SEOW meeting minutes: January 19, 2007

Attendees: Amanda Thornton, Maggie, Terry Cohen, Martha Payne, Dave Bozell, Marcia French, Eric Wright, Mary Lay, Barbara Seitz de Martinez, Kim Manlove, Marion Greene, Chandana Saha, Harold Kooreman

Eric opened the meeting by indicating that we may go back to a monthly format starting in March.

Eric asked if we had a quorum and we did not so we could not vote on minutes. Eric summarized that CSAP said we should reduce the number of priorities for SPF-SIG funding. CSAP also advised us to pick counties which would be eligible for funding so plan will not be approved without those changes.

Additional members entered and a quorum did materialize so minutes from the last meeting were approved.

Eric: We are going right now to the targeted priorities. Basically, if you can pull out a page titled selection of SPF-SIG targeted priorities. It is in the back of your packet. Let me explain what happened. Jo from PIRE came to Indiana last Friday to work with us all day and has been working with us to get through these issues. They did not have problems with our data or analyses. They said that with the amount of money available they did have concerns with funding allocations. The first issue was narrowing the priorities and the second issue was determining the counties.

What we revised was that we expand our focus on other things such as resources, changeability, and political will. The group that met with Jo included a cross section of people from here and the executive committee and felt that these dimensions were important to consider. Existing capacities and political will should be the most important to weight. As a group, we took the data and our own perceptions and rated our ability to respond to alcohol, tobacco, and other drugs as strong, moderate or weak. Tobacco was the only one that came out strong due to current funding. This does not mean it couldn't use more, but that there was already significant funding proposed to bring tobacco back to normal funding. The other areas were considered weak except for meth due to the governor's push to get more structure. We used this to eliminate tobacco. Given that, we had 5 left to review. We used the criteria to work through the other ones. In the case of alcohol there is a large body of literature on how to change that, and it was rated fairly strong as changeability. Alcohol was high, tobacco was high, cocaine was high, meth was high for political will due to African-American community and the governor's push for meth. We also felt that we would drop marijuana because there is not a lot of political will to change it nor much research on what to do with it. Prescription drugs were dropped due to low will and limited information on the problem and how to change it. This left us with cocaine, alcohol, and methamphetamine. Most everyone who was here on Friday saw this. Additionally, Marcia got some bad new that we had to get contracts out by July 1 so this has to go very quickly.

Martha wanted to know if changeability and political will should be lumped together or not. Eric responded that there is no empirical basis right now for keeping them separate but we are hoping that we will have empirical data next year to get this more separate. Another problem is that once we pick the grantees we are stuck with them for the next five years.

Eric indicated that one thing that has come out of this process is that the SEOW is going to have a broader role and there will be a push to connect the SEOW with Meth Free Indiana and other organizations. CSAP's vision is that the SEOW should become a state group forever; however that is the longer vision.

Eric returned to the priorities and indicated that the above process is how we got down from six priorities to three. The committee endorsed a plan A and a plan B. Neal felt that CSAP would not go for more than 2 so if only 2 then we would go for alcohol and methamphetamine. Plan A would be to go with all 3. The ratio would be 60, 20, 20. 60-alcohol, 20-meth, 20-cocaine. But, all this will depend on the quality of the applications received. They may or may not like that, we will see. Eric asked for questions and wanted to know if people were comfortable.

Marcia: "In many of the states that do not have a SPF-SIG, they do have an SEOW and I have been working to develop a flow chart that shows that the SEOW is not connected to the SPF SIG but to the state." Marcia wanted to know if people were here for SPF or for the state. Amanda thought the SPF, but Marcia emphasized that that is not the case but that the SEOW is independent and will continue. Dave indicated that the SEOW should be something that all states develop now before getting SPF SIG funding and that SEOW will continue after SPF funding disappears.

