

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: **Brown**

LCC Name: **Brown County Recovery and Wellness Coalition**

LCC Contact: **Leyla Davis, Coordinator and Mallory Rockwell, Treasurer**

Address: **PO Box 1311**

City: **Nashville, IN 47448**

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County Commissioners: **Tim Clark, President; Ron Sanders, Vice President;**

Kevin Patrick, Theresa Cobian, Donna Lutes.

Address: **PO Box 151**

201 Locust Lane

City: **Nashville, IN**

Zip Code: **47448**

Vision Statement

What is your Local Coordinating Council's vision statement?

We envision Brown County as a thriving community where recovery is possible for everyone.

Mission Statement

What is your Local Coordinating Council's mission statement?

To prevent and reduce substance use in Brown County

Membership List					
#	Name	Organization	Race	Gender	Category
1	Amanda Kinnaird	Centerstone	W	F	Chairperson, PI Co-chair
2	Cory Joy	Do Something, local pastor	W	M	Co-Chair
3	Leyla Davis	Centerstone	W	F	Coordinator
4	Mallory Rockwell	Community Corrections	W	F	Treasurer
5	Sandy Washburn	BC Schools, PACES	W	F	P/E Chairperson
6	Jon Dauterman	DCS	W	M	T/I Co-Chair
7	Lisa Means	The Villages of Indiana	W	F	T/I subcommittee
8	Melanie Thevenow	Centerstone, CJ Liaison	W	F	JS Chairperson
9	Melissa Tatman	Jail Services Coordinator	W	F	JS subcommittee
10	Cory Joy	Do Something, local pastor	W	M	JS subcommittee
11	Melissa Rittenhouse	Centerstone	W	F	BCRAWC
12	Laura Young	NUMC	W	F	BCRAWC
13	Cathy Roundtree	Health board, LWV, BCQH	W	F	T/I subcommittee
14	Jen Acton	BC Probation	W	F	JS subcommittee
15	Spencer Medcalf	Valle Vista	W	M	BCRAWC
16	Tasha Brown	VOA	W	F	T/I subcommittee
17	Seleah Settle	BC Health Dept	W	F	BCRAWC
18	Hannah Lee	BC Juvenile Probation	W	F	JS subcommittee
19	Bill Todd	BC for Quality Healthcare	W	M	JS subcommittee
20	Brad Stogsdill	BC Sheriff	W	M	JS subcommittee
21	Melanie Voland	Centerstone, Community Liaison	W	F	P/E subcommittee
22	AJ Doyle	Centerstone	W	F	BCRAWC
23	Bill Schlipp	Fertile Ground	W	M	BCRAWC
24	Judy Schlipp	Fertile Ground	W	F	BCRAWC
25	Tara Todd	IU Health Positive Link	W	F	BCRAWC
26	Lucy Shultz	Brown County Hour Radio	W	F	BCRAWC

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

We meet the 2nd Thursday of each month at
The Career Resource Center, Classroom 1
260 School House Lane,
Nashville, IN 47448.

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
Brown
County Population
15,650 US Census Bureau
Schools in the community
Brown County High School, Brown County Middle School, Van Buren Elementary, Sprunica Elementary, Helmsburg Elementary, and the Educational Services Center.
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)
Health and Wellness Clinic IU Health No hospitals in the county.
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)
Centerstone
Service agencies/organizations
Centerstone, Turning Point Domestic Violence Services, YMCA, BC Health and Living Center (nursing home), Do Something, local youth groups/church groups, BC Health Dept, Ireland Homebased Services, Nurse Family Partnership, Clarity, Brown Countians For Quality Healthcare, PARA Peer Counseling Ministries, George Junior Republic, Youth Villages, Todd's In-Home Care.

