

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Montgomery

LCC Name: Drug Free Montgomery County

LCC Contact: Karen Branch

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City: Crawfordsville

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County Commissioners: Jim Fulwider, John Frey, Dan Guard

Address: 110 W. South Blvd.

City: Crawfordsville

Zip Code: 47933

Vision Statement

What is your Local Coordinating Council's vision statement?

Every community member has the opportunity to access a complete continuum of care for prevention, treatment and recovery services.

Mission Statement

What is your Local Coordinating Council's mission statement?

The Drug Free Montgomery County Coalition exists to serve as a vehicle for bringing together a cross section of the community in a countywide effort to address alcohol, tobacco and other drug issues using multiple strategies across multiple sectors.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Jennifer York	Probation	C	F	Government
2	Amy Clark	Police	C	F	Law Enforcement
3	Clay Adams	DCS	C	M	Government
4	Joyce Baker	Family Crisis Shelter	C	F	Treatment
5	Anita Byers	Family Crisis Shelter	C	F	Treatment
6	Collen Moran	Superintendent North Montgomery School Corporation	C	F	Education
7	Andria Geigle	Probation	C	F	Government
8	Mike Norman	Chief of Police	C	M	Law Enforcement
9	Judge Barajas	Judge	C	F	Judicial
10	Amanda Browning	Recovery Coalition	C	F	Recovery
11	Jane Christophersen	Recovery Coalition	C	F	Recovery
12	Brenda Payne	Probation	C	F	Government
13	Ryan Needham	Sheriff, Montgomery County	C	M	Law Enforcement
14	Jonathan Guthrie	North Montgomery High School	C	M	Education
15	Karen Branch	Montgomery County Youth Service Bureau	C	F	Non-Profit Civic
16	Pat Moser	Montgomery County Youth Service Bureau SEL Coordinator	C	F	Non-Profit Education
17	Samantha Cravens	Health Department	C	F	Public Health
18	Amber Reed	Health Department	C	F	Public Health
19	Mindy Byers	Montgomery County Auditor's office	C	F	Public Health

20	Jamie Douglas	Wabash College	C	F	Treatment
21	Jared Walker	Through the Gate	C	M	Recovery
22	Beth Turner	Valley Professionals	C	F	Mental Health
23	Cheryl Keim	Montgomery County Community Foundation	C	F	Civic
24	Caroline Erdahl	SADD	C	F	Prevention
25	Maddy Edmiston	In-Well	C	F	Treatment/Mental Health
26	Johnny Wilson	In-Well	C	M	Treatment/Mental health
27	Brandon Oertel	Trinity Life Mission	C	M	Treatment/Recovery
28	Dana Cook	4 Anchors	C	F	Recovery
29	Jill Pastore	4 Anchors	C	F	Recovery
30	Melissa Bush	Cummins	C	F	Treatment/Mental health

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:
February, April, June, August, October, December
We meet the second Tuesday of each of these months at 7:15am

Community Needs Assessment: Results

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

County Name Montgomery County
County Population 38,338
Schools in the community South Montgomery School Corporation, Crawfordsville School Corporation and North Montgomery School Corporation, Crawfordsville Adult Resource Academy, Montgomery County Alternative School
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Franciscan Health Hospital, Franciscan Physician Health Network, St. Vincent/Acension immediate care clinic, Dr. Mary Ludwig Free Clinic
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Family Interventions, Cummins Mental health, Valley Oaks Mental Health, Valley Professionals Mental Health, IN-Well Mental Health, Rainbow Recovery Substance Use Counseling;
Service agencies/organizations ASI, K1ds Count, Recovery Coalition, Trinity Mission, Through the Gate, Boys & Girls Club, Family Crisis Shelter, Pam's Promise, SADD, Youth Service Bureau, Montcares, 4 Anchors, Suncshine Vans, Volunteers for Mental Health, Salvation Army, Community Chest, Township Trustees, Kiwanis, Rotary, Lions Club, Civitan, Fish Food and Clothing Pantry, Grace and Mercy Food Bank, Meals on Wheels, Healthy Families, Community Paramedicine, Quick Response Team, Celebrate Recovery, Women's Resource Center, AA, Al-anon, Dusk to Dawn Bereavement, Children's Bureau Community Partners for Child Safety, Montgomery County Wellness Coalition, Habitat for Humanity, Volunteers for Mental Health of Montgomery County
Local media outlets that reach the community The Paper of Montgomery County, the Journal Review, Forcht Broadcasting 3 radio stations

