



# GOVERNOR'S COMMISSION FOR A DRUG-FREE INDIANA

## Toward A Drug-Free Indiana: A Strategic Report to the Governor.

September, 1990

129441

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by  
Indiana/Governor's Commission  
for a Drug-Free Indiana  
to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

10-3-91 MFL  
129441  
154621

PREAMBLE

Alcohol and other drug use and abuse is a problem of immense proportions that threatens the health and well-being of every citizen in our state. The use of illegal drugs and the abuse of alcohol and prescription drugs reaches into every community and into every walk of life: taking lives, destroying families, spreading disease, making the streets and highways unsafe, breeding crime and violence, and diminishing productivity. Moreover, this scourge is impeding the growth and development of our most precious resource, our children.

The true cost to taxpayers of governmental programs to reduce and prevent the use and abuse of alcohol and other drugs can be understood only by recognizing the enormous economic and social costs imposed on society when that use and abuse continue unabated. Data are available which measure lost production in the workplace, the dollars spent on an overburdened criminal justice system, and increased insurance and medical bills, but the emotional and psychological suffering of victims, family members, and abusers themselves are incalculable. Such very real costs are reduced when the use of alcohol and other drugs declines.

During this past year of study, we have read volumes of printed materials including research findings, reports on the efforts of other states, position papers, and letters from concerned citizens. During the Drug Summit, four regional forums, and a statewide forum, we received input from over 600 state and local leaders. What we have learned is that the complex and pervasive nature of the problem defies simple solutions.

While there is little argument about the seriousness of this problem, there continues to be much debate surrounding the selection of strategies to combat alcohol and other drug use and abuse. We have been encouraged, however, by the resolve and willingness of thousands of individuals and groups at both state and community levels to band together, share ideas and resources, lay aside differences, and share responsibilities for solutions and actions.

Both short and long-term strategies are needed. We have come to appreciate the need for responsive and coordinated justice and treatment systems which respond to those persons and families already impacted; however, we believe the best hope for a lasting solution rests with our ability to prevent use and abuse of alcohol and other drugs. Prevention is one area in which all Hoosiers can become directly involved at the local level. Given support and encouragement, they will. Indiana communities are ready to respond to this challenge. State government can play an important leadership role by assisting local communities in the development of integrated, locally-tailored prevention programs that deliver a clear and consistent anti-drug message that abuse of alcohol and use of illegal drugs is unhealthy, uncool, unproductive, and unacceptable.

On behalf of all of the citizens of Indiana, the Steering Committee of the Governor's Commission for a Drug-Free Indiana proudly presents this report to Governor Evan Bayh, this 10th day of September, 1990. It is our hope that this document initiates an ongoing endeavor of planning, monitoring, and evaluating a comprehensive and coordinated plan for working toward a drug-free Indiana.

GOVERNOR'S COMMISSION FOR A DRUG-FREE INDIANA

STEERING COMMITTEE

1. James Arvin, Indianapolis
2. Tom Cochrun, Indianapolis
3. Larry Conrad, Indianapolis
4. Fred Dahling, New Haven
5. William Ervin, Indianapolis
6. Honorable Sally Gray, Greencastle
7. Annette Henderson, Carmel
8. Lynn Kyle, Evansville
9. Reverend Edward Malloy, Notre Dame
10. Louis Martinez, Griffith
11. Robert McHenry, Indianapolis
12. Jeff Modisett, Chairman, Indianapolis
13. Honorable James Perron, Elkhart
14. Jean Pock, Zionsville
15. Michael Robbins, Bedford
16. James Seeney, Brazil

## HOW TO READ THIS REPORT

This report is segmented into three areas: PREVENTION, covering school-based initiatives, community prevention, and public awareness; WORKPLACE AND TREATMENT; and JUSTICE, spanning law enforcement, prosecution, judication, and corrections. There will be some purposeful overlap to emphasize the importance of the relationships between the areas. Cross-references will be found throughout the text.

Throughout this report, the term "alcohol and other drugs" will be used. In the prevention section, the term "other drugs" includes nicotine, while in the treatment and justice sections, it does not. This departure from consistency is in recognition that primary prevention strategies must address, particularly among youth, all addicting drugs.

Each section contains one or more broad goals, recommendations, implementation strategies, statements of rationale for the recommendations, estimated costs of implementing the recommendations, a suggested state agency to be assigned the primary responsibility for implementation or oversight, and a listing of contributing parties that should be involved. The goal statements are intended to be general and long-term in nature. Recommendations are more specific and action-oriented. Implementation strategies are steps for carrying out the recommendations.

The state agencies identified for primary implementation responsibilities are those that currently have major roles in the areas being addressed. It is recognized that reorganization of state government measures might necessitate some reassignment of responsibilities. To demonstrate the need for collaborative efforts involving public and private sectors, a partial list of contributing parties is included for each recommendation.

Estimating costs has been difficult. Some recommendations can be costed out easily; others lack the basis for accurate forecasting due to the lack of existing data. The cost figures contained in each section are estimates of additional public or private support needed to implement the recommendations. Where recommendations support the current planning of other governmental units, references are made to the other planning documents with respect to costs.

This report was developed in three separate but coordinated work groups, each comprised of Steering Committee members, Ad Hoc members of state agencies, and Commission staff. To maintain the "flavor" of each group's work, the only edits that have been made are those relating to format, resulting in some differences in style of presentation.

The complexity and pervasiveness of drug problems are such that no report can be considered complete and inclusive. This report is the first attempt in Indiana's history to examine the three major areas of prevention, treatment, and justice for the purpose of providing direction for the state's future anti-drug programming. It is recommended that such examination be ongoing so that the state's efforts keep pace with the changing face of this most serious problem.

Dedicated to  
the memory of



Larry Conrad  
1935-1990

## TABLE OF CONTENTS

|                         | Page |
|-------------------------|------|
| Prevention              | 5    |
| Public Awareness        | 6    |
| Schools                 | 14   |
| Community               | 24   |
| Workplace and Treatment | 31   |
| Workplace               | 32   |
| Treatment               | 36   |
| Justice                 | 54   |
| Law Enforcement         | 55   |
| Prosecution             | 67   |
| Courts                  | 72   |
| Correction              | 80   |
| Coordination            | 90   |
| Revenues                | 98   |

# PREVENTION

## PUBLIC AWARENESS

### I. GOAL:

Positively impact the attitudes, behaviors, activities, and involvement of the public regarding alcohol and other drugs.

### Recommendation:

A. Establish a comprehensive and coordinated statewide alcohol and other drug abuse public awareness program.

### Implementation Strategies:

1. *The Interagency Council on Drugs (because it comprises a broad representation of state agencies) should be given the responsibility of deliberating and agreeing upon a working definition of prevention for the state of Indiana. This definition should be widely publicized and included in statewide public awareness campaigns.*
2. *Organize and deliver aggressive, versatile, and multi-faceted statewide public awareness campaigns that convey the message that prevention is every citizen's responsibility, encourage citizen involvement, embrace a public policy which encourages all citizens of Indiana to be drug-free, and are culturally and age based.*
  - a. *Obtain ideas from the Interagency Council on Drugs, the Commission for a Drug-Free Indiana, and Local Coordinating Councils for consideration and inclusion in public awareness campaigns.*
  - b. *Obtain a public relations/advertising firm to assist in the design of public awareness campaigns.*
  - c. *Assist the Local Coordinating Councils to enlist the services of local television, radio and print media to assure a wide range of coverage for public awareness campaigns.*
  - d. *Coordinate with the State Board of Health to include as part of its monthly Behavior Risk Factor Surveillance telephone polls, public opinion polling to determine the impact of the campaigns, before, during, and after implementation.*
3. *Identify and work with state agencies, public and private organizations, and existing interest groups to develop and promote aggressive public*

*awareness campaigns that educate the public about environmental risk factors (i.e. poverty, family instability, homelessness, etc.), and what can be done to effect change.*

4. *Work with Area Agencies on Aging, R.S.V.P. and other senior advocacy and service organizations to develop prevention messages that address drug problems of Indiana's elderly population.*
5. *Develop new or utilize existing messages that effectively speak to other unserved, underserved, and high-risk populations (i.e. ethnic and racial minority populations, women, pregnant women, adolescents, physically handicapped, children from abusing families.)*
6. *Bring together educators, advertisers, youth, media, and other "message senders" to discuss with focus groups how more consistent anti-abuse messages can be given, and to develop strategies for implementing action to this end.*
7. *Collaborate with Local Coordinating Councils to develop locally tailored "spin-off" public awareness campaigns that:*
  - a. *target community problems and community solutions;*
  - b. *have specific messages for targeted audiences, including those at "higher-risk"; and*
  - c. *are culturally and age based.*
8. *Recruit religious organizations, parent groups, civic and professional organizations, boys/girls clubs, local businesses, etc., as co-sponsors of public awareness campaigns.*
9. *Work with representatives from private business and industry to develop a promotional campaign(s) to encourage the establishment of private sector Employee Assistance Programs (EAPs) and other efforts to prevent drug abuse. (See Workplace, Goal I, Recommendation A.)*
10. *Encourage Congress, the F.C.C., and the alcohol and tobacco industries to eliminate the advertising of alcohol and tobacco products in mediums most frequently accessed by young people.*

Rationale:

Inconsistent alcohol and other drug messages have a deleterious effect on youth and adults and are a barrier to developing effective community responses. Although there are clear messages about the risks and consequences associated with abuse of substances, "recreational use" is still glamorized in many mediums. Messages that suggest the acceptability of social use and promote the idea of quick fixes permeate music, movies, television, sporting events and advertising billboards and magazines. Alcohol and other drug use is portrayed as an acceptable coping mechanism for dealing with life's problems.

The beliefs young people, especially adolescents, have about alcohol and other drugs reflect larger societal viewpoints. Unlike adults who have access to a variety of information sources, however, young people have limited information access. Advertising plays a more significant role in the development of their alcohol and other drug knowledge base.

As long as the ads that promote alcohol are so widely disseminated, there will continue to be conflicting messages; those of government and those of the liquor industry. It is imperative that we barrage Indiana citizens, especially our youth, with clear, honest, and consistent messages regarding the risks of use and abuse of alcohol and other drugs.

Public awareness and education efforts in concert with other prevention strategies have proven to be effective. Not only do they focus attention on the issues, provide information, and increase general knowledge, public awareness and education initiatives provide an opportunity to enlist the support and involvement of many people in developing and implementing response strategies.

Costs:

\$5,000,000 is the estimated annual cost for awareness activities. This represents a shared cost between the public and private sectors with \$3,000,000 being state government's share.

Responsible State Agency:

Commission for a Drug-Free Indiana

Contributing Parties:

1. Department of Mental Health-Division of Addiction Services
2. State Board of Health
3. Department of Human Services
4. Department of Education
5. Alcohol and Tobacco Industries
6. Media

7. All Indiana Citizens

**Recommendation:**

**B. Require a clear and visible warning label on all printed alcohol advertisements and product labels.**

**Recommendation:**

**C. Require warning signs prominently displayed in all places where alcoholic beverages and/or tobacco products are sold.**

**Implementation Strategies:**

1. *Elicit the involvement of all alcohol industries, councils, associations, and commissions in discussions regarding the development of legislation regarding alcohol warning labels and warning signs.*
2. *Include in the Governor's 1991 legislative package, legislation which aggressively addresses warning labels and warning signs as a means of alerting/educating the general public. The legislation should address specific requirements regarding the dimensions of warning signs and the display locations within identified establishments and sites.*

**Rationale:**

According to a recent Gallup Poll, eight in ten persons interviewed (79 percent) in a national polling favored a federal law mandating health and safety warning labels on alcoholic beverage containers like those required on cigarette packages. Seventy-five percent favored a law that would require equal radio and television time from stations that run beer and wine commercials for health and safety warning messages about drinking.

Health risks associated with alcohol abuse are well documented. The synergistic effects of alcohol used in combination with prescription and illegal substances pose a more immediate risk. A body of information is accumulating which speaks to co-factors which increase health risks related to use of beverage alcohol.

The Anti-Drug Abuse Act of 1988 mandated that warning labels advising women not to drink alcohol during pregnancy, because of the risk of ensuing birth defects, be placed on all bottles and cans containing spirits. This type of action is needed to alert all persons that alcohol use may be dangerous to their health.

Costs: The minimal costs associated with the enforcement of this type of legislation can be absorbed in existing alcohol beverage enforcement resources.

Responsible State Agency: State Board of Health

Contributing Parties: 1. Indiana General Assembly  
2. Alcohol Beverage Commission

Recommendation: **D. Provide opportunities on an annual basis for public input into state alcohol and other drug prevention planning and programming efforts.**

Implementation Strategies: 1. *Host two public forums annually at central locations in the northern and southern areas of the state. Utilize the Commission's Regional Coordinating Offices and their Regional Advisory Boards to assist in the planning and organization of the forums.*

2. *Forward the findings or results from public forums through the Interagency Council on Drugs to all state agencies having alcohol and other drug prevention planning and programming responsibilities.*

3. *Select a citizen's advisory board composed of a representative from each of ten regional districts to assist in the planning of the annual Indiana Prevention Conference.*

Rationale: Inclusion, empowerment, and involvement of the general citizenry in all phases of prevention has become a national agenda. Over the past two decades, what we have learned about what does and does not work suggests that if we are to maximize the effectiveness of prevention efforts, citizens must be involved as active partners rather than passive recipients.

Costs: The Commission held public forums around the state during the spring of 1990 at a total cost of approximately \$1,000. Additional costs associated with the involvement of a citizen's advisory board will increase this amount to approximately \$1,400 for 1991.

Responsible State Agency: Commission for a Drug-Free Indiana

Contributing Parties: 1. Regional Advisory Boards  
2. Local Coordinating Councils

**Recommendation:**

**E. Improve the state's ability to provide information on alcohol and other drug abuse prevention data, research, program model development, and trends to citizens, prevention workers, and public officials.**

*Implementation Strategies:*

1. *Expand and enhance the capability of the Prevention Resource Center for Substance Abuse to:*
  - a. *collect, update, and disseminate, in a timely manner, drug prevention program data (i.e., service delivery, trends, effectiveness);*
  - b. *provide technical expertise to individuals and community agencies in the areas of alcohol and other drug abuse prevention:*
    - \* *program development*
    - \* *program evaluation*
    - \* *social policy action*
    - \* *resource development*
    - \* *models for age, gender, and culturally specific populations;*
  - c. *follow closely and widely disseminate studies which identify:*
    - \* *successful and unsuccessful types of preventive interventions*
    - \* *new efforts to identify youth in high-risk environments and intervene to reduce individual risk; and*
  - d. *develop and disseminate in a timely manner publications which highlight funding opportunities to assist community and professional prevention efforts.*

**Rationale:**

A vast amount of data exists that specify risks and consequences of alcohol and other drug use and abuse; effective prevention programs and strategies which have been developed to address alcohol and other drug problems; information about opportunities to develop skills and increase knowledge; and resources directed to alcohol and other drug abuse prevention efforts. Information needs to be gathered in a central place, analyzed, categorized, and made available to local and state policymakers, program developers, and every citizen who needs or desires information on any aspect of alcohol and other drug abuse prevention.

National networks are also evolving to assist grassroots prevention efforts. Local organizers, program professionals, and business leaders often are not aware of these valuable resources.

The Prevention Resource Center for Substance Abuse has the capability to improve the scope, relevancy, and consistency of drug prevention data management and technical assistance. The Department of Mental Health has recognized the need for these improvements and has initiated steps to bring about appropriate changes.

The Prevention Resource Center for Substance Abuse, with the improved capabilities noted above, will be in an excellent position to be a primary source of prevention data for the Institute of Data, Research and Resource Development. (See Coordination of State Government, Goal II, Recommendation A.)

**Costs:**

A budget increase of \$100,000 to expand and enhance the services of the Prevention Resource Center for Substance Abuse.

**Responsible State Agency:**

Department of Mental Health-Division of Addiction Services

**Contributing Parties:**

1. Criminal Justice Institute
2. Commission for a Drug-Free Indiana
3. Indiana University

**Recommendation:**

**F. Develop a comprehensive and coordinated approach to alcohol and other drug training which identifies and provides for the training needs of grassroots and professional community-based prevention providers.**

**Implementation Strategies:**

1. *Conduct a statewide assessment to determine the level of need for training, catalog available training resources, and to identify specific needs and groups not being addressed through existing resources.*
2. *Establish a statewide alcohol and other drug training resource center to provide consistent, state-of-the-art training programs for grassroots and professional providers.*
3. *Convene a multi-disciplinary, intensive work group to develop this concept and recommend*

*cost-effective, non-duplicative implementation strategies.*

**Rationale:**

A group of trainers from various state and private organizations in Indiana convened several fact-finding meetings over the past year. The group concluded that, although training resources existed in Indiana, the training opportunities, intended audiences, and the costs to trainees were not generally known. In addition, there appeared to be a scarcity of low-cost training options for certain audiences (i.e. community-based providers, community volunteers, grassroots organizers, school personnel, providers of prevention services to high-risk populations.)

There are numerous training needs related to substance abuse throughout Indiana. An overall training plan including the coordination and promotion of existing training services and the subsequent development of programs to fill identified gaps in training is needed.

