

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: White

LCC Name: Partners for a Drug Free White County

LCC Contact: Kiera Lewellyn

Address: 402 Tioga Road

City: Monticello

Phone: 574-583-6544, ext. 5

Email: kiera@whitecountyunitedway.org

County Commissioners: Kaleb Pass, David Davis, Mike Smolek

Address: 110 N. Main St.

City: Monticello

Zip Code: 47960

Vision Statement

What is your Local Coordinating Council's vision statement?

Partners for a Drug Free White County was formed for the purpose of uniting individuals, businesses, and agencies within the county to create a forum for gathering and exchanging information related to alcohol, tobacco, and other drugs. Furthermore, the goal of sharing this information was for the members of our community to have a safe, healthy, drug-free environment for their families.

Mission Statement

What is your Local Coordinating Council's mission statement?

To provide a forum for the exchange of information related to alcohol, tobacco, and other drugs in our county, thereby empowering communities to create change.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Kiera Lewellyn	Coordinator	White	Female	Administration
2	Libby Billue	White County Auditor's Office	White	Female	Administration
3	Nicole Widmer	White County Auditor's Office	White	Female	Prevention/Treatment
4	Brandon McLeland	White County Sherriff's Office	White	Male	Justice
5	Jim Bolen	Frontier Police Department	White	Male	Justice
6	Chris Blake	Monticello Police Department	White	Male	Justice
7	Teresa Puterbaugh	White County Council on Aging	White	Female	Prevention/Treatment
8	Gail Shriver	North White Schools	White	Female	Prevention
9	Desiree Swaim	Twin Lakes School	White	Female	Prevention
10	Shawn McCracken	Tri-County Schools	White	Male	Prevention/Treatment
11	Kathy Bassett	Frontier Schools	White	Female	Prevention/Treatment
12	Melinda Provo	White County Probation	White	Female	Treatment
13	Jess Horlacher	Indian Trails Career Coop.	White	Female	Prevention
14	Caitlin Wagner	White County Health Dept.	White	Female	Prevention/Treatment
15	Jen Bushore	YWCA	White	Female	Prevention/Treatment
16					
17					
18					

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: February, April, June, August, October, December

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 White
County Population 24,917
Schools in the community Twin Lakes, Tri-County, Frontier, North White
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) IU White Memorial Hospital, Monon Family Health Clinic, Wolcott Family Health Clinic, Verve Clinic, White County Health Department, Valley Oaks Primary Care
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Valley Oaks Health, 4C Health, Family Health Clinic, Private Practices: Jim Elliot, Missy Hazelby
Service agencies/organizations

White County Council on Aging, White County United Way, YWCA, Area IV Agency on Aging, Bauer Family Services, Salvation Army, Boys and Girls Club, Mental Health America-WVR, LTHC case manager for homelessness
Local media outlets that reach the community WLFI, WMRS, News and Review, Herald Journal, Journal and Courier, Star City News
What are the substances that are most problematic in your community? Vaping (THC), Cocaine, Fentanyl, Methamphetamines, Alcohol
List all substance use/misuse services/activities/programs presently taking place in the community UCO Awareness and Prevention, Phoenix QRT, 4C Mobile Crisis Stabilization Unit, Valley Oaks Crisis Unit (Haven), Local NA/AA groups, Valley Oaks IOP, nine naloxboxes in the county that are available to the public, The Well (religious service for individuals in recovery on Friday nights), IU Health Tobacco Cessation, White Co. Health Dept. Chronic Disease and Tobacco Prevention Coalition, Comeback Café (Recovery Café White County).

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
--------------	------------------	------------------

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

1. Mental Health Issues	1. Valley Oaks Health 2. 4C 3. Recovery Cafe	1. Insurance Coverage 2. Internet Access 3. Transportation 4. Translation/Lack of Bi-lingual providers 5. Stigma
2. Availability of drugs and alcohol	1. Law Enforcement 2. Not in my Room Trailer 3. Youth Prevention Programs	1. Limited Budgets for law enforcement 2. Parents providing alcohol and drugs 3. Stigma surrounding harm reduction
4. Limited Recovery resources	1. UCO Awareness and Prevention 2. Phoenix QRT 3. AA/NA Groups 4. Navigator Services 5. Recovery Cafe	1. Limited budgets for law enforcement 2. Limited human capacity 3. Very few locations for NA/AA groups 4. Transportation 5. Language Barriers
Protective Factors	Resources/Assets	Limitations/Gaps
1. Access to health care	1. ER/Hospital 2. Valley Oaks/4C/Local mental health agencies 3. Health clinics 4. Mobile Integrated Health/Project Sprout	1. Insurance 2. Lack of specialty care in the area 3. Transportation to/from out-of-county facilities 4. Issues with Medicaid transportation
2. Meaningful youth engagement opportunities	1. School sports and clubs 2. Youth Philanthropy Council/WCUW Junior Board/Mayor's Advisory Council 3. Youth Summit 4. Boys and Girls Club	1. Rural area/transportation to events. 2. Limited funding 3. Youth/families unable to afford extra curriculars 4. Burn-out of providers

