The Indiana Commission to Combat Drug Abuse

Behavioral Health Division

Comprehensive Community Plan

County: Jennings

LCC Name: Jennings County Drug and Alcohol Task Force

LCC Contact: Gleeda Hadley

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County Commissioners: Matt Sporleder, Charlie St.John, Shane Boswell

Address: 200 Brown Street

City: Vernon, IN

Zip Code: 47282

1.   Vision Statement

What is your Local Coordinating Council's vision statement?

The Jennings County Drug and Alcohol Task Force seeks to empower community stakeholders by strategically facilitating, supporting, and coordinating local efforts to prevent substance misuse so that all citizens have the opportunity to reach their fullest potential.

2.   Mission Statement

What is your Local Coordinating Council's mission statement?

With a focus on education, interventions, and support services, the mission of the Jennings County Drug and Alcohol Task Force is to create a safe, drug free community for all.

Membership List

Name	Organization	Race	Gender	Category
Charlinda Evans	Perceptions Yoga, Mindfulness & Art/Jennings County Schools	C	F	Education/Health
Carla Wright	Nurse/Volunteer Harm Reductionist/Community Organizer	C	F	Health/Medical/Har m Reduction
Olivia Zarate	Office of Minority Health	B	F	Government/Health
Jacob Pickerill	Hickory Treatment Center	C	M	Treatment
Jacqueline Haven	Wellstone	C	F	Healthcare
Antonia Sawyer	IU	C	F	Harm Reduction
Christina Crank	Ascension St. Vincent Jennings County	C	F	Healthcare
Carin Hurt	Centerstone	C	F	Treatment/Health
Karen Henshaw	Connections IN Health	C	F	Health
Margo Brown	Building Blocks	C	F	Youth Services
Chris Abbott	Building Blocks	C	F	Youth Services
Heather Kirchner	Connections IN Health	C	F	Health
Joe Ragsdale	Groups Recover Together	C	M	Treatment/Recovery
Melissa Goforth	Sunrise Recovery	C	F	Treatment/Recovery

Pam Petry	**Jennings County Health Department**	**C**	**F**	**Public Health**
Aliya Amin	**Connections IN Health**	**C**	**F**	**Health**
Sarah Coleman	**Break Free**	**C**	**F**	**Religion/Substance use**
Charity Bragg	**Break Free**	**C**	**F**	**Religion/Substance us**
Nichole Angelicchio	**Jennings County Jail**	**C**	**F**	**County Jail**
Abby Wells	**Decatur Mold**	**C**	**F**	**Business**
Tara Hatfield	**QSource**	**C**	**F**	**Healthcare**
Angelita Hendrickson	**QSource**	**C**	**F**	**Healthcare**
Carey Calhoun	**Community Member**	**C**	**F**	**Healthcare**
Stacey King	**Jennings County Education Center**	**C**	**F**	**Education**
Gleeda Hadley	**Substance Misuse Coordinator**	**C**	**F**	**Treatment/Health**
Alma Hobson	**Firefly**	**C**	**F**	**Youth Serving Organization**
Brian Mehlek	**Sheriff Deputy**	**C**	**M**	**Law Enforcement**
Ellie Bright	**Jennings County Court**	**C**	**F**	**Circuit Court Judge**

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year: The LCC meets on the first Thursday of every month.

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
Jennings

County Population: 27,622 (2023)
Schools in the community 1 public K-12, 1 private K-8, 2 private K-6, Jennings County Education Center
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Ascension St. Vincent Jennings Hospital, Schneck Family Care, fast-paced Health
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) Groups Recover Together, Centerstone, Southeast Mental Health Professionals, Greenbriar Professionals, Southern Indiana Parenting Solutions, Empower Mental Health LLC

Service agencies/organizations
Jennings County Health Department
Jennings County Community Foundation
Jennings County Lions Club
Jennings County Kiwanis
Jennings County United Way
Jennings County Youth Foundation
Jennings County Council for Domestic Violence
Jennings County Coordinating Council
Jennings County WIC
Jennings County DCS
Big Brothers Big Sisters
Wayside Mission
JC Women's Giving Circle
Psi Iota Zi
Delta Theta Tau
Mercy Rescue
Friends of the Muscatatuck
Friends of Vernon
Jennings County United Way
Jennings County Veterans Services
Jennings County Aging & Community
Jennings County Economic Development Commission
Clarity Pregnancy Services
Jennings County System of Care
North Vernon Parks and Rec
Jennings County Parks
Purdue Extension
FLASH food program
Jennings County Public Library
180 RCO
Jennings County JRAC
The ARC of Jennings County, Inc.

