



**2019 Local  
Coordinating Council  
Focus Group Analysis**

## *Introduction*

The Indiana Commission to Combat Drug Abuse (the Commission), established in 2016, is a group of 18 members from prevention, treatment, and enforcement who meet four times each year to collaborate and discuss actions and ideas to defeat the drug epidemic. Approved by the Commission, Local Coordinating Councils (LCC) preside in each of Indiana's 92 counties. These coalitions are countywide collaborative citizen bodies that are open to the public who plan, implement, monitor, and evaluate local comprehensive community plans. Comprehensive Community Plans (CCP) are a systematic community-driven gathering, analysis, and reporting of community level indicators for the purpose of identifying and addressing local substance use problems.

As a member of the Commission, the Indiana Criminal Justice Institute's (ICJI) Executive Director adheres to the requirements outlined in IC 4-3-25-15 below, benefitting the overall mission of the Commission. The Executive Director delegates these responsibilities to the ICJI's Behavioral Health Division (the division). Therefore, the division is responsible for:

- 1.) implement[ing] the commissioner's recommendations concerning LCCs;
- 2.) maintain[ing] a system to provide technical assistance, guidance, and funding support to the LCCs;
- 3.) assist[ing] in the development of LCCs to identify community drug programs, coordinate community initiatives, design comprehensive collaborative community strategies, and monitor anti-drug activities;
- 4.) approv[ing] comprehensive drug free community plans and funding requests submitted by LCCs; and
- 5.) provid[ing] quarterly reports to the Commission on comprehensive drug free community plans.

The division's mission is to support, enhance, and strengthen local communities' efforts to create drug free, recovery focused communities across the State of Indiana. This is accomplished through the adherence to the above statutory authority with the ultimate goal of reducing the incidence and prevalence of substance abuse and addictions among adults and children in our Hoosier state.

## *Background*

Upon entering the role in late 2018, the Division Director of the Behavioral Health Division performed an assessment of his division's processes and procedures. Most importantly, he gauged how and how well the division meets the requirements of the Commission with regard to the LCCs. After completing this assessment, gaps in data collection, records keeping, and, generally, institutional knowledge concerning the make-up, functionality, and wellness of the LCCs were identified. Improving upon these items were believed to enhance the capability of the division to adhere to the requirements of the Commission.

After identifying these gaps, the Behavioral Health Division made it a priority to first better understand the LCCs for which they provide technical support and oversight. Demographic and operational data were collected, alongside their thoughts and opinions about what the ICJI can do to help them reach their goals. The division elicited the assistance of the Research and Planning Division to create a research strategy to accomplish this. A multi-methodological approach was chosen so that information collected would be well rounded, and include multiple audiences in multiple time frames. The table below explains the research strategy in full in accordance to the division's calendar:

*Table 1: Research Strategy*

<i>Time of Year, Quarter</i>	<i>Methodological Strategy</i>	<i>Project or Tool Title</i>
<i>April 1<sup>st</sup> to June 30<sup>th</sup> (Quarter 1)</i>	Secondary Data Analysis	Comprehensive Community Plan, Program Manager On-Site Tool
<i>July 1<sup>st</sup> to September 30<sup>th</sup> (Quarter 2)</i>	Focus Group	Annual Regional Local Coordinating Council Focus Groups
<i>October 1<sup>st</sup> to December 31<sup>st</sup> (Quarter 3)</i>	Reporting	Annual Behavioral Health Division Report
<i>January 1<sup>st</sup> to March 31<sup>st</sup> (Quarter 4)</i>	Survey	Annual Survey for the Local Coordinating Councils

The information to follow will concern the Quarter 2 project, the Annual Regional Local Coordinating Council Focus Group Project.

