

# The Indiana Commission to Combat Drug Abuse



*Behavioral Health Division*

2023

## Comprehensive Community Plan

County: Jackson  
LCC Name: Jackson County Drug-Free Council, Inc.  
LCC Contact: Brenda Turner, Coalition Director  
Address: 2005 Chelsea Court  
City: Seymour, 47274  
Phone: (812) 216-2229  
Email: [drugfree@frontier.com](mailto:drugfree@frontier.com)

County Commissioners: President, Drew Markel; Vice President, Matt Reedy; and Bob Gillaspy.

Address: 360 S County Road 25 E  
City: Brownstown  
Zip Code: 47220

## **Vision Statement**

What is your Local Coordinating Council's vision statement?

Creating a safe and thriving county in which the community embraces positive change.

## **Mission Statement**

What is your Local Coordinating Council's mission statement?

Coordinate, support, and promote the effective efforts of prevention, education and reduction of substance use and misuse.

<b>Membership List</b>					
<b>#</b>	<b>Name</b>	<b>Organization</b>	<b>Race</b>	<b>Gender</b>	<b>Category</b>
1	Brenda Turner	Schneck Primary Care	W	F	Medical
2	Wendy Cash	Jamestown Apartments	W	F	Seniors/Housing
3	AmyMarie Travis	Jackson County Superior Court	W	F	Judge
4	Myra Mellencamp	Jamestown Apartments	W	F	Seniors/Housing
5	Becky Bujwid	Centerstone	W	F	Community Mental Health Center
6	Darlene Kilburn	Schneck Pain Center	W	F	Medical/Treatment
7	Kimberly Glaze	Independent contractor	W	F	Recovery Community
8	Adam Surface	Seymour Police Department	W	M	Local Police
9	Charlotte Moss	Turning Point Domestic Violence	W	F	Intervention/Youth Service Organization
10	Teresea Higham	New Beginnings Recovery Ctr	W	F	Treatment
11	Zach Elliott	Jackson County Sheriff's Dept	W	M	Sheriff

12	<b>Brooke Newgent</b>	<b>Recovery Coach</b>	<b>W</b>	<b>F</b>	<b>Recovery Community</b>
13	<b>Beth White</b>	<b>Jackson County resident</b>	<b>W</b>	<b>F</b>	<b>Citizen</b>
14	<b>Lin Montgomery</b>	<b>Jackson Co. Health Dept.</b>	<b>Native American</b>	<b>F</b>	<b>Local Health Dept.</b>
15	<b>Carla Wright</b>	<b>Schneck Emergency Dept.</b>	<b>W</b>	<b>F</b>	<b>Medical</b>
16	<b>Ginger Schneck</b>	<b>Girls, Inc.</b>	<b>W</b>	<b>F</b>	<b>Youth Service Org.</b>
17	<b>Kelly Royer</b>	<b>Girls, Inc.</b>	<b>W</b>	<b>F</b>	<b>Youth Service Org.</b>
18	<b>Brittany Drawbaugh</b>	<b>Centerstone</b>	<b>W</b>	<b>F</b>	<b>Community Mental Health Center</b>
19	<b>Dustin Steward</b>	<b>Jackson Co. Sheriff's Dept</b>	<b>W</b>	<b>M</b>	<b>Sheriff</b>
20	<b>Carrie Tormoehlen</b>	<b>Jackson Co. Probation</b>	<b>W</b>	<b>F</b>	<b>Probation Services</b>
21	<b>Mike Higham</b>	<b>Recovery First</b>	<b>W</b>	<b>M</b>	<b>Recovery Community</b>
22	<b>Greg Prange</b>	<b>Seymour High School</b>	<b>W</b>	<b>M</b>	<b>School Affiliate</b>
23	<b>Doug McClure</b>	<b>Brownstown Central Schools</b>	<b>W</b>	<b>M</b>	<b>School Affiliate</b>
24	<b>Tara Hetterich</b>	<b>Jackson Co. Alcohol &amp; Drug Ct Svs.</b>	<b>W</b>	<b>F</b>	<b>Probation Services</b>
25	<b>Dustin Vice</b>	<b>Anchor House</b>	<b>W</b>	<b>M</b>	<b>Recovery Community</b>
26	<b>Megan Cherry</b>	<b>Anchor House</b>	<b>W</b>	<b>F</b>	<b>Recovery Community</b>
27	<b>Karen Layman</b>	<b>Schneck Medical Center</b>	<b>W</b>	<b>F</b>	<b>Medical</b>
28	<b>Linda Hershman</b>	<b>Children's Bureau</b>	<b>W</b>	<b>F</b>	<b>Civic</b>
29	<b>Ashley Cacaes</b>	<b>United Way</b>	<b>H</b>	<b>F</b>	<b>Civic</b>
30	<b>Jacob Pickerill</b>	<b>Hickory Treatment Centers</b>	<b>W</b>	<b>M</b>	<b>Treatment</b>

