

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Sullivan County

LCC: Partners for a Drug Free Sullivan County

Due Date: February, 2015

Date Submitted: February 28, 2015

New Plan: X Plan Update:

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Plan Summary

Mission Statement: The mission of the Sullivan County Partners for a Drug Free Sullivan County shall be to reduce the incidence of substance abuse in Sullivan County through education, treatment, prevention, and coordination with other agencies.

History: *The Sullivan County Local Coordinating Council (LCC) was formed in early 1990 and meets on a regular basis on the first Thursday for nine months of the year. The original composition of the Sullivan LCC membership represented mental health, school officials, law enforcement, and concerned parents. While members have come and gone over the years, the current core still represents the areas initially involved. From the many needs found prevalent in Sullivan County, the primary focus has been on providing education/prevention services to youth of the county, supporting local treatment providers and providing equipment and training for law enforcement agencies.*

Located in picturesque West Central Indiana along the banks of the Wabash River, Sullivan County is rural in nature with its economy based primarily in agriculture and coal mining. The demographics of the county show a higher than average proportion of older residents in the county, largely due to younger residents leaving due to less favorable employment opportunities. The lack of entertainment and community activities has long been recognized as both a liability in keeping younger residents in the county, and more seriously, as a major factor in contributing to many of the ATOD issues facing children, teens and young adults throughout the county.

The Sullivan LCC has actively supported activities directed at the youth of Sullivan County through funding and direct involvement. During recent years, funds have been provided to the Northeast School Corporation. Funding has provided materials to educate the students on the hazards and consequences of the ATOD use. These materials have consisted of books, videos, conferences, and guest speakers. Additionally, activities such as Red Ribbon Week has been held throughout the years in an effort to provide positive youth-oriented activities as an alternate to ATOD use.

Treatment for ATOD misuse and addiction is a problem in Sullivan County, much like it is in every other rural county in Indiana. In-patient services are very limited and while counseling services are available, the economic status of those needing such services may prevent them from seeking services. Hamilton Center, Inc., has provided treatment programs in the past and the Luke House, a residential treatment provider, is also providing treatment services.

Law enforcement in Sullivan County has been supported by the LCC during recent years with equipment purchases for the Indiana State Excise Police. Judicial services have also been supported as the Sullivan County Probation Department has participated and utilized funding for program supports.

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Community based surveys conducted during the past couple of years have identified the following:

The 2011 Sullivan County ATOD Survey indicated that methamphetamine and marijuana were the top two issues facing Sullivan County residents, with underage drinking, tobacco use and alcohol abuse tied for number three. 100% of survey participants agree that underage drinking is a significant issue in Sullivan County.

Alcohol misuse and addiction rank second to methamphetamine in Sullivan County. Some of the contributing factors associated with drug and alcohol use include the lack of entertainment and other activities for the youth of Sullivan County. Free time among the youth is commonly spent drinking and/or using illicit drugs. Additionally, the slow economy and high unemployment among adults often contributes to the use of alcohol and illicit drugs. Finally, public acceptance of alcohol use has led to apathy and a feeling that if someone is using alcohol it is "better" than using methamphetamine.

It is felt that there are several significant issues, relating to alcohol and drug abuse, that are specific to Sullivan County. These issues impact both adults and youth and appear to be to risk factors associated with economic indicators. Sullivan County is considered to be a poor, rural county with limited resources. Children living in poverty are at the State average of 20% with Child In Need of Services (CHINS) numbers increasing significantly during the past three years. Unemployment rates are higher than State averages.

Summary of the Comprehensive Community Plan: Two major problems faced the Sullivan County LCC during the time period covered in the previous plan updates. Sullivan County ranks high in Indiana for the number of clandestine methamphetamine laboratories seized from 2008 through 2011, although meth lab numbers dropped significantly during 2012. The production, distribution and use of methamphetamine in Sullivan County have impacted the entire county. The resources of law enforcement, judicial system, social services, and treatment have been stretched beyond current funding and personnel levels. While the methamphetamine problem as a whole is devastating to the entire community, one area is of particular concern, that of the impact on the children of Sullivan County. Children can and are being exposed to methamphetamine laboratories, the precursors required for the production of methamphetamine, and the adult (often a parent/caregiver) under the influence of methamphetamine. The exposure creates significant health and safety concern for such children. The Sullivan County Division of Family and Children Services (DCS) has experienced a significant increase in the number of cases involving children and their exposure to methamphetamine and parents/caregivers under the influence of methamphetamine. This exposure often

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results in the immediate removal of children from their homes and placed in temporary housing, often foster care.

