

ASSESSING CRIMINAL JUSTICE PRIORITIES IN WASHINGTON STATE

The purpose of the Four-Year Strategic Plan is to provide a comprehensive statewide plan to reduce drug and violent crimes using federal, state and local resources, of which the Justice Assistance Grant is only one part.¹ To do this requires a comprehensive analysis of problems and needs from around the state.²

A survey was conducted in May and June of 2004 in order to identify areas of greatest need for the criminal justice system in Washington State as perceived by various stakeholder groups who work in the field. Stakeholders in the criminal justice community were asked to rate topics spanning all areas of criminal justice in terms of priority for improving the functioning of Washington State's criminal justice system. About half of the items asked about the purpose areas of the former Byrne Grant, and the rest of the survey asked about criminal justice topics not directly addressed by the Byrne Grant or the Justice Assistance Grant.

Stakeholder groups who participated in the survey placed a high priority on three main areas of criminal justice: **1) treatment, 2) drug and crime enforcement, and 3) crime victim assistance.** Other areas of concern were also raised, including, among others, drug-endangered children, improving court case processing and judicial resources, and the need for interagency collaboration.

Survey Development

Participants

A web link to the survey was sent via email to stakeholder groups drawn from the following: the Byrne Grant Advisory Committee (later to serve as advisory group for the Justice Assistance Grant), people who have contacted the Department of Community, Trade and Economic Development (CTED) in the past with an interest in criminal justice activities, people who were contacted in creating the CTED Criminal Justice Report, subscribers to www.countyprofile.net (a criminal justice database web site maintained by CTED), as well as lead contacts in specific criminal justice organizations such as Washington Association of Prosecuting Attorneys, Washington Defender Association, Washington State Association of Municipal Attorneys, Washington Association of Juvenile Court Administrators, and Washington Association of Sheriffs and Police Chiefs. Individuals with particular affiliations such as tribes or local governments were also contacted.

There were approximately 250 original emails sent out soliciting participation via a web link. Users were also encouraged to forward the survey to any other interested parties. After the first week, we had received 252 responses, but several stakeholder groups had low turnouts. We then actively solicited additional survey responses from these stakeholder groups via email, eventually receiving a total of 315 responses.

Respondents identified themselves in the survey as one of nine stakeholder groups or as "Other". These stakeholder categories were taken from categories used in the www.countyprofile.net user

¹ Id.

² BJA, Byrne Formula Grant and Program Guidance

registration process, which were themselves generated from a synthesis of CTED Criminal Justice Report content and various criminal justice committee discussions. The “Other” group’s data was only used in computing the total averages. Therefore, there were nine original groups. Then the Byrne Committee was treated as an additional group, for a total of 10 stakeholder groups. The Byrne Committee members are counted once in their respective constituent groups and once as a member of the Byrne Committee, but like everyone else they are only counted once for purposes of computing the total average.

The categories and number of respondents in each³ were as follows:

Table 1. Number of Respondents for Each Stakeholder Group.

Stakeholder Group	Coded as:		# Responses:
1. Victim services	VIC	Family/Victim services	40
2. Public policy	GOV	Government/Public policy	37
3. Courts	CTS	Courts	10
4. Prosecutors	PRO	Prosecutors	27
5. Defenders	DEF	Defenders	57
6. Law enforcement	LAW	Law enforcement	54
7. Jail/DOC/Juvenile	DOC	Jail/DOC/Juvenile	24
8. Substance Abuse Prevention	PRE	Health/Prevention/Education	32
9. Substance Abuse Treatment	TRT	Substance Abuse Treatment	28
Other		Other	6
		Total	315
10. Byrne Committee members & alternates (also included in counts above)	BYR	Byrne	16

Administering the Survey

The survey was administered via the world wide web. In the on-line version, users could activate ‘info’ links for any item tied to a Byrne purpose area to receive a more detailed description of the purpose area. Respondents could also download a Microsoft Word version of the survey; only 18 respondents chose this option, with the remaining respondents completing it on-line.

Development of Survey Items

There were a total of 60 items (including components of multi-part questions) designed to reflect all areas of criminal justice. Of these, 38 were paraphrased from the 29 Byrne federal purpose

³ Because there were a large number of “Other” responses, we recoded the stakeholder groups to accommodate a wider range of activities. In all, 64 “Other” responses were recoded as one of the substantive categories, with 6 remaining in the “Other” category.

areas (including 5 items that were re-categorized as Byrne items due to their similarity to Byrne purpose areas). Byrne purpose areas were paraphrased instead of taken verbatim because many of the original purpose area descriptions are lengthy.

The remaining 22 items covered criminal justice areas not addressed by Byrne. These items were generated by reviewing CTED's Criminal Justice Report⁴; existing criminal justice literature; other agency materials from Local Law Enforcement Block Grants; and prior Byrne Committee deliberations. CTED staff also conducted a brainstorming session to bring all of these elements together.

For the 60 items, respondents were asked to "Please rate how much of a priority each of these areas are for improving the criminal justice system in Washington State" on a scale of 0 to 3 (0=not a priority; 1=low priority; 2=medium priority; 3=high priority).

The survey questions and their associated Byrne purpose areas, if any, are listed in the table at Appendix 1. For ease of referring to questions in a meaningful yet brief fashion, short title descriptions were created which are also listed in the table.

Results

Computing Totals

Since each stakeholder group represents a different perspective on criminal justice, it was possible that unequal group sizes might bias our total averages. To examine this potential problem, we began our analysis by first computing a weighted average that gave each stakeholder group equal weight regardless of the number of respondents. That is, each stakeholder group's overall average was averaged with all other averages for a combined weighted average. The "other" category was not included in this weighted average (only 6 respondents were classified as "other" and they did not represent any particular orientation on criminal justice).

Surprisingly, despite considerable variation in sample sizes, when group size was weighted equally, there were only minor differences in prioritization of the top 20 items. In fact, ordering of the top 10 priorities was identical (see table below comparing top 20 items for the total group's unweighted versus weighted average). For purposes of presenting the results, we used the total unweighted average.

⁴ CTED Criminal Justice Report, Safe and Drug-Free Communities, in press.

Table 2. Top 10 Responses for Weighted and Unweighted Totals (Showing Similar Priorities).

BYR	SURVEY SHORT TITLE	TOT	WEIGHTED
		N=315	N=309
13	3.4b Treatment outside instit. (juve)	2.71	2.74
	7.3b Reintegration: chem/MH treatmt	2.63	2.65
27	6.4 Child abuse & neglect	2.60	2.67
	8.2b MH treatmt during incarceration. (juve)	2.59	2.61
24	7.2 Early intervention for juveniles	2.57	2.59
11	3.2 Prison/jail treatment	2.50	2.56
18	4.5 Domestic & family violence	2.49	2.52
	8.4 Drug-endangered children	2.46	2.48
13	3.4a Treatment outside instit. (adult)	2.44	2.48
	8.2a MH treatmt during incarceration. (adult)	2.43	2.46
	7.3c Reintegration: comm. services	2.41	2.41
10	3.1 Court delay	2.40	2.38
20	8.3 Specialty courts	2.38	2.43
	8.1b Health ed. while incarceration. (juve)	2.33	2.32
20	5.2a Alt. to incarceration. (nondangerous)	2.32	2.34
	10.6 Inter-agency collaboration	2.31	2.34
18	3.5b DV victim assistance	2.30	2.38
12	3.3 Prison/jail industries	2.28*	2.32
4	1.4 Community programs	2.28*	2.29
3	1.3 Domestic drugs & clean-up	2.28*	2.33
18	10.2 Law enforcement DV training	2.28*	2.34
	7.3a Reintegration: comm. supervis.	2.28*	2.27

Bold = Top 5; **Dark shade** = Top 10; **Light shade** = Top 20

*Due to tie scores, there were 2 extra items in the Total top 20 for a total of 22 items.

Factor Analysis

We conducted a post-hoc factor analysis in order to identify common factors among the 60 survey items and group them into meaningful categories after the fact. After cases with missing entries were removed, there were 194 remaining viable cases out of the original 315 respondents. This sample size could be considered low for a 60-item survey, but is acceptable using the Hutcheson and Sofroniou (1999) recommendation of at least 150 - 300 cases, more toward the 150 end when there are a few highly correlated variables.⁵

With 60 items, many of which shared some similarities, we needed a way to objectively classify these items into criminal justice categories. With 30 items predetermined by the Byrne federal purpose areas, it was not feasible to assign items into categories in advance. Nor, since we were driven by space and time considerations, was it feasible to ensure an even number of items

⁵ Hutcheson, G. and Sofroniou, N. (1999). *The multivariate social scientist: Introductory statistics using generalized linear models*. Thousand Oaks, CA: Sage Publications.

distributed into these categories, even if they could have been determined in advance. Factor analysis measures the correlation between items and assumes that if items are correlated then they must be measuring the same underlying factor. One of the goals of factor analysis is to figure out how many factors are present in one's data set, and what is the minimum number of factors that will account for the main issues driving people's responses.

There are several common methods for determining how many factors should be included. With a scree plot test, one examines how much variance in responses is accounted for by the factors and cuts off the factors at the point at which the increase in variance explained drops off or plateaus. By this test, we identified three main factors in the stakeholder survey accounting for 35 percent of the variance.

Alternatively, another test counts any factors with an eigenvalue greater than one (an eigenvalue is a different way of expressing the amount of variance accounted for, that is based on how many variables were uncovered). Via the eigenvalue test, our factor analysis revealed a total of 13 factors accounting for 67.27 percent of the variance in responses. These 13 factors proved to be a useful way to categorize all items in the survey.

In the following tables, the first four factors (which have items that appear among the top 10 total priority ratings) are highlighted in color to show response trends. One question (Question 9.3) dealing with CTED's countyprofile.net web site was removed from the analysis because half of the respondents (50%) were unfamiliar with it.

In factor analysis, factors are labeled by examining items grouped together under one factor and making an educated guess as to what common trait they share. We labeled the 13 identified factors as follows:

- Factor 1: Drugs & Crime Enforcement
- Factor 2: Offender & Ex-offender Treatment
- Factor 3: Crime Victims
- Factor 4: Community Issues
- Factor 5: Multicultural Collaboration
- Factor 6: Offender Health
- Factor 7: Forensics
- Factor 8: Anti-terrorism
- Factor 9: DUIs
- Factor 10: Criminal Justice Information-Sharing
- Factor 11: Criminal Case Processing
- Factors 12 & 13: miscellaneous

The survey items contained under each of these factors are presented in the table below, sorted in order of highest priority ratings by all respondents (TOT). Light shading indicates placement in the top 20; dark shading indicates placement in the top 10. Among the top 10, items in bold were among the top 5 responses for that group.

Table 3. Stakeholder Survey Questions for each Factor sorted by Total (TOT) Ratings.

FACTOR 1: DRUGS & CRIME ENFORCEMENT													
Byrne Area	Survey Q #	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
3	1.3	Domestic drugs & clean-up	<u>2.28</u>	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
	8.5	Officer staffing	2.22	2.07	2.31	2.03	<u>2.50</u>	2.50	1.38	2.81	2.62	2.29	2.12
15b	4.2	Criminal information systems	2.13	<u>2.13</u>	2.23	2.00	<u>2.50</u>	2.64	1.37	2.51	2.86	2.10	1.92
2	1.2	Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
15a	4.1	Drug control technology	2.07	1.87	2.05	1.91	2.38	2.22	1.73	2.15	2.18	2.16	2.48
8	2.4	Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
7a	2.2	Crime analysis techniques	2.00	1.60	2.22	1.72	2.00	2.20	1.28	2.24	2.41	2.13	2.33
	7.4	High-crime places	1.97	1.93	1.97	1.91	2.13	1.95	1.31	2.25	2.24	2.17	2.12
5	1.5	Criminal commerce	1.93	1.94	1.92	1.89	2.11	2.12	1.48	2.24	2.29	1.81	1.96
9	2.5	Money laundering	1.92	1.80	1.66	1.80	2.00	2.28	1.30	2.50	2.05	1.94	2.00
17	4.4	Drugs in public housing	1.90	1.64	1.91	1.91	2.13	1.74	1.47	2.06	2.18	2.13	2.00
23	5.5	Juvenile decline proceedings	1.82	1.67	2.09	1.68	2.00	1.55	1.22	2.24	2.27	1.93	1.69
21	5.3	Street drug sales	1.80	1.93	1.83	1.75	2.13	2.00	1.00	2.27	1.82	1.93	2.04
	9.1	New prisons/jails	1.36	1.40	1.14	1.12	1.00	2.36	0.76	2.10	2.00	0.93	1.08

