The Indiana Commission to Combat Drug Abuse

Behavioral Health Division

Comprehensive Community Plan

County: **Elkhart**

LCC Name: **Elkhart County Drug-Free Partnership**

LCC Contact: **Jess Koscher**

Address: **56990 Coppergate Dr**

City: **Elkhart**

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County Commissioners: **Brad Rogers, Suzanne Weirick, and Bob Barnes**

Address: **117 N. 2nd Street**

City: **Goshen**

Zip Code: **46526**

Vision Statement

What is your Local Coordinating Council's vision statement?

All people in Elkhart County are aware of the harm in abusing and misusing alcohol and drugs, know where to get help if they are addicted, and have an accurate understanding of youth use.

Mission Statement

What is your Local Coordinating Council's mission statement?

The Partnership exists to bring stakeholders together in a voluntary effort to reduce the prevalence of substance misuse and other unhealth behaviors.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Amy Grill Kalka	Life Treatment Center	White	Female	Treatment
2	Brian Holloman	ECSO	White	Male	Law Enforcement
3	Carrie Zickefoose	SPA Ministry	White	Female	Treatment
4	Cathy Wray	QJO	White	Female	Health Care
5	Ciara Bolling	Allendale Tx	White	Female	Treatment
6	Courtney Papa	Sen. Young	White	Female	Government
7	Dana Hollar	Goshen PD	White	Male	Law Enforcement
8	Eric Petersen	Michiana Central Service	White	Male	Support Group
9	Jan Noble	ARC	White	Male	Treatment
10	Jeff Siegel	ECSO	White	Male	Law Enforcement
11	Jess Koscher	Write Connections	Asian	Female	Business
12	Kati Schmucker	SPA Ministry	White	Female	Treatment
13	Keith Fox	Jail Ministry	White	Male	Religious
14	Meg Waddell	First Federal	White	Female	Business
15	Mike Gallo	Excel Center	White	Male	Education
16	Monica Abar	Goodwill Industries	White	Female	Nonprofit
17	Richard Brewton	Prosecutors Office	White	Male	Law Enforcement
18	Robyn Gable	SPA Ministry	White	Female	Treatment
19	Shana Dimes	N/A	White	Female	Community Member
20	Mike Dines	N/A	White	Male	Community Member
21	Sharol Watkins	A New Beginning	White	Female	Treatment
22	Shelly Hoeffle	CPR	White	Female	Treatment
23	Teresa DeMauro	Goodwill Industries	White	Female	Nonprofit
24	Myrian Hulchoea	Health Dept	White	Female	Government
25	Vicki Kalil	N/A	White	Female	Community Member
26	James Callahan	ARC	White	Male	Treatment
27	Erika Contreras-Padilla	Tobacco Control	Latino	Female	Nonprofit
28					
29					
30					

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:
February, April, June, August, October, and December

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 **Elkhart**
County Population **206,409**
Schools in the community **We have seven public school systems in Elkhart County (Elkhart Community Schools, Goshen Community Schools, Fairfield Community Schools, Baugo Community Schools, Wa-Nee Community Schools, Concord Community Schools, and Middlebury Community Schools). There are also a number of private and charter schools.**
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) **There are two major health systems in Elkhart County (Beacon Health and Goshen Health) We also have a comprehensive clinic and an orthopedic/sports medicine clinic.** **Small clinics are also available including: Maple City Health Care and Heart City Health.**
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) **Oaklawn is the community mental health with several smaller/private providers.**

Service agencies/organizations **Elkhart county has a wealth of service agencies that are located across the county. The social service network focused on youth and families is vast and extensive. They all work very well together and often share clients and referrals. Our Community Foundation is one of the strongest in the nation and they work hard to make sure the social service community is well supported and trained.**
Local media outlets that reach the community **We have a variety of media outlets. We share radio, television, etc. with the South Bend market. We have support of three major television networks, several local newspapers, and a wide variety of radio outlets.**
What are the substances that are most problematic in your community? **Our most problematic substances continue to be alcohol, marijuana and methamphetamine.**
List all substance use/misuse services/activities/programs presently taking place in the community **Intensive Outpatient, Modified Outpatient, After Care, 12-step groups, limited sober living communities, recovery coaches, and drug court**

