# The Indiana Commission to Combat Drug Abuse

**ICJI**
INDIANA
CRIMINAL
JUSTICE
INSTITUTE

*Behavioral Health Division*

# Comprehensive Community Plan

County: Monroe
LCC Name: Monroe County CARES
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## Vision Statement

What is your Local Coordinating Council's vision statement?
What is your Local Coordinating Council's vision statement?
CARES will make a difference in the lives of those affected by drugs and alcohol
by supporting agencies that advocate for the people of Monroe County.
CARES will make a difference in the lives of those affected by drugs and alcohol
by supporting agencies that advocate for the people of Monroe County gripped by
addiction.
CARES will inspire a healthier community by connecting people to services that
influence the lives of those affected by drugs and alcohol.
CARES will inspire a healthier community by connecting people that are impactedby drugs and alcohol to
services that help them improve their future (or life).

## Mission Statement

What is your Local Coordinating Council's mission statement?
The mission of Monroe County CARES, Inc. shall be to coordinate, support, and promote
effective local efforts to prevent and reduce harmful involvement with alcohol and other drugs
among members in this community.

## Membership List (at the time of the report)

| # | Name | Organization | Race | Gender | Category |
|---|------|--------------|------|--------|----------|
| 1 | Steve Malone | Mc Probation | C | M | Senior |
| 2 | Annie Cheek | Centerstone | C | F | Treatment |
| 3 | Jack Drew | Mo. Co. Probation | C | M | Justice |
| 4 | Kathy Hewett | Monroe Cty Health Dept | C | F | County |
| 5 | Eli Farmer | Indiana University | C | M | At Large |
| 6 | Lori Terrell | IU Health | C | F | Health |
| 7 | Patrick Littlejohn | Recovery Centers of America | C | M | At Large |
| 8 | Bruce Terry | New Leaf New Life | POC | M | Recovery |
| 9 | Ashley Collins | Centerstone | C | F | Parent |
| 10 | Cheryl McDermott | IU Health | C | F | At Large |
| 11 | Melissa Stone | Bloomington Police Dpt | C | F | Law Enforcment |

## LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

We meet every month except July, hybrid zoom and in person meetings.

## 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 Monroe County

County Population
Projected 140,836

Schools in the community

Richland-Bean Blossom Community School Corporation
Harmony SchoolThe Academy of Science and Entrepreneurship
Monroe County Community School Corporation
Ivy Tech

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| Indiana University |
| Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)<br><br>IU Health<br>Monroe Hospital<br>Health Net |
| Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)<br><br>IU Health, Meadows, Centerstone, IU Bloomington Counseling and Psychological Services (CAPS) |
| Service agencies/organizations<br><br>Drug Court, Community Corrections, Indiana Recovery Alliance, Amethyst House Women and Men, Big Brothers Big Sisters, Courage to Change, Shalom , New Leaf New Life, Indiana Recovery Alliance, Centerstone |
| Local media outlets that reach the community<br><br>Newspaper: Herald Times, Ellettsville Journal, Indiana Daily Student Online: Herald Times, B-Square Bulletin: Online<br><br>Radio<br>WFHB 91.3 FM, WFHB 98.1 FM, WFHB 106.3<br>Spirit 95.1, Classic Hits 97.7 WCLS, My Joy 101.1 WMYJ Radio<br>WBWB (B97) 96.7 FMRadio<br>Country 105.1 FM<br>WGCL 95.9 FM, WTTS 92.3 FM Radio<br>WIUX-LP 99.1 FM. WJLR 101.9 FM, 91.5 FM. WFIU 103.7 FM. WGCl1370 AM<br><br>TV<br>WTIU-TV<br>TV<br>CATS |
| What are the substances that are most problematic in your community?<br><br>Alcohol, Meth, marijuana, fetanyl and opiates. |
| List all substance use/misuse services/activities/programs presently taking place in the community<br><br>Amethyst House, Bloomingotn Meadows Hospital, Centerstone, Beacon, Clean Slate, Groups Recover Together, Indiana Recovery Alliance<br>Indiana Center for Recovery, Indiana University Bloomington Counseling and Psychological Services (CAPS) |

Indiana University Bloomingotn Office of Alternative Screening and Intervention
Services (OASIS), Limestone Health (an entity of Sycamore Springs) Milestones,
Boca Recovery Center
Peer Run Recovery Center, Recovery Engagement Center (REC), Restorative
Solutions, Students in Recovery- Bloomington, Bloomington Transitions

