

2008 Porter County Needs Assessment

Volume II:

Medical Care
Mental Health Care
Prescription Drugs
Health Insurance
Drug & Alcohol Treatment
Drug & Alcohol Prevention
Domestic Violence
Discrimination

Volume II

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This section reviews medical care in Porter County including: medical care providers, location of medical related facilities in Porter County, the main causes of death in Porter County, and best practices of medical care available.

Heart related illnesses are the leading cause of death in Porter County. Having the appropriate medical care services in a community is necessary in order to provide the care for individuals who are diagnosed with heart related illnesses. This section reviews the accessibility and location of medical facilities in Porter County, as well as a description of medical services provided.

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Medical care is a primary topic of concern within Porter County, especially cost and availability. Some highlights of this section include:

- Porter is Porter County's only general acute medical care service provider, with multiple locations throughout Porter County.
- The majority of medical care facilities are in the middle of Porter County, most of which are in the Valparaiso area.
- In most cases, the total number of general health professionals has increased from 2003 to 2005 in Porter County.
- As reported in 2002, the three leading causes of death in Porter County are heart disease, cancer, and stroke.
- According to a mortality report conducted by the State of Indiana, both Indiana and Porter County have seen a general decrease in the mortality rate from heart disease.
- Of the different types of heart disease that have lead to death, Ischemic heart disease continues to remain the number one killer of Porter County residents.
- The most common types of cancers in males include: Prostate, Lung and Bronchial, and Colon Cancer. In females, the most common types of cancer include: Breast, Lung and Bronchial, and Colon Cancer.
- Porter County, in comparison to neighboring Northwest Indiana counties, still has an overall lower mortality rate from cancer based on 2001 to 2003 averages.
- Cerebrovascular disease in Porter County and in Indiana has continued to see a steady decrease in the mortality rate from 2003 to 2005.
- There are many hospitals that have been recognized for national achievements which are listed in the best practices section.

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County residents, health care was ranked third place with eighteen percent (17.8%) of respondents feeling that health care is one of the top three issues. When asked to rate their level of concern on related issues such as the availability of affordable medical care and the availability of accessible medical care, the availability of affordable medical care had thirty-five percent (35.3%) of respondents who feel it is a minor concern, followed by sixteen percent (16.1%) of respondents who feel that the availability of affordable medical care is not a concern. Over

thirty percent (30.5%) of respondents feel that the availability of affordable medical care is a moderate concern, and 15.4% of respondents feel that it is a major concern. The availability of accessible medical care had over thirty-eight percent (38.6%) of respondents feel that it is a minor concern, while thirty-one percent (30.9%) of respondents feel it is not a concern. Nineteen percent (18.9%) of respondents feel that the availability of accessible medical care is a moderate concern, while over nine percent (9.5%) feel it is a major concern.

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, the top issues named were health care and substance abuse, each named by 33.9% of respondents. According to the 2007 Needs Assessment Stakeholders Survey, the availability of affordable medical care had 39.6% of respondents feel that it is a major concern, whereas 45.3% of respondents feel that it is a moderate concern. In the availability of accessible medical care, thirteen percent (13.2%) of respondents feel that it is a major concern, while 39.6% feel it is a moderate concern.

Six focus groups were held in September 2007 with nonprofit organization representatives, youth representatives, employers, public safety workers and government officials, and community leaders, and donors. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about medical related issues:

- *I think Hilltop addresses that somewhat but it's hard to meet the needs of everybody.*
- *I think our citizenry has become very disengaged with the political process. We have lots of community problems, but nobody wants to pay for them. Everybody wants their taxes cut, but fix the streets, provide free education, free health care, and I don't know how they're expecting it to be paid for.*
- *We need health care for the working and the poor, and we need non-emergency care.*
- *Health care with kids and youth is a major issue. We have one, maybe two, hospitals. Seniors can't afford to get their medicine, can't get to the doctor.*
- *We provide services and safe shelter for victims of domestic violence and sexual assault, but many times they'll also need to find housing, they have mental health issues, they have health care problems. So it isn't just one issue, its many issues.*

Public Opinion of Medical Care		
	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	3rd*	1st*
Most significant family issue	1st	N/A
Availability of affordable medical care	6th*	5th*
	2.46**	3.23**
Availability of accessible medical care	26th*	26th*
	2.07**	2.55**

*Rank of significance among forty-three (43) issues

**Rating of concern on a 1-4 Scale (1 meaning not concerned 4 meaning very concerned)

Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

- *Women with no real skill sets have to go out and find sustainable employment at sustainable levels which just isn't present...and child care, and health care and insurance. That leads to substance abuse, physical abuse, mental abuse.*
- *With that is the increase in medical costs, in families making decisions to buy medicine or pay for housing. Medicaid is scheduled to make a whole lot of changes regarding physical health and mental health services, particularly mental health services, which will have a large effect on mental health, drug and alcohol programs, senior programs for mental health will all be impacted.*
- *Someone needs to coordinate. Do we want this to be an area for women's centers, or cancer research, or children's health? Someone needs to prioritize that and then work together to bring those people here.*

Medical Care

Medical Care in Porter County

According to Indiana Department of Health, medical care is defined as any professional service administered by a physician or another professional provider for the treatment of an illness or accidental injury. In Porter County, there are a variety of services and specific facilities that can be found throughout the county.

The following chart shows the number of different health professionals in Porter County compared to Indiana from 2003 to 2005.

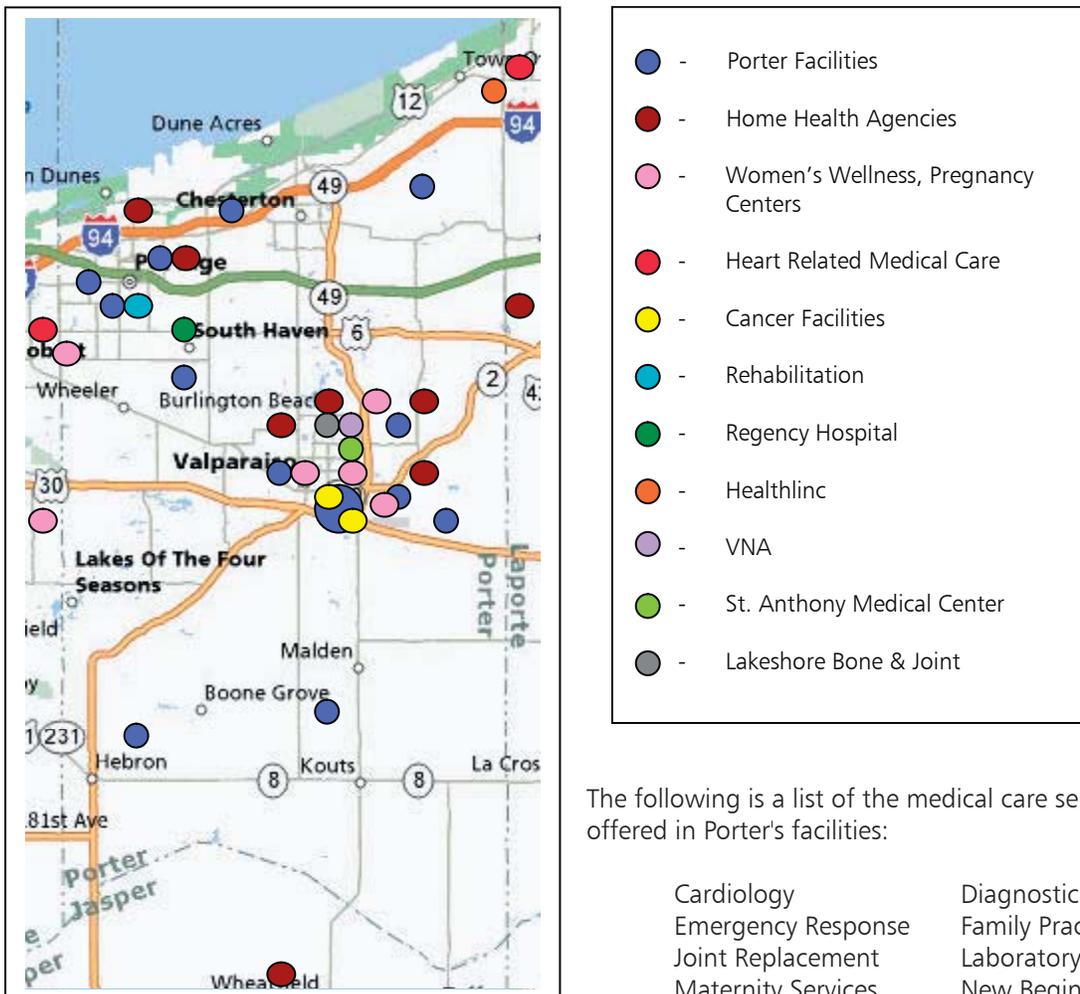
Porter County General Health Profession Count 2003-2005

Name of Health Profession	2003		2005		2003-2005% Change	
	Porter County	Indiana	Porter County	Indiana	Porter County	Indiana
Athletic Trainer	17	631	19	711	10.53%	11.25%
Audiologist	5	282	7	313	28.57%	9.90%
Chiropractor	22	885	20	950	-10.00%	6.84%
Clinical Social Worker	73	2,995	76	3,126	3.95%	4.19%
Dental Hygienist	125	3,125	148	3,472	15.54%	9.99%
Dentist	73	3,044	76	3,133	3.95%	2.84%
Dietician	31	887	35	899	11.43%	1.33%
Health Facility Administrator	18	1,047	16	1,052	-12.50%	0.48%
Hearing Aid Dealer	5	169	5	186	0.00%	9.14%
Hypnotist	2	39	3	39	33.33%	0.00%
Licensed Practitioner Nurse	421	22,429	464	23,232	9.27%	3.46%
Mental Health Counselor	43	1,263	49	1,295	12.24%	2.47%
Occupational Therapist	39	1,764	52	1,939	25.00%	9.03%
Optometrist	32	1,039	31	1,078	-3.23%	3.62%
Osteopath Physician	34	722	27	743	-25.93%	2.83%
Pharmacist	159	5,832	170	6,114	6.47%	4.61%
Physical Therapist	75	3,001	80	3,210	6.25%	6.51%
Physician	254	13,155	266	13,275	4.51%	0.90%
Podiatrist	10	278	11	277	9.09%	-0.36%
Psychologist	47	1,054	50	1,101	6.00%	4.27%
Registered Nurse	2,166	64,976	2,247	67,950	3.60%	4.38%
Respiratory Care Practitioner	141	3,276	138	3,473	-2.17%	5.67%
Social Worker	72	2,297	72	2,083	0.00%	-10.27%
Speech Pathologist	33	1,527	40	1,610	17.50%	5.16%

Source: Indiana Stats.com

Medical Care in Porter County - continued

According to the Indiana Department of Health, the majority of Indiana's hospitals (68.0%) were established to offer acute care services. Acute care services are when a patient has a medical condition which can only be cared for in a hospital, as opposed to seeing a doctor for medicine. Porter is the only hospital which has an extension of its facilities located throughout Porter County. Porter is a respected organization in the community and has many accreditations which include: Joint Commission on Accreditation of Healthcare Organizations, Anthem Coronary Network, College of American Pathologists, American Association of Blood Banks, American Association for Respiratory Care, and American College of Radiology.



The following is a list of the medical care services that are offered in Porter's facilities:

- | | |
|----------------------------|---------------------|
| Cardiology | Diagnostic Imaging |
| Emergency Response | Family Practice |
| Joint Replacement | Laboratory Services |
| Maternity Services | New Beginnings |
| Occupational Medicine | Oncology |
| Orthopedics | Pediatrics |
| Pharmacy | Rehabilitation |
| Social Services | Spine Care Center |
| Surgery | Testing |
| Visiting Nurse Association | |

According to Porter Hospital administrations they are currently in the planning stage of creating a new facility in Valparaiso as a replacement hospital. Their plans are to break ground in Fall of 2008 and complete the building of the facility in 2010. This facility will be designed to provide state-of-the art health care to residents of Porter County and Northwest Indiana.

The following outlines other hospital services that are offered within Porter County.

Regency Hospital

Phone: (219) 392-7744

The Regency Hospital is a long term acute care hospital that is designed to specialize in treating medically complex patients such as those who need ventilator/pulmonary care, wound care, long-term IV therapies and those with multiple system failure. The programs and service are designed for individuals who require an extended length of stay in an acute care environment, typically longer than two or three weeks. Regency hospital accepts patients who: Require 8-12 hours of direct nursing care per day, expected to require acute care for an extended period of time, are medically stable for transfer, have an ability to improve their health status, will benefit from the involvement of an interdisciplinary team, and require daily physician visits. The Regency Hospital currently has a total of 23 beds within its facility.

HealthLinc (formerly known as Hilltop)

Phone: (219) 462-7173

HealthLinc is unique to Porter County in that anyone can receive care regardless of their ability to pay. HealthLinc has a number of partners within the community and uses this advantage to provide services such as primary and preventive medical, dental, and mental health care to individuals in Porter County.

Visiting Nurse Association (VNA)

Hospice Care

Phone: (219) 462-6020

The Visiting Nurse Association of Porter County has a Hospice Care facility that provides comfort and care to individuals with terminal illness. By providing pain management and symptom control, along with psychosocial, emotional and spiritual support, VNA is able to deliver effective services. In order for an individual to be eligible they must have a limited life expectancy of six months or less, curative medical intervention is no longer possible or desired, and the patient must reside in the geographical coverage area of the agency. VNA currently has twenty beds within its inpatient hospice care facility.

Saint Anthony Medical Center

Radiology and Imaging

Phone: (219) 757-6320

Saint Anthony Medical Center has a radiology and imaging facility located off of Laport Dr. in Valparaiso. This facility provides diagnostic testing through imaging services such as CT scans, echocardiography and stress testing, interventional radiology, magnetic resonance imaging, nuclear medicine, PET scan, radiology, and ultrasound.

Riley Hospital for Children

Phone: (800) 248-1199

Riley Hospital for Children is centered in Indianapolis and provides a large variety of programs and medical care services directed for children and teens. Riley Hospital for Children is considered among the best children's hospital in the country because of its excellence in caring for young patients, its innovative research, and aspirations in training the next generation of health care professionals. According to Riley Hospital for Children's web site, the following outlines what faculty and staff are committed to providing:

1. Comprehensive state-of-the-art clinical services for the care of children.
2. Superb education for clinicians who care for children today and in the future.
3. State-of-the art research to improve the diagnosis and treatment of serious medical disorders of children.
4. Leadership in health promotion and education, child advocacy, family support, and mental health.

Riley Hospital for Children provides medical care in all fields for children, as well as resources for kids such as programs on health a safety, interactive games that promote education and learning, and wellness activities.

Lakeshore Bone & Joint Institute

Phone: (219) 921-1444

The Lakeshore Bone & Joint Institute provides the most innovative and comprehensive orthopedic health care for Northwest Indiana. With twelve doctors and six offices, Lakeshore Bone & Joint Institute is a leader in the science of orthopedics, podiatry and rheumatology. For those seeking orthopedic health care in Porter County, the Lakeshore Bone & Joint Institute offers them an alternative medical care provider outside of their county. Many of the physicians provide sports medicine to area athletes at both high school and collegiate levels. Some of Lakeshore Bone & Joint Institute's high school affiliations are Chesterton High School, Kankakee Valley High School, Portage High School, Valparaiso High School, and Valparaiso University.

The following is Lakeshore Bone & Joint Institute's medical services:

- Sports medicine
- Spine care
- Work injuries
- Joint replacements
- Minimally invasive surgery
- Foot & ankle surgery
- Pediatric services
- Hand and wrist surgery
- Shoulder and elbow care
- Disorders of hip and knee
- X-ray and MRI on site
- Pediatric orthopedics
- Physical and occupational therapy
- Bone density assessment
- Rheumatology services
- Orthopedic trauma services

Medical Care in Porter County - continued

Inpatient Care

The Indiana Hospital Service Report is conducted annually by the State of Indiana for all counties. This chart shows the number of available beds, discharges, and number of days patients were in the hospital from 2003 to 2005. These numbers are based on the hospital service description within Porter.

Hospital Service Description	Number of Available Beds			2003-2005 Change
	2003	2004	2005	
Cardiac Intensive	0	0	8	8
ICU Med/Surgery	26	26	17	-9
ICU Neonatal	12	25	21	9
Medical/Surgical	156	155	181	25
Neonatal Intermediate	13	25	0	-13
Obstetrics	33	33	26	-7
Pediatric	0	20	23	23
Other Services	6	266	N/A	N/A
Acute Subtotal	276	284	276	0
Normal Newborn	35	35	25	-10

Hospital Service Description	Number of Discharges			2003-2005 Change
	2003	2004	2005	
Cardiac Intensive	0	0	78	78
ICU Med/Surgery	195	219	193	-2
ICU Neonatal	88	89	146	58
Medical/Surgical	9,484	9,216	9,457	-27
Neonatal Intermediate	11	89	0	-11
Obstetrics	1,463	1,475	1,272	-191
Pediatric	0	266	494	494
Other Services	336	0	0	-336
Acute Subtotal	12,024	11,735	11,642	-382
Normal Newborn	1,302	1,312	1,148	-154

Hospital Service Description	Number of Patient Days			2003-2005 Change
	2003	2004	2005	
Cardiac Intensive	0	0	2,030	2030
ICU Med/Surgery	1,158	1,442	3,689	2531
ICU Neonatal	1,470	1,496	2,348	878
Medical/Surgical	44,281	45,848	38,947	-5334
Neonatal Intermediate	2,040	1,207	0	-2040
Obstetrics	3,394	3,467	3,047	-347
Pediatric	0	689	1,246	1246
Other Services	954	0	0	-954
Acute Subtotal	54,219	55,203	51,307	-2912
Normal Newborn	2,632	2,708	2,047	-585

Source: Indiana.gov

*N/A represents areas in which data is non existent because the hospital service was not used within the recorded years, or not enough data to make a general conclusion

Medical Care in Porter County - continued

For those who have difficulty accessing medical services, Porter has created a "Road to Wellness Van" which offers a variety of special programs and health screenings. The "Road to Wellness Van" is a mobile medical unit equipped with two patient examination areas. Programs that are offered include: free skin cancer screenings, developmental screenings, care safety clinics, and children's programs. Other programs can be offered during different times of the year depending on the need of the service.

Porter also offers additional services through their Social Services Program, which caters to individuals that have problems accessing hospital facilities. They provide home health care, short and long-term nursing home placement, and medical equipment in an individual's home.

Inpatient Care Average Charge Per Discharge				
Hospital Service Description	Average Charge Per Discharge			2003-2005 Change
	2003	2004	2005	
Cardiac Intensive	\$0	\$0	\$40,702	\$40,702
ICU Medical/Surgical	\$8,260	\$1,442	\$27,869	\$19,609
ICU Neonatal	\$20,496	\$1,496	\$20,610	\$114
Medical/Surgical	\$3,016	\$45,848	\$3,215	\$199
Neonatal Intermediate	\$7,351	\$1,207	\$0	-\$7,351
Obstetrics	\$1,499	\$3,467	\$1,714	\$215
Pediatric	\$0	\$689	\$1,941	\$1,941
Other Services	N/A	\$0	N/A	N/A
Acute Subtotal	N/A	\$55,203	N/A	N/A
Normal Newborn	\$809	\$1,312	\$1,094	\$285

The state of Indiana has recorded an average charge per discharge in Porter between 2003 to 2005 based on the medical service provided.

Source: Indiana Department of Health

*N/A represents areas in which data is non existent because the hospital service was not used within the recorded years, or not enough data to make a general conclusion

Medical Care in Porter County - continued

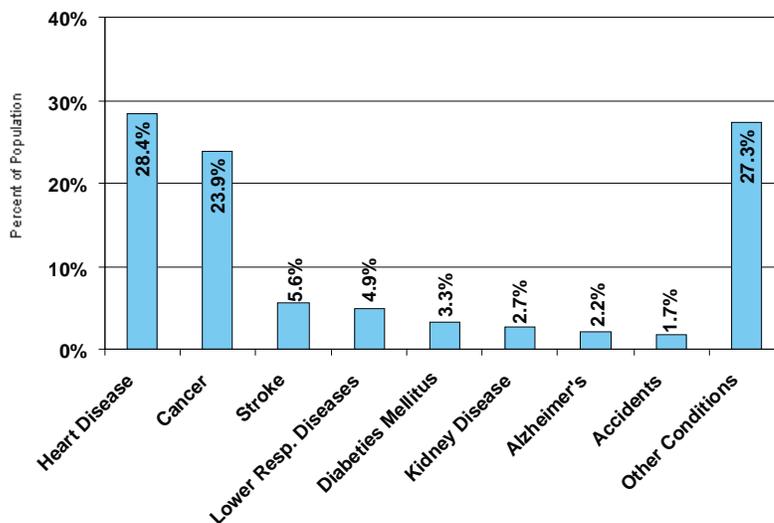
Porter has seen a consistent increase in the number of outpatient visits from 2003 to 2005. Urinary, neoplasms, and circulatory systems show the three largest percentage increases from 2003 to 2005. The total number of visits has consistently increased for all types of visits.

Outpatient Care				
Type of Visit	2003	2004	2005	2003-2005% Change
Circulatory System	11,728	12,494	13,415	12.58%
Endocrine System	18,223	18,955	19,283	5.50%
Mental Disorder	2,264	2,504	2,472	8.41%
Neoplasms	5,960	6,609	6,895	13.56%
Respiratory	13,665	12,308	15,021	9.03%
Digestive System	7,669	7,766	7,523	-1.94%
Injuries and Poison	21,576	22,517	22,785	5.31%
Musculoskeletal	17,685	18,203	18,101	2.30%
Nervous	8,994	7,966	8,443	-6.53%
Urinary	13,975	15,725	16,455	15.07%
Other/Unknown	49,317	90,963	97,988	49.67%
Total Visits	171,046	216,010	228,381	25.10%
Number of Visits to Emergency Department	52,169	64,651	62,624	16.69%
Percent of Emergency Department Visits of Total Visits	3.05%	2.99%	2.74%	0.31%

Source: Indiana Department of Health

Leading Causes of Death In Porter County

As reported in 2002, the leading cause of death in Porter County is heart disease (28.4%), followed by cancer (23.9%). Porter County has facilities and organizations that assist in the prevention and treatment of the leading causes of death.



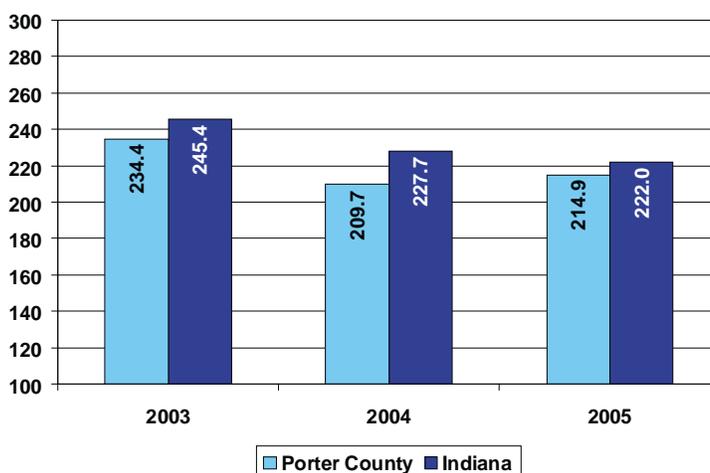
Source: 2005 Epidemiological Report on the Health Concerns of Northwest Indiana

An Epidemiological Health Care Report was conducted by Professional Research Consultants for the United Ways of Northwest Indiana, in an effort to address health concerns in Northwest Indiana; specifically targeting Porter County, Lake County, and LaPorte County. In this report, a sample of 1,200 individuals age 18 and older from all three counties was obtained. Therefore, the percentages derived for the Needs Assessment will be reported from this sample size.

According to the 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, heart disease is the leading cause of death in Porter County. Heart disease is when the arteries that supply blood to the heart muscle become hardened and narrowed due to a buildup of plaque on the inner walls of these arteries. This stress can lead to plaque bursts, which cause clots to form, ultimately reducing the necessary amount of oxygen and nutrients that reach the heart. There are many diseases or conditions of the heart, including coronary heart disease, hypertension, heart failure, congenital heart disease, disorders of the heart valves, heart infections, cardiomyopathy, conduction disorders, and heart arrhythmias.

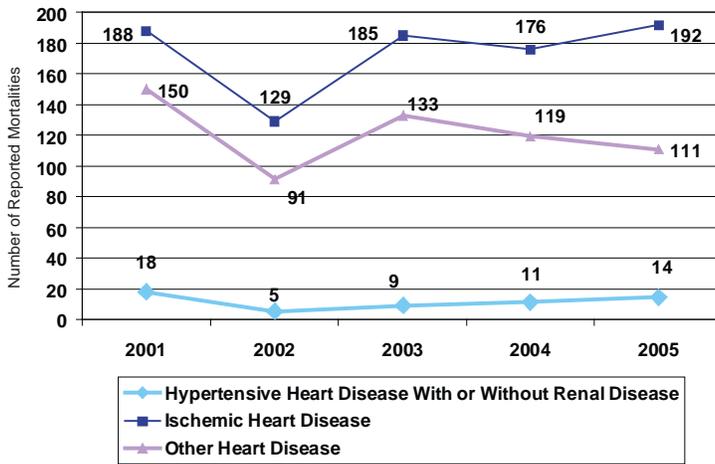
Mortality Rate of Heart Disease

The 2003 to 2005 mortality rate of heart disease in Porter County continues to have a lower number of total deaths than Indiana. In both Porter County and Indiana, there is an overall decrease in the rate of mortality due to heart disease from 2003 to 2005, with Indiana decreasing by 9.6% and Porter County decreasing by 8.4%.



Source: State of Indiana, Mortality Report
 *Rate is based out of 100,000 people

Number of Mortality by Type of Heart Disease

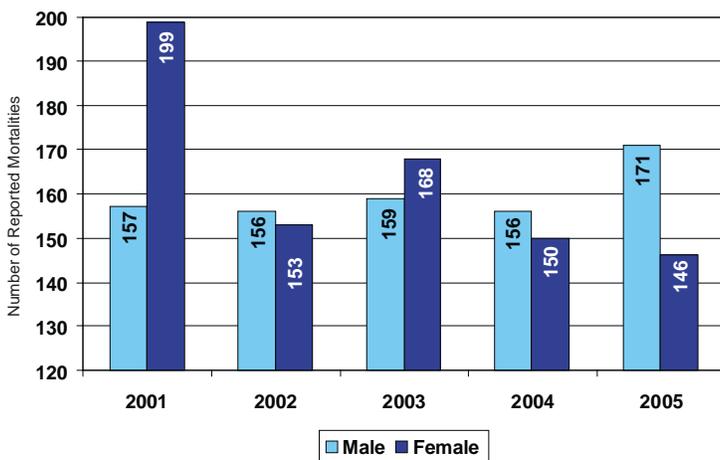


According to the Mortality Report of Porter County from 2001 to 2005, Ischemic heart disease is the most common type of heart disease death, and has remained fairly steady from 2003 to 2005. In 2005, Ischemic heart disease caused 178 more deaths than Hypertensive heart disease.

Source: State of Indiana, Mortality Report

“Go Red for Women” is an organization that joined the American Heart Association to implement an increased awareness of heart disease in women, since past studies on heart disease research were mostly on men. As a result, women have been educated on the impending threat of heart disease that is currently one of the largest killers of women nationally.

Number of Heart Disease Deaths



Porter County has shown a decrease in the number of female deaths from heart disease since 2001. In 2001, women had 42 more cases of death by heart disease in comparison to men. Heart Disease Morality for females peaked in 2001 with 199 deaths, however, since 2001, deaths for women have significantly decreased. The number of deaths due to heart disease for males has remained steady from 2001 to 2005.

Source: State of Indiana, Mortality Report

Porter County has three locations that offer specific heart related cardiologist treatment and prevention. These locations are listed below.

The Northwest Indiana Cardiovascular Physicians, P.C.

Phone: (877) 218-2140

The Northwest Indiana Cardiovascular Physicians have six locations in Northwest Indiana, one of which is located in Valparaiso. This location offers a team of board certified cardiologists who use the latest equipment and techniques in order to provide patients with the best heart care in the area. They have a wide variety of options, from diagnostic cardiology testing, to a full service cath lab.

Porter

Cardiac Rehabilitation Department

Phone: (219) 263-4629

The Porter Cardiac Rehabilitation Department of Porter offers a group of experienced registered nurses who have specialized training in heart care. They tailor exercise programs based on the specific needs of the individual. These exercise programs may include workouts on the facility's exercise bikes, rowing machines and treadmills. For individuals who are recovering from heart surgery, heart attack, angioplasty and other heart-related problems, their cardiac rehabilitation program also offers classes on topics such as: stress management, high blood pressure, and diet. Nurses regularly monitor each patient's progress and are available for individual consultations and evaluations when needed.

Portage Heart Care

Internal Medicine Association

Phone: (219) 762-0400

The Portage Heart Care facility offers a variety of services including: open heart surgery for valvular and coronary artery disease, complete diagnostic cardiovascular catheterization, complete international programs with emphasis on coronary intervention, peripheral vascular intervention, carotid stenting, and all aspects of electrophysiology.

In Northwest Indiana counties, Lake County offers a facility for heart disease medical care which borders Porter County:

Indiana Institute of Cardiology

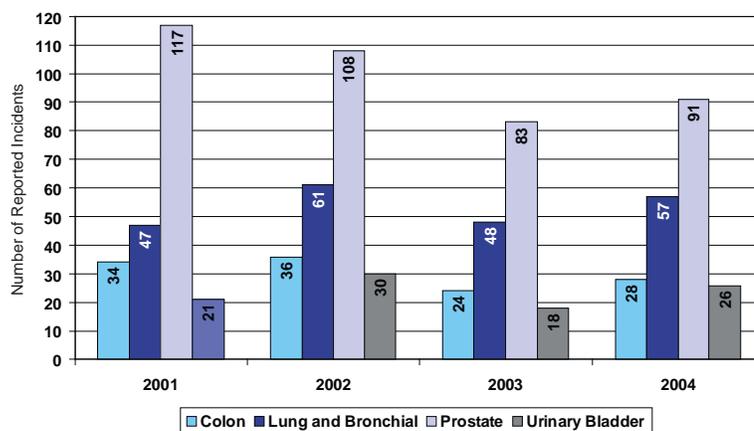
Phone: (219) 874-1400

Considered Indiana's fastest growing heart institute, the Indiana Institute of Cardiology specializes in balloon angioplasty, coronary stent implantation, cardiac angiography, pacemaker implantation, cardiac and carotid ultrasound, and stress testing.

According to the 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, cancer is the second leading cause of death in Porter County and accounts for 23.9% of all deaths. According to the American Cancer Society, cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death.

Porter County Male Cancer Incident Count

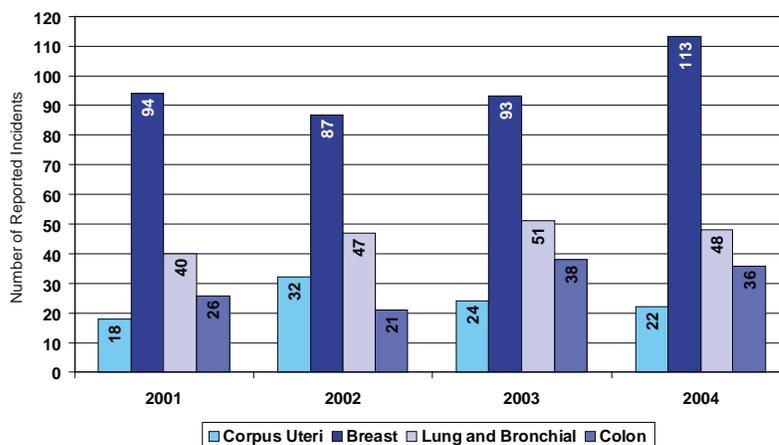
The 2001 to 2004 cancer incident count shows the continual decrease in the number of reported incidents in male Porter County residents. Of Porter County males, the largest form of cancer is prostate cancer, which has reduced 22.3% from 2001 to 2004. Lung and bronchial cancer is the second most common form of cancer for males in Porter County and the number of incidents has gradually increased from 2001 to 2004 by 21.3%.



Source: Indiana State Department of Health

Porter County Female Cancer Incident Count

The 2001 to 2004 cancer incident count shows the continual increase in the number of reported incidents in female Porter County residents. Of Porter County females, the largest cause of cancer is breast cancer, which has increased by 20.2% since 2001.



Source: Indiana State Department of Health

Porter County has facilities that provide care, resources, diagnostic, and treatment services to the community. Listed below are several of these facilities.

Porter County Cancer Society

Phone: (219) 462-7466

The Porter County Cancer Society provides financial assistance to needy cancer patients relating to cancer treatment and care.

Porter Oncology Service Team

Phone: (219) 263-4600

The Porter Oncology Services Team is dedicated to meeting each patient's individual needs and supporting the patient from the time of diagnosis through treatment and recovery. Porter oncologists have access to the latest information regarding treatment of cancer as well as clinical trials that may benefit their patients, such as clinical trials offered through Mayo Clinic, the nation's leading oncology treatment and research center. Porter Oncology takes a very advanced diagnostic approach by using the latest diagnostic imaging technology. They also have the most high-tech mammography machine that gives the highest quality resolution of any machine on the market. After diagnosis, Porter Oncology develops a treatment plan that may include surgery, chemotherapy, immunotherapy, radiation therapy or a combination of these treatments based on the patient's needs. They also offer advanced treatment options for cancer, such as intensity modulated radiation, innovative chemotherapy treatment, prostate seed implant therapy, and brachytherapy procedures.

Porter also offers a variety of support programs for families and individuals dealing with cancer, which include:

Case Manager - Supervises all care and ensures that each person is provided with the most effective, appropriate, and immediate care.

Social Workers - Provides counseling for families who are going through the emotional stages of cancer. They also provide rehabilitation placement, medical equipment for your own home, home health care, and short and long-term nursing home placement.

Nutritional Counselors - Guide individuals through the proper guidelines in order to establish the correct nutritional diet for recovery after hospital stay.

Rehabilitative Services Department - Provides services that are available for all patients who are recovering and need extra time and additional training and exercises. As a cancer patient, these facilities allow supervisions in living a healthier lifestyle and demonstrating good practices.

Wound Care Treatment Center - The treatment at this facility is individually based on a patient's needs. Specially trained physicians provide a detailed evaluation of the wounds that have been acquired through cancer removal and individual health. An individual plan is then established to promote the appropriate healing measures for a better recovery.

The following are the characteristics of cancer given by the American Cancer Society:

Abnormality

Abnormalities form in cells that have been infected with cancer. By altering the behavior and function, cancer can have expansive results. Cells are the building blocks of the human body and perform all essential functions including the beating of the heart, breathing, digesting food, thinking, walking, and most other body functions.

Uncontrollability

Cells must multiply, and this is essential when functional growth is needed to replace tissue in organs, hair, etc. Cancer cells grow in an uncontrollable manner. The result is that they typically pile up into a non-structured mass or tumor. That is why in a lot of cases, cancer related self-exams involve the patient looking for an individual lump or spot within specific physical parts of the body.

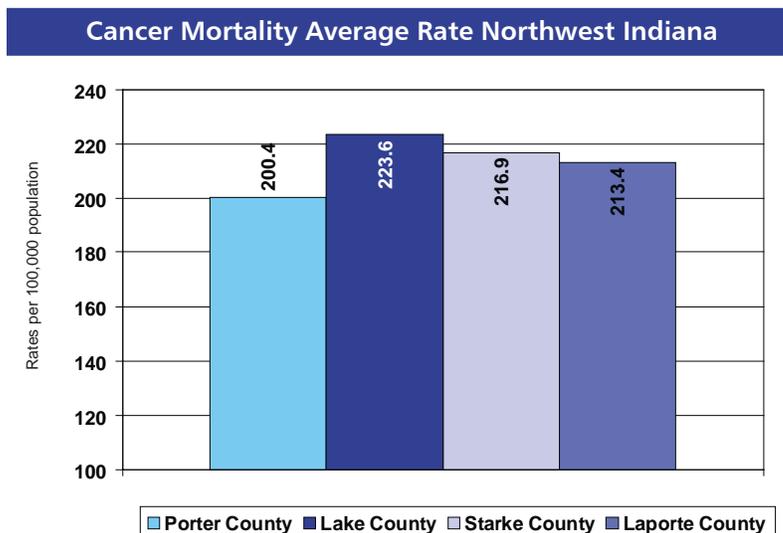
Invasiveness

There are two forms of cancer, malignant and benign. Benign tumors remain in the part of the body in which they start. Benign cancer can grow quite large and press on neighboring structures. Malignant on the other hand, will start in one part of the body and then spread rapidly causing more growth and destruction.

A Group of Diseases

Cancer is often referred to as one single condition, but on the contrary there are over 100 different diseases based on uncontrolled growth and spread of abnormal cells. Cancer can start in many different sites and cause many different behaviors depending on its organ of origin.

Although cancer is the second leading cause of death for Porter County residents, in comparison to neighboring counties, Porter County has the lowest average mortality rate from cancer in 2001 to 2003. Lake County has a 10.4% higher average in the mortality rate from cancer in comparison to Porter County.



Source: Indiana State Department of Health

Prevention

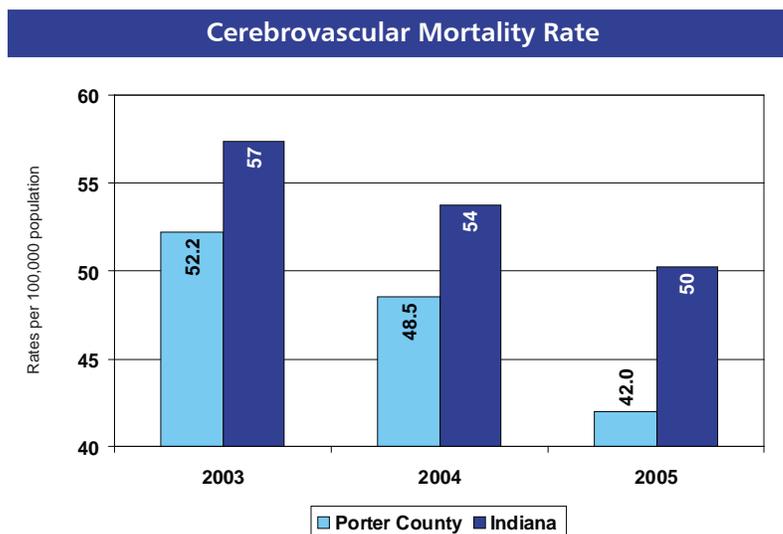
In individual cases of cancer, the exact cause is unknown. There are a couple of factors that may increase the likely-hood of getting cancer which include: genetic susceptibility, environmental insults such as chemical exposure or smoking cigarettes, lifestyle factors including diet, damage caused by infectious disease, and many more. The only way to prevent these factors from causing cancer is to live a life that maintains a healthy diet, healthy living and exercise, and reduce exposure to chemicals or things that might contain cancer promoting agents.

Treatment

Cancer involves four main treatments that can be employed singly or in combination: surgery, radiotherapy, chemotherapy, or a group of less well defined treatment. Surgery is the most common treatment which involves reducing the tumor through removal. Images of the tumor can be captured through x-rays or magnetic resonance imaging. Radiotherapy is used to attack residual disease by exposing different strengths of radioactivity into the body and killing cancer infected cells. If the disease proves to be advanced, then chemotherapy is applied with three or four powerful cytotoxic drugs. Most of these drugs are DNA-reactive chemicals which directly attack the rogue cells in your genes. There are many other forms of treatment, but the modalities mentioned are the main forms of treatment practiced by oncologists.

According to the 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, Stroke or Cerebrovascular Disease, is the third leading cause of death in Porter County. A stroke occurs when an artery to the brain becomes clotted, blocked, or disrupted. Once the blood flow of an artery is blocked from the heart, valuable nutrients and oxygen do not make it to the brain. In many incidents this is a severe occurrence leading to paralysis, mental disorders, loss of speech, loss of motor skills, and some functions of the brain.

