

# Drug-Free Marion County Comprehensive Plan

## ABSTRACT

Although just developed and approved in late 1997/early 1998, the Board of Directors decided to revise our current Comprehensive Community Plan. It was felt that with the urgency of the Interim Board to put the plan together, it might not have been as comprehensive as it could have been. In a thorough review of the current plan, we were pleased to find that only minor changes were necessary to more accurately reflect the extent of the alcohol, tobacco and other substance abuse problems in Marion County. Some Problem Statements were consolidated and new ones were also created in each section of the plan. In addition, if possible, Supportive Documentation was updated and Recommended Actions and Benchmarks were revised as necessary. However, in comparison, this is more an “expansion” of the 1998 Comprehensive Community Plan than a completely new one.

In designing this Comprehensive Community Plan, committees comprised of board members and interested professionals and other persons from the community were involved in developing the initial drafts of their respective sections of the plan. The Board of Directors then reviewed and commented on each section of the plan. Following approval by the board, a Public Notice was placed in local print media announcing that the plan was available for public input prior to submission to the Governor’s Commission.

Composite problem statements were created that provide a summary of the needs/problems identified in each section. These composite problem statements are listed below to give the reader a preface to what problems are to be covered in the plan. (It is important that the reader cross-reference each section of the plan as some issues are covered in more than one section.)

Prevention/Education: Indianapolis/Marion County has an increasing problem with alcohol, tobacco and other drug use. This growing problem threatens the healthy development and physical safety of all Marion County residents. There is a lack of coordinated and comprehensive ATOD (alcohol, tobacco and other drug) prevention/education programs within Marion County to address this alarming problem.

Criminal Justice: Indianapolis/Marion County has experienced unprecedented activity involving drug and substance abuse, which have affected the criminal justice system and community at large through increased crime and decreased confidence in the criminal justice system. Increased crime by youthful and adult offenders has led to more arrests resulting in: overcrowded jail cells, a growing backlog of court cases, the need for more prosecutors and public defenders, increased demand for drug and substance testing and treatment, and even more resources for monitoring persons on pre-trial release and probation. Also, laws related to possession, use and sale of alcohol and tobacco have not effectively been enforced.

Miscellaneous/Administration: There exists a need to have an office, fully staffed, to administer

the needs of the Marion County Local Coordinating Council. This staff would lead countywide efforts to gather more baseline data on the extent and variety of substance abuse throughout our entire community and assess more completely the cost of this abuse to the community.

Treatment: Treatment is most effective in an environment that coordinates services. Current funding structures and service delivery systems tend to create barriers to a full continuum of care for those served. Identified gaps exist which limit access to treatment, quality of care, detox services and environmental supports for underserved and/or ineffectively served populations (e.g. indigent, working poor, underinsured, single or multiply diagnosed, adolescents, culturally diverse, homeless, women and women and their children, etc.). In addition, strategic planning needs to occur that supports coordination of existing services and identified gaps.

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## **2. LCC Background**

From 1989 to 1995, Indianapolis Challenge (I-Challenge) served as the Local Coordinating Council for Marion County. I-Challenge's mission was to be the leader in the community in planning, coordinating and assisting collaborative efforts to reduce the effects of alcohol and other drugs in Marion County. Following a prolonged struggle to meet its goals and serve its intended purpose, I-Challenge was dissolved in 1996.

In late 1996 / early 1997, a Planning Committee met to create a new LCC entity in Marion County. Building its membership from the Mayor's Drug Advisory Council and the former I-Challenge Board as well other representatives from the community, an interim board was established to develop a Comprehensive Community Plan as well as formulate the structure of the new LCC. These tasks were completed in the spring of 1998 and the current Board was selected and began operating in May of 1998.

Over the next few months, this new board primarily concentrated its efforts on the distribution of Drug-Free Community Funds for 1999. RFPs were solicited, grant applications reviewed and recommendations were provided to the Marion County Justice Board. We were pleased that the vast majority of recommended programs were approved by the City-County Council for over \$1.1 million. In all, twenty-four projects are receiving Drug-Free Community Funds this year. We hosted a reception/business meeting for grant recipients on May 12 at Fairbanks Hospital, the location of the new Drug-Free Marion County office.

Thus far, in 1999, the board has focused on committee development, revising the Comprehensive Community Plan, increasing community awareness and establishing a Youth Congress. The latter will provide the board with youth representation and also serve as a resource for community activities and sharing ideas among their peers. A task force combining board members, community youth leaders and youth themselves will meet throughout the summer to begin strategic planning for implementation when the fall semester begins.

Marion County LCC's Mission: The Mission of Drug-Free Marion County, Inc., the Local Coordinating Council, is to plan, promote, implement and coordinate community efforts to prevent and reduce the abuse of alcohol, tobacco and other drugs in Marion County.

