

Governor's Commission for a Drug Free Indiana



A Division of the

Comprehensive Community Plan

County: St. Joseph

LCC: Partnership for Education and Prevention of Substance Abuse

Date Due: June 30, 2018

Date Submitted: June 29, 2018

New Plan

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Plan Summary

Mission Statement

The mission of the Partnership for Education and Prevention of Substance Abuse (PEPSA) is to identify alcohol, tobacco, and other drug abuse problems in St. Joseph County and to plan, promote and coordinate community efforts and resources to reduce the abuse among youth and over time, among adults.

History

The St. Joseph County Local Coordinating Council (LCC) began as a community committee in 1990. In 1992, the LCC joined forces with the St. Joseph County Coalition against Drugs (SJCCAD). This combined effort magnified the overall community effort to address issues related to the use and abuse of alcohol and other drugs.

About the same time, in early 1993, the Healthy Communities Initiative was a growing volunteer organization in St. Joseph County. Its vision of holistic community health led to the creation of councils designed to broadly address issues of agency collaboration, healthy families, citizen governance, public health and vibrant neighborhoods. In 1995 plans to pursue a merger between the SJCCAD and HCI began. This merger took place in the summer of 1996 and resulted in the creation of the Drug Free Community Council (DFCC) with the SJCCAD essentially bringing its committee structure and membership into HCI.

The Drug Free Community Council of HCI was designated as the LCC for St. Joseph County and continues to serve in this role today. On May 1, 2012, the DFCC name was changed through a membership vote and became the Partnership for Education and Prevention of Substance Abuse.

In the spring of 2014, the Healthy Communities Initiative ceased operations. The Partnership became an independent coalition and continued its designation as the LCC for St. Joseph County. The Partnership is a 501 c 3 not for profit organization, under the direction of the Board of Director officers and chairs of the prevention, treatment, membership and criminal justice committees.

Summary of the Comprehensive Community Plan: 2019

This Comprehensive Plan covers the period 2018 to 2021 and is based on a collection of community needs data including State Epidemiological Outcome Workgroup reports for 2016 and 2017, the Indiana Youth Survey from the Indiana Prevention Resource Center, as well as input from over 35 coalition members representing PEPSA member organizations who met in work groups to analyze local data and determine focused priorities.

The Plan directs attention to needed actions regarding drug consumption and drug consequence patterns for St. Joseph County residents, and highlights the risk and protective factors that influence the patterns observed. The PEPSA Coalition identified significant substance abuse issues within our county including: gaps in treatment services, a rise in opiate addiction, the need for detox options, a lack of prevention/education and treatment programming for parents, families and youth, disproportional alcohol misuse and dependence,

The overall goal of the Comprehensive Community Plan is a reduction in the morbidity and mortality due to the use and abuse of alcohol and other drugs. The prevention goals that will support this outcome are those that call for an expansion of non-use and/or a reduction in use of alcohol, tobacco, and illicit drugs, and an increase in the level of perceived risk of harm of use/abuse and in perception of disapproval by parents and friends.

The plan addresses the following concerns:

- Low perceptions of risk for marijuana and synthetic marijuana usage.
- Increased incidence of opioid and prescription drug misuse
- Alcohol misuse by teens and adults.
- A need for increased branding and awareness of the PEPSA coalition,
- Board leadership transition in December 2018.
- Decreases in local dollars that necessitates branding and awareness of the coalition, as well as strong fiscal stewardship of limited resources aimed at supporting programs and services that may affect a reduction in use.

