Drug Abuse 3 The Criminal Justice System

National Institute on Drug Abuse

Drug Abuse Treatment and the Criminal Justice System: Three Reports

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • PUBLIC HEALTH SERVICE • ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Drug Abuse Treatment and the Criminal Justice System: Three Reports

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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This volume is issued by the Criminal Justice Branch, Division of Resource Development, National Institute on Drug Abuse (NIDA). It contains three separate reports addressing the interface and processes between the nationwide drug abuse treatment system directed by the Institute and the various Federal, State, and local agencies of the criminal justice system.

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This volume contains three separate reports.
Each report begins with its own table of contents.

Developing Strategies for Linking the Criminal Justice and Drug Treatment Systems

PREFACE

Developing Strategies for Linking the Criminal Justice and Drug Treatment Systems was originally developed by Macro Systems, Inc. for the 1976 National Issues and Strategies Symposium on the Drug Abusing Criminal Offender. The Symposium, sponsored by the Criminal Justice Branch, Division of Resource Development, National Institute on Drug Abuse, brought together key representatives of the criminal justice and drug treatment systems.

This revised version of *Developing Strategies* should be viewed as a working paper: it is a preliminary attempt to identify those points at which drug treatment and criminal justice might converge.

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I. OVERVIEW OF ISSUES INVOLVED IN THE LINKAGE OF CRIMINAL JUSTICE AND DRUG TREATMENT SYSTEMS

The Federal Drug Abuse Strategy for 1974 indicated that the interface between the criminal justice system and addiction treatment programs lies at the heart of the national approach to solutions to the drug problem. The increasing linkages being developed between the two systems are based upon the assumed causal relationship between drug taking and criminal behavior and upon the concept that treatment is effective for drug-using persons.

There is a general lack of information on the effects of both past and current addiction control strategies. Nevertheless, some significant kinds of data have been developed from the two systems:

From 30 to 60 percent of persons entering municipal, county, and State criminal justice systems have some recent or current involvement with drug use.

Recidivism rates for the drug abusing population are extremely high.

Current treatment data appear to demonstrate a general positive relationship between legal constraints on the addict and retention and improvement in treatment outcome.

Cost-benefit analyses performed by Federal agencies indicate that, for certain categories of drug offenders, utilization of treatment resources is significantly less costly and potentially more effective than utilization of detention and confinement programs of the criminal justice system. In those few instances where serious rehabilitative programs were initiated in the corrections system (i.e., work, furlough, pre-release), the drug abusing criminal offender has been excluded.

The assumptions underlying our Federal policy are currently being reexamined and subjected to careful investigative research; nonetheless, the search for alternative methods of handling drug-dependent offenders must continue. Because the drug abuser is often identified through some aspect of the criminal justice system, and because of the continuing trend toward treating rather than punishing drug abusers, it is critical that effective interactions be supported between criminal justice agencies and treatment programs.

A THERAPEUTIC RESPONSE TO THE DRUG-DEPENDENT OFFENDER

Increased understanding of environmental, biological, and psychological factors as determinants of criminal behavior has had a striking effect on modern criminal justice systems and on the treatment provided to specific groups of deviant persons, including drug-dependent persons. The landmark in this area is the 1962 *Robinson* v. *California* decision in which the Supreme Court defined addiction as an illness rather than a crime, but also held that the States could force an addict to submit to treatment and could impose criminal sanctions for failure to comply with the treatment program.

In the years since this decision, conceptual and strategic linkage models have been developed to implement these new understandings and legislative breakthroughs.

Involuntary civil commitment is an approach initiated by the Federal Government with the Narcotic Treatment and Rehabilitation Act of 1966, and also adopted by several States during the late 1960s. This Act established a program of involuntary inpatient treatment followed by a compulsory period of outpatient supervision in lieu of criminal prosecution for selected narcotic addicts as well as for voluntary patients.

The *statutory diversion* approach gained strong impetus from the Comprehensive Drug Abuse Prevention and Control Act of 1970. These programs legislatively authorize, under certain circumstances, the diversion of drug-dependent persons out of the criminal justice process and into treatment programs. Most State statutes, whether they provide for full diversion or for conditional discharge of criminal prosecution upon successful treatment, limit each program to drug charges and, usually, to first offenders.

Treatment Alternatives to Street Crime (TASC), a Law Enforcement Assistance Administration (LEAA) program initiated under the broad thrust of the Drug Abuse Office and Treatment Act of 1972, provided funds for the identification and referral to treatment of drug-dependent persons who come into contact with the criminal justice system at any of several points. TASC programs are developed in response to the needs and legal situations of specific cities. The basis for their operation includes memoranda of understanding, court rule, or statutory authorization.

These major initiatives have expressed the emergent value that drug dependency per se is neither a moral nor a criminal fact, but primarily a medical and social fact requiring intervention rather than retribution.

Each of these three approaches has been subjected to varying levels of examination and critical scrutiny. According to a number of reports and statistical evaluations, civil commitment programs have been, for most addicts, a qualified failure. In addition to the ambiguity of the statutes involved, and the lengthy enforced detention, it seems that the therapeutic objectives of such programs are invariably jeopardized and thwarted by the custodial requirements of containing unmotivated and involuntary clients.

(At least one notable exception would be California's Civil Addict Program and its facility, the California Rehabilitation Center at Corona.)

Diversion, as an alternative strategy, supposedly eliminates the involuntary aspect of civil commitment programs by utilizing the network of community-based programs. Individuals have the option of participating in treatment programs at the pretrial level in lieu of criminal justice processing. A major difficulty with this approach is the inability to gain comparative, generalizable data from these programs, due largely to the extreme diversity and idiosyncratic character of rules and guidelines developed by each oversight agency. Perhaps a central characteristic of most diversion initiatives, both Federal and State, has been the struggle of the criminal justice community to tolerate and support diversion. Statutory language establishing these programs also demonstrates the legislative dilemma of seeking to offer treatment without being indulgent to addicts. It is this basic, underlying tension between the deterrent and control function of the justice system and the rehabilitative function that shapes all substantive issues concerning system interface.

Given impetus by these data, by recent court decisions, and by Congressional amendments to both drug treatment and criminal justice legislation, a compelling need has emerged for both systems to join in establishing mutually beneficial community-based and institutional treatment and rehabilitation programs.

In response to this need, both the *1975 Federal Strategy for Drug Abuse and Drug Traffic Prevention* and the Domestic Council's *White Paper on Drug Abuse* made it clear that improved interfaces between the criminal justice system and the health care delivery system are essential to a lasting solution.

Concurrently, the National Institute on Drug Abuse (NIDA) has defined as its policy that treatment and rehabilitation services will be provided to drug abusers who are criminal offenders at every stage of the criminal justice process. In support of this policy, NIDA has committed itself to maintaining a close working relationship with the criminal justice system and to developing systematic linkages between the drug abuse treatment and criminal justice systems whenever possible.

OBSTACLES TO FURTHER PROGRESS

Practitioners and administrators in both fields have been involved in a wide range of demonstration and development efforts. Both conflict and cooperation have been experienced. It seems timely to attempt to articulate these experiences and identify key areas where progress is not yet sufficient.

Environmental Settings Impinge on Attempts at Linkage

The capacity of both systems to work together toward a common goal is affected by the larger environmental setting in which they operate. Both the criminal justice system and the drug abuse treatment system are multilayered and complex.

The Criminal Justice System encompasses three major components: 1) law enforcement function; 2) judicial function, including prosecution and probation; and 3) correctional function, including jails, prisons, parole, and aftercare services. Each of these three components usually operates as a separate entity, exercising discretionary power under a distinct administrative structure and statutory authority. The criminal justice system is present, in whole or in part, at all levels of government--city, county, State, and Federal.

The Drug Abuse Treatment System can be considered a categorical component of the overall health service delivery system. Although independent health professionals (physicians, psychiatrists, nurses, etc.) may provide an array of services to drug abusers, Federal and State Governments have assumed the lead in developing comprehensive programs for drug abusers.

Within the Federal Government, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) has responsibility for drug treatment and rehabilitation services. NIDA, an ADAMHA constituent, supports a drug abuse treatment network that includes over 1,500 treatment facilities funded through some 300 grants and contracts.

In addition to these two major institutional frameworks, interface between treatment and control involves another, much less homogeneous "system"--the community. The creation of an effective diversion program requires the attentive cultivation of a broad-based community involvement.

It appears that this entire developmental effort requires enormous facility with and commitment to institutional and interpersonal negotiation. All representatives involved in the necessary discussions are each members of different levels or agencies of their respective systems, be they associated with a hospital, SSA, treatment program, local coordinating agency, sheriff's office, district attorney's office, probation and parole department, public defender's office, etc. Where effective, it is intensive, slow-moving work. At any time, these human and organizational abilities are difficult to locate or catalyze. At the present time, the guidelines, policies, and procedures that could support the effective negotiation of such linkage systems have not been sufficiently formalized and communicated.

The Delicate State of Affairs Between the Two Systems

The developing dialogue on American society's drug problem contains increasing references to "crimes without victims," the "crisis of overcriminalization,"

and the "limits of the criminal sanction." A sensitivity to the social consequences of existing methods of drug control is reflected in this vocabulary.

At the same time, three developments of special significance have occurred:

Incidence of illicit drug use has generally increased.

Incidence of illicit drug use has moved across the demographic sectors of age, race, gender, region, education, and occupation.

Increase in the Nation's street crimes has been coupled, however spuriously, with the increases in illicit drug use.

These trends have reinforced general support for law enforcement activity in the drug area and apparently revitalized police energy in drug law enforcement. Thus we see that the "medical model" or "social problems model" of drug use that has shaped alternative control methods in recent years remains in a state of uneasy truce with the rationale and continuing support for the "criminal model."

This delicate state of affairs is reflected in the specific roles and requirements of law enforcement, judicial, and correctional personnel vis-a-vis treatment staffs and the drug offender/client. These conflicting roles and expectations directly affect at least three central aspects of system linkage:

1) Eligibility

2) Modality assignment

3) Confidentiality.

Eligibility. Eligibility criteria for diversion into treatment vary widely from one program to the next, and from one jurisdiction to the next. Some programs, following local judicial guidelines, exclude felony offenders; others exclude offenders with prior convictions or with a background of narcotic sales or violent crimes. Court-established eligibility shares no logical or therapeutic relationship with the clinical process of assessing and screening patients for treatment readiness.

Additionally, there is a tendency of courts to use programs as a "dumping ground" for recalcitrant and troubled cases. In general, court mandated clients, though ostensibly choosing treatment in lieu of confinement, cannot be considered "voluntary." There is considerable pressure on treatment program staffs to recruit and retain these unresponsible court clients in order to maintain program census and also to spare clients further incarceration if possible.

As linkages between the two systems are further elaborated and strengthened, the possibility increases that the criminal justice system will make decisions that are basically clinical and treatment programs will make decisions that are traditionally reserved for the judiciary and correctional institutions.

Similar observations must be made about treatment process and outcome criteria. In the court-remanded situation, there are specific obligations to report client attendance, progress, and termination to the outside agency. Treatment "failure" criteria set by the courts vary widely, and often accept minimal or no slips in client progress, as measured by attendance, urine tests, or law enforcement encounters. Clinical responsibilities are often compromised or even contradicted in cases where court, probation, or parole requirements preclude a flexible, sensitive working relationship with a new client.

These same basic conflicts affect criminal justice personnel as well. The role of the judge and other court or correction agents concerns the protection of society. Most prosecutors and judges are willing to see people rehabilitated, but must have some criteria and means for judging whether diversion in any given case is likely to result in reduction of criminal behavior. To date, few drug abuse programs, Federal or otherwise, have been able to provide judicial and corrections personnel with the kind of data that would support decisions they must make, e.g., who is the good candidate for what kind of program, and which are the legitimate or effective programs.

Modality Assignment. Assignment of drug offenders to treatment, whether community based or institutional, may also involve a matter of ethics when the choice of modality is restricted to one or two options that may be contraindicated by the offender's clinical diagnosis. A specific aspect of constitutional rights, currently under congressional scrutiny, involves the recruitment of offenders to preventive or experimental chemotherapy programs, whether methadone or narcotic antagonist. For the incarcerated offender or the new parolee, the enticements offered by these options often constitute "an offer they can't refuse," and thereby call into question the voluntary or coercive character of the designated treatment. The Bureau of Prisons has recently withdrawn drug experimentation from the Federal facility at Lexington, Kentucky.

Confidentiality. Confidentiality, similarly, presents legal and ethical difficulties for administrators and practitioners from both systems. Most treatment staffs find themselves in conflict between protecting the client's confidentiality and the correctional system's insistence on detailed progress and program status reports.

Section 408 of P.L. 92-255 made protection of the confidentiality of drug abuse patient records explicit as Federal policy. New confidentiality regulations (42 CFR Part 2), jointly promulgated by the Department of Health, Education, and Welfare and the Special Action Office for Drug Abuse Prevention on August 1, 1975, have significantly affected the relationship between the criminal justice and drug abuse treatment systems. These regulations feature special provisions for criminal justice system interface issues, but the regulations fail to resolve the range of confidentiality phenomena associated with operational interfaces between the criminal justice and treatment systems. It is at this specific day-to-day level of functioning that confidentiality issues continue to pose significant problems to cooperation between criminal justice and treatment.

It seems clear that these issues, confronted by a wide diversity of treatment programs, are more than mere growing pains; they reflect the present dilemma between "treatment" and "justice" ideologies. At this juncture of system interface, the compromises and accommodations made daily by both systems are made with distinct unease, without adequate data, and still without the articulation of an ethical, practical, and mediating logic. The needs of clients, however, require that we deal with these issues openly and constructively in an attempt to meet both individual and societal demands.

II. ISSUES AND STRATEGIES FOR JOINT PLANNING AT STATE AND SUB-STATE LEVELS

JOINT PLANNING AT THE STATE LEVEL

The ideas and issues outlined in this chapter are based on one major assumption: that State action will be required to stimulate linkages among sub-State components of the drug abuse treatment system and the criminal justice system. This is not to say that cooperative projects may not be conceived and implemented at the local level in the absence of State guidance. What is suggested, however, is that such arrangements will be less likely to flourish in great numbers without State leadership and support.

It might be asked why the Federal Government should not be the prime level for identifying and developing points at which the two systems might interface to benefit the drug-abusing criminal offender. The rationale for positioning the planning function at the State level holds that the Federal Government, removed from the dailiness of peoples' lives, cannot possibly plan health and social services to meet their disparate needs.

On the other hand, entities at the local level, pressed by recurrent human crises, lack the orientation required for comprehensive long-range planning. It is presumed, therefore, that the States will be vested with more and more responsibility for program planning and development in these areas.

The following sections discuss some of the issues associated with the design of mechanisms for joint planning at the State level, specifically:

Conditions that may impede or favor joint planning

Local acceptance of State policy

The nature of local planning and implementation

Selection of a local project sponsor

The difficulty of determining priorities in a shifting political environment.

IMPEDIMENTS TO PLANNING

Both the criminal justice system and the drug abuse treatment system are multilayered and complex as indicated in the introductory section. The following list is limited in scope, but reasonably illustrative of the major problems confronting State planners:

Essential differences exist at the sub-State level between the organization of the criminal justice system and drug abuse treatment programs. Moreover, these structures are not permanent but may be reorganized with shifts in the political administration. In this context, mutual understanding is slow to develop and difficult to maintain.

Both programs operate under complicated statutes, with distinct sets of priorities. The limits and requirements for cooperation are, therefore, difficult to define.

Philosophical differences may divide representatives of the two systems. Even more important, *presumed* differences in orientation may undermine their tentative efforts to plan jointly for the welfare of the drug abusing offender.

The factors that determine which agency should assume "lead" responsibility for joint planning activities vary from place to place. In all likelihood, considerable floundering will characterize State-agency efforts to form linkages.

CONDITIONS SUPPORTING JOINT PLANNING

In spite of problems inherent in joint planning, policymakers from both systems are determined to develop the kinds of linkages required to provide the drug abusing offender with the opportunity for timely and effective treatment. Certain factors, it is maintained, favor and will support joint planning at the State level. Again, the following list is offered as illustrative, not definitive:

Although the criminal justice and drug abuse treatment systems are organized differently, State and sub-State authorities represent the primary building blocks of *both*.

Recently and concurrently, both systems have vested States with more responsibility for determining local needs, establishing local priorities, and implementing responsive programs. This tendency was reflected in the creation of the Single State Agency (SSA) and the State Planning Agency (SPA), which represent the drug abuse treatment system and the criminal justice system, respectively. With overall responsibility for

program planning, these established SSAs and SPAs constitute well-defined agencies for joint initiatives.

Requirements for formula funding may encourage the SSAs and SPAs to develop comprehensive, well articulated plans. Given better planning at the State level for both drug abuse treatment and criminal justice, joint planning becomes a distinct possibility, if not an easy undertaking.

Representatives of both systems acknowledge the need for interagency coordination, an acknowledgment based on their recognition that:

In some cases, the crisis of arrest offers a unique opportunity for immediate therapeutic intervention;

The potential for treatment and rehabilitation exists throughout the criminal justice system, from early identification at point of arrest to final case disposition or discharge from parole;

Treatment and rehabilitation for drug abusing offenders may reduce recidivism;

Drug abusing offenders--their shared concern--have increased in number and as a proportion of the prison population. Joint planning is indicated by the fact that neither the drug treatment system nor the jails can solve this problem single-handedly.

OPERATIONAL ISSUES ASSOCIATED WITH JOINT PLANNING

Assuming that an SSA and an SPA have reached agreement over policy and established broad guidelines for interagency projects, at this point attention must shift to the question of precise methods for implementing these ideas. The following sections describe some of the issues associated with the process of planning and implementation.

Local Acceptance of State Policy

The issue of local acceptance is immediate and critical at this stage. Best methods for stimulating commitment on the sub-State level are uncertain. For instance:

How can the State assure that sub-State components of the drug abuse treatment system and the criminal justice system will adapt and implement recommended linkage projects?

How can the State assure that sub-State, interagency coordination will include, at the very least, a mechanism for information exchange and an administrative structure to support continual contact between the two systems?

Should the State require that SSA- and SPA-funded programs develop plans that contain interagency components?

Basically these questions raise the issues of the limits of State authority over sub-State operations and appropriate ways of exercising that authority.

State methods for assuring that local agencies interact need not be coercive. In fact, it is incumbent upon the State to generate a spirit of cooperation and to explore methods for *encouraging* commitment. These include but are not limited to:

Provision of case-study type information that might stimulate local interest in joint projects;

Joint SSA/SPA provision of technical assistance to the sub-State level;

State recognition of local "best" or "exemplary" practices and statewide publicity for local models of excellence.

Local Planning and Implementation

Sub-State acceptance of SSA/SPA policy does not ensure that local components of the criminal justice and drug abuse treatment systems will be able to develop beneficial joint projects. The elements essential to sound planning at the State level (development of joint policies, priorities, and procedures) are also required at the local level. Detailed planning is perhaps even more crucial at the local level; for, once a service project is operational, it becomes increasingly difficult to address basic, unresolved questions of a conceptual nature.

Accordingly, preliminary planning at the local level must go beyond questions of staff and resource allocation to include the following considerations:

Definition of local need for interagency projects--What is the extent of the local drug problem; what is the extent of criminal activity among drug abusers?

Identification of concerned outside agencies and parties--During the early phases of local planning, it is essential to identify those outside officials, agencies, and organizations that might support or impede the development, funding, and implementation of interagency projects. If these parties are notified early and are involved in the planning process, opposition may be co-opted and support enhanced.

Identification of barriers to interagency activity and development of methods for eliminating or bypassing these obstructions.

Identification of factors favoring interagency activities and development of strategies for exploiting them.

Development of joint policies, priorities, procedures, and project plans, including the specification of interagency commitments.

Development of community understanding and media support.

Selecting a Local Program Sponsor

One issue of special concern to local planners is the selection of a program sponsor. In most communities, the following individuals and organizations will be recognized as candidates for the role of program sponsor:

The Mayor or County Board of Supervisors--Although there are political risks involved in this choice, sponsorship by either the mayor or board of supervisors should not be automatically rejected. Political sponsors often have the capacity to cut through bureaucratic delays and opposition. In addition, the power exercised by the political sponsor may be useful in achieving permanent status in the local process of fiscal appropriations.

Probation Department--This sponsor may afford access to the courts and may enable the project to draw upon the judiciary's power and prestige. Plainly if the probation department does not command the respect of the overall criminal justice system, the treatment community, and the population of drug abusers, it is a poor choice.

Prosecutor's Office--Credibility with the criminal justice system is the major advantage associated with this sponsor. Experience suggests that, as a project sponsor, the prosecutor's office may willfully or unwittingly discourage possibly desirable changes in the criminal justice system's usual mode of operation. For example, loosening of eligibility requirements for the deferred prosecution option may be stifled because the project director, influenced by accurate or perhaps mistaken perception of the prosecutor's orientation, may be reluctant to advocate the change.

Court Administration--The court may sponsor a project either through the office of court administrator or in conjunction with a larger pretrial release program. This form of sponsorship provides direct access to the court and its probation department and usually guarantees public assistance. It should be remembered, however, that the woeful inadequacy of court budgets may diminish the effectiveness of court sponsorship.

County Mental Health or Drug Treatment Unit--This sponsor may stimulate a positive response from the treatment community, but may deny the project the benefit of full cooperation from the criminal justice system.

Community Groups--A variety of community groups might be considered. For example, a local chapter of the American Bar Association, the Urban League, the Urban Coalition, and other groups that tend to support rehabilitation programs.

If project planners cannot agree on a sponsor, ad hoc arrangements or dual sponsorship may be the only workable approach. Dual sponsorship has the disadvantage of delaying the planning process in most cases. Moreover, joint sponsors are less likely to generate the enthusiasm and concern that often characterize the attitude of the solo sponsor.

In many communities, the choice of program sponsor conditions the chances for program success. In the context of joint planning, the process of selecting a sponsor frequently entails early interagency competition, a possible source of residual bad feelings. Accordingly, local planners must weigh the advantages and disadvantages that may be associated with one sponsor over another; inevitably, the selection will involve trade-offs and compromise, and what serves one community may not serve another. No single type of sponsor is ideal. If analyzed with political accuracy, local conditions will usually dictate the most appropriate sponsor for a given community.

III. COMMUNITY-BASED STRATEGIES FOR LINKAGE OF CRIMINAL JUSTICE AND DRUG TREATMENT SYSTEMS

INTRODUCTION

This chapter deals with the very crucial issue of the relationship between the machinery of the criminal justice system and the network of facilities and personnel whose mission it is to address problems of substance abuse in the community. The relationship between the two systems is certainly significant. The government is currently funding programs throughout the United States known as "Treatment Alternatives to Street Crime" (TASC). Such programs are intended to demonstrate varying arrangements between the two systems in efforts to provide treatment and rehabilitation for the drug-abusing offender. TASC programs display a wide variety of relationships running from memoranda of understanding to statutory authorization for diversion. Such variety suggests that linkages between systems must be based on State and local conditions, priorities, administrative structures, and other local factors.

Since our ultimate goal is to develop a model for linkages between the criminal justice system and treatment programs in the community at the local level, we should concentrate our efforts on identifying the elements of such linkages under a "joint program operations" rubric. In other words, we must be cognizant of the fact that each system has its own unique goals and objectives, administrative and legal requirements, and unique ways of operating. The two must find common ground philosophically and operationally. Representatives of both systems must accede to the standing requirements of the other.

The first and most critical step in developing community-based linkages is to clearly articulate the goals, objectives, and procedures of *your* system of operation as they apply to the individuals involved in the *other* system of operation. This chapter is aimed at outlining the major phases of projects designed to treat the drug-abusing offender in community settings. The reader is encouraged to consider each area described below in terms of specific local conditions.

Five major areas of program operations are discussed below as follows: identification, screening and referral, treatment, case management, and program coordination. These five sequenced areas of program operations involve activity and communication between both systems in each area of operations. Each area is discussed separately in the following pages.

Identification

The first problem in any linkage system is to identify potential clients for program opportunities such as TASC. Several considerations need to be kept in mind. Obviously, the criminal justice system provides a legitimate and very real source of potential clients for treatment programs. Arrest represents perhaps the single most important initial contact with the drug-abusing offender. Arrest and the establishment of the criminal record is also the initiating procedure within the criminal justice system. The process of identifying drug abusers for potential participation in a community-based treatment program should begin at the point of arrest. These "booking" stations (police precincts, central lockups, county jails, etc.) are natural "catchment areas." They may serve as the initial program linkage between the two systems. Arrest policy, therefore, as well as procedures employed during arrest, are major considerations in establishing linkages, and also in establishing eligibility.

Arrest constitutes only the first point within the criminal justice system where a drug-abusing offender may be identified for possible community-based treatment. It is quite possible that offenders may be identified at other points in the "flow" of the local criminal justice procedures. It is incumbent upon both treatment program representatives and staff of the criminal justice system to know the points at which an offender may be identified as a substance abuser and recommended for treatment. Early identification allows for the option associated with pretrial diversion programs, but it should be remembered that identification and recommendation for treatment may take place at other points in the system.

It is generally acknowledged that every component within the Criminal Justice System (police, prosecutors, courts, and corrections) exercises discretionary power related to arrestees. Therefore, linkage arrangements should not be discontinued at the point where arrest occurs, but should seek to identify and establish new possibilities of referral. These discretionary entry points, after arrest, may be designated as modes of referral. The most common are:

Deferred prosecution and dismissal of charges. Deferred prosecution may not always be available where State statutes prohibit this procedure for drug offenses.

Conditional pretrial release.

Voluntary entry pretrial. Voluntary entry is available for clients who can make bail or are eligible for own-recognizance (O.R.) release. Defense counsel may wish for their client's participation where success in the program will be considered at sentencing in the event of conviction.

Pretrial jail treatment program for clients not eligible for release. Pretrial jail treatment programs should be considered for those offenders the judiciary will not consider for immediate release.

Post-trial entry through condition of probation. Conditional probation might be an extension of pretrial, or in some instances be appropriate for clients with a newly developed drug problem.

Program participation as a condition of parole.

Program participation as an alternative to probation or parole revocation.

Two factors should be kept in mind in establishing linkages between the two systems for the identification process currently under discussion. These two factors are as follows:

Eligibility criteria

Geographic scope of operations.

Each of these factors plays an important role in the decision to match a drug-abusing offender to a community treatment program.

Eligibility Criteria

Ultimately, client eligibility is determined by agreement from a number of forces including the community, the prosecutor, and the judiciary. Specifically, four factors are taken into consideration, and vary depending upon local custom and experience. The factors are:

Criminal charge
Prior criminal record
Age of the offender
Type of drug abuse problem.

The results of interviews and the results of urinalysis tests can be important in determining the disposition of a case involving a drug-abusing offender. It should be remembered that local officials within the system have a relatively large amount of discretionary ability in determining the disposition of a case. Other factors may be entered into the eligibility determination process, as each case is considered independently of others.

Geographic Scope of Operations

The two systems operate independently of each other and establish geographic coverage of programs on quite different bases. Treatment programs may be established solely on the basis of neighborhood boundaries, or may extend boundaries to cover other neighborhoods that are uncovered. The boundaries of the criminal justice system, on the other hand, are purely established on the basis of political jurisdictions. This condition requires that the two systems cooperate in considering *mutual* boundaries under a "linkage" arrangement.

