

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Jefferson

LCC Name: Jefferson County Justice, Treatment, and Prevention (JCJTAP)

LCC Contact: R. Keith Howard

Address:

City: Madison

Phone: 812-701-4130

Email: rkhoward1@comcast.net

County Commissioners: Mr. Ron Lee, Mr. Robert Little, and Mr. David Bramer

Address: 300 E. Main Street, Room 103

City: Madison, IN

Zip Code: 47250

Vision Statement

What is your Local Coordinating Council's vision statement?

Uniting to reduce the impact of Substance Abuse in Jefferson County. Together, we can!

Mission Statement

What is your Local Coordinating Council's mission statement?

Jefferson County Justice, Treatment, and Prevention (JCJTAP) is an organization committed to the prevention and reduction of the use or abuse of alcohol, tobacco, and illicit drugs, so that all county citizens can live, work, and play in a community free of substance abuse.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Dave Adams	Resident	White	Male	Homeless Advocate
2	Maranda Alter	LifeSpring Health Systems	White	Female	Mental Health
3	Dora Amin	Bethany Legacy Foundation	Black	Female	Health/Wellbeing
4	Brittany Babbitt	Centerstone	White	Female	Mental Health
5	Kim Bohman	Safe Passage	White	Female	Domestic Violence
6	Angie Cammack	Big Brothers Big Sisters	White	Female	Youth Serving
7	Bryan Collins	Jefferson House	White	Male	Recovery Cafe
8	Jason Cranney	Community Corrections	White	Male	Criminal Justice
9	Kim Crawford	Jefferson County Voice	White	Female	Youth Serving
10	Ben Flint	Jefferson County Sheriff	White	Male	Law Enforcement
12	Gina Freeman	Big Brothers Big Sisters	White	Female	Youth Serving
13	Heather Garcia	Centerstone	White	Female	Mental Health
14	Brandi Hearne Shaw	Ruth Haven	White	Female	Recovery Community
15	Troy Hedges	Jefferson County Youth Shelter	White	Male	Youth Serving
16	Keith Howard	Retired	White	Male	Health
17	Andrea James	CERT	White	Female	Education
18	Michelle Jones	Recovery Cafe	White	Female	Recovery Community
19	Michelle Kimmel	OVO Headstart	White	Female	Education
20	Janet Huber Lowry	PFLAG	White	Female	Youth Serving
21	Lisa Perry	Life Choices Clinic	White	Female	Health
22	Amanda Simeon	Jefferson Co. Tobacco	White	Female	Health
23	Marilyn Sink	Indiana Youth Institute	White	Female	Youth Serving
24	Susan Stahl	Girls Inc.	White	Female	Health
25	Savannah Stout	Purdue Extension – Jefferson Co.	White	Female	Youth Serving
26	Laura Williams	Jefferson County Youth Shelter	White	Female	Youth Serving
27	Lyndsey Wyne	Jefferson County Health Department	White	Female	Health

LCC Meeting Schedule:

Please provide the months the LCC meetings throughout the year:

January, February, March, April, May, June, August, September, October, and November, unless there is no pressing business.

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

Jefferson

County Population

Located in Southeastern Indiana, Jefferson County is home to an estimated 32,921 people. Jefferson County accounts for 0.5% of the total Indiana population.

Population Centers include the county seat of Madison (population 12,208) and Hanover (population 3,814). The remaining 16,899 members of the population reside in smaller towns and unincorporated rural areas. About 19.8 percent of the population is under 18 years of age. The county has a racially homogenous rural population of 94.8 percent Caucasian, 2.1 percent African American, 0.9% Asian, 3.5 percent Hispanic, and 1.5 percent indicating 2 or more races or other. There are approximately 1,817 veterans within the county.

There are 14,575 housing units within the county with 61.0 percent being owner-occupied. There are 12,699 identified households with approximately 2.41 persons living in each household. The median gross rent is \$653.00.

Population speaking a language other than English at home is 3.7 percent.

Only 57.4 percent of the population is in the civilian labor force. Mean travel time to work in minutes is 22.3. Of the adults 25 years of age or higher, with a Bachelors degree or higher only represent 18.1 percent of the county population.

The median household income is \$62,153 with a poverty rate of 12.1 percent. There were 2,327 food stamp recipients in 2024 and 2,225 free and reduced fee lunch recipients in 2023/24.

The educational attainment in the county of people who have earned an associate degree or higher is 30.1 percent vs 37.9 percent for the state, and 44.9 percent for the United States.

