The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: LaPorte

LCC Name: LaPorte County Drug Free Partnership

LCC Contact: Micki Webb, DSW, LCSW

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City: Michigan City

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County Commissioners: Randy Novak, President, Mike Mollenhauer, Terry Garner, Sean

Quinn, Michael Rosenbaum, Jeff Santana, Mark Yagelski

Address: 555 Michigan Avenue, Suite 202

City: LaPorte

Zip Code: 46350

Vision Statement

What is your Local Coordinating Council's vision statement?

A healthy and drug free LaPorte County

Mission Statement

What is your Local Coordinating Council's mission statement?

To bring together individuals, organizations, and agencies both public and private, who seek to provide optimal resources for the combating of Alcohol, Tobacco, and Other Drug abuse in LaPorte County, which includes specific focus on binge drinking, prescription drug abuse, marijuana usage, and youth prevention efforts.

Me	Membership List					
#	Name	Organization	Race	Gender	Category	
1	Deb Ackerman	Juvenile Probation	Caucasian	Female	Judiciary	
2	*Hon. Thomas Alevizos	Circuit Court	Caucasian	Male	Judiciary	
3	*Albertine Allen	Minority Health Partners	African American	Female	Prevention	
4	Tommy Amico	Minority Health Partners	African American	Male	Prevention	
5	Steve Bernth	Youth Service Bureau	Caucasian	Male	Prevention	
6	*Karen Biernacki	CASA	Caucasian	Female	Judiciary	
7	*John Boyd	La Porte County Sheriff	Caucasian	Male	Law Enforcement	
8	Deborah Briggs	Open Door Health Center	Caucasian	Female	Prevention	
9	Joseph Bunch	Juvenile Services Center	Caucasian	Male	Judiciary/Prevention	
10	Jeanne Ann Cannon	Dunebrook	Caucasian	Female	Prevention	
11	Marty Corley	Michigan City Police Dept	African American	Male	Law Enforcement	
12	Bob Cutler	La Porte County Coroner	Caucasian	Male	Government	
13	Billy Degeenard	LaPorte Police Department	Caucasian	Male	Law Enforcement	
14	Mandi Eggert	Franciscan Alliance	Caucasian	Female	Treatment	
15	*John Espar	La Porte County Prosecutor	Caucasian	Male	Law Enforcement	
16	Jamie Fair	LaPorte System of Care	African American	Female	Prevention	

17	*Greta	Circuit Court	Caucasian	Female	Judiciary
1 /	Friedman	Magistrate	Caacastan	1 0111010	b daretary
18	Joan Ganschow	Life Changes,	Caucasian	Female	Judiciary/Treatment
		LLC/MC Status of			,
		African American			
		Males			
19	Mimi Gardner	HealthLinc	African American	Female	Treatment
20	*Euna Gooden	Stepping Stone Shelter	African American	Female	Treatment
21	L. Allen	North Shore/Frontline	Caucasian	Male	Treatment
	Grecula	Foundation			
22	*Mary Hedge	READ La Porte	Caucasian	Female	Prevention
22	D # II CC	County		Г 1	T 1
23	Betty Hoffener	Hey U.G.L.Y.	Caucasian	Female	Education
24	Andy Hynek	La Porte County Sheriff's Department	Caucasian	Male	Law Enforcement
25	Ann Klute-	La Porte County	Caucasian	Female	Prevention
2.5	Rissman	Board of Health			- 41 1
26	*Honorable Kathleen Lang	Superior Court 1	Caucasian	Female	Judiciary
27	Nyika Leggett	Michigan City Area	African American	Female	Prevention
		Schools			
28	Br <u>an</u> di Lewis	Boys and Girls Club	Caucasian	Female	Prevention
29	Karen Kintigh	Boys and Girls Club	Caucasian	Female	Prevention
30	Ephphatha Malden	Health Linc	African American	Female	Treatment
31	Toni	MRT, Citizens	Caucasian	Female	Treatment
	Mandeville	Concerned for the			
		Homeless			
32	Angie Ortega	Healthy Communities	Hispanic/Caucasian	Female	Prevention
33	Toni Osowski	LaPorte Teen Court	Caucasian	Female	Law Enforcement
34	Sister Petra	Franciscan Hospital	Caucasian	Female	Prevention
2.5	ντ.	C + T 1:		г 1	Treatment
35	* Lisa Pierzakowski	Center Township Trustee	Caucasian	Female	Prevention
36	Deb Reason	Community Member	Caucasian	Female	Prevention
37	Christine	La Porte High School	Caucasian	Female	Prevention
	Rosenbaum	Slicer Support Services	Caucasian	1 Jiliaic	1 TO CHOOM
38	Candice Silvas	Citizens Concerned for the Homeless	Caucasian	Female	Prevention
39	Michelle Shirk	Boys and Girls Club	Caucasian	Female	Prevention
40	Sherri	Safe Harbor	Caucasian	Female	Prevention
	Silcox/Abagail Mayes				
41	*Larry Smith	The Intrepid Phoenix	Caucasian	Male	Treatment
42	Ameenah	Bowen Center	African American	Female	Treatment
	Starks				

