

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



*Behavioral Health Division*

## **Comprehensive Community Plan**

County: Porter

LCC Name: Hub Coalition of Porter County FKA

Porter County Substance Abuse Council

LCC Contact: Dawn Pelc

Address: 57 S Michigan Street Suite 203

City: Valparaiso

Phone: 219-280-5252

Email: [dpelc@portercountysac.com](mailto:dpelc@portercountysac.com)

County Commissioners:

Address: 155 Indiana Ave. #205

City: Valparaiso

Zip Code: 46383

## Vision Statement

Providing sustainable initiatives and resources to end substance use disorder in Porter County.

## Mission Statement

Community hub responsible for building capacity, creating sustainability and providing resources to enhance the quality of life in Porter County by reducing substance use and the underlying causes and unintended consequences.

## Membership List

#	Name	Organization	Race	Gender	Category
1	Alan Mizimakoski	Washington Twp.	Caucasian	Male	School
2	Albert Gay	IPRC	African American	Male	Expert SUD
3	Daniel Dyer	Recovery Connection	Caucasian	Male	Recovery
4	Allen Grecula	Northshore Health Center	Caucasian	Male	Expert SUD
5	Allen Cochran	Chesterton HS	Caucasian	Male	School
6	Amanda Alaniz	Portage Township Schools	Caucasian	Female	School
7	Ron Seman	Dunes Learning Center, Chesterton	Caucasian	Male	Civic
8	Andrea Sherwin	Mental Health America of NW Indiana	Caucasian	Female	Expert SUD
9	Angela Karagiannakis	Duneland School Corporation	Caucasian	Female	School
10	Betsy Stearns	ABC-Butte County	Native American	Female	Expert SUD
11	Ann Marie Caballero	Portage Township School Corporation	Caucasian	Female	School
12	Anne Witges	Therapist Family & Youth	Caucasian	Female	Youth Serving
13	Anne Stillman	Duneland School Corporation	Caucasian	Female	Volunteer
14	Annmarie Sims	Union Township School Corporation	Caucasian	Female	School
15	April Lauderdale	Porter County Adult Probation	Caucasian	Female	Expert SUD
16	Austin Haynes	Porter Police Department	Caucasian	Male	Law Enforcemt
17	Molly Payne	PC Juvenile Probation	Caucasian	Female	Youth Servg
18	Benjamin McFalls	Sheriff's Department	Caucasian	Male	Law Enforcemt
19	Bernice Sterna	Franciscan Healthcare	Caucasian	Female	Expert SUD
20	Janice Brown	Indiana DECA	Caucasian	Female	Youth Serving
21	Samantha Aguilar	ECHO IN CARES	Caucasian	Female	Expert SUD
22	Bonnie Stephens	Union Twnsp	Caucasian	Female	Volunteer
23	Brenda Sheetz	Porter County Community Foundation	Caucasian	Female	Business

24	Alyssa Zilz	Mental Health America	Caucasian	Female	Healthcare
25	Brent Martinson	Chesterton HS	Caucasian	Male	School
26	Lindsay Violanti	Three 20 Recovery	Caucasian	Female	Recovery
27	Carey Jones	Bailly Elementary School	Caucasian	Female	School
28	Carley Samayoa	PCSAC	Caucasian	Female	Expert SUD
30	Tim McCoy	Lamar Advertising Company	Caucasian	Female	Media
31	Carrie Higgins	Tobacco Education & Prevention Coalition	Caucasian	Female	Expert SUD
32	Cassidy Gearhart	Family House	Caucasian	Female	Volunteer
33	Chad Dutz	Valpo Fire Department	Caucasian	Male	Healthcare
34	Charles Garber	Valpo PD	Caucasian	Male	Law Enforcent
35	Chelsea Winder	Kouts MS/HS	Caucasian	Female	School
36	Chip Pettit	Duneland School Corporation	Caucasian	Male	School
37	Chris Swickard	Chesterton Police Officer	Caucasian	Male	School
38	Chris Pumroy	Adult Probation Officer	Caucasian	Male	Law Enforcent
39	Chris George	Morgan Township	Caucasian	Male	School
40	Chris Buyer	Porter County Juvenile Probation	Caucasian	Male	Government
41	Christine Kosbade	Family House	Caucasian	Female	Youth Serving
42	Christine Paul	320 Recovery	Caucasian	Female	Business
43	Christopher Schoof	Chesterton PD	Caucasian	Male	Law Enforcent
44	Christy Jarka	Morgan Township	Caucasian	Female	School
46	Chuck Harris	Porter County Recorder	Caucasian	Male	Government
47	Melissa Deavers	Portage Township School Corp.	Caucasian	Female	School
48	Clay Corman	Boone Grove HS	Caucasian	Male	School
49	Clint Mullet	Christ Lutheran	Caucasian	Male	Religious
50	Connie Rudd	PC ISHD	Caucasian	Female	Healthcare
51	Cynthia O'Dell	Indiana University Northwest	Caucasian	Female	Healthcare
52	Dan Grass	1 <sup>st</sup> Lutheran Church	Caucasian	Male	Religious
53	Dan Kodicek	Portage Fire Chief	Caucasian	Male	Government
54	Dan Caudle	Duneland School Corporation	Caucasian	Male	School
55	Daniel Rocha	BP Amoco	Caucasian	Male	Business
56	Charles Kremaric	Volunteer	Caucasian	Male	Volunteer
57	Dave Bauer	Counselor at Family Concern Counseling	Caucasian	Male	Youth Serving
58	Dave Reynolds	Retired DEA	Caucasian	Male	Parent
59	Dave Kasarda	Duneland Family YMCA	Caucasian	Male	Youth Serving
60	David Muniz	Boone Grove	Caucasian	Male	School

61	David Wagner	Volunteer	Caucasian	Male	Parent
62	David Cincoski	Town Manager at Town of Chesterton	Caucasian	Male	Government
64	Dana Pelc	Volunteer	Caucasian	Female	Parent
65	DeLaney McGinley	Family & Youth Services Bureau of Porter Country	Caucasian	Female	Youth
66	Diana Iltzsche	Porter Starke	Caucasian	Female	Healthcare
67	Don Spears	Ivy Tech	Caucasian	Male	School
68	Donna Golob	PATH	Caucasian	Female	Youth Serving
69	Donna Biggs	Duneland School	Caucasian	Female	School
70	Doris Amling	Porter County Coroner's Office	Caucasian	Female	Government
71	Douglas Johnson	Portage Middle	Caucasian	Male	School
72	Todd Willis	Porter Starke Services	Caucasian	Male	Expert SUD
73	Elaina Miller	Volunteer	Caucasian	Female	Volunteer
74	Ellen Irwin	Health Linc	Caucasian	Female	Expert SUD
75	Tim Richardson	Chesterton Police Chief	Caucasian	Male	Law Enforcement
76	Eric Wood	Valpo Naz Church	Caucasian	Male	Religious
77	Erica Rios	Griffith Police Department	Caucasian	Female	Law Enforcemt
78	Erin Hawkins	Valpo High School	Caucasian	Female	School
79	Erin Weber	Juvenile Justice	Caucasian	Female	Youth Serving
80	Erin Such	Porter County Education Services	Caucasian	Female	School
81	Faith Briggs	Regional Health Services	Caucasian	Female	Expert SUD
82	Gary Germann	PC Prosecutor	Caucasian	Male	Law Enforcemt
83	Gina Pike	Regional Mental Health	Caucasian	Female	Healthcare
84	Glen Fifield	Indiana State Police	Caucasian	Male	Law Enforcemt
85	Greg Guernsey	Duneland School Corporation	Caucasian	Male	School
86	Greg Blair	Portage MS	Caucasian	Male	School
87	Joel Hickman	WVLP	Caucasian	Male	Media
88	Gregg Kovach	WVLP	Caucasian	Male	Media
89	Gretchen Arthur	Washington Township	Caucasian	Female	School
90	Nolan Nichols	Washington Township Middle-High School	Caucasian	Male	Youth
91	Heather Rodriguez	Indiana Recovery Network	Caucasian	Female	Expert SUD
92	Heidi Hennigar	Chesterton High School	Caucasian	Female	School
93	Hollie Mokrzycki	LPA Counseling	Caucasian	Female	Healthcare
94	Jack Fink	Volunteer	Caucasian	Male	Parent
95	Jackie Fuller	Ivy Tech	Caucasian	Female	School

