

DRUG-FREE MARION COUNTY

Comprehensive Community Plan

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Plan Summary:

History of Drug-Free Marion County

Drug-Free Marion County was formed in 1998 as a restructured Local Coordinating Council for Marion County. The organization was incorporated in 2000 and we received our 501c3 non-profit status in 2001. Since that time we have obtained three grants to expand our opportunities and meet some identified needs in the community.

In 2001, we were one of 15 cities selected to participate in the Demand Treatment! Project funded by the Robert Wood Johnson Foundation and administered by the Join Together Organization, Boston University School of Public Health. This grant focuses on expanding substance abuse treatment access through screening in primary healthcare settings. This grant ends July 31 of this year, but we have received some additional funding from the Indiana Division of Mental Health and Addiction, one of our original match partners, to maintain project staff for several more months and have recently submitted a preliminary proposal to a local foundation for additional funding.

Also in 2001, we received a Drug-Free Communities Support Program grant from the Office of Juvenile Justice and Delinquency Prevention. Through this grant we created a summer leadership camp and school year prevention program for middle school students in the Indianapolis Public Schools system. We were also able to bring on board a Project Coordinator and part-time Clerical Assistant to assist with implementation and other tasks. This grant was extended for a second year with a proposal for a third year of funding still pending.

Early in 2003, we also received a one-time grant from the Hoover Foundation. These dollars are being used to print a comprehensive Treatment Provider Directory for Marion County. This project began in 2002 with developing a database and conducting a subsequent survey of local providers. Printing of 1,650 directories was recently completed and will soon be ready for broad community distribution.

In 2002, we also produced and distributed our first substance abuse report entitled, "A Community At-Risk: Drug-Free Marion County's SNAPSHOT of Alcohol, Tobacco and Other Drug Use." This report included data and trends on 17 key indicators including: youth drug use, tobacco sales to minors, juvenile and adult drug offenses, arrestee drug test results, drug seizures, alcohol related crashes, drug related deaths and addiction treatment recipients. We plan to update and distribute this report annually.

Also in 2002, we were asked to serve as the Local Coordinating Council for the Indianapolis ADAM (Arrestee Drug Abuse Monitoring) Project. Directed by the National Institute of Justice (NIJ), the ADAM Project gathers data from testing adult arrestees for illegal drug use. Our role is to integrate the data into local planning and assist with dissemination of results to a broader audience. Some of the ADAM data is included in the SNAPSHOT mentioned previously.

In addition, during 2002 we created our new website, www.drugfreemarioncounty.org. This website includes not only general information about the organization, activities and grant

projects, but also has copies of our Comprehensive Community Plan and the SNAPSHOT. Our new Provider Directory and the upcoming 2004 Drug-Free Communities Fund Application will also be available online at the site.

Until this year, we have held regular monthly board meetings. Beginning in 2003, our Board of Directors is now meeting on a bi-monthly basis. Channel 16, our local government cable channel, has repeatedly televised one of our board meetings each quarter. This has significantly increased our exposure to a broader community audience. In addition to our regular business meetings, we often have guest presenters give us information on various topics. Besides a 25-member board, there are seven standing committees: Treatment, Prevention/Education, Criminal Justice, Research, Public Awareness, Finance/Development and RFP/Evaluation. We currently have nearly 80 individuals from our board, grantee organizations, concerned citizens and other interested parties actively participating on these committees.

Mission of Drug-Free Marion County

Our Mission Statement, revised earlier this year at a board retreat, is: Drug-Free Marion County, Inc., a not-for-profit organization, plans, promotes, implements, and coordinates community efforts to prevent and reduce abuse of alcohol, tobacco, and other drugs.

Geographic Coverage and County Workforce

Marion County/Indianapolis has a population of approximately 800,000 residents. The county includes both urban and suburban districts. There are eleven school districts within the county borders. The inner city hosts manufacturing and industrial businesses as well as some retail outlets. The suburban areas have more residential and retail space and less manufacturing and industrial businesses. There are small and medium-sized businesses as well as large corporate offices throughout the county.

