

**The Indiana Commission to Combat Drug Abuse**



*Behavioral Health Division*

**Comprehensive Community Plan**

County: Starke

LCC Name: Hub Coalition of Starke County

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County Commissioners:

Charles Chesak, President 6715 W. 400 S., North Judson, IN 46366

Mark Gourley, VP PO Box 61, Grovertown, IN 46531

Don Brinkley, Member, 1740 E 200 S, Knox, IN 46534

County Courthouse:

53 E. Washington

Knox, IN 46534

## Vision Statement

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

## Mission Statement

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

## Membership List

#	Name	Organization	Race	Gender	Category
1	Samantha Lawson	Porter-Starke	White	Female	Healthcare/Recovery
2	Jack Rosa	Sheriff's Department	Caucasian	Male	Law Enforcement
3	Todd Willis	Porter-Starke Service	Caucasian	Male	Treatment
4	Rodney Wash	SC Youth Club	African American	Male	Youth Serving
5	Jacque Ryan	Community Foundation	Caucasian	Female	Civic
6	Samantha Aguilar	ECHO IN CARES	Latina	Female	Expert SUD
7	Tristan Sanchez	North Judson San Pierre	Latino	Male	School
8	Sean Darling	Oxford House	Caucasian	Male	Recovery
9	Renee Woodworth	DCS	Caucasian	Female	Government
10	Nick Wardell	Porter Starke	Caucasian	Male	Expert SUD
11	Lisa Dan	SC Economic Development	Caucasian	Female	Business
12	Isaac Zeckel	HealthLinc	Caucasian	Male	Healthcare
13	Athena Camp	HealthLinc	Latina	Female	Recovery
14	Jeremy D'Alessio	VA	Caucasian	Male	Government
15	Laura White	VA	Caucasian	Female	Government
16	Melissa A'Hearn	FSSA	Caucasian	Female	Government
17	Larry Baas	Valparaiso University	Caucasian	Male	School
18	Irene Szakonyi	SC Youth Club	Caucasian	Female	Youth Serving
19	Sandy Carlson	Porter-Starke	Caucasian	Female	Treatment

20	Travis Schieber	Sheriff's Department	Caucasian	Male	Law Enforcement
21	Craig Ison	Nazarene Church	Caucasian	Male	Religious
22	Shawn Matraw	Detention Center	Caucasian	Male	Law Enforcement/Courts
23	Alyssa Quick	Bowen Center	Caucasian	Female	Healthcare
24	Margaret Land	UHSINC	Caucasian	Female	Healthcare
25	Angela Wehner	Porter Starke	Caucasian	Female	Healthcare
26	Denise Koebcke	Caring Place	Caucasian	Female	Civic
27	Debbie Mix	Purdue Extension	Caucasian	Female	Religious
28	Taylor Long	Porter Starke	Caucasian	Female	Treatment
29	Leo Smith	Porter Starke	Caucasian	Male	Recovery
30	Bernice Sterna	Franciscan Alliance	Caucasian	Female	Healthcare
31	Rebecca Baily	Bella Vita	Caucasian	Female	Civic
32	Robert Wilson	Ogden-Davis School	Caucasian	Male	School
33	Kelly Fischer	North Judson Police Dept	Caucasian	Female	Law Enforcement
34	Robyn Minton	WorkOne	Caucasian	Female	Government
35	Kate DeRolf	WorkOne	Caucasian	Female	Government
36	Donna Swain	HealthLinc	Caucasian	Female	Recovery
37	Diana Iltzsche	Volunteer	Caucasian	Female	Volunteer
38	Stephanie Shostok	Alkermes	Caucasian	Female	Business
39	Molli Dollahan	Chamber of Commerce	Caucasian	Female	Business
40	Megan Johnston	Porter Starke – Detention	Caucasian	Female	Law Enforcement
41	Julie Mayhew	Starke County Sheriff's Office	Caucasian	Female	Law Enforcement
42	Charles Bowen	Hickory Recovery Center	Caucasian	Male	Treatment
43	Joshua Pitt	Ancilla College	Caucasian	Male	School
44	Abby Columbia	Starke County Juvenile Probation	Caucasian	Female	Government
45	Leslie Pontiac	Knox Community School	Caucasian	Female	School

### LCC Meeting Schedule:

January, February, March, April, May, June, July, August, September, October, and November. The December coalition meeting is the award and recognition ceremony. Meeting every 3<sup>rd</sup> Tuesday of the month at Starke County Public Library, 152 W. Culver Road, Knox @ 1:00. Open meeting all invited to attend. In-Person.

