

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Vanderburgh
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City: Evansville, Indiana
Zip Code: 47708

Vision Statement

What is your Local Coordinating Council's vision statement?

To be the community resource to eliminate the negative consequences of substance abuse, and to identify and help fund the unmet needs for drug and alcohol abuse prevention, treatment and law enforcement.

Mission Statement

What is your Local Coordinating Council's mission statement?

The Substance Abuse Council of Vanderburgh County works to prevent and reduce the incidence of alcohol, drug abuse and other co-related activities among youth and adults in Vanderburgh County.

History:

The Substance Abuse Council of Vanderburgh County was organized in 1990 in cooperation with the United Way Task Force on alcohol and drug abuse. With assistance from the Governor's Commission, the Task Force expanded to include a broader representation of community groups. The Substance Abuse Council of Vanderburgh County was incorporated in 1995, and recognized as a 501(c)(3) in 1996. Our credo is: "Committed to Community Well-Being!"

The Substance Abuse Council (SAC) serves as the Local Coordinating Council for Vanderburgh County. We serve a predominantly urban population of approximately 181,000 with the Evansville metropolitan area extending into the majority of the county. Evansville has six public high schools, three private high schools and one charter high school; ten public middle schools, and 19 private schools serving students in 6th through 8th grades. The Evansville-Vanderburgh School Corporation reported a dropout rate of 10.5% in 2017. Higher education institutions include the University of Southern Indiana, University of Evansville, Ivy Tech Community College Southwest, and the Indiana University Medical Center. Population demographics: 21% of the citizens are under 18, 62% ages 18 to 64, and 17% age 65 and older. According to the US Census Bureau, 17.5% of Vanderburgh County residents were below the Federal poverty level in 2018. Approximately, 1 in 4 children in Vanderburgh County are living in poverty and 59 % of children are eligible for free and reduced lunch. The median annual income in 2017 was \$44,850 while the median income for the state as a whole was \$54,181.

We are a county-wide coalition responsible for monitoring and evaluating alcohol, tobacco and drug use in Vanderburgh County. The Substance Abuse Council also identifies current programs, raises awareness of community problems related to alcohol, tobacco and drug use, and coordinates community initiatives.

Summary of the Comprehensive Community Plan: The Substance Abuse Council continues to strive to increase participation by community members from various sectors and agencies that share our vision and desire to reduce alcohol consumption by youth, reduce the incidence of all illicit substance use by all ages, driving under the influence, decrease tobacco use, and provide treatment for addictions and co-related addictive behaviors in Vanderburgh County.

The SAC endeavors to strengthen our role as community leaders in these issues by providing free educational opportunities to the general public as well as professionals, by seeking out information regarding gaps in service and emerging trends and issues through discussion and sharing at our monthly council and subcommittee meetings, and by updating our website to provide access to other agencies through our online Treatment Resource Guide and community website links.

In recent years, the SAC has been working to market the organization and our mission through community and fundraising events. In 2011, the SAC was approached by the Westside Nut Club with the opportunity to have a food booth at the second largest street festival in the US, the Fall Festival. This opportunity gives the SAC the ability to have a presence at this highly attended community event and raise additional funds for the council. Beginning in 2013, the SAC hosts an annual Race for Recovery run/ walk. This event helps to raise awareness of substance abuse issues in our community and support for our citizens who are recovering from addiction. Through these fundraising opportunities, the SAC hopes to increase our discretionary funds for additional funding opportunities to partner agencies in addition to the local Drug Free Communities Fund.

The Screening Committee reviews all pre-applications and makes recommendations for requests for full proposals based on the project's alignment to both ICJI requirements and definitions of activities for prevention, treatment or law enforcement, and fit to the SAC mission statement and problem statements written by the functioning subcommittees. Grantees provide six month and twelve-month progress and financial reports, including a mid-year site evaluation by council members. Each grantee gives a 10-minute presentation during one of the monthly council meetings to update members on their activities related to the grant, progress towards their stated goals, as well as an overview of their entire agency's programs.