Source: https://www.stats.indiana.edu/profiles/profiles.asp?scope_choice=a&county_changer=18077

Schools in the community

- Madison Consolidated Schools (Public),
- Southwestern Jefferson County Consolidated School Corporation (Public)
- Canaan Community Academy (Charter)
- Prince of Peace Schools (Pope John Elementary and Shaw Junior/Senior High School)
- Christian Academy of Madison (Private, K-12)

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

- Norton King's Daughters' Health (NKDH)
- NKDH Convenient Care Center
- Fast Pace Health Urgent Care (Hanover, IN)
- Britt Family Medicine
- Our Clinic of Madison
- Life Choices Clinic
- Madison Healthcare & Wellness Center
- Madison Integrated Healthcare

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

- Centerstone
- LifeSpring Health Systems
- Ireland Home-based Services
- Mental Health Offices at the Professional Building (private)
- Chrysalis Connection (private)
- The Freedom Center
- Madison Psychiatry, LLC
- New Horizons Intervention Counseling
- Madison Integrated Health (private)

Service agencies/organizations

- Big Brothers Big Sisters
- Boys & Girls Club of Jefferson County
- CASA of Jefferson County
- Girls Inc.
- Jefferson County Youth Shelter
- Jefferson County 4-H
- La Casa Amiga
- Life Choices Clinic
- New Hope Services (WIC/TANF)
- Nurse Family Partnership
- Ohio Valley Opportunities
- River Valley Resources
- Safe Passage
- Salvation Army of Jefferson County

Local media outlets that reach the community

- Madison Courier (newspaper)
- WORX radio
- WXGO radio
- WIKI radio

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

- Methamphetamine
- Fentanyl
- Marijuana
- Vaping (Youth)
- Tobacco

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

- AA meetings
- NA meetings
- Jefferson County Transitional Services Inc. (Ruth Haven and Hannah's Harbor)
- Southeast Indiana Transitional Resources Inc (Jefferson House and Lum Hall)
- Recovery Café of Madison
- Healing Hearts Recovery (faith-based program hosted by New Heart Church of God)
- H.O.P.E. Addiction Recovery Program (Green Road Baptist Church)
- Chemical Addiction Program housed in the new jail.
- Three (to date) Naloxone boxes available in Madison and Hanover

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

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

Risk Factors	Resources/Assets	Limitations/Gaps
1. Low socio-economic problems which impact health outcomes	<ol style="list-style-type: none"> 1. Local churches operating food pantries. 2. Recovery Cafe, Salvation Army, and local churches offering hot meal sites weekly. Some pairing meals with a basic needs closet. 3. Life Choices Clinic provides clothing for children birth to 2 years of age. Also provides education to parents. 4. OVO provides utility assistance programs and other resource connections. 5. Dave Adams, Homeless Advocate, provides food, clothing, transportation, and housing assistance to the unhoused population. 6. Catch-a-Ride provides in-county transport to residents for a nominal fee to seek medical care or secure basic needs. 	<ol style="list-style-type: none"> 1. Limited public transportation for residents to seek medical attention, attend events, or seek basic needs. 2. Rates of poverty and homelessness are growing. 3. Food insecurity. 4. Deficit of affordable housing. 5. Deficit of healthy alternative programs, education, and resources. 6. Lack of affordable childcare. 7. Low educational attainment rate.
2. High ACE scores, adverse childhood experiences, trauma, and other mental health symptoms that lead to substance abuse.	<ol style="list-style-type: none"> 1. Strong and active faith community with many beliefs 2. Headstart, schools, 3. Several no cost/low-cost activities in the community 4. Increased effort within the community to provide positive childhood experiences. 	<ol style="list-style-type: none"> 1. Provider shortage which limits access to mental health services. 2. Lack of education or resources to adults for youth programs. 3. Lack of parent education and resources for trauma, mental health, and substance abuse prevention. 4. SBIRT is not implemented in the schools or within law enforcement.. 5. Lack of prosocial experiences or abilities to connect to care for youth. 6. High number of residents either do not have insurance or high deductibles for mental health services. 7. Lack of health education in elementary aged youth.

