The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Miami

LCC Name: Miami County Substance Abuse Prevention Council

LCC Contact: Lori Robertson

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County Commissioners: Alan Hunt, Brenda Weaver, Fred Musslemen

Address: 25 Court Street

City: Peru, IN

Zip Code: 46970

Vision Statement

What is your Local Coordinating Council's vision statement?

We are committed to being a community that is drug free by collaboratively networking with agencies in Miami County to eliminate substance abuse

Mission Statement

What is your Local Coordinating Council's mission statement?

Miami County Substance Abuse Prevention Council exists as a community partnership that strives to develop healthy lifestyles through prevention, education, treatment, and enforcement of substance abuse issues for youth and adults. We endeavor to educate all ages with risk and protective factors in order to decrease use and increase awareness in our community

| Me | mbership List | | | | |
|----|------------------------|---------------------------|-------|--------|-----------------------------|
| # | Name | Organization | Race | Gender | Category |
| 1 | Angela Bever | Community | White | Female | Justice |
| | | Corrections | | | |
| 2 | Lory Birnell | 4C Health | White | Female | Treatment |
| 3 | Sharon Breitenbach | Living Free | White | Female | Prevention/Treatment |
| 4 | Bridgett Dalton | Through the Trees | White | Female | Event Coordinator |
| 5 | Mark Demcheck | YMCA | White | Male | Prevention |
| 5 | Matt Feller | Peru Police | White | Male | Justice |
| 3 | Matt Feller | Department | wnite | Maie | Justice |
| 6 | Beverly Garrett | 4C Health | White | Female | Treatment |
| 7 | Jodie Hutchins | County | White | Female | Community Member |
| 8 | John Lane | DCS | White | Male | Treatment/Justice |
| 9 | Crystal Lewis | Serenity House | White | Female | Treatment |
| 10 | Mandy Mavrick | Probation | White | Female | Justice |
| 11 | Joan Miller | My Father's House | White | Female | Treatment |
| 12 | Meg Murray | My Father's House | White | Female | Treatment |
| 13 | Lori Robertson | Freedom Therapy | White | Female | Treatment/Justice |
| 14 | Jenaei Smith | Turning Point | White | Female | Treatment |
| 15 | Morgan Townsend | Health Dept | White | Female | Prevention/Treatment |
| 16 | Ayla Vandergriff | Mental Health America | White | Female | Treatment |
| 17 | Mike Vinopal | Peru Police Department | White | Male | Justice |
| 18 | Becca Wiley | Hercock's Heritage | White | Female | Prevention |
| 19 | Bob Wycock | Living Free | White | Male | Prevention/Treatment |
| 20 | Jennifer Yates | More for Miami/YMCA | White | Female | Prevention |

LCC Meeting Schedule:

Every second Monday of the month in January, February, March, April, May, June, August, September, October, and November at 4pm

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: Miami

County Population: 35,613 (2024)

Schools in the community:

North Miami Community Schools, Peru Community Schools, Maconaquah School Corporation, Miami County Adult Education Center, and Ivy Tech Community College

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

Dukes Memorial Hospital, Indiana Health Center, Miami County Medical Center, Grissom VA Clinic, American Health Network, Miami County Health Department, Peru Medical Center, and Logansport Memorial Peru Medical Center

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

4C Health, Freedom Therapy and Recovery Services, Peace of Mind, and Healing Minds

Service agencies/organizations:

Work One, Peru Housing Authority, YMCA, Helping Hands, CCs Closet, Salvation Army, Area Five on Aging, Life Cycle, Nurturing Parent Program, Birthright, St. Vincent DePaul, AcesPLUS, Hircock's Heritage, New Mercies Ministries, Head Start, Harvesting Capabilities, Public Health Nurse, Red Cross, WIC, United Way of Miami County, Project Access, Lilly's House, Trustees Office, CASA Macy Food Pantry, Miami Nation of Indians, Living Free, Mental Health America, Purdue Extension of Miami County

Local media outlets that reach the community:

Peru Tribune, Kiss FM (95.9), WARU (101.9 and 105.9), The Paper of Miami County, and Kokomo Tribune

