## The Indiana Commission to Combat Drug Abuse



# Comprehensive Community Plan 2025

County: Madison

LCC Name: Madison County Coalition Against Substance Abuse

LCC Contact: Steve Richardson

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County Commissioners: John Richwine, President, Olivia Pratt, Darlene Likens

Address: Madison County Government Center, 16 E 9th Street

City: Anderson

Zip Code: 46016

## Vision Statement

What is your Local Coordinating Council's vision statement?

We envision a community in which every individual experiences a healthy and drug free lifestyle.

## **Mission Statement**

What is your Local Coordinating Council's mission statement?

Madison County Coalition Against Substance Abuse (hereafter referred to as MCCASA/LCC aims to address the problem of alcohol and substance abuse in Madison County by establishing partnerships with stakeholders in education/prevention, treatment, and the criminal justice sectors.

Me	mbership List				
#	Name	Organization	Race	Gender	Category
1	Doug Beltz	Sheriff's Dept	W	M	Law Enforcement/Ed
2	Jason Brizendine	Elwood PD	W	M	Law Enforcement
3	Shane Briggs	Pendleton PD	W	M	Law Enforcement
4	Cody Painter	Chesterfield PD	W	M	Law Enforcement
5	Shelly Ross	Intersect	W	F	Prevention
6	Karesa Knight-	Intersect	W	F	Prevention
	Wilkerson				
7	Carl Chambers	Madison	$\mathbf{W}$	M	Justice/Treatment
		County Adult			
		Probation			
8	Judge Angela	<b>Presiding, Problem</b>	W	F	Justice/Treatment
	Sims	Solving Courts			
9	Travis Isaacs	House of Hone	W	M	Treatment
		House of Hope Mad Co	W		Prevention/Educatioon
10	Vaughn Walker	Sheriff's	W	M	Prevention/Educatioon
		Chaplaincy			
		Program			
11	Karen Finnigan	Turning Point	M	F	Prevention/Treatment
12	Darrell Mitchell	Aspine/Progress	W	M	Treatment
1-	2 W. I VII I (III V	House	.,	1.1	1100000000
13	Keith Gaskill	Mad Co Drug Task	W	M	Law Enforcement
		Force			
14	John Beeman	Sheriff, Mad Co	W	M	Sheriff, D.A.R.E
					Program
15	Tia Baker	Community	W	F	Law
		<b>Justice Center</b>			Enforcement/Treatment
16	Annie Reeder-	F.R.O.G	$\mathbf{W}$	F	Treatment
	Wright	Recovery			
17	Susan Elsworth	INOFAS	W	F	Prevention/Education
18	Katie Stapleton	Mad Co Problem	W	F	Justice/Treatment
		Solving Courts			
10		XX /011 B1	***	-	
19	Kathy Isaacs	Willow Place	$\mathbf{W}$	F	Treatment

20	Chris Lanane	Walk for Hope	W	M	<b>Education/Prevention</b>
21	Laura Taylor	Alternatives	W	F	<b>Eucation/Prevention</b>
22	Alex Valdez	Mocking Bird Hill Recovery Center	Hispanic	M	Treatment
23	Jason Dillmon	Mad Co Juvenile Probation	W	M	Treatment
24	Kelly Buzan	Alternatives	W	F	<b>Education/Prevention</b>
25	Ruthie Smith	Community Hospital	W	F	Education/Prevention
26	Ketta Mason	Minority Health Coalition of Mad Co	В	F	Education/Prevention
27	Louis Jackson	Life Redefined	В	M	<b>Education/Preventionm</b>
28	Tesse Keesling	<b>Bridges of Hope</b>	W	F	Treatment
29	Veda Morris- May	Minority HealthCoaliton of Mad Co	В	F	Education/Prevention
30	Dalrey Trotter	-do-	В	M	Education/Prevention
31	Staci Johnson	Overdose Awareness	W	F	Education/Prevention
32	Melissa Schroeder	Willow Place	W	F	Treatment

#### **LCC Meeting Schedule:**

Please provide the months the LCC meets throughout the year:

MCCASA meets monthly with the exception of June and July. Meets the first Thursday of the month. We meet in the Conference Room of the Madison County Dispatch Center.

## 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 an 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

Madison

County Population

130,129 (2021) White: 108,594 Black: 10,225 Hispanic: 6,263 Other: 3,182

Schools in the community

Anderson Community Schools, Madison-Grant Community Schools, Elwood Community Schools, Alexandria-Monroe Community Schools, Pendleton Community Schools, Lapen-Frankton Community Schools, Liberty Christian Schools, APA Community Schools and Anderson University.

Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) St Vincent Ascension Hospitals, Community Hospitals, Jane Pauly Health Center, and Madison County Community Health Center

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

Aspire of Madison County, Anderson Center (St Vincent Ascension)

#### Service agencies/organizations

Honor our Children, United Way, Madison County Community Fund, Operation Love Ministries, Minority Health Coalition, Aspire, Madison County Mental Healthand Addictions Coalition, S.A.A.D, AA, NA, Intersect, Alternatives, Inc., Madison County D.A.R.E. Program, Madison County Sheriff's Chaplaincy Coalition, House of Hope, Mocking Bird Hill Recovery Center, Community Justice Center, Walk for Hope, Madison County Problem Solving Courts and Alumni Group, Anderson PD, Pendleton PD, Edgewood PD, Chesterfield PD, Elwood PD, Madison County Juvenile Center, Madison County Adult Probation, Madison County Drug Task Force, Turning Point. Bridges of Hope, F.R.O.G. Recovery, Grace House.

Local media outlets that reach the community

WHBU Radio, TV – All network stations, PBS tv and radio.

Herald Bulletin Newspaper

City of Anderson Cable TV station

What are the substances that are most problematic in your community?

Youth grades 6-12: Vaping, alcohol, marijuana, cigarettes, opioids

Adults: cigarettes, alcohol, vaping. Marijuana, meth, opioids

List all substance use/misuse services/activities/programs presently taking place in the community Turning Point, AA, NA, House of Hope (Treatment), Bridges of Hope (Treatment), Mocking Bird Hill (Treatment) Willow Place (Treatment), F.R.O.G. Treatment). Anderson Center (Treatment/Detox) Walk for Hope (Removing Stigma and drug awareness) D.A.R.E., Intersect (Prevention and Family

Programs) Local police departments commity programs for drug awareness, Madison County Minority Health Coalition (Eduction) Overdosse Awareness (Prevention/Education)

#### **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.

<u>Risk Factors Examples:</u> 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.

<u>Protective Factors Examples:</u> 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.<sup>1</sup>

Risk Factors	Resources/Assets	Limitations/Gaps
1. Poverty/violence	1. Impact Center Programs	1. Loss of hope
	2. Child care/Impact Center	2. Community involvement
	3. Job programs/Work Redevelopment	3. Failed drug screens for employment
2.Family substance abuse	1. Intersect Strengthening Families Program	1. Lack of urban family participation
	2. Community Justice Center Programs	2. Severe lack of rresidential treatment programs for women
	3. Problem Solving Courts Programs	3. Lack of funding for participants without insurance for residential treatment
3.Availability of alcohol/drugrs	1Drug Task Force.	1.Drugs imported from other communities
	2.Excise enforcement of laws	

<sup>&</sup>lt;sup>1</sup>Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substance Use, April 2018.

	3.OWI Patrols	2.Limited funding for enforcement 3.Early education for youth
<b>Protective Factors</b>	Resources/Assets	Limitations/Gaps
1. Strong Family relationships	1. Intersect Strengthening Families Program	1. Lack of urban family participation
	2. Problem Solving Courts programs	2. Poverty
		3. Single parent familites
	3. Community Justice Center Programs	
2.Restricted access to alcohol/drugs	1. Mad Co Drug Task Force	1. Limited personal/resources
5	2. Hosting ordinances	2. Limited financial resources
	3. Town Hall Meetings	3. Lack of county-wide smoking-hosting ordinances
3.Access to healthcare And substance abuse treatment	1. Jane Pauly Healthcare	1. Limited staffing problems
	2. Mad Co Community Health Center	2. Early preventative health care education
	3. Affordable Care Act	3. Financial resourcees

## 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.* 

Risk Factors	Problem Statement(s)
1. Poverty/violence	1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County.  2. There continues to be a high rate of tobacco/smoking use and abuse among youth and adults in Madison County  3. There continues to be a high rate of substance abuse among youth and adults in Madison County.
2.Family Substance Abuse	1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County.
	2. There continues to be a high rate of tobacco/smoking use and abuse among youth and adults in Madison County 3. There continues to be a high rate of substance abuse among youth and adults in Madison County.

3.Access to healthcare and substance abuse treatment	1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County.  2. There continues to be a high rate of tobacco/smoking use and abuse amonth youth and adults in Madison County.  3. There continues Ito be a high rate of substance abuse among youth and adults in
	substance abuse among youth and adults in
	Madison County