Over the last 10 years, the Indianapolis labor force has increased by 18.7%. Nearly 60% of the labor force is employed in the Service (42.7) and Retail (16.7) industries. Manufacturing (14.4%) comprises the third largest sector of the workforce.

Planning Process and Significant Problems

The Treatment, Prevention/Education and Criminal Justice Committees spent several monthly meetings reviewing the current Comprehensive Community Plan and discussing identified revisions and additions to their respective sections of this new plan. In addition, Drug-Free Marion County along with Mayor Bart Peterson hosted four Community Forums in local schools this spring to obtain community input on the important issues and potential tasks and ideas to address the substance abuse problems facing our community. Many of these are included in the plan.

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 other 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.

Treatment: 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.

Miscellaneous/Administration: There exists a need to have a fully staffed office 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.

Monitoring Role

Drug-Free Marion County monitors progress of those programs funded by the County Drug-Free Communities Fund through several methods. Each program is required to submit quarterly Program and Financial Reports to our office. The Executive Director also conducts site visits. In addition, the Prevention/Education, Treatment and Criminal Justice Committees include representatives from each program who report on their funded projects and sometimes host meetings at their sites.

2003 BOARD OF DIRECTORS

OFFICERS

*Chairperson: L. Finke
*Vice-Chair: B. Barton
*Secretary: C. Duvalle
*Treasurer: D. Jones
(*=1 Year Terms)

EXECUTIVE COMMITTEE

(4 Officers &)
*A. Fogle
*S. Tempero
*Marge Towell
*D. Wiehe (Past Chairperson)

COMMITTEE CHAIRPERSONS

Finance/Development: Dan Kendall
Evaluation/RFP: L. Finke & A. Fogle
Prevention/Education: Marge Towell
Criminal Justice: Al Polin
Treatment: George Brenner
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NOTE: Race & Gender are listed in italics directly after each name.

KEY: AA = African American; C = Caucasian; F = Female; M = Male

Local Drug-Free Communities Fund Information

Amount Deposited:

During calendar year 2002, a total of \$408,297 was deposited in the Marion County Drug-Free Communities Fund.

Role in the Allocation Process:

Drug-Free Marion County's role includes soliciting applications, reviewing proposals and making recommendations for funding.

Each year, Drug-Free Marion County issues an announcement through local media as well as its mailing/ distribution list when proposals for the next years funding allocations will be available. A bidder's conference is held to share information about the application process, timelines and completion of the form. Usually, applicants are given six weeks to complete and submit their proposals.

Once proposals are submitted, we then have a Proposal Review Panel read and score the individual applications using a 100-point system. This panel is comprised of 5 board members and 10 volunteers. This panel then meets to discuss the proposals and prepare a list for the Board of Directors of projects they recommend for funding.

The board reviews the list of recommendations at its next meeting. The final list is approved by the board and forwarded to the Marion County Justice Agency (MCJA) Board along with all proposals received. The MCJA Board then makes their own list of funding recommendations that are submitted to the City-County Council for final approval.

Fund Allocation:

See next page.

DRUG-FREE COMMUNITIES FUND

2003 ALLOCATIONS

CRIMINAL JUSTICE

Organization	Project Name	Award Amount
Marion Superior Court	Community Court	40,000.00
Marion Superior Court (Adult Probation)	Probation Curfew	18,250.00
Marion Superior Court	Drug Treatment Diversion	45,500.00
Marion County Prosecutor's Office	Drug House Eviction/Nuisance Abatement	42,000.00
Marion Superior Court (Adult Probation)	Offender Drug Testing Confirmation Project	9,000.00
Marion County Justice Agency	Justice Center Conditional Release Officer	30,000.00
	Total	184,750.00