Although Cerebrovascular Disease is one of the leading causes of death, according to the Indiana State Department of Health, both Porter County and Indiana have rates that decreased very constantly since 2003. Porter County has seen a 19.6% decrease while Indiana has seen a 12.6% decrease.



Source: Indiana State Department of Health

Cerebrovascular Mortality Count, Male vs Female

Gender	2003		2004		2005	
	Porter County	Indiana	Porter County	Indiana	Porter County	Indiana
Male	27	1,401	22	1,282	22	1,257
Female	44	2,207	47	2,177	39	2,027

Source: Indiana State Department of Health

From 2003 to 2005, both Porter County and Indiana have seen a decrease in the total amount of cerebrovascular mortalities among males and females. Indiana has seen an 10.3% decrease in males and a 8.2% decrease among females. Of males and females in Indiana, females have a larger number of mortality cases from cerebrovascular disease across all years. Porter County has also seen a 18.6% decrease in males, and a 11.4% decrease among females. Of males and females in Porter County, females have a larger number of mortality cases from cerebrovascular disease across all years.

There are many facilities in Porter County that offer medical rehabilitation after individuals experience a stroke. These centers can be found in the local yellow pages under medical listings.

Immunization is an act of preventing childhood diseases such as whooping cough, measles, diphtheria, chicken pox, small pox, poliomyelitis, and yellow fever by giving a chemical substance which contains the causative organs of the infection to reduce virulent state. Vaccines can either be taken by mouth (orally) or given by a shot. Vaccines are usually made with one of two agents which cause the body to produce antibodies that attack a specific disease. A vaccine can be a live but weakened virus, or an inactivate virus. Live viruses tend to result in longer immunization, but also contain stronger side effects. Inactive viruses are safer, but tend to have a shorter immunization period.

When to Get Shots for Children and Adolescents

Age Group	DTP diphtheria, tetanus, pertussis (Whooping cough)	Polio	Measles, Mumps, rubella	Haemophilus Influenzae type B	Hepatitis B	Rotavirus	Chickenpox	Pneumococcal Vaccine
Birth- 2 months					x			
2 months	x	x			x 1-2 months after the first B shot	x		x
4 months	x	x		x		x		x
6 months	x	x		x	x 6-18 months	x		x
12-23 months	x 15-18 months	x 6-18 months	x 12-15 months	x 12-15 months				x 12-15 months
4-6 years	x	x	x	x	x 3 shots if child did not get shots previously		x If child did not get disease or vaccination previously, give one shot through 12 years of age. Or two after 13 years of age.	
11-12 years	x - Td just diphtheria and tetanus, not pertussis							
State Law requires these shots for enrollment in:	Childcare Grades K-12	Child Care Grades K-12	Childcare Grades K-12	Childcare	Grades K&7		Childcare Grades K&7	Childcare, ages 2-24

Source: Indiana's "IN ON TIME" Childhood Immunization Schedule
 *The Indiana State Department of Health meets all standards set by the Advisory Committee on Immunization Practices (ACIP)

According to the Centers for Disease Control and Prevention, the following vaccinations are recommended for adults.

1. Influenza
2. Pneumococcal pneumonia
3. Hepatitis A and B
4. Tetanus
5. Measles, mumps, rubella
6. Diphtheria
7. Pertussis
8. Herpes zoster
9. Human Papillomavirus

The following are a few locations in Porter County that offer immunization services. Immunizations may also be given at a school depending on the program.

Northshore Health Center

The Stacy McKay Health and Education Center
6450 U.S Highway 6
Portage, IN 46368

Scottsdale Clinic
3465 Scottsdale St.
Portage, IN 46368

The Northshore Health Center has two locations in Porter County. These locations provide quality health care for individuals that are underinsured or that are not insured at all. The clinic provides a variety of care from medical care, dental care, OB care, medication assistance, mental health services, referrals to individuals who do not have access, and immunizations.

Porter County Health Department

Phone: (219) 465-3525

The Porter County Health Department offers a wide range of health care for individuals. Services available by appointment are adult and children's vaccinations (free to children), tuberculosis testing and control, lead screening with case management, pregnancy testing, head lice checks with treatment education, communicable disease control, surveillance and contact investigation, HIV counseling and testing, sexually transmitted disease counseling, testing and treatment program, health information for local and international travelers, and blood pressure screenings.

In many communities, large hospitals and organizations strive for medical excellence in many fields, and these organizations have been recognized on a national level for successful implementation of the best medical care available.

Children's Memorial Hospital

Chicago, Illinois

(773) 880-4000

<http://www.childrensmemorial.org/newsroom/default.aspx>

Destination Nursing Nominee

The Children's Memorial Hospital is a child focused, family centered environment. They have staffing of the top pediatric specialists, use the latest technologies, and offer a valuable kid-focused experience. The health care advisory board "Destination Nursing" hospital designation has chosen Children's Memorial Hospital as one of the five hospitals highlighted on a national level and will be profiled in a series of nationwide meetings of the Nursing Executive Center. As a "Destination Nursing" nominee, Children's Memorial Hospital has continued to show a great work environment for nurses, and has had high staff satisfaction and a low turnover/vacancy rate which is lower than national averages.

Indian River Medical Center

Vero Beach, Florida

(772) 567-4311

<http://www.irmh.com/gui/content.asp>

2007 Company of the Year

2007 Richardson Enterprise Award from United Way

Wound Healing Center wins Best Overall Wound Outcomes

Critical Care Unit named Best Nursing Team in Florida

Beacon Award for Critical Care Excellence

The Indian River Medical Center has been established for 75 years and has become one of the leading 335 best not-for-profit hospitals centrally located on Florida's east coast. Recently the Indiana River Medical Center has established a new heart center which is affiliated with the Duke University Health System. They are also known for their comprehensive cancer program, nationally recognized vascular surgery and orthopedic services, and their ER center which has a healing rate of 91 percent in 16 weeks.

Clarian Health

Methodist Hospital

P.O. Box 1567

Indianapolis, IN 46206

Phone: (317) 962-2000

In order to have a level 1 trauma center a facility must be prepared to handle the most serious types of trauma cases 24 hours a day, 365 days a year. The Clarian Health Methodist Hospital is one of two trauma centers in all of Indiana. In 2007, the Methodist Hospital served over 30,000 patients with injuries. The following outlines the broad range of serves that the Clarian Health Methodist Hospital has:

- Board Certified trauma surgeons
- Nurses trained and experienced in delivering acute care
- Specialists, including pediatric surgeons, orthopedic surgeons, neurosurgeons, critical care specialists, and anesthesiologists, who are available around the clock
- Operating rooms that are open and staffed 24 hours a day
- State-of-the-art diagnostic imaging and monitoring equipment
- Emergency transport vehicles
- Social workers and chaplains to help patients and their families

University of Pennsylvania Health System

Valley Forge, Pennsylvania

(800) 789-PENN

<http://www.penncancer.org/index.cfm>

"Philadelphia Magazine" Top Doctors

ANCC Magnet Recognition

National Institutes of Health Grant Funding

Hospital of Choice Award

A team of interdisciplinary professionals has been formed to provide the best quality care and service for patients and communities in the Pennsylvania area. The University of Pennsylvania Health System has a core of excellent programs in major disciplines and strives to be the market leader in select services. The core is supported by health services that have been networked and include owned or affiliated hospitals and ambulatory practices.

Flagler Hospital

St.. Augustine, Florida

(904) 819-5155

<http://flaglerhospital.com/>

Magnet Designated Hospital Award

Best Place to Work Award

Top 100 Performance Improvement Hospitals

The Flagler Hospital is a not-for-profit facility that has grown into a 316 bed acute care center. In 2006, Flagler Hospital became Northeast Florida's only Magnet designated hospital, by the American Nurses Credentialing Center. Flagler Hospital was also voted "Best Place to Work" by the Business Journal of Jacksonville and won the "Top 100 Performance Improvement Hospitals" by Solucient. Flagler Hospital is one of the largest leaders in cardiac care and was rated in the top 5% best cardiac care in the Jacksonville area.

According to the Chicago Tribune in June of 2008, there is a need for a level 1 trauma center in Northwest Indiana. Northwest Indiana's current trauma center, St.. James Hospital and Health Centers in Olympia Fields, Ill, is being shut down on July 1, 2008. For individuals in Lake and Porter counties that need trauma care must be sent to centers in Chicago or in surrounding Illinois suburbs. There is a study currently being conducted by the Porter Hospital to decide whether or not they should include a level 1 trauma center in their new facility that is being created in Valparaiso.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, Lake, LaPorte and Porter Counties, Indiana, Prepared by Professional Research Consultants, Inc.
- American Cancer Society, General Definition of Cancer, http://training.seer.cancer.gov/module_cancer_disease/unit2_whatscancer1_defintion.html
- Center for Disease Control, CDC Vaccine Price List, <http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm>
- Health Scout, Heart Disease- Symptoms, Treatment and Prevention, <http://www.healthscout.com/ency/68/458/main.html>
- HeartZine, treatment of heart disease, <http://www.heartzine.com/introduction/355-treatment+of+heart+disease.html>
- Indiana State Department of Health, Annual Hospital Report 2000-2005, <http://www.in.gov/isdh/regsvcs/acc/services/2005/005033.htm>
- Indiana State Department of Health, Indiana Mortality Report, http://www.in.gov/isdh/dataandstats/mortality/2001/table05/tbl05_64.html
- Indiana State Department of Health, Indiana Cancer Facts and Figures 2006, <http://www.in.gov/isdh/dataandstats/cancerinc/2006/section5-64.htm>
- Indiana State Department of Health, School Immunization Levels in Indiana, http://www.in.gov/isdh/dataandstats/immunization/school/06school/2006_2007school-immunization
- Minnesota Department of Health, When to get shots for children and adolescents, <http://www.health.state.mn.us/immunize>
- National Stroke Association, Stroke Risk Scorecard, Public Stroke Prevention Guidelines, <http://www.stroke.org/site/pageserver.pagename=prevention>
- National Vaccine Information Center, Indiana, <http://www.909shot.com/state-site/Indiana.htm>
- Porter, <http://www.porterhealth.com/about/facilities.html>
- Stats Indiana, Indiana Health Professionals by County, 2003-2004, <http://www.stats.indiana.edu/web/county/hprof04.html>
- Teens Health, Immunization, http://www.kidshealth.org/teen/school_jobs/college/immunizations.html
- UWHealth, Heart Disease Risk: Women vs. Men, <http://www.uwhealth.org/gored/heartdiseaseriskwomensvsmen/10345>

This section reviews mental health treatment in Porter County including: addressing the need of mental health care facilities, the existence of depression and its treatments, the importance of child mental health care options, mental health care facilities in Porter County, Porter County programs, and best practices which addresses what is being done in other communities to provide mental health care.

According to the Surgeon General’s Report on Mental Health, nearly half of all Americans with severe mental illnesses fail to seek treatments, and one out of five Americans in any given year report recognized mental disorders. Mental illnesses, if left untreated, can impair a person's well being. The availability of the appropriate facilities and treatment centers is a growing concern for many communities. Mental health care continues to be a challenge in organizing, financing and delivering effective preventive treatments to the community.

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Mental health is a primary topic of concern within Porter County. The need for mental health care in a community is vital for the success of every individual. Some highlights of mental health care in Porter County in this section include:

- Compared to other counties in Northwest Indiana, Porter County has the highest percent (23.8%) of individuals who have experienced a mental health occurrence three or more days in the past month.
- Of the individuals in Porter County who admitted to having a mental or emotional problem, fifty percent (50.0%) of them sought professional help.
- Depression is a very common mental disorder, and in Porter County one out of four individuals have experienced periods of depression which lasted two or more years. This ratio is a lot larger when compared to the U.S. and Northwest Indiana.
- The focus on providing mental health care for children has become a larger concern for many communities. In Porter County, the percent of respondents with children that said they had at least one child that has had mental or emotional troubles is four percent (3.7%) higher than Northwest Indiana's average. Mental health care for children is a need in Porter County.
- Mental health care facilities in Porter County are primarily located in or around Valparaiso. This presents a problem for those that live in southern Porter County that must drive farther north to receive proper mental health care.

Public Opinion of Mental Health Care

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County, mental health was ranked 17 out of 23 issues as the top issues facing Porter County. When asked to rate their level of concern, 18.0% of respondents felt that the availability of adolescent mental health care is a moderate concern, while 5.8% of respondents felt that the availability of adolescent mental health care is a major concern. Forty-one percent (41.4%) of respondents felt that the availability of adolescent mental health care is a minor concern, and 24.4% of respondents felt that it is not a concern. When asked to rate their level of concern, 15.9% of respondents felt that mental illness or emotional issues are a moderate concern, while 6.6% of respondents felt that mental illness or emotional issues are a major concern. Forty-three percent (42.5%) of respondents felt that the availability of adolescent mental health care is a minor concern, and 27.1% of respondents felt that it is not a concern.

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	17th	13th
Most significant family issue	19th	N/A
Availability of Adolescent Mental Health Care	27th*	17th*
	2.06**	2.76**
Mental Illness or Emotional Issues	19th*	19th*
	2.02**	2.71**

*Rank of significance among forty-three (43) issues
 **Rating of concern on a 1-4 scale, where 1 indicates not a concern, and 4 indicates a major concern
 Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, mental health was 13th place. According to the 2007 Needs Assessment Stakeholder Survey, twenty-one percent (20.8%) of respondents felt that the availability of adolescent mental health care is a major concern, followed by 32.1% of respondents who felt it is a moderate concern. Thirty-six percent (35.8%) of respondents felt that the availability of adolescent mental health care is a minor concern, and 3.8% of respondents felt that adolescent mental health care is not a concern. Fifty-three percent (52.8%) of respondents felt that mental illness or emotional issues is a major concern, followed by 52.8% of respondents who felt it is a moderate concern.

Six focus groups were held in September 2007 with nonprofit organization representatives, youth respondents, employers, public safety workers and government officials, and community leaders and donors. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about mental health care issues.

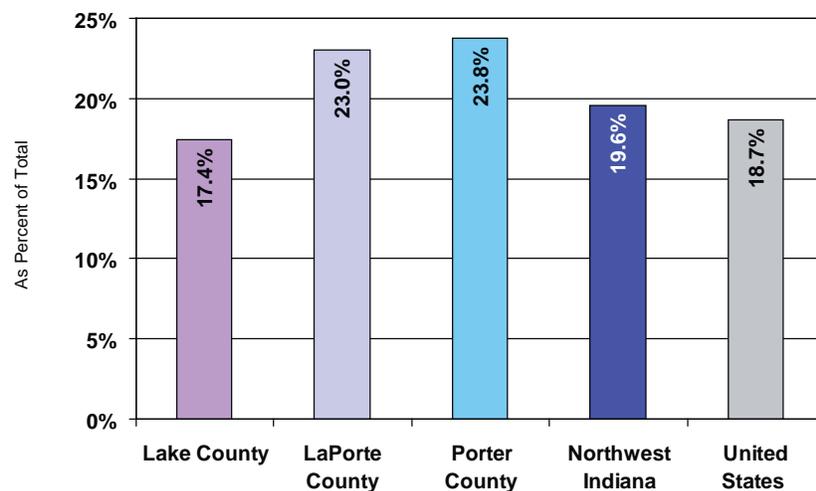
- *Women with no real skill sets have to go out and find sustainable employment at sustainable levels which just isn't present...and child care, and health care and insurance. That leads to substance abuse, physical abuse, mental abuse.*
- *Medicaid is scheduled to make a whole lot of changes regarding physical health and mental health services, particularly mental health services, which will have a large affect on mental health, drug and alcohol programs, senior programs for mental health will all be impacted.*
- *Support groups for anger management. I don't believe that the male population is well-supported in their mental health needs. It seems like our schools focus on the mentoring, especially for the girls, and there's not a whole lot out there for the boys.*

- *We have emergency funding for medications for non-life threatening disorders. We could use much more of that. The other is for actual treatment. It's a wonderful investment; it's a chance for hope. I know of some places where they do it for free, but this is temporary. Even with the Hoosier/Health-wise, they fall way short with anything for mental wellness. It's money for initial visits, the co-pay, but to be able to actually go and get – maybe not just mental health – but health care. There needs to be something in place so people can get health care.*

An Epidemiological Health Care Report was conducted by Professional Research Consultants for the United Ways of Northwest Indiana, in an effort to address health concerns in Northwest Indiana; specifically targeting Porter County, Lake County, and LaPorte County. In this report, a sample of 1,200 individuals age 18 and older from all three counties was obtained. Therefore, the percentages derived for the Needs Assessment will be reported from this sample size.

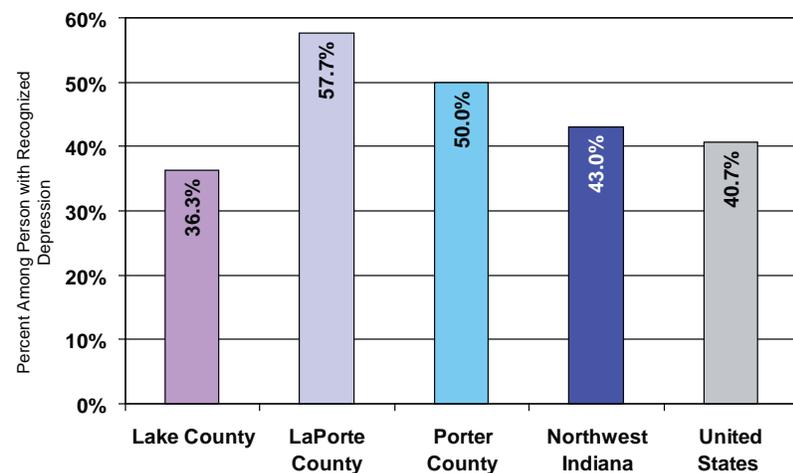
According to the Epidemiological Report there is an existing need for mental health care in Porter County, as well as Northwest Indiana. Mental health care is a highly responsive form of treatment for individuals suffering from mental disorders. The availability of mental health care continues to be a concern for Porter County.

Mental Health Occurrence in Past Three Months



Compared to other counties in Northwest Indiana, Porter County has the highest percentage (23.8%) of individuals who have experienced a mental health occurrence three or more days in the past month during 2005. Porter County, when compared to Northwest Indiana, is four percent higher (4.2%) than Northwest Indiana and 5.0% higher than the United States.

Sought Professional Help



Porter County has the second highest percent (50.0%) of individuals who sought professional help with a mental or emotional problem, compared with LaPorte and Lake Counties.

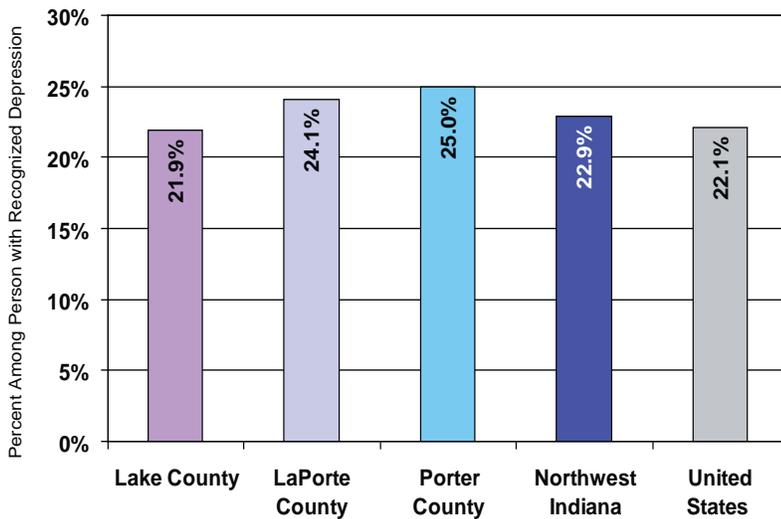
According to the World Health Organization, depression is a common mental disorder that affects individuals with the following symptoms: depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depression has many side effects that can lead to impairments and decrease an individual's ability to function in every day life. At extreme circumstances, depression can lead to suicide. Depression affects more than 121 million individuals nationally and 25.0% of those individuals with depression do not have access to effective treatment.

The following are signs and symptoms associated with depression according to the National Institute of Health.

- Persistent sad, anxious or "empty" feelings.
- Feelings of hopelessness and/or pessimism.
- Feelings of guilt, worthlessness and/or helplessness.
- Irritability, restlessness.
- Loss of interest in activities or hobbies once pleasurable, including sex.
- Fatigue and decreased energy.
- Difficulty concentrating, remembering details and making decisions.
- Insomnia, early-morning wakefulness, or excessive sleeping.
- Overeating or appetite loss.
- Thoughts of suicide, and suicide attempts.
- Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.

There are many ways in which mental health care facilitates for depression.

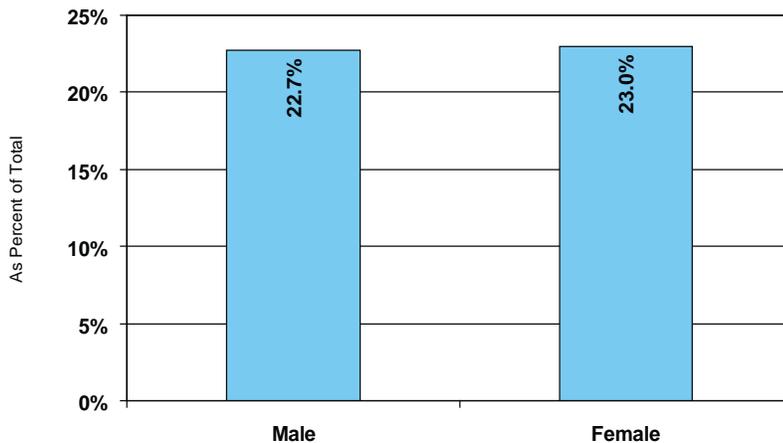
Experienced Depression Lasting Two or More Years



Source: 2005 Epidemiological Report

According to the 2005 Epidemiological Report, one out of four individuals in Porter County has experienced periods of depression which lasted two or more years. Porter County had the highest percentage of this occurrence compared to other counties in Northwest Indiana, and the United States.

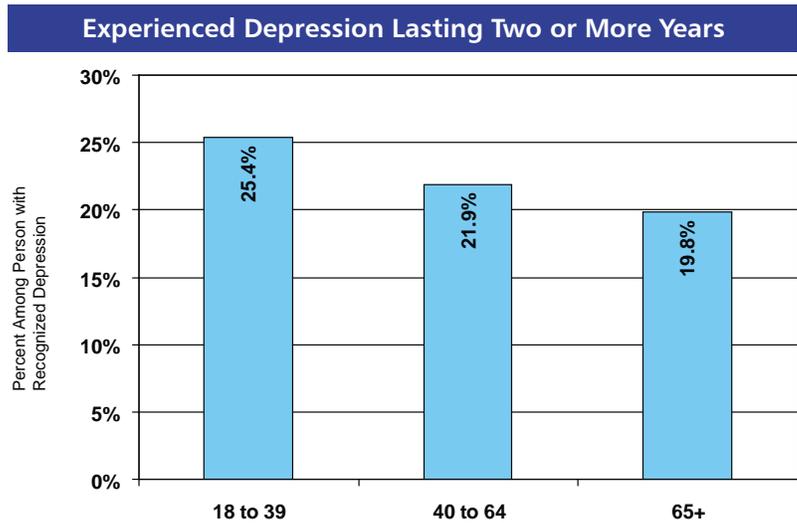
Experienced Depression Lasting Two or More Years



Source: 2005 Epidemiological Report

According to the 2005 Epidemiological Report on Northwest Indiana, 23.0% of women and 22.7% of men have experienced periods of depression for two or more years.

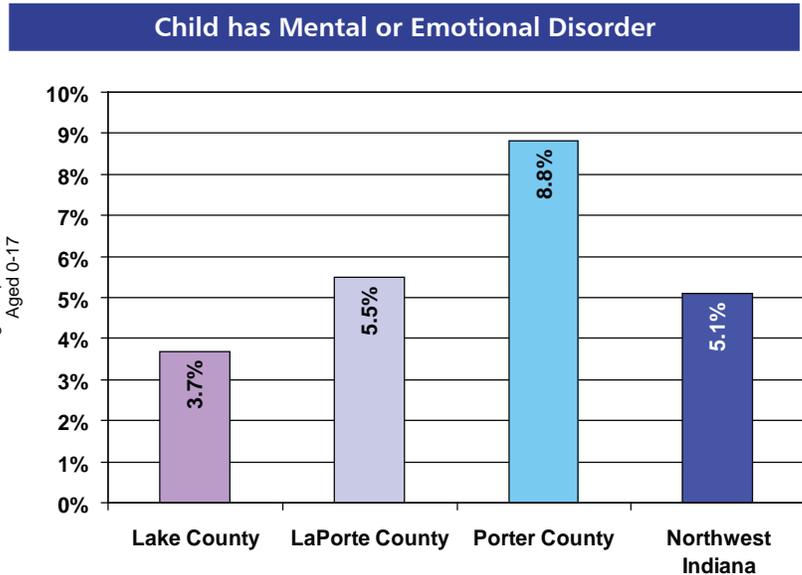
According to the 2005 Epidemiological Report on Northwest Indiana, individuals that have experienced periods of depression which lasted two or more years was more prevalent for younger adults, compared to senior citizens. In Northwest Indiana, there were more (5.6%) 18 to 39 year olds who experienced depression lasting two or more years than seniors age 65 and older.



Source: 2005 Epidemiological Report

According to the Bazelon Center for Mental Health Law, mental disorders affect about one in five American children, yet only about one fifth of these children actually receive the mental health services they need. The most common mental disorders among children are anxiety disorders, mood disorders, and disruptive disorders. Children that do not have accessible mental health care facilities or programs can experience outcomes that might impair their future.

The 2005 Epidemiological Report conducted a study on the percentage of respondents with children that indicated they had at least one child with mental or emotional troubles. Compared to other counties in Northwest Indiana, Porter County had the highest percentage (8.8%) of reported children with a mental or emotional disorder.



Source: 2005 Epidemiological Report

The following are consequences that children could experience as a result of not receiving the proper mental health care prevention or treatment.

- Without proper prevention or treatment, children might not be able to excel in school, job opportunities, or provide for a family in the future.
- According to the President's New Freedom Commission on Mental Health, children who have a mental disorder, have an increased likelihood of eventually becoming part of the juvenile justice system.
- According to the Substance Abuse and Mental Health Services Administration, children who have a mental disorder are much more likely to partake in substance abuse.
- According to the Surgeon General, 90.0% of children that have committed suicide have had some form of mental disorder. This indicates that children that have mental disorders, specifically depression, are at a higher risk for suicide.

Facilities in Porter County

The following map illustrates locations of mental health facilities in Porter County that provide services to adults and children, such as: hospitals, medical centers, mental health centers, social service agencies, private practices, schools, and private businesses. These facilities provide services for prevention and treatment of mental disorders. All locations have been referenced from the Porter County Yellow pages under the "mental health care" category.

- - Family and Youth Services Bureau
- - Porter County Family Counseling
- - Mental Health Association in Porter County
- - Porter-Starke Services, Inc.
- - Midwest Center for Youth and Families
- - Lutheran Social Services
- - Pathway Family Center
- - National Alliance of Mentally Ill
- - Porter County Juvenile Detention Center



Porter County’s mental health care facilities primarily are located in Portage and Valparaiso. For residents of southern Porter County, the only mental health care facility available is the Midwest Center for Youth and Families in Kouts, IN.

The following is a list of practicing psychologists in Porter County as of November 2007. There are many psychologists in Porter County that can be referenced from the Porter County Yellow Pages under the "psychologists" category. Some psychologists practicing in Porter County are listed below.

Amador, Cathleen M PSY D
Associated Psychological Services
Associates in Clinical Practice
Behavior Specialists of Indiana
Clinical Psychology Associates
Clinical Psychology Center PC
Duneland Counseling Center
Durak, Gary M PHD HSPP
Edwards, Carol B PSY D
Eggen, Karen PhD HSPP
Fink, Joseph W PhD
Harris, John W PhD HSPP
Leonelli, Bernard T PhD
Mooney, Kevin C PhD HSPP
Nordstrom, Craig PHY D
Noll, Mark E PhD
Parks, David W. PSY D
Porter- Starke Services Inc
Price, Richard A PSYD
Samuelson, Jeffrey L PhD
Shear, Barry M PhD
Thomalla, Giselle PhD HSPP

The following describes some mental health care providers in Porter County and what services they provide to prevent and treat mental illness.

Porter-Starke Services

3349 Willowcreek Rd.
Portage, IN 46368
Phone: (219) 762-9557

3349 Willowcreek Rd.
Portage, IN 46368
Phone: (219) 762-9557

ACT Day Treatment - This program is created for children who are not behaving appropriately in school or show emotional problems. These children can be referred from parents, schools, the Office of Family and Children, and Juvenile probation. This program is three to four hours of education from licensed teachers and instructors, followed by four hours of group therapy and special behavioral training. Additional services such as medication and supervising psychiatrists are optional. This program serves children grades Kindergarten through twelfth grade and costs \$236 per day, or a sliding scale of income.

Passage - This program is for children specifically having trouble functioning in public school due to emotional or behavioral problems that require day treatment. These students go to school regularly, but must have a two to three hour session a day, five days a week to receive group therapy. In these groups, children work on developing interpersonal skills, anger management, conflict resolution, activities of daily living, experiential therapy, and process group therapy. This costs \$150 per day or a sliding scale of income.

Child and Family Case Management - This program has been created to work with families, schools, and communities to address issues such as parent training and education, development of discipline programs in the home, and linkage to community resources and benefits. The cost is based on a sliding scale of income.

Facilities in Porter County - continued

Adolescent Intensive Outpatient - This course is 8-10 weeks, and focuses on individuals who are 11 to 17 years old that have had problems with substance abuse. Clients can not be violent or have any history of violence. The cost is based on a sliding scale of income.

As a joint service with Healthlinc, Porter-Starke Services also has an Integrated Mental Health and Physical Health service for residents of Porter County.

Mental Health America in Porter County

402 Indiana Avenue
 Valparaiso, IN 46385
 Phone: (219) 462-6267

The Mental Health America in Porter County is a not-for-profit organization that strives to improve the standard of living for individuals who are suffering from mental disorders. By promoting programs, raising awareness, and creating support groups, the Mental Health America has been able to reach out to many individuals in Porter County. The Mental Health America has programs to support individuals with a mental disorder. These programs include: Support and Educate Survivors of Addiction and Suicide (SOLAS), Building up Girls (BUG), Building Up Our Youth (BUOY), and the Open Door Social Club.

Child has Mental or Emotional Trouble		
Organization	Serve	Currently Serving
Support and Educate Survivors of Addictions and Suicide (SOLAS)	unlimited	45 per year
Building Up Girls (BUG)	unlimited	30 as of June 2008
Building Up Our Youth (BUOY)	unlimited	10 to 15 as of June 2008
Open Door Social Club	unlimited	13-15 per year

Source: Self Reported through phone interview

All programs have expressed that there is a continual need for funding and qualified human resources. In all cases these programs have not reached any form of capacity and do not have any form of a waiting list.

Porter County Juvenile Detention Center

1660 South SR2
 Valparaiso, IN 46385
 Phone: (219) 465-3475

The Porter County Juvenile Detention Center has an ongoing program that has been screening youth offenders for mental health disorders. This program is designed to help boys and girls in Indiana’s juvenile detention center to receive the appropriate treatment and mental health services they need. The program is for individuals 12 years old and over. The screening process involves a 10 to 15 minutes computer questionnaire that helps define levels of mental health. Once the evaluation has been completed, the detention center can then evaluate if the individual needs therapy or some form of mental health care. The screening is optional and can be denied by the child or the parent. As of 2006 there were over 8,000 troubled youths that had been screened in Indiana. The service is unlimited and is currently being practiced daily within the facility.

National Alliance on Mental Illness (NAMI)

Portage, IN
46368-9013
Phone: (219) 764-2958

The National Alliance on Mental Illness offers a program called Family-to-Family, which is designed as a informative support group that gives individuals a chance to interact and focus on learning the best care for the mentally ill. This program is a free 12-week course for family caregivers who provide care for individuals with severe mental illnesses. This course is taught by trained family members and all material and instructions are provided free to class participants. This course provides an individuals with up-to-date information about schizophrenia, major depression, bipolar disorder, panic disorder, obsessive-compulsive disorder, borderline personality disorder, and co-occurring brain disorders and addictive disorders as well as strategies for handling individuals with these illnesses. The Family-to-Family Program in Porter County currently does not have a NAMI facility or office. Currently NAMI is using community mental health centers in Porter County to facilitate programs and services locally.

Family and Youth Services Bureau

253 W. Lincolnway Valparaiso, IN 46383 Phone: (219) 464-9585	6469 Central Ave. Portage, IN 46368 Phone: (219) 763-6623
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The Family and Youth Services Bureau of Valparaiso offers programs that help mentally ill children. One program offered is a Out-Client Service, which provides many options in professional counseling for children 5-18 years and their families. During July, a unique summer camp for children from elementary to middle school ages 6 to 12 is offered, which provides children with the correct exposure and guidance needed to help them live healthier lifestyles. Another program offered is called the Alcohol and Drug Defense (ADD). ADD has two different courses that are offered based on the severity of substance use. The first course consists of 12 hours per week for four weeks and offers care for individuals that do not have difficulty with substance use. The second course is more intense, lasting 28 weeks for individuals who have a serious difficulty with substance use.

Lutheran Social Services of Indiana

210 Washington St.
Valparaiso, IN 46383
Phone: (219) 531-1005

The Lutheran Social Services of Indiana in Valparaiso offers the services of licensed counselors to residents of Porter County. These counselors work with families, individuals, and children to enhance their ability to examine problems, identify strengths, and explore alternatives to mental illness. All services are provided on a sliding fee scale based on family size and income.

Pathway Family Center

Chesterton, IN 46304
Phone: (219) 926-2583

The Pathway Family Center provides a variety of professional services to children, adolescents, young adults and their families for mental illness and substance abuse. Pathway's staff has extensive training in behavioral and substance abuse treatment, which includes: licensed medical doctors, master's level therapists, bachelor level therapists, psychiatrists, psychologists, licensed practical nurses, accredited teachers, and peer staff. Assessments are given to individuals age 10 to 19, and then proper care is provided to fit the individual's unique situation. Care can range from drug screenings, substance abuse assessments, outpatient services, and long-term residential treatment based on the individual's situation.

Porter County Family Counseling Center

554 South Locust Street,
Valparaiso, IN, 46383
Phone: (219) 464-3919

The Porter County Family Counseling Center is committed to providing mental health services to those that can least afford them. They provide counseling for: individuals, families, couples, for depression, anxiety, anger management, and adjustment problems. All of the services include an initial phone intake, first appointment scheduled within seventy-two hours of phone intake, fifty-minute counseling sessions, and community resource referrals.

Midwest Center for Youth and Families

1012 West Indiana St.
Kouts, IN 46347
Phone: (219) 766-2999

The Midwest Center for Youth and Families provides residential treatment services for children with a mental illness. The staff for the Midwest Center for Youth and Families consists of physicians, therapists, nurses, teachers and behavioral health workers. The facility's services are designed and provided in a culturally sensitive framework to acknowledge and honor differences among individuals, families, and communities. The Midwest Center for Youth and Families offers Dialectical Behavioral Therapy for female adolescents with self-harming, borderline personality disorders, eating disorders, and chemical dependency issues.

Baptist Children's Home

354 West St. Ste 1
Valparaiso, IN 46383
Phone: (219) 462-4111

The Baptist Children's Home provides group home and foster home care for children, Christian family and/pr personal counseling, family like conferences, adoptive services and care for pre-born children.

Catholic Charities - LaPorte County

176 S. West Street
Crown Point, IN 46307
Phone: (219) 663-8417

Catholic Charities of LaPorte County provides emergency assistance to people who are at risk of homelessness, housing counseling, budget and credit counseling, clinical counseling. Counseling is extended to individuals, families, adolescents, parents and children, and groups in relation to issues of adolescent behavior, anxiety, depression, domestic violence, grief, sexual or substance abuse, and self-esteem. Catholic Charities also provides counseling for women experiencing an unplanned pregnancy; connecting them with local medical, housing and educational resources to maintain their pregnancy and, if adoption of the baby is the ultimate choice, provides matching with appropriate adoptive families. It also offers prevention services, classroom presentation, and behavioral health services for children in Catholic schools.

The New York State Office of Mental Health (OMH)
The New York Association of School Psychologists (NYASP)

Phone: (631) 912-2122

The New York State Office of Mental Health (OMH) has a Suicide Prevention Education Awareness Kit (SPEAK) which addresses suicide awareness and education among New York teachers, administrators, school psychologists, social workers and counselors. This program will have multiple workshops in all schools in New York, and distribute materials on suicide. The SPEAK program trains school administration and counselors to recognize the warning signs of suicide and be able to react accordingly to address the issue. SPEAK strongly emphasizes prevention, and teaches the many ways in which these community leaders can address the issue. The workshops contain Power Point presentations and up-to-date materials that help address the material appropriately.

The following are the five workshops that are being used as part of the program throughout the schools:

Recognizing Depression in Young Children - Training workshops that focus primarily on giving teachers and parents an understanding of the signs of depression in elementary aged children.

Friends Helping Friends - This workshop works primarily with adolescent groups and promotes having a network of friends that have the same values and beliefs as a foundation.

Is It Just the Blues? - Adolescent Depression and Suicide Prevention works specifically with teachers in recognizing depression in teenagers and what to do about it.

Recognizing Depression in Your Teenager and What to Do about It - This workshop works specifically with parents in recognizing depression in teenagers and what are the proper ways to get help.

Why Do I Feel Sad All the Time? - An interactive workshop for adults that work in school activities such as school staff, PTA, or athletic/program directors.

Center for the Promotion of Mental Health in Juvenile Justice

Columbia University/NYSPI
1051 Riverside Drive, Unit 78
New York, NY 10032
Phone: (212) 543-5298

The Center for the Promotion of Mental Health in Juvenile Justice hosted a Consensus Conference endorsed by the National Mental Health America, American Probation and Parole Association, and the National Alliance for the Mentally Ill. During this conference, a national group of experts derived six recommendations for providing mental health in juvenile justice.

Recommendation 1: Emergent Risk

Provide an evidence-based, scientifically sound mental health screening within the first 24 hours of a youth's arrival at a facility.

Recommendation 2: Mental Health Service Needs

Provide an evidence-based, scientifically sound mental health screening and/ or assessment for all youths as early as possible in order to determine need for mental health services.

Recommendation 3: Mental Health Assessment Components

A comprehensive mental health assessment must be based upon careful review of information from multiple sources and must measure a range of mental health concerns.

Recommendation 4: Community Re-entry

Provide an evidence-based and scientifically-sound screening or assessment for all youth preparing to leave a post ad-judicatory secure facility and return to their communities.

Recommendation 5: Re-Assessment

Provide evidence-based, scientifically sound screening/assessment credentials on a regular basis for all youth.

Recommendation 6: Staff Training

Provide training for staff appropriate to their role in assessment in evidence-based, scientifically sound mental health screening/assessment procedures.