43	*Brenda	Family Advocates	Caucasian	Female	Prevention
	Stellema				
44	Corissa Strader	LaPorte Superior	Caucasian	Female	Justice
		Court/Problem			
		Solving Court			
45	Maggi Spartz	Unity Foundation	Caucasian	Female	Prevention
46	Mann Spitler	Physician / speaker	Caucasian	Male	Prevention
47	*Hon. Richard	Superior Court	Caucasian	Male	Judiciary
	Stalbrink				
48	*Erika	Juvenile Services	African American	Female	Judiciary
	Stallworth	Center			
49	*David Wright	Dunes House	Caucasian	Male	Treatment
50	Daniela	MRT/Worthy Women	Caucasian	Female	Treatment
	"Sonshine"	Recovery Home			
	Troche				
51	Tyra Walker	LaPorte County	African American	Female	Treatment
		Sheriff's			
		Department/Samaritan			
		Center			
52	Micki Webb	Formerly Michigan	Caucasian	Female	Prevention
		City Area Schools and			
		Samaritan Center			
53	Sunny	TechServe	Asian	Female	Prevention and
	Williams				Treatment
54	Ashley Ortega-	LaPorte Superior	Caucasian	Female	Law Enforcement
	Zeh	Court/Problem			
		Solving Court			

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: The first Wednesday of each month at 8:00 a.m. CST in February, March, April, May, June, August, September, October, November, December the NIEF Building at 402 Franklin Street, Michigan City, Indiana 46360. The 2020 Meetings schedule is: F,eb 5th, March 4th, April 1st, May 6th, June 3rd, August 5th, Sept 2nd, Oct. 7th, Nov. 4th, and Dec. 2nd. Note* The June 3rd meeting was changed to May 27th to allow final input to CCP.

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: LaPorte

County-The LCC serves the 598.3 square mile area of LaPorte County Indiana which reflects the unique challenges of both urban and rural communities. Population Census data (2019) indicates 109,888 residents of whom 51.5% are male and 48.5% are female. The median income (2018) is \$52,095 and the **Poverty rate was 15.7% and 24.9% for children under 18.** Unemployment averaged 4.3%. (2019), with 19.3% jobs are in the manufacturing sector. The education level of the county reflects 88.2% of adults over 25 are high school graduates.

The **racial and ethnic makeup** of the county is 91,514 White, 12,278 African American, 7,136 Hispanic or Latino, 349 Alaskan Native or American Indian, 631 Asian alone, and 3,381 Two or more race groups.

Nearly half of the residents live in the ethnically diverse, cities of Michigan City and the City of LaPorte. The county is served by 6 public school corporations with an enrollment of 17,103 students. Nearly 38% or 6497 of these students attend the LaPorte Community Schools and 58.2% are on Free or reduced lunch. The Michigan City Area Schools serves 32% or 5474 of the public school enrollment and 72.9% of the students receive Free or Reduced Lunch. Poverty, underemployment, language and transportation barriers, and limited bi-lingual services may contribute to a sense of isolation and disconnect with the broader community.

Schools in the community:

Michigan City Area Schools Enrollment 5474 (Michigan City High School, Barker Middle School, Krueger Middle Schools, Coolspring, Edgewood, Joy, Knapp, Lake Hills, Marsh, Pine, Springfield)
LaPorte Community Schools, Enrollment 6497 (LaPorte High School, LaPorte Middle School, Kesling Intermediate, Critchfield Elementary, Hailmann Elementary, Handley Elementary, Indian Trail Elementary, Kingsbury Elementary, Kingsford Heights, Lincoln Elementary, Riley Elementary)
New Prairie United School Corporation Enrollment 2946 New Prairie High School, New Prairie Middle School,

Olive Elementary, Prairie View Elementary, Rolling Prairie Elementary)

MSD of New Durham Township Enrollment 872 Westville Elementary PK-06, Westville HS 07-12 South Central Community School Corporation Enrollment 958 So. Central Elementary PK-6, So Central Jr-Senior HS 07-12

Tri-Township Consolidated School Corporation Enrollment 356 Wanatah PK-08, LaCrosse 9-12

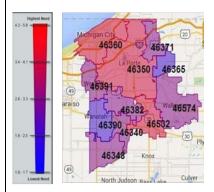
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.):

The County is served by Franciscan Health Hospital in Michigan City and Indiana University Health (formerly LaPorte Hospital), Franciscan Physician Network's Coolspring Health Center dba Health Partners, HealthLinc a FQHC, and LaPorte Community Health Center.

