

# The Indiana Commission to Combat Drug Abuse



*Behavioral Health Division*

2025

## Comprehensive Community Plan

County: Jackson  
LCC Name: Jackson County Drug-Free Council, Inc.  
LCC Contact: Brenda Turner, Coalition Director  
Address: 2005 Chelsea Court  
City: Seymour, 47274  
Phone: (812) 216-2229  
Email: [drugfree@frontier.com](mailto:drugfree@frontier.com)

County Commissioners: District 1 - Drew Markel; District 2 - Drew Storey; District 3 - Matt Reedy.

Address: 360 Fairgrounds Road  
City: Brownstown  
Zip Code: 47220

## **Vision Statement**

What is your Local Coordinating Council's vision statement?

Creating a safe and thriving county in which the community embraces positive change.

## **Mission Statement**

What is your Local Coordinating Council's mission statement?

Coordinate, support, and promote the effective efforts of prevention, education and reduction of substance use and misuse.

| <b>Membership List</b> |                  |                                       |             |               |                                    |
|------------------------|------------------|---------------------------------------|-------------|---------------|------------------------------------|
| <b>#</b>               | <b>Name</b>      | <b>Organization</b>                   | <b>Race</b> | <b>Gender</b> | <b>Category</b>                    |
| 1                      | Brenda Turner    | LCC/Schneck                           | W           | F             | Healthcare                         |
| 2                      | Justin Amos      | Jackson Co.<br>Sheriff's Dept.        | W           | M             | Law Enforcement                    |
| 3                      | AmyMarie Travis  | Jackson Co.<br>Superior Court         | W           | F             | Justice                            |
| 4                      | Myra Mellencamp  | Jamestown<br>Apartments               | W           | F             | Senior Housing                     |
| 5                      | Becky Bujwid     | Centerstone                           | W           | F             | Community Mental<br>Health         |
| 6                      | Robert McClellan | Freedom<br>Alliance                   | W           | M             | Religious<br>Organization          |
| 7                      | Arriann Custer   | Turning Point<br>Domestic<br>Violence | W           | F             | Civic Organization                 |
| 8                      | Lin Montgomery   | LCC                                   | W           | F             | Healthcare Education               |
| 9                      | Charlotte Moss   | Volunteer                             | W           | F             | Parent & Recovery<br>Community     |
| 10                     | Teresea Higham   | New<br>Beginnings<br>Recovery Ctr     | W           | F             | Healthcare                         |
| 11                     | Zach Elliott     | Jackson Co.<br>Sheriff's Dept         | W           | M             | Law Enforcement                    |
| 12                     | Brooke Lane      | Community<br>Corrections              | W           | F             | Recovery Community<br>& Healthcare |
| 13                     | Beth White       | Volunteer                             | W           | F             | Religious Affiliate                |
| 14                     | C.J. Foster      | Seymour Police<br>Dept.               | W           | M             | Law Enforcement                    |

|    |                                  |   |   |   |                            |
|----|----------------------------------|---|---|---|----------------------------|
| 15 | Carla Wright                     | Schneck<br>Emergency<br>Dept.             | W | F | Healthcare                 |
| 16 | Ginger Schneck                   | Girls, Inc.                               | W | F | Youth Service Org.         |
| 17 | Darrin Cain                      | Girls, Inc.                               | W | F | Youth Service Org.         |
| 18 | Brittany<br>Drawbaugh            | Centerstone                               | W | F | Community Mental<br>Health |
| 19 | Dustin Steward                   | Jackson Co.<br>Sheriff's Dept             | W | M | Law Enforcement            |
| 20 | Tara Jines                       | Jackson Co.<br>Probation                  | W | F | Probation Services         |
| 21 | Alma Hobson                      | Firefly<br>Children &<br>Family           | W | F | Civic Organization         |
| 22 | Nikki Storey & Joy<br>Stuckwisch | Seymour High<br>School                    | W | F | School Affiliate           |
| 23 | Doug McClure                     | Brownstown<br>Central<br>Schools          | W | M | School Affiliate           |
| 24 | Heather Fickert                  | Jackson Co.<br>Alcohol &<br>Drug Court Sv | W | F | Court Services             |
| 25 | Dustin Vice                      | 180 RCO                                   | W | M | Recovery Community         |
| 26 | Sara Bowling                     | The Alley &<br>Schneck Med.<br>Center     | W | F | Recovery Community         |
| 27 | Natalie Smith                    | Jackson Co.<br>Health Dept                | W | F | Healthcare                 |
| 28 | Carrie Hernandez                 | Anchor House                              | W | F | Recovery Housing           |
| 29 | Aeriel Richardson                | Schneck ER                                | W | F | Healthcare                 |
| 30 | Cassie Wicker                    | Jamestown<br>Apartments                   | W | F | Senior Housing             |

#### **LCC Meeting Schedule:**

Please provide the months the LCC meets throughout the year:

January, February, March, April, May, June, July, August, September, October, November, December on the second Tuesday of every month at 4:00 p.m.

