

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Vanderburgh

LCC Name: Substance Abuse Council of Vanderburgh County

LCC Contact: Dee Lewis

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City: Evansville, IN 47713

Phone: 812-422-0626

Email: SACDirector@outlook.com

County Commissioners: Justin Elpers, Ben Shoulders, Cheryl Musgrave

Address: Civic Center Complex Room 305, 1 NW Martin Luther King Jr. Blvd

City: Evansville, Indiana

Zip Code: 47708

Vision Statement

What is your Local Coordinating Council's vision statement?

To be the community resource to eliminate the negative consequences of substance abuse, and to identify and help fund the unmet needs for drug and alcohol abuse prevention, treatment and law enforcement.

Mission Statement

What is your Local Coordinating Council's mission statement?

To prevent and reduce the incidence of alcohol, drug abuse and other co-related addictive behaviors among youth and adults in Vanderburgh County.

Council Priorities:

Criminal Justice: Purchase of equipment, training related to law enforcement, and funding for personnel and services to enable the investigation, prosecution and rehabilitation of of juvenile and adult, alcohol, tobacco and drug offenders.

Prevention and Education: Evidence-based substance use prevention programs targeting at-risk, low-income and/or minority students/youth, which can prevent and reduce the incidence of substance use; educational presentations and programs for all age groups related to the use of alcohol, tobacco and other drugs and/or co-related morbidities such as domestic violence, HIV/AIDS, gambling and child abuse.

Treatment and Intervention: Resources for all levels of care and intervention; reducing barriers for individuals who are seeking treatment or are currently enrolled in treatment; assistance with accreditations and certifications which enhance knowledge and/or access to care by the uninsured and under-insured; and staff development related to treatment of those living with addictions.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Dee Lewis	YWCA	AA	F	LE, TX
2	Laura Wathen	Youth First	W	F	Prevention
3	Daren Harmon	Prosecutor	W	M	LE
4	Kathryn Kornblum-Zell	Parenting Time Center	W	F	Prevention
5	James Akin	Community Corrections	W	M	LE, TX
6	Kim Ashby	Boom Squad	AA	F	Prevention
7	Jackie Hughes	ECHO Clinic	W	F	Treatment
8	Michael Gray	Evansville P.D.	W	M	LE
9	Kevin Groves	Southwestern Behavioral Services	W	M	Treatment
10	Heather Woods	Juvenile Court	W	F	LE, TX
11	Elizabeth Greenwell	Probation	W	F	LE
12	Julie Robinson	Tri-State Alliance	W	F	Prevention
13	Elizabeth Greenwell	Probation	W	F	LE
14	Leslie Jackson	Superior Court	AA	F	LE
15	Matt Corn	Sheriff	W	M	LE
16	Laura Ferguson	Youth Resources	W	F	Prevention
17	Courtney Horning	Smokefree Communities	W	F	Prevention
18	Shay Wood	NOW Counseling	W	F	TX
19	Crystal Sisson	Holly's House	W	F	Prevention
20	Ginny France	Anthem	W	F	Prevention
21	Jane Vickers	Patchwork Central	W	F	Prevention
22	Jill Hoskins	Brentwood Springs	W	F	TX
23	William Wells	D.A.D.S.	W	M	LE, TX
24	Laura Walker	Hillcrest	W	F	Prevention, TX
25	Yvon Lauren	Warrick County Pride	W	F	Prevention
26	Stacey Kuder	Deaconess Cross Pointe	W	F	TX
27	Aimee Stachura	Girl Scouts	W	F	Prevention
28	Bri Bolin	Transgender Alliance	W	F	Prevention

29	Hannah McPhail	Counseling for Change	W	F	TX
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LCC Meeting Schedule:
Please provide the months the LCC meets throughout the year:
2022: January 9, February 6, March 6, April 3, May 1, June 5, July 10, August 7, September 11, November 6, December 4

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 Vanderburgh
County Population 181,548 (Source: IPRC County Epidemiological Data, June 2022 – data from 2020)
Schools in the community Evansville Vanderburgh County School Corporation: 6 high schools, 18 elementary schools, 4 K-8 schools, 7 middle schools Catholic Diocese of Evansville: 9 K-8 schools, 2 high schools Charter Schools: Signature High School, Joshua Academy Private Schools: Evansville Lutheran (K-8), Evansville Day School (K-12), Evansville Christian School (K-12)

