

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

2025 Comprehensive Community Plan

County: LaPorte

LCC Name: LaPorte County Drug Free Partnership

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Laporte County Government, Indiana County Council
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Vision Statement

What is your Local Coordinating Council's vision statement?

In effort to create a healthy and drug free La Porte County, our vision is to create a multi-sector community infrastructure to reduce recidivism and address access to mental health and/or substance use services by proactive engagement of community stakeholders inclusive of youth and those with a lived experience or in recovery.

Mission Statement

What is your Local Coordinating Council's mission statement?

To bring together individuals, organizations, and agencies both public and private, who seek to provide optimal resources for the combating of Alcohol, Tobacco, and Other Drug abuse in LaPorte County, which includes specific focus on binge drinking, prescription drug abuse, marijuana usage, and youth prevention efforts and the promotion of positive mental health.

Lived Exper	Membership List					Committee(s)
	Name	Organization	Race	Gender	Category	
*	Donnie Allison	W.A.I.R Certified Recovery Community Org.	African American	Male	Treatment	CIT Volunteer
	Deborah Briggs	Open Door Health Center	Caucasian	Female	Prevention	Suicide-Overdose Fatality Review Team(SOFR) Team
	Dr Tammy Bunton	Dunebrook	Caucasian	Female	Prevention	Community Outreach
	Pat Cicero	LaPorte County Sheriff's Office	Caucasian	Male	Law Enforcement	SOFR
	Jocelyn Colburn	Michigan City Police Dept SW	Caucasian	Female	Law Enforcement	Harm Reduction Outreach Homeless vision SOFR LOSS-GRIEF Team
	Marty Corley	Michigan City Police Dept	African American	Male	Law Enforcement	CIT Leadership Advisory
	Greg Coulter	Formerly Healthy Communities Tobacco Coalition/now City Council	Caucasian	Male	Prevention	City Council
*	Mayor Angie Nelson-Deutch	I&D Squared Consulting/City Government	African American	Female	Prevention/ Government	CIT Leadership Advisory Recovery Residence Leadership Team CADCA Leadership Team
*	John Downs	Health Linc MIRT coordinator	Caucasian	Male	Treatment	LaPorte County Catalyst Mobile Integrated Response Team MIRT
	Dr. Chris Drapeau	988- Vibrant.org	Caucasian	Male	Treatment	SOFR & Recovery Residence Initiative & Coroner's Office
	Hannah Dybalski	HealthLinc	Caucasian	Female	Prevention/ Treatment	SOFR Chair
*	Joe Epperson	Recovery Centers	Caucasian	Male	Treatment	Recovery Center of America
	Kane Fletcher	MC Police Department	Caucasian	Trans	Law Enforcement	CIT MCPD Coordinator TRUST Street Outreach Coordinator

	Joan Ganschow	Life Changes, LLC/ Minority Health Partners of LaPorte County	Caucasian	Female	Judiciary/ Treatment	DFP President/ Board Member
	Stacy Garcelon	Anam Cara Equine Therapy	Caucasian	Female	Treatment	
	Sarah George	Dunebrook	Caucasian	Female	Prevention	
*	Ronda Gorby	Footprints to Recovery	Caucasian	Female	Treatment	
*	L. Allen Grecula	North Shore	Caucasian	Male	Treatment	DFP Board Member/ CIT Volunteer
	Pam Henderson	Dunebrook	Caucasian	Female	Prevention	
	Jackie Heemstra	Meridian Health Services	Caucasian	Female	Treatment	CIT Advisory Volunteer
	Katie Jasnieski	Swanson Center Executive Director	Caucasian	Female	Treatment	Catalyst Advisory/ CIT Clinical Coordinator Leadership Team
*	Devon Jones	HealthLinc FQHC	Caucasian	Male	Treatment	Recovery Residence Leadership/CIT Volunteer
	Caitlyn Kalisk	LaPorte Police Dept	Caucasian	Female	Law Enforcement	Homeless Visioning Harm Reduction Outreach
	James Lear	LaPorte County Sheriff's Office	Caucasian	Male	Law Enforcement	Catalyst Advisory/ CIT Law Coordinator Leadership Team
	Ephphatha Malden	Health Linc	African American	Female	Treatment	Catalyst Advisory/ CIT Leadership Team
	Randy Novak	County Commissioner	Caucasian	Male	Government	County Council President Recovery Housing Committee
	Toni Osowski	LaPorte Teen Court	Caucasian	Female	Youth Prevention Judiciary	
	Dan Peck	Former CEO Swanson Center CMHC til 9/2024	Caucasian	Male	Treatment	CIT Volunteer/ Recovery Housing Committee
	Lisa Pierzakowski	Center Township Trustee	Caucasian	Female	Prevention/ Government	CIT Volunteer
	Christine Rosenbaum	La Porte Community Schools	Caucasian	Female	Prevention	SOFR Team
*	Larry Smith	The Intrepid Phoenix	Caucasian	Male	Treatment	
	Craig Stafford	Dunebrook	Caucasian	Male	Prevention	
*	Aron Stotts	W.A.I.R.	Caucasian	Male	Treatment	CIT Volunteer
	Corissa Strader	Problem Solving Court	Caucasian	Female	Justice	
	Lynn Swanson	Laporte County Coroner	Caucasian	Female	Government	SOFR Team
	Heather Taylor	Dunebrook	Caucasian	Female	Prevention	
	Tyra Walker	Sheriff's Department/ IUN	African American	Female	Treatment	DFP Board/ Catalyst Advisory/ CIT Advisory Volunteer/ IUN Field Placement