<p>What are the substances that are most problematic in your community? It changes back and forth from Meth to Heroin. Marijuana and vaping are also significant problems for our youth.</p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community Celebrate Recovery, AA, NA, Al-anon, Parents of addicted loved ones (PALS), Recovery Coalition Rec Center, Trinity Mission residential program, 4 Anchors halfway house, Resiliency programming in all local schools called Second Steps, Rainbow recovery groups, IOP, Relapse prevention and individual counseling through our three mental health agencies, DARE, SADD in two high schools, Through the Gate residential program, Drug Court, Veteran's Court</p>

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

Risk Factors	Resources/Assets	Limitations/Gaps
<ol style="list-style-type: none"> High rate of Child Abuse/Neglect, related to substance use of parents/caregivers, creating trauma 	<ol style="list-style-type: none"> Child Abuse Prevention Council Strong CASA program 	<ol style="list-style-type: none"> Comorbid issues such as substance use by parents More intervention than prevention programs

¹Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018.

	3. Community Partners for Child Safety	3. Societal Stigma
2. Approximately 80% of individuals on probation have substance use history.	1. Adult probation/drug court/veterans court 2. JCAP Program in the Jail 3. Two Halfway houses 4. Sober recreation program through the Recovery Coalition.	1. Cost of frequent, necessary drug screens 2. Generational exposure of substance abuse 3. Identifying a non-profit partner for a housing program for homeless/at-risk clients. 4. Current halfway houses are full with a waiting list.
3. Lack of access to mental health and substance use disorder services; patient to provider ratio of 1060 to 1	1. Four mental health providers in the county 2. Transportation for seniors and those with disabilities 3. Three religious based residential half way homes	1. Lack of appropriate licensure for providers to serve those with private health insurances 2. Transportation for adults and children 3. No detox or inpatient treatment facilities
Protective Factors	Resources/Assets	Limitations/Gaps
1. Meaningful youth engagement and youth services through the Youth Service Bureau, utilizing trauma informed care and positive youth development	1. Mentoring program 2. Support group for LGBTQ youth 3. Youth As Resources program	1. Need more mentors, have children on a waiting list 2. Social stigma 3. transportation
2. Resiliency programming in all three school corporations, Second Steps curriculum	1. School counselors and teachers 2. Funding for three years 3. Countywide SEL coordinator	1. Continuation funding 2. Only specific grades receiving currently 3. Community wide buy in to ACES and the concept of resiliency
3. Strong family relationships	1. Strengthening Families parenting curriculum 2. Family Interventions program 3. National Night Out	1. Transportation to services 2. Social Stigma about attending parenting programs 3. Generational family dysfunction

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.

Risk Factors	Problem Statement(s)
<p>1.High Level of Child Abuse/Neglect related to substance use of parents, causing trauma</p>	<p>1.Substance use by adults in Montgomery County is creating a high level of child abuse/neglect</p> <p>2.Children who experience ACES (adverse Childhood Experiences) such as child abuse and neglect are more likely to have substance use issues and disorders in adolescence and adulthood.</p> <p>3.Parents with substance use disorders are less likely to be able to provide a healthy environment for their children to thrive in.</p>
<p>2. Approximately 80% of individuals on probation have substance use history.</p>	<p>1. 713 adults in Montgomery County are on probation, representing 2% of our total adult population.</p> <p>2.With a lack of an adequate continuum of care for individuals with a substance use disorder, the rate of recidivism is very high.</p> <p>3.Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>

<p>3. Lack of access to mental health and substance use disorder services; patient to provider ratio of 1060 to 1</p>	<p>1. With a patient to provider ratio of 1,060 to 1, there is not adequate access to mental health and substance use services.</p> <p>2. There is an inadequate number of treatment providers who have licensure to treat patients with private insurance.</p> <p>3. Our continuum of care for substance use disorders lacks a medical detox facility and an inpatient treatment program in our county.</p>
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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).

