

The Indiana Commission to Combat Drug Abuse



Behavioral Health Division

Comprehensive Community Plan

County: Cass County

LCC Name: Partners for a Drug Free Cass County

LCC Contact: Nikki Malott

Address: 1578 N ST Rd 17

City: Logansport

Phone:

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County Commissioners: Mike Stajduhar, Ruth Baker, Mike Deitrich

Address: **Cass County Government Building** Room 200 • 200 Court Park

City: Logansport

Zip Code: 46947

Vision Statement

What is your Local Coordinating Council's vision statement?

Bringing people in the community together to provide the best support and resources in an effort to bring greater public awareness to the problems that exist, in our community, related to the abuse of alcohol and other drugs. Working together to create a safer and healthier community.

Mission Statement

What is your Local Coordinating Council's mission statement?

The mission of the Cass County Local Coordinating Council is to identify, coordinate, and facilitate the use of services and available funds in meeting the county's needs in prevention, treatment, and law enforcement as a result of alcohol and drug abuse in Cass County.

Membership List					
#	Name	Organization	Race	Gender	Category
1.	Rick Hollering	Youth Services Alliance	C	M	Prevention
2.	Nikki Malott	Project Hope 929 Inc.	C	F	Prevention
3.	John Rogers	Logansport Police Department	C	M	Law Enforcement
4.	Ed Schroder	Cass County Sheriff's Department	C	M	Law Enforcement
5.	Will Scott	Cass County Juvenile Probation	C	M	Law Enforcement
6.	Steven Snyder	Snyder Counseling/ CCADCP	C	M	Treatment
7	Dave Wegner	Cass/ Pulaski Community Corrections	C	M	Law Enforcement
8	Chuck Newton	Kiwanis Club/volunteer	C	M	Other
9	Thomas Keller	Coroner's Office	C	M	Other
10	Jennifer Lombard	IYI	C	F	Prevention
11	Veronica Osborn	Women at the Well	C	F	Treatment
12	Beverly Maloy	Heart and Soil Farm Inc.	C	F	Prevention
13	Carol Smithley	Women at the Well	C	F	Treatment
14	Mike Osborn	Celebrate Recovery	C	M	Treatment
15	Jaclyn Caplinger	4C Health	C	F	Treatment
16	Sydney Garcia	INDOH	C	F	Other
17	Kacy Hopper	Cass County Health Department	C	F	Prevention
18	Michael Stajdhar	Cass County Commissioners	C	M	Other
19	Susan Grasham	Purdue Ext	C	F	Other

20	Rebekah Morgan	Bowen Health	C	F	Treatment
21	Tressie Hansen	SOFR	C	F	Other

LCC Meeting Schedule:

Please provide the months the LCC meets throughout the year:

2nd Monday of each month from 12pm-1pm. At Revolution Community Church and via Zoom.

Community Needs Assessment: Results

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

Cass County

County Population

Cass County is a large rural community. Logansport is the largest city in Cass. It has 4 School Corporations, Logansport Community School Corporation (LCSC), Lewis Cass School Corporation (LC), and Pioneer Regional School Corporation (PS). Our fourth school corporation is Caston School Corporation (CS). There are many elementary schools, one intermediate school, four Jr and Sr. high schools. It also has a Century Career Center and a Polytechnic Academy. There is a juvenile correction facility, an adult learning center, The Academy (alternative school), and an Ivy Tech Community College campus. The median yearly household income is \$51k and the number of people reporting living below federal poverty level is 13.1%; however, the poverty rate for children under 18 is at 16.2%, both rates are higher than the state averages.

In 2023-24 LCSC, reported that 47.3% of the population attending school were Hispanic. Nearly 50% of those students were “non-English speakers”, 3.9% of the students are homeless. Cass County has a population of approx. 37k people, over 29% of that population is reported as youth up to the age of 18. Population for Cass County is diverse in 76.8% reported ethnicity as white (non-Hispanic), 17.7%, reported as Hispanic/Latino. Other races/ethnicities identified were Asian, Black/African American, etc.