To ensure that all eligible arrestees are identified and at least offered the potential alternative of treatment, community-based program screening should occur at all arrest points within the local jurisdiction, as previously mentioned. Distinct reasons exist for providing program screening at all criminal justice entry points. The event of arrest often provides many arrestees with their first opportunity to consider treatment. Some will accept the opportunity. For other arrestees, prior criminal justice processing without treatment failed to change their drug-crime lifestyle. The possibility exists through community-based linkages to offer treatment to *all* drug-using offenders at arrest, where treatment intervention can begin immediately. Project coverage of all arrest points, then, is an important attempt to bring drug-using arrestees to treatment who would otherwise not choose treatment. Discussion of this issue takes on added significance for local planning, particularly when the question of jurisdictional authority is raised.

In summary, identification of potential participants in the linkage model is a function of paramount importance. Identification may take place at any point in the criminal justice system's flow. The earlier such identification takes place, the better from the standpoint of both systems. Identification at the point of arrest is crucial to the functioning and success of pretrial diversion programs. Initial identification and screening should be the function of the criminal justice system. Two factors are important in identifying potential program participants. These factors are eligibility criteria and their application, and geographic scope of operation--what treatment programs provide what geographic coverage. What "booking stations" cover which areas. The matching process between coverages of each system is important in establishing a linkage between systems.

Screening and Referral

While the initial identification of drug-abusing offenders may be accomplished with largely objective criteria, referral to treatment involves more detailed and subjective consideration. Referral to treatment should be determined through a thorough screening process which matches individual client needs and preferences with the most appropriate treatment and rehabilitation services, and at the same time allows the criminal justice system to fulfill its obligations to the community.

The first step in the screening and referral process is usually an initial interview in order to establish background, criminal activity, and drug use history. Such interviews should be performed by trained criminal justice personnel. Extensive medical and clinical diagnostic workups will be completed by trained mental health professionals later in the screening process.

Certain minimum information must be provided to the prospective client during the initial screening. This should include:

Voluntary nature of the program

Composition and availability of treatment resources

Minimum reporting requirements to the criminal justice system under the Confidentiality Rules and Regulations

Expected client performance.

The interviewer or other personnel should explain that participation does not guarantee court leniency; however, the fact that the offender is willing to enter into treatment may be looked upon favorably by the courts.

Staff experienced in treatment and rehabilitation of drug abusers should estimate the severity of the problem, and begin the development of a treatment plan, once a client has been screened, has admitted abusing drugs, and has expressed a desire for treatment.

A complete personal history, including a history of drug abuse, should be obtained if it was not included in the initial screening process.

Referral to a diagnostic facility for medical intake constitutes the next step. This function can be accomplished through the linkage arrangement in several ways as follows:

Direct referral to a treatment agency

Referral to a central intake unit

Referral to a screening board (composed of criminal justice and treatment personnel) for subsequent placement in treatment.

The choice of one of the above methods depends largely upon the structure and operation of the drug treatment service delivery systems in the community, particularly the availability of treatment options.

When the screener is solely responsible to the criminal justice system for the client until arrival at a diagnostic facility, the screener may want to personally accompany the client through the court system. Such provision for "escort service" can be left to the discretion of the screener under the linkage arrangement.

The actual referral to a community-based treatment facility should take place once intake and diagnosis are completed, judiciary concurrence is obtained, and an initial plan of treatment is prescribed by the program and agreed to by the client. Community-based programs offer to clients a variety of treatment environments and modalities as well as other ancillary services.

While the availability of treatment options and support services differ greatly in local communities, readers may want to give serious consideration to the question of judicial and clinical roles in the determination of client referral to treatmen'

Treatment

Community-based treatment differs from locale to locale, depending in part upon the community's perception of the drug problem. Similarly, local programs differ in their philosophy and approach to treatment. Regardless of the various types of referral, environment, or treatment modality, clients are expected to progress through treatment yielding similar desired results. It is the responsibility of the treatment unit to develop a treatment plan for the client which reflects the client's needs as assessed by a clinician and the minimum standards of treatment for the designated treatment regimen. This plan of treatment must be reviewed continuously as the client progresses in treatment. Modifications are made when and where appropriate. The treatment plan should contain the following as a minimum:

Statement of short-range objectives and long-term goals for treatment progress generated by both staff and client

Designation of a primary counselor

Statement outlining specifically the type and frequency of counseling and other services to be provided.

The treatment plan and record are two of the most important documents in the linkage arrangement. The treatment plan serves as the basis for all treatment activity, modification of treatment, and the evaluation of client progress. As such, these documents provide both the criminal justice system and the treatment system with the basis for planning, monitoring, and evaluating both individual client performance and the success of the linkage arrangement. Specifically, the client record, including the treatment plan and progress notes, serves as the basis for:

Clinical diagnosis
Service utilization
Treatment planning
Assessment of progress
Therapeutic determinations
Administrative actions
Management decisionmaking
External reports.

The use of any information contained in the client record must be in accord with the Confidentiality Regulations.

Two treatment issues continue to generate much discussion within both systems. These are:

The appropriate use of methadone maintenance (multimodality treatment)

Treatment agency vs. referral source determination of the required treatment modality.

Criminal justice personnel tend to favor the more structured treatment settings (residential) and do not concur in the use of methadone maintenance before drug relapse. Treatment program staff admit that certain modalities appear more tightly structured than others but maintain that more structure can be obtained in any treatment regimen and should be dictated solely by client needs.

While the two systems generally concur in the necessity to establish acceptable levels of client care, the question of who should appropriately determine treatment method and setting continues to generate concern and often manifests itself in conflicts between the criminal justice system and community-based treatment programs. Positive resolution of such conflicts will not come easily--particularly on a national scale. Success in resolving conflicts will come at the local level and will be dependent upon the human contributors in each system. Philosophical differences need to be understood and accounted for, but not necessarily eliminated. The key to resolving conflict is the development of clear and accurate information about goals and objectives, administrative procedures, and operating procedures.

Case Management

Case management serves three essential functions in community-based linkage arrangements:

It provides a means for monitoring clients' progress.

It provides a basis for management information.

It serves as a basis of accountability for both systems.

Monitoring the Client's Progress

Since linkage arrangements are essentially criminal justice referral systems, certain reporting responsibilities to the participating criminal justice components are required of linkage arrangements. Case management should fulfill that function as a result of an efficient flow of information between treatment personnel and criminal justice system officials. The information reported should be accurate, consistent, and easily comprehended. The track-

ing unit should provide adequate reporting mechanisms (forms) to personnel who have contact with clients. Statistical and narrative information should be required of counselors.

To assist the criminal justice system in assessing and reporting client progress, treatment service units must provide a meaningful indication as to how well the client is adjusting to the prescribed treatment regimen. Regular reports based on clinical input should be brief, summarizing client progress with accompanying, explanatory data. Data elements would include:

Social adjustment
Economic adjustment
Employment patterns
Family relations/adjustments
Educational aspirations
Motivation
Attendance and urinalysis functions proposed
Modification of the Treatment Plan
Recommendations for program changes, and treatment discharge.

It is recommended that several simple but descriptive phrases be utilized which will identify, at a glance, overall quality of client progress--e.g., substantial remission, limited remission, no change, general improvement, and substantial improvement.

Additionally, tracking units should have access to treatment service records. Frequent personal contact between trackers and counselors can be helpful, both to enhance good relations and to keep trackers intimately involved in client problems and counselor response. It should be emphasized that this can work to the advantage of treatment personnel. An arrangement is required which will permit the measurement of the impact of treatment and rehabilitation efforts in a quantifiable manner. This information, based on both subjective and objective analysis of client performance, can also serve as the basis for a management information system.

Management Information System

Special reports of client failure can be based on success/failure criteria, a point count system, or treatment service unit performance criteria. These reports should serve as alarm mechanisms for tracking units and should activate a thorough review, by tracking personnel and treatment team, of client performance and progress in light of the prescribed treatment regimen.

Success/failure criteria can consist of reasonably objective requirements. They should be established by each program and explained to all treatment personnel working with referrals. The criteria should be codified. Counselors should make sure their clients understand the terms set forth in the criteria. Such criteria become minimum performance standards for the patient. They could include any or all of the following:

Absences (e.g., excessive and/or unexcused absence from program)

Urine results

Violence

Arrests

Other consistent behaviors deemed dangerous to the client or others.

Application of success/failure criteria should be determined by tracking units, based on clinical and statistical reports received regularly from treatment personnel. If a violation occurs, a trouble alert may be sent to criminal justice and/or treatment officials as documentation; but this policy should be determined by individual programs. Success/failure criteria are *not* to be used as tools for arbitrary client termination, but as indicators for measuring (and reporting on) client problems. As such, they should be welcomed by treatment personnel as valuable indicators of client progress.

A point count system can be especially workable if trackers have substantial clinical expertise. For example, with this system, each success/failure criterion can be assigned a certain number of points as follows:

Positive urine (opiate)	- 2 points
Positive urine (non-opiate)	- 1 point
Failure to supply urine	- 1 point
Unexcused absence	- 1 point.

Daily and weekly reports from treatment personnel and/or laboratories can be collected by tracking clerks who tally points "earned" by each client. When a client totals a certain number of points within a specified amount of time, treatment personnel and trackers should investigate the situation.

Investigation, of course, should call upon the exercise of good clinical judgment in reviewing and evaluating the entire situation. Consultation with all treatment personnel and examination of all records must precede any action.

In summary, finite and objective data of a quantifiable nature should be used as an "alarm" system for identifying potentially serious problems. Comprehensive clinical assessment should be used after the alarm for determining treatment failure.

Accountability

Three parties may be viewed as having accountability under the community-based linkage arrangement. Criminal justice system personnel are responsible to the community for the disposition of offenders in a manner which provides the maximum opportunity for the rehabilitation of the offender and at the same time protects the community. The "release" of an offender to a treatment program involves a measured risk on the part of the criminal justice system. The system must account to the community for the results of those risks.

Treatment programs are committed to the rehabilitation of drug abusers or are at least committed to keeping addicts "clean." Treatment program personnel are accountable to funding sources, the communities in which they operate, and the clients themselves. Under linkage arrangements, treatment programs accept the added responsibility of accounting to the referral source--the criminal justice system. This is so for the simple reason that all referrals from criminal justice are conditional and contingent upon certain behaviors and progress on the part of the offender/abuser. Continuation of treatment for a patient referred from the criminal justice system is, therefore, justified through the flow of information concerning the patient to the criminal justice system from the treatment program.

Finally, accountability must come to rest on the client. The client in one sense is the *human* linkage between the two systems. The client, offered an opportunity for diversion to the treatment program, is accountable to the criminal justice system to meet objectives of therapeutic progress and social rehabilitation. The client is accountable to the treatment program for agreed to objectives as stated in the treatment plan. The keys to success in this system of accountability are open communications between the two systems, good patient records (including treatment plan and progress notes), and commitment to the rehabilitation of the client.

Program Coordination

The success of community-based linkage arrangements often depends on how well support for the project is organized. Traditionally, this support has been accomplished through the establishment of advisory boards and interagency agreements.

Few innovations in either criminal justice or health care have had long-term success without the support of the local community and its leaders. One of the most successful methods of mobilizing and retaining this support is through a Program Advisory Board. The board should be comprised of important local officials, public opinion leaders, and representatives of "grass roots" organizations. While the role of the board is advisory, in practice no major decisions should be made by the project director or head of the linkage arrangement without first consulting the board. The board should be subdivided for specific responsibilities, so that it need not be necessary to convene the whole board for decisionmaking. An executive subcommittee might be responsible for decisionmaking between regular or special meetings of the board. Other subcommittees should be formed with specific responsibilities, such as:

Criminal justice liaison
Treatment and rehabilitation liaison
Media
Employment
Minority group affairs.

Above all, the board must be knowledgeable about linkage activities. Staff members of the project, in addition to the director, should participate at board meetings.

Experience has shown that interagency coordination is a popular theory that presents serious difficulties when applied, particularly in the case of criminal justice and community-based programs. It is not uncommon, for example, to encounter disagreement over the role of treatment agency representatives in courtroom settings; over the content and frequency of information to be exchanged between agencies; and over the appropriate function of ex-addicts in the program. For example, not all criminal justice personnel condone the conduct of jail interviews by ex-addicts, or ex-addict involvement in the orientation and training of jail personnel. In addition, multimodality treatment remains questionable to the criminal justice system as long as methadone maintenance is included.

These issues should be resolved prior to program implementation. Hence, the interagency agreement appears to be the best available mechanism for identifying significant areas of common agreement. Discussion which occurs in the process of developing the agreement will help surface potential problem areas and perhaps contribute to a common understanding of the issues. Some program administrators also feel that an interagency agreement should include a process for resolution of subsequent conflicts.

PERSONNEL: RECRUITMENT, SELECTION, AND TRAINING

Staffing and training personnel of both agencies to function within the linkage arrangement is an extremely important factor in the success or failure of the program. Staffing requirements and training needs of selected personnel should be in the forefront of considerations during the planning process, prior to implementation.

The criminal justice system and drug treatment system should still continue to hire staff according to the same criteria, and using the same methods as employed before. Several slight differences should be kept in mind, and will impact slightly on current processes for recruitment, selection, and training.

The systems involved should attempt to recruit from within the systems for the linkage program or arrangement. This will enhance the system's ability to create job mobility and new opportunities for employees. It also will increase the chances of identifying candidates with experience that most closely replicates that needed for the jobs in the linkage program. The systems must, however, comply with Federal law and regulation in announcing publicly any openings which may occur.

It is difficult to describe a precise set of criteria by which applicants for jobs in the linkage program or arrangement might be selected. Criteria should be developed jointly at the local level and must take into consideration such factors as:

Characteristics of the anticipated client population

The size, diversity, and functions of program components, including the nature of the intake-screening process and the nature of the case management process

Local custom in terms of appropriate staffing mix of professionals/ paraprofessionals and ex-addicts.

The above factors should be considered as important for understanding the context within which a person will have to function. The following list of specific criteria related to candidates for the jobs should be applied within the context set forth above:

Functional Skills--Does the applicant have the skills required to do the job, whether it be counseling skills, management skills, communications skills, verbal skills for acting in an advocacy role, etc.

Flexibility--Working in a linkage program places demands upon personnel which may not be found in more traditional roles, particularly within the criminal justice system. Applicants must show the flexibility necessary to work with two systems of procedures and custom, two systems of timing, two systems of personnel, and most importantly, two systems of philosophy and values which may be in opposition at certain times.

Commitment--Clients under a linkage arrangement are generally from a higher risk population in terms of recidivism. Administration and reporting under a linkage arrangement will involve two sets of procedures and two sets of forms. Applicants should demonstrate an ability to tolerate increased "bureaucratic" functions.

Creativity--Innovations which improve the effectiveness of programs are always needed, particularly in drug treatment. It is difficult to describe how staff who are doing the hiring might identify creativity in applicants. Previous work history, promotions, and the interview situation may provide insight.

Training and Education--Applicants must, of course, meet any minimum standards in formal education and training which may be established for any particular job.

The criteria described above should be added to or modified depending upon the situation and local needs.

Training should be provided to personnel hired for the linkage program on the basis of need. This need may be defined as the gap between *current* skills, knowledge, and ability and the skills, knowledge, and ability necessary to perform in the job. Training may be directed at both the cognitive and emotional levels of personnel. It should be provided prior to full operation, if possible. Periodic training should be provided on the basis of need-to-improve functioning.

Orientation concerning the other system should be provided to all personnel in the linkage program. It is important, for example, for a counselor at a treatment program who is appearing in court on behalf of a client to understand the functioning of the criminal justice system. This is true at all points of "interface" in the linkage program. Such an orientation program should be established early in the planning and development phase for planning and development personnel. Orientation should be modified on the basis of this experience, and then used for personnel hired for the linkage program during implementation.

EVALUATION

Three measures of evaluation should be agreed upon prior to implementation. These are:

Client outcome
System effectiveness
Cost benefits.

These measures serve as a convenient starting point in evaluating program effectiveness.

Client Outcome

It is difficult to determine changes in human behavior and almost impossible to attribute the changes which are observed to any specific circumstances or conditions. Recognizing these limitations, most clinicians feel that a client's ability to cope with environmental pressures and emotional stress are acceptable indicators of change. Where the client's behavior continues to improve for any considerable period, it might be related to his/her experience in treatment. Favorable indicators generally include:

Diminished drug consumption
Longer period of time between drug relapses
Diminished criminal behavior.

Conversely, indicators of negative client outcome generally include:

Return to drug abuse
Rearrest
Increased criminality.

These indicators, of course, will prove difficult to identify if the information obtained throughout the program is inconsistent, inaccurate, or incomplete. Hence, information obtained from treatment agencies should be clear, concise, and reported regularly.

System Effectiveness

It seems reasonable to expect that experience in an interagency program of this nature will foster changes in all participating agencies. System changes influence program success or failure and are frequently easy to observe. The most common changes in linkage arrangements include:

Changes in criminal justice procedures evidenced by different sentence patterns for drug abusers (for example, increased referrals as a condition of probation and deferred prosecution are examples of changing judicial attitudes)

Changes in treatment and rehabilitation evidenced by modified policies of participating treatment agencies (for example, increased self-referrals, community awareness of linkage programs, and a more positive attitude toward criminal justice personnel).

Cost Benefits

In recent years, new criminal justice innovations have included some measures of cost benefit analysis in evaluating program effectiveness. The analysis generally includes indicators of the following types:

Benefits--Criminal justice system cost savings; increases in client earnings resulting from project job or training assistance; savings to the criminal justice system that result from reduction of recidivism (future criminal justice cost reduction); and other benefits such as taxes paid, welfare benefit reductions, etc.

Costs--Include developmental costs, initial startup, and costs per client to complete the program.

Admittedly, evaluation design for community-based linkage arrangements is difficult. However, the three measures listed above--client outcome, system effectiveness, and cost benefits--have generally been accepted as satisfactory to both the criminal justice system and the drug treatment system.

IV. INSTITUTION-BASED STRATEGIES FOR LINKAGE OF CRIMINAL JUSTICE AND DRUG TREATMENT SYSTEMS

INTRODUCTION

Historically, institutional resources have been devoted to custodial purposes, with only meager support remaining for treatment and rehabilitation. This typical pattern has become less and less tolerable with the influx of increasing numbers of drug-abusing criminal offenders who have obvious need for such services. Without treatment, there is little chance that the incarceration of the drug-abusing criminal offender will be anything but futilely punitive. The drug-abusing criminal offender, along with other prisoners, has had and continues to have an excruciatingly slim chance of receiving creditable rehabilitation during his/her confinement. In the few instances when serious, progressive rehabilitation programs have been initiated (e.g., work, furlough, prerelease), drug-abusing criminal offenders have almost always been excluded.

Perhaps the most sophisticated attempt to conceptualize arrangements for linking the drug abuse treatment and criminal justice systems is the typology that Dr. Charles Newman of Pennsylvania State University proposed for the recent LEAA-funded National Jail Resources survey of jail drug treatment services. The Newman typology describes three different existing systems for linkage.

> *Internal System*--The jail provides and administers all services. There is minimal or no interface with community-based agencies and no interagency planning for postrelease treatment.
>
> *Intersection System*--Services are provided by community-based treatment agencies and other service organizations that work cooperatively with the jail. Outside staff may enter the jail to provide various services or inmates may be transported outside the jail to receive treatment. The outside organization is usually compensated with a fee for service based on cost.

The intersection system is employed at the Danbury Federal Correctional Institution, a Narcotic Addict Rehabilitation Act (NARA) facility, located in Danbury, Connecticut. The Danbury arrangement features a functional relationship between the Institution and Daytop Village, a neighboring narcotic self-help program. Daytop sends ex-addict staff members to the Institution where they provide weekly training to addict inmates

in self-help treatment techniques. In addition, the Institution's own NARA treatment team participates in weekly meetings at Daytop.

Linkage System--Under this arrangement, services are initiated either by the jail or by an outside organization with the objective of placing the abuser in community-based treatment upon his release. Basically, this linkage arrangement is the equivalent of an inmate casefinding and referral system, with the outside agency acting as a "link" or "broker" between the jail, the inmate, the court, and other community-based providers of drug abuse treatment.

Newman recommends the Linkage System as the best available method for dealing with drug-abusing criminal offenders. According to Newman, this system provides equal status for the drug abuse treatment sector and the criminal justice sector, thus reducing occasions for counterproductive, interagency competition.

It is apparent that the criminal justice system has neither the resources nor the experience to provide rehabilitation services singlehandedly. If the system is not enlarged by many magnitudes and also reoriented, then outside help must be found to support rehabilitation services for drug-abusing criminal offenders. The existing drug abuse treatment system is an obvious source of assistance, a possible partner in joint projects. Although it is naive to assume that interaction between the two systems will be easy, it is futile and counterproductive in the extreme to see every traditional barrier as an insurmountable obstacle. Certainly obstacles must be recognized for what they are; programs must be designed to eliminate or bypass them.

The strategies suggested do not qualify as *the model* or even as a fully drawn model for joint, institution-based drug treatment and rehabilitation projects. They are, instead, a preliminary attempt to conceptualize the shape that such projects might take.

A PROPOSED LINKAGE STRATEGY

The preliminary linkage strategy described in the balance of this chapter consists of clearly delineated phases designed to assure continuity of care and to accommodate equal status for all participating agencies. Carried a step further than the systems described by Newman, the proposed strategy suggests methods for combining correctional personnel, drug treatment staff, and parole personnel into linkage teams responsible for providing an acceptable level of drug abuse treatment and rehabilitation services to selected offenders.

Assumptions

Three highly positive assumptions underlie the proposed strategy for conducting joint, institution-based projects:

> Correctional institutions need, require, and welcome increased diagnostic casework and clinical treatment services for the drug-abusing inmate.
>
> The drug treatment system has the knowledge, capability, and commitment required to assist both the drug-abusing inmate and the correctional institution in a concerted rehabilitative effort.
>
> Linkage-type arrangements can ensure adequate or satisfactory service beyond the institution's capability and can also assure continuity of care.

It should be recognized that these are normative assumptions, not descriptions of reality. They indicate the conditions required for planning and implementing the proposed linkage strategy, conditions that may exist in some localities but not in others.

Operational Phases

The proposed strategy consists of three consecutive operational phases which parallel the phases of an offender's criminal justice experience:

> *Phase I*--Begins after initial commitment to the correctional institution, when the institution's inmate classification process is first applied
>
> *Phase II*-Coincides with confinement
>
> *Phase III*--Begins with the prerelease period, after parole has been recommended but when the inmate still has some 1 to 6 months of confinement remaining. Phase III also includes the period when the criminal offender has been released to the community either on parole, discharge, or community-based residency status.

Specific services are associated with each phase. Also, each operational phase is under the direction of one or the other of the participating agencies, called the "lead agency" for that phase. The following chart names the lead agency and the services associated with each of the three proposed operational phases.

INSTITUTIONAL LINKAGE TEAM OPERATION

	Phase I	Phase II	Phase III
	Initial Commitment Period 1-3 Months	Period of Regular Confinement Average 18 Months	Prerelease 1-6 Months
LEAD AGENCY:	Drug Treatment System Member	Correctional Institutional Member	Parole Officer
PRIMARY TEAM SERVICES:	-Initial Diagnosis -Development of Treatment Plan	-Review Treatment Plan -Monitor Inmate Progress (Inmate Advocate)	-Development of Initial Release Plan -"Broker" for Support Services -Direct Service

THE LINKAGE TEAM

As indicated, the proposed strategy is modeled on the assumption that most correctional facilities lack the desire or the capacity to expand their rehabilitation function. It should be emphasized, however, that this strategy does not discard the rehabilitation practices that have been established by the criminal justice system but, instead, attempts to realize them fully. Under the proposed strategy, the institution's existing treatment and rehabilitation capacity is enlarged by the introduction of drug system personnel and parole officers as members of the treatment team. These outside personnel represent more than mere resources for service expansion. Given their therapeutic orientation, they are likely to moderate the influence of the institution's custodial personnel, an influence that has long prevailed in most correctional settings.

The treatment team recommended in this linkage strategy includes representatives from the local drug treatment agency, the correctional institution, and the parole office. Each team member has his/her own professional responsibility to the addict-inmate as well as to other members of the team. Although the exact professions represented on this linkage team will vary with local conditions, its composition should coincide as nearly as possible with the following staff pattern:

Drug Treatment System representatives include:

Medical director and/or
Psychiatrist or
Treatment clinician
Street counselor.

Criminal Justice System representatives include:

Correctional officer
Correctional counselor
Academic and/or vocational instructor
Parole officer.

This particular mix of team members is proposed on the assumption that the drug-abusing offender presents multiple problems that demand a multidisciplinary treatment approach.

The "Lead-Agency" Concept

If labor is divided appropriately among these team members, then the likely differences in their training, professional experience, and social orientation may become complementary rather than competitive and counterproductive. Toward this end, the proposed strategy recommends that the treatment team adopt *a "lead-agency" method of management, with the lead-agency role shifting* to reflect the dominant service requirements for each project phase, as follows:

Phase I--Drug Treatment Agency
Phase II--Correctional Institution
Phase III--Parole Officer.

During the phase of its leadership, an agency should perform all administrative functions in addition to fulfilling its responsibility for the provision of service to the drug-abusing criminal offender.

The tasks for which the "lead-agency" would be responsible during its administrative tenure include:

Scheduling case conferences

Scheduling team consultations

Making team assignments--house calls to family, followup on employer contacts, etc.

Summarizing team deliberations, findings, and ensuring documentation

Reviewing team closures.

Although the shifting of responsibility for these administrative functions may be slightly cumbersome, such a switch in leadership assures an eventual balance in the operating status of the participants.

The role played by the individual teams will also shift from time to time, as the area of their expertise recedes in significance and another assumes greater importance. For example, it is doubtful that the paroling authorities would assign a parole officer to the case as early as Phase I, except perhaps in local jail situations. On the other hand, both drug treatment personnel and representatives from the institution's classification committee will be required to cooperate early in Phase I of the inmate's incarceration to develop a preliminary diagnosis. Moreover, the drug treatment team members will have a significant role to play in all three phases since these coincide with the process of treatment itself; identification, referral and development of treatment plan (Phase I); implementation of treatment and overall case management (Phase II); provision of supportive services and followup (Phase III).

PHASE I FUNCTIONS

The cornerstone of the linkage strategy, this phase involves: 1) initial diagnosis, 2) assignment to the treatment project, and 3) development of a preliminary treatment plan. The activities described here are intended to supplement or supplant typical activities of the institution's classification committee.

Identification of Drug-Abusing Inmates

In most correctional institutions, traditional classification procedures remain the established means of providing an appropriate diagnosis, individualized program planning, treatment, and rehabilitation services. They rarely include modern, scientific, and acceptable means of identifying drug abusers. Urinalysis has proven cost-prohibitive for most institutions, and not all interview standards require detailed discussion of an inmate's drug involvement.

In response to these limitations, the proposed strategy recommends the application of both *objective* and *subjective* techniques for identifying drug-abusing inmates.

Objective Criteria--The most popular objective technique is a rating scale (similar in form to a parole prediction table), which attempts to score the inmate's rehabilitation potential. Generally, the weighted criteria on such scales include:

Age
Number of prior convictions
Prior incarceration
Number of parole violations
Commitment offense
History of heroin or opiate dependence
Level of education.

Subjective Criteria--Are intended to assess the quality of the inmate's previous life and the psychological and social strengths and weaknesses that s/he carries. They include:

Nature of family ties
Work history
Single versus multiple drug use
Drug-related criminal activity
"Coping" potential
Symptoms of depression or anxiety.

The application of objective criteria requires no special expertise. In contrast, the quality of the assessment derived from subjective criteria depends considerably on the interviewer's skill at eliciting and interpreting information.

