

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Montgomery

LCC Name: Drug Free Montgomery County

LCC Contact: Karen Branch

Address: 808 W. Pike Street

City: Crawfordsville

Phone: 765-362-0694

Email: admin@mcysb.org

County Commissioners: John Frey, Jim Fulwider, Dan Guard

Address: 110 W. South Blvd.

City: Crawfordsville

Zip Code: 47933

Vision Statement

What is your Local Coordinating Council's vision statement?

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

Mission Statement

What is your Local Coordinating Council's mission statement?

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

Membership List					
#	Name	Organization	Race	Gender	Category
1	Jennifer York	Probation	C	F	Government
2	Macy Simmons	Inwell	C	F	Mental Health/Treatment
3	Samantha Swearingen	Crawfordsville Fire Department QRT	C	F	Government
4	Amber Reed	Crawfordsville Community Schools	C	F	Education
5	Ryan Needham	Sheriff's Department	C	M	Law Enforcement
6	Bob Rivers	Crawfordsville Police Department	C	M	Law Enforcement
7	Phillip Mitchell	DMHA	AA	M	Public Health
8	Brenda Payne	Probation	C	F	Government/Judicial
9	Andria Geigle	Probation	C	F	Government/Judicial
10	Aaron Mattingly	CPD	C	M	Law Enforcement
11	Diamond Teague	Health Department	C	F	Public Health
12	Adrienne Northcutt	Health Department	C	F	Public Health
13	Jane Christophersen	Recovery Coalition	C	F	Recovery
14	Faith Gable	Probation	C	F	Government
15	Maddy Edmiston	Inwell	C	F	Mental Health/Treatment
16	Karen Branch	Montgomery County Youth Service Bureau	C	F	Non-Profit Civic
17	Cameron Cole	Montgomery County Youth Service Bureau	C	M	Non-Profit Civic
18	Dale Crowder	Valley Oaks	C	M	Mental Health/Treatment
19	Mindy Frazee	Cummins Mental Health	C	F	Treatment/Mental Health
20	Melissa Bush	Cummins Mental Health	C	F	Treatment/Mental Health

21	Cheryl Keim	Montgomery County Community Foundation	C	F	Civic
22	Ken Clarke	Trinity Life Ministry	C	M	Recovery
23	Gina Haile	United Way	C	F	Civic
24	Connie Ezra	Recovery Coalition	C	F	Recovery
25	Paul Miller	CFD	C	M	Treatment/Recovery
26	Hannah Smith	DCS	C	F	Government
27	Nina Scott	Valley Professionals	AA	F	Treatment
28	Bella Lieske	Through the Gate	C	F	Treatment/Recovery
29	Michelle Edwards	Valley Professionals	C	F	Mental Health/Treatment
30	Olyvia Hoff	CFD	C	F	Treatment/Recovery

LCC Meeting Schedule:

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

Community Needs Assessment: Results

The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

County Name Montgomery
County Population 37,967
Schools in the community South Montgomery School Corporation, Crawfordsville School Corporation, North Montgomery School Corporation, Crawfordsville Adult Resource Academy and Montgomery County Alternative school.

There is also an active Home School Co-op called CACHES
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Franciscan Health Hospital, Franciscan Physician Health Network, Dr. Mary Ludwig Free Clinic
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Family Interventions, Cummins Mental Health, Valley Oaks Mental Health, Valley Professionals, In-Well Mental Health
Service agencies/organizations ASI, K1ds Count, Recovery Coalition; Trinity Mission, Through the Gate, Boys & Girls Club, Family Crisis Shelter, Pam’s Promise, SADD, Youth Service Bureau, Montcares, Sunshine Vans, Volunteers for Mental Health, Salvation Army, Community Chest, Township Trustees, Kiwanis, Rotary, Lions Club, Civitan, Fish Food pantry, Grace and Mercy Food Bank, Meals on Wheels, Healthy Families, Community Paramedicine, Quick Response Team, Celebrate Redemption, Women’s Resources Center, AA, Al-anon, Dust to Dawn Bereavement, Children’s Bureau Community Partners for child safety, Wellness Coalition, Habitat for Humanity.
Local media outlets that reach the community The Paper of Montgomery County, the Journal Review, Forcht Broadcasting 3 radio stations
What are the substances that are most problematic in your community? Alcohol, Meth Heroin and Fentanyl
List all substance use/misuse services/activities/programs presently taking place in the community Celebrate Redemption, AA, Al-anon, Recovery Coalition Rec Center, Trinity Mission residential program, IOP, Relapse Prevention, Individual Counseling, DARE, SADD, Through the Gate, Drug Court, Veteran’s Court, Resiliency programming in all three school corporations called Second Steps.

