INDIANA CRIMINAL JUSTICE INSTITUTE

2019 Local Coordinating Council Survey Results

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

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

The information to follow will concern the Quarter 4 project, the Annual Survey for the Local Coordinating Councils.

Executive Summary

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. Not only did this give LCC Coordinators—the respondents to the survey— an opportunity to voice their opinions, but it allows the Behavioral Health Division (the division) at the Indiana Criminal Justice Institute (ICJI) to better understand how they can assist the LCCs with their substance use and abuse reduction efforts.

Typically, our LCCs are made up of 20-30 members, where many of these members are volunteers as opposed to paid staff; female as opposed to male; white as opposed to of another racial/ethnic category; work in law enforcement, treatment, and/or prevention; and are between the ages of 25 and 44.

When asked to provide information about their county with regard to substance abuse, they claim that the general substance abuse problem is severe or moderate (scale: severe, moderate, mild, and normal). To combat this, LCCs are supporting evidence-based and recovery-oriented efforts tailored to middle schoolers through 34 year olds. These efforts address alcohol, prescription drug, methamphetamine, marijuana, and heroin-related substance use that fall into one of the following categories: prevention and education, treatment and intervention, and criminal justice services and activities. They also explain that substance abuse counseling and outpatient drug treatment programs are available across the state that support their efforts.

LCCs are funded almost exclusively by Drug Free Community dollars (with a few exceptions), where certain portions of funding have to be spent in particular funding areas. While some LCCs think this funding model works, others are either indifferent or believe it is not conducive to the ebbs and flows of the coalitions' and counties' substance use prevention and treatment efforts.

Indiana's LCCs are connecting with a multitude of county systems to address substance abuse. Additionally, the majority of LCCs are advertising their efforts to the community. When it comes to inter-county collaboration, the LCCs believe that it is one of many things that works well about the inherent design of the LCC. Improving upon collaboration is also a commonly cited idea when thinking of ways they can expand their impact. Many LCCs have collaborated with a county in close proximity, but it becomes less likely that they have or will collaborate with a county outside of their region.

LCCs believe that the overall model of the coalition is working sufficiently. There are things that work really well, such as the ability to collaborate with and across communities via the coalition; the connection with and the support of the state, while remaining a largely local initiative; and the creation and execution of a plan to address substance abuse. There are things, however, that could be improved upon. The LCCs report having limited and restrictive resources and that they are navigating unnecessarily confusing, redundant, and complex—yet mandatory—processes, procedures, and paperwork. Despite these setbacks, LCCs are hopeful that in the future, and with the assistance of the state via ICJI, that their coalitions will improve, expand their impact, and continue to build resiliency in the face of substance abuse.

Methodology and Response Information

The survey was disseminated to 82 LCC Coordinators who oversee the 92 substance abuse reduction coalitions (one per county) in Indiana. If an LCC Coordinator oversees multiple counties, they were asked to take the survey for each county. There were 91 responses to the survey; of those who started, 74 completed the survey. If responses were submitted multiple times by the same county (often incomplete), the most recent survey was selected for analysis. About 18% of responses came from Region 1; 16% from Region 2; 18% from Region 3; 16% from Region 4; 18% from Region 5; and 15% from Region 6.

