The Indiana Commission to Combat Drug Abuse



Comprehensive Community Plan

Caring Communities

County: Gibson

LCC Name: Caring Communities of Gibson County

LCC Contact: Sarah Hooper

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County Auditors Office: Courthouse Annex

101 North Main Street

City: Princeton

Zip Code: 47670

County Commissioners: Courthouse Annex North

Address: 225 N. Hart Street

City: Princeton

Zip Code: 47670

Vision Statement

What is your Local Coordinating Council's vision statement?

Caring Communities of Gibson County's vision is for Gibson County to be a productive collaboration of community members engaged in promting respectful, healthy behaviors that contribute to a thriving community.

Mission Statement

What is your Local Coordinating Council's mission statement?

Caring Communities of Gibson County's mission is to assess the positive and negative influences impacting youth and adults in Gibson County, support existing services and implement proven strategies in the identified service gaps to promote positive youth and adult development.

1	Joe Shrode	Indiana Youth Institute	White	Male	Community Org.
2	Ginny France	Anthem	White	Female	Health Care
3	Diane Hornsby	Gibson County Health Department	White	Female	Government
4	Amy Smith	Community Foundation	White	Female	Community Org.
5	Laura Alcock	Southwestern Behavioral	White	Female	Community Org.
6	Crystal Sisson	Holly's House	White	Female	Community Org.
7	Amanda Whitten	Southwestern Behavioral	White	Female	Community Org.
8	Sarah Hooper	YMCA Camp Carson	White	Female	Community Org.
9	Deborah Borchelt	Gibson County Sheriff's Office	White	Female	Government
10	Laura Wathen	Youth First	White	Female	Community Org.
12	Melissa Walden	The Arc of Southwestern Indiana	White	Female	Community Org.
13	Patty Vanoven	Gibson County Chamber of Commerce	White	Female	Community Org.
14	Julie Robinson	Tri State Alliance	White	Female	Community Org.
15	Angie Ray	Purdue Extension	White	Female	Education
16	Cammy Parsons	Tri-CAP Healthy Families	White	Female	Health Care
17	Megan Higgins	Youth First	White	Female	Community Org
18	Andy Russell	Tulip Tree	White	Male	Health Care
19	Haviland Cardinal	Building Blocks	White	Female	Community Org
20	Julie Shade	Gibson County Health Dept.	White	Female	Health Care
21	Amanda Wilkins	Tri-CAP Healthy Families	White	Female	Health Care
22	Ashton O'Keefe	System Of Care	White	Female	Community Org
23	D West	Tri State Alliance	White	Female	Community Org
24	Jennifer Brown	YMCA Southwestern Indiana	White	Female	Community Org
25	Kristine Georges	Tulip Tree	White	Female	Health Care
26	Kaycie Hall	Transcendent Health Care	White	Female	Health Care
27	Matt Johnson	Building Blocks	White	Male	Community Org
28	Karen Robertson	Catholic Dioseces	White	Female	Community Org
29	Andy Russell	Youth First	White	Male	Community Org
30	Casey Williams	Smokefree Communities	White	Female	Community Org
31	Amy Ellis	Gibson County Probation Office	White	Female	Government Org

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: *February, April, June, August, October, December*

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

Gibson

County Population

32, 904 (hoosierdata.in.gov Indiana County Highlights)

Schools in the community

East Gibson School Corporation: Wood Memorial Primary, Intermediate, Middle, and High School

North Gibson School Corporation: Princeton Community Primary, Intermediate, Middle and High School

South Gibson School Corporation: Haubstadt, Fort Branch, Owensville Elementary School, Gibson Southern High School

Catholic Diocese: St James and Sts. Peter and Paul School, St Joseph School, Holy Cross

Colleges, etc.: Ivy Tech Community College, Vincennes University-Fort Branch, Oakland City University

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

Deaconess Gibson Hospital

Tulip Tree Family Health Care

Deaconess Wellness Center

St. Vincent Health Care

South Gibson Medical Clinic, Inc.