Higher Education: Ivy Tech Community College, University of Evansville, University of Southern Indiana
<p>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)</p> <p>Ascension St. Vincent Hospital and Medical Group Deaconess Medical Group (2 hospital campuses) Echo Community Health Care (free and reduced income clinics)</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)</p> <p>Southwestern Behavioral Health Beacon Recovery LifeStance Health Evansville Psychiatric Associates Deaconess Behavioral Health Evansville Mental and Behavioral Health Brentwood Springs Luzio and Associates Behavioral Services Deaconess Cross Pointe Boyett Treatment Center Brighter Side Treatment Center Evansville Treatment Center Clean Slate Groups Recover Together New Visions Counseling Counseling for Change Maglinger Behavioral Services</p>
<p>Service agencies/organizations</p> <p>Albion Fellows Bacon Center American Red Cross of Southwestern Indiana Ark Crisis Child Care Center Aurora, Inc. Big Brothers/Big Sisters of Southwestern Indiana Boys & Girls Club of Evansville Buffalo Trace Council, Boy Scouts of America Carver Community Organization Catholic Charities Christian Resource Center Crisis Connection, Inc. Easter Seals Rehabilitation Center ECHO Community Health Center Evansville Christian Life Center Evansville Goodwill Industries, Inc. Girl Scouts of Southwest Indiana House of Bread and Peace Lampion Center</p>

Legal Aid Society of Evansville
Mental Health America of Vanderburgh County
Ozanam Family Shelter
Rescue Mission
St. Vincent de Paul Society, Evansville District Council
St. Vincent Early Learning Center, Inc.
SmokeFree Evansville
The Arc of Evansville
The Salvation Army
United Caring Shelter
Vanderburgh County CASA
VOICES. Inc.
Volunteers of America
YMCA of Southwestern Indiana
YWCA Evansville

Local media outlets that reach the community

TELEVISION:

WFIE Channel 14
WEHT / WTVW Channels 7 & 25 (based in Henderson KY 7 miles from Evansville)
WEVV Channel 44
WNIN Channel 9
Evansville Courier & Press
Our Times Newspaper (local African American newspaper)
TSA News (local LGBTQ news)
City-County Observer (online newspaper)
Radio stations including: WIKY, WSTO, WEOA, WABX, WPSR, WNIN, Kiss 106, WGBF, WKDQ

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

Alcohol, methamphetamine, marijuana, heroin/fentanyl, prescription opiates, cocaine

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

DRUG ABUSE PREVENTION / PROGRAMS

Boom Squad: targeting at-risk students
Holly's House: targeting students grades K-6
Girl Scouts of Southwestern Indiana: targeting girls for prevention activities
Patchwork Central: targeting at-risk inner-city youth
Vanderburgh Health Department: targeting adults being released from incarceration
Tri-State Alliance: targeting prevention activities for at-risk LGBTQ middle and high school students
Vanderburgh County Prosecutor's Office: targeting at-risk youth ages 8-12
Youth First

TREATMENT:

Southwest Behavioral Healthcare
Beacon Recovery
Brentwood Springs

Drug and Alcohol Referral Service (D.A.D.S.)
 YWCA Transitional Housing
 Echo Community Health Care
 Deaconess Cross Pointe
 Vanderburgh County Family Treatment Court
 Counseling for Change
 Vanderburgh Treatment Courts

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. Poverty	1. Local programs that assist families with housing, utilities, food and clothing. 2. Township trustees 3. Mental health and healthcare providers that offer services for no fee or on sliding scale fee. 4. Mental health providers employ staff to link low- or no-income patients with services and resources	1. Unemployment or under-employment 2. Families that do not meet income guidelines but need assistance. 3. 9.6% individuals (2018) are uninsured. 4. Disparity in median income between white households and non-white households.

