

# Governor's Commission for a Drug Free Indiana

*A Division of the*



## Comprehensive Community Plan

**County:** Scott

**LCC:** CEASe of Scott County  
Coalition to Eliminate the Abuse of Substances

**Date Due:** October 2014

**Date Submitted:**

**New Plan**  **Plan Update**



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**City:** Scottsburg, IN 47170

## Plan Summary

**Mission Statement:** To reduce the incidence and prevalence of substance abuse and addictions among youth and adults in Scott County.

**Community Overview:** Scott County, Indiana is a rural community with a population of 23,972, located 30 miles north of Louisville, Kentucky, the closest metropolitan area. It has 190.4 square miles in land area and a population density of 125.90 square mile. In 2012 manufacturing was the largest of 20 major sectors. It had an average wage per job of \$43,001. Per capita income grew by 2.2% between 2001 and 2011.

Scott County struggles with many challenges. Low educational outcomes and a historically high poverty rate are both causes and symptoms of our substance abuse problems. A percentage of our population is mired in a “culture of generational poverty” and has strong links to the Appalachian communities of eastern Kentucky. Non-medical use of prescribed medications, especially controlled substances, has led to an epidemic of overdose deaths. Use of tobacco and alcohol is prevalent at disturbingly young ages and prescription painkiller use is rapidly growing among youth. This has a negative effect on the health and well-being of our citizens and our economy. People in Scott County die younger than in the rest of the state and report high incidence of ill health, as reported in our 2010-14 county health rankings as reported by the Robert Wood Johnson Foundation.

County risk factors include:

- Accessibility - Interstate 65 transects Scott County making it a high traffic area of Indiana susceptible to drug running between Indianapolis, Indiana, and Louisville, Kentucky. Proximity to these two large cities fuels the prescription pain pill trade, with local dealers making runs north and south to pick up the products to sell.
- Poverty Issues - median household income was \$40,299 in 2012. The 2012 poverty rate was 18.5%, and our unemployment rate was 9.8% in 2012. Our poverty rate among children under 18 in 2012 was 28.2%. There were 4,124 children enrolled in the public schools in 2013. 17.2% of our students were in Special Education in 2013. The 2012 Free Lunch Rate is 48.9% the 2012 Reduced Lunch Rate is 9.7% (Kids Count in Indiana 2013 Data Book and [stats.Indiana.Edu](http://stats.indiana.edu)).
- Teen Birth Rate - Our teen pregnancy rate of 62.3 per 1,000 females age 15-19 ranks us 92nd in the state for 2011. We have a 36.2% rate of mothers who reported smoking during pregnancy which ranks us as 92nd in the State. (<http://datacenter.kidscount.org/data/tables/1124-teen-birth-rate-per-1000-females-ages-15-19?loc=16&loct=5#ranking/5/any/true/867/any/2455>).
- Education Levels - Both school districts have low 2012 passing rates, 58.8% and 66.6%, for the state proficiency exam, Indiana Statewide Testing for Educational Progress (ISTEP, <https://stateimpact.npr.org>). The 2012 graduation rate was 64.8% in one district and 77.5% in the other district, with the State passing rate of 87.9%.

There were 4101 children enrolled in the public schools in 2012. The 2012 Free or Reduced Lunch rate is at 70.8 for one district and 52.9 for the other district (Kids County in Indiana 2012 Data Book).

- Nearly 30% of Scott County adults have less than a high school education. Only 9.9% of adults report a college degree (Stats IN 2010).
- Child Abuse/Neglect - The 2012 rate was 33.2 per 1,000 children under age 18. The state average is 12.5 per 1,000. We rank 91st in the State for Child Abuse/Neglect (Kids Count in Indiana 2012 Data Center):

Abuse Type	Scott County	Indiana
Neglect	23.6%	18.7%
Physical	20.7%	12.5%
<b>Sexual</b>	<b>34.9%</b>	24.2%

- Disabilities: We have a higher than average incidence of people with disabilities. According to a December 2012 Report of the SSI Recipients by State and County, 889 Scott County residents were receiving Disability, of those 27 are aged and 862 are blind and disabled. There are 122 under the age of 18, 646 between 18 and 64, and 121 are 65 or older. Their payments total \$467,000 per year. According to the 2000 Census Bureau, 21.6% of people in Scott County over 5 years of age report a disability status compared with 15.1% nationally.

The 2012 population is 98% white, 1.6% Hispanic/Latino, .3% Black, .6% Asian, the remaining describe themselves as “mixed race” or “other.” The county has been hit hard by the recent economic downturn. Substance abuse pervades our economic and social fabric and we are desperately trying to impact this through our coalition efforts.

**History:** Formerly called Scott County Citizens Against Substance Abuse, CASA has served as the Local Coordinating Council (LCC) in Scott County for over 20 years. The community anti-drug coalitions approved by the Governor’s Commission for a Drug Free Indiana were established by the general assembly in 1989. The goal was to develop local coalitions in each of the 92 Indiana counties to assess and address local substance abuse issues. Coalitions comprised of individuals and community leaders representing many different sectors in a community are encouraged to work together to reduce the negative impacts of alcohol, tobacco and other drugs on its residents.

In 2010, the Coalition was renamed CEASe of Scott County. Once the “National Court Appointed Special Advocates” or CASA came to Scott County, it became necessary for Citizens Against Substance Abuse (CASA) to change their name to CEASe (the Coalition to Eliminate the Abuse of Substances) to avoid confusion in the community.

As part of the Indiana state statute, the LCC is charged with the responsibility of assessing the impact of substances on the community by gathering data from law enforcement, courts, schools, community leaders, coroner’s office, hospital, etc., and to track those trends. Once the assessment is completed, the coalition is required to prepare a three-year

Comprehensive Community Plan (CCP) which outlines the identified priority problems, objectives, and goals regarding alcohol, tobacco, and other drug use in three areas: 1) prevention/education, 2) treatment/intervention, and 3) law enforcement/criminal justice.

As the recognized substance abuse coalition in Scott County, CEASE is also charged with the administration of the community drug fund, also created by state statute. It is a system by which fines, assessed and collected through the court system from specific drug and alcohol offenses, are released back into the community as awarded grants to support agencies and providers. This allows these recipients to identify and expand services to those individuals being adversely affected by substances in the area of prevention/education, treatment/intervention and justice/law enforcement. Every year CEASE distributes between \$18,000 and \$24,000 of Drug-Free Community funds in the form of community grants. CEASE has established a fiscally responsible administration policy regarding the distribution of these funds as a tool to assist it in achieving its goals as identified in the CCP.