The Waters of Princeton

Transcendent Healthcare of Owensville

Good Samaritan Home and Rehabilitative Center

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

Southwestern Behavioral Healthcare

Touchstone Therapy, LLC

Tulip Tree Family Health Care

Service agencies/organizations

Youth First, Purdue Extension, Big Brothers/Big Sisters, Albion Fellows Bacon satellite, PACE Community Action, CAPE Community Action, Head Start, WIC, Gibson County Health Department, YMCA, United Way, The Arc of Gibson County, Habitat for Humanity, Humane Society, Gibson County Community Foundation, Tri-CAP Healthy Families, Salvation Army, Gibson County CASA, Gibson County Department of Family Resources, Building Blocks, Tri State Alliance, Holly's House

Local media outlets that reach the community

WRAY Radio, WEVV CBS, Fox, WEHT ABCE, WFIE NBC, WSTO Radio, WIKY Radio

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

Alcohol, marijuana, meth, opioids, tobacco/tobacco products

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

Gibson County Drug Court: voluntary group treatment

Tulip Tree Health Clinic: small group and indvidual addiction counseling Southwestern Behavioral: small group and individual addiction counseling

Youth First: prevention programming in schools with social workers

Gibson County Health Department: tobacco misuse Touchstone Therapy LLC: addiction services (individual) Gibson County Sheriff Department: prevention programming

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.

<u>Risk Factors Examples:</u> 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.

<u>Protective Factors Examples:</u> 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. Alcohol and drug Usage, dependency, and availability	1.Alcohol treatment programs are available in the county with small group and individual addiction couseling services. 2. Youth first has social workers in all Gibson County Schools provding free programs and services. 3. Sheriffs Department runs DARE programming 4. Gibson County has an active Drug Court program connected to its Prosecutors Office.	1.Referrals to Drug Court are voluntrary not mandatory 3.Public Transportation is limited or not available in all areas of Gibson County 4. Awareness of program availability 5.Shared Social Workers across smaller schools 6.Limited number of staff members to provide in-school programs
2. Mental health problems	1.In and out patient facilities for mental health treatment in the county 2.Social workers provided by Youth First are in all Gibson County Schools 3.Referrals are made by school social workers as well as the court system for mental health issues	1.There is a shortage of mental health professionals, especially in crisis situations. 2.There is a stigma on Mental Health problems and receiving care and treatment for them 3.The pandemic and fall out from the pandemic are still affecting mental health problems in the county. 4.Shared Social Workers across smaller schools 5.Limited number of staff members to provide in-school programs

3. Smoking and Vaping across all ages 4. Abuse and Neglect	1.Tobacco Counselor at the Public Health Department is actively looking for ways to do prevention education in the schools 2. SROs working within school systems to put in vaping detection systems 1.Hollys House does Child Abuse Prevention trainings in all	1.Misperceptions of students that vaping is "better" than traditional cigarettes 2.Lack of evidence-based curriculum addressing vaping 3.Availability of vape products sold in retail/convenience stores in the county as well as online. 1. Staffing and funding for prevention programs to be offered in all schools.
	Gibson County Schools. 2. Youth First has social workers in all of Gibson County Schools	2. Funding is needed for additional social workers to be placed in public and Catholic schools in Gibson County. The recommended ratio of social worker:student is 1:500. Gibson County is currently at 1:900.
Protective Factors	Resources/Assets	Limitations/Gaps
1.Community understanding the needs for treatment options.	1.Southwestern Behavioral has an office in Princeton with small group and individual addiction counseling services available. 2. Tulip Tree Health Care Clinic has an Addication Therapist who is taking patients for small group and cousnseling. They have two locations in the county. 3.Deaconess Gibson Hospital continues to monitor data found in its 2022 CHNA to determine if needs are being met.	1. Public transportation is limited/not available in all ares of Gibson County. 2. Funding limitations affect monitoring of CHNA data by staff who are responsible for other duties within the hospital
2. Acknowledgment of alcohol	1. Southwestern Behavioral has	1. Public transportation is limited/not
use and dependence as a need for treatment is high in the	an office in Princeton with small group and individual addiction	available in all ares of Gibson County.
county.	counseling services available. 2. Tulip Tree Health Care Clinic has an Addication Therapist who is taking patients for small group and cousnseling. They have two locations in the county. 3.Deaconess Gibson Hospital continues to monitor data found in its 2022 CHNA to determine if needs are being met.	2.Funding limitations affect monitoring of CHNA data by staff who are responsible for other duties within the hospital

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. Mental Health Problems	1.Mental health disorders are a significant issue in Gibson County and is linked to the alcohol and drug usage, abuse and neglect trends, and lack of access to mental health treatment.
2. Alcohol and drug usage, dependency, and availability.	2.Alcohol and drug use is a significant issue for people and has been linked to legal, social, and health problems in Gibson County.
3. Smoking and Vaping across all ages	3. Tobacco product, e-cigarette, and vape usage is a significant issue for people in Gibson County.