Perhaps the most significant role for the drug treatment agency is to assist the correctional institution with the tasks of identifying inmates as drug abusers and assessing their potential for rehabilitation. Drug treatment people should be particularly helpful in the application of subjective criteria, since they are presumably adept at picking up the typical "acting out" behaviors associated with use of various drugs. If the drug treatment staff cannot provide direct consultation on each case, it is essential that they at least prepare an adequate typology of drug-abusing behaviors for use by prison staff. Perhaps most desirable would be joint case finding and evaluation sessions, since these would assure input from both sides, provide team members the opportunity to interact immediately over each case, and so serve to educate all participants in multiple techniques of eliciting and interpreting data.

Determining Eligibility for the Project

Once an inmate has been identified as a drug abuser, the general criteria for his/her assignment to the project are: 1) expressed willingness to participate and 2) manifest desire for help. It has been found in other, more limited programs that those drug-abusing offenders who refuse treatment often show abnormal characteristics such as serious signs of psychosis, or a history of suicidal behavior. Thus, unfortunately but inevitably, the criteria for admission proposed here would result in the exclusion of many of the inmates who need treatment most.

Establishing Priorities Among Eligible Inmates

Since few institutions have sufficient resources to provide treatment to *all* drug-abusing offenders, service priorities must be established. For the sake of economy, it is recommended that the process of determining eligibility for

the project also include a set of criteria for ranking eligibles. The following criteria, similar to those employed by the U.S. Bureau of Prisons, would allow the linkage team to establish three levels of eligibility.

> *Priority I*--Includes inmates with a lengthy confinement period (usually 16-18 months) remaining before their release; also, those who will be under field supervision for a minimum of 6 months.
>
> *Priority II*--Includes inmates without sufficient time before their release for treatment to be effective, e.g., those with less than 6-18 months left to serve; also, inmates who will not be under supervised release.
>
> *Priority III*--Includes inmates with a *very* lengthy confinement ahead of them.

This set of criteria is incomplete and only provisional. It makes time the essence, and in some settings other factors may be more important for ranking eligibles. Whatever the criteria employed, the institution will end up with a sliding scale of eligibility that should promote the best possible use of limited resources.

Development of the Treatment Plan

The quality of the initial diagnosis and the treatment plan usually correlate, as might be expected, with the availability of treatment resources. In most settings, diagnosis has been limited in detail and has not included a prescription program.

Typically, jails and prisons divide their service programs into three categories, depending on the nature of the support provided:

> *Counseling*--A service that encompasses the inmate's personal and group relationships and is provided by regular staff only upon mutual consent of the counselor and the counselee.
>
> *Casework*--Provided by professionally trained staff, casework implies a more direct, personal, and continuous relationship and demands a greater contribution on the inmate's part, i.e., s/he must be reasonably committed to hearing and attempting proposed solutions to his/her problems.
>
> *Clinical/Treatment Service*--Denotes a more intensive, psychotherapeutic involvement of staff and inmate; demands a health or similar professional.

The drug treatment system can assist the correctional institution with all three types of service programs but is uniquely qualified to support the institutional provision of clinical/ treatment services.

As much as possible, the treatment plan should conform to the Federal Funding Criteria for community-based treatment programs. These will not be totally unfamiliar to the prison community, since the treatment plans that have been recommended in the past by the American Correctional Association include many of the same standards. The problem, then, will not be one of understanding but, instead, of overcoming the obstacles that have persistently impeded the implementation of treatment in institutional settings. These include:

Lack of the medical/psychiatric resources required to ensure an adequate diagnosis matched with a fully articulated plan for treatment

Limited enthusiasm about implementing the plan, with cynicism rather than commitment often characterizing the attitude of both staff and inmates

Committee domination by custodial personnel and the reluctance of treatment staff to challenge the warden's representatives

Lack of cooperation from other institutional units; e.g., other staff may refuse to make inmates available for interviews, counseling, etc.

Drug treatment agencies can neither overcome nor eliminate the severe organizational and fiscal constraints that characterize institutional life. It seems reasonable to assume, however, that the presence of a representative from the drug treatment community may moderate the overriding influence of the custodial orientation. At the very least, the drug system representative adds a staff resource, however compromised his/her position may be.

Even with persistent constraints on project operations, any acceptable treatment plan must include the following minimal features:

Intake interview

Physical examination and clinical evaluation

Joint inmate-staff concurrence on short-term and long-range goals

Assignment of a primary counselor (institutional employee)

Documentation of services provided (job training, legal assistance, etc.)

Provision for support services.

PHASE II FUNCTIONS

Phase II, which coincides with the period of regular confinement (an average of 18 months), involves implementation of the treatment plan and monitoring of patient progress.

Implementation of the Treatment Plan

In all probability, the most serious impediments to successful implementation of the treatment plan are not any features of its content but are instead, the ever-present destructive influences of prison life. These "pains of imprisonment," so well documented, include the denial of liberty, normal heterosexual relationships, normal goods and services, personal security, and so on. Few treatment plans can eliminate these. The best that can be done is to improve staff and inmate attitudes and so neutralize somewhat the general unhealthiness of the environment.

It is suggested that attitudes may be improved if treatment is based on a *contractual relationship* between the inmate and the treatment team. Termed a *prescription program* by members of the treatment community, such a contract rests on the prisoner's explicit agreement to participate and sets forth in detail the team's expectations of him/her. Good performance in the prescription program may carry with it a recommendation for favorable parole consideration.

Although the overall legality of this contract is questionable, certain provisions have been found binding on both parties. Given these legal uncertainties, it is imperative that the prescription program incorporate a precise definition of "satisfactory performance" and conform with minimum standards of due process, e.g., recording all proceedings, providing written advance notice of any modification, termination, or renegotiation, and so forth.

Monitoring Inmate Progress

Since the prescription program includes a succession of agreements between the inmate and the treatment team, it serves also as a mechanism for monitoring inmate progress. The very effectiveness of prescription programs depends on: 1) strict compliance by the linkage staff to all details of the treatment plan and 2) alert observation, "feedback," and intervention by the treatment team as appropriate.

In this context, the institution-based linkage team, relying primarily on the outside representatives, fills a void as "advocate" for the inmate. Again, it is naive to assume that this intrusion into institutional administration will be welcomed by corrections officials. There are indications, however, that the concept of ombudsman has finally won reluctant endorsement by these officials.

PHASE III FUNCTIONS

This phase entails the addict's preparation for reentry into the community under parole or supervised release and so serves to assure continuity of treatment.

Arranging Community-Based Aftercare

Coordination between community-based aftercare and the institution-based linkage team is a key and culminating element of the proposed strategy. Every effort should be made to ensure continuity of treatment, aftercare, and parole supervision. The linkage team should seek out a local social services agency (ex-addict self-help group, community mental health clinic, etc.) to provide services throughout the aftercare period. Typically, these services might include the customary range of support functions; individual counseling and/or group psychotherapy; an updated or revised diagnostic workup (to include inmate outcome of the prescription plan); and emergency services, as needed. Periodic urinalysis is recommended for surveillance and as a possible deterrent to drug relapse.

Case Management in Reentry

Traditional administration of the criminal justice system has created a dichotomy of operation between imprisonment and parole functions. Recent experience in Civil Commitment programs and in the California Narcotic Treatment Control Project suggests that prerelease contact among parole officers, institutions, and inmates is essential for successful reentry. Under the proposed strategy, the addition of a drug treatment representative further improves this range of professional support. Enlarging the team in this manner ensures that all participants in the inmate's treatment will be able to maintain contact with each other and with the inmate, his/her family, and the community-based organization designated to provide him/her with support services or continued treatment, as may be required upon his/her release.

Where feasible, paroling authorities should establish special units for handling drug-abusing offenders, units staffed well enough to assure small caseloads of narcotic-addict parolees, to provide group counseling as required on a regular basis, and to conduct scheduled as well as "surprise" urinalyses.

PROJECT IMPLEMENTATION AND MANAGEMENT

Project success or failure often depends upon the degree and quality of planning prior to startup. Once program operations commence, day-to-day management

becomes increasingly more difficult if basic conceptual problems have not been resolved. Thus, the necessity for sound planning goes beyond the need to assure optimal use of time and resources; it must include an adequate definition of goals and objectives, mission and roles, potential problems, and the basic strategy that will be employed to overcome them. This section covers only the most essential steps in the planning and implementation process.

Initial Exploratory Preparations and Mobilization of Resources

It is essential to identify those officials, agencies, and organizations necessary for planning, funding, and implementation of a joint project and to involve them very early in the planning process. Joint projects will require complete cooperation from criminal justice and treatment personnel and support from local elected officials. As the project matures, support should also be solicited from a spectrum of social, political, economic, and other community groups.

During this stage, it is relatively easy and important to assess the existing relationship between components of the criminal justice system and the health care delivery system. Ordinarily, spokesmen from both systems verbalize for interagency coordination. A cursory review of the services actually provided offenders upon release from custody at either local police lockups or city/county jails will reveal the true picture. If time permits, further inquiry might address the extent to which representatives of the criminal justice system are involved in an advisory capacity with drug treatment programs, and vice versa.

Drafting of Interagency Agreements

Written agreements of cooperation should be drafted and signed by both the corrections institution and the treatment program(s). Generalized indications of support must be followed with detailed memoranda of agreement specifying the working relationship among all parties to the joint project.

Personnel Recruitment and Selection

Linkage team members should be carefully selected with the intention of overcoming the traditional dichotomy between "custody" and "treatment." Perhaps more than any other factor, personal qualities of the team members will determine the success of the project. Minimum qualifications for team membership are:

Genuine respect and admiration for the various professions represented on the linkage team

Willingness and desire to learn more of the capabilities and limitations of the various professions represented on the team

Genuine belief in the potential for inmate growth and development

Tolerance for unfounded inmate hostility and for criticism from skeptical colleagues.

Projects should consider the possibility of utilizing ex-addicts in staff positions since such persons demonstrate by their example that, in truth, addiction can be overcome. Recruitment of minority group members should also be emphasized, particularly when the project includes minority-group inmates. Nor should the project overlook the need to employ female staff at all levels of operation. Assistance with the formulation of hiring and promotion plans can be obtained from the National Drug Abuse Center for Training and Resource Development, 1901 N. Moore Street, Arlington, Virginia 22209.

Personnel and Inmate Training

Most correctional institutions have extensive orientation and training programs for institutional staff. In conformance with the Correctional Officers Training Guide, these programs generally emphasize traditional custodial and rehabilitation functions. In the more progressive, reform-oriented institutions, special training of institutional staff for participation in rehabilitation programs is supported in principle. In fact, probably the majority of institutional officials support in-service training, but most of them simply cannot afford it. The result of this situation is often a comprehensive training program--on paper.

The proposed strategy will demand substantial reordering of training practices for all participating agencies. It is expected that outside consultants will be required to construct a training program that might meet the diverse needs of all participants. Whatever the training agent, the following minimal training principles should apply:

Trainers should be impartial--without a vested interest in any of the professions represented.

The training methodology should consider inmate perceptions of the staff's need for training and vice versa.

Local drug treatment, correctional institution, and parole personnel should participate in identifying training needs, developing the curriculum, and conducting training sessions.

At a minimum, the training program should provide information concerning the origin and development of correctional institutions, correctional theory and practice, and the treatment and rehabilitation of drug abusers.

Countless printed resources are available to inform the selection of training techniques. Both the National Clearinghouse for Drug Abuse Information* and the American Correctional Association** can provide bibliographies. The National Drug Abuse Center for Training and Resource Development,*** with its network of regional resource centers, can provide technical assistance.

PROJECT EVALUATION

Since the strategy proposed in the preceding pages is not complete, it is inappropriate to delineate a method for project evaluation at this time. It is important to remember, however, that continued funding or project operations will often depend on demonstrations of project effectiveness. From the early stages of project planning, it will be important to develop criteria for evaluation.

Although it is recognized that the evaluation of project effectiveness is not an absolute science, a quasi-experimental design for assessing performance will be required by most funding sources. At a minimum, project objectives must be defined from the very start and criteria identified for evaluating achievement of these objectives. Services provided before and after project implementation; number of project drop-outs; cost of treatment by service and for each participant; and, most difficult to assess, patient outcome, are among standard criteria for evaluation.

Suffice it to say that clear, complete, and accurate recordkeeping will be the mainstay of evaluation.

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*National Clearinghouse for Drug Abuse Information, Room 10A56, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

**American Correctional Association, 4321 Hartwick Road, Suite L208, College Park, Maryland 20740.

***National Drug Abuse Center for Training and Resource Development, 1901 North Moore Street, Arlington, Virginia 22209.

Summary Report: Three Regional Conferences on Criminal Justice and Drug Abuse Prevention Planning

CONTENTS

I. INTRODUCTION

Cooperative planning is the key to the development of effective, coordinated programming aimed at the overlapping population served by both the criminal justice and drug abuse prevention systems. These systems, organized in a wide variety of structures, with disparate goals, tactics, and strategies, nevertheless have begun the process of joint planning in order to serve similar and overlapping populations with cost effective and efficacious programs.

The National Institute on Drug Abuse (NIDA) has taken the initiative to accelerate State cooperative criminal justice/drug abuse prevention planning by providing technical assistance support. As a part of NIDA's effort, the National Association of State Drug Abuse Program Coordinators (NASDAPC) and Macro Systems, Inc. (MSI), were contracted to implement a program of technical assistance by conducting three regional conferences for criminal justice and drug abuse prevention planning.

The fundamental purpose of these regional conferences was to bring together planners and policymakers from State Criminal Justice Planning Agencies (SPAs), Single State Agencies (SSAs) for Drug Abuse Prevention, and other interested State officials from agencies such as departments of corrections and parole and probation offices to initiate or improve planning and coordination between the criminal justice and drug abuse prevention systems in each State. To accomplish this, the conferences were both process and product oriented: to provide a forum to examine common problems and share solutions in a discussion setting and to develop a joint SPA/SSA strategy for near term cooperative planning in each State. Each regional conference was designed independently by representatives of the participant States to address their needs and concerns.

Three regional conferences were conducted: the Eastern Regional Conference, February 8-10, 1977, in Rosslyn, Virginia; the Western Regional Conference, March 14-16, 1977, in Scottsdale, Arizona; and the Midwestern Regional Conference, April 13-14, 1977, in Rosemont, Illinois. Each included State views of basic issues affecting interactive planning; presentation of specific State models of effective, cooperative planning; clarification of Federal requirements for interaction, with particular emphasis on guidelines for implementation of Part E of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by Public Law 94-503; analysis of selected issues identified by States in the region; and discussion between participants and Federal officials on current and future Federal policy and the implications for joint planning.

In total, 135 participants from 40 States, including the District of Columbia, Guam, and Puerto Rico, attended the three conferences. Of these, 25 States sent representatives from both the SPA and the SSA. In addition, numerous other agencies were represented, including: Law Enforcement Assistance Administration (LEAA) Regional Offices; local treatment programs; Treatment Alternatives to Street Crime (TASC) programs; Drug Enforcement Administration (DEA) Regional Offices; universities; Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Regional Offices; city treatment agencies; departments of corrections; probation and parole offices; Regional Support Centers (RSCs) of the National Training System; and State departments of justice. Twenty-two States initiated or refined a plan for increased criminal justice/drug abuse prevention coordination through development of written cooperative planning strategies during the conferences. Exhibit I indicates the extent of State participation in the three regional conferences.

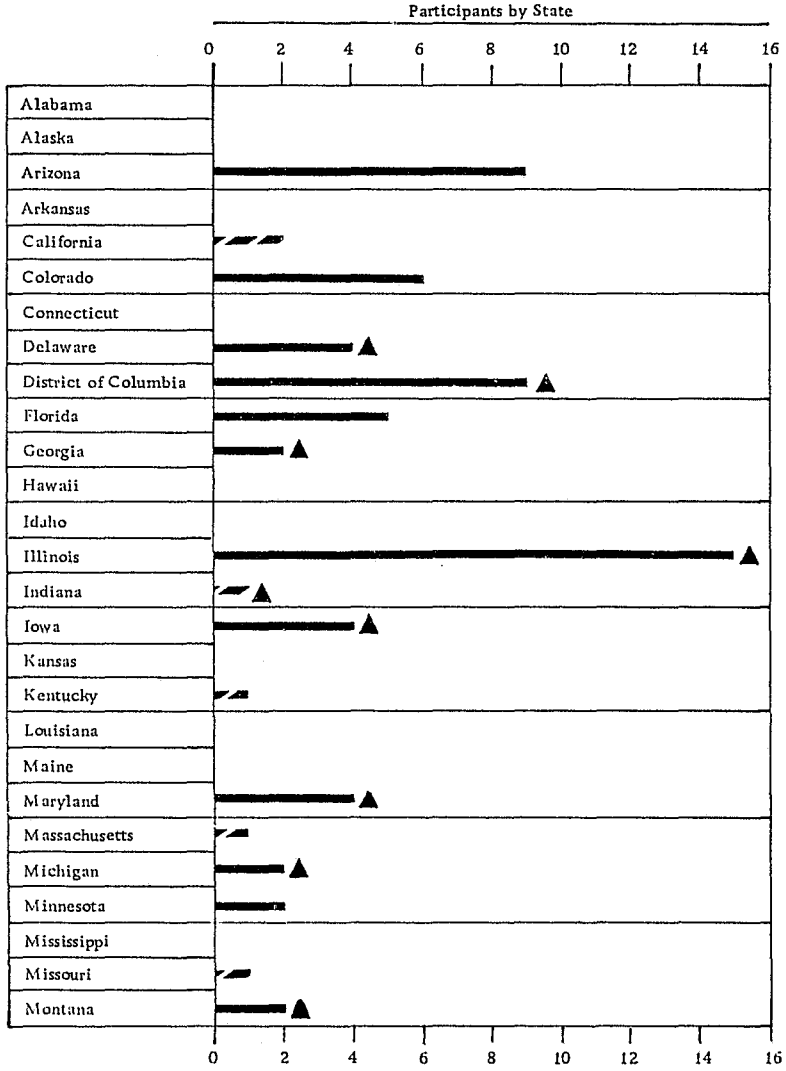
Followup responses from participants and the recent increased cooperative planning efforts of many States testify to the success of the regional conferences. However, the conferences should be seen as an important first step rather than as a successful culmination of a joint planning process. Substantial obstacles impede the attainment of effective joint planning and the momentum generated by these conferences will require consistent and sustained Federal and State initiatives to improve cooperative criminal justice/drug abuse prevention planning focused upon identifying, treating, and rehabilitating the drug abusing criminal offender.

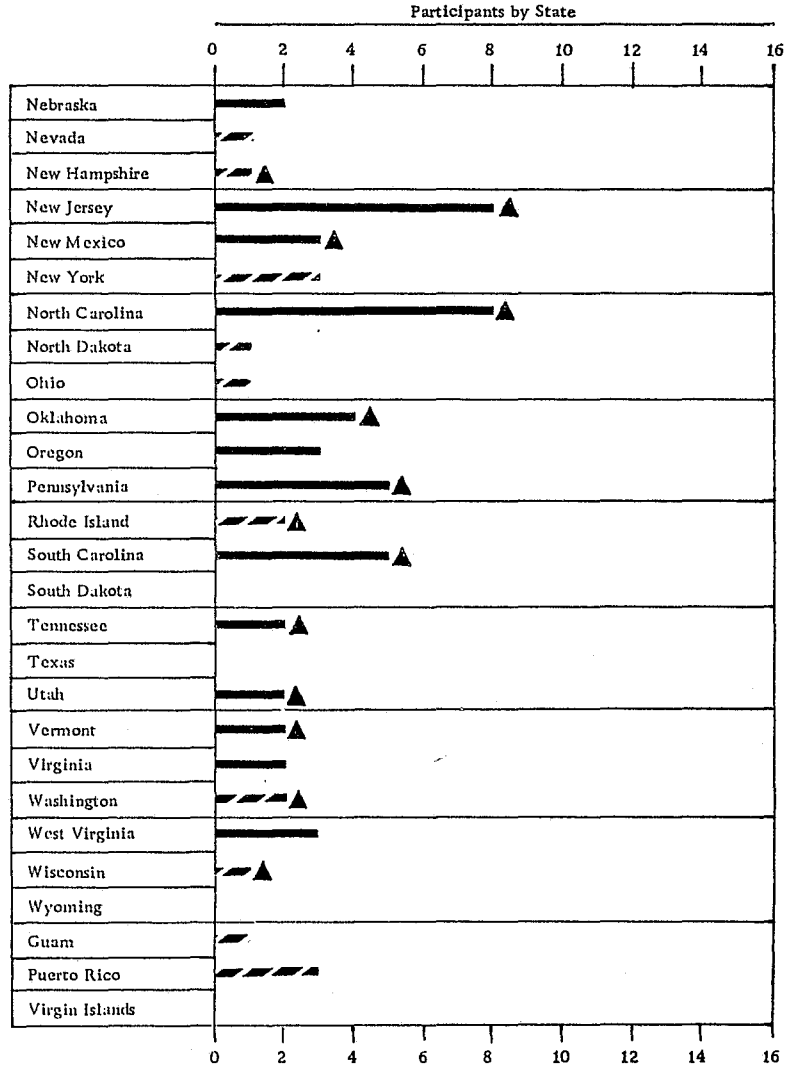
EXHIBIT I

Regional Conferences on Criminal Justice
and Drug Abuse Prevention Planning

STATE PARTICIPATION LEVELS

KEY: ▬ = Joint SSA/SPA Participation
▰ = SSA or SPA Participation
▲ = Strategy Developed





II. SUMMARY OF CONFERENCE RECOMMENDATIONS

A central objective of the three regional conferences was to discuss State and Federal policy as it relates to cooperative criminal justice/drug abuse prevention planning. Out of these conference discussions, recommendations were developed for future Federal policy to support cooperative planning in the States.

Federal policy recommendations evolved from each conference from: individual participants, State delegations, and groups of States. These were reported at the conferences, in participant critiques of the conferences, and from postconference followup letters from the States.

Seven basic recommendations are presented as common to all regional conferences. In addition, a number of other recommendations were made at individual conferences. Finally, a group of States in the Western Regional Conference prepared a "new program initiative" for Federal consideration.

RECOMMENDATIONS BY ALL REGIONAL CONFERENCES

That NIDA And LEAA Undertake A National Program Of Technical Assistance To The States In The Area Of Interface Planning And Program Development For The Drug Abusing Criminal Offender Client Population

Specific recommendations were offered that such a technical assistance effort focus on individual States and their respective planning problems and issues to reinforce or initiate coordination between the SSA and the SPA and between the treatment and criminal justice systems. The need for special strategies and funding for rural States was also stressed. Several States suggested that a comprehensive technical assistance program be implemented to include a mechanism for information sharing among the States.

That NIDA And LEAA Increase The Cross Utilization Of Data Systems Between The Treatment And Criminal Justice Systems

Conference participants recommended that NIDA and LEAA take the lead in establishing common data definitions and in encouraging data exchange between Federal agencies and between the SSAs and SPAs. It was also suggested that appropriate Federal steps be taken to develop models to modify the LEAA supported Offender Based Tracking System (OBTS) criminal justice data systems to allow the behavioral (including alcohol and drug dependence) characteristics of offender populations to be measured by OBTS, within the limits of privacy, security, and alcohol and drug abuse confidentiality laws.

That LEAA And NIDA Coordinate Their Guideline Requirements For Criminal Justice/Drug Abuse Treatment Interface Planning And Programming

Conference participants stressed the need for NIDA and LEAA to make serious efforts toward development of compatible funding cycles, administrative guidelines, and planning requirements that promote rather than inhibit cooperative ventures between SSAs and SPAs. Any new requirements promulgated either by NIDA or by LEAA should be screened for consistency with existing guidelines prior to their dissemination. It was also suggested that there be improved Federal interagency clarity and agreement around minimum standards and requirements for interface planning and programming to include congruent program definitions, funding, reporting, and evaluation requirements.

That NIDA And LEAA Develop A Comprehensive New Program Of Services To The Drug Abusing Criminal Offender

Both SSA and SPA personnel, in particular the participants in the Western Conference who proposed a specific new initiative, recommended that NIDA and LEAA jointly develop a new or expanded program of services to drug abusing criminal offenders within correctional institutions, as part of an even broader program of services to the offender at all four interdiction points: prerelease; diversion; institutionalization; and postrelease. An interagency agreement should define with precision the role of each Federal agency and the scope of effort permitted or sanctioned by its grant and contract programs in all four service areas. There was a general sentiment that NIDA should have the lead agency role, especially with regard to treatment programs, even though joint funding could be utilized. There was a specific recommendation, which seemed to have broad support among participants at all three conferences, that treatment within correctional institutions and interagency coordination and joint funding could all be facilitated if NIDA would amend its current policy on the use of 409 and 410 funds so as to permit increased use of these funds for treatment within correctional institutions. In particular, the SSA and SPA personnel requested joint guidelines detailing how 409/410 and Part E funds could be used in tandem to support such services.

That NIDA And LEAA Jointly Support Demonstration Projects In The Criminal Justice Area

While several States supported the provision of Federal dollars for demonstration projects, specific recommendations were also offered for pilot projects. One suggestion was that NIDA and LEAA consider funding demonstration projects to begin to study the life histories of the drug abusing criminal offender population. A second suggestion was offered that NIDA and LEAA support collaborative demonstration projects between the SPA, the SSA, and the State Alcoholism Authorities (SAAs) to develop and test the impact of joint

planning, programming, and model building within a component of the criminal justice system, as well as to examine the impact of systemwide planning on the offender who abuses drugs and/or alcohol. Within this framework, each of the Federal agencies could fund a piece of the whole, that is consistent with their overall mission, the sum of which would be support of a systemwide process for the identification, evaluation, treatment, and followup of substance abusing offenders from the earliest point of entry into the system through termination of treatment. A third recommendation was that NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), either through LEAA's existing discretionary program in restitution or on their own initiative, fund research and demonstration projects regarding the psychological and treatment impact of offender restitution as a "therapeutic" adjunct to traditional alcohol and drug treatment programs.

That There Be Increased Coordination At The Federal Level

There was general support of the recognition that there is a need for greater cooperation and coordination among the Federal agencies having responsibility for programming for the substance abuser and the criminal offender (including the Office of Drug Abuse Prevention (ODAP), ADAMHA, NIDA, NIAAA, and LEAA). Specific recommendations were made: (1) that ODAP, LEAA, and NIDA produce a joint Federal action plan; (2) that ADAMHA initiate joint program development planning; (3) that the roles and responsibilities of the Federal agencies be clarified to avoid duplication of efforts; and (4) that NIDA and LEAA establish a more formal line of coordination.

That NIDA And LEAA Support State Training Programs For SSAs and SPAs Around Issues Of Dealing With The Substance Abusing Offender

It was suggested that NIDA in particular should take the lead in providing substantive training of SSA personnel in the type of courses that are needed to present to substate level direct service criminal justice personnel who deal on a day to day basis with the substance abusing offender. A specific request was made that NIDA and LEAA provide interested States with additional funds to enable States to conduct such training on a large scale basis. On another aspect of training, it was recommended that LEAA involve SSA and SPA representatives in training of LEAA monitoring personnel for Part E compliance.

ADDITIONAL RECOMMENDATIONS NOT COMMON TO ALL THREE CONFERENCES

The following specific recommendations were made by individual State participants who attended the regional conferences:

- That the SSAs take an increased role in criminal justice agencies, such as ensuring that adequate services exist for probationers with drug problems.

- That NIDA/NIAAA, jointly with LEAA, expand present cost effectiveness and cost benefit model building to support development of improved methodologies to measure the relative effectiveness and social benefit of treatment interventions at different criminal justice system decision points with differing degrees of voluntariness and coercion.

- That there be continued Federal support of statewide drug abuse/criminal justice interface activities.

- That there be special strategies and funding for rural States' interface activities.

- That LEAA vigorously enforce Part E requirements to ensure that a proportional share of funds are expended for alcohol and drug referral and treatment services, and to require joint SSA/SPA grant reviews and planning.

