# The Indiana Commission to Combat Drug Abuse



#### Behavioral Health Division

Plan for April 1, 2024 to March 31, 2025 ADJUSTED APRIL 24, 2024

# **Comprehensive Community Plan**

County: HENRY

LCC Name: A.R.I.E.S. Substance Abuse Council of Henry County

LCC Contact: Butch Baker

Address: 1215 Race St., Ste. #160

City: New Castle, IN 47362

Phone: 765-545-0295

Email: bbaker@henrycounty.in.gov

County Commissioner: President: Steve Dellilnger, Susan Huhn, Joe Wiley

Address: 101 South Main Street

City: New Castle, IN

Zip Code: 47362

#### **Vision Statement**

What is your Local Coordinating Council's vision statement?

A.R.I.E.S. exists as a community agency that partnerships with other efforts to improve healthy lifestyles in Henry County through prevention, education, treatment, and enforcement of substance use issues for youth and adults.

## **Mission Statement**

What is your Local Coordinating Council's mission statement?

The Mission of A.R.I.E.S. Henry County Substance Abuse Council is to develop, coordinate, promote, and reduce the problems associated with substance use in Henry County in order to enhance family and community life. To work cooperatively with the community and area agencies on behalf of its youth and adults to reduce substance use through intervention, education and support.

Me	mbership List				
#	Name	Organization	Race	Gender	Category
1	Butch Baker, Chair	Community	White	Male	<b>Emergency, Civic</b>
		Corrections			Organizations, Parent
2	Brian Clark	Chief EMS	White	Male	Emergency, City
		New Castle			Coroner
3	Mandy Fleming	<b>HCounty EMS</b>	White	Female	<b>Emergency</b> , Parent,
		Exec. Director			<b>Community Agencies</b>
4	Susan Lightfoot	Chief	White	Female	Government, Self-
	Vice Chair	Probation			Help, Civic
		Officer			Organization
5	Michael Mahoney	Prosecutor's	White	Male	Government, Parent
		Office			
		Attorney			
6	Ric McCorkle	Community	White	Male	Community Agencies,
	36.436.33	Volunteer	****	3.6.1	Parent
7	Matt Malek	Minister	White	Male	Religion, Parent
8	Doug Mathis	H.Co. Health	White	Male	Health, Self Help,
0	Doug Matilis	Dept.	vv iiite	Maie	Education, Parent
9	Kelsey Meyers	Purdue	White	Female	Health, Mental
	Reisey Micyels	Extension	Willite	Telliale	Health, Self Help,
		Extension			Education
10		ICAP			In process of
					replacing John who
					moved to another
					county
11	Matt Schoefield	New Castle	White	Male	Law Enforcement,
		<b>Police Chief</b>			Education, Civic
					Organization,
					Business
12	Kelsay Smith	YMCA	White	Female	Program Planning,
		(community			Early Education,
		volunteer)			Parent
14	Olene Veach	Farm Mgr,	White	Female	Business, Civic
17	Volunteer	Teacher, Soc.	VV IIILE	Temate	Organization,
	Volunteer	Worker,			Education,
		Substance			Government,
		Abuse Trainer,			Treatment, Youth,
		Community			Farmer
		Foundation			
		Scholarships			
15	Scott Widner	Shen Jr High	White	Male	Education, Self-Help,
		School, Prin.			Parent
16	Joni Williams	Community	White	Female	Government, Self
		Corrections			Help, Parent

\*Note: Individuals listed as community volunteers are not considered official board members and their inability to attend various meetings will not be considered in the overall attendance requirements. =

### **LCC Meeting Schedule:**

Please provide the months the LCC meets throughout the year:

Meet the 2<sup>nd</sup> Tuesday of the month (except July) at 12 noon in the 911 Training Room, Justice Center, 1215 Race Street, New Castle.

In the 2025-26 year, each grantee will be asked to attend at least one meeting. This is to help the grantee have a clearer vision of what ARIES is about, allow Board members to know more about the programs, and identify any needs/changes that would benefit the community. This has worked by stimulating Board members to become more involved in the various programs of A.R.I.E.S.