TREATMENT

Organization	Project Name	Award Amount
Gallahue Mental Health	Assisted Living While In Treatment	44,942.00
The Julian Center	Drug Treatment Program	20,000.00
Marion Superior Court -Juvenile Division	Juvenile Drug Treatment Court	36,320.00
Family Service Association	Relapse Prevention	28,814.00
Bethlehem House	Residential Recovery From Substance Abuse	8,000.00
Marion County Public Defender	Sentencing Project, Marion County	20,484.50
	Total	158,560.50

PREVENTION

Organization	Project Name	Award Amount
Ruth Lilly Health Education Center	"Choose To Refuse"	20,000.00
Family Service Association	ATOD Workshops for Business	7,452.00
Boys and Girls Club of Indianapolis	SMART Decisions	30,000.00
Pathway Family Center, Inc.	"I've Been There"	10,000.00
MSD of Perry Township	Brightwood/Forest Manor Summer Day Camp	48,731.00
TCI, Inc.	Marion County Youth Congress	20,000.00

CASI (Community Addiction Services, Inc.)	HiFi	20,484.50
Area Youth Ministry	Young Champions	6,373.00
Dyslexia Institute of Indiana, Inc.	DII and Drug Free	13,627.00
	Total	176,667.50

MISCELLANEOUS/ADMINISTRATION

Organization	Project Name	Award Amount
Drug-Free Marion County	Administrative Expenses	80,022.00
	Total	80,022.00

Grand Award Total	\$600,000.00
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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 use of cigarettes, alcohol and marijuana by Marion County 8th grade students were equal to or above state and national norms in 2000. (Indiana Prevention Resource Center)

Juvenile arrests for drug offenses in Marion County increased by more than 100% from 1994 to 2000. (Indiana Prevention Resource Center)

Recommended Action(s):

A. Encourage collaboration among faith-based and community organizations, communities, families, school, business, law enforcement and criminal justice to develop identifiable assets (ex. 40 Developmental Assets) and distribute resource information to decrease ATOD use by youth.

B. Encourage the use of research-based drug prevention curricula that:

- 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.
- 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.
- Helps parents recognize the signs of drug behavior and use, develop a better understanding of the powerful nature of the disease of addiction and its causes, and the resources available for intervention and treatment.
- Includes an evaluation component.

C. Create a community-wide evaluation system for ongoing reporting of results of ATOD prevention/education programming.

D. Develop a system for facilitation, communication, and collaboration with all ATOD Prevention & Education programs in Marion County.

E. Encourage youth and parent involvement in planning and implementation of activities, projects, programs and organizations that are designed to reduce ATOD abuse among their peers.

F. Encourage organizations that provide prevention programming to have, or to be in the process of obtaining, prevention certification. (Credentialing bodies should make such certification readily available and affordable.)

Expected Results:

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

Benchmarks:

- 1) By 12-31-2005, use of tobacco, alcohol and other drugs by Marion County youth will be below state and national norms.
- 2) By 12-31-2006 will publish results of collaboration and communication efforts among ATOD prevention/education programs.
- 3) By 12-31-2005, 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 a problem with over medication and an insufficient awareness of ATOD risks and inherent problems among the elderly that affects both them and the community at large.

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.

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:

- A. Establish educational awareness aimed at problems of elderly ATOD abuse through health/mental health providers, social service agencies, religious organizations,

employers, families, etc.

- B. Promote organizational partnering to increase awareness, establish a speaker's bureau and develop programming strategies of ATOD problems, across the lifespan.
- C. Promote consistent, positive media coverage of ATOD problems through positive outcomes and actual stories.

Expected Results:

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

Benchmarks:

- 1) By 12-31-2005, establish a baseline of reported ATOD use by the elderly in Marion County.
- 2) By 12-31-2005, create an asset map of treatment available for the elderly.
- 3) By 12-31-2005, create opportunities for positive media forums on ATOD problems of the elderly.
- 4) By 12-31-2006, there will be a 10% reduction in alcohol, tobacco and other drug addictions among Marion County residents age 65 and over.
- 5) By 12-31-2005, organizations and agencies that serve the elderly population will provide education regarding ATOD issues.

