2021

LOCAL COORDINATING COUNCIL
SURVEY RESULTS

INDIANA CRIMINAL JUSTICE INSTITUTE

INDIANA CRIMINAL JUSTICE INSTITUTE

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:

» implementing the commissioner's recommendations concerning LCCs;
» maintaining a system to provide technical assistance, guidance, and funding support to the LCCs;
» assisting in the development of LCCs to identify community drug programs, coordinate community initiatives, design comprehensive collaborative community strategies, and monitor anti-drug activities;
» approving comprehensive drug free community plans and funding requests submitted by LCCs; and
» providing 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 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 regarding 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 with the division's calendar.

Table 1: Research Strategy

Quarter	Time of Year	Methodological Strategy	Project or Tool Title
Quarter 1	April 1 - June 30	Secondary Data Analysis	Comprehensive Community Plan, Program Manager On-Site Tool
Quarter 2	July 1 - September 30	Focus Group	Annual Regional Local Coordinating Council Focus Groups
Quarter 3	October 1 - December 31	Reporting	Annual Behavioral Health Division Report
Quarter 4	January 1 - March 31	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 Third Annual 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 an opportunity to voice their opinions, but it allows the Behavioral Health Division at the Indiana Criminal Justice Institute (ICJI) to better understand how they can assist the LCCs with their substance use reduction efforts.

Typically, LCCs are made up of 43 members, where 23 participate in more than 50% of regularly scheduled meetings. Half of the respondents have LCCs with a Board of Directors and committees. The majority of boards have between 1 and 10 members. Very few have a member who is paid to perform their assigned duties. On average, LCCs believe their Board of Directors are very knowledgeable on the court fee assessment process, the grant selection process, and the funding approval process. The majority of LCCs recruit new members on an ongoing/as needed basis. The primary method or recruitment is through invitations to LCC public meetings. LCCs report the greatest barrier to recruitment is limited time and resources and the lack of an assimilation process for new members.

Coordinators claim that the general substance use is a severe or moderate problem in their communities (scale: severe, moderate, mild, and normal). To combat this, LCCs are supporting data informed, recovery oriented, and evidence guided efforts tailored to youths (12-17) and adults (18-44). They also explain that substance use treatment services have an average level of accessibility, where counseling is most accessible and detoxification unit services are the least accessible.

Most all LCCs claim the activities and services they support align with standard definitions of prevention/education, treatment/intervention, and justice service/activities. The efforts of the LCCs provide resources, funding, and programming within their communities to address substance use related issues. The majority of LCCs request a status report of their DFC fund from the county auditor on a monthly basis. Additionally, many coalitions believe that diversion programs have a negative impact on their funding.

Indiana's LCCs are connecting with several systems within their own counties to address substance abuse. Partnerships between treatment providers and K-12 education are the most likely interactions. The least likely interactions are with housing, labor, and education at the college level. The prevailing outcome of these interactions was Increased information/resource sharing and increased opportunity for cross-organizational partnerships to provide programming that address community needs. When asked if community members were made aware of the efforts of the LCC via advertising, only about half said they advertise their efforts, most commonly through email and word of mouth. LCCs believe that the overall model of the coalition is somewhat effective for addressing substance use. There are things that work well, such as the ability to extend dedicated monies to local entities to address problems that the coalitions identified; collaborate within communities via the coalition; and educate the community about substance use. There are things, however, that do not work so well. The LCCs report having limited and restrictive resources and having to endure bureaucracy as obstacles they face while doing this work.

METHODOLOGY AND RESPONSE INFORMATION

The survey was disseminated to 82 LCC Coordinators who oversee the 92 substance use reduction coalitions in Indiana. If an LCC Coordinator oversees multiple counties, they were asked to take the survey multiple times—one per county.

There were 49 responses to the survey; of those who started, 47 completed or partially completed the survey. If responses were submitted multiple times by the same county, the most recent survey was selected for analysis. Forty-seven unique counties' data were analyzed, accounting for 50% of Indiana's LCCs.

Figure 1 to the right displays the counties who completed the survey, visible in dark grey.

- » 6 (13%) responses came from Region 1
- » 6 (13%) came from Region 2
- » 10 (21%) came from Region 3
- » 7 (15%) came from Region 4
- » 10 (21%) came from Region 5
- » 8 (17%) came from Region 6

Figure 1. Completed Surveys by County

LCC MEETINGS AND MAKE-UP

On average, an LCC holds about 9 regularly scheduled meetings in a standard calendar year. Twenty-six (53%) LCCs are county entities, 14 (29%) are 501(c)(3)s, and 9 (18%) are volunteer entities. The number of active members is defined as those who attend regularly scheduled meetings more than 50% of the time. The average number of active members in an LCC is 23.