### **3. Monitoring Role Of The LCC**

The RFP/Evaluation Committee of Drug-Free Marion County developed quarterly reporting forms (see Attachments A & B) and we are requiring all grant recipients to submit quarterly written progress reports. Also, the Board of Directors hosted a reception/business meeting for grant recipients in May to meet Project Directors and learn about their programs. In addition, the staff is initiating on-site monitoring and individual reporting sessions with each project director.

## **EXISTING SERVICES AND PROGRAMS**

**Projects funded for fiscal year 2002.**

**CRIMINAL JUSTICE**

<b><u>Organization</u></b>	<b><u>Project Name</u></b>	<b><u>Amount</u></b>
Marion Co. Prosecutor's Office	Nuisance Abatement Program	41,000.00
Marion Superior Court	Drug Treatment Diversion Prgm.	67,250.00
Marion County Probation – Adult	Enhanced Accountability	34,000.00
Marion Co. Justice Agency	Conditional Release Officer	<u>32,864.00</u>
	<b>TOTAL</b>	<b>\$ 175,114.00</b>

**TREATMENT**

<b><u>Organization</u></b>	<b><u>Project Name</u></b>	<b><u>Amount</u></b>
Marion Co. Superior Court	Juvenile Drug Treatment Court	38,232.00
Family Service Association	Daytime IOP	40,068.00
Gallahue Mental Health	Assisted Living While in Treatment	44,942.00
Salvation Army – Harbor Lights	Drug-Free Community	32,200.00
Reach For Youth	AOD Treatment	8,000.00
MC Community Corrections	Life Effectiveness Training	<u>30,000.00</u>
	<b>TOTAL</b>	<b>\$ 193,442.00</b>

**PREVENTION**

<b><u>Organization</u></b>	<b><u>Project Name</u></b>	<b><u>Amount</u></b>
TCI (Total Community Involvement)	Marion Co. Youth Congress	39,008.00
MSD of Perry Township	Brightwood/Martindale Day Camp	47,982.00
Holy Cross Church	Life Skills Training	900.00

St. Florian Center	Leadership Development	19,950.00
Community Addiction Service	HiFi (High Intensity – Future Investment)	30,607.00
Fairbanks Hospital	Addressing ATOD In Small Business	15,000.00
Indianapolis Police Department	Health Reasons to Say No	14,240.00
John H. Boner Comm. Center	TASA (Together Against Substance Abuse)	21,642.00
Area Youth Ministry	Young Champions	4,900.00
Indianapolis Public School	Successful Alternatives	12,877.00
Fairbanks Hospital	Renaissance Intensive Substance Group	12,877.00
Marion County Sheriff’s Dept	McGruff Letter	<u>30,611.00</u>
	<b>TOTAL</b>	<b>\$ 250,594.00</b>
	<b>MISCELLANEOUS</b>	
Administrative Expense		<u>80,850.00</u>
	<b>GRAND TOTAL</b>	<b>\$ 700,000.00</b>

**PREVENTION/EDUCATION**

Problem Statement (Composite): Indianapolis/Marion County has an increasing problem with alcohol, tobacco and other drug use. This growing problem threatens the healthy development and physical safety of all Marion County residents. There is a lack of coordinated and

comprehensive ATOD (alcohol, tobacco and other drug) prevention/education programs within Marion County to address this alarming problem.

**Problem P1:**

Use of tobacco, alcohol and other drugs by Marion County youth continues to be above state and national norms.

**Supportive Data/Documentation:**

The Indiana Youth Institute reports that more Hoosier students report regularly using marijuana and tobacco and engage in binge drinking than anywhere else in the nation. While overall marijuana use among Indiana 6th through 12th graders declined for the first time in four years (Indiana Prevention Resource Center 1997 Annual Report), a survey conducted by STAR Alliance showed Marion County marijuana usage well above national averages for the same grade levels.

LSD, cocaine and heroin experimentation by 8th graders increased 100% between 1991-1996. (Drug Strategies, *Keeping Score* 1997)

The Marion County Health Assessment documents that almost 30% of 6th graders in the Indianapolis Public Schools claim to have smoked cigarettes in the past twelve months. (Building Healthier Neighborhoods, 1996)

**Recommended Action(s):**

- A. Encourage collaboration among faith-based organizations, communities, families, school, business, law enforcement and criminal justice to develop identifiable assets and distribute resource information to decrease ATOD use by youth.
- B. Encourage drug prevention curricula that includes the following:
- C. Helps students recognize internal pressures, like anxiety and stress, and external pressures, like peer attitudes and advertising that influence them to use alcohol, tobacco and other drugs:
- D. Develops personal, social, and refusal skills to resist these pressures; actively involves the family and the community and encourages collaboration of the community and treatment providers in the training, education and support of teachers and administrators
- E. Create evaluation system for ongoing reporting of results of ATOD prevention/education programming.
- F. Hold annual meeting to bring together all ATOD prevention/education programs in Marion County to enhance communication and collaboration.
- G. Encourage youth involvement in planning and implementation of activities, projects, programs and organizations that are designed to reduce ATOD abuse among their peers.

