

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan - 2025

County: Pulaski

LCC Name: Pulaski County Drug Free Council

LCC Contact: Marie Roth

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County Commissioners: Don V. Street (President), John “Mike” McClure, Jennifer Knebel

Address: c/o Auditor, Pulaski County Annex, 125 South Riverside Drive

City: Winamac

Zip Code: 46996

Vision Statement

What is your Local Coordinating Council's vision statement?

Our vision is to develop partnerships across the county to create **Healthy** communities, to **Educate** youth and adults, to develop an understanding of **Addiction**, to provide **Leadership** in developing solutions, and **Support** to individuals and families affected by all types of substance use disorders.

Mission Statement

What is your Local Coordinating Council's mission statement?

We connect the community to prevention, treatment, and recovery resources to support individuals and families living with substance use disorders.

Membership List					
#	Name	Organization	Race	Gender	Category
1	Alyssa Blackburn	4C Health	W	F	Education
2	Allyssa Quick*	Bowen Center	W	F	Treatment
3	Brandon Williams	Recovery Café	W	M	Treatment
4	Carrie Cadwell	4C Health	W	F	Treatment
5	Chris Schramm	Sheriff	W	M	Justice
6	Cody Hook	Winamac Community High School	W	M	Education
7	Debbie Mix	Purdue Extension	W	F	Education
8	Sandra Lucas*	Probation	W	F	Justice
9	Edwina Guffey	Health Department	W	F	Prevention
10	Jen Shafer	Family Treatment Court & JDAI	W	F	Justice
11	Kathleen McGill	WorkOne	W	F	Prevention
12	Katie Surma*	Community Navigator	W	F	Treatment
13	Leeann Wright	Community Foundation of Pulaski County	W	F	Prevention
14	Linda Webb	Pulaski Memorial Hospital	W	F	Treatment
15	Lenora Hoover	Van Buren Twp Trustee	W	F	Prevention
16	Aaron Hoover	Community Member	W	M	
17	Deb Winters	Community Member	W	F	
18	Catherine Dywan	Pulaski Memorial Hospital-Behavioral Health	W	F	Treatment
19	Morgan Belcher	4C Health-School based	W	F	Treatment
20	Brandon Williams	Recovery Cafe	W	M	Treatment
21					
22	Officers				
23	President	Katie Surma			
24	Vice President	Allyssa Quick			
25	Treasurer	Sandy Lucas			
26	Secretary	Linda Webb			
LCC Meeting Schedule:					
Please provide the months the LCC meets throughout the year: Monthly on the second Wednesday at 12pm, EXCEPT July and December.					

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 Pulaski
County Population 12,385
Schools in the community <ul style="list-style-type: none">• Eastern Pulaski School Corporation• West Central School Corporation
Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) <ul style="list-style-type: none">• Pulaski Memorial Hospital• Pulaski Memorial Medical & Surgical Group
Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.) <ul style="list-style-type: none">• 4C Health (CCBHC) provides outpatient services in an office setting or via telehealth. The closest in-patient psychiatric/behavioral health unit is located in Peru (Miami County).• Bowen Health provides counseling services, but does not have a designated office.• Gearhart Counseling Services, LLC – offers counseling services by referral from the justice systems, for the general public, and also collaborates with Pulaski Memorial Hospital to provide substance misuse counseling one day per week.• The medical group at Pulaski Memorial Hospital offers counseling services for current patients only.• Mobile Crisis Team (4C Health)
Service agencies/organizations <ul style="list-style-type: none">• Family and Social Services Administration (FSSA)• Department of Child Services (DCS)• Court Appointed Special Advocate (CASA)• Pulaski County Health Department• Pulaski Memorial Hospital• Pulaski County Human Services• Recovery Café of Pulaski County• Pulaski County Community Navigator• Phoenix Paramedics Solutions• Intrepid Phoenix