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

Alcohol, Marijuana, Opioids (Fentanyl, Heroin), Methamphetamine, Benzodiazepines, Tobacco

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

Substance Use Prevention Council Recovery Event, Drug Court, Pre-trial Services, Moral Reconation Therapy, Domestic Conflict Program, Serenity House Transitional for Women, VA Clinic, Alcoholics Anonymous, Narcotics Anonymous, Finding Freedom, Living Free, More for Miami Prevention Coalition, Life Skills Training, Strengthening Families, Curriculum-Based Support Groups, Parenting Program, and Individual/Family Therapy Services

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.¹

| Risk Factors | Resources/Assets | Limitations/Gaps |
|---|---|--|
| 1. Substance Use and Mental Health Issues | 1. Local CMHA | 1. Agency staffing issues |
| | 2. Drug Court | 2. Marginal recovery community |
| | 3. Private Providers | 3. No established youth |
| | 4. Substance Abuse Prevention Council | treatment programming |
| | 5. More for Miami Council | 4. Unfavorable perception of certain drug use risks |
| | | 5. Community lack of understanding of mental health/co-occuring issues |
| 2. Family Poverty, | 1. DCS | 1. No family programming |
| Homelessness, Domestic Violence, and Neglect Issues | Domestic Violence Perpetrator Program | Parent resistance in engagement |
| | 3. Homeless Projects | 3. Limited affordable housing |
| | | 4. Lack of resources for domestic violence victims |

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

| | | 5. No local shelter |
|---|---|--|
| 3. Disconnect Among Community Stakeholders | JRAC Sequential Intercept Map Training MOU's Established Between Some Agencies | Difficulty with data collection and sharing Minimal provider and/or organization training of SA/MH issues and resources Lack of update/organized way to share resources |
| Protective Factors | Resources/Assets | Limitations/Gaps |
| Active Community Based Professional Partners and Intervention Programs | United Way Mental Health America Community Foundation | Lack of funding access Lack of substance use and mental health education in schools and community services Lack of outreach teams |
| 2. Increasing Attempts at Youth Drug Free Programming, Family Engagement, and Homelessness Issues | Miami County YMCA Local Food Pantries Local Thrift Stores that help with clothes, household goods, etc. | Lack of resources for domestic violence victims Negative cultural attitudes toward mental health and substance use Lack of non-school related drug free activities |
| 3. Strong Religious Community That is Invested in Recovery Support | Several Church Supported Coping Skill Programs Feed the Sheep Program that Provides Lunches 3X Weekly Funds Available Through Religious Organizations | Lack of understanding of specific needs of recovery Community Lack of participation of religious leaders in community SA/MH coalitions Communication barriers between the churches and pastors |

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) |
|--|---|
| Substance Use and Mental Health Issues | 1. Miami County has ongoing issues with problems related to substance use/abuse for both adults and youth. |
| | 2. Miami County has a deficit of non-school related drug-free activities and recovery community supports available. |
| | 3. Miami County has a deficit of community outreach programs that educate community members about substance use and mental health issues. |
| Family Poverty, Homelessness, Domestic Violence, and Neglect | 1. Miami County lacks affordable housing, especially to those that have past felony drug charges. |
| | 2. Miami County Probation, Community Corrections, and DCS have ongoing issues with family investigations, neglect cases, and domestic violence issues being primarily related to substance use. |
| | 3. Miami County lacks positive parenting education programs. |

| 3. Disconnect Among Community Stakeholders | Miami County needs to increase collaborative meetings and action plans with community stakeholders to address substance use and mental health issues. |
|--|---|
| | 2. Education services need to be increased to Miami County professional and religious organizations regarding substance use and mental health issues. |
| | 3. The Miami County SAPC needs to have an increased presence in community organizations and also an increase SAPC membership. |