Membership List

County LCC Name:

Partnership for Education and Prevention of Substance Abuse

#	Name	Organization	Race	Gender	Category
1	Agnew, Bill	St. Joseph Health Systems	W	M	Health care
2	Atkins, Elvonna	Life Treatment Center	AA	F	Treatment
3	Baxter, Dayna	Family Justice Center	W	F	Prevention
4	Burden, Sharon	Alcohol and Addictions Resource Center AARC	W	F	Prevention
5	Carlton, Jesse	St. Joseph County Adult Probation	W	M	Criminal Justice
6	Champer-Boyd, Kirsten	St. Joseph County Health Dept.	W	F	Prevention
7	Childs, Allen	Homeward Bound	W	M	Health Care
8	Cressy, Amy	St. Joseph County Prosecutor	W	F	Judicial
9	Dixon, Lisa	Oaklawn	W	F	Prevention
10	Donohue, Erica	Ivy Tech Pod 7	W	F	Prevention
11	Fee, Kristin	Court Substance Abuse Program	W	F	Criminal Justice
12	Finney, Cindy	Victory Clinical Services	W	F	Treatment
13	Fox, Richard	Upper Room	W	M	Treatment
14	Fritzberg, Suzanna	Office of the Mayor	W	F	Government
15	Green, Latorya	St. Joseph Health Systems	AA	M	Health Care
16	Goldsmith, Margaret	AARC	W	F	Prevention
17	Guljas, Andres	Victory Clinic	W	M	Treatment
18	Harris, Michael	AIDS Ministries/ AIDS Assist	AA	M	Treatment
19	Hernandez, GlendaRae	Community	W	F	Community
20	Horsley, John	Oaklawn	W	M	Treatment
21	King, LeRoy	Goodwill Bridges Out of Poverty	AA	M	Prevention

22	McVeigh, Matt	Drug Investigation Unit	W	M	Law Enforcement
23	Miller, Kayla	South Bend Police Dept.	W	F	Law Enforcement
24	Mounds, Brian	AARC	W	M	Prevention
25	Paiano, Tara	Problem Solving Court	W	F	Judiciary
26	Pochert, Christine	South Bend Community School Corp.	W	F	Education
27	Preston Jones, Marcella	Family and Youth Outreach Services	AA	F	Faith/Prevention
28	Preston, Pastor Fred	Family and Youth Outreach Services	AA	M	Faith/Prevention
29	Redman, William	St Joseph County Police	W	M	Law Enforcement
30	Sanford, Kelly	YWCA	W	F	Treatment
31	Savage, Becky	525 Foundation	W	F	Prevention
32	Sellers, Denise	Hope Ministries	W	F	Treatment
33	Smith, Robert E.	MLK Senior Men's Club	AA	M	Community
34	Stancati, Maria	Dismas House	W	F	Prevention/Treatment
35	Stanley, Deb	Imani Unidad Inc.	AA	F	Treatment
36	Sussman, Emily	Center for Positive Change	W	F	Treatment
37	Sylvester, A. Baye	Imani Unidad Inc	AA	M	Treatment
38	Toepp, Steve	Upper Room	W	M	Treatment
39	Varga, Lauren	Senator Joe Donnelly's office	W	F	Legislature
40	Vida, Robin	St. Joseph County Health Dept.	W	F	Healthcare
41	Vivirito, Lani	Center for the Homeless	W	F	Community
42	Wells, Dave	Drug Task Force	W	M	Law Enforcement
43	Werner, Amber	United Way of St Joseph County	W	F	Community
44	Wilkenson, Jason	The LGBTQ Center	W	M	Community

Problem Identification

A. Problem Statement #1: The reduction of youth and adult alcohol consumption continues to be a top priority in St. Joseph County.

B. Supportive Data:

Alcohol is connected to many parts of life i.e. football tailgates, celebrations, festivals, weddings, special events, bonfires, and our youth are exposed in most homes at an early age. It is often the drug of choice in inner-city, blue collar and rural communities as the majority of adults in our county report 30 day usage. That attitudinal trend continues with youth usage as parents may justify or tolerate youth alcohol usage, turn a blind eye, or offer safe places for youth to drink.

St. Joseph County's 2017 State Epidemiological Outcomes Workgroup (SEOW) data indicates

- 346 alcohol related crashes, or an alcohol collision rate of 16.76.
- Alcohol was a factor in Alcohol Impaired Deaths in St. Joseph County at 29% vs. state average of 22%.
- Alcohol use was reported in 51.8% of Treatment episodes.
- Alcohol dependence as the primary substance at admission was reported in 33.5% of all treatment admissions

- St. Joseph County is ranked number 21 of 92 counties in the state or top 25% of the state on SEOW alcohol indicators.