The conference emphasized the importance of screening within the youth and juvenile justice system. They found that of those individuals who are in the juvenile justice system, many are at a much higher risk for psychiatric conditions. These conditions may have contributed to the risk of offending, or may interfere with rehabilitation. By implementing psychiatric screenings and assessments for the youth in the community, the Center for the Promotion of Mental Health in Juvenile Justice feels they can better the lives of youth.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, Lake, LaPorte and Porter Counties, Indiana, Prepared by Professional Research Consultants, Inc.
- Aquarius Health Care Media, About Aquarius, <http://www.aquariusproductions.com/aboutus.php>
- Best Practices, Center for the Promotion of Mental Health in Juvenile Justice, <http://www.promotementalhealth.org/practices.htm>
- Child and Adolescent Mental health, SAMHSA'S National Mental Health Information Center, <http://mentalhealth.samhsa.gov/child/childhealth.asp>
- County Juvenile Center in Pilot Project on Youth Mental Health Screening, Chesterton Tribune, http://chestertontribune.com/PoliceFireEmergency/1152%20county_juvenile-center_in
- Depression, Signs and Symptoms, National Institute of Mental Health, <http://www.nimh.nih.gov/health/topics/depression/index.html>
- Infant and Toddler Mental Health, Mental Health America, <http://www.mhai.net/IAITMH.htm>
- L.A. County Department of Mental Health, About Us, <http://dmh.lacounty.gov/about.us.asp>
- Mental Health: A Report of the Surgeon General, <http://www.surgeongeneral.gov/livrary/mentalhealth/chapter3/sec1.html>
- NYS Office of Mental Health Wins National Innovations Award, NYS Office of Mental Health, <http://www.omh.state.ny.us/omhweb/News/psychkes.htm>
- Outpatient Mental Health Services, Porter County Government, http://www.porterco.org/juvenile_mental_health.html
- Suicide Awareness Pilot Program Launched in Time for New School Year and Seasonal Increase in Mental Health Care Needs Among Teens, New York Office of Mental Health, http://www.omh.state.ny.us/omhweb/news/suicide_in_schools.htm
- The Importance of Mental Health, Ezine Articles, <http://esinarticles.com/?The+importance-ofMental-Health&id=788844>
- Types of Mental Health Professionals, Mental Health America, <http://www.nmha.org/go/help/finding-help/find-treatment/>
- Types of Mental Health Providers, MayoClinic, <http://www.mayoclinic.com/print/mental-health.htm>
- What is Depression, World Health Organization, http://www.who.int/mental_health/management/depression/definition/en/

This section reviews prescription drug costs in Porter County which includes: prescription drug supplement programs established through the government, state, and community, as well as best practices which address how other communities and states are providing prescription drugs at a lower cost.

According to the Center for Studying Health System Change, elderly adults and uninsured individuals have the most trouble affording prescription drugs. One in four people who are uninsured did not get at least one prescription drug in 2003 due to the expensive cost. Individuals who are reliant on employer-sponsored private insurance have a better chance in affording prescription drugs. It is the variety of options and eligibilities that determine which prescription drug benefits can be acquired.

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Prescription drugs are a primary topic of concern for the people of Porter County. Individuals that are uninsured or elderly must continue to find alternatives to the rising costs of prescription drugs. Currently on a national, state, and community level, individuals are assessing what can be done to provide help to those who are most dependent on affordable prescription drugs.

- Those that have the largest need for prescription drugs are seniors age 65 and older and people with disabilities.
- Some of the main conditions that are very dependent on prescription drugs are osteoporosis, hypertension, myocardial infarction, diabetes, and depression.
- Medicare Part D was created in 2006 to provide more benefits for individuals who did not have enough prescription coverage through their original Medicare plan.
- For those that are enrolled in Medicare Part D, there are two programs that are primarily offered, which are: fee-for-service options known as the Prescription Drug Plan and Medicare Advantage.
- Indiana's HoosierRx helps individuals in Porter County afford the premium and deductible costs associated with Medicare, Medicare Part D, and prescription drug plan premiums.
- The National Association of Counties has been recognized as an organization that is making a difference in many counties throughout the U.S. This organization encourages the benefits of county government and public/private relationships to a community. One of these benefits is the Prescription Drug Discount Card.

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County residents, prescription drugs was ranked in twenty-second place. Thirty percent (30.0%) of Porter County residents feel that prescription drugs is one of the top three issues facing Porter County residents. When asked to rate their level of concern, 33.0% of respondents feel that the cost of prescription drugs is a moderate concern, while 18.8% of respondents feel that the cost of prescription drugs is a major concern.

Public Opinion of Medical Care Insurance

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	22nd	13th
Most significant family issue	20th	N/A
Cost of prescription drugs	3rd*	6th*
	2.58**	3.22**

*Rank of significance among forty-three (43) issues

**Rating of Concern on a 1-4 Scale (1 meaning not concerned 4 meaning very concerned)

Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, prescription drugs was ranked thirteenth. According to the 2007 Needs Assessment Stakeholder Survey, thirty-five percent (35.8%) of respondents feel that the cost of prescription drugs is a major concern, closely followed by 43.4% of respondents who feel that it is a moderate concern.

Prescription Drug Dependence

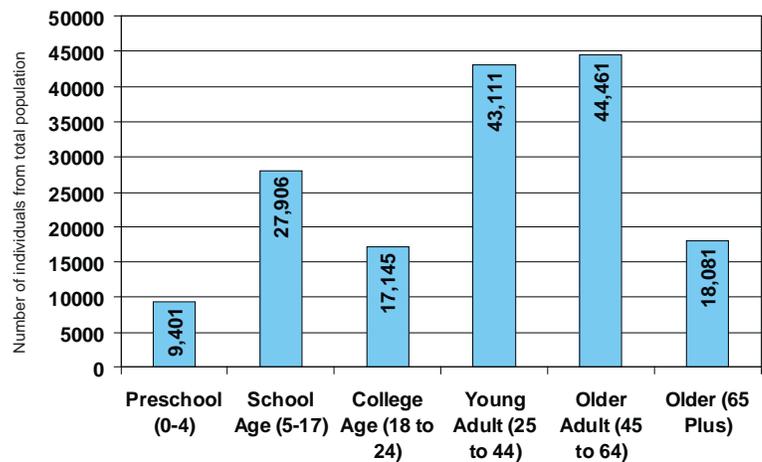
Prescription drugs are essential for complementing medical procedures, they can be substitutes for surgery and as new treatments where there previously were none. With growing technological endeavours and new discoveries, the cost of introducing a new drug can become very costly to the manufacturer and the consumer.

According to the Disturbing Truths and Dangerous Trends: The Facts About Medicare Beneficiaries and Prescription Drug Coverage, published by the White House, those that have the greatest need for prescription drugs are the elderly and the people with disabilities that are reliant on prescription drugs.

An Epidemiological Health Care Report was conducted by Professional Research Consultants for the United Ways of Northwest Indiana, in an effort to address health concerns in Northwest Indiana; specifically targeting Porter County, Lake County, and LaPorte County. In this report, a sample of 1,200 individuals age 18 and older from all three counties was obtained. Therefore, the percentages derived for the Needs Assessment will be reported from this sample size.

In 2007, the total population in Porter County was 160,578, with individuals age 65 or older accounting for eleven percent (11.3%) of the total. According to the U.S Census, the distribution of elderly in the Porter County community has increased consistently at about 2.3% per year since 2000. With the number of individuals older than 65, the increasing need for supplemental prescription drug coverage is needed.

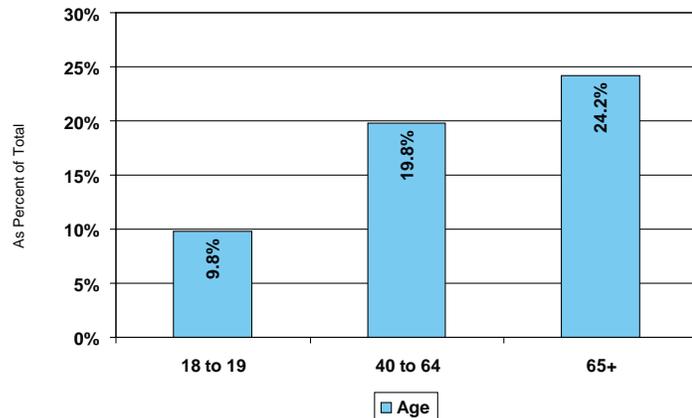
Porter County 2007 Population by Age



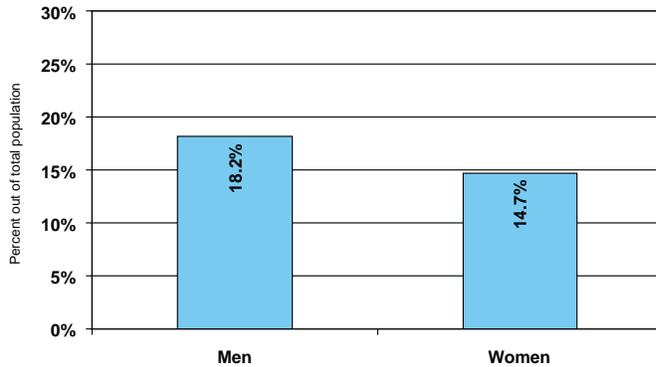
Source: US Census Bureau 2007 Estimates

Disability by Age in Northwest Indiana

According to the 2005 Epidemiological Report, disability by age shows a significant relationship with the need for prescription drugs. The older an individual in Northwest Indiana becomes, the more likely that individual will have some form of disability; thus, the need for prescription drugs could increase.



Disability by Gender in Northwest Indiana



According to the 2005 Epidemiological Report, men in Northwest Indiana are twenty-four percent (23.8%) more likely to have a disability than women.

Source: 2005 Epidemiological Report

Type of Disability in Northwest Indiana

Type of Disability	Percent
Back/Neck Problem	13.3%
Arthritis/Rheumatism	12.6%
Heart Problem	6.3%
Walking Problem	6.0%
Fracture/Joint Injury	5.5%
Lung/Breath Problem	3.3%
Mental/Emotional Problem	3.2%
Eye/Vision Problem	2.7%
Diabetes	2.7%
High Blood Pressure	1.3%
Other	43.1%

Among individuals reporting disabilities in Northwest Indiana, according to the 2005 Epidemiological Report, disabilities are most often associated to back/neck problems (13.3%) or arthritis/rheumatism (12.6%).

Source: 2005 Epidemiological Report

According to an article published by the White House called, "The Importance of Prescription Drugs to Medicare Beneficiaries," the top five conditions that are reliant upon prescription drugs for medicare beneficiaries are listed below.

Depression: Depression is considered a contributing factor in many unhealthy conditions. It has been estimated that 1 in 10 elderly individuals experience depression, and only 60.0% to 70.0% respond to these drugs. On average prescription drug co-payments can cost between \$130 to \$290 a month or \$1,560 to \$2,480 per year.

Diabetes: According to the 2005 Epidemiological Report in Northwest Indiana, almost 4 out of 100 individuals die of diabetes and is considered the 6th leading cause of death in Northwest Indiana. Diabetes prescription drugs are used to control glucose levels in an individual in order to control diabetes. The medication can have a co-payment cost of around \$60 per month or \$720 a year. Diabetes is responsible for blindness, kidney disease, and nerve damage.

Hypertension: Hypertension occurs in 60.0% of individuals over age 65, and increases the risk of heart attack, cardiovascular disease, or heart related problems by 10.0%. Supplemental prescription drugs are responsible for reducing the likelihood of this risk by one-third. On average the co-payment can cost \$40 per month or \$480 per year.

Myocardial Infarction (Heart Attack): According to the 2005 Epidemiological Report in Northwest Indiana, heart disease accounts for 28.4% of all deaths. In order to treat an individual after surviving a heart attack, many must take prescription drugs to reduce the chance of a reoccurring attack. A lipid reduction drug cost copay is about \$85 per month or \$1,025 per year. A beta-blocker costs about \$30 per month or \$360 a year.

Osteoporosis: This disease is found in 1 out of every 5 women in the United States and is the leading cause of hip fractures. Prescription drugs are used to reduce the risk of osteoporosis. On average the co-payment can cost \$20 per month or \$240 a year per person assuming individuals have insurance.

Research has been conducted on individuals who cannot afford drug insurance. The following are some of the trends that were found.

- Many important prescription drugs such as insulin, lithium, cardiovascular agents, and bronchodilators were not being used as much as they should because an individual's Medicare drug coverage was limited. Instead many elderly adults decide to buy basic household needs instead of the prescription drugs they are reliant on.
- Medicare beneficiaries whose drug coverage is limited are twice as likely to enter a nursing home because they could not afford to pay drugs that allowed them to be independent.
- Those who do not have coverage or a form of drug management tend to use drugs that are not appropriate for use and this will often lead to adverse drug reactions, inappropriate use of drugs, or the discontinuance of needed drugs.

The following contains a description of common prescription drugs used as treatment for the top five conditions, as mentioned earlier.

Actonel

Actonel is used for treatment and prevention of osteoporosis in postmenopausal women. Actonel can increase bone mass as well as reduce the incidence of vertebral fractures.

Alprazolam

Alprazolam is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with clinical depression.

Lipitor

Lipitor is a cholesterol-lowering medication that blocks the production of cholesterol in the body. Lipitor significantly reduces the amount of cholesterol in the blood stream reducing hypertension.

Lantus

Lantus is an insulin, called glargine, which is a man-made hormone produced in the body. The added insulin is used to lower levels of glucose in the blood. Lantus is used to treat type 1 and type 3 diabetes.

Plavix

Plavix, if taken daily, can help individuals reduce the risk of having a future heart attack or stroke. In most cases Plavix is recommended to individuals who have suffered from a recent heart attack or a recent stroke. Plavix helps keep platelets in the blood from sticking together and forming clots which helps maintain blood flow throughout the body.

The Cost of Prescription Drugs - continued

The following outlines the cost of prescription drugs in Porter, Lake, and Starke Counties. All prices are assuming that the consumer does not have insurance at the time of purchase. Prices have been calculated by taking averages from IndianaConsumers.com, Indiana Prescription Price Finder. Prices marked in blue indicates which county has the most expensive cost of the prescription drug, and prices marked in yellow indicate which county has the least expensive cost for the prescription drug.

Prescription Drug Prices by County					
	Actonel 45 MG Tablet (Osteoporosis)	Alprazolam 1 MG Tablet (Depression)	Lipitor 20 MG Tablet (Hypertension)	Plavix 75 MG Tablet (Heart Attack)	Lantus 100 Units/ML (Diabetes)
Porter County	\$96.29	\$20.01	\$187.26	\$154.54	\$97.85
Lake County	\$96.13	\$17.99	\$127.92	\$154.42	\$98.18
Starke County	N/A	\$24.19	\$139.76	\$167.49	\$91.99

Source: IndianaConsumers.com

When comparing prescription drug prices in Northwest Indiana, overall Lake County has the least expensive prescription drug costs for the five health conditions mentioned earlier. When comparing prices, Porter County did not have the lowest prices in any category. This indicates that compared to neighboring counties, Porter County, does not offer the most affordable prescription drugs to the community.

Visiting Nurse Association of Porter County

501 Marquette Street
Valparaiso, IN 46383
Phone: (219) 462-6020

The Visiting Nurse Association has worked with Express Scripts, Inc. to provide discounts on prescription drugs throughout Porter County. According to the Visiting Nurse Association, more than 280 local residents have taken advantage of this opportunity and some have even seen savings of hundreds of dollars per year. Typically all prescriptions are discounted 12% to 15% with generic drugs sometimes discounted as much as 55%. Almost all prescription medications are covered. The cost of the Visiting Nurse Association and Express Scripts program is only \$18.00 per year and this coverage can be extended to spouses and dependent children at no additional charge. Express Scripts, Inc. has pulled together major chains like Walgreens, Target, Fagen, and Kmart to create a discount pool that allows these providers to receive a store cost advantage while providing the community with cheaper prescription drugs. Express Scripts, Inc. has worked in many locations nationally and is making its impact in Porter County. Participants receive a discount card to use when filling prescriptions. The discounts are then automatically calculated by the participating pharmacies.

Porter Starke Services

601 Wall Street
Valparaiso, IN 46383
Phone: (219) 531-3500

Porter Starke Services offers a range of personalized services that specialize with the needs of individuals dealing with mental health conditions. For those that are seeking additional treatment for conditions such as:

- Depression
- Anxiety
- Schizophrenia
- Bipolar Disorder
- Addiction
- Attention Deficit/ Hyperactivity Disorder
- Behavioral Issues

Porter Starke Services can guide these individuals through the proper prescription drug treatment. Their services give the Porter County community a feasible resource for all of their mental health care needs.

HealthLinc (formerly Hilltop Community Health Center)

454 South College Ave
Valparaiso, IN 46383
Phone: (219) 462-7173

Healthlinc has taken into consideration the accessibility of prescription drugs in Porter County, and has partnered with Fagen Pharmacy in Valparaiso. Now individuals at Healthlinc can have access to the care they need, and have more accessibility to the prescription drugs they require.

Northshore Health Center

Phone: (219) 763-8112

The Stacy McKay Health and Education Center
6450 U.S. Highway 6
Portage, IN 46368

Scottsdale Clinic
3465 Scottsdale St..
Portage, IN 46368

All Northshore services assist patients in gaining access to low-cost prescriptions, on-site samples, and patient assistance programs sponsored by manufacturers and local pharmacies. Northshore also has a low cost on-site medication dispensary during urgent care hours at the Scottsdale Clinic, and during all operating hours at the Stacy McKay Health and Education Center. Northshore is able to provide medications at a low price because it is a federally funded community health center. In this case, the government negotiates with pharmaceutical companies to guarantee affordable prescription drugs to Porter County residents at a cost 30.0-70.0% smaller than what a patient would usually pay at their general drug store. In order to receive medication, patients must go to Fagen Pharmacy in South Haven since that is where prescription drugs can be transferred.

Porter County Mental Health America

462 Indiana Ave.
Valparaiso, IN 46383
Phone: (219) 462-6267

Mental Health America offers a Health Financial Aid or Bridging the Gap program to Porter County residents which provides emergency funding for individuals who cannot afford prescription drugs. Many individuals find themselves in financial crises, unemployment, waiting on long term funding through medicaid, or are having trouble with budgeting due to mental illness. In all cases, the need for financial support during these periods can have a large impact on an individual's health. Porter County Mental Health America provides funding for individuals that need these resources. Referrals for individuals come from local medical care providers or through direct phone calls from the individual. No limits have been set on the monetary amount that can be allocated towards an individual; however, normally there is a once a year limit per individual using the services. The Health Financial Aid/Bridging the Gap is the only program to offer psychotropic medication funding (medication to treat mental illnesses) in all of Porter County and neighboring counties. The program is funded primarily by Porter County United Way and has recently received a \$35,000 grant from the Porter County Foundation to expand the program.

Porter County Association for Handicap Children and Adults

(219) 464-7382

The Porter County Association for Handicapped Children & Adults provides financial aid to handicapped residents by providing assistance in purchase/rental of equipment, and lifelines; reimbursement for transportation to clinics or hospitals for treatment. The United Way of Porter County also gives money to the Association for prescription drug coverage for individuals who cannot afford insurance.

HoosierRx

Indiana has created a prescription drug program called HoosierRx which has been created for low-income seniors age 65 and older. The benefits include: receiving assistance in paying Medicare, Medicare Part D, and prescription drug plan premiums. Although HoosierRx does not directly provide lower costing prescription drugs, it does help pay for those organizational premiums that help provide coverage for prescription drug expenses.

In order to be eligible an individual must meet one of the following guidelines:

- Recipient must be 65 years old or older.
- Recipient must be a resident in Indiana.
- Recipient must have applied for help from Medicare by completing the "Application for Help with Medicare.
- Prescription Drug Costs" from Social Security and received either a "Notice of Award" or "Notice of Denial."
- The "Notice of Award" must state that you are receiving partial extra help from Medicare to pay for Part D premium.
- The "Notice of Denial" must state that you were denied extra help due to resources being too high.
- The recipients income must not exceed the following amounts: \$15,555 a year or less, if single; \$20,775 a year or less, if married and living together.

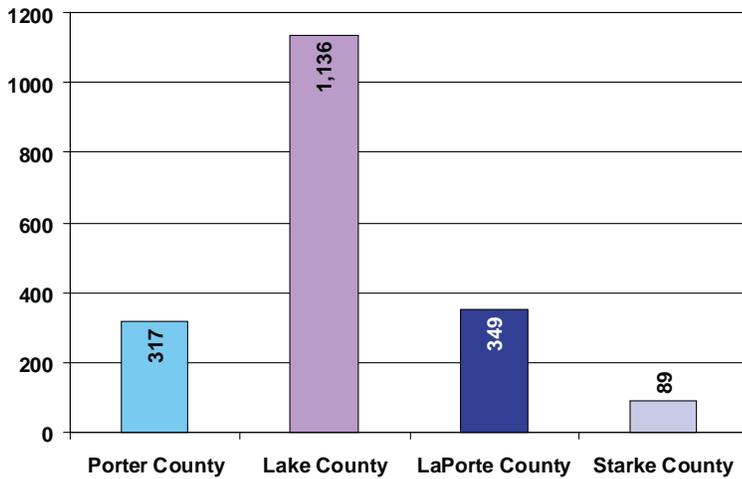
HoosierRx Coverage

Individual	Couple/Family	Refund amount could be:
\$997 or less	\$1,344 or less	50% of prescription costs - up to \$500 a year
\$886 or less	\$1,194 or less	50% of prescription costs - up to \$750 a year
\$739 or less	\$995 or less	50% of prescription costs - up to \$1000 a year

Source: Indiana Department of Health

The applying recipients are asked to fill out a one-page application and send it to HoosierRX with proof of the recipients monthly income and a copy of their "Notice of Award" or "Notice of Denial" from Social Security. Once eligible the individual will be provided with assistance in paying for the monthly Medicare Part D, premium.

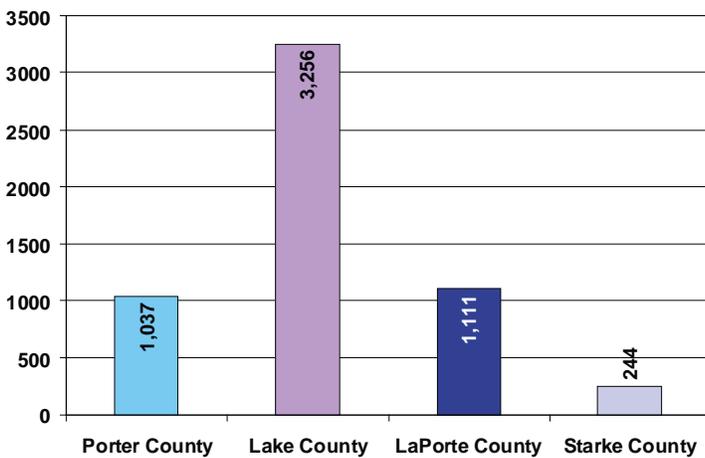
Northwest Indiana Number of HoosierRx Enrollees



Source: Indiana Department of Health, Indiana's Family and Social Services Administration

In Indiana's Northwest territory from October 2000 to June 2002, Lake County held the largest number of HoosierRx enrollees in comparison to Porter County and other neighboring counties. Porter County and LaPorte had a similar amount of enrollees in Hoosier Rx, only having a difference of 32 enrollees. Starke County held the lowest number enrollees (89).

Northwest Indiana Number of HoosierRx Payments



Source: Indiana Department of Health, Indiana's Family and Social Services Administration

In Indiana's Northwest territory from October 2005 to June 2002, Lake County held the largest number of HoosierRx payments in comparison to Porter County and other neighboring counties. The number of payments reflects the total number of quarterly payments refunded to Hoosier Rx participants. Enrollees can claim up to four annual compensation payments. Porter County and LaPorte County had a similar number of payments, only having a difference of 74. Starke County held the lowest number of payments (244).

Indiana Medicare Buy-Ins

Like HoosierRx's prescription drug benefits, Indiana Medicare Buy-Ins have been created for individuals that have trouble paying premium charges issued through a recipient's medical coverage. Although Medicare Buy-Ins does not have a direct influence on the cost of prescription drugs, they do provide a lower cost for individuals seeking medical coverage which assists them in affording prescription drugs.

In order to be eligible the applicant must meet the following requirements:

- Must have Medicare Part A Hospital Insurance
- Monthly income must be at or below \$1,149 (single person) or \$1,541 (married couple).
- Financial assets must be below \$4,000 (single person) or \$6000 (married couple)

To apply, the applicant must visit, go online, or call the local Office of Family and Children. Individuals must also complete an application form followed by an interview with one of Medicare Buy-In representatives to assess the need of the individual.

Medicare Part D

Before Medicare Part D was created in 2006, over one-quarter (27.0%) of seniors age 65 and older, and one-third of poor (34.0%) and near-poor (33.0%) seniors did not have any form of prescription drug coverage. Medicare had limited benefits, but the continual rise in prescription expenses per year created a growing problem for individuals who could not afford appropriate coverage. Medicare Part D provides an opportunity for these individuals to afford the cost of proper medical coverage. The Medicare Part D program provides its benefits primarily through one of two sources which are: a Fee-For-Service option known as the Prescription Drug Plan (PDP) or through a managed care plan known as Medicare Advantage (MA). According to the Department of Health and Human Services, as of 2007, ninety percent (90.0%) of all Medicare beneficiaries had drug coverage. Of those who had Medicare prescription coverage, 23.9 million had Medicare Part D drug coverage from either a stand-alone prescription drug plan or a Medicare Advantage drug plan.

Outline of Basic Benefits

Component	Basic Benefit
Premium	\$32.30/month (average) (\$386.40/year on average)
Deductible	250 (flat rate)
Co-payment	After meeting the deductible, pay 25% up to \$2,250 in drug expenses
Initial coverage ends and “gap” or “doughnut hole” starts	Coverage stops after the recipient has \$2,250 in drug expenses
Coverage gap - when you have no charge	There’s no coverage for the \$2,850 in drug expenses between \$2,250 and \$5,100
Catastrophic coverage	Coverage begins again after the recipients 2006 out-of-pocket spending on Rx drugs reaches \$3,600-- that’s when you’ve incurred \$5,100 in drug expenses
What the recipient pay after catastrophic coverage begins	The great of : \$2/generic, \$5/brand, or 5%

Source: Families USA

United Way of Tompkins County

Urgent Rx
313 North Aurora Street
Ithaca, New York 14850
Phone: (607) 272-6286

The United Way of Tompkins County has been able to provide their community with urgently-needed generic medications. For those that are uninsured and have the burden of expensive prescription prices, in most cases these medications are issued at no cost. They have also increased access to prescription medications by providing written information about prescription drug options. In 2002 the United Way of Tompkins County developed the idea for a free community pool of generic medications but did not know how to implement the program. In 2004 after collecting funds, United Way partnered with Tompkins Health Network and was able to provide health care programs and pharmaceutical programs for free to those eligible. Urgent RX was officially created when United Way united four key organizations within the community, to pull together and reduce the cost. The Tompkins County community, since Urgent Rx's creation, has had access to prescription drugs and health care at a more affordable rate.

The National Association of Counties (NACo)

25 Massachusetts Avenue, NW
Washington, DC 20001
Phone: (202) 393-6226

The National Association of Counties originally was founded in 1935 as the first and only national organization that represents county governments in the U.S. By strengthening bonds between public and private organizations, the NACo has been able to provide many benefits to an individual community. One program that has directly affected the cost of prescription drugs is NACo's Prescription Drug Discount Card program which is very successful in many counties throughout the nation. Currently, according to NACo, across the country there has been \$7.2 million dollars in savings by consumers and over 640,000 filled prescriptions. The National Association of Counties has a program that can help solve the problem of costly prescription drugs.

- There are no enrollment fees, no forms to fill out, no age or income requirements, and no medical condition restrictions.
- An entire family can be covered with just one card and all prescribed drugs are covered.
- There is absolutely no cost to the individual, the county, or county taxpayers.
- Absolutely everyone is eligible to receive the card as long as the recipient lives within the county.
- Pharmacies will sometimes reduce a price lower than the discount rate available on the NACo discount card. If this is the case, the consumer automatically receives the lower price.

Participating county pharmacies benefit from NACo's Prescription Drug Discount Card because there is an increased total revenue that has been generated by all the participants once the program starts in the county. In all cases, neither NACo, or the participating county receives any form of revenue.

Lake County, Indiana

2293 N Main Street
County Courthouse
Crown Point, IN 46307-1854
Phone: (219) 755-3046

Lake County received the "National Sustainable Communities Award" on January 17, 2008. The "National Sustainable Communities Award" was granted through the National Association of Counties for being a model county in creating a sustainable relationship between county government and public/private sectors. By working with local businesses and the community, Lake County has been able to create a better environment for their residents. The Prescription Drug Discount Card Program is a perfect example of a successful bond in their community. This program has continued to be a success in their community and has given the residents the opportunity to afford prescription drugs.

Bland County, Virginia

P.O. Box 510
County Courthouse
Bland, VA 24315-0510
Phone: (276) 688-4622

On June 13, 2006, Bland County initiated its first Prescription Medication Discount Card through the National Association of Counties. The card is being used by all residents to receive discount savings on the purchase of prescription medications. An average savings of over 20% on prescriptions and an average savings of around 50% on a three month supply for select medications have been recorded as its top benefits.

The Oregon Prescription Drug Program (OPDP)

1225 Ferry St. SE
Salem, OR 97301
Phone: (503)-373-1595

The Oregon Prescription Drug Program began in 2003 and has successfully been able to reduce the costs of prescription drugs by 60% for those residents who are without any form of prescription drug coverage. Oregon has been able to create such low prescription costs by generating purchasing power through a large pool. The pool is able to negotiate competitive discounts with pharmacies and has also been able to create a preferred drug list of generic low costing drugs that meet the demands of the residential consumers. As a resident, the Oregon Prescription Drug Program has created a very good opportunity to afford prescription drugs at a more reasonable price.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, Lake, LaPorte and Porter Counties, Indiana, Prepared by Professional Research Consultants, Inc.
- Health Plans' Strategies to Control Prescription Drug Spending, Health Affairs, The Policy Journal of the Health Sphere, <http://content.healthaffairs.org/cgi/content/full>
- How Medicare Plans Work, Medicare - MPDPF: Support Information, <http://www.medicare.gov/MPDPF/Shared/Static/tabHelp.html>
- Importance of Prescription Drugs to Medicare Beneficiaries, The White House, <http://clinton2.nara.gov/WH/New/html/Medicare/DrugCoverage/document/1.html>
- Indiana Medicaid Coverage for Medicare Part D Excluded Drugs, Office of Medicaid Policy and Planning, <http://www.indianapbm.com>
- Information on Drugs of Abuse, National Institute on Drug Abuse, <http://www.nida.nih.gov/DrugPages/PrescriptionDrugsChart.html>
- Medicare Part D: Prescription Drug Plan Benefit, Just the Facts, Seniors' Health Insurance Information Program, www.ncshipp.com
- MedicareRx Prescription Drug Coverage, Stand-Alone Prescription Drug Plans, <http://www.medicare.gov>
- New Medicare Drug Benefit, The Voice for Health Care Consumers FamiliesUSA, <http://www.familiesusa.org>
- Partnership for Prescription Assistance Program Overview, Partnership for Prescription Assistance, <http://www.pparx.org/about.php>
- Phase I Report - Refund Program, HoosierRx, Indiana.gov, <http://www.in.gov/fssa/da/4265.htm>
- Prescription Drugs: Advertising, Out-of-Pocket Costs, and Patient Safety from the Perspective of Doctors and Pharmacists, November 2006, The Henry J. Kaiser Family Foundation, <http://www.kff.org/kaiserpolls.pomr090706pkg.cfm>
- Prescription Drug Facts, Office of National Drug Control Policy, http://www.whitehouse/drugpolicy.gov/drugfact/prescrptn_drgs/index.html
- Standardized Medigap Plans and Benefits, MIRC- Medigap Chart, Medicare Rights, http://www.medicarerights.org/medigap_a-j.html
- Teens and Prescription Drugs, Analysis of Recent Trends on the Emerging Drug Threat, Office of National Drug Control Policy, Published February 2007
- TRICARE Pharmacy Program, Military Benefits, <http://www.military.com/benefits/tricare/tricare-pharmacy/tricare-pharmacy-program>

This section reviews medical insurance coverage in Porter County including: health insurance options through government programs, independent health insurance providers, Health Maintenance Organizations (HMO's), insurance coverage for high-risk individuals, and Temporary Assistance for Needy Families (TANF), including a best practices section for addressing medical insurance issues.

The options and availability of medical insurance fluctuates upon eligibility standards set by programs offered in Porter County. There are many individual companies that offer insurance coverage at different prices with a variety of medical services. For Porter County residents who are currently suffering from immediate health conditions or low income, there are programs set aside by the state of Indiana that give alternatives to individuals in need of medical insurance coverage.

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Medical insurance coverage is a primary topic of concern within Porter County. The availability and the affordability of medical care determines who can acquire insurance benefits of the appropriate coverage. Some highlights of this section include:

- In 2000, Porter County residents had a lower percentage of uninsured individuals of all ages in comparison to Indiana.
- There are many available options of independent health care insurance providers that include an assortment of benefits. An independent healthcare insurance provider tends to be more costly than other options available. In some cases, individuals can be turned down by health insurance coverage due to preexisting conditions.
- Indiana has created a program called "Indiana's Comprehensive Health Insurance Association", which provides health care for those who have been turned down from independent health insurance providers.
- Programs such as Hoosier Healthwise, Medicaid, Health Indiana Plan, and Temporary Assistance for Needy Families (TANF) have been created to help low-income families who have trouble obtaining appropriate health care coverage.
- In 2002 and 2003, Porter County had a smaller percentage of people who have used Medicaid as a health insurance supplement compared to Indiana's Northwest counties.
- Indiana has created a Comprehensive Health Insurance Pool, which provides qualified participants access to supplemental health insurance plans.

Public Opinion of Health Insurance

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County, medical insurance coverage was placed in the "other" category, which ranked 22 out of 23 "other" categories listed. When asked to rate their level of concern, 31.1% of respondents feel that the availability of adequate medical insurance is a moderate concern, while 15.9% of respondents feel that the availability of adequate medical insurance coverage is a major concern. Thirty-three percent (33.0%) of respondents feel that the availability of adequate medical insurance is a minor concern, and 16.5% of respondents feel that it is not a concern.

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	22nd	13th
Most significant family issue	20th	N/A
Availability of adequate medical insurance coverage	5th*	3rd*
	2.48**	3.38**

* Rank of significance among forty-three (43) issues
 ** Rating of concern on a 1-4 scale (1 meaning not concerned 4 meaning very concerned)
 Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, medical insurance coverage was placed in the "other" category falling in 13th place. According to the 2007 Needs Assessment Stakeholder Survey, fifty-one percent (50.9%) of respondents feel that the availability of adequate medical insurance coverage is a major concern, followed by 35.8% of respondents who feel it is a moderate concern. Thirteen percent (13.2%) of respondents feel the availability of adequate medical insurance coverage is a minor concern, and no respondents (0.0%) feel the availability of adequate medical insurance coverage is not a concern.

Six focus groups were held in September 2007 with nonprofit organization representatives, youth respondents, employers, public safety workers, and government officials, community leaders, and donors. Comments made during focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about health insurance coverage.

- *Women with no real skill sets have to go out and find sustainable employment at sustainable levels which just isn't present...and child care, and health care and insurance. That leads to substance abuse, physical abuse, mental abuse.*
- *Child care, health care, and insurance are barriers.*

Health insurance coverage is essential to providing the necessary funds in order for people to pay medical expenses. In some cases, health insurance can also cover disabilities and long-term nursing or custodial care needs.

In order to help determine the availability of health insurance coverage, Indiana has set guidelines for insurance companies. These are explained below.

- When insurance companies analyze preexisting health conditions to determine eligibility of health insurance, companies are only allowed to acknowledge medical history 12 months prior to purchasing coverage.
- In many states, immediate disapproval of coverage can be given based on set policies, depending on a list of specific health problems disclosed through an individual's health history. This process is called elimination riders, and is prohibited in Indiana and other states including; California, Idaho, Kentucky, Maine, Massachusetts, Michigan, Minnesota, New Jersey, New York, Oregon, Vermont, and Washington.
- Unfortunately, if an individual has a pre-existing medical condition, individual health plans can refuse to cover the individual altogether.
- When an individual or company invests in an insurance package, that package is guaranteed to cover the terms on the agreement no matter what, which is called Guaranteed Renewability. Guaranteed Renewability means the insurance package is the individual's or company's package to keep, no matter what happens to an individual's health.

Besides employment or union plans, there are three ways to obtain health insurance in Porter County. These include:

1. Independent health insurance made available through insurance companies.
2. Insurance for high-risk Individuals.
3. Income-eligible programs.

In 2000, the U.S. Census Bureau released data on the number of residents in Indiana and Porter County who have health insurance coverage for all ages. Porter County had a smaller percent of uninsured residents of all ages than Indiana. Therefore, the percentage of residents with insurance in Porter County is about .5% larger than Indiana in the year 2000. These estimates of the number of uninsured is the most current information available.

Health Insurance Coverage			
All Ages, 2000			
	Number Insured	Number Uninsured	Percent Uninsured
Porter County	130,537	16,270	11.0%
Indiana	5,320,829	694,791	11.5%

Ages 18 to 64			
	Number Insured	Number Uninsured	Percent Uninsured
Porter County (2004)	N/A	N/A	14.9%
Indiana (2005 to 2006)	3,271,412	631,223	16.2%

Source: U.S. Census Bureau

Many independent health insurance companies that exist throughout Indiana that provide different coverage for Porter County residents. These companies can decline insurance, or put residents on a waiting list if they have an illness or sickness within the past 12 months. Different rates and premiums exist amongst different packages offered through these individual companies.

According to The Actors' Fund of America's Health Insurance Resource Center, the following is a list of the largest independent insurance companies in Indiana that provide health care coverage.

American National Insurance Company
Anthem Blue Cross Blue Shield
Celtic Insurance Company
E-Health Insurance
Freedom Life Insurance of America
Golden Rule
Pekin Insurance
Unicare Health Insurance for Individuals and Families
United HealthCare
United Security Life Insurance Company of Illinois

The following is an outline of the types of plans offered through the above independent insurance providers.

Fee-for-Service Plans

The Fee-for-Service Plan is offered through independent health insurance companies. They offer the most choices of doctors and hospitals. Residents of Porter County can choose any doctor, change doctors any time, and go to any hospital anywhere in the United States. With the Fee-for-Service Plan, the insurer only pays for portion of the recipient's doctor and hospital bills, while the individual pays a monthly fee called a premium.

Before the insurance payment begins, individuals must pay a deductible. Based on the variety of policies the deductible may vary in what health expenses may be covered. According to About.com, when receiving a medical bill the insurance company will usually cover about 80.0% of the total, while the individual must cover the remaining 20.0% of the payment. In order for the medical bill to be covered for Fee-For-Service claims, individuals are entitled to fill out forms and send them to their insurer. However, depending on the hospital, some doctors may fill these forms out.

It is important for individuals to save their receipts for drugs and other medical costs. Most Fee-For-Service Plans have a limit on the amount of medical services individuals have to pay for; policy limits can range between \$1,000 to \$5,000.

There are two types of Fee-For-Service Plan coverage:

Basic - this protection pays towards the costs of hospital rooms and care while the individual is in the hospital. It also covers some hospital services and supplies, such as x-rays and prescribed medicine. Basic coverage also pays a portion of the cost of surgery, whether it is performed in or out of the hospital, as well as hospital visits.

Major Medical - In addition to basic coverage, Major Medical covers high cost illnesses or injuries, including surgeries and hospital visits.

Preferred Provider Organization Plans

A Preferred Provider Organization Plan (PPO) is a type of medical insurance that works directly with an independent insurance company. Independent insurance companies pair an individual with a preferred facility that accepts the individual's specific PPO. Preferred facilities are insurance doctors offices, hospitals, and other medical facilities that are close to the individual's residence. The independent medical provider bases the PPO on where the individual or family lives, as long as the preferred facility (doctors, hospitals, etc) accepts PPO Plan.

In most cases, an individual's PPO plan may not exceed a \$20 co-pay for residents in Porter County, this amount can vary based on an individual's insurance company. These individuals must pay for a designated percentage of the medical care based on their independent company's PPO's fees and policies. Since certain medical services are not covered by a PPO; therefore, if an individual chooses to select a medical service that is not covered under the independent company's PPO plan, they will incur additional charges.

Point of Service Plans

In a Point of Service Plan (POS), the independent insurance company will have the individual specifically choose a family provider from a list of local care providers. The list consists of a variety of doctors, hospitals, and other medical organizations they can choose from, which will essentially become the individual's "network of providers". If that individual wants to utilize a provider or hospital that is not listed in their "network of providers", the individual can do so, but at a higher price and with less variety of medical coverage options.