**Expected Results:**

Annually decrease use of alcohol, tobacco and other drugs by Marion County youth.

**Benchmarks:**

1. By 12-31-2000, use of tobacco, alcohol and other drugs by Marion County youth will not exceed national norms.
2. By 12-31-2000, LSD, cocaine and heroin experimentation by Marion County 8th graders will be below 1991 rate.
3. By 12-31-2001, results of collaboration and communication efforts among ATOD prevention/education programs will be published.
4. By 12-31-2000, there will be an increase in youth actively involved in efforts to reduce alcohol, tobacco and other drug abuse, especially among their peers.

**Problem P2:**

There is an insufficient awareness of ATOD problems among the elderly.

**Supportive Data/Documentation:**

The Indiana Division of Mental Health 1995 Biennial Report indicated that nearly 10% of Marion County's population over the age of 65 demonstrated an alcohol/drug use disorder.

All the major causes of death among the elderly (cancer, heart disease, stroke) are associated with smoking or Environmental Tobacco Smoke (ETS). (The Center for Social Gerontology, Inc.)

The Indiana Division of Mental Health includes older adults as one of their "critical populations" because they have been under-served or omitted from receiving mental health/addiction services due, in part, to barriers in accessibility and availability of such services.

There is a lack of consistent, positive media promotion regarding prevention/education of ATOD abuse.

**Recommended Actions:**

Establish educational services aimed at problems of elderly ATOD abuse through health/mental health providers, social service agencies, religious organizations, employers, families, etc.

Promote organizational partnering to increase awareness, establish a speaker's bureau and

develop programming strategies of ATOD problems, across the lifespan.

Promote consistent, positive media coverage of ATOD problems through outcomes and actual “stories.”

**Expected Results:**

Increase awareness in Marion County of effective ATOD programs for the elderly.

**Benchmarks:**

1. By 12-31-2000, a baseline of reported ATOD use by the elderly in Marion County will be established.
2. By 12-31-2000, an asset map of treatment available for the elderly will be created.
3. By 12-31-2001, opportunities for positive media forums on ATOD problems of the elderly will be created.
4. By 12-31-2001, there will be a 10% reduction in alcohol, tobacco and other drug addictions among Marion County residents age 65 and over.
4. By 12-31-2000, organizations and agencies that serve the elderly population will provide education regarding ATOD issues.

**Problem P3:**

There is a significant problem with substance abuse in the workforce of which there is insufficient awareness and/or to which there has been an inadequate response to its impact in the workplace.

**Supportive Data/Documentation:**

Forty-three percent of CEO’s responding to one survey estimated that use of alcohol and other drugs cost them up to 10 percent of payroll. (National Association of Addiction Treatment Providers, 1991.

Nationally, an estimated \$82 billion in lost productivity was attributed to alcohol and drug abuse in 1992. Based on the national dollar loss per capita and 1992 population figures for Indiana, this is an estimated loss of \$1,826,131,900 in productivity to the state. (National Institute on Drug Abuse (NIDA) the National Institute on Alcohol Abuse and Alcoholism (NIAAA)

There is a lack of consistent, positive media promotion regarding prevention/education of ATOD abuse among the adult workforce in Marion County.

**Recommended Actions:**

Increase awareness of ATOD problems both within the workforce and the business and labor community.

Involve leaders in business and labor in addressing the ATOD problem in the workforce.

Promote consistent, positive media coverage of ATOD problems in the workplace.

Encourage awareness and utilization by employers of incentives and options available to reduce alcohol, tobacco and other drug use among their employees.

**Expected Results:**

Increase awareness and improve response of business and labor community to ATOD abuse and its impact on the workforce and in the workplace.

**Benchmarks:**

1. By 12-31-2000, a baseline of the level of reported ATOD abuse in the workforce in Marion County will be established.
2. By 12-31-2000, business and labor leaders will become actively involved in local efforts to reduce ATOD abuse in the workforce.
3. By 12-31-2001, opportunities for positive media forums on ATOD problems in the workforce will be created.
4. By 12-31-2002, there will be a 10% reduction in ATOD abuse among the workforce in Marion County.