96	James Markle	NILEA	Caucasian	Male	Law Enforcemt
97	James Rosinia	Morgan Township	Caucasian	Female	School
98	Jami Carlson	NorthShore	Caucasian	Female	Healthcare
99	Jason Szemes	Indiana Excise	Caucasian	Male	Law Enforcemt
100	Jason Oxendine	Duneland Church	Caucasian	Male	Religious
101	Jason Holaway	Porter PD	Caucasian	Male	Law Enforcemt
102	Jay Birky	PC Sheriff's	Caucasian	Male	Law Enforcemt
103	Jeanie Sienkowski	Chesterton HS	Caucasian	Female	School
104	Matt Reynolds	PC Sheriff's Department	Caucasian	Male	Law Enforcemt
105	Jeff Balon	Sheriff's Department - Sheriff	Caucasian	Male	Law Enforcemt
106	Jeff Brooks	Hebron MS	Caucasian	Male	School
107	Jeni Bolton	McDonald's	Caucasian	Female	Business
108	Jenna Sickinger	Portage Township	Caucasian	Female	School
109	Jennifer Symer	Morgan Township	Caucasian	Female	School
110	Jennifer Hippie	IU School of SW	Caucasian	Female	Volunteer
111	Jess Malher	Porter Co Health Department	Caucasian	Female	Healthcare
112	Jennifer Eades	Northshore	Caucasian	Female	Healthcare
113	Jennifer Rogers	Porter County Education Services	Caucasian	Female	School
114	Jeremy McHargue	Burns Harbor Police Dept	Caucasian	Male	Law Enforcemt
115	Jesse Harper	Center Township Trustee	Caucasian	Female	Business
116	Jessica Niebel	East Porter County School Corporation	Caucasian	Female	School
117	Jessica Brozyna	Porter County Education Services	Caucasian	Female	Volunteer
118	Jessica Herzog-Hall	Indiana Youth Services Association	Caucasian	Female	Expert SUD
119	Jie Chen	Volunteer Michigan State Epi	Asian	Female	Expert SUD
120	Lacey Earle	Washington MS/HS DECA	Caucasian	Female	School
121	Jody Kristoff	Boone Grove	Caucasian	Female	School
122	Joe Hall	Valpo PD	Caucasian	Male	Law Enforcemt
123	Nick Wadell	Porter Starke	Caucasian	Male	Expert SUD
124	Kenneth Luther	WVLP	Caucasian	Male	Media
125	Joetta Collins	Community System Region	African American	Female	Expert SUD
126	John Zack	Portage HS	Caucasian	Male	Volunteer
127	John Wirth	Portage Recovery Association	Caucasian	Male	Parent
128	John Holmen	Porter County Prosecutor's Office.	Caucasian	Male	Law Enforcemt
129	Josh Noel	Hebron Police Department,	Caucasian	Male	Law Encfemt

130	Josh Huwig	Chesterton MS	Caucasian	Male	School
131	Suzette Sorrells	Winston Rayburn Counseling	African American	Female	Expert SUB
132	Joy Sunday	Valparaiso Schools	Caucasian	Female	School
133	Kaela Horn	Family House	Caucasian	Female	Volunteer
134	Kaitlyn Griffin	Franciscan Hospital	Caucasian	Female	Healthcare
135	Karen Bonner	Portage HS	Caucasian	Female	Expert SUD
136	Jennifer Bognar	Duneland Schools	Caucasian	Female	School
137	Kate Vena	Change Therapy	Caucasian	Female	Expert SUD
138	Kathy Flores	Alice's House	Caucasian	Female	Recovery
139	Kenny Furness	Volunteer	Caucasian	Male	Civic
140	Kenny Williams	Hobart PD	Caucasian	Male	Law Enforcement
141	Kevin Zeck	Portage HS	Caucasian	Male	Volunteer
142	Kevin Nevers	Town of Chesterton	Caucasian	Male	Government
143	Kevin Johnson	Author	Caucasian	Male	Parent
144	Kim Smith	NWI Regional Hospital	Caucasian	Female	Healthcare
145	Kristen Doty	Portage Township School Corporation	Caucasian	Female	School
146	Kristen Schacht	Duneland School Corporation	Caucasian	Female	Parent
147	Kristen Peterson	Purdue Northwest University	Caucasian	Female	School
148	Kristi Chervenak	Recovery Connection	Caucasian	Female	Youth Serving
149	Kyle Nelson	Indiana State Department of Public Health	Caucasian	Male	Government
150	Larry Woods	ICJI	Caucasian	Female	Law Enforcement
151	Trish Poncher	HealthLinc	Caucasian	Female	Healthcare
152	Tanicka Briney	Respite House	Caucasian	Female	Recovery
153	Linda Davis	Care Counseling	Caucasian	Female	Volunteer
154	Lisa Hargarten	Parent	Caucasian	Female	School
157	Lorelei Weimer	PC Convention & Visitors	Caucasian	Female	Business
158	Loren Hershberger	Parent	Caucasian	Female	Parent
159	Lori Postma	District 1	Caucasian	Female	Healthcare
160	XXX	XXX	XX	XX	XX
161	Maggie Clifton	City of Valparaiso	Caucasian	Female	Government
162	Mann Spitler	BeSafe Coalition	Caucasian	Female	Parent
163	Marc Chase	NWI TIMES	Caucasian	Male	Media
164	Margaret Land	Michiana Behavioral Health	Caucasian	Female	Expert SUD
165	Maria Stamp	PC Health Dept	Caucasian	Female	Government
166	Mark Maudlin	Thomas Jefferson Middle School	Caucasian	Male	School
167	Matt Heskett	Stigma Never Helps	Caucasian	Male	Expert SUD
168	Maureen Hurst	Boone Grove	Caucasian	Female	School
169	Lacey Earle	Washington Township	Caucasian	Female	Youth

170	Megan Pendleton	Porter County Education Services	Caucasian	Female	Law Enforcemt
171	Megan Fisher	Porter Starke	Caucasian	Female	Healthcare
172	Melissa O'Brian	DCFS	Caucasian	Female	Youth Serving
173	Amber Pardo	NorthShore	Caucasian	Female	Healthcare
174	Michelle Stewart	Chesterton HS	Caucasian	Female	School
175	Mike Stephens	Union Township	Caucasian	Male	School
176	Xxx	Xxx	Xxx	Xxx	Xxx
177	Mike Dehaven	Valpo PD	Caucasian	Male	Law Enforcemt
178	Mike Hamacher	Chesterton Middle School	Caucasian	Male	School
179	Angela Wehner	Porter Starke	Caucasian	Female	Expert SUD
180	Natalie Mahlmann	Valparaiso Police Department	Caucasian	Female	Law Enforcemt
181	Natalie Miller	Valparaiso High School	Caucasian	Female	School
182	Nathan Graf	Sheriff's Department	Caucasian	Male	Law Enforcemt
183	Jeremy D'Alessio	VA	Caucasian	Male	Government
184	Nick Gore	Indiana Center for Recovery	Caucasian	Male	Expert SUD
185	Nicole Sliger	Portage HS	Caucasian	Female	School
186	Jake P.	Portage Recovery Association	Caucasian	Male	Recovery
187	Nicole Walters Parker	Portage Recovery Association	Caucasian	Female	Expert SUD
188	Nicole Slack	Duneland Schools	Caucasian	Female	School
189	Joe Epperson	Landmark Recovery	Caucasian	Female	Recovery
190	Nino Cammarata	East Porter County School Corporation	Caucasian	Male	School
191	Paul Schreiner	Project Neighbors/WVLP	Caucasian	Male	Media
192	Paulina Huffman	PC Veteran's Service	Caucasian	Female	Expert SUD
193	Phil Misecko	South Haven Elementary	Caucasian	Male	Civic
194	Carrie Geschwind	Porter County Health Department	Caucasian	Female	Healthcare
195	Randall Forsythe	Nazarene Church	Caucasian	Male	Religious
196	Randy Wilkening	Portage FD	Caucasian	Male	Government
197	Ray Satterblom	Family First	Caucasian	Male	Youth Servg
198	Regan Keating	Duneland School Corp.	Caucasian	Male	School
199	Rich Schmidt	Living Hope Church	Caucasian	Male	Religious
200	Richard Merschantz	Griffith Police Department	Caucasian	Male	Law Enforcemt
201	Rick McCall	ArcelorMittal	Caucasian	Male	Civic
202	Rob Maynard	Portage PD	Caucasian	Male	Law Enforcemt
203	Robert McDermott	Duneland School Corporation	Caucasian	Male	School