Exclusive Provider Organization Plans

An Exclusive Provider Organization Plan (EPO) is medical insurance offered through an independent insurance company in which the insurance company chooses the individual's "network of providers". The EPO Plan has a strict policy which requires individuals to stay within their chosen "network of providers". Depending on the medical service, there is a small co-payment per visit. EPO's tend to have a lower cost than PPO's and POS's because health insurance companies can negotiate low premiums and co-payments within their providers. This is possible because independent insurance companies can guarantee that policyholders will visit their network doctors only.

Health Maintenance Organizations

Health Maintenance Organizations (HMO's) have been created to offer alternative health care coverage for Porter County, and other counties in Indiana. HMO's provide a form of health care coverage that utilizes an organization of hospitals, doctors, and other services at a lower premium cost to individuals. HMO's tend to be more cost effective because the organization of hospitals, doctors, and other services have leverage in providing medical services at lower prices.

The Health Maintenance Organization Act of 1973 requires employers with 25 or more employees to offer federally certified HMO options. HMO's have a set of guidelines within its "network of providers" which is unique to the individual's HMO. Different health care providers will contract with HMO organizations to receive more patients, and in return offer their services at a discount to those who are members of HMO.

Many HMO's offer preventive care coverages such as immunizations, mammograms, physicals, or health education classes to increase an individual's knowledge of better health choices. Payments depend on policies set by the independent company's HMO; but in many cases, the individual is responsible for paying a set percentage of medical services or prescriptions. In almost all cases, HMO's usually assign or choose one doctor to serve as the primary care doctor. This doctor monitors the individual's health and provides most of the needed medical care. If the individual has a health problem that the primary care doctor cannot monitor, then the individual is referred to a specialized doctor, based on their medical needs.

According to the Indiana Department of Insurance in 2005, the following is a list of HMO's offered in Indiana in alphabetical order:

- Advantage Health Solutions
- Aetna Health Inc.
- Aetna Health of Illinois
- American Health Network
- Arnett Health Plans
- BCI HMO
- CareSource
- Cigna of Indiana
- Cigna Healthcare of Illinois
- Coordinated Care Corp.
- Delta Dental of Indiana
- Dental Benefit Provider of Ill.
- Dental Care Plus
- 1st Commonwealth Ltd. Health
- Great-West of Indiana
- Harmony Health of Illinois
- Health Resources, Inc
- Humana Health Plan
- Humana Health of Ohio
- Indiana Vision Services
- IU Health Plan, Inc.
- M Plan, Inc.
- Molina Healthcare of Indiana
- National Foot Care Program, Inc.
- Partners National Health Plans
- Physician's Health Plan
- Southeastern Indiana Health
- Spectera Vision, Inc.
- Unicare Health Plans Midwest

United Concordia Dental Plans
United Healthcare of Kentucky
United Healthcare of Illinois
Universal Health Services
Welborn Health Plans
CHA Health

Indiana Comprehensive Health Insurance Association

The Indiana Comprehensive Health Insurance Association (ICHIA) was created to offer an alternative to individuals who have experienced trouble keeping their health insurance or obtaining health insurance due to a preexisting condition. According to Online Health Plan, ICHIA offers three health plans that include a PPO as a benefit. Indiana residents must fill out an application and meet the following requirements in order to be considered into ICHIA medical coverage.

- Resident of Indiana.
- Not eligible for Medicaid.
- Must need proof of ONE of the following:
 1. Being rejected from similar health insurance coverage by at least one insurer.
 2. Presently insured with a higher premium.
 3. Federally Eligible based on the Health Insurance Portability and Accountability Act. This act helps avoid a waiting period for a preexisting condition when an individual changes companies.

Income-Eligibility Health Insurance Programs

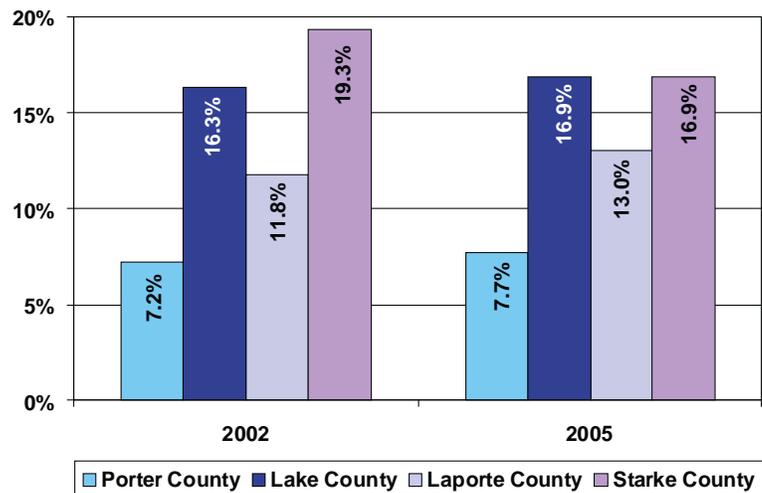
Indiana offers insurance programs to assist individuals who cannot afford medical insurance coverage. Some of these insurance programs include; Medicaid, Hoosier Healthwise, and Temporary Assistance for Needy Families (TANF). These programs offer a less expensive medical insurance package to individuals, children, and families in Indiana and Porter County.

Medicaid

Medicaid was created to help individuals and families with a low income obtain health insurance. Medicaid is a national government program. However, each state sets its own guidelines to determine the individuals or family's health care eligibility. Medicaid is run by each county's Division of Family and Children, formerly known as the "Welfare Department". Different ways individuals or families become eligible for Medicaid include: families receiving Temporary Assistance for Needy Families (formally known as welfare), low-income children and pregnant women, low-income persons over age 65, and low-income persons who are blind or disabled. Medicaid determines the eligibility based on the individual's or family's resources and income. Resources include land, money, bank accounts, insurance policies, and some vehicles; they do not include a home, furniture, one vehicle, and clothing. Individuals and families can only have a limited amount of resources to receive Medicaid. If an individual is single they are limited to \$1,500 in resources. Families are limited to \$2,250. The income limit for individuals receiving full Medicaid is \$798 per month, and \$1,070 per month for families according to the Department of Social Services for Adults.

Northwest Indiana Percent of Population* Enrolled in Medicaid

According to a report conducted by the Family and Social Services Administration in 2002 and 2005, the percent of Porter County residents who are enrolled in Medicaid has been significantly lower than neighboring counties in Indiana's northwest territory. During both years, Porter County was nearly 5.0% lower than LaPorte County. From 2002 to 2005 Porter County saw 0.5% increase in the percent of population enrolled in Medicaid. Out of all four counties, Starke County was the only county to see a decrease in the number of residents enrolled in Medicaid from 2002 to 2005.



Source: The Indiana Family and Social Services Administration
 *Percentages based on reported 2000 census data

Income-Eligible Health Insurance Coverage - continued

Healthy Indiana Plan (HIP)

In order to provide more affordable health insurance to those in need, the state of Indiana and Governor Mitch Daniels have developed the Health Indiana Plan (HIP), a new insurance option for uninsured Hoosiers, which has gone into effect December 2007. In March of 2008, there was over 30,000 Hoosiers that applied for the program. In order to fund HIP, a \$.44 cent tax increase on state cigarette packs was created to discourage Indiana residents from smoking; the additional money helps fund HIP. The number of individuals who can enroll in HIP is entirely dependent upon the available funding. Eligibility is on a first come, first served basis.

The following outlines plan benefits provided by the Indiana Family and Social Services Administration:

- A medical health insurance account valued at \$1,100 per adult annually is allocated toward medical costs.
- HIP funds are collected through contributions by individuals based on a gross income sliding scale, as well as state funding to the account. No participant will pay more than 5.0% of their gross family income.
- Coverage for preventive services up to \$500 annually is at no cost to participants.
- Co-payments are required for all emergency services only. However, the co-pay will be refunded if the service was deemed a true emergency by prudent layperson standards.
- Medical services covered include: physician services, prescriptions, diagnostic exams, home health services, outpatient hospital, in patient hospital, hospice, preventive services, family planning, and disease management.
- Mental health services are covered, which includes: substance abuse treatment, inpatient care, outpatient care, and prescription drugs.
- Vision and dental insurance are not covered.
- Coverage for brand name and over-the-counter medicines will vary by insurance plan.
- The coverage term is 12 months. After the one-year term, the participant must re-apply and fill out the necessary paperwork to be authorized to continue HIP for another 12 months.

In order to be eligible a Porter County residents must meet the following requirements:

- Age 18-64.
- Annual household income up to 200 percent of the Federal Poverty Level.
- Not eligible for Hoosier Healthwise or Medicaid.
- Not pregnant (pregnancy covered by Hoosier Healthwise).
- Ineligible for health insurance through your employer.
- Uninsured for at least six months.

The following chart provides an estimate of the amount a family of three (two adults, one child) must contribute financially in order to receive HIP benefits. The annual contributions are calculated based on percentage of income. Additional charts, published by the Indiana Family and Social Services Administration, provide information on different family structures and can be viewed by going to their web site.

HIP Contribution Chart Family of 3: 2 Adults, 1 Child

Federal Poverty Line	Income	% Contribution	Lowest Annual Contribution	Highest Annual Contribution
0-100%	\$0-\$17,170	2.0%	\$0	\$343
100-125%	\$17,171-\$21,463	3.0%	\$515	\$644
125-150%	\$21,463-\$25,755	4.0%	\$859	\$1,030
250-175%	\$25,756-\$30,048	4.5%	\$1,159	\$1,352
175-200%	\$30,049-\$34,340	4.5%	\$1,352	\$1,545

Source: Indiana Family and Social Services Administration

Income-Eligibility Health Insurance Programs - continued

Hoosier Healthwise

The Hoosier Healthwise program is a health care program for low income families, pregnant women, and children. This program is specific to Indiana and is run through the Family and Social Services Administration. Hoosier Healthwise covers such medical care as doctor visits, prescription drugs, mental health care, dental care, hospitalizations, surgeries, and family planning at little or no cost according to Indiana.gov. If Indiana residents meet specific qualifications, they can apply for one of the three health insurance packages explained below.

Package A

Package A is a full service medical insurance plan for families, children, and pregnant women. This package does not require qualified individuals or families to pay a premium or any co-payments. Since package A is for low-income adults and families, most of the recipients who qualify also qualify for Temporary Assistance for Needy Families (TANF).

Package B

Package B is a medical insurance plan limited to only pregnant women. This coverage, like package A, does not require qualified individuals to pay any co-payments or a premium. If the new mother was already on Package A, she does not need to switch to package B. This coverage includes; delivery of the baby, family planning services, prenatal care, and treatment of conditions that may complicate the pregnancy. After the delivery of the baby, if the new mother qualifies for package A, she may switch.

Package C

Package C is a full-service medical insurance coverage plan for children only. In this package, the family is required to pay a small premium payment and a co-payment for some services. To be eligible for this package, a child must meet the following criteria: the child must be younger than 19 years old; the child’s family income must be greater than 150.0% of federal poverty level but cannot exceed 200.0%; the child must not have credible health insurance at any time for three months prior to applying for the Hoosier Healthwise program. Based on eligibility, a monthly premium is set and must be paid before benefits can be acquired. Monthly premiums are set according to income levels.

Hoosier Healthwise Eligibility Guidelines

Family Size	Pregnant Women			Children	
	Low-Income Families (Package A)	Pregnancy-related coverage (Package B)	Full Coverage (Package A)	Premium-free (Package A)	Low-Cost Premiums (Package C)
1	\$139.50	Not applicable	Not applicable	\$1,277.00	\$1,702.00
2	\$229.50	\$1,712.00	\$229.50	\$1,712.00	\$2,282.00
3	\$288.00	\$2,147.00	\$288.00	\$2,147.00	\$2,862.00
4	\$346.50	\$2,582.00	\$346.50	\$2,582.00	\$3,442.00
5	\$405.00	\$3,017.00	\$405.00	\$3,017.00	\$4,022.00
For each additional member add:	\$58.50	\$435.00	\$58.50	\$465.00	\$580.00
Asset Limit	\$1,000.00	Not applicable	1000	Not applicable	Not applicable

Source: www.healthcareforhoosiers.com

*All figures are based on monthly income

Income-Eligible Health Insurance Coverage - continued

Hoosier Healthwise Covered Benefits

Service	Package A	Package B	Package C
Mental Health Services - Inpatient (State Psychiatric Hospital)	Yes	Yes	Yes
Mental Health Services - Inpatient (Free-standing Psychiatric Facility)	Yes	Yes	Yes
Mental Health Services- Outpatient	Yes	Yes	Yes
Medicaid Rehabilitation Option (MRO) - Community mental Health Centers	Yes	Yes	Yes
Mentally Retarded Services - Intermediate Care Facilities	Yes	x	x
Nurse-midwife Services	Yes	Yes	Yes
Nurse Practitioners	Yes	Yes	Yes
Nursing Facility Services (Long-term)	Yes	x	x
Nursing Facility Services (Short-Term)	Yes	Yes	x
Occupational Therapy	Yes	Yes	Yes
Organ Transplants	Yes	Yes	x
Orthodontics	x	Yes	Yes
Out-of-state Medical Services	Yes	Yes	Yes
Physicians' Surgical and Medical Services	Yes	Yes	Yes
Physical Therapy	Yes	Yes	Yes
Podiatrists	Yes	Yes	Yes
Psychiatric Residential Treatment Facility	Yes	Yes	x
Substance Abuse Services- Inpatient (Free-standing Psychiatric Facility)	Yes	Yes	Yes
Substance Abuse Services-Outpatient	Yes	Yes	Yes
Transportation Non-emergent	Yes	Yes	Yes

Source: EDS Managed Care Unit; The amount of service coverage varies within policies set in each package which have not been represented in this outline.

Hoosier Healthwise Covered Benefits - continued

Service	Package A	Package B	Package C
Case Management for Persons with HIV/AIDS	Yes	Yes	x
Case Management for Mentally Ill or Emotionally Disturbed	Yes	Yes	x
Case Management for Pregnant Women	Yes	Yes	x
Chiropractors	Yes	Yes	Yes
Dental Services	Yes	Yes	Yes
Diabetes Self Management Training Services	Yes	Yes	Yes
Drugs Prescribed (Legend) Drugs	Yes	Yes	Yes
Drugs Over-the-Counter	Yes	Yes	x
Early Intervention Services (Early Periodic Screening Diagnosis and Treatment)	Yes	Yes	Yes
Emergency Services	Yes	Yes	Yes
Eye Care, Eyeglasses and Vision Services	Yes	x	Yes
Family Planning Services and Supplies	Yes	Yes	Yes
Federally Qualified Health Centers	Yes	Yes	Yes
Hospice Care	Yes	x	x
Food Supplements, Nutritional Supplements, and Infant Formulas	Yes	Yes	Yes
Hospital Services Inpatient	Yes	Yes	Yes
Hospital Services Outpatient	Yes	Yes	Yes
Laboratory and Radiology Services	Yes	Yes	Yes
Long Term Acute Care Hospitalization	Yes	Yes	Yes
Substance Abuse Services-Inpatient (State Psychiatric Hospital)	Yes	Yes	Yes

Source: EDS Managed Care Unit; The amount of service coverage varies within policies set in each package which have not been represented in this outline.

Income-Eligible Health Insurance Coverage - continued

The number of children who are enrolled in Hoosier Healthwise in both Porter County and Indiana has increased significantly from 2000 to 2006. According to the Indiana Youth Institute, Porter County has nearly tripled the total number of children enrolled in six years.

Number of Children Enrolled in Hoosier Healthwise		
	Porter County	Indiana
2000	3,629	292,726
2001	4,073	317,238
2002	5,059	354,687
2003	4,981	344,797
2004	5,207	359,901
2005	5,478	376,465
2006	9,508	584,274
00-06 Percent Change	61.8%	49.9%

Source: Indiana Youth Institute

Indiana Temporary Assistance for Needy Families

The Indiana Temporary Assistance for Needy Families (TANF), formally known as welfare, provides cash assistance to help families become economically self-sufficient. According to the Family and Social Services Administration, TANF also offers support services such as: child care, medical assistance for dependant children, transportation services, and food stamps. Families that are eligible for TANF include: those who have children under 18 years old, families that are deprived financial support due to the loss of a parent, parents who are unemployed, and physical or mentally incapacitated.

To apply for the Indiana Temporary Assistance for Needy Families you must contact the local Division of Family Resources Office (DFR) in Porter County and fill out an application. After the application is sent to the DFR office, they will analyze your eligibility based on an income standards chart. According to the Family and Social Services Administration, financial eligibility is determined by the number of family members eligible for TANF. The standard for a family including children is reflected in the chart below.

TANF Income Standards		
Family Size	Gross Income	Maximum Monthly
1	\$286.75	\$139.00
2	\$471.75	\$229.00
3	\$592.00	\$288.00
4	\$712.25	\$346.00
5	\$832.50	\$405.00
6	\$952.75	\$463.00
7	\$1,073.00	\$522.00
8	\$1,193.25	\$580.00
9	\$1,313.50	\$639.00
10	\$1,433.75	\$697.00

Source: Family and Social Services Administration, Division of Family Resources

Income-Eligible Health Insurance Coverage - continued

According to the Indiana Youth Institute, both Porter County and Indiana have experienced a constant increase in the number of families receiving TANF from 2000 to 2006. Porter County has doubled in the number of families who received TANF in the past six years.

Average of Families Receiving TANF		
	Porter County	Indiana
2000	223	30,432
2001	326	39,395
2002	408	47,459
2003	497	52,478
2004	486	51,025
2005	476	48,908
2006	486	47,657
00-06 Percent Change	54.1%	36.1%

Source: Indiana Youth Institute

There have been many state wide programs that have been created to successfully provide more medical insurance coverage to state residents. The following are descriptions of state-wide medical insurance programs.

Alaska Comprehensive Health Insurance Association

Phone: (888) 290-0616

The Alaska Comprehensive Health Insurance Association (ACHIA) was created to provide health insurance coverage for those who are not receiving services from independent providers due to a preexisting medical condition. ACHIA offers different comprehensive plans which differ in an annual deductible and out-of-pocket expenses. The ACHIA has continued to assist residents of Alaska in increasing the amount of health insurance coverage available.

Wisconsin Health Insurance Risk Sharing Plan

Phone: (800) 828-4777

The Wisconsin Health Insurance Risk Sharing Plan provides major medical and prescription drug coverage for Wisconsin residents. The policyholders are responsible for paying a premium, deductible, and coinsurance amounts. Insurance coverage varies upon package and the individual's needs. Many residents in Wisconsin have depended on this program for health insurance coverage since the Wisconsin Health Insurance Risk Sharing Plan was established.

Montana Comprehensive Health Association

Phone: (800) 447-7828

The Montana Comprehensive Health Association (MCHA) provides health insurance coverage to individuals experiencing a preexisting medical illness that is uninsurable. Currently, the MCHA plan is administered by Blue Cross Blue Shield of Montana and provides health insurance to over 3,600 Montana residents.

The MCHA is committed to providing:

- Quality health insurance plans.
- Accessibility for qualifying residents of Montana.
- Effective programs to manage health care claims and expenses.
- Collaborative industry involvement.

Idaho Individual High Risk Reinsurance Pool

Phone: (800) 721-3272

The Idaho Individual High Risk Reinsurance Pool (HPR Plan) is a health insurance coverage plan available to individuals who cannot receive health insurance through employment. For these individuals, HPR Plan offers five health insurance plans, which include: Basic, Standard, Catastrophic A, Catastrophic B, and HAS Compatible. The individual seeking this health insurance coverage has the option of choosing any of the five plans at the same premium rate.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- About.com; Indiana Health Insurance, <http://healthinsurance.about.com/od/statespecificinformation/a/indiana.htm>
- Access to Health Insurance/Resources for Care; AHIRC Resource Listing; http://www.ahirc.org/cat_list.cfm?cat=27&st=x_IN
- Family and Social Services Administration - Office Medicaid Policy Planning: Hoosier Healthwise; Member Information Resource; <http://www.in.gov/fssa/ompp/2848.htm>
- Health Care Program for Hoosiers: Eligibility Requirements; http://www.healthcareforhoosiers.com/eligibility_requirements.html
- Health Insurance and Government Assistance Programs; <http://rileychildrenshospital.com/parents-andpatients/living-with-hiv/hiv-insurance.jsp>
- Health Insurance and Medical Insurance from Anthem; <http://www.anthem.com>
- Health Insurance, Medical Insurance, Individual Health Insurance; <http://www.ehealthinsurance.com>
- Income, Poverty, and Health Insurance Coverage in the United States: 2006; U.S. Census Bureau
- Indiana Department of Insurance, HMO Snapshot; http://www.ai.org/idoi/health/financial_snapshots_2003/2003_hmosnapshot.html
- Indiana Department of Insurance, State Health Insurance Assistance Program; <http://www.in.gov/idoi/shiip/>
- Indiana Family and Social Services Administration, Healthy Indiana Plan, <http://www.in.gov/fssa/hip/2326.htm>
- Indiana Health Coverage Programs; http://www.indianamedicaid.com/ihcp/hoosierhealthwise/hh_index.htm
- Indiana Medicaid & S-Chip Eligibility; <http://www.hrsa.gov/reimbursement/states/Indiana-eligibility.htm>
- Indiana Medicaid Income Eligibility Levels 2000 HHS Poverty Guidelines; Office of Medicaid Policy and Planning
- SAHIE- Counties in Indiana: 2000, <http://www.census.gov/cgi-bin/hhes/sahie/sahie.cgi>
- SIHO Insurance Services, home page; <http://www.siho.org/en/>
- Success by Six: Hoosier Healthwise; Success in health; Allen County, Indiana; <http://www.ipfw.edu/cris/sx6/health-wise.html>
- Temporary Assistance for Needy Families; <http://www.in.gov/fssa/dfr/4067.htm>
- Types of Insurance Plans; MedHealthInsurance; <http://www.medhealthinsurance.com/ppoplan.htm>

This section reviews drug and alcohol treatment in Porter County including: perceptions of drug and alcohol abuse problems in Porter County, adult and youth alcohol abuse, adult and youth drug abuse, treatment options in Porter County, and best practices for addressing drug and alcohol issues.

According to The Partnership for a Drug-Free America, on any given day in the United States, one million people are in treatment for alcoholism or drug addiction. Alcohol and drug addiction is a complex but treatable brain disease, characterized by compulsive craving, seeking, and use that persist even in the face of severe adverse consequences. For many people, addiction becomes chronic, with possible relapse even after long periods of abstinence. Many people do not find success in treatment on their first attempt due to a lack of understanding about what makes effective substance abuse treatment. There are many addictive drugs, and treatments for specific drugs can differ. Treatment also varies depending on the characteristics of the patient. People who rely on substances can be suffering from mental health, physical health, occupational, or social problems that make their addictive disorders much more difficult to treat.

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Alcohol and drug abuse is a primary topic of concern within Porter County. Addiction is a complex disease and treatment, as well as the severity of addiction itself, can vary greatly between people. Some highlights of this section include:

- Annual spending per household on alcohol in Porter County has steadily increased from 2004 to 2006 and is higher in dollars per household than both State of Indiana and United States averages.
- In 2003, the percentage of adults who reported they abused alcohol in the past year was higher in Porter County compared to the State of Indiana levels, while the percentage of adults dependent on alcohol in a lifetime is lower in Porter County compared to the State of Indiana levels.
- In Porter County, males abuse alcohol more than females, and a higher percentage of males abuse alcohol in Porter County compared to the State of Indiana.
- Porter County has lower alcohol treatment episode rates than Indiana from 2001-2006.
- Porter County adults have a lower drug abuse rate than State of Indiana levels, however, adults in Porter County have a higher rate of drug dependency in their lifetime than State of Indiana adults.
- Most adults who needed treatment in the past year for drug abuse did not seek out treatment in both Porter County and the State of Indiana.
- State of Indiana treatment episode rates were higher than Porter County from 2001-2006 for cocaine and significantly higher for marijuana. However, Porter County has much higher treatment episode rates for heroin than State of Indiana rates from 2001-2006.
- Except for 9th grade students, students in grades six through twelve in the Northwest region of Indiana reported higher alcohol usage and binge drinking rates than Indiana averages in 2007. Statewide, the percentage of Indiana 6th, 8th, 10th, and 12th grade students who have participated in binge drinking has increased slightly from 2005 to 2007, but is significantly lower than levels reported in 2000.
- Use of marijuana in the Northwest region in 2007 was higher than the Indiana average for all grades except ninth grade. Heroin use among sixth through twelfth graders in the Northwest region is higher than the State's average with the exception of ninth and tenth graders. Use of Ecstasy and cocaine were both higher in the Northwest region compared to Statewide levels for nearly every grade.

Public Opinion of Drug and Alcohol Abuse

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County residents, the top issues named were employment and substance abuse. Just over twenty-percent (20.2%) of Porter County residents feel that substance abuse is one of the top three issues facing Porter County residents and only employment had a higher percentage at 21.9%. When asked to rate their level of concern, 35.9% of respondents feel that alcohol and/or drug abuse is a moderate concern, while 18.5% of respondents feel that alcohol and/or drug abuse is a major concern. Thirty-one percent (30.8%) of respondents feel that underage drinking is a moderate concern, and 23.8% of respondents feel that underage drinking is a major concern.

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	2nd	1st (tie)
Most significant family issue	10th	N/A
Rank of significance among forty-three (43) issues	1st	2nd
Percentage indicating moderate or major concern	54.4%	90.6%

Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, the top issues named were health care and substance abuse, each named by 33.9% of respondents as significant issues facing Porter County. According to the 2007 Needs Assessment Stakeholder Survey, forty-seven percent (47.2%) of respondents feel that alcohol and/or drug abuse is a major concern, closely followed by 43.4% of respondents who feel that it is a moderate concern. Fifty-one percent (50.9%) of respondents feel that underage drinking is a moderate concern, while 35.8% of respondents feel that underage drinking is a major concern.

Six focus groups were held in September 2007 with; nonprofit organization representatives, youth, employers, public safety and government officials, community leaders and donors. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about drug and alcohol treatment.

- Heroin is a big problem in Porter County compared to the rest of the state.
- Heroin, per population we're nationally ranked.
- The teenage drug problem is huge.
- There are a lot of places for drug prevention, motivational speakers, but I don't really know of anything to help kids that are already addicted. I never hear anything like that.

Understanding adult alcohol abuse requires looking at spending on alcohol, levels of alcohol abuse and alcohol dependency, and alcohol treatment episodes.

According to the Family & Social Services Administration Division of Mental Health and Addiction, the annual spending per household on alcohol in Porter County has steadily increased from 2004 to 2006 and is higher in dollars per household than both Indiana and United States averages. In 2004, the percent of median household income spent on alcohol in Porter County was 0.8%, which increased to 0.9% in 2005, and in 2006 the median household income spent on alcohol grew to 1.1%. Porter County was at or below the state and national percent of median household income spent on alcohol in 2004 and 2005. However in 2006, Porter County spent a higher percentage of their household income on alcohol than the state or the nation.

Alcohol Spending per Household

		Alcohol Spending per Household in Dollars	Alcohol Spending per Household as % of Median Household Income
2004	Porter County	\$502	0.8%
	Indiana	\$439	0.8%
	United States	\$460	0.9%
2005	Porter County	\$594	0.9%
	Indiana	\$501	1.0%
	United States	\$545	1.1%
2006	Porter County	\$671	1.1%
	Indiana	\$582	0.7%
	United States	\$622	0.8%

Source: Porter County Profile <http://www.drugs.indiana.edu>

Medically there are differences in the definitions of abuse and dependence. The following definitions come from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition:

Substance abuse is defined as a pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
2. Recurrent substance use in situations in which it is physically hazardous
3. Recurrent substance-related legal problems
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused by the effects of the substance

Substance dependence is defined as a pattern of substance use leading to clinically significant impairment or distress as manifested by three or more of the following:

1. Tolerance, as defined by either of the following: a) markedly increased amounts of the substance to achieve intoxication or the desired effect or b) markedly diminished effect with continued use of the same amount of the substance
2. Withdrawal
3. The substance is taken in larger amounts or over a longer period than intended
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain, use, or recover from the substance
6. Important activities are given up because of substance use
7. The substance use is continued despite knowledge of having a problem due to the substance

In 2003, the percentage of adults who reported they abused alcohol in the past year was higher in Porter County compared to the State of Indiana, while the percentage of adults dependent on alcohol in a lifetime is lower in Porter County compared to the State of Indiana. According to the 2003 Indiana Adult Household Survey, 9,586.6 adults per 100,000 people (9.6%) in Porter County reported abusing alcohol in the past year, while the State reported only 7,982.7 adults per 100,000 people (8.0%). State of Indiana survey results are consistent with information from DrugRehabReferral.com, which reports almost 8.0% of the population of Indiana (approximately 400,000 people) abused or depended on alcohol in the past year.

Alcohol Abuse and Dependency Rates by Age

		Abused Alcohol in the Past Year	Dependent on Alcohol in a Lifetime
Porter County	Age 18-24	760.3	1042.1
	Age 25-44	4736.0	1477.9
	Age 45-64	3758.1	445.0
	Age 65+	332.3	113.4
	Total	9586.6	3078.4
Indiana	Age 18-24	995.8	1062.9
	Age 25-44	3751.1	1741.9
	Age 45-64	2623.5	838.8
	Age 65+	612.3	130.7
	Total	7982.7	3774.3

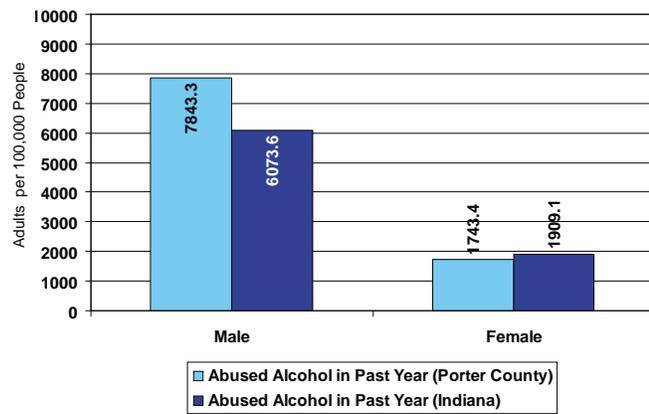
Source: Indiana Adult Household Survey 2003
 *Adults per 100,000 people

A higher percentage of adults age 25 to 44 have abused alcohol in Porter County than any other age group. There are 4736.0 adults age 25-44 per 100,000 people in Porter County that have abused alcohol in the past month which is a rate six times higher than adults 18-24, and fourteen times higher than adults 65 and over.

There are 3,078.4 adults per 100,000 people in Porter County that have been dependent on alcohol in their lifetime, while 3,774.3 adults per 100,000 people in Indiana have been dependent on alcohol in their lifetime.

In Porter County, males abuse alcohol more than females. Due to the difference between male and female alcohol abuse rates, different treatment options could be considered. Males in Porter County have a higher abuse of alcohol rate (7,843.3 adults per 100,000 people) than males in Indiana (6,073.6 adults per 100,000 people). Females in Porter County have a lower alcohol abuse rate (1,743.4 adults per 100,000 people) than females in Indiana (1,909.1 adults per 100,000 people).

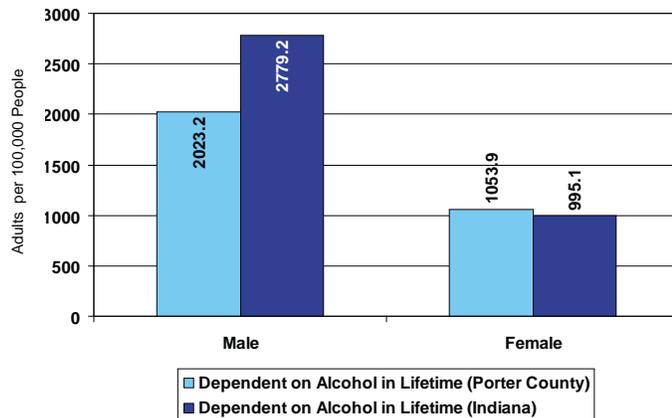
Alcohol Abuse Rates by Gender



Source: Indiana Adult Household Survey 2003

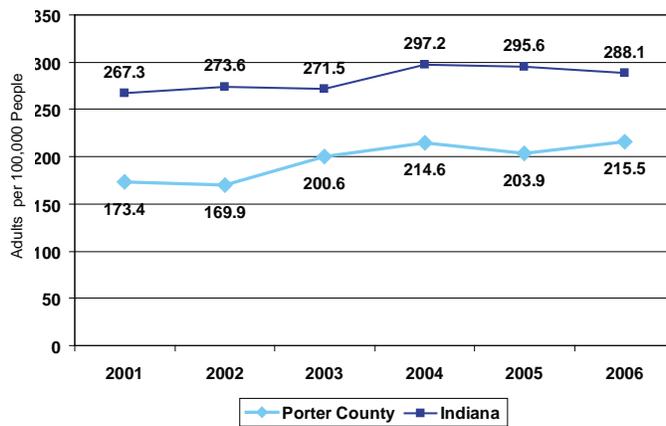
Porter County males depend on alcohol less than Indiana males. The rate of alcohol dependency for women in Porter County is 1,053.9 adults per 100,000 people, and for Indiana females the rate is 995.1 adults per 100,000 people.

Alcohol Dependency Rates by Gender



Source: Indiana Adult Household Survey 2003

Alcohol Treatment Episodes



Since Porter County has higher alcohol abuse rates than Indiana (see table on page 8), the county should have higher treatment rates. However, Porter County has lower alcohol treatment episode rates than Indiana from 2001-2006. A treatment episode is defined as the period between the beginning of a treatment service for a drug or alcohol problem (admission) and the termination of services. From 2001-2006 the alcohol treatment episode rates have remained relatively constant for both Indiana and Porter County.

Source: Indiana Adult Household Survey, Treatment Episodes Data Set 2001-2006

For an understanding of adult drug abuse in Porter County information will be presented on; drug abuse and dependency, Porter County Adult Probation referrals and drug screens, prior treatment episodes, treatments sought, and treatments needed.

According to the Drug Enforcement Agency (DEA), Indiana is an active drug transportation and distribution area. The northern part of Indiana lies on Lake Michigan, which is a major waterway within the St.. Lawrence Seaway system, providing international shipping for all areas of the Midwest. Northwestern Indiana is a distribution center for drugs transported throughout Indiana.

Drug Abuse and Dependency by Age

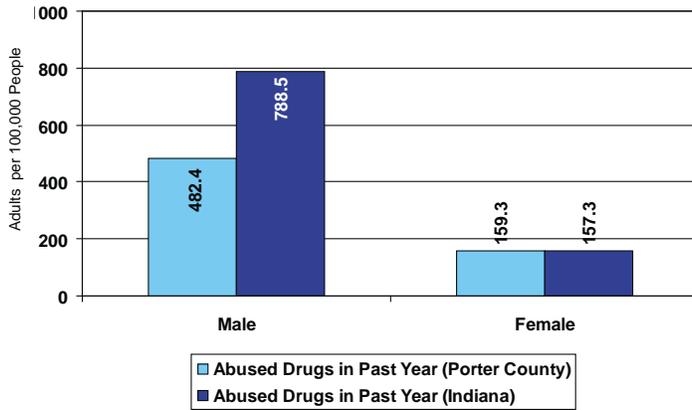
		Abused Drugs in the Past Year	Dependent on Drugs in a Lifetime
Porter County	Age 18-24	159.3	600.4
	Age 25-44	350.6	751.1
	Age 45-64	131.7	90.4
	Age 65+	0.0	0.0
	Total	641.6	1441.9
Indiana	Age 18-24	302.0	489.6
	Age 25-44	506.4	405.3
	Age 45-64	134.3	118.2
	Age 65+	3.1	0.0
	Total	945.8	1013.1

Source: Indiana Adult Household Survey 2003

*Adults per 100,000 people

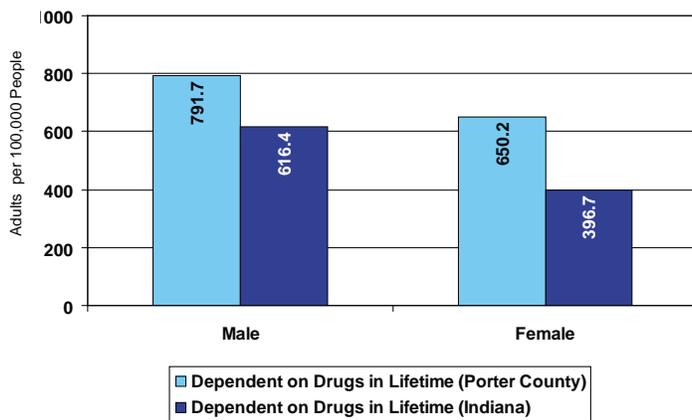
According to the 2003 Indiana Adult Household Survey, Porter County adults over 18 have a lower drug abuse rate of 641.6 adults per 100,000 people than Indiana (945.8), however, adults in Porter County (1441.9 adults per 100,000 people) have a higher rate of drug dependency in their lifetime than Indiana adults (1013.1 adults per 100,000 people).

Drug Abuse by Gender



In 2003, Porter County adults males had a lower drug abuse rate than adult males from Indiana (482.4 adults per 100,000 people compared to 788.5). Female adults from Porter County and Indiana had drug abuse rates that are very similar (159.3 adults per 100,000 people in Porter County compared to 157.3 adults per 100,000 people in Indiana).

Drug Dependency by Gender



Females and males from Porter County have a higher rate of drug dependency in their lifetime (650.2 females and 791.7 males per 100,000 people) than those from Indiana (396.7 females and 616.4 males per 100,000 people).

Source: Indiana Adult Household Survey 2003

Jail Clients In IOP by Substances 2007

	Total	Percent of All Substances	Primary	Secondary	Tertiary
Alcohol	244	31.2%	149	72	23
Cocaine/Crack	151	19.3%	59	53	39
Marijuana/Hashish	174	22.3%	70	64	40
Heroin	55	7.0%	34	13	8
Other Opiates/Synthetics	49	6.3%	13	21	15
Benzodiazepine	30	3.8%	4	12	14
Tobacco	43	5.5%	2	21	20
Other Substances	36	4.6%	12	10	14

Source: Porter County Jail Chemical Dependency & Addiction Program

David Lane of the Porter County Jail reports that approximately nine out of ten inmates (90.0%) are drug abusers regardless of what crime resulted in their incarceration. In order to confront this issue the Porter County Jail has a Chemical and Addiction Program known as IOP. This substance abuse program is for inmates who are self-reported drug abusers and are seeking treatment. According to Gwen Schilling, a Chemical Dependency and Addiction Therapist, there is often a waiting list of inmates who request to be a part of this program. For women, the IOP program lasts eight weeks; while for men the program is ten weeks. In order to participate in IOP the inmates, or clients, must be in jail for the duration of the program. The program includes education about drugs, group and one-on-one therapy, and strategies that can be used to resist drugs once the client is released from jail.

The clients self-report their primary, secondary, and tertiary drugs of choice, however some may not have a secondary or tertiary drug of choice. In 2007, alcohol was the highest primary and secondary drug of choice reported by the clients. Marijuana/Hashish was the tertiary drug that was reported the most by clients. Benzodiazepine is a class of drugs that are considered to be minor tranquilizers which include Valium and Xanax. According to the Drug Enforcement Agency, Benzodiazepines are often used to ease withdrawal symptoms from drugs such as alcohol, heroin, or cocaine. This may explain why in 2007 the clients participating in the IOP program reported Benzodiazepines most commonly as a tertiary drug, followed closely as a secondary drug.