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.Mental health disorders are a	1. According to the Indiana Department of Child	IYI Annual Data
significant issue in Gibson County	Services SFY 2023 report – Gibson County had 79 child	Book
and is linked to the alcohol and drug	victims of abuse and neflect. And their rate is 10.0 per	
usage, abuse and neglect trends, and	1000 children in comparison to the 11.6 per 1000	Community Needs
lack of access to mental health	children in Indiana. According to the 2021 Annual	Assessment
treatment.	report of child abuse and neglect fatalities in Indiana,	
	Gibson County had 1 death due to neglect.	Regional Mental
		Health and Suicide
	2.According to the 2021/2022 Community Needs	Trends in Indiana
	Assessment, substances use or abuse ranks as a top	Report Brief
	health issue among Gibson County residents alongwith	(FSSA)
	mental/behavioral health. Gibson County ranks 46 out	
	of 92 counties for outcomes and 14 out of 96 for health	SFY 2023

factors. Access to substance use prevention and treatment was noted as a definte or extreme need by more than 75% of survey participants. This is currently driving treatment growth in the county as well as transportation options.

3. According to the 2025 IYI Data Book:

- 29.9% of students in grades 7th-12th reported feeling so sad or hopeless for 2 or more weeks consecutive weeks in the past year that they stopped doing usual activities in 2024, a decrease from 35.7% in 2022.81 •
- 13.9% of students reported seriously considered attempting suicide in the past year, a decrease from 17.2% in 2022.
- 10.1% of the students reported making a plan to attempt suicide, down from 12.8% in 2022. •
- For all three mental health-related survey questions, female students were twice as likely to respond "yes," a trend consistent with the previous year.
- Just over 1 in 10 Hoosier caregivers (11.2%) reported their child aged 3 to 17 received treatment or counseling from a mental health professional in 2022, slightly lower than the national average of 12.2%.82 •
- 59% of caregivers reported difficulties obtaining necessary mental health care for their child, a rate higher than both the national average of 56.1% and neighboring states.83
- Additionally, 3.1% of caregivers reported their child did not see a mental health profession but needed to, aligning with the national average.
- In 2023, Indiana had one mental health provider for every 500 people, an improvement from the 2022 ratio of 529:1.92
- All of Indiana's 92 counties had a mental health professional shortage in 2023, up from 91 counties the previous year.93
- In 2024, Indiana had the 16th highest rate of children under 18 at risk for depression, with 19.3 per 100,000 – an improvement from 2023.94 •
- Additionally, Indiana ranked 11th nationwide for youth under 18 at risk for suicidal ideation in 2024, with a rate of 17.8 per 100,000, moving up from 17th place in 2023.
- 62% of LGBTQ youth in Indiana wanted mental health care but could not access the necessary services - the highest rate among neighboring states.95
- The most common reason cited for forgoing necessary mental health care was fear of