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

		5. School drop-out rates are high.
2. Availability of alcohol and other drugs	<p>1. Vanderburgh County Drug Task Force and history of cooperation with federal law enforcement (DEA and FBI) in prosecuting drug dealers.</p> <p>2. Strong emphasis on outside school-time programming.</p> <p>3. Through SmokeFree Communities, local VOICE program empowers youth to oppose tobacco and vaping sales and educate each other.</p>	<p>1. Changes in sentencing laws resulted in shorter sentences and fewer convicted drug dealers being sent to prison; this has been exacerbated by pandemic restrictions which resulted in a backlog of cases that is still being addressed.</p> <p>2. 21.1 alcohol outlets per 10,000 persons; 10.3 tobacco outlets per 10,000. (2021)</p> <p>3. 942 opioid prescription dispensations per 1000 persons (2021).</p> <p>4. Novel controlled substances like kratom and tianeptine are available for sale at gas station convenience stores.</p>
3. Family substance use	<p>1. Variety of in-patient and out-patient SUD treatment facilities</p> <p>2. Youth First social workers in nearly all schools participated in CATCH My Breath Training.</p> <p>3. Courts and schools identify families with SUD issues and make referrals to treatment.</p> <p>4. SmokeFree Evansville and EVSC piloted “Vaping: Know the Truth” intervention program in conjunction with their alternatives to suspension at Harwood and Plaza Park schools during Spring 2022.</p> <p>5. Vanderburgh County was one of the first counties with a Drug Court; now the county has several problem solving courts working to help offenders obtain treatment for substance use disorders and return to society.</p>	<p>1. Limited access to timely SUD services for youth and families.</p> <p>2. A prevalent cultural bias toward consuming alcoholic beverages and tobacco products.</p> <p>3. Anecdotal reports of high usage of vaping devices among youth and young adults.</p> <p>4. Lack of supervision and activities during the 3:00 pm and 6 pm period is a risk factor for youth substance misuse.</p> <p>5. National marijuana legalization promotion leading to acceptance of marijuana and other cannabinoid usage.</p> <p>5. Youth do not have transportation to get to SUD services.</p> <p>6. In-patient and out-patient services are available for</p>

		<p>adolescents, but mid-level or intermediate services are not.</p> <p>7. The goal of family preservation has required many youth to be left in homes where substances are being used and abused.</p>
4. Youth Mental Health	<p>1. Variety of in-patient and out-patient mental health treatment facilities</p> <p>2. Youth First social workers in nearly all schools.</p> <p>3. Courts and schools identify families with mental health issues and make referrals to treatment.</p> <p>4. Vanderburgh County has a Mental Health Court to help offenders obtain treatment for mental health disorders and return to society.</p>	<p>1. The pandemic exacerbated mental health challenges for both students and teachers in schools.</p> <p>2. There is a cultural bias against seeking treatment for mental health issues.</p> <p>3. There is a shortage of mental health professionals, especially in crisis situations.</p>
Protective Factors	Resources/Assets	Limitations/Gaps
1. Access to mental health and Substance Use Disorder care.	<p>1. Progressive community mental health services.</p> <p>2. Transitional housing for person in SUD recovery has increased.</p> <p>3. Through Recovery Works and other programs, low income individuals can access services.</p>	<p>1. High demand for services limits patient interaction with SUD counselors and mentors.</p> <p>2. Anecdotal evidence suggests relapses increased post-pandemic.</p> <p>3. Inpatient treatment and transitional housing limited.</p> <p>4. Transportation to SUD treatment and services is limited</p>
2. Meaningful youth engagement opportunities.	<p>1. Outside of school programming for youth provides positive youth development opportunities</p> <p>2. SAC funds agencies that provide substance use prevention services for at-risk youth.</p>	<p>1. Pandemic restrictions drove down youth participation in youth activities; this participation has not yet fully recovered to pre-pandemic levels.</p> <p>2. Staff shortages and high turnover in youth serving agencies are keeping participant numbers low.</p>