## 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

<b>County Name</b> Starke County, Indiana
<b>County Population</b> According to U.S. Census Bureau 2020, the estimated population in Starke County was 23,371, which includes 50.1 % females. The population density was 75.6 persons per square mile in 2010. (U.S. Census Bureau,2020). The major population is Caucasian alone, which occupied 97.6% of the entire population. The second-largest population in Starke County was Hispanic Latino at 4.1 % . The third-largest population in Starke County was people who have two or more races at 1.2% (U.S. Census Bureau, 2020).
<b>Schools in the community</b> Starke County has three school corporations. There were 3,143 students enrolled in school between 2020-2021, include 1,517 female students and 1,626 male students <ol style="list-style-type: none"><li>1. Oregon-Davis School Corp</li><li>2. North Judson-San Pierre Sch Corp</li><li>3. Knox Community School Corp</li></ol>
<b>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)</b> Starke Hospital, Pulaski Health Care Center, Northwest Health – Starke, HealthLinc, Franciscan Healthcare, Anthem Medicaid, IDOH
<b>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)</b> Porter-Starke Services Inc, Bowen Center, Michiana Behavioral Center
<b>Service agencies/organizations</b> Starke County Wic Program, Work One, Bella Vita, Purdue Extension, Hope Restored, VA, Celebrate Recovery, Starke County Youth Club, Three20 Recovery, Intrepid Phoenix, Oxford House, Caring Place, Constellation of Starke, Dept of Child Services, Merit Foundation, Moving Starke County Forward, Community Corrections
<b>Local media outlets that reach the community</b> ABC57, Tri-County News, WKVI Radio, The Leader

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

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

**Community Risk and Protective Factors**

*Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all-inclusive, and others may apply.*

Risk Factors Examples: trauma and toxic stressors; poverty violence; neighborhood characteristics; low neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

Protective Factors Examples: strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.<sup>1</sup>

<b>Risk Factors</b>	<b>Resources/Assets</b>	<b>Limitations/Gaps</b>
1. Low perception of harm for Marijuana, tobacco CBD, vaping related juices and devices because of marketing to youth, social norming and generational use.  Youth and adults are exposed to pro-Marijuana promotion and marketing tactics to legalize recreational sales. The fact that neighboring states Illinois and Michigan have	1. The Council has created messaging for the consequences of using Marijuana, cannabinoids, and nicotine. Multiple campaigns have been developed and are circulated through local PSA campaigns.	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 2. Teachers/schools have limited influence on students; Council provides evidence-based robust programming at no cost to schools – Avoid; ODLL; Positive Ticketing, Media

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

<p>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>Ready, MHFA and Preventure. However, limited school engagement due to state teaching mandates. Aftermath of pandemic continues to be problematic for external school interactions.</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. Targeted messaging campaigns for students, parents, and schools. Prepared social media campaigns with prevention the message, peer-to-peer group facilitation, and teacher-led strategies available.</p> <p>2. Fully trained and certified staff provide training and resources to community, provide Overdose Lifeline TINAD, Preventure, Parents that Host, Take Back Day, INSPECT, and MHFA. Increase MHFA instructors.</p> <p>3. Council provides drug tests to parents to test their child if suspicious of drug use or to set a baseline. Increase social media promotion.</p>	<p>1. Treatment and recovery efforts are resisted because of shame and judgment. Matters of Substance podcast and local radio broadcast on WKAI success stories, prevention topics, suicide, anti-bullying messages, and stigma discussions to provide information to listeners for acceptance and action on a weekly basis. Increase harm reduction efforts and presentations including Good Samaritan Law/Aaron’s Law. Increase Naracan training and distribution; consider NaloxBox outreach efforts. Increase attendance by recruiting coalition membership.</p>

	<p>4. Council to fund community agencies to provide direct programming and strategies to youth, mental health training; and encouraging potential grantees to continue sustainability of strategies. Encourage MHFA strategy to all grantee categories to expand programming.</p> <p>5. Funding to address youth substance use and provide strategies to reduce the perception of low harm as related to substance use. Treatment and recovery efforts are resisted because of shame and judgment. Increase marketing of Next Level Anti-Stigma campaign.</p> <p>6. Provide programs and initiatives that reduce the supply and availability of drugs such as INSPECT, and bi-annual DEA supported Take Back Day. Increase police departments with 24/7 community disposal boxes.</p>	<p>2. High levels of federal community funding over 3-5 years now ended and with it the meeting participation has declined.</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>1. The Council has developed a marketing campaign to identify the consequences of underage drinking. The campaign will air on local radio station WKAI 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 has a Sticker</p>	<p>1. Parent education is key to reducing underage drinking. Additional resources to be developed aimed toward the adult as a role model. Parent Awareness QR resource in wallet sized format is digital and easily updated – coalition will update as needed.</p> <p>2. Youth mentoring opportunities are shown to be effective in reducing substance use, however;</p>