### 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

**HENRY** 

**County Population** 

48935 (2021 Stats Indiana)

Schools in the community

Blue River Valley School Corporation: Jr/Sr High and Elementary

Charles A Beard School Corporation: Sr High, Intermediate, and Elementary

New Castle School Corporation: Sr. High, Jr. High, Elementary (Eastwood, Parker, Riley, Sunnyside,

Westwood, and Wilbur Wright)

Shenandoah School Corporation: Sr. High, Jr. High, Elementary South Henry School Corporation: Tri Jr/Sr. High, Elementary

Ivy Tech Community College New Castle Area Career Center Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)

Henry County Community Health (hospital) 765.521-0890, 521-1116

Immediate Care Northfield Park 765.599-3100

Family Medicine Northfield Park 765.599-3100

Forest Ridge Medical Pavilion 765-599-3400

New Castle Center for Orthopedic Surgery and Sports Medicine 765.521-7385

Henry County Community Health Rehabilitation 765.521-1132

New Castle Family and Internal Meds – Forest Ridge 764.599-3400

First Care Urgent Care-765.518-6100

Knightstown Health Care Center 765.345-5572

Henry County Health Department 765.521-7085

321 Go Kids 765-591-4190

Raintree Dental 765-529-8668

Dr. Doug Dental Clinic 765-521-0301

Pediatrics of New Castle 765-599-3100

Little Heroes Ped. Dental 765-529-6355

Raintree Vision Care 765-529-2405

Lamberson & Marlott Eye Center 765-521-0675

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

Centerstone 765.521-3010

Anchor Behavioral 765.529-3370

DSI Raintree Programs 765-529-3331

Meridian Health Services 765.521-2450

Guest House 765-388-2136

Christian Counseling Services of Henry County 765.354-6000

Service agencies/organizations

Cary Center Knigthstown

Christian Love Help Center 765.521-2837

H. Co. Pregnancy Care Center 765.529-7298

First Steps 765.393-0510

Healthy Families of Henry County .529-4505

Interlocal Community Action Program 765.529-4403

YMCA 765.529-3804

Raintree Habitat for Humanity 765-388-2160

Believe and Achieve Mentoring (BAM) 765.529-4494

Narcotics Anonymous 765.683-2022

Henry County Community Foundation 765.529-2235

Safe At Home 765-518-4120

Salvation Army 765.529-1303

Adult Basic Education 765-521-7226

WIC (Women, Infants and Children) 765.529-4403

Local media outlets that reach the community

Middletown News 765.345-2221

Courier Times, New Castle 765.529-1111

WMDH-FM – NASH 192.5 765.529-2600

Social Media Platforms

Great Deals Magazine

What are the substances that are **mo**st problematic in your community?

List most frequent in order of drug charges:

Alcohol, Meth, Marijuana, Controlled Substances, Narcotics, Cocaine, Heroin, and Synthetic Drugs

List all substance use/misuse services/activities/programs presently taking place in the community: JRAP at HCSO - Community Corrections treatment programs - Drug Court - Veterans Court - Vaping

Intervention for Youth – Youth Substance Abuse Program – IOP – Henry County Court Services -NA

and AA - Too Good for Drugs (for all 2<sup>nd</sup> and 3<sup>rd</sup> graders in county) - - Educational Exhibits with participation at all Community Fairs in County - Red Ribbon Week Speaker for all school systems in County, churches (upon request) - The Guest House - plus agencies listed under Mental Health, Hagar House, Williams House, Breanna's Hope, Unchained, Women's Recovery Center

#### **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
1. Alcohol and other drugs are easily available to youth.	<ol> <li>Education/Treatment programs are available for youth and adults.</li> <li>Fairs, community events held with involvement with adults and youth.</li> <li>Inmates at the new jail have a program which is a special intensive. program. This is a two month program and should include 1 month after release.</li> <li>The Probation Dept. has two treatment programs available for youth:         <ol> <li>Vaping and 2)</li> <li>Substance Abuse Treatment.</li> </ol> </li> </ol>	<ol> <li>Lack of funds to increase monitoring drug dealing.</li> <li>There is a new program at the jail: JRAP- the number of participants is limited.</li> <li>The participants in the youth programs are referred from schools or youth who are clients of the Probation Dept.</li> <li>Timing, cost and staff have limited the number of youth participating.</li> </ol>
2. Generational drug abuse	<ol> <li>Classes with inmates include the effect of their habits on the family.</li> <li>Programs in the schools educate youth about the hazards of drug use and include a group of students (VOICE) who</li> </ol>	<ol> <li>Lack of willingness to changing attitudes and habits</li> <li>Lack of treatment options – schools have changing schedules which make it difficult to involve some of the</li> </ol>

