

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



*Behavioral Health Division*

## **Comprehensive Community Plan**

County: Ripley

LCC Name: Ripley County Drug Awareness Coalition

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County Commissioners: Mark Horstman, President - Jeff Volz - Roger Gullion

Address: 101 W. 1st North Street

City: Versailles

Zip Code: 47042

## Vision Statement

What is your Local Coordinating Council's vision statement?

Ripley County Drug Awareness Coalition will be the leading agency building a community that is free of alcohol, nicotine, and other drug related substance disorders.

## Mission Statement

What is your Local Coordinating Council's mission statement?

Ripley County Drug Awareness Coalition shall address local efforts to prevent and reduce the effects of alcohol, vaping/tobacco, and other drugs among the youth and adults of Ripley County.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Andy Cline	Southeastern Career Center			Justice Services, Prevention/Education
2	Dan Goris	Milan Schools			Justice Services, Prevention/Education
3	Edward Rodriguez	South Ripley Schools			Justice Services, Prevention/Education
4	Jonathan Geary	Ripley County Court Services			Justice Services, Prevention/Education, Treatment/Intervention
5	Missy Byrd	Ripley County Health Department			Prevention/Education
6	Terri Lorhum	Friendship State Bank			Community Support

7	<b>Bailey Dwenger</b>	<b>Perdue Extension</b>			Prevention/Education
8	<b>Amy Phillips</b>	<b>YES Home</b>			Prevention/Education, Treatment/Intervention
9	<b>Fran Edwards</b>	<b>Safe Passage, INC</b>			Treatment/Intervention
10	<b>Danielle Becker</b>	<b>Coalition for a Drug Free Batesville</b>			Treatment/Intervention, Prevention/Education
11	<b>Charlene Giddens</b>	<b>Head Start</b>			Prevention/Education
12	<b>Diane Raver</b>	<b>YMCA</b>			Prevention/Education
13	<b>Jenna Gerritsen</b>	<b>SEIHC</b>			Prevention/Education. Treatment/Intervention
14	<b>Sara Hale</b>	<b>Incompas</b>			Treatment/Intervention
15	<b>Micheala Nordmeyer</b>	<b>Safe Passage, INC</b>			Treatment/Intervention, Prevention/Education
16	<b>Cheyanna Comer</b>	<b>SIEOC</b>			Prevention/Education
17	<b>Frankie Geary</b>	<b>Coordinator</b>			Coordinator

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

Please provide the months the LCC meets throughout the year:

RCDAC regular member meetings are January-May, July-November on the third Wednesday at 12pm. We meet at the Southeastern Indiana Career Center in Versailles Indiana.

RCDAC Executive Meetings are held via Teams as needed or before monthly meeting.

RCDAC special committee meets in June, July and as needed before events.

## 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  Ripley County
County Population  29,227
Schools in the community  Batesville Community School Corporation Jac-Cen -Del Community School Corporation Milan Community School Corporation South Ripley Community School Corporation St. Louis Catholic School St. Nicholas Catholic School Sunman-Dearborn Community Schools
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)  AccuDoc Urgent Care Batesville - Beacon Orthopedics & Sports Medicine Cincinnati Children's Healthcare Dermatology Associates Dr. John Wade OD, Dr. Lyle Amrhein OD & Dr. Bradford Coers OD Foremost Dermatology Gregory L. Wilson, O.D. Incompass Nortons Health-Versailles Manderley Nursing Home-Osgood Margaret Mary Health (Includes hospital and outpatient clinics throughout county) Ripley County Health Dept. Ripley Crossing Nursing Home St. Elizabeths Physicians Southeastern IN Health Center Southeastern Indiana Dermatology Versailles Family Medicine Associates-Batesville Waters of Batesville Nursing Home