The current Program Director assists the council by organizing grant proposals, tracking grantees' completion of required reports, compiling and submitting these reports for Screening Committee meetings and notifying members of upcoming deadlines related to their funding. The Director is responsible for presenting the proposed funding to the County Commissioners each year. Other duties include organization of special events at local schools and for the SAC, representation of the SAC at health fairs, maintenance of the agency's finances and financial

reports, recording and distribution of minutes at all council committee meetings, and collaboration with other community councils such as Smokefree Evansville, Community Health Needs Assessment Committee, and the School Community Council. Continued funding of this position is critical to the continued growth and success of the SAC.

The Substance Abuse Council views the following activities as high-priority in regards to funding:

Enforcement/Justice- Purchase of equipment, training related to law enforcement, and funding for personnel and services to enable the investigation, prosecution and monitoring of juvenile and adult alcohol, tobacco and drug offenders.

Prevention/Education- Drug-free alternative activities for youth, especially during after-school hours which can prevent and reduce the incidence of substance use; educational presentations and programs for all age groups related to use of alcohol, tobacco and other drugs and/or co-related morbidities such as domestic violence, HIV/AIDS, gambling and child abuse.

Treatment/Intervention- Resources for all levels of care and intervention; reducing barriers for individuals who are seeking treatment or currently enrolled in treatment; assistance with accreditations and certifications which enhance knowledge and/or access to care by the un- and underinsured; and staff development related to treatment of those living with addictions.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Wally Paynter	SAC	W	M	All
2	Dee Lewis	YWCA	AA	F	LE, TX
3	Laura Wathen	Youth First	W	F	Prevention
4	Daren Harmon	VC Prosecutor	W	M	Law Enforcement
5	Kathryn Kornblum-Zelle	Parenting Time Center	W	F	Prevention
6	James Akin	Community Corrections	W	M	Law Enforcement
7	Kim Ashby	Boom Squad	AA	F	Prevention
8	Jackie Hughes	ECHO Clinic	W	F	Treatment
9	Monty Guenin	Evansville Police Dept.	W	M	Law Enforcement
10	Kevin Groves	Southwestern Behavioral Ser.	W	M	Treatment
11	Heather Woods	VC Juvenile Courts	White	F	Treatment, Law Enforcement
12	Mignon Ware	Adult Probation	African American	Male	Law Enforcement, Prevention
13	Renee Rockers	Ivy Tech	White	Female	Prevention, Treatment
14	Verdelski Miller	Boom Squad	African American	Male	Prevention
15	Nick Herman	Prosecutor's Office	White	Male	Law Enforcement
16	Jodi Uebelhack	Vanderburgh Co. Treatment Courts	White	Female	Law Enforcement
17	Leslie Jackson	Superior Court Probation	White	Female	Law Enforcement
18	JJ Budde	Drug Task Force	White	Male	Law Enforcement
19	Laura Ferguson	Youth Resources	White	Female	Prevention
20	Katie Hasler	AIDS Resource Group	White	Female	Prevention, Treatment
21	Courtney Horning	Smokefree Communities	White	Female	Prevention
22	Gwen Rode	VOA – Fresh Start Recovery	White	Female	Treatment
23	Avril Miller	Boom Squad	African American	Female	Prevention
24	Lisa Daugherty	Tri-State Alliance	White	Female	Prevention
25	Katy Adams	Southwestern	White	Female	Treatment
26	Erika Taylor	YWCA	White	Female	Treatment, Law Enforcement
27	Dylan Irwin	Indiana State Excise Police	White	Male	Law Enforcement
28	Joe Shrode	Indiana Youth Institute	White	Male	Prevention
29	Crystal Sisson	Holly's House	White	Female	Prevention
30	Ginny France	Anthem, Inc.	White	Female	Prevention

