POLICIES AND PROCEDURES MANUAL

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Dear Reader,

Substance abuse continues to be one of the toughest challenges facing our state, nation and world. It's demand-driven, constantly evolving and impacts every community, every day. While it would be easier to just ignore the drug crisis, hoping it might go away, Indiana has chosen to tackle it head on – starting at the local level.

As with any great challenge, we know that a "one-size-fits-all" approach isn't always the best strategy and that it's going to take everyone working together in order for progress to be made. That's why Local Coordinating Councils and your efforts continue to be so important.

LCCs are on the frontlines of addressing the intercept points and factors that create substance use and misuse within Indiana's counties. They identify community drug problems, collaborate community strategies and monitor anti-drug activities. Most importantly, however, they bring together members of the community —matching local knowledge with local solutions.

Our goal at the Indiana Criminal Justice Institute is to equip Indiana's LCCs with every available asset. That's why we developed this manual, which includes some helpful tips and outlines the roles and responsibilities of each LCC. We also want to enhance collaboration and keep those channels of communication open at all times.

Moving forward, I truly believe that we're more effective when we work together and that, only together, do we stand a chance against combating substance abuse in Indiana. On behalf of the state, thank you for your commitment to addressing the drug epidemic, to your community and to saving lives. Your work has never been more critical.

Respectfully,

Devon McDonald

Executive Director
Indiana Criminal Justice Institute

MESSAGE TO THE READER

Thank you for taking the time to review the new Local Coordinating Council Policy and Procedures Manual. This document is the culmination of our efforts during 2019. These efforts focused on improving communication and standardizing processes. As a part of this process, it was important that we create a new manual for Local Coordinators.

A good manual has two requirements, (1) it needs to be clear and (2) it needs to be succinct. We believe that we have accomplished both by distilling critical information, documents, and procedures into this 48-page document. It should be noted that all of the information included in this manual is critical to a Local Coordinating Councils' ability to function. Additionally, it ensures a baseline level of knowledge that allows the Behavioral Health Division's Program Managers to provide you with focused technical assistance.

The Behavioral Health Division's "Policies and Procedures Manual" provides foundational and guiding materials for Local Coordinating Councils. The "Policies and Procedures Manual" is divided into four distinct sections: *About Local Coordinating Councils, Responsibilities, Granting, and Appendices*.

1. ***About Local Coordinating Councils***: provides a brief history of Local Coordinating Councils and The Indiana Commission to Combat Drug Abuse, the Behavioral Health Division's organization, structure, and the Division's regional map.

2. ***Responsibilities***: provides foundational descriptions of responsibilities, recommendations to maximize coalition effectiveness, and reporting requirements.

3. ***Granting***: provides county drug free community fund granting requirements, statutory definitions of the categories, and recommendations to approach grantee application reviews.

4. ***Appendices***: provides document templates, sample materials, potential data sets, and Division memorandums.

We know that you will find this document beneficial regardless of your time in your role. However, as with everything, we strive to ensure that we foster an environment of communication and improvement. Because of this, if you believe we can improve this manual in any way, please, email BH@cji.in.gov, title your email "Manual Feedback," and explain in detail the improvements that we can make.

Kindly –

The Behavioral Health Division
Indiana Criminal Justice Institute

ABOUT LOCAL COORDINATING COUNCILS

HISTORY

Local Coordinating Councils (LCCs) were first formed in the 1980s in an effort to understand and address substance abuse issues at the local level. While progress was being made, in 1989, Governor Bayh initiated a new strategy for accelerating Indiana's fight against alcohol and other drug problems. On May 9, he created the Governor's Commission for a Drug Free Indiana, which was charged with leading Indiana's fight against alcohol, tobacco, and other drugs. Part of the strategy focused on providing resources at the state and local levels to support drug prevention, treatment, and other criminal justice efforts. Towards this goal, and to help shore up the LCCs, the Drug Free Community Fund was established in 1990.

A year later, statutory authority was given to the Governor's Commission for a Drug Free Indiana by the General Assembly. While the commission was originally maintained through the governor's office, it was moved to the Indiana Criminal Justice Institute and is now housed in the Substance Abuse Services Division. In 2016, the name was changed through legislation to the Commission to Combat Drug Abuse, with the mission of reducing the incidence and prevalence of substance abuse and addictions among adults and children in Indiana. At the local level, the commission works to strengthen LCCs and assist in strategic and comprehensive planning.

Today, LCCs are responsible for carrying out substance abuse initiatives in their communities. While every county is organized differently and much has changed over the years, LCCs remain the first line of defense against combating drug abuse at the local level.

ORGANIZATION/STRUCTURE

Located in all 92 counties, an LCC is a countywide citizen body approved by the commission to plan, monitor and evaluate comprehensive local alcohol and drug abuse plans by identifying community drug problems, collaborate community strategies and monitor anti-drug activities at local levels. They are overseen by the Indiana Criminal Justice Institute's Behavioral Health Division, which works to strengthen and assist in strategic and comprehensive planning to support the mission and vision of the Commission to Combat Drug Abuse. The division's mission is to support, enhance, and strengthen local communities' efforts to create drug free, and recovery-focused, communities across the State of Indiana.

LCCs are structured like coalitions, which the Community Anti-Drug Coalitions of America (CADCA) defines as:

> *"A formal arrangement for collaboration between groups or sectors of a community in which each group retains its identity but all guarantee to work together toward a common goal of building a safe, healthy and drug free community. Coalitions should have deep connections to the local community and serve as catalysts for reducing local substance abuse rates. As such, community coalitions are not prevention programs or traditional human service organizations that provide direct services. Rather they are directed by local residents and sector representatives who have a genuine voice in determining the best strategies to address local problems."*

LOCAL COORDINATING COUNCIL MAP

Local Coordinating Councils
Local Knowledge, Local Solutions

Region 1
Lake, Porter, La Porte, St. Joseph, Newtown, Jasper, Starke, Marshall, Pulaski, Fulton, Benton, White, Cass, Miami, Carroll

Region 2
Elkhart, Lagrange, Steuben, Kosciusko, Noble, De Kalb, Whitley, Allen, Wells, Wabash, Huntington, Adams, Howard, Grant, Blackford, Jay

Region 3
Warren, Tippecanoe, Clinton, Vermilion, Fountain, Montgomery, Boone, Parke, Putnam, Hendricks, Vigo, Clay, Owen, Morgan

Region 4
Tipton, Madison, Delaware, Randolph, Hamilton, Hancock, Henry, Wayne, Marion, Johnson, Shelby, Rush, Fayette, Union

Region 5
Sullivan, Greene, Monroe, Knox, Daviess, Martin, Lawrence, Orange, Gibson, Pike, Dubois, Crawford, Posey, Vanderburgh, Warrick, Spencer, Perry

Region 6
Brown, Bartholomew, Decatur, Franklin, Jackson, Jennings, Ripley, Dearborn, Scott, Jefferson, Ohio, Switzerland, Washington, Harrison, Floyd, Clark

POINTS OF CONTACT

Regions 1, 3, 5
Cory Smith, BSN, RN
Behavioral Health Program Manager
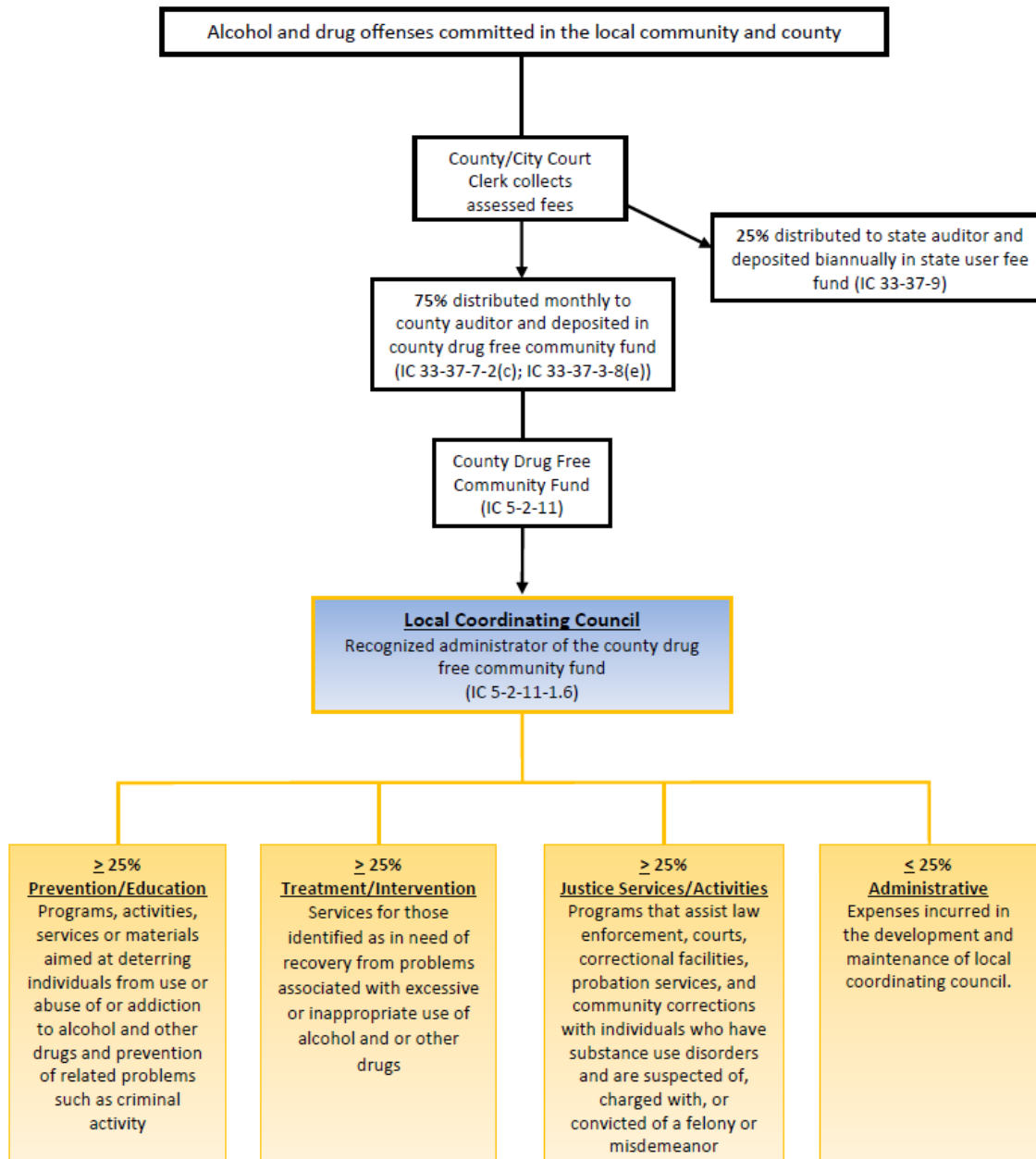CoSmith@cji.in.gov

Regions 2, 4, 6
Sadia Maqsood, JD, LLM
Behavioral Health Program Manager
SMaqsood@cji.in.gov

Behavioral Health Division Director
Michael Ross, MSW, LCSW
Division Director
MiRoss@cji.in.gov

FUNDING

LCCs receive funding from the county drug free community fund that is established in each county to promote local alcohol and substance use and misuse prevention initiatives by supplementing local funding for treatment, education and criminal justice efforts. When offenders are convicted of an offense under IC 33-37-5-9 or IC 33-5-10, they are required to pay a fee. The drug abuse, prosecution, interdiction and correction fee ranges from $200-$1000 and the alcohol and countermeasures fee is $200. These two fees are collected at the county level and 25% of the fees are sent to the state drug free communities fund while 75% is held by the auditor in the county drug free community fund.