- That NIDA provide funding for aftercare programs for chemically dependent individuals coming out of institutional programs.

NEW PROGRAM INITIATIVE

At the Western Regional Conference, the participants were divided into two groups for the purpose of developing policy statements and recommendations. One of the groups designed a major new initiative for a "multiphasic criminal justice/drug abuse program." The following is the program design as reported by the group of States at the conference:

- The Federal Government should sponsor a new, multiphasic program providing services as follows:

  - Prerelease,
  - Diversion,
  - Institutional, and
  - Postrelease.

- A wide variety of services should be offered to criminal offenders who are drug abusers at all four interdiction points, including short term counseling for prerelease clients, detoxification for all clients at time of interdiction, and expert intake diagnosis services.

- To facilitate offering the widest possible range of services, the Federal (and State) funding agencies should develop a new program or service matrix so as to ensure that services are not limited to traditional treatment modalities.

- All projects funded should be developed on a demonstration basis, with three year funding, and that the funding be on a sliding scale of Federal match: 80/20; 70/30; and 60/40 in the final year.

- NIDA should be the control and funding agency. Grant applications would be reviewed by both NIDA and LEAA, as well as by both the SSA and SPA at the State level.

- The goal is to develop comprehensive services on a continuum; no grant proposal can be limited to a single service, e.g., diversion, but must include at least two of the service groups, e.g., prerelease and postrelease services.

- The intention is that this will be a new program, with new funding authorizations and appropriations, accompanied by a defined pool of multipurpose slots. Section 410 funding is preferred.

- The SSAs agreed that all grant proposals should be accompanied by a research protocol or other evaluation instrument through which the funding agencies can measure the effectiveness of the project and/or demonstrate its utility.

- The SSAs and SPAs also agreed that each SSA should retain a corrections specialist.

- Project coordination was considered to be of highest priority, with SSA and SPA officials urging the States to attempt to develop comprehensive service programs which would assure that all services needed are provided at the various interdiction points. It was noted that an SPA could allocate Part E funds for services at the institutional level.

- The participants noted an increasing use of city and county jails for short term offenders, rather than traditional prisons, adding that an apparent majority of the clients whom they intend to serve through the new program would be in short term institutional settings.

III. STATES' PROGRESS IN COOPERATIVE CRIMINAL JUSTICE/DRUG ABUSE PREVENTION PLANNING

The three regional conferences provided a unique opportunity to assess the general progress of cooperative criminal justice/drug abuse prevention planning. The progress and the major attendant problems of State joint planning was evidenced by several means during the project:

- LEAA and NIDA State plans and responses to the NASDAPC/MSI needs assessment questionnaire at the outset of the project.
- Discussions by the seven States comprising the regional planning groups for each of the conferences.
- Questions and issues raised at the conferences themselves.
- The joint planning documents or "strategies" prepared by States attending the conferences.
- Postconference evaluations and responses to a NASDAPC/MSI followup letter.

Review of these data was useful in developing a perspective on the state of the art. Particularly, the statements of Proposed Cooperative Planning or "strategies" prepared by State delegations and subsequent responses to the contractor's followup letter provide the most recent (although not comprehensive) indications of ongoing and prospective joint criminal justice/drug abuse prevention planning activities in the States. However, in analyzing the strategies in particular, it is important to recognize the inherent limitations of the instrument: the strategy format is subjective, designed to parallel the basic steps outlined in the Optional Protocol for Interactive SSA/SPA Planning. Questions were provided to guide States in developing their strategies; however, neither the questions nor the format itself were mandatory. While most States used the format of the optional protocol as a logical means to describe the planning process, few responded to each specific question. Also, there were differences in the basis for response among States both with respect to the agency and organizational level of individual respondents and the varying composition of each state delegation. Finally, the sample of 22 strategies represents: States participating in the conferences and, of these, those States which submitted strategies.

Number of States	Number of Participating States	Number of Strategies
53	40	22

These qualifications notwithstanding, based on the contractor's experience, it is suggested that individual State strategies, viewed in concert with the State plan, provide a reasonable indication of the status of joint planning in each State. Collectively, the strategies, along with the issues and concerns raised at each conference and the followup responses, provide the most accurate and current description of the progress, problems, and needs of joint criminal justice/drug abuse prevention planning within and across States.

PROGRESS AND PROBLEMS IN COOPERATIVE PLANNING

The following suggests the progress and problems of cooperative criminal justice/drug abuse prevention planning.

Most States Are Involved To Some Degree In Joint Criminal Justice/Drug Abuse Prevention Planning

Traditionally, there has been some degree of interface between the criminal justice and drug abuse treatment systems at the service delivery level; however, States increasingly are recognizing the need for joint, cooperative planning. State initiatives for increased cooperative planning are clearly influenced by Federal policy. For SPAs, the increased attention to LEAA's Part E guidelines provided a specific impetus for planning interface with the drug abuse prevention system. The issues of Part E compliance were key concerns of both planning group and conference discussions. Similarly, State plan requirements, especially for SSAs, have directed attention to cooperative planning.

The increasing interest in interactive planning in States was clearly confirmed by the number and extent of State participation in the conferences, the selection of conference agendas and discussions focusing on service needs of overlapping target populations and mutual funding concerns, and the current and prospective activities identified in the State strategies. Generally, States represented at the conferences have established or are establishing joint planning mechanisms in some form. Strategy submissions indicate that 64 percent of the 22 States which submitted strategies have established formal planning agreements and nearly as many have established joint planning or advisory mechanisms. The variety of planning mechanisms ranges from advisory councils associated with the Office of the Governor to community based work groups, depending on each State's operating and planning structure, the perceived importance of planning and funding, and other constraints. Based on conference discussions and the contractor's knowledge of the field, the effectiveness of these groups seems to vary dramatically among the States, from a "paper agreement" without substantive impact, to a viable planning system component with direct funding authority.

Despite the fact that many States have begun the arduous process of developing joint planning activities, the status and uses of comprehensive planning varies dramatically. States' joint planning activities reflect a spectrum of planning progress from initial, informal discussions between staff at various levels of each system, establishing a formal agreement for cooperation, setting up joint planning or advisory mechanisms, and conducting joint reviews or "sign off," to conducting joint evaluations, joint policy review and development, and funding of projects and joint operations. In fact, for several States, the conference provided the first occasion for face to face contact between SPA and SSA planners. For example, after the Midwestern Regional Conference, one SPA planner wrote that he and his SSA counterpart:

> had been saying for some time that we needed to meet and work out a planning policy for the two agencies. The two of us are busy and the meeting never occurred. The conference gave us an opportunity to meet and discuss the issue. I believe we now have a planning strategy and the two agencies will be doing some coordinated planning.

For others, this was an opportunity to establish planning liaisons with criminal justice and other important agencies:

> Directly as a result of the seminar, the D. C. Department of Corrections and the Narcotic Treatment Administration of the Department of Human Resources, as well as the Alcoholic Bureau, have come together to form a substance abuse task force committee with the specific purpose of developing a comprehensive drug abuse plan, with supporting programs for the D. C. Department of Corrections.

For some States, working together as part of a regional planning group proved a unique occasion for improved, cooperative planning. According to one regional planning group member:

> our working relationships with the SPA can be characterized as closer and more collaborative in style, definitely as a result of the planning that was required for our State presentation.

It was even mentioned by one State that coordinating arrangements for attending a regional conference was the first time any joint planning activity had been tried.

Finally, several States indicated that the discussion with LEAA and NIDA officials and development of State strategy provided an opportunity to review, rethink, and improve previous cooperative planning efforts.

The wide disparity in developing effective joint planning efforts indicate that significant obstacles require identification. Furthermore, strategies and tactics need delineation to surmount or reduce these obstacles in the attempt to achieve comprehensive and effective joint planning. Major problems are discussed below.

SPAs And SSAs Have Different Mandates And Disparate Functions

Conference planning sessions and conference discussions clearly indicated that the SPA and SSA, as conceived and structured by Federal law and as implemented by the States, have decidedly different mandates, noncollateral responsibilities, and disparate functions. In fact, the scope of planning responsibility for the SPA is much more comprehensive than the SSA, including as many as 35 or more programs with drug abuse prevention as only one of many priorities. Also, in most States, the SPA acts primarily as a "staff planning agency" in contrast to the SSA, which has both planning and program responsibility, has direct control over program funding, and also has broad policy and coordinating authority. In addition, within any State, the priorities of each agency for drug abuse prevention and treatment may be very different.

The conference discussions disclosed that, in many States, other agencies--particularly departments of corrections--have pivotal roles in criminal justice planning and funding, and, therefore, should be included in policy deliberations. In fact, in some States, the department of corrections more nearly parallels the SSA in function and authority, and may be the appropriate focal point for substantive planning.

Even with differences in mandate, responsibility, functions, and priorities, the States seem agreed that cooperative planning is potentially valuable and possible--not only in servicing a common client population, but also in improving both criminal justice and drug abuse prevention systems operations. An example raised at one conference suggested that, in terms of cost, the expense of treatment alone, where appropriate as a diversion alternative, can be significantly less than that of processing through the criminal justice system or incarceration. The conferences emphasized that the objective of joint planning is not to force the priorities of one system on the other, but to explore the advantages of cooperation and appreciate their potential impact to support established priorities and to improve systems operations as well as improve the condition of clients.

Single State Agencies And State Planning Agencies Need Greater Knowledge Of One Another's Systems, Problems, And Planning Responsibilities

Conference planning sessions and initial conference discussions indicated a significant lack of mutual understanding of SSA and SPA operations, problems, and planning responsibilities among many of the State representatives

in attendance. This was also apparent in discussing specific responsibilities, functions, and planning activities within individual States. In essence, before coming to the conferences, many SSAs seemed to regard the SPA primarily as simply another potential funding source, while the SPA often perceived little need to coordinate with the SSA and then only as a requisite to Part E compliance.

At the regional conferences, participants discussed the character of the criminal justice and drug abuse prevention systems in their own State, the role and responsibility of the SPA, SSA, and other key agencies within both systems, and constraints and opportunities for increased cooperative planning. Exchanges within and among State delegations helped create a fundamental understanding of the functions and operations of both systems. However, the need for improved understanding and cooperation remains clearly evident in critical areas such as: (1) recognizing common client populations and related needs; (2) determining areas for potential systems interface; (3) identifying agencies to facilitate the planning process; and (4) understanding how to access and fully utilize components of each system.

Data Systems To Support Joint Planning Are Not Adequate At The State Level

Existing data systems developed to support either the criminal justice system, such as the Offender Based Tracking System, or the drug abuse prevention system, such as Client Oriented Data Acquisition Process (CODAP) and Drug Abuse Warning Network (DAWN), do not provide sufficient data to determine the extent or needs of drug abusing criminal offenders as a target population. For example, the OBTS, as discussed at the Midwestern Regional Conference, does not allow for identification of drug abuse related arrests other than as the primary offense charged. Similarly, in a majority of States, there is no procedure to track client movements from system to system. While several States suggested that some usable planning data can be developed by Statistical Analysis Centers and incidence and prevalence studies, nearly all States indicated that adequate data for planning are not now available.

Limited Experience, Resources, And Capability Inhibit Joint Criminal Justice/Drug Abuse Prevention Planning In States

Some States have developed a specialized criminal justice/drug abuse prevention planning capability. Notably, Delaware, Georgia, Illinois, Iowa, Indiana, Minnesota, South Carolina, and Wisconsin, among other Single State Agencies, have designated specific staff positions for criminal justice/drug abuse coordination and planning. In the Iowa Drug Abuse Authority (SSA), a Criminal Justice Coordinator is actually funded through an agreement with the Iowa Crime Commission (SPA). Also, in Virginia, there is a Drug and Alcohol Coordinator position in that State's Division of Justice and Crime Prevention.

In most States, however, formal cooperative criminal justice/drug abuse prevention planning has been initiated only recently. Consequently, resources, experience, and staff capability generally have not yet been adequately developed. Need for support in these areas was expressed throughout the planning strategies. Several States documented plans to address these needs using existing community and State resources. However, consistently throughout the strategies, there was clear indication of the need for Federal assistance in forms such as: technical assistance in the planning process, model planning and programming, demonstration funding, and direct funding.

Existing Intrastate Goals, Policies, And Attitudes Inhibit Cooperative Planning Efforts

In State planning strategies and in conference discussions, a number of State representatives indicated that, in their States, agency goals and policies are often inconsistent or unclear with regard to the drug abusing criminal offender. Additionally, perceptions and attitudes about joint planning at the State level reflect differences in agency goals, policies, and basic operations. A predominate example of inconsistency expressed at the conferences is the difference found in the funding of treatment for clients in a community as opposed to treatment within a corrections setting in the same State. In some States, the attitude of correction officials indicates that drug treatment for inmates is not a high priority.

Because cooperative criminal justice/drug abuse prevention planning is relatively new, it is important that planning recognizes existing gaps and reconciles differences in State policy and goals as a requisite to an effective joint planning effort.

Joint Policy And Standards For Program Operation And Compliance Have Not Been Developed In Most States

State strategies and conference discussion suggest that most State cooperative criminal justice/drug abuse prevention planning efforts are not yet focused on development of joint policy and standards for service delivery either to clients simultaneously engaged in the criminal justice and drug abuse treatment systems, or to those provided treatment by the criminal justice system exclusively. This seems consistent with other findings that (1) State cooperative planning efforts are concerned primarily with problem definition and analysis and resource identification, and (2) State policies and treatment standards for the drug abusing criminal offender are often unclear.

Certainly, policy and standards for services to the drug abusing offender do exist in some States. However, these generally have been developed independently by the SSA or by an agency of the criminal justice system, such as a department of institutions; an outside agency operating closely with the

criminal justice system, such as a TASC project; or by a wholly separate agency, such as a department of health. While the particular agencies vary from State to State, fragmented planning and policy development is common often resulting in nonuniform treatment services delivery.

Nonconcurrent Planning And Funding Cycles Inhibit Cooperative Planning

Criminal justice and drug abuse prevention planning and funding cycles are generally not concurrent. This is most apparent in the LEAA and NIDA State plan submission requirements. Comprehensive State plans for criminal justice completed by the SPA involve a recommended phased submission: March 31, May 30, with final deadline of July 31. The SSA State plans for drug abuse prevention are due July 15 of each year. In practice, this may impose a time lag of up to three months between SPA and SSA planning. Additionally, planning in many States must conform to appropriation cycles of the State legislature or budget submission schedules set by the State comptroller or finance director.

Lack Of Uniform Policy, Guidelines, And Definitions Deter Cooperative Planning

Federal policy, guidelines, and definitions are considered inconsistent by most States. One example raised at all conferences was Federal policy with respect to treatment of incarcerated clients, where NIDA policy seriously restricts treatment with NIDA funds and LEAA has no established policy regarding treatment. Also, there is no specific LEAA/NIDA policy or guidance in regard to cooperative criminal justice/drug abuse prevention planning by the States.

* * * *

The problems described above act to impede the development of cohesive joint planning on the part of the drug abuse treatment and criminal justice system. Nevertheless, it should be noted that specific and creative attempts to accomplish the objective of joint planning are taking place.

INNOVATIVE ACTIVITIES REPORTED BY STATES

It has been noted previously that there is great variation among the States with regard to the extent of interface activities. While some States have merely complied with the requirements of the law by filing a "memorandum of agreement" between the SSA and SPA to cooperate on joint and/or interrelated activities, many States have developed comprehensive cooperative planning strategies and implemented major planning efforts. Several of these States have identified and reported innovative programs and approaches to the fostering and establishment of interface linkages. The following are selected

examples of such innovative activities, as reported in planning strategies developed at the conferences and in followup postconference letters from the States. These examples do not represent the total extent of such activities within the States, nor do they attempt to assign any comparative value to the level of activities from State to State. However, they serve as a sample of important innovative activities designed to further cooperative criminal justice/drug abuse prevention planning.

Vermont

The cooperative planning process developed in the State of Vermont is an example of a multiagency working arrangement between the Governor's Commission on the Administration of Justice (the SPA), the Alcohol and Drug Abuse Division (the SSA), and the Department of Corrections. The goal of this combined effort is to plan, develop, and implement a coordinated statewide system of community based drug and alcohol treatment and rehabilitation services. To attain this objective, the SPA uses LEAA funds to award a subgrant to the SSA. The SSA, in turn, contracts with substance abuse programs in the State to provide treatment services for clients selected by the Department of Corrections. As part of the reporting requirements for this cooperative program, information will be exchanged between the SSA, the SPA, and the Department of Corrections on drug related services and crime trends. Also, coordination is further enhanced by each agency's involvement in development of the other's State plans: by having the SPA planner serve on the Grant Review Committee of the SSA's subgrant program and by the appointment of a Regional Education and Prevention Coordinator from the SSA to the Juvenile Justice Advisory Group of the SPA.

Delaware

In the State of Delaware, SSA and SPA representatives have implemented the "Satellite Planning Concept" as a pragmatic approach to cooperative criminal justice/drug abuse prevention planning. In practice, fulltime criminal justice planner positions are made available under contract to operating agencies in the State by the Delaware Agency to Reduce Crime (DARC; the SPA) as part of its responsibility for planning and dispersing LEAA block grant funds. The award of a satellite planning contract is contingent upon DARC acceptance of a detailed work plan identifying criminal justice system problems to be analyzed by the satellite planner and the method and timetable for analysis of those problems. The basic functions of the satellite planners are: (1) to work in conjunction with staff of the operating agencies, to write or oversee the writing of sections in the State's criminal justice comprehensive plan, (2) to provide technical assistance to the operating agencies in developing grant proposals for funds outlined in the State's criminal justice comprehensive plan or to develop proposals to LEAA for discretionary grants; (3) to serve as the formal liaison between DARC and the operating agencies; (4) to design and conduct

staff studies on criminal justice problems affecting operating agencies; and (5) to participate in monthly reporting and coordinating meetings with DARC staff, advisory groups, and other appropriate agencies in order to improve coordination among the functional areas of the criminal justice system. Satellite planners are presently located within the Department of Health and Social Services and the Department of Corrections to serve the following agencies: State Medical Examiner; Division of Mental Health; Services to Children and Youth; Division of Social Services; Division of State Service Centers; Bureau of Adult Corrections; and Bureau of Juvenile Correction.

Maryland

The Maryland Single State Agency has placed a high priority on substance abuse treatment services for the incarcerated offender prior to release. The SSA has developed strong relationships with the Maryland Department of Corrections, the Division of Community Corrections, the Correctional Camp System, and the Division of Probation and Parole. A significant outcome of this cooperative arrangement has been the development of a model prerelease program with the prison system. The program, which is located at a correctional camp in Sykesville, Maryland, provides ten weeks of intensive counseling to prepare prisoners for entry into a community drug abuse program. Specifically, an agreement is made between the Department of Corrections and individual prisoners that they will be released at the successful conclusion of the ten week period with the condition that they will participate in a specified community based treatment program.

The SSA reports that first year statistics indicate the success of the program. This is substantiated by the proposed expansion of the program to include services at the House of Correction in Jessup. Also, Probation and Parole have indicated that under a new system, beginning July 1, 1977, they will be prepared to release four clients each month to drug abuse treatment.

New Jersey

The State of New Jersey has a long history of cooperation between the SSA and SPA in both planning and program operations. Each year, a joint SSA/SPA plan is developed with substantive involvement by the SSA for both drug abuse and alcoholism, the SPA, the Department of Corrections, the State Parole Board, the Courts, and the Department of Public Advocate. The combined plan, whose scope exceeds the minimum requirements of both NIDA and LEAA, is designed to be comprehensive with four separate sections to address: (1) problem definition; (2) existing services, program standards, and compliance; (3) needs, objectives, and action strategy; and (4) system constraints. A unique feature of the New Jersey plan is the method by which its planners attempt to cope with the complexities of the criminal justice system so as to reflect as consistently as possible offender experiences and system operations.

Within each of the four sections, the plan references State criminal justice system components according to the "degree of offender penetration" in the system. Thus, each section discusses interface programming with criminal justice agencies, where appropriate, in the following order: (1) conditional discharge supervision; (2) alcohol diversion/supervision; (3) pretrial supervision; (4) probation; (5) county jails; (6) State correctional facilities; and (7) parole. This coordinated and comprehensive approach to a cooperative criminal justice/drug abuse process is an example of coordinated, comprehensive prevention planning, responsive both to NIDA planning guidelines and to LEAA Part E requirements; but, most importantly, it provides an effective approach to address the treatment needs of the drug abusing criminal offender.

Iowa

The Iowa Drug Abuse Authority (IDAA; the SSA) is currently implementing a statewide Criminal Justice Coordination Project using SPA funding. At the institutional level, research is being conducted to determine the nature and extent of the substance abuse involvement of inmates in the four major correctional institutions. Subsequent data analysis will result in the development of proposed plan and programming recommendations for future institutional programming and postrelease referral system for substance abusing offenders. At the community based corrections level, a survey is being conducted to determine current utilization of drug programs in the community, referral networks for substance abusers to and from institutions, staff training needs, and TASC expansion impact. The Criminal Justice Coordination Project in Iowa has been the first step in addressing the long range interface goals within the State. Future goals include: joint data collection and analysis; joint support for continuing a data base; continued contact with other involved agencies for multiagency program development; and joint planning and funding philosophy for the drug abuser involved in the criminal justice system.

IV. CONFERENCE IMPACT

The three regional conferences provided an opportunity for State planners and policymakers from the criminal justice and drug abuse prevention systems to address the problems of treatment of the drug abusing criminal offender. Based on conference evaluations by participants and responses to the contractor's followup letter, the conferences were significant in facilitating cooperative criminal justice/drug abuse prevention planning in the States.

FORUM TO DISCUSS AND UNDERSTAND MUTUAL PLANNING PROBLEMS AND CONCERNS

By exposing States to the critical problems and issues which they had identified through the needs assessment questionnaire and preconference planning session, each State was made aware of common planning issues confronting the other States. This was particularly evidenced in areas such as: time constraints for planning, difference in agency organizational structures, funding opportunities, overlapping and divergent constituencies, and different Federal and State program and planning requirements. Interaction during the conferences was facilitated by providing a high degree of audience participation in both plenary and workshop sessions. In this sense, the conferences represented large scale models of activities that should be going on within each State and provided participants the opportunity to share program concepts with their counterparts in other States.

OPPORTUNITY FOR INTERFACE

In several cases, the conferences provided the first opportunity for SSA and SPA planners, particularly at the staff level, to meet and to work together. State responses in postconference followup letters bear out this finding. The Corrections Specialist from South Carolina reported:

> the conference was an opportunity for me to interact with the SSA people attending the conference.... Subsequently, I have had frequent contact with the State Plan Coordinator and the Director for Alcohol Safety Action Project and Drug Diversion of the SSA agency.

The Office of Criminal Justice Programs of the State of Michigan has reported that:

> we now have a planning strategy and the two agencies will be doing some coordinated planning. I believe we can give credit to the conference for bringing this to pass.

For other States, the conferences provided an opportunity for improved SSA/SPA communications and enhanced interface relationships between the criminal justice system and treatment programs.

OPPORTUNITY TO INITIATE OR CONTINUE COOPERATIVE PLANNING

Through the use of the Optional Protocol for Interactive Planning, developed by the conference contractor to assist joint planning efforts, States were given a mechanism to initiate or review their cooperative planning efforts. Specifically, a planning format was provided to allow States to indicate intent to conduct joint planning in the immediate future. Also, the three conferences served to provide assistance to the States in identifying the critical issues affecting interface in their local communities and in developing and implementing joint or interrelated planning strategies and activities between the two systems.

GREATER UNDERSTANDING OF PART E REQUIREMENTS

Part E requirements were addressed in detail followed by an extensive question and answer period. This session, which was a component of each of the three conferences, provided SSA planners with a basic understanding of LEAA/criminal justice requirements as they relate to drug abuse. And, for SPA personnel, it mitigated much of the confusion as to Part E intent and specific compliance requirements. For both, it indicated clearly that Part E funds represent basically "seed money" and not sustaining funding for drug abuse programs in the criminal justice system. Specific participant reactions to this aspect of the conferences were very favorable and included remarks such as:

> Information on Part E was worth the whole trip for an SPA planner.
>
> Course content was very helpful. Got a better grasp of Part E compliance and how it ties into NIDA requirements.
>
> As an SPA representative, the portion of the program dealing with LEAA Part E compliance was most relevant. This has a very positive impact for the SPA by alerting us in the early stages of our 1978 planning process to the fact that alcohol and drug treatment requirements will be one of the primary areas of emphasis in determining Part E compliance.

INCREASED APPRECIATION FOR OPERATING AGENCY CONCERNS

Many States provided representatives from operating agencies, e.g., departments of corrections, parole, probation, police, etc., which allowed not only for discussion of planning problems laterally between State level

planning agencies, but also vertically between them and operating agencies. Also, the SSAs present had an opportunity to learn about the SPA functions, funding, and planning constraints. Conversely, the SPAs learned what the SSAs must comply with regarding their operations. These discussions facilitated development of intrastate planning liaisons and, in some cases, formal interagency structures. These also provided a basis for development of longer term State action plans to improve service delivery to drug abusing criminal offenders.

INDIVIDUAL ASSISTANCE TO HOST AND PRESENTER STATES

The States directly involved in the planning of the conferences derived continuing benefits through working together in preparation for the conferences. Both the SSA and the SPA obtained an increased awareness of each other's operations during this process. An example of such interaction was reported by the Delaware SSA, where the development of the Satellite Planning Concept presented at the Eastern Conference "has been important in forging close relations between the Delaware SSA and SPA." Likewise, the New Jersey SSA reported:

> the combination of speakers, informal contacts with participants, and the joint planning with the SPA that was required for our presentations had an effect of reinforcing the continuation of existing practices, stimulating us to pursue some new initiatives, and a general recharging of our batteries. More specifically, there has occurred a reaffirmation of the need to identify and support a full-time criminal justice specialist in our SSA, which has taken place. Our working relationship with the SPA can be characterized as closer and more collaborative in style, definitely as a result of the planning that was required for our State presentation.

TECHNICAL ASSISTANCE EFFORTS

A basic programmatic goal of the conferences was to tailor the agenda to the unique problems, programs, needs, and priorities of each region and, to the extent possible, provide assistance to address specific concerns of individual States. To accomplish this, planning tools, such as the Optional Protocol for Interactive Planning, were presented at each conference. Also, individual technical assistance workshops were conducted for States, including problems of: legal sanctions, treatment diversion, overlapping and divergent data systems, compatibility of service delivery, funding strategies and policy development, Part E compliance, opportunities for training, evaluation, and Federal/State planning interface.

TECHNOLOGY TRANSFER

Through model State presentations and through intrastate discussion sessions, a process of information sharing among the States and within the State groups was initiated. Evidence of such interactions was documented by the Iowa SSA Criminal Justice Coordinator who reported that:

> we learned about the Offender Based Tracking and Reporting System (OBTRS) from our SPA at the conference. We followed up on that information by meeting with the SPA comprehensive data system representative to learn more about the proposed system.

ENHANCEMENT OF ONGOING STATEWIDE INTERFACE ACTIVITIES

The total impact of the regional conferences on the States will be ultimately measured by the uses made of the information gained at the conferences that is brought back by the participants to their respective agencies and by the resulting cooperative planning activities. Feedback from the States in post-conference followup letters indicates that such benefits have been derived from the conferences. For example, the State of Iowa reported that:

> the conference gave continued credence to the criminal justice coordinations project which IDAA is currently carrying out under SPA funding for the purpose of determining the need for and development of programs to address correctional substance abuse problems.

Likewise, the Governor's Justice Commission in Pennsylvania reported that:

> our planning effort in the area of drug and alcohol abuse has become one of the major areas in which interagency planning currently exist. We are sure that the Eastern Regional Conference... is one of the major reasons for this fostering relationship.