**TREATMENT**

Problem Statement (Composite): ATOD treatment is most effective in an environment that coordinates services. Current funding structures and service delivery systems tend to create barriers to a full continuum of care for those served. Identified gaps exist which limit access to treatment, quality of care, detox services and environmental supports for underserved and/or ineffectively served populations (e.g. indigent, working poor, underinsured, single or multiply diagnosed, adolescents, culturally diverse, homeless, women and women and their children, etc). In addition, strategic planning needs to occur that supports coordination of existing

services and identified gaps.

**Problem T1:**

Some Marion County residents, e.g. the indigent, working poor, dual-diagnosed, homeless, women and other under-served populations (i.e. target populations) are not receiving adequate or appropriate ATOD treatment services. There are not sufficient opportunities and incentives for them to obtain services that are accessible, affordable, and geographically convenient, culturally sensitive and which provide a comprehensive continuum of treatment.

**Supportive Data/Documentation:**

The Indiana Division of Mental Health includes the indigent, working poor, older adults, persons with physical disabilities, ethnic minorities and the homeless among their definition of “critical populations” because they are limited in their ability to receive mental health and substance abuse treatment services due to barriers such as; limited resources, site location, communication skills, time constraints, etc.

According to the most recent Community Service Council report, there are significant gaps or levels of support in Central Indiana AOD systems. Of particular importance to treatment, issues are the following:

- There is a lack of community-based treatment options for chronically addicted persons (e.g. de-institutionalized persons).
- Financial support for treatment is inadequate given lack of parity and health insurance limits and limits on public funding (e.g. capitation models).
- There are an inadequate number of treatment programs for the working poor and other persons who do not qualify for the Hoosier Assistance Program (HAP). Also, HAP does not serve all eligible persons.
- There is a lack of treatment capacity relative to the detoxification service capacity in addition, detoxification options are limited.

. The implementation of the Hoosier Assurance Plan has revised and, in some situations, re-defined the methods and ability of certain target populations to access both treatment and services and the funding available to pay for the treatment and services.

. The Division of Mental Health Biennial Report gives several examples of the need to be more pro-active with substance abuse treatment needs of the population. It is estimated that approximately 8% of the adult population in Indiana reports current diagnostic symptoms consistent with substance dependence. However, only 1% of this group will seek some form of treatment for substance abuse in any given year.

. Treatment options for dual diagnosis patients (those with a psychotic disorder in combination with alcohol and/or other drug abuse) are lacking. Most counselors and clinicians who are educated and trained to deliver services for a single disorder are not prepared to provide services for unfamiliar symptoms. 1997 Biennial Report, (Division of Mental Health).

Critical populations (which include cultural minorities) under-utilize many mental health/addiction services because the providers are not culturally competent, and consequently these individuals/groups will use other avenues to deal with their illnesses (Indiana Division of Mental Health Biennial Report, June 1997).

**Recommended Action(s):**

Development of more effective and efficient treatment programs to increase availability/accessibility of treatment services for under-served populations.

Encourage more countywide partnerships and collaborative efforts among ATOD treatment providers, religious organizations, community agencies, neighborhood associations, criminal justice, health care, business and industry (Community Systems) to permit better use of limited funding sources.

Development of programs and policies, which identify those persons who are in need of services, but have not been previously identified.

Development of dual diagnosis treatment options as well as collaboration among and cross training for staff of providers of both mental health and addiction services.

Development of treatment programs, which apply proven methods of treatment. Create and establish programs which will expedite service delivery for addicted persons seeking treatment.

Increase awareness and attention to ATOD issues among Community Systems.

Development of cultural competency plans and implementation of service models by treatment providers in Marion County.

Development of effective detox and residential treatment services.

**Expected Results:**

There will be an increase in availability of treatment services for under-served populations.

There will be an increase in the availability and accessibility of services, which utilize appropriate, proven treatment methods for persons with ATOD addictions.

There will be an increase in the number of residents utilizing treatment services throughout the county.

**Benchmarks:**

1. Creation of specific case management services for target populations by 12-31-2000.

2. By 12-31-2001, increase relapse prevention services by 15%.
3. By 12-31-2001, develop at least one alternative program for chronically addicted persons for whom treatment is not available according to the ASAM-PPC2 (American Society of Addictive Medicine-Patient Placement Criteria).
4. By 12-31-2002, increase by 30% the addiction-related training made available to Community Systems.
5. By 12-31-2000, develop plan for creation of countywide task force to address partnering initiatives among Community Systems.
6. Marion County treatment providers will have improved cultural competency ratings by 12-31-2000.
7. Measures of baselines for treatment effectiveness will be in place by 12-31-2001.
8. By 12-31-2002, there will be a 50% increase in recovery supports and collaboration of treatment providers aimed at diverse populations in the community.

**Problem T2:**

Too many Marion County youth are currently addicted to tobacco products without adequate treatment resources available to them.