**Summary of the Comprehensive Community Plan:** LCC's are charged with writing a new Comprehensive Community plan every three years. This plan is a collaborative effort to assess the impact of substance abuse in Scott County, to collect data, to identify issues and to evaluate existing and new services. Our plan is to address alcohol, tobacco and other drug issues at the local level as indicated by the assessment process (needs assessments, data collection, treatment, prevention, and justice/law enforcement committee input, and community input).

Communities That Care Findings: The CTC Risk and Protective-Factor Assessment work group collected and analyzed data on Scott County. Then with input from the community, they identified priority risk factors to address, as well as community strengths to build upon. Based upon the analysis of the data and input from the community, four risk factors were identified as priorities for community attention: 1. Family Conflict, 2. Friends who engage in the problem behavior, 3. Low commitment to school, and 4. Community laws and norms favorable toward drug use.

In the 2010-14 County Health Rankings prepared by the University of Wisconsin and the Robert Wood Johnson Foundation, Scott County ranked 92nd out of 92 counties in Indiana for health outcomes, specifically morbidity and mortality. Scott County residents reported more mentally unhealthy days compared to the Indiana state average. Scott County residents are more likely to die at an earlier age than any other county. In addition, the Indiana Youth Survey findings show that the monthly and lifetime prevalence rates were higher for tobacco, marijuana, and alcohol among our youth.

As a result of these assessment tools, CEASE has identified the following substance abuse issues and has developed measurable and realistic goals and objectives:

Problem Statement #1: Youth and Adults in Scott County use and abuse alcohol.

Problem Statement #2: Youth and Adults in Scott County use and abuse tobacco products and marijuana.

Problem Statement #3: Youth and Adults in Scott County use and abuse prescription medications.

## Membership List

County LCC Name: CEASe of Scott County

#	Name	Organization	Race	Gender	Category
1	Lori Croasdell	LCC Coordinator	C	F	Parent
2	Nelson Spaulding	Scott Co. Clearinghouse	C	M	Civic-Volunteer Organization
3	Amberley Kendall	Main Source Bank	C	F	Business
4	Chris Wakeman	Kiwanis International	C	M	Civic-Volunteer Organization
5	Adam Gibson	Scott County Partnership	C	M	Youth-Serving Organization
6	Dan McClain	Scott Co. Sheriff's Dept.	C	M	Law Enforcement
7	Scott Zellers	Scottsburg City Police Department	C	M	Law Enforcement
8	Sally Johnson	LifeSpring Mental Health	C	F	Other Organ. Reducing Sub. Abuse
9	Jason Mount	Prosecutor's Office	C	M	Law Enforcement
10	Shannon Mount	Scottsburg High School	C	F	Education
11	Arless Sexton	Connections	C	F	Youth-Serving Organization
12	Amanda Herald	Prosecutor's Office	C	F	Law Enforcement
13	David Carroll	Vienna Baptist Church	C	M	Religion
14	Shari Stites	Hoosier Youth Challenge Academy	C	F	Youth-Serving Organization
15	David Bonney	National Youth Advocate Prog.	C	M	Youth-Serving Organization
16	LuAnn Yandow	Connections	C	F	Youth-Serving Organization
17	Aubrey Tennyson	Scottsburg High School SADD Club	C	F	Student
18	Shane Avery	Scottsburg Family Healthcare	C	M	Healthcare Professional
19	Sheila Haffner		C	F	Youth-Serving Organization
20	Jennifer Sandlin	Hoosier Youth Challenge Academy	C	F	Youth-Serving Organization
21	Rachelle Cozart	National Youth Advocate Prog.	C	F	Youth-Serving Organization

22	Richey Barton	Scottsburg City Police Department	C	M	Law Enforcement
23	Scott Phillips	LifeSpring Mental Health	C	M	Other Organ. Reducing Sub. Abuse
24	Jennifer Buchanan	Department of Child Services	C	F	Youth-Serving Organization
25	Jane Naugle	Scottsburg Middle School	C	F	Education
26	Chris Owens	Scott Co. Prosecutor's Office	C	M	Law Enforcement
27	Brittany Combs	Scott Co. Health Dept.	C	F	State/Local Gov. Agency w/Sub. Abuse Expertise
28	Bobby Shepherd	New Creation Addiction Min.	C	M	Youth-Serving Organization
29	Jeff Basham	New Creation Addiction Min.	C	M	Youth-Serving Organization
30	Jeremy Stevens	New Creation Addiction Min.	C	M	Youth-Serving Organization
31	Lisa Conder	Concerned Citizen	C	F	Parent
32	Kayla Mosier	Department of Child Services	C	F	Youth-Serving Organization
33	Ryan Penrod	Scott County Family YMCA	C	M	Youth/Civic Organ.
34	Jan Hardy	City of Scottsburg	C	F	Government
35	Ric Manns	Scottsburg High School	C	M	Education
36	Danny Jackson	Scott Co. Ministerial Assoc.	C	M	Religion
37	Tracy Spencer	Indiana State Police	C	M	Law Enforcement
38	Patti Hall	Scott Co. Health Dept.	C	F	State/Local Gov. Agency w/Sub. Abuse Expertise
39	Brandon Polley	Scott Co. Visitor's Commission	C	M	Civic Organ.
40	Jene Bridgewater	Scott County Partnership	C	F	Youth-Serving Organization
41	Justin Stephens	Congressman Todd Young	C	M	Government
42	Yvette Dowd	Kiwanis International	C	F	Religious or Fraternal Organ.
43	Steve Gwaltney	Grace Covenant Church	C	M	Religious or Fraternal Organ.
44	Pam Gwaltney	Grace Covenant Church	C	F	Religious or Fraternal Organ.
45	Rick Barrett	Scott Co. Sheriff's Dept.	C	M	Law Enforcement

