

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Clark

LCC Name: Clark County Youth Coalition

LCC Contact: Lori Morgan

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City: Clarksville

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County Commissioners: Clark County Commissioners

Address: 501 E Court Ave., Room 306

City: Jeffersonville

Zip Code: 47130

Vision Statement

What is your Local Coordinating Council's vision statement?

Provide an organization through which the community can help prevent and stop substance abuse.

Mission Statement

What is your Local Coordinating Council's mission statement?

The mission of the Clark County Youth COalition (CCYC) is to reduce substance abuse and addictive behaviors through prevention/education, treatment/intervention, and law enforcement/justice initiatives in Clark County.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Tonya Shelton	C.C.Y.C. Coordinator	Caucasian	F	Non Profit
2	Ashley Emmett	Clark County Juvenile Probation	Other	F	Judiciary
3	Doug Drake	Personal Counseling Services, INC.	Caucasian	M	Treatment
4	Lori Morgan	Jeffersonville Public Library	Caucasian	F	Non Profit
5	Meredith Clip Rodriquez	Terraces of Park Place	Other	F	Non Profit
6	Amber Ridings	YMCA of So. IN	Caucasian	F	Non Profit
7	Laura Fleming Balmer	Clark County Youth Shelter	Caucasian	F	Youth
8	Iris Rubadue	Clark Co. Family Court	Caucasian	F	Judiciary
9	Keith McDonald	Charlestown Police Department	Caucasian	M	Law Enforcement
10	Kathleen Randelia	Brandon's House	Caucasian	F	Treatment
11	Jeremy Mull	Prosecutor's Office	Caucasian	M	Judiciary
12	Amy Schneidau	Clark County Youth Coalition	Caucasian	F	Non Profit

13	Connie Minich	Clark County Youth Coalition	Caucasian	F	Non Profit
14	Kimberly Chumbley	Our Place Drug and Alcohol Ed	Caucasian	F	Treatment
15	Leslie Rutherford	Clark County Youth Coalition	Caucasian	F	Non Profit
16	Sheriff Jamey Noel	Clark County Sheriff's Dept.	Caucasian	M	Law Enforcement
17	John Cortie	Sellersburg Police Dept.	Caucasian	M	Law Enforcement
18	Jason Jackson	Jeffersonville Police Dept.	Caucasian	M	Law Enforcement
19	Mike Rutherford	IN Dept. of Natural Resources	Caucasian	M	Law Enforcement
20	Travis Haire	Greater Clark School Corp.	Caucasian	M	Education
21	MeriBeth Adams Wolf	Our Place Drug & Alcohol Ed.	Caucasian	F	Treatment
22	Nathan Abbott	Indiana State Police	Caucasian	M	Law Enforcement
23	Emily Losey	High School	Caucasian	F	Education
24	Tim Curry	Prosecutor's Office	Caucasian	M	Judiciary
25	Tiffany	Center for	Caucasian	F	Treatment

	Hutchins	Lay Ministries			
26	David Kirby	Clarksville Police Dept.	Caucasian	M	Law Enforcement
27	Linda Cole	New Progressive Baptist Church	African American	F	Religion
28	David Marble	Jeffersonville Police Dept.	Caucasian	M	Law Enforcement
29	Rupert Strawbridge	Probation	African American	M	Judiciary
30	Ashley Nelson	Clark Co. Youth Shelter	Caucasian	F	Youth

LCC Meeting Schedule:

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

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 Clark
County Population 116,973 (2017 Census)
Schools in the community 20

