DCI Criminal History Records and Department of Corrections Records.

32 - NMCBCINCD - Number of Community Based Corrections Incidents - Number of Arrest Incidents Which Resulted in Community Based Corrections Structured Contacts With Client as Shown in Community Based Corrections Records and DCI Criminal History Records.

33 - NMBCBCSARL - Number of Community Based Corrections Substance Abuse Related Incidents - Number of Community Based Corrections Structured Incidents Based Upon Substance Abuse Related Charges.

34 - NMBDOCINCR - Number of Department of Corrections Incarcerations - Number of Incarcerations Recorded in Department of Corrections Data and/or DCI Criminal History Records.

35 - NMBDOCSARL - Number of Department of Corrections Incarcerations Related to Substance Abuse - Number of Department of Corrections Incarcerations Related to Substance Abuse As Taken From Department of Corrections and/or DCI Criminal History Records.

36 - UTIATTMOFF - Under The Influence At Time Of Offense ? - Was the Client Under the Influence of Alcohol and/or Drugs At the Time of the Offense Which Resulted In the Current Incarceration - 0 = Unknown, 1 = Yes, 2 = No.

37 - SAETHA - Substance Abuse, Ethanol - Age At First Abuse of Alcohol. 00 = No Abuse.

38 - ETH30PTA - Ethanol Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

39 - ETHYRSUSE - Ethanol Years of Use - Number of Years of Alcohol Use As Shown on MECCA Evaluation - 0 = No Use.

40 - SAMARIJ - Substance Abuse, Marijuana - Age at First Abuse of Marijuana. 00 = No Abuse.

41 - MARIJ30PTA - Marijuana Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

42 - MARJYRSUSE - Marijuana Years of Use - Number of Years of Marijuana Use As Shown on MECCA Evaluation - 0 = No Use.

43 - SACOKCRAK - Substance Abuse, Cocaine/Crack Cocaine - Age at First Abuse of Cocaine/Crack Cocaine. 00 = No Abuse.

44 - COC30PTA - Cocaine Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

45 - COCYRSUSE - Cocaine Years of Use - Number of Years of Cocaine/Crack Cocaine Use As Shown on MECCA Evaluation - 0 = No Use.

46 - SASTIMUL - Substance Abuse, Stimulants - Age at First Abuse of Stimulants. 00 = No Abuse.

47 - STIM30PTA - Stimulant Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

48 - STIMYRSUSE - Stimulants Years of Use. Number of Years of Stimulant Use As Shown on MECCA Evaluation - 0 = No Use.

49 - SATRANQ - Substance Abuse, Tranquilizers - Age at First Abuse of Tranquilizers. 00 = No Abuse.

50 - TRAN30PTA - Tranquilizer Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

51 - TRANYRSUSE - Tranquilizers Years of Use - Number of Years of Tranquilizer Use As Shown on MECCA Evaluation - 0 = No Use.

52 - SABARBSEDT - Substance Abuse, Barbiturates/Sedatives - Age at First Abuse of Barbiturates/Sedatives. 00 = No Abuse.

53 - BARB30PTA - Barbiturate Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

54 - BARBYRSUSE - Barbiturate Years of Use - Number of Years of Barbiturate Use As Shown on MECCA Evaluation - 0 = No Use.

55 - SAHERNMETH - Substance Abuse, Heroin/Methadone - Age at First Abuse of Heroin/Methadone. 00 = No Abuse.

56 - HER30PTA - Heroin/Methadone Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

57 - HERYRSUSE - Heroin/Methadone Years of Use - Number of Years of Heroin/Methadone Use As Shown on MECCA Evaluation - 0 = No Use.

58 - SAOTHOPIAT - Substance Abuse, Other Opiate - Age at First Abuse of Other Opiates. 00 = No Abuse.

59 - OTOP30PTA - Other Opiate Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

60 - OTOPYRSUSE - Other Opiate Years of Use - Number of Years of Other Opiate Use As Shown on MECCA Evaluation - 0 = No Use.

61 - SAINHALE - Substance Abuse, Inhalants - Age at First Abuse of Inhalants. 00 = No Abuse.

62 - IHN30PTA - Inhalant Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

63 - INHYRSUSE - Inhalants Years of Use - Number of Years of Inhalant Use As Shown on MECCA Evaluation - 0 = No Use.

64 - SAHALUCPCP - Substance Abuse, Hallucinogens/PCP - Age at First Abuse of Hallucinogens/PCP. 00 = No Abuse.

65 - HAL30PTA - Hallucinogen/PCP Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

66 - HALYRSUSE - Hallucinogen/PCP Years of Use - Number of Years of Hallucinogen/PCP Use As Shown on MECCA Evaluation - 0 = No Use.

