

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: St. Joseph County

LCC Name: The Partnership for a Drug-Free SJC (*Formerly Partnership for the Education & Prevention of Substance Abuse (PEPSA)*)

LCC Contact: Robin Vida, MPH, CHES

Address: 415 E. Madison St.

City: South Bend

Phone: (812) 327-5557

Email: robin.vida@oaklawn.org

County Commissioners: Carl Baxmeyer, Derek Dieter, & Anthony Hazen

Address: 227 W. Jefferson Blvd., 7th Floor

City: South Bend

Zip Code: 46601

Vision Statement

What is your Local Coordinating Council's vision statement?

- Every resident in St. Joseph County can live a life free of substance use disorder.

Mission Statement

What is your Local Coordinating Council's mission statement?

- The mission for the Partnership for a Drug-Free SJC is to identify alcohol, tobacco, and other drug abuse issues in St. Joseph County and to plan, promote, and coordinate community efforts and resources to reduce the abuse among youth and adults.

Membership List

#	Name	Organization	Race	Gender	Category
---	------	--------------	------	--------	----------

Please see most up to date membership list here: [X Partnership Membership List January, 2024.xlsx](#)

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: January - December

Odd months are working membership meetings and even months are educational webinars focusing on topics such as emerging drug trends, etc.

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

St. Joseph County

County Population

272,916

Schools in the community

3 main school districts with over 50 schools combined, several private schools, two smaller districts (3 schools) with one at the County line with Marshall County

Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)

2 main health systems; one large provider-owned provider system; several private providers
1,110 people to 1 provider (Countyhealthrankings.org)

Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)

1 large community mental health center; 1 crisis response center, various private providers
370 people to 1 provider (Countyhealthrankings.org)

Service agencies/organizations

Hundreds of not-for-profits, social service agencies, and governmental entities addressing social needs including over 30+ community health workers/peer recovery coaches in the community
(County has over 1,500 NFP organizations)

Local media outlets that reach the community
3 main local media stations (WBST, WNDU, ABC57), various radio including Latino radio, black radio, and public broadcasting
What are the substances that are most problematic in your community?
opiates, synthetic drugs (fentanyl), marijuana, alcohol, tobacco, cocaine, methamphetamines
List all substance use/misuse services/activities/programs presently taking place in the community
<p>Beacon Health System- Overdose Lifelines, Draw the Line, Respect the Line</p> <p>Oaklawn- Botvin Life Skills, addictions recovery and treatment, Peer Recovery Coaches, Mobile Response Team (Adult & Youth), Crisis Response Team; Adolescent SUD Treatment Program</p> <p>Oxford House; Crisis Response Center</p> <p>Upper Room Recovery</p> <p>Life Treatment Center</p> <p>Indiana Center for Recovery</p> <p>YWCA</p> <p>525 Foundation- Drop2Stop Campaign, Wise Up Campaign</p> <p>St. Joseph County Department of Health- Narcan Distribution, OD Response plan,</p> <p>Smoke Free SJC</p> <p>Alcohol, Addictions Resource Center (AARC)- Youth program, Lose the Most Campaign, Handle with Care, Senior medication safety program @ Real Services</p> <p>Victory Clinic</p> <p>Bowen Behavioral Health</p> <p>Naxos Neighbors, Harm Reduction</p> <p>AIDS Ministries/AIDS Assist, Harm reduction</p> <p>Imani Unidad, Harm reduction</p> <p>SJC Police/Probation, Drug Court, Crisis response services, DV program</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
Low perceived risk of alcohol/drug use (including marijuana) among adults & youth	1. Potential expansion of education & awareness programs 2. DFC grant action plan that addresses youth alcohol & marijuana use 3. Lots of community supports that we could coordinate into place	1. Reaching the most at-risk community 2. Being able to identify a message that resonates with all 3. Marijuana legalization in all surrounding states 4. Alcohol and other drugs are easy to get (especially for youth)
Mental health, ACEs, Trauma	1. Robust community effort in place to address ACEs and beginning stages of PCEs 2. Providers that are willing to be “outside the box” to address needs 3. Community providers in place that are aware of impacts of trauma 4. Strong local system of care 5. Peer support groups	1. Getting everyone on board with same plan 2. Eagerness to address issues quickly leads to disconnects and duplicate efforts 3. Keeping qualified providers in the area 4. Reaching our most at-risk community members 5. Huge increase in suicidal ideation post-pandemic 6. Parents unaware or not addressing mental health challenges
Community norms favorable toward drug use in most at-risk individuals (“this is just what we do” mentality)	1. Growing community support for substance use as a strategy to deal with trauma 2. More grant funding to support more robust efforts 3. Growing group of citizens for brain science education	1. Some community members still see substance use as a power of “will”; very large stigma 2. Access to gatekeepers for youth and adults; recreational users and chronic users