FACTOR 2: OFFENDER & EX-OFFENDER TREATMENT													
Byrne Area	Survey Q #	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
13	3.4b	Treatment outside institutions (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
	7.3b	Reintegration: chem & MH treatment	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
	8.2b	MH treatment during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	<u>2.77</u>
24	7.2	Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
11	3.2	Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
	8.4	(Drug-endangered children)*	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
13	3.4a	Treatment outside institutions (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
	8.2a	MH treatment during incarceration. (adult)	2.43	2.00	2.32	2.55	<u>2.50</u>	<u>2.32</u>	2.73	1.87	2.76	2.52	<u>2.62</u>
	7.3c	Reintegration: community services	2.41	<u>2.13</u>	2.50	2.53	<u>2.50</u>	2.00	2.84	1.88	2.33	2.43	2.65
20	8.3	Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	<u>2.77</u>
20	5.2a	Alt. to incarceration.(nondangerous)	2.32	<u>2.33</u>	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
12	3.3	Prison/jail industries	<u>2.28</u>	1.80	2.16	2.31	2.44	2.17	2.60	1.80	2.55	2.23	2.63
	5.2b	Alt. to incarceration.(dangerous offenders)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	<u>2.46</u>
	7.5	Drug screening after arrest	2.10	1.93	1.97	2.44	2.63	1.59	1.75	1.85	2.19	2.40	2.92

* Primarily Factor 4 but some overlap with this factor

FACTOR 3: CRIME VICTIMS													
Byrne Area	Survey Q #	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
27	6.4	Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
18	4.5	Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	<u>2.59</u>	<u>2.62</u>
	8.4	(Drug-endangered children)*	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
18	3.5b	DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
18	10.2	Law enforcement DV training	<u>2.28</u>	2.07	2.78	2.44	2.63	<u>2.32</u>	1.80	1.98	<u>2.38</u>	2.48	2.28

18	10.5	Integrated DV training	2.23	2.00	2.78	2.47	2.75	<u>2.32</u>	1.65	1.98	2.24	2.38	2.20
14	3.5c	Victim assistance	2.01	<u>2.13</u>	2.74	1.97	2.13	1.96	1.46	1.81	2.18	2.19	2.15
	3.5d	Victim compensation	1.88	1.93	2.62	1.49	2.00	2.38	1.38	1.80	2.09	1.97	1.74

* Primarily Factor 4 but some overlap with this factor

FACTOR 4: COMMUNITY ISSUES													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	8.4	Drug-endangered children	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
4	1.4	Community programs	<u>2.28</u>	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
16	4.3	Innovative programs	2.22	1.80	2.31	2.14	2.38	1.55	2.43	2.13	2.09	2.52	2.35
24	6.1	Gangs	2.09	1.67	2.19	2.14	2.25	1.95	1.73	2.15	2.18	2.34	2.23
28	6.5	Law enforcement & media	1.75	1.47	1.94	1.79	2.00	1.32	1.08	2.08	2.32	2.00	1.69

FACTOR 5: MULTICULTURAL COLLABORATION													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	10.6	Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
	10.3	Cultural education	2.07	2.00	2.47	2.31	2.25	1.45	2.29	1.47	2.14	2.29	2.00
	9.4	Crime in Indian communities	1.86	1.73	2.03	1.91	2.13	1.95	1.55	1.67	1.86	1.97	2.12
	10.4	Cross-train tribal & local law enforcemnt	1.83	2.00	2.25	2.00	2.13	1.55	1.67	1.47	1.86	2.04	1.84
	10.1	Drug, terrorist on tribal land	1.37	1.60	1.47	1.61	1.50	1.52	0.81	1.49	1.29	1.65	1.42

FACTOR 6: OFFENDER HEALTH													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	8.1b	Health education while incarcerated. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	<u>2.46</u>
	8.1a	Health education while incarcerated. (adult)	1.83	1.40	1.80	2.13	1.75	1.24	1.84	1.37	1.95	2.27	2.20
14	3.5a	Juror/witness assistance	1.46	1.40	2.08	1.37	1.63	1.63	1.02	1.50	1.32	1.70	1.23

FACTOR 7: FORENSICS													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
29	7.1	Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08
25	6.2	DNA-testing	2.15	1.87	2.39	1.86	2.38	<u>2.64</u>	2.04	2.42	2.09	1.87	1.88

FACTOR 8: ANTI-TERRORISM													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
7b	2.3	Antiterrorism plans	1.90	1.73	1.87	1.89	2.38	1.68	1.72	2.17	2.05	1.90	1.85
26	6.3	Antiterrorism training & equipment	1.63	1.67	1.46	1.70	2.13	1.41	1.25	2.12	1.82	1.61	1.65

FACTOR 9: DUIS													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
22	5.4	DUI laws	2.26	1.87	2.19	2.26	<u>2.50</u>	2.35	1.90	2.20	2.29	<u>2.59</u>	2.52
	9.5	DUI public education	1.96	1.33	1.89	2.06	1.63	2.00	1.70	1.82	2.14	2.19	2.42

FACTOR 10: CRIMINAL JUSTICE INFORMATION-SHARING													
Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT

	9.2	Sharing CJ data	2.17	1.93	2.19	2.30	<u>2.50</u>	<u>2.32</u>	1.20	2.35	2.86	2.47	2.31
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FACTOR 11: CRIMINAL CASE PROCESSING

Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
10	3.1	Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23

FACTOR 12: unknown/miscellaneous

Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	7.3a	Reintegration: community supervision	<u>2.28</u>	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
19	5.1	Research & evaluation	1.83	1.71	1.60	1.91	2.38	1.68	1.83	1.70	2.05	2.00	1.85

FACTOR 13: unknown/miscellaneous

Byrne	Survey	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
6	2.1	White-collar crime	1.90	1.53	1.81	1.89	2.00	1.96	1.77	2.02	1.95	1.88	1.96
1	1.1	Drug demand education	1.79	1.60	1.83	1.68	1.80	1.81	1.37	2.06	1.96	2.06	1.79

ALL FACTORS COMBINED, SORTED BY TOTAL PRIORITY RATING (Column 1)													
Byrne	Factor	SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
13	2	3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
	2	7.3b Reintegration: chem/MH treatm	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
27	3	6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
	2	8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
24	2	7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
11	2	3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
18	3	4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
	4	8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
13	2	3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
	2	8.2a MH treatmt during incarceration. (adult)	2.43	2.00	2.32	2.55	2.50	2.32	2.73	1.87	2.76	2.52	2.62
	2	7.3c Reintegration: comm. services	2.41	2.13	2.50	2.53	2.50	2.00	2.84	1.88	2.33	2.43	2.65
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
20	2	8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
		8.1b Health ed. while incarceration. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	2.46
20	2	5.2a Alt. to incarceration. (nondangerous)	2.32	2.33	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
18	3	3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
12	2	3.3 Prison/jail industries	2.28	1.80	2.16	2.31	2.44	2.17	2.60	1.80	2.55	2.23	2.63
4	4	1.4 Community programs	2.28	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
3	1	1.3 Domestic drugs & clean-up	2.28	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
18	3	10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
		7.3a Reintegration: comm. supervis.	2.28	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
22		5.4 DUI laws	2.26	1.87	2.19	2.26	2.50	2.35	1.90	2.20	2.29	2.59	2.52
29		7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08
	2	5.2b Alt. to incarceration. (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	2.46
18	3	10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	2.32	1.65	1.98	2.24	2.38	2.20
	1	8.5 Officer staffing	2.22	2.07	2.31	2.03	2.50	2.50	1.38	2.81	2.62	2.29	2.12
16	4	4.3 Innovative programs	2.22	1.80	2.31	2.14	2.38	1.55	2.43	2.13	2.09	2.52	2.35
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	2.50	2.32	1.20	2.35	2.86	2.47	2.31
25		6.2 DNA-testing	2.15	1.87	2.39	1.86	2.38	2.64	2.04	2.42	2.09	1.87	1.88
15b	1	4.2 Criminal information systems	2.13	2.13	2.23	2.00	2.50	2.64	1.37	2.51	2.86	2.10	1.92
2	1	1.2 Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
	2	7.5 Drug screening after arrest	2.10	1.93	1.97	2.44	2.63	1.59	1.75	1.85	2.19	2.40	2.92
24	4	6.1 Gangs	2.09	1.67	2.19	2.14	2.25	1.95	1.73	2.15	2.18	2.34	2.23
15a	1	4.1 Drug control technology	2.07	1.87	2.05	1.91	2.38	2.22	1.73	2.15	2.18	2.16	2.48
		10.3 Cultural education	2.07	2.00	2.47	2.31	2.25	1.45	2.29	1.47	2.14	2.29	2.00
8	1	2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
14	3	3.5c Victim assistance	2.01	2.13	2.74	1.97	2.13	1.96	1.46	1.81	2.18	2.19	2.15
7a	1	2.2 Crime analysis techniques	2.00	1.60	2.22	1.72	2.00	2.20	1.28	2.24	2.41	2.13	2.33
	1	7.4 High-crime places	1.97	1.93	1.97	1.91	2.13	1.95	1.31	2.25	2.24	2.17	2.12
		9.5 DUI public education	1.96	1.33	1.89	2.06	1.63	2.00	1.70	1.82	2.14	2.19	2.42
5	1	1.5 Criminal commerce	1.93	1.94	1.92	1.89	2.11	2.12	1.48	2.24	2.29	1.81	1.96
9	1	2.5 Money laundering	1.92	1.80	1.66	1.80	2.00	2.28	1.30	2.50	2.05	1.94	2.00
17	1	4.4 Drugs in public housing	1.90	1.64	1.91	1.91	2.13	1.74	1.47	2.06	2.18	2.13	2.00
7b		2.3 Antiterrorism plans	1.90	1.73	1.87	1.89	2.38	1.68	1.72	2.17	2.05	1.90	1.85
6		2.1 White-collar crime	1.90	1.53	1.81	1.89	2.00	1.96	1.77	2.02	1.95	1.88	1.96
	3	3.5d Victim compensation	1.88	1.93	2.62	1.49	2.00	2.38	1.38	1.80	2.09	1.97	1.74
		9.4 Crime in Indian communities	1.86	1.73	2.03	1.91	2.13	1.95	1.55	1.67	1.86	1.97	2.12
19		5.1 Research & evaluation	1.83	1.71	1.60	1.91	2.38	1.68	1.83	1.70	2.05	2.00	1.85
		8.1a Health ed. while incarceration. (adult)	1.83	1.40	1.80	2.13	1.75	1.24	1.84	1.37	1.95	2.27	2.20
		10.4 Cross-train tribal & local law enf.	1.83	2.00	2.25	2.00	2.13	1.55	1.67	1.47	1.86	2.04	1.84
23	1	5.5 Juvenile decline proceedings	1.82	1.67	2.09	1.68	2.00	1.55	1.22	2.24	2.27	1.93	1.69
		9.3 countyprofile.net	1.82	1.83	1.94	1.93	1.33	2.00	0.82	2.03	2.17	2.33	1.57
21	1	5.3 Street drug sales	1.80	1.93	1.83	1.75	2.13	2.00	1.00	2.27	1.82	1.93	2.04
1		1.1 Drug demand education	1.79	1.60	1.83	1.68	1.80	1.81	1.37	2.06	1.96	2.06	1.79
28	4	6.5 Law enforcement & media	1.75	1.47	1.94	1.79	2.00	1.32	1.08	2.08	2.32	2.00	1.69
26		6.3 Antiterrorism training & equipment	1.63	1.67	1.46	1.70	2.13	1.41	1.25	2.12	1.82	1.61	1.65
14		3.5a Juror/witness assistance	1.46	1.40	2.08	1.37	1.63	1.63	1.02	1.50	1.32	1.70	1.23
		10.1 Drug, terrorist on tribal land	1.37	1.60	1.47	1.61	1.50	1.52	0.81	1.49	1.29	1.65	1.42
	1	9.1 New prisons/jails	1.36	1.40	1.14	1.12	1.00	2.36	0.76	2.10	2.00	0.93	1.08

Distribution of Questions

As can be seen by the number of questions under each factor listed in Table 4 below, the Byrne federal purpose areas had a strong influence on the distribution of types of questions. Close to half of the questions in the survey (45%) pertained to enforcement or treatment. Other factors in the survey were measured by only one or two items; one must be careful not to underestimate the potential significance of individual items that received high priority ratings but had fewer questions covering those topics -- for example, since there was only one question that assessed court delay, court delay would not appear in more than 1 out of the top 10 ratings.

