

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Spencer

LCC: Spencer County Substance Abuse Council

Date Due: 1/31/13

Date Submitted: 1/13/13

New Plan

Plan Update



LCC Contact: Natalie Bolin

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County Commissioners: Spencer County Commissioners c/o Auditor

Address: Courthouse

City: Rockport

Zip Code: 47635

Plan Summary

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

History: The North Spencer County Coalition for a Drug-Free Community officially organized in October of 1989, to address the issues of substance abuse and related problems in the North Spencer area. In October of 1991, the coalition expanded to include representatives from throughout Spencer County. Thus the name changed to Spencer County Local Coordinating Council for a Drug-Free Indiana. Spencer County is located 30 miles east of Evansville in Southwestern Indiana and is bordered in Warrick County on the west, Dubois County to the north, Perry County to the east, and the Ohio River to the south. The county seat is Rockport which is also the county's largest city with a population of approximately 3,000. The total population is approximately 20,000. There are two public school corporations and three parochial schools within Spencer County. Although all socioeconomic classes exist within the population, a majority are included in the middle class range.

Summary of the Comprehensive Community Plan: The Spencer County Substance Abuse Council meets on the third Tuesday of January, February, April, June, October and November at 5:00 p.m. at the Cornerstone Methodist Church in Chrisney, IN. It has formulated the following plan for Spencer County Indiana. At each meeting, individuals interest in one of the three areas of involvement presented their proposals and concerns to the group as a whole. These items are discussed by the LCC and formulated the following plan for Spencer County.

With limited funding, priority is given to existing programs that are working and providing positive feedback. Our county's emphasis is on prevention/education as we feel education is the best prevention of alcohol and substance abuse. It is more affordable, therefore the majority of our programs/services continue to deal in this area. We have some very good programs going on in Spencer County with new and expanded ones coming online. Natural Helpers Programs are continuing at Heritage Hills High School, South Spencer High School and Heritage Hills Middle School. There are SADD chapters in both High Schools and Middle Schools. Also, our own version of the SHOCAP (Serious Habitual Offenders Comprehensive Action Program) began in 1997. This was made possible by the cooperative efforts of the LCC and the Spencer County Community System Wide Response (CSR). In addition, the Spencer County Prosecutor's Office has spearheaded growth of the SHOCAP. This is a password secure dedicated website that has been developed to track and share information with other agencies and professionals. SHOCAP identifies juveniles who are serious habitual offenders, as well as, at-risk youth and offers assistance to those juveniles to attempt to prevent future criminal behavior. The distribution formula for the Drug-Free Communities Fund follows the state allocation required standards. Our focus is mainly on prevention/education and unanimously feels this is the best route. Of the total funds available we are currently using the entire prevention/education along with the discretionary dollars to fund projects in this area. We recommend the state should allow the local LCC's to have more latitude on how the local monies are being spent.

Another concern of many members of the LCC is the states insistence on forming local task forces for all dollars being received from the state. In our county alone, we have the LCC, Step Ahead, CSR, the IMPACT task force, Domestic and Sexual Violence Task Force, and the newly formed Tobacco Coalition, to mention a few. All these task forces require similar memberships (schools, business/industry, church, government, etc) and in the rural counties this means many of the same people. It is to the point we are always attending meetings. It is recommended that the state form its coordinating council in which funding dollars would be distributed to the counties. Each county would have one task force to handle all funding in the county.

The LCC has found three issues effecting Spencer County. They are as follows:

1. Illegal use/abuse of alcohol and drugs are having a negative impact.
2. The use of tobacco products is having a negative impact.
3. The use of OTC drugs by high school seniors are above the state average.

