

National Institute
on Drug Abuse

Administrative Report

State Drug Abuse Prevention Plans: Linkages with the Criminal Justice System

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MICROFICHE

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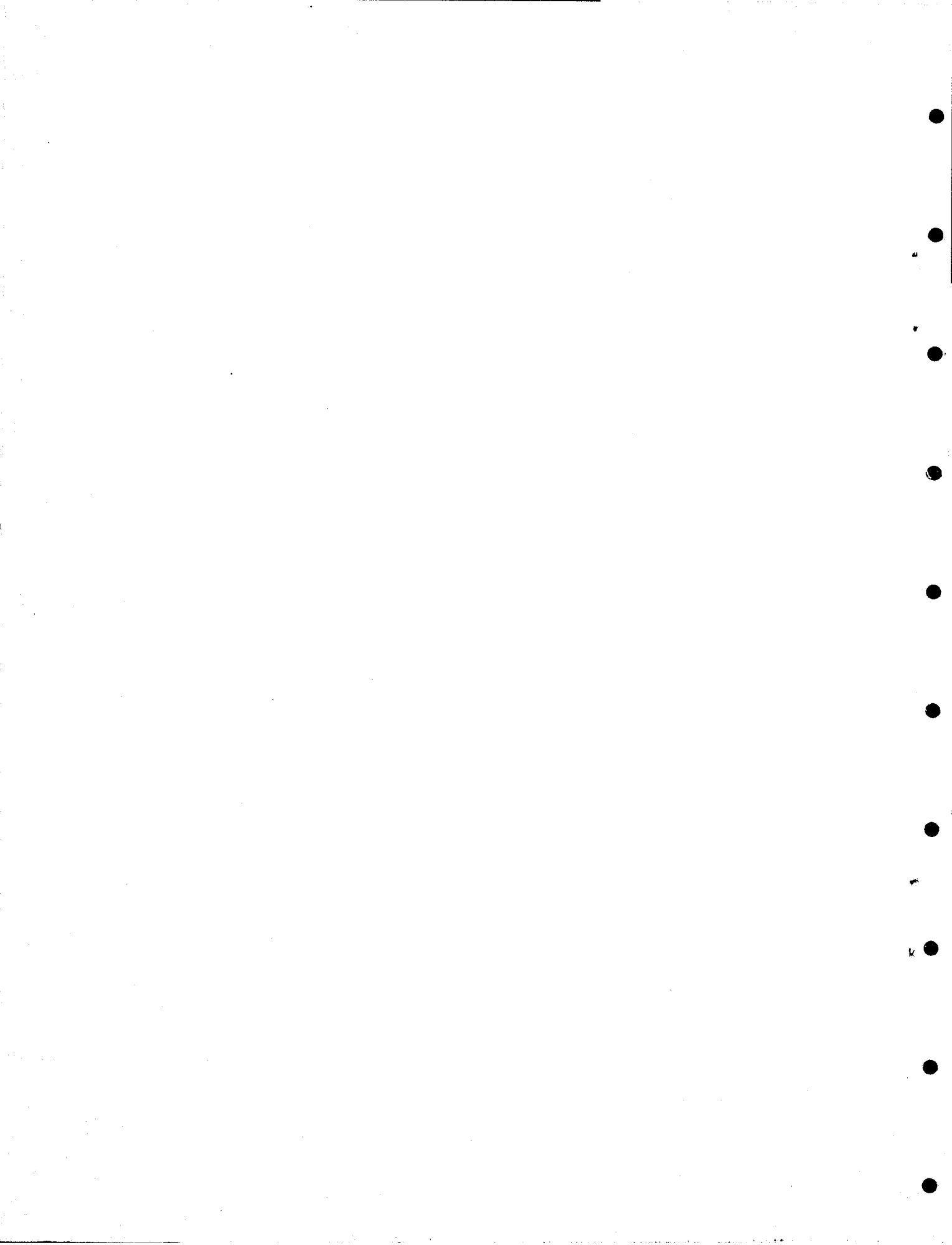
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ACQUISITIONS



RESOURCE DOCUMENT

INTRODUCTION

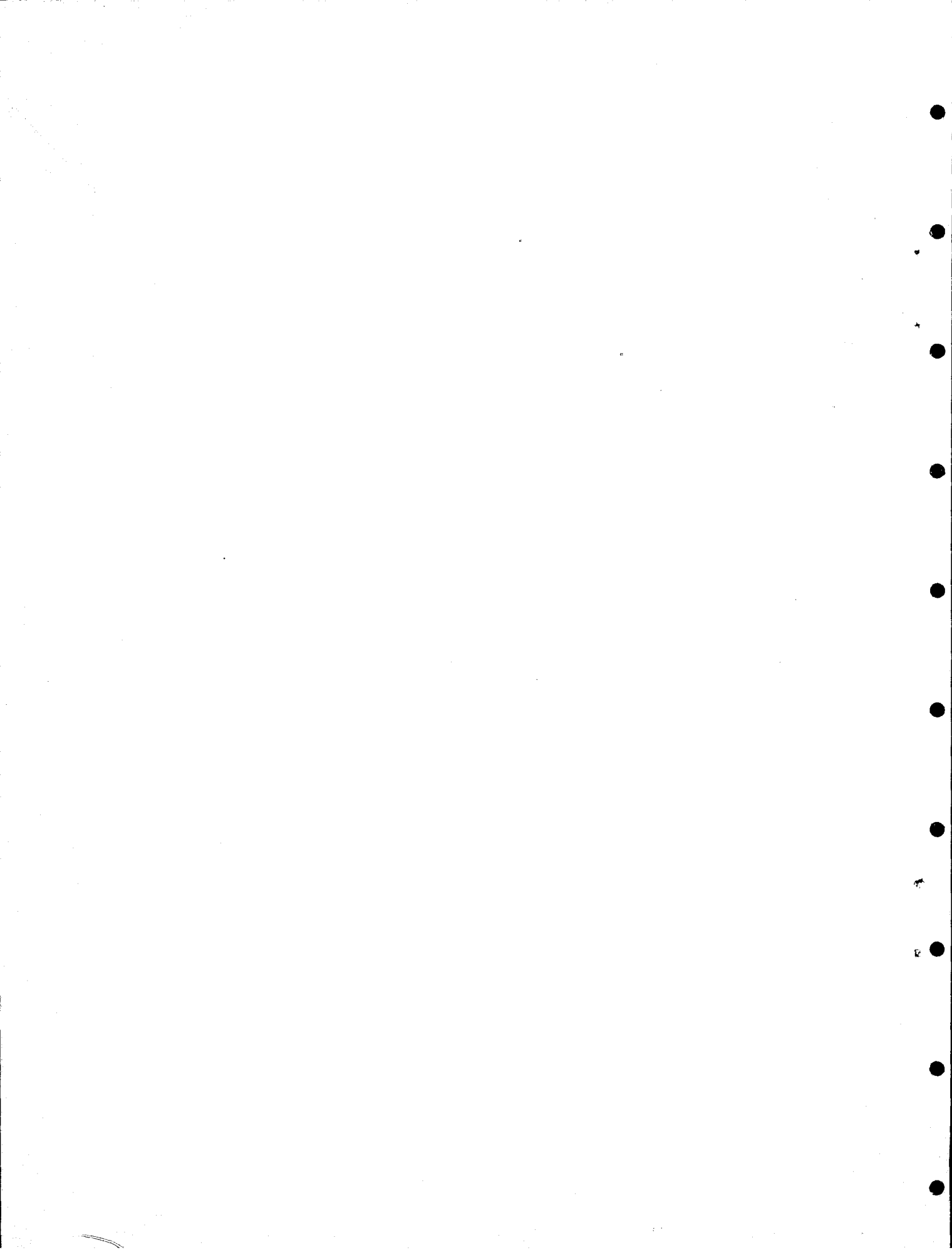
This document presents the information obtained from a review of 50 State Drug Abuse Prevention Plans. It consists of three parts:

- . Part I consists of two to three page summaries of all the State plans reviewed.
- . Part II consists of frequency distributions of selection items of information developed from the plans. The frequencies are presented for all States.
- . Part III consists of a set of tables depicting various items of interest found in the plans on a State by State basis.

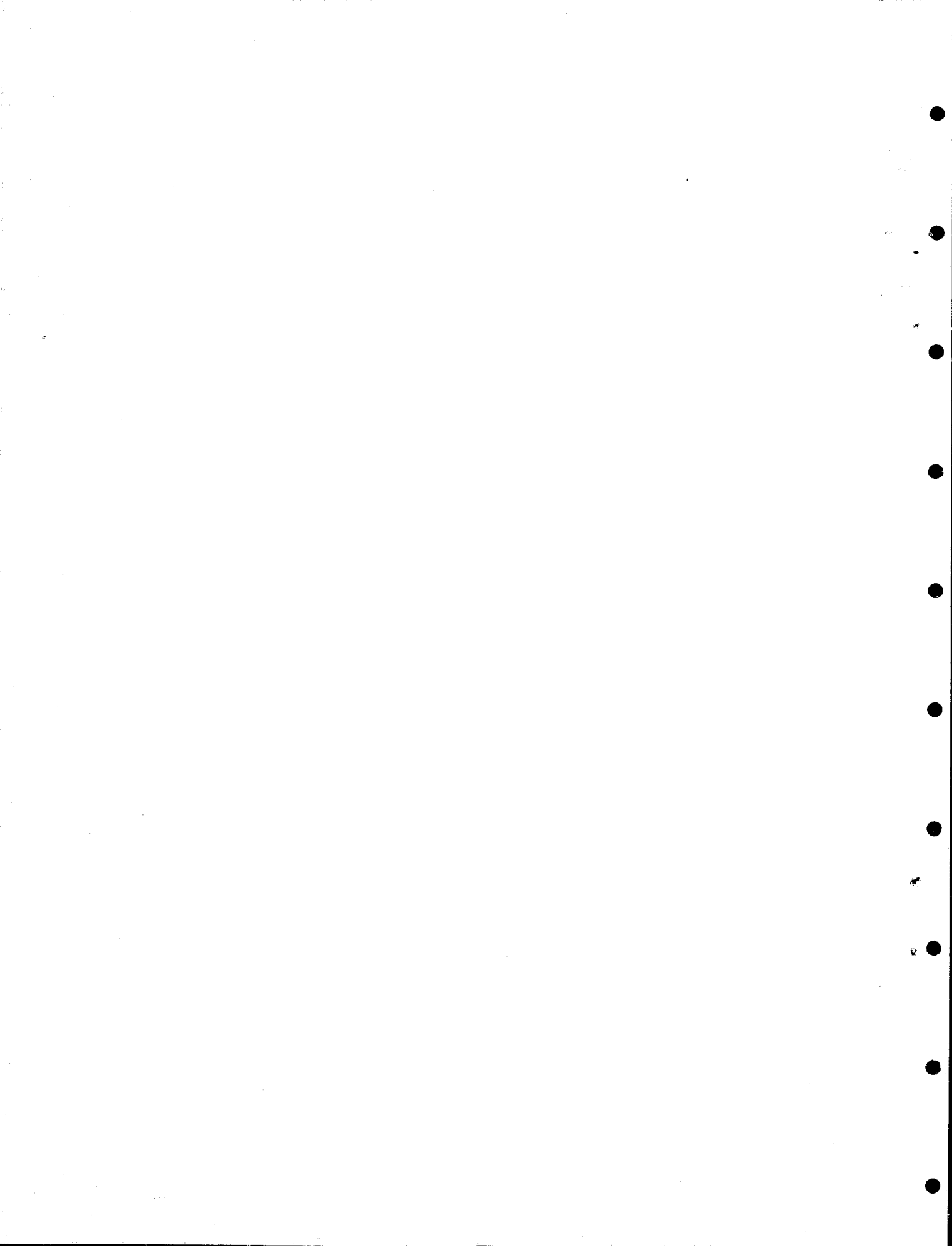
The plans were reviewed for criminal justice linkages as these were reported in the plans. Major items of information of interest were:

- . General drug abuse and criminal justice linkage policy statements.
- . Incidence and prevalence data sources.
- . Organization and structure of the single state agency.
- . Linkages with the criminal justice system which were either planned or actually existing.
- . Constraints to linkages with the criminal justice system.

About 60 percent of the plans reviewed were for fiscal year 1975-76. The remainder were mostly for fiscal 1974-75. If available at the time of the review, the fiscal 1976-77 plan was used to update the information. The plans were reviewed during the fall of 1976.



PART I
STATE SUMMARIES



ALABAMA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Alabama SSA philosophy is best exemplified by the five major areas of emphasis listed in the FY03 Action Plan:

1. the SSA perceives a need for federal funding to enable the provision of prevention services in the state's three major urban "high risk" areas;
2. there are plans to initiate a treatment program in an adult male correctional center;
3. there are plans to implement an in-state staff training and development capability;
4. there will be continued, but decreased, support for the Drug Analytical Laboratory; and
5. the SSA hopes to develop better resource capabilities to upgrade the quality of technical assistance offered to all programs.

Eleven treatment and rehabilitation programs were identified in the State Plan.

Incidence and Prevalence Data

The sources for the incidence and prevalence data were (1) State Department of Toxicology and Criminal Investigation, (2) an Alabama Law Enforcement Planning Agency (ALEPA) sample survey, (3) a survey of county commissions, (4) seven regional surveys, and (5) CODAP data.

The findings of all of these studies reveal that alcohol and marijuana are widely used and abused, followed by opiates, barbiturates, and amphetamines. Drug arrests are largely a juvenile phenomena, and criminal behavior is considered to be concomitant to drug abuse culture.

Organization of the SSA

The SSA is the Alabama State Department of Mental Health, designated in 1972. One of six divisions of the DMH is the Division on Alcoholism and Drug Abuse (created in 1974). There is a statewide network of 21 mental health centers, which serve as coordinating bodies; grant monies are also awarded to local agencies who make application for such financial awards.

Linkages

Operational criminal justice system - SSA linkages include the following:

- the state drug abuse profile, compiled by the Department of Toxicology and Criminal Investigation, was largely dependent upon the findings from the State's institutionalized population;
- the SSA was instrumental in getting contracts under provisions of the Narcotic Addiction and Rehabilitation Act (NARA);
- for the State Plan update, there were formal and informal meetings with SSA-run drug abuse programs and other agencies, including ALEPA, the State Department of Toxicology and Criminal Investigation, and Corrections;

- there is a TASC project operating in Birmingham; since 1974, the criminal justice component has been separated from the overall treatment program; TASC is line-organized in the Division of Alcohol and Drug Abuse as a major thrust of the division; and
- the 21-member Advisory Council is represented by 2 criminal justice-related agencies.

Planned linkages included:

1. the initiation of an institutional treatment program for adult male offender/abusers, with provisions for pre-release and follow-up coordination with existing community-based programs; and
2. program guidelines stress all levels of community involvement with existing resources such as law enforcement and the judiciary.

Constraints

The three constraints cited were:

1. Federal funding sources are decreasing and as yet the State has not earmarked any drug abuse treatment funds;
2. the breadth of needs within the correctional settings of the State and in the sub-culture of "disenchanted youth" is enormous; and
3. a large gap remains in treatment capabilities, particularly in adult and juvenile institutions for both males and females.

1976 State Plan

Although the 1976 Alabama State Plan indicates that improving criminal justice interface is a top priority program item (second among nine listed), and that \$100,000 has been earmarked for this purpose, no outline for these efforts was included. There was information in the plan regarding the establishment of 2 corrections-based programs, but detailed information regarding the allocation of \$100,000 to enhance criminal justice interface was not cited. Furthermore, the brief mention of Birmingham's TASC program does not determine future plans for TASC. Additionally, it is not clear that there are plans for expanding court-based diversion efforts to other areas; nor that there are aftercare programs for the existing correctional treatment programs; nor that there are any aftercare efforts specifically designed for addicts, by way of special parole officers, or through regular officers; and lastly, the plans for improving SSA-criminal justice interface at the policy level are not delineated. Current efforts in this area are minimally described in the 1976 Plan.

ALASKA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The philosophy of the Alaskan SSA is, very generally, to meet public drug abuse needs by helping to reduce societal and financial costs. The SSA currently funds 13 drug programs.

Incidence and Prevalence Data

The incidence and prevalence data, based upon drug related arrests, revealed that most drug users in Alaska are young white males who use marijuana. A unique problem area is the influx of people and goods resulting from the construction of the Alaskan pipeline; the sudden surge of a new transient population and the constant flow of goods and services to and from the mainland, plus the almost total absence of after-work type recreational activities besides drinking and taking drugs, has overwhelmed existing treatment facility capabilities.

Organization of the SSA

The SSA was designated in 1972 to be the Department of Health and Social Services, with the State Office of Drug Abuse (SODA) carrying out operational tasks. SODA makes recommendations to the Governor for programming needs, and then the revised plan goes to the State Secretary of Health, Education, and Welfare for ultimate approval. Regional structure is unclear.

Linkages

Only three operational linkages were identified in the State Plan for 1975:

1. arrest data were used to demonstrate the extent of the drug problem in Alaska;
2. SECI in Juneau has a drug treatment facility that treats young offenders, on a contractual basis; and
3. a SODA-criminal justice system relationship expired with the cessation of LEAA funding, but is expected to be rejuvenated; otherwise, there are no formal or informal affiliations between SODA (the SSA) and the criminal justice system.

Constraints

Constraints identified are:

1. the data base for incidence and prevalence data is not well documented; therefore, there is no real accurate idea of needs and problem areas;
2. coordination and centralized administration of service functions is not working well; programming, staffing, and coordination efforts have not been highly successful to date at any level, including and especially the absence of a criminal justice component;
3. geographic dispersal, climatic, and community attitudes toward drug use are cited as constraining factors;

4. the cessation of most LEAA monies has limited programming efforts;
5. there is much underutilization of existing facilities (poor outreach and referral efforts); and
6. there were no criminal justice personnel listed in the Advisory Council (only 2 doctors and 5 lay-citizens).

1976 State Plan

The Alaskan SSA has not yet been able to develop a cooperative relationship with the SPA, and the few evidences of interface with the criminal justice system appear to be due to local-level efforts rather than SSA encouragement. The major constraint identified is the different funding schedules of the SSA and SPA, making coordinated planning, etc. a formidable task. Furthermore, there was no copy of a letter of agreement between the SSA and SPA as required by Single Slate Notice 34.

ARIZONA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA program goals exemplify the philosophy behind their operation. These goals are to develop and maximize the use of community resources; to implement a continuing data collection system and program evaluation model; to develop better staff training; to improve the legislature-SSA interface; to improve inter-agency communications; and to provide more technical assistance to contractors as well as to develop licensure criteria for certification.

The SSA perceives its relationship with the criminal justice system to be one of jointly coordinating community education efforts and changing community attitudes toward the drug abuser, from one based upon punitive responses to a more treatment oriented approach to the drug problem.

Sixty-six treatment programs were identified in the plan.

Incidence and Prevalence Data

The incidence and prevalence data was compiled from an extensive 1973 survey. Based upon a hospital survey, a mail and telephone survey, and a survey of treatment agencies, the primary drug problems of Arizona (projected from the collected data) are: regular use of minor tranquilizers and legal psychoactive drugs by middle class (and upward) housewives; regular use of psychoactive drugs by retired persons of both sexes; and illicit drug use among young male adults employed as skilled and semi-skilled workers. Obtaining prescription drugs illegally and misusing prescription drugs are common abuse problems.

Arrest data indicated a steady three year increase and the report suggests that the concurrent rise in crime is related to the drug abuse problem, particularly property crime (although such a relationship has not been proven empirically.)

Organization of the SSA

The SSA was designated in 1974 to the Department of Health Sciences, under the executive branch of government. The State Plan was compiled as a composite of the regional plans submitted by six existing planning regions.

Linkages

The operational linkages include the following:

- a 3-1/2 day symposium was jointly sponsored by the Behavioral Health Sciences division of the SSA and LEAA in an effort to develop plans enabling a closer working relationship between treatment programs and the criminal justice system;
- although the Department of Corrections does not offer special drug programs in its institutions, but purchases services on a contractual basis;
- there are 2 federally-funded inner city projects run by the Department of Corrections, offering a casework relationship and services to its clients;

- the Arizona State Justice Planning agency currently operates:
 1. CODAC of Maricopa County (Phoenix) and
 2. the Maricopa County Juvenile Court Center
- the Flagstaff action plan, approved by the City Council, assures help for drug users without fear of arrest and legal penalties;
- the SSA relies upon several criminal justice system agencies for its incidence and prevalence data;
- among the 24 members of the State Drug Abuse Advisory Council are three criminal justice system representatives, and regional boards and Task Forces indicate widespread criminal justice representation.

The single proposal listed with respect to SSA-criminal justice interface is the intent to develop an Arizona Department of Health Services-Corrections project in prison (though plans were not presented).

Constraints

Constraints cited include:

1. community conservatism, which has curtailed efforts to get away from a punitive model to a treatment model;
2. different philosophies within the criminal justice system and the SSA;
3. lack of community awareness of the drug problem, and lack of support for drug treatment efforts; and
4. it is implied that the obstacles to diversion and alternatives to incarceration are largely law enforcement and court-based; there was no mention of any legislation that enables such diversion activities, except the Flagstaff program which was described as though it were unique.

1976 State Plan

Compliance with previous criminal justice recommendations is difficult to ascertain, and the assessment of the previous year's activities is minimally described. There is no evidence of any interagency agreement between the SSA and SPA, nor is there any indication of plans to formulate such an agreement.

For the most part the action plan and programming activities are only broadly mentioned, and few are quantifiable or structured to a timetable for implementation. Generally, the 1976 objectives are not structured or specific, and the criminal justice element is minimally described, including interagency cooperation and data utilization. Finally, there was no listing of the composition of the Advisory Council.

The only exception to these criticisms is the existence of a joint planning task force which was developed to plan and implement a comprehensive treatment program for criminal offenders, particularly in the institutional and transitional settings.

ARKANSAS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The goals of the Arkansas SSA include planning, developing, implementing, and administering a state-wide program incorporating education and prevention, intervention and outreach, treatment and rehabilitation, training and a drug abuse management information system.

Individual drug abusers who have been released to the community on probation, parole, pardon, or mandatory release are treated as part of the statewide drug treatment program with no distinction being made from other clients. In the event that community programs can not handle the number of criminal justice referrals, funding is available from the Arkansas Crime and Law Enforcement Commission to provide treatment services.

There are twelve community mental health centers, as well as other local and regional agencies that provide services on a contractual basis.

Incidence and Prevalence Data

The incidence and prevalence data were collected from sociological surveys, personal interviews, regional conferences, public hearings, arrest and conviction data, drug-related death figures, drug abuse lab samples, treatment program statistics and hospital survey data. Although the SSA does not feel as though there is a noteworthy drug problem in Arkansas, there is a heroin using population and drug abuse by youths should be addressed, as well as the "spread" of drug use into rural areas. Among the perceived social costs are the costs of illegal acts committed in conjunction with drug use.

Organization of SSA

The SSA was designated to be the Arkansas Drug Abuse Authority in 1972, in the Arkansas Department of Health. The SSA sets criteria for resource allocation and has used the 8 mental health catchment areas for planning and service delivery resources.

Linkages

Operational linkages include the following:

- the SSA has obtained quarterly arrest and conviction data to provide partial incidence and prevalence indicators;
- DEA and the SSA jointly sponsored a special program for judiciary, law enforcement, treatment, probation, and educational professionals from 8 communities, to discuss alternative and diversion program options, attempting to improve treatment-criminal justice agency communication;
- the Juvenile Services Division of the Department of Social and Rehabilitative Services in agreement with the SSA, provides special on-site, outpatient drug abuse treatment services for youths incarcerated at the Arkansas Boys' and Girls' Training Schools;
- representatives from the Arkansas Commission on Crime and Law Enforcement have participated in all aspects of SSA planning to preclude duplication of services; in addition, the State Plan reflects the input of the Arkansas Bar Association, the State Judicial Council, the Arkansas Municipal Police Officers Association; the Arkansas Prosecuting Attorneys Association, and the Arkansas State Police.

- among the 16-member Advisory Council are 4 criminal justice agency representatives from related fields.

The planned linkages include:

- improving statewide drug information dissemination to community-based drug education programs, especially in law enforcement and schools;
- conducting training efforts for health, legal, law enforcement, and social service professionals in legal aspects of drug use, socio-psychological factors, and trends in drug usage patterns;
- developing plans to expand treatment services, through LEAA funding, to drug abusers (adults) incarcerated in city and county jails; and
- recommending legislation to pass the Uniform Drug Dependence Treatment/Rehabilitation Act.

Constraints

Constraints listed included:

- delay of the passage of the above-mentioned legislative act due to the lack of effective institution-based treatment programs; and
- a specialized training program for legal and law enforcement professionals was not developed due to poor planning and needs assessment.

1976 State Plan

The Arkansas SSA has provided a copy of the formal agreement between the SSA and SPA in the 1976-77 State Plan. The major efforts of note are the recent implementation of a TASC program in Little Rock, and the issuance of a mandate from the Arkansas Office on Drug Abuse Prevention requiring of its clinics a case management proposal for the care of the drug abusing offender. Included among the proposals are numerous referral agreements from local judges, law enforcement personnel, and prosecuting attorneys. Overall, response has not been outstanding, except with respect to having improved liaison with the courts.

CALIFORNIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

As stated in the State Plan " . . . the State Office functions as a facilitator and focusing agent for community level drug abuse prevention efforts. Based on information derived from primarily local input, the State Office summarizes the extent of California's drug abuse problem, proposes appropriate responses, and identifies resource needs. The resulting document, the State Plan, serves as a guide to State agencies for the expenditure of state appropriated drug abuse prevention funds, and provides the federal government with important information for the allocation of federal drug abuse funds in response to California's resource needs. These federal funds administered through the State Office are then combined with State and local resources at the local level to address the highest drug abuse prevention priorities of the communities. In this manner, the mutual interests of the federal, state, and local levels are served." The California SSA, the State Office of Narcotics and Drug Abuse, places a great deal of program emphasis on its SSA-Criminal Justice interface. There are active programs operating at all levels of the criminal justice system, from enabling legislation, to court-referral/diversion, to law enforcement-based diversion, through institutional programs, and parole out-patient facilities.

The service delivery component is comprised of about 450 treatment providers plus 400 other prevention, education, rehabilitation and information programs.

Incidence and Prevalence Data

The incidence and prevalence reports indicate that approximately one third of the institutional and parole wards under the jurisdiction of the Department of Youth Authority have been identified as heavy drug users; the Department of Corrections reports similar figures (about 30%) for the adult component of the institutional and parole populations. Major problem areas are (1) the high incidence of youthful drug use, particularly poly-drug use, (2) the increasing rural use of opiates, (3) the rising incidence of female abuse, and the disproportionate use of drugs by minority group members, (4) and the cumbersome effect of marijuana use on law enforcement efforts.*

Organization of the SSA

In the governmental hierarchy, the State Office of Narcotics and Drug Abuse is a part of the State Department of Health. County plans are submitted to the State Office for review, and the State Office performs all coordinating, informational resource, and technical assistance functions, whereas administrative functions and funding allocations are disseminated directly from the Department of Health.

*California has decriminalized marijuana possession since this plan was written.

Linkages

Specific SSA-criminal justice linkages include the following:

1. the SSA assumes responsibility for evaluating and implementing the Drug Offender Diversion Program;
2. I & P data sources include arrest, court, and institution-reported data;
3. a special institutional, and a special parole level, drug program efforts for drug-involved youth who come to the attention of the Department of Youth Authority; in addition, the Community-Centered Drug Program makes referrals, and provides services to Youth Authority clients;
4. six Controlled Substance Treatment Control Units provide short-term in-patient services to drug-using parolees who are using drugs, but have not become criminally involved;
5. the Civil Addict Program, one institutional and one out-patient program, receive court-referred and volunteer clients;
6. the Department of Corrections operates a methadone treatment facility for parolee/outpatient status addicts;
7. the Department of Corrections is doing follow-up evaluation of drug rehabilitation efforts on parolees and out-patients;
8. UCLA surveyed the costs of civil commitment; a second survey is being conducted evaluating the methadone clinic at California Rehabilitation Center;
9. the Narcotic Addict Evaluation Authority (NAEA) is a special paroling authority for the Civil Addict Program commitments;
10. California Rehabilitation Center (CRC) is an institutional treatment center for addicts committed to the Department of Corrections;
11. the non-felon Supervision Program is a special community supervision of non-felon addicts who were civilly committed;
12. Special Narcotic Services is a Department of Corrections urinalysis service for felon addicts on parole and for civil addicts on out-patient status;
13. Vinewood Center is a half-way house facility in Los Angeles for female addicts;
14. Felon Drug Offenders funding is provided for institutional/parole supervision services for felon drug abusers;
15. the Department of Corrections provides staff training efforts and research;
16. Office of Criminal Justice Planning (OCJP) allocates LEAA funds and monitors programs impacting criminal drug-related activities in the State;
17. OCJP operates a narcotic information network, data systems, and special enforcement teams;
18. law enforcement efforts at all levels include staff training in identification of drug symptoms;
19. several criminal justice agencies receive copies of the State Plan, and all State agencies partake in the State Plan review process;
20. priorities for future programming included increasing alternatives to incarceration by:
 - a. decriminalizing marijuana possession
 - b. promoting police diversion efforts
 - c. modification of existing Penal Code 1000 to include broader range of offenders for diversion
 - d. providing appropriate training to probation officers (receiving P.C. 1000 referrals)

- e. evaluating P.C. 1000
 - f. evaluating Civil Commitment program.
21. Advisory Council membership includes a Probation Officer and an attorney (2 of 7) representing the criminal justice system, and regional councils are required by law to include representatives from law enforcement.

Constraints

According to the State Plan, constraints include:

- "The major problem in terms of the operation of the State Office is the current dependence on the Department of Health for needed program services in the areas of developing and implementing systems for collecting planning data, the ongoing evaluation of state-funded drug treatment programs, and administering and monitoring of contracts for treatment services. In addition, the administrative support services provided by Health, including personnel, budget, and accounting services, tend to be unresponsive to the needs of the State Office and cause unreasonable and unnecessary time delays."
- "The existence of two drug offices at the State level, specifically Substance Abuse and The State Office (SSA), working with local drug programs, also tends to cause confusion at the federal and local levels as to the respective roles of the two offices."
- "Treatment funds are transmitted to the Department of Health, Substance Abuse Program for subvention to local programs while 409 funds are administered by the State Office."
- There is uncertainty about the cost-effectiveness and program effectiveness of community programs, due to an inadequate evaluation system, which in turn limits the provision of adequate services or suggests a re-directed program emphasis.
- "Implementation of the P.C. 1000 Drug Offender Diversion Program has raised significant legal questions while the operational problems lack uniform application of its provisions, and unevenness of the distribution of community resources has limited its overall effectiveness."

1976 State Plan

With regard to the previous year's efforts, the SSA evidences several planned and functioning criminal justice activities, such as diversion efforts (not part of TASC) and the passage of new drug use laws. In addition, the reliance upon criminal justice data sources provides a substantial part of the SSA's data system. Although formal interagency agreements are not included in the State Plan, there is some (though limited) information regarding current and anticipated efforts. Informal relationships are not delineated in the plan.

The 1976 plans include criminal justice-related priorities, but there is no detail regarding these upcoming activities, the time-table for implementing new programs, nor are on-going activities described in terms of continued/discontinued efforts. Joint activities between the SSA and the criminal justice system are to be conducted through a newly positioned liaison staff member, but specific role activities are not included.

Lastly, the SSA did not provide an updated listing of the membership of the Advisory Council.

COLORADO

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The general goal of the SSA is "to reduce the rate of increase in the number of persons adversely affected by alcohol and other drugs and to assist those persons already so affected" through identification of target populations for prevention and treatment, to assure adequate community services, to instigate early detection, to initiate preventive measures, and to encourage the development of new ways of approaching alcohol and drug abuse prevention.

Although it is apparent that the SSA realizes the high incidence of alcohol and drug abusing offenders in Colorado institutions, it is clear that the SSA feels these clients are specifically the responsibility of the Department of Institutions (including the Division of Corrections' State Penitentiary, Pre-parole Release Center, Women's Correctional Institution, and State Reformatory.)

There are approximately 43 drug treatment programs operating in Colorado.

Incidence and Prevalence Data

The incidence and prevalence data were compiled from drug arrest and conviction data, institutional identification of abusers, drug-related death rates and the DEA-funded DAWN (Drug Abuse Warning Network) program. The arrest data were the most comprehensive included in the plan, indicating a peak arrest period in 1972 and 1973, tapering off in 1974. An estimated 50% of all incarcerated offenders are involved in drug use.

Organization of SSA

The SSA was designated to be the Division of Alcohol and Drug Abuse in 1973, within the executive branch Department of Health. The SSA reviews existing programs, coordinates services, purchases contractual services, and makes recommendations to the State legislature. Regional coordinators ascertain local needs and implement programs.

Linkages

Operational linkages include the following:

- there is a TASC program involving Denver jail inmates, resulting in the development of a client tracking system, referral and data feedback to the courts and probation department; in addition, TASC operates a treatment component offering outpatient methadone and drug-free services;
- the use of arrest and conviction statistics in the data on the extent of the drug problem;
- there has been impact on parole conditions specified especially for drug-involved parolees;
- although there appeared to be no criminal justice representation on the 14-member Advisory Council, there is an Advisory Council Ad Hoc Committee represented by the Colorado Association of Chiefs of Police, Colorado Bar Association, Colorado Correctional Association, Colorado District Attorneys Association, Colorado Peace Officers Association, Colorado State Public Defenders, the County Judges Association, and

the Municipal Judges Association. Regional councils are represented by criminal justice components.

Planned linkages include:

- an attempt at law enforcement training to better handle alcohol and drug-related problems.

Constraints

Constraints listed are:

- one county mentioned difficulty identifying potential clients, due to slack law enforcement efforts; the same area indicated financial and political strains worked against program development, but none specifically mentioned with regard to criminal justice - SSA interface.

1976 State Plan

The 1976 update was not reviewed.

CONNECTICUT

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The implied policy of the SSA is that it perceives the drug use and abuse problem in a systematic orientation. A four-stage categorization of use is suggested in the State Plan designed to deal with the problem at the stages of (1) non-use, (2) experimental use, (3) regular use, and (4) dependence. This scheme corresponds with the range of Connecticut programs operating through education and the media (prevention programs directed toward non-users), and through the educational, care-giving, and the criminal justice systems (to experimental, regular, and dependent users).

The role of the criminal justice system in the overall State Plan takes on a systematic orientation by dividing this effort into three sub-systems: (1) substance controls of licit and illicit drugs; (2) law enforcement; and (3) courts, probation and corrections. These subsystems function interdependently and all components are involved in comprehensive planning efforts.

Incidence and Prevalence Data

The incidence and prevalence data presented in the plan relied largely upon arrest data reporting increases of 7.5 percent from 1972 to 1973; drug arrests predominantly resulting from marijuana (62%) and heroin (12%); and the Department of Probation reported in 1973 that 44 percent of the drug-using probationers used marijuana and 39 percent used heroin.

