

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

2025

Comprehensive Community Plan

County: Carroll County

LCC Name: Partnership for a Drug Free Carroll County

LCC Contact: Michelle Zaremba

Address: 901 Prince William Road

City: Delphi

Phone: 765-201-7852

Email: mzaremba@mhawv.org

County Commissioners: Loren Hylton, Scott Ayres, William R. Brown

Address: 101 W Main Street

City: Delphi

Zip Code: 46923

Vision Statement

What is your Local Coordinating Council's vision statement?

To utilize community collaboration in order to incorporate a comprehensive approach to reduce substance use and to increase available opportunities for prevention and treatment options in Carroll County.

Mission Statement

What is your Local Coordinating Council's mission statement?

To reduce the abuse of alcohol and other controlled substances in Carroll County and to reduce the associated negative effects on individuals and the community through the coordination, support and promotion of county wide education, prevention, intervention, treatment and criminal justice efforts.

| Membership List | | | | | |
|-----------------|------------------|--------------------------------------|------|--------|------------------------------------|
| # | Name | Organization | Race | Gender | Category |
| 1 | Michelle Zaremba | Mental Health America – WVR | W | F | Treatment/Intervention /Prevention |
| 2 | Callie Schimmel | Carroll County Community Corrections | W | F | Criminal Justice |
| 3 | Sally Landrum | Carroll County Community Corrections | W | F | Criminal Justice |
| 4 | Jill Hammond | Camden Town Marshall | W | F | Criminal Justice |
| 5 | Joe O'Donnell | Freedom Mission | W | M | Community Member |
| 6 | Dr. Deep Battu | Valley Oaks Health | A | F | Treatment/Intervention |
| 7 | Jessica Skinner | Carroll County School Corp | W | F | Education |
| 8 | Dian Davis | Carroll County Lifeline | W | F | Treatment/Intervention /Prevention |
| 9 | Barb Hickner | Family Health Clinic | W | F | Prevention/Education |
| 10 | Cassidy McCall | Carroll County Lifeline | W | F | Treatment/Intervention /Prevention |
| 11 | Nohemi Lugo | YWCA | H | F | Prevention |
| 12 | Dustin Johnson | Drug Addicts Anon. | W | M | Treatment/Prevention |
| 13 | Jennifer Helle | Riverside Recovery | W | F | Treatment/Prevention |
| 14 | Julia Hoskins | Carroll County Health Dept. | W | F | Prevention |
| 15 | Scot Fidler | Carroll County Sheriff's Office | W | M | Criminal Justice |
| 16 | Penny Neal | Carroll County DCS | W | F | Prevention |
| 17 | Allison Dilling | Carroll County DCS | W | F | Prevention |
| 18 | Karen Brophy | Carroll County Probation | W | F | Criminal Justice |
| 19 | Liz Woods | Carroll County Health Department | W | F | Prevention |
| 20 | Steve Mullin | Delphi Police Department | W | M | Criminal Justice |

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: PDFCC Meets monthly on the 1st Tuesday of every month.

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: Carroll |
| County Population: 20,747 (estimated by the US Census Bureau as of 7/1/2024) |
| Schools in the community: Delphi Community School Corporation (K-12), Carroll School Corporation (K-12) |
| Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.): Purdue Family Health Clinic (locations in Delphi, Burlington and Flora), Indiana Packers Employee Health Clinic, Flora Family Medicine, Camden Health Clinic |
| Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.): Valley Oaks Health, Family Health Clinic |
| Service agencies/organizations: Carroll County Sheriff's Office, Camden Police Department, Delphi Police Department, Flora Police Department, Indiana State Police, Department of Natural Resources, Carroll County Community Corrections, Carroll County Probation, Aria IV Agency, Department of Child Services, Family and Social Services Administration, Freedom Mission, Carroll County Lifeline Connection, Mental Health America – Wabash Valley Region, Valley Oaks Health, YWCA, Carroll County Senior and Family Services, Bauer Family Resources, WIC |
| Local media outlets that reach the community: Newspaper: Carroll County Comet TV: WRTV 6, WLFI 18, WTHR 13, WPBI Fox 16, NBC 16, WPBY ABC Radio: Shine 99.7, K-Love 90.9, B-102.9, WKOA 105.3, WKHY 93.5, WAZY 96.5, WYCM 95.7, WASK 1450, WASK 98.7, WLQQ 106.7, WBPE 95.3, WWCCP 97.3, WMRS 107.7 |
| What are the substances that are most problematic in your community? Alcohol, cannabis, stimulants, hallucinogens, opioids, sedatives, hypnotics, prescription medication |
| List all substance use/misuse services/activities/programs presently taking place in the community: Freedom Mission, Carroll County Lifeline Connection, Family Health Clinic Behavioral Health Services, Valley Oaks Health, every 15 Minute Program, Mental Health America "Let's Talk" Peer Recovery program, MHA substance use assessments, Red Ribbon program, Too Good for Drugs program in schools, Drug Addicts Anonymous, NA Meeting, Carroll County Lifeline's Concerned Person's Group |

