The Indiana Commission to Combat Drug Abuse

Behavioral Health Division

Comprehensive Community Plan

County: Monroe

LCC Name: Monroe County CARES

LCC Contact: Lisa Meuser

Address: PO Box 3312

City: Bloomington

Phone: 8123273642

Email: LLMEUSER@me.com

County Commissioners: Penny Githens, President

Address: 100 W Kirkwood Ave # 322

City: Bloomington

Zip Code: 47404

Vision Statement

What is your Local Coordinating Council's vision statement?

CARES will make a difference in the lives of those affected by drugs and alcohol by supporting agencies that advocate for the people of Monroe County.

CARES will make a difference in the lives of those affected by drugs and alcohol by supporting agencies that advocate for the people of Monroe County gripped by addiction.

CARES will inspire a healthier community by connecting people to services that influence the lives of those affected by drugs and alcohol.

CARES will inspire a healthier community by connecting people that are impacted by drugs and alcohol to services that help them improve their future (or life).

Mission Statement

What is your Local Coordinating Council's mission statement?

The mission of Monroe County CARES, Inc. shall be to coordinate, support, and promote effective local efforts to prevent and reduce harmful involvement with alcohol and other drugs among members in this community.

Membership List

#	Name	Organization	Race	Gender	Category
1	Steve Malone	Mc Probation	C	M	Justice
2	Michelle Simms	IU Health	C	F	At Large
3	Jack Drew	Centerstone	C	M	At Large
4	Kathy Hewett	Monroe Cty Health Dept	C	F	County
5	Lindy Howe	Indiana University	C	F	At Large
6	Lori Terrell	IU Health	C	F	Health
7	Clifford Madison	Self Employed	C	M	Business
8	Bruce Terry	New Leaf New Life	POC	M	Recovery
9	Logan Karofsky	Business sector	C	T	At Large
10	Melissa Stone	Bloomington Police Dpt	C	F	Law Enforcment

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:
We meet every month except July via zoom, and hybriad zoom and in person meetings

Community Needs Assessment: Results

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

Community Profile

County Name: Monroe
County Population: 140,240
Schools in the community: Richland-Bean Blossom Community School Corporation Monroe County Community School Corporation Ivy Tech Indiana University
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.): IU Health Monroe Hospital Health Net
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.): IU Health, Meadows, Centerstone, IU Bloomington Counseling and Psychological Services (CAPS)
Service agencies/organizations: Drug Court, Community Corrections, Indiana Recovery Alliance, Amethyst House Men and Men, Big Brothers Big Sisters, Courage to Change, Shalom , New Leaf New Life
Local media outlets that reach the community: Newspaper: Herald Times, Ellettsville Journal, Indiana Daily Student Online: Herald Times, B-Square Bulletin: Online Radio WFHB 91.3 FM, WFHB 98.1 FM, WFHB 106.3 Radio Spirit 95.1, Classic Hits 97.7 WCLS, My Joy 101.1 WMYJ Radio WBWB (B97) 96.7 FM Radio Country 105.1 FM

Radio
WGCL 95.9 FM, WTTS 92.3 FM
Radio
WIUX-LP 99.1 FM
Radio
WJLR 101.9 FM, 91.5 FM
Radio
WFIU 103.7 FM
Radio
WGCl1370 AM
TV
WTIU-TV
TV
CATS

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

Alcohol, Meth, marijuana, and opiates.

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

Amethyst House, Bloomingotn Meadows Hospital, Centerstone, Clean Slate, Groups Recover Together.

Indiana Center for Recovery, Indiana University Bloomington Counseling and Psychological Services (CAPS)

Indiana University Bloomingotn Office of Alternative Screening and Intervention Services (OASIS), Limestone Health (an entity of Sycamore Springs) Milestones, Boca Recovery Center

Peer Run Recovery Center, Recovery Engagement Center (REC), Restorative Solutions, Students in Recovery- Bloomington, Bloomington Transitions

Community Risk and Protective Factors

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

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

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

Risk Factors	Resources/Assets	Limitations/Gaps
1. Availability of alcohol and other drugs.	1. Support of campaigns that change social norms of ATOD. 2. ATOD prevention programs that target youth and young adults. 3. Prevention and education initiatives that minimize the risks associated with consumption of ATOD. 4. Prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse.	1. Social norms which accept the use of ATOD. 2. Youth illegally obtain alcohol. 3. Excessive drinking by adults.
2. Stigma towards those who have substance use issues/histories.	1. Recovery support services, family programs, early identification and intervention services. 2. Inititiaves with marginilzed populations including housing first programing. 3. Education regarding the effectiveness of treatment, options for addictions and	1. Waiting lists in local treatment programs. 2. Close to half of property managers in Monroe County do not allow applications from those having a felony record or a drug related history. 3. Insufficient services for Monroe County residents present many barriers for