## **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

|  |
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| County Name  |
| Jackson County   |
| County Population  |
| 46,067 estimated as of July 1, 2021, a decrease of 0.7%  |
| Schools in the community   |
| 4 school corporations totaling 14 public schools, plus 7 private schools.  |
| Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.)  |
| 1 independent hospital, Schneck Medical Center, that includes primary care physician offices and urgent care, pain clinic, and multiple specialty offices. Family Medical Center, Jackson County Health Department, and independent pain clinics.  |
| Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.)  |
| 1 hospital with outpatient services. 4 mental health & addiction outpatient centers, 2 of which provide MAT/MOUD. Additional MAT/MOUD services are provided by multiple primary care physicians and nurse practitioners.   |
| Service agencies/organizations   |
| Healthy Jackson County; Mental Health America of Jackson County, Seymour Community Schools, Brownstown Central Community School Corp., Anchor House, United Way, Human Services, Developmental Services, Girls Inc., Boys & Girls Club, Turning Point Domestic Violence, Jackson County Health Dept., Firefly Children & Family Alliance, Division of Child Services, Teens 4 Change, JUNTOS, Jamestown Apartments of Seymour, self-help AA & NA, Celebrate Recovery, The Alley, Living Fire Ministries, Freedom Alliance, Centerstone of Indiana, New Beginnings Recovery Center, Recovery First Corp., Groups Recover Together, ProTech Recovery, Schneck Medical Center, Jackson-Jennings Community Corrections, Jackson Township Board, Pyoca Camp & Retreat Center, Jackson County Superior Court I & II, Jackson County Alcohol & Drug Court Services, Jackson County Sheriff's Dept., Seymour Police Dept., Medora Police Dept., Crothersville Police Dept. |
| Local media outlets that reach the community   |
| 2 newspapers, multiple radio stations, billboards, 2 libraries   |
| What are the substances that are most problematic in your community?   |
| Alcohol, Cannabis, nicotine, illicit use of drugs including Cocaine, Methamphetamine, Fentanyl, and opioids  |
| List all substance use/misuse services/activities/programs presently taking place in the community   |
| IOP, OP, individual therapy, teen IOP, family sessions<br>First Offender psychoeducational program for juveniles   |

School-based mental health and substance use services in English & Spanish  
 Faith-based substance misuse services  
 Prevention education, and anger management  
 MAT/MOUD  
 MRT  
 Drug Court  
 Smoking cessation programs  
 Random drug screening at Seymour and Brownstown schools  
 Peer Counseling  
 Jail G-Pod programs for men and women  
 Victim Impact Panel  
 Mental Health and Substance use workgroups and treatment services  
 Adult educational substance misuse programs through court system, also offered for Latinos  
 Teen school-based groups  
 Self-help support groups  
 Annual public events and recovery rallies

## Community Risk and Protective Factors

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

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

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

| Risk Factors                      | Resources/Assets   | Limitations/Gaps  |
|-----------------------------------|--|---|
| 1.<br>Acceptance of substance use | 1. Youth groups and programs<br><br>2. Prevention, Intervention & treatment services<br><br>3. Recovery-driven community activities and groups<br><br>4. Reduction of stigma efforts<br><br>5. Religious organizations | 1. Transportation to services<br><br>2. Affordable services<br><br>3. Lack of community educational opportunities<br><br>4. Poor school attendance<br><br>5. Denial |