<p>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)</p> <p>Clark Memorial Hospital, BluMine Health Clinic, LifeSpring FQHC, Clark County Health Department, Family Health Center, New Hope Services, Inc. Hopecare Clinic, Student Clinic GCCS, New Hope Services, Inc. WIC, Immediant, Kentuckiana Pharmacy</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)</p> <p>LifeSpring, Family Ark, Wellstone, ChildPlace Inc., Alliance Psychiatry, Clark Memorial Hospital Behavioral Health Services, Our Place, Centerstone, Family Time Inc., Life Improvement Counseling Center, Personal Counseling Services Inc., Associate's in Counseling and Psychotherapy (ACP), Brandon's House</p>
<p>Service agencies/organizations</p> <p>Clark County Youth Coalition (CCYC); Community Action of Southern Indiana (CASI); New Hope Services; Family and Social Services Administration (FSSA); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Communities in Schools (CIS); Clark County Youth Shelter (CCYS); Children's Learning Center (CLC)-Goodwill of Southern IN; The Childcare Development Fund/River Valley Resources (RVR); Jerry's Place; Bliss House; Centenary United Methodist Church; St. Luke's United Church of Christ; St. Paul's Episcopal Church; Community Kitchen; Center for Lay Ministries; Harvest Chapel of the Nazarene; Lincole Park Baptist Church; Northside Christian Church; Oak Park Christian Ministries; St. Luke's Loaves and Fishes Ministry; Salvation Army Clarksville; Walnut Ridge Baptist Church, Personal Counseling Services, Lifespring, System of Care (SOC),</p>
<p>Local media outlets that reach the community</p> <ul style="list-style-type: none"> -Courier Journal -News and Tribune - Wave 3 -WDRB
<p>What are the substances that are most problematic in your community?</p> <ul style="list-style-type: none"> -Opioids -Marijuana -Methamphetamine -Alcohol
<p>List all substance use/misuse services/activities/programs presently taking place in the community</p> <p>Therapy (individual and group), Intensive outpatient, Inpatient, Medically Assisted Treatment (MAT), Medical Detox, Sober Living Facilities, Halfway Houses, Syringe Services/Needle Exchange, Early Intervention, Support Groups, Substance use education, D.A.R.E.</p>

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. Peer Substance Use	<ul style="list-style-type: none"> 1. Community Support Groups 2. Therapeutic Services 3. Medically Assisted Detox and Treatment 	<ul style="list-style-type: none"> 1. Transportation 2. Insurance 3. Family/Peer Support
2. Mental Health Problems	<ul style="list-style-type: none"> 1. Therapeutic Services 2. Safe Place 3. Community Based Service Providers 	<ul style="list-style-type: none"> 1. Transportation 2. Insurance 3. Stigma/Beliefs
3. Family Substance Use	<ul style="list-style-type: none"> 1. Community Support Groups 2. Therapeutic Services 3. Family Treatment Drug Court 	<ul style="list-style-type: none"> 1. Transportation 2. Family/Peer Support 3. Insurance
Protective Factors	Resources/Assets	Limitations/Gaps
1. Access to Mental	<ul style="list-style-type: none"> 1. Community Mental Health Center (CMHC) 	<ul style="list-style-type: none"> 1. Transportation 2. Family Support

¹Risk and protective factors extracted from IUPUI Center for Health Policy Community Conditions Favorable for Substa 1. Access to Mental

<p>Health Care</p>	<p>2. School contracting for therapeutic services through Centerstone 3. Community Based Service Providers</p>	<p>3. School Attendance 4. Insurance 5. Number of providers 6. Waitlists</p>
<p>2. Community based Intervention</p>	<p>1. Community Based Support Groups (Nar Anon, Al-Anon, AA, Alateen) 2. Drug Abuse Resistance Education (D.A.R.E.) through local police departments 3. S.E.L.F. Psychoeducation curriculum through Clark County Youth Shelter</p>	<p>1. Transportation 2. Family Support 3. Limited number of meeting locations and dates.</p>
<p>3. Access To Healthcare</p>	<p>1. Federally Qualified Health Center (FQHC)- LifeSpring 2. Clark County Health Department 3. Clark County Family Health Center 4. Clark Memorial Hospital 5. New Hope Services, Inc. Hopecare Clinic 6. Student Clinic through Greater Clark County Schools</p>	<p>1. Transportation 2. Family support 3. Insurance 4. Self-pay 5. Number of Providers 6. Waitlists</p>