A training resource center would support local and state agencies and organizations as a broker for providing training statewide using existing resources. The Center's mandate could also include the development of a comprehensive training plan for the state, training design and development, and training evaluation standards.

**Costs:**

Developmental costs are estimated at \$50,000.

**Responsible State Agency:**

Department of Mental Health-Division of Addiction Services

**Contributing Parties:**

1. Commission for a Drug-Free Indiana
2. Department of Education
3. State Board of Health
4. Department of Human Services
5. Indiana State Police
6. Indiana Colleges and Universities
7. Prevention and Treatment Professionals

**SCHOOLS**  
**(K-12 and Post-Secondary)**

**I. GOAL:**

Educate the student populations, school personnel, and parents about the health and legal risks, responsibilities, and consequences associated with alcohol and other drug use and abuse.

**Recommendation:**

**A. Ensure local school districts establish and implement comprehensive K-12 prevention and health promotion curriculum consistent with IC 20-10-14-9.**

*Implementation Strategies:*

1. *Provide training in the development and implementation of drug curriculums.*
2. *Establish guides regarding the development of each curriculum that:*
  - a. *insures that the curriculum is sequential, age appropriate, culturally relevant, and integrated;*
  - b. *encourages school/parent collaboration in the development and implementation of the prevention curriculum; and*
  - c. *promotes the integration of community-based programs with the school curriculum to provide consistent messages, approaches and methods which link school, community, and home.*
3. *Develop or adopt a model curriculum (or promote the curriculum developed by the United States Department of Education) that can be revised, adapted, or integrated to meet a school's specific needs, to provide schools with a framework for K-12 prevention education.*

**Rationale:**

Schools are in a unique position to reach young people. The school classroom has become a primary front in the battle for a drug-free Indiana. Regardless of other activities or programs in place, adequate and appropriate alcohol and other drug prevention instruction must be the core of any successful school drug program.

Comprehensive, sustained prevention efforts must begin as early as possible in a child's education and

continue throughout her/his school life. Students must be given opportunities to learn consistent and accurate information about alcohol and other drugs, to understand the consequences of substance use and abuse, and to learn and practice resistance skills.

Schools, with the assistance of parents and the community at large, must continue to develop a comprehensive education program that reaches and affects all young people.

**Costs:** This recommendation can be accomplished through the use of existing resources within the Department of Education.

**Responsible State Agency:** Department of Education

**Contributing Parties:**

1. Local Education Authorities
2. Education Service Centers
3. Parents
4. Community Leaders
5. Community Program Providers
6. United States Department of Education

**Recommendation:** **B. Mandate training in alcohol and other drug education for all school personnel in contact with students.**

**Implementation Strategies:**

1. *Determine need, availability, accessibility, target audiences, barriers, and available or needed resources for in-service training of school personnel.*
2. *Encourage training for principals, teachers and all staff which includes not only factual information, but skills to identify and assist students with personal and/or family related alcohol and other drug problems. Training for persons directly responsible for alcohol and other drug education (including drug education coordinators) should include in addition to the above, implementation of drug curriculums.*
3. *Establish low-cost training opportunities utilizing the networking efforts of the Department of Education coordinating teams, education service centers, Commission's Regional Coordinating Offices, and Local Coordinating Councils to provide ongoing training and technical assistance to local school communities.*

4. *By 1991 require and fund a minimum of eight hours for in-service alcohol and other drug education for school personnel.*
5. *In cooperation with state education associations, utilize the annual fall professional development days for alcohol and other drug education for teachers and other school personnel.*
6. *Offer opportunities for administrators and school board members to receive alcohol and other drug education.*
7. *Offer continuing education opportunities with the Certification Renewal Unit (CRU) given for educators, and the Continuing Education Unit (CEU) given for other persons in contact with students.*
7. *Collaborate with higher education, alcohol and other drug professionals, health educators and other professionals to establish minimum standards for teacher in-service training on alcohol and other drug abuse.*

Rationale:

Prevention of alcohol and other drug use and abuse is a responsibility and a necessary function at all levels within the school community. However, effective programming requires the development of a strong knowledge base and the acquisition of appropriate skills.

Those teaching the curriculum, coordinating the programs, or counseling the students and/or staff need the highest degree of specific drug training. Other staff need, at the very least, a working knowledge of signs and symptoms, effects, appropriate referral techniques, and knowledge about school drug policies and procedures.

Costs:

There will be no immediate fiscal impact. An assessment can be conducted utilizing existing resources. That assessment will determine the needed resources to fully implement this recommendation by the fall of 1991.

Responsible State Agency:

Department of Education

Contributing Parties:

1. Commission for a Drug-Free Indiana
2. State Teacher Associations
3. Education Service Centers
4. Commission on Higher Education
5. Prevention and Treatment Professionals
- 6.. Association of Indiana School Boards

7. Association of Indiana School Superintendents
8. Indiana Principal's Leadership Academy

**Recommendation:**

**C. Establish standards regarding training in alcohol and other drug education for persons seeking teaching certification.**

*Implementation Strategies:*

1. *Establish competencies for those persons teaching and counseling at the elementary and secondary school levels.*
2. *Work with colleges and universities to develop teacher preparation programs that offer instruction in drug information, and in prevention and intervention techniques shown to be effective, for preservice teachers.*
3. *Require, at a minimum, three credit hours in prescribed drug education for all persons seeking teaching certification.*

**Rationale:**

Every effort must be made to increase the resources available in our schools. Those persons preparing to assume responsibility for the education of our children must be sensitive to students bringing issues related to alcohol and other drugs to school, and to the impact alcohol and other drug use has on the learning environment.

**Costs:**

The costs of replacing elective or less-essential courses are negligible.

**Responsible State Agency:**

Commission on Higher Education

**Contributing Parties:**

1. Department of Education
2. Colleges and Universities
3. Prevention and Treatment Professionals

**Recommendation:**

**D. Require schools to adopt policies on drug prevention in and around Indiana schools.**

*Implementation Strategies:*

1. *Provide technical assistance to local school districts in the development and implementation of comprehensive school drug policies using existing model policies.*
2. *Require schools to communicate policies and enforcement strategies to faculty, students and parents in writing and through school/community meetings.*
3. *Work with school administrators and school boards to establish Employee Assistance*

*Programs for all personnel in each district.  
(See Workplace, Goal I, Recommendation B,  
Implementation Strategy 1.)*

4. *Require schools to include in drug policies, clear standards of conduct for teachers and staff regarding the use of drugs during school hours and while engaged in school-related activities.*
5. *Recruit school districts to implement a Drug-Free School Zone program and erect signs.*

Rationale:

School districts are required to adopt drug policies and procedures to qualify for federal drug-free school dollars. This requirement should stand in the absence of federal mandates around funding. Clear rules make prevention a more possible goal; help school staffs identify, in a more timely manner, those persons who may be experiencing problems related to their own or someone else's alcohol and other drug use; and increase the possibility for early intervention.

To insure safe, drug-free school environments, drug policies and procedures must be established and disseminated in every school district that includes the implementation of a curriculum which is clear and specific about alcohol and other drug use and abuse; processes for intervention, discipline, and re-entry procedures for students and staff involved with alcohol and other drugs; and administrative procedures for staff to implement the policies in a fair and consistent manner.

Costs:

The costs of technical assistance can be managed within the Department of Education's administrative allowance of Federal Drug-Free School Funds.

EAP costs need to be built into school system operating costs, tying into the State Employee EAP system. (See Workplace, Goal I, Recommendation B.)

A campaign should be developed to enlist the involvement of corporate Indiana in supporting the Drug-Free School Zone programs. If this occurs, there would be negligible state costs associated with the implementation of this recommendation.

Responsible State Agency:

Department of Education

Contributing Parties:

1. Commission for a Drug-Free Indiana
2. Department of Transportation

3. Local Drug-Free Schools Committees
4. Indiana Association of School Boards
5. State and Local Law Enforcement Agencies
6. Local Government Representatives
7. Business and Industry
8. Hoosier Alliance Against Drugs

**Recommendation:**

**E. Establish Student Assistance Programs (collaborative community/school prevention and intervention programs).**

*Implementation Strategies:*

1. *Assess what programs are currently in place in Indiana schools that function as Student Assistance Programs to determine numbers and types of programs operating, where programs are being developed, and the effectiveness of overall programs and specific program components.*
2. *Utilizing data from assessments, develop a Student Assistance Program (SAP) model which includes prevention, intervention, referral, and school recovery support in conjunction with ongoing treatment being provided in the community.*
3. *Strongly recommend the identification of SAP coordinators for each school district using student population ratios (one per district or one per 5000 students) to determine the number of coordinators needed.*
4. *Develop or adopt a standard SAP training module with uniform language to train identified coordinators and other school personnel.*
5. *Establish a parent/community component to educate parents and community members about SAPs, their role within these programs, and to elicit their input into the development of programs that encompass community/school needs.*
6. *Encourage the integration of community and school-based services to insure a consistent and total continuum of care.*
7. *Utilize university resources to create an evaluation tool to collect and measure data on the effectiveness of Indiana SAPs in improving school climate and student productivity.*
8. *Require and fund the implementation of SAPs in all school districts.*

Rationale:

Student assistance programs are designed to provide education, prevention, intervention, referral, and support services for students who are at risk because of their own or someone else's alcohol and/or other drug abuse. It is not necessary for a young person to be a user or abuser him/herself to be adversely affected by substance abuse. Drug abusing parents, friends, or siblings can cause emotional, social, academic, and physical problems for a child.

Student assistance programs provide a school-based team approach for assisting and supporting students experiencing alcohol and other drug-related problems. Schools, however, are not primarily nor independently responsible for addressing the drug use and abuse problems of youth. A student assistance program is a joint effort between the school and the community. The collaborative involvement of the school system, service delivery systems and community at large is necessary during the design, implementation, operation, and maintenance of student assistance programs.

The core of any student assistance program is team intervention which requires an understanding of the intervention process and language, recognizes the effect of drug use on school environments, dispels the idea that users are "bad kids", and accepts addiction as a treatable illness.

Costs:

Personnel costs appear to be the major expense incurred by student assistance programs. Training of staff and materials development seem to be minimal costs. At a minimum, \$30,000 for each of the state's 297 districts, a total of \$8,910,000, needs to be dedicated to support student assistance programs.

Responsible State Agency:

Department of Education

Contributing Parties:

1. Local Education Authorities
2. Colleges and Universities
3. Student Assistance Professionals
4. Indiana General Assembly

Recommendation:

**F. Promote and expand peer leadership programs to all schools.**

Implementation Strategies:

1. *Critically evaluate and publicize successful peer to peer models (i.e. peer teaching, peer tutoring, peer mentoring, peer facilitation, peer support groups).*

2. *Provide public and private funding support for youth training models that are shown through research or indepth evaluation to be effective in developing the skills of peer leaders. Ensure that these models are culturally sensitive and include and effectively work with unserved, underserved, high-risk and other specially impacted populations.*

**Rationale:**

As young people search for identity and independence, parental influence diminishes and peer influence becomes more important. If, as stated in research, peer involvement is the most important factor in the initiation of alcohol and marijuana use by adolescents, it stands to reason that peer non-involvement can be an important factor in non-use. Peer programs capitalize on peer influence to positively affect the beliefs, attitudes, and behaviors of young people regarding alcohol and other drug use. Research documents peer helping models as an effective preventive intervention.

We must recognize and support the efforts of students to create drug-free learning environments. Youth to youth work is valuable and must be nurtured.

**Costs:**

\$300,000 should be dedicated for youth training initiatives.

**Responsible State Agency:**

Department of Education

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Commission for a Drug-Free Indiana
3. Prevention and Treatment Professionals
4. Community Centers
5. Youth Program Leaders

**Recommendation:**

**G. Facilitate the effective use of prevention monies allocated to schools.**

**Implementation Strategies:**

1. *Work with the Prevention Resource Center for Substance Abuse to research and publish information about school-based prevention programs, strategies, and approaches which have been evaluated and shown to be effective.*
2. *Compile a listing of individuals/groups who can provide implementation guidance to school personnel.*

Rationale:

School-based drug education programs may be fragmented and ineffective, with schools accepting a variety of promotions and programs. School personnel may be unaware of the effectiveness of proposed prevention program models or evaluation methodology, and may need technical assistance and guidance with regard to program selection and implementation.

Costs:

None.

Responsible State Agency:

Department of Education

Contributing Parties:

1. Prevention Resource Center for Substance Abuse
2. Education Service Centers

Recommendations:

**H. Require Indiana colleges, universities, and other post-secondary educational/vocational institutions to develop drug education and service plans for students and personnel.**

Implementation Strategies:

1. *Support a legislative mandate for comprehensive drug abuse prevention and intervention programs for Indiana's colleges, universities, and other post-secondary institutions.*
2. *Encourage the federal government to provide targeted funding for post-secondary drug prevention, similar to the appropriations given by Congress to elementary and secondary schools.*
3. *Require comprehensive drug prevention programs for students and employees and tie eligibility for receiving state-provided student financial aid to such programs (similar to newly enacted federal regulations requiring such programs as a condition for receiving federal student financial aid).*
4. *Include campus police and security officers in law enforcement training and incentive programs offered to other police agencies to facilitate more efficient and consistent enforcement of drug laws and regulations.*
5. *Require post-secondary institutions to establish and enforce clear and concise standards of conduct for students and employees; and encourage the consideration of the example*

*set by the institution when serving alcohol at official or alumni functions.*

6. *Support the continued development of the Indiana Collegiate Drug Prevention Network.*

Rationale:

Indiana's colleges and universities and other post-secondary educational institutions pose special challenges and special opportunities in the battle for a Drug-Free Indiana. The 150,000 "traditional-aged" college students in Indiana constitute one of the state's largest blocks of 18-24 year olds--the age group at highest risk for alcohol and other drug problems. The 100,000 "non-traditional aged" college students include many hard-to-reach individuals and may be at higher than average risk due to higher than average stress levels. Alcohol is the most prevalent drug of abuse on Indiana's college campuses and needs to be the main focus of attention.

The next generation of opinion leaders now reside on Indiana's college and university campuses. If we want to have an impact on the drug related attitudes, beliefs, and behaviors of the next generation of doctors, lawyers, judges, legislators, journalists, teachers, social workers, and other opinion leaders, we have an opportunity to reach them today on college and university campuses.

The opportunity to reach, at the same time, a large block of the highest-risk age group for drug abuse is an opportunity that cannot be ignored. It is imperative that colleges and universities be included in Indiana's developing drug plans.

Post-secondary technical and vocational institutions should not be overlooked. They serve thousands of young people as well as older adults, many of whom are in need of prevention or intervention services.

Costs:

\$1,000,000. Some portion of this amount might be raised through increased student service fees.

Responsible State Agency:

Commission on Higher Education

Contributing Parties:

1. Colleges and Universities
2. Police Training Academies
3. Prevention and Treatment Professionals
4. Indiana General Assembly

## COMMUNITY

### I. GOAL:

Involve all segments of the community in alcohol and other drug abuse prevention efforts.

### Recommendation:

A. Give sanction to and support grassroots organizations for planning and monitoring alcohol and other drug abuse community-based prevention activities. (See Coordination of State Government, Goal III, Recommendation B.)

### Recommendation:

B. Increase youth involvement in community-based strategic planning efforts.

### Implementation Strategies:

1. *Develop youth advisory committees to work in concert with Local Coordinating Councils and Regional Advisory Boards of the Commission's Regional Coordinating Offices to ensure youth perspectives are represented and included in comprehensive strategic plans.*
2. *Provide alcohol and other drug abuse prevention planning and coordination assistance to existing youth leadership efforts in schools, alternative schools, on college campuses and within community organizations.*
3. *Ensure staff support from the Commission to initiate the development and organization of youth involvement, and to provide ongoing assistance to youth efforts.*

### Rationale:

Young people are a valuable resource in our communities that is underutilized or all too often ignored in community planning and problem solving efforts. Although youth are the primary focus of our prevention initiatives, they are often not included in the planning of interventions directed at impacting their population. Communities tend to do to and for youth rather than with youth. Current studies suggest that a key to success is the positive bonding of youth and adults around the related goals of eliminating alcohol and other drug abuse and promoting healthy choices for young people.

Empowerment transcends age. Adults and youth share the responsibility for successfully addressing the alcohol and other drug crisis in

their communities. Youth must have opportunities to develop their potential to make constructive contributions to the lives of others in their families, to their communities, and to society.

**Costs:** This recommendation can be accomplished through existing staff resources within the Commission for a Drug-Free Indiana.