## *Executive Summary*

The 2019 Regional Local Coordinating Council Focus Group project was created to fill institutional knowledge gaps concerning the LCCs persisting after analyzing data from the survey project. Not only did this give LCC Coordinators—the respondents to the survey—an opportunity to voice their opinions and build a sense of cohesion with one another, but it allows the Behavioral Health Division at the Indiana Criminal Justice Institute to better understand how they can assist the LCCs with their substance use and abuse reduction efforts. LCC Coordinators were asked to answer a variety of scripted and non-scripted questions designed by the division that were thematically analyzed.

LCCs believe that the attributes that make them a unique group for addressing substance use and misuse are their ability to collaborate; strategically plan substance use reduction strategies; fund local entities in alignment with these reduction strategies; educate their communities; serve as an authority on substance-related issues; and solve problems. These identified attributes align with their statutory requirements.

LCCs report that substances most heavily used in their communities are alcohol, marijuana, and methamphetamine. As of late, coordinators are concerned with versatile use of vaping devices, particularly in the hands of youth. They report that substance use and misuse seems to be more prevalent and widespread in their counties, where individuals are using a higher volume of drugs than in the past. They also claim that the drug epidemic is hard to keep tabs on, as it is ever-changing in nature.

Coordinators stated that substance use counseling services are mostly housed in Community Mental Health Centers, but there are other entities that supply these services as well. Coordinators report that services are available, but not accessible due to long wait lists, lack of capacity, lack of (public) transportation, and issues obtaining insurance and/or the service is too expensive to afford when paying out of pocket. In addition to these limited county resources, coalitions report lack of pay for leadership and dwindling funding as barriers to improving the LCC.

If given the opportunity, LCC Coordinators would change certain statutes that affect the day-to-day operations of the coalition, such as changing “mandatory” requirements like funding evidence-based programs only and having to allot 25% of their funding to prevention/education, intervention/treatment, and justice services to “recommended” or “encouraged.” They also desired expanded definitions for intervention and treatment that would include the ability to fund recovery services, as well as services that may accompany the recovery journey that would typically deter or keep someone from accessing treatment (e.g., transportation, child care).

Finally, coordinators believe that, in the past, the ICJI had inconsistent practices, variable communication, and unclear expectations for the LCCs. They desire to better understand their role in the larger picture—how is what they are doing helping the ICJI and the Commission reach their goals? Coordinators offered valuable recommendations for improving upon the documents to be regularly submitted to the ICJI.

## Methodology

The 2019 Baseline Survey for Local Coordinating Councils (LCC) was created to collect information regarding the current make-up, functionality, and wellness of Indiana’s LCCs. The survey had an 80% response rate, therefore was representative of the state’s coalitions. After analyzing the survey results, gaps were identified in institutional understanding of the LCC and areas that needed to be expanded upon. The division aimed to address these gaps by inviting all Local Coordinating Council Coordinators to participate in a focus group, led by the Research Associate in the Research and Planning Division at the ICJI assigned to the division. A focus group is understood as an in-depth group interview where participants answer questions that an interviewer (moderator) asks about a particular topic.

The following list of questions were created to inform these gaps, and bring further context to understanding of the LCCs:

1. What do you believe a Local Coordinating Council brings to a community?
2. What does substance abuse look like in your community?
3. What substance abuse counseling/treatment services are available in your county? What does availability of this (these) service(s) look like?
4. What does the phrase “limited resources” mean for your Local Coordinating Council?
5. If you had an opportunity to redefine the three categories of funding (prevention/education; treatment/intervention; and criminal justice services and activities), how would you define them?
6. How could submissions to the Indiana Criminal Justice Institute (e.g., Comprehensive Community Plan, quarterly report, fiscal information) be made easier for your Local Coordinating Council? Generally, how could the Indiana Criminal Justice Institute better assist you?

Utilizing preset regional divisions of the state, the Research and Planning Division identified central counties within each of Indiana’s six regions to host a focus group in. The counties in which the focus groups were hosted are listed in the table below. 40 of Indiana’s 92 counties participated in the focus group project, yielding about a 43% participation rate.