**Supportive Data/Documentation:**

- . The National Institute on Drug Abuse National Household Survey found that 12- 17 year olds who smoke tobacco are 12 times more likely to use heroin, 51 times more likely to use cocaine, 57 times more likely to use crack and 23 times more likely to use marijuana than 12-17 year olds who do not smoke tobacco.
- . 78% of Marion County adults who currently smoke report they began smoking before the age of 18. (Marion County Community Health Assessment)
- . 10.4 % of 8th graders and 21.4% of 10th graders in Marion County report smoking cigarettes daily (STAR Alliance 1996-1997 Prevalence Statistics).
- . Indiana 10th, 11th and 12th graders smoke at rates higher than national averages (Indiana Prevention Resource Center, 1998 Prevalence Statistics).
- . According to the Central Indiana Smoke-free Indiana Coalition, there are not enough smoking cessation programs to meet the needs of Marion County youth who are addicted to tobacco products.

**Recommended Action(s):**

Implement youth-focused smoking intervention (i.e. education) programs for youth who use tobacco products.

Implement youth focused smoking cessation programs for youth who use tobacco products.

Encourage countywide partnerships and collaborative efforts among treatment providers, schools, religious organizations, community agencies, neighborhood associations, parents and the criminal justice system to promote referrals to youth-focused smoking cessation programs.

**Expected Results:**

There will be an increase in the number of smoking cessation programs available to youth addicted to tobacco products.

There will be an increase in referrals to, and utilization of, smoking cessation programs for youth.

**Benchmarks:**

- 1) By 12-31-2000 will develop at least one new smoking intervention program for youth developed in Marion County.
- 2) By 12-31-2000, at least one new smoking cessation program for youth will be developed in Marion County.
- 3) By 12-31-2005, there will be a 1% incremental increase annually in the reduction at all grade levels in the number of Marion County 6th thru 12th graders who smoke.

**Problem T3:**

The current fragmented and piecemeal approach to comprehensive planning, funding, partnering and service implementation fosters a “system of service offerings” that does not adequately meet the needs of underserved populations.

**Supportive Data/Documentation:**

There is currently no method to efficiently manage and coordinate the services, resources and planning for, and among, the ATOD treatment providers in Marion County.

**Recommended Action(s):**

Conduct survey of community treatment providers in Marion County to evaluate the current continuum of care and to develop database of treatment-related needs for underserved populations.

Develop strategic plan for coordination, research and resource development among the providers of treatment, supportive services and other community groups to the substance abuse population in Marion County.

Coordination of various resource guides and directories, which are used by groups dealing with ATOD problems, including, but not limited to: treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.

**Expected Results:**

Efforts will be made to develop and implement an efficient system for coordination, planning and partnering of ATOD treatment providers to more adequately meet the needs of underserved populations.

**Benchmarks:**

- 1) By 7-1-2000, a survey of Marion County treatment providers will be completed to evaluate the current continuum of care and to develop database of treatment-related needs for underserved populations.
- 2) By 12-31-2000, results of survey will be disseminated to treatment providers.
- 3) By 7-1-2001, a strategic plan will be developed for coordination, research and resource development among the providers to the substance abuse population in Marion County.
- 4) By 7-1-2001, increase awareness and promote distribution of the resource guides and directories which are available in Marion County among treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.

**CRIMINAL JUSTICE AND PUBLIC SAFETY**

**Problem Statement (Composite):**

Indianapolis/Marion County has experienced unprecedented activity involving drug and substance abuse, which have affected the criminal justice system and community at large through increased crime and decreased confidence in the criminal justice system. Increased crime by youthful and adult offenders has led to more arrests resulting in, over-crowded jail cells, a growing backlog of court cases, the need for more prosecutors and public defenders, increased demand for drug and substance testing and treatment, and even more resources for monitoring persons on pre-trial release and probation. Also, laws related to possession, use and sale of alcohol and tobacco have not effectively been enforced.

**Problem C1:**

There remains a significantly high level of illegal drugs coming into Marion County, as well as an increasing threat of significant drug manufacture in Marion County.

## **Supportive Data/Documentation**

The most recent information from the Marion County Drug Interdiction Prosecution Coordinator indicates in 1997: 9 pounds of cocaine, 841 grams of crack cocaine, 4.5 pounds of metamphetamine, 56.8 grams of ecstasy, 1,050 pounds of marijuana, 1258 steroid tablets, 4 grams of psilocybin mushrooms, \$867,669.00 and 4 vehicles have been seized.

According to the Marion County Sheriff's Department, the seizure of the following narcotics increased from 1997 to 1998: Marijuana (3%), L.S.D.(128%), and Propoxyphene (28%).

In 1996, there was an increase in seizures of cocaine (55%), crack cocaine (15%), hydrocodone (39%), diazepam (44%) and miscellaneous narcotics (15%). Marion County Sheriff's Annual Report for 1996.)