*	Nate Ward	Three20 Recovery RCO	Caucasian	Male	Treatment	
*	Micki Webb	Coalition Coordination	Caucasian	Female	Prevention/ Treatment	Program Director/ Recovery Housing Chair/ Catalyst Director/ CIT Leadership SOFR/TIROES Coordinator
	Sunny Williams	TechServ	Asian	Female	Prevention/ Treatment	Catalyst Advisory/ TI-ROES
	Blake Wood	TechServ	Caucasian	Male	Prevention/ Treatment	Catalyst Advisory/ TI-ROES
	Hangie Zamora	Franciscan Hospital Behavioral Unit	Hispanic/ Caucasian	Female	Treatment	Catalyst Advisory/ TI-ROES
	Ashley Ortega-Zeh	LaPorte Superior Court/Problem Solving Court	Hispanic/ Caucasian	Female	Justice	CIT Advisory/ Volunteer/ SOFR Team// CADCA Leadership Team

LCC Meeting Schedule:

The LCC meets throughout the year: The first Wednesday of each month at 8:00 a.m. CST in February, March, April, May, June, August, September, October, November, December. The coalition does not meet in January or July.

The **2025 General Meetings** are scheduled for Feb 5, Mar 5, Apr 2, May 7, June 4, Aug 6, Sept 3rd, Oct 1st, Nov 5th, Dec 3rd

The Overdose/Suicide Overdose Fatality Review Subcommittee (closed) Meetings are scheduled the **3rd Tuesday** of each month at 8:15 a.m. CST on Jan 21st Feb 18th, March 18th, April 15th, May 20th, June 17th, July 15th, Aug 19th, Sept 16th, Oct 21st, Nov 18th and Dec 16th

The Crisis Intervention Team 40 hour-Trainings are implemented as part of the Catalyst grant and thus far we have trained 116 first responders. The grant reimburses departments for shift coverages for officers who complete the entire training. Future training date TBD

Currently the LPCLCC Meetings are held at the NIEF Building at 402 Franklin Street, Michigan City, Indiana 46360 with the capacity to attend hybrid via ZOOM

II. Community Needs Assessment

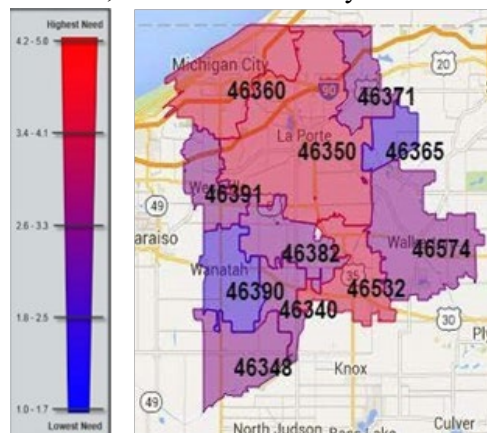
The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

County Name LaPorte County Indiana

County- The LCC serves the 598.3 square mile area of LaPorte County Indiana which reflects the unique challenges of both urban and rural communities. Population Census data ([hoosierdata.in.gov/profiles](https://www.hoosierdata.in.gov/profiles)) indicates residents. The current Living Wage Calculator as calculated by the Massachusetts Institute of Technology (MIT) for LaPorte County is \$45.05 per hour for one adult and two children in a household working 2080 hours per year to meet basic needs. **This equates to a fulltime income of \$93,704 at a 1.0 FTE, yet most employment is part time service sector jobs.** Only 21.7 of adults 25 years or older have a Bachelor's degree or higher. Median household income overall is \$67,745 as compared to \$69,671 in the state, however Median household income for Black households is \$44,785 as compared \$44,964 in the state. The racial and ethnic makeup of the county is 77.29% White, 10.72% African American alone, and 9.12% Hispanic or Latino, 7.52% Two or more races, .68% Asian alone and .41% American Indiana or Alaska Native.

