**The Indiana Commission to Combat Drug Abuse**



*Behavioral Health Division*

**Comprehensive Community Plan**

County:

LCC Name:

LCC Contact:

Address:

City:

Phone:

Email:

County Commissioners:

Address:

City:

Zip Code:

**Vision Statement**

What is your Local Coordinating Council’s vision statement?

**Mission Statement**

What is your Local Coordinating Council’s mission statement?

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| **Membership List** |
| **#** | **Name** | **Organization** | **Race** | **Gender** | **Category** |
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| **LCC Meeting Schedule:** |
| Please provide the months the LCC meets throughout the year: |

**II. Community Needs Assessment**

*The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community’s readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.*

**Community Profile**

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| County Name |
| County Population |
| Schools in the community |
| Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) |
| Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) |
| Service agencies/organizations |
| Local media outlets that reach the community |
| What are the substances that are most problematic in your community? |
| List all substance use/misuse services/activities/programs presently taking place in the community |

**Community Risk and Protective Factors**

*Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all-inclusive and others may apply.*

Risk Factors Examples: trauma and toxic stressors; poverty violence; neighborhood characteristics; low neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

Protective Factors Examples: strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.[[1]](#footnote-1)

|  |  |  |
| --- | --- | --- |
| **Risk Factors** | **Resources/Assets** | **Limitations/Gaps** |
| 1. | 1.2.3. | 1.2.3. |
| 2. | 1.2.3. | 1.2.3. |
| 3. | 1.2.3. | 1.2.3. |
| **Protective Factors** | **Resources/Assets** | **Limitations/Gaps** |
| 1. | 1.2.3. | 1.2.3. |
| 2. | 1.2.3. | 1.2.3. |
| 3. | 1.2.3. | 1.2.3. |

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| **III. Making A Community Action Plan** |

*Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.*

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

**Step 1: Create + Categorize Problem Statements**

*Create problem statements as they relate to each of the identified risk factors.*

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| **Risk Factors** | **Problem Statement(s)** |
| 1. | 1.2.3. |
| 2. | 1.2.3. |
| 3. | 1.2.3. |

**Step 2: Evidence-Informed Problem Statements**

*Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).*

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| **Problem Statements** | **Data That Establishes Problem** | **Data Source** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Step 3: Brainstorm**

*Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.*

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| **Problem Statements** | **What can be done (action)?** |
| 1. | 1.2.3. |
| 2. | 1.2.3. |
| 3. | 1.2.3. |

**Step 4: Develop SMART Goal Statements**

*For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.*

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| **Problem Statement #1** |
| Goal 1 |
| Goal 2 |
| **Problem Statement #2** |
| Goal 1 |
| Goal 2 |
| **Problem Statement #3** |
| Goal 1 |
| Goal 2 |

**Step 5: Plans to Achieve Goals**

*For each goal, list the steps required to achieve each*

|  |  |
| --- | --- |
| **Problem Statement #1** | **Steps** |
| Goal 1 | 1.2.3. |
| Goal 2 | 1.2.3. |
| **Problem Statement #2** | **Steps** |
| Goal 1 | 1.2.3. |
| Goal 2 | 1.2.3. |
| **Problem Statement #3** | **Steps** |
| Goal 1 | 1.2.3. |
| Goal 2 | 1.2.3. |

**IV. Fund Document**

*The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC’s fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).*

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| **Funding Profile** |
| **1** | Amount deposited into the County DFC Fund from fees collected last year:  | $0.00 |
| **2** | Amount of unused funds from last year that will roll over into this year:  | $0.00 |
| **3** | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): | $0.00 |
| **4** | Amount of funds granted last year:  | $0.00 |
| **Additional Funding Sources (if no money is received, please enter $0.00)** |
| **A** | Substance Abuse and Mental Health Services Administration (SAMHSA): | $0.00 |
| **B** | Centers for Disease Control and Prevention (CDC): | $0.00 |
| **C** | Bureau of Justice Administration (BJA): | $0.00 |
| **D** | Office of National Drug Control Policy (ONDCP): | $0.00 |
| **E** | Indiana State Department of Health (ISDH): | $0.00 |
| **F** | Indiana Department of Education (DOE): | $0.00 |
| **G** | Indiana Division of Mental Health and Addiction (DMHA): | $0.00 |
| **H** | Indiana Family and Social Services Administration (FSSA): | $0.00 |
| **I** | Local entities: | $0.00 |
| **J** | Other: | $0.00 |
| **Categorical Funding Allocations** |
| Prevention/Education:$ | Intervention/Treatment:$ | Justice Services:$ |
| **Funding allotted to Administrative costs:**  |
| *Itemized list of what is being funded*  | *Amount ($100.00)* |
| Coordinator compensation | $ |
| Office supplies | $ |
| **Funding Allocations by Goal per Problem Statement:** |
| **Problem Statement #1**Goal 1: $Goal 2: $ | **Problem Statement #2**Goal 1: $Goal 2: $ | **Problem Statement #3**Goal 1: $Goal 2: $ |

1. Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018. [↑](#footnote-ref-1)