Perceptions Yoga, Mindfulness & Art

Local media outlets that reach the community
WJCP Radio
North Vernon Plain Dealer newspaper

What are the substances that are most problematic in your community?
Opioids, methamphetamines, alcohol. Nicotine, marijuana, cocaine

List all substance use/misuse services/activities/programs presently taking place in the community
Alcoholics Anonymous
Celebrate Recovery
Centerstone
Red Ribbon Week – Jennings County Schools
Potter's House – recovery house for men
Groups Recover Together
Break Free Jennings
Dare- Jennings County

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; prevention and recovery professionals.

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

Risk Factors	Resources/Assets	Limitations/Gaps
1. Availability of Substances	1. Community-based advocacy groups raising awareness about the negative effects of substance abuse. 2. Education and outreach programs in schools and community centers aimed at informing individuals about the risks associated with substance use.	3. Inadequate funding for community-based prevention and intervention programs to address substance abuse. 4. Challenges in reaching marginalized populations. 5. Areas with limited access to educational and outreach services.

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

2. Social Norms	1. Community-led campaigns to challenge social norms surrounding substance use and promote healthier lifestyles. 2. Support groups and mentorship programs offering positive peer influences and alternative social activities. 3. Educational initiatives in schools and community centers focused on promoting resilience and coping skills among youth.	1. Resistance to change entrenched social norms, particularly in communities where substance use is deeply ingrained in cultural practices. 2. Limited resources for implementing widespread educational campaigns or sustaining long-term community engagement. 3. Challenges in reaching vulnerable populations, such as marginalized youth or individuals with limited access to supportive networks.
3. Economic Disadvantage	1. Social service agencies provide support for individuals and families struggling with economic hardship, including counseling and financial assistance programs. 2. Affordable healthcare options and substance abuse treatment programs tailored to the needs of low-income populations. 3. Community-based initiatives offering vocational training, job placement services, and access to educational resources to empower individuals and improve economic prospects.	1. High unemployment rates and poverty lead to increased stress and financial strain, which may drive individuals to substance abuse as a coping mechanism. 2. Limited access to affordable healthcare and treatment services for addressing addiction issues. 3. Disparities in educational opportunities and employment prospects, exacerbating feelings of hopelessness and despair within the community.
Protective Factors	**Resources/Assets**	**Limitations/Gaps**
1. Community Engagement and Civic Participation	1. North Vernon Parks and Rec 2. Education based learning 3. Grassroots initiatives	1. Disengagement and apathy. 2. Capacity-building initiatives 3. Community education

2. Strong Community Foundation	1. Funding of local initiatives through grants and scholarships 2. Strong board 3. Community leadership	1. Lack of strategic coordination outside organization 2. Lack of awareness of overall mission and vision 3.Lack of numbers directly involved
3. School system prioritization of whole child education	1. Comprehensive health education programs that cover topics such as nutrition, physical activity, sleep hygiene, substance abuse prevention, and sexual health. 2. School Health Services 3. Healthy Environment	1. Lack of Time and Resources 2. Parental Involvement and Support

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. Peer Pressure and Substance Use	1.　　　Despite educational campaigns and interventions aimed at reducing substance abuse among adolescents, peer pressure remains a persistent challenge, contributing to high rates of experimentation and initiation of substance use, particularly among vulnerable youth populations. 2.　　　The influence of peer pressure on substance use behaviors undermines efforts to promote healthy decision-making and risk reduction strategies among adolescents, highlighting the need for comprehensive prevention programs that address social dynamics, peer relationships, and peer influence within school and community settings. 3.　　　Despite efforts to promote substance abuse prevention, peer pressure remains a significant risk factor contributing to the initiation and escalation of substance use among youth, resulting in negative health outcomes and social consequences.
2. Economic Disadvantage and Limited Access to Resources	1.　　　Economic disparities and limited access to resources perpetuate cycles of substance abuse and poverty within marginalized communities, as individuals facing socioeconomic challenges struggle to access affordable treatment and support services, exacerbating health inequities and social disparities. 2.　　　Despite recognition of the link between economic disadvantage and substance abuse, resource constraints and funding gaps hinder the implementation of effective prevention and intervention strategies, leaving vulnerable populations underserved and exacerbating the negative impact of addiction on individuals, families, and communities. 3.　　　Individuals and communities facing economic hardship experience heightened vulnerability to substance abuse due to limited access to resources, support services, and opportunities for socioeconomic advancement, exacerbating disparities in health outcomes and perpetuating cycles of addiction and poverty.

