The Indiana Commission to Combat Drug Abuse

Behavioral Health Division

Comprehensive Community Plan

County: Johnson

LCC Name: Drug Free Johnson County

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City: Franklin

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County Commissioners: Brian Baird, Kevin Walls, Ron West

Address: 86 W. Court Street

City: Franklin

Zip Code: 46131

Vision Statement

We envision a healthy community with cohesive relationships between stakeholders to decrease substance use related problems.

Mission Statement

Drug Free Johnson County (DFJC) is a volunteer organization dedicated to serving as a catalyst for preventing, treating, and reducing the negative effects of substance abuse by youth and adults in Johnson County.

Membership List

#	Name	Organization	Race	Gender	Category
1	Sonya Ware-Meguair	Girls Inc of Johnson County	Caucasian	Female	Prevention/Education
2	Kendee Kolp	Reach For Youth	Caucasian	Female	Treatment/Intervention
3	Tammi Hickman	Johnson County CASA	Caucasian	Female	Youth Services
4	Aaron Hagist	Greenwood PD	Caucasian	Male	Justice/Law Enforcement
5	Dawn LaPlante	Upstream Prevention	Caucasian	Female	Prevention/Education
6	Emily Watson	Johnson County Sheriff's Dept.	Caucasian	Female	Justice/Law Enforcement
7	Ross Stackhouse	HeavenEarth Church	Caucasian	Male	Religious; Treatment/Intervention
8	Susan Sahm	Boys & Girls Club of Johnson County	Caucasian	Female	Prevention/Education
9	Michele Lee	Turning Point Domestic Violence Services	Caucasian	Female	Prevention/Education; Treatment/Intervention
10	Kody Martin	Franklin PD	Caucasian	Male	Justice/Law Enforcement
11	Katie Krukemeier	Johnson County Juvenile Probation	Caucasian	Female	Treatment/Intervention
12	Talia Adkins	Whiteland Police Department	Caucasian	Female	Justice/Law Enforcement

13	Janna Mallay	George JR Republic in Indiana	Caucasian	Female	Treatment/Intervention

<table>
<tr><td colspan="2" style="background:#4472C4;color:white">LCC Meeting Schedule:</td></tr>
<tr><td>Please provide the months the LCC meets throughout the year: January, February, March, April, June, August, September, November, December</td></tr>
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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: Johnson
County Population: 167,819 (US Census Bureau, 2023)
Schools in the community: Center Grove Community School Corp., Clark-Pleasant School Corp., Edinburgh Community School Corp., Franklin Community School Corp., Greenwood Community School Corp., Nineveh-Hensley Jackson School Corp., Our Lady of Greenwood, St. Rose of Lima, Greenwood Christian Academy, St. Francis & Claire
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.): Johnson Memorial Health, Community Health Network South Hospital, Windrose, Franciscan Alliance, St. Thomas Health Clinic, American Health Network, Adult & Child, IU Health, Jane Pauley Community Health Center
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.): Adult & Child, Centerstone, Reach for Youth, Assist, George Jr. Republic, Valle Vista, School Counselors, New Outlook Counseling, Kenosis Counseling, Jane Pauley Center, Tara Treatment (substance use), Groups Recover Together, Otis T. Bowen Center, Mental Health America of Indiana, Landmark Recovery (substance use), Hickory Recovery (substance use), Ethan Crossing of Indianapolis, Cleanslate, Sunstone Mental Health, Emberwood Center, Choices, and other Local Private Practices
Service agencies/organizations: Upstream Prevention (including Empower Johnson County, Suicide Prevention Coalition, RISE Recovery Coalition, and Recovery Cafe), Reach For Youth, Girls Inc. of Johnson County, Boys and Girls Clubs of Johnson County, United Way of Johnson County, Johnson County Community Foundation, Systems of Care, Turning Point Domestic Violence Services, Recover Out Loud, Firefly Children & Family Alliance, Johnson County Health Department, KIC-IT, Infants in Bloom, and others
Local media outlets that reach the community: Daily Journal, KORN County Radio, Indy Star, Southside Times, SOUTH Magazine, Greenwood Magazine, Center Grove Icon Magazine, The

