

# **The Indiana Commission to Combat Drug Abuse**



*Behavioral Health Division*

## **Comprehensive Community Plan**

County: Montgomery

LCC Name: Drug Free Montgomery County

LCC Contact: Diamond Justus

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County Commissioners: Jake Bohlander, Jim Fulwider, Dan Guard

Address: 1580 Constitution Row

City: Crawfordsville

Zip Code: 47933

## **Vision Statement**

What is your Local Coordinating Council's vision statement?

Every community member has the opportunity to access a complete continuum of care for prevention, treatment and recovery services.

## **Mission Statement**

What is your Local Coordinating Council's mission statement?

The Drug Free Montgomery County Coalition exists to serve as a vehicle for bringing together a cross section of the community in a county-wide effort to address alcohol, tobacco and other drug issues using multiple strategies across multiple sectors.

<b>Membership List</b>					
<b>#</b>	<b>Name</b>	<b>Organization</b>	<b>Race</b>	<b>Gender</b>	<b>Category</b>
1	Jennifer York	Probation	C	F	Government
2	Macy Simmons	Inwell	C	F	Mental Health/Treatment
3	Samantha Mitchell	MIH/QRT	C	F	Government
4	Amber Reed	Crawfordsville Community Schools	C	F	Education
5	Ryan Needham	Sheriff's Department	C	M	Law Enforcement
6	Bob Rivers	Crawfordsville Police Department	C	M	Law Enforcement
7	Farren Miller	Probation	C	F	Government/Judicial
8	Brenda Payne	Probation	C	F	Government/Judicial
9	Andria Geigle	Probation	C	F	Government/Judicial
10	Aaron Mattingly	CPD	C	M	Law Enforcement
11	Diamond Justus	Montgomery County Youth Service Bureau	C	F	Non-Profit Civic
12	Adrianne Northcutt	Health Department	C	F	Public Health
13	Jai Miranda	Quest for Balance Wellness	C	N/A	Spiritual
14	Faith Gable	DCS	C	F	Government
15	Maddy Combs	Inwell	C	F	Mental Health/Treatment
16	Karen Branch	Montgomery County Youth Service Bureau	C	F	Non-Profit Civic
17	Cameron Cole	Montgomery County Youth Service Bureau	C	M	Non-Profit Civic
18	Dale Crowder	Valley Oaks	C	M	Mental Health/Treatment
19	Mckenzie Skirvin	Cummins Mental Health	C	F	Treatment/Mental Health
20	Amanda Davenport	Groups Recover	C	F	Treatment/Mental Health
21	Cheryl Keim	Montgomery County Community Foundation	C	F	Civic

22	<b>Ken Clarke</b>	<b>Trinity Life Ministry</b>	<b>C</b>	<b>M</b>	<b>Recovery</b>
23	<b>Kayla Miles</b>	<b>United Way</b>	<b>C</b>	<b>F</b>	<b>Civic</b>
24	<b>Connie Esra</b>	<b>Recovery Coalition</b>	<b>C</b>	<b>F</b>	<b>Recovery</b>
25	<b>Paul Miller</b>	<b>CFD</b>	<b>C</b>	<b>M</b>	<b>Treatment/Recovery</b>
26	<b>Hannah Smith</b>	<b>DCS</b>	<b>C</b>	<b>F</b>	<b>Government</b>
27	<b>Nina Scott</b>	<b>Valley Professionals</b>	<b>AA</b>	<b>F</b>	<b>Treatment</b>
28	<b>Janet Covington</b>	<b>Through the Gate</b>	<b>C</b>	<b>F</b>	<b>Treatment/Recovery</b>
29	<b>Gina Haile</b>	<b>Boys &amp; Girls Club</b>	<b>C</b>	<b>F</b>	<b>Non-Profit Civic</b>
30	<b>Olyvia Wood</b>	<b>MIH/QRT</b>	<b>C</b>	<b>F</b>	<b>Treatment/Recovery</b>
32	<b>Brianna McKnight</b>	<b>ASPIN</b>	<b>C</b>	<b>F</b>	<b>Treatment/Recovery</b>
33	<b>Joyce Baker</b>	<b>Family Crisis Shelter</b>	<b>C</b>	<b>F</b>	<b>Non-Profit Civic</b>
36	<b>Brigit Ryan</b>	<b>Franciscan Health</b>	<b>H</b>	<b>F</b>	<b>Health</b>
37	<b>Tiffany Blaisdell</b>	<b>Cummins Mental Health</b>	<b>C</b>	<b>F</b>	<b>Treatment/Recovery</b>
38	<b>Zachary Anderson</b>	<b>Indiana Coalition Against Domestic Violence</b>	<b>C</b>	<b>M</b>	<b>Non-Profit</b>
40	<b>Ryan Teeter</b>	<b>Crawfordsville Police Department</b>	<b>C</b>	<b>M</b>	<b>Law Enforcement</b>
41	<b>Kathleen Kent</b>	<b>Franciscan Health</b>	<b>C</b>	<b>F</b>	<b>Health</b>
42	<b>Joe Moore</b>	<b>Recovery Coalition</b>	<b>C</b>	<b>M</b>	<b>Treatment/Recovery</b>