The county is served by 6 public school corporations with a 2024/25 enrollment of 16,112 students, Critical community needs in the geographic zip code areas of 46360 and 46350 is demonstrated based on national indicators in the community Needs Index from Conduit Health. The Community Needs Index, is a planning tool that denotes the health and structural indicators and severity of health disparities and access to needed resources.



Qualitative reports from local listening sessions indicate organizational staffing concerns and that the shortage of local providers can result in waiting weeks and even months for an appointment for mental health and addiction services. Transportation, costs, work schedules, lack of health care coverage, high deductibles, and a limited number of providers willing to accept Medicaid reimbursement, lack of

inpatient addiction services in the county, and lack of youth inpatient services further exacerbates the problem of access to quality evidence based mental health and substance use healthcare interventions.

A gap analysis for LaPorte County, Indiana on the Healthcare Foundation's website revealed information from the Robert Wood Johnson Foundation's County Health Ranking report (2022) that revealed the county ranks 70 out of 92 counties in health outcomes. Compounding the issue of mental health substance access is a significant shortage in La Porte County of other community mental health providers that is evident in the county ratio of 117 per 100,000 as compared to the state ratio of 200 per 100,000. This is significant because "psychological distress can affect all aspect of our lives and delays in treatment can lead to increased morbidity and mortality including the development of various psychiatric and physical comorbidities. In addition, it can lead to life threatening and life altering self-treatments (e.g. illicit and illicit substance use)" (2021 RWJ County Health Ranking Report) as well as increase incidence of crime in a community. This information further corroborated by data from the LaPorte County Coroner that reflects 37 overdose deaths in 2023 and 2024 and 27 deaths by suicide in 2024 however these numbers are considered underreported as all deaths are not autopsied to determine cause of death.

Schools in the community- per most current IDOE enrollment data is 16,112 SY 2024/25

Michigan City Area Schools Enrollment: 5030 (Michigan City High School, Barker Middle School, Krueger Middle Schools, Coolspring, Edgewood, Joy, Knapp, Lake Hills, Marsh, Pine, Springfield)

LaPorte Community Schools, Enrollment: 6089 (LaPorte High School, LaPorte Middle School, Kesling Intermediate, Critchfield Elementary, Hailmann Elementary, Handley Elementary, Indian Trail Elementary, Kingsbury Elementary, Kingsford Heights, Lincoln Elementary, Riley Elementary)

New Prairie United School Corporation Enrollment: 2815 New Prairie High School, New Prairie Middle School, Olive Elementary, Prairie View Elementary, Rolling Prairie Elementary)

MSD of New Durham Township Enrollment: 908 Westville Elementary PK-06, Westville HS 07-12,

South Central Community School Corporation Enrollment: 986 So. Central Elementary PK-6, So Central Jr-Senior HS 07-12,

Tri-Township Consolidated School Corporation Enrollment: 284; Wanatah PK-08, La Crosse 9-12,

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

<p>Franciscan Hospital-Michigan City Northwest formerly IU Health/formerly LaPorte Hospital- LaPorte Franciscan Physician Network Health Partners – Michigan City HealthLinc (FQHC) Open Door Adolescent Health Clinic @ Michigan City High School</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc. Inpatient Franciscan Hospital (offers a behavioral health unit for adults.) Outpatient services include: Swanson Center Community Mental Health Center, Other mental health providers include: Three20Recovery, the regional Recovery hub, W.A.I.R Café (We All In Recovery with Certified Peer Recovery Specialists, Northshore Health, (formerly Frontline), Meridian Health Services (school, community home-based and telehealth therapy services for children and adults),and Samaritan Counseling Center (outpatient with sliding fee scale). Bowen Center is no longer in LaPorte County and has discontinued their(community- based services),</p>
<p>Service agencies/organizations Stepping Stone & The Bridge Domestic Violence Shelter Sandcastle Shelter for (Homeless)Families Keys to Hope Community Resource Center (Michigan City) Housing Opportunities Pax Center (LaPorte) Minority Health Partners of LaPorte County CASA/CAYA Court Appointed Youth Advocates Safe Harbor After School program Michigan City Area Schools Boys & Girls Club of Michigan City Commission for the Social Status of African American Males Healthy Communities is now under the auspices of Dunebrook Child Advocacy Center Interfaith Community PADS Unity Foundation Duneland Health Foundation Healthcare Foundation of LaPorte LaPorte County Home Team LaPorte County System of Care through United Way NEST-Temporary Shelter Center Township Trustee- Emergency Resources</p>
<p>Local media outlets that reach the community WIMS, WEFM, WLOE Local Radio ALCO Local Cable channel LP News Dispatch</p>
<p>What are the substances that are most problematic in your community? Opiates- Fentanyl, Heroin, Xylazine Alcohol Methamphetamines Marijuana and Synthetic Marijuana</p> <p>*Note the Overdose/Suicide Fatality Review Team reports significant incidence of Fentanyl present in most fatal overdoses and the increasing emergence of Xylazine which does not respond to Naloxone.</p> <p>The LaPorte County Drug Task Force also reports increasing prevalence of methamphetamines</p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community LaPorte County Drug Free Partnership/Health Linc Collaboration- TI-ROSC-</p> <ul style="list-style-type: none"> • Trauma Informed Recovery Oriented System of Care now known as TI-ROES • Overdose/Suicide Fatality Review Team, • Crisis Intervention Team • Behavioral Health Task Force