<p>Low perception of harm for long term consequences of underage drinking</p> <p>Intergenerational alcohol use and permissive parental view</p>	<p>Shock campaign available to local liquor stores to promote the consequences of serving or purchasing alcohol for a minor.</p> <p>3. The Council will secure a list of liquor store outlets/density in Starke and begin to roll out the Sticker Shock campaign to address minors purchasing alcohol.</p> <p>4. A billboard campaign will address underage drinking and hosting alcohol parties for minors. “Parents that Host Lose the Most.”</p> <p>5. Coalition members and community agencies trained to identify mental health issues and provide referrals.</p> <p>6. 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. Suicide prevention partnership with county-based committee and regional VA to include military and police.</p>	<p>there are limited opportunities for implementation. The Starke County Youth Club is a top choice in the county for a variety of youth-based activities before and afterschool for most grade levels. Build a youth council with leadership, academic and sport interests to expand protective factors.</p> <p>3. Create and target social media and broadcast platforms with extensive prevention, treatment, and recovery programming choices. WKAI offers Nielsen ratings that allow us to target demographics.</p> <p>4. Develop speaker’s bureau using Next Level Recovery, ODLL, MHFA, MHAI and PTTC trainings and presentations to create community awareness. Educate on prevention, treatment, recovery and harm reduction. Opioid harm reduction measures as well as HIV, Hep B &amp; C and other treatment modalities be it MAT or holistic and integrative wellness.</p>
<p><b>Protective Factors</b></p>	<p><b>Resources/Assets</b></p>	<p><b>Limitations/Gaps</b></p>
<p>1.</p>	<p>1.</p>	<p>1.</p>



<p><b>Socioeconomic Status:</b>  Median income \$51,190;  Poverty rate: 14.2%;  The life expectancy: 74.9 years old.</p> <p><b>Education level:</b>  Nearly 84.9% of residents in Starke County earned a high school diploma or higher and  11.9% of residents earned a bachelor or higher degree.</p> <p>Access to mental health and preventive medicine. Only 10% of the population are uninsured. The ratio of primary care physicians was 5,730:1; the mental health providers was 3,290:1;</p> <p>Community involvement is active in promoting health behaviors and supporting substance use reduction initiatives.</p> <p>Agencies partner to provide resources to increase mental health initiatives and reduce substance use. Partnerships have decreased due to the previous county grant fund ending.</p>	<p>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. The trainings provide a means for sustainability and membership recruitment.</p> <p>2. The Tobacco Education and Prevention Coalition provides strategies to reduce tobacco and vaping behaviors at no cost. 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.</p> <p>3. Legislators 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.</p> <p>4. Identification is required and Excise compliance checks in District 1 is frequent and checks for underage sales of alcohol, tobacco/vape products, and synthetic cannabinoids.</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>1. Unemployment has risen due to the pandemic and unintended consequences will take time to gauge and extended reaction time.</p> <p>2. Although mental health and substance use disorder programs and strategies are available, attendance is generally low</p> <p>3. There are community gathering places throughout the county to recreate but lack of transportation limits uses by those in the lower-income bracket. Limited opportunities for youth activities through park and recreation</p> <p>4. 7.3% of the uninsured have limited healthcare choices.</p> <p>5. Teachers and school personnel need to be regularly tested for substance use.</p>
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	<p>6. School resource officers are stationed at campuses throughout the day and available for consultation and procuring safe environments that promote learning.</p>	
<p>2. Community engagement and agencies that support prevention, treatment, recovery, and judicial efforts may be revitalized with the award of the 2023 DFC federal grant that would be able to fund a Starke County resident as a coordinator and provide \$125,000 for a maximum of 10-years. This would allow the county to build a strategic prevention framework that would lend well to sustainability.</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.</p> <p>Suicide prevention resources and agency specific organizations that provide outreach and engagement. County health department and VA actively participate in strategies.</p> <p>Recovery efforts are supported by the community.</p>	<p>1. Creating a law enforcement committee led by Sheriff to target impaired driving and bring prevention strategies to the schools. Newly elected sheriff is receptive to a new role in the coalition and is willing to mend any fences with the local prosecutor to get the countermeasure fees back on track and infused into the community.</p> <p>2. Community agencies and churches form partnerships to address the homeless and those with mental and substance abuse issues.</p> <p>3. Recovery outreach throughout the state is on the upswing. Indiana Recovery Network/Mental Health America Indiana provides monthly meetings and webinars to LCC's. Indiana Addictions Coalition, Indiana Assoc. of Peer Recovery, and Next Level Recovery provide structure and support to LCC's and local agencies.</p>	<p>1. Data indicates that stigma and the misconceptions that support it prevents those in recovery from fully integrating into the community.</p> <p>2. Starke 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.</p> <p>3. Lack of insurance, funding avenues, and/or available openings at facilities make inpatient substance abuse/detox treatment within Starke County, and other surrounding counties, the challenge at times.</p> <p>4. Starke County doesn't have a dedicated detox facility and referrals are to Lake County, downstate, or out of state. An abundance of in-patient and out-patient facilities are bombarding the community making choices difficult for the consumer.</p> <p>5. There are limited recovery facilities available for female and male residents; however,</p>