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

Aunt Shirley's New House  
Better Options Counseling Services  
Centerstone  
Choices, CERT  
Franciscan Counseling  
Hickory Recovery Network  
Incompass  
Lifeworks Counseling Lifetime Resources  
Margaret Mary Health Mary Psychologist  
One Community One Family  
Patricia K. Cody Counseling Services  
Rescare Homecare  
St. Elizabeths Physicans  
Skylight Counseling Indiana  
SMART  
Southeastern IN Health Center

Service agencies/organizations

CADCA – Community Anti-Drug Coalitions of America  
CARES Central  
CASA – The National Center on Addiction and Substance Abuse at Columbia University  
CDC – Centers for Disease Control and Prevention  
Celebrate Recovery  
Choices Coordinated Care Solutions, CERT  
Coalition for a Drug Free Batesville  
Community Anti-Drug Coalitions of America  
Cop Talk - Ripley County Prosecutor's Office  
DAWN – Drug Abuse Warning Network (SAMHSA)  
Help.org Drug Rehab Advice Center  
Hickory Recovery Network  
Indiana Drug and Alcohol Addiction and Treatment Options  
Indiana Life Line Law  
Indiana Prevention Resource Center  
Indiana Youth Institute  
Indiana Youth Services Association  
Inpatient Rehab Centers in Indiana  
Interact for Health  
Lifetime Resources  
MADD – Mothers Against Drunk Driving  
NACoA – National Association for Children of Alcoholics  
NYAP - National Youth Advocate Program  
NCADD – National Council on Alcoholism and Drug Dependence

<p> New Horizons Rehabilitation  NIAAA – National Institute on Alcohol Abuse and Alcoholism  NIDA – National Institute on Drug Abuse  NIDA for Teens  NIH – National Institutes of Health  NSC – National Safety Council  Office of National Drug Control Policy  ONDCP – Office of National Drug Control Policy  One Community One Family  Overdose Lifeline  Partnership for Drug Free Kids  PreventionFIRST!  Rehab Centers in Batesville  SADD  SIEOC  SMART - Self Management And Recovery Training  NDIC – National Drug Intelligence Center  Incompass  Peer to Peer - Ripley County Court Services  Youth Connection </p>
<p>Local media outlets that reach the community</p> <p> Whitewater Publications  Ripley Co. Publishing Inc  Ripley County Chamber of Commerce  Ripley County Communications  Ripley County Drug Awareness Coalition Website  Ripley County Health Department Website and Facebook Page  Town of Versailles  WRBI Radio </p>
<p>What are the substances that are most problematic in your community?</p> <p> Narcotics  Vaping - Nicotine, THC, DAB  Marijuana  Alcohol  Meth  Heroin  Fentanyl </p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community</p> <p> Coalition for a Drug Free Batesville  CERT  AA, ALNON </p>

Drug Take Back Events  
 Hidden in plain sight  
 Lunch and Learn activities  
 Peer 2 Peer (Ripley County Court Services)  
 Ripley County Health Department School Liason Program  
 Ripley County Health Department Harm Reduction Program  
 Red Ribbon Week  
 Ripley County Drug Coalition  
 SMART - Self Management and Recovery Training for Juveniles  
 Vaping Cessation (Ripley County Court Services)

## 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. Mental Health Disorders	1. Incompass  2. Court Service programs (SMART Program, Peer to Peer)  3. Positive Peer Pressure  4. Our judges and law enforcement have a favorable view of seeking mental health assistance when needed.	1. Limited access to public transportation due to our rural location.  2. Limited participation from family members when transportation is available.  3. Financial Strain, programs that are not free depend on the family having an income to pay for the program. Many of the families