- Mobile Integrated Response Team- MIRT

Health Linc- FQHC- Health and Behavioral Health- MIRT-Mobile Integrated Response Team & Peer Recovery Coaches

Swanson Center Community Mental Health Center-3 Certified Peer Recovery Coaches,

Three20Recovery- Recovery Based organization- Addiction Counselling & Peer Support

W.A.I.R. Recovery Community Organization- Group meetings, speakers, events facilitated by CPRS

Dunebrook- Nurturing Parenting Program

Northshore Health Addiction Treatment Center formerly Frontline

Open Door Adolescent Health Clinic- School based mental health and substance use services at Michigan City High School- Universal Screening and access to mental health and substance use treatment and referrals

Meridian Health Services- mental health and substance use counseling individual and family including co-occurring disorders

The Artistic Recovery- recovery oriented community center

Samaritan Counseling Center- Outpatient services, Co-occurring disorders, limited fee subsidies

Intrepid Phoenix- Recovery-focused Physical Fitness

Youth Service Bureau- Teen Court Ripple Effects

Health Foundation of LaPorte Partners in Prevention- School based curriculum supported in 11 (public & private) school corporations that includes Botvin, Life Skills, Second Step

Dunes Fellowship House- Alcohol program

YANA Club- AA Support

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

Risk Factors	Resources/Assets	Limitations/Gaps
1. Access to mental health and substance use treatment is limited or non-existent particularly for uninsured or underinsured	1. Swanson Center has hired 3 Certified Peer Recovery Specialists. The LPCLCC has been able to secure DMHA grant funding to support the salaries of 2 of the 3 CPRS at the Swanson Center as part of a collaboration. This funding is scheduled to end in June 2026.	1. Mental Health and Substance Abuse Provider Shortage According to the County Needs Index LaPorte County has a mental health provider ratio of 117 per 100,000as compared to the ratio of 200 per 100,000 in the state

	<ol style="list-style-type: none"> 2. HealthLinc's LaPorte County MIRT Team operates on collaboration with the LPCLCC. 3. W.A.I.R. is a newly founded 501c3 Recovery Community Organization and averages 75 participants weekly who attend group meetings. 4. Frontline Foundation now dba as North Shore launched a Quick Response Team in 2018 for outreach comprised of police, fire and recovery coaches. 5. In collaboration with HealthLinc and the LCC, a Mobile Response Team moved from part time to full time and include Law Enforcement & Peer Recovery coaches are now in place in the Emergency Rooms of the two hospitals. 6. LaPorte leads all regional counties in both referrals and intakes in the MIRT program. 7. Adolescent Health Clinic at Michigan City High School. The clinic offers screening assessment treatment and referrals of students who are enrolled at Michigan City High School using the AUDIT, DAST 10, GAD 7 and PHQ-Adolescent and treat via Motivational Enhancement Therapy and Cognitive Behavior Therapy. 8. Approximately 600-700 students access the Open Door 9. The Open Door completes 400-500 risk screenings annual of which intervention and substance use treatment is provided to approximately 30% receive intervention treatment. 10. Slicer Support Clinic offers free mental health services to registered students at LaPorte High School. 	<p>County Health Rankings 2024)</p> <ol style="list-style-type: none"> 2. Second worst quartile nationally. 3. Many behavioral health providers reports a 4 month or more wait time to get into services. 4. There are no inpatient substance use treatment facilities in the county. 5. 5.3% of the population speak a language other than English per 2023 census estimate. 6. MIT Living wage calculator reports a single parent with 2 children must earn \$45.05 per hour for basic needs, thus necessitating multiple jobs and impacting the protective factor of parental availability. This wage calculator equates to \$93,704 for 1.0 FTE
2. Availability of illegal substances	<ol style="list-style-type: none"> 1. LaPorte County Drug Task Force is a multiagency unit part of a HIDTA initiative and includes Michigan City and LaPorte PD, County Sheriff's office and ATF 	<ol style="list-style-type: none"> 1. HIDTA- County is located on a main drug trafficking corridor. 2. LaPorte County Drug Task Force purchased and seized the following in 2024:

		<p>Cocaine 96.00 purchased and 236.20 seized total 332.2 as compared to 1200.60 grams in 2023</p> <p>Marijuana- 7.90 grams purchased and 2511.00 grams seized for total 2518.90 compared to</p> <p>Heroin- 45.20 purchased and .70 grams seized totalling 45.90 in 2024 compared 37.20 grams in 2023</p> <p>Synthetic Marijuana 7.0 grams purchased and 0.00 seized for 7.0 grams total as compared to 192.00 gr.in 2023</p> <p>Fentanyl -1170.0 purchased and 1333.60 grams seized in 2024 as compared to 276.40 grams in 2023.</p> <p>Methamphetamine 642.30 purchased and 594.40 seized for a total 1236.70 as compared to 571.04 gr.in 2023</p> <p>Ecstasy-).00 purchased and 24.30 seized for a total of 24.3 compared to 0.90 grams in 2023</p> <p>Pills 11.70 grams purchased and 519.60 seized as compared to 355.60 (opioids) grams in 2023</p> <p>3. County borders the state of Michigan where marijuana is legal and about 1 hour from the Illinois border and community norms promote acceptance of marijuana usage. Numerous Billboards dot the highways within a mile of area schools promoting free marijuana at dispensaries in the neighboring state of Michigan.</p> <p>4. Michigan City is immediately adjacent to the Michigan state line and the city of New Buffalo Michigan where news media</p>
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		<p>reports 35 applications to operate dispensaries.</p> <p>5. Coroner reports increases in prevalence of fentanyl. Recent trends include the presence of Xylazine, an animal tranquilizer that is compounded with heroin and fentanyl and more lethal and does not respond to Naloxone</p> <p>6. The living wage calculator for 2022 indicates a resident with 2 children needs to earn \$40.51 per hour for 2080 hours to meet basic needs often necessitating multiple jobs, limiting the protective factor of parental supervision and/or reportedly turning a blind eye to the sale of illicit substances to provide for household.</p>
Attitudes toward use	<p>1. The LPCLCC has collaborated with Health Linc in facilitation of a Mobile Integrated Response Team that includes law enforcement, hospitals, health and treatment providers and peer recovery coaches.</p> <p>2. Trauma Informed Recovery Oriented System of Care (TI-ROSC)- LCC has collaborated with Health Linc, Health Department, Law Enforcement, Coroner, and Treatment providers to train and implement the TI-ROSC model</p>	<p>1. 70/92 counties in health outcomes (Robert Wood Johnson)</p> <p>2. Parents may turn a blind eye to youth alcohol and substance use and consider it a rite of passage</p> <p>3. Because of the geographic size of the county and law enforcement staffing shortages the enforcement capacity is limited.</p> <p>4. Community norms minimize the risk of marijuana use with perception it is harmless or will eventually be legal.</p>
Protective Factors	Resources/Assets	Limitations/Gaps
1. Meaningful K-12 youth engagement activities	<p>1. Free or low cost Affordable before and after-school activities and care in Michigan City Area Schools via Safe Harbor and Boys & Girls Club</p> <p>2. Schools are incorporating Evidence based prevention programs via Health Care Foundation Funding</p>	<p>1. The Middle School and High School Safe Harbor program is free and include food and activity bus transportation. However, a limited number in this age range participated.</p> <p>2. Limited staffing resources and educator time for implementation.</p>

