Comprehensive Community Plan

County: Vanderburgh

LCC: Substance Abuse Council of Vanderburgh County

Date Due: July 31, 2016

Date Submitted: July 31, 2016

New Plan ☒ Plan Update ☐

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Email: crystal@drugfreecounty.org

County Commissioners: Bruce Ungethiem, Joe Kiefer, and Stephen Melcher
Address: Civic Center Complex, Room 305
1 NW Martin Luther King Jr. Blvd.
City: Evansville, IN
Zip Code: 47708
Plan Summary

Mission Statement:
To prevent and reduce the incidence of alcohol, drug abuse, and other co-related addictive behaviors among youth and adults in Vanderburgh County.

History:
The Substance Abuse Council of Vanderburgh County was organized in 1990 in cooperation with the United Way Task Force on alcohol and drug abuse. With assistance from the Governor’s Commission, the Task Force expanded to include a broader representation of community groups. The Substance Abuse Council of Vanderburgh County was incorporated in 1995, and recognized as a 501(c)(3) in 1996. Our credo is: “Committed to Community Well-Being!”

The Substance Abuse Council (SAC) serves as the Local Coordinating Council for Vanderburgh County. We serve a predominantly urban population of approximately 180,000 with the Evansville metropolitan area extending into the majority of the county. Evansville has five public high schools, three private high schools and one charter high school; ten public middle schools, and 18 private schools serving students in 6th through 8th grades. The Evansville-Vanderburgh School Corporation reported a dropout rate of 6.2% in 2012 which decreased from 9.2% in 2011. Higher education institutions include the University of Southern Indiana, University of Evansville, Ivy Tech Community College Southwest, Harrison College, and ITT. Population demographics: 10% of the citizens are under 18 years of age, 11.5% are ages 18 to 24, 32% ages 25 to 64, and 15% age 65 and older. According to the US Census Bureau, 15% of Vanderburgh County residents were below the Federal poverty level in 2012. Approximately, 1 in 4 children in Vanderburgh County are living in poverty and 54.9% of children are eligible for free and reduced lunch. The median annual income in 2011 was $43,334 vs. the median income for the state as a whole, which was $48,393.

We are a county-wide coalition responsible for monitoring and evaluating alcohol, tobacco and drug use in Vanderburgh County. The Substance Abuse Council also identifies current programs, raises awareness of community problems related to alcohol, tobacco and drug use, and coordinates community initiatives.

Summary of the Comprehensive Community Plan:
The Substance Abuse Council continues to strive to increase participation by community members from various sectors and agencies that share our vision and desire to reduce alcohol consumption by youth, reduce the incidence of all illicit substance use by all ages, driving under the influence, decrease tobacco use, and provide treatment for addictions and co-related addictive behaviors in Vanderburgh County.

The SAC endeavors to strengthen our role as community leaders in these issues by providing free educational opportunities to the general public as well as professionals, by
seeking out information regarding gaps in service and emerging trends and issues through discussion and sharing at our monthly council and subcommittee meetings, and by updating our website to provide access to other agencies through our online Treatment Resource Guide and community website links.

In recent years, the SAC has been working to market the organization and our mission through community and fundraising events. In 2011, the SAC was approached by the Westside Nut Club with the opportunity to have a food booth at the second largest street festival in the US, the Fall Festival. This opportunity gives the SAC the ability to have a presence at this highly attended community event and raise additional funds for the council. Beginning in 2013, the SAC hosts an annual Race for Recovery run/walk at. This event helps to raise awareness of substance abuse issues in our community and support for our citizens who are recovering from addiction. Through these fundraising opportunities, the SAC hopes to increase our discretionary funds for additional funding opportunities to partner agencies in addition to the local Drug Free Communities Fund.

The Screening Committee reviews all pre-applications and makes recommendations for requests for full proposals based on the project’s alignment to both ICJI requirements and definitions of activities for prevention, treatment or law enforcement, and fit to the SAC mission statement and problem statements written by the functioning subcommittees. Grantees provide six month and twelve month progress and financial reports, including a mid-year site evaluation by council members. Each grantee gives a 10 minute presentation during one of the monthly council meetings to update members on their activities related to the grant, progress towards their stated goals, as well as an overview of their entire agency’s programs.

The current Program Director assists the council by organizing grant proposals, tracking grantees’ completion of required reports, compiling and submitting these reports for Screening Committee meetings and notifying members of upcoming deadlines related to their funding. The Director is responsible for presenting the proposed funding to the County Commissioners each year. Other duties include organization of special events at local schools and for the SAC, representation of the SAC at health fairs, maintenance of the agency’s finances and financial reports, recording and distribution of minutes at all council committee meetings, and collaboration with other community councils such as Smokefree Evansville, Community Health Needs Assessment Committee, and the School Community Council. Continued funding of this position is critical to the continued growth and success of the SAC.