Twenty-three (48%) of the 48 responses received indicated that their coalition is comprised of committees. Additionally, 24 (50%) of the 48 respondents reported that their LCC is overseen by a Board of Directors. Those with a Board of Directors were asked to elaborate on the make-up of the board. Ten (42%) reported having 1-5 board members, 11 (46%) have 6-10 members, 2 (8%) have 11-15, and 1 (4%) has 16-20 board members. All LCCs with a Board of Directors reported having a Chairperson, 15 (75%) have a Vice Chair, 14 (70%) have a Secretary, 13 (65%) have a Treasurer, and 8 (40%) have committee leaders.

Finally, LCCs were asked to rate how knowledgeable the board is on various topics including the court fee assessment process, grant selection process, and the funding approval process. Overall, respondents believe their boards to be very knowledgeable, on average, across the three categories (scale: not at all knowledgeable, somewhat knowledgeable, very knowledgeable).

LCC MEMBERSHIP AND RECRUITMENT

LCCs were presented with a list of activities and asked to indicate which were used to retain existing members. Forty-one (85%) said they provided members with resources they need, 39 (82%) said they ensure members feel appreciated and valued, 30 (63%) said they motivate members to get involved, 26 (54%) said they utilize members unique skills, and 2 (4%) indicated other activities including having regularly scheduled meetings and requiring grantee participation in committees and meetings.

LCCs were asked about their recruitment efforts for members. Thirty-eight (79%) said they do recruit members and 10 (21%) said they do not recruit members. One LCC abstained from answering. The majority of LCCs (40) reported recruiting members on an ongoing/as needed basis. When asked what recruitment strategies are used, 34 (72%) reported using invitations to public meetings, 21 (45%) said grant announcements, 19 (40%) said community events, 19 (40%) said email/newsletter communications, 10 (21%) said board meetings, 9 (19%) said traditional media, 3 (6%) said new media, (e.g., Facebook, Instagram, Twitter) and 15 (32%) reported using other recruitment strategies including word of mouth and networking opportunities.

When asked to report what prevents recruitment efforts, 27 (71%) said limited time and resources, 11 (29%) said lack of member assimilation process, 7 (19%) said limited knowledge on how to successfully recruit members, 6 (16%) said they are unsure who the target audience is, and 8 (21%) indicated other reasons and were asked to specify. Four counties cited their small size as a reason for not recruiting members. One said a lack of available people, one said limited interest, and three indicated nothing is preventing their recruitment efforts. Eleven LCCs abstained from answering.

Table 2. Member Recruitment Strategies Being Supported by Local Coordinating Councils

Recruitment Strategy	Number of LCCs	Percent of Total
Invitation to Public Meetings	34	72%
Grant Announcements/CCP	21	45%
Community Events	19	40%
Email/Newsletter	19	40%
Other	15	32%
Board Meeting	10	21%
Traditional Media	9	19%
New Media	3	6%

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 22 counties (47%) claimed that the problem is moderate, and 20 counties (43%) claimed that it was severe. Respondents were then asked to select all characteristics that best match the efforts the LCC chooses to support. Forty counties (89%) claimed to focus on both data informed and recovery-oriented methods, followed by 35 counties (78%) using evidence guided, 33 (73%) wellness supporting, and 30 (67%) hope generating. See the table to the right for more information.

Table 3. Characteristics Being Supported by LCCs

Characteristic	Number of LCCs	Percent of Total
Data Informed	40	90%
Recovery Oriented	40	90%
Evidence Guided	35	78%
Wellness Supporting	33	73%
Hope Generating	30	67%
Safety Enhancing	28	62%
Trauma Responsive	24	53%

LCCs were asked to report if their services and activities align with provided definitions of prevention/education, treatment/intervention, and justice services/activities and report an example of an activity or service the coalition supports for each. Prevention/Education is defined as "the anticipatory process that prepares and supports individuals, families, and communities with the creation and reinforcement of healthy behaviors and lifestyles." Thirty-eight (81%) LCCs reported that their services do align. Several counties (20) reported partnerships with local schools and organizations aimed at prevention programming and educational opportunities. Nine (19%) LCCs said they were unsure if their services aligned with the definition.