Schools in the community

Cass has 4 County School Corporations, Logansport Community School Corporation, Lewis Cass School Corporation, and Pioneer Regional School Corporation. Our fourth school corporation is Caston School Corporation which sits right on the Fulton/Cass County line North of Logansport. There are many elementary schools, one intermediate school (5th & 6th), one standalone junior high school and senior high school, and three jr/sr high schools, and one

<p>alternative school (The Academy). Logansport is also known for its Century Career Center (CCC), which is attached to Logansport High School. Each of the county's high schools offer courses through Logansport's CCC. Lewis Cass School Corporation has a Polytechnic Academic Academy as well. There is also a juvenile correction facility, an adult learning center, and an Ivy Tech Community College in Logansport.</p>
<p>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.) Logansport Memorial Hospital, Indiana Health Centers, Express Med, Fast Pace Health, Cass County Health Department, Cass County Health Department</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.): 4C Health, Snyder Counseling, Clear Skies Counseling, Comprehensive Counseling, Bowen Health (is mobile), Bridging Hope Counseling, Logansport State Hospital</p>
<p>Service agencies/organizations: Area 5, Emmaus Mission, Youth Services Alliance, United Way, Salvation Army, Kiwanis, 4th Dimension Recovery, Father's House, multiple community churches, CASA, DCS, Women at the Well, Cass/Pulaski Community Corrections, Cass County Juvenile Probation Dept., SCAN, Peak and several agencies that assist people with disabilities, Logansport State Hospital, Cass County Health Department</p>
<p>Local media outlets that reach the community: Cass County Communication Network, Pharos Tribune, WLHM 102.3, WSAL, WHZR 103.7,</p>
<p>What are the substances that are most problematic in your community? The substances we see as problematic in our community are alcohol, marijuana/synthetic marijuana, methamphetamine, tobacco, and opioids/heroin. We will refer to our targeted substances as ATOD (Alcohol, Tobacco, and Other Drugs) from here on.</p>
<p>List all substance use/misuse services/activities/programs presently taking place in the community: Partners for a Drug Free Cass County, Stand UP Cass County, 4C Community Corner, 4th Dimension Recovery, Celebrate Recovery, Kiwanis initiatives, United Way initiatives, The Father's House, Salvation Army, Heart and Soil Farm Inc, Emmaus, Women at the Well, etc.</p>

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. Family: family conflict, parental attitudes toward prosocial behavior, generational family substance abuse. Rewards for prosocial involvement are low.	1. LCC partners work to educate adults on the dangers of making alcohol and other drugs readily available to youth. 2. Sheriff and Police department are helpful with enforcing laws as they pertain to alcohol and other drugs in the community. 3. LCC uses data collected to prioritize which areas they should focus their efforts.	1. Having more key influential members of our community at meetings to help with prevention and treatment. 2. Reaching the “at risk” population to assure proper education as it pertains to drug and alcohol use. 3. Adults in family use of drugs makes availability easier for youth.
2. Perceived risk of use and availability of	1. LCC partners to educate youth and families on	1. Reaching the “at risk” population to assure

drugs is a problem with youth. As well as low commitment to school and low protection for interactions with prosocial peers.	<p>the risks of substance use.</p> <ol style="list-style-type: none"> LCC works at providing helpful information as it pertains to substance use and treatment. LCC partners provide resources for families with evidence base curriculum. 	<p>proper education as it pertains to drug and alcohol use in the family</p> <ol style="list-style-type: none"> Lack of family activities in the community with concentration on healthy living and educating on substance use. Family Conflict is reported high in Cass County.
3. Community: Rewards for prosocial involvement, and limited prevention and recovery resources.	<ol style="list-style-type: none"> LCC provides funds to supplement programming. LCC looks to partner and add Coalition members in order to maximize its efforts to distribute valuable information/resources. LCC attends community events whenever possible to maintain present and involved in providing information/resources to the community. 	<ol style="list-style-type: none"> Fund availability Lack of events to attend to share information. Limited treatment and prevention options in the county. Community doesn't understand that SUD is a treatable medical condition and reduce/remove stigma.
Protective Factors	Resources/Assets	Limitations/Gaps
1. Motivated individuals/groups working to provide a safe and supportive options in the community.	<ol style="list-style-type: none"> LCC partners work with other areas of the community to become more connected and involved. LCC partners work to educate the community on the importance of having a safe, supported connected community. 	<ol style="list-style-type: none"> Lack of funds Lack of community involvement when opportunities are provided to connect and support our community. Lack of pride in the community, can cause negative influences.