Indiana Youth Survey data indicates

- Community norms where youth report that adults in their neighborhood do not consider youth alcohol use as very wrong. (45.2%-8th, 62.4% 10th and 70.1%-12th).
- Alcohol is considered by youth to be easily available. 43.1% of 8th grade students, 67.2% of 10th grade students, and 76.7% of 12th grade students believe it would be easy or sort of easy to obtain alcohol (2016 Indiana Youth Survey report for St. Joseph County)

C. Goals:

1. Reduce the St. Joseph County alcohol use and alcohol dependence rate by 5%

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final Report (end of Year 3):

D. Objectives:

1. Support evidence-based strategies through grants in prevention, treatment or justice approaches in the areas of alcohol abuse that demonstrate measurable outcomes.

2. Support branding and awareness of the PEPSA coalition to address alcohol misuse across the life span via community education and events
3. Support alternative judicial and treatment pathways for offenders, such as problem-solving courts and juvenile diversionary options that address alcohol/ use abuse.
4. Collaborate with businesses, schools, community organizations, parents and STAND groups to provide community and youth focused outreach, including the promotion of awareness of Social Host law consequences in St. Joseph County.
5. Support youth leadership training / advocacy activities to encourage peer prevention, such as the STAND program.
6. Support law enforcement efforts in dealing with the issue of underage drinking and binge drinking such as the SUDS program but not limited to overtime patrols, training and equipment.
7. Encourage the administration of surveys such as the Indiana Youth Survey in all school districts to provide measurable youth data

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

A. Problem Statement #2: St. Joseph County marijuana and synthetic marijuana usage by youth and adults continues to be problematic.

B. Supportive Data:

Marijuana- Adult and Youth Marijuana and synthetic marijuana usage is exacerbated by **community attitudes** and **perceived availability**. The movement toward legalization of marijuana and proximity to a medical marijuana state has fostered a perception that marijuana is harmless and a belief, “it’s going to become legal anyway” thus lowering or denying a perception of any risk. PEPSA is challenged by the community’s low perception of harm by both youth and adults that is considered a risk factor for the coalition.

The 2017 Indiana SEOW report for our county indicates:

- Marijuana use was indicated in 42.5% of treatment admissions.
- Marijuana dependence was listed as the primary substance in 20.4% of treatment admissions.

The 2016 Indiana SEOW report for our county indicate a priority score of 150 out of 288 based on the number and rate of arrests for possession, sale, and treatment admissions. That represents a score in the top 25%.of the state out of 92 counties. (2016 SEOW Report- Priority scores were not given in the 2017 report).

Indiana Youth Survey data indicates:

- 14.2% of 8th grade students, 26.7% of 10th grade and 30.6% of 12th grade students who completed the Indiana Youth Survey reported past 30 day use.
- 30.6 % of 8th grade students, 45.1% of 10th grade and 54.8% of 12th grade students who completed the Indiana Youth Survey reported no perception of risk for marijuana usage.
- A significant **70%** of youth report **easy availability of marijuana** and relate a belief, “it’s going to become legal anyway” thus lowering or denying a perception of any risk.

C. Goals:

1. Reduce the Marijuana 30 day usage rate by youth by 5% at 8th, 10th, and 12th grade

levels.

2. Reduce the marijuana dependence rate in treatment admissions by 5%.

3. Reduce access to synthetic marijuana via prevention treatment and justice initiatives.

End of Year 1 Annual Benchmarks

End of Year 2 Annual Benchmarks:

End of Year 3 Annual Benchmarks (end of Year 3):

D. Objectives:

1. Support affordable marijuana and synthetic marijuana drug treatment options for persons who are uninsured / indigent.
2. Support alternative judicial and treatment pathways for offenders, such as problem-solving courts that address marijuana and synthetic use and abuse.
3. Promote awareness of marijuana and synthetic abuse issues in the workplace and encourage adoption of drug free workplace policies.
4. Focus education efforts to enhance knowledge of the impact of marijuana and synthetic use including through media, facility, & community-oriented awareness
5. Collaborate with businesses, schools, community organizations, parents and STAND groups to provide community and youth focused outreach, including awareness of harms

of marijuana and synthetic marijuana use and abuse

6. Support youth leadership training / advocacy activities to encourage peer-to-peer prevention, such as the STAND program.