Another such response was received from the State of Tennessee, where it was reported that:

> the conference has enhanced interface between the criminal justice system and the SSA. A meeting has been held with the Acting Director of the SSA and the representative of the SPA, who also serves as an Advisory Commission member. There is interface between drug programs and the criminal justice system at the local level. I anticipate more concerted effort in this direction from the SSA/SPA level.

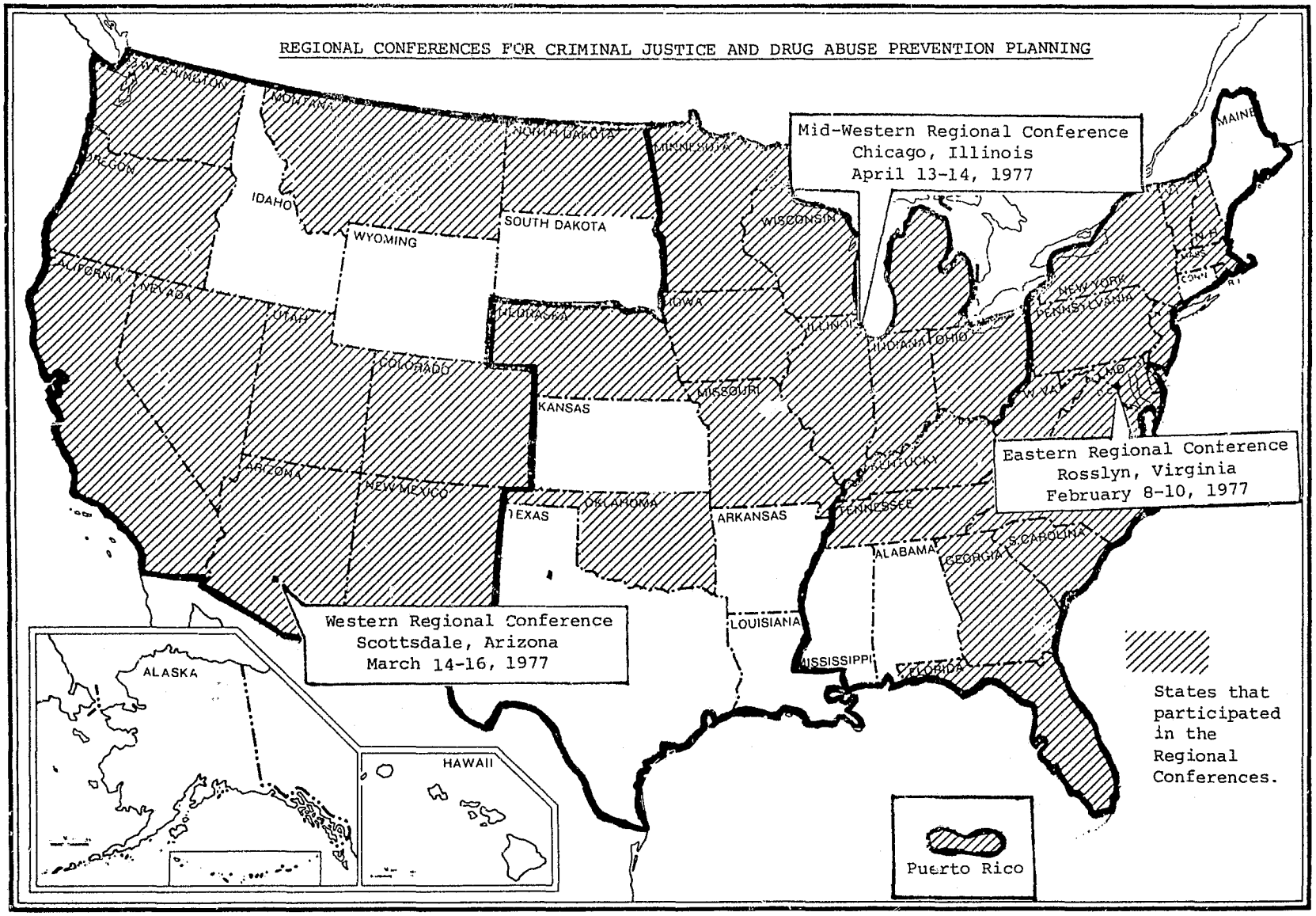
V. CONFERENCE DESIGN

Three regional conferences were funded by NIDA to further criminal justice/drug abuse prevention planning in the States. To maximize the effectiveness of each conference and reduce costs, regional groupings of States were established based on several considerations: (1) recognition of existing Department of Health, Education, and Welfare (HEW) regional linkages, (2) economy and convenience of travel by State participants, (3) conference size, and, to the extent possible, (4) commonality of needs and operating characteristics. As shown in Exhibit II, the eastern region was comprised of 24 States from HEW Regions I, II, III, and IV; the western region included 15 States from HEW Regions VIII, IX, and X; and the midwestern region included 14 States from HEW Regions V, VI, and VII.

Within each regional grouping, several States were asked to plan their region's conference. Selection of regional planning group members was based on the results of a needs assessment conducted at the outset of the project, the contractor's knowledge of the field, discussion with NIDA personnel, and the interest and availability of SPA and SSA staffs in providing the considerable planning and other preconference support required. In addition to conference planning, each planning group member State also contributed either as the host State (designated by "*") or as the presenter State (designated by "**") at their regional conference:

- Eastern Regional Planning Group
  - Delaware Agency to Reduce Crime (SPA)**
  - Delaware Department of Health and Social Services, Bureau of Substance Abuse (SSA)**
  - New Jersey State Law Enforcement Planning Agency (SPA)**
  - New Jersey State Department of Health, Office of Alcohol, Narcotics, and Drug Abuse (SSA)**
  - New Jersey State Department of Health, Division of Narcotics and Drug Abuse Control.**
- Western Regional Planning Group
  - Arizona Department of Behavioral Health Services (SSA)*
  - Oregon Mental Health Division (SSA)**

EXHIBIT II
STATE REPRESENTATION



- Oregon Law Enforcement Council (SPA) **
- Oregon Department of Corrections**
- New Mexico Drug Abuse Division, Department of Hospitals and Institutions (SSA)**
- New Mexico Governor's Council on Criminal Justice Planning (SPA)**
- New Mexico Department of Corrections.**

Midwestern Regional Planning Group

- Illinois Law Enforcement Commission (SPA)*
- Illinois Dangerous Drugs Commission (SSA)*
- Iowa Crime Commission (SPA)**
- Iowa Drug Abuse Authority (SSA)**
- New Jersey State Law Enforcement Planning Agency (SPA)**
- New Jersey State Department of Health, Office of Alcohol, Narcotics, and Drug Abuse (SSA)**
- New Jersey State Department of Health, Division of Narcotics and Drug Abuse Control.**

Selection of individual conference sites was based on the availability of host State support, facility requirements, and availability of speakers and resource persons and cost considerations for travel and conference logistics.

CONFERENCE PLANNING

The fundamental objective of all conferences was to develop linkages and facilitate planning and coordination between the criminal justice and drug abuse prevention systems in order to establish and/or improve systems to identify, treat, and rehabilitate the drug abusing criminal offender. To accomplish this objective, the overall conference design was both process and product oriented: to provide a forum to examine common problems and share solutions in a discussion setting and to develop a joint SPA/SSA strategy for near term cooperative planning in each State. Within the context of this objective and overall conference design, each conference was planned independently by the SPA and SSA representatives comprising the regional planning groups.

Conference planning was based on several elements: SPA and SSA responses to the contractor's needs assessment questionnaire; results of a review of State plans for criminal justice and State plans for drug abuse prevention; and the knowledge and experience of regional planning group members. In addition, the contractor developed the Optional Protocol for Interactive SSA/SPA Planning. This document was intended to describe the basic cooperative planning process and, with accompanying examples, provide an aid to States in reviewing their planning progress and needs. Through the planning groups, it was recommended that the optional protocol be used as a model for discussion at the conferences. Finally, the optional protocol also became the prototype for the statement of Proposed Cooperative Planning Activities, or "strategy," to be developed by each State at their conference.

CONFERENCE CONDUCT

Regional planning group activities culminated in the conduct of three regional conferences: the Eastern Regional Conference, February 8-10, 1977, in Rosslyn, Virginia; the Western Regional Conference, March 14-16, 1977, in Scottsdale, Arizona; and the Midwestern Regional Conference, April 13-14, 1977, in Rosemont, Illinois. Each conference included State views of basic issues affecting interactive planning; presentation of specific state models of effective, cooperative planning; clarification of Federal requirements for interaction, with particular emphasis on Part E guidelines; analysis of selected issues identified by regional planning groups; and discussions between participants and Federal officials of current and future Federal policy and the implications for joint planning.

The process of each conference was to utilize a combination of plenary presentations and floor discussions; workshop sessions on specific subjects of particular interest to States in the region; and informal workshops where SSAs, SPAs, and other representatives of the criminal justice system (most notably departments of corrections) and the health planning system could develop joint planning strategies. Differential emphasis, use of alternative conference delivery modes, and the variable interest of the States in each region made each conference distinct. However, the use of certain standard planning aids, such as the optional planning protocol and the development of State planning strategies, provided for a fundamental consistency across all conferences.

THE EASTERN REGIONAL CONFERENCE

The Eastern Regional Conference was held first and, with 70 participants representing 20 states including the District of Columbia, Guam, and Puerto Rico, was the largest of the three conferences. The size of the conference and the proximity of the conference location to Washington, D. C., were distinct advantages in obtaining Federal participation, particularly from agencies

outside NIDA. Several central issue areas were identified as being of critical concern by the Eastern Regional Planning Group:

- Legal sanctions
- Part E compliance
- Diversion alternatives
- Overlapping and divergent data systems
- Compatibility of service delivery
- Funding strategies and alternatives
- Contrasting attitudes toward interactive planning.

To address these areas, the planning group constructed a detailed conference agenda which combined instructional plenary sessions with small group discussion and working sessions. At the outset, a major portion of time was allocated to "focusing on the issues" and defining the basic issues and problems which affect interactive planning, such as legal issues, special emphasis on clarification of Part E compliance, data systems, funding strategies, and policy development. Presentation of these issues in plenary sessions provided a common, practical basis for consideration of planning approaches based on formal State presentations, the optional planning protocol, and discussion workshops to follow.

"Organizing an approach to the issues" included presentation of problematic models of successful criminal justice/drug abuse systems interface by the Delaware and New Jersey SPA and SSA. Representatives from New Jersey emphasized significant organizational issues in joint planning, while the Delaware SPA and SSA demonstrated and discussed the "satellite planning" concept as a different program approach to cooperative planning. Presentation of the optional planning protocol followed as an example of a logical approach to the collaborative planning process. Specifically, this portion of the agenda was intended to provide a conceptual approach for States to develop or assess their own joint planning activities.

Nine small group "special interest seminars" were conducted to develop a "perspective on the issues" for cooperative planning. These provided an opportunity for States to receive problem specific technical assistance in work group sessions to clarify issues further, discuss needs, and consider alternatives with recognized authorities in various pertinent fields. Also, these sessions were intended to aid States in the Development of joint strategies to describe cooperative planning activities.

Finally, an opportunity was provided for open dialogue between NIDA, LEAA, and State representatives on issues at the Federal level which have an impact on cooperative planning and programming in the States, including: future funding strategies, cooperative planning at the Federal level, and future Federal program and policy.

THE WESTERN REGIONAL CONFERENCE

The Western Regional Conference was concerned generally with the same major issue areas identified in the East. However, the States comprising the Western Conference and the Western Regional Planning Group had more issues in common and greater similarity of operation than participants in the other conferences. In particular, the homogeniety of State operating environments (characteristically rural with relatively smaller, geographically dispersed treatment populations and lower program funding levels) and the States' recognition of similar planning problems and concerns gave the Western Regional Planning Group a unique opportunity for high-impact conference planning.

With a more common perspective on the issues, a smaller constituency, and by using the experience of the Eastern Regional Conference, the Western Regional Conference was planned to accomplish two goals: (1) to develop a statement of intent for cooperative planning by each State, and (2) to develop a series of recommendations to the Federal Government to facilitate the joint planning process. Emphasis on this latter goal--to voice concerns to NIDA and LEAA--was a major feature of the Western Conference.

The Western Planning Group expressed the need to include State departments of corrections personnel in the conference, because they are central figures in cooperative planning in the West, and special invitations were sent to corrections officials. Also, the Western Planning Group placed substantial emphasis on use of discussion groups and particularly workshop settings. Consequently, the conference agenda was constructed so that, after initial overview of major issue areas, presentation of a conceptual framework for joint planning, and presentation of cooperative planning by SPA, corrections, and SSA representatives from Oregon and New Mexico, the remainder of the conference was devoted to a series of workshops, reporting out sessions, and discussions with Federal personnel. To ensure focus on substantive problems and issues without addressing questions of intrastate policies or personalities, workshops were structured to include a heterogeneous mix of representatives from the various State delegations. Additionally, the relatively small size of the conference allowed this interactive, discussion-oriented approach to be employed in the normally more formal plenary sessions.

The Western Regional Conference was unique in its effort to provide the Federal Government a uniform State perspective on problems and issues, with singular emphasis on departments of corrections involvement.

THE MIDWESTERN REGIONAL CONFERENCE

As in the West, the Midwestern Regional Conference involved relatively few States and was similarly less formal than the Eastern Conference. Unlike the Western Conference, however, the Midwest was comprised of a more

varied mix of States in terms of both operating environment and planning concerns: Iowa, Oklahoma, and Wisconsin, for example, are decidedly rural, while Illinois' planning is oriented to urban programming.

The goals expressed by the Midwestern Planning Group were (1) to provide a positive atmosphere for and initiate interactive planning at the conference, and (2) to utilize the conference to present relevant technological developments in the field. While the major issue areas of the other conferences were considered important, the Midwestern Planning Group decided that their conference should be oriented to address the criminal justice/drug abuse treatment planning "process" at the State level. Accordingly, the Midwestern Conference agenda reflected major issues in that context.

The Midwestern Conference agenda was constructed to explain and to clarify the functions and responsibilities of the SPA and SSA at the outset. This presentation, made by the Director of the Illinois Dangerous Drug Commission (SSA) and the Director of the Illinois Law Enforcement Commission, was significant in its substance as a cooperative effort and in the active leadership role assumed by Illinois as the host State. The Optional Protocol for Interactive Planning was discussed to emphasize the need to develop a defined planning process. As with the two previous conferences, practical presentations of interactive planning experiences were made by the SPA and SSA of two States: Iowa and New Jersey. In deference to the mix of States attending the conference, Iowa was asked to represent the rural State perspective and New Jersey, which had been a presenter and a planning group member for the Eastern Regional Conference, was asked to represent the view of an urban State. As recommended by the Midwestern Regional Planning Group, these presentations were focused largely on generic cooperative planning problems to avoid discussion of specific State structures and operations.

Having established a basic understanding of SPA and SSA roles and functions and discussed the cooperative planning process, conference participants were assigned to workshops to discuss specific State level planning issues. One series of workshops discussed topics including: data needs, problem definition, monitoring, and policy development. A second series addressed programming considerations, criminal justice alternatives, drug abuse alternatives, and legal sanctions. Workshops were repeated to enable participants to attend all workshops while maintaining an informal, group discussion format.

Based on the information provided and reinforced planning linkages at the conference, State caucuses were held to develop cooperative planning strategies. The conference culminated in a discussion between LEAA and NIDA officials and State representatives as to Federal policy and concerns for improved cooperative planning.

National Association of State Drug Abuse Program Coordinators

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Chairman
Richard J. Russo, New Jersey

Executive Director: Rayburn F. Hesse
Deputy Director: Margaret R. Blasinsky

TO: SSA Directors
SPA Directors

November 1, 1976

FROM: NASDAPC/MSI Project Staff

SUBJECT: Protocol for Interactive SSA/SPA Planning

As part of our contract with NIDA to design, develop and conduct regional planning seminars for SSA and SPA staff, and, to facilitate your cooperative development of Interim Action Strategies for drug abuse/criminal justice programming, we are enclosing an Optional Planning Protocol which you may find useful as a guide to Action Plan development.

In developing this protocol we have considered the basic Federal Planning Requirements and State needs in our review of State Plans and discussions with State representatives.

Our review of Federal requirements indicates that comprehensive State plans addressing all aspects of drug abuse prevention are required of the Single State Agencies for Drug Abuse Prevention by P.L. 92-255. Similar plans addressing the State's response to criminal justice problems are required of State Planning Agencies by the Omnibus Crime Control and Safe Streets Act.

There has been increasing emphasis by the Federal government over the last four years on joint efforts in the drug abuse field, through amendments to the basic, enabling legislation; the DEA-sponsored community action programs; the implementation of TASC; and a variety of Federal policy directives, including the Domestic Council's White Paper on Drug Abuse and the President's message to the Congress on crime.

While increasing the level of Federal commitment and funding for the treatment and rehabilitation of drug abusing criminal offenders, the Administration has also sought to improve the linkages between the health care delivery system and the criminal justice system.

Of particular import to the new NIDA national planning project are the 1975 and 1976 State plan guidelines to SSA's and the Part E guidelines issued by LEAA for SPA's.

In 1975, NIDA's second-year plan guidelines identified "services to drug abusers within the criminal justice system" as an area of "special program emphasis" to be discussed in the SSA plan. Specifically, the States were to "describe and evaluate the need for and extent to which the State Drug Abuse Authority is developing drug abuse plans and projects for drug abusers within the criminal justice system." NIDA added that the SSA's should "make a clear distinction between drug abuse services for individuals who are incarcerated, and individuals who have been released to the community on parole, probation or mandatory release."

Other HEW regulations stipulate that SSA's must engage in interactive planning with other agencies whose efforts impact upon or are related to drug abuse prevention.

This planning requirement was broadened by the 1976 NIDA guidelines (Notice 34) which states: "NIDA's Single State Agencies for Drug Abuse Prevention and LEAA's State Planning Agencies are jointly requested to discuss, prepare, sign, and submit, in their respective State plan submissions, a letter of agreement on improving the linkages between these two systems. This letter should state how the two agencies will exchange information on drug-related services and crime trends, and how they will jointly plan and develop a coordinated program of service delivery to drug abusers in the criminal justice system. The two agencies are also requested to develop and implement such a service delivery program as soon as possible."

You may recall from discussion during the Reston Symposium, that LEAA guidelines, January 16, 1976, do specify plan requirements for drug and alcohol treatment but only for Part E programming. Specifically, the States must "conduct a concerted effort to provide voluntary drug and alcoholism treatment programs for drug addicts, drug abusers, alcoholics and alcohol abusers who are either within correctional institutions or facilities or who are on probation or other supervisory release programs."

More specifically, these LEAA guidelines require: (1) identification of treatment resources, in collaboration with SSA's for drug abuse and alcoholism; this resource identification is to include drug and alcohol treatment services within the criminal justice system and those within the community, including central intake or referral services such as TASC; (2) a client identification system capable of indicating the overall magnitude of the problem and permitting early identification of all offenders admitting alcohol or drug abuse; (3) establishing treatment standards, conformance with the Federal Funding Criteria; and, (4) the setting of objectives -- short-term objectives setting forth minimum standards of service and a general description of a long-range plan for more comprehensive services for FY 77 and FY 78, the long-range plan to include methodologies for evaluating new and existing programs as well as community-based follow-up services.

The long-range plan, which is of special relevance to the NIDA project, must include, by LEAA's guidelines, an agency-by-agency identification of the drug and alcohol populations under the supervision of the correctional system; a catalogue of existing services in and outside the correctional system; and a listing of current services offered with a projection of minimum services needed or to be offered over a three-year period.

Of special import to the Interim Action Strategies are the LEAA requirements for FY 77. By October 1, 1976, States were to be providing such treatment as was necessary for convicted persons with alcohol or drug problems. LEAA's Part E guidelines said the following services must be established or provided: criteria for patient admissions and terminations; adequate facilities, intake units, providing physical and laboratory examinations, as well as a full personal medical and drug history; educational or job training programs; and regularly scheduled individual or group counselling and medical treatment for all program participants, conducted by qualified and trained personnel. And, LEAA stipulated that program participation must be solely on a voluntary basis.

We have confirmed through discussions with NIDA and LEAA that there will be no issuance of formal joint SSA/SPA planning guidelines this year.

Therefore, the following Optional Protocol is offered as an aid to facilitate inter-active planning between the SSA's and SPA's. In addition, the joint strategies will serve as a basis for providing more responsive technical assistance at the regional conferences.

OPTIONAL PROTOCOL FOR INTERACTIVE SSA/SPA PLANNING

This protocol is sequential in nature and attempts to blend both NIDA and LEAA requirements. To illustrate suggested planning activities in the context of a "real world" operating environment, "Action Examples" are provided following each planning section. While several states have made substantial progress in their planning efforts to date, we have selected examples from a draft plan developed by the Division of Narcotic and Drug Abuse Control, New Jersey Department of Health, because it effectively combines and exceeds both the NIDA instructions and LEAA Part E guidelines.

PART I: Management Organization and Interaction

Requirement: Establish a mechanism for cooperation and interaction between the criminal justice system and the drug abuse treatment/prevention system for the joint planning, development and implementation of a coordinated program of service delivery to drug abusers in the criminal justice system.

Suggested Steps:

1. The SSA and SPA should designate an employee within each agency which has primary responsibility for interface between the criminal justice system and the drug abuse prevention system.

2. A meeting should be set up between the SSA and the SPA to initiate joint discussions.

3. The SSA and SPA, who have lead agency responsibility, should jointly identify those agencies -- including service agencies and organizations whose primary missions are not in the fields of drug abuse or criminal justice -- which provide or could provide services to offenders, or, exercise legal responsibility for offenders, or, provide support services to the lead agencies.

   One suggested method for organizing, or even identifying, the agencies that should participate in planning and implementation, is to group these agencies by function:

   a. The Legal Process Group would include law enforcement agencies; the courts, including administrative court agencies, as well as courts at the Federal, State, county and municipal court levels; State and local probation and parole departments; central intake and referral agencies, and other diversion/supervised release agencies; and, correctional facilities, including municipal and county jails and Federal and State prisons. (An argument could be made that diversion programs and perhaps other client supervision agencies belong in the Client Services Group; the rationale for putting such agencies into the Legal Process Group is that the plan protocol addresses client needs and service responsibilities at the several stages of criminal justice decision-making, all of which by this model, are included within a single group.)

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b. The Management Services Group would include the SSA, SPA, and other State and local agencies with responsibilities for policy, planning, funding, program licensure and monitoring, data systems generation and analysis, program standards setting, program evaluation, and compliance.

c. The Client Services Group would include treatment and rehabilitation programs, as well as agencies providing vocational rehabilitation, job training, youth counselling, medical treatment, alternatives life-style programs, family counselling and other services that can support basic treatment and rehabilitation.

This grouping will facilitate identification of those agencies who should be involved in planning, but, also assist in the Problem Definition and Resource Identification tasks which follow.

These three groupings should be subdivided into agencies having Primary versus Secondary Responsibility, with the primary groups combining to form the core of the major planning body.

4. The SSA/SPA should identify in each primary and secondary agency a principal official who would serve as a member of the major planning body.

5. Determine responsibility for major planning functions. The State can choose to have the SSA/SPA staffs conduct basic planning, using the resource groups as an advisory board, or, it could form a major planning body with assigned jurisdiction for creating a joint plan, or, in a variation of the advisory board concept, use the resource groups as primary and secondary consultants to the SSA/SPA, with input according to function. Given the need of the SSA/SPA to exercise certain mandated lead agency responsibilities, and given their final responsibility for the comprehensive plan, the latter option may be most preferable in many States.

6. Develop a planning strategy, according to the succeeding tasks outlined in this protocol.

7. Develop an inter-agency working agreement between the SSA and SPA, to facilitate coordination on planning; grant reviews; policy making and budget setting; participation on joint and individual advisory boards; exchanges of data and other essential information. In the course of this step, it should be determined which other agencies, if any, also have primary responsibility in these latter functions and opportunities for their input and involvement must be created.

Action Example:

New Jersey's efforts to develop a joint, comprehensive plan included the following organizational and inter-agency management and planning actions:

1. Administrative designation by the SSA Director of a "Coordinator of Criminal Justice Services," who is responsible for general development of alcohol and drug abuse programs in the criminal justice system.

2. Regular consultation between planning and operational units of the SPA and SSA, including SSA and other State agency input into the SPA's annual criminal justice plan.

3. Monthly meetings between the SSA and the Division of Correction and Parole, through a formally established three-year old interdivisional program committee.

4. Regular meetings between the SSA and the Administrative Office of the Courts, including AOC staff responsibile for pre-trial services, probation services, and probation research.

5. Bilateral consultation on alcohol/drug abuse services between the SSA, the State Parole Board, the Department of Institution's correctional master plan project, the Public Advocate's Division of Inmate Advocacy, and the Attorney General.

6. A single SSA-convened meeting with all of the State criminal justice agencies to encourage inter-agency priority setting and coordinated input on substance abuse services to the SSA's 1977 plan.

PART 2: Problem Definition and Analysis

Requirement: Describe dynamically, statically and demographically those drug abusers (and alcoholics) who come into contact with the criminal justice system. Corollary requirements include: an assessment of what is and is not known about these users, and to analyze gaps in quantifiable data in terms of resultant system constraints, and, an assessment of the service needs and problems of individual clients.

Suggested Steps:

1. Given the complexities of the criminal justice system, and, the changing needs of clients at divergent points of progress through that system, there is no perfect method of cataloguing clients. However, a reasonable method that will suffice for many planning purposes is to construct a data base that approximates the several decision-making points within the criminal justice process: arrest; arraignment; indictment; trial; sentencing; institutionalization; and parole. Diversion, pre-trial release, and even probation can be interspersed as intermediate steps between these several major junctures.

2. Determine what data systems, if any, provide reports on client status at these junctures.

3. Review the quality and kinds of data being reported.

4. Determine SSA/SPA needs for data and information about clients; assess the degree and adequacy of currently available data; devise new or modified reporting formats that will generate the required data; develop a procedure to allow for joint review of data.

5. Array from the generated data a catalogue of differing client needs at each juncture; this data array will be invaluable in constructing your needs and gaps in service analysis, and in determining your action strategy.

Action Example:

Perhaps the greatest barrier to effective programming in either the criminal justice or drug abuse fields is the lack of quantifiable data on clients and client needs -- a deficiency that is compounded when SSA/SPA staffs attempt to plan joint programs.

New Jersey found that even the few indicators of prevalence that were available on supervised populations had limited utility in describing the problems of service delivery to substance abusing offenders: "This is because an essential service delivery problem for this population is as much assessment of a potential client's substance problem and the use of assessments to inform criminal justice dispositions at crucial decision-making points as it is the direct treatment of the client's problem. ....(the) aggregate substance abusing offender population must be measured dynamically at criminal justice decision-making points, as much as or in addition to being measured statically at each stage of supervision. At the present time, however, even less data is available in New Jersey to measure substance abusing offenders at criminal justice decision points than is available to measure them under each form of correctional supervision."

After reviewing the available data from a host of agencies, New Jersey planners learned that a critical factor contributing to their data problem was that the criminal justice system essentially emphasizes legal status and administrative transactions in its reporting systems, rather than the demographic or social problem characteristics of offenders passing through the system.

Thus, we recommend the construct in Step One, which attempts to combine both criminal justice decision points and supervision stages.

At minimum, the data system should reveal: client's current legal status; type of charge (drug-related or non-drug-related); principal drugs of abuse; usage pattern at time of arrest or other stage in the system; relevant dates of onset; age of onset; drug history; drug complications; treatment history; legal history; social history.