### **Recommended Action(s):**

- A. Promote the operation and funding of inter-agency task forces to interdict and prosecute sources of supply of illegal substances at the highest possible level of distribution. These task forces should focus on points of entry (i.e. airports, bus stations, highways, etc.). As well as, violent drug-dealing organizations, gangs or groupings.
- B. Marion County must be prepared for an influx of a successor drug following the decline of "crack cocaine." Tracking, information sharing, and training with other jurisdictions should allow Marion County to anticipate and combat such illicit drugs as heroin, methcathinone and methamphetamine.
- C. Advocate effective partnerships with federal law enforcement agencies and courts.

### **Expected Results:**

There will be a reduction in the number/quantity of illegal drugs entering the illicit marketplace in Marion County annually.

### **Benchmarks:**

- 1) By 12-31-2000 there will be a 5-10% increase in the seizure of cocaine and marijuana coming into Marion County.
- 2) Marion County will not see an increase in its current low levels of methamphetamine and heroin.

### **Problem C2:**

There is an inadequate level of swift, certain and orderly administration of justice for those guilty of supplying and/or using illegal drugs in Marion County.

### **Supportive Data/Documentation:**

According to the Marion County Forensic Services Agency, Drug Chemistry tests performed increased from 6,697 in 1996 to 7,690 in 1998. Furthermore, Urine Analysis tests performed increased from 18,796 to 31,859 during the same period.

Before the moratorium on new case filings in drug court, the average number of days from filing to disposition of a major drug felony case in Marion County was 243 days.

### **Recommended Action(s):**

- A. Institute expedited case management systems for all felony drug dealing cases.
- B. Promote enhancements to the expedited case management system in use in the Marion County Drug Court, modeled after successful expedited case tracking system in Milwaukee County, Wisconsin.
- C. Provide more resources and better technology for screening, testing and aggressive monitoring, of conditional release defendants and probationers charged with or convicted of drug related offenses, to include more provision for adequate capacity in the area of intermediate sanctions, such as, minimum security detention and/or work details.
- D. Encourage law enforcement agencies to cooperate with the criminal justice system in expediting major drug felony cases, for example in the areas of timely provision of discovery, scheduling, field-testing of substances to establish probable cause and the like.
- E. Increase resources for the Public Defender's Office, Prosecutor's Office and Probation Department for handling drug-related cases.

### **Expected Results:**

Those guilty of supplying and/or using illegal drugs in Marion County will be processed through the Criminal Justice system in a more efficient and expeditious manner.

### **Benchmarks:**

- 1) By 1-1-2000, implement orderly case management system within the Court.
- 2) By 12-31-2000, reduce the average time to dispose of a major drug felony case to 120 days. (Current average is in excess of 200 days.)
- 3) By 12-31-2001, reduce the average time to dispose of a major drug felony case to 70 days.

### **Problem C3:**

The current drug court is designed for punitive measures; it does not encourage or promote, treatment options for those offenders who, driven by their addiction, commit crimes.

**Supportive Documentation:**

Drug courts require non-violent drug offenders to undergo intensive drug treatment in lieu of jail or prison sentences and combine intensive judicial supervision, mandatory drug testing, escalating sanctions and treatment to break the cycle of addiction and criminal activity in which many repeat offenders are caught. (Department of Justice Press Release, February 25, 1997)

Research of existing drug courts demonstrate their effectiveness in: 1) reducing drug abuse by criminals; 2) reducing recidivism; 3) reducing treatment “drop-outs”; 4) Increasing efficiency of case processing. Other indicators of drug court effectiveness include improvements in obtaining and retaining employment, significant savings in jail bed days compared with treatment costs (estimated to be \$5,500 per participant in some programs) and the delivery of drug-free babies to participating women offenders. (Drug Courts:1997 Overview of Operational Characteristics and Implementation Issues)

The experiences of most drug courts indicates that both the drug usage and recidivism of defendants participating in drug court programs is substantially reduced while in the drug court program and, for most participants who graduate the programs (ranging from 50% - 65%), nearly eliminated altogether. (Summary Assessment of the Drug Court Experience, Prepared by the Drug Court Clearinghouse and Technical Assistance Project.)

**Recommended Action(s):**

Expand and continuously evaluate the operation of Marion County’s new drug treatment court for non-violent offenders whose criminal activities can be shown to relate to their addictions, providing further opportunities for such offenders to commit themselves to intensive, long-term treatment as an alternative to conventional prosecution and incarceration.

Study and consider the possibility of expanding the Drug Treatment Court program to juvenile offenders.

**Expected Results:**

There will be an increase in treatment services utilized by offenders whose criminal activities relate to their addiction.

Criminal Justice and treatment resources will establish a stronger link/continuum of services that will reduce drug usage and recidivism among non-violent criminal offenders.