Percent of All Substances By Year

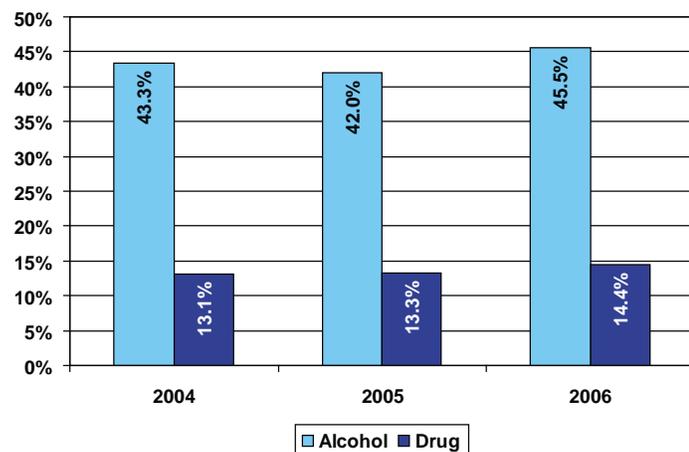
	2003	2004	2005	2006	2007
Alcohol	32.1%	29.0%	29.8%	31.3%	31.2%
Cocaine/Crack	21.0%	23.5%	19.7%	20.2%	19.3%
Marijuana/Hashish	27.5%	26.2%	23.7%	23.0%	22.3%
Heroin	8.5%	8.7%	7.8%	8.3%	7.0%
Other Opiates/Synthetics	3.3%	2.5%	4.0%	4.5%	6.3%
Benzodiazepine	1.5%	2.1%	3.6%	2.8%	3.8%
Tobacco	0.2%	2.5%	6.9%	3.5%	5.5%
Other Substances	5.9%	5.5%	4.5%	6.3%	4.6%

Source: Porter County Jail Chemical Dependency & Addiction Program

For 2003-2007 alcohol was reported the most as a primary, secondary, or tertiary drug of choice by the participants of the IOP program. Cocaine/Crack had an overall declining rate with 21.0% of IOP participants reporting use in 2003, and only 19.3% reporting use in 2007. Benzodiazepines had an overall increasing rate with 1.5% of IOP participants reporting use in 2003, and 3.8% reporting use in 2007.

Referrals to Porter County Adult Probation

Porter County Adult Probation reports an increasing percentage of referrals that are due to drugs. According to Porter County Adult Probation, a referral is when a person is put on probation due to a court ruling. In 2004, 13.1% of all adult probation referrals were due to drugs, which increased to 13.3% in 2005, and in to 14.4% in 2006. Once a person is referred to adult probation they are tested for alcohol and drugs through urine and oral fluid tests.



Source: Porter County Adult Probation Department

In 2004, marijuana was found most frequently in drug tests with 8.6% of all tests resulting positive for tetrahydrocannabinol (THC), the main chemical in marijuana. In 2005 and 2006, cocaine was found the most often in drug tests (10% in 2005, and 11.3% in 2006). Marijuana and alcohol showed declining rates from 2004 to 2006. However, use of opiates, which include heroin, morphine, OxyContin, and methadone, have been steadily rising from rates of 4.0% in 2004 to 8.9% in 2006.

Positive Drug Screening Results			
	% of Positive Results		
	2004	2005	2006
Marijuana (THC)	8.6%	7.4%	6.5%
Alcohol (ETOH)	3.3%	0.5%	0.3%
Cocaine	4.8%	10.0%	11.3%
Amphetamine	0.8%	0.0%	2.0%
Opiate (heroin, morphine, oxycontin, methadone)	4.0%	6.3%	8.9%

Source: Porter County Adult Probation Department
 *After August 2005 oral and urine were used to test

Sought or Needed Treatment (per 100,000)

		Sought Treatment in Lifetime	Sought Treatment in Past Year	Needed Treatment in Past Year	Needed but Received No Treatment in the Past Year
Porter County	Age 18-24	1008.7	441.1	1422.2	981.2
	Age 25-44	813.4	100.3	5862.6	5762.3
	Age 45-64	735.4	0.0	3980.9	3980.9
	Age 65+	0.0	0.0	445.7	445.7
	Total	2557.4	541.4	11711.5	11170.1
Indiana	Age 18-24	763.8	247.7	1914.6	1666.8
	Age 25-44	1351.7	210.5	4961.3	4750.7
	Age 45-64	836.8	73.4	3020.2	2946.7
	Age 65+	27.1	0.0	643.8	643.8
	Total	2979.3	531.7	10539.8	10008.1

Source: Indiana Adult Household Survey 2003, Treatment Episodes Data Set

Most adults who needed treatment in the past year for drug abuse did not seek out treatment in both Porter County and the State of Indiana. According to the Indiana Adult Household Survey, 11,170.1 Porter County adults per 100,000 people needed, but did not receive, treatment in the past year compared to Indiana's rate of 10,008.1 adults per 100,000 people. Adults age 25 to 44 showed the highest unmet treatment needs in Porter County and Indiana. Adults age 45 to 64 in Porter County showed the highest percentage of unmet treatment needs with 100% of those who needed treatment not receiving treatment. A treatment episode is defined as the period between the beginning of a treatment service for a drug or alcohol problem (admission) and the termination of services.

Porter-Starke Services Clients by Household Income

Income Level	Alcohol	Cocaine	Marijuana	Opiates
\$0 to \$10,000	45.7%	52.3%	50.5%	44.7%
\$10,001 to \$20,000	16.5%	14.7%	13.5%	17.6%
\$20,001 to \$30,000	10.1%	2.8%	3.0%	5.9%
\$30,001 to \$40,000	4.0%	0.9%	5.5%	3.5%
\$40,001 to \$50,000	5.1%	4.6%	0.1%	2.4%
\$50,001 to \$75,000	5.5%	3.7%	3.5%	7.1%
\$75,001 to \$100,000	2.0%	0.9%	1.0%	1.8%
\$100,001 and over	0.4%	0.0%	0.5%	0.0%
Missing data	10.6%	20.2%	21.5%	17.1%

Approximately half of the clients served for drug abuse treatment by Porter-Starke Services, Inc. in 2007 had a household income of \$10,000 or less. Fifty-two percent (52.3%) of Porter County citizens in treatment for cocaine during 2007 had an income of \$0-\$10,000.

Source: Porter-Starke Services, Inc. 2007

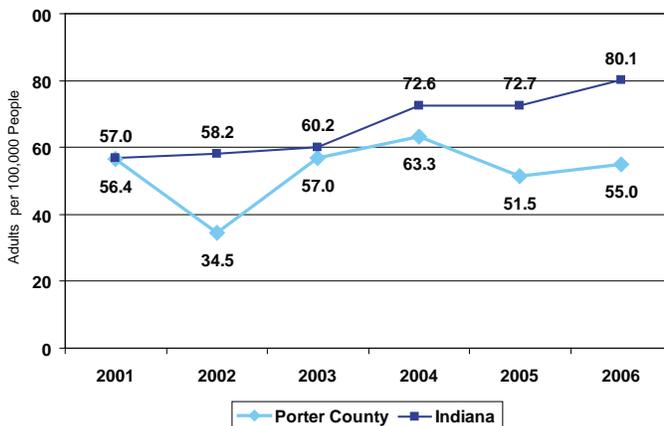
Porter-Starke Services Prior Treatment Episodes

	Number of Prior Treatment Episodes	Percent of Total
0 previous episodes	431	37.9%
1 previous episode	298	26.2%
2 previous episodes	132	11.6%
3 previous episodes	46	4.0%
4 previous episodes	17	1.5%
5 or more previous episodes	41	3.6%
Unknown or missing	172	15.1%

Of those admitted to Porter-Starke treatment facilities in 2007, 37.9% had not been previously treated, 26.3% had been treated once before, and 11.6% had been treated twice previously.

Source: Porter-Starke Services, Inc. 2007

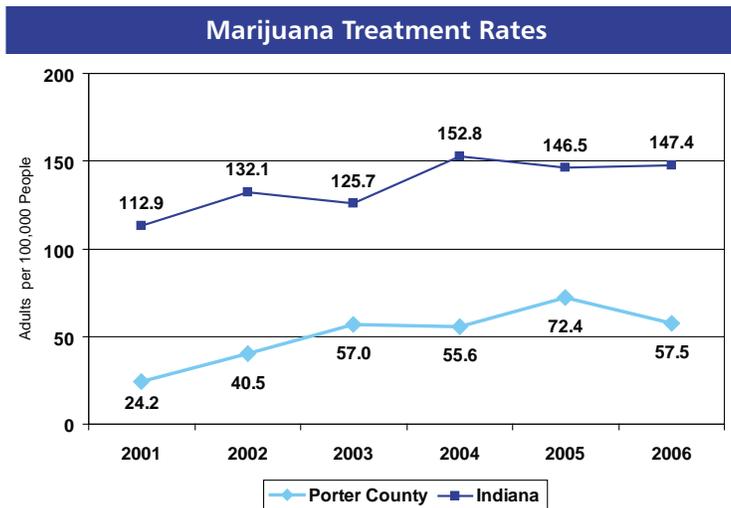
Cocaine Treatment Rates



According to Treatment Episode Data Set (TEDS), State of Indiana treatment episode rates were higher than Porter County per 100,000 people from 2001-2006 for cocaine. In 2006, Indiana had a cocaine treatment episode rate of 80.1 adults per 100,000 people and Porter County had a rate of 55.0 adults per 100,000 people.

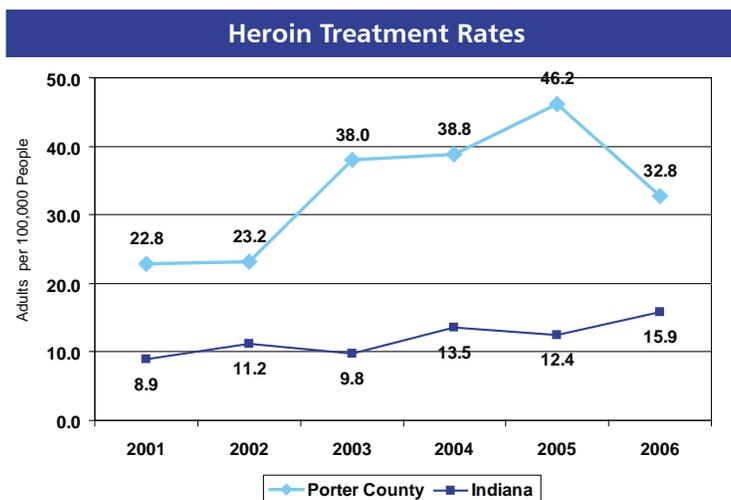
Source: Indiana Adult Household Survey 2003, Treatment Episodes Data Set

The marijuana treatment episode rate in Porter County is much lower than Indiana's. In 2006, Porter County's treatment episode rate for marijuana was 57.5 adults per 100,000 people, and Indiana's was 147.4 adults per 100,000 people.



Source: Indiana Adult Household Survey 2003, Treatment Episodes Data Set

However, Porter County has consecutively had much higher treatment episode rates for heroin than Indiana adults per 100,000 people from 2001-2006. Heroin treatment episodes in Porter County spiked in 2005 with a rate of 46 (46.2) adults per 100,000 people, while in 2005 Indiana's rate was 12.4 adults per 100,000 people.



Source: Indiana Adult Household Survey 2003, Treatment Episodes Data Set

The abuse of alcohol by youth in Porter County will be examined by considering levels of binge drinking in Indiana and specifically Northwest Indiana and the use of alcohol by grade level.

The National Institute on Alcohol Abuse and Alcoholism sets these guidelines for responsible drinking: "For a person of average weight and body type, the liver and small intestine can handle alcohol at a rate of about one drink per hour." If a person is at an event that lasts more than four or five hours and they follow these guidelines, they are 'binge drinking.' According to the U.S. Department of Health and Human Services, for men, the average height and weight are 5'9" and 190 pounds, respectively. For women, the average height and weight are 5'4" and 163 pounds, respectively.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) the definition of binge drinking is consuming five or more drinks on one occasion on one day in the past thirty days. The Journal of Studies on Alcohol emphasizes that binge drinking is an extended period of time (typically at least two days), during which time a person repeatedly becomes intoxicated and gives up his or her usual activities and obligations in order to become intoxicated. The core of the clinical definition of binge drinking is the combination of prolonged use of alcohol and the giving up of usual activities.

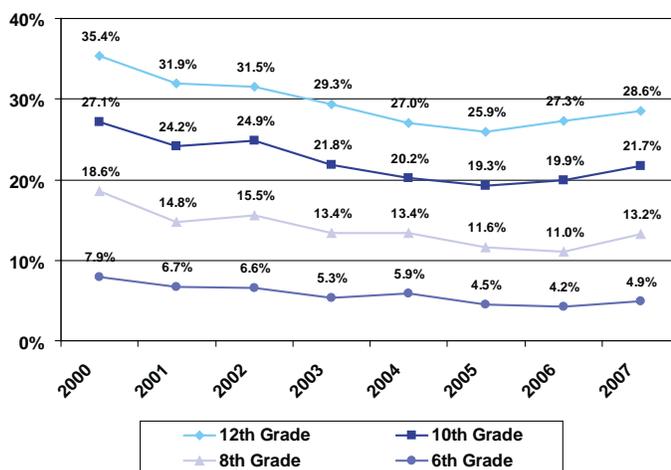
Findings from a 2001 study 'Estimated blood alcohol levels reached by "binge" and "non binge" drinkers: A survey of young adults in Montana' published in Psychology of Addictive Behaviors indicate that traditional views regarding binge drinking may be misleading. Estimated blood alcohol concentrations (BACs) of 500 young adults age 18 to 24 revealed that 63.0% of the binge drinkers did not reach a BAC of .10% or higher, and 48.0% did not reach a BAC of .08% (legal intoxication) or higher.

The investigators of the 2001 study explain that research has firmly established that U.S. teens and young adults have a greatly exaggerated view of how many of their peers engage in heavy drinking. Use of the term "binge drinking," meaning 5 or 4 drinks in a row, feeds the misperception which exists as a false norm, producing greater pressure toward high-risk drinking than when the norm is accurately perceived.

The percentage of Indiana 6th, 8th, 10th and 12th grade students who have participated in binge drinking has increased slightly from 2005 to 2007, but is significantly lower than levels reported in 2000.

In this survey, the definition of binge drinking is "drinking at least five alcoholic beverages in one sitting at least two weeks prior to administration of this survey."

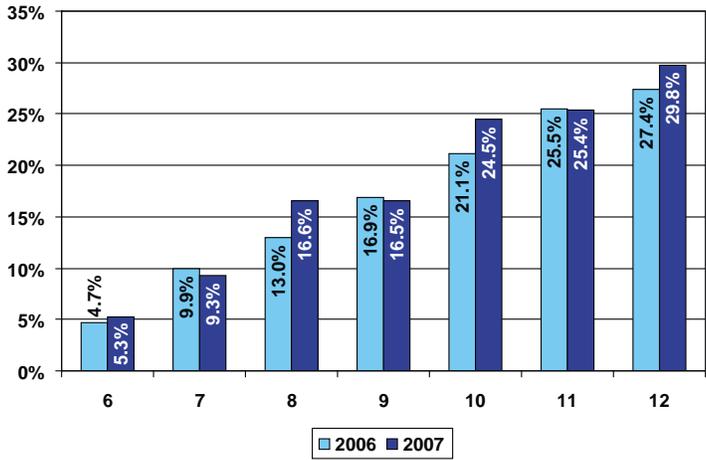
Binge Drinking in Indiana by Grade, 2000-2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

In the spring of 2007, the Indiana Prevention Resource Center (IPRC) conducted the Seventeenth Annual Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents. The study results are not available at a county level due to confidentiality; however, the data is available by region. Porter County is part of the Northwest region along with Jasper, Lake, Newton, Pulaski, and Starke counties.

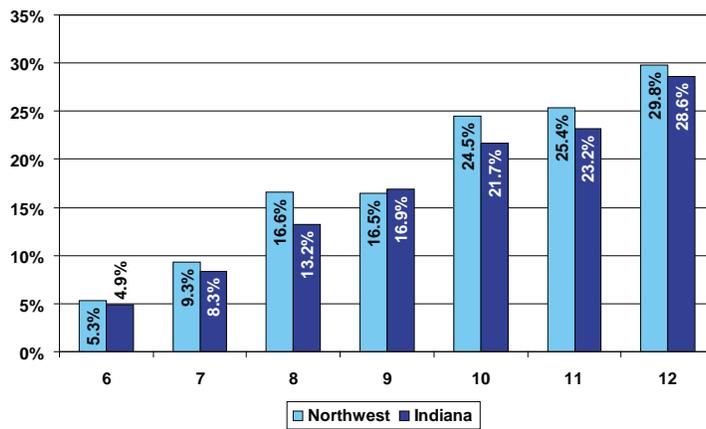
Binge Drinking in Northwest Indiana by Grade, 2006



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

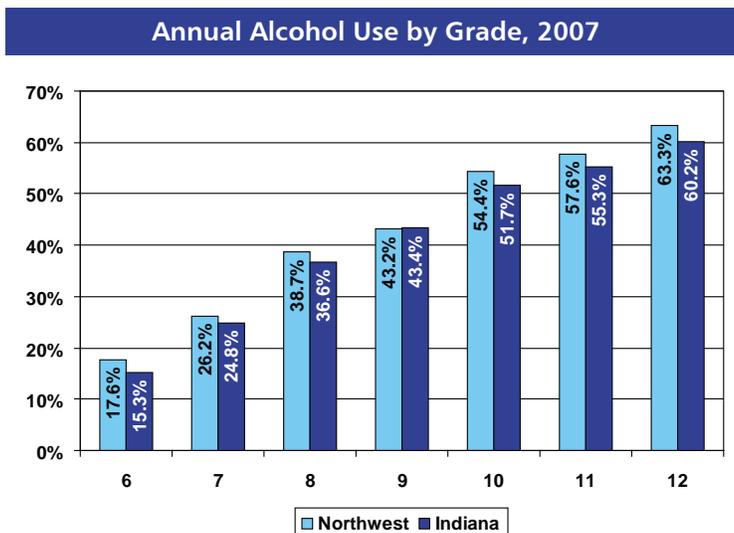
This study indicated that children in grades six through twelve of the Northwest region of Indiana reported higher binge drinking rates than Indiana averages in 2006 and 2007. However, in 2007, ninth graders reported binge drinking rates below the state average by 0.4%. Binge drinking in Indiana sixth through twelfth graders has had an overall declining trend long-term, despite an increase in binge drinking by all grades in 2007. In 2007, the Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents was changed from previous years to emphasize binge drinking as an important issue. Therefore, the large increase between 2006 and 2007 may reflect the change in the survey design and methodology.

Binge Drinking in Northwest Indiana By Grade, 2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

Other findings in the Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents show the annual use of alcohol by all grades six through twelve in the Northwest region are higher than Indiana’s averages, with the exception of ninth graders whose annual alcohol usage rates were lower than the state’s average of 43.4%. The annual use of alcohol by sixth (17.6%), eighth (38.7%), tenth (54.4%), and twelfth graders (63.3%) in the Northwest region are all significantly higher when compared to Indiana’s annual use.



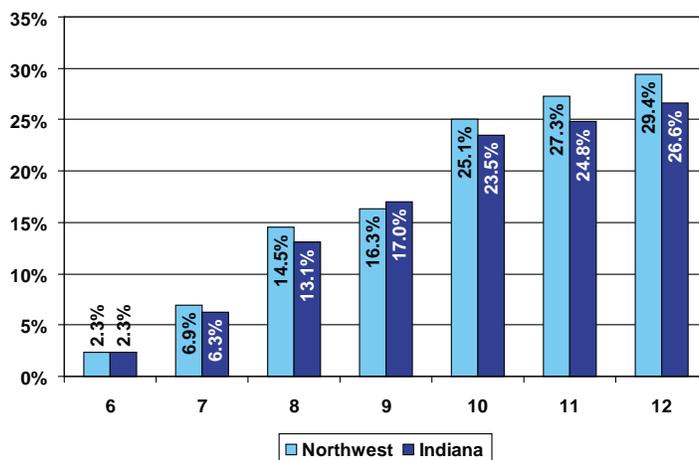
Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

Youth Drug Abuse

Usage of marijuana, heroin, ecstasy, and cocaine are examined by grade level in this section.

Marijuana use is widespread among adolescents and young adults. According to the Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents, the annual use of marijuana in the Northwest region in 2007 was higher than the Indiana average for all grades except ninth grade. Twelfth grade marijuana use was higher in 2007 than for any other grade that year, and saw the largest difference between the Northwest region and Indiana (2.8%).

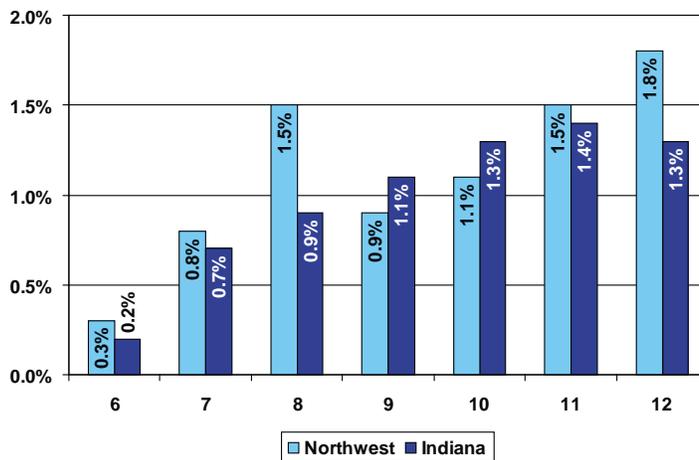
Annual Marijuana Use by Grade, 2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

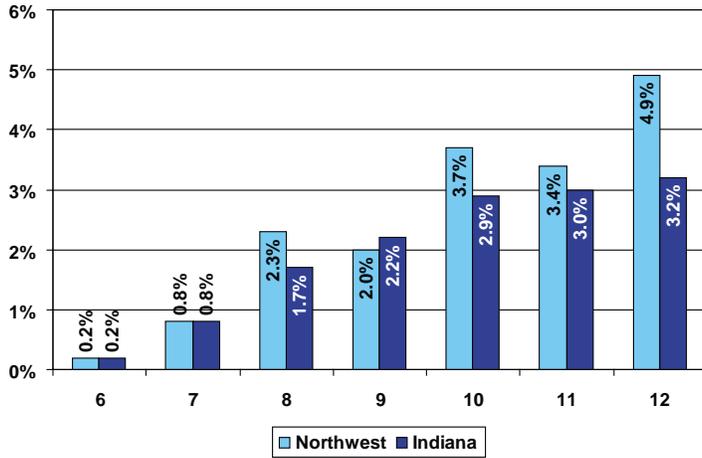
The 2005 study entitled 'A Multiple Indicator Analysis of Heroin Use in Northwest Indiana' was designed to focus on Porter County's heroin problem. The study noted that the reported monthly use of heroin by high school students increased over 700 percent in Indiana from 1993 to 2004. According to the Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents, heroin use by eighth graders in the Northwest region (1.5%) is significantly higher than the state's average (0.9%). Ninth and tenth graders in the Northwest region reported lower annual usage than the state; however they are not statistically significant.

Annual Heroin Use by Grade, 2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

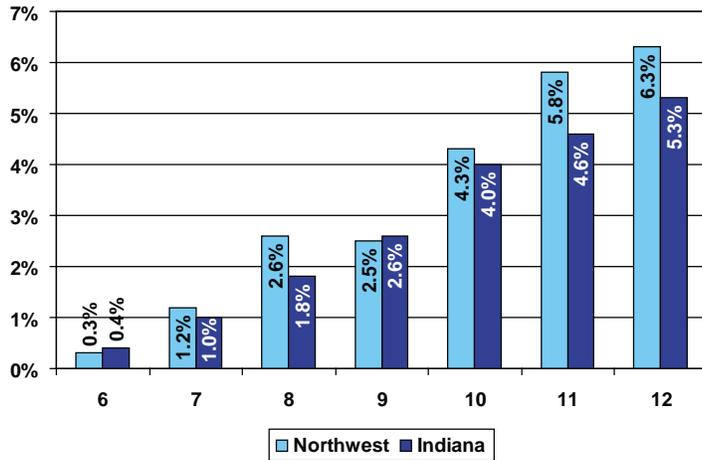
Annual Ecstasy (MDMA) Use by Grade, 2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

The annual use of methylenedioxymethamphetamine (MDMA), commonly known as Ecstasy, is statistically higher in the Northwest region for eighth, tenth, and twelfth graders compared to the state of Indiana. According to the DEA, adolescents and young adults use Ecstasy to promote euphoria, feelings of closeness, empathy, and sexuality, and to reduce inhibitions. It is considered a "party drug" and obtained at "rave" or "techno" parties.

Annual Cocaine Use by Grade, 2007



Source: Indiana Prevention Resource Center (IPRC) 2007 Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents

Twelfth grade cocaine use was higher in 2007 than for any other grade that year, while eleventh grade saw the largest difference between the Northwest region and Indiana (1.2%). Cocaine use in the Northwest region has a significantly higher annual use than the state for eighth and eleventh graders. Data from the 2006 National Survey on Drug Use and Health indicates that there were 977,000 persons age 12 or older who had used cocaine for the first time within the past 12 months; this averages to approximately 2,700 initiates per day. This estimate was not significantly different from the number in 2005 (872,000).

Drug & Alcohol Treatment

Porter County Treatment Facilities

Treatment facilities serving Porter County residents include Alice's Halfway House for Women, Michiana Behavioral Health Care, Choices Counseling Services, Moraine House, Porter-Starke Methadone Clinic, Fresh Start Counseling, and Joseph Corporation. Most of the facilities have payment assistance and accept many types of health insurance, as well as Medicaid, and Medicare.

Treatment Facilities

Treatment Type	Alice's Halfway House for Women (219) 462-7600	Michiana Behavioral Health Center (800) 795-6252	Choices Counseling Services (219) 548-8727	Moraine House (219) 464-9983	Porter-Starke Methadone Clinic (219) 476-4671	Pathway Family Center (800) 261-4605	Madison Center (800) 994-6610	Family Youth and Services Bureau (219) 464-9585	Fresh Start Counseling Services (219) 548-9400	Joseph Corporation (219) 759-6760
Detox		x								
Halfway House	x			x	x					
Outpatient		x	x		x	x	x	x	x	x
Residential (Short or Long-term)		x		x		x		x		
Hospital Inpatient		x								
Day Treatment			x		x			x		
Adolescents		x	x		x	x	x	x	x	
Men		x		x	x				x	
Women	x	x			x				x	
Co-occurring Mental & Substance Disorder			x		x		x		x	

Source: Phone calls with each facility

In addition to these treatment facilities there are support groups and community resources to aide in the recovery process:

- Porter County Substance Abuse Council (219) 462-0946
 - Provides drug testing kits for parents and information regarding alcohol and drugs
- Porter County Drug Task Force (219) 465-3629
 - Law enforcement initiative addressing drug users and dealers
- Alcoholics Anonymous (AA) (219) 763-6431
 - Nationwide organization of support groups for alcoholics
- Al-Anon (219) 769-1133
 - Nationwide organization of support groups for families of addicts/alcoholics
- Narcotics Anonymous (NA) (219) 465-4970
 - Nationwide organization of support groups for addicts

In an effort to continually improve upon existing treatment programs, the National Institute on Drug Abuse (NIDA) supports the development and testing of efficacious scientifically-based treatment approaches. Some of these approaches have shown great success for various substances and different types of users.

Motivational Enhancement Therapy is a client-centered counseling approach for initiating behavior change by helping clients to resolve ambivalence about engaging in treatment and stopping drug use. This approach employs strategies to evoke rapid and internally motivated change in the client, rather than guiding the client stepwise through the recovery process. After an initial assessment, the client attends several individual treatment sessions with a therapist. Motivational interviewing principles are used to strengthen motivation and build a plan for change. Coping strategies are discussed and the therapist continues to encourage commitment to change. This approach is successful because the change is a decision the client has made for themselves. This approach has been used successfully with alcoholics and marijuana-dependent individuals.

Voucher-Based Reinforcement Therapy in Methadone Maintenance Treatment helps patients achieve and maintain abstinence from illegal drugs by providing them with a voucher each time they provide a drug-free urine sample. The use of Methadone allows the opiate addicted client to stop using without dangerous side effects. The voucher has monetary value and can be exchanged for goods and services that promote a healthy lifestyle. Initially the voucher values are low, but their values increase with the number of consecutive drug-free urine samples. If a client does not pass a drug test the value of the vouchers will be reset to the initial low value. Studies have shown significantly longer periods of sustained abstinence with this therapy.

The **Stages of Change Model (SCM)** has been applied to a broad range of behaviors including weight loss, injury prevention, overcoming alcohol, and drug problems among others. The idea behind the SCM is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Also, each of us progresses through the stages at our own rate. Each person must decide for himself or herself when a stage is completed and when it is time to move on to the next stage. In each of the stages, a person has to grapple with a different set of issues and tasks that relate to changing behavior. The stages of change are:

- Pre-contemplation: The person is unaware or barely aware that there is a problem, the cons of giving up outweigh pros, there is no intent to change drug-using in the foreseeable future.
- Contemplation: The person acknowledges that there is a problem, are open to information and education, are considering change but not quite ready, and are considering the pros and cons of giving up.
- Determination/preparation: There is an intention to give up the drugs, the person is beginning to set goals and plans, and strategies are developed.
- Action: Significant efforts are made to stop using drugs.
- Relapse: The person uses drugs again. This is seen as a learning opportunity - a chance to learn what strategies did not work, and what part of the plan did not work.
- Maintenance: The person continues to abstain from drugs, is able to more clearly identify situations and self-defeating behaviors that encourage relapse, and continues to work to prevent relapse.

The Substance Abuse & Mental Health Services Administration (SAMHSA) recognizes successful drug and alcohol treatment programs nationwide through a variety of awards. The Science and Services Awards serve to recognize community-based organizations that have successfully implemented one or more recognized evidence-based interventions. In 2007, awards were presented in five categories, including Treatment of Substance Abuse and Recovery Support Services. In 2004, SAMHSA bestowed The National Rural Alcohol and Drug Abuse Network Awards for Excellence. This program seeks to recognize effective and innovative models of treatment and prevention services for rural populations.

There are a variety of programs that have been recognized by SAMHSA through these two awards. Programs such as these could be beneficial to Porter County residents. Recognized programs include:

**Central Clinic/Court Clinic
Alternative Interventions for Women Program
Helping Women Recover & Integrated Dual Disorders Treatment**

Cincinnati, Ohio

(513) 558-5808 (Central Clinic)

(513) 651-9300 (Alternative Interventions for Women)

www.CentralClinic.org

Science and Service Award, 2007

In Cincinnati, Ohio, a collaborative effort was formed to coordinate the criminal justice, mental health, and substance abuse systems in order to overcome barriers and provide appropriate services for offenders. Alternative Interventions for Women combines two evidence-based models – Helping Women Recover and Integrated Dual Disorders Treatment – to meet the needs of female clients. Through a strong collaborative partnership incorporating monthly data analysis and outcome measurement, client progress is assessed at fixed intervals. Client recidivism is tracked for a three-year period and outcome data has shown reductions in symptoms, decreased substance abuse, decreased recidivism, improved family functioning, and reductions in the number of children needing out-of-home care.

**King County Mental Health Chemical Abuse and Dependency Services Division
Global Appraisal of Individual Needs (GAIN)**

Seattle, Washington

(206) 263-8903

www.metrokc.gov/dchs/mhd/

Science and Service Award, 2007

The King County Mental Health and Substance Abuse Services Division in Seattle, Washington initiated GAIN to deliver substance abuse interventions to youth. GAIN is an evidence-based chemical dependency assessment that supports a number of substance abuse treatment practices including initial screening, brief interventions and referrals to ancillary services. Furthermore, GAIN is a system of care consisting of 15 independent nonprofit treatment agencies which provide substance abuse and assessment services to over 450 youth at any given time. King County has experienced an increase in treatment completion and treatment retention rates, and Seattle/King County now has the highest treatment completion and retention rates for youth in the State of Washington.

The Life Link

Community Reinforcement and Family Training (CRAFT)

Santa Fe, New Mexico

(505) 438-0010

www.thelifelink.org

Science and Service Award, 2007

The Life Link provides substance abuse, mental health, and co-occurring services to the Hispanic, Anglo, Native American, and African-American populations in Santa Fe, New Mexico. The CRAFT program was designed to assist concerned significant others in motivating a person with a substance use disorder to enter treatment. After three years, outcomes show 65% of previously resistant patients have been engaged in treatment, resulting in a significant decrease in the frequency and intensity of drinking behaviors, as well as reductions in depression, anxiety, and anger among family members. CRAFT has become a cornerstone of the treatment programs offered by The Life Link.

Community and Family Resources

Empower for Recovery

Webster City, Iowa

(515) 832-5432

www.communityandfamilyresources.org

National Rural Alcohol and Drug Abuse Network Awards for Excellence, 2004

Community and Family Resources offers substance abuse and prevention programs in Webster City, Iowa, which acknowledge the challenges of obtaining and maintaining sobriety in rural areas such as transportation and financial pressure. Empower for Recovery is a home-based treatment program providing early intervention utilizing the Stages of Change Model. This targeted, strength-based approach has shown successful outcomes with rural substance abusers: reported one-year post-discharge outcomes show 80% of substance abusers maintain sobriety.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- A Multiple Indicator Analysis of Heroin Use in Northwest Indiana, Stephanie Schmitz-Bechteler, Kathleen Kane-Willis, <http://www.roosevelt.edu/ima/pdfs/multipleIndicatorAnalysis2005-01.doc>
- CY07 Prior Treatment Episodes & Clients Served - By Income & Primary Diagnosis, Porter-Starke Services Inc., Elliot Miller, phone: (219) 476-4590
- DEA Briefs & Background, Drugs and Drug Abuse, State Factsheets, Indiana, <http://www.usdoj.gov/dea/pubs/states/indiana.html>
- Drug Enforcement Administration, Office of Diversion Control, http://www.dea/diversion.usdoj.gov/drugs_concern/mdma/mdma.htm
- Drug Rehab and Alcohol Abuse Information for Indiana, <http://www.drugrehabreferral.com/states/indiana>
- Estimated blood alcohol levels reported by 'binge' and 'nonbinge' drinkers. Psychology of Addictive Behaviors, 2001 pgs. 317-320
- Indiana Alcohol and Other Drugs County Level Epidemiological Indicators, Indiana Adult Household Survey, <http://www.sis.indiana.edu/Adulthousesurvey.aspx?county=Porter>
- Porter County Adult Probation Department, phone: (219) 465-3420
- Porter County Profile, Indiana Prevention Resource Center, Prev-Stat, <http://www.drugs.indiana.edu/publications/cp01/cp-fs-s1-porter.pdf>
- Principles of Drug Addiction Treatment; A Research Based Guide, National Institute on Drug Abuse, <http://www.drugabuse.gov/PODAT/PODAT10.html>
- Quick Stats Binge Drinking, Center for Disease Control, http://www.cdc.gov/alcohol/quickstats/binge_drinking.htm
- Regional Prevalence Rates by Grade, Survey of Alcohol, Tobacco, and Other Drug Use by Indiana Children and Adolescents, Indiana Prevention Resource Center, http://www.drugs.indiana.edu/publications/survey/2007/00_contents.pdf
- Substance Abuse and Mental Health Services Administration, Results from the 2006 National Survey on Drug Use and Health: National Findings, September 2007 <http://www.samhsa.gov>
- The Journal of Studies on Alcohol, Schuckit, Marc A, 1998, 123-124
- Treatment Episodes Data Set, Indiana Division of Mental Health and Addiction, <http://www.sis.indiana.edu/TreatmentDataDesc.aspx?county=Porter>
- U.S. Department of Health and Human Services, National Center For Health Statistics, Center for Disease Control, <http://www.cdc.gov/nchs/fastats/bodymeas.htm>

This section reviews drug and alcohol prevention in Porter County, Indiana, and the nation. Drug and alcohol prevention increases awareness, which allows people to be informed of the details pertaining to substance abuse. In the public schools of Porter County, there are at least eleven different prevention programs; in the county there are three community-wide prevention programs. The state of Indiana has many prevention programs, and six of those are discussed in detail. As a nation, people have pulled together to help prevent drug and alcohol abuse, which is evident from the bounty of national programs. With so many prevention programs in the nation it is important to know how to evaluate and choose a program that is best for the community. Guidelines are explained in this section that assist in the evaluation and choice of prevention programs. Also included are examples of thoroughly tested prevention programs that are considered to be best practices.

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Drug and alcohol prevention is a primary topic of concern within Porter County. Prevention programs inform people about substance abuse which allows them to make educated decisions. Some highlights of this section include:

- According to the National Institute on Drugs and Alcohol, recent research says that each dollar invested in prevention can provide a savings of up to \$10 in treatment for substance abuse.
- Due to an increase in police patrols in Porter County, more DUI's are handed out, resulting in a drastic increase in drunk driving arrests.
- Only three out of ten children report learning a lot about drug abuse from their parents.
- Between 1995 and 2005, drug treatment admission for prescription drugs has increased more than 300.0%.
- Over 600 inspections of tobacco retailers are conducted each month by either Indiana State Excise police officers or off-duty Indiana police officers.
- Teenagers who drink alcohol too much may lose as much as 10 percent of their brainpower according to the informational video from Discover Magazine called "Getting Stupid."
- According to the National Highway Traffic Safety Administration, every thirty minutes someone in America dies because of an impaired driver, and every two minutes someone is injured.
- According to the National Clearinghouse for Alcohol and Drug Information, by the time children enter preschool, most of them have seen adults smoking cigarettes or drinking alcohol either in real life or in the media.

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County residents, over twenty-percent (20.2%) of Porter County residents feel that substance abuse is one of the top three issues. When asked to rate their level of concern with substance abuse, 35.9% of respondents feel that alcohol and/or drug abuse is a moderate concern, while 18.5% of respondents feel that alcohol and/or drug abuse is a major concern. Thirty-one percent (30.8%) of respondents feel that underage drinking is a moderate concern, and 23.8% of respondents feel that underage drinking is a major concern.

Public Opinion of Drug and Alcohol Abuse		
	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	2nd	1st (tie)
Most significant family issue	10th	N/A
Rank of significance among forty-three (43) issues	1st	2nd
Percentage indicating moderate or major concern	54.4%	90.6%

Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, 33.9% of respondents reported that substance abuse is a significant issue facing Porter County. According to the 2007 Needs Assessment Stakeholder Survey, forty-seven percent (47.2%) of respondents feel that alcohol and/or drug abuse is a major concern, closely followed by 43.4% of respondents who feel that it is a moderate concern. Fifty-one percent (50.9%) of respondents feel that underage drinking is a moderate concern, while 35.8% of respondents feel that underage drinking is a major concern.

Six focus groups were held in September 2007 with; nonprofit organization representatives, youth, employers, public safety and government officials, community leaders, and donors. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what the person believes. Focus group participants shared the following comments about drug and alcohol abuse and prevention.

- *People do drugs because there is nothing to do.*
- *Need more expansion of youth activities to keep them engaged. The recurring theme is that there is nothing for the kids to do, but it is true.*
- *I've found if you go out there with awareness, but you don't give them one resource or tool, you scare them. So you need to go out there with a plan. At least we get the information out there, with more venues.*
- *The community is becoming more and more aware of how serious the drug issue is and that we need to combat it, but what are we doing to create positive activities for the youth?*
- *There are a lot of places for drug prevention, motivational speakers, but I don't really know of anything to help kids that are already addicted. I never hear anything like that.*
- *We don't have enough prevention programs. We're just trying to keep afloat with dealing with problems we already have, but what about doing things to prevent problems before they even become problems—working with kids, for example, who witness domestic violence.*
- *The teen population with all the drugs and all the problems. There's a group of teenagers who aren't succeeding in school but don't really belong in juvenile detention, but they're out vandalizing. There has to be an agency that takes care of these teenagers to get them on the right path.*
- *The drug problem issue might be better handled if it was between the government and the public.*

Drug and alcohol prevention programs are essential to preventing future substance abuse among children and adults. Findings from a study performed by Cornell University of students in grades 7, 8, and 9 in the state of New York revealed that the odds of students drinking, smoking cigarettes, and using marijuana were 40.0% lower when students participated in a school-based substance abuse prevention program, than when they did not.