The Substance Abuse Council views the following activities as high-priority in regards to funding:

**Enforcement/Justice**- Purchase of equipment, training related to law enforcement, and funding for personnel and services to enable the investigation, prosecution and monitoring of juvenile and adult alcohol, tobacco and drug offenders.

**Prevention/Education**- Drug-free alternative activities for youth, especially during after-school hours which can prevent and reduce the incidence of substance use;
educational presentations and programs for all age groups related to use of alcohol, tobacco and other drugs and/or co-related morbidities such as domestic violence, HIV/AIDS, gambling and child abuse.

**Treatment/Intervention**- Resources for all levels of care and intervention; reducing barriers for individuals who are seeking treatment or currently enrolled in treatment; assistance with accreditations and certifications which enhance knowledge and/or access to care by the un- and underinsured; and staff development related to treatment of those living with addictions.
## Membership List

### County LCC Name:

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Organization</th>
<th>Race</th>
<th>Gender</th>
<th>Category</th>
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<td>B</td>
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Problem Identification

A. Problem Statement #1:

Substance Abuse related crimes such as DUI’s, drug trafficking, manufacturing, and illegal possession continues to be a problem among youth and adult citizens of Vanderburgh County.

B. Supportive Data:

1. According to 2009 Indiana Prevention Resource Center data, there were 16 alcohol related arrests per 1,000 in Vanderburgh County. This was the 8th highest rank among all counties in Indiana.

2. According to 2009 IPRC data, there were 14 drug related arrests per 1,000 in Vanderburgh County. This was the 2nd highest rank among all counties in Indiana.

3. The number of meth lab seizures has started to decrease over the last three years. In 2015, the Vanderburgh County Joint Drug Task Force made 52 meth lab seizures compared to 120 seizures during 2012.

4. The Vanderburgh County Joint Drug Task Force has seized over 27,786 grams of Crystal Meth in 2014. This was a 5000% increase in three years.

5. According to the Vanderburgh County Coroner’s office, there were 6 heroin overdose deaths and 55 prescription opioid overdose deaths in 2015.

End of Year 1 Update:

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End of Year 2 Update:

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Final Update (end of Year 3):

1.
C. Goals:

1. Reduce the impact of alcohol and drug related illicit/criminal activity in Vanderburgh County.

End of Year 1 Annual Benchmarks:

1.

End of Year 2 Annual Benchmarks:

1.

Final Report (end of Year 3):

1.

D. Objectives:

1. The SAC will provide resources for agencies to enable the investigation, prosecution, and monitoring of juvenile and adult offenders.

3. Support increased resources to agencies providing evidence based practices to effectively decrease the use of alcohol and other drugs among participants through drug and alcohol related cases/programs.

4. Support increased resources for local law enforcement agencies and other organizations in combating criminal activity related to alcohol and other 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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A. Problem Statement #2:

Alcohol, tobacco, and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County.

B. Supportive Data:

1. In a report by the Robert Wood Johnson Foundation, 26% of adults in Vanderburgh County report smoking, while 20% of expectant mothers reported smoking during 2014.

2. 15% of adults in Vanderburgh County reported “excessive drinking”, according to the Community Health Rankings (Robert Wood Johnson Foundation, 2014).

3. Research has demonstrated that supervised after-school activities protect adolescents from using alcohol and other drugs (Grossman, et al., 2002; Riggs & Greenberg, 2004). In the 2011 Indiana Prevention Resource Center survey, it was determined that the prevalence of monthly use of the gateway drugs was correlated with student participation in after-school activities. The results illustrate that participation in after-school activities is associated with lower prevalence of gateway drug use and represent the value of after-school programming as a strategy to prevent or reduce substance use among adolescent populations.

End of Year 1 Annual Benchmarks:

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End of Year 2 Annual Benchmarks:

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Final Report (end of Year 3):
Goals:

1. Youth and adult participants of programs supported by the SAC will report an increase of awareness of the risk of substance abuse.

2. Youth and adult participants of programs supported by the SAC will report a decrease in use of alcohol, tobacco, and other drugs after participation in the program.

End of Year 1 Annual Benchmarks:

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2.

End of Year 2 Annual Benchmarks:

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2.