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

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| 2.<br>Mental health and addiction services access    | 1. State & local grant funding for treatment fees<br>2. Self-help support groups<br>3. Civic organizations to identify and reduce barriers to services.<br>4. Developing crisis intervention team.  | 1. Medicaid plans not accepted, high deductibles, underinsured, no insurance<br>2. Unemployment/under-employment/low wages<br>3. Limited capacity of service providers<br>4. Limited public transportation services   |
| 3.<br>Use of Illicit substances and drug trafficking | 1. Partnerships with local & state law enforcement agencies to work narcotics investigations of dealer & cartel vs. user approach<br>2. Drug Court<br>3. Training crisis intervention team members<br>4. Local work-release program<br>5. Medication disposal events utilizing law officers & Sheriff Dept. incinerator<br>6. Nalox Boxes & drug and sharps disposal boxes                          | 1. Recidivism<br>2. Increasing drug trafficking from Louisville & Indianapolis<br>3. Lack of crisis intervention team buy-in of trained community members<br>4. Legalization of Cannabis in surrounding states<br>5. Gang activity present<br>6. Hopelessness   |
| <b>Protective Factors</b>                            | <b>Resources/Assets</b>   | <b>Limitations/Gaps</b>   |
| 1.<br>Community partners addressing substance use    | 1. Active recovery groups with positive attitudes/unity<br>2. Community-based & faith-based organizations focusing on education & intervention<br>3. Collaborations with schools and treatment providers, SRO's<br>4. Temporary shelter with recovery support<br>5. School-based substance use educational programs & services, including Sotoxa mobile tests for THC and vape detectors in schools | 1. Generational substance misuse among families<br>2. Social media influences<br>3. Increased access to alcohol and online substances, including vaping supplies<br>4. Homelessness with limited housing opportunities<br>5. Lack of parental accountability<br>6. Mental health and trauma<br>7. Lack of financial resources |

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| 2.<br>Expanding services to provide additional collaborations and partnerships                  | 1. Educational programs in English & Spanish<br>2. MAT/MOUD service providers<br>3. Active self-help meetings, including Latino meetings, and formation of 180 RCO<br>4. Reducing stigma campaigns<br>5. Peer Recovery Coaches & Community Navigators                                 | 1. Lack of service providers outside of Seymour<br>2. Lack of awareness of accepted Medicaid plans among service providers<br>3. Transportation from rural areas<br>4. Limited juvenile services<br>5. Lack of local inpatient services<br>6. Wait lists for services  |
| 3.<br>Law enforcement agencies collaborations lead to more effective investigations and arrests | 1. City, county, surrounding counties, and state agencies collaborating on investigations<br>2. Three K-9 units<br>3. Forming Justice Reinvestment Advisory Council (JRAC)<br>4. Jail based treatment services, MRT<br>5. STRIDE resources<br>6. CIT trained law enforcement officers | 1. Limitations to make large drug buys to go up the dealer chain<br>2. Dedicated personnel for drug investigations vs general duties<br>3. Imports from south of the boarder<br>4. Legalization of cannabis in surrounding states and increased potency<br>5. Lack of new evidence-gathering devices to support arrest charges |

### 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.<br>Acceptance of substance use                    | 1. Targeted education and treatment services are needed to intervene on substance use & misuse<br><br>2. Drug overdoses and suicide attempts continue to require intervention and support services<br><br>3. Community awareness and involvement remain limited   |
| 2.<br>Mental Health and addiction services access    | 1. Financial aid is required to assist individuals to secure treatment services<br><br>2. Substance use and mental health services are needed in rural communities of the county<br><br>3. Social stigma and lack of transportation hinders recovery efforts  |
| 3.<br>Use of Illicit substances and drug trafficking | 1. Additional narcotics investigators and funds are needed to conduct drug investigations<br><br>2. Recidivism and drug trafficking continue to be a priority for law enforcement<br><br>3. Criminal activities are motivated by drug use<br><br>4. Major highways converge in Jackson County providing a direct link between Chicago, Indianapolis and Louisville. |

## 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. Prevention/Education<br><br>Nicotine, tobacco, vaping, electronic delivery devices, marijuana, illicit substance use and alcohol misuse are prevalent in Jackson County. | Juvenile Probation had a reduction in juvenile arrests in 2024 for substance-related offenses, 24% less than 2023 and 33% less than in 2022. Charges for marijuana offenses increased in 2024. The 2024 arrests included 8 illegal | Jackson County Probation Department - Juveniles |