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. Peer Substance Abuse	1. Youth use Alcohol and drugs. 2. Youth use alcohol and drugs with peers. 3. Youth are more likely to use if their peers display positive attitudes and beliefs regarding substance use.
2. Mental Health Problems	1. Youth with mental health history and/or diagnoses are at higher risk of developing a substance use or dependency disorder at some point during their lives. 2. Youth may experience barriers to receiving mental health treatment due to transportation, lack of insurance, stigma, family, or religious beliefs. 3. There are a significant amount of youth with reported mental health history and/or symptoms.
3. Family Substance Abuse	1. Youth in families with substance use and abuse history are more likely to engage in substance use. 2. Family patterns enabling youth substance use increases risk and availability of

	<p>substances and substance use in youth.</p> <p>3. There is a correlation between family substance use and other social and environmental risk factors such as child abuse/neglect, poverty, and poor physical/medical health.</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. Youths use and adults abuse alcohol in Clark County	<p>1) Prevention/Education a) The 2018 Indiana Youth Survey reported the following for the Southeast region, which includes Clark County, for past month alcohol, tobacco, or other drug use as follows: 6th graders-4.6%, 7th graders-9.1%, 8th graders- 13.9%, 9th graders- 15.5%, 10th grade- 21.8%, 11th graders-24.5%, and 12th graders-33.2% b) According to DMHA data reported by IN.gov, substance abuse prevention block grant funds have been</p>	<p>Youth Survey DHMA SAMHSA Indiana Department of Child Services IPRC Indiana LifeSpring Health Systems SAMHSA-URS UCR</p>

awarded to fund multiple prevention programs in Clark County for SFY 2020.

These programs include:

- i) Curriculum Based Support Group: Expected to reach 115 youth.
- ii) FootPrints for Life: Expected to reach 775 second grade students.
- iii) Too Good for Drugs: Expected to reach 425 sixth grade and high school students.
- iv) What's Your Side Effect: Expected to reach 5,000 ninth twelfth graders.

c) According to information reported in the Indiana 2018 epidemiological profile:

- i) Alcohol is the most frequently used substance in the United States and Indiana (SAMHSA, 2017).

ii) During state fiscal year 2018, a total of 10,483 children were removed from their parents by the Department of Child Services in Indiana; almost two-thirds

(64%) of these removals were due to parental alcohol and/or drug use (Indiana Department of Child Services, 2018).

- iii) Nearly one-fourth of Hoosiers ages 12

and older engaged in binge drinking in the past month.
d) According to IPRC, 2019, the alcohol density outlet in Clark County, IN was 282 alcohol permits or individual points of public access for sales.

2)

Treatment/Intervention

a) According to 2018 data from IPRC, there were

103 admissions for substance use treatment in Clark County with 26.2% admissions reporting alcohol use.

b) According to 2018 data from LifeSpring Health Systems, 2,301 unduplicated individuals received mental health services at their facilities in Clark County. Of these, 700 were reported as individuals receiving addiction treatment services.

c) According to Grant reports, LifeSpring Health Services provided essential healthcare items to 46 unduplicated Clark County residents who were currently in treatment for substance abuse/addiction. d)

According to 2018 end of year grant reports for Our Place, Inc., 18 youth and 22 adults participated in their Journey Counseling outpatient services. Of

	<p>those:</p> <ul style="list-style-type: none"> i) 4 youth and 5 adults showed lengthened periods of sobriety and completed the program. ii) 5 youth and 9 adults were still enrolled and on track to complete the program iii) 5 youth and 7 adults stopped attending <p>e) According to the Uniform Reporting System, SAMHSA 2018, 26% of adults were identified as having co occurring substance use and mental health disorders. In children, 2% were identified as having co-occurring substance use and mental health disorders.</p> <p>3) Law Enforcement/Justice</p> <ul style="list-style-type: none"> a) FBI arrest statistics in the UCR, 2018, indicated 136 arrests for Drug/Narcotic offenses and 89 arrests for Drug/Narcotic violations in Clark County. b) According to IPRC, 2019, 15.3% of driving deaths in Clark County involved alcohol. 	
<p>2. Youth and adults use marijuana in Clark County</p>	<p>2017, Indiana exhibited a significantly higher percentage of treatment episodes reporting marijuana</p>	<p>Indiana Youth Survey</p> <p>Indiana College Substance Use Survey</p> <p>SAMHDA</p>