46	Wayne Carter	Scott Co. School District 1	C	M	Education
47	Marc Slaton	Scott Co. School District 2	C	M	Education
48	Billy Snowden	Hope to Others-Austin	C	M	Religion
49	Meagan Haven	Scott County Partnership	C	F	Youth-Serving Organization
50	Alexandria Waggoner	Scott Co. Area Plan Commission	C	F	Government
51	Tonie Avery	Scottsburg Family Healthcare	C	F	Healthcare Professional
52	Carol Dunn	Circles/CASA	C	F	Youth-Serving Organization
53	Rhonda Ritchison	Scott Co. Tob. Prev. Cess. Coal./Scott Co. Partnership	C	F	Other Organ. Reducing Sub. Abuse/ Youth Serving Organ.
54	Jeanni McCarty	Foundations Family Medicine	C	F	Healthcare Professional
55	Joan Kelley	Dept. Of Child Services	C	F	Youth-Serving Organization
56	Jaime Toppe	Scott County Comm. Foundation	C	F	Youth-Serving Organization
57	Chris Albertson	Concerned Citizen	C	M	Parent
58	Todd Pulliam	Concerned Citizen	C	M	Parent
59	Michelle Korty	A Place To Be in Scott County	C	F	Youth-Serving Organization
60	Amanda Davidson	National Youth Advocate Prog.	C	F	Youth-Serving Organization
61	Lea Ann Callico	Court Appointed Special Advocates	C	F	Youth-Serving Organization
62	Deanna Jackson	Scott Co. Crisis Pregnancy Center	C	F	Youth Serving/Civic-Volunteer Organization
63	Keith Colbert	Greater Scott Co. Chamber of Commerce	C	F	Business
64	Denise Pulliam	Concerned Citizen	C	F	Parent
65	Abby Tennyson	Scottsburg High School SADD Club	C	F	Student
66	Brittney Polley	Connections	C	F	Youth-Serving Organization
67	Jim Roberts	Concerned Citizen	C	M	Parent
68	John Ross	WMPI Radio	C	M	Media
69	Christopher Knight	Scottsburg High School Key Club	B	M	Student

70	<b>Matt Carter</b>	<b>Scott Memorial Hospital</b>	<b>C</b>	<b>M</b>	<b>Medical</b>
71	<b>Nicole Kilburn</b>	<b>Scottsburg Middle School</b>	<b>C</b>	<b>F</b>	<b>Education</b>
72	<b>Delmer Gross</b>	<b>Business-Owner</b>	<b>C</b>	<b>M</b>	<b>Business</b>
73	<b>Donald Spicer</b>	<b>Austin Police Chief</b>	<b>C</b>	<b>M</b>	<b>Law Enforcement</b>
74	<b>Jody Hieb</b>	<b>Scott Memorial Hospital</b>	<b>C</b>	<b>F</b>	<b>Healthcare Professional</b>
75	<b>Haley Beckwith</b>	<b>Scottsburg High School SADD Club</b>	<b>C</b>	<b>F</b>	<b>Student</b>
76	<b>Alyssa Johnston</b>	<b>Scottsburg High School SADD Club</b>	<b>C</b>	<b>F</b>	<b>Student</b>
77	<b>Shane Fisher</b>	<b>National Youth Advocate Prog.</b>	<b>C</b>	<b>M</b>	<b>Youth-Serving Organization</b>
78	<b>Julie Thomas</b>	<b>National Youth Advocate Prog.</b>	<b>C</b>	<b>F</b>	<b>Youth-Serving Organization</b>
79	<b>Scott Phillips</b>	<b>LifeSpring Mental Health</b>	<b>C</b>	<b>M</b>	<b>Organ. Reducing Substance Abuse</b>
80	<b>Alisa Cox</b>	<b>Scott County Partnership</b>	<b>C</b>	<b>F</b>	<b>Civic or Volunteer Group</b>
81	<b>Chris Owens</b>	<b>Scott County Prosecutor's Office</b>	<b>C</b>	<b>M</b>	<b>Law Enforcement</b>
82	<b>Deepak Azad</b>	<b>Physician</b>	<b>I</b>	<b>M</b>	<b>Healthcare</b>
83	<b>Holly Asdell</b>	<b>Scott Co. School District 2</b>	<b>C</b>	<b>F</b>	<b>Education</b>
84	<b>Jim Grahn</b>	<b>PineTree Publishing</b>	<b>C</b>	<b>M</b>	<b>Media</b>
85	<b>Jaelyn Goode</b>	<b>Scott Co. School District 2</b>	<b>C</b>	<b>F</b>	<b>Education</b>

## Problem Identification

**A. Problem Statement #1:** Youth and Adults in Scott County use and abuse alcohol.

**B. Supportive Data:**

### **Supportive Data: Prevention/Education (General Info)**

1. Slightly more than half (52.2 percent) of Americans aged 12 or older reported being current drinkers of alcohol in the 2013 survey, which was similar to the rate in 2012 (52.1 percent). This translates to an estimated 136.9 million current drinkers in 2013. (2013 National Survey on Drug Use and Health, SAMHSA).
2. In 2013, nearly one quarter (22.9 percent) of persons aged 12 or older were binge alcohol users in the past 30 days. This translates to about 60.1 million people. The rate in 2013 was similar to the estimate in 2012 (23.0 percent). Binge drinking is defined as having five or more drinks on the same occasion on at least 1 day in the 30 days prior to the survey (2013 National Survey on Drug Use and Health, SAMHSA).
3. In 2013, heavy drinking was reported by 6.3 percent of the population aged 12 or older, or 16.5 million people. This rate was similar to the rate of heavy drinking in 2012 (6.5 percent). Heavy drinking is defined as binge drinking on at least 5 days in the past 30 days (2013 National Survey on Drug Use and Health, SAMHSA).
4. Among young adults aged 18 to 25 in 2013, the rate of binge drinking was 37.9 percent, and the rate of heavy drinking was 11.3 percent. These rates were lower than the corresponding rates in 2012 (39.5 and 12.7 percent, respectively), (2013 National Survey on Drug Use and Health, SAMHSA).
5. In 2013, 52.2 percent of current underage drinkers reported that their last use of alcohol occurred in someone else's home, and 34.2 percent reported that it had occurred in their own home. Most current drinkers aged 12 to 20 (77.6 percent) were with two or more other people the last time they drank alcohol. The rate of drinking alone the last time that underage persons drank alcohol was highest among youths aged 12 to 14 (14.5 percent) (2013 National Survey on Drug Use and Health, SAMHSA).
6. Scott County schools reported expulsions and suspensions involving drugs, weapons, or alcohol during the 2013-14 school year: **DATA was requested but COULD NOT BE OBTAINED for SCSD 1: Austin High School and Austin Middle School.** For SCSD 2: Scottsburg High School, Suspensions were 5 for drugs, 1 for weapons, Expulsions were 3 for drugs; Scottsburg Middle School, 2 for Drugs, 1 for Weapons (SCSD 1 and SCSD 2 Administrators).
7. Students from Scott County Schools reported prevalence rates higher than the state rates. In particular, students reported prevalence rates for cigarettes, smokeless tobacco, cigars, pipe, alcohol, marijuana, and synthetic marijuana that were higher than the state rates (IPRC 2013 Indiana Youth Survey).
8. In 2013, the mean age of **first time alcohol use** is 13.4 years old. **Binge drinking rates** were mostly consistent with the state rates except for grade 11 (IPRC 2013 Indiana Youth Survey).
9. **Lifetime prevalence rates** were higher than the state rates for alcohol (grade 9). However, lifetime prevalence rates were lower than state rates for alcohol (grade 12).