Problem P3:

There is an insufficient awareness of, and response to, the problem of substance abuse in the workplace.

Supportive Data/Documentation:

Among full-time workers aged 18 to 49 in 2000, 8.1 percent reported past month heavy alcohol use, and 7.8 percent reported past month illicit drug use. (National Household Survey on Drug

Abuse)

The annual per person cost of substance abuse in the United States was estimated to be approximately \$1,000 in 1995. (NIDA Notes, 1998)

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

Recommended Actions:

- A. Increase awareness of and provide prevention information about ATOD problems within the workforce and their impact on business and labor community.
- B. Help leaders in business and labor recognize signs of drug abuse, develop an understanding of the powerful nature of the disease of addiction and its causes, and how to utilize resources available for intervention and treatment.
- C. Promote consistent, positive media coverage of ATOD problems in the workplace through outcomes and actual success stories.
- D. Encourage business leaders to be involved in planning and supporting programs by partnering with community organizations that reduce ATOD problems in the workplace.

Expected Results:

Increase awareness and involvement of business and labor community regarding ATOD abuse and its impact on the workforce and in the workplace.

Benchmarks:

- 1) By 12-31-2005, establish a baseline of the level of reported ATOD abuse in the workforce in Marion County.
- 2) By 12-31-2006, actively involve business and labor leaders in local efforts to reduce ATOD abuse in the workforce.

- 3) By 12-31-2005, create opportunities for positive media forums on ATOD problems in the workforce.
- 4) By 12-31-2006, 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.

(NOTE: A national effort to improve substance abuse services provides an opportunity for us here in Marion County. The National Treatment Plan (NTP) Initiative began in the fall of 1998. It is designed to provide the field an opportunity to reach consensus on how to improve substance abuse treatment and to begin to effect change.

The NTP is designed to provide a starting point and engage diverse groups in a collaborative effort to recommend guidelines and actions that can improve substance abuse treatment. The Treatment Committee of Drug-Free Marion County plans to work collaboratively with others to support the Comprehensive Plan and the implementation of the NTP as the statewide plan in Indiana. The following problems and recommended actions reflect this collaboration.)

Problem T1:

Some Marion County residents, e.g. the indigent, working poor, underinsured, single or multiply diagnosed, adolescents, culturally diverse, homeless, women and women and their children 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 and Addiction 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 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 currently serve all eligible persons.
- There is a lack of treatment capacity relative to detoxification services. In addition,

detoxification options are limited.

Recommended Actions:

- A. Development of more effective and efficient treatment programs to increase availability/accessibility of treatment services for under-served populations.
- B. 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.
- C. Development of programs and policies, which identify those persons who are in need of services, but have not been previously identified.
- D. Development of co-occurring disorders treatment options for adults and juveniles as well as collaboration among and cross training for staff of providers of both mental health and addiction services.
- E. Development of treatment programs, which apply proven methods of treatment.
- F. Create and establish programs which will expedite service delivery for addicted persons seeking treatment.
- G. Increase awareness and attention to ATOD issues among Community Systems.
- H. Cultural competency plans and implementation of service models are required to meet the needs of culturally diverse populations.
- I. Development of effective detox/stabilization and residential services options.

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 12-31-2006.
- 2) By 12-31-2006, increase relapse prevention services by 15%.
- 3) By 12-31-2006, develop at least one alternative program for chronically addicted persons for whom treatment is not available according to the ASAM-PPC2-R (American Society of Addictive Medicine-Patient Placement Criteria Revised).
- 4) By 12-31-2006, increase by 30% the addiction-related training made available to Community Systems.
- 5) By 12-31-2006, 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 12-31-2006.
- 7) Measures of baselines for treatment effectiveness will be in place by 12-31-2006.
- 8) By 12-31-2006, there will be a 50% increase in recovery supports and collaboration of treatment providers aimed at diverse populations in the community.

