

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Dearborn County

LCC Name: Dearborn County Community Advocates for Substance Use Awareness

LCC Contact: Bevin Van Wassenhove, Director

Address: 423 Walnut Street

City: Lawrenceburg, IN 47025

Phone: 812.532.3538

Email: bevin@dearborncountycasa.com

County Commissioners: Jim Thatcher, District 1; Art Little, District 2; Rick Probst, District 3

Address: 165 Mary Street

City: Lawrenceburg, IN 47025

Vision Statement

Dearborn County citizens will be empowered to make safe and healthy choices, free from the harms of alcohol and other drugs.

Mission Statement

To develop and support a comprehensive community plan focused on the prevention and reduction of substance use/misuse and addiction among youth and adults in Dearborn County through impactful advocacy efforts.

#	Name	Organization	Gender	Category
1	Adam Gilliam	Adam's Art Supply	Male	Business
2	Alex Parniuk	Child Advocate	Male	Civic Volunteer
3	Bonnie Carter	Jail Ministry	Female	Civic Volunteer
4	Candy Feller	Jail Ministry	Female	Civic Volunteer
5	Cathy Piche	YES Home	Female	Civic Volunteer
6	Kathy Barnum	NAMI	Female	Civic Volunteer
7	Marti Stevens	iVoice	Female	Other/Treatment
8	Andrea Spaeth	Lawrenceburg Community Schools	Female	Education
9	Abby Rubwe	Sunman Dearborn Community Schools	Female	Education
10	Rhonda Murdock	Sunman Dearborn Community Schools	Female	Education
11	Curt Borntraeger	South Dearborn Community Schools	Male	Education
12	Jack Prarat	South Dearborn Community Schools	Male	Education/Law Enforcement
13	Ryan Brandt	South Dearborn Community Schools	Male	Education/Law Enforcement
14	Kyle Miller	South Dearborn Community Schools	Female	Education
15	Shawn Lightner	Lawrenceburg Community Schools	Male	Education
16	Cari Kettman	City of Lawrenceburg	Female	Government
17	Carrie Bennett	Indiana Department of Health	Female	Government
18	Karen Ernst	Dearborn Prosecutor's Office	Female	Government
19	Steve Kelley	Dearborn Probation Office	Male	Government
20	Hon. Jon Cleary	Superior Court I	Male	Government
21	Hon. Sally McLaughlin	Superior Court II	Female	Government
22	Tisha Linzy	Jail Chemical Addiction Program	Female	Government/Treatment
23	Kelley McDaniel	Registered Nurse	Female	Health
24	Kendra Whitham	High Point Health	Female	Health
25	Lyndsey Phillips	High Point Health	Female	Health
26	David Schneider	Lawrenceburg Police Dept.	Male	Law Enforcement
27	Donald Combs	Lawrenceburg Police Dept.	Male	Law Enforcement
28	Crystal Jacobson	United Methodist Church	Female	Religious
29	Mary Taflinger	Trinity Episcopal Church	Female	Religious
30	Amy Phillips	YES Home	Female	Youth Serving
31	Amy Rose	Dept of Health/Youth Ambassadors	Female	Youth Serving
32	Lara Rolf	Big Brothers Big Sisters	Female	Youth Serving
33	Liz Beiersdorfer	Purdue Extension	Female	Youth Serving
34	Marcia Parcell	Purdue Extension	Female	Youth Serving
35	RD Riley	Youth Move	Male	Youth Serving
36	Kathy Riley	One Community One Family	Female	Youth Serving
37	Amanda Conn Starnier	PreventionFirst!	Female	Other organization
38	Brenda Spade	One Community One Family	Female	Youth Serving
39	Laura Priebe	Hoosier Hills Literacy	Female	Other organization
40	Amanda Sampson	iVoice/CHOICES	Female	Recovery
41	Elizabeth Oyer	CHOICES	Female	Recovery
42	Jennifer Tackitt	CHOICES	Female	Recovery
43	Lee Fox	CMHC	Female	Recovery

LCC Meeting Schedule:

Every month with the exception of July. On the first Monday of each month. Board meetings are scheduled for 10AM and general membership meetings are scheduled for 11:30AM. Both scheduled for an hour each.