## 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. Availability / misuse of alcohol and other drugs, as well as societal norms of using substances. | 1. Support of campaigns that change social norms of ATOD. 2. ATOD prevention programs that target youth and young adults. 3. Prevention and education initiatives that minimize the risks associated with consumption of ATOD. 4. Prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse. | 1. Social norms which accept the use of ATOD. 2. Youth illegally obtain alcohol. 3. Excessive drinking by adults. 4. Fetanyl is being widely distributed leading to overdoses. 5. Lack of safe for places for youth on evenings and weekends. |
| 2.Stigma towards those who have substance use issues/histories as well as lack of financial availability act as barriers | 1. Recovery support services, family programs, early identification and intervention services. 2. first programing. Initiatives with marginalized populations including housing | 1. Waiting lists and limited local treatment programs. 2. history.Close to half of property managers in Monroe County do not allow applications from those having a felony record or a drug related3. Insufficient services for Monroe County residents present |

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

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| | 3. Education regarding the effectiveness of treatment, options for addictions and treatment and the consequences of lack of treatment. | many barriers for those needing treatment services.<br>4. collaboration<br>Agencies fighting for money/missed opportunities for<br>5. 6. Lack of financial resources for individuals and families.<br>Lack of mental health providers who accept Medicaid<br>7. Limited transportation to treatment/services<br>. |
| 3. Trauma and toxic stressors, particularly for those who have been incarcerated and are unhoused. | 1. recidivism.<br>Initiatives designed to address repeat offenders and decrease<br>2. post incarceration.<br>3. Initiatives with marginalized populations to help with re-entry<br>Use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system | 1. Waiting lists in local treatment programs.<br>2. Monroe County.<br>High homeless population/high housing costs/cost of living in<br>3. history.Close to half of property managers in Monroe County do not allow applications from those having a felony record or a drug related<br>4. Lack of financial resources for individuals and agencies<br>5. Lack of mental health providers who accept Medicaid |
| **Protective Factors** | **Resources/Assets** | **Limitations/Gaps** |
| 1. Community based interventions and initiatives which provide resources to increase mental health initiatives and reduce substance use, including some agency partnerships. | 1. Harm reduction initiatives.<br>2. Peer to peer initiatives.<br>3. Case workers who work out in the field/community.<br>4. Homeless shelters and Housing first initiatives | 1. Limited funds/space to assist those most marginalized.<br>2. Difficulty in tracking effectiveness.<br>3. Restrictive judicial measures.<br>4. Lack of inpatient beds for substance use recovery<br>5. term treatment<br>Lack of financial means for individuals to be able to seek long- |
| 2. Meaningful youth engagement opportunities | 1. Mentorship programs for youth and adults<br>2. Afterschool initiatives<br>3. Educational initiatives<br>4. Harm reduction initiatives | 1. Incarceration of parents.<br>2. Drug use among parents.<br>3. Peer pressure to engage in ATOD use.<br>4. Community members may not know about programs or experience barriers in utilizing.<br>5. Lack of participation in available programs (Alateen) |
| 3. Local policies and practices that support healthy norms and child- youth programs | 1. Mentorship programs for youth and adults<br>2. Afterschool initiatives<br>3. Educational initiatives | 1. Parents who have don't have healthy relationships with mainstream programming.<br>2. Parents who are incarcerated. |

| | 4. Grassroots neighborhood/community education<br>5. Harm reduction initiatives6. Programs for adults that include the family unit. | 3. Kids who struggle with getting to organizations who can help them |
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## 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. Availability / misuse of alcohol and other drugs, as well as societal norms of using substances. | 1 Monroe County has a culture that allows for excessive ATOD use and the misuse of alcohol of alcohol, and that impacts individuals and families, particularly but not limited to those 24 years old and younger. |
| 2. Stigma towards those who have substance use issues/histories as well as lack of financial availability act as barriers | Those with substance use issues face increased barriers in accessing and/or receiving services. |
| 3. Trauma and toxic stressors, particularly for those who have been incarcerated and are unhoused. | Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system. |

### 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. | **1.** Monroe County ranks above the average for excessive drinking in Indiana. | |