The table below shows the percentage of Byrne items that fell into each of the factor categories and the percentage of non-Byrne items that comprised the rest of the survey. The factor analysis results grouped the survey questions into the following categories:

Table 4. Number of Questions for Each Factor

	Byrne Items		Non-Byrne Items		Total	
Factor 1 Enforcement	11	(28.9%)	3	(13.6%)	14	(23.3%)
Factor 2 Treatment	7	(18.4%)	6	(27.3%)	13	(21.7%)
Factor 3 Victims	6	(15.8%)	1	(4.5%)	7	(11.7%)
Factor 4 Community	4	(10.5%)	1	(4.5%)	5	(8.3%)
Factor 5 Multicultural	0	(0.0%)	5	(22.7%)	5	(8.3%)
Factor 6 Health	1	(2.6%)	2	(9.0%)	3	(5.0%)
Factor 7 Forensics	2	(5.3%)	0	(0.0%)	2	(3.3%)
Factor 8 Anti-terror	2	(5.3%)	0	(0.0%)	2	(3.3%)
Factor 9 DUIs	1	(2.6%)	1	(4.5%)	2	(3.3%)
Factor 10 CJ Data	0	(0.0%)	1	(4.5%)	1	(1.7%)
Factor 11 Cases	1	(2.6%)	0	(0.0%)	1	(1.7%)
Factor 12 misc	1	(2.6%)	1	(4.5%)	2	(3.3%)
Factor 13 misc	2	(5.3%)	0	(0.0%)	2	(3.3%)
Total	38	(100%)	22	(100%)	60	(100%)

Priority Areas: Common Themes

As will be explained below, each stakeholder group places a high priority on criminal justice areas that, to some extent, reflect their area of expertise. Law enforcement and prosecutors place a high priority on drugs and crime enforcement (Factor 1). Other groups place a high priority on treatment issues (Factor 2). Family and victim service professionals place the highest criminal justice priority on crime victims (Factor 3). These three main themes that emerged from the survey -- Crime/Drugs, Treatment, and Victims -- provide a convenient framework that we use to present the results below. Other factors that emerged as individual items of importance included issues such as drug-endangered children, forensics, interagency collaboration, and court case resources.

Table 5 below summarizes the count of **how many** of each group's top 10 rated areas fell into each factor. For example, six of Law Enforcement's top 10 priorities were from Factor 1 (Drugs & Crime Enforcement). Also included in the table is what **percent** of questions from that factor

made it into the top 10 – for example, although six of law enforcement’s top 10 items were related to drugs and crime enforcement, it represents only 43% of the total number of crime and drug enforcement questions in the survey (because there were 14 drug and crime enforcement-related questions). Some groups have more than ten items due to tie ratings.

Table 5. Number of Items in Top-10 For Each Factor by Stakeholder Group

	TOT N=315	LAW n=54	PRO N=27	DOC n=24	BYR n=16	DEF n=57	TRT n=28	GOV n=37	CTS n=10	PRE n=32	VIC n=40
F1: Crime (14 items)		6 (43% of 14 items)	5 (36% of 14 items)	2 (14% of 14 items)	1 (7% of 14 items)						
F2: Trtmt (13 items)	7(54% of 13 items)		1 (8% of 13 items)	5 (38% of 13 items)	7 (54% of 13 items)	10 (77% of 13 items)	10 (77% of 13 items)	8(62% of 13 items)	7(54% of 13 items)	5 (38% of 13 items)	2 (15% of 13 items)
F3: Abuse (7 items)	2(29% of 7 items)	1 (14% of 7 items)	1 (14% of 7 items)	1 (14% of 7 items)	2 (29% of 7 items)		2 (29% of 7 items)	2(29% of 7 items)	3(43% of 7 items)	2 (29% of 7 items)	7(100% of 7 items)
F4: Comm (5 items)	1(20% of 5 items)	1 (20% of 5 items)								1 (20% of 5 items)	1 (20% of 5 items)
F5: Multic (5 items)					1 (20% of 5 items)					1 (20% of 5 items)	1 (20% of 5 items)
F6: Health (3 items)										1 (33% of 3 items)	
F7: Foren (2 items)		1* (50% of 2 items)	2*(100% of 2 items)								
F9: DUIs (2 items)										1*(50% of 2 items)	
F10: Data (1 item)				1*(100% of 1 item)							
F11: Case (1 item)		1*(100% of 1 item)	1*(100% of 1 item)	1*(100% of 1 item)	1*(100% of 1 item)						

* Due to the low number of items in these categories, they actually represent a higher percentage of items from those factors than the color-highlighted category. Any such items are discussed individually after discussion of the three main factors below.

The table above suggests that, at least in a general sense, there are three different perspectives on criminal justice priorities: 1) **drugs/crime**, 2) **treatment**, and 3) **crime victims**. Of the remaining criminal justice issues judged to be of importance, drug-endangered children (Question 8.4) received the highest rating of 2.46, falling among the top 10 overall top priorities identified by the total group (see dark shaded entry in Factor 4 table below). Court Delay (Question 3.1) was also highly prioritized, being judged among the top 10 most important criminal justice issues by four of the ten stakeholder groups, and in the top 20 for an additional three groups. The following items received a top-10 rating by at least two stakeholder groups:

Table 6. Other Items Rated in Top 10 by at Least Two Stakeholder Groups

Drug-endangered children	Guidelines for working with drug-endangered children, including children found in meth labs.
Inter-agency collaboration	Joint planning and collaborative action among local, state, federal, tribal enforcement and community-based agencies (including prevention, treatment, and other programs).

Health education while incarcerated (juve)	Health awareness education during incarceration (including HIV/AIDS, HepC, etc.) For juveniles
Forensic sciences	Improving the quality, timeliness, and credibility of forensic science services for criminal justice purposes.
Court delay	Improving the court process by expanding prosecutorial, defender and judicial resources, and reducing case delay.

Stakeholder priority ratings for these areas were as follows:

Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	4	8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
10	11	3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
	6	8.1b Health ed. while incarcerated (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	2.46
	5	10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
29	7	7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08

The following discussion covers each of the three main factors (treatment, drugs/crime, and crime victims). In addition, some of the related factors that were judged to be high priorities (e.g., forensics, drug-endangered children) are addressed within the context of these three larger categories of treatment, drugs/crime, and crime victims. Issues of court delay and interagency collaboration are covered separately at the end.

CRIMINAL JUSTICE PRIORITIES: Treatment

By far, the areas of criminal justice viewed as the highest priority for Washington state centered around issues of chemical dependency and mental health treatment, for adults and juveniles both inside and outside of institutions.

First, for the total group of respondents, treatment issues emerged as seven of the top 10 priorities (see Table 5 above). Treatment issues were also a predominant concern for seven of the 10 stakeholder groups (Id.).

Looking at the total group ratings, the top five treatment issues were as follows (all, incidentally, rated at 2.50 or higher, effectively placing them in a “medium-high” priority category where a score of 2 was medium priority and a top score of 3 was high priority):

Table 7. Top 5 Treatment Issues by Total Group (TOT)

Treatment outside institutions (juve)	Programs which identify and meet the treatment needs of chemically-dependent offenders outside of institutions: For juvenile offenders
Reintegration: chem & MH treatment	Post-incarceration reintegration services: Chemical dependency and mental health treatment
MH treatment during incarceration (juve)	Mental health services during incarceration. (For juveniles)
Early intervention for juveniles	Establishing early intervention and prevention programs for juveniles to reduce or eliminate crime.
Prison/jail treatment	Substance-abuse treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies.

TREATMENT – Top 5 Treatment Issues by Combined Stakeholder TOTAL ratings												
Byrne	SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
		N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
13	3.4b Treatment outside instil. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
	7.3b Reintegration: chem/MH treatm	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
	8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
24	7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
11	3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89

A secondary theme that emerges from the data is a desire to afford early treatment to youth as a means of reducing crime in the state. Three of the top five treatment issues (60%) related specifically to juveniles.⁶

Treatment

Shortfall

A significant percentage of Washington State's population is in need of substance abuse treatment. The Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse (DASA), estimates that 418,567 adults (age 18 and older), or 9.9% of adults living in households, were in need of substance abuse treatment in 2001 (Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State, 2003 Report). Treatment needs of adolescents living in households (ages 12-17) were estimated at 8.7% (Id.).

In our survey, stakeholders gave a high priority to treatment issues. This is consistent with figures that indicate a great shortfall in Washington on the matter of drug treatment. In terms of publicly funded chemical dependency services, DASA data shows that 75.3 percent of adults age 18 and older who needed and were eligible for DASA-funded treatment did not receive it due to lack of available funding (75,198 out of 99,863) (Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State, 2003 Report). Similarly, 75.6 percent of adolescents ages 12 to 17 failed to receive DASA-funded treatment (18,499 out of 24,468) (Id.).

The U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2002, reported that in 2002, 2.7 percent of persons aged 12 or older nationwide needed but did not receive treatment for an illicit drug problem. Washington State was below the national average for meeting drug treatment needs in 2002. In fact, Washington was one of the ten worst states in terms of persons who needed but did not receive treatment for an illicit drug problem among persons aged 12 or older, with somewhere between 2.96 and 3.54 percent of persons needing but not receiving drug treatment (the best ten states have a failure rate ranging from 2.17 to 2.40 percent untreated).

Washington fares better nationally with alcohol treatment, falling in the bottom percentile among states for persons who needed but did not receive treatment for an alcohol problem in 2002 (SAMHSA). However, chronic drinking rates in Washington State are on the rise, and are at their highest point in more than a decade with 5.0% percent of adults ages 18 and over having had an average of two or more drinks per day per month in 2001 (DSHS DASA, Tobacco, Alcohol, & Other Drug Abuse Trends in Washington State, 2003 Report).

⁶ In the stakeholder survey, there were only five questions out of 60 that referenced juveniles directly (5.5, 3.4b, 8.2b, 7.2, 8.1b) plus four that made some other reference to youth or children (6.4, 4.5, 8.4, 6.1), for a total of 15% of the questions.

Efficacy of Treatment

In our survey, the focus of stakeholders on treatment issues suggests a perception that incarceration by itself is inadequate to address drugs and violent crime, an idea that finds some support in research. A study by the Washington State Institute for Public Policy (The Criminal Justice System in Washington State: Incarceration Rates, Taxpayer Costs, Crime Rates, and Prison Economics, Jan. 2003) found that research-based and well-implemented rehabilitation and prevention programs provide a better economic return than prison expansion. They list as examples some drug treatment programs that give a better economic return than increasing the incarceration rate for drug offenders. Indeed, out of the 60 items in our stakeholder survey, the construction of new prisons or jails received the lowest overall priority rating.

In a review of treatment studies, DASA concluded that chemical dependency treatment reduces crime in Washington State. Specifically, studies show that arrests and convictions decrease after treatment for both youth and adults. For example, a study of 6,000 Washington State youth ages 14 to 17 found a 56% decline in felonies (from 17% in the 18 months before treatment to almost 8% in the 18 months after treatment) and a 30% decline in misdemeanors (from 29% before to 20% after treatment) (DASA, citing Luchansky, He, Longhi, Krupski, & Stark, 2003). A study of over 20,000 chemically dependent Washington State Supplemental Security Income recipients found that the likelihood of re-arrest in the year after treatment was 16 percent lower when clients received treatment, and the likelihood of a felony conviction was reduced by 34 percent (DASA, citing Estee & Nordlund, 2003).

Drug courts have proven to be an effective treatment alternative to incarceration in Washington State. In a comprehensive review of drug court evaluation studies in the United States and Washington State, the Washington State Institute for Public Policy (WSIPP) concluded that drug courts, on average, reduce recidivism rates by around 13 percent (WSIPP, Washington State’s Drug Courts for Adult Defendants: Outcome Evaluation and Cost-Benefit Analysis, Mar. 2003). An average reduction of 13 percent was found for five of six Washington adult drug courts evaluated by WSIPP, with a cost savings of \$1.74 in benefits generated for each dollar of costs incurred. Only King County did not show the same benefits, for unknown reasons.

Juveniles and Health education

Treatment of juveniles was given a high priority by many stakeholders. Topping the list of all priorities was treatment outside of institutions for juveniles (M=2.71). Mental health treatment for juveniles during incarceration and early intervention for juveniles also made the top list of treatment priorities (M=2.59 and M=2.57, respectively). (See top treatment issues in Table 5 above.) A separate but related factor that received top-10 ratings by at least two stakeholder groups was health education for incarcerated juveniles (see table below showing average ratings for this item).

Health education while incarcerated (juve)	Health awareness education during incarceration (including HIV/AIDS, HepC, etc.) For juveniles
--------------------------------------------	------------------------------------------------------------------------------------------------

Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	6	8.1b Health ed. while incarceration (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	2.46

Educating youth on risky behaviors is important. The Governor’s Council on Substance Abuse (Substance Abuse Prevention Progress in Review: 2001-2003 Biennial Report) notes that when youth do not perceive that use of illicit substances is harmful, then they are more likely to use substances and are at higher risk to develop substance abuse problems. In its biennial report, the Governor’s Council on

Substance Abuse found that more students are at risk today from not perceiving substance abuse to be harmful or risky, compared to students in 2000.

Children and teens in the US juvenile system report high rates of behaviors that put them at risk of HIV/AIDS (Teplin, L.A., 2003, HIV and AIDS Risk Behaviors in Juvenile Detainees: Implications for Public Health Policy, American Journal of Public Health, 6, 906-912). A study of juvenile detainees in Chicago found that nearly all had, at some point, put themselves at possible risk of contracting HIV - most commonly through unprotected sex or getting tattoos with potentially dirty needles (Id.). Teplin, the author of the study, stated, "These kids may be too busy skipping school to learn about HIV, and they don't have much parental support in their lives. The best chance to educate these kids may actually be in prison." (Reuters Health, Juvenile Offenders at High Risk of HIV: Study, 5/29/03).

As one of its basic positions, Washington State's Governor's Juvenile Justice Advisory Committee supports effective education services for juveniles to address areas of concern such as primary prevention curricula for child abuse, teen pregnancy and substance abuse, AIDS and other sexually transmitted diseases.