<p>2. Unified law enforcement efforts</p>	<ol style="list-style-type: none"> 1. LaPorte County Drug Task Force-Multi-jurisdictional Drug Task Force is part of a HIDTA task force 2. Law Enforcement is actively engaged in the Overdose/Suicide Fatality Review Team 3. Law Enforcement is actively engaged in the Crisis Intervention Team with a Law Enforcement Officer certified as the Law Enforcement CIT Coordinator. A total of 116 Law Enforcement Officers and First Responders are now certified in the 40-hour Crisis Intervention Team training to improve responses to mental health and substance use crises with specialized substance use training incorporated into the training curriculum. 4. The 5 law enforcement jurisdictions have signed MOUs to collaborate and have a contingent of officer's trained and certified in CIT as part of a countywide CIT team and thus to improve response to substance use and mental health. 5. Michigan City Police Department and City of LaPorte Police Department now have a Social Worker on staff and these Social Workers are engaged in Coalition efforts. 6. Michigan City Police Department has secured a Therapy Dog that will work with a CIT handler. 	<ol style="list-style-type: none"> 1. Limited staffing and financial resources. 2. Geographic location as a HIDTA major drug corridor coupled with law enforcement staffing shortages and proximity to Chicago has brought a flood of illicit substances particularly heroin fentanyl, xylazine and methamphetamine and illegal weapons into the county. County Multi-jurisdictional Drug Task Force Coordinator reports most substances purchased or confiscated are compounded with fentanyl.
<p>3. Court Diversionary Programs</p>	<ol style="list-style-type: none"> 1. LaPorte County Drug Court offers an intervention approach in lieu of incarceration and strives to change attitudes toward 2. Teen Court serves entry level offenders who may be at risk of using via the evidence -based Ripple Effect program and report a 90%+ rate of students not re-offending 	<ol style="list-style-type: none"> 1. Diversionary programs have resulted in continued decreases in fees collected by the courts to support other local LCC efforts. 2. Limited financial resources 3. There are no Certified Recovery Residential Housing Options in the County and thus individuals released from jail or rehab may likely return to the same negative environment. The

		Coalition is leading the Recovery Residence Initiative and has secured \$750,000 from the County Council, Land valued at \$114,000 and construction in-kind donations of \$947,291. Increasing construction costs alone are not at \$3,131,853 and it is our intent to secure and braid alternative funding streams, requiring us to raise an additional 2,184,562
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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. Illicit drugs and alcohol are readily available	<ol style="list-style-type: none"> 1. La Porte County is located on a HIDTA corridor 2. The multi-jurisdictional County Drug Task Force reports an influx of illegal substances and guns entering the county specifically heroin, opiates, fentanyl, and methamphetamine. 3. Although a three-year trend of increases in INSPECT data. INSPECT 2022 data published 2023 in SEOW report reflected increases, the recent State Epidemiological

	<p>Outcome Workgroup report indicate INSPECT decreases 458.3 opioid dispensed per 1000 in 2024 SEOW report.</p> <p>Opioid # of Rx Dispensed and Rate of 826 per 1000, of 826 versus 704 per 1000 in Indiana to now 458.3 the decrease is encouraging</p> <p>4. Of the % Treatment admissions</p> <p>Alcohol 46.2% versus 43.4% IN</p> <p>Cocaine 15.7% versus 10.3% IN</p> <p>Heroin 29.6% versus 22.9% IN</p> <p>5. LaPorte County has Alcohol Outlet</p> <p>Density/Rate per 10,000 344/30.7% versus 15,332/22.7 in the state per IPRC which is an increase over the previous year's reported data. Current 2024 SEOW does not provide alcohol density data.</p> <p>6. Alcohol Involved Driving Deaths 25.6% versus 19% IN.</p>
2. Access to prevention and treatment is limited.	<p>1. LaPorte County has no inpatient treatment.</p> <p>2. LaPorte County has a shortage of outpatient mental health and substance use treatment providers with a ratio of 117 per 100,000 versus the state average of 200 per 100,000 and US average of 340:1.</p> <p>3. LaPorte County ranks in the second worst quartile nationally with access to treatment.</p> <p>4. LaPorte County has few or non-existent resources for the uninsured or underinsured. W.A.I.R. is a Recovery Café and a member of the Coalition. They provide a limited number of hours with a Certified Peer Support Specialist for those who otherwise would not have access to mental health support.</p> <p>5. Behavioral health providers indicate there may be a 4 month or more wait time for some services.</p> <p>6. Private insurance may require services by an LCSW and may further limit access as there are few in the county and for an MSW to acquire an LCSW an MSW must have 2 years of post- Master's weekly clinical supervision by an LCSW often at their own expense.</p>