10. **Monthly prevalence rates** were higher than the state rates for alcohol (grades 6 and 9). However, monthly prevalence rates were lower than the state rates for alcohol (grade 12).

11.2013 Monthly Use of ALCOHOL:	<u>Scott Co.</u>	<u>Indiana</u>	<u>National (2012)</u>
6 <sup>th</sup> Grade	7.8	4.4	NA
8 <sup>th</sup> Grade	13.4	14	11
10 <sup>th</sup> Grade	22.7	24.7	27.6
12 <sup>th</sup> Grade	25.2	34.9	41.5

**Supportive Data: Treatment/Intervention (General Info)**

1. According to Scott Memorial Hospital, in 2013 the Emergency Department treated the following:
  - Alcohol W/D: 6      Drug W/D: 15      Drug Disorder NOS: 1
  - Alcohol Intox: 10      Drug Overdose: 20      Psych Patients: 211
  - Alcohol Abuse: 26      Drug Abuse: 21      Drug Dependence: 2
2. In 2013, LifeSpring Mental Health Center saw 773 unduplicated clients in Scott County. Out of these 773, 65 or 8.4% had a substance abuse diagnosis, specifically poly-substance addictions (Community Health Center).

**Supportive Data: Justice/Law Enforcement (General Info)**

1. In 2013, Scott County Prosecution handled 20 cases of possession of alcohol by a minor. 129 counts filed on 78 different defendant for operating with ACE of +.08 (includes operating while intoxicated, operating with a controlled substance in the body, and any counts including serious bodily injury, death, and/or leaving the scene).
2. In 2013, the Scott County Department of Child Services reported that 117 children/youth were removed from their caregiver, with 65% of these removed as a result of substance abuse of caregiver (DCS, Scott County).
3. In 2013, 244 children were in out-of-home care, 75% of which were a result of substance abuse by the caregiver. The 117 removed in 2013 are included in the 244. 104 of the children had been removed previous to 2013 and continue to be in out-of-home care due to the continued substance abuse of the caregiver from which the child was removed.
4. According to the Indiana Traffic Safety Facts Alcohol, 2013, from 2009 to 2013, the number of alcohol-impaired collisions in Indiana increased 3% annually, but dropped nearly 8% from 2012 to 2013. During 2013, there were 114 fatal alcohol impaired collisions in the state (16% of all fatal collisions). The numbers of non-fatal alcohol-impaired collisions generally increased over this five-year period, with incapacitating injury collisions linked to impaired driving increasing about 11% annually (Indiana Traffic Safety Facts Alcohol, 2013, June 2014, Issue 14-C08).
5. In 2013, there were 124 fatalities (a 22% decrease from 2012) and 2,044 non-fatal injuries linked to alcohol-impaired collisions in Indiana.
6. In 2013 there were no “Alcohol Compliance Checks” in Scott County by the the Indiana excise officers working with underage youth for the Survey for Alcohol Compliance, so we do not have this data for 2013.
7. Scott County Sheriff’s Department reported the following ADULT and JUVENILE alcohol-related arrests for 2013 in all of Scott County:

- 92 cases operating while intoxicated                      106 cases public intoxication
- 26 cases of illegal consumption (adult, 18+) 5 cases contributing to delinq. of minor
- 2 cases of illegal/possession consumption (at least 18)
- 7. Austin City Police reported the following ADULT alcohol-related arrests for 2013:
  - 17 cases public intoxication                                      7 cases OWI/DUI
- 8. Austin City Police reported the following JUVENILE alcohol-related arrests for 2013:
  - 0 cases illegal consumption
- 9. Scottsburg City Police reported the following ADULT alcohol-related arrests for 2013:
  - 12 illegal consumption
  - 12 operating while intoxicated, Count I
  - 9 operating while intoxicated, Count II
  - 6 operating while intoxicated refusal
  - 49 public intoxication
- 10. Scottsburg City Police reported the following JUVENILE alcohol-related arrests for 2013:
  - 9 illegal consumption

**End of Year 1 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**End of Year 2 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**Final Update (end of Year 3):**

**Prevention/Education**

- 1.
- 2.



**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**C. Goals:**

1. Reduce the rate of youth alcohol consumption as reported by the **IPRC Indiana Alcohol, Tobacco and Other Drugs Survey (2016 data)**.
2. Reduce the rate of adult alcohol consumption as reported by the justice system, 2016 data.

**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:** Support local initiatives that address:

**Prevention/Education:**

1. public awareness and provide information through workshops, community events, lunch and learns, seminars and other activities to educate youth and adults on alcohol issues.
2. utilize model/evidence based programs, curriculum and materials
3. continue/expand existing programs promoting healthy lifestyles and alternative activities

**Treatment/Intervention:** Support local initiatives that:

1. improve existing systems to expand or reduce access to treatment
2. promote and utilize research based treatment programs
3. assist with the promotion of qualified treatment providers

**Justice/Law Enforcement:** Support local initiatives that:

1. encourage training opportunities for law enforcement and justice personnel
2. promote collaboration between local jurisdictions
3. support special patrols, law enforcement initiatives
4. support justice programs

**End of Year 1 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**End of Year 2 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**Final Update (end of Year 3):**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