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|  | <p>consumption/minor possession of alcohol charges, 1 OWI; 4 dealing in marijuana; 24 possession of marijuana, 2 possessions of paraphernalia; 1 Violation of Legend Drug Act; 2 Methamphetamine possession.</p> <p>Brownstown High School &amp; Middle School conducted random drug testing of 120 students in 1<sup>st</sup> semester, with 6 positive tests. Tobacco and THC are prominent substances.</p> <p>Seymour High School conducted random drug tests resulting in 15 positive tests for THC/nicotine-vape &amp; 13 students were found to be in possession of tobacco. 8 of 54 were positive tests during 1st semester with referrals to services for parents. Vape detectors were added to student restrooms this school year.</p> <p>415 students during 23-24 school year received Friendly Peer programming before changing to “Too Good for Drugs” program which was delivered to 145 8<sup>th</sup> grade students in 24-25 1<sup>st</sup> semester. Post tests showed 44% increase in knowledge of dangers of substance use and resistance skills. Teens expressed targeting by manufactures and lack of Spanish presentations as concerns.</p> | <p>Brownstown Central Community School Corp.</p> <p>Seymour High School Principal</p> <p>Girls, Inc.</p> |
| <p>2. Intervention/Treatment</p> <p>Barriers to receiving treatment and sustaining recovery from substance use and misuse or addiction continues to prevent individuals from achieving long-term recovery.</p> | <p>ER served 224 patients with primary complaints of suicide attempt or drug overdose.</p> <p>Schneck’s Umbilical cord positivity rates included 10 for Amphetamines, 31 for cannabinoids, 17 for opiates, 1 for cocaine, 5 for</p>  | <p>Schneck Medical Center – Emergency Department</p> <p>Child Birth</p>                                  |

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|  | <p>buprenorphine, 2 for ethyl-glucuronide, and 1 for methadone.</p> <p>Schneck's MOUD program had 1,367 encounters, placing 59 in acute detox or residential rehab; 19 into Anchor House or found housing, and 25 placements in MOUD treatment programs.</p> <p>Jackson County's 46,300 population is faring about the same as the average county in Indiana for health factors, and about the same as the average county in the nation. Poor to fair health, life expectancy, adult smoking, injury deaths and teen birth rates are higher than state and national rates in 2024. Access to mental health provider rate is also higher at 1,130:1 vs 320:1 nationally. Excessive drinking rate is 17%. Alcohol-impaired driving deaths increased to 12%, remaining lower than state and national rates, as do preventable hospital stays that decreased to 1,568. Severe housing problems decreased to 11%.</p> <p>289 cases were referred by court for evaluation and monitoring with 95 for alcohol, 126 for marijuana, 22 for methamphetamines, 8 for benzodiazepines, 2 for prescription opioids, and 1 synthetic substitute. They included 243 males, 90 females, including 120 Latinos participated in alcohol &amp; drug education programs.</p> <p>162 (23% increase) families engaged in the Seeking Safety programming to address intimate partner violence and substance use. Noted increase in</p> | <p>MOUD</p> <p>County Health Rankings &amp; Roadmaps 2024</p> <p>Jackson County Alcohol &amp; Drug Court Services</p> <p>Turning Point Domestic Violence</p> |
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|   | <p>co-occurring substance use &amp; violence cases, with increase in strangulations and sexual assaults. 621 nights of safe housing provided in 2024 to 9 adults and 7 children. 65 incarcerated women served with 95% reporting substance abuse-related issues. 103 events with 1,022 attendees provided direct support to teen education. 577 teens participated in classes addressing dating violence &amp; substance use. Seeing increase in STD's &amp; pregnancies with lack of relationship skills.</p> <p>Relapse prevention programming grant provided MRT and Staying Quit programs for 32 clients.</p> <p>180 RCO provided 75 in-person meetings, 40 intakes, 24 recovery plans, 11 engagement form, and 18 graduates of evidence-based jail programming.</p> <p>251 males and 204 females received services in 2024 with primary substance abuse of 150 alcohol, 139 Methamphetamine, 83 opiates, and 61 Marijuana.</p> <p>Mental Health &amp; Substance Abuse services were provided to 447 adults and 17 youth in Jackson County. Primary substances used by adults were Marijuana, Methamphetamine, alcohol, heron, opiates &amp; other synthetics. Top 5 used by youth were Marijuana, alcohol, inhalants, other &amp; other stimulants.</p> | <p>Jackson Jennings Community Corrections Intervention Programs</p> <p>180 Recovering Community Organization</p> <p>New Beginnings Recovery Center</p> <p>Centerstone Indiana</p> |
| <p>3. Law Enforcement/Justice</p> <p>Drug trafficking and overdoses continue to demand additional</p> | <p>Seymour Police Department had 169 cases where 1 or more individuals were arrested on various drug charges. Drug seizures included 859</p>   | <p>Seymour Police Department</p>  |