---

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

	treatment and the consequences of lack of treatment.	those needing treatment services.
3. Trauma and toxic stressors, particularly for those who have been incarcerated.	1. Initiatives designed to address repeat offenders and decrease recidivism. 2. Inititiaves with marginilzed populations to help with re-entry post incarceration. 3. Use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system.	1. Waiting lists in local treatment programs. 2. High homeless population/high housing costs/cost of living in Monroe County. 3. Close to half of property managers in Monroe County do not allow applications from those having a felony record or a drug related history.
Protective Factors	**Resources/Assets**	**Limitations/Gaps**
1. Community based interventions.	1. Harm reduction initiatives. 2. Peer to peer inititives. 3. Case workers who work out in the field/community.	1. Limited funds/space to assist those most marginalized. 2. Dificulty in tracking effectiveness. 3. Restrictive judicial measures.
2. Meaningful youth engagement opportunities	1. Mentorship programs. 2. Afterschool initiatives. 3. Educational inititives.	1. Incarceration of parents. 2. Drug use among parents. 3. Peer pressure to engage in ATOD use.
3. Local policies and practices that support healthy norms and child-youth programs	1. Grassroots neighborhood/community education 2. Harm reduction initiatives 3. Programs for adults that include the family unit.	1. Parents who have don't have healthy realtionships with mainstream programming. 2. Parents who are incarcerated. 3. Kids who struggle with getting to organizations who can help them.

Making A Community Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP)

is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then prioritize

Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

Risk Factors	Problem Statement(s)
1. Excessive alcohol and other drug use	1. Monroe County has a culture that allows for excessive ATOD use, and that impacts individuals and families, particularly but not limited to those 24 years old and younger.
2. Stigma towards those who have current substance use issues and/or substance use histories.	2. Those with substance use issues face increased barriers in accessing and/or receiving services.
3. Trauma and toxic stressors, particularly for those who have been incarcerated.	3. Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system.

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

Problem Statements	Data That Establishes Problem	Data Source
1. Monroe County has a culture that allows for excessive ATOD use, and that impacts individuals and families, particularly but not limited to those 24 years old and younger.	1. Monroe County ranked 89 of 92 counties in the category of estimated Adults Drinking. Health Indicators Warehouse is not available any more 2. Monroe County ranks 92 of 92 counties in alcohol expenditures. Updated info not found. Health Indicators Warehouse is not available any more 3. Monroe County ranked #8 of Indiana counties for the number of alcohol related treatment episodes per Indiana County in 2021. 4. 2% of Monroe County arrests were related to liquor law violations, the county's eight largest arrest category in 2021. (no subsequent studies done) 5. Monroe county ranked #3 (tied with two other counties) for public intoxication arrests. SEOW no longer ranks counties in this fashion. 6. In 2022, 20% of Monroe County adults drank alcohol excessively.	1. Excessively. Health Indicators Warehouse 2006- 2012 2. Health Indicators Warehouse 2006-2012 3. Indiana SFY 2021 Health Indicators. 4. https://bsquarebulletin.com/wp-content/uploads/2021/06/Strengths-Assessment-and-Gap-Analysis-Final-6-21-21.pdf 5. IN SEOW 2017 6. County Health Rankings.
1. Those with substance use issues face increased barriers in accessing and/or receiving services.	1. Amethyst House has a 2 week wait list average for both residential and OP services, with an average of 45 on the wait list for Women's AH, and 60 on the wait list for Men's AH. 2. An average of 70% of Amethyst residents would be in county jails or prisons if not residing in Amethyst House program. Over 90% of residents are on probation or parole. 3. 43% of reported property managers in Monroe County do not allow applications from those having a felony record or a drug related history. (no update) 4. 65-75% of residents of Crawford Homes are experiencing substance abuse issues. 5. Courage to Change waiting list includes 54 Women and 45 men. (no update due to different tracking system in place)	1. Amethys House 2. Amethys House 3. Shalom Center 4. Crawford House 5. Courage to Change. 6. Amethys House, Centerstone, Courage to Change, Shalom Center, client/self reports, Monroe County Health Public Health staff, Indiana Recovery Alliance.