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

		<p>who need the services cannot financially get the programs on their own.</p> <p>4. Stigma around seeking help.</p>
2. Access to Vaping devices as well as drugs is very easy.	<p>1. Vaping devices in the schools</p> <p>2. Catch my breath training required for students who have been caught with a vape device or substance.</p> <p>3. Free Vape Trainings from Court Services for the community.</p>	<p>1. Friends that have access to devices or drugs from family members.</p> <p>2. Family members who also use or do not see the harm in using vape devices or substances.</p> <p>3. Gas stations and other stores that do not require identification to make purchases.</p>
3. Trauma and unstable family relationships	<p>1. Safe Passage helps to get women and children out of abusive situations.</p> <p>2. DCS, CASA and OCOF</p> <p>3. Incompass</p>	<p>1. The community members who need the resources do not seek out or do not know how to seek out the resources.</p> <p>2. When a family is going through a crisis the children are often stuck in the home because there are a lack of foster homes. As a result DCS can only remove extreme cases. This causes further trauma</p> <p>3. If a family does not know how to positively overcome obstacles and disagreements then they will negatively react which causes the issues to grow creating more trauma.</p>
Protective Factors	Resources/Assets	Limitations/Gaps
1. Free services for mental health	<p>1. Incompass</p> <p>2. Free Online Group therapy</p> <p>3. Peer to Peer Counseling</p>	<p>1. Some of these supports are only available with a court order.</p> <p>2. The stigma from friends and peers who do not support seeking mental health.</p> <p>3. Parents not seeing the value in Mental health services so they do not ensure that the child can make it to services.</p> <p>4. Internet access is limited for many of our community</p>

		members so it makes it had fro them to access free online care.
2. Prosocial activities that engage children and also help teach them to handle stress.	<p>1. SMART program offers free counseling to kids two times a week as well as pro social activities for attending all the trainings and having clean drug screens. They also will have the program open to parents who would like to attend.</p> <p>2. CASA workers support children in foster care or under court supervision and help encourage and find activities or even provide the activities for the child they assist.</p> <p>3. CHOICES</p>	<p>1. Family members who are also struggling with substance issues will often not encourage their family members seeking help which can cause progress to backslide.</p> <p>2. Many of the prosocial activities are in other towns or communities so they require travel to get to them as well as finances to participate.</p> <p>3. The stress management classes provided in our community target kids/teens and many of their parents also need to learn these skills but do not have a program in the area to learn.</p>
3. Community Leaders involvement to help educate and support those in need of assistance.	<p>1. Celebrate Recovery, AA and ALANON are available from a few of the community churches.</p> <p>2. Court Services and School SROs are very community oriented and participate in all the activities providing a positive presence in the community for youth and their families to build strong relationships with.</p> <p>3. Addiction touches so many members of the community that many people know someone struggling and therefore are often willing to assist with events providing food or refreshments or prized for activities which encourage participation.</p>	<p>1. We tend to have less involvement from our deputies so many do not see the value in community support for addicts and their families</p> <p>2. We do not have as many community groups as we did 2 years ago as many of the local programs.</p> <p>3. We have had less involvement in the coalition from the community as many positions that previously were involved have been dissolved which does hinder our ability to get information out to the community.</p>

### III. Making A Community Action Plan

*Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.*

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

#### Step 1: Create + Categorize Problem Statements

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

Risk Factors	Problem Statement(s)
1.Mental Health Disorders	1. Substance abuse is directly linked to Mental Health Disorders.  2. Rural communities have more limited access to resources for counseling compared to larger communities.  3. Older generations still hold strong to the stigma around seeking help when you are in a mental health crisis.
2. Access to Vaping devices as well as drugs is very easy.	1. Generational substance abuse allows for easy access to substances.  2. Many Parents/Guardians believe that vaping devices are not as bad as cigarettes and are not educated on how harmful the devices are so they will purchase devices for their children.  3. Gas Stations and other stores will sell to minors so its easy for someone underage to get the devices and they will purchase for their friends.
3. Trauma and unstable family relationships	1. Trauma is learned behavior and without acknowledgement of an issue, the individual will not seek help to overcome the effects of trauma.