Local media outlets that reach the community Pulaski County Journal, Pulaski Post, WKVI Radio, WROI Radio, Touheyville News (Q97.7)
What are the substances that are most problematic in your community? Alcohol, Marijuana, Methamphetamine, Opioids, Tobacco
List all substance use/misuse services/activities/programs presently taking place in the community <ul style="list-style-type: none"> • Narcan distribution – 6 24/7 boxes, plus additional distribution • Services provided by the CCBHC • 12-step programs (AA & NA) • Nar-Anon • Problem Solving Courts: Family Treatment, Veterans Treatment, and Drug Treatment • Juvenile Detention Alternative Initiative (JDAI) - Early intervention programming for the 2025/26 school year • Pulaski County Jail – evidence-based programming for treatment and recovery • Harm reduction through Sharps Removal – 3 kiosks located throughout the county • Community Navigator – connects individuals to treatment/recovery services • Recovery Café of Pulaski County – offering recovery community groups as of April 5, 2024 • Local Coordinating Council programming

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. Generational substance misuse and poverty	<ol style="list-style-type: none"> 1. Community Navigator 2. Problem Solving Courts 3. Local Coordinating Council programming. 4. Local consultant for Bridges Out of Poverty programming. 	<ol style="list-style-type: none"> 1. Geographical location: Lack of treatment agencies within the county and lack of access to out-of-county programs 2. Lack of mental health coping skills for adults and youth. 3. There are no substance use support programs for youth in in Pulaski County.

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

	<ul style="list-style-type: none"> 5. Community Health Worker (CHW) program at Pulaski Memorial Hospital. 6. Peer Recovery Coaches 7. Recovery Cafe 8. AA/NA/Nar-Anon 9. School Liaison Officer 	<ul style="list-style-type: none"> 4. Transportation 5. Housing 6. Job market 7. Stigma/bias and denial 8. Funding 9. Fraying of civic engagement and community volunteerism
2. Access to/availability of alcohol and substances	<ul style="list-style-type: none"> 1. Probation/Justice involvement 2. School Liaison Officer position 3. JDAI programming for early intervention (2025/2026) 	<ul style="list-style-type: none"> 1. Alcohol/substances prevalent and easily accessible 2. High occurrences of peer substance use 3. Limited education/prevention programs 4. Limited year-round family activities 5. Lack of enforcement by Excise/Excise does not respond to infractions 6. Smoke shop across the street from the high school 7. Business practices: lack of ID requirement (not enforced) 8. Synthetic substances easily available for vaping (Delta-8, K2, etc.) 9. Geographic location: marijuana is “legal” in our surrounding states.
4. Weak family ties & lack of family support systems	<ul style="list-style-type: none"> 1. FSSA 2. DCS 3. CASA 4. 4C Health – family counseling services 5. Family Treatment Court 6. PMH Family Therapy & Play Therapy 7. Faith Communities 8. Geminus 9. Nurse-Family Partnership of Goodwill Industries 10. First Steps (out of Porter County) early education and development 11. Headstart 12. JDAI – Project Attend programming 13. Community Navigator referrals 	<ul style="list-style-type: none"> 1. Rural geographic location means lack of available services within the county. 2. Lack of parenting groups (Parents of Addicted Loved Ones (PAL), CRAFT, and other parenting support groups) and parenting resources 3. Service agencies do not have a physical location within the county. 4. Limited pre-natal care and no labor/delivery services. 5. Lack of year-round family activities. 6. Limited access to mental health care. 7. Transportation 8. Housing 9. Parent engagement and willingness to address parenting skills 10. Fraying of civic engagement and community volunteerism

Protective Factors	Resources/Assets	Limitations/Gaps
1. Community-based intervention and people who care and are willing to address issues.	<ol style="list-style-type: none"> 1. The Community Navigator has been addressing the gaps in service that the CCBHC and Human Services are unable/unwilling to provide. 2. The Recovery Café is gaining community support 3. Mobile Crisis Team 4. Peer Recovery Coaches 5. School Liaison Officer/Health Department 6. PMH programming and support 7. Problem Solving Courts 8. Community Foundation of Pulaski County resources and support 	<ol style="list-style-type: none"> 1. Lack of funds. 2. Lack of awareness. 3. Lack of time/staff. 4. Lack of training/expertise. 5. Lack of youth presence on community boards/groups. 6. The same group of volunteers are involved in multiple organizations throughout the county. 7. Ability to empathetically communicate about substance/mental health issues and screening questions for healthcare providers, teachers, first responders, and community members at large. 8. The Recovery Café is one year old and continues to grow its support. 9. The School Liaison Officer is a brand-new position at the Health Department. It will take time for this person to get trained in evidence-based programs and become established in both school systems. 10. Transportation 11. Policies regarding pick-up and transportation for those in a mental health crisis. 12. Fraying of civic engagement and community volunteerism
2. Positive Youth Engagement & Positive Adult Connection	<ol style="list-style-type: none"> 1. Youth activities through schools (sports, clubs); FFA, 4-H, sports activities through the Community Wellness Center, Library programs, Scouting, and Warrior Up after-school tutoring program 2. Probation's E-Connect program connects youth to needed services in partnership with PMH, 4C and other providers. 3. Indiana Youth Survey by IU Prevention Insights is supported by the school systems. 	<ol style="list-style-type: none"> 1. No youth-focused substance use/mental health programs. 2. Limited access to programs such as Healthy Families. This service provider is outsourced for our community and is based in Valparaiso. 3. Transportation 4. Time/availability of services 5. More non-sports activities for youth are needed. 6. No community center for programs in the winter/inclement weather. 7. Lack of local amenities (such as a pool, bowling alley, etc.)