#### **LCC Meeting Schedule:**

Please provide the months the LCC meets throughout the year:  
February, April, June, August, October, December  
We meet the Third Tuesday of each of these months at 9:00am

#### **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  Montgomery
County Population 38,827
Schools in the community South Montgomery School Corporation, Crawfordsville School Corporation, North Montgomery School Corporation, Crawfordsville Adult Resource Academy and Montgomery County Alternative school. There is also an active Home School Co-op called CACHES
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Franciscan Health Hospital, Franciscan Physician Health Network, Dr. Mary Ludwig Free Clinic, Valley Professionals, Franciscan Health Clinic, Witham, Proactive MD
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Family Interventions, Cummins Behavioral Health, Valley Oaks Mental Health, Valley Professionals, In-Well Mental Health, Shelby Rusk (private practice), Jamie Selby (private practice).
Service agencies/organizations ASI, K1ds Count, Recovery Coalition; Trinity Mission, Through the Gate, Boys & Girls Club, Family Crisis Shelter, Pam's Promise, SADD, Youth Service Bureau, Montcares, Sunshine Vans, Volunteers for Mental Health, Salvation Army, Community Chest, Township Trustees, Kiwanis, Rotary, Lions Club, Civitan, Fish Food pantry, Grace and Mercy Food Bank, Meals on Wheels, Healthy Families, Mobile Integrated Health, Quick Response Team, Women's Resources Center, AA, Al-anon, FireFlyWellness Coalition, Habitat for Humanity, IYG, Recovery Coalition.
Local media outlets that reach the community The Paper of Montgomery County, the Journal Review, Forcht Broadcasting 3 radio stations
What are the substances that are most problematic in your community? Alcohol, Meth, Heroin, and Fentanyl

List all substance use/misuse services/activities/programs presently taking place in the community  
AA, Al-anon, Recovery Coalition Rec Center, Trinity Mission residential program, IOP, Relapse Prevention, Individual Counseling, DARE, SADD, Through the Gate, Drug Court, Veteran's Court, Family Recovery Court, TINAD, Catch My Breath, Teen Court, Tobacco/Vaping Court, QRT, Too Good for Drugs, CIT

## 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.<sup>1</sup>

Risk Factors	Resources/Assets	Limitations/Gaps
1. High Rate of Child Abuse and Neglect and neo natal abstinence syndrome, related to substance use by parent/caregivers, creating trauma. 18.2 of every 1,000 youth under the age of 18. 52% higher than the state average.	1. Child Abuse Prevention Council 2. Strong CASA Program 3. Community partners for child safety 4. QRT 5. Project Swaddle 6. Healthy Families 7. Nurse Family Partnership 8. Volunteers in Mental Health 9. Family Recovery Court	1. Comorbid issues such as substance use and mental health issues of parents 2. More intervention than prevention programs 3. Societal Stigma 4. Lack of substance use services, both preventative and treatment, for youth and teens