	6. Insufficient services for Monroe County residents present many barriers for those needing treatment services:
	
	    a. There is a shortage of detoxification services for indigent residents (we currently don't have one).
	
	    b. There is a shortage of short-term and long term residential recovery housing options in Monroe County as evidenced by wait lists. (Amethyst House).
	
	    c. There is usually a waiting list for short-term and long-term residential treatment services (Amethyst House, Centerstone, see above and below respectively).
	
	    d. Amethyst House reports that many clients postpone their assessment or may be suspended from services at some point due to inability to make payments toward their bill. We have created the infrastructure in our agency to be able to accept private insurance/medicate payments, but the majority of our clients are still uninsured and often unemployed, underemployed, or very low-income.
	
	    e. Social services represented at board meetings report that insurance companies are more reluctant to pay for Behavioral Health as compared to Physical Health, and more reluctant to pay for Substance Use than they are to pay for Mental Health Services.
	
	    f. As reported from the agencies providing direct services as well as self reports, patients face barriers accessing	

	behavioral health care due to limited number of physicians providing behavioral health care, including physicians who do MAT and accept insurance. g. As reported from the agencies providing direct services as well as self-reports, there is a severe shortage of licensed therapist providing SUD treatment and accepting new patients. h. As reported from the agencies providing direct services as well as self-reports, there is a severe shortage of psychiatrists providing SUD treatment and accepting new patients.	
3. Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system.	1. Amethyst House has a 2 week wait list average for both residential and OP services, with an average of 45 on the wait list for Women's AH, and 60 on the wait list for Men's AH. 2. "Under current federal and state law, housing discrimination due to criminal history is a lawful form of housing discrimination. However, an increasing number of studies are showing that the lack of safe, affordable housing dramatically impact recidivism rates." This is one of the biggest barriers that clients at New Leaf New Life experience after being released as no one will rent to them. 3. Approximately 335 residents of Monroe County are homeless, and approximately 300 homeless people are on the coordinated entry list, waiting on permanent supportive housing or rapid re-housing. 4. There are approximately 40 people in the range for Shalom's Rapid Rehousing Program 5. An estimated 25-50% of people experiencing homelessness have a history of incarceration.	1. Amethyst House 2. https://www.fhcci.org/programs/education/criminal-history/ 3. Shalom Center 4. Shalom Center 5. https://cops.usdoj.gov/html/dispatch/12-2015/incarceration_and_homelessness.asp 6. Shalom Center 7. http://notbetterthanjail.org/about-em 8. New Leaf New Life 9. Courage to Change 10. Amethyst House

<table>
<tr><td></td><td>

https://cops.usdoj.gov/html/dispatch/12-2015/incarceration_and_homelessness.asp (no subsequent study done)

6. Over 45% of reported property managers in Monroe County do not allow applications from those having a felony record or a drug related history.(no updated number)

7. Electronic monitoring fees may restrict access to work, education, medical care, and community, limiting the ability of those already struggling to care for themselves and their families. http://notbetterthanjail.org/about-em (no subsequent study done)

8. Re-entry court fees may make prohibitive for someone to leave the criminal justice system.

9. Courage to change waiting list: 54 Women. 45 Men. (no update due to different tracking system in place)

10. An average of 70% of Amethyst residents would be in county jails or prisons if not residing in Amethyst House program. Over 90% of residents are on probation or parole.

</td><td></td></tr>
</table>

Step 3: Brainstorm

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

Problem Statements	What can be done (action)?
1. Monroe County has a culture that allows for excessive ATOD use, and that impacts individuals and families, particularly but not limited to those 24 years old and younger.	1. Support of campaigns that change social norms of acceptance including but not limited to: Normative education, host liability, underage purchases and consumption of ATOD. 2. Support evidence based ATOD prevention programs that target youth and young adults. 3. Support prevention and education initiatives that minimize the risks associated with consumption of ATOD. 4. Support prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse.

2. Those with substance use issues face increased barriers in accessing and/or receiving services.	1. Support the continuum of care in our community via recovery support services, family programs, early identification and intervention services. 2. Develop public forums and media strategies (articles in newspaper, radio, internet and TV coverage) about the effectiveness of treatment, options for addictions and treatment and the consequences of lack of treatment. 3. Advocate for additional sources of funding/programming to enhance and expand treatment access for Monroe County residents. 4. Promote an increased awareness of the issues relating to addictions and treatment services.
3. Monroe County lacks affordable services that support re-entry into the community after involvement with the justice system.	1. Provide funding to criminal justice agencies for training and programming that could aid in re-entry post incarceration. 2. Promote efforts designed to address repeat offenders and decrease recidivism. 3. Promote the use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system.