Figure 1. Indiana Counties by Region

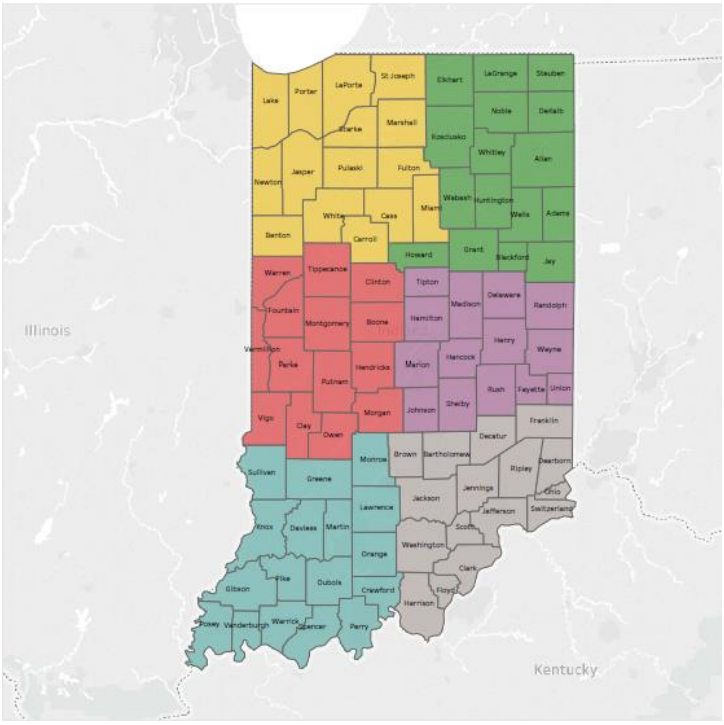
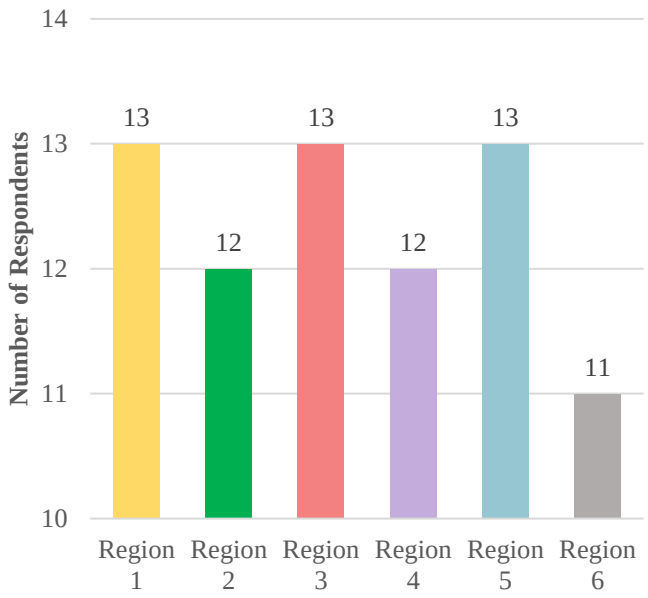


Figure 2. Number of Respondents by Region



LCC Membership

The average number of members in the LCC was about 36, ranging from 8 members to 373 members. After controlling for these extremes, an LCC contains roughly 23 members. The number of volunteer members outweighs their paid staff counterparts. Representation is fairly even across various career categories (e.g., community corrections, county government, education, judicial, law enforcement, prevention, probation, prosecution, and treatment), where "Law Enforcement" is represented more often than any other career category listed. Female members are more represented than their male counterparts. Members age 25 to 64 are more represented than the 18 to 24 and 65 and older age categories, where the 25 to 44 category is represented most. Members are more often of the White racial/ethnic category than their minority counterparts, with zero representation for the Native Hawaiian or Pacific Islander racial/ethnic category. Forty-seven of these counties (64%) recruit LCC members, where many recruit on a regular or monthly basis.

Substance Abuse Concerns and Efforts

Respondents were asked to report the severity of their county's overall drug problem (scale: severe, moderate, mild, and normal), where 37 counties (50%) claimed that the problem is moderate and 34 counties (46%)

claimed that it was severe. Respondents were then asked to select all forms of substance use the LCC was addressing. Seventy-one (96%) counties claimed to be addressing alcohol, followed by 66 counties addressing heroin and prescription drugs (89%) and 64 addressing methamphetamine (86%). See the table below for a list of all substances that the state's LCCs are addressing.

Table 1. Substances Being Addressed by Local Coordinating Councils

Substance	Number of LCCs	Percent of Total (74)
Alcohol	71	95.95%
Prescription Drugs	66	89.19%
Methamphetamine	64	86.49%
Marijuana (Cannabis)	62	83.78%
Heroin	51	68.92%
Synthetic Drugs (e.g., spice, bath salts)	30	40.54%
Cocaine/Crack	22	29.73%
Designer Drugs and Hallucinogens (e.g., ecstasy, LSD, PCP)	13	17.57%
Inhalants	12	16.22%
Tobacco/Nicotine	10	13.51%
Vaping	2	2.70%
Other Opiates	2	2.70%

Respondents were able to select from an extensive list of substances which one(s) they were less familiar with. From this list, ayahuasca had the most unfamiliarity (62), followed by khat (53), then kratom (44). Finally, when asked what drug treatment services were available in their county, about 96% claim that there is substance abuse counseling available, followed by outpatient drug treatment program(s) (86%) and drug court (54%). See the table below for more information.