7. Support law enforcement efforts in dealing with the issue of marijuana/intoxicated driving, such as but not limited to overtime patrols, training and equipment.

8. Support branding and awareness of the PEPSA coalition to address marijuana and synthetic misuse across the life span via community education and events

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

Problem Statement #3: St. Joseph County prescription opioid usage is of epidemic proportion resulting in major overdoses and deaths and fueling an increase in heroin use.

Supportive Data:

According to the Indiana 2017 SEOW report of INSPECT data:

- There were 226,244 opioid prescriptions dispensed in St. Joseph County.
- St. Joseph County ranked 3rd of 92 counties for the amount of opioid prescriptions dispensed.

According to the Indiana 2016 SEOW report that compares data from throughout the

state indicate

- A county priority score of 125 out of 250 based on the Uniform Crime Index number and rate of arrests for possession or sale, rate of treatment episodes and number of controlled substances dispensed. That represents a score in the top 25%.of the state out of 92 counties. Priority scores were not provided in the 2017 SEOW report

According to the Indiana Youth Survey:

- Prescription Drugs to get high in the past year reflecting a low perception of risk. Primary availability of the usual source is identified as through peer to peer distribution or sale. Of concern is non- medical prescription use Prescription Drugs to get high in the past year reflecting a low perception of risk. Primary availability of the usual source is identified as through peer to peer distribution or sale. –
- A HIDTA corridor from Chicago to Detroit provides an **easy access** pipeline of prescription drugs into the county and fosters a growing opiate epidemic that is fueling heroin usage and left law enforcement resources increasingly thin. County drug overdoses are now the single most common cause of accidental death.
- A low perception of risk as indicated by 11.1% of 8th, 7.0% of 10th grade and 5.3% of 12th grade students who **perceive no risk in the non-medical prescription drug use.**
- Attitudes toward use is demonstrated by only 90.2% of 8th Grade students, 87.1% of 10th grade students, 83.8% of 12th graders report **NOT using** Prescription Drugs to get high in the past year reflecting a low perception of risk by the percentage who have used or are currently using.

C. Goals:

1. **Reduce opioid related deaths by 3% via increased capacity for prevention, treatment and diversion.**

End of Year 1 Annual Benchmarks:

End of Year 2 Annual Benchmarks:

Final End of Year Report Benchmarks (end of Year 3):

D. Objectives:

1. Support law enforcement undercover operations that result in increasing the number of arrests for distribution and purchase of prescription drugs, particularly opioids.
2. Support affordable treatment options for persons who are uninsured/underinsured/indigent.
3. Support training programs to benefit areas such as law enforcement, education and clinical treatment efforts.
4. Initiate prevention education efforts to impact youth, with priority for evidence-based, and speaker presentations.
5. Support branding and awareness of the PEPSA coalition to address prescription drugs and opioid misuse across the life span via community education and events.
6. Support programs and events that reduce access to misdirected medications particularly opioids.
7. Support outreach and education programs that communicate the risks of prescription drug misuse.
8. Support alternative judicial and treatment pathways for offenders, such as problem-solving courts that address prescription drug misuse and abuse.
9. Promote law enforcement initiatives such as prescription drug take backs to reduce distribution and purchase of prescription drugs.

End of Year 1 Update:

End of Year 2 Update:

Final Update (end of Year 3):

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.

Please attach the County’s Fiscal Report for review!

Next Annual Update Due: June 30, 2019

Next Comprehensive Community Plan Due: 2021

Date of Community Consultant Review:

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Initials: SMB