204	Jordyn Moleski	Michiana Behavioral	Caucasian	Male	Expert SUD
205	Ronda Gorby	Footprints	Caucasian	Female	Business
206	Sky McDaniel	Portage High School	Caucasian	Female	Youth
207	Sam Marshall	East Porter Corp	Caucasian	Male	Youth
208	Trevor Dodson	Chesterton High School	Caucasian	Male	Youth
209	Tracy Allen	Brandon's Cause	Caucasian	Female	Parent
210	Sarah Bernard	First Steps	Caucasian	Female	Healthcare
211	Sarah Turner	Health Linc	Caucasian	Female	Healthcare
212	Scott Janson	Gateway Foundation	Caucasian	Male	Business
213	Scott Hufford	Portage High School	Caucasian	Male	School
214	Emily Carpenter	Tobacco & Prevention Coalition	Caucasian	Male	Expert SUD
215	Scott Arnold	Fire Department	Caucasian	Male	Healthcare
216	Shannon Wilder	Portage Township YMCA	Caucasian	Female	Volunteer
217	Crystal Coffey	Porter County Health Department	Caucasian	Male	Healthcare
218	Shawn Evans	Valparaiso Nazarene Church	Caucasian	Male	Religious
219	Shawn Longacre	Duneland School Corporation	Caucasian	Male	School
220	Stacey Kinsey	Portage High School	Caucasian	Female	School
221	Stacey Schmidt	Porter Township	Caucasian	Female	School
222	Stacey Schwuchow	Duneland Schools	Caucasian	Female	School
223	Steph Shostok	Alkermes	Caucasian	Female	Business
224	Stephanie Lenckos	Wheeler High School	Caucasian	Female	School
225	Sue Lipinski	Washington Township MS	Caucasian	Female	School
226	Tammy O'Neill	PACT	Caucasian	Female	Government
227	Tammy Morris	Aliveness project	Caucasian	Female	Youth Serving
228	Tawni Komisarcik	Porter PD	Caucasian	Female	Law Enforcemt
229	Teri Detering	East Porter School	Caucasian	Female	School
230	Terry Gilliana	Valpo PD	Caucasian	Female	Law Enforcemt
231	Tim Beach	Ogden Dunes PD	Caucasian	Male	Law Enforcemt
232	Jamie Cunningham	Community Member	Caucasian	Female	Parent
233	Brian McDonald	Valparaiso PD	Caucasian	Male	Law Enforcement
234	Noah Smiley	Chesterton High School	Caucasian	Male	Youth
235	Laura White	Jesse Brown VA	Caucasian	Female	Government



## Monthly Meeting Schedule

January, February, March, April, May, June, July, August, September, October, November, and December. We meet the 2nd Thursday of every month at Porter County Community Foundation, 1401 Calumet, Valparaiso. December is the award and recognition ceremony. The meeting in person. Open and public welcome to attend or request to be on the agenda.

## 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

Porter County, Indiana

#### County Population

According to the U.S. Census Bureau 2020, the estimated population in Porter County was **173,215** which included 50.5% females. The demographic distributions of Porter County are different from the state. The major population is Caucasian alone, which occupied 91.9% of the entire population. The second-largest population in Porter County in 2020 was Hispanic Latino at 10.4%. The third-largest population in Porter County in 2020 was African American at 4.4% (U.S. Census Bureau, 2020).

#### Schools in the community

##### Porter County School Enrollment 2022

School Corps	Female	Male	Total
MSD Boone Township	492	537	1,029
Duneland School Corporation	2,828	3,003	5,831
East Porter County School Corp	1,161	1,280	2,441
Porter Township School Corp	713	781	1,494
Union Township School Corp	702	705	1,407
Portage Township Schools	3,364	3,599	6,963
Valparaiso Community Schools	3,147	3,209	6,356
Total	12,407	13,114	25,521

#### Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)

Northwest Health Porter, North Shore, Healthlinc, Franciscan Alliance

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

Northwest Health Porter, Porter-Starke, Inc., North Shore, Healthlinc, Mental Health America, Franciscan Behavioral Health, Regional Mental Health, Heartland Recovery, Recovery Works, Midwest Center for Youth & Families, Hillman Psychological Service, Park Dale, Midwest American Psychological & Counseling Services

#### Service agencies/organizations

Family Youth Service Bureau, Care Counseling, Mental Health America, Recovery Connection, Family Focus, Family Youth Service Bureau, Family House, Portage Recovery Association, Samaritan Counseling Center, Inc, Lark's Nest Family Counseling Center, Place Counseling, Diann Bins Counseling, Sankofa Counseling, New Beginnings Counseling, To Be Light Ministries, Beyond Boundaries, INTreatment, Therapy Works, Focus Counseling, Wells Family Counseling, Duneland Counseling Center, The Joshua Center of Valparaiso, Family Concern Counseling, Innovative Counseling, Fresh Start, Choices! Counseling, Moraine House, Respite House, Alice's House, Women's Recovery Home, Recovery Works, Family House, Frontline Foundations, Healthy Kids, Greater Good, Tobacco Coalition, Be Safe, WVLP, Boys and Girls Club, YWCA, PACT, Intrepid Phoenix, Purdue University Northwest, Indiana University Northwest, Ivy Tech Community College, New Creations, Housing Opportunities, Caring Place, Community Foundation, Healthline, United Way, Porter County Suicide Prevention Task Force, Recovery Works, Graceful Yoga, Work One,

**Local media outlets that reach the community**

Matters of Substance Podcast, Porter Life, WVLP, NWI Times, Chesterton Tribune, Post Tribune, The Chronicle, Lakeshore Public TV/Radio, all Chicago media, all Adams Radio stations – Indiana 105, X-Rock 103.9, Z 107.1 and WLJE-FM.

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

Heroin/Opioids, Tobacco/Vaping, Marijuana, Alcohol-underage drinking, Fentanyl, Methamphetamine and Cocaine emerging.

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

Sticker Shock, Take Back Day, Overdose Lifeline, Above the Influence, Marijuana/Heroin/Opioid/Alcohol Town Halls, Matters of Substance Podcast, Mental Health First Aid Training and Mental Health First Aid instructor training, Preventure, Motivational Interviewing, Rx Awareness, Needle Collection and Disposal, SBIRT trainings, ICAADA Peer Recovery Coaching, Certifi, Impaired Driving Simulation, #NotAMinorProblem, Mental Health Awareness Training, Wake Up Call, Parents Who Host, Real Media, Peer Mentoring, Recovery Support, SMART Recovery, Community Outreach and Engagement, INSPECT, Life Skills Strengthening Families, Around the Table, AA, NA, Circle of Support, Beyond the Influence, WVLP Radio weekly programming, ADD, drug tests available to parents, Detera pouches available and Narcan available at PCSAC and Health Department, Family Preservation, Harm reduction, Positive Tickets, Coffee with a Cop, TiRosc, Positive Approach to Teen Health, Police Dept 24/7 prescription drop boxes, Naloxbox strategy and, Naloxone distribution, ACEs, Good Samaritan/Aaron's Law, suicide prevention and Anti-Stigma presentations; PARRI intervention and recovery strategy; DARE;

## Community Profile

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
<p>1. Low perception of harm for Marijuana, tobacco CBD, vaping-related juices, and devices because of marketing to youth, social norming, and generational use.</p> <p>Youth and adults are exposed to pro-Marijuana promotion and marketing tactics in an effort to legalize recreational sales. The fact that neighboring states Illinois and Michigan had legalized Marijuana compounds the problem and increases the likelihood of individual use and normalizing the behavior.</p> <p>Nicotine and vaping have a perceived low perception of harm and a high level of parental acceptance.</p> <p>Youth do not feel a sense of belonging in their community because of the transient nature of society and the absence of stability, long-term friendships, family, and neighbors.</p>	<p>1. The Council has created messaging for the consequences of using Marijuana, cannabinoids, and nicotine.</p> <p>2. A 12-sector approach to disseminating information throughout the community, community town hall meetings, funding earmarked for marketing and promotion, youth council participates in peer-to-peer engagement, active and engaged coalition agencies.</p> <p>3. The Council has a partnership with the school resource officers (SRO) in middle and high schools to minimize the low attachment risk by rewarding the youth for positive contributions to their school community. SRO's also have K-9 to engage youth with therapeutic interaction throughout the day.</p> <p>4. Additionally, this strategy builds a student-law enforcement positive relationship. The strategy is supported by the Council and is an evidence-based program called "Positive Ticketing".</p>	<p>1. Overcoming messaging challenges from powerhouse Marijuana and tobacco industry, limited budget for marketing and promotion; challenges also from promoting message to youth through social media.</p> <p>2. Teachers/schools have limited influence on students; Council provides evidence-based robust programming at no cost to schools, however, sporadic use because of state teaching mandates. Limited school engagement following the pandemic. Continues to be problematic in 2023.</p> <p>3. Porter County has a vocal legislative supporter of the legalization of Marijuana that lobbies for legalization. Although that legislator has vacated their seat, a person with same agenda has replaced them and continues to reintroduce bills at the state level.</p> <p>4. Limited participation at events due to dual working parents and time of day events are held. Virtual also not as responsive as was in</p>