<p>Local media outlets that reach the community</p> <p>Brown County Democrat WFHB-Brown County Hour Social media groups that exchange local news such as road conditions and school closings, etc.</p>
<p>What are the substances that are most problematic in your community?</p> <p>Methamphetamine, prescription misuse, fentanyl, xylazine, cocaine, marijuana, alcohol, tobacco, vaping (especially in the schools).</p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community</p> <p>Smoking cessation classes Centerstone provides assessments, substance use treatments and programming including SUD group, individual therapy, recovery coaching, MRT group, dual diagnosis group Alcoholics Anonymous Narcotics Anonymous Al-Anon Faith based recovery meetings Recover Out Loud Recovery meetings and SUD programming in BC Jail Vaping prevention in schools</p>

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.	1. School counselors at every school.	1. Limited transportation

<p>BC Youth report early initial ATOS use—between 10-13 years of age.</p> <p>A large percentage of BC Youth report feeling sad or hopeless more than 2 weeks in a row.</p> <p>A large percentage of BC Youth report low commitment to school.</p> <p>A large percentage of BC Youth perceive that a large percentage of peers are using ATOS, Creating a significant gap between rates of perceived use and actual reported use.</p>	<ol style="list-style-type: none"> 2. Centerstone services, including school-based services 3. SEL curriculum K-8 4. Extra-curricular activities 5. Faith based youth groups 6. Other youth serving organizations. 	<ol style="list-style-type: none"> 2. Limited substance use prevention education for youth 3. Youth and family engagement in school and community events. 4. Socio-economic factors
<p>2.</p> <p>There is a low perception of harm of substance and alcohol use amongst a large part of the Brown County Community. Continued increase in prevalence and use of vaping. Instances of more lethal drugs mixed with vapes/marijuana without the user's knowledge. Multi-generational patterns of substance use are present within the community. From 2018-2022, Brown County was the highest county per capita for suicide rate suggesting significant mental health issues are present in the county. Over the same time frame, Brown County is 17th per capita in opioid overdose rate.</p>	<p>Naloxone availability- there are currently 10 sites where Naloxone can be accessed across the county.</p> <p>Availability of fentanyl and xylazine test strips.</p> <p>Community Mental Health through Centerstone, including services provided in schools.</p> <p>County Health Department is increasing community outreach and this includes specific advocacy around substance use issues and work directly in the schools.</p> <p>Nurse Family Partnership</p> <p>Healthy Families</p> <p>Nurse Family Partnership</p> <p>Motivational Incentives Program</p> <p>Up to date Treatment Guide BCRAWC</p>	<ol style="list-style-type: none"> 1. Lack of affordable housing 2. Lack of available and affordable child care 3. Lack of local jobs that provide a living wage. 4. Significant portion of population uninsured or underinsured. 5. Poor internet accessibility in rural areas of the county. 6. Lack of public transportation options 7. Stigma around seeking help for mental health and substance use concerns.

<p>3.</p> <p>People in Brown County are experiencing legal and criminal ramification. This is directly or indirectly from their substance use; which also impacts public safety and is a financial burden on the community.</p>	<ol style="list-style-type: none"> 1. Mental health providers providing appropriate services within the jail. 2. Opportunities for positive social involvement. 3. Continued work with jail services coordinator, recovery coach, and mental health coach. 4. Supporting law enforcement Drug Task Force. 	<ol style="list-style-type: none"> 1. Individuals following up with appropriate level of care when in a mental health crisis. 2. Lack of transportation and internet accessibility. 3. Lack of individuals engaging in substance use and mental health services provided while incarcerated. 4. Lack of funding to provide necessary materials needed by Drug Task Force.
Protective Factors	Resources/Assets	Limitations/Gaps
<p>1.</p> <p>Prevention and education efforts related to substance use and mental health in the community.</p>	<p>Some educational curriculum delivered through health classes.</p> <p>School and Centerstone partnership to provide school-based mental health services.</p> <p>Local youth programming such as 4-H and faith-based programming.</p> <p>Special community events, festivals, films</p>	<p>School absenteeism rates and participation rates in youth programming</p> <p>Many youth lack transportation to attend youth programming, special events, and ECAs.</p>
<p>2.</p> <p>Access to mental health care and substance use treatment and supports. Increased communication and collaboration amongst community groups to address issues of substance use and mental health.</p>	<ol style="list-style-type: none"> 1. Ongoing community health assessment 2. Brown County Rising Group 3. County Review Teams (SOFR/FIMR/CFR) 4. 988 5. Stride/Mobile Crisis 6. AA/Support groups 7. Do Something Brown County 	<ol style="list-style-type: none"> 1. Lack of awareness of available resources 2. Lack of coverage for services due to individuals being uninsured and underinsured 3. Stigma around accessing treatment. 4. Lack of public transportation and/or internet access to get to treatment and support groups
<p>3.</p> <p>Substance use/mental health initiatives</p> <p>Collaborative efforts between law enforcement agencies, corrections, court services, mental health services, and schools.</p>	<ol style="list-style-type: none"> 1. Brown County Recovery and Wellness Coalition continued addressing of substance use and mental health. 2. School resource officer 3. Continued work of PACES initiative under new programming and jail services coordinator. 	<ol style="list-style-type: none"> 1. Available funding for programming. 2. intra-state coordination 3. length of time/cost of mental health stay

