## The Indiana Commission to Combat Drug Abuse



## Behavioral Health Division

## **Comprehensive Community Plan**

County: Dearborn

LCC Name: CASA- Community Advocating for Substance-Abuse Awareness

LCC Contact: Amy Rose

Address: 423 Walnut Street

City: Lawrenceburg

Phone: 812.532.3538

Email: arose@dearborncounty.in.gov

County Commissioners: Jim Thatcher - Commissioner, District 1, Art Little - Commissioner,

District 2, Rick Probst - Commissioner District 3

Address: 165 Mary Street

City: Lawrenceburg

Zip Code: 47025

## **Vision Statement**

Dearborn County will be a community free of substance abuse and addiction.

## **Mission Statement**

We strive to develop and implement a comprehensive community strategy to prevent and reduce the incidence and prevalence of substance use, abuse, and addictions among youth and adults in Dearborn County

Me	mbership List				
#	Name	Organization	Race	Gende	Category
				r	
1	Andrea Spaeth	Lawrenceburg	White	F	Education
		Community			
	IZ 1 IX/1 '.1	Schools	3371 '4	Г	TT 1/1
2	Kendra Whitham	St. Elizabeth Dearborn	White	F	Healthcare
3	Kelley McDaniel	Perfect North	Hispanic	F	Business
	Refley McDaffiel	Slopes	Tiispaine	l r	Dusiness
4	Stacey Perleberg	Civista Bank	white	F	Business
5	Miranda Boyles	Eagle Country	white	F	Media
6	Garrett Bascom	Dearborn Ohio	white	M	Criminal Justice
		County			
		Prosecutor's			
		Office			
7	Tisha Linzy	Probation JCAP	white	F	Criminal justice
8	Mayor Alan Weiss	City of	white	M	Civil
9	Guinevere	Greendale	white	F	Civil
9	Banschback	City of Lawrenceburg	winte	Г	CIVII
10	Bonnie Carter	Jail ministry	white	F	Faith-based
11	Cheif Shane Slack	Greendale	white	M	Law Enforcement
		Police			
12	Marica Parcell	Purdue	white	F	Health education
		Extension			
13	Elizabeth Biersdorfer	Purdue	white	F	Youth serving
	5.11	Extension	1,		** 1
14	Alyssa Bailey	Student	white	F	Youth serving
15	Bobby Kennedy	Safe Passage	white	F	Civic
16	Krisit Eberhart	Big Brothers Big Sisters	white	F	Youth serving
17	Sara Doyle	Community	white	F	Mental Health therapist
1 ,	Sura Boyre	Mental Health	Willie		Wientar Hearth therapist
18	Martin Justice	Community	white	M	Mental Health therapist
		Mental Health			1
19	Kathy Barnum	NAMI	white	F	Mental health support
20	Wyatt Sampson	Heart House	white	M	Homeless shelter
21	Alex Parnuik	Court apointed	white	M	Civic
22	G. 1 ' YY	advocate	1	 	
22	Stephanie Hartment	CHOICES	white	F	recovery
23	Jascia Robinson	PATHS	white	F	Education Uselth Education
24	Amy Rose	Health Department	white	F	Health Education
<u></u>		Deparmient			

25	Richard Richardson	Lawrenceburg Community Center	white	M	Youth serving
26	Mayor Kelly Mollaun	City of Lawrenceburg	white	M	civil
27	Chief David Sneider	Lawrenceburg Police	white	M	Law enforcement
28	Amanda Sampson	1voice	white	F	recovery
29	Laura Priebe	River Valley Reads	white	F	Adult education
30	Kristina Martin	Dearborn/Ohio county prosecutor's Office	white	F	criminal Justice
31	Sheriff Jack Prarat	Dearborn County Sheriff Department	white	M	School SRO
32	Curt Borntrager	SD High School VP	white	M	Schools
33	Sara Powell	SD Middle school health teacher	white	F	Schools
34	Cari Kettman	Safe Passage	white	F	Domestic violence
35	Assistant Chief Brian Miller	Lawrenceburg Police	white	M	Law enforcement
36	Amy Phillips	YES Home	white	F	Youth serving
37	Kathy Riley	One Community One Family	white	F	Youth serving
38	Jodi Alexander	CARE	Hispanic	F	Education/Recovery
39	RD Riley	Youth MOVE	white	M	Youth Serving
40	Mary Jo Lee	Youth MOVE	white	F	Youth Serving
41	Kathy Watkins	Ive Tech Community College	white	F	Education/Criminal Justice
42	Bridget Bascomb- Hinkle	СМНС	white	F	Behavioral Health
43	Sara Frolich	CMHC/Unity House	white	F	Recovery