While the meth lab issue remains, as well as individuals and youth impacted by related issues, the LCC has changed its' focus with the CCP problem statements. It is now felt that numerous individuals needing treatment service for ATOD related issues are not receiving these needed services due to financial considerations or a limitation on the availability of treatment services. The LCC recognizes that a significant number of individuals are identified as needing services but are financially disadvantaged and do not seek treatment services. The LCC feels that the untreated population contributes to the ATOD related problems that exist within this community.

In addition, it is felt that too many adults and youth are abusing alcohol and other drugs, resulting in excessive numbers of youth and adults being processed through the local judicial system.

Data identified for these problem areas substantiates the fact that impoverished individuals are not in a position to access or receive treatment services. In addition, data supports the fact that adults and youth abuse alcohol and other drugs, evidenced by recent IPRC student survey information and numbers of individuals processed through the judicial system.

Membership List

County LCC Name: Partners for Drug Free Sullivan County

Name	Organization	Race	Gender	Category
Kathy Ocampo	Hamilton Center	Caucasian	Female	Treatment
Bill Turner	Indiana State Excise Police	Caucasian	Male	Law Enforcement
Veronica Dougherty	Doumer Group	Caucasian	Female	Non-profit
Dale Phillips	Sullivan BPO Elks	Caucasian	Male	Civic Club
Betty Phillips	Sullivan High School	Caucasian	Female	Education
Vicki Flickin	SADD Sponsor/NCHS	Caucasian	Female	Education
Terry Cohen	LCC Coordinator	Caucasian	Male	Prevention
Jessamy Champion	Luke House	Caucasian	Female	Treatment

Jesse Morin	Sullivan Police Department	Caucasian	Male	Law Enforcement
Carrie Greene	Partners for Resources	Caucasian	Female	Prevention

Problem Identification

A. Problem Statement #1:

Many adults and youth in Sullivan County abuse alcohol and other drugs. Of the adults and youth who seek treatment for alcohol and drug abuse issues, the number of those financially disadvantaged is disproportionately higher than those not identified as financially disadvantaged (below the 200% of the poverty level.).

B. Supportive Data:

1. ***Hamilton Center served 124 adults and 6 teenagers (age 15 – 17) with Substance Abuse Services during 2014. A total of 58 adults and teens participated with the Relapse Prevention Groups, twenty week groups with five members. Hamilton Center is the local mental health provider.***
2. ***Hamilton Center, the local mental health provider, served a total of 627 individuals during 2014. Of this number, 489, 78% were considered financially disadvantaged and had incomes at or below the 200% of poverty level.***
3. ***Sullivan County child poverty rates, ages 0 – 17, was 23.4% during 2012 and increased to 23.8% during 2013 (Indiana Kids Count Data Center, 2014). Indiana State rate has decreased to 21.9% in 2013.***
4. ***Sullivan County had a 10.1% rate of unemployment during 2013. This decreased from a 10.8% rate during 2012 (Kids Count Data, 2014).***
5. ***The number of persons receiving food stamps in Sullivan County was 2,833 during 2012, increasing to 3,056 during 2013 (Kids Count Data, 2014).***

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End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

C. Goals:

1. Goal: There will be an increase in the number of individuals receiving services for substance abuse who are financially disadvantaged.

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

1. The LCC will provide funding that will allow for the support and increase of the availability of substance abuse treatment services in Sullivan County provided by local mental health services. This will include staff training related to the assessment and need for treatment practices, counseling support services and

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after care services, and equipment and program support purchases that address the need for treatment services.

2. The LCC will support educational programming for adults and youth in Sullivan County that addresses ATOD related issues.
3. Indigent support services will be identified and supported by the LCC as they relate to ATOD issues.
4. The LCC will support efforts to increase the awareness of availability of substance abuse treatment services, supporting an ongoing identification of limited support services that include tobacco cessation classes and other self help and treatment services that address ATOD related issues.

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

A. Problem Statement #2: Youth in the county abuse ATOD, particularly alcohol, cigarettes (tobacco) and marijuana.

B. Supportive Data:

1. There were 16 juvenile probation cases for alcohol and drug related offenses during 2014, per Juvenile Probation Department, a decrease from the number identified during 2013.
2. 16 youths under the age of 18 were arrested during 2014 for drug/alcohol related offenses.
3. Hamilton Center served 6 adolescents for alcohol, marijuana or drug related issues during 2014, down from 13 served during 2013.
4. Statistically significant findings from the 2014 *Indiana Alcohol, Tobacco, and Other Drug Use* survey include:
 - Students from Sullivan County School reported prevalence rates higher than the state rates. In particular, students reported prevalence rates for cigarettes, smokeless tobacco, cigars, pipe, alcohol, marijuana, synthetic marijuana, cocaine, inhalants, methamphetamines, ecstasy, hallucinogens, and prescription drugs that were higher than the state rates. Specifically...