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

Number of gas stations/convenience stores that sell synthetic drugs	1. City of South Bend Ordinance 2. Not in My Community Action group 3. Growing community awareness around synthetic drugs	1. Zoning policy/practices 2. No regulation of products 3. Direct marketing to children and youth 4. Awareness is growing, but extremely lacking
Protective Factors	Resources/Assets	Limitations/Gaps
Increase in access to community activists/mentors especially with at-risk youth in the schools and Boys/Girls Club	1. Lots of community groups available to build people up	1. training to ensure mentors/activist remain consistent with youth 2. youth awareness and engagement in programs
Variety of youth-focused engagement programs & strategies	1. Activities are being offered by various community partners 2. Youth are being asked to the table as a voice more frequently	1. Access to most at-risk youth 2. Youth seeing benefit of programming and/or wanting to engage
Increase risk perception of alcohol/drug use by youth and adults on some substances (i.e. opioids)	1. Criminal justice/ law enforcement recognize the benefit, when appropriate, to “help” rather than prosecute 2. DFC grant to assist in addressing this & more resources	1. Easy access to drugs/alcohol still exists 2. Campaign that will reach and resonate with all in our county 3. Parental Stigma

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)
Low perceived risk of alcohol/drug use and/or criminalization	Youth and adults hear misinformation and mixed messages about substance use/misuse Youth and adults in St. Joseph County use and abuse alcohol and drugs (including tobacco) Law enforcement capacity is limited.
Mental health, ACEs, trauma	St. Joseph County residents have a high level of depression and anxiety Stigma around mental health and substance misuse is common in SJC. Crisis response activities are above capacity and do not address all ages.
Community norms are favorable towards use/misuse	Youth and adults use and misuse marijuana Youth and adults have high rates of tobacco Youth and adults have high rates of alcohol consumption
Number of gas stations/convenience stores that sell synthetic drugs	Youth and adults have gaps in knowledge around the harms of synthetic drugs Perception of use is normalized and there is perceived low risk; especially if it is seen as something that is legal (sold at a store, must be safe, mentality) Youth and adults have easy access to unregulated synthetic drugs.

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>Youth and adults in St. Joseph County use and abuse alcohol and drugs (including tobacco)</p>	<p>It's estimated that just about 50% of Indiana residents 12 years of age or older had used alcohol in the past month; 16.8% of 12-20 year olds reported use</p> <p>35% 18-35 y.o. reported binge drinking in the past 30 days, 27% of 26 & older reported binge drinking in the last 30 days (both higher than National average)</p> <p>The average age of Overdose Death in SJC was between 22 and 55</p>	<p>SEOW Report</p> <p>SEOW Report</p> <p>SJC Department of Health annual report</p>
<p>Youth and adults use and misuse marijuana (including synthetic drugs)</p>	<p>An estimated 12% of Indiana residents 12 and older used marijuana in the past month(an increase in 2% from last CCP)</p> <p>13% of 12th graders reported using marijuana (including synthetic marijuana) in the last month</p>	<p>SEOW Report</p> <p>IN Youth Survey</p>
<p>Youth and adults have easy access to synthetic drugs and/or alcohol</p>	<p>In the past year, ~6% of 6-12th graders got alcohol at a party and ~5% got it from a parent/guardian.</p> <p>5.5% of 6-12th graders got marijuana from a friend and 2% gave money to purchase it</p> <p>Environmental scans of SJC convenient stores and gas stations show easy access to synthetic drugs</p>	<p>IN Youth Survey</p> <p>IN Youth Survey</p> <p>Environmental scans implemented and analyzed through drug-free coalition</p>

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>Youth and adults in St. Joseph County misuses and abuses alcohol and drugs (including nicotine, synthetics, rx drugs, etc.)</p>	<ol style="list-style-type: none"> 1. Implement comprehensive programming to address risks of use and abuse of illicit drugs and include alcohol use at places youth frequent 2. Educate about the science behind substance use disorder 3. Provide opportunities for youth to connect to healthy support systems 4. Reduce stigma around recovery and treatment for youth & adults by providing education & awareness about substance use disorder & mental health 5. Reduce stigma around substance use disorder and its links to trauma and mental health
<p>Youth and adults use and misuse marijuana (including synthetic drugs)</p>	<ol style="list-style-type: none"> 1. Provide education on the dangers of marijuana use and impacts on a developing brain 2. Provide education on the impacts and danger of synthetic drugs bought at convenience stores and gas stations 3. Increase access to opportunities for youth to engage in positive behaviors 4. Work at a local level to develop best practices and ordinances to keep youth safe and limit marketing to youth
<p>Youth and adults have easy access to synthetic drugs and/or alcohol</p>	<ol style="list-style-type: none"> 1. Identify and measure the impact (including the incidence and prevalence) of synthetic drugs on youth and adults 2. Provide education on the dangers and impacts of synthetic drugs and alcohol to youth and adults 3. Create policies both at the school level and community level that eliminates access to the identified substances 4. Work with local justice system to create consequences that are rooted in evidence-based reduction strategies and positive experiences 5. Support organizations that provide treatment and recovery services.