Courier Newspaper, Social Media, Franklin College Newspaper, Neighbors of Bargersville, Center Grove Magazine, Franklin Magazine	
What are the substances that are most problematic in your community? Heroin/Opiates, Fentanyl, Xylazine, Marijuana, THC, Methamphetamine, Alcohol, Nicotine, Cocaine, Prescription Drugs, Synthetics, Acid, Psilocybin Mushrooms, Inhalants	
List all substance use/misuse services/activities/programs presently taking place in the community: Above providers, plus school-based activities and programs. Homeschool Educators Group, Recovery Church: HeavenEarth Church, Reformers Unanimous Meetings: Greenwood Bible Baptist Church, Cornerstone Church/The Lord's Locker, Fellowship Baptist Church, Celebrate Recovery Meetings: Grace Assembly of God and Emmanuel Church of Greenwood Campus Fieldhouse, 12-Step: Grace United Methodist Franklin, Suicide and Overdose Fatality Review Team, Naloxbox, and Recover Out Loud, Tara Treatment IOP, Johnson County Health Department/Upstream Prevention, Inc. Paramedicine Program, Recovery Café JOCO, Problem Solving Courts, Recovery/Awareness Events, THRIVE Recovery Program, Recovery Works Treatment Centers, Hickory Recovery Centers, SMART Recovery Groups	

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; lack of affordable housing; lack of attainable housing for high risk populations; limited prevention and recovery resources; geographic location; low perception of harm.

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 community; social support and community inclusion; 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. Acceptable community norms of substance use	1. Community organizations that address use	1. Trained doctors/others aware of prevention approaches
	2. Schools promoting non-use messaging	2. Employers need workers, and may/have relaxed screenings

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

	3. Data availability on community and youth perception	3. Lack of ability for law enforcement to consistently enforce alcohol violations
2. Low perception of harm of substance use	1. Community organizations that address use 2. School resource officers interested in supporting prevention efforts 3. Data availability on community and youth perception	1. Lack of prevention/awareness programs for adults related to adult misuse/abuse 2. Lack of reach to those who dabble, but are not yet addicted 3. Lack of information sharing
3. Mental health challenges (self-medication/coping)	1. Intensive outpatient counseling for youth 2. Peer Support Meetings 3. Residential and outpatient treatment 4. Suicide Prevention Coalition of Johnson County	1. Have mental health counseling resources in the County, but a large deficit in provider to population ratio 2. Low access to juvenile/youth peer support meetings 3. Not enough trauma-informed care, trainings, and referrals
Protective Factors	**Resources/Assets**	**Limitations/Gaps**
1. Community capacity to address problems	1. School resource officers interested in supporting prevention efforts 2. Prosecutor willing to prosecute/increase enforcement 3. Free Narcan and Harm Reduction Kits	1. Lack of transportation for adults to resources, or childcare while utilizing 2. Lack of consistent enforcement related to alcohol 3. Lack of treatment available (for the right ages, right type, at the right time) 4. Lack of case management agents/direct services, and peer support
2. Social connectedness	1. Religious/community-based organizations focused on increasing connection 2. Director of Mental Health in schools (and similar positions)	1. Schools expected to do too much, and do not have the mental health/treatment/prevention support capacity 2. Lack of holistic approach to problems (involving family and immediate supports)

	3. Increase in focus (in community) on positive mental health/connection	3. Uneven knowledge/connection to community resources for the entire population
3. Education (of substances and problems)	1. Existing efforts in schools to provide education to youth, including peer-to-peer education 2. Community organizations that address use 3. School resource officers interested in supporting prevention efforts	1. Community awareness of problems (need more), but not of resources 2. Lack of education about substances 3. Lack of concern

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. Acceptable community norms of substance use	1. Youth perceive high rates of peer use. 2. Adults approve of other adult recreational use of substances. 3. Law enforcement lacks community support for enforcement of substance use infractions.

2. Low perception of harm of substance use	1. Youth in Johnson County misuse/abuse/use alcohol, nicotine, and marijuana because of a low perception of harm. 2. Adults use illicit drugs and abuse alcohol because of a low perception of harm. 3. Law enforcement is unable to focus on alcohol enforcement because of competing priorities.
3. Community capacity to address problems	1. Lack of comprehensive, evidence-based prevention programming for youth and adults. 2. Lack of treatment access for substance use disorders. 3. Substance abuse is a significant contributor to crime and crises in Johnson County.