- discussing their mental health concerns, aligning with trends across the U.S.
- There were 500 people for every one mental health provider in Indiana in 2023 a decrease from 2022 (529:1).
- Gibson County is ranked 83 out of 92 counties in Indiana in Mental Health providers to the total population in the county. Their ratio is 2,538:1 (population to number of mental health professionals)
- Suicide remains as one of the top three causes of death for Indiana children aged 10 to 19.100
- In 2022, 56 children between the ages of 10 to 19 committed suicide, a 32% decrease from 2021 (83 deaths).101 •
- There were three times as many male suicides then female suicides in 2022, further increasing the gender gap from 2021.
- In 2023, Senate Bill 1 established Indiana's 988 crisis response hotline. In December 2023, 5,430 calls to the 988 Suicide and Crisis Lifeline were received from Hoosier adults and children.102 As of February 5, 2025, data for a comparable time period is not available.
- Indiana was 1 of 13 states that had an answer rate of over 90%, achieving a rate of 92%.
- 4. The 2021 NSDUH report showed that 23.7% of Indiana residents aged 18 and over experienced a mental illness in the past year, a 1.9% increase from the previous period. Serious mental illness was reported by 6.0%, a 0.8% decrease. Major depressive episodes were reported by 9.4% of Hoosiers, a 0.6% increase (NSDUH, 2022). According to the CDC-BRFSS 2021 data, depression diagnoses increased for both men (16.2%) and women (31.8%). Furthermore, depression rates increased across all race groups (CDC-BRFSS, 2022). The suicide mortality rate in Indiana was 16.4 per 100,000 in 2021, a 1.4% rise, with men having a higher rate (25.2 per 100,000) than women (6.1 per 100,000) (CDC, 2022).
- 5. According to the SFY 2023 from IN DCS, there were 34 child removals from home and 20 of those were to do with alcohol and/or drug use, which is 58.8% of total removals with parent alcohol and/or drug use which is higher than the percentage for Indiana, 58.2%.
- 2.Alcohol and drug use is a significant issue for people and has been linked to legal, social, and health problems in Gibson County.
- 1. The <u>2024 INYS</u> showed that in Region 8 4.9% 6th graders, 5.6% 7th graders, 8.5% of 8th graders, 9.6% 9th graders, 13.8% 10th graders, 20.6% 11th graders, and 26.0% 12th graders reported using alcohol in the past 30 days.

ICJI Crash Fact Books and County-Level Crash Data

2. <u>Indiana Crash Facts 2023</u> (IU Public Policy Institute) list Gibson County having 12 alcohol-impaired driving collisions and 1.2% of total collisions in the county involved someone alcohol impaired. 5 of the collisions were non-fatal and 7 of them were property damage. County health rankings show that excessive drinking and alcohol-impaired driving deaths are in the top ten of health behaviors for Gibson County. (County Health

Ranking.)

3. In 2021, 44.1% of Hoosiers aged 12 and older were current alcohol users, with young adults (18 to 25) exhibiting higher usage at 51.5% (NSDUH, 2022). Binge drinking was reported among 21.1% of Hoosiers aged 12 and older, and 32.5% among young adults (NSDUH, 2022). Adult alcohol use slightly increased to 51.9% in 2021, with men reporting a slight decrease and women showing a significant increase (CDC-BRFSS, 2022). Alcohol Use Disorder was reported by 10.6% of the Indiana population aged 12 and older (NSDUH, 2022). Consequences of high alcohol use rates include an alcohol-attributable mortality rate of 14.8 per 100,000 population in 2021 (CDC,2022) and a contributing factor in 10.2% of child removal cases (IN-DCS, 2022).

4. In Indiana, marijuana use increased by 0.8% in 2021, with 11.7% of people aged 12+ reporting usage, although the percentage of young adults (18-25) reporting past-month use slightly decreased Indiana State Epidemiological Outcomes Workgroup 7 to 25.5% (NSDUH, 2022). Nearly half (48.6%) of the 2022 treatment episodes involved marijuana, up 1.5% from the previous year, with marijuana being the primary substance in 18.8% of cases (IN-DMHA, 2023).

5. Alcohol use and dependence as the treatment episode for treatment admission is 44.3% and 25.5% in Gibson County compared to Indiana state rate of 42.5% and 27.6% (<u>2023 SEOW</u>))

6.According to the IYI Data Book of 2025

- 9.0% of students in 7th-12th grade reported using alcohol at least once in the past month in Indiana in 2024– an improvement from 10.9% in 2022
- 2.9% reported binge drinking (consuming five or more drinks in a row) at least once in the past two weeks – a decrease from 3.8% in 2022
- 36.7% of Hoosier students in 7th-12th grade reported it was easy to get alcohol - a decrease from 39.6% in 2022.
- 5.2% of students in grade 7th-12th reported using marijuana at least once in the past month