Eric asked for questions, none came up. Eric said that the capacity section shocked him, CSAP really loved it, loved the EPI work, and overall loved the plan, however, they felt we were a little ambitious. Marcia indicated that when report was handed out, people were really impressed with what has been done by the group. Eric asked for a motion for approval for the allocation plan. Barbara moved and Amanda seconded. Members responded with "aye" and the motion was carried.

Eric moved to resource allocation indicators.

Eric: This is where we have a lot of pieces of paper. Let me highlight the two where we want to pull out. One looks like a list of counties and the other looks like a spreadsheet which says county rankings for binge drinking. This references all the tables. In the interest of transparency, we are producing a lot of paper. Grab the meth and cocaine tables, there are a total of four. As you may remember, we talked about the highest need and highest contributor. High need = high rate and highest contributor = highest number of cases. What we did was compute for meth and cocaine possession arrests from the UCR and computed the rates and numbers. What we did then was identify the counties in the top 10th percentile of high contributor and high need. What you have before you are lists of counties that fell into high need and high contributor. There was some overlap

but not over all counties. Depending on how you look at the data you can reorganize the counties in a different way. The 10th percentile was chosen because that is fairly standard across the states. One suggestion was to draw the cutting line a little lower. CSAP wanted to focus on high need communities and the 10th percentile seems to reflect highest need. One problem with UCR data is that there is missing data and that will disadvantage those communities. The UCR was chosen because it reflects our original priorities, it helps us define empirically our decisions, and it sends a strong message to the counties that are not reporting data that they need to start reporting data. While it is early in the curve there is a strong emphasis on using data to make decisions so it will help in the future.

Everyone felt comfortable that this would be a good message to send to the communities. The RFS will list that these counties are eligible and others can apply but they have to make their case that they are in fact at a high enough rate level to apply.

Marcia indicated that this morning ICJI reported that only 30% of law enforcement is reporting data. If that is the case, then we may see a lot of data coming to the table to make their case of making it into the top 10th percentile.

Roland wanted to know what would happen if someone brought treatment data to the table, what would happen in the comparisons. If a county outside of the top 10 percent (I know a couple of communities would have different data than what was used for the rating) how would the rating team use these data?

Eric responded that currently, those decisions have been left to the review committee. Eric said that we went with data other than treatment data and we focused on young adults and we felt that treatment would not focus on young adults. If a county came back trying to make a case on treatment data, then they have to focus on people receiving treatment who are between the ages of 18 to 24.

Roland indicated that Allen County had zero arrests for one of the priorities but they could produce treatment data and how would that be used. Barbara indicated that it would have to take into account new data and not exclude counties where law enforcement was not submitting data. Roland said maybe they could just get data from the sheriff's office. Eric said if they are giving treatment data then we may have to refine things so that it says we need data that comes close to what we say is a good proxy measure. Mary indicated we should say if people have consistent data to UCR we will look at it but if it does not, then we will not look at it. Marcia indicated that we need data which is similar so we can compare it rather than getting something that is completely different. Barbara kind of agreed. David also said that it was the cleanest way to do it. Marcia wanted to know what would that do with our meth communities? Will they be able to produce information since their data is a lot more recent? Mary questioned whether or not the recent data will be available to everyone. Amanda said 2006 data is already available to certain groups. We can't access it. Mary wanted to suggest that we are already having an expert review committee to review applications but that we need to

have a second review committee to address the issue when counties who have different data apply and how we can compare it.

The two issues Eric sees are that data which is more recent could change the list and what about counties who submit completely different data. Eric said if more recent data comes in, then we can expand the list to accommodate those counties. If there is different data, then it makes comparison difficult. Eric would allow people to report local crime data on this particular measure if they have access to it but we would not allow treatment data because it is not comparable. Harold asked if we could get 2005 data from ICJI and Amanda said she could get that. As far as 2006, she said she could try. Amanda indicated that part of the problem due to the low reporting in Indiana was that things were not estimated yet and it will take some time.

Eric suggested if we can get 2005, we should redo analysis. Amanda said add 2005 counties to the list rather than remove counties due to the fact that the problem will remain in 2004 counties too. Eric said we should vote on adding 2005 data from UCR to county list and to limit data to only UCR comparable data for counties to submit.