**Benchmarks:**

- 1) By 7-1-2000, provide effective treatment services to 200 non-violent offenders and their families.
- 2) By 12-31-2000, reduce by 5% the number of repeat and/or first time offenders rearrested within a twelve month period following completion of their drug treatment program.
- 3) By 12-31-2000, convene an advisory group to study and investigate the feasibility and cost of establishing a drug treatment court for juvenile offenders.

**Problem C4:**

There is a perception in the neighborhoods of impunity associated with street-level drug trafficking.

**Supportive Data/Documentation:**

Despite general satisfaction with policing in their neighborhoods, residents in 3 out of 4 Indianapolis Police Department Districts identified drug dealing as the “major problem” in their neighborhoods (IPD District Community Policing Two-Year Implementation Reports, August 1996).

**Recommended Action(s):**

Promote programs, which empower neighborhoods to act as the eyes and ears of the criminal justice system.

Institute a “Community Court” for low-level, non-violent offenses impacting a neighborhoods, quality of life, and involve the community in the operation of the Court and its community-based sanctions.

Support programs and initiatives, which, promote and require responsible property Management, through training and enforcement of laws related to tenancy, health, sanitation, and illegal activities on premises. Consideration should be given to leveraging private and volunteer legal resources in this effort.

Promote initiative to support, reassure, and protect community members and witness to crime from intimidation, harassment and retribution.

**Expected Results:**

There will be an increase in the public’s confidence that the criminal justice system will effectively combat street-level drug trafficking in the neighborhoods.

There will be an increased coordination of services by all segments of the Criminal Justice system including improving the accessibility of the court system to victims and educating the neighborhoods on how to utilize the system.

**Benchmarks:**

- 1) By 12-31-2000, there will be an increase in calls to authorities reporting illegal drug use and activities in neighborhoods.
- 2) By 7-1-2000, Marion County's first neighborhood court will establish operations.
- 3) By 12-31-2000, process at least 500 offenders through the neighborhood courts to accountable, neighborhood-based, restorative sentences.
- 4) By 12-31-2000, increase by 30% victims and witnesses served by the Prosecutor's Witness Support Program.
- 5) By 12-31-2000, produce PSA campaign designed to encourage witnesses to testify in drug-related cases.

**Problem C5:**

In Marion County, substance abuse and alcohol related crimes are a significant problem for the community. (In 1998, Marion County experienced its highest murder rate in history.)

**Supportive Data/Documentation:**

- . During 1998, 67% of adult arrestees in Marion County tested positive for some type of illegal drug use (1998 A.D.A.M. Statistics).
- . According to the Marion Superior Court Probation Department 1996 Annual Report, 48% of adult offenders were charged with alcohol or other drug related offenses (31% alcohol & 17% other drugs).
- . From 1995 to 1996, the number of juvenile arrests in Marion County for marijuana possession increased from 52 to 96 (Marion County Sheriff's Annual Report for 1996.)
- . Male teenage drivers with blood alcohol concentrations in the 0.05-0.10% range are 18 times more likely than sober teenagers to be killed in single-vehicle crashes. The corresponding comparison for females indicates they are 54 times more likely than their sober counterparts. (Insurance Institute for Highway Safety)
- . In 1994, over 5,500 Driving Under the Influence (DUI) arrests were made within Marion County. (United Way/Community Service Council, Social Assets and Vulnerability Indicators)

**Recommended Action(s):**

Increase Police and Sheriff Department's presence for law enforcement and crime prevention efforts directed toward criminal activity related to alcohol, tobacco and other drugs.

Support increased funding for organizations and agencies to combat substance abuse and its criminal effect in Marion County. (I.e. MADD, Traffic Safety Partnership, Smoke free Indiana, etc.)

Support the use of modern technology to investigate and/or reduce substance abuse related crimes.

Support legislation to reduce blood alcohol content level for DUI from 0.10 to 0.08.

Support legislation to increase penalties for vendors who distribute or sell tobacco products illegally.

**Expected Results:**

There will be an increase in law enforcement efforts and community programming to decrease the number of substance abuse and alcohol related crimes within Marion County.

**Benchmarks:**

- 1) By 12-31-2000, there will be a 3% reduction in the number of juveniles charged with alcohol and/or drug-related crimes.
- 2) By 12-31-2000, there will be a 5% reduction in the number of alcohol related injuries and fatalities resulting from driving crashes.
- 3) By 12-31-2000, the number of adult offenders charged with alcohol and other drug-related crimes will be reduced by 5%.
- 4) By 7-1-2000, legislation will be in place to reduce blood alcohol content levels for DUI to 0.08%.

**Problem C6:**

Marion County merchants continue to market and sell tobacco products to children and teens.