31	Weston Whitehouse	Girl Scouts of SWI	White	Male	Prevention
32	Jane Vickers	Patchwork Central	White	Female	Prevention
33	Amy Wilkerson	Albion Fellows Bacon Center	White	Female	Prevention
34	Janet Johnson	CAPE of Evansville	African American	Female	Prevention
35	William Wells	Drug & Alcohol Deferral Services	White	Female	Law Enforcement
36	John Pritchett	Aurora	White	Male	Prevention
37	Laura Walker	Hillcrest Washington Youth Home	White	Female	Prevention
38	Nate Boyett	Boyett Treatment Center	White	Male	Treatment
39	Patrick Backer	New Visions Counseling Services	White	Male	Treatment
40	Whitney Bennett	New Visions Counseling Services	White	Female	Treatment
41	Mike Hagedorn	NOW Counseling Services	White	Male	Treatment
42	Angela Watson	VC Prosecutor's Office	African American	Female	Law Enforcement

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:
 2020 Meetings: Jan. 6, Feb. 3, March 2, April 6, May 4, June 1, July 6, Aug. 3, Sept. 14, No meeting in October, Nov. 2, Dec. 7. We EITHER meet in person in a meeting room at the Evansville Public Library in Downtown Evansville OR on Zoom for an online meeting.

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 Vanderburgh
County Population 180,900
Schools in the community The K-12 district is comprised of urban, suburban and rural areas. We have 40 schools, including 5 specialized schools, 6 specialized programs and rapidly expanding urban development programs. Ivy Tech Community College Serves our community, in addition to the University of Evansville and the University of Southern Indiana.
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Ascension St. Vincent Hospital and Medical Group and Deaconess Medical Group are the 2 main hospitals and medical service providers in our community. Free and reduced-income clinics in our community include Echo Community Health Care have a variety of clinics in Evansville that serve uninsured and under-insured individuals and families.
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Southwestern Behavior Health, Midwest Behavioral Health, Evansville Psychiatric Associates, Deaconess Behavioral Health, Brentwood Springs, Luzio & Associates Behavioral Services, Deaconess Cross Pointe, Boyett Treatment Center, Brighter Side Treatment Center, Evansville Treatment Center
Service agencies/organizations There are numerous social service agencies that serve Vanderburgh County. The following is a list of partner agencies that work with and are funded by the local United Way. Albion Fellows Bacon Center American Red Cross of Southwestern Indiana Ark Crisis Child Care Center Aurora, Inc. Big Brothers/Big Sisters of Southwestern Indiana Boys & Girls Club of Evansville Buffalo Trace Council, Boy Scouts of America Carver Community Organization Catholic Charities Christian Resource Center

Crisis Connection, Inc.
Easterseals Rehabilitation Center
ECHO Community Health Center
Evansville Christian Life Center
Evansville Goodwill Industries, Inc.
Girl Scouts of Southwest Indiana
Lampion Center
Legal Aid Society of Evansville
Mental Health America of Vanderburgh County
Spencer County Council on Aging
St. Vincent Early Learning Center, Inc.
The Arc of Evansville
The Salvation Army
Vanderburgh County CASA
VOICES. Inc.
YMCA of Southwestern Indiana
YWCA Evansville

Local media outlets that reach the community

TELEVISION:

WFIE Channel 14
WEHT / WTVW Channels 7 & 25 (based in Henderson KY 7 miles from Evansville)
WEVV Channel 44
WNIN Channel 9
Evansville Courier & Press
Our Times Newspaper (local African American newspaper)
TSA News (local LGBTQ news)
City-County Observer (online newspaper)
Radio stations including: WIKY, WSTO, WEOA, WABX, WPSR, WNIN, Kiss 106, WGBF, WKDQ

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

Alcohol, prescription drugs, heroin and meth

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

DRUG ABUSE PREVENTION / PROGRAMS

Tri-State Alliance: targeting prevention activities for at-risk LGBTQ middle and high school students
Boom Squad: targeting at-risk students
Vanderburgh County Prosecutor's Office: targeting at-risk youth ages 8-14
Holly's House: targeting students grades K-6
Girl Scout's of Southwestern Indiana: targeting girls for prevention activities
Patchwork Central: targeting at-risk inner-city youth

TREATMENT:

Southwest Behavior Healthcare
Drug and Alcohol Referral Service

YWCA

Echo Community Health Care
Deaconess Cross Pointe
Vanderburgh County Juvenile Court
Counseling for Change