**Responsible State Agency:** Commission for a Drug-Free Indiana

**Contributing Parties:**

1. All Traditional and Alternative Indiana High Schools
2. Colleges and Universities
3. Youth Serving Agencies, Organizations, and Associations
4. Local Coordinating Councils
5. Regional Advisory Boards

**Recommendation:** **C. Expand crimewatch programs to focus on citizen reporting of illegal drug activity.**

**Implementation Strategies:**

1. *Provide staff support to work with local and state law enforcement authorities and grassroots organizers to establish neighborhood drug-watch networks on a statewide basis. At a minimum the staff should:*
  - a. *recruit citizens, civic and service organizations, and businesses to increase their mutual awareness and understanding of drug-related crime problems, citizens' concerns, and to develop possible solutions which meet law enforcement and community needs;*
  - b. *train community leaders in:*
    - \* *identifying problems which give rise to criminal activity related to drug use; and*
    - \* *developing techniques for community partnerships;*
  - c. *assist local communities in the development of citizen-based drug-related crime control efforts; and*
  - d. *recognize public housing areas as communities, and direct special attention and resources to mobilization initiatives in these communities.*

Rationale:

Effective community drug crime control can be accomplished only when citizens and law enforcement work together. Individual citizens should not, however, risk their own safety or take the law into their own hands. Community awareness, organization, and participation are imperative.

Citizen groups are extremely important because they are usually the first to recognize suspicious behavior in and around their neighborhoods. They are also resourceful in developing strategies to address drug abuse in their communities.

Public housing residents can do a great deal to enhance the effectiveness of law enforcement in public housing communities. Parallel efforts by residents and law enforcement can reduce crime problems related to drug trafficking and drug usage. Nationwide, public housing communities are establishing resident patrols that work with local law enforcement. Other aggressive efforts are being established within housing communities that promote intolerance of drug usage, trafficking and related "fall-out."

Expanded citizen efforts should be encouraged and supported.

Costs:

This recommendation can be accomplished utilizing existing resources within the Commission for a Drug-Free Indiana.

Responsible State Agency:

Commission for a Drug-Free Indiana

Contributing Parties:

1. All Appropriate State and Local Law Enforcement Agencies
2. Department of Human Services
3. Criminal Justice Institute

**GOAL II:**

**Enhance the delivery of prevention services.**

**Recommendation:**

- A. Direct resources to support, expand, and enhance the network of community-based drug prevention service providers.**

*Implementation Strategies:*

- 1. Provide consistent and comprehensive, low-cost accredited training opportunities to develop and/or enrich the skills of prevention providers. (See Public Awareness, Goal I, Recommendation F.)*

2. *Establish a state prevention consortium for networking drug prevention service providers to identify priority service needs, focus on specific plans to address these needs, and provide input into state prevention planning efforts.*
3. *Support new and existing initiatives that provide transference and linkage between school programs, community initiatives, and family efforts, to ensure continuity and consistency in messages and approaches, and that these messages and approaches are culturally relevant and specific.*
4. *Collaborate with the Hoosier Alliance Against Drugs, Local Coordinating Councils, and other private entities to direct resources to continue and expand effective prevention services.*
5. *Collaborate with other state and federal governmental agencies and national organizations to provide a more comprehensive and coordinated approach to funding that eliminates duplication and expands the capability of state dollars to support responsive and effective community-based services.*
6. *Provide wider access to information regarding public and private funding opportunities or requests for proposals.*

Rationale:

Those persons working as prevention professionals in funded programs should possess and be able to demonstrate basic knowledge about alcohol and other drugs, and have identification, referral, and prevention programming skills. Unlike treatment, Indiana has never established or promoted a base of knowledge necessary for persons working in the prevention field, and/or provided consistent and comprehensive training modules and opportunities.

The engagement and active participation of all segments of the community are crucial to the success of alcohol and other drug efforts in Indiana. Community-based service providers focus primary attention to alcohol and other drug abuse prevention and can assist others in community prevention efforts.

Targeted funding which includes the resources of both the public and private sector will strengthen

the overall effectiveness of community-based efforts.

Costs:

To supplement federal alcohol and other drug prevention dollars, the state should implement a "match" program with the private sector, not to exceed \$250,000 in state support, which would provide an additional \$500,000 to community-based prevention.

Responsible State Agency:

Department of Mental Health-Division of Addiction Services

Contributing Parties:

1. Commission for a Drug-Free Indiana
2. Hoosier Alliance Against Drugs
3. Indiana Foundations
4. State Board of Health
5. Department of Education
6. Colleges and Universities
7. Indiana General Assembly

Recommendation:

**B. Improve state efforts to target and support unserved, underserved and specially impacted populations and communities.**

Implementation Strategies:

1. *Identify and fund organizations with the capacity to communicate messages, train leaders, and provide technical assistance to higher-risk populations and communities.*
2. *Provide technical assistance and targeted funding to new and innovative efforts to reach housing communities, women, minority populations and other unserved, underserved, or higher-risk groups.*
3. *Establish a high-risk technical team to review the utilization of the federal Drug-Free Schools and Communities high-risk and discretionary funds, set priorities, and to direct the use of these monies.*
4. *Disseminate information to a broader audience about federal and state funding opportunities related to high-risk and specially impacted populations and communities.*
5. *Include members of these populations and communities in discussion and strategic planning and implementation efforts.*

Rationale:

Language, culture, economics, and gender biases are barriers to accessing information and services.

Those persons who are socially, economically, or culturally isolated are often missed by mainstream messages and programs, yet community prevention efforts continue to be primarily designed for general populations. It is imperative that we understand more about the needs of special populations and provide targeted services to those persons.

**Costs:**

This recommendation can be accomplished using existing resources dedicated to high-risk and specially impacted populations and communities.

**Responsible Agency:**

Commission for a Drug-Free Indiana

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Interagency Council on Drugs
3. Housing Authorities
4. Parks and Recreation Departments

**Recommendation:**

**C. Assist public and private efforts aimed at addressing environmental risk factors (i.e. poverty, familial instability, homelessness, etc.)**

*Implementation Strategies:*

1. *Collaborate with state agencies, public and private organizations, and existing interest groups to assess what currently is in place to target specific risk factors, and to identify the deficiencies.*
2. *Assign to an appropriate group the task of identifying prevention programs that are shown to be effective in reducing environmental risk factors, or addressing the related problems.*
3. *Encourage congress to create and expand social, educational, and health care supports for children and families to ensure that combined entitlement programs provide at least poverty level benefits.*
4. *Encourage Congress and the F.C.C. to ban the advertisement of alcohol and tobacco products which target specifically minority populations or high-risk groups.*

**Rationale:**

Studies indicate that alcohol and other drug abuse, delinquency, teen pregnancy, crime, violence, and dropping out are interrelated social problems which tend to cluster in the same individuals, within the same communities. These communities are generally characterized by chronic poverty,

illiteracy, high rates of unemployment, homeless families, alcoholism, and drug abuse.

Although there is a growing awareness around the issues of youth, families, and communities "at-risk", multi-strategic, comprehensive prevention responses are not readily forthcoming.

Preventive interventions continue to primarily focus on individual change strategies such as providing information and alternatives, developing life skills, and/or social inoculation. These strategies although important and necessary, do not affect the underlying social problems, and have limited, if any, impact on higher-risk populations.

Products specifically designed for and marketed to African-American and Hispanic populations single out and encourage use by populations already disproportionately affected by alcohol and other drug-related health, social, and legal problems.

Based in recent studies is the belief that, if we are to realize long-term, effective interventions with higher risk youth, families, and communities, prevention programs and policies must impact the environment in which youth are growing up, families are living, and communities are dying.

Costs:

None related to the state's immediate role.

Responsible Agency:

Department of Human Services

Contributing Parties:

1. Department of Mental Health-Division of Addiction Services
2. High-Risk Program School Personnel
3. Homeless Networks
4. Local Welfare Agencies
5. Public Health Agencies
6. Head Start Programs
7. Job Skills Programs

**WORKPLACE  
AND  
TREATMENT**

## WORKPLACE

### I. GOAL:

**Provide leadership to Indiana public and private employers and regulatory bodies on drug-free workplace issues.**

### Recommendation:

**A. Create an Employee Assistance Program Resource Center.**

### *Implementation Strategies:*

- 1. Develop a project using a combination of public and private funding sources.*
- 2. In collaboration with the Indiana Employee Assistance Professionals Association and leaders from Indiana business and labor, establish the Center in association with the Indiana Prevention Resource Center for Substance Abuse and the Regional Offices of the Governor's Commission for a Drug-Free Indiana. The Center should aggressively market the establishment of Employee Assistance Programs.*
- 3. The State should study the feasibility of the expansion of tax credits for businesses that develop and maintain Employee Assistance Programs.*

### Rationale:

In a recent Gallup national survey, 49% of employees acknowledged that illegal drug use occurs in their own workplaces. In a Marsh & McLennan survey of fortune 1000 firms, 43% of the CEOs estimated that alcohol and other drug abuse costs their companies from 1 to 10% of payroll costs. A federal government study estimated that substance abuse cost the economy about \$170 billion a year in 1984, of which \$100 billion was attributed alone to lost worker productivity. Alcohol abuse accounted for two-thirds of the losses. Estimates for 1990 are a staggering \$229 billion.

Nationally, 85% of the Fortune 1000 firms now have Employee Assistance Programs, as do most large Indiana companies. Relatively few small businesses and only a handful of city and county governmental units have such programs for their employees. The number of Employee Assistance Programs is on the rise, but the lack of involvement by small firms and governmental units suggests a need for education about the advantages of an EAP through information, training, and technical assistance.

Resources now available for such direct support are limited. The Prevention Resource Center For Substance Abuse has some printed and audio/visual materials and individual members of the Indiana Employee Assistance Professionals Association provide some training and information on request. Treatment programs may offer EAP services as a means of client recruitment and there are proprietary EAP consulting firms who provide some education as they market their services.

The proposed EAP Resource Center should be developed through a partnership effort involving business, labor, service providers, and state government. The design should call for an aggressive marketing approach to the promotion of EAP development.

An EAP Resource Center, in addition to educating business and labor decision-makers about the values of an EAP can assist business and industry in other drug-free workplace issues such as drug testing. Currently a much-debated issue, the use of drug testing is on the increase as a management response to illegal drugs in the workplace, and there is much yet to be learned about the appropriateness and value of this strategy. Indiana's laws are permissive on workplace drug testing. There is general agreement by members of the Commission Steering Committee that employers should have the right to conduct drug screens as part of pre-employment processing and to test employees at random and for cause when the results are used in conjunction with an Employee Assistance Program.

Costs:

First year estimated costs are \$400,000.

Responsible State Agency:

Indiana Department of Mental Health-Division of Addiction Services

Contributing Parties:

1. Department of Commerce
2. Department of Labor
3. Department of Insurance
4. Department of Personnel
5. Indiana Prevention Resource Center for Substance Abuse
6. Commission for a Drug-Free Indiana
7. Indiana Employee Assistance Professionals Association
8. Alcohol and Other Drug Abuse Treatment Providers
9. Employee Associations and Unions
10. Employer Associations

**Recommendation:**

**B. Develop an Employee Assistance Program for state government employees.**

*Implementation Strategies:*

1. *Establish within state government, independent from any single state agency, a statewide EAP that has buy-in provisions at cost for county and city governmental units.*
2. *Restructure alcohol and other drug abuse health benefits for state employees to establish a relationship between payment of benefits and adherence to treatment plans.*

**Rationale:**

As the state's largest employer, state government should provide leadership by example in drug-free workplace initiatives. Alcohol and other drug abuse problems in the public sector workforce contribute directly to loss of productivity, increased absenteeism, increased health care costs, and on-the-job accidents. A well-managed EAP can be effective in addressing such problems, as well as other personal and family problems.

Key to the success of an EAP is an employee health benefit package that provides clear benefit limits, equitable coverage for all levels of alcohol and other drug abuse treatment, and a benefits payment schedule that is tied to staying in and completing treatment. Such a program was introduced in 1985 by General Motors, resulting in only a 1% increase in GM's treatment costs between 1986 and 1987, and then a 22% decrease between 1987 and 1988.

**Costs:**

First year estimated costs are \$600,000.

**Responsible State Agency:**

State Personnel Department

**Contributing Parties:**

1. All State Agencies
2. Insurance Industry
3. Indiana Employee Assistance Professionals Association
4. Alcohol and Other Drug Treatment Providers

**Recommendation:**

**C. The Commission for a Drug-Free Indiana should assist state agencies, boards, and commissions having professional and occupational licensing responsibilities to establish progressive intervention procedures, beginning with monitored treatment, for holders of licenses who are found to**

**be impaired as a result of alcohol and other drug abuse.**

*Implementation Strategies:*

1. *Conduct a study of the provisions of licensing authorities for dealing with impaired license holders.*
2. *Convene a work group consisting of representatives of licensing and professional disciplinary bodies to develop guidelines and minimum standards, promoting consistent approaches across all professions.*

**Rationale:**

In the 1990 session of the Indiana General Assembly, H.E.A. 1451 was passed, requiring all licensing authorities to suspend or revoke licenses of persons convicted of dealing, conspiring to deal, or attempting to deal illegal drugs. This measure addresses one important aspect of drug abuse in the workplace, but other measures are needed to identify impaired professionals at the earliest possible time so that intervention may occur.

Some licensing bodies have well-developed early identification procedures for drug abusers, but many do not. The Commission for a Drug-Free Indiana is in an excellent position to examine the status of disciplinary and intervention processes and bring together representatives from the various licensing and professional disciplinary bodies to work toward more consistent and effective practices.

**Costs:**

No additional costs for the study and development of guidelines. Any additional costs in licensing could be offset by increases in licensing fees.

**Responsible State Agency:**

Commission for a Drug-Free Indiana

**Contributing Parties:**

1. Health Professions Bureau
2. Board of Animal Health
3. Professional Licensing Agency
4. Department of Insurance
5. Department of Education
6. State Associations of Professionals

## TREATMENT

### I. GOAL:

Ensure the availability of publicly-funded drug treatment services for persons who are unable to purchase their care.

### Recommendation:

A. Establish on a regional basis, an identified network of integrated state-supported treatment providers.

### Implementation Strategies:

1. Define drug treatment so that the parameters of funding responsibilities within state government can be identified.
2. Create a major Addictions Services Unit within the Department of Health and Family Services.
3. Using the Commission for a Drug-Free Indiana Regions, establish a comprehensive plan of treatment capacities needed to meet the demand for state-supported services.
4. In conjunction with the Indiana Substance Abuse Task Force, develop state funding contract standards in the areas of treatment diagnostic language and definitions, referral information requirements, and treatment outcome measures. The State should provide training for all state-supported providers on the standards and in contract compliance requirements.
5. Study the potential benefits of using a purchase of service funding mechanism, targeting client populations for priority state funding.
6. Pass legislation requiring alcohol and other drug treatment benefits in all employer-supported health insurance plans.
7. Research the capability of providing alcohol and other drug treatment for and/or space for self-help groups for inmates in local jails.
8. Phase in the establishment of needed new treatment services over a six-year period of time, giving priority to:
  - a. establishing services where none now exist as follows:
    - \* outpatient and intensive outpatient services within a county; and

- \* *detoxification, residential, and transitional residential services within a region.*
- b. *increasing additional service capacities where waiting lists exist; and*
- c. *developing specialized services for critical populations not being adequately treated.*

9. *Establish a means of providing capital funding support for state-supported treatment providers.*

Rationale:

The current system of state-supported treatment can best be described as a "collage of loosely-connected providers." There is a long history of fragmentation due to competition for contract funds, differing treatment philosophies/practices, and varying primary missions of providers and their parent organizations. At the center of the fragmentation is an overarching issue of the placement of alcohol and other drug abuse treatment responsibilities within state government.

Currently, the primary responsibility for regulating and funding treatment rests with the Department of Mental Health. Critics of that placement contend that alcohol and other drug dependencies are not mental illnesses and that traditional mental health professionals are ill-equipped to treat such diseases. Proponents of relocating treatment responsibilities within state government mention a variety of options including placement within the Board of Health or the Department of Human Services, while others contend that there should be a state agency created to give special focus to alcohol and other drug abuse treatment.

The debate over placement is complicated by a lack of agreement over the definition of alcohol and other drug abuse treatment. Abusers frequently have general health, mental health, developmental, physical, vocational, educational, legal, spiritual, and social service needs that require attention during recovery. The question is, do providers of treatment have the responsibility for some or all of the "other" needs, and if the answer is yes, which ones?

Some treatment providers have assumed responsibilities that either fit the mission of their agency or that are traditional with their particular service. For example: mental health centers

routinely link the treatment of mental health and alcohol and other drug problems; free-standing providers of transitional residential services frequently work directly with clients on vocational needs; programs based in hospitals provide general medical health services; residential providers often have in-house educational services. Other providers limit the scope of treatment services and work with nearby agencies having "other human service responsibilities".

The variety of approaches and differences in the definitions of treatment at the provider level pose some problems for assigning responsibilities within state government. No existing state agency has authority over the full range of human service needs. Since the majority of the other human service needs will fall under the purview of the proposed Department of Health and Family Services, it is recommended that an Addiction Services Unit be created within that agency on the same level as Mental Health, Health, and Welfare. Within such a structure, the definition issue can be resolved, identifying the responsibilities for funding treatment.

The 1986 Long Range Plan prepared by the Addiction Services Advisory Council of the Department of Mental Health's Division of Addiction Services provides an excellent core plan for developing a continuum of treatment services for low-income and uninsured individuals and their families. Conversion to a ten-region structure and updating the estimated needed capacities, based on comprehensive local plans, should be a relatively simple process. The regional funding model piloted by the Division of Addiction Services in 1988 demonstrated that providers working together in a defined geographic area on a system design can produce a more complete and less fragmented treatment delivery system. The Commission for a Drug-Free Indiana's current initiative to assist communities in multi-service planning is establishing a treatment needs data base that should assist in the formation of regional and state plans.