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. There is significant use of illegal substances particularly opiates, heroin/ fentanyl and Methamphetamine among youth and adults in LaPorte County	<p>1. 2024 LaPorte County Drug Task Force for 2024 purchased/ seized:</p> <p>Cocaine 332.2) grams Marijuana- 2518.90 grams Heroin-45.90 grams Synthetic Marijuana 7.0 Fentanyl -2503.60 grams Methamphetamine 1236.70 Ecstasy- 24.3 grams Pills 531.30 (opioids) grams</p> <p>Inspect data reflects 458.3 opioid prescriptions dispense per 1000 population</p> <p>4. Law Enforcement, Drug Court Officials, Behavioral Health SUD Providers report observable increases in the prevalence of polydrug use that includes methamphetamine</p> <p>Fentanyl purchases and seizures have increased by more than 1000% and Methamphetamine by more than 200%</p>	<p>2024 LaPorte County Drug Task Force Annual Report</p> <p>2. Sergeant Kyle Shiparski, LaPorte County Drug Task Force Commander/ HIDTA DEA Task Force member</p> <p>3. Drug Task Force Annual 2024 report</p> <p>4. Listening sessions among key stakeholders including coalition members with lived experience</p>
2. Alcohol use is a problem for youth and adults in La Porte County.	<p>Alcohol use was present in 36.8% of Treatment admissions a decrease from 46.2 the previous year</p> <p>94 DCS removals due to Alcohol or drug Misuse (may include multiple removals of same child</p> <p>Alcohol outlet density as reported in 2023 is 256 or 23.3 as compared to the state of 18.5. Alcohol non-compliance was 12.5% in LaPorte County for minimum age laws versus 7.9% for In.</p>	<p>IN SEOW report</p> <p>SEOW report 2024</p> <p>2024 SEOW report</p> <p>2023 SEOW report. The SEOW report did not outlet density or compliance data for 2024</p>

	Alcohol Involved Driving Deaths 25.6% versus 19% IN. versus 19% IN.	
3. Marijuana and Synthetic Marijuana Usage is a problem among youth and adults	<p>2518.90 grams of Marijuana and 7.0 of Synthetic Marijuana was purchased or seized by the Drug Task Force</p> <p>Law Enforcement, Drug Court Officials, Behavioral Health SUD Providers report observable increases in the prevalence of polydrug use that includes marijuana and synthetic marijuana which are perceived to be harmless</p>	<p>2024 LP Drug Task Force report</p> <p>Listening sessions among coalition membership and providers indicate it is an issue however is considered a misdemeanor offense. Of significant concern is the increase in vaping among youth of THC products while at school that School Resource Officers estimate at 70% of students smoking THC via vaping devices. Addition concerns is the proximity to the adjacent state of Michigan where access to Marijuana vaping devices and edibles are easily accessible and billboards promoting free marijuana are located on thoroughfares less than a mile from area schools</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. The use of opioids heroin, fentanyl methamphetamine, Xylazine and other illicit substances is a problem in LaPorte County	<ol style="list-style-type: none"> 1. Support and encourage services and treatment options for youth and adults 2. Support community and professional awareness education such as law enforcement, health care professionals, etc. 3. Support and encourage diversionary programs
2. The use of alcohol is a problem for youth and adults in LaPorte County	<ol style="list-style-type: none"> 1. Support and encourage services and treatment options for youth and adults 2. Support community and professional awareness education and training. 3. Support and encourage diversionary programs

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 Opioids, Heroin, Fentanyl Methamphetamine and other illicit substances

Goal 1 By March 31, 2026 increase access by 10% to prevention, treatment and service options who may be uninsured or underinsured or otherwise not have access to treatment as indicated by service delivery numbers
Goal 2 By March 31, 2026, reduce availability of illegal opioids, heroin, and methamphetamine in La Porte County as measured by a 10% annual increase in the amount of grams of narcotics seized by the La Porte County Law Enforcement per LP Drug Task Force Annual report compared to 2024 baseline #s.
Problem Statement #2 Alcohol
Goal 1 By March 31, 2026 increase access to prevention, treatment and service options who may be uninsured or underinsured or otherwise not have access to treatment.
Goal 2 By March 31, 2026, reduce the percent of driving deaths with alcohol involvement by 5% in comparison to a baseline as reported in the SEOW report and in data reported by the LaPorte County Sheriff's Office.
Problem Statement #3 Marijuana and Synthetic Marijuana
Goal 1 By Mar 31, 2026 increase access to prevention, treatment and service options who may be uninsured or underinsured or otherwise not have access to services.
Goal 2 By March 31, 2026 reduce access and availability of marijuana and synthetic marijuana in LaPorte County as measured by a 10% annual increase in the amount of grams of marijuana and synthetic marijuana seized by the LaPorte County law enforcement in comparison to baseline numbers identified in the 2024 LaPorte County Drug Task Force annual report.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
Goal 1 By March 31, 2026 increase access by 10% to Substance Use prevention, treatment and service options who may be uninsured or underinsured or otherwise not have access to treatment as indicated by service delivery numbers.	<ol style="list-style-type: none"> 1. Support training and implementation programs to benefit clinical treatment efforts and a traumatic-informed resilience-oriented equitable system of care. 2. Support community mobilization for LaPorte County Recovery housing efforts 3. Support prevention education efforts to impact youth and adults, with priority for evidence-based programs. 4. Support affordable options and alternatives with significant reach to prevent, reduce or abstain from usage of opioids and identified illicit substances, particularly among populations with identified behavioral health disparities. 5. Support leadership capacity building initiatives that support coalition member organizations actively leading coalition efforts in prevention, reduction of opioids, polydrug & illicit substance misuse.
Goal 2 By March 31, 2026 reduce availability of illegal opioids, heroin, and methamphetamine in La Porte County as measured by a 10% annual increase in the grams of narcotics seized by the La Porte County Law Enforcement. Support affordable treatment options and alternatives particularly for juveniles or for people who are uninsured underinsured indigent/who may not access.	<ol style="list-style-type: none"> 1. Provide support for law enforcement and justice personnel via training, equipment, and supplies that support reduction and case management efforts.