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

Problem Statements	Data That Establishes Problem	Data Source

1. Youth in Johnson County misuse/abuse/use alcohol, nicotine, and marijuana.	Alcohol – Past 30 Days
	  6.9% 7th Grade
	  11.3% 9th Grade
	  11.9% 10th Grade
	  16.5% 12th Grade
	
	Marijuana – Past 30 Days
	  2.5% 7th Grade
	  4.8% 9th Grade
	  6.8% 10th Grade
	  8.5% 12th Grade
	
	Cigarettes – Past 30 Days
	  1.5% 7th Grade
	  2.0% 9th Grade
	  2.5% 10th Grade
	  2.3% 12th Grade
	
	EVPs – Past 30 Days
	  5.5% 7th Grade
	  7.3% 9th Grade
	  8.8% 10th Grade
	  8.5% 12th Grade
		Indiana Youth Survey, Region 10 (Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, Shelby, Union (2024)
		
		https://inys.indiana.edu/docs/survey/indianaYouthSurvey_2024.pdf

	Mental Health: Felt sad two or more weeks in a row: 31.8% 6th Grade 30.3% 8th Grade 31.0% 10th Grade 29.2% 12th Grade Considered attempting suicide: 12.9% 6th Grade 16.2% 8th Grade 13.7% 10th Grade 13.4% 12th Grade Made a plan for attempting suicide: 8.9% 6th Grade 12.6% 8th Grade 10.2% 10th Grade 9.4% 12th Grade	Indiana Youth Survey, Statewide Mental Health Data (2024)
2. Lower reported quality of life, and poor mental health are contributors to adults use of illicit drugs and alcohol abuse.	267 Treatment Episodes: RX Opioid Misuse 43 of 267 (16.1%) RX Opioid Dependence 17 of 267 (6.4%) Heroin Use 53 of 267 (19.9%) Heroin Dependence 27 of 267 (10.1%) Alcohol Misuse 117 of 267(43.8%) Alcohol Dependence 80 of 267 (30%) Marijuana Use 124 of 267 (46.40%) Marijuana Dependence 64 of 267 (24%) Cocaine Use 35 of 267 (13.1%) Cocaine Dependence 9 of 267 (3.4%) Meth Use 109 of 267 (40.8%) Meth Dependence 68 of 267 (25.5%)	State Epidemiological Outcomes Workgroup (2024) (Johnson County)

	17% of Johnson County adults reported binge or heavy drinking.	CountyHealthRankings.org (2024)
	Ratio of Population to Mental Health Providers (Includes providers that treat alcohol and other drug abuse) 790:1 Johnson County 500:1 Indiana	
	16% of Johnson County adults reported frequent mental distress. (4.9 or more days of poor mental health in a month).	State Epidemiological Outcomes Workgroup (2024)
3. Substance abuse is a significant contributor to crime and crises in Johnson County.	57 alcohol-related collisions in Johnson County	State Epidemiological Outcomes Workgroup (2024)
	Johnson County death by suicide 15.1 per 100,000	
	Adult Probation, Corrections, & Problem-Solving Court Data: Total UDS completed at JCCC in 2024: 10681 Positive: 1077, 10% Of the positive screens - Alcohol: 111, 10% Marijuana: 346, 32% Opiates/FEN/BUP: 417, 39% Methamphetamines: 280, 26%	Johnson County Community Corrections (JCCC), Adult Probation, and Problem-Solving Courts (PSC) Combined Data (2024)
	Corrections Only UDS completed in 2024: 5635 Positive: 587, 10% Of the positive screens - Alcohol: 104, 18% Marijuana: 294, 50% Opiates/FEN/BUP: 141, 24% Methamphetamines: 143, 24%	
	PSC Only UDS completed at JCCC in 2024: 5046	

| | Positive: 490, 10%
Of the positive screens -
Alcohol: 7, 1%
Marijuana: 52, 11%
Opiates/FEN/BUP: 276, 56%
Methamphetamines: 137, 28%

2024 Juvenile Total Drug
Screens: 1,067
Positive: 232, 21.74%
Of the positive screens:
Marijuana: 194, 83.62%
Alcohol: 20, 8.62%
Methamphetamine: 10, 4.31%
Opiates/Fentanyl/Buprenorphine: 7, 3.02%
Cocaine: 1, .43%

Negative: 835, 78.26%

Total referrals: 1016

Drug related: 112.11% | Johnson County Juvenile Probation Data (2024) |

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. Youth in Johnson County misuse/abuse/use alcohol, nicotine, and marijuana.	1. Increase support and awareness of organizations that address these issues. 2. Support schools and community-based organizations in their prevention programming. 3. Increase ability of law enforcement to address alcohol violations.
2. Lower reported quality of life, and poor mental health are contributors to adults use of illicit drugs and alcohol abuse.	1. Increase prevention programming and awareness aimed at adults. 2. Increase programming and access to care to individuals who use substances. 3. Increase information sharing in the community.
3. Substance abuse is a significant contributor to crime and crises in Johnson County.	1. Provide supportive resources for schools, school resource officers, and community-based organizations.

| | 2. Encourage enforcement of substance use infractions. |
| | 3. Increase ability for law enforcement to enforce drug-related infractions. |

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: Reduce substance use by middle school youth, for each substance, by 1% point as measured by the Indiana Youth Survey (Region 10) by 2027.
Goal 2: Reduce substance use by high school youth, for each substance, by 1% point as measured by the Indiana Youth Survey (Region 10) by 2027.