44	Bristol Cendro	DCYA-LHS	Hispanic	F	Youth Ambassador
45	Elizabeth	DCYA -ECHS	white	F	Youth Ambassador
	Kirchgassener				
46	Addison Cleary	DCYA -ECHS	White	F	Youth Ambassador
47	Noah Mersman	DCYA -ECHS	White	M	Youth Ambassador

48	Olivia Rosemeyer	DCYA -ECHS	White	F	Youth Ambassador
49	Arissa Riley	DCYA-SDHS	White	F	Youth Ambassador
50	Cameron Spence	DCYA-SDHS	white	M	Youth Ambassador
51	Maria Townsend	DCYA-SDHS	white	F	Youth Ambassador
52	Grayce Klayer	DCYA-SDHS	white	F	Youth Ambassador
53	Laney Ems	DCYA-SDHS	white	F	Youth Ambassador
54	Jonah Rusjecjewski	Community volunteer	white	M	Civic
55	Samuel Kirchgassener	Community volunteer	white	M	Civic
56	Griffin Werner	Community volunteer	white	M	Civic
57	Joseph Kirchgassener	Community volunteer	white	M	Civic
58	Deborah Hicks	Community volunteer	white	F	Civic
59	John Rose	Community volunteer	white	M	Civic

## LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

The Executive Committee meets January through December

General Membership meets January through December

DCYA (Youth sector) meets August through May

## **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:**

Dearborn

### **County Population**

49,458 97.48% White, 0.28% American Indian or Alaska native, 0.28% Hispanic, 0.84% other

## Schools in the community

Lawrenceburg Community Schools (4), Sunman Dearborn Community Schools (5), South Dearborn Community Schools (5), St. Lawrence, St. John's, St. Mary

# Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)

St. Elizabeth Dearborn, VIMDOS free clinic, Lawrenceburg Urgent Care, St. Elizabeth Urgent Care, VA medical center. Harmony Health clinics

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

Community Mental Health, Bridges Counseling, Anchor counseling, Ireland Home services, Choices coordinated care

### Service agencies/organizations

Southeast Indiana Economic Opportunity Corporation, United Way, River Valley Resources, Lifetime Resources, Clearinghouse Food pantry, NorthDearborn Pantry, Purdue Extension, Heart House Homeless shelter, Dearborn County Community Foundation, Court Appointed Advocates, NAMI SE Indiana, Safe Passage, One Community One Family

### Local media outlets that reach the community

Eagle Country 99.3, Bright Beacon, Register Publications, WRBI, The 812, Journal press

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

Alcohol, Nicotine, Marijuana

# List all substance use/misuse services/activities/programs presently taking place in the community

CMHC-Unity House in-patient recovery services, Southeast Indiana Treatment Center-medication assisted recovery, Choices-CERT Recovery team, 1Voice-challenge to change, Purdue Extension-Strengthening families, Dearborn County Health Department-TPC programming, St. Elizabeth

Dearborn Recovery support services – St. Lawrence -Jail ministry, Youth Encouragement Services, National Alliance of Mental Illness, Dearborn/Ohio County Prosecutor's Office Diversion programming, Jail Chemical Addiction Program, Faith Recovery Network, Big Brother Big Sister of Greater Cincinnati-mentoring program, One Community One Family-Parent café trauma-informed care, Youth Move SE Indiana, Dearborn County Community Action Recovery Effort, Groups Recover Together, Celebrate recovery, Dearborn County Youth Ambassadors

## **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
Adults have weakened family	Strengthening Families program	Lack of cohesive public
relationships		awareness campaigns around
	Engaged coalition work around	prevention
History of family substance	Tobacco	
abuse		Parental substance use to
	Community Action Recovery	normalize alcohol
	Effort	
Parental attitudes are favorable		
towards alcohol, tobacco, and		
marijuana	PTO's	Parent/caregiver "buy-in"
Adults and youth needing	CMHC 24-hour crisis line	Schools are in need of more
mental health assistance		mental health professionals on-
		site

<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.