A. **Problem Statement #2:** Youth and Adults in Scott County use and abuse tobacco products and marijuana.

**B. Supportive Data:**

**Supportive Data: Prevention/Education**

1. In 2013, an estimated 66.9 million Americans aged 12 or older were current (past month) users of a tobacco product. This represents 25.5 percent of the population in that age range. Also, 55.8 million persons (21.3 percent of the population) were current cigarette smokers; 12.4 million (4.7 percent) smoked cigars; 8.8 million (3.4 percent) used smokeless tobacco; and 2.3 million (0.9 percent) smoked tobacco in pipes (2013 National Survey on Drug Use and Health, SAMHSA).
2. Between 2002 and 2013, past month use of any tobacco product among persons aged 12 or older decreased from 30.4 to 25.5 percent, and past month cigarette use declined from 26.0 to 21.3 percent. Rates of past month use of smokeless tobacco and pipe tobacco in 2013 were similar to corresponding rates in 2002 (2013 National Survey on Drug Use and Health, SAMHSA).
3. The rate of past month tobacco use among 12 to 17 year olds declined from 15.2 percent in 2002 to 7.8 percent in 2013, including a decline from 2012 (8.6 percent) to 2013. The rate of past month cigarette use among 12 to 17 year olds also declined between 2002 and 2013, from 13.0 to 5.6 percent (2013 National Survey on Drug Use and Health, SAMHSA).
4. Among youths aged 12 to 17 who smoked cigarettes in the past month, 53.9 percent also used an illicit drug compared with only 6.1 percent of youths who did not smoke cigarettes (2013 National Survey on Drug Use and Health, SAMHSA).
5. According to the 2014 County Health Rankings, the adult smoking rate in Scott County is 25%, with an estimated 4500 adults smoking in Scott County.
6. 21.9% of adults in Indiana, over 1 million people, were current smokers in 2013. Indiana adult smoking prevalence has declined significantly since 2011. Indiana ranks high among all states in adult smoking prevalence and is higher than the U.S. rate of 19.6% (2012). The 2013 adult smoking rate among Indiana men (23.5%) remains higher than that of Indiana women (20.4%). ([http://www.in.gov/isdh/tpc/files/IN\\_Adult\\_Smoking\\_June\\_2014.pdf](http://www.in.gov/isdh/tpc/files/IN_Adult_Smoking_June_2014.pdf))
7. Most recent data (2011): Percent of mothers in Scott County who reported smoking during pregnancy is 36.2% as compared to the state rate of 16.6% ([http://www.in.gov/isdh/tpc/files/Pregnant\\_Women\\_and\\_Smoking\\_November\\_2013.pdf](http://www.in.gov/isdh/tpc/files/Pregnant_Women_and_Smoking_November_2013.pdf)).
8. 2013: 37.6% of Hoosier adults with less than a high school education were current smokers; 38.3% of those reporting a household income of less than \$15,000 were current smokers. Adult smoking rates decline as level of formal education attained and household income increases.
9. Indiana adult smoking prevalence significantly declined from 2011 to 2013.
10. 2012: 13.7% of Indiana high school youth were current smokers, a decline of 57% since 2000. 3.7% of Indiana middle school youth were current smokers, a decline of 62% since 2000 [http://www.in.gov/isdh/tpc/files/IN\\_youth\\_smoking\\_April\\_15\\_2014\(2\).pdf](http://www.in.gov/isdh/tpc/files/IN_youth_smoking_April_15_2014(2).pdf)
11. **Statistically significant findings from the 2013 Indiana Alcohol, Tobacco, and Other Drug Use survey include:** Students from Scott County Schools reported prevalence rates higher

than the state rates. In particular, students reported prevalence rates for cigarettes, smokeless tobacco, cigars, pipe, alcohol, marijuana, and synthetic marijuana that were higher than the state rates.

- 12. For Scott County in 2013, the mean age of **first time cigarette use** is 12.9 years old and the mean age of **first time smokeless tobacco use** is 13.1 years old (Indiana Youth Survey 2013).
- 13. 2013 **Lifetime prevalence rates** were higher than the state rates for cigarettes (grades 6 and 9), smokeless tobacco (grades 6, 7, 8, 9, and 10), cigars (grades 6, 8, and 9), pipe (grade 9).
- 14. 2013 **Monthly prevalence rates** were higher than the state rates for cigarettes (grades 6, 8, and 9), smokeless tobacco (grades 8, 9, 10, and 11), cigars (grades 8, 9, and 11), and pipe (grade 9).
- 15. In Scott County 2013, the percentage of 6th, 8th, 10th, and 12th grade youth using cigarettes on a monthly basis is shown below (2013 ATOD Survey).

CIGARETTES:	<u>Scott Co.*</u>	<u>Indiana</u>	<u>National (2012)</u>
6 <sup>th</sup> Grade	6.1	2.0	NA
8 <sup>th</sup> Grade	12.8	7.4	4.9
10 <sup>th</sup> Grade	11.9	12.6	10.8
12 <sup>th</sup> Grade	22.5	19.5	17.1

SMOKELESS TOBACCO:	<u>Scott Co.</u>	<u>Indiana</u>	<u>National</u>
6 <sup>th</sup> Grade	1.7	0.8	NA
8 <sup>th</sup> Grade	10.4	3.0	2.8
10 <sup>th</sup> Grade	11.9	6.7	6.4
12 <sup>th</sup> Grade	14.4	10.2	7.9

- 16. Scottsburg High School Suspensions involving tobacco for the 2013-14 School year = 20.
- 17. According to the 2013 Indiana Youth Survey findings, for Scott County the Lifetime prevalence rates were higher than state rates for marijuana in grades 6 and 9. Monthly prevalence rates were higher than state rates for marijuana in grade 9.

**Supportive Data: Treatment/Intervention**

- 1. In 2012, there were only 29 tobacco users who called the Indiana Quitline. In 2013, there were 64 tobacco users who called the Indiana Quitline.

2013 Calls/month

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	%
6	8	5	11	12	6	3	0	5	5	0	3	<b>64</b>	1.45%

- 2. 2013 TEG (Tobacco Education Group) completion data:  
January=1, February=1, March=3, April=1, October=3, November=1 for a Total of 10 completing the program.

**Supportive Data: Justice/Law Enforcement**

- 1. Scottsburg City Police reported 1 juvenile arrests for possession of tobacco in 2013.
- 2. Austin City Police had 0 juvenile arrests for possession of tobacco in 2013.
- 3. Compiled by the Indiana State Excise Police for 2013, the TRIP (Tobacco Retailer Inspection Program) and the FDA Undercover Buy Inspections reported:

- a. Total Inspections = 108
- b. TRIP Stores = 27
- c. **Scott Co. had a 12.03% Violation Rate with 13 stores failing (a significant increase from the previous year).**
  - i. FDA Violations Include: Austin Supermarket, Austin Fuel Mart, LeRoy’s Food Mart, Colwell Convenience, Low Bob’s Discount Tobacco, Speedway, Pioneer Village, Casey’s General Store.
  - ii. TRIP Violations Include: Austin Sunoco, Swifty Food Mart, WalMart, Circle K, Pioneer Village.

**End of Year 1 Update:**

- Prevention/Education**
  - 1.
  - 2.
- Treatment/Intervention**
  - 1.
  - 2.
- Justice/Law Enforcement**
  - 1.
  - 2.

**End of Year 2 Update:**

- Prevention/Education**
  - 1.
  - 2.
- Treatment/Intervention**
  - 1.
  - 2.
- Justice/Law Enforcement**
  - 1.
  - 2.

**Final Update (end of Year 3):**

- Prevention/Education**
  - 1.
  - 2.
- Treatment/Intervention**
  - 1.
  - 2.
- Justice/Law Enforcement**
  - 1.
  - 2.

**Goals:**

1. Reduce the percentage of Scott County youth using tobacco and marijuana by 2% in each grade 6-12 based upon Indiana Youth Survey by 2016 data.
2. Scott County will have at least one adult cessation program each year and will increase citizen annual use of the Indiana 1-800-QUIT NOW line, compared to the past three years.