In many jurisdictions, drug abuse programs find their effort to obtain diversion to treatment for potential clients is decided by the single fact of whether the person commited a drug-related crime; as in persons who are drug abusers but who commit non-drug related crimes, especially felony crimes, are apparently receiving fewer opportunities for diversion. And, it is important to know whether a person has previously received treatment and how well or how poorly that person responded to treatment; wholesale diversion to treatment of persons who will not respond or who simply use diversion as a means of escaping incarceration could undermine the whole rehabilitative process for other offenders who could profit from alternatives to incarceration.

PART 3: Resource Identification and Analysis

Requirement: Determine how much of each agency's total budget is currently allocated for criminal justice/drug abuse activities. Identify current drug abuse programs impacting the criminal justice system. Identify current criminal justice programs having a drug abuse treatment component (include those services available to inmates, probationers and parolees). Identify the areas of immediate need for improving joint planning between the drug abuse treatment and criminal justice systems. Identify joint issues and problems that could be resolved through collaborative action between the SSA and SPA.

PART 4: Program Standards and Compliance

NIDA and LEAA guidelines are instructive; however, NIDA will permit a State to develop its own standards for submission to NIDA for approval.

Action Example: (Parts 3 and 4)

The New Jersey plan identified existing services, program standards and compliance requirements in the following areas: community based services; criminal justice services; alcohol diversion/supervision; pre-trial supervision; probation; county correctional facilities; state correctional facilities; parole; and central intake/referral services.

PART 5: Policy Priorities, Goals and Objectives

Requirement: Identify joint SSA/SPA planning and program objectives. Prioritize these objectives. Describe what the SSA believes should be accomplished and can be realized with one to three years to close existing gaps in direct services for substance abusing offenders and criminal justice/health care system linkages in the State.

PART 6: Action Strategy

Requirement: Describe in detail the steps proposed to achieve your objectives. How, when and by whom the goals are to be accomplished.

Action Example: (Parts 5 and 6)

In New Jersey Needs are described as the summary of the gap between problem scope and existing services. In their 1977 Action Strategy, the SPA/SSA, working with each criminal justice system agency, sets out to define a systematic model and set of objectives to guide service development for substance abusing criminal offenders in New Jersey over the next one-three years. Essential elements of the general model include:

"1. Direct treatment services that meet the objective and felt needs of alcohol/drug abusing offenders at the earliest possible time after contact with the CJS and each subsequent point thereafter.

2. System capability to identify a substance abuser at the earliest point of contact and each subsequent justice system decision point; to assess that person's problems and to design a treatment program or set of interventions most likely to assist the individual in overcoming the dependency and related problems; to reassess as necessary if and when an offender penetrates further in the system.

3. Criminal justice agency staff trained and sensitive to the problems of dependency identification and assessment.

4. Knowledge available to support criteria and procedures for decision-making at each assessment, treatment planning, and therapeutic step.

5. Commitment by criminal justice decision-makers to incorporate the substance problem assessments and treatment plans into individual offender dispositions.

6. Each of these elements implemented as uniformly and equitably as possible to encourage both quality individual treatment outcome and the reduction of disparity in offender dispositions.

7. SSA responsibility to develop assessment and treatment planning criteria for substance abusers at each disposition and supervision stage of the criminal justice system."

PART 7: Systems Constraints

Requirement: Highlight policy issues within the criminal justice and behavioral health care systems, which the SSA believes will affect the State's ability to set and meet future service delivery objectives for the substance abusing offender population.

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

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J. Valley Rachal
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I. INTRODUCTION

PUBLIC RESPONSE TO DRUG ABUSE

Historically, the public reaction to drug users has included periods of apathy, clinical or treatment responses, and punitive or criminally sanctioned responses. Prior to the Civil War, there was little or no public or private reaction to the use of opiates and cocaine (National Commission on Marihuana and Drug Abuse 1973). During the 50 years following the Civil War, the formal response to drug usage was mostly curative. Legislative attempts to restrict the availability of narcotics culminated in 1914 with the passage of the Harrison Act. This legitimized the role of the Federal Government in treating habitual drug users. However, by 1925 the drug maintenance effort established by the Act was discontinued due to the inherent inconsistency of maintenance with simultaneous attempts to regulate and restrict drug availability. A punitive response followed the dismantling of the maintenance effort. Those addicts once maintained through public clinics were then subject to prosecution for possessing and acquiring narcotics to sustain usage. Hence, the criminal justice system became the active respondent to behavior that had previously been responded to by medical clinicians.

By the mid-1960s the legal control and prosecution tasks associated with illicit drug use had reached significant and sometimes overwhelming proportions. It was becoming increasingly apparent that a purely punitive response was not only ineffective, but costly, as well:

> Judges, whose discretion in sentencing narcotic offenders was severely limited by the 1956 Narcotic Control Act, could see that institutionalization of drug offenders simply delayed their return to drugs without removing any of the causes of their dependency. The failure of punishment by imprisonment as a deterrent to drug use was also evident to many police and prison officials. Better understanding by physicians of the nature of drug dependency led to the realization that detoxification was only a single step in the treatment and rehabilitation process and not an end in itself. All these factors paved the way for better understanding and cooperation between criminal justice system and health care professionals (Strategy Council on Drug Abuse 1975, p. 30).

Since the mid-1960s, the response to drug abusers by the criminal justice system has been at least partially treatment oriented, as well as punitive oriented:

> The fact that drug possession and sale are criminal offenses, and that drug users are often involved in criminal activities to finance their drug habits, brings many drug abusers into contact with the law. Recognition that the criminal justice system could be a positive force for identification, treatment, and rehabilitation of drug offenders was first evidenced in the Narcotic Addict Rehabilitation Act of 1966 (NARA). Title II of NARA authorized the Attorney General and, by delegation, the Bureau of Prisons to provide institutional programs and community "aftercare" for certain narcotic dependent offenders (Strategy Council on Drug Abuse 1975, p. 30).

During the past decade the criminal justice system has been encouraged to function as a vehicle by which drug using offenders are referred to treatment programs through community based corrections, diversion, and alternatives to incarceration programs, and to a lesser extent through institution based programs for addict offenders. In 1973 the National Commission on Marihuana and Drug Abuse observed:

> Despite the increased substitution of treatment for criminal punishment, the criminal justice system remains the primary means of detecting drug users and asserting control, either punitive or therapeutic, over them. Many awkward and undesirable features of the present response reflect the fact that the therapeutic approach to drug use and dependence is still a stepchild of the criminal process. (National Commission on Marihuana and Drug Abuse 1973, p. 265.)

The brief historial perspective presented here, and data from numerous studies which show that a large number of persons coming in contact with the criminal justice system are drug users, suggest that there is a need for strong and effective linkages between the drug abuse treatment service providers and the criminal justice system. Federal agencies concerned with the Nation's drug abuse and crime problems have recognized the shortcomings of the needed linkages and have recently strongly encouraged joint cooperation and planning.

FEDERAL INITIATIVES TOWARD DRUG TREATMENT-CRIMINAL JUSTICE LINKAGES

The interrelationships between the criminal justice system agencies and drug treatment programs have recently begun to develop on a formal basis. This development results partly as a logical extension of the historical precedents and traditions that have impacted on current policies and practices in this area and partly from Federal encouragement to continue, expand, and solidify this trend. Linkages between the criminal justice and health delivery systems was a major theme of the Strategy Council on Drug Abuse as reported in the Federal Strategy for Drug Abuse and Drug Traffic Prevention of 1975:

> A balanced governmental response to the problem of interaction of criminal justice and health delivery systems requires a three-pronged effort to: (1) reduce drug availability under the provision of the Controlled Substances Act (2) provide

health services to individuals who come in contact with the criminal justice system, and (3) safeguard confidentiality of treatment for persons attempting to change their drug-abusing lifestyles.

Also in 1975, the report to the President from the Domestic Council Drug Abuse Task Force, the White Paper on Drug Abuse, noted the overlap between the phenomenon of concomitant drug use and criminal activity:

> . . . these arrested drug users are prime candidates for treatment since the arrest and subsequent criminal justice procedures provides an opportunity to detect and monitor their drug using behavior, and to encourage their participation in a treatment program. Therefore, development of systematic linkages between the treatment and criminal justice system is critical. (Domestic Council on Drug Abuse Task Force 1975, p. 80.)

The White Paper went on to observe that Federal encouragement and initiatives would enhance the development of jointly inspired programs. It would also further the use of treatment in conjunction with, or in lieu of, traditional criminal justice responses.

It was recognized by the Domestic Council that a few programs existed linking the criminal justice system and drug treatment efforts. For example:

- The Bureau of Prisons (BOP) provides drug free inpatient treatment to certain opiate dependent offenders. As of 1975, programs were being conducted in 16 Federal correctional facilities throughout the United States and have served approximately 2,000 prisoners. The BOP also works with the U.S. Probation Office to contract for drug treatment services for parolees.

- Nonstatutory drug diversion programs have existed in a number of cities, including New York and Washington (Wynstra 1976). Such programs formed the basis for the LEAA funded Treatment Alternatives to Street Crime (TASC) projects established in 37 major metropolitan areas (Regner and Cavanaugh 1976). These programs were viewed as highly innovative and successful in recent Federal drug abuse planning documents and continuance and expansion of the program, including State Planning Agency (SPA) funding of new starts, are highly recommended (Domestic Council on Drug Abuse Task Force 1975, p. 82; Strategy Council on Drug Abuse 1976, p. 42). The functions of the TASC programs are to identify drug users who come into contact with the criminal justice system, refer them to appropriate treatment, monitor client progress, and return violators to the criminal justice system. The fact that 55 percent of those brought into the system were not in treatment before is thought to indicate that a population previously not contacted by treatment programs is now being reached. Furthermore, reductions in arrests have been reported for clients entering treatment through diversion. In one study, only eight percent of the TASC clients at 22 reporting projects were known to have been arrested for new offenses while in TASC programs (Toborg and Levin 1976).

Regardless of the degree of success of the TASC efforts, the concept has served as an appropriate example of a program by which offender users are referred to treatment programs. The TASC program is for the most part an example of interface among local criminal justice and treatment agencies. Federal initiatives during the past four years have been based on a somewhat different strategy which has encouraged joint treatment and criminal justice cooperation and planning at the State level. These initiatives have included amendments to basic enabling legislation, Drug Enforcement Administration (DEA) community action seminars, and a number of Federal directives and recommendations outlined in the White Paper and the 1975 and 1976 Federal Strategy reports.

Of particular significance in NIDA and LEAA's efforts to encourage joint planning and cooperation between SPAs and Single State Agencies (SSAs) are the 1975 and 1976 State plan guidelines to SSAs and the Part E guidelines issued by LEAA for SPAs. The requirements of these initiatives are summarized below:

- 1975 Plan Guidelines. Under Section 409 of the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-225), State Drug Abuse Authorities are responsible for the coordinated development and implementation of programs and resources to address all aspects of drug abuse prevention within a State. Following the increased emphasis on treatment-criminal justice linkages, the 1975 (second year) State Plan Guidelines identified services to drug abusers within the criminal justice system as an area of special program emphasis to be addressed in the SSA plan. Notice 27, issued by NIDA, specified that the States were to describe and evaluate:

  > . . . the need for and extent to which the State Drug Abuse Authority is developing drug abuse plans and projects for drug abusers within the criminal justice system that the SSAs should make a clear distinction between drug abuse services for individuals who are incarcerated, and individuals who have been released to the community on parole, probation, or mandatory release.

- 1976 Plan Guidelines. The requirement to plan with other agencies whose efforts impact upon or are related to drug abuse prevention was broadened by the 1976 guidelines. Notice 34, issued by NIDA, emphasized that:

  > NIDA's Single State Agencies for Drug Abuse Prevention and LEAA's State Planning Agencies are jointly requested to discuss, prepare, sign, and submit, in their respective State plan submissions, a letter of agreement on improving the linkages between these two systems. This letter should state how the two agencies will exchange information on drug-related services and crime trends, and how they will jointly plan and develop a coordinated program of service delivery to

> drug abusers in the criminal justice system. The two agencies are also requested to develop and implement such a service delivery program as soon as possible.

Prior to developing the 1975 and 1976 guidelines, the Criminal Justice Branch of NIDA studied each State drug abuse prevention plan, reviewed and criticized each SSAs effort toward needed linkages, and communicated with the SSAs as to areas of needed improvements and techniques for achieving improvements in developing linkages with the criminal justice system. These reviews were indicative of NIDA's effort and emphasis toward facilitating and encouraging the needed initiatives and improvements in linkages between the SSAs and the criminal justice system.

- LEAA Guidelines. An amendment to LEAA's enabling legislation, the Omnibus Crime Control and Safe Streets Act (P.L. 93-83) enacted in August 1973, required LEAA to issue guidelines for the treatment and rehabilitation of drug abusers in the criminal justice system. Part E programming guidelines (March 21, 1975) required that States must:

  > . . . describe how the State will conduct a concerted effort to provide voluntary drug and alcoholism treatment programs for drug addicts, drug abusers, alcoholics, and alcohol abusers who are either within correctional institutions or facilities or who are on probation or other supervisory release programs.

These guidelines committed LEAA to a three year planning and action program, commencing with incidence and prevalence studies in the criminal justice system. It also proposed plans based on existing program deficiencies and future needs, and subsequent program initiation identified and based on incidence and prevalence data. The guidelines incorporated some of the Federal Funding Criteria (mostly standards pertaining to physical examinations) and required that all available functions for the provision of treatment services be identified and coordinated with the SSAs.

By October 1, 1976, States were to be providing such treatment as was necessary for convicted persons with alcohol or drug problems. The guidelines required that the following services must be established or provided: criteria for patient admissions and terminations; adequate facilities (intake units) providing physical and laboratory examinations, as well as a full personal medical and drug history; educational or job training programs; and regularly scheduled individual or group counseling and medical treatment for all program participants, conducted by qualified and trained personnel.

Clearly the NIDA and LEAA guidelines provided strong encouragement for joint planning and provision of services. In an effort to provide a foundation for this effort, NIDA sponsored a "National Issues and Strategies Symposium on the Drug Abusing Criminal Offender" in April 1976. This conference was attended by a variety of criminal justice and treatment officials and professionals and was convened for the purpose of highlighting issues, problem areas, and action strategies for federally inspired interface between the two discrete

systems. A central theme of the conference was that experiences and strategies could be shared among agencies and States. This conference was an initial effort on NIDA's part toward developing and sharing information with the States, for implementing the requirements of joint planning and cooperation between drug treatment service providers and agencies of the criminal justice system.

II. OBJECTIVES AND PROCEDURES

OBJECTIVES

During the last two planning years, NIDA and LEAA have both attempted to provide advisory and technical support to the SSAs and SPAs for designing new community based and institutional programs for the drug abusing offender. Requests for assistance continue and have markedly increased in the past year. These and other circumstances highlight the need for additional information in this area. Concerned staff at NIDA recognize the need to provide SSAs with examples of program development, data collection, and other information to build their understanding of strategies and potentials for an active interface with the SPAs. This study constitutes part of NIDA's effort in developing the needed information. It involves a review of State plans for drug treatment and rehabilitation and focuses on the nature and extent of operational and planned linkages with criminal justice system agencies as evidenced in the SSA State plans. Thus, the overall objective is to develop a better understanding of the interface between the SSAs and the SPAs, and to develop information for bringing the two systems into complementary planning for delivering treatment services to the drug abusing offender.

Specific objectives were:

- For each State, to review the most current (or most appropriate) State Drug Abuse and Treatment Plan with reference to its criminal justice components and/or linkages with the criminal justice system. These reviews were designed for each State plan:
  - To identify and describe policy statements regarding the criminal justice initiatives, such as diversion, institutional treatment, aftercare, and conditions of probation and parole.
  - To document the representation of criminal justice personnel on State and Regional Drug Abuse Advisory Councils.
  - To quantify and describe operational linkages in existence.
  - To identify and describe legislative, administrative, organizational, and other constraints requiring State or Federal enabling legislation for development of linkages.
- To examine, by site visits, selected SSA and SPA funded agencies which were reported to have successful linkages and were identified as workable examples, to ascertain those elements which made the organizations successful.
- To list notable examples from the State plans and the site visits with key elements and personnel. This objective included, to the extent possible, an assessment of important enabling statutes, regulations, and interdepartmental policies relative to the examples.

PROCEDURES

The first phase of this task consisted of the review and summarization of the State Drug Abuse Prevention Plans from 50 States and five U.S. territories. These were reviewed during the fall of 1976. About 60 percent of the plans reviewed were from fiscal year 1976. Essentially all other plans reviewed were for fiscal year 1975. These plans were either the latest available or were the most detailed and appropriate. Items for review concentrated on the potentiality and actuality of SSA-SPA interface. The major items were:

- Policy statements regarding the nature of the interface with the criminal justice system.
- Source and type of data on the extent of the drug abuse problems in the State.
- Information on the organization of the SSA within the State's government.
- Information on planned and operational linkages with the criminal justice system.
- Information on factors mentioned as constraints to linkages with the criminal justice system.
- Summarization data and analysis.

Data elements for each State were quantified and coded to facilitate tabulation. A summary of the tabulated elements for all States was prepared. In addition to quantification of the data for the States, two to three page narrative summaries of each State's plan were developed.

Based on an evaluation of the 55 summaries, five States were selected for site visitation. Four of the sites were selected based on the level of apparent interface between the SSA and the criminal justice system as reflected in the State plan. The fifth State was selected to illustrate and exemplify kinds of problems and constraints that have typically impeded the development of criminal justice linkages with the SSA. The five States included in the site visit were: California, Connecticut, Illinois, Oregon, and Tennessee.

Two to three day site visits were conducted early in 1977. In each State, at least the SSA and SPA were contacted and consulted. Usually a variety of SSA, SPA, treatment program, and criminal justice staff members met with the site visit teams, as did other involved individuals such as special liaison officers, TASC program staff, or regional planners and program specialists.

III. CRIMINAL JUSTICE SYSTEM LINKAGES REPORTED IN STATE DRUG ABUSE PLANS

This chapter presents a summary of the reviews of all the State plans. The organization of materials follows the outline of major item headings listed previously in the Procedures section. The information reported herein was based mostly on a review of the drug abuse plans; minimal telephone contacts with the respective States were conducted for clarifications. Only a few of the items of this section required interpretation on the part of the reviewers, since most items were reported explicitly in the plans. Obviously, the reviewers had no means in this study of assessing or interpreting items beyond what was reported. Thus, this chapter should be viewed only as a summary of items and issues regarding linkages with the criminal justice system as reported in the plans.

The majority (60 percent) of the plans reviewed were submitted to NIDA for fiscal year 1976; another 31 percent for fiscal year 1975, and the remaining nine percent were from 1974. In some cases a combination of these annual plans were reviewed. If available, fiscal 1977 plans were examined at the time of the review to ascertain changes or initiatives regarding linkages with the criminal justice system.

POLICY STATEMENTS

An item of interest was the presence or absence of policy statements regarding drug or substance abuse in general, areas of emphasis in drug abuse prevention and treatment, and interface with the criminal justice system.

With regard to general drug abuse policy statement, the plans varied from those including an introductory chapter on policy or program philosophy to those with no particular reference to policy. However, for some plans that lacked specific and explicit policy subsections, implicit policy was apparent after reading the plan. The reviews and summaries of the plans included an assessment of the explicitness of the policy statement. Statements of general program policy or statements that revealed general program policy were evident in 71 percent of the plans; in 29 percent the policy was implied or inferred rather than directly addressed. The general policy statements indicated program directions to be predominantly oriented toward drug abuse in particular (64 percent of the plans) or toward both drug and alcohol abuse issues and problems (33 percent of the plans). A small proportion emphasized alcohol (three percent of the plans) rather than drugs in terms of overall substance abuse problems. (It should be noted that in some States the NIDA supported SSA also doubles as the National Institute on Alcohol Abuse and Alcoholism (NIAAA) supported State Alcohol Authority (SAA); hence, the overlap of drugs and alcohol in some State plans.)

Most plans (80 percent) emphasized their overall policy and program activities in the drug treatment and rehabilitation area. Frequently mentioned was the role of the SSA in drug education and prevention (73 percent). About one-third of the plans earmarked three specific areas of program emphasis; another 18 percent mentioned two and four program areas each. A single program area was mentioned by 17 percent and five program areas were emphasized by

nine percent of the plans. The remaining plans were general and nonspecific as to the program areas emphasized. The program areas stressed in the plans are summarized in table 1.

Table 1. Type and Number of Program Areas Emphasized.

Program Areas	Number of States	Percent
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
Number of Areas Emphasized		
1	9	16.4
2	10	18.2
3	10	32.7
4	10	18.2
5	5	9.1

As shown in table 2, policy references to criminal justice program areas were mentioned by most States either explicitly (53 percent) or implicitly (33 percent). Eight State plans (14 percent) contained no policy references to criminal justice program areas.

Table 2. Plans with Specific Policy Reference to Criminal Justice Program Areas.

Criminal Justice Policy Statement	Number of States	Percent
Criminal justice policy explicitly stated . . .	29	52.7
Criminal justice policy implicit in plan. . . .	18	32.7
Criminal justice policy not discerned	8	14.6
TOTAL.	55	100.0

Since 60 percent of the plans reviewed were "third year" plans, it is not surprising that most (45 percent) of the policy statements (either explicit or implicit) regarding the stage of interface activity between the criminal justice system and the SSA drug programs emphasized further development and expansion of existing and ongoing efforts (table 3). Another 24 percent of programs mentioned were in the process of being developed as new program objectives or constituted newly established guidelines and program foci. About 22 percent were efforts currently being initiated and implemented. The remaining nine percent of the plans did not clearly delineate at which stage of criminal justice drug program interface they were.

Table 3. Stage of Interface Between the Single State Agency and the Criminal Justice System.

Stage of Interface	Number of States	Percent
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

In the review process, specific programmatic linkages were tabulated to indicate the nature of criminal justice and drug program linkages. The data in table 4 include all existing, planned, and newly initiated efforts. This rank ordered listing suggests that the criminal justice and drug program agencies interact most often through court referral processes. This is consistent with the drug treatment in lieu of incarceration model, similar to TASC programs. Almost two-thirds (64 percent) of the plans referred to this type of linkage.

Table 4. Linkages Emphasized in Policy Statements of the Plans.

Type of Linkages	Number of States[a]	Percent
Court based referrals to treatment, pretrial 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

[a]Ten plans did not mention a policy or plan for linkages with criminal justice agencies.

Several other types of linkages were also emphasized. Forty-four percent of the plans indicated that many SSAs felt that it is important to plan for, develop, and implement drug programs in correctional institutions. In some cases the SSA promoted the role of providing technical assistance to correctional administrators and staff; in other cases, the SSA suggested that drug treatment services be provided directly to institutional residents by SSA contracted experts or by SSA program staff. Or, in cases where corrections departments have initiated their own inhouse drug treatment programs or their own halfway houses for pending releases, the SSA assumed a more passive posture, simply noting the existence of such services under the corrections agencies. Forty percent of the SSAs indicated there was interface at planning levels, suggesting that criminal justice agency inputs were solicited during the development of the annual State plans, and/or these agencies participated in the review process prior to submission to NIDA. Included among "planning level" linkages were activities generally referred to as "cooperation" and "meetings" which have been part of planning input and review processes depending upon the degree of SSA emphasis placed upon obtaining these external viewpoints. Some measures of the degree of existing or planned linkages can be obtained in terms of the number of types of linkages referred to. About 40 percent of the eight categories listed in table 4 emphasized three or more program areas.

INCIDENCE AND PREVALENCE OF DRUG ABUSE

Since defining the extent and nature of the drug abuse problem in the State is an important requirement of drug abuse plans, it was of interest to determine the source of the data used and the reliance on criminal justice agencies as a source of these data.

The number, combination, and variety of sources used by SSAs to develop incidence and prevalence rates of drug use varied a great deal among the States. However, the summary of these sources, shown in table 5, indicate widespread reliance on data from criminal justice agencies. Over 90 percent

Table 5. SSA Data Sources to Demonstrate the Incidence and Prevalence of the Drug Problem.

Sources	Number of States	Percent
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

of the SSAs reported using arrest data for drug law violations, presentence reports, and other data from law enforcement agencies and courts. The next most frequently cited source was "treatment agency reports" such as CODAP data, summaries of client admissions to treatment, and occasionally hotline and crisis intervention clinic reports. About 62 percent of the SSAs used some "treatment" source. Other important data sources cited in the plans included: hospital and emergency room admission reports (53 percent); drug-related death rates (42 percent); institutional surveys and estimates (50 percent); specially conducted surveys of drug use among the general population (38 percent); and surveys of drug use among defined subpopulations such as high school students (27 percent).

A majority of the SSAs used several sources of data in compiling the incidence and prevalence sections of their plans. About 60 percent used at least four of the sources listed in table 5. In general, the SSAs expressed considerable concern about the quality of available data in terms of their accurately defining the drug abuse problems. In 38 percent of the plans, the authors cautioned against the literal interpretation of the data presented. In fact, almost one in five (18 percent) indicated extreme caution should be used in interpretation of the data. Only five SSAs expressed confidence that the incidence and prevalence data used was a reliable drug problem indicator, representative of the statewide drug problem. Despite the fact that institutional estimates and reports were cited as sources of data by 22 SSAs, incidence and prevalence data related to probationed, paroled, and/or incarcerated populations were usually not reported. This probably reflects the fact that few studies have explicitly attempted to develop information about the extent of illicit drug use by individuals within components of the criminal justice system.

THE SSAs FROM AN ORGANIZATIONAL PERSPECTIVE

About three-fourths of the SSAs have been designated for at least five years and all have existed at least two years. It would appear, then, in general there has been ample time in most States for the agency to have matured. This observation is partially reinforced by the fact that in 20 percent of the States, existing drug agencies were functioning prior to being designated as SSAs.

The positions of the SSAs in the State governments are shown in table 6. In 51 percent of the States the SSA is a subunit, such as a "Bureau" or "Division of Drug Abuse," within a large department in the executive branch of government. In 26 percent of the States, the SSA was mandated to be an autonomous agency, directly accountable to the Governor; in 22 percent of the States, the SSA was relegated to be part of the Executive Branch, such as an entire Department of Health or Mental Health.

LINKAGES BETWEEN THE SSAs OR DRUG TREATMENT SYSTEM AND THE CRIMINAL JUSTICE SYSTEM

The types and nature of the existing linkages reported in the State plans are summarized in table 7. The most frequently mentioned or demonstrated types of linkages are: (1) the criminal justice agency representation on the Advisory Council to the SSA; (2) the utilization of law enforcement data in developing an incidence and prevalence data base; (3) the development of

diversion options and referral processes for furthering treatment alternatives to incarceration; and (4) the development of institutional programs for drug abusing offenders who are incarcerated. A distribution of the States by the number of linkages mentioned in the plan revealed that 65 percent of the SSAs

Table 6. Organization of SSAs in State Government Hierarchies.