LaPorte County has a ration of 2,520:1 primary care physicians as compared to 1,500:1 Indiana state average.

Health disparities for LaPorte County are identified by Givens, et al in the Community Needs Index (CNI) from Dignity Health (201__). Designed as a tool for community planning, the CNI health indicators consider a formula of economic and structural indicators, which assess community health and well-being in comparison to other zip codes across the country. Zip code areas in 46360 and a portion in 46350 that are identified in red are reflective of greatest health concerns based on a national formula. Note: Community Needs Index used with permission of Dignity Health for

Community Planning and Resource Allocation



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

Franciscan Hospital offers a behavioral health unit for adults

Outpatient services include: Swanson Center is the identified Community Mental Health Center, Other mental health providers include: Northshore Health, (formerly Frontline), Samaritan Counseling Center, Meridian Health Services

Service agencies/organizations:

Minority Health Partners of LaPorte County CASA/CAYA Court Appointed Youth Advocates Boys & Girls Club of Michigan City

Local media outlets that reach the community:

WIMS, WEFM, WLOE Local Radio ALCO Local Cable channel

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

Opiates-

Alcohol

Heroin

Methamphetamines

Marijuana and Synthethic Marijuana

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

LaPorte County Drug Free Partnership/Health Linc Collaboration- TI-ROSC- Trauma Informed Recovery Oriented System of Care

Frontline Foundation Addiction Treatment Center dba as Northshore Health

Swanson Center Community Mental Health Center

Health Linc-FQHC- Mobile Response Team & Peer Recovery Coaches

Samaritan Counseling Center- Outpatient services, Co-occurring disorders, limited fee subsidies

Open Door Adolescent Health Clinic- School based services at Michigan City High School

Intrepid Phoenix- Recovery-focused Physical Fitness

Youth Service Bureau- Teen Court Ripple Effects

Boys & Girls Club – Smart Moves

Minority Health Partners of LaPorte County- Botvin Life Skills ParentProgram

Partners in Prevention- School based curriculum supported in 11 (public & provate)school

corporations that include Botvin, Life Skills, Second Step

Worthy Women Recovery Home

Dunes Fellowship House- Alcohol program

YANA Club- AA Support

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. Access to mental health and	1.HealthLinc has collaborated	1. Mental Health and Substance
substance use treatment is	with the LCC to develop a Quick	Abuse Provider Shortage
limited or non existent	Response Team that include a	According to the County Needs
particularly for uninsured or	Law Enforcement & Peer	Index LaPorte County has a
underinsured.	Recovery coaches	mental health provider ratio of
		1,170:1 as compared to the ratio
		of 700:1 in the state.

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

	2. Open Door Adolescent Health Clinic offers free health and mental health services to all registered students from Michigan City High School 3. Samartian Counseling Center's offers some fee subsidies to support access to care.	2. There are no inpatient substance use treatment facilities in the county3. County has a growing Latino population and no bilingual providers.
2. Availability of illegal substances	1.LaPorte County Drug Task Force is a multiagency unit part of a HIDTA initiative and includes Michigan City and LaPorte PD, County Sherrif's office and ATF 2. 131 arrests in 2019 175 Controlled Narcotic purchases 3. 2019 Seizures: Heroin 127 grams Methamphetamine 942.9 grams Cocaine 852.1 grams Marijuan 5864.20 grams	1.HIDTA- County is located on a main drug trafficking corridor 2. Law enforcement reports resurgence and increases in prevalence of meth 3. Limted law enforcement staffing resources to cover 600 sq. miles. 4. County borders the state of Michigan where marijuana is legal and about 1 hour from the Illinois border.
2. Attitudes toward use Poor health behaviors- 92 of 92 counties in the state (RWJF County Health Rankings 2019)	1.LCC is now in its 10 th and final year as a federal DFC youth prevention grantee 2. Healthcare Foundation of LaPorte has provided Partners in Prevention \$2.8M in funding for 11 public and private school corporations to implement grants for evidence based substance use programs over the next 3 years. 3. Trauma Informed Recovery Oriented System of Care (TI-ROSC)- LCC has collaborated with Health Linc, Health Department, Law Enforcement, Coroner, and Treatment providers to train and implement the TI-ROSC model	1. Parents may turn a blind eye to youth alcohol and substance use and consider it a right of passage 2. Community norms minimize the risk of marijuana use. 3. Disconnected youth- 22% of youth age 16-24 are disconnected not working or in school as compared to state average of 14% 4. Poverty- 53% F/R as compared to 48% of state