		<p>community agencies work together to shelter those in active addiction as well as those in recovery.</p> <p>6. Recovery options are still limited but Three20 is building capacity to function as the hub of recovery in Starke County for adults and teens.</p> <p>7. The LCC is building infrastructure to act as the RCO for Starke County with the guidance of Faces and Voices of Recover, IRN, and MHAI oversight.</p> <p>8. Certain populations are reluctant to seek help. Aged, LGBTQ+, Hispanic populations are reluctant to join the coalition.</p>
<p>3. Appropriate structure such as limits, rules, monitoring, and predictability</p>	<p>1. Strong mental health and faith-based community are invested in preventive measures, treatment modalities such as medication-assisted treatment, recovery, and recovery support.</p> <p>2. First Responders are trained to respond to overdose events with Naloxone and refer to treatment for rehabilitation.</p> <p>3. The Council acts as the community hub for networking, training, and planning substance use prevention, treatment, and recovery strategies with a multitude of agencies.</p>	<p>1. Wait times to initiate a therapeutic intervention for both mental health and substance treatment can be 30-90 days before a bed or out-patient services are available.</p> <p>2. Parents don't seek help for their children because of stigma.</p> <p>3. Parents aren't able to identify substance use in the experimental stage until it becomes an addiction.</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. Starke County residents, youth, and adults are exposed to consistent Marijuana and nicotine marketing and culture due to neighboring Illinois and Michigan that have legalized use. Low perception of harm is also noted for both nicotine and cannabis.</p>	<p>1. Starke 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>Starke County experiences challenges in its youth and adult populations about both use and abuse of cannabinoids and/or nicotine products in all their various forms.</p> <p>Neighboring Illinois and Michigan openly sell Marijuana is in stores oftentimes to minors. 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> <p>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.</p>
<p>2.</p>	<p>1.</p>

<p>Starke County youth have a low perception of harm when discussing the use and abuse of Meth, Heroin, Cocaine, prescription drugs, and other illicit substances.</p>	<p>Starke County youth are at higher risk for developing substance use disorder due to permissive parent and family norms.</p> <p>Starke County is lacking in youth peer-to-peer mentoring and youth participation in preventative substance use education.</p> <p>Starke County struggles with the use and abuse of illicit drugs such as Meth, Heroin, Cocaine, 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>
<p>3. In Starke County, both the youth and adult populations have a low perception of harm when discussing alcohol use/abuse.</p>	<p>1. Starke 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>Starke County residents, both young and old, have higher than average rates of binge drinking.</p> <p>Starke 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).*

Problem Statements	Data That Establishes Problem	Data Source
<p>1. Starke County experiences challenges with Marijuana, cannabinoids, and vaping products in all their various forms.</p>	<p><b>Marijuana:</b> <b>Adults</b> In 2021, there were 159 treatment episodes, 39.6% of treatment episodes were Marijuana use and 5.7% were marijuana independence.</p> <p>In 2021, there were a total of 202 incarcerations associated with substance use; 27.6% of the arrests were</p>	<p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 67</p> <p>IN.Gov. (2022). Indiana drug data</p>