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| <p>law enforcement and first responder resources.</p> | <p>prescription tablets, 328.85 grams of Methamphetamine, 2,470.84 grams Marijuana, and 16.31 grams Fentanyl, 1,028.9 units THC (gummies/vape pens &amp; cartridges), 144.1 grams of look-alike powder and crystals.</p> <p>The Sheriff's Department assisted in over 40 arrests with other departments. Sheriff's Department seized 10,485.99 grams of cocaine and 26,880 grams of THC, 464.79 grams of fentanyl. 1 federal case for drugs and firearms was prosecuted in 2024, with several additional federal arrests made that are pending prosecution.</p> <p>11 adults ranging in ages of 17 to 61 died as a result of accidental overdose. 5 overdoses included Methamphetamine, 5 included Amphetamine, 2 included Fentanyl, and 1 was a combination of gabapentin, clonazepam &amp; buprenorphine. A total of 5 suicides were recorded in 2024, down from 11 in 2023. Narcan has been readily available. Now finding meth being snorted rather than injected to avoid paraphernalia charges.</p> <p>953 Narcan doses were distributed by the health department in 2024 in addition to doses distributed by other agencies. Conducted 2 DEA Drug Take-Back Day events resulting in 4 50-gallon sacks of unused drugs for proper disposal, promoting year-round disposal information.</p> | <p>Jackson County Sheriff's Department</p> <p>Jackson County Coroner</p> <p>Jackson County Health Dept.</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)?   |
|--|--|
| 1.<br>Tobacco, electronic nicotine delivery devices, THC, trial synthetics, illicit substance use and alcohol misuse are prevalent in Jackson County.            | 1. Educate community on unsafe prescription use & recent changes in trends.<br><br>2. Encourage expansion of treatment programs addressing substance use.<br><br>3. Utilize ASAP grant and other agencies to provide educational workshops.  |
| 2.<br>Barriers to receiving treatment and sustaining recovery from substance use and misuse or addiction prevents individuals from achieving long-term recovery. | 1. Supplement financial assistance needs through grants for service providers.<br><br>2. Expand treatment services and increase service providers.<br><br>3. Support community events to educate the public on substance misuse, prevention, and services available.   |
| 3.<br>Drug trafficking and overdoses continue to impact law enforcement and first responder resources.   | 1. Support law enforcement efforts to target drug dealers to reduce availability and illegal activities.<br><br>2. Encourage participation in treatment services while incarcerated & upon release to reduce recidivism.<br><br>3. Continue to identify high-risk areas and provide resources to reduce incidents. |

### 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               |

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| LCC will partner with community agencies to provide education on available prevention and treatment options with recovery resources at least twice per year in 2025, including materials targeted to Latino population and tourists. |
| <p>Goal 2</p> <p>Support expansion of prevention efforts in schools to identify at-risk students by providing referral services in 2025.</p>   |
| <b>Problem Statement #2</b>  |
| <p>Goal 1</p> <p>Participate in 3 public events to provide resources to community members in 2025.</p>   |
| <p>Goal 2</p> <p>Support intervention &amp; treatment services through utilization of grants and collaboration to provide needed resources by 2026.</p>  |
| <b>Problem Statement #3</b>  |
| <p>Goal 1</p> <p>Support efforts to target large scale dealers and drug trafficking organizations in and around Jackson County by 2026.</p>  |
| <p>Goal 2</p> <p>Encourage participation in treatment services while incarcerated &amp; upon release to reduce recidivism in 2025.</p>   |

### Step 5: Plans to Achieve Goals

*For each goal, list the steps required to achieve each*

| Problem Statement #1  | Steps  |
|---|--|
| <p>Goal 1</p> <p>LCC will partner with community agencies to provide education on available prevention and treatment options with recovery resources at least twice per year in 2025, including materials targeted to Latino population and tourists.</p> | <p>1. Partner with churches and community organizations to provide public awareness events on substance use.</p> <p>2. Partner with organizations to provide materials &amp; social media in Spanish.</p> <p>3. Provide materials to the Visitor Center and other agencies promoting a safe and healthy community to tourists.</p> |
| <p>Goal 2</p> <p>Support expansion of prevention efforts in schools and youth-serving agencies to identify at-risk youth by providing referral services in 2025.</p>  | <p>1. Support random drug testing for students in Jackson County schools.</p> <p>2. Increase options for identified at-risk youth and teens through education.</p>   |

