

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Madison

LCC Name: Madison County Coalition Against Substance Abuse

LCC Contact: Steve Richardson

Address: 3129 W 13th Street

City: Anderson, IN 46011

Phone: 765.278.4770

Email: steverich14@hotmail.com

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.

Membership 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	Edgewood PD	W	M	Law Enforcement
4	Cody Painter	Chesterfield PD	W	M	Law Enforcement
5	Shelly Ross	Intersect	W	F	Prevention
6	Karesa Knight-Wilkerson	Intersect	W	F	Prevention
7	Carl Chambers	Madison County Adult Probation	W	M	Justice/Treatment
8	Judge Angela Sims	Presiding, Problem Solving Courts	W	F	Justice/Treatment
9	Travis Isaacs	House of Hope	W	M	Treatment
10	Vaughn Walker	Mad Co Sheriff's Chaplaincy Program	W	M	Prevention/Educatioon
11	Karen Finnigan	Turning Point	M	F	Prevention/Treatment
12	Darrell Mitchell	Aspine/Progress House	W	M	Treatment
13	Keith Gaskill	Mad Co Drug Task Force	W	M	Law Enforcement
14	John Beeman	Sheriff, Mad Co	W	M	Sheriff, D.A.R.E Program
15	Tia Baker	Community Justice Center	W	F	Law Enforcement/Treatment
16	Annie Reeder-Wright	F.R.O.G Recovery	W	F	Treatment
17	Susan Elsworth	INOFAS	W	F	Prevention/Education
18	Katie Stapleton	Mad Co Problem Solving Courts	W	F	Justice/Treatment
19	Kathy Isaacs	Walk for Hope	W	F	Education/Prevention
20	Chris Lanane	Walk for Hope	W	M	Education/Prevention
21	Laura Taylor	Alternatives	W	F	Eucation/Prevention

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	Education/Prevention
25	Ruthie Smith	Community Hospital	W	F	Education/Prevention
26	Ketta Mason	Minority Health Coalition of Mad Co	B	F	Education/Prevention
27	Louis Jackson	Life Redefined	B	M	Education/Preventionm
28	Tesse Keesling	Bridges of Hope	W	F	Treatment
29	Veda Morris-May	Minority HealthCoaliton of Mad Co	B	F	Education/Prevention
30	Dalrey Trotter	-do-	B	M	Education/Prevention

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 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

Madison

<p>County Population</p> <p>130,782 (2021)</p>
<p>Schools in the community</p> <p>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.</p>
<p>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)</p> <p>St Vincent Ascension Hospitals, Community Hospitals, Jane Pauly Health Center, and Madison County Community Health Center</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)</p> <p>Aspire of Madison County, Anderson Center (St Vincent Ascension)</p>
<p>Service agencies/organizations</p> <p>Honor our Children, United Way, Madison County Community Fund, Operation Love Ministries, Minority Health Coalition, Aspire, Madison County Mental Health and 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, Edgewood PD, Chesterfield PD, Elwood PD, Madison County Juvenile Center, Madison County Adult Probation, Madison County Drug Task Force, Turning Point. Bridges of Hope.</p>
<p>Local media outlets that reach the community</p> <p>WHBU Radio, TV – All network stations, PBS tv and radio. Herald Bulletin Newspaper City of Anderson Cable TV station</p>
<p>What are the substances that are most problematic in your community?</p> <p>Youth grades 6-12: Vaping, alcohol, marijuana, cigarettes, opioids Adults: cigarettes, alcohol, vaping. Marijuana, meth, opioids</p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community</p> <p>Turning Point, AA, NA, House of Hope (Treatment), Bridges of Hope (Treatment), Mocking Bird Hill (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 community programs for drug awareness,</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
1.Poverty/violence	1.Impact Center Programs 2.Child care/Impact Center 3.Job programs/Work Redevelopment	1.Loss of hope 2.Community involvement 3.Failed drug screens for employment
2.Family substance abuse	1.Intersect Strengthening Families Program 2.Community Justice Center Programs 3.Problem Solving Courts Programs	1.Lack of urban family participation 2.Severe lack of residential treatment programs for women 3.Lack of funding for participants without insurance for residential treatment
3.Availability of alcohol/drugs	1Drug Task Force. 2.Excise enforcement of laws 3.OVI Patrols	1.Drugs imported from other communities 2.Limited funding for enforcement 3.Early education for youth
Protective Factors	Resources/Assets	Limitations/Gaps
1.Strong Family relationships	1.Intersect Strengthening Families Program 2.Problem Solving Courts programs	1.Lack of urban family participation 2.Poverty 3.Single parent families