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

		5. Affordability of care
2. More than 70% of individuals on probation have substance use history	<ol style="list-style-type: none"> <li>1. Adult treatment courts including drug court and veterans court</li> <li>2. JCAP program in the jail now available for both males and females</li> <li>3. Two residential halfway houses</li> <li>4. Sober recreation program through the Recovery Coalition</li> <li>5. Faith based programming through Celebrate Recovery, Trinity Ministry and Through the Gate</li> <li>6. Family Recovery Court</li> <li>7. Peer recovery resources</li> <li>8. Quick Response Team</li> <li>9. Peer Recovery available to all populations within the jail.</li> <li>10. All Pathways to Recovery</li> <li>11. United Way Community Navigator &amp; InWell Peer Navigator</li> <li>12. League of Women Voters of Montgomery County</li> </ol>	<ol style="list-style-type: none"> <li>1. Cost of frequent necessary drug screens</li> <li>2. Generational exposure of substance use</li> <li>3. Identifying a non-profit partner for a housing program for homeless or at-risk clients</li> <li>4. Current resources are often full with a waiting list.</li> <li>5. Lack of housing available for those leaving incarceration or with a felony history.</li> <li>6. Lack of connectivity of client to services</li> <li>7. Peer recovery specialists being elevated by certifications and education for more effective use of their skills.</li> <li>8. Lack of public and accessible transportation.</li> </ol>
3. Lack of access to mental health and substance use disorder services: patient to provider ratio of 851:1 (IYI) a slight decrease from previous years.	<ol style="list-style-type: none"> <li>1. Four Mental Health Providers in the Community</li> <li>2. Transportations for Seniors and those with disabilities</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of appropriate education/licensure for providers to serve those with private health insurances</li> </ol>

	<ol style="list-style-type: none"> <li>Faith based residential programs</li> <li>Peer Recovery programs (13 Peers available across Montgomery County)</li> <li>Montgomery County Youth Service Bureau: Mental Health Specialist</li> <li>Too Good for Drugs and This is Not About Drugs implemented in the schools.</li> <li>Vaping Prevention Education: Catch My Breath</li> <li>Ladoga Recovery</li> </ol>	<ol style="list-style-type: none"> <li>Transportation for adults and children</li> <li>Open treatment positions at all providers due to a lack of applicants</li> <li>No detox or inpatient treatment facilities</li> <li>Difficulty with staff retention partially due to unsupportive policies</li> <li>Barriers within mental health models, i.e. case closure for missed appointments.</li> </ol>
Protective Factors	Resources/Assets	Limitations/Gaps
<ol style="list-style-type: none"> <li>Meaningful youth engagement and youth services through the Youth Service Bureau, utilizing trauma informed care and positive youth development</li> </ol>	<ol style="list-style-type: none"> <li>Mentoring Program</li> <li>IYG: Drop In Nights</li> <li>Boys &amp; Girls Club</li> <li>Youth As Resources Program</li> <li>Teen Court Program</li> <li>Inspire Group mentoring for girls</li> <li>Tobacco Court</li> <li>Bring Change to Mind</li> <li>Middle and High School Youth Summits</li> <li>Boys Mentoring Group</li> </ol>	<ol style="list-style-type: none"> <li>Need more mentors, have children on a waiting list</li> <li>Social Stigma</li> <li>Transportation</li> <li>Youth willingness to engage in services/isolation and mental health issues for youth increasing.</li> </ol>