	<p>2. As children get older, the more at risk youth seem to have less parent involvement in their life creating a need for positive role models to show them how to overcome stress prosocially.</p> <p>3. Unstable home life will worsen a young person's feeling of instability and they are more likely to turn to substances to manage the pain.</p>
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## Step 2: Evidence-Informed Problem Statements

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

Problem Statements	Data That Establishes Problem	Data Source
<p>1.As children get older, the more at risk youth seem to have less parent involvement in their life creating a need for positive role models to show them how to overcome stress prosocially.</p> <p><i>prevention/education</i></p>	<p>-Research from the National Center for Education Statistics (NCES) indicates that parental involvement in education decreases as children progress from elementary to high school. For example, the percentage of parents attending school events drops from 87% in kindergarten to 67% by 9th grade (NCES, 2019)</p> <p>-A study published in the Journal of Youth and Adolescence found that lower levels of parental monitoring are associated with increased risk behaviors (e.g., substance use, delinquency) among adolescents, particularly in disadvantaged</p>	<p><a href="https://nces.ed.gov/programs/coe/indicator/cce">-https://nces.ed.gov/programs/coe/indicator/cce</a></p> <p><a href="https://doi.org/10.1037/a0025821">-https://doi.org/10.1037/a0025821</a></p> <p><a href="https://doi.org/10.1007/s10964-024-02043-1">-https://doi.org/10.1007/s10964-024-02043-1</a></p>

	<p>communities (Li et al., 2024). The study notes a significant correlation between reduced parental involvement and heightened stress-related behaviors in teens aged 13–17. For Indiana’s at-risk youth, such as those in foster care or low-income areas, less parental oversight as they age increases vulnerability to stress and negative coping mechanisms, highlighting the need for external role models.</p> <p>-The American Psychological Association (APA) reports that teens from families with lower parental involvement are more likely to exhibit maladaptive stress responses (e.g., aggression or withdrawal) rather than prosocial behaviors like seeking help or community engagement (APA Stress in America, 2022). As Indiana’s at-risk youth age and face stressors (e.g., academic pressure, poverty), the absence of involved parents can leave them without guidance to develop prosocial coping strategies, necessitating positive role models.</p> <p>-The Indiana Youth Institute’s 2023 Kids Count Data Book highlights that mentoring programs (e.g., Big Brothers Big Sisters) in Indiana significantly reduce risky</p>	<p><a href="https://doi.org/10.1037/dev000007">-https://doi.org/10.1037/dev000007</a></p> <p><a href="https://www.apa.org/news/press/releases/stress/2022">-https://www.apa.org/news/press/releases/stress/2022</a></p> <p><a href="https://www.iyi.org/kids-count-data-book/">-https://www.iyi.org/kids-count-data-book/</a></p>
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	<p>behaviors among at-risk youth, with 82% of mentored youth showing improved decision-making skills compared to non-mentored peers. This underscores the critical role of external positive role models for older at-risk youth in Indiana, where parental involvement may wane, helping them manage stress prosocially through guidance and support.</p>	
<p>2.Many Parents/Guardians believe that vaping devices are not as bad as cigarettes and are not educated on how harmful the devices are so they will purchase devices for their children.</p> <p><i>criminal justice services and activities</i></p>	<p>-A 2023 UCL study found that 57% of smokers in England (comparable to U.S. trends) wrongly believe vaping is as harmful as or more harmful than smoking, but among non-smokers and parents, many still perceive vaping as a "safer" alternative due to marketing and lack of smoke (27% saw it as less harmful).</p> <p>-A 2019 Truth Initiative study revealed that 60% of teens who vape reported getting devices from family members or friends, with parents often supplying them under the misconception that vaping prevents cigarette use. In Indiana, where youth vaping rates align with national trends (e.g., 19% of high schoolers vaped in 2021 per Indiana Youth Institute), this indicates parental provision stems from inadequate harm awareness.</p> <p>-An Emory University study (2024) found that over half of</p>	<p><a href="https://www.ucl.ac.uk/news/2024/feb/most-smokers-wrongly-believe-vaping-least-harmful-smoking">https://www.ucl.ac.uk/news/2024/feb/most-smokers-wrongly-believe-vaping-least-harmful-smoking</a></p> <p>-Ripley County Schools SROs reported that many students can get devices from older family members especially siblings and grand parents.</p> <p><a href="https://truthinitiative.org/research-resources/emerging-tobacco-products/new-study-reveals-teens-16-times-more-likely-use-juul">https://truthinitiative.org/research-resources/emerging-tobacco-products/new-study-reveals-teens-16-times-more-likely-use-juul</a></p> <p><a href="https://news.emory.edu/stories/2024/03/hs_vaping_study_25-03-2024">https://news.emory.edu/stories/2024/03/hs_vaping_study_25-03-2024</a></p> <p><a href="https://www.yalemedicine.org/news/vaping-concern-hacked-e-cigarette-devices">https://www.yalemedicine.org/news/vaping-concern-hacked-e-cigarette-devices</a></p> <p><a href="https://www.in.gov/health/tobacco/youth-tobacco-survey/">https://www.in.gov/health/tobacco/youth-tobacco-survey/</a></p> <p><a href="https://www.cdc.gov/tobacco/e-cigarettes/youth.html">https://www.cdc.gov/tobacco/e-cigarettes/youth.html</a></p>