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

	<p>5. The Drunk Driving Task Force has created partnerships with local coffee shops throughout the county to promote goodwill and build community relationships with the residents. The events are called “Coffee with a Cop.” Expansion needed for military specific group.</p>	<p>2020 – 2022. Exploring streaming options, sector focused apps and Facebook live broadcasts.</p>
<p>2. Youth report a low perception of harm with consideration for heroin/opioids, schedule 1-5 drugs/chemicals, Marijuana, and underage drinking.</p> <p>Intergenerational substance- use increases youth experimentation and drug use.</p> <p>Adult and youth with undiagnosed mental health issues go untreated and lead to self-medication and potential drug addiction.</p>	<p>1. Matters of Substance podcast discussions geared toward parents, community, and youth. Youth developed podcasts and PSA’s for peer-to-peer discussions. Include expert-led professionally focused topics</p> <p>2. Training mentors, support of Mentors as role models Mentor/mentee relationship through youth mentor community programs.</p> <p>3. Fully trained and certified staff provide training and resources to the community, provide Overdose Lifeline TINAD and Preventure to all school corporations, Real Media, Parents that Host, Take Back Day, MHFA. Increase MHFA instructors.</p> <p>4. Council provides drug tests to parents to test their child if suspicious or to set a baseline. Increase social media promotion.</p> <p>5. The council funds community agencies to provide direct programming and strategies to youth, mental health training; and encouraging potential grantees to continue sustainability of strategies. Increase MHFA to all grantee categories to expand programming.</p> <p>6. Funding to address youth substance use and provide tactics to reduce the perception of low harm as related to substance use.</p> <p>7. Provide Mental health training (MHFA); Provide programs and initiatives that reduce the supply and availability of drugs such as,</p>	<p>1. Treatment and recovery efforts are resisted because of shame and judgment. Matters of Substance podcast and WVLP radio broadcast success stories, prevention topics, suicide, anti-bullying messages, and stigma discussions to provide information to listeners for acceptance and action weekly. Harm Reduction efforts and presentations increased for anti-stigma campaign, Good Samaritan Law, and Aaron’s Law. Increase attendance by recruiting coalition membership.</p> <p>2. Although training is provided (with CEUs or certification) on a variety of topics, unless there is a WIFM motivation, then attendance has increased. Encouraging PTTC, MHAI and other external resources is helpful in reducing costs for the LCC.</p> <p>3. Agencies continue to work in “silos” and resist participating in a community forum. Community agencies attack each other during open discussions for not doing enough. Agencies begin to divide and competition increases with the impending release of the opioid settlement funds.</p> <p>4. High levels of community funding result in a flooded service market where agencies are competing for participants to fulfill grant requirements. Agencies within the county and neighboring counties compete for attendees because they have the same grants making</p>

	<p>INSPECT, and Take Back Day. Support harm reduction such as needle collection, Naloxone box installations and Naloxone training and distribution. Provide funding for additional Harm Reduction strategies-Naloxbox installments, vending machines, training, and distribution outlets.</p>	<p>competition high and morale low. Agencies continue to ignore boundaries and compete for attendees to fill classes for grant compliance.</p>
<p>3. Data indicates the community norm supports underage drinking for celebratory milestones such as graduation, prom, homecoming, and athletic achievements.</p> <p>Parents acceptance of underage drinking and feel they have the responsibility to monitor the behaviors. Parental monitoring is perceived as safe parenting.</p> <p>Low perception of harm for long term consequences of underage drinking.</p>	<p>1. The Council has developed a marketing campaign to identify the consequences of underage drinking. The campaign airs on local radio and is a mainstay on WVLP - PSA's as well as Matters of Substance podcast.</p> <p>2. The marketing materials are available to interested agencies and community organizations for distribution. The council implemented a sticker &amp; shock campaign at the local liquor stores. Provided information to educate the staff and local liquor stores about the consequence of serving alcohol to minors. Updated campaign for 2023.</p> <p>3. The Council has developed a billboard to address underage drinking and hosting alcohol parties for minors. A contract was signed for 52 weeks of substance use and mental health messaging at 3 locations in Chesterton with a partnership with Duneland Chamber.</p> <p>4. Drunk Driving Task Force hosts prevention car simulation classes before each student milestone event to promote wellness and safety protocols: Goggles and Carts. This eye-opening exercise simulates the impairment of drunk driving and leaves a lasting impact, motivating young people to consider alternatives to driving under the influence updated programs 2023.</p>	<p>1. Parent education is key to reducing underage drinking. Additional resources to be developed aimed toward the adult as a role model. Parents Awareness Guide in wallet sized format is digital and easily updated – coalition designed.</p> <p>2. Youth mentoring opportunities are limited. Youth mentoring to include substance use module and mental health training for the adult mentor. Boys and Girls Club 2021 grantee no longer serving NWI.</p> <p>3. Challenge to target social media and broadcast platforms with extensive and no exhaustive programming choices. It is a challenge to pinpoint a medium for the broadest mass appeal and consideration. Updated 2023, using universal approach and micro approach with speaker's bureau.</p> <p>4. MHFA instructors training and certification need to increase for professionals and agencies. Although MOU's are signed, agency resignations leave a training &amp; credentialing gap after a substantial investment.</p>

	<p>5. Coalition members and community agencies are trained to identify mental health issues and provide referrals. Mental Health First Aid, QSP, and SBIRT, suicide prevention training is available to schools, law enforcement, first responders, educators, and community members to identify and intervene with mental health and substance abuse issues; grantees will provide sustainability for future growth. Staff is encouraged to seek the Certified Prevention Specialist designation. 3 staff have been awarded the designation. All staff are working toward the goal of receiving the designation. Suicide prevention partnership with county-based committee possible future grantee. Four staff are instructors of Mental Health First Aid resulting in additional community trainings and certifications.</p> <p>6. Council and local agencies hosted an event called Parents awareness PSAs, these PSAs provided different tips and suggestions to help parents to identify the sign and symptoms of substance use and mental health crisis. Twenty-seven local leaders have recorded message to the community highlighting mental health and drug related issues as identified by current data and are broadcast by grantee WVLP throughout the week.</p> <p>7. Council conducts an environmental scan focusing on alcohol messaging, alcohol use and access, and tobacco use. Environmental scanning is a process involving the observation (data collection) of social mechanisms that influence behavior—in this case, alcohol, and tobacco consumption—and the interpretation (data analysis) of the information to better understand a behavioral trend. Community events, public parks, recreation area are surveilled, and data gathered. Our epidemiologist</p>	
--	---	--

	has created less formal evaluations by using Survey Monkey that can be implemented in a compressed timeframe.	
<b>Protective Factors</b>	<b>Resources/Assets</b>	<b>Limitations/Gaps</b>
<p>1. Socioeconomic Status: Highly rated quality of life indicators &amp; economic viability. Median income \$71,152; poverty rate is 8.6%; life expectancy is age 80.8 for females and 76.7 for males; In 2020, 93.6% of people with a high school diploma or higher and 28.4% of people earned a bachelor or higher degree, which is higher than Indiana.</p> <p>2. Community involvement and active in promoting health behaviors and supporting substance use reduction initiatives.</p> <p>3. Agencies partner to provide resources to increase mental health initiatives and reduce substance use. Letters of support from treatment and recovery providers.</p>	<p>1. The Council is the acting hub of substance-related activities and provides expert training, credentialing, continuing education, resources, and support to agencies and the community at no cost.</p> <p>2. The Tobacco Education and Prevention Coalition provides strategies to reduce tobacco and vaping behaviors at no cost. Vaping in schools has increased along with consequences for youth including detention, suspension, and recommendations to juvenile justice system. Provide additional strategies for youth diversion in school and courts. The Council is an active member of the coalition. The community supports the no-smoking initiative throughout the county to include but not be limited to government buildings, healthcare facilities, police agencies, and school campuses. A dedicated member attends monthly meetings.</p> <p>3. Elected county officials are committed to restricting the legalization of Marijuana under this administration. Additionally, nicotine and vaping juices, as well as devices, are restricted from youth purchases. Identification is required and Excise compliance checks in District 1 are frequent and check for underage sales of alcohol, tobacco/vape products, and synthetic cannabinoids. Continue to maintain a working relationship with Excise and seek recommendations and data.</p> <p>4. Increase partnerships with liquor stores for discussion, data, and feedback to enhance Sticker Shock strategy.</p>	<p>1. Local treatment facilities show an increasing percentage of patients' volume of substance use and mental health issues due to the pandemic. There also has been an increase in treatment provider representatives that have joined the coalition.</p> <p>2. There are community gathering places throughout the county to recreate but lack of transportation limits uses by those in the lower income bracket. 7.9 % of the uninsured have limited healthcare choices.</p> <p>3. Teachers and school personnel need to be regularly tested for substance use. Incidents where no formal consequences for impaired teaching professionals where arrests were public incited the community.</p>