Drug abusers typically need more than one level of care during a recovery episode. Because few providers can be expected to provide a full range of treatment services, clients will be frequently transferred between providers. Uniform treatment diagnostic language and definitions, and the use of common referral procedures and treatment outcome reporting practices will improve the efficiency of

provider linkages. Improved provider networking will result in more effective use of state-supported treatment services and allow the state to more efficiently monitor and report on service delivery results.

Location of treatment services is important to accessibility and effective utilization of services. Indiana has gaps in all categories of treatment, hindering both decisions to enter and stay in treatment. The lack of availability of certain services also results in admissions to less appropriate levels of care.

Waiting lists for treatment are frustrating to both clients and referral sources. Because most persons are in some measure of crisis when an initial decision is made to enter treatment, it is important to be able to respond with an appropriate placement within a short period of time. A delay often results in the person not making it to treatment, as motivation wanes with temporary relief from the crisis situation. Waiting lists also inhibit the progression of recovery. When referral to another level of care is thwarted by a waiting list, the client is faced with a choice of staying longer than necessary in a program no longer appropriate or discontinuing treatment until admitted to the needed program.

As of January, 1990, a total of 272 persons needing treatment were on waiting lists for state-supported services. Because waiting lists exist, many persons do not even attempt to be admitted. Referral sources such as courts frequently route potential treatment referrals to other services and placements, including jail, when faced with long waiting lists.

The current system of deficit funding of treatment providers is designed to provide equal access to the available treatment programs, regardless of ability to pay. This type of funding support results in some state support for each person's treatment, unless the full costs are recovered through fees and/or third-party payments.

Critics of this approach to funding point to the need to target public dollars for the treatment of individuals and families having the fewest resources and support. Further, it is pointed out that the deficit funding process offers no incentives for providers to seek out those persons who are

indigent, unemployed, homeless, and/or on public assistance.

It is also pointed out that deficit funding does not encourage employers to provide alcohol and other drug abuse treatment benefits adequate for recovery. Currently, when employees have no benefits, or when inadequate benefits are exhausted, they turn to state-supported providers for recovery support. As health costs continue to rise employers look for cost containment measures that off-set the increasing outlays of health insurance benefit payments. Decreasing or limiting benefits for alcohol and other drug treatment becomes a viable option because, "the employee can always go to a state-funded provider".

It has been suggested that the state look at a purchase of service funding model as an alternative to deficit funding. This approach would identify the state as an "insurer" of a specified population. Criteria would be established to determine eligibility for state-supported treatment, and the state would purchase treatment either on a unit of service or a recovery episode basis.

Under the purchase of service model, the eligibility criteria would be set at a level according to the amount of public funds necessary to treat the targeted group. For example, it has been estimated by the State Department of Mental Health that the current levels of state and federal funds are adequate if only those persons who are homeless, unemployed, and on public assistance programs are treated with public dollars.

Proponents of the existing deficit funding model point out that the purchase of service approach described above would place persons who are employed in low-paying jobs and those who have inadequate or no employer-provided treatment benefits in their health plans, in a precarious situation. They would not qualify for publicly-supported treatment unless the amount of funding available made it possible to expand the eligibility criteria.

Expanding the purchase of service eligibility criteria would have the same negative effect as the current deficit funding model has on the employee health benefits issue. Employers would have no incentives for providing coverage for alcohol and other drug treatment.

Clearly, there are no simple solutions to the issues of who should receive publicly-supported treatment services and by what methodology. The decisions must be made in concert with decisions by employers and the health insurance industry. In studying the financing options, all impacted interests must be involved.

Regardless of the financing mechanisms chosen by the state, the issue of employer-provided health benefits for alcohol and other drug abuse treatment must be addressed. Without some ability to factor into the public funding equation the role of private health benefit coverage, it is virtually impossible to calculate the public funds necessary to support treatment.

Employer-provided health benefits are negotiated on a contract-by-contract basis, and range from no coverage at all, to minimal coverage with high co-payments and low limits on total benefits payable, to extensive coverage. Over the past ten years, several forums have been created, involving representatives of state government, the insurance industry, treatment providers, and client advocacy organizations, for the purpose of improving health benefits for alcohol and other drug abuse treatment. During that period, the percent of employer-supported benefit plans covering alcohol and other drug treatment has increased. More recently, however, cost containment actions by employers and health benefit providers have resulted in diminishing coverage, higher co-payments, and lower annual and lifetime limits.

About one-third of the states have passed legislation requiring some amount of alcohol and other drug abuse treatment coverage in employer-financed health benefit packages. Indiana currently has no such statutory requirements. The Indiana General Assembly should pass legislation of requiring all Indiana employers of ten or more persons to provide health benefits including coverage for alcohol and other drug abuse treatment.

Populations for which specialized treatment services are indicated should be identified at the community level. Examples of persons needing specialized services are adolescents, addicted mothers with dependent children, elderly persons, and those persons incarcerated in local jails. During the past year, the Division of Addiction Services has directed an increased amount of federal funding support to some of these special

populations. This needs to be continued, giving priority attention to special populations identified in comprehensive local plans. Additionally, all local alcohol and other drug treatment programs should be addressing the special risks that use and abuse present for contracting AIDS and transmitting the virus.

The treatment environment is deplorable in many of the state-funded facilities. The lack of assurances for long-term funding support prevents most providers from going to the open financing market to borrow capital funds. Existing reimbursement practices by the state primarily address operating costs, and the federal funds that make up a large portion of the reimbursements may not be used for construction or major remodeling costs.

The Division of Addiction Services is currently working with a small number of treatment providers who have applied for Build Indiana funds to construct new treatment facilities to serve publicly-supported clients. The use of this new funding source for alcohol and other drug treatment is encouraged.

Costs:

The estimated annual additional costs for completing and maintaining a system of publicly-supported treatment services over the six-year period, assuming the current deficit-funding financing system and no changes in the employee health benefits structure are:

Services:

|          |    |            |
|----------|----|------------|
| 1st year | \$ | 3,000,000  |
| 2nd year | \$ | 6,200,000  |
| 3rd year | \$ | 9,510,000  |
| 4th year | \$ | 12,985,500 |
| 5th year | \$ | 16,634,250 |
| 6th year | \$ | 20,465,962 |

Targeting public dollars to a narrowly-defined population and/or passing legislation establishing required levels of employer-provided health benefits for alcohol and other drug treatment will reduce the above estimated new revenues needed.

Capital: \$10,000,000 per year (three major and five minor projects per year)

Responsible State Agency: Department of Mental Health-Division of Addiction Services

Contributing Parties:

1. Department of Human Services
2. Department of Public Welfare
3. State Budget Agency
4. Treatment Providers
5. Business, Labor, and Insurance Industry

Recommendation: **B. Improve the efficiency and cost effectiveness of state-supported treatment services.**

Implementation Strategies:

1. *Require more extensive use of family and group counseling by state-funded providers.*
2. *Establish allowable cost and reimbursement ranges for all state-supported treatment services, providing incentives for the provision of family and group counseling.*
3. *Establish as a funding requirement that providers must actively promote self-help groups.*
4. *Require random drug tests for criminal justice clients receiving state-supported outpatient, intensive outpatient, and transitional residential treatment services. For other clients, drug testing should be used where clinically indicated.*
5. *Pilot a central intake system to determine if more effective use of treatment resources can result.*
6. *Coordinate the various public funding sources that support treatment.*

Rationale: There is no evidence that individual counseling is more effective than group counseling for the treatment of alcohol and other drug abuse. On the other hand, individual counseling is the most expensive form of non-residential treatment. Group processes have been used effectively in residential and intensive outpatient programs and by self-help groups.

Family counseling is not only preferred as a means of treating dysfunctional abusers, involving other family members, particularly youth and adolescents, has prevention and early intervention value. The involvement of family members early in the treatment process also facilitates breaking

down denial and discovering the scope and depth of problems, making the treatment process more efficient.

Group and family counseling are more demanding on staff than individual counseling. In structuring the rates of reimbursement, the state should take this factor into account. Productivity expectations for counselors should be weighted according to the mix of services.

Seventy percent (70%) of all outpatient treatment services funded by the state of Indiana are provided via individual counseling. In that group treatment can be provided for one-third to one-fourth the cost of individual treatment, it is estimated that as many as 7000 additional persons could have been treated in 1989 by state-funded providers had only twenty percent (20%) of the services been provided on an individual basis.

The range of reimbursement for state supported outpatient services ranges from \$37 to \$108 per staff hour. In other services, the range is less dramatic, but even in residential treatment services, the range is \$83 to \$147 per day. The wide range is the result of a number of factors including differences in agency types, salary schedules, administrative structures, physical facilities, targeted clientele, and location within the state. While some variance can be expected, the narrowing of the cost range will support the goal of cost effectiveness and promote more consistency in service delivery statewide. Narrowing of the ranges might eliminate some of the providers who have the highest costs, but if the ranges are established with care, alternate providers will likely emerge.

The success of Alcoholics Anonymous and similar self-help groups is widely known. For many chemically dependent persons, such groups are primary sources of treatment as well as support systems for continuing recovery. The state, however, cannot assign a "system responsibility" to groups of volunteers who wish to remain anonymous and non-affiliated with any program or governmental system. The state can require its providers to utilize to the fullest extent self-help programs and to prepare clients for making maximum use of such groups for recovery support.

The state has a right to expect that persons treated with state funds follow treatment plans, and remain

abstinent during treatment. To that end, the state should establish alcohol and other drug testing requirements for outpatient, intensive outpatient, and transitional residential clients referred and still under the jurisdiction of the criminal justice system. Testing should also be strongly encouraged for all clients for whom drug testing is clinically appropriate.

Central intake systems have been used in other states and by third-party payors to make admission decisions independent of provider bias. While this type of gatekeeper system is not likely to be feasible in rural areas, its efficacy needs to be tested for more heavily populated counties in Indiana. The pilot project needs to determine if central intake assessments can replace, in part or total, the assessments typically performed by the providers, as well as whether or not better initial placements result. The pilot should be set up on a time-limited research basis.

The vast majority of state and federal funds used for treatment costs are administered by the Department of Mental Health. Alcohol and other drug treatment services are supported by three different sources of DMH funds, frequently resulting in multiple funding actions for the same services. There is no evidence of duplication of funding, but there is fragmentation of assigned responsibility. Recently, the Department of Mental Health has developed a simplified contracting process to eliminate multiple contracts, but the merging of the funding actions has not clarified responsibility for supporting alcohol and other drug abuse treatment services.

The Department of Human Services uses some Social Services Block Grant funds for treatment, and there is close coordination with the Department of Mental Health on the allocation of those funds. The Department of Public Welfare administers Medicaid and Health Care for the Indigent funds. Portions of both funding sources go for treatment of alcohol and other drug abuse. There is no current effort to coordinate the use of these funds with the Departments of Mental Health or Human Services.

There is a need for a technical work group comprised of representatives of all state agencies supporting treatment for the purpose of developing guidelines in the most appropriate use of each source of funds. The work group can also study

ways to leverage federal funds in the most effective ways.

Costs:

Estimated annual costs for adding alcohol and other drug testing components to the treatment system are \$431,000. Estimated annual costs for a central intake pilot project are \$150,000.

Responsible State Agency:

Department of Mental Health-Division of Addiction Services

Contributing Parties:

1. Department of Human Services
2. Department of Public Welfare
3. Indiana Substance Abuse Task Force

**II. GOAL:**

**Improve the ability of the Department of Correction to treat inmates who have alcohol and/or other drug abuse problems and to link discharged inmates to community treatment services. (See Justice, Correction, Goal II.)**

**Recommendation:**

- A. Convert one of the existing facilities of the Department of Mental Health to a correctional facility designed for adult inmates needing treatment for drug abuse.**

*Implementation Strategies:*

1. *Establish a joint DOC-DMH planning effort to identify the most appropriate facility for conversion.*
2. *Begin immediately to design a correctional treatment model that can be initiated by July 1, 1991 in all adult DOC facilities, and where possible, in separate buildings.*
3. *Complete the conversion of the DMH facility by June 30, 1993.*

Rationale:

It is estimated that between 70 and 80% of adult offenders in DOC facilities have a history of alcohol or other drug abuse. The number of offenders who are chemically dependent and appropriate for treatment while in a correctional facility is not known, but estimates up to 50% of the prison population are suggested.

Prison overcrowding problems will continue and the need for additional housing space will necessitate the consideration of all options. One such option is to use existing state-owned facilities. The Department of Mental Health continues to experience a decline in the patient

populations of its mental illness hospitals and developmental centers. It may be possible to redistrict for DMH service delivery and convert one campus to a DOC facility for the treatment of offenders who are non-violent drug abusers.

**Costs:**

The estimated first-year costs of operating a DOC facility in an existing DMH facility is not known. The costs attributed to treatment, beyond the housing and security costs associated with a 200 bed correctional facility, are approximately \$450,000.

**Responsible State Agency:**

Department of Correction

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Department of Administration
3. State Budget Agency
4. Indiana General Assembly

**Recommendation:**

**B. Develop, in collaboration with the Department of Mental Health, a uniform monitoring protocol and compliance guidelines for DOC inmates who are in need of continuing treatment in community-based services.**

**Implementation Strategies:**

1. *Staff a senior management position within the Department of Correction to oversee the provision of alcohol and other drug abuse services within DOC institutions and coordination with community-based services.*
2. *Create a technical work group comprised of DOC, DMH, and community-based corrections and treatment representatives to design monitoring referral, and reporting procedures to be used in linking discharged inmates to community-based treatment services.*
3. *Train parole officers and community-based treatment providers to carry out the uniform monitoring, referral, and reporting procedures.*

**Rationale:**

Like community-based residential treatment programs, institutional treatment programs can be effective in initiating treatment, but continuing care is always indicated following an episode of treatment in a secure environment. Treatment begun in correctional facilities needs to continue upon discharge, whether the person

enters a community-based correctional facility or whether the person is placed on parole.

Given the scope of drug problems within the inmate population, the Department of Correction needs to have someone in a position of authority to manage the department's addictions programs.

Parole officers have large caseloads: If they are going to be expected to monitor recovery plans, they are going to need specific procedures and training. Community corrections staff and treatment providers need to be involved so that the roles and responsibilities are clearly delineated.

**Costs:**

The estimated annual salary, fringe benefits, and administrative support costs for a DOC Director of Drug Services is \$75,000. The training costs may be able to be absorbed by the existing training budgets of the DOC and DMH.

**Responsible State Agency:**

Department of Correction

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Indiana Substance Abuse Task Force

**Recommendation:**

**C. Integrate drug abuse treatment services in all DOC juvenile facilities. (See Justice, Correction, Goal II, Recommendation C.)**

**Implementation Strategies:**

1. *In conjunction with the Department of Mental Health and treatment providers, design treatment models that are appropriate for each DOC facility.*
2. *Develop staff capabilities in each facility according to the model used.*

**Rationale:**

As with adult offenders, juveniles coming to the Department of Correction frequently have had more than just casual experience with alcohol and other drugs. Many are in need of early intervention, while some are in need of treatment.

The Department of Correction is aware of the need to address alcohol and other drug issues with juvenile offenders and has factored responses into plans for the future. At the institutional level, plans call for diagnostic improvements and provision of early intervention counseling and treatment services on site.

DOC also wishes to decentralize juvenile services, establishing twelve regional youth facilities. These community-based facilities offer excellent opportunities for integrating treatment at the community level. It is recommended that DOC not staff treatment specialists in their regional facilities. Behavioral clinicians on staff could be trained to do assessments and referral to community-based treatment providers. Area treatment providers could provide some services at the DOC regional facilities, but it is recommended that most of the services be provided off-site, furthering the concept of community-based integrated services.

**Costs:** Since DOC is proposing the above structures as part of their organizational restructuring, none of the costs are contained in this report. Staff training can be accomplished through the Department of Mental Health's Intervention Training Project.

**Responsible State Agency:** Department of Correction

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Department of Public Welfare
3. Indiana Substance Abuse Task Force

**III. GOAL:** Improve the quality of treatment in both public and private sector programs.

**Recommendation:**

**A. Establish schools of alcohol and other drug abuse counseling in one or more Indiana institutions of higher education.**

**Implementation Strategies:**

1. *Establish a technical work group to identify exemplary higher education models in other states.*
2. *Design a course of study for undergraduate and graduate programs.*

**Rationale:** The drug abuse treatment industry has expanded significantly during the past ten years, and the growth trend will continue into the near future. Counseling of clients is a core function of treatment, and the number of counselors needed has increased. Indiana has no schools of higher education preparing counselors for entering the treatment industry. Few such schools exist anywhere in the country.

Historically, persons providing counseling services in treatment programs have come from other

human services professions such as Social Work, Psychology, Education, and Religion. The lack of professional counselor education nationally has been a factor in the growth of alcohol and other drug abuse credentialing organizations. The peer credentialing movement has also provided an opportunity for persons not trained professionally in other fields to obtain "professional status".