CRIMINAL JUSTICE PRIORITIES: Drugs and Crime Enforcement

No drug and crime enforcement issues made it into the top 10 rated categories for the total group, although domestic drugs and clean-up (Question 1.3) made the top 20. As noted above, however, drugs and crime enforcement are viewed as a major priority by at least two stakeholder groups, prosecutors and law enforcement. Thus, for a view on criminal justice priorities in these areas, we turn to the prosecutor and law enforcement stakeholder responses.

The table below shows the drugs and crime enforcement survey items (factor 2) that were judged by law enforcement and prosecutors to be among the top 10 priorities for criminal justice in the state.

Table 8. Top Five Drug & Crime Enforcement Issues by Law Enforcement (LAW) and Prosecutors (PRO) Stakeholder Groups

Officer staffing	Local law enforcement officer staffing capacity and retention.
Multijurisdictional task forces	Multijurisdictional task forces that help coordinate investigations among Federal, State, and local drug law enforcement agencies and prosecutors.
Domestic drugs & clean-up	Programs targeting the domestic sources of drugs, such as precursor chemicals, clandestine laboratories, and including meth lab clean-up.
Career criminals	Prosecuting career criminals, including the development of proposed model drug control legislation.
Criminal information systems	Criminal and justice information systems to assist law enforcement, prosecution, courts, and corrections organization (including automated fingerprint identification systems).

DRUGS & CRIME ENFORCEMENT – Top Drug/Crime Issues by Law Enforcement and Prosecutor Stakeholders, Sorted by TOTAL ratings												
Byrne	SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
		N=315	n=16	N=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
3	1.3 Domestic drugs & clean-up	2.28	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
	8.5 Officer staffing	2.22	2.07	2.31	2.03	2.50	2.50	1.38	2.81	2.62	2.29	2.12
15b	4.2 Criminal information systems	2.13	2.13	2.23	2.00	2.50	2.64	1.37	2.51	2.86	2.10	1.92
2	1.2 Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
8	2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08

Adult incarceration rates have more than doubled in the last two decades, with about 60 percent of state adult prisoners being violent offenders, 19 percent property offenders, and 21 percent drug offenders (Washington State Institute for Public Policy, Criminal Justice System in Washington State, Jan. 2003). The incarceration rate for drug offenders rose significantly in the late 1980s and mid-1990s, but has been relatively stable in the last several years (Id.).

Despite the stabilization in incarceration rates, drug use continues to be a significant problem in Washington State. The number of clandestine drug laboratories seized by law enforcement officials in Washington State continues to be one of the highest in the nation, although number of reported incidents is down (Northwest HIDTA Threat Assessment, 2004).

Washington’s topography and location make it uniquely vulnerable to drug smuggling and production. Its border with Canada is approximately 430 miles long with 13 official ports of entry. There are dense forests and extensive waterways, including 157 miles of coastline on the west coast (Id.).

The 2004 NW HIDTA Threat Assessment found that methamphetamine is the most prevalent illicit substance throughout the region, followed by marijuana, powdered cocaine, heroin, crack cocaine, pharmaceuticals, club drugs and other dangerous drugs. In 2003, 90.5 percent of state and local law enforcement agencies in Washington described methamphetamine as the greatest drug threat in their area. In terms of severity of health and social consequences, methamphetamine likewise tops the list, followed by heroine, cocaine, marijuana, and other dangerous drugs (Id.).

Methamphetamine abuse in Washington State is increasing. For example, treatment admissions for addiction have remained at a high level. Admissions in publicly funded facilities for methamphetamine addiction increased from 4,056 admissions in 1998 to 6,603 in 2002 (Id.).

Methamphetamine abuse in Washington State is higher than the national average. ADAM data showed that in 2003, 12.1 percent of adult male arrestees in Seattle tested positive and 32.1 percent in Spokane tested positive, far above the national median of 4.7 percent. Also, 19.2 percent in Seattle and 38.5 percent in Spokane reported using methamphetamine within the previous year, compared to a national median of 7.7 percent (Id.).

Drug-Endangered Children

Drug-endangered children	Guidelines for working with drug-endangered children, including children found in meth labs.
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Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	4	8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50

Drug-endangered children made the top 10 list of highest priorities overall in our stakeholder survey. Children found at methamphetamine labs are of high concern to criminal justice stakeholders, with good reason. From May 2002 to August 2003, when detectives from King County’s Special Assault Unit responded directly to the scene of methamphetamine labs with drug-endangered children and collected urine samples from these children, 90 percent of the children tested positive for exposure. The King County Sheriff’s Office Special Assault Unit (SAU) is the lead entity that removes children from methamphetamine labs investigated by the Clandestine Lab Team (King County Sheriff’s Office, Investigating Drug Endangered Children, 2004).

The concern with children at methamphetamine labs is reflected in tough laws in Washington. In 2002, the Washington State Legislature made it a class B felony to endanger a dependent child or adult through exposure to methamphetamine or chemicals used in its manufacture (RCW 9A.42.100). If someone is convicted of manufacturing methamphetamine and there was a person under the age of 18 present at the manufacturing site, a special enhancement of 24 months may be added to the standard sentencing range (RCW 9.94A.605; RCW 9.94A.533(6)). Furthermore, if a law enforcement agency investigates an alleged methamphetamine lab and finds a child present, the agency must contact the state Department of Social and Health Services immediately (RCW 26.44.200).

Health dangers of methamphetamine

Production of methamphetamine, particularly under less than ideal conditions such as overheating or improper mixing, results in highly toxic and/or flammable by-products (The Drug Endangered Children Resource Center, California Women's Commission on Addictions, Drug Endangered Children Health and Safety Manual, May 2000). There are corrosive or skin-damaging chemicals such as lye, hydrochloric acid, or lethal and odorless corrosive phosphine gas that is produced when the reaction is overheated. Solvents or volatile organic compounds are toxic to the nervous system, cause extreme irritation to the lungs, and have adverse effects on the liver, kidney, and developmental processes. Phosphorus compounds are highly flammable and are a fire and explosion hazard. Psychoactive compounds including methamphetamine itself and by-products can cause psychosis, seizures, and death in high doses or to young children from accidental ingestion.

Large-scale production operations are unlikely to involve children, but the Drug Endangered Children Resource Center notes that the existence many small-scale "mom and pop" labs in homes places children at much greater risk (Id.).

Children are at greater risk for ingestion and absorption than adults because they are closer to the floor or counter level and have habits like putting things in their mouths (Id.). The Drug Endangered Children Resource Center provides examples of ways in which children can absorb dangerous chemicals. For example, children in methamphetamine-producing homes are likely to be around gases and fine powders that can be inhaled. Sheets and bedding used to strain drug products may be re-used in the home, or children may play in discarded clothing or linens used for methamphetamine cooking. Children may be unaware of dangerous residues on tables and countertops. Common kitchen implements are used in the production of methamphetamine, and children may put a contaminated object in their mouths. They may eat food prepared in the same oven or microwave used to cook methamphetamine, or play in outdoor areas where chemicals have been stored or disposed of. Accidental injection from needles lying around may occur, and drugs stored in baby formula cans have been mistaken for formula and given to infants in bottles. (Id.)

Biologically, children are also at greater risk than adults because their developing brain and other systems are more susceptible to damage at specific maturational stages (Id.). Children eat and breathe more per body weight than adults, and children may not be able to process and eliminate the chemicals as well as adults can. Also, children have a longer life span within which to develop long-term effects of exposure. (Id.)

The Washington State Department of Ecology responded to approximately 350 drug lab incidents in 1998 compared to almost 1500 in 2003. Washington ranks sixth in the nation in terms of the number of illegal methamphetamine labs identified by law enforcement (Governor's Methamphetamine Coordinating Committee, *We Care: Recommended Best Practices Addressing the Needs of Drug Endangered Children*, 2004). With the growing problems our state faces with methamphetamine, drug-endangered children will continue to be a hot topic.

Technology Crimes

Identity theft and other cybercrimes were not specifically included in the stakeholder survey, but stakeholder comments indicated that it is an area of high concern in Washington State.

Nationwide, identity theft is a large and growing problem. Last year, 214,905 people filed identity theft complaints with the Federal Trade Commission nationwide, comprising 42 percent of consumer fraud complaints, up from 40 percent in 2002 (National and State Trends in Fraud and Identity Theft, Jan – Dec. 2003). However, only a fraction of victims report identity theft. According to a Federal Trade Commission sponsored household survey conducted in 2003, an estimated 9.91 million people were victims of identity theft in the past year, with an estimated loss to businesses of \$47.6 billion, and an estimated loss to person victims of \$5 billion (Synovate FTC Report, 2003).

In 2001, Washington State passed one of the toughest identity theft laws in the nation (RCW 9.35.020, Attorney General's Office), yet identity theft continues to be a significant problem in the state. In 2003, there were 4,741 identity theft complaints filed in Washington, making it 10th in the nation based on per capita reporting of identity theft (77.3 per 100,000 population) (FTC ID Theft Data Clearinghouse). For fraud complaints overall, Washington fared even worse, ranking 4th in the nation with 7,335 complaints filed at a rate of 119.6 per 100,000 population. (Id.)

Seattle/Bellevue/Everett placed second behind Washington DC for fraud-related complaints in metropolitan areas, with 3,254 complaints in 2003 at a per capita rate of 134.8 per 100,000 population. Seattle/Bellevue/Everett placed 15th in the nation for identity-theft complaints, with 2,186 complaints at a rate of 90.5 per 100,000 population.

Technology crimes present unique cost issues due to the need for search warrants to identify applicable computers and obtain electronic evidence, witnesses who are typically out-of-state (such as internet service providers), and other such costs (Washington State Association of Sheriffs and Police Chiefs; Washington Association of Prosecuting Attorneys; Washington Defender Association). As technology improves, we can expect new technology crimes to continue to add to what is already a significant problem in Washington state.

Drugs and identity theft

The rise in methamphetamine abuse may be contributing to the rise in identity theft. Police officers around the country link identity theft problems in their districts with methamphetamine abuses. In a report by MSNBC, police officers around the country stated that nearly every time they bust an identity theft ring, the criminals are methamphetamine addicts (MSNBC, The Meth Connection to Identity Theft, Mar. 10, 2004). A detective in Thurston County in Washington reported getting two to nine new identity theft cases a day, with 60 active cases at any one time; out of these, he estimated that 95 percent of the time methamphetamine addiction plays a role (Id.).

The close connection between methamphetamine abuse and identity theft crimes arises from the psychopharmacological properties of methamphetamine, which keep the user alert, focused, and detail-oriented (Id.). This enables them to perform the repetitive tasks of identity theft such as sorting through volumes of mail or even reconstructing shredded documents. Methamphetamine users can stay awake for days at a time. One user reported that when her habit switched from heroin to methamphetamine, she switched to identity theft because she had so much time on her hands that identity theft easily fed her habit (Id.).

Crimes like methamphetamine abuse and identity theft do not occur in a vacuum, and the criminal justice system should ideally seek solutions that take into account the interrelated aspects of these crimes.

Forensics

Forensic sciences	Improving the quality, timeliness, and credibility of forensic science services for criminal justice purposes.
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Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
29	7	7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08

Forensics is an issue rated highly by prosecutors and law enforcement stakeholders in particular. In our stakeholder survey, prosecutors rated forensics of higher concern than any other drug and crime enforcement issues; this is consistent with the high importance prosecutors generally place on forensics (Washington Association of Prosecuting Attorneys, personal communication, Aug. 10, 2004).

The demand on forensic services, for DUI breath tests and other scientific testing, is on the rise in Washington State. In 2003, there were 46,064 total breath alcohol concentration tests (BAC) administered in the state of Washington, which is an increase of 1,188 tests over the year 2002. Out of these, the Washington State Patrol (WSP) administered 20,925 tests and had an increase of 3,012 tests over 2002 (up 16.2%). State Patrol troopers are administering 50.5% of all BAC tests in Washington. The number of drug evaluations conducted on drivers by WSP was up to 1,500 in 2003 compared to 1,048 in 2002, a 43.1% increase. The Toxicology Laboratory received and tested 7.5% more cases in 2003 than in 2002, on top of a 10% increase from 2001 to 2002 (WSP 2003 Annual Report; Forensic Laboratory Services Bureau).

DUIs alone accounted for 43,950 case filings in 2003 (Administrative Office of the Courts, 2003). Driving under the influence came in second on the list of top 20 misdemeanor convictions resulting in a jail sentence for 2003 with 16,122 sentences, second only to driving with license suspended in the third degree (AOC).

DNA testing, although increasing in need over the past year, receives federal funding that helps address caseload pressures. Initially, the felon side of the DNA-testing program CODIS contained profiles from persons convicted of certain violent felony crimes. Later, changes in state law expanded the database to include persons convicted of any felony crime and certain gross misdemeanors. The expansion created a large number of felon samples waiting to be analyzed. At the beginning of 2003, there were 15,544 felon samples in the backlog, and by the end of the year, the backlog had risen to 39,638. However, federal grant funding has allowed WSP to send felon samples to a private contractor, which frees up the scientists' time to work on other cases (WSP 2003 Annual Report).