	<ul style="list-style-type: none"> 4. Social-emotional learning program at the Eastern Pulaski School System. 5. Boys & Girls Club at West Central School 6. Pulaski County Early Learning Network – focus on developing quality early learning opportunities 	<ul style="list-style-type: none"> 8. Mentoring programs are needed in Pulaski County. 9. Lack of funding to support and strengthen current programs.
7. Access to mental health and substance misuse treatment.	<ul style="list-style-type: none"> 1. 4C Health (CCBHC) for Medicaid patients, or those with private insurance 2. Bowen Health and other services providers 3. School counselors and life skills trainers 4. School Liaison Officer 5. Community Navigator 6. Counseling services through the Hospital's medical group for current patients with mental health needs. Substance misuse counseling is provided 1 day per week. 7. Medication Assisted Treatment (MAT) treatment by some PMH 	<ul style="list-style-type: none"> 1. CCBHC does not meet current needs of our county. 2. CCBHC no longer accepts private insurance – just Medicaid. 3. Stigma – shame associated with SUD/mental health issues prevents individuals from seeking assistance. 4. School Liaison Officer will have limited resources/connections to support students. 5. Community Navigator has limited resources. Substance misuse/recovery programs are difficult to get clients into, and there are none located within our county. Funding and transportation become barriers for individuals accessing treatment. 6. The local hospital offers mental health counseling for clients of the medical group. Substance misuse counseling is limited to one day per week by one specific provider. 7. Medical providers are hesitant about MAT and its benefits. Patients are also hesitant to combine MAT and therapy. 8. Insurance – lack of coverage for substance misuse treatment and/or lack of mental health coverage.

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. Generational substance misuse and poverty	<ol style="list-style-type: none">1. Community/family norms support the casual and accepting attitudes toward the use and misuse of alcohol, nicotine, and other substances.2. Community attitude at large stigmatizes substance use disorder and/or does not acknowledge our community has a problem (denial).3. Pulaski County lacks treatment and support services for individuals and family members dealing with substance use disorders.4. The easy access to alcohol and substances in Pulaski County exacerbates mental health issues and quality of life for youth, adults and families in our communities.
2. Access to/availability of alcohol and substances	<ol style="list-style-type: none">1. Alcohol and tobacco is readily available in stores. For example, there is a smoke shop directly across the street from one of the high schools.2. Illicit drugs are available throughout the community.3. Prescription drugs are over prescribed and prevalent in our county.4. Generational use is prevalent: parents who use encourage children to use, normalizing substance misuse.5. There are too many alcohol licenses in the region. Bar culture is overly prevalent. Alcohol can be purchased at almost every business in the county (pharmacy, gas stations, grocery, etc.)
3. Weak family ties & lack of family support systems	<ol style="list-style-type: none">1. Transportation issues are related to 75% of truancy issues.2. Generational trauma impacts family management, family conflict/communication.

