

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Marshall
LCC Name: Marshall County Drug and Tobacco Free Committee
LCC Contact: Hanna Croy
Address: 211 W Lakeshore Dr.
City: Culver
Phone: (574) 527-8569
Email: lccmarshallcounty@gmail.com

County Commissioners: Marshall County Commissioners
Address: 112 West Jefferson St., Room 307
City: Plymouth
Zip Code: 46563

Vision Statement

What is your Local Coordinating Council's vision statement?

The Marshall County LCC hopes to prevent or reduce drug, alcohol, and tobacco use throughout all Marshall County Residents.

Mission Statement

What is your Local Coordinating Council's mission statement?

The Marshall County LCC will coordinate efforts to combat drug, alcohol, and tobacco issues through prevention, education, identification treatment, law enforcement and justice throughout Marshall County, Indiana.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Abby Caswell	Marshall Co. Probation	W	F	Justice
2	John Grolick	Coroner	W	M	Justice
4	Josh Troyer	Plymouth HS	W	M	Education
5	Chasity Keller	CASA	W	F	Prevention
6	Matt Schnaible	Bremen PD	W	M	Justice
7	Bill Martin	Bourbon PD	W	M	Justice
8	Andrew Rohde	Bremen HS	W	M	Education
9	Nick Medich	Argos HS	W	M	Education
11	Zac Cook	Bowen Center	W	M	Treatment
12	Rodney Younis	Triton HS	W	M	Education
13	Matt Hassel	Marshall Co. Sheriff	W	M	Justice
14	Dave Caswell	Indiana State Police	W	M	Justice
15	Michael Edison	LaVille HS	W	M	Education
16	Dan Franz	New Directions Counseling	W	M	Treatment
17	E. Nelson Chipman, Jr.	Marshall Co. Prosecutor	W	M	Justice
19	Annette Haining	St. Joseph Health	W	F	Treatment/Education
21	Kevin Kubsch	LaVille HS	W	M	Education
22	James Bendy	Marshall Co. Probation	W	M	Justice
23	Christie Johnson	MCDAP	W	F	Treatment

24	Jalysa Gibson	St. Joseph Health	W	F	Education/Prevention
25	Dawn Brodaker	Serenity House	W	F	Treatment
27	Kenneth Shoff	Marshall County HOPE	W	M	Treatment
28	Hanna Croy	Culver HS	W	F	Education
29	Ryleigh Carr	Culver HS	W	F	Education
30	Sandy Dunfee	Marshall Co. Health Dept.	W	F	Education

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

4th Tuesday in January, March, May, September, October, and November, with additional meetings as necessary. All meetings are at 9:15 am at alternating locations within the community.

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

County Name
Marshall
County Population
46,121
Schools in the community
Argos, Bremen, Culver, John Glenn, LaVille, Plymouth, and Triton.
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)
Beacon Health Bremen, Saint Joseph Regional Medical Center, Plymouth, Bowen Health
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)
Bowen Center Plymouth, Michiana Behavioral Health Plymouth, Doctors Hospital Bremen
Service agencies/organizations
New Directions Counseling, Intrepid Phoenix, Eric Foster, Inc., Marshall County Tobacco Education, David's Courage, Marshall County HOPE, Serenity House, and Brighter Tomorrows
Local media outlets that reach the community
Plymouth Pilot, Culver Citizen, WTCA AM1050, MAX 98.3
What are the substances that are most problematic in your community?
Opioid-both illicit and prescription, Methamphetamine, Marijuana, Alcohol, and Tobacco/Vaping
List all substance use/misuse services/activities/programs presently taking place in the community
Intrepid Phoenix, David's Courage, New Directions Counseling, Bowen Center, Michiana Behavioral Health, Marshall County Tobacco Cessations (St. Joseph Medical), United Way of Marshall County, Serenity House, Smart Recovery, Narcotics Anonymous, Celebrate Recovery

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
1. Availability of alcohol and other drugs	1. Ease of purchase with multiple establishments selling alcohol, vapes, CBD, etc. 2. 2 local hotels that provide transient housing that are known to produce a large number of drug cases. 3. Prescriptions are given at a higher occurrence and pills are often sold for profit.	1. Must be 21 to purchase 2. Harder to access in rural areas than urban areas 3. Increased local law enforcement presence in targeted areas.
2. Peer substance use	1. Those in areas where substance use is high are more likely to use 2. In cases regarding opioids and methamphetamine, addictions happen quickly 3. Availability through personal contacts due to neighboring states legalizing marijuana.	1. Transportation can be difficult 2. Cash flow can be a problem leading to theft and other crimes 3. Excessive use can lead to other physical and mental health issues

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

3. Mental Health Problems	1. Opioids and other drugs can be prescribed due to mental health issues leading to addiction 2. Some patients experiment with drugs for self-treatment 3. Growing number of mental health patients	1. Some patients don't realize the severity of their problem 2. Lack of facility space at times due to high influx of patients 3. Law Enforcement can find it difficult to assist these subjects when encountered
Protective Factors	Resources/Assets	Limitations/Gaps
1. Access to Health Care	1. Saint Joseph Regional Medical Center 2. Beacon Medical 3. Bowen Health 4. Lutheran Health 5. Woodlawn Physicians	1. Lack of insurance 2. Transportation issues 3. Denial
2. Access to Mental Health Care	1. Bowen Health 2. Michiana Behavioral Health 3. Doctor's Hospital Bremen	1. Lack of Insurance 2. Transportation issues 3. Denial 4. Stigma
3. Community Based Interventions	1. New Directions Counseling 2. David's Courage 3. Eric Fosters, Inc. 4. Marshall County HOPE 5. Bowen Health 6. Brighter Tomorrows 7. Dustins Place	1. People are unaware these programs exists 2. Unsure of hope the programs work. 3. Monetary Issues