The Indiana Counselors Association on Alcohol and Drug Abuse has a competency-based voluntary certification program for persons wishing to possess a credential. The credentialing process is patterned after a model used by a number of other states, and reciprocity agreements have been negotiated between some of the states.

Many Indiana providers require their counselors to be certified by the Indiana Counselors Association on Alcohol and Drug Abuse, but some do not. Few third party payors recognize certification as a prerequisite for reimbursement.

The absence of higher education programs for professional counselor development has been a negative factor in arriving at a common definition of treatment and in obtaining acceptance by third party payors of treatment programs existing outside medical settings. At the heart of the issue is perceived quality, or lack thereof. The counselor credentialing movement has contributed significantly to the body of knowledge about effective counseling. It should be possible to transfer that knowledge to a program of professional counselor development at higher education institutions.

Costs:

The technical work group phase can be conducted with existing resources. Once a commitment has been made by one or more institutions, the costs will be built into program development budgets of the institutions.

Responsible State Agency:

Commission On Higher Education

Contributing Parties:

1. Commission for a Drug-Free Indiana
2. Department of Mental Health-Division of Addiction Services
3. Indiana Counselors Association on Alcohol and Drug Abuse
4. Higher Education Institutions
5. Indiana Substance Abuse Task Force

**IV. GOAL:**

Improve the procedures used by third-party payors to determine treatment placements and lengths of stay.

**Recommendation:**

A. In conjunction with representatives of the health insurance industry and treatment providers, establish administrative rules governing alcohol and other drug abuse prior admission approval, case management, and utilization review procedures, as well as qualifications of persons making treatment decisions using such procedures.

*Implementation Strategies:*

1. *Establish a technical work group of health insurance industry and treatment provider representatives to examine the current practices.*
2. *Promulgate rules.*
3. *Establish state administrative capability to enforce rules.*

**Rationale:**

As the overall costs of health care have continued to climb at a rate much higher than other segments of the economy, insurers have attempted a number of "cost containment" measures to cut health benefit outlays. In the alcohol and other drug abuse treatment area, many payors have developed, either internally or by contract, procedures to monitor and approve admissions, transfers, and discharges from treatment.

The application of traditional medical necessity protocol, using medical personnel not specifically trained in the treatment of alcohol and other drug abuse, has been questioned by many experts. At the same time, there is ample evidence of a need to monitor closely the practices of treatment providers by the payors.

A technical work group to focus on this issue will provide an opportunity for full examination of the prevailing practices and, if warranted, provide the state with the information needed to proceed with rule promulgation.

**Costs:**

The costs for the technical work group and rule promulgation can be absorbed within current authorized budgets. Estimated annual costs for staffing the administration of the rule are \$100,000.

Responsible State Agency:

Department of Insurance

Contributing Parties:

1. Department of Mental Health-Division of Addiction Services
2. Insurance Industry
3. Indiana Substance Abuse Task Force

**V. GOAL:**

**Promote effective early intervention and referral to treatment.**

**Recommendation:**

**A. The state should develop and deliver effective intervention training for persons who have frequent contact with alcohol and other drug abusers.**

*Implementation Strategies:*

1. *Evaluate the intervention training program developed by the Fairbanks Training Institute.*
2. *Design a training delivery system consisting of initial and advanced intervention courses to improve the penetration rate of training to a minimum of 3500 persons per year.*
3. *Accredit the training for professional in-service recognition and college credit.*
4. *Contract for the delivery of training.*

Rationale:

Alcohol and other drug abuse is pervasive in all segments of Indiana's population, and is often a contributing factor in legal, educational, spiritual, family, health, and socio-economic problems. Professionals who work in these fields of human services are not well-trained to recognize the presence of an alcohol or other drug problem nor to carry out an effective intervention. Abusers seldom recognize the need for intervention and treatment, making it not only desirable, but necessary for others to have recognition and intervention skills. Left alone, the vast majority of abusers will get worse, making recovery more complicated and less likely to be successful.

There are currently a number of opportunities for persons to be trained by way of presentations, workshops, and seminars sponsored by treatment providers. Usually about 3-6 hours in length, the offerings provide basic identification and referral information.

The Fairbanks Training Institute has been funded by the state for the past two years to deliver intervention training, averaging 197 trainees per

month. The demographic data on the trainee population shows that there is a need to expand the training to medical personnel, clergy, judges and probation staff. Attracting additional persons to training could be enhanced by providing continuing or professional education units and/or college credit for the offerings.

Multiple levels of training should be developed to better meet the needs of persons who already have some basic skills. Advanced offerings will assist interventionists in staying abreast of field trends and new technology.

Costs:

Development costs should be minimal, as the Department of Mental Health has the training expertise for this phase. The estimated additional annual cost of offering two or three levels of continuing education credit or college courses to 3500 persons is \$75,000. Participants could be expected to contribute toward the costs.

Responsible State Agency:

Department of Mental Health-Division of Addiction Services

Contributing Parties:

1. Commission on Higher Education
2. Department of Education
3. State Board of Health
4. Health Professions Bureau
5. Indiana Counselors Association on Alcohol and Drug Abuse
6. Professional Associations
7. Institutions of Higher Education

# JUSTICE

## LAW ENFORCEMENT

### I. GOAL:

Enhance Indiana's capacity to control illicit drug trafficking through increased apprehension and arrest of those persons who violate Indiana's drug laws.

### Recommendation:

A. Coordinate the drug interdiction efforts of the various law enforcement agencies in order to achieve the maximum drug control benefits from these diverse efforts.

### Implementation Strategies:

1. Formally declare by executive proclamation and legislative resolution that drug control is the number one law enforcement priority for Indiana. Local governments should be encouraged to support this priority and to provide their enforcement officers with the resources necessary to better control illegal drug activity in their respective communities.
2. Develop a central drug intelligence data system that serves the needs of law enforcement officers in compliance with federal and state laws.
3. Create county, regional and state drug enforcement coordinating councils (by executive order or legislation) and provide appropriate personnel and support for those coordinating groups to accomplish the objective of coordinating the various drug interdiction efforts.

### **County Drug Enforcement Coordinating Councils**

The County Drug Enforcement Coordinating Council (CDECC) should include:

- Sheriff
- Head of each municipal police agency in the county
- Head of each school security office in the county
- Representative of Indiana State Police
- Representative of Department of Natural Resources
- Coordinator or director of each multi-agency drug enforcement task force operating in the county
- Prosecuting Attorney.

Request the prosecuting attorney in each county to convene an organizational meeting of the CDECC by October 1, 1990.

*Responsibilities of a CDECC:*

- Develop and implement a drug intelligence sharing system involving street-level officers that is used and supported by the law enforcement agencies in the county and compatible with regional and statewide drug intelligence systems.
- Develop by-laws or operating procedures for the CDECC;
- Develop a plan for coordinating the drug enforcement investigations and sharing of resources of the various police agencies in the county;
- Serve as a resource for Local Coordinating Councils to use as they develop comprehensive plans for combatting alcohol and other drug abuse activity in the county;
- Analyze existing multi-agency drug enforcement task forces operating in the county and make recommendations for improving those efforts to task force participants, the Local Coordinating Council, and the regional coordinators for the Commission for a Drug-Free Indiana;
- Establish contacts or links with representatives of DEA, FBI and other agencies that have the ability to offer assistance to drug enforcement officers; and
- Select a delegate to be the county's representative on the Regional Drug Enforcement Coordinating Council

**Regional Drug Enforcement Coordinating Councils**

The Regional Drug Enforcement Coordinating Council (RDECC) should include a representative from:

- Each CDECC (average of 10 per RDECC)
- Indiana State Police
- Department of Natural Resources
- Alcoholic Beverage Commission Enforcement Division
- Drug Enforcement Administration

*Responsibilities of the RDECC:*

- Establish bylaws or operating procedures for the RDECC;
- Review each county's procedures for sharing resources and coordinating investigations, and implement a plan for coordinating the drug investigations in the region;
- Coordinate the drug intelligence sharing networks in the region and assist in developing a regional drug intelligence sharing network that is

- compatible with the networks in each of the other regions;*
- Develop and implement procedures to facilitate the sharing of undercover officers, vehicles, and other resources among local law enforcement agencies in the region;*
- Create an inventory of unique or expensive investigative equipment and a plan to facilitate joint purchases and/or shared use;*
- Participate actively with the regional office of the Commission for a Drug-Free Indiana and other leaders to support state, regional, and local anti-drug initiatives;*
- Analyze existing multi-county drug enforcement task forces operating in the region and make recommendations for expanding or improving those efforts to task force participants and to the State Drug Enforcement Coordinating Council;*
- Select a delegate to be the region's member on the State Drug Enforcement Coordinating Council;*

**State Drug Enforcement Coordinating Council**

*The State Drug Enforcement Coordinating Council should include a representative from:*

- Each RDECC (10 )*
- Indiana State Police*
- Indiana Sheriffs Association*
- Indiana Association of Chiefs of Police*
- Alcoholic Beverage Excise Office*
- Drug Enforcement Administration*
- Indiana Prosecuting Attorneys Council*
- U. S. Attorneys Office*
- Commission for Drug-Free Indiana*

*Responsibilities of the SDECC:*

- Establish bylaws or operating procedures for the SDECC;*
- Review the regional coordinating plans and merge those plans into a statewide strategy for coordinating the drug enforcement efforts;*
- Coordinate the drug intelligence sharing networks in the region and assist in developing a statewide drug intelligence sharing network that can be used by local, state, and federal law enforcement agencies;*
- Participate actively with the Commission for a Drug-Free Indiana and other leaders by supporting state, regional, and local anti-drug initiatives, and by encouraging members of all law enforcement groups to do so;*
- Analyze all multi-jurisdictional drug enforcement task forces operating in the state and*

*make recommendations for expanding or improving those efforts to the task force participants, the RDECC, the SDECC, and to the funding agencies; and*

*-Recommend a member or (list of nominees) to the Governor to serve as a law enforcement representative on the Commission for a Drug-Free Indiana.*

4. *Provide financial support for a law enforcement coordinator in each region and a coordinator for the SDECC. Support county and regional coordinating council efforts to secure funding for key efforts sponsored by the coordinating groups.*
5. *Link federal and state funding decisions for drug enforcement initiatives to enhanced interagency cooperation and full participation in the county, regional, and state coordination efforts. Local governments should be encouraged to impose similar requirements.*
6. *Encourage law enforcement agencies to use the federal asset forfeiture proceeding to increase resources available to support local law enforcement efforts. (See also Prosecution, Goal II, Recommendation B, Implementation Strategy 4.)*

Rationale:

Support for a statewide drug offender intelligence information network and better coordination of law enforcement efforts were unanimous recommendations from the law enforcement community at the Drug Summit. These recommendations received the same support at every venue the Commission visited.

There were divergent points of view concerning which means would best achieve the objective of increased cooperation and coordination of law enforcement efforts. Two distinct models for coordinating law enforcement were suggested:

- (i) Create new policing entities - The Regional Enforcement Groups model; and
- (ii) Utilize the prosecuting attorneys office and existing administrative structures in police agencies to coordinate interdiction efforts.

The Commission's recommendation merges the key elements of each model offered by the law enforcement community.

Advocates of the first approach suggested that an entity, independent of conventional police administrators, should be created to supervise regional enforcement groups in various areas of the state. Officers, uniformly trained, would be assigned from the various departments in the region to these groups. Policy and management of such a unit would be outside the normal administrative network of the local and state police agencies.

A statewide drug enforcement policy would be developed by a state board appointed by the Governor and composed of representatives from law enforcement and prosecution associations. The board would report to the Governor or an administrative assistant in charge of drug enforcement.

A large number of participants vigorously suggested that an administrative structure for coordination of law enforcement that is separate from existing ones is undesirable. This group believed that there is a serious risk of losing the enthusiastic support of the hundreds of local police chiefs and sheriffs if established channels of police administration are by-passed.

The alternative suggested was to first develop or enhance coordination of existing law enforcement efforts at the local level. Under this approach the prosecuting attorney could take the lead role to bring heads of all police agencies in the county together to formulate a unified local enforcement strategy that would include:

- developing interdepartmental cooperative efforts or law enforcement task forces among the agencies in the county and with departments in other counties in the area;
- developing a system for sharing drug intelligence data among departments; and
- jointly allocating resources toward targeted suspects, specific problem areas within the community, and specific types of drugs.

The Commission's recommendation adopts the core elements of each approach discussed by the law enforcement community, the result is a model which:

- Begins with coordination among agencies at the local level and proceeds to link those efforts with regional and statewide efforts while continuing to involve local agencies and address their needs;
- Builds upon the solid core of existing linkages among the various enforcement agencies and local prosecutors;
- Avoids creating a new layer of bureaucracy or the perception of an "elite policing agency"; and
- Makes funding assistance to law enforcement contingent upon active cooperation with the local, regional and statewide law enforcement coordination efforts.

**Costs:**

Estimated costs for coordination of efforts are \$400,000.

State. \$300,000 for 75% of the costs for 10 regional law enforcement coordinators and one statewide law enforcement coordinator. Funds from the Drug Control and System Improvement Block Grant could be used to finance this effort.

Local. \$100,000 for 25% of the costs for 10 regional law enforcement coordinators and one statewide law enforcement coordinator.

**Responsible State Agency:**

Governor and Indiana General Assembly

**Contributing Parties:**

1. Indiana Prosecuting Attorneys Council
2. Indiana State Police
3. Department of Natural Resources
4. Alcoholic Beverage Commission
5. Criminal Justice Institute
6. All Local Enforcement Agencies
7. Drug Enforcement Administration
8. FBI
9. Offices of the United States Attorneys
10. Local School Security Offices

**Recommendation:**

**B. Develop law enforcement training programs which ensure that Indiana's law enforcement officers have appropriate drug control knowledge and skills.**

*Implementation Strategies:*

1. *Ask the Law Enforcement Training Board in conjunction with all of the Indiana law enforcement and prosecution associations to:*
  - a. *develop a model training curriculum that would provide up-to-date drug control knowledge and skills to Indiana law enforcement officers;*
  - b. *determine whether drug training curricula currently used at the training academies include the elements of the model;*
  - c. *determine which in-service training programs include the elements of the model program;*
  - d. *determine the approximate cost of providing a model drug control education program;*
  - e. *determine what portion of local and state law enforcement continuing education program funds are currently allocated to drug control education; and*
  - f. *determine what portion of state and local law enforcement education funds could be devoted to implementing a model drug training program.*
2. *Present the model law enforcement training program as an advanced course at regional locations, with instructors approved by the Law Enforcement Training Board, and make it available to drug enforcement personnel in all state and local police agencies.*
3. *Include basic drug control training as a part of the basic training required of all Indiana law enforcement officers.*

*Rationale:*

Drug investigations require special skills and expertise. The experienced drug investigators are convinced that formal law enforcement training programs currently available to Indiana officers do not provide adequate drug control training. Drug investigators unanimously recommend that uniform training for all drug investigators should be provided before they begin working in a special drug unit. As a general rule, Indiana's drug enforcement officers acquire their knowledge and skills after they have spent time in the drug units,

rather than before. Increased training about drug control techniques offers the potential of creating a substantial increase in efficiency of the officers currently engaged in drug control efforts at a relatively low cost.

**Costs:**

Developing a model curriculum - \$10,000  
Equipment - \$25,000  
Officer Training - \$50,000/year  
(100 officers/year at \$500 for 2 weeks training at the Law Enforcement Training Academy.)

**Responsible State Agency:**

Law Enforcement Training Board

**Contributing Parties:**

1. Indiana Prosecuting Attorneys Council
2. Law Enforcement Coordinating Councils Operating Out of the United States Attorneys Offices for the Northern and Southern Districts of Indiana
3. All State and Local Law Enforcement Agencies
4. Criminal Justice Institute's Center for Criminal Justice Research

**Recommendation:**

**C. Increase the number of officers available for drug control efforts.**

*Implementation Strategies:*

1. *Increase in the number of troopers authorized for the Indiana State Police by at least 50 and assign a comparable number of experienced officers to drug control duties as each new position is filled. While some of the additional assignments to drug control should include increased DUI enforcement efforts, the majority of the new positions should not be allocated to the general highway patrol responsibilities of the Department. Drug and alcohol violation control should be given priority in the assignment of any newly authorized positions.*
2. *Local government should be strongly encouraged to assign more police officers to drug control strategies by increasing the total number of police officers. Communities should also experiment with programs such as neighborhood or community policing. These types of programs offer the potential of increasing the number of officers involved in drug control efforts and may not require an increase in the size of some departments.*

**Rationale:**

The Indiana State Police should assign an officer to all multi-jurisdictional drug control units

operating in Indiana. In addition, ISP must maintain its role as the lead drug investigation agency in many areas of the state where the local departments are simply too small and too well-known to maintain an undercover operation. ISP should increase its efforts to provide the undercover officer function in those areas. Additional personnel is a necessity if ISP is to sustain normal policing operations and serve as a lead agency in covert drug investigations.

Many local police agencies report that they are operating at personnel levels established over ten years ago. While several have been able to substantially increase their rates of apprehension over the past decade with existing personnel, most departments have reached their limits. Additional drug enforcement efforts at the local level must come from additional personnel, otherwise those efforts will be made at the expense of reduced enforcement of other criminal laws.