Community Needs Assessment: Results

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 Dearborn County
Population: 49,568 Households: 18,667 Families: 15,290 Racial Makeup: 97.3% White, 0.7% Black or African American, 0.2% Native American, 0.5% Asian, 0.1% Pacific Islander, 1.2% two or more races, 1.3% Hispanic or Latino (any race) <i>2018 US Census</i>
Schools
South Dearborn Community Schools: 2,214 enrollment; Aurora Elementary 507, Dillsboro Elementary 234, Manchester Elementary 233, Moores Hill Elementary 130, South Dearborn Middle School 350, South Dearborn High School 760 Lawrenceburg Community Schools: Lawrenceburg Primary 472, Central Elementary 472, Greendale Middle School 468, Lawrenceburg High School 688 Sunman Dearborn Community Schools: Bright Elementary 538, North Dearborn Elementary 658, Sunman Elementary 336, Sunman Dearborn Middle School 892, East Central High School 1265 St. Lawrence Catholic School (K-8): 154 St. Mary's Catholic School (K-8): 73 St. John's Lutheran School (K-8): 134 Established preschools: 14 Total Capacity: 934 <i>2019-2020 Enrollment</i>
Dearborn County Medical Care Providers
Dearborn County Health Department: 165 Mary Street, Lawrenceburg, IN, 812.537.8826 HighPoint Health: 600 Wilson Creek Road, Lawrenceburg, IN, 812.537.1010 St. Elizabeth Physicians: 1640 Flossie Drive, Greendale, IN, 877.670.7264 Dearborn County VIMDOS Center:
Dearborn County Mental Health Providers
Anchor Counseling Services Bridges Counseling Services Choices Coordinated Care Solutions Community Mental Health Center St. Elizabeth Behavioral Health Center

Dearborn County Service Agencies/Organizations

Resources and Referrals: Southeastern Indiana Economic Opportunity Corporation, United Way of Greater Cincinnati

Child Care Voucher Agents: River Valley Resources

Churches: Beecher Presbyterian, Berean Baptist, Bright Christian, Dearborn Hills Methodist, Hamline Chapline United Methodist, Independent Bible, Lawrenceburg Church of Christ, Ludlow Hill Baptist, St. John Lutheran, St. Teresa Benedicta, Tanner Valley United Methodist, Trinity Christian, Union Valley Baptist, Zion United Church of Christ, Community Fellowship, JHOB Worship Center, St. Lawrence Catholic, Trinity Episcopal, Liberty Temple, Bullittsburg Baptist, First Apostolic Bible, Full Gospel Christian, Nazarene Parsonage, Wesleyan Church

Domestic Violence/Rape Crisis Services: Safe Passage

Educational Resources: Hoosier Hills Literacy, Rising Sun Educational Center, WorkForce One

Emergency Disaster Services: DIAL 211, American Red Cross, Batesville Ministerial Assistance Program, Clearinghouse for Emergency Aid

Employment: Belcan Staffing Solutions, Indiana Department of Workforce Development

Family and Child Related Services: Indiana Department of Children’s Services, Purdue Extension Office

Food Pantries: Clearinghouse for Emergency Aid

Health and Nutrition: Purdue Extension, Dearborn County Health Department, HighPoint Health, St. Elizabeth Urgent Care

Housing: The Heart House, Safe Passage, The Oxford Houses

Law Enforcement: Aurora Police Department, Dearborn County Sherriff’s Office, Dillsboro Police Department, Greendale Police Department, Hidden Valley Deputy Services, Lawrenceburg Police Department

Legal Services: Dearborn County Prosecutor’s Office, Dearborn County Probation Office, Pro Bono Legal Services District 12

Libraries: Aurora Public Library, Dillsboro Public Library, Lawrenceburg Public Library, North Dearborn Branch Library