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
<ol style="list-style-type: none"> High Rate of Child Abuse and Neglect and neo natal abstinence syndrome, related to substance use by parent/caregivers, creating trauma. 28 of every 1,000 youth under the age of 18. 32% higher than the state average. 	<ol style="list-style-type: none"> Child Abuse Prevention Council Strong CASA Program Community partners for child safety QRT Project Swaddle Healthy Families Nurse Family Partnership Volunteers in Mental Health 	<ol style="list-style-type: none"> Comorbid issues such as substance use and mental health issues of parents More intervention than prevention programs Societal Stigma Lack of substance use services, both preventative and treatment, for youth and teens Affordability of care
<ol style="list-style-type: none"> More than 70% of individuals on probation have substance use history 	<ol style="list-style-type: none"> Adult treatment courts including drug court and veterans court JCAP program in the jail now available for both males and females Two residential halfway houses Sober recreation program through the Recovery Coalition Faith based programming through 	<ol style="list-style-type: none"> Cost of frequent necessary drug screens Generational exposure of substance use Identifying a non-profit partner for a housing program for homeless or at-risk clients Current resources are often full with a waiting list. Lack of housing available for those

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

	<p>Celebrate Redemption, Trinity Ministry and Through the Gate</p> <ol style="list-style-type: none"> 6. Family Recovery Court 7. Peer recovery resources 	<p>leaving incarceration or with a felony history.</p> <ol style="list-style-type: none"> 6. Lack of connectivity of client to services 7. Peer recovery specialists being elevated by certifications and education for more effective use of their skills. 8. All pathways to recovery not currently available in our community.
<ol style="list-style-type: none"> 3. Lack of access to mental health and substance use disorder services: patient to provider ratio of 984:1 (IYI) 4.6% higher than the previous year. 	<ol style="list-style-type: none"> 1. Four Mental Health Providers in the Community 2. Transportations for Seniors and those with disabilities 3. Faith based residential programs 4. Peer Recovery programs 	<ol style="list-style-type: none"> 1. Lack of appropriate education/licensure for providers to serve those with private health insurances 2. Transportation for adults and children 3. Open treatment positions at all providers due to a lack of applicants 4. No detox or inpatient treatment facilities 5. Difficulty with staff retention partially due to unsupportive policies 6. Barriers within mental health models, i.e. case closure for missed appointments.
Protective Factors	Resources/Assets	Limitations/Gaps
<ol style="list-style-type: none"> 1. Meaningful youth engagement and youth services through the Youth Service Bureau, utilizing trauma informed care and positive youth development 	<ol style="list-style-type: none"> 1. Mentoring Program 2. Support group for LGBTQ Youth 3. Youth As Resources Program 4. Teen Court Program 	<ol style="list-style-type: none"> 1. Need more mentors, have children on a waiting list 2. Social Stigma 3. Transportation

	<ul style="list-style-type: none"> 5. Inspire Group mentoring for girls 6. Tobacco Court 	<ul style="list-style-type: none"> 4. Youth willingness to engage in services/isolation and mental health issues for youth increasing.
<ul style="list-style-type: none"> 2. Resiliency programming in all three school corporations Pre-K through 8th grade, using Second Steps Curriculum 	<ul style="list-style-type: none"> 1. School Counselors, Teachers and staff 2. Program continues even after grant ended 	<ul style="list-style-type: none"> 1. Community wide buy in to ACES and the concept of resiliency 2. Making resiliency a concept that can be practiced outside of the classroom 3. Lack of community understanding/education about ACES and trauma informed care
<ul style="list-style-type: none"> 4. Organizations attempts to engage families. 	<ul style="list-style-type: none"> 1. Recovery Coalition Parent Cafe 2. Family Interventions program 3. National Night Out 4. Healthy Families Program 5. Community Partners for Child Safety 6. Strong relationships with DCS to maximize support to families 7. Family Recovery Court 8. Youth Worker Cafes 9. Montgomery County Community Foundation 10. Purdue Extension 	<ul style="list-style-type: none"> 1. Lack of parent participation in parenting programming 2. Social Stigma 3. Generational family dysfunction 4. Lack of mentoring programs for parents/adults 5. Lack of connection to the broader community.