	<p>marijuana use. The age range between 34-44 yrs old had the highest arrests counts than other age groups.</p> <p><b>Tobacco products</b></p> <p><b>Adults</b></p> <p>Survey results from the 2020 National Survey on Drug Use and Health shows 25.4% (95% CI: 22.8-28.2) of the Indiana population 12 years and older used a tobacco product in the past month, which is higher than the United States rate of 19.9% (95% CI: 19.4-20.4).</p> <p>About adults 15.5% of United States adults reported smoking in the past Smoking prevalence in Indiana adults continues to be month in comparison to 19.4% (CI: 18.3-20.5) of Indiana adults.</p> <p>Adult Smoking Prevalence in Indiana in 2020, by Gender, Race/Ethnicity, and Age Group  20.8% male;  18.1% female;  19.9% white;  20.3 % black;  11.1 % Hispanic;  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>Indiana Department of Health (IDOH) reported that 22.5% of adults in Starke County smoke. The rate of lung cancer deaths</p>	<p>National Institute on Drug Abuse. (n.d.)</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 33</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 35</p> <p>Indiana Department of Health (2020).</p>
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	<p>was 79.2 per 100,000 residents, which was higher than Indiana [49.2 per 100,000] and the US [34.8 per 100,000] average in 2021.</p> <p>The rate of asthma ER visits age adjusted was 51.8 per 10,000 population in 2015, Starke County.</p> <p>The estimated adult smoking rate was 22.5 per 100,000 population in 2015 to 2019 in Starke County.</p> <p>The Age-adjusted rate of lung cancer deaths was 79.2 per 100,000 population.</p> <p>Age-adjusted rate of major cardiovascular diseases deaths was 306.7 per 100,000 population (2015-2019).</p> <p>The percentage of live births to mothers who smoked during pregnancy was 21.5, which was twice higher than Indiana average, 2021.</p> <p>Estimated cost of smoking related births was \$71,974 in 2020.</p> <p><b>Youth</b> In 2021, a total of 3,906 students enrolled school, about 43 incidents involved in suspension/expulsion due to tobacco use.</p>	<p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 45</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 51</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, Page 48</p>
<p>2. Abuse/use of Prescription Drugs, Opioids, Heroin, Cocaine, Meth, polysubstance and other illicit drugs negatively</p>	<p><b>Adults:</b> In 2022, 7 people died from drug poisoning; 6 people died involving any opioid; 3 people died due to psychostimulants; 4 people died due to synthetic opioids.</p>	<p>Indiana State Department of Health (2022)</p>

<p>affect the quality of life</p>	<p>There were 42 ED visits and &lt;5 hospitalizations due to any drug poisoning.</p> <p>There were 20 ED visits and &lt;5 hospitalizations due to opioid use.</p> <p>The dispensation rate of opioid prescriptions was 243.8 per 1,000 pop. in Starke County, which was higher than the Indiana average.</p> <p>The top 5 opioids in Starke County were acetaminophen, oxycodone, tramadol, buprenorphine, and naloxone. In 2022, Starke County had 124 EMS incidents that included naloxone administration, which included 53 EMS incidents naloxone administration per 10,000 County residents.</p> <p>In 2022, a total of 202 incarcerated due to the illegal drug, which included 21 arrests of opioid (10.3%) related, 97 arrests of meth 47.8%) related, 10 arrests of cocaine (4.9%) related, 31 arrests of a controlled substance (15.3%) related, and 91 arrests of paraphernalia (44%) related.</p> <p>In 2021, a total of 159 treatment episodes in Starke County, 28.3% [n= 45] of treatment episodes related to Rx Opioid Misuse and 23.3 % [n= 37] of episodes related to Rx Opioid Misuse dependence; , 43.4% [n= 69] of treatment episodes related to heroin use and 37.7 % [n= 60] of episodes related to heroin dependence; , 5% [n= 8] of</p>	<p>Indiana State Department of Health (2022)</p> <p>Indiana State Department of Health (2022)</p> <p>Indiana State Department of Health (2022q3)</p> <p>Indiana State Department of Health (2022q3)</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 86</p>
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	<p>treatment episodes related to cocaine use and less than 5% of episodes related to cocaine dependence; , 35.8% [n= 57] of treatment episodes related to meth use and 17.6 % [n= 28] of episodes related to meth dependence; 4.4% [n= 7] of treatment episodes related to Rx stimulant use and less than 5 % of episodes related to Rx stimulant dependence.</p>	
<p>3. Alcohol use/abuse by both youth and adults has led to a decline in the quality of life in Starke County.</p>	<p><b>Adults:</b> BRFSS findings on adult prevalence rates for current alcohol use in 2020 were 50.0% (95% CI: 48.7–51.4) for Indiana and 52.4% for the nation.</p> <p>In 2020, 56.1% males and 44.2 % females report having used alcohol in the past 30 days.</p> <p>In Indiana, 50.4% white. 53.2% African American 36.6% Asian 44.5% of the Hispanic report having used alcohol in the past 30 days.</p> <p>The percentage of Indiana Adults having used alcohol in the Past 30 days 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>In 2022, there were 327 adult alcohol arrests throughout Starke County.</p> <p>In 2021, a total of 159 treatment episodes in Starke County, 22.6% of treatment episodes related to</p>	<p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2022, page 11</p> <p>IN.Gov. (2022). Indiana drug data.</p> <p>The Consumption and Consequences of Alcohol, Tobacco, and Drugs in</p>

