

The Indiana Commission to Combat Drug



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)*)

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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 (Executive Committee)					
#	Name	Organization	Race	Gender	Category
	Robin Vida (chair)	Oaklawn	W	F	Mental Health
	John Horsely (co-chair)	Indiana Treatment Centers	W	M	Treatment
	Becky Savage (co-chair)	525 Foundation	W	F	Prevention
	Sandi Pontius (Secretary)	Saint Joseph Health System	W	F	Healthcare
	Janet Whitfield Hyduk (DFC Coordinator)	Partnership Drug-Free SJC	W	F	Prevention
	Brian Mounts (DFC Support)	Oaklawn	W	M	Mental Health
	Carl Hetler (Chair-Recovery Committee)	City of South Bend	W	M	Government
	Matt Kaczmarek (Chair-Community Awareness)	Community	W	M	Community
	Christine Pochert (Chair-Membership)	Community	W	F	Community

	Jesse Carlton	SJC Probation	W	M	Law enforcement
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Please see most up to date membership list here: [Partnership Membership List January, 2024.xlsx](#)

LCC Meeting Schedule:

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

Our full membership meets monthly.

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 50+ 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

Alcohol, Addictions Resource Center (AARC)- Youth program, Lose the Most Campaign, Handle with Care, Senior medication safety program @ Real Services

Alcoholics/Narcotics Anonymous, support groups

Avenues, Detox and rehab

Aware

Beacon Health System Community Impact- Overdose Lifelines, Draw the Line, Respect the Line

Bowen Health

Center for Positive Change

Celebrate Recovery

Clean Slate

Dockside, outpatient

HealthPlus, formerly AIDS Ministries/AIDS Assist, Harm reduction

Imani Unidad, Harm reduction

Indiana Center for Recovery

New Avenues

Oaklawn- Botvin Life Skills, addictions recovery and treatment, Peer Recovery Coaches,

Mobile Response Team (Adult & Youth), Crisis Response Team; Adolescent SUD Treatment

Program, Crisis Response Center

Oxford House

Parents of Addicted Love Ones-South Bend

Recovery Connection at St. Peter's UCC

St. Joseph County Department of Health- Narcan Distribution,

Smoke Free SJC

SJC Police/Probation, Drug Court, Crisis response services, DV program

Upper Room Recovery

Integrated Recovery Services

Victory Clinic

YWCA

Zinnia

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	<ol style="list-style-type: none">1. Potential expansion of education & awareness programs2.DFC grant action plan that addresses youth alcohol & marijuana use3. Lots of community supports that we could coordinate into place	<ol style="list-style-type: none">1. Reaching the most at-risk community2. Being able to identify a message that resonates with all3. Marijuana legalization in all surrounding states4. Alcohol and other drugs are easy to get (especially for youth)

Mental health, ACEs, Trauma	<ol style="list-style-type: none"> 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 Services 	<ol style="list-style-type: none"> 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)	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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

Protective Factors	Resources/Assets	Limitations/Gaps
Increasing opportunities for community pro-social activities	<ol style="list-style-type: none"> 1. Lots of community groups available to build people up 	<ol style="list-style-type: none"> 1. Training to ensure mentors/activist remain consistent with participants 2. Awareness and engagement in programs
Variety of youth-focused engagement programs & strategies	<ol style="list-style-type: none"> 1. Activities are being offered by various community partners 	<ol style="list-style-type: none"> 1. Access to most at-risk youth 2. Youth seeing benefit of programming and/or wanting

	2. Youth are being asked to the table as a voice more frequently	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- build connection 3. Parental Stigma
Community-based interventions	1. Crisis Services for mental health and/or SUD (youth and adult)	1. Crisis response center is not yet 24/7 2. Lack of awareness 3. Lack of adolescent services

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)
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Low perceived risk of alcohol/drug use and/or criminalization	<p>Youth and adults hear misinformation and mixed messages about substance use/misuse</p> <p>Youth and adults in St. Joseph County use and abuse alcohol and drugs (including tobacco)</p> <p>Law enforcement capacity is limited.</p>
Mental health, ACEs, trauma	<p>St. Joseph County residents have a high level of depression and anxiety</p> <p>Stigma around mental health and substance misuse is common in SJC.</p> <p>Crisis response activities are above capacity and do not address all ages.</p>
Community norms are favorable towards use/misuse	<p>Youth and adults use and misuse marijuana</p> <p>Youth and adults have high rates of tobacco</p> <p>Youth and adults have high rates of alcohol consumption</p> <p>Number of convenience stores that sell synthetic drugs (including minors)</p>