Problem T2:

Tobacco, whether smoked or smokeless, poses a health risk to many youth in Marion County as a primary substance of abuse or a potential gateway drug to other substances.

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)

Recommended Action(s):

- A. Support the efforts of the Marion County Tobacco Control Partnership and the Marion County Health Department.
- B. Alcohol and drug addiction services will increase their focus on nicotine addiction.

Expected Results:

Raise awareness among alcohol and drug treatment providers regarding the importance of education, awareness and cessation programs for those addicted to nicotine in alcohol and drug treatment programs.

There will be an increase in referrals to, and utilization of, nicotine education, awareness and cessation programs for youth and adults.

Benchmarks:

- 1) By 12-31-2006, develop at least one new smoking intervention program for youth developed in Marion County.
- 2) By 12-31-2006, develop at least one new smoking cessation program for youth in Marion

County.

- 3) Marion County alcohol and drug programs will have a defined means to address nicotine addiction by 2008.

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):

- A. 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.
- B. 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.
- C. Coordination of resources for individuals and groups dealing with ATOD problems, including, but not limited to: persons in need of services, treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.
- D. Coordinating substance abuse treatment as it relates to the Blueprint for Homelessness.
- E. Update the local Treatment Provider Directory regularly.

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 7-1-2006, complete a survey of Marion County treatment providers to evaluate the current continuum of care and treatment capacity to develop database of treatment-related needs for underserved populations.
- 2) By 12-31-2006, results of the survey will be disseminated to treatment providers.
- 3) By 7-1-2006, develop a strategic plan for coordination, research and resource development among the providers to the substance abuse population in Marion County.
- 4) By 7-1-2006, increase awareness and promote distribution of the resource guides and directories that are available in Marion County among treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.

Problem T4:

Infrastructure (stigma, public policy, evidence-based practices, trained workforce and the like) limitations exist which present barriers to persons seeking treatment and receiving the highest quality of care.

Supportive Documentation:

Addiction continues to be often seen as a moral failing, criminal behavior, characterological weakness, simple choice, etc. which creates a personal and public perception of stigma, which inhibits persons from recognizing their illness and seeking treatment.

A lack of adequate funding for those most in need of services has been demonstrated by the total

enrollments in the Hoosier Assurance Plan in Marion County, which far exceeds those covered by the actual funding.

Gaps in Evidence-Based Practices exist in the treatment available in Marion County including a workforce trained in these practices.

Recommended Actions:

- A. Develop and present public education events that increase the scientific knowledge of addictive disorders to reduce stigma and present recovery in a positive light.
- B. Develop public policy initiatives that support increased funding for addictions treatment.
- C. Support blended funding collaborations between community-based addictions treatment and the Marion County criminal justice system and the Department of Corrections.
- D. Training opportunities will be developed and supported for managers and clinical providers that will serve to implement Evidence-Based Practices.

Expected Results:

There will be an increased public awareness of the science of addiction through a variety of events focused on changing community perception and bias.

Like-minded organizations will demonstrate an increased role in public policy issues regarding addictions treatment.

There will be support of Evidence-Based Practices and workforce development through events that provide direct training, education and consultation in partnership with other organizations.

Benchmarks:

- 1) There will be an increased demand for information from a variety of sources about addictive disorders and their treatment. A baseline will be established in 2004 with an increase of 5% each year thereafter.

- 2) Beginning in 2004, at least one local training event will be held each year that presents addiction-related knowledge and information to the public in an educational and positive way to reduce stigma and misperceptions.
- 3) By 12-31-2005, there will be an increase in training events that support Evidence-Based Practices among Marion County addictions treatment providers.

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:

Despite the successful efforts of local police agencies, seizure statistics show that Marion County remains under pressure from illegal drugs. Seizure figures support the belief that there has been a significant increase in attempts at local manufacture.