Use interventions tools to address substance use disorders while incarcerated as offered by jail services coordinator and recovery/mental health coach.		
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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)
1. 9-18% of all youth are at risk for developing ATOS use disorders according to the CRAFT screening instrument. According to self-report data, many BC youth experience sadness, hopelessness, and thoughts of suicide. Large gaps exist between BC youth perception of peer use and actual reported use.	1. BC youth are at greater risk (than peers in Indiana) for developing alcohol or substance use disorders. BC youth are at greater risk (than peers in Indiana) for developing alcohol or substance use disorders because of mental health issues. BC youth have inaccurate perceptions related to risks of ATOS use and also related to peer use.
2. There is a low perception of harm of substance and alcohol use amongst a large part of the Brown County Community. Continued increase in prevalence and use of vaping. Instances of more lethal drugs mixed with vapes/marijuana without the user's knowledge.	2. People in Brown County are dying and experiencing life altering consequences due to substance and alcohol use.

Multi-generational patterns of substance use are present within the community. From 2018-2022, Brown County was the highest county per capita for suicide rate suggesting significant mental health issues are present in the county. Over the same time frame, Brown County is 17 th per capita in opioid overdose rate.	
<p>3. Availability of alcohol and substances to youth and adults.</p> <p>Lack of treatment resources to address SUD and mental health affecting recidivism outcomes.</p> <p>Lack of services to promote a successful re-entry.</p>	<p>3. People in Brown County are experiencing legal and criminal ramifications.</p> <p>Substance use is creating a public safety risk.</p> <p>Brown County is financially strained due to increased cost of incarceration.</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. Youth in BC are at risk for developing ATOD related substance use disorders.</p>	<p>9-18% of all BC Youth are at risk for developing a substance use disorder.</p> <p>BC Youth score above national average for 4 different risk factors:</p> <ul style="list-style-type: none"> a. Parent attitudes toward antisocial behavior b. Low commitment to school c. Perceived risk of drug use d. Rewards for anti-social involvement <p>BC youth report first-time use of ATOS as young as 11 years of age.</p> <p>A large gap exists between youth perception of peer use and of ATOS and actual use reported by youth.</p> <p>While self-reported rates of use for tobacco, vaping, marijuana, illicit drug and prescription drug use have decreased in the last four years, alcohol use and binge drinking have increased.</p>	<p>CRAFT Screening Tool used in INYS 2024</p> <p>Communities that Care INYS 2024</p> <p>INYS 2024 Data</p> <p>INYS 2024 Data</p> <p>INYS 2024 Data</p>

<p>2. People are dying and experiencing life altering consequences due to substance and alcohol use.</p>	<p>From 2018-2022, Brown County was the highest county per capita for suicide rate suggesting significant mental health issues are present in the county.</p> <p>From 2018-2022, Brown County is 17th per capita in opioid overdose rate.</p> <p>Out of the 401 clients served through Centerstone in FY24, roughly one quarter received substance use treatment. 116 adults and 5 youth had a primary diagnosis of a substance use disorder. The top 5 substances used by adults ranked from highest use to lowest are marijuana/hashish, alcohol, methamphetamine, heroin, benzodiazepines. The top 2 substances used by youth were marijuana and alcohol.</p>	<p>County Health Score Card (https://www.in.gov/healthfirs/indiana/county-health-scorecard/).</p> <p>County Health Score Card (https://www.in.gov/healthfirs/indiana/county-health-scorecard/).</p> <p>Centerstone Records</p>
<p>3. People in Brown County are experiencing legal and criminal ramifications, directly or indirectly from their substance use, which also may impact public safety and is a financial burden on the community.</p>	<p>Currently it costs an average of \$79.85 per day to house an incarcerated adult in Indiana. (IDOC 2024)</p> <p>Currently costs an average of \$322.90 per day to house an incarcerated juvenile. (IDOC 2024)</p> <p>74/405 (18%) bookings in Brown County in 2024 were substance related. (BCSD 2024)</p> <p>Of the top 25 most common booking charges in 2024, 11 were directly related to substance use. (BCSD 2024)</p>	<p>IDOC: FACT CARDS-IN.gov, Jan. 2025</p> <p>BCSD (Brown County Sheriff Department) 2024</p>