	<ol style="list-style-type: none"> 3. Ability of first responders, service providers, educators, community members on how to empathetically approach issues of bullying, trauma, and substance/mental health issues. 4. Our community has financial disparities, impacting vehicular independence. For families who need prevention/treatment services, cost and transportation are immense barriers to overcome. 5. Lack of programming and lack of funding to support programing to strengthen families. 6. Parenting classes/education opportunities are limited.
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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
Community attitude at large stigmatizes substance use disorder and/or does not acknowledge our community has a problem (denial).	<ol style="list-style-type: none"> 1. The number of active coalition participants increased from 12 in 2023 to 13 in 2024. 2. A 7% increase was seen in the proportion of incarcerated individuals facing drug charges between 2023 (46%) and 2024 (53%). 3. Need to conduct interviews. 4. 30.7% increase in recidivism from 2023 to 2024. 5. Declining attendance at Town Hall meetings. (60, 23, 65, 5) 6. Drug-related charges made up 47% of all cases filed by the Pulaski County Prosecutor in 2024, compared to 45% in 2023. 7. 2024 referrals: 842 	<ol style="list-style-type: none"> 1. LLC attendance records per bylaws. 2. Pulaski County Jailtracker data 3. Qualitative interviews with first responders 4. Pulaski County Community Navigator data on recidivism 5. Town Hall attendance in 2024. 6. Prosecutor filings. 7. Pulaski County Community Navigator referrals
The easy access to alcohol and substances in Pulaski County exacerbates mental health issues and quality of life for youth, adults and families in our communities.	<ol style="list-style-type: none"> 1. New CHINS (Children In Need of Service) cases related to substance misuse more than doubled between 2023 and 2024, increasing by 125%. 2. 1.8% of Hoosier high school students and 0.8% of Hoosier middle school students reported current smoking in 2022. 14.5% of Indiana adults reported smoking in 2023, which is higher than the national average of 12.2%. 3. Tobacco contributes to more than 11,000 Hoosier deaths per year. 4. Number of service referrals from Problem-Solving Courts to 	<ol style="list-style-type: none"> 1. CASA Data 2. Indiana Tobacco Prevention Coalition 3. Richard M. Fairbanks Foundation report on Smoking and Vaping 4. Pulaski County Community Navigator Data 5. 4C Health

	<p>Community Navigator: 37 (2023) & 77 (2024)</p> <p>5. Granular (not aggregate) details from CCBHC on numbers and types of services provided to county residents.</p>	
<p>Ability of first responders, service providers, educators, community members on how to empathetically approach issues of bullying, trauma, and substance/mental health issues.</p>	<p>1. The number of Emergency Detention Orders (EDOs) remain relatively consistent, decreasing only slightly from 31 in 2023 to 29 in 2024.</p> <p>2. The Indiana Law Enforcement Academy (ILEA), pursuant to state law, has augmented the number of training hours dedicated to mental illness, addiction, and disabilities between 2023 and 2024. Further increases are expected.</p> <p>3. The number of incidents Mobile Crisis Team (MCT) responds to remains consistent year to year, 68 incidents in 2023 and 68 incidents in 2024.</p>	<p>1. Pulaski County Jail – Asst. Jail Commander D. Winter.</p> <p>2. Pulaski County Sheriff Dept. - ILEA Primary Instructor – Sgt. S. Barton</p> <p>3. Pulaski County Sheriff Department</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. Community attitude at large stigmatizes substance use disorder and/or does not acknowledge our community has a problem (denial).	<ol style="list-style-type: none">1. Bridges Out of Poverty training2. Implicit Bias training3. Community education through events/Town Halls4. Media campaigns around “see the person not the addiction”5. Have those in the recovery community who are comfortable, share their story publicly6. Use coalition’s website to promote success stories7. Invite community to Problem Solving Court graduations
2. The easy access to alcohol and substances in Pulaski County exacerbates mental health issues and quality of life for youth, adults and families in our communities.	<ol style="list-style-type: none">1. Establish a chapter of Indiana Voice (tobacco use coalition for youth)2. Establish a chapter of SADD – Students Against Destructive Decisions3. Increase the number of family support groups based on the CRAFT model.4. Create a PAL group that is based within Pulaski County.5. Pursue enforcement of illegal sales to minors.6. Show up at alcohol licensing hearings to testify against renewal or to provide information about the alcohol related statistics in the county.7. Encourage county elected officials to ensure that CCBHC meets their standards and requirements effectively, tracking data, etc.
3. Ability of first responders, service providers, educators, community members on how to empathetically approach issues of bullying, trauma, and substance/mental health issues.	<ol style="list-style-type: none">1. Visit other communities who are doing this well (Boone County, Porter County) and see what can be adopted/adapted for Pulaski County.2. Work with Sheriff, Police Chiefs, Emergency Medical Service Director to develop a procedural training for approaching mental health crisis situations.3. Provide Crisis Intervention Team (CIT) training for first responders on a regular basis.4. Therapeutic Crisis Intervention (TCI) for local medical staff, in conjunction with hospital behavioral health staff.