Treatment/Intervention is defined as "evidence guided activities and services that foster change, enhance the ability to achieve and maintain recovery, and improve mental health." Thirty-eight (84%) LCCs reported that their services do align. The top three services indicated by respondents include supporting local treatment facilities, providing informal recovery services, and providing programming/assessments to community partners. Seven (16%) LCCs said they were unsure if their services aligned. Two LCCs abstained from answering.

Justice Services/Activities is defined as "programs that assist law enforcement agencies, courts, correctional facilities, programs that offer probation services, community corrections programs, and public safety programs with individuals who have a history of substance use and who are suspected of having committed a felony or misdemeanor, have been charged with a felony or misdemeanor, or have been convicted of a felony or misdemeanor." Forty (90%) LCCs reported that their services do align. The most reported service was supporting local law enforcement through DFC funds to purchase drug screening equipment and provide other resources. Four (9%) LCCs said they were unsure in their services aligned, and one (2%) said their services and activities do not align.

Finally, coalitions were asked to rate how accessible or inaccessible substance use treatment programs were in their county including inpatient; outpatient; drug court; coordinated multidisciplinary team for drug prevention, detection, and rehabilitation; jail-based; counseling; detoxification unit; and early screening services. When thinking about accessibility, respondents were asked to consider program or service cost, wait times, availability of staff, and ability to accept insurance, to name a few. Overall, respondents believe that all services have an average level of accessibility (scale: highly accessible, accessible, average, inaccessible, highly inaccessible). When broken out by service, substance use counseling is perceived to have the highest level of accessibility and detoxification unit has the lowest level of accessibility. See the table below for more details.

Table 4. Perceived Availability of Drug Treatment Services by Local Coordinating Councils

Drug Treatment Service	Average Rating	Accessibility Label
Substance Use Counseling	4	Accessible
Outpatient Substance Use Program(s)	4	Accessible
Drug Court	4	Accessible
Jail-Based Substance Treatment Program(s)	4	Accessible
Coordinated Multidisciplinary Team for Drug Prevention, Detection, and Rehabilitation	3	Average
Early Screening Services	3	Average
Inpatient Substance Use Treatment Program(s)	3	Average
Detoxification Unit	3	Average

Hendricks county's average score across all listed substance use treatment services was the highest compared to other respondents— highly accessible. Jennings, Pike, and Morgan counties claimed their services were generally inaccessible. See Figure 2 to the right for a more in-depth look of counties' average accessibility score across substance use treatment services, where dark green indicates "highly accessible," green indicates "accessible," yellow indicates "average," red indicates "inaccessible," and dark red indicates "highly inaccessible."

When asked to which age groups are most of their efforts targeted, youth 12 to 17 were the largest reported targeted age group (43), followed by 25 to 44 years old (41), and 18 to 24 years old (33). Prenatal (3) and 0 to 4 years (3) were the least common age groups targeted.

Figure 2. Accessibility of Substance Use Treatment Services by County

= low levels of accessibility

= high levels of accessibility
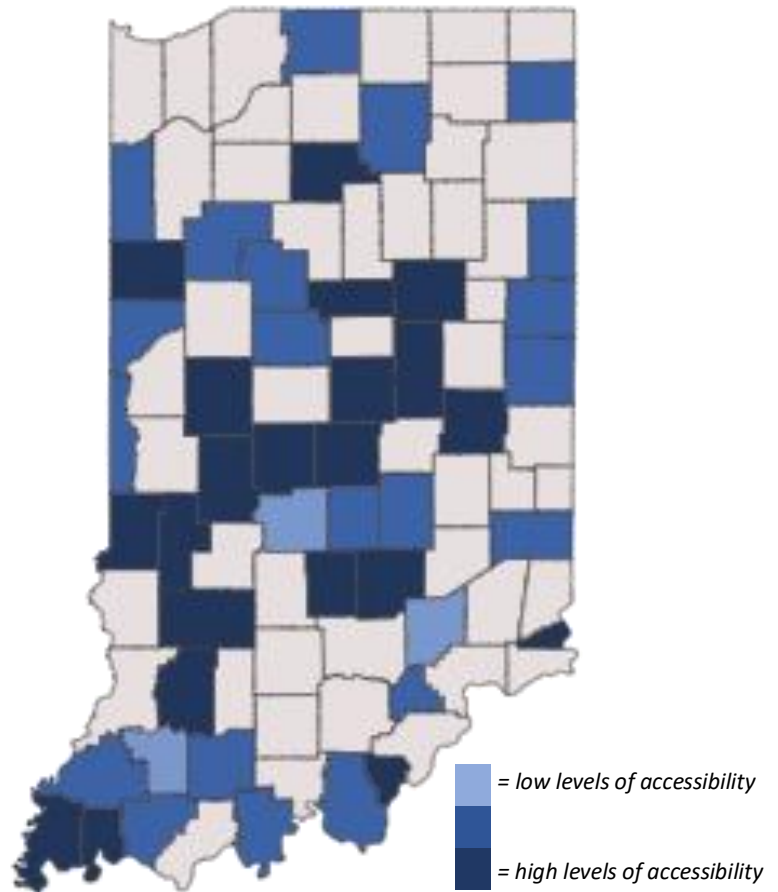
FUNDING

Respondents were asked if their board members were paid to perform their assigned duties.