	3. Youth 16-17 assist Excise Police as youth tobacco compliance inspectors	
3. The law restricts access to alcohol and other drugs.	1. Police agencies monitor compliance with laws that limit alcohol sales to minors	<p>1. Changes in patterns of substance abuse and types of drugs available require innovation and change in the provision of treatment services and law enforcement mechanisms.</p> <p>2. In 2021 fewer than 10% (33 of 383) of alcohol outlets were inspected for compliance; 44% (83 of 187) of tobacco outlets were inspected. IPRC 6.3 and 6.4</p> <p>3. Opioid prescription dispensations per 1000 persons exceeds the number for the entire state (768 vs. 552 in 2020, 942 vs. 704 in 2021). IPRC 6.6.</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)
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1. Availability of alcohol and other drugs	1. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County. New drugs like fentanyl and its analogs and synthetic drugs have become widely available. Substance abuse crimes, such as Operating While Intoxicated, dealing in a controlled substance, and possession of a controlled substance continue to occur in high numbers. Drug overdose deaths have increased. The amount and weight of controlled substance possessed by individual offenders when apprehended by police has increased.
2. Poverty	1. Poverty, lack of transportation, stigma and other barriers deter access to services that address substance use disorders for youth, adults and families in Vanderburgh County.
3. Family Substance Use and Youth Mental Health	1. Attitudes in family groups and mass media toward substance use, coupled with an increase in mental health disorders, particularly among youth, provide fertile ground for substance misuse and abuse.

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. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County. New drugs like fentanyl and its analogs and synthetic drugs have become widely available. Substance abuse crimes, such as Operating While Intoxicated, dealing in a controlled	<ul style="list-style-type: none"> Total drug felonies charged in 2022 were 3,023. Total drug overdose deaths: in 2022 there were 77 fatal overdoses, of those 43 were fentanyl. In 2019, 38 in 2020, 60 in 2021; total ethamphetamine deaths: 12 in 2019, 9 in 2020, 23 in 2021. 	<ul style="list-style-type: none"> Vanderburgh County Prosecutor's Office Evansville Courier and Press and Vanderburgh County Coroner

<p>substance, and possession of a controlled substance continue to occur in high numbers. Drug overdose deaths have increased. The amount and weight of controlled substance possessed by individual offenders when apprehended by police has increased.</p>	<ul style="list-style-type: none"> • In 2022, there were 11 cases of causing serious bodily injury while OWI, 2 cases of causing serious bodily injury while operating with a schedule I or II and 2 cases of causing serious bodily injury when operating with .08. • 75 cases of operating with .08 or more, 172 cases of operating with .15 or more, and 34 cases of operating with a schedule I or II charged in 2022 • In 2021 73% of of the 410, up from 72% in 2020 removals of children from the home were due to abuse of alcohol or a controlled substance. • 15% of inspections of alcohol outlets in 2021 were not compliant with minimum age laws. • 19.8% of adults surveyed in 2019 reported excessive drinking.* • In 2019, 9 total impaired driving deaths; 10.8% of driving deaths had alcohol involvement. • Substance Abuse Treatment episodes in 2021: alcohol – 52.8%; marijuana – 63.7%; cocaine – 5%; heroin – 7.2%; methamphetamine; 47.5%; prescription opioids – 12.1%. • Non-fatal opioid overdose ER visits in 2020: 47.9 per 100,000 	<ul style="list-style-type: none"> • Vanderburgh County Prosecutor’s Office • Vanderburgh County Prosecutor’s Office • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (4.4) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (6.3) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (7.1) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (7.2) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (9.1)
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		<ul style="list-style-type: none"> • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (9.3)
<p>2. Poverty, lack of transportation, stigma and other barriers deter access to services that address substance use disorders for youth, adults and families in Vanderburgh County.</p>	<ul style="list-style-type: none"> • 2020 population: Total – 181,548; 0-17 – 39,248; 18-24 – 17,752. • 2020, 77.8% of population (25-64) is in the labor force; 4.6% were unemployed. • Percent of families below poverty level in 2020 – 11%; families with children under 18 in poverty – 4.7%; households headed by a single female with children under 18 in poverty– 30.3%. • Free school lunch 2021-22: 38.5% public school students eligible; reduced fee lunch eligible PS students: 6.6% • Median household income 2020: \$51,179.00. Median household income for African Americans: \$27,466.00 • Health insurance in 2019: 10.6% uninsured. • Graduation rates: 2021-22: 82.8% graduated high school in 4 years or less. • Single parent households 2020: 43.4% • Gross rent as percentage of income is 50% or more: county households in 2016 – 6,318; state households in 2016 – 27,478 	<ul style="list-style-type: none"> • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (1.1) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (2.1) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (2.2) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (2.3) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (2.5); MPH Hub, US Census Bureau, American Community Survey, 2023 • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (2.4) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (3.2) • Indiana Prevention Resource Center, County Epidemiological Data, June 2022 (4.2) • MPH Hub, US Census Bureau, American Community Survey, 2019

<p>3. Attitudes in family groups and mass media toward substance use, coupled with an increase in mental health disorders, particularly among youth, provide fertile ground for substance misuse and abuse.</p>	<ul style="list-style-type: none"> Behavioral health includes issues specific to mental health and substance/drug/alcohol use or abuse, and tobacco use or vaping. 	<ul style="list-style-type: none"> FY 2022 Community Health Needs Assessment – Vanderburgh County, p.10
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*Defined as 5 or more alcoholic beverages on one occasion for men (4 for women); or as 15 or more drinks per week for men (8 per week for women).