*Table 2: Focus Group Host Counties, Corresponding Region, and Date Conducted*

Host County	Region	Date Conducted
Starke	1	July 24, 2019
Allen	2	July 15, 2019
Montgomery	3	July 30, 2019
Hancock	4	June 28, 2019
Daviess	5	June 10, 2019
Jennings	6	June 18, 2019

Focus groups were administered by the Research Associate (the moderator) assigned to the division, with the exception of the Region 1 Focus Group where a Research Associate in training led the group. The moderator administered a semi-structured focus group, where the list of questions above were asked, alongside probing questions, or follow up questions based on moderator interest or in an effort to allow the participant to expand upon their answer. Focus groups were audio recorded, and one or more researchers from the Research and Planning Division accompanied the moderator to take contextual and relational notes. The audio files were later transcribed, and analyzed alongside the notes.

Transcriptions and notes were analyzed using the “cut and paste” qualitative analysis method, where answers to the questions asked were identified, then categorized by theme. Besides, an important aspect of the project was

to provide insight into the culture of the Local Coordinating Councils. Therefore, themes outside of the questions were identified as well.

## *Response Information*

### *Local Coordinating Council Contributions to Community*

When the question “what do you believe a Local Coordinating Council brings to a community?” was asked to participants, responses fit broadly into the following six categories: collaboration, strategic planning, funding, education, authority, and problem solving. Many of these categories that the LCC Coordinators identified are in direct alignment with their statutory requirements. This is an indicator that what LCC Coordinators believe the coalition does for the community is in alignment with how it is defined in the law. The categories are operationalized below:

#### *Collaboration*

Coordinators most often cited that what makes the coalition unique is its ability to convene cross-discipline stakeholders (including those who historically do not collaborate, and sometimes decision makers and other local leaders) to address substance use in the community. They understand that substance use needs to be addressed from multiple angles in order to be a well-rounded and successful endeavor. Coalitions agree that when multiple people work together, they are more likely to solve a problem. Coordinators also understand that cross-sector communication; knowledge and data sharing; partnerships; relationship building; and reaching broader audiences are all essential components of a) how a coalition is meant to operate and b) how to best address social problems. Finally, a few coordinators stated that the requirement to collaborate on this effort resulted in less competition for scarce resources.

#### *Strategic Planning*

Coordinators often claimed that the creation of their Comprehensive Community Plan makes them unique. The group assesses their community by way of a Community Needs Assessment. Then, the group uses their collective, diverse, and strategic thinking skills to create a plan that fills the gaps identified in this assessment. Coalitions take pride in creating the Comprehensive Community Plan. Their plans are tailor-made for their community, and they decide who to distribute funding to.

#### *Funding*

As part of its fundamental core, the LCC grants monies from the Drug Free Communities Fund to local entities to address identified substance use concerns identified in the Comprehensive Community Plan across all funding areas—prevention, treatment, and enforcement. Many cite that programs would simply not have the opportunity to exist without these dollars.

#### *Education*

LCC Coordinators explained that (member(s) of) their coalition has (have) the opportunity to educate individuals, groups, and entities about substance use and misuse in their community, which they take pride in. Coalitions are educating about the following: general information about and awareness of substance use, misuse, and addiction; stigma reduction; local resources available; interpreting data; and humanizing addiction.

#### *Authority*

Coordinators often indicated that community members see the coalition as a credible and valuable resource when attempting to better understand substance use and misuse and corresponding efforts in their counties. Not only are they the synthesizers of multiple data, but they are regularly meeting to discuss real-time, substance-related concerns. As well, coordinators relayed that by merely having an established group, the coalition allows

for some political power in terms of collaborating with different partners, attempting to access more resources, and, generally, adhering to the goals and objectives they set out in their Comprehensive Community Plans.

### *Problem Solving*

Many coordinators equated the members of their Local Coordinating Council to problem solvers. Together they are conversing about substance use and misuse, identifying supporting data, and mapping out how multiple sectors of the community should address the issue. When it does get addressed (via funding to a program, providing educational materials, bringing awareness, etc...), they feel as though they are one step closer to solving the problem.