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│  Alcohol and drug offenses committed in the local community    │
│  and county                                                    │
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                              ▼
          ┌──────────────────────────┐
          │    County/City Court      │──────────────┐
          │    Clerk collects         │              ▼
          │    assessed fees          │    ┌────────────────────────────┐
          └──────────────────────────┘    │ 25% distributed to state    │
                      │                    │ auditor and deposited        │
                      ▼                    │ biannually in state user fee │
   ┌──────────────────────────────────┐   │ fund (IC 33-37-9)            │
   │ 75% distributed monthly to        │   └────────────────────────────┘
   │ county auditor and deposited in   │
   │ county drug free community fund    │
   │ (IC 33-37-7-2(c); IC 33-37-3-8(e)) │
   └──────────────────────────────────┘
                      │
                      ▼
          ┌──────────────────────────┐
          │  County Drug Free         │
          │  Community Fund           │
          │  (IC 5-2-11)              │
          └──────────────────────────┘
                      │
                      ▼
   ┌──────────────────────────────────┐
   │   Local Coordinating Council      │
   │   Recognized administrator of the │
   │   county drug free community fund │
   │   (IC 5-2-11-1.6)                 │
   └──────────────────────────────────┘
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≥ 25% **Prevention/Education**	≥ 25% **Treatment/Intervention**	≥ 25% **Justice Services/Activities**	≤ 25% **Administrative**
Programs, activities, services or materials aimed at deterring individuals from use or abuse of or addiction to alcohol and other drugs and prevention of related problems such as criminal activity	Services for those identified as in need of recovery from problems associated with excessive or inappropriate use of alcohol and or other drugs	Programs that assist law enforcement, courts, correctional facilities, probation services, and community corrections with individuals who have substance use disorders and are suspected of, charged with, or convicted of a felony or misdemeanor	Expenses incurred in the development and maintenance of local coordinating council.

LCC RESPONSIBILITIES

LCC coordinators are responsible for directing the work and activities of the LCC, which includes supervising and mentoring support staff and/or volunteers. This section covers some of the key roles and responsibilities of the LCCs/LCC coordinators, as well as recommendations from the Behavioral Health Division on how to make sure LCC operations run smoothly. Of course, this is not an exhaustive list, and the coalition can determine the duties of the coordinator outside of the state's expectation, as they feel is reasonably necessary. Ultimately, members of the coalition are encouraged to work collaboratively with the LCC Coordinator at all times.

- Bylaws *(strongly recommended)*
- Membership
- Meetings/Meeting minutes
- Fiscal Responsibilities
- Reporting
  - Quarterly Reports
  - Comprehensive Community Plan
- LCC approved funding request form which identifies who the coalition (grant committee)

BYLAWS

The Behavioral Health Division recommends that every LCC establish and maintain agreed upon bylaws. The bylaws should outline the roles, responsibilities, and structure of the coalition and include the following components: name of the LCC, mission, membership/structure, meeting requirements, and frequency, officers and their roles, representatives at large, committees/subcommittees, grants, conflict of interest statement, Rules of Order and Amendments. *See Appendix G for Bylaws Sample.*

MEMBERSHIP

LCCs should have diverse coalition membership. The Behavioral Health Division encourages that each coalition contains members from the following sectors: youth, parent, business, media, school, youth-serving organization, law enforcement, religious/ fraternal organization, civic/volunteer groups, healthcare professional, state or local agency with expertise in the field of substance abuse and other organizations involved in reducing substance abuse. It is a recommendation that LCCs invite these key stakeholders to the meetings so the coalition can create an effective comprehensive community plan.

SUGGESTED KEY STAKEHOLDERS BY CATEGORY		
Prevention/Education	**Treatment/Intervention**	**Criminal Justice**
Local Health Dept.	Local Health Dept.	Prosecutor
Youth Service Organizations	Community Mental Health	Judges
Youth	Centers (CMHC)	Sheriff
School Affiliates	Religious/Spiritual Affiliates	Local Police
Religious/Spiritual Affiliates	Recovery Community	Probation Services

MEETINGS/MINUTES

LCCs should meet, at a minimum, 6 times per year as a whole body; subcommittee and Executive Committee meetings may be outside of those general membership meetings. A meeting is a gathering of a majority of the governing body for the purpose of taking official action upon public business. Official action is receiving information, deliberating, making recommendations, establishing policy, making decisions and taking final action (i.e., voting).

The LCC coordinator is responsible for coordinating and facilitating coalition meetings. It is recommended that a regular calendar be developed and distributed to LCC membership to encourage maximum participation.

As LCC meetings are open to the public, they must follow the Open Door Law[1]. Being compliant with the law means that the official action of the coalition must be conducted and taken openly. To this end, the following meeting procedures shall be complied with:

- *Public Notice:* Public notice is a requirement that applies to open meetings, reconvened meetings, rescheduled meetings, AND executive sessions. The notice must be posted 48 hours in advance of the meeting, not including Saturdays, Sundays and legal holidays. The notice must be posted at the agency's principal office or at the meeting place. Also, if there is an agenda, it must be posted as well. The LCC coordinator is responsible for ensuring that the coalition meetings are advertised countywide. An example of this can include county news media, countywide list serves, or coalition partnerships list serves.

- *Minutes:* Minutes and memorandum must be kept as the meeting progresses and must contain the following: date, time and location of the meeting; members present and absent; general substance of all matters proposed, discussed or decided and a record of all votes taken. Minutes are due no later than 15 days after they have been approved by the LCC and must be submitted to BH@cji.in.gov. ***See Appendix D for Meeting Minutes Template.*

- *Procedures:* LCCs should use Robert's Rules of Order, which is a guide for conducting meetings and making decisions as a group while maximizing fairness to all members. ***See Appendix H for a Robert's Rules of Order cheat sheet.*

FISCAL RESPONSIBILITIES

LCCs are responsible for managing their County Drug Free Community Fund (IC 5-2-11-1-6). By statute, they are required to give out grants to organizations and programs in the following categories: prevention and education, treatment and intervention, and criminal justice services and activities (see the "Granting 101" section for additional grant guidance). The administration funds can be used for a paid coordinator to oversee the LCC as well as trainings. Dollars can also be used for any supplies that might be needed to enhance and have a successful coalition (branding, marketing, printing, office space, etc.). The LCC coordinator is responsible for ensuring that the LCC meets the funding requirement found in IC 5-2-11-5 and that funding opportunities are advertised countywide.

STATUTES THAT GOVERN LOCAL COORDINATING COUNCILS

IC 4-3-25: Establishes the Commission and its Duties

IC 5-2-10: Establishes the State Drug Free Communities Funds

IC 5-2-11 Establishes the County Drug Free Fund

IC 33-37-5-9: Drug Abuse, Prosecution, Interdiction and Correction fee

IC 33-37-5-10: Alcohol and Drug Counter Measure Fee

IC 33-37-4 1-6 Collection of Court Costs

IC 33-37-7 Distribution of Court Fees

REPORTING REQUIREMENTS

The LCC Coordinator is responsible for sending all documents that are due to their state community program manager electronically via email, and the coalition should maintain an archive of documents sent to the state as a matter of record.

- Quarterly Reports – Due on the 15th of July, October, January and April/end of year
- Comprehensive Community Plan – Due annually on April 1

Quarterly Reports: Quarterly reports are due on the 15th of July, October, January, and April every year, with April's report serving as the end of year report. The quarterly report is a summary that provides information as to programs funded and up to date funds used, accomplishments, barriers, technical assistance needs, coalition activity, and available resources. The quarterly report highlights the coalition's efforts to meet SMART goals identified in the Comprehensive Community Plan. **See Appendix C for Quarterly Report Template.*

Comprehensive Community Plan: The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems. The CCP identifies problems that the LCC will address through SMART goals.

Each year, the LCC will update the SMART goals to address the problems identified. If the LCC chooses to list a new problem, it will create new SMART goals to address the new problem. Essentially, the CCP is a document that will evolve and change over time. In the previous years, new CCPs were created every three years and an end of year update would be submitted each year. With this new process, the CCP will be a continuously developing document that will change from year to year to reflect the changes, problems, and goals of the coalition.

The CCP enables an LCC to maximize its efforts, understand existing resources and implement practices and policies to meet its goals of reducing substance use within the community.
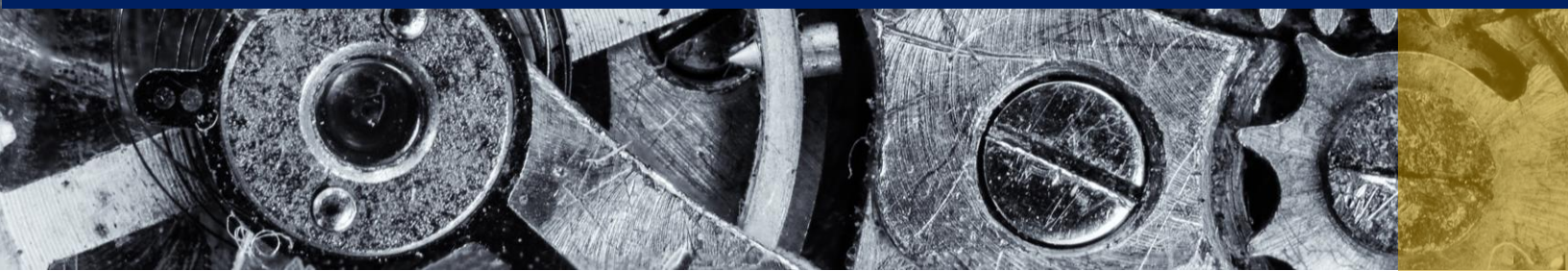
We, at the Behavioral Health Division, want to provide LCCs with the best technical assistance to ensure coalitions across the state are reaching their full potential. The CCP provides pertinent information about communities and coalition efforts across the state.