### **LCC Meeting Schedule:**

Please provide the months the LCC meets throughout the year:

January, February, March, April, May, June, July, August, September, October, November, December. Virtual meetings are held when the COVID risk status for Jackson County is high.

## 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
Jackson County
County Population
46,067 estimated as of July 1, 2021, a decrease of 0.7%
Schools in the community
4 school corporations totaling 14 public schools, plus 7 private schools.
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)
1 independent hospital, Schneck Medical Center, that includes primary care physician offices and urgent care, pain clinic, and multiple specialty offices. Family Medical Center, Jackson County Health Department, and independent pain clinic.
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)
1 hospital with outpatient services. 4 mental health & addiction outpatient centers, 2 of which provide MAT/MOUD. Additional MAT/MOUD services are provided by a primary care physician and nurse practitioners.
Service agencies/organizations
Mental Health America of Jackson County, Seymour Community Schools, Brownstown Central Community School Corp., United Way, Human Services, Developmental Services, Girls Inc, Boys & Girls Club, Turning Point Domestic Violence, Jackson County Health Dept., Children's Bureau, Division of Child Services, Teens 4 Change, JUNTOS, Jamestown Apartments of Seymour, self-help AA & NA, Celebrate Recovery, The Alley, Living Fire Ministries, Centerstone of Indiana, New Beginnings Recovery Center, Recovery First Corp., Groups Recover Together, ProTech Recovery, Schneck Medical Center, Jackson-Jennings Community Corrections, Jackson Township Board, Pyoca Camp & Retreat Center, Jackson County Superior Court I & II, Jackson County Alcohol & Drug Court Services, Jackson County Sheriff's Dept., Seymour Police Dept., Medora Police Dept., Crothersville Police Dept.
Local media outlets that reach the community
2 newspapers, multiple radio stations, billboards, 2 libraries
What are the substances that are most problematic in your community?

Alcohol, nicotine, illicit use of drugs including Cocaine, Methamphetamine, Fentanyl, and opioids
List all substance use/misuse services/activities/programs presently taking place in the community
IOP, OP, individual therapy, teen IOP, family sessions OP at Medora School Prevention education, and anger management MRT Drug Court Smoking cessation programs Random drug screening at Seymour and Brownstown schools Peer Counseling First Offender psychoeducational program for juveniles Jail G-Pod programs for men and women Victim Impact Panel Healthy Start Program Flex Module & Prime for Life programs through court system, also offered for Latinos Life skills through Community Corrections DARE, Friendly PEERSuasion, Teens 4 Change, and JUNTOS for Latinos Celebrate Recovery, Alcoholic Anonymous, Narcotics Anonymous, individual support groups Teen Celebration Place through Celebrate Recovery International Overdose Awareness Day annual public event Recovery Rallies

**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.	1. School-based awareness events & clubs, youth groups.	1. Transportation to services