### **Substance Use and Misuse**

When the question “what does substance use/misuse look like in your community?” was asked to participants, the answers varied from very specific (e.g., alcohol misuse is the number one concern of our county) to broad (e.g., substance use and misuse looks like poverty). When looking at more detailed responses, coalitions agree that addressing alcohol, marijuana, and methamphetamine use and misuse is a strategic use of their time, as these substances are the most prevalent in Indiana’s communities. Additionally, many regions cited that polysubstance use, or the consumption of more than one drug at a time, is a major concern. Each region discussed the ever-changing nature of available substances and shifts in use. Interestingly, all shared the anecdote that, while addressing opioid use is a worthy cause, methamphetamine is of higher concern in Indiana. Methamphetamine labs and corresponding seizures have seen a great decrease over the years, however, imported and cheap methamphetamine is what is infiltrating Indiana’s communities. Further, counties cite methamphetamine being laced with fentanyl. Vaping, particularly among youth, is of concern as well.

Regions discuss the high volume of substances that are in their communities, using phrases such as: “a floodgate of illegal substances;” an “overwhelming amount;” an “outrageous amount;” and “ramped use,” to name a few. Too, they go into substance use as it relates to prevalence, operationalized by use being “never ending,” “reoccurring,” “on-going,” and “occurring over the long term.” Many regions voiced that substance use and misuse is more widespread than it was in the past, affecting people more broadly. Finally, they articulated that, often, use is relative to geographic location, and the factors (economic, social, etc...) that play into that.

More broadly, coordinators identify substance use and misuse as social, influenced by social agents (e.g., family, peers, school, and media). They often claim that they see multiple generations of users, and that guardians may be doing children a disservice if they are drug addicted, have substances in the home that are not properly stored, or are not (adequately) educating them about the severity of drug use (e.g., being complacent about drug use, shrugging it off as no big deal). Coordinators said that drug use is becoming normalized, in part by social agents, but also by the legalization of substances in surrounding states. Cultural factors as such as normalization of substance use in certain social groups, a community’s increased access to substances due to lax laws, substance use as a socially acceptable way of cope with life difficulties, and a general acceptance of use all influence coalitions’ definitions of substance use.

Regions express that substance use and misuse looks like system involvement for many, like Department of Child Services and justice system (operationalized by arrests generally, DUIs, selling/dealing charges, etc...). Finally, some indicated that substance use and misuse looks like sickness or disease—overdose and death. Coordinators discuss regular administrations of Narcan or Suboxone for substance users in their communities, and expressed that “[the county] does a good job at keeping people alive,” but not a lot beyond that.

## Treatment Availability, Accessibility, and Gaps

Coordinators indicated on the survey that substance abuse counseling and treatment services were available in their counties. In the focus group, coordinators discussed what these services looked like. Many cite the following as substance abuse treatment and/or counseling providers: Community Mental Health Centers, substance abuse outpatient treatment centers, counseling centers, not-for-profits, jails, Medication-Assisted Treatment, Intensive Outpatient Programs, recovery houses, detox centers, and Recovery Works Centers. Mention of these resources is almost always coupled with the statement “yet, there is not enough.”

After discussing where counseling and treatment services are housed in the community, a conversation about availability and accessibility of those services commenced. By and large, coordinators cited long wait times (up to a month) as what often made services unavailable,<sup>1</sup> and transportation and insurance barriers as what often made services inaccessible. Sometimes, coordinators discussed that even when there are no wait times, and a client has insurance or some sort of means to pay for the service, the service itself is inadequate, often not being long enough (e.g., a detox center only holding persons for 4-5 days with no plan to continue through the recovery journey).

When thinking about what counseling and treatment services communities lack, they most often cite immediate care, detox, (psychiatric) inpatient services, sober living, services for people who are methamphetamine dependent, and youth services. The latter two are discussed in depth at all focus groups.