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 Increase the access and implementation of comprehensive substance use prevention education/strategies to 10% of all schools or youth-serving organizations in our County as measured by the county's 2024/25 needs assessment.
Goal 2 Decrease the number of people 12 and older in SJC reporting drug use or alcohol use by 3% by 2024/25 as reported in the State Epidemiological Profile Report and local data collected.
Problem Statement #2
Goal 1 Decrease the number of youth that report using marijuana by 5% as reported by the Indiana Youth Survey by 2024/25.
Goal 2 Decrease the number of individuals that report monthly use of marijuana or synthetic marijuana by 3% as measured by the SEOW.
Problem Statement #3
Goal 1 Decrease local access to synthetic drugs by at least 2% by educating retailers on the City of South Bend's synthetic drug ordinance as measured through local community scans.
Goal 2 Increase the number of school districts that utilize a policy that supports in-school education/support on the dangers of substances (including synthetic drugs, nicotine, THC, etc.) rather than suspension by adding at least 1 district-wide policy in the County.
Goal 3 Increase access to treatment/recovery support organizations by at least 10% as reported on grantee annual report provided to Drug-Free Partnership.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 Increase the access and implementation of comprehensive substance use prevention education/strategies to 10% of all schools or	1. Meet with community partners doing programming to identify gaps, current assets, and identify programming needs

youth-serving organizations in our County as measured by the county's 2024/25 needs assessment.	<p>2. Meet with school/youth leaders to develop & discuss implementation, resources, measurement/evaluation</p> <p>3. Create timeline for implementation and evaluation of programming at identified schools and/or organizations</p>
<p>Goal 2</p> <p>Decrease the number of people 12 and older in SJC reporting drug use or alcohol use by 3% by 2024/25 as reported in the State Epidemiological Profile Report.</p>	<p>1. Reduce stigma and increase awareness around substance use/misuse/dangers through mass education campaigns, educational sessions, etc.</p> <p>2. Identify funding and resources to increase access to adolescent treatment services in SJC.</p> <p>3. Work with youth groups and gatekeepers to provide opportunities for positive youth engagement.</p> <p>4. Continue to advocate for harm reduction services as it relates to all substance use.</p>
Problem Statement #2	Steps
<p>Goal 1</p> <p>Decrease the number of youth that report using marijuana by 5% as reported by the Indiana Youth Survey by 2024/25.</p>	<p>1. Educate on dangers of marijuana use (including synthetic marijuana).</p> <p>2. Work with local schools and youth-serving organizations to collect relevant data as it relates to use/misuse.</p> <p>3. Increase access to treatment resources, specifically for youth.</p>
<p>Goal 2</p> <p>Decrease the number of individuals that report monthly use of marijuana or synthetic marijuana, and other drugs by 3% as measured by the SEOW.</p>	<p>1. Increase access treatment services, programs, etc. as it relates to misuse.</p> <p>2. Work with the Not in My Community Group to identify repeat offenders of the city's ordinance and focus efforts to reduce access to substances.</p> <p>3. Include more comprehensive drug-testing panels for individuals in</p>

	drug-diversion programs with local criminal justice services.
Problem Statement #3	Steps
<p>Goal 1</p> <p>Decrease local access to synthetic drugs by at least 2% by educating retailers on the City of South Bend's synthetic drug ordinance as measured through local community scans.</p>	<p>1. Identify process and timeline for environmental scans of local retailers who sell synthetic drugs.</p> <p>2. Create awareness around the marketing of these items to specific underserved communities, including youth.</p>
<p>Goal 2</p> <p>Increase the number of school districts that utilize a policy that supports in-school education/support on the dangers of substances (including synthetic drugs, nicotine, THC, etc.) rather than suspension by adding at least 1 district-wide policy in the County.</p>	<p>1. Host youth and parent summits to discuss community issues such as drug and alcohol use and empower them to make changes</p> <p>2. Identify existing school policies as it relates to substance use.</p> <p>3. Identify best practices for creating policies that are effective in decreasing repeat offenses and increase positive experiences.</p>
<p>Goal 3</p> <p>Increase access and support to those in treatment and recovery.</p>	<p>1. Identify organizations who offer residential treatment and/or immediate access to treatment services</p> <p>2. Identify needs, gaps, resources available to help those in services.</p>

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).

Funding Profile		
1	Amount deposited into the County DFC Fund from fees collected last year (2023 funds to be awarded in 2024):	\$90,087.13
2	Amount of unused funds from last year that will roll over into this year:	\$13,470.12
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$103,557.25
4	Amount of funds granted last year (2022 funds, awarded in 2023):	\$124,716.09
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: \$28,879.35	Intervention/Treatment: \$28,879.35	Justice Services: \$25,889.31
Funding allotted to Administrative costs:		
Itemized list of what is being funded	Amount (\$100.00)	
Coordinator compensation	\$0.00	
Office supplies, website maintenance, Flipcase, Quickbooks; CPA support	\$4,500.00	
Sponsorship of events, activities, educational programs, etc.	\$15,409.24	
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$12,990.04	Goal 1: \$10,000.00	Goal 1: \$7,990.04
Goal 2: \$15,889.31	Goal 2: \$15,889.31	Goal 2: \$10,000.00
		Goal 3: \$10,889.31