	<p>alcohol use and 11.9 % episodes related to alcohol dependence.</p> <p><b>Youth:</b> In 2021, there were a total of 44removals of children from their homes in Starke County; among these removals, 3 (6.8%) of cases indicated that alcohol use as the primary reason for removal.</p>	<p>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 28)</p>
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**Step 3: Brainstorm**

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

<b>Problem Statements</b>	<b>What can be done (action)?</b>
<p>1.Starke 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.Support classroom evidence-based 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. Integrative medicine.</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> </ol>

	<p>8. Ensure evaluation provides outcomes and feedback for goals, objectives and actionable plans.</p> <p>9. Develop content for Matters of Substance podcast and WKAI broadcast to educate the public on the topics of Marijuana, cannabinoids, vaping and nicotine products.</p> <p>10. Provide professionals opportunities to engage with legislators at the state level. Provide local testimony.</p>
<p>2. Abuse/use of Meth, Prescription Drugs, Opioids, Heroin, Cocaine, Fentanyl, polysubstance and other illicit drugs negatively affect the quality of life in Starke County.</p>	<p>1. Provide support and resources to community sectors to reduce use/abuse. Create training opportunities in mental health and wellness modalities for integrative healing. Strengthen partnerships with schools, community agencies and Recovery Community Organizations.</p> <p>2. Support classroom evidence-based health curriculum that addresses illicit substances and related issues. 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 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 a dedicated Certified Prevention Specialist at each school. Assist with training</p>

and certification requirements. 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.

6. Introduce “Parent Café” to provide a safe space for parents and caregivers to talk about challenges and topics related to family dynamics.

7. Develop content for Matters of Substance podcast and WKAI broadcast to educate the public on related topics.

8. Supplant Youth Council’s 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.

9. Create a collaboration with Sheriff’s Dept., recovery houses, community colleges to provide support to those incarcerated to assist completion of high school course work and further education to reduce recidivism. Partner with Work One and Juvenile Justice Department.

10. 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.

11. Encourage schools to participate in the Indiana Youth Survey.

12. Develop content for Matters of Substance podcast and WKAI broadcast to educate the

	public on the topics of prevention/treatment/recovery of illicit drugs.
3. Alcohol use/abuse by both youth and adults has led to a decline in the quality of life in Starke County.	<ol style="list-style-type: none"> <li>1. Educate adults about the harm alcohol can cause to youth development.</li> <li>2. Support classroom evidence-based health curriculum that addresses alcohol and related issues.</li> <li>3. Supplant curriculum 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.</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 a 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 content for Matters of Substance podcast and WVLP broadcast to educate the public on the topics of prevention, treatment, and recovery of alcohol use/misuse.</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>
<p><b>Goal 1</b>  The LCC will increase awareness and educate the community concerning the risk of use/abuse of Marijuana, cannabinoids and nicotine substances and related products by 7 % per year. The data will be used from the Indiana Youth Survey and the Indiana Department of Health. If the 7% reduction is not achieved within a year period, the LCC will evaluate its approach and adjust accordingly.</p>

**Goal 2**

The LCC will decrease the use of marijuana, cannabinoids and nicotine by adults and juveniles by 5 % within a year period 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% reduction is not achieved within a year period, the LCC will evaluate its approach and adjust accordingly.

**Problem Statement #2: Illicit Drugs****Goal 1**

The LCC will reduce the number of deaths from prescriptions drugs, Opioids, Heroin, Fentanyl, Cocaine, Meth, polysubstance and other illicit drugs by 5% within a year period through partnerships with law enforcement, justice, treatment healthcare and education. The data will be used from the Indiana Department of Health. If the 5% reduction is not achieved within over the next 3 years, the LCC will evaluate its approach and adjust accordingly.

**Goal 2**

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 10% in a year period with special emphasis on target populations: elementary aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from Indiana Youth Survey, law enforcement, and Indiana Department of Health. If the 10% reduction is not achieved within a year, the LCC will evaluate its approach and adjust accordingly.

**Problem Statement #3: Alcohol****Goal 1**

The LCC will reduce the use of alcohol amongst youth ages 11- 18 and adults by 5% in a year period by increasing media campaigns, prevention programs, and introducing evidence-based curriculum to underserved populations. The data will be used from Indiana Youth Survey and law enforcement data. If the 5% reduction is not achieved within a year, the LCC will evaluate its approach and adjust accordingly.