Organization of the SSA

The Connecticut Drug Council, operative since 1973, seems to be an autonomous State agency whose commissioner is governor-appointed and controls all drug treatment facilities.

Linkages

Specific SSA-criminal justice linkages fall into the following categories:

1. Department of Consumer Protection: provides regulatory functions, including the manufacture and distribution of controlled substances; participates in drug searches; conducts training seminars; regulates dispensing of drugs to physicians, hospitals, penal institutions, etc.
2. Department of Corrections Treatment/Rehabilitation Services: Addiction Services Unit sponsors a number of programs including counseling, therapeutic communities, methadone detoxification and re-entry services (Project FIRE) throughout a variety of institutions and after release onto parole; expanded services include the development of specific after-care units and supportive services with public and private agencies throughout the State (Project Prep).
 - Inter-departmental transfers are commonplace, to place inmates in institutions with appropriate facilities;
 - By law, there is a provision for transferring inmates to Mental Health programs, giving those two departments the ability to utilize their facilities to develop effective coordinated treatment plans for offenders;
 - Connecticut Correctional Institution (Somers) operates a self-help residential unit, EMPATHY I; the Somers Institution's Reception and Diagnostic Center also identifies and refers inmates with drug abuse histories to the appropriate programs;

- Connecticut Correctional Institution (Enfield) operates EMPATHY II, as well as special individual and group counseling programs for inmates with drug history (including programs for Spanish-speaking inmates);
 - Community Correctional Center (New Haven) provides methadone detoxification in conjunction with the New Haven Mental Health Center;
 - Community Correctional Center (Bridgeport) provides an integrated counseling-placement program; staff counselors also work with a court liaison to expedite trial of accused and determine community-based alternatives to incarceration;
 - Community Correctional Center (Montville) operates a self-help residential facility;
 - Community Correction Center (Litchfield) provides day-care services in conjunction with community agencies, especially Drug Help of Waterbury, a Pre-re-entry Therapeutic Community;
 - Project Fire is a community based, non-residential treatment program(s) for male and female parolees who participated in treatment programs while incarcerated;
 - Four other institutions provide various drug services, including counseling, out-patient drug care, self-help residential units, and methadone detox services;
3. Adult Probation Department: there are sixteen specially trained probation officers with heroin and polydrug use caseloads; smaller (35) caseloads allow time for special programming and supervision, including referrals and urinalysis; appointed officers serve as liaisons between the Probation Department and Mental Health facilities; regular P.O.s refer drug dependent probationers to special programs and agencies; other special probation programs include weekly group meetings, hiring former drug dependent persons to assist regular staff, providing psychiatric services two hours per week, court screening for recommendations, employment counseling and referral, and adult volunteer assistance.
 4. Other State agencies with a role in the criminal justice-drug activity are the Department of Health, State Welfare Department, Methadone Monitoring Team, Drug Enforcement Administration, Department of State Police (Narcotics Squad), Statewide Enforcement Coordinating Committee and Regional Crime Squads, and Local Law Enforcement by Drug Planning Regions.
 5. The Courts are involved in recommending physical exams to determine drug dependency and program placement, especially alternatives to incarceration; juvenile court referrals function much the same way.
 6. State Advisory Council membership includes criminal justice representatives from the Department of Probation, the State Police, the Circuit Court, the Department of Corrections, and the Connecticut Planning Committee on Criminal Administration (5 of 12). (Plus, a special subcommittee on Enforcement, Control, and Criminal Administration) and,
 7. Public Act 73-632 requires district boards of education to draw up policy statements assuring cooperation with law enforcement officials.

Constraints

Constraints cited in the State Plan include:

1. Law Enforcement
 - funding for Regional Crime Squads who contribute significantly to drug related arrests, has been cut back, hindering their effectiveness;
 - inspection and licensing tasks are understaffed; the burden is increasing daily due to increasing lists of dispensers.

2. Criminal Justice System Information Related to Drug Abuse
 - CJSI is intended to create a data base in response to a perceived need to empirically define the target population, from law enforcement agencies information;
 - the Connecticut Drug Council is currently undertaking two related research tasks, a Judicial Report Project and State Police Arrest Statistics.
3. Juvenile Justice System
 - There is no record-keeping or diagnostic system to identify drug use and abuse among its clients; therefore, the relationship between drug related problems and the reason for being in the system is not clear (the Judicial Report Project should help);
 - youths are incarcerated after arrest but prior to pleading as a youthful offender 16-18 years old.
4. Courts
 - the increase in drug-related cases is overloading court dockets, as a result of increased arrests and a lack of knowledge about available care-giving services and resources; the juvenile court lacks information regarding individual needs in this area;
 - inadequate information available to courts for diagnostic and evaluation purposes hinders treatment recommendations.
5. The Department of Corrections
 - the State budgeting system makes it difficult to determine drug-program allocations in institutions; only 2-3 percent of the budget seems to be devoted to drug treatment, although an estimated 60 percent of the population could benefit from drug services;
 - identification measures are inadequate, due to subjective assessments by untrained and poorly qualified personnel; training in this area is not yet operational.
6. Public Act 73-632
 - law enforcement and School Board arrangements are not yet determined, and compliance to the regulation is questionable;
 - a survey revealed that the Act has been criticized for being vague, perhaps even unconstitutional, and altogether inappropriate;
 - quantitative issues operational definitions, and the room for inconsistent application of the law were all questioned.
7. Special Concern; Marijuana
 - the uncertainty of the effects of marijuana on health are a major concern; and
 - the burden of these arrests (50% of all drug arrests) on law enforcement and courts warrants closer inspection of the possibility and advisability for decriminalization.

1976 State Plan

In terms of compliance with last year's criminal justice recommendations, the Connecticut SSA has developed a data collection system, although the adequacy of this system is difficult to assess. The current activities and program priorities are not clearly outlined, seriously hampering any evaluation of progress to date. The criminal justice activities are referenced in only the broadest sense, again leaving open the issue of current efforts and achievements.

There is no evidence of any formal agreement between the SSA and SPA, nor is there any indication to formalize any existing informal relationship.

The 1976 Plan represents a minimal effort in terms of outlining program activities purported to be occurring in Connecticut, and criminal justice activities are so generally and casually mentioned that it is difficult to determine the present state of affairs at that particular level of effort.

DELAWARE

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Delaware SSA and the criminal justice unit operate under the philosophy that drug dependency is a mental health and not a criminal problem. One goal of the SSA is to divert the criminally involved client into treatment, to prevent substance abuse in youth, to expand training, and to provide prevention and education programs to the general public. Furthermore, the SSA-criminal justice unit acts as a client advocate by assisting the client through the criminal justice system.

There were 20 drug programs identified in the State Plan, five of which were based in correctional settings.

Incidence and Prevalence Data

The incidence and prevalence data were derived from a subculture survey, juvenile and Superior Court data, statewide arrest data, and a general population assessment survey. Marijuana use predominates with 4 percent of the population reporting regular usage, and other drug use is less frequent still. Slightly less than three-fourths of the narcotic users who self-reported regular use also reported relying upon criminal activity to support their drug use.

Organization of SSA

The SSA was designated in late 1974 to be the Office of Drug Abuse Services, within the Division of Mental Health, part of the executive-based Department of Health and Social Services. County representative meet quarterly to provide input for the State Plan. All criminal justice functions are under the auspices of the criminal justice coordinator who is directly responsible to the SSA Director.

Linkages

Operational linkages include the following:

- there is an Adult Corrections Drug Counseling Unit at the State Correctional Institution at Smyrna, with both in-house and re-entry services; this project maintains regular contact with social service agencies and criminal justice agencies to achieve maximum rehabilitation potential;
- Narconon offers courses designed to help clients personal development so that his drug need is minimized (also at Smyrna);
- Family Court Drug Counseling Unit performs evaluations and/or consultations for juveniles 13-18 years old, and provides intensive long-term counseling;
- a pilot project was conducted that permitted earlier referrals of offender-abusers to treatment;
- the Drug Evaluation Team (DET) comprised of an SSA-appointed criminal justice worker, a physician, a psychologist, and others, is responsible for assisting drug treatment centers in determining the proper treatment modality for clients;
- community-based out-patient clinics provide viable court assistance;

- DARC funds three criminal justice drug abuse programs (Delaware Agency to Reduce Crime);
- \$35,000 has been allocated to expand existing criminal justice-based drug programs;
- there is a criminal justice coordinator, an assistant coordinator and a drug administrator in the SSA, all with varying criminal justice and drug activity backgrounds;
- the SSA director is a member of DARC, as well as a member of a division of DARC that is responsible for allocating LEAA funds to various components of the criminal justice system;
- the SSA Criminal Justice Coordinator is a member of the Crime Deduction Task Force, which is comprised of criminal justice agency heads;
- Since 1972, the SSA has fostered cooperative referral relationships with criminal justice drug programs outside of Delaware to enable quick transfer of clients with immediate detox needs from prison to drug treatment;
- a referral and cooperative arrangement exists between the staff of the Family Court Substance Abuse Program and the New Castle Family Court;
- there is a pilot project operating within the Superior Court to screen all drug-charged arraignees, whereby SSA criminal justice personnel offer referral advice to the court;
- the SSA is in daily contact with a variety of state criminal justice system agencies, and there is a regular liaison with local county and state police;
- SSA personnel have been invited to address police recruits on drug abuse services;
- SSA and court sentencing options include probation plus drug treatment, suspended sentence, deferred sentence, sentence reduction, general parole and medical parole;
- legislation has been initiated calling for support of the judiciary's providing more consistent and regular discussion to treatment for drug-involved offenders.

Planned linkages include:

1. several plans for stepping up diversion efforts, including legislative action, increased screening practices, and increased court-counseling services;
2. there is need for the criminal justice coordinator and staff to provide for early identification, diagnosis and referral of the drug abuse to treatment programs;
3. there is a need for statewide expansion of the family court program, contingent upon LEAA fundings; and
4. the SSA hopes to encourage earlier referrals of drug abusers by courts to treatment programs.

Constraints

The constraints listed are:

1. the absence of a proper treatment environment within state correctional institutions;
2. earlier efforts at diversion would promote treatment options/alternatives to incarceration;
3. too many drug-dependent offenders are unaware of treatment alternatives; and
4. there is still inadequate communication and cooperation between the SSA criminal justice unit and the criminal justice agencies throughout the state.

1976 State Plan

Even without evidence of a formal cooperative agreement between the SSA and the SPA, the Plan documents in other ways the existence of a good working relationship between these two agencies.

Planning and development efforts in the area of providing drug treatment resources for the drug abusing offender is exemplary, due at least in part to the close interagency relationship commended above. The three most recently initiated efforts are (1) the Family Court Substance Abuse Community Project, (2) the Adult Corrections Drug Counseling Unit, and (3) NARCONON. In addition the SSA and SPA have been involved in a Court Pilot Program, aimed at improving their relationship with the municipal court, the magistrate court, and probation and parole departments. Use of criminal justice data to ascertain the needs and problems in that system is demonstrated in the 1976 Plan.

Overall, the Delaware program has made impressive and exemplary progress, worthy of demonstration to other State agencies.

DISTRICT OF COLUMBIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

There seems to be a close relationship between the SSA and the criminal justice system in the District. A major effort to provide treatment services has been initiated through the Narcotics Treatment Administration (NTA). The SSA has indicated that it plans to further investigate the availability of all privately-operated drug programs for purposes of increasing the utilization of such resources.

Incidence and Prevalence Data

Incidence and prevalence data have been collected from a General Population Survey, drug arrests and seizures, drug-related deaths, court urine surveillance, and a high school survey. Heroin use is still problematic, although stabilized; based upon the general population survey, 26 percent of those surveyed use marijuana, 6 percent use cocaine, 6 percent use psychotropics other than LSD, and 5 percent use speed/methamphetamines (only 3% use heroin.)

Organization of SSA

The SSA is the Department of Human Resources (DHR), designated in 1973. DHR is directly under the Mayor, and specific program operations are assigned to various sub-components of DHR. The SSA seems to be a facilitator-coordinator rather than an overall drug program planning agency.

Linkages

Specific SSA-criminal justice linkages include the following:

1. the NTA delivers narcotics treatment services to criminal justice (and other) referrals; 2 of 15 NTA service providers are specifically designed for the drug using offender; one, an outpatient program for criminal justice referred-addicts, and the other is a residential care/follow-up facility for ex-offenders and addicts.
2. Services available through the criminal justice system include:
 - 2 community corrections centers
 - after-care for drug-dependent probationers
 - after-care for drug-dependent parolees
 - Metro Police Department in-house drug abuse training in education and prevention
 - NARA (Narcotic Addict Rehabilitation Act) referrals from federal penal institutions for comprehensive after-care
 - half-way house for offenders with drug problems
 - three half-way houses for addicts referred from local and federal institutions
 - half-way house for women on work release (accepts addicts).
3. Drug courses are available in D.C. area universities for criminal justice personnel.
4. There is a system of computerized data collection and analysis with regard to monitoring client functions, including all clients referred through the criminal justice system.

5. Metro Police Department cooperates by providing the SSA with arrest data, etc.
6. The Community Relations Division of Metro Police Department offers community-education programs.
7. Police and Corrections representation on SSA Advisory Committee assures input and knowledge of SSA activities and plans.
8. The Specialized Narcotics Branch of Metro Police Department participates actively in presenting evidence in court narcotic cases, by inspecting licit and illicit drugs trafficked through schools, etc., and by providing a full-time officer who answers all drug inquiries and makes referrals to the Department of Human Resources Narcotics Treatment Administration.
9. The D.C. Department of Corrections provide programs in institutions, varying from treatment and rehabilitation to educational services for offenders who have been identified as drug abusers.
10. Of the 25 members of the D.C. Advisory Committee for Drug Abuse there are 8 representatives from the criminal justice sector:
 - 1 representing law enforcement
 - 2 representing the courts
 - 1 representing corrections
 - 1 representing parole
 - 3 representing other criminal justice concerns

Constraints

No constraints were cited.

1976 State Plan

In terms of compliance with past criminal justice recommendations the District of Columbia's SSA has yet to indicate how, where, and to what extent criminal justice agencies are part of the overall drug treatment program. Even the data collection derived from the criminal justice system is limited to arrest records.

There is no evidence of formal SPA-SSA agreements, but there are letters indicating an attempt to develop such an agreement during FY 1977. An informal working relationship is alluded to, but questions remain concerning the nature and extent of such cooperation, as well as previous accomplishments.

The discontinuance of a single diversion program due to lack of funding is unfortunate, but the SSA has made noteworthy efforts to resume this program.

Overall, although the Advisory Council membership is widely representative of the community and efforts at coordination between the treatment and criminal justice components are cited, it does not become evident that strengthening the joint activities is among 1977 priorities.

FLORIDA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

According to the 1975 State Plan, "The first responsibility of the Single State Agency is to continue to support treatment and rehabilitation programs which offer high quality services appropriate to the target population." It has been the philosophy of this agency, however, since its inception in 1970 to pursue a course more appropriately described as drug abuse prevention. In pursuit of this philosophy, they have strengthened ties with the Department of Education by the establishment of a Liaison Office, and have recommended in the 1975 Action Plan the establishment of a similar office with the Criminal Justice System. It is believed that coordination with these two other major departments will result in a more effective program of prevention, divergence of offenders to treatment programs and assistance at re-entry into the community.

Of 169 programs that were operative at the writing of this plan, 11 seemed to be criminal justice related, 19 were LEAA funded and one was receiving Bureau of Prisons funding.

Incidence and Prevalence Data

The incidence and prevalence data were presented for each of Florida's twelve regions, and the sources of the data varied for each region. Region I cited arrest figures and reported that an estimated 70 percent of all property crimes were committed by people with a drug history. In Region II, the data sources were a household survey, a public school survey, a college survey, emergency room data, and a law enforcement study. In Region III, based upon a survey of clergymen and doctors, and collection of law enforcement and public health agency statistics, rural and urban use patterns emerged. Regions IV through VII report only drug arrest data. Region VIII relies upon the Model Integrated Drug Abuse System/Problem Identification Model (MIDAPS/PIM) to collect incidence and prevalence data. Regions IX, X-A, and X-B rely upon arrest data. And Region X-C uses TASC program findings, and Dade County and Miami arrest data. In summary, the SSA suggested the following problem-need areas:

- youthful polydrug use and the concentration of drug use is highest among the younger populations;
- heroin addiction is most prevalent in major metropolitan areas; and
- there is a trend toward dependency on prescription drugs by middle-aged and other persons, especially women.

Organization of SSA

The SSA, the Bureau of Drug Abuse Prevention (BODAP), was created in 1973. It is structurally situated within the Division of Mental Health, under the Department of Health and Rehabilitative Services. The Regions are monitored by Regional Co-ordinators, who are also responsible for submitting plans for program needs to the Bureau.

Linkages

Criminal Justice linkages were also listed by Region. Among the programs that are operational, there is a county mental health facility with a criminal justice liaison; law enforcement data have been relied upon for I & P data collection; there are TASC programs in Duval (1 jail) and Dade (3 jails) counties; and there is in the 1975 plan a proposed SAA-criminal justice liaison position. Additional special efforts include the following:

- The Hernando County Court Assistance Project for Drug Abuse Prevention and Rehabilitation relies largely upon the criminal justice system for referrals;
- Region VI has a non-residential Prevention Program for counseling pre-delinquents and a Residential Drug Free Program for adjudicated juveniles;
- in Region IX, Storefront, Inc. provides court outreach services, and a local county mental health clinic offers a jail treatment furlough program;
- the Delray Drug Abuse Foundation of Region X, COPE, provides jail counseling services;
- as part of the TASC program in Dade County, there is a special Pre-Trial Intervention Program;
- the Governor's Council on Criminal Justice (funded by LEAA) administers identification services and operates several drug treatment facilities;
- the Division of Corrections has provided drug abuse counselors, as well as having fostered a drug abuse therapeutic community, in 8 major adult institutions; the Division sub-contracts community drug treatment services as well;
- the Bureau of Criminal Justice Planning took part in the interagency consultation that preceded the development of the 1975 State Plan;
- BODAP is funding two community correctional drug treatment components in Southern Florida;
- lacking special facilities for youthful or juvenile drug abusers, the Division of Youth Services' field counselors act as referral agents for drug-involved clients to local treatment programs;
- probation and parole services for drug abusers are provided by contracting services and requiring such specialized programming as a condition of release;
- numerous programs have established co-operative relationships with local courts, enhancing court-referrals and keeping judges aware of the alternatives to sentencing;
- of the 15 member advisory council, 7 were in criminal justice or related fields;
- The major 1975 proposals for improving criminal justice interface were:
 1. the establishment of a SSA-CJS liaison to improve statewide coordination of drug activities for the offender;
 2. the development of a statewide TASC referral system/network; and
 3. the Division of Corrections planned to begin in 1975 opening treatment slots for approximately 150 male opiate-involved inmates at a southern Florida hospital.

Constraints

The only constraint cited was that rural areas were not receptive to the idea of implementing drug programs and often times refused to admit that there was any need for such programs.

1976 State Plan

With regard to compliance with the criminal justice recommendations from the previous year, the description of the data collection process is still limited to arrest record data, and no formal interagency planning and coordination is evidenced. However, informal efforts are apparent and some

individually contracted service agreements are listed, enabling the provision of treatment services to the criminal justice client.

Priorities and program objectives are well-documented and are both realistic and consistent with current activities, and the performance report suggests successful program implementation for 1975-76.

Again, the lack of a formal agreement is regrettable, but there is evidence of joint planning activities at both the State and local levels. It appears as though the SSA has not made a serious attempt at formalizing the existing informal working relationship with the SPA.

GEORGIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Georgia SSA has a philosophy based upon exerting prevention and treatment efforts through maximizing inter-agency cooperation and integration, to avoid duplicating services and to provide drug treatment services efficiently. Furthermore, the SSA is committed to enhancing the drug treatment-criminal justice interface, establishing a criminal justice unit in the SSA, and focusing on the following program areas:

1. diversion of drug involved criminal justice clients into existing treatment facilities,
2. creation of new treatment programs structured for the arrestee-offender, and,
3. development of educational efforts to legitimize the treatment-criminal justice relationship.

It was difficult to determine the number of treatment programs, except to note that there seem to be seven operating in correctional settings.

Incidence and Prevalence Data

The incidence and prevalence data were compiled on the basis of an SSA survey requesting information from public and private organizations, including law enforcement agencies. The data included the number of drug arrests by drug type, the number of persons entering treatment, the number of drug-related deaths, and the number of health crises by drug type. The data were not uniform nor are they considered to be accurate, but they did substantiate that alcohol abuse is the most prevailing drug problem, and it was conservatively estimated that there are about 20,000 polydrug abusers.

Organization of SSA

The SSA was delegated in 1973 to the Drug Abuse Services Section in the Division of Mental Health, which is a sub-unit of the Department of Human Resources. Four regional coordinators perform a liaison function between the State and regional level operations; they are also active in the monitoring and development of drug abuse prevention and treatment programs in each of the four regions.

Linkages

Operational SSA-criminal justice linkages include the following:

- law enforcement agencies contributed arrest data to provide some of the incidence and prevalence picture;
- the research division of the SSA is creating a new information system on criminal justice referral mechanisms;
- the SSA has expanded its treatment and rehabilitation services, particularly the drug-free care modality, to meet the needs of the polydrug abuser with increased attention to criminal justice clients;
- in 1973, a criminal justice unit was created within the SSA;
- three grant applications were submitted to LEAA to establish pre- and post-trial, jail-based diversion projects; (one was approved at the time the State Plan was submitted and application for a large-scale TASC program was being developed.)

- the criminal justice unit of the SSA has provided technical assistance for arrestee and offender diversion and treatment programs;
- 5 new drug-free day-care programs, structured especially from criminal justice referrals, are being developed and implemented, involving efforts at law enforcement, pre-trial, and probation levels;
- a pre-release therapeutic community for drug-related offenders is jointly administered by the SSA and the Department of Offender Rehabilitation, as an alternative to incarceration;
- in 1974, the SSA and DEA sponsored a 4-day conference on diversion and treatment of drug offenders, attended by representatives from law enforcement, political and treatment agencies; and
- the 15-member Advisory Council includes a representative from the Department of Corrections.

Planned linkages included, as part of the primary goal to strengthen SSA-criminal justice interface:

- to gather better data on the extent of the drug problem from law enforcement agencies, the State Crime Commission and Crime Laboratory, the Department of Offender Rehabilitation, etc., to better determine service need areas;
- the Georgia State Crime Commission has identified the need for and supports the creation of more diversion programs, in preparation for long-term bloc grants from LEAA;
- the criminal justice unit is currently involved in negotiations with the Department of Offender Rehabilitation and the Pardons and Paroles Board to generate agreements to permit pre-release of incarcerated drug abusers into SSA programs;
- SSA and appropriate agency negotiations are being conducted in behalf of juvenile diversion efforts; and
- 2 new demonstration projects are being planned to facilitate outside treatment readiness for prisoners having been identified as having a history of drug offenses.

Constraints

Constraints include:

1. unsuccessful attempts to collect good data on the nature and extent of the drug problem;
2. staff time has been largely devoted to landing technical assistance to the creation of diversion programs, which has proven the least effective SSA effort;
3. tightly staffed programs have been reluctant to name a full-time staff member to establish diversion procedures;
4. many programs are not equipped clinically or attitudinally to respond effectively to the unique demands of criminal justice clients; and
5. there are communication problems between the criminal justice unit and the SSA.

1976 State Plan

The 1976 State Plan only generally describes the nature and extent of criminal justice-treatment interface. There is no formal agreement between the SSA and SPA, but only broad declarations of coordination with the criminal justice system. All references to criminal justice activity are illusory and largely uninformative, even insofar as the TASC project is only briefly mentioned. Furthermore, there is no indication that there are any monies allocated to further developing the criminal justice interface. The position of criminal justice consultant is noteworthy, but this staff role and the planned activities of this position are not detailed in the Plan.

Linkages between the treatment component and the criminal justice system are evidenced, though in only a cursory manner, and it is generally felt that there is potential for increased interface and joint activity.

HAWAII

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA policy is broadly stated, and the SSA plans to address the drug problem at six levels: through prevention, education, research, treatment, rehabilitation, and intervention. No criminal justice policy statements were identified or implied.

Twelve treatment programs were mentioned in the State Plan.

Incidence and Prevalence Data

No incidence and prevalence data were presented, though the data sources listed were: (1) judiciary and law enforcement agencies, (2) State and county medical facilities, (3) State agencies and departments, and (4) private service delivery agencies.

Organization of SSA

The SSA was designated to be the Substance Abuse Agency in 1974. A major reorganization effort occurred later, with the functions of the SSA transferred to the Department of Health. Funding allocations and other administrative functions are carried out by the SSA.

Linkages

Operational linkages include the following:

- the intent to use arrest statistics to obtain a partial indicator of the extent of the drug problem;
- on one island, there is an Interim Work Program for helping the unemployed while they are out of work; it has been recommended as part of an alternatives-to-incarceration program, for consideration by referral agents such as police, the courts, prosecutors, and probation officers;
- the Multi-Purpose Center of the County of Hawaii coordinates the Interim Work Program with various agencies, including criminal justice agencies;
- Project No Ka Oi is geared toward preventing youthful substance abuse in Kahului and Wailuku, by referrals from schools through the County Juvenile Counseling program in cooperation with the Office of County Youth Service and Maui Police Department; and
- the 15-member Advisory Council is represented by the criminal justice system with 2 attorneys and a police chief.

Constraints

Implied constraints include:

- there are problems with the format of the various data sources for incidence and prevalence indicators;
- overall re-organization has set back program efforts and criminal justice issues were not addressed in State Plan.

1976 State Plan

The Hawaii SSA has responded to previous criminal justice recommendations in that it has improved the data collection with respect to eliciting criminal justice sources, but it appears that criminal justice representation on the

Advisory Council has not been added, nor has SSA programming developed satisfactorily. The most recent State Plan is a more impressive effort than those of previous years, but problems remain and there is no indication of any formalized interagency agreement between the SSA and SPA.

IDAHO

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Idaho SSA policy can be determined by the prioritizing of drug abuse problem areas in the State as:

1. "Social loss from labeling and societal alienation resulting from the illegal use of cannabis.
2. Social and health cost derived from barbiturate use.
3. Social and health cost derived from the illegal use of opiates.
4. Social and health costs derived from the illegal use of hallucinogens."

Among current program priorities dealing with the development of special drug treatment facilities with diverse emphasis and geographical dispersion, the Idaho SSA is also concerned with developing alternatives to current criminalization of persons with drug abuse problems.

Seven treatment programs were identified, and community mental health centers fill the need in areas lacking special drug programs.

Incidence and Prevalence Data

Incidence and prevalence data were compiled from court disposition records, drug related death rates, a youth survey, a physician survey, and prescription sales. Based upon these data sources, the major problem areas in Idaho are substantial increases in drug law violations, not attributable to any changes in law enforcement practices, and a sizable group of amphetamine and barbiturate abusers, mostly middle-aged housewives.

Organization of SSA

The SSA is the Bureau of Substance Abuse within the Department of Health and Welfare. Regional coordinators provide local level input to the State Plan, and Regional Advisory Boards review all local level recommendations. The State Advisory Board is comprised of Regional Board members. The SSA allocates funds to regions based upon expressed needs.

Linkages

Operational linkages between the SSA and the criminal justice system include the following:

- one of several State agencies providing input for the development and update of the State Plan, was the Law Enforcement Planning Commission;
- the Bureau of Narcotics and Drug Enforcement (BNDE) within the Office of the Attorney General, is responsible for drug enforcement and for sponsoring/ conducting seminars for local officers;
- at the regional levels, the original State Plan (FY01) indicated regional efforts to contact representatives of the juvenile court, the sheriff's department, police, and probation officers for survey purposes; and
- the Advisory Council is comprised of 7 regional representatives plus one statewide representative; one of these members is a county probation officer, and one is a legislator.

Planned linkages include:

- an effort to maintain LEAA funding to implement and expand treatment facilities; and

- an effort to create more alternatives to incarceration by
1. improving judiciary-corrections coordination in diverting drug offenders to treatment programs,
 2. improving treatment and educational system, and
 3. developing an evaluation methodology to assess diversion efforts for adjudicated individuals.

Although the SSA indicates other gaps in service delivery within the criminal justice system, it appears that some informal court diversion is being conducted. Also, the need for probation and parole programs is recognized, but no proposed plans accompany that perception.

Constraints

Constraints cited are:

1. in response to an overall lack of funds the SSA suggested NIDA and LEAA coordinate funding efforts;
2. the SSA was slow starting due to organizational rearrangement aimed at enabling more accountability and organizational authority;
3. it is difficult to determine what the drug/alcohol program expenditures are within the criminal justice system; and
4. a group of drug-offender inmates, called DARE, who were promoting the development of drug programs in the Idaho State Penitentiary has disbanded.

1976 State Plan

The Idaho SSA responded to last year's criminal justice recommendation by broadening the information sought from criminal justice agencies for data collection. Although collection problems still exist, the information base is improved.

A formal agreement is in the process of being finalized, and is scheduled to follow the submission of this Plan. It is generally felt that the Idaho SSA has begun to respond to criminal justice client needs in a demonstrable fashion, having attended to strengthening treatment-criminal justice interface. The membership of the Advisory Council also reflects the emphasis on criminal justice participation in drug programming.

ILLINOIS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The purpose of the Illinois SSA is directed "to the end that the health, safety and welfare of the People of the State of Illinois should be protected and the human suffering and social and economic loss caused by abuse of controlled substances and the use of cannabis should be minimized through the regulation of treatment, care, rehabilitation, education and prevention programs, all persons engaged in drug abuse associated treatment, care, rehabilitation, education and training programs will be licensed and regulated in accordance with these regulations." (from Section 11, Rule 11.01)

Although there are no special criminal justice policy statements in the Illinois State plan, the list of programs offered suggests an awareness of and attempt to utilize this important facility, through law enforcement referrals and the emphasis on diversion programs, an array of institutional programs for offenders, programs for released offenders, and legal confidentiality protection offered by both statute and public prosecutors.

Incidence and Prevalence Data

Illinois has supplemented its incidence and prevalence data with two specially conducted surveys (although the results were not finalized at the time the plan reviewed was submitted). However, drug arrest data from years 1972 to 1974 showed a statewide increase of about 55%; Chicago alone increased by 43% and the rest of the State arrests increased by 63%. Ninety-seven percent of all clients entering treatment are from the Chicago area, 7,826 admitted during a 9-month period in 1974-1975. Drug-related deaths are largely attributable to barbiturates (42%) and barbiturates are most often cited as "drug of choice" by white males and white females entering treatment. Opiate use accounts for 82% of all clients in treatment and 24% of drug-related deaths. The costliness of drug abuse as it relates to criminality was not mentioned specifically, but rather the vast expense to the criminal justice system for enforcing, prosecuting, and punishing drug offenders.

Organization of SSA

The SSA was delegated to the Dangerous Drug Commission, under the auspices of the State Department of Health, Education, and Welfare in 1972. Coordinating positions for each region was proposed in the first State Plan (1972), but is not yet operative due to financial constraints. Therefore most planning and administrative functioning takes place out of the Chicago-regional office. The Commission, upon receipt of federal funding assistance, sub-contracts treatment program services and awards grants to locally operated programs.

Linkages

Operational linkages include the following:

- there are 11 clinics operated by the Illinois Drug Abuse Programs in the Metropolitan Chicago area, to provide treatment services to parolees from Illinois State Correctional Institutions, and they have been instrumental in many of the developmental aspects of the proposed Chicago TASC program;
- the Department of Law Enforcement offers diversion to treatment programs;
- the Department of Corrections operates institutional and community programs for offenders;
- the Illinois Law Enforcement Commission provides funding for diverting pre-delinquent and/or drug using youths from the criminal justice system;
- there is a liaison relationship between Illinois Dangerous Drug Commission and the Department of Corrections, TASC in Cook County, and the Illinois Law Enforcement Commission, at planning and co-operative levels;
- there is new interest in special programming for women involved in the criminal justice system through institutions and TASC;
- in Carbondale, Narcotic Addict Rehabilitation Co-ordination Organization (NARCO) conducts in-prison counseling for inmates soon-to-be released (i.e., a pre-release program);
- a work-release program at Joliet Prison allows the Department of Corrections to transfer addict-inmates to the Department of Mental Health and Developmental Disabilities (DMHDD) for up to six months of treatment;
- there is a Drug Abuse Rehabilitation Training program with a four-month residential facility for work-released inmates, and the program continues on an out-patient basis during parole;
- the Dangerous Drug Abuse Act (DDAA) provides for the treatment of drug abusers, as a parole condition, by the DMHDD; it also provides a procedure for diverting drug addicts accused or convicted of a crime to opt for treatment or imprisonment;
- the Cook County State's Attorney's Office set up a First Offenders (diversion) Program for first offenders under 30 years old;
- there are other regional diversion efforts of a more informal-agreement nature; and
- among the 30-member Advisory Council, nine positions are filled by criminal justice and related representatives.

Planned linkages include:

- the Pontiac Plan, proposing the development of a drug abuse education and rehabilitation program for inmates within one year of parole eligibility;
- implementing a corrections team to enhance correctional and parole staff attitudes toward the treatment program condition provided for by DDAA, and encouraging use of the Act; also, establishing a feedback mechanism from the treatment record to the parole officer;
- establishing of a TASC program for identifying and diverting drug abusers through the courts to treatment at arrest, pre-trial, or post-trial stages; and
- establishing a TASC program in Cook County and increasing existing treatment alternatives, such as community-based treatment.

Constraints

Listed among constraints are:

- there is continuing difficulty with Department of Corrections insofar as they are reluctant to transfer addict-inmates to the Department of Mental Health and Developmental Disabilities (DMHDD) for treatment, as allowed by the Unified Code of Corrections; (Part of action plan addresses this problem);
- although the Dangerous Drug Abuse Act allows for providing drug treatment as a parole condition, this option is not fully utilized by corrections and parole staff who are distrustful and fearful of inadequate treatment and supervision of clients;
- the SSA has felt constrained by the inability to hire special liaison officers to help integrate and coordinate sub-State, regional programming, having relied upon existing staff (who are not planners per se) to fulfill this function;
- the 6-month readiness counseling offered by the Drug Abuse Rehabilitation Training program for volunteers was terminated during the consolidation of Adult Field Services;
- the proposed Pontiac Plan is contingent upon endorsement, cooperation, and input by the Department of Corrections, the Illinois Drug Abuse Programs, community-based contractual treatment services, and the SSA;
- Cook County Narcotics Court makes little use of diversion option provided by DDAA statute; and
- "the most dramatic inhibitor to implementation of the first-year plan for sub-State regional coordination was the inability of the Commission (the SSA) to hire coordinators. Without this capability, liaison with local communities had to be absorbed by existing staff whose function was not within the purview of 'planning' but who performed as 'stand-in' coordinators as best they could."

1976 State Plan

No 1976 Plan was reviewed.

INDIANA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Indiana SSA is currently stressing education, training, and prevention efforts. Most treatment services seem to be mental health center-based and hot-line facilities. There are a number of projects that are funded by criminal justice agencies, and they provide for a broad range of services, from law enforcement training programs, court referral activities, a TASC program, a couple of institutional programs and at least one parole/probation effort in St. Joseph County.