Rent and Utility Assistance: Southeastern Indiana Economic Opportunity Corporation

Residential Treatment Centers: Salvation Army Harbor Light (Indianapolis), St. Elizabeth Alcohol and Drug Treatment (Northern Kentucky), Tara Treatment Center (Franklin)

Transportation: Catch-A-Ride

Local media outlets that reach the community

WSCH Radio (Eagle Country), Register Publications, The Beacon

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

Alcohol, Nicotine, Methamphetamine

Dearborn County substance use/misuse services/activities/programs presently taking place

St. Lawrence Jail Ministry, Youth Encouragement Services Home, National Alliance of Mental Illness, 1Voice Recovery Support Group, Challenge 2 Change, Tobacco Prevention Cessation (ISDH), Dearborn County Prosecutor’s Office Diversion program, Jail Chemical Addiction Program, Faith Recovery Network, Strenthening Families (Purdue Extension), other Purdue Extension programs for youth, Big Brothers Big Sisters of Greater Cincinnati, One Community One Family (Youth Move, Parent Café, trauma-informed programming), Dearborn County Community Action Recovery Effort, River Valley Resources literacy programs, Choices CERT, Groups Recover Together, Celebrate Recovery (youth program), Dearborn County Youth Ambassadors (lcc youth sector), Dearborn County CASA (lcc)

Community Risk and Protective Factors

Risk Factors	Resources/Assets	Limitations/Gaps
<p>Youth access to alcohol</p> <p>Low perceived risk of alcohol and other drug use</p> <p>Parental attitudes/peer attitudes favorable towards drug and alcohol use</p> <p>Family substance use</p>	<p>Engaged partners working on prevention efforts</p> <p>CASA Youth sector implementing environmental scans</p>	<p>Substance use prevention efforts are outdated and not evidence-based</p> <p>Access to transportation creates barriers to accessing services</p> <p>Community norms are favorable to alcohol use</p>
<p>Mental health challenges reported among our youth</p> <p>Low protective factors related to the Communities That Care assessment</p> <p>Parental attitudes/peer attitudes favorable towards drug and alcohol use</p> <p>Weak family relationships</p>	<p>Engaged community partners in recovery efforts</p>	<p>Limited access to behavioral health resources</p> <p>Lack of understanding in what resources are available in the community</p> <p>Family dynamics are atypical</p>
<p>Trauma and toxic stressors</p> <p>Poverty</p> <p>Community norms and laws favorable toward drug use</p> <p>Availability of alcohol and other drugs</p>	<p>Engaged community partners in efforts related to decreasing substance use in our county</p>	<p>Limited access to behavioral health resources</p> <p>Lack of transportation and funds create barriers to accessing services</p>
Protective Factors	Resources/Assets	Limitations/Gaps
<p>Local policies and practices that support healthy norms</p>	<p>City of Lawrenceburg, Community Action Recovery Effort, local school district efforts to promote social</p>	<p>County geography limits mobility and connection to resources that are available to support healthy norms,</p>

	emotional learning for grades K-12, other community agency resources	misunderstanding by community members of “healthy norms:
Community-based interventions	Trauma-informed education, new evidence-based practices implemented in local mental health agencies, school-based interventions	Lack of knowledge of existing resources, lack of transportation and access to care, high ratio of mental health providers:county residents
Meaningful youth engagement opportunities	Big Brothers Big Sisters mentoring program, Purdue Extension 4-H programs, CASA Youth sector programming, extra-curricular activities available at local school districts	Lack of financial means and transportation create barriers to access opportunities, youth lack transportation to attend activities, family connectedness is strained