Supportive Data/Documentation

Information from the Indianapolis Police Department indicates that seizures of illegal drugs since 1997 have increased exponentially in Marion County: ten times more Cocaine, five times more marijuana and twelve times more methamphetamine was seized in 2001.

The following is a breakdown of the amounts of some of the illegal drugs seized in Marion County during the year 2001:

	Cocaine	Marijuana	Heroin	Methamphetamin e
IPD Dangerous Drugs	9.4	32	.5	3
IPD Drug Interdiction Unit	7.7	713.6	.510	19
Metro Drug Task Force	67.5	4,368	0	13.5
IPD District Narcotics	11.3	94	23.9	19
Marion County Sheriff's Department	24.17	532	.13	6.94
Total (In pounds)	120.07	5739.60	25.04	61.44

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 12-31-2006 there will be a 5-10% increase in the seizure of cocaine, marijuana and methamphetamine coming into Marion County.

Problem C2:

The swift, certain and orderly administration of justice for those guilty of supplying and/or using illegal drugs in Marion County continues to require improvement.

Supportive Data/Documentation:

The Marion County Adult Probation Department reported that during 2002 the Crime Lab conducted 89,121 drug tests, which was well above their original estimated volume.

The Marion County Jail has a serious problem with overcrowding that can be partially attributed to offenders awaiting trial for drug-related charges.

Recommended Action(s):

- A. 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 as well as education regarding probation rules and consequences of violations.

- B. Encourage law enforcement agencies to cooperate with the criminal justice system to expedite 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.
- C. 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 suitable and expeditious manner.

Benchmarks:

- 1) By 12-31-2004, reduce the average time to dispose of a major drug felony case to 120 days.
- 2) By 12-31-2005, reduce the average time to dispose of a major drug felony case to 70 days.

Problem C3:

There is a need to encourage or promote treatment options for those offenders who, driven by their addiction, commit crimes. Programs and services should be initiated or expanded to serve juvenile offenders.

Supportive Documentation:

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):

- A. 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.
- B. Expand drug treatment court offered to juvenile offenders.
- C. Explore additional services for juvenile offenders and their families, including mentoring, mental health screening and life skills.
- D. Create a compendium, or resource book, listing the treatment and mentoring programs available to the criminal justice community in meeting the needs of juvenile and adult offenders.

Expected Results:

There will be an increase in treatment services utilized by offenders, both adult and juvenile, 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 7-1-2005, provide effective treatment services annually to 200 non-violent offenders and their families.
- 2) By 12-31-2006, 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 12-31-2006, expand the services offered in juvenile drug treatment court to offenders and their families.
- 4) By 12-31, 2005 create and publish a compendium of treatment and mentoring programs available to the criminal justice community in meeting the needs of juvenile and adult 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):

- A. Promote programs, which empower neighborhoods to act as the eyes and ears of the criminal justice system and create a system of feedback for those who lend assistance through crime watch, neighborhood impact statements and other related assistance.
- B. Expand the “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.
- C. 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.
- D. Promote initiative to support, reassure, and protect community members and witnesses 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, while offering positive feedback to those who lend assistance.

Benchmarks:

- 1) By 12-31-2005, there will be an increase in calls to authorities reporting illegal drug use and activities in neighborhoods.
- 2) By 12-31-2006, there will be an increase in the number of offenders processed through

the neighborhood courts, by 15%, using accountable, neighborhood-based, restorative sentences.

- 3) By 12-31-2004, establish a feedback system within the Prosecutor's office for witnesses, crime watch activists and those providing neighborhood impact statements.
- 4) By 12-31-2004, produce PSA campaign designed to encourage witnesses to testify in drug-related cases.

Problem C5:

Substance abuse and alcohol related crimes are a significant problem for the community.

Supportive Data/Documentation:

During 2001, 67% of adult arrestees in Marion County tested positive for some type of illegal drug use (2001 A.D.A.M. Statistics).

According to the Marion Superior Court Probation Department, in 2002, 44% of adult offenders were charged with alcohol or other drug related offenses (27% alcohol & 17% other drugs).