	<p>5. School campuses have zero tolerance for substance possession and/use while on school property. Consequences are listed in the policy and procedure manual.</p> <p>6. School resource officers are stationed at campuses throughout the day and available for consultation and providing safe environments that promote learning.</p>	
<p>2. Robust community engagement and agencies that support prevention, treatment, recovery, and judicial efforts.</p> <p>Mental health and substance use disorder is a community priority. Agencies provide a range of options for personal care to accommodate varied household incomes. Suicide prevention resources and agency specific organization that provides outreach and engagement. County health department and VA actively participate in strategies.</p> <p>Recovery efforts are supported by the community.</p>	<p>1. Agencies and organizations offer programs and services to detour substance use disorder and reduce impaired driving. Law enforcement agencies and the Drunk Driving Task Force partner with schools and MADD/SADD to promote safe driving. Impaired driving simulation obstacles and school field days are offered during prom/graduation/homecoming. In 2022, schools have made these events optional. The optional status has decreased attendance in the events. Events are organized by teacher or department and would be helpful to have the school administration encourage activities to increase outreach efforts.</p> <p>2. Community agencies and churches form partnerships to house the homeless and those with mental and substance abuse issues. However, this past year has seen a decrease in overnight services provided in churches due to city and town ordinances. This has opened temporary homeless housing on the outskirts of town in open private fields.</p> <p>3. Prosecutor’s Office works with law enforcement to fully prosecute and convict impaired drivers of the law. Offender rehabilitation is the goal to keep the public safe. Diversionary court program are drug court and mental health court to reduce convictions. Mandate evidence-based programs to educate offender</p>	<p>1. Data indicates that stigma and the misconceptions that support it prevent those in recovery from fully integrating into the community. Additional state and federal funding provide dollars to create universal marketing strategies.</p> <p>2. Porter County residents struggling with substance dependence oftentimes still face the negative stigma and shame associated with addiction. This may prevent them from fully integrating back into society. Increase agency certification to provide education and resources.</p> <p>3. Lack of insurance, funding avenues, and/or available openings at facilities make inpatient substance abuse/detox treatment within Porter County, and other surrounding counties, a challenge at times.</p> <p>4. Porter County doesn’t have a dedicated detox facility and referrals are to Lake County, downstate, or out of state. Most detox is implemented in Porter County Jail. Opioid Settlement Funds have been earmarked to support a proposed halfway house in Portage.</p> <p>5. Many O-P treatment facilities from other states are in the county. It is challenging to vet the facilities in an effort to address the increasing frequency of new centers and their legitimacy before supporting promo.</p>



	<p>before release.</p> <p>4. Community leadership promotes and supports recovery initiatives. Recovery resources are available for those seeking help. AA, NA, SMART Recovery, and faith-based alternatives are offered for adults and youth to achieve long-term sobriety.</p> <p>5. Holistic behavioral mental health and awareness initiatives have been well received and have proven effective in prevention, treatment, recovery, and law enforcement (jail) and court strategies.</p> <p>5. Recovery outreach throughout the state is on the upswing. Indiana Recovery Network/Mental Health America Indiana provides monthly meetings and webinars to the LCC's. Indiana Addictions Coalition, Indiana Assoc. of Peer Recovery and Next Level Recovery provide structure and support to the LCC's and local agencies. LCC supports recovery through grant funding. 2022 recovery and harm reduction efforts have increased. LCC is planning for Recovery Community Organization through Faces and Voices of Recovery and MHAI. Community Readiness model indicates ACEs, Anti-Stigma, Good Samaritan/Arron's Law and Narcan distribution community appropriate and acceptable to implement.</p>	<p>6. There are limited recovery houses available for female and male residents; however, community agencies work together to house and shelter those in active addiction as well as those in recovery. Slated to be addressed by the Opioid Settlement Fund funding.</p> <p>7. Recovery options are still limited but Recovery Connection is building capacity to function as the hub of recovery in Valparaiso for adults and teens. Recovery Connection is in the final credentialing stage and plans expansion to build an annex across the street from current location. Three 20 recovery is an active state hub located in Chesterton.</p> <p>9. Certain populations are reluctant to seek help. Aged, LGBTQ+, Hispanic populations are reluctant to join the coalition. Relationship with LGBTQ outreach community are slowly being established.</p>
<p>3. Appropriate structure such as limits, rules, monitoring, and predictability.</p>	<p>1. Strong mental health and faith-based community is invested in preventive measures, treatment modalities such as medication-assisted treatment, recovery, and recovery support. Implement holistic evidence-based approaches.</p> <p>2. First Responders are trained to respond to overdose events with Naloxone and refer to treatment for rehabilitation. The coalition now actively seek agencies to support the</p>	<p>1. Wait times to initiate a therapeutic intervention for both mental health and substance treatment can be lengthy at times. Some waiting lists for at least 30 days. New facilities offer more opportunity for treatment and recovery. Additional focus on pregnancy, youth, and elderly.</p> <p>2. Parents don't seek help for their children because of stigma.</p>

	<p>installation of NaloxBoxes and Naloxone distribution through ODLL. In some instances, the Council assumes 3<sup>rd</sup> party pay responsibility under presumptive eligibility guidelines to expedite healthcare.</p> <p>3.The Council acts as the community hub for networking, training, and planning substance use prevention, treatment, law enforcement/judicial and recovery strategies with a multitude of agencies.</p>	<p>3.Parents can't identify substance use in the experimental stage until it becomes an addiction.</p> <p>4. Challenge to reach parents involved clubs and organizations. Most things in a digital and virtual format, it is a challenge to identify and contact them.</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. Porter County residents, youths, and adults, are exposed to consistent Marijuana and nicotine marketing due to neighboring Illinois and Michigan that have legalized use. Low perception of harm is also noted for nicotine. Law enforcement is reluctant to arrest and prosecute offenders crossing state lines.</p>	<p>1. Porter County residents do not see the dangers that are associated with Marijuana and liquid nicotine because of ad campaigns that normalize the behaviors</p> <p>2.Porter County experiences challenges in its youth and adult populations with both the use and abuse of cannabinoids and/or nicotine products in all their various forms. Products are easily accessible at gas stations, mini-marts and stand-alone businesses.</p> <p>3.Neighboring Illinois and Michigan openly sell Marijuana in-store oftentimes to minors.</p> <p>4.Adults and minors travel to legalized Marijuana states in less than an hour and return to Indiana with the product for use and sale.</p>

	5. Northwest Indiana has Chicago, Illinois media, TV, radio, billboard influences because of the proximity – under an hour of travel time and there is evidence of cross-culture and ideations.
2. Porter County youth have a low perception of harm when discussing the use and abuse of Heroin, Fentanyl, Cocaine, Meth, prescription drugs, and other illicit substances. Youth committee report a low percentage of classmates using drugs other than alcohol and THC vapes.	<p>1. Porter County youth are at higher risk for developing substance use disorder due to permissive peer and family norms.</p> <p>2. Porter County is lacking in youth peer to peer mentoring and youth participation in preventative substance use education. Both adults and youth reluctant to participate in organized mentoring programs. Rigorous screening, lack of coordination and overwhelming mandates inhibit implementation.</p> <p>3. Porter County struggles with the use and abuse of illicit drugs such as Heroin, Fentanyl, Cocaine, Meth, and a variety of prescription medications with polysubstance use being of key concern. The use of these illegal substances is negatively affecting a variety of legal, health, and social outcomes.</p>
3. In Porter County, both the youth and adult populations have a low perception of harm when discussing alcohol use/abuse.	<p>1. Porter County Residents, both young and old, have been impacted by health, legal, financial, socioeconomic, and quality of life characteristics by the misuse and abuse of alcohol products.</p> <p>2. Porter County residents, both young and old, have higher than average rates of binge drinking.</p> <p>3. Porter County adults do not properly lock up their alcohol which leads to minors having unlimited, unsupervised access to the alcohol.</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). **Epidemiological Update: Jie Chen, 2023.**

Problem Statements	Data That Establishes Problem	Data Source
1. Porter County experiences challenges with Marijuana, cannabinoids, and vaping products in all their various forms.	<p><b>Marijuana:</b></p> <p><b>Adults</b></p> <p>In the treatment admissions report system, Porter County had a total of 422 treatment episodes, 31.3% of treatments episodes related to marijuana use and 10.2% of treatments episodes were marijuana dependence.</p> <p>In 2022, there were a total of 402 incarcerations due to marijuana use in Porter County, which occupied 25% of the total</p>	<p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2020, Page 56</p> <p>IN.Gov. (2022). Indiana drug data</p>