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| Monroe County has a culture that allows for excessive ATOD use and the misuse of alcohol of alcohol, and that impacts individuals and families, particularly but not limited to those 24 years old and younger. | 2. 24,501, or 19.58% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 18.39%. <br> 3. 18.40% adults age 18+ who reported having four or more drinks in the last month of the total population age 18+, compared to the state average of 15.81%. <br> 4. There were 97 children removed from their home in 2022 in Monroe County. The total removals due to parent alcohol and/or drug use was 84. (86.6% compared to the state average of 60.2) <br> 5. Driving while intoxicated was among the top ten primary causes of vehicular crashes in Monroe County during 2020-2022 | 1. County Health Rankings https://www.countyhealthrankings.org/health-data/indiana/monroe?year=2025 indiana/monroe?year=2024 <br> 2. 2023 County Health Rankings <br> 3. Centers for Disease Control and Prevention <br> 4.https://prevention.iu.edu/services/county-profiles-data/epi_table.php?table_id=t404&county=53 <br> 5.https://www.co.monroe.in.us/egov/documents/1681397274_0506.pdf |
| 2. Those with substance use issues face increased barriers in accessing and/or receiving services. | 1. Monroe County rates 5th in the state for Poverty Rates <br> 2. Monroe County ranks 5th in the state for Median Rent <br> 3. Monroe County ranks higher than the state average for income inequality <br> 4. Over 1/5th of the population in Monroe County lives in in a low population density area, with limited access to transportation/ services. <br> 5.Courage to Change has an average of 70 applications per month <br> 6. 43% of reported property managers in Monroe County do not allow applications from those having a felony record or a drug related history. <br> 7. "Under current federal and state law, housing discrimination due to criminal history is a lawful form of housing discrimination. However, an increasing number of studies are showing that the lack of safe, affordable housing dramatically impact recidivism rates." This is one of the biggest barriers that clients at New Leaf New Life experience after being released as no one will rent to them. <br> 8. Insufficient services for Monroe County residents present many barriers for those needing treatment services: | 1.States Indiana https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105 <br> 2. States Indiana https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18105 <br> 3. County Health Rankings https://www.countyhealthrankings.org/health-data/indiana/monroe?year=2024 <br> 4. County Health Rankings https://www.countyhealthrankings.org/health-data/indiana/monroe?year=2024 <br> 5. Courage to Change <br> 6. Beacon <br> 7.https://www.fhcci.org/programs/education/criminal-history/ <br> 8. Amethyst House, Centerstone, Courage to Change, Beacon, New Leaf New Life, client/self reports, Monroe County Health Public Health staff, Indiana Recovery Alliance. <br> 9. Amethyst House <br> 10. Amethyst House <br> 11. Beacon |

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| | a. There is a shortage of detoxification services for indigent residents.<br>b. There is a shortage of short- term and long term residential recovery housing options in Monroe County as evidenced by wait lists and applications that exceed available beds.<br>c. There is usually a waiting list for short-term and long- term residentiald. e. f. g. h. treatment services.<br>Amethyst House reports that many clients postpone their assessment or may be suspended from services at some point due to inability to make payments toward their bill. We have created the infrastructure in our agency to be able to accept private insurance/medicate payments, but the majority of our clients are still uninsured and often unemployed, underemployed, or very low-income.<br>Social services represented at board meetings report that insurance companies are more reluctant to pay for Behavioral Health as compared to Physical Health, and more reluctant to pay for Substance Use than they are to pay for Mental Health Services.<br>As reported from the agencies providing direct services as well as self reports, patients face barriers accessing behavioral health care due to limited number of physicians providing behavioral health care, including physicians who do MAT and accept insurance.<br>As reported from the agencies providing direct services as well as self- reports, there is a severe shortage of licensed therapist providing SUD treatment and accepting new patients.<br>As reported from the agencies providing direct services as well as self- reports, there is a severe shortage of psychiatrists providing SUD treatment and accepting new patients.<br>9. Amethyst House has a 2 week wait list average for both residential and OP services, with an average of 20 on the wait list for Women's AH, and 50 on the wait list for Men's AH.<br>10. An average of 25% of Amethyst residents would be in county jails or prisons if | |

