The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

| County: | Spencer | |
|--------------|--|--|
| LCC Name: | Spencer County Substance Abuse Council | |
| LCC Contact: | Natalie Bolin | |
| Address: | 608 S Comet Lane | |
| City: | Santa Claus | |
| Phone: | 812-204-4669 | |
| Email: | spencercountysac@gmail.com | |

County Commissioners: Spencer County Commissioners c/o Auditor

Address: Courthouse

City: Rockport

Zip Code: 47635

Vision Statement

What is your Local Coordinating Council's vision statement?

The Local Coordinating Counsel strives to mitigate substance use and misuse in Spencer County.

Mission Statement

What is your Local Coordinating Council's mission statement? The purpose of the Spencer County Substance Abuse Council is to prevent alcohol and other substance abuse by:

- Financially supporting programs which meet needs identified by citizens of our county
- Serving as a resource for intervention
- Sponsoring community events to increase awareness of ATOD issues

| Me | mbership List | | | | |
|----|-------------------|---|------|--------|-----------------------|
| # | Name | Organization | Race | Gender | Category |
| 1 | Sherri Bell | The Way | W | F | Justice |
| 2 | Jane Stout | Spencer County EMS | W | F | Social Service |
| 3 | Holly Simpson | Tobacco Free Coalition | W | F | School |
| 4 | Dee Denu | Rockport Christian Resource Center | W | F | Social Service |
| 5 | Jordan Milby | NOW Counseling | W | М | Social Service |
| 6 | Anna Ambs | Community Corrections | W | F | Justice |
| 7 | Gary Cooper | Chrisney PD | W | Μ | Justice |
| 8 | Katie Thompson | Spencer County CASA | W | F | Social Service |
| 9 | Scott Lanman | Dale PD | W | Μ | Justice |
| 10 | Robert Bone | Santa Claus PD | W | М | Justice |
| 11 | Julie Fischer | Crisis Connection | W | F | Social Service |
| 12 | Christina Wick | Human Trafficking | W | F | Social Service |
| 13 | Jordan Foertsch | Isaiah 117 House | W | F | Social Service |
| 14 | Kathy Wilmes | Heritage Hills High School | W | F | School |
| 15 | Alfred Braunecker | Gentryville PD | W | Μ | Justice |
| 16 | Christina Beeler | LifeSprings | W | F | Social Service |
| 17 | Kelli Reinke | SCSD | W | F | Justice |
| 18 | Jim Bush | SSHS | W | Μ | School |
| 19 | Steve Sherohmen | SSHS | W | Μ | School |
| 20 | Mike Turner | Celebrate Recovery | W | Μ | Social Service/Church |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |

LCC Meeting Schedule: Please provide the months the LCC meets throughout the year: January, February, April, Aug, October, & November.

Community Needs Assessment: Results

The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

| County Name |
|--|
| Spencer |
| |
| County Population |
| 20,327 |
| |
| Schools in the community |
| David Turnham Elementary, Chrisney Elementary, Lincoln Trail Elementary, Nancy Hank Elementary, Rockport Elementary, Luce Elementary, Heritage Hills Middle School, Heritage Hills High School, South Spencer Middle School, South Spencer High School |
| Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Santa Claus Family Medicine, Dale Family Medical, Ascension Medical Group, Richland Medical Center, Deaconess Clinic – Reo, Spencer County Clinic, |
| Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) |
| LifeSprings, Sarah Kluender, NOW Counseling, Kairos Counseling, Dr. Mary Posner |
| Service agencies/organizations |
| Spencer County CASA, Christian Resource Center, North Spencer Christian Action Center, Isaiah House 117, Crisis Connection |
| Local media outlets that reach the community |
| Journal Democrat, The Leader, Local Television and radio |
| What are the substances that are most problematic in your community? |
| Heroin and Meth |

List all substance use/misuse services/activities/programs presently taking place in the community

AA, NOW Counseling, The Way, Community Corrections, Celebrate Recovery

Community Risk and Protective Factors

Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all-inclusive and others may apply.

<u>Risk Factors Examples</u>: trauma and toxic stressors; poverty violence; neighborhood characteristics; low neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

<u>Protective Factors Examples:</u> strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.¹

| Risk Factors | Resources/Assets | Limitations/Gaps |
|--|--|--------------------------------------|
| 1. | 1.AA | 1.Transportation |
| Illegal use/abuse of alcohol and drugs | 2.Success Through Mentoring | 2.Mentors |
| | 3.The Way | 3.Limited Room |
| | 4. Celebrate Recovery | |
| 2. Tobacco Use in Teens/Pre- | 1.Schools | 1.Parent Support |
| Teens | 2.Tobacco Free Coalition | 2.Lack of willingness to change |
| | 3.Success Through Mentoring | 3.Mentors |
| 3. Over the counter drug abuse in | 1.Schools | 1.Parent support |
| High School seniors | 2.PEERS Group at the school | 2.Not wanting to reach out for help. |
| | 3.Success Through Mentoring | 3.Mentors |
| Protective Factors | Resources/Assets | Limitations/Gaps |
| 1. Meaningful Youth Engagement | 1. VOICE/PEER Groups at the High School | 1.Lack of interesting activities |
| Opportunity | 2.After Prom Activities | 2. Parent support |