There are approximately 52 treatment programs operating in Indiana, 21 of which obtain some funding from the Indiana Criminal Justice Planning Agency, the Bureau of Prisons, or NARA sources.

Incidence and Prevalence Data

Based upon projections of the extent of drug use, it has been estimated that about two-thirds of all drug and alcohol cases have arrest records; 15% of the population 14 and older have used barbiturates, 7% use tranquilizers regularly, and only 3% use marijuana regularly. Specific problem areas identified were middle-class, middle-aged barbiturate misuse and abuse, and youthful polydrug use.

Organization of the SSA

The SSA was designated in 1972 to be the Division of Addiction Services within the Indiana Department of Mental Health. Statewide drug programming plans are made on the basis of regional input and recommendations.

Linkages

Operational linkages between the SSA and the criminal justice system include the following:

- there is a cooperative working relationship between the SSA and the Indiana Criminal Justice Planning Agency;
- the Department of Corrections is mandated by law to coordinate drug projects in the Youth Authority with the SSA;
- by invitation, the Indiana Criminal Justice Planning Agency has given the SSA a seat on the Prevention Task Force Grant Review Committee;
- by Indiana statute, the SSA has been given the authority to provide treatment instead of incarceration;
- the Department of Corrections was awarded \$125,000 by the General Assembly to develop a drug education/treatment program in the Indiana Youth Authority, giving the SSA cooperative rights in monitoring the program;
- the Indiana Criminal Justice Planning Agency has funded the SSA efforts to establish and maintain a Juvenile Group Home for substance abusers;
- the ANYSIS program at the U.S. Federal Penitentiary, in Terre Haute is one of the best Federal drug treatment programs, and other programs send their staff for training to ANYSIS;
- a variety of SSA programs are operative in jails, parole, probation, pretrial investigations, and with screening and evaluation; some particularly noteworthy programs are the Aquarius House, a TASC program, an IADAC program, the NIDAS program, the Katherine-Hamilton program, the Bloomington-Monroe Drug Council, and the SWIDAP program;

- among the agencies that received copies of the 1973-74 State Strategy and the Annual Performance Report of the SSA are:

1. the Indiana Department of Corrections,
2. the Indiana State Police,
3. the Indiana Criminal Justice Planning Agency (the LEAA State Planning Agency),
4. the Attorney General's Office,
5. the Indiana Prosecuting Attorney's Council, and
6. the Indiana Bar Association;

- the SSA programs rely largely upon arrest, jail, and correctional institution contacts to identify the substance abuser in need of drug treatment; and
- the 23-member Advisory Council includes a State Senator, the Commissioner of the Department of Corrections, the Dekalb County Prosecutor, and a lieutenant from the Indiana State Police Department.

The primary proposed effort was a special training program for law enforcement and criminal justice personnel to enable them to make better decisions in the areas of case disposition and client diversion from incarceration.

Constraints

Constraints include:

- limited regional coordinated planning efforts were due to a lack of manpower and limited program consultation availability;
- the DEA/NASDAPC conference was felt to be hampered by its size and future conferences are going to be based upon smaller regional meetings; and
- personnel changeover in both the criminal justice system and the treatment system make negotiations difficult and tenuous.

1976 State Plan

The 1976 Plan was not reviewed.

IOWA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA sets forth as its ultimate goal the reduction of drug abuse, by enabling the development of programs to alleviate individual reliance upon drugs, to promote self-help problem-solving, and to help drug abusers resume or begin a productive life. Having initially developed at local levels, drug abuse prevention programs are carried out through joint involvement of the local community, State, and Federal governments. Furthermore, the SSA perceives drug abuse prevention as inclusive of education and public information programs, intervention strategies, and treatment and rehabilitation services. The education and information efforts are primary prevention, intervention is secondary prevention, and treatment-rehabilitation is tertiary prevention; whereby, all efforts are aimed at preventing further drug involvement and dysfunction.

The criminal justice policy is not explicitly stated, but the SSA works closely with the Iowa Crime Commission at the information exchange and consolidation levels, as well as through providing joint funding allocations.

The program component is comprised of 19 treatment and rehabilitation programs with 19 satellite offices, 27 prevention-intervention, public information and education programs, 5 training program efforts, and a single drug analysis and urinalysis laboratory.

Incidence and Prevalence Data

The extensive incidence and prevalence data were provided by a number of sources, including district court convictions, juvenile court dispositions, drug thefts, arrests, confiscated drugs, adult and juvenile commitments to corrections facilities, hospital emergency room reports, CODAP data, drug admissions to mental health institutions, and drug-related deaths. Since each reporting source presented unique and somewhat different data from other indicators, only a general summary of findings will be presented here. Based upon multiple agency inputs, and a statewide survey update, the drugs of abuse are rank-ordered with alcohol leading, followed by tranquilizers, amphetamines, barbiturates, marijuana, cocaine, hallucinogens, and opiates. This pattern is similar to that for the preceding two years, except with respect to the ordering of the problem drugs (except alcohol, which has always led the list). Polydrug use continues to rise, with all drug use predominating among male youths both urban and rural, though drugs of abuse differ regionally.

Criminality is viewed to be related to hard drug use (as opposed to soft drug use) as reported by users themselves who resorted to criminal activity as a primary source of income.

Organization of SSA

The SSA was designated to be the Iowa Drug Abuse Authority (IDAA) (not sure when). The IDAA operates as a regulatory agency, lending technical assistance to local programs for program improvement, subcontracting special services from other agencies, and providing individually assessed funding for applicant programs. Recent regional reorganization has resulted, in part,

with the assignment of a coordinator for each region to help with planning and technical assistance of drug abuse prevention and intervention activities, and these coordinators are responsible to an IDAA planner/coordinator.

Linkages

Operational linkages include the following:

- there is continued coordination between the IDAA (SSA) and the Iowa Crime Commission with regard to exchanging research data, updating 1974 Incidence and Prevalence Study baseline data, exploring the feasibility of jointly funding alternative programs for correctional and juvenile drug treatment, considering jointly funding a position for a Criminal Justice Coordinator for drug abuse to be part of the IDAA office, and jointly reviewing grant applications for Federal funding;
- three treatment/rehabilitation programs have developed referral and diversion mechanisms with the courts;
- the new position of Criminal Justice Coordinator will assume responsibility for developing and implementing a needs assessment, resource identification study for drug abuse programming within the correctional system, at both institutional and community-based levels;
- continued efforts at Anamosa Men's Reformatory include keeping the existing drug counselor for treatment and rehabilitation;
- the SSA is involved in providing adequate training and providing credentials to programs that are developing within the criminal justice sector;
- ADAPT, INC., in Des Moines includes among its comprehensive program efforts, a TASC program, a criminal justice facility, and court liaison;
- REALITY 10 in Cedar Rapids also conducts court liaison services as does BLACK HAWK COUNTY DRUG COUNCIL in Waterloo;
- Shelter House in Ames provides short-term nonsecure juvenile detention and shelter care among other services; and
- among the 11-member Advisory Council are two positions for criminal justice-related representatives, filled at present by an attorney and the Director of Criminal Justice Services of ADAPT, INC.; non-voting members (there are 15) include the Attorney General, the executive director of the Iowa Crime Commission, and the Director of the Division of Narcotic and Drug Enforcement.

Planned linkages were not specifically cited, as most "plans" were beyond the planning phase and implementation seemed to be underway. Generally, however, there appears to be an effort to provide more drug treatment/rehabilitation services to inmates of correctional facilities.

Constraints

No constraints were identified.

1976 State Plan

The Iowa SSA has demonstrated significant accomplishments in terms of improving SSA-criminal justice linkages. A letter of agreement between the SSA and SPA was included in the Plan. Three new treatment and rehabilitation efforts have been initiated to provide for better court-based diversion activities, and similar programs are anticipated for the future.

Finally, the SSA and SPA have agreed to joint funding of the position of criminal justice coordinator, which is adequately described and will be situated within the SSA----a commendable example of SSA-SPA interface.

KANSAS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The policy of the Kansas SSA is to encourage and enhance court diversion strategies and civil commitment to treatment programs, especially for youthful first-time drug offenders (excluding traffickers). Therefore, much emphasis has been placed upon urging communities to develop drug treatment programs and the SSA has assisted local efforts in securing technical and financial assistance. Program priorities were listed accordingly:

1. to increase community awareness and involvement in drug programming efforts
2. to develop better monitoring and data management systems
3. to develop better data collection strategies
4. to create more alternatives to incarceration
5. to address the special problem of women misusing drugs
6. to develop additional training resources, and
7. to create specialized interest programs.

Fifty-eight drug abuse programs were identified, five of which are specifically designed by the criminal justice system.

Incidence and Prevalence Data

The incidence and prevalence picture was based upon a 1973 general population survey, which indicated that about 225,000 of the adult population felt themselves to be somewhat dependent upon drugs (other than alcohol). Of 21,700 people who have used heroin, 4,700 are regular users; there are about 7,000 barbiturate users; and about 4% of the adult population use marijuana regularly. The data are presented only as estimates, and drug-related crimes from 1968 to 1973 have increased 1300%.

Organization of the SSA

The SSA was designated to be the Kansas Drug Abuse Commission in 1973. The Commission is made up of five members and six staff members, one of which is the Program Coordinator for Criminal Justice and Community Development. The SSA is structurally located in the executive branch, making it an autonomous agency, highly visible and accountable to the Governor, impacting expeditious decision-making and program implementation.

The SSA is solely responsible for the preparation and administration of the State Plan, while regions operate as autonomous grant review bodies, allocating funds to local program efforts.

Linkages

Operational linkages include the following:

- civil commitment, rehabilitation, and treatment are all highly regarded alternatives to incarceration by the criminal justice system; law enforcement officials favor hospital, clinical, and special program referrals;
- local schools invite criminal justice professionals (i.e., law enforcement officials) as informative resource people with regard to drug abuse;
- there are 4 known court diversion programs, all in major metropolitan areas;
- approximately 6% to 15% of the total State law enforcement effort is directed to drug law enforcement;

- the Attorney General's Office maintains an active drug abuse public information system, as do police departments, sheriff's offices, the KBI, and some criminal justice units;
- one community Mental Health Center has been receiving LEAA funds for special drug programs;
- the Kansas Law Enforcement Training Center sponsors a six-hour course in drug abuse law enforcement to all State law enforcement personnel;
- DEA annually conducts a one-week course in narcotics investigation to law enforcement personnel;
- one of the six staff positions in the SSA is a Program Coordinator for Criminal Justice and Community Development, who works in the field providing technical assistance planning and developing programs; and
- the Kansas SSA serves the same function as an Advisory Council, with five members, one of which is a State legislator; the Regional Advisory Councils are known to exist, but the representation is vast (made up of some 30 community councils) and unknown.

Planned linkages include:

- bettering efforts at discovering special needs of court-diverted clients;
- the State Penitentiary and several inmates have requested SSA assistance in developing special pre-release and institutional programs;
- more alternatives to incarceration are needed;
- there are plans to encourage more court diversion and civil commitment for youthful, first offense, drug users (not traffickers);
- there are plans to conduct a second Kansas Drug Enforcement Administration Seminar in conjunction with a public presentation of known court diversion programs available; the SSA will assist 15 communities in acquiring funding;
- the 1974 Governor's Conference on Drug Abuse Prevention cited need for the following:
 1. betterment of and expansion of existing programs
 2. improved system of monitoring the distribution of legal drugs into illegal channels
 3. improved drug abuse intelligence and communications in law enforcement, and
 4. increased attention to State and local law enforcement personnel needs;
- law enforcement, education, and treatment people feel an urgent need for better data collection and client-tracking system in penal systems;
- over one million dollars has been requested in grants for implementing these efforts; and
- there is a need for a community-based referral mechanism via the criminal justice system.

Constraints

Constraints listed are:

- there is need for better law enforcement statistics collection;
- there is insufficient input by appropriate people to develop alternatives to incarceration;
- only 3 programs accept civil commitments;
- there is an extensive court backlog due to increasing drug arrests, and user identification;

- there is glaring lack of rural-based diversion efforts; and
- there are insufficient funds for State's 4,700 regular heroin users (only 300 currently treated).

1976 State Plan

Progress to date in Kansas is impressive, and there is evidence of a good working relationship between the SSA and the criminal justice system, although no formal agreement was included in this year's plan. The most recent efforts in the area of treatment-criminal justice interface include the implementation of court diversion programs in three large communities, the creation of drug abuse education and treatment programs in each of the four State correctional institutions, the collection of statewide attitude data regarding the treatment of drug offenders which enabled the development of more diversion programs, and the development of a law enforcement training curricula to be implemented in FY 1977.

The overall assessment of the Kansas efforts was favorable.

KENTUCKY

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

According to the State Plan, "During the second program year, the Single State Agency policy is to offer those programs involved in drug treatment, rehabilitation, prevention and education the technical and financial assistance appropriate to their needed improvement and expansion. In addition to facilitating the improvement and expansion of specific programs, the Single State Agency policy will be directed to the planning, developing, and implementing of new services which meet specific, identified needs for drug treatment, rehabilitation, prevention and education." "The SSA's role with the Department of Justice, at this time, is assisting them in writing their 1976 State Plan and providing technical assistance in setting up a comprehensive drug abuse training program for those professionals involved in the criminal justice system, i.e., parole and probation staff, wardens, guards, etc." "The Kentucky Department of Justice has assumed a treatment and rehabilitation role in the establishment of counseling services for State probationers and parolees with drug-related problems through the Drug Abuse Center, Louisville."

There are approximately 80 treatment programs in operation throughout Kentucky.

Incidence and Prevalence Data

Incidence and prevalence data were obtained from drug arrests, the number of treatment referrals, both voluntary and involuntary, and an institutional survey carried out by a Special Task Force in 1974. Polydrug arrests rose from 4,889 in 1973 to 5,957 in 1974. About half were for marijuana offenses, and over a third of the arrestees were 18 years old or younger. There were 562 opiate arrests in 1973 compared to 313 in the first nine months of 1974, indicating a decrease in this category. Referrals increased from 1,404 in 1973 to 4,866 in 1974, and the number of persons in involuntary drug offenders' programs increased from 375 in 1972 to 1,500 in 1974. The Task Force found that 215 inmates out of 375 in six institutions had drug problems.

Organization of the SSA

The SSA was designated to be the Department of Human Resources in 1974. Lines of authority extend from the Drug Abuse Section (in the SSA) to four regional drug coordinators who render technical assistance to 15 district mental health/mental retardation boards and to comprehensive care centers. The 15 district drug coordinators transmit information regarding district needs, priorities, and plans to the regional and State level and assist the local drug program efforts. The SSA has statutory authority for planning, coordinating and developing programs for prevention, treatment, and rehabilitation in the field of drug abuse. It acts something like a liaison agency by maintaining communication with Federal, State, regional, and local authorities and programs, transmitting information to and from these factions.

Linkages

Operational linkages include:

- assisting the Department of Justice in writing the 1976 State Plan;

- participating in the establishment of drug abuse training for criminal justice professionals, with the Department of Justice;
- hiring four forensic drug specialists to form an action plan regarding a comprehensive approach to treatment, rehabilitation, and prevention for incarcerated or conditionally released drug offenders;
- having implemented a statewide referral system for new releases from primary/secondary institutions to drug treatment and rehabilitation programs;
- having improved outreach and referral efforts to attract 18-19 year old drug offenders to two existing therapeutic communities that are thus far underutilized;
- having increased efforts and joint actions of SSA and Department of Justice due in part to Task Force Report, The Captive Patient, indicating the extent of drug-related health problems existing in Kentucky institutions;
- operating a Youth Outreach Program for juveniles;
- implementing Stop Dope Now, a reintegration program for parolees;
- operating a Youth Prevention Program, with emphasis on identification of drug abusers through schools, social services, and courts;
- conducting the Northern Kentucky Outreach Treatment program, to stimulate court referrals;
- utilizing an IDARP training grant for corrections, parole, and probation personnel;
- increasing court referrals to existing treatment centers; increasing the use of probation and parole officers as a referral source; and increasing treatment as an alternative to incarceration;
- sponsoring Drug Abuse Center, Inc. for drug-offenders on probation and parole;
- providing methadone maintenance to help alleviate drug-related (property) crimes, suspected to be correlated with supporting a heroin habit;
- operating a regional education program to educate helping professionals (i.e., lawyers, law enforcement officials, judges, jailers, the sheriff, police officers, doctors, ministers, social workers, etc.) about available treatment facilities and to suggest cooperative efforts to provide better services to the alcohol and drug abuser;
- recognizing that the "Kentucky Department of Justice has assumed a treatment and rehabilitation role in the establishment of counseling services for State probationers and parolees with drug-related problems at the Drug Abuse Center, Louisville. The Department plans to continue its endeavors by making this service available throughout the State," and
- The criminal justice-specific members of the Advisory Council were not specifically delineated, except for one attorney (of 19 members).

Constraints

Among the constraints listed in the State Plan are:

1. In spite of the provision in the Kentucky Controlled Substances Act for referring first offenders to treatment programs, it seems that some courts (particularly in one multi-county region) are reluctant to utilize this option; SSA efforts to create understanding by way of explanation to prosecutors, judges and clerks of police court have been futile.
2. Although SSA-criminal justice interface is operative at several levels, the State Plan emphasizes the need for programs in all types of institutions and jails, and improvement of those that are operating.
3. The Captive Patient Task Force Report capsulized a number of institutional deficiencies among which are the disproportionate need for drug-treatment services compared to their existence, the overall absence of jail-based health services or gross inadequacy of those existing, and/or lack of knowledge about community resources available for referral.

4. Although regional proposals were submitted and approved for implementation, many were not funded due to financial constraints. Furthermore, some of the projects did not adequately describe their needs or describe quantifiable program goals. (The SSA is formulating guidelines.)
5. Even though there are many 18- and 19-year-olds in need of treatment, outreach efforts are ineffective and two existing treatment programs for this group are underutilized.

1976 State Plan

The 1976 Plan was not reviewed.

LOUISIANA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Louisiana SSA perceives its primary role in drug abuse prevention to be one of promoting and insuring the highest quality of drug treatment services in Louisiana. The SSA plans to accomplish this by supporting and monitoring State programs, to maximize utilization, coordinate ancillary systems, insure quality, and increase public awareness and support of drug programs. The SSA accepts major responsibility for the primary prevention efforts in the State.

Furthermore, the SSA realizes the desperate need for services for drug abusers who are involved in the criminal justice system. The SSA feels that intervention efforts should occur at the second and subsequent arrests (since the first usually results in probation) and recognizes that successful diversion efforts cannot occur without coordination and cooperation between the treatment program and criminal justice personnel.

There are at least 12 outpatient programs, eight residential programs, and 2 (corrections) institutional programs.

Incidence and Prevalence Data

The data on the extent of drug abuse problems were based upon cases in treatment, drug offenses and arrests, but all of these indicators are secondary at best. Problem needs are prioritized by severity of perceived drug problem, with heroin posing the most serious problems, followed by amphetamine and barbiturate abuse and hallucinogens. Marijuana is the most frequently used drug, and its social costs are also considered to be significant. A drug abuse-criminal activity (primarily property crimes) relationship is not only perceived by the SSA, but a figure for drug-related crimes was cited (with no description of the procedure by which this figure derived).

Organization of the SSA

The SSA was designated to be the Division of Mental Health. Its Drug Abuse Section was established in 1972. All eight regions participate in the planning process through district coordinators, who enable the SSA to coordinate and generate programs at the local level.

Linkages

Operational linkages include the following:

- the State Department of Corrections operates a drug treatment program at the Louisiana Training Institute at Scotlandville;
- Southern University in New Orleans has sponsored a delinquency/drug abuse program called "Discover, Inc.," preventive in nature, encouraging juvenile diversion, and providing training opportunities for students;
- the Central City Multi-Media Center in Orleans parish functions as a prevention/education mechanism for crime and drug abuse;
- among the agencies who provide input to the State Plan are the Attorney General's office, the Department of Corrections, and the Louisiana Commission on Law Enforcement and Administration of Criminal Justice;
- Delgado College has a Drug Research Grant funded through LEAA;

- control and regulatory activities are in constant coordination with agencies and boards such as DEA, FBI, FDA, NIDA, etc. Furthermore, all agencies work in conjunction with State, parish, and local law enforcement agencies;
- an initial seminar in court diversion was presented by the SSA with DEA assistance, bringing together treatment and enforcement personnel;
- one of the SSA goals accomplished in 1974 was the augmentation of law enforcement personnel;
- the SSA funded and participated in a research program at LSU's School of Social Welfare, entitled "Angola Drug and Alcohol Study," with the research conducted at the Louisiana State Penitentiary to determine drug treatment needs in that setting;
- a preliminary survey and needs assessment for a treatment facility was conducted at the State Penitentiary for Women;
- the SSA contracts with a pharmacologist-attorney to provide pharmacological and legal consultation;
- the 19-member State Advisory Council includes 4 criminal justice system representatives; and
- regional/district advisory councils also show criminal justice representation.

Planned linkages include:

- working toward further development of plans for institutional programs;
- the SSA plans to provide input to Juvenile Corrections program;
- the SSA plans to conduct a meeting between Department of Corrections and Odyssey House (a residential treatment facility) to discuss the provision of services to offenders; and
- 50 drug-free day care slots were funded which will be implemented in two state prisons by 1976.

Constraints

Constraints were:

- an attempt to establish a new and sixth facility for heroin users met strong opposition within the criminal justice system in Baton Rouge; and
- rural areas are hampered by real and self-imposed isolation which has resulted in less-than-ideal drug abuse reporting.

1976 State Plan

In terms of compliance with previous criminal justice recommendations, the Louisiana SSA has demonstrated improved treatment-criminal justice interface, exemplified by having carried out last year's objectives, including the initiation of a TASC project. A formal agreement between the SSA and the SPA is documented in the Plan, and the substance of this agreement indicates dual commitment by both agencies to joint planning and coordinating efforts.

The utilization of criminal justice statistics as they relate to criminal justice-based activities are adequate, although there are no data specifying court dispositions indicating probation parole jail, or referral to treatment. The Advisory Council membership is representative of the community.

Although objectives are cited, they are only broadly defined and are not rank-ordered in terms of perceived priorities. Program goals and objectives are not as concise or consistent as they might be, jointly conducted SSA-SPA efforts are not fully described, and the action agenda is devoid of time references or implementation schedules.

MAINE

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Maine SSA maintains a policy of providing preventive and treatment services to drug abusers. Of special importance is the emphasis placed upon outreach services for the youthful polydrug user, focusing programs on services within schools, youth centers, the home, etc. Public education efforts are often criticized as being ineffective, and Maine places minimal importance on this particular component of its overall efforts. The SSA encourages diversion programs and has actively discouraged the implementation of drug treatment programs within institutions to better fulfill this aim. The SSA feels that drug using offenders are a non-threatening population, and therefore urges maximum use of alternatives to sentencing.

Of 8 community mental health centers, only one provides special services for drug abusers, and the SSA operates 3 NIDA-funded facilities.

Incidence and Prevalence Data

The incidence and prevalence data were collected from drug-related arrest figures and hospital emergency room reports. In 1973, there were 1,662 such arrests and 100 hospital cases.

Organization of the SSA

The SSA was designated in 1974 to be the Office of Alcoholism and Drug Abuse Prevention (OADAP) within the Bureau of Rehabilitation, a sub-unit of the Department of Health and Welfare. OADAP acts as a planner, coordinator and purchaser of services, leaving program operations to the individual programs. Several regional groups participate in reviewing the State Plan and help determine local level needs.

Linkages

Operational linkages include the following:

- the SSA uses arrest data, and institutional data to illustrate the extent of the drug problem;
- OADAP is currently conducting an outreach and identification effort to seek out and "recruit" youthful polydrug users, with the cooperation of schools, youth centers, and correctional facilities;
- the Law Enforcement Assistance Agency (LEAA) and the Department of Education have indicated their support of drug abuse prevention programming;
- OADAP participates in the review of the LEAA State Plan to be assured of program consistency and compatibility;
- the OADAP attorney conducts training sessions at the Maine Criminal Justice Academy;
- the State Police have agreed to give OADAP responsibility for drug education programs with the police;
- OADAP is represented on the Governor's Task Force on Corrections;
- there are drug programs in two county jails, and "weekly groups" are conducted at the Boys' Training Center;

- Day One, a treatment facility has been invited to participate in State Parole Board meetings;
- OADAP consults with the treatment staff at the Mens' Correctional Center and at Stevens School, a correctional facility for women;
- OADAP has helped secure Vocational Rehabilitation funding for drug treatment at the Maine State Prison;
- several correctional staff attended the New England School of Drug Problems, and
- there are 2 criminal justice representatives on the 16-member State Advisory Council.

Constraints

Constraints were primarily fiscal in nature, which adversely affect needed training efforts. Other constraints are:

- (1) the lack of an active public education program, and
- (2) rural areas lack adequate services.

1976 State Plan

With regard to compliance with previous criminal justice recommendations, the Maine SSA has not indicated the criminal justice representation on its Advisory Council; but the focus upon data collection has improved markedly and related efforts are being conducted jointly by the SSA and the Criminal Justice System to collect statewide data on criminally-involved drug clients. This effort alone has resulted in better interface between the two agencies and additional coordinated planning, funding, and treatment resource availability are being explored.

The criminal justice component has received paramount attention in the action agenda priorities, including documentation of an SSA-SPA formal agreement.

MARYLAND

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Maryland SSA is the Drug Abuse Administration (DAA), and adheres to a comprehensive program policy, noting a well-recognized need for treatment service provisions for clients involved in the criminal justice system, such as inmates, probationers and parolees. The lack of sufficient treatment programs for this target population is well-documented and has gained top priority in the 1976 Action Plan. For instance, jail detoxification provisions have recently been mandated by State law. Several criminal justice related programs are operating at the arrest, court referral, jail, correctional institution, juvenile justice, and probation and parole levels of the system. However, these efforts are deemed inadequate by the SSA, and future plans revolve around expanding and broadening existing efforts.

Approximately 55 treatment programs were identified, plus an additional 44 were listed as operating specifically within the criminal justice system.

Incidence and Prevalence Data

Incidence and prevalence data were collected from a variety of sources including a survey of 21,000 tenth graders, methadone maintenance facilities, other treatment programs, law violations, overdose death rates, and the Narcotic Addict Register. According to these sources, there are an estimated 150,000 drug abusers in Maryland, 20,000 of whom abuse narcotics in particular. Among the social costs of drug abuse listed were property crime, law enforcement efforts, and other procedural costs within the criminal justice system.

Organization of the SSA

The DAA was created in 1971, and is within the executive Department of Health and Mental Hygiene, one step removed from the Governor. There are four identifiable regions of Maryland whose Regional Coordinators partake in planning and coordinating local activities. The dissemination of funds appears to be left entirely to the DAA.

Linkages

Specifically mentioned operational linkages between DAA and the criminal justice system are as follows:

- the Maryland Narcotic Addict Register is a region by region collection of drug arrest, conviction data, and drug type, which provides supplementary data on the extent of the problem;
- the Department of Corrections has identified 1,400 persons in their system who have a history of drug abuse;
- juvenile drug offenders are referred to the Department of Juvenile Services for treatment;
- listed in an appendix of the 1976 State Plan are 44 treatment programs under the auspices of the criminal justice system: 12 community-based treatment programs, 14 prevention programs, 10 jail programs, 2 probation and parole programs, and 6 institutional programs (3 each for adults and juveniles);
- although specific proposed programs were not listed, the State Plan indicated a need for expanding existing services and programs;

- a survey of treatment programs indicated that adult and juvenile courts, juvenile services, probation and parole officers, and the police are active referring sources;
- among the 18-member Advisory Council, five are in criminal justice, or related fields.

Constraints

Constraints listed included:

1. there has been difficulty in securing funds for nonurban areas (who are not likely to get LEAA high-impact funds);
2. the Circuit Court Civil Commitment Program, designed to create drug treatment alternatives for drug-dependent offenders is poorly coordinated, especially at the correctional program-post-release community-based treatment program juncture;
3. some programs are underutilized due to narrowly defined target populations;
4. corrections, juvenile corrections, and probation and parole list a variety of needs and the usual lack of funding for these needs;
5. most treatment programs depend upon volunteer clients, thereby missing a majority of abusers; and
6. the unique political constraints of implementing a State Plan in suburban Maryland outside of D.C., the geographic nature of the state, and community zoning ordinances are all obstacles to establishing a comprehensive drug treatment program.

1976 State Plan

The Maryland SSA has complied with previous criminal justice recommendations, documented in the 1976-1977 State Plan by newly initiated linkages with the criminal justice system, having achieved many of last year's objectives, and continued efforts to fulfill the remaining objectives.

Although the Plan narrative suggests that a formal agreement between the treatment network and criminal justice system has existed since 1972, there is no documentation of this cooperative relationship. Informal activities are cited in the Plan, and coordinating and planning activities appear to be operative. Priorities, objectives, and activities are consistent and realistic, although inter-agency activities with other State agencies, such as the Health Planning Agency and the Human Service Agency, are not clearly delineated or scheduled. Finally, the composition of the State Advisory Council has not been provided for review.

MASSACHUSETTS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

According to the State Plan, "The long range purposes of the Single State Agency go beyond the provision of a comprehensive network of empirically evaluated prevention, treatment and rehabilitation services for drug dependent persons. They extend to the goal of significantly modifying the entire range of human services so that drug dependent persons no less than other deprived and stigmatized populations are provided the options, freedoms and resources to make meaningful decisions about their own destiny. We anticipate that the self-help criteria being developed by the Division will become increasingly feasible and salient and subject to empirical assessment. We anticipate that the humanistic purposes of these criteria will become incorporated into the dailiness of all services whether or not they are primarily drug rehabilitation facilities." "With the continued push for penal reform, community corrections and court diversions, we anticipate that there would be a steady and relentless decline in the percentage of persons incarcerated for drug related offenses."

There are approximately 203 drug programs, ranging from TASC, alternative schools, pre-release, residential, methadone maintenance programs and hospital services.

Incidence and Prevalence Data

Incidence and prevalence data were derived from treatment admissions (from 6991 in 1973 to 9213 in 1974), incarcerated drug abusers (about 40-60% of all inmates), Department of Probation and court records (heroin arrests have increased), overdose deaths from opiates (stabilized) and overdose deaths from barbiturates (increasing). Warning that these types of indicators are not very helpful in determining statewide use, it has been estimated that there are over 6500 drug abusers in the criminal justice system of Massachusetts.

Organization of SSA

The SSA was designated to be the Division of Drug Rehabilitation in the Department of Mental Health. Funds are allocated on a regional basis with a sum earmarked for each region according to a formula jointly developed by research and community programs staff. Regional review boards consider area and regional priorities, to evaluate each applicant program. Funding divisions must reflect the funding criteria developed by the SSA.

Linkages

Specific examples of SSA-criminal justice interface include the following:

- there is an ongoing effort to identify a residential treatment program for female addicts, ex-offenders, and their children;
- the SSA advisory Council was enlarged to include court-representation, and six committees were developed, including one dealing with drug enforcement and control issues;

- a 60-page Task Force Report included the plan for and on-going development of a Pre-Parole Treatment System for Community Corrections, based upon a therapeutic community model; the program was conceived jointly by the Departments of Corrections and Mental Health;
- a Massachusetts statute provides for alternatives to incarceration, with a new provision for differentiating between drug addiction and drug dependency, enabling the dependent to be referred to either in-patient or out-patient treatment--enhancing court diversion efforts.
- there are active diversion efforts currently operating that are based upon the existence of drug screening boards, comprised of representatives from various treatment modalities, court clinics, and/or probation officers, who make individual evaluations and recommendations to the court; this board helps acquaint the courts with community-based treatment alternatives;
- the Department of Corrections has established a special Drug Planning Unit;
- there are self-help treatment programs operating in four major correctional institutions;
- the Division of Drug Rehabilitation (of Department of Corrections) provides funds to community-based treatment programs that service inmates of State and county institutions;
- of five (5) residential treatment programs in Region I, one is specifically restricted to treating parolees and ex-offenders;
- all regional reports included examples of interface at law enforcement, court diversion/liaison, institutional, and conditional release levels; there is a very comprehensive Statewide program.
- The composition of the SSA Advisory Council includes the Commissioners of the Department of Corrections, the Massachusetts Rehabilitation Commission, the Division of Youth Services, and the Office of Probation; or, four of the fourteen positions are filled by administrative-level criminal justice personnel; Regional Councils are also well represented by Law Enforcement, Courts/Judiciary, Corrections, and Probation & Parole personnel.

Several efforts have been planned that would increase SSA-criminal justice interface:

- implementing a special youth programs diversion effort
- increasing existing institutional self-help programs and developing liaison services to better prepare inmate for community re-entry (i.e., pre-release)
- expanding court liaison efforts and diversion capability, including additional drug screening boards;
- implementing major institutional training efforts with emphasis on Pre-Release Program;
- conducting evaluation and research efforts of all SSA efforts, including those portions of the criminal justice system involved in treatment, referral, and release of drug-involved offenders; and
- "The Division plans to allocate funds to develop correctional liaison services which would include coordinating the transition of drug dependent inmates from prison to community drug treatment facilities, preparation of inmates for re-entry, job placement, services to families, assistance to community-based self-help programs in extending their services to inmates

in county jails and the provision of technical assistance and support services to ongoing self-help programs in the prisons."

Constraints

The only constraint listed was "The administrative separation of drug abuse and alcohol abuse programs at both State and federal levels is an impediment to serving the population which abuses these substances." The two health problems are closely related and frequently occur simultaneously in the same individual.

1976 State Plan

The Massachusetts SSA has complied with previous criminal justice recommendations by (1) demonstrating its structural ability to provide data collection inclusive of criminal justice system inputs, (2) identifying an organizational structure that is conducive to representing criminal justice involvement, and (3) documenting through a better data collection system and through the current action agenda an increased awareness of and interest in developing better interagency coordination.

Although no formal SSA-SPA agreement was provided, there are numerous examples of coordinated efforts, such as a TASC program and pre-release projects. Action agenda objectives are clearly delineated and seem likely to promote the development of criminal justice interface.

MICHIGAN

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Michigan SSA views its role in the context of taking action on behalf of the large number of people who suffer from drug and alcohol abuse. The associated problems are described as pervasive, affecting every social and economic group, and involving the efforts of government, human services agencies, law enforcement, etc. The response to these problems is outlined comprehensively with reliance on the widespread efforts already underway. Although not identified as such, other substance abuse prevention activities exist in a variety of governmental units and their inclusion in a statewide substance abuse prevention program is essential. Considerable emphasis was placed on developing and expanding prevention activities. The primary criminal justice efforts have been directed toward increasing alternatives to incarceration and by urging law enforcement and the courts to practice diversion.

Approximately 385 drug treatment programs (including 173 prevention programs and 179 outpatient programs) were identified in the State Plan.

Incidence and Prevalence Data

Based upon a survey carried out by an independent contractor for the SSA, although the actual numbers and percentages of drug use (based upon a sample of 2,539) are considered to be conservative, the patterns of use are thought to be representative. The results of that survey revealed that 18% of the population use marijuana, 5% use hallucinogens, 1.2% use heroin, illegal methadone, and cocaine, and .5% use heroin; among the problems experienced by drug users, trouble with the law was cited about half of the time.