	<p>19 parents in focus groups considered vaping around children a "minor concern," unaware of secondhand vapor risks detectable in children's saliva and blood. This ignorance among Indiana parents could extend to purchasing devices, assuming they're benign compared to cigarettes.</p> <p>-Yale Medicine (2024) reports that some parents buy e-cigarettes for teens, believing they're a safer alternative to smoking, despite evidence of nicotine's harm to adolescent brains.</p> <p>-The CDC (2024) notes that many parents are unaware that most e-cigarettes contain nicotine and other toxins, with 38.4% of youth vapers using them frequently, often enabled by family access.</p> <p>-A 2022 study in *Tobacco Control* found that parents who vape or smoke are more likely to provide e-cigarettes to their children, with 45% believing vaping is less harmful based on industry messaging. In Indiana, where adult vaping rose to 6% in 2022 (CDC), this perception could drive parental provision.</p> <p>-The Indiana Youth Institute (2023) highlights that 75% of Indiana high school students</p>	<p><a href="https://tobaccocontrol.bmj.com/content/31/2/238">-https://tobaccocontrol.bmj.com/content/31/2/238</a></p> <p><a href="https://www.iyi.org/kids-count-data-book/">-https://www.iyi.org/kids-count-data-book/</a></p>
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	<p>saw e-cigarette ads in the past 30 days, with parents also exposed, leading to beliefs that vaping is a safer, socially acceptable option.</p>	
<p>3.Substance abuse is directly linked to Mental Health Disorders.</p> <p><i>intervention/treatment</i></p>	<p>-The 2021 Indiana Youth Survey found that adolescents with a past-year major depressive episode were more than twice as likely to use illicit drugs (26% vs. 12%) compared to those without, indicating a strong link between substance abuse and mental health disorders. This Indiana-specific data shows a direct correlation between mental health struggles and substance use among youth.</p> <p>-In Indiana's incarcerated population, 53% have been diagnosed with a substance use disorder, and among those who return to prison, 75% have a history of substance abuse, often alongside mental health challenges (Grove Treatment, 2024).</p> <p>-The 2022 National Survey on Drug Use and Health (NSDUH) reports that 9.2 million U.S. adults had both a mental illness and a substance use disorder, with 60% of arrested adults with mental illness also having a substance use disorder.</p> <p>-The Indiana Youth Institute (2023) notes that 35.7% of Indiana youth reported persistent sadness or hopelessness in 2022, with</p>	<p><a href="https://www.in.gov/health/tobacco/youth-tobacco-survey/">-https://www.in.gov/health/tobacco/youth-tobacco-survey/</a></p> <p><a href="https://grovetreatment.com/drug-abuse-addiction-statistics-indiana/">-https://grovetreatment.com/drug-abuse-addiction-statistics-indiana/</a></p> <p><a href="https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases">-https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases</a></p> <p><a href="https://www.iyi.org/kids-count-data-book/">-https://www.iyi.org/kids-count-data-book/</a></p> <p><a href="https://grovetreatment.com/drug-abuse-addiction-statistics-indiana/">-https://grovetreatment.com/drug-abuse-addiction-statistics-indiana/</a></p> <p><a href="https://www.kff.org/mental-health/issue-brief/recent-trends-in-mental-health-and-substance-use-concerns-among-adolescents/">-https://www.kff.org/mental-health/issue-brief/recent-trends-in-mental-health-and-substance-use-concerns-among-adolescents/</a></p> <p><a href="https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses">-https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses</a></p> <p><a href="https://www.samhsa.gov/data/report/indiana-2009-2010-nsduh-sub">-https://www.samhsa.gov/data/report/indiana-2009-2010-nsduh-sub</a></p>