TREATMENT: List of CRAFT Trained Counselors

Brandi Watson, MSW, LSW

ECHO Healthcare 812-421-7489 www.echohc.org bwatson@echohc.org

Brentwood Springs

812-858-7200 www.brentwoodsprings.com

Dana Allyn, LCSW

Vanderburgh County Treatment Court 812-421-6275

David Stein-Kiley, MA, LCSW, LCAC, LMFT, RPT-S

Youth First, Inc. 812-421-8336 ext. 110 www.youthfirstinc.org dkiley@youthfirstinc.org

David Straw, MA

ECHO Healthcare 812-453-1479 www.echohc.org dstraw@echohc.org

Deaconess Cross Pointe CARE Team

812-476-7200

Francesca Brougham, MSW, LCSW

812-491-7739 www.integritypsychologicalandcounseling.com chiccabrougham@gmail.com

James Jones, LCSW, LCAC

812-454-2170 www.jamesjoneslcsw.com jamesjoneslcsw@yahoo.com

Justin Phillips, MCAC

Overdose Lifeline, Inc. 844-554-3354 www.overdose-lifeline.org justin@overdose-lifeline.org

Kelsey Neth

St. Vincent Evansville 812-485-5025 www.stvincent.org kelsey.neth@ascension.org

Lauren Kolley, MSW, LCSW

812-491-7739 www.integritypsychologicalandcounseling.com laurenkolley@gmail.com

Leslie Hagedorn, LSW, MSW

N.O.W. Counseling Services 812-602-4022 www.nowcounseling.us leslie@nowcounseling.us

Linda Pruitt, MSN, CNS, B.C.

Peace of Mind Counseling 812-401-1836 www.pom-counseling.com lindap@pom-counseling.com

Lisa Seif, LCSW, LCAC, CSAM

Lisa Seif C.A.R.E.S., LLC 812-449-1010 lisaseifcares.net lseifl@yahoo.com

Malissa Barnhill

St. Vincent Evansville 812-485-5025 www.stvincent.org mamontgomery1@ascension.org

Marla Stamm, LCSW

Southwestern Behavioral Health 812-473-3144 www.southwestern.org stamm@southwestern.org

Mary Pruitt Pedtke, MSW, LCSW

Peace of Mind Counseling 812-401-1836 www.pom-counseling.com maryp@pom-counseling.com

Melody Anderson, LCSW

Samaritan Center 812-354-8785 www.gshvin.org manderson@gshvin.org

Missi Gwaltney-Shehorn

AIDS Resource Group 812-421-0059 www.argevansville.org mshehorn@argevansville.org

Stacey Kuder

Vanderburgh County Treatment Court 812-213-6080 stacey.kuder@gmail.com

Susan Milligan, LCSW

Catholic Charities 812-423-5456 smilligan@evdio.org

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. Poverty	1. Local Programs that assist families and cost of treatment	1. Unemployment and underemployment due to COVID 19

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

	2. Township Trustees	2. Families that don't meet the income guidelines but need assistance.
2. Availability of alcohol and other drugs	1. Local law enforcement efforts to decrease the availability 2. Local youth programs to decrease use of alcohol and other drugs	1. Less access to at-risk youth due to Covid 19 (schools and programs canceled or held on Zoom) 2. Less incarcerations due to fear of Covid 19 infections and delays in all court proceedings
3. Family substance use	1. Local family programs to help address these issues 2. The ability to identify families at risk through the courts and schools	1. Less access to at-risk youth due to Covid 19 (schools and programs canceled or held on Zoom) 2. Programs and services canceled due to Covid 19
Protective Factors	Resources/Assets	Limitations/Gaps
1. Access to Mental Health Care	1. We have progressive community mental health services 2. Low-income individuals can access these services	1. Covid 19 limited enrollment and continuation of counseling 2. Lack of technology and Wi-Fi has impacted individuals ability to participate services through Zoom.
2. Meaningful youth engagement opportunities	1. We fund agencies that provide free services to at-risk youth 2. Local agencies that work with the Evansville Vanderburgh School Corporation meet quarterly to collaborate on unmet needs and update agencies of new programs.	1. Covid 19 limited in person meetings and services, and caused some programs to cancel and some to move to Zoom rather than in person. 2. Some agencies completely closed during covid.
3. Restricted access to alcohol and other drugs	1. Excise and other police monitor access to alcohol so that it is sold legally	1. Due to Covid 19 bars have been allowed to sell alcohol 'to go' which can impact access by underage youth.