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. Stigma around mental health and substance use. | 1. Community partners working to reduce stigma. 2. Justice System programs 3. Recovery events | 1. Community understanding of mental health and substance use. 2. Lack of larger scale education programs. 3. Lack of resources for valid statistical information within the county. |
| 2. Limited access to on-going treatment and care. | 1. Peer access & peer-based support meetings. 2. Faith-based programming 3. Individual outpatient services. | 1. Lack of transportation to local or neighboring area resources. 2. Insurance barriers/Financial barriers. 3. Limited providers at all levels. |
| 3. Perceived benefit vs. risk among youth in the community. | 1. In school prevention program 2. After-school programming 3. School-based groups | 1. Lack of educational initiatives in schools 2. Limitations to the availability of after-school programs to all students. 3. Peer influence. |

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

| Protective Factors | Resources/Assets | Limitations/Gaps |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Criminal Justice System | 1. Supportive Community Supervision Programs. 2. Law enforcement initiatives to reduce substance use 3. Court initiatives to reduce substance use | 1. Smaller police forces to carry out initiatives. 2. Lack of appropriate local services to carry out initiatives. 3. Distrust of the justice system by those who need services. |
| 2. System of care approach with out of county access. | 1. Agencies outside of our county come to provide assistance (YWCA, Food Finders, LTHC). 2. System of Care Navigators to assist in finding resources for those in need. 3. Collaboration between agencies. | 1. Lack of these resources locally can lessen available assistance. 2. Transportation issues for resources that cannot come into our county. 3. Limited access among these agencies to cover multiple counties. |
| 3. Community Based Interventions | 1. Drug Addicts Anonymous/Narcotics Anonymous/Alcoholics Anonymous meetings. 2. Upper Room Teen Cafe 3. Carroll County Lifeline Recovery Programs | 1. Transportation barriers to such meetings/programs. 2. Lack of funding/inability to pay for some services 3. Lack of community wide knowledge of programs available. |

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. Stigma around mental health and substance use. | <p>1. Community understanding and knowledge of issues and resources is limited.</p> <p>2. Limited opportunities for community to be educated on the issues.</p> <p>3. Belief that the justice system in the community is focused on punishment and not on assisting in recovery and rehabilitation.</p> |
| 2. Limited access to on-going treatment and care. | <p>1. Those struggling often leave the community for intensive services but face a lack of continuing services & support when they return.</p> <p>2. Transportation to surrounding areas for available resources is limited.</p> <p>3. Limited access to varying services leaves those struggling with minimal options for multiple pathways to assistance.</p> |
| 3. Perceived benefit vs. risk among youth in the community. | <p>1. Many, including youth, see some substances as “not an issue” or socially acceptable and continue use.</p> <p>2. Peer influence hinders prevention and recovery attempts.</p> <p>3. Adults in the community have limited understanding of the pressures facing our youth and the prevalence of use among youth.</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. Adults in the community have limited understanding of the pressures facing our youth and the prevalence of use among youth. | <ul style="list-style-type: none">- Only 5% of community respondents believe youth under 18 are affected by substance use.- In our region, as established by the Indiana Youth Institute, 7% of students indicated drinking alcohol, 4.9% indicated using marijuana and 6% indicated they are currently vaping. | <ul style="list-style-type: none">- PDFCC 2024-2025 community survey.- Indiana Youth Institute 2025 Data Book. |
| 2. Those struggling often leave the community for intensive services but face a lack of continuing services & support when they return. | <ul style="list-style-type: none">- 43% of community respondents indicated that substance use treatment services are not accessible in our community.- 74% of community respondents indicated limited availability of services as the biggest barrier to those with substance use issues.- Currently, Carroll County has only 1 mental health provider per 1,285 people. | <ul style="list-style-type: none">- PDFCC 2024-2025 community survey.- Indiana Youth Institute 2025 Data Book. |
| 3. Belief that the justice system in the community is focused on punishment and not on assisting in recovery and rehabilitation. | <ul style="list-style-type: none">- “Building jails and prisons is more costly than building preventative programs and treatment.”- “The community acts like addicts need to just go to jail when they need rehabilitated. The cops, the people, everybody judges instead of helping.” | <ul style="list-style-type: none">- PDFCC 2024-2025 community survey. |