Making A Community Action Plan

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

Risk Factors	Problem Statement(s)
Youth access to alcohol Low perceived risk of alcohol and other drug use Parental attitudes/peer attitudes favorable towards drug and alcohol use Family substance use	<ol style="list-style-type: none"> 1. Youth in Dearborn County use and misuse alcohol. 2. Youth access to alcohol increases their use and misuse of the substance. 3. Youth alcohol use is seen as a “rite of passage” in community
Mental health challenges reported among our youth Low protective factors related to the Communities That Care assessment Parental attitudes/peer attitudes favorable towards drug and alcohol use Weak family relationships	<ol style="list-style-type: none"> 1. Youth in Dearborn County report low protective factors. 2. Access to behavioral health services is limited 3. Family structure and dynamics contribute to low protective factors among local youth
Trauma and toxic stressors Poverty Community norms and laws favorable toward drug use Availability of alcohol and other drugs	<ol style="list-style-type: none"> 1. Adults in Dearborn County use and misuse alcohol and other drugs. 2. Stigma surrounding substance use disorders creates barriers to accessing treatment services for adults in Dearborn County

	3. Lack of resources/access to resources for substance use disorders create barriers for adults to access treatment
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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. Youth in Dearborn County use and misuse alcohol.	<p>1. Past 30-day use of alcohol: Self-report</p> <table border="1"> <thead> <tr> <th></th> <th>8th Grade</th> <th>9th Grade</th> <th>12th Grade</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>16.7%</td> <td>16.1%</td> <td>23.4%</td> </tr> <tr> <td>2018</td> <td>13%</td> <td>29.5%</td> <td>37%</td> </tr> </tbody> </table> <p>2. The mean first age of alcohol use has steadily decreased: in 2018, 12th graders had a mean first age of alcohol use at 15.14 years of age</p> <p>3. In 2018, 9th graders had a mean first age of alcohol use at 13.28 years of age</p> <p>4. In 2018, 8th graders had a mean first age of alcohol use at 12 years of age</p> <p>5. Availability and Access to Alcohol</p> <p>6. From 2015 through 2018, approximately 20% of area 8th graders reported that alcohol was “very easy” to get.</p> <p>7. From 2015 through 2018, approximately 30% of 10th graders reported that alcohol was “very easy” to get</p> <p>8. For area 12th graders, in 2015/2016 around 28% of youth reported that alcohol was “very easy to get”, this number jumped to over 40% in 2018</p>		8 th Grade	9 th Grade	12 th Grade	2014	16.7%	16.1%	23.4%	2018	13%	29.5%	37%	Dearborn County Youth Data: Source IU Prevention Insights Indiana Prevention Resource Center Indiana Youth Survey-self-report from 7 th -12 th grade rs																								
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Have you felt sad or hopeless for 2+ weeks in a row? Numbers indicate YES

8 th Grade	37.8%
10 th Grade	38.2%
11 th Grade	40.6%
12 th Grade	29.1%

Have you ever seriously considered attempting suicide? Numbers indicate YES

8 th Grade	19.7%
10 th Grade	23.6%
11 th Grade	22.6%
12 th Grade	17.4%

Have you made a plan about attempting suicide? Numbers indicate YES

8 th Grade	16.2%
10 th Grade	14.5%
11 th Grade	9.4%
12 th Grade	15.1%

3. Lack of resources/access to resources for substance use disorders create barriers for adults to access treatment

Accessibility: An estimated 3.8 million Hoosiers live in mental health professional shortage areas (58% of the state’s population). **In Dearborn County, the ratio of one mental health provider to county residents is 1:840; ranking 69 out of 92 counties.** *There is also a large disparity in access to mental health care based on level of income and location. Individuals located in rural areas and of lower income are less likely to say that mental health services are extremely accessible to them.* Compared to middle- and high-income households, *low-income Americans are less likely to know where to go for treatment* and more likely to use a community center versus a qualified mental health center. Of the Americans that have not sought mental health treatment, more than half, or 53%, were in low-income households. In addition, compared to Americans living in urban and suburban areas, individuals living in rural areas are less likely to proactively seek mental health specialists they need, and instead go to their primary care doctor or community center for treatment. Rural Americans are also less accepting of mental health services and care.