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 of Alcohol and other Drugs	1. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County
2. Poverty	1. Access to the treatment services for youth, adults and families, especially for the underinsured, uninsured and at-risk population's results in a reduction of services provided in Vanderburgh County.
3. Limited prevention and treatment resources	1. Due to emerging trends related to substance use and advanced in methods and evidence-based practices for the identification, prevention and treatment of addiction and co-occurring disorders, there is a need for frequent educational opportunities and trainings for professionals and community members.
4. Community norms and easy access to alcohol and other drugs	1. Substance Abuse related crimes such as DUI's, drug trafficking, manufacturing, and illegal possession continues to be a problem among youth and adult citizens of Vanderburgh County.

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. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County.	15% of adults in Vanderburgh County reported excessive drinking, 26% of adults in Vanderburgh County report smoking, and 20% of expectant mothers reported smoking. 18% of adults in Vanderburgh County reported excessive drinking.	Robert Wood Johnson Foundation
2. Access to the treatment services for youth, adults and families, especially for the underinsured, uninsured and at-risk population's results in a reduction of services provided in Vanderburgh County.	17% of households in Vanderburgh County fall under the poverty level. 12% of Vanderburgh County residents are uninsured. Insufficient personal resources and/or lack of awareness of existing services prevent many individuals from seeking treatment early in the addiction process. 33% of individuals who scheduled treatment intakes with SWBHC did not show up for their initial appointment.	Sources are the US Census, the Robert Wood Johnson Foundation, and Southwestern Behavior Healthcare's Annual Report.
3. Due to emerging trends related to substance use and advanced in methods and evidence-based practices for the identification, prevention and treatment of addictions and co-occurring disorders, there is a need for frequent educational opportunities and trainings for professionals and community members.	There is a shortage of child and adolescent psychiatrists trained in assisting this unique population in Vanderburgh county. As a result, local additional training is needed to enhance therapeutic skills. A number of treatment professionals in Vanderburgh County are counseling clients with co-occurring issues such as domestic violence, sexual abuse and trauma; and stigmatized populations with unique needs such as the homeless, those living with HIV / AIDS, and the LGBTQ community, all of	The Community Mental Health and Needs Assessment. Local law enforcement agencies.

	<p>which require additional knowledge and skill sets.</p> <p>Vanderburgh County is seeing a resurgence in heroin and proliferation of prescription drug abuse.</p>	
<p>4. Substance Abuse related crimes such as DUI's, drug trafficking, manufacturing, and illegal possession continues to be a problem among youth and adult citizens of Vanderburgh County.</p>	<p>There were 16 alcohol related arrests per 1,000 in Vanderburgh County. This was the 8th highest rank among all counties.</p> <p>There were 14 drug related arrests per 1,000 in Vanderburgh County. This was the 2nd highest rank among all counties in Indiana.</p> <p>In one year there were 6 heroin overdose deaths and 55 prescription opioid overdose deaths.</p>	<p>Indiana Prevention Resource Center Data, the Vanderburgh County Joint Drug Task Force and the Vanderburgh County Coroner's office.</p>

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)?
<p>1. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County</p>	<p>1. Fund youth participant programs that will report a 15% increase of awareness of risk of substance abuse.</p> <p>2. Fund adult participant programs that will report a 15% increase of awareness of risk of substance abuse.</p> <p>3. Fund youth and adult participant programs that will decrease the use of alcohol, tobacco and other drugs after participation in the program.</p>
<p>2. Access to the treatment services for youth, adults and families, especially for the underinsured, uninsured and at-risk population's results in a reduction of services provided in Vanderburgh County.</p>	<p>1. Increase access to care by decreasing barriers such as transportation and financial resources.</p>