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

<p>Social acceptance of substance use</p>	<p>2. Prevention, Intervention &amp; treatment services.</p> <p>3. Recovery self-help groups</p> <p>3. Public awareness events, recovery rallies, and recovery recognition events.</p>	<p>2. Social stigma</p> <p>3. Availability of substances</p> <p>4. Advertising targeting youth</p>
<p>2. Mental Health and addiction services access</p>	<p>1. State HAP &amp; local grant funding for treatment fees</p> <p>2. Self-help support groups</p> <p>3. Civic organizations to identify and reduce barriers to services.</p> <p>4. Summit working to develop crisis intervention team.</p>	<p>1. Medicaid plans not accepted; Underinsured, no insurance, high deductibles</p> <p>2. Unemployment/under-employment/low wages</p> <p>3. Lack of local detox and inpatient services</p> <p>4. Transportation services</p>
<p>3. Illicit substance use and drug trafficking</p>	<p>1. Partnerships with local law enforcement agencies to work narcotics investigations.</p> <p>2. Medication disposal events</p> <p>3. Drug Court</p> <p>4. Local work-release program</p> <p>5. NaloxBoxes &amp; drug disposal boxes</p>	<p>1. Shortage of trained narcotics investigators and law enforcement officers</p> <p>2. Increased drug trafficking from Louisville &amp; Indianapolis</p> <p>3. Gaps in collaboration</p> <p>4. Lack of crisis intervention team</p>
<p><b>Protective Factors</b></p>	<p><b>Resources/Assets</b></p>	<p><b>Limitations/Gaps</b></p>
<p>1. Social acceptance of substance use</p>	<p>1. Public awareness events: International Overdose Awareness Day, Red Ribbon Campaign, recovery rallies</p> <p>2. Community-based interventions</p> <p>3. Collaborations with schools and treatment providers</p> <p>4. Increased tracking of prescriptions by pharmacies &amp; physicians</p> <p>5. Increasing ID monitoring</p>	<p>1. Generational substance use among families</p> <p>2. Interventions</p> <p>3. Increased access to alcohol and online substances, including vaping supplies</p> <p>4. Homelessness</p>

<p>2. Mental Health and addiction services access</p>	<p>1. Alcohol &amp; Drug Court Services and educational programs in English &amp; Spanish 2. Seven MAT service providers in Seymour  3. 17 active recovery meetings with new Latino meetings  4. Seymour grant to identify resource coordination gaps  5. School-based substance use educational programs &amp; services</p>	<p>1. Lack of service providers outside of Seymour  2. Accepted Medicaid plans among service providers  3. Transportation from rural areas  4. Juvenile services  5. Inpatient services  6. Wait lists for services</p>
<p>3. Illicit substance use and drug trafficking</p>	<p>1. City, county, surrounding counties, and state agencies collaborating on investigations  2. Two K-9 units  3. Narcan for law enforcement – 1st responders  4. Jail based G-Pod treatment services, MRT  5. Community Corrections and Probation home checks and programs</p>	<p>1. Shortage of trained narcotics investigators and law enforcement officers  2. Inability to make large drug buys to go up the dealer chain  3. Dedicated personnel for drug investigations vs general duties  4. Outdated equipment</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)
<p>1. Social acceptance of substance use</p>	<p>1. Targeted education and treatment services are needed to intervene on substance use</p> <p>2. Drug overdoses and suicide attempts continue to require intervention and support services</p> <p>3. Community awareness and involvement remain limited</p>
<p>2. Mental Health and addiction services access</p>	<p>1. Financial aid is required to assist individuals to secure treatment services</p> <p>2. Substance use and mental health services are needed in rural communities of the county</p> <p>3. Social stigma hinders recovery efforts</p>
<p>3. Illicit substance use and drug trafficking</p>	<p>1. Increased coordination of law enforcement agencies are needed to conduct drug investigations</p> <p>2. Gang activities are prevalent</p> <p>3. Criminal activities are motivated by drug use</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
<p>1. Prevention/Education</p> <p>Tobacco, vaping, e-cigarettes, marijuana, illicit substance use and alcohol misuse are prevalent in Jackson County.</p>	<p>223 juvenile referrals were made to Probation in 2022, with 75 referrals for substance-related offenses: 24 illegal consumption/minor possession of alcohol charges, 1 public intoxication, 1 OWI; 4 Legend Drug charges; 36 possession of marijuana charges, 5 for possession of Paraphernalia; 2 Inhaling Toxic Vapors; 1 dealing synthetic drug. Overall increase by 31% from 2021.</p>	<p>Jackson County Probation Department</p>