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. Miami County has ongoing issues with problems related to substance use/abuse for both adults and youth. | 1. In 2024, the Miami County Prosecutor had 1446 criminal counts directly related to alcohol and/or drug use. | 1. Miami County Prosecutor |
| | 2. The Miami County Alcohol/Drug Court Program continues to see a steady increase in referrals. In 2024, 234 clients were assessed and received case management services compared to 229 in 2023, 208 in 2022, and 149 in 2021. | 2. Miami County Probation |
| | 3. In 2024 Miami County supervised 1,867 individuals on probation, with the largest percentage being alcohol and/or drug related. | 4. Miami County Probation |
| | 4. In 2024 64% of adult offenders on electronic monitoring and 21% of juvenile offenders were a result of | 4. Miami County Community Corrections |

| | alcohol and/or drug related offences. | 5. Indiana Youth Institute |
|---|--|---|
| | 5. There is has been an overall increase in depressive symptoms and suicidal ideations in youth in the region Miami County is in. | 8. Indiana Youth Institute |
| | 8. Indiana held the 10th highest rate of number of children under 18 at risk for depression nationwide in 2023. | 9. Indiana Youth Institute |
| | 9. In 2024 25% of juvenile arrests were a possession of marijuana charge. | 10. Freedom Therapy and Recovery Services |
| | 10. There is a strong correlation between substance use and mental health issues with at least 90% of those presenting in 2024 to treatment for mood issues having some sort of substance use or misuse. | |
| 2. Miami County has ongoing issues with family DCS investigations, neglect cases, and domestic violence issues being primarily related to | 1. Of the 717 assessments and investigations conducted by DCS in 2024, approximately 75% of the cases are primarily a result of family substance use. | 1. Miami County DCS Director |
| substance use. | 2. 95% of domestic violence perpetrators involved in the domestic conflict group in 2024 report alcohol and/or drug use played a factor in their incident/arrest. | 2. Freedom Therapy and Recovery Services |
| | 3. There was only one core family program implemented in 2024 with minimal participation. | 3. Miami County YMCA |
| | 4. In 2024 the number of children removed from their households by DCS doubled from 2023 | 4. Indiana Youth Institute |
| | children removed from their households by DCS doubled | 4. Indiana Youth Institute |

| 3. Miami County needs to | 1. Miami County Law | 1. Miami County Sheriff's |
|---|----------------------------------|--|
| increase collaborative meetings | Enforcement Officers only | Department |
| and action plans with | receive state mandated SA/MH | |
| community stakeholders to address substance use and | training. | |
| mental health issues. | 2. Local social service | 2 Encodern Themany and |
| mental health issues. | organizations do not have | 2. Freedom Therapy and Recovery Services |
| | regular SA/MH education from | Recovery Services |
| | professionals. | |
| | r | |
| | 3. Miami County has a 1551:1 | 3. Indiana Youth Institute |
| | ratio of mental health providers | |
| | for the community. | |

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. Miami County has ongoing issues with problems related to substance use/abuse for both adults and youth. | Increase evidenced based prevention and treatment programs for both adults and youth. |
| addits and youth. | 2. Provide community education regarding substance use and mental health issues. |
| | 3. Increase drug free social and recreational opportunities for both adults and youth. |
| 2. Miami County has ongoing issues with family DCS investigations, neglect cases, and domestic violence issues being primarily related to substance use. | 1. Develop, in collaboration with other social service agencies, a family based program to educate the effects of family dysfunction related to substance abuse for those involved with the judicial system. |
| | 2. Provide community families with education and resources for SA/MH issues. |
| | 3. Collaborate with local social service agencies to develop a domestic violence victims basic needs program and domestic violence resources. |
| 3. Miami County needs to increase collaborative meetings and action plans with community stakeholders to address substance use and mental health issues. | Provide community stakeholders including social service organizations and clergy with regular SA/MH resources and education. |
| | 2. Increase presence of SAPC members in community organization meetings to educate them about the council. |

3. Increase invitations to community stakeholders to become part of SAPC.

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:

Increase support and help in the development of evidenced based prevention and/or treatment programs for adults and youth with substance use issues in the community, jail, and schools by 10% within the next year.

Goal 2:

In collaboration with other agencies, increase drug free social and recreational opportunities for adults and youth with/or in recovery from substance use issues by 25% over the next 2 years.

Problem Statement #

Goal 1:

In collaboration with other agencies, supply support and help in the development of at least 2 family education and/or treatment program that addresses family problems related to substance abuse issues within the next 2 years.