When a school, county, state, or national organization decides they want to make an impact on their community through a prevention program, several principles should be considered. The National Institute on Drug Abuse (NIDA) has compiled a list of principles that were developed to guide parents, educators, and community leaders through the planning, selection, and delivery of substance abuse prevention programs at a community level.

Principle 1: Prevention programs should enhance protective factors and reduce risk factors.

Principle 2: Prevention programs should address all forms of substance abuse, alone or in combination.

Principle 3: Prevention programs should address the type of drug and alcohol abuse problems in the local community, target modifiable risk factors, and strengthen identified protective factors.

Principle 4: Prevention programs should be tailored to address risks specific to the population or audience characteristics such as age, gender, and ethnicity to improve program effectiveness.

Principle 5: Family-based prevention programs should include parenting skills that enhance family bonding and relationships.

Principle 6: Prevention programs can be implemented as early as preschool to address risk factors for substance abuse, such as aggressive behavior, poor social skills, and academic difficulties.

Principle 7: Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug or alcohol abuse.

Principle 8: Prevention programs for middle or junior high and high school students should increase academic and social competence.

Principle 9: Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children.

Principle 10: Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

Principle 11: Community prevention programs reaching populations in multiple settings are most effective when they present consistent, community-wide messages in each setting.

Principle 12: When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention.

Principle 13: Prevention programs should be long-term with repeated interventions (e.g. booster programs) to reinforce the original prevention goals. NIDA research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

Principle 14: Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior.

Principle 15: Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

Principle 16: Research-based prevention programs can be cost-effective. Each dollar invested in prevention can provide a savings of up to \$10 in treatment for substance abuse.

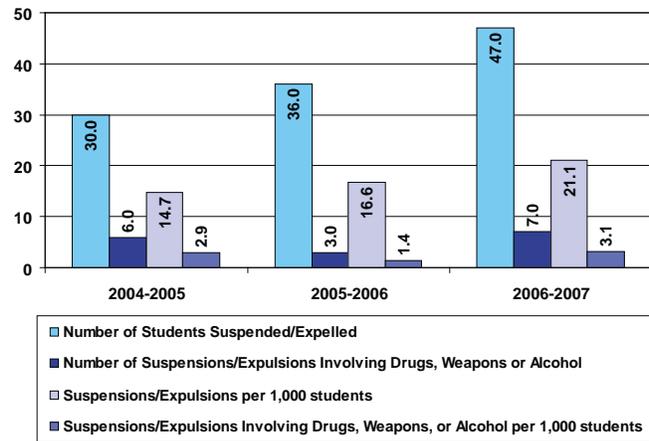
Porter County School Prevention Programs

Within Porter County there are seven public school districts. Drug and alcohol prevention programs vary between each district, and sometimes the schools within each district. In this section, each district's prevention programs will be discussed. The information for each district was collected through short phone interviews with school counselors, student service specialists, advisors, and other faculty. The effectiveness of these prevention programs is not scientifically monitored by the schools in Porter County; however, suspension rates due to alcohol and drugs can serve as an indicator of effectiveness. These rates, acquired from the Indiana Department of Education are included for each district.

East Porter County School Corporation Student Enrollment 2007-2008: 2,294

Throughout the district several prevention programs are used to help prevent substance abuse. Over the past three school years, the suspension or expulsion rates involving drugs, weapons, or alcohol has gone from 2.9 students per 1,000 students in 2004-2005, to 3.1 students per 1,000 students in 2006-2007. While the district saw a drop in the 2005-2006 school year, the 2006-2007 school year has the highest overall rate. East Porter County School Corporation has the lowest overall suspension/expulsion rate in Porter County.

East Porter County School Corporation



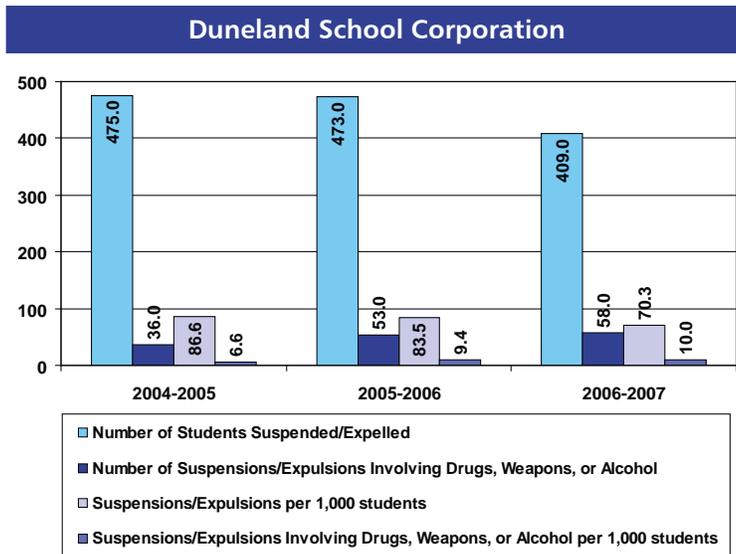
Source: Indiana Department of Education

Tar Wars, a program that is taught to 171 fourth grade students in the East Porter School District, educates students about being tobacco free. A community based approach is implemented by Tar Wars, involving family physicians, educators, and other health care professionals. Research conducted by the Department of Family Medicine at the School of Medicine & Biomedical Sciences State University of New York, showed successful short term retention on most of the information presented through the program. Retention on two facts, "recognition that smokers have yellow teeth and fingers" and "smoking one pack of cigarettes a day costs several hundred dollars per year" was maintained for four months. The median scores for correct retention of facts ranged from 73.0% up to 98.0%.

Get Real About Tobacco is a K-12 tobacco prevention program based on Center for Disease Control recommendations. The purpose is to help students promote messages against the use of tobacco, encourage students to reduce the risk of tobacco and reward students who quit smoking tobacco.

"Beginning Alcohol and Addictions Basic Education Studies (B.A.B.E.S.)" is a prevention program that educates young children about substance abuse. In the East Porter County School Corporation, B.A.B.E.S. is taught to 190 second graders. B.A.B.E.S. teaches positive living skills and provides them with accurate, non-judgmental information about the abuse of alcohol and drugs. Information is presented in a manner that catches the attention of children, promoting a desire for healthy living.

Porter County School Prevention Programs - Continued



**Duneland School Corporation
Student Enrollment 2007-2008: 5,941**

This district has seen an increase of suspensions or expulsions due to alcohol, drugs or weapons in the past three years. In the 2004-2005 school year the rate was 6.6 students per 1,000 students, and in the 2006-2007 school year the rate was 10.0 students per 1,000 students. Duneland School Corporation has the third highest overall suspension/expulsion rate in Porter County.

Source: Indiana Department of Education

Gloria Guerrero is the Positive Life Program Director for Duneland School Corporation. Positive Life is a program aimed at getting students and staff to quit smoking, to stop using alcohol and drugs, and to improve lifestyles in other areas such as anger management. In 2007 there were approximately 116 students referred to the Positive Life program. Students are referred to the program if they have any violations pertaining to drugs and/or alcohol, such as detentions or suspensions. Six classes are held after school which provide information about the dangers surrounding smoking tobacco, drinking alcohol, and using other substances. At these sessions, open discussions allow students to open up and voice their questions or concerns about substance abuse. There is often a parent follow-up to get the parents involved with the program. At the end of the six classes, students fill out a self-evaluation sheet and discuss their future plans in order to understand the impact that substance abuse could have on their futures. Over 75.0% of the students who complete the classes do not have a second violation.

In the Duneland School Corporation, there is also a Student Assistance Team comprising of faculty, nurses, and counselors. Students are referred to the Team if they are considered at high risk for developing problems. In 2006, there were approximately 50 students referred to the Assistance Team. Students are assigned a mentor who meets and talks with them one-on-one to help prevent high risk behavior.

The Natural Helpers Program is another prevention program that the Duneland School Corporation provides through their high school. Natural Helpers is a program that helps high school students strengthen their communication in an informal "helping network" where students with problems seek out other student, and teachers, whom they trust. Students approach their "helping network" for advice, assistance, and support. The Natural Helpers are provided with peer-counseling training in order to hone their skills. Students selected for the program, about 70 in 2007, are already seen by their peers as trustworthy and helpful, which ensures the representation of all types of students.

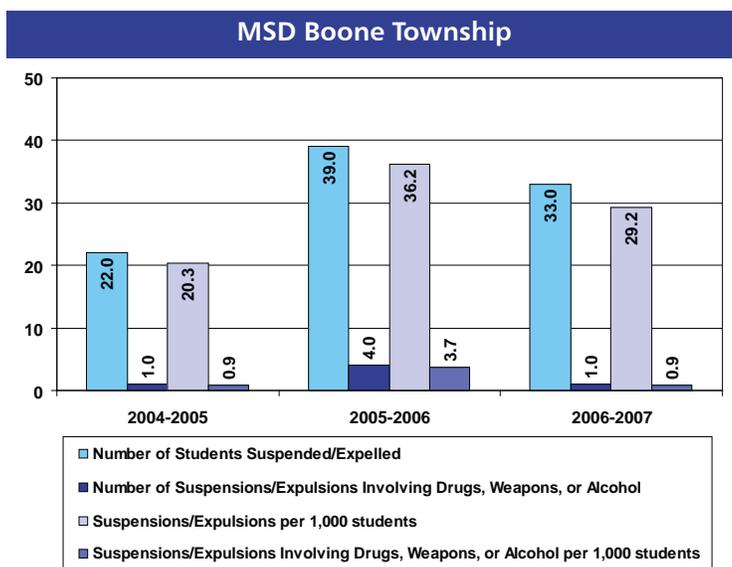
Porter County School Prevention Programs - Continued

MSD Boone Township
Student Enrollment 2007-2008: 1,139

In MSD Boone Township, the expulsion and suspension rates due to drugs, alcohol, or weapons peaked during the 2005-2006 school year with a rate of 3.7 students per 1,000 students. In both the 2004-2005 and the 2006-2007 school years the rate was consistent at 0.9 students per 1,000 students. MSD Boone Township schools has the sixth highest overall suspension/expulsion rate in Porter County.

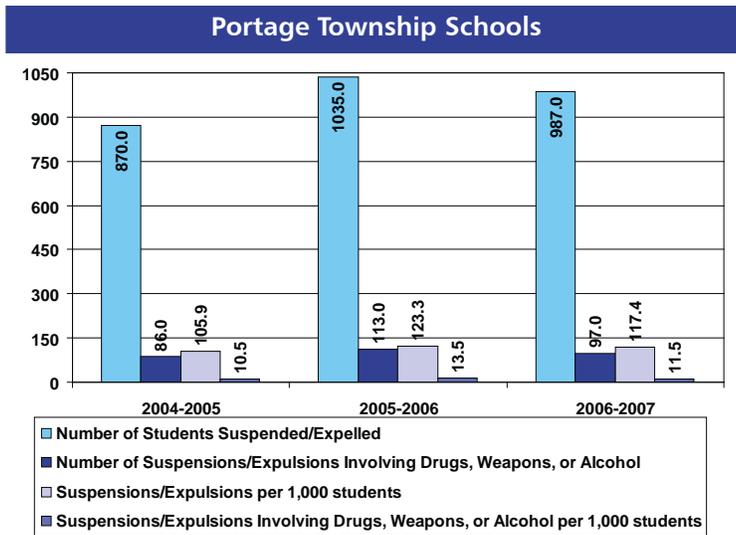
This district implements SADD, or Students Against Destructive Decisions. SADD began as an organization to prevent drunk driving, but has expanded their mission to include underage drinking, drug use, impaired driving, teen violence, teen depression and suicide. There are approximately 30 students that are a part of the SADD chapter in this school district.

MSD Boone Township schools also hosts motivational speakers to highlight specific issues, such as substance abuse, that are noticed by teachers or other staff in order to help address issues head-on for students.



Source: Indiana Department of Education

Porter County School Prevention Programs - Continued



Portage Township Schools
Student Enrollment 2007-2008: 8,543

This district has the highest overall rate of suspensions or expulsions involving drugs, weapons, or alcohol in Porter County. In the 2004-2005 school year the suspension or expulsion rate involving drugs, weapons, or alcohol was 10.5 students per 1,000 students, and in 2006-2007 the rate increased to 11.5 students per 1,000 students. In the 2005-2006 school year Portage Township Schools had the highest overall suspension or expulsion rate involving drugs (13.5 students per 1,000).

Source: Indiana Department of Education

Portage Township Schools implements the Life Goals program which focuses on character development, forward thinking, and making good decisions. Life Goals is presented in classrooms to middle school and high school students. Also used at the high school and middle schools is a program called Safe and Drug Free where the students are taught step by step substance refusal skills.

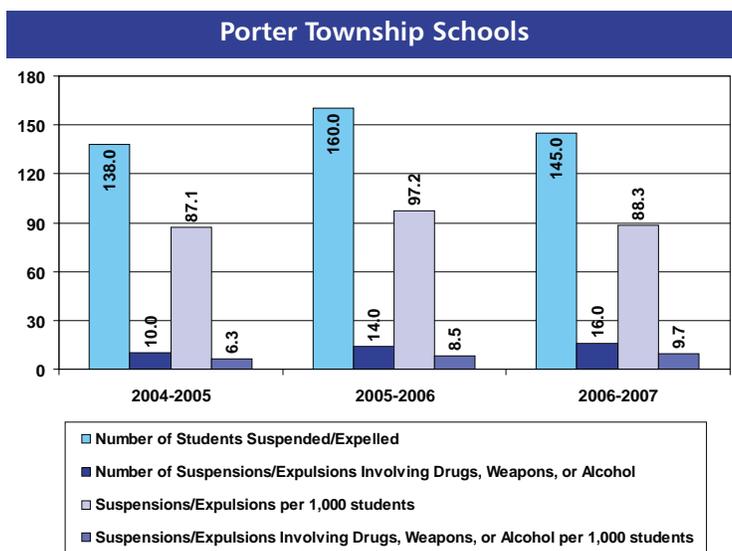
At the elementary school level, the Too Good For Drugs programs is used in classroom presentations. Too Good For Drugs has parent component as well as a pre and post test to show the effects of the program.

In order to promote positive relationships between students and law enforcement agencies, the high school also has its own School Resource Officer or SRO. The SRO is a representative from the sheriff’s office who builds rapport with the students and speak in classrooms on a variety of subjects, based upon requests by students or teachers. The positive effect on the student body has not been studied through a quantitative measure, so there is not numerical data to show the effectiveness of the SRO.

Porter County School Prevention Programs - Continued

**Porter Township Schools
Student Enrollment 2007-2008: 1,663**

In the 2004-2005 school year, Porter Township Schools had a suspensions and expulsions involving drugs, alcohol, or weapons rate of 6.3 students per 1,000 students. In the 2006-2007 school year the rate rose to 9.7 students per 1,000 students. Compared to the other school districts in the county, Porter Township has the second highest overall suspension/expulsion rate.

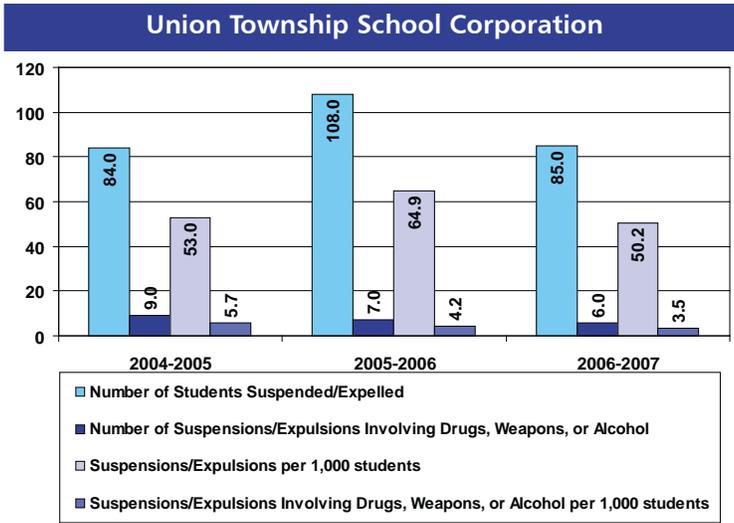


Source: Indiana Department of Education

In 2007, Porter Township Schools began to randomly drug test any high school student who is involved with any extra-curricular activities. In the 2007-2008 school year, students were randomly tested once a month for any illegal substance in their systems. Since this is the first year the program has been used, Porter Township Schools do not know the effectiveness yet.

Porter Township Schools also utilizes a School Resource Officer or SRO. The SRO is a representative from the sheriff's office who comes to the school at least once a month to build rapport with the students, and speak in classrooms on a variety of subjects based upon requests by students or teachers. The positive effect on the student body has not been studied through a quantitative measure, so there is not numerical data to show the effectiveness of the SRO.

Porter County School Prevention Programs - Continued



**Union Township School Corporation
Student Enrollment 2007-2008: 1,683**

Compared to the other school districts in Porter County, Union Township has the fourth highest overall suspension/expulsion rate. Union Township School Corporation has a suspensions or expulsions involving drugs, alcohol, or weapons rate of 5.7 students per 1,000 students in the 2004-2005 school year. The 2005-2006 school year saw the rate drop to 4.2 students per 1,000 students, and the rate dropped once again in the 2006-2007 school year to 3.5 students per 1,000 students.

Source: Indiana Department of Education

Union Township uses the Natural Helpers Program, a program that helps high school students strengthen their communication in an informal "helping network," where students with problems seek out other students, and teachers, whom they trust. Students approach their "helping network" for advice, assistance, and support. The natural helpers are provided with peer-counseling training in order to hone their skills. Students selected for the program, about 60 in 2007, are already seen by their peers as trustworthy and helpful, which ensures the representation of all types of students.

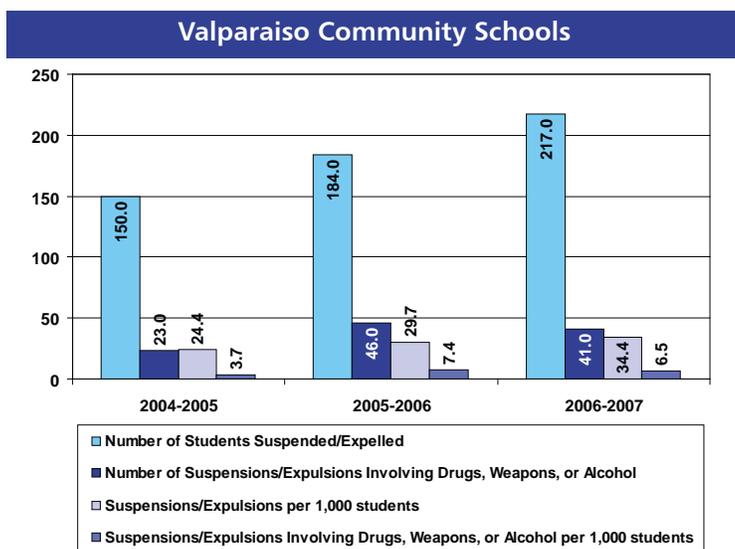
There is also an advising period at the high school in the morning that allows any students to meet with teachers, where they can get advice or discuss anything that needs attention at the time.

The 116 third graders at the elementary schools in Union Township School Corporation are taught the dangers of inhalants. The 148 fourth graders discuss tobacco, and 112 students in fifth grade are taught about alcohol and drugs through a movie called "Getting Stupid." "Getting Stupid" conveys information related to the long-term affects of drug and alcohol abuse at a young age, such as research that indicates that teenagers who drink too much may lose as much as 10 percent of their brainpower.

Porter County School Prevention Programs - Continued

**Valparaiso Community Schools
Student Enrollment 2007-2008: 6,317**

The 2004-2005 school year in Valparaiso Community Schools had a suspensions or expulsions involving drugs, alcohol, or weapons rate of 3.7 students per 1,000 students. In the 2005-2006 school year the rate jumped to 7.4 students per 1,000 students, but in the 2006-2007 school year the rate decreased to 6.5 students per 1,000 students. Compared to the other school districts in Porter County, Valparaiso Community Schools has the fifth highest overall suspension or expulsion rate.



Source: Indiana Department of Education

Valparaiso Community Schools teaches the prevention program "Beginning Alcohol and Addictions Basic Education Studies (B.A.B.E.S.)" to their 443 second graders. B.A.B.E.S. is a prevention program that educates young children about substance abuse which promotes positive living skills and provides them with accurate, non-judgmental information about the abuse of alcohol and drugs. Information is presented in a manner that catches the attention of children, promoting a desire for healthy living.

Natural Helpers is also utilized by Valparaiso High School, which helps high school students strengthen their communication skills in an informal "helping network." Students with problems seek out other students, and teachers, whom they trust. Students approach their "helping network" for advice, assistance, and support. The natural helpers are provided with peer-counseling training in order to hone their skills. Students selected for the program, usually about 60 per year, are already seen by their peers as trustworthy and helpful, which ensures the representation of all types of students.

Porter County Prevention Programs

Porter County Prevention Programs

	People Served	Goal of Program	When Program is Implemented
Porter County Red Ribbon Campaign	All of county, focus on high school students	Increase awareness of underage drug use	Year round, but especially in October
Porter County Drunk Driving Task Force	All of county	Decrease drunk driving	Year round, but especially at holidays
Tobacco Education and Prevention Coalition for Porter County	All of county	Save lives by reducing tobacco use	Year round

Source: Tobacco Education & Prevention Coalition, Porter County Substance Abuse Council

Many citizens have become concerned about drug and alcohol abuse in the community as seen in the Public Opinion section where several community leaders discussed the issue. The Porter County Prosecuting Attorney sums up the concerns quite well in his open letter to the community posted on the county’s web site, “Prevention and education are the ultimate keys to reversing the upward trend of drug abuse in our society. Central to this effort is the development and implementation of initiatives to prevent illicit drug use, including casual use by our youth and other high-risk populations. The most effective strategies for preventing drug use, keeping drugs out of neighborhoods and schools, and providing a safe and secure environment for all people, are cooperative efforts that mobilize and involve all elements of a community.” Below are several prevention programs in Porter County.

Porter County Red Ribbon Campaign

The Red Ribbon Campaign is a national program; however the Porter County Substance Abuse Council (PCSAC) is very involved with the local campaign. Each year in October, place mats are given to local restaurants that discuss drug abuse to inform diners of the facts surrounding substance abuse. The Red Ribbon Campaign reaches the most people during Red Ribbon Week, October 23-October 31 each year. From January through April, PCSAC holds a T-shirt and restaurant place mat design contest for the upcoming year. In April, high school students apply for a \$500 scholarship and in May, the winner and the finalists are honored at a Red Ribbon Campaign awards breakfast. In September, the winning T-shirt design goes on sale at all county schools.

Porter County Drunk Driving Task Force

The police forces in Porter County have joined their efforts to combat drunk driving through the Porter County Drunk Driving Task Force. Mike Grennes, the director of the Porter County Drunk Driving Task Force, says that it is very hard to measure the effectiveness of the task force because as there are more officers looking for drunk drivers, therefore more DUI’s are handed out. The numbers may represent a drastic increase in drunk driving violations, but that means that drunk drivers are being caught and are no longer on the roads. The task force receives grant money from Operation Pull Over and the Governor’s Task Force on Drugs and Alcohol in order to provide an annual media campaign where a reward for reporting drunk driving is promoted. Efforts also include speaking at schools, and advertisements placed in newspapers, billboards, TV, and movie theaters. Another initiative is a training session for anyone who serves alcohol, such as bartenders and servers. These sessions train bartenders and servers to recognize if someone has had too much to drink, and reinforces the right to refuse to sell alcohol to someone who is too intoxicated.

Tobacco Education and Prevention Coalition for Porter County

The coalition promotes the reduction of tobacco use and the elimination of health issues related to tobacco use. According to the coalition, their objectives include:

- Building a strong community-based coalition with diverse partners
- Reducing youth initiation and access to tobacco
- Protecting Indiana residents from exposure to secondhand smoke
- Promoting and using cessation resources

The coalition gives grants to local agencies or businesses that promote the coalition's objectives. Materials, educational programs, and ongoing training provided by the Tobacco Education and Prevention Coalition are available to the community.

Afternoons R.O.C.K. at Portage Township YMCA

"Afternoons R.O.C.K." is an after school prevention program for children that are 10 - 14 years old for residents in Portage Township. The acronym "R.O.C.K." stands for:

- Recreation
- Object lessons
- Culture and values
- Knowledge via activities and entertaining

Activities are designed to improve conflict resolution and refusal/resistance skills. The need for activities during the after school hours of 3pm to 6pm is mentioned by residents of Porter County as noted in the Public Opinion section. Afternoons R.O.C.K. is provided for children in 5th grade to 8th grade after school.

Indiana State Prevention Programs

Indiana State Prevention Programs

	People Served	Goal of Program	When Program is Implemented
Orange Ribbon Campaign	High school students and their families	Increase awareness of underage drinking	April
The Governor's Commission for a Drug-Free Indiana	All of State	Reduce substance abuse and addiction in Indiana	Year Round
Operation Pullover	All of State	Reduce impaired driving and increase seat belt use	Six weeks each year
Indiana Point of Youth	State Youth	Increase communication between youth and state	Year Round
Afternoons R.O.C.K. in Indiana	Youth aged 10-14	Fulfill need of activities for youth between 3pm and 6pm	School Year
Tobacco Retailer Inspection Program	All of State	Increase tobacco retailers compliance to laws	Year Round

Source: Orange Ribbon Campaign, Indiana State Department

Percentage of Students Riding With Drunk Drivers

The state of Indiana has focused its prevention efforts on primary prevention. Primary prevention is the prevention of the inception of new alcohol, tobacco, or drug use. The Interagency Council on Drugs coordinates the Indiana prevention system. Some of these prevention programs are described in this section.

Grade	2000	2005
9th	25.5	20.6
10th	28.9	24.2
11th	30.6	23.6
12th	33.3	26.6

Source: Orange Ribbon Campaign

Orange Ribbon Campaign

The Orange Ribbon Campaign was created to bring awareness to underage drinking and is sponsored by the Indiana Coalition to Reduce Underage Drinking. April is National Alcohol awareness month, and April 23-30 is Orange Ribbon Week, with the 28th being "Lose the Booze Day." During "Lose the Booze Day," Indiana residents are encouraged to be alcohol-free for one day. Even those who are legally of age to drink are encouraged to be alcohol-free to set an example for children that people don't need to drink to have fun, relax, or celebrate. Families are encouraged to do something together that will bring awareness to underage drinking or other alcohol issues. Alcohol-free family events, educational events and campaigns, and other events can be hosted by communities. According to the Indiana Youth Institute, from 2000 to 2005, the percentage of Indiana high school students who have reported riding with a drunk driver in the past year has decreased on average 5.8% (4.9% for 9th graders, 4.7% for 10th graders, 7.0% for 11th graders, and 6.7% for 12th graders). Awareness of the dangers of drinking and driving could have influenced the declining rate of Indiana high school students who have ridden with a drunk driver in the past year.

The Governor's Commission for a Drug-Free Indiana

The mission of the Governor's Commission for a Drug-Free Indiana is to reduce substance abuse, addictions, and other health problems among adults and children of Indiana. The commission helps local communities organize and develop solutions to local substance abuse and addiction issues. Each county developed a Comprehensive Community Plan that describes problems and solutions, and Community Coordinators can meet with groups to help plan solutions to community problems.

Operation Pullover

Operation Pullover is a public information and enforcement campaign that aims to reduce impaired driving and increase seat belt use among all citizens of Indiana through four quarterly high intensity campaigns of education and awareness each year. Each campaign consists of four weeks of intense public awareness followed by two weeks of increased enforcement. Operation Pullover also has several grants available to aid in the campaign process for communities.

Indiana Point of Youth

The Indiana Point of Youth creates advocates for safe communities through high school advisory groups that report to the State's decision-makers on substance abuse and public safety issues. Forty high school students from around the state advise the Governor and General Assembly on substance abuse and public safety issues, and serve as a link between state policy-makers and the youth whose lives are impacted by policies surrounding substance abuse and public safety. An action plan is then developed by the high school students to implement in their own communities.

Afternoons R.O.C.K. in Indiana

The Department of Mental Health and Addiction sponsors "Afternoons R.O.C.K. in Indiana," which is an after school prevention program for children that are 10 - 14 years old. The acronym "R.O.C.K." stands for:

- Recreation
- Object lessons
- Culture and values
- Knowledge via activities and entertaining

Activities are designed to improve conflict resolution and refusal/resistance skills. The need for activities during the after school hours of 3pm to 6pm is mentioned by residents of Porter County as noted in the Public Opinion section. Afternoons R.O.C.K. in Indiana provides children with a variety of structured and unstructured activities that promote positive relationships and skills during the hours of unsupervised time. Portage Township YMCA has implemented Afternoons R.O.C.K. for 5th graders to 8th graders after school.

Tobacco Retailer Inspection Program (TRIP)

TRIP is a statewide program that monitors the tobacco retailers and their compliance to laws that restrict the sales and distribution of tobacco products to minors. Random, unannounced inspections of the retailers are conducted by a team that includes a police officer, youth, and an adult monitor. The hidden police officer watches as the youth tries to purchase tobacco from a retail employee. If the employee sells tobacco to the youth, both the retailer and the employee will be heavily fined. Over 600 inspections are conducted each month by either Indiana State Excise police officers or off-duty Indiana police officers.

National Prevention Programs

National Prevention Programs

	People Served	Goal of Program	When Program is Implemented
You Drink, You Drive, You Lose	All of country	Increase awareness of impaired driving	Year round, especially at holidays
TheAntiDrug.com	Parents and other adults	Inform and enable parents to raise drug-free children	Year round
Teen Prescription Drug Use New Ad Campaign	Teens and their parents	Inform about the dangers of prescription drugs	Year round
The Partnership for a Drug-Free America	All of country	Increase awareness of drug and alcohol abuse and misuse	Year round

Source: www.nhtsa.dot.gov, www.theantidrug.com, www.nida.nih.gov

There are many national drug and alcohol prevention programs in the United States. According to the Substance Abuse and Mental Health Services Administration, “prevention is not only possible, but is incredibly effective in reducing the demand for drugs through rigorous prevention and education efforts that embrace the natural resiliency of Americans.” Several national prevention programs are discussed below.

You Drink, You Drive, You Lose

The National Highway Traffic Safety Administration (NHTSA) reminds Americans that impaired driving not only affects your safety, but the safety of all people who are on the road through the You Drink, You Drive, You Lose campaign. According to NHTSA every thirty minutes someone in America dies because of an impaired driver and every two minutes someone is injured. After gaining insight through community-based partnerships, NHTSA developed several programs that include the You Drink, You Drive, You Lose campaign. The campaign features nationwide enforcement surges that target impaired driving. Through the cooperation of local and state authorities, the campaign has accomplished its goals of increasing awareness of impaired driving.

TheAntiDrug.com

The National Youth Anti-Drug Media Campaign created TheAntiDrug.com to inform parents and other adults of ways to raise drug-free kids. The campaign is designed to reach people from all backgrounds through effective anti-drug messages. In 2002 the web site was named the “New Media Site of the Year” by PR Week, a national publication for public relations professionals. In 2002 there were over 37 million page views of theantidrug.com. Features of the site include:

- Helpful articles and advice from experts.
- Science-Based drug prevention information.
- Support from other parents.
- Perspectives from other kids.

Teen Prescription Drug Use New Ad Campaign

The first major Federal effort to alert people about prescription drug abuse was kicked off with a commercial during the 2008 Super Bowl. The overall effort includes broadcast, print, and online advertising, community outreach, and new resources for parents and communities. According to the Office of National Drug Control Policy (ONDCP), prescription drugs are abused by teenagers more than any other illicit drug other than marijuana. The ONDCP also says that every day, 2,500 kids between the ages of 12 and 17 abuse a prescription drug; and between 1995 and 2005, drug treatment admission for prescription drugs has increased more than 300 percent. The ONDCP’s campaign, which will last through May, plans on reaching over 90.0% of its target population.

The Partnership for a Drug-Free America

Through uniting scientists, parents, and communication professionals, the Partnership for a Drug-Free America has created a nonprofit organization that has been addressing drug and alcohol abuse for over twenty years. The Partnership for a Drug-Free America has implemented many programs, some of which are discussed below.

Parent Campaign: Research conducted by the Partnership for a Drug-Free America has shown that children who report learning a lot about the risks for drugs from their parents are up to half as likely to use drugs as those who don't. However, only 3 out of 10 children report learning a lot about drugs from their parents. Through the parent's campaign, the Partnership hopes to inspire parents to connect with children and persuade them to lead a healthy drug-free life.

Teens-Check Yourself: Through quizzes, stories, and communication with peers, www.checkyourself.com helps teens evaluate their drug use and determine if they need help. Factual answers to important questions are provided in order to assist teens in their lifestyle choices.

Get Help For Drug Problems: A multimedia initiative, Get Help For Drug Problems, is designed to provide hope for addicts, and information for families that will enable them to have an intervention and receive treatment.

Meth, Inhalants, Steroids and Cough Medicine Abuse: There are four separate efforts aimed at increasing awareness about the dangers of Meth, Inhalants, Steroids, and Cough Medicine. There are guides for parents that help them recognize signs of drug use; and through multi-media advertisements and the internet, teenagers are informed of the dangers of these drugs.

Many prevention programs are being tested in order to evaluate the effectiveness of the programs. According to the National Institute on Drug Abuse, scientists are studying a range of populations and topics in order to better understand prevention programs and to gain information such as effective interventions with young people to help prevent risk behaviors before drug use begins. The following prevention programs have each been researched many times in order to determine that they are indeed best practices.

Reconnecting Youth Program (RY)

Jerald R. Heting, Ph.D.
Reconnecting Youth Prevention Research Program
National Education Service
304 West Kirkwood Ave Suite 2
Bloomington, IN 47404
Phone: 800-733-6786 or 812-336-7790

This program is aimed at high school students who have poor social development and may potentially drop out of school. Through small groups of 10 to 12 students, positive peer bonding is fostered along with social skills in a daily, semester long class. A specially trained teacher or group leader teaches Reconnecting Youth (RY) skills such as self-esteem enhancement, decision making, personal control, and interpersonal communication. According to the program, when compared to a control group of students with similar characteristics, the RY participants have significant improvements in:

- Positive connections with teachers, family, and friends.
- A 20.0% increase in Grade Point Average (GPA).
- A 60.0% decrease in hard drug usage.
- Decreased school dropout rates.

Focus On Families (FOF)

Richard F. Catalano, Ph.D.
Social Development Research Group
9725 Third Ave. NE Suite 401
University of Washington
Seattle, WA 98115
Phone: 206-543-6382

Parents receiving methadone treatment and their children are the primary recipients of this prevention program. Focus on Families (FOF) reduces parents' use of illegal drugs by teaching them skills for relapse prevention and coping. The parents attend a 5 hour family retreat followed by 32 parent training sessions each 1.5 hours long. Children attend 12 of the sessions to practice skills with their parents. Research conducted by the University of Washington and Old Dominion University shows that one year after receiving family skills training, significant positive changes among parents, especially in the areas of parenting skills, drug use, deviant peers, and family management was achieved. The FOF program has an overall trend toward positive program effects on child outcomes.

Promoting Alternative Thinking Strategies (PATHS)

Mark T. Greenberg, Ph.D.
Prevention Research Center
Pennsylvania State University
110 Henderson Building-South
University Park, PA 16802-6504
Phone: 410-550-3461

Promoting Alternative Thinking Strategies (PATHS) is a K-5 program that promotes emotional wellbeing and social capabilities by reducing aggression and behavior problems in elementary school children. Research performed by the University of Washington indicates that the program was effective for both low and high risk children in improving their range of vocabulary and ability to discuss their emotions and management of those emotions. In some instances there was a larger impact in children with higher ratings of mental illness or distress.

Project Towards No Drug Abuse (TND)

Steve Sussman, Ph.D.
Institute for Health Promotion and Disease Research
Departments of Preventative Medicine and Psychology
University of Southern California
1000 S. Fremont Ave. Unit 8
Building A-4 Room 4124
Alhambra, CA 91803

This program targets high school youth in an attempt to prevent the transition from drug use to drug abuse. Project Towards No Drug Abuse (TND) consists of 12 in-class sessions that provide motivation and social and self-control skills. A study conducted by the University of Southern California showed statistically significant effects on illicit drug use was achieved through a 4-5 year period following the program. However, project TND showed only short term reductions in the use of cigarettes and alcohol.

Coping Power Program

John E. Lochman, Ph.D.
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University of Alabama
P.O. Box 870348
Tuscaloosa, AL 35487
Phone: 205-348-7678

Coping Power is a child and parent prevention program for children that display aggressiveness, a precursor to later drug use and delinquency. The children take part in a 16 month program for fifth and sixth graders. Group sessions can occur before or after school. The parents are also provided with training throughout the program. Objectives include:

- Identify and cope with anxiety and anger.
- Control impulses.
- Develop social, academic, and problem solving skills.
- Increase parental skills.

Research conducted by Duke University indicates significant preventative effects in children's substance use. At a one-year follow-up, children had significantly lower rates of self-reported substance use and of self-reported delinquency. Higher levels of behavioral improvement in school were reported at the one-year follow-up. The results did not vary across gender or race.

Life Skills Training (LST)

Gilbert Botvin, Ph.D.
Institute for Prevention Research
Weill Medical College of Cornell University
411 East 69th Street Room 203
New York, NY 10021
Phone: 212-746-1270

LST is a universal program designed to address a wide range of risk and protective factors by teaching social skills along with drug resistance skills. The program consists of a three year program for students in junior high or high school. There are 15 sessions the first year, 10 during the second, and 5 during the third year. LST consists of three major areas:

- Drug resistance skills and information.
- Self-managing skills.
- General social skills.

Life Skills Training (LST) has been extensively tested for over 20 years. In a study conducted by the Weill Medical College of Cornell University, a positive effect was seen on smoking, alcohol, marijuana and other substances and illicit drugs, with effects lasting up to the end of high school. Youth at high risk who received the program reported less smoking, drinking, inhalant use, and multiple drug use at the one year follow-up. Those who had gone through the LST program had a 50.0% lower rate of binge-drinking. There was also a positive effect on drinking knowledge and pro-drinking attitudes.

2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>

2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>

2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>

Action Alert, <http://www.icrud.org/news/images/winter2000.pdf>

Afternoons R.O.C.K. in Indiana, <http://www.rock.indiana.edu>

Beginning Alcohol and Addictions Basic Education Studies, <http://www.newdew4.doe.state.in.us>

Commission for a Drug Free Indiana, <http://www.in.gov/cji/drugfree/involved.html>

Duneland School Corporation, Gloria Guerrero (219) 983-3600

East Porter County School Corporation, Rebecca Wited (219) 462-5883 and Kris Demick (219) 464-3597

Get Real About Tobacco, <http://www.swexpress.com/home.nsf/0/6E75A85775212D7B852570650049F567!openDocument&title=Academic+Get+Real+About+Tobacco>

Getting Stupid, http://www.csun.edu/~hbchm013/source/articles/substance/getting_stupid.pdf

Indiana Point of Youth, <http://www.in.gov/cji/poy>

Indiana State Profile, <http://captus.samhsa.gov/central/resources/states/indiana.cfm>

Longitudinal Impact of a Youth Tobacco Education Program, <http://www.biomedcentral.com/1471-2296/3/3>

MSD Boone Township, Mrs. Walker (219) 996-4771

National Association School Resource Officers, http://www.nasro.org/about_nasro.asp

National Institute on Drug Abuse Info Facts, <http://www.nida.nih.gov/infofacts/lessons.html>

Natural Helpers, <http://www.imsa.edu/living/counseling/nathelpers.php>

New Ad Campaign, <http://ondcp.gov/news/press08/012408.html>

Operation Pullover, <http://www.in.gov/cji/grant/opoindex.html>

Orange Ribbon Campaign, <http://www.mentalhealthassociation.com/ICRUD.htm>

Parents: The Anti-Drug, <http://www.theantidrug.com>

Portage Township Schools, (219) 764-6026

Porter County Prosecuting Attorney, http://www.porterco.org/prosecutor_drug_abuse.html

Porter County Substance Abuse Council, <http://www.portercountysac.org>

Porter Township School Corporation, Clay Corman (219) 477-4933

Preventing Drug Use, <http://www.nida.nih.gov/prevention/prevopen.html>

Promoting Abstinence for Teen Health (PATH), http://www.northridgehospital.org/classes_and_events/community_programs/103358

Red Ribbon Week, <http://www.nfp.org/redribbon.htm>

Students Against Dangerous Decisions, <http://www.sadd.org/mission.htm>

SAMHSA Action Plan, http://www.samhsa.gov/matrix/sap_prevention.aspx

School District Information, <http://www.schooladatadirect.org>

Strategic Prevention Framework, <http://prevention.samhsa.gov/about/spf.aspx>

Tar Wars, <http://www.tarwars.org>

The Governor's Commission for a Drug Free Indiana, <http://www.in.gov/cji/drugfree/about.html>

The Partnership for a Drug-Free America, <http://www.drugfree.org/portal/programs.html>

The Tobacco Use Prevention and Cessation Trust Fund, <http://www.in.gov/itpc/>

Time To Talk, <http://www.timetotalk.org/abouttimetotalk/>

Tobacco Education & Prevention Coalition for Porter Co., <http://www.pcpls.lib.in.us/one-stop/00010312aa.html>

Tobacco Retailer Inspection Program, <http://www.trip.indiana.edu>

Union Township School Corporation, Mike Rosta (219) 759-2531

Valparaiso Community Schools, (219) 531-3070

You Drink, You Drive, You Lose, <http://www.nhtsa.dot.gov/people/outreach/safesobr/ydydy1/call2act.html>

This section reviews domestic violence in Porter County including; domestic violence services in Porter County, the causes and signs, short and long-term effects, domestic violence and children, and best practices for addressing domestic violence issues.