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. Adults in the community have limited understanding of the pressures facing our youth and the prevalence of use among youth. | <ul style="list-style-type: none">1. Community educational events for parents on the statistics and issues faced by our youth.2. Creation and distribution of literature to inform adults.3. Connection with other stakeholders to work on spreading information to the community as a whole. |
| 2. Those struggling often leave the community for intensive services but face a lack of continuing services & support when they return. | <ul style="list-style-type: none">1. Creation of recovery networks within the community. (i.e. Recovery Café, additional support groups, etc.)2. Implementation of additional treatment and prevention programs within the community.3. Additional access to Certified Peer Support Professionals. |
| 3. Belief that the justice system in the community is focused on punishment and not on assisting in recovery and rehabilitation. | <ul style="list-style-type: none">1. More participation by justice involved entities in the education/outreach activities.2. Fund more recovery and relapse prevention programming in the jail so people are prepared when released.3. Further education of the community on the justice involved programs currently in place. |

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: We will hold at least one parent information session about the current statistics surrounding youth substance use, which will incorporate information obtained from our county's youth summit to re-enforce the struggles of our specific community. |
| Goal 2: We will connect with all schools to distribute at least one informational pamphlet/one-pager to all parents via established school contact methods. (i.e. Email, newsletter, etc.) |
| Problem Statement #2 |
| Goal 1: The PDFCC will seek out and use grant funds to support at least one new recovery program in Carroll County by the end of the year. |
| Goal 2: The PDFCC will use grand funds to support the creation of a "recovery community" within Carroll County. |
| Problem Statement #3 |
| Goal 1: The PDFCC will fund at least one in-house recovery/re-entry program within the new Carroll County Jail. |
| Goal 2: Support programs that tie the justice system and law enforcement into prevention efforts, such as additional compliance checks. |

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

| Problem Statement #1 | Steps |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal 1: We will hold at least one parent information session about the current statistics surrounding youth substance use, which will incorporate information obtained from our county's youth summit to re-enforce the struggles of our specific community. | <ol style="list-style-type: none">1. Connect with appropriate decision makers at local schools.2. Research and create or choose an appropriate presentation.3. Schedule and facilitate session. |
| Goal 2: We will connect with all schools to distribute at least one informational pamphlet/one-pager to all parents via established school contact methods. (i.e. Email, newsletter, etc.) | <ol style="list-style-type: none">1. Connect with appropriate decision makers at the schools.2. Research and choose appropriate material for distribution.3. Facilitate the printing and distribution. |
| Problem Statement #2 | Steps |
| Goal 1: The PDFCC will seek out and use grant funds to support at least one new recovery program in Carroll County by the end of the year. | <ol style="list-style-type: none">1. Create sub-committee to research possible programs.2. Identify and secure facilitators for programs.3. Secure location and fund initial program administration. |
| Goal 2: The PDFCC will use grand funds to support the creation of a "recovery community" within Carroll County. | <ol style="list-style-type: none">1. Create sub-committee to research possible programs and elements of such a community.2. Contact additional stakeholders and work to secure "buy-in."3. Secure locations and facilitators for programs. |
| Problem Statement #3 | Steps |
| Goal 1: The PDFCC will fund at least one in-house recovery/re-entry program within the new Carroll County Jail. | <ol style="list-style-type: none">1. Meet with the jail commander to discuss possible options. |

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| | <p>2. Identify and prioritize areas of need for those incarcerated and working towards release.</p> <p>3. Research and identify appropriate programs.</p> |
| Goal 2: Support programs that tie the justice system and law enforcement into prevention efforts, such as additional compliance checks. | <p>1. Gather justice system stakeholders to brainstorm possible ideas for their departments' involvement.</p> <p>2. Contact appropriate agencies to discuss compliance check procedures and ascertain support needed by the PDFCC.</p> <p>3. Create a timeline for the implementation of decided upon events, programs, etc.</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: | \$25,247.60 |
| 2 | Amount of unused funds from last year that will roll over into this year: | \$25,204.12 |
| 3 | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): | \$50,451.72 |
| 4 | Amount of funds granted last year: | \$17,129.02 |
| 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: \$12,612.93 | Intervention/Treatment: \$ 12,612.93 | Justice Services: \$ 12,612.93 |
| Funding allotted to Administrative costs: | | |
| <i>Itemized list of what is being funded</i> | | <i>Amount (\$100.00)</i> |
| Coordinator compensation | | \$ |
| Office supplies | | \$12,612.93 |
| Funding Allocations by Goal per Problem Statement: | | |
| Problem Statement #1 | Problem Statement #2 | Problem Statement #3 |
| Goal 1: \$6,306.47 | Goal 1: \$6,306.47 | Goal 1: \$6,306.47 |
| Goal 2: \$6,306.46 | Goal 2: \$6,306.46 | Goal 2: \$6,306.46 |