**Costs:** State. \$2.5 million per year for 50 troopers and equipment.

Local. \$50,000 each for a local officer and equipment.

**Responsible State Agency:** Indiana State Police

**Contributing Parties:**

1. State Budget Agency
2. Indiana General Assembly
3. Local Police Agencies and Local Fiscal and Legislative Bodies

**Recommendation:** **D. Communities should use law enforcement officers in prevention/education and community planning efforts as well as in the more traditional policing role.**

**Implementation Strategies:**

1. *Promote drug resistance education type programs, such as D.A.R.E., to school officials, law enforcement and local government leaders.*
2. *Encourage participation of all levels of law enforcement personnel on Local Coordinating Councils.*

**Rationale:** Law enforcement officers acquire an enormous amount of information about the community where they live and work. That knowledge is not limited just to crime data. They are also aware of behavior

outside the home and school. Police officers respond to problems in the home; officers see conflicts in a community that often will be transported to the school or workplace.

They are trained and assigned to watch the community during the day and night, and they look for and see signs of unusual activity. They know where people are congregating and they frequently know whether parties at a specific place are chaperoned and whether there is a fair probability that illegal activity is occurring.

Police officers talk to employers, and generally are aware of the interests, concerns, and resources of the business community. They also learn a fair amount about the employees.

When leaders sit down to address drug problems in the schools, or drugs in a workplace, the police officer with this wealth of information about the community should be among the first invited. Often, this important community resource isn't included.

**Costs:**

Costs can be absorbed within federal Drug-Free Schools and Drug Control funds available to schools.

**Responsible State Agency:**

Department of Education

**Contributing Parties:**

1. Commission for a Drug-Free Indiana
2. Indiana State Police
3. Local Police Agencies
4. School Boards
5. School Administrators

**Recommendation:**

**E. Increase community support for law enforcement efforts.**

**Implementation Strategies:**

1. *Law enforcement officers should aggressively pursue opportunities to discuss the drug problem with the business community, and relate their knowledge of the drug problem and drug control techniques to business issues such as employee productivity, health care costs, retail losses, and liability for employees' actions.*
2. *Law enforcement should inform the business community, school community, and the community at large that they are willing and able to supply information and give assistance to efforts to deal with drug problems in the*

*schools and the workplace, as well as in the community at large.*

- 3. Law enforcement officials should involve civic and business organizations in law enforcement concerns, and ask for their assistance in dealing with a specific problem. In return business leaders should ask law enforcement officers to be involved with developing drug control strategies for their workplaces.*
- 4. School officials should ask law enforcement officers to be involved with developing the drug control strategies for their school systems. These strategies should include a requirement that schools fully cooperate with law enforcement by reporting all known incidents of alcohol and other drug violations in the school.*

Rationale:

Representatives from the business community at the Drug Summit and the regional meetings reported that often managers of businesses do not know what actions they can or should take when they become suspicious that there are drugs in their workplaces. Some are afraid of the consequences to them of revealing a drug problem on their business premise to law enforcement officers.

The Commission believes that most law enforcement officials have drug control expertise that can help the business community deal with a drug problem in the workplace. Similarly, they can help school officials cope with the drug problem in the schools. By making that expertise and a willingness to help known, local law enforcement officials can develop mutually beneficial alliances within the community.

Some law enforcement officials attending the Commission's meetings reported that the civic and business groups in their communities were eager to learn about the scope of the drug problem in the community, and have responded generously to law enforcement requests for help in meeting a specific equipment or program need.

Costs:

None.

Responsible State Agency:

Indiana State Police

Contributing Parties:

1. All Police Agencies
2. State and Local Chambers of Commerce
3. Business Clubs

4. School Administrators

**Recommendation:**

**F. The wiretap statute should be fully implemented, and sheriffs and the chiefs of all city police departments should be included among the agencies authorized to use this important investigative tool.**

*Implementation Strategies:*

1. *Develop special training for police and prosecutors in correct procedures for applying for a warrant, installing intercept equipment, minimizing interceptions, preserving evidence, and preparing reports.*
2. *Support legislation to authorize local law enforcement agencies with properly trained personnel to utilize the wiretap statute for major drug investigations.*

**Rationale:**

All law enforcement officers receive the same basic training. Limiting the wiretap to just the State Police causes dissention, and results in a severe limitation on resources available for drug investigations. The Indiana State Police does not have enough personnel to install and monitor intercepts for all police agencies in the state.

**Costs:**

None.

**Responsible State Agency:**

Indiana Prosecuting Attorneys Council

**Contributing Parties:**

1. Commission for a Drug-Free Indiana
2. Indiana State Police
3. Sheriff's and Chief's Associations
4. Governor's Criminal Law Study Commission
5. Indiana General Assembly

## PROSECUTION

- I. GOAL:** Ensure that major drug offenders are the primary targets of drug enforcement and prosecution efforts.
- Recommendation:** A. The prosecuting attorney should assume the lead role in coordinating law enforcement drug control efforts in the county, and assist law enforcement in developing a concerted effort to target drug offenders.
- Implementation Strategies:** 1. Assign the responsibility for convening and organizing the County Drug Enforcement Coordinating Council to the prosecuting attorney. (See Law Enforcement, Goal I, Recommendation A, Implementation Strategy 3.)
- Rationale:** We noted in the Law Enforcement section that the prosecuting attorney's office is the local enforcement office with which all law enforcement agencies maintain a routine working relationship. Because of those existing relationships and the fact that the prosecutor's office is ultimately involved with every drug investigation in the county, the prosecutor is the most logical choice to spearhead local coordination efforts.
- Costs:** See Law Enforcement, Goal I, Recommendation A, Costs.
- Responsible State Agency:** Prosecuting Attorneys Council
- Contributing Parties:** 1. All Prosecuting Attorneys  
2. Indiana General Assembly
- II. GOAL:** Reduce the economic benefits of drug trafficking through increased use of fines and asset forfeitures, and use those revenues to fund drug control efforts.
- Recommendation:** A. Provide training and technical assistance to prosecutors handling asset forfeiture cases.
- Implementation Strategies:** 1. Create a position within the Indiana Prosecuting Attorney Council or contract for an attorney who will provide training for local prosecutors and assist them in processing asset forfeiture cases.

Rationale: Forfeiture proceedings involve complex civil litigation and civil law collection procedures. The volume in many offices of prosecuting attorneys does not justify maintaining a civil law expert on the staff to handle asset forfeiture and collection litigation. A specialist on the IPAC staff to provide that expertise to several offices is an economical way of achieving enhanced asset forfeiture activity in all counties.

Costs: No additional fiscal impact. Funding for the position is available in the dedicated drug prosecution fund.

Responsible State Agency: State Department of Personnel

Contributing Parties: 1. Indiana Prosecuting Attorneys Council  
2. State Budget Agency

Recommendation: **B. Dedicate revenues from fines and forfeited assets to alcohol and other drug control programs.**

Implementation Strategies:

1. *Amend the Constitution of Indiana to remove the the provision that requires that the revenue from fines and forfeitures go into the common school fund.*
2. *Solicit support for the amendment from school-related associations. These groups are keenly aware that the common school fund is a frozen fund, and they have supported similar efforts to unfreeze those funds in the past.*
3. *Use the revenues collected from fines and forfeitures to increase the dollars available in the Drug-Free Communities Fund to assist communities in implementing their comprehensive plans to control drugs.*
4. *Until the Constitutional amendment is adopted, prosecutors and other law enforcement officials should continue to rely on the federal asset forfeiture program which permits state and local government to receive up to 80% of the proceeds from assets that are forfeited.*

Rationale: Indiana's Constitution requires that all fines imposed for a violation of a criminal law and all forfeitures be deposited in the common school fund. The principle deposited into the common school fund may not be spent, only the interest. As a result of these restrictions, there are no incentives for state

or local officials to aggressively pursue financial sanctions in criminal cases.

The proposed amendment to the Constitution is not to eliminate the common school fund nor to spend the money that has accumulated. Rather, the amendment proposes to stop putting revenues generated from the justice system into a "frozen" account.

**Costs:**

The fiscal impact is positive. The current revenues from fines amount to about \$6 million per year. The potential revenues from forfeited assets are difficult to estimate, because most agencies have avoided the state forfeiture proceeding in favor of the federal system whenever any significant asset is seized. A conservative estimate of forfeiture revenue based upon data about assets seized by 25 drug interdiction task forces would be more than \$5 million annually.

**Responsible State Agency:**

Legislature

**Contributing Parties:**

1. Commission for a Drug-Free Indiana
2. All Law Enforcement Associations
3. Department of Education

**III. GOAL:**

**Decrease the disparity in the disposition of drug cases involving similarly situated offenders who commit similar offenses under comparable circumstances. (See Courts, Goal 1, Recommendation F.)**

**Recommendation:**

**A. The Indiana Prosecuting Attorneys Council should adopt plea agreement and sentence recommendation guidelines to assist prosecutors in their efforts to obtain relatively uniform dispositions of cases involving similarly situated drug offenders.**

**Implementation Strategies:**

1. *Ask the Executive Director to present this recommendation to the board of directors of IPAC for their endorsement.*

**Rationale:**

Disparity of sentences imposed was a concern raised at the Commission's regional meetings. The Commission recognizes that there must be considerable discretion available to decision makers in the justice system, including discretion for the prosecutor to evaluate the relative merits of a particular case and to decide what disposition is appropriate. The Commission also recognizes that while the judge does impose the sentence, most

cases are disposed of by plea agreements. The sentencing recommendations contained in many of those agreements are major factors in the sentencing decisions. The Commission believes that charging and sentencing recommendation guidelines developed by a consensus among the prosecutors can establish norms that prosecutors could use to assist in their efforts to advocate relatively uniform dispositions for similarly situated offenders.

Costs:

None.

Responsible State Agency:

Indiana Prosecuting Attorneys Council

Contributing Parties:

Individual Prosecuting Attorneys

**IV. GOAL:**

**Expedite the processing of major drug cases.**

**Recommendation:**

**A. Increase the capacity of the laboratories used to test drug samples that will be used at trial.**

*Implementation Strategies:*

1. *Complete an assessment of the capacity of existing laboratories in the state and compare that capacity to the volume of drug analysis needed to eliminate delays in preparing evidence for trials. Propose a plan for expanding the capacity to meet the demand.*
2. *Add additional personnel and "shifts" at the Indiana State Police laboratories.*
3. *Increase the prosecution, public defense, probation and other court personnel where existing personnel are inadequate.*

Rationale:

The increase in drug cases has created a backlog in the drug testing laboratories. The delay caused by that backlog is causing significant delays in the prosecution of cases. Frequently, charges must be reduced to avoid speedy trial dismissals.

Prosecuting attorneys and local law enforcement agencies have identified the need for more laboratory capacity as one of the highest priorities for Indiana's drug control strategy. A study of the capacity and need is scheduled to be completed by Fall of 1990. The study will include recommendations for alleviating the shortages.

Additional personnel working on staggered shifts in the Indiana State Police laboratories could provide some immediate relief.

Costs:

Funding for the study has already been allocated. The Indiana State Police have estimated the cost of additional personnel required to staff an additional shift at existing laboratory facilities to be about \$422,000 per year.

Responsible State Agency:

Indiana State Police

Contributing Parties:

1. Personnel Department
2. State Budget Agency
3. Criminal Justice Institute

## COURTS

### I. GOAL:

Increase the capacity of Indiana's court system to determine whether an offender is involved illegally with drugs or alcohol, and to impose reasonably uniform sanctions which include a drug education or treatment component when appropriate.

### Recommendation:

A. Indiana should provide state funding for enhanced probation services.

### Implementation Strategies:

1. *Support the adoption of the probation subsidy proposal contained in Senate Bill 49 introduced in the 1990 Session of the General Assembly.*

### Rationale:

The Commission concurs with the findings and recommendations of the Indiana Correction Advisory Committee concerning state subsidy for probation services. We agree with their rationale, summarized below.

Probation in Indiana has many roles. The primary responsibility is supervision of the offender in the community in lieu of incarceration. The level and intensity of this supervision is based in part on the perceived risk of the offender (risk assessments are done in many departments) and the number of offenders that need to be supervised. Standards for supervision have been adopted. The Indiana Judicial Center is currently working on a statewide risk assessment model and the development of caseload standards. The adequacy of probation supervision where one officer is supervising 350 felony offenders is questionable. Criteria for maximum caseloads should eliminate this problem and increase the level of supervision.

A wide range exists in the levels of supervision. This allows the offender to be placed at a level consistent with the correction and safety needs of the community. A wide range and significant number of offenders can be served, if complete probation services ranging from nonreporting probation with restitution to intensive supervision with electronic surveillance are available in every community. Probation is the logical alternative to incarceration for many offenders. Normally, it is the most cost effective correctional alternative. With adequate resources, probation could maximize effectiveness at the local level and reduce system fragmentation by coordinating the various necessary community based correctional components.

Unlike the prison system with a finite capacity, there is no cap on the number of offenders referred to probation, and, probation caseloads have recently proliferated throughout the state. If Indiana fails to allocate additional revenues for expanding probations services, the overload of the probation system could have the anomalous effect of more offenders being sentenced to the Department of Correction by judges faced with the dilemma of a severely overloaded probation staff.

While probation officers are county employees who work for the court, there is a substantial state interest in the probation system. Probation officers are certified as eligible for appointment by the state through the Indiana Judicial Conference. In addition to the establishment of certification and training, the Judicial Conference also has recently established minimum salary standards. These are state imposed criteria with a substantial fiscal impact on limited county revenues.

There is a need for the State to support the correctional services offered to offenders at the local level. It would be substantially less expensive for the state to spend money for enhanced probation services at the local level rather than pay for the cost of incarcerating a probation appropriate offender in the state prison system. The Commission believes that an investment in enhanced probation services will ultimately conserve state revenues by avoiding some prison construction and inmate maintenance costs.

**Costs:**

The costs are contained in the Correction Advisory Committee's proposal.

**Responsible State Agency:**

Indiana General Assembly

**Contributing Parties:**

1. Commission for a Drug-Free Indiana
2. State Budget Agency
3. Indiana Correction Advisory Committee
4. Indiana Judicial Center
5. Indiana Probation Officers Association

**Recommendation:**

**B. All juveniles taken into custody for committing an act that would be a crime if committed by an adult should be evaluated for involvement with alcohol or other drugs. An education or treatment program indicated by the assessment should be a part of the disposition. Where alcohol or other**

drug abuse by a parent is found to be a contributing factor to a child's substance abuse problem, the parent should be required to participate in a program that addresses family alcohol and other drug abuse.

*Implementation Strategies:*

1. *Amend the juvenile code to require that a substance abuse evaluation be done in all cases in which a juvenile is taken into custody for committing an act that would be a crime if committed by an adult. The amendment should also provide that if the evaluation includes a test for the presence of drugs administered prior to final disposition of the case, then the results of the test may not be used as evidence in the factfinding phase of a delinquency hearing or at a criminal trial.*
2. *Develop the capability within each probation department to conduct preliminary assessments for alcohol and other drug involvement. The amendment should also provide that if the evaluation includes a test for the presence of drugs administered prior to final disposition, then the results of the test may not be used as evidence in the factfinding phase of a delinquency hearing or a criminal trial.*

*Rationale:*

Various studies have determined that well over half of our adult criminal offenders are alcohol or other drugs abusers. Other studies suggest that the earlier in the abuse cycle that prevention and treatment efforts are applied, the greater is the potential for success. The recommendation embodies both correlates--criminal offenders/high rates of substance abuse, and early intervention/greater success rates.

*Costs:*

The cost of expanding the capacity to conduct a preliminary evaluation into all probation departments is included in the Correctional Advisory Committee's proposal. (See Recommendation A, Costs, of this section.)

*Responsible State Agency:*

Indiana General Assembly

*Contributing Parties:*

1. Indiana Juvenile Judges Improvement Committee
2. Indiana Judicial Center
3. Division of Addiction Services
4. Criminal Law Study Commission

**Recommendation:**

**C. All adults arrested for a criminal offense in which alcohol or other drugs are a contributing factor should be required to undergo a substance abuse evaluation. An education or treatment program indicated by the assessment should be a part of the disposition of the case, including a disposition by way of a pretrial diversion program.**

*Implementation Strategies:*

1. *Amend the criminal procedure code to require that all persons arrested or an offense in which alcohol or other drugs are a contributing factor undergo a substance abuse evaluation. The amendment should also provide that if the evaluation includes a drug screen for the presence of drugs administered prior to final disposition, then the results of the test may not be used as evidence against the person in a criminal trial.*
2. *Develop the capability within each probation department or pretrial services agency to conduct preliminary assessments for alcohol and other drug involvement.*

**Rationale:**

Indiana and national studies show a significant correlation between criminal conduct and substance abuse. In addition to the rapid increase in drug crimes, the studies indicate that over 50% of the persons arrested for all types of crimes are on drugs at the time of the arrest. It is estimated that 70 to 80% of the inmates committed to the Indiana Department of Correction have a history of alcohol or other drug abuse. Evaluation of offenders coupled with appropriate education and treatment programs offers the potential for reducing the volume of criminal activity that is linked to substance abuse.