American Families conducted a Risk Factors and Adaptations to Violence study of 6,000 families nationally and found that fifty-percent (50.0%) of the men who frequently assaulted their wives also frequently abused their children. Domestic violence is a concern for both families and communities throughout the nation. Many communities and organizations are addressing the ongoing presence of domestic violence within their neighborhoods, schools, and homes, by providing resources, services, and support, to families.

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Domestic violence is a primary topic of concern within Porter County. The ways in which a community can provide the necessary resources, guidance, and service can have a significant impact on domestic violence outcomes. Some highlights of this section include:

- A Porter County Prosecuting Attorney has made it a goal to provide assistance, protection, and relief to those individuals who have become victims of domestic violence.
- When comparing the percentage of victims of domestic violence by county in the last 5 years, Porter County has the lowest percentage. This is also lower when compared to Northwest Indiana and the United States averages.
- Of the individuals who have become victims of domestic violence in the past 5 years in Northwest Indiana, the majority were women.
- Domestic violence and children are a primary issue for Porter County. Increased exposure to domestic violence in the home increases exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both parents.
- "Prevent Child Abuse Porter County" is an organization dedicated to spreading awareness and prevention of child abuse and neglect. This organization has created a list of factors that may cause child abuse.
- The Child Protection Service (CPS) was created to investigate child abuse and neglect cases within communities throughout the nation. By addressing these cases, CPS can provide services and care to children and eventually reunite them with their parents.
- Porter County has seen a decrease in both the number of child physical abuse cases substantiated by CPS, and the number of reported cases of child abuse in recent years.
- The percentage of child abuse cases substantiated by the Child Protection Service in Porter County has remained very steady, but still continues to remain higher than Indiana's average.
- Porter County provides services to those who have become victims of domestic violence and for those seeking the appropriate resources. Some of the facilities in Porter County offer 24 hour crisis lines that provide help whenever needed. Emergency shelters have been created to provide shelter and safety for those seeking additional help.

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the most significant issues facing Porter County residents, domestic violence was ranked in seventeenth place with 0.3% of Porter County residents feeling that domestic violence is the number one issue facing their County. When asked to rate their level of concern, 21.6% of respondents feel that domestic violence is a moderate concern, while 9.8% of respondents feel that domestic violence is a major concern. Forty percent (39.9%) of respondents at felt that domestic violence was a minor concern.

Public Opinion of Domestic Violence

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	17th	13th
Most significant family issue	17th	N/A
Domestic violence, abuse of children or adults	23rd*	14th*
	2.15**	2.81**

*Rank of significance among forty-three (43) issues
 ** Rating of concern on a 1-4 scale (1 meaning not concerned 4 meaning very concerned)
 Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the most significant issues facing Porter County residents on a scale of 1 to 4, where 1 indicates not a concern, and 4 indicates a major concern, domestic violence averaged 2.81 placing it fourteenth among 43 named issues. According to the 2007 Needs Assessment Stakeholder Survey, fifteen percent (15.1%) of respondents feel that domestic violence is a major concern, while forty-nine percent (49.1%) feel that it is a moderate concern. Thirty-four percent (34.0%) of respondents feel that domestic violence is a minor concern, while 0.0% of respondents feel that domestic violence is not a concern.

Six focus groups were held in September 2007 with nonprofit organization representatives, youth respondents, employers, public safety workers and government officials, community leaders and donors. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about domestic violence:

- *We provide services and safe shelter for victims of domestic violence and sexual assault, but many times they'll also need to find housing, they have mental health issues, they have health care problems. So it isn't just one issue, it's many issues.*
- *We don't have enough prevention programs. We're just trying to keep afloat with dealing with problems we already have, but what about doing things to prevent problems before they even become problems – working with kids, for example, who witness domestic violence.*
- *Schools will mandate that we provide certain programs and then the funding does not follow. We have an excellent program called "No Bullying Allowed," which addresses school violence and we're piecing it together every year, trying to keep it going because there's no steady revenue stream, there are no government grants. So while they mandate that we keep it going, there is no funding to pay us, so we're doing it as a volunteer operation with unpaid staff, but it can't continue from year to year unless we find a secure revenue stream to sustain it.*
- *Two of the areas that we've done really well in are health care and domestic violence. I think we need to celebrate that we've done very well in those areas.*
- *I think education is the key – they are so interconnected. The problem with abuse; if the abusers were better educated and the people being abused were better educated, it might not be such a big problem.*
- *Victims of abuse are not just women. They are occasionally men and children. Women are the largest percentage though, I think.*

- *Women with no real skill sets have to go out and find sustainable employment at sustainable levels which just isn't present...and child care, and health care and insurance. That leads to substance abuse, physical abuse, mental abuse.*
- *There's a lot of elder abuse because they're being abused by their adult children. I think because they're burnt out. They think that they shouldn't have to do it and they're totally burnt out.*

To understand domestic violence in Porter County, it is important to look at the causes and signs, short-term effects, and long-term effects.

Domestic violence starts when one person in a relationship has the need to control or dominate another. This can be caused from a person's feeling of lack of control, jealousy towards others, low self-esteem, and feelings of being inferior. The influences of the acceptability of domestic violence can be justified through social influences such as their community, media, family, or experiences in the past of the individual.

According to "Safe Place" of Michigan State University, there is no acceptable way to tell if someone is experiencing domestic violence. Many victims show a variety of signs in regards to the uniqueness of the situation.

The following are short-term effects that are related to being a victim of domestic violence, outlined by "Safe Place".

Injuries and Excuses: Black eyes or consistent bruises are all common physical signs of abuse. Usually the victim will feel guilty and make consistent lies about how the individual received the marks. Many do not want to face embarrassment and would rather make excuses than tell the truth.

Low Self-Esteem: In some cases in terms of relationships, the significant other has a low self-esteem towards the other. Control becomes a large part of the relationship where one doesn't have control over what is done or said.

Accusations of Having Affairs: In some cases the individual committing the domestic violence offence will make accusations that the other individual in the relationship has been having an affair, and that justifies their actions.

Personality Changes: Once becoming violated, many victims tend to change their personality. A once outgoing individual can become quiet and limit activities in their life.

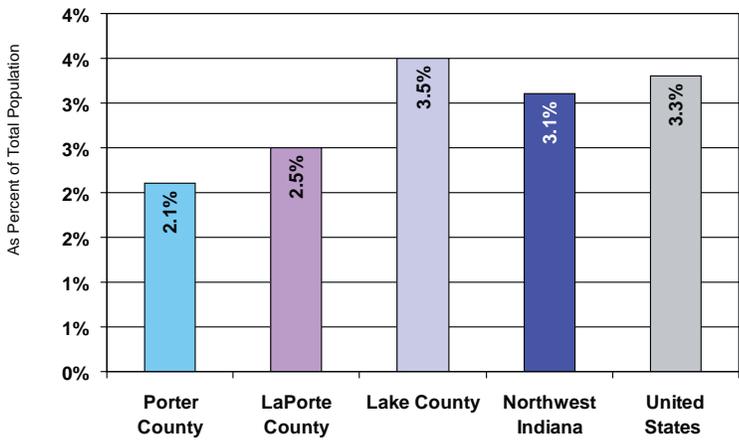
Fear of Conflict: After being battered, an individual might demonstrate a lack of control in many conflicts. This includes conflicts with friends, coworkers, and neighbors. Instead of addressing their wants, victims end up becoming frustrated with the situation, but don't express their feelings or opinions.

Blaming Others for Everything: The frustration of life and increasing stress can lead to blaming others through physical abuse. Instead of focusing on finding solutions to conflicts, they release energy through physical abuse either on their partner or a past partner.

In recent years the Porter County Prosecutor has made it a goal to provide assistance, protection, and relief to those individuals who have become victims of domestic violence. Dedicated professionals have created a Victim Assistance Program and a Domestic Violence Unit to provide the assistance and help for those going through the legal system. An effective, coordinated response to domestic violence has been an ongoing goal; unfortunately, domestic violence still exists in Porter County.

An Epidemiological Health Care Report was conducted by Professional Research Consultants for the United Ways in Northwest Indiana, in an effort to address health concerns in Northwest Indiana; specifically targeting Porter County, Lake County, and LaPorte County. In this report, a sample of 1,200 individuals age 18 and older from all three counties was obtained. Therefore, the percentages derived for the Needs Assessment will be reported from this sample size.

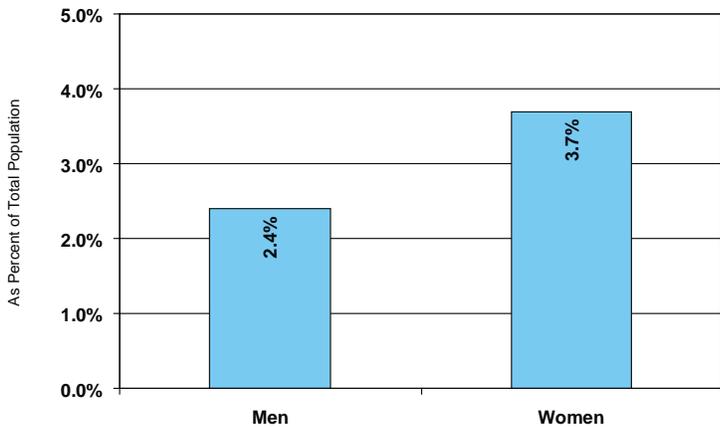
Victim of Domestic Violence in the Past 5 Years



According to the 2005 Epidemiological Report, Porter County has a lowest percentage of domestic violence victims in the past 5 years when compared to Northwest Indiana and the United States. Lake County has the highest percentage of domestic violence victims in the past 5 years.

Source: 2005 Epidemiological Report

Victim of Domestic Violence in the Past 5 Years Male vs Female



In Northwest Indiana, there is a higher percentage of women (3.7%) than men (2.4%) who have been victims of domestic violence in the past 5 years. According to the National Clearinghouse for the Defense of Battered Women, approximately 95% of the victims of domestic violence are women nationally. Northwest Indiana appears to have a more equal distribution of victims of domestic violence by sex when compared to the nation. Of the number of individuals who had been victims of domestic violence in Northwest Indiana,

60% were women and 40% were men.

The Porter County Prosecuting Attorney has created a “what to do list,” if you are a victim of domestic violence:

1. Call 911 and report the incident. Write down the police report/incident number and keep with your records.
2. If necessary, seek medical attention. Have injuries documented and photographed.
3. Go to a safe place such as a domestic violence shelter.
4. Seek the support of caring people. Tell someone you trust about the abuse. They may be your friend, a family member, a neighbor, a co-worker, or staff members of support agencies. Talk to them in a private, safe place.
5. Have a safety plan. If your partner is abusive, have a plan to protect yourself and your children in case you need to leave quickly. If you are abused, be honest with yourself, think of the consequences, and get help.

Domestic Violence and Children

According to the Child Welfare Information Gateway, children who live with domestic violence face many increasing risks. Some of these risks are increased exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. The National Society for the Prevention of Cruelty to Children (NSPCC) indicated that “most violence occurs in the home (78.0%) and 40.0-60.0% of men and women who abuse other men or women also abuse their children.” Domestic violence is a devastating social problem and when children are the victims; their futures can be directly hurt.

Domestic violence for children can be broken into two categories:

Abuse - Where a child’s physical or mental health is seriously endangered due to an injury, resulting from something a parent or other responsible person does or fails to do.

Neglect - When the parent or other responsible person does not provide the kind of supervision necessary for a child’s age or level of development.

“Prevent Child Abuse Porter County,” is a not-for-profit organization that is dedicated to increasing the awareness and prevention of child abuse and neglect in Porter County. The organization has created a list of factors that can increase the potential for abuse in a family. The following outlines these factors:

- Lack of parenting knowledge.
- A child who is seen as different or special.
- A family that is socially isolated.
- A major crisis or series of crises.
- Parents who have unmet emotional needs.
- Adults who were abused as children and did not receive help.

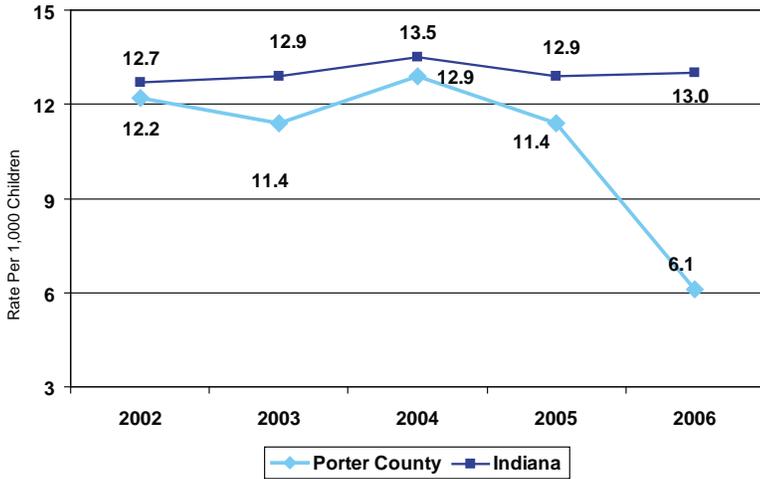
Number of Child Abuse and Neglect Deaths in Porter County

Porter County saw its largest number of child abuse and neglect deaths in 2004. The number of deaths remains staggered ranging from zero to two deaths a year from 2002 to 2005. When comparing 2002 to 2005, Indiana shows an overall decrease of 21.8% in the number of child deaths from abuse and neglect. Although the number of deaths in Porter County is not large incrementally, the death of a child from abuse or neglect is a tragedy for a family and the community they live in.

Year	Porter County	Indiana
2002	1	69
2003	0	51
2004	2	57
2005	1	54

Source: Indiana Youth Institute

Child Abuse and Neglect Rate Per 1,000 Children under age 18



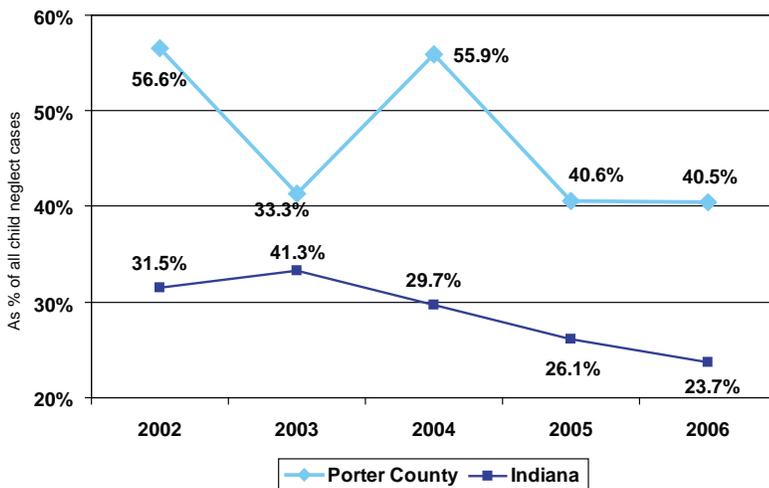
Children under the age of 18 in Porter County have seen a consistent trend in the child abuse and neglect rate per 1,000 children in 2002 to 2004. However, during 2004 to 2006, the child abuse and neglect rate per 1,000 children under the age of 18 has decreased by over fifty-percent (52.8%). In 2006 Indiana’s child abuse and neglect rate was 53.1% higher than Porter County’s rate. Consecutively from 2002 to 2006 Indiana has had a higher child abuse and neglect rate per 1,000 children than Porter County.

Source: Indiana Youth Institute

In order to protect the life and health of children, and to provide treatment services to assist children and families overcome child abuse, the Child Protection Service (CPS) was created. CPS investigates child abuse and neglect cases by developing a case plan and finding the appropriate services for the family or individual. In some cases, the local juvenile court may authorize temporary placement for children outside of the home. In these cases, CPS’s main goal is to reunite the family as soon as possible.

The following graphs outline Child Protection Service involvement in Porter County in terms of child related abuse and neglect.

Percentage of Child Neglect Substantiated by CPS



The percentage of all child neglect cases substantiated by Child Protection Services in Porter County has varied widely from 2002 to 2004. From 2002 to 2003, Porter County decreased 41.2%, followed by an increase of 67.9% from 2003 to 2004. From 2005 to 2006 the Porter County percentage of child neglect cases remained steady only changing by 0.2%. Compared to Porter County, Indiana showed a steady decrease from 2003 to 2006 of forty-three percent (42.7%). The percent of child neglect cases as indicated by CPS have been considerably lower in the state of Indiana than in Porter County across all years.

Source: Indiana Youth Institute

Domestic Violence and Children - continued

Number of Reported Child Abuse Cases

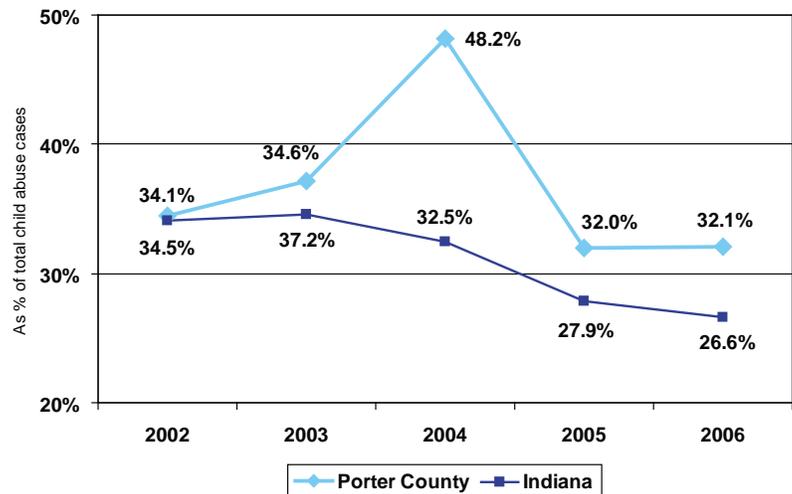
Child Protection Services documents the number of reported suspected child abuse cases in Porter County from 2002 to 2006. In these years, Porter County saw an overall decrease of 31.5% from 2002 to 2006. The number of child abuse cases peaked in 2004 with 253 reported cases. The state of Indiana's reported child abuse cases has increased 19.6% from 2002 to 2006.

Year	Porter County	Indiana
2002	200	23,147
2003	218	22,781
2004	253	24,995
2005	206	25,959
2006	137	27,675

Source: Indiana Youth Institute

Percent of Child Abuse Cases

Of the total child abuse cases reported in 2002 to 2006, Porter County has seen the highest amount of these reports as indicated by Child Protection Services in 2004. Outside of 2004, Porter County has remained fairly steady. When compared to Porter County, Indiana had a lower percent of child abuse cases each year.

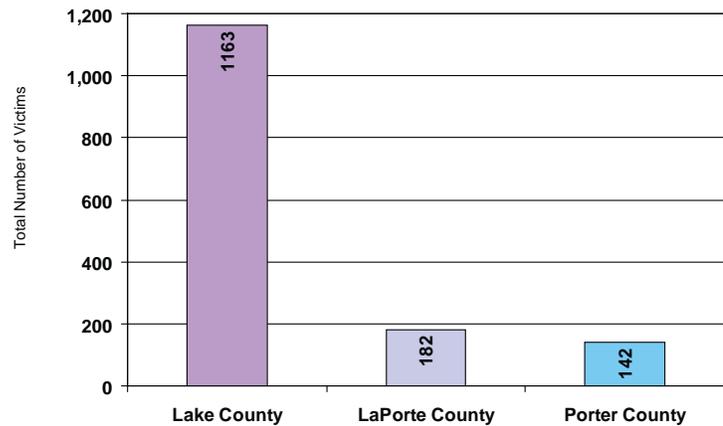


Source: Indiana Youth Institute

In 2002 the President of the United States addressed domestic violence in America by saying “I urge all Americans to join together in recommitting themselves to eliminate domestic violence and reach out to its victims, letting them know that help is available. With dedication and vigilance, we can increase safety for thousands of our citizens and bring hope to countless Americans.” Programs that provide services and shelter for victims of domestic violence are needed in order to meet these goals.

Domestic Violence Victims Served in Emergency Shelters

The number of domestic violence victims served in emergency shelters from June 2004 to July 2006 in Porter County is lower compared to Lake County and LaPorte County. Lake County served eighty-eight percent (87.8%) more domestic violence victims in emergency shelters than Porter County, while LaPorte County served twenty-two percent (22.0%) more than Porter County.



Source: 2005 Epidemiology Report

The following map locates organizations in Porter County that provide services to those that have become victims of domestic violence and are seeking guidance or help. Indiana Legal Services, Inc. and North Central Indiana Rural Crisis Center, Inc. are not included on the map since they are not directly located in Porter County.



- - Agape Christian Counseling Center
- - The Caring Place Administrative Office
- - Catholic Family Services
- - Northwest Indiana Family Life Skill Center
- - Porter County Aging Community Services, Inc.
- - Indiana Legal Services, Inc. (Gary, IN)
- - Porter Starke Services
- - St. Jude House, Lake County
- - Family and Youth Services Bureau
- - Porter County Family Counseling Center
- - North Central Indiana Rural Crisis Center, Inc (Jasper County)

Agape Christian Counseling Center

(219) 763-4767

The Agape Christian Counseling Center is designed to provide assistance to individuals, children, adolescents, couples, families, and groups who have become victims of domestic violence regardless of their ability to pay. This is a Christian organization that approaches counseling in a manner consistent with scriptural values but, does not impose Christian beliefs on the victim. The Agape Christian Counseling Center has specialized training in suicide and crisis, family issues, cognitive-behavioral therapy, and substance abuse.

The Caring Place

(800) 933-0466 or (219) 464-0840

The Caring Place has a mission to provide service and shelter for victims of violence and their children. By providing advocacy and guidance, The Caring Place can guide victims of violence in developing vocational skills to allow them to live independently. They work directly with the Porter County Prosecuting Attorney by providing an Emergency Response Volunteer (ERV). This program helps immediate victims of violence and rape in the initial states of trauma at the hospital or clinic. The Caring Place also has support groups for women, while providing educational resources to the community free of charge. On average, The Caring Place provides help to 8 to 20 people per day who are dealing with domestic violence.

Through the ERV (Emergency Response Volunteer) program at Porter Hospital, staff and volunteers assist victims of rape and violence through the initial stages of trauma at the hospital or clinic. If a Porter County resident becomes a victim of domestic violence, the Caring Place will send a ERV to the site to provide information and assistance in providing the appropriate services for the situation. In most cases they inform the individual what services and programs are offered through the Caring Place that can help an individual transition into a better and safer environment. All volunteers have some form of domestic violence background and receive periodic training. In most cases the ERV's will show up directly at the hospital or doctor's office, depending on where the individual is receiving medical attention.

Child Abuse and Neglect Hot Line

(219) 462-7555 or (219) 462-2112

Child Abuse and Neglect is a 24-hour hot line service for Porter County residents for reporting child abuse and neglect. The number of individuals in Porter County that call the hotline varies per day.

Northwest Indiana Family Life Skill Center

(219) 763-3256

Northwest Indiana Family Life Skill Center offers men and women a chance to take separate 15 week classes on abusive relationships and how to break the cycle. They provide new techniques to demonstrate healthy relationships and proper family care. Each class has roughly 10 to 15 individuals at a time.

Porter County Aging Community Services, Inc.

(219) 462-6993

Porter County Council on Aging Community Services, Inc. primarily focuses on the elderly and disabled in the community. They provide services such as transportation, nutritional meals, exercise training, support groups, and a 24-hour lifeline emergency response system.

Porter Starke Services

(219) 531-3500

Porter Starke Services has many programs and opportunities for the Porter County community. Some of these services are emergency services, which provides 24-hour help for those in a crisis, chemical dependency and addiction training, support groups, and psychiatric help. Depending on the service needed by the individual there are usually 5 to 10 individuals per day that seek psychiatric help due to domestic violence.

St. Jude House in Lake County

(219) 662-7066

St. Jude House provides services for victims of domestic violence or sexual assault by providing a 45-day crisis intervention program, housing, supplemental daily living needs, support groups, legal advocacy, referrals and linkage to social service agencies and entitlement programs. They also provide educational resources to the community of effective ways to address the dynamics of domestic violence. A 24-hour shelter and crisis intervention service is also available for those in need in the community. The St. Jude House provides shelter for roughly 10 to 20 individuals at one time which can change based on the amount of time needed to facilitate.

Family and Youth Services Bureau

(219) 763-6623

Family and Youth Services Bureau of Porter County provides many programs to promote positive futures for Porter County youths. One of these programs is prevention and early intervention program. This program promotes positive parenting to newborns through home visitation and other services. The Family and Youth Services Bureau of Porter County believes that the earlier significant family risk-factors can be identified and addressed, the greater the opportunity to make effective changes and reduce the likelihood of significant problems later. Some other programs are parent and family education groups which train families in Porter County on effective parenting techniques. Also, out-client services provide off-site professional counseling for children 5-18 years of age and their families.

Indiana Legal Service

(219) 465-1937

Indiana Legal Service (ILS) is a nonprofit law firm that provides free legal service to eligible low-income residents throughout the state. ILS handles cases such as: domestic violence, housing, consumer law, access to health care, and access to government benefits. ILS assists clients with administering an Order of Protection for domestic violence victims. An Order of Protection is a legal document that tells someone to leave a individual alone. This service, along with many others, are available to individuals in Porter County.

Porter County Family Counseling Center

(219) 464-3919

Porter County Family Counseling Center offers counseling to domestic violence victims in the form of individual or group counseling. The center offers 50 sessions which offer behavioral techniques to help victims cope with the emotional and psychological difficulties after a domestic violence offence. In 2007, Porter County Family Counseling Center helped 80 domestic violence victims recover.

In an effort to provide support for victims of domestic violence, many nationwide organizations and programs have been created. These organizations provide hot lines, educational/informational resources, and survivor testimony.

Domestic Violence Project of Santa Clara County, CA

<http://www.growing.com/nonviolence/>

The Domestic Violence Project is a collection of resources, contacts, and hot-line information for Santa Clara County. The project has published educational and informational resource networks. Over 1,200 indexed links to Internet resources on violence, over 100 links to relevant online journals, art by victims, 4,000 item bibliography, women's stories with photos, essays by youth, and newsletters.

Non-Violent Alternatives Counseling Services: Shelbyville and Indianapolis, Indiana

<http://www.nonviolentalternatives.com/main.html>

The Non-Violent Alternatives Counseling Services in Shelbyville and Indianapolis is an example of a service that is making an impact on the community. These services are primarily focused on counseling for those who need to learn to control their aggression. Non-Violent Alternatives Counseling Services provides new methods of non-violent alternatives, and stress reduction practices.

Domestic Violence Crisis Center (DVCC)

PO Box 881 Minot, ND 58702-0881

24-Hour Crisis Line 857-2500

Rape Crisis Line 852-2258

Office 800-398-1098

Sexual Assault Crisis Line 857-2500

The mission of Domestic Violence Crisis Center, Inc. (DVCC), is to provide a full range of services to victims of domestic violence and sexual assault by educating the public on how to reduce domestic violence. DVCC continues to see results in its clients and has continued to provide innovative services to the public.

Raphael House, Portland Oregon

Crisis line at 503-222-6222.

Business line: 222-6507 ext. 210

Mailing address:

Raphael House of Portland 4110

SE Hawthorne Blvd.,

3503Portland, OR 97214

The mission of Raphael House of Portland is to provide a foundation of hope for a life free of family violence. Raphael House, in keeping with its Christian philosophy, serves a diverse community of women and children escaping domestic violence. Programs offered also work to eliminate causes of family and intimate partner violence. This is accomplished by providing housing, case management, counseling, information and referrals, community education, and specially designed support services to enhance each housing program.

Domestic Violence Coalition

Snohomish County, Washington
3000 Rockefeller Ave, Everett, WA 98201

Snohomish County has created a Domestic Violence Coalition which has started a movement towards community partnerships in preventing domestic violence. The Domestic Violence Coalition was created to provide resources and programs to those in the community that are victims of domestic violence. The Coalition has been able to provide the community access to domestic violence shelters, a domestic violence hot-line, legal services, safety planning, teen dating violence information, child abuse and prevention resources, and domestic violence perpetrator treatment facilities.

Domestic Violence Program

DuPage County, Illinois
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DuPage County Psychological Services Domestic Violence Program was created in response to the need for adequate and thorough treatment for perpetrators of domestic violence. Since its creation in 1989, more than 6,300 clients have completed the Domestic Violence Program. The program includes evaluation and treatment groups. The program has been designed to provide clients with communication skills, self awareness and coping skills. This program has been honored by The National Association of Counties with an Achievement Award recognizing the county's outstanding and innovative program.

The following are program goals set by the Domestic Violence Program:

- Help clients change the underlying belief system that leads to abusive attitudes and behaviors.
- Explore the social causes of violence and its relationship to power and control.
- Replace physically, verbally, and emotionally abusive behavior with non-controlling and non-violent communication and coping skills.
- Learn to accept personal responsibility for abusive behavior.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2005 Epidemiological Report on the Health Concerns of Northwest Indiana, Lake, LaPorte and Porter Counties, Indiana, Prepared by Professional Research Consultants, Inc.
- Child Abuse and Neglect SFY 2004-2006 Annual Fatality Report, State of Indiana, Department of Child Services, <http://www.in.gov/dcs/files/2005-02-08childfatalityreport.pdf>
- Domestic Violence and Abuse: Signs and Symptoms of Abusive Relationships. http://www.helpguide.org/mental/domestic_violence_abuse_types_signs_causes_effects.htm
- Indiana Law, Protective Order Project, http://www.law.indiana.edu/pop/domestic_violence/
- Domestic Violence Overview, Protective Order Project, Indiana Law, http://www.law.indiana.edu/pop/domestic_violence
- Dupage County Domestic Violence Program, http://www.dupageco.org/psych/generic.cfm?doc_id=501
- Indiana Coaliton Against Domestic Violence Program Statistics, July 1, 2005 to June 2006, <http://www.violenceresource.org/stats05.pdf>
- Indiana Domestic Violence Program Statistics, July 1, 2006 – June 30, 2007, ICADV, <http://www.violenceresource.org/stats.htm>
- Message From the Prosecuting Attorney, Domestic Violence, Porter County Government, http://www.porterco.org/prosecturo_domestic_violence.html
- Porter County Government - Domestic violence, http://www.porterco.org/prosecutor_domestic_violence.html
- Porter County Sheriff's Department Main, <http://www.portercountysheriff.com/main/whats happening/2002/gonzalez.html>
- The Cycle of Violence, <http://www.valpo.edu/saafe/cycleviolence>
- Valparaiso University School of Law Faculty, <http://www.valpo.edu/law/faculty/bschmidt/>
- Valpo Cycle of Violence, <http://www.valpo.edu/saafe/cycleviolence>
- Violence Against Women, State Domestic Violence Resources, <http://www.4woman.gov/violence/state/statere-sourcesdetail.cfm>

This section reviews discrimination in Porter County including; perceptions of discrimination in Porter County, the number of bias motivated incidents and their locations, reasons behind discrimination, who is victimized, community involvement, and the best practices for addressing discrimination issues.

Discrimination can be direct or indirect. Direct discrimination occurs when people are treated unfairly, or receive less favorable treatment, just because they have a specific attribute such as sex, age, race, religion, family status, and national origin. Indirect discrimination occurs when everyone receives the same treatment but an individual might not get the same treatment (unintentionally) because of race, sex or disability. An example of indirect discrimination could be someone who is handicapped and can not enter a store because they do not have the appropriate accommodations. This section specifically focuses on direct discrimination in Porter County.

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Discrimination is a primary topic of concern within Porter County. The effect of discrimination towards an individual or a group can have negative results to an individual and the community he/she lives in. Some highlights of this section include:

- Northwest Indiana has seen an increase in ethnic distribution from 2000 to 2006. Porter County has seen the largest growth, in comparison to neighboring counties and state averages, in the number of African-Americans.
- Community Research Service Center of Valparaiso has conducted an ongoing survey since 1990 that has given the communities of Lake and Porter County a better understanding of the bias motivated incidents that have occurred.
- Of the bias motivated incidents that have occurred since 1990 in Porter County, trends indicate that the majority of incidents have occurred around the cities of Valparaiso and Portage. The leading types of bias motivated incidents in Porter County are harassment and vandalism.
- There are 196 accounts of bias motivated incidents that have been recorded in Porter and Lake County. Of the total number of bias related incidents race has been the main motivation.
- According to the Northwest Indiana Quality of Life Council, segregation in Porter County is very high in cities and towns. The lack of diversity in these individual communities can be accountable for decreasing the exposure and acceptance of multicultural views in the community.
- The Detroit News in 2002, identified that the Gary metropolitan area as the second most segregated metropolitan area in all of the U.S.
- Porter County has experienced a total of fifteen hate crimes since 1997, with 87.5% of these crimes due to race.
- Indiana is one of five states in the U.S. that has not established its own hate crime law that addresses additional sentencing for offenders who commit hate crimes.

Public Opinion of Racial or Ethnic Discrimination

The 2007 Needs Assessment Citizen Survey was completed by 800 residents of Porter County in June and July 2007. When asked to identify the three most significant issues facing Porter County, racial or ethnic discrimination was placed in the “other” category which ranked 22nd of all issues stated. When asked to rate their level of concern, 21.6% of respondents feel that racial or ethnic discrimination is a moderate concern, while 9.8% of respondents feel that racial or ethnic discrimination is a major concern. Forty percent (39.9%) of respondents feel that racial or ethnic discrimination is a minor concern, and 24.0% of respondents feel that it is not a concern.

	Community Survey	Stakeholder Survey
Most significant issue facing Porter County	22nd	13th
Most significant family issue	20th	N/A
Racial or Ethnic Discrimination	21th*	7th*
	2.18**	3.20**

* Rank of Significance among forty-three (43) issues
 ** Rating of Concern on a 1-4 Scale (1 meaning not concerned 4 meaning very concerned)
 Source: 2007 Needs Assessment Community Survey and 2007 Needs Assessment Stakeholder Survey

The 2007 Needs Assessment Stakeholder Survey was completed by 53 Porter County stakeholders in September and October 2007. When asked to identify the three most significant issues facing Porter County residents, racial or ethnic discrimination was placed in the “other” category falling in at 13th place as being one of the three most significant issues. According to the 2007 Needs Assessment Stakeholder Survey, thirty-six percent (35.8%) of respondents feel that racial or ethnic discrimination is a major concern, followed by 43.4% of respondents who feel it is a moderate concern. Seventeen percent (17.0%) of respondents feel racial or ethnic discrimination is a minor concern, and no respondents (0.0%) feel that racial or ethnic discrimination is not a concern.

Six focus groups were held in September 2007 with nonprofit organization representatives, youth, employers, public safety and government officials, donors, and community leaders. Comments made during the focus groups may contain information that is incorrect; the comments simply reflect what that person believes. Focus group participants shared the following comments about discrimination related issues.

- *I think dealing with race issues, class issues, and the rural/urban divide are social issues that are only going to intensify as our community continues to grow.*
- *I am working with Northwest Indiana Race Relations Council and we’re in the process of updating our database on racially motivated incidents. I can vouch for the fact that it is a critical problem and the schools deny that it is a problem.*
- *Race is a serious social issue, followed by class, and the territory issue. They live there and we live here, outside of town versus inside the town. It’s more of a pecking order problem and some of those obviously cross over a lot. This community is changing and it needs to change.*
- *It’s not always an issue of race; it’s resistance to growth and change. There’s a lot of people who want to see Porter County and Valparaiso remain small, and the same for more rural areas. They don’t want that influx of people, no matter where they’re from. It’s just resistance to change.*
- *Race is very definitely a problem.*

- *I think the difficulty is that this region has a large set of problems and when you lay them out, it looks rather dismal. The question becomes which is the most pressing, which is the most challenging. We've got the race issue here, we've got the affordable housing issue, we have a pollution problem, we have a drug problem, we have more than our share of obesity, we're at the top of the rank in smoking and cancer for the state. I think that education is the root of the problem.*
- *There is a gap between rich and poor. This is a worldwide problem. The gap is getting substantially larger. In other countries, taxes and welfare are the solutions, but here it's just the opposite – we cut taxes and we cut welfare basically. The gap grows larger; it exacerbates the problem. It's not a race issue, it's a class issue. It could be solved by education and better paying jobs.*
- *We need to be more receptive and prepared to make our community more open and welcoming to diverse ethnic groups, diverse racial groups. Hopefully we will begin to develop a consciousness of community leaders to encourage the welcoming of diversity. There will be a larger number of Hispanics and African Americans, and we need to plan for that and embrace that.*
- *We do believe there is a race problem. I don't think we address the individuals who come into the community and they're not prepared to enter our educational system or our workforce (don't speak English) and that uses up a lot of resources to prepare them to live here. And that has been a trend and it's draining the system. You have to have people to teach the children and adults to speak English, to get around, and it's very difficult. We have to address individuals who come into the community to help them integrate.*

To understand discrimination and its impact on Porter County residents there needs to be an understanding of the number of reported incidents recorded, the leading motivation behind these incidents, who is targeted, the most frequent forms of discrimination, and the locations within Porter County that have had the most reported incidents of discrimination.

Community Research and Service Center (CRSC)

Community Research and Service Center is Porter County's largest resource for discrimination related data specific to Porter County. CRSC is based out of Valparaiso University and has established a study called the "Bias Motivated Incidents Report," which is an ongoing collection of data that monitors the number of bias motivated incidents in Northwest Indiana since 1990. According to the CRSC, a bias incident is defined as a behavior which constitutes an expression of hostility against the person or property of another because of the victim's race, religion, disability, sexual orientation, or ethnicity/national origin.

According to Dr. Larry Baas, professor of political science at Valparaiso University, "The rising number of bias-motivated incidents seems to have more to do with the spread of ethnic groups across the region."