## Resources

When the question “what does the phrase ‘limited resources’ mean for your LCC?” was asked to participants, they most often cited lack of staff, money, substance use and mental health treatment, and social/systemic stability. The former two themes relate directly to the Local Coordinating Council, while the latter two relate to gaps that affect those who are using substance(s) and/or suffering from addiction in their communities.

Coordinators in each regional focus group discussed the burden of not having a full time paid coordinator position in their coalition. While some groups do have this luxury, many do not. For those who do not have a full time paid coordinator, they report that having the opportunity to fund this position would improve the LCC, allowing that person to dedicate more time and effort to it. At present, the majority of coalition leaders are volunteers or paid by stipend, often balancing this role with a job that sustains them. In relation, coordinators claim that a limited resource for their LCC is money. If they had more capital, they would be able to fund a full time coordinator, as well as be able to grant more funds out to local entities who are addressing the strategic goals laid out in their Comprehensive Community Plans. Additionally, they may be able to invest in professional development opportunities such as attending conferences.

## Statutes

Respondents were asked to take a look at three statutes that affect the operations of the Local Coordinating Councils, and make comments, if any, about what should be restructured. The conversation did include some suggestions for revision as well as resulted in a conversation about how statutes are interpreted differently when comparing the LCC interpretation to the ICJI interpretation. Participants also noted that, often, interpretations differ from one scorer to the next at the ICJI, leading to inconsistencies in approving Comprehensive Community Plans.

---

<sup>1</sup> Long wait times were often attributed to limited staff.



Generally speaking, coordinators had mixed feelings about having “evidence-based” or “evidence-informed” language within the statutes, because it limits the number of programs that can be funded. Theoretically, coordinators agree that programs should be evidence-based, as gathered from the survey. Nevertheless, in practice, it is hard to solely fund evidence-based programs when programs that are not evidence-based are successful and helping people in the community. Coalitions spend time advocating for groups that do not have the bandwidth to adhere to the requirements of an evidence-based program, and voice their desire to support these existing programs. A coordinator stated that sometimes “you have to just work with what you have.”

All regions expressed that always dividing money evenly between prevention, treatment, and enforcement is hard to do. For example, an LCC sifts through applications and identifies their top choices. These selections happen to be unevenly split across funding categories. In this instance, they have to prioritize even distribution of funding over the “best scoring” application, which proves frustrating to some coalitions. Another example of this is when applicants do not apply for grant funds in a specific category. This means coalitions must withhold dollars. Coordinators concur that a way to remedy this would be to “recommend” or “encourage” proportionate spending across funding categories.

All regions recognized that the “intervention” and “treatment” definitions need to be broadened, allowing for spending in the following areas: recovery; efforts to keep people engaged in treatment; and efforts addressing barriers to interventions/treatment such as childcare, transportation, fees, and bed space to name a few. This could be recognized by an amendment to the statute, or an expanded interpretation of both intervention and treatment.

Finally, coordinators agree that statutes need to offer general flexibility to ensure that the county can use discretion in granting funds as it relates to ever-changing substance use and misuse-related issues.