CRIMINAL JUSTICE PRIORITIES: Crime Victims

Two abuse and domestic violence issues were in the total group's top 10 priorities: 1) child abuse and neglect (Question 6.4, ranked 3rd with an average of 2.60) and 2) domestic and family violence (Question 4.5, ranked 7th with an average of 2.49). For one stakeholder group, Family and Victim Services, six of their top 10 priorities for criminal justice in Washington state were crime victim issues (see Table 5 above). Those six survey items were as follows:

Table 9. Top Six Crime Victim Issues by Family and Victim Services (VIC) Stakeholder Group

Domestic & family violence	Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.
DV victim assistance	Assistive programs for the following: Services to domestic violence victims (non-compensation)
Child abuse & neglect	Enforcing child abuse and neglect laws, including laws protecting against child sexual abuse, and promoting programs designed to prevent child abuse and neglect.
Law enforcement DV training	Law enforcement training on domestic violence policies and working with victims.
Integrated DV training	Integrated domestic violence training of law enforcement, prosecutors, and domestic violence advocates.
Victim assistance	Assistive programs for the following: Services to victims of other crimes (non-compensation)

CRIME VICTIMS – Top Victim Issues by Family/Victim Services Stakeholders, Sorted by TOTAL ratings												
Byrne	SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
		N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
27	6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
18	4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
18	3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
18	10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
18	10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	2.32	1.65	1.98	2.24	2.38	2.20
14	3.5c Victim assistance	2.01	2.13	2.74	1.97	2.13	1.96	1.46	1.81	2.18	2.19	2.15

There were several domestic violence questions in our survey and only one question addressing victims of crimes other than abuse or domestic violence (Question 3.5c, “Assistive programs to victims of other crimes”). Therefore, although stakeholders’ priority ratings may appear to prioritize domestic violence in particular, this likely has more to do with the types of questions asked. Therefore, we considered the broader issue of concern to be “crime victims” in general. Various aspects of crime victimization, including child abuse and neglect, sexual assault, domestic violence, and victims of other types of crimes, are discussed below.

Child Abuse & Neglect

Child abuse and neglect is consistently viewed as a high priority area by criminal justice stakeholders (topping the list for the total group in our Stakeholder Survey). Data presented by the National Clearinghouse on Child Abuse and Neglect Information suggest that the prevalence of child abuse is on the decline, and Washington State is among the best in the nation at dealing with it.

According to the National Clearinghouse on Child Abuse and Neglect Information, an estimated 896,000 children were determined to be victims of child abuse or neglect in 2002. The rate of victimization per 1,000 children in the national population has dropped from 13.4 children in 1990 to 12.3 children in 2002. More than 60 percent of child victims experienced neglect. Almost 20 percent were physically abused; 10 percent were sexually abused; and 7 percent were emotionally maltreated. In addition, almost 20 percent were associated with "other" types of maltreatment based on specific state laws and policies. Children ages birth to 3 years had the highest rates of victimization at 16.0 per 1,000 children. Girls were slightly more likely to be victims than boys. American Indian or Alaska Native and African-American children had the

highest rates of victimization when compared to their national population. While the rate of White victims of child abuse or neglect was 10.7 per 1,000 children of the same race, the rate for American Indian or Alaska Natives was 21.7 per 1,000 children and for African-Americans 20.2 per 1,000 children (National Clearinghouse on Child Abuse and Neglect Information).

In 2000, there were 15,694 reports of child abuse and 41,027 reports of child neglect in Washington State (OCVA, Task Force Report on Underserved Victims of Crime, 2002). Positively, in 2002, Washington State was one of 10 states with the lowest rates of child maltreatment (based on dispositions), with an incident rate of 0.0-6.0 per 1,000 children (U.S. Dept. Health & Human Services Administration for Children & Families, Child Maltreatment 2002). Washington reported a total of 15 child fatalities from maltreatment, or a rate of 0.99 per 100,000 children. Only 10 other states reported a lower fatality rate (Id.).

In 1982, the Washington State Legislature established the Washington Council for Prevention of Child Abuse and Neglect (WCPCAN) to serve as a resource to the state of Washington on child abuse and neglect prevention. In 2004, WCPCAN awarded \$552,000 from combined federal and state-funded grants matched by funds from local sources, to assist 17 child abuse prevention programs across the state. Programs were chosen for their ability to identify and develop comprehensive and innovative child abuse and neglect prevention strategies targeted to new parents, low-income parents, refugee and immigrant families, parents of children with special needs, and pregnant and parenting teens, in ethnically diverse communities throughout the state.

WCPCAN receives federal funds through the Community-Based Child Abuse Prevention (CBCAP) program. The CBCAP program supports state efforts to create and operate statewide networks of community-based, family-centered, prevention-focused family resource and support programs that strengthen families and reduce the incidence of child abuse and neglect.

Sexual Abuse

Washington State has been a leader in the rape crisis movement: Seattle Rape Relief (founded in 1972) was one of the first rape crisis centers in the country; Harborview Sexual Assault center (established in 1973) was one of the earliest hospital-based programs. Washington has sexual assault programs serving all 39 counties. (CTED OCVA, 2001, Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women).

The nationwide prevalence of sexual assault has been documented in two major studies (Id.). The National Women's Study (NWS) conducted by the Medical University of South Carolina surveyed over 4,000 women about forced sexual assault experiences (Kilpatrick, Edmunds & Seymour, 1992, cited by OCVA). They found that 13 percent of women reported being raped with 61 percent of the experiences occurring during childhood. The National Violence Against Women Survey (NVAWS) interviewed 8,000 women and 8,000 men on forced sexual assault, stalking, and physical assault experiences (Tjaden & Thoennes, 1998). They found that 15 percent of women have been raped, 54 percent of them in childhood. In both studies, the majority of cases of sexual assault were committed by known or related perpetrators, and few

cases were reported to the authorities. Many sexual assault victims suffered significant psychological effects and most did not seek medical or psychological assistance.

Compared to these national figures, the rate of rape for Washington State women appears to be higher. In a sexual assault survey of 1325 women in Washington State commissioned by CTED's Office of Crime Victims Advocacy, the same questions were posed, and 23 percent of Washington women reported being victims of forcible rape, compared to 13 to 15 percent reported in the national studies (Harborview Center for Sexual Assault and Traumatic Stress, 2001, *Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women*). In the same study, over a third (38%) of Washington State women in the survey reported being sexually assaulted in their lifetime. As with the national studies, the majority of experiences for Washington women were a one-time event, although many involved repeated sexual assaults by the same offender. Most victims knew or were related to their offenders.

When asked about non-sexual victimization experiences (e.g., seeing someone killed, being stalked, beaten), 60 percent of women had experienced at least one of these events, and 27 percent had experienced more than one. Among sexual assault victims, 78 percent had also experienced another traumatic event. Thus, sexual assault victims were more likely to have experienced some other kind of trauma than women who were not victims of sexual assault.

Sexual victimization has a significant correlation with mental health. Washington women who reported being sexually assaulted were six times more likely to meet diagnostic criteria for Post-Traumatic Stress Disorder and more than three times as likely to meet diagnostic criteria for Major Depressive Episode in their lifetime compared to women reporting no sexual assaults. (Id.)

It is difficult to assess the prevalence of sexual assault because much of it may go unreported to the authorities, so normal crime statistics paint an incomplete picture. Only 15 percent of Washington women said that they reported their experiences to the police (Id.). Women under 30 years old were more likely to report an incident (26%) than older women. Out of those reporting, charges were filed in about half of the cases. Although official crime rates have declined in recent years, the data from this Washington study suggest the possibility that sexual assault has actually increased in the past few decades, because young women reported the highest lifetime rates of sexual assault (Id.).

Domestic and Family Violence

According to estimates from the National Crime Victimization Survey (NCVS), there were 691,710 nonfatal violent victimizations committed by current or former spouses, boyfriends, or girlfriends of the victims during 2001. This number represents a decline from 1.1 million nonfatal violent crimes by an intimate in 1993.

Most intimate partner violent crimes involve female victims: about 588,490, or 85 percent of non-fatal victimizations by intimate partners in 2001 were against women (BJA Crime Data Brief, 2003, *Intimate Partner Violence, 1993-2001*). Intimate partner violence made up 20

percent of all nonfatal violent crime experienced by women in 2001, but only 3 percent for men. Similarly, more women are killed by fatal intimate partner crimes than men (1,247 and 440, respectively, in 2000) (Id.). BJA reports that in recent years an intimate killed about 33 percent of female murder victims and 4 percent of male murder victims.

In Washington State, as with national trends, at least one-third of women murdered in Washington State each year are killed by their current or former intimate partner (Washington State Coalition Against Domestic Violence, June 2002, *Covering Domestic Violence: A Guide for Journalists and Other Media Professionals*). There were 205 people murdered between 1997 and 2001 in 184 domestic-violence-related incidents. Over half of the homicide victims (58%) were women killed by current or former husbands or boyfriends.

Overall, there were 51,589 domestic violence calls to Washington police departments in 2003. This represents a decline from levels in the late 90's (54,865 in 1997), but it is an increase from the 50,117 calls made in 2002 (WASPC Crime in Washington Report, 2003). It is important to note that these figures only capture those incidents that were reported; the actual number of incidents is likely much higher (CTED Office of Crime Victims Advocacy).

There is evidence that resources for domestic violence remain a pressing need in Washington State. In 2001, domestic violence programs sheltered 6,727 battered women and children but due to space and funding limitations had to refuse 32,957 requests for shelter (Washington State Coalition Against Domestic Violence). Washington State domestic violence programs served 25,031 adults and children in 2001, assisting with support groups, obtaining protection orders, legal advocacy, shelter, and counseling (Id.). The Washington State Domestic Violence Hotline answered 27,994 calls in 2001 (Washington DSHS, Children's Administration).

Domestic Violence Training

In Washington, CTED's Office of Crime Victims Advocacy provides some funds for domestic violence training. The American Bar Association Commission on Domestic Violence notes that intervention of the police and the court system could be improved in domestic violence cases. Only about one-seventh of all domestic assaults come to the attention of the police (ABA; Florida Governor's Task Force on Domestic and Sexual Violence, Florida Mortality Review Project, 1997, p. 3). Furthermore, female victims of domestic violence are six times less likely to report crime to law enforcement as female victims of stranger violence (ABA; American Psychl. Ass'n, *Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family* (1996), p. 10.). When an injury was inflicted upon a woman by her intimate partner, she reported the violence to the police only 55% of the time. She was even less likely to report violence when she did not sustain injury (ABA; Bureau of Justice Statistics Special Report: *Violence Against Women: Estimates from the Redesigned Survey* (NCJ-154348), August 1995, p. 5.).

Victims of Other Crimes

In 2002, the Washington State Legislature passed Senate Bill 6763, creating the Washington State Task Force on Funding for Community-Based Services to Underserved Victims of Crime.

As defined in SB 6763, underserved victims are victims of crimes including homicide, robbery, child abuse, assault (other than domestic abuse and sexual assault), and vehicular assault. The task force conducted a survey of agencies and their services across the state. They found that of 35 agencies surveyed, 94% reported there were victims in their community not being served. Of those not served, 24% of agencies said it was because the service did not exist. Thirty-three percent of agencies surveyed reported that victims were not served in their community because of lack of capacity of existing agencies. An additional 33 percent said that the reason was a combination of both lack of capacity and lack of services existing. (OCVA, Task Force Report on Underserved Victims of Crime, 2002).

In its report, the Task Force discussed the historical availability of services for victims of domestic violence and sexual assault. The first state-funded program for crime victim services was the Crime Victim Compensation benefits program authorized by RCW 7.68 in 1974 (providing retroactive benefits to 1972) (Id.). The first state funding for shelter services for victims of domestic violence was the Shelters for Victims of Domestic Violence legislation (RCW 70.123) passed in 1979. There are currently 44 state-funded domestic violence shelter programs throughout Washington State, with services covering every community in the state (Id.). Also passed in 1979, the Victims of Sexual Assault Act (RCW 70.125) was the first state funding for sexual assault victims services. There are now approximately 41 community sexual assault programs throughout the state, not situated within each county but still encompassing every community within their service areas (Id.).

For victims of underserved crimes, virtually no city or county funds go to community-based services for victims of underserved crimes (Id.). Instead, almost all of the funding for crime victim services goes to sexual assault or domestic violence agencies. The Task Force notes that this does not imply that sexual assault and domestic violence services are adequately funded, as this funding is on a downward trend due to loss in revenue arising after the passage of Initiative 695. Community sexual assault programs and domestic violence shelter programs struggle to meet demands within their communities.

Statistics on crimes in undeserved crime categories for 2000 were as follows: 204 murders, 5,733 robberies, 12,834 aggravated assaults, 15,694 reports of child abuse, 41,027 reports of child neglect (Id.).