<p>2. Resiliency programming in all three school corporations Pre-K through 8<sup>th</sup> grade.</p>	<p>1. School Counselors, Teachers and staff</p> <p>2. Bring Change to Mind</p> <p>3. Too Good for Drugs, Grades 3-5 at two county schools.</p>	<p>1. Community wide buy in to ACES and the concept of resiliency</p> <p>2. Making resiliency a concept that can be practiced outside of the classroom</p> <p>3. Lack of community understanding/education about ACES and trauma informed care</p>
<p>4. Organizations attempts to engage families.</p>	<p>1. Recovery Coalition Parent Cafe</p> <p>2. Family Interventions program</p> <p>3. National Night Out</p> <p>4. Healthy Families Program</p> <p>5. Community Partners for Child Safety</p> <p>6. Strong relationships with DCS to maximize support to families</p> <p>7. Family Recovery Court</p> <p>8. Youth Worker Cafes</p> <p>9. Montgomery County Community Foundation</p> <p>10. Purdue Extension</p> <p>11. Rock Out Recovery</p> <p>12. Project Swaddle/Foundations (up to 3 years of age).</p> <p>13. Recovery Coalition CRAFT Group</p>	<p>1. Lack of parent participation in parenting programming</p> <p>2. Social Stigma</p> <p>3. Generational family dysfunction and issues</p> <p>4. Generational Housing Instability</p> <p>5. Lack of mentoring programs for parents/adults</p> <p>6. Lack of connection to the broader community.</p> <p>7. Lack of training for positive childhood experiences.</p>

	14. Recovery Coalition Anniversary Event  15. HUE: Celebration of Unity  16. Family Fun Day  17. IYG	
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## 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. High Rate of Child Abuse and Neglect and neonatal abstinence syndrome, related to substance use by parent/caregivers, creating trauma. 18.2 of every 1,000 youth under the age of 18. 52% higher than the state average. 76.7% of removals are due to substance abuse by parent/caregivers.	1. Substance use by adults in Montgomery County is creating a level of child abuse and neglect, 52% higher than the state average. 18.2 of every 1,000 children is a substantiated victim of abuse and neglect in Montgomery County.  2. Children who experience Adverse Childhood Experiences (ACES) such as child abuse and neglect are more likely to have substance use issues and disorders in adolescence and adulthood  3. Parents with substance use disorders are less likely to be able to provide a healthy environment for their children to thrive in.

<p>2. More than 70% of individuals on probation have substance use history.</p>	<p>1.Although relapse is a part of recovery, with a lack of adequate services to meet individuals with substance use disorder needs, the rate of relapse is high. As high as 80% within six months of recovery (IPRC)</p> <p>2.Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>
<p>3. Lack of access to mental health and substance use disorder services: patient to provider ratio of 851:1 (IYI) Slightly lower than previous years.</p>	<p>1.With a patient to provider ratio of 851:1 there is not adequate access to mental health and substance use services.</p> <p>2.There is an inadequate number of treatment providers who have licensure to treat patients with private insurance.</p> <p>3.Our continuum of care for substance use disorders lacks adequate MAT facilities and an inpatient treatment program located within our county.</p> <p>4.There is a lack of connectivity of continuum of care providers leading to gaps in services and warm handoffs to continuing services.</p>

## Step 2: Evidence-Informed Problem Statements

*Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).*

Problem Statements	Data That Establishes Problem	Data Source
1.Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating Trauma and ACES for our youth.	In Montgomery County our child abuse rate is 18.2 of every 1,000 children, 52% higher than the state average. Child abuse is recognized as one of the 10 possible ACES for children/youth. 76.7% of removals are due to substance abuse by parent/caregivers.	DCS Practice Indicator Reports and IYI  Department of Child Services Statistics through IPRC  ACES study  DCS Practice Indicator Reports
2.There is not adequate access to mental health and substance use services in Montgomery County.	County Health Rankings show that Montgomery County has a higher patient to provider ratio than the state average for mental health providers. IYI data states the ratio is 851:1, still higher than the state average and slightly lower than the previous year. Our access to primary care providers and dental access are both also a higher ratio than the state average. Primary Care to patient ratio is 3,460:1, this has significantly increased in comparison to previous years. Patients with private insurance are often not able to be seen in Montgomery County due to licensure required for treatment professionals. Additionally, mental health facilities often struggle with recruitment for open positions.	IYI Kids Count Data  Reports from local mental health providers.  County Health Rankings
3.Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.	According to the Sheriff's Department and Adult Probation, at the time of release from Jail/JCAP/being placed on probation, a high percentage of offenders do not have a safe and sober home to return to or continue to reside in. This often leads to them living with others	Montgomery County Adult Probation.  Sheriff's Department JCAP program.  Local Mental Health information.