3. Exposure to Trauma and Adverse Childhood Experiences (ACEs)	1. Despite efforts to address the impact of trauma and ACEs on addiction, gaps in screening, assessment, and access to trauma-specific interventions persist, leaving many individuals with unmet mental health needs and increasing the risk of relapse and poor treatment outcomes among individuals with co-occurring disorders. 2. The prevalence of trauma and adverse childhood experiences (ACEs) underscores the urgent need for trauma-informed approaches to prevention and intervention, as untreated trauma significantly contributes to the development and perpetuation of addiction, mental health disorders, and other adverse outcomes across the lifespan. 3. The prevalence of ACEs and trauma exposure among children and adolescents underscores the urgent need for trauma-informed approaches to prevention and intervention, as untreated trauma significantly contributes to the development and perpetuation of addiction, mental health disorders, and other adverse outcomes across the lifespan.

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. Substance use among youth in Jennings County remains a concern, with regional data indicating usage rates that are comparable to or exceed state averages.	According to the 2022 Indiana Youth Survey for Region 10, the following percentages of 7th-grade students reported using substances in the past month: ● Alcohol: 6.9%, compared to the state average of 5.8%. ● Electronic Vapor Products: 6.8%, above the state average of 5.3%.	Indiana Youth Survey 2022, Region 10 Data

	Marijuana: 1.9%, equal to the state average.	
2. Substance use disorder among adults in Jennings County remains a significant concern, with continued reports of drug-related deaths, arrests, and treatment admissions.	- Unintentional drug-related death rate: 45.9 per 100,000 population (age-adjusted). - Treatment Admissions (2023): 153 adult treatment episodes for substance use disorder in Jennings County. 55.6% involved marijuana use; 22.2% met criteria for marijuana dependence. **Substance-related arrests (2023):** 79 meth-related arrests 53 alcohol-related arrests 50 marijuana-related arrests 103 paraphernalia-related arrests	Indiana State Epidemiological Outcomes Workgroup Report, 2024 Addiction Rehab Centers: Drug & Alcohol Rehab for North Vernon, Indiana, 2023 Columbus Regional Health Community Health Needs Assessment, 2021 (for death rate)
3. Lack of awareness of resources and how to access those resources for mental health and substance use disorders and/or facilities that are available within the county and surrounding counties.	10.3% of Jennings County respondents reported a family member was unable to access professional help for addiction in the past year. The ratio of primary health physicians to residents in Jennings County is 2,510 to 1. The ratio of mental health professionals to residents in Jennings County is 1,070 to 1.	Columbus Regional Health Assessment 2021 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute (2021)

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. Despite educational campaigns and interventions aimed at reducing substance abuse among adolescents, peer pressure remains a persistent challenge, contributing to high rates of experimentation and initiation of substance use, particularly among vulnerable youth populations.	1. Implement Peer Support Programs: Develop peer support programs within schools or community centers where trained peer mentors provide guidance, encouragement, and positive peer influence to at-risk youth. 2. Strengthen Social-Emotional Learning (SEL) Curriculum: Enhance existing SEL programs to include modules on resisting peer pressure, building self-esteem, and developing assertiveness skills to empower adolescents to make healthy choices. 3. Foster Positive Peer Norms: Collaborate with student organizations, clubs, and extracurricular activities to promote positive peer norms and behaviors, celebrating healthy lifestyles and alternatives to substance use.
2. The prevalence of trauma and adverse childhood experiences (ACEs) underscores the urgent need for trauma-informed approaches to prevention and intervention, as untreated trauma significantly contributes to the development and perpetuation of addiction, mental health disorders, and other adverse outcomes across the lifespan.	1. Implement Trauma-Informed Practices: Train educators, healthcare professionals, and community workers in trauma-informed care to recognize, respond to, and support individuals affected by trauma, creating safe and supportive environments that promote healing and resilience. 2. Provide Access to Trauma-Specific Therapies: Expand access to evidence-based trauma therapies, such as trauma-focused cognitive-behavioral therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR), and dialectical behavior therapy (DBT), through partnerships with mental health providers and community agencies. 3. Strengthen Cross-Sector Collaboration: Foster collaboration between education, healthcare, social services, and justice systems to address the root causes of trauma and ACEs, develop coordinated interventions, and ensure continuity of care for individuals across the lifespan.
3. Economic disparities and limited access to resources perpetuate cycles of substance abuse	1. Implement Wraparound Services: Develop integrated service delivery models that

and poverty within marginalized communities, as individuals facing socioeconomic challenges struggle to access affordable treatment and support services, exacerbating health inequities and social disparities.	combine addiction treatment with social support services, such as housing assistance, job training, childcare, and transportation support, to address the underlying socioeconomic needs of individuals in recovery.
	2. Advocate for Policy Change: Mobilize community advocates, policymakers, and stakeholders to advocate for policy changes that prioritize funding for addiction prevention, treatment, and recovery support services targeting economically disadvantaged populations.