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☑ **Lifetime prevalence rates** were higher than the state rates for cigarettes (8th, 9th, 10th, and 12th), smokeless tobacco (7th, 8th, 9th, and 10th), cigars (9th and 10th), pipe (10th), alcohol (6th, 8th, and 9th), marijuana (7th), synthetic marijuana (10th), cocaine (10th), inhalants (9th and 10th), methamphetamines (10th), ecstasy (10th), hallucinogens (10th), and prescription drugs (10th).

☑ **Monthly prevalence rates** were higher than the state rates for cigarettes (7th, 9th, and 11th), smokeless tobacco (8th and 9th), cigars (9th), pipe (10th), alcohol (9th), marijuana (11th), and synthetic marijuana (10th).

☑ **Binge drinking rates** were mostly consistent with the state rates except for 8th grade. For more detailed information regarding significant differences between local and state drug use rates, refer to the table in the local report entitled "Significant Differences between Local and State Drug Use Rates."

5. **Excise Police issued 3 (3- 2013) tickets for underage possession of tobacco products and three tickets for underage alcohol consumption during 2014. Excise issued a total of 20 (20 - 2013) citations for a variety of infractions during 2013 in Sullivan County.**
6. **Alcohol Compliance Check citations, conducted by the Indiana State Excise Police, were 1 out of 32, a 3.125% failure rate compared to 5.204% statewide failure rate for 2013 (2014 data unavailable at this time).**

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

C. Goals:

1. Fewer Sullivan County Youth will abuse substances resulting in a decrease in the number of youth referred to the judicial system in Sullivan County.
2. There will a decrease in the monthly and annual prevalence rates for alcohol, tobacco, marijuana and Over the Counter drug use and abuse by youth in Sullivan County based on IPRC school ATOD surveys and youth served by mental health providers.

End of Year 1 Annual Benchmarks:

- 1.

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

1. Support Prevention/Education Programs with an emphasis on proven prevention strategies.
2. Assist with an increase in treatment referrals by the Sullivan County Probation Department and schools for persons under age of 18 who have ATOD issues.
3. Help increase the public awareness of the availability of substance abuse treatment services provided by Hamilton Center and local private treatment providers.
4. Support the provision of ATOD programs by local mental health providers through the provision of staff training that addresses assessment and treatment practices, equipment, and program needs purchases that support treatment services, and counseling support and aftercare services.
5. Support the procurement of innovative and appropriately related equipment and materials to aid law enforcement agencies in addressing alcohol and drug related criminal activity.

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

Problem Statement #3: Adults in the county abuse substances, including alcohol, tobacco, methamphetamine and other drugs.

A. Supportive Data:

- 1. The Department of Child Services reported that 18 children were removed from their homes due to parental drug/alcohol use during 2009. Data no longer being tracked.***
- 2. There were 9 meth labs reported in Sullivan County during 2014 (ISP).***
- 3. 212 adult individuals were on probation in Sullivan County for alcohol or drug related issues during 2014.***
- 4. Hamilton Center provided substance abuse counseling for 124 adult individuals during 2014. Primary issues identified were alcohol and poly-substance abuse.***
- 5. Sullivan County Treatment Episodic Data for 2013, 72 Treatment Episodes (102 Episodes, 2012): Treatment Episodes with Marijuana Use and Dependence numbered 38 and 14 (50 and 19 in 2012). Treatment Episode for Rx Abuse and Dependence numbered 31 and 19 (45 and 27 in 2012). Treatment Episodes with Meth Abuse and Dependence numbered 27 and 10 (33 and 18 in 2012) and Treatment Episodes with Alcohol numbered 44 and 26 for dependence. (Indiana FSSA, 2014, Indiana University Center for Health policy)***
- 6. 25% of adults smoke or use tobacco products in Sullivan County, compared to 24% statewide (IU Center for Health Policy, 2013)***
- 7. 25.4% of pregnant women smoke in Sullivan County, compared to the State of Indiana average of 16.6% during 2013 (IU Center for Health Policy, 2013)***
- 8. Sullivan County auto collisions involving an alcohol impaired driver – 13 during 2013 (28 during 2012). (Indiana State Police Traffic Safety Facts – 2013)***

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

C. Goals:

- 1. The percent of adults on probation for alcohol or drug related activity will decrease by 5%.**
- 2. The numbers of adults in need of and seeking support services for substance abuse issues will decrease.**

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

- 1. Support Prevention/Education Programs with an emphasis on proven prevention strategies.**
- 2. Help increase the public awareness of the availability of substance abuse treatment services. Encourage the facilitation of referrals for treatment for individuals with ATOD issues.**
- 3. Support the provision of ATOD programs by local mental health providers through the provision of staff training, equipment, and program needs purchases, counseling support and aftercare services.**

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End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

Next Annual Update Due: February, 2016

Next Comprehensive Community Plan Due: February, 2018

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: TC