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. High Rate of Child Abuse and Neglect and neonatal abstinence syndrome, related to substance use by parent/caregivers, creating trauma. 28 of every 1,000 youth under the age of 18. 32% higher than the state average. 58.8% of removals are due to substance abuse by parent/caregivers.</p>	<p>1. Substance use by adults in Montgomery County is creating a level of child abuse and neglect 32% higher than the state average. 28 of every 1,000 children is a substantiated victim of abuse and neglect in Montgomery County.</p> <p>2. Children who experience Adverse Childhood Experiences (ACES) such as child abuse and neglect are more likely to have substance use issues and disorders in adolescence and adulthood</p> <p>3. Parents with substance use disorders are less likely to be able to provide a healthy environment for their children to thrive in.</p>
<p>2. More than 70% of individuals on probation have substance use history</p>	<p>1. Although relapse is a part of recovery, with a lack of adequate services to meet individuals with substance use disorder needs, the rate of relapse is high. As high as 80% within six months of recovery (IPRC)</p> <p>2. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>

<p>3. Lack of access to mental health and substance use disorder services: patient to provider ratio of 984:1 (IYI) 4.6% higher than the previous year.</p>	<p>1. With a patient to provider ratio of 984:1 there is not adequate access to mental health and substance use services.</p> <p>2. There is an inadequate number of treatment providers who have licensure to treat patients with private insurance.</p> <p>3. Our continuum of care for substance use disorders lacks adequate MAT facilities and an inpatient treatment program located within our county.</p> <p>4. There is a lack of connectivity of continuum of care providers leading to gaps in services and warm handoffs to continuing services.</p>
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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. Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating Trauma and ACES for our youth.</p>	<p>In Montgomery County our child abuse rate is 28 of every 1,000 children, 32% higher than the state average. Child abuse is recognized as one of the 10 possible ACES for children/youth. 58.8 of removals are due to substance abuse by parent/caregivers.</p>	<p>Kids Count Data for 2023</p> <p>Department of Child Services Statistics through IPRC</p> <p>ACES study</p> <p>2021 SEOW Report (most recent report that could be accessed)</p> <p>DCS Practice Indicator Reports</p>

<p>2. There is not adequate access to mental health and substance use services in Montgomery County.</p>	<p>County Health rankings show that Montgomery County has a higher patient to provider ratio than the state average for mental health providers. IYI data states the ratio is 984:1 still higher than the state average and 5% higher than the previous year. Our access to primary care providers and dental access are both also a higher ratio than the state average. Primary Care to patient ratio is 2,556:1. Patients with private insurance are often not able to be seen in Montgomery County due to licensure required for treatment professionals. Additionally, mental health facilities often struggle with recruitment for open positions.</p>	<p>IYI Kids Count Data</p> <p>Reports from local mental health providers.</p>
<p>3. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>	<p>According to the Sheriff's Department and Adult Probation, at the time of release from Jail/JCAP/being placed on probation, a high percentage of offenders do not have a safe and sober home to return to or continue to reside in. This often leads to them living with other who may still be actively using illegal substances, creating a higher risk for recidivism and relapse. This is particularly true as we do not have adequate treatment services to meet their needs for relapse prevention upon release. During 2022 the QRT served 251 individuals and gave referrals to help with homelessness, behavioral health and substance use disorder, at least 39 of those clients refused services.</p>	<p>Montgomery County Adult Probation.</p> <p>Sheriff's Department JCAP program.</p> <p>Local Mental Health information.</p> <p>QRT Statistics</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.Substance use by adults in Montgomery County is creating a high level of child abuse/neglect creating Trauma and ACES for our youth.</p>	<ol style="list-style-type: none"> 1.Training in trauma informed/crisis intervention for all law enforcement. 2.Increased access to a more complete continuum of care including peer supports. 3.Sustain JCAP program for both males and females 4.Sustain Drug Court and strategically plan for expansion to more individuals served. 5.Provide trauma informed care to children who are substantiated victims of abuse and neglect related to substance use by their parents. 6.Provide support for Second steps curriculum in schools. 7.Improve data collection from intervention services to identify successes and challenges.
<p>2. There is not adequate access to mental health and substance use services in Montgomery County.</p>	<ol style="list-style-type: none"> 1.Continue collaborations with all service providers to maximize resources and brainstorm resolutions to lack of adequate access. 2.Participate in the mental health work group to address the high patient to provider ratio. 3.Partner with local government/service providers to talk to assess the continuum of care currently available and utilize opioid settlement funds, through a mini-grant process, to help fill the gaps. 4.Participate in mental health work group to address best practices in substance use services. 5.Support the systems educating the next generation of mental health professionals through internships and job shadowing.
<p>3. Many individuals involved in the criminal justice system, from arrest to release, have no or inadequate housing, increasing their risk factors to include homelessness and possible recidivism or probation violations.</p>	<ol style="list-style-type: none"> 1.Increase grant funding for housing programs for adults being released from incarceration, being placed on probation, either through expansion of existing resources or creation of new programs. 2.Increase the capacity of the Drug and Veteran Courts to allow more at-risk probationers to have access to treatment courts to aid in their recovery.