Goal 2:

Increase SAPC dissemination of information materials to the community by 25% over the next 2 years on the SAPC, substance use, and the family problems associated with this issue.

Problem Statement #3

Goal 1:

Increase SAPC presence in at least 3 new community stakeholder meetings and/or boards over the next 2 years, along with inviting stakeholders to SAPC meetings.

Goal 2:

Increase substance abuse/mental health training opportunities by 75% for law enforcement, social service agencies, educators, and clergy within the next 2 years.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

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|-------|----|------|------|--------|
| Probl | em | STAT | emer | nt # 1 |

| Goal 1: Increase support and help in the development of evidenced based prevention and/or treatment programs for adults and youth with substance use issues in the community, jail, and schools by 10% within the next year. | Help fund and support at least 5 evidenced based substance use/abuse prevention and/or treatment programs. Help fund a recovery incentive program for those individuals involved in the justice system. Create and distribute a public information packet with treatment/social services resources within the next year. |
|---|--|
| Goal 2: In collaboration with other agencies, increase drug free social and recreational opportunities for adults and youth with/or in recovery from substance use issues by 25% over the next 2 years. | Help in the development and support of a Recovery Café. Help fund and support at least 5 drug free events for adults and/or youth in the community. Help fund and support at least 3 organizational and/or faith-based programs that provide participation in activities and groups. |
| Drughlare Chahamant #2 | |
| Goal 1: In collaboration with other agencies, supply support and help in the development of at least 2 family education and/or treatment program that address family problems related to substance abuse issues within the next year. | 1. Establish at least 2 meetings with probation, schools and/or the YMCA to discuss collaboration in initiating a substance abuse family treatment/education program. 2. Obtain 3 sources of family substance use education/treatment materials to distribute to community. 3. Create at least 2 advertising mediums for family substance education and resources. |

| | 3. Establish a SAPC information station/booth during at least 3 new local community events that provide education and resources regarding substance misuse, family substance use and resources. |
|---|---|
| Problem Statement #3 | Steps |
| Goal 1: Increase SAPC presence in at least 3 new community stakeholder meetings and/or boards over the next 2 years, along with inviting stakeholders to SAPC meetings. | Create and disseminate educational packets regarding the SAPC, substance use, and resources for stakeholder agencies to distribute to the population they serve. Have at least 1 SAPC member present |
| | at 75% of stakeholder meetings to discuss SAPC objectives and invite meeting members to join SAPC. 3. Create a community stakeholder email list and send invitations to join SAPC to stakeholders quarterly. |
| Goal 2: Increase substance abuse/mental health training opportunities by 50% for law enforcement, social service agencies, educators, and clergy within the next 2 years. | 1. Create 3 discipline specific (judicial, educators, social services, clergy) training programs to address substance use issues. |
| | 2. Establish dates and provide substance use prevention and treatment training for each discipline.3. Create an email list of community |
| | stakeholders to send substance use education and treatment resources to monthly. |

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: | | | \$34,322.10 | |
| 2 | Amount of unused funds from last year that will roll over into this year: | | | \$1,694.15 | |
| 3 | Total funds available for programs and administrative costs for this year | | | \$36,016.25 | |
| | (Line 1 + Line 2): | | | ŕ | |
| 4 | | | | \$11,215.82 | |
| 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: | | Intervention/Treatment: | Justice Services: | | |
| \$9,004.07 | | \$9,004.07 | \$9,004.07 | | |
| | | | | | |
| Funding allotted to Administrative costs: | | | | | |
| Itemized list of what is being funded | | | | Amount (\$100.00) | |
| A | | | \$6,000.00 | , | |
| Office supplies \$3,004 | | | \$3,004.04 | 3,004.04 | |
| Funding Allocations by Goal per Problem Statement: | | | | | |
| Problem Statement #1 | | Problem Statement #2 | Problem Statement #3 | | |
| Goal 1: \$7,000.00 | | Goal 1: \$5,000.00 | Goal 1: \$6,000.00 | | |
| Goal 2: \$2,004.07 | | Goal 2: \$4.004.07 | Goal 2: \$3.004.07 | | |