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

	3.Community Justice Center Programs	
2.Restricted access to alcohol/drugs	1.Mad Co Drug Task Force 2.Hosting ordinances 3.Town Hall Meetings	1.Limited personal/resources 2.Limited financial resources 3.Lack of county-wide smoking-hosting ordinances
3.Access to healthcare And substance abuse treatment	1.Jane Pauly Healthcare 2.Mad Co Community Health Center 3.Affordable Care Act	1.Limited staffing problems 2.Early preventative health care education 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	<p>1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County.</p> <p>2. There continues to be a high rate of tobacco/smoking use and abuse among youth and adults in Madison County.</p> <p>3. There continues to be a high rate of substance abuse among youth and adults in Madison County</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
1. There continues to be a high rate of alcohol use and abuse among youth and adults in Madison County	Health Behaviors (Includes 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 County.	Adults who smoke: Madison County: 27.9% IN: 17.3% 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 students reported using E-Cigarettes in 2021	Intersect – Updated 1/2023 Indiana Youth Survey 2020
3. There continues to be a high rate of controlled substance abuse among youth and adults in Madison County.	2019 through October 2022 fentanyl has been blamed for 119 of 237 local overdose deaths.	Madison County Board of Health 2022 2021 SEOW EPI Report 2019 IUPUI School of Public Health Survey

	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.	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 County	1.Early education programs concerning alcohol us for youth 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 adults in Madison County	1.Early education programs concerning tobacco/smoking use for youth 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 Madison County	1.Early education programs concerning drug use/abuse for youth 2.Increase/add treatment programs for youth and adults. 3.Intervention and educational resources for first responders.

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

Reduce by 1% DOC incarcerations for alcohol related offenses by 2025
Goal 2 Reduce youth (grades 7-12) alcohol usage by 3% by 2026
Problem Statement #2
Goal 1 Reduce tobacco/smoking usage in Madison County by 1% overall by 2025
Goal 2 Promote “Quit Line” usage in Madison County by 2% by 2025
Problem Statement #3
Goal 1 Reduce by 1% the incarcerations to the DOC for drug related offenses by 2025
Goal 2 Reduce drug overdose deaths in Madison County by 2% by 2025

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 Reduct by 1% the incarcerations to the DOC for alcohol related offenses by 2025	1.Fund education programs for youth regarding substance abuse 2.Fund diversion programs for alcohol/drug abuse 3.Fund training for first responders in alcohol/substance abuse
Goal 2 Reduce you (grades 7-12) usage by 3% by 2025	1.Fund youth organizations in schools that promote smart decisions/after prom activities 2.Support Hosting Ordinances 3.Fund alcohol/substance abuse programs with juveniles from Court System
Problem Statement #2	Steps
Goal 1 Reduce tobacco/smoking useage in Madison County by 1% overall by 2025	1.Support county-wide smoking policy change 2.Fund youth education programs regarding tobacco/vaping 3.Support agencies/organizations that enforce smoking regulations.

<p>Goal 2 Promote “Quit Line” usage in Madison County by 2% by 2025</p>	<p>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</p>
<p>Problem Statement #3</p>	<p>Steps</p>
<p>Goal 1 Reduce by 1% the incarcerations to the DOC for drug related offenses by 2025</p>	<p>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</p>
<p>Goal 2 Reduce drug overdose deaths in Madison County by 2% by 2025</p>	<p>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</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:	\$56,000.00
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):	\$56,000.00
4	Amount of funds granted last year:	\$63,342
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: \$14,000.00	Intervention/Treatment: \$14,000.00	Justice Services: \$14,000.00
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$13,521
Office supplies		\$479.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$7,000.00	Goal 1: \$7,000.00	Goal 1: \$7,000.00
Goal 2: \$7,000.00	Goal 2: \$7,000.00	Goal 2: \$7,000.00