The overwhelming majority of coalitions boards are not paid. Of the 24 LCCs who responded to the question, only 5 (21%) reported that at least one of their board members are paid. When asked if diversion programs were affecting the funds in their Drug Free Community (DFC) fund, 22 (49%) said that it had an effect. All but four claimed that their funding decreased as a response. Seventeen (38%) reported they were unsure of the impact.

Finally, LCCs were asked how often they request a status report of the DFC fund from the county auditor. The majority (27) reported they request a report monthly.

COLLABORATION AND ADVERTISING

Respondents were asked if they have collaborated with other organizations to address substance use. Forty-one (91%) coalitions indicated they collaborated with other organizations and four (9%) said they had not. When asked what prevents LCCs from collaborating with other organizations to address substance abuse, many (25) claimed that limited time and/or resources discouraged them from collaborating. Three claimed they aren't aware of other counties' issues, and three said they don't have contact information for other organizations.

Overwhelmingly, LCCs report that they are interacting with systems such as treatment (93%), K-12 education (90%), law enforcement (88%), recovery (83%), and public health (81%) to name a few. There were 8 counties that abstained from answering. The least likely interaction was labor at about 12%, then housing at 20% and college education at 29%. See the table below for a list of systems that LCCs are interacting with.

Table 5. LCC Systems Interaction

System	Number of LCCs	Percent of Total
Treatment	38	93%
Education (K-12)	37	90%
Law Enforcement	36	88%
Recovery	34	83%
Public Health	33	80%
Judiciary	31	76%
Local Government	30	73%
Religious Community	26	63%
Local Coordinating Councils	24	59%
Other Coalitions Addressing Substance Use	19	46%
Advocacy Organization	18	44%
Wellness	17	41%
Civic Organization	17	41%
Business	16	39%
Emergency Medical Services	15	37%
Medicine	12	29%
Education (College)	10	24%
Housing	8	20%
Labor	5	12%

When asked what the result of collaboration with other organizations was, the most common response was increased information and resource sharing, followed by increased opportunity for cross-organizational partnerships to provide programming that address community needs.

When asked if community members were made aware of the efforts of the LCC via advertising, 23 (51%) said yes, while 22 (49%) said no. Those who do advertise their efforts were asked to select all advertising methods that they use. The most used advertising method is email by 20 (87%), followed by word of mouth by 19 (83%). All 23 LCCs reported using more than one advertising method. See the table below for a full list of advertising methods used.

Table 6. LCC Advertising Methods

Advertising Method	Number of LCCs	Percent of Total
Email	20	87%
Word of Mouth	19	83%
Traditional Media (e.g., TV, Radio, Newspaper, etc.)	18	78%
New Media (e.g., Instagram, Facebook, Twitter)	17	74%
Event Sponsorship	12	52%
Fliers	12	52%
Billboards	5	22%
Text	3	13%
Purchased Online Ads	2	9%

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, 5; very effective, 4; somewhat effective, 3; not so effective, 2; not at all effective, 1). Based on these responses, a collective effectiveness score of 3.34 was applied to the LCC model; on average, respondents believe that the LCC model is somewhat effective. While the average score points to a neutral level of effectiveness, more respondents attribute effectiveness to the model as opposed to ineffectiveness when comparing the poles of the scale.

When asked to elaborate on what, if anything, works well about the LCC, many said that the ability to address issues locally and the opportunity to collaborate with one another to address substance use in their communities is essential to tackling the problem. Coalitions take pride in the fact that their informed groups make decisions about which efforts should receive funding, ensuring alignment with the problem statements they created. Not only do they express impacting substance use by way of granting funding, but also in the form of educating the community.

When asked to elaborate on what, if anything, does not work well about the LCC, many say that limited resources (e.g., time, money) is a huge barrier. The next item of concern was the red tape associated with working in tandem with the state. The last thing many LCCs discussed was the rigidity of the spending requirements for the Drug Free Communities money.