Step 4: Develop SMART Goal Statements

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

Problem Statement #1
Goal 1   2019-2020   The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 75% of grantees reporting that they have met their program goals for the year. Such measurements includes: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth. If not met the LCC will re-evaluate the goal.   2020-2021   The LCC did not meet this goal due to challenges brought on by COVID19. Taking into account agencies abilities to adapt to circumstances, while also acknowledging COVID19 limitations, we have a new Goal: The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse

use over the funding cycle as measured by 60% of grantees reporting that they have met their program goals for the year. Such measurements includes: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth. If not met the LCC will re-evaluate the goal.

2021-2022

The LCC did meet this goal. Updated:
The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 65% of grantees reporting that they have met their program goals for the year. Such measurements includes: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth. If not met the LCC will re-evaluate the goal.

2022-2023
The LCC did meet this goal. New plan will be implemented next year.

Goal 2
2019-2020
The LCC will incrase the number of prevention grant applications that focus on those 24 years old and younger from 10% to 15% within the next year. This will be known by LCC data collection. If the increase is not achieved within 1 year the approach we be reevaulated.

2020-2021
We did not meet this goal. We will adjust our goal so as to make this more realistic:

The LCC will incrase the number of prevention grant applications that focus on those 24 years old and younger from 5% to 10% within the next year. This will be known by LCC data collection. If the increase is not achieved within 1 year the approach we be reevaulated.

2021-2022
We did not meet this goal. We will adjust our goal so as to make this more realistic:

The LCC will incrase the number of prevention grant applications that focus on those 24 years old and younger from .01 to 5%   within the next year. This will be known by LCC data collection. If the increase is not achieved within 1 year we will change the goal.

2022-2023
The LCC did not meet this goal as no new youth serving organizations applied for grant money. New plan will be implemented next year.

Problem Statement #2

Goal 1
2019-2020 The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 75% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) # of babies born to families in drug court without drugs in their system, 2) number of individuals engaged in SUD residential programs. If not met the LCC will re-evaluate the goal.

2020-2021
This Goal has been met but just barely because of COVID19.

Due to this being an unpredictable time, we'd like to keep the goal the same for an additional year:

The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 75% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) # of babies born to families in drug court without drugs in their system, 2) number of individuals engaged in SUD residential programs. If not met the LCC will re-evaluate the goal.

2021-2022

This Goal has been met. Updated:

The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 80% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) # of babies born to families in drug court without drugs in their system, 2) number of individuals engaged in SUD residential programs. If not met the LCC will re-evaluate the goal.

2022-2023
The LCC did meet this goal. New plan will be implemented next year.

Goal 2019-2020
The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 75% of the participants will report having increased awareness of issues relating to addiction and treatment services. If not met the LCC will re-evaluate the goal.

2020-2021
This goal was met and has been revised:

The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 80% of the participants will report having increased awareness of issues relating to addiction and treatment services. If not met the LCC will re-evaluate the goal.

2020-2021
This goal was met and has been revised:

The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 85% of the participants will report having increased awareness of issues relating to addiction and treatment services. If not met the LCC will re-evaluate the goal.

2022-2023
The LCC did meet this goal. New plan will be implemented next year.

Problem Statement #3

Goal 1
2019-2020
The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 75% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) meaningful employment with a living wage, 2) reduced arrests rates. If not met the LCC will re-evaluate the goal.

2020-2021

This goal was just barely met, as such we'd like to keep the goal the same for an additional year:

The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 75% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) meaningful employment with a living wage, 2) reduced arrests rates. If not met the LCC will re-evaluate the goal.

2021-2022

This goal was just barely met, as such we'd like to keep the goal the same for an additional year:

The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 80% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) meaningful employment with a living wage, 2) reduced arrests rates. If not met the LCC will re-evaluate the goal.

2022-2023
The LCC did meet this goal. New plan will be implemented next year.

Goal 2
2019-2020

The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated from 36% to 34% as measured by New Leaf New Life and the IDOC. If not met the LCC will re-evaluate the goal.

2020-2021
This goal was met.

The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated from 34% to 32% as measured by New Leaf New Life and the IDOC. If not met the LCC will re-evaluate the goal.

2021-2022
This goal was met.

The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated to 30% as measured by New Leaf New Life and the IDOC. If not met the LCC will re-evaluate the goal.