Organization of SSA

The SSA was designated to be the Michigan Department of Public Health in 1973, and the Office of Substance Abuse Services in the Department is responsible for carrying out Federal and State substance abuse services legislation. Thirty-five local agencies conduct much of the specific program planning and assess needs for various areas of the State. Each agency submits an annual budget request for State-administered funds for programs.

Linkages

Operational linkages include the following:

- \$10,000 has been appropriated from the Department of Corrections to Community Corrections Centers for training purposes;
- the legislature appropriated \$144,800 for the Department of Corrections drug abuse program, to include treatment, follow-up, and referral components;
- the State Police Department of Corrections, and Attorney General are among the members of an interdepartmental committee on the Department of Social Services Substance Abuse program;
- the SSA is responsible for monitoring the conditions for the use of methadone according to federal regulations; and

- there is a judge on the 10-member Advisory Council.

Several planned efforts were outlined:

- the SSA strives to "modify or eliminate existing laws and organizational policies, plans, programs, practices and procedures which inhibit the accomplishment of prevention goals;"
- there is to be a training program for criminal justice personnel to implement PA339 regarding treatment alternatives to incarceration;
- local agency objectives listed include:
 1. to increase the number of police and court referrals
 2. to provide factual information concerning the legal implications of substance abuse to the at-risk population
 3. to decrease the incidence of acquisitive crimes, drug dealing and prostitution by heroin addicts in Calhoun County
 4. to participate in prevention efforts through continued liaison and coordination with law enforcement
 5. to provide treatment to youth who have had court contact
 6. to improve jail drug treatment services, partly through developing aftercare and liaison services to decrease recidivism
 7. to establish positions within the county jail representing existing drug and alcohol programs, initiating the rehabilitation process at that level, and
 8. to establish alcohol and drug use education and information programs working through the courts.

Constraints

Constraints cited include:

- in 1973, NIDA rejected a proposed corrections-based drug treatment program, holding up that level of effort;
- the new Department of Corrections program was delayed by Civil Service - related red-tape and hiring was postponed.

1976 State Plan

With regard to compliance with previous criminal justice recommendations, minimal progress was noted, except in the area of collecting adequate criminal justice-related drug abuse data. The major emphasis of the State Plan revolves around alcohol abuse problems and needs.

There is no evidence of any formal working agreement between the SSA and SPA, and concomitantly, most efforts listed suggest a rather informal joint relationship, or one premised on future activities.

A single treatment program is described as providing drug treatment to criminal offenders, and most of the other planned activities and objectives are directly related to this individual effort. The Plan does suggest an intent to fulfill a need for better programming with the criminal justice sector, especially with regard to community-based and institutional programs. The list of priorities does not address criminal justice activities, and the professional composition of the Advisory Council is not delineated.

MINNESOTA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The State of Minnesota has developed an integrated approach to substance abuse. Efforts in terms of prevention and early intervention address the total sphere of chemical dependency. The SSA objectives are comprehensive and include: providing full access to services for everyone, development and coordination of training systems implementation of information systems, identification of target populations, and providing encouragement and technical assistance to constituent groups drafting legislation. Drug abusers identified within the criminal justice system comprise a substantial component of the State's target population. Consequently the SSA is greatly concerned about developing plans for programs for this system, recognizing that there is a clear need to rehabilitate the drug abusing offender. Drug abuse is perceived as closely linked with criminal behavior and as such, it has a profound and devastating effect on the abuser and the SSA.

There are approximately 221 treatment, 12 prevention, and 2 corrections-based drug programs in Minnesota.

Incidence and Prevalence Data

The incidence and prevalence data were derived from several sources felt to be representative of the drug problem:

1. a general population survey conducted by an independent contractor
2. summary sub-culture studies conducted by the same contractor
3. a ten-day census of alcohol and drug incidents in hospital emergency rooms
4. a one-day census of service providing agencies, and
5. data on pharmacy thefts, drug arrests, district court cases, drug and alcohol deaths, serum hepatitis cases, and a prison survey.

The summary of all of these findings is that 50-80% of the State's prison inmates have alcohol or drug problems; with the exception of marijuana, legal drugs including alcohol account for the most use and abuse, drug-related deaths, and emergency room admissions fill the majority of the treatment slots in the State. Generally it is felt that Minnesota has similar proportions of drug usage as the rest of the country. Primary drugs of abuse identified by people in treatment are alcohol, heroin, tranquilizers, barbiturates, and multiple drug use, in that order.

Organization of SSA

The SSA was designated in 1974 to be the Chemical Dependency Division of the Department of Public Welfare serving both drug and alcohol problem-related needs. Twenty-five area mental health boards are urged to express their concerns and provide input through progress reports to the SSA. SSA functions include full responsibility for administering alcoholism, drug abuse, and methadone programs.

Linkages

Operational linkages include the following:

- the Stillwater State Prison Chemical Dependency Program provides education in alcohol and drug dependency, and therapy; through 2 SSA-affiliated mental health agencies, drug-involved inmates are assured continuity of services, with community follow-up for parolees;
- the Community Corrections Act of 1973 created a single administrative board which is designed to facilitate providing additional services for the ex-offender;
- the SSA has initiated discussions with various State departments for coordinating drug abuse programs, including the Department of Corrections, the Governor's Crime Commission, and the Bureau of Criminal Apprehension;
- the State Drug Abuse Authority, through the State Interagency Coordinating Committee, continually reviews and evaluates institutional and community drug abuse programs serving criminal justice clients;
- adult and juvenile correctional clients who are chemically dependent are served by a host of therapeutic and halfway house facilities (85% of which are in metropolitan areas);
- the SSA provides federal formula grant funds, as well as other grant-in-aids, to assist in the implementation of institutional and community-based drug abuse services for criminal justice clients;
- the Governor's Commission on Crime Control is strongly committed to providing LEAA funds for institutional substance abuse programs;
- a Statewide seminar on "Criminal Justice Alternatives in Chemical Dependency Prevention," co-sponsored by the SSA and DEA, was represented by many criminal justice, law enforcement, and service providers, and emphasized use of existing evaluation and referral mechanisms;
- Phase I of the Stillwater program (which accepts inmates from the general population, upon personal request) has been initiated in the Women's Correctional Institution;
- as mandated by law, new techniques for prevention, control and treatment of chemical dependency are being developed and demonstrated on a contracted experimental basis;
- the Alcohol and Drug Authority and the Citizen's Advisory Council work closely with citizens' groups interested in drafting legislation impacting the field of chemical dependency;
- the 11-member Advisory Council on Alcohol and Drug Abuse includes one attorney; and
- the advisory council representation from the 25 mental health regions includes all levels of criminal justice representation, though it is mostly law enforcement-related.

Planned linkages include:

- the Action Plan, which evolved from the "Criminal Justice Alternatives in Chemical Dependency" seminar provides the framework for community involvement to the end of establishing effective and efficient interface between the criminal justice system and service delivery programs, through coordinating inter-agency communication, providing in-service training in the criminal justice system, integrating court-based diagnostic and evaluation services, establishing juvenile programs, and establishing common data bases for planning and evaluation;

- the Governor's Commission of Crime Prevention and Control includes in its 1975 Criminal Justice Plan:

1. a \$90,000 allocation for the development of a jailor training program
 2. a \$20,000,000 sum has been earmarked for establishing community-based rehabilitation and re-entry programs for offenders with chemical dependency programs, and
 3. \$150,000 was awarded to establish and operate comprehensive drug/alcohol treatment programs in State and local correctional institutions;
- the Stillwater Prison program has proposed the possibility of setting up a continuous intake procedure, and negotiating the Phase II concept (a supportive step for those who feel they need a more closely supervised release program at the Women's Correctional Institute);
- Negotiation and coordination has been suggested to resolve unclear lines of responsibility among the SSA and the Department of Corrections; and
- court diversion efforts are currently being emphasized.

Constraints

Constraints include:

- the overlapping services and unclear responsibility for institutional programs between the SSA and the Department of Corrections;
- the incidence and prevalence data are of limited value; and
- there is overall insufficient funding.

1976 State Plan

The Minnesota SSA failed to respond to three major criminal justice recommendations last year: Those being (1) improving drug arrest and conviction data collection, (2) correlating arrest-conviction data and program responsiveness (by District), and (3) extending data collection efforts to include jail, institutional, and conditional release data on opiate and non-opiate use. Furthermore, there is no documentation of a formal agreement between the SSA and the SPA.

Criminal justice activity is minimal in Minnesota, demonstrated by the cessation of SSA support of the drug program at Stillwater prison, the absence of any criminal justice budget items, and the cursory references made to treatment-criminal justice planning meetings and discussions, which have as yet resulted in no new programming.

MISSISSIPPI

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The ultimate goal of Mississippi's efforts in drug programs is to reduce the use of drugs which adversely affects the individual and society. The SSA emphasizes reducing drug misuse through (1) education, (2) law enforcement, and (3) treatment and rehabilitation, in that order. Since law enforcement is outside the authority of the SSA, and the education priority is well-supported, the remaining resources are targeted for treatment and rehabilitation activities.

The primary role of the criminal justice system is to respond by strictly enforcing drug laws as a deterrent measure. In addition the criminal justice system has a responsibility to help determine who will benefit from treatment. Recent developments indicate increased concern for alternatives to incarceration, through increases in current and proposed demonstration programs at the institutional level.

The number of programs appeared to include 9 drug-specific treatment facilities, 8 mental health centers, 13 intervention programs (such as hotlines), and 31 hospitals who administer methadone.

Incidence and Prevalence Data

The only source of incidence and prevalence data relied upon were arrest and court disposition data. Eighty percent of all drug charges are for possession or distribution of marijuana, and most offenders are youthful white males. The data are recognized as only a partial indicator, revealing only a very selective group of users who are caught.

Organization of the SSA

The SSA was designated in late 1972 to be the Board of Mental Health. The Division of Drug Misuse is the functional unit within the Department of Mental Health that carries out the responsibilities of the Department as the SSA. There are 15 statutorily authorized mental health/mental retardation commissions autonomously structured through which mental health services are delivered. This provides for sub-State planning and service delivery.

Linkages

Operational linkages include the following:

- the SSA has sponsored 13 training sessions for the Mississippi Probation Officers, Parole Officers, law enforcement personnel and treatment staff;
- the incidence and prevalence data rely almost entirely upon arrest and conviction records;
- the State Bureau of Narcotics and 14 youth offender teams (from a DEA seminar) provide public drug prevention information; also, the Bureau of Narcotics and the Mississippi Clearinghouse for Drug Misuse Information have a cooperative working relationship, referring resources and public speakers to one another;
- drug training is part of the curriculum of the Mississippi Law Enforcement Officers Training Academy, dealing specifically with investigation and identification tasks; furthermore, State Bureau of Narcotics agents attend a 10-week DEA Training Institute;

- the SSA was involved in a DEA seminar series, "The Youthful Drug Offender: Communities Plan for Action" concerning diversion alternatives;
- the 1975 legislature authorized a study of potential sites for a correctional facility for first offenders, including drug offenders; and
- the 39-member Advisory Council includes 2 State Representatives, 2 State Senators, the Director of the Bureau of Narcotics, a youth court judge, and a representative from the Law Enforcement Assistance Division (the LEAA State Planning Agency).

(The regional advisory councils include no criminal justice representation.)

Planned linkages include:

- the SSA has initiated treatment/demonstration projects focused on the needs of the populations at the State's mental hospitals and juvenile and adult correctional institutions with emphasis on separate and community-based drug treatment facilities for drug offenders;
- the SSA is encouraging support for expanded law enforcement capabilities of local agencies and the State Bureau of Narcotics;
- there are plans to expand research focusing on programs which link community agencies such as community mental health centers and the youth court system with the State's institutions;
- the SSA will expand the Management Information System by extending it to include law enforcement agencies, youth courts, criminal courts, the State office of DEA, and other social programs as part of a statewide DAN;
- there will be continued development of planning capabilities using expert opinion and better data for indicators of the extent of the drug problem;
- some progress has been made toward implementing a drug treatment program at the State Penitentiary (i.e., private foundation funding allocation);
- a pilot project to place mental health professionals in a multi-county jail is under consideration by the LEAA State Planning Agency, to provide referral services to chemically dependent arrestees;
- delivery of services should include law enforcement efforts as part of overall improvement of services and to reduce reoccurrences of acute episodes; and
- the SSA sponsors crisis intervention services for those drug-involved individuals who become self-destructive or violate the law.

Constraints

Constraints cited were:

- there is a glaring lack of fiscal resources to fulfill action plans, particularly with respect to criminal justice diversion, crisis intervention etc.; the implementation of a treatment program at the State Penitentiary was postponed due to inadequate funds;
- the legislature has not provided the financial resources needed to make drug treatment and rehabilitation a viable alternative to the drug offender.

1976 State Plan

Based upon last year's criminal justice recommendation to determine in a policy statement the activities that would result from analysis of data collected from the criminal justice system, the SSA has responded satisfactorily, demonstrating special concern for juvenile programming. There is no formal interagency agreement between the SSA and SPA, but the Plan reflects a good working relationship of an informal nature.

The Mississippi SSA has been particularly attentive to the needs of the drug abusing offender, planning to implement a TASC program and continuing a jointly sponsored SSA-SPA program, PARCHMAN, providing drug and alcohol treatment. Additionally, a jail-based drug and alcohol program is being initiated, that may later develop into an exemplary program worth promoting elsewhere in the country.

MISSOURI

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA program priorities exemplify the general policy underlying its activities. It is a comprehensively-oriented agency directed toward developing quality service delivery and public education. The program priorities are responding to the following needs:

1. for more accurate information reflecting the number of clients in treatment and the variety (and number) of modalities of treatment within existing programs,
2. to develop and maintain communication with communities who will hold ultimate responsibility for services delivery,
3. to utilize existing resources lacking financial support for optimum delivery,
4. for services in rural areas, and
5. for assurances that facilities meet standards.

Within a comprehensive statement of policy and prioritization of program needs, the criminal justice-related philosophy is moving gradually away from incarceration and punishment to rehabilitation and reduction of recidivism. Local courts are more frequently turning their attention to alternatives to incarceration. A continuity of quality care is a primary factor in the action agenda for clients both within and outside the criminal justice system.

There were 162 drug treatment programs identified in the State Plan, and 2 TASC programs, 2 de-tox services available to Kansas City and St. Louis jails, 1 pre-release program, and 3 recognizance programs for pre-trial referral.

Incidence and Prevalence Data

Noting a significant increase in drug usage since 1973, based upon data collected from (1) drug related deaths, (2) treatment facility records, (3) data from adult/youth correctional facilities, (4) arrest and conviction data, and (5) emergency room reports, the SSA suggests these sources are only partially representative. There are 250 criminal justice clients in treatment, with expectations for doubling that figure in the near future. The State Plan narrative reports the number of drug law convictions, and notes that this does not reflect the number of inmates convicted for burglary while on drugs.

Organization of the SSA

The SSA has been the Drug Abuse Section of the executive Department of Mental Health since 1972. Regional coordinating councils submit their needs to the SSA, who in turn allocate formula grant funds on the basis of a quota system.

Linkages

Specific operational linkages include the following:

- there is an Interagency Council that continually enhances and assures that drug abuse prevention participation with the Missouri Division of Corrections will be optimal;

- membership on the Interagency Council includes representation from Corrections, Probation and Parole, and LEA;
- Kansas City TASC program promotes a pre-commitment program effort;
- probation and parole efforts include:
 1. recognizance, pre-trial and referral to treatment projects, and
 2. Deferred Prosecution Project, whereby the prosecuting attorney defers charges if the client volunteers for and becomes involved in treatment;
- several self-help style commitment programs have been initiated in correctional facilities;
- post-commitment programs include a number of drug-involved offender placements to half-way houses for work release, and to pre-release programs; in addition, the NASCO program has served 332 former criminal justice clients in 1974;
- probation and parole emphasis is placed upon appropriate drug treatment referrals due to the fact that 20-30% of their 10,000 clients have drug abuse histories;
- rural law enforcement authorities note an increase in the availability of cocaine, LSD, pills, and marijuana, resulting in greater numbers of referrals to treatment facilities;
- a 3-day seminar, the Governor's Conference on Alternatives to Drug Abuse, included heavy criminal justice representation from all agency sectors;
- partly in reaction to the seminar, local level dialogue was established between criminal justice system components, education, and treatment personnel;
- Task Force composition included two judges and a police lieutenant as chairmen;
- the 8-member Missouri Mental Health Review Council includes an attorney-Senator;
- grant monies have been allocated to the Greater Kansas City Mental Health Foundation for treating drug abusers placed on parole;
- the SSA seems to maintain good rapport with various segments of the criminal justice system at planning and operational levels;
- the Midwest Research Institute privately conducts narcotic detection research by urinalysis for the Jackson County Juvenile Court;
- the Missouri Division of Vocational Rehabilitation narrowed gaps in services to criminal justice/drug-involved clients through interagency meetings;
- the 14-member Advisory Council includes five criminal justice system representatives.

Planned and proposed efforts include:

- implementing a Regional Enforcement and Justice Information System (REJIS) by 1975 in St. Louis to provide a comprehensive data base;
- increasing and formalizing interface efforts by the St. Louis Area Drug Coordinating Council (local SSA agency) to develop better coordination of effort;
- exploring the possibility for implementing therapeutic communities in penal institutions;
- initiating a Sedalia-regional effort for home counseling for drug-involved juveniles;
- and increasing/expanding pre-release programs through half-way houses, inmate involvement on the Advisory Council, and technical assistance be given to inmate groups seeking SSA aid.

Constraints

The major constraints cited were:

- there is an absence of good data base by which to assess problem areas and plan appropriately;
- law enforcement attempts to control drug trafficking into Missouri have not been successful; and
- the criminal justice system and SSA may be attempting to justify needs for the same treatment slots, without optimal interface for the utilization of existing resources.

1976 State Plan

Compliance with previous criminal justice recommendations was reportedly satisfactory, and a copy of a letter indicating the nature of the formal SSA-SPA agreement was provided.

Criminal justice interface in Missouri is progressive, with drug treatment programs operative in correctional institutions, and both Kansas City and St. Louis have community based programs for offenders. Other programs are located throughout the State, there have been several meetings between treatment and correctional staff, and the Interagency Council on Substance Abuse is well-represented by the criminal justice system.

MONTANA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Montana's SSA is currently geared toward the development of many capabilities which have been commonplace for years in more urban areas. Expansion of professional staffing, development of interagency communication, and media utilization are examples. At the same time, Montana is in the forefront of national efforts with regard to recognizing the damage done to the credibility of public authorities through the use of misinformation, scare tactics, and repressive law enforcement. The Montana SSA anticipates that its late start will be beneficial in that it can avoid some of the common mistakes that other states experienced. Montana's greatest advantage lies in its understanding and realization of community autonomy in terms of knowing and responding to local needs.

The SSA perceives the criminal justice system as a statewide resource program, instrumental in primary prevention, consumer training, public education, and encourages criminal justice agencies to develop and participate in prevention alternatives to the usual methods of detection, apprehension, and conviction sequence where problem drug use is a determining factor. Diversion and treatment alternatives to incarceration are also viable criminal justice components. Nine of the ten treatment programs in Montana indicate criminal justice interface.

Incidence and Prevalence Data

The incidence and prevalence data were based upon a statewide incidence and prevalence study, and a hidden prevalence "street" survey. Supplementing these findings with data from the State Board of Crime Control, Mental Health Agencies, and Comprehensive Health Planning Councils, the SSA has formed a data base for future comparisons. The major problem areas identified are increasing rural involvement with drugs and a wider variety of drugs (notably, amphetamines) are being used.

Organization of the SSA

The SSA was designated in 1974 to be the Addictive Diseases Division within the State Department of Institutions, and is directly responsible for the Alcohol Services Division, Drug Single State Agency, and regional drug treatment and rehabilitation programs. There are five geographic regions, but the major drug programming activity is at the State level.

Linkages

Operational linkages include the following:

- the State staff conducted nine training seminars and workshops and assisted with the sponsorship of a 3-day DEA seminar;
- the SSA and the Southwest Montana Drug Program have both developed working relationships with the State Board of Crime Control (SBCC) to compile arrest and conviction data;

- the Southwest Montana Drug Program has improved relations with the criminal justice system and is currently receiving clients from that system on deferred and suspended sentences;
- the SSA has sponsored many law enforcement activities at both in- and out-of-state training events;
- the DEA seminar produced eight applications for seed grants to establish alternative local treatment and rehabilitation projects;
- the SSA deals cooperatively with LEAA, DEA, and the Police Officers' State Training Committee;
- as an alternative to incarceration, some convicted drug offenders are sent to the State Hospital for varying periods of time, and then released to local halfway houses or counseling programs; and
- among the 8-member Advisory Council is a police lieutenant (there are no regional councils).

Planned linkages include:

- the SSA plans to increase criminal justice agency awareness of the types of services available and the locations of these services;
- there are attempts to involve the criminal justice system more directly in planning and development of funding of alternative resource programs;
- the SSA intends to meet expressed training and educational needs in the criminal justice sector;
- there are plans to provide more information about criminal justice system procedures and policies to the general public;
- the criminal justice system needs more public input on handling drug problems, and would like to know more about successful programs in settings similar to their own; the criminal justice system needs to let the public know how difficult their job is with present laws;
- the SSA plans to develop a mailing list of criminal justice personnel for circulatory State drug program newsletters;
- the SSA will encourage criminal justice activity in local planning efforts;
- there will be efforts to investigate different stages of intervention in the detection-apprehension-conviction sequence;
- the SSA will cooperate with State law enforcement and criminal justice groups in developmental and funding activities;
- the SSA will provide more treatment facilities especially emergency care and short-term juvenile care;
- the SSA will implement drug training curricula at the Law Enforcement Training Academy, Montana State University; and
- there will be SSA input in an effort to review all State and local laws which have any bearing on drugs, their legal use, abuse, penalties, and categorization.

Constraints

Constraints cited were listed accordingly:

- geographic peculiarities, such as the close proximity to Canada, makes illicit drug control efforts especially difficult;
- jurisdictional disputes often limit SSA-criminal justice cooperation;
- there is inadequate communication and poor exchange of information between treatment programs and criminal justice components, especially at the law enforcement level;
- law enforcement is not convinced that treatment alternatives to incarceration are valuable;

- present laws and enforcement scare tactics make criminal justice work very difficult, often resulting in unsuccessful prosecution; and
- arrest and conviction data are not available to the SSA due to poor record-keeping and reporting procedures on the part of law enforcement agencies.

1976 State Plan

The Montana SSA has responded appropriately to a previous criminal justice recommendation to reflect future criminal justice-related intentions in a specific policy statement that outlines treatment and rehabilitation plans designed for the drug abusing offender. A formal letter indicating SSA-SPA agreement has been submitted with the most recent plan.

Reorganization efforts in Montana's State government have consumed much SSA energy, but it is anticipated that the restructured system will be conducive to furthering treatment-criminal justice system interface, as plans to date have suggested.

NEBRASKA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Nebraska SSA policy is exemplified by its efforts toward preparing the drug-using individual for return to society through rehabilitation and skill improvement. Program goals are comprehensive and emphasize treatment and rehabilitation, prevention, education, and progressive legislation. Criminal justice-related policy is expressed in part by the goals of the SSA's law enforcement committee. Broadly, these goals emphasize promoting cooperation and consistency among the various criminal justice agencies and throughout law enforcement, improving and adding innovative law enforcement procedures while realizing the common goal of helping the individual abuser, improving public understanding of drug problems, and providing the SSA with advice on law enforcement programs while recommending that the SSA provide financial support of such programs. The most active criminal justice participant in drug related activities is the law enforcement component.

There were approximately 65 drug programs listed in the State Plan, five of which were criminal justice-related (4 of them received LEAA funding).

Incidence and Prevalence Data

The incidence and prevalence data were collected from the Nebraska Penal and Correction Complex offender statistics, court evaluations, DEA reports of armed robberies and night break-ins involving controlled substances, State Patrol arrest statistics, State Health Department drug analysis reports, serum hepatitis cases, drug-related deaths, and a survey of four state-run correctional facilities. Findings indicated that nearly half of all inmates in Nebraska had substance abuse problems. The major drug submitted for analysis was marijuana, followed by amphetamines and LSD. (No data were cited indicating the size of the at-risk population in the general population.) A relationship between the rise in drug use and retail pharmacy theft in the last ten years was inferred in the narrative.

Organization of SSA

The Nebraska Commission on Drugs was created in 1970 and in 1973 it was designated to be the Single State Agency. The commission is an independent body, whose members are Governor-appointed, and it is directly accountable to the Governor. The SSA is responsible for initial preparation of the State's Comprehensive Drug Abuse Plan, consulting with and advising the State agency in implementing the State Plan, and awarding grants to local and State agencies. Six regions organize and supervise the comprehensive mental health, alcoholism, and drug abuse programs under its jurisdiction.

Linkages

Operational linkages include the following:
- legislation passed in 1973 provided for legal counsel for prosecutors of drug cases, legal advice to the State Patrol, and legal training for law enforcement personnel;

- the Juvenile Probation Consultation Program involves attempts by the mental health delivery system to divert youthful abusers;
- several youth programs in Region III are open to drug arrestees;
- large increases in drug arrests are attributed to Omaha's new Special Events Unit, funded by LEAA;
- law enforcement resources are earmarked for:
 1. increased investigation services by the State Patrol,
 2. statewide officers exchange program,
 3. controlled substance abuse lab analysis,
 4. covert communications and surveillance program by the State Patrol (all of the above items are funded jointly by the SSA and LEAA),
 5. judges conference,
 6. DEA seminar,
 7. Drug Security Manual,
 8. creation of a Community Drug Specialist in the Lincoln Police Department for diversion,
 9. research on site visit to a Michigan correctional facility for women,
 10. Chemical Dependency Counseling at the State Penal Institution, (items 5 - 10 funded jointly by the SSA and the State.)
 11. the Western Forensic Lab, and
 12. a drug seminar, both of which are funded partially by the SSA:
 - the First Offender Program, provided by an Omaha treatment program, is a viable alternative to incarceration for first offense drug users;
 - the Nebraska Commission on Law Enforcement and Criminal Justice works cooperatively with the SSA in providing funds for drug services related to the criminal justice system; and
 - the 20-member Commission on Drugs is represented by one lawyer and one law enforcement official.

Planned linkages include:

- responding to a need to engage in a statewide comprehensive court diversion program, including adequate client evaluation services, enhancing judges' knowledge of alternatives, and aiming to improve inter-agency coordination;
- addressing the drug-specific training needs of Parole Officers and Youth Development Center Staff;
- bettering identification of problem youth through schools, parole, and probation and subsequent establishment of both in-patient and out-patient treatment for this group;
- evaluating needs of juveniles in terms of legislative support of law enforcement;
- increasing law enforcement efforts;
- treating the incarcerated drug abuser; and
- improving security measures of drug dispensers.

Constraints

Constraints cited include:

- inadequate and fragmented data collection methodology, and almost total reliance on arrest data;
- lack of programs for all types of criminal justice clientele, limiting diversion efforts and institutional treatment; and
- inadequately informed judges with regard to treatment resources available for diversion and referral.

1976 State Plan

The Nebraska SSA has complied with the previous year's criminal justice recommendations, and has included in this year's Plan a copy of a formal agreement between the SSA and SPA.

There are many interesting programs operating in Nebraska, particularly those at the Nebraska Penal Complex, the Nebraska Center for Women, and the CHMC Training Program. However, the programming efforts are not altogether consistent with the stated philosophy of the SSA, since substantial emphasis is placed on bettering law enforcement and drug traffic control efforts rather than improving treatment and rehabilitation programming, which is NIDA's primary concern.

NEVADA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice System

Policy

The Nevada SSA has outlined a comprehensive drug program philosophy, "offering emergency treatment as part of a continuing treatment using all other agencies, disciplines and professionals on a referral and consulting basis," with special emphasis on prevention. Alcohol and drug program efforts are largely combined, and of 90 programs identified, 55 were not solely alcohol treatment modalities.

Incidence and Prevalence Data

Incidence and prevalence data was collected from law enforcement and probation and parole data (none available on institutionalized extent), and a survey of people 12 and older. Estimates are not intended to be taken very seriously due to build-in source bias factors, and other estimates suggest that a large percentage of drug and alcohol related problems lead to other activities such as property crimes, robbery, and prostitution.

Organization of the SSA

The SSA was designated the Department of Human Resources in 1973, within which there is the Bureau of Alcohol and Drug Abuse which carries out the day-to-day and funding operations. Monies are allocated to local programs through a great review process, subject to Bureau approval. The Department is accountable to the Governor and serves in an administrative capacity to the more grass-roots level Bureau.

Linkages

Among the several examples of SSA-criminal justice interface are:

- Civil commitment status allows for application to treatment alternatives for no more than one year;
- other legislative actions include (1) removal of public intoxication from the criminal code, (2) removal of drug programs from mental health governmental unit, to its own Bureau, (3) passage of a bill requiring all public and private hospital funds for addiction services, to admit and treat alcohol and drug patients, or be subject to funding autailment;
- in Catchment Area I, there are:
 - (1) Nevada Parole and Probation Intensive Supervision Unit (ISU) to treat this special caseload;
 - (2) Juvenile Court Services of Clark County emphasize diversion, rehabilitation and counseling as opposed to employing traditional criminal justice alternatives; and
 - (3) the Southern Nevada Drug Abuse Council Clinic provides a continuum of care to clients admitted by the Bureau of Prisons and NARA provision;
- In Catchment Area II, there are:
 - (1) The Nevada Mental Health Institute provides group and behavioral therapy to volunteer and court-referred criminal justice clients;
 - (2) Omega House is a counseling center for adolescent and recommends treatment alternatives to incarceration;

(3) Rebound, provides volunteer services to selected inmates at Nevada State Prison, helping with a pre-release program tied into Parole Board recommendations.

Other efforts at promoting SSA-criminal justice interface are:

- close working relationship between the Bureau and the Commission on Crime, Delinquency and Corrections, with particular emphasis on in-service cooperation for providing community services for offenders;
- one Investigation and Narcotics Division task is an educational dissemination of information effort through statistical reports and seminars;
- the Bureau of Alcohol and Drug Abuse has provided consulting staff for recent activities at the National Colleges of Juvenile Justice and the State Judiciary of the University of Nevada, dealing with the needs of the criminal justice system and alternatives to current sentencing;
- the Bureau has allocated funding for the Advocates Youth Alternatives Program, a Las Vegas pilot program for substance abusers.

Proposed efforts include:

- a DEA seminar (in 1975) to promote alternatives to incarceration, to collaborate on NIDA State Plan requirements; and to assess SSA-criminal justice interface at all agency levels;
- the Bureau plans to implement a community-based treatment program for parolees, to be established in cooperation with the Nevada State Parole and Probation Department;
- institutional program efforts will be implemented jointly by the Bureau and the Nevada State Prison;

Constraints

Constraints listed are:

- low-level federal funding of law enforcement prevention and education efforts;
- lack of funds for developing a comprehensive community education effort.

1976 State Plan

The Nevada SSA has not responded to previous criminal justice recommendations, requesting a statement of program intent, policy, and future goals

and objectives with regard to implementing programs for the drug abuser involved with the criminal justice system. A letter of agreement between the SSA and SPA was included in this State Plan.

Current efforts include the development of a TASC program in Clark County, passage of legislation aimed at enabling diversion of drug abusing offenders, and the operation of two programs (AYA and the Intensive Supervision Unit) for probationers and parolees with drug abuse problems. However, the latter two programs are constrained financially and no other program efforts are proposed or outlined in the action plan.

NEW HAMPSHIRE

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The policy statement of the New Hampshire 1975 State Plan indicates a strong belief in the criminal justice system as a resource for identifying drug abusers in need of treatment and rehabilitation services. The range of drug services includes preventive education programs, treatment and rehabilitation programs, and criminal justice diversion efforts. A continuing program priority is the encouragement of law enforcement agencies and courts to increasingly resort to diversion-program options when handling drug dependent offenders.

Approximately 40 treatment programs were identified in the State Plan narrative.

Incidence and Prevalence Data

The incidence and prevalence data were collected from statewide drug arrest data and treatment admissions, which indicated increasing polydrug use throughout the State, and a peaked heroin pattern in the only high crime, impact area.

Organization of the SSA

The SSA is the Office of the Governor, designated in 1973, where a special coordinator for drug abuse aids with the subdepartmental government offices of the Program on Alcohol and Drug Abuse, the Departments of Health and Welfare, Safety, and Education, and the Division of Mental Health. Funds are allocated in turn to local programs.

Linkages

Operational linkages include the following:

- the State Plan was developed by several contributing interested groups including a variety of criminal justice agencies/groups;
- the State and local law enforcement agencies provided detailed drug-related arrest statistics, indicating a huge increase which was interpreted as providing an opportunity for an enhanced interface between the criminal justice and the treatment/prevention systems;
- a survey was conducted to determine the extent of polydrug use sampling from known drug users, based upon treatment agency, law enforcement, and correctional agency reports;
- a survey was conducted that was designed to create a drug user profile eliciting information from both treatment providers and criminal justice facilities;
- since changes in drug statutes in 1969, diversion efforts have been increasing, as has interagency cooperation and there has been growing enthusiasm among correctional and law enforcement agencies in developing a statewide comprehensive approach to solving the drug problem; and
- of the 24-member Advisory Council, 9 members are directly involved in the criminal justice system.

A variety of well-described programs was proposed for the 1975 fiscal year, including:

1. the creation of Community Youth Services has been designed to identify juvenile drug abusers early, and to refer them to appropriate community-based treatment; the project involves the creation of 6 regional teams (comprised of at least 2 juvenile parole officers and a part-time psychologist) to develop cooperative community services, to work out diagnostic and referral arrangements, and to generally divert youthful drug offenders away from incarceration.
2. New Hampshire State Prison Drug Rehabilitation Program has been developed to provide comprehensive institutional treatment facilities to all convicted felons with a history of drug abuse; it includes a provision for prerelease referrals for continued treatment after release onto parole.
3. The Probation and Parole officers are planning to become more active brokers/liasons between treatment facilities, and various components of the criminal justice system.
4. The Criminal Justice System/Treatment and Prevention System Coordinating Committee is a coordinating body, task group, with representatives from a community-based correctional program, a multi-modality program, the State adult and juvenile correctional systems, a law enforcement agency, a judge, the Commission on Crime and Delinquency, several community treatment programs, and the Division of Mental Health, designed to plan and coordinate the efforts of all these factors, giving special attention to diversion alternatives.
5. A Criminal Justice Treatment Seminar has been planned; it will consist of a 2-day criminal justice agency--treatment programs meeting to develop better interface.
6. A TASC program has been planned for immediate implementation.
7. There are ongoing control efforts by virtue of a liaison between the Division of Public Health Services and law enforcement agencies.
8. The SSA intends to begin updating training needs and efforts, dealing with knowledge of statutes and treatment methodologies and
9. The SSA has developed the Management Information System to collect sophisticated incidence and prevalence data from (among others) corrections, probation, and other criminal justice agencies.