Availability: While we currently lack local data to fully understand our community’s awareness of services, we know that there also is a large portion of the *American population who have wanted to but did not seek treatment for themselves or loved ones (29%)– in part due to not knowing where to go if they needed this service.* What’s more, fifty-three million American adults (21%) have wanted to see a professional but were unable to for reasons outside of their control. Furthermore, *younger Americans (i.e., Gen Z and Millennials) are less sure about resources for mental health services, compared to older generations. This younger generation was also more likely to find it too hard to figure out legitimate resources online.* Instead, many turned to unreliable resources for information, including Facebook, YouTube and Twitter.

Acceptability: Nearly one-third of Americans, or 31%, have worried about others judging them when they told them they have sought mental health services, and over a fifth of the population, or 21%, have even lied to avoid telling people they were seeking mental health services. *This stigma is particularly true for younger Americans, who are more likely to have worried about others judging them when they say they have sought mental health services* (i.e. 49% Gen Z vs. 40% Millennials vs. 30% Gen X vs. 20% Boomers).

Child Abuse and Neglect: Dearborn County

Rates of Children in Need of Services (CHINS) per 1,000 children under the age of 18 has increased significantly between 2014 to 2017 (7% to 23% respectively). Child

IYI Kids
Count
Data
Book
2019

Abuse and Neglect rates per 1,000 children under the age of 18 has also increased between 2014 and 2017 from 11.7% to 26%.

ECONOMIC WELL-BEING: The economic well-being of parents has a direct impact on their children. It is necessary for parents to have access to secure employment opportunities, well-paying jobs, and affordable housing. Barriers to a living wage can limit a parent’s ability to invest in their child’s personal development. The negative impacts of poverty can have lasting effects on a youth’s well-being and their later economic success. *Hoosier families have the second lowest median family income among our neighboring states, Illinois, Ohio, Michigan, and Kentucky.*

While the Dearborn County median income in the Indiana Youth Institute survey from 2017 was reported at \$65,005 county wide, other economic well-being indicators show a disparity.

*In the 2018 U.S. Census, the per capita income for Dearborn County was \$30,228.

Students receiving free lunch	% of food-insecure youth	Persons issued food stamps
28.3%	16.7%	3,670

Dearborn County Unemployment 3.9%	State of Indiana Unemployment 3.5%
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Parental unemployment can have a negative impact on a child’s success in school and their later success as adults. Families who experience unemployment or underemployment may experience disruptions in their daily living which can lead to family conflict, lower self-confidence among children, cause hostile behaviors, and lower educational attainment for children.

Families in Dearborn County are experiencing challenges with housing stability. Despite Indiana being a relatively affordable place to live, 24% of Hoosier children are living in a high housing-cost household. Indiana ranks 10th for children living in households with a high housing burden and ranks first among our neighboring states.

*Data from the National Low-Income Housing Coalition indicates that families in Dearborn County are ranked 4th highest by housing wage gap in our state, while the average gap in Indiana is \$2.12, Dearborn County’s wage gap is listed as \$7.32. The current average renter’s hourly wage in Dearborn County is \$8.93 and the current wage needed to maintain a 2-bedroom apartment is \$16.25.

In Indiana, the average number of evictions per 100 renter homes was 4.1%. This is nearly twice the national eviction average of 2.3%.

Substance use/misuse and addiction in Dearborn County has led to adult involvement in the criminal justice system. The ratio of arrests in Dearborn County per 10,000 people from 2015 through 2020 was: 489:10,000. *The percentage of those arrests related to drugs or alcohol is 40.6%.* The chart below represents the percentage of drug or alcohol related arrests over a five-year period.

2015	2016	2017	2018	2019
34.3%	36.6%	39.6%	40.4%	39.1%

Within this same five-year period, Dearborn County held one of the highest arrest rates/county population in the State of Indiana. A statewide range of 514 to 1,203 arrests/10,000 residents, Dearborn’s ratio was: 1,089/10,000.