**End of Year 1 Annual Benchmarks:**

- 1.
- 2.

**End of Year 2 Annual Benchmarks:**

- 1.
- 2.

**Final Report (end of Year 3):**

- 1.
- 2.

**D. Objectives:** Support local initiatives that address:

**Prevention/Education:**

1. public awareness and provide information through workshops, community events, lunch and learns, seminars and other activities to educate youth and adults on tobacco issues.
2. utilize model/evidence based programs, curriculum and materials.
3. continue/expand existing programs promoting healthy lifestyles and alternative activities

**Treatment/Intervention:** Support local initiatives that:

1. improve existing systems to expand or reduce access to treatment
2. promote and utilize research based treatment programs
3. assist with the promotion of qualified treatment providers

**Justice/Law Enforcement:** Support local initiatives that:

1. support special patrols, law enforcement initiative

**End of Year 1 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**End of Year 2 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**Final Update (end of Year 3):**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**A. Problem Statement #3:** Youth and Adults in Scott County use and abuse prescription medications.

**B. Supportive Data:**

**Supportive Data: Prevention/Education**

1. In 2013, the illicit drug categories with the largest number of past year initiates were marijuana use (2.4 million) and **non-medical use of pain relievers** (1.5 million). The estimate for non-medical use of pain relievers was lower in 2013 than in 2002 through 2012 (2013 National Survey on Drug Use and Health, SAMHSA).
2. For the U.S., the specific illicit drugs with the largest numbers of persons with past year dependence or abuse in 2013 were marijuana (4.2 million), **pain relievers** (1.9 million), and cocaine (855,000). The number with pain reliever dependence or abuse in 2013 was similar to the numbers from 2006 to 2012 (2013 National Survey on Drug Use and Health, SAMHSA).

3. The specific illicit drugs with the largest numbers of persons with past year dependence or abuse in 2013 were marijuana (4.2 million), **pain relievers** (1.9 million), and cocaine (855,000) (2013 National Survey on Drug Use and Health, SAMHSA).
4. While the retail distribution rate is no longer reported, availability of prescription drugs in Scott County continues to pose a risk based on data presented in the 2012 SEOW Profile. In the 2012 SEOW Profile, **Scott County ranked highest in the state for the number of controlled substances dispensed per capita** (including opioids, central nervous system depressants, stimulants or other controlled substances), at 3.8 (or a total of 81,677 controlled substances dispensed). These figures represent an increase from the 2011 figures of 3.0 and 73,502, respectively.
5. While this rate/number does not indicate misuse or abuse, nor whether those receiving prescription drugs are Scott County residents, it does infer “use of the drugs” and provides evidence to support retail and social availability. When considering that **Scott County also has the 2<sup>nd</sup> highest rate in Indiana for admission of Rx drug abuse reported at treatment** (rate of 4.22/1,000, Indiana Family and Social Services Administration 2013), the relationship between availability and use in Scott County surfaces.
6. Scott County schools reported expulsions and suspensions involving drugs, weapons, or alcohol during the 2013-14 school year: **DATA was requested but COULD NOT BE OBTAINED for SCSD 1: Austin High School and Austin Middle School.** For SCSD 2: Scottsburg High School, Suspensions were 5 for drugs, 1 for weapons, Expulsions were 3 for drugs; Scottsburg Middle School, Suspensions were 2 for Drugs, 1 for Weapons, No Expulsions (IDOE School Performance Reports).

#### **Supportive Data: Treatment/Intervention**

1. According to Scott Memorial Hospital, in 2013 the Emergency Department treated the following:
 

Alcohol W/D: 6	Drug W/D: 15	Drug Disorder NOS: 1
Alcohol Intox: 10	Drug Overdose: 20	Psych Patients: 211
Alcohol Abuse: 26	Drug Abuse: 21	Drug Dependence: 2
2. 50% of clients served in 2013 at the Scott County Community Clearinghouse have substance abuse problems (Nelson Spaulding, Executive Director, Scott Co. Clearinghouse).
3. In 2013, LifeSpring Mental Health Center saw 773 unduplicated clients in Scott County. Out of these 773, 65 or 8.4% had a substance abuse diagnosis, specifically poly-substance addictions (Community Health Center).

#### **Supportive Data: Justice/Law Enforcement**

1. In 2013, the Scott County Department of Child Services reported that 117 children/youth were removed from their caregiver, with 65% of these removed as a result of substance abuse of caregiver (DCS, Scott County).
2. In 2013, 244 children were in out-of-home care, 75% of which were a result of substance abuse by the caregiver. The 117 removed in 2013 are included in the 244. 104 of the children had been removed previous to 2013 and continue to be in out-of-home care due to the continued substance abuse of the caregiver from which the child was removed.

- 3. **Scott County Coroner** (2013) reported that 7 out of 54 (13%) Scott County deaths that were Coroner Cases were due to Drug Overdose.

<b>The Rx Drug Overdose Deaths showed a mixed drug intoxication of drugs below:</b>			
<b>Oxycodone &amp; Xanax:</b>	<b>1</b>	<b>Xanax &amp; Methadone:</b>	<b>2</b>
<b>Hydrocodone:</b>	<b>2</b>	<b>Morphine:</b>	<b>2</b>
<b>Alcohol:</b>	<b>1</b>	<b>Tramadol &amp; Dextromethorphan:</b>	<b>1</b>

- 4. **Scott County Sheriff’s Department** reported arrests for 2013:
  - 119 possession of controlled substance
  - 24 dealing in a controlled substance
  - 97 possession of hypodermic needle

- 5. **Scottsburg City Police** reported the following arrests for 2013:
  - Adult: 27 possession of controlled substance
  - 21 possession of syringe
  - 12 illegal consumption
  - Juvenile:
    - 1 possession of controlled substance
    - 1 possession of syringe

- 6. **Austin City Police** reported the following arrests for 2013:
  - Adult: 7 cases OWI/DUI
  - 24 cases possession of controlled substance
  - 11 cases possession of hypodermic needle/syringe
  - 8 cases dealing controlled substance
  - Juvenile:
    - 0 cases

**End of Year 1 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**End of Year 2 Update:**

**Prevention/Education**

- 1.

- 2. **Treatment/Intervention**
- 1.
- 2. **Justice/Law Enforcement**
- 1.
- 2.

**Final Update (end of Year 3):**

- Prevention/Education**
- 1.
- 2. **Treatment/Intervention**
- 1.
- 2. **Justice/Law Enforcement**
- 1.
- 2.