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
<p>Goal 1: Conduct one Bridges Out of Poverty training in 2025.</p> <p>To reduce the stigma associated with substance misuse and generational poverty, the LCC will provide a Bridges Out of Poverty workshop open to all community members. However, given how funding works within the county, we will target specific providers and community leaders in an effort to bring this issue to light.</p> <p>Specific invitations, aside from the community at large, will be: County Council members, Commissioners, Pulaski County Human Services, county libraries, school systems, Judicial Officers, First Responders</p> <p>Timeline to complete – October, 2025</p>
<p>Goal 2: Create a media campaign around “see the person, not the addiction.”</p> <p>To reduce stigma and promote understanding of addiction, ask those in the recovery community to share insights and stories. These can be anonymized for those in recovery who may not feel comfortable sharing their real names, as living in small communities has its positive and negative aspects.</p> <p>Media channels to utilize include: local media, social media, LCC website</p> <p>These testimonials can be sourced through partnerships with the Recovery Cafe of Pulaski County and other community partners such as AA, NA, Nar-Anon, and problem solving courts. The goal is to gather 12 testimonials and highlight one story per month.</p> <p>By July 2025. Campaign to run July 2025-June 2026.</p>
Problem Statement #2
<p>Goal 1: Establish a youth led group within the school systems similar to SADD – Students Against Destructive Decisions, Indiana Voice, and other similar groups.</p> <p>To encourage students to make healthy decisions and to reduce the stigma around mental health and substance use, the LCC would like to establish a youth-led group in each school system to focus on these issues. The School Liaison Officer, in partnership with the Community Navigator and JDAI programs, will collaborate to develop the program based on student input. Students will be in charge of naming and running their group, with the support of the LCC and its partners.</p> <p>Gather research and student input April 2025-July2025 Implementation August 2025, established by December 2025.</p>
<p>Goal 2: Work with elected officials in Pulaski County to ensure that organizations such as the CCBHC, DCS, and other service providers meet their standards and requirements effectively, tracking data, etc. Data collection for Pulaski County is either incomplete or difficult to gather, and/or understand. The LCC desires to increase data-driven decision making across all service providers and sectors within the county – and this can only happen if we have good data. The LCC will work with elected officials to</p>

determine what data should be tracked, how it should be tracked, and how it is published for public consumption. We cannot solve the problem without knowing the root of the issue – and data is the key.

Identified data collection and publication plan by March 2026.

Problem Statement #3

Goal 1: Ability of first responders, service providers, educators, community members on how to empathetically approach issues of bullying, trauma, and substance/mental health issues.

Rural communities have additional barriers to overcome. The LCC desires to do research and understand what other rural communities are doing – what is working, what is not – and adapt and implement for Pulaski County. We will do at least one site visit with another LCC within the next year.

Complete at least one site visit by March 2026.

Goal 2: Work with Sheriff, Police Chiefs, Emergency Medical Service Director to develop a procedural training for approaching mental health crisis situations.

The LCC will partner with service providers to implement CIT and/or TCI training for first responders. LCC members will survey first responders and local medical staff on what type of training is needed. Based on survey results, the LCC will develop an implementation plan, in partnership with service providers, to provide the training.

By March, 2026

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1</p> <p>Conduct one Bridges Out of Poverty training for the community in 2025.</p> <p>Timeline to complete – October, 2025</p>	<ol style="list-style-type: none"> 1. Trainer to complete certification process by July 1, 2025. 2. Planning Committee formed by April 1, 2025. 3. Date selected by May 1, 2025. 4. Planning committee secures space, creates advertising campaign, secures community partners to participate. April-October. 5. Secure funding for tuition/supplies, books, food, space rental. April-August. 6. Event held in October 2025.
<p>Goal 2</p> <p>Create a media campaign around “see the person, not the addiction.”</p> <p>Timeline to complete – October, 2025</p>	<ol style="list-style-type: none"> 1. Identify a coordinator for the campaign. (Sandy Lucas) 2. Coordinator contacts service providers for referrals for testimonials. February – October. 3. Determine channels for distribution (social media, newspaper, photos, videos, etc.) April 4. Contact Conncepts for quote on video/photography support. April 5. Billboard campaign – contact school to see who they use. April