SEOW 2023

INYS 2024

FSSA IN -Community Addiction Services Assessment

- in Indiana in 2024 an improvement from 6.4% in 2022.74
- 0.7% reported using synthetic marijuana at least once in the past month a slight decrease from 1% in 2022.
- 22.9% reported it was easy to get marijuana a continued improvement from 26.4% in 2022 and 28.6% in 2020.
- 58 Indiana youth under 19 years died due to a drug overdose in 2024 – a 7.9% decrease from 2022 (63 deaths)
- Region 8, where Gibson County is located, is ranked 10th (out of 10 regions) for alcohol use in 7th-12th graders, with increase from 12.5% to 12.7% reported alcohol use. They are ranked 2nd for marijuana use in 7th-12th graders, with increase from 4.0% to 4.4% reported marijuana use.
- 7. Drug overdose deaths involving opioids continues to rise dramatically from 1,098 deaths in 2018 to 2,205 deaths in 2021 (IDOH, 2023).
- 8. Opioid use remains a major issue in Indiana, with a dispensation rate of 178.4 per 1,000 population in 2022, although it showed a slight decrease from the prior year (IDOH, 2022). The reported misuse of these drugs, including analgesics and addiction treatment was 1.5% among Hoosiers aged 12 and above (NSDUH, 2022). However, opioids still account for 16.8% of treatment admissions in 2022 (IN-DMHA, 2023), including 7.4% where opioids were identified as the primary substance. Heroin use is a small part of the opioid crisis, with 0.3% of the population aged 26 and older reporting usage in the past year (NSDUH, 2022). It figured in 21.8% of total treatment admissions (IN-DMHA, 2023). The consequences of opioid use, such as drug overdoses, have escalated from 1,098 deaths in 2018 to 2,205 in 2021 (IDOH, 2023). Furthermore, there were 2,812 drug poisoning deaths in 2021 (IDOH, 2022). Emergency department visits due to opioid overdose also increased in 2021 to 8,193 (IDOH, 2023). Gibson County has a rate of 764.5 opiod dispensations per 1000. Opioid and Heroin misuse and dependence as the treatment episode for treatment admission is 16.0% and 9.4% and 1.9% and 0.0% in Gibson County compared to Indiana state rate of 16.9% and 7.4% and 21.8% and 14.7% (2023 SEOW))
- 9. According to the Community Addiction Services assessment, Gibson County does not have a drug free community coalition, nicotine prevention, Synar, and

	Federal Substance Abuse Prevention and Treatment	
0.77	Block grant programs.	D T T G 2 2 2 4
3. Tobacco products, e-cigarettes, and vaping are a significant issue for	1. 5.9-14.0% of Gibson County high school students report vaping in the past month compared to the Indiana	INYS 2024
youth and adults in Gibson County.	average of 5.9-9.6%.	FDA Annual
	*Indiana Youth Survey 2024	National Youth Tobacco Survey
	2 In Indiana, the 2021 data showed a decrease in	
	tobacco use to 23.8%, with 18.9% being cigarette	NSDUH
	smokers, and a notable decrease among men and	
	women (NSDUH, 2022; CDC-BRFSS, 2022). High	SEOW 2023
	smoking rates persist among working-age adults, less-	
	educated individuals, and lower-income groups	
	(CDCBRFSS, 2022). Despite a decline in Indiana's	
	smoking rates from 2011 to 2021, they remain above	
	the national average (CDC-BRFSS, 2022).	
	the national average (CDC-BKF33, 2022).	
	3.According to the IYI Data Book:	
	 1.5% of students in grade 7th-12th reported 	
	smoking cigarettes at least once in the past	
	month in Indiana in 2024 – an improvement	
	from 1.9% in 2022. ●	
	24.7% reported it was easy to get cigarettes –	
	down from 27.3% in 2022.	
	6.6% of students in grade 7th-12th reported using electronic vapor products at least once in	
	using electronic vapor products at least once in	
	the past month in 2024 – an improvement from	
	7.6% in 2022.73 •	
	 27.1% who reported vaping exclusively used 	
	non-tobacco substances (i.e. marijuana or	
	flavoring only).	
	 Region 8, where Gibson County is located, is 	
	ranked 9 th (out of 10 regions), for vape use in	
	7 th -12 th graders, with increase from 7.6%	
	reported vape use.	

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. Mental health disorders are a significant issue in Gibson	1.Support in-school counseling/social work staff to be
County and is linked to the alcohol and drug usage, abuse	available to students at no cost
and neglect trends, and lack of access to mental health treatment.	2. Support community-based counseling services.
	2. Support community custor countering services.
	3. Provide community-based and in-school evidence based
	prevention programs about abuse/neglect
2. Alcohol and drug use is a significant issue for people	1.Provide community-based and in-school evidence based
and has been linked to legal, social, and health problems	prevention programs
in Gibson County.	2.Support local alcohol treatment programs for adults
	2.5upport local alcohol treatment programs for addits
	3.Support local law enforcement in identifying use of
	drugs and alcohol in the county
	4. Support in-school counseling/social work staff to be
	available to students at no cost
	5.Distribute awareness materials with data showing actual
	alcohol use to address student misperceptions about peer
	use
3. Tobacco products, e-cigarettes, and vaping are a	1.Provide in-school evidence-based prevention programs
significant issue for youth and adults in Gibson County.	1.1 To vide in sensor evidence oused prevention programs
	2.Support in-school counseling/social work staff to be
	available to students at no cost
	3.Support community-level education/awareness about
	daners of tobacco and e-cigarettes