	<p>21 youth participated in small group psychoeducational alcohol/drug programs due to arrests or school interventions in 2022.</p> <p>Top 5 primary substances used were methamphetamine, marijuana, and alcohol followed by other opiates/synthetics and heroin in 2022.</p> <p>Brownstown High School conducted random drug testing from a pool of 390 students, testing 20 students monthly, with 5 positive tests. The Middle School had a testing pool of 293 with no positive tests for unprescribed substances.</p> <p>Seymour High School had a testing pool of 1,106 students and conducted 3 random drug tests in Fall resulting in 7 positive tests for nicotine or cannabis. Teens continue to experiment with drugs and some bring them to school.</p> <p>Friendly PEERsuasion delivered to county 8<sup>th</sup> grade students identified vaping as the major issue among teens with lack of awareness of its dangers and targeting them with candy &amp; fruit flavored vapes. They also report confusion regarding legalization of marijuana in various states vs. illegal in Indiana. Teens report parents tell them not to vape, but don't explain the dangers of vaping or OTC medications.</p> <p>Seymour school students reported a prevalence rate higher than State rate in the 2022 IPRC Survey regarding electronic vapor products, and lower</p>	<p>Jackson County Adolescent Program</p> <p>Centerstone of Jackson County</p> <p>Brownstown Central Community School Corp.</p> <p>Seymour High School Principal</p> <p>Girls, Inc.</p> <p>IPRC Survey</p>
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	<p>than State rate for alcohol use, cigarettes, cocaine, marijuana, heroin and OTC medications.</p> <p>Emergency Department reported 30 opioid cases (16 less than 2021), 44 meth cases (20 less than 2021), 86 alcohol cases, 43 other substances such as THC, Benzo-diazepines, cocaine, bath salts, and hallucinogens. 43 of the 203 were polypharmacy cases. 10 Narcan kits distributed for take-home use.</p> <p>26% of adults in Jackson County smoke, with 52.1 lung cancer deaths, 187.4 heart disease deaths, and 67.9 asthma related emergency room visits per 100,000 residents. 15.3% of pregnant women smoke compared to 9.8% in the state. 76 deaths attributable to smoking, with 12 deaths due to secondhand smoke. 48 tobacco retailers in Jackson County with 4% within 1,000 feet of a school and 95% selling flavored tobacco products, 23% within 12 inches of child-appealing products.</p>	<p>Schneck Medical Center</p> <p>Schneck Medical Center – Decreasing Tobacco Use Workgroup</p>
<p>2. Intervention/Treatment</p> <p>Barriers to receiving treatment and sustaining recovery from substance use and misuse or addiction continues to prevent individuals from achieving long-term recovery.</p>	<p>Health outcomes of how healthy Jackson County is now ranked in lower middle range in Indiana, and Health factors we can modify to improve length &amp; quality of life is ranked higher middle range. Premature deaths, injury deaths, poor to fair health, adult smoking, and teen birth rates are higher than state and national rates. Access to mental health provider rate is also higher at 1,080:1. We have 7.2% unemployment rate; 11% uninsured rate, 17% Excessive drinking rate, 7% alcohol-impaired driving deaths, and preventable hospital stays decreased to 2,396.</p>	<p>County Health Rankings &amp; Roadmaps 2022</p>