	<p>use and dependence compared to the United States.</p> <p>v) Of the 517 treatment episodes reported for Clark county, 36% reported marijuana use and 14.7% reported marijuana dependence</p> <p>3) Justice/Law Enforcement</p> <p>a) According to the 2018 FBI UCR for Indiana:</p> <p>i) The number of arrests for Drug abuse related charges was 1,155 youth under age 18.</p> <p>ii) The number of arrests for Drug abuse related charges for all ages was 39,648.</p>	<p>Indiana State Epidemiological Profile</p> <p>UCR</p>
<p>3. Youth and adults misuse and abuse prescription drugs in Clark County</p>	<p>Prevention/Education</p> <p>a) According to Indiana Youth Survey (2018), monthly use of prescription drugs was reported as follows: 6th graders- 2.5%, 7th graders- 1.1%, 8th graders- 2.0%, 9th graders- 2.2%, 10th graders- 2.9%, 11th graders- 3.2%, 12th graders- 3.1%.</p> <p>b) According to the 2019 Indiana Opioid Profile:</p> <p>i) In 2017, there were 1,176 reported opioid involved deaths in Indiana—a rate of 18.8 deaths per 100,000 persons, compared to the average national rate of 14.6</p>	<p>Indiana Youth Survey</p> <p>Indiana Opioid Profile</p> <p>INSPECT</p> <p>Indiana State Epidemiological Profile</p> <p>ISDH</p> <p>CDC</p> <p>UCR</p>

	<p>deaths per 100,000 persons.</p> <p>ii) In 2017, the opioid epidemic caused an estimated \$4.3 billion in economic damages to the state. Of this, 24%, or just over \$1 billion, was from direct damages, such as costs associated with acute hospitalization, incarceration, NAS, and foster care. The remaining 76% (or more than \$3 billion) resulted from loss of productivity.</p> <p>c) According to Clark county INSPECT report on controlled substance prescriptions (2017), On average each person in Clark County received 44.28 doses of prescribed controlled substances during 2017 quarter 1, which is higher than the Indiana state average of 38.93 doses.</p> <p>d) According to Indiana State Epidemiological Profile (2018), Overdose deaths involving opioids rose from 347 in 2011 to 1,138 in 2017 (from 5 to 17 deaths per 100,000 population) (ISDH, 2018). Treatment/Intervention</p> <p>f) According to state epidemiological de) According to the CDC (2018), unintentional poisoning including overdose, is the number</p>	
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	<p>one cause of injury related death in the United States. ata provided by IPRC (2018), of 103 substance use treatment admissions in Clark county, 42.7% reported prescription opiate use.</p> <p>3)Justice/Law Enforcement</p> <p>g) According to FBI arrest statistics in the UCR (2018):</p> <p>i) indicated 136 arrests for Drug/Narcotic offenses and 89 arrests for Drug/Narcotic violations in Clark County.</p> <p>ii) The number of arrests for Drug abuse related charges was 1,155 youth under age 18.</p> <p>iii) The number of arrests for Drug abuse related charges for all ages was 39,648.</p>	
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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. Youths use and adults abuse alcohol in Clark county.	1. Encourage and support programs that seek to improve and increase community attachment and recognition for the youth and adult populations as a means to increase protective factors against underage drinking and alcohol abuse. 2. Support local law enforcement and government agency efforts to increase their capacity, through various means, to reduce underage drinking and alcohol abuse.

	<p>3. Encourage and support the schools to continue their participation in and support of the Indiana Youth Survey for the purpose of collecting data on alcohol use by youth.</p>
<p>2. Youth and adults use marijuana in Clark county.</p>	<p>1. Encourage and support programs that seek to improve and increase community attachment and recognition for the youth and adult populations as a means to increase protective factors against marijuana use.</p> <p>2. Support local law enforcement and government agency efforts to increase their capacity, through various means, to reduce marijuana use.</p> <p>3. Encourage and support the schools to continue their participation in and support of the Indiana Youth Survey for the purpose of collecting data on marijuana use by youth.</p>
<p>3. Youth and adults misuse and abuse prescription drugs in Clark county.</p>	<p>1. Encourage and support programs that seek to improve and increase community attachment and recognition for the youth and adult populations as a means to increase protective factors against prescription drug use and abuse.</p> <p>2. Support local law enforcement and government agency efforts to increase their capacity, through various means, to reduce prescription drug use and abuse.</p> <p>3. Encourage and support the schools to continue their participation in and support of the Indiana Youth Survey for the purpose of collecting data on prescription drug use by youth.</p>

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.