Racial Distribution

Porter County			
	2000	2006	% Change
One Race	144,854	160,105	10.5%
African-American	1,344	3,697	175.1%
American-Indian	326	401	23.0%
Asian	1,341	1,729	28.9%
White	139,946	152,582	9.0%
Two or More	1,239	1,659	33.9%
Lake County			
	2000	2006	% Change
One Race	475,585	494,202	3.9%
African-American	122,723	129,199	5.3%
American-Indian	1,343	1,704	26.9%
Asian	3,983	5,510	38.3%
White	323,290	352,284	9.0%
Two or More	8,979	5,210	-42.0%
LaPorte County			
	2000	2006	% Change
One Race	108,432	110,479	1.9%
African-American	11,156	11,420	2.4%
American-Indian	342	370	8.2%
Asian	498	515	3.4%
White	94,972	96,661	1.8%
Two or More	1,674	1,479	-11.6%
Indiana			
	2000	2006	% Change
One Race	6,004,813	6,313,520	5.1%
African-American	510,034	563,037	10.4%
American-Indian	15,815	18,603	17.6%
Asian	59,126	83,583	41.4%
White	5,320,022	5,575,402	4.8%
Two or More	75,672	70,345	-7.0%

Source: U.S. Census Bureau

Hispanic/Latino Origin

	2000	2006	% Change
Porter County	7,079	10,010	41.4%
Lake County	59,128	68,937	16.6%
LaPorte County	3,402	4,393	29.1%
Indiana	69,069	83,340	20.7%

Source: U.S. Census Bureau

From 2000 to 2006 Porter County experienced an increase of African-Americans (175.1%) and Hispanics (41.4%) in comparison to Lake County, LaPorte County, and Indiana. All Northwest Indiana counties have had an increasing number of racial distribution. The increase in population in each county explains the increasing amount of diversity seen in Porter County.

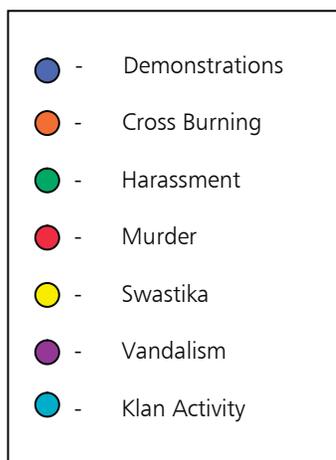
From 2000 to 2006 Porter County experienced an increase of Hispanics/Latino origin (41.4%) in comparison to Lake County, LaPorte County, and Indiana. This is the second highest increase in racial and ethnic distribution (African-Americans being the first) compared other racial or ethnic backgrounds in neighboring counties and Indiana.

Incidents of Discrimination - continued

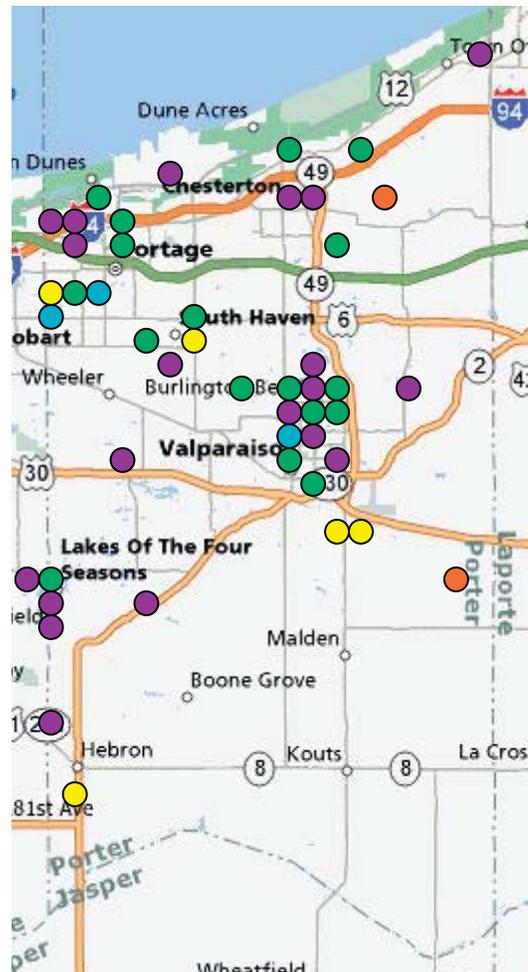
According to the CRSC study, bias motivated incidents should be categorized in seven categories. Below illustrates each of the seven categories.

1. Cross burning- incidents in this category include crosses put on the victim's property. On some occasions the crosses were lit on fire.
2. Swastika graffiti- incidents in this category include swastikas) spray painted somewhere either on a residence, other building or public property.
3. Bias motivated vandalism- incidents in this category include any other vandalism to a person's property besides cross burning and swastika graffiti. Examples of these incidents in this category include smashed windows, spray-painting, and arson. Some burglaries are in this category because property was damaged in the process of carrying out the burglary.
4. Bias motivated harassment- incidents in this category include any physical and/or verbal harassment except murder or attempted murder. Shouting racial slurs at a person or assaulting an individual are examples.
5. Bias motivated public demonstrations- these include different types of public demonstrations such as protests, picketing, and rallies.
6. Bias motivated murder- this category includes all murders and attempted murders.
7. Ku Klux Klan activity- these include Klan rallies, distribution of Klan materials, and Klan related violence.

The following is a map of Porter County showing the areas in which bias motivated incidences have been recorded between 1990 and 2007.

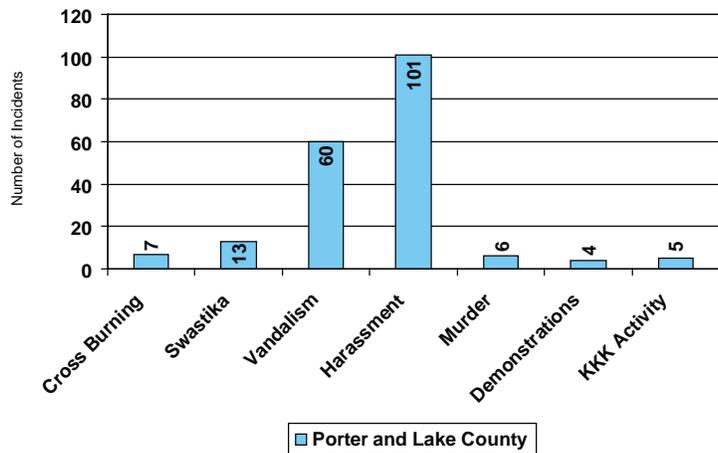


The largest distribution of bias motivated incidents appears to be centered around the Valparaiso and Portage areas in Porter County. Southern Porter County has significantly less occurrences of bias motivated incidents when compared to northern parts of Porter County.



Incidents of Discrimination - continued

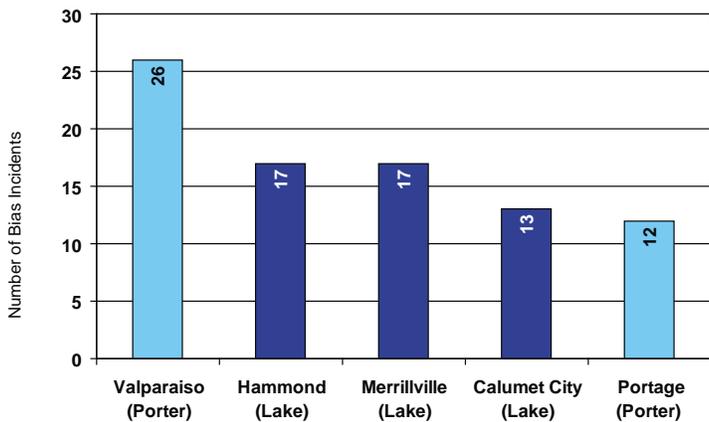
Types of Bias Motivated Incidents



From 1990 to 2006, 196 cases of bias motivated incidents occurred in Porter and Lake Counties. Harassment and vandalism are the largest forms of these bias motivated incidents. Fifty one percent (51.5%) involved physical or verbal harassment while 30.6% of bias motivated incidents were vandalism. Following harassment and vandalism, Swastika graffiti is the third leading type of bias motivated incidents at 6.6% of the total.

Source: Community Research and Service Center

Locations of Bias Incidents in Porter and Lake County

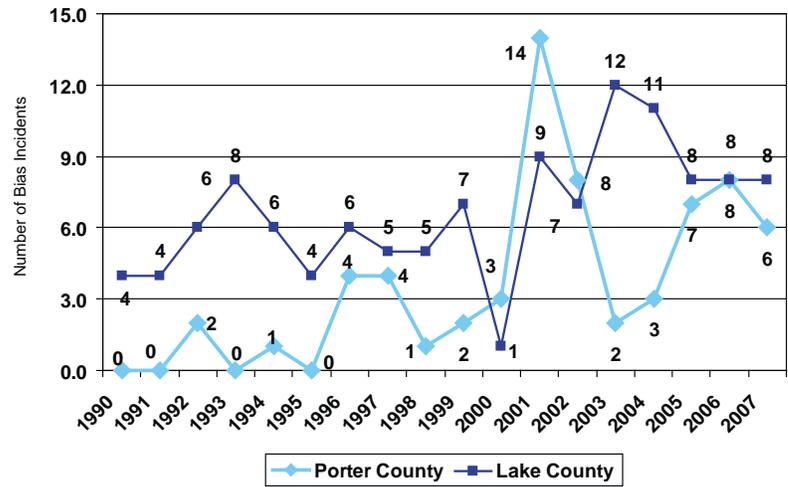


Porter County has two of the top five locations of bias motivated incidents in both Lake and Porter Counties. Valparaiso has the largest number of bias incidents than any other city in both counties. Both Hammond and Merrillville have a fifty-three percent (52.9%) difference in the number of bias motivated incidents when compared to Valparaiso. Portage is Porter County's second largest city of bias motivated incidents, showing a difference of forty-two percent (41.7%) when compared to Lake County's largest bias motivated incidents cities, Hammond, and Merrillville.

Incidents of Discrimination - continued

Bias Motivated Incidents Trends

From 1990 to 2007, both Porter County and Lake County have seen a staggering increase in the number of bias incidents. In the 1990's, Porter County's bias motivated incidents remained low until 1996 where it increased. Both counties experienced a large spike in 2001, where Porter County increased 300.7%. According to the CRSC, this might have been influenced by the 9/11 events that occurred in 2001. Trends in Porter County have remained lower than Lake County for most of the remaining 17 years.

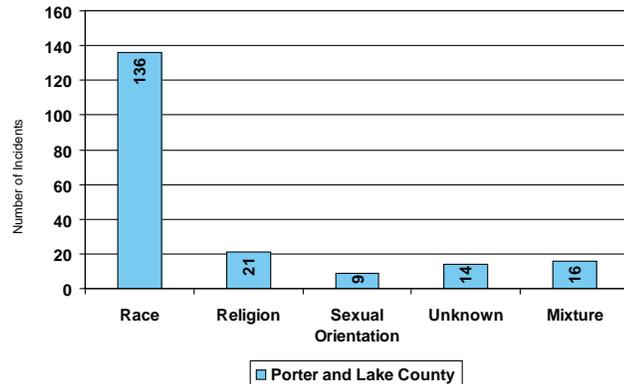


Source: Community Research and Service Center

Discrimination is defined as the unfair treatment of a person or group on the basis of prejudice. The leading motivation of discrimination in Porter County are race, religion, and sexual orientation. In Porter and Lake Counties the majority of bias motivated incidents have largely escalated from race.

Of the 196 occurrences of bias related issues in Porter and Lake Counties, 69.4% have been motivated by race. Religion (10.7%) is the second largest motivation for discrimination. When comparing to race, religious discrimination is 84.6% less likely to occur in Porter and Lake Counties.

Motivation for Bias Related Issues

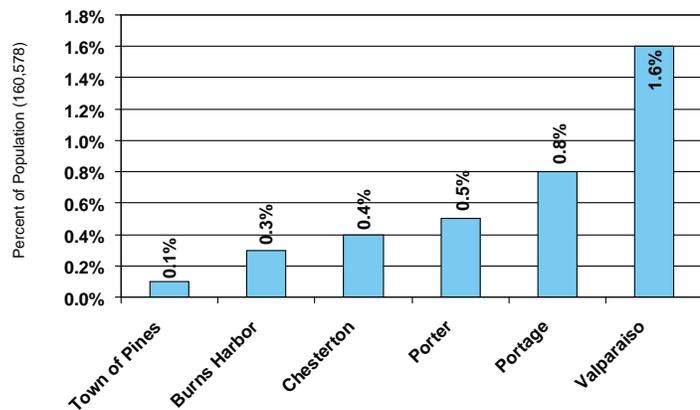


Source: Community Research and Service Center

In a Quality of Life Indicators report conducted by the Northwest Indiana Quality of Life Council, it was found that Porter County is a racially diverse area; however, many of the cities and towns have segregated patterns of living. The lack of diversity in individual communities can be accountable for decreasing the exposure and acceptance of multicultural views in the Porter County community. In 2002, the Detroit News identified the Gary metropolitan area, which includes both Lake and Porter Counties, as the second most segregated metropolitan area in all of the U.S.

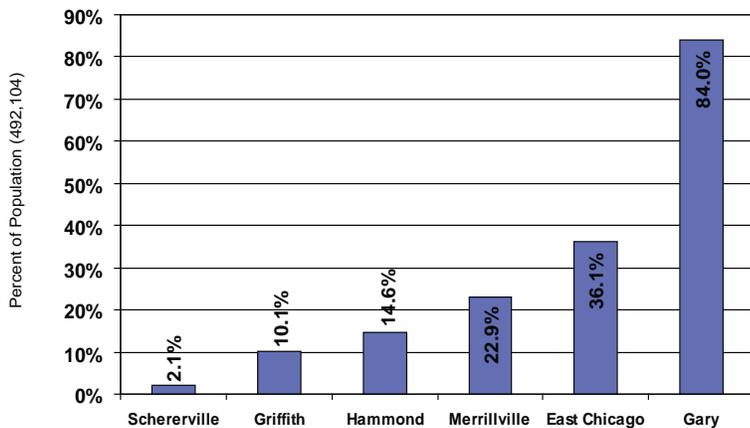
Percentage of African-American Population in Porter County

Valparaiso is Porter County's city with the largest percentage of African-American population. The city of Portage is 50.0% smaller in the percentage of African Americans in comparison to Valparaiso but still holds the second largest percent in all of Porter County. These numbers support findings from the CRSC study in that the cities of Valparaiso and Portage cities have the largest number of occurrences of bias motivated incidents.



Source: Community Research and Service Center

Percentage of African-American Population in Lake County



Lake County has the largest distribution in the percentage of African-Americans in all of Northwest Indiana. When comparing Lake County's largest city Gary, to Valparaiso, Gary has a 82.4% larger population of African-Americans in the city. When comparing Lake County's top five largest percentage of African-American population to Porter County's, in all cases Lake County has a larger concentration of African-Americans.

Source: Community Research and Service Center

Percentage of African-American Population in LaPorte County

City	Percent of Population (110,479)
Michigan City	26.3%
Pottawattamie Park	16.3%
Kingsford Heights	9.7%
Long Beach	4.0%
Michigana Shores	3.0%
LaPorte	1.9%

In LaPorte County, Michigan City, has the third largest percentage of African-American Population in all of Northwest Indiana. When compared to Porter County, LaPorte County has four cities that have a higher percentage of African-American population.

Source: Community Research and Service Center

In 2003, the Federal Bureau of Investigation (FBI) found that over 5,500 hate crimes against persons and 3,139 hate crimes against property were reported in Indiana. Hate crimes have devastating results to communities and individuals and the need to reduce these acts has become a large concern on a national, state, and community level. Hate crimes are any crime that has been motivated by malice towards someone's sexual orientation, race, religion, national origin, citizenship status, or class. These crimes can include arson of homes and businesses, harassment, destruction of religious property, cross burning, personal assault, and homicides. According to a study conducted by the National Association of Social Workers on the impact of hate violence on victims, one-third of victims show behavioral changes in an attempt to avoid potential future victimizations. Some of these changes included moving out of the neighborhood, decreasing social participation, purchasing a gun or increasing readiness to use a gun, buying initial or additional home security devices, and increasing safety precautions for children in the family. According to the FBI the impact of hate crimes in Porter County can increase racial and ethnic tensions leading to an unsafe and unhealthy environment for all of those who live in the area.

Porter County Hate Crimes

Year	Race	Religion	Sexual Orientation	Ethnicity	Disability
1997	0	2	0	0	0
1998	0	0	1	1	0
1999	0	1	0	0	0
2000	0	0	0	0	0
2001	0	0	0	0	0
2002	3	0	0	1	0
2003	2	0	0	0	0
2004	2	0	0	0	0
2005	1	0	1	0	0
2006	0	0	0	0	0
Total	8	3	2	2	0

Source: Federal Bureau of Investigation, Annual Hate Crime Report

The majority of motivation for hate crimes in Porter County from 1997 to 2006 is race. Race has occurred over fifty percent of the time (53.3%). According to the Federal Bureau of Investigation, race is the largest motivator of hate crime while disability is the least likely to be the motivation behind a hate crime. In both cases, Porter County conforms with national trends in that race is the leading motivator and that in all reported years, Porter County has not reported having any disability motivated hate crimes. In 2002, Porter County experienced the largest number of hate crimes in all reported years. The Federal Bureau of Investigation has reported that in 2001 and 2002 many states and counties nationally experienced an increase in hate crimes following the 9/11 attacks. This explains the peak in the number of hate crimes within Porter County during 2002.

Indiana is one of five states in the nation that has not established its own hate crime law that addresses additional sentencing for offenders who commit crimes due to a bias incident because of race, religion, national origin or sexual orientation. Many advocates are currently pushing legislation to establish a law that prevents hate crimes in Porter County.

According to the Hate Crimes Resource Manual published by the Indiana Civil Rights Commission, the following are twelve techniques for citizens to assist in healing racial intolerance.

1. Intervene in situations where something discriminatory is happening and "interpret it" in a safe, non judgmental manner. When speaking to someone who has an opposing position, avoid using the word "you" which may elicit a defensive response.
2. Take the time to review your own personal history with regard to bigotry to reflect on how present behavior and thought patterns were established. This activity may be done alone, with a friend, or in a workshop group.
3. Make the conscious decision and take action to establish meaningful friendships with people of different racial, ethnic, religious backgrounds. Overcome the societal pattern toward separation.
4. Develop the ability to listen objectively to the anger and hurt of another person without taking it personally. Recognize the hurt comes from a long history of injustice and frustration and "getting it out" to a true listener is in itself healing.
5. Make a commitment to correct missing and incorrect information one has been given. Educate yourself and others through personal reading, study and investigation.
6. Seek out positive aspects of your own heritage. Identify true heroes and heroines from your own background in order to take complete pride in your own heritage.
7. Become aware that bigoted patterns exist within us, even if we are not conscious of them. Make a consistent effort to bring prejudices to consciousness and overcome them.
8. Learn how to risk making mistakes and to change mistakes into growth experiences.
9. Continue to educate yourself on what is currently happening with others in our world through reading their newspapers, magazines, listening to leaders, etc.
10. Form multicultural support groups. Dialogue and understanding can go a long way to eliminating stereotyping.
11. Have a compassionate attitude with people who have been hurt. Note that most individuals often want closeness despite their cautious responses.
12. Listen and find the fear in a person who is acting out their bigoted conditioning rather than just blaming and getting mad at them. Think of such people as "recovering" from bigoted conditioning.

Codes of Inclusiveness

Northwest Indiana Race Relations Council

The Codes of Inclusiveness is an initiative by the Northwest Indiana Race Relations Council to promote equality among individuals, represent an institutional challenge, promote diversity, and pledge to respect people who may have different races, cultures, gender, sexual orientation, abilities, beliefs, economic circumstances, or other characteristics. The Northwest Indiana Race Relations Council focuses on multiple fields throughout the community and these include: education, law enforcement, religion, nonprofits, and business. Codes have been specifically written for each of these fields. It is a goal of the Northwest Indiana Race Relations Council to get as many organizations within their respective fields to agree to the codes of inclusiveness so that communities within Northwest Indiana can be more accountable of their actions, and adhere to the codes. Throughout the region there have been over a hundred organizations that have signed the Codes of Inclusiveness. According to Victoria Brockett, Assistant Director at Indiana University Northwest Center for Regional Excellence, "Currently the Race Relations Council is looking at sending their committee and sub-committees to touch base with the organizations that have signed the Codes of Inclusiveness, and seeing how effective these codes have been at keeping good practices within the organizations."

The following outlines the codes a business organization would consider when signing the Codes of Inclusiveness:

1. At all times, all employees of this business will demonstrate fair and equal treatment of all customers, suppliers, and other stakeholders. Language and behaviors that demean or could be perceived to demean another person will not be tolerated.
2. Our business has adopted and will adhere to procedures that ensure that complaints concerning equitable treatment by customers, suppliers, and other stakeholders are processed in a timely and responsive manner.
3. Our business includes training on diversity in orientation programs that are conducted for all employees, including new supervisors and managers and all employees who interact with customers.
4. Our business is committed to full compliance with all laws pertaining to equal employment opportunity. This includes hiring, promotion and career advancement, the assignment of work, performance evaluation, compensation, and the terms and conditions of employment.
5. Behaviors and language that violate an employee's right to equal treatment under the law or contribute in any way to the perception of a hostile work environment will not be tolerated.
6. Our business has adopted hiring and other personnel policies and procedures that promote the development of a workforce and management team that are fully reflective of our customer base and the community within which we are located.
7. On an annual basis, we will conduct an analysis of our performance with respect to the requirements of this commitment.

The following outlines the codes a educational organization would consider when signing the Codes of Inclusiveness.

1. At all times, all administrators, faculty, staff, and students of this education community will demonstrate fair and equal treatment of one another.
2. Behaviors that promote or advance a student's right to a high quality education are expected to be the norm.
3. Language and behaviors that demonstrate respect to others will be expected at all times.
4. Working within established mandates, this education community will develop and adopt curricula that reflect diverse perspectives and value diversity.
5. This education community is dedicated to closing any and all achievement gaps that may exist.
6. This education community will pro actively work to remove barriers that students may face in achieving their full potential.
7. This education community is committed to the equitable distribution of resources to the benefit of all students.
8. This education community has adopted and will adhere to a procedure that ensures that complaints concerning equitable treatment are processed in a timely and responsive manner.
9. This education community will adopt hiring and other personnel policies and procedures that promote the development of a diverse workforce at all levels.

10. This education community will incorporate diversity training into its orientation program for all new faculty, administrators, and support staff.
11. This education community will also incorporate diversity training within the ongoing programming for students, faculty, administrators, and support staff.
12. This education community will ensure sue of a diverse vendor/contractor list.

The following graph shows the total number of educational organizations in all three counties in which the Race Relations Council of Northwest Indiana Codes of Inclusiveness apply too. LaPorte County has the lowest percentage (11.1%) of educational organizations that have agreed and signed the Codes of Inclusiveness when compared to other counties. Twenty-nine percent (28.6%) of educational organizations in Porter County have signed the education codes of inclusiveness, which is almost twice the percentage of LaPorte County. Overall, Lake County has the highest percentage (44.4%) of educational organizations who have signed the Codes of Inclusiveness.

Educational Organizations Signed as of June 2006

	Signed	Total	% of Total
Porter County	2	7	28.6%
Lake County	8	18	44.4%
LaPorte County	1	9	11.1%
Total	11	34	32.4%

Source: Race Relations Council of Northwest Indiana

Porter County's law enforcement also understands the large affects of hate crimes and discrimination within the community and have agreed to follow the Codes of Inclusiveness as specified specifically for law enforcement agencies.

Law enforcement is a very important aspect of any community and Porter County Sheriff's Department has made the appropriate measures to ensure that law enforcement is enforced equally throughout the community. The following are the Codes of Inclusiveness set by the Race Relations Council of Northwest Indiana.

1. At all times, all members of this department will demonstrate fair and equal treatment of all citizens.
2. Behaviors that violate a citizen's right to equal treatment under the law will not be tolerated.
3. Language and behaviors that demean or could be perceived to demean another person will not be tolerated.
4. This department has adopted and will adhere to a procedure that ensures that complaints concerning equitable treatment are processed in a timely and responsive manner.
5. This department has adopted hiring and other personnel policies and procedures that promote the development of a workforce that is fully reflective of the community it serves and the citizens with whom it works.
6. This department has incorporated training on race relations into its orientation program for all new of-ficers and civilian employees. This training is reinforced in formal training sessions that are conducted on an annual basis:

7. On an annual basis, this department will conduct and share a formal analysis of its performance with respect to the requirements of this commitment.
8. On an annual basis, this department will develop an action plan to further demonstrate its commitment to inclusiveness.

The following outlines the codes a religious organization would consider when signing the Codes of Inclusiveness.

1. We will intentionally endeavor to establish relationships with those who are outside of our ethnic, denominational and religious boundaries.
2. We will seek to experience the worship of our common Creator with those who are outside of our ethnic, denominational and religious faith if possible according to our beliefs.
3. We will endeavor with all diligence to answer the call to eliminate racism in the communities in which we serve, our cities, and our world.
4. We will speak boldly and publicly when racial incidents are reported; being willing to stand with the victims while seeking forgiveness for the perpetrator(s).
5. We will assist the Race Relations Council of NW Indiana in its efforts to identify potential areas of discriminatory practices as well as educating the community concerning diversity.
6. We will commit our resources, when available, to help in the efforts to unite congregations across NW Indiana in the campaign against racial discrimination.
7. On an annual basis, we will conduct an analysis of our performance with respect to the requirements of this commitment.

The following outlines the codes a nonprofit organization would consider when signing the Codes of Inclusiveness.

1. We value, respect, embrace and champion diversity in all aspects of our activities.
2. We are committed to inclusiveness as a core operating principle for our organization.
3. We will not engage in or tolerate any form or act of discrimination or harassment and we shall be vigilant against any such conduct.
4. We shall at all times be open and accessible to all.
5. We shall at all times treat each other and those we serve with respect.
6. We shall demonstrate fair and equal treatment for all.
7. We are committed to a system of management and governance that is fair, inclusive and proactive in undertaking its responsibilities to actively promote equality of opportunity.
8. Our governing board and officers shall be comprised of individuals that represent and reflect a diverse population.
9. We shall include diversity and cultural competency training in our orientation and ongoing training programs for all volunteers and staff members.

10. We shall adopt and adhere to personnel policies and procedures that promote a diverse staff.
11. We shall recruit and encourage the participation of volunteers from all segments of the community.
12. We shall seek vendors who are reflective of all segments of the community.
13. We shall adopt and adhere to a procedure that ensures complaints concerning equitable treatment are processed in a timely and responsive manner.
14. We shall seek financial support for our organization from individuals, businesses and organizations from all segments of the community and constituencies we serve.
15. Our program benefits and services shall be made available in a fair and equitable manner that is open and accessible to all.
16. We shall proactively develop and implement a plan to ensure that our organization demonstrates the above commitment to inclusiveness.
17. We shall periodically review our plan to ensure that our commitment to inclusiveness is being fulfilled.
18. We shall work with other non-profits in Northwest Indiana to break down the barriers of racism. (Adopted August 22, 2003)

Programs have been created in Porter County to address discrimination while celebrating the different forms of race and ethnicity. Valparaiso University has impacted the community by creating many of these programs that promote student and community involvement.

Study Circles on Race Relations

Study Circles on Race Relations has been modeled after a national organizations practices called Everyday Democracy (formerly known as the Study Circles Resource Center). Everyday Democracy is an organization that helps local communities find ways for all kinds of people to think, talk, and work together to solve problems. Study Circle on Race Relations was initiated in Porter County by Valparaiso University students who wanted to discuss the proactive ways the community can improve race relations. This was the first time the community had created an opportunity for individuals to speak openly about discrimination and their views. The way in which the program was administered and practiced was based on outlines previously created by Everyday Democracy. In the study groups everyone has the right to express their views openly in a more receptive environment. These weekly study circles are administered through Valparaiso University faculty and staff volunteers. In 2001, Study Circles on Race Relations had a meeting to address the expansion of study circles in the entire Northwest Indiana region. Since its creation, the community has experienced a rising number of participants, a better understanding of racism, and a safe zone for communicating the affects of discrimination.

Currently there are over 150 individuals in the community who are active participants in Study Circles and have expanded the practice into different regions of Porter County. In 2006 Portage Township School District's, Superintendent, Michael Berta, hosted a study circle at Portage Library. On April 13, 2006, in response to interviews from the Tribune Michael said, "My sense is that as we start to grow these study circles, they're not going to be as trailblazing as they seem now. But that's what we want; we want for people to not even question the need for it, but to just participate." Michael also stated, "We're not the diversity police. We're concerned about encouraging solutions." Since the first study circle was conducted at Valparaiso University, there has been a continual growth in the number of participants.

Martin Luther King, Jr., Cultural Center

The Martin Luther King, Jr., Cultural Center was created in Valparaiso to celebrate Martin Luther King. Students use this center for relaxing, meetings, study resources, and activities throughout the year. Some additional features include a large collection of multicultural journals and magazines, as well as a "wall of respect" which displays multicultural representatives in history. This facility creates awareness for the students and the community of Porter County.

The Peace and Social Justice Symposium

The Peace and Social Justice Symposium has a mission to educate, enlighten, engage, and empower students/ participants to become socially responsible and pro-active. The organization has a foundation of leaders who are dedicated and committed to improving human relations and human conditions through service, faith, and vocation. The Peace and Social Justice Symposium was established in 2002 by students to address the dialogue of social and political issues that affect human relations and human conditions. Jane Bello-Grunson, director of multicultural programs at Valparaiso University addressed the News Release at VU saying, "the symposium is a valuable means of increasing awareness of social justice issues." She also said, "being able to make ethical and moral decisions can help people come together for a shared commitment to building a better world." The Peace and Social Justice Symposium has continued to have a positive influence on Porter County.

Office of Multicultural Programs

The Office of Multicultural Programs is at Valparaiso University and consists of student organizations that are involved in planning and co-funding events in the community and on campus. These programs are beneficial to the community because they promote awareness of their individual heritage, beliefs, and values.

- Hispanic/Latino Heritage Awareness.
- Native American Awareness.
- African American History and Culture.
- Asian/Pacific American Heritage Awareness.
- Black Student Organization (BSO).
- Latinos in Valparaiso for Excellence (LIVE).
- Asian American Association (AAA).

National Coalition Building Institute International

Washington, DC

Phone: (202) 785-9400

Nelson Mandela Award

United States Department of Education awarded "best practice" with an "excellent" rating

The President's Commission on Race "best practice" recognition

Gabriel Award for excellence

The National Coalition Building Institute International (NCBI) is a nonprofit organization based in Washington. NCBI works to eliminate prejudice and intergroup conflict in communities worldwide. The NCBI works by gathering and training local community leaders on how to reduce intergroup conflicts. These local community leaders represent all sectors of the community and will use each other as resources for actively preventing prejudice and intergroup tensions in their communities. The NCBI has worked within a variety of settings which include high schools, colleges and universities, corporations, foundations, correctional facilities, law enforcement agencies, government offices, and labor unions. The NCBI has many tools and tactics that are used to spread community awareness and prevent racism. The programs, initiated by the NCBI, have been very successful in many areas nationally, and are said to be a "program that works" by ABC World News.

Celebrating the Facets of Diversity

Broward County, Florida

Phone: (561) 483-6620

SHRM Pinnacle Award

"Celebrating the Facets of Diversity" program is an annual community carnival hosted by the Broward County Convention Center. The carnival consists of many diverse individuals and companies coming together to promote the importance of having a diverse community. The participants become engaged in many diverse forms of entertainment that emphasize the sights and sounds of the South Florida community. Food stations were created to show different tastes of the community. A power of diversity speech was given by Al Dotson, who is the National Chair of the 100 Black Men of America, to enlighten the community on the importance of having a strongly diverse community. Each year the goal of the community is to reach out to community businesses and residents to expand the understanding and the important aspects of having a diverse community. Celebrating the Facets of Diversity has implemented a strong community of individuals who have a stronger bond between different forms of diversity.

Conversation on Race

Indiana University

Phone: (574) 520-5524

Bloomington, Indiana

Voice of Inclusion Award

Conversation on Race was originally created in 1998 in reaction to an increasing amount of hate literature found on university campuses in Indiana. Originally Conversation on Race had been created from a series of race related "study circles" hosted by students and peers. Currently the program is five-weeks long each semester, bringing together many different diverse members to help improve the community's racial climate. Each individual will discuss personal experiences of racism and is asked to consider many viewpoints of other individuals. By creating an open and safe foundation to discuss the sensitive issues of racism, this community has been able to create a better understanding of how to improve the conditions of the community. In most cases the conversations last two hours a week and take place in small groups of eight to ten participants. These sessions have hands-on activities, group dialogue, videos, readings and a two-to-three-minute reflection period. Each year. Conversation on Race has seen a large increase in participants, increasing from 132 participants in 2000 to over 242 participants in 2002.

Community Relations Service

U.S. Department of Justice
230 S. Dearborn, Rm. 2130
Chicago, IL
Phone: (312) 353-4391

The Community Relations Service has been created by the U.S. Department of Justice to resolve and prevent community conflicts and tensions that arise from differences in race, color, or national origins. The Community Relations Service (CRS) takes tactical approaches to community situations by initiating race relations services, such as mediation, conciliation, technical programs, and training to local communities. The CRS has also produced videos and publications to assist local government, law enforcement, and community leaders in resolving conflicts. The following are some examples of how CRS has helped communities resolve racial conflict.

Carey, Ohio: Every year over 10,000 Iraqi Chaldeans make a pilgrimage into Carey Ohio for a religious observance in August. Rising tensions have formed between multi-ethnic clergies, street preachers, and Iraqi Chaldeans. In 2005, an African American resident of Carey, Ohio was harassed verbally by a group Iraqi Chaldeans during their journey. With the arising racial issues, the CRS decided to implement preparation measures for the 2006 pilgrimage. The CRS created a contingency plan for the pilgrimage by having meetings with local religious leaders, local law enforcement, city officials, local government legal counselors, and street preachers. CRS was able to ensure safety among all members by creating physical barriers between the Chaldean people and the Carey residents. By having a strong group of individuals administer this annual event, the August 2006 Iraqi Chaldean migration became a successful experience for both parties.

McFarland, Wisconsin: A local school in McFarland, Wisconsin had reported rising racial tension as a result of recent demographic changes within the community. There was a large increase in the number of minority students within the high school. The school administration wanted to address the racial tension before it expanded farther by requesting the help of the Community Relations Service. CRS has created the Assessment of Tension Breeding Factors (ATBF) program to address the potential factors that increase racial tension and race-based incidents in school. The McFarland high school had over 50 school administrators, teachers, and staff participate in ATBF and were able to identify key problems that they needed to address. Many recommendations were given by CRS staff to increase diversity among teachers. Some of these included a more responsive cultural awareness program for students and teachers, culturally sensitive curriculum development, and the suggested organization of teacher, parent, student, and administrator race relations groups.

The National Conference for Community and Justice (NCCJ)

328 Flatbush Avenue
Brooklyn, New York 11217
Phone: (718) 783-0044

According to the NCCJ their vision is, "To make our nation a better place for all of us. Not just some of us." The NCCJ facilitates community and interfaith dialogues, provides workplace consultations, youth leadership development, seminarian and educator training and is nationally recognized for their data and analysis of intergroup relations. The NCCJ's whole purpose is to resolve conflict when discrimination and oppression arises in individuals or groups throughout the nation. Currently there are 55 regional offices in 32 states and over 400 full and part-time staff members.

The following outlines program strategies as listed on The National Conference for Community and Justice web site:

- Create cognitive and affective growth among the participants relative to bias, bigotry, and racism and produce understanding and respect across race, faith, and cultural lines.
- Address forms of prejudice and discrimination, including the dynamics that systemically exclude or oppress individuals and groups because of their race, faith, gender, age, sexual orientation, physical ability status, and economic or social class.
- Bring diverse groups of people together to engage in purposeful, goal-directed dialogue to learn about one another and begin to reduce the stereotypes and myths that support all forms of oppression.
- Provide a means to raise awareness, educate, resolve conflict, advocate, and establish equity around the issues of bias, bigotry, racism, and other forms of oppression.
- Work to dismantle the systems that provide power and privilege to some groups while denying other groups these advantages.
- Work to empower individuals and institutions to develop, implement, and support systems of inclusion.

Everyday Democracy (Formally Study Circles Resource Center)

111 Founders Plaza, Suite 1403
East Hartford, CT 06108
Phone: (860) 928-2616

Everyday Democracy has four main discrimination issues that are nationally addressed, which include: poverty, youth issues, racial equity and diversity.

Poverty: People want to live in a place where they have the chance to thrive, whether they live in small towns, rural areas, urban neighborhoods, American Indian reservations, and others.

Youth Issues: From crime to racial tension to substance abuse; all issues directly involve and affect young people. It is our job to involve the youth in discussions on these issues.

Racial Equity: Racism and gaps among racial and ethnic groups affect education, housing, health care, the justice system and job opportunities. In order to change our communities, people from all backgrounds and views must work together.

Diversity: The pressures to be a diverse nation are evident today in some of the most complex public issues, such as: education, taxes, welfare, and immigration. Dialogue-to-change programs help people build the trusting relationships while people from diverse backgrounds learn to understand each other's experiences and work together on solutions.

Dialogue-to-change programs embody an approach to community change that puts small-group facilitated dialogue at the center. Dialogues work because they bring different kinds of people together around a public concern, and create a space that enables constructive, respectful conversation. They meet over time, and people develop trust and relationships, as well as a shared understanding of the issue under discussion.

The dialogue is guided by trained facilitators who manage the discussion and make room for all voices. They rely on ground rules, created by the group, to help make the conversation work for everyone.

The dialogues use discussion materials which set up a framework for the conversation. People begin with personal stories, move on to a discussion of the issue, including data or other relevant factual material. Participants examine the issue from many points of view, consider many possible approaches, and ultimately, develop ideas for action and change.

- 2007 Needs Assessment Citizen Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- 2007 Needs Assessment Inventory of Services and Focus Groups, United Way of Porter County, www.unitedwaypc.org
- 2007 Needs Assessment Stakeholder Survey, United Way of Porter County, <http://www.unitedwaypc.org>
- A Resource Manual of Diversity Program and Activities, 1999 Edition, Indiana Civil Rights Commission, Indiana's Best Practice Celebrating Diversity, <http://www.in.gov/icrc/pubs/bestpractice/introduction.pdf>
- Bias Motivated Incidents Report, Community Research and Service Center, <http://www.valpo.edu/organization/copc/bias/>
- Community Relations Service FY 2006 Annual Report, U.S. Department of Justice Community Relations Service, <http://www.usdoj.gov/crs/pubs/fy2006/annualreport2006.htm>
- Community Research and Service Center, <http://www.valpo.edu/organization/copc/>
- Hate Crime Incidents, Federal Bureau of Investigations, <http://www.fbi.gov/ucr/ucr.htm>
- Improving Race Relations, Office of Partnerships, <http://www.oup.org/grantee/AbstractDetail.asp?Abstract=881&Program=COPC>
- National Coalition Building Institute International, Overview, <http://www.ncbi.org>
- National League of Cities, Summit on Racism Kalamazoo, Michigan, <http://www.nlc.org>
- Northwest Indiana Quality of Life Report 2004 Study, <http://nwiqlc.typepad.com/indicators/download-the-entire-2004-.html>
- Porter County Sheriff's Department Inclusiveness, <http://www.portercountysheriff.com/inclusiveness.html>
- Peace and Justice Symposium explores social change, News release: Valparaiso University, <http://valpo.edu/news/index.php?action=display&newsid=2180&sy=2009>
- Prejudice in Northwest Indiana mapped, News Release: Valparaiso University, <http://www.valpo.edu/news/index.php?action=display&newsid=3296&sy=2007>
- Profiles of Successful Dialogue to Change Programs on Race, <http://www.everyday-democracy.org>
- Responding to Hate Crimes A Community Resource Manual, National Center for Transgender Equality, <http://www.nctequality.org>
- State and County Quick Facts, U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/18/18127.html>
- Stats Indiana: Population by Race and Ethnicity, 2000,2006, http://www.stats.indiana.edu/stats_dp/dpage/dpage.asp
- Study Circles on Race Relations Program, Valparaiso University: Office of Multicultural Programs, <http://www.valpo.edu/organization/multicul/gs200/index.htm>

**2008 Porter County Needs Assessment
United Way of Porter County**

Project Dates: January 2008 to July 2008

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