The CCP must include the following sections in the order shown:
1. Cover Page
   - County name
   - LCC name
   - Contact person's name, address, telephone, and email address
2. LCC Vision Statement
   - A one-sentence statement describing the clear, long-term desired change resulting from an organization or program's work.
   - The best visions are inspirational, clear, memorable, and concise.
3. LCC Mission Statement
   - An organization's mission statement should clearly communicate what it is that you do.
   - It is a statement that describes the reason why your organization exists.
4. Membership List and Meeting Schedule
   - The membership list is important to illustrate the dynamics and diversity of the coalition. The most effective coalitions are diverse in age, gender, race, and occupations.
   - It is important that stakeholders within the community are present to coalition meetings.
5. Community Needs Assessment: A community needs assessment tells your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse, and provides an overview of risk and protective factors.
   - The Community Profile is the first step of the assessment. It illustrates key information of the community and identifies any resources or lack of resources.
   - The Community Risk and Protective Factors helps the coalition identify factors within the community that positively or negatively influence substance use within the community.
6. Making a Community Action Plan (5 Steps)
   1. Create and Categorize Problem Statements
   2. Evidence-Informed Problem Statement
   3. Brainstorm
   4. Develop SMART Goal Statements
   5. Plans to Achieve Goals
7. Fund Document: provides availability of finances
   - Funding allotted to meet the statutory requirement of at least 25% in each category: prevention/education, intervention/treatment, criminal justice services, and activities, and itemized list of administrative costs
   - Funding allotted to each goal of each problem statement.
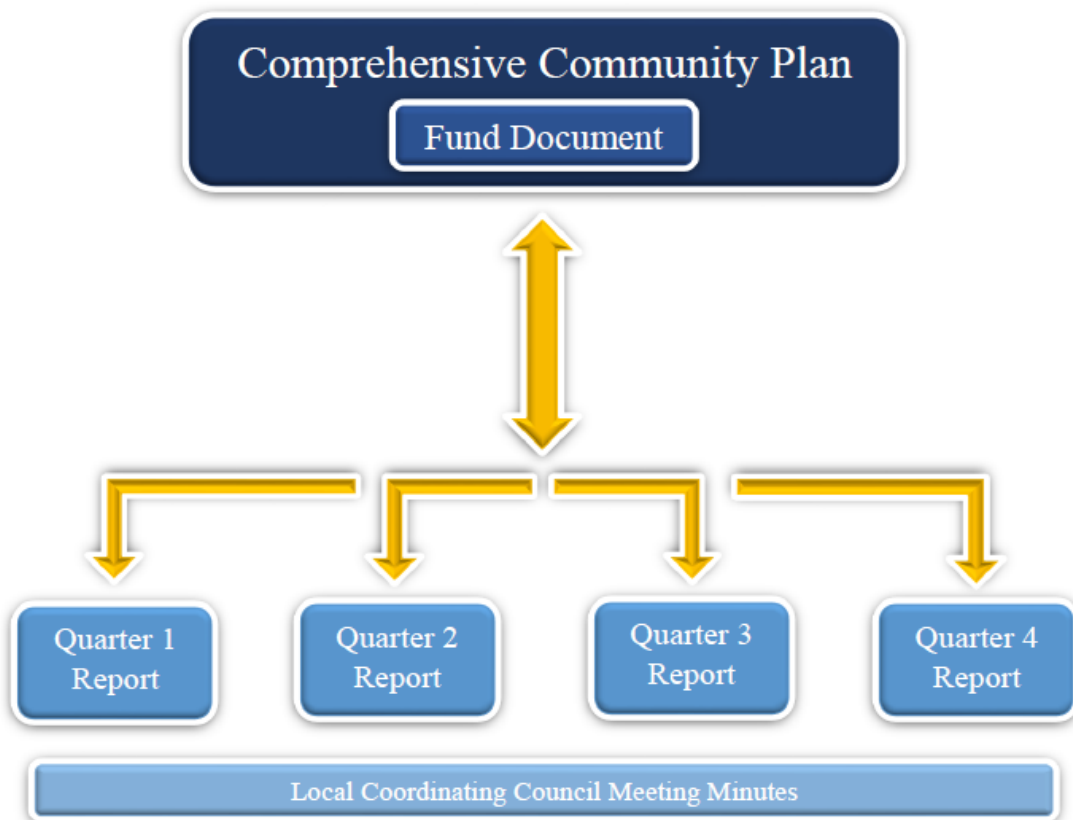
The **Comprehensive Community Plan** (CCP) is a systematic community-driven gathering, analysis, and reporting of community-level indicators for the purpose of addressing local substance use problems. Its calendar year is April-March and is open for submission in the month of March through the first week of April.

The **Fund Information Document** is within the CCP and lists LCC approved funding per county to comply with the statutory requirements found in IC 5-2-11. It also provides the amount within the County Drug Free Community Fund and any other funding streams the LCC utilizes.

The **Quarterly Report** is a summary that provides information as to programs funded and up to date funds used, accomplishments, barriers, technical assistance needs, coalition activity, and available resources. Highlights efforts to meet SMART goals identified in the Comprehensive Community Plan.

Meeting Minutes should be completed for each meeting and reflect the attendance and topics discussed during the meeting.
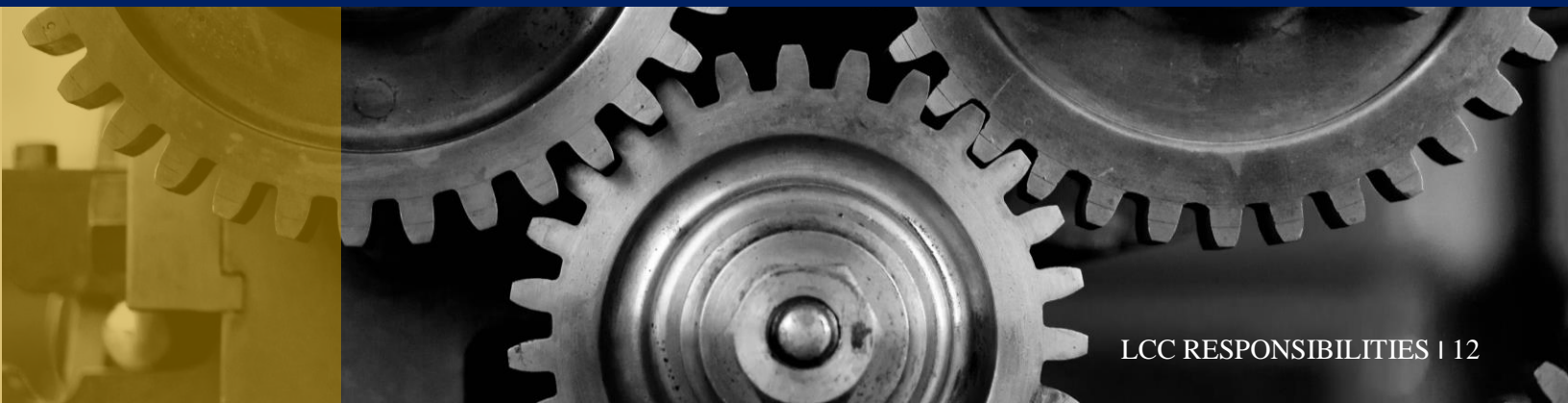
LCC
GRANT WRITING

Once the Comprehensive Community Plan is designed by the Local Coordinating Council (LCC), the coalition can allocate funding to meet specific SMART goals listed in the Comprehensive Community Plan (CCP). The LCC determines the granting process that best fits the community and coalition. Most LCCs disperse funds once a year but some coalitions accept rolling applications. This will be determined by the bylaws and can always be modified as needed.

The Behavioral Health Division strongly recommends and encourages that LCCs have one grant application period that will fund all the approved programs throughout the year – this will avoid issuing mini-grants throughout the course of the grant cycle as well as encourage LCCs to advertise their application notice to all possible stakeholders within the community. Should the coalition not expend all its funds by the end of the year, all unused funds will roll over to the following year.[1]

LCCs receive funding from the county drug free community fund that is established in each county to promote local alcohol and substance use and misuse prevention initiatives by supplementing local funding for treatment, education and criminal justice efforts. The funds consist of amounts deposited under IC 33-37-7-2 (c) and IC 33-37-7-8 (e).[2] These funds reside at the county fiscal agency (auditor's office). The coordinator or coalition treasurer should have contact with the county auditor to establish the number of funds sitting the county drug free community fund.