67 - SASTEROIDS - Substance Abuse, Steroids - Age at First Abuse of Steroids. 00 = No Abuse.

68 - STER30PTA - Steroids Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

69 - STERYRSUSE - Steroids Years of Use - Number of Years of Steroids Use As Shown on MECCA Evaluation - 0 = No Use.

70 - SANICOTUSE - Substance Abuse, Nicotine - Age at First Abuse of Nicotine. 00 = No Abuse.

71 - NICOT30PTA - Nicotine Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

72 - NICOYRSUSE - Nicotine Years of Use - Number of Years of Nicotine Use As Shown on MECCA Evaluation - 0 = No Use.

73 - SAOVRTCTR - Substance Abuse, Over-The-Counter Drugs - Age at First Abuse of Over-The-Counter Drugs. 00 = No Abuse.

74 - OTC30PTA - Over-The-Counter Drug Use 30 Days Prior to Arrest - Coding As Per MECCA Evaluation - 00 = No Use.

75 - OTCYRSUSE - Over-The-Counter Drug Years of Use - Number of Years of Over-The-Counter Drug Use As Shown on MECCA Evaluation - 0 = No Use.

76 - LSTDRUGUSD - Last Drug Used. As per MECCA Code Sheet.

77 - IVDRUGUSE - IV Drug Use by Client- 0 = Unknown, 1 = Yes, 2 = No.

78 - SOIVDRGUSE - IV Use By Significant Other - 0 = Unknown, 1 = Yes, 2 = No.

79 - TRYQUIT - Try To Quit - Has the Client Attempted to Quit/Reduce Substance Abuse. 0 = Unknown, 1 = Yes, 2 = No.

80 - RELAPSE - Relapse - After Attempting to Quit/Reduce Substance Abuse, Did the Client Relapse ? 0 = Unknown, 1 = Yes, 2 = No.

81 - TASCPROG - TASC Program ? - Was the Client Enrolled in TASC Program ? - 0 = Unknown, 1 = Yes, 2 = No.

82 - TASCSUCESS - TASC Success ? - Did the Client Successfully Complete the TASC Program ? 0 = Unknown, 1 = Yes, 2 = No.

83 - TASCUNSREA - TASC Unsuccessful Reason - Reason Client Was Not Successful In Completing the TASC Program - 0 = Unknown, 1 = Lack of Progress, 2 = Incarcerated, 3 = Absconded, 4 = Other.

84 - LSTTAIPTCI - Last TASC Participation Immediately Prior To Incarceration ? 0 = Unknown, 1 = Yes, 2 = No.

85 - SELFASSSCL - Self Assessment Scale - Substance Abuse Self Assessment Scale As Per MECCA Questionnaire. Range: 0 = Unknown, 1 = No Problem to 5 = Serious Problem.

86 - ATTNDAANA - Attend AA/NA ? - Has Client Previously Attended AA/NA ? - 0 = Unknown, 1 = Yes, 2 = No.

87 - FAMILYSA - Family History of Substance Abuse ? - Is There a History of Substance Abuse in the Client's Family ? - 0 = Unknown, 1 = Yes, 2 = No.

88 - CHOICEDRUG - Choice of Drug - What is the Client's Drug of Choice ? - Coding As Per MECCA Code Sheet.

89 - TYPEUSE - Type of Drug Use - 0 = Unknown, 1 = Steady, 2 = Episodic, 3 = Both, 4 = None.

90 - SATRMTCOMP - Substance Abuse Treatment Programs Completed - The Number of Substance Abuse Treatment Programs the Client Has Completed - 0 = None.

91 - SATRMTINCO - Substance Abuse Treatment Programs Incomplete - The Number of Substance Abuse Programs the Client Entered But Did Not Complete - 0 = None.

92 - PRIORCOMIT - Prior Commitments - Number of Prior Treatment Commitments for Substance Abuse or Psychiatric Problems the Client Was Subjected To - 0 = None.

93 - SARVICVIO - Substance Abuse Related Victim of Violence - Was the Client a Victim of Substance Abuse Related Violence ? - 0 = Unknown, 1 = Yes, 2 = No.

94 - SARPERPVIO - Substance Abuse Related Perpetrator of Violence ? - Has the Client Perpetrated Violence As a Result of Substance Abuse ? 0 = Unknown, 1 = Yes, 2 = No.

95 - SARPSYCSYM - Substance Abuse Related Psychological Symptoms ? - Has the Client Experienced Psychological Symptoms As a Result of Substance Abuse ? 0 = Unknown, 1 = Yes, 2 = No.