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: Support in-school counseling and social staff and in-school evidence-based prevention programs in the schools in Gibson County

Goal 2: Support community-based treatment, counseling services, addiction services, and mental health organizations.

Problem Statement #2

Goal 1: Provide in-school and community-based prevention program(s) that educate on the dangers of excessive alcohol use and illegal drug use.

Goal 2: Support local law enforcement through funding in the identification of illegal drug and alcohol use in the county with resources to suggest for treatment.

Problem Statement #3

Goal 1: Provide in-school evidence-based prevention programs in at least half the schools in Gibson County.

Goal 2: Provide community-based prevention program(s) that educate on the dangers of tobacco and vaping products.

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

Problem Statement #1	Steps
Goal 1: Provide in-school evidence-based prevention programs in at least half the schools in Gibson County. Goal 2: Support community-based treatment, counseling services, addiction services, and mental health organizations.	1. Communicate with schools and program providers to understand program needs. 2. Support programs through LCC grant funding 3. Work with schools and providers on sustainability plan. 4. Promote programs that are availabile virtually to help with transportation limitations 5. Invite counseling and social work staff to attend Gibson LCC meetings to report needs. 6. Work to connect counseling and social work staff to professional development opportunities. 1. Identify where programs can take place. 2. Encourage providers to apply for LCC grant funding
	3. Work with providers and organizations on sustainability plan 4. Promote programs that are availabile virtually to help with transportation limitations 5. Invite mental health providers to attend LCC meetings to share resources and network
Problem Statement #2	Steps
Goal 1: Provide in-school and community-based prevention program(s) that educate on the dangers of excessive alcohol use and illegal drug use.	1.Identify where programs can take place. 2.Encourage providers to apply for LCC grant funding 3.Work with schools and providers on sustainability plan 4. Promote programs that are availabile virtually to help with transportation limitations 5.Invite local organizations doing prevention programs across the Southwest to attend LCC meetings to share resources and network
Goal 2: Support local law enforcement through funding in the identification of illegal drug and alcohol use in the county with resources to suggest for treatment.	1.Encourage law enforcement agencies to have representation at LCC meetings to network and discuss needs/ 2.Encourage law enforcement agencies to apply for LCC grant funding 3.Support through dissemintation of treatment resource information
Problem Statement #3	Steps
Goal 1: Provide in-school evidence-based prevention programs in at least half the schools in Gibson County.	1.Identify where programs can take place. 2.Encourage providers to apply for LCC grant funding; partner with Gibson County Tobacco Free Council at the Health Department

	3. Work with schools and providers on sustainability plan 4. Promote programs that are availabile virtually to help with transportation limitations 5. Work with Gibson County Health Department and their new health educator to promote programming
Goal 2: Provide community-based prevention program(s) that educate on the dangers of tobacco and vaping products.	1.Identify where programs can take place or awareness materials can be distributed (medical offices, workplace, schools, etc.) 2.Encourage providers to apply for LCC grant funding 3. Work with Gibson County Health Department and their new health educator to promote programming

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).