2022-2023
The LCC did meet this goal. New plan will be implemented next year. (If we have this same goal, we'd continue to decrease the number)

Step 5: Plans to Achieve Goals
For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 updated The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 65% of grantees reporting that they have met their program goals for the year. Such measurements includes: 1) Greater number of access point locations for Naloxone, 2) prevention and reduction of ATOD use for youth. If not met the LCC will re-evaluate the goal.	1. Prevention/Education: Fund programs which provide healthy mentors for youth 2. Treatment/ Intervention: Fund neighborhood educational initiatves 3. Justice Services/Support: Fund innovative probation services.
Goal 2 The LCC will increase the number of prevention grant applications that focus on ATOD use for those 24 years old and younger from .01-5% within the next year. This will be known by LCC data collection. If the increase is not achieved the goal will be changed	1. Fund prevention/education initiatves that focus on youth and young adult ATOD use. 2. Support treatment/intervention efforts that focus on youth and young adult ATOD use. 3. Suppport justice services/support that focuses on youth and young adult with reagards to ATOD use.
Problem Statement #2	Steps

Goal 1 The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 80% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) # of babies born to families in drug court without drugs in their system, 2) number of individuals engaged in SUD residential programs. If not met the LCC will re-evaluate the goal.	1. Prevention/Education: Fund programs which include education on generational factors. 2. Treatment/ Intervention: Fund treatment providers 3. Justice Services/Support: Fund innovative probation services.
Goal 2 The LCC will increase community members' awareness of issues relating to addictions and treatment services over the funding cycle as measured by self-report evaluations after a LCC sponsored community outreach event, in which 85% of the participants will report having increased awareness of issues relating to addiction and treatment services. If not met the LCC will re-evaluate the goal.	1. Prevention/Education: Support community wide education efforts. 2. Treatment/ Intervention: Support educational components that relay the importance of treatment/intervention. 3. Justice Services/Support: Support educational components that include the judicial system.
Problem Statement #3	**Steps**
Goal 1 The LCC will increase protective facets associated with reducing or eliminating ATOD use and abuse use over the funding cycle as measured by 80% of grantees reporting that they have met their program goals for the year. Such measurements include: 1) meaningful employment with a living wage, 2) reduced arrests rates. If not met the LCC will re-evaluate the goal.	1. Prevention/Education: Fund programs which assist with employment training. 2. Treatment/ Intervention: Fund programs which utlize innovation peer support. 3. Justice Services/Support: Fund programs which utlize alternatives to traditional judicical models.
Goal 2 The LCC will increase efforts to address repeat offenders and decrease recidivism over the funding cycle as measured by a decrease in the number of people re-incarcerated to 30% as measured by New Leaf New Life and the IDOC. If not met the LCC will re-evaluate the goal.	1. Prevention/Education: Fund programs which assist with employment training. 2. Treatment/ Intervention: Fund programs which utlize innovation peer support. 3. Justice Services/Support: Fund programs which utlize alternatives to traditional judicical models.

Fund Document

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

Funding Profile

	Funding Profile	
1	Amount deposited into the County DFC Fund from fees collected last year:	$43,500.69
2	Amount of unused funds from last year that will roll over into this year:	$0.00
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	$43,500.69
4	Amount of funds granted last year:	$ 44,062.27
Additional Funding Sources (if no money is received, please enter $0.00)		
A	Substance Abuse and Mental Health Services Administration (SAMHSA):	$0.00
B	Centers for Disease Control and Prevention (CDC):	$0.00
C	Bureau of Justice Administration (BJA):	$0.00
D	Office of National Drug Control Policy (ONDCP):	$0.00
E	Indiana State Department of Health (ISDH):	$0.00
F	Indiana Department of Education (DOE):	$0.00
G	Indiana Division of Mental Health and Addiction (DMHA):	$0.00
H	Indiana Family and Social Services Administration (FSSA):	$0.00
I	Local entities:	$0.00
J	Other:	$0.00

Categorical Funding Allocations

Prevention/Education: $12,500.23	Intervention/Treatment: $12,500.23	Justice Services: $12,500.23

Funding allotted to Administrative costs:

Itemized list of what is being funded	*Amount ($100.00)*
Coordinator compensation	$5,750
Office supplies	$250

Funding Allocations by Goal per Problem Statement:

Problem Statement #1	**Problem Statement #2**	**Problem Statement #3**
Goal 1: $6,250.12	Goal 1: $11,900.23	Goal 1: $6,250.12
Goal 2: $6,250.11	Goal 2: $600.00	Goal 2: $6,250.11