Constraints

Constraints cited are primarily organizational, since there is no central staff; there is no research/data gathering component; there is a lack of uniformity in court-handling of drug abusing offenders, and a lack of in-patient and out-patient services specializing in drug abuse treatment, especially emergency care; there is an insufficiently standardized knowledge of available diversion alternatives and notable absence of a central information system; there are continuing interface problems in some locales; and programming at the New Hampshire State Prison is inadequate due partly to architectural constraints.

Many of these obstacles are being overcome by proposed action plan efforts.

1976 State Plan

The 1976 Plan was not reviewed.

NEW JERSEY

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The New Jersey SSA policy is reflected in its problem needs. Although heroin, opiates, and non-controlled narcotic use is the predominant problem area, poly drug use with concurrent alcohol use is the emerging drug problem. Emphasis has been placed on developing reliable research and data systems to enable drug abuse prevention programs to operate more effectively. Program priorities include providing services to all who need them, ensuring program management and administration of drug programs for the federal government to the State, and integrating drug abuse prevention activities into the general health care delivery system. The criminal justice policy is indicative of the attitudes toward drug arrestees, placing increasing emphasis on cocaine, hallucinogens and marijuana use since arrest statistics reflect these are widely used. In view of New Jersey's conditional discharge provision for first offenders, it is likely that these persons will enter the treatment and rehabilitation system.

There were 275 programs identified in the State Plan, as well as four criminal justice programs -- two of which are TASC programs.

Incidence and Prevalence Data

The incidence and prevalence data was derived from arrest and conviction data, drug-related deaths, health crisis reports, a general population study, and a hidden subculture study. As a fairly comprehensive indicator, the major drugs of abuse (in 1973) were marijuana, barbiturates and amphetamines, heroin, concurrent abuse of heroin with amphetamines and barbiturates, and cocaine. In 1971, 20% of all the incarcerated population were convicted of drug offenses.

Organization of the SSA

The Division of Narcotic and Drug Abuse Control, in the New Jersey State Department of Health was created in 1969, and became the SSA in 1973. The SSA is accountable to the Commissioner of Health, and is responsible for providing essential direct services until health care systems are administratively and professionally prepared to deliver appropriate drug prevention and treatment services. The role of sub-state planning varies from area to area and includes participation from government agencies treatment agencies, and the SSA.

Linkages

Operational linkages include:

- the implementation and operation of central intake units as intervention services to the multi-modality programs in a catchment area and to the criminal justice system for diverting drug offenders to treatment;
- the implementation of special programs such as corrections-based treatment services;

- an SSA effort at an organized system of accountability for all drug abuse prevention and treatment programs, to LEAA, DEA, the Bureau of Prisons and the State Law Enforcement Planning Agency; (SLEPA);
- the SLEPA, with planning input from the SSA, has allocated large sums to drug abuse prevention and control, methadone maintenance, and juvenile treatment programs;
- Program planning and development staff members are from the SSA and the Division of Corrections and Parole, as a single unit, which has instituted a process for screening and preparing drug dependent inmates for placement in alternative treatment programs;
- the SSA provides continuous assistance to the Chief of Program Plans in the Administrative Office of the Courts in developing diversion to treatment programs;
- 2 TASC programs are operating in New Jersey;
- DEA sponsored a 3-day conference on Criminal Justice and Drug Abuse Prevention;
- SLEPA and the Division of Corrections and Parole provide to the public drug abuse information;
- the SSA has trained many criminal justice personnel in clinical practices;
- other training activities are conducted jointly by the SSA, SLEPA, and the Administrative Office of the Courts;
- a correctional treatment impact study was conducted by the Division of Corrections and Parole and a Philadelphia based medical school;
- a Youth Corrections Treatment Research Project was conducted;
- the SSA held a meeting with key staff of central intake units (from New York City, Philadelphia, and New Jersey) to determine their roles in terms of court diversion, seeking "voluntary" clients, and working more closely with the criminal justice system;
- there is a conditional discharge provision for first offenders; and
- the 18-member Advisory Council includes four criminal justice-related professionals.

Planned linkages include:

- SLEPA funding of a treatment program for adolescent drug abusers;
- further incidence and prevalence studies to better determine the impact of drug abuse on the criminal justice system;
- SSA-sponsored seminars to evaluate TASC;
- increased funding of correctional programs; and
- recommended revisions of drug laws with regard to possession of small amounts of marijuana.

Constraints

Constraints cited are:

- reduced fiscal resources, from SLEPA and 1975 criminal justice funding has been deleted from the State Plan;
- the methadone-parole Study Project was terminated due to the closing of the federal institution in Lexington, Kentucky and due to the insufficient number of eligible inmates from New Jersey;
- administrative policy changes and staff changes in the Department of Institutions and Agencies has delayed the implementation of some criminal justice programs; and
- foreign cooperation and control of illegal drug entry to the U.S. has not been achieved.

1976 State Plan

The New Jersey SSA has responded to previous recommendations regarding improving data collection processes to adequately include criminal justice activities, throughout the state. Although there is no formal interagency agreement between the SSA and SPA, there are numerous references to such agreements of an informal nature.

The planning component documents the SSA's intent to further develop the data base of criminal justice information, demonstrating consistency with stated program objectives, goals, and furthering interagency activities. Overall policy and program direction is comprehensive, consisted, and likely to succeed; and the relationship established between the SSA and the criminal justice system appears to be operative at the planning level and inclined to proceed to more jointly conducted efforts.

The composition of the Advisory Council was not included in this year's State Plan, as requested.

NEW MEXICO

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA of New Mexico has multifunctional responsibilities and authority for mental health, mental retardation and chronic care as well as drug abuse. It conducts a broad effort to systematically develop a human resource philosophy for an entire agency with input from all its components. Drug abuse programs are viewed in the context of general human service programs which happen to be defined by the symptoms of dysfunction that their clients manifest. Programs for drug abusers will increasingly be seen and identified as one of several outpatient systems offered in the community. Drug abuse services are integrated into an umbrella community mental health system. Criminal justice efforts are directed toward prevention programs, diversion to treatment, services for youthful abusers/offenders, and training criminal justice personnel.

There are approximately 22 drug programs operating in New Mexico, including two court diversion efforts.

Incidence and Prevalence Data

The sources of the incidence and prevalence data are a 3-year survey in the Albuquerque Public School System, a rudimentary survey of students in four eastern New Mexico communities, CODAP data, police estimates and arrests, and people in jail for substance abuse charges. Findings show that the majority of the clients in hard drug programs abuse depressants, followed by stimulants, hallucinogens, and inhalants and polydrug use was prevalent (source: CODAP). Arrests are primarily for marijuana possession and drug trafficking.

Organization of the SSA

The SSA was designated in 1971 to be the Department of Hospitals and Institutions. The SSA is responsible for programming and has a cooperative working relationship with the 7 comprehensive mental health districts, which in turn submit separate status reports and needs assessments as part of the State Plan.

Linkages

Operational linkages include the following:

- LEAA offers both financial support and planning services to the SSA, and carries out both regional and State criminal Justice planning which is utilized by the SSA;
- the statewide system of First Offenders Programs is funded with State, local, and LEAA monies;
- DEA controls and provides security related to methadone distribution;
- LEAA funds prevention services in both juvenile and adult criminal justice counseling and placement services;
- the New Mexico Council on Criminal Justice is fiscally responsible for several youth development programs for the promotion of "pro-social" youth activities;

- LEAA has funded youth court diversion programs and sentencing alternatives in 22 communities where up to 80% of the youths arrested are charged with drug law violations;
- the Juvenile Justice and Delinquency Prevention Act of 1974 stresses the establishment of diversion programs for youthful offenders;
- the Street Academy offers therapeutic day care for juveniles, including those who are involved with drugs;
- the SSA and DEA jointly sponsored a 3-day seminar on needs assessment and goal identification, attended by many criminal justice representatives and community leaders;
- Drug Abuse Division facilitators undergo an intensive 2-day training session prior to joining the First Offender Program; and
- the 16-member Advisory Council is represented by four criminal justice-related professionals.

Planned linkages include:

- the SSA has identified a need to utilize the Governor's Council on Criminal Justice Planning and its regional counterparts in regional planning efforts;
- the SSA has been increasingly devoting effort to developing primary and secondary prevention systems for combatting juvenile delinquency related to drug abuse;
- criminal justice personnel working with drug abusers will be identified and career specifications outlined; and
- the SSA is working with the Committee on Children and Youth to develop alternatives to incarceration.

Constraints

Constraints listed include:

- the lop-sided law enforcement emphasis on marijuana arrests instead of depressants which are more injurious and dangerous to one's health; police data indicate that enforcement efforts directed at illicit drugs are focused on almost the inverse of treatment efforts in terms of types of drugs involved.

1976 State Plan

The New Mexico SSA has complied with previous criminal justice recommendations and a letter of agreement between the SSA and SPA has been submitted with the State Plan. Programming appears to be maintaining itself as exemplified by an existing Youth Court Division program, an Albuquerque-based TASC program and court liaison efforts, but there is room for improvement and expansion which becomes apparent when reviewing program plans and priorities.

NEW YORK

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The New York SSA has a treatment policy that addresses the drug problem in individual terms rather than by the typology of a particular drug of abuse and its characteristic effects. The SSA has long recognized the need for consultation and treatment services to the many drug dependent individuals in the criminal justice system. The SSA has emphasized that civil commitment should not be regarded synonymously with institutional or parole after care, but rather it should be regarded as a means of treating recalcitrant, involuntary patients. Additionally, the SSA has a philosophy about legal stigma, and therefore promotes early identification of the abuse to avoid labelling. With regard to corrections, early identification is also important to enable the inmate to take advantage of existing treatment services, and to align release plans on a treatment continuum in the community.

There are at least 401 treatment programs in the state of New York.

Incidence and Prevalence Data

The incidence and prevalence data were obtained from a survey of 6386 high schoolers (7th-12th grades), institutional reports, narcotic overdose deaths, serum hepatitis cases; and addict-related crime. According to these indices, narcotic use appears to have stabilized and the statewide usage patterns indicate a predominance of minor tranquilizer use, regular barbiturate and amphetamine use (besides the large number of marijuana users). Approximately one-third of the high school students have used marijuana (compared to 80% who have used alcohol).

Organization of the SSA

The SSA was designated in 1973 to be the Drug Abuse Control Commission (DACC) (operative since 1966) which reports directly to the Governor. The SSA has allocated funds which it in turn funnels to local and regional agencies on the basis of needs assessment, and it acts as the coordinator and operator of regional programs.

Linkages

Operational linkages include the following:

- the SSA uses arrest statistics as one of several incidence and prevalence indices;
- the SSA has established "Epidemiological Monitoring Stations" to elicit drug use information on a case-by-case basis in four counties by police and institutional agencies;
- client recruitment has moved from criminal and civil commitments toward a more voluntary orientation, and professional, diagnostic and therapeutic screening and referral services have been implemented through the court system;
- the development of Multipurpose Outreach Units (MOUs) has enabled the criminal justice system to reach out, locate, and provide services to drug abusers

as early as possible; professional staff have been placed in probation offices to assist the court system in attuning itself to the needs of the drug abuser;

- the SSA has established a wide network of centralized intake units in the courts to help refer individuals to service providers;
- The MOUs are also working with the Division of Correctional Services to help serve the needs of incarcerated drug abusers, with special emphasis on community re-entry, acting as brokers of community services;
- the MOUs are generating special programs to deal with youthful Family Court referrals and their parents in a family context, with special attention to polydrug use;
- the MOUs are strategic as coordinators of drug treatment services with various criminal justice components, such as courts, probation, and parole agencies;
- local and regional planning efforts and activities include ad hoc participation by local social service, health care, and criminal justice professionals;
- the Chairman of the DACC (the SSA) is a member of the State Crime Control Planning Board, which assumes responsibility for various state government policy and management activities pursuant to the Omnibus Crime Control Act; and
- the 7-member Advisory Council on Drug Abuse are all health professionals or related to treatment service provisions; among the 7 ex officio members is the Commissioner of Correctional Services; the representation of eight regional councils includes membership from the entire spectrum of criminal justice agencies.

Planned linkages include:

1. broadening the SSA involvement with the criminal justice system to better reach the drug abuser in that system; and
2. attempting to involve court staff in a training program designed to advance the "people" approach (consistent with SSA policy) instead of the "substance" approach as a criteria for sentencing or treatment.

Constraints

The only constraint cited is that the inadequacies of incidence and prevalence data are due in part to suspected under-reporting and the reflection of police activity rather than real usage patterns.

1976 State Plan

The New York SSA has complied with previous criminal justice recommendations, expanding the data base to include additional criminal justice information, having improved the management of MOUs as part of the total treatment program, and having documented a formal agreement between the SSA and the SPA, as well as several other informal and formal interagency agreements (though these "other" activities are only minimally described in the current plan). The SSA-SPA agreement specifically delineates several jointly-held objectives and jointly-sponsored initiatives aimed at improving interagency coordination.

The SSA has evidenced improved efforts throughout its plan, especially in the criminal justice area. Policy, objectives, and goals are consistent and innovative efforts are being initiated. The SSA recognizes the need for better community-based treatment resources and for more effective therapeutic treatment in correctional institutions, and has demonstrated that criminal justice-related activities are an integral component of the total drug programming effort.

Lastly, the SSA has not included a current listing of the representatives of the State Advisory Council.

NORTH CAROLINA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The North Carolina SSA policy is demonstrated in its listing of program emphases including drug prevention through education, early intervention and treatment, job skill improvement and job placement, program management, evaluation of program performance, management and coordination of local and state level service delivery systems, and survey of needs by virtue of accurate and reflective incidence and prevalence data. The criminal justice interface with drug programs is only minimally described and appears to concentrate on detection of drug abusers through law enforcement and incarceration. The detailed presentation of arrest statistics and the delineation of the extent of the problem and its relationship to property crime is noteworthy; however, the programs listed in the State Plan make little reference to criminal justice-related program efforts.

Approximately 55 programs were identified (for FY 71-72), 11 of which were specific to law enforcement.

Incidence and Prevalence Data

The data on the incidence and prevalence of drug abuse were based upon drug law violations and admissions to institutions, arrests, drug-related deaths, and serum hepatitis cases. Generally the findings indicated that the majority of drug-related deaths was attributable to barbiturates, most cases of serum hepatitis were among military personnel (80%), and roughly 80% of all drug arrestees in 1972 were between ages 16-25, male, and Caucasian. A 1972-1973 survey of two institutions revealed a "relatively high percentage of property crimes committed by the hard drug users (heroin and other opiates.)"

Organization of the SSA

The SSA was designated in 1972 to be the North Carolina Drug Authority within the Governor's Department of Administration. The Drug Authority is influenced by the Advisory Council, which advises the Board and sets policy, which the Drug Authority staff implement. The role of the regions is not delineated.

Linkages

Operational linkages include the following:

- the SSA conducted a one year survey of two correctional institutions, one adult, one juvenile, identifying male felon drug user admissions; the results were presented in the incidence and prevalence data;
- copies of "Summaries and Laws," "Facts about Illegal Drugs in North Carolina," "Rules and Regulations," and "The Physicians' Desk Reference on Drug Laws and Treatment" have been distributed to judges, solicitors, police departments, and sheriffs' departments;
- a statewide criminal justice conference, represented by treatment, the judiciary, law enforcement, and education was scheduled for October/November 1973; and

- among the 12-member advisory council are an SBI agent and a legislator, representing the criminal justice/legal system.

Planned linkages include:

- implementing drug education efforts for criminal justice personnel;
- establishing treatment and rehabilitation programs and activities in the criminal justice system focusing on:
 1. offenders in institutions who are users and who are pre-release status, and
 2. offenders who are on probation, with expansion of conditions to include treatment in community-based programs (i.e., halfway houses).

The plans are to implement these programs at up to four selected correctional institutions and utilize first level priority community-based programs; and - responding to a need for research efforts to assess to applicability of coordinating treatment and rehabilitation programs with corrections and community-based programs.

Constraints

Numerous constraints to programming efforts were cited in the plan:

- state agencies have not been prepared to deal with comprehensive drug control programs, either financially, philosophically, or cooperatively;
- channels of referral are poorly developed;
- the nature and extent of the drug problem has not been clearly identified, and planning has resulted in trial and error efforts;
- there is philosophical cleavage at the public level, with a variety of attitudes toward the proper means of responding to the drug problem;
- mental health centers do not characteristically give top priority to drug programs;
- there is difficulty attracting treatment staff, especially physicians, who tend to prefer private practice;
- there is continuing underutilization of existing programs and ineffective outreach efforts; and
- there are funding and manpower constraints.

1976 State Plan

In response to previous criminal justice recommendations, the North Carolina SSA has improved its data collection system to include survey and statistical data jointly collected by the SSA and SPA. In addition, although there is no formal interagency agreement provided, there is substantial documentation indicating a consensus between the criminal justice, drug treatment, and social services systems, regarding program objectives and needs.

Progress to date regarding joint planning efforts has not been adequately described, and the composition of the Advisory Council has not been provided.

CONTINUED

1 OF 2

NORTH DAKOTA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Since alcohol is the major "drug" problem in North Dakota, much of the planning is in terms of alcoholism services. The drug problem is delineated with the major program focus on preventive efforts. There are statewide licensed inpatient addiction facilities in six hospitals, all of which are joint alcohol and drug abuse treatment programs, except one hospital which operates a unit for youthful polydrug users. As there has not been a need for narcotic or opiate-like treatment services, there are none as such. There are however an additional 10 outpatient addiction facilities for alcohol and/or drug problems.

North Dakota's SSA has addressed the treatment of drug abusers in the criminal justice system at law enforcement, correctional institution, and conditional release levels.

Incidence and Prevalence Data

The incidence and prevalence data were derived from a general population survey, an inmate survey, and arrest records. An estimated 1,016 persons in North Dakota were identified as having alcohol or drug abuse problems sufficiently severe to require formal treatment, 83% of whom were primarily involved with alcohol. The abuse of licit drugs, particularly minor tranquilizers, is greater than that of illicit drugs. Marijuana use is extensive (12,500 users) but less than 50 cases of opiate and illicit methadone use were confirmed. Inmate use patterns are for polydrug and alcohol use. Arrest data and the general population survey were not considered to be accurate indicators.

Organization of the SSA

The North Dakota SSA was designated to be the Division of Alcoholism and Drug Abuse in 1973, located within Mental Health and Mental Retardation Services in the Department of Health. The organization of the program is tied solidly with the community mental health centers and the Governor's Regional Planning Districts. Services are well developed under the auspices of Regional Planning Councils.

Linkages

Operational linkages include the following:

- the SSA has been involved in numerous projects with the Traffic Safety Division of the Highway Department;
- the SSA provides technical assistance to the North Dakota State Prison clinical staff in determining needed clinical programs;
- the Combined Law Enforcement Council receives input and comments from the SSA on drug and alcohol grants as well as in the development of State Plans;
- SSA staff participated as faculty on the State Supreme Courts Second Annual Seminar for courts of limited jurisdiction, presenting alternatives to incarceration for the alcohol and drug-related offender;
- the SSA has contracted \$19,000 for completion of subcultural surveys and a study of the North Dakota State Prison;

- Area Council on Drug and Alcohol Programs are partially funded by Law Enforcement Planning Council Grants;
- probation and parole officers maintain close ties with Regional Alcoholism and Drug Abuse Centers, and make frequent referrals to these programs;
- arrest figures comprise part of the incidence and prevalence data report; and
- among the 20-member Advisory Council is the Director of the North Dakota Law Enforcement Council.

Planned linkages include:

- exploring funding resources to develop a drug abuse treatment program within the prison; and
- including as part of the Combined Law Enforcement Planning Council 1976 State Plan* proposed projects relative to the Criminal Justice System.

Constraints

The only constraint cited was a lack of uniformity and consistency among arrest recording procedures throughout the state, making this a negligible source of SSA data.

1976 State Plan

The 1976-1977 State Plan includes a copy of the formal agreement existing between the SSA and SPA. Although it appears that there is substantial criminal justice activity in North Dakota, it is only minimally described. There are brief references to an interesting program for youthful offenders and a program in Region III with the Law Enforcement Center, but the SSA's role in these efforts is not clear.

Lastly, there is no budget item delineated for criminal justice activity in the 1977 Plan, although efforts in this area have been shown to exist.

*Due partly to SSA input.

OHIO

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

By utilizing information gathered from educators, community representatives, state and local administrators, the SSA developed a list of prioritized problem areas which were formulated as follows:

1. there is a need for overall improvement of the effectiveness and efficiency of management and information systems from the State to local level programming efforts, and
2. among the specific program needs listed was support of the criminal alternative concept for diversion, and proposed legislation for delineating pre-trial diversion and conditional probation release procedures.

There were 191 programs identified in the State Plan FY 75, 15 mental health centers treating drug abusers, and 10 special criminal justice-related programs.

Incidence and Prevalence Data

The incidence and prevalence data sources were drug related death statistics, health crisis reports, arrest and conviction records, and treatment program data. Major problem areas seem to include alcohol abuse, barbiturate abuse (including tranquilizers, with leveling off of heroin/opiate abuse. Due to methodological problems with these data, a general survey effort is being conducted (in 1975) by ABT Associates.

Organization of the SSA

The SSA was designated to be the Ohio Bureau of Drug Abuse in 1973, within the executive-based Department of Mental Health/Mental Retardation mental health services and programs are under the leadership and direction of administrative units in each of eleven State service districts, in an effort to decentralize the DMH/MR. Federal, State, and local financial support for services are coordinated at the district level.

Linkages

Existing examples of SSA-criminal justice interface include the following:

- joint training programs were developed to bring about greater coordination and to integrate treatment and criminal justice personnel;
- seating of criminal justice personnel on District Advisory Councils has been encouraged and effected;
- four programs received 409 funds to add criminal justice alternative programming; in addition, Project Image and Project Papillion made treatment a reality in a correctional setting;
- in the SSA there is a staff member who is responsible for developing on-going coordination with all State, district, and local level criminal justice agencies;
- a drug arrest survey was conducted by the Law Enforcement Liaison within the SSA in cooperation with statewide law enforcement officials;
- in 1973, there was a jointly sponsored DEA-Bureau of Drug Abuse-NASDAPC conference to develop alternatives to incarceration;
- during FY 75, \$67,658 was expended on corrections-based drug treatment programs by the Department of Corrections;

- alternatives to incarceration are operative throughout Ohio, relying largely upon existing community programs with emphasis on treatment for the criminally involved abuser;
- Ohio is the only state with 3 LEAA-funded TASC programs currently in operation;
- staff from the Bureau of Drug Abuse and the administration work closely together sharing information pertinent to the development of the State Plan; a formal review and comment process has been initiated when local communities request LEAA funds to enhance drug programming;
- the Ohio Department of Rehabilitation and Corrections has had a position on the Governor's Advisory Council on Drug Abuse since 1974;
- SSA-trained parole officers handle caseloads of drug-involved or drug-offender parolees;
- among 4 committees on the Governor's Advisory Council on Drug Abuse is the Criminal Justice Committee, involved in developing a program resource and referral system to be used by criminal justice personnel and agencies;
- the Advisory Council is required by law to have 24 members from certain sectors, both public and private; among those required are (1) Attorney General, (2) a representative from the Department of Rehabilitation and Corrections, (3) a representative from the Youth Commission, (4) a prosecuting attorney, (5) a sheriff, (6) a police chief, and (7) a judge.

Among the plans to be initiated in FY 76 were: (1) there is a pending legislative statute making particular provisions for drug treatment, diversion, and probation conditions; (2) there are ongoing efforts to improve treatment opportunities for inmates including requests to FDA for modification of existing regulations regarding methadone maintenance; and (3) a committee of treatment personnel, institutional, parole authority, Department of Corrections and SSA representatives have convened to develop a proposal for bettering supportive services to institutional residents.

Constraints

Constraints cited include:

1. innumerable problems reaching incarcerated addicts in some areas of the State, particularly with regard to availing the inmate to the required medical examination and diagnosis;
2. the termination of LEAA treatment funds; and
3. the lack of any mechanism to financially reimburse or reward local treatment programs that have participated in providing criminal justice treatment alternatives.

1976 State Plan

In response to previous criminal justice recommendations, the Ohio SSA has substantially improved its data base in terms of the criminal justice data input. Although there is no evidence of any formal agreement between the SSA and the SPA, there are suggestions of informal cooperative initiatives that are operative, and there are indications of additional opportunities for interagency coordination.

Program goals and priorities are concise, consistent, and realistic. Action plans include training and evaluation efforts within the criminal justice system, indicative of current and future treatment-criminal justice interface. The SSA has not indicated clearly whether or not it will continue to develop enabling policy and programs at both the community and institutional efforts for the drug-involved criminal offender. Current diversion efforts and the existing TASC program are commendable programs.

Finally, the composition of the State Advisory Council is not included in the 1976-77 State Plan.

OKLAHOMA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The policy of the Oklahoma SSA is related to its current strategy to establish sophisticated management capabilities for planning and/or monitoring prevention; to improve treatment/rehabilitation; to move toward data accumulation for the establishment of incidence and prevalence data, in relation to existing resources; and to expand and improve treatment capabilities throughout the State.

Based upon the nature of the existing criminal justice-SSA interface, the implied criminal justice program policy asserts inter-agency and multi-disciplinary cooperative working and planning arrangements, and programs have been developed at the correctional institution and post-release levels.

There were 58 treatment programs identified in the 1974 State Plan, six of which were directly related to treating criminal justice clients.

Incidence and Prevalence Data

The data on the extent of drug abuse were compiled from a survey of all treatment facilities, social service agencies, universities, hospitals, arrest data, Department of Corrections reports, drug-related deaths, courts, clergy, industry, physicians, schools, and CODAP reports. A slight increase in heroin addiction has been noted in urban areas, with polydrug, amphetamine, hallucinogen, and marijuana use predominating the drug use scene.

Organization of the SSA

The State Department of Mental Health was designated the Oklahoma SSA in 1971, and is an umbrella agency for all mental health, drug, and alcohol abuse services. Eleven planning districts help formulate and update treatment program plans, providing input to State Plan development through a grant review process of the SSA.

Linkages

Particular examples of criminal justice-SSA interface include the following:

- 3 SSA-sponsored community education seminars included participants from law enforcement, legal professions, education, and treatment providers;
- 409 funds were awarded to the Commissioner's Office on Narcotics and Dangerous Drugs for training law enforcement and court personnel;
- "mini-grant" teams of citizens were developed to enhance educational interface and to encourage changes in community attitudes toward alternatives to incarceration for the drug-involved offender;
- there have been extensions of NARA I, II, and III aftercare programs for inmates released from federal institutions;
- the Division of Institutions, Social and Rehabilitative Services (DISRS) with LEAA financial aid, sponsors a statewide Juvenile Delinquent Shelter Program to divert youths from the criminal justice system;
- the Department of Corrections is currently implementing demonstration projects in pre-release centers and in one minimum security institution for intensive follow-up of inmates released to the Probation/Parole Division;
- locally, parole officers and the staff of drug abuse treatment facilities work in a mutually supportive relationship with cross-references and consultation;

- registration of drug handlers and dispensers occurs through the Office of Narcotics and Dangerous Drugs, providing a prevention capability related to law enforcement efforts;
- the SSA director is a member on both the Commissioner's Office of Narcotics and Dangerous Drugs Control and the State Crime Commission which administers LEAA monies;
- the SSA, Office of Narcotics and Dangerous Drugs Control, and Department of Education serve as a drug information clearinghouse;
- a Corrections Regional Treatment Center has established a drug abuse component of 3 groups operated by volunteers at the Center;
- work-release programs are implementing drug treatment components;
- an experimental drug treatment center has been initiated at the Women's Release Center in Oklahoma City; and
- the 11 member Advisory Council is represented by 3 criminal justice system agents.

Plans for additional linkages include the following:

1. maximum coordination is being designed at the State level of management through the SSA, the Attorney General's Office, the Commissioner's Office of Narcotics and Dangerous Drug Control, and the Department of Education, all of which have mandated roles in drug abuse prevention; and
2. the Governor's Office requested a proposal from the SSA to implement a drug treatment program with emphasis on providing alternatives to incarceration, such as diagnosis, treatment, and rehabilitation.

Constraints

Constraints include:

1. a major fire destroyed one of the pre-release correctional facilities in 1973;
2. there is a need for expanded treatment facilities for drug abusers/offenders; and
3. metropolitan areas tend to report more drug cases due in part to more aggressive law enforcement practices, compared to other areas.

1976 State Plan

The Oklahoma SSA has included documentation of a formal working agreement between the SSA and SPA. Criminal justice activities are earmarked in the budget for the upcoming year, and plans for developing criminal justice interface in the twelve State regions have been outlined, though much too vaguely to be informational.

There is a critical statement in the State Plan regarding the inadequate functioning and inefficiency of the criminal justice system at large, which is indicative of a short-sighted attitude toward the drug problem needs that are particular to the criminal justice system--namely the offender-abuser.

OREGON

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Within a comprehensive policy statement based upon the premise that drug abuse should be handled as an illness rather than a crime, the Oregon SSA suggests an overall goal directed toward enhancing the drug dependent's ability to function effectively in the community. This goal is to be achieved by implementing "a balanced and simultaneous approach to those in Oregon: (1) who have not yet developed the symptoms of illegal and abusive behavior, (2) who have developed these symptoms and are now under arrest, on probation, incarcerated, or on parole, and (3) who have been released from the criminal justice/law enforcement system."

The number of treatment programs was difficult to ascertain, but there appeared to be about 50 programs for drug abusers.

Incidence and Prevalence Data

The incidence and prevalence data were derived from arrest data, hospital and treatment program reports, self-reporting survey data, and drug-related death statistics, representing a wide array of data sources. The Oregon State Corrections Division estimates that 40-50% of the inmates in its institutions are involved with alcohol and drugs. About 25% of those involved with drugs are using more than one drug, and 83% of the drug-related admissions to community mental health programs are less than 30 years old.

Organization of the SSA

The SSA was designated in 1972 to be the Department of Human Resources, serving the State's needs through the Mental Health Division. There are three mental health regions for sub-State level planning, coordinating, and delivery of services. The Mental Health Division has funneled formula grant funds to the community level comprehensive community mental health centers.

Linkages

Several specific examples of SSA-criminal justice interface were cited:

- the State Divisions of Mental Health, Vocational Rehabilitation, and Corrections collaborated and developed an institutional treatment/rehabilitation program at the Oregon State Penitentiary for drug offenders and drug-abusing offenders;
- meetings with representatives from the same divisions, plus the Division of Children's Services (all part of the Department of Human Resources - the SSA) has provided a working base for coordination and communication with regard to programming for drug-involved or drug-related adult and juvenile offenders;
- special emphasis in existing programs is being developed to include minority-particular services for incarcerated, and conditionally released drug-involved offenders;
- there are currently (1974) 19 drug diversion sites in 33 counties, and 10 drug treatment programs in 36 counties;
- SSA staff met with inmates at Oregon State Penitentiary (both drug offenders and drug abusers) on monthly basis; inmates developed group known as KEEN (Knowledge, Education, and Enlightenment about Narcotics), and participated in proposal review processes, including the development of their own proposal for residential treatment facilities for parolees with alcohol and drug problems (submitted for FY 76);

- Director of Portland-located State-run drug programs reached cooperative agreement with Oregon State Penitentiary officials to provide screening, diagnosis, and pre-release counseling to inmates with drug problems;
- additionally, an agreement was reached with a representative of Federal Bureau of Prisons with regard to procedure for providing treatment services to prospective parolees, and for establishing the provision of services to parolees in remote areas of the State through community mental health programs, subject to SSA review and approval; and
- there have been several multidisciplinary meetings, training sessions, and planning group meetings including full criminal justice representation.

Plans include:

- a proposal was submitted to the Department of Human Resources to support a multifaceted program including:
 1. a research grant request for mixed substance abuse treatment/rehabilitation for offenders with alcohol and/or drug problems,
 2. a community-based treatment program for offenders with alcohol and/or drug problems, and
 3. a hospital treatment ward for prisoners with alcohol and/or drug problems.
- a meeting was scheduled for April 1975 (could not ascertain outcome) between representatives from the Corrections Division, Law Enforcement Council, the Community Programming Section of DEA, and the National Association of State Drug Abuse Coordinators, to focus on the development of treatment and nontreatment alternatives to incarceration; and
- there is a continuing need perceived for program coordination and evaluation, providing services to inmates, providing treatment and nontreatment alternatives to incarceration, and increasing existing community-based treatment capacity for handling offenders with drug and/or alcohol problems, providing a statewide detox program, and providing a statewide diagnosis and referral network for the primary prevention of illegal and abusive behavior.
- three of the 13 Advisory Council members are criminal justice personnel, a judge, an Oregon State Bar representative, and a law enforcement officer.

Constraints

No constraints were cited.

1976 State Plan

The 1976 Plan was not reviewed.

PENNSYLVANIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Pennsylvania SSA subscribes to a drug treatment policy based entirely upon a decentralized drug treatment network, with local communities best serving their own needs. There is a perceived need for providing services to the criminally involved drug abuser/addict, with a program objective of the SSA providing assistance to SCAs in determining viable services for those drug abusers involved in the criminal justice system. Interagency coordination is emphasized to enable good local program development.

The number of drug education, treatment and rehabilitation programs indicated in the State Plan is 204, 37 of which are criminal justice-related programs.

Incidence and Prevalence Data

The two major incidence and prevalence data sources are (1) a collection of county statistics (based upon indicators such as hotline calls, drug-related accidents, deaths, emergency room cases, etc.) and (2) arrest statistics supplied by the Office of Drug Law Enforcement; both sources seem to suggest most types of use have changed little over 1973-74, but non-proprietary use has doubled.

Organization of the SSA

The SSA was established in 1972 and responsibility was delegated to the Governor's Council on Drug and Alcohol Abuse, which serves as a coordinating supervisory agency and allocator of funds subject to county drug plan approval. Thirty-five Single County Authorities (SCAs) submit county plans to the SSA in much the same way that SSAs submit plans to NIDA, leaving most operational, planning, and evaluative tasks in the hands of local authorities. The SSA State Plan is a composite of the county plans.

Linkages

Operational linkages mentioned in the State Plan include the following:

- drug arrest data provided the bulk of incidence and prevalence indicators;
- the SSA, Bureau of Corrections, and local corrections agencies have established detox facilities in 26 county correctional institutions;
- the SSA has developed a manual for prison detox projects and will continue to lend technical assistance and train prison personnel in these efforts;
- the SSA, through the Abraxas Foundation, has integrated therapeutic community practices with an extensive education program in an alternatives-to-incarceration effort for youthful substance-abusing offenders;
- the SSA coordinates and consults with the Board of Probation and Parole in developing appropriate services for the Board's clients who have drug abuse histories;
- the SSA has assisted the Board of Probation and Parole in providing drug counseling training of P.O.'s;

- the SSAs Research/Evaluation Action Plan states an objective of continuing the study of the relationship between crime and drug abuse;
- the SSA is developing standards for treatment environments in correctional facilities;
- there is a therapeutic Community for drug abusers at the State Correctional Institution at Camp Hill;
- among the seven member Governor's Advisory Council are a lawyer, a State representative, and a judge.