	<p>substance abuse (e.g., vaping, opioids) frequently co-occurring with these mental health symptoms.</p> <p>-A KFF analysis (2024) of federal data shows that Indiana adolescents with major depressive episodes are significantly more likely to binge drink (8.5% vs. 4.1%) and use illicit drugs (32.7% vs. 14%) than peers without depression.</p> <p>-The SAMHSA 2009-2010 NSDUH report for Indiana shows that among adults needing substance use treatment, a significant portion also reported past-year serious mental illness (SMI) or major depressive episodes, with rates higher than the national average in some age groups. This older but state-specific data confirms the persistent connection between substance abuse and mental health disorders in Indiana.</p>	
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### Step 3: Brainstorm

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

Problem Statements	What can be done (action)?
1.As children get older, the more at risk youth seem to have less parent involvement in their life creating a need for positive role models to show them how to overcome stress prosocially.	<p>1.Encourage community events that help to provide an environment that will allow children, teens and parents to come together and spend time together.</p> <p>2. Encourage programs like CASA, SMART and Peer to Peer that provide one on one time between adolescence and adults outside their family, one on one time between adolescence and adults within their family as well as one on one time between adults and other adults.</p>

	3. Encourage and assist in coalition members initiative to create mentoring programs throughout the community.
2.Many Parents/Guardians believe that vaping devices are not as bad as cigarettes and are not educated on how harmful the devices are so they will purchase devices for their children which give access to not only their child but their child's friends.	<p>1. Information is constantly changing and school SROs are always searching for the new trends to be mindful of when working with students.</p> <p>2. Help the schools educate students, parents and staff on the harmful qualities of vaping devices and substance abuse to help discourage their use.</p> <p>3. Rely heavily on the power of positive peer pressure. Encourage groups like S.A.D.D. and events like Red Ribbon Week.</p>
3.Substance abuse is directly linked to Mental Health Disorders.	<p>1. Encourage groups like Court Services, CERT, Choices, Incompass, etc. to continue to grow and create more free mental health programs for the</p> <p>2. Help promote community events that educate on Mental Health care in a positive light.</p> <p>3. Host community events like school assembly, gathering at local church or square meeting space to spread awareness about the connection between substance abuse and mental health disorders.</p>

#### Step 4: Develop SMART Goal Statements

*For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.*

Problem Statement #1
<p>Goal 1</p> <p>Encourage programs like CASA, SMART and Peer to Peer that provide one on one time between adolescence and adults outside their family, one on one time between adolescence and adults within their family as well as one on one time between adults and other adults.</p>
<p>Goal 2</p> <p>Help the schools educate students, parents and staff on the harmful qualities of vaping devices and substance abuse to help discourage their use and availability to students so that the education may help open a line of communication between students and their parents or school staff.</p>

<b>Problem Statement #2</b>
Goal 1  Assist coalition members in developing methods of discouraging vaping and substance abuse.
Goal 2  Help School SROs and law enforcement stay up to date on the newest information available for vaping devices, substance abuse and trending substances in our county and areas around our county.
<b>Problem Statement #3</b>
Goal 1  Assist coalition members that are working to provide prosocial programs that target relationships between adolescence, parents/guardians and peers.
Goal 2  Create a community that encourages seeking mental health treatment when needed as a first response to crisis.