According to IC 5-2-11-5, funding must be distributed at a minimum of 25% per granting category. The three granting categories are (1) Prevention and Education, (2) Intervention and Treatment, and (3) Criminal Justice Services and Activities. No more than 25% of the county drug free community fund can be used for administrative costs. The administrative portion does not need to be spent at 25% and additional funding can be moved from the administration funding into the other grant categories if the coalition decides to do so. For example, if the LCC approves of administrative funds at 20% of the total fund amount, the additional 5% could be applied to any other category. The fund may not be used to replace other funding for alcohol and drug use and misuse services provided to the county[3].
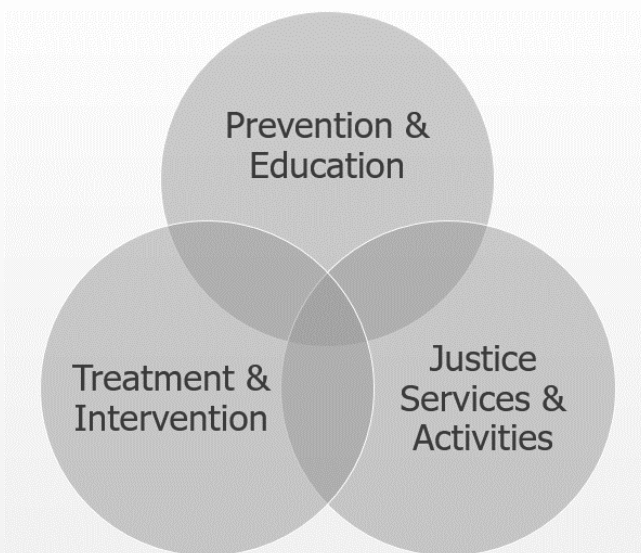
SOURCES

1	IC 5-2-11-4
2	IC 33-37-7-2(c) establishes the county circuit court clerk's distribution of fees to auditor; IC 33-37-7-8(e) establishes the city or town court clerk's distribution of fees to auditor
3	IC 5-2-11-6

Domain Activities	Associated with this domain
Education/Prevention Category	
Universal Intervention	Activities that apply to everyone (whole populations) and result in reducing access to means, altering media coverage, providing community education about prevention and creating stronger and more supportive families, schools and communities.
Intervention Category	
Selective Intervention	For communities and groups potentially at risk and result in building resilience, strength and capacity and an environment that promotes self-help and help-seeking and provides support.
Indicated Intervention	For individuals at high risk and result in building strength, resilience, local understanding, capacity and support; being alert to early signs of risk, and taking action to reduce problems and symptoms.
Treatment Category	
Symptom Identification	Activities that are appropriate when vulnerability and exposure to risk are high, which result in being alert to signs of high risk, adverse health effects and potential tipping points; and providing support and care.
Early Treatment	Activities for finding and accessing early care and support, which result in providing the first point of professional contact; targeted and integrated support and care; and monitoring and ensuring access to further information and care.
Standard Treatment	Activities that are appropriate when specialized care is needed and result in providing integrated professional care to manage behaviors and improve wellbeing as a step in recovery.
Justice Services/Support Category	
Longer-term Treatment and Support	Activities for preparing for a positive future, providing ongoing integrated care to consolidate recovery and reduce the risk of adverse health effects.
Ongoing Care and Support	Activities for 'getting back into life'…building strength, resilience, and adaptation and coping skills, and an environment that supports self-help and help-seeking.

Prevention
IC 5-2-11-1.8 "Prevention"
As used in this chapter, "prevention" means the anticipatory process that prepares and supports an individual and programs with the creation and reinforcement of healthy behaviors and lifestyles.

Criminal Justice Services and Activities
IC 5-2-11-0.5 "Criminal justice services and activities"
As used in this chapter, "criminal justice services and activities" means programs that assist:
      (1) law enforcement agencies;
      (2) courts;
      (3) correctional facilities;
      (4) programs that offer probation services; and
      (5) community corrections programs;
with individuals who have alcohol or drug addictions 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.

Intervention
IC 5-2-11-1.3 "Intervention"
As used in this chapter, "intervention" means:
      (1) activities performed to identify persons in need of addiction treatment services; and
      (2) referring persons to or enrolling persons in addiction treatment programs.

Grantees:

Grant applications should be sent to a designated email and or location by a specific time and date set by the LCC. The coalition should write this into the grant application. The coalition's bylaws should outline grantee requirements, which should also be outlined in the grant application. Some coalitions require grantees to participate at a certain number of meetings, present reports both orally and physically, volunteer at one community event, etc. The coalition needs to determine those requirements and establish them in the bylaws.

The coalition must also determine the consequences of the grantees that do not meet those requirements listed in the grant application. Those consequences may include returning the funds, not being eligible for grant funding the following year, etc. ****See Appendix F for Sample Grant Instructions/Application Form**

Awarding funds:

Coalitions are encouraged to form a grant review committee to review each application. Some coalitions require a verbal presentation of the proposed grants, but it is not a requirement. The grant committee should disclose any conflicts of interest that might be present during the committee and excuse themselves from voting on those grants. A member cannot participate in any matters relating to the decisions in which the member may have a financial interest. For example, if the sheriff's office is applying for funding, the committee needs to determine if the sheriff can be present and can vote. The LCCs bylaws should include means to avoid any conflicts of interest.

APPENDICES

Appendix A: POTENTIAL DATA SETS:

State Epidemiological Outcomes Workgroup (SEOW)
The Indiana State Epidemiological Outcomes Workgroup (SEOW) consists of representatives from various state agencies. The SEOW's primary responsibilities include the ongoing and statewide monitoring of substance abuse and mental health trends; identifying statewide prevention priorities; and disseminating research findings to policy-makers, state agencies, community organizations, and the general public.
- 2018 Epi Report: https://fsph.iupui.edu/doc/research-centers/EPI_2019_Web.pdf
- Reports Page: https://fsph.iupui.edu/research-centers/centers/health-policy/epi-reports.html

Indiana Indicators:
This resource provides a focus on leading indicators—the ones deemed by experts to make the difference in a community's health and quality of life. Indicators can be found for individual counties.
- http://indianaindicators.org/

Management Performance Hub:
Home for actionable data covering a variety of subject matter areas with Indiana State Government
- https://hub.mph.in.gov/

Indiana State Department of Health Drug Overdose Dashboard
The dashboard provides information on county participation in prevention and harm reduction programs, information on patterns related to opioid prescriptions, information on hospitalizations and emergency department visits with billing for drug overdoses, and information deaths involving drug overdoses.
- https://www.in.gov/isdh/27393.htm

Naloxone Administration Heat Map:
Naloxone administered and reported by EMS providers throughout the state.
- https://www.in.gov/recovery/1054.htm

Stats Explorer – Indiana State Department of Health
The Stats Explorer is developed and maintained by the Public Health Geographics (PHG) program within the ISDH Epidemiology Resource Center (ERC) division. PHG gathers information, adds geographic context and redistributes data in various formats as a resource.
- https://gis.in.gov/apps/isdh/meta/stats_layers.htm

Prevention Insights (formerly known as Indiana Prevention Resource Center)
County Epidemiological Data creates a "statistical picture" of a community. County Epidemiological Data will help you improve the efficiency and effectiveness of your prevention efforts and get better outcomes. Prevention Insights is the agency that conducts the Indiana Youth Survey, that LCCs can use for data collection and analysis.
- https://iprc.iu.edu/prev-stat/county-profiles-data
- https://inys.indiana.edu/survey-results

The Indiana Commission to Combat Drug Abuse

Behavioral Health Division

Comprehensive Community Plan

County:

LCC Name:

LCC Contact:

Address:

City:

Phone:

Email:

County Commissioners:

Address:

City:

Zip Code:

Vision Statement

What is your Local Coordinating Council's vision statement?

Mission Statement

What is your Local Coordinating Council's mission statement?

Membership List

#	Name	Organization	Race	Gender	Category
1					
2					
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LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

Community Needs Assessment: Results

The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

County Name
County Population
Schools in the community
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)
Service agencies/organizations
Local media outlets that reach the community
What are the substances that are most problematic in your community?
List all substance use/misuse services/activities/programs presently taking place in the community

Community Risk and Protective Factors

Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all-inclusive and others may apply.

Risk Factors Examples: trauma and toxic stressors; poverty violence; neighborhood characteristics; low neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

Protective Factors Examples: strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.[1]

Risk Factors	Resources/Assets	Limitations/Gaps
1.	1. 2. 3.	1. 2. 3.
2.	1. 2. 3.	1. 2. 3.
3.	1. 2. 3.	1. 2. 3.
Protective Factors	**Resources/Assets**	**Limitations/Gaps**
1.	1. 2. 3.	1. 2. 3.

---

[1]Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018.

2.	1. 2. 3.	1. 2. 3.
3.	1. 2. 3.	1. 2. 3.

Making A Community Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

Risk Factors	Problem Statement(s)
1.	1. 2. 3.
2.	1. 2. 3.
3.	1. 2. 3.

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

Problem Statements	Data That Establishes Problem	Data Source
1.		
2.		
3.		

Step 3: Brainstorm

Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.

Problem Statements	What can be done (action)?
1.	1. 2. 3.
2.	1. 2. 3.
3.	1. 2. 3.

Step 4: Develop SMART Goal Statements

For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Problem Statement #1
Goal 1
Goal 2

Problem Statement #2
Goal 1
Goal 2

Problem Statement #3
Goal 1
Goal 2

Step 5: Plans to Achieve Goals
For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1	1. 2. 3.
Goal 2	1. 2. 3.

Problem Statement #2	Steps
Goal 1	1. 2. 3.
Goal 2	1. 2. 3.
Problem Statement #3	Steps
Goal 1	1. 2. 3.
Goal 2	1. 2. 3.

Fund Document

The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC's fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).

Funding Profile

Amount of funds deposited into the County Drug Free Community Fund from fees collected last year ($100.00):
Amount of unused funds that rolled over from the previous years ($100.00):
Total funds available for programs and administrative costs for the upcoming year ($100.00):
Amount of funds granted the year prior ($100.00):
How much money is received from the following entities (if no money is received, please enter $0.00):
Substance Abuse and Mental Health Services Administration (SAMHSA):
Bureau of Justice Administration (BJA):
Office of National Drug Control Policy (ONDCP):
Indiana State Department of Health (ISDH):
Indiana Department of Education (DOE):
Indiana Division of Mental Health and Addiction (DMHA):
Indiana Family and Social Services Administration (FSSA):
Local entities:
Other:

Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities ($100.00):		
Prevention/Education:	Intervention/Treatment:	Justice:

Funding allotted to Administrative costs:	
Itemized list of what is being funded	*Amount ($100.00)*

Funding allotted by Goal per Problem Statement:		
Problem Statement #1	**Problem Statement #2**	**Problem Statement #3**
Goal 1:	Goal 1:	Goal 1:
Goal 2:	Goal 2:	Goal 2:

Appendix C: QUARTERLY REPORT TEMPLATE

Local Coordinating Councils
Local Knowledge, Local Solutions

Quarterly Report

County Name:

Q1   Q2   Q3   Q4

LCC Coordinator Information

Name(s)	Email	Phone	Address

Technical Assistance Request

Please provide detailed description

Barriers

Successes

What are you proud of?