<ol style="list-style-type: none"> 1. Jefferson County is a tourist hub with many festivals and most include alcohol 2. While city parks are smoke free there is a lack of signage and enforcement– many events are held in the parks 3. Stigma exists in the community, so persons in recovery do not feel welcomed in many public spaces 4. Disseminating information effectively to youth and parents can be difficult. 5. Some community members believe that alcohol, THC, and nicotine use is typical behavior and of no concern. 6. Many families have intergenerational substance misuse and are unaware of options for change. 7. There is a lack of engagement from businesses, elected officials, some law enforcement, and parent sectors 8. There is increased access to THC products and nicotine products. 	<ol style="list-style-type: none"> 1. Recovery Café of Madison providing education, resources, and sober events. 2. Non-smoking bars. 3. Churches hosting NA and AA meetings. 4. New duck pin facility, Vintge Lanes, offers mocktails on their menu. 	<ol style="list-style-type: none"> 9.
	Resources/Assets	Limitations/Gaps

1. Stakeholders and resources who care for the youth in our community	<ol style="list-style-type: none"> 1. School counselors and programs in schools 2. Mental health providers utilizing early access 3. Youth after school programs 4. Funding from the Bethany Legacy Foundation to support community organizations to provide or expand resources to youth and adults in the community 	<ol style="list-style-type: none"> 1. Lack of mental health counselors for timely assessment and treatment of students in need of services. 2. Cost to participate in after-school programs prohibit some students from participating. 3. Transportation from school to the program and from the program to home.
2. Churches and social services agencies that work to provide resources to strengthen families	<ol style="list-style-type: none"> 1. Churches provide food pantries, clothing, and emergency assistance. 2. Services provided by not-for-profit agencies such as the Salvation Army, River Valley Resources (Clearinghouse), Ohio Valley Opportunities, and New Hope Services 3. Community desire to address homelessness and affordable housing 	<ol style="list-style-type: none"> 1. No local agency with a primary focus on homeless 2. Lack of affordable housing – housing stock diverted to Air BnB for tourism 3. Transportation, especially before 6:00 am and after 6:00 pm, makes tasks such as work, attending recovery meetings, medical, and grocery shopping difficult
3. Community based interventions	<ol style="list-style-type: none"> 1. Recovery Café of Madison provides peer-support and sober events. 2. Recovery support meetings available throughout the county. 3. Cooperation between social service agencies, mental health providers, funders, and local 	<ol style="list-style-type: none"> 1. Difficulties in starting up a new organization due to fiscal, personnel, and facility issues. 2. Law enforcement does not have alternatives to jailing people who might be better served by a crisis stabilization center, thus people who may not have
	<ol style="list-style-type: none"> businesses to assist groups working with the recovery community. 4 Naloxone access. 	<ol style="list-style-type: none"> committed a crime are locked up for lack of better alternatives. 3. Lack of peer coaches or access to peer coaches to assist persons in recovery who need help getting through a crisis. 4. Cost of treatment and interventions are a barrier. 5. Shortage of licensed mental health providers. 6. Lack of substance use educational programs in Jefferson County.

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. Social Factors of Health Affecting Health Outcomes	Many Jefferson County residents do not have access to basic needs, including healthy foods, shelter, and employment.
2. High ACE's, adverse childhood experiences, trauma, and other mental health symptoms	Many Jefferson County residents face Adverse Childhood Experiences, mental health symptoms, and trauma, which lead to co-occurring mental health and substance use disorders.
3. Perceptions of risk and cultural norms increasing towards use of substances	Many Jefferson County residents do not have the appropriate level of education about the risks of substance use and the skills to manage activities of daily living.

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															
Many Jefferson County residents do not have access to basic needs to build recovery capital.	<p>In a recent study in which she tested this theory, she found that many of her participants—adolescents in treatment for addiction, ages 14-18—had a deep fear of being scrutinized in social situations, while 15 percent met the diagnostic criteria for a social anxiety disorder (or SAD). While her results showed that levels of participation in a 12-step program did not differ significantly between those with an SAD diagnosis and those without one, one thing did make a difference: The adolescents with SAD who actively participated in helping had a significantly reduced risk of relapse or incarceration in the six months after their treatment finished.</p>	<p>“Can Helping Others Keep You Sober?,” <u>Greater Good Magazine</u>, Suttee, Jill, April 14, 2016. https://greatergood.berkeley.edu/article/item/can_helping_others_keep_you_sober</p> <p>“Can Helping Others Keep You Sober?,” <u>Greater Good Magazine</u>, Suttee, Jill, April 14, 2016. https://greatergood.berkeley.edu/article/item/can_helping_others_keep_you_sober</p>															
Many Jefferson County residents face Adverse Childhood Experiences, mental health symptoms, and trauma which lead to co-occurring mental health and substance use disorders.	<p>30.4 percent of Jefferson County adults have an ACE score of 4 or higher (indicating greater likelihood for substance use and mental health issues) and nearly 10 percent have an ACE score above 7</p> <p>Drug Overdose Deaths - Jefferson County</p> <table><thead><tr><th></th><th colspan="4">Year</th></tr><tr><th></th><th>2021</th><th>2022</th><th>2023</th><th>2024</th></tr></thead><tbody><tr><td>Deaths</td><td>13</td><td>9</td><td>7</td><td>8</td></tr></tbody></table>		Year					2021	2022	2023	2024	Deaths	13	9	7	8	<p><u>Resilient Jefferson County Adverse Childhood Experiences survey</u> (www.resilientjeffersoncounty.org/survey)</p> <p>https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/</p>
	Year																
	2021	2022	2023	2024													
Deaths	13	9	7	8													