	<ol style="list-style-type: none"> 3. LCC partner shares Developmental Asset messaging throughout the community via social media and other outlets. 	
<ol style="list-style-type: none"> 2. Range of opportunities in the community for meaningful youth engagement, positive connections through school corporations. 	<ol style="list-style-type: none"> 1. LCC partner provides, in partnership with the local school corporation, an afterschool program. 2. LCC partners share information on youth engagement opportunities as it becomes available. 3. Many groups in the community that have the ambition and desire to help with youth engagement, should the opportunity for more outreach arise. 	<ol style="list-style-type: none"> 1. “Nothing” for youth to do, and nowhere for them to go. No Youth/Community Center. 2. Lack of involvement when community partners try to do something for youth/families. 3. Lack of funds
<ol style="list-style-type: none"> 3. Adults set rules about substance use and risky behaviors. 	<ol style="list-style-type: none"> 1. LCC partner shares Developmental Asset messaging through the community via social media and other outlets. 2. Messaging surrounding Talk, They Hear You, encouraging parents to talk to their kids about risky behaviors. 3. Promotes and provides resources to youth and families. 	<ol style="list-style-type: none"> 1. Lack of funds for programming/events. 2. Busy schedules and less interactions between youth and families. 3. Lack of healthy active adults to engage with

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. Family: family conflict, parental attitudes toward prosocial behavior, generational family substance abuse. Rewards for prosocial involvement are low.	1. Cass County continues to have a problem with use, misuse and abuse of ATOD. 2. Youth and families have low perception of harm when it comes to ATOD. 3. Cass County has had a steady rise with opioid misuse and abuse, which has been known to lead to hospitalization or death.
2. Perceived risk of use and availability of drugs is a problem with youth. As well as low commitment to school and low protection for interactions with prosocial peers.	1. Cass County continues to have a problem with use, misuse and abuse of ATOD. 2. Youth and families have low perception of harm when it comes to ATOD. 3. Cass County has had a steady rise with opioid misuse and abuse, which has been known to lead to hospitalization or death.
3. Community: Rewards for prosocial involvement, and limited prevention and recovery resources.	1. Cass County continues to have a problem with use, misuse and abuse of ATOD. 2. Youth and families have low perception of harm when it comes to ATOD.

	3. Cass County has had a steady rise with opioid misuse and abuse, which has been known to lead to hospitalization or death.
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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).

Abbreviations: Cass County Alcohol & Drug Court Program (CCADCP), Logansport Police Department (LPD), Cass County Sheriff's Department (CCSD), Bowen Center (BC), Cass County Juvenile Probation Dept (CCJPD), Cass Pulaski Community Corrections (CPCC), Snyder Counseling (SC), Community Health Needs Assessment Report (CHNA) Indiana Youth Institute (IYI), Indiana Youth Survey (INYS) For year 2024 1131 usable surveys, Student Resource Officer (SRO), Juvenile Probation(JP) Most data is from January 1-Dec 31, 2024.

Problem Statements	Data That Establishes Problem	Data Source
1. Cass County continues to have a problem with use, misuse and abuse of ATOD. Availability seems to be an issue with our youth.	<ul style="list-style-type: none"> 51% of referrals for probation were for alcohol charges, 12% marijuana charges, 18% methamphetamine, 2% narcotic/heroin at SC/CCADCP 2024 161 (41%) out of 382 were referred for controlled substance and alcohol offenses. (CPCC 2024) 28% of drug screens conducted were positive for marijuana and 20% for alcohol. (CPCC 2024) There were 104 CHINS cases, with 84 youth in foster care, at some point, (IYI 2024) 	<ul style="list-style-type: none"> Snyder Counseling Logansport Police Department Cass County Sheriff's Department LCC Community Perception Survey Bowen Center Cass Pulaski Community Corrections Indiana Youth Institute Cass County Juvenile Probation Department

	<ul style="list-style-type: none"> • When asked to pick 3 substance use problems participants believed; marijuana, alcohol, and prescription drugs were the largest abused substances in Cass County. (141 perception surveys by LCC 2024) • 12.1% of the 500 surveyed feel they are excessive drinkers. 35% of those surveyed reported that substance abuse has negatively affected them. (2022 CHNA) • 8.2% of youth in Region 2 reported using alcohol, ranking 5th out of 10 regions (IYI 2024) • 6.4% of youth in Region 2 reported using vapes, ranking 5th out of 10 regions. (IYI 2024) • 5.3% of youth in Region 2 reported using marijuana, ranking 5th out of 10 regions. (IYI 2024) • 89 arrests were due to operating while intoxicated, 93 marijuana arrests, 11 minor consumption (2024 CCSD) 	
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	<ul style="list-style-type: none"> • Out of 134 drug screens 64 tested positive for substances. (CCJPD 2024) • Possession of Marijuana and Minor Consumption were ranked 2 and 3rd of the top 20 offenses being referred. (CCJPD 2024) 	
<p>2. Youth (and sometimes adults) have low perception of harm when it comes to ATOD use. Vaping is a concern with Cass County youth.</p>	<ul style="list-style-type: none"> • 24.6% know of adults who allow underage substance use. (141 perception surveys LCC 2024) • 36.1% of youth reported no risk, or slight risk when asked if people risk harming themselves when they binge drink. (2024 INYS Cass County (LCSC) • 41.7% of youth reported no or slight risk when asked potential harm if they smoked one pack of cigarettes per day. (2024 INYS Cass County (LCSC) • 55.1% of youth reported no or slight risk when asked potential harm of smoking marijuana one or two times per week. (INYS 2024) 	<ul style="list-style-type: none"> • LCC Community Perception Survey • Snyder Counseling • Logansport Police Department • Cass County Sheriff's Department • Bowen Center • Indiana Youth Survey • Student Resource Officers