Planned efforts include several statements of intent to provide services to clients in the criminal justice system through diversion programs, institutional programs, and expanded services to probationers and parolees:

1. Additionally, the SSA intends to provide training for law enforcement professionals;
2. County action agenda items, listed county by county, include expanding and increasing existing efforts.

Constraints

No specific program constraints were listed in the State Plan, but a repeated emphasis on criminal justice personnel-training programs and needs at all agency levels indicates a lack of adequately trained staff, though this problem was addressed in the proposed action agenda.

1976 State Plan

The Pennsylvania SSA has responded to the criminal justice recommendations from the previous year by demonstrating criminal justice program initiatives and by improving the data collection system to include more comprehensive criminal justice data. There are several references to joint SSA-SPA planning and coordination; informal agreements seem apparent, but there is no copy of a formal interagency agreement. Joint activities cited include planning and treatment ventures, funding, and reviewing plans for new programs.

Among the priorities listed in the plan was an interagency survey of institutional needs assessment and treatment resources to provide the abuser-offender with drug treatment. Linkages exist with other criminal justice components as well.

Program goals and objectives are clearly stated, seem to be realistic, and are consistent with program policy statements. The SSA is addressing a balanced approach to developing community-based and institution-based programs for offenders. Overall interface is commendable.

Finally, the SSA has neglected to include in the State Plan update a copy of the Advisory Council membership.

RHODE ISLAND

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Rhode Island SSA policy is generally stated in that "community involvement and interagency coordination have been the main thrust behind the Rhode Island Drug Abuse Program (RIDAP), in all phases of planning and administration of treatment service. RIDAP believes that this philosophy of coordination and community involvement is a productive approach to the drug problem. The coordination and integration of program plans has occurred with the community mental health centers, the SSA, Department of Mental Health, Retardation and Hospitals, community drug programs, the Department of Health, and the Criminal Justice System." SSA objectives are to decrease drug abuse and drug dependency, and to provide treatment to those individuals who are drug abusing and drug dependent to enable them to lead more productive lives.

The Rhode Island State Plan policy statement does not directly address the criminal justice-related policy, but implicit in its program emphasis is that the identification of drug abusers should be conducted at the court stage of the criminal justice process, that treatment referrals should be encouraged. Furthermore, most of the treatment facilities listed in the State Plan specifically mentioned "court referral" as a viable admissions criteria, and none of the programs ruled out treating clients who had been involved in the criminal justice legal apparatus as an offender.

Sixteen drug programs were identified in the State Plan, plus twelve mental health clinics.

Incidence and Prevalence Data

Incidence and prevalence data sources include a report by the Governor's Committee on Crime, Juvenile Delinquency and Criminal Administration based upon a secondary school survey, Department of Health Statistics, arrests, and treatment agency reports. Findings suggest that alcohol is the primary drug of abuse, followed by marijuana, and drug arrests are increasing (100% from 1970 to 1971). The categories of drugs most abused by females are barbiturates (22%) and tranquilizers (29%); and the categories of drugs most abused by males are marijuana (28%) and barbiturates (18%). Hepatitis cases have decreased, but opiate addiction remains a top priority item, along with youthful polydrug use, and increasing abuse of amphetamines and barbiturates.

Organization of the SSA

The SSA was designated to be the Department of Mental Health, Retardation and Hospitals (MHRH) in 1972. Specific drug program responsibilities are maintained by the Drug Abuse Unit of MHRH. The SSA functions to better carry out the requirements of the Federal grant by means of an umbrella contract arrangement. All funds are allocated to the SSA, which is in turn responsible for subcontracting local agency services, as well as for monitoring fiscal management.

Linkages

Specific operational linkages include the following;

- the Rhode Island Drug Abuse Unit has been working through a liaison with the courts to improve meeting the needs of the drug abuser, to improve SSA-criminal justice communications, and to utilize unit staff to train counselors in both State- and community-operated programs;
- the Drug Abuse Unit conducted a survey obtaining drug abuse problem profile data from court cases, drug-related arrests, individuals awaiting trial, those at the Adult Correctional Institution, and from hospitals;
- almost all drug programs in Rhode Island are affiliated with either the Governor's Committee on Crime (GCC), the State LEAA agency, or the Department of Mental Health, Retardation and Hospitals (MHRH), the SSA;
- the creation of the Office of Court Liaison has helped to inform and educate all concerned parties of the meaning and implications of the Civil Commitment Law; this liaison has worked with concerned parties including the client, and drug program directors, counselors, etc. to establish referral linkages, as well as working with judges, clerks, police departments, the Division of Probation and Parole, prisons and training schools regarding program recommendations;
- one of the functions of the Central Intake Unit is that it provides outpatient court evaluations;
- two members of the review panel for local drug treatment applications were the State Attorney General and a representative from the Department of Corrections;
- all treatment agencies, as well as other concerned professionals, receive copies of Dialogue, a Rhode Island Drug Abuse Program newsletter describing all available treatment services;
- the Multi-State Information System is a listing of all Rhode Island mental health activities, and will soon include listings of other types, sources of treatment including the Juvenile Diagnostic Center of the Department of Corrections;
- of 23 positions on the State Advisory Council, 11 are representatives of the criminal justice system;
- interagency cooperation and communication is promoted by the SSA, as outlined in the policy statement, and the duties of the administrator of the Drug Abuse Unit, as well as other program efforts, where criminal justice input has been encouraged and apparent;
- court referrals are often made to the State-run, in-patient, residential, day-care, and community-based programs (no prohibitions listed for court-referred clients);
- a criminal justice subcommittee of the State Advisory Council actively makes policy recommendations to the State legislature, informs local law enforcement agencies of new drug-related legislation and current treatment alternatives, provides policy input regarding law enforcement manpower utilization, and develops communication flow between law enforcement and treatment agencies;
- a TASC program was proposed in 1974.

Constraints

The only constraint mentioned was that the Rhode Island Civil Commitment Law was outdated, but a proposed new law went before the legislature for FY 74-75.

1976 State Plan

The 1976 Plan was not reviewed.

SOUTH CAROLINA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The South Carolina policy is exemplified by the program emphasis on implementing meaningful education programs directed toward prevention, on cooperating with other agencies engaged in the study of, prevention, and treatment of abuse, and planning and promoting adequate treatment programs. With regard to the criminal justice system, intervention programs are emphasized because the drug abuser would be confronted at crisis points where he/she would be more amenable to change. The SSA has chosen to concentrate on the criminal justice system as the identifying social agent because the system is inherently coercive, the goal of behavior change is compatible with the health care system, and the criminal justice system is overtaxed and the health care system can help to alleviate this.

Approximately 70 drug treatment programs were identified in the State Plan.

Incidence and Prevalence Data

The sources of the incidence and prevalence data are (1) a six-month treatment program survey of client intake by primary drug of abuse, (2) statistics from a study on drugs and driving, and (3) arrest data. Alcohol was the predominant primary drug of abuse followed distantly by marijuana and heroin according to client intake reports. The drugs-and-driving study revealed that over-the-counter drugs and prescription drugs were the drugs used while driving. Alcohol offense rates for juveniles are about the same as drug offense rates, and alcohol-related arrests occur three times more often for young adults than drug-related arrests.

Organization of SSA

The SSA is the South Carolina Commission on Alcohol and Drug Abuse, created in 1974 as the result of a merging of the State Alcohol and Drug Abuse Authorities into one agency. The eleven commission members are Governor appointees, including representatives from each of the six congressional districts. Regional input is developed into the State Plan, and program operations occur at the regional and local levels.

Linkages

Operational linkages include the following:

- representatives from the Department of Corrections serve on the State Plan Interagency Committee on Alcohol Abuse and Alcoholism;
- an ASAP-inspired study of driving while intoxicated revealed that there was extensive use of all categories of psychoactive drugs while driving;
- the SSA's Division of Training assumed primary responsibility for the development, implementation, and delivery of the "Governor's Conference on Substance Abuse and the Criminal Justice System," which encouraged the development of drug offender/abuser diversion efforts at the local level;
- the South Carolina Department of Vocational Rehabilitation sponsors training seminars in the field of substance abuse to help mold "functional community interagency teams," particularly in treatment and corrections;

- ASAP was awarded funds to develop and initiate drug diversion programs in four counties with emphasis on screening and diagnosis (for placement), the development of two model curricula, and the creation of outpatient group therapy for criminal justice referrals who are "at-risk";
- the South Carolina Criminal Justice Academy is responsible for training criminal justice personnel in DUI procedures and in knowing the drugs of abuse; and
- among the 32-member Advisory Council are five representatives from the criminal justice system and related fields.

Planned linkages include:

- including drug abuse as a concern to ASAP programming, in conjunction with drug diversion programs;
- providing enabling devices for law enforcement to better detect drug intoxication in drivers since the breathalyzer is useful only for alcohol;
- continuing training in drug-related areas, especially for criminal justice personnel;
- coordinating and maximizing intervention mechanisms, especially through the judiciary and legal systems;
- developing a detox training program for law enforcement personnel through a joint venture of the SSA's Division of Training, the Governor's office on criminal justice, the Criminal Justice Academy, and the State Task Force on the Uniform Act;
- developing supportive treatment services for blacks, to intervene prior to criminal justice involvement;
- improving data collection methodology and utilization; and
- adding to intervention programming juveniles, parolees, and probationers identified by the criminal justice system as having substance abuse problems.

Constraints

The only constraint cited in the State Plan was obtaining the necessary funding resources to carry out all of the SSA plans for developing and implementing a comprehensive intervention network of services.

1976 State Plan

The 1976 Plan was not reviewed.

SOUTH DAKOTA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The South Dakota SSA places its major emphasis on the need for greater educational efforts in both general public information as well as the training of professionals in the drug abuse field, and in related fields. Priorities for action and support include drug enforcement and regulation.

Specifically, these objectives address:

1. developing a training structure to fulfill the training needs of law enforcement officers, and
2. registering and inspecting distributors and dispensers of controlled substances.

The only treatment facilities in South Dakota are those whose primary objective is the treatment of alcoholism. The principle inpatient resource is the Human Services Center; though the Center does not operate a distinguishable drug treatment program, drug abusers are in residence there. Most existing programs directed towards drug abusers would best fit under the rubric of intervention programs.

Incidence and Prevalence Data

The sources for the data on the extent of the drug problem were a general population survey, state lab analyses of confiscated drugs, law enforcement data, pharmaceutical thefts, and hospital admissions. The survey determined that drug abuse in South Dakota is marked by abuse of amphetamines, barbiturates, over-the-counter drugs, and volatile substances. Illicit drug use is predominated by marijuana use, and all indices suggest an upswing in many forms of use, such as use of speed and illicitly obtained prescription drugs.

Organization of SSA

The SSA was designated to be the Division of Drugs and Substances Control within the Department of Health in 1973. The State is divided into six districts for planning purposes and emphasis for drug abuse prevention is placed at the district planning level. Districts propose action plans to the SSA, which provides direct funding to them, for local level activities. District planning activities involve all forms of criminal justice agency participation.

Linkages

Operational linkages include the following:

- the District planning process includes surveying all law enforcement agencies to assess existing resources and needs for additional programs or services;
- school systems are required by law to provide special instruction regarding narcotics and their effects;
- two law enforcement agencies in District I provide a drug program for the public and schools;

- South Dakota Compiled Laws allow for a first offense deferment of proceedings for drug abusers; one judge is known to be actively adhering to this option by making referrals to mental health center counseling services; this alternatives-to-incarceration program is a glowing success, with "graduates" remaining as crisis team members;
- District III reports that law enforcement officials provide part-time services to drug abuse programs such as counseling and educational presentations;
- in two districts, criminal justice specialists wrote the State Plan; and
- among the six-member Advisory Council is an attorney from the Attorney General's office; at the District level, one of the six district representatives is a law enforcement officer.

Planned linkages include:

- responding to a need for more extensive law enforcement training in crisis intervention, counseling, etc.;
- responding to a need for better law enforcement record-keeping of referrals;
- encouraging more judges to use available alternatives to incarceration, especially for youthful offenders;
- providing technical assistance toward the establishment of a group home alternative;
- encouraging better police-community relations to enhance public understanding of drug problems and drug law enforcement; and
- proposing the formation of an undercover investigation unit in the Office of the Attorney General in District II.

Constraints

Constraints cited include the following:

- local law enforcement is hampered by manpower constraints and the non-existence of a State level enforcement unit for drug control;
- the inadequacy of incidence and prevalence data (especially that supplied by law enforcement agencies) makes program support difficult to assemble;
- a shortage of trained or qualified personnel, particularly in the criminal justice system is an obvious constraint to program effectiveness;
- law enforcement difficulties arise from public acceptance of drug usage or apathy;
- lack of strict law enforcement, the tendency toward lenient sentencing of drug dealers, and parental apathy toward children's usage hampers effective control; and
- lack of an undercover unit is detrimental to drug enforcement efforts, due to reluctance to testify and the fact that most officers are known in their locales.

1976 State Plan

The 1976 Plan was not reviewed.

TENNESSEE

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Tennessee SSA states broadly that it plans to emphasize interagency coordination and implementation of existing resources and services, and that court referrals will be encouraged as a diversion measure. Planning directions, guidelines, and various types of technical assistance will be made available to the programs to improve court liaison.

There are 25 community mental health centers and 5 psychiatric hospitals in Tennessee which offer services to the drug abuser. Most therapeutic resources are focused on "treatment-after-the-fact, not prevention;" the guidelines point only to how to detect and treat drug abuse with the ultimate aim of reintegrating the abuser into the community.

Incidence and Prevalence Data

Incidence and prevalence data were derived from demographic, treatment, arrest and mortality information. The total drug arrest figures for 1974 were approximated at 11,000. Marijuana use exceeds all other drug use, but narcotics remain the most abused drugs in Tennessee.

Organization of the SSA

The SSA was designated to be the Alcohol and Drug Section of the Tennessee Department of Mental Health in 1973. Drug treatment services are delivered to 30 geographic community service areas, with increasing efforts to maintain area self-sufficiency in attempts to meet local drug abuse needs. Quarterly meetings are held with regional program directors and SSA representatives, to relay local needs assessment and report activities.

Linkages

Operational linkages include the following:

- the SSA uses incomplete arrest data to partly ascertain the extent of state-wide drug abuse; and
- among the 10-member advisory council are (1) the Superintendent of Treatment Services from Tennessee State Prison (representing the Department of Corrections), (2) the Director of the Law Enforcement Planning Agency, and (3) the Director of the Tennessee Bureau of Identification.

Constraints

The only constraint mentioned was the need for better liaison between courts and the drug treatment network, and the commensurate need for more treatment facilities to provide for this influx of clients.

1976 State Plan

The Tennessee SSA has partially complied with previous criminal justice recommendations by including an Advisory Council listing; however, the criminal justice representation is not broadly representative of the entire system, and court disposition data and arrest statistics have not been provided.

There is a copy of interagency agreement between the SSA and SPA. Proposed plans include (1) conducting workshops for criminal justice and law enforcement personnel in processing referrals, (2) devising methods for encouraging a working relationship between the treatment agencies and court liaisons with the criminal justice system and (3) meeting with judges and law enforcement officials to inform them of treatment options and methods. Although these plans are laudable, they have seemingly been proposed with only minimal preparation or planning and coordination, and they represent the extent of the entire criminal justice effort for the upcoming year.

TEXAS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Central to the Texas drug program policy, the "SSA does not propose to prevent drug abuse, because the problem does not only lie within the abuser. The overall strategy must address the environmental conditions--social, economic and legal, that bring about major negative social consequences." Opiate abuse is the primary drug concern and a list of priorities indicates that treatment and rehabilitation programs for the opiate abuser are the first program priority. The SSA view of drug users identified by the criminal justice system is that the societal costs and criminal justice apparatus involved in processing drug offenders, mostly for marijuana offenses, warrants the current emphasis placed upon diversion efforts. Most of these offenders are under 20 years old, and this further substantiates the need for treatment rather than incarceration.

At least 305 programs were mentioned including a TASC program and several criminal justice-related programs for probationers and parolees.

Incidence and Prevalence Data

The incidence and prevalence data were derived from treatment program reports, CODAP, and Texas Mental Health data; arrest and incarceration figures; serum hepatitis cases; drug overdose death reports; and an incidence and prevalence survey. The findings revealed that over 60% of all drug abuse treatment clients are opiate abusers, and that opiate use declined after 1970 but is increasing again. Most arrests for drug offenses (79%) are for marijuana-involved offenses. Yet, of those offenders identified in institutions as having committed drug-related offenses, 60% of them are for non-marijuana offenses.

Organization of the SSA

The SSA was designated to be the Texas Department of Community Affairs in 1973. Within the Department, the State Program on Drug Abuse assumes responsibility for developing drug program plans; coordinating drug abuse prevention activities rests with the 24 regional level authorities. These regional agencies provide input for the comprehensive State Plan, and are also responsible for sections of the criminal justice plans.

Linkages

Operational linkages between the SSA and criminal justice system include the following:

- in 1972-1973 the Texas Department of Corrections published special studies profiling incarcerated Texas drug offenders; also, the SSA receives from the Department admission reports on each incarcerated drug offender;
- in August 1973, marijuana sale and possession penalties were reduced to a misdemeanor (for 4 ounces or less);
- the cost to the State for arresting and incarcerating marijuana offenders was estimated to be almost \$9,000,000 annually;
- the SSA compared the statistics for marijuana arrests and drug treatment clients;

- half of the CODAP cases are in Austin treatment programs, representative of a unique relationship between the Austin area mental health centers and juvenile court;
- the initial drug programming efforts were funded by the criminal justice system;
- regional planning councils are partly responsible for input and preparation of the criminal justice State Plan;
- State drug plans have been developed in close cooperation with the Criminal Justice Division of the Governor's Office;
- there is a TASC program in Austin;
- the Texas Department of Corrections is actually involved in the treatment and rehabilitation of drug dependent inmates, with a couple of special programs currently operative;
- there is an active referral and monitoring relationship between parole officers and the treatment community for addict parolees;
- Bragos Valley Development Council has aided in the development of a viable criminal justice program; and
- among the 29-member State Advisory Council are three judges, two attorneys, one police chief and one sheriff representing the criminal justice system; regional councils are broadly represented by all components of the criminal justice system.

Planned linkages include the following:

- manpower development and training activities will be increased due to the increasing number of programs within the criminal justice system;
- TASC programs will be developed in other metropolitan areas;
- outreach efforts will be increased through the criminal justice system;
- cooperation between the State treatment programs, law enforcement, and the criminal justice system programs will be enhanced by sponsoring annual jointly-held workshops, and an annual DEA conference;
- recidivism rates for drug abusing arrestees will be reduced through diversion and TASC programs and better outreach efforts;
- return to drug use after incarceration will be reduced through halfway house and referral to community treatment programs, initiation of treatment for inmates, and treatment in selected supervisory release programs;
- prevention and treatment efforts for polydrug and soft drug users will be increased, through community-based services, treatment training expansion, and outpatient services; and
- training and education programs for ex-drug abusers will be upgraded to increase the number with jobs, in school or in vocational training.

Constraints

The only constraint mentioned was the lopsided picture of arrestees and drug treatment clients by drug of abuse, with 77% of drug arrests for marijuana; yet this same group is not proportionately represented in treatment; rather, opiate abusers make up the bulk of the treatment clientele.

1976 State Plan

The Texas SSA has adequately responded to previous year's criminal justice recommendations, and has included in this Plan a copy of interagency agreement between the SSA and SPA.

Criminal justice interface is progressing in Texas, listing it high among its program priorities, and demonstrating a working cooperative relationship between the SSA and the SPA as well as other agencies--a program has been developed through the Welfare Department enabling juvenile court diversion to

treatment programs. Furthermore, drug abuse courses have been developed in the police academies and there are mandatory court classes for drug offenders, similar to "drunk driving" classes.

Overall, the Texas achievements and progress to date have been well documented and are noteworthy.

UTAH

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

All SSA efforts will be directed toward the encouragement of coordinated, community, district, and statewide programs with the broadest possible citizen involvement. Public and private support will be sought early so that the SSA maintains the role of initiator and catalyst rather than program operator. Specific services provided by the SSA are consulting, program contacting, referring, group training, funding, developing and initiating broad public awareness, and developing an ongoing plan for research and program evaluation. With regard to emphasis on the criminal justice policy, the "gap between treatment of the incarcerated drug abuser and those in community treatment programs is broader than the gulf between prison and free society. Community treatment systems reach few persons with drug dependencies from the correctional system and most correctional systems are not geared to treat the drug abuser." Feeling that not all clients are amenable to diversion, there is still a demand for institutional treatment. (No information regarding the number of existing treatment programs throughout the State was delineated.)

Incidence and Prevalence Data

The incidence and prevalence data sources were arrest data, hospital admissions reports, prosecution figures for drug law (and alcohol) violations, treatment statistics, confiscated drugs, a general population survey, and two assessments of dysfunctional drug use and treatment programs. The general population survey findings suggested that 3% of the population use marijuana regularly (felt to be underreported), and other drug use is less than 1%, with remarkably low heroin use. Over-the-counter drugs and polydrug use warrant special attention. In addition of 574 inmates, 90% have a drug use record.

Organization of SSA

The SSA was designated to be the Department of Social Services, within which the Division of Alcoholism and Drugs has been primarily responsible for planning and programming since 1971. There are seven planning districts which develop individual programming plans, and assess local needs and priorities. The SSA's role is to assist in local and regional grant applications, provide project evaluation to drug treatment programs, and to provide direct services to clients only to get local communities involved in their own program development.

Linkages

Operational linkages include the following:

- the SSA uses arrest and court data to help determine the incidence and prevalence of Utah's drug using population;
- each district of the Juvenile Court is involved in treatment and rehabilitation and education programs;

- due to the needs of incarcerated drug abusers, a committee of inmates, professional staff and a steering committee of representatives from the Division of Corrections, Community Correction Center, prison staff, the SSA and others met during 1971-1972 to develop a comprehensive program, and continuity of care for drug and alcohol dependent inmates; in addition, part of this effort includes the generation of legislation enabling alternatives to incarceration;
- the Utah State Division of Corrections and the SSA are united under the State Department of Social Services, which enhances joint planning;
- the "Operation Alternatives" seminar was initiated by the Division of the Bureau of Narcotics and Dangerous Drugs to stimulate innovative program techniques such as community-based treatment; input was provided by law enforcement and treatment personnel; and
- among the 14-member Advisory Council are three representatives from the criminal justice system, a judge, a representative from State Probation and Parole, and the Captain for the Narcotics, Vice and Intelligence Division.

Planned linkages include the following:

- "to promote or establish cooperative relationships with courts, . . . law enforcement agencies and other related groups";
- to plan with the Utah Law Enforcement Planning Agency concerning program funding;
- intent to involve city judges and justices of the peace in local and district drug advisory councils for assessing needs and developing plans;
- to encourage liaison between institutions and community drug programs for referral of released inmates (i.e., continuity of care); and
- to implement a prison-based alcohol/drug treatment program that received funding from the State legislature.

Constraints

Constraints cited are:

- the lack of rapport between institutional programs and community drug treatment programs;
- the overwhelming need for specialized drug treatment in institutions cannot be addressed by existing staff;
- the Utah Law Enforcement Planning Agency refusal to become involved in drug treatment programs proposed for the Utah State Prison; and
- the Director of the Utah State Liquor Law Enforcement Division claims that they are only skimming the surface of the drug arrest problem.

1976 State Plan

The current State Plan from the Utah SSA contains no copy of any letter of interagency agreement between the SSA and SPA, and the criminal justice element of the plan is regrettably brief and alcohol-specific. Although the substance of the interface revolves around a TASC program, the primary programs of note are a Juvenile Court Alcohol School and the passage of an act which decriminalizes public intoxication - neither of which addresses the problem needs of the drug-abusing offender. The TASC project achievements are commendable, but SSA-SPA relations are underdeveloped, as are programming efforts directed toward drug-specific treatment of the criminal offender.

VERMONT

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Mandated to provide a comprehensive system of drug abuse prevention and treatment services, the SSA is committed to fulfill the following roles:

1. to serve as an advocate for services, and
2. to coordinate funding resources and allocation, training, and technical support.

While State-supported services will be developed as needed, community-based, privately operated programs are actively encouraged and supported. The drug prevention and crisis intervention system in Vermont is a non-formalized, non-structured network of private organizations which are created in response to local needs. The SSA created a program by which it identified the drug-dependent population involved with the criminal justice system, and has responded by providing counseling and advocacy services to incarcerated drug abusers. In addition, there are residential treatment programs to which these inmates can be furloughed, as well as a variety of probation and parole programs indicating a broad criminal justice effort.

There were 24 programs identified in the State Plan; 3 residential, 4 ambulatory, 7 aftercare, and other manpower development, crisis intervention, prevention, and early intervention programs.

Incidence and Prevalence Data

The incidence and prevalence data were collected from drug arrest statistics, CODAP reports, other community treatment reports, and hospital admissions reports. The SSA recognizes the limitations of these data sources, but suggests that there are an estimated 5,600 abusers of illegal drugs in Vermont, 500 of whom are suspected of being addicts. Marijuana use predominates the usage and arrest patterns, followed by stimulants. Hospitals report treating people with sedative and amphetamine abuse or misuse problems. The extent of drug dependency in prison is yet unknown and special drug trafficking problems are created by Vermont's geographical proximity to New York and the Canadian border.

Organization of the SSA

The SSA was designated to be the Agency of Human Services within which responsibility was delegated through the Commissioner of Social and Rehabilitative Services to the Director of the Alcohol and Drug Abuse Division (ADAD), in 1973. Primary responsibility for planning, administering, and coordinating a comprehensive drug services system lies with the Secretary of the Agency of Human Services. ADAD relates directly to the projects (as opposed to operating through a regional substructure) and several other State agencies contribute to planning, developing, and coordinating comprehensive drug treatment services, such as the Department of Public Safety and The Governor's Commission on the Administration of Justice. No regional organization exists, except that there are 8 regional planning meetings conducted annually.

Linkages

Operational linkages include the following:

- the Department of Corrections has formal informational links with the SSA;
- the Vermont Criminal Information Center (VCIC) is connected with the Department of Public Safety (State Police) and provides the SSA with arrest statistics and arrestee profiles;
- steps are being taken by "People Who Care" with the SSA to support and assist the community in finding ways to ease tensions between local law enforcement and youth (aroused by improper arrest techniques);
- an individual and group counseling program in prison is directed toward inmates with drug-related problems;
- the Governor's Commission on the Administration of Justice allocated a portion of LEAA funds to grants for community drug crisis services, particularly as these services relate to providing alternatives to incarceration (the SSA has funded several such projects);
- the SSA provided a seed grant to a private crisis and alternatives program to cooperate with a DATAC counselor in providing a support group for prisoners;
- State and Federal seed monies from the SSA provided partial support to crisis intervention services, including services to persons involved in the criminal justice system;
- there were 2 SSA-sponsored seminars with law enforcement personnel and field workers, to share concerns, to prioritize needs, and to discuss alternatives to incarceration for the drug-involved arrestee;
- data collection from law enforcement, corrections and hospitals has been standardized by the SSA;
- the Department of Public Safety operates a narcotic and drug investigation squad, identifies confiscated drugs, and provides drug education to the community;
- the Department of Corrections provides treatment resources and makes referrals, provides diagnostic, medical back-up, and counseling services to incarcerated clients, and makes referrals to community programs upon inmate release;
- the Governor's Commission on the Administration of Justice is the LEAA-funded State Planning Agency and plans, prioritizes, assesses, and responds to criminal justice problems and needs, including drug-use related problems;
- an Ad Hoc Inter-Agency Drug Plan Advisory Committee was formed to provide the Agency of Human Services (Department of Corrections, etc.) the Governor's Commission on the Administration of Justice, etc. to provide an opportunity for information exchange on drug prevention resources, concerns, and priorities;
- a needs-assessment study was funded in a high drug-arrest-incidence county;
- State and local elected officials participated in planning meetings requesting drug use and abuse information and committing themselves to cooperate with drug programming efforts;
- Drug Arrest Client Data were collected from the entire range of criminal justice agencies;
- correctional centers received assistance from drug coordinators to participate in drug case reviews;
- commitment options for convicted offenders are 4 Community Correctional Centers (replaced jail system), St. Albans Correctional/Diagnostic Center, Vermont State Prison, and Weeks School for Juveniles;
- "Threshold" and "Treatment and Resources Action Center" (TRAC) formalize relationships with the local community correctional centers; and TRAC has an agreement with the circuit court to have a representative present at all sentencing hearings for drug-related crimes; and

- among the five-member Vermont Drug Rehabilitation Board are an attorney, a legislator, and a police chief.

Planned linkages include:

- the development of diversion programs for correctional clients with drug-related offenses (by the SSA).

Constraints

Constraints cited include:

- community anxiety which results in unethical and discriminatory law enforcement practices;
- parental and educational system deferral of responsibility for dealing with drug dependence to law enforcement officials;
- proximity to New York creating trafficking problems;
- problems utilizing drug arrest statistical reports;
- lack of flexibility in Federal guidelines to offer services on the basis of the "total human problem" rather than as a specific sub-group population; and
- lack of organized statewide diversion efforts.

1976 State Plan

In terms of having complied with the criminal justice recommendations from the previous year, the SSA seems to be actively involved in improving its data collection sophistication, broadening its source-list for data collection, and there is evidence of at least informal cooperation with respect to this activity between the treatment and criminal justice sectors. However, in the list of ranked priorities, criminal justice activities are not cited.

A formal agreement between the treatment network and criminal justice system is documented, and joint funding ventures have been initiated based upon coordinated planning and participation by both the SSA and SPA Advisory Councils.

Regretfully, there are no criminal justice representatives listed as permanent members of the State Advisory Council and Planning Committee. Additional formal agreements would have been included to better indicate current progress in this area of interface, and the listing of Advisory Council composition should have been more informative.

VIRGINIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

According to the State Plan narrative, "Virginia has taken a comprehensive approach in the design and maintenance of its programs within the various functional categories (treatment and rehabilitation, research, etc.). Some programs have come into existence as a new responsibility of a pre-existing agency. Other programs have come into existence as a responsibility of an entirely new organization." Where no programs exist, plans are being executed to fill these gaps in service. Implicit in the narrative, it seems the SSA has encouraged (1) court referrals to drug treatment programs as a means of alternatives to jail sentencing, (2) special training programs for law enforcement, court-based, and institutional personnel with emphasis on detecting drug abuse, crisis intervention, and knowledge of existing treatment resources, (3) institutionally-based drug programs, and (4) special programs, like half-way houses, for drug-involved probationers and parolees.

The number of drug programs is about 154, 36 of which are school-based, 29 of which are intervention programs, 8 of which are research tasks, and 81 of which are treatment and rehabilitation-oriented (11 are criminal justice-specific).

Incidence and Prevalence Data

Based upon a survey conducted by the Bureau of Educational Research at the University of Virginia in 1973, problem drugs have been listed according to prevalence of use beginning with marijuana and/or hashish use, followed by tranquilizers, barbiturates, sleeping pills, codeine and darvon, methamphetamines, and LSD-mescaline-hallucinogens. Newly identified usage increases are those of cocaine and methaqualone use. Marijuana users were found to be most often white, male, Protestant, aged 21-35, who were basically middle-class and had some college education.

Organization of the SSA

The SSA was designated to be the Virginia Division of Drug Abuse Control (VDDAC) under the Secretary of Human Affairs, in 1973. The SSA coordinates its activities with other State agencies, to avoid duplication of efforts and resources. It also oversees a sub-state planning system of regional drug abuse councils and coordinator-planners who implement needs assessment and programs at the regional level. The VDDAC operates local programs through the regional bodies, which function much the same way as the SSA does with NIDA, submitting plans and performance reports for review and proposed programming.

Linkages

Operational linkages include the following:

- among active SSA-State agency relationships are those with the Office of the Attorney General, the Department of Corrections, the Division of Justice and Crime Prevention, and the Department of State Police;

- each of the four agencies listed above is represented on the Advisory Council, plus the SSA and the State Crime Commission;
- the Division of Justice and Crime Prevention is responsible for providing technical assistance, program evaluation, and financial assistance to all agencies and levels of the criminal justice system regarding drug treatment planning and programming;
- the Department of State Police is responsible for detecting drug abuse, providing technical assistance, and criminal justice training;
- the Department of Corrections is responsible for outreach, in-take and follow-up, counseling, the provision of urinalysis, program staff training, and personnel training;
- the Division of Probation and Parole supervises drug-involved clients and operates some halfway houses;
- the Office of the Attorney General is responsible for providing technical assistance and legal advice to the Virginia Drug Abuse Advisory Council, the SSA, and other criminal justice State agencies;
- in brief descriptions of the 22 regional divisions in Virginia, there was special reference made to the role of the criminal justice system in drug abuse control, varying from simple law enforcement efforts to the implementation of a court referral program;
- the Northern Virginia region has a comprehensive drug program with criminal justice input at all levels of the program, including:
 1. law enforcement prevention and education efforts,
 2. law enforcement and jail detox efforts at the intervention level,
 3. counseling and rehabilitative efforts at the treatment level in juvenile and adult probation and parole, and
 4. follow-up at all agency levels; and
- among the 27-member Advisory Council are six representatives of the criminal justice or legal systems.

Planned efforts emphasize increasing the number of treatment alternatives to incarceration, bettering institution-based and jail programs, as well as improving police efforts through training seminars geared to drug-specific law enforcement needs, and distributing Treatment Resource Guides to judges.

Constraints

Constraints cited are as follows:

- in one region, there is an acute problem establishing cooperation between the local criminal justice system and drug treatment programs;
- with regard to current law enforcement operations, there is a perceived need to secure funds for confidential informants' fees for infiltrating, identifying, and prosecuting major drug traffickers;
- there is an acute need for more alternative programs, a need for better court official knowledge about existing treatment alternatives, and a need for increased willingness to utilize these resources; and
- there is a need to determine present treatment and rehabilitation capabilities, particularly in privately-operated programs, as well as current utilization of existing services to develop future plans.

1976 State Plan

In response to last year's criminal justice recommendations, the Virginia SSA has shown adequate criminal justice representation on its Advisory Council, and the data base has been expanded in terms of data sources and inputs. However, there is no indication that a formal agreement is yet to be developed between the SSA and SPA.

Priority items listed are extremely general and the objectives are not accompanied by appropriate action plans to carry out either long- or short-range objectives. The effort to develop interagency coordination does not appear to have been very energetic.

WASHINGTON

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The 1975 State Plan cites as its purpose and goals, meeting State and local community needs in cooperative planning and development endeavors by working together to:

- "1. Assist communities in determining priorities for the development of human and physical resources;
2. Achieve a closer working relationship between local and State government in defining needs, establishing priorities and allocating resources that affect communities; and
3. Encourage citizen involvement in the development of plans and priorities at the local and State levels."

With respect to the Drug Abuse Prevention Office, its specific purposes are:

- "1. To minimize the cost to society and the damage to individuals caused by the abuse and misuse of drugs by assisting State agencies, local communities, and local service programs to plan and develop systems and services to deal with drug problems; and
2. To provide training, education, treatment and rehabilitation, and policy development toward lower drug abuse."