Table 2. Perceived Availability of Drug Treatment Services by Local Coordinating Councils

Drug Treatment Service	Number of LCCs	Percent of Total (74)
Substance Abuse Counseling	71	95.95%
Outpatient Drug Treatment Program(s)	64	86.49%
Drug Court	41	55.41%
Jail-Based Drug Treatment Program(s)	37	50.00%
Inpatient Drug Treatment Program(s)	23	31.08%
Coordinated Multidisciplinary Team for Drug Prevention, Detection, and Rehabilitation	21	28.38%
Other	4	5.41%
Group Therapy	2	2.70%
Halfway Houses	2	2.70%

When asked what age group the LCCs' efforts affect the most, 40 counties (56%) claimed that youth, grades 7 through 12 were most affected, followed by 25 to 34 year olds (12), then 18 to 24 year olds (8). In other words, about 85% of all LCC efforts affect youth grade 7 through 34 years of age.

Funding

Respondents were asked whether or not their LCC spent less than 25% of their budget in a particular funding area—prevention and education, treatment and intervention, and criminal justice services and activities. Four counties spent less than 25% of their budget in prevention and education, 22 in treatment and intervention, and 16 in criminal justice services and activities. The main reason LCCs were unable to utilize their full allotment in any funding area was because there were not enough applicants. Respondents were then asked how appropriate

or inappropriate this current statutory budget allotment is (where 25% of their budget goes to each area listed above), and many (32) thought it was appropriate. Almost the same proportion were indifferent about the budget allotment (28).

For the most part, our LCCs are operating only on Drug Free Community funds. However, 11 counties are receiving funding from federal agencies (e.g., SAMHSA, CDC, BJA. etc…), seven are receiving funding from state agencies (e.g., DMHA, DoH, etc…), and 16 are receiving funding from local entities. Three counties are receiving supplemental funding from all three of these entities, and five counties are receiving supplemental funding from any two of these entities. When asked about whether or not the LCC believes that the court's use of diversion is impacting their funding, about 36% of respondents said that it is impacting their funding. About 34% are unsure if it is impacting their funding, and 30% say it is not impacting their funding.

Collaboration and Advertising

Respondents were asked whether or not they have collaborated with counties within their region in the past. The responses displayed about an even split, where 34 (46%) indicated that they had collaborated with a county in their region and 32 (43%) said they had not. Those who have not collaborated with counties within their region in the past were asked to explain why. The majority (21) claimed that they didn't think to collaborate. The next most cited responses were that LCCs were unaware of other counties' substance abuse issues (6) and that it might be difficult to collaborate because they are working with limited resources (6). When respondents were asked whether or not they have collaborated with counties outside of their region, only 13 (18%) said they had. Fifty-four (73%) said they had not collaborated outside of their region. Of those who said they had not collaborated in this way, almost half indicated that it was because they didn't think to collaborate. Many also claimed that they were not familiar with those counties' substance abuse issues (35%).

Overwhelmingly, LCCs report that they are interacting with systems such as law enforcement (91%), treatment (88%), K-12 Education (87%), the judicial system (70%), and local government (67%) to name a few. There were only three counties that claimed to not be interacting with a system. The least likely interaction was labor at about 9%, then housing at 20% and Education (College) at 20%. See the table below for a list of systems that LCCs are interacting with.