	6. Work with LCC Coordinator to push stories out through the council's Facebook page and website. 7. Launch first monthly testimonial July/August
Problem Statement #2	Steps
Goal 1 Establish a youth led group within the school systems similar to SADD – Students Against Destructive Decisions, Indiana Voice, and other similar groups. Gather research and student input April 2025-July2025 Implementation August 2025, established by December 2025.	1. LCC Coordinator to research potential student models. April-July. 2. LCC Coordinator to secure school buy-in and seek student input March-June. 3. Recruit a teacher to sponsor student group at each school. March-June. 4. August/September - recruit students to establish group. 5. Work with students to develop group and plan the year's activities. October-December. 6. Support student group January 2026 & beyond.
Goal 2 Work with elected officials in Pulaski County to ensure that organizations such as the CCBHC, DCS, Human Services, and other service providers meet their standards and requirements effectively, are tracking data, etc. Identified data collection and publication plan by March 2026.	1. LCC to develop a committee around data collection and agency efficiency. 2. Committee to build relationship with Commissioners and County Council. 3. Develop a questionnaire regarding data tracking and impact on community from service agency partners. 4. LCC committee to request a meeting with the Commissioners to inquire about CCBHC funding and other service provider agencies that receive county funding. 5. Pending meeting discussion, develop follow-up questions and plans for involving data collection. 6. LCC to research platforms for secure data collection that can be utilized throughout a variety of different organizations, such as UniteUs.com. 7. Source funding to procure data collection platform – explore national opioid settlement funds.
Problem Statement #3	Steps
Goal 1 Ability of first responders, service providers, educators, community members on how to empathetically	1. LCC members to research similar rural communities who are doing effective work. Identify three regional communities to visit. March-June.

<p>approach issues of bullying, trauma, and substance/mental health issues.</p> <p>Complete at least one site visit by March 2026.</p>	<ol style="list-style-type: none"> 2. LCC to appoint a council member to take the lead on organizing the site visits. Complete by March 12. 3. Develop list of questions to ask when visiting these communities. 4. July-December set up visits. 5. January-March recap of visits and lessons learned that could apply to our community.
<p>Goal 2</p> <p>Work with Sheriff, Police Chiefs, Emergency Medical Service Director to develop a procedural training for approaching mental health crisis situations.</p> <p>By March, 2026</p>	<ol style="list-style-type: none"> 1. Identify goal leader from the LCC by March 12. 2. Learn what trainings are already offered by front line responders. 3. Research what other communities are doing (e.g. Porter County Law Enforcement Social Work Department) 4. Connect with Law Enforcement, Pulaski Memorial Hospital & Behavioral Health to determine how to incorporate trainings and learnings from other communities county-wide and/or how to implement into a healthcare setting. 5. Determine if trainings align with current operating procedures for front line responders and judicial system.

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:	\$1202.08
2	Amount of unused funds from last year that will roll over into this year:	\$18026.43
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$19,228.51
4	Amount of funds granted last year:	\$27,000.00
Additional Funding Sources (if no money is received, please enter \$0.00)		
A	Substance Abuse and Mental Health Services Administration (SAMHSA):	\$0.00
B	Centers for Disease Control and Prevention (CDC):	\$0.00
C	Bureau of Justice Administration (BJA):	\$0.00
D	Office of National Drug Control Policy (ONDCP):	\$0.00
E	Indiana State Department of Health (ISDH):	\$0.00
F	Indiana Department of Education (DOE):	\$0.00
G	Indiana Division of Mental Health and Addiction (DMHA):	\$0.00
H	Indiana Family and Social Services Administration (FSSA):	\$0.00
I	Local entities:	\$0.00
J	Other:	\$0.00
Categorical Funding Allocations		
Prevention/Education: \$4,807.13	Intervention/Treatment: \$4,807.13	Justice Services: \$4,807.13
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$0
Miscellaneous		\$4,807.12
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1 & 2: \$4,807.13	Goal 1 & 2: \$4,807.13	Goal 1 & 2: \$4,807.13