	5. Teen Cafes (Be Strong Families)	
3. Community based interventions	1. Churches 2. Human Service Agency programming	1. Lack of community involvement/awareness 2. Need for increased educational opportunities 3. Language barrier

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. Mental health issues	<ol style="list-style-type: none">1. Insurance is not available for some patients and they cannot access the right care that they need, when they need it.2. There is a lack of transportation available to individuals in need, especially when trying to access out of county services.3. Negative attitudes and beliefs towards individuals with mental health issues s very common in our rural community.4. Cultural beliefs often interfere with an individual deciding whether or not to access services.
2. Availability of drugs and alcohol	<ol style="list-style-type: none">1. Substance use (amongst both adults and youth) continues to be an issue in White County.2. There is a lack of awareness by parents in regards to substance misuse in children.3. Low recognition of alcohol and drug problems in White County requires LCC

	<p>to promote community awareness activities.</p> <p>4. Criminal activity is often associated with substance misuse in White County.</p>
3. Limited Recovery Resources	<p>1. There is a significant lack of resources aimed at the recovering individual in our community.</p> <p>2. Individuals often must travel to another county to take part in services beyond therapy.</p> <p>3. Lack of education leads to an extreme stigma county-wide, which hinders prevention, harm reduction, and recovery service efforts.</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. Vaping use it at high rates amongst youth.	In rural Indiana, 8.8% of students in 7 th -12 th grade report using a vape in the past month. *Unconfirmed reports from local schools suggest that this may be higher locally, but there is no confirmed county data.	IYI Kids Count Data book, 2025
2. Adults and juveniles are abusing alcohol, drugs, tobacco, and prescription medications.	Below lists the charges for individuals booked into the White County Jail in 2024: OWI – 219 OWI CONTROLLED SUBSTANCE- 23 OWI WITH A BOAT-3	White County Sherriff's Department

	<p>TOTAL OWI'S – 245</p> <p>DRUG POSSESSIONS</p> <p>POSSESSION OF METHAMPHETAMINE – 75</p> <p>POSSESSION OF A SYRINGE – 16</p> <p>POSSESSION OF MARIJUANA – 191</p> <p>POSSESSION OF PARAPHENALIA – 120</p> <p>POSSESSION OF A LEGEND DRUG – 7</p> <p>(not a controlled substance but have to have a prescription)</p> <p>POSSESSION OF A CONTROLLED SUBSTANCE – 13</p> <p>POSSESSION OF A NARCOTIC DRUG/COCAINE -16</p> <p>(cocaine/ fentanyl/ heroin)</p>	
3. Mental health issues	<p>White County has a 2050:1 provider ratio for mental health services in the county.</p> <p>In White County, adults reported that their mental health was not good on 5.1 days out of the previous 30 days, which is slightly above the national average of 4.8.</p> <p>In White County, Indiana, 17% of adults reported experiencing poor mental health for 14 or more of the last 30 days.</p>	This information is from the Indiana Department of Health county dashboard.

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. Vaping and tobacco use is at high rates in youth.	1. Provide local schools with resources and programming aimed at students to decrease vaping.

	<ol style="list-style-type: none"> 2. Support initiatives to reduce availability and or use of tobacco and vaping products. 3. Support and assist to increase smoking cessation programs for adults and youth.
2. Adults and juveniles are abusing alcohol, drugs, tobacco, and prescription medications.	<ol style="list-style-type: none"> 1. Use community events to promote the benefits of living drug free. 2. Continue to screen students at school for drug use (wide variety) and provide evidence-based education upon positive screenings. 3. Support law enforcement in substance misuse initiatives and awareness. 4. Educate local businesses and factories about prevention and treatment options.
3. Mental Health Issues	<ol style="list-style-type: none"> 1. Increase awareness of mental health warning signs and issues, especially amongst children. 2. Increase awareness of ACE scores and how they increase the risks of mental health issues and substance misuse. 3. Provide opportunities for youth to come together and discuss mental health concerns. 4. Increase access to community mental health supports.