Roland wanted to know who the local partners in the counties will be. Eric said we did not know. Marcia thinks that groups with an LCC will be the ones who will apply because the infrastructure is there. We will be using the infrastructure already in place by using the LCCs and community consultants and the drug free communities. Dave said LCCs and drug free communities are logical applicants and if other organizations apply they need to show cooperation with the currently existing infrastructure.

Roland wanted to know if communities can partner with places that have the data in order to improve their application. Eric said that is exactly what we want to do is match making between communities so that people who have problems can be matched with people who have the data and combine groups that are close and working the same area.

Janet made a motion to accept the two votes on the two issues. Jim Wolfe seconded. The motion was approved for cocaine and meth.

Alcohol was more challenging. We did get some guidance from CSAP and basically this refers to the funky spreadsheet with 2, 3, 4, 0. We tried to function on focusing on ratings. CSAP feels binge drinking is best captured by vehicle crashes, both fatal and non-fatal . We also thought DUIs and public intoxication correlated with college campuses. We put them together in a comprehensive way. Counties in the top 10 got a 4, 15 – 3, 25 = 2, 50 = 1. We added this up and ranked them. Lake at top, Tippecanoe, Marion, and most urban centers. Where do we draw the line. Jim Wolfe said all six categories are considered equal. However if they are not considered equal then the numbers are not what we want. Eric said that the original model was to weight things. Eric thought it was too complicated for the real world. CSAP said use crashes so we decided this was a more straightforward way to do the rating. How do you weight crashes over public intoxication. Executive committee didn't have a problem with our rating process they thought we were giving them good guidance. DUIs Barbara said

depend largely on enforcement rather than crashes which will occur regardless. Eric asked if everyone was okay with equal weighting. Eric wanted to make sure everyone was happy with that. Quiet people said they were fine with it. Eric said the next area was where to draw the line. Eric said since alcohol affects so many other people is that it affects more people so should we draw the line deeper. Eric thought pick counties with at least 2 4's. Exec committee said draw a line where counties had a score of 10. Across the board would be 25 percentile or better. Mary asked that we find a way to include Delaware and Monroe to capture the big university campuses since there have been issues with alcohol on these campuses. Mary requested that the group draw the line at Newton, there would be 20 counties eligible so far which would include Monroe and Delaware. Are people comfortable with that methodology? Barbara said that she was thinking of advocating for rural areas and the high numbers could bias the ratings toward more urban areas. However since we are including the rates that does help off set that somewhat. Amanda said that a problem with Indiana is testing for blood levels. There may be some flack about numbers because they are not reliable. A lot of police departments are not trained to properly do blood alcohol ratings. If the BAC is not appropriately recorded, it won't show up in formal records. This would suggest an undercount bias. From a statistical point, however, this would mean an undercount across everywhere. However, urban settings are better trained so it can weight things in that direction. Eric asked for more comments. There were none. Eric asked for a motion and Amanda asked for a motion. Maggie seconded. Eric asked for a vote and it was carried.

Eric asked for final comments and said that with the blessings from executive and SEOW. Amanda said that meth stuff is not broken out which is fine for us but she will send us 2005 data. Eric asked that we update the information with 2005 information by Tuesday.

Maggie wanted to know reasoning for using LCCs. Marcia said we are doing that due to existing infrastructure. Applicants can, however, partner with an LCC or drug free community in order to help with infrastructure. Community would need to get letter of support from one of these agencies.

Eric asked for further comments or questions. Eric pointed out the final version of survey went out and it is included. Responses are coming in already and are up to 69. We are going to do this on an annual basis. It is inexpensive and will provide good data. When we have enough data, we will put it on website. We are already working on 2007 report and Chandana has developed a list of data sources. We have highlighted the data sources we are going to focus on in the next few months. Eric mentioned that the #1 is ProsLink and we have gotten no cooperation. If anyone can help, please help. We will adjourn until march 16th.