3. Due to emerging trends related to substance use and advanced in methods and evidence-based practices for the identification, prevention and treatment of addictions and co-occurring disorders, there is a need for frequent educational opportunities and trainings for professionals and community members.	1. The SAC will provide training to professionals on trends in addictions / co-occurring disorders.
4. Substance Abuse related crimes such as DUI's, drug trafficking, manufacturing, and illegal possession continues to be a problem among youth and adult citizens of Vanderburgh County.	1. SAC will provide resources for at least 3 agencies to enable them to investigate, prosecute and monitor juvenile and adult offenders. 2. We will support increased resources to decrease the use of alcohol and other drugs among participants through drug and alcohol related cases. 3. Support increased resources for local law enforcement agencies in combating criminal activity related to alcohol and other drugs.

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 Youth and adult participants of programs supported by the SAC will report a 15% increase in awareness of the risk of substance abuse.
Goal 2 Youth and adult participants of programs supported by the SAC will report a 25% decrease in use of alcohol, tobacco and other drugs after participation in the program.
Problem Statement #2
Goal 1 Increasing access to care by decreasing barriers such as transportation and financial resources, resulting in a 5% increase of number of those served by mental health and addiction treatment.
Goal 2 Increasing access to care by decreasing barriers such as transportation and financial resources, resulting in a 5% increase of number of those who complete mental health and addiction treatment programs.

Problem Statement #3
Goal 1 The SAC will provide trainings for at least 50 community professionals on trends in addiction / co-occurring disorders through our Faces of Change program and through People in the Know.
Goal 2 We will provide funding to provide trainings to staff on trends in addiction / co-occurring disorders, law enforcement and prevention strategies.
Problem Statement #4
Goal 1 The SAC will provide resources for at least 3 agencies to enable the investigation, prosecution, and monitoring of juvenile and adult offenders.
Goal 2 The SAC will support increased resources to at least 3 agencies providing evidence based practices to effectively decrease the use of alcohol and other drugs among participants through drug and alcohol related cases / programs.
Goal 3 Support increased resources for at least 3 local law enforcement agencies and other organizations in combating criminal activity related to alcohol and other drugs.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1</p> <p>Youth and adult participants of programs supported by the SAC will report a 15% increase in awareness of the risk of substance abuse. We fund programs with evidence-based programs, and we will review the final reports of these agencies to see if this was successful. If it is not successful, we will re-evaluate the goal.</p>	<ol style="list-style-type: none"> 1. SAC will fund and evaluate programs that serve youth who are at-risk for substance use and abuse. 2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
<p>Goal 2</p> <p>Youth and adult participants of programs supported by the SAC will report a 25% decrease in use of alcohol, tobacco and other drugs after participation in the program. We fund programs with evidence-based programs, and we will review the final reports of these agencies to see if this was successful. If it is not successful, we will re-evaluate the goal.</p>	<ol style="list-style-type: none"> 1. SAC will fund and evaluate programs that serve youth who are at-risk for substance use and abuse. 2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs.

	<ol style="list-style-type: none"> 3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
	Steps
<p>Goal 1 Increasing access to care by decreasing barriers such as transportation and financial resources, resulting in a 5% increase of number of those served by mental health and addiction treatment. We will evaluate the goal at the end of the year from the final reports of the funded agencies, and re-evaluate the goal if this goal is not met.</p>	<ol style="list-style-type: none"> 1. SAC will fund treatment agencies that help eliminate barriers to treatment by assisting with transportation and other financial costs incurred by the clients, to impact the number of people who access treatment services. 2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
<p>Goal 2 Increasing access to care by decreasing barriers such as transportation and financial resources, resulting in a 5% increase of number of those who complete mental health and addiction treatment programs. We fund programs with evidence-based programs, and we will review the final reports of these agencies to see if this was successful. If it is not successful, we will re-evaluate the goal.</p>	<ol style="list-style-type: none"> 1. SAC will fund treatment agencies to help eliminate barriers to treatment by assisting with transportation and other financial costs incurred by clients, to impact their completion rate of the treatment programs. 2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
Problem Statement #3	Steps
<p>Goal 1 The SAC will provide trainings for at least 50 community professionals on trends in addiction / co-occurring disorders through our Faces of Change program and through People in the Know. We fund programs with evidence-based programs, and we will review the final reports of these</p>	<ol style="list-style-type: none"> 1. SAC will sponsor educational and training programs. 2. SAC will gather feedback from attendees about the quality and usefulness of the program through surveys and focus groups. 3. SAC will ask the community agencies and professionals for what