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 the LCC will promote and fund mini grants to various organizations and schools who use evidence based programming and/or curriculum to provide prevention education and/or

treatment to reduce the total number of youth reporting vaping by 2%. If a reduction does not occur, the LCC will reevaluate its approach.
Goal 2 The LCC will provide mini-grants for assistance in testing vapes for THC and other drugs (legal and illegal). The LCC will decrease the number of THC-positive vapes by 2%. If a reduction does not occur The LCC will reevaluate its approach.
Goal 1 The LCC will provide mini-grants to agencies or not for profits to host community-based events focused on living drug-free. The LCC's goal is to have two community-based events a year. Feed back from vendors, attendees, and community members will allow the LCC to determine the effectiveness of the event.
Goal 2 The LCC will provide mini-grants to agencies or law enforcement for substance misuse initiatives or awareness information. The LCC's goal is to decrease the number of arrests for substance related issues by 5%.
Goal 1 The LCC will provide mini grants to various entities to bring awareness to the community in regard to mental health of children, and spaces for youth to come together and discuss mental health concerns. The LCC's goal is to add one additional program/space within on year. If the LCC's goal is not met within one year, the LCC will reevaluate its approach.
Goal 2 The LCC will provide mini grants to various entities to educate the public in regard to ACE scores and correlation between poor mental health outcomes and substance misuse. The LCC's goal is to hold at least one additional public education event focusing on ACEs within one year. If this goal is not met in one year, the LCC will evaluate its approach.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 Reduce youth self-reported vaping by 2%	1. Fund evidence-based programming focused on vaping and tobacco cessation.

<p>Goal 2</p> <p>The LCC will decrease the number of vaping products testing positive for THC or other substances by 2%</p>	<ol style="list-style-type: none"> 1. Fund the prevention and education programs along with justice programs that are focused on juveniles and vaping/tobacco. 2. Support intervention and/or treatment efforts focused on youth vaping/tobacco cessation. 3. Fund drug testing for schools to test vapes for THC or other substances.
Problem Statement #2	Steps
<p>Goal 1</p> <p>To host two community-based events focused on living drug-free.</p>	<ol style="list-style-type: none"> 1. Coordinate and provide funding through mini-grant opportunities for unique events focusing on healthy lifestyles and being drug-free. 2. Potentially host a drug take-back day.
<p>Goal 2</p> <p>The LCC will provide mini grants to agencies or law enforcement for substance misuse initiatives or awareness information. The goal is to decrease the number of arrests for substance related issues by 5%.</p>	<ol style="list-style-type: none"> 1. Coordinate with law enforcement to determine needs. 2. Provide financial support through grant opportunities to agencies focusing on recovery-related initiatives. 3. Support our local law enforcement in our community.
Problem Statement #3	Steps
<p>Goal 1</p> <p>The LCC's goal is to add one initiative/venue within one year. If LCC's goal is not met within one year, the LCC will reevaluate its approach.</p>	<ol style="list-style-type: none"> 1. Provide funds to conduct evidence-based education/prevention programs in the school and community to increase awareness of mental health concerns.

	<ol style="list-style-type: none"> 2. Provide financial support through grant opportunities to mental health agencies and organizations providing services to youth or adults. 3. Increase youth recovery and mental health programming.
<p>Goal 2</p> <p>The LCC's goal is to hold at least one additional public education event focusing on ACEs within one year. If this goal is not met in one year, the LCC will reevaluate its approach.</p>	<ol style="list-style-type: none"> 1. Provide funds to promote and provide ACE education and the correlation between ACE education and the correlation between ACEs and mental health/SUDs.

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:	39095.90
2	Amount of unused funds from last year that will roll over into this year:	5330.60
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	44,426.50
4	Amount of funds granted last year:	\$30,820.08
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: \$13,475.50		Intervention/Treatment: \$13,475.50
		Justice Services: \$13,475.50
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$4000.00)</i>
Coordinator compensation		\$2000.00
Office supplies/fees		\$300.00
Travel		\$500.00
Technology		\$500.00
Consultant Fees		\$700.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$ 6737.75	Goal 1: \$6737.75	Goal 1: \$6737.75
Goal 2: \$6737.75	Goal 2: \$6737.75	Goal 2: \$6737.75