## **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
1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County	Health Behaviors (Inkcludes excessive drinking) Mad Co ranked 88 of 92 counties. Youth (9-12 grade) reported a prevalence of use 19.8% IN 29.8 US	2020 Robert Wood Foundation County Health Rankings Indiana Youth Survey 2020
2. There continues to be a high rate of tobacco/smoking use and abuse among youth and adults in Madison Countuy.	Adults who smoke: Madison County: 24.5% IN: 16.2% US 14.0% Lung Cancer Deaths per 100,000 residents: US – 36.7, IN – 46.0, Madison Co: 53.3  Youth (9-12 grades) prevalence of use 17.1% IN 13.2% US of E-Cigarettes According to IN Dept of Health 1 in 5 High School aged	Intersect – Updated 7/2024 Indiana Youth Survey 2020 Note:

	students reported using E- Cigarettes in 2021	
3. There continues to be a high rate of controlled substance abuse among youth and adults in Madison County.	Madison County Board of Health reported in 2024 48 OD deaths Fentanyl involved in 23 of the deaths Use of any opioids at admission to treatment was 36.6% Mad Co, vs 19% IN 18-25 year olds reported that 8.5 days a month their mental health was NOT good.	Madison County Board of Health 2025 2021 SEOW EPI Report 2019 IUPUI School of Puiblic Health Survey

#### **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)?
1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison	1. Early education programs concerning alcohol us for youth
County	2. Increase Hosting ordinances throughout Madison County/After Prom activities
	3. Early intervention/treatment for adults
2. There continues to be a high rate of tobacco/smoking use and abuse among youth and	Early education programs concerning tobacco/smoking use for youth
adults in Madison County	2. Increase tax on tobacco/smoking products
	3. Increase promotion to organizations and businesses and funding for "Quit Line".
3. There continues to be a high rate of controlled substance abuse among youth and adults in	1. Early education programs concerning drug use/abuse for youth
Madison County	2. Increase/add treatment programs for youth and adults.
	3. Intervention and educational resources for first responders.

## **Step 4: Develop SMART Goal Statements**

or 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

Reduce by 1% DOC incarcerations for alcohol related offenses by 2028

Goal 2

Reduce youth (grades 7-12) alcohol usage by 2% by 2028

#### **Problem Statement #2**

Goal 1

Reduce tobacco/smoking usage in Madison County by 1% overall by 2028

Goal 2

Promote "Quit Line" usage in Madison County by 2% by 2028

#### **Problem Statement #3**

Goal 1

Reduce by 1% the incarcerations to the DOC for drug related offenses by 2028

Goal 2

Reduce drug overdose deaths in Madison County by 1% by 2028

#### **Step 5: Plans to Achieve Goals**

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1	1. Fund education programs for youth
Reduct by 1% the incarcerations to the DOC for	regarding substance abuse
alcohol related offenses by 2028	2. Fund deversion programs for
	alcohol/drug abuse
	3. Fund training for first responders in
	alcohol/substance abuse
Goal 2	1. Fund youth organizations in schools
Reduce you (grades 7-12) usage by 3% by 2028	that promote smart decisions/after prom
	2. Support Hosting Ordinances
	3. Fund alcohol/substance abuse
	programs with juveniles from Court
	System
Problem Statement #2	Steps

Goal 1	1. Support county-wide smoking policy
Reduce tobacco/smoking useage in Madison	change
County by 1% overall by 2028	2. Fund youth education programs
	regarding tobacco/vaping
	3. Support agencies/organizations that
	enforce smoking regulations.

Goal 2 Promote "Quit Line" usage in Madison County by 2% by 2028	1. Fund organizations that promote "Quit Line" to local businesses/organizations 2. Support organizations that provide the Quit Line information to their clients. 3. Support youth organizations that promote the Quit Line in their schools
Problem Statement #3	Steps
Goal 1 Reduce by 1% the incarcerations to the DOC for drug related offenses by 2028	1. Fund justice services that involve diversion programs     2. Fund programs that are involved in community substance abuse education  3. Support programs that promote family support
Goal 2 Reduce drug overdose deaths in Madison County by 2% by 2028	1. Fund substance abuse treatment programs 2. Fund training/tools for law enforcement 3. Support programs that reduce stigma of the disease of drug addiction

### 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).

I un	Funding Profile				
1	Amount deposited into the County DFC Fund from fees collected last year:			\$70,000.00	
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):			\$70,000.00	
4	Amount of funds granted last year:			\$60,000.00	
Additional Funding Sources (if no money is received, please enter \$0.00)					
A	Substance Abuse and Mental Health Services Administration (SAMHSA):			\$0.00	
В	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	
Н	Indiana Family and Social Services Administration (FSSA):			\$0.00	
I	Local entities:			\$0.00	
J	Other:			\$0.00	
Categorical Funding Allocations					
Prevention/Education: \$17,500.00		Intervention/Treatment: \$17,500.00	Justice Services: \$17,500.00		
Funding allotted to Administrative costs:					
t et				Amount (\$100.00)	
Coordinator compensation \$17,17			\$17,175		
4H Fair Event Expenses \$325			\$325		
Funding Allocations by Goal per Problem Statement:					
Problem Statement #1		Problem Statement #2	Problem Statement #3		
Goal 1: \$8,750.00		Goal 1: \$8,750.00	Goal 1: \$8,750.00		
Goa	al 2: \$8,750.00	Goal 2: \$8,750.00	Goal 2: \$	Goal 2: \$8,750.00	