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. Limited ATOD prevention programs are in existence in the community.	1. Tobacco Control is a strong prevention program in the community. 2. Our community embraces educational programs and cares for our youth 3.Local lawmakers are interested in AOD prevention	1. Schools severely limit access to students which used to be a main source for many prevention activities. 2. Most NPO organizations are not willing to provide specific AOD prevention activities. 3. Misinformation is a barrier to prevention success.
2. Limited treatment options/services in our community	1. Active Drug Court 2. Outpatient programs present and have a long reputation of service. 3. Robust 12-step support group community	1. We have a severe need for inpatient treatment, detox, and additional outpatient programs. 2. Funding remains a barrier to treatment for many individuals. 3. Lack of practitioners
3. Continued lack of resources for LEA particularly around AOD interdiction activities	1. Our departments are very collaborative and share resources and equipment regularly. 2. The major departments have a long history of partnering with the Drug-Free Partnership. 3. Regular Chief meetings provide access to all local departments.	1. Department budgets are tight and do not allow for overtime hours or special patrols that are needed on a regular basis. 2. Special equipment needed for interdiction patrols are not always allowed within department budgets. 3. Because budgets are stretched, officers are not always able to do to specialized interdiction trainings.
Protective Factors	**Resources/Assets**	**Limitations/Gaps**
1. Strong Social Service Network	1. We have a strong history of collaboration between social service organizations. 2. Local faith communities work openly with social service	1. Transportation is a huge barrier in our community. Public transportation is limited and communities are not walkable.

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

	networks to help those in need of assistance. 3. Organizations like ours provide opportunities for cross-sectional discussion and networking.	2. Lack of housing and an increase in homelessness. There are not enough homes for our population and not enough low-income options. Our homeless shelter is over run. 3.Lack of mental health services. Our Community Mental Health is overrun, there are long wait lists and limited services. Other independent clinics have left.
2. Youth-Focused Organizations	1. We have one of the largest 4-H programs in the nation. It's an opportunity for young people to engage in many activities. 2.Numerous organizations dedicated to youth development including Jr. Achievement, Boys & Girls club, Five Star Life, and Scouts. 3. Robust opportunities through the educational system for STEM learning, athletics, and the arts.	1. Lack of organizations that work with youth and addiction. 2. Lack of organizations to focus on specific ATOD prevention. 3. Some areas in the county have a lack of youth activities due to location and lack of transportation.
3. Strong Civic Engagement Opportunities	1. Numerous community engagement and volunteer opportunities allowing community members to assist each other. 2. Strong community leadership with local Mayors and organizational leaders. 3. Programs like the Leadership Academy that help cultivate future leaders.	1. Many opportunities are not marketed to a diverse population and are limited to who they attract. 2. Some leadership has been in the positions for a long time. 3. Limited to location and transportation.

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. Limited ATOD prevention specific programs are in existence.	1.There is a need for ATOD specific prevention activities in the county. 2. Information and education about substances should be provided through awareness building, workshops, and trainings open to the public. 3. The public should be aware of the actual data on use/abuse of substances by youth and adults.
2. Very limited treatment options/services in our community with a need greater than the resources.	1. The limited treatment options in our county prohibit the successful recovery of many individuals struggling with sobriety. 2. The lack of diversity in treatment options and locations negatively impacts recovery success. 3. Barriers including transportation, cost of treatment, informal supports, and child care negatively impact successful recovery.
3. A continuing lack of resources for LEA particularly around AOD interdiction activities.	1. Limited resources impact LEA interdiction due to lack of equipment and man hours.

	2. Inconsistent procedures and equipment cause inconsistent county interdiction strategies and practices. 3. Training budget limitations challenge some departments in having officers who are trained on the latest techniques.

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 is a need for ATOD specific prevention activities in the county. This includes awareness programs, information and education about substances provided through workshops/conferences and trainings for the community.	Currently there is only one ATOD specific prevention program in Elkhart County (Tobacco Control). There appears to be a lack of public knowledge regarding current drug trends in the county. There is a need for enhanced community education, robust prevention initiatives, and proactive measures to address the evolving landscape of substance use.	Tobacco Control Elkhart County Health Department
2. The limited treatment options in our county prohibit the successful recovery of many individuals struggling with sobriety. Barriers including transportation, cost of treatment, informal supports, and child care negatively impact successful recovery.	Individuals in need of treatment are severely limited in options in Elkhart County. There are long wait lists to access inpatient, there are not detox programs, and limited sober living programs. Barriers include transportation, child care, and the cost of treatment.	Reports from local treatment organizations and those seeking recovery options.
3. Limited resources impact LEA interdiction due to lack of equipment and man hours.	Funding cuts have impacted programs like FACT and other special patrols. LEAS are currently performing tasks as	Feedback from local LEA

Training budget limitations challenge some departments in having well trained officers in the areas of interdiction.	funding permits within their department budgets. The shrinking of broader funding bases (State/Federal) have negatively impacted the purchasing of equipment and OT hours for special patrols	

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 need for ATOD specific prevention activities in the county. This includes awareness programs, information and education about substances provided through workshops/conferences and trainings for the community.	1. Encourage traditional youth programs to add an ATOD specific prevention curriculum into their programs. 2.Support current programs like Tobacco Control to do more and have greater impact. 3. Provide public education on substances and the real data on use/abuse in our area. Break down the fear campaigns with facts.
2. The limited treatment options in our county prohibit the successful recovery of many individuals struggling with sobriety. Barriers including transportation, cost of treatment, informal supports, and child care negatively impact successful recovery.	1. Advocate for more treatment options within the county. 2. Provide financial assistance through scholarships for individuals seeking treatment services. 3. Provide support for supports that facilitate successful recovery including support for family and individual counseling, transportation, and other known barriers.
3. Limited resources impact LEA interdiction due to lack of equipment and man hours. Training budget limitations challenge some departments in having well trained officers in the areas of interdiction.	1. Provide funding for additional interdiction patrols and programming that have been limited or eliminated through budget cuts. 2.Provide funding for equipment to use in AOD interdiction activities. 3. Support for specialized training needed for interdiction activities not provided through other funding.