**Costs:**

The cost of expanding the capacity to conduct a preliminary evaluation to all probation departments is included in the Correctional Advisory Committee's proposal. (See Recommendation A, Costs, of this section.)

**Responsible State Agency:**

Legislature

**Contributing Parties:**

1. Indiana Judicial Center (Probation Standards Committee)
2. Criminal Law Study Commission

**Recommendation:**

**D. Provide judges and other justice personnel access to complete**

**information about offenders at the time critical decisions are made.**

*Implementation Strategies:*

- 1. Develop the capacity for courts and other local justice agencies to have access to information about an offender maintained by various state agencies and local agencies.*
- 2. Support the Bureau of Motor Vehicles' efforts to make driver's records available to each court and to other justice personnel in each county.*
- 3. Conduct a comprehensive analysis of existing and planned computer systems that contain criminal offender information. Identify system changes and the telecommunications capacity necessary to ensure that accurate and up-to-date information is available to all appropriate agencies. An estimate of the costs of providing computer assisted access to the information systems should a part of the analysis.*

**Rationale:**

Access to all the information about an offender is a prerequisite to an informed judicial decision. Until all of the judges and other justice system personnel in every community have access to the existing information about an offender, uniform disposition of cases will remain only an academic goal.

There are a variety of systems that collect and store offender information. Judges and other personnel who are making decisions about an individual do not have access to many of these data bases.

Indiana has several telecommunications networks that link counties to a central location, i.e., the Bureau of Motor Vehicles, Department of Public Welfare, the Indiana State Police, and the Indiana Prosecuting Attorneys Council. Many of the networks are idle after business hours and some have the capacity to carry a significantly larger volume during business hours. This "idle capacity" could be used to supply most, if not all, of the telecommunications capacity required to transmit the information needed by judges and other justice system personnel.

An analysis of all of the information systems and the telecommunications networks is essential to minimize duplication of efforts and to determine the best means of providing access to agencies that need the offender information.

Costs: It is estimated that the study would cost less than \$100,000.

Responsible State Agencies: 1. Office of Systems Technology

Contributing Parties: 1. Bureau of Motor Vehicles  
2. Division of Traffic Safety  
3. Indiana State Police  
4. Indiana Prosecuting Attorney's Council  
5. State Court Administrator's Office  
6. Indiana Judicial Center  
7. Department of Correction  
8. Local Law Enforcement Agencies  
9. Criminal Justice Institute

Recommendation: **E. Indiana should adopt a uniform presentence investigation report form which includes the offender's history of substance abuse and treatment to be used by all probation departments.**

Implementation Strategies: 1. *Support the Indiana Judicial Conference's joint effort with the Indiana Correction Advisory Committee and the Department of Correction to develop and implement a uniform presentence investigation form.*

Rationale: All probation departments prepare a presentence investigation report for each felony offender. (For misdemeanor offenders, a presentence investigation report can be ordered at the discretion of the court.) Standard information that is normally provided includes data on current offense(s), past offenses, and personal information including education and occupation. The data on past criminal offenses and their dispositions is critical to the sentencing judge for a number of reasons, among them the fact that sentence suspendability depends on how much time has passed since the offender was released from whatever kind of supervision he might have been under for a prior offense.

A comparison of presentence reports in the packets of inmates committed to the Department of Corrections shows that there is a substantial variation in information provided to the various courts. Frequently, there is no information concerning the offender's history of substance abuse, or type of treatment programs used. The judge needs that information in order to make an appropriate sentencing decision, and the Department of Correction needs that information in order to make an appropriate program assignment. Some omit the dates on which the offender was

released from a prior probation supervision--an omission that raises the question of whether the courts are consistent in considering the length of time that has elapsed since the last sentence was completed. Because suspendability of many sentences is linked to the length of time since the last sentence was completed by statute, it is imperative that this information be provided equally and consistently to all sentencing judges.

There is additional information to which a probation officer has easier access than does intake staff at the Department of Correction, and the inclusion of this information on the Presentence Investigation Report would help the Department with intake processing tremendously.

Costs: No fiscal impact.

Responsible State Agency: Indiana Judicial Center

Contributing Parties: 1. Department of Correction  
2. Probation Departments

**Recommendation:** **F. The Indiana Judicial Conference should adopt sentencing guidelines to assist judges in the efforts to impose relatively uniform sentences on similarly situated drug offenders.**

*Implementation Strategies:* 1. *Request that the Indiana Judicial Conference include specific guidelines for offenses in which alcohol and other drugs are a significant factor as part of their general sentencing guidelines project.*

Rationale: Disparity of sentences imposed by different courts was a concern raised at the Commission's regional meetings. The Commission recognizes that most cases are disposed of by plea agreements, and that the sentencing recommendations contained in many of those agreements are a major factor contributing to sentencing disparities. (See Prosecution, Goal III, Recommendation A.) There are, however, a significant number of cases in which the judge makes the sentencing decision. The Commission believes that sentencing guidelines developed by a consensus among the judges can establish norms to assist judges in their efforts to impose relatively uniform sentences for similarly situated offenders.

Costs: No fiscal impact.

Responsible State Agency: Indiana Judicial Center

Contributing Parties: All Indiana Judges

Recommendation: **G. Conduct a study of current dispositions around the state and maintain a uniform data collection system.**

Implementation Strategies:

1. *Implement the prison population forecasting capacity recommended by the Indiana Correction Advisory Committee in its July 1, 1990 report. Utilize the data developed for the prison forecasting model to analyze case dispositions.*
2. *Support the State Court Administrator's Office efforts to automate case reporting by trial courts.*
3. *Develop a statewide Incident Based Reporting System.*

Rationale: The data necessary to accurately measure disparity in sentences is not currently available. By implementing the prison forecasting model and the IBR system, the decision makers will have the data to determine whether Indiana's sentencing structure is producing disparate results.

Costs: The costs for the studies are currently in the budget of the Criminal Justice Institute.

Responsible State Agency: Criminal Justice Institute

Contributing Parties:

1. Department of Correction
2. All Indiana Police Agencies

## CORRECTION

**I. GOAL:** Ensure that Indiana's prisons and jails are drug-free.

**Recommendation:** A. The Department of Correction, sheriffs, and community corrections administrators should focus first on the supplier of drugs in penal facilities by implementing stringent and effective employee and visitor screening procedures.

**Implementation Strategies:**

1. *The administrators of penal facilities should adopt procedures to minimize the opportunities for employees and visitors to bring drugs and other contraband into a penal facility.*
2. *Administrators of penal facilities should consider using trained dogs to help detect drugs on employees and visitors.*
3. *Administrators should aggressively seek prosecution of every person who is caught smuggling drugs or other contraband into a penal facility.*
4. *The penal code should be amended to enhance the penalty for employees of the penal facility who are convicted of bringing drugs into the facility.*

**Rationale:** A pervasive presence of drugs in a penal facility makes a mockery of the justice system. The entire justice system should develop an indignant response. Those who bring drugs into a penal facility should be targeted for arrest, prosecution and conviction. Prosecutors should aggressively file charges against persons who bring contraband into a penal facility, and generally refuse to reduce those charges. Judges should impose harsh executed sentences on those who are convicted of smuggling contraband into a penal facility.

It is simply unacceptable to tolerate any level of alcohol or other illegal drugs inside any penal facility. Given that most of our penal facilities have restricted access for inmates, it follows that persons other than inmates are bringing the illegal drugs into the facilities.

While the Commission believes that the vast majority of correction employees are law abiding citizens, some clearly are not. Effective measures

to stop the flow of illegal drugs into our penal facilities should become a top priority for all administrators of those facilities.

Costs: Minimal fiscal impact.

Responsible State Agency: Department of Correction

Contributing Parties: 1. Sheriffs  
2. Other Administrators of Local Penal Facilities  
3. Prosecuting Attorneys  
4. Judges

Recommendation: **B. Increase efforts at state and local penal facilities to detect and prosecute inmate use and possession of alcohol and other drugs.**

Implementation Strategies: 1. *Administrators of penal facilities should implement a policy of random drug testing of inmates.*  
2. *Administrators should routinely request that the prosecutor file charges against every inmate who is caught using or possessing alcohol or other illegal drugs.*

Rationale: While efforts to reduce the supply of alcohol and other drugs should be the first concern of administrators, an aggressive policy towards inmates who are involved with illegal substances is important as well.

Costs: State. The estimated average cost for a drug test is \$10, including both preliminary drug testing and subsequent verification when preliminary tests gives a positive result. If each DOC inmate is tested an average of once per month, the estimated cost to DOC would be about \$1.2 million per year.  
Local. Assuming \$10 average per test and testing of each inmate an average of once each month, the estimated cost to local governments would be about \$750,000 per year.

Responsible State Agency: Department of Correction

Contributing Parties: 1. Sheriffs  
2. Other Administrators of Local Penal Facilities

**II. GOAL:** Increase the capacity of the state and local correction system to provide adequate facilities and appropriate rehabilitation and treatment programs for the rapidly increasing numbers of alcohol and other drug abuse offenders. (See Treatment, Goal II.)

**Recommendation:** A. The state should develop additional corrections facilities to ensure adequate capacity for drug felons and other dangerous offenders, including facilities for adjudicated delinquents.

**Implementation Strategies:**

1. Expedite current prison expansion plans.
2. Develop the prison population forecasting capacity recommended by the Indiana Correction Advisory Committee.

**Rationale:** Prison and jail inmate populations in Indiana and most of the country currently exceed the capacity. In the past decade, the increase in the rate of commitment of convicted felons has been averaging about 7% per year.

A new 650 bed maximum security unit has been authorized. Planning is underway for two new medium security facilities which would add an additional 2000 beds to the current capacities. These expansions are necessary if Indiana expects to have an effective crime and drug control capability. The Commission strongly supports these expansions.

The Commission believes that the current state strategy of developing more capacity for housing and treating serious drug offenders is the right course to ensure public safety and help control the drug problem in Indiana.

Because of the length of time required for planning and construction of penal facilities, the capacity to predict inmate population trends well in advance is critical.

**Costs:** The costs are contained in the Indiana Correction Advisory Committee proposal.

**Responsible State Agency:** Department of Correction

**Contributing Parties:** State Budget Agency

**Recommendation:**

**B. Community corrections programs with an alcohol and drug treatment component should be developed in every county. Uniform standards for those programs including types of programs offered, the size of a residential unit, and type of offenders participating should be developed. Some revisions in the composition of the local community correction boards designed to broaden the base of community support are also recommended.**

*Implementation Strategies:*

1. *The detailed proposal for expanding community corrections developed by the Indiana Correction Advisory Committee should be adopted by the Legislature with the addition of a requirement that a community corrections program have a treatment component for offenders with an alcohol or other drug abuse problem.*

*The proposal recommends that the state:*

- change the administration of Community Corrections programs at the state and local level in an effort to increase the efficiency of community corrections programs;*
- create a technical assistance unit in the Department of Correction to travel throughout the state and assist counties in their preparation of proposals and monthly reports;*
- collect quarterly and annual statistics on number and types (felon/misdemeanant, theft, etc.) of offenders served in each component (work release, home detention, etc.) using the technical assistance unit;*
- change the composition of local Community Corrections board to create broader base of community involvement;*
- simplify application forms and develop a "marketing" informational flyer;*
- expand Community Corrections programs to cover every county (although not at the expense of existing programs);*
- require more consistency in program components from county to county; and*

*-develop eligibility criteria for a program, including type of clients to be served and minimum size of the residential components, and then evaluate each programs by those criteria.*

Rationale:

It is significant that the State, independent of this Commission's or the Correction Advisory Committee's recommendations, has increased its support for state-funded community corrections programs by over 60% in the past two legislative sessions. The Commission applauds that action and believes that similar increases should occur in this biennium.

The Indiana Correction Advisory Committee has presented a proposal for improving and expanding community corrections in Indiana. We concur in their recommendations and the discussion that follows is taken from their analysis.

In 1982, the Indiana legislature created the Department of Correction's Community Corrections program. Last year there were 35 Community Correction counties representing 65% of the state's total population. In 1989-90, the state spent just over \$5 million for alternative programs that vary in administration, function, purpose, and clientele served from county to county. Amounts awarded per county relative to the county general population as well as offenders served vary enormously. The extent to which Community Corrections programs serve offenders who otherwise would have gone to prison or would have been sentenced to probation in the absence of the Community Corrections alternative is unknown.

The local community corrections board has a maximum of sixteen (16) members, including the sheriff, prosecutor, welfare department director, mayor, 1-2 judges, defense attorney, probation officer, educator, psychologist, ex-offender and four lay members. There is no representation from victims of crime, from elected county commissioners, or from the superior or county courts in situations where the circuit court judge appoints him/herself. In addition, juvenile probation departments are not represented. At least one victim should be added, as well as a juvenile probation officer in counties where a separate probation department for juveniles exists. In addition, a second judge with criminal jurisdiction should serve on the board to assure that the courts which primarily deal with the "clients" of community corrections are better

represented. Finally, the Correction Advisory Committee recommended that a county commissioner serve on the board so that a closer connection is forged between the executive branch of county government and the broad-based membership of the board. Local correctional programs should be better coordinated if all of the players in the process are included in the decision making.

State community corrections programs vary widely from one county to another. In some areas the only option is community service restitution, while in others a full range of programs is employed, including house arrest/home detention, jail programs, restitution, victim-offender reconciliation, community work crews, and work release/residential programs. Some activities are operated directly by the community corrections board and some are contracted with private or governmental agencies. In a few counties, community corrections programs are provided by a semi-autonomous entity which has only minimal connections with local government agencies. Further, some probation departments, prosecutors' offices and sheriffs' departments operate programs under the general heading of "community corrections".

Because of the confusion and multiplicity of programs that are characterized as community corrections in Indiana a definition of "community corrections" should be included in the statute to clarify that only those programs which receive a Department of Correction grant are "state community corrections" programs. These programs in the statute should be operated by or established with the concurrence of the local community corrections board. That requirement would ensure that local programs do not duplicate one another or compete with each other. Funding sources could be approached in a coordinated fashion instead of the current fragmented approach.

There is strong merit to the concept of full coordination and eventual management by a single county agency which would be responsible for all corrections programs that are administered at the local level. The advantages of organizing all local programs under a single body or agency might include cost savings from centralizing administrative expenses, clear accountability for program success or failure, and the ability to control for the quality and level of programs and

services. While the Indiana Corrections Advisory Committee did not reach any consensus as to the most appropriate entity to oversee or manage the various programs, they did recommend that a committee, comprised of a group of persons representing each segment of the criminal justice system as well as community leaders familiar with local finance issues, be appointed to examine the feasibility of combining probation services, community corrections programs, prosecutors pretrial diversion programs, and other related activities occurring at the county or multi-county level.

The Committee also recommended that to the extent possible, state community corrections alternatives be available in all counties. If the recommendations for enhanced training and technical assistance from the state are adopted, and if program options and definitions are strengthened, we feel that both state and local criminal justice agencies would benefit tremendously by the establishment of state community corrections programs in counties throughout the state. The Correction Advisory Committee recommended that regional community corrections programs continue, and that the technical assistance and training unit be prepared to assist counties in the development of regional programs.

When state community corrections programs are in place in all counties, the Correction Advisory Committee recommends that the commitment of first time nonviolent C and D felony offenders to the Department of Correction, with limited exceptions, be discouraged. This is in accord with the current design of the Community Corrections charge-back mechanism. Because of the negative and criminal peer culture rampant in formal prison settings, we feel it is good correctional policy to divert as many first time offenders from prison as possible. While the expansion of Community Corrections to blanket the entire state will cost a substantial amount of money, the Committee believes that the cost may be effectively offset by the reduction in commitments to the Department of Correction. Additionally, if residential components become standardized in the local programs, and if a greater number of local Community Corrections beds come into existence, this trend would follow the recently emerging trend throughout other states of using state resources to 'localize' corrections.

By expanding the scope of coverage to all counties and, by necessity, increasing the funding for community corrections, the Legislature not only assists the county in developing a sound correction program, but also helps the Department of Correction. Each time one convicted offender can be handled safely in a community-based program, there is one more prison bed available for the serious and repeat offender.

Costs: The costs are contained in the Indiana Correction Advisory Committee's proposal.

Responsible State Agency: Indiana General Assembly

Contributing Parties:  
1. Department of Correction  
2. Indiana Correction Advisory Committee  
3. Budget Agency

Recommendation: **C. Ensure that each community has access to a community corrections alternative that addresses the needs of juvenile offenders who are involved with alcohol or drugs. (See Treatment, Goal II, Recommendation C.)**

Implementation Strategies:  
1. *Link increased state funding for community corrections to a plan for addressing the special needs of juvenile offenders.*  
2. *Condition funding for community corrections to assurances that juvenile offenders will be detained in facilities separate from adult jails or lock-ups.*

Rationale: Focusing resources on young offenders offers the opportunity for earlier treatment and the potential to interrupt the drug abuse-crime cycle. While each community needs access to a local corrections alternative for juvenile offenders, it is not feasible to have a program based in each county. Regional or multi-county juvenile programs have been successful in many areas of the state. In order to ensure that the special needs of juvenile offenders are being addressed, the state should continue to link increased funding for community correction alternatives to assurances that adequate programs and facilities for juvenile are being developed in each area of the state.