The Task Force further summarizes the lack of services for victims of underserved crimes in Washington State. Although every community sexual assault and domestic violence shelter program in Washington State has a crisis line capacity 24 hours a day, seven days a week, there is no statewide toll-free 24-hour crisis line for underserved victims of crime. (Id.). Minimal specialized services for homicide survivors exist in the Puget Sound area, and victims of other underserved crimes do not have access to counseling and/or advocacy services. There are limited sentencing services available to victims of homicide in the Puget Sound area. Some system-based services are available although the degree to which they are available varies greatly from county to county, including investigation services (protection, notification, etc.), prosecution-based victim witness/assistance units, and sentencing services (notification, victim input, etc.).

The Task Force recommended the creation of a funding pool, administered by OCVA, to provide technical assistance to underserved victims service providers to build capacity and enhance services. The Task Force also recommended further study of the following: the needs of the underserved community; granting OCVA enforcement authority to review rights violations experienced by crime victims; the need to improve the collection of penalty assessments; expand community outreach programs; increase the amount of resources for victims; and fund a statewide toll free hotline for all victims of crime (Washington State Department of Community Trade and Economic Development, Office of Crime Victims Advocacy, 2002, Task Force Report on Underserved Victims of Crime).

CRIMINAL JUSTICE PRIORITIES: Additional Issues of Concern

Court Delay and System Resources

Court delay	Improving the court process by expanding prosecutorial, defender and judicial resources, and reducing case delay.
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Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
10	11	3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23

District and municipal courts have gone through considerable changes in the past 35 years, including hearing cases of increasing complexity and cost (for example, district court cases were limited to \$1,000 in 1962 and are limited to \$35,000 today). These changes have, in some areas, “outpaced the ability of these courts to plan for and design necessary changes to internal procedures” (AOC Courts of Limited Jurisdiction Assessment Survey Report, 1995-1997).

In 2001, the Board for Judicial Administration established workgroups to review Washington’s judicial process. Among its recommendations for a more streamlined, efficient court system was a call to the legislature to provide funding of \$500,000 to support initial trial court coordination planning activities to address the goals of reducing redundancies within jurisdictions, increasing staff flexibility, increasing public access and public convenience, better utilizing judge and staff time, simplifying case processing, and employing court performance standards. In commenting on court resources, the Board for Judicial Administration noted,

While the state has provided funding assistance to local governments for criminal justice costs, most of this support is used for programs outside the court system such as law enforcement and prosecution. In recent years, costs for the justice system have grown steadily until local governments can no longer adequately support the courts. As the Legislature enacts new causes of action, and with the added complexity of domestic relations cases and serious crimes such as driving-under-the-influence (DUI) and domestic violence, the tension between local and state government over adequate funding of the trial courts has grown. (BJA Project 2001, Coordinating Judicial Resources for the New Millennium)

Participating in the court system are, among others, law enforcement, prosecutors, and defenders, who also must receive adequate funding if cases are to be processed efficiently. The need for the criminal justice system to function as a collaborative whole is discussed further in the next section on interagency collaboration.

Interagency Collaboration

Inter-agency collaboration	Joint planning and collaborative action among local, state, federal, tribal enforcement and community-based agencies (including prevention, treatment, and other programs).
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Byrne	Factor	Short Title	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
	5	10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48

The Byrne Committee, as with many state and federal criminal justice groups across the nation, strongly supports an interagency collaborative approach to criminal justice. This emphasis on collaborative endeavors recognizes the reality of needing to make best use of limited criminal justice resources, as well as acknowledging the interrelated nature of prevention, education, incarceration, treatment, and rehabilitation.

A 1998 report by the American Bar Association, Bar Information Program describes seven basic models of collaboration employed by states across the country (BJA, 1998, *Improving State and Local Criminal Justice Systems: A Report on How Public Defenders, Prosecutors, and Other Criminal Justice System Practitioners Are Collaborating Across the Country*). These seven strategies highlight some promising collaborative approaches to criminal justice, and are summarized below. They bear many similarities to the work done by the Byrne Committee (and in some states the examples presented below do encompass Byrne Committee work). Some of these collaborative approaches are already underway in Washington State.

1. Criminal Justice Planning Commissions (California, Georgia, Kentucky, Nebraska)

Criminal justice planning commissions are planning groups formed of representatives from key criminal justice agencies in a given jurisdiction that conduct planning from a multiagency or systemwide perspective. California's Los Angeles Countywide Criminal Justice Coordination Committee (CCJCC) consists of a representative range of city and county officials. It administers locally funded programs, which in the past has included projects such as programs to reduce trial delays and relieve jail overcrowding, drug court, and a cooperative CD-ROM legal research project that provides information on court processes.

2. Cooperation in Programs Receiving Federal Funds (California, Delaware, Minnesota)

Independent bodies consisting of representatives from all areas of criminal justice provide input into the disbursement of criminal justice funding. In California, for example, the public defender's office actively participates in the development of justice system grant funding strategies even though it is not a direct recipient of these funds. Through their participation, they help ensure greater systemwide balance in the disbursing of federal funds (Byrne funds and others).

3. Task Forces (Nebraska, Oregon, Washington State)

Task forces gather together representatives from key criminal justice agencies, the legislature, judiciary, executive branch, and other affected entities to collaboratively work on a particular problem within the criminal justice system.

4. Fill the Gap Coalitions (Florida, Arizona)

Fill the Gap coalitions are based on one originally formed in Florida, which consisted of members of the state court system, state attorneys association, public defenders association, and state attorney general's office. Its purpose was to seek balanced funding from the legislature for the criminal justice system, in light of legislative initiatives that were being proposed. At the time, Florida was about to receive substantial federal funds for the "front" and "back end" of the criminal justice system, i.e., law enforcement and corrections. The coalition argued that there was a gap in funding for the "middle" (i.e., courts, prosecution, and defense) and budgets were subsequently significantly increased for the following fiscal year.

5. Joint Prosecutor/Public Defender Unions (California, Minnesota)

In California and Minnesota, unions comprised of both prosecutors and public defenders seek salary parity between prosecutors and defenders. Public defenders in California report that without the support from district attorneys, proposed defender salary cuts would almost surely have been implemented.

6. Cooperation in Case Tracking and Criminal History Systems (Florida, Delaware, Rhode Island)

Several states are working on having a centralized criminal justice system database. Washington State is working on its own Justice Information Network (JIN), a collaborative effort and continuing process of state and local criminal justice agencies to provide integrated information to criminal justice practitioners and automate the electronic transfer of information on offenders throughout the state. Indeed, criminal information systems were fairly highly prioritized by stakeholders in our survey, with two groups rating it in their top five priorities, one group placing it in their top ten, and two groups placing it in their top 20 (M=2.13, see Table 5, Question 4.2).

7. Fiscal Impact Statements (Maryland)

Fiscal impact statements are assessments of the potential fiscal impacts of proposed legislative bills on criminal justice agencies. In Washington State, CTED's Local Government Fiscal Note Program prepares fiscal notes detailing potential impacts on local governments, including, for example, law enforcement, prosecution, defense, and corrections costs. Washington State agencies that may be affected also create their own fiscal notes; for example, the Administrative Office of the Courts writes fiscal notes on the impact of proposed bills on the courts and the Washington State Department of Corrections handles potential impacts on state correction facilities.

This list is not exhaustive of the possible ways in which criminal justice stakeholder groups might collaborate. It also does not include examples of collaboration with tribal or community entities. However, it does highlight that across the nation, states recognize the importance of collaboration to achieve their criminal justice objectives and maximize use of their resources.

Conclusion

Criminal justice priorities identified by ten stakeholder groups in Washington State included 1) treatment, 2) drug and crime enforcement, and 3) victim services issues. These three main areas of concern are substantiated by research data demonstrating unmet needs in Washington State. Also prevalent among stakeholders is a concern with the overall functioning of the criminal justice case processing system, and the need to make better use of criminal justice resources. Collaborative efforts between various facets of the criminal justice system can help address that concern. Promisingly, efforts of the Byrne Committee and other collaborative state endeavors such as the Justice Information Network are providing a step in the right direction.

Stakeholder Group Results

Although there were common trends in how groups rated criminal justice priorities, each group also had its own particular priorities within this general framework. The top 20 priorities of each stakeholder group are presented below. It should be noted that having small numbers of respondents in some of the groups may limit generalizability of the results.

Byrne Committee

The top 10 criminal justice priorities of the Byrne Committee include:

- Treatment and intervention (Q 3.4b, 3.4a, 8.3, 7.2, 3.2, 7.3b, 5.2a)
- Court case processing and resources (3.1)
- Drug Trafficking and clean-up (1.3)
- Inter-agency collaboration (10.6)
- Domestic violence and abuse (3.5b, 6.4)

The top 20 priorities of the Byrne Committee are presented in the table below, along with the ratings of those items by the other stakeholder groups.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
3		1.3 Domestic drugs & clean-up	2.28	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
18		3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
		7.3b Reintegration: chem/MH treatm	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
27		6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
20		5.2a Alt. to incarceration (nondangerous)	2.32	2.33	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
2		1.2 Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
4		1.4 Community programs	2.28	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
		5.2b Alt. to incarceration (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	2.46
8		2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
		8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
		7.3c Reintegration: comm. services	2.41	2.13	2.50	2.53	2.50	2.00	2.84	1.88	2.33	2.43	2.65
15 b		4.2 Criminal information systems	2.13	2.13	2.23	2.00	2.50	2.64	1.37	2.51	2.86	2.10	1.92
14		3.5c Victim assistance	2.01	2.13	2.74	1.97	2.13	1.96	1.46	1.81	2.18	2.19	2.15

Family & Victim Services

As noted in the discussion above, family and victim service advocates placed a high priority on crime victim issues. Examining their top 10 responses shows that they also shared some of the concerns of other stakeholder groups. The top 10 priorities of the Family/Victim Services stakeholders include:

- Crime victims, domestic violence and abuse (Q 4.5, 3.5b, 6.4, 10.2, 10.5, 3.5c, 3.5d)
- Inter-agency collaboration (10.6)
- Treatment and intervention (7.2, 8.2b)
- Drug-endangered children (8.4)

The present survey included only one question directly addressing victims of crimes other than domestic violence (Q 3.5c). In order to get a better sense of how stakeholders prioritize issues regarding victims of non-DV crimes as compared to domestic violence crimes, future studies may wish to include a broader spectrum of questions distinguishing between these issues. The top 20 priorities of Family/Victim Services stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	<u>2.59</u>	<u>2.62</u>
18		3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
27		6.4 Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
18		10.2 Law enforcement DV training	<u>2.28</u>	2.07	2.78	2.44	2.63	<u>2.32</u>	1.80	1.98	<u>2.38</u>	2.48	2.28
18		10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	<u>2.32</u>	1.65	1.98	2.24	2.38	2.20
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
14		3.5c Victim assistance	2.01	<u>2.13</u>	2.74	1.97	2.13	1.96	1.46	1.81	2.18	2.19	2.15
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
		8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
		8.4 Drug-endangered children	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
		3.5d Victim compensation	1.88	1.93	2.62	1.49	2.00	2.38	1.38	1.80	2.09	1.97	1.74
		7.3b Reintegration: chem/MH treatment	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
4		1.4 Community programs	<u>2.28</u>	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
		7.3c Reintegration: comm. services	2.41	<u>2.13</u>	2.50	2.53	<u>2.50</u>	2.00	2.84	1.88	2.33	2.43	2.65
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
		10.3 Cultural education	2.07	2.00	2.47	2.31	2.25	1.45	2.29	1.47	2.14	2.29	2.00
		7.3a Reintegration: comm. supervis.	<u>2.28</u>	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
		8.1b Health ed. while incarceration. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	<u>2.46</u>
25		6.2 DNA-testing	2.15	1.87	2.39	1.86	2.38	2.64	2.04	2.42	2.09	1.87	1.88

Government/Public Policy

Government/Public Policy stakeholders were among the groups that placed a high priority on treatment issues, as evidenced by the high prevalence of green items among their top 10 issues. Secondly, government and public policy professionals judged abuse and domestic violence to be a high-priority area. Specifically, the top 10 priorities for this group includes:

- Treatment and intervention (Q 3.4b, 7.3b, 8.3, 8.2b, 3.2, 7.2, 3.4a, 8.2a)
- Domestic violence and abuse (6.4, 4.5)
- Health education for juveniles in institutions (8.1b)

The top 20 priorities of Government/Public Policy stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
		7.3b Reintegration: chem/MH treatmt	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
		8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
27		6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
		8.2a MH treatmt during incarceration. (adult)	2.43	2.00	2.32	2.55	2.50	2.32	2.73	1.87	2.76	2.52	2.62
		8.1b Health ed. while incarceration. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	2.46
20		5.2a Alt. to incarceration. (nondangerous)	2.32	2.33	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
		7.3c Reintegration: comm. services	2.41	2.13	2.50	2.53	2.50	2.00	2.84	1.88	2.33	2.43	2.65
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
		8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
18		10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	2.32	1.65	1.98	2.24	2.38	2.20
18		10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
		7.5 Drug screening after arrest	2.10	1.93	1.97	2.44	2.63	1.59	1.75	1.85	2.19	2.40	2.92
		5.2b Alt. to incarceration. (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	2.46
18		3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41