Table 3. LCC Systems Interaction

System	Number of LCCs	Percent of Total (69)
Law Enforcement	63	91.30%
Treatment	61	88.41%
Education (K-12)	60	86.96%
Judiciary	48	69.57%
Local Government	46	66.67%
Recovery Community	44	63.77%
Public Health	39	56.52%
Religious Community	35	50.72%
Local Media	34	49.28%
Advocacy Organization	31	44.93%
Wellness	24	34.78%
Civic Organization	23	33.33%
Medicine	22	31.88%
Business	21	30.43%
Emergency Medical Services	16	23.19%
Education (College)	14	20.29%

Housing	14	20.29%
Labor	6	8.70%
Other	2	2.90%

When asked about whether or not community members were made aware of the efforts of the LCC via advertising, 45 (61%) said yes, while 23 said no (31%). Those who do advertise their efforts were then asked to select all of the advertising methods that they use. The most commonly used advertising method was word of mouth by 38 counties (84%), followed by 37 (82%) who use "new media" (e.g., Facebook, Instagram, Twitter, etc…) and 33 (73%) who use traditional media (e.g., television, radio, newspaper, magazine, etc…).

Effectiveness

The LCCs were asked to read their statutory requirements and a brief overview of their "on-paper" duties, then discern how effective or ineffective the current LCC model is (scale: extremely effective; very effective; somewhat effective; not so effective; not at all effective). The majority (57%) said that it was somewhat effective. When looking to the effective and ineffective components of the scale, more LCCs believed that the model is effective (26) as opposed to ineffective (6). No one believed that the model was not at all effective.

When asked to elaborate on what, if anything, works well about the LCC, many claimed that the opportunity to collaborate works well. They also discussed that the connection with and support of the state is a positive and functional aspect of the LCC. Next, LCCs were glad that the group gave them the opportunity to hone in on substance abuse issues and create a plan. The LCCs also discussed their passion for supporting successful programs in their community. Finally, while they are appreciative of the state and their assistance, they are happy that people close to the issues are the ones addressing those concerns. In other words, the local component of the structure is essential to its success. \

When asked to elaborate on what, if anything, does not work well about the LCC, many claim that the limited resources (e.g., time, paid staff) of the LCCs are a huge barrier. The next item of concern was the rigidity of the spending requirements for the Drug Free Communities money. Many argued that this model simply doesn't work for them, and they would rather have discretional use. The last thing many LCCs discussed was the difficulty that the Comprehensive Community Plan and other reporting brings them.

LCC Improvement and Expansion of Impact

About 88% (65) of LCCs believe that their LCC could be improved. Of these, 56 shared their ideas for improvement. The top three ideas for improvement will be discussed. First, LCCs desire that membership be abundant, diverse, and active. LCCs explained that if they had more members, a larger representation from a certain agency, community organization, etc…, or members generally participated to their full extent, their operation would greatly improve. Secondly, LCCs reported needing to do a better or more thorough job of getting the word out about what they do. They need to advertise what they do, show up for the community, and engage them to the best of their ability so that the LCC is known for assisting with these specific issues. The third idea for improvement is general state or ICJI assistance with their efforts. Many report that, because they don't have a lot of resources, any assistance that is provided allows them to spend more time addressing substance abuse concerns.

About 78% (58) of LCCs believe that their LCC could expand impact. Of these, 53 shared their ideas for expansion of impact. The top three ideas for the expansion of impact will be discussed. The first two ideas tied for first, and go hand-in-hand—the LCC believes that both improving their own advertising efforts (e.g., tell the community what they do) and bringing awareness of substance abuse issues to the community (e.g., educating them of the problems) will help them achieve an expansion of impact. The more people they reach, the larger

impact they will have. Secondly, the LCCs believe that they can expand impact if they receive more funding generally, or specifically for a paid staff member. The third idea is to generally improve upon collaboration, communication, and connection efforts. This ties back to the first idea, where the more people one is connecting with or reaching out to, and the larger the potential impact.

LCCs were asked to select which service to be provided by ICJI would be most beneficial to their operation. A lot of them were unsure. However, of those that selected a service (47), almost half of them said general technical assistance (23) would be best. Program selection assistance and Criminal Justice services/activities assistance (3) were voted least beneficial. Finally, most all of LCCs who took the survey thought that the goals and objectives of the Substance Abuse Division were in alignment with their needs, and would actually simplify their efforts.