Final Report (end of Year 3):

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Objectives:

1. Provide funding to agencies that provide prevention education and evidence-based programming for at-risk populations.

2. Provide resources for agencies that have programs designed to reduce the risk factors prominent in Vanderburgh County.

3. Provide resources for agencies that have programs designed to increase protective factors for youth and adults in Vanderburgh County.

4. Enhance knowledge by providing free educational opportunities regarding substance use and co-occurring conditions in a variety of settings in Vanderburgh County.

5. Change social norms regarding youth alcohol consumption using social marketing and community initiatives.

End of Year 1 Annual Benchmarks:
A. Problem Statement #3:

Access to the treatment services for youth, adults and families, especially for the underinsured, uninsured and at risk population’s results in a reduction of services provided in Vanderburgh County.

B. Supportive Data:

1. According to the Indiana Prevention Resource Center, nearly one out of nine households in Vanderburgh County (12%) earns less and $15,000 annually during 2014.

2. It is estimated that 16% of Vanderburgh County residents are uninsured and 14% receive Medicaid (Robert Wood Johnson Foundation, 2016).

3. According to the 2014 Community Mental Health and Addiction Needs Assessment conducted by Southwestern Behavioral Healthcare, Inc., despite the number of providers and supportive services in our county, there remains a gap in services and a general lack of resources for those who are uninsured and underinsured.

4. According to the same study, lack of early intervention due to insufficient personal resources and/or lack of awareness of existing services prevent many individuals from seeking treatment early in the addiction process.
5. During Fiscal Year 2013, Southwestern Behavioral Healthcare, Inc. reported that 15% of patients served had no insurance or no third party coverage. This is a significant decrease due to clients are getting assistance in applying for the Healthy Indiana Plan for coverage.

6. During the same year, 30% individuals who scheduled treatment intakes with SWBHC did not show up for their intake appointment. Although there are many possible reasons, barriers such as transportation, financial, and insurance are the most common.

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

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C. Goals:

1. Increase access to care by decreasing barriers such as transportation and financial resources, resulting in a 5% increase of number of those served by mental health and addiction treatment and a 5% increase of those who complete mental health and addiction treatment programs.

End of Year 1 Annual Benchmarks:

1.

End of Year 2 Annual Benchmarks:

1.

Final Report (end of Year 3):

1.
D. Objectives:

1. Provide financial support for programs that provide services to the uninsured and underinsured in Vanderburgh County for all levels of services.
2. Provide financial support to programs that provide both housing and referral services for those with mental health and addiction issues.
3. Enhance collaboration with other community coalitions working on related issues such as domestic violence, homelessness, and mental health as a co-occurring disorder for the under and uninsured.

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:

Due to the emerging trends related to substance use and advances in methods and evidence based practices for the identification, prevention, and treatment of addictions and co-occurring disorders, there is a need for frequent educational opportunities and trainings for professionals and community members.

B. Supportive Data:

1. According to the 2015 Community Mental Health and Addiction Needs Assessment, there is a shortage of child and adolescent psychiatrists trained in assisting this unique population in Vanderburgh County. As a result, local therapists and counselors have to fill in these gaps and are in need of additional training to enhance therapeutic skills.
2. The same study found that a number of treatment professionals in Vanderburgh County are counseling clients with co-occurring issues such as domestic violence, sexual abuse, and trauma; and stigmatized populations with unique needs such as the homeless, those living with HIV/AIDS, and the LGBTQ community, all of which require additional knowledge and skill sets.

3. Most funding sources, including state and federal funding, require demonstrated proficiency through attainment of certain certification and/or credentials; therefore, to maintain these certification and credentials, many professionals must obtain a minimum number of Continuing Education Units annually.

4. According to local law enforcement and treatment agencies, Vanderburgh County is seeing a resurgence in heroin and proliferation of prescription drug abuse.

### 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. Availability of education presentations and training opportunities for professionals will increase in Vanderburgh County.

### End of Year 1 Annual Benchmarks:
1.

### End of Year 2 Annual Benchmarks:
1.
Comprehensive Community Plan

Final Report (end of Year 3):

1.

D. Objectives:

1. The SAC will provide training for at least 50 community professionals on trends in addiction/co-occurring disorders through Faces of Change.
2. The SAC will provide training for at least 50 community professionals on trends in addiction/co-occurring disorders through People In the Know.
3. To provide funding to agencies to provide trainings to staff and other community professionals on trends in addiction/co-occurring disorders, law enforcement and prevention strategies.

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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Please attach the County’s Fiscal Report for review!

Next Annual Update Due: July 31st, 2019

Next Comprehensive Community Plan Due: July 31st 2016

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:** CS