Availability of e-cigarettes  Community normalizes alcohol	DCHD environmental scan around tobacco retailers  Lots of opportunity for youth out of school activities	School policies do not contain non-punitive measures around treatment  County seat - uses the nickname 'Whiskey City"
Family and Peer substance use Limited availability to mental health services Low parental engagement	Youth MOVE, DCYA, BBBS youth mentor program  Availability of telehealth	No rural internet  Youth have trouble getting transportation to after school activities
<b>Protective Factors</b>	Resources/Assets	Limitations/Gaps
meaningful youth engagement activities	Free or no cost programming at local libraries and community centers  Schools supporting Hope Squads and SAAD chapters  Peer based mentoring programs	Community misperception of healthy norms  Parents/caregiver participation  Youth lack of transportation to activities
Strong Family relationships	Community programming around families  Parent Cafe's  Grandparent/caregiver trainings	Lack of funding for registration costs  Lack of transportation  Need for mental health services eclipses available resources
A positive connection to adults	Big Brothers Big Sisters site based mentoring  4H programming	Lack of knowledge about all provided services  Rural geography limits access to programming

## 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)
Parental attitudes favor alcohol, tobacco, and marijuana  Community culture stigmatizes SUD	1. Dearborn County Youth use and misuse alcohol, marijuana, and vaping products due to a relaxed attitude towards substances by parents/caregivers.
Family Substance use	2. Current culture glamorizes the use of alcohol, vapes, and marijuana but stigmatizes those with SUD.
	3. Youth using Substances is seen as a "rite of passage" without treatment referrals.
Youth have easy access to e-cigarettes Alcohol is viewed with "they are going to do it anyway" attitude	Families and youth need more assets and a continuum of care to increase protective factors around substance use and abuse.
Availability of Delta THC in the local retail environment	The ever-growing retail environment around vaping products blurs the lines between nicotine and marijuana
Not enough mental health workers	3. Access to timely mental health services is limited.
Trauma and toxic stressors	Adults in Dearborn county use and misuse alcohol and other drugs
Poverty  Methamphetamine continues to be an issue	The Poverty cycle makes addressing SUD more challenging
	Lack of time to integrate SEL programs heightens negative experiences

**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).

<b>Problem Statements</b>	<b>Data That Establishes</b>	Data Source
	Problem	
1. Dearborn County Youth use and misuse alcohol, marijuana, and vaping products due to a relaxed attitude towards substances by parents/caregivers.	64.71% of community/coalition members chose this statement  Tobacco Outlets Non-Compliance Rates for Minimum Age Laws  Dearborn Indiana Number of tobacco compliance inspections 16 2,662 Number of tobacco compliance Violations 1 279 Percent of inspections that were non-compliant 6.3% 10.5%	The LCC and the community were electronically surveyed to get their input. (LCC CCP survey) 2022  IPRC County snapshot 2021
	Nearly one-third of Hoosier middle school students (31.9%) and nearly two-thirds of high school students under age 18 (62.6%) thought it would be somewhat or very easy to get tobacco products if they wanted some.  The majority of youth under age 18 who use cigarettes, cigars, or smokeless tobacco obtain these products from social sources, such as having someone else buys tobacco for them.  Underage youth who purchased tobacco most commonly reported purchasing tobacco from gas stations or convenience stores.  School Suspensions or Expulsions Related to Alcohol, Tobacco, and/or Drug Use*  Dearborn Indiana Number of Suspensions  /Expulsions Incidents* 138  10,571  Number of Unique Students Receiving	Indiana Youth tobacco survey 2021  IPRC County snapshot 2021
	Suspension/Expulsion 124 9,713	