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

	help with the information.  3. Working with youth and adults reveals the belief that use of drugs is a "norm".	desired drug awareness programs. 3. Lack of employment
3 Community Based. Intervention for Youth and Adults	<ol> <li>Training on stigma for individuals dealing with families. In addition to individuals</li> <li>Programs such as VOICE and Too Good for Drugs</li> <li>Events like Red Ribbon Week provide a variety of techniques for all students (Pre-school to Seniors)</li> </ol>	<ol> <li>Lack of understanding the effect of Stigma on success in goals</li> <li>Stigma of being a child of an addict</li> <li>Lack of desire for participant to enroll in programs that have a chance of improving their problems.</li> </ol>
<b>Protective Factors</b>	Resources/Assets	Limitations/Gaps
Community Based     Intervention for Youth	<ol> <li>Various community groups/agencies sponsor youth activities.</li> <li>Programs like Youth Substance Abuse Sessions</li> <li>Events like RRW which reach around 7000 students in a full week+ of activities</li> <li>VOICE students assisting providing programs for students at different levels during the year.</li> </ol>	<ol> <li>Lack of Parents to encourage youth to be involved,</li> <li>Lack of funds and staff to focus on extended program.</li> <li>Lack of positive role models.</li> </ol>
2. All school systems have mental health counselors/individuals embedded in their programs.	Provides a timely intervention for students     The age range of programs reach from preschools to seniors	<ol> <li>Problems resulting from irregularity of school days due to different schedules for the schools.</li> <li>Several active teachers have retired as an after effect of Covid. We are still seeing this problem.</li> <li>Lack of funds to hire individuals to assist students.</li> </ol>
3. Positive connection to community	<ol> <li>School Resource Officer in all schools</li> <li>Some retired law enforcement officers are helping with special events.</li> </ol>	<ol> <li>Lack of Funds</li> <li>Difficulty in finding time for officers to be involved in activities outside their major responsibilities.</li> </ol>

# III. Making A Community Action Plan

Now that you

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)
Alcohol, Tobacco, and other illegal substances are readily available within the community.	<ol> <li>ATOD usage by youth and adults in the county is an identified problem.</li> <li>Irregularity of school attendance has increased the problem of drugs being available.</li> <li>Increase of substance-use related deaths within the community.</li> </ol>
2. Generationl drug use.	1. Youth arrested for substance-use related offenses often have one or more parent with criminal history for substance-use related offenses.

	<ol> <li>Intakes often reveal that drugs are first available in the home.</li> <li>Community norms are favorable towards substance use.</li> </ol>
3. Limited community based resources.	<ol> <li>Lack of preventative programming.</li> <li>Lack of treatment providers within county to support behavioral health needs.</li> <li>Few recovery support programs for community members active in their recovery.</li> </ol>

## **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>	Data That Establishes Problem	Data Source
Community norms are favorable towards substance use.	In 2024, drug-related offenses accounted for 33% of all arrests in Henry County.	https://www.in.gov/mph/projects/arrests-dashboard/
	In 2023, 57% of child removals resulted from parental alcohol/drug use.	https://prevention.iu.edu/services/county-profiles-data/epi_table_php?table_id=t404&county=33
2. Lack of treatment providers within the county to support behavioral health needs.	individuals in Henry County	Henry County Community Health Needs Assessment (2019-2021)
3. ATOD usage by youth and adult in the county is an identified problem.	In 2024, drug-related offenses accounted for 33% of all arrests in Henry County.	https://www.in.gov/mph/projects/arrests-dashboard/
	According to a study encompassing 2019 – 2021, it is estimated that in Henry County, 21% of adults smoke and 17% of adults drink excessively.	Henry County Community Health Needs Assessment (2019-2021)

## **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.

Problem Statements	What can be done (action)?	
1. Community norms are favorable towards	- Educate community about dangers of substance	
substance use.	use	

	<ul> <li>School based education</li> <li>Publication in magazine / newsletter</li> <li>Parent education</li> <li>Current substance use information provided to community</li> </ul>
Lack of treatment providers within the county to support behavioral health needs.	<ul> <li>Increase awareness of substance misuse, overdose rates, and the need for treatment and recovery in the community to key stakeholders through trainings, community events, health fairs, and drug take backs</li> <li>Advertise/utilize current resources in an effort to garner awareness and potential expand upon</li> <li>Collaborate with local universities in an effort to expand mental health resources         Continue to research and apply for grant opportunities to support behavioral health needs     </li> </ul>
3. ATOD usage by youth and adult in the county is an identified problem.	<ul> <li>Increase LEA patrolling of local establishments selling illegal items against regulation</li> <li>Continued partnership with schools and justice system to create effective/innovative responses to ATOD usage.</li> <li>Continue to seek opportunity to provide NARCAN education/resources</li> <li>Encourage alcohol/drug awareness activities at community events</li> <li>Work in partnership with local organizations and businesses to promote positive behaviors and activities</li> </ul>

# **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.

develop godi statements that demonstrate what change you hope to denieve and by when you hope to denieve it.
Problem Statement #1: Community norms are favorable towards substance use.
Goal 1 Education for the community about dangerous affects of substance use.
Goal 2 Increase school based education regarding substance use.
Problem Statement #2: Lack of treatment providers within the county to support behavioral health needs.
Goal 1

Increase awareness of substance misuse, overdose rates, and the need for treatment and recovery in the community to key stakeholders through trainings, community events, health fairs, and drug take backs

#### Goal 2

Advertise/utilize current resources in an effort expand and to garner awareness.