Meetings During Quarter

Meeting Location	Date	Number of Attendees	Meeting Minutes
101 W. Street	*April 16, 2020*	*14*	(Y/N)

Program and SMART Goals

Program Name/Description	Amount Awarded	Applicable Goal
Prevention/Education		

Program Description	Amount Awarded	Applicable Goal
Treatment/Intervention		

Program Description	Amount Granted	Applicable Goal
Criminal Justice Services/Activities		

Budget

Category	Approved CCP Budget	This Quarter Expenditures	Total Expenditures	Balance
Prevention/Education				
Treatment/Intervention				
Criminal Justice Services/Activities				
Administrative				
Totals:				

Appendix D: MEETING MINUTES TEMPLATE

LCC Meeting Minutes

Coalition Name and County	
Meeting Date and Time	
Meeting Location	
Minutes Drafted Date	

Attendees

Meeting Notes (Old/New Business, Decisions, Agendas)

Appendix E: Categorical Visual Tools

The Sequential Intercept Model[2]
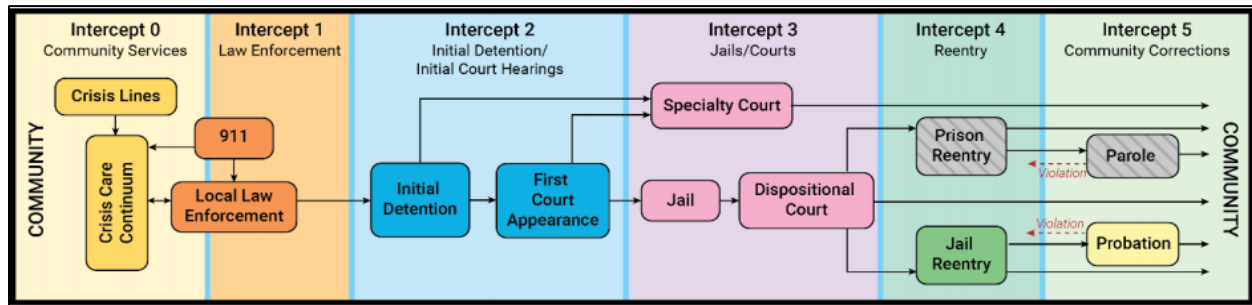
The Sequential Intercept Model is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, people with lived experiences, family members, and many others.

Strategic Prevention Framework[3]

The Strategic Prevention Framework includes five steps:
1. *Assessment*: What is the problem?
2. *Capacity*: What do you have to work with?
3. *Planning*: What should you do and how should you do it?
4. *Implementation*: How can you put your plan into action?
5. *Evaluation*: Is your plan succeeding?

The SPF is also guided by two principles that should be integrated into each of the steps that comprise it:
1. *Cultural competence*. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
2. *Sustainability*. The process of building an adaptive and effective system that achieves and maintains desired long-term results.

---

[2] Policy Research Associates*, The Sequential Intercept Model*
[3] SAMHSA*, Strategic Prevention Framework*

Spectrum of mental health interventions[4]
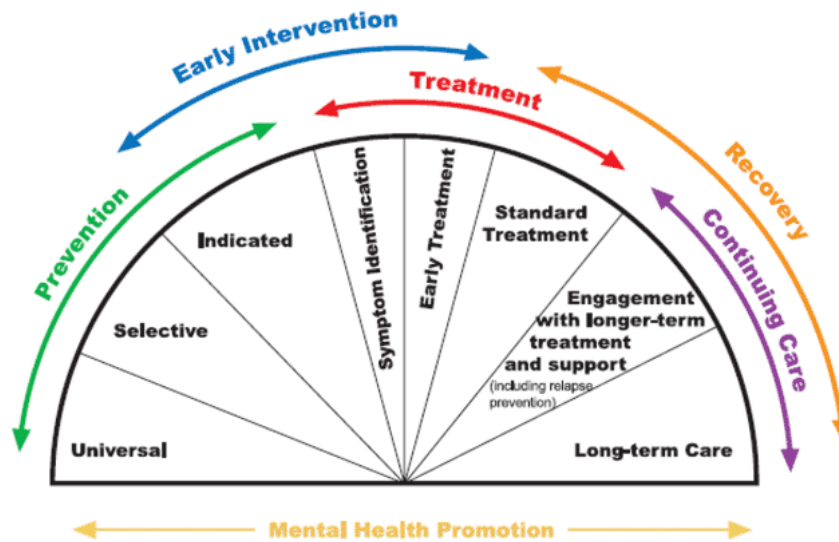
This continuum classifies Behavioural health interventions as universal, selective or targeted and indicated. Research recognizes that 'failures in complex systems tend to occur primarily at the points of the handover of responsibilities.

---

[4] Mrazek & Haggerty's Model of the Spectrum of Interventions

Appendix F: SAMPLE GRANT INSTRUCTIONS/APPLICATION FORM

LOCAL COORDINATING COUNCIL INSTRUCTIONS FOR GRANT APPLICATION

HOW WILL APPLICATIONS BE REVIEWED?

Applications are due by _____. Funding cycle is _____ a year. Applications will be reviewed at the next LCC meeting following the due dates. Check with the chairperson for location and date. The voting membership of the LCC will discuss completed applications. The LCC requests that a representative attend the meeting where your application will be reviewed. If you are unable to attend, please submit a cover letter to the LCC chairperson. The voting members present will determine if your project fits with the mission and comprehensive community plan.

Grant requests must address at least one of the following problem statements from the LCC comprehensive community plan:

Problem Statement #1: Adults and youth use alcohol at higher rates than the State averages in _____ County.

Problem Statement #2: Adults are using marijuana, cocaine, heroin, and methamphetamine in _____ County.

Problem Statement #3: Illegal prescription drug abuse is becoming an issue in _____ County.

Please be aware your project may not be fully funded. You will receive notification of the LCC decision regarding funding of your request in writing within 2-4 weeks of review by the LCC membership. Please contact the chairperson or note on the grant application and/or cover letter, if circumstances require earlier notification.

WHAT IS REQUIRED AFTER YOUR PROJECT IS COMPLETE?

Each grant recipient must complete a report form. Failure to complete the necessary information may result in the denial of future funding requests. Forms can be obtained from the LCC chair. If funds are not spent by the end of the project, the grant recipient is responsible for returning unspent funds to LCC. Any person or organization receiving funding from the _____ Co. Local Coordinating Council (LCC) is required to assign at least one person to attend regular meetings of the LCC. Funded organizations must attend ___ meetings in a 12-month period following grant approval. The _____ County LCC meets ___ times per year, requiring grantees to attend no less than ___ meetings annually. A funded organization that fails to comply will be prohibited from obtaining funding in the future.

HOW CAN I BECOME A MEMBER?

Thank you for submitting an application. The LCC encourages you to become a member if you are not already. The meetings are held every other month on the first Tuesday of the month from 12:00 – 1:00. Contact the chairperson for location and a specific date. Once again, thank you for your efforts in helping to reduce alcohol, tobacco, and other drug issues in _____ County.

WHO DO I CONTACT ABOUT APPLICATION?

For questions, call_____, chairperson at _____ or via email at _____

Please send application to: _____

LOCAL COORDINATING COUNCIL APPLICATION FOR GRANT FUNDING

The mission of the LCC shall be to improve the quality of life in _____ County by creating county-wide awareness of alcohol, tobacco, and other drug (AOD) issues and reducing abuse of and dependency on these substances through prevention/education, treatment/intervention, and criminal justice.

1. Date: _____

2. Name of Program:
_____

3. Name of Agency/Organization Submitting Proposal:
_____

4. Project Director: _____ 5. Title: _____

6. Address:
_____

7. Phone: _____ 8. Fax: _____ 9. Email: _____

10. Type of Agency: ___ Not for Profit ___ Government Agency ___ For Profit

11. Description of Organization:
_____
_____
_____
_____

12. Type of Project:

    ___ Education/Prevention ___ Intervention/Treatment ___ Law Enforcement/Judicial

    Education/Prevention – programs aimed at preventing alcohol abuse and other drug use in groups who are not currently using alcohol and/or other drugs.
    Intervention/Treatment – programs focusing on methods of intervention and/or treatment in groups of people using or abusing alcohol and/or other drugs or at a significant know risk of use.
    Law enforcement/Judicial – programs addressing methods to increase efforts in law enforcement and/or criminal justice aimed at reducing alcohol and other drug use.

13. Problem statement project addresses:

    ___ Problem Statement #1: On average, adults and youth use alcohol at higher rates in _____ County than the State average.
    ___ Problem Statement #2: Adults are using heroin and methamphetamine in _____ County.
    ___ Problem Statement #3: Illegal prescription drug abuse is becoming an issue in _____ County.

14. Amount of Funding Requested: _____ 15. Total Cost of Project: _____

16. How does this project educate the target population about alcohol, tobacco and other drug (AOD) issues and promote an AOD free lifestyle?

_____
_____
_____
_____
_____
_____
_____

17. Describe your project and the anticipated long-term outcomes regarding AOD? Use additional pages as needed to give the LCC a view of your project and its impact on alcohol, tobacco, and other drug education/prevention, intervention/treatment or law enforcement.

_____
_____
_____
_____
_____
_____
_____

18. Itemized Budget:

ITEM	QUANTITY	COST PER ITEM	TOTAL COST
		TOTAL COST	$

19. Do you anticipate funding from other sources for this project (Y/N)? _____
If yes, describe:

_____
_____
_____
_____
_____
_____

20. Who is your target population?
_____

If funded, I understand that my organization is required to provide a completed form and if asked receipts for money spent to the Local Coordinating Council. I understand failure to submit a completion report will jeopardize future funding. I understand if all monies are not spent, I will return unspent funds. I also

understand that if funded, a representative from our organization will be required to attend no less than __ regular meetings of the _____ County LCC. An attendance log will be kept of all attendees of regular meetings and reviewed as part of the funding consideration.

Signature: _____ Date: _____

For Local Coordinating Council Use Only

Date Application Received:	Date Reviewed by LCC:	Approved / Not Approved
Amount Approved:	Date Paid:	Received Report:

Appendix G: SAMPLE BYLAWS

ARTICLE I: NAME

1.1: The name of this organization shall be the County Substance Abuse Council.

ARTICLE II: MISSION

2.1: Mission Statement: The mission of the County Substance Abuse Council is to reduce the problems associated with substance abuse in County in order to enhance family and community life.