Problem Statement #2 Alcohol	Steps
<p>Goal 1 By March 31, 2024 increase access to prevention, treatment and service options who may be uninsured or underinsured or otherwise not have access to treatment.</p>	<ol style="list-style-type: none"> 1. Support affordable options for treatment and alternatives with significant reach to prevent, reduce or abstain from usage of alcohol, particularly among populations with identified behavioral health disparities. 2. Support community efforts to establish LaPorte County Recovery Residence. 3. Support Workforce Innovation efforts to fill the void in behavioral health providers which impacts access i.e. training support of Peer Recovery Coaches and Peer Support Specialists. 4. Support strategies to build capacity for services and leadership/engagement among coalition members.
<p>Goal 2 By March 31, 2026, reduce the percent of driving deaths with alcohol involvement by 5% in comparison to a 25% baseline as reported in the County Health Rankings report.</p>	<ol style="list-style-type: none"> 1. Support alternative judicial and treatment pathways for offenders, such as problem-solving courts and diversionary options that address alcohol/ use abuse. 2. Support leadership training / advocacy and activities to encourage peer-to-peer prevention, and positive substance-free
Problem Statement #3	Steps
<p>Goal 1 By March 31, 2026 decrease favorable perception of use among youth and adults as measured by a 5% decrease in reported 30 day use on the Indiana Youth Survey and/or a 5% decrease in positive drug screens administered by probation or court officials</p>	<ol style="list-style-type: none"> 1. Support affordable cost-effective treatment options and alternatives for people who may not access particularly among populations with identified behavioral health disparities. 2. Promote harm awareness on marijuana usage including marijuana vaping via parent education, community forums, and special organization sponsored marijuana focused community events.
<p>Goal 2 By Mar 31, 2026, reduce access and availability of marijuana and synthetic marijuana in LaPorte County as measured by a 10% annual increase in the number of grams of marijuana and synthetic seized by the LaPorte County law enforcement in comparison to 2024 law enforcement data.</p>	<ol style="list-style-type: none"> 1. Support alternative judicial and treatment pathways for offenders, such as problem-solving courts and juvenile diversionary options that address alcohol/ use abuse. 2. Support law enforcement training efforts in dealing with the issue of marijuana/synthetic intoxicated driving, such training and equipment.

V. 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:	\$59,176.00
2	Amount of unused funds from last year that will roll over into this year:	\$0.00
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$59,176.00
4	Amount of funds granted last year:	\$
Additional Funding Sources (if no money is received, please enter \$0.00)		
A	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$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 Unity Foundation allocated ONLY to Crisis Intervention Team catering training expenses and Youth Prevention Initiative for catering and incentives	\$5,000
J	Other:	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$ 14,794	Intervention/Treatment: \$14,794	Justice Services: \$14,794
Funding allotted to Administrative costs:		
Itemized list of what is being funded		Amount (\$100.00)
Coordinator compensation		\$ 12,000.00
Bookkeeper support		\$ 600.00
Office supplies Post box rent		\$ 194.00
Program Director coalition related travel		\$ 2000.00
		\$14,794.
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1 Opioids, Heroin, Methamphetamine Illicit drugs	Problem Statement #2- Alcohol	Problem Statement #3- Marijuana
Goal 1: \$ 18,200	Goal 1: \$ 14,000	Goal 1: \$ 4,000
Goal 2: \$ 3,182	Goal 2: \$ 3,000	Goal 2: \$ 2,000
Total \$ 21,382	Total \$ 17,000	Total \$ 6,000