	<ul style="list-style-type: none"> • 31.4% of youth reported no or slight risk when asked potential harm of using prescription drugs not prescribed to them. (INYS 2024) • When asked “how many times have you vaped tobacco/nicotine” 0% of those 12th graders answered “Never”. This means that by 12th grade all of those surveyed have vaped tobacco/nicotine at some point. (INYS 2024) • 71.4% of all 12th graders surveyed reported vaping marijuana/thc at some point in their lives. (INYS 2024) • In 2023-2024 school year it was reported that Logansport High School had 3 citations for THC and 10 citations for Nicotine, at Logansport Jr High they had 7 THC Vapes and 12 Nicotine. Most incidents involved 2-3 students sharing. (SROs at LJHS and LHS) 	
3. Cass County has had a steady rise with opioid misuse and abuse, which has been known to lead to hospitalization or death.	<ul style="list-style-type: none"> • 31.4% of youth reported no or slight risk when asked potential harm of using 	<ul style="list-style-type: none"> • LCC Community Perception Survey • Cass County Coroner

	<p>prescription drugs not prescribed to them. (INYS 2024) only LCSC this year</p> <ul style="list-style-type: none"> • There continues to be a rise in Opioid related deaths, in 2024 there were 3 reported overdose deaths in Cass County due to Opioids or meth. (Cass County Coroner) • 35% of the 500 survey respondents indicate that their lives have been negatively affected by substance abuse. (CHNA 2022) • 3% of the 500 respondents who reported “illicit drug use” in the past month. (CHNA 2022) • Prescription drugs and was named in the top 5 ‘percieved’ to be used substances in a perception survey conducted in 2024. (LCC) • 31.4% of youth reported no or slight risk when asked potential harm of using prescription drugs not prescribed to them. (INYS 2024)LCSC 	<ul style="list-style-type: none"> • Cass County Sherriff’s Department • Community Health Needs Assessment Report • Indiana Youth Institute County Snapshot data
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	<ul style="list-style-type: none"> • 19 narcotic/heroin related arrests (CCSD 2024) • 3 illegal possession of syringe charges (CCSD 2024) 	
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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. Cass County continues to have a problem with use, misuse and abuse of ATOD. Availability seems to be an issue with our youth.	<ol style="list-style-type: none"> 1. To continue to increase awareness of risk, to both juvenile and adult population. We hope to see a “yes” increase of 2% on the question asking about talking to youth about risky behaviors in the next three years as indicated by annual community surveys conducted by the LCC. 2. To continue to have cooperation from at least 75% of our local school corporations with our LCC; to allow implementation for alcohol and drug awareness education. 3. To continue to increase LCC Community Outreach efforts and resource distribution. Participate in at least two events/activities per year. Continue to collaborate with other agencies in the community.
2. Youth (and sometimes adults) have low perception of harm when it comes to ATOD use. Vapnig is a concern with Cass County youth.	<ol style="list-style-type: none"> 1. Increase family/parent/caregiver education on ATOD use, (more specifically on alcohol, tobacco, & marijuana/THC) . Including vaping of these substances!

	<ol style="list-style-type: none"> 2. Educate youth on the harm of using ATOD. See a decrease in risk factors and an increase in protective factors of at least 2% in the next 2 years. As measured by the INYS and LCC perception surveys. 3. To continue to increase LCC Community Outreach efforts and resource distribution. Participate in at least two events/activities per year. Continue to collaborate with other agencies in the community.
3. Cass County has had a steady rise in opioid misuse and abuse, which has been known to lead to hospitalization or death.	<ol style="list-style-type: none"> 1. Sustain (or add to) the number of treatment and prevention services focusing on opioid abuse and misuse. Continue to track data as it becomes available. 2. Increase family/parent/caregiver education on prescription drug safety, through educating on locking meds and RX days that may be available in community. Partner on at least 1 Take Back Day a year. 3. Continue to address stigma and share messages to educate the community on what addiction is and how the community can assist in the problem. Increase educational social media posts by 5% in 2025-2026.