¹Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018.

| | 3.Church supported activities after football games | 3.Transportation |
|---|---|---|
| 2. STEM - Success Through Mentoring | Mentors for Youth at risk Support for young people Opportunities to change the path that the youth are on | New - people don't like change Kids have to be in the system to receive help Transportation |
| 3. Celebrate Recovery | 1.Very successful meetings 2.Church support for meetings and activities. 3.Lots of community support | Transportation New to the Community More facilitators needed |

Making A Community Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

| Risk Factors | Problem Statement(s) |
|--|--|
| 1. | 1.Alcohol use among teen is high in our county |
| High availability of alcohol use | 2.OWI felony and misdemeanors numbers are high in our county3.Parents who give alcohol to the youth in our county is an issue |
| 2. | 1.Tobacco/Vaping issues with our youth is high in |
| Availability of tobacco use is very high | our county. |
| | 2.Woman that smoke during pregnancy are costing our county money from smoking-affected births. |
| | 3.Smokeless Tobacco is easy to obtain in all our |
| | convenience stores |
| 3. | 1.Able to acquire illegal drugs very easily |
| Availability of drugs in our county | 2.Drug felony & misdemeanors are high in our |
| | county. |
| | 3.Drugs are a generational issue in our county |

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

| Problem Statements | Data That Establishes | Data Source |
|---|--|--|
| Problem Statements 1. Illegal use/abuse of alcohol and drugs are having a negative impact on Spencer County | Problem135 felony drug cases, 20misdemeanor drug cases, 30felony OWI, and 183misdemeanor OWI in 2020**Unable to get stats from theclerk's office. Now getting statsfrom the dashboard.105 felony/misdemeanor drugcases, 35 OWI/DUI Alcohol, 52alcohol/drug OWI/DUI, and 13drug OWI in 2021116 felony/misdemeanor drugcases, 46 OWI/DUI Alcohol, 50alcohol/drug OWI/DUI, and 12drug OWI in 2022.Crisis Connection assisted 49victims of domestic and/orsexual violence in 2021.In 2020, 1 victim used drugs, 17perpetratorsCrisis Connection assisted 65victims of domestic or sexualassault in 2022. 33 perpetratorsenrolled in Batterer's | Data Source Clerk's Office www.in.gov/mph/projects/arrest s-dashboard/ Crisis Connection, Inc. |
| | Intervention Program. 19 reported using 1 substance and 6 reported using more than one substance. 25 males and 8 females. | |
| 2. The use of tobacco products are | Estimated 22.3% of adults smoke in Spencer County | ITPC website |
| having a negative impact on Spencer County | The use of the Indiana Tobacco Quitline for Spencer County is low and only received 42 calls in 2021 & 2022 each year. | Spencer County Tobacco Free Coalition |

| 3. The use of OTC drugs by high school seniors are above the | Prosecutors office reports 71 misc. drug charges - 2020 | Clerk's Office |
|---|--|--|
| state average | 46 youth consumption charges – 2020 | |
| | **Unable to get stats from clerk's office. Now getting stats from the dashboard. | www.in.gov/mph/projects/arrest s-dashboard/ |
| | 2021 data 2 minor consumption charges 17 other misc drug offenses. | |
| | 2022 Data 2 minor consumption charges 11 other misc drug offenses | |
| | | |

Step 3: Brainstorm

Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.

| Problem Statements | What can be done (action)? |
|--|--|
| 1.Illegal use/abuse of alcohol and drugs are having a negative impact on Spencer County | 1.Support local agencies' efforts to reduce alcohol and drug related incidents |
| | 2.Provide law enforcement agencies with the equipment and training to better enforce laws. |
| | 3.Provide agencies and schools with alcohol and drug literature. |
| 2. The use of tobacco products are having a | 1. Support Programs that encourage healthy |
| negative impact on Spencer County | pregnancies |

| | 2.Increase community exposure through newsletters, payroll stuffers and flyers for the Indiana Quitline3.Support programs that focus on a tobacco free community. |
|--|--|
| 3.The use of OTC drugs by high school seniors are above the state average | Support 2 medicine cabinet cleanout days a year for the next 3 years. Educate the community with the dangers of not recycling medications. Educate the gharmanian and netailors on the |
| | 3.Educate the pharmacies and retailers on the problems of OTC medications. |