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| | not residing in Amethyst House program. Over 90% of residents are on probation or parole.<br>11. 65-75% of residents of Crawford Homes are experiencing substance abuse Issues. | |
| 3.<br><br>Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system. | **1.** Monroe County rates 5th in the state for Poverty Rates<br>2. Monroe County ranks 5th in the state for Median Rent<br>3. Monroe County ranks higher than the state average for income inequality<br>4. Monroe County ranks higher than the state average for severe Housing problems<br>5. Courage to Change has an average of 70 applications per month<br>6. 7. 43% of reported property managers in Monroe County do not allow applications from those having a felony record or a drug related history.<br>7. "Under current federal and state law, housing discrimination due to criminal history is a lawful form of housing discrimination. However, an increasing number of studies are showing that the lack of safe, affordable housing dramatically impact recidivism rates." This is one of the biggest barriers that clients at New Leaf New Life experience after being released as no one will rent to them.<br>8. Approximately 335 residents of Monroe County are homeless, and approximately 300 homeless people are on the coordinated entry list, waiting onpermanent supportive housing or rapid re-housing.<br>9. There are approximately 40 people in the range for Beacon's Rapid Rehousing Program<br>10. An estimated 25-50% of people experiencing homelessness have a history of incarceration.<br>11. Electronic monitoring fees may restrict access to work, education, medical care, and community.<br>12. Re-entry court fees may make prohibitive for someone to leave the criminal justice system.<br>13. Amethyst House has a 2 week wait list average for both residential and OP services, with an average of 20 on the wait list for Women's AH, and 50 on the wait list for Men's AH. | 1.States Indiana https://www.stats.indiana.edu/profiles/profiles.asp? scope_choice=a&county_changer=18105<br>2. States Indiana https://www.stats.indiana.edu/profiles/profiles.asp? scope_choice=a&county_changer=18105<br>3. County Health Rankings https://www.countyhealthrankings.org/health-data/ indiana/monroe?year=2024<br>4. County Health Rankings https://www.countyhealthrankings.org/health-data/ indiana/monroe?year=2024<br>5. Courage to Change<br>6. Beacon<br>7. https://www.fhcci.org/programs/education/criminal-history/<br>8., 9. Beacon<br>10. https://cops.usdoj.gov/html/dispatch/12-2015/incarceration_a nd_homelessness.as p<br>11. http://notbetterthanjail.org<br>12. New Leaf New Life<br>13. Amethyst House<br>14. Amethyst House |

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| 14. An average of 25% of Amethyst residents would be in county jails or prisons if not residing in Amethyst House program. Over 90% of residents are on probation or parole. | |

## 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. Monroe County has a culture that allows for excessive ATOD use, and that impacts individuals and families, particularly but not limited to those 24 years old and younger. | 1. Support of campaigns that change social norms of acceptance including but not limited to: Normative education, host liability, underage purchases and consumption of ATOD. <br> 2. Support evidence based ATOD prevention programs that target youth and young adults. <br> 3. Support prevention and education initiatives that minimize the risks associated with consumption of ATOD. <br> 4. Support prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse. <br> 5. Identify sources of funding for programs utilizing evidenced-based practices that educate residents about the risks of alcohol use and abuse. <br> 6. Identify sources of funding for programs that provide mental health and alcohol use disorder treatment to residents. <br> 7. Support classroom evidence-based health curriculum that addresses alcohol and related issues.8. Support harm reduction efforts to safely collect and dispose of unused and unwanted prescription drugs and needles/syringes at drop-off locations throughout the county. Increase harm reduction strategies for Narcan distribution and provide resources for sustainability. <br> 9. Encourage and support community- wide drinking education/ prevention and awareness campaigns. <br> 10. Provide funding for extracurricular activities with supervision of positive adult roll models, encouraging youth leadership and incorporating skills building. <br> 11. Continue to support and encourage activities to keep a youth perspective on underage drinking. <br> 12. Collaborate with campus and community partners (including alcohol retailers) to educate and inform about alcohol issues. <br> 14. Provide holistic and wellness opportunities for the community to provide alternative healing and learn self- healing modalities to reduce mental and physical illness. |
| 2. Those with substance use issues face increased barriers in accessing and/or receiving services. | 1. Support the continuum of care in our community via recovery support services, family programs, early identification and interventionservices. |