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 the end of this plan, at least five traditional youth programs in Elkhart County will adopt and implement a research based ATOD-specific prevention curriculum (preferable using social norming techniques), reaching a minimum of 500 youth participants.
Goal 2 By the end of this plan, conduct community-wide education sessions that provide factual data on local substance use trends, reaching at least 1,000 community members, and reducing misconceptions about drug use by 20% as measured by pre- and post- session surveys.
Problem Statement #2
Goal 1 By the end of this plan, engage at least three key stakeholders (e.g., healthcare providers, policymakers, and community leaders) to advocate for the establishment of at least one additional recovery support in Elkhart County.
Goal 2 By the end of this plan, provide a financial assistance program that provides scholarships to at least 60 individuals seeking substance use recovery services in Elkhart County.
Problem Statement #3
Goal 1 By the end of this plan, collect and analyze data from funded departments to measure the impact of interdiction funding, reporting a 20% increase in drug seizures, arrests, or interdiction operations compared to the previous year.
Goal 2 By the end of this plan, provide funding for local LEA to receive specialized interdiction training or obtain essential equipment (e.g., K-9 unites, drug detection tools, or surveillance technology) to enhance AOD interdiction efforts.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	**Steps**
Goal 1 By the end of this plan, at least five traditional youth programs in Elkhart County will adopt and	1. Encourage traditional youth programs to consider adding ATOD prevention to their programs.

implement a research based ATOD-specific prevention curriculum (preferable using social norming techniques), reaching a minimum of 500 youth participants.	2. Educate traditional youth programs on Social Norming techniques over "scare tactics" 3. Provide a list of approved curriculums that use research based ATOD specific prevention programs.
Goal 2 By the end of this plan, conduct community-wide education sessions that provide factual data on local substance use trends, reaching at least 1,000 community members, and reducing misconceptions about drug use by 20% as measured by pre- and post- session surveys.	1. Partner with experts to create fact-based presentations, brochures, infographics and social media content. 2. Organize educational sessions that are accessible to the public. 3. Design pre/post surveys to measure impact
Problem Statement #2	**Steps**
Goal 1 By the end of this plan, engage at least three key stakeholders (e.g., healthcare providers, policymakers, and community leaders) to advocate for the establishment of at least one additional recovery support in Elkhart County.	1. Host discussions with key stakeholders who have authority or influence to support new recovery services. 2. Host a stakeholder roundtable or advocacy meeting to collaboratively identify barriers and discover actionable solutions. 3. Provide assistance and support to facilitate actionable solutions into reality.
Goal 2 By the end of this plan, provide a financial assistance program that provides scholarships to at least 60 individuals seeking substance use recovery services in Elkhart County.	1. Build awareness with treatment providers for the option of scholarships. 2. Work with treatment providers to understand funding can address any type of barrier to treatment. 3. Provide a clear RFP process to assist treatment providers in securing additional support for their clients.
Problem Statement #3	**Steps**
Goal 1	1. Establish clear data collection procedures. Working with funded

By the end of this plan, collect and analyze data from funded departments to measure the impact of interdiction funding, reporting a 20% increase in drug seizures, arrests, or interdiction operations compared to the previous year.	departments to develop standardized methods for tracking and reporting KPIs related to their funded interdiction activities. 2. Provide technical support for quarterly reporting to ensure the proper data is being reported. 3. Analyze data to ensure the goal was met. Work with funded LEAs on any adjustments necessary for future success.
Goal 2 By the end of this plan, provide funding for local LEA to receive specialized interdiction training or obtain essential equipment (e.g., K-9 unites, drug detection tools, or surveillance technology) to enhance AOD interdiction efforts.	1. Work with all LEAs in the county to understand their training and equipment needs. 2. Spread awareness of support for LEAs through the annual RFP process. 3. Monitor the use and effectiveness of funded resources.

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:	$129,207.93
2	Amount of unused funds from last year that will roll over into this year:	$130,490.62
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	$259,698.55
4	Amount of funds granted last year:	$254,012
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: $80,166.18	Intervention/Treatment: $80,166.18	Justice Services: $80,166.28

Funding allotted to Administrative costs:	
Itemized list of what is being funded	*Amount ($100.00)*
Coordinator compensation	$19,200
Office supplies	$

Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	**Problem Statement #2**	**Problem Statement #3**
Goal 1: $40,083.09	Goal 1: $40,083.09	Goal 1: $40,083.14
Goal 2: $40,083.09	Goal 2: $40,083.09	Goal 2: $40,083.14