	<p>382 cases were referred by court for evaluation and monitoring with 38% for alcohol, 2% for Benzodiazepines, 51% for marijuana, 3 for Methamphetamine; 2% opioids, 1% synthetic substances, and 5 cases for other substances. 181 males, 43 females, and 63 Latinos participated in alcohol &amp; drug education programs.</p> <p>431 of 1,190 patients received both addiction and mental health services. 51% of services were targeted to addiction treatment. 62% of payors were commercial insurance, with 7% of payors Medicaid or Medicare, and 2% uninsured. 26% of patients were under age 25. Finding Home, Health, and Community program continued to clients. Top 3 primary diagnoses for youth in 2012 were attention deficit conduct &amp; disruptive behavior disorders, followed by anxiety and mood disorders. Top 3 primary diagnoses for adults were mood disorders, anxiety disorders and substance-related disorders.</p> <p>154 families participated in non-residential service programs. 8 adults and 9 children spent 548 nights in emergency shelter. Violence cut across socioeconomic levels. 248 events and presentations impacted 1,645 attendees.</p> <p>Barriers to recovery housing was identified as a top concern next to treatment itself. 74 Narcan kits were distributed to individuals. Top 3 diagnoses were substance use disorder, mood disorders, and anxiety disorders. Noted influx of undiagnosed ADHD. 4 patients</p>	<p>Jackson County Alcohol &amp; Drug Court Services</p> <p>Community Mental Health Center – Centerstone</p> <p>Turning Point Domestic Violence</p> <p>New Beginnings Recovery Center and Recovery First</p>
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	<p>died: 2 to overdose, and 2 who died soberd due to organ failure from past alcohol use. 191 males and 148 females participated in outpatient substance use treatment with 124 for alcohol, 111 for Methamphetamine, 69 for opioids, 25 for marijuana, and 9 for Fentanyl.</p>	
<p>3. Law Enforcement/Justice</p> <p>Drug trafficking and overdoses continue to demand additional law enforcement and first responder resources.</p>	<p>Seymour Police Department’s Narcotics Division assisted other agencies to conduct controlled narcotic buys. Drug seizures included more than 3000 grams of Methamphetamine, over 982 grams Marijuana, and over 190 grams Cocaine. City, county, and State agencies are experiencing personnel shortages resulting in new initiatives to combine efforts to limit the number of officers removed from normal shift duties.</p> <p>The Sheriff’s Department assisted in the arrests of 2 large drug busts to remove drug dealers in the area, and are currently involved in 2 smaller cases that have potential to lead to additional drug organizations.</p> <p>21 adults ranging in ages of 23 to 60 died as a result of accidental overdose or MVA from primarily Meth, amphetamines, Fentanyl, and alcohol use in 2022.</p> <p>Drug Court had 21 active cases for chronic offenders.</p> <p>414 adults were monitored by Community Corrections: 27 drug court cases, 177 electronic monitoring, 209 in work release programs.</p>	<p>Seymour Police Department Narcotics Division</p> <p>Jackson County Sheriff’s Department</p> <p>Jackson County Coroner</p> <p>Jackson County Drug Court</p> <p>Jackson Jennings Community Corrections</p>

	Conducted 2 DEA Drug Take-Back Day events resulting in over 770 pounds of unused drugs for proper disposal, keeping it out of the wrong hands. 500 Naloxone doses distributed to support schools, healthcare workers, corrections officers, firefighters, and lay people.	Jackson County Health Dept.
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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. Tobacco, electronic nicotine delivery devices, marijuana, illicit substance use and alcohol misuse are prevalent in Jackson County.	1.Support education through community partners to provide school-based programs on substance use.  2.Encourage expansion of outpatient programs addressing substance use.  3.Promote community awareness through public events and partnerships with local service agencies.
2. Barriers to receiving treatment and sustaining recovery from substance use and misuse or addiction continues to prevent individuals from achieving long-term recovery.	1.Support financial assistance needs through grants for service providers.  2.Encourage coordination of services to identify needs and address barriers.  3.Promote resources available through social media, public events, and materials.  4. Replicate ASAP in Bartholomew County and expand Recovery Jackson County services.
3. Drug trafficking and overdoses continue to impact law enforcement and first responder resources.	1.Support law enforcement efforts to target drug dealers to reduce availability and illegal activities.  2. Make Narcan/Naloxone available to the public, including teens, to reduce deaths.  3.Participate in efforts to identify high-risk areas and provide resources to reduce incidents.

### 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	Provide grant opportunities to support educational programming through schools, service providers, and others to educate youth and adults about facts of substance use and misuse, reducing youth prevalence rates below state rates by 2024.
Goal 2	Support expansion of services to promote community awareness and partnerships to provide public events that provide support for prevention and intervention by 2024.
Problem Statement #2	
Goal 1	Conclude assessment by City of Seymour Recovery Program, compiling and disseminating results by 2024.
Goal 2	Support intervention & treatment services through utilization of grants, collaboration, and public events to provide needed resources by 2024.
Problem Statement #3	
Goal 1	Support efforts among law enforcement agencies to target large scale dealers and drug trafficking organizations in and around Jackson County by 2024.
Goal 2	Increase awareness of overdose risks and resistance to Narcan effects, supporting survivors of overdose, and reduce stigma to increase recovery. Reduce barriers in rural communities to treatment options/re-entry programs by 2024.