2.2: We believe alcohol and drug abuse to be one of the leading health and social problems in our nation today. Alcohol and drug abuse negatively affect virtually every member of our society through its impact on crime, families, health, education, employment, and economics. We believe an important step toward the eradication of alcohol and drug abuse is to address the problem through the combined efforts of citizens at the community level.

2.3: We, the County Substance Abuse Council, support the coordination of a community-based comprehensive drug-free network to address the problems associated with alcohol and drug abuse and to promote a healthy, drug-free lifestyle.

ARTICLE III: MEMBERSHIP

3.1: In an effort to ensure the effectiveness of the Council, membership shall reflect, to the extent possible, representation from the categories recommended by the Governor's Commission for a Drug-free Indiana as follows: Family, Judicial, Youth, Education/Prevention, Local Government, Medical, Law Enforcement, and Treatment.

ARTICLE IV: MEETINGS

4.1: It is the intent of the _____ to meet monthly and no less than six times per the calendar year to address pertinent business and/or concerns. At least a 48-hour notice of a special meeting shall be given, including the time, place, and purpose of the meeting. All meetings are open to the public.

4.2: Quorum: At any _____ meeting, five (5) members shall constitute a quorum, and the act of a majority those members present shall be the _____ unless an act of greater number is required in these bylaws.

4.3: Quarterly Mini-grant Meeting: Shall be held as part of the _____ meetings in the following months: March, June, September, and December.

4.4: Annual Planning Meeting: Shall be held in January or February unless otherwise specified.

ARTICLE V: OFFICERS

5.1: Chairperson: The Chairperson shall preside at all _____ meetings and exercise other powers as prescribed in these bylaws and by the _____. The Chairperson shall also supervise the Coordinator unless the Vice-Chairperson assumes that responsibility.

5.2: Vice-Chairperson: The Vice-Chairperson shall perform all of the duties of the Chairperson in the event of the Chairperson's absence. The Vice-Chairperson is to succeed to the office of Chairperson at the end of the Chairperson's term(s) or in the event of the Chairperson's resignation from office before the end of the term unless a different Chairperson is elected.

5.3: Treasurer: The Treasurer or designee shall attend all meetings of the _____ and keep a record of all financial transactions of the _____.

5.4: Secretary: The Secretary or designee shall attend all meetings and keep a record of all proceedings of said meetings.

5.5: Coordinator: The Coordinator is a paid position responsible for the coordination of all activities and documents relating to the _____. The Coordinator is a contractor, not an employee, and is not entitled to any form of employee benefits.

5.6: Election and Term of Officers: Officers shall be elected at the June meetings of the _____ and shall hold office for one year or until a successor shall be duly elected. Officers may serve for more than one term.

5.7: Vacancies: Any vacancy that occurs during an officer's term shall be filled upon the recommendation of the nominating committee with the concurrence of the _____. Any officer so elected shall hold office until the next June meeting of the _____ or until a successor is duly elected.

5.8: Attendance: Officers are required to attend 75% of all meetings in order to maintain their elected position.

ARTICLE VI: REPRESENTATIVES AT LARGE

6.1: A minimum of three (3) members shall be elected to serve as Representatives At Large. Representatives will serve on the Executive Committee and may also serve as Chairpersons of Sub-committees. Each elected representative shall represent a different area of the _____ County population (examples include education, business, law enforcement, treatment, etc.)

6.2: Election and Term of Representatives At Large: Representatives shall be elected at the June meetings of the _____ and shall hold office for one year or until a successor shall be duly elected. Representatives may serve for more than one term.

6.3: Vacancies: If at any time, the number of Representatives falls below three (3), the vacancy shall be filled upon the recommendation of the nominating committee with the concurrence of the _____. Any Representative so elected shall hold office until the next June meeting of the _____ or until a successor is duly elected.

6.4: Attendance: Representatives are required to attend 50% of all meetings in order to maintain their elected position.

ARTICLE VII: COMMITTEES

7.1: Sub-committees: There shall be no standing sub-committees except those that are formed due to a particular need. A sub-committee may be easily formed as a result of an issue addressed during a _____ meeting. Sub-committees shall hold regular meetings as they deem necessary and are free to disband as desired. Sub-committees will report regularly at each _____ meeting until such time as they are disbanded. Each sub-committee shall elect a Chairperson and may elect other officers as necessary. The Chairperson of a sub-committee shall be a member of the Executive Committee until such time as the sub-committee disbands. Sub-committees shall function on an as-needed basis.

7.2: Executive Committee: The Executive Committee shall be composed of the Officers, Representatives At Large, Coordinator, and any Sub-Committee Chair(s) of the _____. The Executive Committee shall meet as needed and shall have final authority when determining grant funding. The Executive Committee shall also be empowered to make recommendations to the _____ as needed. Recommendations may include but are not limited to: amendments to By-Laws, Comprehensive Plans, Coordinator issues, web site information, Regional Advisory Board information, and spending of discretionary funds.

ARTICLE VIII: MINI-GRANT APPLICATIONS

8.1: The _____ shall conduct a quarterly request, if funds are available, for Mini-Grant Applications from community organizations in order to make funding decisions which will fulfill the recommended actions of the Comprehensive Plan. Any organization desiring to present a request for a mini-grant shall be required to make a verbal and written request at the appropriate meeting. The written request will specify which category of funding the request represents (law enforcement, treatment or education/prevention). If funded, the organization agrees to acknowledge the _____ grant in any publications and to make a written and verbal progress report to the _____ in a timely manner.

ARTICLE IX: CONFLICT OF INTEREST

9.1: To eliminate conflict of interest during the grant process, any member(s) submitting or recommending a mini-grant application for funds to the LCC shall abstain from voting on the grant, and that abstention shall be recorded in the minutes of the meeting as a permanent record.

ARTICLE X: RULES OF ORDER

10.1: Robert's Rules of Order shall be used when conducting any meeting of the _____.

ARTICLE XI: AMENDMENTS

11.1: Amendments to _____ Bylaws: The power to amend, alter or repeal any part or all of this code of Bylaws is vested in _____. The affirmative vote of the majority of all voting members shall be needed to affect any changes in this code.

We accept these Bylaws as amended on this the _____ day of _____.

_____   _____
Chairperson   Vice-Chairperson

_____   _____
Secretary   Treasurer

Appendix H: R<small>OBERT'S</small> R<small>ULES OF</small> O<small>RDER</small> C<small>HEAT</small> S<small>HEET</small>[5]

To:	You Say:	Interrupt Speaker	Second Needed	Debateable	Vote Needed:
Adjourn	"I move that we adjourn"	No	Yes	No	Majority
Recess	"I move that we recess until..."	No	Yes	No	Majority
Complain about noise, room temp, etc.	"Point of privilege."	Yes	No	No	Chair decides
Suspend further consideration of something	"I move that we table it"	No	Yes	No	Majority
End debate	"I move the previous question"	No	Yes	No	2/3
Postpone consideration of something	"I move we postpone this matter until..."	No	Yes	Yes	Majority
Amend a motion	"I move that this motion be amended by..."	No	Yes	Yes	Majority
Introduce business	"I move that..."	No	Yes	Yes	Majority

The above-listed motions and points are listed in the established order of precedence. When any one of them is pending, you may not introduce another that is listed below, but you may introduce another that is listed above it.

To:	You Say:	Interrupt Speaker	Second Needed	Debatable	Vote Needed
Object to a procedure or personal affront	"Point of order"	Yes	No	No	Chair decides
Request information	"Point of information"	Yes	No	No	None
Ask for a vote by the actual count to verify vote	"I call for a division of the house"	Must be done before new motion	No	No	None unless someone objects
Object to considering some undiplomatic or improper matter	"I object to the consideration of this question"	Yes	No	No	2/3
Take up matter previously tabled	"I move we take from the table..."	Yes	Yes	No	Majority
Reconsider something already disposed of	"I move we now (or later) reconsider our action relative to..."	Yes	Yes	Only if the original motion was debateable	Majority
Consider something out of its scheduled order	"I move we suspend the rules and consider..."	No	Yes	No	2/3
Vote on a ruling by the Chair	"I appeal the Chair's decision"	Yes	Yes	Yes	Majority

The motions, points, and proposals listed above have no established order of preference; any of them may be introduced at any time except when the meeting is considering one of the top three matters listed in the first chart (Motion to Adjourn, Recess or Point of Privilege)

---

[5] Robert's Rules of Order Cheat Sheat

PROCEDURE FOR HANDLING A MAIN MOTION

NOTE: Nothing goes to a discussion without a motion being on the floor.

Obtaining and assigning the floor

A member raises hand when no one else has the floor
- The chair recognizes the member by name

How the Motion is Brought before the Assembly
- The member makes the motion: *"I move that"...* and resumes his seat
- Another member seconds the motion: *"I second the motion"* or *"I second it"* or *"Second"*
- The chair states the motion: *"It is moved and seconded that ... Are you ready for the question?"*

Considering of the Motion
- Members can debate the motion
- Before speaking in a debate, members obtain the floor
- The maker of the motion has first right to the floor if he claims it properly
- The debate must be confirmed to the merits of the motion
- The debate can be closed only by the order of the assembly (2/3 vote) or by the chair if no one seeks the floor for further debate.