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|   | 3. Identify appropriate materials to disseminate into the community.   |
| <b>Problem Statement #2</b>   | <b>Steps</b>   |
| <p>Goal 1</p> <p>Participate in 3 public events to provide resources to community members in 2025.</p>  | <p>1. Participate in annual International Overdose Awareness Day event, National Night Out, and Schneck Medical Center's health fair.</p> <p>2. Utilize existing agencies to assist in filling gaps in services/needs.</p> <p>3. Continue to search for programs to be offered in Jackson County, and provide funding in support of existing and new programs.</p> |
| <p>Goal 2</p> <p>Support intervention &amp; treatment services through utilization of grants and collaboration to provide needed resources by 2026.</p> | <p>1. Provide grant opportunities to secure appropriate intervention &amp; treatment services.</p> <p>2. Encourage partnerships among service providers.</p> <p>3. Promote &amp; support agencies working to reduce barriers of employment, housing, and treatment.</p>  |
| <b>Problem Statement #3</b>   | <b>Steps</b>   |
| <p>Goal 1</p> <p>Support efforts to target large scale dealers and drug trafficking organizations in and around Jackson County by 2026.</p>             | <p>1. Provide funding to assist law enforcement to investigate and reduce criminal activity.</p> <p>2. Assess needs of varying law enforcement agencies to provide resources.</p> <p>3. Support school resource officers to provide youth mentoring to discourage generational drug dealing.</p>   |
| <p>Goal 2</p> <p>Encourage participation in treatment services while incarcerated &amp; upon release to reduce recidivism in 2025.</p>                  | <p>1. Support programming for substance abuse in the jail.</p> <p>2. Provide resources before, during, and after incarceration.</p>  |

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|  | <p>3. Promote and participate in local and national health awareness campaigns.</p> <p>4. Promote recovery programs and support groups to encourage long-term recovery.</p> |
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#### IV. Fund Document

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

| Funding Profile   |  |                                  |
|---|--|----------------------------------|
| <b>1</b>  | Amount deposited into the County DFC Fund from fees collected last year:                     | \$61,035.94                      |
| <b>2</b>  | Amount of unused funds from last year that will roll over into this year:                    | \$0.00                           |
| <b>3</b>  | Total funds available for programs and administrative costs for this year (Line 1 + Line 2): | \$61,035.94                      |
| <b>4</b>  | Amount of funds granted last year:   | \$79,789.83                      |
| Additional Funding Sources (if no money is received, please enter \$0.00) |  |                                  |
| <b>A</b>  | Substance Abuse and Mental Health Services Administration (SAMHSA):                          | \$0.00                           |
| <b>B</b>  | Centers for Disease Control and Prevention (CDC):  | \$0.00                           |
| <b>C</b>  | Bureau of Justice Administration (BJA):  | \$0.00                           |
| <b>D</b>  | Office of National Drug Control Policy (ONDCP):  | \$0.00                           |
| <b>E</b>  | Indiana State Department of Health (ISDH):   | \$0.00                           |
| <b>F</b>  | Indiana Department of Education (DOE):   | \$0.00                           |
| <b>G</b>  | Indiana Division of Mental Health and Addiction (DMHA):                                      | \$0.00                           |
| <b>H</b>  | Indiana Family and Social Services Administration (FSSA):                                    | \$0.00                           |
| <b>I</b>  | Local entities:  | \$0.00                           |
| <b>J</b>  | Other:   | \$0.00                           |
| Categorical Funding Allocations   |  |                                  |
| Prevention/Education:<br>\$15,258.99                                      | Intervention/Treatment:<br>\$15,258.99   | Justice Services:<br>\$15,258.99 |
| Funding allotted to Administrative costs:                                 |  |                                  |
| <i>Itemized list of what is being funded</i>                              |  | <i>Amount (\$100.00)</i>         |
| Coalition Director and Coalition Assistant stipends                       |  | \$13,758.97                      |
| Office supplies, liability insurance, fees                                |  | \$ 1,500.00                      |
| Funding Allocations by Goal per Problem Statement:                        |  |                                  |
| <b>Problem Statement #1</b>   | <b>Problem Statement #2</b>  | <b>Problem Statement #3</b>      |
| Goal 1: \$ -0-  | Goal 1: \$1,250.00   | Goal 1: \$15,258.99              |
| Goal 2: \$15,258.99   | Goal 2: \$14,008.99  | Goal 2: \$ -0-                   |