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:
The Jennings County Drug and Alcohol Task Force will provide grant opportunities to support educational programming through schools, service providers that are evidence based to educate youth about dangers of substance use, therefore reducing youth prevalence rates.

Goal 2:
Promote community awareness events and partner with key stakeholders to provide public events that provide support for prevention and intervention by 10 percent in 2025..

Problem Statement #2

Goal 1:
The Jennings County Drug and Alcohol Task Force will support harm reduction, anti-stigma education, and evidence-based family support programs.

Goal 2:
The Jennings County Drug and Alcohol Task Force will help support CIT for community members, law enforcement, school staff and health care providers over the next 12 months.

Problem Statement #3

Goal 1:
The Jennings County Drug and Alcohol Task Force will support an assessment of the community's healthcare needs within the next 12 months to increase the availability of health care service awareness in Jennings and surrounding counties.

Goal 2:
The Jennings County Drug and Alcohol Task Force will partner with and support local stakeholders to decrease the number of those unable to access substance disorders and mental health disorders treatment and care.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1: By the end of 2025, Jennings County will collaborate with community partners to provide sober activity options and youth-focused education at 5 or more community events, with the goal of increasing youth awareness of alternatives to substance use and reducing risk behaviors as reflected in the next Indiana Youth Survey.	1. Identify and attend community events where youth are present (e.g., festivals, fairs, parades, sporting events). 2. Provide interactive, sober activities and prevention messaging to engage youth and families on-site. 3. Distribute educational materials and promote local resources that support substance-free choices.
Goal 2: By the end of 2025, the Jennings County Drug and Alcohol Task Force will collaborate with at least 5 youth-serving organizations to share prevention materials and increase outreach to 500+ youth through existing programs and activities.	1. Connect with local organizations (e.g., libraries, sports leagues, churches, after-school programs) to offer prevention flyers, posters, or handouts. 2. Provide each organization with customized prevention messaging and simple talking points for engaging youth. 3. Track distribution reach and follow up quarterly to restock materials and offer support.
Problem Statement #2	**Steps**
Goal 1: By June 2026, the Jennings County Drug and Alcohol Task Force will collaborate with local treatment providers to promote existing services and increase awareness of available adult recovery options through outreach to 1,000 residents.	1. Partner with treatment centers, recovery homes, and mental health providers to gather updated service info. 2. Create a simple, accessible flyer or brochure listing treatment and

	recovery options in and around Jennings County.
	3. Distribute materials through libraries, law enforcement, probation offices, local businesses, and public events.
Goal 2: By 2026 implement a harm reduction education campaign targeting adults and families, reaching 500+ residents with information on overdose prevention, safe use practices, and local support services.	1. Develop and distribute educational materials on naloxone (Narcan), fentanyl test strips, safe disposal, and safer use tips through events, clinics, and public spaces.
	2. Partner with local health departments, EMS, and pharmacies to co-host naloxone distribution and harm reduction awareness booths at community events.
	3. Track outreach efforts, including number of materials handed out, naloxone kits distributed, and brief education conversations completed.
Problem Statement #3	**Steps**
Goal 1: By the end of 2025 the Jennings County Drug and Alcohol Task Force will develop and distribute a comprehensive, easy-to-understand resource guide (digital and print) to reach at least 5,000 residents in the county.	1. Gather and organize up-to-date information on local and nearby services (mental health, addiction treatment, crisis lines, insurance help, etc.).
	2. Design and print a resource guide, and make it available digitally on community partner websites and social media.
	3. Distribute guides at events, schools, government offices, clinics, and through partner agencies.

Goal 2: The Jennings County Drug and Alcohol Task Force will partner with and support local stakeholders to decrease the number of those unable to access substance use disorder and mental health disorders treatment and care.	1. Identify and attend public events throughout the year (e.g., fairs, festivals, back-to-school nights, farmers markets). 2. Set up an informational booth with printed materials and staff available to answer questions. 3. Track number of attendees reached and collect informal feedback to guide future outreach.

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:	$18,491.60
2	Amount of unused funds from last year that will roll over into this year:	$34,136.20
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	$52,627.80
4	Amount of funds granted last year:	$4,216.56
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: $13,156.95	Intervention/Treatment: $13,156.95	Justice Services: $13,156.95

Funding allotted to administrative costs:

Itemized list of what is being funded	*Amount ($100.00)*
Coordinator compensation	$12,156.95
Office supplies	$1000

Funding Allocations by Goal per Problem Statement:

Problem Statement #1	**Problem Statement #2**	**Problem Statement #3**
Goal 1: $6,578.47	Goal 1: $6,578.47	Goal 1: $6,578.47
Goal 2: $6,578.47	Goal 2: $6,578.47	Goal 2: $6,578.47