	<p>incarceration of substance use. According to the local healthcare facility, cannabis use is one of the top three substance use in Porter County.</p> <p>More than a third (37.6 percent) of sexual minority adults 18 and older reported past-year marijuana use, compared to 16.2% reported by the overall adult population.</p> <p><b>Youth</b>  In 2021, Porter County Juvenile Probation reported a total of 341 positive drug screens tests, 95.6% of the positive samples associated with marijuana use.</p> <p>In 2022, 13.7% of 12th-grade students reported current use of Marijuana in Porter County.</p> <p>The mean age of first-time use marijuana among 6-12th Porter County students was 10.27 yrs. old.</p> <p>About 28.2% of 12<sup>th</sup> grade students reported that their friends won't feel wrong if they smoke marijuana</p> <p>About 13.1 % of 12<sup>th</sup> grade students reported that they got marijuana from friends.</p> <p><b>Tobacco products</b>  <b>Adults</b>  In Indiana, about 11,100 adults die every year from smoking, and 333,000 live with a tobacco-related disease.</p>	<p>Porter-Starke (2021)</p> <p>National Institute on Drug Abuse. (n.d.)</p> <p>Porter County Juvenile Probation (2021)</p> <p>2022 Indiana Youth Survey (INYS) Porter County Schools 6-12<sup>th</sup> Grade Students</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 53</p>
--	--	--

	<p>In Porter County, the estimated number of people living with a tobacco-related illness is 8,501, and there were 283 deaths due to tobacco. About 45 people died due to secondhand smoke.</p> <p>Adult Smoking Prevalence in Indiana, by Gender, Race/Ethnicity, and Age Group  20.8% Male.  18.1% Female.  19.9% White.  20.3 % Black.  11.1 % Hispanic.  Age groups:  18-24 Yrs. old: 11.4%.  25-34 Yrs. old: 23.6 %.  35-44 Yrs. old: 25.2%.  45-54 Yrs. old: 21.1%.  55-64 Yrs. old: 25.3%.  65+ Yrs. old: 11.2%.</p> <p><b>Youth</b>  About 23.9% of Indiana college, students reported current use of e-cigarettes.</p> <p>In Porter County, the percentage of electronic vapor product was 14.3% for 12th-grade students.</p> <p>A total of 148 incidents and 137 unique students involved in suspensions/expulsions due to tobacco use in Porter County, Academic Year 2019-20.</p>	<p>Behavioral Risk Factor Surveillance System, (2020)</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 42</p> <p>2022 Indiana Youth Survey (INYS) Porter County Schools 6-12<sup>th</sup> Grade Students</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile (2022, page 47)</p>
<p>2. Abuse/use of Prescription Drugs, Fentanyl, Opioids, Heroin, Cocaine, Meth, polysubstance, and other illicit drugs negatively affect the quality of life in Porter County.</p>	<p><b>Adults:</b>  Porter County had a higher opioid prescription dispensations rate than Indiana [Porter County :134.1 per 1,000; Indiana: 178.6 per 1,000].</p> <p>In 2022, Porter County has a total of 54 cases of non-fatal inpatient hospitalizations that related to any drug overdose, which involved 18 cases with opioid overdose, 7 cases related to opioid pain reliever, 5 cases related to heroin, 5 cases related to cocaine.</p>	<p>Indiana State Department of Health (2022q3)</p> <p>Indiana State Department of Health (2022)</p>

	<p>In 2022, Porter County had 170 EMS incidents that included naloxone administration and 10 EMS incidents that included naloxone administration per 10,000 county residents.</p> <p>In 2022, a total of 1522 was incarcerated due to illegal drugs, which included 75 cases involved cocaine, 148 cases involved controlled substances, 94 cases involved meths, 48 cases involved opioids, and 329 cases involved paraphernalia.</p> <p>In 2022, a total of 329 cases of treatment admission in Porter County: 16.7% of Rx Opioid Misuse, 10.9% Rx Opioid Dependence, 37.4% of Heroin Use, 28.9% of Heroin Dependence; 15.8% of Cocaine Use, 4.9% of Cocaine Dependence, 16.7% of Meth Use, 9.1% Meth dependence, and 3.6% of Rx stimulant use.</p> <p><b>Youth</b></p> <p>In 2021, there were a total of 960 offenses of various types committed, 14.38% of the offenses were for drug-related offenses.</p>	<p>IN.Gov. (2022). Indiana drug data.</p> <p>IN.Gov. (2022). Indiana drug data.</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile, 2022 (page 101)</p> <p>Porter County Juvenile Probation (2021)</p>
<p>3. Alcohol use/abuse by both youth and adults has led to a decline in the quality of life in Porter County.</p>	<p><b>Adults:</b></p> <p>In 2022, there were 915 adult alcohol arrests throughout Porter County.</p> <p>Alcohol-impaired driving deaths in Porter County was increased from 17% to 15% in 2019-2020.</p> <p>In 2021, a total of 329 treatment episodes in Porter County, 41.9% of treatment episodes related to alcohol use and 33.1 % episodes related to alcohol dependence.</p> <p>In Indiana, 56.1% of males and 44.2 % of females report having used alcohol in the past 30 days.</p>	<p>IN.Gov. (2022). Indiana drug data.</p> <p>County Health Ranking (2022).</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, page 21</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, page 18</p>

	<p>Current alcohol use in Indiana by race and ethnicity: (Report having used alcohol in the past 30 days.) 50.4% White. 53.2% African American 36.6% Asian 44.5% of the Hispanic</p> <p>By age groups: 18-24 Yrs. old: 44.3%; 25-34 Yrs. old: 61.6 %; 35-44 Yrs. old: 58.7%; 45-54 Yrs. old: 53.7%; 55-64 Yrs. old: 49.1%; 65+ Yrs. old: 36.7%.</p> <p><b>Youth:</b> In 2021, there were a total of 83 removals of children from their homes in Porter County; among these removals, 25 (30.1%) of cases were indicated that alcohol use as the primary reason for removal.</p> <p>In 2021, there were a total of 960 offenses of various types committed by the 882 referred juveniles; of 960 offenses referred, 126 (13.13%) offenses were for alcohol-related offenses.</p> <p>The mean age of first-time alcohol use in Porter County was 10.52 yrs old in 2022.</p> <p>Current alcohol use among youth in Porter County by grade level: 18.4% of 12<sup>th</sup>, 25.6% of 11<sup>th</sup>, 10.5% of 10<sup>th</sup>, 7.7% of 9<sup>th</sup>, 11.6% of 8<sup>th</sup>, and 7.8% of 7<sup>th</sup> grade self-reported past 30 days alcohol use in Porter County.</p> <p>Binge Drinking: 6.4% of 12<sup>th</sup> and 12.8 % of 11<sup>th</sup> grade self-reported past 30 days binge drinking in Porter County.</p>	<p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022 (page 27)</p> <p>Porter County Juvenile Probation (2021)</p> <p>Indiana Youth Survey (INYS) 2022 Porter County Schools 7-12<sup>th</sup> Grade Students</p>
--	---	---

	<p>Access to alcohol: In 2022, there were 36.1% of 12<sup>th</sup> grade students and 18.2% of 11<sup>th</sup> grade students reported it would be very easy to get alcohol.</p> <p>About 14.9% of 12<sup>th</sup> grade students reported that they get alcohol from a party.</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.*

<b>Problem Statements</b>	<b>What can be done (action)?</b>
<p>1.Porter County experiences challenges with Marijuana, cannabinoids, and vaping products in all their various forms.</p>	<ol style="list-style-type: none"> <li>1. Encourage elected officials to oppose the legalization of Marijuana.</li> <li>2.Encourage elected officials to include product packaging design guidelines when creating legislation to reduce the appeal to youth.</li> <li>3.Provide support and resources to community sectors to reduce use/abuse.</li> <li>4. Provide professionals opportunities to engage with legislators at the state level. Provide local testimony.</li> <li>4.Support classroom evidence-based behavioral health and mental health and wellness curriculum that addresses Marijuana and related issues.</li> <li>5.Continue to encourage local schools to participate in the Indiana Youth Survey to collect data.</li> <li>6. Provide holistic and wellness opportunities for the community to provide alternative healing and learn self-healing modalities to reduce mental and physical illness.</li> <li>7. Develop PARRI program for law enforcement agencies to assist in intervention and recovery measures to reduce incarceration and increase mental health protocol. Build framework for strategy.</li> <li>8. Ensure evaluation provides outcomes and feedback for goals, objectives, and actionable plans.</li> </ol>
<p>2. Abuse/use of Prescription Drugs, Opioids, Heroin, Cocaine, Fentanyl, Meth, polysubstance and other illicit drugs negatively affect the quality of life in Porter County.</p>	<ol style="list-style-type: none"> <li>1.Provide support and resources to community sectors to reduce use/abuse. Create training opportunities in mental health and wellness modalities for alternate healing. Strengthen partnerships at schools, community agencies and Recovery Community Organizations.</li> <li>2.Support classroom evidence-based health curriculum that addresses illicit substances and related issues.</li> </ol>