### [The Local Coordinating Council and the Indiana Criminal Justice Institute](#)

Questions “How could submissions to the Indiana Criminal Justice Institute (e.g., Comprehensive Community Plan, quarterly report, fiscal information) be made easier for your Local Coordinating Council?” and “generally, how could the Indiana Criminal Justice Institute better assist you?” were asked to participants. Respondents took the opportunity to express their concerns about the ICJI. For example, coordinators most often cited the ICJI’s inconsistency as their number one frustration. This is operationalized by the ICJI not standardly scoring Comprehensive Community Plans and providing resources, information, and/or support to select counties (viewed as favoritism). The second most cited frustration is a lack of communication, miscommunication, or a desire for clarity of information from the ICJI. Coordinators equate these communication issues with why they are unsure how to operate, yet feel as though they have no one to go to for help.<sup>2</sup> They also expressed that the ICJI does not acknowledge the work of the LCC (e.g., provide commentary on Comprehensive Community Plans, acknowledge that reporting has been received), leading them to believe their work has no value to their state partners. Then, there is a desire for transparency from the ICJI. All regions were preoccupied by the fact that 25% of their county dollars go back to the state, yet they have no idea how they are utilized. Particular regions spent ample time conversing about this topic, and further, skeptically wondered what happened to a certain pool of money that was promised to be granted back to the counties. The inconsistent treatment, messages, and information, coupled with a lack of communication and seemingly secretive practices, allow the LCCs as a whole to view the ICJI as unprofessional, unhelpful, untrustworthy, and not the best advocates for the coalitions. However, all regions made it clear that the current team in the Behavioral Health Division is successfully addressing all of these concerns. Though, they have a hard time trusting the systems that are currently being built.

---

<sup>2</sup> Coordinators also attribute this to the loss of the DMHA grant funded liaisons between the state and the locality.

After sharing these sentiments, coalition leaders brainstormed how reporting documents could be made easier to complete. The Comprehensive Community Plan was discussed far more than other documents (e.g., quarterly report, fiscal document, and end of the year report), indicating that changes to this document would be most beneficial. Coordinators claim that working on the Comprehensive Community Plan is unnecessarily complex and the process for reporting is highly antiquated. In its current format, coordinators believe that the document is not user-friendly. They feel they don't fully understand the purpose of the Comprehensive Community Plan, and for the ones that do understand its purpose, they don't understand how the ICJI nor the Commission utilizes the information. This same idea applies to both the quarterly report and the fiscal document.

In addition to making their submission documents simpler and clearer, coordinators suggested that the ICJI assist the LCCs by bringing clarity to their role; helping them find alternative funding sources; and helping them build systems knowledge. Similar to not fully understanding the purpose of reporting, they do not fully understand their role as coordinator, especially as it relates to what the ICJI expects of them. Many coordinators identified that new coordinators have an exceptionally hard time assimilating to the position. Next, many coordinators express that, because they are volunteers or partially funded, they do not have the capacity to seek out alternative forms of funding to complement the Drug Free Community fund. Finally, coordinators expressed that they do not fully understand how their local Drug Free Community fund works. Some coordinators reported not having a relationship with their auditor so that they may monitor the fund on a regular basis. Additionally, coordinators expressed their frustration with accessing reliable, local data, because a) it is hard to find and b) if they have to connect with a local partner, sometimes obtaining the data can be a lengthy process, therefore making it unpredictable as to when they would receive it. Lastly, coordinators have a general lack of knowledge about what services the ICJI offers.

## *Recommendations*

After analyzing the results of the focus group data, the Research and Planning Division created a list of recommendations for the division to consider in moving forward with their strategic planning and technical assistance efforts. These recommendations were categorized by “high-level” recommendations and “tactical” recommendations. See below for more information:

### High-Level Recommendations

1. Engage the LCCs by the ICJI:
  - a. defining their goals in easy-to-understand language;
  - b. finding ways to connect with the LCCs;
  - c. showing the LCCs appreciation;
  - d. focusing on and developing the strengths of the LCCs;
  - e. helping the LCCs verbalize and internalize the mission and vision of their coalition, of the division, and of the Commission; and
  - f. enhancing the LCCs wellbeing
2. Entice the LCCs to address problems like challenges

### Tactical Recommendations

1. Create a rubric for scoring Comprehensive Community Plans and teach all ICJI staff how to consistently use the rubric
2. Send out formal memos about information the LCCs do not fully understand
3. Initiate crowd-sourcing document titled “How-To Guide for a New LCC Coordinator”
4. Distribute research findings to the LCCs
5. Connect with state partners, consistently advertising the work of the LCCs

6. Consider
  - a. compensating LCC Coordinators (or giving them the opportunity for additional monies for staffing)
  - b. obtaining regional coordinators
  - c. hosting and/or co-hosting an annual conference