## Problem Statement #3: ATOD usage by youth and adult in the county is an identified problem.

#### Goal 1

Continued partnership with schools and justice system to create effective/innovative responses to ATOD usage.

#### Goal 2

Encourage alcohol/drug awareness activities at community events.

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

For each goal, list the steps required to achieve each

Problem Statement #1: Community norms are favorable towards substance use.	Steps
Goal 1 Provide educational resources to the Henry County Community by participating in at least six scheduled events per Grant year. These events will provide evidence- informed information to support healthier lifestyle choices for Youth and Families, incurring data by tracking the number of pamplets that are distributed.	<ol> <li>Obtain updated information in the form of handouts for events.</li> <li>Attend Mooreland Fair, Middletown Fair, Sulphur Springs Freedom Days, Health Fair (x2), Rockin to Recovery, and any other community events.</li> <li>Set up booths at said events and handout</li> </ol>
number of pampiets that are distributed.	pamphlets.
Goal 2 At least 500 of Henry County Youth Grade K-12 will participate in substance abuse education by the end of 2025-2026 school year.	1. Provide funding to Too Good for Drugs program in collaboration with the LCC and the Henry County Health Department which provides programming to schools.

	<ol> <li>Provide funding to VOICE chapter in each school, which promote healthy lifestyle/substance free choices.</li> <li>Provide funding for Red Ribbon week in an effort to partner on substance abuse awareness.</li> </ol>
Problem Statement #2: Lack of treatment providers within the county to support behavioral health needs.	Steps
Goal 1 Increase awareness of substance misuse, overdose rates, and the need for treatment and recovery in the community to key stakeholders through trainings, community events, health fairs, and drug take backs during the fiscal year.	1 0
	to provide substance misuse information where key stakeholders will be present.
Goal 2 Increase behavioral health resources/services by 1% in Henry County in 2025-2026 by connecting community members to local providers.	<ol> <li>Provide QR code in newsletters, magazines, waiting rooms of justice services departments, etc., that provides direct information for contacting local providers/support.</li> <li>Provide QR code and additional pamphlets at community and health fairs.</li> </ol>
Problem Statement #3: ATOD usage by youth and adult in the county is an identified problem.	Steps
Goal 1 Reduce the number of juvenile delinquency actions and incidents of illegal drugs and vaping use in schools by 1% in 2025-2026.	<ol> <li>Provide funding to VAPE         education/treatment program as a         response to incidents.</li> <li>Provide funding to YSAP programming         as a response to reported substance use.</li> <li>Provide funding to ADEC for response         to substance misuse related offenses.</li> <li>Provide funding to court services for         responses to substance misuse related         offenses.</li> </ol>
Goal 2 Decrease substance misuse arrests and recidivism by 1% in 2025-2026 by supporting recovery programming in Henry County.	<ol> <li>Provide funding to advertising recovery programs that exist within the community.</li> <li>Provide funding for law enforcement to have improved drug-kits and PBT kits.</li> </ol>

# 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:			\$65,962.32	
2	Amount of unused funds from last year that will roll over into this year:			\$9,909.52	
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2)\$:			\$75,871.84	
	Amount of funds granted last year:			\$69,539.03	
Additional Funding Sources (if no money is received, please enter \$0.00)					
A	Substance Abuse and Mental Health Services Administration (SAMHSA): \$0.0				
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:			\$0.00	
J	Other:			\$0.00	
Categorical Funding Allocations					
Prevention/Education: Intervention/Treatment:			Justice Services:		
		\$22,399.00	\$22,399.00		
Funding allotted to Administrative costs:					
Itemized list of what is being funded			Amount (\$100.00)		
				\$ 2100.00	
Office supplies			\$3,074.00		
Mileage			\$ 500.00		
Program Assistant			\$3,000.84		
8900.35Funding Allocations by Goal per Problem Statement:					
Problem Statement #1 Problem State		Problem Statement #2	Problem Statement #3		
Goal 1: \$12,645.30		Goal 1: \$ 12,645.31	Goal 1: \$ 12,645.31		
Goal 2: \$ 12,645.30 Goal 2: \$ 12,645.31			Goal 2: \$ 12,645.31		