The Washington SSA has demonstrated through its current activities and plans for the future an emphasis, (1) on diverting the drug abuser from the criminal justice system to extra-institutional treatment programs, and (2) on providing treatment for parolees and juveniles. According to the second year plan (1975), the SSA anticipated legal and legislative support of such efforts due in part to the Fetty et al. vs. Smith et al. case where a prisoner challenged the State for failure to provide the drug treatment services that are mandated by law. FY 75 promised to be a year of strategy development and the implementation of providing improved drug treatment services for offenders through joint planning and activity of the SSA and the State Law and Justice Planning Office.

The number of drug treatment programs in Washington is 94; 67 outpatient, 16 residential, 8 methadone, and 1 diagnostic and referral service.

Incidence and Prevalence Data

The incidence and prevalence data were collected from law enforcement data, a computer-based management information system for all treatment providers, local survey estimates, and analyses of State institutionalized populations, including a special Fetty report, which estimated there were at least 5,000 individuals involved with the criminal justice system who were in need of special drug treatment (compared to 440 static treatment slots available), or about 75% of those incarcerated. Based upon a 1.2% estimate of the State population at risk, Washington has a potential clientele of 41,000, approximately 20% of whom are currently receiving some services.

Organization of SSA

The SSA was designated to be the Washington State Planning and Community Affairs Agency in 1973. This Agency is accountable to Governor and is referred to as the Office of Community Development (OCD), within which SSA functions are carried out by the Drug Abuse Prevention Office. The SSA has chosen to emphasize planning with the local governments as the means to developing comprehensive statewide drug services, by working almost entirely through local governments and their respective policy boards. The OCD responsibilities of developing human and physical resources are approached through a working relationship between State and local government, and accounts for a smooth flow of federal and State monies into communities. Grassroots service delivery is carried out through private agency - local government contractual agreements.

Linkages

Special SSA-criminal justice system linkages include the following:

- among the member agencies of the Interagency Committee on Drug Abuse Prevention (ICDAP) is the Washington State Patrol;
- there are at least seven local interdisciplinary planning teams that serve the Advisory Council in an advisory capacity, made up of DEA Task Force Facilitators and their community groups; the groups were developed as the result of a joint DEA-NASDAP law and justice treatment workshop;
- special task forces, including one on statewide law and justice planning have been created to strengthen community-agency interface;
- special court-appointed commission studied Washington State prison system (as result of Fetty et al. vs. Smith et al.) to determine the extent of drug-involvement of inmates, and the need for providing an adequate drug treatment program at the institutional level;
- the SSA is the Office of Community Development (within the Washington State Planning and Community Affairs Agency) which has enhanced the cooperative relationships between the SSA, Law and Justice Planning, and Manpower Development (CETA) Agencies;
- monies have been allocated for the State Patrol's Illicit Drug Control Program and for Treatment Programs in State Penal Institutions;
- three of the four major adult penal institutions have drug programs;
- there is a Drug Offender Treatment Program at Western State Hospital;
- special court diversion and referral efforts are being undertaken at various local levels, based upon the encouragement of special dispositions for misdemeanor drug offenders;
- in King and Spokane Counties, there are jail in-take units that actively assess and refer drug-involved arrestees at their request or that of the court, prior to trial;
- each county or county-region cited its proposed efforts individually, showing a variety of activity across the State, and an increasingly comprehensive drug treatment program network, including half-way house facilities, services for parolees, developing prevention programs at the misdemeanor level, establishing more extensive jail in-take, diagnostic, evaluation, and diversion activities, and otherwise expanding existing facilities.

Among the nine-member advisory council (six of whom are lay people) there is a Chief of Police member.

Planned linkages throughout each of the nine regions include:

1. providing comprehensive residential services, emphasizing security, expansion, and halfway house facilities;
2. providing drug abuse treatment services, prevention programs and an adult parole program;
3. sponsoring misdemeanor drug offender classes, a primary prevention program, and establishing a residential facility;
4. establishing intensive jail intake and diagnosis, evaluating diversion programs and pre-sentence assessments, and expanding existing facilities;
5. providing diagnostic and referral capabilities, urinalysis monitoring of diverted clients, and prevention efforts;
6. improving the coordination of existing service elements and the work release program;
7. establishing direct referral of juveniles to treatment by police, running 6-week misdemeanor drug classes, improving data collection, establishing a diversion program, and developing a treatment facility;
8. providing pretrial diversion for juveniles; and
9. evaluating treatment program effectiveness, separating medical/treatment concerns from legal/law enforcement concerns, improving diversion efforts and law enforcement capabilities.

Constraints

Constraints include:

- financial constraints, specifically hindering criminal justice services for juveniles, probationers and parolees, and widespread diversion efforts.

1976 State Plan

The criminal justice section of this Plan was comprehensive and exhaustive in that it included past and present achievements, State policy with regard to criminal justice programming, community-based and institutional treatment program balance, and constraints and unresolved issues, complete with adequate statistics, appropriate flow-charts, and time-frames. The overall plan was highly regarded, yet no copy of a formal SSA-SPA was provided although informal relationships are evidenced throughout the Plan.

WEST VIRGINIA

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA in West Virginia has concentrated its program efforts in four areas: prevention, early detection, treatment, and rehabilitation. Particular community needs and resources are considered for each program plan. Program development is a top priority consideration, and programs deemed effective aim at prevention and control of substance abuse, education efforts, early detection counseling, referral, treatment, rehabilitation, training, and research and evaluation - a comprehensive network of program emphases. There were no specific mentions of criminal justice-related programs or priorities in the narrative; rather, all policy/philosophy statements were very broadly delineated. Program development is the most pronounced activity, and all activities that would promote this end are currently being endorsed and assisted by the SSA.

It seems that there are about 40 locally based centers on Alcoholism and Drug Abuse and contracts with 12 community mental health centers to provide drug services.

Incidence and Prevalence Data

The sources of incidence and prevalence data are hospital admissions, drug treatment program admissions, police reports, and drug-related deaths. Findings showed a 105% increase in narcotic law arrests from 1972-1973; 67% of the population in treatment are between 16-35 years old; and of all treatment cases 81% cite as the major drugs of abuse, opiates, synthetics, barbiturates and sedatives, marijuana, and hallucinogens.

Organization of SSA

The SSA was designated to be the Division on Alcoholism and Drug Abuse under the Department of Mental Health in 1973. Regions function as informational and planning input agents to the SSA which in turn monitors local or regional efforts.

Linkages

Operational linkages include the following:

- arrest reports help indicate drug use trends;
- there was an attempt to develop better treatment ties with the criminal justice system through a "mini-school" program sponsored by the Annual School of Alcohol and Drug Abuse Studies;
- extremely general references were made to services provided to drug abusers in the criminal justice system including broad allusions to diversion efforts at local court levels, and informal agreements between "officials" with regard to drug arrest charges;
- among the 22-member Advisory Council there is a county prosecuting attorney, a sheriff, and a Chief Probation officer; and

- the Governor's Commission on Crime and Delinquency survey a portion of SSA offices and found that 12% of all treatment referrals are court-based, 4% of all juvenile clients are probation-referred, and jails, police, sheriffs, and parole officers having referred only about 1% each of the treatment clientele.

Planned linkages were not delineated, but only appeared in the form of a general statement that upcoming priorities include emphasizing the criminal justice system, generally.

Constraints

Since the criminal justice system - SSA linkages were only broadly referred to, no appropriate constraints were identified as hindering such special efforts.

1976 State Plan

The West Virginia SSA has not responded to last year's criminal justice recommendation to clearly state program intent, outlining future objectives and goals for treating drug abusers involved in the criminal justice system. There is no formal agreement between the SSA and SPA; generally it seems as though the only new program effort cited is to enhance this relationship by an SSA-sponsored statewide seminar, but this effort is minimal in terms of the immediate need for better interagency coordination.

WISCONSIN

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

Although there is no clearly stated policy, the 1974-75 State Plan indicates several areas of program emphasis that reflect the SSA policy. The Wisconsin SSA regards alcohol as the most pervasive drug problem in that state and therefore emphasizes the administration of health care services to both alcohol- and drug-abusing clients. The treatment options listed were primarily of a drop-in center, counseling and educative nature. There was little emphasis placed specifically on criminal justice priorities, and pertinent criminal justice policy was difficult to ascertain due to only broad references to programs in correctional, probation, and parole settings.

It could not be determined from this plan how many programs are operative in Wisconsin.

Incidence and Prevalence Data

The incidence and prevalence data were derived from arrest data, juvenile court referrals, a Division of Corrections Survey, and a hospital survey. The arrest data demonstrated increased law enforcement activity, increased arrests for marijuana, and rising numbers of youthful drug offenders. The institutionalized adult population is heavily involved with drugs, 54% of whom have drug or alcohol problems. Of the juveniles who are incarcerated, 46% of the male youths and 88% of the female youths have drug or alcohol problems. Similar patterns were reported at the probation and parole levels based upon a 10% sample. The survey of hospitals showed that 5-6% of the patients in Wisconsin are hospitalized for drug problems, 75% of which is directly attributable to alcohol. Thus, alcohol is the major drug of abuse, followed by barbiturates and tranquilizers, then opiates, marijuana, hallucinogens, and volatile substances.

Organization of SSA

The SSA was designated to be the Department of Health and Social Services (DHSS). Within the Department is the Division of Mental Hygiene, within which is the Bureau of Alcohol and Other Drug Abuse, which is the focal point for the development of drug abuse prevention programs. The DHSS performs administrative functions over locally run drug programs, including the allocation of fiscal resources.

Linkages

Operational linkages include the following:

- the most obvious linkage between the SSA and the criminal justice system is the SSA's reliance upon the law enforcement sector to:
 1. enforce existing drug laws, curtailing the drug problem by limiting the availability of drugs, and
 2. provide a partial picture of the extent of the drug problem through arrest statistics;

- although minimal, there are references to courts, corrections, and probation and parole efforts that exist with respect to drug treatment (no programs specifically delineated);
- the incidence and prevalence data were developed by collecting information from several criminal justice agencies, including law enforcement (arrests), juvenile court cases (referrals), corrections surveys, and a probation and parole survey;
- in January 1974, the Wisconsin Council on Criminal Justice (the SPA?) finalized a plan for providing enforcement, education, prevention, and treatment services for drug abusers; membership of the Council includes members from both the Criminal Justice Advisory Council and the Council on Drug Abuse Planning; and
- among the 8-member Advisory Council are the State Attorney General, two State Senators, and the Governor, broadly representing the criminal justice system.

The only planned linkage cited was the consideration of conducting special population surveys, to include probation and parole status clients, inmates of correctional institutions, among other special groups.

Constraints

Although the SSA's reliance upon and cooperation with the criminal justice system is minimal and sadly underutilized as a potential referral and outreach source, the "problem" does not appear to be contingent upon administrative, legislative, or budgetary constraints, but rather is more of an oversight.

1976 State Plan

In response to compliance with criminal justice recommendations from last year, the Wisconsin SSA has demonstrated having improved its cooperative and coordinated relationship with the criminal justice system. Goals and objectives are clearly delineated and are consistent with programming and policy recommendations and priorities.

Current initiatives include: (1) joint planning and grant review procedures at the State level; (2) establishment of a State board responsible for determining substance abuse policy; (3) development of several model diversion programs; (4) development of institution-based treatment; and (5) joint agreement between the treatment network and criminal justice system.

Action agenda initiatives are not as well-developed as they should be and an explicitly stated formal interagency agreement is in order in light of current efforts and cooperation.

WYOMING

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

In a program summary, the SSA indicates that it views drug abuse as a socially, psychologically, and economically costly problem, to which the SSA responds through a systems approach, offering a variety of programs and services along a continuum of response modalities. Respectful of individualized community needs and problems, local program development is encouraged, and the SSA stresses the importance of treating clients in their home communities. "The Wyoming SSA believes that its role, therefore, lies in assisting communities in their development of adequate responses to their prevention needs and coordinating the total effort."

The treatment effort consists of 8 State Mental Health Centers and 11 branch offices; residential treatment, referrals to the State Hospital in Evanston; treatment of youthful abusers in the Adolescent Treatment Unit; treatment of adults in the Alcohol Rehabilitation Unit; two prevention facilities, and two hotlines. There are no special facilities for drug abusers, but there are proposed efforts for FY 76.

Incidence and Prevalence Data

Although the sources of the incidence and prevalence data were derived from criminal justice agencies, specific documentation was not included by request. However, the drug of choice in Wyoming is alcohol, and its abuse is extensive. Marijuana use is also widespread, predominantly among youths who prefer it over use of amphetamines and hallucinogens (which has tapered off in recent years.) Although barbiturate, cocaine, and opiate use are not among the prevailing problems, the number of drug dependent individuals has continued to increase. Combined alcohol and drug use by Wyoming youths is a growing area of concern. These survey and arrest data are presented with precautions about biased sampling, and the over-reliance on arrest data, suggesting a "tip-of-the-iceberg" picture. Regional reports suggest particularized problems at local levels that vary from setting to setting.

Organization of SSA

The SSA was designated in 1973 to be the Mental Health and Mental Retardation Services under the auspices of the Governor's office. The SSA monitors and evaluates existing programs as well as plans and implements new programs. There are no regional authorities per se, but only regionally-based mental health centers that are contracted to perform sub-State planning and programming. These programs are responsible to the SSA with regard to program implementation, and combined LEAA, NIDA, and State monies are disseminated by the SSA to the different locales.

Linkages

Operational linkages include the following:
- the Attorney General is the State authority for drug law enforcement, and is responsible for implementing specialized training for illicit drug control personnel;

- law enforcement efforts are the primary "program" in the overall State Drug Abuse Plan;
- the SSA has responded to treatment needs throughout the criminal justice system by attempting to develop coordination between the SSA, the State Penitentiary, and the Department of Probation and Parole, through meetings and correspondence and making SSA staff available to the Penitentiary; pre-release and post-release programs are the subject of these jointly inspired efforts;
- the SSA takes an active role in assessing parolee needs (as related to drug problems) and determining the most effective means of re-integrating the parolee (and probationer) into the community through treatment; and
- among the 22-member Advisory Council are the Attorney General for the State of Wyoming, the Administrator of the Governor's Planning Committee on Criminal Administration, and representatives from the Department of Probation and Parole, and from Traffic Safety.

Planned or proposed linkages include:

- providing outpatient services, attending to community re-entry, based upon better coordinated efforts from mental health centers, the Division of Public Assistance and Social Services, the Division of Vocational Rehabilitation, the public school system, the Division of Probation and Parole, and legal aid services;
- proposing two new efforts that list LEAA as a possible funding source; and
- developing increased agency coordination among several agencies, including the Department of Education, the Division of Public Assistance and Social Services, the Division of Vocational Rehabilitation, and law enforcement and criminal justice agencies, through a proposed Drug Abuse Alternatives program to be sponsored jointly by the SSA and DEA.

Constraints

Constraints cited are:

- the need for technical assistance to help with rural programming;
- the need for fiscal resources; and
- an inability to convince Federal funding sources of the extent of the current drug problem since it is not limited to (or characterized by) opiate abuse.

1976 State Plan

Although a formal SSA-SPA agreement is available, it was not included in the State Plan. Generally, the lack of development in drug-specific treatment programs reflects the minimal interest in treating the drug-involved offender. Planning objectives are broadly stated and geared toward developing a viable treatment component initially. Development of criminal justice interface has subsequently been delayed due to the other program priorities.

GUAM

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA philosophy centers around both alcohol and drug abuse programming, with emphasis on compiling a comprehensive drug abuse prevention inventory of State and local treatment and service programs, as well as attempting to document the extent, nature, type and other characteristics of drug abuse patterns. Other program emphases are the maintenance of a liaison role between governmental and private community services, the evaluation of existing services on the basis of set standards, the development of annual activity reports, and the analysis of and response to drug and alcohol service needs in Guam.

Although there was no explicitly mentioned criminal justice policy, the program in Guam stresses law enforcement and customs regulations as the best means of preventing drug abuse.

Three treatment programs were identified; a community mental health center, Guam Memorial Hospital, and a Naval Base program.

Incidence and Prevalence Data

Incidence and prevalence data were compiled on the basis of reported cases of serum hepatitis, hospital admissions, and arrest data. These indicators show that marijuana is most widely used, followed distantly by hashish and sleeping pills, followed by over-the-counter pain killers and LSD.

Organization of SSA

The SSA was designated to be Guam Memorial Hospital in 1973. The hospital is one of several autonomous and semi-autonomous agents of the government, held directly accountable to the governor.

Linkages

The SSA-criminal justice linkages include the following:

- there is a six-member Narcotics Squad whose role is drug control operations;
- the Task Force on Drug Problems of the Territorial Crime Commission has stated concern for drug-crime correlated issues;
- among program needs cited in the plan is the need for training criminal justice personnel;
- there is a Juvenile Detention Home Referral program with the Community Mental Health Center;
- cited as gaps in service delivery are:
 1. the absence of a judicial court referral program,
 2. there is no law enforcement referral program, and
 3. there is no provision of drug-trained personnel among Narcotics Squad, Customs Bureau, Juvenile Detention Home, Probation and Parole Department, the Penitentiary, and court judges;
- the 15-member Advisory Council includes 3 representatives from the criminal justice system.

Constraints

Constraints mentioned were:

- minimal funding resources;
- no representation by Guamanians at programming and/or planning level;
- limited law enforcement and customs resources; and
- cultural complexities of Guam, such as the population being comprised of a large military community, disenfranchised stateside youth, and the native Chamorro population.

1976 State Plan

The 1976 Plan was not reviewed.

PUERTO RICO

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The Puerto Rican SSA, recognizing that its efforts alone are not sufficient to deal with the drug problem, maintains that it will assume responsibility for providing drug treatment and rehabilitation services to drug dependent individuals, as well as for promulgating inter-agency coordination to integrate many social services, to advocate flexibility and diversity to enhance open-referral channels.

There were 29 drug programs plus 24 treatment centers identified in the FY 74-75 State Plan.

Incidence and Prevalence Data

The extent of drug abuse was based upon survey estimates, drug-related arrest-statistics, the number of incarcerated addicts, and the number of addicts in treatment. A causal relationship between drug addiction and property crime is perceived by the SSA.

Organization of the SSA

The SSA, or Department of Addiction Services of Puerto Rico, was designated in 1973 and is part of the executive branch of government. The SSA carries out all programs, develops action plans, administers federal programs, and allocates federal funds to programs.

Linkages

Examples of criminal justice-SSA operational linkages include the following:

- a policy-making group, the Social Planning and Non-Participating Groups Workshop, was comprised of representatives from a variety of public agencies, including the Department of Justice, the Puerto Rico Police Department, and the Puerto Rico Crime Commission;
- the Departments of Addiction Services and Justice collaborated in the planning of the Treatment Program for Drug Addicts in the corrections system of Puerto Rico;
- in treatment and rehabilitation:
 - (1) the Admissions Unit receives clients by referrals from both the Justice Department and Parole Board;
 - (2) in the Drug Free Program, the Department of Justice aids in transferring clients from penal institutions to treatment centers, and the Corrections Administrations works with the Probation and Bail offices to offer treatment;
 - (3) Legal Services of Puerto Rico offers legal advice and services to needy clients of chemotherapy programs, and
 - (4) the Superior Court of Puerto Rico is involved in the rehabilitation process of Polydrug Program clients;
- the Pilot Project for Multiple Services in the Correction System is geared to treating alcohol and drug addicted inmates through emphasis on community-

family-addict communications, medical and detox services, and recreation programs in four treatment units; one result of this program is improved Department of Addiction Services - Correction Division of the Department of Justice interface;

- the Drug and Narcotics Control Division (a regulatory and law enforcement operation) is part of the Department of Addiction Services, and coordinates with several other agencies, including the Department of Justice, the Puerto Rico Police, and the Federal Drug and Narcotics Division;
- there is a TASC program operating in Puerto Rico;
- the Department of Addiction Services and local police jointly sponsored community-level efforts to improve law enforcement-citizen relations after a selective drug law enforcement practice that created community level disenchantment and protest;
- a special probation provision under the controlled Substances Law has decreased the extent to which drug law-violators are being incarcerated, with active diversion efforts to probation supervision;
- the Pilot Project for Special Services for minors in 12 Treatment Institutions offers a wide variety of drug treatment modalities for drug abusing youths; release (after 1 month of detention) is contingent upon Juvenile Court review;
- the Advisory Council of Puerto Rico has 13 members, 2 of whom are representatives of two criminal justice agencies.

Constraints

Constraints cited include:

1. there is a glaring lack of sufficiently trained personnel to effectively integrate existing services, and philosophical cleavages exist among some service providers;
2. chemotherapy programs have met with some community resistance;
3. the Multi-Services Program in the penal system was limited by physical and structural constraints;
4. the discriminatory police arrest practices has hurt the image of the SSA, adversely affecting service delivery; and
5. follow-up capabilities for the Multi-Services Program are insufficiently developed and NIAAA/NIDA policies for exclusive treatment programs is felt to be a program network hindrance.

1976 State Plan

The Puerto Rico SSA has shown considerable progress in the last year, especially in terms of coordinating its activities with the criminal justice system. The data collection system has shown substantial improvement and should begin to portray an adequate data base. There is no copy of a formal interagency agreement, but there are strong indications of initiatives being undertaken jointly by the SSA and SPA. Several programs for the drug-abusing offender are currently operative, including a TASC program, an institutional treatment program and treatment-criminal justice policy coordination. The representation and activities of the Advisory Council are well documented. Clearly delineated past achievements and long- and short-range objectives are well-stated, scheduled on a time table, and seem to be realistic plans.

Overall coordination is commendable and adequately demonstrated throughout the plan, but more planning attention could be afforded the need for training of institutional treatment staff, as well as legal professionals.

TRUST TERRITORIES

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

The SSA of the Trust Territories assumes responsibility for the development and coordination of preventive, treatment and rehabilitative measures related to alcohol and drug abuse in cooperation with various State agencies. Also, the SSA establishes policies, procedures, standards, and evaluation mechanisms. The current plan proposes four objectives, one of which is to reduce the number of persons arrested for illegal behavior related to substance abuse. A comprehensive approach is outlined, including training, treatment and rehabilitation, revamping some of the legal codes, etc.

All six districts have hospitals which provide inpatient and outpatient care.

Incidence and Prevalence Data

The incidence and prevalence data were being collected at the time of the writing of this plan, from a small attitude survey of Micronesians, and a questionnaire survey of treatment facilities. Generally, however, substance abuse seemed to be a youthful phenomenon with widespread availability of marijuana, sedatives, and stimulants. Alcohol abuse and related commissions of violent crimes are of primary concern. Much criminal activity is attributed to the use of alcohol.

Organization of SSA

The SSA was designated as the Department of Health Services in 1973. The Advisory Council reviews and approves proposed programs, sets priorities, and proposes appropriate legislation. In addition, each of six districts has a local health council which addresses itself to more specific needs of the resident population.

Linkages

Operational linkages include the following:

- several resource persons exist in both districts who would be able to provide some continuity to the proposed substance abuse programming in the jails of those two districts;
- hospitals and police are usually the only agents who are available to deal with problems of substance abuse;
- each district has a Department of Health Services, a Department of Public Safety, a Court System, etc.;
- new public health system regulations were issued concerning controlled substances; and
- among the 20-member Advisory Council there are three congressmen, representing the criminal justice system in their capacity as law-makers.

Planned linkages include:

- hiring a drug investigator to work with the Chief Pharmacist to insure properly scheduled drug storage and dispensing practices in the districts;

- initiating a pilot substance abuse program in one of the district jails;
- enacting several laws pertaining to the distribution of controlled substances;
- reducing the number of persons arrested because of illegal behavior related to substance abuse through:
 1. helping to establish comprehensive rehabilitation programming for arrestees and their families,
 2. providing in-service training for judges, public defenders, district attorneys, and law enforcement personnel to insure the best therapeutic management of drug arrestees,
 3. helping to develop new or improved laws concerning the distribution and consumption of alcohol and other drugs;
 4. helping to reduce the communities resistance to the enforcement of established laws governing the consumption and distribution of drugs, and
 5. encouraging communities to mete full responsibility for socially disruptive behavior associated with substance abuse;
- among three target populations is the family in which a member has been arrested for illegal behavior related to drug use, and the SSA is recommending making a family services coordinator available to these people and that the abuser be required to participate in an alcohol or drug abuse education program; and
- the SSA will be addressing itself to the need for providing in-service training for law enforcement practices, such as therapeutic management.

Constraints

- Constraints include:
- the limitations of having only hospitals and police in contact with the drug abuser, felt to be ineffective sources of help;
 - difficulty in controlling drug traffic; and
 - difficulty enforcing existing laws due in part to local traditions.

1976 State Plan

The 1976 Plan was not reviewed.

VIRGIN ISLANDS

Summary of State Drug Abuse Plan with Emphasis
on Linkages of Criminal Justice SystemPolicy

According to the State Plan "The main purpose of this plan is to develop an effective and well-documented plan to show the needs for the programs and services which are needed in quality health care in the field of drug addiction and related drug problems." There is implicit emphasis on improving inter-agency cooperation (including criminal justice agencies), developing training efforts for treatment program staff, educating the public, and diverting drug dependents from the criminal justice system into treatment programs as an alternative to incarceration.

There are two drug treatment programs in existence in St. Thomas and St. Croix.

Incidence and Prevalence Data

The data on incidence and prevalence were derived from law enforcement statistics, treatment programs, courts, schools, government and non-government agencies, IDARP and CODAP reports, and criminal justice system estimates. Although no figures were cited, the problem areas were defined as youthful marijuana use and prescription drug abuse by housewives.

The primary drugs of abuse identified by clients in treatment are marijuana and heroin.

Organization of SSA

The SSA was designated to be the Virgin Islands Commission on Alcoholism and Narcotics under the Department of Health in 1973 (operational since 1970). There is no regional apparatus and the SSA assumes responsibility for planning, funding allocation and program operation.

Linkages

Operational linkages include the following:

- there is a continuing cooperative effort between the Director of the Community Action Agency Youth Development Program and the Youth Detention Center to establish and promote diversion programs for youthful drug users;
- there is a legislative mandate providing for civil commitment and rehabilitation of narcotic addicts and for persons not charged with a criminal offense;
- within the Virgin Islands Department of Public Safety (police, jail, and prison supervision) there is an extensive training component that addresses drug addiction as a special issue, and this department actively refers clients to treatment programs;
- the SSA provides individual and group counseling programs, medical and supportive services at the Richmond Penitentiary in St. Croix;
- under the Department of Law, the Joint Narcotics Strike Forces enforce drug trafficking laws and analyze drugs in the Crime Lab; and
- the Virgin Islands Probation and Parole office refers clients to treatment programs.

[There was no Advisory Council listed and repeated telephone calls to elicit this information were handled rudely by the SSA staff.]

Planned linkages include:

- among 10 program objectives for future efforts are, (1) diversion from the criminal justice system to treatment alternatives, and (2) increased cooperation between law enforcement and the treatment contingent; and
- one of 5 goals listed in the 1975 Action Plan is a plan to establish and improve SSA relations and cooperation with law enforcement and all other components of the criminal justice system.

Constraints

Constraints cited are:

- discontinued outreach efforts due to lack of staff; budget and staff limitations exist throughout the entire SSA program;
- lack of resources to adequately train and professionalize existing staff in inpatient and outpatient programs;
- poor interagency coordination and lack of recognition of Virgin Islands Commission on Alcoholism and Narcotics (VICAN) as viable SSA;
- poor research component, again restricted by inappropriate staffing and no training component; and
- difficulty identifying treatment modalities that might be applicable to particular needs of the Virgin Islands.

1976 State Plan

The 1976 Plan was not reviewed.

PART II
DISTRIBUTION FOR ALL STATES OF ITEMS IN THE
DRUG ABUSE PREVENTION PLANS REVIEWED

1. Year of State Plan Reviewed:

<u>Year</u>	<u>N</u>	<u>%</u>
1973-74	2	3.6
1974-75	17	30.9
1975-76	33	60.0
Combination	3	5.5
TOTAL	55	100.0

2. Number and Percent of Plans with General Plans Philosophy:*

<u>Plans</u>	<u>N</u>	<u>%</u>
Plans with explicitly stated philosophy . . .	39	70.9
Plans with implicit philosophy only	16	29.1
TOTAL . . .	55	100.0

3. Focal Issue of Policy in the Plan:*

<u>Issue</u>	<u>N</u>	<u>%</u>
Alcohol abuse	2	3.6
Drug abuse	35	63.6
Both alcohol and drug abuse	18	32.7
TOTAL . . .	55	100.0

4. Program Areas Emphasized in the General of the Plans

<u>Program Area</u>	<u>N</u>	<u>%</u>
Education and prevention	40	72.7
Treatment and rehabilitation	44	80.0
Manpower development and training	20	36.4
Research and program evaluation	19	34.5
Criminal justice programs	16	29.1

* Policy emphases with respect to program areas was predominantly broad, comprehensive and non-specific to given areas in 23 of the plans, or 41.8% of the cases.

5. Number of Program Emphases Across Plans
as Evidenced in the General Policy:

<u>Areas</u>	<u>N</u>	<u>%</u>
1	9	16.4
2	10	18.2
3	18	32.7
4	10	18.2
5	5	9.1
TOTAL	52*	94.6

6. State Plans with Specific Policy
Reference to Criminal Justice Program Areas:

<u>Criminal Justice Policy Statement</u>	<u>N</u>	<u>%</u>
Criminal justice policy explicitly stated . .	29	52.7
Criminal justice policy implicit in plan . .	18	32.7
Criminal justice policy not discerned	8	14.5
TOTAL . . .	55	100.0

7. Stage of Interface Between the
Single State Agency and the Criminal Justice System

<u>Stage of Interface</u>	<u>N</u>	<u>%</u>
Mostly, expanding existing programs	25	45.5
Mostly, outlining new program objectives. . . .	13	23.6
Mostly, programs currently being implemented. .	12	21.8
Not clear in the plan	5	9.1
TOTAL . . .	55	100.0

* The remaining 3 cases (5.4%) were non-specific to program areas emphasized in the general policy.

8. State Plans Policies Regarding the Development of SSA Linkages with the Criminal Justice System Emphasizes:*

<u>Policies Regarding Linkages</u>	<u>N</u>	<u>%</u>
Court-based referrals to treatment, pre-trial diversion, alternatives to incarceration	35	63.6
Developing institutional (prison) drug programs . .	24	43.6
Joint criminal justice - SSA planning, cooperation, meetings	22	40.0
Joint staff training efforts, seminars, workshops.	13	23.6
Developing programs for juvenile offenders	11	20.0
Developing jail-based drug programs	10	18.2
Legislative reform measures	5	9.1
Developing therapeutic communities for treating addict-offenders in a residential rehabilitation setting	2	3.6

9. In Terms of Weight (8) Categories
(Cited in Item 8):

- 17 (30.9%) SSA's emphasized 3 of the 8 categories
 - 10 (18.2%) SSA's emphasized 1 of the 8 categories
 - 9 (16.4%) SSA's emphasized 2 of the 8 categories
 - 4 (7.3%) SSA's emphasized 4 of the 8 categories
 - 1 (1.8%) SSA's emphasized 7 of the 8 categories
- 45^{**} 81.9%

* In 10 (18.2%) of the state plans, the policy toward criminal justice inter-agency interface was not addressed as such or was not specifically delineated.

** The remaining 10 cases (18.1%) are explained in table 8, the closing explanation.

10. SSA Data Sources to Demonstrate the Incidence and Prevalence of the Drug Problem:

	<u>N</u>	<u>%</u>
Law enforcement agencies, arrest rates, court disposition data	51	92.7
Treatment agency reports, CODAP, etc.	34	61.8
Hospital admissions, emergency room reports	29	52.7
Drug-related death rates	23	41.8
Institutional (prisons, etc.) estimates and reports	22	40.0
General population surveys	21	38.2
Subculture surveys (i.e., schools)	15	27.3

11. Number of Data Sources Relied Upon Across Plans

<u>Number of Sources</u>	<u>N</u>	<u>%</u>
One	4	7.3
Two	8	14.5
Three	10	18.2
Four	19	34.5
Five	7	12.7
Six	3	5.5
Seven	2	3.6
TOTAL	53*	96.3

* The remaining 2 (3.7%) cases either reported no incidence and prevalence data or the sources could not be ascertained from the state plan.

** ???

12. Qualifications Expressed in the Plan as to the I and P Data

<u>I and P Data Qualifications</u>	<u>N</u>	<u>%</u>
Confident that the data are representative, reliable, and reflects the extent of the drug problem accurately.	5	9.1
The data are representative of the problem, but its accuracy and specificity is suspect due to data sources or data collection methodology. . .	11	20.0
Data is presented as required but the quality and accuracy of that collected hampers the utility of the data as a projective tool or problem indicator	10	18.2
TOTAL OTHER PLANS	26**	47.3

13. Views as to the Causal Relation Between Criminal Activity and Drug Abuse:

	<u>N</u>	<u>%</u>
A strong relationship is perceived with high correlations between drug use and crime rates . . .	20	36.4
A relationship exists but the empirical proof of such a correlation is non-existent or unconvincing	5	9.1
No relationship was perceived or mentioned in the state plan.	30	54.5
TOTAL	55	100.0

14. Year of SSA Designation as Single State Agency for Drug Abuse:

<u>Year</u>	<u>N</u>	<u>%</u>
1975	1	1.8
1974	8	14.5
1973	19	34.5
1972 or earlier*	23	41.8
TOTAL.	51**	92.6

* In which case, a drug agency existed before the creation of SSAs or NIDA. At least eleven (20.0%) states positively had drug programs or at least a drug agency prior to NIDA.

** The remaining four cases (7.4%) the date of the creation of the SSA as such was not ascertained.

15. SSA's Positions in State Government Hierarchies

<u>SSA Position</u>	<u>N</u>	<u>%</u>
Autonomous agencies held directly accountable to the Governor	14	25.5
Part of the Executive Branch (i.e., a Department of Mental Health).	12	21.8
Part of a state department (i.e., a "Bureau" or "Division")	28	50.9
TOTAL	54*	98.2

16.

* In one case, organizational position and placement was not clearly delineated in the State Plan.

17. Types of Criminal Justice Linkings That Have Been
Planned or Proposed or Already Exist*

	<u>N</u>	<u>%</u>
The State Plan makes mention of linkages with the criminal justice system in broad, non-specific references	2	3.6
Cooperation at administrative-programmatic level . . .	34	61.8
Joint planning and program development between criminal justice agencies and the SSA.	39	70.9
Through developing diversion and alternatives-to-incarceration programs, such as TASC.	41	74.5
By training law enforcement personnel in drug abuse, crisis intervention, etc.	19	34.5
By training correctional institution personnel in drug abuse issues	15	27.3
By conducting seminars and workshops for both criminal justice and drug program staffs jointly . .	23	41.8
By developing and implementing drug treatment and rehabilitation programs specifically for criminal justice clients	41	74.5
Criminal justice representation exists on the State Advisory Council to the SSA**.	48	87.3
By conducting or endorsing research and evaluation projects in the criminal justice system, such as drug use surveys, program evaluation, etc. . . .	27	49.1
By establishing criminal justice - SSA liaison staff .	16	29.1
By utilizing criminal justice/arrest statistics to help develop the incidence and prevalence report	47	85.5

* Some form of interface was demonstrated in all plans even if only by virtue of the use of arrest statistics obtained from law enforcement agencies.