2. Families and youth need more assets and a	50.0% of community/coalition members chose this statement	LCC CCP survey 2022
continuum of care to increase protective factors around substance use and abuse.	Number and Percent of Children Removed From Home Due to Parent Alcohol and/or Drug Abuse* Dearborn Indiana Total Removals for Period (SFY2020) 30 7,511 Parent Alcohol Abuse and/or Parent Drug Abuse Indicated for Removal Reason (Count) 20 4,578 Parent Alcohol Abuse and/or Parent Drug Abuse Indicated for Removal Reason (%) 66.7% 61.0%	IPRC County snapshot 2021
	Divorce and separation rates Dearborn Indiana Percent of population 15 years and over who are divorced 11.0% 12.4% Percent of population 15 years and over who are separated 1.3% 1.3%	IPRC County snapshot 2021
3. Adults in Dearborn county use and misuse alcohol and other drugs	50.0% of community/coalition members chose this statement  Number of Treatment Episodes with Alcohol Use and Dependence Reported at Treatment Admission in Indiana, by County (Treatment Episode Data Set, SFY 2020) Dearborn treatment episode, Alcohol use 192 alcohol consumotion88 45.8% 51 26.6%  Number and Rate (per 1,000) of All and Fatal Alcohol-Related Collisions in Indiana, by County (Automated Reporting Information Exchange System, 2019)  Excessive drinking	LCC CCP survey 2022  IPRC County snapshot 2021
	19% 18-20%15% 19%	

Alcohol-impaired driving deaths 26%

Adult smoking 23%

Substance Use Treatment Episodes\*

Dearborn Indiana
Total number of admissions for
treatment 192 29,170
Number of admissions with
alcohol use reported 88
12,148

Percent of admissions with alcohol use reported 45.8% 41.6%

Number of admissions with marijuana use reported 89 13.686

Percent of admissions with marijuana use reported 46.4% 46.9%

Number of admissions with cocaine use reported 24 3,306

Percent of admissions with cocaine use reported 12.5% 11.3%

Number of admissions with heroin use reported 70 6,870

Percent of admissions with heroin use reported 36.5% 23.6%

Number of admissions with methamphetamine use reported 65 12,008

Percent of admissions with methamphetamine use reported 33.9% 41.2%

Number of admissions with prescription opioid use reported

111 10,579

Percent of admissions with prescription opioid use reported 57.8% 36.3%

IDH TPC County report 2021

IPRC County snapshot 2021

## **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.

Duchlam Statements	What can be done (action)?
Problem Statements  1 Dearborn County Youth use and misuse	Education Programs designed for parents and
alcohol, marijuana, and vaping products due to a relaxed attitude towards substances by	students in schools and in the communities
parents/caregivers.	Party Crashers – punishments for contributing to minors. Vaping PSA's Billboards on US 50
	Attend Freshman orientation where students and parents are present together to present on the social, legal and school based ramifications of use.
	In addition to "party crashers," also providing education for parents on the consequences of allowing illegal behavior. Also educating parents on signs or what to look out for if they don't have a clue that their child is going to a household that allows it. (Kind of like the hidden in plain sight).
	Teaming up with the big brothers' big sisters program to present positive role modeling add the hidden in plain sight for the parents during freshman orientation night
	Create alternatives for students and children to get involved with positive activities in the community
	Schools have time built into their schedules for convocations on healthy living
	Present the children with positive role models.
	Share media campaigns that already exist that show current culture personalities . PATHS engage and provide children & adults with a nonjudgmental atmosphere while providing educational information.
2. Families and youth need more assets and a continuum of care to increase protective factors around substance use and abuse.	Community engagement to support local children who do not have supportive family structure
around substance use and abuse.	Stronger efforts to encourage traditional family structure

Groups and programming supporting fathers perhaps partnering with OCOF, they provide Parent Café's for support which includes fathers Breaking the cycle of poverty – school interventions. Courts/probation social services-school social workers. Contraception education-women services.

Since we cannot control a home environment work with county schools on teaching social emotional learning skills

Finding a way to show how children overcome their fractured family structure. Stories on how it can make them stronger, more responsible, and successful. Maybe a testimonial from someone who has experienced it. Giving a positive outlook

## 3. Adults in Dearborn county use and misuse alcohol and other drugs

Additional Mental Health Resources and easy access to resource guides.

Make 1 resource guide for everything related to Mental Health / Substance abuse. Make it electronic (QR code or App and have a printable version) I know we have multiple lists. I think if it is all in 1 place it makes it easier to update. Also advertise the resource list.