### Step 5: Plans to Achieve Goals

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

Problem Statement #1	Steps
Goal 1: Encourage programs like CASA, SMART and Peer to Peer that provide one on one time between adolescence and adults outside their family, one on one time between adolescence and adults within their family as well as one on one time between adults and other adults.	1. Continue to support the SMART program as it grows and extends to providing prosocial activities and free counseling for our community youth and their parents.  2. Encourage CASA representatives to join RCDAC so we can facilitate networking between agencies that can provide mentorship.  3. Participate in Peer to Peer events like Recovery jam.
Goal 2: Help the schools educate students, parents and staff on the harmful qualities of vaping devices and substance abuse to help discourage their use and availability to students so that the education may help open a line of	1. Facilitate trainings like catch my breath in our schools and community.  2. Continue to work on spreading awareness by supporting our partner

communication between students and their parents or school staff.	<p>Ripley County Court Services who have developed training and are giving the training for free to the community on Vaping devices and identifying devices.</p> <p>3. Encourage schools and law enforcement to develop ways for adolescents to seek help for addiction and substance abuse.</p>
<b>Problem Statement #2</b>	<b>Steps</b>
<p>Goal 1: Assist coalition members in developing methods of discouraging vaping and substance abuse.</p>	<p>1. Continue working with our SROs to install vape detectors.</p> <p>2. Encourage Community schools to continue supporting the program Ripley County Collaborative Response to Alcohol and Substance Abuse.</p> <p>3. Continue supporting the RCATS program that is a court backed program discouraging the use of vaping devices and substances by the youth of our community.</p>
<p>Goal 2: Help School SROs and law enforcement stay up to date on the newest information available for vaping devices, substance abuse and trending substances in our county and areas around our county.</p>	<p>1. Provide Catch My Breath training to SROs, School staff and untrained law enforcement.</p> <p>2. Get updated information from the county health department on current substance trends.</p> <p>3. Partner with coalition members to spread awareness to the community of current trends on available substances in our area.</p>
<b>Problem Statement #3</b>	<b>Steps</b>
<p>Goal 1: Assist coalition members that are working to provide prosocial programs that target relationships between adolescence, parents/guardians and peers.</p>	<p>1. Support the SMART program and Youth Connection to continue developing prosocial outings that build positive relationships to families and youth.</p> <p>2. Encourage DCS, NYAP and Choices to distribute information on the programs</p>

	<p>that are offering brief interventions by peer recovery support specialists.</p> <p>3. Assist coalition members in obtaining training for programs that encourage positive relationships between at risk members of the community.</p>
<p>Goal 2: Create a community that encourages seeking mental health treatment when needed as a first response to crisis.</p>	<p>1. Create a “Pledge” that can be distributed to the community and set a community awareness day that will revolve around Pledging to take this day to focus on mental health.</p> <p>2. Set up a table at a community event with volunteers from the Coalition who will do a quick training on overcoming stress and seeking mental health treatment when needed.</p> <p>3. Encourage coalition members to seek trainings that teach how to assist someone in a mental health crisis.</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:	\$19,692.84
<b>2</b>	Amount of unused funds from last year that will roll over into this year:	\$0.00
<b>3</b>	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$19,692.84
<b>4</b>	Amount of funds granted last year:	\$0.00
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):	\$0.00
<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:	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$4923.24	Intervention/Treatment: \$ 4923.24	Justice Services: \$ 4923.24
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$ 4923.12
Office supplies		\$0
Funding Allocations by Goal per Problem Statement:		
<b>Problem Statement #1</b>	<b>Problem Statement #2</b>	<b>Problem Statement #3</b>
Goal 1: \$2461.62	Goal 1: \$2461.62	Goal 1: \$2461.62
Goal 2: \$2461.62	Goal 2: \$2461.62	Goal 2: \$2461.62