Problem Statements	Data That Establishes Problem	Data Source
<p>1. Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating trauma and ACES for our youth</p>	<p>In the state of Indiana, parental drug and or alcohol use contributed to almost two thirds of DCS removals of children from their families. In Montgomery County 75% of our CHINS cases are directly related to substance use by parents/caregivers. Child Abuse/Neglect is recognized as one of the 10 possible ACES for children/youth.</p>	<p>2019 SEOW Report</p> <p>Montgomery County CASA statistics for 2019</p> <p>ACES Study</p>
<p>2. There is not adequate access to mental health and substance use services in Montgomery County.</p>	<p>County Health ranking show that Montgomery County has a higher patient to provider ratio than the state average for mental health providers. 1,060:1 compared to 700:1 for the state average. Our access to primary providers and dental access are both also a higher ratio than the state average. Patients with private insurance are often not able to be seen in Montgomery County due to licensure required for treatment professionals.</p>	<p>2018 Health Equity Report by the Montgomery County Health Department</p> <p>Reports from local mental health providers.</p>
<p>3. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing</p>	<p>According to the Sheriff's Department and Adult probation, at the time of release from Jail/JCAP/being placed on</p>	<p>Statistics from Montgomery County Adult Probation</p> <p>Statistics from JCAP program through the jail.</p>

<p>their risk factors to include homelessness and possible recidivism or probation violations.</p>	<p>probation, a high percentage of offenders do not have a safe and sober home to return to or continue to reside in. This often leads to them living with others who may still be actively using illegal substances, creating a higher risk for recidivism and relapse. This is particularly true as we do not have adequate treatment services to meet their needs for relapse prevention upon release.</p>	<p>Local Mental Health information</p>
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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.

Problem Statements	What can be done (action)?
<p>1. Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating trauma and ACES for our youth</p>	<p>1.Increased policing and arrests for drug related offenses. 2.Increased access to inpatient detox and treatment services 3.Provided targeted support/intervention for children who are identified as CHINS who have been removed from homes where the parent/caregiver has substance use issues or disorders 4.Expand Drug Court</p>
<p>2.There is not adequate access to mental health and substance use services in Montgomery County.</p>	<p>1.Collaborate with Mental Health to encourage programs to allow current staff to get additional training/education to become licensed to serve private insurance clients. 2.Encourage mental health centers to collaborate with inpatient treatment facilities to increase access to needed services. 3.Partner with local government to talk to detox/inpatient programs about a satellite program here in Montgomery County.</p>
<p>3. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>	<p>1.Increase grant funding for housing programs for adults being released from jail/being placed on probation, either through expansion of existing resources or creation of new programs.</p>

	<p>2. Increase the capacity of Drug and Veterans Court to allow more at-risk probationers to have access to treatment courts to aid in their recovery.</p> <p>3. Support the expansion of JCAP programming to include an aftercare component.</p>
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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.

Problem Statement #1	
	Goal 1: By April 2022, reduce youth use under the age of 15 by 1% . This will be measured through the Indiana Youth Survey results.
	Goal 2: By April 2021, complete three education events, reaching at least 100 community members, about ACES, impact of trauma on youth/adults and resources that can provide education/prevention/intervention substance use programs as needed for youth and adults.
Problem Statement #2	
	Goal 1: Reduce ratio of mental health consumers to providers by 1% by April 2022. This will be measured through the local and state health equity report.
	Goal 2: Facilitate 6 meetings with Mental Health providers by August 2021 to develop a plan that addresses capacity building and barriers to treatment.
Problem Statement #3	
	Goal 1: Increase residential substance use program capacity by 2% by April 2022. This will be measured by a pre and post survey of capacity for residential programs.
	Goal 2: Have the focus of at least three DFMC Coalition meetings, during the 2020-2021 calendar be on expansion of housing services for adults leaving incarceration, utilizing adult probation, existing programs and local housing authority. .