*Data from the National Low-Income Housing Coalition

Dearborn County Prosecutor Office

*Data for Problem Statements #2 and #3 have been identified as inter-related. Problem Statement #2 is focused moreso on the systematic improvements that can be made in the criminal justice system in our county. Problem Statement #3 is focused

	on the systematic improvements that can be made in the accessibility and acceptability to resources available in our county.	
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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)?
Problem Statement 1: Dearborn County youth use and misuse alcohol.	<ol style="list-style-type: none"> 1. Utilize/model evidence-based programs, curriculum, and material 2. Continue/expand existing programs, promoting healthy lifestyles and alternative activities 3. Increase parent/caregiver awareness of the social host laws and promote positive parenting strategies 4. Increase law enforcement and community awareness around liquor laws, sales, and possession 5. Increase community awareness and provide education on alcohol access 6. Implement evidence-based substance use prevention programs through youth groups and schools 7. Provide access and connections to healthy support systems 8. Improve existing systems to expand indigent treatment and access 9. Promote and educate community research-based treatment programs 10. Improve access and availability to prevention programs 11. Increase connection to community agencies
Problem Statement 2: Dearborn County youth report low protective factors.	<ol style="list-style-type: none"> 1. Utilize/model evidence-based programs, curriculum, and material that support social emotional development 2. Continue/expand existing programs promoting healthy lifestyles and alternative activities 3. Support community utilization of services and agencies in Dearborn county 4. Implement evidence-based life skills training and substance use prevention programs in the three local school districts 5. Provide access and connection to resources to support healthy systems in our community

	<ol style="list-style-type: none"> 6. Improve existing systems to expand indigent treatment and access 7. Promote and educate community research-based prevention programs 8. Assist with the promotion of qualified treatment and service providers 9. Support a trauma-informed community model utilizing the “Handle with Care” plan 10. Encourage and support training opportunities for school employees, parents, and other community mentors 11. Promote positive social norms in our community 12. Utilize and implement asset development strategies community-wide
<p>Problem Statement 3: Lack of resources/access to resources create barriers to receiving intervention/treatment for substance use disorders</p>	<ol style="list-style-type: none"> 1. Facilitate and support the Justice and Mental Health Collaboration Program among the Dearborn county criminal justice system, behavioral health providers, and law enforcement using the Sequential Intercept Model and the Stepping Up initiative 2. Support the recovery-oriented systems of care initiative in Dearborn County 3. Increase community awareness of available resources and services for treatment options 4. Assist in the promotion of research-based treatment programs 5. Improve existing systems to expand indigent treatment and access 6. Educate community to reduce stigma and increase awareness of alcohol/drug misuse and addiction

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 parent/caregiver awareness of social host laws and promote positive parenting strategies. *Implement social media campaign regarding social host laws by October 2020.
Goal 2 Increase evidence-based prevention curriculum in schools. *By the 2021-2022 school year, CASA will have programming in each of the three school districts.
Problem Statement #2
Goal 1 Increase self-reported protective factors according to the Communities That Care assessment in grades 8-12 across all local school districts by assisting schools and community-based organizations in implementing social emotional learning programs. *Facilitate Botvin Lifeskills program in juvenile detention center and in at least one local school district by December 2020.
Goal 2 Increase access to behavioral health services and knowledge of community resources. *Distribute resource booklets to local pediatrician offices, Department of Child Services, Juvenile Probation services, and school counselors by September 2020. *Facilitate one information sessions for local educators during professional development days in each of the three local school districts by end of 2020-2021 academic school year. *Provide trauma-informed resources to criminal justice system in county by end of 2020.
Problem Statement #3
Goal 1 Educate community to reduce stigma and increase awareness of alcohol/drug misuse and addiction. *Create, distribute, and facilitate programming related to understanding trauma and building healthy outcomes with positive experiences to community by December 2020. *Distribute Rx safety and awareness materials to local pharmacies and opioid prescribing physicians by September 2020.
Goal 2 Increase access to recovery services among community partners. *Distribute Community Resource booklets to local businesses and agencies by end of 2020. *Assist criminal justice system in the facilitation of the sequential intercept model while utilizing resources from the Stepping Up Initiative