SSA Position	Number of States	Percent
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[a]	98.2

[a]The position of one State was not available.

cited between five and eight specific linkages. Only 18 percent cited four or fewer linkages while 16 percent cited between nine and ten linkages. None of the SSAs failed to cite at least one linkage. These data are shown below for the linkages listed in table 7:

Number of Linkages Cited	Number of States	Percent of States
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	14.6
Nine	7	12.7
Ten	2	3.6
TOTAL	55	100.0

A cautionary note relating to the data in table 7 is appropriate here. It appears from the data in table 7 that most State SSAs are considerably involved in some form of interaction with criminal justice agencies. These data, however, should be interpreted with due consideration of their source and development. The information in table 7 was developed solely from the State plans. The linkages reported in table 7 were cited in the State plans as currently existing; however, few plans discussed the actual nature or extent of the interaction between drug treatment and criminal justice agencies or representatives. Moreover, the data were not available in the written plans for assessing whether the linkage(s) cited involved both SSA related agencies and criminal justice agencies. Apparently, in some cases SSAs reported as

Table 7. Types of Criminal Justice Linkages Cited in the State Plan as Already Existing[a]

Type of Linkage	Number of States	Percent
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
Developing diversion and alternatives to incarceration programs, such as TASC	41	74.5
Training law enforcement personnel in drug abuse, crisis intervention, etc.	19	34.5
Training correctional institution personnel in drug abuse issues.	15	27.3
Conducting seminars and workshops for both criminal justice and drug program staffs jointly	23	41.8
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[b].	48	87.3
Conducting or endorsing research and evaluation projects in the criminal justice system, such as drug use surveys, program evaluation, etc.	27	49.1
Establishing criminal justice SSA liaison staff	16	29.1
Utilizing criminal justice/arrest statistics to help develop the incidence and prevalence report.	47	85.5

[a]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.

[b]And/or on Drug Task Forces, Governors' Special Drug Commissions.

linkages relevant activities conducted independently by criminal justice agencies but known to the SSA. Also, a significant number and proportion of the linkages cited were local level efforts and did not involve State level interaction. Finally, the listing of table 7 is quite inclusive and encompasses linkages merely mentioned in the State plan.

The particular criminal justice agencies linking with the SSAs or drug treatment community are depicted in table 8. This table shows a prioritized listing of where in the criminal justice system the interface has occurred. The data indicate a rather wide range of criminal justice agency linkages. Membership of criminal justice representation on the SSA advisory council is the largest single linkage (87 percent) across the States. However, a large proportion of the SSAs indicate linkages with a number of other criminal justice agencies, including law enforcement agencies (86 percent), judicial agencies (73 percent), corrections (78 percent), and probation or parole (69 percent).

Advisory Council membership provides interface through criminal justice representation at the decisionmaking level in most (87 percent) of the States. Therefore, it was important to further detail the membership composition of the SSA advisory councils.

As table 9 shows, health professionals (doctors, psychiatrists, drug treatment program staff, etc.) dominate the membership of advisory councils. However, a heavy representation of criminal justice or legal agency professionals is also apparent. In total, 193 or an average of between three and four criminal justice/legal professionals are represented on the SSA advisory councils.

A further breakdown by type of criminal justice agency professionals is presented in table 10. The most heavily represented criminal justice professionals across all States were: State lawmakers, judiciary agency officials, and law enforcement agency officials.

Among law enforcement agencies represented, about one-half were high level representatives such as police chiefs and sheriffs. From the judiciary field, most were categorized as "other" (such as clerks), or as "judges." Other judiciary representatives included State's attorneys and defense attorneys.

Correctional representation was largely attributed to department heads or commissioners. In general, it seems accurate to conclude that there is a significant proportion of criminal justice agency representation on SSA Advisory Councils, and that these representatives are, for the most part, prominent members of their agencies and professions. The heavy representation of criminal justice personnel on the advisory council is further indicated by the data in table 11. The proportion of criminal justice representation among SSA advisory councils ranged from almost none to better than half in a few States. The bulk of the councils, 40 percent, showed 16-25 percent criminal justice representation. Slightly more than a third drew more than one-fourth of its membership from criminal justice agencies.

Table 8. Criminal Justice Agencies or Affiliations with which SSAs Report Existing Linkages.

Criminal Justice Agency Affiliations	Number of States	Percent
Membership of criminal justice representatives on the advisory council to the SSA[a]	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

[a]Or representativeness on special drug task forces or commissions.

As an indication of future directions regarding linkages with the criminal justice system, the review of the State plans included special attention to relevant, planned, or proposed activities. On this basis, it appears that considerable interagency activity will be ongoing in the future. Of course, the reviewers were unable to ascertain whether the planned activities were near the implementation stage, or even outlined simply as distant but hoped for initiatives. The planned criminal justice interface activities are outlined in table 12.

The most frequently discussed future activity entailed the development and implementation of drug treatment and rehabilitation programs for drug abusers who are involved with the criminal justice system. Almost 70 percent of the States mentioned this activity. In a related initiative, about 64 percent of the SSAs indicated plans to become more involved with the development of diversion programs either by expanding existing programs or by generally creating more alternatives to incarceration. Forty-nine percent of the SSAs demonstrated that they intended to establish and pursue interagency cooperation at both the administrative and program operation levels. Forty percent of the SSAs also planned to initiate and/or continue to develop those activities that enhance joint planning and program development between criminal justice agencies and SSA or drug treatment programs. Many of the SSAs noted the need for "drug abuse" training programs for law enforcement staff (36 percent) and for correctional institution staff (24 percent). Several have initiated planning and developing drug abuse related training models. Another 31 percent of the SSAs indicated that plans were being formulated which were aimed at conducting more drug use research and program monitoring and evaluation projects in the criminal justice system. These were designed to

Table 9. Representation by Agency in the State Advisory Council to the SSA.

Number of Representatives	Profession or Other Designation											
	Educators		Health Professionals/ Treatment Personnel		Criminal Justice/ Legal Professionals		Lay Persons		Minorities/ Ex-Addicts		Other	
	No. of States	% of States	No. of States	% of States	No. of States	% of States	No. of States	% of States	No. of States	% of States	No. of States	% of States
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[a]	42	76.4	51	92.7	51	92.7	40	72.7	12	21.8	32	58.2

[a]Data in this row indicate the SSAs having at least one advisory council representative from the indicated professions.

Table 10. Criminal Justice Agency Staff Representatives on State Advisory Councils.

Agency: Type Staff	Number of States	Percent
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

Table 11. Proportion of Criminal Justice Representation on the State Advisory Councils to the SSA.

Proportion	Number of States	Percent
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%	0	0.0
Unknown	2	3.6
TOTAL	55	100.0

assess the extent of drug problems with greater accuracy for planning purposes. Several other less pervasive areas of program planning related to criminal justice interface were reported and are shown in table 12. In terms of overall future linkages, about two-thirds of the SSAs reported between three and six areas of future program emphasis. About one-fourth reported planning initiatives in one or two areas. All States reported plans for further activities in at least one area.

Table 12. Types of Linkages Planned or Cited for Expansion.

Planned Linkages	Number of States	Percent
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[b] . .	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

[a]Only one State did not delineate any "plans" of "future program development" in any criminal justice areas.

[b]And/or on Drug Task Forces, Governors' Special Drug Commissions.

CONSTRAINTS TO CRIMINAL JUSTICE SYSTEM LINKAGES

A summary of operational constraints, both "stated" and "inferred," appears in table 13. Most of the constraints noted were directly mentioned in the State plan either in a specially titled section on "constraints" or "problems," or in various other sections of the text. The constraints identified as "inferred" were not explicitly stated to be constraints, but from the nature of the discussion concerning these factors an inference was made that these factors were viewed as restrictions on further development of linkages with criminal justice agencies. Most of the important constraints have frequently been previously identified. Administrative and organizational problems as well as those problems that are created from conflicting agency and community philosophies and attitudes dominated the set of stated constraints. Manpower problems, both those reflecting overlapping staff roles or underutilized staff time, and those created by poor training or inability to attract qualified staff, were also important in the view of the SSAs. As one would expect, fiscal limitations were also cited as important. Slightly over 50 percent of the States mentioned or inferred this as a problem area restricting interface with criminal justice agencies.

SUMMARY OF STATE PLANS

This brief summary of findings and issues developed from the review of the State drug abuse plans follows the sequence of major items developed in the previous sections of this chapter.

Policy Statements

Policy statements of SSAs generally reflected a philosophical cleavage existing between the criminal justice system and the drug abuse treatment network. Traditionally, the two systems have reacted differently with regard to the problem of drug abuse--one has been primarily legal or punitive, while the other has had a "treatment" orientation. However, in recent years limited resources have forced drug treatment/criminal justice efforts to increasingly focus on a common goal aimed at treatment and rehabilitation. The efficiencies of increased interdependence are apparently becoming more recognized. In their current action plans, nearly all State drug agencies prioritized joint planning, coordination, and program development with the criminal justice system.

Most States reported a general movement in the direction of minimizing punitive approaches to drug abusers while emphasizing the rehabilitation and reorientation of this population into society. The policy statements of 24 States cited pretrial diversion and/or alternatives to incarceration as program priorities. The SSA attitudes toward the drug abuser ranged from the "criminal" viewpoint of Puerto Rico ("the habit produces a craving . . . to support this craving the drug user must go out and commit illegal acts") to the more lenient stand demonstrated by the Oregon SSA's "enlightenment" campaigns aimed at changing community attitudes that prescribe deterrence of drug use through punishment.

Table 13. Constraints to Criminal Justice System Linkage Development and Implementation Either "Stated" or "Inferred" in the Plan.

Constraint	Number Stated		Number Inferred		Total Indicated	
	No. of States	% of States	No. of States	% of States	No. of States	% of States
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	

Incidence and Prevalence Data

The purpose of looking at sources of incidence and prevalence data used in the State plans was to ascertain the States' use of law enforcement contacts, court referrals, jail and institutional classification and diagnosis, or data from probation or parole agencies to identify the drug abusing offender and to help define the drug abuse problem. Most of the State plans provided extensive tabulations of statewide drug-related arrests, drug-related deaths, and numbers of persons involved in drug treatment programs. Despite the large quantity and amount of incidence and prevalence data used by the SSAs in the plans, only a small proportion expressed satisfaction with the quality of the data available for defining the problem. This was especially the case with the identification of incarcerated drug abusing offenders. Few of the States reported data relating to the number of individuals who were incarcerated, on parole, or on probation and in need of drug treatment services. References to the need for services for these groups were usually in broad, general terms with few specific data items. Thus, almost all SSAs strongly emphasize the need for better data collection sources, procedures, and methods of analysis. However, these data used by the SSAs represent a prominent criminal justice linkage. Incidence and prevalence data from criminal justice sources such as law enforcement arrest rates were almost universally relied upon by SSAs.

SSA Organization

An SSA that is organized as a component of the executive branch of State government, directly accountable and subject to the Governor, is more autonomous and influential in State operations than an SSA organized as a subunit in a division of a department within the executive office. It appeared in reviewing the plans that the organizational structure reflected the ease/difficulty in SSA communication to the Governor or the legislature. The position of an SSA also indicated the level of priority assigned to the SSA as an integral part of State government.

From the plans, it was difficult to pinpoint which bureaucratic structures were more likely to result in interaction among agencies. However, it appeared that in States where a criminal justice agency and the Single State Agency were both sublevel organizations, located under a related Social Services or Mental Health Departmental umbrella, mutual planning and administrative efforts were facilitated.

Linkages with Criminal Justice Agencies and Related Issues

The State plans varied in the comprehensiveness of their program descriptions, and often were not explicit enough to determine the operational characteristics of stipulated linkages. However, a number of linkages were reported as existing for most States, and several new or expanded initiatives were planned by many States. It should be noted that all examples of criminal justice interface were identified in the review and were covered in a previous section. These included joint planning efforts between the SSA and various criminal justice interests; liaison operations; institutional, jail based, probation/parole drug treatment programs; and planned or proposed efforts to improve future interface. The range of linkages reported varied from those which were "accidental" to deliberately planned, jointly sponsored program efforts. In summary, the following points were learned from the review:

- Advisory Council Representation. All States evidenced criminal justice representation on advisory councils. Membership was drawn from the whole spectrum of criminal justice personnel. However, representation alone may not be the most valid measure of criminal justice input, based on reports of apathetic advisory councils and poor attendance at meetings. While representation highlights the attention given to mutual concerns, the inclusion of the head of the department of corrections or a parole board member on the council does not necessarily imply active membership.

- DEA/SSA Sponsored Seminars. Seminars have been held in many States to facilitate interaction between professionals from all levels of the criminal justice system and drug treatment network. Diversion alternatives were emphasized, information regarding treatment resources was exchanged, and statewide priorities were set on the basis of community input.

- Criminal Justice Liaison. SSAs with staff liaisons appeared to find them useful in improving communication and coordination between agencies, institutions and programs. The liaison position helps in easing transition when clients are transferred from one system to the other. Functions included: interpreting the meaning and implementation of civil commitment laws; coordinating schedules and hearing dates; communicating findings and dispositions; and acting as a referral agent.

- Enabling Legislation. There was a generally expressed need to examine the impact of current State legislation relating to civil commitment procedures, decriminalization of marihuana, and drug law enforcement, on the criminal justice/drug treatment interface. Progressive legislation in some States was reported to facilitate early diversion measures from the correctional setting and has provided flexibility in terms of drug treatment options.

- Inmate Involvement. Several States pointed to the therapeutic value (in reducing recidivism) of utilizing the inmate or exoffender as a treatment resource. For example:

  - Some States asked inmates to participate in the planning and review process for treatment grants and State plans

  - Inmate groups organized in several States to develop programs for the incarcerated drug abuser

  - In Texas, "Operation Kick It" involved a presentation of drug education lectures by young exoffenders to schools

  - South Dakota inmates were crisis intervention team members and provided counseling for drug abusers.

. Special Research Endeavors. Other projects that resulted from joint criminal justice/SSA efforts and sponsorship were:

- A Kentucky Task Force Report, The Captive Patient, illustrated the extent of drug-related health problems in Kentucky correctional institutions.

- UCLA has studied civil commitment procedures in terms of the costs incurred on criminal justice agencies and drug treatment providers.

- Louisiana's Angola State Prison Drug and Alcohol Study determined the need to establish treatment programs in penitentiaries.

- In Washington in 1974, as a result of the case of Fetty et al. vs. Smith et al., a specially appointed commission studied the Washington State Prison System. This case involved a prisoner who sued the State for not providing drug treatment services in institutions as mandated by law. It is anticipated that this case will be an important factor in future policy determination and resource development.

. Treatment Issues. These issues include:

- Not having exercised diversion options in an equitable manner. Offenders are more likely to be incarcerated when tried in rural courts or in courts where the presiding judge is not knowledgeable of this alternative. California is concerned about the legal implications arising from lack of uniformity of application of its P.C. 1000 Drug Offender Diversion Program.

- Lack of proper medical facilities in most correctional institutions for the treatment of drug abusers. Not enough personnel are adequately trained for the administration of drug treatment in jails or prisons (in some cases, it is the jailor who treats). Often clients "withdraw" in institutions without medical supervision.

- Nonexistence of incentives to reward local programs for engaging in treatment alternatives for the criminally involved client. Also, it is more difficult for these persons to obtain necessary treatment services. This is particularly true if the offender has not been a client prior to his/her incarceration.

- Easy qualification of urban areas for LEAA funding because of high crime rates. Statistics for rural areas indicate a significant trend toward increased crime; however, these

populations lack accessibility to alternate treatment programs. Therefore, most TASC programs are located in the largest cities in the State.

- Description of unique directions or designs in few programs for dealing with the complex problems of the criminal who is also a drug abuser. Criminal justice program efforts have traditionally not been geared to meet the needs of this special group.

- Capabilities in few States to track specific clients or obtain assurances of followup in voluntary referral situations. Maryland was one of the States which reported a high attrition rate due to lack of coordination between the criminal justice and drug treatment delivery systems. There seems to be a leakage point from which information is lost about clients going from one system to the other.

- Initiation of criminal justice/drug programs in many States with no provision for carrying out decisive evaluation efforts to determine the efficacy of alternative treatment efforts. Maryland was the only State which reported recidivism rates for a jointly operated program, and those rates were high. Frequent mention was made of the need to examine the success/failure of joint programs in comparison to that of traditional incarceration. Plans for evaluations and obtaining outcome measures were included in many "Action Priorities."

Constraints

Fiscal constraints were a common concern among SSAs. The reduction of LEAA funding monies for treatment programs was viewed as critical to the survival of many programs. Related to this was the perceived need for manpower development, since inhouse personnel were thought to be inadequately trained or too few in number to deal with the dual problems of the criminal/drug offender. Other problems cited were:

. Not all clients were amenable to diversion measures. Thus the shortage of psychological evaluation, and biographical information prior to the trial hindered the decisionmaking process.

. Judges and legal personnel were not always cognizant of the benefits derived through diversion measures, nor were they fully aware of the availability of treatment resources for the offender. In some instances, enabling legislation exists to enhance referral to treatment, but some courts have been reluctant to comply with diversion options.

. Traditional custodial vs. treatment orientations in philosophy and practice have interfered with the development of interface and programmatic linkages.

IV. CRIMINAL JUSTICE SYSTEM LINKAGES AND ISSUES IN FIVE STATES

The five States selected for site visits were California, Connecticut, Illinois, Oregon, and Tennessee. Four of the five States appeared to have developed or were in the process of developing relatively advanced linkages with criminal justice agencies. The fifth State appeared to have developed few initiatives toward interfacing with the criminal justice system. It should be noted that these five States were not chosen through any type of random sampling procedures. Rather, these selections were made because it was thought that within the resource limitations of this task these States as a group should best provide insights to begin assessing the factors which determine the linkages between the SSA efforts and criminal justice efforts. Thus, the States were selected purposively and are not presented as representative of all the States.

Each site visit included meeting with at least SSA and SPA staff members. In most States extensive additional contacts were made. This chapter is organized in terms of three core issues. Within these major issues, special situations and programs illustrating a range and variety of concerns, considerations, and elements are discussed. Some of the items discussed may be applicable to or replicable in other States. The three areas of discussion concentrate on: (1) organizational structure and administrative level interface between the SSA and SPA, and between the SSA and other agencies of the criminal justice system; (2) the current array of programs falling under the general rubric of "operational linkages"; and (3) administrative, programmatic, and other types of constraints commonly experienced.

THE ORGANIZATIONAL STRUCTURE AND ADMINISTRATIVE LEVEL INTERFACE

SSAs as Subdivisions of State Agencies

The organizational placement, structure, and status of the SSAs varied widely among the five States. In three of the States, the SSA was a subdivision of a large health and welfare or human resources department within the executive branch of the State government. These SSA directors and SSA activities were accountable and subject to administrative approval or disapproval by the cabinet level agency head.

In two of these States, the department of corrections and the counterpart agencies for youth corrections were structurally parallel to the SSA and also accountable to the department head. The corrections component of the criminal justice system has been on an equal organizational plane with the SSA and both subdivisions have answered to the same central authority. Further, the larger departments' mission and policies were oriented toward health, welfare and human resource programs. This type of organizational structure appeared to enhance cooperation between SSAs and corrections units. The conflicts between the agencies have been quickly observed and resolved, possibly due to the fact that the SSA and corrections are subdivisions of the same larger department. It also appears that the autonomy of these subdivisions has been maintained by virtue of departmental respect for their different functions.

For example, there was limited interface in one State where the corrections department was a high level and autonomous component of the executive branch and the SSA was a subdivision in the mental health department. Departmental autonomy, specialization, and status differences between corrections and the SSA appeared to accentuate the differences in policy and practice between the two agencies.

Obviously, corrections is not regarded as the sole criminal justice component with which the SSA could and should interact, but traditionally it has been the component least amenable to drug treatment for offenders. It is also the criminal justice component that exercises the most pervasive custody over offenders for the longest duration of time, providing the greatest potential for drug treatment services to the criminal abuser. The implication presented here is that organizational structure and positioning of corrections and the SSA subdivisions has had real and potential impact on the development of interdisciplinary and interagency linkages for addict offender programs.

Additional advantages of the SSA being positioned in a subdivision of health and welfare, mental health, or human resources departments are apparent. In States with this organization, the mental health regional network throughout the State has provided the vehicle necessary for: (1) conducting comprehensive statewide planning; (2) encouraging regionally run operations and financial independence through decentralization; and (3) developing a statewide drug treatment service capability, even in remote areas of large States. In these States the SSA was integrated with the mental health regional operations and an annual planning and needs assessment process took place at the regional level. Thus, the planners simultaneously addressed local problems and action plans and then fed the inputs into the development of a comprehensive State plan. Regional planning often included inputs from criminal justice professionals who were members of regional or county mental health boards.

Autonomous SSAs

In two of the States visited, the designated SSAs were autonomous planning and coordinating bodies comprised of statutorily defined members. In those States, the council or commission acting as the SSA has taken a more administrative role than the SSAs that were part of a large executive department. In addition, the standing membership of these autonomous SSAs included the directors or commissioners of 11 or 12 State agency heads, including a variety of criminal justice representatives. In one case, the director of the SPA was included. In both of these States, the Director/Commissioner of Mental Health was mandated by law to be chairman of the SSA. These SSAs are subject to direct accountability to the Governor and serve at his/her discretion. The variety and comprehensiveness of the membership is illustrated by the following lists for the two autonomous SSAs visited:

(1)

Commissioner of Health
Commissioner of Mental Health (Chr.)
Commissioner of Welfare
[a]Commissioner of State Police
[a]Commissioner of Consumer Protection
[a]Commissioner of Corrections
[a]Commissioner of Children and Youth Services
[a]Secretary of the State Board of Education
[a]Chief Judge of the Circuit Court
[a]Director of Adult Probation
[b]Executive Director of the Connecticut Justice Commission
Executive Director of the Drug Council

(2)

Director of Mental Health (Chr.)
[a]Superintendent of Public Instruction
[a]Director of Corrections
[a]Director of the Department of Law Enforcement
Director of Public Health
Director of Vocational Rehabilitation
Director of Public Aid
Director of Children and Family Services
Three Public Governor Appointees, subject to statutorily defined selection criteria

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[a]Designates a criminal justice agency head.

[b]Designates the LEAA State Planning Agency head.

Several important points with respect to this type of organization should be mentioned. First, it is apparent that criminal justice interface begins within the administrative composition of the SSA itself. Interagency problem solving may be facilitated by virtue of this SSA model. These SSAs have the responsibility for planning, developing, and coordinating a comprehensive drug program that reflects the inputs of its council/commission members. SSA staff members actually write the State plan based upon regional mental health inputs in one State, and combined regional mental health and other lead agency inputs in the other State. The direct access to an input of criminal justice representatives to the plans is possible. One advantage of this autonomous SSA structure is the extensive composition of the SSA membership. Given a broadly defined mandate and a membership including an array of high level officials of State government, comprehensive planning could become a reality. Criminal justice interface was built-in by definition of the SSA structure. As a corollary of this model, interdisciplinary disputes or conflicts of interest that disrupted at the operational level (e.g., State police harassment of the residents and staff of a drug treatment halfway house) were readily addressed to the highest administrative level and solutions or compromises were reached.

Another possible advantage of the autonomous SSA was that the agency enjoyed a high degree of visibility in the State government hierarchy. The two autonomous SSAs were not subject to being "lost" amid a huge bureaucracy as a third line agency, nor were they subject to departmental priorities set on the needs and functions of other units. The autonomy not only kept the SSA in immediate communication with the Governor, but also situated the SSA in a position comparable to the SPA in each State.

State Planning Agency Organization

All SPAs were autonomous agencies within State government. Among the five sites visited, the two with autonomous SSA structures were hierarchically aligned with their SPA counterparts. As is brought out in more detail later, this structural equality seems to enhance criminal justice interface with the SSA at an organizational and administrative level.

OPERATIONAL LINKAGES

Since four of the five States were selected primarily because of the quantity and variety of linkages between their SSAs and the criminal justice system, the composite list of these linkages would be lengthy and redundant. In an attempt to summarize these linkages, components of the criminal justice system will be represented, as will the SPA, for each State. Certain generic types of programs were operative in a majority of the five States, readily lending themselves to summarization. Included are a few of the more noteworthy efforts illustrating interface between drug abuse treatment and criminal justice agencies.

Interface through SSA Advisory Council Membership

All five of the site States showed criminal justice agency representation on the SSA Advisory Council. The number of council members in the States were: 7, 10, 10, 25, and 29. Law enforcement agencies were represented on each council; representation was by statutory requirement in two cases. Attorneys, both private and public, and Congressmen comprised a large portion (50 percent) of the 29 member council. One or more councils included: judges, correctional directors, a State planning agency director, a probation director, and a commissioner of youth services representing various other criminal justice components. Advisory councils characteristically met on a monthly basis and attendance was described as ranging from "good" to "excellent." In one State, voting privileges were restricted explicitly to the statutorily designated council member, which provided a strong incentive for attendance. One problem mentioned was that full council attendance was difficult to attain if members were high level administrators.

Regional advisory councils were more difficult to describe. In one State, regions were not part of the SSA structure due to the small geographic size of the State. In another, the mental health regions provided the general substate units, and regional advisory councils were modeled after the State advisory council but were permitted larger membership. In the other States, the advisory council to the mental health regions provided inputs to county or regional drug abuse prevention plans, which became integrated in the SSA State plan.

Interface Per Federal Guidelines and Mandates

Notices No. 27 and No. 34 to the SSAs from NIDA and Part E Guidelines to the SPAs from LEAA are directed toward increasing the level of interagency interface. The response to these federally prescribed guidelines differed throughout the five States visited. In one State, a letter of agreement had already been filed and the NIDA guidelines were not considered as having a significant impact on interagency cooperation. In another State, an interagency letter of cooperation merely formalized previously ongoing initiatives and activities. A third State had previously assigned drug abuse treatment regulatory and licensing tasks covering services across an agency. Because of this, SSAs and law enforcement and correctional agencies routinely conducted planning activities. In the fourth State, the individual staff members of the SSA regarded the guidelines differently, ranging from mild resentment of Federal intervention and (subtle) coercion to comply, to appreciation of the latitude afforded by the guidelines. The latter view included an assessment that the guidelines provided needed incentive to encourage interface and yet were not restrictive. In the fifth State, an informal interagency agreement was developed but it appears to be more superficial than substantive.

In general, SPAs echoed the spirit of cooperation stated by their SSA counterparts. However, it appeared from various conversations with SPA staffs and from recent trends that SPAs have begun to move away from drug specific programming. This appears to be due to changing priorities, the maturation of SSAs, their adequate responsiveness to the drug abuse problem, and the severe funding reductions experienced by SPAs in recent years. (In one State, the SPA staff had been reduced by two-thirds during the last two years.) Historically, SPAs preceded SSAs and as older agencies were directly responsible for the creation of SSAs in two States. Following creation of the SSAs, the SPAs began to relinquish their role in the drug treatment area. In some cases, as LEAA funding expired for specific programs, funds were provided by the SSA.

Interface through Special Liaison on Staff Positions, Special Subcommittees, and Task Forces

Four of the SSAs visited developed active joint planning and/or State plan review processes that included not only SPA involvement, but that of other criminal justice agencies, as well. In one State, the SPA designated a formal staff liaison, who attends all SSA Advisory Council meeetings (although no counterpart exists from the SSA). County or regional level program coordinators in the mental health network (where the SSA is a mental health agency) also provide planning inputs to the regional SPA. In another State, the SSA designated a criminal justice specialist and the SPA designated a corrections specialist to work as liaisons with the other agency. These individuals meet informally and regularly to discuss program needs and drug problems within correctional units. In a third State, special task forces evolved as cooperative interagency program efforts were initiated. These functioned as a vehicle for considerable subsequent interagency activity. In two States, the

SSAs created a staff position specifically for criminal justice planning and programming; and in a third, the SSA funded a special staff position to assess and monitor a comprehensive diversion program. In a fourth State, the advisory council divided into topical subcommittees, one of which is on enforcement, control, and criminal administration.

In summary, although the particular method differs, liaison of some type exists in four of the five States. These include staff positions, internal agency positions designed to deal with criminal justice planning, and special temporary and permanent committees designated to tackle joint planning and problem solving. These liaison positions, etc., are considered to be very important by the SSAs in beginning to operationalize joint planning initiatives.