**C. Goals:**

- 1. Reduce the number of annual Drug Overdose Deaths in Scott County to 0 by 2017.
- 2. Reduce the number of controlled substances dispensed in Scott County by 25% by 2017.

**End of Year 1 Annual Benchmarks:**

- 1.
- 2.

**End of Year 2 Annual Benchmarks:**

- 1.
- 2.

**Final Report (end of Year 3):.**

- 1.
- 2.

**D. Objectives:** Support local initiatives that address:

**Prevention/Education:**

- 1. public awareness and provide information through workshops, community events, lunch and learns, seminars and other activities to educate youth and adults on prescription and medicine abuse issues.
- 2. utilize model/evidence based programs, curriculum and materials
- 3. continue/expand existing programs promoting healthy lifestyles and alternative activities

**Treatment/Intervention:** Support local initiatives that:

- 1. improve existing systems to expand or reduce access to treatment
- 2. promote and utilize research based treatment programs
- 3. assist with the promotion of qualified treatment providers

**Justice/Law Enforcement:** Support local initiatives that:

- 1. encourage training opportunities for law enforcement and justice personnel
- 2. promote collaboration between local jurisdictions
- 3. support special patrols, law enforcement initiatives
- 4. support justice programs

**End of Year 1 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**End of Year 2 Update:**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**Final Update (end of Year 3):**

**Prevention/Education**

- 1.
- 2.

**Treatment/Intervention**

- 1.
- 2.

**Justice/Law Enforcement**

- 1.
- 2.

**Next Annual Update Due:** **October 2015**  
**Next Comprehensive Community Plan Due:** **October 2017**  
**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: LC**

(1) **Describe the grant process and requirements for the grantees:**

2015 CEASe of Scott County

Drug Free Communities Grant Application Guidelines

General Guidelines

1. All grantees must adhere to the grant purposes and budget provided in the grant application. Any deviation from this application must be submitted in writing and approved by the CEASe Grant Committee before grant funds are spent; i.e., equipment/program costs were less than quoted or unavailable.
2. All items (flyers, signs, banners, posters, etc.) used to promote your project must acknowledge “CEASe of Scott County” as a funding source. **Example: This workshop was funded by a grant from CEASe of Scott County.**
3. All materials (books, videos, equipment, etc.) purchased using grant funds acknowledge CEASe of Scott County as a funding source. **Example: These materials were purchased by a grant from CEASe of Scott County.**
4. Grant applications are due by **5 p.m. on Wednesday December 3, 2014 by emailing to Lori Croasdell at [lcroasdell@me.com](mailto:lcroasdell@me.com)**. Written requests for deadline extension, if submitted prior to the deadline, may be considered under extraordinary circumstances. The Grant Committee may request an applicant revise and/or resubmit an application prior to the grant award announcement on the first Thursday of January 2015.
5. If a grantee intends to apply for multiple projects throughout the year, each project must be submitted on separate grant application forms and then submit the forms together. In this type of application, please outline each project in separate grant applications, as well as identify a separate budget for each project.

Reports:

6. Two reports will be shared during the grant year (January 1, 2015 to December 31, 2015) with the first report being given in person at the September 2015 CEASe Meeting. The person responsible for implementation or a representative will give the report. All grantees are required to submit a final **ELECTRONIC (sent to [lcroasdell@me.com](mailto:lcroasdell@me.com)) AND WRITTEN report** to the CEASe Grant Committee Chairperson summarizing their project on the approved final report form included in the grant packet. **The Mid-Year and Final Report will require the submission of supporting documentation evidencing the disposition of funds, including when possible any receipts of expenditures.** The final report may include but is not limited to: overall outcomes, personal

observations, percentages or numbers served statistics, photographs or surveys of the project. Grantees are encouraged to include other promotional materials from the program (flyers, photographs, press releases, etc.). It is expected that grantees will evidence the success of their program through objective, performance-based outcome measures (i.e. – comparisons of statistics from earlier years, number of persons served, surveys of persons served, etc). Anything that can help you and CEASe measure the success of your project will be allowed. Final reports are due by December 31, 2015 by emailing to [lcroasdell@me.com](mailto:lcroasdell@me.com).

### Budgets:

7. All expenditures must be outlined in the budget portion of the grant application. Grant monies must be spent according to the budget approved by CEASe. **ANY DEVIATION FROM THE SUBMITTED BUDGET MUST BE REQUESTED IN WRITING AND APPROVED BY THE GRANT COMMITTEE PRIOR TO EXPENDITURE.**
8. All grant funds that remain unused at the end of the grant period **MUST** be turned back into the Treasurer of CEASe of Scott County with submission of the Final Report no later than January 3, 2016. “Unused” funds are defined as any funds shown to be leftover and not spent as outlined in the budget by the end of the designated grant year. Failure to return unspent funds will result in grant ineligibility for two funding cycles.
9. If the above guidelines are not followed, CEASe may, at its discretion:
  - a. Postpone continued funding of the project
  - b. Stop funding the project totally
  - c. Require repayment of all extended funds to the council
  - d. Prohibit grantee from applying for future grant cycles
  - e. Or any combination of a–b–c–d
10. Failure to implement the grant as proposed, or without acceptable amendment, or failure to comply with any regulation will result in disqualification for future funding considerations.

Pursuant to State Guidelines, Drug Free Communities funding **should not** be used for:

1. General overhead expenses – such as rent, utilities insurance, etc.
2. Law enforcement requests for ammunition, cars or other equipment that would normally be funded as required by the regulatory body in order to

keep forces operating cannot be funded. Equipment necessary to accomplish the goals of a specific project may be funded.

3. Organizations are encouraged to use funding for registration costs related to trainings and professional development. However, travel and lodging should be excluded. **Requests for training should be specific and not general, should include a training agenda when possible, and should be limited to tuition/registration fees.**
4. Funding cannot be provided to compensate for a short fall in general operating and administrative costs. Salaries for personnel should not be funded if the position falls into “business as usual” tasks. Salaries can be funded if it is for a specific initiative, program or service that cannot be provided without the key person (facilitator, therapist, etc.).
5. Overtime may also be supported as long as it is well documented and is dedicated to a specific grant-based initiative or patrol. General overtime that is not grant-related cannot be approved.
6. All applications must be emailed to Lori Croasdell at [lcroasdell@me.com](mailto:lcroasdell@me.com) by 5 p.m., Wednesday, December 3, 2014.

**CEASe of Scott County  
Mini-Grant Application Form  
Drug Free Communities Fund Allocation**

Implementing Agency:

Contact Person

Email

Title

Address

City, State Zip

Program Name

Target Population

How will you obtain access to the target population?