Enforcement of drug dealing cases and using the criminal justice involvement to get help while incarcerated (like JCAP program) Also utilizing JCAP Alumni for engagement.

Encourage clean living opportunities through treatment and prevention activities.

Tx options, awareness. Sober living-awareness education-legal collaboration. Collab with medical and recovery community

Continue to sponsor and partner with events in our community that are drug/alcohol free events where families can be together and enjoy each other.

## **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 the number of juvenile delinquency actions and incidents of illegal drugs and vaping use in schools by 1% in 2022-2023.

### Goal 2

Increase adult awareness of the dangers of youth use and adult misuse by 1% through calculated media campaigns in 2022-2023.

## **Problem Statement #2**

### Goal 1

Decrease CPS cases attributed to substance misuse by 1% in 2022-2023 by providing resources to young couples about the importance of the co-parent household for the success of children

#### Goal 2

Increase parents' engagement in after school programs by 1% in 2022-2023 by creating resources and implementing programs that emphasize on the importance of co-parenting.

## **Problem Statement #3**

#### Goal 1

Decrease substance misuse arrests and recidivism by 1 % in 2022-2023 by supporting family recovery programming in Dearborn County.

### Goal 2

Increase mental health resources/services by 1% in Dearborn County in 2022-2023 by connecting community members to local providers.

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

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1	1.Be aware of the problem
Reduce the number of juvenile delinquency	/staff/parent/caregiver education.
actions and incidents of illegal drugs and vaping	
use in schools by 1% in 2022-2023.	2. Alternatives from suspension for youth
	in middle and high school
	3.Use the resources that are available and enable parents to understand nicotine addiction. (BRC referrals, juvenile court participation)
Goal 2	1.Hidden in plain sight at freshman orientation.

Increase adult awareness of the dangers of youth use and adult misuse by 1% through calculated media campaigns in 2022-2023.	Strategic prevention media -DCYA make a theater add     SEmpower bars and restaurants to become smoke/vape free
Problem Statement #2	Steps
Goal 1 Decrease CPS cases attributed to substance misuse by 1% in 2022-2023 by providing resources to young couples about the importance of the co-	1.Earlier intervention through social service than legal     2.Family sober living facilities including
parent household for the success of children	family therapy on site.
	3. Fund Think smart stay safe, kids on the block and strengthening families programs.
Goal 2 Increase parents' engagement in after school	1.One on one contact rather than mass email blasts about programs
programs by 1% in 2022-2023 by creating resources and implementing programs that emphasize on the importance of co-parenting.	2. Parent buddy system- feel more comfortable volunteering
	3.Ask them for suggestions-what do they want- provide incentives to parents to attend.
Problem Statement #3	Steps
Goal 1 Decrease substance misuse arrests and recidivism by 1 % in 2022-2023 by supporting family	1. Institute the "Talk they listen program" from SAHMSA
recovery programming in Dearborn County.	2. Real-life stories published-local faces Well known members of the community Promote positive activities on FB and Eagle
	3. Q & A sessions on Eagle focused on prevention, treatment, and recovery
Goal 2 Increase mental health resources/services by 1% in Dearborn County in 2022-2023 by connecting	Communicate resources around     Menatl Health
community members to local providers.	2. Make mental health information accessible in many formats, print, digital and social media.

3. Increase coalition membership from the parent community to help with information sharing

## 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:			\$74,093.92		
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):			\$74,093.92		
4	Amount of funds granted last year:			66,365.08		
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:			\$118,000.00		
J	Other:			\$0.00		
Categorical Funding Allocations						
	Prevention/Education: Intervention/Treatment: Justice		Justice Sea			
\$18,523.48		\$18,523.48	\$18,523.48			
Funding allotted to Administrative costs:						
Itemized list of what is being funded			Amount (\$100.00)			
Coordinator compensation (YOUTH COORDINATOR SALARY)		\$18,523.48				
Office supplies		\$0.00				
Funding Allocations by Goal per Problem Statement:						
	oblem Statement #1 Problem Statement #2 Problem Statement #3					
	al 1: \$9261.74	Goal 1\$9261.74	Goal 1: \$9261.74			
Go	al 2: \$9261.74	Goal 2\$9261.74 Goal 2: \$9261.74				

## **Fund Document**

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