	<p>who may still be actively using illegal substances, creating a higher risk for recidivism and relapse. This is particularly true as we do not have adequate treatment services to meet their needs for relapse prevention upon release. In 2024, the access to peer recovery support was increased within JCAP. In 2024, Cummins Behavioral Health added 2 Peer Recovery Supports, Valley Oaks Health added 3 Peer Recovery Supports, Integrative Wellness now has 5 Peer Recovery Supports, and the Recovery Coalition added 3 Peer Recovery Support positions to their organization. During 2024, the QRT served 294 individuals and gave referrals to help with homelessness, behavioral health and substance use disorder, at least 42 of those clients refused services. 26 of those clients were repeated referrals, with 4 being repeated more than once. In 2024, QRT added a 24/7 emergency hotline and continues to be available 24 hours a day, seven days a week.</p>	QRT Statistics
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### Step 3: Brainstorm

*Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.*

Problem Statements	What can be done (action)?
1.Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating Trauma and ACES for our youth.	<p>1.Training in trauma informed/crisis intervention for all law enforcement. Montgomery County recently created a Crisis Intervention Committee.</p> <p>2.Increased access to a more complete continuum of care including peer supports. As of 2024, Montgomery County now has 13 peer supports across the community.</p>

	<p>3.Sustain JCAP program for both males and females</p> <p>4.Sustain Drug Court &amp; Family Recovery Court strategically plan for expansion to more individuals served.</p> <p>5.Provide trauma informed care to children who are substantiated victims of abuse and neglect related to substance use by their parents. Continue to utilize mental health specialists within 2 out of 3 school districts.</p> <p>6.Provide support for Too Good for Drugs curriculum in schools.</p> <p>7.Improve data collection from intervention services to identify successes and challenges.</p> <p>8.Continue to implement ACEs community trainings.</p>
2. There is not adequate access to mental health and substance use services in Montgomery County.	<p>1.Continue collaborations with all service providers to maximize resources and brainstorm resolutions to lack of adequate access.</p> <p>2.Continue to participate in the mental health work group to address the high patient to provider ratio.</p> <p>3.Partner with local government/service providers to talk to assess the continuum of care currently available and utilize opioid settlement funds, through a mini-grant process, to help fill the gaps.</p> <p>4.Participate in mental health work group to address best practices in substance use services and continue data collection through middle and high school youth summits.</p> <p>5.Support the systems educating the next generation of mental health professionals through internships and job shadowing.</p>
3. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.	<p>1.Increase grant funding for housing programs for adults being released from incarceration, being placed on probation, either through expansion of existing resources or creation of new programs.</p> <p>2.Increase the capacity of the Drug, Veteran, and Family Recovery Courts to allow more at-risk</p>

	<p>probationers to have access to treatment courts to aid in their recovery.</p> <p>3. Standardize the JCAP program to connect with Drug Court to improve long term recovery efforts.</p> <p>4. Meet with the local landlords, MIBOR and other housing services to talk about adequate housing access for those in recovery.</p> <p>5. Collaborate with recovery programs to strengthen and expand services to reduce relapse.</p> <p>6. Implement housing instability focus groups to gather lived experience data.</p> <p>7. Continue Housing Instability Initiative efforts.</p> <p>8. Collaborate with the United Way Community Navigator &amp; InWell Peer Navigator regarding the implementation of the First Door Resource Program.</p>
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#### 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
<p>Goal 1: By April 2026, decrease initiation of tobacco and/or substance use by 1% for those 15 years and younger. This will be measured through the Overdose Lifeline data.</p> <p>Because our schools did not participate in the YRBS, we do not have county level data to assess this currently, so we have changed the data source to Overdose Lifeline Data who we have trained with on the This is Not About Drugs curriculum. In 2024, This is Not About Drugs served 249 students in all three school districts. We are continuing to hold youth summits for middle and high schoolers to gain youth input and problem solving. We have also began conducting vaping prevention education presentations for the middle school level.</p>
<p>Goal 2: By April 2026, increase adult and youth awareness and education regarding substance use, including vaping, tobacco, prescription and illegal drugs.</p>

We have continued the implementation of the Tobacco Vaping court for youth in collaboration with the school corporations and have served 7 youth, each of whom have to participate in an educational class called Catch My Breath. We have continued to implement This is Not About Drugs prevention curriculum in the middle and high schools. This year, we will be implementing Too Good for Drugs, an evidence based program, in grades 3 through 5 at South Montgomery and Crawfordsville Schools. Too Good for Drugs is estimated to reach around 1200 students. We have continued to implement Teen Court and in 2024, served 21 youth.