Step 3: Brainstorm

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

Problem Statements	What can be done (action)?
<p>1. Alcohol, tobacco and other drug use continues to be a problem among youth and adult citizens of Vanderburgh County. New drugs like fentanyl and its analogs and synthetic drugs have become widely available. Substance abuse crimes, such as Operating While Intoxicated, dealing in a controlled substance, and possession of a controlled substance continue to occur in high numbers. Drug overdose deaths have increased. The amount and weight of controlled substance possessed by individual offenders when apprehended by police has increased.</p>	<ol style="list-style-type: none"> Youth serving agencies can implement evidence-based programming and non-penal interventions to strengthen the knowledge, skills, and attitudes that will help young people resist using or abusing alcohol and other substances. Through aggressive enforcement, treatment and court intervention, criminal justice agencies can continue to reduce death and injuries from operating a vehicle while intoxicated. Law enforcement and prosecutors can increase the investigation of overdose deaths to bring more prosecutions of dealing in a controlled substance resulting in death. Law enforcement agencies can seek and receive up-to-date training on investigation tools

	<p>(such as cell-phone investigation) and trends in drugs of abuse and the trafficking thereof.</p> <p>5. Law enforcement agencies can continue and improve aggressive investigation of drug dealing operations in cooperation with each other and with federal agencies and bring successful drug dealing prosecutions.</p> <p>6. The SAC coalition can advocate for more prevention resources, for state laws that restrict alcohol and tobacco outlets, for bans on vaping devices and liquids, and against legalization of marijuana and other cannabinoids.</p>
<p>2. Poverty, lack of transportation, stigma and other barriers deter access to services that address substance use disorders for youth, adults and families in Vanderburgh County.</p>	<p>1. Treatment agencies can seek funding to reduce barriers to receiving treatment, such as transportation.</p> <p>2. The Substance Abuse Council can seek ways to make substance use disorder treatment affordable to the uninsured or under-insured.</p> <p>3. The SAC coalition can seek ways to inform the public that substance use disorder treatment works, that recovery is possible and long-lasting, and that persons who are seeking substance use disorder and/or mental health treatment deserve community support and encouragement.</p> <p>4. The SAC coalition can advocate for increasing treatment and recovery resources, such as Recovery Works, especially for those who are economically disadvantaged or are otherwise at risk.</p> <p>5. The SAC coalition can support and encourage transitional housing for persons who are in recovery from a substance use disorder.</p>
<p>3. Attitudes in family groups and mass media toward substance use, coupled with an increase in mental health disorders, particularly among youth provide fertile ground for substance misuse and abuse.</p>	<p>1. The SAC can provide training to professionals on trends in treatment of addictions and co-occurring disorders.</p> <p>2. Substance Use Disorder professionals can attend workshops and training, such as that offered by the National Drug Court Institute and the National Association of Drug Court Professionals.</p> <p>3. The SAC coalition can seek ways to inform the public about preventing substance use disorder.</p>

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Step 4: Develop SMART Goal Statements

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

Problem Statement #1
Goal 1 Vanderburgh County will increase the prosecutions of Dealing in a Schedule I or II controlled substance by 10% by the end of 2024.
Goal 2
Problem Statement #2
Goal 1 In 2023-24, the number of persons served by mental health and addiction treatment will increase by 5% by decreasing barriers to treatment, such as transportation and financial resources.
Goal 2
Problem Statement #3
Goal 1 By the end of 2024, seventy-five (75%) percent of youth and adult participants in programs supported with SAC funds in 2023-24 will report, maintain or demonstrate positive changes in behavioral knowledge, skills, or attitudes as measured by pre- and post-evaluations after participation in the program.
Goal 2 By the end of 2024, twenty-five percent (25%) of youth and adult participants of programs supported by the SAC in 2023-24 will report or demonstrate a decrease in use of alcohol, tobacco and other drugs after participation in the program.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 Vanderburgh County will increase the prosecution rate of Dealing in a Schedule I or II controlled substance by 5% by the end of 2024.	<ol style="list-style-type: none"> 1. SAC will fund equipment and other needs for law enforcement to enhance their law enforcement activities as it relates to drug arrests and the prosecution of Schedule I and II controlled substance crimes. 2. SAC will fund training for law enforcement personnel to enhance skills and expertise in the investigation and prosecution