	<p>Increase partnership with Overdose Lifeline to provide new strategies for school evidence-based programs.</p> <p>3. Create &amp; distribute prevention media campaigns to give education information to the community to increase their awareness about the negative health outcome of substances use. Adopt streaming services and social media hubs to increase messaging and continuity.</p> <p>4.Support youth-driven activities at the community level to provide prevention education and reduce the use of prescription drugs, Opioids, Heroin, Cocaine, Meth, polysubstance and illicit drugs. Encourage adult-led and peer supported person to person clubs and social events to reduce anxiety, depression, suicide and bullying. Provide evaluation, data collection and outcomes.</p> <p>5.Support dedicated professionals to increase MHFA instructors with certifications for teen module, Adverse Childhood Experiences certification, Narcan training, ASIST suicide prevention, and youth leadership programs.</p> <p>6.Introduce “Parent Café” to provide a safe space for parents and caregivers to talk about challenges and topics related to family dynamics.</p> <p>Develop content for Matters of Substance podcast and WVLP broadcast to educate the public on related topics. Increase programming to include professional content and conversational community programming.</p> <p>7.Supplant Youth Councils at middle/high schools to promote healthy choices, increase protective factors, and reduce risk factors. Provide evidence-based curriculum, leadership opportunities and encourage positive social interactions to create community.</p> <p>8.Create collaboration with Sheriff’s Dept., recovery houses, community colleges to provide support to those incarcerated and in the juvenile justice system to assist completion of high school course work and further education to reduce recidivism. Partner with Work One and Juvenile Justice Department.</p> <p>9.Support harm reduction efforts to safely collect and dispose of unused and unwanted prescription drugs and needles/syringes at drop-off locations throughout the county. Increase harm reduction strategies for Narcan distribution and provide resources for sustainability.</p> <p>10.Encourage schools to participate in the Indiana Youth Survey.</p> <p>11. Develop content for Matters of Substance podcast and WVLP broadcast to educate the public on the topics of prevention/treatment/recovery of illicit drugs.</p>
--	---

	<p>12. Develop PARRI through PARRI.org for law enforcement, fire departments, first responder agencies, school SRO to assist in intervention and recovery measures to reduce incarceration and increase mental health protocol. Build framework for strategy for Year 1 pilot program and YR 2 Opioid Settlement Funds request.</p>
<p>3. Alcohol use/abuse by both youth and adults has led to a decline in the quality of life in Porter County.</p>	<ol style="list-style-type: none"> <li>1. Educate adults about the harm alcohol can cause to youth development. Expand partnership with liquor stores dedicating staff to monthly feedback.</li> <li>2. Support classroom evidence-based health curriculum that addresses alcohol and related issues.</li> <li>3. Supplant Youth Councils at middle/high schools to promote healthy choices, increase protective factors, and reduce risk factors.</li> <li>4. Support a dedicated Certified Prevention Specialist at each school. Assist with training and certification requirements. Obtain specific funding from community grants.</li> <li>5. Continue to encourage local schools to participate in the Indiana Youth Survey.</li> <li>6. Prevention strategies for underage drinking as classroom curriculum.</li> <li>7. Create collaboration with Sheriff's Department, recovery houses, community colleges to provide support to those incarcerated to assist completion of high school course work and further education to reduce recidivism.</li> <li>8. Develop additional content for Matters of Substance podcast and WVLP broadcast to educate the public on the topics of prevention/treatment/recovery of alcohol use/misuse. Create professional content with actionable community strategies.</li> <li>9. Develop PARRI program for law enforcement agencies to assist in intervention and recovery measures to reduce incarceration and increase mental health protocol. Build framework for strategy.</li> </ol>

**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.*

<b>Problem Statement #1: Marijuana</b>	
<b>Goal 1</b> The LCC will increase awareness and educate the community (youth ages 11-18 & adults) concerning the risk of use/abuse of Marijuana, cannabinoids, and nicotine substances and related products by 6 % within one year period. The data will be used from the Indiana Youth Survey and Indiana Department of Health database. If the 6% of reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.	
<b>Goal 2</b> The LCC will decrease the use of marijuana, cannabinoids, and nicotine of adults and youth (age 11-18) by 5 % over each year with special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from law enforcement data and juvenile probation data. If the 5% of reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.	
<b>Problem Statement #2: Illicit Drugs</b>	
<b>Goal 1</b> The LCC will increase community awareness of the problems and solutions associated with <b>Prescription drugs, Fentanyl, Opioids, Heroin, Cocaine, Meth, Polysubstance, and other illicit drugs</b> by 7% within one year period with special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from the Indiana Youth Survey, law enforcement, and Indiana Department of Health. If the 7% of reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.	
<b>Goal 2</b> The LCC will reduce the number of deaths from <b>Prescriptions drugs, Opioids, Heroin, Fentanyl, Cocaine, Meth, Polysubstance, and other illicit drugs</b> by 5% within one year of partnerships with law enforcement, justice, treatment, and education. The data will be used from Porter County Coroner's office data. If the 5% reduction is not achieved in one year the LCC will evaluate its approach and adjust accordingly.	
<b>Problem Statement #3: Alcohol</b>	
<b>Goal 1</b> The LCC will reduce the use of alcohol amongst youth ages 11- 18 and adults by 5% within one year by increasing media campaigns, prevention programs, and introducing evidence-based curricula to underserved populations. The data will be used from the Indiana Youth Survey and law enforcement data. If the 5% reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.	
<b>Goal 2</b> The LCC will increase awareness and educate residents by 7 % on the harmful effects and consequences of misuse of alcohol by youth (ages 11-18) and adults with special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from the Indiana Youth Survey, juvenile probation data, and law enforcement data. If the 7% reduction is not achieved in one year the LCC will evaluate its approach and adjust accordingly.	

### Step 5: Plans to Achieve Goals

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

<b>Problem Statement #1</b>	<b>Steps</b>
<b>Goal 1</b> The LCC will increase awareness and educate the community (youth ages 11-18 & adults) concerning the risk of use/abuse of Marijuana, cannabinoids, and nicotine substances and related products by 6% within one year period. The data will be used from the Indiana Youth Survey and the Indiana Department of Health.	<ol style="list-style-type: none"> <li>1. Encourage elected officials to oppose the legalization of marijuana in the state of Indiana. Encourage scheduled visits with legislators for professional coalition members and community members.</li> <li>2. Encourage schools to participate in the Indiana Youth Survey to collect data on marijuana, cannabinoids, and nicotine use.</li> <li>3. Encourage agencies to provide youth mentoring initiatives with an emphasis on at-risk youth in elementary through high school to increase</li> </ol>

	<p>protective factors and decrease risk factors for substance use/abuse.</p> <p>4. Develop and execute town hall events to support evidence of the risks of Marijuana for elementary-aged youth, prenatal and pregnant populations. Encourage coalition members to become an active member of Smart Approach Marijuana SAM state affiliate.</p> <p>5. Support substance use education and trending topics related to marijuana and nicotine through partnerships with the Matters of Substance podcast and universal marketing efforts to increase community reach and encourage social media reach for desired demographics.</p> <p>6. Fund prevention and/ or education programs focused on marijuana use.</p> <p>7. Fund intervention and/ or treatment programs focused on marijuana use. Introduce holistic and wellness options. Increase sector partnerships in faith-based and school sectors.</p> <p>8. Fund justice services and activities focused on marijuana use. Court mandated education, monitoring devices, evidence-based tools.</p> <p>9. Fund evaluation of each grantee to collect data on outcomes and provide feedback.</p>
<p><b>Goal 2</b> The LCC will decrease the use of marijuana, cannabinoids, and nicotine of adults and youth (age 11-18) by 5 % over each year with special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from law enforcement data and juvenile probation data. If the 5% of reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.</p>	<p>1. Increase law enforcement capacity and provide technological tools to assist in identifying impaired drivers and assessing. Support law enforcement task force to increase training opportunities on mandated trainings related as related to substance use: Mental Illness, Addiction &amp; Disabilities IC-5-2-1-9 (g); Human Trafficking (8 areas) IC 5-2-1-9 (g) &amp; IC 5-2-1-9 (a) (10); De-Escalation IC 5-2-1-9 (g) and other related trainings as noted by IC.</p> <p>2. Support and encourage therapeutic and/or alternative treatment programming, with an emphasis on evidence-based programming for targeted populations.</p> <p>3. Encourage and support programs that serve individuals in recovery to increase protective factors against substance use.</p>
<p><b>Problem Statement #2</b></p>	<p><b>Steps</b></p>
<p><b>Goal 1</b> The LCC will reduce the number of deaths from prescriptions drugs, Opioids, Heroin, Fentanyl, Cocaine, Meth, Polysubstance, and other illicit drugs by 7% within one year of partnerships with law enforcement, justice, treatment, and education. The data will be used from Porter County Coroner’s office data. If the 7% reduction is not achieved in</p>	<p>1. Promote the use of the INSPECT prescription database system by doctors and law enforcement to reduce overprescribing of medications.</p> <p>2. Build capacity by partnering with member agencies. Encourage CADCA membership for prevention education and credentialing.</p>