	<p>3. Standardize the JCAP program to connect with Drug Court to improve long term recovery efforts.</p> <p>4. Meet with the local landlords, MIBOR and other housing services to talk about adequate housing access for those in recovery.</p> <p>5. Collaborate with recovery programs to strengthen and expand services to reduce relapse.</p>
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Step 4: Develop SMART Goal Statements

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

Problem Statement #1
<p>Goal 1: By April 2024, decrease initiation of tobacco and/or substance use by 1% for those 15 years and younger. This will be measured through the Overdose Lifeline data.</p> <p>Because our schools did not participate in the YRBS, we do not have county level data to assess this currently, so we are changing the data source to Overdose Lifeline Data who we have trained with on the This is not about Drugs curriculum. We have started presenting this curriculum to middle and high schoolers as of this spring. We also have recently held youth summits for middle and high schoolers to gain youth input and problem solving.</p>
<p>Goal 2: By April 2024, increase adult and youth awareness and education regarding substance use, including vaping, tobacco, prescription and illegal drugs.</p> <p>We have recently started a Tobacco Vaping court for youth in collaboration with the school corporations and have served 20 youth, each of whom have to participate in an educational class called Catch My Breath.</p>
Problem Statement #2
<p>Goal 1: By April 2024, increase access to behavioral health providers by 1%. This will be measured through the local and state health equity report.</p> <p>We have not been able to achieve this goal, in fact it is moving in the opposite direction. We continue to work with our mental health work group to strategize interventions/solutions.</p>

Goal 2: By April 2024, decrease barriers to recovery and wellness including housing instability, peer recovery supports and number of connections following jail/prison release or overdose events. This will be measured through data from our QRT regarding response times and number of contacts/connections. This will be baseline data and will be used to compare future data to better measure success.

Problem Statement #3

Goal 1: By April 2024, increase data collection, inter-system understanding and collaboration to maximize resources for housing and treatment for adults with substance use issues. Including halfway houses, landlords and other housing systems.

We are still working on improved data collection to measure progress.

Goal 2: by April of 2024, increase QRT and other outreach services to occur within 48 hours of post-release from jail, ER or in the field, to connect individuals to services, housing and other supports.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1: By April 2023, decrease initiation of tobacco and/or substance use by 1% for those 15 years and younger. This will be measured through the Overdose Lifeline data.</p>	<p>1.Prevention/Education – we will fund/support programs that provide services to youth and adolescents that focus on building resiliency and drug use prevention.</p> <p>2.Treatment/Intervention – we will fund/support and advocate for increased local mental health services for youth with substance use issues.</p> <p>3.Justice Services – we will fund/support programs that address adults/youth with substance use issues, for example drug court.</p>
<p>Goal 2: By April 2024 increase adult and youth awareness and education regarding substance use,</p>	<p>1.Prevention/Education – We will fund/support programs providing</p>