Protective Factors	Resources/Assets	Limitations/Gaps
1. Meaningful K-12 youth engagement activities	1. Free or low cost Affordable before and afterschool activities and care in Michigan City Area Schools via Safe Harbor and Boys & Girls Club 2. Schools are incorporating Evidence based prevention programs via Health Care Foundation Funding 3.	1.Middle School and High School Safe Harbor program is free, and include food and activity bus transportation however a limited number in this age range participate. 2. Limited staffing resources and educator time for implementation. 3.
2. Unified law enforcement efforts	LaPorte County Drug Task Force- Multi-jurisdictional Drug Task Force- 2. 3.	1.Limited staffing and financial resources2.3.
3. Court Diversionary Programs	LaPorte County Drug Court 2. 3.	1.Limited financial resources2.3.

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.

Ris	sk Factors	Pr	oblem Statement(s)
1.	Availability		
2.	Access to Prevention & Treatment	1.	LaPorte County has no inpatient treatment. LaPorte County has a shortage of outpatient mental health and substance use treatment providers with a ratio of 1,170:1 versus the state
		2.	average of 700:1 LaPorte County has few or non- existent resources for the uninsured or underinsured
3.	Health Behaviors and Favorable Attitudes toward Use	1.	LaPorte County ranks 92/92 counties in Health Behavior
		 2. 3. 	Adjacent to Michigan and Illinois, adults and youth report favorable attitudes toward alcohol with 19% reporting excessive drinking compared to the state of 18%. LaPOrte County reports Alcohol
			related deaths at 25% as compared to the state

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. The reduction of youth and adult illegal opiate, heroin and methamphetamine use is our top priorities	The rate of opiate prescriptions per 1000 population in LaPorte County was 260.4 higher compared to 213.8 in the state.	ISDH INSPECT data April 10, 2019
	Heroin use was reported in 42.4% of treatment admissions. Prescription opioid misuse was reported in 18% of treatment admissions and methamphetamine use was reported in 12.8% of treatment admissions	In FSSA DMHA SFY 2018
	The LaPorte County Drug Task Force seized 127 grams of heroin, 942 grams of methamphetamine in 2019	LPDTF 2019 Statistical Report Tim Richardson, Commander
2. The reduction of youth and adult alcohol consumption continues to be a major priority in LaPorte County.	The % of driving deaths in LaPorte County with alcohol involvement was 26.3% and higher than the state average of 20.89%	2019 County Health Rankings Fatality Analysis Reporting System retrieved from http://www.countyhealthrankings.org
	The percent of alcohol noncompliance inspections was 6.0% in LaPorte County as compared to 5.5% in the state.	Indiana State Excise Police Survey of Alcohol Compliance
	Alcohol use was reported in 41.9% of treatment admissions.	In FSSA DMHA SFY 2018
	Adults may consider underage drinking a right of passage and may turn a blind eye to consumption or provide a safe place for youth to drink	Listening sessions/focus groups. "we did it when we were kids" "at least they are drinking at home and not drinking and driving." "we collect their car keys
3. Favorable attitudes and Availability for use of	LaPorte County Drug Task Force seized 5864.20 grams in	LPDTF 2019 Statistical Report Tim Richardson, Commander
Marijuana and Synthethic Marijuana considered easily available considered a problem and also may be a	2019. Marijuana use was reported in 35.5% of treatment admissions	In FSSA DMHA SFY 2018
	Member organizations report usage is problematic in the	LCC member feedback

gateway substance with	clients they serve. Youth &	Listening sessions
support for usage.	adults report ease of access of	
	marijuana and synthethic	
	marijuana and do not perceive	
	risk	

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 - Non Prescription Opioids, Heroin & Methamphetamine

Goal 1

By Dec. 31, 2021, reduce availability of illegal opioids, heroin, and methamphetamine in LaPorte County as measured by a 20% annual increase in the amount of grams of narcotics seized by the LaPorte County Drug Task Force in comparison to the 2019 baseline demonstrated for each in the LPDTF Annual Statistical Report. Baseline: Heroin 127 grams, Meth 942 grams,

Goal 2

By Dec. 31, 2021 increase access to treatment by 10% for non-presciption opioids, heroin, and methamphetamine for individuals who are 200% below the federal poverty level and may be uninsured or underinsured as measured by the Indiana FSSA DMHA report and comparisons to the current SFY 2018 baseline of 172 admissions.