** and/or on Drug Task Forces, Governors' Special Drug Commissions.

18. Number of Linkages Cited Across Types Listed Above:

<u>No. of Linkages</u>	<u>No. of States</u>	<u>% of States</u>
One	-	
Two	5	9.1
Three	2	3.6
Four	3	5.5
Five	6	10.9
Six	9	16.4
Seven	13	23.6
Eight	8	14.5
Nine	7	12.7
Ten	2	3.6
TOTAL	55	100.0

19. Criminal Justice Agencies or Affiliations with which there are Linkages with the SSAs

<u>Criminal Justice Agency Affiliations</u>	<u>N</u>	<u>%</u>
Membership of criminal justice representatives on the Advisory Council to the SSA*	48	87.3
With police and/or other law enforcement agencies	47	85.5
Within the courts or judiciary	40	72.7
Within corrections at the institutional level	43	78.2
Through probation and parole officers	38	69.1
By virtue of some affiliation with DEA (seminars between drug treatment and criminal justice staff)	16	29.1
By virtue of some affiliation with LEAA (such as the provision of supplemental funding of programs for criminal justice clients)	24	43.6
Others	17	30.9

* Or representatives on special drug task forces or commissions.

19a. Representation by Agency in the State Advisory Council to the SSA:

Number of Representative	Profession or Other Designation											
	Educators		Health Professionals/Treatment Personnel		Criminal Justice/Legal Professionals		Lay Persons		Minorities Ex-Addicts		Other	
	N	%	N	%	N	%	N	%	N	%	N	%
One	11	20.0	4	7.3	8	14.5	7	12.7	10	18.2	15	27.3
Two	14	25.5	4	7.3	9	16.4	11	20.0			6	10.9
Three	9	16.4	7	12.7	14	25.5	2	3.6	2	3.6	4	7.3
Four	3	5.5	8	14.5	6	10.9	7	12.7			2	3.6
Five	2	3.6	6	10.9	4	7.3	5	9.1			2	3.6
Six	2	3.6	8	14.5	1	1.8	3	5.5				
Seven			1	1.8	5	9.1	1	1.8			1	1.8
Eight			4	7.3	1	1.8	1	1.8				
Nine			6	10.9	1	1.8					2	3.6
Ten												
Eleven	1	1.8			1	1.8	1	1.8				
Twelve +			3	5.5	1	1.8	2	3.6				
TOTALS*	42	76.4	51	92.7	51	92.7	40	72.7	12	21.8	32	58.2

b. Number in State Advisory Councils By Profession or Other Designation

<u>Profession</u>	<u>N</u>
Educators	111
Health Professionals/Treatment Personnel	272
Criminal Justice/Legal Professionals.	193
Lay Persons	155
Minorities, ex-addicts	16
Other	81

* The remaining cases have no representatives from the designated categories.

20. Among the Criminal Justice Agency Staff Representatives
on State Advisory Councils

<u>Agency: Type Staff</u>	<u>No. of States</u>	<u>%</u>
Law enforcement agencies: Police, Chiefs, Sheriffs	16	29.1
Law enforcement agencies: police officers, deputies, other	17	30.9
Judiciary agencies, courts: judges	14	25.5
Judiciary agencies, courts: state's attorney, D.A.	4	7.3
Judiciary agencies, courts: other	22	40.0
Probation: department head	4	7.3
Probation: officers, others	6	10.9
Corrections: department head	9	16.4
Corrections: other staff or administration staff	3	5.5
Parole: board member or department head	3	5.5
Parole: officers, others	1	1.8
Attorney General	7	12.7
Attorney General's office representative	2	3.6
State legislature: senators, congressmen	26	47.3
Other: not specifically ascertained	13	23.6
TOTAL		

21. Proportion of Criminal Justice Representation
on the State Advisory Councils to the SSA:

<u>Proportion</u>	<u>No. of States</u>	<u>%</u>
0 - 10%	10	18.2
11-15%	3	5.5
16-25%	22	40.0
26-50%	16	29.1
51-75%	2	3.6
76-100%		
Cannot Determine	2	3.6
TOTAL	55	100.0

22.

Types of Linkages Planned, Proposed,
Recognized as Being "Important," or
Earmarked for Expansion:

<u>Planned Linkages</u>	<u>No. of States</u>	<u>%</u>
Broad reference to the entire "Criminal Justice System for future interface	5	9.1
Cooperation at administrative-programmatic level	27	49.1
Joint planning and program development between criminal justice agencies and the SSA	22	40.0
Development of diversion and alternatives to incarceration programs such as TASC	35	63.6
Training of law enforcement personnel in drug abuse, crisis intervention, etc.	20	36.4
Training of correctional institution personnel in drug abuse issues	13	23.6
Sponsorship of seminars and workshops for both criminal justice and drug program staffs jointly	6	10.9
Development and implementation of drug treatment and rehabilitation programs specifically for criminal justice clients	38	69.1
Representation of criminal justice agencies on the State Advisory Council to the SSA*	4	7.3
Research and evaluation projects in the criminal justice system, such as drug use surveys, program evaluation, etc.	17	30.9
Establishment of criminal justice - SSA liaisons.	8	14.5
Utilization of criminal justice/arrest statistics to help develop the incidence and prevalence report	7	12.7

* Only one state did not delineate any "Plans" or "Future Program Development" in any criminal justice areas.

** And/or on Drug Task Forces, Governors' Special Drug Commissions.

23. Number of Planned, Proposed, or to-be-Expanded Criminal Justice Linkages Cited Across Types Listed Above:

<u>No. of Linkages</u>	<u>Number of States</u>	<u>% of States</u>
One	8	14.5
Two	7	12.7
Three	12	21.8
Four	6	10.9
Five	12	21.8
Six	6	10.9
Seven	2	3.6
Eight		
Nine	1	1.8
Ten - Twelve		
Not ascertained	1	1.8
TOTAL	55	100.0

24. Summary of Types of Criminal Justice Linkages that are Being Planned, Proposed, or to-be-Expanded

	<u>Number of States</u>	<u>%</u>
Created or expanded criminal justice representation on advisory councils, task forces, commissions, etc.	5	9.1
Involvement with police, law enforcement . .	34	61.8
Involvement with courts and the judiciary. .	37	67.3
Involvement with corrections, prisons . . .	42	76.4
Involvement in probation and parole	34	61.8
Affiliation with DEA (i.e., seminar, sponsorship or attendance)	6	10.9
Affiliation with LEAA (i.e., co-sponsorship or TASC funding	6	10.9
Others	12	21.8
Not ascertainable/ascertained	2	3.6

25. Constraints to Program Development and Implementation,
Either "Stated" and "Inferred" in the Plan:

<u>Constraint</u>	<u>Number Stated</u>		<u>Number Inferred</u>		<u>Total Indicated</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Those with statutory or legislative bases	8	14.5	1	1.8	9	16.4
Those reflecting administrative or organizational problems, such as overlapping agency roles or underutilized resources	31	56.4	3	5.5	34	61.8
Fiscal/funding limitations . . .	23	41.8	5	9.1	28	50.9
Manpower:						
Overlapping/underutilized staff	18	32.7	1	1.8	19	34.5
Training needs or inadequate staff qualifications; cannot attract qualified staff . . .	11	20.0	1	1.8	12	21.8
Philosophical/attitudinal/compliance problems within agencies, between agencies in the community	27	49.1	6	10.9	33	60.0
Other	15	27.3	2	3.6	17	30.9
No constraints mentioned or inferred.	5	9.1	8	14.5	13	23.6
TOTAL	138		27		165	

26. Summary of Constraints Stated and Inferred By the States:

	<u>Stated</u>		<u>Inferred</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
None	7	12.7	39	70.9
One	15	27.3	14	25.5
Two	7	12.7	1	1.8
Three	11	20.0	1	1.8
Four	7	12.7	-	-
Five	5	9.1	-	-
Six	3	5.5	-	-
TOTAL	55	100.0	55	100.0

PART III

Table of Criminal Justice System
Items by States

PART III

TABLES OF CRIMINAL JUSTICE SYSTEM

ITEMS BY STATES

Table 1. General Policy Statement - Areas of Emphasis

	Explicit Statement of Policy	Implicit in Plan Narrative	POLICY DIRECTED TOWARD			Explicit Policy w/ Drug Emphasis
			Alcohol	Drugs	Combined Alcohol-Drug Focus	
TOTALS	(39)	(16)	(2)	(35)	(18)	(26)
Alabama	/			/		/
Alaska		/		/		
Arizona	/				/	
Arkansas	/			/		/
California	/			/		/
Colorado		/		/		
Connecticut		/		/		
Delaware	/			/		/
Dist. of Columbia	/			/		/
Florida	/		/			
Georgia				/		/
Hawaii		/			/	
Idaho		/		/		
Illinois	/			/		/
Indiana		/		/		
Iowa	/				/	
Kansas	/			/		/
Kentucky	/			/		/
Louisiana	/			/		/
Maine	/				/	
Maryland				/		/
Massachusetts	/			/		/
Michigan	/				/	
Minnesota	/				/	
Mississippi	/			/		/
Missouri		/		/		/
Montana	/			/		/
Nebraska	/				/	
Nevada	/				/	
New Hampshire	/			/		/
New Jersey	/				/	
New Mexico	/			/		/
New York	/			/		/
North Carolina		/		/		/
North Dakota		/	/			
Ohio	/			/		/
Oklahoma	/				/	
Oregon	/			/		/
Pennsylvania	/				/	
Rhode Island	/			/		/
South Carolina	/			/		/
South Dakota		/		/		/
Tennessee		/			/	
Texas	/			/		/
Utah		/			/	
Vermont		/		/		/
Virginia	/			/		/
Washington	/			/		/
West Virginia		/			/	/
Wisconsin		/			/	/
Wyoming	/			/		/
Guam	/				/	
Puerto Rico	/			/		/
Trust Territory		/			/	/
Virgin Island	/				/	/

Table 1. (Continued)

	AREAS OF POLICY EMPHASIS IN GENERAL					
	Educ/Prev. (40)	Treat/Rehab. (44)	Manpower Dev't/Training (20)	Criminal Justice (16)	Research & Evaluation (19)	Policy Broad & Comprehensive (23)
TOTALS						
Alabama		/	/	/	/	
Alaska	Not specific	enough to determine	emphases			
Arizona		/	/		/	/
Arkansas	/	/			/	/
California	/				/	/
Colorado	/	/			/	
Connecticut	/			/		
Delaware	/	/	/	/		/
Dist. of Columbia					/	/
Florida	/			/		
Georgia		/	/	/	/	/
Hawaii	/	/			/	/
Idaho	/	/				
Illinois	/	/	/			/
Indiana	/		/			
Iowa	/	/				/
Kansas	/		/	/	/	/
Kentucky	/	/	/			/
Louisiana	/	/				/
Maine		/				
Maryland	/	/				
Massachusetts		/		/		/
Michigan	Not specific	enough to determine	emphases			
Minnesota	/	/	/	/		/
Mississippi	/	/		/		
Missouri		/	/		/	/
Montana						/
Nebraska	/	/		/		/
Nevada	/	/	/			/
New Hampshire	/	/		/		
New Jersey		/			/	
New Mexico	Not specific	enough to determine	emphases			
New York	/	/		/		
North Carolina	/	/			/	
North Dakota	/				/	
Ohio	/	/			/	
Oklahoma	/	/			/	
Oregon	/	/				/
Pennsylvania	/	/	/	/		
Rhode Island	/	/				
South Carolina	/	/				
South Dakota	/		/	/		
Tennessee	/	/		/		
Texas	/	/	/	/	/	/
Utah	/	/	/		/	/
Vermont		/	/			
Virginia	/	/			/	/
Washington	/	/	/			
West Virginia	/	/	/		/	
Wisconsin	/					
Wyoming	/	/	/	/		/
Guam		/		/	/	/
Puerto Rico	/	/			/	
Trust Territory	/	/			/	
Virgin Islands		/				/

Table 2. Policy Regarding the Criminal Justice System.

	Explicit Statement	Implicit in Plan Narrative	STAGE OF CJ-SSA INTERFACE			
			Mostly New Objectives	Currently Being Implemented	Efforts To Expand Interf.	Cannot Determine
TOTALS	(29)	(18)	(13)	(12)	(25)	(5)
Alabama		/	/			
Alaska	Not ascertainable					/
Arizona		/	/			
Arkansas	/			/		
California		/			/	
Colorado		/	/			
Connecticut		/		/		
Delaware	/				/	
Dist. of Columbia		/			/	
Florida	/				/	
Georgia	/				/	
Hawaii	Not ascertainable		/			
Idaho	/			/		
Illinois		/			/	
Indiana		/			/	
Iowa		/		/		
Kansas	/				/	
Kentucky	/		/			
Louisiana	/				/	
Maine	/			/		
Maryland	/				/	
Massachusetts	/				/	
Michigan	Not ascertainable			/		
Minnesota	/				/	
Mississippi	/				/	
Missouri	/				/	
Montana	/			/		
Nebraska	/					
Nevada	Not ascertainable					/
New Hampshire	/				/	
New Jersey		/			/	
New Mexico	Not ascertainable					/
New York	/				/	
North Carolina		/		/		
North Dakota		/			/	
Ohio	/				/	
Oklahoma	/	/			/	
Oregon	/				/	
Pennsylvania	/				/	
Rhode Island	/		/		/	
South Carolina	/				/	
South Dakota	/		/			
Tennessee	/	/	/			
Texas	/				/	
Utah	/		/			
Vermont	/			/		
Virginia		/			/	
Washington		/			/	
West Virginia	Not ascertainable		/			
Wisconsin	Not ascertainable					/
Wyoming	/		/			
Guam		/	/			
Puerto Rico	Not ascertainable		/	/		
Trust Territory	/		/			
Virgin Islands		/		/		

Table 3. Areas of Emphasis in Criminal Justice Policy.

	Joint Planning Cooperation Meetings	Court Referrals, Pre-trial Divers. Alternatives to Incarceration	Institutional Based Drug Programs	Jail-based Drug Programs	Therapeutic Communities	Programs for Juvenile Offenders
TOTALS	(22)	(35)	(24)	(10)	(3)	(11)
Alabama			/			
Alaska						
Arizona	/	/				
Arkansas			//	/		
California	/	/	//			/
Colorado	/					
Connecticut	/					
Delaware	/	/				/
Dist. of Columbia	/	//	/	/		
Florida	/	/				
Georgia		/	/	/		
Hawaii						
Idaho		/				
Illinois		//	//			
Indiana		/	//	/		
Iowa	/	/				/
Kansas	//	/				//
Kentucky	//	/				
Louisiana	/	/				/
Maine		/				
Maryland		/	/	/		/
Massachusetts	/	/	//	/	/	//
Michigan		/	//	/		
Minnesota		/	//			
Mississippi		/	//			
Missouri	/	/				
Montana		/				
Nebraska		/				/
Nevada		/				
New Hampshire		/	/			
New Jersey		/				
New Mexico						
New York		/	/			/
North Carolina						
North Dakota						
Ohio						
Oklahoma		/	/			/
Oregon	/	//	//			
Pennsylvania	/	/	//	/		
Rhode Island	/	/				
South Carolina		/	/	/		
South Dakota	/					
Tennessee	/	/				
Texas		/	/	/		
Utah		/	//	/		
Vermont						
Virginia		/	/		/	
Washington	/		//			
West Virginia						
Wisconsin						
Wyoming	/	/	/			
Guam						/
Puerto Rico						
Trust Territory		/				
Virgin Islands	/	/				

Table 3. (Continued)

	Joint Training Seminars Workshops	Legislation Reforma Initiatives	Non-specific CJ-related Policy Emphases			
TOTALS	(13)	(5)	(10)			
Alabama	/					
Alaska			/			
Arizona						
Arkansas						
California	/					
Colorado						
Connecticut						
Delaware						
Dist. of Columbia	/					
Florida						
Georgia	/					
Hawaii			/			
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky	/					
Louisiana						
Maine						
Maryland						
Massachusetts	/	/				
Michigan	/	/				
Minnesota						
Mississippi						
Missouri						
Montana	/					
Nebraska	/					
Nevada			/			
New Hampshire		/				
New Jersey						
New Mexico			/			
New York			/			
North Carolina			/			
North Dakota			/			
Ohio		/				
Oklahoma	/					
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota	/					
Tennessee						
Texas						
Utah						
Vermont			/			
Virginia	/					
Washington		/				
West Virginia			/			
Wisconsin			/			
Wyoming						
Guam						
Puerto Rico			/			
Trust Territory						
Virgin Island	/					

T-5

Table 4. Identifiable Drug Programs

	Drug Treatment Resource Program	Prevention Resource Programs	Corrections Based Programs	Number of Programs Not Ascertained	CORRECTIONS-BASED PROGRAM	
					Specific to Drug-abusing Offenders (27)	Programs Open to all Offenders Including Abusers (23)
TOTALS					(27)	(23)
Alabama	10					
Alaska	13					
Arizona	66		2			✓
Arkansas	12					
California	450		17		✓	
Colorado	43					
Connecticut	77		12		✓	✓
Delaware	15		5		✓	✓
Dist. of Columbia	56		11		✓	✓
Florida	169		11		✓	✓
Georgia			7		✓	✓
Hawaii	12		1			✓
Idaho	7		2			✓
Illinois	124		5		✓	✓
Indiana	52		21		✓	✓
Iowa	38	27	1			
Kansas	53		5		✓	✓
Kentucky			1		✓	✓
Louisiana	20		2		✓	
Maine	4					
Maryland	44		18		✓	✓
Massachusetts	203		10		✓	
Michigan	385	173	6		✓	
Minnesota	221	12	2		✓	
Mississippi	48	13				
Missouri	162		8		✓	✓
Montana	10					
Nebraska	65					
Nevada	55					
New Hampshire	40					
New Jersey	279		1		✓	
New Mexico	21	1				
New York	432					
North Carolina	42		11			✓
North Dakota	16					
Ohio	191		10		✓	✓
Oklahoma	58		6		✓	✓
Oregon	52		10		✓	✓
Pennsylvania	85	82	37		✓	
Rhode Island	16					
South Carolina	60					
South Dakota	1					
Tennessee	30					
Texas	305		4		✓	✓
Utah	147	6	1		✓	✓
Vermont	24	1	DK #		✓	
Virginia	81	36	11		✓	✓
Washington	92		7		✓	✓
West Virginia	52					
Wisconsin						
Wyoming	20	2	DK #		DK	DK
Guam	6		1			✓
Puerto Rico	53					
Trust Territory	6					
Virgin Islands	2					

Table 5. Statements Regarding Causal Relationship Between Drug Use/Abuse And Crime Commission.

TOTALS	Yes; strong causal relationship perceived; Drug Use+Crime (20)	Yes; there is a relationship, but strength of correlation suspect (5)	No relationship perceived or mentioned (30)			
Alabama	/					
Alaska			/			
Arizona	/					
Arkansas		/				
California			/			
Colorado	/					
Connecticut			/			
Delaware	/					
Dist. of Columbia	/					
Florida	/					
Georgia		/				
Hawaii			/			
Idaho			/			
Illinois	/					
Indiana	/					
Iowa	/					
Kansas		/				
Kentucky		/				
Louisiana	/					
Maine			/			
Maryland	/					
Massachusetts			/			
Michigan	/					
Minnesota	/					
Mississippi			/			
Missouri			/			
Montana			/			
Nebraska	/					
Nevada	/					
New Hampshire			/			
New Jersey			/			
New Mexico			/			
New York			/			
North Carolina	/					
North Dakota			/			
Ohio			/			
Oklahoma			/			
Oregon	/					
Pennsylvania		/				
Rhode Island			/			
South Carolina			/			
South Dakota			/			
Tennessee			/			
Texas	/					
Utah			/			
Vermont			/			
Virginia			/			
Washington			/			
West Virginia			/			
Wisconsin			/			
Wyoming			/			
Guam			/			
Puerto Rico	/					
Trust Territory	/					
Virgin Island			/			

Table 6. Organization/Structure Of Single State Agency

	Year created as SSA	There was a drug-treatment agency prior to the SSA ^a	SSA directly accountable to the Governor	SSA is part of an Executive Department, i.e.- Dept. of Mental Health	SSA is part of Executive Department; a subunit, division/bureau	
TOTALS			(14)	(12)	(27)	
Alabama	72			/		
Alaska	73			/		
Arizona	74			/		
Arkansas	72				/	
California	72	1			/	
Colorado	73	0			/	
Connecticut	73				/	*Council
Delaware	74	1			/	
Dist. of Columbia	73	1		/		
Florida	73				/	
Georgia	73				/	
Hawaii	74				/	
Idaho	9				/	
Illinois	72				/	
Indiana	72				/	
Iowa	9		/			
Kansas	73		/			
Kentucky	74	1		/		
Louisiana	72			/		
Maine	74				/	
Maryland	73			/		
Massachusetts	72	1			/	
Michigan	73			/		
Minnesota	74			/		
Mississippi	72			/		
Missouri	72		/			
Montana	74		/		/	
Nebraska	72		/			
Nevada	9		/		/	
New Hampshire	73	0	/			
New Jersey	72				/	
New Mexico	72				/	
New York	73	1	/		/	
North Carolina	72				/	
North Dakota	72				/	
Ohio	72				/	
Oklahoma	72			/		
Oregon	72	1	/			
Pennsylvania	72		/			
Rhode Island	72	1		/		
South Carolina	75	1	/			
South Dakota	74	1	/			
Tennessee	72				/	
Texas	73	1		/		
Utah	72	0			/	
Vermont	73				/	
Virginia	73				/	
Washington	73		/		/	
West Virginia	73				/	
Wisconsin	9			/		
Wyoming	72		/			
Guam	73		/			
Puerto Rico	73		/			
Trust Territory	73	0			/	
Virgin Islands	72	0			/	

a 1 implies yes, 0 implies no, blank implies not ascertainable.

Table 7. Location Of Operational Linkages

TOTALS	Membership of Advisory Council, Task Force, or Commission (48)	Through police or law enforcement (47)	Through the courts or judiciary (40)	Through corrections, Probation & Parole (43)(38)	Through affiliations w/ DEA and/or LEAA (16) (23)	Through other CJ System agents (17)
Alabama	/		/	a b	c d	
Alaska		/		/		
Arizona	/			/	/	/
Arkansas	/	/		/	/	
California	/		/	/		/
Colorado	/	/				
Connecticut	/	/	/	/		
Delaware	/	/	/	/		/
Dist. of Columbia	/	/	/	/	/	/
Florida	/	/	/	/	/	/
Georgia	/	/		/	/	
Hawaii	/	/	/	/		/
Idaho	/	/				
Illinois	/	/	/	/		
Indiana	/	/	/	/	/	
Iowa	/	/	/	/		
Kansas	/	/	/	/	/	
Kentucky	/	/	/	/	/	
Louisiana	/	/	/	/	/	/
Maine	/	/	/	/		
Maryland	/	/	/	/	/	
Massachusetts	/	/	/	/		
Michigan	/	/	/	/		
Minnesota	/	/	/	/	/	/
Mississippi	/	/	/	/	/	
Missouri	/	/	/	/	/	/
Montana	/	/	/	/	/	
Nebraska	/	/	/	/	/	
Nevada	/	/	/	/	/	
New Hampshire	/	/	/	/	/	
New Jersey	/	/	/	/	/	
New Mexico	/	/	/	/	/	
New York	/	/	/	/	/	
North Carolina	/	/	/	/	/	
North Dakota	/	/	/	/	/	
Ohio	/	/	/	/	/	/
Oklahoma	/	/	/	/	/	/
Oregon	/	/	/	/	/	
Pennsylvania	/	/	/	/	/	
Rhode Island	/	/	/	/	/	
South Carolina	/	/	/	/	/	
South Dakota	/	/	/	/	/	/
Tennessee	/	/	/	/	/	
Texas	/	/	/	/	/	/
Utah	/	/	/	/	/	
Vermont	/	/	/	/	/	
Virginia	/	/	/	/	/	
Washington	/	/	/	/	/	/
West Virginia	/	/	/	/	/	/
Wisconsin	/	/	/	/	/	
Wyoming	/	/	/	/	/	
Guam	/	/	/	/	/	/
Puerto Rico	/	/	/	/	/	/
Trust Territory	/	/	/	/	/	/
Virgin Islands	/	/	/	/	/	/

- a -Corrections
- b Probation & Patrol
- c DEA
- d LEAA

Table 8. Membership Composition of State Advisory Council to the SSA.

	Educators	Health professionals, treatment staff	Criminal Justice or Legal Professionals	Lay Representatives	Minority or Ex-addict Representation	Other
Alabama	2	5	2	8		4
Alaska		2		5		
Arizona		12	3	5	3	1
Arkansas	3	5	4	2		1
California	1	4	2			
Colorado	4	6	1			
Connecticut		5	1			1
Delaware				5		
Dist. of Columbia	6	6	8	2		3
Florida	3	3	7	1		2
Georgia	6	2	1	4	1	1
Hawaii	1	9	3			
Idaho		3	2	2	1	
Illinois	2	9	11	7		1
Indiana	1	9	7	1		2
Iowa	3	5	2			1
Kansas	1	1	1	2		
Kentucky	2	2	1	2	1	1
Louisiana	4	6	4	4		1
Maine	2	4	3	4		3
Maryland	1	3	5	6		2
Massachusetts	2	3	4	2		1
Michigan (11)	Not specifically delineated					
Minnesota (11)	No more specific		1			
Mississippi	11	9	7	4	1	9
Missouri	2	5	5	3		
Montana	3	1	2		1	
Nebraska	2	3	2	13		
Nevada	3	1	3	4	1	
New Hampshire	5	8	9	2		
New Jersey	5	4	5	2		1
New Mexico	2	6	3	6	1	
New York	1	12	1			
North Carolina		8	3	1	1	5
North Dakota	2	9	2	2	1	4
Ohio	1	9	7	5		2
Oklahoma		7	3			1
Oregon	1	4	3			5
Pennsylvania		3	3	1		
Rhode Island	1	6	13	3		
South Carolina	3	12	6	4		7
South Dakota	3	6	2	1		
Tennessee	2	4	3			1
Texas		6	7	16		
Utah	3	4	3	1	3	1
Vermont		2	3			
Virginia	4	8	5	1		9
Washington	1	1	1	6		
West Virginia	2	4	4	11		2
Wisconsin	1	3	3			1
Wyoming	3	8	4	5		2
Guam	2	5	4	2	1	1
Puerto Rico	2	4	2	2		3
Trust Territory	2	0	3	6		3
Virgin Islands	Not ascertained					

Table 9. Criminal Justice Representation On Advisory Council by Profession

	LAW ENFORCEMENT		JUDICIARY			PROBATION
	Police Chiefs, Sheriffs	Police Officers, Other	Judges	State's Atty., D. A.	Other	Dept. Head
TOTALS	(16)	(17)	(14)	(4)	(22)	(4)
Alabama			/			
Alaska			/			
Arizona			/			
Arkansas	/			/	/	
California					/	
Colorado		/				
Connecticut				/		
Delaware	None, NA					
Dist. of Columbia	/					
Florida	/	/	/		/	
Georgia						
Hawaii	/				/	
Idaho						
Illinois	/		/	/	/	
Indiana		/			/	
Iowa					/	
Kansas					/	
Kentucky					/	
Louisiana	/				/	
Maine						
Maryland						/
Massachusetts						/
Michigan						
Minnesota					/	
Mississippi	/		/			
Missouri		/	/			
Montana		/				
Nebraska		/			/	
Nevada		/	/			
New Hampshire	/	/			/	/
New Jersey	/				/	
New Mexico						
New York						
North Carolina		/				
North Dakota		/			/	
Ohio	/		/	/		
Oklahoma					/	
Oregon		/	/		/	
Pennsylvania			/		/	
Rhode Island	/				/	
South Carolina					/	
South Dakota		/				
Tennessee		/				
Texas	/		/		/	
Utah		/	/			
Vermont	/				/	
Virginia	/				/	
Washington	/				/	
West Virginia	/				/	
Wisconsin						
Wyoming		/				/
Guam		/	/			
Puerto Rico		/	/			
Trust Territory						
Virgin Islands						

Table 9: (Continued)

	PROBATION	CORRECTIONS		PAROLE	
	Officers, other	Dept. head	Other staff	Board member or Dept. head	Officers, other
TOTALS	(6)	(9)	(3)	(3)	(1)
Alabama					
Alaska					
Arizona	/				
Arkansas					
California	/				
Colorado					
Connecticut					
Delaware					
Dist. of Columbia		/			
Florida				/	
Georgia			/		
Hawaii					
Idaho	/				
Illinois					
Indiana		/			
Iowa					
Kansas					
Kentucky					
Louisiana		/			
Maine					
Maryland		/		/	
Massachusetts		/			
Michigan					
Minnesota					
Mississippi					
Missouri	/				
Montana					
Nebraska					
Nevada					
New Hampshire			/		
New Jersey					
New Mexico					
New York		/			
North Carolina	/				
North Dakota					
Ohio			/		
Oklahoma		/			
Oregon					
Pennsylvania		/			
Rhode Island		/			
South Carolina					
South Dakota					
Tennessee		/			
Texas					
Utah					/
Vermont					
Virginia					
Washington					
West Virginia	/				
Wisconsin					
Wyoming				/	
Guam					
Puerto Rico					
Trust Territory					
Virgin Islands					

Table 9. (Continued)

	OFFICE OF THE ATTORNEY GENERAL		Legislature, Senators Congressman	Other or Not Ascertained		
	Attorney General	Representative of Atty. Gen.				
TOTALS	(7)	(2)	(26)	(13)		
Alabama			/	/		
Alaska						
Arizona				/		
Arkansas						
California						
Colorado			/			
Connecticut						
Delaware						
Dist. of Columbia	/		/	/		
Florida			/			
Georgia						
Hawaii						
Idaho			/			
Illinois			/			
Indiana			/			
Iowa				/		
Kansas			/			
Kentucky						
Louisiana			/			
Maine			/			
Maryland			/			
Massachusetts				/		
Michigan				/		
Minnesota				/		
Mississippi			/	/		
Missouri			/			
Montana			/			
Nebraska						
Nevada						
New Hampshire			/	/		
New Jersey	/					
New Mexico			/	/		
New York						
North Carolina			/			
North Dakota						
Ohio	/			/		
Oklahoma						
Oregon			/			
Pennsylvania			/			
Rhode Island	/	/	/	/		
South Carolina			/			
South Dakota		/				
Tennessee						
Texas						
Utah						
Vermont			/			
Virginia	/			/		
Washington						
West Virginia						
Wisconsin	/		/			
Wyoming	/		/			
Guam			/			
Puerto Rico						
Trust Territory			/			
Virgin Islands				/		

Table 10. Proportion of Criminal Justice System Representation
On The Advisory Council To The SSA

	0-10%	11-15%	16-25%	26-50%	51-75%	DK
TOTALS	(10)	(3)	(12)	(25)	(3)	(2)
Alabama	/					
Alaska	/					
Arizona			//			
Arkansas			//			
California				/		
Colorado	/					
Connecticut	//					
Delaware	//					
Dist. of Columbia				//		
Florida				//		
Georgia	/					
Hawaii			//			
Idaho			//			
Illinois				//		
Indiana				//		
Iowa			//			
Kansas			//			
Kentucky		/				
Louisiana	/			/		
Maine			/			
Maryland				//		
Massachusetts				//		
Michigan						/
Minnesota	/					
Mississippi				//		
Missouri				//		
Montana				//		
Nebraska	/					
Nevada			/			
New Hampshire				/		
New Jersey			//			
New Mexico			//			
New York	/					
North Carolina			/			
North Dakota	/					
Ohio				//		
Oklahoma				//		
Oregon			/			
Pennsylvania				/		
Rhode Island					/	
South Carolina				//		
South Dakota				//		
Tennessee					/	
Texas				//		
Utah				//		
Vermont					/	
Virginia				/		
Washington		/				
West Virginia				//		
Wisconsin				//		
Wyoming				//		
Guam				//		
Puerto Rico				//		
Trust Territory		/				
Virgin Islands						/

Table 11. Constraints To Developing Linkages Between The SSA And The Criminal Justice System: Stated or Inferred

	Legislative or Statutory	Administrative or Organizational	Fiscal Limitations	Manpower -utilization -training	Philosophical - Attitudinal Compliance	Other
TOTALS	(7) (1) a b	(31) (3) a b	(23) (5) a b	(24) (2) a b	(27) (6)	(15) (2)
Alabama		✓	✓	✓	✓	✓
Alaska		✓	✓	✓	✓	✓
Arizona	✓				✓	
Arkansas	✓	✓		✓	✓	
California	✓	✓	✓		✓	✓
Colorado		✓	✓	✓	✓	
Connecticut	✓	✓	✓	✓	✓	
Delaware		✓	✓		✓	✓
Dist. of Columbia	None stated or	inferred				
Florida		✓	✓	✓	✓	
Georgia		✓	✓	✓	✓	
Hawaii		✓		✓		
Idaho		✓	✓			✓
Illinois		✓		✓	✓	
Indiana		✓		✓	✓	
Iowa	None stated or	inferred				
Kansas		✓	✓	✓		✓
Kentucky		✓	✓	✓	✓	✓
Louisiana		✓	✓		✓	
Maine		✓	✓		✓	
Maryland		✓	✓	✓	✓	
Massachusetts		✓	✓	✓	✓	
Michigan	✓		✓	✓	✓	
Minnesota		✓	✓	✓	✓	
Mississippi		✓	✓	✓	✓	
Missouri		✓	✓	✓	✓	✓
Montana	✓	✓	✓	✓	✓	
Nebraska		✓	✓	✓	✓	
Nevada		✓	✓	✓	✓	
New Hampshire		✓	✓	✓	✓	
New Jersey		✓	✓	✓	✓	✓
New Mexico		✓	✓	✓	✓	
New York	None stated or	inferred			✓	
North Carolina		✓	✓	✓	✓	✓
North Dakota		✓	✓	✓	✓	
Ohio		✓	✓	✓	✓	✓
Oklahoma		✓	✓	✓	✓	✓
Oregon	None stated or	inferred				
Pennsylvania	None stated or	inferred				
Rhode Island	✓		✓	✓	✓	
South Carolina		✓	✓	✓	✓	
South Dakota		✓	✓	✓	✓	✓
Tennessee		✓	✓	✓	✓	✓
Texas		✓	✓	✓	✓	✓
Utah		✓	✓	✓	✓	✓
Vermont		✓	✓	✓	✓	
Virginia		✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓	✓	
West Virginia	None stated or	inferred				
Wisconsin	None stated or	inferred				
Wyoming		✓	✓	✓	✓	✓
Guam		✓	✓	✓	✓	✓
Puerto Rico		✓	✓	✓	✓	✓
Trust Territory		✓	✓	✓	✓	✓
Virgin Islands		✓	✓	✓	✓	✓

a Stated
b Inferred



END