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| | 2. Develop public forums and media strategies (articles in newspaper, radio, internet and TV coverage) about the effectiveness of<br>treatment, options for addictions and treatment and the consequences of lack<br>of treatment.<br>3. Advocate for additional sources of funding/programming to enhance and expand treatment access for Monroe County residents.<br>4. Promote an increased awareness of the issues relating to addictions and treatment services.<br>5. to afford it.<br>Identify sources for funding to pay for treatment who are unable<br>6. linkage to care.<br>Identify sources for funding for peer-based services facilitating<br>7. programs.<br>Promoting of evidence-based recovery/self-help groups and/or<br>8. Identify and support programs that help eliminate barriers to accessing treatment and care.<br>9. Provide holistic and wellness opportunities for the community to provide alternative healing and learn self- healing modalities to reduce<br>mental and physical illness.<br>10. Continue to fund substance free family, adult and youth events and evidence based programs to strengthen family bonds recognizing the<br>interrelatedness of person, social and environmental factors on alcohol use.<br>11. Support harm reduction efforts to safely collect and dispose of unused and unwanted prescription drugs and needles/syringes at drop-off locations<br>throughout the county. Increase harm reduction strategies for Narcan distribution and provide resources for sustainability. |
| 3. Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system. | 1. Promote efforts designed to address repeat offenders and decrease recidivism.<br>2. Identify sources for funding to pay for treatment who are unable to afford it.<br>3.  Identify sources for funding for peer-based services facilitating linkage to care.<br>4. Promoting of evidence-based recovery/self-help groups and/or programs.<br>5. Identify and support programs that help eliminate barriers to accessing treatment and care.<br>6. Provide transportation to residents utilizing mental health and evidence based recovery programs.<br>7. linkage to care.<br>Identify sources for funding for peer-based services facilitating<br>8. Provide holistic and wellness opportunities for the community to provide alternative healing and learn self- healing modalities to reducemental and physical illness.<br>9. Support harm reduction efforts to safely collect and dispose of |

| | unused and unwanted prescription drugs and needles/syringes at drop-off locations throughout the county. Increase harm reduction strategies for Narcan distribution and provide resources for sustainability. |
|---|---|

## 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<br>The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth. If not met the LCC will re-evaluate the goal. |
| Goal 2<br>Increase availability of peer-based support by one new program this grant year. If not met the LCC will re-evaluate the goal. |

| Problem Statement #2 |
|---|
| Goal 1<br>The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include: 1) Support services received while incarcerated<br>2) number of individuals engaged in and graduating from housing first and/or SUD residential programs. If not met the LCC will re-evaluate the goal. |
| Goal 2<br>The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 75% of the participants will report having increased awareness of issues relating to addictionand treatment services. If not met the LCC will re-evaluate the goal. |

| Problem Statement #3 |
|---|
| Goal 1<br>There will be a reduction in the number of positive urine screens for Drug Court participants compared to the offenders placed on traditional probation/Community Corrections who have a 25% postiive drug test rate. If not met the LCC will re-evaluate the goal. |
| Goal 2<br>The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include*:* 1) obtaining housing / employment 2) reduced arrests / |

re-arrest / recidicism rates. If not met the LCC will re-evaluate the goal.

Goal 3
The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated from 36% to 30% as measured by New Leaf New Life and the IDOC. If not met the LCC will re-evaluate the goal.

## Step 5: Plans to Achieve Goals

*For each goal, list the steps required to achieve each*

| Problem Statement #1 | Steps |
|---|---|
| Goal 1<br>The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth, 3) increased support for youth with regards to ATOD issues. If not met the LCC will re-evaluate the goal. | 1. Fund programs which provide healthy mentors/programming for youth<br>2. Fund neighborhood educational initiatives.<br>3. Fund innovative probation services.<br>4. Encourage agencies to provide youth mentoring initiatives with an emphasis on at-risk youth to increase protective factors and decrease risk factors for substance use/abuse.<br>5. Support and encourage therapeutic programming that focuses on underage use and/or abuse of ATOD. |
| Goal 2<br><br>Increase availability of peer-based support by one new program this grant year. If not met the LCC will re-evaluate the goal. | 1. Fund prevention/education initiatives that focus on youth and young adult ATOD use.<br>2. Support treatment/intervention efforts that focus on youth and young adult ATOD use.<br>3. Support justice services/support that focuses on youth and young adult with regards to ATOD use. |
| **Problem Statement #2** | **Steps** |
| Goal 1<br>The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include: 1) increase in community awareness with regards to issues related to ATOD that influence barriers, 2) number of individuals engaged in housing first and/or SUD residential programs. If not met the LCC will re-evaluate the goal. | 1. Fund programs which include education on generational factors.<br>2. Fund treatment programming especially with regards to the target population.<br>3. Fund innovative probation services.<br>4. Support and encourage therapeutic and/or alternative treatment programming, with an emphasis on evidence-based programming for targeted populations.<br>5. Encourage and support programs that serve individuals in recovery to increase protective factors against substance use/misuse/ abuse.<br>6. Partner with treatment agencies to provide innovative and useful |