agencies to see if this was successful. If it is not successful, we will re-evaluate the goal.	<p>types of trainings are needed in the community.</p> <p>4. SAC will evaluate the program at the 12 month mark to evaluate the effectiveness of the training.</p>
Goal 2 We will provide funding to provide trainings to staff on trends in addiction / co-occurring disorders, law enforcement and prevention strategies. We fund programs with evidence-based programs, and we will review the final reports of these agencies to see if this was successful. If it is not successful, we will re-evaluate the goal.	<p>1. SAC will fund apps for patients discharged from Intensive Outpatient Therapy.</p> <p>2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs.</p> <p>3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.</p>
Problem Statement #4	Steps
Goal 1 The SAC will provide resources for at least 3 agencies to enable the investigation, prosecution, and monitoring of juvenile and adult offenders. We will evaluate the impact of this funding through their evidence-based programs and number of people serve, and evaluate the success of the goal and/or re-evaluate the goal at the end of the year.	<p>1. SAC will fund staff, items that remove financial barriers, and drug tests to assist with investigating, monitoring and prosecution of juvenile and adult offenders.</p> <p>2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs.</p> <p>3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.</p>
Goal 2 The SAC will support increased resources to at least 3 agencies providing evidence based practices to effectively decrease the use of alcohol and other drugs among participants through drug and alcohol related cases / programs.	<p>1. SAC will fund staff, items that remove financial barriers, and drug tests to assist with investigating, monitoring and prosecution of juvenile and adult offenders.</p> <p>2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs.</p> <p>3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.</p>

<p>Goal 3 Support increased resources for at least 3 local law enforcement agencies and other organizations in combating criminal activity related to alcohol and other drugs. We will evaluate the usefulness of the resources at the end of the year and determine if this goal should be reviewed at that time.</p>	<ol style="list-style-type: none"> 1. SAC will fund equipment and other needs for law enforcement to enhance their law enforcement activities as it relates to drug and alcohol arrests. 2. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 3. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
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Fund Document

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

Funding Profile

Amount of funds deposited into the County Drug Free Community Fund from fees collected last year: \$126,899.70		
Amount of unused funds that rolled over from the previous year: \$ 7,732.15		
Total funds available for programs and administrative costs for the upcoming year: \$134,631.85		
Amount of funds granted the year prior (\$100.00): \$114,000		
How much money is received from the following entities (if no money is received, please enter \$0.00):		
Substance Abuse and Mental Health Services Administration (SAMHSA): 0		
Bureau of Justice Administration (BJA): 0		
Office of National Drug Control Policy (ONDCP): 0		
Indiana State Department of Health (ISDH): 0		
Indiana Department of Education (DOE): 0		
Indiana Division of Mental Health and Addiction (DMHA): 0		
Indiana Family and Social Services Administration (FSSA): 0		
Local entities:		
Other:		
Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities :		
Prevention/Education: \$33,658.00	Intervention/Treatment: \$32,566.00	Justice: \$32,935.00
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
SAC Office, Staff and insurance, audit costs		\$33,164
Funding allotted by Goal per Problem Statement:		
Problem Statement #1 Goal 1: \$16,829 Goal 2: \$16,829	Problem Statement #2 Goal 1: \$16,283 Goal 2: \$16,283	Problem Statement #3 Goal 1: \$11,054 Goal 2: \$11,054
Problem Statement #4 Goal 1: Goal 2: Goal 3:		