4. Membership List

County LCC Name: Spencer County Substance Abuse Council

#	Name	Organization	Race	Gender	Category
1	Cevin Collins	South Spencer High School	W	Male	School
2	Patsy Harpenau	South Spencer High School	W	Female	School
3	Mark Lehmkuhler	Indiana State Police	W	Male	Law
4	Jon Dartt	Circuit Judge	W	Male	Justice
5	Maralee Ruark	Probation	W	Female	Justice
6	Sharon Schaefer	Spencer Co Leadership	W	Female	School
7	Debbie Scott	North Spencer School Corp	W	Female	School
8	Larry Dimmett	Purdue Extension Services	W	Male	Government
9	Kathy Wilmes	North Spencer School Corp	W	Female	School
10	John Fromme	Southern Hills Counseling	W	Male	Treatment
11	Kermitt Lindsey	Sheriff's Dept	W	Male	Law
12	Julie Becher	North Spencer School Corp	W	Female	School
13	Dan Wilkenson	Spencer County Prosecutor	W	Male	Justice
14	Teala Morrison	South Spencer School Corporation	W	Female	School
15	Beth Stein	Crisis Connection/Spencer County Mental Health	W	Female	Social Service
16	Kim Litkenhus	North/South Spencer Schools/Tobacco Coalition	W	Female	School
17	Whitney Litkenhus	USI	W	Female	Student
18	Connie Branch	Division of Family Resources/Dept of Child Services	W	Female	Social Service
19	Marlene Cron	Retired RN	W	Female	Community

20	Richard Hedrick	Community Corrections	W	Male	Justice
21	Brenda Hagedorn	Spencer Co Mental Health	W	Female	Treatment
22	Janice Weber	Community Corrections	W	Female	Justice
23	Joe Griepenstroph	The Way	W	Male	Treatment/Justice
24	Ron Conner	The Way	W	Male	Treatment/Justice
25	Marilyne Conner	The Way	W	Female	Treatment/Justice
26	David Hall	South Spencer HS	W	Male	School
27	Brett Cieslack	The Way	W	Male	Treatment/Justice
28					
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Problem Identification

A. Problem Statement #1: Illegal use/abuse of alcohol and drugs are having a negative impact on Spencer County.

B. Supportive Data:



1. 1. Prosecutor’s Office reports for adults 127 misdemeanor OWI, 14 felony OWI, 77 felony drug, and 71 misc. drug charges. There were 46 minor consuming charges.

2. Crisis Connection assisted 52 victims of domestic/sexual violence. Of those cases, 1 victim used drugs, 5 perpetrators used alcohol, 3 used drugs and 2 used both.

3. IPRC 2011 – Binge Drinking - Monthly

	School A	State Averages
7 th Grade	4.2	7.9
8 th Grade	8.6	11.1
10 th Grade	23.9	18.1
12 th Grade	25.4	26.4

No data available with school B. IPRC survey at school B done every other year. We will compare 2010 and 2012 surveys.

4. DCS worked with 194 Families in 2011. Of those, 67 families were due to alcohol and/or drugs.

5. Southern Hills continues to report that 65% of caseload is substance abuse related. They had 745 clients with 484 of those cases substance abuse related.

6. Spencer County Mental Health Association assisted 14/14 clients with psychotropic medication which in turn keeps them from self medicating with drugs and/or alcohol in 2011 as reported on progress report.

7. Spencer County Drug Court 35 active cases, with 19 successful (10 graduated and 19 on target) and 8 failures/terminated in 2011.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):



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C. Goals:

1. Reduce 1% per year the number of alcohol related driving offenses by 12/31/2014.
2. Reduce 1% per year the number of drug related offenses by 12/31/2014.
3. Reduce 1% per year the number of binge drinking teens reported by the Annual IPRC survey by 12/31/2014 by each age group.
4. Reduce 1% per year the number of drug and alcohol related domestic and sexual violence victims by 12/31/2014 as reported by Crisis Connection.

End of Year 1 Annual Benchmarks:

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- 2.
- 3.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

1. Support local agencies' efforts to reduce alcohol and drug related incidents.
2. Support continuation of adult and youth related ATOD programs.
3. Provide law enforcement agencies with the equipment and training to better enforce laws.