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

Continue to support programs with a focus on the risks of ATOD use/abuse in order to lower reported use, as reported on the INYS.
<p>Goal 2</p> <p>Provide educational information and distribute resources. Continue collecting community surveys. Participate in at least 2 events per year.</p>
Problem Statement #2
<p>Goal 1</p> <p>Increase <u>awareness of risk</u> in both juvenile and adult populations in the next two years as indicated by results of the annual community surveys conducted by the LCC and partners.</p>
<p>Goal 2</p> <p>Partner with and support youth and family programs/initiatives that prevent use/misuse of substances. Also PS #1 Goal #2.</p>
Problem Statement #3
<p>Goal 1</p> <p>Request data and work closely with partners on programs/initiatives in the community to address. Work with SOFR team as they meet and discuss cases.</p>
<p>Goal 2</p> <p>Assist school programs/clubs at local high schools and assist in school programming for elementary school. Maintain a relationship with the community schools. Provide support as needed.</p>

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>Continue to support programs with a focus on the risks of ATOD use/abuse in order to lower use, as reported on the INYS.</p>	<ol style="list-style-type: none"> 1. Supplement funding for organizations to provide programming. 2. Continue partnering with organizations that provide programming. 3. Explore additional, potential, resources for programming.
<p>Goal 2</p> <p>Provide educational information and distribute resources. Continue collecting community surveys. Participate in at least 2 events per year.</p>	<ol style="list-style-type: none"> 1. Supporting/partnering with organizations to provide programming to educate on the risks of substance use (including, but not limited to alcohol, tobacco, and marijuana).

	<ol style="list-style-type: none"> 2. Participate in local events to provide resources to the community. 3. Work with the schools to educate students on the risk substance (alcohol, tobacco/nicotine, marijuana/thc) use has on them.
Problem Statement #2	Steps
<p>Goal 1 Increase <u>awareness of risk</u> in both juvenile and adult populations in the next two years as indicated by results of the annual community surveys conducted by the LCC and partners.</p>	<ol style="list-style-type: none"> 1. Support campaigns/frameworks that have concentration on the risks associated with ATOD use. 2. Educate on the risks of drug use through social media and website. Increase reach. 3. Attend local events and provide resources and information on prevention and treatment.
<p>Goal 2 Partner with and support youth and family programs/initiatives that prevent use/misuse of substances. Also PS #1 Goal #2.</p>	<ol style="list-style-type: none"> 1. Partner with schools to provide resources as needed. 2. Examine the LCC community survey yearly to update or change requested information to reflect our community's needs. 3. Attend local events and provide resources and information.
Problem Statement #3	Steps
<p>Goal 1 Request data and work closely with partners on programs/initiatives in the community to address. Work with SOFR team as they meet and discuss cases.</p>	<ol style="list-style-type: none"> 1. Check with local agencies/organizations for new or updated data and share data as it is collected. 2. Keep updated on new and updated data that is provided via

	<p>the web or local entities, for Indiana (Cass).</p> <p>3. Work with partners on programs/initiatives in the community. Including, but not limited to the SOFR team.</p>
<p>Goal 2</p> <p>Assist school programs/clubs at local high schools and assist in school programming for elementary school. Maintain a relationship with the community schools. Provide support as needed.</p>	<p>1. Partner with schools to provide resources.</p> <p>2. Support local organizations that are providing programming in schools.</p> <p>3. Assist within the schools and other youth serving organizations by providing resources for distribution. Go to them.</p>

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:	\$28,555.51
2	Amount of unused funds from last year that will roll over into this year:	\$2,761.74
3	Total funds available for programs and administrative costs for this year (Line 1 + Line 2):	\$31,317.25
4	Amount of funds granted last year:	\$38,092.51
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: \$7,829.31	Intervention/Treatment: \$7,829.31	Justice Services: \$7,829.32
Funding allotted to Administrative costs:		
<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Coordinator compensation		\$ 7800
Office supplies/events		\$ 29.31
Funding Allocations by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$ 4,538.40	Goal 1: \$ 3,736.95	Goal 1: \$ 2,976.32
Goal 2: \$ 3,436.27	Goal 2: \$ 4,845.39	Goal 2: \$ 3954.60