96 - FMLYHISTPA - Family History of Physical Abuse Or Mental Illness - 0 = Unknown, 1 = Substance Abuse, 2 = Mental Illness, 3 = Both, 4 = None.

97 - PRISAPROB - Primary Substance Abuse Problem - Primary Substance Abused - 00 = None, Coding As Per MECCA Code Sheet.

98 - PRISAFREQ - Primary Substance Abuse Frequency - Frequency of Use of Primary Substance Abused - Coding As Per MECCA Code Sheet.

99 - PRISAMETH - Primary Substance Abuse Method - Method of Administration For Primary Substance Abused. Coding As Per MECCA Code Sheet.

100 - SECSAPROB - Secondary Substance Abuse Problem - Secondary Substance Abused - 00 = None, Coding As Per MECCA Code Sheet.

101 - SECSAFREQ - Secondary Substance Abuse Frequency - Frequency of Use of Secondary Substance Abused - Coding As Per MECCA Code Sheet.

102 - SECSAMETH - Secondary Substance Abuse Method - Method of Administration For Secondary Substance Abused. Coding As Per MECCA Code Sheet.

103 - TERSAPROB - Tertiary Substance Abuse Problem - Tertiary Substance Abused - 00 = None, Coding As Per MECCA Code Sheet.

104 - TERSAFREQ - Tertiary Substance Abuse Frequency - Frequency of Use of Tertiary Substance Abused - Coding As Per MECCA Code Sheet.

105 - TERSAMETH - Tertiary Substance Abuse Method - Method of Administration For Tertiary Substance Abused. Coding As Per MECCA Code Sheet.

106 - READLVL - Reading Level - Adult Reading Level Taken From Page 7 of MECCA Evaluation.

107 - DSMIIIRA11 - DSM-III-R Axis 1 Diagnosis Number One - Coding As Per DSM-III-R Codes.

108 - DSMIIIRA12 - DSM-III-R Axis 1 Diagnosis Number Two - Coding As Per DSM-III-R Codes.

109 - DSMIIIRA13 - DSM-III-R Axis 1 Diagnosis Number Three - Coding As Per DSM-III-R Codes.

110 - DSMIIIRA14 - DSM-III-R Axis 1 Diagnosis Number Four - Coding As Per DSM-III-R Codes.

111 - DSM3A1NAME - DSM-III-R Axis 1 Name - Substance Abuse Classification As Determine By DOC Psychologists - D = Dependent, A = Abusive, R = Remission, N = None, F = Deferred, U = Unknown

112 - DSMIIIRA21 - DSM-III-R Axis 2 Diagnosis Number One - Coding As Per DSM-III-R Codes.

113 - DSM3RNAME - DSM-III-R Axis 2 Diagnosis Name As Determined By DOC Psychologists

114 - DSMIIIRA22 - DSM-III-R Axis 2 Diagnosis Number Two - Coding As Per DSM-III-R Codes.

115 - DSMIIIRA23 - DSM-III-R Axis 2 Diagnosis Number Three - Coding As Per DSM-III-R Codes.

116 - DSMIIIRA24 - DSM-III-R Axis 2 Diagnosis Number Four - Coding As Per DSM-III-R Codes.

117 - DSMIIIRA31 - DSM-III-R Axis 3 Diagnosis Number One - Coding As Per DSM-III-R Codes.

118 - DSMIIIRA32 - DSM-III-R Axis 3 Diagnosis Number Two - Coding As Per DSM-III-R Codes.

119 - DSMIIIRA33 - DSM-III-R Axis 3 Diagnosis Number Three - Coding As Per DSM-III-R Codes.

120 - DSMIIIRA34 - DSM-III-R Axis 3 Diagnosis Number Four - Coding As Per DSM-III-R Codes.

121 - LVLOFADD - Level of Addiction - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Slight to 5 = Severe.

122 - EFFCTFUNCT - Effect on Functioning - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Slight to 5 = Severe.

123 - ONSETAGE - Age of Onset - Age of Onset of Drug Abuse - 0 = Unknown, 1 = Slight to 5 = Severe.

124 - FMLYHISTSA - Family History of Substance Abuse - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Absent to 5 = Severe.

125 - CHROLGLHIS - Chronicity of Legal History - Taken From MECCA Interview Form - 0 = Unknonw, 1 = Slight to 5 = Severe.

126 - SEVRLGLHIS - Severity of Legal History - Taken From MECCA Interview Form - 0 = Unknown, 1 = Slight to 5 = Severe.