The Chair puts the Motion to a Vote
- The chair asks: *"Are you ready for the question?"* If no one rises claim to the floor, the chair proceeds to take the vote.
- The chair says: *"The question is on the adoption of the motion that... As many as in favor, say 'Aye.'... Those opposed, say 'Nay.'... Those abstained please say 'Aye.'"*

The Chair Announces the Result of the Vote
- *The ayes have it, the motion carries, and ...* (indicating the effect of the vote); or
- *The nays have it and the motion fails*

When Debating Your Motions
1. Listen to the other side
2. Focus on issues, not personalities
3. Avoid questioning motives
4. Be polite

HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

Main Motion

You want to propose a new idea or action for the group.
- After recognition, make the main motion.
- Member: *"Madame Chairman, I move that _____."*

Amending a Motion

You want to change some of the wording that is being discussed.
- After recognition, *"Madame Chairman, I move that the motions be amended by adding the following words _____."*
- After recognition, *"Madame Chairman, I move that the motion be amended by striking out the following words _____."*
- After recognition, *"Madame Chairman, I move that the motion be amended by striking out the following words, _____, and adding in their place the following words _____."*

Refer to Committee

You feel that an idea or proposal being discussed needs more study and investigation.
- After recognition, *"Madame Chairman, I move that the question be referred to a committee made up of XYZ."*

Postpone Definitely

You want the membership to have more time to consider the question under discussion and you want to postpone it to a definite time or day, and have it come up for further consideration.
- After recognition, *"Madame Chairman, I move to postpone the question until _____."*

Previous Question

You think the discussion has gone on for too long and you want to stop discussion and vote.
- After recognition, *"Madame Chairman, I move the previous question."*

Limit Debate

You think the discussion is getting long, but you want to give a reasonable length of time for consideration of the question.
- After recognition, *"Madame Chairman, I want to limit discussion to two minutes per speaker."*

Postpone Indefinitely

You want to kill a motion that is being discussed
- After recognition, *"Madame Chairman, I move to postpone the question indefinitely."*

Recess

You want to take a break for a while.
- After recognition, *"Madame Chairman, I move to recess for ten minutes."*

Adjournment

You want to end the meeting.
- After recognition, *"Madame Chairman, I move to adjourn."*

Permission to Withdraw a Motion

You have made a motion and after discussion, are sorry that you made it.
- After recognition, *"Madame Chairman, I ask permission to withdraw my motion."*

Call for Orders of a New Day

At the beginning of the meeting, the agenda was adopted. The chairman is not following the order of the approved agenda.
- Without recognition, *"Call for orders of the day."*

Suspending the Rules

The agenda has been approved and the meeting has progressed, it became obvious that an item you were interested in will not come up before adjournment.
- After recognition, *"Madame Chairman, I move to suspend the rules and move to item 5 to position 2."*

Point of Personal Privilege

The noise outside the meeting has become so great that you are having trouble hearing.
- Without recognition, *"Point of personal privilege."*
- Chairman: *"State your point."*
- Member: *"There is too much noise, I can't hear."*

Point of Order

It is obvious that the meeting is not following proper rules.
- Without recognition, *"I rise to a point of order,"* or *"Point of order."*

Point of Information

You are wondering about some of the facts under discussion, such as the balance of an account being discussed.
- Without recognition, *"Point of information."*

APPENDIX I: DEVELOPING A SMART GOAL GUIDE SHEET

Specific: The goal should identify a specific action or event that will take place.

Measurable: The goal and its benefits should be quantifiable.

Achievable: The goal should be attainable given available resources.

Realistic: The goal should require you to stretch some, but allow the likelihood of success.

Timely: The goal should state the time period in which it will be accomplished.

Writing an Effective Goal Statement
1. Use clear, specific language.
2. Start your goal statement with TO + a VERB
3. Write your goal statement using SMART Goal Criteria
4. Avoid using negative language. Think positive!

An example of a goal statement:
- *To run three marathons in 2020 and complete the 10 mile race in under 1 hour to beat my personal best time.*

The example begins with the word "To", includes the verb "run", and tells what, why, and when.

Activity

Use this worksheet to identify the specific SMART criteria you will use to write your goal statement.

What is your basic goal? _____

1. Is it **specific?** (Who? What? Where? When? Why?)

   S _____

2. Is it **measurable?** How will I measure progress? (How many? How much?)

   M _____

3. Is it **attainable?** (Can this really happen? Attainable with enough effort? What steps are involved?)

   A _____

4. Is it **realistic?** (What knowledge's, skills, and abilities are necessary to reach

   this goal?)

   R _____

5. Is it **time bound?** (Can I set fixed deadlines? What are the deadlines?)

   T _____

Appendix I: BEHAVIORAL HEALTH MEMORANDUMS

**As processes change, not all information is current and is only listed in the manual for historical reference. If you have any questions, please contact your regional program manager.

STATE OF INDIANA

Eric J. Holcomb, Governor
Devon McDonald, Executive Director

August 12, 2019

To: Local Coordinating Councils

From: Michael Ross, MSW, LCSW

Re: Memo 001

Subject: Past Six Months, Division Name Change, Division Email, Process Clarification, and Data Collection

Past Six Months:

Over the past six months, the Substance Abuse Division of the Indiana Criminal Justice Institute has been focused on:
- Re-establishing relationships with pre-existing and emerging state partners,
- Creating a uniform reporting and communications structure for the local coordinating councils, and
- Segmenting the Indiana LCCs into six regions.

The regional segmentation has allowed Division staff to have core technical assistance areas of prevention, treatment, and justice, ensuring that the three are equally and effectively considered by all counties.

Division Name Change:

In response to feedback voiced by our stakeholders, I am happy to announce that the Division has changed its name to the Behavioral Health Division effective immediately. The name change more accurately reflects the division's focus while aligning with the scientific understanding of the complex, co-occurring, and dynamically interconnected nature of substance use-related issues.

All forms, emails, and communications will now reflect the new division name.

Division Email:

Moving forward, Comprehensive Community Plans, Minutes, Quarterly Reports, Fund Requests, and other LCC related documents should be emailed to BH@CJI.IN.GOV.

This new email address is an attempt to reduce ambiguities regarding who to contact while ensuring that staff knows what documents the Division has received, begun to review, and approved.

Document Workflow:

Each LCC is required to submit five types of documentation to the Behavioral Health Division:

1. Comprehensive Community Plan (CCP): The CCP is a systematic gathering, analysis, and reporting of community-level indicators for the purpose of addressing local substance-use problems. The CCP is the first document that the LCC should address each calendar year and the subsequent documents will reflect the CCP objectives and goals. The CCP must be evaluated and approved by the Behavioral Health Division staff.

2. Annual Financial Statement: The Annual Financial Statement provides the amount the LCC has remaining in the County Drug Free Community Fund and any other state and federal sources. This statement should be submitted in conjunction with the CCP.

3. Fund Information Document: Following the approval of the CCP and the Annual Financial Statement, the LCC will complete the Fund Information Document. This document describes LCC approved programs that will address the problems identified in the CCP. The Fund Information Document will be evaluated and approved by the Behavioral Health Division staff.

4. Quarterly Reports: LCCs must submit a Quarterly Report within thirty (30) days after the last day of each quarter. Quarterly Reports summarize LCC accomplishments, barriers, technical assistance needs, coalition activity, and available resources.

5. Meeting Minutes: LCCs must document participants and the topics discussed during the meeting and submit the Meeting Minutes to the Behavioral Health Division.

Data Collection:
The division has undertaken a strategic approach to overhauling our data collection, which has resulted in 4 quarters of unique data projects. Some of the data projects are listed below:

Survey
The 2019 Baseline Survey for LCCs was created to collect information regarding the current make-up, functionality, and wellness of Indiana's unique coalitions who address substance use and abuse in their counties. Not only did this give LCC leadership an opportunity to voice their opinions, but it allows the Behavioral Health Division at the ICJI to better understand how they can assist the LCCs with our state substance abuse reduction efforts. Eighty percent of LCC Coordinators responded to the survey, allowing for representative data.

Focus Groups
The Regional LCC Focus Group project, born of gaps in data collected from the baseline survey, aims to capture local knowledge concerning substance use, abuse, and corresponding services available while identifying LCC needs so that they are well-equipped to provide local solutions. As a latent function of the

project, the focus group aims to bring LCC leadership together to connect and converse. A report with data combined from the survey and the focus group will be available in January of 2020.

Comprehensive Community Plan (CCP)
In direct response to our LCC leadership indicating that the CCP was difficult to understand and complete, a revised version is currently under construction. The Research and Planning Division is assisting with the CCP's development by crafting useful and simple-to-answer questions that will both ensure that our LCCs are able to proudly explain and display their strategic plan to reduce substance use and allow the division to obtain meaningful data on a consistent basis.
Once a draft is produced we will share with the Coordinators to solicit feedback and allow for comments.

Thank you for your patience and flexibility as we continue to work through the kinks of updating our processes and the functionality of the Behavioral Health Division. If you have any questions or concerns, please feel free to contact the team at BH@CJI.IN.GOV. Thank you for all of your efforts as we work to strengthen the Local Coordinating Councils by supporting local knowledge and local solutions.

With Respect,

Michael Paul Ross, MSW, LCSW
Behavioral Health Division Director
Indiana Criminal Justice Institute

STATE OF INDIANA

Eric J. Holcomb, Governor

Devon McDonald, Executive Director

January 31, 2020

To: Local Coordinating Councils
From: Michael Ross, MSW, LCSW
Re: Memo 002
Subject: 2020 Behavioral Health Division Updates

Overview of the Year 2019

Over the course of last year, the Behavioral Health Division of the Indiana Criminal Justice Institute has focused on:

- Re-establishing relationships with pre-existing and emerging state partners.
- Creating a standardized reporting and communications structure for the local coordinating councils.
- Simplifying mandatory requirements for all 92 counties.

The feedback provided through the 2019 LCC Baseline Survey and the Community Comprehensive Plan survey has allowed Division staff members to standardize reporting procedures; while minimizing the complexity and redundancy of the current processes. Please note that the Behavioral Health Division has made the following changes:

1. Policies and Procedural Manual

The Behavioral Health Division has drafted a Policies and Procedures Manual which includes statutory requirements and important information regarding upcoming changes in the reporting timeline. In addition to this, the manual also includes document templates. Further, the manual includes appendixes that will provide examples (i.e. grant process and example by-laws).

2. Quarterly Reports

The Division staff has adopted a new format for the Quarterly Report. This new format will mitigate repetition and unnecessary information. In addition, it will enable the Division staff to identify the barriers that LCCs may face during the quarter. These quarterly reports will allow targeted and timely technical assistance.

3. <u>Site Visit Tool</u>

The division has created a site visit tool that Program Managers will use during a county visit. This site visit tool will allow the Division to assess the technical assistance needs of LCCs.

4. <u>Webinars</u>

The Division will conduct a series of webinars for all Local Coordinating Councils (LCCs) about procedural changes. These trainings will help LCCs understand changes at the local and state level. These webinars will be conducted during the following months:

❖ *Webinar 1: How to complete the Comprehensive Community Plan CCP (Part I)*
February 12, 2020

The purpose of this webinar is to discuss procedural changes in detail. Additionally, the webinar will provide guidance on what information to include in a CCP. This webinar will cover the following topics:

- A general overview of procedural changes.
- Brief introduction of Vision Statement and Mission Statement.
- Importance of Membership List, Community Needs Assessment, Community Risk Factors, and Protective Factors.
- CCP Component Step 1 (Create + Categorize Problem Statements) and Step 2 (Evidence-Informed Problem Statements).