Courts

Court-related stakeholders were also among the groups that placed a high priority on treatment issues, as evidenced by the high prevalence of green items among their top 10 issues. Many of their treatment priorities centered around treatment alternatives (treatment outside institutions for juveniles, specialty courts, alternatives to incarceration). They also judged abuse and domestic violence to be a high-priority area, rating Child Abuse & Neglect (Q 6.4) as the top priority for criminal justice. Domestic violence assistance and integrated training of professionals involved in the domestic violence system also received top-10 ratings. Specifically, the top 10 priorities for Court stakeholders include:

- Domestic violence and abuse (6.4, 3.5b, 10.5)
- Treatment and intervention (3.4b, 3.2, 3.4a, 7.3b, 7.2, 8.3, 5.2b, 5.2a)

The top 20 priorities of Court stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
27		6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
		7.3b Reintegration: chem/MH treatmt	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
		5.2b Alt. to incarceration (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	2.46
20		5.2a Alt. to incarceration (nondangerous)	2.32	2.33	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
18		3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
18		10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	2.32	1.65	1.98	2.24	2.38	2.20
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
		8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
18		10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
		7.5 Drug screening after arrest	2.10	1.93	1.97	2.44	2.63	1.59	1.75	1.85	2.19	2.40	2.92
		8.2b MH treatment during incarceration (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
		8.2a MH treatment during incarceration (adult)	2.43	2.00	2.32	2.55	2.50	2.32	2.73	1.87	2.76	2.52	2.62
		7.3c Reintegration: comm. services	2.41	2.13	2.50	2.53	2.50	2.00	2.84	1.88	2.33	2.43	2.65
22		5.4 DUI laws	2.26	1.87	2.19	2.26	2.50	2.35	1.90	2.20	2.29	2.59	2.52
		8.5 Officer staffing	2.22	2.07	2.31	2.03	2.50	2.50	1.38	2.81	2.62	2.29	2.12
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	2.50	2.32	1.20	2.35	2.86	2.47	2.31
15b		4.2 Criminal information systems	2.13	2.13	2.23	2.00	2.50	2.64	1.37	2.51	2.86	2.10	1.92

Prosecutors

Although many of the top 10 priorities for prosecutorial stakeholders pertains to drugs and crime enforcement as described above, prosecutors have other areas of concern as well. Child abuse and neglect was their top-rated priority. In addition, prosecutors find forensics, including DNA-testing, to be an important part of criminal justice. Like other stakeholder groups, prosecutors placed a high priority on treatment of juveniles, and on the need to allocate more resources to the court system to aid in faster case processing. Their top 10 priorities include the following:

- Child abuse & neglect (Q 6.4)
- Forensics (7.1, 6.2)
- Drugs & Crime Enforcement (1.2, 1.3, 4.2, 2.4, 8.5)
- Treatment for juveniles (3.4b)
- Resources for court case processing (3.1)

The top 20 priorities of Prosecutor stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
27		6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
29		7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08
2		1.2 Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
3		1.3 Domestic drugs & clean-up	2.28	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
25		6.2 DNA-testing	2.15	1.87	2.39	1.86	2.38	2.64	2.04	2.42	2.09	1.87	1.88
15b		4.2 Criminal information systems	2.13	2.13	2.23	2.00	2.50	2.64	1.37	2.51	2.86	2.10	1.92
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
8		2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
		8.5 Officer staffing	2.22	2.07	2.31	2.03	2.50	2.50	1.38	2.81	2.62	2.29	2.12
		8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
		8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
18		3.5b DV victim assistance	2.30	2.40	2.84	2.40	2.75	2.42	1.75	2.22	2.27	2.38	2.41
		3.5d Victim compensation	1.88	1.93	2.62	1.49	2.00	2.38	1.38	1.80	2.09	1.97	1.74
		9.1 New prisons/jails	1.36	1.40	1.14	1.12	1.00	2.36	0.76	2.10	2.00	0.93	1.08
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
22		5.4 DUI laws	2.26	1.87	2.19	2.26	2.50	2.35	1.90	2.20	2.29	2.59	2.52
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
		7.3b Reintegration: chem/MH treatment	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
		8.2a MH treatmt during incarceration. (adult)	2.43	2.00	2.32	2.55	2.50	2.32	2.73	1.87	2.76	2.52	2.62
18		10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
18		10.5 Integrated DV training	2.23	2.00	2.78	2.47	2.75	2.32	1.65	1.98	2.24	2.38	2.20
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	2.50	2.32	1.20	2.35	2.86	2.47	2.31

Defenders

Public defenders consistently viewed treatment as the most important priority for criminal justice. The highest priority for Defender stakeholders was reintegration, getting an offender back into a community. Second in importance was the availability of alternatives to incarceration so that offenders can receive appropriate treatment, and the availability of mental health treatment for incarcerated offenders. Defenders prioritized juvenile issues above those of adults. Defender stakeholders' top 10 priorities for criminal justice were all treatment-related, as follows:

- Treatment
 - Reintegration (7.3b, 7.3c)
 - Alternatives to incarceration (5.2a, 5.2b)
 - Treatment outside institutions (3.4b, 3.4a)
 - Treatment during incarceration (8.2b, 8.2a, 3.2)
 - Early intervention for juveniles (7.2)

The top 20 priorities of Defender stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
		7.3b Reintegration: chem/MH trtmt	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
		7.3c Reintegration: comm. services	2.41	<u>2.13</u>	2.50	2.53	<u>2.50</u>	2.00	2.84	1.88	2.33	2.43	2.65
20		5.2a Alt. to incarceration (nondangerous)	2.32	<u>2.33</u>	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
		5.2b Alt. to incarceration (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	<u>2.46</u>
		8.2b MH trtmt during incarceration (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
		8.2a MH trtmt during incarceration (adult)	2.43	2.00	2.32	2.55	<u>2.50</u>	<u>2.32</u>	2.73	1.87	2.76	2.52	<u>2.62</u>
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
12		3.3 Prison/jail industries	<u>2.28</u>	1.80	2.16	2.31	2.44	2.17	2.60	1.80	2.55	2.23	2.63
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
16		4.3 Innovative programs	2.22	1.80	2.31	2.14	2.38	1.55	2.43	2.13	2.09	2.52	2.35
		8.1b Health ed. while incarceration (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	<u>2.46</u>
		10.3 Cultural education	2.07	2.00	2.47	2.31	2.25	1.45	2.29	1.47	2.14	2.29	2.00
29		7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08
27		6.4 Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
		7.3a Reintegration: comm. supervis.	<u>2.28</u>	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48

Law Enforcement

Drugs and Crime Enforcement are the top criminal justice priority for Law Enforcement stakeholders. Like other stakeholder groups, however, they share a concern for child abuse and neglect, drug-endangered children, and the need to improve court case processing resources. Along with prosecutors, law enforcement personnel also find forensics to be a high priority for criminal justice in the state. Law Enforcement stakeholders' top 10 priorities were as follows:

- Drugs and Crime Enforcement (Q 8.5, 1.2, 1.3, 2.4, 4.2, 2.5)
- Child abuse and neglect (6.4)
- Drug-endangered children (8.4)
- Resources for court case processing (3.1)
- Forensic sciences (7.1)

The top 20 priorities of Law Enforcement stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
		8.5 Officer staffing	2.22	2.07	2.31	2.03	<u>2.50</u>	2.50	1.38	2.81	2.62	2.29	2.12
2		1.2 Multijurisdictional task forces	2.12	2.31	2.13	2.00	2.40	2.67	1.21	2.81	2.29	2.03	2.11
3		1.3 Domestic drugs & clean-up	<u>2.28</u>	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
8		2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
27		6.4 Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
		8.4 Drug-endangered children	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
15b		4.2 Criminal information systems	2.13	<u>2.13</u>	2.23	2.00	<u>2.50</u>	2.64	1.37	2.51	2.86	2.10	1.92
9		2.5 Money laundering	1.92	1.80	1.66	1.80	2.00	2.28	1.30	2.50	2.05	1.94	2.00
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
29		7.1 Forensic sciences	2.25	2.00	2.32	1.94	2.13	2.77	2.24	2.44	2.24	2.07	2.08
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
25		6.2 DNA-testing	2.15	1.87	2.39	1.86	2.38	2.64	2.04	2.42	2.09	1.87	1.88
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	<u>2.59</u>	<u>2.62</u>
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	<u>2.50</u>	<u>2.32</u>	1.20	2.35	2.86	2.47	2.31
		7.3a Reintegration: comm. supervis.	<u>2.28</u>	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
4		1.4 Community programs	<u>2.28</u>	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
		7.3b Reintegration: chem/MH trtmt	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
21		5.3 Street drug sales	1.80	1.93	1.83	1.75	2.13	2.00	1.00	2.27	1.82	1.93	2.04
		7.4 High-crime places	1.97	1.93	1.97	1.91	2.13	1.95	1.31	2.25	2.24	2.17	2.12

DOC/Jail/Juvenile

Department of Corrections/Jails/Juvenile stakeholders were perhaps the most broadly-defined stakeholder group. Members of this group primarily came from prisons, jails, juvenile detention facilities, and juvenile courts. They placed a high priority on various facets of criminal justice. Their highest priority was on criminal justice information systems. Treatment both inside and outside of institutions was also important. DOC/Jail/Juvenile stakeholders also, like many other stakeholder groups, saw a need for improved court resources to expedite case processing. And, like all other stakeholder groups, assign a high priority to child abuse and neglect. This group was second only to law enforcement stakeholders in prioritizing officer staffing as a criminal justice need. The top 10 priorities were as follows:

- Sharing criminal justice data (Q 9.2, 4.2)
- Treatment inside and outside of institutions for adults and juveniles (8.2a, 8.2b, 3.4b, 7.2, 3.2)
- Resources for court case processing (3.1)
- Child abuse and neglect (6.4)
- Officer staffing (8.5)

The top 20 priorities of DOC/Jail/Juvenile stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	<u>2.50</u>	<u>2.32</u>	1.20	2.35	2.86	2.47	2.31
15b		4.2 Criminal information systems	2.13	<u>2.13</u>	2.23	2.00	<u>2.50</u>	2.64	1.37	2.51	2.86	2.10	1.92
		8.2a MH trtmt during incarceration. (adult)	2.43	2.00	2.32	2.55	<u>2.50</u>	<u>2.32</u>	2.73	1.87	2.76	2.52	<u>2.62</u>
10		3.1 Court delay	2.40	2.60	2.38	2.31	2.00	2.58	2.52	2.44	2.73	2.20	2.23
		8.2b MH treatment during incarceration. (juvenile)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	<u>2.77</u>
27		6.4 Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
13		3.4b Treatment outside institution. (juvenile)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
		8.5 Officer staffing	2.22	2.07	2.31	2.03	<u>2.50</u>	2.50	1.38	2.81	2.62	2.29	2.12
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
		7.3b Reintegration: chemical/MH treatment	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	<u>2.59</u>	<u>2.62</u>
12		3.3 Prison/jail industries	<u>2.28</u>	1.80	2.16	2.31	2.44	2.17	2.60	1.80	2.55	2.23	2.63
4		1.4 Community programs	<u>2.28</u>	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
3		1.3 Domestic drugs & clean-up	<u>2.28</u>	2.44	2.25	2.22	2.40	2.65	1.60	2.74	2.42	2.33	2.32
13		3.4a Treatment outside institution. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
8		2.4 Career criminals	2.05	2.20	1.95	1.83	2.38	2.56	1.21	2.70	2.41	2.06	2.08
7a		2.2 Crime analysis techniques	2.00	1.60	2.22	1.72	2.00	2.20	1.28	2.24	2.41	2.13	2.33
		8.4 Drug-endangered children	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
18		10.2 Law enforcement DV training	<u>2.28</u>	2.07	2.78	2.44	2.63	<u>2.32</u>	1.80	1.98	<u>2.38</u>	2.48	2.28

Health/Prevention/Education

The focus of health/prevention/education stakeholders is on early intervention, treatment, and community and collaboration issues. Treatment outside of institutions for juveniles was rated the highest criminal justice need for Washington State. Also judged to be of high priority were fighting child abuse and neglect, helping drug-endangered children, and helping with reintegration back into the community. These may all reflect a preventative approach to criminal justice that targets high-risk groups for early intervention. Inside institutions, mental health treatment and health education for juveniles is seen as a high priority. The top 10 priorities for this stakeholder group were as follows:

- Treatment, including early intervention, treatment during incarceration, incarceration alternatives, and reintegration (Q 3.4b, 7.2, 8.2b, 7.3b, 8.3)
- Abuse and domestic violence (6.4, 4.5)
- Health education for incarcerated juveniles (8.1b)
- Drug-endangered children (8.4)
- Inter-agency collaboration (10.6)
- DUI laws (5.4)