<p>Problem Statement #1</p>
<p>Goal 1</p> <p>The LCC will reduce alcohol use by youth in Clark County, ages 11-18 years, by 2% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 2% reduction is not achieved within 1 year, the LCC’s approach will be reevaluated.</p>

Goal 2

The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.

Problem Statement #2

Goal 1

The LCC will reduce marijuana use by youth in Clark County, ages 11-18 years, by 1% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 1% reduction is not achieved within 1 year, the LCC's approach will be reevaluated.

Goal 2

The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.

Problem Statement #3

Goal 1

The LCC will reduce prescription drug use and abuse by youth in Clark County, ages 11-18 years, by 1% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 1% reduction is not achieved within 1 year, the LCC's approach will be reevaluated.

Goal 2

The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1 The LCC will reduce alcohol use by youth in Clark County, ages 11-18 years, by 2% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 2% reduction is not achieved within 1 year, the LCC's approach will be reevaluated.</p>	<ol style="list-style-type: none"> 1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult alcohol abuse. 2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult alcohol abuse. 3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from alcohol abuse.
<p>Goal 2 The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.</p>	<ol style="list-style-type: none"> 1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult alcohol abuse. 2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult alcohol abuse. 3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from alcohol abuse.
Problem Statement #2	Steps
<p>Goal 1 The LCC will reduce marijuana use by youth in Clark County, ages 11-18 years, by 1% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 1% reduction is not achieved within 1 year, the LCC's approach will be reevaluated.</p>	<ol style="list-style-type: none"> 1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult marijuana use. 2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult marijuana use. 3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from marijuana use.
<p>Goal 2 The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of</p>	<ol style="list-style-type: none"> 1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult alcohol marijuana use. 2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult marijuana use.

<p>the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.</p>	<p>3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from marijuana use.</p>
<p>Problem Statement #3</p>	<p>Steps</p>
<p>Goal 1 Goal 1</p> <p>The LCC will reduce prescription drug use and abuse by youth in Clark County, ages 11-18 years, by 1% within a 1 year period. This will be known by data provided in the Indiana Youth Survey, If a 1% reduction is not achieved within 1 year, the LCC's approach will be reevaluated.</p>	<p>1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult prescription drug use and abuse.</p> <p>2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult prescription drug use and abuse.</p> <p>3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from prescription drug use and abuse.</p>
<p>Goal 2</p> <p>The LCC will provide access to free prevention, intervention, and treatment programs to at least 90% of all Clark County youth aged 11-18 years and their families as referred by community agencies/partners. This will be known by data reported at the end of the grant cycle by mental health and other community provider grantees. If 90% of youth, 11-18 years old, referred for services to partnering agencies are not seen/serviced within 1 year, the LCC's approach will be reevaluated.</p>	<p>1. Prevention/Education- Fund prevention and/or education program(s) focused on youth and adult prescription drug use and abuse.</p> <p>2. Intervention/Treatment – Support intervention and/or treatment efforts focused on youth and adult prescription drug use and abuse.</p> <p>3. Justice/Law enforcement- Fund justice services and/or supports that enhance youth and adult recovery from prescription drug use and abuse.</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:	\$34550.62
2	Amount of unused funds from last year that will roll over into this year:	\$0.00
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$34550.62
4	Amount of funds granted last year:	\$14792.12
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: \$8637.62	Intervention/Treatment: \$8637.62	Justice Services: \$8637.62
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$8331.62
Office supplies		\$306.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1&2: \$8637.62	Goal 1&2: \$8637.62	Goal 1&2: \$8637.62