### **Problem Statement #2**

Goal 1: By April 2026, increase access to behavioral health providers by 1%. This will be measured through the local and state health equity report.

We have not been able to achieve this goal, in fact it is moving in the opposite direction. We continue to work with our mental health work group to strategize interventions/solutions. In 2024, The Montgomery County Youth Service Bureau added a Mental Health Specialist to their staff to help youth receive care temporarily until they can transition into services. Valley Oaks Health, a local mental health facility, implemented Open Access hours in 2024 to lessen the amount of patients who are on a waitlist.

Goal 2: By April 2026, decrease barriers to recovery and wellness including housing instability, peer recovery supports, and number of connections following jail/prison release or overdose events. This is being measured through data from our QRT regarding response times and number of contacts/connections.

In 2024, QRT served 294 patients. 97 patients received care for Substance Use Disorder, 183 patients received care for Behavioral Health, and 16 patients received assistance with homelessness. QRT had a total of 40 patients who were actively experiencing homelessness. The United Way of Montgomery County will be implementing the First Door Resource Program which was piloted successfully in 2024. This program will be managed by the United Way Community Navigator, a position funded by Opioid Settlement Funds.

### **Problem Statement #3**

Goal 1: By April 2026, increase data collection, inter-system understanding and collaboration to maximize resources for housing and treatment for adults with substance use issues. Including halfway houses, landlords and other housing systems.

We are still working on improving data collection to measure progress. Pam's Promise, a local transitional housing corporation, served 31 women and 21 children in 2024, 19 of the 31 women were in recovery and/or struggled with Substance Use Disorder. The LCC coordinator now creates a quarterly report regarding local data collected within the community that is submitted to the local health department. The First Door Resource Program will be implemented this year as a collaborative community effort.



Goal 2: By April of 2026, increase QRT and other outreach services to occur within 48 hours of post-release from jail, ER or in the field, to connect individuals to services, housing and other supports.

We are currently achieving this goal and we are hoping to continue to sustain QRT and other outreach services. In 2024, QRT served 294 patients, with 320 referrals. Out of the 294 patients, 16 patients were referred for housing instability and received assistance and 40 patients were actively experiencing homelessness. In 2024, QRT added a 24/7 emergency hotline that is available via text or phone call.

### Step 5: Plans to Achieve Goals

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

Problem Statement #1	Steps
Goal 1: By April 2026, decrease initiation of tobacco and/or substance use by 1% for those 15 years and younger. This will be measured through the Overdose Lifeline data.	<p>1.Prevention/Education – we will fund/support programs that provide services to youth and adolescents that focus on building resiliency and drug use prevention.</p> <p>2.Treatment/Intervention – we will fund/support and advocate for increased local mental health services for youth with substance use issues.</p> <p>3.Justice Services – we will fund/support programs that address adults/youth with substance use issues, for example drug court.</p>
Goal 2: By April 2026, increase adult and youth awareness and education regarding substance use, including vaping, tobacco, prescription and illegal drugs.	<p>1.Prevention/Education – We will fund/support programs providing community education. Additionally, through the Drug Free Montgomery County Leadership team, identify additional curriculum or alternative lessons for addressing substance use issues (including vaping) for high school students and youth programs; provide information to parents and the community in general regarding substance use issues; keep website updated with information and resources</p>