Problem Statement #2
Goal 1: Increase treatment episodes by 3% from the 2024 baseline (267 episodes), as measured by the Treatment Episode Dataset data available through the State Epidemiological Outcomes Workgroup state report, by 2030.
Goal 2: Reduce the average number of mentally unhealthy days, by reducing the percent of adults in frequent mental distress by 1% (from a baseline of 16%), by the Treatment Episode Dataset data available through the State Epidemiological Outcomes Workgroup state report, by 2030.

Problem Statement #3
Goal 1: Increase enforcement of alcohol and drug related offenses by 1% by 2026, as measured by the number of substance related arrests, through support of local law enforcement agencies efforts.
Goal 2: Decrease positive drug screen results of adults & juveniles placed on probation in Johnson County by 1% by 2026, as measured by Johnson County Probation Departments.

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

Problem Statement #1	Steps

Goal 1: Reduce substance use by middle school youth, for each substance, by 1% point as measured by the Indiana Youth Survey (Region 10) by 2027.	1. Theory-based/research informed programs for youth to decrease use of substances. 2. Provide support for substance-free alternatives activities for youth. 3. Provide resources and tools to providers to aid in the treatment of substance abuse.
Goal 2: Reduce substance use by high school youth, for each substance, by 1% point as measured by the Indiana Youth Survey (Region 10) by 2027.	1. Theory-based/research informed programs for youth to decrease use of substances. 2. Provide support for substance-free alternatives activities for youth. 3. Provide resources and tools to providers to aid in the treatment of substance abuse.
Problem Statement #2	**Steps**
Goal 1: Increase treatment episodes by 3% from the 2024 baseline (267 episodes), as measured by the Treatment Episode Dataset data available through the State Epidemiological Outcomes Workgroup state report, by 2030.	1. Reduce barriers for adults to reduce their use and move towards recovery. 2. Provide information to the community to increase awareness for local resources. 3. Theory-based/research-informed programs for adults to decrease use of substances. 4. Provide resources and tools to providers to aid in the treatment of substance abuse.
Goal 2: Reduce the average number of mentally unhealthy days, by reducing the percent of adults in frequent mental distress by 1% (from a baseline of 16%), by the Treatment Episode Dataset data available through the State Epidemiological Outcomes Workgroup state report, by 2030.	1. Reduce barriers for adults to increase access to care for behavioral health. 2. Provide information to the community to increase awareness for local resources. 3. Theory-based/research-informed programs for adults to decrease unhealthy days.
Problem Statement #3	**Steps**

Goal 1: Increase enforcement of alcohol and drug related offenses by 1% by 2026, as measured by the number of substance related arrests, through support of local law enforcement agencies efforts.	1. Provide resources and tools to law enforcement to aid in the enforcement of substance-related crimes. 2. Increase positive community engagement with law enforcement entities to reduce substance related crimes. 3. Increase positive relationships and engagement between law enforcement and the court system.
Goal 2: Decrease positive drug screen results of adults & juveniles placed on probation in Johnson County by 1% by 2026, as measured by Johnson County Probation Departments.	1. Provide resources and tools to law enforcement to aid in the enforcement of drug-related crimes. 2. Provide resources and tools to offenders, while incarcerated or under supervision, to decrease recidivism when released.

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:	$108,826.23
2	Amount of unused funds from last year that will roll over into this year:	$685.10
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	$109,511.33
4	Amount of funds granted last year:	$113,271.53
	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: Johnson County Health Department (Health First Indiana Funds)		$68,672.89

Categorical Funding Allocations

Prevention/Education: $27,377.83	Intervention/Treatment: $27,377.83	Justice Services: $27,377.83

Funding allotted to Administrative costs:

Itemized list of what is being funded	*Amount ($100.00)*
Coordinator compensation	$26,796.00
Office supplies	$581.83

Funding Allocations by Goal per Problem Statement:

Problem Statement #1	**Problem Statement #2**	**Problem Statement #3**
Goal 1: $14,689.32	Goal 1: $7,905.16	Goal 1: $12,072.06
Goal 2: $27,488.32	Goal 2: $11,405.16	Goal 2: $8,573.47