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.Availability of alcohol and other drugs	1. Alcohol is readily available in stores 2. Illicit drugs are available throughout the community 3. Prescription drug availability leads to use/misuse
2. Peer substance use	1. Alcohol and tobacco is prevalent 2. Tobacco/Vaping is a growing issue among our youth 3. Illegal drugs are available through peer contact
3.Mental health problems	1. Subjects can self-medicate to treat a variety of mental health problems 2. Subjects can refuse treatment 3.Lack of support or funding for treatment

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
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1. There is a high instance of alcohol and illegal drug use among individuals under the age of 18.	Reports from local schools, county probation and local law enforcement.	Marshall County Probation, School self-reporting, law enforcement reports.
2. There is a high instance of Methamphetamine, Opioid, and Marijuana use in Marshall County	Marshall County Probation Department reported 704 drug screens. They reported the following positive results-164 for marijuana, 148 for methamphetamine, 6 for opiates, 7 for benzodiazepines, and 38 for cocaine	Marshall County Probation
3. There is a high instance of alcohol and controlled substance use/abuse in Marshall County.	In the 2023-2024 school year, area schools reported 338 drug tests given with results being 11 testing positive. There were 208 OWI arrests in Marshall County in 2024	3 of the Marshall Co. Schools Local department records not including Indiana State Police

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 is a high instance of alcohol and illegal drug use among individuals under the age of 18.	1. Testing in the schools for tobacco, alcohol and illegal drug use 2. Educate students on the risk of tobacco and alcohol on the adolescent brain including long term effects. 3. Increase the resources to detect these substances in the schools and links to treatment. 4. Resources available for treatment to be readily known and accessible.
2. There is a high instance of Methamphetamine, Opioid, and Marijuana use in Marshall County	1. Counseling to assist in recovery 2. Education programs to provide assistance to the community 3. Support Criminal Justice in training and corrective actions through local police and probation

	4. Resources available for treatment to be readily known and accessible.
3. There is a high instance of alcohol and controlled substance use/abuse in Marshall County by those over the age of 18.	<p>1. Education through treatment programs and community groups</p> <p>2. Treatment to assist in recovery. SMART Recovery programming and MRT therapy.</p> <p>3. Proactive criminal justice programs such as Operation Pull Over, DUI Taskforce</p> <p>4. Resources available for treatment to be readily known and accessible.</p>

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 Decrease the number of students that test positive by 1% in the next 12 months reported by local schools and county probation.
Goal 2 Increase the presence of anti-drug and alcohol programs such as D.A.R.E., Breathe Easy Marshall County, Voice, Marshall County HOPE, etc in 4 Marshall County schools in the next 12 months.
Problem Statement #2
Goal 1 Decrease the number of subjects that test positive for illicit drugs as measured by statistics from local schools and probation by 2% in the next 12 months.
Goal 2 Provide 2 new treatment programs such as MRT therapy and group therapy to drug offenders while incarcerated at local jail and post-conviction on community supervision.
Problem Statement #3
Goal 1 Decrease the number of subjects that test positive for controlled substances and alcohol as measured by county probation and treatment provider by 2% in the next 12 months.
Goal 2 Decrease the number of OWIs by 2% by increasing targeted patrol through law enforcement by providing support and training for targeted patrol to decrease OWI numbers.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 Decrease the number of students that test positive by 1% in the next 12 months reported by local schools and county probation.	1. Assist probation and local schools with connecting students to treatment providers and programs.

	2. Continue to screen subjects at probation and schools.
<p>Goal 2</p> <p>Increase the presence of anti-drug and alcohol programs such as D.A.R.E., Breathe Easy Marshall County, Voice, etc in 4 Marshall County schools in the next 12 months.</p>	<p>1. Introduce anti-drug and alcohol programs into the schools.</p> <p>2. Provide education, materials and resources to the schools, community members and program administrators.</p>
Problem Statement #2	Steps
<p>Goal 1</p> <p>Decrease the number of subjects that test positive for illicit drugs as measured by statistics from local schools and probation by 2% in the next 12 months.</p>	<p>1. Provide drug testing and vape detectors to schools.</p> <p>2. Make information about the established programs available to students and subjects on probation.</p>
<p>Goal 2</p> <p>Provide 2 new treatment program to drug offenders while incarcerated at local jail and post-conviction on community supervision.</p>	<p>1. Distribute information packets to subjects upon release including programs to help in recovery.</p> <p>2. Assist subjects in getting established services or education while incarcerated or on post-conviction community supervision.</p>
Problem Statement #3	Steps
<p>Goal 1</p> <p>Decrease the number of subjects that test positive for controlled substances and alcohol as measured by county probation and treatment provider by 2% in the next 12 months.</p>	<p>1. Provide drug testing and referrals to treatment providers</p> <p>2. Assist subjects with substance use treatment costs.</p>
<p>Goal 2</p> <p>Decrease the number of OWIs by 2% by increasing targeted patrol through law enforcement including 2 DUI checkpoints and increased patrol over the next 12 months.</p>	<p>1. Continue to support law enforcement with CHIRP funding and other OWI grants.</p> <p>2. Increase patrols and DUI check points.</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:	\$47,415.29
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):	\$47,415.29
4	Amount of funds granted last year:	\$44,328.75
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: \$12,980.00	Intervention/Treatment: \$14,581.47	Justice Services: \$11,853.82
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$8,000.00
Office supplies		\$00.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$6,900.00	Goal 1: \$4,581.47	Goal 1: \$7,000.00
Goal 2: \$6,080.00	Goal 2: \$10,500.00	Goal 2: \$4853.82