Interface with Law Enforcement Agencies

All five of the SSA sites visited shared some degree of interface with various law enforcement agencies. These included Drug Enforcement Administration seminars and workshops at the Federal level and the use of statewide drug arrest statistics. State and various local enforcement efforts provided a foundation for further interface between the SSA and law enforcement agencies. As noted earlier, all five of the SSA advisory councils were represented by law enforcement agency heads and staff.

Beyond these basic linkages, a few more intensive joint efforts were conducted. In one State, the SSA was given licensing, regulatory, and enforcement powers with respect to drug use. These were exercised by local and State law enforcement, as well as by the SSA's own enforcement and investigative branch. In another State, the SSA appointed a staff member to represent the SSA on a Controlled Substances Act Committee which was formed to evaluate the effects of the Act on all components of the criminal justice system.

The Heroin Impact Program (HIP) of Sacramento, California provides an excellent example of cooperation between law enforcement agencies (including Federal, State, and local) and drug treatment service providers. The HIP program was initiated by law enforcement officers as a consolidated and comprehensive law enforcement effort in an attempt to gauge the impact of reduced heroin trafficking and concomitant increased use of diversion on the local property crime rates. The combined efforts of Federal, State, and local law enforcement agencies resulted in increased referrals to treatment programs through the probation office. The programs were set up to receive the increased referral loads prior to initiation of the program. Treatment personnel regularly met with law enforcement agencies in program planning sessions. Regardless of the overall success of the program, the nature and degree of cooperation among the various agencies was impressive and indicated an understanding of each other's roles and responsibilities and of the efficacy of cooperation.

Interface through the Courts and Probation

This section is simultaneously directed at two components of the criminal justice system whose activities are integrated. Diversion programs in four of the site States permitted the SSAs to become involved with treatment of drug abusing offenders in lieu of incarceration. These diversion programs involved: (1) the development of enabling legislation; (2) the creation of drug treatment programs to which offenders can be diverted; and (3) the establishment of cooperation and support from both sentencing courts and probation offices. Even with the first two components, uncooperative judges and/or a conservative probation staff opposed to diversion hamper attempts to conduct a diversion program. Thus, the endorsement of the court and the referral expertise and cooperation of the probation department are an important linkage necessary for program implementation. These factors exist to some degree in all the States visited. However, the types of problems that surface with respect to interagency cooperation became evident in one State. Repeated case failures and overall poor program performance records resulted in marked decrease in the use of the diversion option by local judges.

Three of the SSAs are currently involved in major diversion efforts; two are currently operating and one is in the planning stage. Brief summaries of these programs are presented below as examples of successful interagency cooperation:

- P.C. 1000. In California, subsection P.C. 1000 of the Uniform Controlled Substances Act resulted in the creation of a Drug Offender Diversion Program. The program permits diversion to treatment for six to 24 months for selected (eligible) youthful offenders. Operating through cooperative efforts of law enforcement officers, the district attorney, and the probation department, offenders are referred by probation to treatment programs in lieu of incarceration. Aside from the obvious linkage created by virtue of diversion, referral, and treatment, the SSA simultaneously developed a special staff position to address this diversion process; successfully broadened the client eligibility criteria; conducted numerous workshops and symposiums throughout the State to educate and train both criminal justice and treatment staff about the statute; and initiated evaluation and monitoring tasks to summarize the impact of P.C. 1000.

- Cook County TASC. The Cook County TASC program in Chicago has been operative since mid-1976. Although the program is relatively young, the experiences of the staff are reported to be rewarding. The initial uneasiness perceived by the TASC staff among the law enforcement officers reportedly disappeared, and an excellent rapport with the judges and public defenders involved with TASC clients developed. The linkage system was facilitated by the establishment of a criminal justice coordinating body comprised of the director, program assistant, and criminal justice staff representative of the SSA, a Department of Corrections representative, and a TASC staff member. This coordinating body was created partly as a result

of the cooperative relationship that evolved from the development of TASC. It plans to direct its attention to: (1) programs for the overlapping clientele shared by the criminal justice and treatment systems; and (2) the possibilities and potential for joint agency funding of appropriate projects. Involvement of the SPA was being sought at the time of the site visit for inclusion on this coordinating body.

Portland TASC Program. A TASC proposal was developed in Oregon by Mental Health Department staff (within which the SSA functions are carried out), the SPA corrections specialist, and the SSA Coordinator for Mental Health Programs in Corrections. Conflict over client confidentiality regulations were resolved by mental health, corrections, and other agencies. A standardized client release of information form was developed. Continuing liaison and conflict resolution roles appear to have resulted in an unusually cooperative atmosphere between mental health and corrections staff, including line staff. The increased communication resulted in a permanent and viable avenue of information exchange between agencies.

Although TASC began as a mental health project, criminal justice input and involvement was inherent throughout the planning process. Early encouragement was provided by the multiagency Justice Services Bureau; corrections was involved throughout the entire process; and the proposal was ultimately reviewed for comment and recommendation by line and treatment staff in corrections, minority representatives, three sheriffs, probation and parole staff, a District Attorney, and the Criminal Justice Commission of the Columbia Regional Association of Governments. Total involvement and comprehensive interface of all relevant agencies throughout the planning, and proposal drafting process were cited by the TASC authors as the factors that provided the justification for a successful TASC program in Portland.

Interface with Corrections and Parole. Formal services devised for and directed to serve the incarcerated drug abusing offender are not generally as pervasive as diversion efforts. However, in four of the States visited, major corrections based projects were being initiated. At this point, the SSAs have only limited involvement in these programs. For example, California has a sophisticated civil commitment process which was created and implemented under the aegis of the State corrections department. The program includes an institution for drug using offender inpatients and a paroling authority for drug using offender outpatients. The SSA's limited role in this program is the result of several factors, including the fact that the program predates the SSA and reflects the autonomy and self sufficiency of the corrections agencies. While the reference here is to California, corrections agencies in other States also appear to appreciate independence and self sufficiency in operating treatment programs within the institutions.

Other linkages between the SSA and department of corrections exist in California. The SSA obtains and uses institutional population statistics for developing incidence and prevalence data on drug use. Also, the SSA recently started a program in a major State prison to provide specialized counseling to 40 to 45 percent of the population who are involved with drugs. This project was promoted as a demonstration project and will provide a model for replication in other institutions currently lacking specialized programming for the drug abusing offender.

Finally, although the California SSA is not directly involved in the day to day operations of the institution for civilly committed offenders, a quarterly resource fair enables community service providers, including SSA programs, to introduce inpatients to treatment service resources available to them once they reach outpatient status. This formal outreach program has successfully prompted many inpatients to conduct their own search for and inquiry into community drug programs, many of which are directly or indirectly SSA sponsored.

In Connecticut, the vast majority of operational linkages with the criminal justice system were with the department of corrections. The department hired a director of addiction services with financial input from the SSA. His function is to develop a centralized screening and placement operation and to improve drug use data collection procedures throughout the corrections system. An addiction services unit concomitantly sponsors an array of programs, including a therapeutic community and a methadone detoxification program, in the institutions as well as similar supportive services for parolees. A self help residential unit operates at the major institution. Four community correctional centers throughout the State provide a variety of drug treatment services. These include special counseling, referral, methadone maintenance, court liaison, and a residential program. These projects were all developed within the corrections system by the corrections department, with the help of initial SSA funding. In addition, a legal provision made it possible to conduct interdepartmental transfers of offenders from a correctional institution to a mental health facility for treatment. Connecticut was one of the two States with an autonomous SSA comprised of high level State agency commissioners, including the commissioners of corrections and mental health. Based on discussions with SSA and SPA staffs, and observing the types of interface occurring between corrections and the SSA, it appears that the structure of the SSA and the programs that have been established both independently by the agencies, as well as jointly, have in themselves enhanced trust and thereby furthered cooperation. This trust and the resulting cooperation developed over a number of years.

It is interesting to note that Connecticut is currently considering reorganizing its SSA and placing it in the mental health agency. However, SSA staff appear not to feel threatened by the implications of forfeiting their autonomy. Their feeling is that the SSA is firmly established in its own right, and they expect to continue to operate with few changes, with the exception that mental health will have been named lead agency. This point is important in that it relates to the nature of the SSA's program emphasis. While the Connecticut SSA is highly visible, and thus is subject to being highly political, the organization appears to have developed an atmosphere

of professionalism and is viewed in this light by other State agencies. Thus, the possibilities and opportunities for linkages with other relevant agencies is enhanced; that is, the real or apparent need for competition in hopes of political rewards has been removed. Discussions with numerous agencies, in need of drug abuse treatment services for their clients, almost invariably referred explicitly or implicitly to the nature of the SSA and the quality of the services rendered through SSA sponsored treatment agencies. Thus, Connecticut is an example of the delivery of competent services, a critical element enhancing long run cooperation and interface between relevant agencies.

In Oregon, the legislature and the Governor appropriated funding to increase treatment services provided for the institutionalized population of drug abusing offenders. To plan for these services, joint meetings were held between corrections and mental health agency staffs. These meetings culminated in the submission of a proposed program to the legislature to provide the needed services. The creation of a "mental health programs and corrections steering committee," comprised of upper level staff and administrators from both corrections and mental health, as well as representatives from the SSA and SPA, provided the vehicle for joint planning and problem solving. Long lasting cooperative relationships evolved between staffs, and apparently at the same time, agency roles and responsibilities were kept separate. In Oregon, unlike other States, the legislature, in effect, gave mental health a franchise to provide drug services to clients under correctional supervision and custody. The potential "custody versus treatment" conflict was resolved by virtue of transferring the responsibility for the inmate/patient from one agency to the other as client transfers occurred. The SSA staff felt that the success of this effort was attributed to: (1) the support and urgency expressed by the legislature and Governor for this program; (2) the joint agency planning process that followed the plans from start to finish; (3) the creation of a diverse and multi-interest steering committee; (4) the establishment of an agreeable "transfer of responsibility" policy; (5) the separation of agency roles and functions; and (6) the development of interpersonal working relationships between agency staff members resulting from the project as a joint effort.

In Illinois, the "Pontiac Program" was initiated by two community treatment programs in response to the limited staff and programs for drug abusing residents at Pontiac Correctional Center. The program became operational in 1975. It involved inputs from the Department of Corrections, the SSA, and other treatment services. The program offers highly specialized services organized into four phases of treatment. It addresses drug use education, individual and group counseling, parole readiness and community service availability, and the special problems of the drug user released on parole. Designing and implementing a similar program for a coeducational population at another institution is being considered. One of the linkage systems that was enhanced through this program was between treatment programs, the parole board and parole officers. Since its inception, this effect has been endorsed and lauded by the parole board and parole officers.

In these examples, postrelease interface has been mentioned as appropriate to some phase of an institutional program. In fact, linkages with parole boards and/or officers was one area most often cited as a priority program need. This was true despite the fact that to some extent informal interface is ongoing in four of the five States.

SUMMARY OF ISSUES REGARDING LINKAGES

Federal Guidelines

The guidelines issued by NIDA have met with only limited resistance among the SSAs of the five States included in this study. The guidelines were being followed at least informally in four States. In three of the States, formalizing the linkage between the SSA and the SPA with a letter of agreement has either already been realized or was easily and readily done. In the other States, some resentment toward forced compliance to Federal directions was evident. The point was made by SSA personnel that compliance based on funding contingencies was an unnecessarily restrictive Federal policy; since linkages with the criminal justice system were well developed, an interagency written letter of agreement would do little to hasten more and better linkages. Since the linkages have been developing, logically, at a more local or operational level between client handling agencies, rather than between administrative agencies, the required interagency letter of agreement was perceived to be essentially meaningless to those people who represent and carry out those program linkages. However, other SSA and SPA staff were considerably more positive about the utility of Federal encouragement toward joint planning. The NIDA notices number 27 and number 34 were viewed as having created the impetus necessary to encourage the SSA to refocus their attention and efforts on the development of more extensive and effective interface. Thus the necessity of compliance with the NIDA notices and the LEAA guidelines were seen by some as at least creating an initial base from which communication, interaction, and further development of joint projects and planning could occur.

The issue of resentment by some SSA personnel to the notices and guidelines was actually broader than the particular requirements of these documents. The issue with most SSA staff personnel were not threatened or resentful toward these particular requirements, but did express a desire and need to run the SSAs with minimal Federal intervention. This attitude was reflected in the importance placed upon State autonomy and the closer proximity of the SSA to the local, regional, and State level activities, problems and circumstances. All of the SSAs suggested in discussion that they place high value on local self determination, and this was apparent through their encouragement of regional autonomy and self sufficiency. The SSAs also defined their agency role as that of coordinator, planner, administrator, and conduit of Federal funding. Thus, their role was seen as one which should be designed to allow maximum local and regional level planning and program implementation. Discussions with the staff of the SPA seemed to indicate that funding drug treatment programs as such is a low priority item for allocation of funds. The overall impression perceived from numerous discussions with State level SSA and SPA staff is that joint planning and provision of services to drug abusers is of greater concern and importance to SSAs than to the SPAs. Apparently, the proportion of SPA dollars allocated to drug programs has decreased considerably during recent years, along with general decreases in LEAA funds allocated to SPAs.

The Criminal Justice System

Many site visit participants viewed the difficulty of developing criminal justice linkages as due in large part to the many individual components comprising the criminal justice system and its overall complexity. The system has often been described as not a system at all, but comprised of a variety of separately functioning agencies. These agencies are often radically different from one jurisdiction to another, and frequently work at odds to each other with minimal continuity or unity. The importance of working cooperatively with the components of the criminal justice system was not disputed, but the lack of "system" was seen as requiring multidirectional efforts on behalf of the SSA for any progress to be made. For example, legislation enabling diversion programs cannot be enacted without the cooperation of various law enforcement agencies, probation departments, and courts. On another level, parole referrals are seen by the SSAs as an appropriate linkage to the criminal justice system, but the lack of sophisticated diagnostic and identification procedures in most correctional institutions has limited the degree to which this process is and can be carried out. The SSAs, in general, complained about the complexities of the criminal justice system, the autonomy and independence of its components, and the difficulties of identifying appropriate points of contact or entry in order to provide effective services. Obviously, these factors all tend to constrain and impede joint planning and programs between the SSA and SPA or operational components of the criminal justice system. Moreover, these factors apparently indicate a need for more concern in understanding the components and functioning of the criminal justice system by SSA staff members and operational program people. Both SPA and other criminal justice professionals frequently indicated that they felt there was a lack of understanding of the criminal justice system and criminal justice procedures on the part of drug abuse treatment personnel.

Structural Position of the SSA and SPA in State Government

The two types of SSA and SPA organizational situations described previously facilitated development of interface with the criminal justice system. However, the two general types have resulted in linkages developing from different sources. There appeared to be two primary organizational advantages with regard to the SSAs that operated as independent and autonomous State agencies. First, this type of SSA was apparently on a par in the State government hierarchy with the SPA. Secondly, the autonomous SSA advisory council was comprised of a variety of State agency directors or commissioners. These individuals thus represented the relevant interests of drug abuse planning and programming at levels of policy development and decisionmaking. These factors seemed to contribute directly to the development of administrative interface between the SSA and SPA, as well as between the SSA and a variety of other State agencies.

The other organizational/structural type visited was characterized by the SSA being a subdivision of a large State department, mental health or human welfare umbrella agency. The State corrections agency was also in the same department as the SSAs in two of the States and parallel organizationally to the SSA. Both agencies were accountable and responsible to the same departmental authority. This structure was conducive to the development of interface between the SSA and the corrections component of the criminal justice system. It was not particularly conducive to SSA and SPA interfacing, but rather with the most

appropriate criminal justice operational agency. The linkages that did develop were from different sources and on different initial bases than was the case for autonomous SSAs. The results were operational, programmatic linkages being implemented, usually through cosponsored joint efforts.

It was difficult to ascertain which of the two structures and administrative operations is more conducive and/or less constrictive to enhance SSA and criminal justice interface. Each has advantages. With the autonomous SSA, decisionmaking occurred in a largely unrestrained and meaningful context. Conflicts between agencies could be addressed directly and immediately by high level personnel. Plans and programs approved and endorsed by high level administrators served as encouragement for more local level cooperation. With respect to the intradepartmental type of SSA, interface developed mostly from jointly inspired, jointly planned, and jointly implemented projects. These appeared to have evolved slowly through continual discussions and compromise and involved conflict resolution prior to program implementation. In summary, either structure would be conducive or constraining to the particular circumstances in a given State.

A related issue concerns an SSA or SPA liaison position. Both the SSA and SPA had designated liaison persons in only one State. In three States, only one agency had a designated liaison person to the other agency. In these States, the absence of a counterpart position in the other agency was repeatedly mentioned and was earmarked as a constraining factor to the development of better and more effective interface.

Fiscal and Funding Issues

All of the States cited funding shortages, grant termination, and the resultant financial burden inherited by local and State governments as important problems overall, and a constraint to implementing new initiatives.

Other funding issues were frequently mentioned. Staff personnel at the SSAs indicated that program grant applicants have experienced difficulty determining which Federal agency (NIDA, LEAA, or NIAAA) or, more frequently, which division of an agency, to submit grant or program development applications. It was felt that grant applications often went unfunded because there were no means by which it could be referred to another agency or division for consideration in cases when funding from one agency or division was not available or when another division might be an appropriate alternative funding source. The SSA in one State suggested that program applicants were provided with inadequate agency guidance and only limited review and consideration by a single Federal agency subdivision.

A second issue mentioned by two SSAs was that many new programs must operate on a deficit ranging from 12 to 18 months, the typical duration between submitting an action plan and actually receiving program funding. The result has been that action plans have been submitted for programs already in existence, rather than for funding new initiatives. This has handicapped and constrained long range planning and the development of innovative new programs, including programs relating to criminal justice interface.

Operational Constraints

Three major operational constraints were mentioned by the SSAs visited. These were:

. Client confidentiality. The legal obligations and ethical views of treatment personnel that client performance was confidential and the supervisory and custodial tasks assigned to criminal justice staff often conflicted. However, based on discussions with SSA staff personnel, it appears that overall the conflicts between treatment and criminal justice have dampened during the past year. Two factors were cited:

  - Apparently both professional and paraprofessional treatment personnel are becoming increasingly aware of the obligations and duties of custodial agencies. A greater sense of trust between criminal justice personnel and drug treatment personnel has reportedly developed. Treatment programs have become staffed to a larger extent with professionally trained personnel who apparently are more in concert with the requirements of criminal justice agencies.

  - Client referrals and other factors have increased contacts between the criminal justice agency staff and treatment staff. As a result, individual relationships have developed between staffs on a one to one basis. Issues involved in custody versus treatment have been discussed and procedures satisfactory to both sides worked out.

. Treatment attractiveness. Treatment alternatives open to offenders are often not very attractive in terms of length of commitment to treatment versus the expected length of a jail sentence. Many treatment programs provide long term services in a residential setting to court diverted offenders in lieu of incarceration. However, these programs have frequently required as great or a greater time commitment from the client than the sentence from which the offender was being diverted. The implication was that given such a choice, the offender often opts for serving time in prison rather than for commitment to a residential drug program. The establishment of more favorable treatment terms was discussed by the SSAs as a viable means to increase diversion. Many courts apparently have reduced diversion and referral activities for a somewhat different reason; loss of confidence in the value of treatment and the treatment programs. Thus, merely having the statutory leverage to enact diversion and treatment alternatives to incarceration have not in and of themselves resulted in extensive utilization of these sentencing alternatives. The only obvious solution to this problem is for programs to make a greater effort towards effectiveness and dependability.

- Spatial problems. In large States, outlying geographic areas often do not significantly contribute to State planning. Also, these areas are often ignored in the plans. Patterns of Federal encouragement and priorities have revolved primarily around large metropolitan centered program initiatives, such as TASC. The SSAs have piggybacked on mental health systems for servicing rural areas. Additional program efforts involving criminal justice clients and personnel have been difficult to plan for, develop, or to justify economically.

V. RECOMMENDATIONS

This study was designed principally as a descriptive effort to outline the current status of linkages with the criminal justice system reported in State drug abuse prevention plans. Site visits to five States provided additional details about the interface between the selected SSAs and criminal justice agencies. In addition to the descriptive information, several recommendations related to increasing and enhancing the interface between drug abuse treatment agencies and criminal justice agencies were gleaned from this study. These recommendations, which are outlined below, are thought to be fairly broad in scope, but were derived from a limited number of cases. Thus, their applicability may be limited and they should be considered at this point only as suggestions. These suggestions are presented, for the most part, from the point of view of the SSAs.

GUIDELINES

Overall, the SSA staffs did not regard NIDA notices number 27 and number 34 with a great deal of concern or as very operationally significant. However, it was noted that the guidelines provided the impetus for formalizing a relationship that was previously informal or, to some extent, for initiating a relationship with the SPAs. At a minimum, the guidelines will encourage the SSAs and SPAs to consider in more detail the problem of drug abusers who come in contact with various components of the criminal justice system. Thus, the guidelines can serve a useful purpose and appear to cause only minor real problems or inconveniences. However, it is obvious that the current guidelines will only marginally directly enhance the development and delivery of drug abuse treatment services to criminal justice related clients. *NIDA should rely on the guidelines in a limited way only to accomplish their stated purpose.*

BETTER STATE DRUG ABUSE PREVENTION PLAN REPORTING

NIDA should strongly encourage the SSAs toward more detailed reporting regarding:

- the status of the current planning relationship and operational linkages among the SSAs, SPAs, local drug treatment delivery agencies and non-SPA criminal justice agencies
- documentation of the drug abuse treatment gap existing for drug abusers coming in contact with criminal justice agencies.

Based on a review of the State plans and discussions with numerous SSA, SPA and other professionals, it is apparent that the nature, extent, and location of drug abuse treatment services needed for criminal justice related clients is largely unknown. Data relating to the number and location of treatment slots needed for precommitment, commitment, and postcommitment clients are critical for planning and resource allocation decisions by all concerned agencies. Obviously, the SSA and/or the programs it funds would be involved with different criminal justice agencies depending on where in the system services are needed and provided. For the most part, data detailing the need for treatment services within the criminal justice system has not been developed and is therefore not

available to the SSAs. However, a positive initial step by the SSAs would involve a systematic summarization and assessment by major criminal justice agencies, ranging from probation to parole agencies, of the need for drug abuse treatment services. Available data or perceptions (identified as such) by knowledgeable individuals addressing the issue should be summarized by State and/or local government operating agencies for major State geographic or metropolitan areas. The SSA should involve the criminal justice agencies in developing the needed data. Also, the SSAs should develop plans to provide technical assistance to relevant agencies for the identification of drug abusing offenders. Information as to where actual gaps in services are, and who could and should provide these services, would at least begin to provide the types of details needed for effective interactions between health service delivery agencies and criminal justice agencies.

Related to the need for additional data documenting the need for services by drug abusing offenders is the need for more detailed documentation by the SSAs of current operational linkages with criminal justice agencies. Frequently, State plans report as operational linkages drug abuse related services provided independently by criminal justice agencies. *For planning purposes at the Federal, State or local level, information which accurately describes current linkages and existing service gaps and problems is needed. NIDA should insist on details of actual SSA involvement in reported linkages with criminal justice agencies.*

ADVISORY COUNCIL MEMBERSHIP

Advisory Council membership was important to the development of linkages between criminal justice agencies and drug treatment programs. A broad mixture of Council members seems to best serve the interests of comprehensive drug abuse planning, especially if members are drawn from the entire spectrum of criminal justice, health care, and mental health agencies. In addition, if members are mandated by law or selected from among various high level agency administrators, the decision making, planning, and problem solving processes are facilitated by virtue of the key people involved in Council activities. *NIDA should encourage SSAs to include criminal justice representatives on its State and regional advisory councils. Especially important are members from operational criminal justice agencies including corrections, probation and parole.*

LINKAGES WITH AGENCIES OTHER THAN SPAs

Both NIDA and LEAA have focused on development of linkages between SSAs and SPAs. However, in many States, operational criminal justice agencies such as probation offices, courts, correctional institutions and parole boards are only peripherally related to the SPA. These agencies, not the SPA, are involved with individuals needing drug abuse treatment services. *Thus, NIDA should either formally or informally encourage direct interaction and linkages by the SSA with operational criminal justice agencies concerned with drug abusers.*

LOCAL LEVEL LINKAGES

Many of the linkages between drug treatment programs and criminal justice agencies reported in the State plans and/or discussed during site visits were in essence local in nature. These linkages resulted from the dovetailing of local problems, local needs, local capabilities and, most importantly, local

relationships. *NIDA, the SSAs, and the SPAs should encourage local, joint initiatives between drug treatment and criminal justice agencies geared toward meeting the treatment needs of the drug abusing criminal offender. Strong encouragement could be provided directly by NIDA or through the State SSA by carefully designed funding incentives.*

COMPREHENSIVE PLANNING

The creation of Task Forces with broad representation of the relevant public and private agencies (particularly if no such representation has been incorporated into the Advisory Council) preceded many of the more successful interfaced activities in the various States. The participation of representatives from all concerned agencies and factions served the purposes of (1) permitting comprehensive input and shared responsibility for the effort, (2) highlighting potential problem areas, and (3) working together to minimize or solve the problems before program implementation. This planning process was particularly effective in dealing with important problems or disputes, such as the issue of client confidentiality across agencies. More generally, multiple agency inputs in the planning process enhances and facilitates agency communications. All relevant parties to the plan and its implementation know what to expect, have participated and agreed to cooperate in the effort, and have tacitly given their approval to its generation. For example, the creation and passage of legislation permitting diversion alternatives is not necessarily immediately followed by the implementation of pretrial diversion. Courts, prosecutors, probation officials, and treatment centers must all be fully aware of the range of alternatives and the procedures for determining feasible alternatives to incarceration. Furthermore, all parties must agree to the terms of the diversion program before they commit themselves to utilize that option. Without the inputs in the planning and design process of all concerned agencies, the use of diversion alternatives may not proceed beyond enabling legislation. *Thus, NIDA should encourage SSAs to plan comprehensively in designing programs related to criminal justice agencies. As indicated previously, several criminal justice agencies, in addition to the SPA, may have to be involved in almost all significant projects or programs developed and implemented to serve drug abusing criminal offenders.*

TECHNICAL ASSISTANCE

In some cases criminal justice agencies have developed drug treatment programs independent of SSAs. In these instances, there appear to be limited advantages, at least in the short run, to the SSA or SSA related programs providing direct services to the corrections agency. *Many of these ongoing efforts might be better served by NIDA and the SSA through providing technical assistance, staff training programs, and other advisory type activities. This approach should be encouraged by NIDA.* In these and other situations, the SSA and SSA programs will probably need to inform and convince the corrections agency as to the services it can provide. Unless mandated by State statute or convinced by SSAs that significant advantages will result from SSA inputs, one would expect the agency to continue providing the required services.

OTHER SUGGESTIONS

Resource Fairs

A problem frequently faced by criminal justice agencies or clients is simply the lack of information as to what and where drug treatment services are available. In at least one institution, drug abusing offenders are presented with a resource fair, a semi-annual community service providers' day to advertise programs and services to future releasees. This serves the dual functions of (1) formalizing a useful outreach effort by community based drug treatment programs, and (2) encouraging self motivation and individualized planning for the future by the inmates. *Resource fairs or similar undertakings could be useful in correctional settings and should be encouraged by the SSAs and NIDA. In general, NIDA should strongly encourage SSAs to inform relevant criminal justice agencies about available services. Seminars and published inventories are two effective means of providing this information.*

Treatment Program Duration

In some cases, a major constraint to offering drug treatment alternatives to incarceration was the length of program commitment. The problem is that many treatment program commitments exceed the sentence time that the offender is subject to, making jail time an attractive alternative to treatment. *NIDA and SSAs should note this inequity and its impact on recruiting clients from the offender population. Corrective action might begin with a study of sentence and treatment stay durations.*

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