4. Provide agencies and schools with alcohol and drug literature.
5. Provide support to domestic violence and sexual assault agencies in the provision of assessments in information and referrals to community agencies.
6. Support local treatment programs that assist clients with substance abuse issues.
7. Produce a treatment resource guide for Spencer County residents.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #2: The use of tobacco products are having a negative impact on Spencer County.

B. Supportive Data:

1. The number of smokers in Spencer County is 3,749, which is an increase of 4% from 2010.
2. In 2011, the Indiana Quitline received 90 calls for Spencer County, which is up by 233% from 2010.
3. Data changed to a percentage. In 2011, 16.2% of pregnant women smoked in Spencer County.

4. Annual IPRC Survey 2011-Smokeless Tobacco

	School A	State Averages
7 th Grade	6.8	2.2
8 th Grade	4.3	3.9
10 th Grade	9.0	7.9
12 th Grade	21.2	10.7

School B – Did not do IPRC in 2011. Next one completed February 2012. We will compare numbers to 2010 Survey.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Increase Quitline calls by 5% by 12/31/2014.
2. Decrease youth tobacco use by 2% by 12/31/2014 as reported by the Annual IPRC survey per age group.
3. Decrease number of pregnant smokers by 5% by 12/31/2014 as reported by the ITPC.

End of Year 1 Annual Benchmarks:

- 1.
- 2.
- 3.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

1. Support programs that encourage healthy pregnancies.
2. Continue to support the Voice program in both school corporations since IPTC no longer financially supports this program.
3. Support programs that focus on a tobacco free community.
4. Increase community exposure through newsletters, payroll stuffers and flyers for the Indiana Quitline. We will team up with Voice in getting the word out on the Quitline by using Social Media, ballgames and billboards.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #3: The Use of OTC drugs by high school seniors are above the state average.

B. Supportive Data:

1. Annual 2011 IPRC Survey – OTC Drugs **MONTHLY**

	School A	State Averages
7 th Grade	1.7	1.6
8 th Grade	2.6	2.7
10 th Grade	5.8	3.6
12 th Grade	1.7	3.2

****School B did no complete IPRC in 2011. On a 2 year cycle. Next one completed February 2012. We will compare 2010 to 2012.**

2. Mary Posner, a local therapist continues to see 15% of her caseload abuses OTC drugs.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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C. Goals:

1. Reduce the use of OTC among high school students by 1% per grade by 12/31/2014 as reported by the Annual IPRC survey.
2. Reduce the use of OTC among high school students by 1% per year by 12/31/2014 as reported by Mary Posner.

End of Year 1 Annual Benchmarks:

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- 2.
- 3.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

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- 2.
- 3.

D. Objectives:

1. Support at least one medicine cabinet clean-out day a year for the next 3 years.
2. Educate the community with the dangers of not recycling medications.
3. Educating school guidance counselors, nurses and social service agencies on the issues of OTC medicine misuse.

4. Educate the pharmacies and retailers on the problems of OTC medications.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #4:

B. Supportive Data:

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End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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- 5.

C. Goals:

- 1.

End of Year 1 Annual Benchmarks:

- 1.
- 2.
- 3.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

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D. Objectives:

- 1.

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End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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A. Problem Statement #5:

B. Supportive Data:

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End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

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- 5.

C. Goals:

- 1.

End of Year 1 Annual Benchmarks:

- 1.
- 2.
- 3.

End of Year 2 Annual Benchmarks:

- 1.
- 2.
- 3.

Final Report (end of Year 3):

- 1.
- 2.
- 3.

D. Objectives:

- 1.
- 2.
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- 5.

End of Year 1 Update:

- 1.
- 2.
- 3.
- 4.
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End of Year 2 Update:

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- 5.

Final Update (end of Year 3):

- 1.
- 2.
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- 5.

Please attach the County's Fiscal Report for review!

Next Annual Update Due:

Next Comprehensive Community Plan Due:

Date of Community Consultant Review:

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the county. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

Initials: NAB