	<p>and a marketing campaign to drive people to the website.</p> <p>2.Treatment/Intervention – we will fund/support programs providing substance use prevention programming/treatment for youth and adults.</p> <p>3.Justice Services – We will fund/support programs providing programming related to substance use prevention for youth and adults.</p>
<b>Problem Statement #2</b>	<b>Steps</b>
<p>Goal 1: By April 2026, increase access to behavioral health providers by 1%. This will be measured through the local and state health equity report.</p>	<p>1.Prevention/Education – we will provide funding/support for programs providing behavioral/mental health services for youth or adults.</p> <p>2.Intervention/Treatment – we will provide funding/support for behavioral/mental health treatment services for underserved individuals.</p> <p>3.Justice Services – We will provide funding/support for programs providing behavioral/ mental health services to their consumers.</p>
<p>Goal 2: By April 2026, decrease barriers to recovery and wellness including housing instability, peer recovery supports and number of connections following jail/prison release or overdose events.</p>	<p>1.Prevention/Education – We will provide funding/support for programs expanding capacity for behavioral/mental health prevention services and for evaluating the need and extent of housing instability.</p> <p>2.Treatment/Intervention – We will provide funding/support for programs providing peer recovery and other connecting support systems.</p> <p>3.Justice Services – We will provide funding/support for increasing capacity of connecting/support programs that are</p>

	working to reduce barriers to recovery. For example, QRT, JCAP.
Problem Statement #3	Steps
Goal 1: By April 2026, increase data collection, inter-system understanding and collaboration to maximize resources for housing and treatment for adults with substance use issues. Including halfway houses, landlords and other housing systems.	<p>1.Prevention/Intervention – we will provide funding/support for programs that provide prevention/education services to youth whose parents are in a substance use program.</p> <p>2.Treatment/Intervention – we will provide funding/support to programs that are working collaboratively to address issues of housing and treatment.</p> <p>3.Justice Services – we will fund/support programs working collaboratively to address housing/treatment of adult consumers with substance use issues.</p>
Goal 2: By April of 2026, increase QRT and other outreach to occur within 48 hours of post-release from jail, ER or in the field, to connect individuals to services, housing and other supports.	<p>1.Prevention/Education – we will provide funding/support to programs that are increasing education/awareness of services such as QRT to connect individuals to services and supports.</p> <p>2.Treatment/Intervention – We will provide funding/support to programs providing peer/support services to individuals from jail, ER or in the field, that connect individuals to needed services.</p> <p>3.Justice Services – We will provide funding/support to programs increasing the connectedness of consumers to existing services.</p>

#### IV. Fund Document

*The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC's fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).*

Funding Profile		
<b>1</b>	Amount deposited into the County DFC Fund from fees collected last year:	\$73,639.38
<b>2</b>	Amount of unused funds from last year that will roll over into this year:	\$1,359.76
<b>3</b>	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$74,999.14
<b>4</b>	Amount of funds granted last year:	\$39,290.91
Additional Funding Sources (if no money is received, please enter \$0.00)		
<b>A</b>	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$0.00
<b>B</b>	Centers for Disease Control and Prevention (CDC):	\$0.00
<b>C</b>	Bureau of Justice Administration (BJA):	\$0.00
<b>D</b>	Office of National Drug Control Policy (ONDCP):	\$0.00
<b>E</b>	Indiana State Department of Health (ISDH):	\$23,000.00
<b>F</b>	Indiana Department of Education (DOE):	\$0.00
<b>G</b>	Indiana Division of Mental Health and Addiction (DMHA):	\$0.00
<b>H</b>	Indiana Family and Social Services Administration (FSSA):	\$0.00
<b>I</b>	Local entities:	\$0.00
<b>J</b>	Other: Opioid Settlement Funds	\$31,000.00
Categorical Funding Allocations		
Prevention/Education: \$18,749.78	Intervention/Treatment: \$18,749.78	Justice Services: \$18,749.78
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>\$18,749.78</i>
Coordinator benefits		\$3,600.00
Office supplies/insurance/Red Ribbon Breakfast, NNO, program supplies, training.		\$15,149.78
Funding Allocations by Goal per Problem Statement:		
<b>Problem Statement #1</b>	<b>Problem Statement #2</b>	<b>Problem Statement #3</b>
Goal 1: \$9,374.89	Goal 1: \$7,810.25	Goal 1: \$6,629.15
Goal 2: \$9,374.89	Goal 2: \$10,939.53	Goal 2: \$12,120.63