In 1999, there were more than 1,200 crashes, nearly 900 injuries and more than 20 deaths in Marion County with alcohol involved. (Indiana State Police Crash Reports)

Recommended Action(s):

- A. Increase Police and Sheriff Department's presence for law enforcement and crime prevention efforts directed toward criminal activity related to alcohol and other drugs.
- B. Support increased funding for organizations and agencies to combat substance abuse and its criminal effect in Marion County. (I.e. MADD, Traffic Safety Partnership, etc.)
- C. Support the use of modern technology to investigate and/or reduce substance abuse related crimes.

D. Support research to track recidivism rates between second and third offenses for drunk driving in Marion County.

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 12-31-2006, there will be a 5% reduction in the number of juveniles charged with alcohol and/or drug-related crimes.
- 2) By 12-31-2006, there will be a 5% reduction in the number of alcohol related injuries and fatalities resulting from driving crashes.
- 3) By 12-31-2006, reduce by 5% the number of adult offenders charged with alcohol and other drug-related crimes.

Problem C6:

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

Supportive Documentation:

Indiana continues to be fifth in the nation in the prevalence of the use of tobacco products.

(Center for Disease Control Report 1998)

While the national average for pregnant women using tobacco is 12%, the percentage for the State of Indiana is 20%. (Indiana State Department of Health)

Although the number of retailers in Indiana selling tobacco products to youth volunteers, ages 14, 15 and 16, has improved from 26% in 1998 to 19% in 2002, this continues to be a problem in our community. (Indiana Tobacco Prevention and Cessation Agency, 2002)

Smoking Facts In Marion County*

- 28% of adults smoke
- 39% of teens smoke
- 20% of pregnant women smoke
- Marion County experiences a 50% higher rate of lung cancer than the rest of the country
- Recent reports place the cost of disease and death caused in Marion County, Indiana, by second hand smoke to be nearly 56 million dollars

*Marion County Department of Health 2002 Report

Recommended Actions:

- A. Support legislation to increase penalties for vendors who distribute or sell tobacco products illegally.
- B. Increase presence of law enforcement agencies to discourage sales and ticket vendors selling to minors.
- C. Creation of programs to increase the understanding of those moving through the criminal justice system concerning the health risks of smoking for youth, adults and pregnant women.

Expected Results:

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

Stiffer penalties will be imposed upon merchants selling tobacco products to minors.

Programs will be developed to reinforce the understanding of citizens moving through the criminal justice system concerning the health risks of smoking for teens, adults and pregnant women.

Benchmarks:

- 1) By 7-1-2005, new legislation will be enacted to increase penalties for vendors selling tobacco products to minors.
- 2) By 12-31-2005, more law enforcement officials will be involved in tobacco compliance checks and other monitoring operations.
- 3) By 12-31-2005, achieve a non-compliance rate in Marion County no greater than 15%.
- 4) By 12-31-2005, the criminal justice system in Marion County will be educating those who pass through the system about the health consequences of smoking.

MISCELLANEOUS/ADMINISTRATION

Problem Statement (Composite):

There exists a need to have a fully staffed office 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.

Recommended Actions:

A. 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:

- 1) 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 ATOD 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 ATOD 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 12-31-2004, will have developed plans for gathering epidemiological information regarding the prevalence of substance abuse.
- 2) By 12-31-2005, will have gathered epidemiological information regarding the prevalence of substance abuse.
- 3) By 7-1-2006, will have developed means for measuring human and economic cost of ATOD abuse to the community.
- 4) By 12-31-2006, will have developed plans for disseminating information regarding prevalence of substance abuse in Marion County.
- 5) By 7-1-2007, will have initiated research on measurement of human and economic cost of ATOD abuse.
- 6) By 12-31-2007, will have developed plans for disseminating research information regarding the human and economic cost of ATOD abuse to the community.
- 7) By 12-31-2004, 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.