Step 3: Brainstorm

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

Problem Statements	What can be done (action)?
<p>1. Youth in Brown County are at risk of developing Alcohol, Tobacco, and Other Substances (ATOS) use disorders.</p>	<ol style="list-style-type: none"> 1. Write a guest column containing data from INYS 2024 2. Post once per week on social media 3. Write 30 short PSA's using information from

	<p>Talk They Hear You, Catch Your Breath, and INYS Data for weekly school morning announcements.</p> <ol style="list-style-type: none"> 4. "Sponsor" family attended school events with large attendance and short PSAs to be announced. 5. Print materials from TTHY with local branding. 6. Distribute print materials from TTHY and Catch My Breath at 4-H Fair, HOPE Fest, Family Fun Festival, and at least 2 school events. 7. Distribute brochures and print materials to BC Library, BCHD, YMCA, Community Corrections, Faith organizations, Centerstone, and other agencies. 8. Present INYS data to existing groups. 9. Distribute TTHY material to weekend backpack program. 10. Offer incentives for student generated print posters and social media PSAs related to ATOD use prevention efforts. 11. Explore opportunities for school-based service projects in partnership with other community agencies, school groups and faith-based organizations. 12. Explore opportunities to share information with students regarding INYS data for purposes of problem solving.
<p>2. People in Brown County are dying or experiencing life altering consequences due to substance and alcohol use.</p>	<ol style="list-style-type: none"> 1. Continue to expand Naloxone availability throughout the county. 2. Spread information regarding treatment resources and Naloxboxes through the community using and updating already created materials. 3. Expand MAT options locally. 4. Host events to decrease stigma and increase sense of connectedness within recovery community. 5. Continue to increase awareness of 988, mobile crisis and stride center. 6. Continue to update Treatment Guide. 7. Support efforts of SOFR team and further build partnerships with other community groups. 8. Increase availability of employment opportunities for individuals in recovery. 9. Explore ways to reduce/eliminate transportation barriers to accessing treatment.

	10. Partner with groups that connect people to healthcare resources. 11. Promote harm reduction within the community.
3. People in Brown County are experiencing legal and criminal ramifications, directly or indirectly, from their substance use and mental health challenges, which has an impact on public safety and is a financial burden on the community.	1. Identify substance use concerns in the criminal justice process and refer to substance use disorder and/or mental health disorder services. 2. Find additional funding to support re-entry services into the community to promote decrease in recidivism. 3. Develop programming and events with law enforcement to provide education, information, and resources to the community.

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 BCRAWC will reach a minimum of 100 community members to raise awareness regarding risk factors for developing ATOD-related disorders.
Goal 2 Promote adult and youth conversations regarding ATOD use and prevention efforts by widespread distribution of TTHY materials.
Problem Statement #2
Goal 1 Expand awareness and access for treatment in recovery by March 31, 2026
Goal 2 Reduce the number of substance related deaths by March 31, 2026
Problem Statement #3
Goal 1 Identify substance abuse and mental health concerns early in the criminal justice process and ensure access and support for appropriate services.
Goal 2 Increase community awareness of programs that may reduce and/or prevent substance use related arrests by providing information about access to community services, including but not limited to the safety of the community and law enforcement officers.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 BCRAWC will reach a minimum of 100 community members to raise awareness regarding risk factors for developing ATOS-related use disorders.	<ol style="list-style-type: none"> 1. Write a guest column containing data from 2024 INYS 2. Post at least once per week on social media sites. 3. Arrange for PSA's at significant family attended school events. 4. Present INYS data to existing community groups.
Goal 2 Promote adult and youth conversations regarding ATOS use and prevention efforts by widespread distribution of TTHY materials.	<ol style="list-style-type: none"> 1. Write 30 short PSA's using information from Talk They Hear You (TTHY), Catch Your Breath, INYS data, for weekly school morning announcements. 2. Print materials from TTHY with local branding. 3. Distribute print materials from TTHY and Catch Your Breath at 4-H Fair, HOPE Fest, Family Fun Festival, and at least 2 school events. 4. Distribute TTHY brochures and print materials to BC Library, BCHD, YMCA, Community Corrections, Faith organizations, Centerstone, and other agencies. 5. Distribute TTHY materials to weekend backpack program. 6. Offer incentives for student generated print posters, and social media PSA's related to ATOS use prevention efforts. 7. Explore opportunities to share information with students regarding INYS data for purposes of problem solving.
Problem Statement #2	Steps
Goal 1 Expand awareness and access for treatment in recovery by March 31, 2026.	<ol style="list-style-type: none"> 1. Update the electronic version of the Treatment Guide on a quarterly basis and continue to distribute in the community. 2. Present to at least five community groups/organizations about the coalition. 3. Host Overdose Awareness Day and participate in at least 3 additional community events.