Problem Statement #2 Alcohol

Goal 1

By Dec. 31, 2021 reduce the percent of driving deaths with alcohol involvement by 5% in comparison to a 26.3% baseline as reported in the County Health Rankings report.

Goal 2

By Dec. 31, 2021 reduce the alcohol non-compliance rate by 2% from the current 6% baseline, as measured by Indiana excise reports.

Goal 3

By Dec. 31, 2021 reduce past 30 day use of youth alcohol by 5% as measured by the Indiana Youth Survey. Baseline determined upon availability of data.

Problem Statement #3 Marijuana and Synthethic Marijuana

Goal 1

By Dec. 31, 2021, reduce access and availability of marijuana and synthethic marijuana in LaPorte County as measured by a 20% annual increase in the amount of grams of marijuana and synthethics seized by the LaPorte County Drug Task Force in comparison to the 2019 baseline demonstrated in the LPDTF Annual Statistical Report.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 By Dec. 31, 2021, reduce availability of illegal opioids, heroin, and methamphetamine in LaPorte County as measured by a 20% annual increase in the amount of grams of narcotics seized by the LaPorte County Drug Task Force.	 Provide support for law enforcement Provide support for drug testing and other monitoring systems.
Goal 2 Increase access to prevention and treatment options and interventions that focus on opioids, heroin, and methamphetamines	 Support training and implementation programs to benefit clinical treatment efforts. Support prevention education efforts to impact youth and adults, with priority for evidence-based programs Support affordable treatment options and alternatives for persons who are uninsured/underinsured/indigent/who may not access
Problem Statement #2	Steps
Goal 1 Reduce Alcohol Fatalities, Alcohol Non Compliance & 30 day Youth Usage	 Support evidence-based strategies through the Drug Free Communities grant and other prevention, treatment or justice approaches in the areas of alcohol abuse Support alternative judicial and treatment pathways for offenders, such as problem-solving courts and juvenile diversionary options that address alcohol/ use abuse. Collaborate with businesses, schools, community organizations, parents and youth organizations/ groups to provide community and youth focused outreach, including the promotion of law consequences in LaPorte County. Support leadership training / advocacy and activities to encourage peer-to-peer prevention, and positive substance-free lifestyle. Support law enforcement efforts in dealing with the issue of underage drinking. Support efforts to address reductions in health disparate populations and marginalized demographic groups.

Problem Statement #3	Steps
Goal 1	1. Support affordable treatment options for
Reduce availability and support for use of marijuana	persons who are uninsured/indigent
and synthethic marijuana	through the new programs
	2. Support alternative judicial and
	treatment pathways for offenders, such
	as problem-solving courts that address
	marijuana & synthetic use and abuse.
	3. Promote awareness of marijuana &
	synthethic abuse issues in the workplace
	and encourage adoption of drug free
	workplace policies.
	4. Focus education efforts to enhance
	knowledge of the impact of marijuana &
	synthethic use including through media,
	facility, & community-oriented
	awareness.
	5. Support law enforcement efforts in
	dealing with the issue of
	marijuana/synthethic intoxicated driving.

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
(\$100.00): \$53,022.25	

Amount of unused funds that rolled over from the previous year (\$100.00): 0

Total funds available for programs and administrative costs for the upcoming year (\$100.00): \$53,022.25

Amount of funds granted the year prior (\$100.00): \$49,227.56

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): \$125,000 as a Year 10 Drug Free Communities DFC grant. The remaining funding will be drawn down by 6/30/2020 as ONDCP transitions the program to the CDC. By statute this grant cannot be renewed after 10 years of funding.

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:

Other: Health Linc a FQHC received a TI-ROSC grant from the state and we received \$12,000 as a subgrantee for training and coordination efforts

Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities (\$100.00):

Prevention/Education:	Intervention/Treatment:	Justice:
\$13,255.56	\$13,255.56	\$13,255.56

Funding allotted to Administrative costs:Itemized list of what is being funded \$13,255.56Amount (\$100.00)Coordinator Contracted salary\$10,000Board/Contractor Liability Insurance\$1,000Mileage, Meeting, Expenses\$1500Office Expenses & Supplies\$755.56

Funding allotted by Goal per Problem Statement:Problem Statement #1Problem Statement #2Problem Statement #3Goal 1: \$6,627.78Goal 1: \$4,418.52Goal 1: \$6,627.78

Goal 2: \$6,627.78 Goal 2: \$4,418.52 Goal 2: \$6,627.78

Goal 3: \$4,418.52