127 - FAMSUPT - Family Support - Level of Family Support in Client's Attempts to End Drug Abuse. Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Strong to 5 = Absent.

128 - EMPLYSUPT - Employer Support - Level of Family Support in Client's Attempts to End Drug Abuse. Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Strong to 5 = Absent.

129 - OTHRSUPT - Other Support - Level of Other Support in Client's Attempts to End Drug Abuse. Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Strong to 5 = Absent.

130 - EMPLOYBLTY - Employability - Level of Client's Employability - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Strong to 5 = Absent.

131 - DUALDIAG - Dual Diagnosis - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Absent to 5 = Present.

132 - ANTISOCL - Antisocial - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Slight to 5 = Well Developed.

133 - DISABILITY - Disability - Level of Client's Disability - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Absent to 5 = Severe.

134 - ABLUTLZTRT - Ability To Utilize Treatment - Perceived Ability of the Client to Utilize Substance Abuse Treatment - Taken From MECCA Interview Form, Page 8. 0 = Unknown, 1 = Poor/Low, 2 = Good/Average, 3 = Excellent/High.

135 - RISKSLFOTH - Risk to Self/Others - Perceived Level of Client Being a Danger to Him/Herself and/or Others. 0 = Unknown, 1 = Low/Slight, 2 = Medium/Moderate 3 = High.

136 - CLINTRQST - Client Request - What Type of Treatment/Counseling Is the Client Requesting ? - 0 = Unknown, 1 = Substance Abuse Treatment, 2 = Substance Abuse and Other Treatment, 3 = Other Treatment, 4 = Other Program(s), 5 = No Treatment/Programs.

137 - DSMIIIRSA1 - DSM-III-R Substance Abuse Diagnosis 1 - Coding As Per MECCA Assessment Sheet. 0 = None.

138 - DSMIIIRSA2 - DSM-III-R Substance Abuse Diagnosis 2 - Coding As Per MECCA Assessment Sheet. 0 = None.

139 - DSMIIIRSA3 - DSM-III-R Substance Abuse Diagnosis 3 - Coding As Per MECCA Assessment Sheet. 0 = None.

140 - DSMIIIRSA4 - DSM-III-R Substance Abuse Diagnosis 4 - Coding As Per MECCA Assessment Sheet. 0 = None.

141 - DSM3RSACLS - DSM-III-R Substance Abuse Class As Determined By MECCA Counselors - A = Abusive, D = Dependent, R = Remission, N = None.

142 - RECINSTRT1 - Recommended Institutional Treatment Number One - 0 = Unknown, 1 = Primary Substance Abuse Treatment In Institution, 2 = Primary Substance Abuse Treatment In Institution Or At Discharge, 3 = Education and Information, 4 = No Treatment, 5 = Other Treatment(s)/Program(s).

143 - WHYNOINSTX - Why No Institutional Treatment - Reasons Given In Explanation Section of MECCA Assessment Detailing Why No Institutional Substance Abuse Treatment Was Recommended For Dependent or Abusive Inmates.

144 - RECINSTRT2 - Recommended Institutional Treatment Number Two - Use Same Coding As RECINSTRT1.

145 - RECINSTRT3 - Recommended Institutional Treatment Number Three - Use Same Coding As RECINSTRT1.

146 - RECINSTRT4 - Recommended Institutional Treatment Number Four - Use Same Coding As RECINSTRT1.

147 - RECDISTRT1 - Recommended Discharge Treatment Number One - 0 = Unknown, 1 = Primary Substance Abuse Treatment At Discharge, 2 = Halfway House (Substance Abuse Specific), 3 = Outpatient, 4 = Aftercare, 5 = No Treatment, 6 = Other Treatment(s)/Program(s)

148 - WHYNODISTX - Why No Discharge Treatment - Reasons Given In Explanation Section of MECCA Assessment Detailing Why No Substance Abuse Treatment Was Recommended For Dependent or Abusive Inmates Upon Discharge From the Institutional Setting.

149 - RECDISTRT2 - Recommended Discharge Treatment Number Two - Use Same Coding As RECDISTRT1.

150 - RECDISTRT3 - Recommended Discharge Treatment Number Three - Use Same Coding As RECDISTRT1.

151 - RECDISTRT4 - Recommended Discharge Treatment Number Four - Use Same Coding As RECDISTRT1.

152 - SACNSLRID - Substance Abuse Counselor Identification - Code Number of Substance Abuse Counselor Conducting Evaluation.
0 = Unknown
1 = Joan McMillan
2 = Richard Webster
3 = Jason Vermeer