The top 20 priorities of Health/Prevention/Education stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
		8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
27		6.4 Child abuse & neglect	2.60	2.33	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	2.62
		8.1b Health ed. while incarceration. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	2.46
		7.3b Reintegration: chem/MH trtmt	2.63	2.33	2.57	2.79	2.88	2.32	2.84	2.27	2.57	2.66	2.96
		8.4 Drug-endangered children	2.46	2.13	2.62	2.51	2.63	2.45	2.06	2.56	2.38	2.65	2.50
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	2.59	2.62
22		5.4 DUI laws	2.26	1.87	2.19	2.26	2.50	2.35	1.90	2.20	2.29	2.59	2.52
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
		8.2a MH trtmt during incarceration. (adult)	2.43	2.00	2.32	2.55	2.50	2.32	2.73	1.87	2.76	2.52	2.62
16		4.3 Innovative programs	2.22	1.80	2.31	2.14	2.38	1.55	2.43	2.13	2.09	2.52	2.35
4		1.4 Community programs	2.28	2.20	2.53	2.39	2.00	2.15	1.96	2.28	2.50	2.50	2.29
18		10.2 Law enforcement DV training	2.28	2.07	2.78	2.44	2.63	2.32	1.80	1.98	2.38	2.48	2.28
20		5.2a Alt. to incarceration. (nondangerous)	2.32	2.33	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
		9.2 Sharing CJ data	2.17	1.93	2.19	2.30	2.50	2.32	1.20	2.35	2.86	2.47	2.31
		7.3c Reintegration: comm. services	2.41	2.13	2.50	2.53	2.50	2.00	2.84	1.88	2.33	2.43	2.65

Treatment

Treatment stakeholders place the highest criminal justice priority on treatment issues, both outside and inside of institutions, with a primary emphasis on reintegration. Secondly, they also feel that abuse and domestic violence are high-priority issues for Washington State. Their top 10 priorities were as follows:

- Treatment
 - Reintegration (Q 7.3b, 7.3c, 3.3)
 - Pre-screening (7.5)
 - Treatment outside of institutions (3.4b, 3.4a)
 - Treatment inside of institutions (3.2, 8.2b, 8.2a)
 - Alternatives to incarceration (8.3)
- Abuse and domestic violence (6.4, 4.5)

The top 20 priorities of Treatment stakeholders are presented in the table below.

BYR	Byrne Priority	SURVEY SHORT TITLE	TOT	BYR	VIC	GOV	CTS	PRO	DEF	LAW	DOC	PRE	TRT
			N=315	n=16	n=40	n=37	n=10	n=27	n=57	n=54	n=24	n=32	n=28
		7.3b Reintegration: chem/MH trtmt	2.63	<u>2.33</u>	2.57	2.79	2.88	<u>2.32</u>	2.84	2.27	2.57	2.66	2.96
		7.5 Drug screening after arrest	2.10	1.93	1.97	2.44	2.63	1.59	1.75	1.85	2.19	2.40	2.92
13		3.4b Treatment outside instit. (juve)	2.71	2.67	2.56	2.94	2.89	2.63	2.79	2.43	2.65	2.87	2.89
11		3.2 Prison/jail treatment	2.50	2.40	2.34	2.76	2.89	2.33	2.70	2.02	2.59	2.53	2.89
		8.2b MH treatmt during incarceration. (juve)	2.59	2.07	2.64	2.76	2.57	2.45	2.76	2.06	2.71	2.76	2.77
20		8.3 Specialty courts	2.38	2.47	2.47	2.79	2.88	2.00	2.48	1.83	2.10	2.60	2.77
13		3.4a Treatment outside instit. (adult)	2.44	2.47	2.24	2.69	2.89	2.08	2.72	2.02	2.41	2.55	2.74
		7.3c Reintegration: comm. services	2.41	<u>2.13</u>	2.50	2.53	<u>2.50</u>	2.00	2.84	1.88	2.33	2.43	2.65
12		3.3 Prison/jail industries	<u>2.28</u>	1.80	2.16	2.31	2.44	2.17	2.60	1.80	2.55	2.23	2.63
27		6.4 Child abuse & neglect	2.60	<u>2.33</u>	2.81	2.66	3.00	2.82	2.14	2.60	2.68	2.72	<u>2.62</u>
18		4.5 Domestic & family violence	2.49	2.27	2.87	2.60	2.63	2.35	2.08	2.40	2.55	<u>2.59</u>	<u>2.62</u>
		8.2a MH trtmt during incarceration. (adult)	2.43	2.00	2.32	2.55	<u>2.50</u>	<u>2.32</u>	2.73	1.87	2.76	2.52	<u>2.62</u>
24		7.2 Early intervention for juveniles	2.57	2.40	2.65	2.73	2.88	2.14	2.64	2.27	2.62	2.81	2.58
20		5.2a Alt. to incarceration. (nondangerous)	2.32	<u>2.33</u>	2.19	2.54	2.75	1.61	2.84	1.76	2.27	2.47	2.58
22		5.4 DUI laws	2.26	1.87	2.19	2.26	<u>2.50</u>	2.35	1.90	2.20	2.29	<u>2.59</u>	2.52
		8.4 Drug-endangered children	2.46	<u>2.13</u>	2.62	2.51	2.63	2.45	2.06	2.56	<u>2.38</u>	2.65	2.50
		7.3a Reintegration: comm. supervis.	<u>2.28</u>	2.00	2.43	2.18	2.13	2.18	2.14	2.29	2.29	2.32	2.50
		10.6 Inter-agency collaboration	2.31	2.40	2.76	2.52	2.63	1.82	2.11	1.98	2.10	2.64	2.48
15a		4.1 Drug control technology	2.07	1.87	2.05	1.91	2.38	2.22	1.73	2.15	2.18	2.16	2.48
		8.1b Health ed. while incarceration. (juve)	2.33	2.00	2.40	2.55	2.14	2.00	2.38	1.94	2.33	2.68	<u>2.46</u>
		5.2b Alt. to incarceration. (dangerous)	2.23	2.20	2.03	2.43	2.88	2.14	2.77	1.54	2.32	1.96	<u>2.46</u>

APPENDICES

Appendix 1. Stakeholder Survey Questions with Associated Byrne Purpose Area, Survey Question Number, and Short Title.

BYR	Surv	Short Title	Survey Question
1	1.1	Drug demand education	Education programs with law enforcement participation that reduce drug demand.
2	1.2	Multijurisdictional task forces	Multijurisdictional task forces that help coordinate investigations among Federal, State, and local drug law enforcement agencies and prosecutors.
3	1.3	Domestic drugs & clean-up	Programs targeting the domestic sources of drugs, such as precursor chemicals, clandestine laboratories, and including meth lab clean-up.
4	1.4	Community programs	Community programs that assist citizens in preventing and controlling crime, including crimes against the elderly and rural programs.
5	1.5	Criminal commerce	Disrupting the illegal sale of stolen goods and property.
6	2.1	White-collar crime	Investigation and prosecution of white-collar crime, organized crime, public corruption, and fraud against the government.
7a	2.2	Crime analysis techniques	Improving law enforcement crime analysis techniques directed at street sales, schoolyards, gangs, and low-income housing drug activity.
7b	2.3	Antiterrorism plans	Developing and implementing antiterrorism plans for deep draft ports, international airports, and other important facilities.
8	2.4	Career criminals	Prosecuting career criminals, including the development of proposed model drug control legislation.
9	2.5	Money laundering	Investigating money laundering operations, including the development of enabling legislation to get at assets obtained through illegal drug-trafficking.
10	3.1	Court delay	Improving the court process by expanding prosecutorial, defender and judicial resources, and reducing case delay.
11	3.2	Prison/jail treatment	Substance-abuse treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies.
12	3.3	Prison/jail industries	Prison/jail industries to help inmates acquire marketable skills, pay restitution to victims, support their own families, and support themselves in the institution.
13	3.4a	Treatment outside institutions (adult)	Programs which identify and meet the treatment needs of chemically-dependent offenders outside of institutions: For adult offenders
13	3.4b	Treatment outside institutions (juve)	Programs which identify and meet the treatment needs of chemically-dependent offenders outside of institutions: For juvenile offenders
14	3.5a	Juror/witness assistance	Assistive programs for the following: Juror and witness assistance
	3.5b	DV victim assistance	Assistive programs for the following: Services to domestic violence victims (non-compensation)
14	3.5c	Victim assistance	Assistive programs for the following: Services to victims of other crimes (non-compensation)
	3.5d	Victim compensation	Assistive programs for the following: Crime victim compensation
15a	4.1	Drug control technology	Drug control technology, such as pretrial drug testing, identification and referral to treatment, monitoring offenders, and enhancing

			forensic laboratories.
15b	4.2	Criminal information systems	Criminal and justice information systems to assist law enforcement, prosecution, courts, and corrections organization (including automated fingerprint identification systems).
16	4.3	Innovative programs	Innovative programs that demonstrate new and different approaches to enforcement, prosecution, and adjudication of drug offenses and other serious crimes.
17	4.4	Drugs in public housing	Addressing the problems of drug trafficking and the illegal manufacture of controlled substances in public housing.
18	4.5	Domestic & family violence	Improving the criminal and juvenile justice system's response to domestic and family violence, including spouse abuse, child abuse, and abuse of the elderly.
19	5.1	Research & evaluation	Research and evaluation of state drug control programs.
20	5.2a	Alternatives to incarceration (nondangerous offenders)	Providing alternatives to prevent detention, jail, and prison: For persons who pose no danger to the community
	5.2b	Alternatives to incarceration (dangerous offenders)	Providing alternatives to prevent detention, jail, and prison: For persons who pose a danger to the community due to mental illness and/or substance addiction
21	5.3	Street drug sales	Urban enforcement and prosecution efforts targeted at street drug sales.
22	5.4	DUI laws	Prosecution and enforcement of laws pertaining to alcohol use and operation of motor vehicles (DUI, etc.)
23	5.5	Juvenile decline proceedings	Effective juvenile decline proceedings (juvenile offenders prosecuted as adults) for eligible violent offenders.
24	6.1	Gangs	Law enforcement and prevention programs relating to gangs, or to youth who are involved or at risk of involvement in gangs.
25	6.2	DNA-testing	Forensic laboratory improvements in DNA-testing (including training as well as technological developments).
26	6.3	Antiterrorism training & equipment	Developing and implementing antiterrorism training programs and procuring equipment for use by local law enforcement authorities.
27	6.4	Child abuse & neglect	Enforcing child abuse and neglect laws, including laws protecting against child sexual abuse, and promoting programs designed to prevent child abuse and neglect.
28	6.5	Law enforcement & media	Establishing or supporting cooperative programs between law enforcement and the media, to collect and disseminate information useful in the identification and apprehension of suspected criminal offenders.
29	7.1	Forensic sciences	Improving the quality, timeliness, and credibility of forensic science services for criminal justice purposes.
	7.2	Early intervention for juveniles	Establishing early intervention and prevention programs for juveniles to reduce or eliminate crime.
	7.3a	Reintegration: community supervision	Post-incarceration reintegration services: Community supervision
	7.3b	Reintegration: chem & MH treatment	Post-incarceration reintegration services: Chemical dependency and mental health treatment
	7.3c	Reintegration: community services	Post-incarceration reintegration services: Community services such as employment and housing
	7.4	High-crime places	Projects targeting higher crime neighborhoods and other high-crime places (businesses, bars, etc.).
	7.5	Drug screening after arrest	Chemical dependency screening and assessment after arrest.

8.1a	Health education while incarcerated (adult)	Health awareness education during incarceration (including HIV/AIDS, HepC, etc.) For adults
8.1b	Health education while incarcerated (juve)	Health awareness education during incarceration (including HIV/AIDS, HepC, etc.) For juveniles
8.2a	MH treatment during incarceration (adult)	Mental health services during incarceration. For adults
8.2b	MH treatment during incarceration (juve)	Mental health services during incarceration. For juveniles
8.3	Specialty courts	Specialty courts (family, mental health, drug courts).
8.4	Drug-endangered children	Guidelines for working with drug-endangered children, including children found in meth labs.
8.5	Officer staffing	Local law enforcement officer staffing capacity and retention.
9.1	New prisons/jails	Construction of new prisons or jails.
9.2	Sharing CJ data	Collection and sharing of criminal justice and treatment data between law enforcement and other agencies.
9.3	countyprofile.net	CTED's criminal justice database, www.countyprofile.net .
9.4	Crime in Indian communities	Control of violent and drug-related crime in Indian communities.
9.5	DUI public education	Public education relating to drug or alcohol use and the operation of motor vehicles.
10.1	Drug, terrorist on tribal land	Drug and terrorist interdiction on tribal land.
10.2	Law enforcement DV training	Law enforcement training on domestic violence policies and working with victims.
10.3	Cultural education	Education and assistance to law and justice personnel on cultural beliefs and practices.
10.4	Cross-training local law enforcement & tribes	Cross-jurisdictional training between tribes and local law enforcement.
10.5	Integrated DV training	Integrated domestic violence training of law enforcement, prosecutors, and domestic violence advocates.
10.6	Inter-agency collaboration	Joint planning and collaborative action among local, state, federal, tribal enforcement and community-based agencies (including prevention, treatment, and other programs).