2 Amount of unused funds from last year that will roll over into this year: 3 Total funds available for programs and administrative costs for this year (Line 1 + Line 2): 4 Amount of funds granted last year: Additional Funding Sources (if no money is received, please enter \$0.00) A Substance Abuse and Mental Health Services Administration (SAMHSA): B Centers for Disease Control and Prevention (CDC): C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities:	Funding Profile					
Total funds available for programs and administrative costs for this year (Line 1 + Line 2): 4 Amount of funds granted last year: Additional Funding Sources (if no money is received, please enter \$0.00) A Substance Abuse and Mental Health Services Administration (SAMHSA): B Centers for Disease Control and Prevention (CDC): C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: S28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) \$5,000 Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$8,646.85	1	Amount deposited into the County DFC Fund from fees collected last year:			\$26,070.50	
Cline 1 + Line 2): S62,6	2	Amount of unused funds from last year that will roll over into this year:			\$36,575.19	
Additional Funding Sources (if no money is received, please enter \$0.00) A Substance Abuse and Mental Health Services Administration (SAMHSA): B Centers for Disease Control and Prevention (CDC): C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$8,646.85	3		ns and administrative costs for this	year	\$62,645.69	
A Substance Abuse and Mental Health Services Administration (SAMHSA): B Centers for Disease Control and Prevention (CDC): C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$8,646.85 Goal 1: \$8,646.85	4	Amount of funds granted last year	ır:		\$0.00	
B Centers for Disease Control and Prevention (CDC): C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$\frac{1}{2}\$ Intervention/Treatment: \$\frac{1}{2}\$ Justice Services: \$\frac{1}{2}\$ \$\frac{1}{	Ad	ditional Funding Sources (if no 1	noney is received, please enter \$	0.00)		
C Bureau of Justice Administration (BJA): D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: Intervention/Treatment: Justice Services: \$28,822.85 \$14,411.42 \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) \$5,000 Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85	A	Substance Abuse and Mental Hea	alth Services Administration (SAM	IHSA):	\$0.00	
D Office of National Drug Control Policy (ONDCP): E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	В	Centers for Disease Control and	Prevention (CDC):		\$0.00	
E Indiana State Department of Health (ISDH): F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	C	Bureau of Justice Administration	(BJA):		\$0.00	
F Indiana Department of Education (DOE): G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	D	Office of National Drug Control	Policy (ONDCP):		\$0.00	
G Indiana Division of Mental Health and Addiction (DMHA): H Indiana Family and Social Services Administration (FSSA): I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	E	Indiana State Department of Hea	lth (ISDH):		\$0.00	
Indiana Family and Social Services Administration (FSSA): I	F	Indiana Department of Education	(DOE):		\$0.00	
I Local entities: J Other: Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	G	Indiana Division of Mental Healt	h and Addiction (DMHA):		\$0.00	
Categorical Funding Allocations Prevention/Education: \$14,411.42 Sustice Services: \$14,411	Н	Indiana Family and Social Service	es Administration (FSSA):		\$0.00	
Categorical Funding Allocations Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	I	Local entities:			\$0.00	
Prevention/Education: \$28,822.85 Intervention/Treatment: \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Coordinator compensation (salary, mileage, supplies, admin overhead) Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85	J				\$0.00	
\$28,822.85 \$14,411.42 \$14,411.42 Funding allotted to Administrative costs: Itemized list of what is being funded Amount (\$100.00) Coordinator compensation (salary, mileage, supplies, admin overhead) \$5,000 Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85	Ca	tegorical Funding Allocations				
Itemized list of what is being fundedAmount (\$100.00)Coordinator compensation (salary, mileage, supplies, admin overhead)\$5,000Funding Allocations by Goal per Problem Statement:Problem Statement #1Problem Statement #2Problem Statement #3Goal 1: \$14,411.43Goal 1: \$8,646.85Goal 1: \$8,646.85						
Itemized list of what is being fundedAmount (\$100.00)Coordinator compensation (salary, mileage, supplies, admin overhead)\$5,000Funding Allocations by Goal per Problem Statement:Problem Statement #1Problem Statement #2Problem Statement #3Goal 1: \$14,411.43Goal 1: \$8,646.85Goal 1: \$8,646.85	Fu	nding allotted to Administrative	costs:			
Coordinator compensation (salary, mileage, supplies, admin overhead) \$5,000 Funding Allocations by Goal per Problem Statement: Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85				Amount (\$100.00)		
Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85			leage, supplies, admin overhead)			
Problem Statement #1 Problem Statement #2 Problem Statement #3 Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85						
Goal 1: \$14,411.43 Goal 1: \$8,646.85 Goal 1: \$8,646.85						
	Pro	Problem Statement #1 Problem Statement #2		Problem	Statement #3	
Goal 2: \$14,411.42 Goal 2: \$5,764.57 Goal 2: \$5,764.57	Go	al 1: \$14,411.43	Goal 1: \$8,646.85	Goal 1: \$	88,646.85	
	Go	Goal 2: \$14,411.42 Goal 2: \$5,764.57		Goal 2: \$5,764.57		