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1 Increase parent/caregiver awareness of social host laws and promote positive parenting strategies. *Implement social media campaign regarding social host laws by October 2020.</p>	<p>Assess current consequences regarding social host laws in Dearborn County.</p> <p>Create awareness campaign related to social host laws for social media and radio advertising building in both information about the laws/consequences and positive social norms.</p> <p>Implement and share with local community partners.</p>
<p>Goal 2 Increase evidence-based prevention curriculum in schools. *By the 2021-2022 school year, CASA will have programming in each of the three school districts.</p>	<p>Distribute available resources to contacts at local school districts.</p> <p>Assess their needs, availability to implement specific programs.</p> <p>Identify local agencies to partner with when implementing programs.</p>
Problem Statement #2	Steps
<p>Goal 1 Increase self-reported protective factors according to the Communities That Care assessment in grades 8-12 across all local school districts by assisting schools and community-based organizations in implementing social emotional learning programs. *Facilitate Botvin Lifeskills program in juvenile detention center and in at least one local school district by December 2020.</p>	<p>Coordinate with juvenile detention center to create schedule for the facilitation of Botvin Lifeskills.</p> <p>Distribute information about LST to local school districts and assess their interest in implementing in their schools.</p> <p>Determine system to identify youth at greatest need for LST program.</p>
<p>Goal 2 Increase access to behavioral health services and knowledge of community resources. *Distribute resource booklets to local pediatrician offices and school counselors by September 2020. *Facilitate one information sessions for local educators during professional development days in each of the three local school districts by end of 2020-2021 academic school year.</p>	<p>Have local agencies review list of resources to ensure accuracy of information and collect any needed information.</p> <p>Create resource packet for pediatricians and schools.</p> <p>Distribute information.</p>

Problem Statement #3	Steps
<p>Goal 1 Educate community to reduce stigma and increase awareness of alcohol/drug misuse and addiction. *Create, distribute, and facilitate programming related to understanding trauma and building healthy outcomes with positive experiences to community by December 2020. *Distribute Rx safety and awareness materials to local pharmacies and opioid prescribing physicians by September 2020.</p>	<p>Complete presentation about trauma-informed care including current available resources.</p> <p>Create list of possible audiences for workshops and set dates.</p> <p>Contact and distribute Rx Safety and awareness materials once MOU for ISDH InCAREs grant funding is confirmed.</p>
<p>Goal 2 Increase access to recovery services among community partners. *Assist in the Justice and Mental Health Collaboration by conducting an assessment using the sequential intercept model by December 2020.</p>	<p>Facilitate bi-monthly meetings with the Crisis Intervention Team steering committee.</p> <p>Complete SMI assessment and identify available funding opportunities.</p> <p>Implement planned trainings for first responders.</p>

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

Amount of funds deposited into the County Drug Free Community Fund from fees collected last year End of 2019: \$56,349.44		
Amount of unused funds that rolled over from the previous year \$0		
Total funds available for programs and administrative costs for the upcoming year \$56,349.44		
Amount of funds granted the year prior \$41,209		
How much money is received from the following entities (if no money is received, please enter \$0.00):		
Substance Abuse and Mental Health Services Administration (SAMHSA): \$0		
Bureau of Justice Administration (BJA): \$0		
Office of National Drug Control Policy (ONDCP): \$0		
Indiana State Department of Health (ISDH): \$0		
Indiana Department of Education (DOE): \$0		
Indiana Division of Mental Health and Addiction (DMHA): \$0		
Indiana Family and Social Services Administration (FSSA): \$0		
Local entities: \$120,000		
Other:		
Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities (\$100.00):		
Prevention/Education: \$14,087.36	Intervention/Treatment: \$14,087.36	Justice: \$14,087.36
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Partial Youth Coordinator Salary		\$9,087.36
Youth Ambassador Program		\$5,000
Funding allotted by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$6,000	Goal 1: \$3,000	Goal 1: \$1,500
Goal 2: \$2,000	Goal 2: \$2,000	Goal 2: \$500