Projected number of individuals (unduplicated) served

How do you plan to measure the success of this program? Performance measures should be as specific and objective as possible. If success will be based on statistics, identify what statistics would be relevant to performance measurement of the project.

Project time frame

Type of program (choose only one)

- Prevention/Education
- Treatment/Intervention
- Justice/Enforcement

**Problem Statements: Which problem statement(s) does this program address and which objectives will be accomplished? (Check both problems and objectives this grant will address). This section must be completed for consideration.**

**PROBLEM STATEMENT #1**

\_\_\_\_\_ **Youth and Adults in Scott County Use and Abuse Alcohol.**

**GOALS:**

1. Reduce the rate of youth alcohol consumption as reported by the IPRC Indiana Alcohol, Tobacco, and Other Drugs Survey (2016 data).
2. Reduce the rate of adult alcohol consumption as reported by the justice system, 2016 data.

**OBJECTIVES:**

\_\_\_\_\_ **A. Prevention / Education:** Support local initiatives that address:

public awareness and provide information through workshops, community events, lunch and learns, seminars, and other activities to educate youth and adults on alcohol issues.

utilize model/ evidence-based programs, curriculum, and materials.

continue/expand existing programs promoting healthy lifestyles and alternative activities.

\_\_\_\_\_ **B. Treatment / Intervention:** Support local initiatives that address:

improve existing systems to expand or reduce access to treatment.

promote and utilize research based treatment programs.

assist with the promotion of qualified treatment providers.

\_\_\_\_\_ **C. Justice / Law Enforcement:** Support local initiatives that:

encourage training opportunities for law enforcement and justice personnel.

promote collaboration between local jurisdictions.

support special patrols and law enforcement initiatives.

support justice programs.

## PROBLEM STATEMENT #2

### Youth and Adults in Scott County Use and Abuse Tobacco Products and Marijuana.

#### GOALS:

1. Reduce the percentage of Scott County youth using tobacco and marijuana by 2% in each grade 6-12 based upon reports from the Indiana Youth Survey (2016 data).
2. Scott County will have at least one adult cessation program each year and will increase citizen annual use of the Indiana 1-800-QUIT NOW program, compared to the past three years.

#### OBJECTIVES:

\_\_\_\_\_ **A. Prevention / Education:** Support local initiatives that address:

public awareness and provide information through workshops, community events, lunch and learns, seminars and other activities to educate youth and adults on tobacco issues.

utilize model/ evidence-based programs, curriculum, and materials.

continue/expand existing programs promoting healthy lifestyles and alternative activities.

\_\_\_\_\_ **B. Treatment / Intervention:** Support local initiatives that address:

improve existing systems to expand or reduce access to treatment.

promote and utilize research based treatment programs.

assist with the promotion of qualified treatment providers.

\_\_\_\_\_ **C. Justice / Law Enforcement:** Support local initiatives that:

support special patrols and law enforcement initiatives.

### **PROBLEM STATEMENT #3**

\_\_\_\_\_ **Youth and Adults in Scott County Use and Abuse Prescription Medication.**

#### **GOALS:**

1. Reduce the number of annual Drug Overdose Deaths to 0 by 2017.
2. Reduce the number of controlled substances dispensed in Scott County by 25% by 2017.

#### **OBJECTIVES:**

\_\_\_\_\_ **A. Prevention / Education:** Support local initiatives that address:

public awareness and provide information through workshops, community events, lunch and learns, seminars and other activities to educate youth and adults on prescription and medicine abuse issues.

utilize model/evidence based programs, curriculum and materials

continue/expand existing programs promoting healthy lifestyles and alternative activities.

\_\_\_\_\_ **B. Treatment / Intervention:** Support local initiatives that address:

improve existing systems to expand or reduce access to treatment.

promote and utilize research based treatment programs.

assist with the promotion of qualified treatment providers.

\_\_\_\_\_ **C. Justice / Law Enforcement:** Support local initiatives that:

encourage training opportunities for law enforcement and justice personnel.

promote collaboration between local jurisdictions.

support special patrols and law enforcement initiatives.

support justice programs.

Amount of funding requested for this project

Estimated cost per individual served

List any additional funding you may be receiving for this program

If funding is not received from CEASe, will this program still be implemented?

Please write a detailed description of the proposed program (include additional documentation as needed):

[Box will expand. Attach pages if necessary.]

**\*\*Please attach a specific budget showing how the funds will be spent, by category: i.e. Personnel, facilities, program materials, etc. If items may appear to be appropriate for more than one category, choose the best category.** Proposals without this information may not be considered. Please be as specific as possible. Please insert rows if necessary.

**BUDGET DESCRIPTION**

**A. Personnel:** List any funds you plan to use for personnel expenses, including any salary or overtime. Please indicate approximately how many hours and at what hourly rate you plan to pay. If a salaried position, please indicate the salary and the percent of “full time” the person will be spending on the project.

Amount Requested

**B. Training:** Training requests should be limited to tuition only. Requests should be specific and not general. Please attach a training agenda or syllabus when possible. Please indicate in the appropriate space above if other expenses, such as mileage, hotel, or per diem will be provided from any other sources

Amount Requested

**C. Equipment:** List any items you seek to purchase that will be reusable with a useful life of more than 1 year. Please include the item cost and the # of items requested.

Amount Requested

**D. Training Curriculum & Display Materials:** List any items you seek for a training curriculum, including any training displays, visual aids, training manuals or materials,

PowerPoint or DVD materials, etc. Also list any permanent public display materials you seek to purchase, including any permanent posters or signage.

Amount Requested

**E. Outreach & Advertising:** List any expenses related to publicity or public awareness, such as brochures or handouts, promotional materials, posters, advertising expenses, etc.

Amount Requested

**F. Supplies:** List any non-reusable supplies that will be needed for your project. Please be as specific as possible, including the number of units needed and the item price, when possible.

Amount Requested

**G. Miscellaneous:** Please list any items needed to complete your project that do not fall under another category. Please be as specific as possible. YOU MAY ALSO LIST ITEMS HERE THAT WOULD NOT FIT IN THE SPACE PROVIDED ABOVE.

Amount Requested

**TOTAL:**

**RECEIPTS FOR EXPENDITURES WILL BE REQUIRED AS PART OF THE REPORTING PROCESS.**

All funded activities must be related to the objectives listed under a Problem Statement in the CPP (Comprehensive Community Plan). Those objectives have been identified as actions needed to achieve the goal for each PS. All programs/projects receiving funds from the LCC have to be used specifically to address substance use issues - alcohol, tobacco, marijuana, and Rx drugs in the area of prevention/education, law enforcement/justice, or treatment/intervention.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title