Costs: No additional costs for these administrative actions.

Responsible State Agency: Department of Correction

Contributing Parties:

1. Criminal Justice Institute
2. Indiana Community Corrections Association

III. GOAL:

**Ensure that offenders with a history of substance abuse who are released into the community remain free of drugs.**

Recommendation:

- A. Require random drug tests for all offenders with a history of substance abuse who are placed into the community on work release, parole, probation, community corrections, or other community assignments. (See Treatment, Goal I, Recommendation B, Implementation Strategy 4.)**

Implementation Strategies:

1. *Develop a Department of Correction policy to randomly test all offenders with a history of drug abuse and who are placed into the community prior to the expiration of their sentence.*
2. *Require all persons placed on probation or in community corrections to undergo random drug testing as a condition of the placement.*
3. *Provide adequate continuing treatment services for indigent clients. (See Treatment, Goal II, Recommendation B.)*

Rationale:

The high correlation between substance abuse and criminal conduct coupled with studies that indicate that drug monitoring does deter some from drug use suggest that offenders who have a history of substance abuse should be tested for drug use when they are released into a community.

Costs:

State. \$400,000 per year. (Based upon an average of 10 random tests during the first six months following release from an institution of 75% of the 3000 adult inmates and 2300 juveniles released each year from the Department of Correction at \$10 per test).

Local. \$900,000. (Based upon an average of 10 random tests for 75% of the 12,000 convicted felons placed in a local correctional alternatives at \$10 per test.)

The figures above include the costs of testing offenders in treatment. (See Treatment, Goal I, Recommendation B, Costs.)

Responsible State Agency:

Department of Correction

Contributing Parties:

1. Indiana General Assembly
2. Indiana Judicial Conference

# COORDINATION

## COORDINATION

### I. GOAL:

Improve the coordination of alcohol and other drug abuse efforts among state agencies.

### Recommendation:

A. **Revise the structure of the Interagency Council on Drugs to foster collaborative efforts at technical and managerial levels.**

### Implementation Strategies:

1. *Redefine the Interagency Council on Drugs to be comprised of the following State agencies and organizations:*

- a. *Alcohol Beverage Commission*
- b. *Board of Health*
- c. *Criminal Justice Institute*
- d. *Department of Correction*
- e. *Department of Education*
- f. *Department of Human Services*
- g. *Department of Mental Health*
- h. *Department of Personnel*
- i. *Department of Public Welfare*
- j. *Department of Transportation*
- k. *Health Professions Bureau*
- l. *Prosecuting Attorney's Council*
- m. *State Budget Agency*
- n. *State Police*

2. *Establish technical work groups to provide ongoing coordination of efforts at operational levels.*

### Rationale:

The Interagency Council on Drugs has been in existence one year, during which time there has been a higher level of cooperation between state agencies on alcohol and other drug issues than at any other time in the state's history. There is a need, however, to improve upon the efficiency and effectiveness of the operation of the Council.

Initially, the Council membership was to consist of the appointing authorities of every state agency, meeting on a monthly basis. After two months, it was decided to have the total membership meet quarterly, with an executive committee of twelve appointing authorities meeting monthly.

Consistency of attendance at the meetings has been a problem. Appointing authorities frequently designate a staff person to represent them, and there is a lack of continuity in the designation of "substitutes". Additionally, representation from

many agencies with little or no alcohol or other drug abuse programming responsibilities has been slight.

There is a need to restructure the Council to focus more on the planning and operations aspects of a coordinated state approach. It is proposed to establish quarterly meetings of the agencies with major alcohol and drug programming responsibilities and develop technical work groups consisting of senior level technical and managerial staff to work on specific projects and improve day-to-day coordination. An example of a technical work group is one that would have representatives from the Department of Human Services, Mental Health, and Public Welfare to work on the coordination of treatment funding. Technical work groups could also contain non-governmental representatives to work on collaborative public-private sector initiatives.

The Council would be responsible for designating the technical work groups, hearing their reports, and drafting policy and legislative recommendations for consideration by the Governor and the Commission for a Drug-Free Indiana Steering Committee. Minutes of the Interagency Council should be distributed to all state agencies so that there is an awareness of the coordinating actions.

Costs:

No costs.

Responsible State Agency:

Commission for a Drug-Free Indiana

**Recommendation:**

**B. Establish statutory authority for the Commission for a Drug-Free Indiana.**

*Implementation Strategies:*

1. *Pass legislation either establishing the Commission as a state agency or placing it in the most appropriate state agency and establishing the Steering Committee as an advisory panel to the Commission.*

Rationale:

No state agency currently has the statutory authority to plan and coordinate the state's alcohol and other drug prevention, treatment, and justice programs. Since 1974, the Department of Mental Health's Division of Addiction Services has had planning and coordination responsibilities relating to prevention and treatment of addictions, but those responsibilities have not been interpreted to encompass school-based education nor any aspect of the justice continuum.

The Commission for a Drug-Free Indiana was created by executive order. Assigned the responsibility for the coordination of the state's alcohol and other drug programs, the Commission was placed in the Indiana Criminal Justice Institute. Some early critics of this placement voiced concern that the Commission might have difficulty in maintaining a balanced perspective if placed within any existing agency.

The experience of the first year has laid to rest those concerns. The Commission has effectively bridged the areas of prevention, treatment, and justice, showing no evidence of bias or disciplinary priorities. That balanced perspective has been carried out through technical assistance given by the staff of the Commission's ten regional offices to communities in the development of comprehensive local plans. The result has been an unparalleled level of interdisciplinary cooperation at the community level.

The advantage of establishing the Commission as an independent state agency is that there would be no question of bias or disciplinary preference. Placement within an existing state agency will have the issue of bias to deal with, but with clear legislative mandates, the Commission could function effectively, under such an arrangement. In either case, the willing cooperation of all involved state agencies will be crucial to achieving true coordination.

The Commission Steering Committee has provided a broad-based citizen perspective that needs to continue. With regional and local citizen panels in place as part of the Commission's community focus, the Steering Committee membership should be drawn in part from the Regional Advisory Boards to provide linkage and insure statewide representation.

Costs:

No costs.

Responsible State Agency:

Indiana General Assembly

**II. GOAL:**

**Position Indiana to be more responsive to Federal and private funding opportunities.**

**Recommendation:**

**A. Create an Institute of Data, Research, Evaluation, and Resource Development.**

Rationale:

Indiana has not competed well with other states for

special Federal and foundation funding initiatives. Contributing to the inability to compete is the lack of consistent data on need, impact of alcohol and other drug problems, and effectiveness of efforts. Additionally, no state agency is staffed to respond to the funding announcements, which typically require submissions of applications within a thirty to sixty-day period of time.

The Commission for a Drug-Free Indiana has created a Data, Research, and Evaluation Committee, comprised of representatives of several state agencies and universities. Under leadership from the Indiana Criminal Justice Institute, the committee has begun to compile a compendium of existing data. The committee is limited in its ability, however, to devote the time to organize and maintain a consistent effort.

The Commission for a Drug-Free Indiana is well-suited to house an Institute of Data, Research, Evaluation, and Resource Development. The Institute could maintain a complete compendium of incidence and prevalence, impact, and other data as well as conduct applied research in the area of program effectiveness.

The Institute could also monitor announcements of the availability of special public and private grant and contract funds, and be in a position to respond with the proposals in a timely manner. The State of Illinois created such a unit two years ago, and over \$5,000,000 in special funding has been obtained as a result.

- Costs: The estimated annual costs for the Institute are \$300,000.
- Responsible State Agency: Commission for a Drug-Free Indiana
- Contributing Parties:
1. All State Agencies
  2. Institutions of Higher Education
- III. GOAL:**
- Empower local Communities to plan for, implement, and evaluate comprehensive drug abuse local responses.**
- Recommendation:**
- A. Stabilize the funding base for the support of local planning and begin funding Local Coordinating Councils by July 1, 1992.**
- Implementation Strategies:*
1. *Transfer the funding responsibility for the regional offices from the federal government*

*to the state.*

2. *Establish roles, responsibilities, and performance standards for Local Coordinating Councils.*
3. *Determine a formula for funding Local Coordinating Councils.*

Rationale:

The regional office system of the Commission is a key component on the State's ability to assist local communities in beginning to more fully address alcohol and other drug abuse problems in a comprehensive approach. Ten offices, each staffed with two full-time field workers and support staff, are working with over 80 Local Coordinating Councils in the development of comprehensive local plans. By June 30, 1991, it is expected that each county will have such a coordinating body.

Currently, the support for the regional office system is obtained from three sources of federal funds. Reliance upon the use of three different federal sources, given the propensity for changes in appropriation levels and thrust by Congress, places the system at some risk. It is recommended that the federal funds be redirected to the support of community-based direct services in the areas of prevention, treatment, and justice and use state funds for the Commission's regional offices.

It is expected that the need for Commission regional office support will change if communities are able to sustain efforts beyond initial planning stages. The assistance provided by the staff of the regional offices has been invaluable in getting local planning efforts off the ground, and for at least the next two years, continuing concentrated assistance will be necessary.

Local Coordinating Councils have experienced some difficulty in the management of planning efforts without financial support. As time goes on, it is likely that the total reliance on voluntary collaboration will result in some instability in these efforts in some communities. Therefore, the state should plan to provide financial assistance directly to Local Coordinating Councils. As the ability of Local Coordinating Councils to develop and monitor local plans grows, the reliance on Commission regional offices for support of these activities should diminish. As the stability of Local Coordinating Councils comes about, the roles of the

Commission regional offices will need to be redefined.

**Costs:**

The estimated increase in annual state support needed is \$1,500,000. The redirection of federal funds will assist meeting the needs identified in the prevention, treatment, and justice sections.

**Responsible State Agency:**

Commission for a Drug-Free Indiana

**Contributing Parties:**

1. Department of Mental Health-Division of Addiction Services
2. Indiana Criminal Justice Institute
3. Governor's Task Force to Reduce Drunk Driving
4. State Budget Agency
5. Indiana General Assembly

**Recommendation:**

- B. Give sanction to Local Coordinating Councils for planning and monitoring alcohol and other drug abuse community-based comprehensive plans.**

**Implementation Strategies:**

1. *Continue to assist the development of Local Coordinating Councils to identify community programs, coordinate community initiatives, design comprehensive, collaborative community strategies and to monitor anti-drug activities. Ensure that existing and emerging efforts are geographically and culturally inclusive.*
2. *Require state funded alcohol and other drug programs to coordinate with Local Coordinating Councils where established.*
3. *Direct the Commission to develop and facilitate, through its Regional Coordinating Offices, an ongoing review process to identify the needs of community mobilization and empowerment efforts that should be supported through state channels.*
4. *Require state agencies to utilize Local Coordinating Councils as the initial points of contact when considering local alcohol and other drug funding actions. This should be phased in over the next two years as follows:*
  - Establish the Commission's Regional Coordinating Offices as a required point of contact for state agencies considering funding actions.*
  - As Local Coordinating Councils establish operational expertise, the state would*

*transfer this relationship to the local councils.*

5. *Identify a technical work group from the Interagency Council on Drugs to: 1) study the feasibility of utilizing the comprehensive community plans being developed by Local Coordinating Councils as the vehicle for all drug funding considerations, and 2) if indicated, recommend a plan to actualize this strategy.*

Rationale:

Communities have done much to impact alcohol and other drug problems by organizing, developing local responses, and implementing strategies. The commitment and energy of community action groups have added to the effectiveness of services and coordination efforts. The Local Coordinating Councils being established by the Commission for a Drug-Free Indiana offer the most comprehensive and consistent vehicle for community networking and organizing around alcohol and other drug issues. Over 80 Local Coordinating Councils currently exist throughout Indiana.

Building partnerships and collaborative efforts takes time, energy, patience, and skill. Over the past year, the Commission's Regional Coordinating Offices (RCOs) have played a key role in assisting and nurturing the development of community involvement and the building of community coalitions. Community enthusiasm and direction can quickly dissipate, however, without support and follow up. As groups evolve, they will continue to need assistance and will look to the RCOs. The Regional Coordinating Offices must position themselves to be responsive in the areas of maintenance support, training, technical assistance, and resource development and coordination to assist the changing and expanding needs of community mobilization efforts.

Costs:

Included in Goal III, Recommendation A, this section.

Responsible State Agency:

Commission for a Drug-Free Indiana

Contributing Parties:

1. Criminal Justice Institute
2. Department of Education
3. Department of Human Services
4. State Board of Health
5. Department of Mental Health-Division of Addiction Services

# REVENUES

## POTENTIAL REVENUE SOURCES

The battle against alcohol and other drug use and abuse will require financial commitments from a variety of sources. While many of the recommendations contained in this report can be implemented through the use of volunteer efforts or by redirecting existing resources, additional funding support must be marshalled if Indiana is going to conduct a successful multi-front attack.

This section is a presentation of suggested funding alternatives for generating additional resources. There is no attempt to tie specific revenue sources to individual recommendations nor to suggest revenue priorities. No references are made to existing state and federal funds being applied to alcohol and other drug abuse initiatives. The figures listed are estimates of potential and should not be considered "hard".

### PRIVATE

| SOURCE   | POTENTIAL          |
|--|--------------------|
| <p>1. <u>Hoosier Alliance Against Drugs.</u></p> <p>The Alliance is in an excellent position to raise revenues statewide through corporate campaigns and special events.</p> | <p>\$1,000,000</p> |

|  |                    |
|--|--------------------|
| <p>2. <u>United Way Special Initiatives.</u></p> <p>The successful efforts by the United Way of Central Indiana during 1989-1990 is encouraging. Through cooperative efforts with the Hoosier Alliance Against Drugs, similar initiatives could be replicated in other areas of the state.</p> | <p>\$2,000,000</p> |
|--|--------------------|

### USERS/OFFENDERS

|  |                    |
|--|--------------------|
| <p>1. <u>Fines.</u></p> <p>An amendment to the State Constitution would be necessary to direct revenues from fines on alcohol and other drug cases to a dedicated account for supporting local alcohol and other drug abuse prevention, treatment, and justice programs contained in comprehensive local plans. The State Drug-Free Communities Fund created in 1990 is the recommended account to receive the revenues.</p> | <p>\$6,000,000</p> |
|--|--------------------|

|  |                    |
|--|--------------------|
| <p>2. <u>Asset Forfeiture.</u></p> <p>An amendment to the State Constitution would be necessary to allow seized assets to be retained for local alcohol and other drug abuse efforts. The state Drug-Free Communities Fund is the recommended account to receive the revenues.</p> | <p>\$5,000,000</p> |
|--|--------------------|

|  |                   |
|--|-------------------|
| <p>3. <u>Tax on Illegal Drugs.</u></p> <p>A number of states have adopted measures to levy taxes on illegal drugs seized, assigning value to the drugs according to narcotics classification and weight. Minnesota, the state with the most experience with such a tax, has a collection rate of about 5% of taxes</p> | <p>\$ 200,000</p> |
|--|-------------------|

assessed. Assuming tax assessments totaling \$10,000,000 annually, resulting in \$500,000 in collections, approximately \$200,000 is estimated to remain after State Revenue Department administrative costs and "rewards" to citizens and law enforcement agencies are deducted.

4. Drug-Free State and Community Funds. \$ 3,700,000

Authorized by the General Assembly in 1990, these funds will be operational for a full year in 1991. Of the amount, \$2,250,000 will be retained at the county level for local prevention, treatment, and justice services. \$1,450,000 will be deposited in the State Drug-Free Communities Fund for allocation to local projects.

5. Increased Excise Tax on Alcoholic Beverages. \$21,000,000

The current rates of excise tax on alcoholic beverages do not take into account the alcohol content. The current rate of taxation is \$.115 on beer, \$.47 on wine, and \$2.68 on distilled spirits. Using the tax rate on distilled spirits as the base and developing a consistent rate based upon the percentage of alcohol, the rates for beer and wine would go up to about \$.28 and \$.77 per gallon respectively.

#### GENERAL PUBLIC

1. Income Tax Check-off. \$ 200,000

Estimating the revenue from this type of voluntary donation program is difficult, as Indiana has no experience upon which to base projections.

2. State General Fund Appropriation. Open

State general fund revenues support a variety of alcohol and other drug abuse programs including treatment, law enforcement, justice, and correctional services and activities. According to a national survey of expenditures for prevention and treatment, Indiana ranks 30th among the 54 states and territories in the use of state funds for those services. The per capita expenditure of state funds in Indiana during 1988 was \$2.53, compared to the national average of \$4.13.

3. Hoosier Lottery Build Indiana Fund. \$10,000,000

One of the pressing needs of the providers of treatment for indigent persons is capital funding for facilities. Build Indiana Funds could be directed to this need.

4. Increased Alcoholic Beverage Permit Fees. \$ 200,000

5. Additional Federal Funds. \$ 2,000,000

If the recommendation to establish an Institute of Data, Research, Evaluation, and Resource Development is implemented, the first full

year of operation might not result in additional funds, but \$2,000,000 per year is not an unreasonable annual projection for subsequent years.