### Step 5: Plans to Achieve Goals

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

Problem Statement #1	Steps
Goal 1 Provide grant opportunities to support educational programming through schools, service providers,	1. Recruit youth to participate in LCC activities and collaborate with existing youth groups.

<p>and others to educate youth and adults about facts of substance use and misuse, reducing youth prevalence rates below state rates by 2024.</p>	<p>2. Partner with individuals and organizations to provide public events on substance use disorders.</p> <p>3. Provide grant opportunities to assist with expenses of providing educational sessions.</p>
<p>Goal 2 Support expansion of services to promote community awareness and partnerships to provide public events that provide support for prevention and intervention by 2024.</p>	<p>1. Encourage schools to provide random drug testing for students.</p> <p>2. Support inclusion of family members in educational and treatment programs.</p> <p>3. Continue partnerships with local organizations and recovering community members to provide cessation options and public events.</p>
<p><b>Problem Statement #2</b></p>	<p><b>Steps</b></p>
<p>Goal 1 Conclude assessment by City of Seymour Recovery Program, compiling and disseminating results by 2024.</p>	<p>1. Utilize existing agencies to assist in filling gaps in services/needs.</p> <p>2. Support and adopt action plans.</p>
<p>Goal 2 Support intervention &amp; treatment services through utilization of grants, collaboration, and public events to provide needed resources by 2024.</p>	<p>1. Provide grant opportunities to secure appropriate intervention &amp; treatment services.</p> <p>2. Encourage partnerships among service providers.</p> <p>3. Promote &amp; support agencies working to reduce barriers of employment, housing, and treatment.</p>
<p><b>Problem Statement #3</b></p>	<p><b>Steps</b></p>
<p>Goal 1 Support efforts among law enforcement agencies to target large scale dealers and drug trafficking organizations in and around Jackson County by 2024.</p>	<p>1. Support services to assist law enforcement to reduce criminal behaviors.</p> <p>2. Support intervention programming in jail G-Pod.</p> <p>3. Encourage youth mentoring to discourage generational drug dealing.</p>

<p>Goal 2 Increase awareness of overdose risks and resistance to Narcan effects, supporting survivors of overdose, and reduce stigma to increase recovery. Reduce barriers in rural communities to treatment options/re-entry programs by 2024.</p>	<p>1.Increase training on safe handling of drugs and paraphernalia and use of Narcan/Naloxone.</p> <p>2.Support partnerships with local agencies to supply Narcan to the community.</p> <p>3.Continue to sponsor the annual International Overdose Awareness Day event on 08/31/23.</p> <p>4.Promote recovery programs and support groups to encourage long-term recovery.</p> <p>5.Provide speaker on anti-stigma awareness at community events.</p>
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#### 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:	\$72,432.93
<b>2</b>	Amount of unused funds from last year that will roll over into this year:	\$1,608.16
<b>3</b>	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$74,041.09
<b>4</b>	Amount of funds granted last year:	\$64,132.48
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



<b>Categorical Funding Allocations</b>		
Prevention/Education: \$18,510.27	Intervention/Treatment: \$20,768.55	Justice Services: \$18,510.27
<b>Funding allotted to Administrative costs:</b>		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coalition Director and Coalition Assistant stipends		\$15,000.00
Office supplies, liability insurance, fees		\$ 1,252.00
<b>Funding Allocations by Goal per Problem Statement:</b>		
<b>Problem Statement #1</b>	<b>Problem Statement #2</b>	<b>Problem Statement #3</b>
Goal 1: \$10,000.00	Goal 1: \$16,600.00	Goal 1: \$10,000.00
Goal 2: \$ 8,510.27	Goal 2: \$4,168.55	Goal 2: \$ 8,510.27