**Goal 2**

The LCC will increase awareness and educate residents by 10% within one year period 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 Indiana Youth Survey and law enforcement data. If the 10% reduction is not achieved within one year period, 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 Marijuana</b>	<b>Steps</b>
<p><b>Goal 1</b> The LCC will increase awareness and educate the community concerning the risk of use/abuse of Marijuana, cannabinoids and nicotine substances</p>	<p>1. Encourage elected officials to oppose legalization of marijuana in the state of Indiana. Encourage scheduled visits with</p>

and related products by 7 % per year. The data will be used from the Indiana Youth Survey and the Indiana Department of Health. If the 7% reduction is not achieved within a year period, the LCC will evaluate its approach and adjust accordingly.

legislators for professional coalition members and community members.

2. Encourage elected officials to oppose legalization of marijuana in the state of Indiana.

3.Support educational efforts about the mental health risks, prenatal consequences, and brain science as a gateway drug.

4.Establish focus groups and peer panels in the local area schools to collect data and monitor trends.

5.Encourage schools to participate in the Indiana Youth Survey for the purpose of collecting data on marijuana, cannabinoids, and nicotine use.

6.Support youth mentoring initiatives with an emphasis on at-risk youth in elementary through high school to increase protective factors and decrease risk factors for substance use/abuse.

7.Develop and execute town hall events to support evidence of the risks of Marijuana for elementary aged youth, pre-natal and pregnant populations. Encourage coalition member agencies to become active members of Smart Approaches to Marijuana SAM state affiliate.

8.Support substance use education and trending topics related to marijuana and nicotine through partnerships with the Matters of Substance podcast and mass communication efforts to increase environmental reach and encourage social media reach for desired demographics.

9. Fund intervention and or treatments programs focused on marijuana use.

	<p>Introduce holistic and wellness options. Increase sector partnerships in faith-based and school sectors.</p> <p>10. Fund justice services and activities focused on marijuana use. Court mandated education, monitoring devices, evidence-based tools.</p> <p>11. Fund evaluation of each grantee to collect data on outcomes and provide feedback.</p>
<p><b>Goal 2</b></p> <p>The LCC will decrease the use of marijuana, cannabinoids and nicotine by adults and juveniles by 5 % within a year period 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% reduction is not achieved within a year period, the LCC will evaluate its approach and adjust accordingly.</p>	<ol style="list-style-type: none"> <li>1. Increase law enforcement capacity and provide technological tools to assist in identifying impaired drivers and assist in identifying impaired drivers and assessing. Support law enforcement task force to increase training opportunities on mandated trainings 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.</li> <li>2. Support and encourage therapeutic and/or alternative treatment programming, with an emphasis on evidence-based programming for targeted populations</li> <li>3. Encourage and support programs that serve individuals in recovery as a means to increase protective factors against substance use.</li> </ol>
<p><b>Problem Statement #2 Illicit Drugs</b></p>	<p><b>Steps</b></p>
<p><b>Goal 1</b></p> <p>The LCC will reduce the number of deaths from prescriptions drugs, Opioids, Heroin, Fentanyl, Cocaine, Meth, polysubstance and other illicit drugs by 5% within a year period through partnerships with law enforcement, justice, treatment and education. The data will be used from the Indiana Department of Health. If the 5% reduction is not achieved within over the next 3 years, the LCC will evaluate its approach and adjust accordingly.</p>	<ol style="list-style-type: none"> <li>1. Promote the use of the INSPECT prescription database system by doctors and law enforcement as a means to reduce overprescribing of medications.</li> <li>2. Build capacity by partnering with member agencies. Encourage CADCA membership for prevention education and credentialing.</li> </ol>



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.

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.

5. Support law enforcement and justice to for arrest, conviction, rehabilitation of offender. Including but not limited to additional patrols, social worker placement, PARRI program, recovery support.

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 such as recently released inmates, overdose victims and families.

7. Encourage and support formation of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. Parent Café and Recovery Café programs.

8. Provide resources for Peer Recovery Coach training, credentialing and memberships with Mental Health America’s Stanley Kemper Institute.