	<p>Visits to Emergency Department for Any Drug Overdose</p> <p>Year</p> <table><tr><th></th><th>2018</th><th>2019</th><th>2020</th><th>2021</th></tr><tr><td>Actual</td><td>84</td><td>81</td><td>89</td><td>103</td></tr><tr><td>Age Adjusted</td><td>285.1</td><td>272.6</td><td>307.3</td><td>332.5</td></tr><tr><td>IN Age Adjusted</td><td>259.1</td><td>231.2</td><td>264.2</td><td>296.0</td></tr></table> <p>Jefferson County is a designated a mental health shortage professional area</p>		2018	2019	2020	2021	Actual	84	81	89	103	Age Adjusted	285.1	272.6	307.3	332.5	IN Age Adjusted	259.1	231.2	264.2	296.0	https://www.ruralhealthinfo.org/charts/?state=IN
	2018	2019	2020	2021																		
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<p>Many Jefferson County residents do not have the appropriate level of education about the risks of substance use and the skills to manage activities of daily living.</p>	<p>A recent study of persons who entered community corrections had a higher score of coming from single parent/parents separated than the community at large. According to the study, nearly 72 percent of community corrections clients came from a family where the parents were divorced or separated, vs 41 percent of the community at large.</p> <p>The trend line for homeless youth in Jefferson County was 2020 – 59, 2021- 54, and 2021 – 91</p> <p>Children in Foster Care, 157 in 2021 and 129 in 2022</p> <p>A third of the households in Indiana (33.3) have either cohabitating couples, single dads or single moms.</p>	<p><u>Study of Jefferson County Community Corrections Clients</u> (November 2022) (www.resilientjeffersoncounty.org/survey)</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</p> <p>Indiana Youth Institute Kids County Data Book, 2023 https://infogram.com/iyi-county-dashboard-1h9j6qgez0w854g?live</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. Many Jefferson County residents do not have access to basic needs to build recovery capital.	<ol style="list-style-type: none"> 1. Provide support to programs that provide basic needs and support to community members, including those facing incarceration and re-entry from incarceration. 2. Disseminate information regarding community resources to support the

	<p>development of recovery capital for individuals, families, and communities.</p> <p>3. Provide education regarding social determinants of health to the broader community.</p>
	<p>4. Convene community stakeholders to identify solutions to these social determinants of health.</p> <p>5. Build internal capacity to work toward addressing social determinants of health.</p> <p>6. Partner with the newly found Suicide and Overdose Fatality Review Board to identify social determinants of health trends that impact the population of individuals that use substances.</p>
<p>2. Many Jefferson County residents face Adverse Childhood Experiences, mental health symptoms, and trauma which lead to co-occurring mental health and substance use disorders.</p>	<p>1. Create and/or support positive experiences within the community to increase resilience, foster positive adult relationships, and promote alternative youth activities.</p> <p>2. Provide training and support to people providing mental health services, peer support services, healthcare navigation, and other evidence-based programs to reduce mental health symptoms and substance use.</p> <p>3. Provide education to the broader community regarding positive experiences and positive health outcomes.</p> <p>4. Work toward stigma reduction to encourage community members to seek mental health services when symptoms are present.</p> <p>5. Work toward expanded access to mental health and substance use services by working with community partners to remove barriers for program participants.</p>

3. Many Jefferson County residents do not have the appropriate level of education about the risks of substance use and the skills to manage activities of daily living.	<ol style="list-style-type: none"> 1. Create and/or support programs that provide basic skills and/or high school completion within Jefferson County. 2. Provide education to community members regarding skills education programs available within the community. 3. Provide information about Suicide and Overdose Fatality Trends and recommended responses to stakeholders within the community. 4. Support school connectedness through engagement in school-based activities. 5. Provide community-based prevention programming and education. 6. Support incentives for attending education and training events and/or services.
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Step 4: Develop SMART Goal Statements *For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.*