❖ *Webinar 2: How to complete the Comprehensive Community Plan CCP (Part II)*
February 26, 2020

The purpose of the webinar is to explain SMART goals. During this webinar, the fund document will also be discussed in detail. This webinar will cover the following topics:

- CCP Component Step 3 (Brainstorm), Step 4 (Develop Goal Statements), Step 5 (Plans to Achieve Goals).
- Fund Document.

❖ *Webinar 3: Data Survey and Focus Group Recording*
March, 2020 (Date TBD)

The purpose of the webinar is to share information about the qualitative and quantitative data collected from LCCs in 2019. This data captures demographics and the LCCs impact at the local level. This webinar will cover the following topics:

- Overview of data collected from Annual Local Coordinating Council Survey (2019) and Local Coordinating Council Annual Focus Groups (2019).
- The reason for collecting data from the Annual Local Coordinating Council Survey and Annual Focus Group.

❖ *Webinar 4: Quarterly Reports*
   May, 2020 (Date TBD)

   This webinar is intended to provide focused guidance for filling out the quarterly report form.

   It will cover the following topics:

   - Barriers and successes.
   - Budget allocation for the quarter.

5. <u>Yearly Conference Calls</u>

The Behavioral Health Division continues to focus on enhancing communication with the LCCs. As a result, the Division will continue bi-monthly conference calls.
- These calls foster a healthy relationship between the Division and LCCs.
- These calls also provide a channel to coordinators to discuss issues, raise their concerns, highlight areas for technical assistance, and share their achievements with other coordinators within the same region.
- The yearly conference calls will be done on the dates mentioned below:
  - March 31, 2020
  - May 26, 2020
  - July 28, 2020
  - Sep 29, 2020
  - Nov 24, 2020

6. <u>County Visits</u>

The Division staff is committed to establishing strong bonds with LCCs. As a result, Program Managers will visit each county at least once a year. These visits allow for the following:
- Provide technical assistance to coordinators.
- Address any concerns and review submitted documentation.
- Complete a guided evaluation using our coalition site visit tool.

7. <u>Annual Local Coordinating Council Survey</u>

In an effort to consistently collect mixed-method data about coalitions—and the ever-changing environment in which they exist—the Division will conduct an Annual Local Coordinating Council Survey. The survey will ask all coordinators to report the following information:

- Foundational information about the LCC and community.
- Demographic information about the coalitions' active membership.
- Assess the current perceived impact of LCCs across Indiana.

Data collected from this survey will not only inform an LCC End of Year Report, but it will also populate publically accessible interactive tools. Additionally, it will provide critically important qualitative data to the Division. The survey will be sent on February 3, 2020.

8. **Yearly Calendar**

The Division calendar will begin on April 1st and run through March 31st of the following year (*April 2020 – March 2021*). During the calendar year, the document submission will be as follows:

- Local Coordinating Councils must submit a Comprehensive Community Plan (CCP) on April 1st.
- Local Coordinating Councils must submit a Fund Document on April 1st.
- Local Coordinating Councils must submit Quarterly Reports by July 15th, October 15th, January 15th, and April 15th.
- Local Coordinating Councils must submit meeting minutes that include the participants and the topics discussed during the meeting. Minutes must be submitted to **BH@cji.in.gov** no later than 15 days after the meeting occurs.

Moving forward, all Comprehensive Community Plans, Fund Documents, and Quarterly Reports will be submitted through IntelliGrants. Additionally, all meeting minutes will be submitted to the Division at **BH@cji.in.gov.**

9. **Division Email**

The **division email (BH@cji.in.gov) should be removed from LCC list serves** and should be used solely for document submission. Any technical assistance needs that are not urgent should be directed to the LCC's Program Manager.

10. **IntelliGrants:**

In 2019, ICJI launched a new grant application and management system platform known as IntelliGrants. The adoption of this platform by ICJI and other state agencies has enhanced and standardized grant management across the State of Indiana. With the launch of the new Comprehensive Community Plan approaching, ICJI needs to begin the process of adding users to the IntelliGrants system. **This requires each LCC to register in IntelliGrants. Each LCC must identify a single system administrator within the organization before using IntelliGrants.** The Division will require the new Comprehensive Community Plans to be submitted to ICJI via IntelliGrants.

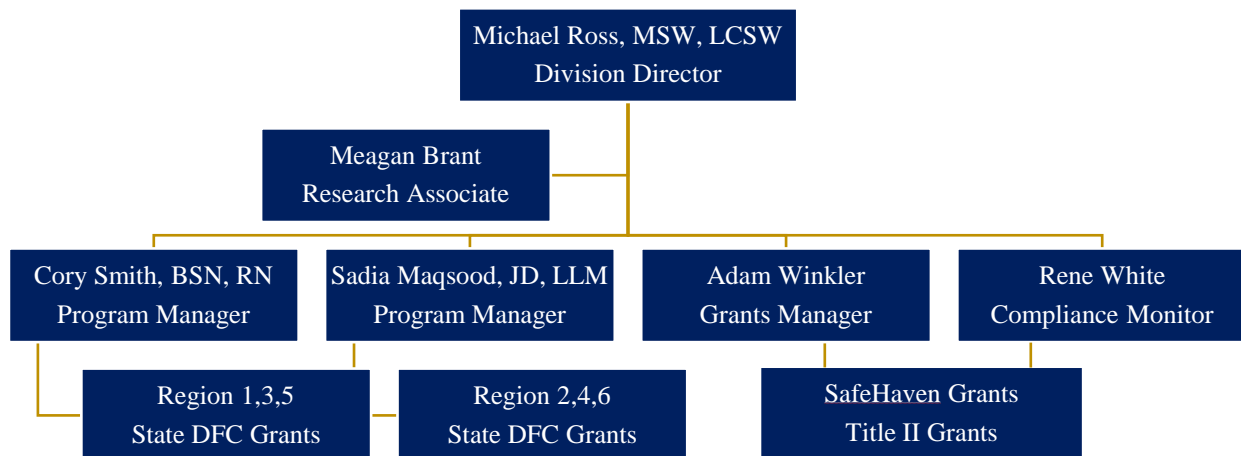The IntelliGrants User Manual can be found at the following link:

https://www.in.gov/cji/files/IntelliGrants_User_Manual.pdf

With Respect,

Michael Paul Ross, MSW, LCSW
Behavioral Health Division
Director
Indiana Criminal Justice Institute

THE BEHAVIORAL HEALTH DIVISION STAFF

Michael Ross, MSW, LCSW – Behavioral Health Division Director
Michael Ross is a nationally recognized thought leader that specializes in identifying future trends, translating research into policy, and developing collaborative solutions to complex problems. Of note is Michael's development of a visionary conceptual framework that allowed for the adaptation of OpenBeds to mental health and addiction treatment, and his design and development of the Hoosier Hope Initiative. In addition, Michael is the creator of Meme Guard (TM) and the Meme Stress Immune Response Model.

As a clinician, Michael has spent his early career focusing on helping individuals and groups develop cognitive resilience and psychological resistance to trauma, cognitive manipulation, disasters, and biologically toxic levels of stress. The core component of Michael's work is the development of "Resilience Rated" citizens and cities that are capable of responding to, flourishing during, and recovering from cognitive trauma and toxic stress. This is done by leveraging evidenced-based neurobiological interventions that encourage flourishing through narrative restructuring.

Michael Ross joined ICJI from the Division of Mental Health and Addiction (DMHA) within the Indiana Family and Social Services Administration, where he managed $10+ million in evidence-based programs and led efforts related to disaster resilience, public-safety mental health, serious mental illness, veteran mental health, suicide prevention, and co-occurring issues. In his previous position with DMHA, Michael oversaw the training, compliance and clinical direction of the Recovery Works program, which provides support services to criminal justice-involved individuals without insurance coverage. Prior to his time at DMHA, Michael served as the Senior Crisis and Continuity Advisor for Behavioral Health at the MESH Coalition. In addition, Michael is adjunct faculty with Indiana University School of Social Work (Indianapolis and Bloomington Campus) and supervised practicum students in both short- and long-term placements.

Sadia Maqsood, JD, LLM – Behavioral Health Program Manager
Sadia oversees regions 2, 4, and 6. Sadia excels in field of law and criminal justice. As a foreign attorney, Sadia has dealt with substance abuse and alcohol related litigation in multiple jurisdictions. During litigation process, she had also volunteered to various drug court programs which helped to enhance recovery. In addition to this, Sadia has also been assisting scholars in advancing their research about risk mitigation for relapse and strong social ties' effect upon drug abuse. Sadia's litigation and research experience has enabled her to comprehend the complexities of behavioral health and substance abuse. She has developed expertise in the fields of criminal law, public safety, mental health issues and emergency management. Her expertise are in following areas: Public Safety Law, Emergency Management, Social Science and Data Analysis.

<u>Cory Smith, BSN, RN</u> – Behavioral Health Program Manager

Cory oversees regions 1, 3, and 5. Cory is an emergency room nurse at Methodist's Emergency Medicine and Trauma Center in downtown Indianapolis for the last five years. While in nursing school, Cory worked as a full-time inpatient mental health staff member at the St. Vincent Stress Center. Prior to working as an ER nurse, Cory served four years in the United States Army. He served within the ranks of the 75th Ranger Regiment and deployed twice in support of Operation Enduring Freedom. Cory has a Bachelor of Science in Nursing from Marian University and a Bachelor of Science in Communication with a concentration on Public Relations from Indian State University. He is currently attending IU Robert H. McKinney School of Law and plans to earn a Doctor of Jurisprudence and Certificate in Health Law in May of 2021.

<u>Meagan Brant</u> – ICJI Research Associate

Meagan Brant is the Research Manager for the Research and Planning Division of the Indiana Criminal Justice Institute. She primarily serves the Behavioral Health Division and the Youth Equity Coordinator with their various needs, including generating strategic data ecosystems; designing and implementing multi-methodological research projects; analyzing and reporting research findings for internal and external stakeholders; creating methodologically sound, evidence-backed, and user-informed data collection tools; and teaching and advocating for data literacy. Meagan obtained her Bachelor and Master of Arts in Sociology degrees from Ball State University, where specific emphasis areas included applied sociology, qualitative methodologies, and diversity and inclusion work. She is passionate about making data and information accessible to everyone, as well as using research to make informed decisions.