	<p>of controlled substance offenses and overdose death investigation.</p> <ol style="list-style-type: none"> 3. SAC funded law enforcement programs will record data on specific metrics, including but not limited to, arrests, crimes charged, amounts of drugs seized, etc. 4. SAC funded law enforcement programs will compare data with data collected in previous years and statewide data. 5. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 6. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
<p>Problem Statement #2</p>	<p>Steps</p>
<p>Goal 1 In 2023-24, the number of persons served by mental health and addiction treatment will increase by 5% by decreasing barriers to treatment, such as transportation and financial resources.</p>	<ol style="list-style-type: none"> 1. SAC will fund treatment agencies that help eliminate barriers to treatment by assisting with transportation and other financial costs incurred by the clients, to impact the number of people who access treatment services. 2. SAC funded programs will collect demographic and performance data on participants in their programs. 3. SAC funded programs will compare their outcomes with data from outcomes on evidence-based programs. 4. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 5. SAC will evaluate each program at the 6 and 12 month mark to

	evaluate their progress on the goals and to also review the financial expenditures.
Goal 2	1. 2. 3.
Problem Statement #3	Steps
Goal 1 By the end of 2024, seventy-five (75%) percent of youth and adult participants in programs supported with SAC funds in 2023-24 will report, maintain or demonstrate positive change in behavioral knowledge, skills, or attitudes as measured by pre- and post-evaluations after participation in the program.	<ol style="list-style-type: none"> 1. SAC will fund and evaluate programs that serve youth who are at-risk for substance use and abuse. 2. SAC will fund and evaluate programs that serve adults who are at-risk for substance use disorder. 3. SAC will fund and evaluate programs that serve persons who are at risk of relapse. 4. SAC will fund and evaluate programs that support families whose members are at-risk for substance abuse or substance use disorder. 5. SAC funded programs will collect demographic and performance data on participants in their programs. 6. SAC funded programs will compare their outcomes with data from outcomes of evidence-based programs. 7. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 8. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.

<p>Goal 2 By the end of 2024, twenty-five percent (25%) of youth and adult participants of programs supported by the SAC in 2023-24 will report or demonstrate a decrease in use of alcohol, tobacco and other drugs after participation in the program.</p>	<ol style="list-style-type: none"> 1. SAC will fund and evaluate programs that serve adults and youth who are involved in substance use and abuse. 2. SAC will fund and evaluate programs, including court programs, that serve youth and adults who have a substance use disorder. 3. SAC will fund court, probation, community corrections or diversion program staff training; items that remove financial barriers; and drug tests to assist with rehabilitation of juvenile and adult offenders with a substance use disorder. 4. SAC funded programs will collect demographic and performance data on participants in their programs. 5. SAC funded court programs will collect recidivism data on offender participants in court drug and alcohol programs. 6. SAC funded programs will compare their outcomes with data from outcomes from evidence-based programs. 7. SAC will have each of the funded agencies give a report during the year to the entire council, and answer questions about their programs. 8. SAC will evaluate each program at the 6 and 12 month mark to evaluate their progress on the goals and to also review the financial expenditures.
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IV. Fund Document

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

Funding Profile		
1	Amount deposited into the County DFC Fund from fees collected last year:	\$113,090.00
2	Amount of unused funds from last year that will roll over into this year:	\$0
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$113,090.00
4	Amount of funds granted last year:	\$93,854.26
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: Fundraising	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$28,272.50	Intervention/Treatment: \$28,272.50	Justice Services: \$28,272.50
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$20,000.00
Office supplies		\$ 8,272.50
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$28,272.50	Goal 1: \$28,272.50	Goal 1: \$14,136.25
		Goal 2: \$14,136.25