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
Youth and adults in St. Joseph County use and abuse alcohol and drugs (including tobacco)	It's estimated that just about 50% of Indiana residents 12 years of age or older had used alcohol in	SEOW Report

	<p>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>SJC Department of Health annual report</p>
Youth and adults use and misuse marijuana (including synthetic drugs)	<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>
Youth and adults have easy access to synthetic drugs and/or alcohol	<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 misuse and abuse 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 brain science behind substance use disorder 3. Provide opportunities for youth and adults 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
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<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.
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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	
<p>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 2025/26 needs assessment.</p>	
<p>Goal 2 Decrease the number of people 12 and older in SJC reporting drug use or alcohol use by 3% by 2025/26 as reported in the State Epidemiological Profile Report and local data collected.</p>	
Problem Statement #2	
<p>Goal 1 Decrease the number of youth that report using marijuana by 5% as reported by the Indiana Youth Survey by 2025/26.</p>	
<p>Goal 2 Decrease the number of individuals that report monthly use of marijuana or synthetic marijuana by 3% as measured by the SEOW.</p>	

Problem Statement #3**Goal 1**

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 2

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**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 2025/26 needs assessment.

Steps

1. Meet with community partners doing programming to identify gaps, current assets, and identify programming needs
2. Meet with school/youth leaders to develop & discuss implementation, resources, measurement/evaluation
3. Create timeline for implementation and evaluation of programming at identified schools and/or organizations

<p>Goal 2</p> <p>Decrease the number of people 12 and older in SJC reporting drug use or alcohol use by 3% by 2025/26 as reported in the State Epidemiological Profile Report.</p>	<ol style="list-style-type: none"> 1. Reduce stigma and increase awareness around substance use/misuse/dangers through mass education campaigns, educational sessions, etc. 2. Identify funding and resources to increase access to adolescent treatment services in SJC. 3. Work with youth groups and gatekeepers to provide opportunities for positive youth engagement. 4. Continue to advocate for harm reduction services as it relates to all substance use.
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 2025/26.</p>	<ol style="list-style-type: none"> 1. Educate on dangers of marijuana use (including synthetic marijuana). 2. Work with local schools and youth serving organizations to collect relevant data as it relates to use/misuse. 3. Increase access to treatment resources, specifically for youth.
<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>	<ol style="list-style-type: none"> 1. Increase access treatment services, programs, etc. as it relates to misuse. 2. Work with City leaders to identify repeat offenders of the city's ordinance and focus efforts to reduce access to substances. 3. Include more comprehensive drug testing panels for individuals in drug diversion programs with local criminal justice services.

Problem Statement #3	Steps
<p>Goal 1</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/support 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 2</p> <p>Increase access and support to those in treatment and recovery, including transitional living spaces.</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 (2024 funds to be awarded in 2025):	\$80,233.26
2	Amount of unused funds from last year that will roll over into this year:	0
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$80,233.26
4	Amount of funds granted last year (2022 funds, awarded in 2023):	\$90,087.13
Additional Funding Sources (if no money is received, please enter \$0.00)		

A	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$0.00
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B	Centers for Disease Control and Prevention (CDC): <i>Federal DFC grant</i>	\$125,000
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: \$22,058.31	Intervention/Treatment: \$22,058.31	Justice Services: \$22,058.31
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Funding allotted to Administrative costs:

<i>Itemized list of what is being funded</i>	<i>Amount (\$100.00)</i>
Coordinator compensation	\$0.00
Office supplies, website maintenance, Flipcause, Quickbooks; CPA support	\$5,000
Sponsorship of events, activities, educational programs, etc.	\$9,058.33

Funding Allocations by Goal per Problem Statement:

Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$10,000.00	Goal 1: \$12,000.00	Goal 1: \$11,029.15
Goal 2: \$12,058.31	Goal 2: \$10,058.31	Goal 2: \$11,029.16