	<ol style="list-style-type: none"> Promote outings/activities (such as community service, picnic, and hiking) among the recovery, provider, and support community. Define what a “Recovery Friendly Employer” is for Brown County and develop a list of Recovery Friendly employers.
Goal 2 Reduce the number of substance related deaths by March 31, 2026.	<ol style="list-style-type: none"> Continue to increase access to Naloxone by establishing at least one additional Naloxbox sites in rural areas of the county. Increase community awareness of Naloxone access/resources by distributing already created brochures and posters. Host at least 1 MAT educational/stigma busting presentation. Explore resources for bringing an MAT provider to Brown County. Partner with existing community groups (such as SOFR and Brown County Rising) to develop shared data-based goals and coordinate strategies for addressing substance use and mental health in the community.
Problem Statement #3	Steps
Goal 1 Identify substance use and mental health concerns early in the criminal justice process and ensure access and support for substance use and mental health concerns by increasing protective factors associated with gaining meaningful employment, lowering Brown County’s recidivism rate, reunification of families, and supporting engagement in substance use and mental health services.	<ol style="list-style-type: none"> Continue to maintain jail services coordinator position, continue to identify substance use concerns and make appropriate referrals. Provide everyone booked into the jail a list of available services in the jail by the provided jail service coordinator and available services provided by Centerstone recovery/mental health coach. Continue to gather and track if individuals are engaging in services while incarcerated and see if there is a correlation to the recidivism rates (increase/decrease). Find additional funding to support re-entry needs to promote decrease in recidivism eg: clothing, gas card, job, rent, etc. Required participation in MRT while incarcerated with BCJ to increase the

	probability of being OR'd or a reduction in bond amount.
<p>Goal 2</p> <p>Increase community awareness of programs that may reduce and/or prevent substance use related arrests by providing information about access to community services, including but not limited to the safety of the community and law enforcement officers.</p>	<ol style="list-style-type: none"> 1. Provide safety equipment to task force 2. Track drug related arrests in Brown County. 3. Connect those at risk of incarceration and post-incarceration with local resource and services 4. Promote 988, STRIDE, and Mobile Crisis Response team by providing information to the community the availability of services in Brown County. 5. Educate community of available resources that provide access to the internet eg: the library (look into CRC, Workone, Mainstream with NPD) 6. Educate community of transportation options available eg: Access Brown County, (look into vouchers from Community Foundation1.Id, veteran services office MOU with Access to VA appointments)- may need assistance with scheduling) 7. Increase awareness of community support by engaging in local events eg: National Night Out, Family Festival, HopeFest, Brown County Fair, Back to school drive and Shop with a Cop events. 8. To be present at 3-4 community events this year and distribute information on available crisis services and create a tracking system within 6 months.

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:	\$10,208.63
2	Amount of unused funds from last year that will roll over into this year:	\$1,507.41
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$11,716.04
4	Amount of funds granted last year:	\$17,310.81
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 \$2,929.01	Intervention/Treatment: \$2,929.01	Justice Services: \$2,929.01
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$2,400.00
Office supplies		\$529.01
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$1,464.50	Goal 1: \$1,464.50	Goal 1: \$1,464.50
Goal 2: \$1,464.50	Goal 2: \$1,464.50	Goal 2: \$1,464.50