Step 4: Develop SMART Goal Statements

For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Problem Statement #1

Goal 1

Reduce 1% per year the number of alcohol related driving offenses by 12/31/2023

Goal 2

Reduce 1% per year the number of drug related offenses by 12/31/2023

Problem Statement #2

Goal 1

Increase Quitline calls by 15% by 12/31/2024

Goal 2

Decrease youth tobacco use by 2% by 12/31/2023 as reported by the Annual IPRC survey

Problem Statement #3

Goal 1

Reduce the misuse of prescription drugs among high school students by 1% per year by 12/31/2023 as reported by the Annual IPRC Survey

Goal 2

Increase participation of Medicine Cabinet Clean-out Day by 2% by 12/31/2023

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

| Problem Statement #1 | Steps |
|--|---|
| Goal 1 Reduce 1% per year the number of alcohol related driving offenses | 1.Justice Services/Support - provide funding for local law enforcement to have personal alcohol breath test in each car that will hopefully cut down on the DWI that we have in our county. |
| | 2.Prevention/Education - support programs that educate youth and adults about the danger of alcohol |
| | 3.Treatment/Intervention - provide funding for The Way to have alcohol test kits and programming for their clients. |
| Goal 2 Reduce 1% per year the number of drug related offenses | 1.Justice Services/Support - support the programs that are focused on drug related abuse |
| | 2.Prevention/Education - Fund prevention programming with materials. |
| | 3.Treatment/Intervention - provide funding for programs and drug test kits. |
| Problem Statement #2 | Steps |
| Goal 1 Increase Quitline calls by 15% | 1.Justice Services/Support - support programs that support smoke free environments. |

| | 2.Prevention/Education - Fund material for Red Ribbon Week, Great American Smoke Out, Etc. 3.Treatment/Intervention - support all programs that educate clients on the Quitline. |
|---|--|
| Goal 2 Decrease youth tobacco use by 5% | 1.Justice Services/Support - support programs that educate youth on being smoke free 2.Prevention/Education - Fund material for education purposes of being smoke free. 3.Treatment/Intervention - support all programs that educate youth |
| Ducklam Statement #2 | Stong |
| Problem Statement #3 Goal 1 Reduce the misuse of prescription drugs among high school students by 1% | Steps1.Justice Services/Support - support all education programs that the law enforcement has in the high schools2.Prevention/Education - Support all programs that reach out to youth about OTC drugs.3.Treatment/Intervention - Support all |
| | programs that reach out to youth about OTC drugs |
| Goal 2 Increase participation in Medicine Cabinet Clean- out Day by 2% | 1.Justice Services/Support - support all the local departments on their effort to dispose of prescribed medication. |
| | 2.Prevention/Education - support all efforts to educate the public on correct disposal of medication. |
| | 3.Treatment/Intervention - support their effort to dispose of medication properly |

IV. Fund Document

The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC's fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).

| Funding Profile | | | | |
|---|--|---------------------------------------|---------------------------------|-----------------|
| 1 | Amount deposited into the County DFC Fund from fees collected last year: | | | \$15,486.43 |
| 2 | Amount of unused funds from last year that will roll over into this year: | | | \$0.01 |
| 3 | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): | | | \$15,486.44 |
| 4 | Amount of funds granted last year: | | | \$10,956.00 |
| Additional Funding Sources (if no money is received, please enter \$0.00) | | | | |
| Α | Substance Abuse and Mental Health Services Administration (SAMHSA): | | | \$0.00 |
| B | Centers for Disease Control and Prevention (CDC): | | | \$0.00 |
| С | Bureau of Justice Administration (BJA): | | | \$0.00 |
| D | Office of National Drug Control Policy (ONDCP): | | | \$0.00 |
| Ε | Indiana State Department of Health (ISDH): | | | \$0.00 |
| F | Indiana Department of Education (DOE): | | | \$0.00 |
| G | Indiana Division of Mental Health and Addiction (DMHA): | | | \$0.00 |
| Η | Indiana Family and Social Services Administration (FSSA): | | | \$0.00 |
| Ι | Local entities: | | | \$0.00 |
| J | Other: | | | \$0.00 |
| Categorical Funding Allocations | | | | |
| Prevention/Education: \$3,871.61 | | Intervention/Treatment: \$3,871.61 | Justice Services: \$3,871.61 | |
| Funding allotted to Administrative costs: | | | | |
| | | | | ount (\$100.00) |
| Coordinator compensation \$2,700 | | | \$2,700 | |
| Medicine Cabinet Cleanout Day – Advertising\$1,171.6 | | | l | |
| Funding Allocations by Goal per Problem Statement: | | | | |
| Problem Statement #1 | | Problem Statement #2 | Problem Statement #3 | |
| Goal 1: \$1,935.80 | | Goal 1: \$1,935.80 | Goal 1: \$1,935.80 | |
| Go | al 2: \$1,935.81 | Goal 2: \$1,935.81 | Goal 2: \$1,935.81 | |
| | | | | |