<p>one year the LCC will evaluate its approach and adjust accordingly.</p>	<p>3. Support educational opportunities for incarcerated population leading to high school equivalency degree and/or post- graduate education at college or trade school. Partnership with Work One.</p> <p>4. Partner with treatment agencies to provide innovative and useful programming to address the psychological, emotional impact of incarceration – family engagement, art, and music therapy; as well as skill-building to increase employment opportunities upon release. Consideration of all evidence-based wellness and recovery resources. Provide community presentations to address ACEs, Anti-Stigma, Good Samaritan Law/Aaron’s Law.</p> <p>5. Support law enforcement and justice for arrest, conviction, rehabilitation of the offender. Including but not limited to additional patrols, social worker placement, PARRI program, recovery support.</p> <p>6. Support and encourage therapeutic and/or alternative treatment evidence-based programming to address prescription, Fentanyl, Opioid, Meth, Heroin, and other illicit drug use/abuse with an emphasis on target populations recently released inmates, overdose victims and families.</p> <p>7. Encourage and support the formation of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. Parent Café and Recovery Café program.</p> <p>8. Provide resources for Peer Recovery Coach training, credentialing, and memberships with Mental Health America Indiana’s Stanley Kemper Institute. Partner with county RCO or create RCO with assistance from Indiana Recovery Network and/or Voices and Faces of Recovery.</p> <p>9. Increase evidence-based initiatives in targeted populations-rural communities, Gender-specific, prenatal, and pregnant, geographically specific, and age-specific populations such as adults 65+.</p> <p>10. Provide evaluation for strategies and programs to assist with action plan, data collection and outcomes.</p>
<p><b>Goal 2</b> The LCC will increase community awareness of the problems and solutions associated with prescription drugs, Fentanyl, Opioids, Heroin, Cocaine, Meth, Polysubstance, and other illicit drugs by 7% within one year of special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+.</p>	<p>1. Increase the awareness and collection of unused and unwanted prescription drugs and needles/syringes at drop off locations throughout the county. Provide disposal units for 24/7 collection, monitoring and reporting.</p>

<p>geographical, college, LGBTQ+, et al. The data will be used from the Indiana Youth Survey, law enforcement, and the Indiana Department of Health. If the 7% of reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.</p>	<p>2.Support substance use education and trending topics related to Opioid based prescriptions that address the dangers of illicit and prescription medications through partnerships with the Matters of Substance Podcast and mass communication efforts to increase environmental outreach strategies.</p> <p>3.Encourage schools to participate in the Indiana Youth Survey to collect data on prescription abuse, Opioid, Meth, Heroin, and other illicit drug use.</p> <p>4.Support rural youth initiatives with an emphasis on at-risk youth in elementary through high school to increase protective factors and decrease risk factors for substance use. Youth leadership, sports, music and arts at Washington Township, Morgan Township, Kouts and Hebron.</p> <p>6.Support school youth council to promote leadership, peer training, and a school-based initiative encouraging behavioral wellness, healthy choices, increasing protective factors, and reducing risk factors for substance use.</p>
<p><b>Problem Statement #3</b></p>	<p><b>Steps</b></p>
<p><b>Goal 1</b> The LCC will reduce the use of alcohol among youth ages 11-18 and adults by 5% within one year by increasing media campaigns, prevention programs, and introducing evidence-based curricula to underserved populations. The data will be used from the Indiana Youth Survey, law enforcement, juvenile justice data and school expulsion and suspension data. If the 5% reduction is not achieved within one year the LCC will evaluate its approach and adjust accordingly.</p>	<p>1.Support and encourage therapeutic programming that focuses on the use and/or abuse of alcohol with an emphasis on target populations.</p> <p>2.Increase law enforcement capacity and provide technological tools to assist in identifying impaired drivers with direct correlation to measurable outcomes.</p> <p>4.Encourage and support alternative treatment programming for alcohol-related offenders through problem-solving courts and another diversionary programming.</p> <p>5. Partner with treatment agencies to provide innovative and useful programming to address the psychological, emotional impact of incarceration – family engagement, art, and music therapy; as well as skill-building to increase employment opportunities upon release. Consideration of all evidence-based wellness and recovery resources. Provide community presentations to address ACEs, Anti-Stigma, Good Samaritan Law/Aaron’s Law.</p> <p>6.Encourage and support the formation/expansion of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder.</p>

	<p>6. Encourage and support programs that serve individuals in recovery to increase protective factors against substance use disorder.</p> <p>7. Support educational opportunities for incarcerated population leading to high school equivalency degree and/or post-graduate education at college or trade school.</p> <p>8. Increase evidence-based initiatives in targeted populations-rural communities, gender-specific, prenatal/pregnant, geographically specific, college-aged, and age-specific populations.</p>
<p><b>Goal 2</b> The LCC will increase awareness and educate residents by 7 % on the harmful effects and consequences of misuse of alcohol by youth (ages 11-18) and adults with special emphasis on target populations: elementary-aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from the Indiana Youth Survey and law enforcement data. If the 7% reduction is not achieved in one year the LCC will evaluate its approach and adjust accordingly.</p>	<p>1. Promote alcohol awareness and/or educational programs/strategies.</p> <p>2. Support rural youth initiatives with an emphasis on at-risk youth in elementary through high school to increase protective factors and decrease risk factors for substance use. Youth leadership, sports, music and arts at Washington Township, Morgan Township, Kouts and Hebron.</p> <p>3. Support programs that educate parents of their importance in modeling responsible consumption of alcohol in the presence of their children.</p> <p>4. Encourage schools to participate in the Indiana Youth Survey to collect data on alcohol use.</p> <p>5. Support education and all efforts related to substance use through a partnership with the Matters of Substance podcast and WVLP radio. Increase professional programming content and conversational community topics and series.</p> <p>6. Support a Youth Leadership Council to promote leadership, peer training, and a school-based initiative encouraging mental and behavioral wellness, healthy choices, increasing protective factors, and reducing risk factors for substance use/abuse.</p>

#### **IV. Fund Document**

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

<b>Funding Profile</b>		
<b>1</b>	Amount deposited into the County DFC Fund from fees collected last year:	\$170,000.00
<b>2</b>	Amount of unused funds from last year that will roll over into this year:	\$0.00
<b>3</b>	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$170,000.00
<b>4</b>	Amount of funds granted last year:	\$131,600.00
<b>Additional Funding Sources (if no money is received, please enter \$0.00)</b>		
<b>A</b>	Substance Abuse and Mental Health Services Administration (SAMHSA): PFS	\$300,000.00
<b>B</b>	Centers for Disease Control and Prevention (CDC): DFC Centers for Disease Control and Prevention (CDC) STOP	\$125,000.00 \$50,000.00
<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): ECHO	\$82,658.55
<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: Anderson Foundation	\$47,016.67
<b>J</b>	Other:	\$36,118.70
<b>Categorical Funding Allocations</b>		
Prevention/Education: \$42,500.00	Intervention/Treatment: \$42,500.00	Justice Services: \$42,500.00
<b>Funding allotted to Administrative costs:</b>		
<i>Itemized list of what is being funded</i>		<b>Amount \$42,500.00</b>
Coordinator compensation		\$10,000.00
Office supplies		\$1,200.00
FICA/INUI		\$ 500.00
Accountant		\$4,200.00
CPA Swartz-Retson		\$1,100.00
Community Outreach & Engagement		\$ 800.00
Human Resources		\$1,100.00
Insurance		\$ 900.00
Internet & VOIP, Telephone		\$1,900.00
Worker's Comp		\$ 500.00
Memberships		\$ 600.00
Harm Reduction		\$ 800.00
Jacqueline Sterling Prevention Scholarship		\$1,000.00
Travel, Conferences, Transportation		\$3,100.00
Printing		\$ 700.00
Rent		\$12,000.00
Utilities		\$1,500.00
Grant Selection Committee		\$ 600.00
<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: \$ 19,200.00	Goal 1: \$39,000.00	Goal 1: \$22,800.00
Goal 2: \$ 21,900.00	Goal 2: \$45,000.00	Goal 2: \$22,100.00