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1: By April 2022, reduce youth use under the age of 15 by 1% .</p>	<p>1.Prevention/Education – We will fund/support programs that provide services to youth and adolescents that focus on building resiliency and drug use prevention</p> <p>2.Treatment/Intervention – We will fund/support and advocate for increased local mental health services for youth substance use issues.</p> <p>3.Justice Services – we will fund/support programs that address adults/youth with substance use issues, for example drug court.</p>
<p>Goal 2: By April 2021, complete three education events, reaching at least 100 community members, about ACES, impact of trauma on youth/adults and resources that can provide education/prevention/intervention substance use programs as needed for youth and adults.</p>	<p>1.Prevention/Education – We will fund/support programs providing community education about ACES/Impact of Trauma on youth and adults.</p> <p>2.Treatment/Intervention – We will fund/support programs providing substance use trauma informed care for adults or youth.</p> <p>3. Justice Services – We will fund/support programs providing programming related to trauma informed care or trauma informed law enforcement.</p>
Problem Statement #2	Steps
<p>Goal 1: Reduce ratio of mental health consumers to providers by 1% by April 2022.</p>	<p>1.Prevention/Education – We will provide funding/support for programs providing mental health services for youth or adults.</p> <p>2.Intervention/Treatment – We will provide funding/support for mental health treatment services.</p> <p>3.Justice Services – We will provide funding/support for programs requiring mental health services of their consumers.</p>

<p>Goal 2: Facilitate 6 meetings with Mental Health providers by August 2021 to develop a plan that addresses capacity building and barriers to treatment.</p>	<p>1.Prevention/Education – We will provide funding/support for new programs expanding capacity for mental health prevention services. 2.Treatment/Intervention – We will provide funding for meetings of Mental health Providers to develop a plan for capacity building. 3. Justice Services – We will provide funding/support for expansion of existing services that support mental health services.</p>
<p>Problem Statement #3</p>	<p>Steps</p>
<p>Goal 1: Increase residential substance use program capacity by 2% by April 2022.</p>	<p>1.Prevention/Intervention – We will provide funding/support for programs that provide prevention/education services to youth whose parents are in a residential substance use programming. 2.Treatment/Intervention – We will provide funding/support to programs to increase capacity to serve residential consumers. 3.Justice Services – We will fund/support programs related to housing of adult consumers with substance use issues.</p>
<p>Goal 2: Have the focus of at least three DFMC Coalition meetings, during the 2020-2021 calendar be on expansion of housing services for adults leaving incarceration, utilizing adult probation, existing programs and local housing authority. .</p>	<p>1.Prevention/Education – We will provide funding/support to programs facilitating meetings educating the coalition about housing issues. 2. Treatment/Intervention – We will provide funding/support to programs providing residential services to consumers with substance use issues. 3.Justice Services – We will provide funding to programs related to housing of adult consumers with substance use issues.</p>

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).

Funding Profile

Amount of funds deposited into the County Drug Free Community Fund from fees collected last year (\$100.00): \$39,270.98		
Amount of unused funds that rolled over from the previous year (\$100.00): \$3,377.02		
Total funds available for programs and administrative costs for the upcoming year (\$100.00): \$42,648.00		
Amount of funds granted the year prior (\$100.00):including administrative portion \$39,285.00		
How much money is received from the following entities (if no money is received, please enter \$0.00):		
Substance Abuse and Mental Health Services Administration (SAMHSA):0.00		
Bureau of Justice Administration (BJA):0.00		
Office of National Drug Control Policy (ONDCP):0.00		
Indiana State Department of Health (ISDH): 0.00		
Indiana Department of Education (DOE): 0.00		
Indiana Division of Mental Health and Addiction (DMHA):0.00		
Indiana Family and Social Services Administration (FSSA):0.00		
Local entities: Kiwanis \$200, United Fund \$1,400		
Other:		
Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities (\$100.00):		
Prevention/Education: \$10,662	Intervention/Treatment: \$10,662	Justice: \$10,662
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
D&O Insurance, payment for administrator, Red Ribbon Breakfast, National Night Out Supplies, Utilities, Program Supplies		\$12,301.00 (this amount represents Administrative funds of \$10,662 with the additional funds being provided by the Youth Service Bureau or local entities listed above.)
Funding allotted by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1:\$10,000	Goal 1:\$9,662	Goal 1:\$10,000
Goal 2:\$662.00	Goal 2:\$1,000	Goal 2:\$662.00