	<p>Partner with county RCO or create RCO with assistance from Indiana Recovery Network, MHAI, ICCADA and/or Voices and Faces of Recovery.</p> <p>9. Increase evidence-based initiatives in targeted populations-rural communities, gender specific, pre-natal and pregnant, geographically specific, and age specific populations such as adults 65+.</p> <p>10. Provide evaluation for strategies and programs to assist with the action plan, data collection and outcomes.</p> <p>11. Fund evaluation of each grantee to collect data on outcomes and provide feedback.</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 10% in a year period with special emphasis on target populations: elementary aged, prenatal/pregnant, 65+, geographical, college, LGBTQ+, et al. The data will be used from Indiana Youth Survey, law enforcement, and Indiana Department of Health. If the 10% reduction is not achieved within a year, the LCC will evaluate its approach and adjust accordingly.</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>2. Create multi-agency collaboration to develop innovative media campaign to increase awareness and action.</p> <p>3. 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>4. Encourage schools to participate in the Indiana Youth Survey for the purpose of collecting data on prescription abuse, Opioid, Meth, Heroin, and other illicit drug use.</p> <p>5. Support youth mentoring initiatives with an emphasis on at-risk youth in elementary through high school to</p>

	<p>increase protective factor and decrease risk factors for substance use.</p> <p>6. Create a 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 Alcohol</b></p>	<p><b>Steps</b></p>
<p><b>Goal 1</b>  The LCC will reduce the use of alcohol amongst youth ages 11- 18 and adults by 5% in a year period by increasing media campaigns, prevention programs, and introducing evidence-based curriculum to underserved populations. The data will be used from Indiana Youth Survey and law enforcement data. If the 5% reduction is not achieved within a year, the LCC will evaluate its approach and adjust accordingly.</p>	<p>1.Support and encourage therapeutic programming that focuses on 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 and measurable outcomes.</p> <p>4.Encourage and support alternative treatment programming for alcohol-related offenders through problem-solving courts and other diversionary programming.</p> <p>5.Support stigma-based reduction programs and campaigns.</p> <p>6.Encourage and support formation/expansion of recovery groups and alternative peer groups to aid those individuals struggling with substance use disorder. Create county RCO.</p> <p>6.Encourage and support programs that serve individuals in recovery as a means 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. Partner with Work One.</p>

	<p>8. Increase evidence-based initiatives in targeted populations-rural communities, gender specific, pre-natal/pregnant, geographically specific, college aged and age specific populations.</p> <p>9. 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>10. Fund evaluation of each grantee to collect data on outcomes and provide feedback.</p>
<p><b>Goal 2</b>  The LCC will increase awareness and educate residents by 10% within one year period 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 Indiana Youth Survey and law enforcement data. If the 10% reduction is not achieved within one year period, 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 and family preservation. Youth leadership, sports, music and arts at park and recreation centers and school corporations.</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 for the purpose of collecting data on alcohol use</p>

	<p>5.Support education and all efforts related to substance use through partnership with the Matters of Substance podcast and WKAI 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>
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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).*

<b>Funding Profile</b>		
<b>1</b>	Amount deposited into the County DFC Fund from fees collected last year:	\$38,000.00
<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):	\$38,000.00
<b>4</b>	Amount of funds granted last year:	\$0.00
<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):	\$0.00
<b>B</b>	Centers for Disease Control and Prevention (CDC):	\$0.00
<b>C</b>	Bureau of Justice Administration (BJA):	\$0.00
<b>D</b>	Office of National Drug Control Policy (ONDCP):	\$0.00
<b>E</b>	Indiana State Department of Health (ISDH):	\$0.00
<b>F</b>	Indiana Department of Education (DOE):	\$0.00
<b>G</b>	Indiana Division of Mental Health and Addiction (DMHA):	\$0.00
<b>H</b>	Indiana Family and Social Services Administration (FSSA):	\$0.00
<b>I</b>	Local entities: RCO	\$937.02
<b>J</b>	Other:	\$0.00
<b>Categorical Funding Allocations</b>		

Prevention/Education: \$9,500.00	Intervention/Treatment: \$9,500.00	Justice Services: \$9,500.00
<b>Funding allotted to Administrative costs:</b>		
<i>Itemized list of what is being funded</i>		<b>\$9,500.00</b>
Coordinator compensation		\$ 00.00
Office supplies & Printing		\$ 500.00
Law Enforcement Task Force		\$1,500.00
Matters of Substance Podcast		\$2,500.00
Community Outreach & Engagement		\$ 500.00
Evaluation		\$2,000.00
Travel: Conferences, training, transportation		\$1,000.00
Websites, software, tech platforms		\$1,000.00
Memberships		\$ 500.00
<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: \$1,500.00	Goal 1: \$9,500.00	Goal 1: \$6,500.00
Goal 2: \$1,000.00	Goal 2: \$5,500.00	Goal 2: \$4,500.00