**Supportive Documentation:**

. During 1998 compliance checks it was discovered that 26% of retailers in Indiana sold tobacco products to young volunteers aged 14, 15 and 16.

. During 1999, Indiana will lose over \$12 million in federal funds if we fail to achieve a rate of non-compliance no greater than 25%. Indiana Excise Police do not have sufficient manpower to adequately monitor tobacco sales to youth. The Synar Amendment requires that Indiana monitor the rate of compliance. Indiana Excise Police and the Department of Mental Health are not providing enforcement of tobacco laws.

. The tobacco industry pays sizable placement fees to tobacco retailers for locating self-service displays where they are more easily accessible to the public, especially minors.

**Recommended Actions:**

- A. Increase the number of law enforcement officials who participate in frequent and regular compliance checks in Marion County.
- B. Provide training to local law enforcement officials and minors who participate in compliance checks.
- C. Begin to enforce the provisions of HB1104 that will be effective July 1, 1999. \*\*
- D. Increase public awareness of youth access laws to tobacco by distributing written regulations to the public and by publicizing the results of the compliance checks.
- E. Persuade retailers to voluntarily remove self-services displays of tobacco products.

**Expected Results:**

There will be a decrease in tobacco sales to minors in Marion County.

Penalties will be imposed upon merchants selling to minors

The number of self-service tobacco displays will be reduced.

**Benchmarks:**

- 1) By 3-1-2000, at least two law enforcement agencies will agree to participate in routine or quarterly compliance checks to enforce tobacco regulations.
- 2) By 4-1-2000, twenty teenagers will be trained to participate in the routine or quarterly compliance checks to enforce tobacco regulations.
- 4) By 12-31-2000, conduct four quarterly compliance checks.
- 5) By 12-31-2000, achieve a non-compliance rate no greater than 20%.
- 6) By 12-31-2000, have agreements with retailers to remove self-service displays.

## **MISCELLANEOUS/ADMINISTRATION**

Problem Statement (Composite): There exists a need to have an office, fully staffed, to administer the needs of the Marion County Local Coordinating Council. This staff would lead countywide efforts to gather more baseline data on the extent and the variety of, substance abuse throughout our entire community and assess more completely the costs of this abuse to the community.

### **Problem M1:**

The level of work required to carry out the Marion County LCC stated mission is beyond the scope of a purely volunteer board.

### **Supportive Documentation:**

The board members of the LCC are unable to adequately fulfill the mission or attain their goals and objectives in Marion County without the direction and assistance of a full-time administrative staff.

Other similar sized metropolitan areas (i.e. Portland, OR, Columbus, OH) have successfully developed coalitions for dealing with their ATOD problems that have full-time staff performing administrative functions.

### **Recommended Actions:**

Maintain staff and office for administration of Local Coordinating Council activities.

**Expected Results:**

The Marion County LCC will maintain an administrative structure and staff to support its on-going needs.

**Benchmarks:**

The Marion County LCC will continue to have adequate administrative staff to carry out and perform necessary functions required to meet its goals and objectives.

**Problem M2:**

It is currently difficult to identify and measure the level of problems and to provide necessary information to formulate sound policy recommendations relating to substance abuse in Marion County.

**Supportive Documentation:**

Marion County does not have a central repository for obtaining and disseminating information from all sources either within or outside the community to assist in developing comprehensive efforts to reduce alcohol, tobacco and other substance abuse.

Marion County does not have an adequate or comprehensive system to measure the impact of ATOD abuse on our community.

**Recommended Action(s):**

- A. Gather epidemiological information regarding the prevalence of substance abuse in Marion County.
- B. Create means to measure cost of ATOD abuse to the community in both human and economic terms.
- C. Gather information regarding ATOD treatment services available in Marion County.

**Expected Results:**

Marion County will gather and develop information to measure prevalence, cost and service continuum regarding ATOD abuse.

**Benchmarks:**

- 1) By 3-1-2000, will have developed plans for gathering epidemiological information regarding the prevalence of substance abuse.

- 2) By 12-31-2000, will have gathered epidemiological information regarding the prevalence of substance abuse.
- 3) By 3-1-2000, will have developed means for measuring human and economic cost of ATOD abuse to the community.
- 4) By 12-31-2000, will have developed plans for disseminating inform regarding prevalence of substance abuse in Marion County.
- 5) By 7-1-2000, will have initiated research on measurement of human and economic cost of ATOD abuse.
- 6) By 12-31-2000, will have developed plans for disseminating research information regarding the human and economic cost of ATOD abuse to the community.
- 7) By 3-1-2000, report on ATOD treatment services in Marion County, including, but not limited to, availability, cost, waiting lists and other variables will be produced.
- 8) Produce quarterly updates to Marion County ATOD treatment services report.