<p>including vaping, tobacco, prescription and illegal drugs.</p>	<p>community education. Additionally, through the Drug Free Montgomery County Leadership team, identify additional curriculum or alternative lessons for addressing substance use issues (including vaping) for high school students and youth programs; provide information to parents and the community in general regarding substance use issues; keep website updated with information and resources and a marketing campaign to drive people to the website.</p> <p>2.Treatment/Intervention – we will fund/support programs providing substance use prevention programming/treatment for youth and adults.</p> <p>3.Justice Services – We will fund/support programs providing programming related to substance use prevention for youth and adults.</p>
<p>Problem Statement #2</p>	<p>Steps</p>
<p>Goal 1: By April 2021, increase access to behavioral health providers by 1%. This will be measured through the local and state health equity report.</p>	<p>1.Prevention/Education – we will provide funding/support for programs providing behavioral/mental health services for youth or adults.</p> <p>2.Intervention/Treatment – we will provide funding/support for behavioral/mental health treatment services for underserved individuals.</p> <p>3.Justice Services – We will provide funding/support for programs providing behavioral/ mental health services to their consumers.</p>
<p>Goal 2: By April 2024, decrease barriers to recovery and wellness including housing instability, peer recovery supports and number of connections following jail/prison release or overdose events.</p>	<p>1.Prevention/Education – We will provide funding/support for programs expanding capacity for behavioral/mental health prevention services and for</p>

	<p>evaluating the need and extent of housing instability.</p> <p>2.Treatment/Intervention – We will provide funding/support for programs providing peer recovery and other connecting support systems.</p> <p>3.Justice Services – We will provide funding/support for increasing capacity of connecting/support programs that are working to reduce barriers to recovery. For example, QRT, JCAP.</p>
Problem Statement #3	Steps
<p>Goal 1: By April 2024, increase data collection, inter-system understanding and collaboration to maximize resources for housing and treatment for adults with substance use issues. Including halfway houses, landlords and other housing systems.</p>	<p>1.Prevention/Intervention – we will provide funding/support for programs that provide prevention/education services to youth whose parents are in a substance use program.</p> <p>2.Treatment/Intervention – we will provide funding/support to programs that are working collaboratively to address issues of housing and treatment.</p> <p>3.Justice Services – we will fund/support programs working collaboratively to address housing/treatment of adult consumers with substance use issues.</p>
<p>Goal 2: By April of 2024, increase QRT and other outreach to occur within 48 hours of post-release from jail, ER or in the field, to connect individuals to services, housing and other supports.</p>	<p>1.Prevention/Education – we will provide funding/support to programs that are increasing education/awareness of services such as QRT to connect individuals to services and supports.</p> <p>2.Treatment/Intervention – We will provide funding/support to programs providing peer/support services to individuals from jail, ER or in the field, that connect individuals to needed services.</p> <p>3.Justice Services – We will provide funding/support to programs increasing</p>

	the connectedness of consumers to existing services.
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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		
1	Amount deposited into the County DFC Fund from fees collected last year:	\$44,566.36
2	Amount of unused funds from last year that will roll over into this year:	\$2.09
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	44,568.45
4	Amount of funds granted last year:	\$36,968.00
Additional Funding Sources (if no money is received, please enter \$0.00)		
A	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$0.00
B	Centers for Disease Control and Prevention (CDC):	\$0.00
C	Bureau of Justice Administration (BJA):	\$0.00
D	Office of National Drug Control Policy (ONDCP):	\$0.00
E	Indiana State Department of Health (ISDH):	\$0.00
F	Indiana Department of Education (DOE):	\$0.00
G	Indiana Division of Mental Health and Addiction (DMHA):	\$0.00
H	Indiana Family and Social Services Administration (FSSA):	\$0.00
I	Local entities: Kiwanis	\$200.00
J	Other:	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$11,142	Intervention/Treatment: \$11,142	Justice Services: \$11,142.00
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$8,000.00
Office supplies/insurance/Red Ribbon Breakfast, NNO, program supplies		\$3,142.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$5,571.00	Goal 1: \$7,000.00	Goal 1: \$4,142.00
Goal 2: \$5,571.00	Goal 2: \$4,142.00	Goal 2: \$7,000.00