| | programming to address the psychological, emotional impact of incarceration, including family engagement and skill-building to increase employment opportunities upon release |
|---|---|
| Goal 2<br><br>The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 75% of the participants will report having increased awareness of issues relating to addiction dand treatment services. If not met the LCC will re-evaluate the goal. | 1. Support community wide education efforts.<br>2. Support educational components that relay the importance of treatment/intervention.<br>3. Support educational components that include the judicial system.<br>4. Increase the awareness and collection of unused and unwanted prescription drugs and needles/syringes at drop off locations throughout the county. Provide disposal units for 24/7 collection, monitoring and reporting. |
| **Problem Statement #3** | **Steps** |
| Goal 1<br>The LCC will increase protective facets associated with funding services that support re-entry into the community after involvement with the justice system as measured by 78% of grantees reporting that they have met their program goals for the year. Such measurements may include: 1) obtaining housing / employment, 2) reduced arrests / re-arrest rates/ recidivism rates. If not met the LCC will re-evaluate the goal. | 1. Fund programs which assist with employment training.<br>2. Fund programs which utilize innovation peer support.<br>3. Fund programs which utilize alternatives to traditional judicial<br>4. Encourage and support alternative treatment programming for alcohol-related offenders through problem-solving courts and another diversionaryprogramming.<br>5. Support and encourage therapeutic and/or alternative treatment programming, with an emphasis on evidence-based programming for targeted populations.<br>6. Encourage and support programs that serve individuals in recovery to increase protective factors against substance use.<br>7. Support educational opportunities for incarcerated population leading to high school equivalency degree and/or post-graduate education at college or trade school.<br>8. Partner with treatment agencies to provide innovative and useful programming to address the psychological, emotional impact of incarceration, including family engagement as well as skill-building to increase employment opportunities upon release. |

| | 9. Support and encourage therapeutic and/or alternative treatment evidence-based programming to address prescription, Fentanyl, Opioid, Meth, Heroin, and other illicit drug use/abuse with an emphasis on target populations recently released inmates, overdose victims and families.<br>10. Encourage and support the formation of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. |
|---|---|
| **Goal 2**<br><br>The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated from 36% to 30% as measured by New Leaf New Life and the IDOC, as well as a reduction in the number of positive urine screens for Drug Court participants compared to the offenders placed on traditional probation/Community Corrections (25% positive drug test rate). If not met the LCC will re-evaluate the goal. | 1. Fund programs which assist with employment training.<br>2. Fund programs which utilize innovation peer support models.<br>3. Fund programs which utilize alternatives to traditional judicial<br>4. Encourage and support alternative treatment programming for alcohol-related offenders through problem-solving courts and another diversionary programming.<br>5. Support and encourage therapeutic and/or alternative treatment programming, with an emphasis on evidence-based programming for targeted populations.<br>6. Encourage and support programs that serve individuals in recovery to increase protective factors against substance use.<br>7. Support educational opportunities for incarcerated population leading to high school equivalency degree and/or post-graduate education at college or trade school.<br>8. Partner with treatment agencies to provide innovative and useful programming to address the psychological, emotional impact of incarceration, including family engagement as well as skill-building to increase employment opportunities upon release.<br>9. Support and encourage therapeutic and/or alternative treatment evidence-based programming to address prescription, Fentanyl, Opioid, Meth, Heroin, and other illicit drug use/abuse with an emphasis on target populations recently released inmates, overdose victims and families. |

| | 10. Encourage and support the formation of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. |
|---|---|

## 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: | $42,143.68 |
| **2** | Amount of unused funds from last year that will roll over into this year: | 0 |
| **3** | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): | $42,143.68 |
| **4** | Amount of funds granted last year: | $41,901.99 |
| **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: $12,297.89 | Intervention/Treatment: $ 12,297.89 | Justice Services: $ 12,297.89 |

| **Funding allotted to Administrative costs:** | |
|---|---|
| *Itemized list of what is being funded* | *Amount ($100.00)* |
| Coordinator compensation | $         5,000.00 |
| Office supplies | $  250.00 |

| **Funding Allocations by Goal per Problem Statement:** | | |
|---|---|---|
| **Problem Statement #1** | **Problem Statement #2** | **Problem Statement #3** |
| Goal 1: $6148.94 | Goal 1: $12,047.89 | Goal 1: $2,750.00 |
| Goal 2: $6148.94 | Goal 2: $250.00 | Goal 2: $9,547.89 |