Problem Statement #1
Jefferson County will reduce and maintain overdose fatalities to single digits by following recommendations by the Suicide and Overdose Fatality Review Board.
Jefferson County will continue efforts to reach the state average in the population health and well-being category of the annual County Health Rankings report.
Problem Statement #2
Jefferson County will have at least one quarterly positive, substance-free event, including positive childhood experiences, for community members from April 2025-March 2026.
Reduce the recidivism rate for people in the controlled substance offense category.
Problem Statement #3
Jefferson County will implement school-based and community-based programs from April 2025 to March 2026, designed to teach emotional regulation skills, recovery skills, coping skills, and parenting skills
Chronic absenteeism rates for both Jefferson County school districts will improve for each school district

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Jefferson County will reduce and maintain overdose fatalities to single digits by following recommendations by the Suicide and Overdose Fatality Review Board.	<ol style="list-style-type: none"> 1. Review with the suicide and overdose fatalities board to identify recommendations to reduce overdose within the community. 2. Reduce access to prescription drugs and illicit substances in the community through participation in Jefferson County Health Department Drug Take Back Days, and circulate information about drug take-back locations in the county. 3. Circulate information regarding use trends within the community, targeting individuals in active use. 4. Engage community partners in implementing recommendations from the

	Suicide and Overdose Fatality Review Board.
Jefferson County will continue efforts to reach the state average in the population health and well-being category of the annual County Health Rankings report.	<ol style="list-style-type: none"> 1. Encourage collaboration on public health initiatives between healthcare providers and other coalition members. 2. Hold community health events for the general community to improve access to preventative screening, vaccinations, and education. 3. Provide community education regarding the intersectionality between substance use and chronic health conditions. 4. Promote health navigation and care coordination for individuals living with chronic health conditions as a

	<p>result of current or past substance use identified programs or develop their own programs/initiatives.</p> <p>5. Work with the Bethany Legacy Foundation and its partners in improving the overall health of Jefferson County Citizens.</p>
Problem Statement #2	Steps
Jefferson County will have at least one quarterly positive, substance-free event, including positive childhood experiences, for community members from April 2025-March 2026.	<ol style="list-style-type: none"> 1. Provide positive, substance-free experiences to increase resilience and promote healthy relationships. 2. Support and promote events organized by the Welcome Center, Chamber of Commerce, and others within the business sector. 3. Invite community resources to attend various events to enhance community knowledge of resources available.
Reduce the recidivism rate for people in the controlled substance offense category.	<ol style="list-style-type: none"> 1. Encourage soft hand-off to peer support following non-fatal overdose and release from incarceration. 2. Support treatment programs with individuals who are justice-involved as a result of substance use. 3. Provide training and education to justice system staff and treatment providers for evidence-based approaches to substance use to enhance provider retention and encourage evidence-based practice.
	<ol style="list-style-type: none"> 4. Support law enforcement collaboration to reduce substance distribution within the county.

Problem Statement #3	Steps
<p>Jefferson County will implement school-based and community-based programs from April 2025 to March 2026, designed to teach emotional regulation skills, recovery skills, coping skills, and parenting skills.</p>	<ol style="list-style-type: none"> 1. Implement school-based and community-based programs to teach emotional regulation skills, coping skills, relationship skills, parenting skills, and time management skills. 2. Provide education and training regarding Health Opportunities for Positive Experiences (HOPE). 3. Provide community education events to increase professional employee retention in the community. 4. Provide public health education to youth and adults regarding the potential health impacts of alcohol, nicotine, and substance use. 5. Enhance incentives to promote client retention for service providers.

<p>Chronic absenteeism rates for both Jefferson County school districts will improve for each school district</p>	<ol style="list-style-type: none"> 1. Increase school connectedness through engagement in school-based activities. 2. Increase the probability that youth will attend positive childhood experiences and education/training events by providing incentives for participation. 3. Provide community-based prevention programming. 4. Encourage engagement in alternative education programs for youth and adults not currently engaged in an education program and without a high school diploma or equivalent. 5. Continue the Handle with Care program in both public-school districts. 6. Continue the Jefferson County Alternative to School Suspension program.
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IV. Fund Document

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

Funding Profile		
1	Amount deposited into the County DFC Fund from fees collected last year:	\$48,000.00
2	Amount of unused funds from last year that will roll over into this year:	\$5,483.00
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	53,483.00
4	Amount of funds granted last year:	\$30,600.00
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: \$13,371	Intervention/Treatment: \$13,371	Justice Services: \$13,371
Funding allotted to Administrative costs:		
Itemized list of what is being funded		Amount (\$100.00)
Coordinator compensation		\$9,000.00
Office supplies/Website		\$4,370.00
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$6,685	Goal 1: \$6,685	Goal 1: \$6,685
Goal 2: \$6,685	Goal 2: \$6,685	Goal 2: \$6,685